



# Colorado Families for Hands & Voices Parent Funding Toolkit



COLORADO  
HANDS &  
VOICES™

*3<sup>rd</sup> Edition, 2013*

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# **Our Mission**

Hands & Voices is dedicated to supporting families with children who are Deaf or Hard of Hearing without a bias around communication modes or methodology.

We're a parent-driven, non-profit organization providing families with the resources, networks, and information they need to improve communication access and educational outcomes for their children.

Our outreach activities, parent/professional collaboration, and advocacy efforts are focused on enabling all children who are deaf or hard of hearing to reach their highest potential.

## **Hands & Voices supports and represents**

- Kids with mild, moderate, severe, profound, unilateral, conductive, auditory neuropathy, congenital, acquired, progressive hearing loss or deafness, or deaf plus
- Kids who speak, kids who sign, kids who do both, kids who cue, kids who are aided or not aided, and/or kids who have cochlear implants
- The families of these children and the professionals who work with them in all capacities from birth through high school graduation

## ***A note about the Toolkit and the cover picture story:***

This funding toolkit is for families who want to pursue amplification for their babies and children but face financial barriers. The parents who compiled this information all have children with hearing loss and experienced firsthand the difficulty in purchasing hearing aids, funding cochlear implants, or other equipment. We wanted to help other families and the professionals who work with them to identify funding resources to assist all of our children.

*We thank the Colorado AG Bell Association and the Colorado chapter of Family Voices for their contributions to the original tool kit in 2004, and DeeAnn Westfall, Jennifer Richter, and Sara Kennedy for this 2010 update.*

*Many organizations and families gave generously of their time, money, and expertise to see the hearing aid bill through to becoming a law, including the members of the Colorado Coalition for Children's Hearing, (Colorado AG Bell, Colorado Academy of Audiology, The Colorado Home Intervention Program, the Marion Downs Hearing Center, The Children's Hospital and the Advocacy Network, Colorado Academy of Audiology, University Hospital, The American Academy of Pediatrics, Colorado Chapter, committee chairs Mary Bartholomew and Janet DesGeorges and our lobbyist who guided us through this civics lesson, Charlie Hebel. The picture on the title page is the formal signing ceremony of the bill, featuring Governor Ritter and young Evan Strickfaden surrounded by other young lobbyists, parents and supporters. Thank you!*

# **Introduction**

Let's start with the good news!

We celebrate the passing of "Senate Bill 57" that finally provided a mandate for private health insurance coverage of hearing aids for children birth to 18 years of age in Colorado, effective when insurance renewed in calendar year 2009. This was our third attempt at proposing legislation with compromises and concessions along the way. Prior to the law passing, few insurance companies would cover hearing aids at all, stating that hearing aids were "cosmetic." The law requires that private insurance companies regulated by the Colorado Division of Insurance include hearing aid coverage as a benefit, subject to deductibles and co-pays. Self-insured plans (like many city government employees) and federal plans are not covered by this legislation, or deductibles may be so high that equipment is out of reach, so the need for the Parent Funding Toolkit still exists. Some incredible families have raised all their own funds for equipment. We are sometimes asked if nonprofits can take donations for a specific child. They can't do that by law, but what a terrific thing to do if you receive an award--to ask friends and family to help replenish the funds available for the next child in need.

While it seems daunting to begin the process of applying for funding assistance, there's no day like today to begin.

## **One of our Hands & Voices staff shares her experience:**

*"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 new insurance carrier did not pay for hearing aids. For two years in a row, we had to secure funding for new digital hearing aids. Many applications ask for the same information and need the same documentation, so make multiple copies of your information. Yes, it took some time, and funding can be confusing when it comes in small amounts from different organizations, but we did receive help. It was well worth the effort. Do not assume your income will disqualify you from funding; many of the funding sources do not make their decisions based on income alone."*

*Jeannene Evenstad*

## **Section 1**

### **Your Child's Records: Creating a Portfolio**

Whether applying for funding assistance or asking for different services, a parent will need to find, organize, and keep a child's records up to date. One way to do this is to create a portfolio. A portfolio is just an organized notebook or computerized file 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 condition, contact Family Voices Colorado through [www.familyvoicesco.org](http://www.familyvoicesco.org) for more assistance, or see the National Center for Medical Home Implementation webpage for building your own care notebook, including sample forms available for downloading, at [www.medicalhomeinfo.org/for\\_families/care\\_notebook](http://www.medicalhomeinfo.org/for_families/care_notebook) on that site.

The primary purpose of the child's 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 and the timeline of important events. 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. You'll find the information useful during IEP meeting preparation, too.

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, and eventually, your child will be the keeper of the records!

If you don't have information pulled together already, don't worry. You can start with the application process in section 2, and you'll develop what is needed for your child's portfolio and can build it while you are copying forms for the applications.

#### **Create your own notebook**

Here is a suggested table of contents for inclusion in the notebook or electronic file. Use the sections that make sense for your child's situation. Many families use a clear cover, three ring notebook with tabbed dividers, and place a picture of their baby or child in the cover. We need all the inspiration we can get when speaking up on behalf of our child's needs! You can add your child's picture on the front. If using an electronic version, scan the documents in a folder in the order that makes most sense to you.

#### ***Portfolio Table of Contents***

##### **Section One – 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, and similar tests
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. IFSP or IEP's, Transition Plans (may need separate book for older child.)
6. Letters to and from school

**Section Five: Emergency Information**

1. Parents and Other Caregivers (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. Record of written communications

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

*(This is always useful to collect in advocacy situations.)*

**Section Eight: Business Cards in Notebook Divider Format**

Audiologist's business card(s), ENT physician, parent groups, and others as needed.

