Office of the Healthcare Advocate
STATE OF CONNECTICUT

"My healthcare advocate was very supportive and persevering. It took months but the final outcome was very satisfying! The CT OHA is a great service to CT citizens. Our tax dollars well spent."

2022 Annual Report

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

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A MESSAGE FROM THE HEALTHCARE ADVOCATE

The year 2022 was a year of resilience and recovery for the state and for the Office of the Healthcare Advocate, including some Affordable Care Act growth and progress I discuss below.

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 2022, we fielded 3994 calls or complaints, and helped consumers save over $6.7 million in medical expenses they otherwise would have owed, bringing the total consumer savings that OHA has achieved since its inception to over $128 million.

Most of this good work was done from the safety of our staffs' homes as we, like the rest of Connecticut, continued to adapt to the pandemic. The state employee bargaining units secured new work-at-home rights for many positions in state government, with many positions essentially guaranteed 80 percent work-from-home time. Other state agencies in 2022 began once again to mandate some in-office time, and as of this writing, OHA has followed suit, requiring five-day employees to come back to the office one day each week. Our hope is that this renewed face-to-face contact will produce collaboration and idea-sharing that will benefit our client families and the agency.

Progress continued in the Affordable Care Act marketplace, expanding health opportunity and access for Connecticut families, including a new state-funded Covered Connecticut program providing subsidies for families of ever-higher incomes to buy health insurance. OHA and many other state agencies in 2022 began to prepare for the unwinding of the pandemic-driven expansion in the Medicaid rolls. During the Covid emergency period, in effect, families that qualified for free health care under HUSKY, Connecticut's Medicaid program, were allowed to stay on the program without needing to provide continuing documentation of low income. Families thus have been allowed to stay on Medicaid regardless of their actual eligibility. That moratorium on eligibility re-determinations will come to a close in March of 2023, at which time Connecticut will begin a gradual 12-month process of income re-determination for close to 400,000 individuals who came onto HUSKY during the pandemic. Many will still qualify for Medicaid, and so will experience no change in coverage, but thousands of others will need to transfer from HUSKY to other coverage. While primary responsibility for the redetermination process resides with the Department of Social Services and Access Health CT (the state's ACA marketplace), OHA anticipates that many Connecticut families will find their way to our websites, phone lines, and email inbox, where our staff will be ready to provide information, advice on coverage options, and referrals to appropriate resources.

In 2022, OHA was determined to start to change our status as the best-kept secret in state government. In last year's annual report, we expressed the hope that the legislature would require more prominent notices about OHA's services on healthcare insurance claim denials, and this year we are pleased to report that the General Assembly passed a new requirement that insurance companies place a simple, prominent notice about OHA's services and how to contact us on the very first page of all claim denials. This program was piloted for us in fall 2022 by the Office of the State Comptroller on claim denials for the state employee and retiree health insurance plans, and this enhanced OHA notification requirement was extended to all state-regulated insurance plans starting January 1, 2023. We look forward to reporting next year on the impact of the new enhanced notifications.

Our outreach efforts continued, including extending our 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.

It has been OHA's pleasure to serve, advise and represent you and your family in 2022, and we look forward to extending this tradition into 2023 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

Access Health CT Board of Directors Subcommittees

All Payer Claims Database Advisory Council

Behavioral Health Partnership Oversight Council

Behavioral Health Partnership Oversight Council Subcommittees

Connecticut Children's Behavioral Health Plan Implementation Advisory Board

Connecticut Clearinghouse

Connecticut Cross Disability Lifespan Alliance

DCF Children's Behavioral Health Plan Implementation Advisory Board

Health Disparities Institute Equal Coverage to Care Coalition

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 Subcommittees

Personal Care Attendant Workforce Council

Protect Our Care Coalition

Task Force to Study the Comprehensive Needs of Children in Connecticut

OHA OUT AND ABOUT

As the state emerged from its Covid 19 restrictions and citizens' self-imposed pullbacks from community gatherings diminished, OHA was there to support them via a broad array of communications designed to inform and educate, advocate and assist our citizens with healthcare information to meet a continuing deficit of knowledge. Many had neglected their routine healthcare in favor of increasing their safety zone and in doing so, didn't stay as current as they perhaps should have. OHA did its best to outperform on the education, empowerment and information sent to our consumers.

Lunch and Learn - Launched in 2021, OHA continued its monthly issue-based Zoom session to inform, educate and inspire consumers and advocates. The session only lasts 30 minutes during which attendees see a prepared 15-minute presentation on a specific subject followed by an open question period for another 15 minutes. While we like the questions to be on subject, some folks deviate. All questions are answered and appreciated. We market Lunch and Learn through our social media and the listserv database. Sessions are recorded and offered on social media as a follow up and also via the following month's newsletter.

Walk In Office Hours - For the first time, OHA partnered with CHOICES and the State Health Insurance Assistance Program to provide several hours each week of virtual walk-in office hours via Zoom, to help consumers navigate the complexities of signing up or renewing their medical healthcare policies during open enrollment. Some days were light in attendance, but others had a waiting time to get assistance. This was a new endeavor and once again showcase OHA's commitment to the consumer with an innovative approach.

