

STRONG

body  
mind

MEMBER NEWSLETTER  
// IMPORTANT INFO



DENVER HEALTH  
MEDICAL PLAN INC.



# DOWNLOAD OUR 'MyDHMP' MEMBER PORTAL MOBILE APP!

The 'MyDHMP' member portal mobile app is your resource for managing your health insurance plan anytime, anyplace. With the App you will be able to access important info. You can access member materials including ID Cards. You can communicate with us. In the App you can check your health care bill status and more. Do all this from your tablet or smartphone.



**Visit [DenverHealthMedicalPlan.org](https://DenverHealthMedicalPlan.org) and click on 'MyDHMP Portal' or download the 'MyDHMP' mobile app for iPhone and Android devices!**

# Share the health!



**Tell your family and friends. Now is the time to enroll in a health insurance plan for 2024. We can help them get the coverage they need. Scan the QR Codes below to learn more!**



**ELEVATE  
MEDICARE ADVANTAGE**  
Denver Health Medical Plan Inc..



Medicare Annual Enrollment Period runs from **October 15, 2023**, to **December 7, 2023**.

To learn more or enroll, call 303-602-2451.

*Current members may call Health Plan Services at 303-602-2111.*



**ELEVATE  
HEALTH PLANS**  
Denver Health Medical Plan Inc..



CO Option and Exchange Open Enrollment runs from **November 1, 2023**, to **January 15, 2024**. \*

To learn more or enroll, call 303-602-2451.

*\* Dates are decided by the Division of Insurance (DOI) and may change.*

*Visit [DenverHealthMedicalPlan.org](https://DenverHealthMedicalPlan.org) for more info.*

# IMPORTANT PLAN INFORMATION



**As a valued DHMP member, you should be aware of certain rights and responsibilities that you are entitled to and responsible for.**

## **MEMBERS HAVE THE RIGHT TO:**

- » Have access to practitioners and staff who are committed to providing quality health care to all members without regard for race, religion, color, creed, national origin, age, sex, sexual preference, political party, disability or participation in a publicly-financed program.
- » Obtain available and accessible services covered by the contract.
- » Receive medical/behavioral health care that is based on objective, scientific evidence and human relationships.
- » Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- » Have a partnership based on trust, respect and cooperation among the provider, staff and you that will result in better health care.
- » Be treated with courtesy, respect and recognition of your dignity and right to privacy.
- » Receive equal and fair treatment, without regard to race, religion, color, creed, national origin, age, sex, sexual preference, political party, disability or participation in a publicly-financed program.
- » Choose or change your Primary Care Provider (PCP) within the network of providers, to contact your PCP whenever a health problem is of concern to you and arrange for a second opinion at no cost to you, if desired.
- » Expect that your medical records and anything that you say to your provider will be treated confidentially and will not be released without your consent, except as required or allowed by law.
- » Get copies of your medical records or limit access to these records, according to state and federal law.
- » Know the names and titles of the doctors, nurses and other persons who provide care or services for you.
- » Have a candid discussion with your provider about appropriate or medically-necessary treatment options for your condition, regardless of cost or benefit coverage.
- » Participate with providers in making decisions about your health care.
- » Request or refuse treatment to the extent of the law, and to know what the outcomes may be.
- » Receive quality care and be informed of the DHMP Quality Improvement (QI) Program.
- » Receive information about DHMP, its services, its providers and members' rights and responsibilities, as well as prompt notification of termination or other changes in benefits, services or the DHMP network. This includes how to get services during regular hours, emergency care, after-hours care, out-of-area care, exclusions and limits on covered services.
- » Learn more about your providers and their qualifications, such as medical school attended or residency. Go to **DenverHealthMedicalPlan.org** and click on "FIND A PROVIDER" for our web-based directories, or call Health Plan Services.
- » Express your opinion about DHMP or its providers to legislative bodies or the media without fear of losing health benefits.