## **Section 2**

# **Private Funding Sources for Hearing Aids and Other Devices**

### ***Do We Have to Wait for Funding?***

While you are applying for funding assistance, you can still provide your child with hearing aids through the Colorado Statewide Hearing Aid Loaner Bank. This bank was created through the generosity and foresight of many organizations, and it was expressly formed so that families would have a little lead time on applying and waiting to hear about funding, or while working through a trial of equipment to see if amplification is beneficial for your child.

Many of the sources will also assist with cochlear implant or vibrotactile aids for conductive loss funding (also called Bone Anchored Hearing Aid or BAHA). The Colorado Hearing Aid Loaner Bank can't assist families with implanted devices due to the surgical components of these devices.

*\*See page 17 on the Colorado Statewide Hearing Aid Loaner Bank.*

### ***Helpful Hints When Applying to a Private Funding Source***

Read the application through carefully to decide if your family is eligible to apply. Before filling out the applications, check to see what documentation they require and have all of the documentation ready. Many applications require the same documentation, so count how many copies you will need for each source for which you are eligible before making copies to save yourself some time.

#### **Documents commonly required by many of the funding sources:**

1. Copy of identification of parent/guardian: (driver's license/state identification)
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, such as recent pay stubs
7. Letter from family explaining the need for funding.
8. Recent audiogram
9. Again, make several copies so that you can easily apply to more than once source.

#### **Before you use a credit card to purchase hearing aids, know that agencies will not pay families directly. You can't be "paid back later."**

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 professional. If a parent applies to these organizations, the application will

be denied. Apply even if the expected turnaround time is not immediate; any source is worth applying to if you meet the guidelines.

Make copies of applications before mailing them. Some agencies require an examination by their own audiologist. Pediatric audiologists are recommended.

## List of Private Funding Sources

*To the best of our knowledge this information is correct as of December, 2013.*

### **AV Hunter Trust, Inc.**

<http://avhuntertrust.org>

Funding assistance for durable medical equipment, including hearing aids. 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 other third-party professional* acting on behalf of their client/patient. Families should NOT contact the trust directly or will be disqualified from funding. An online application is available for download and viewing. Checks are made payable to the vendor and a one time limit per individual is set.

### **Center for Hearing, Speech and Language**

303.322.1871 (Denver) 719.597.3390 (Colorado Springs) [www.chsl.org](http://www.chsl.org)

**The Center for Hearing, Speech and Language** is a nonprofit offering a sliding scale for purchasing hearing aids based on income. The Center will evaluate a client and match with an appropriate hearing aid. Audiologists, speech language pathologists, and therapists provide hearing, vision, speech and language services for people of all ages, including those unable to pay.

### **CNI Center for Hearing Cochlear Implant Assistance Fund**

Allison Biever, MA, CCC-A601 E. Hampden Ave, Suite 530 Englewood, CO 80113  
(303) 783-9220 ext 211

[www.theCNI.org/Public/CNICenters/Centerforhearing/index.cfm](http://www.theCNI.org/Public/CNICenters/Centerforhearing/index.cfm)

email: [ciantlenet@yahoo.com](mailto:ciantlenet@yahoo.com)

1. *The Cochlear Implant Assistance Program* 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. Patients are responsible for other costs associated with the procedure, but 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 \$10,000-\$20,000 as compared to the \$85,000 cost with no assistance.
2. *The BAHA (Bone Anchored Hearing Aid) Assistance Program* awards only internal and external components of the system. The average-out-of-pocket expense for a recipient of this program is approximately \$10,000 as compared to the \$18,500 with no assistance.
3. *Angel Network* is a program assisting with the financial needs of cochlear implant recipients for rehabilitation in Colorado or Wyoming. Recipients may be insured, but have no coverage or limited coverage for rehabilitation. Rehab



must be performed by a certified or licensed speech language pathologist (SLP) or auditory verbal therapist (AVT).

**The Elks Lodge**

[www.coloradoelks.org](http://www.coloradoelks.org)

[www.coloradoelks.org/resources/resources.html](http://www.coloradoelks.org/resources/resources.html)

Aid is available from the Clem Audin Fund. These funds are intended for purchase of equipment, school supplies, clothing related to the education, health, development, and care of children 18 years of age and younger. Funds limited to \$200.00 per request. Each ELKS chapter has the application, or visit the website above.

**First Hand Foundation**

2800 Rockcreek Parkway

Kansas City, MO 64117

(816) 201-1569

(816) 571-1569 Fax

Email: [firsthandfoundation@cerner.com](mailto:firsthandfoundation@cerner.com)

[www.firsthandfoundation.org](http://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. The foundation will consider cochlear implant funding (medical as well as equipment needs.) This is an international provider, and sends funds directly to a provider. Applicants may make one request per year with a maximum of three requests total.

**Friends of Man**

[www.friendsofman.org](http://www.friendsofman.org)

(303) 798-2342 An application for Friends of Man will only be accepted if submitted by a third-party professional. They must make the request on a child's behalf. Friends of Man will consider all needs; prefer tangibles versus services. Checks are made payable to the vendor. Teachers, clergy, and social workers may apply for families.

