



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

"I am very grateful for the excellent service I received at your office. When I forgot to call you back, follow up calls were made to me!"



2017 ANNUAL REPORT

TABLE OF CONTENTS

A Message from the Healthcare Advocate	2
OHA’s Mission	3
What OHA Does	4
OHA Out and About.....	6
CT Speaks Out on Healthcare Costs.....	8
Collaborations	11
Legislative Briefing 2015	15
Consumer Relations	16
Consumer Stories	22
OHA Biennial Budget	28
OHA Staff	29

A MESSAGE FROM THE HEALTHCARE ADVOCATE

The year 2017 was challenging for Connecticut health care consumers. The seemingly never-ending uncertainty out of Washington, D.C. around repeal of the Affordable Care Act, coupled with local Connecticut concerns such as continually rising health insurance premiums and a major contract dispute between the state's largest health insurance carrier (Anthem) and the second-largest hospital and physician system in the state (Hartford Healthcare) provoked much anxiety among Connecticut families trying to access health care.

Through it all, the Office of the Healthcare Advocate worked hard to provide a steady source of advice and representation to Connecticut individuals and families facing difficulties choosing or enrolling in health insurance, or facing health insurance denials of care. The hard-working OHA staff, including nurses, attorneys, consumer information representatives and other professionals, fielded 6,023 calls or complaints, and achieved consumer savings of \$10 million for the residents of Connecticut. This 2017 total brings the consumer savings that OHA has achieved since its inception in 2005 to over \$92 million. In addition, our outreach and education activities are particularly important in a time of such uncertainty and stress for Connecticut's health care consumers. Our staff fanned out across the state, providing a knowledgeable presence at 165 events during the year, including health fairs, senior centers, and other key community venues and events.

Of particular note on the outreach side is OHA's new series of listening sessions, Connecticut Speaks Out on Healthcare Costs (CSO). OHA hosted six events around the state from October 2017 to February 2018. CSO provided a dynamic platform for several hundred Connecticut individuals to come out and voice their personal struggles accessing and paying for healthcare. The sessions were videotaped and transcribed. The CSO project is described in more detail in the Annual Report, but the purpose of the series was to provide Connecticut individuals and families with a direct platform to raise and discuss their own struggles with affording healthcare. Despite the fact that healthcare has been continuously at or near the top of the national agenda since at least 2009, the underlying issue of the actual cost of healthcare – whether paid for by consumers through premiums or directly out-of-pocket – has been largely absent from the discussion as the nation argued over how to structure and pay for the delivery of health insurance and healthcare, to a great degree ignoring the central problem that healthcare in the United States costs anywhere from two to three times the prices paid for equal or better quality healthcare by our overseas economic competitors such as Germany, Japan or the United Kingdom.

The sessions were videotaped and transcribed and OHA is currently pulling these compelling materials together into a report and website materials to be used with state and federal policymakers, as well as with industry and advocacy organizations, to focus our Connecticut community on the issue of healthcare costs, with expected completion in Spring 2018. Connecticut has an opportunity to lead the nation into a deeper discussion about the underlying issues of costs and price, and OHA looks forward to playing an important role in that debate in the coming year.



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 2017, OHA participated in 165 outreach events, assisted over 6,000 consumers with specific issues and saved more than \$10 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. 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.

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 prime focus of OHA's work is direct client advocacy and appeals of healthcare plan denials, also fundamental to our work are activities such as educating consumers about their rights, and coaching consumers on how to navigate the healthcare system, including how to advocate on their own behalf. OHA provides Connecticut consumers with a voice, incorporating their stories, experiences, challenges and successes into our advocacy. OHA staff actively participate in many forums where the consumer's experience is important to the formulation of effective and meaningful policy. An overview of OHA's staff activities promoting community engagement and collaboration during 2017 follows:

- Access Health CT Board of Directors
- All Payer Claims Database Advisory Council
- Behavioral Health Clearinghouse
- Behavioral Health Partnership Oversight Council
- Behavioral Health Working Group
- Covering Connecticut Kids and Families Steering Committee
- Covering Connecticut Kids and Families Quarterly Meetings
- Connecticut Cancer Partnership Committee
- Connecticut Choosing Wisely Collaborative
- Connecticut Health Foundation Kitchen Cabinet
- Connecticut Parity Coalition
- Connecticut Partners for Health
- Better Health Conference Planning Committee
- Connecticut Strong State Level Transition Team
- Department of Mental Health and Addiction Services Alcohol and Drug Advisory Council
- 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
- Equal Coverage to Care Coalition

- Explanation of Benefits Confidentiality *Ad Hoc* 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
- Medical Assistance Program Oversight Council
 - Medical Assistance Program Oversight Council Complex Care Committee
 - Medical Assistance Program Oversight Council Developmental Disabilities Working Group
 - Medical Assistance Program Oversight Council Care Coordination Committee
- National Parity Implementation Coalition
- Opioid Stakeholder Regional Group
- Personal Care Attendant Workforce Council
- Protect Our Care Coalition
- State Opioid Plan

OHA OUT AND ABOUT

In this volatile year in healthcare, keeping open lines of communication with providers and the public was critical. While the drama was unfolding on the federal level, consumers in Connecticut needed to be reassured that changes in Washington D. C. do not necessarily mean adverse or radical changes at home. Connecticut has always been among the first to recognize the need to provide healthcare for all; and for our ability to help consumers successfully engage with their policy and their carrier so they can live happier, healthier lives. Our key words still ring true and drive much of our direct to the consumer marketing: *Engage. Empower. Educate.* These were the consistent messages that were delivered across all our platforms and outreach. But because the velocity of change in healthcare can still be daunting and there may be avenues to further assist consumers, the OHA embarked on an unprecedented number of listening forums and aggressive outreach across the state.

Digital Targeting - OHA targeted its outreach geographically to coincide with the locations of the listening forums as a primary initiative. This was supported by a more general campaign of help and support available to consumers focused on the main urban areas and traditionally underserved communities. Our primary delivery vehicles were banner ads, content association and news websites.

