



ELEVATE
MEDICARE ADVANTAGE

Denver Health Medical Plan Inc.™

**2023 MEDICARE
ADVANTAGE PLAN
ELEVATE MEDICARE SELECT
(HMO)**



MEMBER QUICK REFERENCE GUIDE

TABLE OF CONTENTS

Welcome to Elevate Medicare Advantage	2
How to Access Care.....	6
Flexible Options for Same Day Care.....	8
Elevate Mind Mental Health Services.....	8
Flu Vaccine.....	9
Healthy Food Allowance.....	9
Annual Wellness Reward.....	10
Your Member Identification (ID) Card.....	12
Pharmacy Benefits.....	13
Over-the-Counter Mail Order.....	14
Important Plan Benefits.....	15
Prior Authorizations.....	15
Where to Locate Important Plan Information	16
Care Management.....	17
Grievance and Appeals.....	17
Health Plan Services.....	18
Important Contact Information.....	19

IMPORTANT NOTICE FOR YOUR 2023 PLAN YEAR

Elevate Medicare Advantage provides the following documents to you electronically for the 2023 plan year.

Evidence of Coverage (EOC):

DenverHealthMedicalPlan.org/Medicare-Select-EOC

Provider Directory:

DenverHealthMedicalPlan.org/Find-Doctor

Pharmacy Directory:

DenverHealthMedicalPlan.org/Medicare-Pharmacy-Directory

Part D Formulary:

DenverHealthMedicalPlan.org/Medicare-Select-Comprehensive-Formulary

WELCOME TO ELEVATE MEDICARE ADVANTAGE!

On behalf of Elevate Medicare Advantage, we would like to thank you for choosing us as your health insurance plan. There are many ways to elevate your health with benefits like healthy food, over-the-counter mail order, dental, vision, hearing, transportation and more. Use this guide to start your year off strong!



1 Schedule an appointment to establish care if you are new to the plan (see pages 6-7).

If you're not a new member, be sure to schedule your annual check-up or routine care visit with your Primary Care Provider (PCP).

Stay up-to-date on your preventive care:

- » Annual wellness check-up
- » Immunizations
- » Preventive screenings

PRO TIPS:

- When you visit your PCP for an annual check-up or routine care visit, it is a great time to also discuss chronic issues such as high blood pressure, diabetes, etc.
- Take advantage of our reward program for completing your visit! For more information, look at the section 'Reward Program' in this booklet or contact Health Plan Services.
- If you need help getting to your appointment, call to schedule a free round-trip ride as part of your benefits!

2 Set up your medications.

As an Elevate Medicare Advantage member, you have multiple ways to fill your medications. See the 'Pharmacy Benefit' section for more information.

- » Pharmacy by Mail
- » Home Delivery
- » 100-Day Supply
- » Vacation Supplies

PRO TIP:

- Ask your PCP for a 100-day supply; the cost may be less than getting a 30-day supply each month.

3 Schedule an appointment to see the dentist.

It is important to use your dental benefits because your oral health is connected to your overall health. Your dentist can spot early signs of heart disease, diabetes and other diseases. Making preventive dental care a priority by visiting your dentist twice per year can help you avoid painful and costly dental procedures in the future. For help finding an in-network dentist, call 1-800-610-0201 or visit [DeltaDentalCO.com](https://www.DeltaDentalCO.com) to find a dentist near you.

PRO TIP:

- Your dental benefit allows you to see any Delta Dental PPO provider; Delta Dental has many dentists/dental offices in your area. You can see any dentist within the network at any time.

4 Schedule an appointment to get an eye exam.

As part of your Elevate Medicare Advantage benefits, your 2023 plan benefit covers up to \$200 in eyewear per calendar year.

PRO TIPS:

- You can see any in-network 'EyeCare Specialties of Colorado' provider, call 303-802-4650.
- If you are diabetic, a diabetic eye exam is an important part of preventive care. The exam can:
 - » Detect eye damage before pain, visual blurring, or other symptoms occur.
 - » Identify eye disease early so effective treatment can begin.
 - » Identify physical changes that need to be addressed.

5 Schedule a ride for your medical visits.

If you need help getting to a doctor appointment or pharmacy, you can get unlimited free round-trip rides through your Elevate Medicare Advantage benefits. Call **Access2Care** at **1-877-692-5315**, from 6 a.m. to 9 p.m., seven days a week to schedule your ride today.

PRO TIP:

- Call at least 48 hours before your appointment.

6

Log in to our Member Portal.