**Hear Now program of the Starkey Hearing Foundation**

6700 South Washington Ave  
Eden Prairie, MN 55344  
(800) 648-4327 \*automated line  
(Text Callers use: Relay 711 or 800-328-8602)  
[www.sotheworldmayhear.org](http://www.sotheworldmayhear.org)  
Email: Joanita@sotheworldmayhear.org

The Hear Now program of the Starkey Hearing Foundation provides hearing aids to low income individuals who have no other resources to acquire hearing aids. Those served through the program must permanently reside in the US, meet the financial criteria, complete the application process and be approved for assistance. Hear Now assistance is not available if the applicant qualifies for any funding through private insurance, government assistance or any other funding option. There is a \$125 nonrefundable fee for each hearing aid requested. Anyone interested in Hear Now services should call 1-800-328-8602 and ask for Hear Now to discuss eligibility.

**The Hearing Foundation**

International Hearing Health Missions  
6700 South Washington Avenue  
Eden Prairie, MN 55344

[www.giftofhearingfoundation.org](http://www.giftofhearingfoundation.org)

Eligibility: call HEAR NOW at 1-800-328-8602

This nonprofit provides hearing testing and amplification in missions all over the world, including the USA. The Hearing Foundation provides over 20,000 hearing aids per year as a united hearing care team. Income guidelines and an asset test apply, but all applicants are encouraged to call regarding eligibility. Starkey provides the hearing aids.

The Gift of Hearing Foundation is a nonprofit corporation dedicated to increasing access to and awareness of cochlear implant (CI) surgery. The Foundation also publicizes and supports areas of research and legislation that can impact both the cost and awareness factors. *(Related to the Hear Now program listed previously, but this foundation is international in scope.)*

**H.E.A.R. Project**

Cory Portnuff  
4280 Hale Parkway  
Denver, CO 80220  
303 751-2519 phone/fax  
[www.hearproject.org](http://www.hearproject.org)

A funding source for hearing aids, cochlear implants 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 insurance or Medicaid is not covering costs. The H.E.A.R. project can help with financial assistance for hearing aids, earmolds, repairs, batteries, testing and FMs. Supplies for cochlear implants are also covered. Each application is individually considered. There is a short form and a long form application, limited to \$300.00 and \$1600.00 (\$800 per ear) respectively. There is an age limit of 18 unless a child does not qualify for vocational rehabilitation, and then the age is 21.

**H.E.A.R.S. (Hearing, Education and Assistance by Rocky Mountain Sertomans)**

2125 E. LaSalle Street, L-32  
Colorado Springs, CO 80909

Mon-Thurs only 9 am to 4 pm 719-219-3402 or call 719-352-5124 (Cell) and leave your message with name, phone number & address anytime.

Continental Divide and South Colorado SerToMa clubs and the local community support this program providing hearing aids at reduced or no cost to qualified participants. The needy or low income generally qualify for a 100% discount. The sliding scale for discounts is determined by Labor Department income tables. H.E.A.R.S. may pay up to 100% for audiology, hearing aids, and molds (if needed). Applications available by mail or through Hands & Voices in Colorado Springs. While application approval is need-based, families and adults are encouraged to apply. Medical expenses are deducted from income for application purposes.

**The HIKE Fund – Hearing Impaired Kids Endowment**

Marilyn Hepp  
(303) 986-6705  
[www.theHIKEFund.org](http://www.theHIKEFund.org)

The Hike Fund provides hearing devices (hearing aids, cochlear implant processors, vibrotactile aids, BAHA devices and other durable equipment) for children between the ages of birth to twenty whose parents are financially unable to meet this need regardless of income. Funds are raised through Job's Daughters, and may take up to six months from the application to the receipt of funds. Checks are made payable to the vendor. There is no prescribed limit for grants; awards are based on the device prescribed and the family's letter of need. Other hearing devices may also be considered for funding with the appropriate documentation and letter of support.

**Larimer County Hearing Aid Bank**

Kim Miller  
508 Princeton Rd.  
Ft. Collins, CO 80525  
970 221-0743  
[larimerhab@gmail.com](mailto:larimerhab@gmail.com)

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. Applicants do not need to be US citizens. LCHAB also provides help with the repair of existing hearing aids and replacement earmolds.

**Mandy Project**

Cindy Greer, Mandy Project Coordinator  
7629 CR 100  
Hesperus, CO 81326  
970 588-3386 [hcrdgreer@frontier.net](mailto:hcrdgreer@frontier.net)  
[www.coloradorange.org/mandy\\_project/index.html](http://www.coloradorange.org/mandy_project/index.html)

The Mandy Project helps children with hearing loss to become productive citizens and provides assistance to families experiencing hardship due to a child's hearing

loss. As many children will be helped as possible and as funds are available. Families may receive assistance with the costs of hearing aids, speech therapy, surgery or other related expenses. Funding is made to the provider and is generally ranges from \$500-\$750.00. The Mandy Project is sponsored by the Colorado State Grange and People Improving Community and Kids (PICK).

**Miracle-Ear Children’s Foundation**

P.O. Box 59261  
Minneapolis, MN 55459-0261  
800 234-5422  
[www.miracle-ear.com/childrenrequest.aspx](http://www.miracle-ear.com/childrenrequest.aspx)

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.

**Quota International**

<http://quota.org>

Quota International is a nonprofit service club with a special focus on hearing, speech and language. The Children’s Hearing Aid Program has recently expanded to include birth to age 23. Applicants should be either at 50% of the poverty level, or have hearing health needs that are not covered by insurance. There are local chapters in many areas of Colorado, including Fort Collins and Denver.

