



## *At a Glance*

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

**Laura Morris, MPH, *Assistant Healthcare Advocate***

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

***Established - 2001***

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

***Central office - P.O. Box 1543, Hartford, CT 06144, 450 Capitol Avenue,  
Hartford, CT 06106***

***Number of employees - 21***

***Recurring operating expenses - FY 17 budget \$7,593,506***

***Organizational structure - Central office—includes for administrative purposes only, State Innovation Model Initiative Program Management Office***

## **Mission**

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

## **Statutory Responsibilities**

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

advocates, providers and health plans to discuss issues and solutions related to a wide variety of healthcare consumer issues, such as mental health parity, the cost and affordability of healthcare, and access to healthcare.

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

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

- Medical Assistance Program Oversight Council - Conn. Gen. Statutes Sec. 17b-28.

## **Public Service**

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

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

## **Improvements/Achievements 2016-2017**

Savings: \$9.8 million  
Outreach: 113 events  
Cases: 6,575

### Case Volume and mix:

In FY 16-17, OHA recovered \$9.8 million for consumers through overturned denials of coverage, resolution of billing disputes and ensuring enrollment into healthcare coverage.

- Case volume continues to be high with 6,575 cases opened in FY 16-17.
- Most frequent referral sources: Access Health CT, State Agencies, Providers, Denial Letter from Insurer, Legislators, Health Plans, Brokers and Social Media.
- There were 376 cases referred to OHA as part of OHA's collaboration with the DCF Voluntary Services.
- The most common issues raised by consumers in FY 16-17 are Benefit Design, Denial of Claim, Billing Problem, Education/Counseling, Medical Necessity, Denied Service/Treatment and Enrollment/Eligibility.

In FY 16-17, OHA recovered over \$9.8 million for consumers through overturned denials of coverage, resolution of billing disputes and ensuring enrollment into healthcare coverage.

In FY 16-17, 95% of consumers serviced by OHA reported that they would contact OHA again for assistance and almost 92% would refer a family member or friend to OHA.

## Outreach/Education

- OHA staff conducted over 113 outreach and education events.
- OHA participated in seven town hall forum discussions on the opioid epidemic in collaboration with DMHAS and other stakeholders.
- OHA continued its outreach to town halls, social and youth services, health departments/districts, schools/superintendents, senior centers, social clubs, and other advocacy organizations.
- OHA provides information on our services in 23 languages, including Braille. Free materials (handbills, brochures and posters) in multiple languages are available upon request. OHA has a dedicated e-mail address to handle outreach requests.
- OHA 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 was a sponsor and participated in the Better Health Conference, focused on improving patient satisfaction and outcomes.
- The Healthcare Advocate has appeared on radio/television programs to promote information on OHA's services and to discuss the ACA and SIM.
- 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.
- OHA maintains an active Facebook and Twitter presence.

## Stakeholder Collaboration

- OHA continues its partnership with the Department of Children and Families (DCF) on a project to maximize utilization of commercial health plan benefits to prevent unnecessary state expenditures for children from families that have commercial coverage.
- OHA 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.

- Completed 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%, and resulting in the creation of a new, permanent position in this unit to continue to work started under this collaboration.

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

- Healthcare Advocate is a member of the Access Health CT Board of Directors, and serves on several AHCT Committees and Advisory Committees:
  - Consumer Advisory Committee (co-chair)
  - 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.”<sup>1</sup>
- Children's Behavioral Health implementation plan under PA 13-178 to develop a comprehensive children's behavioral health plan (prior to passage of PA 15-27)
- Connecticut Three Branch Home Team to advance our collective efforts to improve well-being for children across mental health, permanency and housing.
- Connecticut Cancer Partnership Committee
- 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
- Equal Coverage to Care Coalition
- Explanation of Benefits Confidentiality Ad Hoc Work Group
- Family Support Council Board of Directors
- Health Acquired Infections Committee
- Health Care Cabinet
  - Pricing Work Group
  - Education Work Group

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

- Health Information Technology Council
- Council on Medical Assistance Program Oversight
  - Complex Care Committee
  - Development Disabilities Working Group
  - Care Management Committee
- Behavioral Health Partnership Oversight Council
- CT Strong Grant – State Level Transition Team
- Connecticut Campaign for paid family leave
- 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
- Choosing Wisely Champion Patient Activist Pilot program with Consumer Reports.
- 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

#### **A. 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, UConn Health, and the Health Information Technology Office.

