



At a Glance

Ted Doolittle, State Healthcare Advocate

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Established: 2001

Statutory authority: Conn. Gen. Statutes Sec. 38a-1041 et seq.

**Central office: P.O. Box 1543, Hartford, CT 06144,
450 Capitol Avenue, Hartford, CT 06106**

Number of employees: 18

Recurring operating expenses: FY 19 budget \$3,294,680

Organizational structure: Unified central office

Mission

OHA is an independent state agency with a consumer-focused mission: assuring managed care consumers have access to medically necessary healthcare by providing one-to-one assistance with grievances and appeals; educating consumers about their rights and responsibilities under health insurance plans; and informing you and other policymakers of problems consumers are facing in accessing care and proposing solutions to those problems.

Statutory Responsibilities

OHA helps Connecticut residents navigate the healthcare system: through outreach and educational activities on consumer healthcare rights, direct consumer assistance appealing denials of coverage for services by all types of health plans, including individual and employer plans, TriCare, Medicare and HUSKY coverage, and by advocating for consumers on larger health policy issues through public comment, legislative activity and administrative remedies. OHA's work benefits individual consumers by ensuring access to medically necessary healthcare, and relieving consumers of unnecessary out of pocket spending. OHA's policy work benefits consumers as a whole through broad-based collaborative efforts, convening consumers, advocates, providers and health plans to discuss issues and solutions related to a wide variety of healthcare consumer issues, such as mental health parity, the cost and affordability of healthcare, and access to healthcare.

OHA is also named by statute to multiple committees, boards and working groups, and is responsible for a number of other activities under statute including:

- Convening the High Deductible Healthcare Plan Task Force created by Sec. 247 of the Budget Act of 2019 (report due to the General Assembly by February 2020);
- Connecticut Health Insurance Exchange d/b/a Access Health CT – Conn. Gen. Statutes Sec. 38a-1081 (OHA is a board member);
- OHA to accept referrals for complaints and referrals from the Exchange and from Navigators Conn. Gen. Statutes Sec. 38a-1084(19)(D) and 38a-1087;
- All-Payer Claims Database Advisory Group membership - Conn. Gen. Statutes Sec. 17b-59f;
- Connecticut Clearinghouse - Conn. Gen. Statutes Sec. 38a-556a;
- Behavioral Health Clearinghouse – Conn. Gen Statutes Sec. 38a-1041(g);
- Public outreach campaign on health insurance rights – Conn. Gen. Statutes Sec. 38a-472d;
- Grievances and External reviews – certain insurance documents have a notice requirement with OHA contact information – Conn. Gen. Statutes Sec. 38a-591 et seq.;
- Observation status – notice requirement with OHA contact information, Conn. Gen. Statutes Sec. 19a-508b;
- Personal Care Attendant Workforce Council - Conn. Gen. Statutes Sec. 17b-706a;
- Hospital Community Benefits Programs reporting - Conn. Gen. Statutes Sec. 19a-127k;
- Healthcare Cabinet membership - Conn. Gen. Statutes Sec. 19a-725;
- Health Information Technology Advisory Council – Conn. Gen. Statutes Sec. 17b-59f
- Working Group on rising costs of healthcare, including price and healthcare reimbursement variations, PA 15-146, Section 19
- Working Group to Develop recommendations for uniform behavioral health utilization and quality measures data collection PA 16-158
- Children’s Mental, Emotional and Behavioral Health Plan Implementation Advisory Board
- Behavioral Health Partnership Oversight Council – Conn. Gen. Statutes Sec. 17a-22j
- Medical Assistance Program Oversight Council - Conn. Gen. Statutes Sec. 17b-28.

Public Service

OHA continually seeks to identify means to improve its services to consumers and promote effective consumer engagement in healthcare, including collaborative work with other state agencies and community organizations. OHA measures the success of its efforts with a variety of methods, including consumer satisfaction through consumer feedback surveys, requests for participation in activities, passage of legislation proposed by and advocated for by OHA, robust data analytics to identify trends, including, but not limited to, appeal success rate, consumer savings, call and case volume, and feedback from community and state agency collaborators.

This level of analysis allows OHA to identify areas for improvement, topics of customer concern that may require additional stakeholder and consumer engagement (*i.e.*, the impact of a new law), and then to monitor implementation of any new initiative

Improvements/Achievements FY2018-2019

Consumer Savings: \$6.4 million

Outreach: 166 events

Cases: 4866

Case Volume and Mix:

In FY 18-19, OHA recovered \$6.4 million for consumers through overturned denials of coverage, resolution of billing disputes and ensuring enrollment into healthcare coverage.

- Case volume continues to be high with 4866 cases opened in FY 18-19.
- Most frequent referral sources: Access Health CT, Denial Letter from Insurer, Personal Referrals, Previous Cases, State Agencies and Legislative Referral.
- There were 272 cases referred to OHA as part of OHA's collaboration with the DCF Voluntary Services.
- The most common issues raised by consumers in FY 18-19 were Education/Counseling, Denial of Claim, Medical Necessity, Consumer Not Satisfied with Plan Design, Access to Care, Denied Service/Treatment, Provider Issue, Incorrect Claim/Administrative Error and Enrollment/Eligibility.

