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MEMBER NEWSLETTER  
// IMPORTANT INFO



**DENVER HEALTH**  
**MEDICAL PLAN** INC.





# IMPORTANT PLAN INFORMATION

As a valued DHMP member, you should be aware of certain rights and responsibilities that you are entitled to and responsible for.

## MEMBERS HAVE THE RIGHT TO:

- » Have access to practitioners and staff who are committed to providing quality health care to all members without regard for race, religion, color, creed, national origin, age, sex, sexual preference, political party, disability or participation in a publicly-financed program.
- » Obtain available and accessible services covered by the contract.
- » Receive medical/behavioral health care that is based on objective, scientific evidence and human relationships.
- » Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- » Have a partnership based on trust, respect and cooperation among the provider, staff and member that will result in better health care.
- » Be treated with courtesy, respect and recognition of your dignity and right to privacy.
- » Receive equal and fair treatment, without regard to race, religion, color, creed, national origin, age, sex, sexual preference, political party, disability or participation in a publicly-financed program.
- » Choose or change your Primary Care Provider (PCP) within the network of providers, to contact your PCP whenever a health problem is of concern to you and arrange for a second opinion at no cost to you, if desired.
- » Expect that your medical records and anything that you say to your provider will be treated confidentially and will not be released without your consent, except as required or allowed by law.
- » Get copies of your medical records or limit access to these records, according to state and federal law.
- » Know the names and titles of the doctors, nurses and other persons who provide care or services for you.
- » Have a candid discussion with your provider about appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage.
- » Participate with providers in making decisions about your health care.
- » Request or refuse treatment to the extent of the law, and to know what the outcomes may be.
- » Receive quality care and be informed of the DHMP Quality Improvement (QI) Program.
- » Receive information about DHMP, its services, its practitioners and providers and members' rights and responsibilities, as well as prompt notification of termination or other changes in benefits, services or the DHMP network. This includes how to get services during regular hours, emergency care, after-hours care, out of-area care, exclusions and limits on covered services.
- » Learn more about your PCP and his/her qualifications, such as medical school attended or residency. Go to **DenverHealthMedicalPlan.org** and click on "FIND A PROVIDER" for our web-based directories, or call Health Plan Services.
- » Express your opinion about DHMP or its providers to legislative bodies or the media without fear of losing health benefits.



- » Receive an explanation of all consent forms or other papers DHMP or its providers ask you to sign; refuse to sign these forms until you understand them; refuse treatment and to understand the consequences of doing so; refuse to participate in research projects; cross out any part of a consent form that you do not want applied to your care; or to change your mind before undergoing a procedure for which you have already given consent.
- » Instruct providers about your wishes related to advance directives, such as durable power of attorney, living will or organ donation. To learn more, visit **[DenverHealthMedicalPlan.org/Advance-Directive-Living-Will](https://denverhealthmedicalplan.org/Advance-Directive-Living-Will)**.
- » Receive care at any time, 24 hours a day, 7 days a week, for emergency conditions, and care within 48 hours for urgent conditions.
- » Have interpreter services if needed them getting health care.
- » Change enrollment during the times when rules and regulations allow.
- » Have referral options that are not restricted to less than all providers in the network that are qualified to provide covered specialty services; applicable copays apply.
- » Expect that referrals approved by DHMP cannot be changed after prior authorization or retrospectively denied except for fraud, abuse or change in eligibility status at the time of service.
- » Make recommendations regarding DHMP's Member Rights and Responsibilities policies.
- » Voice a complaint or appeal a decision concerning the DHMP organization or the care provided and receive a reply according to the complaint/appeal process.

## MEMBERS HAVE A RESPONSIBILITY TO:

- » Treat providers and their staff with courtesy, dignity and respect.
- » Pay all premiums and applicable cost sharing (i.e., deductible, coinsurance, copays).
- » Make and keep appointments, be on time or call if you will be late or must cancel an appointment and have your DHMP identification card available at the time of service and pay for any charges for non-covered benefits.
- » Report symptoms and problems to your PCP, ask questions and take part in your health care.
- » Learn about any procedure or treatment and think about it before it is done.
- » Think about the outcomes of refusing treatment that your PCP suggests.
- » Follow plans and instructions for care that you have agreed upon with your provider.
- » Provide, to the extent possible, correct and necessary information and records that DHMP and its providers need in order to provide care.
- » Understand your health problems and participate in developing mutually agreed upon treatment goals, to the degree possible.
- » State complaints and concerns in a civil and appropriate way.
- » Learn and know about plan benefits (i.e., which services are covered and non-covered) and to contact a DHMP Health Plan Services representative with any questions.
- » Inform providers or a representative from DHMP when not pleased with care or service.
- » Notify DHMP of any third party insurance, including Medicare.

