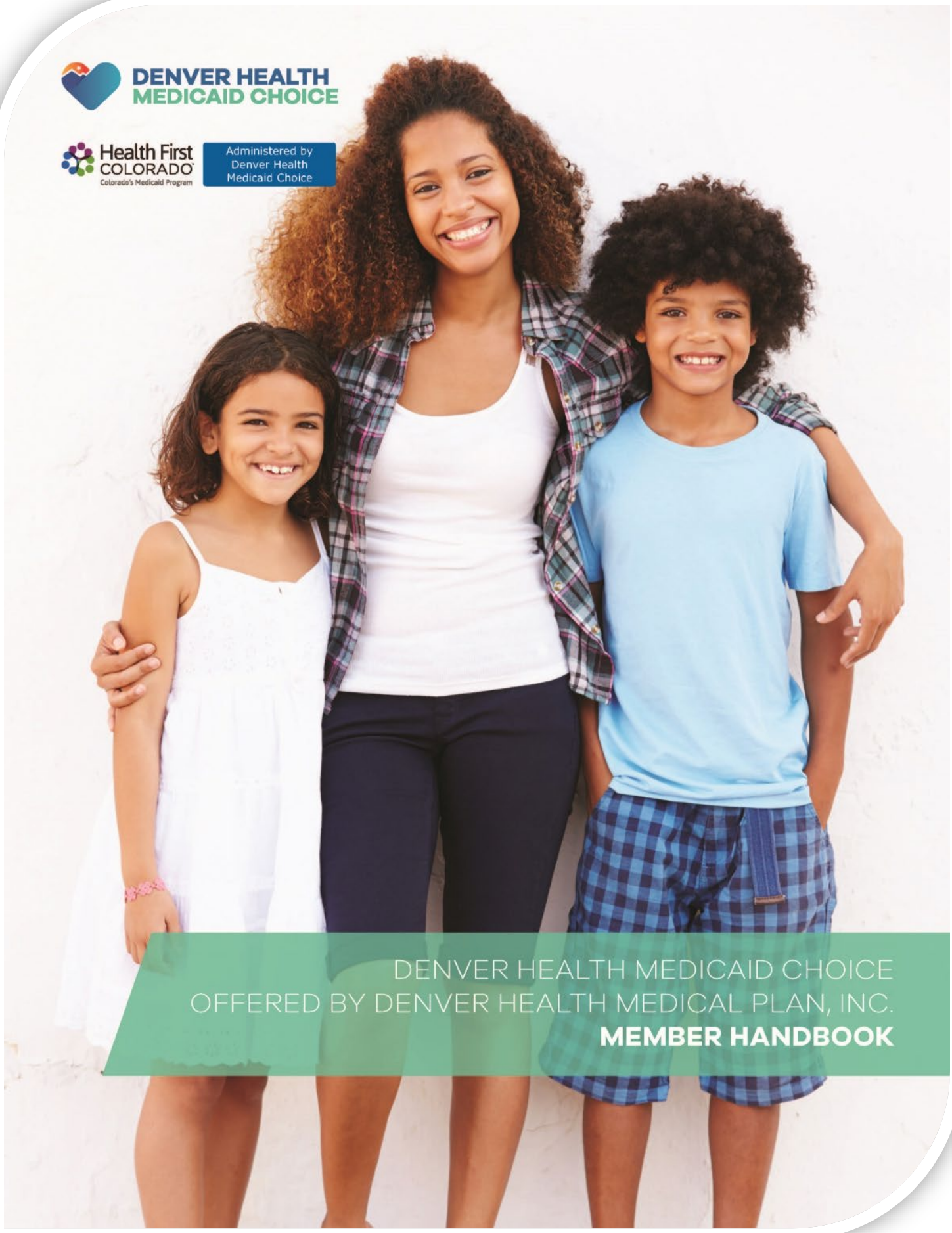
DENVER HEALTH MEDICAID CHOICE

Health First COLORADO
Colorado's Medicaid Program

Administered by Denver Health Medicaid Choice



DENVER HEALTH MEDICAID CHOICE
OFFERED BY DENVER HEALTH MEDICAL PLAN, INC.
MEMBER HANDBOOK

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LARGE PRINT OR OTHER LANGUAGES:

If you have questions about this book, we can help you for free. We can also give it to you in other formats like large print, audio or in other languages. Please call 303-602-2100, toll free 1-800-700-8140, or 711 for callers with speech or hearing needs. Sí usted habla español, tenemos a su disposición servicios de asistencia, gratuitos, en su idioma. Llame al 1-855-281-2418 (TTY 711).

>> TERMS

Appeal: A request for a review for an action, if you are denied a benefit, or do not agree with any choice about your health insurance

Co-payment: A fixed amount you pay when you get a covered health care service

Durable Medical Equipment (DME): Reusable medical tools used when there is a health need for the treatment or therapy for an illness or physical health problem. Examples include oxygen, wheelchairs, walkers and bathroom or bedroom safety item.

Emergency Medical Condition: An illness or injury is so bad that your (or your unborn baby's) health, bodily functions, body organs or body parts may be in danger if you don't get medical care right away. This includes childbirth labor and delivery.

Emergency Medical Transportation: Ambulance service for an emergency. This includes ambulance and emergency room care.

Emergency Room Care: You can get emergency care in any emergency department anywhere in the United States, 24 hours a day, every day of the year. This includes ambulance and emergency room care.

Emergency Services: Covered inpatient and outpatient care that is given by a provider that is qualified to furnish these services under Colorado Medicaid and needed to evaluate or stabilize an emergency medical condition.

Excluded Services: Services that Elevate Medicaid Choice does not cover. For members 21 and under, this care may be covered under other State benefits (EPSDT).

Grievance: A complaint you may send in if you are not happy with your service, or think you were treated unfairly

Habilitation services and devices: Outpatient physical, occupational and speech therapies that help you keep, learn, or improve skills and functioning for daily living. These services are covered for children and youth ages 20 and younger and for some adults. They always require pre-approval. Talk to your provider to find out if you qualify.

Health Insurance: Covers your costs for check-ups or if you get sick

Health Plan: A group of doctors, hospitals and other providers who work together to get you the health care you need

Home Health Care: Hospital or nursing facility services given in your home for an illness or injury

Hospice Services: Care that focuses on comfort and support for people in the end stage of life

Hospital Outpatient Care: Care at a hospital when you do not stay overnight or care in the emergency room when it is not an emergency

Inpatient Hospitalization: Care at a hospital when you stay overnight

Medically Necessary or "Medical Necessity":

Includes services that will (or are reasonably expected to) prevent, diagnose, cure, fix, reduce or improve the following (This may include only observation or no treatment at all):

- Pain and suffering
- Physical, mental, cognitive, or developmental effects of an illness, injury or disability

This includes any program, product or service that is delivered in the most appropriate setting required by the member's condition and does not cost more than other equally effective treatment choices. Medically necessary services should be appropriate in terms of type, frequency, extent, site and duration. Services should be provided in a manner consistent with accepted standards of medical practice.

Medically necessary services do not include:

- Treatments that are untested or still being tested
- Services or items not generally accepted as effective
- Services outside the normal course and length of treatment or services that don't have clinical guidelines
- Services for caregiver or provider convenience

For EPSDT rules, see 10 CRR 2505-10, section 8.280.4.E.

Network: A group of providers that are contracted to give health care services and products to plan members

Non-participating provider: A provider, facility or supplier that does not give health care services and products to plan members

Post-stabilization care services: Care you get right after an emergency to help you recover

Preauthorization: Also known as a preapproval or referral: to get approval for a service before you use them

Plan: Doctors, hospitals, and other providers who work together to get you the health care you need

Participating Provider: A provider who is in the employ of, or who has entered into an agreement with, the Contractor to provide health services to the Contractor's member

Premium: Monthly cost of coverage

Physician services: Health care services a licensed medical physician (M.D. Medical Doctor or D.O. – Doctor of Osteopathic Medicine) provides or coordinates

Prescription Drug Coverage: Insurance or plan that helps pay for prescription drugs and medicine

Prescription Drug: Medicines or drugs your doctor prescribes (orders) for you. That treat a condition or illness

Primary Care Provider (PCP): A doctor or nurse practitioner who that helps you get and stay healthy

Provider: Any single or group physician, physician practice, hospital, dentist, pharmacy, physician assistant, certified nurse practitioner, or other licensed, certified or registered health care professional that has entered into a professional service agreement to serve the contractor's members

Rehabilitation services and devices: Physical, occupational and speech therapies that help you recover from an acute injury, illness or surgery

Skilled Nursing Care: Health care services you need that can only be provided or supervised by a registered nurse or other licensed professional. A doctor must order skilled nursing services. Services can be to keep current health. They can also be to stop health from getting worse

Specialist: A provider who works in one area of medicine, like a surgeon

Urgent Care: A sickness or injury that needs health care quickly

>> IMPORTANT PHONE NUMBERS

EMERGENCY: CALL 9-1-1

Nurse Advice Line: 303-739-1261

Appointment Center:

- To make an appointment: 303-436-4949

For help, questions or concerns:

- Health Plan Services: 303-602-2116
- Toll-Free: 1-855-281-2418
- TTY: 711
- Fax: 303-602-2138

To refill your prescriptions at a Denver Health Pharmacy:

- Prescription Refill Service: 303-389-1390

To check the status of your Pharmacy authorization request:

- Pharmacy Department: 303-602-2070

To ask enrollment/disenrollment questions:

- Health First Colorado Enrollment: 303-839-2120
- Outside Metro Denver: 1-888-367-6557

To get facts on state fair hearings:

- Office of Administrative Courts: 303-866-2000

Other phone numbers:

- Colorado Medical Assistance Program: 1-800-359-1991
- DentaQuest: 1-800-278-7310
- Department of Health Care Policy and Financing (HCPF): 1-800-221-3943
- Rocky Mountain Poison and Drug Center: 1-800-222-1222

>> QUICK TIPS FOR GETTING CARE AT DENVER HEALTH

Elevate Medicaid Choice is now your medical home. You may choose from clinics at Denver Health's Main Campus, the community health centers or various school-based health centers to get your health care. See a complete list of clinic locations here: denverhealth.org/locations.

Urgent Care clinics:

1) Adult Urgent Care clinic at Denver Health's Main Campus (777 Bannock St.) open 7 a.m. to 8 p.m. Monday to Friday and 8 a.m. to 7 p.m. on weekends, with reduced Holiday Hours you may find at: denverhealth.org/services/emergency-medicine/adult-urgent-care.
2) Pediatrics Urgent Care clinic at Denver Health's Main Campus (777 Bannock St.) open 24 hours a day, 7 days a week.
3) Adult and Pediatric Urgent Care clinic at the Southwest Family Health Center (1339 S. Federal Blvd.) open 9 a.m. to 8 p.m. Monday to Friday and 9 a.m. to 4 p.m. on weekends, closed on Holidays.
4) Downtown Urgent Care (1545 California St.) open 7 a.m. to 6 p.m. Monday to Friday and 9 a.m. to 4 p.m. on weekends.
5) Virtual Urgent Care is ready for all Denver Health MyChart users age 18 and older. It's easy and handy to get the urgent care you need from your home. You can use your smartphone, tablet or computer. Learn more here: denverhealth.org/services/emergency-medicine/urgent-care/virtual-urgent-care or contact Health Plan Services for more help and details.

Emergency Rooms: If you have an emergency, call 9-1-1 or go to the nearest hospital. There is no cost for covered health care for an emergency health problem. For a list of Denver Health Emergency Departments, see below

- Pediatric Emergency Room (777 Bannock St.)
- Adult Emergency Room (777 Bannock St.)
- Denver Health NurseLine (free health advice) available by telephone at **303-739-1261**.

If you have trouble finding a Primary Care Provider (PCP) please call the **Appointment Center** at **303-436-4949**. You can change your PCP at any time.

New Patients:

Call the Denver Health **Appointment Center** at **303-436-4949** to make your first appointment.

You can also make a primary care visit with STRIDE. STRIDE (formerly known as Metro Community Provider Network or MCPN) offers medical, behavioral health, and dental care for members. To make an appointment please call the main number at: **303-360-6267** or email: stride@stridechc.org

Existing Patients:

Once you have been seen at your Denver Health clinic, you can schedule an appointment at Denver Health online by registering for MyChart at mychart.denverhealth.org/mychart/, or the Denver Health **Appointment Center** at **303-436-4949** to make all future appointments. MyChart lets you to message your doctor, view test results, refill medications and schedule visits.

If you need to cancel your visit, please be sure to call the Appointment Center and let them know. Try to call at least one day before your visit date to cancel.

Bring your Elevate Medicaid Choice ID card and picture ID to all your visits.

In most cases, you need a referral from your PCP to see a specialist (a provider who is an expert in one or more areas of health care). You do not need a PCP referral to see a specialist in optometry or OB/GYN.

Be 15 minutes early for your appointment so you will have time for parking and checking in at the clinic.

All appointments can be made through the Denver Health **Appointment Center** line. This includes women's care, primary care, specialty and eye appointments. If you have problems making your appointment, call **Health Plan Services** at **303-602-2116**, toll-free at **1-855-281-2418** or TTY 7**11**.

If you have any questions regarding your Elevate Medicaid Choice benefits, please call **Health Plan Services** at **303-602-2116**, toll-free at **1-855-281-2418** or TTY **711**. Their hours are 8 a.m. to 5 p.m. Monday to Friday.

Thank you for being a member of Elevate Medicaid Choice! We look forward to helping you meet your health care goals!

>> WELCOME TO Elevate Medicaid Choice!

Welcome to Health First Colorado (Colorado's Medicaid Program) Administered by Elevate Medicaid Choice!

