



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

"I was so happy to have this service available to me. I felt supported, heard and understood. Thank you!"



2016 ANNUAL REPORT

TABLE OF CONTENTS

A Message from the Healthcare Advocate	2
OHA’s Mission	3
Celebrating 15 Years of Advocacy	4
What OHA Does	5
Federal Involvement and Consumer Assistance Program.....	7
OHA Out and About	8
Collaborations	11
Legislative Briefing 2015	14
Consumer Relations	15
OHA’s Savings Methodology & Request for Feedback	20
Consumer Stories	21
OHA Biennial Budget	24
OHA Staff	25

A MESSAGE FROM THE HEALTHCARE ADVOCATE

Having taken office less than a month ago, I am excited to present my first Annual Report as Healthcare Advocate. As this Report amply demonstrates, the Office continues to provide critical services to thousands of Connecticut individuals and families experiencing difficulties accessing healthcare services. The families that come to OHA are often in crisis, needing urgent care and having exhausted all other options – and more often than not, this office delivers.

I am privileged to be the newest member of a team that continues to score so high in customer satisfaction, with more than 90 percent of our clients perceiving substantial value in our services. Moreover, this Report demonstrates OHA's record of returning millions of dollars directly to the pockets of Connecticut families – as well as to the coffers of state government, which is especially important in the current budget situation.

This Report reflects that our team of nurses, consumer information representatives, support staff, and attorneys spent 2016 delivering the kind of free, prompt, responsive service that Connecticut families deserve, and we are off to a good start replicating that feat for 2017. I would like to publicly thank each member of the OHA team for the high volume and high quality of their work for Connecticut families last year.

Meanwhile, looking forward, OHA has already started to deliver the same great casework results for 2017 as were achieved last year. But 2017 will also bring another new challenge, in that the office will be called on to respond quickly and accurately in advising policymakers in Hartford and Washington, D.C. in this historic time for healthcare policy. Indeed, this work is already underway, as our team works to stay abreast of and influence the fast-developing effort to repair or replace the Affordable Care Act. OHA will continue the fight to make sure that any new laws or regulations do not degrade the healthcare rights of the women, men, and children of Connecticut.

To be acceptable to the consumers of Connecticut, any acceptable repair or replacement structure must include a strong set of required benefits. Also, the percentage of in-state population covered must at least match the ACA, along with a plan to achieve universal coverage within a reasonable time. It is also important that all-in consumer costs (premiums plus all patient responsibility) at least match the ACA. The plan must protect those with pre-existing conditions, and cannot rely on underfunded high-risk pools to do so. And, finally, any plan must include a financing mechanism to assure that all Connecticut families – including working-class and poor families – can afford coverage without facing financial ruin.

The year ahead will be full of challenges, and as this Report shows, OHA will continue to play a vital role in helping Connecticut's consumers and families get the healthcare they deserve, as well as in delivering a healthcare system that is more effective, fair, and financially sustainable.

Finally, I would like to take a moment to recognize the major contributions made over the past six years by my predecessor, Victoria Veltri. Vicki led this office with a steady hand through a tumultuous time in healthcare, and earned a reputation as one of this state's most dedicated, hard-working, and innovative public servants. The citizens of Connecticut are lucky that a woman of Vicki's tremendous abilities continues to serve them from her new post in the Office of the Lieutenant Governor.



Ted Doolittle
State Healthcare Advocate

OHA'S MISSION

We assist consumers with healthcare issues through the establishment of effective outreach programs and the development of communications related to consumer rights and responsibilities as members of healthcare plans. OHA staff is dedicated not only to serving and assisting Connecticut's healthcare consumers, but also striving to ensure that the products and services available are adequate. This effort requires a multifaceted approach, including direct consumer advocacy and education, interagency coordination and a voice in the legislative process.

A fundamental element of the OHA's mission is education and outreach to consumers. Without a solid knowledge base about their rights, opportunities and obligations as they engage with Connecticut's healthcare system, there is the chance consumers will pay more for their care, forgo treatment or fail to utilize the comprehensive series of no-cost, preventative services available. Failure to identify an easily managed health condition may lead to significantly greater impact on the consumer in the form of a more serious illness, a longer course of treatment, complications or much higher out of pocket costs.

OHA is devoted to providing consumers, and your constituents, information about and support engaging with the complexities of this system, and ensuring they are aware of the host of resources available to them when they need help. In 2016, OHA participated in nearly 100 outreach events, assisted over 7,000 consumers with specific issues and saved more than \$11 million for those we helped. We are actively working to expand the outreach that we do so that more people know that OHA is available to help. Our ongoing collaboration with legislators and state partners has made this easier, but as the map above shows, many consumers likely remain unaware of where to go for help. By working together on topics of importance to our state, we can ensure that Connecticut's health care consumers have every opportunity to optimize their health and wellbeing.



We are a small agency with a huge responsibility: Protect the healthcare interests of consumers in Connecticut. We take this responsibility seriously and over the course of our first 15 years, our staff embraced the challenge and accomplished great things.

To celebrate and continue the work of our agency, we held a panel discussion at the Legislative Office Building on November 15, 2016. We had three 45 minute panel discussions, with expert panelists sharing their insight and experience, about:

- Accessing Autism Service and other Available Resources
- Timely and Affordable Access to Mental Health and Substance Use Treatment and;
- Accessing Healthcare



From left to right - State Comptroller Kevin Lembo, Lt. Governor Nancy Wyman, Victoria Veltri, Chief Policy Advisor to Lt. Governor Wyman and Demian Fontanella, Acting State Healthcare Advocate at 15 Year Anniversary Event.

The forum was a resounding success, with 100 attendees representing consumers, advocates, providers, legislators and our state partners.

What OHA Does

The Office of the Healthcare Advocate provides guidance and assistance to Connecticut consumers about all types of health coverage, including private and public plans. While a significant focus of OHA's work involves direct client advocacy and appeals of healthcare plan denials, educating consumers about their rights, how to navigate the healthcare system, and how to advocate on their own behalf remains a fundamental premise of our work. We assist consumers with a wide variety of subjects, but have four primary categories of advocacy:

- Core cases: OHA handles many different types of cases on behalf of consumers who have been denied services and/or treatments for medical, behavioral health, prescription medications, durable medical equipment, denials of medical necessity and coding/billing errors. These are just a few examples of the types of matters we assist consumers with.
- Access Health CT cases: OHA assists consumers who are experiencing issues with their application for coverage through Access Health CT including Advanced Premium Tax Credit matters.
- HUSKY cases: OHA assists consumers who are experiencing issues with their application and/or redetermination of HUSKY coverage.
- Coaching cases: Consumers call for a variety of reasons needing education and advice on many matter including, but not limited to, assistance with understanding their healthcare plan, how their deductible is applied, what is in network and out of network coverage, what are facility fees, what do I do when my child turns 26 and can no longer stay on my policy?

