

Got Coverage Problems?

Assisting Clients with Health Coverage

Building Better Health Conference - 2017



COLORADO
Department of Health Care
Policy & Financing



COLORADO
Department of
Regulatory Agencies
Division of Insurance

Our Mission

Improving health care access and outcomes for the **people** we serve while demonstrating sound stewardship of financial **resources**



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Joint System Partners



Right to Appeal

- If a member thinks any part of their Health First Colorado decision is wrong, the member may ask for:
 - County or Medical Assistance site dispute resolution conference (Informal)
 - State Level Hearing (Formal)
 - Both
- If the member wants to apply for free legal help, call Colorado Legal Services' Denver Office at 303-837-1313 or your local Colorado Legal Services Office.



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County or Medical Assistance Site Dispute Resolution Conference (Informal)

- The member may request an informal meeting with county staff or the medical assistance (MA) site to go over your case with them.
- If they want an informal conference, the request must be received no more than 60 days from the eligibility determination date listed on the Notice of Action.
- To request an informal conference:
 - Send or take a letter to the county/MA site
 - Include name, mailing address, daytime phone, and a copy of your Notice of Action or case number



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County or Medical Assistance Site Dispute Resolution Conference (Informal)

- The address to the county office or the MA site will be printed on the Notice of Action.
- At the county/MA site conference the member has the right to represent themselves, or they may choose a lawyer, a relative, a friend or any other person to act as their authorized representative.



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State Level Hearing (Formal)

- If the member wants a formal hearing the request must be received by the Office of Administrative Courts no more than 60 days from the eligibility determination date.
- To request a formal hearing:
 - Sign the notice of action and send or fax it to the Office of Administrative Courts (or)
 - Send of fax a letter that includes the members name, mailing address, daytime telephone number, the reason for appealing, and a copy of the notice of action to the Office of Administrative Courts



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State Level Hearing (Formal)

- The address and fax number for the Office of Administrative Courts is also listed on the Notice of Action
 - Office of Administrative Courts
1525 Sherman Street 4th Floor
Denver, CO 80203
Phone # 303-866-2000
Fax # 303-866-5909



Continuation of Health First Colorado Benefits

- If the Notice of Action says that Health First Colorado benefits will stop and the member wants their benefits to continue while on appeal. The State Level Hearing (Formal) request must be received by the Office of Administrative Courts no later than the effective end date of benefits.



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Expedited Appeals

- If a member thinks that waiting for a formal hearing might jeopardize their life or health, they have the right to request an expedited hearing.
- To request an expedited hearing the member will use the same process for requesting a formal appeal, but say that they want an expedited hearing and why it should be expedited.



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Contact Information

Joelle Morrison

303-866-5394

Eligibility Appeals Coordinator

Joelle.morrison@state.co.us



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CONNECT *for* **HEALTH**
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YOU GOT COVERAGE PROBLEMS? WE HAVE ANSWERS!

September 25, 2017

*Presentation by Beth Deines and Molly McClurg,
Compliance & Appeals Attorneys*

Raising an Issue with Connect for Health Colorado

- **Call the Helpline: 855-PLANS-4-YOU (855-752-6749)**
TTY: 855-346-3432
 - Current Hours: Mon-Fri 8AM-6PM
 - Open Enrollment Hours: Mon-Sat 7AM-8PM

- **Use the Live Chat Feature on the ConnectforHealthCO.com website**
 - Current Hours: Mon-Fri 8AM-6PM
 - Open Enrollment Hours: Mon-Sat 7AM-8PM

Escalating Your Concern

- **Connect for Health Colorado recently launched an Enhanced Escalation Process.**
 - When you open a “ticket” via either the Helpline or Live Chat: Customer Service Representatives, Team Leads (Supervisors), Managers, and Directors all have specified escalation criteria and monitoring requirements. At every level, staff is required to monitor customer concerns and ensure that they are escalated appropriately.
 - Since we began this process, we have noted a marked improvement in timeliness of issue resolution and a reduction in calls to check on the status of tickets.
- **If you feel that your concern was not fully addressed by the Customer Service Center Representative, you may escalate a concern by asking to speak with a Team Lead (Supervisor) at any time.**

