

Fiscal Year Activities

OHA in Action

Your fiscal report of our health insurance consumer assistance

August 1, 2013

OHA PRINCIPLES FOR DETERMINING POLICY ACTION

- Access to quality healthcare; for our State to be competitive, our people must be healthy
- Reduction in healthcare system waste; innovation is essential to maximize value



- Industry watchdog; cost shifting practices burden the State's economy, providers, payers, and consumers
- Social Justice; OHA has a duty to represent the collective voice of 3.5 million healthcare consumers

Key Points

- 1** OHA saved consumers over **\$8.4 million** in FY 2013. OHA opened nearly 5,000 cases and took nearly 10,000 calls to our toll-free line.
- 2** OHA continues to collaborate with other state agencies to recover state funds that should be covered by health insurance plans and to expand coverage.
- 3** OHA releases report on barriers to access to mental health and substance use treatment services for residents of the state.
- 4** OHA partners with Access Health CT to manage Navigator and In-Person Assister Program to enroll tens of thousands of people into healthcare coverage.



OHA represents the collective voice of 3.5 million healthcare consumers. For our state to be competitive, our people must be healthy. Our mission is to • assure managed care consumers have access to medically necessary healthcare • educate consumers about their rights and responsibilities under health insurance plans • inform legislators of problems consumers face in accessing care and propose solutions to those problems.



August 1, 2013

Honorable Dannel P. Malloy
Office of the Governor
State Capitol
210 Capitol Avenue
Hartford, CT 06106

Re: Report for State Fiscal Year 2013 Activities

Dear Governor Malloy:

Please accept this report of the Office of the Healthcare Advocate's (OHA's) activities for Fiscal Year 2013, as required by Conn.Gen.Stat. § 4-60. A more detailed report of OHA's activities, based on calendar year activities, is required by Conn.Gen.Stat. § 38a-1050. I include and incorporate into this fiscal year report our most recent annual report as required by Conn.Gen.Stat. § 38a-1050 as that report covers activities from the first half FY 2013. OHA has continued to reach out to state agencies to create collaboration and partnerships.

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 of problems consumers are facing in accessing care and proposing solutions to those problems.

AFFORDABLE CARE ACT ACTIVITIES

CONSUMER ASSISTANCE PROGRAM (CAP) GRANT

OHA was awarded its third consumer assistance program (CAP) grant under the Affordable Care Act on August 24, 2012. The grant, in the amount of \$408,155, is designated for outreach and

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education on the Affordable Care Act (ACA) and direct consumer assistance with plan selection and grievances and appeals—designations that are consistent with our current mission. OHA hired two nurse consultants to support the grant and an outreach worker to perform the outreach and education functions of the grant.

As the state’s designated CAP under the ACA, OHA is required to assist consumers with understanding their rights and responsibilities under the ACA, helping with the filing of grievances and appeals, including eligibility appeals and assisting consumers in obtaining premium tax credits to purchase policies in our Access Health CT marketplace. A link to OHA is available on the US Department of Health and Human Services (DHHS) website at <https://www.healthcare.gov/how-can-i-get-consumer-help-if-i-have-insurance/#state=connecticut>. A similar link is available on the US Department of Labor’s website at www.dol.gov/ebsa/capupdatelist.doc.

Under the ACA, all plans, whether self-funded or fully insured, and entities making utilization review decisions, are required to include OHA’s contact information on every denial issued, informing consumers that OHA can assist with grievances and appeals. This requirement led to 750 referrals to OHA in FY 2013.

ACTIVITIES SUPPORTED BY THE CAP GRANT- (click on images to view videos or visit OHA’s YouTube channel, StateofCTOHA, at <http://www.youtube.com/user/StateofCTOHA>)

1. Two television campaigns, running spots nearly 1500 times in English and Spanish across the state in varying time slots, have generated a heavy call volume from individuals who need help understanding insurance or selecting a health plan. OHA aired the spots in prime time in all areas of the state beginning in the spring of 2013.



2. A thirty minute program called “Your Health Matters” airing on public access stations across the state that describes OHA’s services and features consumers of OHA.



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3. The two case management staff hired under the grant have helped hundreds of individuals.
4. A partnership between OHA and a non-profit community organization, Connecticut Voices for Children, to assist with outreach to underserved communities via hundreds of other community organizations throughout Connecticut using statewide meetings, listservs and additional in-person outreach events. The partnership created an instant referral mechanism for community organizations to reach OHA for assistance through quarterly Covering Kids meetings. In FY 2013, OHA in-person outreach initiatives reached individuals and organizations as follows:

10/3/12 Quarterly Meeting 171 attendees representing the following:

- 43 Individuals representing all the Community Health Centers
- 17 Hospitals
- 14 Town Health and Human Services/Social Services
- 4 Individuals representing CTBHP, VO, CHN
- 48 Individuals representing 6 State Agencies
- 41 Individuals representing numerous advocacy organizations/coalitions/etc.

1/29/13 Quarterly Meeting 162 attendees representing the following:

- 33 Individuals representing all the Community Health Centers
- 23 Hospitals
- 16 Town Health and Human Services/Social Services
- 5 Individuals representing CTBHP, VO, CHN
- 34 Individuals representing 7 State Agencies
- 50 Individuals representing numerous advocacy organizations/coalitions/etc.

5/1/13 Quarterly Meeting 144 attendees representing the following:

- 25 Individuals representing all the Community Health Centers
- 21 Hospitals
- 13 Town Health and Human Services/Social Services
- 7 Individuals representing CTBHP, VO, CHN
- 48 individuals representing 6 State Agencies
- 48 Individuals representing numerous advocacy organizations/coalitions/etc.

5. OHA brochures in twenty one most spoken languages in the state, including: English, Spanish, French, Italian, Haitian Creole, Albanian, Russian, Chinese, Vietnamese, Cambodian, Urdu, Portuguese, Korean, Japanese, Bengali, Hindi, Arabic, Lao, Greek, Serbian and Gujarati. OHA brochures are also available in Braille.

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6. Five webcast productions on healthcare reform available on our YouTube channel



7. A partnership with the American Academy of Pediatrics for a provider educational series with OHA providing training on how to conduct appeals, on health reform for providers as small businesses and on other topics. The provider curriculum is attended by hundreds of providers, including some from Alaska, California, Washington and Maryland. The Center of Consumer Information and Insurance Oversight (CCIIO) within CMS has featured our provider series in its newsletter for other CAPs across the U.S. Two programs have been presented this year—information is available at <http://ct-aap.org/2013>:
 - Your Employees and The Affordable Care Act
 - Health Reform and the Affordable Care Act: What the New Laws Mean for Children & Pediatricians
8. 184 outreach activities to the residents of Connecticut on their healthcare rights under state and federal laws, including the Affordable Care Act. These events directly impacted 25,658 people and potentially impacted 1,653,921 people in Connecticut.
9. Co –Sponsorship with the Central Area Health Education Center (Central AHEC) and Health Justice CT on the Youth Health Ambassadors Summer Program for Hartford Youth

As stated above, OHA’s provider education series, brochures, webcasts, television spots and programming have been featured by CCIIO in multiple publications.

NAVIGATOR AND IN-PERSON ASSISTER PROGRAM – COMMUNITY ASSISTERS

OHA is developing and implementing the Navigator and In-Person Assister Program (NIPA) or Community Assister Program on behalf Access Health CT, Connecticut’s Health Insurance Exchange. The NIPA program is a federally funded, grant funded program required by the ACA in order to reach residents where they live, work and play to educate them on a one-to-one and impartial basis about insurance options and to facilitate enrollment of individuals into coverage that begins on January 1, 2014. The NIPA is an intense grassroots outreach campaign that will assist people in enrolling into Medicaid or an Exchange plan. OHA’s deep roots into

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communities of Connecticut through its existing partnerships made the collaboration on the NIPA program a natural fit.

OHA has four employees dedicated to the NIPA. The program involves 6 large community based Navigator organizations, 300 in-person assisters around the state and hundreds of other organizations that will be trained and certified to facilitate enrollment into healthcare coverage. As of this writing, the NIPA program secured a grant of \$125,000 from the Connecticut Health Foundation to support the Navigators. An additional \$2.1 million in federal grant funding through an application developed by OHA and Access Health CT supports the community assisters.

OHA has assisted Access Health CT in reaching out to the non-profit community through development of a Healthy Non-Profit Chat series in partnership with Access Health CT and the Governor's Non-Profit Liaison.

ACCESS HEALTH CT BOARD of DIRECTORS AND CONSUMER ASSISTANCE COLLABORATION

The Healthcare Advocate now sits as the Vice-Chair of the CT Health Insurance Exchange Board, the co-chair of its Consumer Experience and Outreach Committee and Human Resources Committee, and as a member of the Audit, Strategy and Finance committees of Access Health CT.

OHA signed a Memorandum of Agreement with Access Health CT to ensure that individuals who require assistance with eligibility denials for coverage, calculation of advance premium tax credits or consumer assistance with grievance and appeals are referred to OHA for consumer assistance. Under the ACA and state statute, Access Health CT and Navigators are required to refer individuals needing assistance to OHA as the designated consumer assistance program under the ACA. OHA expects to receive thousands of referrals. .

