



Behavioral Health Services
Optum Tooele County
Medicaid Member Handbook

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Introduction

As a Medicaid member, you are part of Medicaid's Prepaid Mental Health Plan (PMHP). If you live in Tooele County, Optum Tooele County (Optum) is your PMHP. Optum helps you get mental health and substance use disorder (SUD) services. While you live in Tooele County, you must get your mental health or SUD services through Optum's group of providers.

This handbook explains the Medicaid mental health and SUD services that the PMHP covers. You can also get this handbook and Optum's Medicaid Provider Directory on Optum's website tooele.optum.com. The Provider Directory has information on the languages providers speak and other details about each provider.

You can get this handbook and other written information in Spanish. You can also get this handbook on compact disc (CD) in English or Spanish. For help, call 1-800-640-5349.

Introducción

Como miembro de Medicaid, usted participa en el Plan de Salud Mental Prepagado (Prepaid Mental Health Plan, PMHP) de Medicaid. Si usted vive en el Condado de Tooele, Optum Tooele County (Optum) es su Plan de Salud Mental Prepagado. Optum le ayuda a recibir servicios de salud mental y para trastornos por consumo de sustancias. Mientras usted viva en el Condado de Tooele, debe recibir sus servicios de salud mental o para trastornos por consumo de sustancias a través del grupo de proveedores de Optum.

Este manual explica los servicios de salud mental y para trastornos por consumo de sustancias de Medicaid que cubre el PMHP. Usted también puede obtener este manual y el Directorio de Proveedores de Medicaid de Optum en el sitio de Internet de Optum tooele.optum.com. El Directorio de Proveedores tiene información sobre los idiomas que hablan los proveedores, así como otros detalles sobre cada proveedor.

Usted puede obtener este manual y cualquier otra información escrita en español. También puede obtener este manual en un disco compacto (CD), tanto en español como en inglés. Para obtener ayuda, llame al 1-800-640-5349.

Other Languages:

Free language assistance services are available to you. For help, call 1-800-640-5349.

Spanish

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-640-5349.

Chinese

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-640-5349。

Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-640-5349.

Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-640-5349 번으로전화해 주십시오.

Navajo

Díí baa akó nínízin: Díí saad bee yáníłti'go **Diné Bizaad**, saad bee áká'ánída'áwo'deę', t'áá jiiik'eh, éí ná hóló, koji' hódíílnih 1-800- 640-5349.

Nepali

ध्यान दिनुहोस्: तपाईंले नेपाली बोल्नुहुन्छ भने तपाईंको निम्ति भाषा सहायता सेवाहरू निःशुल्क रूपमा उपलब्ध छ । फोन गर्नुहोस् 1-800-640-5349

Tongan

FAKATOKANGA'I: Kapau 'oku ke Lea-Fakatonga, ko e kau tokoni fakatonu lea 'oku nau fai atu ha tokoni ta'etotongi, pea teke lava 'o ma'u ia. Telefoni mai 1-800-640-5349.

Serbo-Croatian

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 1-800-640-5349.

Tagalog

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1- 800-640-5349.

German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-640-5349.

Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-640- 5349.

Cambodian

ប្រយ័ត្ន៖ បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតល្អល គឺអាចមានសំរាប់បំរើអ្នក។ ចូរ ទូរស័ព្ទ 1-800-640-5349.

French

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800- 640-5349.

Japanese

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。1-800-640-5349。

Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1-800-640-5349.

Interpreter Services during Visits with Your Provider

What if I need interpreter services when I visit my provider?

We know that it can be hard to talk with your provider if your first language is not English or you are hard of hearing. You can ask us for help in getting an interpreter. Interpreters are free and available in all languages, including sign language. An interpreter can help you over the phone or be with you at your mental health or SUD visits. The interpreter will help you understand what your provider tells you. Also, we might have providers who speak or sign your language. You can ask to get services from them.

To ask for an interpreter or a provider who can speak or sign your language, call Optum at 1- 800-640-5349 and press prompt 3 to talk to an Optum team member.

What if I want to call Optum and I am deaf or hard of hearing or I have a hard time speaking?

