



Welcome to the community

Rocky Mountain Health Plans PRIME Member Handbook

RMHP PRIME is a health plan for Health First Colorado members
(Colorado's Medicaid Program)

Colorado Counties:

Delta | Garfield | Gunnison | Mesa | Montrose | Ouray | Pitkin | Rio Blanco | San Miguel

Updated January 2023

United
Healthcare
Community Plan


**ROCKY MOUNTAIN
HEALTH PLANS®**
A UnitedHealthcare Company

Table of contents

Welcome to Rocky Mountain Health Plans	<u>5</u>
How we can help	<u>5</u>
Do you have questions or need help with your health care?	<u>6</u>
How to contact Rocky Mountain Health Plans	<u>7</u>
Important community phone numbers, emails, and websites	<u>8</u>
Information for new members	<u>11</u>
I am a new member. What do I do now?	<u>11</u>
RMHP is here to help	<u>13</u>
Contact RMHP	<u>13</u>
Your RMHP member ID card	<u>14</u>
Your doctor or primary care provider is important	<u>15</u>
How to pick a doctor or PCP	<u>15</u>
The importance of a medical home	<u>16</u>
How your primary care provider and medical home can help you	<u>16</u>
How to change your PCP	<u>17</u>
Getting care – the basics	<u>17</u>
Rocky Mountain Health Plans has people who can help	<u>22</u>
In case of emergency	<u>24</u>
Covered benefits and services	<u>27</u>
List of services and benefits	<u>27</u>
Wrap-around services – Services covered by Health First Colorado, not RMHP	<u>40</u>
Staying healthy	<u>42</u>
Preventive care for adults	<u>42</u>
Suggested preventive care for women	<u>43</u>
Suggested preventive care for men	<u>44</u>
2 Questions? Visit uhccp.com/CO , message us through MyUHC, or call Member Services at 1-800-421-6204 , TTY 711 , 8:00 a.m.–5:00 p.m., Monday–Friday.	

Keeping your child healthy	<u>45</u>
Early Periodic Screening, Diagnosis and Treatment	<u>45</u>
EPSDT services	<u>45</u>
Immunizations	<u>47</u>
Community services and resources	<u>48</u>
Children with special needs – Health care program for children with special needs	<u>48</u>
Dental services	<u>48</u>
Family planning	<u>49</u>
Hearing services	<u>49</u>
Home- and Community-Based Services (HCBS)	<u>49</u>
Human Services department in your area	<u>49</u>
Immunization registry – Colorado children’s immunization registry	<u>50</u>
Phone services	<u>50</u>
Prenatal Plus program	<u>50</u>
Special Connections	<u>51</u>
Women, Infants, and Children (WIC) food program	<u>51</u>
Paying for care	<u>52</u>
When you have health coverage in addition to Health First Colorado	<u>52</u>
Member claims payment	<u>53</u>
Copayments	<u>55</u>
Member rights and responsibilities	<u>57</u>
It is your right	<u>57</u>
It is your responsibility	<u>58</u>
Complaints, appeals and grievances, and quality of care concerns	<u>59</u>
Section A – Appeal an Adverse Decision	<u>60</u>
Section B – File a grievance	<u>62</u>
Section C – State Fair Hearing	<u>64</u>
Section D – Quality of Care Concerns	<u>65</u>

Additional information	<u>66</u>
How RMHP works	<u>66</u>
Quality Improvement plan	<u>66</u>
Care management decisions	<u>66</u>
Equal opportunity policy	<u>67</u>
Evaluation of new technologies	<u>67</u>
Confidentiality	<u>67</u>
Notice of privacy practices	<u>68</u>
Reporting fraud	<u>68</u>
Your right to make health care decisions	<u>69</u>
Advance Directives	<u>69</u>
About CPR Directives	<u>71</u>
Medical Durable Power of Attorney	<u>75</u>
Medical Durable Power of Attorney for health care decisions	<u>76</u>
Durable Power of Attorney regarding medical treatment	<u>77</u>
Living Wills	<u>79</u>
Colorado law about tube feeding and hydration	<u>80</u>
Living will – Declaration as to medical or surgical treatment	<u>81</u>
Advance Directives Coalition	<u>83</u>
Glossary	<u>84</u>
Health Plan Notices of Privacy Practices	<u>97</u>

Si necesita ayuda con la información en este documento incluida la traducción oral/escrita, un formato diferente (como letra grande), o un archivo de audio, podemos ayudarlo sin costo. Puede obtener ayuda llamando Rocky Mountain Health Plans (RMHP) al 800-421-6204 o State Retransmisión 711 para personas con discapacidad auditiva o del habla.

4 **Questions?** Visit uhccp.com/CO, message us through MyUHC, or call Member Services at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

Welcome to Rocky Mountain Health Plans

How we can help

This handbook gives information about how Rocky Mountain Health Plans (RMHP), a UnitedHealthcare Company, can help you with your health. This handbook explains how to get physical and behavioral health care and how your health plan works. Please read it carefully.

RMHP PRIME Member Services:

Available 8:00 a.m.–5:00 p.m., Monday–Friday	
Toll-free	1-800-421-6204
TTY/TDD (for the hearing impaired)	711
Live Chat — Monday–Friday, 8:00 a.m.–5:00 p.m.	uhccp.com/CO
Email	rmhp_member_services@uhc.com

You understand that any email you send to us outside of the MyUHC portal may have your protected health information in it. That email will be sent unencrypted. When an email is sent unencrypted there might be a risk that someone else could read it. The contents of the unencrypted email could be disclosed.

Your health providers

Be sure to fill in the blanks so you will have these numbers ready.

My member ID: _____

My doctor: _____

My doctor's phone number: _____

My doctor's address: _____

Pharmacy: _____

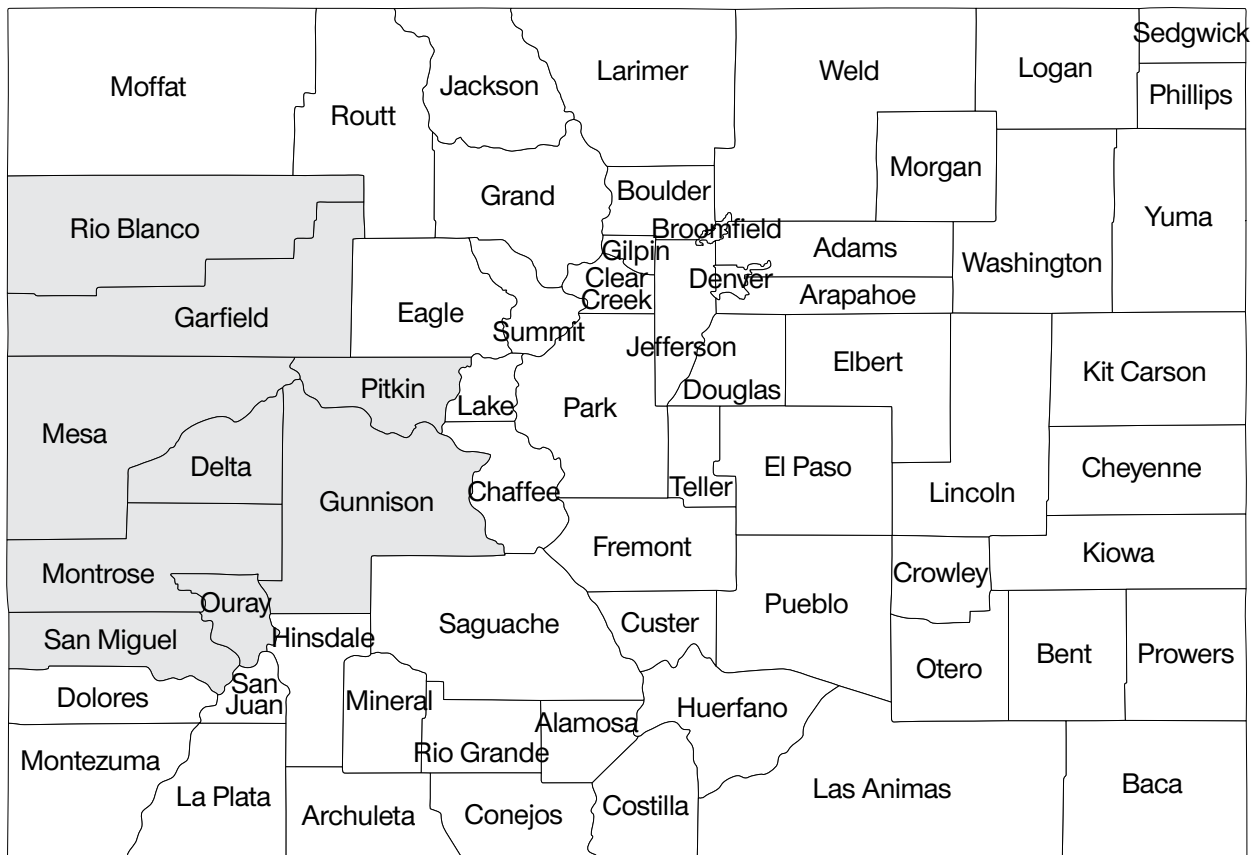
Questions? Visit uhccp.com/CO, message us through MyUHC, or call Member Services at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday. 5

[Table of contents](#)

RMHP PRIME Member Handbook

RMHP has many health plans for people who live on the Western Slope. To be in this RMHP plan you must have Health First Colorado, you must be an adult or have disability status, and you must live in one of the following Colorado counties:

Delta | Garfield | Gunnison | Mesa | Montrose | Ouray | Pitkin | Rio Blanco | San Miguel



Do you have questions or need help with your health care?

We are here to help and easy to reach. Call Member Services at **1-800-421-6204**, TTY **711** to find answers to these questions and more.

Have you not seen a doctor in more than a year?

Do you need help finding a doctor?

Do you need help getting care?

6 **Questions?** Visit uhccp.com/CO, message us through MyUHC, or call Member Services at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

[Table of contents](#)

Do you need help getting physical health, mental health or substance use disorder care?

Are you confused about your health care?

Do you have an ongoing health condition?

Do you need help with activities of daily living?

Are you a loved one, caregiver, or family member of someone with health care needs?

Do you smoke, drink, or use drugs and want help?

Do you want to talk to a counselor?

Do you want to know about other services in your community that can help you?

Do you need help with life planning activities like an advanced care plan or Advance Directive?

Do you need health care information in another language or format?

Do you need large print?

Necesitas información en español? Para asistencia en español llame al **1-800-421-6204**.

How to contact Rocky Mountain Health Plans

If you have a question, need help with your health care, or have a special need, please contact us. We're here to help.

Call Member Services at 1-800-421-6204. Representatives are available Monday–Friday, 8:00 a.m.–5:00 p.m. If you are deaf, hard of hearing, or have a speech disability, dial **711** for Relay Colorado or use our Live Chat on uhccp.com/CO or myuhc.com/communityplan.

Email RMHP at rmhp_member_services@uhc.com. Receive a response within 24 business hours (see disclaimer on page 5).

MyUHC secure member website. Log in or register to the MyUHC secure member website at myuhc.com/communityplan.

Live Chat with RMHP Representative on uhccp.com/CO or myuhc.com/communityplan. Representatives are available Monday–Friday, 8:00 a.m.–5:00 p.m.

Para asistencia en español llame al 1-800-421-6204.

For large print, call **1-800-421-6204**.

Important community phone numbers, emails, and websites

In these counties:

Delta | Garfield | Gunnison | Mesa | Montrose | Ouray | Pitkin | Rio Blanco | San Miguel

Call 211 – for easy access to information about health and human services, including local transportation

Call 911 – for emergency assistance

Colorado Children’s Immunization Registry: Call at 1-888-611-9918 or 303-692-2437.

Colorado Lifeline Service: Visit <https://www.tagmobile.com/StatePages/Colorado-Free-Lifeline-Phones>.

Colorado Managed Care Ombudsman: Call 1-877-435-7123 or email help123@maximus.com.

Colorado Medicaid Nurse Advice Line: Call 1-800-283-3221 or visit <https://www.healthfirstcolorado.com/benefits-services/?tab=nurse-advice-line>.

DentaQuest Member Services Support Line: Call 1-855-225-1729 or visit dentaquest.com.

Department of Human Services and Social Services in your area (effective 7/1/22):

Delta County	970-874-2030
Garfield County	970-945-9191
Gunnison County	970-641-3244
Mesa County	970-241-8480
Montrose County	970-252-5000
Ouray County	970-626-2299
Pitkin County	970-920-5235
Rio Blanco County	970-878-9640
San Miguel County	970-728-4411

8 **Questions?** Visit uhccp.com/CO, message us through MyUHC, or call Member Services at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

Health Care Program for Children with Special Needs (HCP) — Call Health First Colorado at 800-221-3943.

Health First Colorado (Colorado’s Medicaid Program) Customer Contact Center — Call 1-800-221-3943 for questions about Health First Colorado (Medicaid) services and benefits.

Health First Colorado Member Handbook (English/Spanish) — Call 1-800-221-3943 for questions about Health First Colorado (Medicaid) Services and benefits, or visit the Health First Colorado Handbook: healthfirstcolorado.com/benefits-services/#member-handbook.

IntelliRide — Call 1-855-489-4999 or 303-398-2155 (State Relay: 711) or visit GoIntelliRide.com/Colorado/.

Special Connections — Call 1-800-221-3943 (toll-free) or 303-866-7400 if pregnant and drink or use drugs.

QuitLine tobacco cessation counselor — Call 1-800-QUIT-NOW (1-800-784-8669) or visit coquitline.org.

Women, Infants and Children Food Program (WIC) — Call 1-800-688-7777 or visit wicprograms.org/state/colorado.

Important websites

Rocky Mountain Health Plans — Get information about the RMHP, participating providers, benefits and services, and information about this plan at RMHP.org.

MyUHC secure member website — Log in or register to the MyUHC secure member website

MyUHC is your secure member website that can give answers to most questions. The secure member website offers 24/7 access to plan details, claims status and health and wellness info.

Gain access with MyUHC

Register now: Go to myuhc.com/communityplan to sign up for web access to your account. This secure website keeps all of your health information in one place.

RMHP PRIME Member Handbook

UnitedHealthcare app

RMHP has a new member app. It's called UnitedHealthcare app. The app is available for Apple® or Android® tablets and smartphones. UnitedHealthcare makes it easy to:

- Find a doctor, ER or urgent care center near you
- View your ID card
- Take your Health Assessment
- Read your handbook
- Learn about your benefits
- Contact Member Services

Go to the **App Store** on your iPhone or **Google Play** on your Android. Use your member ID card information to register. Or log-in with your myuhc.com username and password. And you'll be on your way!

Health First Colorado (Colorado's Medicaid Program) — Get information about Health First Colorado (Medicaid) benefits and services at healthfirstcolorado.com.

PEAK offers an online benefits portal for Coloradans to screen and apply for medical, food, and cash assistance programs. Members can also create an account to help manage their benefits including updating their contact information, income, and family size. Visit [Colorado.gov/PEAK](https://colorado.gov/PEAK).

Connect for Health Colorado — If you lose your Health First Colorado (Medicaid) coverage and need health insurance, visit Connect for Health Colorado at connectforhealthco.com or call RMHP for help.

Information for new members

The following information is mailed to new members:

Getting Started Guide — This guide provides an overview of your RMHP PRIME benefits, where to find important information, how to request member materials.

Rocky Mountain Health Plans member ID card — This member ID card shows your name and your RMHP plan name. Show this to providers so they know who to bill for your care.

The Member Handbook, Provider Directory and Formulary are available at uhccp.com/CO or myuhc.com/communityplan where you can view or print these documents. Please call Member Services at **1-800-421-6204**, TTY **711** if you would like to receive a copy within 5 business days at no cost.

I am a new member. What do I do now?

Each year you should see a primary care doctor like a family practitioner, internal medicine doctor, or pediatrician, even if you feel well.

1. Pick a primary care doctor

This doctor is who you want to see for your yearly health check-up, and who you want to call when you are sick. This doctor will help with your well-care exams and will refer you to other doctors or medical providers when needed.