Social – Social channels Facebook and Twitter remain our preferred platforms for mass communications and to alert the families of our listening forums as an upcoming event. We use these channels to post information about OHA and other relevant content that consumers and providers will find helpful. This includes developments out of Washington as well as info-graphics, articles and op-eds that are related to our mission of serving the healthcare consumer as an advocate, advisor and supporter. We create, harvest and boost content predicated on its impact on our consumers. Posts are carefully vetted, planned and scheduled each day. The agency is also live monitoring its consumer feedback and engagements so we can answer questions, give helpful advice and to provide supervision to the interactions. We continue to enjoy a surge in shares and “likes” on individual posts and are very pleased with the significant increase in the public’s interest in our content.

Facebook – This year we focused on engaging our consumers more and were rewarded with a significant surge in comments, likes and shares throughout the year but especially during the Fall 2017 listening forums

which we advertised. We challenged our consumers to follow the debate and to voice their opinions on how we can improve healthcare in Connecticut.

This high profile consumer engagement effort led to a significant increase in the average number of people who saw our social posts on Facebook as a matter of organic interest. It spiked as high as 1,239 with many days falling between 400 and 800 viewers. When we geographically targeted consumers and asked them to come to the forums or to take surveys online, the added interest spiked by more than 1,000 people per day on average and as high as 2,884 additional constituents who viewed the content as a function of paid outreach. Social marketing and communications continue to be an important outreach tool. It's particularly effective to reach consumers and influencers interested in our services, health and healthcare, parity, health policies; families, children and other indexes along with mental healthcare and addiction services. They also a source of referral for those needing our services.

Twitter - The OHA twitter strategy is to continue to re-package what we post on FB 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 – Not only did the Healthcare Advocate Ted Doolittle lead the listening forums around the state, he also promoted them in live interviews on radio and television. In New Haven, he was on WTNH and also on Facebook Live. In Willimantic, he appeared on WILI for an extensive morning show conversation covering a lot of issues on healthcare and promoting the upcoming forum. In Hartford, Mr. Doolittle visited with the WNPR *Where We Live* program twice covering healthcare issues, challenges and also was the featured guest on WFSB's *Face The State* program.

Television – The OHA also introduced Connecticut to “Maya,” a premature baby who spent months in the neonatal intensive care unit in New Haven. After extensive support at the hospital, she was finally able to come home. As a full time employee in Stamford, visiting her daughter at night was a strain but it got exponentially worse when Maya came home but still needed specialized feeding and care. Like so many others, the OHA found a way for her healthcare policy to meet the need saving the family many thousands of dollars and preserving her mom's employment. Maya's testimonial aired in a 30 second commercial on cable around the state.

CT Speaks Out on Healthcare Costs

Connecticut Speaks Out on Healthcare Costs is an ongoing project to solicit community input on ways to tackle the healthcare affordability crisis facing our nation and our state. The fact that American families pay twice as much, or more, as most other developed nations in Europe and Asia for health care that is no better than what people in these nations get is no longer acceptable.

This high-cost system is not sustainable. Warren Buffett, perhaps the most successful investor alive, has said that "medical costs are the tapeworm of American economic competitiveness."

To explore how the high cost of healthcare was affecting Connecticut families, starting in October 2017, OHA sponsored a series of six public forums around the state to provide a place for Connecticut consumers to share their stories of challenges affording healthcare.

The stories shared at our CSO events included:

- The young man who was brutally attacked outside a bar one night while uninsured, and suddenly found himself facing tens of thousands of dollars in emergency room costs overnight;
- The single mother from northeastern Connecticut who had to drop her insurance coverage due to the expense, and who lives day-to-day with the fear that she or her child might fall ill or have an accident;
- The pastor who tearfully reported that the single hardest aspect of her job was counseling parishioners who were facing unaffordable health care costs, and who reassures the members of her flock that the church will do everything it can to collect money for the family ... all the while knowing that these resources will never be sufficient to pay the actual costs.

These stories and other data provided by Connecticut individuals and families, such as survey responses on the affordability of healthcare, and the robust public discussion and input on ways that the state can try to lower healthcare prices, will be used in coming months during discussions with state policymakers such as the state General Assembly, the Governor, and others, as well as with the advocacy community, and the healthcare, health insurance, and pharmaceutical industries.

OHA's goal is to use the input from individual consumers about their family's struggle to afford healthcare in this state to bring the underlying issue of healthcare costs and affordability to the forefront of our state's community discussion on healthcare. This could include future discussion of legislative, administrative

or regulatory policy improvements, or other collaborative public-private efforts to get healthcare costs onto the front burners of Connecticut's policymaking, advocacy, healthcare provider, and insurance carrier community.

Sessions were held in Canaan, Norwich, Norwalk, New Haven, Willimantic and Hartford. A total of 87 people attended the sessions and 312 completed our survey.

The CSO format included a very brief presentation about healthcare costs in Connecticut, and cost comparisons with other industrial nations across the world, followed by a longer open microphone period where consumers shared their experiences and difficulties in affording healthcare. Consumers at the sessions were also encouraged to fill out two surveys about the financial specifics of their challenge in affording healthcare, as well as providing their reactions to certain cost-saving policies. (These surveys also were (and remain) available online at our web site, so that people can give voice and participate even if they were not able to attend an in-person event.)

CSO provided a platform for ordinary Connecticut individuals to participate in the state's ongoing healthcare policy debates. OHA is in the process of pulling all these diverse materials into a final report to be used with state policy makers and healthcare industry leaders, but some examples of cost-saving measure that drew strong support:

- 88% believe that insurers seeking rate increases should demonstrate that they have taken reasonable steps to reduce total consumer costs (premium plus all forms of out-of-pocket costs)
- 84% believe that healthcare providers should be required to post prices so that patients can comparison shop
- 73% would support a plan with wellness requirements such as annual physicals or colonoscopies
- 70% believe that insurers seeking premium increases should be required to demonstrate that they have reasonable processes in place to identify, track and work with or remove healthcare providers with unusually high healthcare costs
- 66% support hospital rate-setting

OHA and our community partners hope to bring the voice of you, the healthcare consumer of Connecticut, into the debate about how to improve America's health care system, and to make it responsive, affordable and sustainable for everyone.

