Denver Health Medical Plan, Inc.

2016
Access Plan for Large Group

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INTRODUCTION

Every year the Denver Health Medical Plan, Inc. (DHMP) evaluates its network of providers. The network is measured against established standards to insure DHMP members have appropriate access to healthcare services from physicians, hospitals, pharmacies and other healthcare providers. Any access insufficiencies identified during this evaluation are corrected with changes to the DHMP network. This Access Plan is in accordance with C.R.S. 10-16-704 Network Adequacy rules-legislation declaration.

DHMP shall make available this Access Plan on its website at www.denverhealthmedicalplan.org for any interested party. DHMP members may call Member Services at the following numbers to arrange an appointment to review the Access Plan onsite at the DHMP office:
>   DHMP 800-700-8140 or 303-602-2100
>   Elevate 855-823-8872 or 303-602-2090

All health benefit plans and marketing materials shall clearly disclose the existence and availability of this Access Plan. C.R.S. 24-72-204 (3)

This Access Plan applies to the following:

Large Group Employer Plans	Plan Type	Provider Network
Denver Health Hospital and Authority	HMO Plan	Medical Care Network
	HMO Plan with Expanded Option	HighPoint Network and Cofinity Network
	HMO Plan with POS Option	HighPoint Network and Cofinity Network
City and County of Denver, DERP, Denver Police Protective Association, Denver Public Schools	Deductible HMO Plan	HighPoint Network and Cofinity Network
	High Deductible Health Plan	HighPoint Network and Cofinity Network
Exchange Plans	Plan Type	Provider Network
Elevate	Bronze, Silver, and Gold	Medical Care Network
		HighPoint Network

I. DHMP NETWORKS OF PRIMARY CARE, SPECIALISTS, BEHAVIORAL HEALTH, HOSPITALS AND PHARMACY PROVIDERS

Provider Types:

High-Impact Specialty Care Providers (HISCP): A practitioner who is licensed and has appropriate education, training, and clinical practice in a particular medical specialty area. High-impact status is determined during DHMP's annual member encounter data review. This process identifies practitioner types that treat conditions that have high mortality and morbidity rates. At a minimum, this category will always include oncology.

High-Volume Specialty Care Provider (HVSCP): A practitioner who is licensed and has appropriate education, training, and clinical practice in a particular medical specialty area other than the primary care disciplines (stated above). High-volume status is determined during DHMP's annual member encounter data review. This process identifies the specialties that provide care to the largest proportions of DHMP membership. The 2015 member encounter data review identified the following high-volume specialty care practitioners: Cardiologists, Dermatologists, ENTs, General Surgeons, OB/GYNs, Orthopedics, Gastroenterologists, and Ophthalmologists.

High-Volume Behavioral Health Provider (HVBHP): A practitioner who is licensed and has appropriate education and training in the evaluation and treatment of psychological and substance abuse disorders. High-volume status is determined during DHMP's annual member encounter data review. This process identifies the specialties that provide care to the largest proportions of DHMP membership. The 2015 member encounter data review identified the following high-volume behavioral healthcare practitioners: Psychiatrists, Psychologists, and Masters Level Clinicians.

Primary Care Provider (PCP): A practitioner who performs routine care of individuals with common health problems and chronic illnesses that can be managed on an outpatient basis. PCPs include physicians and advanced practitioners designated to practice in Family/General Medicine, Internal Medicine, and Pediatrics.

2016 Contracted Network Providers:

Medical Care Network Providers	HighPoint Network Providers	Cofinity Network Providers
PCPs: 158	PCPs: 669	PCPs: 5,466
Specialty Care Providers: 313	Specialty Care Providers: 2,512	Specialty Care Providers: 17,666
Behavioral Health Practitioners: 1,923	Behavioral Health Practitioners: 1,923	Behavioral Health Practitioners: 1,923
Hospitals: 11 • Denver Health Medical Center ➢ Members may access University of Colorado and Children's Hospitals for services unavailable at Denver Health Medical Center	Hospitals: 11 • Denver Health Medical Center • Children's Hospital – Aurora • Children's Hospital – Broomfield • Children's Hospital - Denver • Children's Hospital – Highlands Ranch • Children's Hospital – Parker • Medical Center of the Rockies • Memorial Hospital Central • Memorial Hospital North • Poudre Valley Hospital • University of Colorado Hospital	Hospitals: 58
Pharmacies: • 10 Denver Health out-patient pharmacies located at the neighborhood clinic locations and on the Denver Health Medical Center campus. • MedImpact National Pharmacy Network of approximately 67,000+ pharmacies.	Pharmacies: • 10 Denver Health out-patient pharmacies located at the neighborhood clinics and on the Denver Health Medical Center campus. • MedImpact National Pharmacy Network of approximately 67,000+ pharmacies.	Pharmacies: • 10 Denver Health out-patient pharmacies located at the neighborhood clinics and on the Denver Health Medical Center main campus. • MedImpact National Pharmacy Network of approximately 67,000+ pharmacies.