In FY 18-19, 93% of consumers serviced by OHA reported that they would contact OHA again for assistance and over 90% would refer a family member or friend to OHA.

Outreach/Education

- OHA staff conducted over 166 outreach and education events. OHA participated in seven town hall forum discussions on the opioid epidemic in collaboration with DMHAS and other stakeholders.

- OHA continued its outreach to town halls, social and youth services, health departments/districts, schools/superintendents, senior centers, social clubs, and other advocacy organizations.
- OHA provides information on our services in 23 languages. Free materials (handbills, brochures and posters) in multiple languages are available upon request. OHA has a dedicated e-mail address to handle outreach requests.
- OHA uses social media to keep consumers informed of the trends and fast moving changes that continue to emerge on the healthcare insurance front. The agency posts multiple times each week to targeted groups of consumers – those who have liked or engaged with OHA in the past and new exposures to people interested in our work and advocacy. OHA shares across YouTube, Twitter and Facebook. The platforms are used to inform consumers and stakeholders of emerging information from here and around the country on healthcare trends and issues; and to advocate for greater consumers participation and knowledge of healthcare rights and spending.
- The earned media component is important to the OHA’s communications efforts because it allows for a longer form presentation of our views, vision and mission. The Healthcare Advocate has appeared on radio/television programs to promote information on OHA’s services and to discuss the ongoing changes and proposed alterations to the ACA along with issues of direct importance to consumers.
- The Healthcare Advocate and OHA staff were interviewed for numerous local and national news stories concerning a variety of topics, including the agency’s mission, health and behavioral healthcare issues.
- The OHA produced new television and radio advertising this fiscal year – and rolled it out across the state. The fifteen second spots were designed to get the consumer’s attention and drive them to our website and phones. The multi-month campaign involved cable, two broadcast stations and three radio stations.

Stakeholder Collaboration

- OHA continues its partnership with the Department of Children and Families (DCF) on a project to maximize utilization of commercial health plan benefits to prevent unnecessary state expenditures for children from families that have commercial coverage
- OHA continues its collaboration with the Department of Developmental Services on referral of cases to OHA of consumers in need of services including those with Autism Spectrum Disorder, to maximize utilization of commercial health plan benefits to prevent unnecessary state expenditures.

- OHA continues its collaboration with the Department of Mental Health and Addiction Services for engaging and promoting consumer education, as well as exploring opportunities to maximize the utilization of alternate, non-state payment sources for services provided to consumers paid for by the state.

OHA furthers its public service commitment by participating in the following activities/groups:

- The Healthcare Advocate is a member of the Access Health CT Board of Directors, and serves on several AHCT Committees and Advisory Committees:
 - Consumer Advisory Committee
 - Health Plan Benefits & Qualifications Advisory Committee
- High Deductible Health Plan Task Force created by the 2019-20 Budget Act; OHA will convene the panel, which will deliver a report to the legislature by February 2020
- All Payer Claims Database Advisory Council Committees:
 - Data Privacy & Security Committee
 - Policy & Procedures Committee
- Connecticut Partners for Health (CPH) Board of Directors--mission is to align healthcare quality improvement and patient safety initiatives in Connecticut to assure efficient, cost-effective and coordinated efforts among its healthcare providers and stakeholders.”^[1]
- Connecticut Cancer Partnership Committee
- Department of Public Health Healthy Connecticut 2020 coalition
 - Mental Health and Substance Use Action Team
 - Health Systems Action Team
- Explanation of Benefits Confidentiality Ad Hoc Work Group
- Family Support Council Board of Directors
- Health Care Cabinet
 - Pricing Work Group
 - Education Work Group
- Health Information Technology Council
- Council on Medical Assistance Program Oversight
 - Complex Care Committee
 - Development Disabilities Working Group
 - Care Management Committee
- Behavioral Health Partnership Oversight Council
- CT Strong Grant – State Level Transition Team
- Connecticut Campaign for paid family leave
- Connecticut Choosing Wisely Collaborative – Founding partner—to collectively develop and advance specific goals and projects, and to work to promote the adoption of *Choosing Wisely*® through their own individual efforts to their constituents and partners where appropriate

^[1] <http://www.ctpartnersforhealth.org/>, accessed on August 20, 2015.