Each session had a local co-sponsor, and OHA would like to thank the following partners:



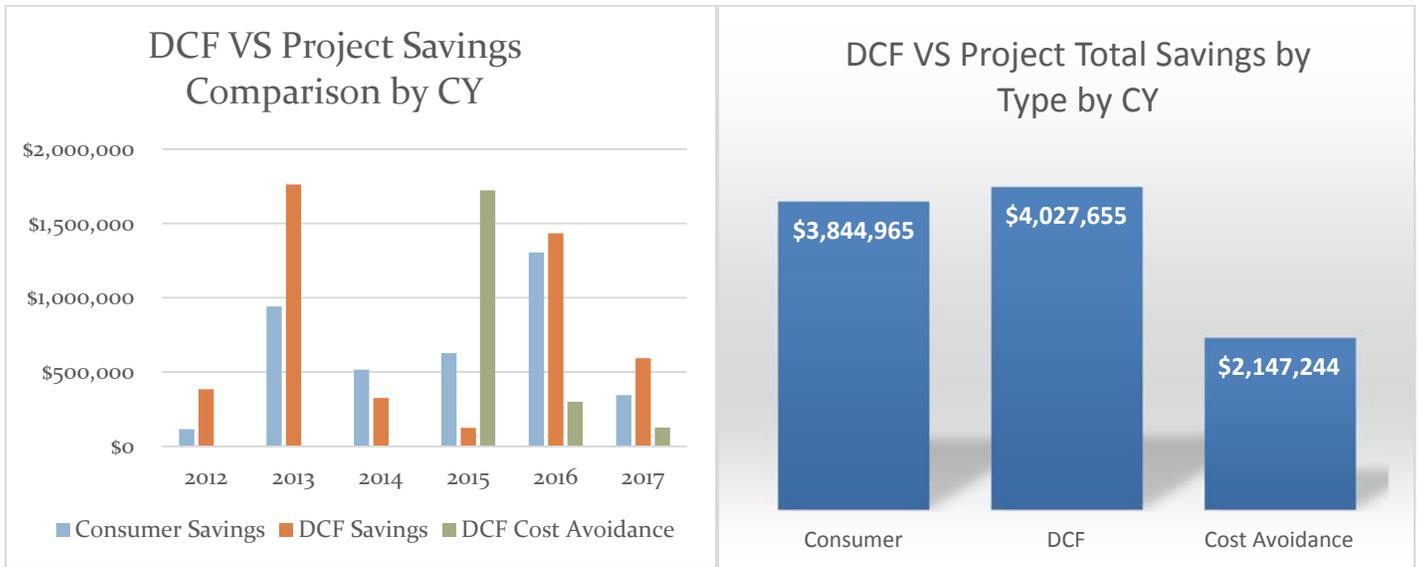
COLLABORATIONS

OHA and the Department of Children and Families

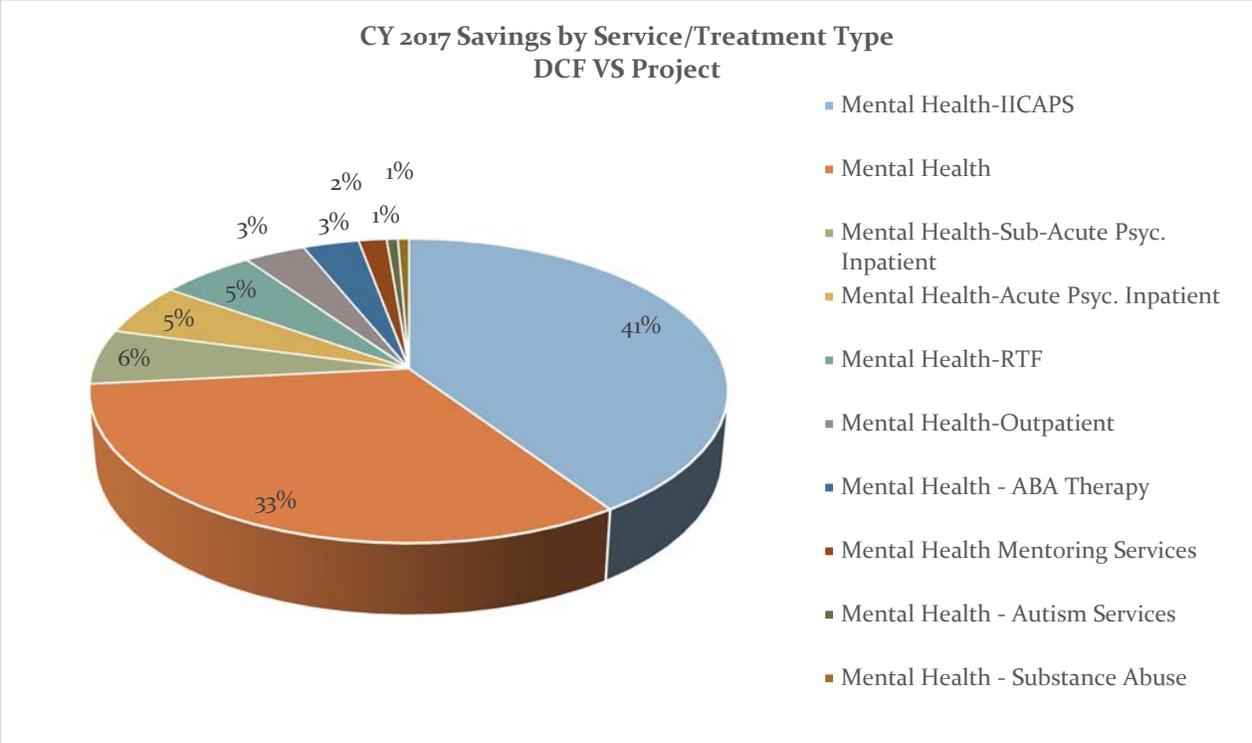
This project continues to be a positive example of collaboration among state agencies. Now entering its 6th year, the benefits of this collaboration continue to grow and expand. The collaboration and continued partnership with DCF Careline and DCF Area Offices have allowed for data collection findings 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. The outreach efforts by the 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 appeal 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 165 outreaches in CY 2017.

"It was comforting to have people available to help you and understand your unique situation. Although the outcome was not what I was hoping for I appreciate all the work put forth on my behalf by your organization to try and be there to support my husband and I."

"Everyone I came in contact with was very pleasant and eager to help me, the consumer."



