

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) directs most of your Medicaid medical and health care services. Your plan pays for:

- doctor visits
- prescription drugs
- other medical care
- shots
- hospital care

You belong to RMHP by choice. RMHP pays for health care for you under a contract with the Colorado Department of Health Care Policy and Financing. That contract and state and federal laws control the health care services you get.

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

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

Delta	Ouray
Mesa	Rio Blanco
Moffat	San Miguel
Montrose	

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

To be part of RMHP, you must pick a primary care physician (PCP). The PCP you pick must work with RMHP. We sent you a copy of the Provider Directory. The directory tells you the doctors that work with RMHP. Please call us at 888-282-8801 if you need another directory.

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. You must tell us who your doctor is before you see them.

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

888-282-8801

or e-mail:

customer.service@rmhp.org

For more information about setting up 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. You can go to the nearest emergency room. The emergency room is the wrong place to go for routine care. It's the wrong place to get care 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 more information about the right way to use the emergency room, go to page 8.

Show your ID card.

You got a card from Colorado Medicaid. Anytime you go to the doctor or hospital or get a prescription, show this card.

RMHP has Spanish speaking Customer Service Representatives available. Para asistencia en español llame al 888-282-8801. For callers who speak languages other than English or Spanish, RMHP uses AT&T Language Interpreters.

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If You Have a Question or Concern

Please call us whenever you have a question about RMHP. We are ready to help you use your RMHP health plan. RMHP wants to help. If you have a special need, call us. You can get this handbook in:

- Large print
- Braille
- A different language
- On audiotape
- Or in another form that will work for you

You can get a new Medicaid Handbook at least once every year.

Contact us:

- 970-244-7860 or 888-282-8801
- 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 888-282-8801.
- For callers who do not speak English or Spanish, RMHP uses AT&T Language Interpreters. Contact Customer Service at 888-282-8801 for help.
- E-mail us at: customer.service@rmhp.org

Business hours:

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

RMHP street address:

Rocky Mountain Health Plans
2775 Crossroads Blvd.
Grand Junction, CO 81506

Mailing address:

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

Keep track of your family's doctors here:

Family Member	Primary Care Physician	Telephone Number



Copayments

You may have to share in the cost of the health care you get. This cost sharing is called a copayment. Children 18 and under do not pay copayments. If you are living in a nursing facility or if you are pregnant, you do 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 970-244-7860 or 888-282-8801.

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 (PCP, doctors other than your PCP, Federally Qualified Health Centers and Rural Health Clinics)	\$2.00 per visit
Second Opinions	No copayment
Lab work, X-rays, Durable Medical Equipment (wheelchairs, glucose monitors, etc.)	\$1.00 per date of service
Prescriptions: Generic Drugs Brand Name Drugs *If you have Medicare and Medicaid, your Medicare drug plan will cover your 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 \$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. You pay more if you buy a brand name drug when you could buy a generic drug. You will pay brand name drug copayment AND the difference in cost between the brand name and generic drug. If your doctor tells us you must have the brand name drug, RMHP may approve for you to pay the brand name copayment only without having to pay the cost difference.

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.

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



RMHP wants you to stay healthy. We offer information about:

- Exercise programs.
- Health eating habits.
- Tips to help you stay healthy.
- How to take better care of yourself.

Call 800-843-0719 and ask for extension 7774 for more information.

Suggested 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

*Talk to your doctor. You may need tests every year instead of every 2 years. If you are at high risk for breast cancer, talk to your doctor to see if you should be screened more often.

Pelvic Exam and PAP Smear

- Every year if sexually active
- Every year at 18 years of age

Suggested 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

Keeping your child healthy

RMHP offers a program called EPSDT. EPSDT means Early Periodic Screening, Diagnosis, and Treatment. This program is for children with Medicaid under 21 years old. When your child is a part of the RMHP Medicaid plan, they are part of the EPSDT program. Finding and treating even little 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
- help for children with disabilities

EPSDT services are for Medicaid Members. You pay nothing for these services. For more information, call 970-248-6930 or 970-248-6946.



If you have an EPSDT exam and a problem is found, you might be able to get extra care. 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.

<u>Age</u>	<u>Checkups</u>
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 21 years old	1 checkup every year

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.

<u>Age</u>	<u>Shots</u>
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) Influenza
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) Influenza
4 to 6 years	DTaP (fifth shot) Polio (fourth dose) MMR (second shot) PCV (if not given birth to 18 months) Influenza (yearly)
11 to 12 years	Hepatitis B (if not complete) Tdap (prevents tetanus) Influenza (yearly) MMR (if not complete) 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) Influenza (yearly)



Children under age 21 should get the Pneumonia shot (PCV). This shot prevents meningitis and pneumonia. You should get it if you are high risk. Ask your doctor.

Family planning

We will pay for family planning services. Birth control and abstinence are part of family planning. RMHP may cover drugs or items to prevent pregnancy. See the “Covered Services and Benefits” section in this booklet. Medicaid pays for these services too that you can get 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 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 care doctor. If you are new to RMHP and seeing a non-plan doctor, you may be able to keep seeing that doctor if you have a health problem or are pregnant until you find one that works with RMHP. Call us for details.

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 is with RMHP and is 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 pick a doctor you have not seen before, you must call the doctor’s office first. Ask the office if they will take you as a new patient. If they will take you as a patient, tell them you are picking the doctor as your RMHP Medicaid PCP.
3. Call RMHP and tell us who you picked. You must tell us your PCP before you go to that doctor.



We are here to help. Call us if you need help finding a PCP or if you need a Provider Directory. Each person in your family can have a different PCP. You must let us know who the PCP is for each member of your family that belongs to RMHP.

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 getting the care ordered by specialty doctors; for example, surgery or home health care.
- To admit you to a hospital if need be.

How to change your PCP

If you want to change your PCP, follow the steps 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 you are getting care from a specialist, talk to your new PCP about it. 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

Call your PCP's office and tell them you are an RMHP Medicaid Member. Give them your Medicaid ID number if they ask for it. For illness 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 be seen 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 can't get in to see your PCP as fast as you think you should, call us at 888-282-8801.

