



Office of the
Healthcare
Advocate

STATE OF CONNECTICUT

“I am so impressed and grateful for the help I received from this office. I did not believe my state government would help me so much. It is the most valuable government service I have ever received hands down!”



2018 ANNUAL REPORT

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A MESSAGE FROM THE HEALTHCARE ADVOCATE

The year 2018 was challenging for Connecticut health care consumers. The uncertainty out of Washington, D.C. around repeal of the Affordable Care Act, and a slew of regulatory proposals designed to limit the ACA, continued. On the state front, continually rising health insurance premiums and other costs continued to provoke anxiety among Connecticut families trying to access health care. Internally, we streamlined our management structure and welcomed several new employees, and are in the process of recruiting two others.

Last year was an election year for the governorship and General Assembly, and OHA worked with advocacy allies, such as the Protect Our Care coalition and Congregations United for a New Connecticut (CONNECT), to keep consumer health issues at the forefront of the debate. We were gratified when soon-to-be Gov. Lamont on October 22, 2018, at a CONNECT forum committed to direct his Insurance Commissioner to consider consumer affordability issues during the annual rate review process when the Commissioner reviews premium rate requests from the health insurance carriers.

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. The hard-working OHA staff, including nurses, paralegals, attorneys, consumer information representatives and other professionals, fielded 5,000 calls or complaints, and achieved consumer savings of over \$13 million for the residents of Connecticut. This 2018 total brings the consumer savings that OHA has achieved since its inception in 2005 to over \$105 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, but personnel improvements including a reduction in the number of managers in the agency and associated onboarding and training of new staff, meant we temporarily had to somewhat reduce our focus on outreach. Nevertheless, our team still fanned out across the state, providing a knowledgeable presence at 213 events during the year, including health fairs, senior centers, and other key community venues and events, and we look forward to escalating our outreach efforts in 2019.

In conclusion, I would like to thank former OHA General Counsel Demian Fontanella for his years of service to OHA and families in need all over Connecticut, including the better part of a year as Acting Healthcare Advocate. Demian was a mainstay in OHA's legislative efforts, case management, and computer and phone systems issues, and as a new Healthcare Advocate coming in from the outside, I deeply appreciate his willingness to remain as a guide, resource, and friend for me and the agency for well over a year after I arrived. The good news for Connecticut consumers is that he has not gone far, and will continue his contributions from the state Office of Health Strategy.



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 2018, OHA participated in 213 outreach events, assisted over 5,000 consumers with specific issues and saved more than \$13 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. Some examples of OHA's staff activities promoting community engagement and collaboration during the past year follows:

- Access Health CT Board of Directors
- All Payer Claims Database Advisory Council
- 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
- Legislative Behavioral Task Force Under PA 13-3
- Medical Assistance Program Oversight Council (*i.e.*, Medicaid/HUSKY oversight)
 - 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

OHA Out and About – CY 2018

While OHA is best known for its direct intervention in the claims denial appeals process and has tremendous success in fighting and winning for consumers, we also invest in strategic daily communication across the state to educate and empower our residents with their rights responsibilities and protections under state and federal law. Healthcare continues to be a battleground at the federal level while here at home, we're busy advocating for greater access and with putting affordability front and center. This was a pivotal year for OHA. We embarked on a listening tour for several months in 2017 that informed us as to the concerns of the public and gave us some insights into the very real struggles they face paying their premiums, co-pays and deductibles while absorbing all the federal drama around the Affordable Care Act. To this end, our marketing to consumers across all platforms social, broadcast, digital and public relations aims to Engage, Empower and Educate.

Digital Targeting - OHA used its digital platforms, targeted largely around a 25 mile radius of our major urban environments. Overlaid, this covers the vast majority of residents of the state but we make sure we have a good representation in our urban centers where we have large pockets of underserved and under-educated healthcare consumers. Our primary delivery vehicles were banner ads, content association and news websites.

Social – The preferred social channels are Facebook and Twitter which we use almost daily. We use these channels to post information about OHA and other relevant content that consumers and providers will find helpful. Content is not just about OHA but about policy developments, healthcare sign-up deadlines and changes in policies and pricing approved by the Connecticut Department of Insurance. OHA does its best to be informative and helpful and we use a lot of infographics, link to helpful articles and talk about where OHA is going to be in its community outreach efforts. 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 appreciate the strong engagement factor from our family of OHA followers and supporters who find our content useful and beneficial to their lives.

Facebook – Engaging our consumers is rewarding and we can gain some interesting insights from their data. Most of our followers and “likers” are female by a spread of 79 to 21 percent women to men. They run in age from 25 to 65+ with most of them falling in the age group 35 to 64 years old which suggests they have significant concerns for their families and children. We used this data to guide our broadcast media schedule this year on television, radio and cable.

Facebook is 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 are a source of referral for those needing our services. Our goal for 2019 will be to continue to grow our engagements along with those who like our page and follow our work.