OHA provides Connecticut consumers with a voice, incorporating their stories, experiences, challenges and successes into our advocacy. OHA staff actively participates in many forums where the consumer's experience is important to the formulation of effective and meaningful policy. An overview of OHA's staff's activities promoting community engagement and collaboration during 2016 follows:

- Access Health CT Board of Directors
- All Payer Claims Database Advisory Council
- Behavioral Health Partnership Oversight Council
- Behavioral Health Working Group
- Commission on Health Equity

- Medical Assistance Program Oversight Council
- Medical Assistance Program Oversight Council Complex Care Committee
- Medical Assistance Program Oversight Council Developmental Disabilities Working Group
- Connecticut Partnership for Patient Safety
- Choosing Wisely Collaborative
- Covering Connecticut Kids and Families Steering Committee
- Covering Connecticut Kids and Families Quarterly Meetings
- Connecticut Health Foundation Kitchen Cabinet
- Collaboration with CT AIDS and DPH outreach and access to care
- Connecticut Partners for Health
- Connecticut Partnership for Patient Safety
- Connecticut Strong State Level Transition Team
- DCF Children’s Behavioral Health Task Force Implementation Plan
- DCF Three Branch Institute
- DPH National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare
- Explanation of Benefits Confidentiality Ad Hock Work Group
- Family Support Council Board of Directors
- Health Acquired Infections Committee
- Health Care Cabinet
 - Healthcare Cabinet Cost Containment Study
- Health Information Technology Council
- Kennedy Forum Parity Legal Working Group
- Legislative Behavioral Task Force Under PA 13-3
- National Parity Implementation Coalition
- Personal Care Attendant Workforce Council
- State Opioid Plan

Federal Involvement and Consumer Assistance Program

OHA received a Consumer Assistance Program (CAP) grant award for \$442,863 in CY 14. This grant followed three previous grants awards of \$127,967, \$396,400 and \$408,155. The purpose of the grants is to assist in the continued expansion of OHA's Consumer Assistance Program. Grant funding helped support the following activities:

- Assist with the filing of complaints and appeals regarding health insurance coverage with respect to Federal health insurance requirements and under State law, including filing appeals on behalf of consumers.
- Provide information to consumers about their rights and responsibilities regarding their health plan and information on the appeal process.
- Collect, track and quantify problems and inquires encountered by consumers.
- Assist consumers with enrollment in a health plan by providing information, referral and assistance
- Resolve problems with obtaining premium tax credits under section 36B of the Internal Revenue Code of 1986.
- Development of a secure online complaint mechanism for consumers, which will be fully functional in early 2017. This secure online complaint will allow consumers to submit a complaint, Authorization and documentation regarding their healthcare plans which will be retrieved within 24 hours by OHA staff allowing for quick response to the consumer and allowing OHA to act faster on the complaint.
- Continued series of webinars focused on providing health care practitioners with basic knowledge of types of plans, the relevant grievance process for each type of health plan—public or private--and strategies to successfully appeal medical necessity denials.

“Without help from OHA my access to lifesaving kidney transplant drugs might have been cut off. Thank you so much!”

OHA OUT AND ABOUT



OHA staff from left to right: Dori Peruccio, Ed Leighton, Annika Burney, Victoria Veltri, Kim Davis, Jacqueline Murillo, Sean King, Laura Morris, Demian Fontanella

Reaching the public and the professionals serving Connecticut consumers were key components to this year's outreach efforts. The OHA tested new and enhanced ways of communication with both broad based groups; and dived deeper on previously successful campaigns. Our three key words: *Engage. Empower. Educate.* These were the consistent messages that were delivered across all our platforms and outreach. They also reinforce what we do and what the OHA believes one needs to embrace to have a successful relationship with healthcare plan providers, physicians an ultimately that will yield a healthier, longer and more fulfilling life.

Newsletter - *Aegis* – OHA re-launched its newsletter with a new masthead that reflects its core mission and support for Connecticut consumers. *Aegis* means “the power to protect, control, or support something or someone, especially by an individual, group or system.” It’s a description OHA embraces as it guides Connecticut residents through the complicated field of healthcare and its ever changing policies and requirements. This was distributed through its internal email list serve and other lists that have been acquired over time. It was given broad distribution on the social channels.

Webinars – Also new this year, OHA launched a series of webinars primarily aimed at healthcare professionals, physicians and their staffs of all disciplines but not excluding consumers either. The first webinar series covered how to avoid insurance coverage denials but also how to win appeals should you find yourself or your patient embroiled in that difficult arena. It covered best practices in file protection and documentation – and how important it is to seek guidance sooner rather than later in the appeals process. The second webinar series broached the difficult subject of mental health and addiction coverage. With parity laws now in place, the development of skill sets in dealing with this growing area of healthcare coverage is still less than optimal. These webinars brought professionals up to speed on the law and through a relationship with St. Francis Hospital; OHA was able to provide Continuing Medical Education credit for those needing the hours. This was marketed via email; direct outreach to hospitals and medical offices and through social and digital marketing channels.

Digital Targeting - OHA continued its deployment strategy of targeted outreach. Geographically, OHA focused on urban area and traditionally underserved communities with populations likely to contain new consumers of healthcare. Banner ads, content association and news websites were our primary delivery partners.

Social - Because our content is best presented via Facebook and Twitter, these social channels remain our preferred social outreach driver. Content is based on the relevancy to our core mission and the elements found in the Power of “E” – Engage, Empower and Educate. We create, harvest or boost content based on its interest or impact on our consumers or those professionals who would most probably engage with OHA. Posts are carefully vetted, planned and scheduled every day. The agency is also making a concerted effort to monitor the feeds and feedback from consumers very closely. We are seeing a surge in shares and “likes” on individual posts and are very pleased with the significant increase in the public’s engagement with our content.