STATE INNOVATION MODEL INITIATIVE

In March 2013, the State of Connecticut received a \$2.8 million State Innovation Model (SIM) Design Grant from the federal Centers for Medicare and Medicaid Services (CMS) and its Center for Medicare and Medicaid Innovation (CMMI). CMMI was created under the ACA. The SIM is an initiative to transform healthcare delivery and payment to ensure appropriate access to care, improved quality of care, population health and containment of healthcare costs. The Healthcare Advocate assumed the role of project director for this grant in April 2013. She is assisted by two associate project directors from DSS and DMHAS. The SIM initiative is a collaboration among providers, payers, state agencies, consumers, employers and other stakeholders. Information about the grant and SIM is available at www.healthreform.ct.gov.

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OTHER OHA ACTIVITIES

MENTAL HEALTH AND SUBSTANCE USE ADVOCACY

OHA is charged with establishing “a process to provide ongoing communication among mental health care providers, patients, state-wide and regional business organizations, managed care companies and other health insurers to assure: (1) Best practices in mental health treatment and recovery; (2) compliance with the provisions of sections 38a-476a, 38a-476b, 38a-488a and 38a-489; and (3) the relative costs and benefits of providing effective mental health care coverage to employees and their families.” Conn.Gen.Stat. § 38a-1041(e).

As part of meeting its mission to analyze and monitor the development and implementation of federal, state and local laws, regulations and policies relating to healthcare coverage and recommend changes it deems necessary and facilitate public comment on laws, regulations and policies, including policies and actions of health insurers, OHA held a public hearing on October 17, 2012 to hear from consumers, providers, state agencies and others about barriers to access.

The goal was to reset the current status of the delivery of mental health and substance use preventive and treatment services and to focus the state’s efforts on producing optimal outcomes for residents, while ensuring maximization and streamlining of existing resources and full exploitation of insurance coverage.

OHA issued a report with its findings and recommendations on mental health and substance use services in Connecticut. OHA will work with all its partners, including the consumers of Connecticut, to push for long-term, sustainable change. Our report is available at http://www.ct.gov/oha/lib/oha/documents/publications/report_of_findings_and_recs_on_oha_hearing_1-2-13.pdf

OHA also participated in the Program Review and Investigation Committee’s study on access to care for youth and adolescents with substance use disorders. As a result of that study and OHA’s report, OHA testified in support of legislation that substantially revised the manner in which insurers reviewed requests for mental health or substance use treatment.

OHA was asked to present testimony as part of an expert panel before the legislature’s Bipartisan Task Force on Gun Violence Prevention and Children’s Safety. OHA also testified before the Governor’s Sandy Hook Commission on barriers to access to mental health and substance use services for individuals in Connecticut.

Subsequently, OHA played a key role in negotiating the insurance reform provisions of Public Act 13-3 with the support and collaboration of representatives of insurance carriers in

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Connecticut. As a result, significant changes now require insurers to:

- Treat most mental health and substance use (MH/SU) treatment requests as urgent;
- Make decisions on these MH/SU urgent requests within 24 hours, instead of 72 hours;
- Use clinical peers for MH/SU cases that meet a more rigorous standard than previously required;
- Provide more detail in all notices of adverse determination;
- Use MH/SU criteria that is clinically recognized and specified in P.A. 13-3 or develop a document that matches the carrier's criteria, component by component, to the clinically recognized guidelines with citations to peer reviewed literature and
 - Make that document available in a conspicuous location on the carrier's website and
 - Provide a link to the document in the denial notice;
- Provide a link to the carrier's criteria in a denial notice in any type of case if an adverse determination is based on the carrier's criteria;
- Provide coverage during concurrent reviews, regardless of whether the case is urgent, during pendency of a grievance;
- Allow for a peer conference after an initial denial of coverage (prior to the filing of a grievance) to allow for discussion between a provider and a clinical peer at the insurer to potentially avoid unnecessary grievances and appeals.

The Connecticut Psychiatric Society awarded the Healthcare Advocate its Distinguished Citizen of the Year Award for 2013. This award is given to a non-psychiatrist for advocacy for people with mental illness. The award was presented for longstanding legislative commitment to community services for those with mental illness and for actions to protect the privacy of those individuals.

OHA continues to work with its community partners, national advocacy groups, state agencies, DHHS, DOL and our delegation to push for the fulfillment of the promise of the Mental Health Parity and Addiction Equity Act of 2008.

PRESS FEATURES & SOCIAL MEDIA

OHA was featured or cited by multiple publications/media over the last fiscal year, including but not limited to:

Print: *New York Times, Wall Street Journal, Boston Globe, Forbes, Consumer Reports, Kaiser Health News, Stateline, CCIIO CAP Newsletter, Reuters, Hartford Courant, CT News Junkie, CTMirror, New Haven Register, Journal Inquirer, New London Day, Norwich Bulletin and others.*

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Radio: CBSRadio (WTIC-AM)—several venues, WNPR’s Where We Live and the Colin McEnroe Show

Television: WTNH, WVIT, One World, Valley Views and others

Links to key stories/features include:

<http://www.pewstates.org/projects/stateline/headlines/connecticut-health-agency-fights-desperation-among-the-insured-85899437270>

<http://www.yourpublicmedia.org/content/wnpr/health-care-supreme-court-and-you>

<http://www.ctmirror.org/story/2013/01/02/report-mental-health-care-system-fragmented-inadequate>

http://www.ctnewsjunkie.com/ctnj.php/archives/entry/report_calls_for_action_on_fractured_mental_health_system/

<http://www.yourpublicmedia.org/content/wnpr/high-cost-health-care>

<http://www.yourpublicmedia.org/content/wnpr/medical-advertising-educational-or-promotional>

<http://www.yourpublicmedia.org/content/wnpr/state-mental-health-care-connecticut>

http://www.ctnewsjunkie.com/ctnj.php/archives/entry/hold_up_your_hand/

<http://www.wtnh.com/dpp/news/health/mental-health-addressed-in-new-gun-law>

<http://www.wtnh.com/dpp/news/health/enrolling-in-affordable-health-insurance>

<http://www.forbes.com/sites/nextavenue/2013/01/15/6-ways-to-negotiate-lower-doctor-bills/>

<http://www.consumerreports.org/cro/magazine/2012/07/that-ct-scan-costs-how-much/index.htm>

OHA continues to use social media to get the word out about its services and consumer healthcare rights under public and private healthcare coverage options. OHA routinely posts new content on its Facebook page and its Twitter feed, including links to healthcare related stories about other state agencies and community efforts and items published by federal oversight agencies.

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COLLABORATIONS

Grant from CTHealth for CTBHP Study

OHA also secured an \$85,000 grant from the Connecticut Health Foundation that will be used to evaluate the Pay for Performance strategies under the Connecticut Behavioral Health Partnership. OHA is committed to ensuring an appropriately designed mental health and substance use treatment and prevention policy for the state that ensures the proactive reduction and elimination of racial and ethnic disparities in access to and delivery of services. With funding from CTHealth, OHA is working with the Office of the Child Advocate, the CT Behavioral Health Partnership, DSS and DCF on assuring access to data and an objective study of the pay for performance strategies in achieving positive outcomes for all children. Exploration of the success of these strategies for non-white children and adolescents is part of the study. A Request for Proposals is in development.

DCF Voluntary Services Program Collaboration

In FY 2013, OHA and DCF entered a partnership that added one FTE Licensed Clinical Social Worker case manager. DCF's voluntary services program provides vital services for children with mental health and/or substance use treatment needs. However, nearly 20% of the voluntary services population has a source of private health coverage that, until this project, was not exhausted prior to DCF providing voluntary services. The failure to exhaust private coverage results in the state paying for services for which it may not be responsible. The project allows OHA to educate consumers on their responsibilities for seeking private coverage by assisting them with obtaining private coverage initially and through the appeals process. Further, the project assists DCF workers in understanding the proper use of healthcare coverage, prior to committing state expenditures. As a result, the project will result in the state committing resources only to those who have not exhausted other forms of coverage. The OHA staff position is funded through a reallocation of one staff position from DCF to OHA.

OHA staff also conducts outreach to DCF regional offices and DCF licensed facilities on the project to ensure that all staff is aware of OHA's services. DCF leadership and OHA leadership meet periodically to refine the project to ensure continuous quality improvement of the project.

Thus far, one FTE position has ensured appropriate access to care for many young individuals with complex behavioral health issues and has saved the state \$2,403,644.48 in its first fiscal year.

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DSS Medicaid Recoveries Collaboration

OHA and DSS are collaborating on a project that added four staff members to OHA: three case managers and a program manager. Overturning the private carriers' denials could result in significant savings to the state. The project has two components of added value: 1) state residents will learn about their rights under private plans, including the appeal process, and 2) providers will be educated on how to appropriately appeal a medical necessity denial. The four staff members for this project are funded through the Insurance Fund.

