Denver Health Medical Plan

New Provider Orientation
Denver Health Medical Plan

• Who we are
• Ways we serve our members
• How we can help providers
What is the Denver Health Medical Plan?

• A not-for-profit corporation wholly owned by Denver Health and Hospital Authority

• Incorporated in 1997 for the purpose of:
  • providing or arranging the delivery of health care services
  • The establishment and operation of a managed care organization to deliver health care services that are:
    • High Quality
    • Accessible
    • Affordable
Difference between DHMP and DHHA

- **DHHA is a Healthcare System**
  - Provider network
  - Facilities (Hospital, Clinics, etc.)

- **DHMP, Inc is an Insurance Company**
  - Creates contracts (insurance plans) to pay for health care services (benefits)
  - Contracts with providers (physicians, physician extenders, ancillary providers) and facilities (hospitals, emergency and urgent care facilities, ambulance, clinics) to provide the services
  - Recruits members to purchase the insurance plans
  - Directs members to contracted providers
  - Authorizes and pays providers for contracted, medically necessary services
Lines of Business

• **Employer Group Plans**
  • DHHA – current employees and their families
  • Career Service Employees/Denver Employee Retirement Plan
  • Denver Police Protective Association

• **Connect for Health Colorado Plans**
  • Elevate – on the state health insurance exchange (aka the ACA)

• **Medicare Advantage**
  • Medicare Choice (HMO SNP) – serves people who have
  • both Medicare and Medicaid
  • Medicare Select

• **Medicaid Choice**

• **Child Health Plan Plus (CHP+)** – “gap” program for kids whose parents make too much money to qualify for Medicaid, but not enough to buy a commercial plan
Keys to Success: Your Role

* Promote access to services at Denver Health

* Utilize Denver Health resources for care whenever possible

    Exceptions:
    • Service not available at Denver Health
    • Service not available within an acceptable time frame

* Coordinate care with DHMP Care Management (CM) & Utilization Management (UM)

    • The DHMP Medical Management Department can connect your patients with care coordination services for complex needs

* Provide cost-effective care

* Encourage patients to fill prescriptions at Denver Health Pharmacies

If you have questions about DHMP Care Management and Utilization Management, call:

DHMP Medical Management
303-602-3239
We will help find the answers you need.
Quick Access to Web Page

SCROLL TO THE BOTTOM OF THE PULSE HOMEPAGE

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<td>Denver Health Magnet Journey</td>
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<td>Denver Health Medical Plan</td>
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<td>Denver Public Health</td>
<td>PolicyStat PP&amp;G rising P&amp;Ps</td>
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<td>Department of Nursing</td>
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<td>Department of Patient Safety and Quality</td>
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<td>Executive Portal</td>
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<td>General Information</td>
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<tr>
<td>Good Day Cafe Menu</td>
<td>ValuesLine (or call 1-800-273-8452)</td>
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Provider Relations

* The Provider Relations Department is responsible for building and maintaining positive and strong relationships with Providers.

* This department will work with Providers to resolve issues and help prevent issues by:
  
  * serving as a liaison between DHMP and Providers to facilitate positive communication and provide excellence in service;
  
  * facilitate routine meetings and follow-up engagements to all Providers as applicable;
  
  * and ensure Providers are up to date with the most current information available.
**Health Plan Services**

* Promote access to services at Denver Health

* Utilize Denver Health resources for care whenever possible

   **Exceptions:**
   - Service not available at Denver Health
   - Service not available within an acceptable time frame

* Coordinate care with DHMP Care Management (CM) & Utilization Management (UM)

   - The DHMP Medical Management Department can connect your patients with care coordination services for complex needs

* Provide cost-effective care

* Encourage patients to fill prescriptions at Denver Health Pharmacies

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If you have patients that are in one of our plans and need help with benefits, have them call: **Health Plan Services 303-602-2100**

We will help them or find someone who can.
Grievances and Appeals

* Investigate and resolve grievances for DHMP members.

* Investigate to determine if denied claims or authorizations were handled appropriately at the request of members or providers.

* Share grievance and appeals data with other DHMP teams to improve our services and processes.