II. PROVIDER AVAILABILITY STANDARDS

DHMP has established standards to insure the availability of primary care, specialty providers, behavioral health practitioners, hospitals and pharmacies to meet the healthcare needs of members.

	Provider Type	**Medical Care Network** Practitioner to Member Ratio Standards	**HighPoint Network** Practitioner to Member Ratio Standards	**HighPoint/Cofinity Network** Practitioner to Member Ratio Standards
Primary Care Providers	General/Family Practice	1:1000	1:1000	1:1000
	Internal Medicine	1:1000	1:1000	1:1000
	Pediatrics	1:1000	1:1000	1:1000
High Volume Specialty Care Providers	Cardiology	1:5000	1:5000	1:5000
	Dermatology	1:5000	1:5000	1:5000
	ENT	1:5000	1:5000	1:5000
	General Surgery	1:5000	1:5000	1:5000
	OB/GYN	1:1000	1:1000	1:1000
	Orthopedics	1:5000	1:5000	1:5000
	Gastroenterology	1:5000	1:5000	1:5000
	Ophthalmology	1:5000	1:5000	1:5000
High Impact Specialty Care Providers	Oncologist	1:5000	1:5000	1:5000
High Volume Behavioral Healthcare Providers	Psychology, Psychiatry, Masters Level Clinicians	1:1000	1:1000	1:1000

2016 Provider Availability Analysis

DHMP met the provider availability standards for all providers in the Medical Care, HighPoint, and Cofinity Networks.

	Provider Type	**Medical Care Network** Practitioner to Member Ratio Standards	**HighPoint Network** Practitioner to Member Ratio Standards	**HighPoint/Cofinity Network** Practitioner to Member Ratio Standards
Primary Care Providers	General/Family Practice	1:290	1:22	1:2
	Internal Medicine	1:436	1:38	1:2
	Pediatrics	1:152	1:6	1:2
High Volume Specialty Care Providers	Cardiology	1:726	1:47	1:6
	Dermatology	1:1,160	1:113	1:14
	ENT	1:1,339	1:80	1:21
	General Surgery	1:1,244	1:74	1:8
	OB/GYN	1:288	1:13	1:4
	Orthopedics	1:917	1:33	1:6
	Gastroenterology	1:2,487	1:86	1:13
	Ophthalmology	1:3,482	1:81	1:11
High Impact Specialty Care Providers	Oncologist	1:4,352	1:39	1:34
High Volume Behavioral Healthcare Providers	Psychology, Psychiatry, Masters Level Clinicians	1:10	1:3	1:2
Membership		Male: 8,186 Female: 9,213 Children ≤ 18: 8,344 Total: 17,406 (All commercial plans)	Male: 2,407 Female: 2,901 Children ≤ 18: 1,541 Total: 5,308 (All HighPoint)	Male: 1,826 Female: 2,124 Children ≤ 18: 1,132 Total: 3,950 (All HighPoint except DHHA HighPoint HMO)