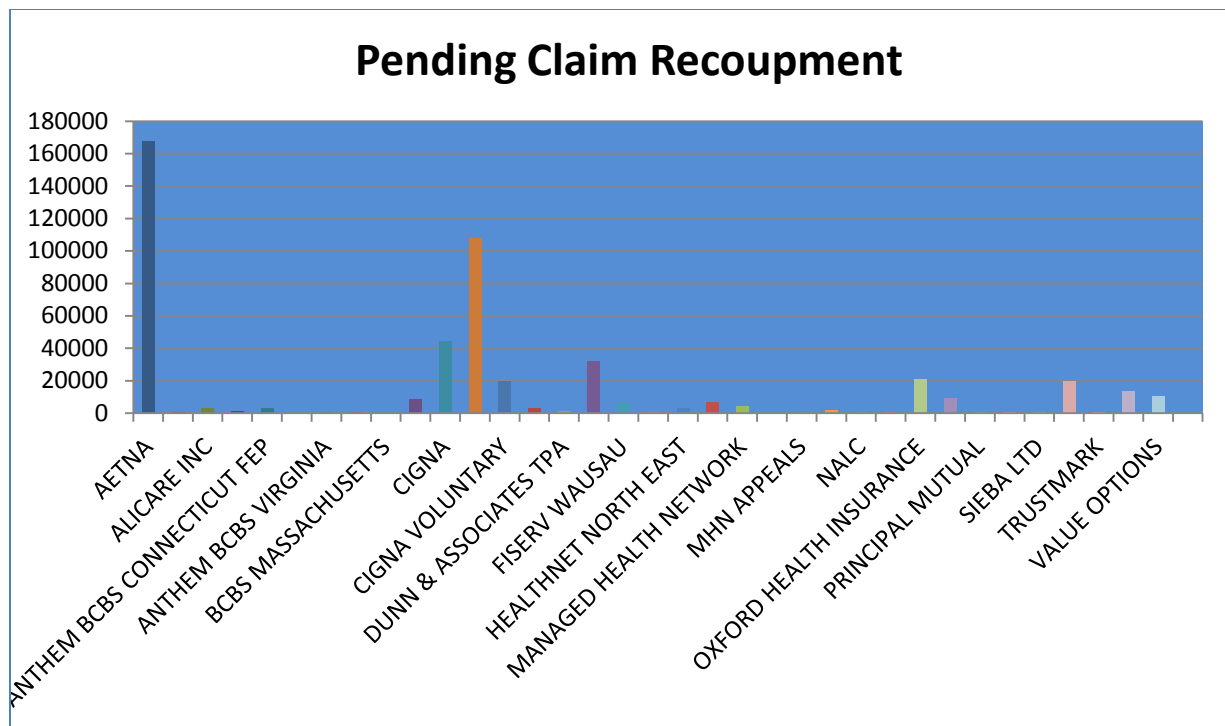
The OHA team manually reviewed the one hundred highest claims by cost of the claims shared thus far with OHA. The review required contacting providers to research claims via the payers/carriers that originally adjudicated the claims. Through the pursuit of claims data via providers, OHA was able to identify other medical claims being processed by providers without complete commercial carrier eligibility data on file. Failure to have complete data on file may result in the state paying additional claims that may have been denied by carriers because of incomplete information.

The OHA team completed several training seminars in May and June of this year on the DSS Medicaid Management Information System (MMIS). OHA now has the tools to verify eligibility, claim details, claim payments, and claim denials by the DSS internal coding system. OHA can expedite the recoupment process once we receive the carriers' reports on requests that OHA submits to the carriers on denied claims. OHA is in the process of gaining direct on line portal eligibility access through several large commercial carriers including Aetna, United/Healthcare, CIGNA and its affiliates whose claims make up \$4,000,000.00 in potential claim recoupment.

OHA, DSS, and HMS, DSS' vendor, have bi-weekly conference calls to discuss concerns, progress and expected outcomes of the Medicaid recoupment project. The teams also engaged in strategic planning to ensure all claim recoupment scenario types are captured and all parties have the ability to track data in both the HMS system as well as the MMIS system. Changes have been made to the Medicaid data collection process as a result of the collaboration.

As a result of the project, DSS has made several modifications to the eligibility files that are currently being forwarded on a monthly basis. The additional information allows for a much faster and accurate way to identify provider and claim type. OHA has received eight data feeds since October 2012. The average number of claims per feed is 1350; the overall dollar amount per feed is \$1,500,901.85. The graph demonstrates 20% of 3221 verified recoupable claims to date.

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OHA CASE WORK

OHA's core case work details are shared below. With a burgeoning case volume as the result of OHA's intensive outreach work and our word of mouth referrals, OHA has cemented our reputation as the go-to consumer assistance program for people who need real time expert advocacy and direct assistance with grievances and appeals. OHA's independence allows for vigorous advocacy through all levels of appeal.

OHA saved \$8.4 million for consumers and fielded nearly 10,000 calls in FY 2013.

The numbers below tell a story of an increasing number of people coming to OHA as a trusted source of information about consumers' healthcare rights and protections under state and federal laws. Mental health and substance use cases continue to dominate OHA's clinical cases. This is the continuation of a six year trend. OHA's expertise in these cases has resulted in increasing referrals for advocacy to overturn denials of coverage. The significant number of MH/SU cases has led directly to OHA's systemic and ongoing advocacy in this area.

An increasing number of people have sought information and understanding of their rights under their health plans given the rollout of the ACA.

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In the most recent quarter of April-June 2013, OHA experienced the single highest number of opened cases in any quarter of our office's existence, 1792 cases. The following pages contain summaries of our data.

This trend will continue with the full rollout of Access Health CT and the Medicaid expansion. Given OHA's management of the NIPA program, OHA will be the first stop for consumers who need consumer assistance beyond the capabilities of the navigators and assisters.

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Office of the
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STATE OF CONNECTICUT

	3rd Q 2012	4th Q 2012	1st Q 2013	2nd Q 2013	Total SFY 2013
Cases Received	812	790	1577	1792	4971
Cases Closed	680	831	1091	1399	4001
Complaints by Carrier (highest frequency)					
Wellpoint	226	231	534	602	1593
Aetna	84	117	145	178	524
ConnectiCare	61	67	43	59	230
United Health Care/Oxford	150	192	119	233	694
CIGNA	71	78	60	88	297
Medicaid	75	120	114	142	451
Medicare	13	26	76	97	212
Referral Source (highest frequency)					
CID	70	92	78	85	325
Provider	77	71	135	168	451
Personal Referral	72	76	51	73	272
Outreach	21	35	141	176	373
Website	42	36	127	151	356
Previous Case	137	181	182	204	704
Legislator	89	102	141	206	538
Hospital	29	83	45	74	231
Denial letter from Insurer	143	154	191	262	750

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Complaints by Issue (highest frequency)

Denied Service/Treatment	54	64	121	167	406
Education/Counseling	138	157	380	440	1115
Billing Problem	86	99	83	93	361
Enrollment/Eligibility	68	86	89	75	318
Benefit Design	65	78	78	81	302
Service Not Covered	41	63	23	39	166
Denial of Claim	162	178	220	312	872
Other (Client)	25	37	58	77	197
Delay of Care (Client)	26	39	16	48	129
Incorrect Claim Adjudication (Client)	15	30	23	67	135

Categories (highest frequency)

Mental Health	162	177	193	234	766
Information/Education/Coaching	50	90	185	218	543
Medical	97	95	106	144	442
Pediatrics	37	42	66	78	223
Geriatric	23	38	46	49	156
Pharmacy	67	69	108	122	366
Surgery	45	46	82	132	305
Orthopedic	35	39	76	87	237
Oncology	41	53	68	92	254
Dental	82	89	91	120	382
Physical Therapy	23	71	40	69	203
OB/GYN	18	22	30	54	181

Savings (\$)

2,033,459.00	1,427,821.00	2,538,860.21	2,482,346.84	8,482,487.00
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SURVEY DATA

OHA collects feedback surveys from healthcare consumers the office assists. Below is a sample of the information from OHA feedback surveys. OHA's services rank consistently high by clients of the office. (We have substituted brackets-[]- for case manager and health plan identifiers.)

OHA was able to solve my problem quickly - thank you. Very helpful!
I am a physician, & my complaint involved a patient's insurer's refusal to pay a major surgical (obstetrical) claim.
I believe the outcome was just & fair and that David defeated Goliath, fair and square.
And I recommend you to others, as well as tell how hard some state workers work!
Please keep up the great work! Words cannot express our appreciation of such a compassionate worker/helper! Honestly, I don't know what we would have done
[] specifically went that extra mile to successfully represent my case! She's a great asset!
Your help has been instrumental in getting my husband the help he needs - saving our marriage and his life. Thank you!
[] could not have been more helpful. She was knowledgeable, efficient & got the job done!
Thank you so much for your time, energy & help.
Absent your office, it would have been me and my wife vs. the largest insurer in CT and the largest children's hospital in CT
[] took care of our case and did an excellent job. Greatly appreciate her service.
Outstanding service! Thank you for all your help!
Thank you for your help and for working with my mother to help resolve my issue.
Thank you so much for all your help. []tried to say that a 911 call (ambulance & ER visit) were outpatient charges! After you guys got involved they called & apologized & said it was a "snafu."
Very pleased with your help.
Everyone was extremely helpful and knew the answers to all my questions .
As a retired teacher in a group plan, not of choosing (sic), I felt caught in a trap between my insurance company and my doctor, who I have dropped, at least, I had the choice to do this! (sic) Thank you for your help! I greatly appreciate it!
I am grateful for the quick response you provided.
Thank you for your help & promptness to my request for assistance
This was for my daughter who is on Title 19 and now Medicare. Thank you for all your assistance.
I am very pleased and grateful for the assistance I was given. Your staff is superb.
The CT OHA was a godsend. Thank you so much!
Well, well beyond my expectations.
Without the help and determination of [], I never would have received a refund from my ins. carrier.
[] has been our contact and was helpful, professional and knowledgeable. She is an asset to your Agency!