Savings remain highly variable from year to year, though the 2017 direct budget savings to DCF of over \$500,000 produced an ROI to the state of well over 2:1, based on the cost of approximately two full-time equivalent positions dedicated to the project. It should also be noted that a three-day LEAN project jointly conducted by DCF and OHA in January 2017 is expected to result in opportunities to further expand the OHA-DCF partnership. This post-LEAN process is still underway and is expected to conclude in Spring 2018. 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 remained the majority of case type for 2017. OHA continues to provide 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. Our efforts were greatly streamlined by the implementation of a web-based data submission tool. 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 17

During the 2017 legislative session, OHA tracked 187 unique bills, 20 of which became law, provided expert insight concerning possible language for several, and testified on 21.

- OHA advocated for HB 5971, which would require that dependents be permitted to remain on their parent's dental plans until the age of 26, mirroring the ACA's requirement for continued dependent health plan eligibility.
- We supported HB 6015, which expands consumer rights we previously championed in PA 15-146, and promoted greater notice and transparency in hospital billing.
- HB 7123 appropriately would limit health plan's ability to make material changes to their prescription drug formularies during a plan year, which would provide consumers with more consistency and certainty as they research and chose health plans each year, instead of being faced with the real possibility of having significant and costly changes to their drug benefit at a time when they could not change plans.
- Similarly, SB 925 would increase the transparency of pharmaceutical costs in the state by requiring greater disclosure of the true cost of drugs marketed and sold in Connecticut.
- HB 7184 would have required state agencies to review and report to OPM their policies for identifying and seeking payment from available payment sources for services provided by that agency.
- Finally, OHA advocated for SB 451, which simply clarified some of the statutory provisions concerning notice about facility fees that consumers may be subject to, so that all stakeholders could clearly understand their liability under the law.



CONSUMER RELATIONS

"The response to my issue was phenomenal. With your help I was able to resolve a financial issue that weighed heavily on me. Thank you!"

"Thank you very much! Our appeal was successful because of you. We were able to use our deductible instead of spending thousands of dollars in addition to our premiums"

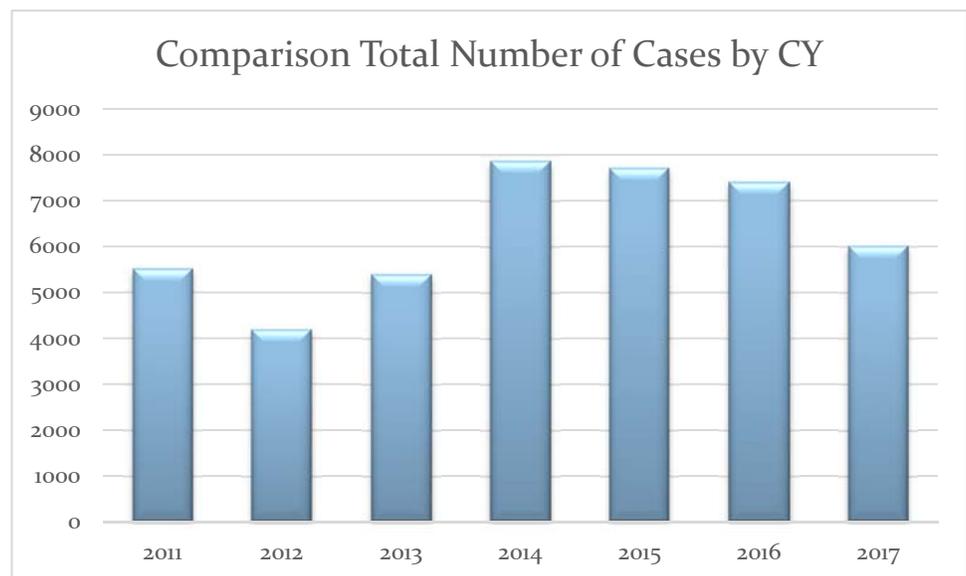
"THANK YOU! Your work enabled me to have critical heart surgery. Changed my life!!!"

"This claim was denial of a disability claim which the doctor said was needed. OHA resolved this and greatly helped my family."

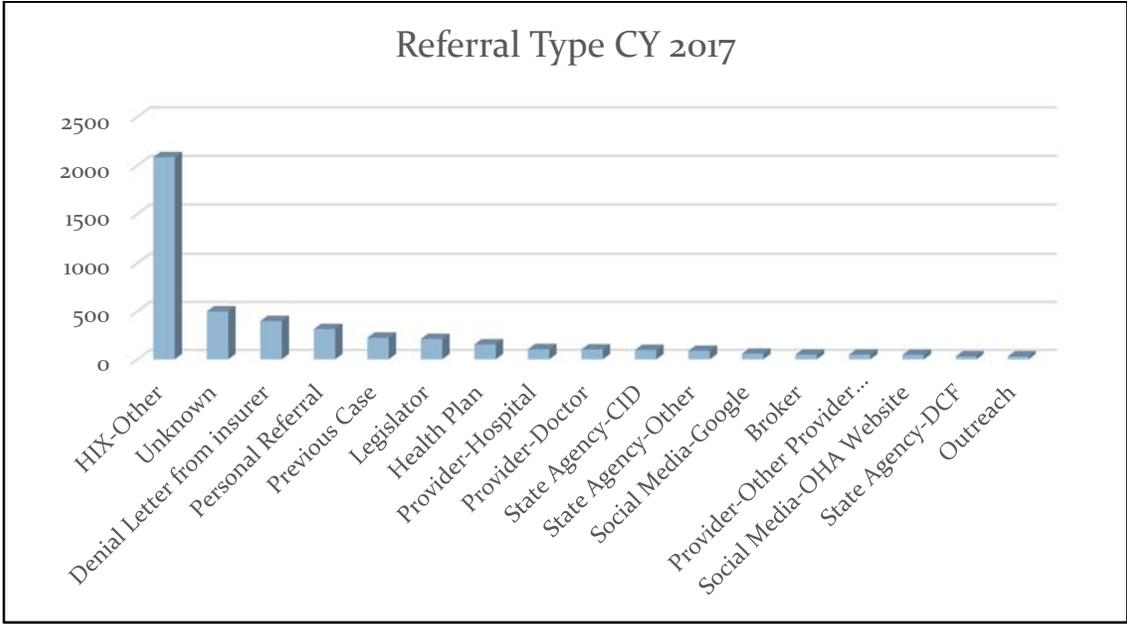
"So helpful! Your assistance during a very stressful time was invaluable!"

