

# *Denver Health Medicaid Choice*

MEMBER HANDBOOK





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**IMPORTANT PHONE NUMBERS****EMERGENCY: CALL 9-1-1**

Nurse Advice Line	303-739-1261
<b>To make an appointment:</b>	
Appointment Line	303-436-4949
<b>To talk to a case manager or health coach:</b>	
Care Support	303-602-2070, Option 2
<b>To find out more about benefits, file a grievance or appeal, or if you have a question but don't know who to ask:</b>	
Member Services	303-602-2116
TTY/TDD	303-602-2129
Toll Free	800-700-8140
TTY/TDD Toll Free	866-538-5288
Fax	303-602-2138
<b>To check the status of your service authorization request:</b>	
Medical Management	303-602-2140
Pharmacy Department (for pharmacy authorizations)	303-602-2070, Option 1
<b>To get information on DHMC Providers:</b>	
Medical Staff Office	303-436-5720
<b>To refill your prescriptions at a Denver Health pharmacy:</b>	
Prescription Refill Line	866-347-3345
<b>To ask enrollment/disenrollment questions:</b>	
HealthColorado	303-839-2120
Outside Metro Denver	888-367-6557
<b>To get information on state fair hearings:</b>	
Office of Administrative Courts	303-866-2000
<b>To get help filing a grievance:</b>	
DHMC Member Services	See Above
Medicaid Ombudsman	303-830-3560
Toll Free	877-435-7123
TTY/TDD Toll Free	888-876-8864
<b>To get information about a provider:</b>	
CO State Board of Medical Examiners	303-894-7434
<b>To get information about a nurse:</b>	
CO State Board of Nursing	303-894-7888
<b>Other phone numbers:</b>	
State of Colorado Medicaid Customer Service Line	303-866-3513
Toll Free	800-221-3943



**Welcome to Denver Health Medicaid Choice (DHMC). DHMC 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.**

This book will tell you:

- Your benefits;
- Special programs;
- Your rights and responsibilities;
- How to get the care you need;
- Phone numbers; and
- Much more

This member handbook does not give detailed information about DHMC providers. Please use the DHMC Provider Directory to get a list of health care providers that work for DHMC. The Provider Directory shows information like names, locations, the language the provider speaks, and types of doctors and other health providers on the DHMC plan. You can find the Provider Directory online at [www.dhmedicaidchoice.com](http://www.dhmedicaidchoice.com) or you can ask for a paper Provider Directory by calling Member Services 303-602-2116.

DHMC is here to help you. If you can't find the answers in this book, or have questions, please call Member Services.

Thank you for choosing to be a member of DHMC.

You have a right to a new member handbook and all the facts in the handbook at any time. You can call Member Services if you need a new member handbook.

This handbook, and all other member information, is available in other languages, Braille, large print, and audiotapes. Please call Member Services if you need this handbook or any other member information in a different language or form.

DHMC provides interpreter services for many languages at no cost to our members. If you would like to use an interpreter during your clinic visits, please tell the Appointment Center representative when you make your appointment (phone number on "Important Phone Numbers" page of this handbook). If you would like to use an interpreter for any other health care need, please call Member Services.

DHMC also offers TDD/TTY services for the hearing impaired. The TDD/TTY phone number for Member Services is listed on the "Important Phone Numbers" page at the front of this handbook. If you need a sign language interpreter or other assistance during your clinic visits, please let Member Services know before your appointment date so arrangements can be made with an interpreter.

DHMC is a Medicaid Managed Care Plan. The Colorado Department of Health Care Policy and Financing (HCPF) oversees the Medicaid and Child Health Plan *Plus* programs. If you would like to get more details on the structure and operation of DHMC, please call Member Services.

#### **"What is a PCP?"**

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

#### **Your DHMC and Medicaid ID Cards**

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You need your DHMC ID card and your Medicaid ID card with you when you see your provider, pick up medicine at the Pharmacy, or for any health services. You may not get services without your cards. Your DHMC card tells you the name and phone number of your PCP.

#### **If You Lose Your ID Cards**

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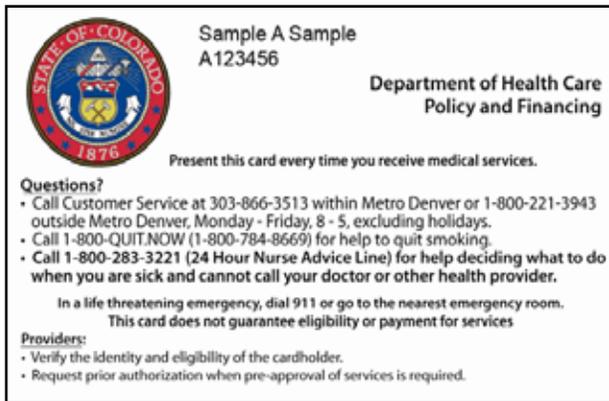
If you lose your Medicaid card you should get in touch with your County Department of Social/Human Services to get a replacement card.

#### **El Español**

El DHMC ha traducido esta guía en el español y está disponible en la letra grande, de ser solicitada. Llame Servicios de Miembro en 303-602-2116; el número 303-602-2129 de TTY.

Call Member Services if you lose your DHMC ID card  
 Member Services will order you a new card..