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Was pleased to work with my point of contact.
You do an outstanding job and provide a wonderful service. My thanks.
I just want to thank you very much for your time and knowledge.
Exceptional follow up!! [] is awesome!!
I rely upon you for ins. issues for my son. You are invaluable.
[] was great.
Everyone was very helpful and extremely accommodating. We appreciate all that you do for people.
They are the best group of employees you have. We can't live w/o them - Happy New Year.
Thank you!
Best service and such devoted, knowledgeable and responsible person I had working for me.
Thank you so much! You have been a godsend to me.
Thank you very much. You made it possible for my 13 yr old daughter to get an MRI.
[] was extremely helpful and sympathetic with my situation. Thank you very very much!
[] was excellent. She was persistent and helpful - fully vested in the process.
Thanks to your intervention, it would have been a huge financial burden on my family for the necessary care my child required. Thank you!
Overall we were very impressed with how fast your response was and how diligent you seem to be working for us.
I called for information and [] called me after working hours and helped me with my questions. She was very helpful and kind and understanding to my needs and problems.
Everyone at OHA was wonderful. I had made calls daily for a month – [] took care of it in a day!
The continued work of your office is critically important.
Excellent prompt service, great experience dealing with []
Excellent service - very valuable!
Thank you for all your help a second time. We thought this was all taken care of until I received a collection letter.
Valerie was excellent!
Thank (sic) to all of you God bless you all.
We are a provider. Thank you for all your help!
[] was AMAZING!! She was on top of everything & was extremely helpful!!
[] was professional, empathetic and a pleasure to work with. I am thankful for her dedication.
Very pleased with the services you offer!!
My advocate wrote a terrific letter of support which I believe convinced the arbiter to find in my favor. Please do all you can to improve insurance & other coverage for mental health issues.
Great overall service from OHA-CT from start to finish.
[] was excellent, prompt, knowledgeable and courteous. An employee to keep.

phone 860.297.3980 toll free 1.866.466.4446 fax 860.297.3992
po box 1543 hartford, ct 06144

<p>[] was extremely helpful in getting UHC to agree to pay for my son's medication. I feel very strongly if [] didn't advocate for us we wouldn't have had the success we had. Thank you.</p>
<p>I wanted you to know how grateful I am that the state of CT has an Office of the Healthcare Advocate to go to, especially [] who worked so hard for me with my problem with []. I feel so privileged to have had her help me.</p>
<p>OHA is the best state agency I have ever worked with. Wonderful responsiveness and follow-up. [] is fantastic to work with.</p>
<p>My healthcare advocate helps me so much. My illness is severe & [] is an angel & helps me so much!!! I can't say enough about my advocate. Losing my health, job & independence has been very difficult.</p>
<p>Thank you to [] for her excellent help & followup.</p>
<p>[] was very knowledgeable and helpful (not to mention very nice). She gave me some very good suggestions for the doctor's office. I appreciated her help.</p>
<p>I could not have fought [] without []' help. She's the reason I prevailed on a hard fought battle.</p>
<p>[] was patient; care for my case was excellent; she followed through until the case was resolved.</p>
<p>Thank your agency for all the good help they gave me.</p>
<p>[] was a great asset with this claim. Her assistance and persistence was exemplary.</p>
<p>[] was excellent!</p>
<p>Thank you!</p>
<p>I was impressed with the follow through and persistence (sic) of your office in helping to get [] to pay our claim that was covered!</p>
<p>I am very grateful for your services.</p>
<p>I so appreciated fast & professional response to my issue & that I had follow-up call was fabulous!</p>
<p>I honestly did not know what I would have done w/o your wonderful help.</p>
<p>[] was invaluable in resolving our issue! She was very professional and supportive too.</p>
<p>[] was extremely helpful thank you so very much!!</p>
<p>OHA is great! Many thanks.</p>
<p>[] exceeded all expectations in her assistance to this matter.</p>
<p>This would not have been resolved without your office interceding!</p>
<p>Grateful for your compassion at a difficult health juncture in my life. The agency's assistance helped rid the stress that can be debilitating in a crisis.</p>
<p>[] was amazing to work with!</p>
<p>I'm glad you are there, if needed I'll call again.</p>
<p>My advocate was excellent.</p>
<p>[] provided me with guidance, support and information throughout this process. If it wasn't for []</p>
<p>Faster than lightning! Wonderful! A+++++++ excellent is an understatement. Cannot even tell you how much [] assisted me!</p>
<p>Everyone was kind, very professional, and really wanted to help me. I am grateful that this office exists.</p>
<p>Grateful for the assistance provided.</p>
<p>Very professional & courteous.</p>

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I appreciated the expertise, perseverance & dedication of this office and especially [].
[] was amazing - her explanations & follow-ups were consistent & she resolved my problem efficiently.
[] did an exceptional job in handling my case, and should be put up for review in regards to a pay raise!
Am convinced that [] would not be getting the help he needs had it not been for [] They bent over backwards to help him. We're just grateful!
[] was very positive, supportive, helpful and encouraging ([] too). Thank you very much!
I think your service is great. Someone on our side if denied.
Your office serves a valuable need for the community. I praise you for your fine services.
Your representative [] was extremely helpful.
[] was awesome. Knows what he's doing, very kind. Great support!

COUNCILS/TASK FORCES/BOARDS

In addition the high volume of work that OHA staff has undertaken in directly assisting consumers, the Healthcare Advocate hold seats on the Behavioral Health Taskforce formed under P.A. 13-3, the Medical Assistance Program Oversight Council, the Behavioral Health Partnership Oversight Council (including the co-chair role of the coordination of care committee), the Family Support Council, the PCA Council, the Healthcare Cabinet, the Health Information and Technology Exchange and the UConn School of Business Healthcare Management Advisory Board

LEGISLATIVE ACTIVITIES

OHA continued to provide assistance to legislators and technical support to consumer assistance programs throughout the United States. We continue to consult with DHHS, USDOL and our congressional delegation on enforcement of the Mental Health Parity and Equity Addiction Act.

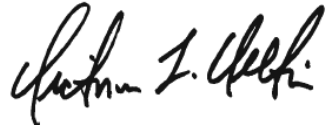
During the most recent legislative session, OHA testified on multiple bills before the following legislative committees: Insurance and Real Estate, Appropriations Committee, Judiciary, Human Services, Public Health. Our testimony was focused on ensuring that consumers have access to healthcare coverage and services and ensuring the protection of their rights under the healthcare plans. We developed a legislative briefing tool to assist staff, consumers and other stakeholders about our legislative activities. The briefings will soon be available on our re-launched website, but are available as attachments to this report.

Throughout Fiscal Year 2013, OHA has been a resource for Connecticut's congressional delegation for assistance with constituent healthcare issues, technical support on healthcare rights and the impact of the Affordable Care Act in Connecticut. Because of our continued success in advocacy, OHA continues to receive referrals from the congressional delegation, state legislators and state officials. In each quarter of the last fiscal year, referrals to OHA from legislators and the CT delegation have increased.

OHA's dedicated staff remains committed to providing only the highest quality direct services and support to the residents of Connecticut in Fiscal Year 2013. OHA is consistently one of the best bargains in state government, stretching our budget through collaboration, lean operations and highly successful outcomes for those who reach out to us for help.

Please contact me directly with any questions about this report or OHA in general.

