Member Handbook

Health First COLORADO™
Colorado's Medicaid Program

OCTOBER 2026

Dear Member,

Welcome to Health First Colorado, Colorado's Medicaid program. Health First Colorado is public health insurance for Coloradans who qualify. It is funded by the federal government and Colorado state government, and is administered by the Colorado Department of Health Care Policy and Financing (HCPF). To learn about HCPF, go to CO.gov/hcpf.

This Member Handbook explains your Health First Colorado benefits. Use it to learn more about your coverage.

We're here to help. For questions, call the **Health First Colorado Member Contact Center** at **800-221-3943** (State Relay 711) Monday to Friday, 8:00 a.m. to 4:30 p.m. The call is free. The Health First Colorado Member Contact Center closes at 2:00 p.m. on the 3rd Thursday of every month. It reopens for normal hours the next day.

Go online anytime at HealthFirstColorado.com.

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To read more about the topics in this handbook, go to HealthFirstColorado.com. You can also use the Health First Colorado app from your cell phone or tablet.

Communication aids and services or other languages

If you need this handbook in large print, Braille, in other formats or languages, or read aloud, or you need another paper copy, call **303-839-2120** or **888-367-6557** (State Relay 711). Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. También están disponibles de forma gratuita ayuda y servicios auxiliares apropiados para proporcionar información en formatos accesibles.

LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi cung cấp miễn phí các dịch vụ hỗ trợ ngôn ngữ. Các hỗ trợ dịch vụ phù hợp để cung cấp thông tin theo các định dạng dễ tiếp cận cũng được cung cấp miễn phí.

1 Let's get started

Now you can manage your Health First Colorado benefits on the go with the PEAK website and Health First Colorado app. Both give you easy access to what you need 24 hours a day, every day of the year. Children in foster care do not have access to PEAK or the app.

Step 1. Create an account

1. Go to CO.gov/PEAK. Or download the free Health First Colorado app.
2. Use a personal email address or mobile number to sign in.

Your email and password will be the same for the PEAK website and the app.

Step 2. Manage your health care

The Health First Colorado app gives you easy access to tools that help you manage your health coverage.

Use the Health First Colorado mobile app to:

- Find out if your coverage is active
- View your member ID card
- View your letters
- Find out if you have a co-pay
- Complete renewals and upload documents
- Contact your county, regional organization and PCP
- Make changes to who is in your home, like adding a family member or telling us you're pregnant
- Learn about your benefits
- Update your information

- Find providers near you
- Pay premium, if buy-in member
- Find rides to your medical appointments
- Call the Nurse Advice Line, Colorado Crisis Center or smoking Quitline
- View the member handbook

Download the free Health First Colorado app today from the Apple App Store or Google Play Store.

Your Health First Colorado card

Your mobile member ID card:

- Is available right away in the Health First Colorado app
- Is an easy way to show providers your coverage
- Tells you if your coverage is active or inactive. If your coverage is **inactive**, it has stopped and you do **not** have current benefits. You may not need to reapply. Contact your **Eligibility Site**. You can also appeal. Read more in Part 6: Appeals.

An Eligibility Site is a full-service place, like a county office or medical assistance site, where you can apply for and update your Health First Colorado coverage. Find an Eligibility Site near you at CO.gov/apps/maps/hcpf.map.

If you want a paper card, you can print one from CO.gov/PEAK. Or you can ask us to mail you a paper card. Call the **Health First Colorado Member Contact Center** at **800-221-3943** (State Relay 711) Monday to Friday, 8:00 a.m. to 4:30 p.m. The call is free. The Health First Colorado Member Contact Center closes at 2:00 p.m. on the 3rd Thursday of every month. It reopens for normal hours the next day.

You do **not** need a card to get services. You **do** need your date of birth and either your Social Security number or your Health First Colorado ID Number (member ID). Your ID Number is a letter plus 6 numbers. For example, A123456. If your Health First Colorado coverage ends and starts again, your number stays the same.

2 Health care organizations

Health First Colorado covers your health care, including:

- Physical health
- Dental health
- Vision health
- Behavioral health

A **health plan** is a group of doctors, hospitals and other providers who work together to get you the health care you need.

Regional organizations

Your **regional organization**, also called a **Regional Accountable Entity (RAE)**, manages your physical and behavioral health care. Your regional organization supports a network of providers to make sure you can get care for your body, vision, behavioral health and substance use in a coordinated way. Every Health First Colorado member belongs to a regional organization. Your regional organization is on your enrollment letter, Health First Colorado ID, and on the PEAK and Health First Colorado Mobile App.

If you have special health care needs and your regional organization changes, your new regional organization will make sure all of your care is continued and coordinated. To learn more, read the ACC transition of care policy (hcpf.colorado.gov/sites/hcpf/files/ACC%20Transition%20of%20Care%20Policy.pdf).

Contact your regional organization to get help managing your care.

Regional organization	Phone number
Rocky Mountain Health Plans uhccp.com/rmhp-rae	800-421-6204
Northeast Health Partners nhprae2.org	800-541-6870
Colorado Community Health Alliance cchacares.com/help	855-627-4685
Colorado Access www.coaccess.com	800-511-5010

Managed care health plans

There are 2 regional organizations that offer managed care health plans for members who live in specific counties.

If you live in:	You may be enrolled in:
Adams County, Arapahoe County, Denver County, Jefferson County Regional organization: Colorado Access	Elevate (Denver Health) Medicaid Choice **303-602-2116, 855-281-2418** (State Relay 711) denverhealthmedicalplan.org/current-members/elevate-medicaid-choice
Delta County, Garfield County, Gunnison County, Mesa County, Montrose County, Ouray County, Pitkin County, Rio Blanco County, San Miguel County Regional organization: Rocky Mountain Health Plans	Rocky Mountain Health Plans Prime **800-421-6204** (State Relay 711) uhccp.com/rmhp-prime

For family planning services, you can go to any in- or out-of-network Health First Colorado provider. You do not need a referral.