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 to tell them you can't make it. **The doctor may charge you for missing the appointment if you don't cancel it. RMHP will not pay that charge. You will have to pay for it.**

Transportation

Remember to find 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 12). 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.**

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 specialist that works with RMHP. The specialty care you receive must be on the list of covered services in the “Covered Services and Benefits” section in this booklet.

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. This helps make sure the care you get will work for you. This helps to make sure you are getting care that is medically necessary. **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 doctors 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 to you, 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. Call us if you would like a copy of this plan.

Care for pregnancy and other health care for women

You can go to any doctor in our Provider Directory for covered services. This includes women’s services. It also includes care when you are pregnant. Some of these doctors are specialists like obstetricians, gynecologists, and certified nurse midwives. See the “Covered Services and Benefits” section in this booklet for details.

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

Most mental health services are covered by the Behavioral Health Organization (BHO). RMHP does not pay for these services. Call the BHO at 800-804-5008. They can help you find out how and where to get mental health services in your area.



In Case of Emergency

You can get urgent and emergency care anywhere in the United States. You can get care 24 hours a day. You can get care every day of the year. You do not need an okay from RMHP to go to the emergency room for a true emergency. If you are not able to call us and let us know about your emergency room visit or urgent care visit, your care will still be covered.

Emergency room services are expensive. Many doctors will take care of you in their offices after hours or on weekends. Some hospitals even have convenience rooms where you can get care. There may also be an urgent care center near you. These cost less than going to the emergency room. You may have to pay the cost yourself if you go to the emergency room when you don't have a true emergency.

You should use an emergency room ONLY when:

- Your condition is so serious you can't call your PCP.
- You call your PCP and he or she tells you to go to an emergency room.
- You have an emergency that is threatening to your life. Or you have an emergency that is threatening to a limb. A life- or limb-threatening emergency means you feel your life or a limb is in danger. It means you feel you need medical care to avoid death or to avoid affecting 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 closest emergency room, call **911**, or call the local emergency phone number.
- Tell the emergency room staff you are an RMHP Member.
- Call your PCP as soon as you can.
- 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 PCP, if you can, and tell them about your illness or injury.
- Follow what your doctor tells you 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 PCP.



- The office telephone message may give you a number to call for a doctor who can take care of you. This may happen if your doctor is not there. This may also happen when the office is closed. There will always be someone to answer your call. You can always get help.
- Tell the doctor you're an RMHP Member and tell them about your illness or injury.
- Follow the doctor's instructions about whether to go to the hospital or to the doctor's office.

Call us if:

- you need help understanding your benefits or,
- you are admitted to the hospital.

Our Customer Service phone number is 970-244-7860 or 888-282-8801.

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

We have customer service representatives that speak Spanish. We also use AT&T language interpreters to help other non-English-speaking Members.

Para asistencia en español llame al 888-282-8801.

Urgent care

Urgent care is not the same as 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 what they tell you to do. If you need urgent medical care after normal business hours, you still have to call your PCP's office. This includes weekends and holidays. Your care will still be covered even if you are not able to call us and let us know about your urgent care visit.

There is always a doctor who will return your call and give you instructions. Doctors who care for RMHP patients are on call 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 there, a doctor will call you back to tell you how to get care. For urgent care, you will get an appointment with a doctor within two days of the time you call your PCP's office.

Prescription Drugs

You must get your drugs from a drugstore listed in the "Pharmacies" section in our Provider Directory. **Show your ID card at the drug store 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 drug that isn't covered, you will have to pay for it yourself.**

You can get your medicine from any drugstore if you have an emergency away from home. Send us the receipt in 120 days of buying the medicine and we will pay you back for it. **We can't pay you back if you send us the receipt after 120 days.**



If you have Medicare and Medicaid with RMHP:

Most of your drugs are covered by Medicare Part D. Medicaid covers certain drugs that Medicare does not cover. You can get all covered drugs at the same pharmacy. You must use a pharmacy that works with RMHP.

Community Resources

RMHP will take care of most of your health care while you are a Member. But you can get more services 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 listed in this book.

Women with Infants and Children Food Program (WIC)

WIC is a program that helps women who are pregnant or breast-feeding. It also helps women who have small children. Women who qualify can get healthy food for themselves and their children. Call 800-688-7777 to find the WIC clinic close you.

Prenatal Plus

Prenatal Plus gives extra services to pregnant women. These women must go along with their doctor's care. It also gives services while you apply for Medicaid.

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)

The HCP program gives services for:

- Orthodontia (for severe problems).
- Hearing aids.
- Advise on a healthy diet.
- Home-based language development for children with hearing impairment (CHIP).
- Cleft lip and/or palate.

For more information, please call Colorado Medicaid at 800-221-3943.



Dental

RMHP does not cover services for teeth. Please call the EPSDT Outreach Coordinator for children’s dental health. This includes orthodontia services.

You will need to get an approval before you have services on your teeth. You don’t need approval if you need your teeth taken out because it is an emergency.

Hearing Services

Call Colorado Medicaid at 800-221-3943 for hearing care for children. This includes hearing aid batteries.

Human Services Department in Your Area

There are many services you can get in your area. Some services are offered by the State Medicaid program. Your county health department can tell you about services. This includes transportation. They can also give you information on the services listed above. These services are not covered by RMHP. 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
970-244-7860 or 888-282-8801
E-mail: customer.service@rmhp.org
Medicaid Customer Service Line: 800-221-3943

Care Management and Quality Improvement Programs

RMHP Case Managers check the services you get to make sure they are needed. Sometimes the care you get from one doctor doesn’t work with the care you get from another doctor. Case Managers also check to see if the services may work for you. This helps to make sure you are getting care that is medically necessary. For the Care Management program to work and you to get the care you need:

- Pick a PCP who directs all of your care.
- Have the hospital tell us when you are admitted.
- Some services need to be approved by RMHP before you get them. Have your doctor get approval from RMHP before you get these services.



RMHP also has a Quality Improvement plan that lets us see the quality of RMHP. This includes health care and member services. We always want to improve our quality. You can request a copy of this plan at no cost to you. If you feel you did not get the right care, you can complain. If your care was not given by the right person, at the right place, or at the right time, you can complain. There is a form at the back of this handbook that you can fill out. You can also call Customer Service at 888-282-8801. We can see what we need to fix by your complaints.

