



Administrative Report to the Governor
Fiscal Year 2021-2022

A. OHA At-a-Glance

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| Agency: | Office of the Healthcare Advocate - OHA |
| Agency Head: | Ted Doolittle, State Healthcare Advocate |
| General Counsel: | Sean T. King, JD |
| Established: | 2001 |
| Statutory authority: | Conn. Gen. Stat. Sec. 38a-1041 <i>et seq.</i> |
| Central office: | P.O. Box 1543, Hartford, CT 06144 153 Market St., 6th Floor, Hartford, CT 06103 |
| Number of employees: | 16 |
| Recurring operating expenses: | FY 22 budget \$3,193,285 |
| Organizational structure: | Unified central office |

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 issues 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 any other non-traditional forms of coverage such as healthcare sharing ministries, and 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 through broad-based collaborative efforts, convening

consumers, advocates, providers and health carriers to discuss issues and solutions related to a wide variety of healthcare consumer topics, 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 numerous other activities under statute including:

- Connecticut Health Insurance Exchange d/b/a Access Health CT – Conn. Gen. Stat. Sec. 38a-1081 (OHA is a board member)
- OHA to accept referrals for complaints and referrals from the Exchange and from Navigators Conn. Gen. Stat. Sec. 38a-1084(19)(D) and 38a-1087
- All-Payer Claims Database Advisory Group membership - Conn. Gen. Stat. Sec. 17b-59f
- Public outreach campaign on health insurance rights – Conn. Gen. Stat. Sec. 38a-472d
- Grievances and External reviews – certain insurance documents have a notice requirement with OHA contact information – Conn. Gen. Stat. Sec. 38a-591 *et seq.*
- Observation status – notice requirement with OHA contact information, Conn. Gen. Stat. Sec. 19a-508b
- Personal Care Attendant Workforce Council - Conn. Gen. Stat. Sec. 17b-706a
- Hospital Community Benefits Programs reporting - Conn. Gen. Stat. Sec. 19a-127k
- Healthcare Cabinet membership - Conn. Gen. Stat. Sec. 19a-725
- Health Information Technology Advisory Council – Conn. Gen. Stat. Sec. 17b-59f
- Children’s Mental, Emotional and Behavioral Health Plan Implementation Advisory Board – Conn. Gen. Stat. Sec. 17a-22ff
- Behavioral Health Partnership Oversight Council – Conn. Gen. Stat. Sec. 17a-22j
- Medical Assistance Program Oversight Council - Conn. Gen. Stat. Sec. 17b-28.
- Behavioral and Mental Health Policy and Oversight Committee – Public Act 22-47 (HB 5001), Section 70

- Task Force to Study Comprehensive Needs of Children – Public Act 21-46 (SB 2), Section 30 & Public Act 22-81 (SB 2), Section 24

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 initiatives.

E. Improvements/Achievements FY 2021-2022

Consumer Savings: \$5.8 million

Outreach: 676 events

Cases: 3400

Case Volume and Mix:

In FY 21-22, OHA recovered \$5.8 million for consumers through overturned denials of coverage, resolution of billing disputes and ensuring enrollment into healthcare coverage.

- There were 3400 cases opened in FY 21-22.
- Top ten referral sources were: State Agency-DCF/Careline, Access Health, Previous Case, Denial Letter from Insurer, Legislative Referral, State Agency-CID, Provider, Personal Referrals, Internet Search and Social-Media.
- There were 482 DCF cases referred to OHA as part of OHA's collaboration. This is now the Beacon Health Voluntary Care Management Program (VCMP) formerly known as DCF Voluntary Services.
- The most common assistance requested issues raised by consumers in FY 21-22 were: Consumer Education, Eligibility Criteria Issues, Denial of Claims, Medical Necessity Not Met, Consumer Not Satisfied with Plan Design, Quality of Care (provider issue), Claim Processing Error (insurer), Claim Processing Error (provider), Concurrent Review (No Denial) and Preventive vs. Diagnostic.

Outreach/Education

- OHA staff conducted 676 outreach and education events for FY 21-22. OHA uses social media and electronic communication for much of its outreach strategy. OHA also increased its provider outreach via phone, fax, emails, and presentations via ZOOM and Teams.
- A key component of OHA communications is social media which the agency deploys to target consumers who potentially need assistance. It also allows our content to be saved, distributed, and shared peer to peer. Sometimes, consumers use social media to interact with OHA or to initiate a request for assistance through direct messaging tools in seeking help for family members and themselves. Covid really affected, perhaps permanently, how we all communicate with each other. Like telehealth growth, Connecticut residents are more likely to limit physical proximity which allows social media to remain and grow as an important communications tool. OHA posts three to five times per week to consumers, advocates, and policy makers. New engagements and shares bring new opportunities to capture more attention and enhance our ability to inform, inspire and educate on healthcare insurance.
- Facebook is OHA's primary social platform, but the agency also posts to YouTube and Twitter. Much of the content includes developments in the fast-moving world of healthy living, medical care and health insurance. It also includes advocacy and opinion pieces written by Healthcare Advocate Ted Doolittle and published in national and Connecticut news outlets, and media clips of the Healthcare Advocate's appearances and interviews. Content also includes notices of changes in healthcare policy, deadlines for the marketplace and public programs like Medicare, and other content of interest to consumers. This shared healthcare information helps consumers be more empowered, educated on accessing healthcare, 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, OHA does get opportunities to talk about its work and the current issues facing Connecticut and the nation via the state's media outlets. In 2021-22, the healthcare advocate was included in news coverage of the annual effort by the [healthcare industry to increase premiums](#); and the [result of that effort](#); an article on the impacts associated with [hospital mergers](#); Covid 19 [vaccine mandates](#); and those seeking [religious exemptions](#) from vaccine requirements; and television news content on [men's health](#).
- New for 2022 is OHA's effort to inform and educate the public via Lunch and Learn webinars each month. These are 30 minutes of Zoomed healthcare insurance nuggets beginning at noon, that include a presentation by one of the experts at

OHA as well as time for the public to ask questions. The dates are published each month in the OHA newsletter. It's free to anybody who wants to attend.

