



**ROCKY MOUNTAIN**

**HEALTH PLANS®**

Good health. That's the plan.



# Medicaid Member Handbook

**Administered by Rocky Mountain HMO**

# Welcome to Rocky Mountain Health Plans

This handbook explains how to get medical and health care. Please read it carefully.

Rocky Mountain Health Plans (RMHP) administers your Medicaid medical and health care services. Your plan pays for doctor visits, shots, prescription drugs, hospital care, and other medical care.

Your enrollment with RMHP is voluntary. RMHP provides administrative services to you under an agreement with the Colorado Department of Health Care Policy and Financing. That agreement and state and federal laws control the health care services you receive.

This handbook is provided to help you use RMHP services. This handbook is not a contract.

To belong to RMHP, you must have Medicaid and live in one of the following Colorado counties:

Delta  
Mesa  
Moffat  
Montrose  
Ouray  
Rio Blanco  
San Miguel

## Pick a primary care doctor and contact this doctor first when you need care.

Part of belonging to Rocky Mountain Health Plans (RMHP) is picking a primary care physician (PCP) and telling us who that doctor is. If you need another copy of the provider list to pick from, please call us at 800-346-4643. We will send you a copy.

1. Pick the doctor you would like to be your PCP.
2. Call the doctor's office to be sure he or she is taking new patients.
3. Call or e-mail us and tell us who your PCP is.

If you have questions about picking your PCP and to tell us who your PCP is, contact us:

800-346-4643

or e-mail:

[customer\\_service@rmhp.org](mailto:customer_service@rmhp.org)

For complete information about picking, changing, and getting care from your PCP, see page 5.

## Go to the emergency room only when you have a true medical emergency.

When you have a true medical emergency, call 911 or go to the nearest emergency room to seek care. But the emergency room is the wrong place to go for routine care or services you could get from your doctor. RMHP and Medicaid will not pay for care you get in the emergency room if it is not really an emergency.

For complete information about using the emergency room correctly, go to page 7.

## Carry your health care ID card and show it when you need care.

Anytime you go to the doctor or hospital or get a prescription, you must show your ID card from Colorado Medicaid.

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## **If you have a question or concern**

Please call us whenever you have a question about RMHP.

Our Customer Service reps are ready to help you use your RMHP health plan and membership services.

### **Contact us:**

- 970-243-7050 or 800-346-4643
- E-mail us at: [customer\\_service@rmhp.org](mailto:customer_service@rmhp.org)
- If you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370.
- Spanish-speaking Customer Service representatives are available. Para asistencia en español llame al 800-346-4643.
- For callers who speak languages other than English or Spanish, RMHP uses AT&T Language Interpreters. Contact Customer Service at 800-346-4643 for help.

### **Business hours:**

8:00 A.M. – 5:00 P.M., Monday through Friday

#### **Headquarters street address:**

Rocky Mountain Health Plans  
2775 Crossroads Blvd.  
Grand Junction

#### **Mailing address:**

Rocky Mountain Health Plans  
P.O. Box 10600  
Grand Junction, CO 81502-5600

If asked, RMHP will make every effort to provide for persons with disabilities or communication barriers, including those who do not speak English. If you need this handbook or other information about your plan in a language other than English, in large print, in Braille, on audiotape, or in any other form, please call Customer Service.

## **Keep track of your family's doctors here:**

<b>Family Member</b>	<b>Primary Care Physician</b>	<b>Telephone Number</b>

# Your good health is our first concern

Children 18 and under do not pay copayments. If you are living in a nursing facility or if you are pregnant, you may not have to pay a copayment. Please call RMHP and let us know if your doctor is not aware that you do not have copayments for one of these reasons. All other adult members do pay copayments for their care. You pay your copayments at the doctor's office or hospital.

You may reach RMHP Customer Service at 970-243-7050 or 800-346-4643.

If you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370.

Service	Copayment
Inpatient Hospital Services	\$10.00 per day
Outpatient Hospital Services	\$3.00 per visit
Office Visits (physicians, podiatrists, practitioners, optometrists, Federally Qualified Health Centers and Rural Health Clinics)	\$2.00 per visit
Laboratory, Radiology, Durable Medical Equipment	\$1.00 per date of service
Prescriptions:	
Generic Drugs	\$1.00 for up to a 31-day supply from a retail pharmacy \$2.00 for a 90-day supply from a mail order pharmacy
Brand Name Drugs	\$3.00 for up to a 31-day supply from a retail pharmacy \$6.00 for a 90-day supply from a mail order pharmacy

## Staying healthy

Even if you are not sick, it is very important for you to see your PCP for routine screenings. Use this guide to know how often you should visit your doctor. If you have any questions, ask your PCP. You will get an appointment for these routine screenings within four months of the day you call and ask for the appointment.

### Recommended preventive care for women:

#### Clinical Breast Exams and Mammograms

Age 20–39	Every 2* years for a clinical breast exam
Age 40–49	Every 1-2* years for a clinical breast exam and mammogram
50+	Every year for a clinical breast exam and mammogram

\*Dialog between patient and physician to determine patient's desires, risks, and needs for tests every year versus every 2 years.

#### Pelvic Exam and PAP Smear

Annually if sexually active  
Annually at 18 years of age

If you are at high risk for breast cancer, you should talk to your doctor to see if you should be screened more often.

### Recommended preventive care for men:

#### Prostate cancer screening (PSA and digital rectal exam)

Age 40–49	When ordered by your PCP because you are at high risk
Over 50	Every year

Annual routine physicals for adults are **covered**.

RMHP has information about exercise programs, healthy eating habits, and other tips to help you stay healthy. If you would like information about how to take better care of yourself, call 800-843-0719 and ask for extension 7774.

## Keeping your child healthy

The EPSDT program (Early Periodic Screening, Diagnosis, and Treatment) offers services to RMHP Medicaid children until they turn 21. Enrollment in EPSDT is automatic when your child enrolls in a RMHP Medicaid plan. Finding and treating even minor problems helps your child grow up healthy. EPSDT benefits include all the shots your child needs, eyeglasses, dental care, hearing exams, visits to your home, and help for children with disabilities.