Elevate Medicaid Choice is happy to have you as a member. This book will help you get the services you need. It is your guide to health care.

You can get more details on the structure and operation of Elevate Medicaid Choice. Please call Health Plan Services to ask for it.

This member handbook does not give in depth facts about Elevate Medicaid Choice providers. Please use the Elevate Medicaid Choice Provider Directory to get a list of health care providers that work for Elevate Medicaid Choice. The Provider Directory shows facts like names, locations, the language the provider speaks, and types of doctors at Denver Health. You can find the Provider Directory online at denverhealthmedicalplan.org/find-doctor. You can ask for a paper Provider Directory by calling **Health Plan Services** at **303-602-2116**.

You have the right to a new member handbook and all the facts in the handbook at any time. Elevate Medicaid Choice will send a copy of the Provider Directory and member handbook to any member who asks for them by phone or in writing, within 5 business days of the request. Elevate Medicaid Choice is here to help you. If you cannot find the answers in this book, or have questions, please call Health Plan Services.

This handbook is available in other languages, braille, large print, and audiotapes. Please call **Health Plan Services** at **303-602-2116** if you need this handbook in a different language or form. Any member material can be translated. Call Health Plan Services to ask for your language.

Elevate Medicaid Choice provides interpreter services for many languages at no cost to our members. If you would like to use an interpreter during your visits, please tell the **Appointment Center** when you call at **303-436-4949**. If you need an interpreter for any other health care need, please call Health Plan Services.

Elevate Medicaid Choice also offers TTY services for the hearing impaired. The TTY phone number for Health Plan Services is **711**. If you need a sign language interpreter or other assistance during your clinic visits, please let the Appointment Center know before your appointment date so arrangements can be made with an interpreter.

Visit our Denver Health Medical Plan, Inc. member portal, your go-to resource for managing your health insurance plan any time, any place. With it, you can find important information, member materials (including ID Cards), message with your health plan, check a claim status and more — all right from your computer.

Sign up today - visit denverhealthmedicalplan.org and select 'Member Login' to get started!

Here are some benefits the portal can offer:

- Look up claim status
- View your benefits, coverage and cost-shares
- View the status of prior authorizations
- Find an in-network health expert
- Message your plan securely with questions
- Access and download member materials

As a Elevate Medicaid Choice member, you should:

- Read this Member Handbook.
- Call your Primary Care Provider (PCP) when you or your child needs heath care.
- Keep appointments with your PCP and other providers.
- Give honest information about your health when asked by your PCP or Elevate Medicaid Choice staff.
- Work willingly with your PCP.
- Use the Elevate Medicaid Choice network providers for care outside of the PCP's office.

As your health plan, we promise to:

- Solve problems using teamwork and good communication.
- Strive for excellence through continuous improvement.
- Use our time, talent and resources responsibly and effectively.
- Treat everyone with courtesy, dignity and respect.

Watch the New Member Video

Please watch our New Member video for important information about the services and benefits that are available to you through your Elevate Medicaid Choice plan. You will find the video at denverhealthmedicalplan.org/current-members/elevate-medicaid-choice

Your Elevate Medicaid Choice ID card

You need your Elevate Medicaid Choice ID card with you when you see your provider, pick up medicine at the pharmacy, or for any health services.

DENVER HEALTH
MEDICAID CHOICE

Effective Date:
Member ID #:
Name:
Group #:

In Network
$0
Out of Network
ER/UC
$0

COLORADO
Department of Health Care Policy & Financing

MedImpact
RxBIN: 003585
RxPCN: ASPROD1
RxGrp: DHM02
Rx ID #:

Language:

Prior authorization may be required for some services.

In case of emergency call 911 or go to the nearest hospital emergency room.
ER/UC is covered anywhere in the U.S.
This card does not prove membership or guarantee coverage.
denverhealthmedicalplan.org

Health Plan Services:	855-281-2418	Pharmacy Providers	
TTY Users:	711	Rx Help Desk/Auths:	303-602-2070
NurseLine:	303-739-1261	MedImpact Help Desk:	800-788-2949

DENVER HEALTH MEDICAL PLAN INC.

Paper Claims: P.O. Box 24711 • Seattle, WA 98124-0711
EDI Payor ID #84133

As a Elevate Medicaid Choice member, you only need your Denver Health ID card. You should keep your Health First Colorado ID card somewhere safe.

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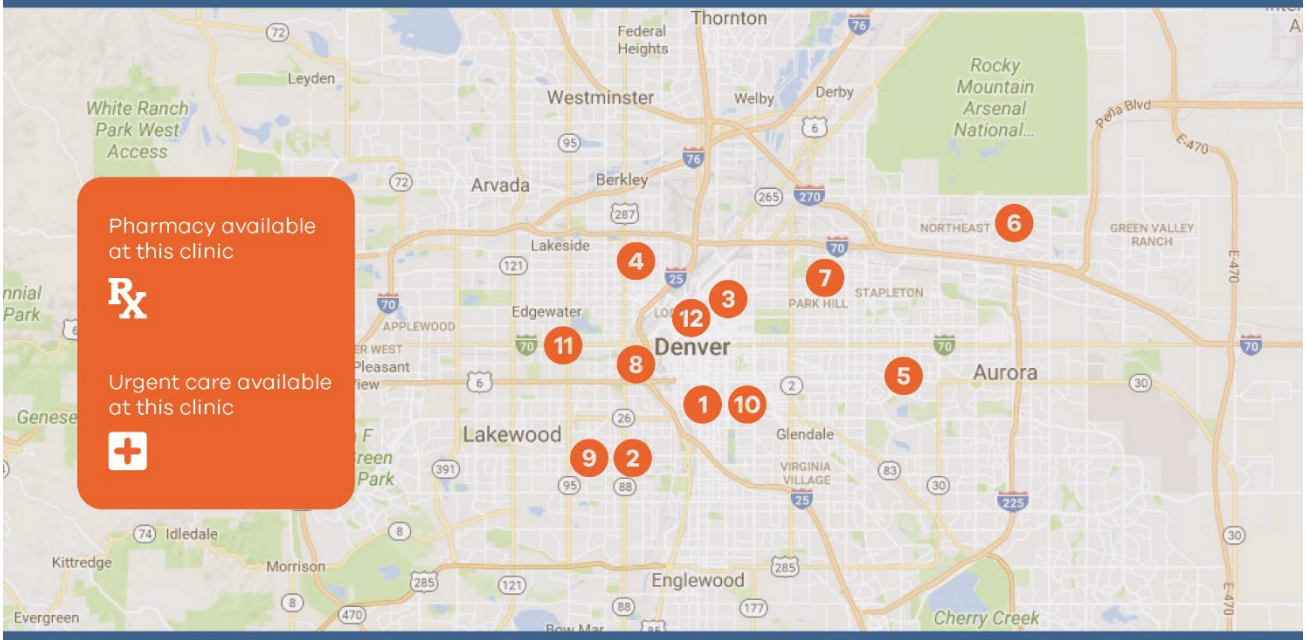
NETWORK LOCATIONS



1. Wellington Webb Center for Primary Care
   301 W. 6th Ave.
2. Federico F. Peña Southwest Family Health Center
   1339 S. Federal Blvd.
3. Gipson Eastside Family Health Center
   501 28th St.
4. La Casa/Quigg Newton Family Health Center
   4545 Navajo St.
5. Lowry Family Health Center
   1001 Yosemite St.
6. Montbello Family Health Center
   12600 Albrook Dr.
7. Park Hill Family Health Center
   4995 E. 33rd Ave.
8. Sandos Westside Family Health Center
   1100 Federal Blvd.
9. Westwood Family Health Center
   4320 W. Alaska Ave.
10. Denver Health Medical Center
    777 Bannock St.
11. Sloan's Lake Primary Care Center
    4007 W. Colfax Ave.
12. Downtown Urgent Care
    1545 California St.

If you have a question, call **Health Plan Services** at **303-602-2116** or toll-free at 1-855-281-2418.

Where you can get care:

Above is a list of Denver Health clinics where you can get care. These clinics are part of the Elevate Medicaid Choice network. You may see any provider in the Elevate Medicaid Choice network. In most cases you must go to these Denver Health clinics for your health care needs. Some specialists need a referral first, see section below 'Getting an Approval or Referral to See a Specialist.'

>> 1) HOW YOUR PLAN WORKS

How to get facts about providers:

If you want to know more about the providers taking care of you, like their title, training and the license(s) they may have, you can call the **Health Plan Services** at **303-602-2116**.

What is a PCP?

A PCP (Primary Care Provider) is your regular provider who cares for you during regularly scheduled visits.

Why is your PCP important?

Your PCP is the first step to getting care. That means that your PCP is the person you can see or talk to first for all your health care. Your PCP is the one who:

- Gives you health care, including check-ups, shots and prescriptions
- Refers you to a specialist or other services, when needed
- Admits you to the hospital, when needed
- Keeps your medical records

With one PCP, you will get continuity of care. That means you will not have to explain your health history each time you need care. This is important, especially if you have allergies or special health concerns. Your doctor will already know about you and your needs.

Choosing or changing your Elevate Medicaid Choice PCP:

You should choose a PCP or medical home right away. You can check the Elevate Medicaid Choice Provider Directory for a list of Elevate Medicaid Choice providers and clinics. Call Health Plan Services to ask for a copy of the Elevate Medicaid Choice Provider Directory or view online at denverhealth.org/provider-directory.

You must call the **Appointment Center** at **303-436-4949** if you know which Denver Health PCP or medical home you want to see for your care. If you do not pick a PCP or medical home, Elevate Medicaid Choice will assign you to the closest Denver Health family clinic. A list of all the Denver Health clinics can be found under "Where You Can Get Care".

You can change your Denver Health PCP or medical home at any time. Please call **Appointment Center** at **303-436-4949** and tell them you need to change your PCP or medical home.

The STRIDE network is also an option for making a PCP health visit. If you would like to see a PCP from the **STRIDE network**, make an appointment at: **303-360-6267**. You can ask for a health visit online at: stridechc.org/new-patients

Getting an approval or referral to see a specialist:

You need an approval (or referral) from your PCP to see some types of specialists (providers who are experts in one or more areas of health care). An approval, or referral, is what your PCP uses to ask Elevate Medicaid Choice to approve your visit to some specialists.

An approval from Utilization Management is needed before you see any provider outside of Elevate Medicaid Choice.

You do not need an approval:

- For a routine eye exam with a Elevate Medicaid Choice eye provider.
- To see a Elevate Medicaid Choice OB/GYN (a provider who treats only women for reproductive reasons) for yearly exams.
- For family planning services or family planning providers (in or outside of Elevate Medicaid Choice).
- For emergency or urgent care (in or outside of Elevate Medicaid Choice).

Please call Health Plan Services to get more information on approvals.

If your benefits, provider or services change:

Elevate Medicaid Choice will tell you in writing if there is ever a major and important change to any of these:

- Your disenrollment rights
- Provider information
- Your rights and protections
- Grievance, appeal, and State fair hearing processes
- Benefits for you through Elevate Medicaid Choice
- Benefits for you that are not through Elevate Medicaid Choice
- How to get your benefits, including authorization requirements and family planning benefits
- Emergency, urgent and post-stabilization care services
- Approvals for specialty care
- Cost sharing
- Moral and religious objections

Elevate Medicaid Choice will let you know about these changes at least thirty (30) days before the start date of these changes.

Enrolling and Disenrolling:

Being a member of Elevate Medicaid Choice is your choice. You can disenroll from Elevate Medicaid Choice when:

- You are a new Elevate Medicaid Choice member and you have been enrolled in Elevate Medicaid Choice for 90 days or less.
- You are in your Open Enrollment period (see the "Open Enrollment" section).
- You miss your Open Enrollment period because you lost your Medicaid eligibility for a short time.

You (or Elevate Medicaid Choice) can also ask to disenroll at any time for these reasons:

- You move out of the Elevate Medicaid Choice network area (Adams, Arapahoe, Jefferson, and Denver Counties)
- Elevate Medicaid Choice is not able to give you a service because of any moral or religious objections

- You need to get two (2) or more services at the same time, but one of the services is not available in the Elevate Medicaid Choice network, and your provider tells Elevate Medicaid Choice that you need to get the services at the same time
- You are enrolled in Elevate Medicaid Choice by mistake
- You feel, and Health First Colorado agrees, that you are getting poor quality of care, lack of access to Elevate Medicaid Choice services, or lack of access to the types of providers that you need
- Your PCP leaves the Elevate Medicaid Choice network
- You are a resident of long-term institutional care (like hospice or a skilled nursing facility)
- Your primary insurance is a Medicare plan that is not one of the Elevate Medicare Advantage plans (and your Elevate Medicaid Choice plan is your secondary insurance)
- You are a foster child
- You are in long-term community-based care (care that you get at your home or in your community)
- Other reasons that are approved by Health First Colorado

Elevate Medicaid Choice may ask to disenroll you from the Elevate Medicaid Choice plan. Elevate Medicaid Choice can get permission from Health First Colorado to disenroll you for any of these reasons:

- You are no longer a permanent resident in the Elevate Medicaid Choice service area
- You have been living outside of the Elevate Medicaid Choice service area for ninety (90) or more days in a row
- You are put in an institution because of a mental illness or drug addiction
- You are put in a correctional institution (jail, prison)
- You have health coverage other than Health First Colorado (Colorado's Medicaid Program)
- You are in a Medicare plan that is not a Elevate Medicare Advantage plan
- Child welfare eligibility status or receipt of Medicare benefits
- You give Elevate Medicaid Choice wrong or incomplete information about yourself on purpose.
- Any other reason given by Elevate Medicaid Choice that Health First Colorado agrees with.

