



*Administrative Report to the Governor*  
Fiscal Year 2019-2020

**A. OHA At-a-Glance**

<b>Agency:</b>	<b>Office of the Healthcare Advocate - OHA</b>
<b>Agency Head:</b>	<b>Ted Doolittle, State Healthcare Advocate</b>
<b>General Counsel:</b>	<b>Sean King, JD</b>
<b>Established:</b>	<b>2001</b>
<b>Statutory authority:</b>	<b>Conn. Gen. Statutes Sec. 38a-1041 <i>et seq.</i></b>
<b>Central office:</b>	<b>P.O. Box 1543, Hartford, CT 06144, 153 Market St., 6th Floor, Hartford, CT 06103</b>
<b>Number of employees:</b>	<b>17</b>
<b>Recurring operating expenses:</b>	<b>FY 20 budget \$3,368,313</b>
<b>Organizational structure:</b>	<b>Unified central office</b>

**B. Mission**

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

**C. Statutory Responsibilities**

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

- Convening the High Deductible Healthcare Plan Task Force created by Sec. 247 of the Budget Act of 2019 (report completed and sent to the General Assembly February 2020);
- 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-1087;
- All-Payer Claims Database Advisory Group membership - Conn. Gen. Statutes Sec. 17b-59f;
- Connecticut Clearinghouse - Conn. Gen. Statutes Sec. 38a-556a;
- 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-591 et seq.;
- Observation status – notice requirement with OHA contact information, Conn. Gen. Statutes Sec. 19a-508b;
- 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 - Conn. Gen. Statutes Sec. 19a-725;
- Health Information Technology Advisory Council – Conn. Gen. Statutes Sec. 17b-59f
- 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 16-158
- Children’s Mental, Emotional and Behavioral Health Plan Implementation Advisory Board
- Behavioral Health Partnership Oversight Council – Conn. Gen. Statutes Sec. 17a-22j
- Medical Assistance Program Oversight Council - Conn. Gen. Statutes Sec. 17b-28.

## **D. Public Service**

OHA continually seeks to identify means to improve its services to consumers and promote effective consumer engagement in healthcare, including collaborative work with other state agencies and community organizations. OHA measures 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 initiative

## **E. Improvements/Achievements FY2019-2020**

Consumer Savings: \$5.5 million  
Outreach: 195 events  
Cases: 2918

### Case Volume and Mix:

In FY 19-20, OHA recovered \$5.5 million for consumers through overturned denials of coverage, resolution of billing disputes and ensuring enrollment into healthcare coverage.

- There were 2918 cases opened in FY 19-20.
- Top ten referral sources were: Access Health CT, State Agency-DCF/Careline, Denial Letter from Insurer, Provide Referral, Previous Case, Legislative Referral Personal Referrals, State Agency-CID, Internet Search and Social Media.
- There were 101 cases referred to OHA as part of OHA's collaboration with the DCF Voluntary Services.
- The most common issues raised by consumers in FY 19-20 were Consumer Education, Denial of Claim, Not Medically Necessary, Consumer Not Satisfied with Plan Design, Access to Care, Denial of Prior Authorization, Provider Issue, Statutory/Regulatory compliance and Billing Codes

