



RMHP Takes Part in the Colorado Children's Immunization Registry

Rocky Mountain Health Plans (RMHP) takes part in the Colorado Immunization Information System (CIIS). The CIIS is a computer system ran by the University of Colorado. It's run for the Colorado Department of Public Health and Environment under the Colorado Immunization Act. RMHP sends the CIIS immunization data we have from immunization claims.

The immunization registry is used to keep track of a child's immunizations (shots). This makes it so all the information is stored in one place. Keeping a complete record of your child's shots is important. It helps make sure your child gets all the shots they need. Your doctor can also use the registry to see what shots they have received.

Information in the CIIS can only be given to some people or companies. They have to be listed in the Colorado Immunization Act. Parents can choose not to have their child's shot record in the Colorado Immunization Registry. You can choose this at any time. You can get a form from the CIIS. For more information, contact CIIS at 1-888-611-9918 or 303-692-2437.

Covered Services and Benefits

As a Medicaid client and RMHP Member, health services are covered for you when they are medically necessary. Medically necessary means the services you receive from a doctor or clinic are the right services for your problem. They are the services other people with the same medical problem would receive. Just because your doctor requests a service does not make it medically necessary.

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 doctor may help you or may refer you to the county public health department or the state Medicaid help line. For phone numbers, see page 12. 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 some health services people use or ask for.

- RMHP pays for services marked with this symbol: ✓
- Medicaid pays for services marked with this symbol: **M**
- Services that aren't covered by RMHP or Medicaid are marked with this symbol: ∅

If you don't know if a service is covered or not, call us and ask. In most cases, **you must use doctors, hospitals, and drug stores listed in our Provider Directory.**

Benefits

Alcoholism and drug abuse treatment

- ✓ Detox for drug or alcohol use is covered. This can be in the hospital or out of the hospital. Detox is limited to getting rid of the drug or alcohol from your body. It must be medically necessary.
- ∅ Drug and alcohol rehab is **not covered**. Treatment for drug or alcohol use is **not covered**. This includes rehab and treatment in the hospital, out of the hospital or in a residential care center.



Ambulance

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

Cochlear implants

- ✓ Covered for members up to age 21. The equipment must be approved by RMHP.
- ✓ Replacement of cochlear implants and zinc air battery cochlear implants are covered for members over age 21. The equipment must be approved by RMHP.

Dental care

- ✓ RMHP covers a dental evaluation for children from your doctor. These are part of EPSDT services. Dental evaluations are **not covered** if you get them from a dentist.
- ✓ Surgical services in your mouth and dental splints are covered, but only to treat:
 - accidental injury to jawbones or nearby tissues
 - conditions like TMJ that are not dental and severely impair the function of your mouth or jaw
 - tumors and cysts by means of pathological exams of the jaws, cheek, lips, tongue, or roof or floor of the mouth.

M Medicaid covers routine dental care for children. Call your local health department for details.

M Adults can get teeth pulled. They can also get other limited dental care from Medicaid dentists.

∅ Routine dental care for adults is **not covered.**

∅ The following are not covered:

- Dental splints, except to treat the conditions listed above
- False teeth, bridges and dental appliances
- Surgery to fix overbite or underbite
- Orthodontia treatment
- Any kind of treatment on or to or for the teeth, gums, or jaws, except to treat the conditions listed above
- Any other services usually done by a dentist

Diabetic education and nutritional counseling

- ✓ Counseling to learn how to take care of your diabetes is covered. Counseling to learn how to eat healthy is covered. This kind of counseling is covered only when you have a sickness or illness. This would include being very overweight or having diabetes. These services are only covered if you get your counseling from a physician, physician assistant, or nurse practitioner.
- ∅ Counseling and other treatment from a dietitian or nutritional counselor is **not covered.**



Emergency services

- ✓ Emergency room services are covered for true emergencies only. You can go to a hospital that works with RMHP or to the nearest hospital. The doctors will evaluate and stabilize your condition. They will provide services and supplies necessary to maintain a stabilized condition or to improve your condition. You must get follow-up care from your PCP. Your doctor decides when you are stable enough for transfer or release. 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 cover follow-up care only until you are able to safely return to the service area. RMHP covers “post-stabilization care”. This means care you get after you have been seen in the Emergency Room/Urgent Care for an illness or injury.
 - RMHP will provide emergency care or urgent care until you are “stable”. This means you are not at risk to get worse.
 - RMHP will provide the medically necessary covered care and services you need to continue to get better. This is called “post-stabilization”.
 - You will not be transferred or released until your doctor says you are ready.