Health First Colorado Enrollment can help you choose or change your primary care provider (PCP) or managed care health plan (Elevate [Denver Health] Medicaid Choice or Rocky Mountain Health Plans Prime). They can also help you find providers who meet your needs. Go to Enroll.HealthFirstColorado.com. Or call **303-839-2120** or **888-367-6557** (State Relay 711). Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

Dental health plan

Health First Colorado covers your dental services through DentaQuest. DentaQuest providers are available all across Colorado. If you need help choosing or changing your dental provider, **call DentaQuest Member Services** at **855-225-1729** (State Relay 711) Monday to Friday, 8 a.m. to 5 p.m. Or go to dentaquest.com/en/members or HealthFirstColorado.com/find-doctors.

Other insurance

If you have Health First Colorado and other health insurance and your provider takes both, you only pay the Health First Colorado co-pays. Make sure your provider knows that you have both. To tell us you have other insurance, go to CO.gov/PEAK. If you qualify, we may also pay for some or all of your premiums. To find out more, go to MyCOHibi.com or call **855-692-6442** (State Relay 711).

3 Providers and getting care

Your primary care provider (PCP)

Your **primary care provider (PCP)** is a doctor or nurse practitioner (NP) who helps you get and stay healthy. Your PCP is your main contact for all your health care. Your PCP can answer your health questions and help you get the health care you need. Your PCP works with nurses, physician assistants (PAs) and social workers in the clinic or office. They may help you when you visit.

Your PCP will get to know you, your medical history and your health goals. You should go to your PCP:

- For physical exams
- For preventive care services
- When you have questions or concerns about your health
- When you are not feeling well and need medical help

If you have a child, your PCP can help with their development and wellbeing for free. To learn more, read Part 5: Child and Youth Well Care.

Participating providers

It is important that the providers you choose accept Health First Colorado members and are part of the Health First Colorado provider network. If you have Elevate (Denver Health) Medicaid Choice or Rocky Mountain Health Plans Prime, your providers must be participating providers. This means they need to be in your managed care health plan network. A **network** is a group of providers who are contracted to give health care services and products to health plan members.

A **non-participating provider** is a provider, facility or supplier who does **not** give health care services and products to health plan members. If one of your providers is not a participating provider, you can ask them to join the network.

Choosing a PCP

We will give you a PCP right away. Your PCP is noted on your enrollment letter and your Health First Colorado card. You can change your PCP at any time. Ask your doctor's office if they take Health First Colorado. Go to Enroll.HealthFirstColorado.com or call **303-839-2120** or **888-367-6557** (State Relay 711). Call Monday to Friday, 8 a.m. to 5 p.m. The call is free.

If your managed care health plan is Elevate (Denver Health) Medicaid Choice or Rocky Mountain Health Plans Prime, contact them to change your PCP.

Finding participating providers

There are many ways to find a PCP or other providers, such as specialists. A **specialist** is a provider who works in one area of medicine, like a surgeon.

- Search for all types of providers on the Health First Colorado app or go to HealthFirstColorado.com/find-doctors. Or contact your **regional organization**. The number is on your Health First Colorado card.
- To find a PCP, go to Enroll.HealthFirstColorado.com or call **303-839-2120** or **888-367-6557** (State Relay 711).
- To find dental providers, call DentaQuest's Member Services at **855-225-1729** (State Relay 711). Or go to DentaQuest.com/en/providers/colorado or HealthFirstColorado.com/find-doctors.

- Find behavioral health providers and community mental health centers on the Health First Colorado app. Or go to HealthFirstColorado.com/find-doctors. You can also call your regional organization. If your regional organization says you are not covered for treatment, they must help you find other treatment options.
- If you need help finding a doctor and your managed care health plan is Elevate (Denver Health) Medicaid Choice or Rocky Mountain Health Plans Prime, contact them.

All Health First Colorado providers and partners can use aids and services to communicate with people with disabilities. They can also communicate with you in another language or format. Tell your provider what you need.

Getting to your appointment

If you need a ride and live in Adams, Arapahoe, Boulder, Broomfield, Denver, Douglas, Jefferson, Larimer or Weld county, call MediDrive toll free at **855-489-4999** (State Relay 711). Or go to healthfirstcolorado.gov/benefits-services/nemt/.

If you live in another Colorado county, contact a local ride provider. You can find local providers at hcpf.colorado.gov/nemtlist.

Telemedicine

- Telemedicine is having a provider visit over the phone or using video.
- Telemedicine does not provide all services. Some services require in-person visits.
- Telemedicine visits are covered for all Health First Colorado members, just like in-person visits.
- Ask your provider if they do phone or video visits.
- All care and services must be Health First Colorado covered benefits.
- Telemedicine cannot be used for anything Health First Colorado doesn't cover.
- Talk to your regional organization if you want to use Telemedicine for behavioral health visits.

Canceling and rescheduling

If you can't make your appointment or are going to be late, call your provider's office right away. Most providers ask you to call 24 hours before your appointment if you have to cancel.

Providers **cannot** charge you a fee if you miss an appointment and do not call in advance. But they might decide not to keep you as a patient. Providers make their own policies about late or missed appointments. Ask your provider about their policy. Ask if you can have a written copy.

Referrals

You may need a referral from your PCP or health plan to go to other providers, such as specialists. You can call your PCP or health plan to find out.

You do not need a referral to go to behavioral health, dental or family planning providers.

Second opinions

You have the right to a second opinion. You do not need a referral to go to a participating provider for a second opinion about your care. You may need to pay a co-pay at your visit.