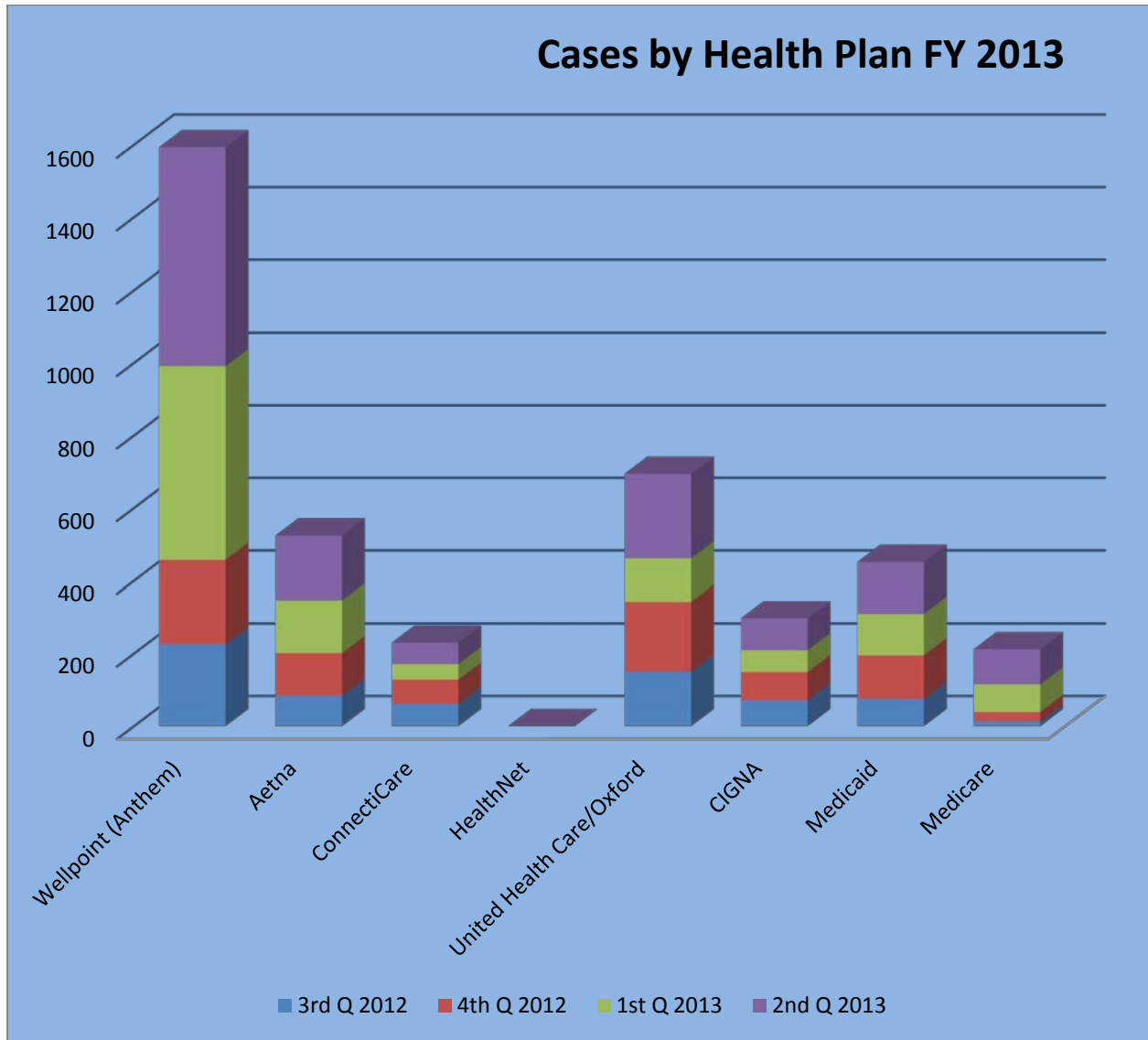
Very truly yours,



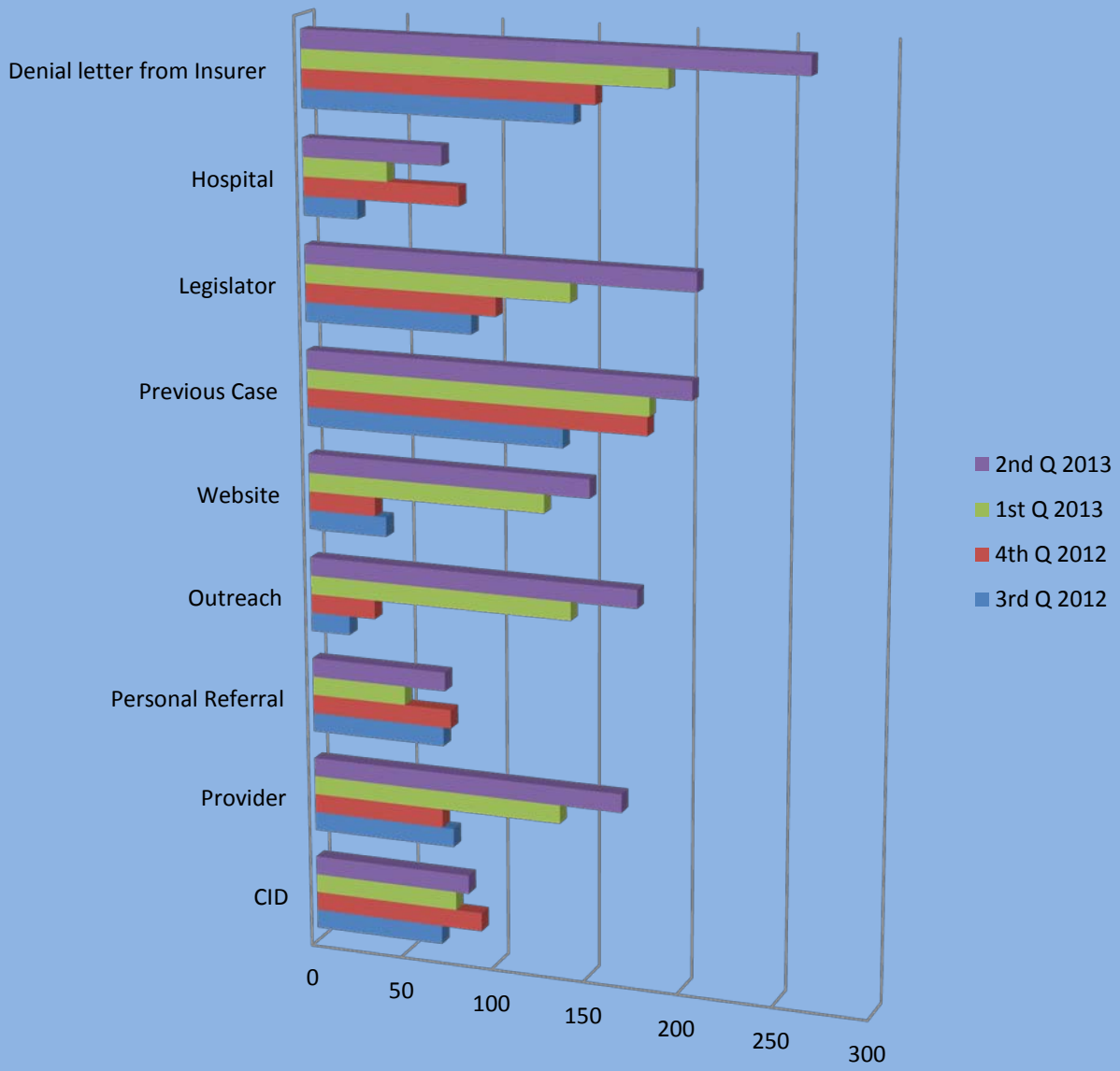
Victoria L. Veltri
State Healthcare Advocate
Victoria.veltri@ct.gov
(860) 331-2441

C: Lieutenant Governor Nancy Wyman
Garey E. Coleman, Clerk of the Senate
Martin Dunleavy, Clerk of the House
Timothy Kehoe, Permanent Assistant Clerk of Senate
Ann Clark, Permanent Assistant Clerk of the House
Cindy Rusczyk, Department of Administrative Services

Appendix
 Illustrations of Data Presented in OHA's Fiscal Year 2013 Activities

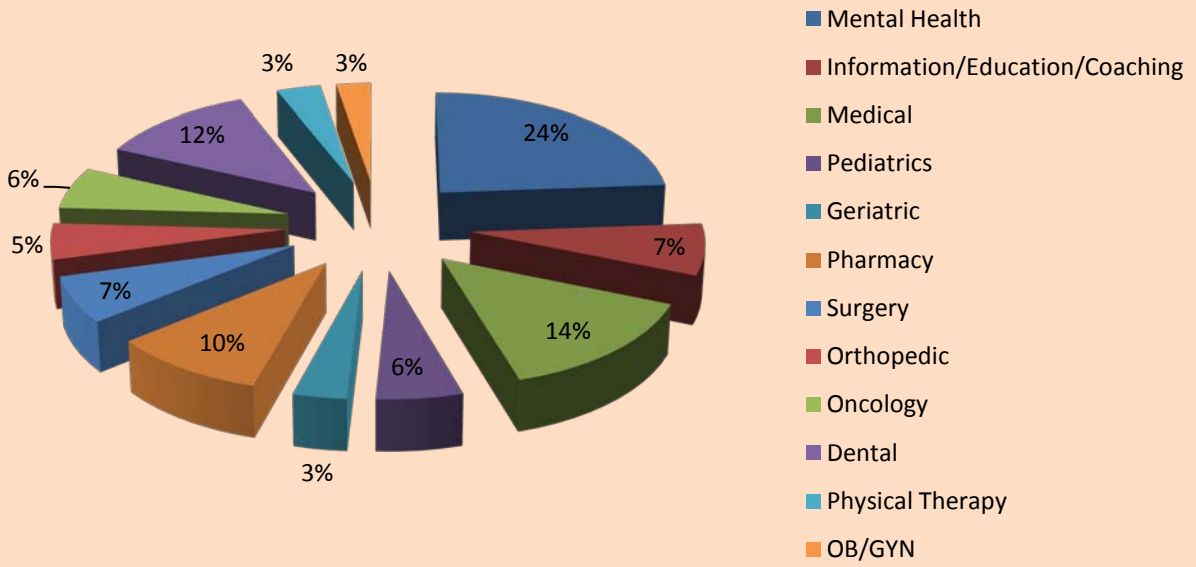


Referral Sources FY 2013



CID=Connecticut Insurance Department

Case Types FY 2013





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H.B. No. 6517; AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE

What is this bill about?

H.B. 6517 will implement the recommendations of the Legislative Program Review and Investigations Committee concerning the Insurance Department. By identifying trends indicating non-compliance of insurers with applicable law, it may be identified and addressed early and appropriate remedies imposed. Also it will improve CID's ability to carry out its mission in a more equitable, inclusive and comprehensive manner. In addition, the recommendation that CID explore with HHS opportunities to decrease the complexity for consumers filing external appeals represents a simple, common sense measure.

What are the implications of this bill for healthcare consumer advocacy?

When consumers access the CID website, they can easily and efficiently receive practical notice of all resources available to them including information to OHA.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will enable CID to carry out its mission more effectively while identifying non-complying insurers and decrease consumer work.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and consumer maximization of value for their health insurance premiums.



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H.B. No. 6557; AN ACT IMPLEMENTING THE RECOMMENDATIONS OF THE LEGISLATIVE PROGRAM REVIEW AND INVESTIGATIONS COMMITTEE CONCERNING THE HEALTH CARRIER UTILIZATION REVIEW AND GRIEVANCE PROCESS.

