



Office of the
Healthcare
Advocate
STATE OF CONNECTICUT

“You are a valuable and much needed agency! It's very frustrating being caught in the middle of a provider and an insurance company, neither of which want to take responsibility for getting something done for the consumer. Your agency is so beneficial to the citizens of CT who don't know where to turn when faced with a problem with very large corporations.”



2021 Annual Report

*Pursuant to Section 38a-1050 of the
Connecticut General Statutes*

TABLE OF CONTENTS

A Message from the Healthcare Advocate.....	2
OHA’s Mission	4
What OHA Does	5
OHA Out and About.....	7
Collaborations	9
Behavioral Health Clearinghouse.....	11
Legislative Briefing	12
OHA Savings	17
Consumer Relations	14
Consumer Stories	19
OHA Budget	23
OHA Staff	24

A MESSAGE FROM THE HEALTHCARE ADVOCATE

The year 2021 was perhaps the most historic and turbulent year in U.S. history since 1968 – an unpeaceful transfer of power in D.C., continued Covid misery lightened by an amazing vaccine rollout, the end of a 20-year American occupation in Afghanistan, and much more including some Affordable Care Act growth and progress I discuss below.

Through it all, the nurses, paralegals, attorneys, consumer information representatives and other professionals at the State Office of the Healthcare Advocate held steady, continuing their focus on delivering free, expert advice and assistance to Connecticut families struggling with health insurance denials and other coverage issues. In 2021, we fielded 2,742 calls or complaints, and helped consumers save over \$4.2 million in medical expenses they otherwise would have owed, bringing the total consumer savings that OHA has achieved since its inception to over \$121 million.

Almost all of this good work was done from the safety of our staffs' homes, as we like the rest of Connecticut struggled to adapt to the current pandemic era. I still remember one staffer coming into my office to say goodbye the day in March 2020 that Governor Lamont announced the closure of state offices. She asked me how long I thought the lockdown would last, and while I told her it could be weeks or even months, inside I was thinking a year. Turns out even my innermost thoughts were way too optimistic! I hesitate to speculate on what the future will bring in terms of lockdown and pandemic, but one thing we have learned about this virus is to hope for the best – but prepare for the worst.

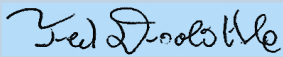
In last year's message, I hoped and predicted that the new Administration's favorable view of the Affordable Care Act would result in expansion in the Marketplace, and new coverage for many Connecticut families. And that is exactly what has happened – a silver lining in the horrible Covid year just passed. The American Rescue Plan's enhanced subsidies to families seeking to purchase health insurance brought health coverage into financial reach for the first time for many. Meanwhile, other key behind-the-scenes administrative moves to make the ACA exchanges function better and reach more people have borne fruit – a big change from the neglect and in some cases active sabotage of the ACA over the previous four years. As a result of all this good news, Access Health CT, Connecticut's ACA insurance marketplace, just announced an all-time high of Connecticut residents with coverage – over 112,000 people.

In 2022 and beyond, OHA is determined to change our status as the best-kept secret in state government. There is no reason that a resource as critical and needed as free assistance and representation for claim denials and all other health coverage issues should not be well-known to all Connecticut residents. To that end, we started a series of online Lunch 'n' Learn sessions, where OHA experts spend 30 minutes at midday sharing and teaching on a variety of topics of critical importance to health insurance consumers, such as: General Information Members should know about their Health Insurance, Open Enrollment Policies and Provisions, New Connecticut Mandates (*i.e.*, items required to be covered) and the federal

No Surprises Act. The rollout has been successful, with recent Lunch ‘n’ Learns attended by several dozen participants, including regular families as well as professional stakeholders and partners such as representatives from consumer advocacy groups and the provider community.

On the issue of getting the word out about OHA, in 2022 OHA intends to start a conversation in the legislature about ways to drive awareness of the free services we provide, perhaps by tweaking the existing statutes that require carriers to give OHA’s name and address on claim denials and other important documents to require and specify more prominent placement, such as an entire new cover page or a call-out box with mandatory language on the first page of such documents, and consideration of asking insurers and providers to dedicate some tiny fraction of their own ad or PR campaigns to public service announcements promoting OHA’s free services.

It has been OHA’s pleasure to serve, advise and represent you and your family in 2021, and we look forward to extending this tradition into 2022 and beyond.



Ted Doolittle
State Healthcare Advocate

OHA'S MISSION

We assist consumers with healthcare issues through the establishment of effective outreach programs and the development of communications related to consumer rights and responsibilities as members of healthcare plans. OHA staff is dedicated not only to serving and assisting Connecticut's healthcare consumers, but also striving to ensure that the products and services available are adequate. This effort requires a multifaceted approach, including direct consumer advocacy and education, interagency coordination, and a voice in the legislative process.

A fundamental element of OHA's mission is education and outreach to consumers. Without a solid knowledge base about their rights, opportunities, and obligations as they engage with Connecticut's healthcare system, there is the chance consumers will pay more for their care, forego treatment or fail to utilize the comprehensive series of no-cost, preventative services available. Failure to identify an easily managed health condition may lead to significantly greater impact on the consumer in the form of a more serious illness, a longer course of treatment, complications or much higher out of pocket costs.

OHA is devoted to providing consumers, and your constituents, information about and support engaging with the complexities of this system, and ensuring they are aware of the host of resources available to them when they need help.