Twitter - The OHA twitter strategy is to continue to re-purpose 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 – Healthcare Advocate Ted Doolittle worked the public relations tour this year with appearances in leading media outlets across the state. He was featured on WTNH television discussing changes to the healthcare policies and what consumers can do about facility fees that nearly every hospital in the state levies on its patients. The OHA was also given significant coverage in this research brief from the Healthcare Value Hub: <http://www.healthcarevaluehub.org/advocate-resources/publications/office-healthcare-advocate-giving-consumers-seat-table/>

OHA’s Advocate Doolittle also published an opinion article in the *Connecticut News Junkie* in which he argued for replacing the just-repealed ACA individual mandate with something different and much better at the state level. Also in 2018, Mr. Doolittle was featured on a cable program with the Altice system which covers a significant number of cable wired homes in Southern Connecticut:

<http://www.meettheleaders.com/2018/07/connecticut-healthcare-advocate-ted-doolittle/>

The New York Times also published a Letter To the Editor from Mr. Doolittle on the failure of doctors and medical school officials to comply with a federal law he was instrumental in implementing requiring them to disclose payments from Pharma and the fact that consumers can themselves easily check how much their doctors have been paid by accessing the federal registry.

Television – This year, OHA developed two 15-second television advertisements which are also able to be repurposed for use on radio as well. The thrust of both commercials is that compassionate, expert healthcare advice and help is available by accessing the OHA on the telephone or online. The commercials are airing on Spanish radio station Bomba – and on two other female-skewed stations. The television version is airing statewide on Comcast Cable and also on the NBC affiliated station. The schedule started in December and will run through the first quarter of 2019. This of course has led to an increase in consumer calls and awareness.

LEGISLATIVE EVENT

State elected officials are important partners for this agency. OHA is always monitoring and proposing legislation, and we also work closely with members of the General Assembly who have constituents with health insurance issues. Because 2018 was such an important election year for the state, with the election of a new governor and 41 new members of the General Assembly, we held a Legislative Breakfast on January 15, 2018 in the Legislative Office Building.

Over doughnuts, bagels, juice and coffee, OHA staff and leadership circulated for two hours in the open space in the second floor atrium, introducing new members, new legislative staffers, and other interested stakeholders to the critical services that OHA can provide to constituents with healthcare and health insurance issues.

Attendees were able to review two illustrated stand-up posters, each relating a compelling story from clients OHA helped, including a newborn who needed a simple surgical procedure in order to establish breastfeeding, as well as a set of young fraternal twins whose needed therapy hours had been cut by the insurance carrier.

OHA staff also provided key materials to legislators and their staffers, such as a template complaint form, brochures, and other materials explaining how to bring complaints to OHA, as well as how to contact OHA quickly for advice and guidance about constituent issues. The Healthcare Advocate also took the opportunity to provide a number of newly-elected members with an overview of OHA's legislative priorities for the year, including a health insurance public option and continuing to strengthen Access HealthCT, Connecticut's ACA marketplace operator.



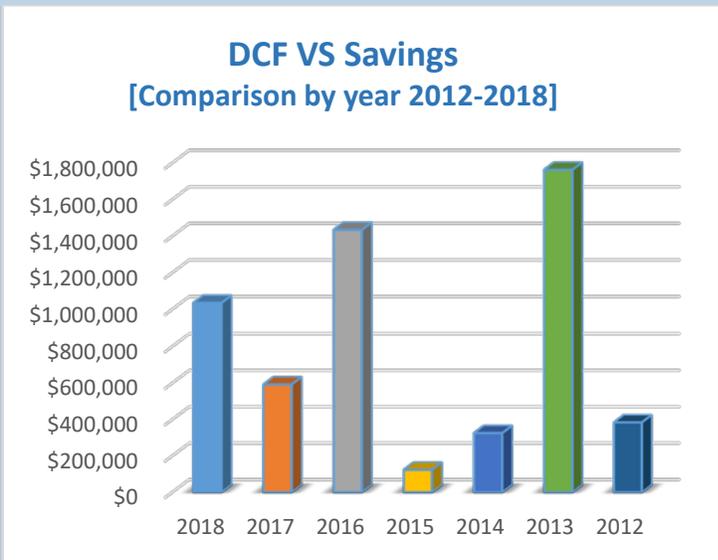
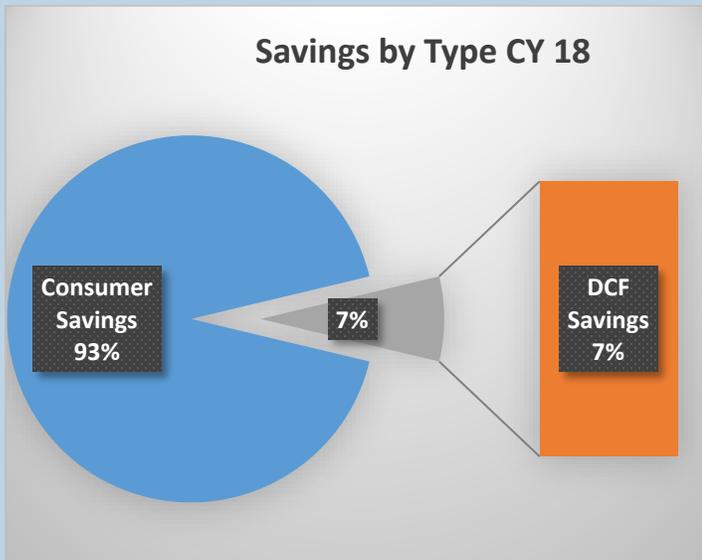
COLLABORATIONS

