

Consumer Protection

October 6, 2021



Topics

- Non-Discrimination Protections
- Privacy Protections
- Raising a Concern
 - Requests
 - Complaints
 - Eligibility Appeals

Call the Helpline:
855-752-6749
(TTY: 855-346-3432)
or use Live Chat at
Connect for
HealthCO.com

- Section 1557 of the Patient Protection and Affordable Care Act (42 USC 18116) and its implementing regulation provide that an individual shall not be excluded from participation in, be denied the benefits of, or be subjected to discrimination on the basis of race, color, national origin, sex, age, or disability.
- Insurance Companies cannot discriminate on the basis of health status.

Non -Discrimination Protections

Discrimination based on Race, Color, National Origin, Sex, Age, Disability, and Health Status is prohibited.

Connect for Health Colorado does not discriminate on the basis of race, color, ethnic or national origin, ancestry, age, sex, gender, gender identity and expression, sexual orientation, marital status, religion, creed, political beliefs, or disability in any of its programs, services and activities.

Connect for Health Colorado can provide aids and services to individuals with disabilities, and language services to individuals whose first language is not English, when needed to ensure equal opportunity and meaningful access to programs, services and activities. Examples of aids and services include, but are not limited to, ***qualified sign language interpreters, information in other formats (including large print), foreign language interpreters, and information translated into other languages. Aids and services can be provided in a timely manner and free of charge.***

To request free aids or services, contact Connect for Health Colorado at 855-752-6749 or TTY: 855-346-3432. To file a discrimination complaint or learn more about this policy, please call 303-590-9640, fax us at 303-322-4217, or contact us by mail at: Connect for Health Colorado, General Counsel, 4600 South Ulster Street Suite 300, Denver, CO 80237.

Civil rights complaints can also be filed with the U.S. Department of Health and Human Services Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal available at https://ocrportal.hhs.gov/ocr/cp/complaint_frontpage.jsf or by phone, fax or mail at: Telephone: 800-368-1019; Fax: 202-619-3818; TDD: 800-537-7697; 1961 Stout Street Room 08-148, Denver, CO 80294; Complaint forms are available at <http://www.hhs.gov/civil-rights/filing-a-complaint/index.html>.

Español / Spanish

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al (855)-752-6749.

Tiếng Việt / Vietnamese

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số (855)-752-6749.

繁體中文 / Chinese

注意: 如果您使用繁體中文, 您可以免費獲得語言援助服務。請致電 (855)-752-6749。

한국어 / Korean

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. (855)-752-6749 번으로 전화해 주십시오.

Русский / Russian

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните (855)-752-6749.

አማርኛ / Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያግዝዎት ተዘጋጅተዋል፡ ወደ ሚከተለው ቁጥር ይደውሉ (855)-752-6749.

العربية / Arabic

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 6749-752-855.

Deutsch / German

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: (855)-752-6749.

[ConnectforHealthCO.com](https://connectforhealthco.com)

Français / French

Privacy and Data Protection

ConnectforHealthCO.com

Information provided on an application is limited and is only used for legally permissible purposes.

connectforhealthco.com/privacy-policy/

ABOUT US

HELP

CONTACT US

ESPAÑOL

LOGIN



Colorado's Official Health Insurance Marketplace

I AM A...

GET STARTED

FINANCIAL HELP

FIND ANSWERS

WE CAN HELP

Privacy Policy

Home > Privacy Policy

Privacy is very important to us. This policy tells you why we collect information, what information we collect, and why we collect it. This notice is for connectforhealthco.com and other websites which we control.

connectforhealthco.com doesn't collect any Personally Identifiable Information (PII) about you unless you choose to provide it. We collect limited information from visitors who read, browse, and/or download information from our site. We will not knowingly disclose this information to a third party, except as provided in this statement.

Personal information to Connect for Health Colorado (referred to as the Marketplace throughout the rest of this notice) includes any information that identifies you. We agree that we may collect, use and disclose any such personal information in accordance with this Privacy Policy and any other applicable law. If you do not agree with these terms, please do not provide your personal information.

How we collect information

The Marketplace is authorized to collect personal information during your application for health-related benefits and will confirm if the information you provide may affect initial or ongoing eligibility for all persons listed on your application. The information you provide is needed for the purpose of determining health insurance eligibility or other purposes permitted by law and to give you the best services possible if you choose to apply.



