



Administrative Report to the Governor
Fiscal Year 2015-2016

A. OHA At-a-Glance

Agency:	Office of the Healthcare Advocate - OHA
Agency Head:	Demian Fontanella, Acting State Healthcare Advocate
Assistant Healthcare Advocate:	Laura Morris, MPH
General Counsel:	Demian Fontanella, JD
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 06106
Number of employees:	19
Recurring operating expenses:	FY 16 budget \$7,676,274.00
Organizational structure:	Central office—includes for administrative purposes only, State Innovation Model Initiative Program Management Office and Connecticut Commission on Health Equity

B. 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.

C. 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, 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 related to mental health parity.

OHA is also named by statute to multiple committees, board and working groups, and is responsible for activities under statute including:

- Connecticut Health Insurance Exchange d/b/a Access Health CT – Conn. Gen. Statutes Sec. 38a-1081;
- 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 – 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 Mental, Emotional, and Behavioral Health Plan Implementation Advisory Board, 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

D. 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 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 initiatives.

E. Improvements/Achievements FY2015-2016

Savings: \$13,413,140

Outreach: 833

Cases: 7,397

Case Volume and mix:

In FY 15-16, OHA recovered \$13,413,140 for consumers through overturned denials of coverage, resolution of billing disputes and ensuring enrollment into healthcare coverage. This is an increase in savings of \$4,886,264 from FY 2014-2015 and the largest FY savings since the inception of the agency.

- Case volume continues to be high with 7,782 cases opened in FY 15-16.
- Referrals from providers, legislators, health plans, friends/co-workers and social media outreach remain the most frequent referral categories.
- There were 385 cases referred to OHA as part of OHA's collaboration with the DCF Voluntary Services.
- The predominant issue raised by consumers in FY 15-16 continue to be enrollment and eligibility (3802) and education/counseling (1106).

In FY 15-16, OHA recovered over \$13 million for consumers through overturned denials of coverage, resolution of billing disputes and ensuring enrollment into healthcare coverage.

In FY 15-16, 96% of consumers 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 833 outreach and education events.
- The efforts to expand and deploy the power of “E” continues to be central to our messaging. Engage, empower and educate. The agency believes that knowledge about health insurance matters gives power to change and to control one’s health destiny.
- OHA participated in 7 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) are available upon request. OHA has a dedicated e-mail address to handle outreach requests.
- OHA provided free training webinars to providers on appeals of denials of services for mental health/substance use patients and general medical patients.
- OHA continues to increase its social media presence through targeted improvements in its You Tube, Twitter and Facebook sites.
- OHA renamed and created a new design for its quarterly newsletter. It’s now known as *Aegis*, whose title means: “the power to protect, control, or support something or someone, especially by an individual, group or system.” The agency used the same core colors but customized the *Aegis* logo and effectively blended it with its own agency logo. This was distributed through its internal email list serve and other lists that have been acquired over time. It was given broad distribution on the social channels.
- OHA was a sponsor and participated in the Better Health Conference
- The Healthcare Advocate has appeared on radio/television programs to promote information on OHA’s services and to discuss the ACA and SIM.
- 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.

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.
- 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 continues to collaborate with the Court Support Services Division of the Connecticut Judicial branch and has helped identify opportunities to maximize utilization of commercial health plan benefits to prevent unnecessary state expenditures.
- OHA continues discussions with the Family Services Division of the Connecticut Judicial Branch to explore available opportunities for clients of the Division to use commercial insurance for court required or directed interventions, when possible.
- Continued a highly successful program with Connecticut State Comptroller's Disability Retirement Unit, providing clinical expertise and support for the intake, review and processing of applications. This project has decreased backlogs by greater than 50%.

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

- Healthcare Advocate is Vice-Chair of the Access Health CT Board of Directors and Committees and Advisory Committees:
 - Consumer Advisory Committee (co-chair)
 - Finance Committee
 - Human Resources Committee
 - Strategy 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.”¹
- Connecticut Partnership for Patient Safety—founding board member of organization to with a mission to create a culture of patient safety across the healthcare continuum through a statewide collaboration that provides education and consultation
- 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 Three Branch Home Team to advance our collective efforts to improve well-being for children across mental health, permanency and housing.