Advance directives

Advance directives are written instructions to those caring for you that tell them what to do in case you can't make decisions for yourself. They list the type of care you do or do not want if you become so ill or injured that you cannot speak for yourself. Your PCP or health plan can tell you more and give you an advance directives form. Or go to cobar.org/advanceMedicalDirectives.

If you think your provider is not following your advance directive, you can file a complaint at cdphe.colorado.gov/health-facilities/file-a-complaint/health-facilities-complaint-contacts.

The **Health First Colorado Nurse Advice Line** gives you free medical information and advice 24 hours a day, every day of the year. Call **800-283-3221** (State Relay 711).

Nurse Advice Line

The **Health First Colorado Nurse Advice Line** gives you free health information and advice. You can call **800-283-3221** (State Relay 711) 24 hours a day, 7 days a week. Talk with a Registered Nurse who can:

- Review your health concerns and symptoms
- Answer questions about an illness or injury
- Give you personalized home-care advice and treatment
- Help you decide if you need medical care right away
- In some cases, consult with a doctor, schedule a same-day telehealth appointment and offer treatment for acute illnesses that qualify

You can get language support in more than 200 languages for all calls. For primary care appointments or medication refills, contact your provider's office.

Urgent care

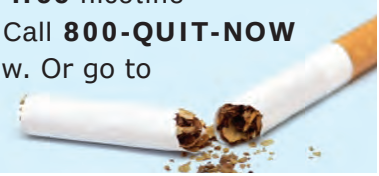
Urgent care is for a sickness or injury that needs medical care quickly. If it's not an emergency but you need medical attention quickly, first call your PCP. Your PCP may help you in their office or over the phone. If you're not sure if your symptoms are urgent or you need help deciding, call the free **Nurse Advice Line** at **800-283-3221** (State Relay 711).

Emergencies

An **emergency** is when an illness or injury is so serious that you, your child's or your unborn baby's health, bodily functions, body organs or body parts may be in danger if you don't get medical care right away. This includes childbirth labor and delivery. If you are not sure it's an emergency, call the **Nurse Advice Line** at **800-283-3221** (State Relay 711).

If you are having an emergency, you can get emergency services in any emergency department in the United States that is enrolled with Health First Colorado, 24 hours a day, every day of the year. This includes ambulance and emergency room care. If you are having an emergency, call **911**. Or go to the nearest emergency room. You do **not** need pre-approval. **Pre-approval** is getting approval for services before you use them. You can also get care right after the emergency to help you recover. This is called post-stabilization services. Health First Colorado can only pay for services provided by enrolled providers, and can help providers enroll if needed.

Ready to quit smoking? Get **free** nicotine patches, gum and counseling. Call **800-QUIT-NOW** (800-784-8669) to find out how. Or go to CoQuitLine.org. It's free!



Co-pays

For some services, you may have a **co-pay**. This is a fixed amount you pay when you get a covered health care service. The co-pay amount depends on the service. There are no co-pays for behavioral health, preventative care, family planning, or dental services.

You never have to pay more than the co-pay for covered services. This is true even if you also have other insurance. You **do** have to pay for services that are not covered. It's the law!

If you cannot pay the co-pay right away, the provider must still help you. You will have to pay the co-pay later.

There is a limit on the co-pays you pay each month. If you or a member of your household pays 5% of your monthly income in co-pays, you do not have co-pays for the rest of that month. You will get a letter when you reach your monthly limit. For co-pay amounts, go to healthfirstcolorado.com/benefits-services.

These Health First Colorado members do **not** have co-pays:

- Children age 18 and younger (members age 19 and 20 have co-pays)
- Members in the maternity cycle (pregnancy, labor, birth and up to 12 months after delivery)
- Members who choose Elevate (Denver Health) Medicaid Choice as their managed care health plan (members who choose Denver Health as their Health First Colorado PCP and Colorado Access as their regional organization, except those listed here, will have co-pays)
- Members who choose Rocky Mountain Health Plans Prime as their managed care health plan do **not** have medical co-pays. They do have prescription drug co-pays.
- Members who live in a nursing home
- Members who get hospice care

- American Indian or Alaska Native members who have ever received care from Indian Health Services
- Former foster care children ages 18 through the end of the month of their 26th birthday for medical services
- Members enrolled in the Breast and Cervical Cancer Program

Health First Colorado pays for services that are covered member benefits. If you have a bill or collection notice for services you got while you were a Health First Colorado member, here's what to do:

- Check to make sure you were eligible for Health First Colorado on the date you got the service.
- If you were eligible, call the provider's office. Tell them you were eligible for Health First Colorado on the date you got the service. You can also tell the provider to call Health First Colorado Provider Services if they have problems billing.

By federal and state law (Colorado Revised Statutes 25.5-4-301), it is illegal to bill a Health First Colorado member for covered services. If you cannot resolve a billing problem with your provider, call the **Health First Colorado Member Contact Center** at **800-221-3943** (State Relay 711) Monday to Friday, 8:00 a.m. to 4:30 p.m. The call is free. The Health First Colorado Member Contact Center closes at 2:00 p.m. on the 3rd Thursday of every month. It reopens for normal hours the next day.

Premiums

Some members pay Health First Colorado a premium (monthly cost for coverage). Members in the Children with Disabilities Buy-In Program or the Working Adults with Disabilities Program have monthly premiums. To learn more, go to hcpf.colorado.gov/health-first-colorado-buy-in-programs.

Estate recovery

Estate recovery is for special cases when a member dies in a nursing home or assisted living facility or is over age 55 at death. In those cases, Health First Colorado may recover some of the costs of care from the member's estate. You may want to tell family members about estate recovery.

To learn more about estate recovery and exemptions, contact your county. You can find out the name and contact information for your county at CO.gov/cdhs/contact-your-county.

