ANNUAL REPORT 2022

DENVER HEALTH MEDICAL PLAN INC.™

Health insurance for the community where we live.

2021 VS. 2022

DENVER HEALTH MEDICAL PLAN, INC.
STATUTORY STATEMENTS OF ADMITTED ASSETS, LIABILITIES AND SURPLUS
DECEMBER 31, 2022 AND 2021

ASSETS	2022	2021
Cash and Invested Assets		
Cash and investments		
Bonds	$ 52,878,402	$ 38,452,618
Cash, cash equivalents and short-term investments	12,202,716	8,287,145
Total cash and invested assets	65,081,118	46,739,763
Premiums due and unpaid	4,254,909	2,840,144
Accrued retrospective premiums	28,651,215	22,525,614
Reinsurance recoverable on paid losses	6,929,833	4,959,025
Amounts receivable relating to uninsured plans	1,951,766	104,414
Investment income receivable	464,998	293,301
Advance payments to affiliate	9,048,462	-
Health care and other amounts receivable	487,250	764,321
Total admitted assets	$ 116,869,551	$ 78,226,582

LIABILITIES AND SURPLUS	2022	2021
Liabilities		
Accounts payable	$ 3,008,235	$ 2,530,847
Claims payable, net of reinsurance (reported/unreported)	41,863,921	33,223,601
Payable to affiliate	4,450,471	2,052,165
Aggregate health policy reserves	28,939,104	-
Liability for amounts held under uninsured plans	-	959,293
Premiums received in advance	382,753	793,634
Ceded reinsurance premiums payable	50,000	57,990
Remittances and items not allocated	-	73,673
Unpaid claims adjustment expense	597,500	597,138
Aggregate write-ins for other liabilities	1,472,395	781,630
Total liabilities	80,764,379	41,069,971
Surplus		
Contributed surplus	5,605,855	5,605,855
Accumulated surplus	30,499,317	31,550,756
Total surplus	36,105,172	37,156,611
Total liabilities and surplus	$ 116,869,551	$ 78,226,582

2021 VS. 2022

DENVER HEALTH MEDICAL PLAN, INC.
STATUTORY STATEMENTS OF REVENUE AND EXPENSES
YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
NET PREMIUM REVENUE	$ 470,412,508	$ 472,302,736
Medical and Hospital		
Hospital/medical benefits	248,599,502	334,511,755
Other professional services	124,941	128,103
Outside referrals	120,953,571	57,914,547
Emergency room and out-of-areas	77,679,894	68,550,364
Prescription drugs	46,835,203	32,977,230
Aggregate write-ins for other hospital and medical	3,746,610	3,353,840
	497,939,721	497,435,839
Net reinsurance recoveries	(70,038,670)	(57,255,636)
Total medical and hospital	427,901,051	440,180,203
Claims Adjustment Expenses	9,952,610	8,992,470
General Administrative Expenses	34,759,126	33,880,451
Total underwriting deductions	472,612,787	483,053,124
Net underwriting loss	(2,200,279)	(10,750,388)
Investment Income Earned	1,184,989	1,206,730
Net Realized Capital Gain	8,297	68,410
Net investment income	1,193,286	1,275,140
Other Expenses	-	857,214
Net loss	$ (1,006,993)	$ (10,332,462)

2021 VS. 2022

DENVER HEALTH MEDICAL PLAN, INC.
STATUTORY STATEMENTS OF CHANGES IN SURPLUS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	CONTRIBUTED SURPLUS	ACCUMULATED SURPLUS	TOTAL SURPLUS
Balance, January 1, 2021	$ 1,493,712	$ 41,966,891	$ 43,460,603
Net loss	-	(10,332,462)	(10,332,462)
Change in net unrealized capital gains	-	90,512	90,512
Additional capital contribution	4,112,143	-	4,112,143
Change in nonadmitted assets	-	(174,185)	(174,185)
Balance, December 31, 2021	5,605,855	31,550,756	37,156,611
Net loss	-	(1,006,993)	(1,006,993)
Change in nonadmitted assets	-	(44,446)	(44,446)
Balance, December 31, 2022	$ 5,605,855	$ 30,499,317	$ 36,105,172