How to File an Appeal

Choose one of the following:

1. Log into your online Connect for Health Colorado account and upload the Appeal Requests form under the “My Documents” tab;
2. Call **855-PLANS-4-YOU**(855-752-6749) or (TTY: 855-346-3432);
3. Mail your completed appeal request to:
Office of Conflict Resolution and Appeals
3773 Cherry Creek N. Drive, Suite 1005
Denver, CO 80209; or
4. Fax your appeal to 303-322-4217.

Non-Appealable Issues

- **Coverage Effective Dates or Termination Dates**
 - These concerns can be raised by contacting the Customer Service Center and escalating that complaint if needed, as noted on previous slides.
- **Claims Denials or Access to Doctors or Specialists**
 - For issues with claims denials or access to doctors or specialists, please work directly with the insurance company. If consumers are unable to resolve the issue with the insurance company, consumers may contact the Division of Insurance.
- **Billing Issues and Terminations for Non-Payment of Premiums**
 - Generally, billing issues can only be resolved by insurance companies and consumers. However, billing issues that are rooted in errors in Advance Premium Tax Credit (APTC) eligibility may be addressed through the Connect for Health Colorado Appeals process. If consumers are unable to resolve non-APTC-related billing issues with the insurance company, consumers may contact the Division of Insurance.

Simultaneous Enrollment

Because eligibility standards and timelines differ between programs, consumers may find themselves with overlapping periods of coverage where they are enrolled both in Health First Colorado (Colorado’s Medicaid Program) or CHP+, and in a private health insurance plan with Advance Premium Tax Credits (APTC) through Connect for Health Colorado.

- These “simultaneous enrollment” periods may not necessarily be because of a mistake or error, and may simply result from the differences in eligibility standards between programs.

Simultaneous Enrollment

- **Once a consumer has been determined eligible for, or is enrolled in, Health First Colorado (Colorado's Medicaid Program) or CHP+, they are NOT eligible to receive advance payments of the premium tax credit (APTC) and/or cost-sharing reductions (CSR) to help pay for a Marketplace plan premium and covered services.**
- **The Marketplace will end any APTC/CSR being paid on the consumer's behalf, and the existing Marketplace coverage for these consumers will continue without financial help (at full price).**

Consumers who do not want to remain enrolled in their Marketplace plan at full cost should end their Marketplace coverage as soon as possible.

Simultaneous Enrollment

- **Although CHP+ or Health First Colorado determinations may have retroactive impact**, the Marketplace generally will not provide retroactive terminations for Marketplace coverage for simultaneously-enrolled consumers. We urge consumers who are determined eligible for or enrolled in Health First Colorado or CHP+ to end their Marketplace coverage with APTC/CSRs immediately.
- **For the Marketplace, these changes are prospective only.**
- **If consumers are retroactively determined eligible for Health First Colorado or CHP+, consumers do not retroactively lose tax credit eligibility. Consumers can receive advance premium tax credits until the first day of the calendar month after the Health First Colorado or CHP+ approval.***

**For more information, see IRS Publication 974, available at:
<https://www.irs.gov/pub/irs-pdf/p974.pdf>*

Simultaneous Enrollment

Once the Marketplace ends any APTC/CSR being paid on simultaneously-enrolled consumers' behalf for their share of a Marketplace plan premium and covered services, those consumers will need to end their Marketplace coverage if they don't want to remain enrolled in that plan at full cost.

IMPORTANT: If consumers don't want to pay full cost for this coverage, they'll need to end their Marketplace coverage **as soon as possible**.

I received two 1095 forms ... now what?