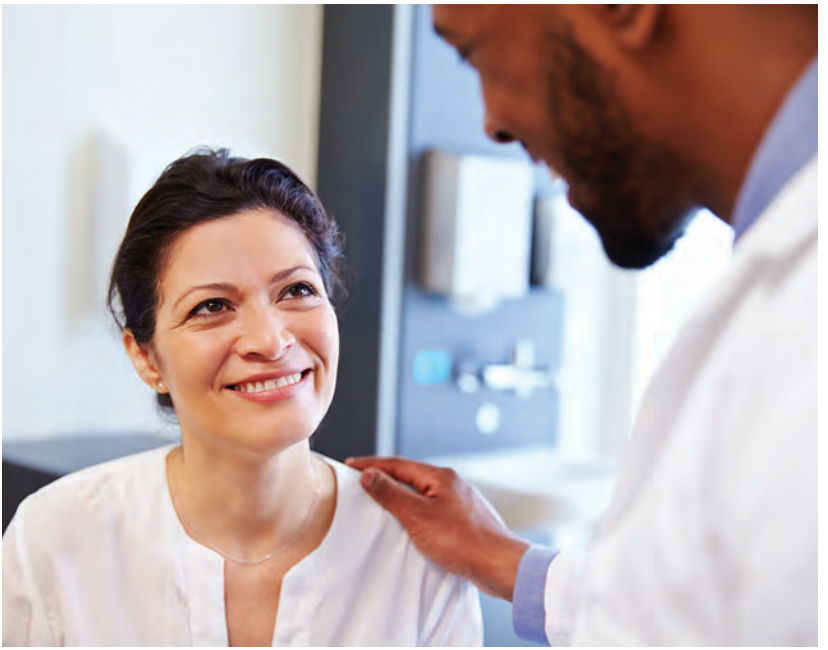
Use the Health First Colorado mobile app and take control of your coverage!

4 Benefits and services

Health First Colorado coverage gives you 4 types of basic benefits:

1. Physical health
2. Dental
3. Vision
4. Behavioral health

Medically necessary services to treat physical health, dental, vision or behavioral health may be covered when you get the service from a participating provider. Your provider may need to get pre-approval from Health First Colorado or your health plan before you get services.



Medically-necessary services include any covered program, product or service that is delivered in the most appropriate setting required by the member's condition and does not cost more than other equally effective treatment choices.

They include services that will (or are reasonably expected to) prevent, diagnose, cure, correct or improve the following and are provided in a manner consistent with accepted standards of medical practice:

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

These services may also include treatment that is observation only.

Medically necessary services do **not** include:

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

Members 20 years old and younger get extra benefits and services with no cost or co-pay. Read Part 5: Child and youth well care for more information.

Members who have a disability may get Long-Term Services and Supports. Apply at CO.gov/PEAK.

Physical health benefits

Basic physical health benefits are listed below. To learn more, ask your PCP or your health plan. Or go to your personalized handbook at CO.gov/PEAK or the Health First Colorado app. To read a full list, go to HealthFirstColorado.com/benefits-services. Benefits with a star (*) may need pre-approval. Your PCP or health plan can get pre-approval.

- Acute (short-term treatment) home health therapies and services
- Allergy testing and injections
- Ambulance services for an emergency
- Audiology
- Durable medical equipment (DME)* definition
- Emergency room visits
- Family planning services (any in- or out-of-network Health First Colorado provider, without a referral)
- Gender affirming care services
- Habilitative services and devices* definition
- Home health care* definition
- Hospice care definition
- Inpatient medical and surgical care*
- Lab and radiology*
- Long-term home health therapies and services*
- Outpatient hospital services
- Outpatient surgery*
- PCP visits
- Pediatric services, including oral and vision care
- Prescription drugs*
- Preventive and wellness services, such as screenings*
- Private duty nursing*
- Rehabilitation services and devices* definition
- Skilled nursing services definition
- Specialist visits
- Telemedicine
- Transportation to your appointments and services
- Urgent care
- Vaccinations (shots)
- Vision services
- Women's health services

Definitions

Durable medical equipment (DME) — Reusable medical equipment when there is a medical need for the treatment or therapy for an illness or physical condition. Examples include oxygen, wheelchairs, walkers and some bathroom or bedroom safety equipment.

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

Home health care — Skilled nursing services, certified nurse aide (CNA) services, physical therapy, occupational therapy, and speech/language pathology services given in your home or community setting by a licensed and certified home health agency.

Hospice care — Care that focuses on comfort and support for people in the end stage of life.

Rehabilitation services and devices — Physical, occupational and speech therapies and devices that you need for a short time to help you recover from a serious injury, illness or surgery.

Skilled nursing services — Health care services you need that can only be provided or supervised by a Registered Nurse or other licensed professional. A doctor must order skilled nursing services. Services may be to improve or keep current health or to stop health from getting worse.

Community First Choice

Community First Choice (CFC) is a Health First Colorado program that offers certain home and community-based services and supports to members who need long-term care. This includes members on a Home and Community-Based Services (HCBS) waiver.

CFC services help members who need long-term care live at home and in their communities. CFC is not a home and community-based services waiver. It's an optional Health First Colorado program for members who need long-term care and qualify for the services.

For a list of Community First Choice services, go to our website.

Who qualifies for CFC?

Health First Colorado members of all ages can qualify for CFC if they:

- Are currently enrolled in an HCBS waiver, get at least one waiver service per month, and work with a Case Management Agency to check if they need CFC services,

  or

- Meet an institutional level of care, and work with a Case Management Agency to check if they need CFC services.
  - » An institutional level of care means you can get care people usually get in a medical setting, like a nursing home or hospital, at home or in your community instead.

Check if you qualify

If you are enrolled in an HCBS waiver, you automatically qualify.