What OHA Does

The Office of the Healthcare Advocate provides guidance and assistance to Connecticut consumers about all types of health coverage, including private and public plans. While a prime focus of OHA's work is direct client advocacy and appeals of healthcare plan denials, also fundamental to our work are activities such as educating consumers about their rights, and coaching consumers on how to navigate the healthcare system, including how to advocate on their own behalf. OHA provides Connecticut consumers with a voice, incorporating their stories, experiences, challenges, and successes into our advocacy. OHA staff actively participate in many forums where the consumer's experience is important to the formulation of effective and meaningful policy. Some examples of OHA's staff activities promoting community engagement and collaboration during the past year follows:

Access Health CT Board of Directors

All Payer Claims Database Advisory Council

Behavioral Health Partnership Oversight Council

Behavioral Health Partnership Oversight Council Coordination of Care Committee

Connecticut Children's Behavioral Health Plan Implementation Advisory Board

Covering Connecticut Kids and Families Steering Committee

Covering Connecticut Kids and Families Quarterly Meetings

Connecticut Clearinghouse

Connecticut Health Foundation Kitchen Cabinet

Connecticut Parity Coalition

Connecticut Partners for Health

Connecticut Strong State Level Transition Team

DCF Children's Behavioral Health Task Force Implementation Plan

Health Disparities Institute Equal Coverage to Care Coalition

Explanation of Benefits Confidentiality Ad Hoc Work Group

Health Care Cabinet

Health Information Technology Advisory Council

Medical Assistance Program Oversight Council (i.e., Medicaid/HUSKY oversight)

Medical Assistance Program Oversight Council Complex Care Committee

Medical Assistance Program Oversight Council Developmental Disabilities Working Group

Medical Assistance Program Oversight Council Care Coordination Committee

Personal Care Attendant Workforce Council

Protect Our Care Coalition

OHA OUT AND ABOUT

It continues to be a challenging environment to be out and about doing outreach due to Covid protocols. OHA communications effort continued with aggressive support of Governor Lamont's leadership on Covid vaccines, boosters and other safeguards. Federal and state Covid mitigation efforts went through a lot of changes this year as the vaccines became widely available and efforts to control the spread of the virus and keep consumers informed became critical. Educating families is one of the primary goals of the agency and our tool bag for consumers was once again expanded to help facilitate this goal of educating and empowering consumers.

Lunch and Learn - OHA launched this monthly issue-based Zoom session as another tool to inform, educate and inspire consumers and advocates. In just 30 minutes, attendees will see a 15-minute presentation on the monthly subject - and the following 15 minutes is used for questions and answers. Each session is just 30 minutes long. The next Lunch and Learn is always featured in the newsletter and marketed through social channels.

Digital Targeting - Access to care and coverage in Connecticut's urban centers are a continuing concern for OHA and this is reflected in our audience targeting metrics. We in particular aim to reach communities where the population density and concentration of the underserved population creates the greatest need for strong advocacy, outreach, and education. It's also where there are large populations who benefit from the Affordable Care Act and its many safeguards, but also where there can be continuing confusion about coverage and what to do when a claim is denied.

Social - Facebook and Twitter continue to be the preferred social channels. There are posts several times per week and the feed is live monitored for any potential abuse. The news feed features OHA helps and tips, recommended reading, and strong advocacy. We deploy infographics where appropriate and curate content of others where it can benefit consumers.

Facebook - The OHA audience is largely female if you look at individuals not representing an organization. This makes sense because women dominate the healthcare decisions of their families from doctors to medicines. There are also organizations and policy makers that follow OHA, so our goal is to be relevant and informative to as many as possible and encourage readers to like, share and follow our feed. You can follow the OHA feed

here: <https://www.facebook.com/profile.php?id=100064696300759>

Twitter - OHA uses twitter as a tool to broaden our audience. We mirror our FB content to boost our community impressions and drive traffic to our website. In addition to our main agency social media feeds, Healthcare Advocate Ted Doolittle has developed a separate active Twitter presence, focused on healthcare policy, insurance marketplace dynamics, and public health -- @TedDoolittle2, where he is followed by a number of national healthcare policy leaders.

Newsletter – Relaunched and rebranded OHA newsletters are worth the read. The agency is making a concerted effort to provide timely, informative, and educational content to its subscriber list. OHA doesn't just talk about the agency, it talks about health and medical issues that affect Connecticut families and how those issues intersect with how OHA can be helpful to consumers. Content begins with a personal observation from State of Connecticut Healthcare Advocate Ted Doolittle followed by related content appropriate for the theme along with other helpful information. Each of newsletter is also posted to the agency website. OHA is making efforts to grow the database with consumers and organizations to help get the word out about the free help available for consumers with health insurance problems. It also provides real stories of people aided by OHA along with strong educational content. See our newsletters here.

Public Relations – Healthcare Advocate Ted Doolittle is a trusted news source to give an unvarnished assessment of healthcare insurance issues. He's called on by the media to provide input on stories affecting people and policies in our state. Some examples follow:

Healthcare sharing ministries in Connecticut were falling woefully short of what's promised and expected under Connecticut law: <https://ctmirror.org/2021/02/05/it-appears-this-is-a-scams-complaints-accelerate-against-health-care-sharing-ministries-in-connecticut/>

CT Latino News reached out to learn more and why it's so important to be enrolled in a health plan and to fight for your rights under Connecticut law: <https://ctlatinonews.com/ctlno-opinion-ted-doolittle/>

In his consumer advocacy role, OHA's Doolittle wrote this: <https://ted-doolittle.medium.com/?p=1e1ca4df3b29>

When OHA launched its web-based tool for the sudden and catastrophically unemployed, several news outlets picked up the story and it found ready viewers and listeners:

<https://www.wtnh.com/on-air/stretch-your-dollar/stretch-your-dollar-new-resources-to-help-you-with-health-insurance/>

In the always raging, never seeming to end debate over the Affordable Care Act, Mr. Doolittle was sought out on a U.S. Supreme Court challenge to elements of the law that if overturned would affect millions of consumers.