OHA and the Department of Children and Families

This project continues to be a positive example of collaboration among state agencies. Now entering its 7th year, the benefits of this collaboration continue. This collaboration started with an idea to save state monies within the DCF Voluntary Service Program by ensuring that any commercial insurance coverage held by families being assisted by DCF is tapped before any state funds are expended, and the program quickly expanded to other DCF programs and facilities. This ongoing partnership with DCF Careline, DCF Area Offices and the DCF Solnit Facilities have allowed for data collection regarding the amount of state monies saved, as well as allowing us to find trends and patterns, and to identify barriers to behavioral health services. The data also are utilized for educational awareness to consumers and state agencies. The educational awareness efforts by the OHA staff have included information, training and education to providers and state employees in DCF 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, how to navigate insurance plan or coordination of healthcare plans, how to utilize commercial insurance before waivers or Medicaid plans and identification of denial of claims. OHA's immediate involvement upon identification for assistance and services to consumers and DCF clients have initiated the ability to appeal denials of services and treatments directly which relieves DCF from unnecessarily activating HUSKY coverage at state expense, and providing private commercial insurance reimbursement of DCF funding, thus saving the state money.

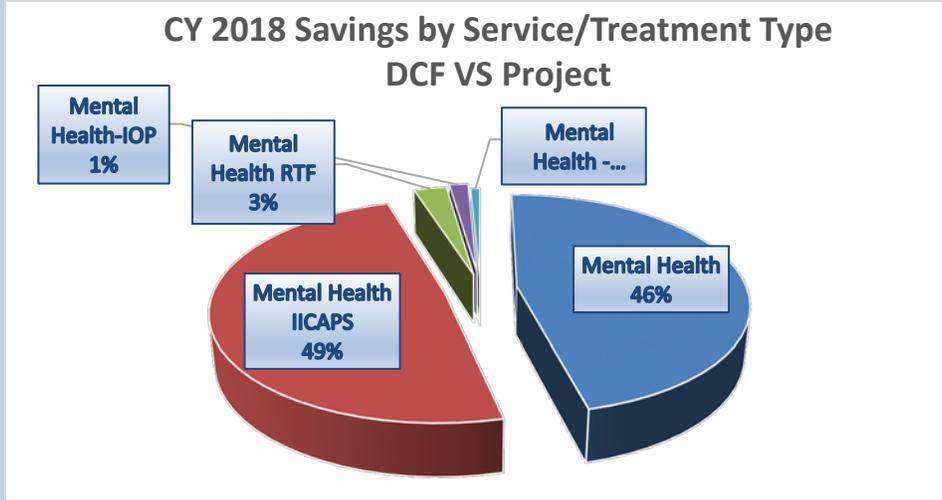
"My case manager was very helpful to me. She handled my case in a very speedy manner. It's nice to have this agency to help the consumers of CT, like myself. Thank you!"

"This service was wonderful & really helped us out. We are so grateful for you!"

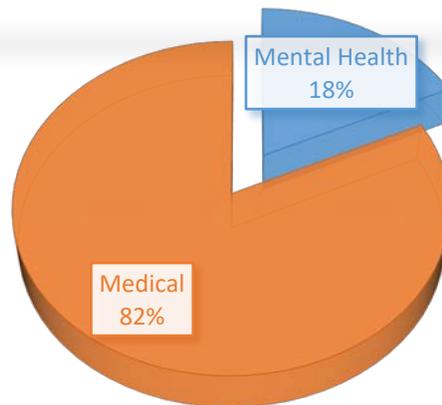


Savings remain highly variable from year to year, though the 2018 direct budget savings to DCF was over **\$1,034,663**. It should also be noted that a three-day LEAN project conducted by DCF, with the participation of OHA staff, in January 2018 is expected to result in opportunities to further expand the OHA-DCF partnership. This post-LEAN process is still underway and is expected to conclude sometime in 2019.

The case types below are indicative of the evolving changes in the DCF 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 2018. Due to legislative changes to this mandate, OHA has provided ongoing educational services to consumers, providers and state agencies. OHA continues to provide consumers, providers and state agencies with much-needed education and assistance on appeals, peer-to-peer review, pre-authorization, concurrent reviews and healthcare plan coverage.



MENTAL HEALTH VS MEDICAL CASES CY 2018



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 collaboration efforts with other State Agencies, providers, legislators and consumer to identify and access services that may be covered by the consumer's healthcare plan. 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. OHA continues to collaborate with other State Agencies, providers and the public to support and promote healthcare services to this population.