Register for our member portal, your go-to resource for managing your health insurance plan at any time, any place. With it, you can access important information, member materials (including ID cards), communicate with your health plan, check a claim status and more – all right from your desktop, tablet or smartphone. Scan the QR code below to get started!

SIGN-UP TODAY:

Visit DenverHealthMedicalPlan.org and click on 'MyDHMP Portal' or download the 'MyDHMP' mobile app for iPhone and Android devices!



7

Log in to your Provider's Patient Portal.

Your provider network has a portal (such as MyChart) that allows you to connect with them. The portal gives you the option to refill a prescription, make an appointment, view lab results, message your doctor and more!

PRO TIP:

Download the app on your smartphone or tablet!

HOW TO ACCESS CARE

Our goal is for you to receive health care services when you need them. Below is an overview of the network providers in your plan. Visit [DenverHealthMedicalPlan.org/Find-Doctor](https://www.denverhealth.com/Find-Doctor) or call Health Plan Services at 1-877-956-2111 for help.

As a member, you can find provider information by reviewing the Provider Directory available online, or by calling Health Plan Services. Filter by provider: (1) Name, gender or location; (2) Network affiliation; (3) Specialty; (4) Languages spoken; and more.



SCLHealth.org

Call provider directly
or make an
appointment online.

**SCL Health's
Patient Portal:**

MyChart.SCLHealth.org/MyChart *

uchealth

UCHealth.org

Call the
Appointment Center:
720-848-0000

**UC Health's
Patient Portal:**

UCHealth.org/Access-My-Health-Connection *



**DENVER
HEALTH™**
— est. 1860 —

DenverHealth.org

Call the
Appointment Center:
303-436-4949

**Denver Health's
Patient Portal:**

MyChart.
DenverHealth.org *

** These patient portals give you access to your health records. You can easily message your provider, schedule an appointment, request prescription refills and more from your smart phone or computer.*



STRIDE
COMMUNITY HEALTH CENTER

StrideCHC.org

Call the
Appointment Center:
303-360-6276

**STRIDE's
Patient Portal:**

StrideCHC.org/Services/
Patient-Portal *



**National Jewish
Health®**

NationalJewish.org

Call the
Appointment Center:
1-877-225-5654

**National Jewish's
Patient Portal:**

My.NJHealth.org *

FLEXIBLE OPTIONS FOR SAME DAY CARE

When you need care, it is best to see your Primary Care Provider (PCP). But if you can't, your Elevate Medicare Advantage plan offers several flexible options to help you get needed care right away.



The NurseLine is here to help.

The NurseLine is available 24/7 to provide free care advice to see if you need to be seen right away by a doctor: **303-739-1261**.

DispatchHealth will come to you.

DispatchHealth makes urgent care house calls to the comfort of your own home – all for the same copay as an urgent care center. Visit **[DispatchHealth.com](https://www.dispatchhealth.com)** or call **303-500-1518**, 8 a.m. – 10 p.m., 365 days a year.

Visit an Urgent Care Center or Emergency Room.

You are covered at any urgent care center or emergency room in the U.S.

ELEVATE MIND MENTAL HEALTH SERVICES

Elevate Mind is a virtual mental health service available to you 24/7; no referral is necessary. This is an easy, fast option to get the mental health care you need. Simply visit **[ElevateMind.org](https://www.elevatemind.org)**, download the Elevate Mind mobile app or scan the QR code below, then select a provider to connect. Therapists are U.S. trained and board-certified; available by video or phone. Copays will apply.



FLU VACCINE

Thank you for getting your annual flu shot!

There is no cost to get a flu vaccine. You can visit any in-network provider or pharmacy, such as Walgreens, King Soopers or Target. Be sure to present your member ID card. If you have questions about how to get your annual flu vaccine, call Health Plan Services at 1-877-956-2111.

NEW! HEALTHY FOOD ALLOWANCE

Our new Healthy Food Allowance is an important benefit that is included with your Elevate Medicare Advantage plan. This benefit gives you an Elevate Medicare Advantage Visa® Prepaid Card for covered groceries at many grocery store retailers, like King Soopers. Fill your basket with healthy foods. You can buy a wide range of groceries like fruits, vegetables, meats, poultry, fish, eggs, cheese, milk, beans, bread, cereals, pasta and more! This Visa cannot be redeemed for cash.

