

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

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.

- * **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**

Quick Access to Web Page

SCROLL TO THE BOTTOM OF THE PULSE HOMEPAGE

Useful Links		About Denver Health	Connect With Us
Box Office and Discounts	HCAHPS & CAHPS Scores	Campus Map	LinkedIn
Calendar of Events	Human Resources	Career Center	Twitter
CEO Communications	Lawson	Clinic Directory	YouTube
Code of Conduct	Lean	Denver Health Foundation	
Cornerstone Learning	MyChart	Denver Health in the News	
Denver Health Magnet Journey	MyRounding	Denver Health Infographic	
Denver Health Medical Plan	OnFocus	Denver Health Org Chart	
Denver Public Health	PolicyStat PP&Gs & P&Ps	Denver Health PowerPoint Template	
Department of Nursing	Press Ganey - Employee Engagement	Department Numbers	
Department of Patient Safety and Quality	Press Ganey - Patient Experience	Did you know? Fact sheet	
eHealth Services Portal	Rewards and Recognition		
Epic Resources	RMPDC		
Executive Portal	Safety Datasheet		
General Information	Seasonal Flu Information		
Good Day Cafe Menu	ValuesLine (or call 1-800-273-8452)		

Provider Relations

If you need help with issues as a provider, please call:

Provider Relations
303-602-2003

- * 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

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.

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Grievances and Appeals

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

Grievances and Appeals
303-602-2261

- * 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.

Claims

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.

- * 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.

Utilization Management

If you have questions about the Utilization Management program or would like copies of specific clinical guidelines, Call **303-602-2140**

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.

Care Management

If you have questions about the Care Management program Call **303-602-2184**

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

If you have questions, Call **303-602-2070** Email **ManagedCare PAR@dhha.org**

For formularies, prior authorization and step therapy criteria visit: www.denverhealthmedicalplan.org
 -> Providers
 -> Pharmacy Information

DHMP Pharmacy Services

Pharmacy Help Desk Phone Line 8am-5pm M-F	- Answer patient, provider, and pharmacy questions - Assist with Mail Order and 90 day supplies
Formulary and Authorization Criteria Development	- Collaborate with plan providers to: - Establish the list of covered drugs - Create criteria used by the plan to evaluate prior authorization requests
Pharmacist Consultation	- Adverse effects, adherence counseling - Complete medication profile of claims from ALL pharmacies
Drug Safety and Abuse Monitoring	- Chronic opiate use monitoring - Suspicious activity programs - High risk medications in the elderly
Prior Authorization	- Ensuring the most clinically appropriate cost effective care
Cost Saving Solutions	- Denver Health 340B Pharmacies - Lower drug costs and keep premiums low

Quality Improvement

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

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 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

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.

TYPE OF NOTIFICATION	COMM/ELEVATE (ALL)	MEDICAID & CHP	MEDICARE (ALL)
DECISIONS			
Urgent/Concurrent	24 Hrs.	72 Hrs.	72 Hrs.
Expedited/Urgent Preservice	72 Hrs.	72 Hrs.	72 Hrs.
Expedited Specialty Rx Part B Drugs	72 Hrs.	72 Hrs.	24 Hrs.
Standard/Preservice	15 Calendar Days	10 Calendar Days	14 Calendar Days
Standard Specialty Rx Part B Drugs	15 Calendar Days	10 Calendar Days	72 Hrs.
Retrospective/Postservice	30 Calendar Days	30 Calendar Days	30 Calendar Days
EXTENSIONS			
Urgent/Concurrent	48 Hrs.	14 Calendar Days	14 Calendar Days
Expedited/Urgent Preservice	48 Hrs.	14 Calendar Days	14 Calendar Days
Standard/Preservice	14 Calendar Days	14 Calendar Days	14 Calendar Days
Retrospective/Postservice	None	None	None

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.

Participating Provider is identified and described by:

- 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.

The diagram shows a sample of a Denver Health Medical Plan ID Card. It is divided into three main sections with callout arrows:

- Member ID:** Points to the top section of the card, which includes the plan name and member details.
- Prescriptions:** Points to the middle section, which lists prescription-related information.
- Contact DHMP:** Points to the bottom section, which provides contact information and logos.

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

Card Issued:	CO-DOI
Member ID #:	
Name:	In Network
Group #:	Preventive: \$0
	Primary Care Provider: \$25
	Specialist: \$30
	Emergency Room: \$150
	Urgent Care: \$50
	Hospital: \$400

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

	Out of Network
	Emergency Room: \$150
	Urgent Care: \$50

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.
Prior Authorization is required for some services.
denverhealthmedicalplan.org

Health Plan Services: 800-700-8140	<u>Pharmacy Providers</u>
TTY Users: 711	Rx Help Desk/Auths: 303-602-2070
NurseLine: 303-739-1261	MedImpact Help Desk: 800-788-2949




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

Cofinity **First Health.**
P.O. Box 21524
Eagan, MN 55121
EDI Payor ID # 65456

Member ID Cards



Exchange and Employee Plans have teal headers.