Your provider can ask to disenroll you for any of these reasons:

- You keep missing health care visits that you make to see your provider
- You do not follow the care plan that you and your provider agree on
- You do not follow the rules of Elevate Medicaid Choice (listed as your Member Responsibilities)
- You are harmful to your providers, other Elevate Medicaid Choice staff, or other Elevate Medicaid Choice members.

Elevate Medicaid Choice must give you one (1) verbal warning before they can ask to disenroll you for these reasons. If you keep acting in the same way, Elevate Medicaid Choice will send you a written warning. The written warning will tell you the reason you are being warned. It will also tell you that you will be disenrolled from Elevate Medicaid Choice if you keep acting in the same way.

If you are harmful to your provider, other Elevate Medicaid Choice staff, or other Elevate Medicaid Choice members, Elevate Medicaid Choice will give you a verbal warning and may disenroll you without sending you a warning letter.

To enroll or disenroll from Elevate Medicaid Choice, you must call **Health First Colorado Enrollment** at **1-888-367-6557**.

Newborns:

When you have a baby, please remember to add them to your Medicaid case. You do this by calling your local Department of Health and Human Services office or calling **Colorado Medical Assistance Program at 1-800-359-1991**. Adding your baby to your Medicaid case will give them their own Medicaid ID and coverage.

Babies born to a mother on Elevate Medicaid Choice should also be assigned to Elevate Medicaid Choice after they are discharged from the hospital and have received their Medicaid ID. Once your baby is assigned to Elevate Medicaid Choice, you have 90 days to either get care within the Denver Health network or opt out of the Elevate Medicaid Choice network. You can choose to get care outside of Denver Health. Please call **Health First Colorado** at **303-839-2120** to opt out. WE can help you count how many days you have to opt out. If you are unsure on your timeframe to opt out, please call **Health Plan Services at 303-602-2100**.

After 90 days of joining Elevate Medicaid Choice, your newborn will have to get services in the Denver Health network. The next chance to change the plan will be the two months before the newborn's birthday.

Open Enrollment:

You have a two (2) month time frame (the 2 months before your birthday month) to switch from Elevate Medicaid Choice to a different health plan for any reason. This time frame is called your Open Enrollment period.

During this time, you can choose to stay in Elevate Medicaid Choice or choose a different health plan.

When are you NOT able to be a Elevate Medicaid Choice member?

You are not able to get services through Elevate Medicaid Choice when:

- You lose Health First Colorado (Colorado's Medicaid Program) eligibility
- You move out of Colorado for more than thirty (30) days
- You join some other health plan; and/or
- You move to a county outside the Elevate Medicaid Choice service area (Denver, Arapahoe, Adams, and Jefferson counties).

Other Insurance:

If you have other health insurance, or later become a part of another health insurance plan, you must let Elevate Medicaid Choice know by calling **Health Plan Services** at **303-602-2116.** Fill out the Coordination of Benefits form and return to the address listed on the form. You can find forms online at denverhealthmedicalplan.org/coordination-benefits. Your enrollment in a health plan other than Elevate Medicaid Choice, may result in disenrollment from Elevate Medicaid Choice.

Medical Bills:

Elevate Medicaid Choice pays for all your covered benefits. You should never get a bill from a provider if the service is a Elevate Medicaid Choice covered benefit. You may have to pay for a service you get if Elevate Medicaid Choice does not cover the service. Please call Health Plan Services if you get a bill from a provider.

Protect Yourself and Health First Colorado (Colorado's Medicaid Program) from Billing Fraud:

Most health care experts who work with Health First Colorado are honest. There may be some who are not honest. Health First Colorado works to protect you. Health First Colorado fraud happens when Health First Colorado is billed for services or supplies you never got. Health First Colorado fraud costs Health First Colorado a lot of money each year. This makes health care cost more for everyone.

These are examples of possible Health First Colorado fraud:

- A health care provider bills Health First Colorado for services you never got
- A supplier bills Elevate Medicaid Choice for equipment that is not the equipment they gave you
- Someone uses another person's Health First Colorado card to get health care or supplies
- Someone bills Health First Colorado for home health equipment after it has been returned
- A company uses false facts to trick you into joining a Health First Colorado plan

If you believe a Health First Colorado plan or provider has misled you, call **Elevate Medicaid Choice Special Investigations Unit (SIU)** at **1-800-273-8452** or email to complianceDHMP@dhha.org.

When you get health care services, you may want to save the receipts you get from providers. Use your receipts to check for mistakes. These are any records that list the services you got, or the drug orders you filled. If you suspect billing fraud, here's what you can do:

1) Call your health care provider to be sure the receipt is right
2) Call **Elevate Medicaid Choice Special Investigations Unit** at **1-800-273-8452**
3) Call the **Colorado Department of Health Care Policy and Financing** at **303-866-2993**, **1-800-221-3943**; TTY users should call **1-800-659-2656**
4) Call the **Inspector General's hotline** at **1-800-447-8477**. TTY users should call **1-800-377-4950**. You can also send an email to HHSTips@oig.hhs.gov

When will you have to pay for your care?

- If you get health care outside of the United States of America
- If you get health care that is not a covered benefit
- If you do not follow the pharmacy rules
- If there is fraud or the service is against the law

If you need help making sure a service or provider is covered by Elevate Medicaid Choice, please call Health Plan Services.

When are you not required to pay for care?

If a provider does not get approval from Elevate Medicaid Choice when you get care, they cannot ask you to pay for this care. Providers cannot make you pay because they did not get paid from Elevate Medicaid Choice for the care you got.

Physician Incentive Plans:

Elevate Medicaid Choice does not use a Physician Incentive Plan. This means that Elevate Medicaid Choice does not pay providers more money to give you less health care services or pay providers less money when they give you more health care services. If you would like more information about this, please call Health Plan Services.

When someone else causes your injuries or illness:

Your injuries or illness may be caused by someone else. The party who caused your injury or illness ("liable party") could be another driver, your employer, a store, or a restaurant. If someone else causes your injury or illness, you agree that:

- Health First Colorado Administered by Elevate Medicaid Choice may collect paid benefits directly from the liable party or the liable party's insurance company
- You will tell Elevate Medicaid Choice, within 30 (thirty) days of your getting injured or ill, if another party caused your injury or illness
- The names of the liable party and that party's insurance company
- The name of any lawyer that you hired to collect from the liable party
- You or your lawyer will notify the liable party's insurance company that, Elevate Medicaid Choice has paid, and/or is in the process of paying, your medical bills
- The insurance company must contact Elevate Medicaid Choice to discuss payment to Elevate Medicaid Choice
- The insurance company must pay Elevate Medicaid Choice before it pays you or your lawyer
- Neither you nor your lawyer will make an agreement with the insurance company that does not provide for full payment to Elevate Medicaid Choice
- Neither you nor your lawyer will collect any money from the insurance company until after Elevate Medicaid Choice is paid in full. This applies even if the insurance money to be paid is referred to as damages for pain and suffering, lost wages, or other damages
- If the insurance company pays you or your lawyer and not Elevate Medicaid Choice, you or your lawyer will pay the money over to Elevate Medicaid Choice up to the amount of benefits paid out. Elevate Medicaid Choice will not pay your lawyer any attorney's fees or costs for collecting the insurance money
- Elevate Medicaid Choice will have an automatic lien (a right to collect) on any insurance money that is owed to you by the insurance company, or that has been paid to your lawyer. Elevate Medicaid Choice may notify other parties of the lien
- Elevate Medicaid Choice may give the insurance company and your lawyer any Elevate Medicaid Choice records necessary for collection. If asked, you agree to sign a release to provide Elevate Medicaid Choice records to the insurance company and your lawyer. If asked, you agree to sign any other papers that will help Elevate Medicaid Choice collect

- You and your lawyer will give Elevate Medicaid Choice any information asked about your claim against the liable party. You and your lawyer will notify Elevate Medicaid Choice of any dealings with, or lawsuits against, the liable party and that party's insurance company
- You and your lawyer will not do anything to hurt the ability of Elevate Medicaid Choice to collect paid benefits from the insurance company
- You will owe Elevate Medicaid Choice any money that Elevate Medicaid Choice is unable to collect because of your, or your lawyer's, lack of help or interference. You agree to pay to Elevate Medicaid Choice any attorney's fees and costs that Elevate Medicaid Choice must pay in order to collect this money from you. If you or your lawyer do not help, or interfere with, Elevate Medicaid Choice in collecting paid benefits, then Elevate Medicaid Choice may contact the State of Colorado and ask that you be disenrolled for cause from Elevate Medicaid Choice and placed in Medicaid Fee-for-Service
- Elevate Medicaid Choice will not pay any medical bills that should have been paid by another party or insurance company
- You must follow the rules of the other insurance company to have your medical bills paid. Elevate Medicaid Choice will not pay any medical bills the other insurance company did not pay because you did not follow their rules

If you have questions, please call **Health Plan Services** at **303-602-2116**.

What are Advance Directives?

Advance Directives (or Directives, for short) are specific instructions, made before, that are used in your health care if you are not able to do so because of illness, injury, or life-threatening condition. Directives can also allow someone to make choices about health care if you are not able to make (or tell someone about) these choices.

Directives are only used when a person is not able to make their wishes known. **You do not have to make an Advance Directive.** Elevate Medicaid Choice will not treat you differently because you do or do not have a directive on file.

Doing a directive in 'advance' helps protect your rights to getting the care that you want. It tells your medical providers what kind of care you do and do not want to get. Forms can be easy to fill out, but the information can be confusing and should be thought about very carefully. It is important to talk to family members, legal, health or other professionals before signing any paperwork.

Here are some types of Advance Directives forms:

- Living Will - this form tells medical providers what types of care you do and do not want to have in life-threatening situations
- Medical Durable Power of Attorney (MDPOA) - this form lets you choose someone to make your health choices if you cannot make choices for yourself
- Five Wishes - this form lets you think about 'five wishes' or areas of care and make choices that are best for you

Once you have thought about your wishes, write them on one of the forms at denverhealthmedicalplan.org/medicaid-choice-forms-documents-links and let others know. Make sure to get the filled-out form in your medical record. Keep copies at home and make sure those you have chosen also have a copy. Look over your wishes from time to time to remind everyone and keep the forms up to date.

If there is reason your doctor cannot carry out your wishes in your Advance Directive, you will be told in writing. Denver Health will also help you find a new provider, if needed, who will give you the care you wish to have. You can file a complaint with the Colorado Department of Public Health and Environment if you feel your Advance Directive is not followed.

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

303-692-2000 or **1-800-866-7689** (In-State),

for TTY call **303-691-7700**.

If you want more information about Advance Directives, you may call your health care provider or call **Health Plan Services** at **303-602-2116**. You can also get more information from your social worker, community agencies, and/or legal professional.

Proxy Decision-Maker:

Adults have a right to make their own health decisions. If you have an illness, injury or life-threatening injury and cannot make your own decisions, doctors and other health providers will look to see if you have an Advance Directive in your medical record. If you do, they follow the wishes you expressed in your Advance Directive.

If you did not complete an Advance Directive, Colorado law lets a proxy decision-maker act on your behalf. A "proxy" is someone who appoints themselves to make decisions about the services and care you get if you cannot tell your doctor about them for yourself. A proxy can be any competent adult who has a relationship with you like a spouse (husband/wife), a parent, an adult child, a sibling or even a close friend. A proxy decision-maker can make health decisions for you but only when you cannot make them on your own. Once you can tell your wishes to providers, a proxy is no longer needed.

Using a Designated Personal Representative (DPR):

You can choose someone to oversee your health care. This is a Designated Personal Representative (DPR). You can make a friend, family member, a provider, or any other person your DPR. A DPR looks after your interests when you cannot make health care decisions for yourself. You must tell Elevate Medicaid Choice in writing if you choose a DPR. The DPR's name, address and a phone number must be included in the letter, so Elevate Medicaid Choice knows who to call when needed. You can call Health Plan Services for a copy of the form.

Privacy:

Your privacy is very important. Denver Health creates a medical record for you as a member of the plan. You can expect that your medical records will be kept private. This includes member information like age, race/ethnicity, language and other personal contact information. Elevate Medicaid Choice will follow its written directions, procedures and laws about the private nature of your records. Member information and medical records will only be used for your treatment and quality of health care. We will not give this information to anyone without your permission.

A complete description of Elevate Medicaid Choice's Privacy Practices is given to you when you get services at a Denver Health clinic. You can also call Health Plan Services to ask for a copy of the Privacy Practices at no cost to you.

Being on the Consumer Advisory Forum:

The Elevate Medicaid Choice Consumer Advisory Forum is a group of Elevate Medicaid Choice staff, members, and other community health workers who meet regularly to talk about the Elevate Medicaid Choice Plan. Please call **Health Plan Services** at **303-602-2116** to be part of the Elevate Medicaid Choice Consumer Advisory Forum.

Elevate Medicaid Choice Member Newsletter

As a member of Elevate Medicaid Choice, you will get Elevate Medicaid Choice newsletters during the year. Each newsletter will have important messages from Elevate Medicaid Choice. The newsletters will tell you about any changes to the plan or its providers, upcoming events, health tips and more.

>> 2) YOUR RIGHTS AND RESPONSIBILITIES

Your Rights:

Elevate Medicaid Choice gives access to health care for all its members. We do not discriminate based on your religion, race, national origin, color, ancestry, handicap, sex, sexual orientation, gender identity or age.

