CONNECT for HEALTH COLORADO

QUALITY OVERVIEW

Elevate by Denver Health Medical Plan

ELEVATE BY DENVER HEALTH MEDICAL PLAN

Denver Health Medical Plan (DHMP) is a local, not-for-profit company that has been committed to providing quality and affordable health insurance in the Denver community for almost 20 years. Elevate Health Plans are individual products offered by DHMP to help you protect your health and the health of your family. All Elevate providers hold faculty appointments at the University of Colorado School of Medicine and more than 85% are board certified in their field. As a health insurance carrier, we take your health personally. Our mission is to partner with our members to promote wellness while at the same time preventing disease. Our health coaches and case managers tailor their services to suit each of our member's personal health care needs.

Company Statistics

Founded In: 1997

Website: **www.ElevateHealthPlans.org**

Coverage Area:
Denver, Adams, Arapahoe, and Jefferson counties .

Colorado Membership (2017):
Individual Market Membership: 250
Small Group Market Membership: Pending

Network Summary:
In 2017, Elevate by Denver Health Medical Plan, offers two network options. First, our more affordable plans have a narrow network which includes Denver Health providers and facilities, the Metro Community Provider Network, Clinica Family Health, and Salud Family Health Centers. Second, Elevate has two HighPoint plans that offer a broader network.

OVERALL RATING : 3.0

COMPANY AT A GLANCE

- Elevate offers quality health insurance at an affordable price.
- We take your health personally — one-on-one health coaching and other programs are in place to help members reach their health and fitness goals.
- Elevate is a local, nonprofit company. Our call center is in the heart of Denver and is staffed with local people. This allows us to provide personalized customer service.

Accreditation – Exchange Product

Accrediting Organization: NCQA Health Plan Accreditation (Marketplace HMO)

Accreditation Status: Accredited*

Excellent: Organization's programs for service and clinical quality meet or exceed rigorous requirements for consumer protection and quality improvement. HEDIS® results are in the highest range of national performance.

Commendable: Organization has well-established programs for service and clinical quality that meet rigorous requirements for consumer protection and quality improvement.

Accredited: Organization's programs for service and clinical quality meet basic requirements for consumer protection and quality improvement. Organizations with this status may not have had their HEDIS/CAHPS results evaluated.

** Note: "Accredited" is the best possible status for Marketplace plans.*

Health Plan Measurements

CONSUMER COMPLAINTS

How Often Do Members Complain About This Company?

Why do Consumers Complain?

Consumers complain most often about things such as claims handling (i.e. delay of payment, denial of claim); cancellation of policy because of underwriting (pre Accountable Care Act); refund of premium; or coverage of a particular item or service. In a "confirmed complaint" the consumer prevailed, in whole or in part, against the company.

Consumer Complaint Index

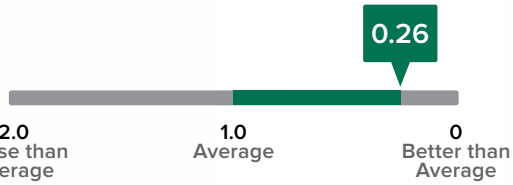
This score shows how often health plan members complain about their company, as compared to other companies adjusting for the size of the company. 1.0 is the average, so an index lower than 1.0 indicates that fewer people complained about this company than similar sized companies.

CONFIRMED COMPLAINTS

Confirmed Complaints: **3**

Total Market Share (2016): **1.04%**

CONSUMER COMPLAINT INDEX



Complaints are measured across the entire membership in that line of business for the carrier, including all group sizes.
Percentage of Total Market Share is based on all medical and dental carriers.
Source: *2016 Colorado DORA Division of Insurance Online Complaint Report*

Quality Ratings* (for NCQA-Accredited Plans Only)

Star ratings provide a view of plan performance in four categories. Star ratings are determined by NCQA to provide an overall performance assessment in each area.