Behavioral Health Clearinghouse (BHC)

The Behavioral Health Clearinghouse (BHC) was created pursuant to Public Act 14-115. The mission of the BHC is to provide a comprehensive, accurate, state-wide resource for Connecticut residents seeking access to behavioral health care and additional information related to behavioral health. The vision for the BHC includes a website that offers: an exhaustive glossary of terms, conditions, treatments, and more; a search tool for consumers to find behavioral health providers and other resources based on a variety of factors; and educational resources regarding mental illness or substance abuse. Optimally, the BHC would also incorporate 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. At this time, funding remains a barrier to a full realization of this vision, and OHA continues to remain vigilant for appropriate funding sources to further this initiative.

LEGISLATIVE BRIEFING CY 18

During the 2018 legislative session, OHA tracked 62 unique bills, 15 of which became law, provided expert insight concerning possible language for several, and testified on 16.

- OHA advocated for SB 303 (Public Act 18-149), which required freestanding hospital emergency departments to provide conspicuous signage identifying themselves as hospital emergency departments and distinguishing themselves from urgent care or primary care centers, thereby giving notice to patients that their visit would incur hospital charges as opposed to primary or urgent care fees.
- We supported HB 5208 (Public Act 18-159), which clarified the scope of mammographic procedures that are subject to Connecticut’s mandate for coverage of mammography services.
- HB 5210 (Public Act 18-10) codified in statute some of the protections afforded by the ACA, which is under constant threat of repeal at the federal level. Specifically, HB 5210 protects coverage for the ten essential health benefits established under the ACA, and prohibits annual and lifetime limits on coverage for such essential health benefits. HB 5210 also preserved mandatory coverage for preventive care services critical to the health of women, infants and children
- HB 5383 (Public Act 18-115) expanded protections for consumers whose providers leave their health plan’s network, providing for more advanced notice to patients of such network changes.
- Finally, OHA advocated for HB 5384, which requires pharmacy benefits managers to report to the Insurance Commissioner information regarding rebates issued for drugs on their formularies. HB 5384 also requires health insurers to report to the Commissioner information on the costs of prescription drugs covered by their health plans.



CONSUMER RELATIONS

“Extremely happy with the help I received from your office! Very knowledgeable and helpful with my situation.”

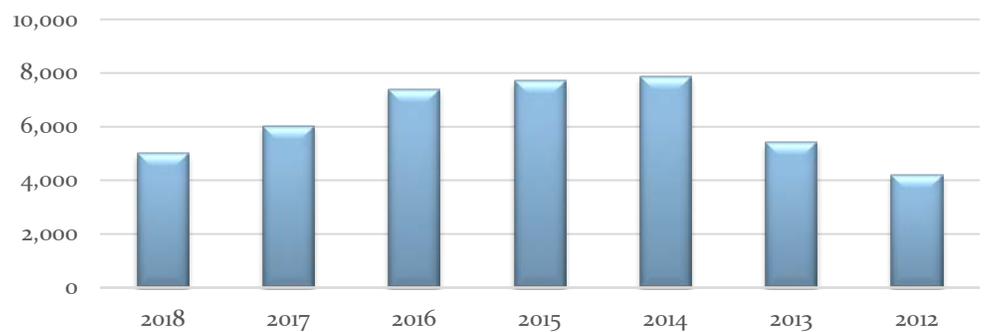
“My case worker was absolutely amazing and helpful during the entire process. Always pleasant and fought for my case. I am extremely grateful for OHA.”

“Great Job! I would like to thank OHA for all their help in getting my medical needs accomplished.”

“Thank you for your service. It is much needed. PLEASE CONTINUE!”