"Staff was great to work with. Very timely in response to my initial inquiry and thereafter. Didn't think I was a dealing with a state agency."

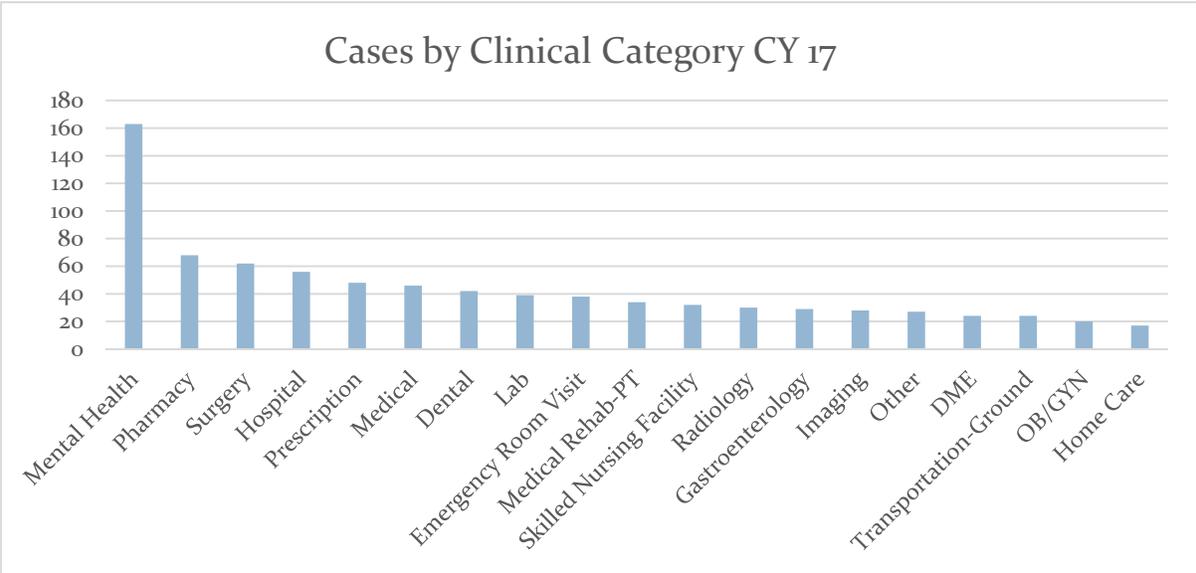
In CY 2017, OHA continued to receive a high volume of consumer calls on its toll free line and hundreds of additional calls or emails directly to staff. We continue to encourage legislators and agencies to refer cases directly to OHA for high-quality real time services. Legislators, providers and consumers 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.

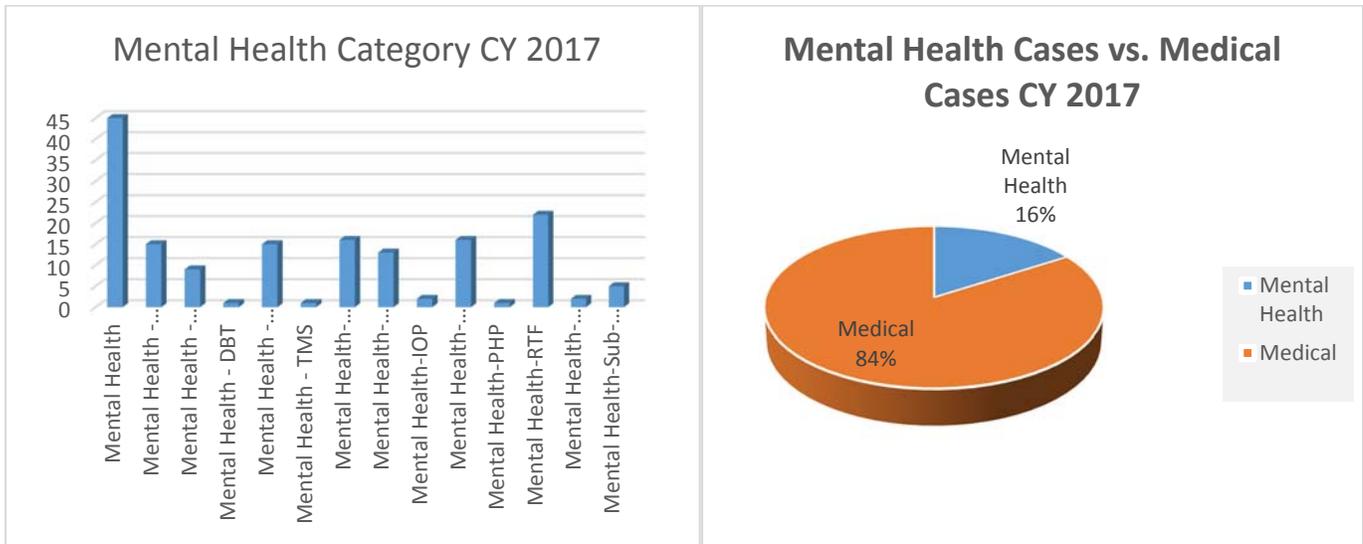


Cases continue to come to OHA from a variety of sources. The highest category of referrals to OHA are Access Health CT (AHCT) cases for consumers who have application, documentation and other issues. Denial letters that consumers received from their health care plans are required under federal and state law to include OHA's contact information. These letters were the second top referral source to OHA in CY 17, followed by personal referrals, previous cases and direct referral from legislators, state agencies and other partners. OHA continue to receive referrals from and make referrals to the Connecticut Insurance Department.