Look in the RMHP Provider Directory. If you need a copy, go to myuhc.com/communityplan or ask Member Services to send the Directory to you. If you have a doctor or medical provider, look to see if this clinic or medical provider is listed. If you do not have a doctor or medical provider, use the information in the directory to pick a primary care provider for you and all members of your family.

2. Make an appointment now with a primary care doctor

Call the doctor's office and make an appointment if you have not had a visit at the practice in the past 12 months. See your doctor at least once a year. It is important to see your doctor when you are well so he or she knows you and can help you when you are sick. When you feel sick, tell your doctor. Your doctor will see you or will refer you to other medical and behavioral health care providers who can help you. If you cannot make a visit, call and tell your doctor at least one day before your scheduled visit.

3. Do you need help with your health care needs now?

Ask for help. RMHP can help, and we work with doctors and people in your community who can help you with all of your physical, mental health, and substance use disorder needs.

4. Show your RMHP member ID card

You were mailed an RMHP member ID card. Show this ID card any time you go to the doctor, hospital, or get prescription drugs. This will tell people where to send the bill. If you need another card, ask Member Services.

RMHP is here to help

Please call us whenever you have a question or need help with your health care. If you have a special need, call us. This Member Handbook has information about how your health plan works. You can get a new RMHP PRIME Member Handbook each year or any time you want it — just ask Member Services to mail it to you or look online. You can get this handbook in:

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

Contact RMHP

Call Member Services at **1-800-421-6204** or visits us on the web at uhccp.com/CO to learn more about your benefits, finding providers, authorizations, how to file a claim, and more.

- **Para asistencia en español llame al 1-800-421-6204.** Español representantes de Servicio al Cliente están disponibles. For callers who do not speak English or Spanish, RMHP uses Language Line Services. RMHP provides interpretation services at no cost to members. Tell Member Services if you need interpreter services or help in other languages.
- **E-mail:** rmhp_member_services@uhc.com (see disclaimer on page 5)
- **Online Live Chat:** uhccp.com/CO, Monday–Friday, 8:00 a.m.–5:00 p.m.
- **TTY and hearing impaired:** If you are deaf, hard of hearing, or have a speech disability, dial **711** for Relay Colorado. You can use this service 24 hours a day 365 days a year. This service helps people that are deaf or hard of hearing communicate through a special state-sponsored service known as a relay center. Operators get calls from TTY users on their own TTY devices. The operator will speak the information to a hearing person using a telephone. When the hearing person replies, the relay operator types the response into their TTY phone and sends the response to the TTY user at the other end. If a hearing person needs to initiate a call to a TTY user, the hearing person will start the conversation and the relay center operator dials the hard-of-hearing person’s TTY device. The relay center can also help people with speech disabilities to communicate by phone.

Mailing address:



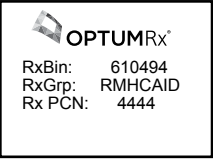
UnitedHealthcare Community Plan
P.O. Box 31349
Salt Lake City, UT 84131-0349

Questions? Visit uhccp.com/CO, message us through MyUHC, or call Member Services **13** at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

Your RMHP member ID card

All members in RMHP PRIME will receive the card below. If you think you are in RMHP PRIME and do not have an ID card, ask us to send you one.

Show this card every time you get health care. This card shows health care providers like doctors, hospitals, and pharmacies where to send the bill. This card also has information for you if you need help.

	
Health Plan (80840)	911-87726-04
Member ID: 001500019	Group Number: CORAE
Member: REISSUE M ENGLISH State ID: 9999999986	Payer ID: 87726
 RxBin: 610494 RxGrp: RMHCAID Rx PCN: 4444	
DOI -0501	CO RAE Prime Underwritten by Rocky Mountain HMO

In an emergency go to nearest emergency room or call 911.	Printed: 07/25/22
Website: www.myuhc.com/communityplan	
For Members: 800-421-6204	TTY 711
Para asistencia en español llame al: 800-421-6204 TTY 711	
For Providers/Preauthorization: 800-421-6204 UHCprovider.com Medical Claims: UHCCP, PO Box 5260, Kingston, NY 12402-5260 Referrals to participating providers not required.	
Pharmacy Claims: OptumRX, PO Box 650334, Dallas, TX 75265-0334 For Pharmacists: 877-305-8952	

Your doctor or primary care provider is important

The first thing you should do after joining RMHP is pick a doctor to see when you are sick and for routine care. If you have not seen a doctor in the past year, call this doctor and make an appointment. 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. If you are new to RMHP and you have special health care needs and are seeing a doctor that is not on our list, you can:

- Keep seeing your previous primary care doctor for 60 calendar days. You can keep getting the same ongoing care you received before you joined RMHP.
- Keep seeing your other doctors for 75 calendar days. You can keep getting the same care you received before you joined RMHP.
- Keep seeing your previous primary care doctor if you are in your fourth through ninth month of pregnancy. You can keep seeing your previous primary care doctor until you finish the care you need following the birth of your child.

American Indian/Alaska Native members may choose an Indian health center provider as their PCP or any participating RMHP PCP.

How to pick a doctor or PCP

We have an RMHP PRIME Provider Directory that lists doctors in your county. Look for a doctor that you want to see when you are healthy and when you are sick. This doctor may be a physician with a focus on primary care, general practice, internal medicine, pediatrics, geriatrics or obstetrics and gynecology. If you do not know the doctors on the list, pick a doctor with an office close to your home. If you pick a doctor you have not seen before, call the doctor's office. 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 PCP. If you have not seen a doctor in the past year, make an appointment. Keep your scheduled appointment, or let the doctor's office know you need to reschedule. The doctor may have you sign a form that shows that you want them to be your medical home.

Call Member Services at **1-800-421-6204**, TTY **711** if you need help finding a PCP or if you need a Provider Directory. Each person in your family can have a different PCP.

The importance of a medical home

Having a medical home with a primary care provider is an important step in helping you get healthy, stay healthy, and get the care you need when you are sick.

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.

How your primary care provider and medical home can help you

Your primary care provider and medical home can:

- Know you, care for you, and keep your medical records together
- Help you maintain overall health by providing preventive care, which can find health problems early
- Help you get care from specialists or connect you with services in your area when you need it
- Treat you as a whole person instead of focusing on a particular illness or injury
- Help you achieve the health goals you set for yourself
- Help you control ongoing health conditions, like diabetes
- Help you navigate the health care system, which can be complicated and confusing

In return, you should:

- See your PCP at least once a year for a wellness exam
- Let your PCP know when you are ill or need medical care
- Keep scheduled appointments or let your PCP know you need to reschedule
- Let your PCP know how they can improve

You may 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 needed

16 **Questions?** Visit uhccp.com/CO, message us through MyUHC, or call Member Services at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

How to change your PCP

If you want to change your PCP, follow the steps above for picking a PCP. You can change your PCP at any time. It is important for you to have a PCP. If you are changing doctors because you moved, call Member Services and let us know too so we have your new address. Call Member Services if you need help changing your PCP.

Getting care – the basics

Making an appointment with your primary care doctor or PCP

Call your doctor or PCP's office and tell them you are an RMHP PRIME member. Give them your RMHP member ID number if requested. For non-urgent illness or injuries, you will get an appointment within 7 days of the day you call. If you are too sick to wait 7 days, you can be seen within 24 hours. For adult physical exams, you should be able to get an appointment within 30 days of the day you call. If you can't get in to see your PCP as fast as you think you should, call Member Services at **1-800-421-6204**, TTY **711**.

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.

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. IntelliRide should be the primary non-emergency transportation provider, however, some communities also have programs to help you get to your doctor appointments. Call your local resource center or county Department of Human Services. (See **Important phone numbers** page at the beginning of this handbook). Ask if there is a transportation program to help you get to the doctor. Ambulance services are for emergencies only.

RMHP PRIME Member Handbook

Learn about the doctors and health care providers that work with RMHP

You can find health care providers that work with RMHP in the Provider Directory. You will find names, addresses, phone numbers and any non-English languages that may be spoken at each provider location. You will also see if the provider is not accepting new patients. The directory is available on our website at uhccp.com/CO or you can get a printed copy by calling Member Services. 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. Member Services can also help you find out about a health care provider's professional qualifications, such as schooling and certifications. If you have a question about your doctor, call us at **1-800-421-6204**, TTY **711**.

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 see 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 RMHP member ID card when you go to your appointment. Tell your specialist who your primary care doctor is so your specialist can work with your doctor and other members of your health care team. Sign all releases of information you are asked to sign by your doctors and providers. This will let them share information about you so you get the best care possible.

Doctors that do not work with RMHP

In general, care from doctors that do not work with RMHP is not covered and you must go to doctors, hospitals, and drugstores listed in our Provider Directory. This does not apply to Emergency Care, Urgent Care and family planning services. If you have questions about which doctors you can see, call Member Services.

Call Member Services if you need care that you cannot get from a doctor that works with RMHP. You must have permission before going to a doctor that does not work with RMHP. If RMHP gives you permission to see a doctor that does not work with RMHP, you will not have to pay extra for the care you get.

Prior authorization

RMHP must approve some types of care before you receive it. This is called prior authorization. This helps make sure the care you get will work for you and that the care is medically necessary. The best thing to do is to be sure all your care is arranged by your PCP. Your PCP knows what services need prior authorization and how to ask RMHP for an approval. Examples of services that need prior authorization are:

- Some surgeries and prescription drugs
- Most services out of RMHP's network
- Medical equipment like wheelchairs

RMHP's Care Management department reviews requests from providers and determines if the service is necessary. This is also known as utilization management. If you have questions about RMHP's utilization management program, call Member Services and ask to talk to someone in care management.

RMHP does not make covered service decisions based on the grounds of moral or religious beliefs. If you believe you are refused a covered service based on moral or religious beliefs, contact Member Services. RMHP will help you in finding a different provider who will give you the covered services you need. You have the right to appeal any action that RMHP makes. For example, if RMHP denies a service that your doctor requested for you, you can ask RMHP to take a second look. More information about your rights to complain and appeal is included in this document, or call Member Services for help.

What does 'medically necessary' mean?

As a Health First Colorado member 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.

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 Member Services 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. You can have a copy of this access plan mailed to you at no cost by calling us at **1-800-421-6204**, TTY **711**.

RMHP PRIME Member Handbook

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 handbook for details.

Hospital care

RMHP will pay for your stay in a hospital when it is arranged by your doctor. If you are having an emergency and need care, go to the nearest hospital emergency room. If you need care at a hospital, but it is not an emergency, you must go to an in-network hospital. This means the hospital works with us. Remember to show your RMHP member ID card when you get to the hospital.

Mental health and substance use disorder services

Most mental health and most substance use disorder services are covered by RMHP. We can help you find out how and where to get these services in your area. If you're struggling or someone you love is hurting and you need to get help right away, contact Colorado Crisis Services. Coloradans can get free, confidential, and immediate help 24 hours a day, 7 days a week, 365 days a year from Colorado Crisis Services. Contact Colorado Crisis Services by calling 1-844-493-TALK (8255) or text TALK to 38255. You can also get online support at [ColoradoCrisisServices.org](https://www.ColoradoCrisisServices.org).

Getting prescription drugs

You must get your drugs from a pharmacy listed in the Pharmacies section in our Provider Directory. **Show your RMHP member ID card at the drug store when you pick up your prescription.**

Some drugs are not covered. **If you want a drug that isn't covered, you will have to pay for it yourself.**

Some drugs must be approved by RMHP before you get them. Your doctor should know how to ask RMHP to approve these drugs.

If you want a brand name drug when you could get the same drug in a generic form, you will pay the brand name copayment PLUS the difference in cost between the brand name and generic drug. You or your doctor can ask us to pay this extra cost for you. This is called a **Brand Name Drug Request**. Your doctor will be required to supply us with records and other information that shows you must have the brand name version of the drug, and that the generic version is not medically acceptable for you. If the **Brand Name Drug Request** is approved, you will pay the brand name copayment only without having to pay the cost difference.

You can get your drug(s) from any drugstore if you have an emergency away from home. Send us the receipt within 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 Part D prescription drug coverage and RMHP PRIME, most of your drugs are covered by Medicare Part D. RMHP PRIME covers some drugs that Medicare does not cover. Show your Medicare Part D card and RMHP ID card so the pharmacy knows where to send the bill.

Changes to your plan and to your PCP

RMHP will let you know by mail about any changes to your plan or to your doctor. 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 visit that doctor for your well care and sick care. 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

You belong to RMHP by choice. There are several reasons why you might leave RMHP. Here are a few:

- You lose your Health First Colorado (Colorado's Medicaid Program) benefits
- If you move and no longer live in one of the counties listed in the front of this handbook, you cannot get your health care through RMHP PRIME. RMHP can still help you with your Health First Colorado care if you move to other Western Colorado counties or Larimer County. Ask us if you need help.
- Your PCP no longer is in the RMHP network of providers
- You become a resident of a long-term care facility (e.g. hospice or a skilled nursing facility)
- You are enrolled in long-term community based care (e.g. Home and Community Based Services (HCBS) waiver programs)
- You receive poor quality of care and have notified Health First Colorado Enrollment of the issue
- You don't have access to the services you need and you notified Health First Colorado Enrollment

You can also request to be disenrolled from RMHP in the following circumstances:

- You can disenroll from RMHP PRIME for any reason in your first 90 days as an RMHP PRIME member
- You can change plans once each year. You will be notified by mail when your open enrollment period starts.
- If you temporarily lose your Health First Colorado eligibility, causing you to miss your open enrollment period

Questions? Visit uhccp.com/CO, message us through MyUHC, or call Member Services 21 at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

If you want to leave RMHP because you are unhappy with us, please call Member Services. 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 First Colorado Enrollment you are leaving us by calling 1-888-367-6557. They can also help you choose another health care plan.

Rocky Mountain Health Plans has people who can help

What is a whole-person approach to care?

This is an approach where all care and services in a community, like your doctor, your behavioral health provider and/or your social worker, all work together with you to make sure you get the services you need to stay as healthy as possible.

Who can help me with my health care needs?

Your primary care provider

See your primary care provider at least once a year if you are well. Your primary care provider will either provide the health and medical care that you need, or will refer you to another provider or to services and supports that can help you. Many primary care practices have participated in activities to be an advanced primary care practice or are designated as a certified primary care medical home.

Your community care team

Throughout western Colorado community care teams are helping people navigate the health care system. Community care teams bring together people with different backgrounds and training to support members of the community, including members of RMHP PRIME.

Your RMHP Care Coordinator

RMHP Care Coordinators are Registered Nurses that are here to help you. Care Coordinators:

- Know about health care and how to help you navigate the health care system
- Know about community services so they can help get you the care you need
- Work with you and your doctors to help you reach your health goals
- Can explain covered services

- Can help you learn to care for yourself
- Know how to deal with all types of medical problems
- Can help you coordinate your care while you are pregnant
- Can help coordinate services with community partners

Our nurses can help you with any of your needs or answer questions about your care. Here are examples of how a Care Coordinator can help:

- You have a surgery scheduled and want information about it
- Your doctor ordered tests or medications that you have questions about
- You have a disease or medical problem, and you have questions

Care Coordinators at RMHP work with your doctors to make sure they talk to each other about your care. Care Coordinators also check to see if other services may work for you. This helps to make sure you are getting care that is medically necessary.

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 Care Coordinators 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. Our Nurses can also help you with special issues such as: twins, breast-feeding, premature labor, diabetes, bed rest, and stop-smoking programs.

If your coverage ends, and you still need care, we can tell you about available options. We can help you with questions about our Programs or your claims. We can also send you information if you want more information.

How to contact an RMHP Care Coordinator

Sometimes your doctor or hospital may also tell Rocky Mountain Health Plans that you need a Care Coordinator. You can also call and ask us for help. Here is how to reach us.