If you think you meet an institutional level of care, call your Case Management Agency. To find your county's Case Management Agency, go to the directory.

Vision benefits

Vision services are a covered health benefit. Basic vision benefits are listed below. To read the full list, go to HealthFirstColorado.com/benefits-services.

Vision benefit	Ages 20 and younger	Ages 21 and older
Contact lenses	Covered if glasses can't correct vision	Covered if glasses can't correct vision and member had prior eye surgery
Contact lens replacement	Covered	Not covered
Eye exams	Covered	Covered
Glasses	Covered	Covered after eye surgery only
Glasses repair or replacement	Covered	Not covered
Low vision aids	Covered	Not covered
Ocular prosthetics (artificial eyes)	Covered	Covered

Prescription drug benefit

Prescription drugs are medicines or drugs your doctor prescribes (orders) for you. They treat or prevent a condition or illness. Basic prescription drug benefits are listed below. Prescription drugs need your provider's approval. Talk to your provider about which prescription drugs are covered. Or go to CO.gov/hcpf/medicaid-pharmacy-benefits. Prescription drugs may need pre-approval.

You can get up to a 100-day supply of maintenance medicines (drugs for chronic conditions). Find a participating local or out-of-state Health First Colorado pharmacy at For a full list of pharmacies, go to dentaquest.com/en/members. Talk to your provider about getting a 100-day supply of your prescription by mail or at your local pharmacy.

Dental benefits

Basic dental benefits are listed below. There are no yearly limits for adults and children. To learn more, **call DentaQuest Member Services** at **855-225-1729** (State Relay 711). Or go to dentaquest.com/en/members. Benefits with a star (*) may need pre-approval from DentaQuest.

- Complete dentures*
- Complex dental services*
- Diagnostic and preventive services
- Emergency dental care
- Partial dentures*
- Restorative and other basic services

To learn about dental benefits for members ages 20 and younger, read page 29.

Behavioral health benefits

Behavioral health includes health issues such as depression, anxiety and schizophrenia. It also includes substance use issues such as marijuana, alcohol and opioid use. Basic behavioral health care benefits are listed below. Benefits with a star (*) may need pre-approval from your regional organization. There are **no** co-pays for covered behavioral

health benefits. To read a full list, go to HealthFirstColorado.com/benefits-services.

- Screening and assessment services
- Emergency and crisis services
- Outpatient services: School-based services; individual, group, and family counseling and therapy; medication management; medication assisted treatment; help to find and use community resources; and peer support services
- High intensity outpatient services*: Partial hospitalization and intensive outpatient treatment services
- Residential services*: 24-hour behavioral healthcare, except room and board, provided in a non-hospital, non-nursing home setting
- Hospital Services*: Inpatient behavioral health treatment. Facilities can include freestanding psychiatric hospitals, acute care/general hospitals, and state-run mental health hospitals

If you have a behavioral health or substance use crisis, call **Colorado Crisis Services** at **988** or **844-493-TALK** (844-493-8255) (State Relay 711). Or text TALK to 38255. You can call or text 24 hours a day, every day of the year. If you cannot access behavioral health care, call your regional organization and ask for care coordination.

For questions about benefits, go to our website at HealthFirstColorado.com/benefits-services. You can also call the **Health First Colorado Member Contact Center** at **800-221-3943** (State Relay 711) Monday to Friday, 8:00 a.m. to 4:30 p.m. The call is free. The Health First Colorado Member Contact Center closes at 2:00 p.m. on the 3rd Thursday of every month. It reopens for normal hours the next day.

5 Child and youth well care

Health First Colorado covers medically necessary health care services through the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit for members ages 20 and younger. This benefit ensures they get the right preventive, dental, vision, developmental, behavioral health and specialty services at the right time, at no cost to you or your family. To learn more, go to hcpf.colorado.gov/epsdt or talk to your provider.

Children in the custody of the county Department of Social/ Human Services have these same benefits and co-pays.

For members ages 20 and younger, any medically necessary service to treat any physical, dental, vision or behavioral health diagnosis is covered. Medically necessary is defined on page 19. Services covered with no cost or co-pay include:

- Well-child visits and teen check-ups
- Developmental evaluations
- Behavioral evaluations and therapies
- Vaccinations (shots)
- Lab tests, including lead poisoning testing
- Health and preventive education
- Vision services
- Dental services
- Hearing services
- Depression screening for youth and for a parent by the child's provider
- Other medically necessary health care services, diagnostic services and treatment

An EPSDT service may be covered with no cost or co-pay even if it is not a Health First Colorado benefit or there are service limits. Your provider must ask Health First Colorado for the medically necessary service. Health First Colorado will read the medical necessity request and approve or deny it. If you disagree with Health First Colorado's decision you can appeal it. To learn more, read Part 6: Appeals. You must still go to licensed participating providers and get needed pre-approvals.

Well-child check-ups

Well-child check-ups are more complete than sports physicals. They make sure your child or teen is growing up healthy. The provider can identify physical, dental, vision and behavioral health risks early and correct, reduce or control health problems. Your child also gets needed shots and screenings at the right ages.

Your child should get well-child check-ups at these ages:

- At birth
- 2-4 days after birth
- 1 month
- 2 months
- 4 months
- 6 months
- 9 months
- 12 months
- 15 months
- 18 months
- 24 months
- 30 months
- Once a year from age 3 to 20

Well-child check-ups include:

- A complete history and head-to-toe physical exam
- Age-appropriate shots (Colorado covers shots recommend by either the Advisory Committee on Immunization Practices (ACIP) of the U.S. Department of Health and Human Services schedule or the American Academy of Pediatrics (AAP). To learn more, go to cdc.gov/vaccines/hcp/imz-schedules/index.html.
- Lab tests, including lead poisoning testing
- Health education
- Vision and hearing screening
- Oral health screening
- Behavioral health assessment

Lead poisoning testing

All children enrolled in Health First Colorado must get tested for lead poisoning at 12 and 24 months of age or between the ages of 3 and 5 if they were not tested earlier.

