



*Your Guide
to the
Primary Care
Physician Program*

2003/2004

Welcome!

Dear Member:

Welcome to the Medicaid Prietary Care Physician Program (PCP Program)! The PCP Program is a health plan where you select your doctor or PCP. You and your PCP work together as a team so that you get the best health care.

Please read this book carefully. This book gives you a summary of what benefits are available to you and how to get those benefits. If you need a benefit that you do not see, or if you have questions about your benefits, call Medicaid Customer Service at 303-866-3513 or 1-800-221-3943. The phone number is at the bottom of each page in this book.

The information in this book can change at any time; we will try to keep it up to date. Please call us if you have questions.

If you need this handbook in other formats, such as large print, please call **HealthColorado** at 303-839-2120 or 1-888-367-6557.



Doing Your Part To Get the Best Care

To make sure you get the best health care, you and your PCP need to work together as a team. Here is what you need to do:

- **Treat your doctor and health care providers with respect, as you would like to be treated.**
- **Select a doctor (PCP) from the Medicaid doctors in the program.**
- **Go to your PCP for *all* care.**
This will help your PCP coordinate your care with other health care providers.
- **Get a referral from your PCP *before* you get care from other health care providers.**
Your PCP is your health care coordinator.
- **Pay for your health care if you receive services without a referral from your PCP.**
Medicaid does not cover any services you get without a referral.
- **Pay for services you get that are *not* Medicaid covered services or are not paid for by Medicaid.**
Find out about the services you need before you get them! Make sure they are covered.
- **Tell your PCP if you have any other insurance.**
- **Keep your appointments and be on time.**
Tell your health care provider if you are going to be late or cannot make your appointment.
- **Pay your co-pays at the time of your appointment.**
- **Only go to the emergency room for life or limb threatening emergencies.**
Find out more about when to go to the emergency room on page 13.
- **Get your prescriptions filled at the same pharmacy, each time.**
This helps you and the pharmacist. The pharmacist can tell you if the drugs you are taking will have problems or side effects with other drugs.
- **Show your Medicaid Authorization Card (MAC) at each visit.**
- **Don't forget to ask questions!**



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Your Rights

As a member of the Primary Care Physician Program, you have certain rights. You have a right to:

- Be treated politely and with respect by health care providers and their staff.
- Talk to your doctor and know that what you talk about and your health records are kept private.
- Understand your health condition.
- Get information on your health care choices.
- Take part in decisions about your health care.
- Talk about the care plan your doctor suggests before it happens.
- Accept or refuse treatment.
- Get a second opinion.
- Get family planning services from any Medicaid health care provider **without a referral.**
- Not be put in a locked room or have your movement limited for revenge or convenience.
- Ask for and get a copy of your health care records.
- Ask that your health care records be changed or corrected.
- Exercise your rights without worrying that you will not be treated well if you “speak up.”
- File a complaint.
- Find out more about Medicaid!



Choosing a Health Plan

You can get your health care by:

- Choosing an HMO (**H**ealth **M**aintenance **O**rganization),
- Choosing the **P**rietary **C**are **P**hysician Program (PCP Program),
- Choosing other health care options in your area,
- Choosing basic Medicaid.

Once you choose a health plan, you need to follow that health plans rules. **This book tells you about the rules for the PCP Program.**

Finding a doctor (PCP)

You can find a PCP in your area by calling **HealthColorado** at 303-839-2120 or 1-888-367-6557. Once you choose a PCP, you are enrolled in the PCP Program.

When can I change my PCP?

You can call **HealthColorado** any time to change your PCP. If you call before the 15th of the month, the change will begin the next month. Changes made after the 15th of the month will begin in two months.

If you change PCPs and have services scheduled for the future, you may not get these services unless your new PCP approves.

When can I change health plans?

You can change during the first 90 days after you enroll into the PCP Program. After the first 90 days, you can change your health plan once a year. The PCP Program will send you a letter to tell you when you can change.

You can also change your health plan at any time for *good cause*. Here are some reasons that are examples of *good cause*:

1. If you move out of the PCP's area or the PCP moves out of your area, or your PCP leaves the plan.

2. The PCP does not cover the service you need because of moral or religious reasons.
3. When your PCP says you need many services that need to be given and coordinated by another provider.
4. If you have received poor quality of care.
5. If you cannot get covered services.
6. If you cannot find providers who have experience in your health care needs.
7. If Medicaid makes a mistake and puts you in the wrong plan.

What happens if I lose and regain Medicaid?

If you lose Medicaid and then get it back within 60 days, Medicaid will keep you with the PCP you had before you lost Medicaid. When you get your Medicaid back, go to your PCP for your health care.

How do I enroll my newborn?

Call your county technician. Newborns are eligible if:

- The mom was on Medicaid when the baby was born,
- The baby is under 1 year old, and
- The baby stays in the mom's home.



