



Occupational Therapy  
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January 21, 2014

Ms. Marguerite Salazar  
Colorado Commissioner of Insurance  
Colorado Division of Insurance  
1560 Broadway, Suite 850  
Denver, CO 80202

Dear Ms. Salazar:

The Occupational Therapy Association of Colorado (OTAC) in conjunction with the American Occupational Therapy Association (AOTA) is working on the development of resources for consumers, particularly those who may know they need therapy services, to help them make informed choices while shopping for plans on the Affordable Care Act's (ACA) health insurance marketplaces. While reviewing the health plans offered in Colorado's marketplace, we discovered some causes for concern related to coverage for rehabilitative and habilitative services.

The ACA requires coverage of certain essential health benefits (EHB), including rehabilitative and habilitative services. As you are aware, states were permitted to select a benchmark plan to serve as the model of their EHB requirements. Colorado's benchmark plan is the Kaiser Foundation Health Plan of CO Ded HMO 1200D (see attached benchmark plan description).

On page 3, row 32 of that document, Colorado's benchmark requires coverage of 20 visits per year per therapy type for rehabilitation including occupational therapy (OT), physical therapy (PT), and speech therapy (SLP). On page 1 of that document, habilitative services are to be covered "...in parity with, and in addition to, any rehabilitative services...". Therefore, plans sold on Colorado's marketplace should cover a total of 120 annual visits of OT, PT, and SLP for rehabilitation and habilitation. In addition, on page 5, row 17 of the same document, you can see OT, PT, and SLP are to be covered with no visit limits for children up to age 5 with congenital defects.

The Kaiser plans sold on the marketplace seem to substantially comply with the standard set by the Kaiser benchmark plan (e.g., see page 5 of Kaiser Silver attachment).

However, there are at least two other plans that appear not to be in compliance: CO

HealthOp Bear Bronze EPO (see attached pages 10-11) and Humana Connect Silver 4600/3600 HMO (see attached page 5). There could be other plans that are offering the similarly non-compliant coverage.

There is a very big difference in the levels of coverage offered by these plans, despite the fact that the EHB requirements were intended so that plans' benefits would be "substantially equal" as the federal regulations state. The Humana plan covers 10 visits per year for spinal manipulations, adjustments, and modalities, as well as 20 visits per year for all other therapies. The limits for rehabilitation and habilitation are combined.

So it appears Humana is providing coverage of 30 therapy visits per year, as opposed to the coverage in the Kaiser benchmark plan (as well as the actual Kaiser plans on the marketplace) that cover 120 therapy visits per year (with no limits for certain children).

CO HealthOp appears to provide more generous coverage than Humana, but not as much as Kaiser (60 annual visits, again with no limits for kids under 5 with congenital defects, and no limits for autism).

The federal EHB regulations do allow plans to substitute benefits within EHB categories, and as far as we know, Colorado has not prohibited benefit substitution. Still, these discrepancies do not appear to be representative of actuarially equivalent benefit substitution. Based on our review, it appears only Kaiser's plans comply with the benchmark coverage requirements.

We are requesting your office evaluate Colorado's marketplace plans to ensure compliance with the benchmark coverage requirements under the EHB, particularly as it relates to coverage of rehabilitative and habilitative services. Thank you for your attention to this matter, and please let us know if you need any additional information.

Sincerely,

Audrey Aguilar, President  
Occupational Therapy Association of Colorado