



Administrative Report to the Governor
Fiscal Year 2020-2021

A. OHA At-a-Glance

Agency:	Office of the Healthcare Advocate - OHA
Agency Head:	Ted Doolittle, State Healthcare Advocate
General Counsel:	Sean T. King, JD
Established:	2001
Statutory authority:	Conn. Gen. Stat. Sec. 38a-1041 <i>et seq.</i>
Central office:	P.O. Box 1543, Hartford, CT 06144 153 Market St., 6th Floor, Hartford, CT 06103
Number of employees:	17
Recurring operating expenses:	FY 21 budget \$3,532,016
Organizational structure:	Unified central office

B. 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 issues consumers are facing in accessing care and proposing solutions to those problems.

C. 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 any other non-traditional forms of coverage such as healthcare sharing ministries, 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 through broad-based collaborative efforts, convening consumers, advocates, providers and health carriers 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 numerous other activities under statute including:

- Connecticut Health Insurance Exchange d/b/a Access Health CT – Conn. Gen. Stat. Sec. 38a-1081 (OHA is a board member)
- OHA to accept referrals for complaints and referrals from the Exchange and from Navigators Conn. Gen. Stat. Sec. 38a-1084(19)(D) and 38a-1087
- All-Payer Claims Database Advisory Group membership - Conn. Gen. Stat. Sec. 17b-59f
- Connecticut Clearinghouse - Conn. Gen. Stat. Sec. 38a-556a
- Behavioral Health Clearinghouse – Conn. Gen Stat. Sec. 38a-1041(g)
- Public outreach campaign on health insurance rights – Conn. Gen. Stat. Sec. 38a-472d
- Grievances and External reviews – certain insurance documents have a notice requirement with OHA contact information – Conn. Gen. Stat. Sec. 38a-591 *et seq.*
- Observation status – notice requirement with OHA contact information, Conn. Gen. Stat. Sec. 19a-508b
- Personal Care Attendant Workforce Council - Conn. Gen. Stat. Sec. 17b-706a
- Hospital Community Benefits Programs reporting - Conn. Gen. Stat. Sec. 19a-127k
- Healthcare Cabinet membership - Conn. Gen. Stat. Sec. 19a-725
- Health Information Technology Advisory Council – Conn. Gen. Stat. Sec. 17b-59f
- Working Group on rising costs of healthcare, including price and healthcare reimbursement variations, PA 15-146, Sec. 19

- Children’s Mental, Emotional and Behavioral Health Plan Implementation Advisory Board – Conn. Gen. Stat. Sec. 17a-22ff
- Behavioral Health Partnership Oversight Council – Conn. Gen. Stat. Sec. 17a-22j
- Medical Assistance Program Oversight Council - Conn. Gen. Stat. Sec. 17b-28.

D. 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 initiatives.

E. Improvements/Achievements FY 2020-2021

Consumer Savings: \$4.7 million
 Outreach: 1177 events
 Cases: 2242

Case Volume and Mix:

In FY 20-21, OHA recovered \$4.7 million for consumers through overturned denials of coverage, resolution of billing disputes and ensuring enrollment into healthcare coverage.

- There were 2242 cases opened in FY 20-21.
- Top ten referral sources were: State Agency-DCF/Careline, Previous Case, Denial Letter from Insurer, State Agency-CID, Legislative Referral, Provider, Access Health, Personal Referrals, Social Media and other State Agencies.
- There were 430 cases referred to OHA as part of OHA’s collaboration This is now the Beacon Health Voluntary Care Management Program (VCMP) formerly known as DCF Voluntary Services.

- The most common assistance requested issues raised by consumers in FY 20-21 were Consumer Education, Denial of Claims, Consumer Not Satisfied with Plan Design, Claim Processing Errors, Provider Issues, Statutory/Regulatory compliance, Quality of Care, and Eligibility Criteria Issues.

Outreach/Education

OHA staff conducted 1177 outreach and education events for FY 20-21. This count is up significantly from the previous year by 195 despite not being able to conduct outreach in person due to COVID-19. OHA continues to conduct outreach and education via social media and electronic communication. OHA increased its provider outreach via phone, fax, emails, and presentations via ZOOM and Teams.

