



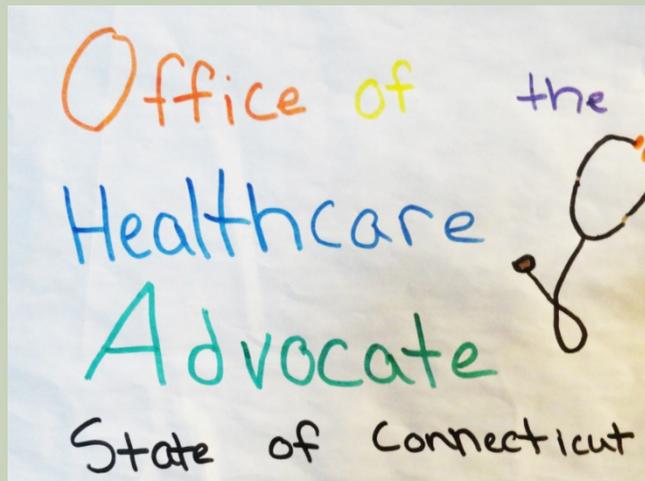
"I am very grateful I was recommended to use the Office of the Healthcare Advocate, without the guidance and support I don't think I would have had the result I did."



ANNUAL REPORT TWO THOUSAND FIFTEEN

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A MESSAGE FROM THE HEALTHCARE ADVOCATE

Welcome to the Office of the Healthcare Advocate's (OHA's) 2015 Annual Report. Our exceptional staff continues to provide outstanding service to the residents of Connecticut. As of the date of this report, OHA has saved the consumers of Connecticut over \$70 million since the office opened in 2001. We have worked with tens of thousands of policyholders, patients and families to explain their rights and responsibilities in their health plans, and to advocate for patients when they are denied coverage for treatment or denied reimbursement by their health plans.

In CY 2015, OHA recovered \$10,967,539 million for Connecticut consumers, taking over 12,000 calls on our toll free line and handling 8,930 cases.

OHA has also taken on additional responsibilities for expanding and ensuring access to health coverage for Connecticut residents, recovering state funds, and engaging in systemic healthcare advocacy, all of which we highlight in the report. In sum, in CY 2015, OHA:

- Continued work on a \$442,863 Consumer Assistance Program (CAP) grant under the Affordable Care Act.
- Conducted 1408 outreach events.
- Continued to partner with the Department of Children and Families (DCF) to ensure that services for children whose parents have private health coverage are covered under private coverage before the state pays for services, saving or assisting DCF in saving an additional \$1,845,383 taxpayer funds.
- Began a partnership with DDS to help consumers who seek help from DDS to utilize available private health coverage.
- Partnered with the Office of the Comptroller to enhance the clinical review of disability retirement applications, minimizing the risk of applications being returned for insufficient clinical documentation and the time to complete the review and determination process.
- Produced an extensive media and social campaign.
- Was awarded four grants totaling \$190,000—from the Connecticut Health Foundation, the Universal Health Care Foundation of Connecticut, the Foundation for Community Health and the Donaghue Foundation--to support the work of the Healthcare Cabinet under P.A. 15-146.

We strive to empower Connecticut residents to become more informed consumers and effective self-advocates. Our website, Facebook, Twitter and YouTube accounts give timely information about consumer healthcare rights, through webcasts, links to timely news stories and policy developments.

If you have a specific question, or feel you have been incorrectly denied services by your health plan, please contact us by phone at (866) 466-4446 or by email at healthcare.advocate@ct.gov.

Victoria Veltri
State Healthcare Advocate

I sing my high praises for OHA!! You guys are awesome. This is such a valuable service. Can't say enough good things about my experience. Thank you!!!!

WHAT OHA DOES

The Office of the Healthcare Advocate (OHA) helps individual Connecticut consumers enrolled in all types of health coverage, including private and public plans. While the office was created to promote and protect the interests of covered persons under health plans in Connecticut, a major responsibility of the office involves educating consumers about their rights and how to advocate on their own behalf when they have a problem or concern about their healthcare plan.

Other ways in which OHA helps are:

- Assist health insurance consumers with plan selection by providing information, referral and assistance to individuals about means of obtaining health insurance coverage and services;
- Assist consumers to understand their rights and responsibilities under their health plans;
- Provide information to the public, agencies, legislators and others regarding problems and concerns of health insurance consumers and make recommendations for resolving those problems and concerns;
- Assist consumers with the filing of complaints and appeals, including filing appeals with a health plan's internal appeal or grievance process and the external appeal process;
- Analyze and monitor the development and implementation of federal, state, and local laws, regulations and policies relating to consumers and recommend changes it deems necessary;
- Facilitate public comment on laws, regulations and policies, including policies and actions of health plans;
- Ensure that consumers have timely access to the services provided by the office;
- Review the records of a consumer who has provided written consent for such review;
- Create and make available to employers a notice, suitable for posting in the workplace, concerning the services that the Healthcare Advocate provides;
- Pursue administrative remedies on behalf of and with the consent of any consumers

“Thank you for advocating for my husband’s medication. You did a fantastic job and I am forever grateful that my husband did not need to suffer more in his final days. Thank you for your humanity.”