Example:

You get care for a broken leg. A doctor puts a cast on your leg. Your doctor says that you are ready to be released. RMHP may approve medically necessary covered care and services such as crutches, removal of the cast, rehab, and other necessary care if you need them until your leg is healed.

Family planning services

- ✓ Family planning helps you decide if you will have children and when to have them. You can get counseling. You can also get birth control pills, diaphragms, and condoms.
 - Surgery to keep you from ever having children is also covered. This is 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. It also says you have been told that you probably won’t be able to ever having children again. It tells Medicaid that you want to have this surgery of your own free will. You can get a consent form from your doctor. You must have the surgery within 180 days after you sign the consent form. If you don’t, you will have to sign another one.

You can see any family planning provider for family planning services even if you see a provider that does not work with us.

∅ These family planning services are **not covered**:

- Surgeries to keep you from having children if you are not mentally competent or if you are in an institution. Services to undo these surgeries are also not covered. This includes getting tubes untied or undoing a vasectomy.
- Services to help you get pregnant. This includes surgery.



- Abortion, unless your life as the mother is in danger or the pregnancy happened as a result of rape or incest.

Foot care

- ✓ Toenail trimming and other routine foot care is covered if you have diabetes or other health conditions that affect your legs or feet. Other foot care services are covered if they are medically necessary. You must see a doctor that works with RMHP for the services to be covered.

Hearing care

- ✓ Ear exams and hearing tests are covered if they are needed because of an illness or injury.
- M** Other hearing services may be covered. This includes hearing aids and help for children with hearing problems. They would be covered by a program called Health Care Program for Children with Special Needs.

Home health care

- ✓ Skilled nursing and home health aide services are covered. This includes therapies and supplies. Services are limited to 60 calendar days per condition. Services must be ordered and directed by your PCP or another provider that works with RMHP.
- M** Long-term home health care over the 60 day limit may be covered by Medicaid. (Note: Short-term nursing home stays at a skilled nursing facility are not a benefit)
- M** Medicaid may cover private-duty nursing.
- ∅ Personal care is not covered. Personal care means getting help with daily activities. This includes taking a bath, getting dressed and eating.

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 Medicaid.

Hospital services

- ✓ When you stay in the hospital for one day or more it is called "inpatient care." Inpatient care is covered. This includes a semiprivate room, operating room, and related services. Some of these related services are 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. You must go to a hospital that works with us.
- ∅ Personal items for comfort or ease while you are getting "inpatient care" are not covered. This includes having a TV, private room, or telephone.

Immunizations

- ✓ All suggested 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. They need to be ordered by your PCP or specialist.

Medical equipment and supplies

- ✓ Equipment like crutches, wheelchairs, and oxygen 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 for medical equipment. The equipment must be approved by RMHP.
- ∅ Some types of equipment are not covered. This includes wheelchair lifts for cars, ramps, hot tubs and exercise equipment. Health club fees are not covered. **Items mainly for convenience care are not covered.**

Medicine

- ✓ Prescription drugs on the RMHP drug list are covered. Your doctor must prescribe them. You must get them from a drugstore that works with RMHP. Some drugs are **not covered**. Some drugs must be approved by RMHP before you can pick them up. Brand name drugs cost more than generic drugs, so please look at the information on pages 3 and 10 – 11 of this handbook to make sure you know about this. You can get a 31-day supply of prescription drugs at a retail pharmacy or a 90-day supply through mail order.
- ✓ Call RMHP if you want to know if the prescription 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**. This is true even if the doctor tells you to buy it.

Mental health care

- ✓ RMHP only covers mental health services for mental health problems that come from a physical illness. These services are limited to 35 visits with a mental health provider each benefit year. A benefit year starts on July 1. The benefit year ends on June 30 the next year.

M Most mental health services are covered by the Behavioral Health Organization (BHO). Call the BHO at 800-804-5008 to find out how and where to get services.

- ∅ The following types of counseling are not covered:
 - Marriage counseling
 - Family counseling
 - Behavioral testing and counseling
 - Counseling for sexual dysfunction
 - Stress management courses
 - Biofeedback
 - Hypnosis
 - Mental health care ordered by a court if the care is not covered



PCP and other doctor visits

- ✓ Visits to your PCP or another doctor that works with RMHP are covered. This includes visits because of injuries or when you are sick or when you need allergy testing.