## Outreach/Education

- OHA staff conducted 195 outreach and education events for FY 19-20. Cases are up from the previous year despite not being able to conduct outreach in person due to COVID-19. OHA continues to conduct outreach and education via Social Media and electronic communication.
- Social media is the main driver for OHA communications because it's the most efficient of all the media outlets. Consumers can be engaged and it allows content to be shared among friends and associates. As the velocity of change to healthcare continues, OHA posts a minimum of three times per week to our targeted group of consumers, advocates and policy makers. New engagements and shares bring new opportunity to capture more attention. The audience is growing and now stands at nearly 5,100 followers.
- The primary social platform is Facebook but OHA also posts on YouTube and Twitter. Content includes opinion pieces written by Healthcare Advocate Ted Doolittle and published in national and Connecticut news outlets; media clips of the Healthcare Advocate's appearances and interviews. Content also includes notices of changes in health policy, deadlines for the marketplace and other content of interest to healthcare consumers that will help them be more empowered, more knowledgeable of their rights and responsibilities with regard to healthcare.
- While much of OHA's work is regulatory and dealing with denials and consumer problems with healthcare policies there are opportunities for appearances and longer interviews in our various news outlets in Connecticut. During FY 20, the Healthcare Advocate was interviewed numerous times and made appearances on WTIC radio; NBC 30, WTNH News 8 and WDRC radio. This earned media is an important component of the outreach and awareness efforts.
- The OHA received the most news coverage from local media when it released its consolidated online healthcare insurance tool that helps the many suffering and unemployed residents look at options and make decisions for their family's healthcare insurance needs when they have sudden loss of coverage. This news exposure directly lead to WTIC AM airing a complimentary no charge radio schedule for several weeks on behalf of OHA.
- *OHA News* officially launched in the fiscal year. This is the agency's newsletter to more than 2,000 contacts. It has been on hiatus but was re-branded and re-launched as part of the new online look of the OHA. It contains "We're In Your Corner" column by the Healthcare Advocate, recent and trending news along with real life consumer stories.

## 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 furthers its public service commitment by participating in the following activities/groups:

- The 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
  - Health Plan Benefits & Qualifications Advisory Committee
- High Deductible Health Plan Task Force created by the 2019-20 Budget Act; OHA convened and administered the panel, which delivered a report to the legislature by February 2020
- 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>
- Connecticut Cancer Partnership Committee
- Department of Public Health Healthy Connecticut 2020 coalition
  - Mental Health and Substance Use Action Team
  - Health Systems Action Team
- Explanation of Benefits Confidentiality Ad Hoc Work Group
- Family Support Council Board of Directors
- 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
- 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. The Connecticut component of Collaborative will be sunseting in 2020, due to changes at the national level.
- 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
- 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
- Connecticut Parity Coalition – a partnership among key stakeholders in the behavioral health community to identify consumers’ challenges accessing care, and opportunities to enhance mental health parity in our state
- Older Adults Working Group
- State Opioid Plan

## **F. Legislative Activities**

During the 2020 legislative session, OHA tracked 96 unique bills related to healthcare and healthcare insurance policy. Of the 96 bills tracked, 72 bills received a public hearing, and 22 received public testimony from OHA. On March 12, 2020, the public health emergency caused by the COVID-19 pandemic forestalled all further legislative activity and effectively ended the General Assembly’s regular session.

The General Assembly later convened in a special session at the end of July, at which time it passed two bills of significant importance to Connecticut healthcare consumers. The two initiatives, which OHA proactively supported, are:

- Public Act 20-2, which among other things:
  - Establishes certain safety standards and limitations applicable to telehealth providers, through March 15, 2021, such as: prohibitions on facility fees for telehealth services; limitations on prescribing controlled substances through telehealth; requirements for establishing patient consent; and limitations on out-of-pocket costs for insured and uninsured telehealth patients.
  - Allows for the electronic transfer of prescriptions for controlled substances from one pharmacy to another.
  - Requires individual and group health insurance carriers to provide coverage parity for telehealth services – i.e., to cover all services available through telehealth if the same service is covered when delivered in-person, through March 15, 2021
  - Requires health insurance carriers to provide payment parity for telehealth services – i.e., to reimburse providers for telehealth visits at the same rate as an equivalent office visit, through March 15, 2021
  - Requires HUSKY to cover audio-only telehealth services through March 15, 2021
  
- Public Act 20-4, which among other things:
  - a) Authorizes pharmacists to dispense, once in a twelve month period, an emergency 30-day supply of insulin and diabetic supplies, if the individual does not have a current prescription and is low on insulin and diabetic supplies
  
  - b) Expands Connecticut’s diabetes mandate for fully insured health plans to include:
    - Coverage for Hemoglobin A1c testing and retinopathy screening
    - Coverage for prescribed insulin and noninsulin drugs and diabetic supplies, including an emergency 30-day supply once per year
    - A maximum out-of-pocket cost of \$25/month for insulin or noninsulin drugs and \$100/month for diabetic supplies

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, such as the Department of Treasury’s current proposal to permit a tax deduction for contributions to health care sharing ministries (HCSMs). OHA remains committed to working with our

partners and stakeholders on meaningful policy to promote greater consumer access to effective and affordable health care.