Digital Targeting – OHA targets Connecticut's urban centers for its digital scope of work. It's where the need is the greatest and where we can reach the most people efficiently. We 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 claim denial.

Newsletter – The OHA newsletters are worth your time and packed with information about healthcare issues, advances and OHA positions on healthcare proposals and problems. Each issue focuses on a single health issue with substantive commentary from the agency's Healthcare Advocate Ted Doolittle. The agency is making a concerted effort to provide timely, informative, and educational content to its subscriber list. Our content also includes health headlines that have made it in the news and some that have had limited lesser-known distribution along with a robust segment about other health and medical

issues that affect Connecticut families. Many of those issues intersect with how OHA can be helpful to consumers. Each issue of the newsletter is 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.

Soc*ial* – Facebook and Twitter are the preferred social channels. There are posts several times per week and the feed is live monitored. The news feed features OHA help and tips, recommended reading, and strong advocacy. We 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. Women often 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. We currently have 5,200+ followers. You can read or join OHA FB feed here.

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.

P*ublic Relations* - The following are a sampling of some of our news coverage of OHA's work:

Up Close with Ted Doolittle: Nutmeg TV

https://www.youtube.com/watch?v=xCkiwTdtD4A

CT Mirror: Proposed Hikes

https://ctmirror.org/2022/07/08/ct-insurance-rate-increase-2023-plans-anthem-connecticare-ctcare-cigna/

CT Mirror: Next Steps

https://ctmirror.org/2022/08/12/ct-health-insurance-rate-increase-what-to-know-about-proposals/

NBC 30

https://www.nbcconnecticut.com/investigations/nbc-ct-responds/insurance-companies-questioned-about-proposed-rate-hikes/2852929/

Joint Press Release

https://portal.ct.gov/AG/Press-Releases/2021-Press-Releases/AG-Tong-Healthcare-Advocate-Urge-Highest-Level-of-Scrutiny-for-Insurance-Rate-Hike-Requests

CT NewsJunkie - Proposed Rate Hike

https://ctnewsjunkie.com/2022/07/13/officials-call-for-formal-hearings-on-proposed-double-digit-health-insurance-rates/

CT NewsJunkie - Insurers Defend Rate Hikes

https://ctnewsjunkie.com/2022/08/15/insurers-defend-that-rate-hike-requests-during-public-hearing/

CT NewsJunkie - Call for Formal Public Hearing

https://ctnewsjunkie.com/2022/07/13/officials-call-for-formal-hearings-on-proposed-double-digit-health-insurance-rates/

CT NewsJunkie - Initial Story on Rate Hike

https://ctnewsjunkie.com/2022/07/08/health-insurance-companies-request-average-20-4-rate-hike-for-2023/

CT Public - CID Agrees to Move Rate Hearing

https://www.ctpublic.org/2022-07-20/insurance-department-agrees-to-move-rate-hike-hearing-but-wont-change-format

CT Insider - Sept Story on Double Digit Rate Hikes

https://www.ctinsider.com/business/article/CT-health-insurance-plans-rate-increases-17416189.php

Press Advisory Re: Rate Hikes

https://groups.google.com/g/ctnewswire/c/2x0Q3BGSWiQ?pli=1

Newtown Bee

https://www.newtownbee.com/07282022/speak-now-or-forever-bless-your-health-insurance-rate-hike/

CT Patch - On Proposed Rate Hike

https://patch.com/connecticut/across-ct/ct-insurers-ask-20-rate-hike-health-exchange-plans

Westchester and Fairfield County - consolidated rate increase stories

https://westfaironline.com/tag/connecticut-insurance-department/

CT Public Radio/New Hampshire Public Radio - Covid 19 Contributor to Healthcare Cost Increases

https://www.nhpr.org/2022-12-01/its-not-your-imagination-covid-19-has-driven-health-care-costs-up-across-ct-experts-say

NH Register - OP/Ed Paper Giving Credit for Fighting Rate Hikes

https://www.nhregister.com/opinion/article/Thumbs-up-thumbs-down-16457990.php

COLLABORATIONS

OHA and the Department of Children and Families

The year 2022 marked the ten-year anniversary of a highly successful partnership between the Department of Children and Families (DCF) and the Office of the Healthcare Advocate (OHA. The collaboration began 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 2022 to assist Connecticut families with connecting to the services their child needs, navigating their commercial healthcare insurance, and resolving issues/barriers within the healthcare insurance plan. OHA educates and advocates for these families on how to effectively utilize their commercial health insurance plan and access it appropriately, reducing the need for the state to expend monies when commercial insurance provides benefits.

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 reserves state monies as payment of last resort.

OHA and the Albert J. Solnit facilities (state adolescent mental health hospitals) also work together as part of this collaboration. 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 for the families. In 2022-this collaboration resulted in a savings of $880,000. 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.

Additionally, 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 a claim or if there is a lack of providers available within their in-network provider list. This education and support given to the consumers is 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 knowledge to navigate within their commercial healthcare plans and to ensure that the commercial insurance is accessed and utilized appropriately. 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/

LEGISLATIVE BRIEFING 2022

During the 2022 legislative session, OHA tracked 72 unique bills related to healthcare and healthcare insurance policy. Of the 72 bills tracked, 54 bills received a public hearing, 22 received public testimony from OHA, and 7 eventually became law.

