

BEFORE THE COMMISSIONER OF INSURANCE  
STATE OF COLORADO

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**IN THE MATTER OF PREMIUM RATE REDUCTION FOR  
STANDARDIZED SMALL GROUP MARKET HEALTH PLAN YEAR 2026  
OF:**

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HMO Colorado, Inc.;  
Carrier;

Kathryn Goldberg,  
Office of the Insurance Ombudsman for Colorado Option Plans,

And the Division of Insurance.

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**DIVISION NOTICE OF SUCCESSFUL COLORADO OPTION  
NEGOTIATIONS, RATE REIMBURSEMENT ENFORCEMENT, & NO  
FORTHCOMING PUBLIC HEARING COMPLAINTS**

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The Division of Insurance (“Division”), through its counsel, the Colorado Attorney General’s Office, hereby submits this Notice of Successful Colorado Option Negotiations, Colorado Option Rate Reimbursement Enforcement & No Forthcoming Public Hearing Complaints with **Confidential Exhibit A** attached. As outlined further below, because there will not be a public hearing complaint for HMO Colorado, Inc., it is the Division’s position that there is no need for a public hearing for HMO Colorado, Inc.

**LEGAL BACKGROUND**

Colorado carriers offering individual or small group health benefit plans in Colorado must also offer a standardized health benefit plan established by the Commissioner of Insurance (“Commissioner”). § 10-16-1304(1), 1305(1), C.R.S. The plan is known as the “Colorado Option” and covers all essential health benefits required by the Affordable Care Act, the Colorado Essential Health Benefit Benchmark Plan, and provides free primary care and mental health office visits. *See* Colorado Insurance Emergency Regulation 25-E-01. The Colorado Option is designed

to improve racial health equity and decrease racial health disparities. § 10-16-1304(1)(d)(III), C.R.S. During plan year 2026, carriers shall limit any annual percentage increase in their premium rate for the Colorado Option in both the individual and small group markets to a rate that is no more than medical inflation, relative to the previous year, which is calculated pursuant to Colorado Insurance Emergency Regulation 25-E-02. § 10-16-1305(2)(d), C.R.S. In the rate filings required pursuant to section 10-16-107, C.R.S., carriers must file rates for the Colorado Option at the premium rates required in section 10-16-1305(2)(d), C.R.S. § 10-16-1305.5, C.R.S.

The Colorado Option and the required premium rate reduction targets were enacted by the General Assembly to ensure that health insurance is affordable for Colorado consumers. § 10-16-1302(1)(f), C.R.S. Further, the General Assembly found “underlying health-care costs continue to rise, thus driving up the costs of health insurance premiums, often at disproportionate rates in rural areas of the state.” § 10-16-1302(1)(e), C.R.S. Therefore, if a Colorado carrier is unable to offer the Colorado Option at the required premium rate reductions, the Commissioner may hold a public hearing prior to the approval of the carrier’s final rates. § 10-16-1306(3)(a), C.R.S. Further, based on evidence presented at the hearing, the Commissioner may establish carrier reimbursement rates with hospitals and health-care providers under the Colorado Option. § 10-16-1306(4), C.R.S.

### **DIVISION NOTICE**

On or about March 3<sup>rd</sup>, 2025, HMO Colorado, Inc. provided notice to the Commissioner that it would be unable to meet the premium rate reduction required in plan year 2026 for Bronze, Silver, and Gold Colorado Option health benefit plans it offers in the small group market in Rating Areas 5 and 9. The Division analyzed HMO Colorado, Inc.’s March 3 notification. The Division has determined that a number of hospitals have reportedly reduced a reimbursement rate consistent with, or approximately at, the rates that the Commissioner may establish pursuant to section 10-16-1306, C.R.S. Attached as **Confidential Exhibit A** is a list of hospitals that, as of the date of this Notice, have provided in conjunction with HMO Colorado, Inc. a joint attestation demonstrating that the hospitals have reduced a reimbursement rate consistent with, or approximately at, the rates that the Commissioner may establish pursuant to section 10-16-1306, C.R.S.<sup>1</sup>

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<sup>1</sup> The carrier is required to submit its filing, and related documents, to the Commissioner. See C.R.S. § 10-16-1306(2); Colo. Ins. Regulation 4-2-92, Section 9. Pursuant to Colorado Insurance Regulation 4-2-92, Section 14, documents submitted pursuant to Section 9, including the Negotiated Rate Template and the actuarial analysis, may be filed by a carrier under a claim of confidentiality. Further, pursuant to Colorado Insurance Regulation 4-2-92, Section 7, the hospitals are not parties to the public hearing process because they are not Material Providers named in a complaint. Additionally, pursuant to Regulation 4-2-92, Section 14.B.2, “[c]onfidential information will only be made available to the Commissioner, the Commissioner’s staff, and Parties” and “[c]onfidential information will not be made available to the public.”

Colorado law requires that all persons having to do with insurance services to the public “be at all times actuated by good faith in everything pertaining thereto, abstain from deceptive or misleading practices, and keep, observe, and practice the principles of law and equity in all matters pertaining to such business.” § 10-1-101, C.R.S. Furthermore, the Division is charged with the execution of the laws relating to insurance and has a supervising authority over the business of insurance in this state. § 10-1-103(1), C.R.S. Consistent with these principles of Title 10, the Division expects HMO Colorado, Inc. and the hospitals listed in **Confidential Exhibit A** to act in good faith and abide by the terms and conditions of the reimbursement agreements represented to the Division. To the extent the Division becomes aware of a violation of Title 10, the Division reserves its right to seek any and all available legal recourse to enforce the representations submitted to the Division.

Further, pursuant to Colorado Insurance Regulation 4-2-92, Section 12.C, the Division conducted settlement negotiations and previously filed a request for a Final Agency Order relating to HMO Colorado Inc. and another hospital, which the Commissioner issued on June 5, 2025. In that order, the Commissioner vacated the original hearing date for HMO Colorado, Inc. In addition to the above, the Division further provides this Notice to confirm with the Commissioner that it does not intend to file a complaint as it relates to HMO Colorado, Inc. and its small group market Colorado Option plans for plan year 2026, and it is the Division’s position that there is no need to schedule a public hearing concerning HMO Colorado, Inc.

### **CONCLUSION**

The Division respectfully requests that the Commissioner accept this Notice of Successful Colorado Option Negotiations, Colorado Option Rate Reimbursement Enforcement, & No Forthcoming Public Hearing Complaints and **Confidential Exhibit A** as an example of the ongoing success of the Colorado Option program. The Division does not intend to file a complaint in this matter, and, as a result, it is the Division’s position that there is no need to schedule a public hearing concerning HMO Colorado, Inc.

Dated this June 13<sup>th</sup> of 2025.

PHILIP J. WEISER  
Attorney General

*/s/Nicholas DePetro*

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## **CERTIFICATE OF SERVICE**

This is to certify that I have duly served the **DIVISION NOTICE OF SUCCESSFUL COLORADO OPTION NEGOTIATIONS, RATE REIMBURSEMENT ENFORCEMENT & NO FORTHCOMING PUBLIC HEARING COMPLAINTS** by electronic mail this 13<sup>th</sup> day of June, 2025, addressed as follows:

### **Commissioner of Insurance**

Michael Conway, Commissioner of Insurance  
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### **Office of the Insurance Ombudsman**

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### **HMO Colorado Inc.**

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*/s/Nicholas DePetro*

Office of the Colorado Attorney General