We give care through a partnership that includes your provider, Elevate Medicaid Choice, other health care staff, and you – our member. Elevate Medicaid Choice is invested to partnering with you and your provider. As a Elevate Medicaid Choice member, you have all these rights:

- To be given health care in accordance with requirements for access, coverage, and coordination of medically necessary services
- To be treated with respect and with thought to your worth and privacy
- To get facts from your provider about all the treatment options for your health issue in a way that makes sense to you
- To take part in choices on your health care, including the right to say no to treatment
- To get a second opinion (have some other providers review your case) at no cost to you. Elevate Medicaid Choice will arrange a second opinion with an out-of-network provider if an Elevate Medicaid Choice provider is not able to
- To make an Advance Directive
- To get detailed information about Advance Directives from your provider and to be told up front if your provider cannot follow your Advance Directives because of their values
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation. (This means that Elevate Medicaid Choice providers and staff cannot hold you against your will to punish you, get you to do something they want or get back at you for something you have done)
- To get health care from providers within the Elevate Medicaid Choice appointment standards timeframes (in this handbook)
- To see providers who make you comfortable and who meet your cultural needs
- To use any hospital or urgent care for emergency and urgent care needs. Emergency and urgent care do not need prior approval or referral
- To get available and accessible services under the Contract
- To get health care outside of the Elevate Medicaid Choice network if you are not able to get them in the Elevate Medicaid Choice network (Elevate Medicaid Choice must approve non-emergency and non-urgent care first)
- To get family planning care from any family planning provider, in-network or out-of-network, without Elevate Medicaid Choice approval or referral
- To ask for a copy of your medical records and ask that they be changed or fixed
- To file a grievance, appeal or ask for a State fair hearing
- To join the Elevate Medicaid Choice Consumer Advisory Forum

If you have a question, call **Health Plan Services** at **303-602-2116** or toll-free at 1-855-281-2418.

- To get all benefit information from Elevate Medicaid Choice. This information includes covered services, how to get all types of care like emergency care, detailed information about providers, and your disenrollment rights
- To use your rights above, without fear of being treated poorly by Elevate Medicaid Choice, network providers or the State Agency

Your Responsibilities:

Elevate Medicaid Choice wants to give all members the best care and a great experience every time they come to Denver Health. That is why we expect our members, staff, and providers to treat each other with dignity and respect.

As a Elevate Medicaid Choice member, you are also in charge of:

- Choosing a Primary Care Physician (PCP) or Medical Home that is in the Elevate Medicaid Choice network
- Following all the rules in this member handbook
- Getting an approval from your PCP before you see a specialist (unless one is not needed)
- Following the rules of the Elevate Medicaid Choice appeal and grievance process
- Calling the Denver Health Appointment Center to change your PCP
- Paying for any health care that you get without referral from your PCP (unless the services are emergency or urgent care services, or if they are "Wrap-Around" benefits)
- Paying for any services that are not covered by Elevate Medicaid Choice or Health First Colorado (Colorado's Medicaid Program)
- Telling Elevate Medicaid Choice about any other insurance you have other than Health First Colorado
- Calling the Appointment Center 24 hours before your appointment date if you need to cancel your appointment
- Telling us your new address when you move

>> 3) HOW TO GET CARE

Emergency Care:

An emergency is when you think a health problem will cause death, serious harm or if you are in very bad pain.

An emergency service is any care you get from an emergency room provider that is needed for an emergency health problem. If you have an emergency, call **9-1-1** or go to the nearest hospital. There is no cost for covered health care services if you go to the hospital for an emergency health problem. The emergency provider may do a health check to decide if your issue is an emergency. If you believe that by not getting health care right away could result in:

- Your health or the health of your not born child being harmed
- Your body not working the right way
- An organ or part of your body not working the right way

Elevate Medicaid Choice will not deny your emergency care if the provider does not tell Elevate Medicaid Choice within a certain number of days.

Stabilization care is care you get after an emergency so that your health will be stable. Elevate Medicaid Choice will cover your care for these types of services. Emergency, urgent and stabilization care do not need pre-approval from Elevate Medicaid Choice. You may see a non- Elevate Medicaid Choice provider for emergency, urgent, and stabilization care. Any care you get that is not emergency or urgent care, stabilization or family planning must be given by a provider in the Elevate Medicaid Choice network.

If you need care after hours (after your provider's office is closed) you can call the **Denver Health NurseLine** at **303-739-1261**. The nurse can help you decide if you need to see a provider, go to the emergency room or give you health advice if you are not sure what to do.

Urgent Care:

Sometimes you need urgent care when you need to be seen quickly, but it is not an emergency. If you have an urgent care need, you can go to the nearest urgent care center, or call:

- Your PCP
- The **Denver Health NurseLine** at **303-739-1261**. This line can link you to a Elevate Medicaid Choice nurse 24 hours a day, 7 days a week. The Elevate Medicaid Choice nurse can help you decide if you should go to the emergency room or urgent care center

You do not need to get approval from Elevate Medicaid Choice to go to the nearest urgent care center. You may see any urgent care provider, even if the provider is outside of the Elevate Medicaid Choice network.

Denver Health has adult and pediatric (children's) urgent care clinics on the main Denver Health hospital campus (777 Bannock St.). There is also an urgent care clinic at Southwest Family Health Center (1339 S. Federal Blvd.) and the Downtown Urgent Care (1545 California St.). The hours for these locations can be found above on Page 7.

You may use the Denver Health urgent care clinics, but you do not have to use them. Please always use the closest urgent care center to you when you have an urgent care need.

Post-Stabilization Care:

Post-stabilization care services are covered services that you get after an emergency health condition and after you are stabilized. A provider may give you post-stabilization care to keep you stabilized or improve or resolve your health problem. Elevate Medicaid Choice will pay for your post-stabilization care if you are at Denver Health. If you are at a non-Denver Health hospital for an emergency, your post-stabilization care must be pre-approved by Elevate Medicaid Choice. Once you are stabilized, you or a family member should call Elevate Medicaid Choice at the number on the back of your member card to notify Elevate Medicaid Choice of your admission to a non-network hospital.

When a provider at a non-Denver Health hospital is giving you post-stabilization care services and Elevate Medicaid Choice did not pre-approve them, Elevate Medicaid Choice must still pay for the services if:

- The provider at the non-Denver Health hospital asks Elevate Medicaid Choice to approve your post-stabilization care services, and Elevate Medicaid Choice does not get back to the non-Denver Health provider within one (1) hour
- Elevate Medicaid Choice cannot be contacted; or
- Elevate Medicaid Choice and the provider at the non-Denver Health hospital cannot agree on how to handle your treatment and a limited managed care initiative physician is not available for consultation.

If you are getting post-stabilization care services at the non-Denver Health hospital and they were not pre-approved by Elevate Medicaid Choice, but they are being paid for by Elevate Medicaid Choice because of the reasons above, Elevate Medicaid Choice will pay for the services until one of these things happens:

- A Elevate Medicaid Choice provider who also works at the non-Denver Health hospital takes responsibility for your care
- The provider at the non-Denver Health hospital tells Elevate Medicaid Choice you are healthy enough to be transferred, so you are transferred to Denver Health hospital and a Elevate Medicaid Choice provider takes care of you
- Elevate Medicaid Choice and the provider at the non-Denver Health hospital reach an agreement on how to handle your treatment; or
- The non-Denver Health provider decides that you can be discharged from the non-Denver Health hospital.

When the provider at the non-Denver Health hospital decides that you are “stable” (meaning you are healthy enough to be transferred to Denver Health for the rest of your care), Elevate Medicaid Choice will work to safely bring you to Denver Health hospital. Your care will still be covered by Elevate Medicaid Choice when you get transferred to Denver Health hospital. If you say no to this transfer, you will have to pay for the rest of the care you get at the non-Denver Health hospital. You will not be charged any more than what Elevate Medicaid Choice would charge for care provided by Elevate Medicaid Choice.

Preventive Care and Routine Care:

You need immunizations, vaccines, check-ups and regular provider visits for good health. Getting routine care is a great way for your PCP to track your health. You should get routine and preventive care so that your PCP can help prevent you from getting sick and to treat any early signs of sickness before they get worse. If there are other services you have questions about, please give Health Plan Services a call.

Making an Appointment:

You should call the **Appointment Center** at **303-436-4949**. If you need an interpreter or TTY services when you see your provider, let the Appointment Center agent know when you make your appointment.

You will get an appointment as quickly as possible, but no later than the times listed in the appointment standards chart listed below:

Elevate Medicaid Choice Appointment Standards

Type of Care	Appointment Standard
Emergency	24 hours a day,7 days a week
Urgent	Within 24 hours of your call
Non-Urgent and Non-Symptomatic Well Care Visit	Within 30 days
Non-Urgent, Symptomatic Care Visit	Within 7 days
Well Care Visit	Within 1 month* *Unless an appointment is required sooner to ensure the provision of screenings in accordance with the Department's accepted Bright Futures schedule

Pharmacy:

In order for Elevate Medicaid Choice to pay for your prescription, you must bring your Elevate Medicaid Choice ID card with you when you go to the pharmacy. Your Denver Health provider may write you a prescription. You can fill it at any of the Denver Health Pharmacies listed below:

Denver Health Refill Request and **Central Pharmacy Call Line: 303-389-1390**

Primary Care Pharmacy (Webb)
301 W. 6th Ave.
Denver, CO 80204

Eastside Pharmacy
501 28th St.
Denver, CO 80205

Westside Pharmacy
1100 Federal Blvd.
Denver, CO 80204

Southwest Pharmacy
1339 S. Federal Blvd.
Denver, CO 80219

Outpatient Medical Center
660 Bannock St.
Denver, CO 80204

La Casa Pharmacy
4545 Navajo St.
Denver, CO 80211

Lowry Pharmacy
1001 Yosemite St.
Denver, CO 80230

Montbello Pharmacy
12600 Albrook Dr.
Denver, CO 80239

For the Denver Health pharmacy hours, visit denverhealth.org/services/pharmacy.

You may also take your prescriptions to any other pharmacy that accepts Elevate Medicaid Choice insurance. Some pharmacies outside of Denver Health take Elevate Medicaid Choice insurance, like King Soopers, Safeway, Rite-Aid, Walmart and Walgreens. You can go online to denverhealthmedicalplan.org/medicaid-choice-pharmacy to log in to the Member Portal to register with your member ID to find a pharmacy near you.

When you use Denver Health pharmacies you may order your prescriptions by calling **the Denver Health Refill Request Line** at **303-389-1390**, or by visiting mychart.denverhealth.org/MyChart/. You can also use the MyChart smart phone app. You should always order your refills at least five (5) working days before you run out of your prescription. If your provider tells you to take your prescription in a way that is different from the directions on your prescription bottle, please let your pharmacy know. The pharmacy may need extra time to talk to your provider to get a new prescription or permission to fill it early. For more information about how to refill your prescription visit the Elevate Medicaid Choice website.

If you have questions or need help with your prescriptions outside of normal business hours at your plan, please call the **MedImpact Help Desk** at **1-800-788-2949**.

It is a good idea to get all your prescriptions filled at the same pharmacy. If you fill your prescriptions at Denver Health, your providers will be able to look in your medical records for a list of your drugs. If you get your prescriptions filled outside of Denver Health, you must tell your providers because pharmacies outside of Denver Health do not update your Elevate Medicaid Choice medical records.

Elevate Medicaid Choice has a list of covered drugs. This list is called a formulary. If your provider writes a prescription for a drug that is not on the formulary there may be a drug on the formulary that would work just as well for you. Your provider can decide if a formulary drug is right for you. If your provider does not want to change the drug, they will need to fill out a prior authorization form and tell Elevate Medicaid Choice why that

drug is needed. Elevate Medicaid Choice will let you, your provider and your pharmacy know if Elevate Medicaid Choice will pay for the drug or not.

If the pharmacy tells you your drug is not covered by Elevate Medicaid Choice, do not pay out of pocket. It is best to contact Elevate Medicaid Choice **Pharmacy Call Center** at **303-602-2070**. Elevate Medicaid Choice does not provide payments/reimbursements directly to members if you pay out of pocket for medications, even though the pharmacy may tell you this.

If your provider gives you drug samples to start treatment, find out if the medication is on the formulary. If you take samples before you ask Elevate Medicaid Choice to pay for the drug first, it does not mean that Elevate Medicaid Choice will pay for that non-formulary drug.

Some drugs are not covered at all. These are drugs for:

- Cosmetic use (anti-wrinkle, hair removal, and hair growth products)
- Non-formulary dietary supplements (vitamins, herbals, etc.)
- Infertility (to help women get pregnant)
- Pigmenting / De-pigmenting (to change skin color)
- Sexual performance/dysfunction (Viagra, Cialis, Levitra etc.)
- Non-formulary therapeutic devices or appliances (machines you use for your health)
- Weight loss
- Investigational or experimental treatments
- Prescription drugs not approved by the Food and Drug Administration (FDA) for any disease
- Travel vaccines recommended by the Centers for Disease Control and Prevention (CDC) only for travel outside of the United States (covered vaccines are listed in the formulary)

Some drugs may not be on hand at all pharmacies. Formulary over-the-counter drugs can only be filled at Denver Health pharmacies.

You can get a 90-day supply of maintenance medications. Maintenance medications are drugs used to treat a chronic illness or symptom of a chronic illness.

You will need to ask your provider to write your prescription for a 90-day supply. The pharmacy cannot give you a 90-day supply without the provider's permission. The pharmacy can always give you less than what the provider requested but never more. If your provider wrote the prescription for a 90-day supply, the pharmacy could still give you a 30-day supply if you ask.

Pharmacy by Mail:

Elevate Medicaid Choice offers Pharmacy by Mail. Pharmacy by Mail saves you time by sending your 90-day supply prescriptions to your home. Because Pharmacy by Mail prescriptions are for a 90-day supply, you will only need to have your prescriptions filled (four) 4 times a year. You can sign up for Pharmacy by Mail by using the MyChart application or by calling the **Pharmacy Call Center** at **303-436-4488**.