Appeals, Requests, and Complaints

Is it Appealable?

While many types of concerns can be resolved by contacting the Customer Service Center, only a few issues can be addressed by the Office of Appeals.

Applicants can appeal:

- An **eligibility determination** for
 - Advance Payments of the Premium Tax Credit (APTC)
 - Cost Sharing Reductions (CSR)
 - Qualified Health Plans (QHPs)
 - Catastrophic Plans
- Eligibility for a **Special Enrollment Period** if denied by an Insurance Company during the Special Enrollment Period Verification process

**For Requests or
Complaints:**

Call 855-752-6749
(TTY: 855-346-3432)
or use Live Chat at
Connect for
HealthCO.com

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.

Within 60 days from the date of your eligibility notice, you may:

1. Log into your online Connect for Health Colorado account and upload the Appeal Request Form under the “My Documents” tab;
2. Call **the Customer Service Center** 855-752-6749 (TTY: 855-346-3432);
3. Mail your completed appeal request to:
Office of Appeals
4600 South Ulster Street, Suite 300
Denver, CO 80237; **or**
4. Fax your appeal to 303-322-4217.

How to File an Appeal

Appeals must be submitted within the 60-day timeframe

What Happens When I File an Appeal?

Contact the
Appeals Team
directly with any
questions:
303-590-9640

1. Validity Determination
2. Assessment of Expedited Processing Request

“...where there is an immediate need for health services because a standard appeal could jeopardize the appellant's life, health, or ability to attain, maintain, or regain maximum function.”
3. Notice Sent to Appellant
4. Informal Resolution

At the option of the appellant, a valid appeal can be resolved by an Appeals Analyst within the Connect for Health Colorado Office of Appeals.
5. Formal Resolution (Hearing at the Office of Administrative Courts)

Please hold questions until all
presenters have finished.

Appeals 101

Health First Colorado Eligibility Appeals

Presented by: Joelle Morrison, Eligibility Appeals & Escalations Specialist



Our Mission:

Improving health care equity, access and outcomes for the people we serve while saving Coloradans money on health care and driving value for Colorado.



Joint System Partners



Steps to Take Prior to Appeal

- Advise member/applicant to read the Notice of Action (NOA) thoroughly
- If verifications are requested, make sure they have been sent to the requesting entity
- Make sure all changes have been reported
- If something doesn't look right with the eligibility decision reach out to the county/Medical Assistance (MA)/Eligibility Application Partner (EAP) site listed on the NOA

Right to Appeal

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



County or MA/EAP Site Dispute Resolution Conference (Informal)

- The member/applicant may request an informal meeting with county staff, or the MA/EAP site to go over their case with them
- Requests for informal conferences must be received no more than 60 days from the eligibility determination date listed on the Notice of Action
- To request an informal conference, the member/applicant must:
 - Mail or take a letter to the county/MA/EAP site
 - Include name, mailing address, daytime phone, reason for request and a copy of your Notice of Action

County or MA/EAP Dispute Resolution Conference (Informal)

- The address to the county office or the MA/EAP site will be printed on the Notice of Action.
- At the county/MA/EAP site conference the member/applicant 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.

State Level Hearing (Formal)

- If a member/applicant wants a formal hearing, the request must be *received* by the Office of Administrative Courts (OAC) no more than 60 days from the eligibility determination date.
- To request a formal hearing, the member/applicant must:
 - Sign the Notice of Action and mail or fax it to the Office of Administrative Courts, or
 - Mail or fax a letter that includes the member's name, mailing address, daytime telephone number, the reason for appealing, member's signature, and a copy of the Notice of Action to the OAC

State Level Hearing (Formal)

The address and fax number for the OAC 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 NOA 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.
- The member may request to stop receiving continued benefits by writing to:

Colorado Department of Health Care Policy & Financing

1570 Grant St

Denver, CO 80203

Attn: Eligibility Appeals

Expedited Appeals

- If a member/applicant 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.

Withdrawing an Appeal

If the issues of the appeal are resolved during the appeals process, assist the member/applicant with the withdrawal process:

1. **Member (or technician) writes request to withdraw**
 - Include member's signature in request
2. **Mail or fax withdrawal request to the Office of Administrative Courts:**
 - **Office of Administrative Courts**
1525 Sherman Street 4th Floor
Denver, CO 80203
Fax # 303-866-5909



Contact Info

Joelle Morrison

**Eligibility Appeals & Escalations
Specialist**

303-866-5394

Joelle.Morrison@state.co.us

Thank you!