Call the Family Healthline at 800-688-7777 to find out about dental care for your child.

Sometimes if a medical condition is found during an EPSDT exam, your child might be eligible for extra services. You will get an appointment for EPSDT services within two weeks of the day you call and ask for the appointment.

Be sure to take your children to the doctor for check-ups even when they are not sick so they get all the services they are entitled to.

<b>Age</b>	<b>Checkups</b>
From birth to 1 year old	4 to 6 checkups for the year (one checkup every 2 to 3 months)
1 to 2 years old	2 or 3 checkups every year (one checkup every 3 to 6 months)
3 to 6 years old	1 checkup every year
7 to 21 years old	1 checkup every 1 to 2 years

## Immunizations

Your child needs shots to protect him or her from serious diseases. The following list shows the shots your child will need as he or she grows up. Take your child to the PCP to get the shots shown.

<b>Age</b>	<b>Shots</b>
Birth to 1 year	Hepatitis B (3 shots) DTaP (first 3 shots out of 4) Polio (first 3 doses) Hib (prevents meningitis — first 3 shots) PCV (first 3 shots out of 4)
1 year to 18 months	Finish Hepatitis B shots (if not complete) Hib (fourth shot) Polio (third dose if not complete) MMR (prevents measles, mumps, and rubella) Varicella (if child has not had chicken pox) DTaP (fourth shot) PCV (fourth shot)
4 to 6 years	DTaP (fifth shot) Polio (fourth dose) MMR (second shot) PCV (if not given birth to 18 months)
11 to 12 years	Hepatitis B (if not complete) Td (prevents tetanus) Varicella (if child hasn't had shot or has never had chicken pox)
13 to 21 years	Whatever shots haven't been done will need to be completed

Pneumonia shot (PCV) to prevent meningitis and pneumonia is recommended for high-risk children to age 21. Ask your doctor.

## **Family planning**

While you are our member, we will pay for family planning. Family planning is services and information on birth control, including abstinence. RMHP covers prescription birth control medicine or devices to prevent pregnancy for most members age 21 and older. See page 10 for details.

Or you can get family planning services directly through the Medicaid program. You can get family planning services from any Medicaid doctor's office, Rocky Mountain Planned Parenthood clinics, or your county health department.

## **Confidentiality**

It is very important that we keep your medical information private and still provide the best care. To do this, you must give us the right to use to your medical records. All you need to do is sign a form. The form makes sure we will share your medical records with only the doctors, hospitals or providers you go to. We will not share them without your written okay, except when they are used for medical studies. Medical records used in studies will not have your name, address, or Medicaid number on them.

## **Your primary care physician (PCP) is very important to your health**

The first thing you should do after joining RMHP is pick a doctor to see when you are sick and for routine care. This doctor is your primary care physician, or PCP. This doctor is very important. He or she provides or arranges for most of the care you will need. RMHP wants to be sure you are working with a primary doctor.

### **Follow these steps:**

1. Pick a doctor or clinic from the "Primary Care Physicians" section of our Provider Directory. You may already have a doctor you see when you are sick. If that doctor works with RMHP and is listed in the PCP section, you can pick him or her as your PCP. If your doctor is not on the list or you don't have a doctor, pick a doctor whose office is close to your home.
2. If you are not already a patient of the doctor you pick from the directory, call the doctor or clinic you have chosen and ask if they are taking new patients. If they are taking new patients, tell them you are picking the doctor as your RMHP Medicaid PCP.
3. Call RMHP and tell us which doctor you picked as your PCP. You must tell us whom you have chosen **before** you go to that doctor.

If you need help choosing a PCP or if you need a Provider Directory, call us at 800-346-4643. You may choose a different PCP for each covered member of your family. You must let us know who the PCP is for each member of your family.

### **You will go to your PCP:**

- For checkups and shots
- For care when you are sick or hurt
- To ask questions about your health
- For help finding a specialist if you need one
- For help arranging for the care ordered by specialty doctors; for example, surgery or home health care
- To admit you to a hospital if necessary

## How to change your PCP

If you want to change your PCP, follow the instructions shown above for picking a PCP. If you are changing doctors because you moved, remember to give us your new address. You must tell us who your new doctor is **before** you see that new doctor. The change will be effective the first day of the month after you call us.

If you have prescriptions or are getting care from specialists, talk to your new PCP about your health situation. Your new PCP needs to know everything about your health to be sure you get the care you need.

## **Every time you need health care services, work with your PCP**

### **Making doctor appointments**

To make an appointment to see your doctor, call your PCP's office and tell them you are an RMHP Medicaid member. Tell them your Medicaid ID number if they ask for it. For illnesses or injuries, you will get an appointment within two weeks of the day you call. If you are too sick to wait two weeks, you can get an appointment within 48 hours. For adult physical exams, you should be able to get an appointment within four months of the day you call. If you cannot get an appointment as quickly as you feel you should, call us at 800-346-4643.

### **Canceling doctor appointments**

If you can't make it to your doctor's appointment, you must call the doctor's office and tell them as soon as possible. You should call at least 12 hours before your appointment. **The doctor may charge you for missing the appointment if you didn't cancel it. RMHP will not pay that charge. You will have to pay for it.**

### **Transportation**

Remember to arrange for a ride to your doctor's appointment if you do not drive. You may want to ask a friend or relative for a ride, or you may take the bus. Some communities have programs to help you get to your doctor appointments. Call your local resource center or county social services department (see page 21). Ask if there is a transportation program to help you get to the doctor. Ambulance services are for emergencies only. **If you call the ambulance and it is not an emergency, you will have to pay for it yourself.**

### **Copayments**

You may have to share in the cost of the health care you get. This cost sharing is called a copayment. Children do not have to pay copayments, but most adults will. If you are an adult, and are living in a nursing facility or are pregnant, you may not have to pay copayments for your health care. For a list of services for which you may have to pay copayments, see page 3.

### **Specialty care**

Sometimes when you see your PCP, he or she will want you to get specialty care. You do not need a referral to a health care provider who is a specialist in your illness or injury. The specialty care you receive must be on the list of covered services that starts on page 10.