What is this bill about?

H.B. 6557 will implement the recommendations of the Legislative Program Review and Investigations Committee concerning the health carrier utilization review and grievance process. Requests for treatment for substance use and associated co-morbidities will at last be assessed with standard and clinically appropriate criteria by an experienced and clinically appropriate provider resulting in consumer's requests receiving the level of scrutiny and consideration that they are due.

We recognize the bill is limited in that it doesn't eliminate the burden of mental illness, but the recommendation that prospective or concurrent utilization review requests involving treatment for a substance use or co-occurring disorder be treated as urgent care requests acknowledges the clinical reality that, in these cases, delays in the onset of treatment may be the difference between recovery or relapse.

What are the implications of this bill for healthcare consumer advocacy?

By enhancing the notice to consumers about assistance available to them, as well as the opportunities for appealing the adverse determination and their chance of success, the utilization review process will empower consumers.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will increase the urgency of mental health services.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and consumer maximization of value for their health insurance premiums.



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H.B. No. 5918; *An Act Concerning Private Duty Nursing For Severely Disabled Children*

What is this bill about?

H.B. 5918 will allow the Commissioner of Social Services to take whatever steps are necessary to provide private duty nursing as a covered service for severely disabled children in the HUSKY, Part B program.

By including private duty nursing for these most fragile citizens as a benefit of Husky B, these children can receive the benefit of timely and appropriate care and intervention. Although this need is not widespread, for those few children with severe disabilities, the need for intensive and skilled care in the home is paramount to maximize optimum outcomes. Many of these children arrive home requiring a ventilator, suctioning equipment, a pump for feeding, a monitor for their oxygen level, etc. But most importantly, they need skilled nurses to monitor and care for them. Although parents may be trained to provide some of this care for their sick children, they are not trained clinicians. It is unrealistic to expect them to provide this level of care on a continuous basis.

What are the implications of this bill for healthcare consumer advocacy?

Skilled nurses supplement these children's support system, ensuring that critical signs are not missed and that care is delivered in a timely and appropriate manner.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation represents an important acknowledgement of the needs that children with severe disabilities and their families are faced with on a daily basis.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and consumer maximization of value of the HUSKY, Part B program.



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H.B. No. 5978; AN ACT PROHIBITING PATIENT INTERVIEWS IN COMMON AREAS OF HEALTH CARE FACILITIES.

What is this bill about?

H.B. 5978 will protect the privacy of patients in hospitals and other health care facilities. As more consumers are projected to enter the healthcare marketplace through the Health Insurance Exchange, it is critical that healthcare providers remain cognizant of the need to protect patient privacy. H.B. 5978 promotes and reinforces staff training in order to keep patient's privacy.

We recognize the bill is limited in that it does not include other forms of violating patient's privacy, although does address this issue and creates priority of patient privacy.

What are the implications of this bill for healthcare consumer advocacy?

Patient's privacy will be kept honored in hospitals and other health care settings, thus empowering consumers and encouraging the development of trust in the healthcare setting.

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will protect patient privacy.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and consumer maximization of value for their health insurance premiums.

Please refer all media, agency, and legislator inquiries to Vicki Veltri



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H.B. No. 5567; An Act Concerning Children's Mental Health

What is this bill about?

H.B. 5567 will develop and implement a comprehensive children's mental health plan allowing for the incorporation of social and emotional development standards in the elementary and high school educational guidelines and requiring the appropriate state agencies to provide short-term and long-term recommendations regarding mental health prevention, early intervention and treatment services for children eighteen years old or younger.

What are the implications of this bill for healthcare consumer advocacy?

OHA has convening authority under our statute to bring all stakeholders together on mental health issues, and the authority to facilitate public comment on state and federal laws and monitor implementation of those laws. OHA will exercise authority within the next couple months, in partnership with the Office of the Child Advocate.

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will establish a comprehensive children's mental health plan to identify and manage mental health issues in children eighteen years old or less.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and innovation to maximization healthcare system value.

Please refer all media, agency, and legislator inquiries to Vicki Veltri



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H.B. No.5727; An Act Concerning The Time For Treatment When A Child Is Admitted To Hospital For Diagnosis Or Treatment Of A Mental Disorder

What is this bill about?

H.B. 5272 will require a hospital to notify a parent or guardian of a child's admission to the hospital without the parent's consent for diagnosis or treatment of a mental disorder not later than twenty-four hours after the child's admission.

We recognize the bill is limited and is important to be cognizant of the additional privacy protections available to children 16 years and older, whereby they must specifically authorize the release of any protected health information, which an admission would be considered.

However, involving parents in the treatment at an early stage may offer additional important information that can aid in developing a comprehensive treatment plan, which may enhance these children's outcomes.

What are the implications of this bill for healthcare consumer advocacy?

By reducing the required timeframe for parental notification from five days to one, these children can receive the emotional support of their families, as appropriate, in a more timely manner.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation represents an **important step in ensuring that children are treated appropriately and receive necessary support from their families with respect to mental health services.**
- 3** OHA supports this legislation based on the principles that it promotes for health and safety of Connecticut's Children.



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H.B. 5740; An Act Concerning Uniform Standards and the Provision of Mental Health Services at School-based Health Centers

What is this bill about?

H.B. 5740 will provide a uniform design and make-up for school-based health centers that include mental health services and require the development of a mechanism for the school nurse and the school-based health center to work collaboratively. These health center's primary focus in prevention, early intervention and risk reduction, are uniquely situated to play a pivotal role in this area. The creation of uniform standards for screening and management of behavioral health issues, as well as the logical integration of school nurses with them, will create a system of consistent and efficient care as students progress through the school system. Student utilization of School Based Health Centers is now routine in our schools, and for many students, represents their primary source of healthcare, and should be included in the evolution of our behavioral health system in Connecticut.

We recognize the bill is limited in that children age 16 and older must consent to the disclosure of any clinical records related to sensitive information, mental health and substance use included.

What are the implications of this bill for healthcare consumer advocacy?

Our office receives numerous calls regarding mental health, and is at present a significant problem that needs to be addressed.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will redirect focus on prevention and early intervention of mental health services at a school setting..
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and reduction of mental health frequency and severity in the future.



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H.B. No. 5754; An Act Concerning Mental Health Services For Veterans And Members Of The Armed Forces

What is this bill about?

H.B. No. 5754 will require the Department of Mental Health and Addiction Services, in conjunction with the Department of Veterans' Affairs, to increase state resources to better identify through screening programs the mental health needs of Connecticut's veterans and active members of the armed forces, and to provide increased assistance where needed.

We have been a nation at war for over a decade, the longest period on continuous military conflict in recent history, and as such, have demanded significant sacrifices of those who have chosen to serve. With deployments frequently spanning 6 – 18 months, soldiers return from active duty to try and pick up their lives where they left them. However, this is not always an easy feat. Soldiers must attempt to step back into their careers, their family life, and society, all while dealing with the physical and emotional scars of war.

What are the implications of this bill for healthcare consumer advocacy?

While not every serviceman will need the full range of services available to them, HB 5754 contemplates ensuring that each soldier has the opportunity to learn about and access whatever services they may need in order to reintegrate into civilian life, identifying any deficiencies in the identification and enrollment of eligible servicemen and creating system that allows them to learn about and access the entire universal of available resources

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation address a critically import concept that the citizens of Connecticut owe our nation's military men and women
- 3** OHA supports this legislation and its principals which are aimed at positioning Connecticut a national leader in assuring allocation of adequate resources for screening programs to meet the mental health needs of the state's veterans.



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H.B. No. 5977; An Act Requiring Prompt Disclosure Of Children's Medical Test Results To Patients

What is this bill about?

H.B. 5977 will require health care professionals to share blood and lab test results with parents as soon as the results are available and to require that a physician is present when the results are shared to assess the findings.

By requiring laboratories to share lab results with a child's parents as soon as they are available, and in the presence of the treating provider, patient and guardian involvement in the medical decision-making process can be significantly enhanced. ..

What are the implications of this bill for healthcare consumer advocacy?

Although we are cognizant of the need for protection of sensitive medical information, like lab results related to mental health treatment for children age 16 and older, HB 5977 increases consumer participation in their own healthcare and codifies the principle that patients have a right to their medical information..

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** HB 5977 represents an important measure in the promotion of consumer access to their medical information.
- 3** OHA supports this legislation based on the principles of patient's rights to prompt disclosure of their medical information and patient's right to participation in their own health care.



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H.B. No. 6381; An Act Concerning Health Insurance Claim Forms And Uniform Treatment Authorization Forms For Mental Health Services

What is this bill about?

H.B. 6381 will allow health care providers to use a national provider identifier in lieu of a federal tax identification number on an HCFA1500 payment claim form, and require the development of a uniform treatment authorization form for mental health services.

Currently there is no uniform method of obtaining patient consent for mental health treatment. Most providers use general and often office specific authorizations when obtaining consent to treat those with mental health needs. While individually this is unlikely to interfere with the patient's treatment, variation in the design, content and utilization of the consent form can significantly hamper a provider's effort to collaborate in the treatment of that patient. By promulgating a uniform authorization, the administrative burden that provider's encounter when confirming patient consent for treatment can be significantly reduced. This can reduce cost for providers, but more importantly, can minimize delays in treatment that may result from the reconciliation of often incomplete or conflicting forms. Of equal merit is the capacity to remain compliant with statutory and regulatory changes to consent models by permitting the Department of Public Health to update and disseminate this form as indicated and appropriate.