**Visa Prepaid Card with a
\$75 quarterly allowance!***



To qualify, you must have one or more qualifying conditions. For more information or questions about qualifying conditions, visit [DenverHealthMedicalPlan.org/Elevate-Medicare-Healthy-Food-Visa-Prepaid-Card](https://www.denverhealthmedicalplan.org/Elevate-Medicare-Healthy-Food-Visa-Prepaid-Card) or call us at 1-877-956-2111. If you qualify, you'll simply go online to [MedicareWellnessRewards.com](https://www.MedicareWellnessRewards.com) once per quarter (starting January, April, July and October) to request your card.

When you submit for your reward, make sure you have the following information in hand:

- » Campaign Code: 23-86741
- » Your Elevate Medicare Select (HMO) Member ID (found on your ID card)

*This healthy food allowance benefit is part of special supplemental program for the chronically ill. Not all members qualify. Card is issued by Pathward, N.A., Member FDIC, pursuant to a license from Visa U.S.A. Inc. No cash access or recurring payments. Can be used at select merchants that accept Visa debit cards. Card valid for up to 4 months, funds do not expire and may be available after card expiration date, fees may apply. Terms and conditions apply.

ANNUAL WELLNESS REWARD

Get your Annual Wellness Visit. Get a \$30 Reward.

Getting your Medicare Wellness Rewards Prepaid Mastercard®* is easy! Complete an annual visit with your PCP and submit your request. This Mastercard cannot be redeemed for cash.

An Annual Wellness Visit is a check-up or routine care and is one of the most important ways you can stay on top of your health. It is a chance to learn about your current health, discuss any concerns and learn what preventive measures you can take to ensure your long-term well-being.

Complete your visit with an in-network provider by December 31, 2023, then visit **MedicareWellnessRewards.com** to request your card. When you submit for your reward, make sure you have the following information in hand:

- » Campaign code: 22-81982
- » Date you completed your annual wellness visit
- » Your Elevate Medicare Select (HMO) Member ID (found on your ID card)

Once you submit for your Medicare Wellness Reward, please allow 4-6 weeks to process your request. Our Health Plan Services is available to help you submit for your reward or provide you with any missing information in order to request your reward. We want to make this as easy as possible! If you need help, call us at 1-877-956-2111. TTY users call 711. Our hours of operation are 8 a.m. – 8 p.m., seven days a week.

* Limit 2 rewards per household. Reward offered for annual wellness visits completed between 01/01/2023 and 12/31/2023. Reward request must be submitted on or before 01/31/2024. Reward issued one time per screening, per calendar year.

* Reward provided on a Prepaid Mastercard. Card is issued by Pathward, N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Mastercard and the circles design are registered trademarks of Mastercard International Incorporated. No cash access or recurring payments. Can be used at select merchants where Debit Mastercard is accepted, see website below. Card valid for up to 12 months, funds do not expire and may be available after card expiration date, fees may apply. Card terms and conditions apply, see MyPrepaidCenter.com/page/WellnessRewards.

YOUR MEMBER IDENTIFICATION CARD

You will receive a Member Identification (ID) card upon enrollment. If you need a new ID card, you can request one in the member portal or call Health Plan Services.

Front of card

Your plan description — ELEVATE MEDICARE SELECT (HMO)

Your unique Member ID information — Card Issued:
• Member Name:
• Member ID #:
• Group Plan: 84131
• Group #:

Pharmacy information for your pharmacist — **MedImpact**
RxBIN: 015574
RxPCN: ASPROD1
RxGrp: DHM01
Rx ID #:

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Denver Health Medical Plan Inc.

MedicareRx
Prescription Drug Coverage X
CMS-H5608-002

Back of card

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

Dental Provider
Delta Dental/Auths:
1-800-610-0201
Group #: R0008-00001

NurseLine
303-739-1261

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 6300 • Columbia, MD 21045 • EDI Payer ID: 84-131

Important phone numbers for you and your doctor.

Get Your Free Denver Parks and Recreation Membership!

To get your membership, take your Member ID card and a photo ID to your local Denver Parks and Recreation Center. For a list of locations, visit [DenverHealthMedicalPlan.org/Current-Members/Elevate-Medicare-Advantage/Denver-Parks-Recreation-Membership](https://www.denverhealthmedicalplan.org/Current-Members/Elevate-Medicare-Advantage/Denver-Parks-Recreation-Membership).

PHARMACY BENEFITS

Pharmacy by Mail

Denver Health's (DH) Pharmacy by Mail is an easy and safe way to get your prescriptions delivered right to your mailbox. This is only available through DH pharmacies, and only if prescribed by a DH provider. Below are ways to sign up for Pharmacy by Mail:

- » Through MyChart
 - Online at MyChart.DenverHealth.org
 - MyChart app for smartphone
- » Call the pharmacy directly Monday – Friday, 8 a.m. – 5 p.m.: 303-436-4488
- » Ask your provider to set up your prescriptions to be filled at 'Pharmacy by Mail' during an in-person or telehealth appointment.

