



The Parent Funding Toolkit

For
Families of Children who are Deaf/Hard of Hearing
In Colorado

A Collaborative Project brought to you by:

Alexander Graham Bell
ALEXANDER GRAHAM BELL ASSOCIATION FOR THE DEAF AND HARD OF HEARING



**HANDS &
VOICES**



Welcome

Funding Tool Kit

This Funding Tool Kit is the collaborative effort of three family support groups, Family Voices, www.familyvoices.org Families for Hands & Voices, www.handsandvoices.org and the Alexander Graham Bell Association for the Deaf and Hard of Hearing www.coloradoagbell.org.

The parents who compiled this information all have children with a hearing loss and wanted to help identify funding sources to pay for hearing aids and/or related expenses.

INTRODUCTION

Two of my three children are hard of hearing and wear hearing aids. Much to our surprise their first sets of hearing aids were paid for by our insurance company. However, both children have a progressive hearing loss and within a few years needed better hearing aids; luckily technology had improved. Our insurance carrier changed and the new company did not pay for hearing aids. Two years in a row we had to secure funding for new digital hearing aids. The process seemed a little overwhelming at first, but once I sat down and filled out the applications, it wasn't so bad. Many applications ask for the same information and need the same documentation. Yes, it took some time, and money was received from different organizations, but we did receive help. It was well worth the effort. The second time around was easier because I knew ahead of time what I needed for the applications; I had copies of documents ready and a stack of business size envelopes to mail the applications.

Do not assume your income will disqualify you from funding; many of the funding sources do not make their decisions based on income alone. Good luck!!

Jeannene Evenstad

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SECTION 1 - HEARING LOSS PORTFOLIO

WHAT IS THE HEARING LOSS PORTFOLIO?

The Hearing Loss Portfolio is an organized tool for collecting and maintaining records about a child with a hearing loss. These materials were adapted with permission from the Health Awareness Portfolio, (HAP), which was developed by Family Voices. If hearing loss is not your child's primary disability, contact Lori Park for a copy of the HAP, which is more comprehensive. She can be reached at www.familyvoicesco.org.

Create your own Notebook

The primary purpose of the hearing loss portfolio is to keep organized records and information. If a child changes doctors or is to be evaluated by a specialist, this information can help the professional learn about your child and identify current concerns. The organized notebook can help families coordinate services with their insurance company, Medicaid or Child Health Plan Plus (CHP+). The portfolio can also be a quick reference guide when you need to contact manufacturers for replacement parts or warranty information.

The following table of contents is a suggested blueprint to help families create their own notebook. Each family has different medical needs and organizational styles. Please adapt these ideas to what best meets the needs of your family. The intention of this notebook is to help you keep current records. As your child with a hearing loss grows older, you might fill several notebooks.



HEARING LOSS PORTFOLIO TABLE OF CONTENTS

The Table of Contents is a selection of items to include in the notebook. Use those that make sense for your family. The information for this project was intended to be organized in a clear cover, three-ring notebook with tabbed dividers.

Section One – Current Concerns and Medical History.

1. Cover Letter (describes child's current situation and your concerns)
2. Photos of the Child
3. Calendar of Medical Events From Birth to Present (simple list, date, event, outcome)
4. Delivery Records
5. Surgeries (calendar of surgeries and outcomes)

Section Two – Medical Evaluations, Lab Results, Pharmacy, Other Tests.

1. Audiology / Otology
2. Neurology / Genetics
3. MRIs, CAT Scans, etc...
4. List of Medications (outcomes, current drugs, contraindications and side effects)
5. Other (ophthalmologists, cardiologists, endocrinologists, etc...)

Section Three – Medical Equipment (hearing aids, cochlear implant, personal FM).

1. Providers (warranty, repair information, contact person)
2. Replacement Equipment List (batteries, cords, boots, etc...)

Section Four: Multi-Disciplinary Evaluations and Educational Issues.

1. Speech and Language
2. Occupational Therapy and Physical Therapy
3. Special Education Evaluations
4. Psychology and Counseling Reports and Evaluations
5. Current IFSP or ISP, Transition Plans

Section Five: Emergency Information.

1. Parents and Other Care Givers (names/relationships/phone numbers)
2. Physicians, Pharmacies and Hospitals (names, and phone numbers)

Section Six: Insurance Information / Medicaid / CHP+.

