



## ***At-a-Glance***

**TED DOOLITTLE, *State Healthcare Advocate***

**Demian Fontanella, *JD General Counsel***

***Established: 2001***

***Statutory authority: Conn. Gen. Statutes Sec. 38a-1041 et seq.***

***Central office: P.O. Box 1543, Hartford, CT 06144, 450 Capitol Avenue, Hartford, CT***

***Number of employees: 21***

***Recurring operating expenses: FY 18 budget \$3,267,179***

***Organizational structure: Central office—including for administrative purposes only  
State Innovation Model Initiative Program  
Management Office***

## **Mission**

***OHA is an independent state agency with a three-fold mission: assuring managed care consumers have access to medically necessary healthcare by providing one-to-one assistance with grievances and appeals; educating consumers about their rights and responsibilities under health insurance plans and; informing you and other policymakers of problems consumers are facing in accessing care and proposing solutions to those problems.***

## **Statutory Responsibilities**

OHA helps Connecticut residents navigate the healthcare system: through outreach and educational activities on consumer healthcare rights, direct consumer assistance appealing denials of coverage for services by all types of health plans, including individual and employer plans, TriCare, Medicare and HUSKY coverage, and by advocating for consumers on larger health policy issues through public comment, legislative activity and administrative remedies. OHA's work benefits individual consumers by ensuring access to medically necessary healthcare, and relieving consumers of unnecessary out of pocket spending. OHA's policy work benefits consumers as a whole through broad-based collaborative efforts, convening consumers, advocates, providers and health plans to discuss issues and solutions related to a wide variety of healthcare consumer issues, such as mental health parity, the cost and affordability of healthcare, and access to healthcare.

OHA is also named by statute to multiple committees, boards and working groups, and is responsible for a number of other activities under statute including:

- Connecticut Health Insurance Exchange d/b/a Access Health CT – Conn. Gen. Statutes Sec. 38a-1081 (OHA is a board member);
- OHA to accept referrals for complaints and referrals from the Exchange and from Navigators Conn. Gen. Statutes Sec. 38a-1084(19)(D) and 38a-1086;
- All-Payer Claims Database Advisory Group membership - Conn. Gen. Statutes Sec. 19a-724a;
- Connecticut Clearinghouse - Conn. Gen. Statutes Sec. 38a-556;
- Behavioral Health Clearinghouse – Conn. Gen. Statutes Sec. 38a-1041(g);
- Public outreach campaign on health insurance rights – Conn. Gen. Statutes Sec. 38a-472d;
- Grievances and External reviews – certain insurance documents have a notice requirement with OHA contact information – Conn. Gen. Statutes Sec. 38a-591a et seq.;
- Observation status – notice requirement with OHA contact information, Conn. Gen. Statutes Sec. 19a-508b;
- Connecticut Commission on Health Equity - Conn. Gen. Statutes Sec. 38a-1051;
- CHOICES reporting on Medicare organizations’ reporting - Conn. Gen. Statutes Sec. 17b-427;
- Personal Care Attendant Workforce Council - Conn. Gen. Statutes Sec. 17b-706a;
- Hospital Community Benefits Programs reporting - Conn. Gen. Statutes Sec. 19a-127k;
- Healthcare Cabinet membership and support - Conn. Gen. Statutes Sec. 19a-724;
- Advisory committee on Healthcare Associated Infections – Conn. Gen. Statutes Sec. 19a-490n
- Connecticut Family Support Council Board of Directors – Conn. Gen. Statutes Sec. 17a-219c – to assist families and children with complex healthcare needs
- Health Information Technology Advisory Council – PA 15-146, Section 25
- Working Group on rising costs of healthcare, including price and healthcare reimbursement variations, PA 15-146, Section 19
- Working Group to Develop recommendations for uniform behavioral health utilization and quality measures data collection PA 15-5, Special Session, Section 353
- Children’s Behavioral Health Plan Implementation Advisory Board, PA 13-178, PA 15-27
- Behavioral Health Partnership Oversight Council – PA 15-242, Section 30
- Alcohol and Drug Policy Council – PA 15-198, Section 9, at the invitation of the Commissioner of DMHAS
- Medical Assistance Program Oversight Council - Conn. Gen. Statutes Sec. 17b-28.