# IMPORTANT PLAN INFORMATION



- » Receive an explanation of all consent forms or other papers DHMP or its providers ask you to sign; refuse to sign these forms until you understand them; refuse treatment and to understand the consequences of doing so; refuse to participate in research projects; cross out any part of a consent form that you do not want applied to your care; or to change your mind before undergoing a procedure for which you have already given consent.
- » Instruct providers about your wishes related to advance directives, such as durable power of attorney, living will or organ donation.
- » Receive care at any time, 24 hours a day, 7 days a week, for emergency conditions, and care within 48 hours for urgent conditions.
- » Have interpreter services if you need them to get health care.
- » Change enrollment during the times when rules and regulations allow.
- » Have referral options that are not restricted to less than all providers in the network that are qualified to provide covered specialty services; applicable copays apply.
- » Expect that referrals approved by DHMP cannot be changed after prior authorization or retrospectively denied except for fraud, abuse or change in eligibility status at the time of service.
- » Make recommendations regarding DHMP's Member Rights and Responsibilities policies.
- » Voice a complaint or appeal a decision concerning the DHMP organization or the care provided and receive a reply according to the complaint/appeal process.

## **MEMBERS HAVE A RESPONSIBILITY TO:**

- » Treat providers and their staff with courtesy, dignity and respect.
- » Pay all premiums and applicable cost sharing (i.e., deductible, coinsurance, copays).
- » Make and keep appointments and be on time or call if you will be late or must cancel an appointment
- » Have your DHMP identification card available at the time of service and pay for any charges for non-covered benefits.
- » Report symptoms and problems to your provider, ask questions and take part in your health care.
- » Learn about any procedure or treatment and think about it before it is done.
- » Think about the outcomes of refusing treatment that your provider suggests.
- » Follow plans and instructions for care that you have agreed upon with your provider.
- » Provide, to the extent possible, correct and necessary information and records that DHMP and its providers need in order to provide care.
- » Understand your health problems and participate in developing mutually-agreed upon treatment goals, to the degree possible.
- » State complaints and concerns in a civil and appropriate way.
- » Learn and know about plan benefits (i.e., which services are covered and non-covered) and to contact a DHMP Health Plan Services representative with any questions.
- » Inform providers or a representative from DHMP when not pleased with care or service.
- » Notify DHMP of any third party insurance, including Medicare.

# MEDICAID CHOICE MEMBERS: EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a Health First Colorado (Colorado’s Medicaid Program) program that covers prevention, diagnostic, and care services for members ages 20 and under. It covers pregnant women. This program is set up to find health problems early. The goal is for children to get care for their health. The care is for physical, mental, vision, hearing, and dental. Your child can get these services at **NO COST** to you:

Speech Services	Immunizations	Physical or Occupational Therapies
Well Child Check-Ups	Home Health Services	

Most EPSDT services will be available in Denver Health. Your doctor may also refer you to services outside Denver Health. Call Health Plan Services at **303-602-2116** when you have questions about EPSDT services, schedule an appointment, and talk to your doctor. When you have questions about transportation for appointments call Intelliride at **855-489-4999**. For more info about the American Academy of Pediatrics (AAP) Preventive Care Recommendations visit: [downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf).

**To learn more, call Health Plan Services at 303-602-2116.**



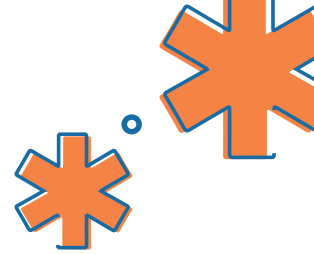
## MEDICARE ADVANTAGE, MEDICAID CHOICE AND CHP+: INTEROPERABILITY AND YOUR HEALTH INFORMATION

The Interoperability and Patient Access rule (CMS-9115-F) was put in place by the Centers for Medicare & Medicaid Services (CMS) to give you access to your health information anytime, anyplace through third party mobile and web applications that can then be used by you to make more informed decisions about your health care. This includes your medical claims, pharmacy claims, clinical data, as well as provider, pharmacy and prescription formulary data.