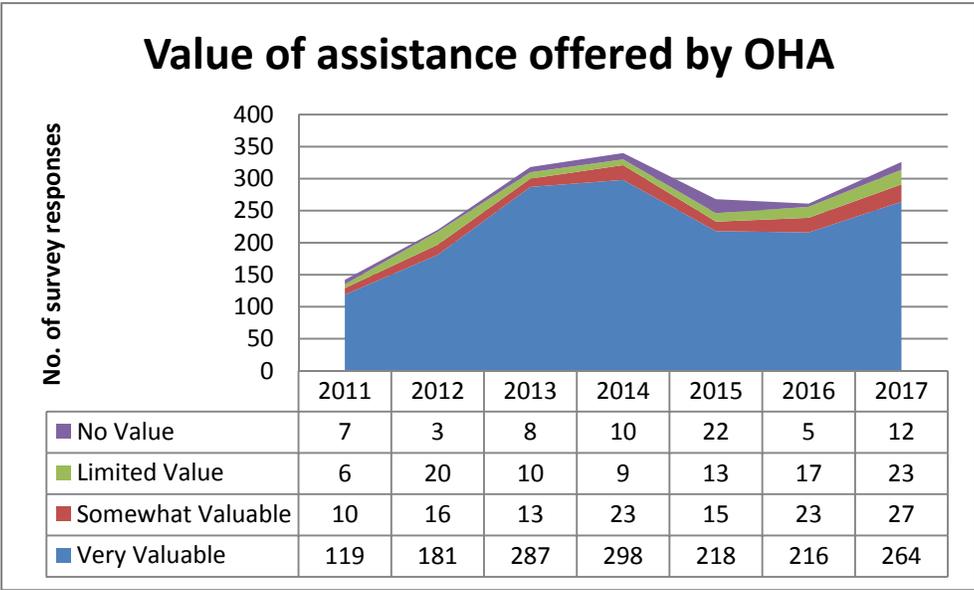
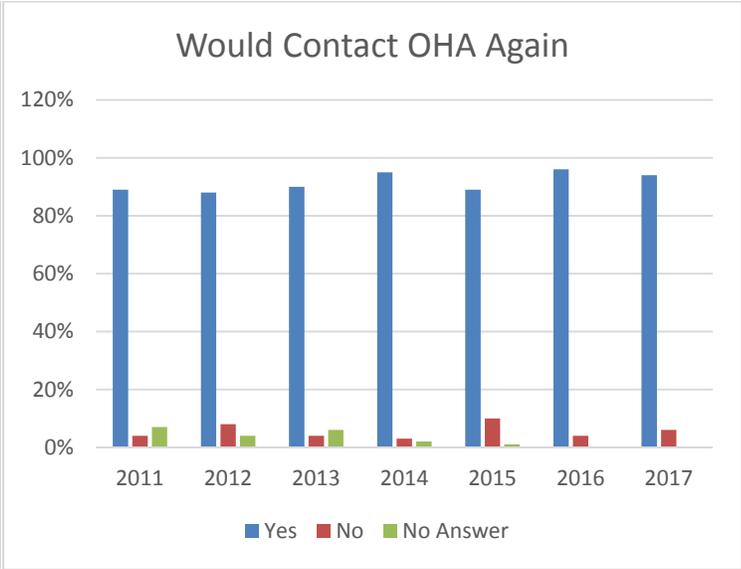
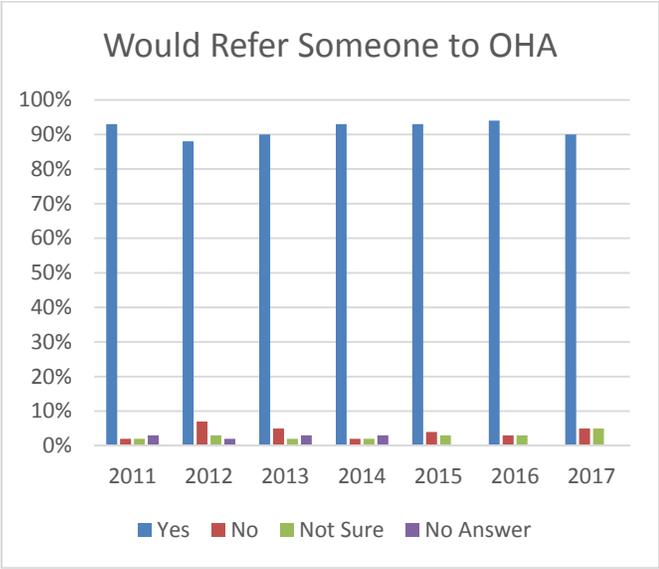
OHA continued to receive a wide range of cases representing many clinical categories, with mental health as the predominant case type for assistance. Fortunately, OHA’s advocacy resulted in reversals of denials of treatment or services that involve consumers in need of treatment for serious, debilitating,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





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 2017, 90 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 at 95 percent.

“Nobody assisted me but you. Not hospitals, not insurance, not doctors. It was a nightmare, only resolved through your tireless diligence and hard work. I cannot thank you enough! You are an invaluable resource in Connecticut. Only you understood my situation and only you took my side. I received threats, bills, phone calls and letters, all intimidating and all due to the hospital’s negligence. I so appreciate all you have done for me!”