If you are deaf or hard of hearing, call **Relay Utah at 711**. If you have a hard time speaking, call **Speech-to-Speech Relay Utah at 1-888-346-5822** and a trained person will help you. If you speak Spanish and are deaf or hard of hearing or you have a hard time speaking, call **Spanish Relay Utah at 1-888-346-3162**.

If you need a telecommunications device (TTY), go to relayutah.gov, or call the Utah Public Service Commission toll-free at [866-772-8824](tel:866-772-8824). In some cases, the TTY device might be available at little or no cost to you.

¿Qué sucede si quiero llamar a Optum y soy sordo o tengo problemas de audición o me cuesta hablar?

Si es sordo o tiene problemas de audición, llame a Relay Utah al 711. Si tiene dificultades para hablar, llame a Speech-to-Speech Relay Utah al 1-888-346-5822 y una persona capacitada lo ayudará. Si habla español y es sordo o tiene problemas de audición o tiene dificultades para hablar, llame a Spanish Relay Utah al 1-888-346-3162.

Si necesita un dispositivo de telecomunicaciones (TTY), visite relayutah.gov o llame gratis a la Comisión de Servicios Públicos de Utah al 866-772-8824. En algunos casos, el dispositivo TTY puede estar disponible a bajo costo o sin costo alguno para usted.

Other Free Aids and Services

Optum also provides other free aids and services to help you:

- Written information in other languages
- Written information in other formats (large print, audio, electronic formats and other formats)

Call Optum at 1-800-640-5349 and press prompt 3 to talk to an Optum team member.

Services Available

What mental health and substance use disorder services are covered?

Inpatient hospital care for mental health problems and outpatient services for mental health and substance use problems are covered. Outpatient mental health and substance use disorder (SUD) services include residential, day treatment, intensive outpatient and standard outpatient services.

Outpatient mental health and substance use disorder services include:

- Evaluations

- Psychological Testing
- Individual and group therapy
- Family therapy
- Individual and group therapeutic behavioral services
- Medication management
- Individual skills training and development
- Psychosocial rehabilitation services (day treatment)
- Peer support services
- Detoxification from substances in a social setting
- Targeted case management services

Are any other services covered?

Yes, other covered services are:

- Electroconvulsive therapy (ECT)
- Interpreter services

These are some other services that can be covered based on your needs.

- Respite care
- Psychoeducational services
- Personal services
- Supportive living

If you want more information on any of these services, call Optum at 1-800-640-5349, and press prompt 3. An Optum team member will help you.

Services are provided by doctors, nurses, psychologists, licensed clinical social workers, SUD counselors, clinical mental health counselors, peer specialists, targeted case managers, etc.

Your provider will offer you services after they meet with you to talk about what you need. Your provider may recommend outpatient services, more intensive outpatient services, day treatment services, or treatment in a residential setting. If your provider thinks a different provider might be better for you, they will let you know.

Medicaid Member Rights

What are my rights?

As a Medicaid member, you have the right to:

- Get written information about the Prepaid Mental Health Plan that is easy to understand.
 - You can get this information in English and Spanish.
 - If you ask, you can get this information in alternative formats.
- Get oral interpretation services in any language and auxiliary aids such as TTY/TDD and American Sign Language at no cost to you.
- Be treated with respect and dignity.
- Get information on available treatment options and alternatives that is easy to understand.
- Take part in decisions about your care, including the right to refuse treatment.
- Be free from restraint or seclusion if it is used these ways:

- To coerce (force) or discipline; or
- As a reaction (revenge) or for convenience.
- Know how we keep your information private.
- Ask for and get a copy of your behavioral health records.
- Ask that your behavioral health records be amended or corrected. Changes can be made only when allowed by federal law.
- Use your rights at any time and if you do, to not be treated badly by Optum, your provider, or Medicaid.
- Get services in the amount you need and when you need them.
- Know how we give prior approval for services that require it.
- Get a second opinion from another provider at no cost to you. See *Can I get a second opinion?* section on page 11.
- Be offered services as follows:
 - Right away if you have an emergency;
 - An appointment within 5 working days if you need urgent care;
 - An appointment within 15 working days if you do not need urgent care.
 See the *Getting Mental Health or Substance Use Disorder Services* section on page 10 for more information.