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

- Department of Public Health Healthy Connecticut 2020 coalition
 - Mental Health and Substance Use Action Team
 - Health Systems Action Team
- Department of Public Health National Standards for Culturally and Linguistically Appropriate Services in Health and Healthcare
- Council on Medical Assistance Program Oversight
 - Complex Care Committee
 - Care Management Committee
- Behavioral Health Partnership Oversight Council
- CT Strong Grant – State Level Transition Team
- Connecticut Campaign for paid family leave
- UConn School of Business Healthcare Management Advisory Board
- 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
- 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
- Older Adults Working Group
- State Opioid Plan

F. SIM – State Innovation Model Initiative (SIM)

The SIM Program Management Office (PMO) was established January 2014 to manage the implementation of the Connecticut Healthcare Innovation Plan. The PMO led the development of a test grant application from the Center for Medicare and Medicaid Innovation (CMMI), which resulted in a \$45 million award. The SIM initiative supports the development and implementation of state-led, multi-payer healthcare payment and service delivery model reforms that will promote healthier people, better care, and smarter spending. The PMO is located within the Office of

the Healthcare Advocate for administrative purposes. The PMO is the lead entity in the administration of the grant funds, although key initiatives are led by its partners at the Department of Social Services, Department of Public Health, Office of the State Comptroller, and UConn Health.

The SIM PMO's accomplishments for FY 2016 include:

- The launch of the Advanced Medical Home Vanguard Program, which provides no-cost transformation support to nearly 50 primary care practices throughout the state. The PMO is in the process of launching additional waves of the program.
- The finalization of the Community and Clinical Integration Program (CCIP) program model and report. CCIP includes standards that focus on core capabilities including supporting individuals with complex health needs, reducing health equity gaps, and improving behavioral health integration into primary care. The program is being implemented in conjunction with the Department of Social Services' Person Centered Medical Home Plus (PCMH+) program. The PMO plans to select one or more transformation vendors and provide transformation awards to eligible PCMH+ participating entities to help them meet the CCIP standards.
- Major components of the design of the PCMH+ program were completed by the Department of Social Services after an extensive process of stakeholder engagement. The Department released an RFP to select participants in this innovative new program which is a CT Medicaid upside-only shared savings initiative. PCMH+ builds on existing Medicaid reform efforts such as Medicaid PCMH, electronic health record payments and intensive care management.
- The launch of the Community Health Worker Advisory Committee under the leadership of the University of Connecticut and Southwestern AHEC. The committee brings together a diverse stakeholder group with the intent to provide guidance on the development of a model for community health worker integration.
- The completion of a draft recommended Core Quality Measure set for use by Connecticut's public and private payers in their value based payment contracts. Chief among the goals is to maximize multi-payer quality measure alignment. The final measure set will also be used to develop a public quality scorecard.
- The completion of Value Based Insurance Design templates and a manual for self-insured employers. The templates provide suggested insurance benefit designs with rationale for selection and the manual provides additional guidance for implementation. The initiative was led by the Office of the State Comptroller with the advice of a VBID Consortium.
- The conduct of several forums throughout Connecticut in collaboration with the 16-member Consumer Advisory Board to engage consumers and

providers in discussions about SIM related reforms. Two Rural Healthcare forums, a Southeast Asian Listening Session, and a Behavioral Health Listening Session enabled the PMO and the CAB to engage with more than 250 consumers, providers, payers, and state and local government officials in multiple corners of the state.

G. Legislative Activities

During the 2016 legislative session, OHA tracked 125 unique bills, 30 of which became law, and testified on 13, 4 of which became law.

