



Denver Health Medicare Select (HMO)

2020 Provider Directory

This directory is current as of date downloaded from directory site <https://goperspecta.com/VPD/dhmp>.

This directory provides a list of Denver Health Medicare Select (HMO)'s current network providers.

This directory is for Adams, Denver and Jefferson county.

To access Denver Health Medicare Select (HMO)'s online provider directory, you can visit www.denverhealthmedicalplan.org. For any questions about the information contained in this directory, please call our Health Plan Services Department at 303-602-2111 or toll-free 1-877-956-2111, 8 a.m. to 8 p.m., seven days a week. TTY users should call 711.

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 303-602-2111 or 1-877-956-2111 (TTY 711).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Para obtener más información llame al 303-602-2111 o al 1-877-956-2111. (Los usuarios de TTY deben llamar al 711).

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Section 1 – Introduction

This directory provides a list of Denver Health Medicare Select (HMO)'s network providers. To get detailed information about your health care coverage, please see your Evidence of Coverage (EOC).

Your Primary Care Provider

You may choose one of our network providers listed in this directory to be your **Primary Care Provider (PCP)**. Generally, you must get your health care services from your PCP.

What is a PCP?

A PCP is a highly trained medical professional who is qualified to provide all of your routine medical care.

What type of providers may act as a PCP?

Internal medicine, Geriatricians, Family Medicine physicians as well as Nurse Practitioners and Physician Assistants are all qualified to serve as a PCP.

All of your routine health care is managed by your PCP. If you need specialty care, your PCP will arrange for a referral to a network specialist. If for some reason we are unable to provide a specialized service within the DHMP network, your PCP will arrange for an authorization to see a community provider. Please remember, if you see a provider outside our network without an appropriate referral, neither Medicare nor DHMP will pay for those services.

The network providers listed in this directory have agreed to provide you with your health care services. You may go to any of our network providers listed in this directory; however some services may require a referral. If you have been going to one network provider, you are not required to continue to go to that same provider. In some cases, you may get covered services from non-network providers.

If you choose to see a provider who is not in the DHMP network without permission from DHMP, you may need to pay for all of the charges. DHMP may not pay for these charges. If DHMP's Medical Management sends you outside of DHMP for services and you get a bill from that outside provider, you should not have to pay the bill. The bill should be sent to DHMP. Call Health Plan Services at 1-877-956-2111 if you have questions about a bill. TTY users should call 711. Our hours of operation are 8 a.m. to 8 p.m., seven days a week.

How to get covered services when you have an emergency or an urgent need for care?

As soon as possible, make sure that our plan has been told about your emergency. We need to follow up on your emergency. You or someone else should call to tell us about your emergency care, usually within 48 hours. Our number is on the back of your plan member ID card.

If you have an emergency, we will talk with the doctors who are giving you emergency care to help manage and follow up on your care. If you will require an inpatient hospitalization, you will be transferred to DHMP once you are stable. When you are in the service area, you must use plan providers for Urgent Care. When out of the service area, urgent care may be obtained from the

first available provider. In addition, when out of the service area, you can obtain dialysis treatment from any qualified dialysis provider.

You must use network providers except in emergency or urgent care situations for out-of-area renal dialysis or other services. If you obtain routine care from out-of-network providers, neither Medicare nor DHMP will be responsible for the costs.

What is the service area for Denver Health Medicare Select (HMO)?

The county in our service area is listed below.

Adams, Denver and Jefferson.

How do you find Denver Health Medicare Select (HMO) providers that serve your area?

Online: To view online, visit www.denverhealthmedicalplan.org, find a provider.

STEP 1: Choose your plan.

As a Denver Health Medicare Select (HMO) member you will select the plan Medicare Advantage and the product is Select.

STEP 2: Find a Provider.

You can search for a provider by name, specialty or location. You may also select Advanced Search to find a doctor by language, network affiliation, gender or if the provider is accepting new patients or not.

If you have questions about Denver Health Medicare Select (HMO) please call our Health Plan Service Department at 303-602-2111 or toll-free 1-877-956-2111, 8 a.m. – 8p.m., seven days a week. TTY users should call 711. You can also visit www.denverhealthmedicalplan.org.

Notice of Non-Discrimination

Denver Health Medical Plan, Inc., hereinafter referred to as the “Company,” complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. The Company does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, health status, or need for health care services.

The Company

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, please contact the Company toll-free at 1-800-700-8140, for TTY please contact 711.