**United Health Care Children’s Foundation**

[www.uhccf.org](http://www.uhccf.org)  
(952) 992-4459

This is a nonprofit dedicated to bridging the gaps for needs not covered by commercial insurance plans. Parents can apply for grants for any need (excluding experimental or alternative therapies) up to a lifetime limit of 7500.00. This is an online application only but has a “live chat” feature on the website or applicants are welcome to call.

***Can We Apply to More than One Organization?***

Yes. Once you receive an award, it should be reported on future applications. If you receive more than you need, let the organization know you no longer need the funds. Consider the many costs associated with hearing aids: it is acceptable to seek assistance with frequent ear mold fittings needed as children grow rapidly, costs of batteries, travel, etc. Just be sure that your request is in line with the requirements of the granting organization.

***Outside the Box Ideas: Where do you Shop?***

Consider where you and your family or your business or place of work “shops” as well. Perhaps the local GAP store where the manager knows you by name might consider a donation request. SerToMa clubs focus on speech and hearing. Many retail corporations have a donation program. Think about where you purchase items and explore if those businesses have a donation program. If you, your family, or friends have a connection with a local charity or business, determine if that business

or charity would consider a request. You may also contact your local church, your employer, union, the hospital or audiology clinic, and the Health Care Program for Children with Special Needs in your county for other local ideas. It is not easy to ask for help. However, for someone to have the joy of giving, another person has to bravely let a need be known.

### ***Raising Your Own Funds***

Several amazing families have raised the entire amount or a majority of funds needed through multiple well organized garage sales, online auctions, and creative benefit events, particularly when they are insured but hearing aids or implants have been excluded from their benefit plan. Parents can negotiate for lower costs when paying out of pocket with hospitals, surgeons, and other providers as prices paid by insurance often reflect a percentage discount.

*Keep track of your expenses for the next year's tax forms.* One parent reported that she then was refunded all of her federal income tax for that tax year due to the high out of pocket medical costs for bilateral cochlear implants, so she was glad she kept good records. Parents can be incredibly resourceful when their children have a need!

"I had one family where the grandfather was a member of Harley-Davidson Club. The bikers organized a ride and raised all of the money needed."

"I knew a mom who worked for a medical practice. The owners were so embarrassed that their insurance did not cover hearing aids that the docs raised the money themselves to cover them. (This was before our legislation passed in Colorado.)"

## Chart of Detailed Information for Funding Sources

Organization	Range of funding / age criteria	Coverage	Turn-around time	Income limit	Documentation required	Citizenship/ Residency
<b>AV Hunter Trust</b>	Amounts vary, case by case decisions. Funding sent to vendor. Ages three through adult. May be accessed one time only per individual.	Durable medical equipment including aids of all types and other hardware	About three weeks if application is complete	None given, but intended for low to middle income.	Must be filled out by third party such as audiologist, social worker and signed by parent. Online application: 2 forms of ID, prescription for item, income, equipment needed,	Proof of CO residency for past 12 months is required.
<b>Center for Speech, Language, and Hearing</b>	Case by case decisions Both locations: age ten through adult, call for eligibility before making appointment. No specialized pediatric equipment on site.	Digital hearing aids, two packs of batteries, follow up visits, warranty visits	Two weeks	Fees based on sliding scale according to income, no commission on aids. Full donation for those unable to pay.	Verification of income, prescription. Application available on site in Denver and Colorado Springs.	Contact the center for most recent information.
<b>CNI Center for Hearing Cochlear Implant Assistance Fund</b>	ages 1 year and up, including adults.	No out of pocket cost for CI or BAHA system of choice (internal and external parts.) Second device not considered. Replacement devices considered.	About four weeks. Incomplete applications held for 6 months, then must be reinstated.	None listed, intended for uninsured or underinsured applicants.  CNI encourages the surgery or implant center to pursue reduction in fees for hospital, surgical and audiology costs.	See application online, required that individual is established as a CI or BAHA candidate before applying.  Documentation required from clinic as well as statement from parent or child over 13.	Yes

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<b>Organization</b>	<b>Range of funding / age criteria</b>	<b>Coverage</b>	<b>Turn-around time</b>	<b>Income limit</b>	<b>Documentation required</b>	<b>Citizenship/ Residency</b>
<b>CNI BAHA Fund</b>	All ages once eligible for device, external or surgically placed auditory processor on a soft band.	No out of pocket cost for CI or BAHA system of choice (internal and external parts.) Second device not considered. Replacement devices considered.	About four weeks. Incomplete applications held for 6 months, then must be reinstated.	None listed, intended for uninsured or underinsured applicants.  CNI encourages the surgery or implant center to pursue reduction in fees for hospital, surgical and audiology costs.	See application online, required that individual is established as a CI or BAHA candidate before applying.  Documentation required from clinic as well as statement from parent or child over 13.	Yes
<b>CNI Angel Network</b>	Auditory verbal therapy for patients in need	Partial or full costs of speech therapy or auditory verbal therapy may be covered for eligible children or adults following implant surgery.	About four weeks. Incomplete applications held for 6 months, then must be reinstated.	None listed, intended for uninsured or underinsured applicants.	See application online	Angel Network covers CO and WY
<b>The Elks Lodge</b>	Average amount \$200-\$300. depends on local Elks Lodge, children 18 and below.	Funds for health, education, welfare of children	About four weeks as Lodge meets monthly.	Lower income range	Each Lodge has application	Not currently
<b>First Hand Foundation</b>	Will send funds directly to provider. Child 17 or younger; older dependent must be considered in "child-like" mental state up to age 21.  Limit once per year with three grants over lifetime.	Medical needs for children when insurance is not present or excludes need. Includes hearing aids, implants, BAHA's, FM's, travel, and therapy.	Decision 7-10 days after monthly meeting Online application available.	None listed. Only for families lacking insurance or when insurance excludes need.	Doctor's letter summarizing need, proof of financial statement, letter of denial from Medicaid/insurance picture of child, info on equipment/procedure	No – international requests considered.
<b>Friends of Man</b>	Newborn through adults	Funds paid to provider for some tangible need related to special health care need.	One to two weeks	None listed. Intended for assistance when purchase causes hardship on a family.	Application accepted only through third party such as audiologist, social worker.	No.