**Colorado State Medicaid Card**

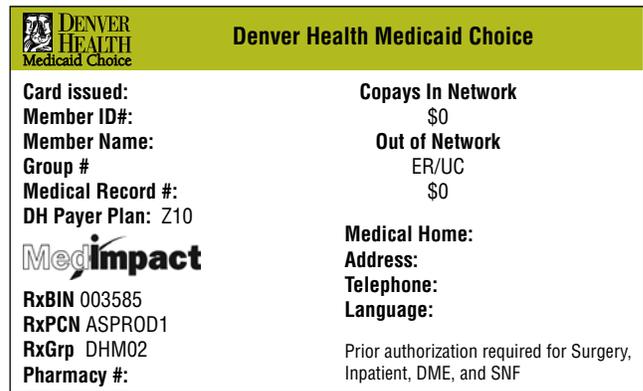


Front

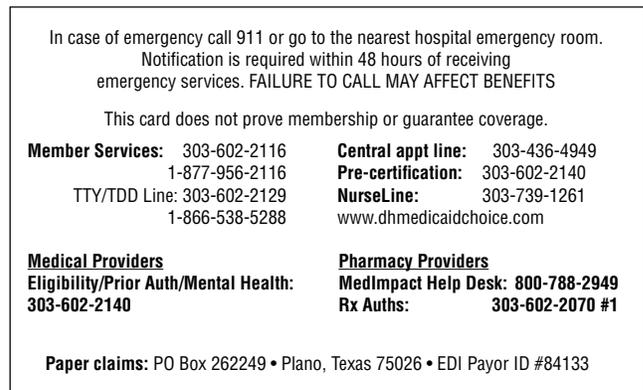


Back

**DHMC Card**



Front

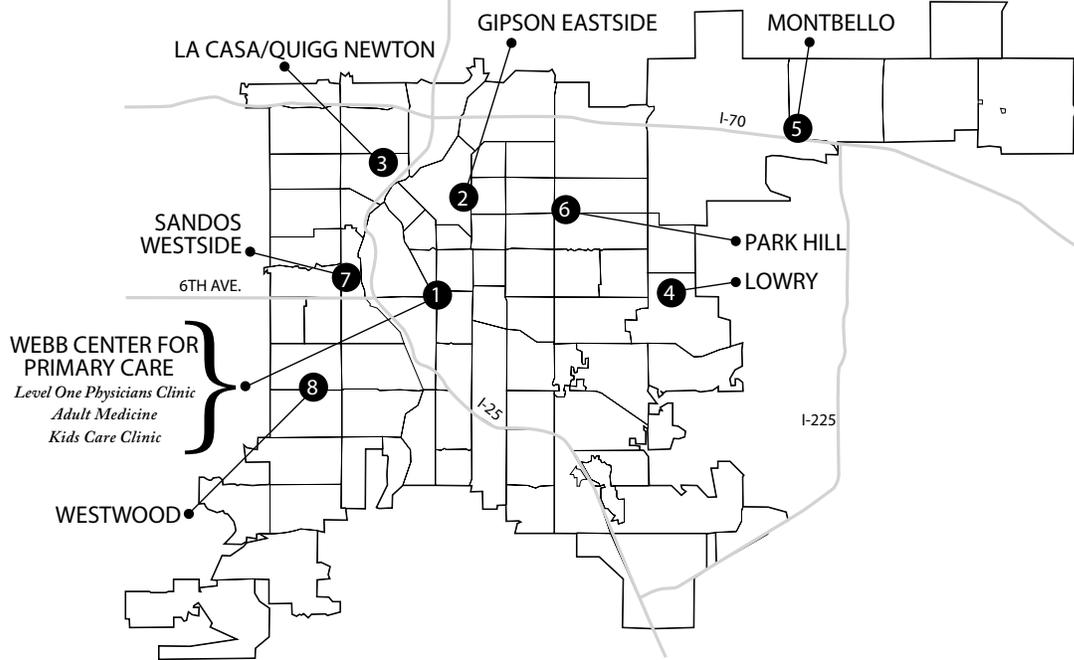


Back

**You need to show both cards to receive care.**

**Where You Can Get Care**

Below is a list of Denver Health clinics where you can get care. These clinics are part of the DHMC Network. You may see any Provider in the DHMC Network (some Specialist Providers require a referral first - see "Referrals" for more information). To find out clinic hours or for general information about a clinic, call the clinic at the number listed below. If you need to make an appointment for a clinic visit, please call the Appointment Center at (303) 436-4949. In most cases, you must go to these Denver Health clinics for your health care needs.



**FAMILY HEALTH CENTERS**

**WELLINGTON WEBB CENTER FOR PRIMARY CARE**

*301 W. 6th Ave.*

<b>LEVEL ONE PHYSICIANS CLINIC</b>	<b>303.602.8270</b>
<b>ADULT MEDICINE CLINIC</b>	
<i>Burgundy</i>	<b>303.602.8070</b>
<i>Green Team</i>	<b>303.602.8080</b>
<b>KIDS CARE CLINIC</b>	<b>303.602.8340</b>

**GIPSON EASTSIDE**  
*501 28th St.* **303.436.4600**

**LA CASA/QUIGG NEWTON**  
*4545 Navajo* **303.436.8700**

**LOWRY**  
*1001 Yosemite St. Suite 100* **303.436.4545**

**MONTBELLO**  
*12600 E. Albrook Dr.* **303.602.4000**

**PARK HILL**  
*4995 E. 33rd Ave.* **303.602.3720**

**SANDOS WESTSIDE**  
*1100 Federal Blvd* **303.436.4200**

**WESTWOOD**  
*4320 W Alaska Ave* **720.956.2900**

**HOSPITAL**  
**DENVER HEALTH MEDICAL CENTER**  
*777 Bannock St.* **303.436.6000**

**ADULT URGENT CARE WALK-IN CLINIC**  
*777 Bannock St.* **303.602.2822**

**PEDIATRIC URGENT CARE CLINIC**  
*777 Bannock St.* **303.602.3300**

If you have a question please call Member Services at 303-602-2116 or toll-free at 1-800-700-8140.

## Where You Can Get Care

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### School-Based Health Centers

School-Based Health Centers are DHMC clinics that are located in some elementary, middle, and high schools around Denver. Each of the schools listed here has a School-Based Health Center on site. DHMC members who are enrolled in any of the schools listed can get their care at their School-Based Health Center.

#### Abraham Lincoln High School

2285 S. Federal Blvd..... 720-423-5020

#### Bruce Randolph Middle School

3955 Steele St..... 720-424-1232

#### John F. Kennedy High School

2855 S. Lamar ..... 720-423-4355

#### Kepner Middle School

911 S. Hazel Ct.....720-424-0126

#### Kunsmiller Middle School

2250 S. Quitman Way .....720-424-0156

#### Lake Middle School

1820 Lowell Blvd .....720-424-0281

#### Manuel High School

1700 East 28th Avenue ..... 720-423-6435

#### Martin Luther King, Jr. Early College

19535 E. 46th Ave..... 720-424-0476

#### Montbello High School

5000 Crown Blvd ..... 720-423-5808

#### North High School

2960 N. Speer Blvd .....720-423-2718

#### Rachel Noel Middle School

5290 Kittredge St..... 720-424-0909

#### South High School

1700 E. Louisiana Ave..... 720-423-6260

#### West High School

951 Elati..... 720-423-5456

# 1

## How Your Plan Works

### Come Meet Your DHMC Health Plan Team

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Every month, DHMC invites all members to attend the DHMC New Member Lunch. This is a meeting where new and existing DHMC members can meet real DHMC staff to learn more about their DHMC benefits, services and other helpful information.

Lunch is provided to everyone who attends, and questions are welcome! If you are interested in coming to the next DHMC New Member Lunch, please call Member Services.

### How to Get Information About Providers

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You can call your provider's office or

- Member Services;
- HealthColorado;
- Colorado State Board of Medical Examiners at 303-894-7434 (if your provider is a provider); or
- Colorado State Board of Nursing at 303-894-7888 (if your provider is a nurse)

### Choosing a DHMC PCP

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You should choose a PCP or Medical Home right away. To pick a PCP or Medical Home you can check your DHMC Provider Directory for a list of DHMC providers and clinics. Call Member Services to ask for a copy of the DHMC Provider Directory or view online at [www.dhmedicaid-choice.com](http://www.dhmedicaid-choice.com).

You must call Member Services if you know which PCP or Medical Home you want to see for your care. If you do not pick a PCP or Medical Home, DHMC will assign you to the closest DH family clinic. A list of all the DH clinics is located under the 'Where You Can Get Care' section in this book.

### How to Change Your PCP

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You can change your PCP or Medical Home at any time. Member Services can help you. Please call Member Services and tell them you need to change your PCP or Medical Home.

### Enrolling and Disenrolling

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Being a member of DHMC is your choice. You can disenroll from DHMC for any reason when:

- You are a new DHMC member and you have been in DHMC for 90 days or less
  - You are in your Open Enrollment period (see Open Enrollment for details).
  - You miss your Open Enrollment period because you lost your Medicaid eligibility for a short time
- You can also request to disenroll from DHMC at any time for these reasons:
- You move out of the DHMC network area (Adams, Arapahoe, Jefferson, and Denver Counties);
  - DHMC 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 DHMC network, and your provider tells DHMC that you need to get the services at the same time;
- You are enrolled in DHMC by mistake;
- You feel, and HCPF agrees, that you are getting poor quality of care, lack of access to DHMC services, or lack of access to the types of providers that you need;
- Your PCP leaves the DHMC 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 Denver Health Medicare plans (and your DHMC 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); or
- Other reasons that are approved by HCPF.

DHMC may request to disenroll you from the DHMC plan. DHMC can get permission from HCPF to disenroll you for any of these reasons:

- You are put in an institution because of a mental illness, drug addiction;
- You are put in a correctional institution (jail, prison);
- You have health coverage besides Medicaid;
- You are in a Medicare plan or other health plan that is not a DHMC plan;
- Child welfare eligibility status or receipt of Medicare benefits;
- You knowingly give DHMC incorrect or incomplete information about yourself, and this information affects your enrollment status; or
- Any other reason given by DHMC that HCPF agrees with.

Your provider may also request to disenroll you from the DHMC plan. Your provider can request to disenroll you for any of these reasons:

- You keep missing appointments that you make to see your provider;
- You do not follow the treatment plan that you and your provider agree on;
- You do not follow the rules of DHMC (listed as your Member Responsibilities in this handbook); or
- You are abusive to your providers, other DHMC staff, or other DHMC members.

Your provider must give you one (1) verbal warning before he or she can request to disenroll you for these reasons. If you keep acting in the same way, DHMC 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 DHMC if you keep acting in the same way.

If you are abusive to your provider, other DHMC staff, or other DHMC members, DHMC will give you a verbal warning and may disenroll you without sending you a warning letter.

To enroll or disenroll from DHMC, you must call HealthColorado. Their phone number is in the “Important Phone Numbers” section of this handbook. HealthColorado and HCPF will handle all of your enrollment or disenrollment needs.

### **Open Enrollment**

You have ninety (90) calendar days from the day you became a DHMC member to switch to a different health plan for any reason. You also have a two (2) month time frame (the 2 months before your birthday month) to switch from DHMC to a different health plan for any reason. These time frames are called your Open Enrollment period.