In accordance with recent guidance from the Internal Revenue Service (IRS), if the Marketplace makes a determination or assessment that an individual is ineligible for Health First Colorado (Colorado's Medicaid Program) or CHP+ and eligible for APTC when the individual enrolls in Marketplace coverage, the IRS deems the APTC determination to be valid for the entire period that the consumer is enrolled in Marketplace coverage for that year.*

Consumers are responsible for contacting the Marketplace as soon as they become aware of a simultaneous enrollment period to ensure that they receive the correct eligibility determination going forward.

**<https://www.irs.gov/Affordable-Care-Act/Individuals-and-Families/Questions-and-Answers-on-the-Premium-Tax-Credit>, question 29*

Avoiding Simultaneous Enrollments

- **Report annual income and household size as accurately as possible, especially when reporting fluctuating or seasonal income.**
- **Report changes in income or household size as soon as possible.**
- **The IRS, HHS, and other federal entities draw a distinction between mistakes, and material misrepresentations or fraud. These entities are known to enforce penalties.**
- **The IRS is the final arbiter of premium tax credit eligibility***

**For further information, please see <https://www.irs.gov/affordable-care-act/individuals-and-families/premium-tax-credit-claiming-the-credit-and-reconciling-advance-credit-payments>*

Thank you!

BEYOND ENROLLMENT

Dayle Axman
Jason Lapham

Life and Health Section
Consumer Services
Colorado Division of Insurance



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I'm Enrolled.....Now What?

- ✓ Keep your policy in an accessible place - an electronic copy is ideal
- ✓ When possible, check out your benefits before you seek non-routine treatment or preventive care
- ✓ Ask questions about your coverage - your broker, carrier, and/or the Division can help
- ✓ Keep a record of your call—phone number, date, person's name and brief summary



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Check out Carrier “Extras”

- ✓ Check out your carrier’s website
- ✓ Wellness programs
- ✓ On-line access to claim payment information
- ✓ Chronic disease management programs
- ✓ Access to current provider directory
- ✓ Out-of-pocket cost estimators

And, don't forget to....

- ✓ Request a written pre-authorization from the carrier for potentially expensive services
- ✓ Understand your appeal rights for denied coverage request or claims. Appeal rights are...
 - ❖ described in the policy
 - ❖ provided when the claim or coverage request is denied
 - ❖ Be sure to review your EOBs
- ✓ Refer to the Division's "When Your Health Insurance Carrier Says NO"

Concerns Other Than Denials

- ✓ Balance Billing—ER and Out-of-Network Ancillary Services
- ✓ Premium Notice/Billing Issues
- ✓ Loss of Coverage/Eligibility for a Special Enrollment (SEP)
- ✓ Customer Service Problems

When Should I Contact the Division?

- ✓ Before you contact your carrier about problems if you'd like assistance in how to be a self-advocate
- ✓ After you've contacted your carrier if you believe there is no contractual reason for the denial of your coverage request or claim
- ✓ When you have general questions about Colorado's health insurance laws

What Can't the Division Help With?

- ✓ Individual policies issued in other states
- ✓ Health plans that are "self-funded" by employers
- ✓ Single employer plans where the master contract is issued in another state
- ✓ Medicare and Medicaid
- ✓ Federal employee benefit plans

If you are unsure, the Division may still be able to provide guidance.

Change - the One Constant in Life

Notify Connect for Health CO:

- ✓ Address changes
- ✓ Household changes - additions and deletions
- ✓ Income changes for APTC calculations

Notify your Carrier when Connect for Health CO is not involved:

- ✓ Address changes
- ✓ Household changes - additions and deletion

Division Contact Information

- Phone: [800-930-3745](tel:800-930-3745) or [303-894-7490](tel:303-894-7490)
- Website: www.askdora.colorado.gov
- Email: DORA_INSURANCE@state.co.us
- Complaints: www.dora.colorado.gov/insurancecomplaints

Thank you!



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Questions???