If you have questions about our programs, call Customer Service at 888-282-8801. We can also send you more information. They can also help you with questions on your claims.

Improving Your Health

Case Managers

RMHP Case Managers are nurses that are here to help you. Our nurses know how to deal with all types of medical problems. They also work with children with special health care needs, pregnant women and Members with diabetes, asthma or heart problems. You do not have to pay for these services.

How can a Case Manager help you?

- They know about health care.
- They know about community services so they can help you get the care you need.
- They work with you and your doctors to help you reach your health goals.
- They can explain covered services.
- They can help you learn to care for yourself.

Learning to live with a health problem can be frightening and difficult, but RMHP is here to help you. We want you to follow your doctor's treatment plan and learn about your disease. Our nurses and Case Managers will work with you one-on-one.

If you are pregnant, RMHP can help you have a healthy baby. We can talk to you to see if you are at risk of having your baby early. We offer you help if you are at risk. Our nurses can also help you with special issues:

- Twins
- Breast-feeding
- Premature labor
- Diabetes
- Bed rest
- Stop-smoking program

You can call and ask us for help. Your doctor or hospital may also tell us that you need a case manager. When you need help, call Customer Service at 888-282-8801.



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 303-724-1074.

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.

— Call us at 888-282-8801 or e-mail us at: customer.service@rmhp.org —



- Ø 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.

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.

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

Ø 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
- Treatment for pain or infection that is because of a dental condition

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.



- Ø 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. You must get follow-up care from your PCP. Follow-up care can also be 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 cover follow-up care only until you are able to safely return to the service area.

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 birth control pills, diaphragms, and condoms.
- ✓ M 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.

- Ø 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.
- 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 or state Medicaid 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. 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

Nursing home care

- ✓ Short-term nursing home stays are covered. They are limited to 30 days per illness or injury every year. These stays are only covered if your doctor wants you to stay in a skilled nursing facility after being in the hospital or because the stay will keep you from having to go into the hospital. RMHP must approve your stay before you go.
- M** If your doctor says you need to stay longer than 30 days because of your medical needs, Medicaid may cover those days.



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 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 right. 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

- ✓ Treatment and exams for your eyes are covered when you have a sickness and injury to your eyes.
- ✓ Eye exams when your doctor thinks you need one because of a medical condition like diabetes are covered.
- ✓ For Members under age 21: Eye exams are covered. Eye glasses are covered. You can also get glasses fixed whenever you need. Contact lenses are only covered after you have eye surgery.
- ✓ For Members 21 years old and older: Eye glasses and contact lenses are only covered after you have eye surgery.
- ∅ 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: Routine eye exams are **not covered**. Eye glasses and contact lenses are not covered unless you have had an eye surgery.

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, unless you have Medicare
 - 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
- ∅ Services from providers who do not work with RMHP are **not covered**.



About the Doctors and Other Health Care Providers

The Provider Directory shows the doctors that work with RMHP. RMHP looks at information about the providers before we work with them. This includes their license, education and training. We also check their background and experience. If you have a question about your doctor, call us.

When Someone Else is Responsible to Pay for Your Health Care

There are times when a third party is responsible for paying for your health and medical care. A third party is someone that is NOT you, RMHP, or the Colorado Department of Health Care Policy and Financing (Medicaid). A third party could be another insurance company. If we think a third party should pay, we may send you a letter. The letter will ask you questions about the third party. You will need to answer all of our questions, if you don't, you will have to pay.

There are times when a third party is Medicare. Your Medicare plan is first. It also pays before your RMHP Medicaid plan. After Medicare pays, RMHP Medicaid will pay what Medicare did not pay. You will pay only your Medicaid copayment.

Sometimes the third party is another insurance company you may be covered by. In this case you must follow their rules about how to get care. The third party will pay for your care instead of RMHP. If you do not follow the third party'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 need to pay for your health care for a sickness or injury. (Example: You are in a car accident.) If RMHP pays for any of these services and you receive money from the third party, you will need to pay RMHP back for these services. This is true whether or not you file a lawsuit.

If RMHP pays for your care and a third party should have paid, we can collect and keep the money from the third party. You must help us get the money from a third party that should have paid for your sickness or injury. If you do not help us get that money, **you will have to pay for that health care yourself.**

Tell RMHP if you think or know a third party should pay for your health care. Also let us know if you make a claim against a third party to pay for your health care.

You must:

- Let us know within 15 days if you told a third party you think they should pay for your health care.
- Let us know within 15 days of filing a claim with the third party you think should pay for your health care.
- Let us know by bringing a letter to our office or mail it to us by certified mail.

You can pick someone else other than yourself to 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 for yourself.



Changes in Your Eligibility

You do not pay copayments if:

- You are pregnant.
- You live in a skilled nursing facility.
- You live in a transitional care facility or mental institution.

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

Changes to Your Plan

RMHP will let you know by mail about any changes to your plan.

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 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 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 us. You must also tell Health Colorado you are leaving us by calling 888-367-6557.

Appeal and Grievance Processes

You have many rights with Medicaid. You have the right to complain about RMHP. You have the right to complain about 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.



Section 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 us if you want to complain. We can 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 of your complaint. You will be treated the same as any other Member.

Here are some things that you can complain about.

- You are unhappy with your doctor, clinic, or any RMHP provider.
- You can't find a doctor or get in to see your doctor.
- You have a problem with RMHP Customer Service.
- You are unhappy with how your doctor took care of you.
- You feel you have been treated in a different way by RMHP or one of our providers. This could be because of your age, race, sex, national origin, sexual orientation, religion, or disability.
- You are unhappy because a provider or RMHP employee was rude to you.

If you want help at any time filing a grievance

If you need help making a complaint or grievance, you can call the Managed Care Ombudsman at 877-HELP-123 (877-435-7123). You can e-mail them at 123@maximus.com. TTY users should call 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 a form to give your DCR permission. The form must have the person's name, address, and telephone number. If your complaint 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 in this handbook and mail it to RMHP. Or, we can fill out the form for you. Call us for help. You must call or write to file your grievance within 20 days of the event you want to complain about. In two working days, RMHP will tell you in writing that we got your grievance. RMHP will review your grievance and send you a response within 15 working days of the day we get your grievance. RMHP may respond to your grievance sooner than two working days. If we do, then you will not get a separate letter telling you that we got your grievance.