## MEDICAID CHOICE: EARLY AND PERIODIC SCREENING, DIAGNOSTIC AND TREATMENT

Early and Periodic Screening, Diagnostic and Treatment (EPSDT) is a Health First Colorado (Colorado's Medicaid Program) program that covers prevention, diagnostic and treatment services for members age 20 and under. This program is set up to find health problems early. The goal is for children to get the physical, mental, vision, hearing and dental care they need for their health. Your child can get these services at **no cost** to you:

- » Speech Services
- » Well Child Check-Ups
- » Immunizations
- » Physical or Occupational Therapies
- » Home Health Services

Most EPSDT services will be available within Denver Health. Your doctor may also refer you to services outside Denver Health. If you have questions about EPSDT services, scheduling or transportation to appointments, you or your doctor may call Health Plan Services at 303-602-2116. For more information about the American Academy of Pediatrics (AAP) Preventive Care Recommendations please visit: [downloads.aap.org/AAP/PDF/periodicity\\_schedule.pdf](https://downloads.aap.org/AAP/PDF/periodicity_schedule.pdf)

**To learn more, call Health Plan Services at 303-602-2116.**

## MEDICARE ADVANTAGE, MEDICAID CHOICE AND CHP+: INTEROPERABILITY AND YOUR HEALTH INFORMATION

The Interoperability and Patient Access rule (CMS-9115-F) was put in place by the Centers for Medicare & Medicaid Services (CMS) to give you access to your health information anytime, anyplace through third party mobile and web applications that can then be used by you to make more informed decisions about your health care. This includes your medical claims, pharmacy claims, clinical data, as well as provider, pharmacy and prescription formulary data.

Please be on the lookout for more information from Denver Health Medical Plan (DHMP) and applications that we have partnered with in the coming weeks and months.

**To learn more, visit:**

**[DenverHealthMedicalPlan.org/Interoperability-And-Your-Health-Information](https://DenverHealthMedicalPlan.org/Interoperability-And-Your-Health-Information)**



# Low-Carb Coconut Macaroons

## INGREDIENTS

3/4 cup – almond flour  
1.5 cups – unsweetened coconut, shredded  
1/4 cup – raw, organic honey  
1/4 cup – coconut oil  
2 teaspoons – vanilla extract  
1 pinch – sea salt



## DIRECTIONS

*In a bowl, combine the flour and coconut. In a separate bowl, mix together the honey, oil, vanilla and salt until well-blended. Add the honey mixture to the dry ingredients and stir until combined. Preheat oven to 200 degrees F, and line a baking sheet with parchment paper. Using a rounded 'measuring' tablespoon, scoop the macaroon dough and place on the baking sheet. Repeat with the rest of the dough. Bake for 45 - 50 minutes. The outside should be dried out a bit and the inside should be soft and chewy. Allow the macaroons to sit for at least 15 minutes before transferring.*

# SAME-DAY CARE OPTIONS

*If you need care today and can't get in to see your Primary Care Provider, we have options for you...*



## **THE NURSELINE IS HERE TO HELP YOU.**

Call **303-739-1261** and speak to a Denver Health nurse about your health concerns at **no cost to you**. Sometimes they can even call in a prescription for you. NurseLine nurses can help you decide the best plan to get the care you need, which may include any of the options below.



## **DISPATCHHEALTH WILL COME TO YOU.**

DispatchHealth is our on-demand health care provider that can treat a range of injuries and illnesses in the comfort and convenience of your home (available 8 a.m. to 10 p.m., 365 days a year). Visit [DispatchHealth.com](https://www.dispatchhealth.com), download the free app or call **303-500-1518**.