Medications that are covered by Elevate Medicaid Choice are $0. You do not need to keep a credit card on file if you only want to have medications that are covered by Elevate Medicaid Choice sent to your home with Pharmacy by Mail. If your address changes call **Pharmacy Call Center** at **303-602-2326** or fill out and mail a new

SIGN-UP FORM to **500 Quivas St., Suite A, Denver, CO 80204**. Be sure to mark on the form that this is a change of address. The pharmacy can only ship your prescriptions within the state of Colorado.

Controlled substances or specialty medications cannot be filled through the Denver Health Retail by Mail Program. To refill by mail prescriptions, call the **Denver Health Refill Request Line** at **303-389-1390**.

You can use your local pharmacy to have maintenance medications sent to you through the mail, if they are in Elevate Medicaid Choice's pharmacy network. Ask your pharmacy if they offer prescription delivery through the mail.

For information about your pharmacy benefits go to denverhealthmedicalplan.org/medicaid-choice-pharmacy. From this website you can:

- Click the Formulary/Drug List link to see the list of covered drugs (the formulary). This link also explains the formulary restrictions, limits or quotas, how your provider can request a prior authorization or exception request, and your plan's process for generic substitution, therapeutic interchange, and step therapies. All together these topics are known as the Pharmaceutical Management Procedures.
- Access the Prior Authorization Form (PAR)/Exception Request Form to start a prior authorization. This is also called an exception request
- Click link to the member portal (register with your member ID to log in) to:
    - Search the formulary to see if your drug is covered
    - Locate a pharmacy close to you
    - Search for drug-drug interactions and common drug side effects

If you have questions about your pharmacy benefits, please call **Health Plan Services** at **303-602-2116** or **1-855-281-2418**. TTY users should call **711**.

>> 4) HOW TO GET CARE WHEN YOU ARE AWAY FROM HOME

When you are away from home, you are only covered for emergency and urgent care.

If you have an emergency or need urgent care when you are away from home, go to the nearest emergency room or urgent care center.

Elevate Medicaid Choice will work with the providers at the hospital to make sure you are getting the care you need. When you are healthy enough, the other hospital providers will allow Elevate Medicaid Choice to bring you to Denver Health (or another hospital). If you say no to being brought to Denver Health, you may have to pay for the rest of the care you get at the other hospital.

If you get care for services other than emergency or urgent care services, you may be responsible for payment.

You do not have health care benefits outside of the U.S. This includes Puerto Rico, Guam, U.S. Virgin Islands or American Samoa.

Prescriptions When You Are Away from Home:

Ask for an early refill before you leave on a trip. You can get prescriptions at major pharmacy chains throughout Colorado that accept Elevate Medicaid Choice insurance. You will need to have your Elevate Medicaid Choice ID card to show the pharmacist. Prescriptions are only covered outside of Colorado for urgent or emergency situations. Prescriptions are only covered outside of Colorado for urgent or emergency situations for a maximum of a 3-day supply.

>> 5) WOMEN'S HEALTH CARE

Seeing an OB/GYN (Obstetrics and Gynecology):

You do not need an approval or referral to see a Elevate Medicaid Choice OB/GYN for pregnancy care or well-woman care.

If you are more than three (3) months pregnant and you are a new Elevate Medicaid Choice member, you may keep seeing your OB/GYN, even if your OB/GYN is outside of the Elevate Medicaid Choice network. If you have an out of network provider, they will need to submit a prior authorization for care and should contact Health Plan Services for more information.

Family Planning:

Family planning care can help women and men choose if, or when, to become pregnant or to become a parent. Family planning care include different kinds of birth control, like birth control pills or intrauterine devices (IUDs), and office visits to talk about family planning and how to make healthy choices about reproduction. You can choose what kind of family planning works best for you.

You may go to a Elevate Medicaid Choice provider or any provider who accepts Health First Colorado (Colorado's Medicaid Program) for family planning. You do not have to get approval from Elevate Medicaid Choice first. Examples of family planning providers include: a gynecologist or OB/GYN, a certified nurse midwife, a family planning clinic, a nurse practitioner or your regular doctor.

Cervical Cancer Testing:

Women between 18 and 64 years of age should have Pap smears once a year. Elevate Medicaid Choice covers this. The Pap smear can help find cancer at an early stage. Be sure to ask your doctor or OB/GYN for this test.

Breast Cancer Testing:

A mammogram is a test that doctors use to screen for (find) breast cancer. Mammograms are covered by Elevate Medicaid Choice. Most women start getting mammograms around 40 years old and continue to get mammograms until they are 69 years old. Women who are more at risk for breast cancer may get mammograms earlier or more often than others. It is important that you talk with your provider about your family history of breast cancer and any concerns you have. Please talk with your doctor about when you should have your next breast cancer screening.

Pregnancy Care:

If you think you are pregnant, make an office visit with your doctor right away. Early care when you are pregnant is very important. Your doctor will help you get all your care before, during and after the birth of your baby.

How to Sign Your Newborn Up for Elevate Medicaid Choice:

All babies born to moms in Elevate Medicaid Choice are covered from the time they are discharged from the hospital up to 60 calendar days, or until the last day of the first full month following birth, whichever is sooner. Your child can be enrolled in Elevate Medicaid Choice, same as you, and get their care at Denver Health. You can contact your local human services or call the **Colorado Medical Assistance Program** at **1-800-359-1991** to add the newborn to your Medicaid case.

>> 6) CHILDREN'S HEALTH CARE

Childhood and Adolescent Immunizations:

One of the best things you can do for your child is get regular immunizations or shots. Your child's doctor can give the shots in their office during their checkups. Children need these shots to protect them from diseases.

Age	Shots
Birth to 1 year	• Hepatitis B • DTaP (prevents diphtheria, tetanus and whooping cough) • IPV - Polio • Hib (Haemophilus influenza Type b) • PCV - Pneumococcal (prevents pneumonia) • RV - Rotavirus (stomach virus) • Influenza – seasonal flu (starting at 6 months old)
1 to 3 years	• Hepatitis A • Hepatitis B • Hib • Polio • MMR (prevents measles, mumps & rubella) • Varicella (prevents Chicken Pox) (If child has not had chicken pox) • DTaP • Pneumococcal • Meningococcal (prevents meningitis) • Influenza (every 6 months)

Age	Shots
4 to 6 years	• DTaP • Polio • MMR • Varicella (Chicken Pox) • Influenza (every 6 months)
11 to 12 years	• Tdap (prevents tetanus, diphtheria, pertussis) • HPV - Human Papillomavirus (prevents genital warts) • Meningococcal (prevents meningitis) • Influenza (yearly)
13 to 21 years	• All shots above that have not been done will need to be completed. • Influenza (yearly)

EPSDT:

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a Health First Colorado (Colorado's Medicaid Program) that covers prevention, diagnostic and treatment services for members age 21 and under. This program is set up to find health problems early. The program goal is for children to get the physical, mental, vision, hearing and dental care they need for their health.

Your child can get this care at no cost to you. This includes:

- Speech
- Well Child Check-ups
- Immunizations
- Physical or Occupational Therapies
- Home Health Services
- Substance Use Disorders Treatment
- Vision and Eyeglasses
- Hearing
- Dental Care

If you have a question, call **Health Plan Services** at **303-602-2116** or toll-free at 1-855-281-2418.

The American Academy of Pediatrics Bright Future Schedule is a list of needed care and how often you need to get care.

In addition, children that have not had Lead Testing need to get one at 12 and 24 months or between the ages of 36 and 72 months.

You can get this care through your PCP. Your PCP may refer you to other special services available at Denver Health. EPSDT screening services do not need approval from Elevate Medicaid Choice. Diagnostic services are provided when screening suggests more evaluation or treatment is needed. Most medically necessary (least costly, effective, acceptable health practice) services needed to treat, fix or prevent illness and conditions found by screening or diagnostic tests are covered, and Elevate Medicaid Choice will not put limits (such as the number of visits allowed) on EPSDT services. Maintenance care may also be covered when needed.

Members may self-refer for the following EPSDT program services:

- Well Child Checks
- Immunizations
- Vision Screening/Eyeglasses
- Hearing Screening

EPSDT services that require a PCP referral and/or prior authorization (PAR):

- Speech (PCP referral)
- Physical Therapy/Occupational Therapy (PCP referral)
- Home Health (PCP referral and PAR)
- Substance Use Disorders Treatment (PCP referral and PAR)

Special Considerations or Limitations:

There are some services that are not covered for EPSDT members. These services are listed below:

- Experimental care and methods
- Care or items that are not accepted in the health care community
- Over-the-counter drugs (drugs that do not need a doctor's prescription) unless needed for care and are approved

There are some services that have special considerations. These are:

- Eyeglasses are a benefit when ordered by an eye doctor. Eyesight benefits are fixed to single or multi-focal clear plastic lenses and one standard frame.
- Contact lenses or eyesight care shall be a benefit when needed.
- Orthodontic (dental care) is a benefit for children with congenital, bad developmental or acquired handicapping malocclusions when confirmed by a case review. The Dentist will ask for approval for care.
- Early Language care for children from birth to age three with a hearing loss may be given by audiologists, speech therapists, speech pathologists and Colorado Home Intervention Program CHIP doctors. (CHIP is a program to help children who are deaf or hard of hearing).

Some EPSDT services are not covered by Elevate Medicaid Choice. These are still a benefit to you through Health First Colorado. This kind of care is called a "Wrap Around" benefit. Please see the Wrap Around Benefit section in this handbook for more information.

Most EPSDT services will be available within Denver Health. Your doctor may also refer you to services outside Denver Health. If you have questions about EPSDT services, you or your doctor may call **Health Plan Services** at **303-602-2116**.

Flu Shots:

Flu shots and other vaccines are a covered benefit for Elevate Medicaid Choice members.

There is no cost to members for flu shots. The best time to get a flu shot is in October or November. Elevate Medicaid Choice recommends flu shots for the following people:

- All high-risk children
- Children with long lasting health problems or a problem immune system; children 6 months to 59 months old; and older children with brothers and sisters under 6 months of age.
- People who are 50 or older.
- A person with health problems like diabetes, heart disease, lung disease and asthma.
- People who are around people with health problems like asthma, heart and lung disease.
- Pregnant women who are more than three months pregnant during flu season (if you will have a baby between December and May).

Call the **Appointment Center** to make an appointment or ask about a free flu shot.

Please see a list of recommended shots under "Childhood and Adolescent Immunizations".

Early Intervention Services:

Early Intervention Services (EIS) are services that give support to children who have special developmental needs. This care is for children from birth to age three. These services can help better children's ability to develop and learn. EIS also teaches you and your family how to aid your child's growth. EIS includes education, training and aid in child development, parent education, therapies and other activities. These services are designed to meet the developmental needs of your child. They help your child develop their cognition, speech, communication, physical, motor, vision, hearing, social-emotional and self-help skills.

>> 7) SPECIAL HEALTH CARE PROGRAMS

Elevate Medicaid Choice has many services to help you if you have special health care needs. Here are some examples of health problems that are special health care needs:

- Health problems that last for longer than a year (high blood pressure, asthma)
- Health problems that require you to use special devices (like wheelchairs or oxygen tanks)
- Health problems that seriously limit your emotional, physical, or learning activities

Call Health Plan Services to learn more. You can also talk to your PCP if you have special health needs.

Special Health Care Programs for New Members and Members with Special Health Needs:

If you are a new member with special needs, you can keep seeing your non-Elevate Medicaid Choice provider for up to sixty (60) days after you join Elevate Medicaid Choice. Your non-Elevate Medicaid Choice provider must agree to work with Elevate Medicaid Choice during these 60 days.

You may also keep your Home Health or DME (durable medical equipment) provider for up to seventy-five (75) days after you join Elevate Medicaid Choice. Your DME provider must also agree to work with Elevate Medicaid Choice during these 75 days.

You must let Elevate Medicaid Choice know who these providers are. You must also tell us that you want to keep seeing these providers until your care is transferred. You can call Health Plan Services to get more information.

If you have a special health condition that requires you to see a specialist (a doctor that is an expert in one or more areas of health care) often, then you could be eligible for a standing referral. This means that you will be allowed to access this specialist at any time, get approval for a certain number of visits to see the specialist, or use this doctor as your PCP.

Please call Health Plan Services if you have any questions about standing referrals.

Case Management:

At Elevate Medicaid Choice, we understand that people can face many challenges living with complex diagnoses. Elevate Medicaid Choice provides patients with Care Management and Care Coordination services. As part of these services, patients can expect the following:

- Get a Patient Centered Medical Home (PCMH) and Care Team to address all your special healthcare needs
- Help you understand the health care system including access to primary care, specialty care and community resources
- Make individual care plans to help you better manage and meet your health-related goals
- Connect you with the right level of health care at the right time including emergency, urgent care and hospitalizations
- Provide ongoing support when you have a major health care event like a hospitalization or birth of a child
- Coordinate your health care with your different doctors in and outside of Denver Health's network
- Manage your mental health needs

If you have a question, call **Health Plan Services** at **303-602-2116** or toll-free at 1-855-281-2418.

- Insurance Benefit support and knowledge

To establish these services or get in touch with your Care Coordinator, please call **Health Plan Services** at **303-602-2116** and choose the Care Coordination prompt.

Transitions of Care:

If you have an inpatient stay at a hospital, Elevate Medicaid Choice offers a transitions of care program to help you transition out of the hospital to your next destination (home, rehab, etc.). This program lasts for the 30 days after your discharge. Please call Health Plan Services if you have questions about this program or need additional help.