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 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.

This grant funding will enable OHA to develop an online complaint mechanism for consumers, which will be fully functional on its website by September 2016. OHA also began conducting a 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.

OHA continues its work with advocacy organizations across the county, including the Parity Implementation Coalition 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.



OHA OUT AND ABOUT



OHA continued its deployment of targeted outreach. Geographically, OHA focused on outreach to the urban areas and surrounding territory of Connecticut's largest cities - Hartford, New Haven and Bridgeport/Norwalk. A secondary strategy was to further promote awareness beyond those cities to the general population. This was achieved through the following methods:

Radio Stations: OHA worked with radio stations in the three largest markets of: Hartford (WLAT 910AM, WNEZ 1230AM, WRCH 100.5 and WZMX); New Haven (WYBC); Bridgeport (Radio Cumbre); and in an interior swath of the state from Hartford to greater New Haven along the I-91 corridor on the Spanish language radio network LaBomba.

Cable Television: Statewide, Comcast Interconnect deployed OHA's television message from Bridgeport North, East and West to the state lines. The Interconnect allows advertising inserts across all the cable providers except for lower Fairfield County. OHA television spots aired on the following networks: BET, FAM, Food, Lifetime, MSNBC and Fox News.

Radio Interviews: OHA also participated in the community programming made available as part of our paid media campaign. A representative of OHA was interviewed for 10 to 20 minutes on each station, and those conversations were also made available on the web. In the cases of Spanish language radio, OHA involved a representative from its staff whose primary language is Spanish.

Streaming Radio: The radio stations that were part of the campaign provided web support for the OHA message, and all OHA messages were streamed live within the stations' web content. Much of that content is then archived and available after the live appearances and the OHA message was carried along with those recorded shows.

Social Media: The favorite social channels for the OHA continue to be Facebook (FB) and Twitter. Posts are formatted and scheduled every day. The agency is also making a concerted effort to monitor the feeds and feedback from consumers very closely so we can encourage engagement and demonstrate OHA's responsiveness to the conversations. Response time is generally less than five (5) minutes. The number of those engaging with the OHA

through social channels is growing and the channels have become an excellent method of building community and recognition for OHA.

Facebook: There continues to be exceptional growth on FB both organically and via paid marketing and outreach. This is an important communications tool in targeting Connecticut consumers who “like” OHA; but also in exposing new people to the information and help that is available to them from our office. Our target is all Connecticut consumers 18+ who indicate a behavioral online profile that includes health, fitness, medical, insurance and related problems or policies; families, children and other indexes together with mental and behavioral health, addiction and those serving this clientele. OHA also pays to boost certain posts that show an exceptional level of consumer interest, or because we feel that a certain subject is critical knowledge for consumers.

OHA content for FB posts includes agency information or views on breaking health news of the day, week or month. But to keep consumers interested, most of the content is related material to the overall subject of healthcare and health insurance.

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 to re-tweet important information from other sources. The Twitter audience is somewhat different than the FB audience so re-purposing our FB content is an effective and efficient way to distribute information and engage the public.

Outreach: OHA conducted 1,408 outreaches in CY 2015, including door to door direct contact with providers for the Behavioral Health Clearinghouse project, participation in health fairs, presentations to organizations and senior centers throughout the State. OHA visited every health district, town mayors and/or first selectman, social and youth services, human services, senior centers and libraries in the State providing information about OHA services.



COLLABORATIONS

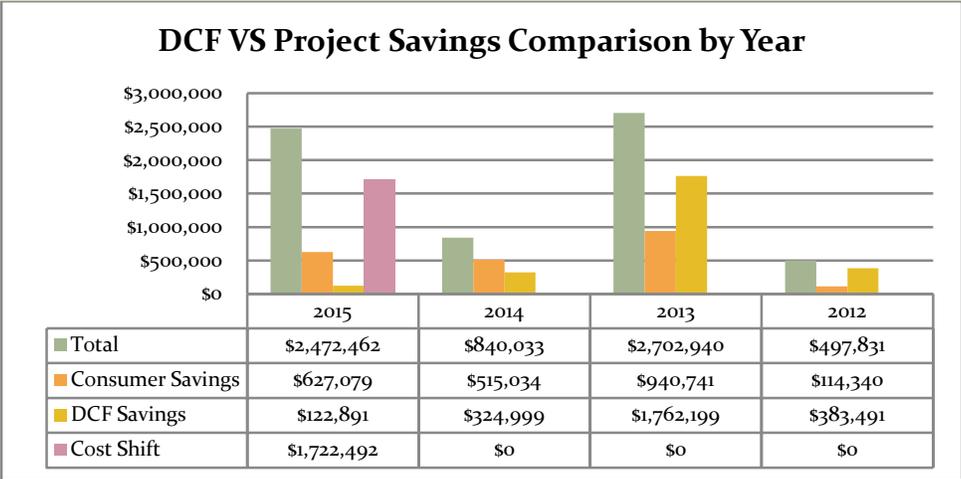
OHA and the Department of Children and Families