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

Public Act 22-47 (HB 5001) – An Act Concerning Children's Mental Health

- requires OHA to designate an employee to be responsible for performing the office's duties to minors and coordinating state-wide efforts to ensure that minors have coverage and access to services for mental and behavioral health conditions and substance use disorders.
- establishes a Mental and Behavioral Health Treatment Fund to assist families with uncovered costs for drugs and intensive services to treat child and adolescent mental or behavioral health conditions.
- requires fully insured health plans to cover two mental health wellness examinations per year without prior authorization or cost sharing.
- expands the mental health coverage mandate for fully insured health plans to include coverage of "evidence-based" services for children and adolescents.
- establish a mandate for fully insured health plans to cover primary care services by a primary care team under a Collaborative Care Model.
- revises the surprise billing, provider collection and mental health coverage mandate statutes to afford out-of-network "urgent crisis center services" the same protections as out-of-network emergency services.
- revises the network adequacy statute to require equivalent access to urgent crisis center services as is afforded to emergency services.
- prohibits fully insured health plans from requiring prior authorization for urgent crisis center services or acute inpatient psychiatric services following an ED admission or upon referral by the patient's treating clinician. Concurrent and retrospective review are still permitted.
- requires the Office of Health Strategy to study payment parity and the rates at which health carriers, including HUSKY, reimburse for covered physical, mental and behavioral health benefits. Interim and final reports are due on January 1 of 2023 and 2024, respectively.
- establishes a Behavioral and Mental Health Policy and Oversight Committee, which includes ex officio, the Healthcare Advocate or designee.
- require fully insured health plans to revise their notices regarding the services of OHA to be prominently displayed in language approved by OHA.

Public Act 22-58 (HB 5500) – An Act Concerning DPH's Recommendations Regarding Various Revisions to the Public Health Statutes

- transfers oversight of community benefit programs from OHA to OHS and revises the process for hospitals to conduct community needs assessments, administer community benefit programs and submit community benefit program reports to OHS.

Public Act 22-81 (SB 2) – An Act Expanding Preschool And Mental And Behavioral Services For Children

- clarifies that the prohibition against facility fees for telehealth applies to hospitals, whether the services are provided on or off campus.
- extends the sunset date for the expansion of telehealth services and telehealth parity mandates, pursuant to Public Acts 21-9 and 21-133, through June 30, 2024.
- eliminates the sunset date for the telehealth coverage parity mandate.
- requires OHS to study the provision and coverage of telehealth services in the state.

Public Act 22-84 (SB 360) – An Act Concerning Various Changes To Utilization Review Companies Licensure Statute

- changes licensing requirements for utilization review companies, which includes adding a requirement for companies to file with the commissioner any material changes in clinical criteria for behavioral health.

Public Act 22-90 (SB 358) – An Act Concerning Required Health Insurance Coverage For Breast And Ovarian Cancer Susceptibility Screening

- expands the circumstances when breast cancer screening and diagnosis services are covered without cost sharing.
- mandates coverage of certain ovarian cancer screening and monitoring services without cost sharing.

Public Act 22-118 (HB 5506)

- establishes a task force to study and make recommendations concerning certificates of need.
- modifies the process for increasing ambulance rates.
- establishes a working group to study ambulance rates.
- requires the health plans for state and municipal employees administered by the Comptroller to extend eligibility for dependents through the end of the calendar year that the dependent reaches age 26 or obtains coverage through their own employment.
- requires OHS to establish annual health care cost growth and quality benchmarks and primary care spending targets for health care providers, and to collect health care spending data and report on health care spending trends. OHS may also hold public hearings to address the factors that cause any health care provider or health benefits payor to exceed the benchmark values.
- requires fully insured health plans to include a minimum of two health enhancement programs in each policy issued in the state and to provide coverage for such programs.
- extends through age twelve initial HUSKY eligibility for undocumented immigrant children and further allows children age 13-19 to remain on HUSKY for as long as they remain below applicable income thresholds and ineligible for other coverage.

- eliminates all state claims and liens, except those required by federal law, against property acquired by recipients of medical and other assistance programs.