Call and make an appointment with the specialist. Be sure to show your ID card when you go for your appointment.

### **Preauthorization**

RMHP must approve some types of care before you receive it. **If you were supposed to get approval before getting care but you didn't, you will have to pay for the care yourself.** The best thing to do is to be sure all your care is arranged by your PCP. In general, you must go to doctors, hospitals, and drugstores listed in our Provider Directory. If you have questions about which doctors you can see, call RMHP Customer Service.

## Access

You should be able to get most of your health care from providers within 30 miles or a 30-minute drive from your home. If you live out of town or in a small town, there may not be a doctor close by. In this case, you will be able to see the nearest available doctor who works with us. If you cannot find a doctor close by, call Customer Service for help. RMHP has a plan for making sure our members can get to a doctor when they need one. This is called our access plan. If you would like a copy of this plan, call our Customer Service department.

## Care for pregnancy and other health care for women

You can go to any RMHP network obstetricians, gynecologists, or certified nurse midwives for covered pregnancy and women's health services as long as the services are covered by your plan and the providers are in our Provider Directory.

## Hospital care

RMHP will pay for your stay in a hospital when it is arranged by your doctor. You must go to a hospital listed in our Provider Directory. Your doctor will get the approval from us for your stay. Remember to show your ID card when you get to the hospital.

## Mental health services

Your mental health services are provided by the Mental Health Assessment and Services Agency (MHASA), not by RMHP. Call MHASA at 800-804-5008 to find out how and where to get mental health services in your area.

## Show your ID card

Anytime you go to the doctor or hospital or get a prescription, **you must show the Medicaid ID card** you received from the state of Colorado.

## In case of emergency

You're covered for urgent and emergency care wherever you are, 24 hours a day, every day of the year. You do not need authorization to use an emergency room for a true emergency.

It's very expensive to get care in an emergency room. If your condition is serious but not an emergency, many doctors will take care of you in their offices after hours or even on weekends. In many areas, hospitals have convenience rooms and urgent care centers where your doctor can treat you. These are less expensive than going to the emergency room. *If you use the emergency room for something that is not a true emergency, you may have to pay for this expensive service yourself.*

### You should use an emergency room **ONLY** when:

- Your condition is so serious you are unable to call your primary care physician.
- You call your primary care physician and he or she specifically tells you to go to an emergency room.
- You suffer a life- or limb-threatening emergency. A life- or limb-threatening emergency means any event that you feel threatens your life or a limb in a way that needs medical care to prevent death or serious impact on your health.
- You think your condition may endanger the life of your unborn child.
- You are in severe pain.
- You have lost consciousness for any period of time.

## Here's what to do if you have a life- or limb-threatening emergency:

- Go to the nearest emergency room or call **911** or the local emergency phone number.
- Tell the emergency room staff you're an RMHP member.
- Call your primary care physician as soon as possible.
- Call RMHP within 72 hours if you're admitted to the hospital.
- Show your Medicaid ID card at the hospital.

## Here's what to do if you have a non-life-threatening emergency:

- Call your primary care physician if possible and describe your illness or injury.
- Follow your doctor's instructions about whether to go to the hospital or to the doctor's office.
- If you can't reach your doctor, go to the nearest emergency room.
- Call RMHP within 72 hours if you're admitted to the hospital.
- Show your Medicaid ID card at the hospital.

## Here's what to do if you get sick or injured but it's not an emergency:

- Call your primary care physician.
- If your doctor is not available or if it's after office hours or on a weekend, the office telephone's voicemail message will most likely give a number you can call to reach a doctor who has agreed to take care of you.
- Tell the doctor you're an RMHP member and describe your illness or injury.
- Follow the doctor's instructions about whether to go to the hospital or come to the doctor's office.

If you have any questions about your plan benefits for emergency services or if you need to tell RMHP that you received emergency care, please call us at 970-243-7050 or 800-346-4643.

If you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370.

Spanish-speaking customer service representatives are available upon request. We also use AT&T language interpreters to help other non-English-speaking members.

Para asistencia en español llame al 800-346-4643.

## Urgent care

Urgent care is different from emergency care. Urgent care is for a sickness or injury that needs medical care quickly but is not life- or limb-threatening. **If you need urgent care, call your PCP's office** and follow their instructions. If you need urgent medical care after normal business hours, you must still call your PCP's office for instructions. This includes weekends and holidays.

There is always a doctor available who will return your call and give you instructions. You will get an appointment with a doctor within two days of the time you call your PCP's office. Doctors who care for RMHP patients are available day and night, every day, for emergencies. If you need urgent care, you can call your PCP's office any time of the day or night and leave a message. Even if your PCP is not available, a doctor will call you back with instructions on how to get care.

## **Prescription drugs**

You must get your prescription drugs from a drugstore listed in the “Pharmacies” section our Provider Directory. **Show your ID card to the pharmacist when you pick up your prescription.**

Some drugs are not covered. Some drugs must be approved by RMHP before you get them. **If you want a noncovered prescription drug, you will have to pay for it yourself.**

If you need medicine when you are away from home because you had an emergency, you can buy it at any drugstore. Send the receipt to us within 120 days of buying the medicine, and we will pay you back for the medicine. **We cannot repay you if you send us the receipt after 120 days.**

## **Community resources**

RMHP will take care of most of your health care while you are a member. But more services are available to you from many community resources. Some community services are described here, but there are many more. In your area some programs may have different names. These are not RMHP programs. Call your case manager or your county’s human services department to find out more. The phone number for social services in your area is on page 13.

### **Women with Infants and Children Food Program (WIC)**

This program helps pregnant women, women who are breast-feeding, and women with small children. Women who qualify get healthy food for themselves and their children. Call 800-688-7777 to find the WIC clinic nearest you.

### **Prenatal Plus**

Prenatal Plus provides extra services to pregnant women who go along with care from their doctor. It also provides services while you apply for Medicaid coverage.

### **Special Connections**

This program helps pregnant women who drink or use drugs. Call 303-866-7492.