**To learn more, visit:**

**[DenverHealthMedicalPlan.org/Interoperability-And-Your-Health-Information](https://DenverHealthMedicalPlan.org/Interoperability-And-Your-Health-Information)**

# LOG IN TO YOUR PATIENT PORTAL: DENVER HEALTH'S MYCHART!



Your provider network has a portal to connect with them. The online portal or app gives you digital access to your medical records from your smartphone or computer. It is easy to schedule an appointment, request prescription refills, access your lab/test results, communicate with your providers, and more!



## VIEW YOUR PERSONAL MEDICAL INFO

- » Receive lab results
- » View x-rays online
- » Review your immunization record and medical history
- » Review the instructions provided by your doctor



## MANAGE YOUR APPOINTMENTS

- » Request, schedule, or cancel an appointment
- » Receive a reminder email three days before your appointment
- » View details of your appointments
- » Check-in for your appointment



## REQUEST A PRESCRIPTION REFILL

- » Review your medication list and verify it is up to date
- » Refill or renew prescriptions



## COMMUNICATE WITH YOUR DOCTOR OR CARE TEAM

- » Communicate easily and securely with your care providers
- » Send non-emergent messages through MyChart. Send a message to your care team



Learn More: [DenverHealth.org/MyChart](https://denverhealth.org/MyChart)

# SAME-DAY CARE OPTIONS

*When you need care today and cannot see your Primary Care Provider, we have options for you.*



## **The NURSELINE is here to help you.**

Call **303-739-1261** and speak to a Denver Health nurse about your health concerns. There is **no cost to you**. Sometimes they can even call in a prescription for you. NurseLine nurses can help you decide the best plan to get the care you need. The plan may include any of the options below.



## **DISPATCHHEALTH will come to you.**

DispatchHealth is our on-demand care provider that can treat a range of injuries and illnesses in your home. DispatchHealth is available 8 a.m. to 10 p.m. It is open 365 days a year. Visit **DispatchHealth.com**. Download the free app. Call **303-500-1518**. Refer to your plan coverage for cost-sharing details.

## **Visit AN URGENT CARE CENTER**



Denver Health offers many Urgent Care centers. There are Pediatric open 24/7 at 777 Bannock St. Adult is open daily, from 7 a.m. to 8 p.m. at 660 Bannock St. Urgent Care centers on its Main Campus, Federico F. Peña Southwest Clinic for Pediatrics, and Adults at 1339 Federal Blvd. The Clinic is open Mon. - Fri., from 9 a.m. to 8 p.m. | Sat. - Sun., from 9 a.m. to 4 p.m. The Clinic is closed holidays. Downtown Urgent Care Clinic at 1545 California St. open daily, from 7 a.m. to 7 p.m. Virtual Urgent Care is available for Denver Health MyChart users. Refer to your plan coverage for cost-sharing details.

*Note: You can visit any urgent care center that is convenient for you. Your DHMP plan will cover you at any urgent care center, anywhere in the U.S.*

## **VISIT AN EMERGENCY ROOM.**



You can access 24/7 emergency care for both children and adults on the Denver Health Main Campus at 777 Bannock St. The Denver Health Pediatric Emergency Department is for kids and is completely separate from the Adult Emergency Department. Refer to your plan coverage for cost-sharing details.

*Note: When you need emergency care, go to the nearest hospital or call 9-1-1. Your DHMP plan will cover you at any emergency room, anywhere in the U.S.*



# WHAT'S NEW WITH YOUR PHARMACY BENEFITS?

Depending on your plan, your pharmacy benefits may be updated over the course of the year. To see what's changed, visit [DenverHealthMedicalPlan.org](https://denverhealthmedicalplan.org). Hover over *Current Members*. Navigate to your plan's page. Click Pharmacy under "Member Resources". You will find documents that provide changes to your plan's formulary. Some of the changes are newly added drugs, newly added generics, and more!