## Public Service

OHA continually seeks to identify means to improve its services to consumers and promote effective consumer engagement in healthcare, including collaborative work with other state agencies and community organizations. OHA measures the success of its efforts with a variety of methods, including consumer satisfaction through consumer feedback surveys, requests for participation in activities, passage of legislation proposed by and advocated for by OHA, robust data analytics to identify trends, including, but not limited to, appeal success rate, consumer savings, call and case volume, and feedback from community and state agency collaborators.

This level of analysis allows OHA to identify areas for improvement, topics of customer concern that may require additional stakeholder and consumer engagement (*i.e.*, the impact of a new law), and then to monitor implementation of any new initiative

### Improvements/Achievements FY2017-2018

Consumer Savings: \$10.5 million

Outreach: 228 events

Cases: 5,000

#### Case Volume and Mix:

In FY 17-18, OHA recovered \$10.5 million for consumers through overturned denials of coverage, resolution of billing disputes and ensuring enrollment into healthcare coverage.

- Case volume continues to be high with 5,000 cases opened in FY 17-18.
- Most frequent referral sources: Access Health CT, Denial Letter from Insurer Personal Referrals, Previous Cases, Legislators, Health Plans, Providers, State Agencies and Social Media.
- There were 212 cases referred to OHA as part of OHA's collaboration with the DCF Voluntary Services.
- The most common issues raised by consumers in FY 17-18 are Benefit Design, Denial of Claim, Billing Problem, Education/Counseling, Medical Necessity, Denied Service/Treatment, Contractual Denial, Incorrect Claim/Administrative Error and Enrollment/Eligibility.

In FY 17-18, 93% of consumers serviced by OHA reported that they would contact OHA again for assistance and almost 90% would refer a family member or friend to OHA.

#### Outreach/Education

- OHA staff conducted over 228 outreach and education events.
- OHA participated in seven town hall forum discussions on the opioid epidemic in collaboration with DMHAS and other stakeholders.

- OHA continued its outreach to town halls, social and youth services, health departments/districts, schools/superintendents, senior centers, social clubs, and other advocacy organizations.
- OHA provides information on our services in 23 languages, including Braille. Free materials (handbills, brochures and posters) in multiple languages are available upon request. OHA has a dedicated e-mail address to handle outreach requests.
- OHA continues to increase its social media presence through targeted posts, information and items of interest to consumers and other stakeholders on its YouTube, Twitter and Facebook sites. This is used to inform consumers and stakeholders of emerging information from here and around the country on emerging healthcare trends and issues; and to advocate for greater consumers participation.
- OHA was a sponsor and participated in the Better Health Conference which focused on improving patient satisfaction and outcomes.
- The Healthcare Advocate has appeared on radio/television programs to promote information on OHA's services and to discuss the ACA and SIM. Some of these appearances were used to promote upcoming public testimony opportunities for consumers.
- The Healthcare Advocate and OHA staff were interviewed for numerous local and national news stories concerning a variety of topics, including the agency's mission, health and behavioral healthcare issues.
- The OHA successfully launched a tour across all corners of the state called CT Speaks Out! These forums encouraged consumers to publicly share their healthcare experience stories - and asked for recommendations on what needs to be improved. All of these forums were evening events to accommodate work schedules of consumers.

#### Stakeholder Collaboration

- OHA continues its partnership with the Department of Children and Families (DCF) on a project to maximize utilization of commercial health plan benefits to prevent unnecessary state expenditures for children from families that have commercial coverage.
- OHA provides education and assistance collaboratively with the State agency and consumer in regards to issues to access to care due to health insurance barriers.
- OHA continues its collaboration with the Department of Developmental Services on referral of cases to OHA of consumers in need of services including those with Autism Spectrum Disorder, to maximize utilization of commercial health plan benefits to prevent unnecessary state expenditures.
- OHA continues its collaboration with the Department of Mental Health and Addiction Services for engaging and promoting consumer education, as well as exploring opportunities to maximize the utilization of alternate, non-state payment sources for services provided to consumers paid for by the state.