DHMC will send you a reminder letter when you are in your Open Enrollment period. During this time you can choose to stay in DHMC or choose a different health plan.

### **When Are You Not Able to be a DHMC Member?**

You are not able to get services through DHMC when:

- You lose Medicaid 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 DHMC service area (Denver, Arapahoe, Adams, and Jefferson counties).

### **Getting a Referral to see a Specialist**

You need a referral from your PCP to see some types of specialists (providers who are experts in one or more areas of health care). A referral is what your PCP uses to ask DHMC to approve your visit to some specialists. You also need a referral from your PCP before you can get some types of services, or before you see some providers outside of DHMC. If you do not get a referral from your PCP before you see these specialists or get these services, you may have to pay for the care you get.

You do not need a referral:

- For a routine eye exam at a DHMC eye provider
- To see an 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 DHMC)
- For emergency or urgent care (in or outside of DHMC)

Please call Member Services or Medical Management to get more information on referrals.

### **Medical Bills**

DHMC pays for all your covered benefits. You should never get a bill from a provider if the service is a DHMC covered benefit. You may have to pay for a service you get if DHMC does not cover the service or if you get the service from a provider outside of DHMC without getting a referral first (see “Getting a Referral to see a Specialist” for more information). Please call Member Services if you get a bill from a provider.

### **Protect Yourself and Medicaid from Billing Fraud**

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

These are examples of possible Medicaid fraud:

- A health care provider bills Medicaid for services you never got.
- A supplier bills DHMC for equipment that is different from the equipment they gave you.
- Someone uses another person’s Medicaid card to get medical care, supplies, or equipment.
- Someone bills Medicaid for home medical equipment after it has been returned.
- A company uses false information to mislead you into joining a Medicaid plan.

If you believe a Medicaid plan or provider has misled you, call DHMC Member Services at 303-602-2116; 1-800-700-8140 TTY users should call 303-602-2129.

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 include 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 correct.
2. Call DHMC Member Services at 303-602-2116; 1-800-700-8140; TTY users should call 303-602-2129.
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-HHS-TIPS (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 go to some specialists without approval from DHMC;
- If you see some providers outside of DHMC without a referral from your PCP;
- If you get health care that is not a covered benefit;
- If you do not follow the pharmacy rules; or
- If there is fraud or the service is against the law.

If you need help deciding if a service or provider is covered by DHMC please call Member Services.

### **When are You Not Required to Pay for Services?**

If a provider does not get approval from DHMC when you receive services, they cannot ask you to pay for these services. Providers cannot make you pay because they did not get paid from DHMC for the services you received.

### **If Your Benefits, Provider or Services Change**

DHMC will tell you in writing if there is ever a significant (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 available to you through DHMC
- Benefits available to you that are not through DHMC
- How to get your benefits, including authorization requirements and family planning benefits
- Emergency, urgent, and post-stabilization care services
- Referrals for specialty care
- Cost sharing
- Moral and religious objections

DHMC will let you know about these changes at least thirty (30) days before the intended effective date of these changes.

If you want to know more about the providers taking care of you, like their title, training and the licenses(s) they may have, you can call the Medical Staff Office at 303-436-5720.

### **Physician Incentive Plans**

DHMC does not use a Physician Incentive Plan. This means that DHMC 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 Member Services.

### **DHMC Must Be Fair to You**

DHMC will not keep you from getting covered services or take any action against you (like disenrolling you from DHMC) because of:

- race;
- color;
- being a man or a woman;
- age;
- religion;
- political values;
- national origin;
- language;
- sexual choice; or
- disability.

### **When Another Party Causes Your Injuries or Illness**

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

- Denver Health Medicaid Choice (“DHMC”) may collect paid benefits directly from the liable party or the liable party’s insurance company.
- You will tell DHMC, within 30 days of your becoming 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:
- DHMC has paid, and/or is in the process of paying, your medical bills.
- The insurance company must contact DHMC to discuss payment to DHMC.
- The insurance company must pay DHMC 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 DHMC.
- Neither you nor your lawyer will collect any money from the insurance company until after DHMC 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 DHMC, you or your lawyer will pay the money over to DHMC up to the amount of benefits paid out. DHMC

need not pay your lawyer any attorney’s fees or costs for collecting the insurance money.

- DHMC 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. DHMC may notify other parties of the lien.
- DHMC may give the insurance company and your lawyer any DHMC records necessary for collection. If asked, you agree to sign a release to provide DHMC records to the insurance company and your lawyer. If asked, you agree to sign any other papers that will help DHMC collect.
- You and your lawyer will give DHMC any information requested about your claim against the liable party. You and your lawyer will notify DHMC 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 DHMC to collect paid benefits from the insurance company.
- You will owe DHMC any money that DHMC is unable to collect because of your, or your lawyer’s, lack of help or interference. You agree to pay to DHMC any attorney’s fees and costs that DHMC must pay in order to collect this money from you. If you or your lawyer do not help, or interfere with, DHMC in collecting paid benefits, then DHMC may contact the State of Colorado and request that you be disenrolled for cause from DHMC and placed in Medicaid fee-for-service.
- DHMC 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. DHMC 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 our Member Services Department at 303-602-2116.

### **What are Advance Medical Directives?**

Advance Medical Directives are papers that let your family and providers know the kind of medical care you want when you cannot tell them yourself. You fill out these papers before you become sick or hurt.

Filling out the papers early helps protect your rights. You have the right to say yes or no to any treatment from your provider. It is also your right to make Advance Directives if you are ever unable to say yes or no to treatment for yourself. There are three types of Advance Directives:

**Medical Durable Power of Attorney** Is a person you choose to make health care choices for you if you cannot.

**Living Wills** Tell your provider not to use machines or medicine if you are close to death.

Do Not Resuscitate Order (DNR) is a written rule to your providers and nurses not to try to get your heart and/or breathing started again if it stops.

If your provider cannot carry out your Advance Directive because of his or her beliefs, you will be told in writing. Denver Health will find you a provider that is able to carry out your Advance Directives instead.

You may call the Colorado Department of Public Health and Environment if your Advance Medical Directive was 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)

TTY/TDD Line for the Hearing Impaired:  
(303) 691-7700

For details on Advance Medical Directives please call your PCP or Member Services at (303) 602-2116

### Proxy Decision-Maker

Adults have a right to make their own medical choices. If you are unable to make medical choices and have not chosen someone to make choices for you, Colorado law lets a proxy decision-maker to be selected for you. A proxy decision-maker is chosen from a group of “involved people”, which includes the patient’s spouse, either parent of the patient, any adult child, brother or sister or grandchild of the patient or any close friend of the patient. A proxy decision-maker can make medical care choices on your behalf.

### Health Benefit Decision Surrogate

Your provider may name someone to make your health benefit choices if your provider decides that you are unable to make such choices. These types of choices include health plan enrollment, disenrollment and health benefit appeals. A surrogate decision-maker will have access to your health care information and other personal information as needed to make choices for you. A Proxy Decision-Maker can also be your Surrogate Decision-Maker. Someone you have chosen as Medical Durable Power of Attorney can be both your Proxy and Surrogate Decision-Maker.

### Privacy

Your privacy is very important. 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. DHMC 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 medical care. We will not give this information to anyone without your permission.

A complete description of DHMC’s Privacy Practices is given to you when you get services at a Denver Health clinic.

### Using a Designated Client Representative (DCR)

You can choose someone to be in charge of your medical care. This is a Designated Client Representative (DCR). You can make a friend, family member, a provider, or any other person your DCR. A DCR looks after your interests when you cannot make health care decisions for yourself. You must tell DHMC in writing if you choose a DCR. The DCR’s name, address and a phone number must be included in the letter so DHMC knows who to call when needed. A copy of the DCR form is located in the back of this handbook. You can also call Member Services for a copy.

### Being on the Consumer Advisory Committee

The DHMC Consumer Advisory Committee is a group of DHMC staff, members, and other community health workers who meet regularly to talk about the DHMC Plan. When you join the DHMC Consumer Advisory Committee, you help us change DHMC for the better. Do you want to help make your health plan better? Do you have some ideas about how DHMC should change? Or do you just want to share your experiences with DHMC staff? We want to hear everything you have to say! Please call Member Services (number on the bottom of this page) to be part of the DHMC Consumer Advisory Committee.