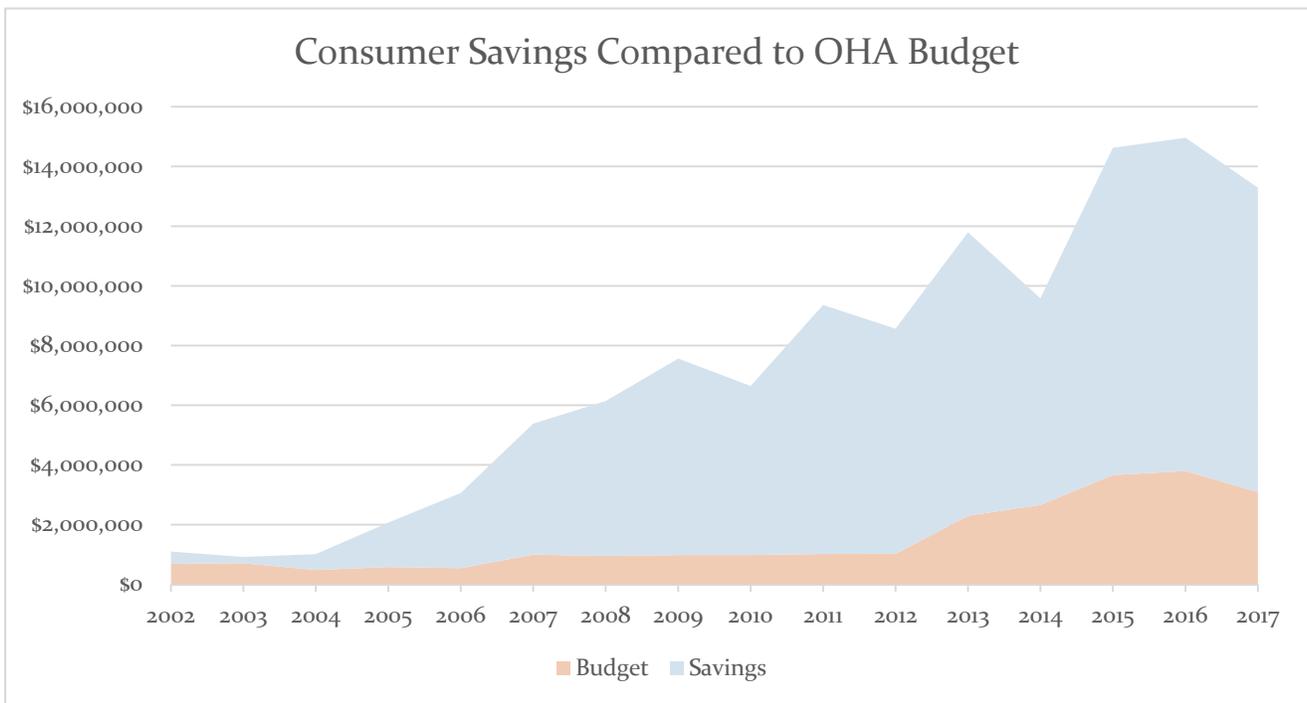


The chart below illustrates the total number of cases opened and savings per calendar year since OHA began operations. With some year-to-year variability, the number of cases opened has steadily trended upward. OHA's advocacy returned \$10 million to the residents of Connecticut in 2017. In CY 17, the office is close to the \$95 million mark in savings for consumers since inception.

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
2017	6,023	\$10,200,835.73
Total	58,123	\$92,045,171.73

Calendar Year	Total Number of Cases Opened	Total Calendar Year Savings
2002	774	\$410,294.00
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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
2017	6,023	\$10,200,835.73
Total	58,123	\$92,045,171.73

The graph below shows OHA's annual budget over time compared to consumer savings shows that OHA's budget remains low while our work and efforts in savings to consumers continues to increase.



CONSUMER STORIES

1

Barbara Dell contacted OHA when her insurance company would not cover the number of anti-epileptic pills needed per month to avoid the 10 to 64 atonic seizures per day that her 12 year old son needed. Prior to contacting OHA, Ms. Dell had paid out of pocket on multiple occasions for this medication for her son. She spent hours on the phone with her insurance company and pharmacist to resolve this issue. OHA was able to resolve the issue within one week. The medication was considered a controlled substance and OHA was able to have the insurance company waive the restrictions for this medication. OHA was also able to get a refund for the money they paid out of pocket for this medication.

Total savings: \$32,097.54

Tatum Wrobel contacted OHA regarding a health care plan she purchased which was cancelled. Ms. Wrobel tried to resolve her issue on her own but was unsuccessful. Ms. Wrobel contacted OHA and upon closer review of her case, it was determined that income documents were not fully verified. OHA assisted Ms. Wrobel and was able to get coverage reinstated for herself and her children the same day she contacted OHA.

2

Total savings: \$16,737

3

Gary Gauruder contacted OHA when he learned that the health plan he purchased was cancelled. Mr. Gauruder was in need of daily medications and was unable to obtain those because his health plan was cancelled. Mr. Gauruder contacted OHA. There was a problem with his income documentation. OHA assisted Mr. Gauruder and provided the correct income documentation and was able to reinstate his health plan with tax credits and he was able to get his medications.

Total savings: \$8,208

MY contacted OHA when she began to receive bills and collections notices from hospitals for emergency services following a massive heart attack. MY was first brought to an in-network hospital but was transferred to a higher level of care to an out-of-network hospital and was eventually transferred to a third hospital out of state. OHA contacted her health insurance carrier and advocated for the carrier to process the claims at an in network rate because MY needed specialized emergency surgery that the two in state hospitals could not provide. The carrier reprocessed all of the claims as in-network with no financial responsibility to MY.

4

Total savings: \$1,009,747

5 BB contacted OHA because she was being denied IV medications for Crohn's disease in the hospital setting. BB had a history of severe reactions during infusions and the doctor believed it was safer to provide the infusion in a hospital setting. OHA intervened and filed an appeal on behalf of BB, and the denial was overturned. BB was able to obtain 12 months of IV infusions in the hospital setting.

Total savings: \$100,800

MK is a 16 year old female with mental health issues. Over the past 2 years, MK has been in multiple inpatient and outpatient treatment programs including inpatient hospitalizations, residential programs, intensive outpatient and partial hospitalization programs. MK was a patient at an adolescent residential facility and her health care carrier provided coverage for approximately 3 weeks, prior to termination of coverage. MK's doctor submitted a first and second level internal appeal, of the denial which was upheld by the health care carrier. The family contacted OHA and an expedited external appeal was submitted. The denial was overturned and the reviewer agreed that coverage should have been continued at the residential level of care as the member continued to meet medical necessity criteria. A month later, the health care carrier again denied continued coverage for MK at the residential level of care. OHA filed the first level internal appeal which was upheld by the health care plan. OHA then filed an expedited external appeal and the denial was overturned. The reviewer agreed that MK continued to meet the medical necessity criteria for residential level of care. The reviewer also indicated that coverage should be continued for another 2 ½ months. MK's parents decided to transfer MK to another residential facility. The parents received incorrect information from their health care plan. The health care plan indicated to the parents that

6

this was an in-network provider, when in fact, the facility was an out-of-network provider. The health care plan approved coverage for the new residential facility for six days. OHA filed an internal appeal with the health care plan which was denied. OHA filed an expedited external appeal and the decision was overturned with the reviewer's recommendation that coverage should be continued for another 3 months at the residential level of care. The health care plan agreed to reimburse the member at the in-network benefit rate for residential level of care.

Total savings: \$56,700

7 IG contacted OHA regarding out of network dialysis center. OHA assisted and was able to obtain a one-time exception and all claims were paid with no responsibility to the IG.

Total savings: \$9,266

MC contacted OHA when Medicare and her COBRA coverage through her employer were both denying all claims stating the other was the primary plan. OHA contacted both plans and it was determined that Medicare was primary. All claims were resubmitted and paid with no cost to MC.

