



**Colorado
Legislative
Council
Staff**

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MEMORANDUM

June 5, 2015

TO: Legislative Health Benefit Exchange Implementation Review Committee

FROM: Elizabeth Haskell, Constituent Services, 303-866-6264

SUBJECT: Number of Constituent Requests Related to Connect for Health Colorado -
October 2013 through May 2015

Summary

This memorandum provides information about the number of constituent inquiries received by the Legislative Council Staff concerning difficulties experienced when purchasing a health insurance policy through Connect for Health Colorado. Specifically, information about the number of inquiries received, the nature of the inquiries, and the amount of time Legislative Council Staff spent on these inquiries is provided.

Overview

Legislative Council Staff (LCS) responds to constituent inquiries upon the request of a legislator or a legislative aide. LCS maintains a research database of all inquiries received from legislators. Using the LCS research database, staff was able to identify the number of inquiries received concerning the purchase of health insurance and Connect for Health Colorado (the exchange), the nature of the inquiries, and a general accounting of staff time required to respond to the inquiries. Please note that the inquiries discussed in this memorandum include only those referred to LCS.

The inquiries reviewed were those submitted to LCS from the beginning of the first open enrollment period for the exchange, October 1, 2013, through May 29, 2015. During this period of time, LCS received 118 inquiries related to purchasing health insurance through the exchange. The inquiries concerning the purchase of health insurance through the exchange focused on such topics as Medicaid eligibility, delayed or inaccurate 1095A IRS forms, insurance billing issues, hold times when calling the exchange, difficulty sharing information between the exchange and insurers, and difficulty communicating directly with the exchange or an insurer. Constituent Services staff processes these inquiries in one of two of ways.

- Upon receiving detailed information from a legislator or an aide about a constituent's

concern regarding purchasing health insurance coverage, staff determines whether the issue appears to be an exchange issue, a Department of Health Care Policy and Financing (HCPF) issue, or a Division of Insurance (DOI) issue. Staff then refers the concern directly to designated staff in the identified agency, usually within 24 hours. If it is unclear to LCS which agency could most appropriately handle the concern, the inquiry is typically referred to the exchange.

- If information is submitted by a legislator or aide concerning the purchase of health insurance that needs clarification from the constituent, LCS contacts the constituent, usually within 24 hours, but in some cases it can take a few days to connect with the constituent. LCS makes this contact in order to clarify the constituent's concern so that the issue can be directed to the appropriate agency staff.

In most cases, the initial contact with the legislator, constituent, and the appropriate agency can be handled by LCS within 30 to 45 minutes. Once the case has been referred, LCS monitors the case with the appropriate agency until the case has been resolved. In 2015, exchange staff has provided case updates to LCS on all open cases once to twice a week. HCPF and DOI staff communicate with LCS once a case has been resolved, or in the case of a complicated scenario, once agency staff is assisting the constituent. LCS cannot verify whether the subject matter of the initial constituent inquiry was actually the source of the constituent's difficulty with the exchange, HCPF, or DOI since LCS is not made aware of the specific circumstances of each case. Constituent Services staff estimates that updating all open cases with the case information provided by the exchange, HCPF, or DOI takes a total of about one hour per week.

First Open Enrollment -- October 1, 2013, through March 31, 2014. During the first Connect for Health Colorado open enrollment period, LCS received a total of 33 constituent inquiries about the purchase of health insurance through the exchange. Common concerns focused on the 30 to 45 day processing time to receive an eligibility determination from Medicaid, communication difficulties between the exchange and insurers, the length of the telephone hold time when contacting the exchange, timely receipt of billing statements from insurers and other billing concerns, and difficulty making changes to accounts, such as cancelling a policy and choosing another. Table 1 shows the number and subject matter of constituent inquiries received by LCS during the first open enrollment period and the nature of the inquiries.

**Table 1
Constituent Inquiries Concerning the Purchase of Health Insurance
Received by LCS October 1, 2013, to March 31, 2014**

Subject of Inquiry	Number Received
Medicaid Eligibility Determination Delay (HCPF)	12
Exchange/Insurer Communication	4
Exchange/HCPF Communication	5
Client/Exchange/HCPF/Insurer Communication	3
Other*	9
Total	33

Source: Legislative Council Staff

*Other includes concerns about clients who created more than one account, constituent failed to return call, and issues that were identified as unclear to LCS.

April 1, 2014 to November 14, 2014. For the time period between the first and second open enrollments, LCS received seven constituent inquiries regarding enrolling in a health insurance plan. These inquiries included concerns about not being able to complete the exchange application before the deadline, confusion about Medicaid eligibility, the monthly insurance premium bill not including the discount for the subsidy, difficulty with coverage due to application errors and then leaving the country, and a complaint about the rule that policy cancellations needed to be filed by the 15th of the month in order to be effective for the next month. Table 2 shows the number and subject matter of constituent inquiries received by LCS between the first and second open enrollment periods and the nature of the inquiries.

Table 2
Constituent Inquiries Concerning the Purchase of Health Insurance
Received by LCS April 1, 2014, to November 14, 2014

Subject of Inquiry	Number Received
Medicaid Eligibility Determination Delay	0
Exchange/Insurer Communication	1
Exchange/HCPF Communication	1
Client/Exchange/HCPF/Insurer Communication	1
Other*	4
Total	7

Source: Legislative Council Staff

*Other includes concerns about rules and regulations, custody disputes, and issues that were identified as unclear to LCS.

Second Open Enrollment -- November 15, 2014, through February 15, 2015. During the second open enrollment period, LCS received a total of 35 constituent inquiries about the purchase of health insurance through the exchange. Common concerns brought forward at that time focused on difficulty obtaining a Medicaid eligibility determination, difficulty communicating with the exchange or an insurance company, difficulty communicating with the exchange and insurers when a member of the family became eligible for Medicare, complaints about the telephone wait times, and difficulty getting information from the exchange or an insurer about an account. Table 3 shows the number and subject matter of constituent inquiries received by LCS during the second open enrollment period.

Table 3
Constituent Inquiries Concerning the Purchase of Health Insurance
Received by LCS November 15, 2014, to February 15, 2015

Subject of Inquiry	Number Received
Medicaid Eligibility Determination Delay	14
Exchange/Insurer Communication	10
Exchange/HCPF Communication	0
Client/Exchange/HCPF/Insurer Communication	4
Delayed/Inaccurate 1095A IRS Forms	0
Other*	7
Total	35

Source: Legislative Council Staff

*Other includes concerns about the amount of tax subsidy, technical glitches, broker had trouble signing up client, and requests for extended open enrollment.

February 16, 2015, to May 29, 2015. LCS received 43 inquiries regarding the exchange between February 16, 2015, and May 29, 2015. The bulk of these inquiries are related to delayed or inaccurate 1095A IRS forms, Medicaid eligibility, and difficulty communicating with either the insurer or the exchange. Table 4 shows the number and subject matter of constituent inquiries received by LCS from the close of the second open enrollment period through May 29, 2015.

Table 4
Constituent Inquiries Concerning the Purchase of Health Insurance
Received by LCS February 16, 2015, to May 29, 2015

Subject of Inquiry	Number Received
Medicaid Eligibility Determination Delay	6
Exchange/Insurer Communication	9
Exchange/HCPF Communication	0
Client/Exchange/HCPF/Insurer Communication	5
Delayed/Inaccurate 1095A IRS Form	16
Other*	7
Total	43

Source: Legislative Council Staff

*Other includes concerns about the amount of tax subsidy, technical glitches, and unclear issues.