III. PROVIDER GEOGRAPHICAL ACCESS STANDARDS – Large Metro

Provider Type	Specialty Type	Medical Care Network Geographic Radius to Member Standards	HighPoint Network Geographic Radius to Member Standards	HighPoint/Cofinity Network Geographic Radius to Member Standards
PCP	Primary Care	1 provider in 5 miles		
HVSCP	Gynecology, OB/GYN	1 provider in 5 miles		
PCP	Pediatrics, Routine/Primary Care	1 provider in 5 miles		
	Allergy and Immunology	1 provider in 15 miles		
	Cardiothoracic Surgery	1 provider in 15 miles		
HVSCP	Cardiovascular Disease	1 provider in 10 miles		
	Chiropracty	1 provider in 15 miles		
HVSCP	Dermatology	1 provider in 10 miles		
	Endocrinology	1 provider in 15 miles		
HVSCP	ENT/Otolaryngology	1 provider in 15 miles		
HVSCP	Gastroenterology	1 provider in 10 miles		
HVSCP	General Surgery	1 provider in 10 miles		
	Gynecology Only	1 provider in 15 miles		
	Infectious Disease	1 provider in 15 miles		
HVBHP	Licensed Clinical Social Worker	1 provider in 10 miles		
	Nephrology	1 provider in 15 miles		
	Neurology	1 provider in 10 miles		
	Neurological Surgery	1 provider in 15 miles		
HISCP	Oncology, Medical / Surgical	1 provider in 10 miles		
HISCP	Oncology, Radiation / Radiation Oncology	1 provider in 15 miles		
HVSCP	Ophthalmology	1 provider in 10 miles		
	Orthopedic Surgery	1 provider in 10 miles		
	Physiatry, Rehabilitative Medicine	1 provider in 15 miles		
	Plastic Surgery	1 provider in 15 miles		
	Podiatry	1 provider in 10 miles		
HVBHP	Psychiatry	1 provider in 10 miles		
HVBHP	Psychology	1 provider in 10 miles		
	Pulmonology	1 provider in 10 miles		
	Rheumatology	1 provider in 15 miles		
	Urology	1 provider in 10 miles		
	Vascular Surgery	1 provider in 15 miles		
	Other Medical Provider	1 provider in 15 miles		

	Facility Type	**Medical Care Network** Geographic Radius to Member Standards	**HighPoint Network** Geographic Radius to Member Standards	**HighPoint/Cofinity Network** Geographic Radius to Member Standards
	Dental	N/A		
	Pharmacy	1 in 5 miles		
	Acute Inpatient Hospitals	1 in 10 miles		
	Cardiac Surgery Program	1 in 15 miles		
	Cardiac Catheterization Services	1 in 15 miles		
	Critical Care Services, Intensive Care Units	1 in 10 miles		
	Outpatient Dialysis	1 in 10 miles		
	Surgical Services (Outpatient or ASC)	1 in 10 miles		
	Skilled Nursing Facilities	1 in 10 miles		
	Diagnostic Radiology	1 in 10 miles		
	Mammography	1 in 10 miles		
	Physical Therapy	1 in 10 miles		
	Occupational Therapy	1 in 10 miles		
	Speech Therapy	1 in 10 miles		
	Inpatient Psychiatric Facility	1 in 15 miles		
	Orthotics and Prosthetics	1 in 15 miles		
	Outpatient Infusion/Chemotherapy	1 in 10 miles		
	Other Facilities	1 in 15 miles		

2016 Provider Geographic Access Analysis – Large Metro

Provider Type	Specialty Type	Medical Care Network Geographic Radius to Member Standards	HighPoint Network Geographic Radius to Member Standards	HighPoint/Cofinity Network Geographic Radius to Member Standards
PCP	Primary Care	86%	83%	100%
HVSCP	Gynecology, OB/GYN	56%	80%	100%
PCP	Pediatrics, Routine/Primary Care	57%	91%	100%
	Allergy and Immunology	95%	100%	100%
	Cardiothoracic Surgery	0%	95%	100%
HVSCP	Cardiovascular Disease	55%	99%	100%
	Chiropracty	100%	100%	100%
HVSCP	Dermatology	84%	99%	100%
	Endocrinology	95%	100%	100%
HVSCP	ENT/Otolaryngology	95%	100%	100%
HVSCP	Gastroenterology	87%	99%	100%
HVSCP	General Surgery	84%	98%	100%
	Gynecology Only	0%	95%	100%
	Infectious Disease	95%	100%	100%
HVBHP	Licensed Clinical Social Worker	100%	100%	100%
	Nephrology	95%	100%	100%
	Neurology	84%	99%	100%
	Neurological Surgery	95%	100%	100%
HISCP	Oncology, Medical	84%	99%	100%
HISCP	Oncology, Radiation / Radiation Oncology	95%	100%	100%
HVSCP	Ophthalmology	84%	99%	100%
	Orthopedic Surgery	84%	99%	100%
	Physiatry, Rehabilitative Medicine	95%	100%	100%
	Plastic Surgery	95%	100%	100%
	Podiatry	84%	98%	100%
HVBHP	Psychiatry	100%	100%	100%
HVBHP	Psychology	100%	100%	100%
	Pulmonology	84%	99%	100%
	Rheumatology	95%	100%	100%
	Urology	84%	99%	100%
	Vascular Surgery	95%	100%	100%
	Other Medical Provider	96%	100%	100%