## **VISIT AN URGENT CARE CENTER.**

Denver Health offers three Urgent Care centers. There are separate Pediatric (open 24/7) and Adult (open Mon.-Fri., 7 a.m. to 8 p.m. | Sat.-Sun., 8 a.m. to 7 p.m.) Urgent Care centers on its Main Campus at 777 Bannock St., as well as the Federico F. Peña Southwest Clinic for Pediatrics and Adults at 1339 Federal Blvd. (open Mon.-Fri., 9 a.m. to 8 p.m. | Sat.-Sun., 9 a.m. to 4 p.m., closed holidays) and the Downtown Urgent Care Clinic at 1545 California St. (open Mon.-Fri., 7 a.m. to 7 p.m. | Sat.-Sun., 9 a.m. to 5 p.m.). In addition, virtual Urgent Care is now available for Denver Health MyChart users.

*Note: You can visit any urgent care center that is convenient for you. Your DHMP plan will cover you at any urgent care center, anywhere in the U.S.*



## **EMERGENCY ROOM.**

You can access 24/7 emergency care for both children and adults on the Denver Health Main Campus at 777 Bannock St. The Denver Health Pediatric Emergency Department is designed just for kids and is completely separate from the Adult Emergency Department.

*Note: If you need emergency care, go to the nearest hospital or call 9-1-1. Your DHMP plan will cover you at any emergency room, anywhere in the U.S.*

# WHAT'S NEW WITH YOUR PHARMACY BENEFITS?

Your pharmacy benefits are updated many times over the course of the year. To see what's changed, visit **DenverHealthMedicalPlan.org**. Hover over *Current Members*, navigate to your plan's page, click *Pharmacy* and click either *Formulary Updates* (for Elevate Exchange, Medicaid Choice, CHP+ or Employer Group plans) or *Future Formulary Changes* (for Medicare Advantage). You will find a link to a PDF document that provides any changes in your plan's formulary, such as newly added drugs, newly added generics and more!

Your plan's webpage and formulary documents, called Formulary & Pharmacy Management (for Elevate Exchange or Employer Group plans), Formulary/Drug List (for Medicaid Choice and CHP+) or Formulary (for Medicare Advantage), provide:

- » A list of covered drugs, along with restrictions and preferences
- » Details on how to use the formulary and pharmaceutical management procedures
- » An explanation of limits or quotas
- » Details on how prescribing practitioners must provide information to support an exception request (non-urgent requests may be processed the next business day)
- » Your plan's process for generic substitution, therapeutic interchange and step-therapy protocols

## WHY YOU SHOULD COMPLETE A HEALTH RISK ASSESSMENT



**ELEVATE  
MEDICARE ADVANTAGE**  
Denver Health Medical Plan Inc..

If you are an Elevate Medicare Choice (HMO D-SNP) or Elevate Medicare Select (HMO) member, you will have an opportunity to participate in a Health Risk Assessment (HRA) each year!

Elevate Medicare Advantage wants you to be healthy and feel good. By answering the questions on the HRA, we will identify your health risks and try to lower them. Each year, we will ask you to complete an HRA so we know if there were any changes in your health. This will also help us know if you need more help.

Your answers to these questions do not affect your insurance coverage and may be shared with your doctor. We can work with your doctor and health care team to try and improve your health.

We will call you to complete the HRA over the phone, or we may mail you the HRA. You can also call us to complete the HRA at 1-833-292-4893. TTY users should call 711.  
*Denver Health Medical Plan, Inc. (DHMP) has been approved by the National Committee for Quality Assurance (NCQA) to operate as a Special Needs Plan (SNP) until 2023, based on a review of DHMP's Model of Care.*



## QUALITY IMPROVEMENT PROGRAM

Making sure our members get good care and help is the mission of Denver Health Medical Plan, Inc. (DHMP). To help in that effort, we have a Quality Improvement (QI) Program. The goal of the QI Program is to review how well we have done as your health plan, to compare this work to our goals and to learn how we can do better. Each year, we look at data on how we handle members' care, and then measure our work and progress against benchmarks used by the whole country.

The goal of our QI Program is to make sure you have:

- » The right to get good care
- » Programs that meet your needs
- » Help with lifelong sicknesses you have
- » Support when you need extra help, such as after a hospital stay
- » Care from high-quality doctors
- » Access to care and services
- » Care and services that are safe and effective
- » Encouragement to seek preventive services
- » Education on self-care and disease management

You can find results for our QI Program on the DHMP website:

**[DenverHealthMedicalPlan.org/Quality-Improvement-Program](https://denverhealthmedicalplan.org/Quality-Improvement-Program)**

## BENEFIT MAXIMUMS

If you are using benefits such as outpatient therapy visits, durable medical equipment or chiropractic and are close to reaching your benefit maximum, contact Health Plan Services at 303-602-2100 to speak to a representative about any options you may have.