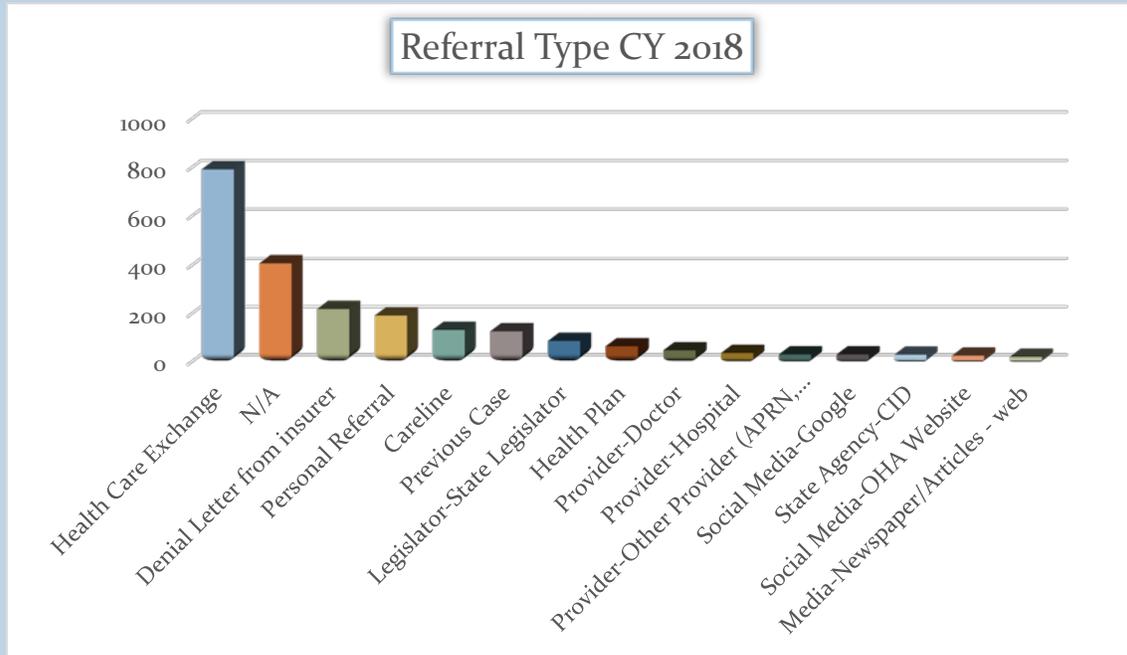
In CY 2018, OHA continued to receive a high volume of consumer calls on its toll-free line and hundreds of additional calls or emails directly to staff. We continue to encourage legislators and agencies to refer cases directly to OHA for high-quality real-time services. Legislators, providers and consumers know that OHA operates in real time and *via* direct contact with consumers on: educational cases, medical and behavioral health issues, claims denials and legal matters. Consumers continue to be very satisfied with our services.

Comparison of Total Number Cases [CY 2012-2018]

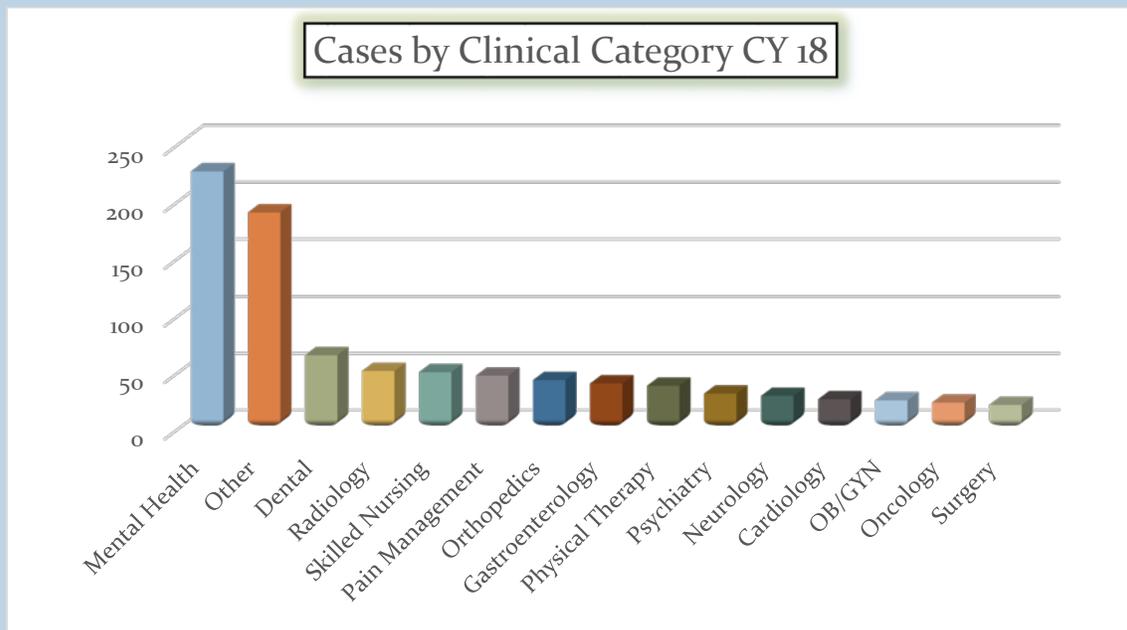


Cases continue to come to OHA from a variety of sources. The highest category of referrals to OHA are Access Health CT (AHCT) cases for consumers who have application, documentation and other issues. The second highest category is N/A which are mostly coaching cases. These cases are calls we receive from consumers with general questions about their insurance plans or how to obtain insurance. These cases are usually quickly resolved or referred to another agency. 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 third top source of referrals to OHA in CY 18, followed by