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Total savings: \$6,867

9 OHA was contacted by the host family and guardians for XC, a foreign exchange high school student. As a condition of participation in her program of study, XC was enrolled in a short-term health plan, which contained an exclusion for preexisting conditions. A few months into the academic year, XC became ill and was diagnosed with acute and chronic pancreatitis, which was covered by her health care plan. At that time, a CT scan of her abdomen found no abnormalities in her large intestine. She subsequently experienced abdominal pain, diarrhea and hematochezia and was diagnosed with ulcerative colitis, as well as chronic gastritis and inflammatory bowel disease. A medical reviewer for the carrier determined that her conditions all had been present for several months, which would have predated the effective date of the policy. Therefore the carrier invoked the preexisting condition exclusion and denied coverage for the diagnoses and treatment of her conditions. The guardian unsuccessfully appealed the carrier's

decision and later contacted OHA. Our office prepared an additional appeal with the assistance of XC’s physician, who eloquently described the carrier’s flawed rationale with respect to the progression of ulcerative colitis, in that the condition is unrelated to any findings of chronic gastritis and that the prior CT scan of her abdomen showed no preexisting disease of the colon. In response to OHA’s appeal, the carrier voluntarily agreed to submit the claims for further review by a different independent physician, who agreed that the ulcerative colitis had not been preexisting. Accordingly, the carrier covered the diagnosis and treatment of XC’s condition.

Total savings: \$14,048

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The parents of JD contacted OHA on her behalf who was presently hospitalized and receiving treatment at an adolescent psychiatric inpatient treatment facility when their health care plan denied continued stay for JD. The basis for the health care plan’s denial was stated to be that it was no-longer medically necessary in JD’s case. The adolescent’s parents and her inpatient treatment team strongly disagreed with the reason cited. The OHA case manager assigned worked with JD’s parents and the hospital to initiate the appeals process. Both the internal and external appeals were exhausted in JD’s case, but the outcome was favorable. The denial on continued inpatient coverage was reversed by an independent reviewing organization resulting in the approval of 34 additional days of treatment.

Total savings: \$94,000

DJ contacted OHA on behalf of her minor child, KJ, who was hospitalized and receiving treatment at an adolescent psychiatric treatment facility at the time that their health care carrier denied continued stay at the facility. The health care plan was recommending that he be transferred to a less restrictive level of care; however, the health care carrier was at the same time denying the authorization request for the very same level of care they had suggested as an alternative to a continued hospitalization in the first place. Eventually, KJ transitioned successfully to a Residential Treatment Facility. OHA submitted two levels of internal appeals with the health care carrier, but the denial was upheld by the health care carrier. OHA submitted an external appeal which was reversed by an independent reviewing organization resulting in the approval for KJ’s residential treatment admission and 162 days of treatment.

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Total savings: \$560,000

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MC contacted OHA because he did not have any health care coverage. MC was in need of medications to treat his Hepatitis C and had been prescribed an 8-week treatment to alleviate his condition. The cost of the medication was too much for MC to pay out of pocket. OHA worked with the drug manufacturer who allowed MC to enter into the Patient Assistance Program for consumers who do not have access to adequate health insurance. MC was accepted into the program and was given 4 weeks of free medication, which is a total of \$13,200. OHA was also able to align MC with a broker who helped him select an insurance plan going forward. In the words of MC, “It’s nice to have this agency to help the consumers of CT, like myself, thank you.”

EM contacted OHA the day before his laminectomy (back surgery). EM was concerned because his doctor had contacted him to say that the procedure was being denied by his health care carrier. OHA was able to quickly intervene on the behalf of EM, and expedited a same day peer to peer review. As a result of the intervention, EM was able to receive his surgery.

13

Total Savings: \$132,874

14

JH contacted OHA on behalf of her son. JH believed her son was billed three times for a Pulmonary Function Test under code 0460. OHA contacted the health care carrier which indicated that JH was not billed three times for the Pulmonary Function Test but actually had three separate tests. The code 0460 was actually the location for the service. OHA provided JH education and explained that the EOB should have list of codes individually. OHA reviewed each CPT code and provided clear understanding of what each was for. In addition, OHA reviewed the plan with JH and explained that the bill received was applied towards her \$9,000.00 In-Network Deductible and she was responsible for the charges. JH expressed understanding and was appreciative for the clarification.

OHA was contacted by JK whose 23 year old son, JJ, has multiple medical complexities and was denied a specialty communication mount device for his wheelchair. The health care carrier had said that this specialty communication mount device was not medically necessary. OHA obtained detailed letters of medical necessity from the doctor and submitted to the

15

health care carrier for review. After review and consideration, the health care carrier reversed its denial and JJ was able to obtain his specialty communication mount device.

Total savings: \$6,000

16

LZ contacted OHA when part of a surgery she had was considered cosmetic and she had to pay out-of-pocket prior to surgery. LZ had a biological malformity of the breast that required removal of implants and constructive surgery. The health care plan deemed part of this surgery as cosmetic. OHA submitted an External Review that overturned the health care plan's denial of cosmetic to medically necessary. Though the denial was overturned it still took months with OHA working with the hospital and health care carrier to have a reimbursement check sent to the LZ. The tangled web of corrected claims and insurance acceptance of claim required many phone calls and correspondence from OHA. However, OHA worked with all stakeholders and did not give up until the consumer reported that she had received the reimbursement check and was holding it in her hand. The consumer reported in her email to OHA, "Guess what I got in the mail? Yes, it is true. A check....Again, it is with heartfelt gratitude that I thank you for all your efforts on my behalf". The hospital also received additional reimbursement for an overnight stay that was required for this procedure.

Total savings: \$4,140 (with additional savings to the hospital of \$1,960)

**Office of the Healthcare Advocate FY 2018 Budget
MCO39400**

Position Summary Account	Actual FY 17/18
Permanent Full-Time - IF	19

Budget Summary Account	Actual FY 17/18
Personal Services	\$1,645,820.00
Other Expenses	\$ 326,267.00
Equipment	\$ 5,000.00
Fringe Benefits	\$1,533,050.00
Indirect Overhead	\$ 142,055.00
Agency Total - Insurance Fund	\$3,652,192.00

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