ELEVATE HEALTH PLANS BY DHMP SILVER STANDARD 70%	
Card Issued:	CO-DOI
Member ID #:	Denver Health Network
Name:	Preventive: \$0
Group #:	PCP/SCP/ER/UC/Hospital: Ded&Coins
MedImpact	Out of Network
RxBIN: 003585	ER/UC: Ded&Coins
RxPCN: ASPROD1	Delta Dental / PPO™ Only
RxGrp: DHM08	Group #: W2978
Rx ID #:	1-800-610-0201
 DELTA DENTAL	deltadentalco.com
<p>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. Prior Authorization is required for some services. Cofinity Network is available for Behavioral Health services. denverhealthmedicalplan.org</p>	
Health Plan Services: 855-823-8872	<u>Pharmacy Providers</u>
TTY Users: 711	Rx Help Desk/Auths: 303-602-2070
NurseLine: 303-739-1261	MedImpact Help Desk: 800-788-2949
 DENVER HEALTH MEDICAL PLAN	 Cofinity  First Health.
P.O. Box 24631 Seattle, WA 98124 EDI Payor ID # 84-135	P.O. Box 21524 Eagan, MN 55121 EDI Payor ID # 65456

EMPLOYER GROUP HEALTH PLAN DHHA MEDICAL CARE HMO	
Card Issued:	CO-DOI
Member ID #:	In Network
Name:	Preventive: \$0
Group #:	Primary Care Provider: \$25 Specialist: \$30 Emergency Room: \$150 Urgent Care: \$50 Hospital: \$400
MedImpact	Out of Network
RxBIN: 003585	Emergency Room: \$150
RxPCN: ASPROD1	Urgent Care: \$50
RxGrp: DHM04	
Rx ID #:	
<p>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. Prior Authorization is required for some services. denverhealthmedicalplan.org</p>	
Health Plan Services: 800-700-8140	<u>Pharmacy Providers</u>
TTY Users: 711	Rx Help Desk/Auths: 303-602-2070
NurseLine: 303-739-1261	MedImpact Help Desk: 800-788-2949
 DENVER HEALTH MEDICAL PLAN	 Cofinity  First Health.
P.O. Box 24631 Seattle, WA 98124 EDI Payor ID # 84-135	P.O. Box 21524 Eagan, MN 55121 EDI Payor ID # 65456

Member ID Cards

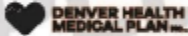

The Medicaid and CHP+ Plans have blue headers.

DENVER HEALTH MEDICAID CHOICE	
Effective Date:	In Network
Member ID #:	\$0
Name:	Out of Network
Group #:	ER/UC
	\$0
	
MedImpact	Language:
RxBIN: 003585	
RxPCN: ASPROD1	
RxGrp: DHM02	Prior authorization may be
Rx ID #:	required for some services.
<p>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. denverhealthmedicalplan.org</p>	
Health Plan Services: 855-281-2418	<u>Pharmacy Providers</u>
TTY Users: 711	Rx Help Desk/Auths: 303-602-2070
NurseLine: 303-739-1261	MedImpact Help Desk: 800-788-2949
	
Paper Claims: P.O. Box 24711 • Seattle, WA 98124-0711 EDI Payor ID #84133	

DENVER HEALTH MEDICAL PLAN CHILD HEALTH PLAN PLUS	
Effective Date: ← --- 3	In Network
Member ID#:	\$0
Name:	Prescriptions
Group #: CHP21	\$0
	Out of Network
	ER/UC:
	
MedImpact	Language: ENG
RxBIN: 003585	
RxPCN: ASPROD1	
RxGrp: DHM03	Prior authorization may be
Rx ID #:	required for some services.
<p style="text-align: center;">Front</p>	
<p>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. denverhealthmedicalplan.org</p>	
Health Plan Services: 800-700-8140	<u>Pharmacy Providers</u>
TTY Users: 711	Rx Help Desk/Auths: 303-602-2070
NurseLine: 303-739-1261	MedImpact Help Desk: 800-788-2949
	
Paper Claims: PO Box 24992 • Seattle, WA 98124-0992 EDI Payor ID #84135	

Member ID Cards

Medicare Plans have orange headers.