As OHA's partnership with the Department of Children and Families (DCF VS) Voluntary Services program enters its 4th year, the benefits of this collaboration are clear. With over 737 clients served and \$4,790,774 saved for consumers and the state, the DCF VS project is a positive example of collaboration among state agencies. The DCF VS project includes two dedicated staff who educate families about their rights under their private health plans, assist with the navigation of the system to access needed mental health and medical benefits under their plans, and advocate or appeal for services on behalf of these families when necessary. As this project has grown, the importance of ongoing and robust education for DCF VS staff and providers about the proper use of primary healthcare coverage and to prevent unnecessary state spending is apparent. Accordingly, OHA project staff increased outreach to providers, DCF VS staff, state facilities and consumers to bolster their understanding about DCF VS/ OHA collaboration, health insurance literacy and the appeal and external review processes.

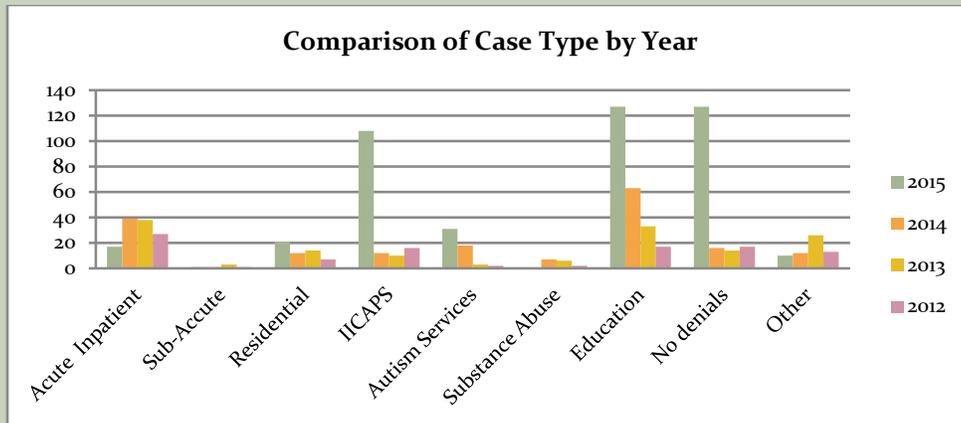
OHA provided education to 41 providers and facilities in an effort to clarify provider rights and responsibilities about pre-certification and concurrent review for medically necessary services, including a review of the peer-to-peer process, improved providers' understanding of the unique processes involved in the utilization of private health coverage. By more effectively advocating for their patients' needs and avoiding initial denials of care, the state avoided paying for more than \$1,722,492 in charges for these denied services in calendar year 2015. OHA's collaboration expanded to include pro-actively responding to consumers who contacted the DCF Careline for assistance, including IICAPS and autism services, but who may not be immediately eligible for or enrolled in the VS program. OHA will continue to advocate for Connecticut residents and the DCF VS program to be able to access behavioral health services by educating consumers on the use of their private coverage and utilizing that coverage prior to accessing state funds. OHA continued to provide direct outreach and education to all of the DCF Area Offices conducting 13 outreach events in CY 15.

The graphs on the next page represent almost \$2.2 million total savings since 2012 directly to consumers and \$2.5 million total savings since 2012 to DCF. In addition, because of our collaboration and continued partnership with DCF, there is a cost shift component to the project. With OHA's involvement immediately upon a request to the DCF Careline, we are able to assist consumers in appealing denials of services and treatments immediately, relieving DCF from unnecessarily activating HUSKY coverage. In the savings graph on the next page, the cost shift represents OHA's intensive outreach to facilities and providers to educate them on the proper use of private health coverage,

how to submit a pre-authorization of service or treatment and assistance in the peer to peer review and concurrent review processes. The project is a win-win-win for consumers, DCF and OHA.



The comparison of case type over the years indicates a decrease in the denials of services for acute psychiatric inpatient and an increase in denials of coverage for residential treatment facilities, in home services (IICAPS), Autism Services and education. Consumer education substantially increased because referrals are sent directly from the DCF Careline to OHA to allow for immediate education and counseling on the consumer’s private healthcare plan options. The majority of these educational cases do not include any current denials of treatment or service upon initial contact from OHA.



OHA and the Department of Developmental Services (DDS)

Because of the success of OHA’s collaboration with the DCF, it was logical 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 and DDS executed a Memorandum of Understanding that ensures that DDS refers consumers with private health coverage who contact DDS for help accessing services for individuals with autism spectrum disorder (ASD) to OHA for assistance identifying appropriate clinical services that may be covered by their health plans.