<https://www.wtnh.com/top-news/as-supreme-court-debates-the-affordable-care-act-what-does-it-mean-for-connecticut-residents/>

There was this joint discussion with Rep. Christie Carpino and Sen. Norm Needleman on healthcare amid COVID-19

<https://www.greenwichtime.com/news/article/Carpino-Needleman-discuss-how-COVID-19-affects-15328281.php>

Published opinion articles, written by Mr. Doolittle are an annual staple in his quest for greater health equity and a deeper understanding of the issues confronting policy makers and the public. In this piece, the healthcare advocate sets the record straight on Medicare expansion and what it really means for all of us.

<https://www.courant.com/opinion/op-ed/hc-op-doolittle-medicare-for-all-0126-20200126-zz3q3gs5mzhqpdeccw4a3gttrm-story.html>

OHA and the Department of Children and Families

In 2012, the Department of Children and Family (DCF) and the Office of the Healthcare Advocate (OHA) began a collaboration with the intent to ensure state funds are accessed appropriately when commercial insurance coverage is available. Beacon Health Options joined this partnership in May 2020 as the administrator retained by DCF to administer the Voluntary Care Management Program (VCMP).

Beacon Health, OHA and DCF worked together throughout 2021 to assist Connecticut families with connecting to the services their child needs, navigating commercial healthcare insurance, and resolving issues/barriers within the consumer's healthcare insurance plan. OHA educates and advocates for these families on how to effectively utilize their commercial health insurance plan. OHA's intent is to utilize commercial insurance when available and to access it appropriately. This lessens the need for the state to expend monies that commercial insurance provides benefits for, thus creating a savings for the state.

Most of the cases referred to OHA, in partnership with Beacon Health VCMP, involve families seeking In-home mental health services/IICAPS (Intensive In-Home Child & Psychiatric Service) for their child. Although In home mental health services represent many of the cases, families often inquire about other treatments or services such as Intensive Outpatient Programs or Residential Treatment Facilities. OHA researches the commercial insurance benefits for the services requested from the family or those services that Beacon Health may have identified for the family. This provides the family and their providers the information needed to pursue commercial insurance as the primary funding if benefits are available and state monies as payor of last resort.

In 2012 OHA and the Albert J Solnit facilities (state adolescent mental health hospitals) also began working together as part of this collaboration. OHA and the Albert J Solnit Facilities continue their work together to access and navigate commercial insurance whenever available before state resources are tapped. Referrals from the DCF Solnit Facilities have resulted in the highest savings amount for this project. When OHA can successfully overturn a denial by the commercial carrier for a child's continued stay at Solnit or identify when commercial insurance is available to pay for the services needed this can result in a savings for the state and consumers. In 2021 this collaboration resulted in a savings of over \$540,000. OHA also assists with the navigation of the commercial plan by researching in-network providers for lower level of care for discharge planning. This helps the treatment team with consistency in care as well as removing treatment barriers.

In addition to potentially creating a savings for the state, this project allows for OHA to collect data which can help identify barriers families may face when trying to access behavioral health services. OHA's involvement and knowledge with navigating the healthcare system and working with commercial insurance can also help the family with ensuring their child continues to receive the treatment they need at the appropriate level of care. The families are supported and educated by OHA staff so that they understand their rights within their commercial plans and know how to advocate for their child if insurance denies or if there is a lack of providers available within their in-network provider list. The education and support give the consumers a tool to use for a lifetime.

The continuing goal of this collaboration is to provide advocacy for these families and supply them with the power of knowledge regarding their rights and ability to navigate within their commercial healthcare plans, while ensuring any state funding is used appropriately by accessing commercial insurance when available, potentially saving the state money. It is also hoped that this project can help identify barriers to access to care and provide education regarding healthcare insurance benefits available to the families.

Behavioral Health Clearinghouse (BHC)

The Behavioral Health Clearinghouse (BHC) was created pursuant to Public Act 14-115. The mission of the BHC is to provide a comprehensive, accurate, state-wide resource for Connecticut residents seeking access to behavioral health care and additional information related to behavioral health. The vision for the BHC includes a website that offers: an exhaustive glossary of terms, conditions, treatments, and more; a search tool for consumers to find behavioral health providers and other resources based on a variety of factors; and educational resources regarding mental illness or substance abuse. Optimally, the BHC would also incorporate a call center with clinical staff available to answer consumer questions, conduct brief screenings of consumer needs and, when appropriate, identify and arrange an appointment with a behavioral health provider who can address the needs identified. Currently, funding remains a barrier to a full realization of this vision, and OHA continues to remain vigilant for appropriate funding sources to further this initiative. In the meantime, several of the functions envisioned by the BHC are incorporated into the websites of other state agencies and partner organizations such as the Dept. of Mental Health and Addiction Services and 211 of CT. See <https://portal.ct.gov/DMHAS> and <https://uwc.211ct.org/categorysearch/mental-health/>

During the 2021 legislative session, OHA tracked 204 unique bills related to healthcare and healthcare insurance policy. Of the 204 bills tracked, 60 bills received a public hearing, 18 received public testimony from OHA, and 14 eventually became law. The General Assembly later convened in a special session in June, at which time it passed an additional bill of significant importance to Connecticut healthcare consumers.

Some of the more important initiatives, which OHA proactively supported, include:

Public Act 21-9

Among other things, PA 21-9 requires telehealth providers to determine whether a patient's health coverage includes coverage for the telehealth services being provided; prohibits telehealth providers from charging facility fees for telehealth services; limits the charges for telehealth services to the Medicare rates for uninsured patients; and prohibits balance billing for telehealth services for insured patients. PA 21-9 also requires telehealth parity for covered services under individual and group health insurance policies.

Public Act 21-14

PA 21-14 prohibits individual and group health insurance policies from employing copay accumulator programs, thereby allowing for all third-party payments to be credited toward an insured's deductible and out-of-pocket maximums.