If you do not like our response, you may call or write the Health Plan Manager of the State Medicaid Department:

Department of Health Care Policy and Financing
1570 Grant
Denver, CO 80203



The phone number is 800-221-3943. The State Medicaid Department will tell you that they got your request. They will look into your complaint and send you a response.

Section 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 we got 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 can ask for the State Fair Hearing before RMHP makes a decision. 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., Suite 1300
Denver, CO 80202

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

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

Note: Office of Administrative Courts 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 — 970-244-7860 or 888-282-8801.

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

Para asistencia en español — 888-282-8801.

Expedited (fast) review

You can ask for an expedited or fast appeal. Fast appeals are used when RMHP's decision puts you in danger. You can ask for a fast appeal if you have a disability. We have to finish the fast appeal within 72 hours so you have a short amount of time to get a copy of the file RMHP has about your appeal. 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. You must ask for one within 20 days of the date of RMHP's action. You may also call the State health plan manager or Medicaid at 800-221-3943 or 303-866-3513. 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 services continue while your appeal is being reviewed. The following must occur:

- RMHP must have previously approved the treatment.
- The original approval must not have expired.
- You must send us your appeal within 20 days of the action.
- You must tell RMHP you want to keep getting your services when you send us your appeal.
- Your RMHP provider must have ordered the services.

— Call us at 888-282-8801 or e-mail us at: customer.service@rmhp.org —



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 970-244-7860 or 888-282-8801. If you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370. RMHP's hours are 8 A.M. to 5 P.M., Monday through Friday.

Additional Information

You can get more information about how RMHP works. You can get information on how RMHP is arranged. You can also get information on our physician incentive plans. Call us at 888-282-8801.

Advance Directives

It is important to know you have a choice in your medical care. You have the right to accept or reject medical or surgical treatment. You have the right to have advance directives. Advance directives are written instructions to your doctors about your medical treatment. You may need this if you are too sick to tell the doctor yourself. We will keep your PCP on your record even if you don't have Advance directives.

We tell you how to let people know of your health care decisions. It is at the end of this book. This was written by the Advance Directive Coalition of Colorado. 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. They will put it in your medical records. Our policy on advance directives meets the terms of the Patient Self-Determination Act of 1990.

You have the right to have your doctor tell you about how your Advance Directives will happen. You also have the right to know about the services your doctor will not give you. You also have the right to know about the services that your doctor feels they must do. This may be because of what they believe.

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. In this policy, we say "advance directive." An advance directive tells doctors about your medical care wishes if you are impaired and can't make decisions for yourself. They are written instructions. They are also allowed by state law. Living wills are advance directives. So is a durable power of attorney for health care.
- II. RMHP gives a handbook to each person who joins RMHP. This handbook is sent soon after you join. The handbook includes information about advance directives.



- A. It tells about your right under state law to make decisions about medical care. This includes the right to get medical or surgical care. It also includes the right to not get medical or surgical care. It also tells about the right to have advance directives.
 - B. The handbook also has RMHP's written policy on your right to make decisions about health care. This includes advance directives. It also tells the way you can use your rights.
- III. RMHP meets the terms of state law about advance directives.
- IV. Your benefits with RMHP do not change if you sign an advance directive or not. RMHP does not judge you based on if you sign an advance directive or not.
- V. RMHP staff knows about this policy.
- VI. RMHP trains the public on advance directives.

Equal Opportunity Policy

The information below is about the policy for equal opportunity at Rocky Mountain Health Plans (RMHP). We have people you can talk to if you think you are not treated right. If you need help understanding this policy, please call Customer Service. You can call the phone numbers listed below.

It is the policy of Rocky Mountain Health Plans 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 Equal Opportunity Officer is responsible for compliance with state and federal equal opportunity laws. The Equal Opportunity 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 970-244-7860 or 888-282-8801. If you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370. Para asistencia en español llame al 888-282-8801.

Rocky Mountain Health Plans Member Complaint Form

Complaint is being filed for:

Member Name: _____

Address: _____

Telephone: _____

Member Identification No.: _____

Relationship to Member: self other

Member Name: _____

Address: _____

Telephone: _____

Member ID number or Medicaid number: _____

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

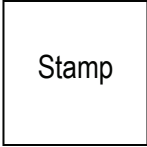
You must send us your complaint within 20 days from the date of the event you want to complain about or RMHP's action. You can get special help making a complaint if you are disabled, have a communication barrier, or if you don't speak English.

Call Customer Service at 888-282-8801. We can give you information about complaints. We can also fill out the form for you.

- If you are hearing impaired and use TTY equipment, call 970-248-5019 or 800-704-6370.
- Para asistencia en español llame al 888-282-8801.
- For callers who speak languages other than English or Spanish, RMHP uses AT&T Language Interpreters.

Member Signature: _____

Date: _____



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

Fold here



Member Rights and Responsibilities

It Is Your Right

- To get information about RMHP and its services, doctors, 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
- To get a second opinion

And Your Responsibility

- To choose a Primary Care Physician (PCP) for each member of your family and to let that PCP know of any advance directive regarding your medical care
- To let your PCP direct your 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 notify RMHP Customer Service of your PCP changes, membership or address changes, marriage, birth of a child, or adoption of a child
- To take responsibility for copayments and costs for certain health care services and any services that are not covered by Medicaid
- To provide the health care provider with all information needed for you to receive appropriate care and to follow the care and instructions agreed upon with your provider
- To tell RMHP about any other insurance you may have, including Medicare
- To file a complaint or grievance, please follow the rules of RMHP Medicaid as described in this Member Handbook



Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information. Please review it carefully.

You may ask for a separate paper copy of this privacy notice at any time.

Para recibir esta noticia en español llame al 888-282-8801.

In this notice, the words “us” or “we” means Rocky Mountain Health Plans (RMHP), which includes plans underwritten by Rocky Mountain HMO and Rocky Mountain HealthCare Options.

Q. Why is this notice provided?

A. RMHP respects the privacy of your personal health information (PHI). We are required by law to make sure that your PHI is kept private. We must give you this notice of our legal duties and privacy practices with respect to your PHI.