- Covering Kids and Families Steering committee—led by CT Voices for Children - help local communities increase enrollment in and access to the HUSKY health insurance program for eligible children and parents.
- Covering Kids and Families Quarterly meetings
- State of Connecticut Open Data Portal
- Executive branch state agency LEAN initiative and LEAN Leadership Training Certification
- National Parity Implementation Coalition – collaboration with state and national partners to monitor implementation of the Mental Health Parity and Addiction Equity Act of 2008, identify non-compliance and advance regulatory or policy change to promote compliance
- Kennedy Forum Parity Legal Working Group - partnership with mental health and addiction advocates, policymakers, and business leaders to identify and promote opportunities to improve access to quality behavioral health services
- Connecticut Parity Coalition – a partnership among key stakeholders in the behavioral health community to identify consumers’ challenges accessing care, and opportunities to enhance mental health parity in our state
- Older Adults Working Group
- State Opioid Plan

A. Legislative Activities

During the 2019 legislative session, OHA tracked 253 unique bills related to healthcare and healthcare insurance policy. Of the 253 bills tracked, 104 bills received a public hearing, 36 received public testimony from OHA, and 15 eventually became law. Among the proposals that OHA proactively supported and helped to shape into law, are:

- Public Act 19-177, which among other things: a) eliminates cost sharing for all mandated breast cancer screening procedures; b) expands surprise billing protections to clinical laboratory fees; c) speeds up insurer response time with respect to urgent care requests and expedited claim reviews; and d) establishes a high deductible health plan (HDHP) task force to study and address the growing impact of HDHPs on Connecticut health care consumers
- Public Act 19-159, which enhances Connecticut’s mental health parity laws to increase transparency in the manner in which insurers are covering mental health care claims and to ensure further that the health insurers are adhering to parity requirements
- Public Act 19-134, which expands preexisting condition protections for Connecticut consumers to prohibit such coverage exclusions from short term limited duration health plans

There were additional policy initiatives that OHA strongly supported that failed to receive legislative priority or final passage this year, including the public option initiatives, which we hope to continue to champion in the future. As in years past, OHA will continue to seek ways to shine a light on the costs of healthcare, including the

underlying cost drivers, that continue to inflate the burdens of health insurance premiums and cost sharing, and to work towards solutions for mitigating those costs to ensure that Nutmeggers receive high quality, affordable healthcare across their lifespan. OHA will also continue to oppose proposals at the state and federal levels that seeks to undo existing health care consumer protections, such as the Department of Health and Human Services' current proposal to eliminate prohibitions against discrimination in health care on the basis of sexual orientation and gender identity. OHA remains committed to working with our partners and stakeholders on meaningful policy to promote greater consumer access to effective and affordable health care.

B. DCF Collaboration

As part of the project with DCF, the OHA staff:

- Opened 272 cases under the DCF project in FY 18-19
- Counseled families on their rights under the plans, including the right to appeal denials of coverage and access to care at different levels of treatment.
- Educated DCF regional office supervisors and workers about the proper use of primary healthcare coverage to prevent unnecessary state spending.
- Met with DCF leadership periodically to refine the project to ensure continuous quality improvement of the project.
- OHA attended and joined the Department of Children and Families Statewide Advisory Council Retreat

Participated in collaborative planning for children who need out-of-home placement for treatment that is done concurrently by a provider, commercial healthcare plan and the Connecticut Behavioral Health Partnership when indicated.

- Conducted internal and external appeals for medically necessary services for all types of healthcare coverage for referred families.
- Provide extensive coaching and education to providers/consumers on insurance plan process such as submitting prior authorizations/ certifications, peer-to-peer review and concurrent reviews with the commercial health care plans including in home services, inpatient, residential and lower levels of care for continued treatment as indicated by the treating providers including DCF State facilities.
- OHA provided education/assistance to research and guide provisions within the commercial plans for continued treatment per the providers request to minimize the possibilities of continued cycling in and out of Emergency Rooms due to mental health needs.
- OHA provides extensive education to the State Agencies, State facilities for Behavioral Health, consumers and providers on maximizing utilization of commercial plans prior to accessing state funding; education on commercial carriers responsibility for adequate network of providers for behavioral health services.
- OHA met with DCF Facilities providing training on documentation, peer to peer reviews, pre-authorizations, concurrent reviews and education on commercial insurance plans and criteria.

- OHA continues to support and encourage collaborative partnerships across state agencies to assist families in receiving healthcare services via their healthcare plans. These collaborative efforts across the state agencies and providers have provided an increase in the continuation of care for many families.
- DCF Savings of \$633,877.36 in FY 18-19.

C. DDS Collaboration

OHA and DDS continue to work in collaborative efforts that provides assistance and education to those consumers with private health coverage who contact DDS for help in accessing services for individuals with autism spectrum disorder (ASD) and any other services that may be covered by commercial healthcare plans. This collaborative partnership promotes direct consumer engagement, education and options for coverage of services under private health coverage for individuals who seek help from DDS. This is a limited collaborative partnership due to the changes occurring in the DDS Division of Autism Spectrum Disorder Services moving from DDS to DSS. OHA continues to form collaborative partnerships with DSS and DDS to be able to assist this population in utilizing commercial coverage when applicable and be a valuable resource to this population. These continued collaborative efforts have encouraged and supported collaborative partnerships with other state agencies for effective and productive utilization of commercial healthcare plans and navigation for increased continuation and coordination of healthcare services.

Information Reported as Required by State Statute

OHA is required to prepare calendar year report of its activities pursuant to Conn. Gen. Statutes Sec. 38a-1050. This CY report is available at https://www.ct.gov/oha/lib/oha/OHA_2018_Annual_Report.pdf