### You and Your Provider

DHMC respects the relationship that you and your provider share. That is why DHMC will not interfere with any health care professionals, acting within the lawful scope of practice, from advising you or being your advocate for the following:

- Your health status, medical care or treatment options, including any alternative treatment options that you may be able to self-administer.
- Any information you need in order to make a choice between all treatment options.
- The risks, benefits, and consequences of treatment or non-treatment.
- Your right to participate in decisions about your health care, including the right to refuse treatment and to express your preferences about future treatment options (for a full list of your rights and responsibilities, please see the next section of this handbook).

**Your Rights**

Denver Health Medicaid Choice (DHMC) provides access to medical care for all its members. We do not discriminate based on your religion, race, national origin, color, ancestry, handicap, sex, sexual choice, or age.

We give care through a partnership that includes your provider, DHMC, other health care staff, and you – our member. DHMC is committed to partnering with you and your provider. As a DHMC member, you have all of the following rights:

- To be treated with respect and with consideration to your dignity and privacy.
- To get information from your provider about all of the treatment options and alternatives for your health condition in a way that makes sense to you.
- To be involved in all decisions about your health care.
- To say “no” to any medical or surgical treatment that you are offered.
- To get a second opinion (have some other provider review your case) at no cost to you.
- 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 beliefs.
- To be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation. (This means that DHMC 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 services from providers within the DHMC appointment standards timeframes (in this handbook).
- To see providers that make you comfortable and that meet your cultural needs.
- To use any hospital (inside of or outside of the Denver Health network) or other facility for emergency and urgent care services. Emergency and urgent care services do not require prior approval or referral.
- To get health care services outside of the Denver Health Network if you are not able to get them in the Denver Health Network (DHMC must approve non-emergency and non-urgent care services first).
- To get family planning services directly from any family planning provider, in-network or out-of-network, without DHMC approval or referral.

- To ask for and get a copy of your medical records.
- To ask that your medical records be changed or corrected.
- To file a grievance, appeal or ask for a State fair hearing.
- To join the DHMC Consumer Advisory Committee.
- To get complete benefit information from DHMC. 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 DHMC.

**Your Responsibilities**

DHMC wants to give every member outstanding 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 DHMC member, you are also responsible for:

- Selecting a Primary Care Physician (PCP) or Medical Home that is in the Denver Health Network.
- Following all of the rules in this member handbook.
- Getting a referral from your PCP before you see a Specialist (unless a referral is not needed).
- Following the rules of the DHMC appeal and grievance process.
- Calling Member Services 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 DHMC or Medicaid.
- Telling DHMC about any other insurance you have besides Medicaid.
- Calling the Appointment Center 24 hours before your appointment date if you need to cancel your appointment.



### 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 service you get from an emergency room provider that is needed for an emergency health problem. If you have an emergency call 911 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.

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

If you need care after hours (after your provider's office is closed) you can call the Denver Health NurseLine at (303) 739-1211. 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 care very quickly. It is not an emergency but you need to be seen quickly. You need urgent care when you need to be seen quickly. If you have an urgent care need, you can go to the nearest urgent care center, or call:

- Your PCP.
- The DHMC Nurse Advice Line (see Important Phone Numbers page of this handbook). This line can connect you to a DHMC nurse 24 hours a day, 7 days a week. The DHMC 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 DHMC to go to the nearest urgent care center. You may see any urgent care provider, even if the provider is outside of the DHMC network.

Denver Health has adult and pediatric (children's) urgent care clinics on the main Denver Health hospital campus (777 Bannock Street). These clinics are open Monday through Friday from 8:30 a.m. to 10:00 p.m. and on weekends from 10:00 a.m. to 9:00 p.m. 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 medical 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. DHMC will pay for your Post-Stabilization care if you are at Denver Health or if you are at a non-Denver Health hospital and your Post-Stabilization care was pre-approved by DHMC.

When a Provider at a non-Denver Health hospital is giving you Post-Stabilization care services and DHMC did not pre-approve them, DHMC must still pay for the services if:

- The Provider at the non-Denver Health hospital asks DHMC to approve your Post-Stabilization care services, and DHMC does not get back to the non-Denver Health Provider within one (1) hour;
- DHMC cannot be contacted; or
- DHMC and the Provider at the non-Denver Health hospital cannot agree on how to handle your treatment.

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

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

When the Provider at the non-Denver Health hospital tells DHMC you are "stable" (meaning you are healthy enough to be transferred to Denver Health for the rest of your care), DHMC will work to safely bring you to Denver Health hospital. Your care will still be covered by DHMC when you get transferred to Denver Health hospital. If you refuse (say no to) this transfer, you will have to pay for the rest of the care you get at the non-Denver Health hospital.

**Preventive Care and Routine Care**

You need immunizations, vaccines, check-ups, and regular provider visits for good health. Call your **PCP** for regular and preventive care, they can help you get this kind of care. If there are other services you have questions about, please give us a call and we can help you.

**Making an Appointment**

You should call the Appointment Center line at (303) 436-4949 to make an appointment to see a provider. If you need an interpreter or TDD/TTY services when you see your provider, let the Appointment Center representative 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:

**DHMC Appointment Standards**

**Pharmacy**

Type of Care	Adult	Child
<b>Emergency</b>	24 hours, 7 days a week	24 hours, 7 days a week
<b>Urgent</b>	Within 48 hours of your call	Within 48 hours of your call
<b>Non-Urgent</b>	Within 2 weeks	Within 2 weeks
<b>Well Care Exams</b>	Within 4 months	Within 2 weeks

In order for DHMC to pay for your prescription, you must bring your DHMC ID card and a photo I.D. with you when you go to the pharmacy. If your Denver Health provider writes you a prescription, you can fill it at any one of these Denver Health pharmacies:

Primary Care Pharmacy (Webb)  
301 West 6th Avenue  
303-602-8500

Eastside Pharmacy  
501 28th Street  
303-436-4090  
Westside Pharmacy  
1100 Federal Blvd  
303-436-4200

Infectious Disease (ID) Pharmacy  
605 Bannock Street  
303-602-8762

La Casa Pharmacy  
4545 Navajo Street  
303-436-8700

Montbello Pharmacy  
12600 Albrook Drive  
303-602-4025

Denver Health REFILLS  
1-866-347-3345

You may also take your prescriptions to any other pharmacy that accepts MedImpact insurance. Some pharmacies outside of Denver Health take MedImpact insurance, like Albertsons, King Soopers, Safeway, Rite-Aid, Target and Walgreens. You can go online to [www.dhmedicaidchoice.com](http://www.dhmedicaidchoice.com) to find a pharmacy near you.

You may call the phone number on your bottle to order a refill. 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.

It is a good idea to get all of 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 DHMC medical records.

DHMC has a list of preferred drugs. This list is called a formulary. All pharmacies follow this formulary. If your provider writes you a prescription for a drug that is not on the formulary there may be a drug on the list that would work just as well for you. Your provider can decide if some other drug is right for you. If your provider does not want to change the drug, he or she will need to fill out an approval form and send it to DHMC. Your provider and DHMC will work together on this. You do not have to do anything once your provider fills out all of the form. Your provider or the pharmacy will let you know if DHMC will pay for the drug or not.

Please call Member Services to get a copy of the formulary or if you have questions about pharmacies. You may also go to [www.dhmedicaidchoice.com](http://www.dhmedicaidchoice.com) to get a copy of the DHMC formulary.



When you are away from the Denver area you are only covered for emergency and urgent care services.

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

If the emergency room or urgent care center decides that you must stay overnight in a hospital, please call the DHMC Out-Of-Network Hospitalization line at (303) 602-2162 as soon as you can to let us know about your hospitalization. DHMC 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 DHMC to transfer you to Denver Health. If you say no to the transfer to Denver Health, you may have to pay for the rest of the services you get at the other hospital.

If you receive care for services other than emergency or urgent care services, you may be responsible for payment. You must get approval ahead of time for other health services when outside the Denver area.