If you believe that the Company failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, health status, or need for health care services, you can file a grievance with the Company’s Grievance and Appeal Department at 938 Bannock Street, Mail Code 6000, Denver, CO 80204, telephone 303-602-2261. You can file a grievance by mail or telephone. If you need help filing a grievance, the Grievance and Appeal Specialist is available to help you.

You can also file a civil right complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
TDD: 800-537-7697

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Aviso de no discriminación

Denver Health Medical Plan, Inc., en adelante denominada la "Compañía", cumple con las leyes federales aplicables de derechos civiles y no discriminan por motivos de raza, color, nacionalidad, edad, discapacidad ni sexo. La Compañía no excluye a las personas ni las trata de manera diferente debido a su raza, color, nacionalidad, edad, discapacidad, sexo, estado de salud ni necesidad de servicios de atención médica.

La Compañía

- Proporciona asistencia y servicios gratuitos a las personas con discapacidad para que se comuniquen de manera eficaz con nosotros, tales como los siguientes:
 - intérpretes calificados de lenguaje de señas
 - información escrita en otros formatos (letras grandes, audio, formatos electrónicos accesibles, otros formatos)
- Proporciona servicios lingüísticos gratuitos a personas cuya lengua materna no es el inglés, como los siguientes:
 - intérpretes capacitados
 - información escrita en otros idiomas

Si necesita estos servicios, comuníquese con la Compañía sin costo al 1-800-700-8140. Para TTY, llame al 711.

Si considera que la Compañía no le proporcionó estos servicios o lo discriminó de una u otra forma, por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, estado de salud o necesidad de servicios de atención médica, usted puede presentar una queja ante el Departamento de Quejas y Apelaciones (Grievance and Appeal Department) de la Compañía, en 938 Bannock Street, Mail Code 6000, Denver, CO 80204, teléfono 303-602-2261. Puede presentar una queja por correo postal o por teléfono. Si necesita ayuda para presentar una queja, un especialista en apelaciones y quejas está a su disposición para brindársela.

También puede presentar un reclamo de derechos civiles ante la Oficina de Derechos Civiles (Office for Civil Rights) del Departamento de Salud y Servicios Humanos de EE. UU. (U.S. Department of Health and Human Services) de manera electrónica a través del Portal para Quejas de la Oficina de Derechos Civiles (Office for Civil Rights Complaint Portal), disponible en <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, por correo postal a la siguiente dirección o por teléfono a los números que figuran a continuación:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
TDD: 800-537-7697

Los formularios para quejas se encuentran disponibles en <http://www.hhs.gov/ocr/office/file/index.html>.

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-700-8140 (TTY/TDD: 711).

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-800-700-8140 (TTY: 711).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-700-8140 (TTY:711)

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-700-8140 (TTY: 711) 번으로 전화해 주십시오.

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-800-700-8140 (телетайп: 711).

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም አርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 1-800-700-8140 (መስማት ለተሳናቸው: 711)።

لحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم

(رقم هاتف الصم والبكم: 711). 1-800-700-8140

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 1-800-700-8140 (TTY: 711).

ATTENTION: Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 1-800-700-8140 (ATS : 711).

ध्यानदिनुहोस्: तपाईंलेनेपालीबोल्नुहुन्छभनेतपाईंकोनिम्तिभाषासह

ायतासेवाहरुनि:शुल्करूपमाउपलब्धछ।फोनगर्नुहोस् 1-800-700-8140 (टिटिवाइ: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-800-700-8140 (TTY: 711).

注意事項: 日本語を話される場合、無料の言語支援をご利用いただけます。

1-800-700-8140 (TTY: 711)まで、お電話にてご連絡ください。

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa, tajaajila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 1-800-700-8140 (TTY: 711).

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد.
با 1-800-700-8140 (TTY: 711) تماس بگیرید.

Dè dɛ nìà kɛ dyédé gbo: ɔ jũ ké m̄ [Bàsòò-wùdù-po-nyò] jũ ní, nìí, à wuɖu kà kò dò po-poò bɛ̀in m̄ gbo kpáa. Dá 1-800-700-8140 (TTY: 711)

Ige nti: O buru na asu Ibo asusu, enyemaka diri gi site na call 1-800-700-8140 (TTY: 711).

AKIYESI: Ti o ba nso ede Yoruba ofe ni iranlowo lori ede wa fun yin o. E pe ero ibanisoro yi 1-800-700-8140 (TTY: 711).