- OHA advocated for P.A. 16-77, which modifies a prohibition on certain facility fees charged by hospitals, health systems, and hospital-based; requires for certain billing statements that include facility fees to clearly identify them as such; changes the start date for hospital's requirement to notify patients scheduling a nonemergency diagnosis or procedure of their right to request cost and quality information; and makes several changes concerning health information technology, including (1) requiring the lieutenant governor, within existing resources, to designate a health information technology officer; (2) transferring various responsibilities from the Department of Social Services (DSS) commissioner to the officer, such as authority over the statewide health information exchange; and (3) adding to the members of the state health information technology advisory council.
- P.A. 15-205 which largely adopts the NAIC's model network adequacy standards.
- P.A. 16-162 which prohibits health carriers from requiring preauthorization for an interhospital transfer of a newborn infant experiencing a life-threatening emergency or condition or the infant's hospitalized mother to accompany him or her.
- P.A. 16-142 which creates a subcommittee of the Medical Assistance Program Oversight Council to (1) study and make recommendations to the council on children and adults who have complex health needs and (2) advise the council on the specific needs of these children and adults.

H. DCF Collaboration

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

- Opened 385 cases under the DCF Voluntary Services project in FY 15-16
- Counseled families on their rights under the plans, including the right to appeal denials of coverage.
- Educated DCF regional office supervisor 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.
- Streamlined the referral of cases to OHA directly from the Careline
- Ensure that planning for children who need out of home placement on temporary basis is done concurrently by a provider, commercial healthcare plan and the Connecticut Behavioral Health Partnership.
- 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 on submitting prior authorization, peer to peer review and concurrent reviews with the commercial health care plans including in home services.
- Saved the State \$456,657 and consumers \$1,349,950 in FY 15-16.
- Because of the direct referral to OHA from the Careline, DCF no longer needs to activate HUSKY coverage for those families seeking Voluntary Services. There is now a shift or cost avoidance from OHA's direct contact and extensive assistance to providers and facilities on the submission of prior authorizations and appeals for denials. This cost shift or cost avoidance savings is \$1,494,992 for FY 15-16.

I. DDS Collaboration

OHA and DDS executed a Memorandum of Understanding that ensures that DDS refers consumers with private health coverage who contact DDS for help accessing services for individuals with autism spectrum disorder (ASD) to OHA for assistance identifying appropriate clinical services that may be covered by their health plans. This partnership would promote consumer engagement, education and options for coverage of services under private health coverage for individuals who seek help from DDS.

However, as a part of the budgetary changes implemented by the legislature, the DDS Division of Autism Spectrum Disorder Services was moved from DDS to DSS. OHA and DSS are currently negotiating an MOU to continue this important work to support these Connecticut residents and their families.

J. Other Projects

Office of the State Comptroller Disability Retirement Unit

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

Examining Board. Due to the success of this collaboration, OSC has twice extended this partnership to extend the benefit to the DRU, and is currently working with OHA to identify opportunities to ensure that this partnership remains effective and sustainable.

The Behavioral Health Clearinghouse (BHC)

Public Act 14-115 created the BHC, which seeks to mitigate barriers consumers experience when seeking behavioral health services. The BHC is intended to be a comprehensive, accurate, state-wide resource for Connecticut residents to go for answers to questions about their behavioral health needs. It will include an exhaustive glossary of terms, conditions, treatments, and more, and allow consumers the ability to search for a behavioral health provider based on a variety of factors. This directory will contain current, detailed information about which providers accept their insurance, are accepting new patients, treat the condition for which they may need treatment, and more, so that the consumer can identify all available options. OHA continues to work with stakeholders to design and implement the BHC, including our community partners, state agencies, and others, OHA continues an aggressive outreach campaign to gather input about the BHC's design, contacting consumers and consumer advocacy organizations, providers and provider associations, and more. Following thousands of email inquiries, hundreds of in-person outreach events, including 41 in-services, 13 conferences and the implementation of a web-based data submission tool, OHA began hosting focus groups for behavioral health providers as well as consumers. While more than 400 providers have submitted their information for the directory, and the website design and content has been selected, funding remains the primary barrier. No funds were allocated to build the BHC, but OHA continues to explore options for funding from a variety of sources. Currently, discussions are underway with DSS and Beacon Health to ascertain if any possibility of collaboration to build the BHC into the existing, similar, framework for Husky members. In addition, capital funding may be available through an agreement with Connecticut Innovations, which has vetted and agreed to fund the start-up costs up to approximately \$100,000, pending the decision of the HIT Executive Steering committee.

K. 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_CY_2015_Annual_Report_Final.pdf