Q. What is PHI?

A. PHI includes information that we have about your past, present, or future health or medical condition that could be used to identify you. It includes information about such things as eligibility, medical treatment, or payment for health care you have received.

Q. How and when can you use or give out (disclose) my PHI?

A.

- To help make sure your medical bills sent to us for payment are handled correctly.
- To doctors or other providers to help them provide medical care to you, such as coordinating care between your primary care physician and a specialist.
- To help providers manage your health care, such as if you're in a wellness program.
- To send you a reminder if you have an appointment with your doctor.
- To give you information about alternative medical treatments and programs. To tell you about health related products and services that you may be interested in, such as a weight loss program.
- To your employer if they sponsor your health benefit plan, in order to get and confirm enrollment in the plan.
- To others if you agree or if you are unable to agree, such as if a home health nurse visits you at your home. If your spouse is with you, we may discuss your PHI with you both.

There are also state and federal laws that may require us to give your PHI to others. For example, we may give out your PHI for the following reasons:

- To state and federal agencies that regulate us (such as the US Department of Health and Human Services and the Colorado Division of Insurance).



- For public health activities (such as reporting disease outbreaks).
- To public health agencies if we believe there is a serious health or safety threat.
- For government health oversight activities (such as fraud investigations).
- To a court or administrative agency (such as to obey a court order).
- For law enforcement purposes (such as to locate a suspect).
- To a government authority regarding abuse, neglect, or domestic violence.
- To a coroner, medical examiner, or funeral director, such as for determining cause of death.
- For getting, saving, or transplanting organs, eyes, or tissue; and in limited ways, for research activities.
- For special government functions, such as for national security.
- For job-related injuries because of state worker compensation laws.

If none of the above reasons apply, we must get your written permission to use or give out your PHI. If you give us written permission and then change your mind, you may take back (revoke) your written permission at any time.

However, you cannot take back your written permission if we already acted when we had it.

Q. What are my rights with respect to my PHI?

- A. **You have the right** to ask that we limit how we use and give out your PHI. You also have the right to request how much PHI we give to someone who is involved in your care or helping pay for your care. Please note that we are not required to agree to the request.

You have the right to ask that we communicate with you in a different way or at a different place in order to protect you from danger. For example, you may ask us to send PHI to your work address instead of your home address.

You have the right to see and get a copy of your PHI that we have. You may ask for a summary of PHI we have about you. We will respond to you within 30 days after we receive your written request. If we deny your request, we will tell you, in writing, the reasons why. We will also explain your right to have our denial reviewed. We may charge you a reasonable fee based on the cost of copying and postage or preparing the summary.

You have the right to get a list of instances in which we have given out your PHI during the six years prior to your request. Please note that we are not required to give you a list of every time we gave out your PHI. We do not have to tell you times we gave out your PHI:

- Before April 14, 2003.
- For treatment, payment, and health care operation purposes.
- To you or others, if we have your written permission.
- To persons involved in your care or payment for care.



- For national security reasons or in special situations required by law enforcement or health oversight agencies.

We will act on your request within 60 days. Your first list will be free. We will give you one free list every 12 months if you ask for it. If you ask for another list within 12 months of getting your free list, we may charge you a fee.

You have the right to ask us to correct your PHI or add missing information if you think there is a mistake in your PHI. We will respond within 60 days of receiving your written request. If we deny your request, we will tell you the reasons in writing. Our written denial will also explain your right to file a written statement of disagreement. You have the right to ask us to attach your request, our denial, and your statement of disagreement to your PHI anytime we give it out in the future.

You have the right to get a separate written copy of this notice anytime you ask for it.

Q. If I want to use these rights, do I have to make a written request?

- A. Yes. All requests must be made in writing. You can get a request form and send in your request by using the contact information at the end of this notice.

Q. How may I complain about your privacy practices?

- A. Send your written complaint to RMHP Customer Service, Attn: Privacy, PO Box 10600, Grand Junction, CO 81502-5600. You also may complain to the Secretary of the Department of Health and Human Services. You will not be penalized for filing a complaint about our privacy practices or using any of the rights described in this notice.

Q. How will I know if my rights described in this notice change?

- A. We follow the terms of the notice that is currently in effect. This notice is effective April 14, 2003. We reserve the right to change the terms of this notice and our privacy policies at any time. Then the new notice will apply to all your PHI. If we change this notice, we will put the new notice on our website and mail a copy of the new notice to our subscribers.

Q. Who should I contact to get more information, to get a copy of this notice, or to obtain request forms?

- A.
- Visit our website at www.rmhp.org and at the bottom of the page, please see tab titled “Privacy Practices and Disclosures”.
 - Write us:
Rocky Mountain Health Plans
PO Box 10600
Grand Junction, CO 81502-5600
 - Call RMHP Customer Service at 888-282-8801



Attachment to Medicaid Handbook



Your Right to Make Health Care Decisions

Federal law says that if you are admitted to any health care facility, or have services by certain organizations that get Medicare or Medicaid money, you must be told about Colorado's laws about your right to make health care decisions. This law is for all adult patients no matter what their medical condition is. This pamphlet will give you information about your rights under Colorado law. It lets you make your own decision to say yes or no for medical treatment, including life support. These are important personal health care decisions. You need to take the time to think about these decisions carefully. It's a good idea to talk about your health care decisions with:

- your doctor
- family
- friends
- staff members
- your health care facility, and
- possibly a lawyer.

You have the right to accept or refuse any medical care and treatment, unless care is ordered by a court. In an emergency, your consent to resuscitation, medical care and treatment is assumed.

If you can not make your own health care decisions, Colorado law lets your guardian or your agent, "appointed" or "named" under a medical durable power of attorney, make your health care decisions for you. If you do not have an advance medical directive or guardian, Colorado law lets a relative or a friend be a substitute decision maker (proxy). If there is no advance directive, Colorado law requires the doctor or a person chosen by the doctor to find someone that is close to you for a substitute decision maker (proxy).

Medical Durable Power of Attorney and Living Will forms are included as part of this pamphlet. There are other forms other than the ones in this pamphlet that you are okay to use.