Facebook – We continue to invest in native advertising on the Facebook. Growing that audience is one of our strategies for broadening and deepening the public’s appreciation for OHA and its mission. We now have over 4,500 likes and the audience continues to grow. Many of our posts are shared across the state and across the country with friends and family. Sponsored content is a growing trend on news feeds and when it is served to those with an interest in the content, via their digital footprints and online behavior, it is especially effective. Those consumers and influencers are interested in health, fitness, medical, insurance and related problems or policies; families, children and other indexes; plus mental healthcare and addiction services. They’re also a source of referral to those needing our services.

Twitter - The OHA Twitter strategy is to continue to re-package what we post on Facebook so it has a similar feel on the Twitter feed. OHA also uses Twitter for live posts and re-tweets important information from other sources. It has a greater immediacy and also enjoys a growing audience.

Public Relations - There are many times when the Healthcare Advocate is speaking or where OHA is an important sponsor. OHA not only promotes collaboration with others who support our mission or where our efforts are complimentary, but members of the OHA also speak, sit on panels and participate in the statewide discussions where available. We chronicle these events with before and after coverage. In CY 2016 OHA participated in nearly 100 outreach events including door to door direct contact with providers, participation in health fairs, presentations to organizations, and senior centers throughout the State. OHA visited every health district, town mayors and/or first selectmen, social and youth services agencies, human services agencies, senior centers and libraries in the State providing information about OHA services.

Mental Health Parity: OHA continues its work with advocacy organizations across the county, including the Parity Implementation Coalition, Parity Track and the Kennedy Forum to ensure the fulfillment and enforcement of the Mental Health Parity and Addiction Equity Act (MHPAEA) of 2008. OHA continues to work with our congressional delegation on multiple healthcare issues.

Better Health Conference: OHA sponsored and participated in the Better Health Conference on June 3, 2016 at Foxwoods Resort Casino. This theme of the conference was “Take Control of Your Health” and included breakout sessions, reliable information and resources from healthcare experts.



From left to right: Laura Morris, News 8 Medical Reporter Jocelyn Maminta, and Demian Fontanella at the Better Health Conference



“OHA was highly professional and effective in resolving the claim made by the hospital’s billing department.”

“It’s good to know that there is help when you feel you have exhausted all options.”

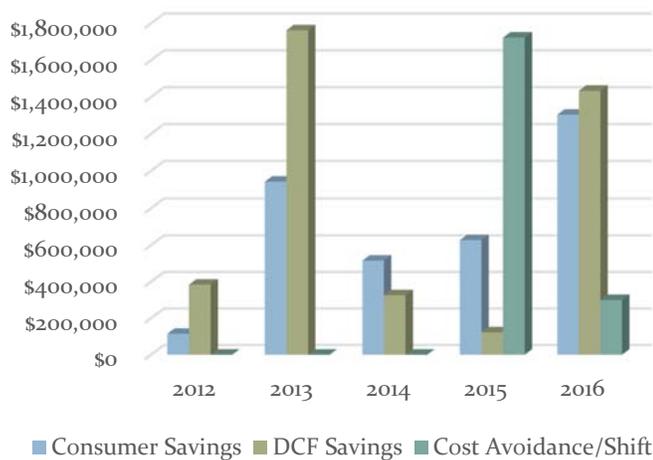
COLLABORATIONS

OHA and the Department of Children and Families

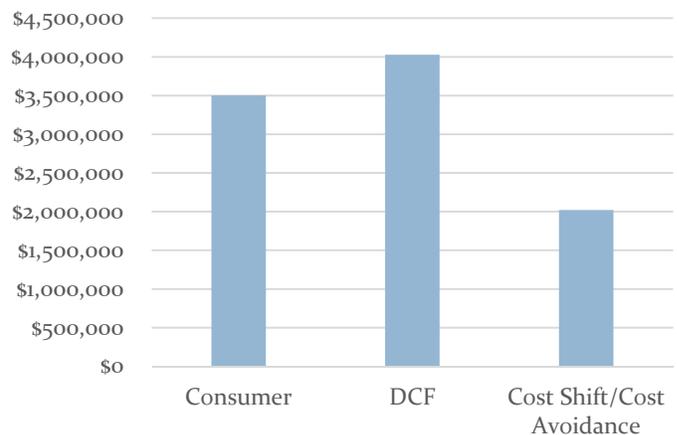
This project continues to be a positive example of collaboration among state agencies. Now entering its 5th year, the benefits of this collaboration continue to grow and expand. The collaboration and continued partnership with DCF Careline and DCF Area Offices have allowed for data collection findings of trend and patterns that have developed while on the quest to save money for state funding resources and identifying barriers to behavioral health services. With DCF savings of over \$1,400,000, consumer savings of over \$1,300,000 and a Cost Avoidance/Shift savings of over \$299,000 for CY 2016, these savings are representative of this unique collaboration that has been successful in educating state agencies, providers and consumers.

The outreach efforts by the three OHA staff dedicated to this project provided information and education on how to utilize private health coverage effectively, how to submit a pre-authorization of service and treatment, assistance with peer to peer review, concurrent reviews and identification/reasoning of denial of claims for various reasons. With OHA's immediate involvement upon consumer request for assistance and services to the Careline, we are able to identify trends, patterns and assist consumers in appealing denials of services and treatments directly which relieves DCF from unnecessarily activating Husky coverage and saving the state money. OHA continues to provide direct outreach and education to all of the DCF Area offices and conducted 20 outreaches in CY 2016.