If you believe you have not been allowed to use these rights, you can contact:

- Optum: 1-800-640-5349
- Utah Medicaid's Constituent Services: 1-877-291-5583

Non-Discrimination Policy

Optum has non-discrimination policies that follow federal civil rights laws. We will not treat you unfairly based on race, color, national origin, sex, sexual orientation, gender identity, religion, age, or disability.

If you believe you have been treated differently you can file a complaint.

You can file a complaint in person or by mail, fax, or email with the Optum Compliance Manager.

In Person or Mail: 12921 S. Vista Station Blvd, #200, Draper, UT 84020, Phone: 1-800-640-5349,

Fax: 1-877-331-0272, or;

Email: TooeleReviews@optum.com.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at:

Online: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Mail: U.S. Department of Health and Human Services
200 Independence Avenue, SW Room 509F, HHH Building
Washington, D.C. 20201,

Phone: 1-800-368-1019, 1-800-537-7697 (TDD), or

Email: OCRComplaint@hhs.gov

If you want to mail or email your complaint, you can write your complaint or you

can use the Office of Civil Rights complaint form available at:

<http://www.hhs.gov/civil-rights/filing-a-complaint/complaint-process/index.html>

If you need help filing a complaint, call Optum at: 1-800-640-5349 and press prompt 3 to talk to an Optum team member.

Member Responsibilities

What are my responsibilities?

As a member, you are responsible to:

- Keep your appointments and be on time.
- If you need to cancel an appointment, call the provider 24 hours in advance.
- Be involved in your treatment plan and care.
- Tell Optum and your Medicaid eligibility worker of changes in your address, phone number or insurance.
- Complete any surveys that Optum providers give you.
- Respect the property, comfort and confidentiality of members and staff.
- Notify your treatment provider when you want to stop getting services.

Getting Mental Health or Substance Use Disorder Services

How do I get mental health or substance use disorder services?

If you or your child needs mental health or SUD services, you can see the Provider Directory at tooele.optum.com. The directory has providers' addresses, phone numbers, services they provide, languages they speak and information on whether they are taking newmembers.

After you choose a provider, call the provider to schedule your first appointment. Some services can also be provided outside of regular business hours.

If you have any questions or need help finding a provider, call Optum at 1-800-640-5349 and press prompt 3. An Optum team member will help you find a provider.

How quickly can I be seen?

Emergency Services

If you need emergency care, you will be seen right away. See *Emergency Services*, on page 12 for information on how to get emergency care.

Urgent Care

If you need urgent care, the provider will offer you an appointment within 5 working days.

Non-Urgent Routine Care

If you do not have an urgent need for care, the provider will offer you an appointment within 15 working days. If your condition changes and you think you need to be seen sooner, call the provider. If the provider cannot see you sooner, call Optum at 1-800-640-5349 and press prompt 3 to talk to an Optum team member. We will talk about your needs. We will help you find a different provider who can see you sooner.

Do I have to get approval before I get mental health or substance use disorder services? Optum does not need to pre-approve most mental health or SUD services. If Optum needs to approve the service your provider wants to give you, your provider will let you know.

If we need to pre-approve services, we can usually decide within 14 calendar days. If you or your provider want us to take more time to make a decision, let us know. Sometimes, we might need more time to make a decision. Medicaid lets us take up to 14 more days to make a decision. If we need more time, we will give you our decision in writing. If you are unhappy about this, you can file a grievance.

Sometimes, you or your provider might think it is important to make a decision quickly. If we agree, we will try to make a decision in 3 working days. If you want us to take more time, or if we need more time to make a decision, Medicaid lets us take up to 14 more days. We will give you our decision in writing. We will also let the provider know our decision.

Can I get a second opinion?

Yes. You can get a second opinion about your mental health or substance use problem or services. You will not have to pay for a second opinion. If you would like a second opinion, you can go to another provider. If you want help finding a provider, call Optum at 1-800-640-5349 and press prompt 3 to talk to an Optum team member.

Can I get services in the evenings?

Yes. Evaluations and some therapy services are provided during the evenings. Let us or your provider know if you need services in the evening.