OHA furthers its public service commitment by participation or expanded participation in the following activities/groups:

- The Healthcare Advocate is a member of the Access Health CT Board of Directors, and serves on several AHCT Committees and Advisory Committees:
  - Consumer Advisory Committee (co-chair)
  - Health Plan Benefits & Qualifications Advisory Committee
  -
- All Payer Claims Database Advisory Council Committees:
  - Data Privacy & Security Committee
  - Policy & Procedures Committee
- Connecticut Partners for Health (CPH) Board of Directors--mission is to align healthcare quality improvement and patient safety initiatives in Connecticut to assure efficient, cost-effective and coordinated efforts among its healthcare providers and stakeholders.”<sup>1</sup>
- Children's Behavioral Health implementation plan under PA 13-178 to develop a comprehensive children’s behavioral health plan (prior to passage of PA 15-27)
- Connecticut Cancer Partnership Committee
- Department of Public Health Healthy Connecticut 2020 coalition
  - Mental Health and Substance Use Action Team
  - Health Systems Action Team
- Explanation of Benefits Confidentiality Ad Hoc Work Group
- Family Support Council Board of Directors
- Health Acquired Infections Committee
- Health Care Cabinet
  - Pricing Work Group
  - Education Work Group
- Health Information Technology Council
- Council on Medical Assistance Program Oversight
  - Complex Care Committee
  - Development Disabilities Working Group
  - Care Management Committee
- Behavioral Health Partnership Oversight Council
- CT Strong Grant – State Level Transition Team
- Connecticut Campaign for paid family leave
- Connecticut Choosing Wisely Collaborative – Founding partner—to collectively develop and advance specific goals and projects, and to work to promote the adoption of *Choosing Wisely*® through their own individual efforts to their constituents and partners where appropriate
- Choosing Wisely Champion Patient Activist Pilot program with Consumer Reports.

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

- Covering Kids and Families Steering committee—led by CT Voices for Children - help local communities increase enrollment in and access to the HUSKY health insurance program for eligible children and parents.
- Covering Kids and Families Quarterly meetings
- State of Connecticut Open Data Portal
- Executive branch state agency LEAN initiative and LEAN Leadership Training Certification
- State Innovation Model (SIM) Initiative Healthcare Innovation Steering Committee,
- National Parity Implementation Coalition – collaboration with state and national partners to monitor implementation of the Mental Health Parity and Addiction Equity Act of 2008, identify non-compliance and advance regulatory or policy change to promote compliance
- Kennedy Forum Parity Legal Working Group - partnership with mental health and addiction advocates, policymakers, and business leaders to identify and promote opportunities to improve access to quality behavioral health services
- Connecticut Parity Coalition – a partnership among key stakeholders in the behavioral health community to identify consumers’ challenges accessing care, and opportunities to enhance mental health parity in our state
- Older Adults Working Group
- State Opioid Plan

#### **A. SIM – State Innovation Model Initiative (SIM)**

The State Innovation Model (SIM) and Health Information Technology (HIT) program management offices were housed with OHA for administrative purposes in 2017. Public Act 17-2 of the Connecticut General Assembly’s June Special Session established the Office of Health Strategy, effective on January 1, 2018. The Office of Health Strategy now houses the SIM and HIT program management offices, among other programs.

#### **B. Legislative Activities**

During the 2018 legislative session, OHA tracked 62 unique bills, provided expert insight concerning possible language for several, and testified on 13. Of the legislation OHA championed, three ultimately became law. However, it is important to note that of those bills OHA actively supported, eight were voted out of committee for consideration by the General Assembly. These proposed bills enjoyed widespread support, but seven failed to be called for debate and a vote in the House, and one shared this fate in the Senate.

- We supported SB 303, now PA 18-149, which expands consumer rights and promotes greater notice and transparency for consumers concerning the status of a care setting as emergency care versus a less critical acuity.