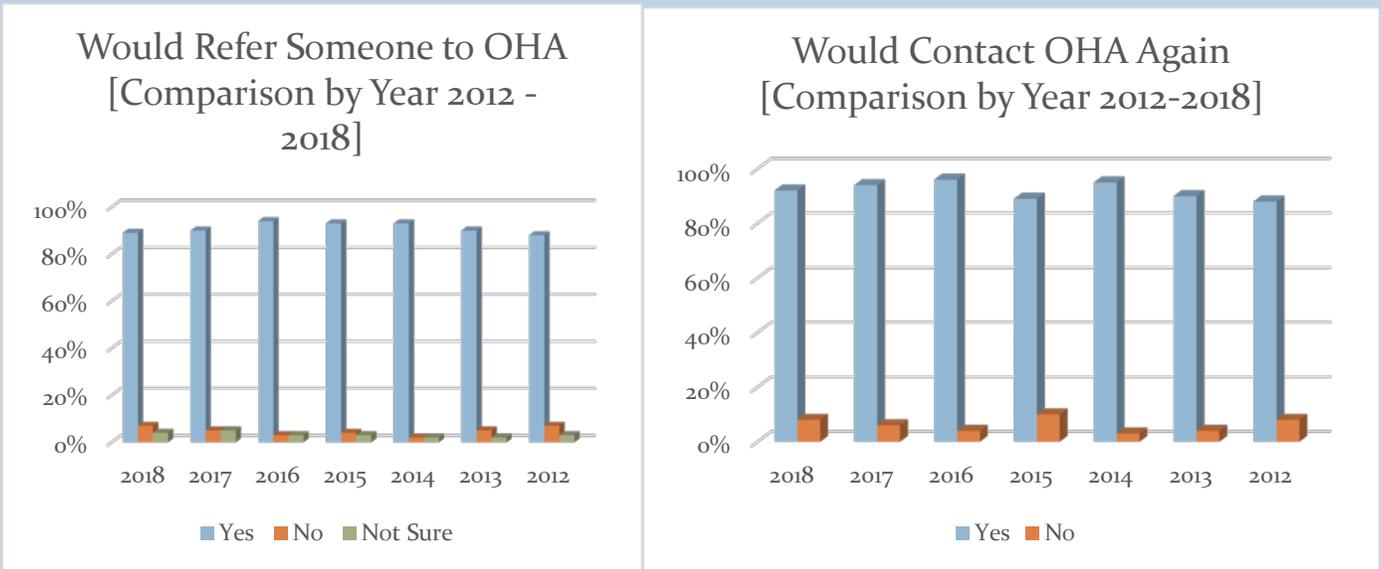
personal referrals, DCF Careline, previous cases and direct referral from legislators, state agencies and other partners.



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.

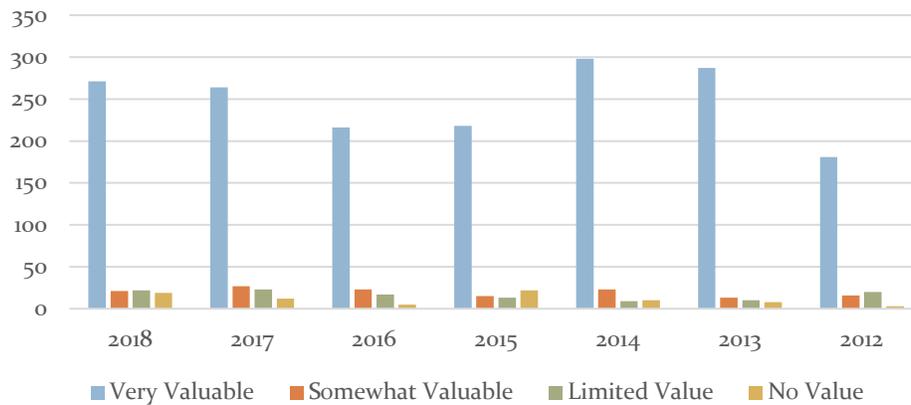


OHA’s consumers continue to give OHA very high ratings. Because of our education to consumers regarding the benefits under their health plans, the percentage of individuals reporting that they have an improved understanding of their healthcare plan after contacting OHA continues to increase. In CY 2018, 89 percent of Consumers responded they would refer someone to OHA. This metric has been consistently high and favorable since 2012. 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 92 percent.



“This agency was amazing. I am very grateful for their help, guidance, prompt and immediate attention!”