Services From Other Providers

Can I get services from providers that are not in Optum’s provider directory?

In some situations, you can go to a provider that is not in Optum’s provider directory. You and the provider must get approval before you get the service. For more information, call Optum at 1-800-640-5349 and speak to an Optum team member.

You do not need approval before you get emergency services. See *Emergency Services*, page 12.

When will Optum tell me if I can see a provider that is not in Optum’s provider directory? We will make a decision within 14 calendar days. We will give you our decision in writing. We will also let the provider know our decision.

You can also get services directly from a federally qualified health center (FQHC) without approval from Optum.

American Indians and Alaska Natives

If you are an American Indian or Alaska Native, you can get services directly from an Indian health care program (a program run by Indian Health Services, an Indian Tribe, Tribal Organization, or an Urban Indian Organization) without approval from Optum.

Services Not Covered by Optum

What services might be covered by Medicaid but not by Optum?

Some of the services that might be covered by Medicaid or your physical health plan but not by Optum are medical care, including medical detoxification in hospital for a substance use problem, dental care, vision care and pharmacy. If you have questions about these services or any other services that might be covered by Medicaid, call your physical health plan or Medicaid at **1-800-662-9651**.

Also, methadone provided by an Opioid Treatment Program (OTP) is not covered by Optum. OTPs can bill Utah Medicaid directly for the methadone service. You do not have to pay for the methadone.

Transportation

How can I get help with transportation to my mental health services or substance use disorder services?

Traditional Medicaid Members

Rides to your mental health services and SUD services are available. If you do not have your

own ride to your services, you can ask for a Utah Transit Authority (UTA) bus pass by calling the Department of Workforce Services at **1-801-526-0950** or **1-866-435-7414**.

If UTA bus service is not in your area or if you cannot use the bus for some reason, rides are covered under Utah Medicaid's transportation program. For more information, please refer to the Utah Medicaid Member Guide. To ask for a copy, or if you have questions, call Utah Medicaid at 1-866-608-9422. You can also find information online at Medicaid.utah.gov. You can also call Optum at 1-800-640-5349 and press prompt 3 to talk to an Optum team member.

Non-Traditional Medicaid Members

Rides to your mental health or SUD services are not covered by Medicaid.

Emergency Services

Prior authorization is not required for emergency services

What is an emergency?

- When you think your life is in danger
- When you believe you might harm yourself or others
- When your safety or others' safety is at risk

What are emergency services?

These are mental health or SUD services given to treat your emergency.

How do I get emergency services?

- Optum has 24-hour emergency services seven days a week. You can call 1-800-273-8255 any time to talk with a crisis worker.
- You can call the National Suicide Prevention Lifeline toll-free at 1-800-273-8255 and you will be connected to the Huntsman Mental Health Institute's (HMHI's) crisis line. They will help you with your emergency.
- If you are already getting services from an Optum provider, you can call your provider on weekdays. If your provider is not available, call 1-800-273-8255.
- Also, day or night, you can go to any hospital emergency room (ER) for emergency care. Even if you are outside Tooele County, go to the nearest hospital ER.

You do not need approval from Optum before you get emergency services.

Mental Health Care in a Hospital

How do I get mental health care in a hospital?

Mental health care in a hospital after an emergency is usually called post-stabilization care services.

Optum uses these hospitals in Tooele County:

- **Huntsman Mental Health Institute (HMHI) (formerly known as UNI)**
501 Chipeta Way, Salt Lake City
- **Jordan Valley Medical Center**
3460 Pioneer Parkway, West Valley City
- **St. Mark's Hospital**
1200 East 3900 South, Salt Lake City
- **Salt Lake Behavioral Health (Ages 13-17 only)**
3802 South 700 East, Salt Lake City

If you think you need hospital care, call Optum at 1-800-640-5349 or go to the nearest hospital.

If a hospital other than those listed above treats your emergency and wants to admit you to the hospital, the hospital must call Optum for approval. It's important to let the hospital know Optum is your Medicaid mental health plan so they can call us if they want to admit you. Hospitals can call us at 1-800-640-5349. We might have you stay at that hospital or we might transfer you to one of our hospitals.