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<b>Organization</b>	<b>Range of funding / age criteria</b>	<b>Coverage</b>	<b>Turn-around time</b>	<b>Income limit</b>	<b>Documentation required</b>	<b>Citizenship/ Residency</b>
<b>Hear Now/Starkey</b>	Program of last resort for children and adults of all ages. Call for eligibility.	Hearing aids provided.	2 weeks after completed application	Family does not qualify for any other assistance, including government or insurance benefits. Must be low income.	Client must pay a non-refundable application processing fee; \$125.00 per hearing aid	No.
<b>The Hearing Foundation: International Hearing Health Missions</b>	Program of last resort for children and adults of all ages.	5-7 working days. Analog hearing aids, cleaning tools and batteries provided.	2 weeks after completed application	HEAR Now guidelines followed above.	HEAR Now guidelines followed above.	Worldwide
<b>H.E.A.R. Project</b>	\$300 short form, 1600 long form suggested, but requests above that amount can be considered. Limit 2000 every five years Birth to 18 or through 21 if not covered by vocational rehabilitation programs.	Hearing aids, ear molds, repairs, testing, FM systems, cochlear implant replacement parts, batteries. Funding sent to provider.	Up to 8 weeks	Short form: 200% of poverty guidelines (36,800 family of four) Long Form: Family of four combined income of 70,000	Statement from audiologist. Long form: proof of income, bank statements, statement of medical need, letter by parent with photo, audiogram.	Colorado residency required.
<b>H.E.A.R.S. El Paso County and surrounding area</b>	Sliding scale to 100% discount based on financial need including medical expenses. El Paso County only. Birth through adult	Testing, hearing aids, ear molds, CI durable medical equipment through contracted pediatric or adult audiologist.	1-2 months (Board meets once per month) once application is complete.	Low to middle income, medical expenses deducted from income. Sliding scale if clients are over income.	Nine months of bank statement copies required. When application is approved, a \$40.00 processing fee is requested to offset costs of program. The program has partner pediatric and adult audiologists.	Colorado residency required, limited counties surrounding Colorado Springs.



*Parent Funding Toolkit*

<b>Organization</b>	<b>Range of funding / age criteria</b>	<b>Coverage</b>	<b>Turn-around time</b>	<b>Income limit</b>	<b>Documentation required</b>	<b>Citizenship/ Residency</b>
<b>H.I.K.E Fund</b>	Case by case decision for ages birth to age 20.	Funding to provider for hearing aids, FM systems, computers for deaf/hh children, cochlear implant or BAHA hardware or batteries.	Around 6 months from the application to the receipt of funds	No income limit. Many recipients are children of working parents who are unable to afford this special need.	Financial disclosure, W-2 form and pay stub, recent audiogram, prescription from a licensed audiologist and/or physician	No.
<b>Larimer County hearing Aid Bank</b>	limit of \$75-200.00	Repairs, ear molds, and hearing aids	Average 2 months	Sliding scale	Audiogram within a year	Larimer county resident but US citizenship not required.
<b>Mandy Project</b>	Average \$500.-\$750.for birth through college age. Checks only to provider	Open to covering anything for deaf/hh child needs.	About two weeks	No set limits	Audiogram, picture, permission to use photo	Possibly required in future
<b>Miracle-Ear Children's Foundation</b>	Hearing aid coverage & Hearing Support Services for birth to age 16.	Digital aid, BTE and In-the-Ear aid	4-6 weeks	\$20,000-\$40,000 limit	Audiogram and medical signed release within six month period	Citizen of US and legal resident
<b>Quota International</b>	Birth to age 23	Varies by location.	Varies	50% of poverty level or have hearing health needs that are not covered by insurance.	Find local chapter to determine contact person, application process, and funds availability.	No. See website for local chapter (Fort Collins, Denver, and other areas)
<b>United Healthcare Grants</b>	Birth to age 16 (apply before 17 <sup>th</sup> birthday), excluding those covered by Medicaid or other government program. Lifetime maximum 7500.	Any medical need, device or therapy excluding experimental devices or alternative therapies		40,000 for family of 2 with 20,000 additional per family member allotted (less than 100,000 adjusted gross income for family of 5 and up)	Application from parent, letter from medical provider, recent tax return copy.	Citizen and legal resident

## **SECTION 3**

### **Another Option: Public Health Insurance**

#### ***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. These include:

##### **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 1-800-221-3943 for all program information, see the website at [www.colorado.gov/cs/Satellite/HCPF/HCPF/1197364127331](http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197364127331).

Medicaid will pay for hearing aids for eligible children. Medicaid funds all technologies with the exception of the bone anchored hearing aid or BAHA requiring surgery. This has been covered by the Medicaid waiver for children with significant needs, however. 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. If Medicaid covers you, you have additional rights. Medicaid clients enrolled in managed care plans have different complaint procedures than privately managed care plans.

If your family does not qualify for Medicaid, consider CHP Plus, below.