OHA can answer many questions regarding provisions under an individual’s health plan, specifically those associated with ASD services, while working with DDS to ensure that consumers who may be eligible for DDS services receive the additional support available to them.

OHA and the Office of the State Comptroller (OSC)

OHA partnered with the OSC to provide support to its Disability Retirement Unit (DRU) for the review and evaluation of disability applications. The process includes a significant clinical component for which OHA’s clinical case management processes is ideally suited. OHA recruited a Nurse Consultant to be housed within the DRU, provided training in our case management processes, and continues to provide support for the position. This project has aided the DRU in increasing the volume and completeness of applications processed for review and determination by the Medical Examining Board. Due to the success of this collaboration, OSC has twice extended this partnership to extend the benefit to the DRU.

Behavioral Health Clearinghouse (BHC)

Timely access to appropriate, affordable and sustainable diagnosis and treatment of mental illness and substance use disorders remain 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. Following thousands of email inquiries, hundreds of in-person outreach events, including 41 in-services, 13 conferences and the implementation of a web-based data submission tool, OHA began hosting 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.

"Awesome!! I so appreciate everything you've done for me! Thank you!"

LEGISLATIVE BRIEFING CY 15

OHA's advocacy for Connecticut consumers continued throughout the 2015 legislative session, during which OHA testified on 45 bills covering a broad range of subject matter. Increasing consumer access to and the transparency of healthcare services was a primary focus of OHA's 2015 advocacy, but legislation concerning healthcare systems, health insurer plans and networks, enhanced technological integration into healthcare delivery systems, and coverage of behavioral healthcare services was also a priority. In addition, OHA supported proposals to: 1) create an employee paid family leave system in Connecticut and, 2) aid in dying initiatives. These efforts were facilitated through ongoing collaboration with stakeholders, including advocates and partner state agencies, in addition to our continuing consumer engagement efforts.

OHA was a key participant in a significant legislative initiative spearheaded by the Bipartisan Round Table on Hospitals and Health Care that resulted in the enhancement of consumer notice rights, promotion of transparency in healthcare billing and the expansion of those billing practices that would be considered CUPTA violations. This initiative also called for a comprehensive analysis of opportunities for Connecticut to systemically reign in healthcare costs, the creation of a statewide health information technology exchange and a deeper exploration of the origin of healthcare pricing.

OHA appeared before the following committees during the 2015 legislative session: Insurance and Real Estate; Appropriations; Finance, Revenue and Bonding; Public Health; Labor and Public Employees; General Law; Judiciary and the Bipartisan Round Table on Hospitals and Health Care.

During the 2016 legislative session, OHA expects to support: a) continuing initiatives to increase transparency in healthcare costs, pricing and quality, b) the preservation of funding for essential services as Connecticut grapples with ongoing budget challenges and c) efforts to promote alignment toward achieving the triple aim.

Click here to read our 2015 legislative testimony - http://www.ct.gov/oha/lib/oha/2015_OHA_Testimony_portfolio.pdf

“Completely resolved in my favor. I cannot say enough. Thank you for being on my side and helping me get a fair resolution.”

CONSUMER RELATIONS

“The office was extremely helpful and diligent in their follow-up. They were a pleasure to deal with.”

“It is so important to have someone on your side.”

“Saved me from financial ruin.”

“Great resource for anyone having insurance problems. Excellent staff and service.”

“I am deeply indebted to OHA and I couldn't have navigated the appeal system effectively without them.”

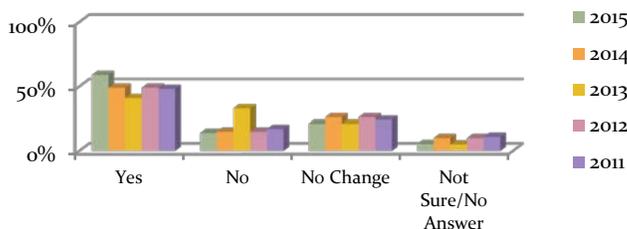
“This problem couldn't have been resolved in my favor without all the help and work and effort by this Department.”

In CY 2015, OHA fielded over 12,000 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.