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**

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Ask for an early refill before you leave on a trip. You can get prescriptions at major pharmacy chains throughout Colorado that accept MedImpact insurance. Outside Colorado, medications are filled only for emergencies. You will need to have your DHMC ID card to show the pharmacist.



### **Seeing an OB/GYN (Obstetrics and Gynecology)**

You do not need a referral to see a DHMC OB/GYN for pregnancy services or well-woman care. If you are more than three (3) months pregnant and you are a new DHMC member, you may keep seeing your current OB/GYN, even if your OB/GYN is outside of the DHMC network. Call Medical Management for more information.

### **Family Planning**

You may go to a DHMC provider or any provider who accepts Medicaid for family planning. You do not have to get approval from DHMC first.

### **Cervical Cancer Screening**

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

### **Breast Cancer Screening**

A mammogram is a test that doctors use to screen for (find) breast cancer. Mammograms are covered by DHMC. 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 provider about when you should have your next breast cancer screening.

### **Pregnancy Care**

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

### **WIC – Women, Infants and Children's Food Program**

WIC is a program for pregnant or breastfeeding women with children up to 5 years of age. Care includes nutritional education, free food and referrals to health and social services agencies. Please call Member Services at 303-602-7400 to find the WIC clinic nearest you.

### **Alcohol, Drugs and Pregnancy**

*Special Connections* is a Colorado drug and alcohol program. It helps pregnant women who are involved with alcohol and drugs. If you think this program can help you, please call Department of Human Services' Behavioral Health Division at 303-866-7400. This service is a "wrap around" benefit. (please see the "Wrap Around Benefits" section of this handbook to learn more).



### How to Sign Your Newborn Up for DHMC

All babies born to moms in DHMC are covered from the date of birth up to 60 calendar days, or until the last day of the first full month following birth, whichever is sooner. Call your county contact right away to get your baby's Medicaid ID. Your child can be enrolled in DHMC, same as you, and receive their care at Denver Health.

### Childhood and Adolescent Immunizations

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

### EPSDT

#### (Well Child Check-ups, Shots, Dental Care)

Early Periodic Screening Diagnosis and Treatment (EPSDT) is a Medicaid program that covers many different kinds of services for children from birth up to 21 years of age. Benefits include well child check-ups, immunizations (shots), eyeglasses, dental care and more. A **PCP** should see your child within 2 weeks after you call for an appointment.

Age	Check-ups
0-15 months	6 well child care visits
1 - 2 years of age	1 - 2 well child care visits
3-11 years of age	1 well child care visit per year
12-20 years of age	1 well child care visit per year

### Schedule for Immunizations

Age	Shots
<b>Birth to 1 year</b>	<ul style="list-style-type: none"> <li>Hepatitis B</li> <li>DTaP (prevents diphtheria, tetanus and whooping cough)</li> <li>IPV - Polio</li> <li>Hib (Haemophilus influenza Type b)</li> <li>PCV - Pneumococcal (prevents pneumonia)</li> <li>RV - Rotavirus (stomach virus)</li> <li>Influenza - seasonal flu (starting at 6 months old)</li> </ul>
<b>1 year to 3 years</b>	<ul style="list-style-type: none"> <li>Hepatitis A</li> <li>Hepatitis B</li> <li>Hib</li> <li>Polio</li> <li>MMR (prevents measles, mumps &amp; rubella)</li> <li>Varicella (prevents Chicken Pox) (if child has not had chicken pox)</li> <li>DTaP</li> <li>Pneumococcal</li> <li>Meningococcal (prevents meningitis)</li> <li>Influenza (every 6 months)</li> </ul>
<b>4 to 6 years</b>	<ul style="list-style-type: none"> <li>DTaP</li> <li>Polio</li> <li>MMR</li> <li>Varicella (Chicken Pox)</li> <li>Influenza (every 6 months)</li> </ul>
<b>11 to 12 years</b>	<ul style="list-style-type: none"> <li>Tdap (prevents tetanus, diphtheria, pertussis)</li> <li>HPV - Human Papillomavirus (prevents genital warts)</li> <li>Meningococcal (prevents meningitis)</li> <li>Influenza (yearly)</li> </ul>
<b>13 to 21 years</b>	<ul style="list-style-type: none"> <li>All shots above that have not been done will need to be completed.</li> <li>Influenza - yearly</li> </ul>
<b>Adult</b>	<ul style="list-style-type: none"> <li>Td (prevents tetanus and diphtheria) - every 10 years</li> <li>Influenza - yearly</li> <li>Pneumococcal - after the age of 65 years</li> <li>Zoster - after the age of 65 years (prevents shingles)</li> </ul>

DHMC 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 Member Services to learn more. You can also talk to your PCP if you have special health needs.

### Special Health Care Programs For New Members

If you are a new member with special needs, you can keep seeing your non-DHMC provider for up to sixty (60) days after you join DHMC. Your non-DHMC provider must agree to work with DHMC 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 DHMC. Your DME provider must also agree to work with DHMC during these 75 days.

You must let DHMC 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 Medical Management to get more information.

### Health Coaching

Health Coaches help you make healthy changes in your life like stopping smoking or exercising more. They also can help you manage a long-lasting disease like Asthma, Depression, Diabetes, Chronic Obstructive Pulmonary Disease (COPD) or heart disease. They can also help you if you have recently been in the hospital, emergency room or if you need help with other health care issues. When you join the health coaching program, you work directly with a health coach. Your health coach can help you:

- Answer any questions you have about your care,
- Make the most out of your office visits,
- Learn how to eat healthier,
- Exercise more,
- Remember to take your medicine,
- Find community resources in your area, and
- Get the care you need.

Health Coaching is an optional program and you can join or leave at any time. Health coaches can work with you over the phone, by email or in person. Please call Member Services (number at the bottom of this page) to join or if you have any questions.

### Case Management

DHMC has two types of Case Managers - Short-Term Case Managers and Complex Case Managers. DHMC members get Case Management Services at no cost.

Short-Term Case Managers can help you get the care you need. Below are some of the things they can help you with:

- Getting your care at Denver Health - this includes helping you to transfer to Denver Health if you are admitted to a non-Denver Health facility for emergency care (the other facility must tell DHMC that you are healthy enough to transfer)
- Approval to see a non-Denver Health provider, when needed
- Approval for home health care
- Approval for Durable Medical Equipment (DME) like oxygen and wheelchairs
- Follow-up after discharge from the hospital or skilled nursing facility
- Understanding your health needs - your condition, medications and treatments

Complex Case Managers offer more help to those with more complex needs. They can help you with the following:

- Learning about your health care benefits and making sure you get the health care you need
- Learning about community resources and helping you with referrals for these services
- Coordinating your health care with your different doctors
- Learning ways to manage your health
- Managing your mental health needs

If you would like to speak with a Case Manager, please call Care Support at the number listed on the "Important Numbers" page of this handbook.

## Utilization Management

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Utilization management gives authorizations (approvals) for services and treatment your provider feels you need, but that are not available at Denver Health. Utilization management also gives authorizations for services if they are provided at Denver Health but are restricted (limited) by DHMC.

Restricted services are only covered by DHMC if they have been approved by utilization management first. Some examples of restricted services include any care that is provided outside of the Denver Health network, home health care and Durable Medical Equipment (DME). See the section “Your DHMC Benefits” in this handbook to find out which covered services require DHMC authorization. Your provider will work with utilization management to get an authorization if it is needed.

Utilization Management works directly with the hospital, doctors, home health agencies, DME companies, and other providers to make sure you get the right care and fast approval of medically necessary services.

If you have questions about a service, treatment or a specific decision that is made, you can call Member Services. You can also file an appeal if you do not agree with a decision that Utilization Management makes about your care. See “What is an Appeal?” for more information.

You can also call Member Services if you want to know what information your provider uses when making service decisions or how we ensure that you are getting quality care.

## Influenza (Flu) Shots

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Flu shots are a covered benefit for DHMC members. There is no cost to members. The best time to get a flu shot is in October or November. DHMC 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.
- Anyone 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.

This is a list of your Medicaid benefits with DHMC.

If you need a service that is not covered, you or your PCP can work with DHMC to get it covered.