- Call Member Services at **1-800-421-6204** and ask to speak to a Care Coordinator
- If you need language assistance you can call us

If you are deaf, hard of hearing, or have a speech disability dial, **711** for Relay Colorado or use our Live Chat on uhccp.com/CO or the secure member website at myuhc.com/communityplan.

- Care Coordination staff are available Monday through Friday, 8:00 a.m. to 5:00 p.m.
- After hours you can leave a message and we will call you back the next business day

Your team

Together, you, your primary care provider, your community care team, and RMHP will work together to help you with your health care needs. We will:

- Assess your needs
- Refer you to people who can help
- Work together with you toward your health and wellness goals

Together we will work with you and with any other providers who care for you to:

- Coordinate the different services you get
- Help when your health care needs change
- Help you learn about caring for yourself

In case of emergency

You can get 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.**

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.

When to use the emergency room

Go to the emergency room only when you have a true medical emergency. An emergency is when a person with average knowledge of health and medicine believes that by not getting health care right away, the following could happen: your health or the health of your unborn child would be harmed; or your body, an organ, or a part of your body would not work the right way.

Some examples for when you should go to the emergency room:

- Your primary care provider tells you to go to the emergency room
- You have severe bleeding
- You have chest pain
- You have difficulty breathing
- You think your condition may endanger the life of your unborn child
- You have sudden and/or severe pain
- You think you might be having signs of a stroke or heart attack
- You have sudden vision changes
- You have loss of consciousness
- You have a head injury

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
- Show your RMHP member 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
- Show your RMHP member 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 at any time
- 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 are 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

Urgent care

You can get urgent care anywhere in the United States. 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.

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.

Covered benefits and services

This section gives information about your Health First Colorado (Colorado's Medicaid Program) services and benefits that you can get. Most are covered by Rocky Mountain Health Plans. This means that RMHP pays the provider. Some are covered by Health First Colorado. This means that Health First Colorado pays the provider. And some services are not covered. If something is not covered it means that you will have to pay for the service yourself.

RMHP provides interpretation services at no cost to members. Tell Member Services or your provider if you need interpreter services or help in other languages.

RMHP does not make covered service decisions based on the grounds of moral or religious beliefs. If you believe you are refused a covered service based on moral or religious beliefs, contact Member Services. They will help you in finding a different provider who will give you the covered services you need.

List of services and benefits

The next several pages list some health services people use or ask for.

- RMHP pays for services marked with this symbol: ✓
- Health First Colorado pays for services marked with this symbol: **H**
- Services that aren't covered by RMHP or Health First Colorado are marked with this symbol: **Ø**
- 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 pharmacies listed in the RMHP Provider Directory.**

Ambulance

- ✓ RMHP covers ambulance rides for a medical emergency and when other transportation is not medically advisable.

Cochlear implants

- H** Cochlear implants, batteries and supplies are covered for members up to age 21 as a wrap-around benefit.

RMHP PRIME Member Handbook

Dental care

- ✓ RMHP covers a dental evaluation for children from a doctor.
- ✓ 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
 - Dental treatment provided in a hospital or outpatient facility under deep sedation or general anesthesia when medically necessary. General anesthesia is covered in these cases.
- H** Health First Colorado covers routine dental care for children and adults, including exams, cleanings, X-rays, sealants, space maintainers and fluoride treatments. Restorative services such as fillings, crowns and root canals are also covered (some procedures may require approval from Health First Colorado before the services are received). For adults, Health First Colorado will pay up to \$1,500 for these services each benefit year (July 1 through June 30).
- ∅ The following dental services 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
 - For adults, covered dental services costing more than \$1,500 each benefit year (July 1 through June 30)

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 is caused by being very overweight. These services are covered if you get your counseling from primary care physicians, or by referral to other specialists, such as nutritionists or dietitians.

Dialysis, hemodialysis or peritoneal dialysis

✓ Coverage includes:

- Placement or repair of the dialysis route (“shunt” or “cannula”)
- Inpatient dialysis.
Coverage is provided in those cases where hospitalization is required.
- Outpatient dialysis.
Coverage is provided when provided by a separate unit within a hospital or a freestanding Dialysis Treatment Center.
- Home dialysis.
The organization providing dialysis is responsible for the providing all supplies. They also are responsible for providing upkeep of all equipment required for home dialysis.

Emergency services

- ✓ Emergency room services are covered for true emergencies only. You can go to a hospital that works with RMHP or to the nearest hospital. The doctors will evaluate and stabilize your condition. They will provide services and supplies necessary to maintain a stabilized condition or to improve your condition. You must get follow-up care from your PCP. Your doctor decides when you are stable enough for transfer or release. If you have an emergency outside our service area, we will cover your visit. We will cover follow-up care only until you are able to safely return to the service area. RMHP covers “post-stabilization care.” This means care you get after you have been seen in the Emergency Room/Urgent Care for an illness or injury.
- RMHP will provide emergency care or urgent care until you are “stable.” This means you are not at risk to get worse.
 - RMHP will provide the medically necessary covered care and services you need to continue to get better. This is called “post-stabilization.”
 - You will not be transferred or released until your doctor says you are ready
 - RMHP has a policy about the costs of post-stabilization care. If you go to a non-RMHP provider and get post-stabilization care, your costs will not be more than what you would pay if you went to an RMHP provider. Call Member Services if you would like to have this policy explained. They can tell you what costs RMHP covers. They can also tell you what you might owe. You can ask for a copy of the policy by calling **1-800-421-6204**, TTY **711** and one will be mailed to you at no cost.

Family planning services

- ✓ Family planning helps you decide if you will have children and when to have them. You can get counseling. You can also get birth control pills, diaphragms, and condoms.
 - Surgery to keep you from ever having children is also covered. This is covered for most members age 21 or older. You must sign a consent form 30 days before this type of surgery. The consent form tells you about the surgery and what the long-term results will be. It also says you have been told that you probably won't be able to ever have children again. It tells Health First Colorado that you want to have this surgery of your own free will. You can get a consent form from your doctor. You must have the surgery within 180 days after you sign the consent form. If you don't, you will have to sign another one.
 - You can see any family planning provider for family planning services even if you see a provider that does not work with us
- ∅ These family planning services are **not covered**:
 - Surgeries to keep you from having children if you are not mentally competent or if you are in an institution. Services to undo these surgeries are also not covered. This includes getting tubes untied or undoing a vasectomy.
 - Services to help you get pregnant. This includes surgery.
 - Abortion, unless your life as the mother is in danger or the pregnancy happened as a result of rape or incest

Foot care

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

Habilitative therapy and devices

- ✓ Habilitative services and devices include therapy and medical equipment that helps a person retain, learn, or improve skills and functioning for daily living. Habilitative therapy is covered for certain Health First Colorado members ages 19 through 64. Eligible members includes people who qualify for Health First Colorado due to the eligibility expansion through the Affordable Care Act. Coverage includes outpatient physical, occupational, and speech therapy benefits for the purposes of habilitation **in addition to** rehabilitation. Eligible members may receive habilitative therapy and devices when they are approved in advance by RMHP.

Hearing care

- ✓ Ear exams and hearing tests are covered if they are needed because of an illness or injury.
- H Other hearing services may be covered. This includes hearing aids and help for children under the age of 21 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.
- H Long-term home health care over the 60 day limit may be covered by Health First Colorado.
- H Nurse Home Visitor Program services may be covered by the Early and Periodic Screening Diagnosis and Treatment (EPSDT) program or by Health First Colorado as a wrap-around benefit. Call the local RMHP Care Coordinator listed on the **Important phone numbers** page at the beginning of this handbook.
- H Private Duty Nursing is covered by Health First Colorado as a wrap-around benefit.
- H Personal care for children is covered by Health First Colorado as a wrap-around benefit. Personal care means getting help with daily activities. This includes taking a bath, getting dressed and eating.
- ∅ Personal care for adults is not covered. The State has other programs to help seniors and people with disabilities to get personal care to help them live in the community.

Hospice care

- H Hospice care is special care for patients who are expected to live for less than nine months. This care is covered by Health First Colorado.

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, you must go to a hospital that works with us. Your hospital will let us know if you are admitted.
- ∅ Personal items for comfort or ease while you are getting “inpatient care” are not covered. This includes having a private room.

Questions? Visit uhccp.com/CO, message us through MyUHC, or call Member Services 31 at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

RMHP PRIME Member Handbook

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. RMHP uses Health First Colorado coverage guidelines, and if none exist, RMHP uses Medicare coverage guidelines when making a decision about approving or not approving medical equipment and supplies.
- ∅ Some types of equipment are not covered. This includes wheelchair lifts for cars, ramps, hot tubs and exercise equipment. Health club fees are not covered. **Items mainly for convenience care are not covered.**

Medicine

- ✓ Prescription drugs on the RMHP drug list are covered. Your doctor must prescribe them. You must get them from a drugstore that works with RMHP. Some drugs are not covered. Some drugs must be approved by RMHP before you can pick them up. Brand name drugs cost more than generic drugs, so ask your pharmacist if a generic or preferred brand is available.
 - You can also see the list of prescription drugs (called a formulary) covered by RMHP by visiting RMHP's website, uhccp.com/CO. The drug list also provides information about coverage guidelines, quantity limits, which medications require pre-authorization, and what to do if you are prescribed a medication that is not on the list. **Copayments** for prescription drugs are listed on page 55 of this handbook.

- You can get a 31–90 day supply of prescription drugs at a retail pharmacy or a 90-day supply through mail order. If you get a 31-day supply at a retail pharmacy, you pay one copayment when the prescription is filled. If you get a 90-day supply at a retail pharmacy, you pay the same copayment you would pay for a 90-day supply at our mail order pharmacy. You can use our network mail order pharmacy for drugs you use all the time. The mail order pharmacy may save you money and your medicine is delivered to your door. If you have medications you would like to fill through our mail order pharmacy (OptumRx Home Delivery), you can sign up by taking any one of the following actions:
 - Access the OptumRx portal. You can access the OptumRx portal by logging into MyUHC.
 - Ask your doctor to send an electronic prescription to OptumRx
 - Call OptumRx Home Delivery at 1-855-473-8889
 - Download and complete the OptumRx new prescription mail-In order form found at uhccp.com/CO or myuhc.com/communityplan and mail it to OptumRx with your prescription

When you sign up, be sure to set up your credit card or billing preference with OptumRx. Make sure your provider writes the prescription for a three-month supply of medicine with refills as appropriate. Ask Member Services if you need help.

For continued mail order service, three weeks before you run out of medicine, order a refill through the OptumRx portal or app, or by calling OptumRx Home Delivery at 1-855-473-8889.

- Ø 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. Refer to the formulary for more restrictions.

RMHP PRIME Member Handbook

Mental health care

✓ RMHP covers the following Health First Colorado mental health services:

- Behavioral health assessments
- Electroconvulsive therapy
- Inpatient psychiatric hospital services
- Medication management
- Outpatient day treatment
- Outpatient hospital services
- Psychological or neuropsychological testing including administering tests, interpreting results and preparing reports (does not include educational testing, vocational testing or testing for medical conditions)
- Psychotherapy: family, individual, individual brief, and group counseling and therapeutic contact
- Targeted case management services

RMHP also works closely with the Community Mental Health Centers in your area. They may also have additional services available, such as:

- Vocational services
- Intensive case management
- Prevention/early intervention activities
- Clubhouse and drop-in centers
- Residential
- Assertive community treatment (ACT)
- Recovery services
- Respite services

Some of these behavioral health care services require prior authorization. Your provider will know which services must be approved by RMHP before you can receive them.

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.
- ∅ 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

- ✓ Even if you are not sick, it is very important to get routine care and preventive screenings. See the section on **Staying healthy** for more on what Rocky Mountain Health Plans covers to help keep you healthy. Annual routine physicals for adults are covered.
- ✓ Preventive visits to your PCP and your obstetrician/gynecologist (OB/GYN) are covered. This includes physical exams and well-child care. Tests like mammograms, Pap smear and pelvic exams are covered.
- ✓ 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 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 artificial joints. They must be medically necessary. RMHP must approve them before they are put in your body.

RMHP PRIME Member Handbook

Rehabilitation

- ✓ Therapy because of an injury or sickness is covered. This includes medically necessary:
 - Physical therapy
 - Occupational therapy
 - Speech therapy
 - Pulmonary therapy
 - Cardiac rehabilitation

Second opinions

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

Skilled Nursing Facility services

- H Skilled Nursing Facility services and swing bed services may be covered by Health First Colorado as a wrap-around benefit.

Smoking cessation

- ✓ FDA-approved prescription medications and over-the-counter tobacco cessation products for a maximum of two 90-day sessions in a 12-month period. Counseling services related to Tobacco Cessation are covered, limited to 5 sessions per year.

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
 - 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 or for Family Planning Services.

Substance Use Disorder (SUD) services

- ✓ RMHP covers the following Substance Use Disorder services:
 - Alcohol/drug screening and counseling
 - Detoxification in an inpatient hospital setting for medical stabilization is covered
 - Detoxification for drug or alcohol use is also covered as an outpatient service or in an emergency setting
 - Medication-assisted treatment
 - Outpatient counseling and intensive outpatient treatment
 - Social ambulatory detoxification is covered. These services relate to detoxification and can include the following:
 - Physical assessment of detox progression, including vital signs monitoring
 - Assessment of motivation for treatment
 - Provide for daily living needs (can include hydration, nutrition, cleanliness and toiletry)
 - Safety assessment
 - Substance use disorder assessment is an evaluation that is covered to determine the most appropriate level of care, the extent of drug/alcohol abuse, abuse or dependence related problems, and the comprehensive treatment needs of a member with a drug or alcohol diagnosis
- H** Substance use disorder treatment may be covered by RMHP. Contact Member Services for more details. However, SUD is covered for pregnant women through Special Connections. See Important Community Phone Numbers at the beginning of this handbook to contact Special Connections.
- ✓ Effective January 1, 2021, additional SUD benefits are covered. Members will now have additional coverage (4 levels of care) including inpatient withdrawal management and residential treatment.
 - Medically Managed Withdrawal Management (WM) Services – Level 3.7 WM
 - Medically Monitored Intensive Inpatient Services – Level 3.7
 - Clinically Managed High Intensity Residential Services – Level 3.5
 - Clinically Managed Population-Specific High Intensity Residential Services – Level 3.3
 - Clinically Managed Low Intensity Residential Services – Level 3.1

For Inpatient withdrawal management:

- Level 3.7 WM is considered a behavioral health benefit
- Level 4 WM is considered a physical health benefit

Questions? Visit uhccp.com/CO, message us through MyUHC, or call Member Services 37 at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

RMHP PRIME Member Handbook

Preauthorization and Inpatient approval for SUD services will continue to be managed by the RMHP Behavioral Health Team.

A strong provider network for inpatient residential treatment is being developed.

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 is **not covered**.

Transportation

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

Health First Colorado will help you get a ride to the doctor's office or hospital. Call IntelliRide or your local county health department for details. (See **Important phone numbers** page at the beginning of this handbook).

Vision for children and adults

- ✓ Annual medically necessary eye exams.
 - Treatment and exams for your eyes are covered when you have a sickness and injury to your eyes. Members with a medical condition and/or disability such as diabetes, retinal dysplasia or glaucoma may need more frequent exams. Ask your doctor if you need to see a vision provider more frequently.
- ✓ Ocular prosthetics are covered for members under age 21, however, must be approved by RMHP for members ages 21 and older.
- ✓ **For members under age 21:** As part of the EPSDT benefit, eye glasses are covered. You can also get glasses fixed or replaced whenever you need. Contact lenses are covered when your doctor thinks they are medically necessary, or after you have eye surgery, or to treat or prevent an ophthalmic medical condition. Any other vision products and services that are medically necessary and approved by RMHP are covered.