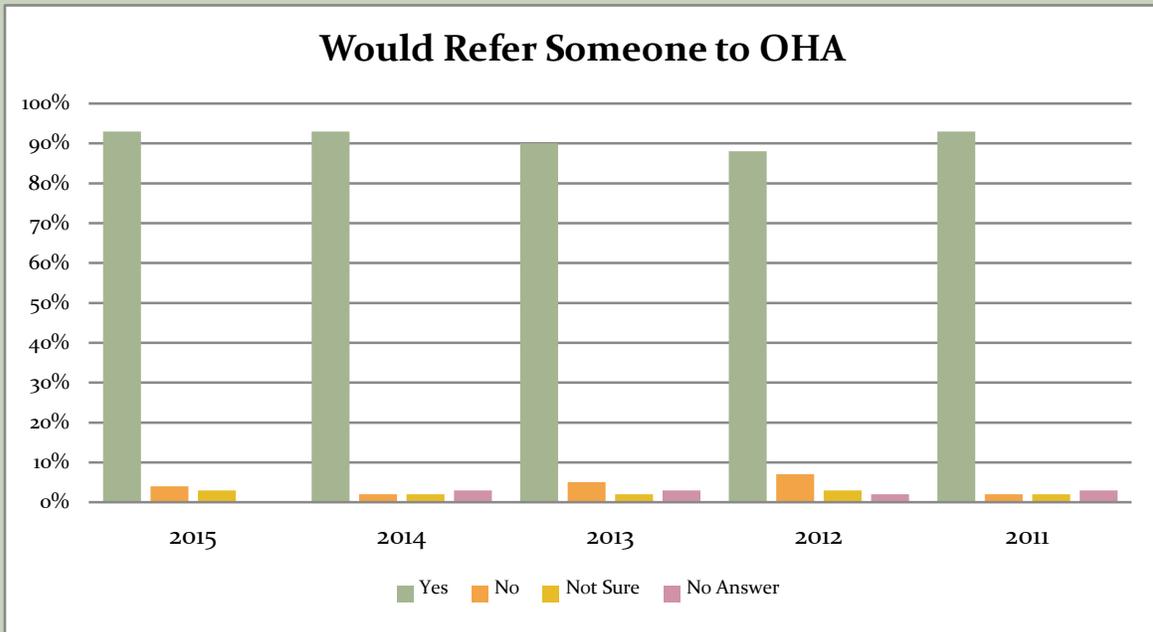
The number of consumers who contacted OHA regarding applications issues, documentation errors and advanced premium tax credits for health coverage through Access Health CT (AHCT) nearly doubled from 2014.

The number of cases involving education and counseling increased rapidly because of health reform activities. Mental health continues to be the biggest clinical category of cases OHA handles. 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 opened 8,930 cases in CY 2015, representing a 20% increase in case volume from CY 2014 and a 40% increase in case volume since CY 2011. OHA closed 8,640 cases in 2015. 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 15 59% of consumers responded with an improved understanding after contacting OHA. That is a 10% increase from CY 2014 and an 18% increase from CY 2013.

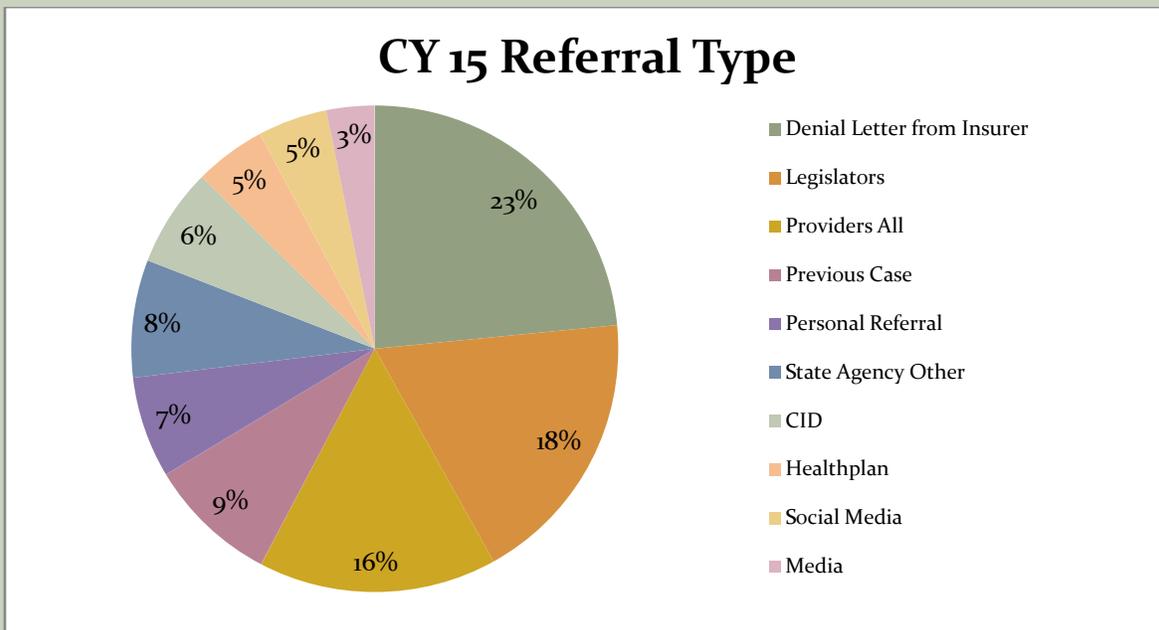
% Consumers with improved understanding of health insurance plan



