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MEMBER NEWSLETTER //
2024 IMPORTANT INFORMATION



DENVER HEALTH
MEDICAL PLAN INC.™



**Coming later this year!
Get health support at
your fingertips.**



What is the Wellframe app?

The Wellframe app for your smartphone or tablet connects you to your Care Management (CM) team at Denver Health Medical Plan. Whenever you have a question about your health, use the app to send a message to your CM team. The app turns your CM team's instructions into an easy health checklist. You'll know what to do each day and your CM team will be there to help along the way.

This free app can help you:

- ✓ Send secure messages about your health to your CM team at DHMP
- ✓ View and modify enrolled care programs, medication, and health reminders
- ✓ Track your blood pressure, weight, physical activity, and more - all in one place
- ✓ Read helpful articles about your condition(s)

MENTAL AND BEHAVIORAL HEALTH SERVICES ARE A COVERED BENEFIT

DHMP members can use health plan benefits for mental health, behavioral health and substance use disorder services and treatment – in person or virtually. To learn about your benefits and cost sharing, refer to your Member Handbook (Evidence of Coverage) or call Health Plan Services at the phone number listed on the back of your Member ID Card. It's always confidential.

Visit **DenverHealthMedicalPlan.org** for more information.



Quick Tip: Telehealth services are a covered benefit. Telehealth can be used for many services like PCP visits, some specialist visits, behavioral health services and more. Telehealth copays and cost-sharing work just like an in-person visit to your provider. There is no additional fee to use telehealth services.

Share the health!

**DID
YOU
KNOW?**

It's open enrollment! Tell your family and friends – now is the time to enroll in a health insurance plan for 2025. We can help them get the coverage they need. Scan the QR Codes below to learn more!



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



Medicare Annual Enrollment Period runs from **October 15, 2024** to **December 7, 2024**.

To learn more or enroll, call 303-602-2451 or visit DHMP.info/Medicare.

Current members may call Health Plan Services at 303-602-2111.



**ELEVATE
HEALTH PLANS**
Denver Health Medical Plan Inc..



Open Enrollment for individual and family coverage, including CO Option plans, runs from **November 1, 2024** to **January 15, 2025***.

To learn more or enroll, call 303-602-2451 or visit DHMP.info/Exchange.

**Dates are decided by the Division of Insurance (DOI) and may change.*

Visit **DenverHealthMedicalPlan.org** for more info.

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.
 - Note: You may change your PCP at any time. The change will be effective immediately when you make an appointment with a new provider. You do not need to notify DHMP.
- » 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 their qualifications, such as medical school attended or residency. Go to **[DenverHealthMedicalPlan.org/Find-Doctor](https://denverhealthmedicalplan.org/Find-Doctor)** for our web-based directories, or call Health Plan Services.

IMPORTANT PLAN INFORMATION



- » 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.
- » 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 you need them to get 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.

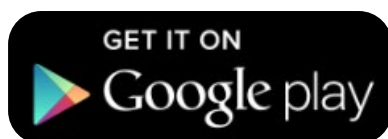
MEMBERS HAVE A RESPONSIBILITY TO:

- » 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. 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.

DOWNLOAD OUR 'MYDHMP' MEMBER PORTAL MOBILE APP!

Have you registered for our 'MyDHMP' member portal? If not, do so now and download the mobile app! It's your one-stop resource for managing your health insurance anytime, anywhere. With the App, you will be able to access important plan info. You can access member materials, including ID Cards and claims, check your health care bill status and more. Do all this from your tablet or smartphone and communicate directly with us!

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



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

NOTICE ABOUT ELEVATE MEDICARE ADVANTAGE MEMBER ID CARDS:

Elevate Medicare Advantage members will not be receiving a new Member ID Card for the 2025 plan year. Please keep your current plan year Member ID Card and continue to use that as your proof of health insurance. If you lost, damaged or misplaced your current year Member ID Card and need a new one mailed to you, please call Health Plan Services at **303-602-2111** or log in to the **MyDHMP Member Portal** to request a new one.