1. Copy of Insurance/Eligibility Card
2. Copies of Pages that Refer Specifically to Services Available for Hearing Loss
3. Telephone Log
4. Written Communications

Section Seven: Current Research Regarding Children with a Hearing Loss.

Section Eight: Business Cards in Notebook Divider Format.

SECTION 2 - PRIVATE FUNDING SOURCES FOR HEARING AIDS

HELPFUL HINTS WHEN APPLYING TO A PRIVATE FUNDING SOURCE

Many applications require the same documentation. Before filling out the applications, check to see what documentation they require and have all of the documentation ready.

Documents required by many of the funding sources:

1. Copy of identification of parent/guardian.
2. Proof of Colorado residency
3. Social security number for child and parent/guardian
4. Cost estimate for hearing aids
5. Prescription for hearing aids from audiologist
6. Verification of income
7. Letter from family explaining the need for funding
8. Recent audiogram

Most of the agencies will only make checks payable to the vendor.

Make sure applications are filled out completely or the application may not be considered.

Applications for Friends of Man and AV Hunter Trust, for example, must be filled out by a third-party professional. The client can not send it in because the application will not be considered.

Apply even if the expected turn- around time is not immediate; any source is worth applying to if you meet the guidelines.

Make copies of applications before mailing them.

LIST OF PRIVATE FUNDING SOURCES

To the best of our knowledge this information is correct as of January, 2004.

AV Hunter Trust

<http://avhuntertrust.org> (click on special)

Funding assistance for durable medical goods. The A.V. Hunter Trust, Inc. is a charity of last resort for persons in need of various types of durable medical equipment. The application must be filled out by a social worker, caseworker, or third-party professional acting on behalf of their client/patient. Checks are made payable to the vendor.

Center for Hearing Speech and Language

303-322-1871 (Denver)
719-597-3390 (Colorado Springs)

This organization offers a sliding scale for purchasing hearing aids. Center will evaluate client and match with an appropriate hearing aid.

Communications for the Deaf and Hard of Hearing (CDHH)

303-278-1204
Hal Leith—Optimist club

This is a private citizen who has a donation bank. The hearing aids are all donated. They are refurbished by Starkey. If a match is found, the aids are donated free of charge.

CNI Center for Hearing Cochlear Implant Assistance Fund

Allison Biever, MA, CCC-A
601 E. Hampden Ave, Suite 530
Englewood, CO 80113
303 – 783-9220 ext 211
www.theCNI.org/hearing/assistance.htm
ciantlenet@yahoo.com

The Cochlear Implant Assistance Fund provides cochlear implant systems, including internal and external components, to qualified permanent legal US residents, ages 1 year and up, including adults. The program is intended to assist applicants who are either uninsured or under-insured to receive cochlear implants at the applicant’s local implant center. In some cases, efforts are made to request hospital, surgical and/or audiology fees be waived or reduced. The average out-of-pocket expense for a recipient of this program is approximately \$11,000 as compared to the \$65,000 cost with no assistance.

The Elks Lodge

www.coloradoelks.org

Aid is available from the Clem Audin Fund. These funds are restricted for the exclusive use of education, health, development, and care of children 18 years of age and younger.

First Hand Foundation

2800 Rockcreek Parkway
Kansas City, MO 64117
(816) 201-1569 Direct
(816) 571-1569 Fax
shill1@cerner.com
www.firsthandfoundation.org

First Hand is a non-profit, 501(c) (3) organization supported by the generosity of Cerner Corporation. The Foundation assists individual children who have clinical, health-related needs and no financial safety net to cover these expenses. It reaches

children and their families who would otherwise fall through the cracks of insurance coverage and state aid. It strives to provide assistance that creates independence. This is an international provider, and prefers to send money directly to the third party.

Friends of Man

303-798-2342 - Application will only be given to a third-party professional. They must call for information. Checks are made payable to the vendor.

Hear Now

6700 South Washington Ave
Eden Prairie, MN 55344
800 648-4327
(Text Callers use: Relay 711)
www.sotheworldmayhear.org
email: Joanita@sotheworldmayhear.org

Through an application and approval process, hearing aids are distributed to financially needy persons who are legal residents of US, through a nationwide network of hearing health care professionals. HEAR NOW welcomes all hearing health care professionals willing to work with the Hearing Aid Assistance Program. Devices and services include hearing aids and hearing aid fittings. Does not include completely in-the-canal, digital or programmable hearing aids. Unable to provide funding for cochlear implants, speech therapy, assistive devices, TTY's, telecaptioning equipment, vibrotactile aids, electronic sound alerting equipment, or hearing animals. Assistance will not be provided if the applicant qualifies for funding through private insurance, government assistance, or any other funding options.