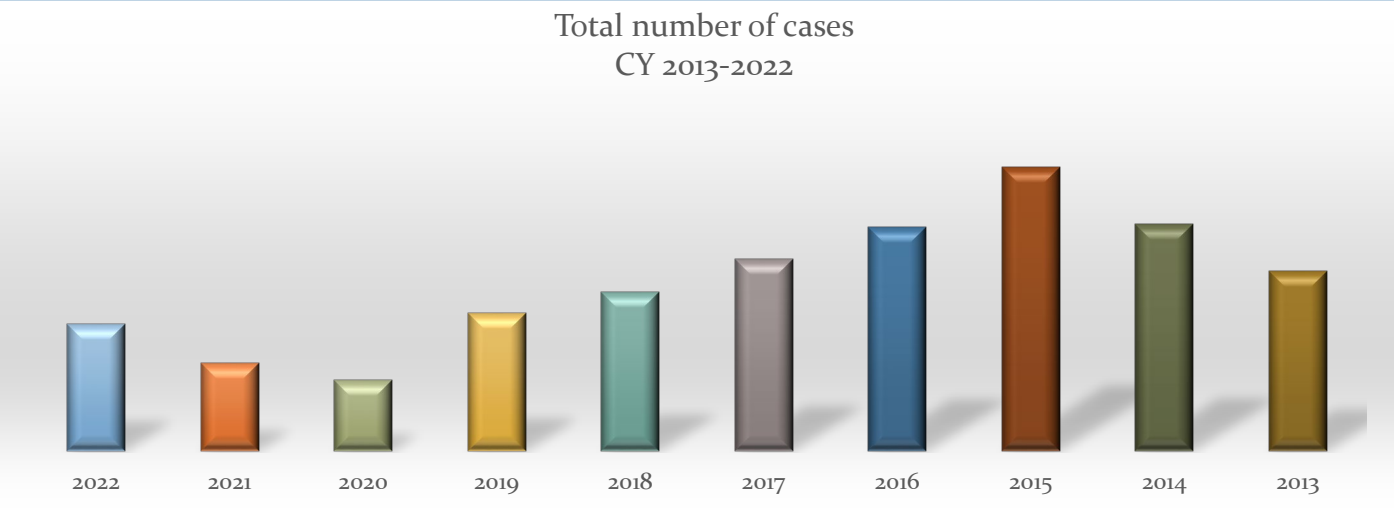
Public Act 22-146 (SB 9) – An Act Concerning Additional Adjustments To The State Budget For The Biennium Ending June 30, 2023, A Community Ombudsman Program, Certain Municipal Related Provisions, School Building Project Grants And High-Deductible Health Plans

- establishes a Community Ombudsman program to complement the Long-Term Care Ombudsman program with respect to home care services.
- creates a narrow exception to the copay accumulator prohibition in Public Act 21-14, for HSA compatible HDHPs.

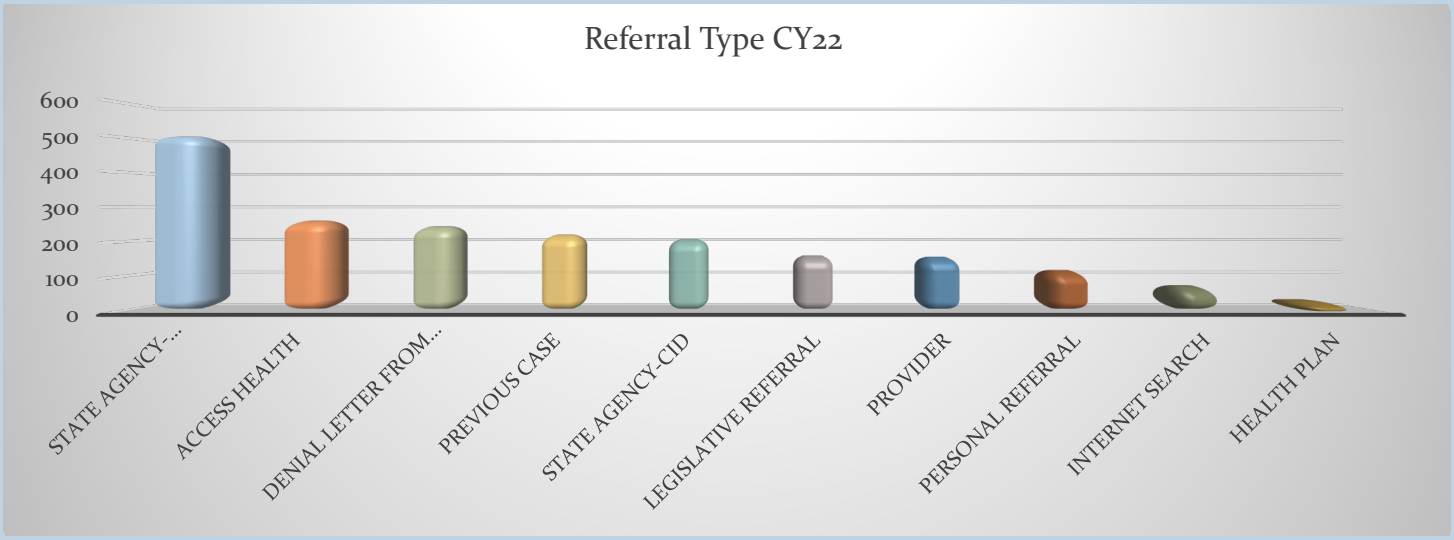
Other policy activity: There were additional policy initiatives that OHA strongly supported, which we hope to continue to champion in the future. As in years past, OHA will continue to seek ways to shine a light on the costs of healthcare, including the underlying cost drivers, that continue to inflate 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. Notably, OHA collaborated with the CT Insurance Department and the Office of Health Strategy to organize and host a series of forums to explore and expose the root causes of excessive health care prices. The forums have successfully gathered several scholars, policymakers, industry experts and others to have public and detailed discussions regarding the high cost of health care in Connecticut and nationwide, with the objective of identifying specific policy proposals that can effectively mitigate the unsustainable rate at which costs continue to grow. OHA looks forward to reporting on those future initiatives as they are further developed. 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.