Public Act 21-22

PA 21-22 amends General Statutes § 38a-477d, effective January 1, 2023, to require that insurers issue explanations of benefits (EOBs) in accordance with the instructions of the insured, in order to protect the privacy of certain dependents under a health insurance policy. Such instructions may include: 1) issuing no EOBs; 2) issuing EOBs only to the insured and not to other individuals, such as the subscriber; and 3) issuing EOBs to a specific mailing address or email address or through other electronic means.

Public Act 21-35

Public Act 21-35 declares racism as a public health crisis in the state of Connecticut and among other things, seeks to address racial health disparities and inequities in health outcomes.

Public Act 21-96

PA 21-96 requires health insurers to provide stability within their prescription drug formularies. Specifically, PA 21-96 prohibits insurers from: 1) removing drugs from its formulary during a plan year; or 2) moving a drug from a lower tier to a higher tier, unless the higher tier imposes a cost share that is \$40 or less per month. New drugs may be added to a formulary at any time.

Public Act 21-129

PA 21-129 sets certain limitations on the debt collection activities of hospital-owned and hospital-affiliated providers. Specifically, PA 21-129 limits the amounts that hospital-owned and hospital-affiliated providers can collect from uninsured patients and further restrains collection activities when a hospital-owned and hospital-affiliated has not confirmed that an uninsured patient is ineligible for bed funds.

Public Act 21-149

PA 21-149 expands dependent eligibility for dental and vision coverage through the end of the policy year that the child turns 26 years old.

Public Act 21-157

PA 21-157 eliminates external review filing fees and abbreviates the external review process when an insured exhausts their insurer's internal appeal process. This law is a direct result of OHA's recommendation that the legislature eliminate this fee. Healthcare Advocate Ted Doolittle became aware of this problem when the pandemic struck, and he was the only OHA employee working at the office, including sorting and scanning all mail and handling these checks as they came in from our client, so this small improvement for Connecticut families who needed to pay a fee to access insurance they had already paid for is actually a silver lining of the Covid crisis.

Public Act 21-176

PA 21-176 expands Medicaid/HUSKY eligibility for certain undocumented residents, including immigrant children up to age 8 and mothers for up to 12 months after giving birth. PA 21-176 also expands HUSKY eligibility for the prenatal care of certain unborn children.

Public Act 21-2 (June Special Session)

PA 21-2 establishes the Covered Connecticut program, which will make available to families in the 160%-175% FPL range additional subsidies to eliminate all premiums and cost sharing on certain Access Health exchange plans.

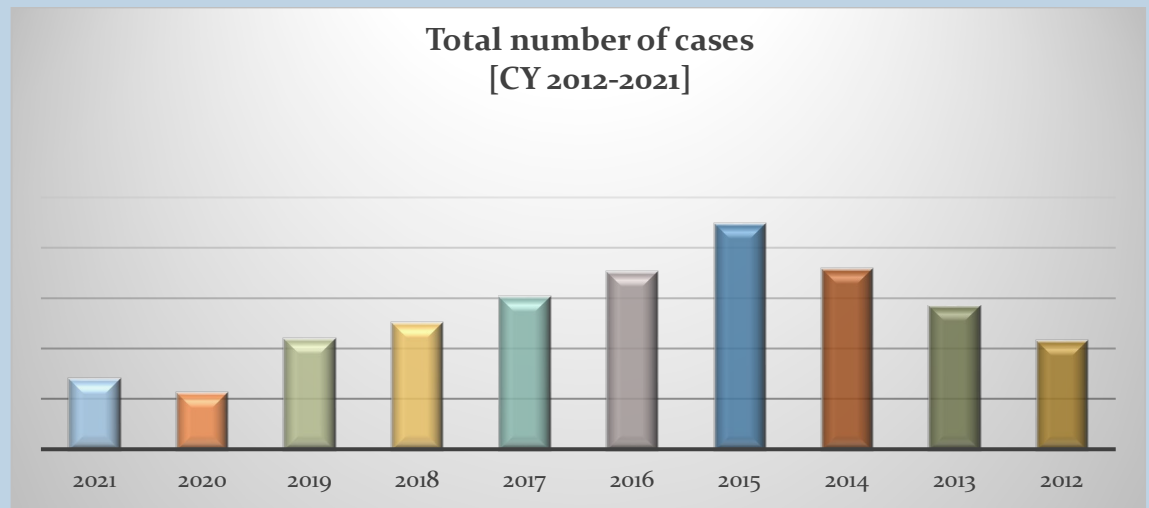
Other policy activity: There were additional policy initiatives that OHA strongly supported, which we hope to continue to champion in the future. As in years past, OHA will continue to seek ways to shine a light on the costs of healthcare, including the underlying cost drivers, that continue to inflate the burdens of health insurance premiums and cost sharing, and to work towards solutions for mitigating those costs to ensure that Nutmeggers receive high quality, affordable healthcare across their lifespan. OHA will also continue to oppose proposals at the state and federal levels that seek to undo existing health care consumer protections. OHA remains committed to working with our partners and stakeholders on meaningful policy to promote greater consumer access to effective and affordable health care.

“Thank you for your advocacy and willingness to walk with me through this. I wish more folks knew of your Healthcare Advocacy; the results speak for themselves! Thank you!”