The HealthONE ALLIANCE

Dr. Howard B. Young Memorial Fund for Indigent Pediatric Care
Contact: Susan Carter, Grant Program Director
303-322-3515

Applicant must reside in the Denver area and demonstrate financial need. The maximum amount of funding that can be requested is \$2000. Assistance includes medical or hospital care, medications, housing for patient and/or patient's family during course of medical treatment, and transportation to and from medical treatment. Applicants must be referred by an appropriate agency and completed applications must be sent by referring agency to HealthONE Alliance.

The Hearing Foundation

International Hearing Health Missions
6700 South Washington Avenue
Eden Prairie, MN 55344
800 769-2799
www.sotheworldmayhear.org

A five-step process is in place to assess the hearing health care status in the region you are serving. The Hearing Foundation is incorporated as a 501C (3) public tax-exempt charitable organization (tax ID # 363297852). The Hearing Foundation continues to provide over 20,000 hearing aids per year as a united hearing care team. A \$100 donation provides a Hear Kit. The Hear Kit includes: hearing aid (ITE, BTE or Body Aid), earmold (custom or InstaMold), carrying pouch with educational booklet, batteries.

H.E.A.R. Project

Edith Burns
4331 Sage Court
Boulder, Colorado 80301
303 527-1818 (fax and phone)
edithburns@comcast.net

A funding source for hearing aids and related services for children with hearing loss and financial need in Colorado. The Project is intended to help families of low to middle income when Medicaid or insurance is not covering costs. H.E.A.R. project can help with financial assistance for hearing aids, earmolds, repairs, testing and FMs. Supplies for cochlear implants are also covered. Each application is individually considered.

HIKE –Hearing Impaired Kids Endowment.

<http://www.missouriiojd.org/HIKE/Introduction/QuestionsAndAnswers.htm>
303-986-6705 Marilyn Hepp

The Hike Fund provides hearing devices for hearing-impaired persons between the ages of birth to twenty whose parents are financially unable to meet this need. Funds are raised through Job's Daughters, and typically takes up to six months from application to receiving funds. Checks are made payable to the vendor.

Mandy Project

Cindy Greer, Mandy Project Coordinator
7629 CR 100
Hesperus, CO 81326
970 588-3386
hcrdgreer@frontier.net

The Mandy Project helps children with hearing loss to become productive citizens and to provide assistance to a family experiencing hardship due to a child's hearing loss. As many children will be helped as possible and as funds are available. Families with a child who has a hearing loss will be chosen through an application process to receive funding assistance to help cover costs of hearing aids, speech therapy, surgery, or other related expenses.

Miracle-Ear Children's Foundation

P.O. Box 59261
Minneapolis, MN 55459-0261
800 234-5422
www.miracleear.com

The Miracle-Ear Children's Foundation, a national nonprofit organization, works in cooperation with local Miracle Ear Centers nationwide to provide free hearing aids, services, and support materials to children age 16 and under whose families do not qualify for public assistance, yet cannot cover the expense of hearing aids.

Hearing Aid Bank for Weld County

Jenny Weber, Audiologist
UNC Audiology Clinic
Gunter Hall Room 0330
Greeley, CO 80639
970 351-2012

A hearing aid bank for Weld County residents. An audiogram done within the last three months at the University of Northern Colorado Speech and Language Clinic must accompany the application. Approved applications will be billed on a sliding fee. Provides mostly reconditioned hearing aids.

Larimer County Hearing Aid Bank

Kim Miller
508 Princeton Rd.
Ft. Collins, CO 80525
970 221-0743
kimmiller59@comcast.net

A hearing aid bank for Larimer County residents provides reconditioned hearing aids at a low cost to approved applicants. An audiogram completed within one year must be provided by applicant. Approved applicants will be billed on a sliding fee basis.

Community Organizations

Other possible sources depend on the area in which a person resides: Rotary International, Quota International, Sertoma Clubs, Kiwanis Clubs, and Lion's Clubs. Contact your local group.