Your plan's webpage and formulary documents is called *Formulary & Pharmacy Management*. This is for Exchange, CO Option or Employer Group plans. *Formulary/Drug List* for Medicaid Choice and CHP+ or *Formularies* for Medicare Advantage, provide:

- » A list of covered drugs, along with restrictions and preferences
- » Details on how to use the formulary and pharmaceutical management procedures
- » An explanation of limits or quotas
- » Details on how prescribing practitioners must provide information to support an exception request, non-urgent requests may be processed the next business day
- » Your plan's process for generic substitution, therapeutic interchange and step-therapy protocols

## \$25 REWARD: COMPLETE A HEALTH RISK ASSESSMENT



**ELEVATE  
MEDICARE ADVANTAGE**  
Denver Health Medical Plan Inc..

When you are an Elevate Medicare Choice (HMO D-SNP) member, you will have an opportunity to participate in a Health Risk Assessment (HRA) each year!

We want you to be healthy and feel good. By answering the questions on the HRA, we will identify your health risks and try to lower them. Each year, we will ask you to complete a HRA so we know when there were any changes in your health. This will also help us know when you need more help. Your answers to these questions do not affect your insurance coverage and may be shared with your doctor. We can work with your doctor and health care team to try and improve your health.

We will call you to complete the HRA over the phone, or we may mail you the HRA. You can also call us to complete the HRA at **1-833-292-4893**. TTY users should call 711.

Completion of a health survey will qualify Elevate Medicare Choice (HMO D-SNP) members for the \$25 reward. Upon completion of the survey, the reward will be sent to the mailing address we have on file for use at participating merchants. For more info or questions, call our Care Management Department at **303-602-2184** or visit [DenverHealthMedicalPlan.org](https://denverhealthmedicalplan.org).

## QUALITY IMPROVEMENT PROGRAM

Making sure our members get good care and help is the mission of Denver Health Medical Plan, Inc. (DHMP). To help in that effort, we have a Quality Improvement (QI) Program. The goal of the QI Program is to review how well we have done as your health plan. We will compare this work to our goals. We will learn how we can do better. Each year, we look at data on how we handle members' care. Then we measure our work and progress against benchmarks used by the whole country.

The goal of our QI Program is to make sure you have:

- » The right to get good care
- » Programs that meet your needs
- » Help with lifelong sicknesses you have
- » Support when you need extra help, such as after a hospital stay
- » Care from high-quality doctors

You can find results for our QI Program on the DHMP website:

**[DenverHealthMedicalPlan.org/Quality-Improvement-Program](https://denverhealthmedicalplan.org/Quality-Improvement-Program)**

## BENEFIT MAXIMUMS

When you are close to reaching your benefit maximum, contact Health Plan Services at **303-602-2100** to speak to a representative about any options you may have. Benefits such as outpatient therapy visits, durable medical equipment or chiropractic.

## TRANSITION OF CARE

You or your dependent is seeing a pediatrician and are ready to change to a General or Family provider. There are three ways to get help.

- » Call the Denver Health Appointment Center at **303-436-4949** to get help finding a new provider.
- » Make your first appointment
- » Use the online Provider Directory at **[DenverHealthMedicalPlan.org](https://denverhealthmedicalplan.org)**
- » Ask your provider for help with the transition

## COMPLEX CASE MANAGEMENT & ACCESS TO CARE MANAGEMENT

Our Care Managers are here to help you! We will work with you and your doctor to make sure you get the help you need. In our Care Management (CM), we can:

- » Make doctor and specialty appointments
- » Make referrals to community resources
- » Help with scheduling transportation for your doctor's appointments
- » Work with your health care team on services you may need at home
- » Give info on your care conditions
- » Work with your doctor to make sure you have the medicines you need

Our CM program is a no-cost service to all DHMP members. You can take part in the program for as long as you want. To be considered for the program, you can be referred. The referrals could be through a medical management program, discharge planner, provider, caregiver or self-referral. For more info, call **303-602-2184** or email us at **[DHMPCC@dhha.org](mailto:DHMPCC@dhha.org)**.