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	Facility Type	**Medical Care Network** Geographic Radius to Member Standards	**HighPoint Network** Geographic Radius to Member Standards	**HighPoint/Cofinity Network** Geographic Radius to Member Standards
	Dental	N/A	N/A	N/A
	Pharmacy	100%	100%	100%
	Acute Inpatient Hospitals	84%	100%	100%
	Cardiac Surgery Program	84%	100%	100%
	Cardiac Catheterization Services	84%	100%	100%
	Critical Care Services, Intensive Care Units	84%	100%	100%
	Outpatient Dialysis	84%	100%	100%
	Surgical Services (Outpatient or ASC)	84%	100%	100%
	Skilled Nursing Facilities	93%	95%	100%
	Diagnostic Radiology	84%	100%	100%
	Mammography	84%	100%	100%
	Physical Therapy	84%	100%	100%
	Occupational Therapy	84%	100%	100%
	Speech Therapy	84%	100%	100%
	Inpatient Psychiatric Facility	100%	100%	100%
	Orthotics and Prosthetics	84%	100%	100%
	Outpatient Infusion/Chemotherapy	84%	100%	100%
	Other Facilities	N/A	N/A	N/A

PROVIDER GEOGRAPHICAL ACCESS STANDARDS – Metro

Provider Type	Specialty Type	Medical Care Network Geographic Radius to Member Standards	HighPoint Network Geographic Radius to Member Standards	HighPoint/Cofinity Network Geographic Radius to Member Standards
PCP	Primary Care	1 provider in 10 miles		
HVSCP	Gynecology, OB/GYN	1 provider in 10 miles		
PCP	Pediatrics, Routine/Primary Care	1 provider in 10 miles		
	Allergy and Immunology	1 provider in 30 miles		
	Cardiothoracic Surgery	1 provider in 40 miles		
HVSCP	Cardiovascular Disease	1 provider in 20 miles		
	Chiropracty	1 provider in 30 miles		
HVSCP	Dermatology	1 provider in 30 miles		
	Endocrinology	1 provider in 40 miles		
HVSCP	ENT/Otolaryngology	1 provider in 30 miles		
HVSCP	Gastroenterology	1 provider in 30 miles		
HVSCP	General Surgery	1 provider in 20 miles		
	Gynecology Only	1 provider in 30 miles		
	Infectious Disease	1 provider in 40 miles		
HVBHP	Licensed Clinical Social Worker	1 provider in 30 miles		
	Nephrology	1 provider in 30 miles		
	Neurology	1 provider in 30 miles		
	Neurological Surgery	1 provider in 40 miles		
HISCP	Oncology, Medical / Surgical	1 provider in 30 miles		
HISCP	Oncology, Radiation / Radiation Oncology	1 provider in 40 miles		
HVSCP	Ophthalmology	1 provider in 20 miles		
	Orthopedic Surgery	1 provider in 20 miles		
	Physiatry, Rehabilitative Medicine	1 provider in 30 miles		
	Plastic Surgery	1 provider in 40 miles		
	Podiatry	1 provider in 30 miles		
HVBHP	Psychiatry	1 provider in 30 miles		
HVBHP	Psychology	1 provider in 30 miles		
	Pulmonology	1 provider in 30 miles		
	Rheumatology	1 provider in 40 miles		
	Urology	1 provider in 30 miles		
	Vascular Surgery	1 provider in 40 miles		
	Other Medical Provider	1 provider in 40 miles		

	Facility Type	Medical Care Network	HighPoint Network	HighPoint/Cofinity Network
		Geographic Radius to Member Standards	Geographic Radius to Member Standards	Geographic Radius to Member Standards
	Dental	N/A		
	Pharmacy	1 in 10 miles		
	Acute Inpatient Hospitals	1 in 30 miles		
	Cardiac Surgery Program	1 in 40 miles		
	Cardiac Catheterization Services	1 in 40 miles		
	Critical Care Services, Intensive Care Units	1 in 30 miles		
	Outpatient Dialysis	1 in 30 miles		
	Surgical Services (Outpatient or ASC)	1 in 30 miles		
	Skilled Nursing Facilities	1 in 30 miles		
	Diagnostic Radiology	1 in 30 miles		
	Mammography	1 in 30 miles		
	Physical Therapy	1 in 30 miles		
	Occupational Therapy	1 in 30 miles		
	Speech Therapy	1 in 30 miles		
	Inpatient Psychiatric Facility	1 in 45 miles		
	Orthotics and Prosthetics	1 in 30 miles		
	Outpatient Infusion/Chemotherapy	1 in 30 miles		
	Other Facilities	1 in 40 miles		