Introduction to Advance Directives

Your right to make medical care decisions includes giving "advance directives" which are written instructions concerning your wishes about your medical treatment. These instructions are used in the event you become unable to make health care decisions for yourself. You must be given information on advance directives by Medicare and Medicaid funded hospitals, nursing homes, HMOs, hospices, home health care and personal care programs at the time you are admitted as a patient or resident in any of those programs or facilities. You must also be given written information on facility and provider policies concerning advance directives. **Please understand that you are not required to have an advance directive in order to receive care and treatment, or for admission to a facility.** You must only be informed about them. Whether or not you have an advance directive, you will receive the medical care and treatment appropriate for your condition and consistent with your consent and facility policies.

If you spend a great deal of time in more than one state, you may wish to consider having an advance directive that meets the requirements of the laws of all the states where you spend significant time. You should prepare an advance directive **before** you get too sick to think or communicate clearly. In Colorado, the following kinds of advance directives are recognized: the "**living will**" (which applies only in cases of



terminal illness); the “**medical durable power of attorney**” (which allows you to name an agent who can make decisions for you) and a “**CPR Directive**” which is a directive telling emergency, other health care personnel and others not to perform CPR on you. (“CPR” means cardio pulmonary resuscitation).

Any **Living Will, Medical Durable Power of Attorney and CPR Directive** may include a written statement indicating a decision regarding organ and tissue donation. Organ donation may also be accomplished by signing a separate document executed in accordance with the provisions of the “Uniform Anatomical Gift Act”. You should consult your health care provider for specifics. You should also notify your family of your decision to give an anatomical gift. Completion of an anatomical gift is voluntary.

If you have prepared and signed an advance directive it will represent your wishes if you become unable to make health care decisions for yourself. These documents do not take away your right to decide what you want, if you are able to do so at the time a decision is needed.

If you have an advance directive from another state, it may still be valid in Colorado. However, it is recommended you prepare a new advance directive under Colorado law.

Cardio Pulmonary Resuscitation (CPR) Directive

A **CPR** (Cardio Pulmonary Resuscitation) Directive allows you, your agent, guardian, or proxy to refuse resuscitation. CPR is an attempt to revive someone whose heart and/or breathing has stopped by using special drugs and/or machines or very firm pressing on the chest.

If you have a **CPR Directive**, and your heart and/or lungs stop or malfunction, then paramedics and doctors, emergency personnel or others will not try to press on your chest or use breathing tubes, electric shock, or other procedures to get your heart and/or lungs working again.

Most health care facilities have a policy which requires that resuscitation be done unless there are written physician orders (DNR or Do Not Resuscitate Orders) or patient **CPR Directives** to the contrary. DNR orders are written by a physician when in a physician’s judgment, and often after consultation with the patient, resuscitation would not be appropriate.

Anyone over the age of 18 can sign a **CPR Directive**, which becomes effective upon a physician’s signature. **CPR Directives** are usually signed by patients with terminal illnesses. They are sometimes signed by very frail elderly patients who are not ill at the time but may in the future have small strokes, a weak heart, hardening of the arteries, failing liver or kidney or other conditions. If resuscitation is performed, it may result in the patient being paralyzed, forever unconscious, or unable to speak or understand.

Minors: After a physician issues a “Do Not Resuscitate” order for a minor child, and only then, the parents of the minor, if married and living together, or the custodial parent or the legal guardian may execute a **CPR Directive** for the child.

If you do not have a **CPR Directive** or a DNR Order, your consent to CPR will be assumed. In most situations, hospitals and nursing homes respond as if all patients want resuscitation unless they have refused it. Patients, families and/or agents, guardians or proxies are encouraged to check with the facility in question as to their **CPR Directive** and DNR order policies.



Even if you have other types of advance directives, the use of a **CPR Directive** is strongly recommended if you do not want to be resuscitated. Colorado law does not require that a specific **CPR Directive** form be used. There is a state approved CPR form, but other **CPR Directive** forms may be used. Regardless of the form you use, you should inform family members of your wishes and about the locations of the **CPR Directive** form. If this directive is not found or you are not wearing a CPR necklace or bracelet, CPR will probably be initiated.

Signing a **CPR Directive** will not prevent you from receiving other kinds of needed medical care such as treatment for pain, bleeding, broken bones or other comfort care. A CPR Directive may be canceled at any time by the person who has signed it. All original forms must be canceled.

CPR Directive forms may be obtained from your physician or from licensed health care facilities. This directive must be signed by you, or your agent or proxy **and** your doctor. The **original** copy must be available to appropriate personnel, and you are urged to order and wear a necklace or bracelet that will quickly identify you as someone who does not want to be resuscitated. Order forms for the state approved necklace or bracelet are available at the time you and your doctor sign a **CPR Directive** form. There is a charge for the necklace or bracelet.

Substitute Decision Makers (Medical Proxies)

Under Colorado law, family members and close friends can select a substitute decision maker (proxy) for you if you do not have an advance directive or a guardian, and if a doctor or a judge determines that you are unable to make medical decisions. Your spouse or parent or adult child, grandchild, brother/sister, or a close friend may be chosen as the proxy by mutual agreement.

When a doctor determines a patient is unable to make medical decisions, reasonable efforts must be made to tell you who the proxy is, and the patient has the right to object to the proxy selected and any proxy's decision. If the patient is re-examined later and has regained decision-making capacity, the proxy is relieved of duty.

A proxy can make decisions about all kinds of personal and medical care, and shall comply with your wishes for medical care, if known. (If your wishes are not known, the proxy is to act in your best interest.) The proxy can decide to stop (or not to start) tube feeding only when two doctors agree that tube feeding would only prolong dying and is unlikely to help the patient recover. One of the doctors must be trained in neurology or neurosurgery.

If any of the people entitled to choose your proxy disagree with the choice, or with the proxy's actions, or no proxy can be agreed upon, then that person can ask the court to start a guardianship. Under Colorado's proxy law, no Member of the group has "automatic" priority. The person chosen as your proxy should be the one who knows your medical wishes the best.

Guardians

A guardian is a person appointed by a court to assist with the personal affairs of an individual who is unable to make his or her own decisions. The law regards a person as being unable to make personal decisions if he or she lacks sufficient understanding or capacity to make or communicate responsible decisions concerning himself or herself. This may result from mental illness, mental retardation, physical illness or



disability, chronic use of drugs and/or alcohol, or other causes. A person who is subject to a guardianship is called a “ward”.