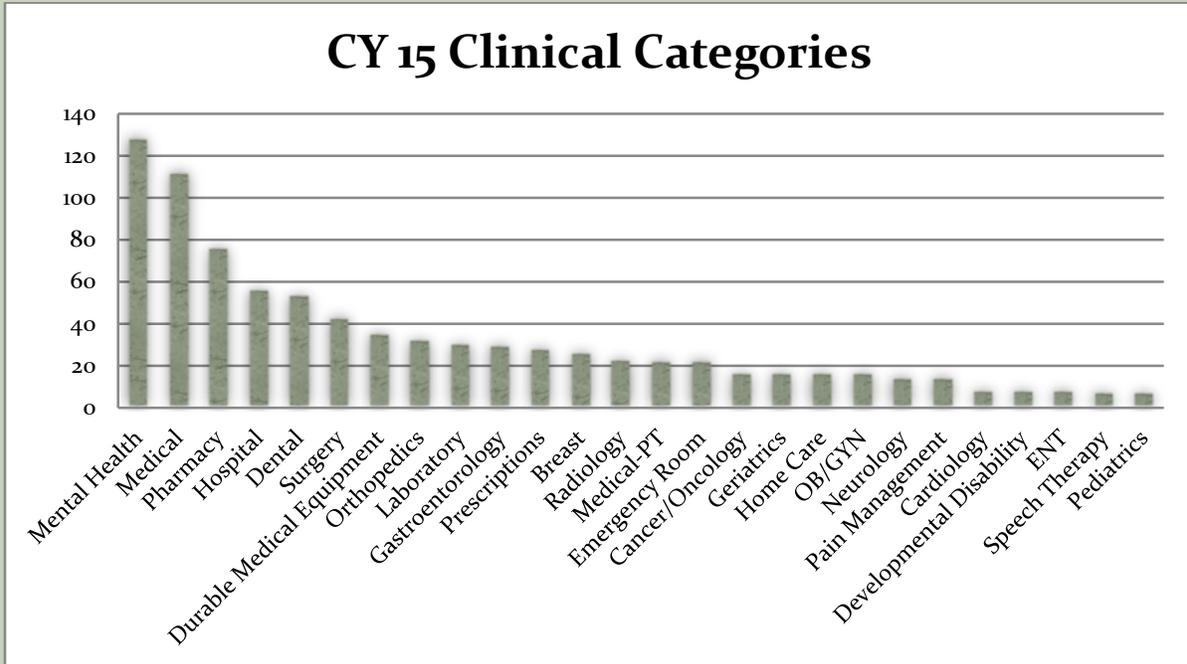
A very high percentage of customers responded that they would refer someone to OHA. OHA considers this measure the most important measure of OHA's services. The percentage of individuals reporting that they would refer a friend or family member to OHA and would contact OHA continues to increase.



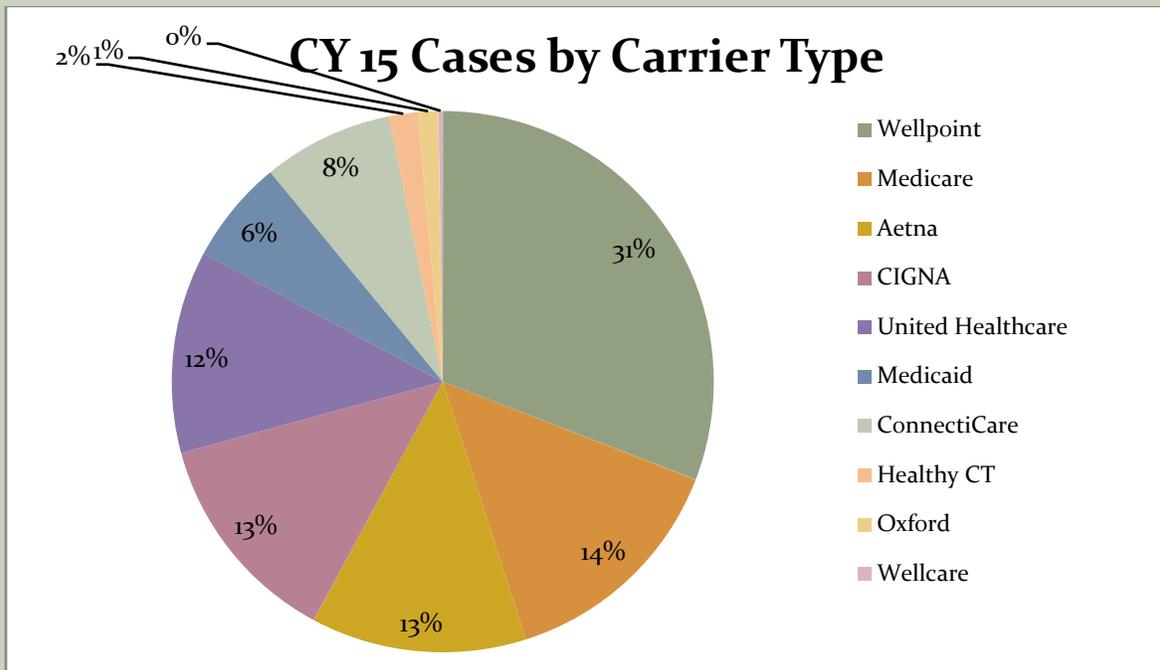
Cases continue to arrive to OHA from a variety of referral sources. Denial letters that consumers receive from their health care plans include OHA's contact information and those letters were the top referral source to OHA in CY 15. The second highest referral source was Connecticut's State and Congressional Districts. OHA continues to receive referrals from and make referrals to the Insurance Department.