- ✓ **For members 21 years old and older:** Standard eye glasses and contact lenses are only covered after you have eye surgery to treat or prevent an ophthalmic medical condition. Contact lenses are also covered for medical diagnosis of Keratoconus.
- ∅ The amount RMHP pays for glasses is limited. This means extra costs are not covered. If you want extra items, your vision providers will ask you to agree to pay for them. This includes extra costs for:
 - Scratch or mirror coatings
 - Tinted lenses (sunglasses)
 - LASIK surgery
 - Expensive frames for adults
- ∅ **For members 21 years old and older:** Eye glasses and contact lenses are not covered unless you have had an eye surgery to treat or prevent an ophthalmic medical condition.
- ∅ Contact lens supplies and contact lens insurance are not covered.

Wrap-around services – Services covered by Health First Colorado, not RMHP

RMHP covers most medical services you will need like doctors, hospitals, and preventive care. Health First Colorado covers some additional services that are not offered by RMHP. These are called wrap-around services. Wrap-around services may include, but are not limited to:

- Hospice care
- Non-emergent medical transportation (NEMT) through IntelliRide or through providers in your local county
- Private duty nursing
- Extraordinary home health
- Special Connections (a program for pregnant women on Health First Colorado who have alcohol and/or drug abuse problems)
- Skilled nursing facility services
- Orthodontia assessment and coverage for some children
- Limited Case Management Services
- Hearing aids and batteries, auditory training, audiological assessment and hearing evaluation, except for those members eligible under EPSDT
- Dental services
- Intestinal transplants (excluding immunosuppressive medications, which are covered by RMHP) either covered alone or with other simultaneous organ transplants (e.g., liver)
- Cochlear implants
- HCBS Services including case management (for Model 200 children); home modification, electronic monitoring, personal care and non-medical transportation
- Personal care benefit for children
- Pediatric behavioral therapies (ABA)

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 Health First Customer Contact Center. For more information and assistance in accessing these services, you may call your local County Health Department, or the Health First Customer Contact Center at the numbers listed on the **Important phone numbers** page at the beginning of this handbook. You may also call Member Services or your Care Coordinator.

Non-covered services – Services not covered by RMHP or Health First Colorado

Some health services are not covered by either RMHP or Health First Colorado. If you want any non-covered services, you will have to pay for them yourself.

Some services that are **not covered** by RMHP or Health First Colorado include:

- Treatments, drugs or procedures that are experimental
- Acupuncture
- Care by a chiropractor
- Care or exams ordered by the court if the care or exam is not usually covered
- Institutional care, such as custodial care provided by a long-term care facility
- 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**, unless:

- The services are authorized in advance by RMHP
- You need urgent or emergency care
- You receive family planning services from a provider that does not work with us

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 30 days from when you call and ask for the appointment.

Annual routine physicals for adults are **covered**. RMHP wants you to stay healthy. RMHP has and will send you information about being healthy. Examples are:

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

Preventive care for adults

Good preventive care starts with being physically active, eating a healthy diet, staying at a healthy weight, being smoke-free, and if you drink alcohol, drinking only in moderation. Yearly flu shots are recommended. Your doctor may also recommend other shots to prevent certain illnesses. Below is a list of preventive care services. Other preventive services are available to you. Talk with your doctor to find out which tests and shots you and your family should have to help you stay healthy and identify health problems early.

Colorectal cancer screening

You should be tested for colorectal cancer at age 50. You should be tested sooner if you are at high risk. Talk with your doctor to find out if you are at high risk for this type of cancer. Talk with your doctor about which test is right for you.

Depression screening

Your emotional health is as important as your physical health. If you have felt “down,” sad or hopeless over the last 2 weeks or have felt little interest or pleasure in doing things, you may be depressed. Talk to your doctor about being screened for depression.

Diabetes

Have testing done that your doctor recommends for diabetes.

High blood pressure

Have your blood pressure checked regularly.

Cholesterol screening

Have your cholesterol tested at age 35 for men; age 45 for women. You should be tested beginning at age 20 if you are at high risk for heart disease.

HIV

Talk with your doctor to find out if you are at high risk for HIV.

Obesity

Body Mass Index (BMI) is a measure of body fat based on height and weight. Have your BMI checked routinely. Check with your doctor if you haven't had your BMI checked recently.

Sexually transmitted infections

Talk with your doctor to find out if you should be screened for sexually transmitted infections.

Suggested preventive care for women

Breast cancer screening

Mammogram with or without clinical breast exam: covered every 1–2 years starting at age 40. Talk with your doctor about how often to have this screening.

Cervical cancer screening

Pap smears every 3 years for women ages 21–65. Talk with your doctor about how often to have this screening.

Osteoporosis screening

Have a bone density test at age 65 to screen for osteoporosis (bone thinning). Your doctor may advise you to have this test sooner than age 65. You may need to have this test again every two years.

Suggested preventive care for men

Abdominal aortic aneurysm

If you are between ages 65–75 and have ever been a smoker, talk to your doctor about being screened.

Prostate cancer screening

Talk with your doctor about whether you should be screened for prostate cancer starting at age 50.

Keeping your child healthy

Early Periodic Screening, Diagnosis and Treatment

The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a benefit for children, teens 20 years old and under, and pregnant women that are enrolled in Health First Colorado (Colorado's Medicaid Program). At RMHP, we want to help you understand and make the most of this benefit. Members who are a part of our regional organization or RMHP PRIME are eligible for the EPSDT benefit. EPSDT helps make sure that children, adolescents, and expecting mothers receive appropriate preventive, dental, mental health, developmental, and specialty services.

Early	Assessing and identifying problems early
Periodic	Checking children's health at periodic, age-appropriate intervals
Screening	Providing physical, mental, developmental, dental, hearing, vision, and other screening tests to detect potential problems
Diagnostic	Performing diagnostic tests to follow up when a risk is identified, and
Treatment	Control, correct, or reduce health problems found.

EPSDT services

Your primary care doctor will examine your child and provide necessary screenings. The below information shows how often your child should get screenings:

- 3 to 5 days after birth and within 48–72 hours after discharge
- by 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Once every year for ages 3 to 20

RMHP PRIME Member Handbook

Your doctor will identify your child's needs and will make referrals for treatment as necessary. Finding and treating even little problems helps your child grow up healthy. The following are EPSDT benefits:

- Physical exams
- Sick care
- Developmental and depression screening
- Lead Testing
- Mental/behavioral health screening
- All the shots your child needs
- Vision exams and eyeglasses
- Dental care starting at age 1
- Hearing exams
- Limited Orthodontia for those with severe conditions
- Home health, Durable Medical Equipment
- Family planning
- Help for children with disabilities
- Case Management for all families, as well as all pregnant women

For more information on EPSDT services and how to obtain them, ask your doctor, call Member Services. See the **Important phone numbers** page at the beginning of this handbook for contact information.

Immunizations

Your child needs shots to protect him or her from serious illnesses. The following list shows the shots your child will need as he or she grows up. Your child may need other shots as well if your child has certain medical conditions. There is a catch up schedule for shots if your child misses some shots. Talk with your child’s doctor to find out what shots your child should have and how many.

Age	Shots
Birth to 2 years old	Hepatitis B (HepB) Rotavirus (RV) Hib (prevents meningitis) Pneumococcal (PCV) Diphtheria, Tetanus, Pertussis (DTaP) Polio (IPV) Influenza (yearly starting at age 6 months–18 years old) Measles, Mumps, Rubella (MMR) Varicella (protects against chicken pox) Hepatitis A (HepA)
4 to 6 years	Diphtheria, Tetanus, Pertussis (DTaP) Polio (IPV) Measles, Mumps, Rubella (MMR) Varicella (protects against chicken pox) Influenza (yearly)
11 to 12 years	Tetanus, Diphtheria, Pertussis (Tdap) Human Papillomavirus (HPV) Meningococcal Conjugate Vaccine (MCV)
13 to 18 years	Meningococcal Conjugate Vaccine (MCV) Booster at age 16. Your child should have shots they missed at an earlier age. Talk with your child’s doctor about a catch up schedule. Influenza (yearly)

Community services and resources

RMHP will take care of most of your health care while you are a member, but you can also get 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. Ask your doctor, your community care team, Rocky Mountain Health Plans, or your county's human services department to find out more. The phone numbers for some local resources are listed on the **Important phone numbers** page at the beginning of this handbook.

Children with special needs – Health care program for children with special needs

The Health Care Program (HCP) for children with special health care needs gives services for:

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

For more information, call Health First Colorado at 1-800-221-3943.

Dental services

RMHP does not cover dental services. Call an RMHP Care Coordinator or DentaQuest for questions about children's dental health. This includes orthodontia services. See the **Important phone numbers** page at the beginning of this handbook.

For information about adult dental services, contact DentaQuest at 1-855-225-1729. You can also visit dentaquest.com and select **Members > Colorado > Health First Colorado**.

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

Family planning

Rocky Mountain Health Plans 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. RMHP PRIME pays for family planning services that you get from:

- Any Health First Colorado provider — also may be known as a health care provider that accepts Colorado Medicaid
- Rocky Mountain Planned Parenthood clinics
- Your county health department

Ask your primary care doctor or your women’s care doctor if you have any questions about these services.

Hearing services

Call Health First Colorado at 1-800-221-3943 for hearing care for children. This includes hearing aid batteries.

Home- and Community-Based Services (HCBS)

Home-and Community-Based Services help you and your family in your home. You may qualify for home health care and non-skilled home help. You can ask your doctor or an RMHP Care Coordinator for help setting up this service.

Human Services department in your area

There are many services you can get in your area. Some services are offered by Health First Colorado. Your county health department can tell you about these services. This includes transportation. They can give you information on the services that are not covered by RMHP. You can find out more about them by calling the human services office in your county, which is listed on the **Important phone numbers** page at the beginning of this handbook.

Immunization registry – Colorado children's immunization registry

Rocky Mountain Health Plans takes part in the Colorado Immunization Information System (CIIS). 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. RMHP sends the CIIS immunization data we have from immunization claims.

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

Phone services

Colorado Lifeline Service is a government assisted wireless service that provides discounted home phone or cell phone services to eligible low income families and individuals. Colorado Lifeline Service discounts are offered to qualified Colorado customers who meet certain eligibility requirements such as, government assistance or a household income that is at or below 135% of the federal poverty level. Customers can check their Eligibility for the Program, apply online and avail the benefits, along with Discounts and Offers.

Select the prepaid plan that best fits your needs. There are several prepaid plans available under TAG Mobile Colorado Lifeline Services. You can change your plan every month to fit your lifestyle or you can add minutes anytime at your convenience.

<https://www.tagmobile.com/StatePages/Colorado-Free-Lifeline-Phones> – Free lifeline government cell phone service in Colorado ([tagmobile.com](https://www.tagmobile.com)).

Prenatal Plus program

Prenatal Plus gives extra services to pregnant women. Prenatal Plus gives you access to a case manager, a registered dietician, and a mental health professional who work together to help reduce the risk of having a low birth weight baby. Prenatal Plus services are in addition to a woman's regular prenatal care. It also gives services while you apply for Health First Colorado. Contact your PCP to see if this program is right for you.

50 **Questions?** Visit uhccp.com/CO, message us through MyUHC, or call Member Services at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

Special Connections

This program helps pregnant women who drink or use drugs. Call 1-800-221-3943. An RMHP Care Coordinator can also help with questions about this program and the inpatient drug rehabilitation unit at Valley View Hospital.

Women, Infants, and Children (WIC) food program

Women, Infants, and Children (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. Information about how to find a WIC clinic is listed on the **Important phone numbers** page at the beginning of this handbook.

Paying for care

For members enrolled in this plan, 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 not a contract and is subject to change.

When you have health coverage in addition to Health First Colorado

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 (Health First Colorado). 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 so we know when another entity is responsible for paying for your health and medical care.

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

Sometimes the third party is another insurance company that may cover you. In this case you must follow their rules about how to get care. The third party will pay for your care before RMHP pays. 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 mailing 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.

Member claims payment

This section explains how to file a claim and to receive a reimbursement for services. If you are billed for services and you have questions or concerns about if you are responsible, ask Rocky Mountain Health Plans for help. Most providers will not bill you. Some non-participating or out-of-area providers may bill you.

Acceptable claims

Because participating providers handle the paperwork for you, RMHP does not have standard claim forms. However, if you receive covered services from a nonparticipating or out-of-area provider, you must submit itemized bills containing the following information:

- Your identification number
- Your name and address
- Your date of birth
- Date(s) of service or purchase
- Diagnosis and type of treatment
- Procedure and amount charged
- Accident or surgery date (when applicable)
- Name and address of the provider
- Copayment paid, if any

When you receive an itemized bill from a nonparticipating hospital for emergency care or urgent care, send it to RMHP. RMHP requires proof of payment, such as a receipt, to reimburse you directly.

RMHP PRIME Member Handbook

Prescription drug bills must include the pharmacy name and address, drug name, prescription number, and amount charged. You can get your medicine from any drugstore if you have an emergency away from home.

If you want reimbursement for covered services that you have paid for, please submit proof of payment, such as receipts and canceled checks, with the items listed above. Balance due statements are not acceptable. All information on the itemized statements must be readable. If information is missing or is not readable, then RMHP will return it to you or to the provider to furnish the missing information. If you provide proof that you have paid the provider, RMHP will reimburse you directly. Otherwise, RMHP will pay the provider, less the amount of your copayment, if applicable. You will be responsible for paying your copayment, if applicable, to the provider.

Where to send your claim

Make copies of the itemized bills for your own records and send the original bills to:

UnitedHealthcare Community Plan
P.O. Box 5260
Kingston NY 12402-5260

Overpayments

If RMHP pays you in error, RMHP reserves the right to recover the payment from you. Providers may also ask you to pay billed charges if RMHP had made an earlier payment for any services received and for which you received the payment by mistake. RMHP also reserves the right to refuse to pay new claims if RMHP has made an earlier payment in error. RMHP reserves the right to take legal action to correct payments made in error.

Copayments

Effective July 1st, 2022, RMHP PRIME members will not have copays for any medical or behavioral health services. You will only have copayments required for prescriptions that will need to be paid at the pharmacy.

You do not pay prescription copayments if:

- You are a child 18 and under
- You are pregnant
- You are an American Indian or Alaska Native
- You live in a skilled nursing facility
- You live in a transitional care facility or mental institution
- Former foster care children ages 18 through 26
- Your household has paid more than 5% of your household income in copays for the month

Please see the following table for copayment amounts. If you have Medicare, please call and tell us so we can coordinate your care.

Service	Copayment
Inpatient Hospital Services	No copayment
Outpatient Hospital Services	No copayment
Office Visits (PCP)	No copayment
Emergency Room	No copayment
Specialist Doctors other than your PCP, Federally Qualified Health Centers, and Rural Health Clinics	No copayment
Second Opinions	No copayment
Lab Work	No copayment

RMHP PRIME Member Handbook

Service	Copayment
X-rays	No copayment
Durable Medical Equipment (wheelchairs, glucose monitors, etc.)	No copayment
Mental Health and Substance Use Disorder Services	No copayment
Prescriptions – Generic Drugs	<ul style="list-style-type: none"> • \$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
<p>Prescriptions – Brand Name Drugs</p> <p>* If you have Medicare and Health First Colorado, your Medicare drug plan will cover your drugs.</p>	<ul style="list-style-type: none"> • \$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 <p>You pay more if you buy a brand name drug when you could buy the same drug in a generic form.</p> <p>You will pay the brand name drug copayment PLUS the difference in cost between the brand name and generic drug.</p> <p>Your doctor might be able to give us records and other info we require that will show us you must have the brand name drug.</p> <p>If your doctor can prove to us the generic drug does not work for you, RMHP may approve for you to pay the brand name copayment only without having to pay the cost difference.</p>

Member rights and responsibilities

It is your right

- To get information about RMHP and its services, doctors, and health care providers and to get information about your rights and responsibilities
- 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, and presented in a manner appropriate to your condition and ability to understand
- To make appeals, and to bring complaints to RMHP, the Insurance Commissioner of the State of Colorado, or the Department of Health Care Policy and Financing
- To be furnished health care services in accordance with federal health care regulations for access and availability, care coordination and quality
- 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 Health First Colorado provider, in or out of RMHP's network, with no referral
- To request and receive your medical records and to have them changed according to federal law
- To get a second opinion without a referral
- To be free from discrimination based on race, color, national origin, age, disability, sex, sexual orientation, or gender identity
- To make recommendations regarding RMHP's rights and responsibilities policy
- To use any hospital or other setting for emergency care

It is 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 Member Services of membership or address changes, marriage, birth of a child, or adoption of a child. (You must also notify Health First Colorado of any address changes. You can do this through your PEAK app, co.gov/PEAK.)
- To take responsibility for copayments and costs for certain health care services and any services that are not covered by Health First Colorado
- To understand your health problems and participate in making treatment goals
- To provide the health care provider with all information needed for you to receive appropriate care
- To follow the plans and instructions for care that you and your provider agreed on
- To tell your providers about any Advance Directives about your health care
- To tell RMHP about any other insurance you may have, including Medicare
- To follow any protocols of a responsible third party payor (such as other insurance) prior to receiving any non-emergency services
- To provide RMHP with written notice after filing a claim or action against a third party responsible for your illness or injury
- To file a complaint or grievance, please follow the rules as described in the **Appeal and grievance** section of this handbook

Complaints, appeals and grievances, and quality of care concerns

You have many rights with Health First Colorado. You have the right to complain about RMHP. You have the right to complain about your care. You, your provider, or a Designated Client Representative (DCR) may complain about anything you disagree with or have a problem with how you were treated by a provider or the quality of care (QOC) you received.