Benefits	Covered Services	What is Needed?
Birth of Baby in Hospital	Covered in full	
Ambulance Services	Covered when it is an emergency	
Durable Medical Equipment and Supplies	Covered Services: <ul style="list-style-type: none"> <li>• Wheelchairs</li> <li>• Crutches</li> <li>• Other supplies</li> </ul>	Approval from DHMC is needed. Please call Member Services for details.
Emergency Services	Covered	In emergencies, no referral from DHMC is needed. If you have an emergency, call 911 or go to the nearest hospital. See page 9 for the definition of "Emergency."
Family Planning Services	<ul style="list-style-type: none"> <li>• Family planning counseling, treatment</li> <li>• Birth control pills</li> <li>• Insertion and removal of approved contraceptive devices</li> <li>• Measurement for diaphragms</li> <li>• Male/female surgical sterilization</li> </ul>	<p>For sterilization, you must:</p> <ul style="list-style-type: none"> <li>• Be at least 21 years old.</li> <li>• Be mentally competent (you have never been declared mentally incompetent by a federal, state or local court).</li> <li>• Give your informed consent. You do this by filling out the form your provider will give you 30 days before your sterilization procedure.*</li> </ul> <p>*There are exceptions to this. Please ask your provider or call Member Services at (303) 602-2116 for details.</p>
Hospital Services	Hospitalization must be at Denver Health Medical Center.	Must be ordered by a DHMC provider.
Immunizations (shots) for members under 21	All recommended immunizations (shots).	Provided by a DHMC provider.
Nursing Home	This is a "wrap around" benefit and is covered by Basic Medicaid after certification is approved. See page 21 for information on "wrap around" benefits.	Must be referred by a DHMC provider.
Home Health Care Services	DHMC covers Home Health services for the first 60 days. After 60 days Home Health services are covered as a "wrap-around" by the State Medicaid Program.	Must be ordered by a DHMC provider. Approval from DHMC is needed.
Oral Surgery for Adults	Limited to treating certain conditions, such as: <ul style="list-style-type: none"> <li>• Accidental injury to jawbones or surrounding areas; or</li> <li>• Fixing a problem with your mouth, which causes a functional problem like treatment for lumps on the jaws, cheeks, lips, tongue, roof or floor of mouth.</li> </ul>	Must be referred by a DHMC provider. Approval from DHMC is needed.

If you have a question please call Member Services at 303-602-2116 or toll-free at 1-800-700-8140.

Benefits	Covered Services	What is Needed?
<b>Dental Treatments for Adults with an existing medical condition worsened by a condition in your mouth</b>	Allowable existing medical conditions include: <ul style="list-style-type: none"> <li>• Disease requiring chemotherapy or radiation;</li> <li>• Organ transplants;</li> <li>• Pregnancy; or</li> <li>• A medical condition worsened by an oral condition.</li> </ul> Emergency Treatment can be provided if you would be hospitalized if no immediate care is provided	This is a “wrap around” benefit. See page 21 for information on “wrap around” benefits
<b>Oral Care for Children</b>	Covered under EPSDT (see page 16) – this is a “wrap around” benefit.	Contact your: <ul style="list-style-type: none"> <li>• County EPSDT coordinator;</li> <li>• County tech; or</li> <li>• Call 303-866-3513 or 1 800-221-3943.</li> </ul>
<b>Over-the-counter Medications</b>	DHMC pays for some OTC medications. Your DHMC provider must write you a prescription for any OTC medication you fill at the pharmacy.	Prior approval required only for drugs not on the drug list.
<b>Prenatal Care</b>	Covered in full.	Provided by your DHMC primary care provider. If you are new to DHMC and more than 3 months pregnant you may continue to see your non-DHMC Provider until your baby is born. See “Women’s Health Care” in this handbook for more information.
<b>Prescription Drugs</b>	Prescription drugs that are on the DHMC formulary are covered. There is no co-pay (cost) to members on any covered DHMC prescription drug. Members may use any Denver Health pharmacy or any other pharmacy that accepts MedImpact insurance.	Some prescription drugs are not on the DHMC formulary. Your provider must ask DHMC to pay for a prescription drug if it is not on the DHMC formulary. Please see the ‘Pharmacy’ section of this handbook for details.
<b>Pharmacy – changing from generic to brand name</b>	You can get a brand name drug when a generic is prescribed.	You pay the difference between the generic drug cost and the brand name drug cost. DHMC will only pay part of the cost for the brand name drug. You must pay the amount that DHMC does not cover.
<b>Primary and Preventive Care</b>	Covered in full - physicals, health screenings, like mammograms, prostate screening, flu shots, etc.	Given by your DHMC physician <b>PCP</b> or with a referral.
<b>Speciality Care</b>	Special types of care covered by participating DHMC providers or providers.	Must have a DHMC <b>PCP</b> referral. Must be offered by a DHMC specialist.
<b>Substance Abuse Treatment</b>	<ul style="list-style-type: none"> <li>• Limited to medical treatment of drug effects.</li> </ul>	Must be referred by a DHMC PCP. Approval from DHMC is needed.
<b>Inpatient Substance Abuse Treatment</b>		This is a “wrap around benefit.”

Benefits	Covered Services	What is Needed?
<b>Outpatient Substance Abuse Treatment</b>		This is a “wrap around benefit.”
<b>Therapies</b>	<ul style="list-style-type: none"> <li>• Speech therapy</li> <li>• Occupational therapy</li> <li>• Physical therapy</li> <li>• Cardiac rehabilitation</li> </ul>	Must have DHMC PCP referral.
<b>Vision: Children (ages 0-21)</b>	Routine checks and eyeglasses covered.	No provider referral needed for Denver Health Eye Clinic and One Hour Optical.
<b>Vision: Adult (ages 22-47)</b>	Regular check-ups and eyeglasses. Exams are covered once every two years with a DHMC provider or provider.	No provider referral needed for Denver Health Eye Clinic and One Hour Optical.
<b>Vision: Adult (ages 48 and older)</b>	Routine exams and eyeglasses. Exams and eyeglasses are covered once every year with a DHMC provider or provider.	No provider referral needed for Denver Health Eye Clinic and One Hour Optical.
<b>Vision Therapy</b>	Eye exercises	Referral from a DHMC provider or provider needed (adults and children).
<b>Vision: “Buy Ups”</b>	Frames for glasses that cost more than Medicaid pays.	You pay the difference between the approved glasses and the more expensive glasses.

#### Additional benefits offered by Denver Health Medicaid Choice

##### 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 DHMC.
- NO COST for non-emergency medical transportation (rides to and from your clinic appointments) – see “Transportation” section of this handbook to learn more.

##### Eye Care:

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

##### Pharmacy:

- NO COPAYS for covered prescriptions on the DHMC 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 some drugs on the DHMC formulary, at NO COST to you. See DHMC formulary for details.

##### Special Gifts for DHMC Moms-to-be:

- On your first prenatal care visit to a Denver Health clinic, you will get a pregnancy calendar and coupon book.
- Come back for your 6-10 week visit and get a mini spa kit.
- At your 20 week ultrasound visit, DHMC will give you a picture frame for your ultrasound picture.
- Get a Denver Health Onesie for your baby when you come back for your 20-30 week visit.
- Take a tour of the Denver Health Hospital delivery unit and get an umbrella stroller.
- If you deliver your baby at Denver Health hospital, you will get a car seat for your new bundle of joy during discharge.
- After you deliver your baby at Denver Health, get a 2 month supply of diapers delivered to your home.
- Come back to Denver Health for your 4 week post-partum visit, and sign up for 1 extra month supply of diapers to be delivered to your home.

### Mental Health Services

Mental health services are not a covered benefit of DHMC. You can get mental health services by calling your area behavioral health organization. Call Member Services at 303-602-2116; TTY number 303-602-2129 to find out the behavioral health organization you are in.

### Transportation

Non-emergency Medical Transportation (NEMT) is a benefit for all DHMC members. You can use NEMT at no cost to you when you need rides to your health care appointments.

As a DHMC member, you have a choice between two (2) NEMT companies – Access2Care and First Transit. Access2Care gives DHMC members ten (10) round-trip rides per year to their appointments. First Transit may require pre-approval before rides can be scheduled (please call First Transit to find out if your trip needs to be pre-approved). Access2Care is a benefit only to DHMC Members, and First Transit is a benefit to anyone who has Medicaid. As a DHMC member, you can use both or either NEMT company.