Dental check-ups

By age 1, or when your child gets a first tooth, your child needs dental health check-ups and cleanings every 6 months.

Your child can get dental services such as:

- Office visits
- Teeth cleanings
- Fluoride treatment
- Dental sealants
- Space maintainers
- Oral examinations
- X-rays
- Dental fillings
- Crowns
- Oral surgery procedures
- Extractions (tooth pulling)
- Root canal treatment
- Gum treatment
- Orthodontics

Help getting child and youth well care services

Your regional organization can help Health First Colorado members ages 20 and younger and pregnant members get the services they need.Your regional organization can:

- Tell you about services you can get
- Find providers
- Make appointments for you

- Coordinate your health information between providers
- Connect you to other community services or programs such as food banks, housing agencies, child care, Head Start, Early Head Start, HCP (a program for children and youth with special health care needs) and the Special Supplemental Nutrition Program for Women, Infants and Children (WIC)

Your regional organization **cannot**:

- Decide or approve physical benefits or coverage
- Help you apply for or get Temporary Assistance for Needy Families (TANF), Supplemental Nutrition Assistance Program (SNAP) or Cash Assistance

To apply for any of the programs listed above, go to CO.gov/PEAK. To learn more about these programs, go to the "Other Programs and Services" section in your handbook at CO.gov/PEAK.

Behavioral health

If you think your child needs residential mental health treatment, call your regional organization for an assessment. The Children and Youth Mental Health Treatment Act says your child must be assessed and you must get a decision on treatment in a timely way.

If you lose your Health First Colorado coverage and cannot afford needed behavioral health treatment for your child, call the Behavioral Health Administration at **303-866-7400** (State Relay 711). The Children and Youth Mental Health Treatment Act may be able to help.

6 Appeals
(if you disagree with a decision)

You have a right to file an **appeal**. You can appeal if you disagree with your **eligibility** (coverage) decision. You can also appeal any decision about services. You must appeal no later than **60 days** after the date on your Notice of Action.

If you disagree with a **coverage** decision, you may ask for an **informal** meeting or a **formal** hearing or for both at the same time. To ask for a meeting, follow the instructions on your Notice of Action. You must ask no later than **60 days** after the date on your Notice of Action.

You can also file an **appeal** or ask for an **expedited** (rush) appeal at the same time. Your appeal must be no later than **60 days** after the date on your Notice of Action. For more on expedited appeals, read Asking for an expedited (rush) appeal on page 34.

You can **appeal** a **service** decision to your health plan no later than **60 days** after the date on your Notice of Action if:

- A service you get is set to be reduced, suspended or stopped
- A type or level of service you requested is denied or limited
- You are not given notice of a service decision in a timely way
- You are not given a reply to your complaint or appeal within required times
- Your request to get behavioral health care outside your regional organization network is denied, and you live in a rural area where there are no providers in your regional organization
- Payment for all or part of your health services is denied
- Your request to dispute cost sharing, co-pays, premiums, deductibles, co-insurance or other plan costs is denied

Filing an appeal cannot cause you to lose coverage. That's the law!

Notice of Action / Notice of Adverse Benefit Determination

For any decision that affects your Health First Colorado coverage or services, you will get a letter. The letter is called a **Notice of Action** (eligibility or coverage decision) or a **Notice of Adverse Benefit Determination** (service decision). It tells you the decision, why the decision was made and how to appeal if you disagree.

Filing an appeal

If you disagree with an eligibility (coverage) or service decision, you must appeal no later than **60 days** after the date on the Notice of Action or Notice of Adverse Benefit Determination letter.

To start your appeal, follow the directions on the Notice of Action or Notice of Adverse Benefit Determination. The notice may say you can tell your Eligibility Site or health plan that you disagree with the decision. Or it may say you can send a Letter of Appeal to the Office of Administrative Courts. Appeals to your health plan do not have to be in writing. **Be sure to follow the directions on your letter.**

When you appeal a service decision to your health plan, you can ask your health plan for a complete copy of your file. It will include your medical records plus other documents and records that will be considered in the appeal process. Your health plan will send the file copy free of charge.

Getting help with an appeal

You have the right to speak for yourself at your State Fair Hearing appeal. Or you may choose someone to help you. Anyone can help you file an appeal. If you want someone to represent you or get information about your case, you

must approve their help in writing. They can be a provider, an advocate, a lawyer, a family member or any other person you trust.

Here are some places where you may get help:

If you are appealing the decision for:	You can get help from:
Health First Colorado eligibility (coverage)	Your **Eligibility Site** listed on your Notice of Action For instructions: Office of Administrative Courts Public Benefits Resources at CO.gov/pacific/oac/public-benefits **Colorado Legal Services** Phone: 303-837-1313
The level or type of service	Your **health plan** listed on your Notice of Action or Notice of Adverse Benefit Determination **Ombudsman for Health First Colorado Managed Care** (regional organization, Elevate [Denver Health] Medicaid Choice, Rocky Mountain Health Plans Prime or dental health plan) Phone: 303-830-3560 or 877-435-7123 (State Relay 711) Email: help123@maximus.com **DentaQuest** DentaQuest Member Services Phone: 855-225-1729 (State Relay 711) For instructions: Office of Administrative Courts Public Benefits Resources at CO.gov/pacific/oac/public-benefits

If you are appealing the decision for:	You can get help from:
Residential treatment assessment for your child	Your health plan listed on your Notice of Action or Notice of Adverse Benefit Determination **Ombudsman for Health First Colorado Managed Care** (regional organization, Elevate [Denver Health] Medicaid Choice, Rocky Mountain Health Plans Prime, or dental health plan) Phone: 303-830-3560 or 877-435-7123 (State Relay 711) Email: help123@maximus.com

After you appeal to your health plan

After you appeal, you will get a letter within 2 business days. The letter will say that your health plan received your appeal. The letter may also ask for more information. You can call your health plan to ask for more time to get the information they need.