##### **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. CHP + provides hearing aid benefits in its plan for children's health care coverage and is covered under the state mandate for hearing aid coverage legislation. 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. Not all practices accept CHP+ especially in rural communities.

##### **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 1-800-221-3943 or see the website <http://www.colorado.gov/cs/Satellite/HCPF/HCPF/1197364127331>.

## **SECTION 4**

### **Equipment Loaner Banks**

If your family needs time to gather funding, there are loaner banks for hearing aids and FM equipment.

#### ***Colorado Statewide Hearing Aid Loaner Bank and Birth to Three FM Loaner Bank***

The Hearing Aid Loan Bank was established to provide access to hearing aids on a short term basis for children, age birth to 21, across the state of Colorado, who are waiting for funding to be secured to purchase personal amplification. "Short term" is defined as a maximum of six months per child. Priority will be given to those children who are newly diagnosed with hearing loss from age birth to three years and those with no other source of funding (insurance denies coverage, or not qualified for Medicaid or CHP Plus.) In addition, requests will be prioritized according to the date received. If the requested hearing aid is out of stock, every attempt will be made to meet the child's needs with other available hearing aids. If this is not possible, names will be placed on a waiting list until appropriate amplification becomes available

Contact information: Email [Kelly.DAniell@uch.edu](mailto:Kelly.DAniell@uch.edu) or call 720-848-2880 for inquiries or the application. Applications for hearing aids should be sent to UCH Audiology Clinic, 1635 Aurora Court, Suite 6200, Aurora CO 80045 with a \$50 check from the parents made payable to "Marion Downs Hearing Center Foundation." Loaner FM system applications for babies three years of age and younger can be mailed to the same address or faxed to 720-848-2857. Equipment will be sent to the dispensing audiologist.

#### ***Statewide FM system Loaner Bank – older students***

The Colorado School for the Deaf and the Blind (CSDB) has a loan bank of FM equipment so that school districts in the state of Colorado can rent FM equipment for their students. The greatest benefit of renting the equipment versus buying it is that the district can try out the equipment with a student to see if he or she will benefit from it before making the purchase. The rental fee is substantially lower than the purchase price. Another benefit is that the school district does not have to pay for the maintenance on the equipment. While this loaner bank can be accessed only by schools, not families, families can certainly share the information with their school district.

For more information about the FM Loan Bank, please contact Lisa Shigio at 719-578-2183 or [lshigio@csdb.org](mailto:lshigio@csdb.org).

## **SECTION 5**

### **Hearing Aid Legislation: FAQ for SB 57**

*Note: This information is provided for informational purposes only and does not constitute legal advice.*

During the 2008 legislation session, Senate Bill 57 was enacted to require insurance coverage for hearing aids for children. This document is published by Colorado Families for Hands & Voices to assist parents throughout the state in the implementation of the law.

#### ***Are all insurance companies subject to this law?***

**There are three types of insurance coverage: Public, Private & Self-insured:**

##### **Public**

(Medicaid and CHP+) The new statute applies only to private insurance. Medicaid is not subject to this statute. However, because CHP+ is administered as insurance coverage, children covered under the CHP+ program will be subject to the requirement.

##### **Private Insurance Companies**

SB 57 mandates that these Insurance companies provide Hearing Aid coverage for children (i.e. PacifiCare, Anthem, Kaiser Permanente, and Great Western). Insurance provided under the Affordable Care Act also is mandated by the state law to cover hearing aids subject to co-pays and deductibles as of December 2013.

##### **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.** The Employee Retirement Income Security Act (ERISA) is a federal law which allows self insured companies to determine which benefits they will pay, regardless of what state law requires. Self insured plans are often referred to as ERISA plans.

A Note about TRICARE: Active military TRICARE to date *does* cover hearing aids and cochlear implants. United Healthcare is covering TRICARE in 21 states now and may have different procedures but still must cover hearing aids. Note that Retired Military TRICARE benefits do not. Contact your local chapter for support.

#### ***How to Know? Check your insurance card!***

Insurance companies are required to issue an identification card to all their covered individuals, and this card will have an identifier on it if the policy is subject to regulation by the Division of Insurance. If your card has the notation CO-DOI,

your insurance is mandated by Colorado law SB 57 to cover hearing aids to eligible children, birth to age 18. Also, the type of plan should be clearly stated in your policy.

### **When is the effective date of SB 57?**

The law states: "This act shall take effect January 1, 2009, and shall apply to policies issued or renewed on or after said date."

SB 57 went into effect on January 1, 2009, and applies to all insurance policies which are issued or renewed after that date. Following that initial year, coverage will be continuous under private policies until a child turns 18. Additionally, your provider will need to verify eligibility with your plan, prior to ordering and fitting hearing aids.

### **Who do I need to go to access this benefit?**

You need to go to a physician and audiologist to get cleared for amplification through your network of providers in your insurance policy.

### **What services/devices are covered?**

#### **The statute requires coverage of hearing aids which are:**

- Medically appropriate to meet the needs of the child according to accepted professional standards." Hearing aids must be considered medically necessary to meet the needs of the child according to accepted professional standards. "Medical necessity" is demonstrated through a prior authorization process. Children must be examined by a physician and an audiologist before the hearing aid is fitted.
- This coverage is subject to the same deductibles and co-pay requirements as other covered items. The Commissioner of Insurance may provide additional guidelines in the rules and regulations to be issued in November.
- Coverage must also cover services and supplies, ear molds, including the initial assessment, fitting, adjustments, and auditory training.
- Coverage is subject to deductibles and co-pay requirements. Such deductible and co-payments shall be the same levels established for other covered benefits. In order to determine actual benefit levels, it is necessary to contract the insurer carrier.
- This hearing aid benefit will NOT apply to the patient's durable medical equipment lifetime maximum.