The SIM PMO's accomplishments for FY 2017 include:

- Through the Advanced Medical Home Program, which provides no-cost transformation support to primary care practices throughout the state, 50 practices have received NCQA Level 2 or 3 PCMH Recognition, and 22 have received Planetree recognition. A total of 143 practices are enrolled in the program in various stages of completion.
- The Community and Clinical Integration Program (CCIP) launched in January, 2017. 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. CCIP provides technical assistance through the consultant, Qualidigm, as well as transformation awards to advanced networks and federally-qualified health centers to achieve these standards. The three Participating Entities include Value Care Alliance (VCA), Community Health Center, Inc. (CHCI), and Northeast Medical Group, Inc. (NEMG). The PEs have each developed transformation plans and are working with Qualidigm toward achievement of the standards.
- Senate Bill 126, An Act Concerning Community Health Workers, was signed into law as [Public Act 17-74](#). The law defines CHWs and requires the PMO to work with the CHW Advisory Committee and the Department of Public Health to study the feasibility of creating a CHW Certification Program and report on the study findings and recommendations by October 1, 2018. The definition developed by the SIM CHW Advisory Committee was used to inform this law, and the recommendations of the Committee on Certification will be used to inform the feasibility study with the goal of developing and launching a Certification Program. The Committee released a [Report](#) detailing its recommendations for CHWs in Connecticut which also includes scope of work and sustainable funding.
- The Patient Centered Medical Home Plus (PCMH+) program, Medicaid's first shared savings program, launched on January 1, 2017. PCMH+ launched with nine Participating Entities (PEs), representing two Advanced Networks (ANs) and seven Federally Qualified Health Centers (FQHCs). Of those PEs, both Advanced Networks and one FQHC are participating in CCIP, with the other six FQHCs are participating in the Practice Transformation Network grant, a separate federal initiative under CMMI. To enable the success of PEs in the PCMH+ program, DSS received approval on the State Plan Amendment which grants Medicaid the authority needed to make supplemental payments to FQHCs and shared savings payments to all PCMH+ PEs.
- Allan Hackney was appointed by the Lieutenant Governor to be the Health Information Technology Officer (HITO) for the State of Connecticut in January 2017. Since his appointment, Mr. Hackney has been instrumental in overseeing the coordination of HIT efforts, including co-chairing the Statewide HIT Advisory Council. Advisory Council members have now accepted the [recommendations](#) that came out of both the electronic Clinical Quality Measure (eCQM) Design Group and the [Stakeholder Engagement and Environmental](#)

[Scan](#). The recommendations of the eCQM design group included objectives and functional requirements of an efficient, shared, statewide health IT-enabled eCQM solution in the context of Alternative Payment models. The HIT environmental scan included conversations with over 130 organizations and nearly 300 individuals. The scan helped to identify HIT and HIE opportunities of the greatest value to stakeholders to help advance healthcare in the state. The scan led to the launch of the Immunization and HIE Use Case Design Groups to work on needs related to the Immunization Registry and to prioritize HIE use cases.