Utilization Management:

Utilization Management reviews requests for care your provider feels is medically necessary for you which cannot be provided in the Elevate Medicaid Choice network (if you need the care or service(s) because of health reasons). These authorizations when approved are called authorizations. Authorizations are required for payment of services and treatment that are either not available at Denver Health or are provided at Denver Health but have a limit on the benefit.

Examples of things that require authorization include home health services, durable medical equipment (DME) and care at all non-Denver Health facilities. See the section, "Your Elevate Medicaid Choice Benefits" in this handbook to find out which covered services require Elevate Medicaid Choice authorization. Your provider will work with Utilization Management staff to get an authorization if it is needed.

Utilization Management works directly with the hospitals, doctors, home health agencies, DME companies and other providers to make sure you get the right care in the right setting.

If you have questions about a service, treatment, or a specific decision that is made, you can call Health Plan Services. You can also file an appeal if you do not agree with a decision that Utilization Management makes about your care. See the "What is an Appeal?" section in this handbook for more information.

You can also call Health Plan Services if you want to know what information Elevate Medicaid Choice uses when making authorization decisions or how we ensure that you are getting quality care.

Medically Necessary:

Elevate Medicaid Choice decides which services will be covered based on if they are medically necessary. Throughout this handbook, you might see the term "medically necessary" or "needed for treatment". These are used when talking about what benefits will be covered for you under this plan. This means that Elevate Medicaid Choice will only provide care that is needed to find, treat or keep track of a condition in the most appropriate place, by the most appropriate person. For example, if a member has a social event coming up, an urgent, out of network visit to treat acne would not be medically necessary.

If a service is not medically necessary, like a cosmetic surgery for example, then Elevate Medicaid Choice will not pay for it.

Clinical Practice Guidelines:

Clinical Practice Guidelines can help you and your doctors make good choices about your care. Guidelines are based on lots of research and list the best treatment options for certain conditions. Denver Health uses guidelines to make sure you always get the best care at all your doctor visits. This helps make sure that you are not given services that you do not need or that would not help keep you healthy.

If you have any questions about what Clinical Practice Guidelines are or how they are used, please call Health Plan Services. You can also ask to get a copy of any of these guidelines at no cost to you.

>> 8) YOUR ELEVATE MEDICAID CHOICE BENEFITS

This is a list of your Health First Colorado (Colorado's Medicaid Program) benefits with Elevate Medicaid Choice. If you need a service that is not covered, you or your PCP can work with Elevate Medicaid Choice to get it covered.

Benefits	Covered Services	What is Needed?
Abortion	Covered only in these events: • When the pregnancy is the result of an act of rape or incest • In the case where a woman suffers from a physical disorder, physical injury, or physical illness, including a life-endangering physical condition caused by or arising from the pregnancy itself, place the woman in danger of death unless an abortion is performed	Written letter from the physician certifying the danger to mother's life, if applicable.
Ambulance Services	Covered when it is an emergency.	
Birth of Baby in Hospital	Covered in full.	
Dental Treatments for Adults with an existing health condition worsened by a condition in your mouth	Allowable existing health conditions include: • Disease requiring chemotherapy or radiation • Organ transplants • Pregnancy • A health condition worsened by an oral condition. Emergency treatment can be provided if you would be hospitalized if no immediate care is provided.	This is a "wrap around" benefit. See "wrap around" benefits section in this handbook for more information.
Durable Medical Equipment and Supplies	• Wheelchairs • Crutches • Other supplies	Equipment to be provided by a contracted provider. Approval from Elevate Medicaid Choice is needed. Please call Health Plan Services for details.

Benefits	Covered Services	What is Needed?
Emergency Services	Covered.	In emergencies, no referral from Elevate Medicaid Choice is needed. If you have an emergency, call **9-1-1** or go to the nearest hospital. See the "Terminology" section in this handbook for the definition of "Emergency".
EPSDT Benefits	See "EPSDT" section in this handbook for a list of covered services.	Child must be 21 years or younger to qualify for EPSDT services.
Family Planning Services	• Family planning counseling, treatment and follow-up • Birth control pills • Insertion and removal of approved contraceptive devices • Measurement for diaphragms • Male/female surgical sterilization	For sterilization, you must: • Be at least 21 years old. • Be mentally competent (you have never been declared mentally incompetent by a federal, state or local court). • Give your informed consent. You do this by filling out the form your provider will give you 30 days before your sterilization procedure. * *There are exceptions to this. Please ask your provider or call **Health Plan Services** at **303-602-2116** for details.
Home Health Care Services	Elevate Medicaid Choice covers Home Health services for the first 60 days in a row. After the 60 days, Home Health services are covered as a "wrap around" benefit by Health First Colorado (Colorado's Medicaid Program).	Must be ordered by a Elevate Medicaid Choice provider. Approval from Elevate Medicaid Choice is needed.

Benefits	Covered Services	What is Needed?
Hospital Services and Inpatient Admissions	Hospitalization must be at Denver Health Medical Center.	Must be ordered by a Elevate Medicaid Choice provider. Any chosen procedures or inpatient admissions not done at Denver Health must be approved by Elevate Medicaid Choice. Elevate Medicaid Choice will approve inpatient stay for a specific number of days and will review any cases where more days are needed. If Elevate Medicaid Choice finds that more days are needed, then an approval will be made. You may have to pay for any inpatient stays that are not pre-approved by Elevate Medicaid Choice.
Immunizations (shots) for Members 21 years of age and older	• TD (stops tetanus and diphtheria) – every 10 years • Influenza – yearly • Pneumococcal – after the age of 65 years • Zoster (stops shingles) – after the age of 65 years	Provided by a Elevate Medicaid Choice provider.
Immunizations (shots) for Members under 21 years of age	All recommended immunizations (shots).	Provided by a Elevate Medicaid Choice provider.
Inpatient Substance Abuse Treatment	See the section below on Behavioral Health Services	
Nursing Home	This is a "wrap around" benefit and is covered by Health First Colorado (Colorado's Medicaid Program" after certification is approved. See "wrap around" benefits section in this handbook.	Must be referred by a Elevate Medicaid Choice provider.
Oral Surgery for Adults	Limited to treating certain conditions, such as: • Accidental injury to jawbones or surrounding areas; or • Fixing a problem with your mouth, which causes a problem for use like treatment for lumps on the jaws, cheeks, lips, tongue, roof or floor of mouth.	Must be referred by a Elevate Medicaid Choice provider. Approval from Elevate Medicaid Choice is needed.

Benefits	Covered Services	What is Needed?
Outpatient Substance Abuse Treatment	See the section below on Behavioral Health Services	
Over-The-Counter (OTC) Medications	Elevate Medicaid Choice pays for some OTC medications. Your Elevate Medicaid Choice provider must write you a prescription for any OTC medication to be covered and it must be filled at a Denver Health pharmacy.	Pre-approval needed only for drugs not on the drug list.
Pharmacy – Changing from Generic to Brand Name	You can get a Brand Name drug when a Generic is prescribed.	You can ask the pharmacy for a Brand Name drug even if your provider prescribed a Generic, but you will have to pay part of the drug cost. Elevate Medicaid Choice will only pay for the Brand Name drug if your provider fills out a prior authorization form and tells Elevate Medicaid Choice why the Brand Name drug is needed. See the "Pharmacy" section in this handbook.
Prenatal Care	Covered in full.	Provided by your Elevate Medicaid Choice OB/GYN If you are new to Elevate Medicaid Choice and more than 3 months pregnant, you may continue to see your non- Elevate Medicaid Choice provider until your baby is born. Your provider will need to submit a prior authorization. See the "Women's Health Care" section in this handbook.
Prescription Drugs	Prescription drugs that are on the Elevate Medicaid Choice formulary are covered. There is no copay (cost) to member on any covered Elevate Medicaid Choice prescription drug. Members may use any Denver Health pharmacy or any other pharmacy that accepts Elevate Medicaid Choice insurance.	Some prescription drugs are not on the Elevate Medicaid Choice formulary. Your provider must ask Elevate Medicaid Choice to pay for a prescription drug if it is not on the Elevate Medicaid Choice formulary. See the "Pharmacy" section in this handbook.

Benefits	Covered Services	What is Needed?
Primary and Preventive Care	Covered in full – physicals, health screenings like mammograms, prostate screening, flu shots, etc.	Given by your Elevate Medicaid Choice PCP
Specialty Care	Special types of care covered by participating providers.	Must be referred by a Elevate Medicaid Choice PCP. Must be offered by a Elevate Medicaid Choice specialist. If not offered by Elevate Medicaid Choice providers, authorization is required.
Substance Abuse Treatment	Limited to medical treatment of drug effects. Medications to treat this are a covered benefit	Must be referred by a Elevate Medicaid Choice PCP. Approval from Elevate Medicaid Choice is needed.
Tobacco Cessation	Includes all FDA approved prescription medications and over-the-counter (OTC) tobacco cessation products. Does not include any group or individual counseling services. Group or individual counseling services and all FDA approved prescription medications and OTC products related to tobacco cessation are available for pregnant women as a "wrap around" benefit.	Medications related to tobacco cessation (as described under the "covered services" column) are provided through a prescription from your PCP. Services provided to pregnant women are a "wrap around" benefit.
Therapies	• Speech therapy • Occupational therapy • Physical therapy • Cardiac rehabilitation	Must have Elevate Medicaid Choice PCP referral. Any therapy done outside of Elevate Medicaid Choice needs authorization.
Vision Therapy	Eye exercises	Referral from a provider needed (adults and children).
Vision: "Buy Ups"	Frames for glasses that cost more than Health First Colorado (Colorado's Medicaid Program) pays.	You pay the difference between approved glasses and the more costly glasses.
Vision: Adult (age 48 and older)	Routine exams and eyeglasses. Exams and eyeglasses are covered once every year with a provider.	No provider authorization is needed for Denver Health Eye clinic and other vision service providers in the Elevate Medicaid Choice Provider Directory.

Benefits	Covered Services	What is Needed?
Vision: Adult (ages 21 – 47)	Regular check-ups and eyeglasses. Exams are covered once every two years with a provider.	No provider authorization is needed for Denver Health Eye Clinic and other vision service providers in the Elevate Medicaid Choice Provider Directory.
Vision: Children (ages 0 – 20)	Routine checks and eyeglasses covered. Contact lenses or vision therapy treatment services shall be a benefit when needed for treatment and shall require approval submitted by an eye doctor.	No provider authorization is needed for Denver Health Eye Clinic and other vision service providers in the Elevate Medicaid Choice Provider Directory.

Benefits	There are some things Elevate Medicaid Choice does not cover, including:
Services Not Covered	• Acupuncture • Ambulatory surgical procedures not listed on the State approved list • Chiropractic Procedures • Cosmetic Surgery • Custodial care in a nursing home • Exercise Programs • Experimental services or pharmaceuticals • Holistic or homeopathic care • Hypnosis • Immunizations related to foreign travel • Infertility services • Personal items (health club memberships, toothpaste); in a nursing home • Physical exams for employment, school, camp, sports or licensing • Rehabilitation at work

If you have questions about a service being included or excluded, please call **Health Plan Services** at **303-602-2116.**

<u>Additional benefits offered by Health First Colorado Administered by Elevate Medicaid Choice:</u>

Medical Care:

- NO COST or copays for office visits, diagnostic tests, emergency/urgent care (in network or out of network) for children and adults of Elevate Medicaid Choice.
- NO COST for non-emergency medical transportation (rides to and from your clinic visits) – see "Transportation" section of this handbook to learn more.

Eye Care:

- Eyeglasses for children and adults at NO COST to you.

Pharmacy:

- NO COPAYS for covered prescriptions on the Elevate Medicaid Choice formulary.
- NO COST for certain over-the-counter (OTC) drugs when a prescription for the OTC drug is written by a Denver Health provider and filled at a Denver Health Pharmacy.
- 90-day supplies of many drugs you take every day, at NO COST to you. See the Elevate Medicaid Choice formulary for details.

>> 9) EXTRA SERVICES

Behavioral Health Services:

- Elevate Medicaid Choice partners with Colorado Access to give full health care benefits to members. Elevate Medicaid Choice handles physical health. Colorado Access handles behavioral health.
- Behavioral and physical health care are both important. You need both to be healthy. Colorado Access handles behavioral health care. They can help you with things like mental health or substance use care.
- Elevate Medicaid Choice handles physical health care. They can help you with things like where to get a flu shot or getting a yearly checkup.

Call **800-511-5010** to talk to a **Colorado Access care coordinator**. They are on hand 8 a.m. to 5 p.m., Monday through Friday. You can also find their Provider Directory online at coadirectory.info/search-member.

Basic mental health and substance use care benefits are listed below.

Benefits with a star (*) may need preapproval.

- Alcohol and drug: screening counseling, group counseling by a provider, targeted case management*
- Behavioral health assessment*
- Emergency and crisis services
- Inpatient psychiatric hospital services for a mental health diagnosis*
- Medication-assisted treatment*
- Outpatient day treatment, nonresidential*
- Pharmacologic management of a patient's medication*
- Psychotherapy: family, group or individual*
- School-based mental health services*
- Social ambulatory detoxification*

If you have a mental health or substance abuse crisis, or you or someone you know is thinking of suicide, and you cannot reach your provider, call **Colorado Crisis Services** at **844-493-TALK (844-493-8255)** (TTY **711**). Or text TALK to 38255*. You can call or text 24 hours a day, every day of the year

- How to file a complaint about access to behavioral health care:
  Your health plan is subject to the Mental Health Parity and Addiction Equity Act of 2008. This means that your covered behavioral health benefits cannot be harder to use than physical health benefits. A denial, restriction, or withholding of behavioral health services could be a 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
  - An agent of the Ombudsman Office will call or reply to you. You can also ask your behavioral health provider or guardian/legal agent to file a complaint for you.

