

Regarding our health care:

The Colorado exchange is not working for our family as well as others I visit with.

My husband and I have had our deductibles and cost of prescriptions rise. Moreover, our insurance is not paying for the same reliable drugs they once did but changing to those less expensive drugs. My chiropractor is no longer covered.

My healthy, self-employed daughter doesn't want to be insured, yet she is now required to spend her money on that which she desires not.

Often I speak to young people regarding their insurance issues. Namely, the young lady at Walgreens, who had been working there 14 years, had her hours cut so the company would not have to pay for her insurance. The part time college student at Staples could only get Medicaid. These are only two of many with whom I speak whose lives have been encumbered by our health care policies.

As our elected officials, please vote for repeal of the State Healthcare Exchange.

Thank you,

Carole and Joel Morenz

Colorado Springs, Colorado

Dear Health, Insurance, and Environment Committee Legislator,

We were unhappy SB200 passed, allowing the Colorado Healthcare Exchange to set up operations in this state to implement Obamacare. Now after seeing the disastrous results, we know we had good reason to be unhappy.

We ask that you vote YES on HB15-1066 to Repeal the Exchange!

* Our 2015 policy went up \$233 per month. We now pay close to \$2600 a month for 3 people! This is with a \$5500 yearly in-network deductible and an \$11,000 out of network deductible. This is a financial hardship for us.

* The Exchange began with hundreds of millions in federal taxpayer funding. It was spent quickly with little to show for it. Now Colorado taxpayers are footing the bill. The considerable fee added to each policy was supposed to create adequate funding for the Exchange to be self-supporting. That has NOT happened. The exchange is now asking for even more money from Colorado taxpayers.

* High-paid Exchange employees have been "given" thousands in bonuses. The previous director left to take a job with Cigna after she received a large salary increase and bonuses. She left under suspicious circumstances of fraud in a previous state she worked in.

* Most of the "previously uninsured" enrollees are on Medicaid, which Colorado taxpayers have to pay for as well at a cost which is not sustainable.

* Those who get policies via the Exchange are receiving considerable subsidies even though the ACA does not legally allow this with state run exchanges. The United States Supreme Court has been asked to rule on this. Also, those who did receive the subsidies were likely over paid and will be forced to pay the excess back by forfeiting their EITC and or their tax refund.

* Those of us struggling to pay for our own coverage are being forced to pay for these subsidies via our premiums. This is a massive tax on all of us and many cannot afford it.

* We want ACA to be STOPPED in Colorado. Repealing the Exchange is a good first step.

Thank you.

Jennifer and Keith Lorensen

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Pueblo, CO 81001
719-546-3821

Amy Mitchell
4835 Cameo Way
Colorado Springs, CO 80919
719-260-6135

January 28, 2015

Dear Members of the Health, Insurance and Environment Committee of the Colorado House of Representatives,

I ask you to vote YES for HB15-066 to repeal the Colorado Health Benefit Exchange. Coloradoans are smart and responsible citizens and do not need an additional layer of costly bureaucracy, nor mandates to tell us how to best take care of ourselves. We, citizens of Colorado, take personal responsibility and know best how to take care of ourselves.

I subscribe to alternative and complementary medicine to take care of me and my husband, which is not covered by any healthcare policy. We have a savings account to pay out of pocket, yes we pay cash, for any needed healthcare, and for the dietary supplements that keep us healthy. Now due to The "Affordable Care Act" and the Health Benefit Exchange, we are forced to pay double; to pay for an insurance policy that we will NEVER use because it does not cover our preferred treatment PLUS we have to pay out of pocket for our care. I feel like we are being extorted by the State of Colorado due to the existing Health "Benefit" Exchange.

Please support HB15-066 and allow me and my husband to take care of ourselves how we choose. We happily assume the personal responsibility to take care of ourselves.

Respectfully,

Amy Mitchell



Janak Joshi <janakjoshi.house@gmail.com>

Connect for Health Colorado insurance coverage issue

1 message

Diann Voos <dvoos@msn.com>
To: janak.joshi.house@state.co.us

Mon, Jan 26, 2015 at 4:08 PM

Rep. Joshi,

As directed by Alex (of your office) I am writing regarding an ongoing issue I've been experiencing with the Connect for Health Colorado exchange. I'll attempt to be brief with this initial email and can provide more detailed information if necessary.

Per the government requirements to have health insurance or be fined that were set into place last year my husband and I successfully purchased health coverage through Connect for Health (C4H) and qualified as well to receive a tax credit toward part of the monthly premium. Several months later my husband aged up to 65 (Medicare eligible) and therefore needed to be removed from the policy. Using C4H assistance and guidelines for this 'Life Event Change' he was removed successfully. I was to have continued with individual coverage, same plan, however with a different premium and different tax credit, all numbers and expectations were explained & quoted.