Consumer Relations

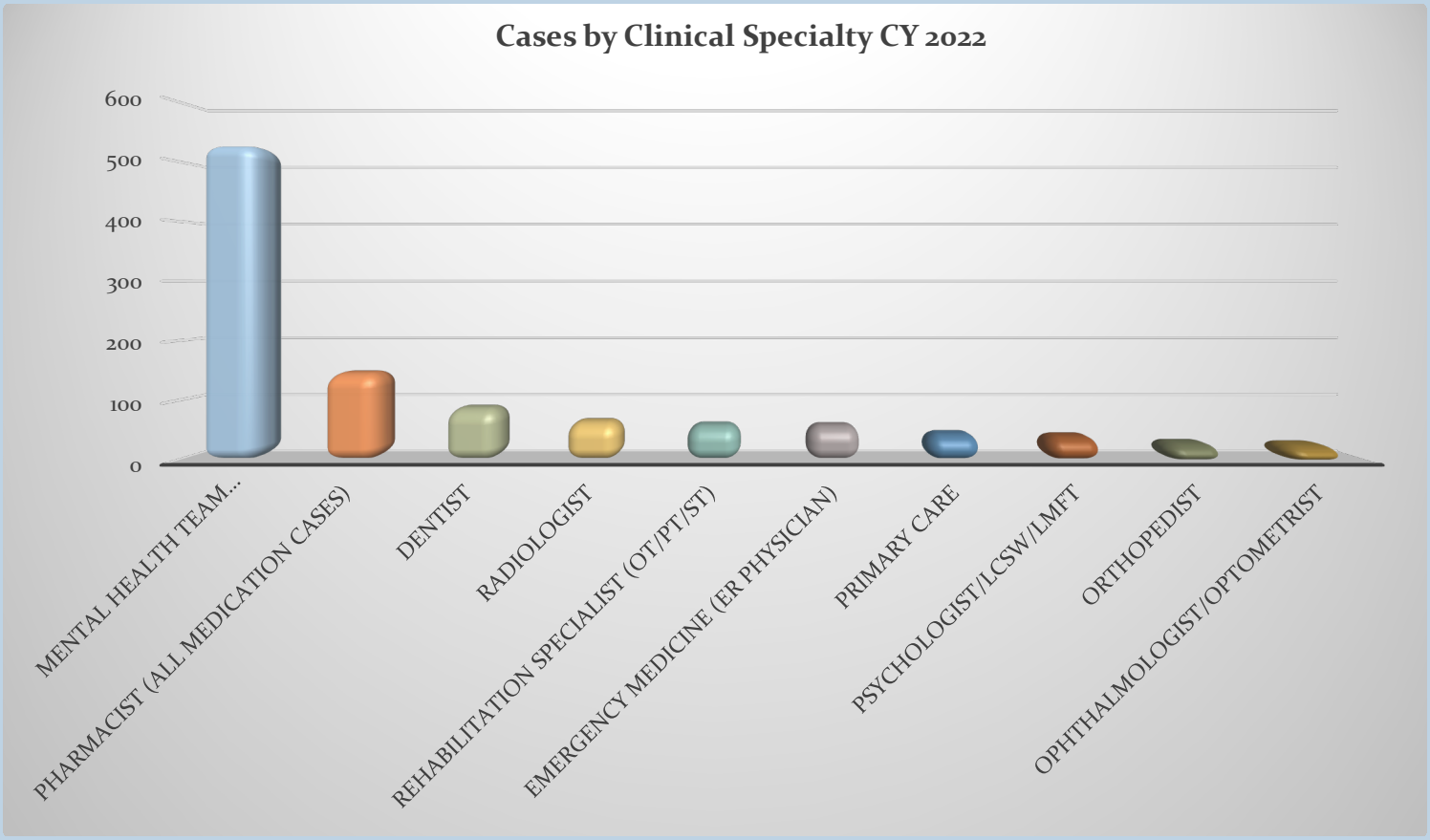
Due to Covid, healthcare spending and procedures plummeted, while at the same time the federal government and insurers were generally good about covering testing and treatment for Covid, so OHA correspondingly had a lower volume of cases. We continue to encourage legislators and agencies to refer cases 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 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 and our third highest source is cases stemming from insurance company denial letters, which are required under federal and state law to include OHA's contact information. With the advent of the revised notices required by Public Act 22-47, we anticipate that this source of referrals will increase significantly in 2023, and may surpass other referral sources in total numbers.