If you have a question, call **Health Plan Services** at **303-602-2116** or toll-free at 1-855-281-2418.

Transportation:

Non-Emergency Medical Transportation (NEMT) is a benefit for all Elevate Medicaid Choice members. You can use NEMT at no cost to you when you need rides to your health care visits.

Intelliride may need pre-approval before rides can be scheduled (please call Intelliride to find out if your trip needs to be pre-approved). Intelliride is a benefit to anyone who has Health First Colorado (Colorado's Medicaid Program).

To set up a ride to your next health care appointment, please call:

Intelliride: 1-855-489-4999 (please call 48 hours before your visit).

Denver Health NurseLine:

The Denver Health NurseLine is a phone service that can answer your questions and give you advice. You can call the Denver Health NurseLine and speak to a registered nurse about any health questions - no matter how big or small. The NurseLine can give you quick health information and help you get health care. The NurseLine is available 24 hours a day, 7 days a week.

You can call the **Denver Health NurseLine** at **303-739-1261** if:

- You think you need an urgent visit
- You are not sure if you need to see a doctor
- You have questions about medicine or treatment
- You have health education questions

Call the **Denver Health NurseLine** at **303-739-1261** after your PCP's office is closed or when you need answers to your health questions.

Please keep in mind that if you have a health emergency or need care urgently, go to the nearest hospital or urgent care clinic. You do not have to call the NurseLine before you get emergency or urgent care.

"Wrap Around" Benefits:

Some care is not covered by Elevate Medicaid Choice but is still a benefit to your through Health First Colorado. This kind of care is called a "wrap around" benefit. You can be a Elevate Medicaid Choice member and still get "wrap around" benefits. "Wrap around" benefits include:

- Hearing aids, training, testing, and evaluation for children
- Dental care for children (ages 0 to 21)
- Dental care for adults (diagnostic procedures, preventative procedures, restorative procedures, periodontal care, endodontic treatment and oral surgery)
- Extra EPSDT Home Health Services (see the "EPSDT" section in this handbook for more on these and other EPSDT services)
- Some Home and Community-Based (HCBS) services
- Hospice care – you may still get all your other non-hospice care with Elevate Medicaid Choice, but you may also disenroll from Elevate Medicaid Choice if you call **Health First Colorado Enrollment** at **303-839-2120** or toll-free at **1-888-367-6557**

  If you have a question, call **Health Plan Services** at **303-602-2116** or toll-free at 1-855-281-2418.

- Home Health care after 60 days are covered by Health First Colorado (first 60 days are covered by Elevate Medicaid Choice)
- Some inpatient substance abuse rehab stays
- Intestinal transplants
- Non-emergency medical transportation (NEMT) – see "Transportation" section of this handbook
- Pediatric Behavioral Therapies
- Private Duty Nursing
- Some Skilled Nursing Facility (SNF) services
- Tobacco Cessation - group or individual counseling services and all FDA approved prescription medications and over-the-counter products related to Tobacco Cessation are an option for pregnant women.

If you need any of the care listed above, please call **Health First Colorado Enrollment** at **1-800-221-3943** outside of the Denver metro area. A Health First Colorado Enrollment agent will help you get your "wrap around" benefits. If you would like more information, visit healthfirstcolorado.com. You can find the Health First Colorado (Colorado's Medicaid Program) Member Handbook there too!

>> 10) QUALITY

Elevate Medicaid Choice wants to make sure you get the care you need when it is needed. Our Quality Program does this by:

- Asking our members and providers questions to see if they are happy with Elevate Medicaid Choice services
- Looking at member and provider concerns and grievances to improve Elevate Medicaid Choice services
- Reminding members about services to keep them healthy
- Looking at how you get care to see if there are differences by race, ethnicity, or language.

To view the quality program for Elevate Medicaid Choice, please visit: denverhealthmedicalplan.org/medicaid-and-chp-program-description. Please call Health Plan Services for feedback questions or concerns about our Quality Program. If you have an ethics concern, contact the **Values Line** by calling **1-800-273-8452**. This is a private line and you do not have to give your name.

>> 11) GRIEVANCES

What is a Grievance?

A grievance is when you are not happy with something that Elevate Medicaid Choice does. This could be when you are not happy with:

- The quality of care or service you get
- The way Elevate Medicaid Choice treats you; and/or
- Things Elevate Medicaid Choice does that you are not happy with.

You can file a grievance at any time when you are not happy. You can send a letter or let us know over the phone.

What to do if you have a Grievance:

If you have a grievance, you or your Designated Personal Representative (DPR) can call **Grievance and Appeals** at **303-602-2261**. You or your DPR can also write to Grievance and Appeals. Please be sure to add your name, Elevate Medicaid Choice ID number (a letter and 6 numbers found on your card), address and phone number to your letter if you write to Elevate Medicaid Choice Grievance and Appeals. You may also fill out the Complaint and Appeal form in the back of this handbook and send it in.

Please send your written grievance to this address:
Denver Health Medical Plan, Inc.
Attn: Grievance and Appeals Department
777 Bannock St., MC 6000
Denver, CO 80204-4507

You will not lose your Health First Colorado Enrollment benefits by filing a grievance. It is the law!

After You File a Grievance:

After you file your grievance, Elevate Medicaid Choice will send you a letter within two (2) working days to let you know that your grievance was received.

Elevate Medicaid Choice will investigate the facts of your grievance and will decide how to handle it (in other words, Elevate Medicaid Choice will try to solve your grievance). The Elevate Medicaid Choice staff members who make decisions on your grievance will not be the same people who you are filing your grievance about. If you file a grievance because you feel you got poor health care or because Elevate Medicaid Choice denied your expedited appeal request (see member handbook section called “What is an Appeal?”), a Elevate Medicaid Choice staff member with appropriate medical training will investigate your grievance.

Elevate Medicaid Choice will decide on your grievance and send you written notice as soon as your health condition requires, but no later than fifteen (15) working days from the day you file your grievance. The written notice will explain the results of Elevate Medicaid Choice ‘s decision on your grievance and the date Elevate Medicaid Choice made that decision.

You or Elevate Medicaid Choice can extend the timeframe that Elevate Medicaid Choice has to decide on your grievance. If you ask for more days or if Elevate Medicaid Choice believes that more facts are needed to decide on your grievance, Elevate Medicaid Choice may add fourteen (14) more calendar days. Elevate Medicaid Choice will only extend this timeframe if it is in your best interest. If Elevate Medicaid Choice extends the timeframe to

decide on your grievance and you did not ask for the extension, Elevate Medicaid Choice will send you written notice of the reason for the delay.

If You Need Help Filing a Grievance:

If you need help filing a grievance, please call **Grievance and Appeals** at **303-602-2261**. We can help you with taking any of the steps to file a grievance. We can also help you fill out any forms linked to your grievance. TTY services and using a translator are choices if you need them.

If You are Still Not Happy with the Result of Your Grievance:

If you are still not happy with how Elevate Medicaid Choice handles your grievance you can bring your grievance to the Department of Health Care Policy & Financing. The Department of Health Care Policy & Financing's ruling is final. You can call them at **1-800-221-3943** (no charge) or you can write them at:

Department of Health Care Policy & Financing
Attn: Elevate Medicaid Choice Contract Manager
1570 Grant St.
Denver, CO 80203-1714

>> 12) APPEALS

What is a Notice of Adverse Benefit Determination Letter?

This is a letter that Elevate Medicaid Choice sends you if Elevate Medicaid Choice makes an Adverse Benefit Determination for any part of your Elevate Medicaid Choice care. An Adverse Benefit Determination is:

- When Elevate Medicaid Choice denies or limits a type or level of care you ask for
- When Elevate Medicaid Choice reduces, suspends, or stops authorizing care that you have been getting
- When Elevate Medicaid Choice denies full or a part of payment for your care
- When Elevate Medicaid Choice does not give you care in a timely manner
- When Elevate Medicaid Choice does not solve your appeal or grievance within the required timeframes
- The denial of your request to dispute your cost for health care.

A Notice of Adverse Benefit Determination Letter includes:

- The Adverse Benefit Determination that Elevate Medicaid Choice plans to take
- The reason for the Adverse Benefit Determination
- Your right to appeal this Adverse Benefit Determination
- The date when you need to appeal by
- Your right to ask for a State fair hearing
- How to ask for a State fair hearing
- When you can ask to speed up the appeal process
- How to keep getting services while the appeal or State fair hearing is being decided
- When you might have to pay for those services you got while a final ruling is pending; and
- An explanation that you have the right to be given, upon request and for free, reasonable access to and copies of all documents, records, and other information relevant to your adverse benefit determination.

Advance Notice of Adverse Benefit Determination:

Elevate Medicaid Choice must let you know about an Adverse Benefit Determination before the action happens. If Elevate Medicaid Choice plans to stop paying for or reducing any services you have been getting, it must send you a Notice of Adverse Benefit Determination letter ten (10) calendar days before the date it stops paying for or reducing services.

Elevate Medicaid Choice can shorten the timeframe to five (5) calendar days if:

- There is fraud

Elevate Medicaid Choice must give notice by the date of the adverse benefit determination if:

- The Member has passed away
- The Member is institutionalized and is not eligible for Medical Assistance services

- The Member's whereabouts are unknown and there is no new address
- The Member has moved out of state or outside metropolitan Denver or has become eligible for Medicaid benefits out of state
- The Member's doctor orders a change in the level of care
- The notice involves an adverse determination about preadmission screening requirements
- You must be discharged or transferred to another facility quickly
- The adverse benefit determination is a denial of payment.

What is an Appeal?

An appeal is a request that you or your DPR can make to review an Adverse Benefit Determination taken by Elevate Medicaid Choice. If you think an Adverse Benefit Determination taken by Elevate Medicaid Choice is not right, you or your DPR can call or write us to appeal the Adverse Benefit Determination. A provider may file an appeal for you if you make them your DPR. If you are not happy after your appeal decisions, then you can ask for a state Fair Hearing after you have done all the proper steps within the Elevate Medicaid Choice appeal process. This hearing is explained under the "State Fair Hearing" section in this handbook.

How to File an Appeal:

You have sixty (60) calendar days to file an appeal after you get a notice of Adverse Benefit Determination letter. If you want Elevate Medicaid Choice to keep paying for your care during the appeal process, you must file your appeal sooner. See the section called "**Continuation of Benefits During an Appeal or State Fair Hearing"** for more information.

To appeal an Adverse Benefit Determination, you may:

- Call **Elevate Medicaid Choice Grievances and Appeals** at **303-602-2261**, TTY users should call **711**. If you appeal an Adverse Benefit Determination verbally, you must also send in a written appeal (unless you have requested an expedited appeal).
- Fill out the Complaint and Appeal form in the back of this handbook and fax to **303-602-2078** or mail to **Elevate Medicaid Choice Grievance and Appeals, 777 Bannock St., MC 6000, Denver, CO 80204.**

Filing an Expedited (Quick) Appeal:

You can ask for an expedited appeal if your life or health is in danger. If you need Elevate Medicaid Choice to decide on your appeal right away, you can call **Elevate Medicaid Choice Grievances and Appeals** at **303-602-2261**. If Elevate Medicaid Choice approves your request for an expedited appeal, Elevate Medicaid Choice will decide on your appeal as quickly as your health condition requires, but no later than 72 hours from the receipt of your request.

If Elevate Medicaid Choice denies your request for an expedited appeal, Elevate Medicaid Choice will call you to let you know your request was denied. Elevate Medicaid Choice will also send you a letter within two (2) calendar days of your request to let you know that your request was denied. The letter will let you know that you have the right to file a grievance if you are not happy with Elevate Medicaid Choice's decision. You will get a written version of your appeal with this denial letter (if you filed your appeal verbally) that you must sign and send back to Elevate Medicaid Choice.

Elevate Medicaid Choice will then review your appeal in the standard timeframe explained in the next section.

After You File an Appeal:

After you file an appeal, Elevate Medicaid Choice will send you a letter within two (2) working days (unless you file an expedited appeal) to let you know your appeal was received.

Elevate Medicaid Choice will investigate the details of your appeal. We will decide to either accept your appeal (undo Elevate Medicaid Choice's action) or deny your appeal (uphold Elevate Medicaid Choice's action). Elevate Medicaid Choice will use different grievance and appeal department members to review this action. If you appeal an Adverse Benefit Determination that uses the reason "lack of medical necessity," a Elevate Medicaid Choice staff member will review with a health professional to decide on your appeal.

At any time during the appeal process, you or your DPR may give Elevate Medicaid Choice (in person or in writing) any evidence or other information to help your case. Please note that if your appeal is expedited, you have a shorter amount of time to give Elevate Medicaid Choice this information. You or your DPR may also look at your case file before and during the appeal process. Your case file includes your medical records and any other information that Elevate Medicaid Choice is using to decide on your appeal.

For standard appeals, Elevate Medicaid Choice will decide and send you written notice of the decision no later than ten (10) working days from the receipt of your standard appeal. For expedited appeals, Elevate Medicaid Choice will decide and send you written notice of the decision no later than 72 hours from the receipt of your expedited appeal. Elevate Medicaid Choice will also try to notify you of the decision over the phone for expedited appeals.

The written notice will tell you the outcome of Elevate Medicaid Choice's decision on your appeal and the date that it was completed. If the outcome is not in your favor, the written notice will also give you information on:

- Your right to ask for a State fair hearing and how to ask for one
- Your right to ask Elevate Medicaid Choice to continue your services while the State fair hearing is pending and how to make that request; and
- That you may have to pay for those services you get while the State fair hearing is pending if the State agrees with Elevate Medicaid Choice's decision.

