

IMMUNIZATION PROGRAM

- Children enrolled in Medicaid are automatically enrolled in the Utah Statewide Immunization Information System (USIIS). If you do not want your children enrolled in this system, you must call the USIIS HelpLine at 801-538-6872 or the Immunization Hotline at 1-800-275-0659.

REPORT CHANGES

- You must report changes in any information you have given to the Department of Workforce Services. These changes must be reported within 10 days of learning of the change.

YOU MUST REPORT:

- **Income Changes.** Include source, number of hours worked, income starts or stops, gross income changes by more than \$25, if someone starts or stops making a cash contribution, or if someone starts or stops paying for your food or shelter costs.
- **A change in household size.** Report if anyone moves in or out of your home even if it is temporary, or the birth of a child.
- **A change in residence.** Let your worker know if you're going to move.
- **A change in assets.** Includes sale or rent of a home, a change in vehicles, or if you open or close a bank account.
- **A change in your health insurance costs or medical bills.** More than \$25.00 or a change in who pays the cost needs to be reported.
- **A change in marital status, school attendance, or living arrangements.**

- **A change in access to or coverage under a health insurance program.** This includes VA and Medicare benefits. If you receive benefits to which you are not entitled, you must pay them back.
- **Tax Filing Changes.** Report any changes in your tax filing status and the number of claimed dependents on your tax return.

CO-PAYMENTS

A co-payment is a fee a Medicaid recipient will be charged for certain Medicaid services. Recipients must pay the co-payments directly to the Medicaid provider at the time of service. The following people are exempt from co-payments:

- children under age 18
- pregnant women (verified with worker)
- residents of a nursing home or medical institution
- individuals with gross household income under the FEP payment level for their family size (FEP payments are counted as income.)

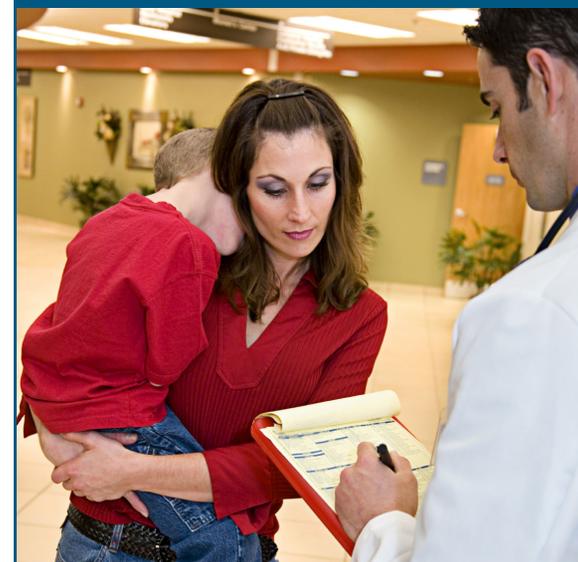
Department of Health Department of Workforce Services

Equal Opportunity Employer/Program

Auxiliary aids and services are available upon request to individuals with disabilities by calling (801) 526-9240. Individual with speech and/or hearing impairments may call Relay Utah by dialing 711.
Spanish Relay Utah: 1-888-346-3162

DOH DWS 05-920-1213

Your Rights and Responsibilities



Medicaid Eligibility



UTAH DEPARTMENT OF
HEALTH
MEDICAID



Department of
Workforce Services

You have the right to:

- Receive information about Medicaid and related programs. All applicants applying for dependent children are to receive information about the Child Health Evaluation and Care (CHEC) program.
- Apply or reapply any time for medical programs offered by the Department of Health. Applications for PCN, UPP, and CHIP are only accepted during open enrollment periods. Someone may help you apply, if you need help.
- Be told what information you must give the agency so we can decide if you are eligible and when that information is due. The information in your case record is confidential. It may be shared with other agencies if they need information to administer a program to help you.
- Receive a written notice when your application is approved or denied.
- Receive a written explanation of the reason your benefits were denied, reduced, terminated or otherwise changed.
- Have your eligibility determined free from discrimination. Gender, age, disability, and national origin may affect eligibility for Medicaid; however, they do not affect your right to apply.
- Request a fair hearing when you disagree with decisions made regarding your case. Follow these guidelines:
 - A. Talk to your worker. Make sure you are not misunderstanding each other.
 - B. Talk to your worker's supervisor.
 - C. Talk to Constituent Services. The telephone

number is 801-526-4390 or call toll-free 1-800-331-4341.

- D. Request a Fair Hearing within 90 days of the decision; in 10 days to get benefits while the hearing is held. If you were denied disability status, you may also ask for a reconsideration as part of your hearing request. If Social Security denied your disability application, you would have to appeal that decision through Social Security.
- E. Have legal representation at your fair hearing. You may be entitled to free legal assistance from Utah Legal Services. In Ogden call 394-9431. In Salt Lake, call 328-8891 or toll-free: 1-800-662-2538. You may also receive a referral for legal advice from the Salt Lake Lawyer Referral at 531-9075.

You have the responsibility to:

1. FOLLOW ALL OF THE MEDICAL PROGRAM RULES

2. VERIFY INFORMATION

The Social Security Act requires that you provide the Social Security number for each household member applying for Medicaid unless you are applying for Emergency Assistance only. If you do not have a number, you must prove you have applied. You may be eligible for assistance while you are waiting to receive a number. If you are an undocumented alien, you do not have to provide a Social Security number.

We will use your social security number with the State Income and Eligibility Verification System to verify information about your household

through electronic matches. Computer matching, program reviews, and audits will be done with the Department of Workforce Services (DWS), Immigration and Naturalization, Social Security, and Internal Revenue Service records.

You must give us proof to show that you are eligible for assistance. If you do not understand what we need or you cannot give us the proof we are asking for, talk to your worker.

3. COOPERATE

You must cooperate in any review of your case by Quality Control, Recovery Services, Department of Workforce Services and the Bureau of Eligibility Policy. You must also cooperate in providing information about any other sources of medical payments and obtaining medical support. If you feel you could be harmed by giving this information, you can request a 'good cause' claim. Your worker can explain this procedure.

By signing the application, you are assigning to the Department of Health, your rights to medical benefits. This includes payments from third parties responsible to pay for medical care, money collected from an insurance policy or a lawsuit for medical services while on Medicaid, and money collected from anyone liable for medical expenses.

4. MAKE PAYMENTS TO BE ELIGIBLE

If you owe a spenddown or other fee to receive medical assistance, you must pay such amount to DWS to be eligible. DWS cannot accept payments from Medicaid providers for your spenddown or other fee that you owe. DWS will accept payments if the provider is your representative payee and the payment is made with your funds.