Pregnancy and hospital delivery

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

Preventive care

- ✓ Preventive visits to your PCP and your obstetrician/gynecologist (OB/Gyn) are covered. This includes physical exams and well-child care. Tests like mammograms, prostate screenings, Pap smear and pelvic exams are covered. You can only get one of each of these tests each benefit year. A benefit year starts on July 1. The benefit year ends on June 30 the next year. This means you can only get one of each type of test between July 1 and June 30.
- ✓ For children from birth to 3 years old: well-child visits are covered as needed for their age.
- ✓ For Members over 3 years old: 1 routine physical exam is covered each benefit year.
- ∅ Some exams are not covered. These exams are:
 - For a job
 - To get a license
 - To get married
 - For insurance
 - For school, camp, or sports
 - For adoption

Prosthetic and orthotic devices

- ✓ Devices like artificial arms and leg braces that replace or strengthen a body part are covered.
- ✓ Devices put in your body during surgery are covered. This includes pacemakers and artificial joints. They must be medically necessary. RMHP must approve them before they are put in your body.

Rehabilitation

- ✓ Therapy because of an injury or sickness is covered. This includes:
 - Physical therapy
 - Occupational therapy
 - Speech therapy



- Pulmonary therapy (must meet Medicaid requirements)
- Cardiac rehabilitation (must meet Medicaid requirements)

All services must be medically necessary. Call Customer Service for help.

Second Opinions

- ✓ Second opinions are covered. This is when you want to make sure what your first doctor told you is correct. You do not need a referral to see a doctor for a second opinion about your care. You or your doctor will need to call Customer Service when you get a second opinion so that your visit is covered with no copayment. You can also call Customer Service for help getting a visit with a doctor that works with RMHP for your second opinion.

Specialty care

- ✓ Visits and health care services from doctors other than your PCP are covered. They are covered if:
 - the services are benefits of your plan, and
 - the doctor you get care from works with RMHP.

∅ Services from a doctor that does not work with us are **not covered** unless it is an emergency.

Surgery

- ✓ Surgery is covered. You must go to a facility that works with RMHP. The surgery must be done by a doctor that works with RMHP. The surgery must be medically necessary.

- ✓ Some plastic surgery is covered. It must be medically necessary. Plastic surgery is covered when you need it to get back function you had before you got hurt or sick. It must be needed to fix damage from a sickness or injury.

∅ Cosmetic surgery and sex change operations are **not covered**.

Transportation

- ✓ Ambulance rides are covered if you have a true emergency. RMHP does not cover ambulance rides when it is not an emergency.

M Medicaid will help you get a ride to the doctor's office or hospital. Call the local health department for details.

Vision

- ✓ Routine eye exams
- ✓ Treatment and exams for your eyes are covered when you have a sickness and injury to your eyes.
- ✓ For Members under age 21: Standard eye exams are covered. Eye glasses are covered. You can also get glasses fixed or replaced whenever you need. Contact lenses are only covered



when your doctor thinks they are medically necessary and they are approved by RMHP, or after you have eye surgery.

- ✓ For Members 21 years old and older: Standard eye glasses and contact lenses are only covered after you have eye surgery.
- ✓ Ocular prosthetics are covered if approved by RMHP.
- ∅ The amount RMHP pays for glasses is limited. This means extra costs are not covered. This includes extra costs for:
 - Scratch coatings
 - Blended lenses (bifocal lenses without a line)
 - Tinted lenses (sunglasses)
 - Expensive frames
- ∅ For Members 21 years old and older: Eye glasses and contact lenses are not covered unless you have had an eye surgery.
- ∅ Contact lens supplies and contact lens insurance are not covered.

Services that are not covered

- ∅ Some services are **not covered** by RMHP or Medicaid. These services include:
 - Treatments, drugs or procedures that are experimental
 - Acupuncture
 - Care by a Chiropractor
 - Care or exams ordered by the court if the care or exam is not usually covered
 - Institutional care
 - Travel costs
 - Government-sponsored care
 - Any services, including emergency and urgent care, outside the United States
 - Short-term nursing home stays at a skilled nursing facility
- ∅ Services from providers who do not work with RMHP are **not covered**.