- PA 18-41 increases the transparency of pharmaceutical costs in the state by requiring greater disclosure of the true cost of drugs marketed and sold in Connecticut.
- PA 18-115, conceived and drafted by OHA, helps to insulate consumers from harm when health plans and hospitals permit their contractual relationship to lapse, causing that hospital system to become out of network for plan members. This can adversely impact consumer's ability to receive the effective and timely care they are entitled to under their insurance plan. This legislation requires that hospitals and health plans continue to operate under the terms of the lapsed contract for 60 days following termination.

There were additional policy initiatives that OHA strongly supported that failed to receive legislative priority this year, and that we hope to continue to champion in the future. One example is an important step towards helping to better understand and mitigate the unsustainably increasing costs of our healthcare system. The Lt. Governor's Health Care Cabinet made several important recommendations in its report on Pharmaceutical Cost Containment Strategies. One which OHA believes has significant merit and promise is the creation of a Drug Review Board that would be empowered "to investigate drug pricing decisions by manufacturers, both launch prices and price increases, with the purpose of determining if the prices are sufficiently unjustified in comparison to market norms and/or clinical value that it puts patient health at risk".<sup>2</sup> OHA remains committed to working with our partners and stakeholders on meaningful policy to promote greater consumer access to effective and affordable health care.

### **C. DCF Collaboration**

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

- Opened 212 cases under the DCF Voluntary Services project in FY 17-18
- Counseled families on their rights under the plans, including the right to appeal denials of coverage and access to care at different levels of treatment.
- Educated DCF regional office supervisors and workers about the proper use of primary healthcare coverage to prevent unnecessary state spending.
- Met with DCF leadership periodically to refine the project to ensure continuous quality improvement of the project.

Participated in collaborative planning for children who need out-of-home placement for treatment is done concurrently by a provider, commercial healthcare plan and the Connecticut Behavioral Health Partnership when indicated.

- Conducted internal and external appeals for medically necessary services for all types of healthcare coverage for referred families.
- Provide extensive coaching and education to providers/consumers on process to submitting prior authorizations/certifications, peer-to-peer review and concurrent

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<sup>2</sup> <https://portal.ct.gov/-/media/OHS/Healthcare-Cabinet/2018-Meetings/Cabinet-Final-Report-on-Rx-Strategies---2-15-2018.pdf>

reviews with the commercial health care plans including in home services, inpatient, residential and lower levels of care for continued treatment as indicated by the treating providers including DCF State facilities.

- OHA provided education/assistance to research and guide provisions within the commercial plans for continued treatment per the providers request to minimize the possibilities of continued cycling in and out of Emergency Rooms due to mental health needs.
- OHA provides extensive education to the State Agencies, State facilities for Behavioral Health, consumers and providers on maximizing utilization of commercial plans prior to accessing state funding; education on commercial carriers responsibility for adequate network of providers for behavioral health services.
- Saved the State \$9,665 and consumers \$862,166 in FY 17-18.

#### **D. DDS Collaboration**

OHA and DDS continue to work in collaborative efforts that provides assistance and education to those consumers with private health coverage who contact DDS for help in accessing services for individuals with autism spectrum disorder (ASD) and any other services that may be covered by commercial healthcare plans. This collaborative partnership promotes direct consumer engagement, education and options for coverage of services under private health coverage for individuals who seek help from DDS. This is a limited collaborative partnership due to the changes occurring in the DDS Division of Autism Spectrum Disorder Services moving from DDS to DSS. OHA continues to form collaborative partnerships with DSS and DDS to be able to assist this population in utilizing commercial coverage when applicable and be a valuable resource to this population. These continued collaborative efforts have provided increased working relationships with other state agencies to assist this population in increasing access to care and maximizing commercial healthcare coverage/support.

#### **E. Information Reported as Required by State Statute**

OHA is required to prepare calendar year report of its activities pursuant to Conn. Gen. Statutes Sec. 38a-1050. This CY report is available at [http://www.ct.gov/oha/lib/oha/oha\\_2016\\_annual\\_report.pdf](http://www.ct.gov/oha/lib/oha/oha_2016_annual_report.pdf)