2016 Provider Geographic Access Analysis – Metro

Provider Type	Specialty Type	Medical Care Network Geographic Radius to Member Standards	HighPoint Network Geographic Radius to Member Standards	HighPoint/Cofinity Network Geographic Radius to Member Standards
PCP	Primary Care	96%	80%	100%
HVSCP	Gynecology, OB/GYN	65%	77%	99%
PCP	Pediatrics, Routine/Primary Care	63%	97%	99%
	Allergy and Immunology	99%	100%	100%
	Cardiothoracic Surgery	0%	100%	100%
HVSCP	Cardiovascular Disease	94%	96%	100%
	Chiropracty	100%	100%	100%
HVSCP	Dermatology	99%	100%	100%
	Endocrinology	100%	100%	100%
HVSCP	ENT/Otolaryngology	99%	100%	100%
HVSCP	Gastroenterology	100%	100%	100%
HVSCP	General Surgery	94%	97%	99%
	Gynecology Only	0%	99%	100%
	Infectious Disease	100%	100%	100%
HVBHP	Licensed Clinical Social Worker	100%	100%	100%
	Nephrology	99%	99%	100%
	Neurology	99%	99%	100%
	Neurological Surgery	100%	100%	100%
HISCP	Oncology, Medical	99%	100%	100%
HISCP	Oncology, Radiation / Radiation Oncology	100%	100%	100%
HVSCP	Ophthalmology	94%	97%	99%
	Orthopedic Surgery	94%	97%	99%
	Physiatry, Rehabilitative Medicine	99%	100%	100%
	Plastic Surgery	100%	100%	100%
	Podiatry	99%	99%	100%
HVBHP	Psychiatry	100%	100%	100%
HVBHP	Psychology	100%	100%	100%
	Pulmonology	99%	99%	100%
	Rheumatology	100%	100%	100%
	Urology	99%	100%	100%
	Vascular Surgery	100%	100%	100%
	Other Medical Provider	100%	100%	100%

	Facility Type	Medical Care Network	HighPoint Network	HighPoint/Cofinity Network
		Geographic Radius to Member Standards	Geographic Radius to Member Standards	Geographic Radius to Member Standards
	Dental	N/A	N/A	N/A
	Pharmacy	100%	100%	100%
	Acute Inpatient Hospitals	99%	100%	100%
	Cardiac Surgery Program	99%	100%	100%
	Cardiac Catheterization Services	99%	100%	100%
	Critical Care Services, Intensive Care Units	99%	100%	100%
	Outpatient Dialysis	99%	100%	100%
	Surgical Services (Outpatient or ASC)	99%	100%	100%
	Skilled Nursing Facilities	100%	99%	100%
	Diagnostic Radiology	99%	100%	100%
	Mammography	99%	100%	100%
	Physical Therapy	99%	100%	100%
	Occupational Therapy	99%	100%	100%
	Speech Therapy	99%	100%	100%
	Inpatient Psychiatric Facility	100%	100%	100%
	Orthotics and Prosthetics	99%	100%	100%
	Outpatient Infusion/Chemotherapy	99%	100%	100%
	Other Facilities	N/A	N/A	N/A

IV. ACCESS TO SERVICE STANDARDS

DHMP has established the following access to service standards for emergency, urgent care, primary care, specialty, and behavioral health. If a specialty appointment is not available in-network within the timeframe, the member is given the option to see an out-of-network specialist or behavioral health practitioner. Members may also access the Nurse Line 24 hours a day, 7 days a week for health advice and immediate access to the provider on-call system.

Access to Service Standards	Time Frame	Time Frame Goal
Emergency Care – Medical, Behavioral, Substance Abuse	24 hours a day, 7 days a week	Met 100% of the time
Urgent Care – Medical, Behavioral, Substance Abuse	Within 24 hours	Met 100% of the time
Primary Care – Routine, Non-Urgent Symptoms	Within 7 calendar days	Met ≥ 90% of the time
Behavioral Health, Mental Health and Substance Abuse – Routine, Non-Urgent, Non-Emergency	Within 7 calendar days	Met ≥ 90% of the time
Prenatal Care	Within 7 calendar days	Met ≥ 90% of the time
Primary Care Access to After-Hours Care	Office number answered 24 hrs./7 days a week by answering service or instructions on how to reach a physician	Met ≥ 90% of the time
Preventive Visit / Well Visits	Within 30 calendar days	Met ≥ 90% of the time
Specialty Care – Non-urgent	Within 60 calendar days	Met ≥ 90% of the time