OHA continued to receive cases in a wide range of cases representing many clinical categories, with mental health/substance use remaining the predominant case type for assistance.



The graph below illustrates the percentage of cases by carrier type for CY 15. The number of Medicare cases in CY 15 increased over CY 14.



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 \$10.97 million to the residents of Connecticut in 2015. In CY 15, the office surpassed the \$70 million mark in savings for consumers.

Calendar Year	Total Number of Cases	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
Total	45,072	\$70,675,853.00



In Memoriam Maureen Smith 9/27/44 – 4/11/15



Maureen Smith, OHA's longtime Director of Consumer Relations, who retired in 2014, passed away on April 11, 2015, after a long illness. Maureen advocated for thousands of Connecticut residents during her thirteen years at OHA. During her tenure, she saved consumers over \$20 million and mentored many staff at OHA. Her passion and dedication to her work was her hallmark. Her dream of an agency that acts with empathy and compassion to help people access needed healthcare lives on every day.

What Maureen's colleagues have to say about her:

"Maureen is irreplaceable. She gave so much of herself to OHA's clients, regularly giving up her evenings and weekends to help thousands of people secure the healthcare they needed. She was often the first point of contact at our office because so many people knew of her good work and spread the word about her expertise. She never took no for an answer, always finding a solution, no matter how hard the path to a solution would be. She had strong relationships with the health plans and state agencies, allowing the office to work effectively through the appeals process. More than all of this, Maureen was a kind human being, a person who always put others first."

Victoria L. Veltri, JD, LLM
State Healthcare Advocate

"Maureen was a tireless advocate who made sure that consumers received the benefits and coverage that they were entitled to. With Maureen the consumer always came first."

Stephen A. Karp, LCSW
Executive Director
National Association of Social Workers, CT Chapter
OHA Advisory Board member

"It was always clear that protecting patient rights was a vocation for Maureen, not just a job. She lived the work, she was highly successful and, as a result, people got the health care they needed. I was honored to be her colleague and friend. I miss her smile, and her famous iron fist hidden in that velvet glove."

Kevin Lembo
Comptroller and former Healthcare Advocate
State of Connecticut

"With the passing of Maureen Smith, the people of Connecticut have lost one of their most fervent advocates. Almost from the inception, she embodied the heart, soul and mission of the Office of the Healthcare Advocate. In the almost ten years that I was privileged to be associated with her, I had a treasured mentor and friend."

Candice Kohn, BSN, MS
OHA Nurse Consultant, Retired

"Maureen was a beautiful person, inside and out. She was a passionate advocate and wonderful person, who we truly miss. She taught us to think outside the box and not be afraid to take on any challenge. She shared her vast wealth of knowledge. She was one of a kind, a role model, mentor, teacher, advocate and a highly motivated human being. Maureen had great wisdom and a wonderful sense of humor that she shared at the office. No one could ever replace her knowledge, compassion and expertise. Her smile, wisdom, laugh and humor will always be cherished memories that we had the good fortune to experience. May OHA continue Maureen's strong, never ending advocacy for the residents of Connecticut. She was truly inspirational!"

Caroline Butler, Clorinda Mirto, Demian Fontanella,
Jackie Murillo, Jill Hall, Laura Morris, Valerie Wzykowski
Office of the Healthcare Advocate

CONSUMER STORIES

1

L.A. is four years old and has child apraxia of speech, a neurological disorder in which the person knows what he or she wants to say, but just cannot say it. Without aggressive speech therapy, L.A. would not be able to improve her health and would never be able to talk correctly. L.A.'s health care plan denied coverage for additional speech therapy for her apraxia. L.A.'s mother paid a private speech therapist while pursuing an appeal of the denial on her own for two years. Ultimately, L.A.'s mother reached out for help to her state legislator, who referred her to OHA. OHA pursued an appeal on behalf of L.A. and successfully advocated for the health plan to cover the additional speech therapy needed. OHA was also successful in obtaining reimbursement to L.A.'s mother for the speech therapy she paid for out of pocket for the previous two years. OHA saved this family \$2,660.00 for continued speech therapy and reimbursement of out of pocket payments. L.A.'s mother recently wrote to OHA stating, *"When I first reached out to you and the state legislators, you contacted me immediately to let me know you will be helping our family. You were easy to talk to, and so compassionate. The knowledge you possess about how to proceed in such cases is immeasurable. You kept me informed on every detail each step of the way by way of phone call or email. I cannot thank you enough for your time, hard work and dedication."*