If you have patients that need to file a Grievance or Appeal, have them call:

Grievances and Appeals
303-602-2261
Claims

* DHMP requires all providers to bill for the medically necessary services provided to its members in order to receive payment

* DHMP uses the QNXT claims processing system and makes every effort to adhere to federal and state timely claims processing requirements

* DHMP performs two check run cycles per week, that are completed on Monday’s and Thursday’s. The first check run includes the Medicaid LOB and the other is the All Plan, LOBs (which includes, Medicare, DHHA, Elevate). Providers receive payment either via EFT or regular mail, in either case a remittance advice or electronic version of this is provided along with the reimbursement and details that explain how each claim processed for that provider.

If you have patients that are in one of our plans and need help understanding the requirements to ensure claims are paid correctly, have them call:

Health Plan Services
303-602-2100

We will help them or find someone who can.
Utilization Management

Our goal is to encourage the highest quality of care, in the most appropriate setting, from the most appropriate provider. Through the Utilization Management (UM) program, Denver Health Medical Plan seeks to avoid over-use and under-use of medical services by making clinical coverage decisions based on available evidence-based guidelines, including MCG guidelines.

- UM is the process health plans use to manage the quality and cost of care to its Members
- UM includes prior-authorization (PA) for outpatient services and to concurrently review inpatient hospital stays
- We are currently reviewing our UM policies and processes and hope to streamline the process in the coming year – we will provide support and education as changes are made.

If you have questions about the Utilization Management program or would like copies of specific clinical guidelines, Call 303-602-2140
Care Managers have expertise in case management and care coordination and focus solely on managing the more challenging and complex situations. Care Coordination Department includes the following:

- Care Support Services
- Complex Case Management (CCM)
- Transitions of Care (TOC)
- Care Coordination

The care management staff works with Members, families and health care Providers to make sure Members receive the best care possible, in the most cost-effective way, with the best possible outcome.

Referrals to the CC Department can be made either through Denver Health Medical Plan’s website referral form or by emailing a referral form to DHMPCC@dhha.org.
# Pharmacy

## DHMP Pharmacy Services

<table>
<thead>
<tr>
<th>Service</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Pharmacy Help Desk Phone Line</td>
<td>Answer patient, provider, and pharmacy questions</td>
</tr>
<tr>
<td></td>
<td>Assist with Mail Order and 90 day supplies</td>
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<tr>
<td>Formulary and Authorization Criteria Development</td>
<td>Collaborate with plan providers to:</td>
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<tr>
<td></td>
<td>- Establish the list of covered drugs</td>
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<tr>
<td></td>
<td>- Create criteria used by the plan to evaluate prior authorization requests</td>
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<tr>
<td>Pharmacist Consultation</td>
<td>Adverse effects, adherence counseling</td>
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<td></td>
<td>Complete medication profile of claims from ALL pharmacies</td>
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<tr>
<td>Drug Safety and Abuse Monitoring</td>
<td>Chronic opiate use monitoring</td>
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<td></td>
<td>Suspicious activity programs</td>
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<td></td>
<td>High risk medications in the elderly</td>
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<tr>
<td>Prior Authorization</td>
<td>Ensuring the most clinically appropriate cost effective care</td>
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<tr>
<td>Cost Saving Solutions</td>
<td>Denver Health 340B Pharmacies</td>
</tr>
<tr>
<td></td>
<td>- Lower drug costs and keep premiums low</td>
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</tbody>
</table>

For formularies, prior authorization and step therapy criteria visit: [www.denverhealthmedicalplan.org](http://www.denverhealthmedicalplan.org)
- Providers
- Pharmacy Information

**If you have questions, Call 303-602-2070**
**Email ManagedCare PAR@dhha.org**
The Quality Improvement Program is designed to support the mission of DHMP by promoting the delivery of high-quality accessible healthcare services, through identifying, implementing & measuring opportunities for improvement:

- **HEDIS (Health Effectiveness Data Information Set)** measures our health plan against other health plans across the country in dimensions of care & service.

- **CAHPS (Consumer Assessment of Health Providers & Systems)** uses surveys to ask consumers and patients to report on and evaluate their experiences with health care.

- In 2019, QI team members will collaborate with Ambulatory Care Services (ACS) through various work groups to support quality care for:
  - Diabetes, weight management, prenatal/postpartum care, behavioral health, children’s preventive health, and preventive cancer screening, as well as patient satisfaction

If you would like to know more about how you can help with HEDIS, CAHPS or the STARS program, Call 303-602-2051 Email DL_QualityImprovementDepartment@dhha.org
How We Can Help Each Other

• At the Plan, we rarely actually see our members. However, you see them every day as patients. We are here to help you care for them, if you let us know. Patients see us all as Denver Health!