Payment for Services

Hospital Emergency Room (ER) Services

Will I have to pay for emergency services? You will not have to pay for emergency services in a hospital ER. If you have co-pays, there is a co-pay if you use the ER when it is not an emergency.

Mental Health Care in a Hospital

Will I have to pay for mental health care in a hospital?

If you have co-pays, the hospital can charge you a \$75 co-pay for each hospital stay but you will not have to pay more than the co-pay.

Some Medicaid members do not have co-pays. You can look at Utah Medicaid's Member Guide for information on individuals who do not have co-pays.

Outpatient Mental Health and Substance Use Disorder Services

Will I have to pay for outpatient mental health or substance use disorder services?

Non-Emergency Outpatient Services

You might have to pay your provider for a non-emergency outpatient service if:

- You get a service that is not covered by Optum or Medicaid; or
- You or your provider do not get pre-approval for a service Optum needs to pre-approve, or Optum denies the pre-approval request or approves less than was asked for; or
- You do not go to an Optum provider.

If any of the above happens, your provider might ask you to pay for the service. You should only be billed for the service if all four things below are met:

- The provider has a written policy for billing all patients for services that are not covered, not just Medicaid patients;
- The provider tells you before you get the service that you will have to pay for the service;
- You agree to pay for the service; and
- There is a written agreement signed by you and the provider that says what the service is and how much you will have to pay.

NOTE: If Optum did not approve a service you or your provider asked for, you can ask for an appeal of this decision before you agree to pay for the service. See the *Appeals* section on page 16.

You might also have to pay your provider for a non-emergency outpatient service if:

- You ask for and get services during an appeal or during a Medicaid state fairhearing.
- You would only have to pay if the appeal or state fair hearing decision is not in your favor.
- You are not on Medicaid when you get the service.

Emergency Outpatient Services

You will not have to pay for emergency outpatient services.

Ambulance Services for Emergency Care

Will I have to pay for ambulance services for emergency care?

Traditional and Non-Traditional Medicaid Members

You will not have to pay for ambulance services for emergency care.

Fraud, Waste and Abuse

What is health care fraud, waste, and abuse?

Doing something wrong related to Medicaid could be fraud, waste, or abuse. We want to make sure that health care dollars are used the right way. Fraud, waste, and abuse can make health care more expensive for everyone.

Some examples of fraud, waste, or abuse are:

By a Medicaid Member

- Letting someone else use their Medicaid ID card
- Changing the amount or number of refills on a prescription
- Lying to receive medical or pharmacy services

By a Provider

- Billing for services that have not been provided
- Overcharging a Medicaid member for covered services
- Not reporting a patient's misuse of a Medicaid ID Card

Why should I care about fraud, waste and abuse?

Health care fraud, waste and abuse are serious problems and can make health care cost more for everyone.

How do I report fraud, waste or abuse?

If you think there might be fraud, waste or abuse, you can contact:

- Optum at: 1-800-640-5349
- The Office of Inspector General of Medicaid Services toll-free at: **1-855-403-7283** or email mpi@utah.gov or go to their website: www.oig.utah.gov
- Department of Workforce Services at: **1-800-955-2210** or email: wsinv@utah.gov

You will not need to give your name if you report fraud, waste, or abuse. Also, your Medicaid benefits will not change.

Adverse Benefit Determinations

What are Adverse Benefit Determinations?

Adverse benefit determinations are when:

- Optum denies (turns down) or approves fewer services than you wanted
- Optum denies payment for a service that you might have to pay for

- Optum does not offer your first appointment within the required amount of time for emergency, urgent or non-urgent care and you are not happy with this (see the *Getting Mental Health or Substance Use Services* section on page 10)
- Optum does not settle a complaint you have with us as soon as we are supposed to
- Optum does not settle an appeal you have filed as soon as we are supposed to
- Optum does not make a decision about getting services you have asked for in the amount of time Medicaid wants us to
- Your provider reduces or stops a service previously approved. If you agree with the change, it is not an adverse benefit determination. It is only an adverse benefit determination if you tell us you don't want the change

How will I know if Optum is making an Adverse Benefit Determination?