Chart of Detailed Information

Organization	Range of funding / Who will receive money (Family / Provider)	Turn-around time	Income limits	Age criteria	Documentation required	Citizenship/ Residency	Coverage
AV Hunter	Case by case decisions Amounts vary Checks made payable to vendor only.	About three weeks if application is complete	None specified	3 and up	2 forms ID, prescription for hearing aids, cost estimate, proof of CO residency (min-12 months,	See application	Durable medical equipment
Center for Speech, Language, and Hearing	Case by case decisions	One to two weeks to process and respond	Fees based on sliding scale based on individual income	Newborn-adults	Verification of income, sometimes medical permission needed		Digital hearing aids, two packages of batteries, follow-up visits, warranty visits
Communication for the Deaf and Hard of Hearing	Refurbished hearing aids	As soon as acceptable hearing aids are available	Any person in need				Used hearing aids are donated to person in need
The Elks Lodge	Average amount \$200-\$300. depends on local Elks Lodge	Depends on when application is received. Meet once a month	Lower income range	Focus on children		Possibly in future	Individual basis/need
First Hand Foundation	Will send money directly to provider Must provide name/address of provider	Decision 7-10 days after monthly meeting		Child still under care of pediatrician, child over 17 must be in child-like mental state	Doctor's letter, Documentation of child's healthcare, proof of financial statement, letter of denial from Medicaid/ insurance picture of child, info on equipment/ procedure		

Chart of Detailed Information

Organization	Range of funding / Who will receive money (Family / Provider)	Turn-around time	Income limits	Age criteria	Documentation required	Citizenship/ Residency	Coverage
Hear Now/Starkey	Program of last resort	6-8 weeks			Client must pay a non-refundable application processing fee; \$50.00 per hearing aid		Hearing aids
The Hearing Foundation: International Hearing Health Missions		5-7 working days	HEAR Now guidelines			Worldwide	Analog hearing aids, cleaning tools, batteries
H.E.A.R. Project	\$100-\$500	2-4 weeks	Short form: 200% of poverty (36,800 family of four) Long Form: Family of four combined income of 70,000	Birth-18	Short form: statement from audiologist Long form: Proof of income, bank statements, Proof of medical need, letter by parent/guardian of need, photo with permission to use, audiogram		Hearing aids, earmolds, repairs, testing, FM systems
H.I.K.E	Case by case decision	Around 6 months	No income limit. Many recipients are children of working parents who are unable to afford this special need.	Birth-20	Financial disclosure, W-2 form and pay stub, recent audiogram, prescription from a licensed audiologist and/or physician		Hearing aids, FM systems, computers to assist deaf/hard of hearing children

Chart of Detailed Information

Organization	Range of funding / Who will receive money (Family / Provider)	Turn-around time	Income limits	Age criteria	Documentation required	Citizenship/ Residency	Coverage
Mandy Project	Average \$500.-\$750. Checks only to provider	About two weeks	No set limits	Birth-college	Audiogram, picture, permission to use photo	Possibly in future	Open to covering anything for deaf/h.h child Coverage
Miracle-Ear Children's Foundation	Hearing aid coverage	4-6 weeks	\$20,000-\$40,000	Birth-16	Audiogram and medical signed release within six month period	Citizen of US and legal resident	Digital aid, BTE and In-the-Ear
Hearing Aid Bank for Weld County	Provide reconditioned hearing aid	2 weeks to a month	Health dept. limits for poverty		Audiogram within last three months	Weld county resident	Reconditioned hearing aids
Larimer County hearing Aid Bank	\$75.00-\$200.	Average 2 months	Sliding scale		Audiogram within a year	Larimer county resident	Repairs, ear molds, and hearing aids
CNI Center for Hearing's Cochlear Implant Assistance Fund	Efforts are made to request hospital, surgical, and/or audiology fees be waived or reduced. Average out-of-pocket expense is aprox. \$11,000 as compared to the \$65,000 cost.		Assist applicants who are Un-insured or under-insured	1yr -adult		Permanent legal US residents	Cochlear Implant systems including internal and external components
HealthONE Alliance	Maximum amount of funding that can be Requested 2000.00		Demonstrated financial need		Must be referred by appropriate agency; application sent by referring agency	Resident of Denver area	Medical or hospital care expenses

SECTION 3 - HEARING AID FUNDING FOR COLORADO CHILDREN

CHILDREN WHO ARE ELIGIBLE FOR MEDICAID

- Medicaid will pay for hearing aids for eligible children.
- Medicaid funds all technologies.
- Financial cutoff for Medicaid is family income at or below 133% of federal poverty level for children birth through age five and 100% of federal poverty level for children six to age twenty-one. There are many exceptions for children with disabilities; families should contact their local social service office to see if they qualify. Do not assume you are ineligible.
- Children must be legal residents to qualify for Medicaid.