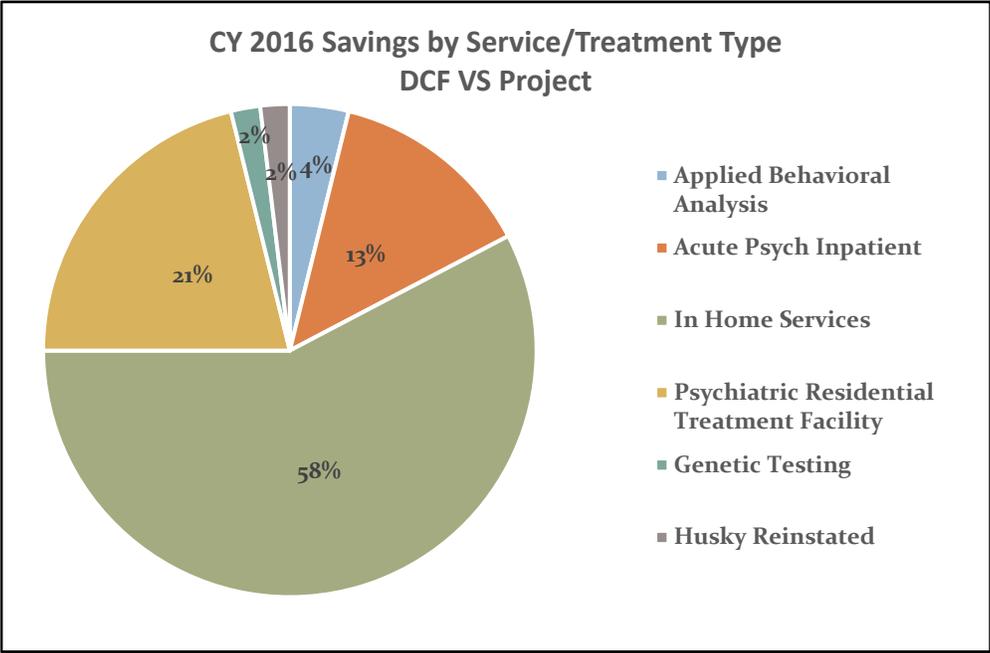
DCF VS Project Savings by Type



**DCF VS Project Total Savings
CY 2012 through 2016**



The case types below are indicative of the evolving changes in the DCF VS project and the need for continued education to the providers, State Agencies and consumers. The in-home services/IICAPS for behavioral health have increased significantly in 2016 with the passing of a legislative mandate to cover these services for fully insured plans effective 1/1/16. As the DCF Project continues to evolve, due to OHA's immediate intervention and research, we achieved commercial insurance coverage for many of these in-home service cases, thereby saving state funding. In addition to this success with home services, on Psychiatric Residential Treatment Facility and Acute Psychiatric Inpatient cases, OHA provided consumers with much-needed education and assistance on appeals, peer to peer review, pre-authorization and concurrent reviews.



OHA and the Department of Developmental Services (DDS)

OHA continues to collaborate with DDS to promote consumer engagement, education and options for coverage of services under private health coverage for individuals who seek help from DDS. OHA assists in accessing services and identifying appropriate clinical for individuals with Autism Spectrum Disorder (ASD) that may be covered by their health plans. OHA has answered many questions regarding provisions under an individual's health plan, specifically those associated with ASD services. OHA continues to work with DDS to ensure that consumers who may be eligible for DDS services receive the additional support available to them.

Behavioral Health Clearinghouse (BHC)



Connecticut continues to lead the nation in progressive innovation to address the healthcare needs of its citizens, and is especially active in the promotion of timely access to appropriate, affordable and sustainable diagnosis and treatment of mental illness and substance use disorders. Still, access to care in these areas remains a barrier for many of our residents. For consumers, stigma, difficulty finding providers that participate in their health plan, delays for appointments and cost all present challenges to their ability to maintain an effective course of treatment. The Behavioral Health Clearinghouse (BHC), created by Public Act 14-115 and housed in OHA, seeks to mitigate these hurdles through the creation of a comprehensive, accurate, state-wide resource for Connecticut residents to go for answers to questions about their behavioral health needs. It will include an exhaustive glossary of terms, conditions, treatments, and more, and allow consumers the ability to search for a behavioral health provider based on a variety of factors. The BHC will initially include an intuitive website that consumers can easily navigate to learn about mental illness or substance abuse, identify community resources and, when necessary, search a provider directory. This directory will contain current, detailed information about which providers accept their insurance, are accepting new patients, treat the condition for which they may need treatment, and more, so that the consumer can identify all available options. As additional funding becomes available, the BHC will expand to include a call center with clinical staff available to answer consumer questions, conduct brief screenings of consumer needs and, when appropriate, identify and arrange an appointment with a behavioral health provider who can address the needs identified. OHA continues to work with stakeholders to design and implement the BHC, and has partnered with Mental Health Connecticut, which brings many years of advocacy and experience, to make the BHC a reality. Besides working with our community partners, state agencies and others, OHA continues an aggressive outreach campaign to gather input about the BHC's design, contacting consumers and consumer advocacy organizations, providers and provider associations, and more. We responded to thousands of email inquiries, and also held or participated in hundreds of in-person outreach events, including 41 training sessions and 13 conferences. Our efforts were greatly streamlined by the implementation of a web-based data submission tool. OHA also hosted several focus groups for behavioral health providers as well as consumers. While more than 400 providers have submitted their information for the directory, and the website design and content has been selected, funding

remains the primary barrier. No funds were allocated to build the BHC, but OHA continues to explore options for funding from a variety of sources.

LEGISLATIVE BRIEFING CY 16

The Connecticut General Assembly held only a short session in 2016, with the legislature in session from February to May. During this time, OHA tracked 125 pieces of legislation with potential impact on our mission and consumers in our state, and in the following legislative committees: Aging, Appropriations, Education, Finance, Government Administration and Elections, General Law, Human Services, Insurance and Real Estate, Judiciary, Labor and Public Employees, Planning and Development, Public Health and Veterans. Seventy-six of these bills received a public hearing and of those, OHA submitted testimony on 15 bills representing a wide array of subject matter. This included several bills concerning health plan design, benefits and implementation, consumer transparency initiatives and notice requirements to improve consumer's ability to make informed choices about where and how to receive healthcare, coverage, access and available resources for individuals with disabilities and those struggling with addiction, and more. Six of the bills OHA testified on and thirty-one that we were tracking passed the General Assembly and were enacted into law.

Click here to download a portfolio of OHA's legislative testimony -

http://www.ct.gov/oha/lib/oha/2016_portfolio_of_testimony.pdf



CONSUMER RELATIONS

“OHA is the best, most user friendly and helpful agency. It is so important for their agency to exist to help people navigate the complex healthcare world.”

“Amazing experience ending with getting the surgery I needed to live my life.”

“I thank you for helping me. I was so stressed out. Keep up your good work.”