To set up a ride to your next health care appointment, please call one of these NEMT companies:

Access2Care: (303) 476-4002 (please call 48 hours before your appointment).

First Transit: 1-855-264-6368 (please call 48 hours before your appointment).

### “Wrap Around” Benefits

Some care is not covered by DHMC, but is still a benefit to you through regular (Fee-For-Service) Medicaid. This kind of care is called a “wrap around” benefit. You can be a DHMC member and still get “wrap around” benefits. “Wrap around” benefits include:

- Hearing aids, training, testing, and evaluation for children;

- Dental services for children (ages 0 to 20);
- Emergency dental services for adults;
- Drug and alcohol treatment services for pregnant women;
- Extra EPSDT Home Health Services;
- Some Home and Community-Based (HCBS) services;
- Hospice care – you may still get all of your other non-hospice care with DHMC, but you may also disenroll from DHMC if you call HealthColorado (number at beginning of handbook);
- Home Health services after 60 days are covered by Medicaid (first 60 days are covered by DHMC);
- Some inpatient substance abuse rehab services;
- Intestinal transplants;
- Non-emergency medical transportation (NEMT) – see “Transportation” section of this handbook;
- Private Duty Nursing for nursing services only; and
- Some Skilled Nursing Facility (SNF) services.

If you need any of the services listed above, please call Colorado Medicaid Customer Service at (303) 866-3513 or 1-800-221-3943 outside of the Denver metro area. A Colorado Medicaid Customer Service representative will help you get your “wrap around” benefits.

### Services Not Covered

There are some things DHMC does not cover, including:

- Infertility services;
- Exercise programs;
- Rehabilitation at work;
- Personal items (health club memberships, toothpaste);
- Cosmetic surgery;
- Most braces; and
- Custodial care in a nursing home.

DHMC 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 DHMC services;
- Looking at member and provider concerns and grievances to improve DHMC services;

- Reminding members about services to keep them healthy;
- Looking at how you access care to see if there are differences by race, ethnicity, or language.

Please call Member Services for details or concerns about our Quality Program.

### **What is a Grievance?**

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

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

You have thirty (30) calendar days from the date of the event to tell us (verbal) or write to us when you are not happy with your service or care. This is called filing a grievance.

### **What to do if you have a Grievance**

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If you have a grievance, you or your DCR can call Member Services (phone number at the bottom of this page). You or your DCR can also write to Member Services. Please be sure to include your name, Medicaid identification (ID) number, address and phone number to your letter if you write to Member Services. You may also fill out the grievance form in the back of this handbook and send it in.

Please send your written grievance to this address:  
Denver Health Managed Care  
Attn: Member Services Grievance Team  
777 Bannock St., MC 6000  
Denver, CO 80204-4507

Your provider can also file a grievance for you if you make them your DCR.

You will not lose your Medicaid benefits by filing a grievance. It is the law!

### **After You File a Grievance**

---

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

DHMC will look into the details of your grievance and will decide how to handle it (in other words, DHMC will try to resolve your grievance). The DHMC 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 medical care or because DHMC denied your expedited appeal request (see member handbook section called "What is an Appeal?"), a DHMC staff member with appropriate medical training will look into your grievance.

DHMC will make a decision 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 DHMC's decision on your grievance and the date DHMC made that decision.

You or DHMC can extend the timeframe that DHMC has to make a decision on your grievance. If you ask for more days or if DHMC believes that more facts are needed to make a decision on your grievance, DHMC may add fourteen (14) more calendar days. DHMC will only extend this timeframe if it is in your best interest. If DHMC extends the timeframe to decide on your grievance and you did not ask for the extension, DHMC will send you written notice of the reason for the delay.

### **If You Need Help Filing a Grievance**

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DHMC will help you file a grievance. If you need help filling out any forms or taking any of the steps to file a grievance, including using an interpreter or TTY/TDD services, please call DHMC Member Services (phone number at the beginning of this handbook).

### **If You are Still Not Happy With the Outcome of Your Grievance**

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If you are still unhappy with how DHMC handles your grievance, you can go to the State of Colorado. They will look at your grievance and how it was handled. The State of Colorado's ruling is final. You can call them at (303) 866-3513 or 1-800-221-3943 (no charge). You can write them at:

Department of Health Care Policy & Financing  
Managed Care Benefits Section  
1570 Grant Street  
Denver, CO 80203-1714

## What is a Notice of Action Letter?

---

This is a letter that DHMC sends you if DHMC is making any change (action) to any part of your DHMC services. An action may include:

- When DHMC denies or limits a type or level of service you ask for;
- When DHMC reduces, suspends, or stops authorizing a service that you have been getting;
- When DHMC denies full or partial payment or your services;
- When DHMC does not give you a service in a timely manner; and/or
- When DHMC does not resolve your appeal or grievance within the required timeframes.

A Notice of Action Letter Includes:

- The action that DHMC plans to take;
- The reason for the action;
- Your right to appeal this action;
- 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; and,
- When you might have to pay for those services you got while a final ruling was pending.

## Advance Notice of Action

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DHMC must let you know about an action before the action happens. If DHMC plans to stop paying for or reducing any services you have been getting, it has to send you a Notice of Action letter ten (10) calendar days before the date it stops paying for or reducing services. DHMC can shorten the timeframe to five (5) calendar days if:

- There is fraud;
- The Member has passed away;
- The Member is institutionalized;
- The Member's whereabouts are unknown and there is no forwarding address;
- The Member has moved out of state or outside metropolitan Denver;
- The Member's doctor orders a change in the level of care;
- Pre-admission screening of the Social Security Act; The Member's safety or health is endangered; or
- The medical care is urgently needed.

## What is an Appeal?

---

An appeal is a request that you or your (DCR) can make to review an action taken by DHMC. If you think an action taken by DHMC is not right, you or your DCR can call or write us to appeal the action. A provider may file an appeal for you if you make them your DCR. You can also ask for a state Fair Hearing. This hearing is explained under the section "State Fair Hearing" in this handbook.

## How to File an Appeal

---

You have thirty (30) calendar days to file an appeal after you get a notice of action letter for a new service that you are not yet getting. To appeal an action that will stop, suspend, or cut back on services you are already getting, you have to file the appeal:

- Within ten (10) calendar days after the date the notice of action letter was sent out; or
- On or before the intended effective date of DHMC's action

To appeal an action you may:

- Call DHMC Member Services at (303) 602-2116 or toll-free at 1-800-700-8140, TTY users should call (303) 602-2129. If you appeal an action verbally, you must also send in a written appeal (unless you have requested an expedited appeal).
- Fill out the form in the back of this handbook and fax to (303) 602-2138 or mail to DHMC Member Service, 777 Bannock, MC 6000, Denver, CO 80204

## Filing an Expedited (Quick) appeal

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If your life or health is in danger and you need DHMC to make a decision on your appeal right away, you or your DCR can call DHMC Medical Management (number in the front of this handbook) and ask for an expedited appeal. If DHMC approves your request for an expedited appeal, DHMC will make a decision on your appeal as quickly as your health condition requires, but no later than three (3) working days from the date of your request.

If DHMC denies your request for an expedited appeal, DHMC will call you as soon as possible to let you know your request was denied. DHMC 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 unhappy with DHMC'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 DHMC.

DHMC will then review your appeal in the standard timeframe explained in the next section.

## After You File an Appeal

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

DHMC will look into the details of your appeal and will decide to either accept your appeal (overturn DHMC's action) or deny your appeal (uphold DHMC's action). The DHMC staff members who make decisions on your appeal will not be the same people who were involved in the action that you are appealing. If you appeal an action that uses the reason "lack of medical necessity," a DHMC staff member with appropriate medical training will make a decision on your appeal.

At any time during the appeal process, you or your DCR may provide DHMC (in person or in writing) any evidence or other information that may help your case. Please note that if your appeal is expedited, you have a shorter amount of time to give DHMC this information. You or your DCR 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 DHMC is using to decide on your appeal.

For standard appeals, DHMC will make a decision and send you written notice of the decision as quickly as your health condition requires, but no later than ten (10) working days from the date you file your standard appeal. For expedited appeals, DHMC will make a decision and send you written notice of the decision as quickly as your health condition requires, but no later than three (3) working days from the date you file your expedited appeal. DHMC will also try to notify you of the decision over the phone for expedited appeals.