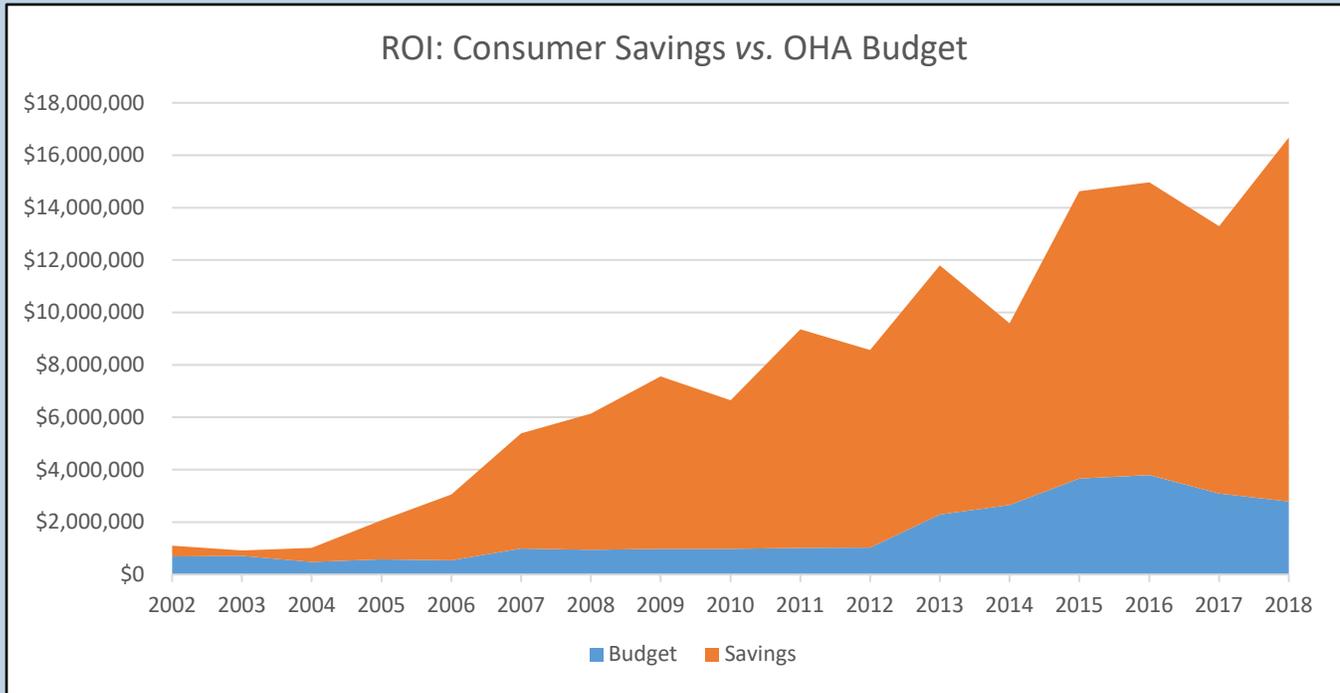
Value of Assistance Offered by OHA [Comparison by year 2012-2018]



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 \$13 million to the residents of Connecticut in 2018. Including the amounts from CY 18, the office has now since its founding returned over \$105 million in savings for consumers.

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
2018	5,000	\$13,884,659.96
Total	63,123	\$105,929,831.69

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

M.C. is a 60 year-old female who had a crooked bone in her nose that was causing her significant breathing difficulties. Her doctor recommended a surgical intervention that required pre-operative authorization from the insurance carrier, which was obtained by the surgeon who planned to conduct the surgery. An authorization number was issued *via* the normal process for a surgeon to obtain authorization prior to rendering this type of service. However, the claims that were submitted to the patient's insurance after the surgery were denied. The Plan stated that it did not cover plastic surgery and that the procedure was considered cosmetic. OHA's advocacy for this patient resulted in the insurance Plan acknowledging that they had misquoted the benefits to the patient's provider during the pre-operative authorization process. Once the healthcare plan's error was realized, the plan made the patient whole by making a "one-time exception" to their cosmetic surgery rule and reprocessed and paid the surgical claims that the consumer would have been responsible to pay.

Total savings: \$2,750

A.F contacted OHA for assistance with an appeal for a denial of intensive outpatient mental health treatment for adult transcranial magnetic stimulation, a non-invasive procedure that uses magnetic waves to stimulate nerve cells, potentially easing depression. The basis for the health care plan's denial was that the codes were not medically necessary for his diagnosis. The OHA case manager assisted A.F to complete an external appeal as all internal levels were exhausted. The denial of intensive outpatient mental health treatment was reversed by an independent reviewing organization, resulting in the approval of the claims.

2

Total savings: \$16,000

3

E.K. contacted OHA after receiving a hospital bill for emergency care. The provider billed the member over \$107K for services with an out-of-network provider. OHA contacted the insurance carrier and was notified that neither the provider nor the consumer had notified the carrier that the member was hospitalized, and that the insurer was only informed by OHA's notification. The carrier contacted the provider and worked out a single-case agreement for the services provided. The carrier paid the provider and the member was responsible for in-network cost share (deductibles and copayments).

Total savings: \$105,022.61

Carrier denied an emergency room visit claim. Patient fell at home and the carrier felt that this was an accident and that his homeowners' or other insurance should pay because he fell in the garage near his car. Patient filled out the paperwork requested by carrier stating that this was a fall at home and no other plan would be responsible to pay. Claim continued to be denied. OHA contacted the Carrier and the claim was overturned and paid under the member's plan.

Total savings \$4,114.