Your technician will ask you for:

_____ The Spelling of your Baby's Name
_____ Your Baby's Birth Date
_____ Your Baby's Sex (Male or Female)
_____ The Spelling of Mom's Name
_____ Mom's Medicaid ID Number

How Do I Get Health Care?

When you join the Primary Care Physician (PCP) Program, you select a PCP who will take care of your medical needs.

✓ If you need to see a health care provider that is not your PCP, you need to ask your PCP for a referral to that provider. You do not need a referral for family planning services.

Referrals

You need a referral (permission) anytime you go to a health care provider who is not your PCP. To get a referral, ask your PCP.

✓ If you get services without a referral, you have to pay.

You do not need a referral for family planning services. Family planning services are given to women who can have children.

You can go to any Medicaid doctor to get family planning (this includes OB doctors)

Are there any co-pays in the PCP Program?

Yes. Co-pays are your share of the cost for your health care. Your co-pays are:

Service	Your Co-pay*
For each Doctor (PCP) Visit	\$ 2.00
For each Inpatient Hospital Stay	\$10.00/day
For each Outpatient Hospital Service	\$ 3.00
For each Prescription Drug	
Generic	\$ 1.00
Brand Name	\$ 3.00
For Durable Medical Equipment (such as wheelchairs, etc.)	\$1.00/day
For Lab Services	\$1.00
For X-Rays	\$1.00

★Co-pays can change often. Call Medicaid Customer Service at 303-866-3513 or 1-800-221-3943 to find out if the co-pays have changed.

Does everyone have co-pays?

No. These PCP members do not have co-pays:

- Children under age 19,
- Pregnant women,
- People who are in a Nursing Facility.

What if I have other insurance?

If you have other insurance, give your county technician your insurance information as soon as you know. Always show your Medicaid card and your other insurance card **each time** you see a health care provider. You should never pay more than the Medicaid co-pay if you show both your Medicaid card and your other insurance card.

Medicaid Services

Medicaid covers services that are medically necessary (your PCP says you need the service) and provided by a Medicaid doctor. Some services need Medicaid's approval. Your PCP will work with Medicaid to decide the amount, scope and duration of your services.

Below is a list of Medicaid services. If you have a question or need a service that is not on the list below, call Medicaid Customer Service at 303-866-3513 or 1-800-221-3943.

Abortion

Abortion is not normally covered. Ask your PCP to find out when it is covered.

Ambulance

(emergency ground and air transport)

Contact Lenses

Covered for members under age 21. Covered for members over age 20 if client has a history of eye surgery.

Medicaid approval is needed for members under age 21.

Dental

Covered for members under age 21; diagnostic, preventative and correctional procedures. Covered for members over age 20; emergency procedures only.

Medicaid approval is needed for members over age 20.



Developmental Disabilities Services

Members can apply at community center boards.

Medicaid approval is needed.

Dialysis

Drugs – Over the Counter

Aspirin, insulin and prenatal vitamins are covered. Prenatal vitamins are for women that are pregnant or 90 days postpartum.



Drugs – Prescription

Drugs for fertility, anti-obesity, and cosmetics are not covered. Cough and cold drugs are not a benefit for members over age 20.

Medicaid approval is needed for some drugs.

Durable Medical Equipment

Emergency Services

EPSDT Services (includes vaccines, immunizations, medical screens)

Covered for members under age 21.

Eye Exams

Covered for members under age 21. Covered for members over age 20 if client has a medical complaint (headaches, blurred vision).

Eyeglasses

Covered for members under age 21. Covered for members over age 20 if client has a history of eye surgery.

Family Planning Services**Hearing Exams****Hearing Implants**

Medicaid approval is needed for members over age 20.

Home and Community Based Waiver Services (HCBS)

Members can apply at Single Entry Point Agencies

Medicaid approval is needed.

Home Health Care Services**Hospice****Hospital – Inpatient Services****Hospital – Outpatient Services****Hysterectomy****Lab****Mental Health Case Management****Nursing Facilities**

Medicaid approval is needed.

Obstetric Services**Out-of-State Services**

Non-emergency and emergency services are covered.

Medicaid approval is needed for non-emergency services.



Physical and Occupational Therapy

Medicaid approval is needed.

Podiatry

Smoking Cessation

Covered as a one-time benefit only.

Medicaid approval is needed.

Sterilization

Medicaid approval is needed.

Transplants

Medicaid approval is needed.

