

**H5608 Denver Medical Health Plan, Inc.
Dual Eligible (All Dual) Special Needs Plan**

Model of Care Score: 100.00%

3-Year Approval

January 1, 2015 to December 31, 2017

Target Population

Denver Medical Health Plan (DMHP) serves as a dual-eligible SNP and the safety net hospital system for the City and County of Denver. According to data collected from the 2012 Medicare Health Outcome Survey (HOS), Caucasian members make up 45 percent of DMHP while Black and African American members comprise 24 percent. When asked to rate their health status, 59 percent responded fair or poor, and 41 percent of members rated their physical health as slightly or much worse compared to a year ago. HOS results showed 53 percent of DMHP members had a positive screen for depression and 49 percent of members had four or more chronic conditions. The average age of DMHP's member population is 64.5 years old. Based on a review of 2013 DMHP population data, there is a high percentage of members who speak Spanish, lack sufficient transportation, have poor health literacy and have limited caregiver or spousal support.

Provider Network

The primary network for DMHP members is the Denver Health & Hospital Authority (DHHA) system which includes the Denver Health Medical Center and eight federally qualified health centers (FQHCs). FQHC staff includes an integrated behavioral health clinician and an integrated care psychiatrist. All members have access to a telephonic depression/anxiety program either through their primary care physician (PCP) or self-referral. PCPs receive regular feedback on their patient's progress. The FQHCs have RNs, clinical social workers, medical assistants, patient navigators and some have clinical pharmacists. Elderly members with complex conditions are referred to the Denver Health Geriatric Clinic, which includes two geriatricians, a geriatric social worker, a clinical psychologist and a pharmacist.

DMHP employs specialists in areas of gynecology, behavioral health, physical medicine and rehabilitation, anesthesiology, dentistry, podiatry and oral maxillofacial surgery. It also has an acute care facility, laboratory, imaging department, rehabilitation facility and outpatient clinics. DMHP uses specialists at the University of Colorado Hospital for tertiary care referrals. DMHP has an Adult Wheelchair Clinic and a Suboxone Clinic for prescription pain medication addiction treatment. Additionally, DMHP coordinates care for members receiving hospice care between their Medicare and Medicaid benefits.

DMHP has a new intensive outpatient clinic (IOC) to help high-risk members access medical care and manage chronic health conditions. The IOC team consists of a variety of disciplines including medical providers/physicians, nursing, social work, psychology, substance abuse/addictions specialists and patient navigators.

Care Management and Coordination

DMHP uses a standardized tool for initial and annual health risk assessments (HRA), which include a medical and mental health history. The HRA assesses the medical, psychological, cognitive and functional needs of members. Members complete an initial HRA within 90 days of enrollment and complete an annual HRA within one year of the previous HRA.

DMHP staff address HRA results with the member's PCP and stratify members into different risk levels. Members' interactions and discussions with DMHP staff can contribute to the development of the care plan and potential interventions. Individualized care plans (ICP) are developed for each member.

All members are referred to a registered nurse (RN) in the Complex Case Management Program for further clinical review. The RN completes a review for all members annually or more often. The RN documents a clinical overview and recommendations, which the interdisciplinary care team (ICT) reviews. At ICT meetings, the medical director, complex case managers, pharmacists and health coaches review HRA data and the summary of the most recent PCP visit to make recommendations for the ICP. HRA and clinical data help identify high risk members who need a referral to complex case management. All SNP members receive a clinical review, ICP and ICT meeting.

This MOC summary is intended to provide a broad overview of the SNP's MOC. Although the full extent of any MOC cannot be conveyed in a short summary, this summary provides the reader with a general overview of how the SNP addresses beneficiary needs.

For more information about this health plan refer to the Special Needs Plan's website at: <http://www.denverhealthmedicalplan.org/>.