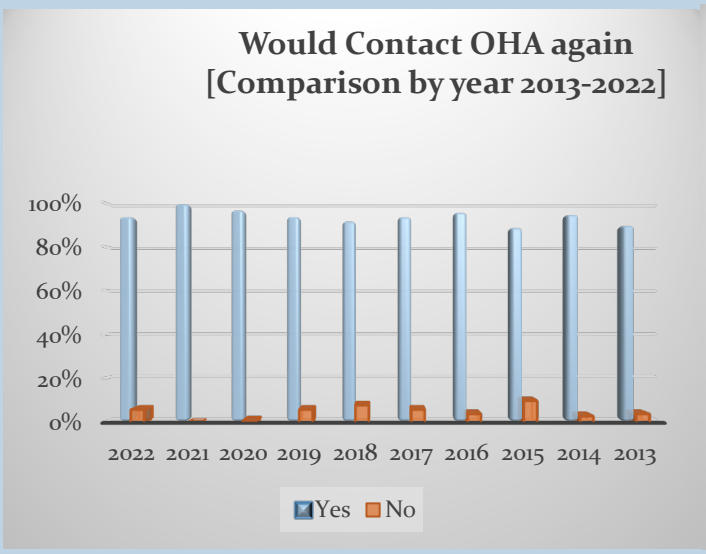


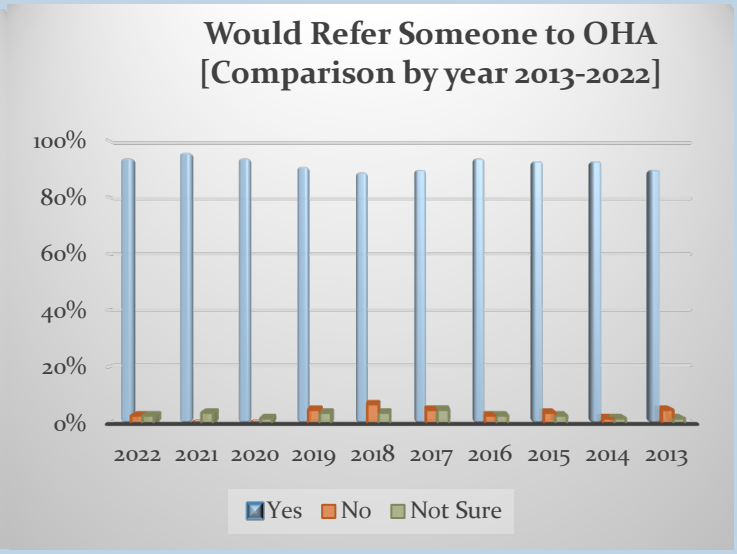
OHA continued to receive a wide range of cases representing many clinical categories, with Mental Health as the predominant case type for assistance. Fortunately, OHA's advocacy resulted in many reversals of denials of treatment or services that involve consumers in need of treatment for serious, debilitating,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

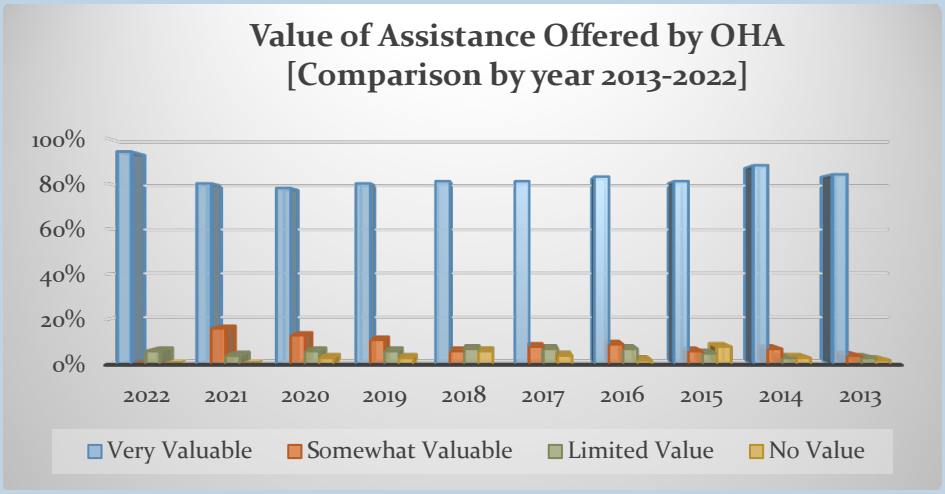


"My case manager was amazing, we were able to get our claims handled correctly, which helped us meet our deductible. If wasn't for OHA's assistance I may have had to hire an attorney and spend hours on the phone but now I have my time back!"

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 2022, 94 percent of Consumers responded they would refer someone to OHA. This metric has been consistently high and favorable since 2013. 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 94 percent while 94 percent of consumers found OHA to be valuable.







"My case manager was warm, competent, and kind. I cannot express my gratitude for her help!"