If you want help at any time filing an appeal or a grievance

A DCR is someone you choose to help you with an Appeal or a Grievance, including a provider. You must sign a form to give your DCR permission to act for you. 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.

If you need help filing an appeal or grievance, you can also call the Managed Care Ombudsman at 1-877-435-7123. You can e-mail them at help123@maximus.com. TTY users should call 888-876-8864.

Right to file appeal, grievance, and State Fair Hearing

- You have the right to appeal an Adverse Decision. This means you can ask for a review of something RMHP has done. Examples of decisions you can appeal are listed in **Section A** below.
- You have the right to “File a Grievance.” This means you can complain about any matter other than a Decision (see **Section A**). Grievances are the kinds of things listed in **Section B** below.
- In addition to filing an appeal or grievance with RMHP, you may file for a State Fair Hearing, with the State of Colorado. The State Fair Hearing process is described in **Section C** below.

Section A – Appeal an Adverse Decision

RMHP may make a decision that you do not agree with. Then you, your provider or your DCR may ask for an appeal. An appeal is a review of an RMHP Adverse Decision (or decision). For example, your doctor may order you a medication or service that RMHP must okay. If it is approved, you will receive what the doctor wanted you to have. If RMHP does not approve the request, then the request by the doctor has been denied by RMHP. The decision RMHP made is to deny the request. You can appeal that decision.

Once RMHP has made a decision, you always have the right to appeal. This means you can ask RMHP to take a second look. These are examples of the kinds of decisions 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. (This includes answering appeals, grievances and fast reviews in the number of days specified.)
- RMHP denies certain services if you live in a rural area. (This means the rights you have to use a provider, even if he or she is not in our network, when you live in a rural area.)

There are two types of review that can happen.

Standard review

You must call, write or login to your secure member website, myuhc.com/communityplan, within 60 calendar days of the day we tell you about the decision that RMHP has made. 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, please call Member Services. If you call us with your appeal request, we will send you a letter stating our understanding of your verbal request, and if you choose, that you sign to confirm our understanding and return to RMHP.

Within two working days of the day RMHP gets your appeal, RMHP will write you to tell you 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 may send more information to us by mail, fax or through your secure member website:

UnitedHealthcare Community Plan
Attn: Appeals and Grievances Unit
P.O. Box 31364
Salt Lake City, UT 84131-0364
Fax: Standard Fax 1-801-994-1082, or
Urgent Fax 1-801-994-1261

myuhc.com/communityplan

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

You may not agree with 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 after RMHP makes a decision to continue to deny your request. You may also request a State Fair Hearing if RMHP fails to make a decision or send you a decision in writing within 10 working days. **You must ask for a State Fair Hearing within 120 calendar days of the date of RMHP's final decision.**

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 only 72 hours to resolve the fast appeal, 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.

Continuing your benefits

For any appeal, you can still get services when you ask the plan to take a second look at a decision. The same is true when you have asked for a State Fair Hearing, (see **Section C** below). To have your benefits continue while your appeal is being reviewed, the following must occur:

- The appeal must involve termination, suspension or reduction of a previously approved course of treatment
- The original approval must not have expired. This does not apply when you ask for a State Fair Hearing.
- You must tell RMHP if you want to keep getting your services within 10 days of the notice of the appeal decision. If a provider is helping you with your appeal, they cannot ask to have your benefits continue while your appeal is being reviewed.
- The care was ordered by a provider that works with RMHP
- If you lose your appeal you may have to pay for the care you have received. To get more information about appeals and grievances call Member Services.

Section B – File a grievance

You may have a problem or be unhappy with RMHP about something other than an Adverse Decision (see **Section A**). To complain about something other than an Adverse Decision, you may “file a grievance.” This means you send your complaint to someone who can help. Please call, write, or login to your secure member website to make a complaint.

A grievance is a verbal or written statement that says you are not happy. You will not lose your Health First Colorado 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 Member Services
- 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 race, color, national origin, age, disability, sex, sexual orientation, or gender identity.
- You are unhappy because a provider or RMHP employee was rude to you
- You disagree with our decision to extend the time to make a decision about your appeal

How grievances are handled

You, your provider 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 can call or write to file your grievance at any time. 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 Health First Colorado:

Department of Health Care Policy and Financing
Attn: Health First Colorado Managed Care Contract Manager
1570 Grant Street
Denver, CO 80203

You may also call 303-866-4623 or send an e-mail message to HCPF.MCOS@state.co.us. The Department of Health Care Policy and Financing will tell you that they got your request. They will look into your complaint and send you a response.

File a complaint about access to behavioral health care

Your health plan is subject to the Mental Health Parity Addiction Equity Act of 2008. This means that your covered behavioral health benefits cannot be more difficult to access than physical health benefits. A denial, restriction, or withholding of behavioral health services could be a potential violation of the parity act. File a complaint with the Behavioral Health Ombudsman Office of Colorado if you have a parity concern.

Behavioral Health Ombudsman Office of Colorado

Call: 303-866-2789

Email: ombuds@bhoco.org

Online: bhoco.org

A representative of the Ombudsman Office will call or reply to you directly. You can also ask your behavioral health provider or guardian/legal representative to file a complaint for you.

Section C – State Fair Hearing

A State Fair Hearing is a chance for a Health First Colorado member to make a case to a judge that a denied service should have been approved, or that a denied claim should have been paid. You must wait for an answer to an appeal from RMHP before you request a State Fair Hearing.

To request a State Fair Hearing you must:

- Write a request for a hearing within 120 calendar days of the date of RMHP’s final decision (see **Section A**)
- If you need help, Member Services or the Office of Administrative Courts will help you write your request for a hearing
- Include your name, your address, and your Health First Colorado 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. You can fax your request to 303-866-5909, or mail it to:
Office of Administrative Courts
1525 Sherman Street, 4th Floor
Denver, CO 80203
- For help with asking for a State Fair Hearing, call 303-866-2000

Dial 711 for **Relay Colorado** to contact the Office of Administrative Courts if you are deaf, hard of hearing, or have a speech disability.

Your provider may file for a State Fair Hearing for you. Your provider must have your written permission to file for you.

For help from RMHP in writing and submitting a request for State Fair Hearing you may call:

- Member Services – **1-800-421-6204**
- If you are deaf, hard of hearing, or have a speech disability, dial **711** for Relay Colorado or use our Live Chat on uhccp.com/CO or myuhc.com/communityplan
- Para asistencia en español – **1-800-421-6204**

If you lose your State Fair Hearing, you may have to pay for the services you got while your appeal was pending. See **Continuing your benefits** above.

You have certain rights under Colorado rules covering State Fair Hearing:

- You have the right to represent yourself at the hearing
- You have the right to choose someone to be your representative at the hearing
- You have the right to present information or evidence to the administrative judge during the hearing
- You have the right to read or examine all RMHP documents related to the appeal before and during the hearing

Section D – Quality of Care Concerns

RMHP wants to hear from you if you have concerns about your health care. RMHP is here to help. You have the right to file a complaint or grievance. Here are a few examples:

- Services do not meet a quality of care that you expect
- Services were not covered and you feel the decision was wrong
- A health care provider or staff was not professional
- Unable to get care when needed
- Other concerns about your benefits

If you have concerns about the health care services you received, RMHP calls these Quality of Care Concerns (QoCC). Quality of care means that the health care services you received meet medical standards and are likely to improve your health. If you have concerns about the quality of care you received, please submit a complaint/grievance with as many details as possible. RMHP reviews all QoCCs that are filed, making sure your voice is heard.

To file a complaint/grievance, call **1-800-421-6204** or submit through the secure member website online form at myuhc.com/communityplan.

Additional information

How RMHP works

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 Member Services for further information.

Quality Improvement plan

RMHP has a Quality Improvement plan that tells us how we are doing in providing 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, or you can call Member Services at **1-800-421-6204**, TTY **711**. Your complaints help us see what works and what we need to fix.

Care management decisions

We base our care management decisions only on the appropriateness of care and services. Rocky Mountain Health Plans does not pay our participating providers to deny care and services. We do not offer incentives to our employees or others that encourage denying care. When making decisions to approve or not approve a service, RMHP looks at Health First Colorado directives and bulletins, RMHP clinical policies, nationally established evidence based guidelines, and for medical equipment and supplies, Medicare coverage guidelines.

Equal opportunity policy

It is the policy of Rocky Mountain Health Plans to provide equal opportunity and to prevent discrimination based on race, color, national origin, age, disability, sex, sexual orientation, or gender identity in admission or access to, or treatment in, 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. If you have any questions concerning this policy, please contact Member Services.

Evaluation of new technologies

RMHP uses a systematic approach to evaluate and address new developments in medical technologies or new applications of existing technologies, including medical procedures, behavioral health procedures, pharmaceuticals, and devices for inclusion in benefit plans. The evaluation includes a review of information from appropriate government regulatory bodies, published scientific evidence, and/or input from specialists and professionals with experience in the new technology. If you would like more information regarding RMHP's approach to evaluation of new technologies, please contact Member Services.

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 Health First Colorado number on them.

Notice of privacy practices

RMHP is committed to protecting the confidentiality of your medical information to the fullest extent of the law. In addition to the laws that govern your privacy, RMHP has its own privacy policies and procedures to help protect your information. If you would like a copy of RMHP's privacy policies and notices, visit <https://www.uhccommunityplan.com/privacy-policy>, refer to Notice of Privacy Practices at the end of this handbook, or call Member Services.

Reporting fraud

Let us know if you suspect fraud. If you would like to report fraud, please contact the UnitedHealthcare Fraud Hotline number at 1-844-359-7736 or complete the online form at www.uhc.com/fraud.

It is against the law to knowingly provide untrue, incomplete, or misleading information to RMHP to benefit you or anyone else. This is commonly called fraud. Do not commit fraud. Penalties for fraud may include prison, money fines, and denial of insurance.

Fraud causes the cost of health care to go up. You can help decrease these costs by doing the following:

- Be wary of offers to waive copayments. This practice is usually illegal.
- Be wary of mobile health testing labs. Ask what insurance company will be charged for the test.
- Always review this RMHP Member Handbook. If there are any differences between what is in here and what you are offered, call Member Services.
- Be very cautious about giving your Health First Colorado or RMHP member ID over the phone

You will know that you are a victim of medical identity theft or fraud if you:

- Get a bill for medical services you didn't receive
- Are contacted by a debt collector about medical bills you don't owe
- See medical collection notices on your credit report that you don't recognize
- Are told by your health plan that you've reached the limit on benefits
- You are promised free goods, such as medical equipment or gift cards, for providing your medical identification to someone

RMHP reserves the right to take back any benefit payments paid on behalf of a member if the member has committed fraud or material misrepresentation in applying for coverage or in receiving or filing for benefits.

Your right to make health care decisions

Advance Directives

What is an Advance Directive?

It is a type of written instruction about your health care to be followed if you become unable to make decisions about your medical treatment. You prepare your Advance Directive when you are able to make these decisions.

Then if there is a time when you are unable to make health treatment decisions, the directive will be followed. These instructions 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.

There are a few types of Advance Directives. In this handbook, we will discuss three:

- A **CPR Directive**, sometimes called a DNR or do not resuscitate order, tells emergency health care personnel and others not to do CPR on you. CPR is short for cardiopulmonary resuscitation.
- A **Medical Durable Power of Attorney** allows you to name a person who can make health decisions for you
- A **Living Will** applies only in cases of terminal illness. This means a disease or injury that leads to death.

Does RMHP require me to fill out an Advance Directive?

No. The law states that you will not be denied services, treatment, or being admitted to a facility if you chose not to sign an Advance Directive. The law applies to all adults, no matter their health problem or condition.

RMHP PRIME Member Handbook

Know the law

At RMHP, we want you to know your rights when it comes to making decisions about your health.

You will not be refused treatment, services, or admission to a facility if you do not fill out an Advance Directive.

You have the right to accept or turn down any medical care and treatment, unless care is ordered by a court. In an emergency, your consent to CPR, health care, and treatment is assumed. We will tell you about Colorado's laws regarding your right to make health care decisions.

You must be given information about Advance Directives each time you are admitted as a patient or become a resident of:

- Any health care facility that gets Medicare or Colorado Health First Colorado money
- A nursing home, an HMO, hospice, home health care, or a personal care program that gets Medicare or Health First Colorado money

You must also be given written information on the facility and provider policies about Advance Directives.

Colorado law states:

Before you are no longer able to make your own choices, you can fill out a Medical Durable Power of Attorney. This legal document names or appoints the person who will make legal and health care decisions if you are not able to do so.

Once you are no longer able to make your own choices, if you have not filled out an Advance Medical Directive:

- A person close to you can be a proxy. A proxy is a substitute decision maker.
- The doctor or the doctor's designee must make reasonable efforts to get in touch with those close to the patient. The goal is to find a proxy or substitute decision maker.

What if I want to donate my organs after I die?

You can include your wish about donating your organs in any Advance Directive. Or, you may sign a separate paper called a "Document of Gift" under Colorado's Revised Uniform Anatomical Gift Act. Talk to your doctor if you would like to learn more about organ donation. Also, we suggest you let your family know your wishes.

Do I need to fill out an Advance Directive in Colorado if I filled out one in another state?

We recommend you make out a new Advance Directive that follows Colorado law, even if you have one from another state. If you spend a great deal of time in more than one state, you may wish to think about filling out an Advance Directive for those states, too.

Answers to your questions about Advance Directives

This section includes forms you can use to fill out your own Medical Durable Power of Attorney and a Living Will. You can also use any form you prefer. And remember — you do not need to fill out these forms to get health services or treatment from RMHP. You will still get the health care and treatment that is right for your condition and consistent with the policy of the facility.

How do I complain if my Advance Directive is not followed?

Complaints about providers who are not following a member's Advance Directive requirements may be filed with the Colorado Department of Public Health and Environment. Send the complaint to:

Attn: Advance Directive Complaint
Colorado Department of Public Health and Environment
4300 Cherry Creek Drive South
Denver, CO 80246-1530

Or call 303-692-2836 for complaints about providers not following Advance Directive requirements at skilled nursing facilities, assisted living facilities, and long term care providers.

Or call 303-692-2910 for complaints about providers not following Advance Directive requirements for all other provider types, including home health, hospital, and hospice.

About CPR Directives

What is CPR?

CPR is short for cardiopulmonary resuscitation.

CPR is used to try to revive a person whose heart has stopped or who is not breathing. It is done by pressing very firmly on the chest and giving rescue breaths. At times, CPR includes using special drugs or machines to get the heart and breathing started.

What is a CPR Directive?