X-Ray Services



Transportation

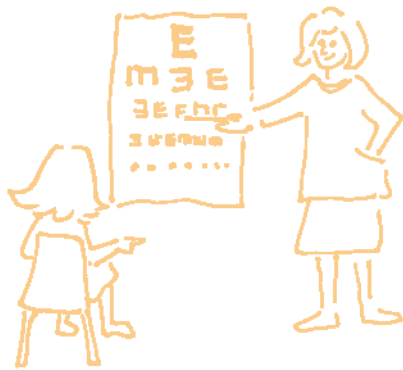
Medicaid may help you to and from your Medicaid doctor visits. In order to qualify, your doctor must write a certification showing you meet medical necessity criteria. Call your county with any questions you have about transportation.

Well Child Check-ups

Medicaid has a program for children and teens up to age 20 called EPSDT. EPSDT stands for Early and Periodic Screening, Diagnosis and Treatment. EPSDT provides complete well child check-ups for children and teens, so that the doctor can find problems as soon as possible — and treat them right away.

All children who have Medicaid also get EPSDT services. The EPSDT Program recommends that your child get a check-up during each of these periods:

- 2-4 days after birth
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- Each year from ages 2-20



Why are check-ups important?

Check-ups for children and teens are important

- to keep the child or teen healthy,
- to treat little problems before they become big ones,
- to teach children good health habits so they become healthy adults.

What happens in a complete well child check-up?

In a well child check-up, the doctor:

- Gives the child a head to toe physical exam,
- Gives the child any immunizations (shots) needed,
- Diagnoses any medical problems, and provides treatment.

EPSDT check-ups also include vision, dental, hearing, and mental health exams. You can get your child's eyes, hearing, and teeth examined by going to any doctor who takes Medicaid. You do not need a referral.

Emergency Care

What is an emergency?

An emergency is a medical crises that you think may be life threatening or may result in someone losing a limb (arm or leg). Some examples of emergencies are:

- Severe bleeding
- Loss of consciousness
- Burns
- Infants with high fever
- Severe shortness of breath
- Chest pain
- Damage to the eyes
- Broken bones
- Seizures
- Severe pain

If you have an emergency, go to the emergency room.

How do I know if it is an emergency?

Sometimes it is hard to tell if it is an emergency. If you are not sure:

- **Call FirstHelp Nurse Advice** 1-800-283-3221 any time, any day. The nurse can help you decide.
- **Call your PCP any time.** Your PCP or the doctor on call can help you decide.

What's the best way to handle an emergency?

Emergencies are stressful. Try to stay calm and:

1. Go to the nearest emergency room, or call 911.
2. Tell the emergency room staff what is wrong.
3. Tell your primary care physician (PCP) as soon as possible.



Are other emergency services covered by Medicaid?

Medicaid also covers post stabilization services. Post stabilization services are services you get after a visit to the emergency room, because of your emergency medical condition. These services keep you stable so that your condition does not get worse.

If you are sick or hurt, but it is not an emergency:

- Call your PCP and describe your illness or injury.
- Follow your PCP's instructions.

If you go to the emergency room when it's not an emergency, you may have to pay for the visit.

What is urgent care?

Urgent care is health care when you are sick or hurt and need care right away – but your condition is not life threatening.

If you need urgent care, call your PCP – even on weekends, evenings, or holidays. Your PCP must see you in 48 hours for urgent care. Some examples of urgent care are:

- Colds
- Sore throat
- Skin rash
- Pink eye
- Low grade fever
- Ear infection

Mental Health Care

If you need care for a mental health problem, go to a Mental Health Assessment and Services Agency (MHASA). You do not need a referral from your primary care physician (PCP).

Find a MHASA on the chart below by looking for the county you live in.

County	MHASA Name	Phone
Denver	Access Behavioral Health	720-744-5100
El Paso, Park, Teller	Access Behavioral Health	720-744-5100
Adams, Arapahoe, Douglas	Behavioral HealthCare	303-889-4805
Clear Creek, Gilpin, Jefferson	Jefferson Center for Mental Health	303-425-0300
Boulder, Broomfield	Mental Health Center of Boulder	303-443-8500
Cheyenne, Elbert, Kit Carson Larimer, Lincoln, Logan, Morgan, Sedgwick, Washington, Weld, Yuma	Northeast Behavioral Health	970-353-3686
Alamosa, Archuleta, Baca, Bent, Chaffee, Cheyenne, Conejos, Costilla, Crowley, Custer, Delta, Dolores, Eagle, Fremont, Garfield, Grand, Gunnison, Hinsdale, Huerfano, Jackson, Kiowa, Lake, La Plata, Las Animas, Mesa, Mineral, Moffat, Montezuma, Montrose, Otero, Ouray, Phillips, Pitkin, Prowers, Pueblo, Rio Blanco, Rio Grande, Routt, Saguache, San Juan, San Miguel, Summit	Options Colorado Health Networks	800-804-5008

Complaints

What is a complaint?