### **How often can the hearing aid be replaced?**

The statute requires coverage of the initial hearing aids and replacement hearing aids not more frequently than *every five years*. However, coverage must also be provided for a new hearing aid if the existing hearing aid cannot be repaired or changed to meet the needs of the child. For example, if the child's hearing level changes such that the existing hearing aid cannot be adjusted adequately, a new device can be covered. Coverage must also include (as noted above) services and supplies, earmolds, including the initial assessment, fitting, adjustments, and auditory training subject to the insurance plan.

#### **Questions to clarify with your insurer:**

1. Am I limited to specific providers?

2. What co-pay applies for this benefit? Note: The benefits accorded pursuant to this subsection shall be subject to the same annual deductible or co-payment established for all other covered benefits within the insured's policy and utilization review as provided in sections 10-16-112, 10-16-113.5
3. How do I submit a claim for this benefit?

**What can I do if this law does not apply to me? (You have a self insured policy.)**

Contact your employer and let them know that about this law and that your child needs coverage. Generally speaking, self insured policies typically follow suit with the other insurance companies over time. If you would like to be part of a list of parents who are under the 'self insured' policy, please contact us at Colorado Hands & Voices: [sara@cohandsandvoices.org](mailto:sara@cohandsandvoices.org). (If in another state, please contact your local chapter or the HQ office.) We will work with you to see how a combined advocacy effort could be used to make changes to self insured policies. If your plan covers only one hearing aid, or provides only a small percentage of coverage, we have advocacy strategies. Also see the advocacy stories in this booklet (page 32) for several situations in which parents were able to impact their policies and get hearing aid coverage.

**The next page is a handout to share with health insurance providers as needed.**

## Provider Information: Hearing Aids for Children

During the 2008 legislation session, SB 57 was passed and requires insurance coverage for hearing aids for children. This document was published by the Colorado Academy of Audiology to assist Colorado audiologists with the implementation of the new law.

### Effective date

State regulated health insurance policies which are issued or renewed on or after January 1, 2009, must provide coverage of hearing aids for children under the age of eighteen years. It may be necessary to contact the insurance company to verify the specific date on which coverage will be effective. All applicable policies shall provide continuous coverage no later than December 31, 2009.

### What is covered?

- Hearing aids which are “medically necessary to meet the needs of the child according to accepted professional standards” are covered. “Medical necessity” is demonstrated through a prior authorization process. Children must be examined by a physician and an audiologist before the hearing aid is fitted.
- The purchase of the initial hearing aids and replacement hearing aids. New hearing aids shall be covered not more frequently than every 5 years.
- However, new hearing aids shall be covered if the existing device cannot be repaired or altered to meet the needs of the child.
- Services and supplies, including the initial assessment, fitting, adjustments, and auditory training are also to be covered and may be billed separately.
- Coverage is subject to deductibles and co-pay requirements. Such deductible and copayments shall be the same levels established for other covered benefits. In order to determine actual benefit levels, it is necessary to contract the insurer carrier.
- This hearing aid benefit will NOT apply to the patient’s durable medical equipment lifetime maximum.

### Insurance networks:

Many insurers utilize “provider networks.” Benefits may differ depending on whether services are provided in- or out-of-network. Regardless of the provider’s network status, when a policy is issued in Colorado, the insurer must honor an “assignment of benefits”, meaning that patients may sign an agreement with the provider that payment will go directly to the provider. A provider is prohibited from balance billing a patient if such provider is part of the insured network. Non participating providers may bill the patient for outstanding balances. Participating in a network often increases the benefits and assures timely payment. Should an audiologist wish to participate with an insurer’s network, it is necessary to contract the insurer and make application. Below is contact information for the major Colorado insurers. What about public programs? Medicaid and Medicare are not subject to this statute. (Medicaid already covers hearing aids.) Because CHP+ is

administered as by Colorado insurers, children covered under the CHP+ program will be subject to the requirement. Insurance under the Affordable Care Act also must provide for hearing aid benefits for children subject to plan deductibles and co-pays.

**Why doesn't this requirement apply to some non-public plans?**

Many larger employers are regulated by the federal government and are not subject to state laws. This federal regulation is referred to by the acronym ERISA (Employee Retirement Income Security Act). Upon initiation or renewal of a policy on or after July 1, 2009, insurance companies will include a new identifier on all member identification cards. This identifier will be the words "CO DOI."

This identifier will indicate whether the policy is subject to regulation by the Division of Insurance or ERISA. Only plans identified as regulated by the state are required to comply with this statute.

Name of Insurer	Contact person
<b>Anthem Blue Cross/Blue Shield</b>	Zanetta Jackson, (303) 831-2764, 800.570.8105 ext. 2764.
<b>Rocky Mountain Health Plans</b>	Rocky Mountain Health Plans, 800.843.0719
<b>Colorado Access</b>	Customer Service – Members 800.511.5010
<b>Cigna Healthcare</b>	Customer Service 800.997.1654
<b>Great-West Healthcare</b>	Customer Service 800.537.2033
<b>Colorado Choice Health Plans (formerly San Luis Valley HMO)</b>	Customer Service 800.475.8466
<b>Aetna</b>	Customer Service 866.749.2045

To see the actual law, visit

<http://www.cohandsandvoices.org/resources/sb57/thebill.html>

For Colorado Division of Insurance Regulations, see

<http://www.cohandsandvoices.org/resources/sb57/AmendedRulesInsAids2013.pdf>



## **SECTION 6**

### **Navigating Health Insurance**

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, often on the second or third appeal.