ACCESS AND SERVICE

NCQA evaluates how well the health plan provides its members with access to needed care and with good customer service. For example: Are there enough primary care doctors and specialists to serve the number of people in the plan? Do patients report problems getting needed care?

QUALIFIED PROVIDERS

NCQA evaluates health plan activities that ensure each doctor is licensed and trained to practice medicine and that the health plan's members are happy with their doctors. For example: Does the health plan check whether physicians have had sanctions or lawsuits against them? How do health plan members rate their personal doctors or nurses?

STAYING HEALTHY

NCQA evaluates health plan activities that help people maintain good health and avoid illness. For example: Does the health plan give its doctors guidelines about how to provide appropriate preventive health services? Are members receiving tests and screenings as appropriate?

GETTING BETTER

NCQA evaluates health plan activities that help people recover from illness. For example: How does the health plan evaluate new medical procedures, drugs and devices to ensure that patients have access to the most up-to-date care? Do doctors in the health plan advise smokers to quit?

LIVING WITH ILLNESS

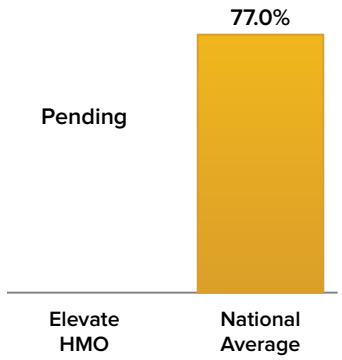
NCQA evaluates health plan activities that help people manage chronic illness. For example: Does the plan have programs in place to assist patients in managing chronic conditions like asthma? Do diabetics, who are at risk for blindness, receive eye exams as needed?

** Note: Ratings on this page and the following pages reflect quality results from the carrier's commercial products. Results from the Marketplace product(s) are not available in 2016.*

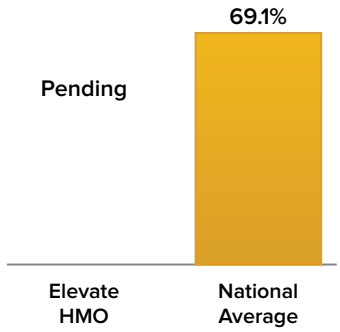
Quality Ratings (QHP Enrollee Survey)

QHP ENROLLEE SURVEY: A set of standardized surveys that measure patient satisfaction with the experience of care. The Qualified Health Plan Enrollee Experience Survey is sponsored by the Centers for Medicare & Medicaid Services.

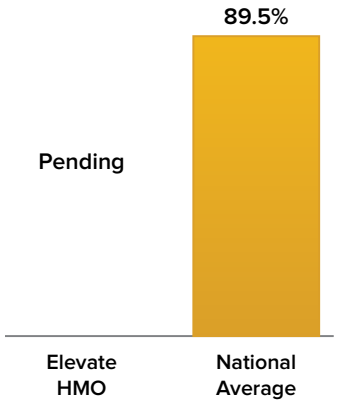
GETTING CARE QUICKLY (COMPOSITE)



GETTING INFORMATION IN A NEEDED LANGUAGE OR FORMAT (COMPOSITE)

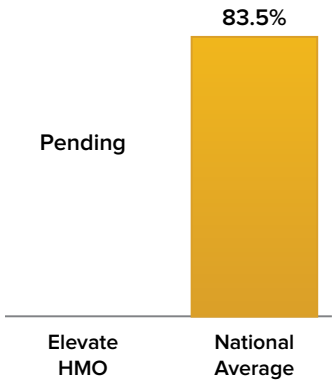


HOW WELL DOCTORS COMMUNICATE (COMPOSITE)