A complaint is a verbal or written statement of what happened that you think is wrong. It can be about:

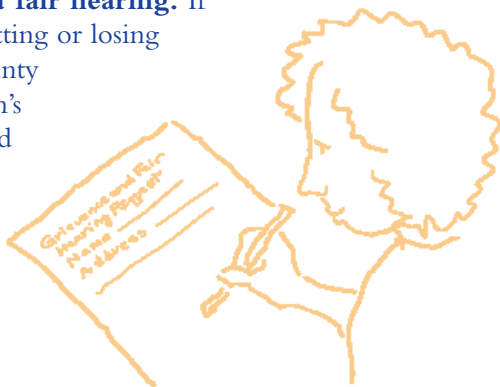
1. The quality of care or services provided,
2. A rude health care provider or staff member, or
3. Someone failing to respect your rights.

How do I make a complaint?

First, talk to your health care provider. Often that helps.

- If the problem does not get better, call the Colorado Board of Medical Examiners 303-894-7690.
- If you want to change your PCP because of the problem, call **HealthColorado** at 303-839-2120 or 1-888-357-6557.

If your complaint is about a service that we denied or limited, **you can ask for a fair hearing**. If your complaint is about getting or losing Medicaid, contact your county technician or the technician's supervisor first. You can find your county's department of social services in the government pages of the phone book.



What is a fair hearing?

You can request a fair hearing for services that you were denied. It is a hearing between you, an **A**dmistrative **L**aw **J**udge (ALJ) and Medicaid where you can explain why you think you should have the service. If you want to ask for a fair hearing, complete the form on the next page. Mail it to:

Division of Administrative Hearings, The Chancery
1120 Lincoln Street, Suite 1400
Denver, Colorado 80203

You must file your request within 15 calendar days from the date you got notice of the denied service. You will get the final decision in the mail.

Can I get help to make a complaint?

To get help making a complaint, call the Medicaid's Ombudsman 303-830-3560 or 1-877-435-7123. The ombudsman can help you make a complaint or request a fair hearing.



Request for State Hearing

Please complete this form and mail it to: **Division of Administrative Hearings, The Chancery, 1120 Lincoln Street, Suite 1400, Denver, Colorado 80203.**

Name (Please Print): _____

Home Address: _____

City & Zip Code _____

Home Phone: _____ Household or ID Number: _____

Social Security Number: _____

I request a State hearing before an Administrative Law Judge. At the State hearing, I will appeal adverse action(s) taken by:

☐ State Department of Health Care Policy and Financing

☐ County Department of Social Services. Which county? _____

Who has been working with you at the county? _____

What is their phone number? _____

Was a conference held? ☐ Yes ☐ No ☐ Other _____

Please list the types of assistance you have been receiving _____

What type of assistance was affected? _____

What happened to your assistance?

☐ Terminated ☐ Amount Changed

☐ Application was Denied

☐ Recovery of overpayment

☐ Other

Please attach a copy of the notice which you received from the Agency.

If my home address or phone number changes, I will immediately notify the Division of Administrative Hearings at the above address or telephone number (303) 894-2500. I understand that my appeal can be dismissed if the Division is unaware of my current address or if my appeal is not submitted in a timely manner.

Date: _____ Signature: _____

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Phone List

Here is a list of important phone numbers.

FirstHelp Nurse Advice

1-800-283-3221

Call for health care advice any time. A nurse is always there to help you.

Medicaid Customer Service

1-800-221-3943

303-866-3513

Call if you have questions on services, need help finding other health care providers, or are not sure who to call.

The Language Line

1-800-221-3943

Option 1 -4008

303-866-4008

Call if you need translation services.

HealthColorado

1-888-367-6557

303-839-2120

Call to change your PCP, change health plans and to get a copy of this book in a different format.

Medicaid Ombudsman

1-877-435-7123

303-830-3560

Call if you need help in filing a complaint.

Medicaid Fraud Control Unit

1-800-221-3943 ext. 5431

303-866-5431

Call to complain about possible provider fraud. Call your county department of social services to report possible client fraud.

EPSDT Services**1-800-221-3943 ext.6010****303-866-6010**

Call to get help finding children's or with questions about EPSDT.

Colorado Board of Medical Examiners**303-894-7690**

Call to file a complaint against a health care giver.

Community Resource Information**211**

Call to find out about resources in your area.

Colorado Hospital Association**720-489-1630**

Call to file a complaint against a hospital.



My Phone Numbers

Write your important phone numbers here and keep in a safe place.

My Name _____

My Medicaid ID _____

My County Technician

Name _____

Phone _____

My MHASA

Name _____

Phone _____

My PCP

Name _____

Phone _____



303 E. 17th Ave.
Suite 105
Denver, CO 80203



Your Guide
to the Care
Primary
Physician
Program
is here!

Presorted Std.
U.S. Postage
PAID
Denver, CO
Permit No. 2393