Extending Appeal Timeframes:

You or Elevate Medicaid Choice can extend the timeframe for a decision on your appeal. If you ask for more days or if Elevate Medicaid Choice believes that more facts are needed to decide on your appeal, Elevate Medicaid Choice may add fourteen (14) more calendar days. Elevate Medicaid Choice will only extend this timeframe if it is in your best interest. Elevate Medicaid Choice will send you a written notice if more time is needed. This notice will include our reason for needing more time. This written notice will also explain that you have the right to file a grievance if you do not agree with Elevate Medicaid Choice's decision to extend the timeframe. During the extended timeframe, Elevate Medicaid Choice will decide. Elevate Medicaid Choice will send you written notice of the decision by the end of the extension time frame.

Getting Help Filing an Appeal:

To get help filing your appeal, you can:

- Call **Elevate Medicaid Choice Grievances and Appeals** at **303-602-2261**; TTY call **711**.
- Call the **Health First Colorado (Colorado's Medicaid Program) Ombudsman** at **303-830-3560** or **1-877-435-7123**.

If you have a question, call **Health Plan Services** at **303-602-2116** or toll-free at 1-855-281-2418.

You will not lose your Health First Colorado benefits if you appeal an Adverse Benefit Determination. It is the law!

State Fair Hearing:

If you are not happy with an action that Elevate Medicaid Choice takes, you MUST go through the appeal rules explained above. At any time within 120 calendar days after you get a Notice of Appeal Determination Letter, you or your DPR have the choice to ask for an Administrative Law Judge to review an action taken by Elevate Medicaid Choice. Your provider can also ask for a review if you make them your DPR. This review is called a State Fair Hearing. You may ask for a State Fair Hearing when:

- Health care you seek is denied or the ruling to approve health care is not acted upon in a timely way
- You believe the action taken is wrong.

To ask for a State Fair Hearing, you, your DPR, or your provider must send a letter to the Office of Administrative Courts. The letter should have:

- Your name, address and Medicaid ID number (a letter and 6 numbers)
- The action, denial or failure to act quickly on which the appeal is based
- The reason for appealing the action, denial or failure to act quickly.

At the hearing, you can represent yourself or use a provider, legal guide, a relative, a friend, or other person. You or your representative will have a chance to show evidence to the Administrative Law Judge to support your case. You or your representative may also ask for records that are about your appeal.

If you would like someone else to represent you, you must fill out the State Fair Hearing written consent form called "Non-Attorney Authorization". This form is on the State of Colorado's website under the Department of Personnel and Administration, Office of Administrative Courts. The person you put on the form is called your authorized representative. You have 120 calendar days from the notice of appeal resolution to request a State Fair Hearing:

Office of Administrative Courts
1525 Sherman St., 4th floor
Denver, CO 80203

If you need help asking for a State fair hearing, Elevate Medicaid Choice will help you. Just **call Elevate Medicaid Choice Grievances and Appeals** at **303-602-2261** and ask for help. You can also call the **Office of Administrative Courts** at **303-866-2000**. Any ruling made in a State fair hearing is final.

Continuation of Benefits During an Appeal or State Fair Hearing:

In some cases, Elevate Medicaid Choice will keep paying for care while you wait for the ruling of an appeal or State fair hearing. Elevate Medicaid Choice will keep paying for your care while you wait for a ruling if:

- You file your appeal within ten (10) calendar days from the date on your notice of Adverse Benefit Determination letter or by the effective date of Elevate Medicaid Choice's action.
- Your appeal involves ending, pausing or getting less of an authorized course of treatment
- The care you are getting is from an authorized provider; and
- Your original authorization timeframe on your care is not expired.

If you have a question, call **Health Plan Services** at **303-602-2116** or toll-free at 1-855-281-2418.

- You ask to continue your benefits within 10 calendar days of Elevate Medicaid Choice sending the notice of adverse benefit determination on or before the intended effective date of the date Elevate Medicaid Choice's proposed adverse benefit determination.

Again, you must still call **Elevate Medicaid Choice Grievances and Appeals** at **303-602-2261** and tell them that you want Elevate Medicaid Choice to keep covering your care. Your care will keep going until:

- You decide to cancel your appeal
- Ten (10) calendar days after the ruling of your appeal unless, within that 10 days, you ask for a State fair hearing with continuation of services until the State fair hearing ruling is reached
- The State fair hearing office rules that Elevate Medicaid Choice does not have to pay for your care
- The time limit on your original service authorization is up.

If Elevate Medicaid Choice or the State fair hearing office decides to approve your appeal or State fair hearing (reverses the decision to deny your care), and you were getting a continuation of services while your appeal or State fair hearing was pending, Elevate Medicaid Choice will pay for that care. If Elevate Medicaid Choice or the State fair hearing office comes to a ruling that they do not agree with your appeal, you may have to pay for the care you got while waiting for Elevate Medicaid Choice or the State fair office's ruling on the appeal. If Elevate Medicaid Choice or the State fair hearing office decides to approve your appeal or State fair hearing (reverses the decision to deny your care), and you were not getting a continuation of services while your appeal or State fair hearing was pending, Elevate Medicaid Choice will authorize or provide that care as quickly as your health condition needs but no later than 72 hours from the date of reversing the adverse benefit determination.

Health First Colorado (Colorado's Medicaid Program) Ombudsman:

The Ombudsman is set apart from all the Health First Colorado health care plans. If you have a problem or concern, the Ombudsman will work with you. They will work with your doctor or health plan to find an answer that works for everyone.

If you are Health First Colorado member (this includes Elevate Medicaid Choice) and have a problem with a Denver Health Provider or with your Mental Health Provider:

- First talk with your doctor or with **Elevate Medicaid Choice Health Plan Services** by calling **303-602-2116**. Often this will help.
- You can also call the **Ombudsman for Health First Colorado Managed Care**.

  Metro area: 303-830-3560

  Out of metro area: 1-877-435-7123

Call the Ombudsman Program when:

- You cannot get an appointment or have to wait too long for an appointment.
- You cannot see a specialist.
- You are not happy with care for you or a family member.
- Your health plan denied a service.
- You need help filing a grievance, complaint or appeal.
- You are not sure whom to call.
  If you have a question, call **Health Plan Services** at **303-602-2116** or toll-free at 1-855-281-2418.

American Academy of Pediatrics
DEDICATED TO THE HEALTH OF ALL CHILDREN®

Bright Futures
prevention and health promotion for infants, children, adolescents, and their families™

Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics

Each child and family is unique; therefore, these Recommendations for Preventive Pediatric Health Care are designed for the care of children who are receiving competent parenting, have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, psychosocial, and chronic disease issues for children and adolescents may require frequent counseling and treatment visits separate from preventive care visits. Additional visits also may become necessary if circumstances suggest variations from normal.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health supervision and the need to avoid fragmentation of care Refer to the specific guidance by age as listed in the *Bright Futures Guidelines* (Hagan JF, Shaw JS, Duncan PM, eds. *Bright Futures: Guidelines for Health Supervision of infants, Children, and Adolescents.* 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017)

	INFANCY								EARLY CHILDHOOD						
AGE[1]	**Prenatal**[2]	**Newborn**[3]	**3-5 d**[4]	**By 1 mo**	**2 mo**	**4 mo**	**6 mo**	**9 mo**	**12 mo**	**15 mo**	**18 mo**	**24 mo**	**30 mo**	**3 y**	**4 y**
HISTORY Initial/Interval	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●
MEASUREMENTS															
Length/Height and Weight		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Head Circumference		●	●	●	●	●	●	●	●	●	●	●			
Weight for Length		●	●	●	●	●	●	●	●	●	●				
Body Mass Index[5]												●	●	●	●
Blood Pressure[6]		★	★	★	★	★	★	★	★	★	★	★	★	●	●
SENSORY SCREENING															
Vision[7]		★	★	★	★	★	★	★	★	★	★	★	★	●	●
Hearing		●[8]	●[9] →			★	★	★	★	★	★	★	★	★	●
DEVELOPMENTAL/BEHAVIORAL HEALTH															
Developmental Screening[11]								●			●		●		
Autism Spectrum Disorder Screening[12]											●	●			
Developmental Surveillance		●	●	●	●	●	●		●	●		●		●	●
Psychosocial/Behavioral Assessment[13]		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Tobacco, Alcohol, or Drug Use Assessment[14]															
Depression Screening[15]															
Maternal Depression Screening[16]				●	●	●	●								
PHYSICAL EXAMINATION[17]		●	●	●	●	●	●	●	●	●	●	●	●	●	●
PROCEDURES[18]															
Newborn Blood		●[19]	●[20] →												
Newborn Bilirubin[21]		●													
Critical Congenital Heart Defect[22]		●													
Immunization[23]		●	●	●	●	●	●	●	●	●	●	●	●	●	●
Anemia[24]						★			●	★	★	★	★	★	★
Lead[25]							★	★	● or ★[26]		★	● or ★[26]		★	★
Tuberculosis[27]				★			★		★			★		★	★
Dyslipidemia[28]												★			★
Sexually Transmitted Infections[29]															
HIV[30]															
Cervical Dysplasia[31]															
ORAL HEALTH[32]							●[33]	●[33]	★		★	★	★	★	★
Fluoride Varnish[34]							←				●				
Fluoride Supplementation[35]							★	★	★		★	★	★	★	★
ANTICIPATORY GUIDANCE	●	●	●	●	●	●	●	●	●	●	●	●	●	●	●

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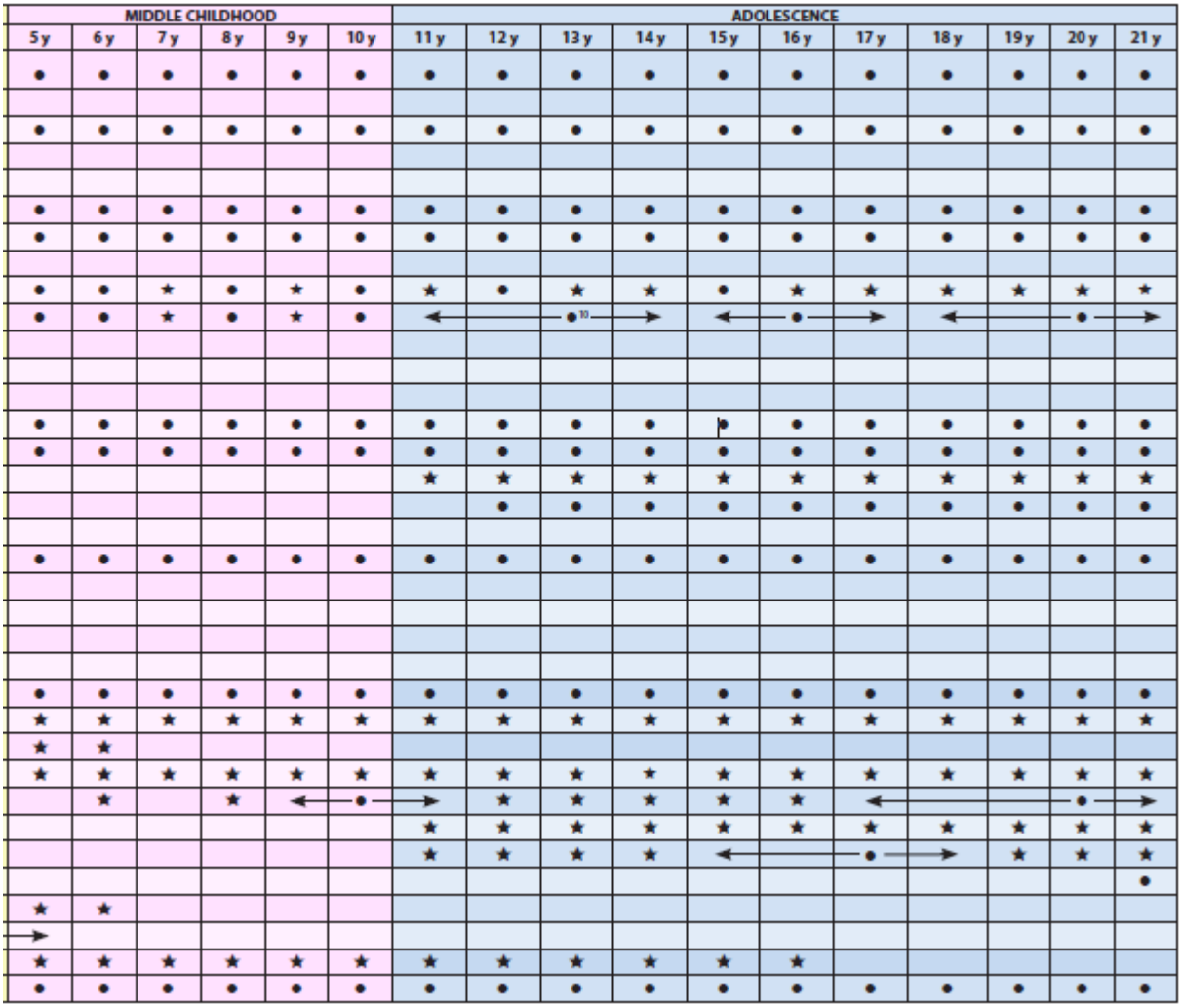
Recommendations for Preventive Pediatric Health Care
Bright Futures/American Academy of Pediatrics (Cont'd)

The recommendations in this statement do not indicate an exclusive course of treatment or standard of medical care. Variations, taking into account individual circumstances, may be appropriate.



For more information on the Periodicity Schedule, please visit: aap.org/en-us/professional-resources/practice-transformation/managing-patients/Pages/Periodicity-Schedule.aspx