2021 VS. 2022

DENVER HEALTH MEDICAL PLAN, INC.
STATUTORY STATEMENTS OF CASH FLOWS
YEARS ENDED DECEMBER 31, 2022 AND 2021

	2022	2021
Cash From Operations		
Premiums and revenue collected, net of reinsurance	$ 491,475,984	$ 463,331,098
Benefits and loss related payments	(421,138,311)	(435,176,619)
General and claim adjustment expenses paid	(47,040,631)	(42,373,047)
Miscellaneous income (loss)	(9,066,819)	64,668
Net investment income	1,290,613	1,575,034
Net cash provided by (used in) operations	15,520,836	(12,578,866)
Cash From Investments		
Proceeds from investments sold, matured or repaid – bonds	5,817,346	18,969,144
Proceeds from investments sold, matured or repaid – mutual funds	-	10,024,909
Cost of investments acquired – mutual funds	-	(19,916)
Cost of investments acquired – bonds	(20,512,150)	(12,775,525)
Net cash provided by (used in) investments	(14,694,804)	16,198,612
Cash From Financing and Miscellaneous Sources		
Other cash applied	3,089,543	837,525
Capital contribution	-	4,112,143
Payments to affiliates	-	(261,741)
Net cash provided by financing and miscellaneous sources	3,089,543	4,687,927
Change in Cash, Cash Equivalents and Short-term Investments	3,915,575	8,307,673
Cash, Cash Equivalents and Short-term Investments, Beginning of Year	8,287,145	(20,528)
Cash, Cash Equivalents and Short-term Investments, End of Year	$ 12,202,716	$ 8,287,145

MEMBER RIGHTS

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.
- Receive medical/behavioral health care that is based on objective scientific evidence and human relationships. A partnership based on trust, respect, and cooperation among the provider, the staff and the member 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 within the network of providers, to contact your primary care provider whenever a health problem is of concern to you and arrange for a second opinion 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.
- Ask for a second opinion, at no cost to you.
- Know the names and titles of the doctors, nurses, and other persons who provide care or services for the member.
- A candid discussion with your provider about appropriate or medically necessary treatment options for your condition regardless of cost or benefit coverage.
- A right to 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 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 service.
- Learn more about your primary care provider and his/her qualifications, such as medical school attended or residency, go to www.denverhealthmedicalplan.org and click on Find a Doctor/Provider for our web based provider directory or call Health Plan Services at 303-602-2100.
- 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 your providers about your wishes related to advance directives (such issues as durable power of attorney, living will or organ donation).
- Receive care at any time, 24 hours a day, 7 days a week, for emergency conditions and care within 24 hours for urgent conditions.
- Have interpreter services if you need them when getting your health care.
- Change enrollment during the times when rules and regulations allow you to make this choice.
- 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 the Plan cannot be changed after prior authorization or retrospectively denied except for fraud, abuse or change in eligibility status at the time of service.
- Receive a standing referral, from a primary care provider to see a DHMP network specialty treatment center, for an illness or injury that requires ongoing care.
- Make recommendations regarding DHMP's Members' Rights and Responsibilities' policies.
- Voice a complaint about or appeal a decision concerning the DHMP organization or the care provided and receive a reply according to the grievance/appeal process.

MEMBER RESPONSIBILITIES

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, to be on time, call if you will be late or must cancel an appointment, and to have your DHMP identification card available at the time of service and pay for any charges for non-covered benefits.
- Report your symptoms and problems to your primary care provider and to ask questions, and take part in your health care.
- Learn about any procedure or treatment and to think about it before it is done.
- Think about the outcomes of refusing treatment that your primary care provider suggests.
- Get a referral from your primary care provider before you see a specialist.
- 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 your complaints and concerns in a civil and appropriate way.
- Learn and know about plan benefits (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.

MEET OUR TEAM

EXECUTIVE STAFF

GREG MCCARTHY
CHIEF EXECUTIVE OFFICER
AND EXECUTIVE DIRECTOR

CHRISTINE MESSERSMITH, MD
MEDICAL DIRECTOR

JOSEPH CALDWELL
CHIEF FINANCIAL OFFICER

MICHAEL WAGNER
CHIEF ADMINISTRATIVE OFFICER

DONNA LYNNE, DrPH
CHIEF EXECUTIVE OFFICER
OF DENVER HEALTH &
HOSPITAL AUTHORITY

ENID WADE
GENERAL COUNSEL

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ELAM FLOYD & ASSOCIATES

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SIMON HAMBIDGE, MD
CHIEF AMBULATORY OFFICER AT
DENVER HEALTH &
HOSPITAL AUTHORITY

TREASURER
(TO BE DETERMINED)
CHIEF FINANCIAL OFFICER AT
DENVER HEALTH &
HOSPITAL AUTHORITY

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CONTACT US

777 BANNOCK ST., MC 6000
DENVER, CO 80204
303-602 2100 | 800-700-8140
DENVERHEALTHMEDICALPLAN.ORG