CHILDREN WHO ARE ELIGIBLE FOR CHILD HEALTH PLAN PLUS

- CHP+ provides hearing aid benefits.
- CHP+ requires a statement from a physician verifying that the hearing loss is congenital.
- Financial cutoff for CHP+ is 185% of federal poverty level.
- In order to qualify for CHP+ health insurance, children must be legal residents and must not have access to other health insurance.
- **As of July 1, 2004 CHP+ will once again be enrolling new families.**

HEARING AID LOANER BANK

- All children can utilize this resource
- Hearing aids will be loaned for up to six months to families who are seeking funding. A family can apply for a three-month extension.
- Priority will be given to families of newly-identified children.
- The dispensing audiologist must initiate all requests for hearing aids. Audiologists, please contact Patti Collins at the Colorado School for the Deaf and the Blind (CSDB) to request hearing aids. Patti can be reached at: pcollins@csdb.org or 719-578-2183.

Parents will be required to pay a \$40.00 dispensing and shipping fee and will be responsible for the cost of batteries and ear molds.

NAVIGATING HEALTH INSURANCE, MEDICAID AND CHP+

After diagnosis, parents of children who have a hearing loss are inundated with information. Who pays for hearing aids? What is the difference between occupational and physical therapy? Does my child qualify for a cochlear implant? What services does my health insurance policy, or Medicaid, or CHP+ cover? The answers to these questions are unique for every family. By increasing consumer knowledge about your rights and responsibilities concerning health care, you can more effectively advocate for your child's health care needs.

Denials from insurance companies, Medicaid and CHP+ occur. Most parents don't realize that a denial of coverage doesn't necessarily mean no. Persistent parents have gone through the appeals process and obtained hearing aids, therapy or other services for their child.

Whether health insurance or Medicaid covers your child, it is important to read and understand your health benefit plan. Is the requested treatment an exclusion or a covered benefit? The language in the policy may not be clear and limitations may apply. It is also important to carefully read the section of your benefit plan that describes the appeals process.

Developing positive relationships with key individuals, such as your providers and insurance company, is important. You need to work closely with someone in the billing department. The physician provides an ICD-9, or principle diagnosis code. A CPT-4 (Current Procedural Terminology) code is a systematic listing and coding of procedures and services performed by physicians and service providers. Any inconsistency found in these codes can result in denial of service.

Keep a list of names of those individuals who are helpful. If you have not been assigned an insurance case manager, request one. It is helpful if the contact person is the same each time you call your insurance company. Knowing the individual that has closest access to a physician or a therapist can expedite the process. Don't hesitate to draft or even revise a letter of medical necessity for a professional; the wording needs to be very specific and this will help give the professional an idea of what needs to be stated in the letter.

LETTERS OF MEDICAL NECESSITY

One of the most important concepts in writing a letter of medical necessity is that the letter needs to go directly to the family before it is sent to the health insurance company, Medicaid or CHP+. It is the family's responsibility to review all the letters (primary care, specialists, therapists, the cover letter from the family, etc.) to be certain that the letters do not have conflicting information and that the language of the contract is understood by all writers. If a letter of a medical necessity is sent directly to the insurance company, you may find it necessary to go to the second level of appeal without having the opportunity to fully present the case at the first level. Always request a photocopy of the insurance policy that describes the benefits and/or exclusions and other pertinent

language (e.g. specific coverage codes). The following is a list of guidelines describing what needs to be included in a letter of medical necessity:

1. Name of the child, names of parents.
2. Date of birth of the child.
3. Insurance plan name (there may be more than one plan).
4. Relevant diagnosis.
5. Item/Service requested.
6. Why the item/service is medically necessary (refer to the plan's definition).
7. Identify positive/negative impacts that the item/service will providing (including the financial impacts as well as functional impacts).
8. Scope and duration of treatment.
9. Supplemental documents (letters from providers, research articles, product information, Parent Accessing resources, EPSDT Screen).
10. Funding sources NOT able to support child.
11. Terms to use: medically necessary, clinically- based, promoting independence, preventing secondary disability, cost-effective, safety, training period
12. Terms to avoid: custodial, rehabilitate, developmental delay/disability, speech delay (without a diagnosis such as aphasia) and long-term.



SECTION 4 - STATE OF COLORADO HEALTH INSURANCE LAWS

WHAT RIGHTS DO I HAVE REGARDING HEALTH INSURANCE?