In most cases, you will get a decision within 10 business days from when your health plan received your letter. If you don't agree with the decision they made about your appeal, you can ask for a State Fair Hearing. If your health plan does not follow the timelines in this section, you may ask for a State Fair Hearing, even if your appeal hasn't been decided yet.

Asking for an expedited (rush) appeal

If you think that waiting for a decision on your health plan or coverage appeal would seriously affect the life or health of you or your covered child, you may ask for an expedited (rush) appeal. Give us as much information as you can. Also give any documents that show why waiting will seriously affect your life or health.

For appeals about level or type of service:

- The **organization receiving your appeal** will decide if you can get an expedited appeal for level or type of service appeals.
- The health plan will send you a letter within 2 calendar days if they deny your expedited appeal request. HCPF will send you a letter within 3 business days if they deny your expedited appeal request.
- If they deny your expedited appeal request:
  - » The health plan will try to call you to tell you they denied your request for an expedited review.
- You will get a letter telling you:
  - » Why they denied your request for an expedited review
  - » That you can file a complaint if you disagree with their decision
- The health plan will send their appeal decision within 10 business days

If they approve your expedited appeal request:

- The health plan will make a decision in 72 hours
- HCPF will call you to set up a hearing. After your hearing, HCPF will give you a decision within 3 business days after HCPF gets your request if your appeal involves a level or type of service issue, or 7 business days after HCPF gets your request if your appeal involves an eligibility issue.

State Fair Hearing (formal hearing)

A State Fair Hearing is a court hearing with an Administrative Law Judge.

If you don't agree with the appeal decision your **health plan** made, you can ask for a State Fair Hearing. To ask for a State Fair Hearing, you have to wait until you get a decision from your health plan about your appeal. You must ask for a State Fair Hearing within **120 days** from when you receive the appeal decision from your health plan.

If you are not enrolled with Elevate (Denver Health) Medicaid Choice or Rocky Mountain Health Plans Prime and you get a physical health service decision you don't agree with, you must ask for a State Fair Hearing no later than **60 days** after the date on your Notice of Adverse Determination Letter.

You can make your request by phone, mail, email, in person or online at colorado.gov/oac/oac-form-links. If you mail your request, be sure to sign it and include your:

- Name
- Mailing address
- Phone number
- Email address
- Health First Colorado ID and Case ID
- Reason for your appeal
- Copy of the notice with the decision you are appealing

After you file an appeal, the Office of Administrative Courts will send back copies of the documents you filed.

Send your request to:

Office of Administrative Courts
1525 Sherman Street, 4th Floor
Denver, CO 80203
Phone: 303-866-2000
Fax: 303-866-5909
Email: oac-gs@state.co.us

The Office of Administrative Courts will send you a letter about the hearing. They will give you a hearing date. Before and during the hearing, you or the person you choose can give information to support your case. The Judge will make an Initial Decision. The Department of Health Care Policy and Financing (HCPF) will review the Judge's decision and issue a Final Agency Decision.

Keeping Health First Colorado coverage or services during an appeal

If you are receiving benefits and you request an appeal hearing no later than 10 days after the Date of Action, you will continue to receive Health First Colorado benefits during the appeal through the final agency decision.

You may get a letter (Notice of Adverse Benefit Determination) from your health plan that says they are ending or changing your services before your service authorization is scheduled to end. If this happens, you can ask the health plan to continue the services during your appeal. If the appeal decision is not in your favor, you may have to pay for the services you used.

7 Complaints

You have a right to complain. This may also be called a grievance. You can file a complaint about anything. If your complaint is about coverage or pre-approval of services, it is an appeal. Read Chapter 6, Appeals. For example, you can complain if you are unhappy with your service or think you were treated unfairly. You cannot lose your coverage for filing a complaint. That's the law!

If your complaint is about your provider, you can always **talk to your provider**. You can make a complaint to your health plan any time.

How to file a complaint with your regional organization

If you have a complaint, you can file it at any time. You or the person you choose to help you can complain in person, by phone, by mail or by email. Emails may not be secure. Include your name, member ID, address and phone number.

You can get help by calling your regional organization or DentaQuest. Or call the Ombudsman for Health First Colorado Managed Care at **303-830-3560** or **877-435-7123** (State Relay 711). Or email help123@maximus.com. The Ombudsman can help you understand your rights, file a complaint and resolve problems.

Regional organization	Phone number
Rocky Mountain Health Plans	800-421-6204
Northeast Health Partners	800-541-6870
Colorado Access	800-511-5010
Colorado Community Health Alliance	855-627-4685
Elevate (Denver Health) Medicaid Choice	303-602-2261

After you file a complaint with your health plan

Your health plan will send you a letter within 2 business days to tell you they got your complaint. Someone who was **not** involved in your situation will review your complaint. They will work with you to solve the problem. They may contact you or the person you chose to help you. Within **90** days, they will send another letter. The letter will tell you what they decided and when they made the decision.

Second reviews

If you do not agree with the answer you get from your health plan, you can ask for a second review of your complaint.

You can ask for a second review by contacting:

Colorado Department of Health Care Policy and Financing (HCPF)
Medicaid Managed Care Contract Manager
303 E. 17th Avenue, Suite 1100
Denver, CO 80203
Phone: 303-866-4623
Email: hcpf_mcos@state.co.us

If you ask for a second review of your complaint, HCPF will work with you and send you a letter about their review. This decision is final.

