



Member Advisory Committee: Focus Group Discussion of Member Materials



Presentation will
start at 9:15 a.m.




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Thank you for joining us today for our
quarterly Member Advisory
Committee meeting. Our topic today
will center on an open focus group
discussion of several member
materials that we'd like to get your
feedback on.

Check-In Information


Please provide your name to staff at the check-in
table if you've haven't already.

Denver Health Plan(s) you are enrolled in:



Agenda

- Review the following member materials:
 - Elevate Medicare Advantage "Integrated Denial Notice"
letter
 - Elevate Medicaid "Adverse Benefit Determination"
letter
 - Elevate Medicaid "Quick Reference Guide"



Integrated Denial Letter (IDN)

- The Integrated Denial Notice is a notice of denial of medical coverage (or payment).
- We are required to send it upon denial, in whole or in part, of a member's request for payment or coverage for service(s).
- Includes a member's appeal rights.
 - Appeal: A request made to the Plan when a member wants to ask for a reconsideration because they believe they are entitled to.



Adverse Benefit Determination (ABD) letter

- The Adverse Benefit Determination is a notice of denial of medical coverage (or payment).
- We are required to send it upon denial, in whole or in part, of a member's request for payment or coverage for service(s).
- Includes a member's appeal rights.
 - Appeal: An appeal is a request that you can make to review an Adverse Benefit Determination taken by the Plan.



Quick Reference Guide (QRG)

- The Quick Reference Guide (QRG) is an introduction to the Plan.
- We send this to new members to help explain benefits of the plan.
- Includes:
 - Key phone numbers
 - How to get connected to care (appointments, pharmacy)
 - Links to helpful tools
- Available on the website



Review Sample Member Materials



What to Consider When Reviewing

- Is the document easy to understand?
 - What did the letter say?
 - What do you need to do with the letter?
 - Do you know who to contact for help or questions?
 - Are the words too big or hard to understand?



Important Eligibility and Plan Information



Eligibility

Medicare

- You will remain enrolled in your Medicare Plan unless you make a choice to change (and have an available election period).
- For example: During Open Enrollment (October 15 – December 7), you can make a change for January 1.

Medicaid

- You must complete a redetermination every year on your renewal month (the month you applied).
- You may be required to provide new supporting documents (like bank statements), to re-qualify.
- Renewals were on pause because of COVID but were required again starting in April 2023.
- In some cases, if you have Medicare and Medicaid and you do not renew your Medicaid or no longer qualify, you may also be disenrolled by your Medicare Plan.



Elevate Medicare Advantage Benefits

Elevate Medicare Choice (HMO D-SNP)

Must have Medicare and Medicaid or QMB Status

- Up to \$5,000 in annual dental coverage through Delta Dental
- \$0 unlimited non-emergent rides to medical visits through Access2Care
- Up to \$260 in prescription eyewear/glasses
- \$0 Primary care and specialty care visits
- \$0 prescription drugs
- Up to \$520 every quarter in Over-the-Counter and Healthy Food* allowance
- Up to \$1,500 in hearing aids every 3 years

Elevate Medicare Select (HMO)

- Up to \$3,000 in annual dental coverage through Delta Dental
- \$0 unlimited non-emergent rides to medical visits through Access2Care
- Up to \$380 in prescription eyewear/glasses
- \$0 Primary care visits
- \$25 Specialty care visits
- Low copays for prescriptions
- Up to \$150 per quarter in Over-the-Counter and Healthy Food* allowance
- Up to \$1,500 in hearing aids every 3 years



*The healthy food allowance is a special benefit for the chronically ill. Not all members qualify.

Elevate Medicaid Choice Benefits

- No copays for covered appointments and prescriptions
- Dental benefits
- NEMT (Non-Emergent Medical Transportation)
- Vision
- PCP and Specialty visits
- Behavioral Health and Substance Use Disorder (SUD)
- Pharmacy



Important Phone Numbers

Contact	Number
Denver Health Appointment Center	303-436-4949
DHMP Pharmacy Department	303-602-2070
Denver Health Pharmacy	303-436-4488
DHMP Health Plan Services for Medicare	1-877-956-2111 TTY 711
DHMP Health Plan Services for Medicaid	1-855-281-2418 TTY 711
Denver Health Nurse Line	303-739-1261



Important Phone Numbers
(cont)

Contact	Number
DentaQuest (Medicaid dental coverage)	855-225-1729
Colorado Medical Assistance Program (CMAP)	800-359-1991
TransDev (Non-Emergent Medical Transportation for Medicaid members)	855-489-4999
DHMP Medicaid Email	membercommunicationforum@dhha.org
DHMP Care Management	303-602-2184
Colorado Access (Behavioral Health for Medicaid members)	800-511-5010



Questions?

We provided you with a short survey, please take a few minutes to fill it out. Your feedback is important to us and helps us improve our benefits, service and experience of our members.



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.