## TRANSITION OF CARE

If you or your dependent is seeing a pediatrician and are ready to change to a General or Family practitioner, there are three ways to get help:

- » Call the Denver Health Appointment Center at 303-436-4949 to get help finding a new provider and making your first appointment
- » Use the online Provider Directory at **[DenverHealthMedicalPlan.org](https://denverhealthmedicalplan.org)**
- » Ask your provider for help with the transition

## COMPLEX CASE MANAGEMENT & ACCESS TO CARE MANAGEMENT

Our Care Managers are here to help you! We will work with you and your doctor to make sure you get the help you need. In our Care Management Program, we can:

- » Make doctor and specialty appointments
- » Make referrals to community resources
- » Help with scheduling transportation for your doctor's appointments
- » Work with your care team on services you may need at home
- » Provide information on your health care conditions



- » Work with your doctor to make sure you have the medicines you need

Our Care Management Program is a no-cost service to all DHMP members. You can take part in the Program for as long as you want. To be considered for the Program, members can be referred through a medical management program referral, discharge planner referral, practitioner referral, caregiver referral or self-referral. For more information or to refer, please call 303-602-2184.

## COMMUNICATION SERVICES & ACCESS TO STAFF

DHMP provides access to staff for members and practitioners seeking information about Utilization Management (UM). Staff are available at least eight hours a day during normal business hours for inbound collect or toll-free calls. After hours, you can fax information or send a message through the member portal, and staff will reply within the next business day. Staff are identified by name, title and organization name when initiating or returning calls. TTY services and language assistance are available.

## HOW TO FILE AN APPEAL OR GRIEVANCE

As a member of DHMP, you have the right to file a complaint (also known as a grievance) about DHMP. You also have the right to file an appeal of a denial (adverse decision) from DHMP that you disagree with. If you decide to file a grievance or an appeal, your request must be received by DHMP within the prescribed time period. If you miss a deadline, we may decline to review it. Information about how to file a grievance or appeal (including time periods that you are allowed to file a grievance or appeal) can be found on our website: **DenverHealthMedicalPlan.org**. Or you may call us for information or assistance with filing a grievance or appeal at 303-602 2261. If DHMP has made a final decision on your appeal, you may also call for information regarding further appeals by an external agency.

## DHMP'S AFFIRMATIVE STATEMENT ABOUT INCENTIVES

Denver Health Medical Plan, Inc. (DHMP) has a Utilization Management (UM) Program to ensure that members have access to quality health care. The Program utilizes a team of health care professionals to evaluate the medical necessity of services by using nationally-recognized, evidence-based clinical guidelines and community standards. The decisions are based on the appropriateness of care and services available to members within their contracted benefits. DHMP affirms the following UM Program practices:

- » UM decision-making is based only on the appropriateness of the care and services requested and the existing coverage and benefits available to the members;
- » DHMP does not specifically reward or otherwise incentivize practitioners or other individuals to issue denials of coverage or services; and
- » UM decision-making staff members do not receive financial incentives that encourage decisions resulting in underutilization.

Please contact DHMP's Health Plan Medical Management Department at 1-800-700-8140 if you have any questions regarding the Program and its practices.

# SIGN-UP NOW: OUR NEW DHMP MEMBER PORTAL!

Our new and improved Denver Health Medical Plan (DHMP) member portal is available to you – our members!