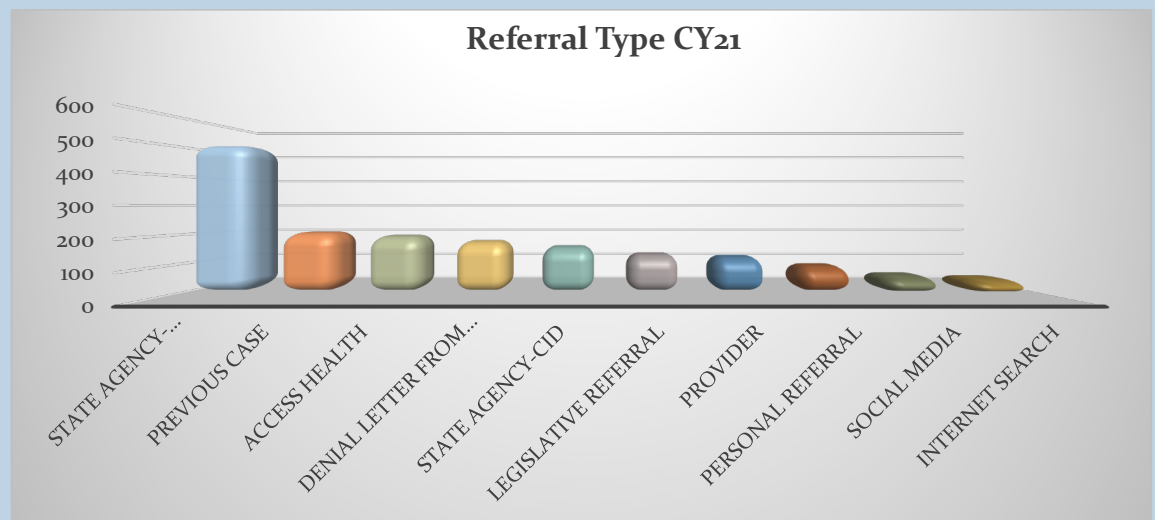
“Everyone was very respectful, professional and helpful. No improvement needed.”

“Everything was fantastic; much appreciated. Be well!”

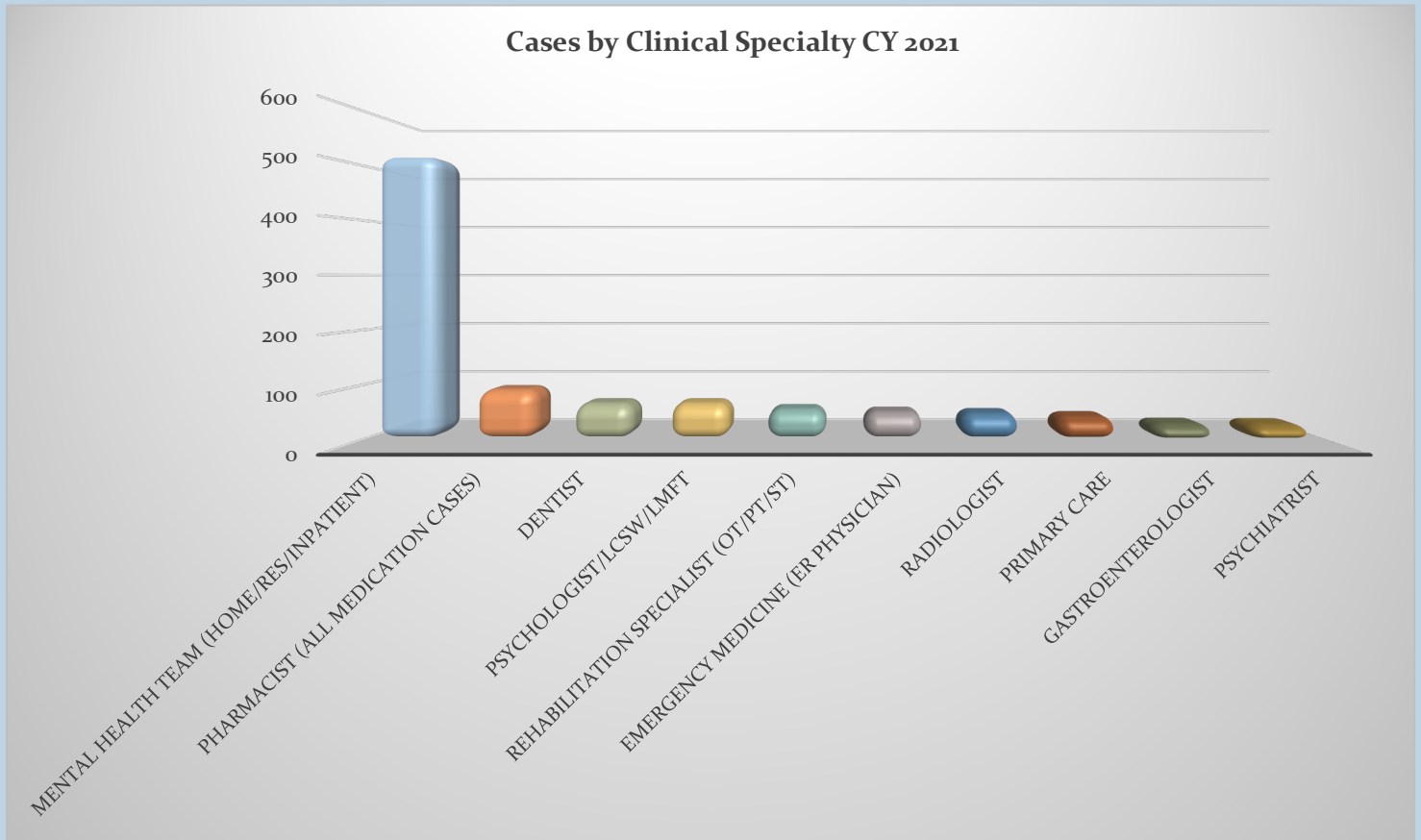
Due to Covid, healthcare spending and procedures plummeted, while at the same time the federal government and insurers were generally good about covering testing and treatment for Covid, so OHA correspondingly had a lower volume of cases. We continue to encourage legislators and agencies to refer cases directly to OHA for high-quality real-time services. Legislators, providers, and consumers know that OHA operates in real time and via direct contact with consumers on educational cases, medical and behavioral health issues, claims denials and legal matters. Consumers continue to be satisfied with our services.