It is important to recognize that, other than in emergency situations, it may take several months for the appointment of a guardian.

Any person aged 21 or over, or an appropriate agency which is willing to serve, may be appointed as a guardian. A guardian is not required to provide for a ward out of his or her own funds, nor is he or she required to live with the ward. In addition, a guardian is not responsible for a ward’s behavior. Guardianship can be shared by more than one individual.

Generally the duties of a guardian are to determine where the ward should live, to arrange for necessary care, treatment or other services for the ward, and to see that the basic daily personal needs of the ward are met, including food, clothing and shelter. A court order may allow a guardian to make medical care and treatment decisions. A guardian may manage financial matters for the benefit of a ward. A court may appoint a limited guardian to provide particular services for a specific length of time.

Medical Durable Power Of Attorney

A **medical durable power of attorney** is a document you sign naming someone to make your health care decisions. The person you name is called your agent. Your agent stands in for you when it is time to make any and all medical or other health care decisions with your doctor. Your agent can get copies of your medical records and other information to make medical decisions for you.

There are other types of durable powers of attorney which allow an agent to make different kinds of decisions for you, including financial ones.

A **medical durable power of attorney** can cover more health care decisions than a **living will** does and is not limited to terminal illness. You may put instructions or guidelines into your **medical durable power of attorney** telling your agent what you really want. You can cancel (revoke) your **medical durable power of attorney** at any time.

Your **medical durable power of attorney** can become effective immediately, **or** you can make it become effective when you become unable to make your own medical decisions. A **medical durable power of attorney** form is attached to this pamphlet (Attachment A) and may be used. The **medical durable power of attorney** discussed in this pamphlet is the type which becomes effective only when you become unable to make your own health care decisions. If you want information on the one which can become effective immediately, you may want to talk to a lawyer.

You can appoint anyone to be your health care agent as long as that person is at least 18 years old, mentally competent and willing to be your agent. Your agent does not have to live in Colorado, although you may want to choose someone nearby. If you appoint your spouse as your agent, and then later you are divorced, legally separated, or your marriage is annulled, your former spouse is automatically removed as your agent unless expressly stated otherwise in your **medical durable power of attorney**.

It is important to talk with your doctor, your family and your agent about your medical care choices and your advance directives.



Medical Durable Power Of Attorney For Health Care Decisions

IMPORTANT INFORMATION ABOUT THE FOLLOWING LEGAL DOCUMENT

- Before signing this document, it is very important for you to know and understand these facts:
- This document gives the person you name as your agent the power to make health care decisions if you are unable to do so. (These decisions and powers are not limited to terminal conditions and life support decisions.)
- After you have signed this document, you still have the right to make health care decisions for yourself if you are able to do so.
- You may state in this document any type of treatment that you want to receive or want to avoid. If you want your agent to make decisions about life sustaining treatment, it is best to so state in your **medical durable power of attorney**.
- You have the right to take away the authority of your agent unless you have been determined to be incompetent by a court. If you withdraw (revoke) the authority of your agent, it is recommended that you do so in writing and give copies to all those who received the original document.
- You should not sign this document unless you understand it. You may wish to talk to others or a lawyer.
- The **Medical Durable Power of Attorney** form in this pamphlet may be used; however, it may not meet your individual needs. Other medical durable power of attorney forms are acceptable according to Colorado law. Be sure the form you sign meets your needs.
- The enclosed **Medical Durable Power of Attorney** form complies with Colorado law; however, witness, notary and other requirements vary from state to state. If you should move to another state, be sure to check that state's requirements.

Your **medical durable power of attorney** should contain the following information:

- The name, address and telephone number of the person you choose as your agent and your second choice of agent to act if your first agent is unable to act for you.
- Any instructions about treatment you do or do not wish to receive such as surgery, chemotherapy, or life sustaining treatment such as artificial feeding, kidney dialysis or breathing support, etc.

Medical Durable Power of Attorney for Health Care Decisions

1. I, _____ Declarant, hereby appoint:
(Print or type your name)

Name of Agent _____

Agent's Home Telephone Number _____

Agent's Work Telephone Number _____

Agent's Home Address _____

as my agent to make health care decisions for me if and when I am unable to make my own health care decisions. This gives my agent the power to consent, to refuse or stop any health care, treatment, service or diagnostic procedure. My agent also has the authority to talk with health care personnel, get information and sign forms necessary to carry out those decisions.

If the person named as my agent is not available or is unable to act as my agent, then I appoint the following person(s) to serve in the order listed below:

2. _____ 3. _____
Agent Name Agent Name

Home Telephone # Work Telephone # Home Telephone # Work Telephone #

By this document I intend to create a **Medical Durable Power of Attorney** which shall take effect upon my incapacity to make my own health care decisions and shall continue during that incapacity.

My agent shall make health care decisions as I may direct below or as I make known to him or her in some other way. If I have not expressed a choice about the health care in question, my agent shall base his/her decision on what he/she believes to be in my best interest.

(A) Statement of desires concerning life-prolonging care, treatment, services and procedures:

(B) Special provisions and limitations:

BY SIGNING HERE, I INDICATE THAT I UNDERSTAND THE PURPOSE AND EFFECT OF THIS DOCUMENT.

SIGNATURE OF PERSON CREATING MEDICAL DURABLE POWER OF ATTORNEY (DECLARANT) DATE

(Optional But Recommended)

Colorado law does not require this instrument to be witnessed; however, it is recommended to obtain the signature of two witnesses or a notary. This is not required by Colorado law but may make this document more acceptable in other states.

WITNESS:

Signature: _____ Signature: _____

Home Address: _____ Home Address: _____

Date: _____ Date: _____



Living Wills

A living will is a document you sign telling your doctor not to use artificial life support measures if you become terminally ill, which means an incurable or irreversible condition for which the administration of life-sustaining procedures will serve only to postpone the moment of death. In Colorado, your **living will** does not go into effect until two doctors agree in writing that you have a terminal condition.