Adapted from a publication of the Colorado Department of Regulatory Agencies-Colorado Division of Insurance.

INTRODUCTION:

Colorado law provides you certain protections regarding health insurance.

All companies selling health insurance in Colorado are to make sure their members receive:

- Important health insurance information
- Fair treatment, and
- Coverage for benefits allowed under an insurance contract

To know more about how the Colorado Division of Insurance can help you, call (303) 894-7490, or (800) 930-3745, or use the website at www.dora.state.co.us/insurance.

SELF INSURED PLANS

Single employer self-funded (self-insured) plans are not regulated by the Colorado Division of Insurance.

Some employers chose to self-insure, which means the employer acts as the health insurer for their employees. The employer actually pays the bills for their employees' health care, using an insurance company or third party administrator only to process the claims. **These self-insured plans are exempt from Colorado Law (and thus the requirements outlined in this writing) but must meet rules set forth by federal law called ERISA.** Check with your employer to find out if your plan is self-insured.

CONSUMER RIGHTS

People covered by health insurance plans regulated by the State of Colorado have certain rights through state law. Some of these rights apply to all types of plans; others apply only to managed-care plans.

ALL HEALTH PLANS

Regardless of the type of health insurance plans you are insured under, you have a right to:

- Coverage for certain mandated benefits.
- Know exactly what your plan does and does not cover.

- Contact your insurer to complain and appeal all plan decisions with which you disagree.
- Receive a standardized form that outlines benefits for comparison between companies and between health plans. Your health insurer should provide you with this form.
- Get a written explanation of the reason, if a health insurer denies your application for enrollment, or excluded a health condition you may have from coverage.
- Prompt payment of claims.

MANAGED CARE PLANS

Managed care plans, including health maintenance organization (HMO) and preferred provider organization (PPO) plans, encourage or require the use of specific doctors and hospitals, and closely review appropriateness of services.

In addition to the rights listed in the previous section, if you are enrolled in a managed care plan you also have the right to:

- Be informed by your doctor of all treatment options, even if they are not covered by your plan. Your doctor cannot be prevented from protesting a coverage denial issued by your insurer, or discussing his or her financial arrangements with a managed care company.
- An adequate provider network. If your managed care network does not have a provider for a covered benefit, the health plan must arrange for an appropriate referral, at no additional cost to you, other than your normal coinsurance and deductible amounts.
- Prompt notification if your regular doctor's contract is terminating.
- A complete list of providers covered by the plan at the time of enrollment and reenrollment, or upon request.
- Review a managed care company's Access Plan. The Access Plan must describe the company's provider network, referral procedures, system for ensuring coordination and continuity of care, and efforts to accommodate people with diverse background and capacities.

SPECIAL PROTECTIONS FOR SMALL EMPLOYER GROUPS

Colorado has established special health insurance rules for small employer groups (those with 50 or fewer employees), including qualified self-employed persons and household employees.

- Neither the group as a whole, nor particular employees or dependents in the group, can be denied health coverage because of a medical condition.
- An insurance company cannot cancel a health policy except for failure to pay premiums or for fraud.
- An insurance company cannot raise a particular small group's premiums because that group has high medical expenses.

- Small employers have the right to buy coverage through one of Colorado's health care coverage cooperatives. Cooperatives offer the employer a choice of health care plan from different insurers.

YOUR COMPLAINT AND APPEAL RIGHTS

All health plans must have written procedures for receiving and resolving complaints.

Information on complaint procedures can be found in your policy or membership booklet, or by calling your plan's customer service representative.

The most common complaint occurs when a health plan denies coverage for a service or procedure on the grounds that it is not medically necessary, appropriate, efficient or effective. In such cases, Colorado requires companies to have a two-level appeals process, followed by the right to an independent external review.

Refer to the Section titled: "What Happens When Your Health Insurance Company Says No" for detailed information on the appeals process.

IF YOU CANNOT AFFORD PRIVATE INSURANCE COVERAGE

Colorado has a number of special programs for those who cannot afford private health insurance for themselves and/or their children due to limited income. Examples are:

MEDICAID

Medicaid is a state-federal health insurance program for persons with very low incomes who meet certain categorical eligibility requirements. For more information call 303-866-3513 or 1-800-221-3943.

If Medicaid covers you, you have additional rights. Medicaid clients enrolled in managed care plans have different complaint procedures than privately managed care plans.

