

ANNUAL REPORT 2024



DENVER HEALTH
MEDICAL PLAN INC.™

Health insurance for life's journey.

2023 VS. 2024

DENVER HEALTH MEDICAL PLAN, INC. STATUTORY STATEMENTS OF ADMITTED ASSETS, LIABILITIES AND SURPLUS DECEMBER 31, 2024 AND 2023

ASSETS

Cash and Invested Assets

	2024	2023
Cash and investments		
Bonds	\$ 20,611,908	\$ 57,562,707
Cash, cash equivalents and short-term investments	637,658	15,267,740
Total cash and invested assets	21,249,566	72,830,447
Premiums due and unpaid	11,347,146	15,070,928
Accrued retrospective premiums and contracts subject to redetermination	21,460,673	19,580,863
Reinsurance recoverable on paid losses	20,334,058	9,748,274
Amounts receivable relating to uninsured plans	4,669,851	11,642,997
Investment income receivable	191,411	584,444
Receivables from parents for surplus notes	27,700,000	-
Receivables from parents, subsidiaries and affiliates	334,237	-
Health care and other amounts receivable	2,006,518	643,365
Total admitted assets	\$ 109,293,460	\$ 130,101,318

LIABILITIES AND SURPLUS

Liabilities

Accounts payable	\$ 4,607,428	\$ 2,981,009
Claims payable, net of reinsurance (reported and unreported)	46,520,704	48,071,946
Payable to affiliate	-	5,128,584
Aggregate health policy reserves	19,553,401	26,473,161
Premium deficiency reserve	12,700,000	-
Premiums received in advance	1,344,051	1,005,752
Ceded reinsurance premiums payable	241,562	-
Unpaid claims adjustment expense	693,476	923,357
Aggregate write-ins for other liabilities	1,004,109	928,355
Total liabilities	86,664,731	85,512,164

Surplus

Contributed surplus	5,605,855	5,605,855
Surplus notes	36,200,000	-
Accumulated surplus (deficit)	(19,177,126)	38,983,299
Total surplus	22,628,729	44,589,154
Total liabilities and surplus	\$ 109,293,460	\$ 130,101,318

2023 VS. 2024

DENVER HEALTH MEDICAL PLAN, INC. STATUTORY STATEMENTS OF REVENUE AND EXPENSES YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
NET PREMIUM REVENUE	<u>\$ 433,705,262</u>	<u>\$ 437,469,610</u>
Medical and Hospital		
Hospital/medical benefits	281,389,888	168,560,548
Outside referrals	56,346,219	134,928,400
Emergency room and out-of-areas	95,991,204	87,668,686
Prescription drugs	81,033,494	66,488,312
Aggregate write-ins for other hospital and medical	<u>4,858,338</u>	<u>3,876,262</u>
	519,619,143	461,522,208
Net reinsurance recoveries	<u>(91,428,047)</u>	<u>(78,424,154)</u>
Total medical and hospital	428,191,096	383,098,054
Claims Adjustment Expenses	9,625,770	7,228,575
Increase in Premium Deficiency Reserve	12,700,000	-
General Administrative Expenses	<u>39,316,264</u>	<u>38,956,717</u>
Total underwriting deductions	<u>489,833,130</u>	<u>429,283,346</u>
Net underwriting gain (loss)	<u>(56,127,868)</u>	<u>8,186,264</u>
Investment Income Earned	1,276,771	2,923,063
Net Realized Capital Loss	<u>(1,079,921)</u>	<u>(31,259)</u>
Net investment income	<u>196,850</u>	<u>2,891,804</u>
Other Expenses	<u>6,055</u>	<u>177,613</u>
Net income (loss)	<u><u>\$ (55,937,073)</u></u>	<u><u>\$ 10,900,455</u></u>

2023 VS. 2024

DENVER HEALTH MEDICAL PLAN, INC. STATUTORY STATEMENTS OF CHANGES IN SURPLUS YEARS ENDED DECEMBER 31, 2024 AND 2023

	CONTRIBUTED SURPLUS	SURPLUS NOTES	ACCUMULATED SURPLUS (DEFICIT)	TOTAL SURPLUS
Balance, January 1, 2023	\$ 5,605,855	\$ -	\$ 30,499,317	\$ 36,105,172
Aggregate write-ins	-	-	(299)	(299)
Net income	-	-	10,900,455	10,900,455
Distribution to the Authority	-	-	(3,500,000)	(3,500,000)
Change in nonadmitted assets	-	-	1,083,826	1,083,826
Balance, December 31, 2023	\$ 5,605,855	\$ -	\$ 38,983,299	\$ 44,589,154
Net loss	-	-	(55,937,073)	(55,937,073)
Issuance of surplus notes	-	36,200,000	-	36,200,000
Change in nonadmitted assets	-	-	(2,223,352)	(2,223,352)
Balance, December 31, 2024	<u>\$ 5,605,855</u>	<u>\$ 36,200,000</u>	<u>\$ (19,177,126)</u>	<u>\$ 22,628,729</u>

2023 VS. 2024

DENVER HEALTH MEDICAL PLAN, INC. STATUTORY STATEMENTS OF CASH FLOWS YEARS ENDED DECEMBER 31, 2024 AND 2023

	2024	2023
Cash From Operations		
Premiums and revenue collected, net of reinsurance	\$ 428,991,777	\$ 434,378,268
Benefits and loss related payments	(443,677,582)	(379,714,847)
General and claim adjustment expenses paid	(40,578,405)	(46,707,044)
Miscellaneous income (loss)	8,105	(559,366)
Net investment income	1,792,692	2,935,220
Net cash provided by (used in) operations	(53,463,413)	10,332,231
Cash From Investments		
Proceeds from investments sold, matured or repaid – bonds	35,747,985	8,674,350
Net loss on sales of cash, cash equivalents and short-term investments	-	(17,130)
Cost of investments acquired – bonds	-	(13,504,386)
Net cash provided by (used in) investments	35,747,985	(4,847,166)
Cash From Financing and Miscellaneous Sources		
Other cash applied	70,257	1,079,963
Cash paid to Authority	(5,517,997)	-
Surplus notes	8,533,086	-
Distribution to Authority	-	(3,500,000)
Net cash provided by (used in) financing and miscellaneous sources	3,085,346	(2,420,037)
Change in Cash, Cash Equivalents and Short-term Investments	(14,630,082)	3,065,028
Cash, Cash Equivalents and Short-term Investments, Beginning of Year	15,267,740	12,202,716
Cash, Cash Equivalents and Short-term Investments, End of Year	\$ 637,658	\$ 15,267,740
Supplemental Cash Flows Information		
Surplus notes recorded issued and outstanding	\$ 27,700,000	\$ -

MEMBER RIGHTS

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 member 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.
 - Note: You may change your PCP at any time. The change will be effective immediately when you make an appointment with a new provider. You do not need to notify DHMP.
- » 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 practitioners and 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 PCP and their qualifications, such as medical school attended or residency. Go to **[DenverHealthMedicalPlan.org/Find-Doctor](https://denverhealthmedicalplan.org/Find-Doctor)** 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.
- » 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.

MEMBER RESPONSIBILITIES

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. 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 PCP, 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 PCP 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.



MEET OUR TEAM

EXECUTIVE STAFF

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AND EXECUTIVE DIRECTOR

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INTERIM CHIEF MEDICAL OFFICER

ANSAR HASSAN

CHIEF FINANCIAL OFFICER

DONNA LYNNE, DrPH

CHIEF EXECUTIVE OFFICER
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HOSPITAL AUTHORITY

ENID WADE

GENERAL COUNSEL

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