HOW WELL DOCTORS COORDINATE CARE AND KEEP PATIENTS INFORMED

Learn More



Section 1311(c)(4) of the Affordable Care Act (ACA) (42 U.S.C. 13031) directs the Secretary of the U.S. Department of Health and Human Services (HHS) to establish an enrollee satisfaction survey system with the purpose of evaluating enrollee experiences with Qualified Health Plans (QHPs) offered through the Health Insurance Marketplaces (HIMs) and the Small Business Health Options Program (SHOP). The Centers for Medicare & Medicaid Services (CMS) has developed the Qualified Health Plan Enrollee Experience Survey (QHP Enrollee Survey) to collect data

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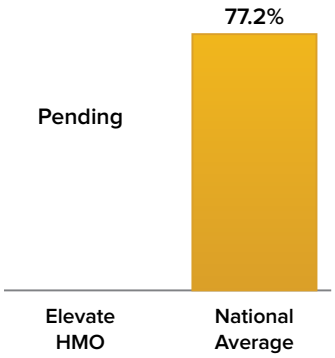
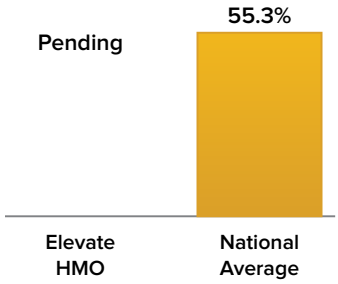
HEALTH PLAN CUSTOMER SERVICE (COMPOSITE)

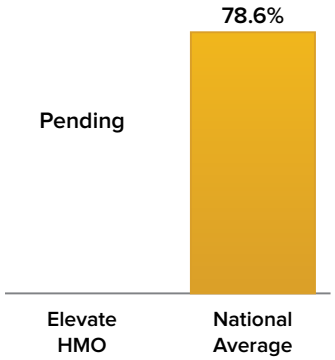


GETTING INFORMATION ABOUT THE HEALTH PLAN AND COSTS OF CARE

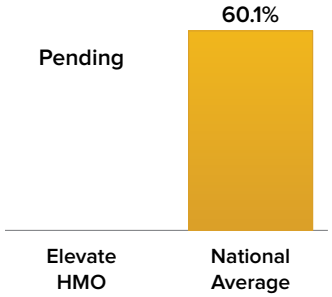


ENROLLEE EXPERIENCE WITH COST (COMPOSITE)

Learn More



SINGLE ITEM MEASURES (COMPOSITE)



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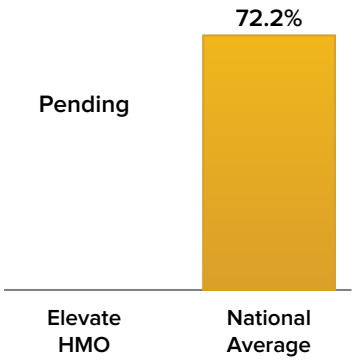
OVERALL RATINGS (COMPOSITE)

Learn More



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How is This Plan Different or Unique from Other Plans?

Answers to the following questions were supplied by the company.

HOW THE HEALTH PLAN WORKS TO MAKE ITS MEMBERS HEALTHIER :

Elevate offers health and wellness seminars for all membership, targeting education and skill development in health self-management at no cost to members. Topics in the STRONG body STRONG mind series include:

- Heart Failure
- Diabetes control
- Asthma/COPD
- Smoking cessation
- Depression
- Weight management
- Pain management

Monthly classes combining informational wellness talks with exercise are offered to all Elevate members. Topics include healthy eating; how to manage stress; community resources; medications; healthy living and achieving better sleep.

Elevate offers one-on-one telephonic health coaching to members who would like help managing chronic conditions and illnesses: diabetes, heart failure, depression, congestive heart failure, asthma, pain and weight management. A pre-diabetes program is offered to members who may be overweight or obese and would like to work towards preventing diabetes.

HOW THE HEALTH PLAN WORKS WITH PROVIDERS IN INNOVATIVE WAYS :

Our main provider network is Denver Health. The Plan collaborates with Denver Health on quality initiatives through the Quality Improvement and Design Committee, disease and prevention specific work groups and the patient experience work group. This partnership allows us to actively work together to increase the health and well-being of our members.