DENVER HEALTH MEDICARE CHOICE (HMO D-SNP)	
Card Issued:	Prior authorization required for Surgery, Inpatient, DME and SNF.
Group Plan: 84131	
Member ID #:	
Member Name:	
Group #:	
MedImpact	
RxBIN: 015574	
RxPCN: ASPROD1	
RxGrp: DHM01	
Rx ID #:	
	
In case of emergency, call 911 or go to the nearest hospital emergency room. This card does not prove membership or guarantee coverage.	
Health Plan Services 1-877-956-2111 TTY: 711	NurseLine 303-739-1261
Dental Provider Delta Dental/Auths: 1-800-610-0201 Group #: R0009-00001	Pharmacy Providers Rx Help Desk/Auths: 303-602-2070 MedImpact Help Desk: 1-877-391-9291
denverhealthmedicalplan.org Denver Health Medical Plan, Inc. • Attn: Claims Department P.O. Box 24992 • Seattle, WA 98124-0992 • EDI Payer ID: 84-135	

DENVER HEALTH MEDICARE SELECT (HMO)	
Card Issued:	Prior authorization required for Surgery, Inpatient, DME and SNF.
Group Plan: 84131	
Member ID #:	
Member Name:	
Group #:	
MedImpact	
RxBIN: 015574	
RxPCN: ASPROD1	
RxGrp: DHM01	
Rx ID #:	
	
In case of emergency, call 911 or go to the nearest hospital emergency room. This card does not prove membership or guarantee coverage.	
Health Plan Services 1-877-956-2111 TTY: 711	NurseLine 303-739-1261
Dental Provider Delta Dental/Auths: 1-800-610-0201 Group #: R0008-00001	Pharmacy Providers Rx Help Desk/Auths: 303-602-2070 MedImpact Help Desk: 1-877-391-9291
denverhealthmedicalplan.org Denver Health Medical Plan, Inc. • Attn: Claims Department P.O. Box 24992 • Seattle, WA 98124-0992 • EDI Payer ID: 84-135	

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.

https://dhmpprovider.healthtrioconnect.com

DENVER HEALTH MEDICAL PLAN INC. Contact Support Messages Welcome Jack

PROVIDER DIRECTORY PATIENT MANAGEMENT OFFICE MANAGEMENT ADMINISTRATION

QUICK LINKS

- CLAIMS
- BENEFITS AND ELIGIBILITY
- SECURE MESSAGES

Welcome to your Provider Portal

VISIT OUR COVID-19 INFORMATION CENTER [VIEW RESOURCES](#)

1 **ELIGIBILITY**

Search by
Last name
[SEARCH](#)
[Advanced Search](#)

2 **REFERRALS AND AUTHORIZATIONS**

[VISIT THE REFERRALS DASHBOARD](#)
[Advanced Search](#)

3 **CLAIMS**

Search by
Last name
[SEARCH](#)

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”



The screenshot shows the Denver Health Medical Plan website's 'FOR PROVIDERS' page. At the top left is the Denver Health Medical Plan logo. To the right of the logo is a navigation bar with links: 'BECOME A MEMBER', 'CURRENT MEMBERS', 'MEMBER LOGIN', 'FIND A PROVIDER', and 'CONTACT US'. There are also buttons for '+ COVID-19 VACCINE' and '+ COVID-19 RESOURCES', and a search icon. In the top right corner, there are links for '+ accessibility options' and 'I Am a Provider'. Below the navigation bar, the page is titled 'FOR PROVIDERS' in orange. Underneath, it says 'You are here: Denver Health Medical Plan >> For Providers' and has a 'Select Language' dropdown menu. On the left side, there is a photo of a male doctor in a white coat with a stethoscope. On the right side, there are two columns of links. The first column has four orange links: 'PROVIDER FORMS AND MATERIALS', 'PROVIDER MANUAL', 'PROVIDER NEWSLETTERS', and 'INTEROPERABILITY AND HEALTH INFORMATION'. The second column has five teal links: 'PHARMACY', 'UTILIZATION MANAGEMENT (UM)', 'COMPLEX CASE MANAGEMENT', 'PROVIDER RELATIONS', and 'QUALITY IMPROVEMENT'.

QUESTIONS?

THE COMPANY CONTACT LIST:

CONTACT INFO	PHONE	FAX	PREFERRED METHOD
DHHA Enterprise Compliance Services	303-602-3255	303-602-7024	
Credentialing Department			DHMP.Credentialing@dhha.org
Health Plan Services (Member/Provider)	Commercial & CHP+: 303-602-2100 Commercial/Exchange: 303-602-2090 Medicaid: 303-602-2116 Medicare Choice/Select: 303-602-2111	303-602-2138	
Pharmacy Services	303-602-2070	303-602-2081	
Provider Relations	303-602-2100	303-602-2516	
Quality Improvement	303-602-2051	303-602-2064	
Utilization Management	303-602-2100	Urgent/Expedited Fax: 303-602-2160 Outpatient Fax: 303-602-2128 Inpatient Fax: 303-602-2127	
Case Management	303-602-2184		