What are the implications of this bill for healthcare consumer advocacy?

H.B. 6381 will allow uniform consumer access to mental health services in the state.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** H.B. 6381 will serve the dual purpose of decreasing the administrative burden on health care providers and promoting uniform consumer access to mental health services.
- 3** OHA supports this legislation based on the principles of access to quality mental healthcare services through improvements to our healthcare system



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March 2013

H.B. No. 6517; An Act Implementing The Recommendations Of The Legislative Program Review And Investigations Committee Concerning The Insurance Department's Duties, Mental Health Parity Compliance Checks And The External Review Application Process

What is this bill about?

H.B. 6517 will implement the recommendations of the Legislative Program Review and Investigations Committee concerning the Insurance Department.

Currently, CID receives a significant amount of utilization review data from insurers, and by directing CID to more thoroughly assess statistically significant differences among carriers in this data, trends indicating non-compliance with applicable law may be identified and addressed early and appropriate remedies imposed.

The additional requirement that CID promulgate and disclose a uniform methodology for assessing insurer compliance with state and federal parity laws enhances its mission to oversee and regulate the industry in a fair and efficient manner. This increase in the transparency and inclusiveness of CID's regulatory oversight of health insurers, coupled with the requirement that consumers and stakeholders have an opportunity to comment on concerns about insurer practices, improves CID's ability to carry out its mission in a more equitable, inclusive and comprehensive manner.

The requirement that consumers provide a final internal adverse determination letter as well as a copy of their insurance identification card is unnecessarily duplicative. The basis for this requirement is to verify enrollment and to provide the independent reviewer with the specific rationale used in the final adverse determination. However, the insurer provides the entire file to the reviewer as a part of the process, including either the letter or insurance card would be adequate confirmation of enrollment.

What are the implications of this bill for healthcare consumer advocacy?

By identifying this access point for consumers and targeting a concise message, they can easily and efficiently receive practical notice of all resources available to them.

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** The recommendations H.B. No. 6517 that CID explore with HHS opportunities to decrease the complexity for consumers filing external appeals represents a simple, common sense measure. .
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and consumer maximization of value for their health insurance.



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H.B. No. 6608; An Act Concerning An Integrated System Of Care

What is this bill about?

H.B. 6608 will require that The Behavioral Health Partnership Oversight Council, the Departments of Social Services, Public Health, Mental Health and Addiction Services, Children and Families and Education, to develop recommendations for an integrated system of care addressing the social, emotional, psychological, psychiatric and behavioral health services needs of state residents.

This study will include a projection of the need for social, emotional, psychological, psychiatric and behavioral health services for children and adults; an inventory of existing services and inpatient psychiatric beds available compared to the projected need in the coming year; an analysis of barriers to care; and a comparison of services available in the private sector to those available to citizens receiving public assistance.

What are the implications of this bill for healthcare consumer advocacy?

Our office has long been aware of the gross disparity in treatment of mental and substance use disorders. OHA anticipates collaborating and contributing in whatever way necessary to assist with the ultimate work of the task force, consistent with our mission.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This bill will develop recommendations for an integrated system of care addressing social, emotional, psychological, psychiatric and behavioral health service needs.
- 3** OHA supports this legislation based on the principles of evidence-based improvements and innovation to maximize our healthcare system.



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H.B. No. 6612; AN ACT CONCERNING THE HEALTH INSURANCE GRIEVANCE PROCESS FOR ADVERSE DETERMINATIONS, THE OFFICE OF THE HEALTHCARE ADVOCATE AND MENTAL HEALTH PARITY COMPLIANCE CHECKS.

What is this bill about?

H.B. 6612 will make changes to the health carrier review process for grievances of adverse determinations and final adverse determinations, to amend the Office of the Healthcare Advocate statutes to reflect said office's additional duties, and to require the Insurance Commissioner to select and use a method to check health insurance companies' and other entities' compliance with state and federal mental health parity laws and report on the results of such checks. Key concepts include changing the timeframe for insurer's urgent utilization review processes, automatic classification of mental health and substance use claims as urgent requests, promoting compliance with federal law by waiving consumer's liability during the concurrent review process, the expansion of the content of adverse determination notice to more adequately inform consumers about the basis for denial as well as their options, including more detailed disclosure of OHA's services, and ensuring that the Insurance Department oversight of mental health parity compliance become more robust and comprehensive. Also we recognize a need for a more clinically appropriate uniform definition of clinical peer, as well as the need for appropriate clinical criteria for insurer's utilization review process, significantly enhance consumer protections, principles of equity and sound public policy.

What are the implications of this bill for healthcare consumer advocacy?

The number of cases that OHA receives has increased more than two and a half times from 2008, receiving daily calls from consumers who have been impacted by the complexity and inequity of the existing system.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will simplify the current system concerning mental health parity.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and consumer maximization of value for their health insurance premiums.



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S.B. No. 170 An Act Concerning a Pilot Program to Provide Inmates with Health Care Upon Release From Incarceration

What is this bill about?

S.B. 170 will implement a pilot program to provide inmates, upon release from incarceration, with a health care plan that includes a thirty-day supply of medication, initiated applications for health care benefits and identification of a primary care provider.

Recently released inmates face many challenges, including acquiring appropriate housing, employment, and reintegrating into society. These difficulties are often exacerbated by mental illness. Studies consistently demonstrate that a significant number of inmates, more than half, suffer from mental illness.

Releasing these individuals into this complex situation without an appropriate medical and societal safety net greatly increases the risk for recidivism.

By ensuring that inmates have continuing access to treatment and medication upon release from prison, we can give them a far greater opportunity to successfully rejoin society and realize their full potential.

What are the implications of this bill for healthcare consumer advocacy?

Our office strives to ensure that health care services are available and adequate for all individuals, particularly those at high risk for mental illness.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will be an excellent first step in extending appropriate care to this high risk group of recently released inmates.
- 3** OHA supports this legislation based on the principles of access to quality healthcare and evidence-based improvements to our healthcare system.



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S.B. No. 374; An Act Requiring Behavioral Assessment for Children

What is this bill about?

S.B. 374 will require each pupil in public school at grades 6, 8, 10 and 12 and each home-schooled child at ages 12, 14 and 17 to have a confidential behavioral assessment. The results of the behavioral assessments shall be disclosed only to the child's parent or guardian, and each health care provider performing the assessment to complete the appropriate form supplied by the State Board of Education verifying that the child has received the assessment.

Studies estimate the direct and indirect costs of mental health care range from \$34 billion to \$57 billion annually. In addition, individuals suffering with severe mental illness die an average of 25 years sooner than those without mental disease.

It is estimated that 19.5% of children present with some degree of psychiatric conditions. Early detection and intervention can significantly change the trajectory of an individual's illness, whether it be physical or mental. Identifying children with behavioral health challenges early, before their illness has taken root, can enable effective treatment at an early stage with a far greater likelihood of positive benefits.

What are the implications of this bill for healthcare consumer advocacy?

This legislation will likely result in significantly better outcomes for families, and reduced utilization over the long term.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will facilitate early detection and intervention of mental health issues at a time when treatment may be immeasurably more effective.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and consumer maximization of value for their health insurance premiums.



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S.B. No. 650; An Act Creating a Parents' Support Hot line for Parents of Children Exhibiting Mental or Behavioral Health Issues

What is this bill about?

S.B. 650 will develop a pilot program for a one-stop support mechanism for parents whose children are exhibiting behavioral health issues, allowing the parents to receive both emotional support and education regarding their child's behavioral health.

The hot line will also provide emergency services, including, but not limited to, mobile response, psychiatric assessment, medical consultation and substance abuse screening; provide crisis response and crisis stabilization services; and provide counseling and referral services to any parent, guardian or immediate family member of a child exhibiting signs of mental or behavioral health issues.

Though we have available crises services for intervention such as emergency mobile psychiatric services, this bill would provide parents the opportunity for coaching, education and intervention at all times, even when there is no crisis. In healthcare generally, we have similar resources available.

What are the implications of this bill for healthcare consumer advocacy?

Our office advocates for the education and support of parents whose children are suffering from mental or behavioral health issues.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will create a hot line for parents whose children are exhibiting behavioral or mental health issues.
- 3** OHA supports this legislation based on the principles of access to quality healthcare and evidence-based improvements to our healthcare systems.



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S.B. No. 857; An Act Concerning the Use of Step Therapy for and Off-label Prescribing of Prescription Drugs

What is this bill about?

Step therapy is an approach to prescribing intended to control costs by beginning with the most cost-effective and safest drugs and progressing to more costly therapies only if necessary. S.B. 857 permits health insurance plans to require patients to use therapeutically equivalent generic drugs prior to using a brand name prescription. Generic drugs are deemed "bioequivalent" by the FDA, which means they have the same amount of active ingredient as counterparts as demonstrated on healthy volunteers. Generic medications are generally much less expensive than brand name and create significant health care savings.

However, step therapy may have implications, especially for those prescribed medication for mental illness. A review of studies comparing bioequivalence and therapeutic effectiveness of generic vs. brand psychoactive drugs concluded that bioequivalence and effectiveness are not necessarily the same, and recommended more rigorous testing for tolerability and efficacy in actual patients – not just healthy volunteers (Borghein, 2003)

What are the implications of this bill for healthcare consumer advocacy?