V. MONITORING ACTIVITY OF NETWORK ADEQUACY, AVAILABILITY AND APPOINTMENT ACCESS

Annual Evaluation of Provider Networks

Quality Improvement staff establishes, monitors and implements improvement processes (if necessary) to ensure compliance with NCQA, state network adequacy, availability of service, appointment access standards and guidelines. Annually DHMP evaluates its networks of providers for:

- Geographic distribution
- Provider/member ratio for PCP
- Provider/member ratios for high-volume behavioral health providers and specialty providers
- Provider/member ratios for high-impact specialty care providers

Open Shopper Surveys

Quality Improvement Department staff performs the following Open Shopper Surveys to monitor appointment access:

A.) The Quality Improvement Department evaluates the process a member would undertake to reach a live representative to schedule an appointment and/or speak with a provider. Primary Care and Behavioral Healthcare providers are called and measured on the following:

1. Number of prompts required
2. Duplicate prompts (if applicable)
3. Spanish option offered
4. Department identified (live or in voice-mail)
5. Voice-mail ability (if live representative is not available)
6. Target date and time for return call (voice-mail only)
7. After-hours services

B.) Primary Care Appointment Availability-PCPs are contacted to determine the first available appointment against the performance standards for access to:

- Regular and routine care appointments
- Urgent Care appointments
- After hours care

C.) Behavioral Health Appointment Availability-Behavioral Health Practitioners are contacted to determine available appointments against the performance standards for access to:

- Care for non-life-threatening emergency
- Urgent Care appointments
- Routine Office appointments

The results of these Open Shopper Surveys are evaluated and presented to the DHMP Quality Management Committee. Providers found to be routinely deficient are contacted to discuss an improvement plan.

Evaluation of Member Satisfaction

Member satisfaction regarding access and availability of healthcare services is measured annually using the Consumer Assessment of Healthcare Providers and Systems (CAHPS) member survey. Survey results are trended and compared to previous survey results and industry benchmark data. Results are reported at the DHMP Quality Management Committee. DHMP will take action on identified opportunities to improve access to health care services as appropriate.

Evaluation of Member Issues

The DHMP Quality Management Committee monitors, collects, evaluates and trends from the following data: member appeals and grievances, provider availability and accessibility, quality of care issues, appropriateness of care for persons with special needs and member disenrollment data. If necessary, opportunities for improvement are identified and action plans are developed and implemented.

VI. CONTINUITY AND COORDINATION OF CARE

The goal of the DHMP Medical Management Department is to ensure that members receive the right care in the right setting. Staff assists members with the following:

- Approve in-network referrals, (if applicable to the member's plan)
- Facilitate out-of-network referrals, if the needed service is not available within the DHMP networks.
- Review and approve medical services that require prior authorizations which include; hospital admissions, outpatient surgery, home health services, durable medical equipment, skilled nursing home admissions, hospice care and transplant evaluations.*
- Facilitate transition of care across the continuum such as; from hospital to home, hospital to skilled nursing facility.
- Facilitate and coordinate care between primary care and specialty care.
- Facilitate and coordinate care between physical health and behavioral health.
- Assist with discharge planning.

* Authorization requests are considered "urgent" and will be expedited when a delay in authorization could seriously jeopardize the life or health of the member or ability of the covered person to regain maximum function; or for persons with a physical or mental disability, create an imminent and substantial limitation on their existing ability to live independently. An authorization request may also be expedited when, in the opinion or a physician with knowledge of the covered person's medical condition, a delay would subject the covered person to severe pain that cannot be adequately managed without health care service or treatment that is the subject of the request.

Termination of Plan Provider

DHMP has a rigorous process to notify members affected by the termination of a practitioner or practice group, at least (30) calendar days upon receipt of notification. Upon receiving notice that a provider is leaving the DHMP network or prior to terminating a provider, DHMP Provider Relations implements the following process:

- Provider Relations identifies corresponding Provider ID in Claims System and enters the appropriate term date and term reason code.
- A data query against the Claims System is run to identify the name, subscriber ID, and address of all members receiving active treatment from the terminating practitioner during the past 13 months from the PCP termination date.
- Provider Relations sends termination letters to DHMP members identified on the data query report. Termination letters include the following information:
  - ➢ The practitioner's name and the effective termination date
  - ➢ Procedures for selecting another practitioner
  - ➢ Instructions for contacting the DHMP Case/Utilization Management Department to obtain authorization for continuity of care
- Provider Relations sends a copy of the data query report to DHMP Case/Utilization Management to assist with outreach for continuity of care issues.