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, your human resources department at work (if you have one) and your 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 error in coding or inconsistency found in these codes used on your bill 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. Making sure that the letter of necessity is correct can help you avoid the time and effort of an appeal process. 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:**

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

# Sample letter of medical necessity:

## Insurance Company

Address

RE: Child's name, Date of Birth

Parents' names

Subscriber ID, Group Number

To Whom it May Concern:

Jill Smith is a 7 year old girl who has a profound sensorineural hearing loss in both ears and has been using (insert brand name) hearing aids since mm/dd/yy. She has recently had a progression in her hearing loss from 85 to 95 decibels levels throughout the tested frequencies, and the Siemens hearing aids can no longer give enough amplification of speech sounds to allow this child access to speech perception.

In order for Jill to access education in her mainstream second grade classroom, it is medically necessary to provide more amplification through the (insert brand name) digital hearing aids. Jill has completed a trial session with these aids on, and was able to hear at 90% accuracy in noise, compared to 30% accuracy with her older hearing aids. Jill has been a conscientious hearing aid user, and these past aids are still functional, but are no longer appropriate for her diagnosis.

Jill will need a minimum of three appointments to fit the hearing aids and assess function at least twice over the next year, and then we will continue with our annual hearing assessment plan unless problems are noted. During those appointments, Jill and her parents are instructed in the customizable programs for the aids as well as given assessments and programming for hearing in quiet, noise, distance, and with the use of the FM system.

If you have any questions regarding this request for authorization for the recommended hearing aids, please do not hesitate to contact me.

NAME

MA, CCC-A  
Audiologist

NAME

Physician

# 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.)*

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](http://www.dora.state.co.us/insurance). The office welcomes questions from individuals.

## ***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.

# 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 two 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 one 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 five 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](http://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

Have your plan ready when you call with questions. 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 and to get a better understanding of the general process.

### 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.

## **SECTION 7**

### **Advocacy Stories from Parents**

All of these parents experienced that first “no” and took further action through the appeal process, and helped pave the way for the next family to have an easier time navigating the insurance world. Kudos to them, and may these stories inspire you to take action on behalf of your child.

#### **Reversing a Denial from Self Insured Company:**

We wrote a letter to our Human Resources department explaining the benefit of hearing aids and how pre-emptive, preventative care is more cost effective than corrective speech therapy. Our audiologist also gave us a letter with similar recommendations to corroborate and bolster our position. Thankfully, the company responded promptly and favorably adjusting the benefit from \$800/person lifetime maximum (yes, that didn't even cover one aid!) to \$10,000/year maximum and aids are considered a prosthetic, which means that digital aids are covered at 00%. Since then, our benefits have been reduced but they still cover up to \$2500 per aid, after a \$250 deductible, no sooner than every three years. My understanding is that this is still much better than many companies offer.

Once the Human Resources department is educated and informed about the circumstances unique to childhood hearing loss, the cost/benefit analysis makes covering hearing aids an easy sell. Let them know that other insurance companies in Colorado cover hearing aids for children since the passage of the bill in 2009. Many other states have passed similar mandates, so hearing aid coverage for children is becoming a standard of practice.

#### **Insurance Company Denied Claim because we didn't use an “In Network” provider:**

Our insurance denied our claim for hearing aids because we didn't use an in network provider. We wrote an appeal letter stating that our pediatric audiologist was the only provider for children in the 70 mile area, and explained the expected number of times we would have to return for ear mold revisions and hearing aid/hearing testing in the next year based on our child's diagnosis and history. The decision was overturned, and best yet, the next claim for a visit went through without a problem.

#### **Implant Company Requiring \$7,000 in cash despite insurance reimbursement expected:**

Our insurance company agreed to pay for an upgrade for our child's cochlear implant external processor. However, once the paperwork went through, the provider wanted us to send the full payment and get reimbursed by our insurance, which typically took six weeks. We called the Division of Insurance who suggested that we have the equipment sent to the dispensing audiologist, who would let us know when the insurance check was received, and then we could schedule a fitting. It certainly saved us thousands of dollars out of pocket, even if it would have been temporary. Our only option would have been a credit card, and I'm sure the insurance company wouldn't have paid the accrued finance charges.

### **Another Out-of-Network Solution:**

Our insurance company agreed to pay for an upgrade for our child's cochlear implant external device, but kept insisting that it was going to be "out of network" and an exorbitant cost. We kept asking questions, since an in-network choice was impossible. We finally learned that our company deals with a third party medical equipment provider (Med-Equip, in our case) who deals with the implant (or other medical device) manufacturer and then is considered in-network. While it was not easy working with them and they needed a lot of education, we eventually received the device with no out of pocket costs, having met our deductible earlier in the year.

### **Change in Self Insurance Benefits after sending one letter:**

As of this year, my husband's employer will cover hearing aids on their insurance policy for employees and their dependents at 80% with NO AGE LIMITS. We wrote a letter with the details of the state law and how our insurance covers a lifetime of speech therapy but not hearing aids. They made this change company wide, so it benefits many other families and deaf/hard of hearing adults as well.

### **Conclusion**

We hope you have found this funding toolkit helpful in assisting you in providing needed equipment or services to your child. Please consider helping us in our work in supporting families at [www.cohandsandvoices.org](http://www.cohandsandvoices.org) with a donation of your time, skill, or tax-exempt donation. Thank you!