4

5

After experiencing a gradual decline in hearing and tinnitus in his right ear, E.H. received a brain MRI, which revealed a type of tumor known as a vestibular schwannoma (VS). The standard treatment for VS involves a procedure called stereotactic radiosurgery (SRS), a type of radiation therapy. SRS can be delivered by different devices, two of which go by the trade names CyberKnife and Gamma Knife. E.H. elected to receive the treatment from a "non-preferred" network provider that utilizes the Gamma Knife technology. After receiving the treatment, E.H.'s health plan denied coverage on the basis that the Gamma Knife was not medically necessary because he could have received the treatment for a lower cost from a "preferred" network provider that uses the CyberKnife technology. Unfortunately, E.H. did not timely exercise his right to appeal the health plan's determination, and his provider's efforts to persuade the health plan to cover the procedure were unsuccessful. E.H. thereafter reached out to OHA, and our office contacted the employer sponsor of E.H.'s health plan. Based on OHA's critique of the health plan's rationale for denying

benefits, the employer agreed to have the claims reviewed again by its third party plan administrator (TPA). Upon further review, the TPA agreed with OHA's analysis and approved coverage of the Gamma Knife procedure, saving E.H. the cost of medical bills.

Total savings: \$127,420.00

Mr. H is a 45-year-old with a diagnosis of benign prostate hyperplasia. The large size of the prostate obstructed his urinary flow. He required self-catherization 3 times a day to empty his bladder and needed to wear incontinent supplies. His primary goals were to improve bladder emptying and to have sexual function. The health plan denied UroLift procedure (a technique to lift the prostate and preserve ejaculation) as investigational and not medical necessary. Our office appealed to the Connecticut Insurance Department, seeking an expedited external review based on medical necessity. The denial was overturned allowing Mr. H to have the surgery and regain his quality of life.

Total savings: \$9,678

7

A.H. contacted OHA after insurance carrier denied claims for out-of-network provider who performed a natural breech delivery of her child. OHA contacted the insurance carrier and provided medical records and documents that proved the member made reasonable efforts to locate an in-network provider to deliver her baby. After reconsidering the material, the insurance carrier granted an in-network exception for the services provided by the out-of-network provider. The carrier paid the provider and the member was responsible for in-network cost sharing and deductibles.

Total savings: \$8,050

8

C.S. contacted OHA to represent him in an external appeal to CMS (Medicare). The member was seeking the replacement of a Vagus Nerve Stimulator that had been excluded from Medicare coverage after his device was initially installed prior to its exclusion. OHA represented the member in an external appeal before an administrative law judge. The judge ruled in favor of C.S., approving the replacement of the device, saving him hospital and medical fees.

Total savings: \$63,673

9 Carrier pre-authorized medication injection for Osteoporosis due to Chemotherapy. The patient receives the injection every 6 months. After the claim was submitted the carrier denied the claim. The injection cost was \$3,162 every 6 months. OHA asked the carrier to review the claim and it was determined by the carrier that the claim would be paid and the next injection was approved also.

Total savings \$6,324

10 The parents of a newborn contacted the Office of the Healthcare Advocate (OHA) 10-months after the birth of their beautiful baby girl. They called us for help to understand why the labor and delivery hospital bill, and the newborn's pediatrician visits for the month that followed her birth, had not been paid by the insurance policy in which they had enrolled the baby. The problem they were encountering stemmed from a complicated coordination of benefits problem between the mother's employer-sponsored health insurance and the father's employer-sponsored health insurance, resulting in the newborn's parents being billed. The Office of the Healthcare Advocate acted as a liaison between the two insurers and obtained a claims-filing extension to ensure no additional denials would be issued related to these claims being submitted outside of the allowed filing timeframe. All of the claims were reprocessed and paid – eliminating the parent's debt entirely.

Total savings: \$9,350

11

Consumer contacted OHA regarding a billing issue. Consumer indicated that while traveling on a cruise, medical treatment was required which he was billed for directly. Consumer advised case manager that a separate medical travel coverage plan was purchased through the internet. Case Manager sent Inquiry to Consumer's commercial carrier. Consumer's commercial carrier provided documentation and Explanation of Benefits that was forwarded to Consumer's medical travel plan. After several follow-ups the Consumer's Medical Travel Plan reimbursed for expenses incurred while on vacation.

Total Savings: \$1125.19

Office of the Healthcare Advocate FY 2018	
Position Summary Account	Actual FY 18
Permanent Full-Time	17
Budget Summary Account	Actual FY 18
Personal Services	\$1,321,552.25
Other Expenses	\$191,227.13
Equipment	\$4,850.10
Fringe Benefits	\$1,134,366.52
Indirect Overhead	\$142,055.00
Agency Total-Insurance Fund	\$2,794,051.00

OHA STAFF

Ted Doolittle
State Healthcare Advocate

Frank Leighton
Consumer Information Rep.

Sean King, JD
Staff Attorney

Valerie Wyzykowski, MS, RN
Healthcare Advocate Program Manager

Annika Burney, RN
Nurse Consultant

Caroline Butler, RN
Nurse Consultant

Jill Hall, BSN, BS, RN
Nurse Consultant

Maria Zayas
Secretary

Sherri Koss
Administrative Assistant

Jacqueline Murillo, RN, BSN
Nurse Consultant

Alex Myjak
Consumer Information Rep.

Denise Ramoutar, MPH
Health Program Associate

Claudia Henderson, JD
Paralegal

Kim Davis
Consumer Information Rep.

Tracey Sheedy
Paralegal

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