Cases continue to come to OHA from a variety of sources. The highest category of referrals to OHA is from the Department of Child & Family Services’ Careline. The second highest category is from previous OHA cases. The third highest is Access Health CT. Our AHCT referrals come from two sources: Direct letters from clients, as well as phone calls to our agency generated by AHCT. Another significant source is cases stemming from insurance company denial letters, which are required under federal and state law to include OHA’s contact information (one of OHA’s policy priorities in 2022 and beyond to is enhance the prominence of these already required notifications to consumers about OHA’s free services).

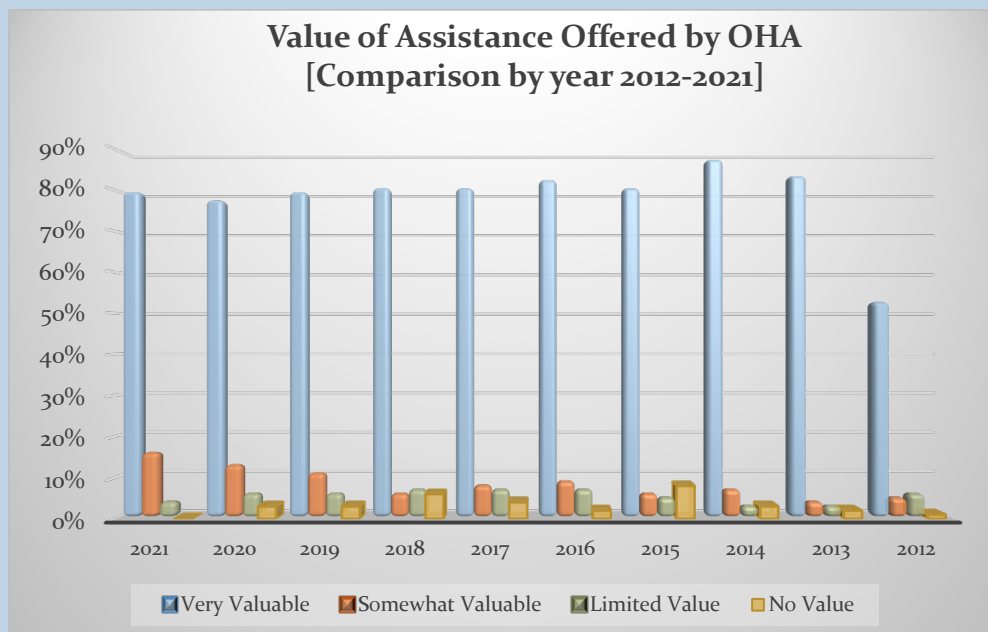


OHA continued to receive a wide range of cases representing many clinical categories, with Mental Health as the predominant case type for assistance. Fortunately, OHA's advocacy resulted in many reversals of denials of treatment or services that involve consumers in need of treatment for serious, debilitating, or life-threatening illnesses.



“I just wanted to thank you so much for all the hard work you have put in on this case for me. This is a big relief for my family and myself. It has been hard trying to get a lot of my scans approved and paid for by my insurance company, but you have helped make this process easier and have helped push this through to get it approved. Thank you for your professionalism and dedication during this process. My family and I greatly appreciate all the time you have put in on this. I wish you all the best and hope you have a wonderful holiday with your family and loved ones. Thank you again.”

OHA's consumers continue to give OHA very high ratings. Because of our education to consumers regarding the benefits under their health plans, the percentage of individuals reporting that they have an improved understanding of their healthcare plan after contacting OHA continues to increase. In CY 2021, 96 percent of Consumers responded they would refer someone to OHA. This metric has been consistently high and favorable since 2012. OHA considers this measure the most important measure of OHA's services. The percentage of individuals reporting that they would contact OHA again also continues to remain strong and is at 100 percent while 80 percent of consumers found OHA to be valuable.