If circumstances permit, DHMP allows affected members continued access to terminating practitioners, as follows:

- Continuation of treatment through the current period of active treatment, or for up to 90 calendar days beyond the termination date, whichever is less, for members undergoing treatment for a chronic or acute medical condition.
- Continuation of care through the postpartum period for members in their second or third trimester of pregnancy.

Insolvency of DHMP

In the event of DHMP insolvency contracted providers are required to continue to provide services for ninety (90) days or in the case of an inpatient stay until the member is discharged. Future providers have the following provision in their contracts, which prohibits them from seeking reimbursement for services from the member: "Provider hereby agrees that in no event, including but not limited to, non-payment by HMO, HMO insolvency or breach of this Agreement, shall Provider bill, charge, collect a deposit from, seek compensation, remuneration, or reimbursement from, or have any recourse against any Member, or persons other than HMO acting on their behalf for Covered Services provided pursuant to this Agreement. This provision shall not prohibit collection of supplemental charges or Co-payment, coinsurance and/or deductible amounts in accordance with the terms of the Member Agreement between HMO or Payor and Members.

Provider further agrees that (i) this Article V shall survive the termination of this Agreement regardless of the cause giving rise to termination, shall be construed to be for the benefit of the Member, and shall apply to all authorized Covered Services rendered prior to the termination of the Agreement, and that (ii) this Section 5.1 supersedes any oral or written contrary agreement now existing or hereafter entered into between Provider and Member, or persons acting on their behalf."

Complex Health Needs

The Intensive Case Management (ICM) Department has been designed to support the mission of DHMP by promoting members' efforts to play an active and effective role in their care by addressing the social and behavioral determinants of health care outcomes. The ICM Department is comprised of three case management programs including Complex Case Management (CCM), Intensive Care Transitions (ICT), and Targeted Case Management (TCM), as well as a Care Support team dedicated to targeted member outreach and care coordination. Together, the department is used as a mechanism for serving individuals with chronic conditions, multiple service needs, and/or those who lack systematic access to services.

All case management services are provided in a collaborative manner, used to assess, plan, coordinate, implement, monitor, and evaluate the options and services required to meet an individual's health needs. Through regular communication and the utilization of available resources, the ICM Department is able to promote quality care and cost-effective outcomes. Together, the three programs and the Care Support team work to achieve the following objectives:

- Identify and screen eligible members for case management programs

- Obtain health risk information to assess and manage health impacts and reduce risks
- Outreach for quality improvement initiatives (e.g., mammogram screening, post-partum visits, diabetic eye screenings) targeted at improving health outcomes on a population based level for the health plan
- Proactively identify and engage members for the program
- Develop effective case management care plans that meet member health needs with timely, evidence based care and service
- Provide interventions to positively impact the target population
- Improve and increase access to care
- Identify and refer to community resources to maximize support
- Assist members in regaining an optimal health and functional status
- Reduce utilization of hospitalizations and ED visits

In addition to the Intensive Case Management Program, there are additional programs and resources available to members with complex needs who may/may not be enrolled in case management. Those include but are not limited to:

Behavioral Health & Wellness

DHMP's Behavior Health & Wellness department encompasses a variety of programs to improve the health and wellness of members with complex needs. Programs include Health Coaching, Telephonic Counseling for Depression and Anxiety (TCDA), the Diabetes Prevention Program and Chronic Disease Management. Services available to members include 1:1 telephonic coaching, group educational classes, online self-management support and educational materials, cooking and shopping classes.

Clinical Social Workers

Denver Health Medical Center employs graduate-level clinical social workers to provide services to the population served at Denver Health. Social workers are employed across the continuum of care and in various settings including community health, public health, school-based clinics, managed care, acute, and primary care. Members with complex needs are often referred to a social worker for intervention. Social work services include but are not limited to assessment of need, counseling, case management and/or care coordination and provision of community resources.

Intensive Outpatient Clinic (IOC)

The intensive outpatient clinic provides a multi-disciplinary, comprehensive team approach to addressing the needs of patients who are identified as high risk (e.g. high utilizers, frequent ED/hospital admissions and readmissions, multiple chronic conditions and/or presence of MH/substance abuse). The team consists of primary care physicians, nurses, social worker, psychologist, psychiatrist, CAC (certified addictions counselor), navigator and pharmacist. Their clinic location provides a 'one-stop' approach for members at most risk.

VII. PROCEDURES FOR MAKING REFERRALS

Comprehensive Listing of Providers

All DHMP members are sent a new member enrollment packet that contains information on how to obtain a Directory of Participating Providers. This directory is available online at the DHMP and Elevate websites to both members and PCPs and provides network information regarding PCPs, specialists, behavioral health practitioners, clinics, hospitals, pharmacies and other ancillary providers.