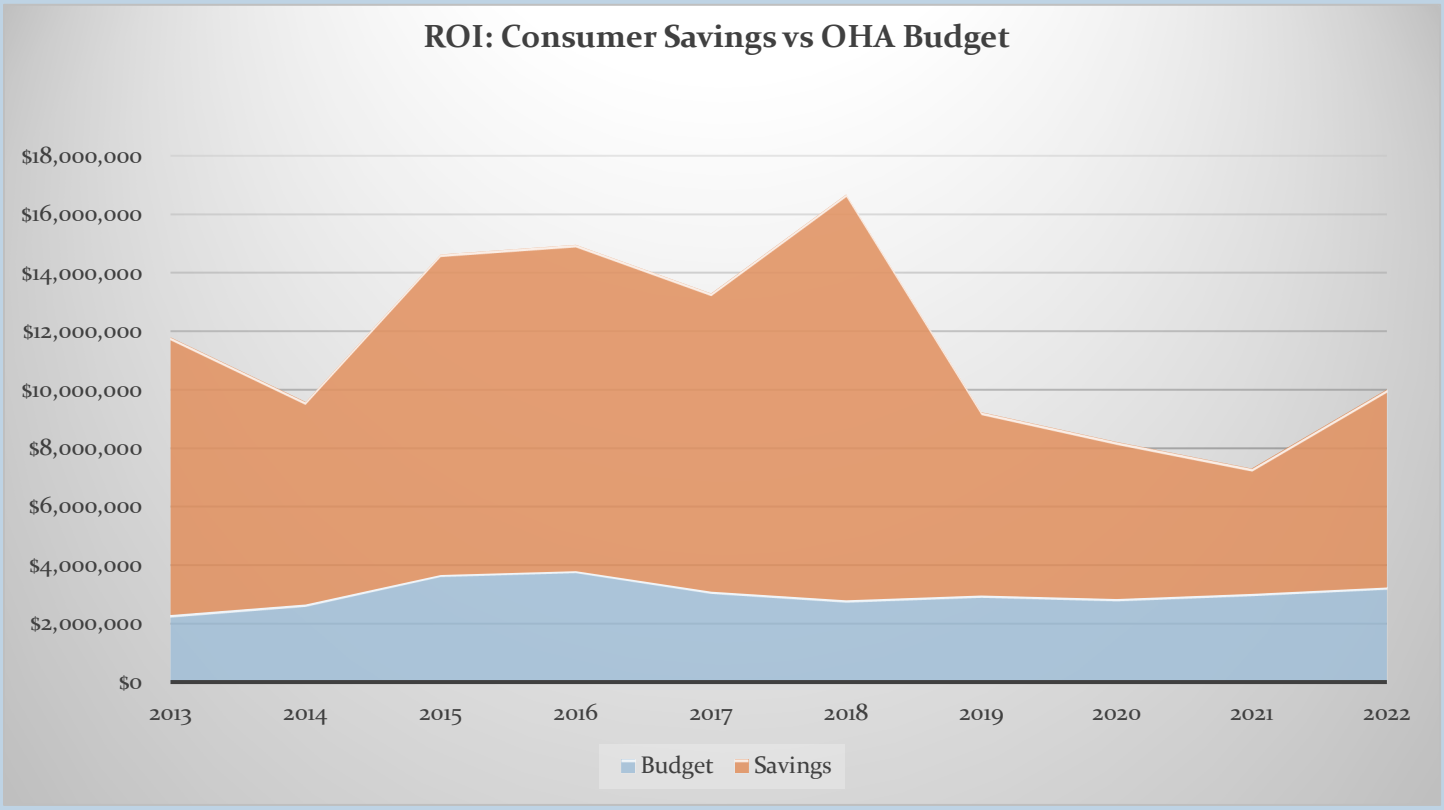
OHA SAVINGS

The chart below illustrates the total amount of savings for consumers since 2013. OHA's advocacy returned $6.7 million to the residents of Connecticut in 2022. Including the amounts from CY 2022, the office since its founding in 2002 has returned over $128 million in savings to consumers.

Year	Budget	Savings
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
2022	$3,238,271	$6,775,150

"Amazing help and guidance from my advocate, she always responded promptly and explained things"

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.



"My healthcare advocate, persisted in attempts for us to make contact and was very patient, pleasant, and informative. I am very grateful for his response."

CONSUMER STORIES

Facility contacted OHA regarding the denial of coverage for continued coverage at a mental health facility for inpatient level of care. Consumer had been in the facility for over a month with coverage when the insurance company determined a lower level of care was appropriate and stopped coverage. The consumer remained in inpatient level of care at the facility for over three more months until it was appropriate for a transfer to a lower level of care. OHA filed all levels of appeals. The first and second level appeal were upheld in the internal appeals. OHA filed the external appeal, and the determination was overturned. The claims were reprocessed for approval at inpatient level of care.

Savings: $250.000

The parents of an adolescent who was receiving mental health residential services contacted OHA for help when their private insurance carrier decided these services were no longer medically necessary and coverage ended. OHA collected clinical documentation from the youth's parents and healthcare providers and wrote an appeal that demonstrated the reasons why continued treatment was the most appropriate intervention to help with the types of challenges that were occurring. The carrier's decision to deny coverage was upheld upon the first level of appeal. OHA continued advocating for the youth and proceeded with the second level appeal, whereupon the denial was reversed, and the entire length of treatment was now covered.

Savings: $60,000

Consumer contacted OHA because his cardiologist recommended a 30-day heart monitor to record episodes of irregular heart rhythm. The health plan denied the test as not medically necessary. The member was billed for the test and contacted our office for assistance. Our office appealed to the external review for the denial of the test and overturned the health plan decision.

Savings: $2,750.00

Consumer contacted OHA regarding the denial of coverage for outpatient surgical hospitalization for their special needs child, who needed dental services in a hospital setting. The plan was denying coverage for the hospital services stating dental benefits were not a covered benefit under the plan. Consumer had completed the first level appeal prior to contacting OHA. OHA completed the second and final appeal level which was upheld. OHA resubmitted the appeal again despite having no remaining appeal rights and requested the plan re-review the claim, while explaining the plan had incorrectly processed the request under the dental benefit and not the medical benefit as requested. The

plan paid the claim in full, with no member responsibility as the deductible had been met.