Patients, especially mental health patients, prescribed generic medications may have difficulty getting authorized for brand name drugs if the generic is not therapeutically effective.

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Talking Points

1

2 This bill will permit health insurance plans to require patients to use therapeutically equivalent generic drugs prior to brand name.

3



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S.B. No. 858; An Act Concerning Health Insurance Coverage for Telemedicine

What is this bill about?

SB 858 will require insurers to reimburse healthcare providers for telemedicine services including medical advice, diagnosis, care and treatment at the same rate as in-person services. Expansion of access to telemedicine services will impact a number of vulnerable populations including those in rural areas, the elderly, and people with mental health issues. The benefits of telemedicine include increase access to remote consultation for routine, chronic or acute care, resulting in earlier diagnosis and intervention. Studies of telemedicine have shown dramatic results in reduced hospitalizations, improved patient outcomes, and cost savings.

CMS began providing basic coverage of telehealth services in 1999. Subsequent assessments of the benefits to health, access, and cost have resulted in gradual ongoing expansion of its use. In Connecticut, Medicaid has reimbursed for some telemedicine services since 2003, but private insurers are not required to. SB 858 would apply to individual and group health insurance policies in Connecticut. Beginning in 2013, 16 states (not including CT) will have such requirements.

What are the implications of this bill for healthcare consumer advocacy?

It is important that telemedicine services are clearly defined, that consumers know the services they are entitled to, and that providers know what services they can provide

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This bill will require insurers to reimburse healthcare providers for telemedicine services at the same rate as in-person services
- 3** OHA supports this legislation based on principles of access to quality health care and evidence-based improvements to our healthcare system.



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S.B. No. 972; An Act Concerning Children and Behavioral Health

What is this bill about?

S.B. 972 will require the joint standing committee to conduct a study to evaluate the effectiveness of the current behavioral health support system available to children throughout the state. The committee will report the findings of the study to the General Assembly on or before February 1, 2014.

Recent events have unfortunately thrown into sharp relief the importance of an adequate behavioral health system in Connecticut and we know that additional legislation will be considered by the legislature addressing these issues.

This legislation can help Connecticut develop an innovative, clinically appropriate and cost effective behavioral health system for its citizens.

What are the implications of this bill for healthcare consumer advocacy?

OHA has been and remains actively dedicated to improving consumer access to appropriate behavioral health services. Our office has been engaged in this discussion for years and is cognizant of the fact that this discussion will continue for some time to come.

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will require the joint standing committee to evaluate the current behavioral health support system available to children in the state.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and innovation to maximize healthcare system value.

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S.B. No. 1085; An Act Concerning A Pilot Program For the Provision Of Emotional And Behavioral Health Services To Youth

What is this bill about?

S.B. 1085 will require the Commissioner of Mental Health and Addiction Services, in consultation with the Commissioners of Public Health and Social Services, to establish a pilot program to offer an integrated emotional and behavioral health program for not more than five hundred youth in Hartford and New Haven counties by July 1, 2014.

We recognize timely importance of this piece of legislation in relation to the gross disparity in access to treatment of behavioral health and substance use disorders for youth in Connecticut.

OHA held a hearing in October 2012 about barriers to access that highlighted all of the issues that this proposed bill intends to study. In addition, the Mental Health Services Working Group of the Bipartisan Task Force on Gun Violence Prevention and Children's Safety has recommended the creation of a task force "to conduct a comprehensive study of Connecticut's mental health system and make recommendations for enhancements to the mental health system for 16-25 year olds." The scope of this recommended task force will encompass each of the elements addressed in this proposed bill.

What are the implications of this bill for healthcare consumer advocacy?

Many of the proposed initiatives in this bill are within the scope of our office's authority. We anticipate collaborating and contributing in whatever way necessary to assist with the ultimate work of the task force, consistent with our mission.

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation represents an important step towards appropriate evidence based solutions for the equitable administration of behavioral health services to youth in the state.
- 3** OHA supports this legislation based on the principles of access to quality healthcare and evidence-based improvements to our healthcare system.



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S.B. No. 1089; To Redefine The Qualifications Of Clinical Peers For Adverse Determination Reviews

What is this bill about?

SB 1089 will redefine the definitions of a clinical peer for adverse determination reviews.

Currently, Connecticut's definition of "clinical peer" is inconsistent with surrounding states and the protection of consumers who purchase insurance to cover medically necessary care. SB 1089 corrects this by ensuring that, for any adverse determination, the requested service or treatment and available clinical information has been reviewed by a clinician with training, experience and, where indicated, specialization relevant to the claim being reviewed. States surrounding Connecticut have more vigorous peer reviewer standards; e.g., Massachusetts, Rhode Island and New York.

What are the implications of this bill for healthcare consumer advocacy?

SB 1089 will ensure greater protection for consumers who purchase insurance in the state to cover medically necessary care.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** The changes proposed in this bill are long overdue and represent an important step to aligning Connecticut with principles of equity, as well as other states
- 3** OHA supports this legislation based on the principles of access to equitable quality healthcare.



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S.B. No. 1093; An Act Concerning Revisions to the Insurance Statutes

What is this bill about?

This bill proposes a number of revisions to the Insurance Statutes. Revisions in sections 14 and 15 of the bill would codify standard timeframes for insurers to render decisions concerning claims submitted. The current standard in the bill is 45 days regardless of whether the claim is submitted electronically or in paper form. The bill would reduce the timeframe to 20 days for electronic submissions, and; increase the timeframe for paper submissions to 60 days.

What are the implications of this bill for healthcare consumer advocacy?

Delaying the claims decision process for paper submissions by an additional 15 days could delay ongoing treatment plans and adversely impact patient outcomes.

Conversely, decreasing the timeframe by 25 days for electronic submissions will facilitate timely treatment plan development and could positively impact patient outcomes.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written testimony requesting that the timeframe for paper claims processing remain at 45 days.
- 2** OHA is concerned that increasing the timeframe for processing paper claims might adversely impact patient outcomes.
- 3** OHA supports this legislation based on principles of access to quality health care in a timely manner



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S.B. No. 169; AN ACT CONCERNING MENTAL HEALTH ASSESSMENTS FOR CHILDREN.

What is this bill about?

S.B. 169 will enhance the provision of social, emotional, behavioral and mental health services. This bill reinforces increased screening and interventions at schools and at school based health centers, which provide high quality mental health and substance use screening and treatment services.

We recognize the bill is limited in that it only encompasses the school domain, and doesn't take into consideration home or community interventions.

What are the implications of this bill for healthcare consumer advocacy?

The highest volume of calls regards mental health. With the placement of this bill, the number of mental health issues and severity may decrease for young children and produce a cascading effect into adulthood.

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will improve mental health and substance use services at schools.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and consumer maximization of value for their health insurance premiums.

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S.B. No. 1088; AN ACT ESTABLISHING A TASK FORCE TO STUDY ADVERSE DETERMINATIONS BY HEALTH CARRIERS FOR THE TREATMENT OF MENTAL DISORDERS.

What is this bill about?

S.B. 1088 will establish a task force to study the numbers, frequencies and final outcomes of adverse determinations made by health carriers for the treatment of mental disorders, where such treatments were determined to be medically necessary by a covered person's treating health care professional. In addition, the elements addressed in this bill is within scope of a task force recommended by the Mental Health Services Working Group of the Bipartisan Task Force on Gun Violence Prevention and Children's Safety "to conduct a comprehensive study of Connecticut's mental health system and make recommendations for enhancements to the mental health system for 16-25 year olds." Finally, many of the proposed initiatives in SB 1088 are already within OHA's authority as participants of the task force as consistent with our mission.

What are the implications of this bill for healthcare consumer advocacy?

The task force serves to ultimately improve the treatment of individuals with mental disorders, as mental health demands greater attention within our current healthcare system.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will improve treatment of persons with mental disorders.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and consumer maximization of value for their health insurance premiums.



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S.B. No. 1091; AN ACT ESTABLISHING A TASK FORCE TO STUDY HEALTH INSURANCE COVERAGE OF AND PROGRAM ENROLLMENT OPTIONS FOR TREATMENT THAT IS ORDERED BY A COURT FOR MENTAL DISORDERS.

What is this bill about?

S.B. 1091 will establish a task force to study health insurance coverage of and program enrollment options for treatment that is ordered by a court for mental disorders. This legislation addresses a significant problem surrounding court ordered treatment, which a covered service under a member's commercial plan is denied solely because it was court ordered, irrespective of any subsequent clinical affirmation. This seems inconsistent with public policy as well as the consumer's needs since, by the time a person's underlying mental illness has progressed to the point that the criminal justice system becomes involved, they clearly are in need of treatment.

Given the comprehensive nature of the proposed task force to study Connecticut's mental health system, it seems likely that the concerns implicated in SB 1091 would be addressed in that forum.

What are the implications of this bill for healthcare consumer advocacy?

Persons with mental illness that have entered the criminal justice system will be able to receive court mandated treatment for mental disorders, that are clearly needed.

Please refer all media, agency, and legislator inquiries to Vicki Veltri

Talking Points

- 1** OHA is aware of this proposed legislation and submitted written public testimony **in support** of this bill.
- 2** This legislation will provide coverage for court mandated mental health treatment for persons in need.
- 3** OHA supports this legislation based on the principles of access to quality healthcare, evidence-based improvements to our healthcare system, and consumer maximization of value for their health insurance premiums.



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