Members in all Elevate plans are encouraged to have a medical home. A patient centered medical home is responsible for care coordination and provides health maintenance preventive care, anticipatory guidance and health education, acute and chronic illness care, with coordination of medications, specialists and treatment planning. It is a patient-centric care model, encouraging the member to be a partner in their health care decision-making.

The Plan's Medical Management department has health coaches, behavioral health clinicians, case managers, patient navigators and pharmacy-specific case managers who collaborate with providers to assist members in achieving health behavior changes. Gaps in care of health tests and preventive care services are identified to assist the provider in delivering effective care to members.

Randomized provider and clinician CAHPS surveys are done at ACS clinics to measure patient satisfaction with their provider and care. Information is monitored monthly for analysis and action planning, targeting identification of best practices within clinics.

How is This Plan Different or Unique from Other Plans? (Continued)

Answers to the following questions were supplied by the company.

EXAMPLES OF INNOVATIVE APPROACHES TO HEALTH IN THIS HEALTH PLAN :

Elevate Health Plan:

- Increased member outreach to encourage preventive health screenings and to support members with chronic disease conditions, such as diabetes
- Utilized innovative technology interventions (text messaging and IVR) to promote member/patient self-management of health care conditions
- Implemented incentives for members to engage in evidence-based prenatal and postpartum care
- Increased collaboration with DH School Based Health Centers (SCHCs) to increase number of well child visits and immunizations through use of incentives
- Implemented enhanced patient education materials, focused on health literacy and cultural competency
- Collaborated with patient experience workgroup on increasing provider participation with patients in shared decision making and increased understanding of treatment options
- Led culturally linguistic appropriate services (CLAS) workgroup to identify opportunities to work with community partner agencies to address health disparities

UNIQUE OFFERINGS AND PROGRAMS :

- Moms-To-Be Program: This program offers incentives to pregnant women as they receive prenatal care during pregnancy. These incentives are meant to promote health and wellness for both mom and baby and include two months of diapers, an umbrella stroller, and a car seat. Elevate understands how expensive babies are and we want to help new moms to care for their baby and keep them safe.
- Baby's-First-Year Program: Preventive care is especially important during a child's first year of life. This is when vaccinations are given and early growth patterns can be monitored. This program encourages timely health care by offering incentives such as a baby monitor, diapers and a play gym.
- STRONG body STRONG mind: An extensive health and wellness program that includes classes on general health topics such as living with chronic diseases. In addition, we offer Cooking Matters, a hands-on healthy cooking class and a food shopping class — learn how to buy and cook healthy foods on a budget. Our STRONG body STRONG mind program also offers Learn & Burn – Low-intensity exercises and a 30-minute wellness talk.
- Health Coaching: One-on-one health coaching for members to achieve health-related goals like smoking cessation and weight loss.
- Healthy Heroes: Elevate promotes health and wellness awareness in young people with age appropriate Health Tips and activity sheets mailed directly to your child on a monthly basis.
- Member Newsletters: Elevate members receive newsletters throughout the year. Each newsletter contains important information such as benefit updates, upcoming health events, health tips and other helpful wellness information.

How is This Plan Different or Unique from Other Plans? (Continued)

Answers to the following questions were supplied by the company.

AWARDS AND RECOGNITION :

- Denver Health Medical Plan, including Elevate, has recently been awarded NCQA accreditation.
- Denver Health Medical Plan, including Elevate, is an accredited member in good standing with an A+ rating through the Better Business Bureau.
- Denver Health Medical Plan, specifically our Medicare Advantage plan, is one of only 12 plans in the country to earn the NCQA Multicultural Health Distinction.

IN THE COMMUNITY :

Elevate also participates in many community events to promote wellness, including offering mini health fairs. In addition, Elevate participates in enrollment events offering general information regarding health care reform and insurance to consumers.