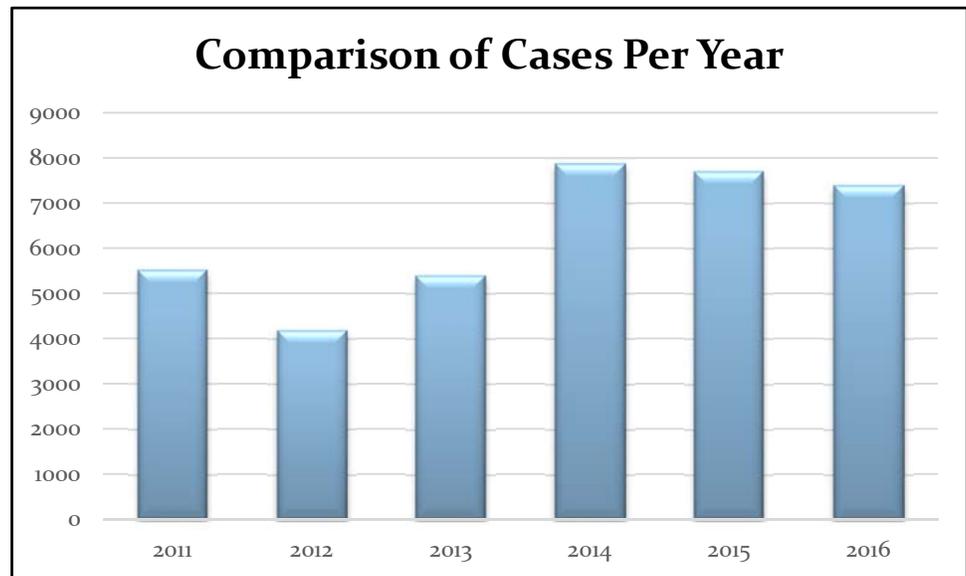
“Exceptional service. Thank you for all your efforts. Insurance companies should learn from and adopt your approach to problems and customer service.”

“I was so pleased with the help and service provided by OHA. This is an extremely valuable service!”

“Thank you so much for your continued support so that my son could receive the wheelchair he needs.”

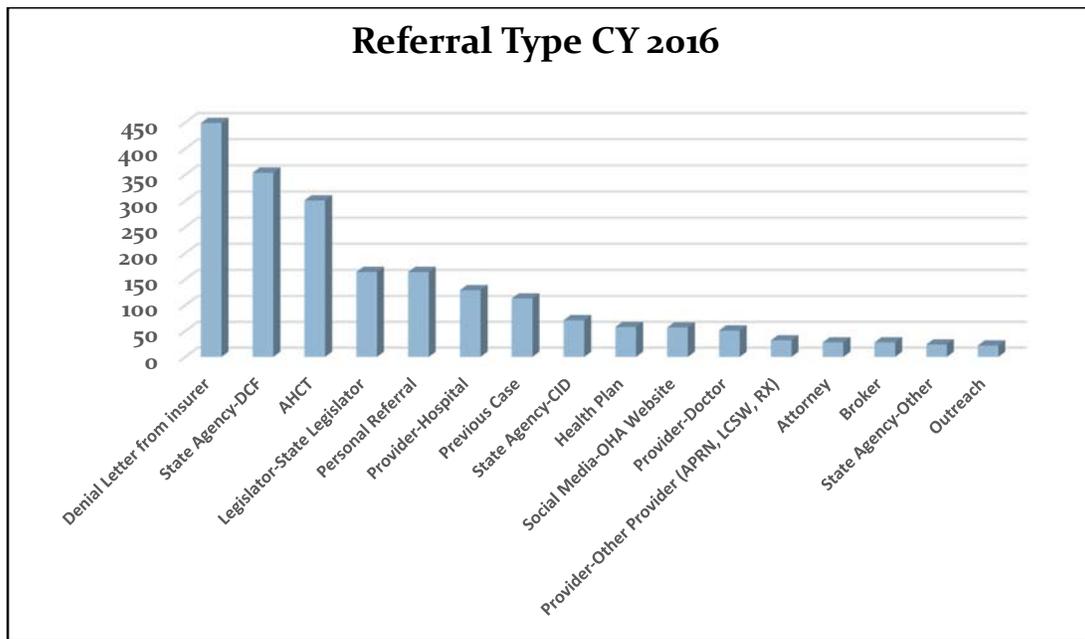
In CY 2016, OHA continued to receive a high volume of consumer calls on its toll free line and hundreds of additional calls or emails directly to staff. We continue to encourage legislators and agencies to refer cases directly to OHA for high-quality real time services. Legislators, providers and consumers know that OHA operates in real time and via direct contact with consumers on: educational cases, medical and behavioral health issues and legal matters. Consumers continue to be very satisfied with our services.

The number of consumers who contacted OHA regarding applications issues, documentation errors and advanced premium tax credits for health coverage through Access Health CT (AHCT) nearly doubled from 2013 and has remained consistently high at approximately 7,500 for the past three years.

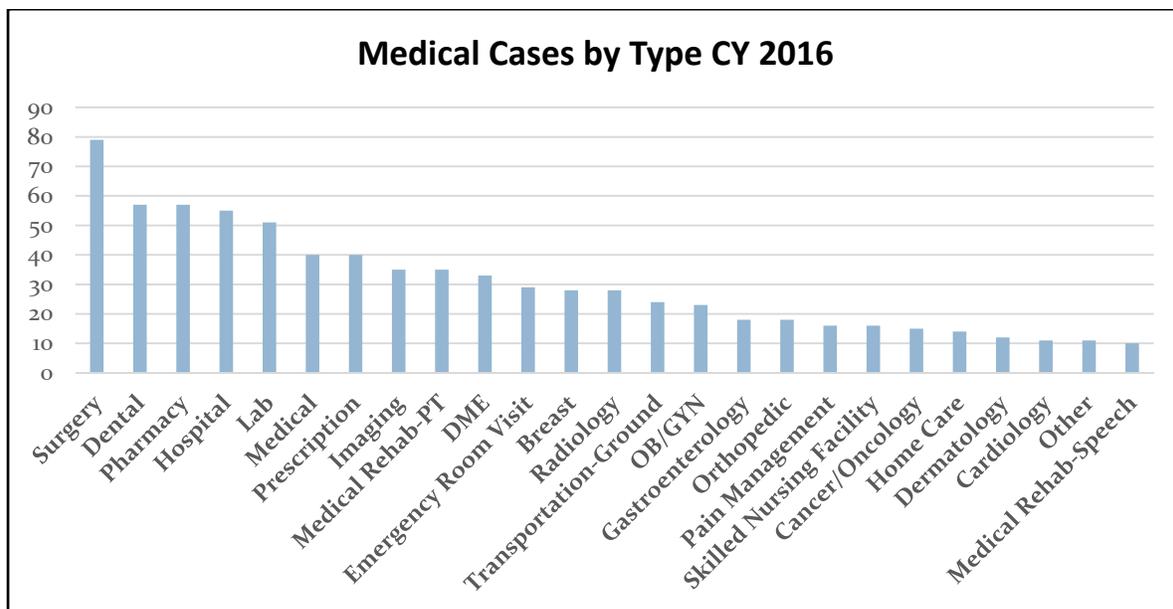


Cases continue to come to OHA from a variety of sources. Denial letters that consumers received from their health care plans are required under federal and state law to include OHA’s contact information. These letters were the top referral source to OHA in CY 16, followed by direct referral from legislators, state agencies,