The issue is that somehow my health coverage was dropped, inadvertently, by C4H a month later. Since September I have spent many hours initiating numerous phone calls (encouraged by C4H) to check on the status of my health coverage plan (all calls are documented). There has not been a resolve, a re-instatement, or even one reply phone call from C4H.....only excuses when I call saying the process is slow, the process must be hung up, the carrier didn't receive our information, my supervisor will re-submit another form, etc.....oh, and call us again to check on this next month. Please note I have done everything asked of me to secure and maintain coverage, submitted all necessary and required documents, was current in premium payments until 'dis-enrolled', and have initiated ALL correspondence, both with C4H and the carrier, by way of phone calls.

To date:

- I still do not have health coverage through C4H. ***The carrier will not regard me as a current client and therefore can't invoice/bill me either.
- C4H most recently told me NOT to reapply for coverage during this current open enrollment window, but to wait and 'see what happens'.
- I will now be subject to paying the proposed fine for not having proof of coverage from Sept-Dec. last year.
- The exchange generated 1095-A form needed for tax purposes will no doubt be incorrect due to lacking proof of coverage.

It would please me if your office and position could forward this to whomever it is that might be able to provide direction on how to proceed.

sincerely,
thank you in advance,

Teresa Diann Voos

1508 Newcastle St.
Colorado Springs, CO 80907
719-264-0822

From a family having great difficulty working with the insurance companies bound by ACA and the State Exchange policies. The process is inefficient and is causing great hardships for Colorado families.

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Here is the summary of our insurance problem. We are still calling Kaiser at least every other week. They say that it has been elevated and someone will call back but then nothing happens. Some of our providers still have not been paid. My husband is spending countless hours on the phone and it is causing him undo stress. He has been on the phone twice with them today.

2014

- March 1st – Kaiser coverage began
- March payment - \$1051.90
- April – began automatic payment deduction
- April - \$1051.90 deducted
- May – \$1051.90 deducted
- June - \$1051.90 deducted
- July 31st – payment went up to \$1295.80 for no reason.
- August – David began contacting Kaiser regarding the increase and they said to contact Connect for Health.
- August 6th a series of emails and phone calls began with Leon Howell resulting in an email on 8/14 with a corrected payment of \$929.84 and tax credit of \$263.90. We were told that this information was submitted to Kaiser.
- 8/19 received an email from Connect for Health stating that when the change was made, coverage was cancelled all the way back to March so the new APTC could be added. We were assured the plan showed active in the market place.
- August – Kaiser deducted \$1173.94 for our auto payment.
- 9/8 – We received a bill from Kaiser for a September payment due of \$1540.06! We cancelled auto-pay before the payment could be deducted.
- 9/15 – We wrote a letter to Kaiser regarding the error and providing the correct information from Connect for Health and showed that they owed us \$1098.48 that should be applied to the September payment due of \$929.84 and asking for a refund of the difference. (see attached)
- October 1st – cancelled the insurance through Connect for Health due to the continuing problems that Kaiser and Connect for Health cannot resolve.
- November began getting calls and bills from medical providers because Kaiser reversed their previous payments to these companies because they showed our coverage was cancelled in March.
- Contacted Kaiser regarding the problem and they said they would have the claims department call these providers. Meanwhile, we are still getting claims statements showing reversal of payments and making calls to Kaiser with no results.

David & Beth Fitch

fitchej@centurylink.net

My name is Vicki Drabek. I had insurance I was happy with before the Affordable Care Act and the State Exchanges.

I have a son in college in another state, so it is so confusing to him when we change insurances again. He also was familiar with our old insurance. (Just go to the doctor and pay a copay).

We are on our 3rd insurance in 2 years because we found out one insurance didn't cover much even though they said they did. We do not have any health issues but when I went to get a physical 1 year ago, the agent said to bargain with the doctor as to how much she would accept for a physical. After paying a higher amount as before Obamacare for insurance, I paid \$100 for the doctor to see me. We did eventually get a small refund but I had NEVER paid that much for a physical. I was used to the standard co pay, \$30 or \$40.

I am so confused and my poor son who is not experienced is confused when he feels ill (once a year usually) as to where he should go and how much does it cost. Also, the cost is the same or more for our insurance and goes up each year apparently.

We are not happy with the choices we have and they don't seem to cover things they used to, or at least not at the prices we paid before.

By the way, we have to pay at least \$100 just to apply for insurance now!!!!

Thanks for being our voice.

Vicki and Ryan Drabek
719-330-7192

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MB Colorado Springs

I'll be 78 years old in two weeks and have pre-malignant polyps in my colon. Under the Affordable Care Act, I cannot receive treatment for cancer after the age of 75. Since I'm still a pretty active person (not physically, but I write editorials and books, etc.), I find this more than just a little upsetting.