We will send you a letter called a Notice of Adverse Benefit Determination. You will have the right to appeal if you disagree with our decision.

Appeals

What is an appeal?

An appeal is when you ask Optum to review the adverse benefit determination we made to see if we made the best decision.

Who can file an appeal?

You, your legally authorized representative or your provider can ask for the appeal.

How soon do I have to ask for an appeal?

Your Notice of Adverse Benefit Determination letter will give complete information on the appeal process, including how soon you must tell Optum you want an appeal. In most situations, you must ask for an appeal within 60 days from the date on the Notice of Adverse Benefit Determination letter.

However, if our decision was to reduce or stop services we had already approved, and you want to keep getting the services, you must ask for continuation of services on or before the later of the following:

- Within 10 days of Optum mailing the Notice of Adverse Benefit Determination letter to you, or;
- The effective date of the proposed decision.

If you ask for an appeal on time, and you let us know you want to get the services while we make a decision, you can keep getting the services. If the appeal decision is not in your favor, you might have to pay for the services.

How do I ask for an appeal?

The Notice of Adverse Benefit Determination letter will tell you how to ask for an appeal. If you need help asking for an appeal, call Optum at 1-800-640-5349.

You can also call Optum first to ask for an appeal. Call 1-800-640-5349, Monday-Friday, 8:00 a.m.

5:00 p.m. Ask to talk to the Compliance Manager. Let them know you want to ask for an appeal.

What if I need help asking for an appeal?

If you need help, call Optum at 1-800-640-5349, Monday – Friday, 8:00 a.m. - 5:00 p.m. and ask to talk to the Compliance Manager.

When will Optum tell me the decision on my appeal?

Usually, we will give you a written decision within 30 calendar days after we get your appeal request. Sometimes, we might need more time to make the decision. If we need more time, we will let you know in writing. Also, you might want us to take more time for some reason. If so, let us know. When you, your provider or Optum think it's important to make a decision on your appeal request quickly, we will usually make a decision within 72 hours.

Medicaid Fair Hearings

What can I do if I am unhappy with the appeal decision?

If you are unhappy with Optum's decision on your appeal, or we cannot make a decision on your appeal as soon as Medicaid wants us to, this is what you can do: You, your legally authorized representative or your provider can ask for a fair hearing with Medicaid. In the appeal decision letter, Optum will tell you that you can ask for a fair hearing. The letter will tell you how and when to ask for the fair hearing. Optum will also give you the Medicaid fair hearing request form to send to Medicaid.

You must ask for a Medicaid fair hearing in writing.

At a fair hearing, you can speak for yourself, or you can have a relative, friend, lawyer or anyone else speak for you. Before and during the fair hearing, you, and any person helping you, can present documents. Also, you, and any person helping you, can look at all of the documents that will be used at the fair hearing.

How soon do I ask for a fair hearing with Medicaid?

In most situations, you must ask for a fair hearing within 120 days from the date on Optum's appeal decision letter.

If Optum's action was to reduce or stop services Optum had already approved, and you want to keep getting the services, you must ask for a fair hearing within 10 days of Optum mailing the appeal decision letter to you. If you file your fair hearing request in time, and you ask to keep getting the services during the fair hearing, you may do so. If the fair hearing decision is not in your favor, you might have to pay for the services.

How do I ask for a fair hearing with Medicaid?

You must ask for a fair hearing in writing. Fill out the fair hearing request form included with your appeal decision letter. You can also get a hearing request form from Medicaid by calling Medicaid at 801-538-6576 or toll-free at 1-800-662-9651.

What if I have questions or need help asking for a fair hearing with Medicaid?

Call Optum at 1-800-640-5349, Monday – Friday, 8:00 a.m. - 5:00 p.m., and ask to talk to the Compliance Manager.

Grievances (Complaints)

What if I have a complaint about Optum or my provider?

If you have a complaint about anything other than an adverse benefit determination, this is called a grievance. Examples of grievances are complaints about the quality of care, services given to you, rudeness of a provider or a provider not respecting your rights.

Who can file a grievance?

You, your legally authorized representative or your provider (with your permission) can file a grievance.

There is no deadline for filing a grievance. You may file a grievance at any time.