## **G. DCF Collaboration**

The DCF/OHA collaboration project has transformed this year with the change of DCF Voluntary Services (VS) to Voluntary Care Management Program (VCMP) administered by Beacon Health. The new VCMP started on 5/1/2020. Collaborative efforts evolved regarding treatment and changes in care settings according to the needs raised from COVID-19 pandemic.

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

- Opened 248 cases under the DCF project in FY 19-20
  - Solnit North- 10 cases
  - Solnit South- 4 cases
  - DCF VS/OHA Collaboration Project 7/1/2019-4/30/2020 192 cases
  - DCF VCMP/OHA Collaboration Project 5/1/2020-6/30/2020 42 cases
- Counseled families on their rights under the plans, including the right to appeal denials of coverage and access to care at different levels of treatment.
- Educated DCF regional office supervisors, DCF staff, DCF providers and third-party administrators 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 as the DCF Voluntary Service program changed to Voluntary Care Management Program administered by Beacon Health.
- Ongoing meetings with DCF and Beacon Health for transformation and development of VCMP/OHA collaborative efforts to smoothly change over without disrupting services to consumers or other stakeholders.
- Ongoing meetings with other State representatives/State agencies/providers and consumers regarding issues arising and barriers to treatment due to COVID-19 pandemic.
- Ongoing collaborative efforts with commercial carriers, families, providers, and State agencies to research and join efforts to provide affordable and safe services within the regulatory federal/state mandates regarding COVID-19 pandemic.

Participated in collaborative planning for children who need out-of-home placement for treatment that is done concurrently by a provider, commercial healthcare plan and the Connecticut Behavioral Health Partnership when indicated.

- Conducted internal and external appeals for medically necessary services for all types of healthcare coverage for referred families including those affected by changes in service due to COVID-19 pandemic.



- Provided extensive coaching and education to providers/consumers on insurance plan process such as submitting prior authorizations/certifications, peer-to-peer review, concurrent reviews and/or changes in services/care settings due to COVID-19.
- OHA provided education/assistance to research and guide provisions within the commercial plans for continued treatment per the providers/families request to minimize the possibilities of continued cycling in and out of Emergency Rooms due to mental health needs and possible lack of treatment availability for various reasons including but not limited to COVID-19 federal/state safety regulatory mandates.
- OHA provides extensive education to the State Agencies, State facilities for Behavioral Health, consumers and providers on maximizing utilization of commercial plans prior to accessing state funding; education on commercial carrier's responsibility for adequate network of providers for behavioral health services.
- OHA provided guidance, support and education regarding changes and/or barriers within commercial carrier polices/regulations due to COVID-19.
- OHA met with DCF Facilities providing training on documentation, peer to peer reviews, pre-authorizations, concurrent reviews and education on commercial insurance plans and criteria.
- OHA continues to support and encourage collaborative partnerships across state agencies to assist families in receiving healthcare services via their healthcare plans. These collaborative efforts across the state agencies and providers have provided an increase in the continuation of care for many families especially during the COVID-19 time period.
- DCF/OHA Collaborative total Savings of \$945,473 in FY 19-20.

## **H. DDS Collaboration**

OHA and DDS continue to work in collaborative efforts that aids and educates DDS consumers with private health coverage. 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. OHA continues to form collaborative partnerships with DDS to be able to assist this population in utilizing commercial coverage when applicable and be a valuable resource to this population. These continued collaborative efforts have encouraged and supported collaborative partnerships with other state agencies for effective and productive utilization of commercial healthcare plans and navigation for increased continuation and coordination of healthcare services for all consumers in this population including but limited to those diagnosed with Autism.

OHA has provided guidance, education and support to families/state agencies and providers during the many changes in commercial healthcare insurance coverage due to COVID-19.

## **I. 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 <https://portal.ct.gov/-/media/OHA/OHA2019AnnualReport.pdf>