From: 912 Project, El Paso County

Subject: Repeal of State Exchanges, HB15-066

To: Honorable Members of the House Insurance Committee

The 912 Project in El Paso County has 610 registered members and we thank you for this opportunity to express our support for repealing of the State Healthcare Exchange.

From the beginnings of the State Exchanges in Colorado, established by SB11-200, our members have overwhelmingly expressed our concerns. We were here testifying as concerned citizens in front of the House committee in 2011 against exchange implementation. During those hearings, we as individual citizens and our concerns were dismissed with a House Committee member even stating for the record that if we were not testifying as a member of the "group", "we are of no consequence". We respectfully submit that with the many and continuing problems with the Colorado State Exchange and with its anchoring to the problems with the Affordable Care Act, not only were we correct in our concerns, but we and all citizens of Colorado were then and remain the only thing of real consequence for government.

Since the establishment of the Colorado Exchanges, the problems continue to mount and there are more questions being raised with few acceptable answers provided.

Today, the Exchange claims over 50 million dollars in cash reserve. How is it that its operating budget is half that yet, we are still hemorrhaging taxpayer money into normal and emergency operations?

Those managing the Exchange claim great success in signing up customers for insurance coverage, but they continually are unable to say with certainty how many are being funneled into the prior existing government program of Medicaid over actually obtaining coverage from a participating private company or even how many who have signed up have actually paid a premium. The expansion of Medicaid and taxpayer funded subsidies is a fiscal disaster for our state; one which is coming to a head as federal funding, our tax money, is reduced and more and more people are put into government controlled and taxpayer funded healthcare system.

Johnathan Gruber of "passing ACA depended on the stupidity of the American voter" fame was contracted by the state to estimate the costs of the expansion of subsidized plans in Colorado. He sold expansion saying approximately 420,000 new enrollees would be brought in. He was incorrect. The expansion brought around in 1.1 million new enrollees in the subsidized plans at a staggering fiscal miscalculation of 800 million dollars; Source Vermont Watchdog in a story comparing Colorado with that states own exchange problems.

So far, the exchanges have cost taxpayers, who are Colorado families, over 200 million dollars. Yet, continuing technical difficulties are costing millions more and causing Colorado families to lose coverage. The mounting difficulties in the IT function is so great an additional \$332,000 in taxpayer funds was just allocated as an emergency band aid "fix" only to process claims through this February. This is over the estimated 6 million dollars allocated for operating costs to the exchange to fix IT issues just a few months earlier. These problems have prevented thousands of citizens from being able to obtain insurance or even to have their policies canceled including cancer patients in dire need of care. How is it that after so much time and so much money the state cannot operate a website?

The state remains unable to provide accurate information on taxpayer funded subsidies, a major component the proponents of ACA and the exchanges say is needed in providing quality insurance. This failure of accounting is providing anything but quality care and is going to cause a financial burden on citizens who can least afford it. As reported by Health News Colorado, testimony to the State Exchange Board in January included "Matt" testifying over the phone saying, "He's been trying unsuccessfully to get coverage and hadn't heard anything for five weeks from either Connect for Health or Medicaid workers. He said workers told him they will get him retroactive coverage for Jan. 1 once they figure out what's wrong. He said that's not enough." I have an incorrect APTC (estimate of tax subsidies) and multiple problems," CNN Money reports, "For the 25 to 30 million who are not covered or who purchased insurance through the federal or state-level exchanges, they will be walking through an IRS minefield." Many will lose their EITC or refunds because of the subsidy over payments, something the State Exchanges are not informing customers of; many who are looking for the tax credit and depend on their refunds.

These are just a few issues with the state exchange which is proving to be inefficient, excessively costly, and most importantly hindering quality healthcare available to Colorado families. The Exchange was established in 2011 by a few who claimed it to be a private sector enhancement to quality care, but most all knew it was a government solution which would and has failed our state.

Going back to "Matt" in Colorado Health News as he sums up what so many of our citizens now are forced to do:

"I'm currently avoiding medical care due to lack of confidence in how these bills will be paid. "He questioned what kind of liability the exchange and state officials will have if someone who has been

struggling to get health coverage, but can't, has a major medical issue or dies. That question stumped every single exchange board member, along with Hickenlooper's Deputy Chief of Staff, David Padrino, Insurance Commissioner Marguerite Salazar and Sue Birch, head of Medicaid for Colorado."

Many families are suffering with newly established healthcare deductibles so high they negate the purpose of insurance through skyrocketing out of pocket costs exceeding \$5000.00. Many of our members are furious of being forced to "purchase" plans that provide services they will never need further raising their costs as a time when many families are struggling with day to day expenses.

There is much talk in political circles today about helping the "middle class", but the costs to families either directly through increased healthcare premiums and out of pocket costs is a massive tax increase on these families. An increase many cannot afford.

Repeal the Exchanges and let's work for real solutions for Colorado, not for Washington and governmental control.

Contact: Don Rodgers

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