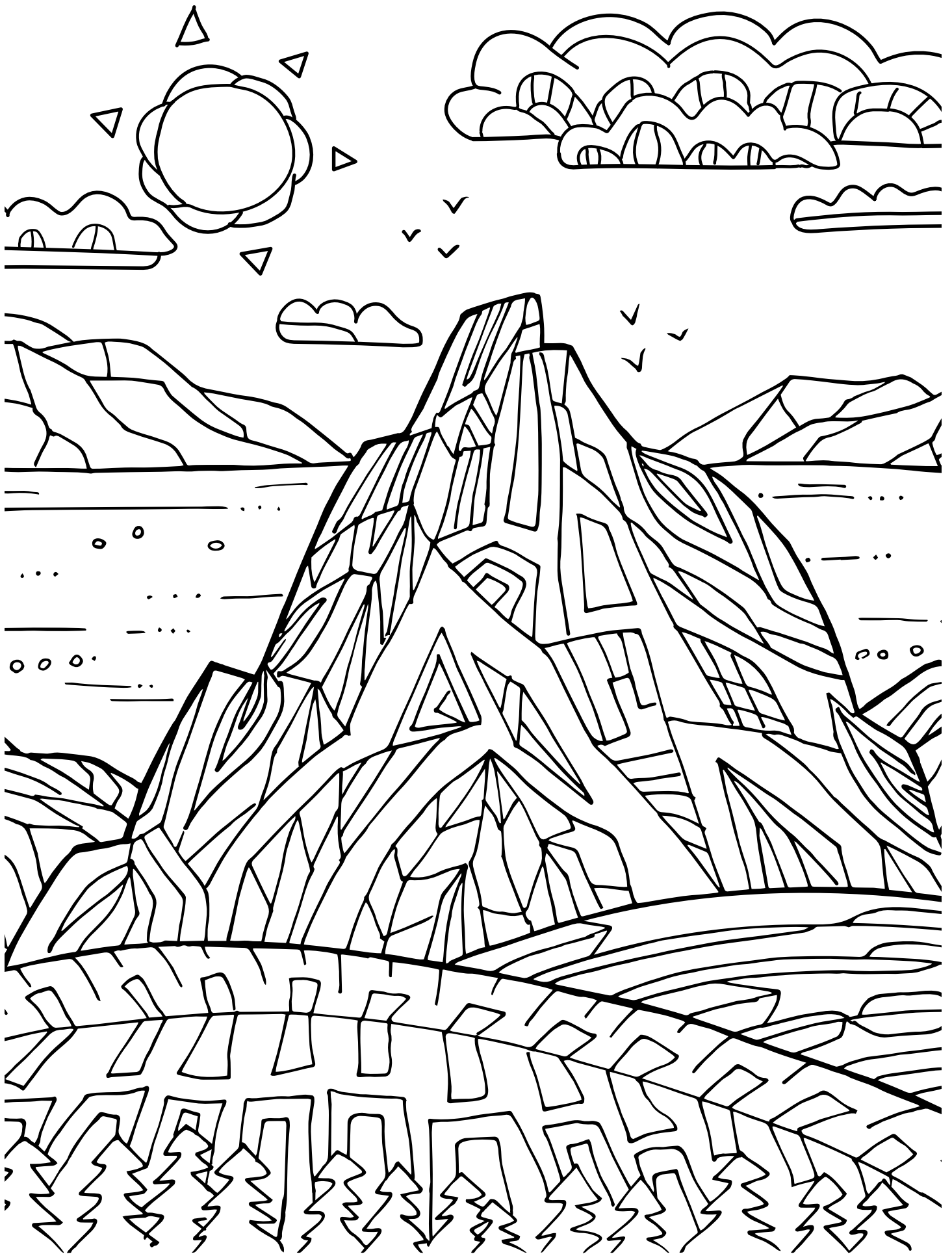
**What does this mean?** This portal will be your go-to resource for managing your health insurance plan anytime, anyplace. With it, you will be able to access important information, member materials (including ID Cards), communicate with your health plan, check claim status and more — all right from your desktop, tablet or smartphone. Learn more and create your account at the link below.



**DenverHealthMedicalPlan.org**  
**Click on 'MEMBER LOGIN'**











**DENVER HEALTH  
MEDICAL PLAN** INC.<sup>TM</sup>

777 Bannock St., MC 6000  
Denver, CO 80204

**LARGE PRINT OR OTHER LANGUAGES:** If you have questions about this notice, we can help you for free. We can also give it to you in other formats like large print, audio or in other languages. Please call 303-602-2116, toll free 1-855-281-2418, or 711 for callers with speech or hearing needs.



## A MESSAGE FROM OUR CEO

Denver Health Medical Plan has released our Annual Report showing our previous year's financials. The 2021 Annual Report is available on our website at:

**[DenverHealthMedicalPlan.org/Denver-Health-Medical-Plan-Annual-Report](https://denverhealthmedicalplan.org/denver-health-medical-plan-annual-report)**

Denver Health Medical Plan is celebrating 25 years of operations! Having served as CEO of the health plan for 5+ years now, I have personally seen tremendous growth and improvement within our organization. Our mission continues to be the same: to provide affordable, high-quality healthcare coverage for all.

**GREG MCCARTHY**

Chief Executive Officer and Executive Director  
Denver Health Medical Plan, Inc.