### **Home and Community Based Services (HCBS)**

HCBS helps you and your family in your home. You may qualify for home health care and nonskilled home help. You can ask your doctor for help setting up this service.

### **Health Care Program for Children with Special Needs (HCP)**

Provides orthodontia (for severe problems), hearing aids, nutrition counseling, and a home-based language development program for children with a hearing impairment (CHIP). Contact the Colorado Department of Public Health and Environment at 800-886-7689, extension 2370, or 303-692-2370.

## **Covered services and benefits**

As a Medicaid client and RMHP member, many health services are covered for you. RMHP covers some services. Medicaid covers some additional services that are not offered by RMHP. These are called wrap-around services. If you are in need of a wrap-around service, your provider may help you or may refer you to the county public health department or the state Medicaid help line. For phone numbers, see page 13. Some health services are not covered by either RMHP or Medicaid. **If you want any noncovered services, you will have to pay for them yourself.** The next several pages list the most common services people use or ask for.

- RMHP pays for services marked with this symbol: ✓ .
- Medicaid pays for services marked with this symbol: M.
- Neither RMHP nor Medicaid pay for services marked with this symbol: ⊗.

If you are not sure whether or not a service is covered and you can’t find it here, call our Customer Service department and ask.

## Benefits

### Alcoholism and drug abuse treatment

- ✓ Inpatient or outpatient detox for drug or alcohol use is covered. Detox is limited to the medically necessary removal of the drug or alcohol from the body.
- ⊖ Inpatient, outpatient, and residential rehabilitation or treatment for drug or alcohol use are **not covered**.

### Ambulance

- ✓ RMHP covers medical emergency transportation only. If you take the ambulance and it is not an emergency, **you may have to pay for the care yourself**.

### Care Coordination and Case Management

- ✓ Case Managers are available to work with you and your doctors to help you reach your health and wellness goals. Case Managers will help coordinate the different services you receive, explain covered services, and get you education you need about caring for yourself. Our staff is specially trained to work with members with diabetes, asthma, and COPD and with pregnant women. When you need help, call 800-843-0719 and ask for a General Case Manager, Asthma Case Manager, Diabetes Case Manager, or Obstetrical Case Manager.

### Dental care

- ✓ RMHP covers a dental assessment for children.
- ⊖ Routine dental care for adults is **not covered**.
- M State Medicaid covers routine dental care for children. Contact your county health department EPSDT outreach for details.
- M Adults can get teeth pulled and other limited dental care from Medicaid dentists.
- ⊖ Dental splints, dental prosthesis, surgical correction of malocclusion, orthodontia treatment, or any treatment on or to the teeth, gums, or jaws and other services usually done by a dentist are **not covered**. Pain or infection that is because of a dental condition is **not covered**.

### Diabetic education and nutritional counseling

- ✓ Diabetic education and nutritional counseling is covered when you have a sickness or illness such as being very overweight or having diabetes. These services are only covered if you see a physician, physician assistant, or nurse practitioner. Services from a dietitian or nutritional counselor are not covered.

### Emergency services

- ✓ Emergency room services are covered at an RMHP participating hospital or the nearest hospital for true emergencies only. The doctors will evaluate and stabilize your condition. Follow-up care must be provided or arranged by your PCP. If you go to the emergency room and it is not an emergency, **you may have to pay for the care yourself**. If you have an emergency outside our service area, we will cover your visit. We will only cover follow-up care until you are able to safely return to the service area.

### Family planning services

- ✓ M Family planning helps you decide if you will have children and when to have them. Covered services include counseling, birth control pills, diaphragms, and condoms. Surgery to prevent pregnancy is also covered for most members age 21 or older. You must sign a consent form 30 days before this type of surgery. The consent form tells you about the surgery and what the long-term results will be. Signing the consent form tells Medicaid that you are voluntarily choosing to have this surgery after you have been told that it will probably prevent you from ever having children again. You can get a consent form from your doctor. You must have the surgery within 180 days after you sign the consent form.

You may go to any family planning provider. If you go to a provider who is not part of RMHP, the provider must bill the state Medicaid program instead of us.

- ⊗ These family planning services are **not covered**:
  - Surgeries to prevent pregnancy for members who are not mentally competent or who are in an institution
  - Procedures to reverse sterilization, such as getting tubes untied or reversing a vasectomy
  - Services to help you get pregnant by artificial means, including surgery
  - Abortion, unless the mother's life is in danger or the pregnancy happened as a result of rape or incest

### **Foot care**

- ✓ Toenail trimming and other foot care is covered for people with diabetes or other health conditions that affect their legs or feet. Foot care services are covered for other members only if they are medically necessary. You must see a participating provider for the services to be covered.

### **Hearing care**

- ✓ Ear exams and hearing tests needed because of an illness or injury are covered.
- M Other hearing services, like hearing aids and assistance for children with hearing problems, may be covered through a program called Health Care Program for Children with Special Needs.

### **Home health care**

- ✓ Skilled nursing and home health aide services, therapies, and supplies are covered up to 60 calendar days per condition. Services must be ordered and directed by your PCP or another participating provider.
- M Medicaid may cover services for members who need long-term home health care beyond the 60-day RMHP benefit.
- M RMHP does not cover private-duty nursing, but state Medicaid may cover it.
- ⊗ Personal care means help with everyday activities like bathing, dressing and eating. Personal care may be covered through HCBS.

### **Hospice care**

- M Hospice care is special care for patients who are expected to live for less than six months. This care is covered by state Medicaid.

### **Hospital services**

- ✓ When you stay in the hospital for one day or more it is called “inpatient care.” Inpatient care is covered, including a semiprivate room, operating room, and related services, food, drugs, oxygen, surgery, and tests to find out what is wrong. Unless you have a true emergency, RMHP must approve your hospital stay before you go, and you must go to a hospital that participates with us.
- ⊗ RMHP does **not cover** personal items for comfort or convenience, such as television, private rooms, and telephone calls.

### **Immunizations**

- ✓ All recommended shots for children and adults are covered.
- ⊗ Shots needed for foreign travel are **not covered**.