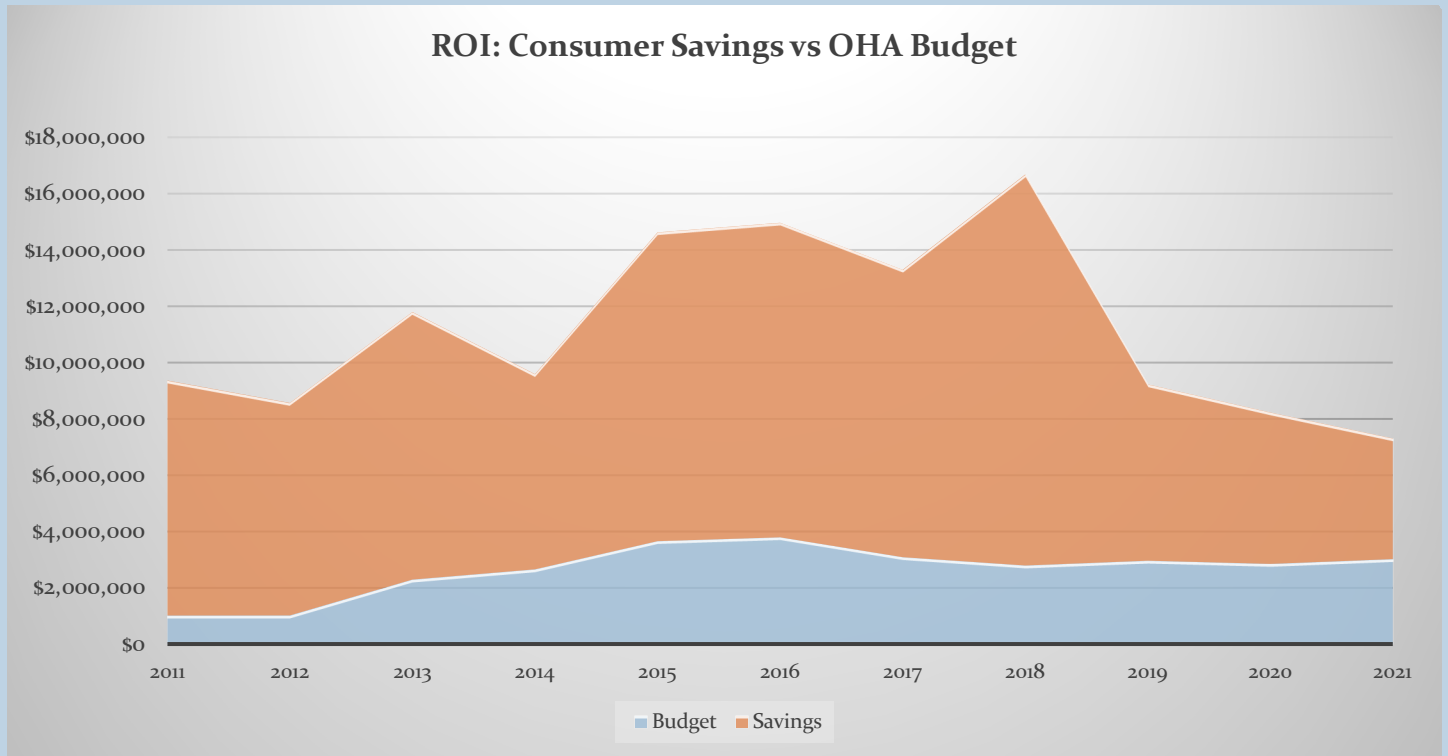


OHA SAVINGS

The chart below illustrates the total amount of savings for consumers since 2011. OHA's advocacy returned \$4.3 million to the residents of Connecticut in 2021. Including the amounts from CY 2021, the office since its founding in 2002 has returned over \$120 million in savings to consumers.

Year	Budget	Savings
2011	\$1,013,948	\$8,347,041
2012	\$1,022,482	\$7,540,211
2013	\$2,293,407	\$9,500,000
2014	\$2,657,873	\$6,924,978
2015	\$3,659,826	\$10,967,539
2016	\$3,792,692	\$11,168,483
2017	\$3,087,756	\$10,200,836
2018	\$2,794,051	\$13,884,659
2019	\$2,962,921	\$6,264,118
2020	\$2,844,900	\$5,373,038
2021	\$3,016,676	\$4,288,751

The graphic below shows OHA's annual budget over time compared to consumer savings, and demonstrates that OHA's budget remains low while our savings to consumers continues to be impressive.



CONSUMER STORIES

Consumer contacted OHA because Medicaid/HUSKY denied her claim for a robotic arm stating that it was “unproven, experimental or of a research nature.” The appeal of that decision is complicated, but consumer believed she could reverse the decision and get the robotic arm. Due to a chronic condition, our client has limited range of motion and limitations on what she can reach and how much she can lift. OHA answered the call, and her case worker got to work on the case. Despite strong evidence and a solid presentation by OHA, Medicaid once again denied the appeal. OHA and consumer did not give up. They contacted Disability Rights Connecticut Attorney Sheldon Taubman, an old OHA partner and friend, and in Sheldon’s further discussions with DSS, the agency not only reversed its decision in consumer’s case, but also reversed the policy on which the denial was based, opening others challenged with severe disabilities to have equipment that will help them retain their independence. Consumer was able to get her robotic arm in time for the holidays. She feels more independent and can do things on her own, which is huge for her. OHA case worker feels that the approval for her robotic arm will be life changing not only for consumer but for all State of Connecticut Medicaid recipients going forward. This was a huge win and OHA is thrilled that our client can do so much more around the house!

Savings: \$105,000

A consumer was denied a prescribed medical device for administrative reasons. He was due to have his insulin pump replaced and the health plan had incorrectly interpreted its own policy about the frequency in which replacements are allowed. He contacted OHA for help after the denial was upheld upon appeal. All appeal rights had been exhausted. OHA collected clinical documentation from the patient and his healthcare provider and determined that the insurance carrier had denied the coverage without a legitimate basis. OHA advocated for the patient and the denial was successfully overturned.

Savings: \$1,200

Client contacted OHA because his dental plan denied treatment as not being necessary. His provider attempted two appeals which were both denied. After contacting the provider as well as the carrier, OHA requested the carrier review and reconsider the claim and the material provided by the dentist. Eventually, the denial was reversed and the member’s cost for the dental work was reduced. OHA saved the consumer \$440. The member had a series of dental procedures that involved two consecutive dental plans. However, her more recent carrier denied coverage because it believed that she did not have prior, continuous coverage for the preceding, required period of time before having the second phase of treatment. OHA contacted this carrier and was able to show that the member, in fact, had prior continuous coverage. As a result, the member’s second treatment was covered, saving her \$1,526.

Savings: \$1,966

The parent of an eight-year-old girl who was receiving occupational therapy contacted OHA for help when their health insurance carrier decided these services were “no longer medically necessary” and coverage was stopped. OHA collected clinical information from the child’s parent and healthcare provider and wrote an appeal which demonstrated the reasons why occupational therapy was the most appropriate intervention to help with the types of challenges facing the child. The health plan’s decision to deny the requested services was upheld on appeal. However, as in the case for any clinical judgments (*i.e.*, medical necessity denials), the patient had the right to have the health plan’s decision reviewed by an independent, external medical reviewer. At this level of appeal, the denial was overturned. The family won this case by exercising their right under the law to appeal the insurance carrier’s denial of coverage.

Savings: \$1,500

A nine-year-old girl had an eye exam and refraction service was included in the exam. This is the portion of the exam where the provider ascertains if there is a need for corrective lenses by flipping lenses inside a box while the patient reports which choice is seen more clearly. Insurer denied coverage claiming that refraction was not a covered benefit. Parent of consumer was being pursued by a collection agency for said treatment. OHA informed insurer that, under the Affordable Care Act, small group fully insured plans like the one this consumer had, carry a pediatric vision benefit which covers refraction services. After OHA intervention, Insurer issued a payment directly to the provider on insured’s behalf.