- Due to social media being so efficient, this is the main driver of OHA communications. OHA can target consumers who potentially need assistance and it also allows our content to be saved, distributed, and shared peer to peer. OHA has also received referrals from social media and had consumers use the message feature to ask for help for family members and themselves. Since Covid radically affected how we all communicate and limited our physical proximity to one another, social media has been a bright spot in our communications toolbox. OHA posts three to five times per week to our targeted group of consumers, advocates, and policy makers. New engagements and shares bring new opportunities to capture more attention.
- The primary social platform is Facebook but OHA also posts on YouTube and Twitter. Content includes opinion pieces written by Healthcare Advocate Ted Doolittle and published in national and Connecticut news outlets, and media clips of the Healthcare Advocate's appearances and interviews. Content also includes notices of changes in healthcare policy, deadlines for the marketplace and public programs like Medicare, and other content of interest to consumers. This shared healthcare information helps consumers be more empowered, educated on accessing healthcare, more knowledgeable of their rights and responsibilities with regard to healthcare.
- While much of OHA's work is regulatory and dealing with denials and consumer problems with healthcare policies, there are opportunities for appearances and longer interviews in our various news outlets in Connecticut. During FY 20-21, the Healthcare Advocate was featured in news coverage on problems with healthcare sharing ministries and the inherent risks to consumers among other stories.
- Since being rebranded and relaunched in FY 20-21, the OHA Newsletter is published each month to the agency's more than 2,000 contacts. It contains a "We're in Your Corner" column by the Healthcare Advocate, recent and trending news along with real life consumer stories and the hardships they faced and

overcame with OHA's assistance.

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
- All Payer Claims Database Advisory Council Committees:
 - Data Privacy & Security Committee
 - Policy & Procedures Committee
- Connecticut Partners for Health (CPH) Board of Directors and its mission 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
- Health Care Cabinet
 - Pricing Work Group
 - Education Work Group

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

- 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. The Connecticut component of Collaborative was sunsetted in 2020, due to changes at the national level.
- 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
- 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
- State Opioid Plan
- Personal Care Attendant Workforce Council

F. Legislative Activities

During the 2021 legislative session, OHA tracked 204 unique bills related to healthcare and healthcare insurance policy. Of the 204 bills tracked, 60 bills received a public hearing, 18 received public testimony from OHA, and 14 eventually became law. The follow summary highlights the most notable changes in Connecticut law from the 2021 session.

Public Act 21-9

- requires telehealth providers to determine whether a patient's health coverage includes coverage for the telehealth services being provided,
- allows in-network telehealth providers to utilize any communication technology recognized as appropriate by the Office of Civil Rights of the U.S. Dept. of Health and Human Services,
- prohibits telehealth providers from charging facility fees for telehealth services,
- limits the charges for telehealth services to the Medicare rates for uninsured patients,
- prohibits balance billing for telehealth services for insured patients,
- requires telehealth parity for covered services under individual and group health insurance policies,
- requires payment parity under fully insured health insurance policies for covered services provided through telehealth.

Public Act 21-14

- prohibits individual and group health insurance policies from employing copay accumulator programs, thereby allowing for all third-party payments to be credited toward an insured's deductible and out-of-pocket maximums.

Public Act 21-22

- requires that insurers issue explanations of benefits (EOBs) in accordance with the instructions of the insured, which instructions may include: 1) issuing no EOBs; 2) issuing EOBs only to the insured and not to other individuals, such as the subscriber; and 3) issuing EOBs to a specific mailing address or email address or through other electronic means.

Public Act 21-35

- declares racism as a public health crisis in the state of Connecticut,
- establishes a Commission on Racial Equity in Public Health to address and report, among other things, on racial health disparities and inequities in health outcomes,
- requires all state agencies that collect demographic data concerning ancestry, ethnic origin, ethnicity, race or primary language in the context of health care or for any public health purpose to: 1) collect the data in a manner that allows for aggregation and disaggregation of the data; 2) expand race and ethnicity categories to include subgroup identities as specified by the Community and Clinical Integration Program of the Office of Health Strategy and follow hierarchical mapping to align with U.S. Office of Management and Budget standards; 3) provide the option for individuals to select one or more ethnic or racial designations, including an “other” designation with write-in ability; 4) provide the option to decline disclosure of an identity; 5) collect primary language data using International Organization for Standardization language codes; and 6) ensure that certain information is included when such data is reported to another state agency.

Public Act 21-96

- prohibits insurers from: 1) removing drugs from its formulary during a plan year; or 2) moving a drug from a lower tier to a higher tier, unless the higher tier imposes a cost share that is \$40 or less per month. Insurers may continue to add new drugs to a formulary at any time.