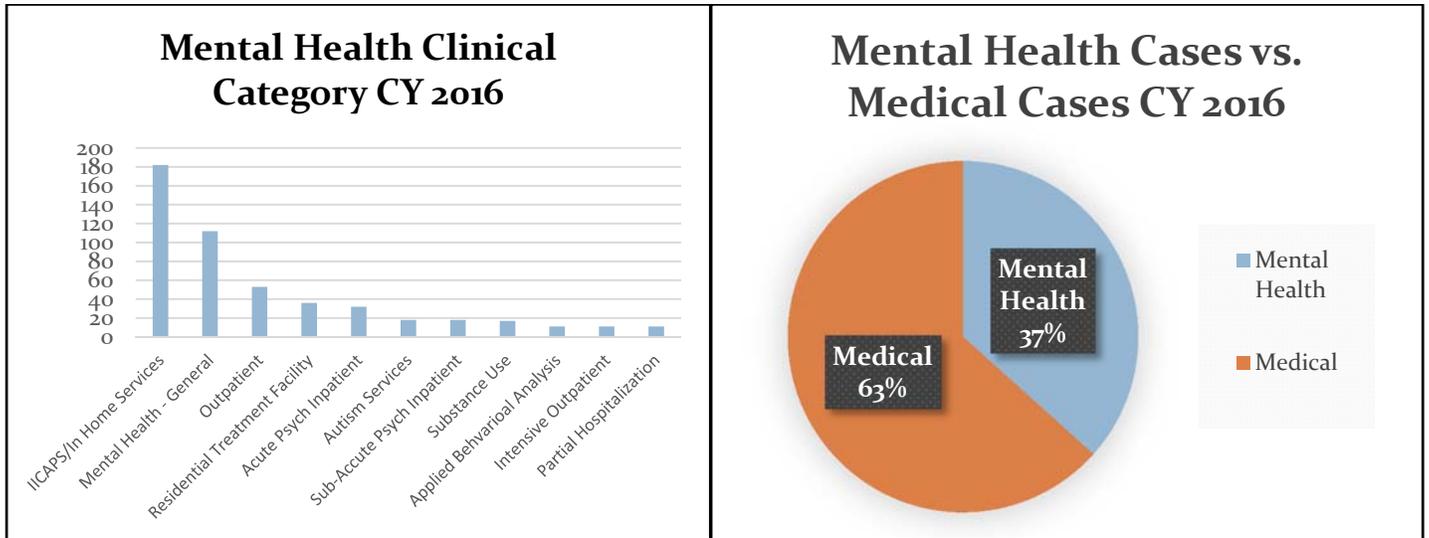
other partners and personal referrals. OHA continue to receive referrals from and make referrals to the Connecticut Insurance Department.



OHA continued to receive a wide range of cases representing many clinical categories, with Mental Health/Substance Use remaining the predominant case type for assistance. Fortunately, OHA’s advocacy resulted in reversals of denials of treatment or services that involve consumers in need of treatment for serious, debilitating, or life-threatening illnesses.

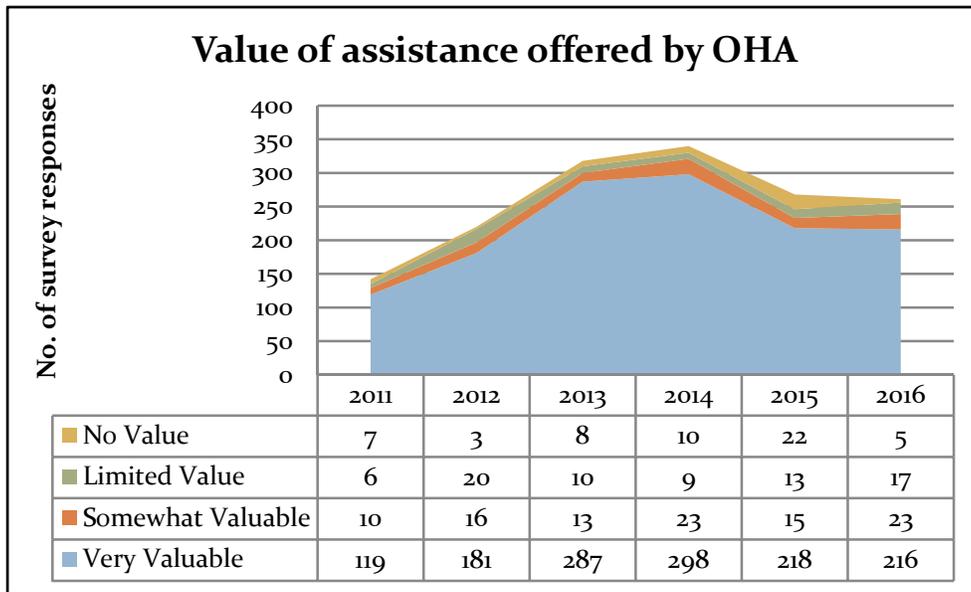
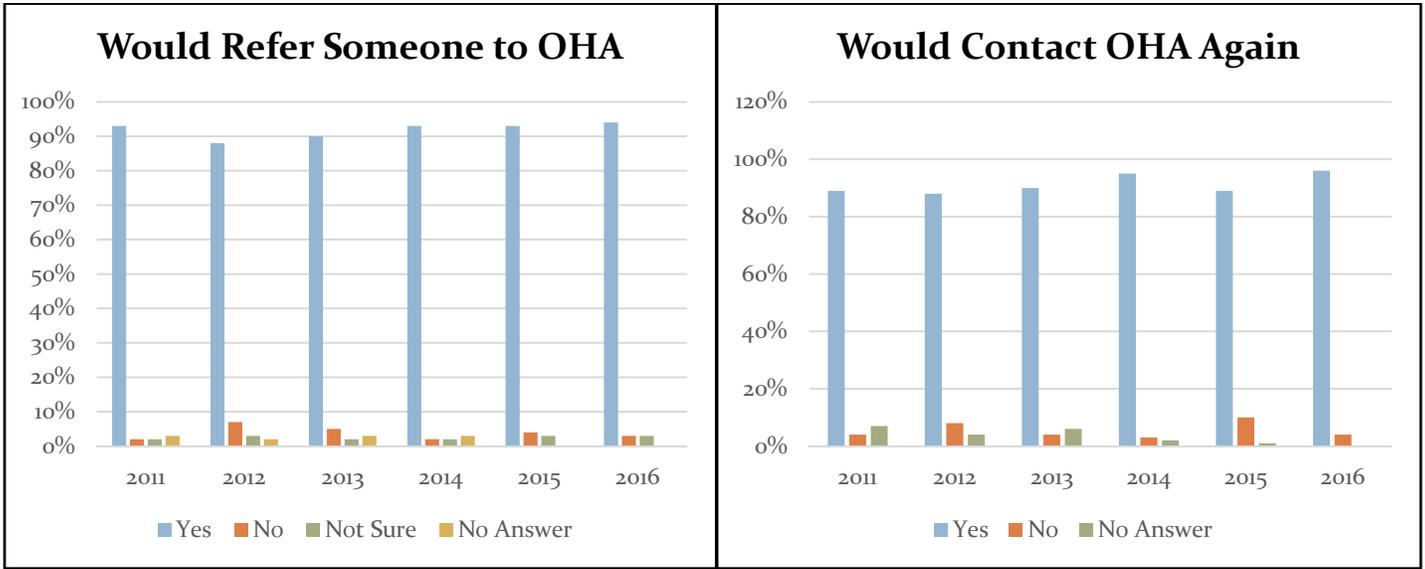