Child Health Plan Plus

This is a subsidized health insurance program for uninsured children with family incomes below 185% of the federal poverty level who are not eligible for Medicaid. For more information, call 1-800-359-1991.

Colorado Indigent Care Program

Colorado Indigent Care is a state program that provides partial reimbursement to providers for some of the care they provide eligible low-income uninsured and underinsured Coloradoans. For more information, call (303) 866-2580.

THE APPEALS PROCESS

WHAT HAPPENS WHEN YOUR HEALTH INSURANCE COMPANY SAYS “NO”

Adapted from a publication of the Colorado Department of Regulatory Agencies
Colorado Division of Insurance

SELF INSURED PLANS

Under a federal law known as ERISA, state insurance laws do not apply to self-insured health plans. Most large corporations and businesses offer some plans that are self-insured. Some use a health insurance company to handle claims, so you may not know that your health plan is self-insured. To find out, contact your employer’s human resources department. All self-insured plans are required to have some type of appeal procedures. The following information applies to State of Colorado health insurance plans only. About 30 percent of Colorado’s group health plans are commercial or State of Colorado plans.

Question: What happens if my health insurance company denied my request to see a specialist or to have a medical procedure?

Answer: You have the right to challenge the decision any time your health plan denies coverage for services that you and/or your doctor feel are medically necessary.

Most health plans have a medical professional that reviews your doctor’s or other health care provider’s request for care and services to ensure it is a covered benefit and that it is medically necessary and appropriate. This is referred to as “utilization review.”

STANDARD AUTHORIZATIONS

Question: What happens if my doctor requests pre-approval for a hospital admission, procedure or service?

Answer: Your health plan has 2 business days after receiving all information from your doctor to make a decision to approve or deny the request. The plan must notify your doctor of the decision to approve or deny your request within 1 working day by phone, and notify you by fax or in writing.

Question: What happens if the plan denies my doctor’s request?

Answer: The plan must write, fax or e-mail you within 1 working day after making the decision. The notice of denial must include the main reasons for the refusal to pay for the treatment, how to initiate an appeal, and how to request a written statement of the clinical criteria used in the decision.

Your doctor has the right to talk to the plan doctor involved in the denial. Your doctor may ask for reconsideration of the decision, either orally or in writing. The health plan must make a decision within 1 working day after receiving the new request.

Question: What happens if I submit a claim for care or services already received?

Answer: Your health plan has 30 days after receiving all information to review the service and determine whether or not it was medically necessary. If the claim is denied, the plan has 5 working days after making its decision to tell you and your doctor in writing. The letter must include:

- The reason for denial.
- How to appeal the decision.
- How to request a written statement giving the medical reason for the denial.

Question: What happens if I believe I have been inappropriately denied a benefit?

Answer: The appeals process is followed.

STANDARD APPEAL PROCEDURE

If you are not satisfied with your health plan's decision, you have the right to appeal. All health plans must have written procedures for dealing with appeals. Most plans require that the request be in writing. For details, check your membership booklet or policy under "Grievance Procedure."

FIRST LEVEL APPEAL

A Doctor who was not involved in the first decision to deny your claim must evaluate your appeal.

The plan's letter telling you of the appeal decision must be sent to you within 20 days of the appeal request. The letter must include:

- The name, title and qualifications of the doctor who evaluated the appeal.
- The reviewer's statement of the reason for the appeal.
- The medical reason for the decision.
- How to file a second level appeal.

SECOND LEVEL APPEAL

If you are not satisfied with the first level appeal decision, you can request a second level appeal as described below:

- The health plan must appoint a second level grievance review panel of at least three people. A majority of the members must be professionals with the appropriate expertise who were not involved in the original denial, are not employees of the health plan, and do not have a direct financial interest in the outcome.
- The panel must hold a meeting to review your second level appeal within 45 days of your appeal request.
- You have a right to, but need not appear in person before the panel. If you live too far away, the plan must pay for you to present your case by conference call, video conferencing, or other technology.

- You have the right to present supporting material in writing before, and at, the hearing. You also have the right to be assisted by a person of your choice.
- You must be notified in writing of the review date at least 15 working days before the review.
- The health plan must provide you with all relevant information that is not confidential.
- The plan must notify you of the panel's decision within 5 working days of the review meeting. The letter must include:
 1. The names, titles and credentials of the panel members.
 2. Panel member's summary of the reason for the decision, including reference to any evidence or documents considered by the panel.
 3. The medical reason for the decision.
 4. Notice of any additional appeal rights, including your right to contact the Colorado Division of Insurance.