To learn more, visit: DenverHealthMedicalPlan.org/Denver-Health-Pharmacy-Mail

Home Delivery

If getting your prescriptions through the mail is not the best option, you can have them delivered to your front door at no cost to you! Call 303-436-4488 to set up home delivery. This is only available through DH pharmacies, and only if prescribed by a DH provider.

100 Day Supplies of Maintenance Medications

- » Most medications that you fill on a regular basis can now be filled for 100 day supplies, and there is no extra cost compared to 30 and 90 day supplies. Ask your health care provider or pharmacy about getting your medications filled for 100 day supplies. Note: controlled substances and specialty medications are not eligible for 100 day supplies.

Vacation Supplies

If it is too early to refill your medication and you will run out of medication while out of town, we have you covered! You can get extra supply covered by your Elevate Medicare Advantage plan.

- Call our Pharmacy team at 303-602-2070 at least one week before you leave and tell us you are going out of town and need more medication than usual.

Over-the-Counter (OTC) Mail Order

- » You are eligible for a \$75 quarterly allowance to be used toward the purchase of OTC health and wellness products available through our OTC mail order service. You can review the catalogue and form at DenverHealthMedicalPlan.org/Current-Members/Elevate-Medicare-Advantage/Medicare-Pharmacy/Over-Counter-Health-Wellness or scan the QR code above. To receive your product(s), mail or fax in your order form. If you need a copy of the catalogue, call 1-844-330-7780 to request one. TTY users call 711.
- » Your allowance is available at the beginning of each quarter of the plan year (January, April, July and October).
- » The unused quarterly allowance does not carry over to the next quarter.
- » No returns or exchanges.



If you have questions or concerns about the cost of medication or getting your prescribed medicine, please call us at 303-602-2070 so we can help!



IMPORTANT PLAN BENEFITS

- » Elevate Healthy Food: \$75 allowance per quarter*
- » Over-the-Counter Mail Order: \$75 allowance per quarter
- » Dental: Up to \$2,000 in comprehensive services with \$0 copay
- » Vision: Up to \$200 in eyewear every calendar year
- » Hearing aids: Up to \$1,500 in coverage every three years
- » \$0 annual Denver Parks and Recreation membership
- » Unlimited non-emergency medical transportation
- » \$0 Primary Care Provider (PCP) copays
- » \$25 specialist copays (copays waived if you qualify for the Qualified Medicare Beneficiary (QMB) program)
- » Low prescription copays
- » DispatchHealth (in-home urgent care, 8 a.m. – 10 p.m., 365 days a year)
- » 24/7 NurseLine to answer your medical questions

For more information on these benefits, refer to your Evidence of Coverage, or give us a call at 1-877-956-2111. TTY users call 711. Our hours of operation are 8 a.m. – 8 p.m., seven days a week.

* This healthy food allowance benefit is part of special supplemental program for the chronically ill. Not all members qualify.

PRIOR AUTHORIZATIONS

Some services you need may require a Prior Authorization (PA). Prior authorization (also called “preauthorization” and “precertification”) refers to a requirement by health plans for patients to obtain approval of a health care

service or medication before the care is provided. This allows the plan to decide whether care is medically necessary and otherwise covered. Most care within your contracted network is covered without a prior authorization. There are certain types of care that require an authorization even within your network such as Home Health, certain surgeries, etc. Please refer to the list at this link to see what requires authorization: [DenverHealthMedicalPlan.org/Services-Requiring-Prior-Authorization](https://www.denverhealthmedicalplan.org/Services-Requiring-Prior-Authorization). For questions regarding PAs, please call Health Plan Services at 1-877-956-2111. TTY users call 711. Our hours of operation are 8 a.m. – 8 p.m., seven days a week.

WHERE TO LOCATE IMPORTANT PLAN INFORMATION

The following resources are located online at [DenverHealthMedicalPlan.org/Current-Members/Elevate-Medicare-Advantage/Medicare-Select](https://www.denverhealthmedicalplan.org/Current-Members/Elevate-Medicare-Advantage/Medicare-Select):

- » Explanation of Coverage (EOC)
 - Covered benefits
 - Network, service, and benefit restrictions
 - Provider and PCP availability
 - Pharmacy management procedures
 - Utilization management (UM) procedures
- » Provider Directory
 - Network, service, and benefit restrictions
 - Provider and PCP availability
 - Utilization management (UM) procedures
- » Pharmacy Directory
 - A list of all our in-network pharmacies

Note: If you need a paper copy, please contact Health Plan Services at 1-877-956-2111 to request a copy of your plan information to be mailed to you.