How do I file a grievance?

- Tell your grievance to your provider or a staff member you feel comfortable with.
- Call the Optum Compliance Manager weekdays from 8 a.m. to 5 p.m. at 1-800-640-5349.
- Mail or fax your written grievance to Optum at:

Mail: Optum Tooele County
12921 S. Vista Station Blvd., #200
Draper, UT 84020
Fax: 1-877-331-0272
Email: TooeleReviews@optum.com

- Give your grievance in writing to your provider or other staff.
- If you don't want to talk to us about your grievance, you can call Medicaid on weekdays at 801-538-6417 or 1-877-291-5583.

What if I have questions or need help filing my grievance?

Call Optum at 1-800-640-5349, weekdays between 8:00 a.m. and 5:00 p.m.

When will I get a decision on my grievance?

You will get a decision within 90 calendar days after you file your grievance. Sometimes more time might be needed to make a decision. If more time is needed, your provider or Optum will let you know about this in writing. Once a decision is made, your provider or Optum will either talk to you about the decision on your grievance or send you a letter.

Advance Care Directives

What if I am ill and can't make health care decisions?

You can give other people instructions about your decisions for your health care. This is called an "Advance Care Directive". This will tell us in writing what health care choices you want made if you get very sick and can't decide for yourself.

Once you have filled out the Advance Care Directive form, be sure to give a copy to all of your health care providers. You should also keep a copy and give one to your family members. If you would like the form or need more information, please call us at **1-800-640-5349**, or talk to your provider or case manager.

If you have an Advance Care Directive and there is a problem with it being followed, call the Utah survey and certification agency at **1-801-538-6158** or **1-800-662-4157**.

Privacy

Who can read or get copies of my medical record?

Optum and all of its providers follow federal laws about privacy of your mental health and SUD services record. Optum does not use or share your protected health information except as federal law allows. When allowed by federal law, only the minimum necessary information is shared. Your provider will talk with you about privacy when you first get services. If you have any questions about privacy, call us at 1-800-640-5349. For complete information, please see Optum's Notice of Privacy Practices at: tooele.optum.com.

Optum Operations

What if I want to know more about how Optum is set up and works?

We will answer any questions you have about how we are set up, including questions about our complaint system, billing practices, confidentiality policy, and how we choose providers and what is required of them. If you ask, we will give you a copy of our Preferred Practice Guidelines for mental health and SUD services. Call us at 1-800-640-5349 if you have any questions.

Provider Directory

Where can I find the Optum Provider Directory?

You can go to the Optum website at tooele.optum.com and on the left side of any page you will see **Find a Medicaid Provider Search**. Click on this and you will be able to use the search tool to find a provider in your area.

What if I want a paper copy of the Provider Directory?

Please call Optum at 1-800-640-5349, weekdays between 8:00 a.m. and 5:00 p.m. and ask for a paper copy. We will send it to you in the mail.

What if I have questions about a provider?

If you have any questions about our providers, please call us at 1-800-640-5349, weekdays between 8:00 a.m. and 5:00 p.m. and press prompt 3. We'll answer any questions you have.

Non-Discrimination and Language Assistance Notices

HEALTH PLAN NOTICES OF PRIVACY PRACTICES

THIS NOTICE SAYS HOW YOUR MEDICAL INFORMATION MAY BE USED. IT SAYS HOW YOU CAN ACCESS THIS INFORMATION. READ IT CAREFULLY.

Effective January 1, 2021

By law, we must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

- How we may use your HI.
- When we can share your HI with others.
- What rights you have to access your HI.

By law, we must follow the terms of this notice.

HI is information about your health or health care services. We have the right to change our privacy practices for handling HI. If we change them, we will notify you by mail or e-mail. We will also post the new notice at this website (tooele.optum.com). We will notify you of a breach of your HI. We collect and keep your HI to run our business. HI may be oral, written or electronic. We limit employee and service provider access to your HI. We have safeguards in place to protect your HI.

How We Use or Share Your Information

We must use and share your HI with:

- You or your legal representative.
- Government agencies.

We have the right to use and share your HI for certain purposes. This must be for your treatment, to pay for your care, or to run our business. We may use and share your HI as follows.