More information at: www.ElevateHealthPlans.org

Definitions

ACA – The Patient Protection and Affordable Care Act (PPACA), commonly called Obamacare or the Affordable Care Act (ACA), is a United States federal statute signed into law by President Barack Obama on March 23, 2010. Together with the Health Care and Education Reconciliation Act, it represents the most significant government expansion and regulatory overhaul of the U.S. healthcare system since the passage of Medicare and Medicaid in 1965.

Accreditation – Accreditation is a process by which an impartial organization (for health plans, NCQA or URAC) will review a company's operations to ensure that the company is conducting business in a manner consistent with national standards.

CAHPS – The Consumer Assessment of Healthcare Providers and Systems (CAHPS) is a standardized survey that asks health plan members to rate their experiences with their health plan and the health care they receive.

Complaint Index – A standardized measure to compare number of complaints by different size companies. It is calculated by dividing a company's confirmed complaints by its total premium income by specific product (e.g. HMO vs. PPO).

Confirmed Complaints – A complaint in which the state Department of Insurance determines that the insurer or other regulated entity committed a violation of: 1) an applicable state insurance law or regulation; 2) a federal requirement that the state department of insurance has the authority to enforce; or 3) the term/condition of an insurance policy or certificate.

Coverage Area – A geographic area where a health insurance plan accepts members if it limits membership based on where people live. For plans that limit which doctors and hospitals you may use, it's also generally the area where you can get routine (non-emergency) services.

Disease Management – An integrated care approach to managing illness, which includes screenings, check-ups, monitoring and coordinating treatment, and patient education. It can improve quality of life while reducing health care costs in those with chronic disease by preventing or minimizing the effects of a disease.

HEDIS – The Healthcare Effectiveness Data and Information Set (HEDIS) is a set of standardized performance measures designed to ensure that purchasers and consumers have the information they need to reliably compare the health care quality.

HMO – A type of health insurance plan that usually limits coverage to care from doctors who work for or contract with the HMO. It generally won't cover out-of-network care except in an emergency. An HMO may require you to live or work in its service area to be eligible for coverage. HMOs often provide integrated care and focus on prevention and wellness.

National Average – The average performance of all plans across the country that submitted results to NCQA for a particular performance measure.

NCQA – The National Committee for Quality Assurance (NCQA) is an independent, not-for-profit organization dedicated to assessing and reporting on the quality of managed care plans, managed behavioral healthcare organizations, preferred provider organizations, new health plans, physician organizations, credentials verification organizations, disease management programs and other health-related programs.

Network – The facilities, providers and suppliers the health insurer or plan has contracted with to provide health care services.

Performance Standards – A basis for comparison or a reference point against which organizations can be evaluated.

Performance Measurement – The regular collection of data to assess whether the correct processes are being performed and desired results are being achieved.

PPO – A type of health plan that contracts with medical providers, such as hospitals and doctors, to create a network of participating providers. You pay less if you use providers that belong to the plan's network. You can use doctors, hospitals, and providers outside of the network for an additional cost.

URAC – An independent, nonprofit organization, well-known as a leader in promoting health care quality through its accreditation, education and measurement programs. URAC offers a wide range of quality benchmarking programs and services that keep pace with the rapid changes in the health care system, and provide a symbol of excellence for organizations to validate their commitment to quality and accountability. Through its broad-based governance structure and an inclusive standards development process, URAC ensures that all stakeholders are represented in establishing meaningful quality measures for the entire health care industry.

Value Based Purchasing – Linking provider payments to improved performance by health care providers. This form of payment holds health care providers accountable for both the cost and quality of care they provide. It attempts to reduce inappropriate care and to identify and reward the best-performing providers.

Wellness Programs – A program intended to improve and promote health and fitness that may be offered through the work place, or through an insurance plan. The program allows an employer or plan to offer premium discounts, cash rewards, gym memberships, and/or other incentives to participate. Some examples of wellness programs include programs to help with stopping smoking, diabetes management programs, weight loss programs, and preventive health screenings.