It is a legal written document that states that if you stop breathing or your heart stops, no attempts will be made to get your heart or lungs working again. This document allows you, your agent, your guardian, or your proxy to refuse CPR for you.

It states that doctors, paramedics, or emergency workers:

- Will not try to press on your chest
- Will not use breathing tubes
- Will not use electric shock or other methods

Who is most likely to sign a CPR Directive?

While anyone over 18 can sign a CPR Directive, most often people who sign it are:

- Very sick with a fatal illness, or
- Old and very frail, so having CPR could make their health worse. For example, older adults who have had small strokes, a weak heart, or liver or kidney failure may decide against CPR. While CPR has saved many lives, some health problems can get worse after CPR, and the person can be left paralyzed or not able to speak or understand.

How is a DNR order different from a CPR Directive?

“DNR” is short for “do not resuscitate.” A DNR order and a CPR Directive are ways of saying the same thing. These orders from the doctor tell health care workers not to do CPR if the person’s heart or breathing stops.

These orders can be made out in advance by the patient or by people who are able to make health care decisions when a patient is not able to do so. The order becomes effective when the patient or a person the patient assigns and the doctor sign the document.

What happens if a patient has a heart attack in the hospital or in a nursing home?

The staff will do CPR unless the patient has a DNR order or a CPR Directive that says “no CPR.” These written doctor’s orders are used when the doctor decides, often after talking with the patient, that CPR would not be proper.

Talk to the staff at the nursing home to learn about their policy of giving CPR.

What happens when the patient is under age 18?

Only after a doctor issues a DNR order for a minor child can the parents of the minor carry out the “no CPR” order for the child. Parents married and living together, the custodial parent, or the legal guardian may carry out a **CPR Directive** for the child.

How do I create a CPR Directive?

You can get one from your doctor or a licensed health care facility, or you can ask your lawyer to draw up a form. This directive must be signed by you, or your agent or proxy and your doctor. The original copy must be available to proper staff, 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. If this directive is not found or you are not wearing a “no CPR” necklace or bracelet, it is likely CPR will be done.

A CPR Directive may be canceled at any time by the person who has signed it. All original forms must be canceled.

Some people choose to wear a necklace or bracelet to let others know not to do CPR

- 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.
- Again, you will not be refused proper service or treatment because you have not filled out an Advance Directive form

If you decide to fill out the form, tell family members about your wishes. Let them know where you keep your form.

If I sign a CPR Directive, will I still get other kinds of needed health treatment?

Yes. Signing a CPR Directive will not stop you from getting other health care, such as treatment for pain, bleeding, broken bones or other comfort care.

What is a Medical Proxy?

A Medical Proxy is a person you appoint who will agree to act in your best interest about your health care if you lose the ability to make decisions about treatment for yourself. A Medical Proxy is sometimes called a substitute decision maker. A Medical Proxy that you complete is the same as a Medical Durable Power of Attorney.

Most often, people pick a person they know well for their proxy. This may be a family member or close friend. Your proxy must be 18 years of age or older.

The proxy can decide to stop or not to start tube feeding and hydration only when two doctors agree that tube feeding and hydration would only draw out dying and is not likely to help the patient get better. One of the doctors must be trained in neurology or neurosurgery.

How do I appoint a Medical Proxy?

You can fill out the form at the end of this Member Handbook. Or you can get a form on your own. If your proxy is not there at the time to decide for you, your doctor will follow instructions you gave when you were able.

Questions? Visit uhccp.com/CO, message us through MyUHC, or call Member Services 73 at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

What happens if I have not chosen a Medical Proxy?

If you have not chosen a proxy, or if you do not have an Advance Directive or a guardian, Colorado law says that family members and close friends can select a proxy for you. This happens after a doctor or judge decides that you cannot make your own health decisions. Then your husband or wife, your parent, an adult child, adult grandchild, brother, sister, or a close friend may work together to choose a proxy.

At times, some of the people entitled to choose your proxy disagree with the choice of proxy or with the proxy's actions. Or the people cannot agree on a proxy. Then the group 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 health wishes the best.

If anyone believes you have regained decision-making ability, you will be examined again by your doctor. If you have regained decision-making ability, the proxy will be relieved of duty.

Guardians

A guardian is a person chosen by a court to help with the personal affairs of a person who is unable to make his or her own decisions. It may take months for a guardian to be appointed if it is not an emergency.

The law allows a guardian to be appointed when a person is not able to make personal decisions about him/herself or if a person does not have the understanding or ability to make or make known responsible decisions about his or her health care. This may result from mental illness, mental retardation, illness or disability, long-term use of drugs and/or alcohol, or other causes. A person who is subject to a guardianship is called a "ward."

Any person aged 21 or over, or an appropriate agency which is willing to serve, may be chosen as a guardian. One or more people can share this duty.

A guardian does not have to provide for a ward out of his or her own funds, or live with the ward. A guardian is not responsible for a ward's actions or behavior. The duties of a guardian are to find out where the ward should live and arrange for needed care, treatment or other services for the ward. The guardian also sees that the basic daily personal needs of the ward are met, including food, clothing and shelter. At times, the guardian may be in charge of money matters for ward.

A court may let a guardian make health care and treatment choices. A court may name a limited guardian to give certain 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. This document can cover more health care decisions than a Living Will does and is not limited to terminal illness. A Medical Durable Power of Attorney that you complete is the same as a Medical Proxy.

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 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.

It is important to talk with your doctor, your family, and your agent about your health care choices in your Advance Directives.

You may put instructions or guidelines into your document telling your agent what you really want. You can cancel your Medical Durable Power of Attorney at any time. Your Medical Durable Power of Attorney can become effective right away. Or, you can make it become effective when you become unable to make your own health decisions.

You can name anyone to be your health care agent. The person must be at least 18 years old and be willing and mentally able to be your agent. While you may want to choose someone who lives nearby, your agent does not have to live in Colorado.

If you appoint your husband or wife as your agent, and then later you get divorced, get legally separated, or get an annulment, your former spouse is automatically removed as your agent. To keep your former husband or wife after you are no longer together, you will need to put it in your Medical Durable Power of Attorney.

You cannot be denied service if you do not fill out a Medical Durable Power of Attorney form. The law states that you will not be denied services, treatment, or being admitted into a facility if you choose not to sign an Advance Directive form. The law applies to all adults, no matter their health problem or condition.

Medical Durable Power of Attorney for health care decisions

Read this section before you sign the Medical Durable Power of Attorney form.

You should not sign this document unless you understand it fully. You may wish to talk to others or a lawyer before signing.

- This document asks you to name a person as your agent. Your agent then has the power to make health care decisions if you are not able 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 get 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 a court finds you incompetent. If you withdraw the authority of your agent, it is a good idea that you do so in writing. Make sure to copies of the new document to all those who got your original document.
- The enclosed Medical Durable Power of Attorney form follows Colorado law. If you move to another state, make sure to check your new state's rules.

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
- The name, address and telephone number of your second and third choice of agent to act if your first agent is not able to act for you
- Any written instructions about treatment you do or do not want. Examples include surgery, chemotherapy, tube feeding, kidney dialysis or breathing support.

Durable Power of Attorney regarding medical treatment

I, _____ (Declarant), hereby designate _____ my FIRST CHOICE, to serve as my attorney-in fact and agent for the purpose of making all medical and health treatment, hospitalization, and institutional placement decisions. If my FIRST CHOICE has predeceased me or is unable or unwilling to make such decisions, I then appoint _____ my SECOND CHOICE as my attorney-in-fact and agent for the purpose of making all such decisions. To aid in making and effectuating these decisions, my attorney-in-fact and agent shall have the authority to speak with all health care personnel treating me and obtain information and sign forms necessary to carry out these decisions. This Power of Attorney shall remain effective in the event that I become incompetent or otherwise unable to make such decisions for myself.

DATED this _____ day of _____, year of _____.

*Name (Title Case)

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 we are not: (1) the Declarant's physician or employees of _____ (his/her) physician; (2) employees or patients of the health care facility in which the Declarant is a patient; or (3) beneficiaries or creditors of the estate of the Declarant or an heir at law of the Declarant.

DATED this _____ day of _____, year of _____.

Witness _____

Address _____

City, State Zip _____

Witness _____

Address _____

City, State Zip _____

STATE OF COLORADO)

) ss.

COUNTY OF * _____)

DATED this _____ day of _____, year of _____.

SUBSCRIBED AND SWORN TO before me by _____,
the Declarant, and _____
and _____, witnesses, as the voluntary act and
deed of the Declarant, this _____ day of _____,
year of _____.

Witness my hand and official seal.

Notary Public

Living Wills

A Living Will is a written document that you sign while you are still able to make decisions about your health care. You must be at least 18 years old to make a Living Will.

The Living Will tells your doctor not to use artificial life support if you are dying and your body is not working on its own and you can't make your wishes known. In Colorado, the Living Will goes into effect when two doctors agree in writing that life-sustaining treatment will only postpone the moment of death. The doctors must agree in writing that you have a terminal condition.

Two witnesses must sign your Living Will. A witness **cannot** be:

- A patient in the facility where you are getting care
- Any doctor or any employee of your doctor
- Any employee of the facility or agency providing your care
- One of your creditors
- A person who may inherit your money or property

You can use the Living Will form included in this booklet. This form complies with Colorado law. You don't have to use the form. You can get one from your doctor or a licensed health care facility, or you can ask your lawyer to draw up a form. Often office supply stores have Living Will forms.

While you do not need a lawyer to complete your Living Will, talk to a lawyer should you have questions.

Colorado law about tube feeding and hydration

Your Living Will must clearly state you want to stop tube feeding or any other form of artificial feeding and hydration. If you are able to take food by mouth, your Living Will won't stop you from being fed. In any case, artificial food may be used if needed to give comfort or lower pain.

You can cancel or change your Living Will at any time

Cancel your Living Will by tearing it up and throwing it away.

Or you can sign a statement that you no longer want it, and you may make a new one. Make sure to tell your family, your doctor, and others who have a copy that you have a new Living Will.

Ask anyone who has a copy of the old one that you have canceled or changed your Living Will. You may want to give them the new copy.

Living will – Declaration as to medical or surgical treatment

I, _____ (Declarant), being of sound mind and at least eighteen years of 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 _____, 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 _____, year of _____.

(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 _____,
year of _____.

My commission expires: _____ Notary Public _____

Advance Directives Coalition

The original version of the booklet “Your Right to Make Health Care Decisions” was prepared by the Advance Directives Coalition. This group is made up of various health organizations and agencies and private lawyers.

Get a free single copy of the booklet from Colorado Health and Hospital Association.
Call 720-489-1630.

For help or more information on Advance Directives, contact your local doctor, hospital, senior group, or lawyer, or any of the organizations below:

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

Glossary

This section defines words and terms used throughout this PRIME Member Handbook. You should refer to this section to find out exactly how a word or term is used, for the purposes of this handbook.

Accidental injuries — Unintentional internal or external injuries, examples of accidental injuries are strains, animal bites, burns, contusions, and abrasions (cuts) that result in trauma to the body. Accidental injuries are different from illness-related conditions (being sick) and do not include disease or infection.

Acute care — Care provided in an office, urgent care setting, emergency room or hospital for a medical illness, accident, or injury. Acute care may be emergency, urgent or non-urgent, but is not primarily preventive in nature.

Admission — The period of time between the date a patient enters a facility as an inpatient and the date he or she is discharged as an inpatient.

Adverse decision — Includes any of the following: The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting or effectiveness of a covered benefit.

- The reduction, suspension or termination of a previously authorized service
- The denial, in whole or in part, of payment for a service
- The failure to provide services in a timely manner (as determined by the State)
- The failure of RMHP to act within the timeframe required for the standard resolution of grievances and appeals
- For a resident in a rural area with only one health plan, the denial of an enrollee's request to exercise his or her right to obtain services outside the network
- The denial of an enrollee's request to dispute financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other enrollee financial liabilities

After-hours care — Office services requested after a provider's normal or published office hours or services requested on weekends and holidays.

Ambulance — A specially designed and equipped vehicle used only for transporting the sick and injured. It must have customary safety and lifesaving equipment such as first aid supplies and oxygen equipment. The vehicle must be operated by trained personnel and licensed as an ambulance.

Ancillary services — Services and supplies (in addition to room expenses) that hospitals and other facilities bill for. Such services include, but are not limited to, the following:

- Use of an operating room, recovery room, emergency room, treatment rooms, and related equipment; intensive and coronary care units
- Drugs/medication and medicines, biologics (medicines made from living organisms and their products) and pharmaceuticals
- Medical supplies (dressings and supplies, sterile trays, casts, and splints used instead of a cast)
- Durable medical equipment owned by the facility and used during a covered admission
- Diagnostic and therapeutic services
- Blood processing and transportation and blood handling costs and administration
- Anesthesia — There are two different types of anesthesia:
 - General anesthesia, also known as total body anesthesia, causes the patient to become unconscious or put to sleep for a period of time
 - Regional or local anesthesia causes loss of feeling or numbness in a specific area without causing loss of consciousness and is usually injected with a local anesthetic drug such as Lidocaine. Anesthesia must be administered by a provider or certified registered nurse anesthetist (CRNA).

Appeal — A review by RMHP of an adverse decision, usually regarding a member’s claim or pre-authorization request.

Audiology services — The testing for hearing disorders through identification and evaluation of hearing loss.

Authorization — Approval of benefits for a covered procedure or service. See also **Pre-authorization**.

Billed charges — The dollar amount a provider bills for services or supplies before any applicable in-network provider discounts or adjustments.

Calendar year — A period of a year that begins January 1st and ends on December 31st.

Care management — This is a way that RMHP helps members with serious illnesses or injuries. Care management is used when illnesses or injuries are so complex that individualized coordination of care is helpful. Sometimes care management is also called case management.

Care manager/case manager — A professional (for example, nurse, doctor or social worker) who works with members, providers and RMHP to coordinate services deemed medically necessary for the member.

RMHP PRIME Member Handbook

Chemical dependency — Dependence on either alcohol and/or other substances; for example, drugs. See also **Substance abuse**.

Chemotherapy — Medication therapy administered as treatment for malignant conditions and diseases of certain body systems.

Chiropractic services — A system of therapy in which disease is considered the result of abnormal function of the nervous system. This method of treatment usually involves manipulation of the spinal column and specific adjustment of body structures.

Chronic pain — Ongoing pain that lasts more than six months that is due to non-life threatening causes and has not responded to current available treatment methods. Chronic pain can continue for the remainder of a person's life.

Complaint — An expression of dissatisfaction with RMHP or the practices of an in-network provider, whether medical or non-medical in nature. This is sometimes also called a grievance.

Consultation — A visit between a provider and a patient to determine what medical examinations or procedures, if any, are appropriate and needed.

Copayment — A dollar amount you pay in order to receive a prescription medication. A copayment is a predetermined fixed amount paid at the time you receive your medication.

Cost sharing — The general term used for out-of-pocket expenses paid by a member. A copayment is a type of cost sharing.

Covered services — Services, supplies or treatments that are:

- Medically necessary or otherwise specifically included as a benefit under this PRIME Member Handbook
- Within the scope of the license of the provider performing the service
- Rendered while coverage under this PRIME Member Handbook is in force
- Not experimental/investigational or otherwise excluded or limited by the PRIME Member Handbook, or by any amendment made to the handbook or rider added to the handbook
- Authorized in advance by RMHP if such pre-authorization is required

Dental services — Services performed for treatment of conditions related to the teeth or structures supporting the teeth.

Detoxification — Acute treatment for withdrawal from the physical effects of alcohol or another substance.

Diagnostic services — Tests or services ordered by a provider to determine the cause of illness.

Dialysis — The treatment of acute or chronic kidney ailment. During dialysis, impurities are removed from the body with dialysis equipment.

Discharge planning — The evaluation of a patient’s medical needs and arrangement of appropriate care after discharge from a facility.