### **Laboratory and x-ray services**

- ✓ X-rays and diagnostic tests to find out what is wrong are covered if your PCP or another participating provider orders them.

### **Medical equipment and supplies**

- ✓ Equipment like crutches, wheelchairs, and oxygen equipment are covered. Supplies like insulin needles and colostomy bags are covered. Children with special needs can get therapeutic toys and other equipment. You must have a doctor's prescription, and the equipment must be approved by RMHP.
- ⊗ Some types of equipment, like wheelchair lifts for cars, ramps, hot tubs, exercise equipment, and health club fees, are **not covered**. **Items mainly for convenience are not covered.**

## Medicine

- ✓ Prescription drugs on the RMHP or state Medicaid drug list are covered if your doctor prescribes them and you get them from a participating drugstore. Some drugs are not covered, and some drugs must be approved by RMHP before you can pick them up. You can get a 31-day supply at a retail pharmacy or a 90-day supply through mail order. Call RMHP if you want to know if the drug you need is covered.
- ⊗ Infertility drugs to help you get pregnant are **not covered**. Medicine and supplies you can buy without a doctor's prescription are **not covered**, even if the doctor tells you to buy it.

## Mental health care

- M Mental health services are provided by a Mental Health Assessment and Services Agency (MHASA). Call MHASA at 800-804-5008 to find out how and where to receive services in your area.
- ⊗ Marriage counseling, family counseling, care ordered by a court, behavioral testing and counseling, counseling for sexual dysfunction, and stress management courses are **not covered**.

## Nursing home care

- ✓ If your doctor wants you to stay in a skilled nursing facility after being in the hospital or to keep you from having to go into the hospital, this nursing home stay is covered for 30 days per illness or injury per year. RMHP must approve your stay before you go.
- M If your medical condition and your doctor say you need to be in a skilled nursing home longer than 30 days, Medicaid will cover the additional days.

## PCP and preventive care

- ✓ Visits to your PCP's office and your OB/Gyn's office are covered. This includes physical exams and well-child care, family planning, pregnancy care, mammograms, prostate screening, Pap smear, pelvic exam, allergy testing, and care when you are sick.
- ⊗ Exams for employment, licensing, marriage, insurance, school, camp, sports, and adoption are **not covered**.

## Pregnancy and hospital delivery

- ✓ Care women need while pregnant and while in the hospital having a baby is covered. You can get care from any participating OB doctor. The hospital stay must be approved by RMHP before you go to the hospital.
- ⊗ Tests to find out the baby's gender are **not covered**. Having the baby at home when it is not an emergency is **not covered**.

## Prosthetic and orthotic devices

- ✓ Devices that replace or strengthen a body part, like artificial arms and leg braces, are covered.
- ✓ Surgically implanted devices, like pacemakers and artificial joints, are covered for all members if the devices are medically necessary and approved first.

## Rehabilitation

- ✓ Outpatient physical, occupational, and speech therapy are covered for each type of therapy when medically necessary because of injury or illness.
- ✓ Medically necessary pulmonary therapy and cardiac rehabilitation are covered according to Medicaid guidelines. Call Customer Service for more information.

## Second Opinions

- ✓ One second opinion per medical condition is covered. No referral is needed to go to another doctor for a second opinion about your care. For help getting a visit with a participating doctor for a second opinion, call RMHP at 800-843-0719 and ask for a case manager.

## Specialty care

- ✓ Consultations and health care services from providers other than your PCP are covered if:
  - the services are benefits of your plan, and
  - the provider you get care from participates with RMHP.
- ⊖ Services from a doctor who is not on our list are **not covered**, unless it is an emergency.

## Surgery

- ✓ Medically necessary surgery is covered at a participating facility by a participating doctor. Medically necessary plastic surgery needed to fix damage from a sickness or injury is covered when you need it to get back function you had before the sickness or injury.

Oral surgical services and dental splints — limited to treat certain conditions as follows:

  - Accidental injury to jawbones or surrounding tissues
  - Surgical correction of a nondental pathophysiological condition that has resulted in a severe functional impairment, including temporomandibular joint disorder
  - Treatment for tumors and cysts requiring pathological examination of the jaws, cheek, lips, tongue, or roof or floor of the mouth.
- ⊖ Cosmetic surgery, sex change operations, and surgery to reverse sterilization are **not covered**.

## Transportation

- ✓ RMHP covers ambulance rides only if they are true medical emergencies. RMHP does not cover rides to the doctor's office or hospital when it is not an emergency.
- M Rides to the doctor's office and the hospital are available through Medicaid. Call the social services department in your area listed on page 21.

## Vision

- ✓ Treatment and exams for disease and injuries to the eyes are covered.
- ✓ Eye exams your doctor feels you need because of a medical condition like diabetes are covered.
- ✓ Under age 21, eye exams, corrective lenses, frames, and repairs as needed are covered.
- ✓ Eyeglasses and contact lenses are only covered after eye surgery for members 21 and older.
- ✓ One routine eye exam is **covered** during any 24-month period for members age 21 to 47.
- ✓ One routine eye exam is **covered** each 12 months for members age 48 and older.
- ⊖ RMHP pays only a limited amount for glasses. For example, scratch coatings, blended lenses, tinted lenses, expensive frames, and other extras are **not covered**.

## ⊖ Services that are not covered

Some services are not covered by RMHP or the state Medicaid program. Services from providers who do not participate with RMHP are **not covered**.

RMHP and state Medicaid **do not cover**:

- Treatments, drugs or procedures that are experimental
- Acupuncture
- Chiropractic care, unless you have Medicare
- Care or exams ordered by the court
- Institutional care
- Travel expenses
- Government-sponsored care
- Any services, including emergency and urgent care, outside the United States

## **Human services department in your area**

There are many services available within your community and some services that are offered by the state Medicaid program. The county health department has information on programs such as transportation, supplemental feeding programs for children and pregnant women, and dental care. These services are not covered by RMHP, but you can find out more about them by calling the numbers shown below.

Human Services (Call the number shown below for the county where you live.)