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 Programs, we can:

- » Make doctor and specialty appointments
- » Make referrals to resources
- » Help with scheduling transportation for your medical 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 Programs are a no-cost service to all Elevate Medicare Advantage 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, please call 303-602-2184 or email referral to DHMPCC@dhha.org.

GRIEVANCE AND APPEALS

What is a grievance? A grievance is a complaint about the operation, activities, or behavior of our plan. This could include problems related to quality of care you receive, wait times, or our plan's benefits.

What is an appeal? An appeal is a type of complaint you make when you disagree with our decision to deny your request for health care services or payment for services you already received. You may also make a complaint if you disagree with a decision to stop services that you are receiving.

For more information about the grievance and appeals process and timelines, visit our website at: [DenverHealthMedicalPlan.org/Current-Members/Elevate-Medicare-Advantage/Medicare-Coverage-Decisions-Appeals-Grievances](https://denverhealthmedicalplan.org/Current-Members/Elevate-Medicare-Advantage/Medicare-Coverage-Decisions-Appeals-Grievances). If you'd like to file a grievance or appeal with Elevate Medicare Advantage, you may:

- » Call our Grievance and Appeals department at 303-602-2261. TTY users call 711. Our hours of operation are 8 a.m. – 5 p.m., Monday through Friday.
- » You may send a fax to 303-602-2078.
- » You may write to us at:
Denver Health Medical Plan, Inc.
Attn: Grievance and Appeals
777 Bannock St., MC 6000
Denver, CO 80204

HEALTH PLAN SERVICES

Health Plan Services is dedicated to helping you get the most out of your benefits. They are here to **listen to you**, help **answer any questions** you have, and help you **navigate your benefits**.

When you have a question about your Elevate Medicare Advantage plan or your benefits, call them. They are specially trained to help you!

Health Plan Services can assist you with things like:

- » Finding a **Primary Care Provider (PCP)** or **Specialist**
- » Knowing **where to get care** when you need to be seen right away
- » Understanding your **provider network** and **covered benefits**
- » Helping you **fill prescriptions**
- » Understanding the **cost of prescriptions**
- » Understanding **dental benefits** and how to schedule an appointment
- » Help **fill out forms** for benefits like Elevate Healthy Food, Annual Wellness Visit and Over-the-Counter orders
- » And more!

Call 1-877-956-2111 to talk with Health Plan Services.

IMPORTANT CONTACT INFORMATION

Contact	Phone Number
Health Plan Services	1-877-956-2111 (TTY 711)
Pharmacy	303-602-2070
Grievance and Appeals	303-602-2261
Care Management	303-602-2184
Access2Care	1-877-692-5315
DispatchHealth	303-500-1518
NurseLine	303-739-1261
EyeCare Specialties of Colorado	303-802-4650

IF YOU MOVE OR GET A NEW NUMBER

Our way of communicating with you is through mail and phone. We send important information about your plan and benefits to keep you updated and make sure you are safe and healthy.

Any time you move or change your number, please make sure to update Health Plan Services at 1-877-956-2111.

LANGUAGE ASSISTANCE

We are here to help all members regardless of any language barriers that may exist. We offer translation services, bilingual staff and interpretation professionals to help members get information about benefits, access to medical services and more. To request language services at any point during an interaction, contact Health Plan Services at 1-877-956-2111.

HOW ARE WE DOING?

Our loyal members, like you, are important to us and we value your opinion. Tell us about your latest experience or something you love about your medical plan.

Your feedback will help us continue to improve our health plans and help others like you find us and get the most out of their health benefits. Visit [DenverHealthMedicalPlan.org/Member-Reviews](https://www.denverhealth.com/Member-Reviews) or scan the QR code below.



SCAN ME



ELEVATE
MEDICARE ADVANTAGE

Denver Health Medical Plan Inc..

**Health insurance for the
community where we live.**

777 Bannock St., MC 6000
Denver, CO 80204

CONTACT US:



Health Plan Services: 303-602-2111

Toll-Free: 1-877-956-2111

TTY: 711

[DenverHealthMedicalPlan.org](https://www.DenverHealthMedicalPlan.org)



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