The written notice will tell you the outcome of DHMC'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 request a State fair hearing and how to request one;
- Your right to ask DHMC 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 DHMC's decision.

## Extending Appeal Timeframes

You or DHMC can extend the timeframe for DHMC to make a decision on your expedited or standard appeal. If you ask for more days or if DHMC believes that more facts are needed to make a decision on your appeal, DHMC may add fourteen (14) more calendar days. DHMC will only

extend this timeframe if it is in your best interest. If DHMC extends the timeframe to decide on your appeal and you did not ask for the extension, DHMC will send you written notice of the reason for the delay. This written notice will also explain that you have the right to file a grievance if you do not agree with DHMC's decision to extend the timeframe.

## Getting Help Filing an Appeal

To get help filing your appeal, you can:

- Call Member Services at 303-602-2116 or 1-800-700-8140 (toll free); TTY/TDD users should call 303-602-2129.
- Call the Medicaid Ombudsman at 303-830-3560 or 1-877-435-7123; or

You will not lose your Medicaid benefits if you appeal an action! It is the law!

## State Fair Hearing

If you are unhappy with an action that DHMC takes, you do not have to go through the appeal process explained above. At any time within thirty (30) calendar days after you get a Notice of Action Letter, you or your DCR have the choice to ask for an Administrative Law Judge to review an action taken by DHMC. Your provider can also ask for a review if you make them your DCR. This review is called a State Fair Hearing. You may request a State Fair Hearing when:

- Services you seek are denied or the ruling to approve services is not acted upon in a timely manner;
- You believe the action taken is wrong.

To request a State Fair Hearing, you, your DCR, or your provider must send a letter to the Office of Administrative Courts. The writing should contain:

- Your name, address and Medicaid identification number;
- The action, denial or failure to act quickly on which the request appeal is based; and
- 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 spokesperson at the hearing. You or your representative will have a chance to present evidence to the Administrative Law Judge to support your case. You or your representative may also ask for records that pertain to 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 to request a State Fair Hearing within thirty (30) calendar days from the notice of action to:

Office of Administrative Courts  
633 Seventeenth Street, Suite 1300  
Denver, CO 80202

If you need help requesting a State fair hearing, DHMC will help you. Just call Member Services at (303) 602-2116 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**

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In some cases, DHMC will keep covering services while you wait for the ruling of an appeal or State fair hearing. DHMC will keep covering your services while you wait for a ruling if:

- You file your appeal within ten (10) calendar days from the date on your notice of action letter or by the effective date of DHMC's action
- The service(s) you are getting are from an authorized provider; and
- Your original authorization timeframe on your service(s) is not expired

But, you must still call Medical Management at (303) 602-2140 and tell them that you want DHMC to keep covering your services. Your services will continue until:

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

If DHMC or the State fair hearing office decides to approve your appeal or State fair hearing (reverses the decision to deny your services), and you were getting a continuation of services while your appeal or State fair hearing was pending, DHMC will pay for those services. If DHMC or the State fair hearing office comes to a ruling that they don't agree with your appeal, you may have to pay for the services you got while waiting for DHMC or the State fair office's ruling on the appeal. If DHMC or the State fair hearing office decides to approve your appeal or State fair hearing (reverses the decision to deny your services), and you were not getting a continuation of services while your appeal or State fair hearing was pending, DHMC will start paying for those services as quickly as your health condition requires.

**ATTACHMENT A • Member Grievance Form  
Denver Health Medicaid Choice  
CONFIDENTIAL**

Member's Name \_\_\_\_\_

Member's Medicaid Choice ID Number \_\_\_\_\_

Member's Medical Records Number \_\_\_\_\_

Member's Date of Birth \_\_\_\_\_

Name of Member's Designated Client Representative/Guardian *(please see DCR form at the end of the handbook)*

Date of Incident \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Person(s) or Provider(s) Involved \_\_\_\_\_

Please describe what happened:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Signature of Member/DCR/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Please send to: **Denver Health Medicaid Choice**  
Attn: Member Services – Grievance Coordinator  
777 Bannock St., MC 6000  
Denver, CO 80204-4507

*If you have questions on how to file a grievance, please call 303-602-2116 or toll-free at 1-800-700-8140, TTD/TTY users should call 303-602-2129. The form may also be faxed to: 303-602-2133.*

**Please Note: All grievances must be filed within thirty days after the date of incident.**

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**ATTACHMENT B • Member Appeal Form  
Denver Health Medicaid Choice  
CONFIDENTIAL**

Member's Name \_\_\_\_\_

Member's Medicaid Choice ID Number \_\_\_\_\_

Member's Medical Records Number \_\_\_\_\_

Member's Date of Birth \_\_\_\_\_

Name of Member's Designated Client Representative/Guardian *(please see DCR form at the end of the handbook)*

\_\_\_\_\_

Date of initial denial letter \_\_\_\_\_

What was denied? \_\_\_\_\_

Reason for the denial (as noted in the letter) \_\_\_\_\_

Please describe any new information since the initial review of this matter:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Member/DCR/Guardian \_\_\_\_\_

Date \_\_\_\_\_

Please send to: **Denver Health Medicaid Choice**  
Attn: Member Services – Grievance Coordinator  
777 Bannock St., MC 6000  
Denver, CO 80204-0606

*If you have questions on how to file an appeal, please call 303-602-2116 or toll-free at 1-800-700-8140, TTD/TTY users should call 303-602-2129. The form may also be faxed to: 303-602-2133.*

**Please Note: To request an appeal of a decision regarding an action, this form must be submitted within 30 calendar days from the date indicated on the notice of action.**

**If you have a question please call Member Services at 303-602-2116 or toll-free at 1-800-700-8140.**

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# Designation of Personal Representative

## ATTACHMENT C • Designation of Personal Representative Denver Health Medicaid Choice

For the Use and Disclosure of Protected Health Information

### Return Completed Form To:

Denver Health Medicaid Choice – Complaints Coordinator  
777 Bannock Street, MC6000, Denver, CO 80204  
Phone 303-602-2116 Fax 303-602-2138

**\*\*\* Please include copy of client's State ID card, Driver's License or equivalents for both the client and Designated Personal Representative, and any available documentation providing legal authority \*\*\***

The Health Insurance Portability and accountability act of 1996 states that you have the right to have one or more persons act as your representative to make decisions about the uses and sharing of your protected health information. You can limit the amount of protected health information that the authorized personal representative(s) can decide about, and you can cancel this at any time. See the Department's Privacy Policy and Procedures on Personal Representatives, pursuant to 45 C.F.R. 164.502(g).

Date \_\_\_\_\_

### DESIGNATION OF PERSONAL REPRESENTATIVE

I, \_\_\_\_\_ (*print your name*) hereby name the following person to act as my authorized personal representative with respect to decisions involving the use and/or sharing of protected health information that pertains to me.

Name of Personal Representative \_\_\_\_\_ Relationship to Client \_\_\_\_\_

Last 4 digits of Personal Representative Social Security # \_\_\_\_\_ Personal Representative Phone \_\_\_\_\_

This designation of a personal representative is being made in order that the designated individual acts on my behalf in:

\_\_\_ All actions required of me in my relationship with the Denver Health Medical Plan; or

\_\_\_ Actions required of me in relation to the following specific purpose (check one that applies):

Grievance       Appeal       Other (please specify) \_\_\_\_\_

### LIMITS TO THE AMOUNT OF INFORMATION PROVIDED (Please check one):

The person named above is to be given all of the privileges that would be given to me with respect to my protected health information.

The person named above is acting as my designated representative ONLY for the following function(s):

State ID number \_\_\_\_\_ Client signature: \_\_\_\_\_

Date of birth \_\_\_\_\_ Last 4 digits of client Social Security # \_\_\_\_\_

### REVOCACTION SECTION

I understand that I may cancel this designation at any time by signing the revocation section below and returning it to the Denver Health Medicaid Choice at the above address. I understand that any revocation can only apply to future disclosures or actions regarding my protected health information and cannot cancel actions taken or disclosures made while the designation was in effect.

I no longer want this person to act as my personal representative.

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

If you have a question please call Member Services at 303-602-2116 or toll-free at 1-800-700-8140.

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