B.J., who was diagnosed with scleroderma which is a chronic connective tissue disease characterized by hardening of the skin. B.J. had sclerotic plaques, hyperpigmentation and limited range of motion. He had failed several other therapies. B.J. contacted OHA when he was denied coverage for treatments for Photopheresis. During photopheresis, blood is taken from a vein and separated into its different components. The white blood cells are treated with a medication, exposed to ultraviolet (UV) light, and then returned through a different vein, with the other blood cells. These treated cells stimulate the immune system. B.J. felt the photopheresis treatments changed his life as he was able to enjoy physical activity again with improved energy and flexibility of his joints. The health plan refused to pay for all past treatments despite a letter that went out from the health plan stating they were approved. OHA worked with the health plan and all past claims were paid. In addition, the health plan, approved B.J.'s treatments through the end of the same year. The savings for reimbursement of past claims was \$115,683.12 and B.J. saved \$66,104.64 for treatments through the end of year. B.J. saved a total of \$181,787.76.

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Desperately seeking help, J.C. contacted OHA for assistance when she received an unexpected \$39,500.00 bill after having gastric surgery. She was never informed of her financial liability. In fact, she was led to believe it was covered completely as a benefit under her health plan. After OHA's intervention, the healthcare plan allowed a onetime exception and agreed to pay all but a \$5,400.00 provider fee.

K.P. contacted OHA after he was billed facility fees for five visits to a medical facility and one visit to a physician. The bill for these fees came months after the service has been rendered. K.P. was given, and signed, a notice about the potential for another fee. The "Provider Based Billing Notice to Patients" that K.P. received described the potential for additional small charges. However, after OHA reviewed the notice, it was determined that this notice did not meet the requirements of a new Connecticut law requiring proper notification of billing charges (Connecticut General Statute Section 19a-508c.). OHA intervened and the facility fees were waived. As a result, five out of six fees were waived since the provider could not confirm that adequate notice was provided to K.P. Because of OHA's involvement, K.P. did not have to pay the \$732.72 in facility fees.

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H. M. has a chronic condition that was controlled with the injectable medication Humira (used twice per month). In early fall of 2015, she developed a severe flare of symptoms. Her physician recommended an increase in the frequency of Humira. The health plan denied coverage for the additional two doses per month saying that the increased frequency was not medically necessary. H.M. contacted us after her internal appeals rights were exhausted. OHA assisted with the external appeal process, providing additional medical records and validating research supporting the use of Humira up to 4 times per month. The external reviewer reversed the health plan's denial of the additional use of Humira. H.M. saved \$16,000.00, representing the additional cost of Humira approved after the external appeal.

R.R. was denied coverage for her oral chemotherapy medications four times prior to contacting OHA. Medicare Part B and Medicare Part D both cover chemotherapy medications. The criteria for coverage can be confusing. Unfortunately, prior authorization requests--to verify that the coverage was medically necessary--was incorrectly submitted to Medicare Part D each of the four times. OHA intervened and assisted R.R. with the prior authorization process by working with a specialty pharmacy to ensure a proper submission of the request to Medicare Part B. Medicare Part B approved the authorization request and R.R. received her chemotherapy treatment. Many cancer drugs are covered under Part B, not Part D Medicare. Part B covers doctor visits and outpatient hospital services. Part B also covers the drugs that

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are infused (given in a vein through an IV) or injected (given as a shot) in a doctor's office or treatment center. Many chemotherapy drugs and the anti-nausea drugs used along with chemotherapy are given by IV infusion in a doctor's office or clinic, which means they are still covered under Medicare Part B. The difference in coverage for cancer drugs under Medicare Part B and Medicare Part D is blurred when it comes to chemotherapy drugs given by mouth and anti-nausea drugs given by mouth. Some of these drugs are covered under Part B, but others are covered under Part D. Cancer treatment drugs taken by mouth are likely covered under Part B if they are used instead of the same drug that could be given through an IV in your doctor's office. In other words, if your doctor has a choice between giving you a drug by mouth or the same drug as an IV, the oral drug is likely covered under Part B. In contrast, oral cancer drugs that cannot be given by IV are covered under Part D. This saved R.R. \$4,884.00.

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

Position Summary Account	Actual FY 15	Original Appropriation FY 16
Permanent Full-Time - IF	19	19

Budget Summary Account	Actual FY 15	Original Appropriation FY 16
Personal Services	\$1,520,119.00	\$1,645,820.00
Other Expenses	\$ 476,267.00	\$ 466,267.00
Equipment	\$ 5,000.00	\$ 5,000.00
Fringe Benefits	\$1,322,502.00	\$1,536,750.00
Indirect Overhead	\$ 142,055.00	\$ 142,055.00
Nonfunctional -Change to Accruals	\$ 193,883.00	\$ 0
Agency Total - Insurance Fund	\$3,659,826.00	\$3,795,892.00

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