In-Network Plan Services

DHMP members are not required to select a PCP, but are encouraged to establish a relationship with a PCP as their medical home. PCPs can assist members in maintaining and monitoring their health and access services of specialists. However referrals may be made by any in-network provider. A referral to an in-network specialist is only required for members whose plan offers the Medical Care Network. DHMP members in plans with the HighPoint and Cofinity networks are not required to have a referral for specialty care. Members with the Medical Care network do have direct access (no referral needed) to the following in-network specialists: Women's health specialist (OB/GYN) for routine well woman care and prenatal care, behavioral health services, chiropractic services, and eye exams. The member must be eligible to receive services through DHMP at the time services are provided and the services that the member receives must be covered services as specified in the DHMP Member Handbook that applies to their plan.

Out-of-Network/Out of Plan Services

Members can be directed to out-of-network providers, if in-network providers are unavailable or inadequate to meet a member's medical needs. DHMP will arrange for authorization of services from an out-of-network provider with the necessary expertise, and apply the member's in-network benefit and cost-sharing. All requests must be approved in advance by DHMP prior to the member obtaining health care services. DHMP will authorize out-of-network health care services in the following circumstances:

- DHMP has no contracted providers who can provide a specific, medically necessary covered service.
- Member does not have reasonable access to a contracted provider due to distance or travel time; or
- Member who is severely ill or impaired (verified by physician) with restricted travel access to receive services; or
- Continuity of care circumstances when a new member is receiving frequent and current care from a non-contracted provider for a special condition, such as high risk pregnancy or pregnancy beyond the first trimester.
- Approved requests for health care services which DHMP members are eligible to receive are not retrospectively denied except for instances of fraud or abuse by the subscriber or Member.

Emergency and Urgent Care Services

Emergency and urgently needed services do not require a prior authorization. In the case of an emergency, members are informed to go to the nearest facility or call 9-1-1. For urgent care, members are allowed to receive care from any urgent care facility in or out of the service area. Additionally, DHMP has contracted with

Walgreens Healthcare Clinics for urgent care services and members are encouraged to seek care at one of these locations for low acuity conditions, such as ear infections, sore throats, minor cuts and abrasions.

VIII. CULTURAL NEEDS and PREFERENCES

The DHMP Quality Improvement Department is committed to helping foster healthcare appropriate services that are respectful and responsive to the cultural and linguistic needs of members. DHMP incorporates the following activities to better serve the cultural and linguistic needs of its membership:

- Identifies languages and cultural background of practitioners in provider network to assess whether or not they meet members' language needs and cultural preferences.
- Develops, implements, and evaluates the culturally and linguistically appropriate services in collaboration with DHMP staff and other departments and staff to ensure the following:
  - ➢ Interpreter and translation services and auxiliary communication devices are available to the member at no cost.
  - ➢ Provider race, ethnicity, and language data is aggregated annually to assess the provider network's effectiveness in meeting needs of the member population.
- Provides information, training, and tools to staff and practitioners to support culturally competent information.
- Requires completion of annual cultural diversity Web course for all DHMP employees.

IX. MEMBER EDUCATION/ PLAN COMMUNICATIONS

All new DHMP members receive the new member packet upon enrollment. This enrollment packet includes a Quick Reference Guide which contains the following information:

- Summary of Benefits indicating copays, coinsurance and deductibles
- Provider directory information
- How to access and make PCP and specialty appointments, etc.
- Prior authorization requirements
- Information on obtaining emergency and urgent care
- Member Services contact information and DHMP and Elevate website information
- Member grievance and appeal process
- Member rights and responsibilities
- Instructions on how to obtain the Member Handbook, which contains more detailed information on plan benefits, services and requirements.

Additionally the member receives information on health and wellness programs and pharmacy information. Each member receives an ID card which indicates copays, deductible and coinsurance information. Periodically members receive newsletters which contain important information such as benefit updates, upcoming health events, health tips and other information. All member materials can be found at the DHMP website, www.denverhealthmedicalplan.org or www.elevatehealthplans.org. Members are encouraged to contact Member Services Department for any questions, issues or concerns.

Member Wellness

Members in DHMP Large Group plans are offered a voluntary incentive-based wellness program. Members are encouraged to sign up for the program which begins with an online Health Risk Assessment (HRA). After HRA completion, the members can participate in additional wellness programs, many of which offer incentives.