Durable medical equipment (DME) — Any equipment that can withstand repeated use, is made to serve a medical condition, is useless to a person who is not ill or injured, and is appropriate for use in the home.

Emergency or Emergency medical condition — The sudden, and at the time, unexpected onset of a health condition that requires immediate medical attention where failure to provide medical attention would result in serious impairment to bodily functions or serious dysfunction of a bodily organ or part, or would place the person’s health in serious jeopardy.

Emergency services — Covered inpatient and outpatient services and are furnished by a Provider that is qualified to furnish these services under the term “emergency services” and that are needed to evaluate or stabilize an emergency medical condition.

Emergency transportation — See the definition of **Ambulance**.

Experimental or investigative procedures or services –

- a. Any drug/medication, biologic, device, diagnostic, product, equipment, procedure, treatment, service or supply used in or directly related to the diagnosis, evaluation or treatment of a disease, injury, illness or other health condition that RMHP determines, in its sole discretion, to be experimental or investigational. RMHP will deem any drug/medication, biologic, device, diagnostic, product, equipment, procedure, treatment, service or supply to be experimental or investigational if it determines that one or more of the following criteria apply when the service is rendered with respect to the use for which benefits are sought.
 - The drug/medication, biologic, device, diagnostic, product, equipment, procedure, treatment, service or Is provided pursuant to informed consent documents that describe the drug/medication, biologic, device, diagnostic, product, equipment, procedure, treatment, service or supply as experimental or investigational, or otherwise indicate that the safety, toxicity or efficacy of the drug/medication, biologic, device, diagnostic, product, equipment, procedure, treatment, service or supply is under evaluation

RMHP PRIME Member Handbook

- b. Any service not deemed experimental or investigational based on the criteria in subsection (a) may still be deemed to be experimental or investigational by RMHP. In determining if a service is experimental or investigational, RMHP will consider the information described in subsection (c) and assess all of the following:
- Whether the scientific evidence is conclusory concerning the effect of the service on health outcomes
 - Whether the evidence demonstrates that the service improves the net health outcomes of the total population for whom the service might be proposed as any established alternatives
 - Whether the evidence demonstrates the service has been shown to improve the net health outcomes of the total population for whom the service might be proposed under the usual conditions of medical practice outside clinical investigatory settings
- c. The information RMHP considers or evaluates to determine if a drug/medication, biologic, device, diagnostic, product, equipment, procedure, treatment, service or supply is experimental or investigational under subsections (a) and (b) may include one or more items from the following list, which is not all-inclusive:
- Randomized, controlled, clinical trials published in an authoritative, peer-reviewed United States medical or scientific journal
 - Evaluations of national medical associations, consensus panels, and other technology evaluation bodies
 - Documents issued by and/or filed with the FDA or other federal, state or local agency with the authority to approve, regulate or investigate the use of the drug/medication, biologic, device, diagnostic, product, equipment, procedure, treatment, service or supply
 - Documents of an IRB or other similar body performing substantially the same function
 - Consent documentation(s) used by the treating providers, other medical professionals or facilities, or by other treating providers, other medical professionals or facilities studying substantially the same drug/medication, biologic, device, diagnostic, product, equipment, procedure, treatment, service or supply
 - The written protocol(s) used by the treating providers, other medical professionals or facilities or by other treating providers, other medical professionals or facilities studying substantially the same drug/medication, biologic, device, diagnostic, product, equipment, procedure, treatment, service or supply
 - The opinions of consulting providers and other experts in the field
- d. RMHP has the sole authority and discretion to identify and weigh all information and determine all questions pertaining to whether a drug/medication, biologic, device, diagnostic, product, equipment, procedure, treatment, service or supply is experimental or investigational.

Explanation of benefits — Also known as an EOB. An EOB is a printed form sent by an insurance company to a member after a claim has been filed and a decision has been made about the claim. The EOB includes such information as the date of service, name of provider, amount covered and patient balance.

Formulary list — A list of prescription medications approved for use by RMHP for PRIME members. This list is subject to periodic review and modification.

Generic drug — The chemical equivalent of a brand name prescription medication. By law, brand name and generic medications must meet the same standards for safety, purity, strength and quality.

Grievance — An oral or written expression of dissatisfaction about any matter other than an adverse decision. Grievances may include the quality of care or services provided, the practices of an in-network provider, whether medical or non-medical in nature. A grievance also includes a member's right to dispute an extension of time proposed by RMHP to make an authorization decision. A grievance is sometimes also called a complaint.

Habilitative services and devices — Those services that will help a person retain, learn, or improve skills and functions for daily living.

Home health services — This is also called home health care. These are professional nursing services, certified nurse aide services, medical supplies, equipment and appliances suitable for use in the home, and physical therapy, occupational therapy, speech pathology, and audiology services provided by a certified home health agency to eligible members, who are under a plan of care, in their place of residence.

Hospice agency — An agency licensed by the Colorado Department of Public Health and Environment to provide hospice care in Colorado. A hospice is a centrally administered program of palliative (care that controls pain and relieves symptoms), supportive and interdisciplinary team services providing physical, psychological, spiritual, and sociological care for terminally ill individuals and their families, within a continuum of inpatient care, home health care and follow-up bereavement services available 24 hours a day, 7 days a week.

Hospice care — An alternative way of caring for terminally ill individuals that stresses palliative care. Hospice care focuses on the patient/family as the unit of care. Supportive services are offered to the family before and after the death of the patient. Hospice care addresses physical, social, psychological, and spiritual needs of the patient and the patient's family.

Hospital — A health institution offering facilities, beds, and continuous services 24 hours a day and that meets all licensing and certification requirements of local and state regulatory agencies.

RMHP PRIME Member Handbook

Hospitalization — Those Medically Necessary Covered Services for patients that are generally and typically provided by acute care general Hospitals. Hospital Services shall also include services rendered in the emergency room and/or the outpatient department of any Hospital. Except for a Medical Emergency or Written Referral, Hospital Services are Covered Services only when completed by Participating Providers.

Hospital outpatient care — Is when care is administered in a hospital facility without an overnight stay.

ID card — The card RMHP gives members with information such as the member's name, and ID number. This is also known as the RMHP PRIME member ID card.

Implantable birth control device — Device inserted underneath the skin that prevents pregnancy.

In-network provider or participating provider — A provider that is contracted with RMHP to provide medical services to PRIME members.

Inpatient medical rehabilitation — Care that includes a minimum of three hours of therapy, for example, speech therapy, respiratory therapy, occupational therapy, and/or physical therapy, and often some weekend therapy. Inpatient medical rehabilitation is generally provided in a rehabilitation section of a hospital or at a freestanding facility. Some skilled nursing facilities have rehabilitation beds.

IUD — Stands for intra-uterine device, a birth control device inserted into the uterus to prevent pregnancy.

Keratoconus — Cone-shaped protrusion of the cornea.

Laboratory and pathology services — Testing procedures required for the diagnosis or treatment of a condition. Generally, these services involve the analysis of a specimen of tissue or other material that has been removed from the body.

Long-term acute care facility — An institution that provides an array of long-term crucial care services to patients with serious illnesses or injuries. Long-term acute care is provided for patients with complex medical needs. These include patients with high risk pulmonary conditions who have ventilator or tracheotomy needs or who are medically unstable, patients with extensive wound care needs or postoperative surgery wound care needs, and patients with low-level, closed-head injuries. Long-term acute care facilities do not provide care for low-intensity patient needs.

Maternity services — Services required by a patient for the diagnosis and care of a pregnancy, complications of pregnancy, and for delivery. Delivery services include:

- Normal vaginal delivery,
- Cesarean section delivery,
- Spontaneous termination of pregnancy before full term, and
- Therapeutic or elective termination of pregnancy provided the termination is to save the life of the mother or the pregnancy is the result of rape or incest.

Maximum medical improvement — A determination at RMHP's sole discretion that no further medical care can reasonably be expected to measurably improve a patient's condition. Maximum medical improvement shall be determined without regard to whether continued care is necessary to prevent deterioration of the condition or is otherwise life sustaining.

Medical care — Non-surgical health care services provided for the prevention, diagnosis, and treatment of illness, injury, and other general conditions.

Medically necessary — An intervention that is or will be provided for the diagnosis, evaluation, and treatment of a condition, illness, disease or injury and that RMHP solely determines to be:

- Medically appropriate for and consistent with the symptoms and proper diagnosis or treatment of the condition, illness, disease or injury
- Obtained from a licensed, certified or registered provider
- Provided in accordance with applicable medical and/or professional standards
- Known to be effective, as proven by scientific evidence, in materially improving health outcomes
- The most appropriate supply, setting or level of service that can safely be provided to the patient and which cannot be omitted, and is consistent with recognized professional standards of care (which, in the case of hospitalization, also means that safe and adequate care could not be obtained as an outpatient)
- Cost-effective compared to alternative interventions, including no intervention (cost effective does not mean lowest cost)
- Not experimental/investigational
- Not primarily for the convenience of the patient, the patient's family or the provider
- Not otherwise subject to an exclusion under this PRIME Member Handbook
- The fact that a provider may prescribe, order, recommend or approve care, treatment, services or supplies does not itself make such care, treatment, services or supplies medically necessary

Medical supplies — Items (except prescription medications) required for the treatment of an illness or injury.

RMHP PRIME Member Handbook

Member — Any person who is enrolled for coverage with RMHP as his/her PRIME health plan.

Mental health condition — Non-biologically based mental conditions that have a psychiatric diagnosis or that require specific psychotherapeutic treatment, regardless of the underlying condition (for example, depression secondary to diabetes or primary depression). RMHP defines mental health conditions based on the American Psychiatric Association's guidelines.

Nutrition assessment/counseling — Medical nutrition therapy provided by a qualified nutrition professional such as a registered dietitian without training in pediatric nutrition. Medical nutrition therapy includes nutrition assessment, support, and counseling to determine a treatment plan to increase nutritional intake to promote adequate growth, healing and improved health.

Occupational therapy — The use of educational and rehabilitative techniques to improve a patient's functional ability to live independently. Occupational therapy requires that a properly accredited occupational therapist (OT) or certified occupational therapy assistant (COTA) perform such therapy.

Organ transplants — A surgical process that involves the removal of an organ from one person and placement of the organ into another person. Transplant can also mean removal of body substances, such as stem cells or bone marrow, for the purpose of treatment and re-implanting the removed organ or tissue into the same person.

Orthotic — A support or brace for weak or ineffective joints or muscles.

Out-of-network provider or non-participating provider — An appropriately licensed health care provider that has not contracted with RMHP. Services provided by an out-of-network provider may not be covered unless a pre-authorization is obtained. A member may be financially responsible for services performed by an out-of-network provider unless stated otherwise in this PRIME Member Handbook, or the services are approved (authorized) by RMHP.

Out-of-area services — Covered services provided to an RMHP PRIME member when he or she is outside the service area.

Outpatient medical care — Non-surgical services provided in a provider's office, the outpatient department of a hospital or other facility, or the patient's home.

Overweight/obesity — Weight for height at greater than the 95th percentile or Body Mass Index (BMI) greater than the 95th percentile.

Palliative care — Care that controls pain and relieves symptoms, but does not cure.

Participating Provider — Also known as an in-network provider. This is a professional health care provider or facility (for example, a provider, hospital or home health agency) that contracts with RMHP to provide services to RMHP members. In-network providers agree to bill RMHP directly for services provided and to accept the payment amount (provided in accordance with the provisions of the contract) and a member's copayment as payment in full for covered services. RMHP pays the in-network provider directly. RMHP may add, change or delete specific providers at its discretion or recommend a specific provider for specialized care as medically necessary for the member.

Pharmacy — An establishment licensed to dispense prescription medications and other medications through a licensed pharmacist upon an authorized health care professional's order. A pharmacy may be an RMHP in-network or an out-of-network provider. An in-network pharmacy is contracted with RMHP to provide covered medications to members under the terms and conditions of this PRIME Member Handbook. An out-of-network pharmacy is not contracted with RMHP.

Physical therapy — The use of physical agents to treat a disability resulting from disease or injury. Physical agents used include heat, cold, electrical currents, ultrasound, ultraviolet radiation, massage, and therapeutic exercise. A provider or registered physical therapist must perform physical therapy.

Physician — A doctor of medicine or osteopathy who is licensed to practice medicine under the laws of the state or jurisdiction where the services are provided.

Physician services — Services provided by an individual licensed under state law to practice medicine or osteopathy.

Plan — An individual or group plan that provides or pays the cost of medical care.

Pre-authorization — A process during which requests for procedures, services or certain prescription medications are reviewed prior to being rendered, for approval of benefits, length of stay, appropriate location, and medical necessity. For prescription medications, the designated RMHP pharmacy and therapeutics committee defines the medications and criteria for coverage, including the need for pre-authorization for certain medications.

Prescription drugs and medications —

- **Brand-name prescription drug:** The initial version of a medication developed by a pharmaceutical manufacturer or a version marketed under a pharmaceutical manufacturer's own registered trade name or trademark. The original manufacturer is granted an exclusive patent to manufacture and market a new medication for a certain number of years. After the patent expires and Food and Drug Administration (FDA) requirements are met, any manufacturer may produce the medication and sell the medication under its own brand name or under the medication's chemical (generic) name.

RMHP PRIME Member Handbook

- **Formulary list:** A list of pharmaceutical products developed in consultation with providers and pharmacists and approved for their quality and cost-effectiveness.
- **Generic prescription drug:** Medications determined by the FDA to be bio-equivalent to brand-name medications and that are not manufactured or marketed under a registered trade name or trademark. A generic medication's active ingredients duplicate those of a brand-name medication. Generic medications must meet the same FDA specifications as brand-name medications for safety, purity, and potency and must be dispensed in the same dosage form (tablet, capsule, cream) as the counterpart brand-name medication. On average, generic medications cost about half as much as the counterpart brand name medication.
- **Legend drug:** A medicinal substance, dispensed for outpatient use, which under the federal Food, Drug and Cosmetic Act is required to bear on its original packing label, "Caution: Federal law prohibits dispensing without a prescription." Compounded medications that contain at least one such medicinal substance are considered to be prescription legend drugs. Insulin is considered a prescription legend drug under this PRIME Member Handbook.

Preventive care — Comprehensive care that emphasizes prevention, early detection and early treatment of conditions through routine physical exams, immunizations, and health education.

Primary Care Provider, Primary Care Physician or PCP (stands for Primary Care Provider) — It is the appropriately licensed and credentialed provider who has contracted with RMHP to supervise, coordinate, and provide initial and basic care to members, refer patients to other providers including specialists, and maintain continuity of patient care.

PRIME Member Handbook — This document explains the benefits, limitations, exclusions, terms, and conditions of a PRIME member's health coverage. This document also serves as a contract between RMHP and its members.

PRIME service area — The geographic area where enrollment in RMHP PRIME is available.

Private-duty nursing services — Services that require the training, judgment and technical skills of an actively practicing registered nurse (RN) or licensed practical nurse (LPN). Such services must be prescribed by the attending provider for the continuous medical treatment of the condition.

Provider — A person or facility that is recognized by RMHP as a health care provider and fits one or more of the following descriptions:

- **Professional provider** — A provider who is licensed or otherwise authorized by the state or jurisdiction where services are provided to perform designated health care services. For benefits to be payable, services of a provider must be within the scope of the authority granted by the license and covered by this handbook. Such services are subject to review by a medical authority appointed by RMHP. Other professional providers include, among others, certified nurse-midwives, dentists, optometrists, and certified registered nurse anesthetists. Services of such a provider must be among those covered by this handbook and are subject to review by a medical authority appointed by RMHP.
- **Facility provider** — An inpatient and outpatient facility provider, as defined below:
 - **Inpatient facility provider** is a hospital, substance abuse treatment center, residential facility, hospice facility, skilled nursing facility or other facility that RMHP recognizes as a health care provider. These facility providers may be referred to collectively as a facility provider or separately as a substance abuse treatment center provider.
 - **Outpatient facility provider** is a dialysis center, home health agency or other facility provider such as an ambulatory surgery center (but not a hospital, substance abuse treatment center or hospice facility, skilled nursing facility or residential treatment center) recognized by RMHP and licensed or certified to perform designated health care services by the state or jurisdiction where services are provided. Services of such a provider must be among those covered by this certificate and are subject to review by a medical authority appointed by RMHP.