- The Consumer Advisory Board held numerous events to engage a variety of consumer groups including: two events with Church Leaders from Hartford, Middletown, and New Britain (90 attendees) to discuss healthcare access, and to respond to a call-to-action about how to move forward together; a Young Adult listening session with students at Manchester Community College (25 attendees); and the [Kids as Self Advocates \(KASA\) Youth summit](#) for young adults with disabilities to discuss their transition into adult care (80 attendees).
- The Value Based Insurance Design templates for [self-insured](#) and [fully-insured](#) employers were updated to increase usability and to address feedback from employers. The templates provide suggested insurance benefit designs with rationale for selection. Freedman Healthcare, a consultant under the direction of the PMO and the Office of the State Comptroller, has also developed and implemented a strategy for engaging employers through business council meetings, chamber of commerce gatherings, and other events in order to promote VBID adoption.
- A [scope of work and timeline](#) were developed for the Public Scorecard, which will increase transparency by providing consumers access to healthcare quality information, allowing providers access to information on their performance relative to peers to drive quality improvement through transparency, and Providing CT policy makers with information to assess CT healthcare performance.
- The CAHPS survey, a survey designed to measure consumer experience with health care providers, was conducted to inform the PCMH+ shared savings calculations, as well as the public scorecard.
- The Population Health Council approved the [Community Based Organization \(CBO\) Linkage Model](#) which will serve as the model for the Prevention Service Initiative (Previously Prevention Service Center). The model includes technical assistance to link Community Based Organizations to accountable healthcare networks in order to deliver needed prevention services.
- The UConn Evaluation team has regularly updated the [data dashboard](#) to track SIM progress across the state.

## **B. Legislative Activities**

During the 2017 legislative session, OHA tracked 187 unique bills, 20 of which became law, provided expert insight concerning possible language for several, and testified on 21. However, it is important to note that, as of the date of this report, Connecticut has yet to



complete a budget. When this is done, and the General Assembly holds the Special Session to debate and pass a budget, multiple pending initiatives that OHA tracked are likely to be incorporated into the Budget Implementer.

- OHA advocated for HB 5971, which would require that dependents be permitted to remain on their parent's dental plans until the age of 26, mirroring the ACA's requirement for continued dependent health plan eligibility.
- We supported HB 6015, which expands consumer rights we previously championed in PA 15-146, and promoted greater notice and transparency in hospital billing.
- HB 7123 appropriately would limit health plan's ability to make material changes to their prescription drug formularies during a plan year, which would provide consumers with more consistency and certainty as they research and choose health plans each year, instead of being faced with the real possibility of having significant and costly changes to their drug benefit mid-year, at a time when they cannot change plans.
- Similarly, SB 925 would increase the transparency of pharmaceutical costs in the state by requiring greater disclosure of the true cost of drugs marketed and sold in Connecticut.
- HB 7184 would have required state agencies to review and report to OPM their policies for identifying and seeking payment from available payment sources for services provided by that agency.
- Finally, OHA advocated for SB 451, which simply clarified some of the statutory provisions concerning notice about facility fees that consumers may be subject to, so that all stakeholders could clearly understand their liability under the law.

### **C. DCF Collaboration**

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

- Opened 376 cases under the DCF Voluntary Services project in FY 16-17
- Counseled families on their rights under the plans, including the right to appeal denials of coverage.
- Educated DCF regional office supervisors and workers about the proper use of primary healthcare coverage to prevent unnecessary state spending.
- Met with DCF leadership periodically to refine the project to ensure continuous quality improvement of the project.
- Ensure that planning for children who need out-of-home placement on a 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 \$977,417 and consumers \$1,574,465 in FY 16-17.
- 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 cost shift or cost avoidance due to 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 \$313,053 for FY 16-17.

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

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

#### **E. Other Projects**

##### 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, including locating appropriate providers. 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 worked with stakeholders to design and implement the BHC, including our community partners, state agencies, and others. OHA conducted 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 intends to explore options for funding from a variety of sources. Currently, discussions are underway with DSS and Beacon Health to ascertain the feasibility of collaboration to build the BHC into the existing, similar, framework for Husky members. OHA continues to search for funding for this initiative.

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

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