



SPECIAL ENROLLMENT PERIOD VERIFICATION

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Steps Consumers Should Follow

(Please Note: Not all Carriers will request documentation.)

If you receive a request for documentation from your Insurance Carrier:

- **Step 1: Double Check the Special Enrollment Period Type (*Immediately*)**
 - A list will be available on the Connect for Health Colorado website, and the Service Center will also be able to assist customers with confirming their SEP type
- **Step 2: Confirm the Deadline for Providing the Document (*Immediately*)**
- **Step 3: Submit the Document to your Insurance Carrier (*Within 30 days of the date on the document request letter*)**
 - For some types of documentation requests, Connect for Health Colorado can provide documentation to consumers
 - However, for **most** other SEP types, Connect for Health Colorado does not have access to the correct documentation, and will not be able to support customers with documentation requests
- **Step 4: Your Insurance Carrier will Make a Determination and Send you a Letter (*Within 10 days of receipt of documentation*)**
 - If a consumer disagrees with the determination made by their Insurance Carrier, the consumer has the right to appeal that determination to the Connect for Health Colorado Office of Conflict Resolution & Appeals

Connect for Health Colorado Documentation Support

Connect for Health Colorado can help consumers provide documentation for the following Special Enrollment Period types:

- Loss of Health First Colorado or Children's Health Insurance Program Coverage
- Weren't successfully enrolled in a plan or were enrolled in the wrong plan because of:
 - Misinformation, misrepresentation, misconduct, or inaction of someone working in an official capacity to help you enroll (like an insurance company, navigator, certified application counselor, or agent or broker)
 - A technical error or another Marketplace-related enrollment delay
 - The wrong plan data (like benefit or cost-sharing information) was displayed on ConnectforHealthColorado.com at the time that you selected your health plan
- Experience an exceptional circumstance that kept you from enrolling in coverage, like being incapacitated or a victim of a natural disaster
- Are enrolled in Marketplace coverage and report a change that makes you:
 - Newly eligible for help paying for coverage
 - Newly ineligible for help paying for coverage
 - Eligible for a different amount of help paying for out-of-pocket costs, such as copays

Documentation that Connect for Health Colorado Cannot Provide

Connect for Health Colorado is unable to help consumers provide documentation for the following Special Enrollment Period types:

- Loss of qualifying health coverage (other than Health First Colorado or Children's Health Insurance Program)
- Change in household size
 - Marriage
 - Birth, Adoption, Child Support / Court Order
- Change in primary place of living
- Gain of citizenship or lawful presence
- Release from Incarceration
- AI/AN Membership
- Domestic Abuse or Spousal Abandonment
- Material Contract Violation by Insurance Carrier

Appealing a SEP-Verification Denial

- **For all on-Exchange enrollments, Connect for Health Colorado is the designated appeals entity**
 - For off-Exchange enrollments, the Division of Insurance is the designated appeals entity
- **Consumers will follow existing appeals processes**
 - Appeals can be submitted in any of the four following ways:
 - Calling the Customer Service Center
 - Uploading the Appeal Request Form to the customer account
 - Mailing the Appeal Request Form to the Office of Appeals
 - Faxing the Appeal Request Form to the Office of Appeals
- **Appeals Determinations will focus on a few key elements**
 - Timeliness
 - Document Sufficiency
 - Adherence with Applicable Law

Q&A