

Second Opinion: Red tape holds up insurance application

Published Sunday, Nov. 20, 2011

If you have questions about the practices of your managed-care coverage, ask the experts at the Department of Managed Health Care.

I need some help. I need to make sure that I keep health insurance, so I applied for an individual HIPAA plan, but I haven't received a response yet and I know the clock is ticking. When I called the plan I applied to, they told me that before they could provide me with an answer they would need to verify with my former employer whether I was eligible to enroll in a Cal-COBRA plan first. They said they've been working on that but the contact information they have wasn't correct. Can someone help me? I'm worried that it's taking too long and soon I won't qualify.

– Mindy Phillips, San Francisco

COBRA and HIPAA are federal laws that allow people in certain situations to retain their health care coverage for a period of time when they lose their employment or go through another qualifying event, such as a divorce.

As you noted, because there are established timeframes within which a consumer must apply for COBRA and HIPAA plans, acting quickly is important. Generally, consumers have 60 days to apply for COBRA coverage and 63 days to apply for a HIPAA plan in order to maintain the rights and protections afforded by those laws.

However, many people run into delays, as you did, especially when dealing with former employers who need to provide paperwork or verify eligibility. Although these problems can be stressful, the Department of Managed Health Care's Help Center is adept at helping resolve them quickly.

When the Help Center receives a call or a letter from someone asking for help securing COBRA or HIPAA coverage, it bypasses the standard 30-day complaint process, and the health plans regulated by the DMHC are expected to respond with equal urgency.

In your case, the Help Center contacted the health plan on your behalf, as well as your former health plan group's broker, and was able to secure the information needed by your health plan.

With the corrected information, the health plan was able to verify that you are not eligible for Cal-COBRA, so they processed your application for enrollment into a HIPAA plan, and a welcome letter will be sent to you soon. If you had been eligible for Cal-COBRA, it would have been necessary to enroll in a Cal-COBRA plan and exhaust your eligibility before you could be enrolled in a HIPAA plan.

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Consumers with questions about obtaining the right care at the right time are encouraged to contact the DMHC by calling (888) 466-2219 or by logging on to www.healthhelp.ca.gov.