Savings: $22,054.23

Consumer had a Cologuard colorectal screening test. However, it was denied by the health plan as not a covered benefit. Thus, he received a balance from the laboratory company. Under the Affordable Care Act ("the ACA"), most insurers are required to cover preventable services like colorectal cancer screening without patient cost-sharing. Therefore, our office requested that the health plan review of the claim be processed in compliance with the law. As a result, the health plan overturned the denial of the Cologuard colorectal screening test, leaving a zero balance to the member.

Savings: $2,841.03

Consumer's provider contacted OHA regarding a denial of an infusion medication used for the treatment of Multiple Sclerosis. The provider had completed the first level appeal which was upheld. OHA filed the second level appeal which was also upheld. OHA contacted the provider and requested supporting literature along with a new letter of medical necessity explaining adverse complications related to the formulary medications. OHA then filed the expedited external appeal, and the decision was overturned.

Savings: $681.00

OHA was contacted by the parents of a child who suffers from autism. The parents negotiated the inclusion of 120 visits each of speech and occupational therapy for their son through their employer-based health plan as the insurance policy did not previously include coverage for these services. Their providers were out of network, but their insurance company agreed to pay the claims as if they were in-network as part of the agreement. Since their providers did not accept health insurance, the parents were required to pay for the services out of pocket and seek reimbursement from the insurance company afterward. Every time they submitted a claim, however, it was denied. Many of their claims were not even in the insurance company's system. OHA worked with the parents, providers and insurance company to ensure that all promised services were both covered and reimbursed. The parents subsequently received various demand letters from the insurance company indicating that the claims had been paid in error and would have to be paid back. OHA again jumped into action and contacted the insurance company who indicated that the letters were sent in error and the parents were not obligated to pay anything back.

Savings: $22,515.76

Consumer reached out to OHA with a claims issue. After having active Medicaid at the time of the services, the consumer was billed the full amount. After multiple attempts to fix the situation with Husky and the provider the consumer was placed in collections which affected his credit. OHA was able to have Medicaid rebilled by all providers and all claims were paid with $0.00 responsibility to the consumer. OHA followed up with the consumer who was very thankful and confirmed all claims have fallen off their credit.

Savings: $8,317.00

K.C. had laser eye surgery at a hospital-based outpatient surgical center. When she received her bill, she found that the facility fee was approximately $4300 of which only $2900 was covered by insurance, leaving her with a balance due of approximately $1,350.00. After OHA intervention, it was determined that K.C. was not provided with a statutory notice regarding facility fees in advance of the surgery. This resulted in the hospital billing department waiving the remaining balance.

Savings: $1,350.00

Consumer contacted OHA, for denied hospital claims related to cancer treatment. The hospital and the carrier were in the process of negotiating a contract for many months. The client was being billed for all his treatments during this process and even after the contract was finally agreed upon. His claims were denied based on the lack of a contract between the carrier and hospital, and he was being billed for all services. OHA worked with the carrier to have the claims processed as in-network.

Savings: $297,210

Consumer diagnosed with metastatic bile duct cancer has been treated with multiple lines of therapy, including on a clinical trial contacted OHA. His disease progressed and his Oncologist initiated two chemo medications, and his cancer stabilized. However, his health plan denied the drugs as not medically necessary. The member paid out-of-pocket for three treatments and contacted our office for assistance. Our office arranged a telephonic Grievance Panel with the health plan and referred the Grievance Panel to the Connecticut Statute Sec. 38a-518b, which refers to coverage for certain off-label drug prescriptions. The health plan overturned the denial of the medications.

Savings: $705,166.22

Consumer contacted OHA for denied hip surgery. Her previous hip surgery had failed, and she needed to have a revision of the hip. She has a history of hip pain, groin pain, lumbar radiculopathy, hip surgery, and previous epidural injections. She is an avid athlete and runner. The pain she has been experiencing has led to a loss of her quality of life. Post surgically, she completed an MRI evaluation of the hip that shows a substantial hip ligament and capsular defect thereby removing the ligamentous support to hip stability. Although the operative note states that the capsule was closed - postsurgical imaging shows that that repair had failed. Surgery was approved on external appeal.

Savings: $40,800

Consumers contacted OHA regarding the denial of coverage for outpatient surgical hospitalization for their special needs child, who needed dental services in a hospital setting. The plan was denying coverage for the hospital services stating dental benefits were not a covered benefit under the plan. Consumer had completed the first level appeal prior to contacting OHA which was upheld. OHA completed the second and final appeal level which was upheld. OHA resubmitted the appeal again despite having no remaining appeal rights and requested the plan re-review the claim, while explaining they had incorrectly processed the request under the dental benefit and not the medical benefit as requested. The plan paid the claim in full, with no member responsibility as the deductible had been met.

Savings: $22,054.23

OHA Budget

Budget Summary Account	**Total FY22 Budget**	**Actual FY 22**	**%**
Personal Services	$1,509,956.00	$1,509,955.25	100.00%
Other Expenses	$298,000.00	$212,087.95	71.17%
Equipment	$5,000.00	$0.00	0.00%
Fringe Benefits	$1,452,219.00	$1,452,218.98	100.00%
Indirect Overhead	$64,009.00	$64,009.00	100.00%
Grand Total:	**$3,329,184.00**	**$3,238,271.18**	**97.27%**

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