Colorado Division of Insurance

Consumer Protections, Complaints and Appeals

October 6, 2021

Matt Mortier, MSEL, MIRM
Director of Consumer Services, Life and Health Section



COLORADO
Department of
Regulatory Agencies
Division of Insurance

Colorado Division of Insurance

Commissioner Michael Conway

Role of the Colorado Division of Insurance

- Protect and Educate Consumers
- Regulate Insurance Companies
- Ensure Insurance Company Compliance with Federal and State Law
- Investigate Complaints
- Help consumers navigate the prior-approval and appeals processes



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Examples of Consumer Protections

- Preventive Services/USPSTF A & B Recommendations – § 10-16-104(18), C.R.S. & Bulletin B-4.83
- Balance Billing/Surprise Billing – § 10-16-704, C.R.S.
- Mental Health Parity – Colorado Insurance Regulation 4-2-64
- Insulin monthly cost cap – § 10-16-151, C.R.S. - \$100 per 30-day supply for all insulin
- Telehealth services – § 10-16-123, C.R.S.
- HIV PReP Ancillary Services Coverage – Colorado Insurance Regulation 4-2-62



Colorado Division of Insurance

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Most Common Complaints Received

- Claims handling/denials
- Enrollment issues and premium refunds
- Network issues and out-of-network providers
- Balance billing and balance billing protections

Consumer education is an important piece of how all consumer complaints are handled

DOI Analysts ensure health care policy terms are followed and carrier complies with state insurance laws and regulations



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Filing a Complaint/Process

How do I file a complaint with the Division of Insurance (DOI)?

- First check your member ID Card to see if it has “CO-DOI” printed on it – if so, state insurance laws apply and state insurance regulators can help you
- File complaint on DOI website at: <http://doi.colorado.gov>
- Complaint will be assigned to an analyst who will gather information from you and then send an inquiry to the insurance carrier for a response
- Responses usually due back 20 days after initial inquiry letter is sent from the DOI
- Most complaints resolved within 90-120 days, but some can take longer



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Dealing with denials - Appeals

- The term “Adverse Determination” is used to refer to a denial of a request for prior approval for a procedure, or a denial of coverage after a procedure has been done – an “adverse determination” starts the appeal process
- Individual plans have a first level appeal and then an independent external review process
- Group plans have a first AND a *voluntary* second level appeal, and then an independent external review process
- In Colorado, only denials for medical necessity are eligible for independent external review



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Appealing your case

- There are expedited and non-expedited processes for all of this depending on the medical situation – however, appeals take time
- Appeals can be filed with the carrier on behalf of the policyholder by a provider if the policyholder gives authority to do-so to the provider, as providers are often much more familiar with the appeals process than the policyholder
- Providers and/or Policyholders are encouraged to submit sufficient documentation to support their assertion that the procedure is/was medically necessary at all levels of the appeal process – this includes medical literature, articles, studies, as well as pertinent medical records and statements from other treating providers



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Appealing your case

- Appeals are much more likely to be successful if providers are able to make a compelling case so provider involvement is key to a successful appeal
- Your insurance regulators are a resource and can help you navigate this process
- Your insurance regulators can also ensure that your carrier is complying with the notification requirements and deadlines for the appeals process
- An independent external review can be requested for medical necessity denials, and will be conducted by an independent review organization assigned randomly by the DOI
- As the independent external review is binding, if your appeal is not overturned, you will be liable for the cost of the procedure if you move forward, or have already had it done



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Thank you for your time and attention!

Colorado Division of Insurance Website: <https://doi.colorado.gov/>

Main Email Address: DORA_Insurance@state.co.us

Consumer Services, Life and Health Section: 303-894-7490 / 800-930-3745 (outside the Denver Metro area)

CCHI Consumer Assistance Program

In just over 3 years, we've saved consumers \$4 million!!



Consumer Assistance Program
**Colorado Consumer
Health Initiative**

WE CAN HELP!

Contact us at:
303-839-1261
help@cohealthinitiative.org

This is a free service for our communities!
Help us expand our CAP program by
donating at: cohealth.co/donate

- Navigating billing issues
- Insurance claim denials/appeals
- Hospital charity care/financial assistance
- Prescription Drug Cost/Access

Questions?