Savings: \$100

The parents of a 15-year-old youth who was receiving residential-based mental health services contacted OHA for help when their insurance carrier decided these services were no longer medically necessary and coverage was ended. OHA collected clinical information from the youth’s parents and his treatment team and wrote an appeal which demonstrated the reasons why residential level of care was the most appropriate intervention to help with the types of challenges the child was facing. The health plan’s decision to deny the request was upheld upon appeal but as is the case for all adverse determinations that involve clinical decision making by a Managed Care Organization (*i.e.*, medical necessity denials), the member had the right to have the health plan’s decision reviewed by an independent, external medical reviewer. At this level of appeal, the denial was overturned so that coverage would be allowed. The family saved the child’s secondary health plan, Medicaid, hundreds of thousands of dollars by having exercised their right under the law to appeal the commercial health plan’s denial of coverage.

Savings: \$292,500

Client contacted OHA because she has ongoing migraines, and her medication was suddenly dropped from her insurance plan. They stated she did not meet the requirements of her plan. Client can only take this specific type of medication due to being allergic to many others and contacted OHA for help. OHA case worker worked diligently, gathering all of the necessary documents to submit an appeal. After appeal submission, a formulary coverage exception was granted. The appeal was successful resulting in approval of the necessary medications.

Savings: \$7,242

Consumer reached out to OHA regarding coverage for an out-of-network mental health provider. OHA requested an in-network exception for telehealth visits during COVID-19 pandemic, because the consumer was unable to find an in-network provider. The carrier made an exception request for four months for continuation of care until December 2020. All claims were re-processed at the in-network rate with a zero-dollar patient responsibility

Savings: \$650

The parents of a toddler called OHA for help when their health insurance denied coverage for the durable medical equipment she required. The child experienced severe respiratory distress. After 128 days of care in the CT Children's Medical Center Neo-Intensive Care Unit, she was discharged with several interventions and instructions for peripheral airway clearance techniques. However, these interventions proved not intensive enough, and she required emergency room services for acute respiratory distress and was hospitalized three times for a total of six weeks of intensive care for various conditions during her first year of life. Considering these hospitalizations and the infant's susceptibility for respiratory illnesses, Yale Medicine Pediatric Pulmonologists ordered a High Frequency Chest Wall Compression (HFCWC) vest to assist with airway clearing and help her clear her lungs. The vest was immediately and significantly effective. The child went from being in a perpetual state of illness and distress to thriving from the airway clearing technique afforded by the HFCWC vest. The family's health insurance carrier, however, denied coverage of the vest, deeming it "not medically necessary." OHA collected clinical documentation from the infant's parents and healthcare providers and wrote an appeal to the insurance carrier. The carrier's decision to deny the request was upheld on appeal. The case went to an independent, external medical reviewer for appeal. At this level of appeal, the denial was overturned.

Savings: \$7,500

A consumer contacted OHA because she was having difficulty obtaining specialty medication. Her employer recently changed insurance carriers and she had to use a different pharmacy with the new carrier. Due to multiple miscommunications, she was not able to access her medications for a chronic health condition for six days. OHA facilitated a conference call between the provider and pharmacy and the issue was resolved. Consumer was able to obtain medication.

Savings: \$97,345

Client reached out to OHA after her daughter broke her arm and received emergency services while the family was on vacation in North Carolina. As a result, the client incurred medical bills. Client is covered by state Medicaid (HUSKY) rather than commercial insurance, which means many medical services received from a non-HUSKY provider would not be paid by her insurance, and the family would be financially responsible. Mother of the dependent child cited ongoing financial issues and struggles that were intensified due to the COVID-19 pandemic. OHA called the North Carolina providers to educate providers on enrolling in CT Medicaid and tried to assist the client in getting claims paid by CT Medicaid. North Carolina providers initially did not have any interest enrolling in CT Medicaid and OHA outreach was unsuccessful. OHA pursued the assistance of fellow state agency, the Department of Social Services, which runs Medicaid/HUSKY. Negotiations with the out of state providers were ultimately successful, and the providers enrolled in CT Medicaid, which allowed for medical claims to be paid and processed by CT Medicaid. Efforts from OHA resulted in the consumer winning this case.

Savings: \$9,825

OHA Budget

Budget Summary Account	Total FY21 Budget	Actual FY 20	%
Personal Services	\$ 1,655,805.00	\$ 1,450,686.61	87.61%
Other Expenses	\$ 245,000.00	\$ 198,360.97	80.96%
Equipment	\$ 5,000.00	\$ 3,143.34	62.87%
Fringe Benefits	\$ 1,626,111.00	\$ 1,364,385.53	83.90%
Indirect Overhead	\$ 100.00	\$ 100.00	100.00%
Grand Total:	\$ 3,532,016.00	\$ 3,016,676.45	85.41%

OHA STAFF

Claribel Bermudez
Consumer Information Rep.

Annika Burney, RN
Nurse Consultant

Caroline Butler, RN
Nurse Consultant

Kim Davis
Lead Consumer Information Rep.

Ted Doolittle
State Healthcare Advocate

Jill Hall, RN
Nurse Consultant

Claudia Henderson, JD
Paralegal

Sean King, JD
Staff Attorney

Sherri Koss
Administrative Assistant

Frank Leighton
Consumer Information Rep.

Jacqueline Murillo, DNP, APRN, AANPCB
Nurse Consultant

Alex Myjak
Consumer Information Rep.

Adam Prizio, JD
Staff Attorney

Denise Ramoutar, MPH
Health Program Associate

Tracey Sheedy
Paralegal

Valerie Wyzykowski, MS, RN
Healthcare Advocate Manager

Maria Zayas
Secretary

Office of the Healthcare Advocate
P.O. Box 1543, Hartford, CT 06144
Tel 1-866-466-4446
Fax 860-331-2499
Healthcare.advocate@ct.gov
www.ct.gov/oha