Public Act 21-149

- requires insurers to cover dependent children, including non-biological dependents, through the end of the policy year that the child turns 26 years old, regardless of the child’s other circumstances (e.g., eligibility through the child’s own employment).
- expands dependent eligibility for dental and vision coverage through the end of the policy year that the child turns 26 years old.

Public Act 21-157

- eliminates external review filing fees and abbreviates the external review process

Public Act 21-176

- expands HUSKY/CHIP eligibility to undocumented immigrant children, up to age 8; undocumented mothers for up to 12 months after giving birth.
- provide CHIP eligibility for the prenatal care of unborn children.

Public Act 21-2 (June Special Session)

- establishes the Covered Connecticut program, which will make available to families in the 160%-175% FPL range who select benchmark silver plans additional subsidies to eliminate all premiums and cost sharing for those consumers.
- requires health carriers to provide a 90-day notice to providers before changing certain participating provider contracts and allows providers to appeal any such changes
- requires insurers and third-party administrators to state on a member's ID card whether the health plan is fully insured or self-insured.

There were additional policy initiatives that OHA strongly supported, 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 seek to undo existing health care consumer protections. OHA remains committed to working with our partners and stakeholders on meaningful policy to promote greater consumer access to effective and affordable health care.

OHA will advocate with industry, other stakeholders, and if necessary with the General Assembly for heightened prominence on denial documents of the existing required notice informing consumers of OHA's contact information, see Conn. Gen. Stat. Sec. 38a-591 *et seq.* In fact, as part of this effort, OHA recently filed a comment to the proposed federal regulations implementing the No Surprises Act urging the federal government to adopt a policy of requiring all denials or other correspondence pertaining to out-of-network bill to include a separate cover page exclusively dedicated to alerting consumers about their right to contact OHA or similar consumer assistance programs in other states.

G. DCF Collaboration

The DCF/OHA collaboration project has transformed this year with the change of DCF Voluntary Services (VS) to Voluntary Care Management Program (VCMP) administered by Beacon Health. The new VCMP commenced on May 1, 2020. Collaborative efforts evolved regarding treatment and changes in care settings according to the needs raised from COVID-19 pandemic.

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

- Opened 447 cases under the DCF project in FY 20-21
 - Solnit North - 5 cases
 - Solnit South - 10 cases
 - VCMP-Beacon Health 432 cases
- Counseled families on their rights under their healthcare insurance plans, including the right to appeal denials of coverage and access to care at different levels of treatment.
- Educated DCF regional office supervisors, DCF staff, DCF providers and third-party administrators including Beacon Health VCMP about the proper use of primary healthcare coverage to prevent unnecessary state spending.
- Met with DCF and Beacon Health leadership monthly to refine and monitor the project to ensure continuous quality improvement as the DCF Voluntary Service program transitioned to Voluntary Care Management Program administered by Beacon Health.
- Ongoing meetings with other state representatives/state agencies/providers and consumers regarding issues arising and barriers to treatment due to COVID-19 pandemic.
- Ongoing collaborative efforts with commercial carriers, families, providers, and state agencies to research and join efforts to provide affordable and safe services within the regulatory federal/state mandates regarding COVID-19 pandemic.
- 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 including those affected by changes in service due to COVID-19 pandemic.

- Provided extensive coaching and education to providers/consumers on insurance plan process such as submitting prior authorizations/certifications, peer-to-peer review, concurrent reviews and/or changes in services/care settings due to COVID-19.
- OHA provided education/assistance to research and guide provisions within the commercial plans for continued treatment per the providers/families request to minimize the possibilities of continued cycling in and out of Emergency Rooms due to mental health needs and possible lack of treatment availability for various reasons including but not limited to COVID-19 federal/state safety regulatory mandates.
- 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 carrier's responsibility for adequate network of providers for behavioral health services.
- OHA provided guidance, support and education regarding changes and/or barriers within commercial carrier polices/regulations due to COVID-19.
- 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 state agencies and providers have provided an increase in the continuation of care for many families especially during the COVID-19 pandemic.
- Solnit Savings of \$891,551.71 in FY 20-21.

H. DDS Collaboration

We have not worked with DDS as a collaborative this year primarily due to COVID.

I. Information Reported as Required by State Statute

OHA is required to prepare calendar year report of its activities pursuant to Conn. Gen. Sec. 38a-1050. This CY report is available at <https://portal.ct.gov/-/media/OHA/OHA-Annual-Report-2020.pdf>