Delta .....	970-874-2030
Mesa .....	970-241-8480
Moffat .....	970-824-8282
Montrose .....	970-249-3401
Ouray .....	970-325-4437
Rio Blanco .....	970-878-5011
San Miguel .....	970-728-4411

RMHP Customer Service

970-243-7050 or 800-346-4643

E-mail: [customer\\_service@rmhp.org](mailto:customer_service@rmhp.org)

Medicaid Customer Service Line: 800-221-3943

## **Utilization Management and Quality Assurance programs**

RMHP utilization management (UM) program monitors how medical services are used.

To make sure the UM program works and you get the care you need:

- You choose an RMHP PCP who directs all your care.
- The hospital tells us when you have been admitted to the hospital.
- Some medical services have to be approved by RMHP before you see the doctor.

Another part of the UM program is deciding in some cases if the care you are getting is necessary and right for you. Our nurses may look at the care you are getting and talk to your doctor about your care.

If you feel you did not receive the right care or your care was not provided by the right person, at the right place, or at the right time, you can file a complaint by filling out the complaint form at the back of this handbook.

Our Quality Assurance (QA) program works to measure and improve the quality of RMHP health care services and member services.

If you have a question about our UM or QA programs, or if you would like us to send you more information about the programs, call our Customer Service department.

## **About the doctors and other health care providers**

The doctors and other health care providers who work with RMHP are listed in our Provider Directory. Before a provider is listed in the directory, his or her education, background, training, licensing, and experience are checked. If you have a question about your doctor's training and education, call Customer Service.

## **When someone else is responsible to pay for your health care**

In this section, the term “third party” means a person, business, or other entity that is not RMHP, you, nor the Colorado Department of Health Care Policy and Financing (Medicaid).

Sometimes the third party is Medicare. In this case, your Medicare plan pays before your RMHP Medicaid plan. After Medicare has paid its allowed amount for covered services, RMHP Medicaid will pay what Medicare did not pay. You will pay only your copayment.

Sometimes the third party is another insurance company you may be covered by. In this case, unless it is an actual emergency, you must follow the insurance company’s rules about how to get care. The insurance company will pay for your care instead of RMHP. If you do not follow the insurance company’s rules about how to get care and it was not an emergency, you will have to pay for the care yourself.

Sometimes a third party may be responsible for your sickness or injury. (Example: You are in a car accident.) If RMHP pays for your health care, we will be paid first out of any money you receive from the third party or the third party’s insurance company. This is true whether or not you file a lawsuit.

If RMHP pays for care for you that should have been paid by a third party or insurance company, we can collect and keep the money from the third party or insurance company. You must help us recover money from a third party or insurance company that is responsible for your sickness or injury. If you do not help recover that money, **you will have to pay for that health care yourself**. If we think someone else might be responsible, we may send you a letter asking for information. You need to help us by answering all questions or you may need to pay.

If you know or think that a third party is responsible to pay for your health care, or you make a claim against a third party to pay for your health care, you must tell RMHP right away.

### **You must:**

- Tell us within 15 days of telling the third party or insurance company that you think they are responsible to pay for your health care **or**
- Tell us within 15 days of filing a claim against a third party or insurance company that you think is responsible to pay for your health care.
- Tell us in writing by either having the letter hand-delivered to our office or by mailing it to us by certified mail.

You can have your guardian, executor, administrator, or other representative tell us about the third party. That person must follow the rules listed above.

You cannot let RMHP pay for your care and then keep money from the third party or insurance company for yourself.

## **Changes in your eligibility**

You do not pay copayments when you are pregnant. Members who live in a skilled nursing facility, intermediate care facility, or mental institution do not pay copayments.

Your doctor must tell RMHP if you do not need to pay copayments for one of these reasons. If you become eligible for Medicare, please call RMHP Customer Service and tell us so we can coordinate your care.

## **Changes to your plan**

If there are changes to your benefits, services, or other things in this handbook, RMHP will mail the changes to you at the most current address we have for you.

We will write you a letter if your PCP leaves RMHP. Then you will have to follow the directions in this book to pick another PCP and tell us who it is as soon as possible. You will have to tell us who your new PCP is **before** you go to that doctor. You can also choose to leave RMHP if you want to stay with the PCP who is leaving us.

## **If you must leave Rocky Mountain Health Plans**

There are several reasons why you might leave RMHP. Here are a few:

- If you move and no longer live in one of the counties listed in the front of this booklet, you cannot receive your Medicaid health care through RMHP.
- You can disenroll from RMHP for any reason in your first 90 days as an RMHP member.
- You can change plans once each year. We will notify you by mail when your open enrollment period arrives.

Enrollment in RMHP is voluntary. If you want to leave RMHP because you are unhappy with us, please call Customer Service or fill out the complaint form in the back of this handbook. We will review your complaint using the process described in this book. We may be able to fix the problem.

If you are leaving RMHP for any reason, please call our Customer Service department. You must also tell Health Colorado you are leaving us by calling 888-367-6557.

## **Appeal and Grievance Processes**

The State of Colorado has put in place many rights for Medicaid members. One important right is the right to complain about Rocky Mountain Health Plans (RMHP) or your care. You may complain about anything you are unhappy about or have a problem with.

- You have the right to “File a Grievance.” This means you can complain about any matter other than an Action (see Section B). Grievances are the kinds of things listed in Section A.
- You have the right to “Appeal an Action.” This means you can ask for a review of something RMHP has done. Actions are just the things listed in Section B.

### **A. File a Grievance**

You may have a problem or be unhappy with RMHP about something other than an action (see Section B). To complain about something other than an action, you may “file a grievance.” This means you send your complaint to someone who can help. Please call RMHP Customer Service if you want to complain. They will help you file a grievance.

A grievance is a verbal or written statement that says you are not happy. You will not lose your Medicaid coverage because you file a grievance. You will not be treated differently than other members because you file a grievance. Here are some kinds of things that you may file a grievance about.

- You are unhappy with your doctor, clinic, or any RMHP provider.
- You are having trouble finding a doctor or getting an appointment.
- You have a problem with RMHP Customer Service.
- You are not satisfied with the quality of care you got from your provider.
- You feel you have been discriminated against by RMHP or one of our providers because of your age, race, sex, national origin, sexual orientation, religion, or disability.
- You are unhappy with the quality of medical care you got.
- You are unhappy with the rudeness of a provider or RMHP employee.