Mental Health cases account for almost 40 percent of OHA’s caseload. Intensive In-Home Services cases account for a large majority of the Mental Health cases at OHA.



OHA’s consumers continue to give OHA very high ratings. Because of our education to consumers regarding the benefits under their health plans, the percentage of individuals reporting that they have an improved understanding of their healthcare plan after contacting OHA continues to increase. In CY 2016 94 percent of Consumers responded they would refer someone to OHA. This metric has been consistently high and favorable since 2011. OHA considers this measure the most important measure of OHA’s services. The percentage of individuals reporting that they would contact OHA again also continues to remain strong and even increase towards 100 percent.

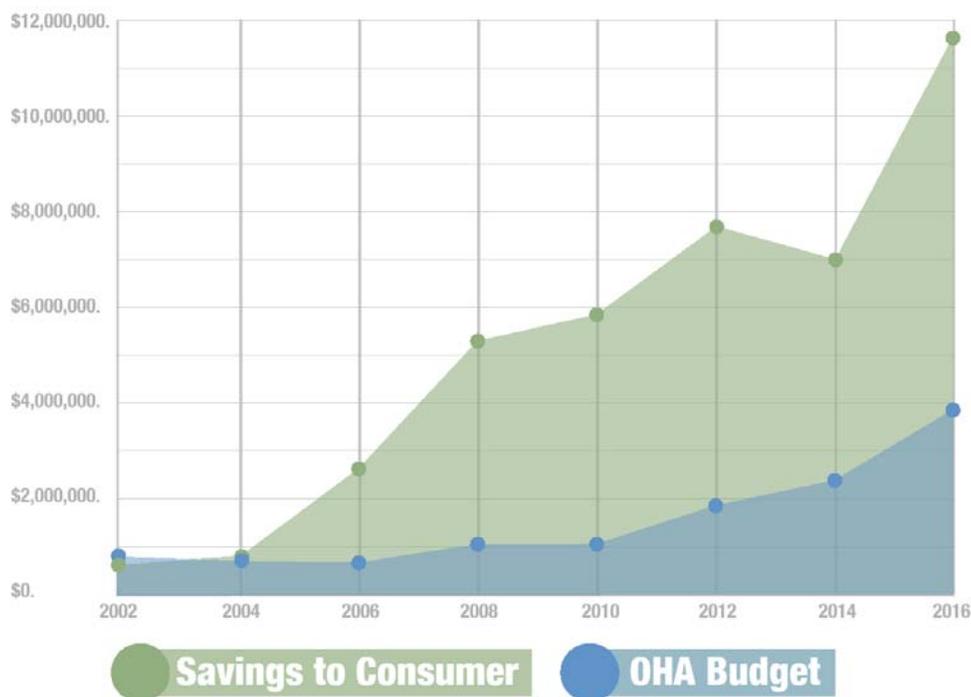
“OHA kept us informed and quelled our fears. My husband says that ... he feels our taxes went to something useful – the OHA.”



The chart below illustrates the total number of cases opened and savings per calendar year since OHA began operations. With the exception of 2012, the number of cases opened has steadily increased. OHA’s advocacy returned \$11 million to the residents of Connecticut in 2016. In CY 16, the office surpassed the \$80 million mark in savings for consumers. OHA’s annual budget over time in comparison to the savings to consumers over time shows that the OHA’s budget remains low while our work and efforts in savings to consumers continues to increase.

Calendar Year	Total Number of Cases Opened	Total Calendar Year Savings
2002	774	\$410,294.00
2003	613	\$205,665.00
2004	956	\$531,823.00
2005	1,594	\$1,487,895.00
2006	2,002	\$2,934,451.00
2007	1,988	\$4,391,353.00
2008	1,475	\$5,191,613.00
2009	2,060	\$6,578,895.00
2010	2,139	\$5,664,095.00
2011	5,515	\$8,347,041.00
2012	4,271	\$7,540,211.00
2013	5,638	\$9,500,000.00
2014	7,117	\$6,924,978.00
2015	8,930	\$10,967,539.00
2016	7,028	\$11,168,483.00
Total	52,100	\$81,844,336.00

In CY 16, the office surpassed the \$80 million mark in savings for consumers. OHA’s annual budget over time in comparison to the savings to consumers over time shows that the OHA’s budget remains low while our work and efforts in savings to consumers continues to increase.