MEDICAID CHOICE MEMBERS: 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, as well as pregnant women. 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 or scheduling an appointment, you or your doctor may call Health Plan Services at **303- 602-2116**. If you have questions about transportation to and from an appointment, you can call Intelliride at **855-489-4999**. For more information about the American Academy of Pediatrics (AAP) Preventive Care Recommendations please visit:

downloads.aap.org/AAP/PDF/periodicity_schedule.pdf.

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



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**, download the free app or call **303-500-1518**. Refer to your plan coverage for cost sharing details.



VISIT AN URGENT CARE CENTER.

Denver Health offers multiple Urgent Care centers. There are separate Pediatric (open 24/7 at 777 Bannock St.) and Adult (open daily, 7 a.m. to 8 p.m. at 660 Bannock St.) Urgent Care centers on its Main Campus, 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 daily, 7 a.m. to 7 p.m.). In addition, virtual Urgent Care is now available for Denver Health MyChart users. Refer to your plan coverage for cost sharing details.

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. Refer to your plan coverage for cost sharing details.

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?

Depending upon your plan, your pharmacy benefits may be updated over the course of the year. To see what's changed, visit **DenverHealthMedicalPlan.org**. Hover over *Members*, navigate to your plan's page, then click *Pharmacy* under "Member Resources." There you will find documents that provide 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 Exchange, CO Option or Employer Group plans), *Formulary/Drug List* (for Medicaid Choice and CHP+) or *Drug List* (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

\$25 REWARD: COMPLETE A HEALTH RISK ASSESSMENT



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

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

We want 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 a 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. They 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. 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.

Completion of a health survey will qualify Elevate Medicare Choice (HMO D-SNP) members for the \$25 reward. Upon completion of the survey, the reward will be added to your FlexCard for purchase of qualifying healthy food at approved stores. For more information or questions, call our Care Management Department at **303-602-2184** or visit **DenverHealthMedicalPlan.org**.

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. We will compare this work to our goals. We will learn how we can do better. Each year, we look at data on how we handle members' care. Then we 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

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

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

TRANSITION OF CARE

You or your dependent is seeing a pediatrician and are ready to change to a General or Family provider. There are three ways to get help.

- » Call the Denver Health Appointment Center at **303-436-4949** to get help finding a new provider.
- » Make 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 visits
- » Make referrals to community resources
- » Help with transportation for your doctor's visits
- » Work with your care team on services you may need at home
- » Give info 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 info or to refer, call **303-602-2184**.

COMMUNICATION SERVICES & ACCESS TO STAFF

DHMP gives access to staff for members and practitioners seeking info about Utilization Management (UM). Staff are available at least eight hours a day during normal business hours for collect or free calls. After hours, you can fax info and staff will reply in the next business day. Staff are identified by name, title and organization name when they make a call. TTY services and language help 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. When you decide to file a grievance or an appeal, your request must be received by DHMP in the prescribed time period. When you miss a deadline, we may decline to review it. Info 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 info or help with filing a grievance or appeal at **303-602-2261**. When DHMP has made a final decision on your appeal, you may also call for info regarding further appeals by an external agency.

DHMP'S AFFIRMATIVE STATEMENT ABOUT UTILIZATION DECISIONS

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.

BENEFIT MAXIMUMS

When you 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. Benefits such as outpatient therapy visits, durable medical equipment or chiropractic.

ANNUAL REPORT

Now is the time when we release our Annual Report showing our previous year's financials. The 2023 Annual Report is available on our website at the link below, or you can scan the QR code to the right: **DHMP.info/AnnualReport2023**



SCAN ME



**DENVER HEALTH
MEDICAL PLAN** INC.TM

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.

Elevate Medicare Advantage is a Medicare-approved HMO plan. Enrollment in Elevate Medicare Advantage depends on contract renewal. The Plan also has a written agreement with the Colorado Medicaid Program to coordinate your Medicaid benefits.
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IT'S TIME!



**A MESSAGE
FROM OUR CEO**

As we enter fall and winter months, flu and COVID-19 vaccines are a very important way to protect yourself and your community. These vaccines are a covered benefit for all of our health insurance plans. When you have questions about where to get the vaccines, talk to your Primary Care Provider (PCP) or call Health Plan Services at the phone number located on the back side of your Member ID Card.

With the 2024 year coming to a close, I hope you and your family enjoy a safe and happy holiday season.

GREG MCCARTHY

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