## If you want help at any time filing a grievance

If you need help to file a complaint or grievance, you can contact the Managed Care Ombudsman at 877-HELP-123, or 877-435-7123; 303-830-3561; 123@maximus.com; TTY for the hearing impaired: 888-876-8864.

You may want someone to help you file a grievance. You may give that person written permission to speak for you. This person is called your Designated Client Representative (DCR). You must sign your DCR permission. The DCR permission must have the person's name, address, and telephone number. If your grievance is about your medical care, your DCR will have access to your medical records and specific details about your medical care.

## How grievances are handled

You or your DCR can fill out the complaint form at the back of this handbook and mail it to RMHP. If you want us to fill out the form for you, call RMHP Customer Service. You must call or write to file your grievance within 20 days of the event you want to complain about. Then one or more of these things will happen.

- RMHP will tell you in writing that we received your grievance within two working days of receiving your grievance.
- RMHP may respond to you about your grievance sooner than two working days. If we do, then you will not get a separate letter telling you that we received your grievance.
- RMHP will review your grievance and send you a response within 15 working days of the day we get your grievance.

If you do not like our response, you may call or write the Health Plan Manager of the State Medicaid Department at Department of Health Care Policy and Financing, 1570 Grant, Denver, CO 80203. The phone number is 800-221-3943. The State will tell you that it got your request and it will look into your complaint and send you its response.

## B. Appeal an Action

RMHP may do something (“take an action”) that you are not happy with. Then you may ask for an appeal. An appeal is a review of an RMHP action. For example, your doctor may order you a medication or service that RMHP must okay. If it is okayed, you will receive what the doctor wanted you to have. If RMHP does not okay the request, then the request by the doctor has been denied by RMHP. The action RMHP took is to deny the request.

Once RMHP has taken an action, you always have the right to appeal. This means you ask that RMHP take a second look. These are the actions you may appeal.

- RMHP denies services your doctor requested for you.
- RMHP denies payment for services you received.
- RMHP shortens or ends a service we had agreed to provide you.
- RMHP does not provide services in a timely way.
- RMHP does not act within the amount of time it says it will.
- RMHP denies certain services if you live in a rural area.

There are three types of review that could happen.

### First level review

You must call or write to complain within 20 days of the day we tell you about the action that RMHP has taken. You or your DCR can fill out the complaint form at the back of this booklet and mail it to us. If you want us to fill out the form for you, call Customer Service.

Within two working days of the day RMHP gets your Appeal, RMHP will write you to tell you that it has received your appeal. In that letter RMHP will tell you how you may get a copy of RMHP's file about your appeal. RMHP will also give you a chance to give us any more information about your appeal that you would like us to have. You can arrange to meet a person face to face at RMHP to listen to you about your appeal. Or you may send more information to us.

The Appeals and Grievance Coordinator will get all the facts about your case. Within 10 working days after we hear from you, we will send you our decision in writing. After this review, RMHP may decide to change its action.

## **Second level review**

You may not like the decision RMHP makes about your appeal. Then you have the right to ask for a State Fair Hearing about your appeal. You do not need to wait for RMHP to make a decision about your appeal before you ask for a State Fair Hearing. But it is a good idea to wait, because RMHP may change its action. If you did not wait for RMHP to make a decision about your appeal, then you must ask for a State Fair Hearing within 20 days of the date of RMHP's action.

To ask for a State Fair Hearing, you must:

- Write a request for a hearing.
- If you need help, RMHP Customer Service or the State Fair Hearing Department will help you write your request for a hearing.
- Include your name, your address, and your Medicaid ID in your request for a hearing.
- Write what RMHP did or did not do that has caused you a problem with your care.
- Tell in writing what you think should be done to solve your problem.

State Fair Hearing  
633 17th St., 14th Floor  
Denver, CO 80202

- For help with asking for a State Fair Hearing, call 303-866-2000.

Please use **Relay Colorado** to contact the Division of Administrative Hearings if you have a hearing or speech impairment.

Note: Division of Administrative Hearings does not have a Spanish Language line or interpreter service.

For help from RMHP in writing and submitting a request for hearing you may call:

RMHP Customer Service — 970-243-7050 or 800-346-4643.

If you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370.

Para asistencia en español — 800-346-4643.

## **Expedited (fast) review**

If an action by RMHP puts your life, health, or functioning in danger, you may ask for an expedited (fast) appeal. If you have a disability, you may ask for a fast appeal if the denial causes problems with your ability to live independently. We must complete the fast (expedited) appeal within 72 hours. Because RMHP must make its decision faster, you will have less time to get a copy of the file RMHP has about your case. You will also have less time to give RMHP any more information about your appeal.

If you are not happy with how things are going, you can ask for a State Fair Hearing within 20 days of the date of RMHP's action. You may also contact the State health plan manager or Medicaid by calling 800-221-3943 or 303-866-3513. However, RMHP would like you to work through the steps listed in this booklet first.

You can still get other services when you ask the plan to take a second look at an action RMHP has taken. You may have the right to have your benefits continue while your appeal is being reviewed. The following must occur:

- RMHP must have previously authorized the treatment.
- The original authorization must not have expired.
- You must file your appeal within 20 days of the action.
- You must tell RMHP you want your services to continue when you file your appeal.
- Your RMHP provider must have ordered the services.

If you lose your appeal about those services, you may have to pay for those services.

To get more information about grievances, appeals, or any other subject, call:

RMHP Customer Service at 970-243-7050 or 800-346-4643.

If you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370.

Hours 8 a.m. to 5 p.m., Monday through Friday (except 8 a.m. to 4 p.m. on Thursday)

## **Additional Information**

If you would like additional information about the operation and structure of RMHP or our physician incentive plans, call RMHP Customer Service.