MEDICARE AND MEDICAID

Medicare has a different set of rules for appeals. The above requirements do not apply. Call the Division of Insurance to find out about Medicare's rules at 1-800-930-3745.

People on Medicaid have different appeal rights. Call Medicaid at 1-800-221-3943 or 303-866-3513, or refer to the section about Medical Appeals in the table of contents on the website, www.dora.state.co.us/insurance.

Question: What role does the Division of Insurance play in the appeals process?

Answer: WHEN THE DIVISION OF INSURANCE CAN HELP YOU!

If you have completed your health plan's first and second level appeals and you are still not satisfied, you can contact the Colorado Division of Insurance. You are also welcome to contact the Division for clarification of the process.

File a complaint by writing a brief letter stating the facts of the case and send the letter to:

Colorado Division of Insurance
1560 Broadway, Suite 850
Denver, Colorado 80202
Phone: (303) 894-7490
1-800-930-3745

It is important for you to complete your insurer's appeal process before contacting the Division of Insurance with your complaint, unless it is for clarification of your rights. If you have not completed this appeal process, the Division will refer you back to your plan.

The Division of Insurance can help you:

- Record your complaint against the health plan.
- Thoroughly investigate your complaint.
- See that you get clear answers to your questions.
- Make sure the health plan follows states' law.

The Division of Insurance cannot:

- Force a favorable decision if the law and facts are not on your side.
- Require your plan to pay for services that are excluded by the policy.
- Provide legal services that are sometimes needed to settle complicated problems.

EXTERNAL REVIEW

Effective June 1, 2000, if you are not satisfied with the second level decision, you can apply for an independent external review within 60 days of the final health plan denial. An independent external review entity (currently a function of the Colorado Division of Insurance) will be assigned by the Division of Insurance. The external review findings will be provided within 30 working days and will be binding on both the carrier and the consumer.

TIPS FOR THE SAVVY CONSUMER FROM THE COLORADO DIVISION OF INSURANCE

Read your policy or membership booklet carefully. The key to getting quality health care is being an educated consumer.

If you believe you have been wrongly denied coverage, create a paper trail by organizing the following:

- Your policy.
- Copies of denial letters.
- Copies of any correspondence with your health plan, detailed notes of conversations.
- Copies of any correspondence between your doctor and the health plan concerning your problem.

In all correspondence, include:

- Your name, address, and telephone number.
- Policy number.
- Type of policy.

For all phone conversations, keep a written record of:

- The date and time of your call.
- Name of the person you talked with.
- What was discussed during the call.

Send a copy of any letters to your employer's benefits manager or human resource director. Your company is interested in your health and your satisfaction with the health plan. The benefits manager may have some leverage with the health plan, since employers can consider switching health plans if there are enough complaints.

LET US KNOW ABOUT YOUR APPEALS PROCESS-

We will send you a \$10 King Soopers Gift Card

Hear the Facts: We need Legislation for Hearing Aid Coverage for Children in Colorado.

Help us as we support legislation to require insurance companies doing business in the State of Colorado to provide coverage for hearing aids for children by providing us with information about your insurance appeal. Some private insurance companies do not cover cochlear implants either. This information will be used to provide statistics about insurance coverage for children with a hearing loss. Collected data will be summarized, and individual names will not be used.

Name: _____

Address: _____

Phone/email: _____

Name of Insurance Company _____

1. Initial request refused: Hearing Aids Therapy Cochlear Implant
2. Reason initial coverage refused: not a covered benefit other, please explain

Concerning the Appeals Process:

3. What is the year you began your appeals process? _____
4. How long from start to finish did the Appeals Process take? _____
5. Were you successful at the 1st level of appeal? yes no
6. If no, did you go on to the 2nd level of appeal? yes no Explain the reason:

7. Were you successful at the 2nd level of appeal? yes no
8. If you were unable to obtain coverage for services/hearing aids, how did you ultimately pay for hearing aids? If several choices helped cover the cost, include approximate percentages.

Personal Savings

Credit card/ Loans

Help/loans from family members

Community Service Organizations List: _____

We did not purchase hearing aids

Other: _____

Appendix B

DATE	TIME	CONTACT PERSON	CONTENT OF CONVERSATION

Appendix B

DATE	TIME	CONTACT PERSON	CONTENT OF CONVERSATION

Appendix B

DATE	TIME	CONTACT PERSON	CONTENT OF CONVERSATION