CONSUMER STORIES

1

Marie contacted OHA on behalf of her daughter, Maya, who was born 15 weeks prematurely. Maya remained in the intensive care unit at the hospital for seven months and was then transferred to an acute rehabilitation facility for 60 days. Marie contacted OHA when Maya was being discharged home and needed nursing care 24 hours a day due to her highly complex medical needs. She required a nurse to monitor her tracheostomy tube, an air compressor (ventilator) to facilitate breathing and a naso-gastric tube to administer medications and feeding. The healthcare plan had no in-network facilities that could provide the level of care that she required. OHA worked with the hospital case manager and the healthcare plan's case manager to locate an out of network provider that could provide the level of services for her and successfully obtained authorization to be treated at the in-network benefit level. This resulted in her being able to receive medically necessary private nursing care for eight months until her tracheostomy was removed resulting in a savings to Marie of \$30,732.



GS contacted OHA after her healthcare plan denied coverage for services and treatment for self-inflicted gunshot wound stating that the denial was based on the policy's non-coverage of self-inflicted injuries. GS had two hospital stays, as well as Life Star s and Ambulance transportation services totaling over \$240,000. OHA appealed the plan administrator's application of the self-inflicted injury exclusion on the basis that the exclusion for self-inflicted injuries related to a mental health diagnosis was a violation of the Wellstone-Domenici Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA). Specifically, MHPAEA requires that a plan cannot impose a treatment limitation or exclusion with respect to mental health benefits unless the limitation or exclusion is applied with equal or greater stringency to medical/surgical benefits under the plan. In this instance, by conditioning coverage for self-inflicted injuries on the member's state of mind and/or mental health, the plan imposes a treatment limitation impacting only members with mental health care needs in violation of MHPAEA. The healthcare plan overturned the denial and all of the services were paid.

2

3

JL was an 18-month old critically ill child. JL was born via emergency C-section when a routine prenatal exam revealed that his twin die *in utero*. JL suffers from congenital CMV, the same virus that killed his unborn twin. Immediately upon birth, JL was rushed to the NICU where he spend the first four weeks of his life attached to tubes, monitors and PICC lines. When JL was released from the hospital, his mother took a six-month maternity leave from her job. During this maternity leave, JL began to experience complications requiring a feeding tube, a pulse oximeter to track his heart rate and blood oxygen, and an apnea machine to check his breathing. JL also has a suction machine to assist if he aspirates. Constant monitoring is required in order to ensure that JL does not aspirate or choke. JL's mother needed to return to work but daycare for JL was not an option. She requested home nursing care and her healthcare plan denied it. She contacted OHA and the case manager was successful in getting the denial reversed. JL now receives the nursing care he requires, saving the family \$131,000.

JC contacted OHA per the advice of a state legislator when she encountered an unknown plan exclusion for services that were already rendered. JC has a rare disorder that made it medically necessary for her to receive bariatric surgery. Prior to the surgery, JC met with her provider to review in detail all her potential financial responsibilities, so that she could make an informed decision. JC was informed by the provider that she would be responsible for a \$500 co-pay. The surgery was successful, providing her with a prognosis of good health. JC then started receiving bills, letters, and denials resulting in a large amount of financial responsibility, due to a healthcare plan exclusion. JC finally contacted OHA at the recommendation of one of her state legislators. JC's bills included bills from several different providers for the date of surgery, which made it confusing and difficult for her to understand the bills. The OHA case manager reviewed all the bills produced by the many providers for that day of surgery. With respect to the denied bills, OHA contacted the providers requesting that the bills be waived on the basis that the consumer was provided incorrect information in writing from the provider, stating that she would only be responsible for the \$500 co-pay. The provider had failed to inform the consumer that her insurance carrier clearly stated during a pre-authorization request by the provider that the carrier believed the procedure was subject to a plan exclusion. The end result of this multi-complex billing issue was that the consumer only paid her \$500 co-pay, as she had been assured prior to surgery.

4

5 LG, a young boy with autism, was denied for additional hours for Applied Behavior Analysis (ABA) treatment during the summer. LG was approved for 3.5 hours per week of ABA therapy, which LG routinely received on a weekly basis during the school. When the provider requested pre-authorization for 26.5 hours of ABA Therapy and 10 hours of social skills services based on summer needs, the healthcare plan denied the services. It is not unusual for a child's services to be drastically reduced during summer months, while school is out of session. Recognizing the potential adverse effects that LG would face without the continuity of care that would be provided by a properly-structured summer program, the OHA case manager quickly went to work to assist the family and provider. This case went through the appeals process, with OHA achieving a successful overturn in the External Review process. This decision provided much-needed services, and allowed LG to be successful in meeting goals his care team set out to achieve. This collaborative effort with all stakeholders involved saved the family over \$9,000.

**Office of the Healthcare Advocate Biennial Budget
MCO39400**

Position Summary Account	Actual FY 16/17
Permanent Full-Time – IF	19

Budget Summary Account	Actual FY 16/17
Personal Services	\$1,645,820.00
Other Expenses	\$ 466,767.00
Equipment	\$ 5,000.00
Fringe Benefits	\$1,533,050.00
Indirect Overhead	\$ 142,055.00
Nonfunctional –Change to Accruals	\$ 193,883.00
Agency Total – Insurance Fund	\$3,792,692.00

OHA STAFF

Ted Doolittle
State Healthcare Advocate

Sherri Koss
Administrative Assistant

Laura Morris, MPH
Assistant Healthcare Advocate

Frank Leighton
Consumer Information Rep.

Demian Fontanella, JD
General Counsel

Clorinda Mirto, RN
Nurse Consultant

Sean King, JD
Staff Attorney

Jacqueline Murillo, RN, BSN
Nurse Consultant

Valerie Wyzykowski, MS, RN
Healthcare Advocate Program Manager

Blanca Otero
Office Assistant

Carol Pearson, RN, CCM
Nurse Advocate

Denise Ramoutar, MPH
Health Program Associate

Annika Burney, RN
Nurse Consultant

Alex Myjak
Consumer information Rep.

Caroline Butler, RN
Nurse Consultant

Kim Davis
Consumer Information Rep.

Jill Hall, BSN, BS, RN
Nurse Consultant

Office of the Healthcare Advocate
P.O. Box 1543, Hartford, CT 06144
Tel 1-866-466-4446
Fax 860-331-2499
Healthcare.advocate@ct.gov
www.ct.gov/oha