How to file a complaint about access to behavioral health care

Your health plan is subject to the Mental Health Parity Addiction Equity Act of 2008 (MHPAEA). This means that your covered behavioral health benefits cannot be more difficult to access than physical health benefits. A denial, restriction or withholding of behavioral health services could be a potential violation of MHPAEA.

File a complaint with the Behavioral Health Ombudsman Office of Colorado if you have a parity concern.

You can make a complaint by contacting:

Behavioral Health Ombudsman
Office of Colorado
Phone: 303-866-2789
Email: ombuds@bhoco.org
Website: bhoco.org

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

8 Rights and responsibilities

As a member of Health First Colorado, you have rights and responsibilities.

Your rights

You have the right to:

1. Get the information in this handbook and about your coverage, plans, benefits and services
2. Be treated with respect and consideration for your privacy and dignity
3. Get information in a way you can easily understand
4. Get information from your provider about treatment choices for your health condition
5. Be involved in all decisions about your health care and say “no” to any treatment offered
6. Not be secluded or restrained as a punishment or to make things easier for your provider
7. Ask for and get a copy of your medical records and ask that they be changed or corrected
8. Get quality health care services in a timely and coordinated way
9. Use your rights without fear of being treated poorly
10. Any other rights guaranteed by law, for example, the Health Insurance Portability and Accountability Act (HIPAA), the Americans with Disabilities Act (ADA)
11. Be free from discrimination based on race, color, ethnic or national origin, ancestry, age, sex, gender, sexual orientation, gender identity and expression, religion, creed, political beliefs, disability or health status
12. Ask your health plan for help if your provider does not offer a service you need because of moral or religious reasons

Your responsibilities

You have the responsibility to:

1. Understand your rights
2. Follow this handbook
3. Treat other members, your providers and their staff with respect
4. Choose a primary care provider and go to Enroll.HealthFirstColorado.com. Or call **303-839-2120** or **888-367-6557** (State Relay 711) if you want a different provider.
5. Pay for services you get that are not covered by Health First Colorado
6. Tell your provider and Health First Colorado if you have any changes to your family, income, jobs, other insurance or address. Tell us within 10 days of the change.
7. Ask questions when you do not understand or want to learn more
8. Tell your provider information they need to care for you, such as your symptoms
9. Take medications as prescribed and tell your provider about side effects or if your medications are not helping
10. Invite people who will be helpful and supportive to you to be included in your treatment
11. Report suspected member or provider fraud or abuse to Member Fraud at **844-475-0444** or Provider Fraud at **855-375-2500**. Or go to CO.gov/hcpf/how-report-suspected-fraud.

Choosing someone to speak for you

You can choose a trusted person to talk with Health First Colorado about your coverage. This could be a family member, friend, advocate, or another person you trust. To protect your privacy, Health First Colorado can only talk with that person(s) if you give us permission. You can do this by completing an Authorized Representative Form.

This form allows the person you choose to communicate with Health First Colorado only about your coverage and benefits. It does not apply to your doctors, regional organization, or other healthcare-related organizations.

Once the form is completed and on file, your authorized representative can contact Health First Colorado and get information or help on your behalf.

You can find the Authorized Representative Form online at hcpf.colorado.gov/hipaa-forms. It's important to send the form and all required documents to the address listed on the form so they are received and processed on time.

If you need help completing the form, call the Member Contact Center at **800-221-3943** (State Relay: 711).

Nondiscrimination Notice

The Colorado Department of Health Care Policy and Financing (HCPF) does not discriminate based on race, color, ethnic or national origin, ancestry, age, sex, gender, sexual orientation, gender identity and expression, religion, creed, political beliefs or disability. HCPF does not discriminate in employment, admission or access to, treatment or participation in, or receipt of the services and benefits under any of its programs, services and activities. HCPF provides:

- Free aids and services for individuals with disabilities to communicate effectively with us, such as:
  - » Qualified sign language interpreters
  - » Written information in other formats
- Free language services for individuals whose first language is not English, such as:
  - » Qualified foreign language interpreters
  - » Information written in other languages

If you believe HCPF has failed to provide these services or discriminated in another way, you can file a complaint with the Civil Rights Officer within **60** days of the incident. You can file by mail, phone, fax or email. The Civil Rights Officer can also help you file the complaint.

To request aids and services or to file a complaint:

Civil Rights Officer
303 E. 17th Avenue
Denver, CO 80203
Phone: 303-866-6010 (State Relay 711)
Fax: 303-866-2828
Email: hcpf504ada@state.co.us

You can also file a civil rights complaint online with the U.S. Department of Health and Human Services, Office for Civil Rights at ocrportal.hhs.gov/ocr/smartscreen/main.jsf. Or you can file by mail, phone, fax or email.

Office for Civil Rights
U.S. Department of Health and Human Services
1961 Stout Street, Room 08-148
Denver, CO 80294
Phone: 800-368-1019 (TDD: 800-537-7697)
Fax: 202-619-3818
Email: OCRComplaint@hhs.gov

Learn more at hcpf.colorado.gov.

We're here to help

For questions, call the **Health First Colorado Member Contact Center** at **800-221-3943** (State Relay 711) Monday to Friday, 8:00 a.m. to 4:30 p.m. The call is free. The Health First Colorado Member Contact Center closes at 2:00 p.m. on the 3rd Thursday of every month. It reopens for normal hours the next day.

Si usted habla **español**, tenemos a su disposición servicios de asistencia, gratuitos, en su idioma. Llame al **800-221-3943** (State Relay 711).

Nếu bạn nói **Tiếng Việt**, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **800-221-3943** (State Relay 711).

To read more about the topics in this handbook, go to HealthFirstColorado.com. You can also use the Health First Colorado app from your cell phone or tablet.