## **Advance directives**

It is important to know about your right to make decisions about your medical care. This right includes accepting or refusing medical or surgical treatment. It also includes having advance directives. Advance directives are written instructions to health care providers about your medical treatment in case you are too sick to tell the providers yourself. We have given you a brochure written by the Advance Directive Coalition of Colorado telling how to make your health care decisions known. Talk to your doctor and family about your wishes. If you have a living will or other advance directive, please give it to your doctor to put in your medical record. Our policy on advance directives complies with the Patient Self-Determination Act of 1990. If you have an advance directive and your doctor didn't follow it, you can complain.

To complain, call or write to:

Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver, CO 80246-1530  
303-692-2000

## **Rocky Mountain Health Plans Advance Directives Policy**

- I. For the purposes of this policy, an advance directive means a written instruction, such as a living will or durable power of attorney for health care, recognized under state law relating to a member's wishes about medical treatment should they become too impaired to make decisions.
- II. RMHP provides written information, at the time of enrollment, to each adult who enrolls with RMHP, describing:
  - A. a person's right under state law to make decisions concerning medical care, including the right to accept or refuse medical or surgical treatment and the right to have advance directives; and
  - B. this written policy with respect to the person's right to make health care and advance directive decisions and the way such rights may be carried out.
- III. RMHP complies with state law regarding advance directives.
- IV. RMHP does not base the health or medical care or otherwise judge a member based on whether or not the member has signed an advance directive.
- V. RMHP provides training to staff concerning its policies on advance directives.
- VI. RMHP provides community education regarding advance directives.

## **Equal Opportunity Policy**

RMHP does not treat members in a different way because of their physical or mental status, possible need for health services, race, color, national origin, ancestry, age, disability, creed, marital status, sex, political or religious connection, or sexual orientation, as required by law. The following paragraphs contain federal language regarding nondiscrimination. If you have questions, you may call our Member Concerns Coordinator at 970-244-7760 or 800-843-0719; if you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370).

It is the policy of Rocky Mountain Health Plans (RMHP) to provide equal opportunity and to prevent discrimination based on race, color, national origin, age, or disability in admission or access to, or treatment or employment in, RMHP programs, health care plans, and activities, to the extent required by applicable law.

All federally funded benefits and services are provided in accordance with Title VI of the Civil Rights Act, as amended; Section 504 of the Rehabilitation Act, as amended; the Age Discrimination Act of 1975, as amended; the Americans with Disabilities Act of 1990, as amended; as well as other related laws. All subcontractors are notified of their responsibility to comply with these laws.

The EEO Officer is responsible for compliance with state and federal equal opportunity laws. The EEO officer is also responsible for implementing the Equal Opportunity Plan. If you would like more information regarding these provisions, or if you believe you have not been treated in accordance with this policy, please contact the Member Concerns Coordinator at 970-244-7760 or 800-843-0719; if you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370).

In addition to the above RMHP policy for Medicaid, it is the policy of RMHP to provide equal opportunity and to not discriminate based on physical or mental condition, potential need for health services, race, color, national origin, ancestry, age, disability, creed, marital status, sex, political or religious affiliation, or sexual orientation in enrollment, admission, access, or treatment in RMHP programs, health care plans, and activities, to the extent required by applicable law.

# **Rocky Mountain Health Plans Member Complaint Form**

## **Complaint is being filed for:**

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Member Identification No.: \_\_\_\_\_

Relationship to Subscriber:    self    dependent    other

Subscriber Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Subscriber Identification No.: \_\_\_\_\_

Nature of Complaint (*please describe in detail*):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **Mail to:**

Rocky Mountain Health Plans  
Member Concerns Coordinator  
2775 Crossroads Blvd.  
P.O. Box 10600  
Grand Junction, CO 81502-5600

Required time limit for filing complaints is 30 days from the notice of denial or failure to provide services or duties owed to the member. For complaints, special help may be provided upon request for persons with disabilities, communication barriers, or for persons who do not speak English.

If you need information concerning the filing of a complaint or if you would like us to complete the form for you, please call 800-346-4643 and speak with Customer Service.

- If you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370.
- Para asistencia en español llame al 800-346-4643.
- For callers who speak languages other than English or Spanish, RMHP uses AT&T Language Interpreters.

Member or Subscriber Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Stamp

Rocky Mountain Health Plans  
Attn: Member Concerns Coordinator  
2775 Crossroads Blvd.  
P.O. Box 10600  
Grand Junction, CO 81502-5600

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## **It Is Your Right**

- To receive information about RMHP and its services, physicians, and health care providers
- To be treated with respect and with recognition of your dignity and right to privacy
- To accept or refuse medical treatment to the extent provided by Colorado state law and to participate in making decisions about your health care
- To have open discussion with health care providers about appropriate or medically necessary treatment options for your conditions, regardless of cost or benefit coverage
- To bring complaints to RMHP, the Insurance Commissioner of the State of Colorado, or the Department of Health Care Policy and Financing
- To expect all communications regarding your care to be kept confidential as required by law
- To freely exercise your rights without being treated differently
- To be free from the use of physical restraint or being isolated. These methods may not be used to make you cooperate, to punish you, for the ease of the caregiver, or as a way of getting back at you.
- To get family planning services from any Medicaid provider, with no referral
- To request and receive your medical records and to have them changed according to federal law

## **And Your Responsibility**

- To choose a Primary Care Physician (PCP) for each member of your family who will provide or arrange for all your medical care needs and to make known to your PCP any advance directive regarding your medical care
- To let your PCP coordinate care with specialists and other health care providers, except in cases of medical emergencies, urgent care when outside the service area, obstetrical or gynecological care, and eye care
- To learn about your RMHP health care benefits, procedures, and limitations and to be cooperative and considerate with health care providers and staff
- To inform RMHP Customer Service of your PCP changes and membership changes, such as address change, marriage, birth of a child, or adoption of a child.
- To assume responsibility for copayments and costs associated with certain health care services and any services that are not covered by Medicaid
- To furnish the health care provider with all information necessary for you to receive appropriate care and follow the care and instructions agreed upon with your provider
- To tell RMHP about any other insurance you may have, including Medicare
- To follow the role of RMHP Medicaid as described in this member handbook
- To follow RMHP steps in this handbook for complaints and grievances