## COMMUNICATION SERVICES & ACCESS TO STAFF

DHMP gives access to staff for members and providers seeking info about Utilization Management (UM). Staff are available eight hours a day during normal business hours for inbound collect or toll-free calls. After hours, you can fax info or send a message through the member portal. Staff will reply in the next business day. Staff are identified by name, title and organization name when initiating or returning calls. TTY services and language help are available.

## HOW TO FILE A GRIEVANCE OR APPEAL

As a member, you have the right to file a complaint also known as a grievance. A grievance is a strong feeling that you have been treated unfairly. A grievance may include, but is not limited to, frustration with a benefit or rude behavior from staff. You also have the right to file an appeal when the Plan denied a service or medication requested by your provider. Appeals can be reviewed internally by the Plan and externally by the Department of Insurance (DOI) or Centers for Medicare & Medicaid Services (CMS). When the Plan upholds a decision to deny payment of a care bill or authorize a service, the law gives you with the right to appeal the decisions to an outside, independent decision-maker.

When you decide to file a grievance or an appeal, it must be done in the required timeframes set by National or State rules. When you miss a filing deadline, it may not be reviewed. Info about how to file a grievance or appeal including time periods that you are allowed to file a grievance or appeal can be found on our website at [DenverHealthMedicalPlan.org](https://www.denverhealthmedicalplan.org), or you may call us for info or assistance with filing a grievance or appeal at **303-602-2261**.

## DHMP'S AFFIRMATIVE STATEMENT ABOUT UTILIZATION DECISIONS

Denver Health Medical Plan, Inc. (DHMP) has a Utilization Management (UM) Program to ensure that members have access to quality health care. The Program utilizes a team of health care professionals to evaluate the medical necessity of services by using nationally-recognized, evidence-based clinical guidelines and community standards. The decisions are based on the appropriateness of care and services available to members within their contracted benefits. DHMP affirms the following UM Program practices:

- » UM decision-making is based only on the appropriateness of the care and services requested and the existing coverage and benefits available to the members;
- » DHMP does not specifically reward or otherwise incentivize practitioners or other individuals to issue denials of coverage or services; and
- » UM decision-making staff members do not receive financial incentives that encourage decisions resulting in underutilization.

Please contact DHMP's Health Plan Medical Management Department at **1-800-700-8140** if you have any questions regarding the Program and its practices.



**DENVER HEALTH  
MEDICAL PLAN** INC.<sup>SM</sup>

777 Bannock St., MC 6000  
Denver, CO 80204

**BIG PRINT OR OTHER LANGUAGES:** When you have questions about this notice, we can help you for free. We can also give it to you in other formats like big print, audio or in other languages. Call 303-602-2116, toll free 1-855-281-2418, or 711 for callers with speech or hearing needs.

H5608\_RegNwsltr23\_M



## A MESSAGE FROM OUR CEO

Now is the time when we release our Annual Report showing our previous year's financials. The 2022 Annual Report is available on our website at the link below, or you can scan the QR code above: [DenverHealthMedicalPlan.org/Denver-Health-Medical-Plan-Annual-Report](https://DenverHealthMedicalPlan.org/Denver-Health-Medical-Plan-Annual-Report)

While Colorado has something for everyone year-round, I always find the warmer months to be some of the most enjoyable and full of activities. I encourage you to explore the great outdoors and all this wonderful state has to offer. Wishing you a safe and healthy summer!

**GREG MCCARTHY**

Chief Executive Officer and Executive Director  
Denver Health Medical Plan, Inc.