• Help us provide value to our community – excellent medical care at lowest cost:
  • Use DH pharmacies (340B drug pricing) – particularly for high-cost medications
  • Provide patients with 90-day supply of medications
  • Use pharmacy programs to assist with access to medications and adherence (mail order, delivery)
  • Facilitate care at Denver Health whenever possible (specialty care, procedures, inpatient stays, etc.)

• Participate on managed care committees, partner with us around quality improvement projects
## Utilization Management

### Timeliness Requirements

If the Utilization Management staff receives insufficient information to make a coverage determination, the staff will notify the provider of the specific information that is needed to make the determination. The extension timeframe in the chart may be used in those cases in which the provider needs additional time to provide sufficient information to make a determination.

<table>
<thead>
<tr>
<th>Type of Notification</th>
<th>Comm/Elevate (All)</th>
<th>Medicaid &amp; CHP</th>
<th>Medicare (All)</th>
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<tr>
<td><strong>Decisions</strong></td>
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<tr>
<td>Urgent/Concurrent</td>
<td>24 Hrs.</td>
<td>72 Hrs.</td>
<td>72 Hrs.</td>
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<tr>
<td>Expedited/Urgent Preservice</td>
<td>72 Hrs.</td>
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<tr>
<td>Expedited Specialty Rx Part B Drugs</td>
<td>72 Hrs.</td>
<td>72 Hrs.</td>
<td>24 Hrs.</td>
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<tr>
<td>Standard/Preservice</td>
<td>15 Calendar Days</td>
<td>10 Calendar Days</td>
<td>14 Calendar Days</td>
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<tr>
<td>Standard Specialty Rx Part B Drugs</td>
<td>15 Calendar Days</td>
<td>10 Calendar Days</td>
<td>72 Hrs.</td>
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<tr>
<td>Retrospective/Postservice</td>
<td>30 Calendar Days</td>
<td>30 Calendar Days</td>
<td>30 Calendar Days</td>
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<tr>
<td><strong>Extensions</strong></td>
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<tr>
<td>Urgent/Concurrent</td>
<td>48 Hrs.</td>
<td>14 Calendar Days</td>
<td>14 Calendar Days</td>
</tr>
<tr>
<td>Expedited/Urgent Preservice</td>
<td>48 Hrs.</td>
<td>14 Calendar Days</td>
<td>14 Calendar Days</td>
</tr>
<tr>
<td>Standard/Preservice</td>
<td>14 Calendar Days</td>
<td>14 Calendar Days</td>
<td>14 Calendar Days</td>
</tr>
<tr>
<td>Retrospective/Postservice</td>
<td>None</td>
<td>None</td>
<td>None</td>
</tr>
</tbody>
</table>
UM Decision-making

• UM decision-making is based only on appropriateness of care and service and existence of coverage.

• The organization does not specifically reward practitioners or other individuals for issuing denials of coverage.

• Financial incentives for UM decision-makers do not encourage decisions that result in underutilization.
Provider Tiering

**Participating Provider is identified and described by:**

- Tier 1: A contracted Provider considered in-network, listed in the Provider Directory, and does not require authorization unless service is on the PA Grid for specific Lines of Business. Services must meet Medical Necessity and be a covered benefit.

- Tier 2: A contracted Provider considered out-of-network, not listed in the Provider Directory, and requires prior authorization for all Lines of Business. Services must meet Medical Necessity and be a covered benefit.
  - Even though these providers are out-of-network for the line of business, they still have a contract with DHMP and should not be balance billing members.
  - Please note a Provider can be in both Tier 1 and Tier 2.
    - Example: A Cofinity Provider can be in network for the Medical Care POS Plan and be in Tier 2 for the High Point and HMO Plans.

**Non-Participating Provider (Out of Network Provider)**

- Tier 3: Is identified for all Lines of Business for services unavailable, untimely access, and requires Prior Authorization and a One Time Agreement. Services must meet Medical Necessity and be a covered benefit.
Member ID Cards

Denver Health Medical Plan ID Cards contain the member’s ID number and copays on the front and contact information on the back.

The header on the front of the card contains the name of the plan and is color coded for easy identification.
Member ID Cards

Exchange and Employee Plans have teal headers.