- **For Payment.** We may use or share your HI to process premium payments and claims. This may include coordinating benefits.
- **For Treatment or Managing Care.** We may share your HI with your providers to help with your care.
- **For Health Care Operations.** We may suggest a treatment option or wellness program. We may study data to improve our services.

- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Underwriting Purposes.** We may use your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may use your HI to send you appointment reminders and information about your health benefits.
- **For Communications to You.** We may use the phone number or email you gave us to contact you about your benefits, healthcare or payments.

We may use or share your HI as follows.

- **As Required by Law.**
- **To Persons Involved with Your Care.** This may be to a family member in an emergency. This may happen if you are unable to agree or object. If you are unable to object, we will use our best judgment. If permitted, after you pass away, we may share HI with family members or friends who helped with your care.
- **For Public Health Activities.** This may be to prevent disease outbreaks.
- **For Reporting Abuse, Neglect or Domestic Violence.** We may only share with entities allowed by law to get this HI. This may be a social or protective service agency.
- **For Health Oversight Activities** to an agency allowed by the law to get the HI. This may be for licensure, audits and fraud and abuse investigations.
- **For Judicial or Administrative Proceedings.** To answer a court order or subpoena.
- **For Law Enforcement.** To find a missing person or report a crime.
- **For Threats to Health or Safety.** This may be to public health agencies or law enforcement. An example is in an emergency or disaster.
- **For Government Functions.** This may be for military and veteran use, national security, or the protective services.
- **For Research.** To study disease or disability.
- **To Give Information on Decedents.** This may be to a coroner or medical examiner. To identify the deceased, find a cause of death, or as stated by law.
- **To Correctional Institutions or Law Enforcement.** For persons in custody: (1) to give health care; (2) to protect your health and the health of others; and (3) for the security of the institution.
- **To Our Business Associates** if needed to give you services. Our associates agree to protect your HI. They are not allowed to use HI other than as allowed by our contract with them.
- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.

1. Alcohol and Substance Abuse
2. Biometric Information
3. Child or Adult Abuse or Neglect, including Sexual Assault
4. Communicable Diseases
5. Genetic Information

6. HIV/AIDS
7. Mental Health
8. Minors' Information
9. Prescriptions
10. Reproductive Health
11. Sexually Transmitted Diseases

We will only use your HI as described here or with your written consent. We will get your written consent to share psychotherapy notes about you. We will get your written consent to sell your HI to other people. We will get your written consent to use your HI in certain promotional mailings. If you let us share your HI, the recipient may further share it. You may take back your consent. To find out how, call the phone number on your ID card.

Your Rights

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.
- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website, (tooele.optum.com).

Using Your Rights

- **To Contact your Health Plan.** Call the phone number on your ID card. Or you may contact the Optum Tooele County Call Center at 1-800-640-5349, or TTY/RTT 711.

- To Submit a Written Request. Mail to:

Optum Tooele County
12921 S Vista Station Blvd, #200
Draper, UT 84020

- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

You may also notify the Secretary of the U.S. Department of Health and Human Services. We will not take any action against you for filing a complaint.

FINANCIAL INFORMATION PRIVACY NOTICE

THIS NOTICE SAYS HOW YOUR FINANCIAL INFORMATION MAY BE USED AND SHARED. REVIEW IT CAREFULLY.

Effective January 1, 2021

We protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

Information We Collect

- We get FI from your applications or forms. This may be name, address, age and social security number.
- We get FI from your transactions with us or others.

Sharing of FI

We will only share FI as permitted by law.

We may share your FI to run our business. We may share your FI with our Affiliates. We do not need your consent to do so.

- We may share your FI to process transactions.
- We may share your FI to maintain your account(s).
- We may share your FI to respond to court orders and legal investigations.
- We may share your FI with companies that prepare our marketing materials.

Confidentiality and Security

We limit employee and service provider access to your FI. We have safeguards in place to protect your FI.

Questions About This Notice

Please **call the toll-free member phone number on health plan ID card** or contact the Optum Tooele County Customer Call Center at 1-800-640-5349, or TTY/RTT 711.

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