In Colorado, **living wills** may be used to stop tube feeding and other forms of artificial nourishment, **but only if** your **living will** clearly says so. If you are able to take food by mouth, your **living will** won't prevent you from being fed. In any case, artificial nourishment may be used if necessary to provide comfort or relieve pain.

Two witness must sign your **living will**. **The following cannot witness or sign a living will:** patients in the facility in which you are receiving care, any doctor or any employee of your doctor, any employee of the facility or agency providing your care, your creditors, or people who may inherit your money or property.

Your doctor, lawyer, health care facility, other health organizations or an office supply store may have **living will** forms for you to complete. Attached to this pamphlet is a form for a **living will** (Attachment B), which is consistent with Colorado law. This form, in addition to other versions meeting Colorado requirements, is acceptable and may be used. Legal assistance is not required to complete a **living will**. If you have legal questions you may want to talk with a lawyer.

You can cancel or change your **living will** at any time. You can do this by destroying it. You may also sign a statement that you no longer want it or you may prepare a new one. **If you cancel or change your living will, you should tell your family, your doctor, and anyone who has a copy of it that it has been canceled or change**

Living Will

DECLARATION AS TO MEDICAL OR SURGICAL TREATMENT

I, _____, being of sound mind and at least eighteen years of
(Name of declarant)

age, direct that my life shall not be artificially prolonged under the circumstances set forth below and hereby declare that:

- 1. If at any time my attending physician and one other physician certify in writing that:
a. I have an injury, disease or illness which is not curable or reversible and which, in their judgment, is a terminal condition; and
b. For a period of seven consecutive days or more, I have been unconscious, comatose or otherwise incompetent so as to be unable to make or communicate responsible decisions concerning my person; then I direct that, in accordance with Colorado law, life-sustaining procedures shall be withdrawn and withheld pursuant to the terms of this declaration; it being understood that life-sustaining procedures shall not include any medical procedure or intervention for nourishment considered necessary by the attending physician to provide comfort or alleviate pain. However, I may specifically direct, in accordance with Colorado law, that artificial nourishment be withdrawn or withheld pursuant to the terms of this declaration.
2. In the event that the only procedure I am being provided is artificial nourishment, I direct that one of the following actions be taken:
_____(initials of declarant) a. Artificial nourishment shall not be continued when it is the only procedure being provided; or
_____(initials of declarant) b. Artificial nourishment shall be continued for _____ days when it is the only procedure being provided; or
_____(initials of declarant) c. Artificial nourishment shall be continued when it is the only procedure being provided.
3. I execute this declaration as my free and voluntary act this _____ day of this month _____, in this year of _____.

By _____
(Declarant)

The foregoing instrument was signed and declared by _____ to be his/her declaration, in the presence of us, who, in his/her presence, in the presence of each other, and at his/her request, have signed our names below as witnesses, and we declare that, at the time of the execution of this instrument, the declarant, according to our best knowledge and belief, was of sound mind and under no constraint or undue influence. We further declare that neither of us is: 1) a physician; 2) the declarant's physician or an employee of his/her physician; 3) an employee or a patient of the health care facility in which the declarant is a patient; or 4) a beneficiary or creditor of the estate of the declarant.

Dated at _____, Colorado, this _____ day of _____, in the year _____.

_____(Signature of witness) _____(Signature of witness)

Address: _____ Address: _____

OPTIONAL

STATE OF COLORADO, County of _____
Subscribed and sworn to or affirmed before me by _____ the declarant, and _____, and _____, witnesses, as the voluntary act and deed of the declarant, this _____ day of _____, in the year _____.
My commission expires: _____

Notary Public

In Summary

- Federal law directs that any time you are admitted to any health care facility, or served by certain organizations that receive Medicare or Medicaid money, you must be told about Colorado's laws concerning your right to make health care decisions.
- Upon admission, you must be given information about advance directives.
- Although you have the right to make an advance directive, you cannot be required to have or make an advance directive in order to be admitted to a health care facility or to receive treatment or care.
- Talk to your doctor about medical conditions which might make advance directives useful.
- Talk with your health care providers about your wishes and beliefs. Make sure that copies of your advance directives are included in your medical records. It is your responsibility to provide these copies to your health care providers.
- You must be given written information about your health care providers' policies and procedures regarding advance directives. Be sure to discuss whether your directives will be honored. If you determine their policies are not consistent with your advance directives, you may wish to transfer to another facility or provider.
- If you do not want your family and close friends to select a substitute decision maker (proxy) to make medical decisions for you, you should have an advance medical directive such as a medical durable power of attorney in which you name the person who will make decisions for you.
- You do not need to use a lawyer to complete your living will, medical durable power of attorney, or CPR Directive. If you have legal questions, however, you may wish to talk to a lawyer.
- If you have a living will, medical durable power of attorney or CPR Directive, give a copy of it to your doctor, your family, your agent if applicable, and to your health care facility. Talk with your doctor, family, and agent, if applicable, while you're still in good health, so they will understand what you want.
- If you have completed a CPR Directive, be sure it is readily available at all times
- Ordinarily, it is not advisable to have both a living will and a medical durable power of attorney, as long as your medical durable power of attorney contains any instructions you wish to give about your future medical treatment, including treatment when you are terminally ill.

Advance Directives Coalition

The original version of “Your Right to Make Healthcare Decisions” was prepared by the Advance Directives Coalition which consisted of various health organizations and agencies and private attorneys.

For help or more information, contact your local physician, hospital, senior group, attorney or any of the organizations below:

Buchanan Neville Stouffer, P.C.
Colorado Association of Homes and Services for the Aging
Colorado Association of Home Health Agencies
Colorado Bar Association
Colorado Department of Public Health and Environment
Colorado Department of Social Services
Colorado Health Care Association
Colorado Health and Hospital Association
Colorado Medical Society
Governor’s Commission on Life and Law
Legal Aid Society
Licensed Health Care Facilities
Rocky Mountain Center for Healthcare Ethics
The Legal Center for Persons with Disabilities

Single copies are available at no cost from:
Colorado Health and Hospital Association, 720-489-1630

To order multiple copies contact:
Progressive Services, Inc.
Your Right to Make Health Care Decisions
1925 S. Rosemary Street, Unit H
Denver, CO 80231
303-923-0000
FAX 303-923-0001