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**ELEVATE HEALTH PLANS BY DHMP**
**SILVER STANDARD 70%**

Card Issued:
Member ID #:
Name:
Group #:

**MedImpact**
RxBIN: 003585
RxPCN: ASPROD1
RxGrp: DHM08
Rx ID #:

**DENVER HEALTH NETWORK**
Preventive: $0
PCP/SCP/ER/UC/Hospital:
Ded&Coins

**Out of Network**
ER/UC: Ded&Coins

**Delta Dental / PPO™ Only**
Group #: W2978
1-800-610-0201
dentalco.com

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**DENVER HEALTH MEDICAL PLAN**
**P.O. Box 24631**
**Seattle, WA 98124**
**EDI Payor ID # 84-135**

**FIND A Provider**

**Cofinity**
R.N. First Health.

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**EMPPLOYER GROUP HEALTH PLAN**
**DHHA MEDICAL CARE HMO**

Card Issued:
Member ID #:
Name:
Group #:

**MedImpact**
RxBIN: 003585
RxPCN: ASPROD1
RxGrp: DHM04
Rx ID #:

In case of emergency call 911 or go to the nearest hospital emergency room.

ER/UC is covered anywhere in the U.S.
This card does not prove membership or guarantee coverage.

In case of emergency call 911 or go to the nearest hospital emergency room.

CO-DOI
Member ID Cards

The Medicaid and CHP+ Plans have blue headers.

**DENVER HEALTH MEDICAID CHOICE**

- **Effective Date:**
- **Member ID #:**
- **Name:**
- **Group #:**

![Medicaid Card Image]

**DENVER HEALTH MEDICAL PLAN CHILD HEALTH PLAN PLUS**

- **Effective Date:**
- **Member ID #:**
- **Name:**
- **Group #: CHP21**
- **Rx ID #:**

![Medical Plan Card Image]

In case of emergency call 911 or go to the nearest hospital emergency room.

*This card does not prove membership or guarantee coverage.*

denverhealthmedicalplan.org

Health Plan Services: 385-281-2418
TTY Users: 711
NurseLine: 303-739-1261

Pharmacy Providers
Rx Help Desk/Author.: 303-602-2070
MedImpact Help Desk: 800-768-2949

Paper Claims: P.O. Box 24711 • Seattle, WA 98124-0711
EDI Payor ID #8413

Paper Claims: PO Box 24992 • Seattle, WA 98124-0992
EDI Payor ID #84135
Member ID Cards

Medicare Plans have orange headers.
Denver Health Medical Plan Provider Portal

The Denver Health Medical Plan Provider Portal is a resource to provide quick and convenient access to:

• Member eligibility
• Claim Information
• Authorization statuses
• And more!

There will be a phased roll out starting in October with DHHA being the first to have access to the portal. The first DHHA group will begin the process on 10/4/21, with the remainder of the DHHA following 3-4 weeks later. Other providers will begin the process once DHHA is fully integrated into the portal, which is expected to be near the end of November or early December.

Provider offices will be able to assign a local administrator to manage users and access at their location.
Logging in will bring users to the landing page, providing quick access to portal functions.

1. Search for members to verify their eligibility.

2. View the Referral Dashboard to check the Status of prior authorization requests.

3. Search the status of claims submitted to the health plan.
Important Links

Find important links and materials at: https://www.denverhealthmedicalplan.org/providers
Just click “I Am A Provider”
QUESTIONS?
# THE COMPANY CONTACT LIST:

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<tr>
<th>CONTACT INFO</th>
<th>PHONE</th>
<th>FAX</th>
<th>PREFERRED METHOD</th>
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<tr>
<td>DHHA Enterprise Compliance Services</td>
<td>303-602-3255</td>
<td>303-602-7024</td>
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<tr>
<td>Credentialing Department</td>
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<td><a href="mailto:DHMP.Credentialing@dhha.org">DHMP.Credentialing@dhha.org</a></td>
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<td>Health Plan Services (Member/Provider)</td>
<td>Commercial &amp; CHP+: 303-602-2100</td>
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<td>Medicaid: 303-602-2116</td>
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<td>303-602-2064</td>
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<td>Utilization Management</td>
<td>303-602-2100</td>
<td>Urgent/Expedited Fax: 303-602-2160</td>
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<td>Outpatient Fax: 303-602-2128</td>
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<td>Inpatient Fax: 303-602-2127</td>
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<td>Case Management</td>
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