Quality of Care — Quality of Care (QOC) means the degree to which health services for enrollees/members increase the likelihood of desired health outcomes and are consistent with current professional knowledge.

Radiation therapy — X-ray, radon, cobalt, betatron, telocobalt, radioactive isotope, and similar treatments for malignant diseases and other medical conditions.

Reconstructive surgery — Surgery that restores or improves bodily function to the level experienced before the event that necessitated the surgery or in the case of a congenital defect, to a level considered normal. Reconstructive surgery may have a coincidental cosmetic effect.

Rehabilitative services and devices — Are services that will help to restore functional ability that has been lost due to injury or illness.

Reproductive health services — Services include pap smears, pelvic and breast exams, STI/HIV testing and treatment, health education, counseling, and a variety of contraceptive options, including abstinence (family planning).

RMHP PRIME Member Handbook

Routine care — Services for conditions not requiring immediate attention and that can usually be received in the PCP's office, or services that are usually done periodically within a specific time frame (for example, immunizations and physical exams).

Second opinion — A visit to another professional provider (following a first visit with a different provider) for review of the first provider's opinion of proposed surgery or treatment.

Skilled nursing care facility — An institution that provides skilled nursing care (for example, therapies and protective supervision) for patients with uncontrolled, unstable or chronic conditions. Skilled nursing care is provided under medical supervision to carry out non-surgical treatment of chronic diseases or convalescent stages of acute diseases or injuries. Skilled nursing facilities do not provide care for patients with high intensity medical needs, or for patients who are medically unstable.

Special care units — Special areas of a hospital with highly skilled personnel and special equipment to provide acute care, with constant treatment and observation.

Specialist — A professional, usually a provider, devoted to a specific disease, condition or body part (for example, an orthopedist is someone who specializes in the treatment of bones and muscles).

Speech therapy (also called speech pathology) — Services used for the diagnosis and treatment of speech and language disorders. A licensed and accredited speech/language pathologist must perform speech therapy.

Substance abuse — The use of alcohol and/or other substances that leads to negative effects on a person's physical or mental health.

Substance abuse treatment center — A detoxification and/or rehabilitation facility licensed by the state to treat alcoholism and/or drug abuse.

Surgery — Any variety of technical procedures for treatment or diagnosis of anatomical disease or injury, including but not limited to, cutting, microsurgery (use of scopes), laser procedures, grafting, suturing, castings, treatment of fractures and dislocations, electrical, chemical or medical destruction of tissue, endoscopic examinations, anesthetic epidural procedures, and other invasive procedures. Covered surgical services also include usual and related anesthesia and pre- and post-operative care, including recasting.

Urgent care — Care provided for individuals who require immediate medical attention but whose condition is not life threatening (non-emergency).

Utilization management — Is the evaluation of the appropriateness, medical need and efficiency of health care services procedures and facilities according to established criteria or guidelines and under the provisions of this plan's benefits.

96 **Questions?** Visit uhccp.com/CO, message us through MyUHC, or call Member Services at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

Health Plan Notices of Privacy Practices

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

Effective January 1, 2022

By law, we¹ must protect the privacy of your health information (“HI”). We must send you this notice. It tells you:

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

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

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

How we collect, use, and share your information

We collect, use and share your HI with:

- You or your legal representative.
- Government agencies.

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

- **For Payment.** We may collect, use, and share your HI to process premium payments and claims. This may include coordinating benefits.
- **For Treatment or Managing Care.** We may collect, use, and share your HI with your providers to help with your care.
- **For Health Care Operations.** We may suggest a disease management or wellness program. We may study data to improve our services.
- **To Tell You about Health Programs or Products.** We may tell you about other treatments, products, and services. These activities may be limited by law.
- **For Plan Sponsors.** We may give enrollment, disenrollment, and summary HI to your employer. We may give them other HI if they properly limit its use.

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RMHP PRIME Member Handbook

- **For Underwriting Purposes.** We may collect, use, and share your HI to make underwriting decisions. We will not use your genetic HI for underwriting purposes.
- **For Reminders on Benefits or Care.** We may collect, use and share your HI to send you appointment reminders and information about your health benefits.
- **For Communications to You.** We may use the phone number or email you gave us to contact you about your benefits, healthcare or payments.

We may collect, use, and share your HI as follows:

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

- **Other Restrictions.** Federal and state laws may further limit our use of the HI listed below. We will follow stricter laws that apply.
 1. Alcohol and Substance Abuse
 2. Biometric Information
 3. Child or Adult Abuse or Neglect, including Sexual Assault
 4. Communicable Diseases
 5. Genetic Information
 6. HIV/AIDS
 7. Mental Health
 8. Minors' Information
 9. Prescriptions
 10. Reproductive Health
 11. Sexually Transmitted Diseases

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

Your rights

You have the following rights.

- **To ask us to limit** use or sharing for treatment, payment, or health care operations. You can ask to limit sharing with family members or others. We may allow your dependents to ask for limits. **We will try to honor your request, but we do not have to do so.**
- **To ask to get confidential communications** in a different way or place. For example, at a P.O. Box instead of your home. We will agree to your request when a disclosure could endanger you. We take verbal requests. You can change your request. This must be in writing. Mail it to the address below.
- **To see or get a copy** of certain HI. You must ask in writing. Mail it to the address below. If we keep these records in electronic form, you can request an electronic copy. You can have your record sent to a third party. We may send you a summary. We may charge for copies. We may deny your request. If we deny your request, you may have the denial reviewed.
- **To ask to amend.** If you think your HI is wrong or incomplete you can ask to change it. You must ask in writing. You must give the reasons for the change. Mail this to the address below. If we deny your request, you may add your disagreement to your HI.

Questions? Visit uhccp.com/CO, message us through MyUHC, or call Member Services 99 at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

RMHP PRIME Member Handbook

- **To get an accounting** of HI shared in the six years prior to your request. This will not include any HI shared for the following reasons. (i) For treatment, payment, and health care operations; (ii) With you or with your consent; (iii) With correctional institutions or law enforcement. This will not list the disclosures that federal law does not require us to track.
- **To get a paper copy of this notice.** You may ask for a paper copy at any time. You may also get a copy at our website (www.uhccommunityplan.com).
- **To ask that we correct or amend** your HI. Depending on where you live, you can also ask us to delete your HI. If we can't, we will tell you. If we can't, you can write us, noting why you disagree and send us the correct information.

Using your rights

- **To Contact your Health Plan. Call the phone number on your ID card.** Or you may contact the UnitedHealth Group Call Center at **1-866-633-2446**, or TTY/RTT **711**.
- **To Submit a Written Request.** Mail to:
UnitedHealthcare Privacy Office
MN017-E300, P.O. Box 1459
Minneapolis MN 55440
- **To File a Complaint.** If you think your privacy rights have been violated, you may send a complaint at the address above.

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

¹ This Medical Information Notice of Privacy Practices applies to the following health plans that are affiliated with UnitedHealth Group: AmeriChoice of New Jersey, Inc.; Arizona Physicians IPA, Inc.; Care Improvement Plus South Central Insurance Company; Care Improvement Plus of Texas Insurance Company; Care Improvement Plus Wisconsin Insurance; Health Plan of Nevada, Inc.; Optimum Choice, Inc.; Oxford Health Plans (NJ), Inc.; Physicians Health Choice of Texas, LLC; Preferred Care Partners, Inc.; Rocky Mountain Health Maintenance Organization, Incorporated; UnitedHealthcare Benefits of Texas, Inc.; UnitedHealthcare Community Plan of California, Inc.; UnitedHealthcare Community Plan of Ohio, Inc.; UnitedHealthcare Community Plan of Texas, L.L.C.; UnitedHealthcare Community Plan, Inc.; UnitedHealthcare Community Plan of Georgia, Inc.; UnitedHealthcare Insurance Company; UnitedHealthcare Insurance Company of America; UnitedHealthcare Insurance Company of River Valley; UnitedHealthcare of Alabama, Inc.; UnitedHealthcare of Florida, Inc.; UnitedHealthcare of Kentucky, Ltd.; UnitedHealthcare of Louisiana, Inc.; UnitedHealthcare of the Mid-Atlantic, Inc.; UnitedHealthcare of the Midlands, Inc.; UnitedHealthcare of the Midwest, Inc.; UnitedHealthcare of Mississippi, Inc.; UnitedHealthcare of New England, Inc.; UnitedHealthcare of New Mexico, Inc.; UnitedHealthcare of New York, Inc.; UnitedHealthcare of Pennsylvania, Inc.; UnitedHealthcare of Washington, Inc.; UnitedHealthcare of Wisconsin, Inc.; and UnitedHealthcare Plan of the River Valley, Inc. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to <https://www.uhc.com/privacy/entities-fn-v2>.

100 **Questions?** Visit uhccp.com/CO, message us through MyUHC, or call Member Services at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

Financial Information Privacy Notice

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

Effective January 1, 2022

We² protect your “personal financial information” (“FI”). FI is non-health information. FI identifies you and is generally not public.

Information we collect

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

Sharing of FI

We will only share FI as permitted by law.

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

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

Confidentiality and security

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

RMHP PRIME Member Handbook

Questions about this notice

Please **call the toll-free member phone number on health plan ID card** or contact the UnitedHealth Group Customer Call Center at **1-866-633-2446**, or TTY/RTT **711**.

² For purposes of this Financial Information Privacy Notice, “we” or “us” refers to the entities listed in footnote 1, beginning on the last page of the Health Plan Notices of Privacy Practices, plus the following UnitedHealthcare affiliates: AmeriChoice Corporation.; Dental Benefit Providers, Inc.; Ear Professional International Corporation; gethealthinsurance.com Agency, Inc. Genoa Healthcare, LLC; Golden Outlook, Inc.; Level2 Health IPA, LLC; Level2 Health Management, LLC; Life Print Health, Inc.; Managed Physical Network, Inc.; Optum Care Networks, Inc.; Optum Global Solutions (India) Private Limited; Optum Health Care Solutions, Inc.; OptumHealth Holdings, LLC; Optum Labs, LLC; Optum Networks of New Jersey, Inc.; Optum Women’s and Children’s Health, LLC; OrthoNet, LLC; OrthoNet of the South, Inc.; Oxford Benefit Management, Inc.; Oxford Health Plans LLC; Physician Alliance of the Rockies, LLC; POMCO Network, Inc.; POMCO, Inc.; Real Appeal, Inc.; Sanvello Health, Inc.; Spectera, Inc.; Three Rivers Holdings, Inc.; UHIC Holdings, Inc.; UMR, Inc.; United Behavioral Health; United Behavioral Health of New York I.P.A., Inc.; UnitedHealthcare, Inc.; United HealthCare Services, Inc.; UnitedHealth Advisors, LLC; UnitedHealthcare Service LLC; Urgent Care MSO, LLC; USHEALTH Administrators, LLC; and USHEALTH Group, Inc.; and Vivify Health, Inc. This Financial Information Privacy Notice only applies where required by law. Specifically, it does not apply to (1) health care insurance products offered in Nevada by Health Plan of Nevada, Inc. and Sierra Health and Life Insurance Company, Inc.; or (2) other UnitedHealth Group health plans in states that provide exceptions. This list of health plans is complete as of the effective date of this notice. For a current list of health plans subject to this notice go to <https://www.uhc.com/privacy/entities-fn-v2>.



Civil Rights Notice

Discrimination is against the law. Rocky Mountain Health Plans complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation.

Rocky Mountain Health Plans provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Rocky Mountain Health Plans provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, please call Member Services at **1-800-421-6204** (TTY/TDD **711**).

If you believe that Rocky Mountain Health Plans has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation, you can file a grievance with:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UT 84130

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

Online: ocrportal.hhs.gov/ocr/portal/lobby.jsf

By mail:

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

By phone: **1-800-368-1019** (TDD: **1-800-537-7697**)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

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Questions? Visit uhccp.com/CO, message us through MyUHC, or call Member Services 103 at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

[Table of contents](#)

1-800-421-6204, TTY 711

English: ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call the toll free number above.

Español: ATENCIÓN: Si habla español, los servicios de asistencia de idiomas están disponibles para usted sin cargo. Llame al número de teléfono gratuito que se indica arriba.

Tiếng Việt: LƯU Ý: Nếu quý vị nói tiếng Việt, chúng tôi có dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số điện thoại miễn phí ở trên.

中文: 注意: 如果您說中文, 您可獲得免費語言協助服務。撥打上方免費電話。

한국어: 참고: 한국어를 구사하시는 경우, 통역 서비스를 무료로 이용하실 수 있습니다. 상기 수신자 부담 전화번호로 전화하십시오.

Русский: ВНИМАНИЕ! Если Вы говорите по-русски, Вы можете бесплатно воспользоваться помощью переводчика. Позвоните по указанному выше бесплатному номеру.

አማርኛ:- ትኩረት:- አማርኛ የሚናገሩ ከሆነ፣ የቋንቋ ድጋፍ አገልግሎቶች፣ በነጻ ክፍያ፣ ለእርስዎ ይገኛሉ። ከላይ ባለው ከክፍያ ነጻ ቁጥር ይደውሉ።

العربية: تنبيه: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوفر لك مجانًا. اتصل بالرقم المجاني أعلاه.

Deutsch: HINWEIS: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlose Sprachdienste zur Verfügung. Rufen Sie die oben aufgeführte kostenfreie Nummer an.

Français : ATTENTION : si vous parlez français, vous pouvez obtenir une assistance linguistique gratuite. Composez le numéro gratuit ci-dessus.

नेपाली: ध्यान दिनुहोस: तपाईं नेपाली भाषा बोल्नुहुन्छ भने, तपाईंका लागि भाषा सहायता सेवाहरू नि:शुल्क उपलब्ध छन्। माथिको टोल

Tagalog: PANSININ: Kung nagsasalita ka ng Tagalog, may magagamit kang libreng mga serbisyong pantulong sa wika. Tawagan nang libre ang numero sa itaas.

日本語: 注意: 日本語をお話しになる場合は、言語支援サービスを無料でご利用いただけます。上記のフリーダイヤル番号までお電話ください。

Afaan Oromoo: XIYYEEFFANNOO: Afaan Oromoo dubbattu yoo ta'e, tajaajilli gargaarsa afaanii, kaffaltii malee isiniif ni argama. Lakkoobsa waamicha bilisaa armaan olii irratti bilbilaa.

فارسی: توجه: اگر به زبان فارسی صحبت می‌کنید، خدمات ترجمه زبان به صورت رایگان به شما ارائه خواهد شد. با شماره رایگان بالا تماس بگیرید.

Polski: UWAGA: Jeżeli mówisz po polsku, dostępne są bezpłatne usługi wsparcia językowego. Zadzwoń pod darmowy numer podany powyżej.

104 **Questions?** Visit uhccp.com/CO, message us through MyUHC, or call Member Services at **1-800-421-6204, TTY 711, 8:00 a.m.–5:00 p.m., Monday–Friday.**



We're here for you

Remember, we're always ready to answer any questions you may have. Just call Member Services at **1-800-421-6204**, TTY **711**. You can also visit our website at uhccp.com/CO or secure member website at myuhc.com/communityplan.

UnitedHealthcare Community Plan
Rocky Mountain Health Plans
2775 Crossroads Boulevard
Grand Junction, CO 81506

uhccp.com/CO or secure member website at myuhc.com/communityplan

1-800-421-6204, TTY **711**
8:00 a.m.–5:00 p.m. MST, Monday–Friday

**United
Healthcare
Community Plan**



Questions? Visit uhccp.com/CO, message us through MyUHC, or call Member Services **105** at **1-800-421-6204**, TTY **711**, 8:00 a.m.–5:00 p.m., Monday–Friday.

[Table of contents](#)