- The OHA Newsletter is published each month to the agency's more than 2,000 contacts. It contains a "We're in Your Corner" column by the Healthcare Advocate, recent and trending news along with real life consumer stories and the hardships they faced and overcame with OHA's assistance. The newsletter is also posted to the agency's website and the content is repurposed for social media distribution.

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 works closely with the Office of the Child Advocate on individual cases involving health coverage issues, and also more general policy matters involving health insurance and access to healthcare for children and families.

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:
 - Health Equity, Outreach & Consumer Experience Advisory Committee
 - Health Plan Benefits & Qualifications Advisory Committee
 - Human Resources Committee
- All Payer Claims Database Advisory Group and Data Privacy & Security Subcommittee:
 - Data Privacy & Security Committee
- Connecticut Cancer Partnership Committee
- Connecticut Clearinghouse
- Health Care Cabinet
- Health Information Technology Council
- Council on Medical Assistance Program Oversight
 - Complex Care Committee

- Development Disabilities Working Group
- Care Management Committee
- Coordination of Care & Quality Access Committee
- Women's & Children's Health Committee
- Behavioral Health Partnership Oversight Council
 - Coordination of Care & Quality Access Committee
 - Child/Adolescent Quality, Access & Policy Committee
 - Adult Quality, Access & Policy Committee
 - Committee on Diversity, Equity, Inclusion in Behavioral Health
 - Operations Committee
- CT Strong Grant – State Level Transition Team
- 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
- 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
- Children's Mental, Emotional and Behavioral Health Plan Implementation Advisory Board
- State Opioid Plan
- Personal Care Attendant Workforce Council
- CT Cross Disability Lifespan Alliance

F. Legislative Activities

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. The follow summary highlights the most notable changes in Connecticut law from the 2022 session.

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.

- Relaxes the CON requirement for expansion of bed capacities of mental health facilities.
- 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.
- Establishes 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

- Establishes a Social Determinants of Mental Health Fund for DCF to utilize in assisting families with the costs of mental health services for children.
- Extends the sunset date for the task force to study the comprehensive needs of children in the state, established under Public Act 21-46.
- 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 22-90 (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 to include:
 - Baseline mammograms/tomosynthesis for insureds ages 35-39, or younger if at increased risk of breast cancer due to:
 - Family History
 - Positive genetic testing
 - Prior treatment for childhood cancer involving chest radiation
 - Other indications determined by the insured’s clinicians
 - Annual mammograms/tomosynthesis for insureds 40 and over, or younger if at increased risk, as above
 - Diagnostic and screening ultrasounds if:
 - Mammography identifies dense breast tissue or
 - Insured is at increased risk of breast cancer, as above

- Diagnostic and screening MRI s in accordance with ACS guidelines for insureds who are over 35, or younger if at increased risk of breast cancer as above
- Breast biopsies
- Prophylactic mastectomy and breast reconstruction
- Mandates coverage of certain ovarian cancer screening and monitoring services without cost sharing to include:
 - Genetic testing for insureds with a family history of breast and ovarian cancer
 - Routine screening and surveillance tests for insured who are at risk for ovarian cancer when ordered by a physician
 - CA-125 monitoring of ovarian cancer subsequent to treatment
 - Other genetic testing of breast cancer genes when recommended by USPSTF

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 and 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.
- Establishes a Community Ombudsman program to complement the Long-Term

Care Ombudsman program with respect to home care services.

- Shifts responsibility for administration of the Covered Connecticut program from OHS to DSS.
- 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 an additional increase in ambulance rates for FY23.
- Establishes a Community Ombudsman program to complement the Long-Term Care Ombudsman program with respect to home care services.
- Establishes the first full week of April as Health Equity Week.
- Creates a narrow exception to the copay accumulator prohibition in Public Act 21-14, for HSA compatible HDHPs.

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.

G. DCF Collaboration

As part of the collaboration project with DCF and the Voluntary Care Management Program (VCMP) which is administered by Beacon Health the OHA staff:

- Opened 489 cases in FY 21-22

- VCMP-Beacon Health 489 cases
- Solnit North-3
- Solnit South-8

- Counseled families on their rights under their healthcare insurance plans, including the right to appeal denials of coverage and access to care at different levels of treatment.

- OHA provides education to 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.

- Met with DCF and Beacon Health leadership monthly to refine and monitor the project to ensure continuous quality improvement. a

- Ongoing meetings with other state representatives/state agencies/providers and consumers regarding issues arising and barriers to treatment due to 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.

- 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 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 state

agencies and providers have provided an increase in the continuation of care for many families.

H. Information Reported as Required by State Statute

OHA is required to prepare calendar year report of its activities pursuant to Conn. Gen. Sec. 38a-1050. This CY report is available at <https://portal.ct.gov/-/media/OHA/Documents/OHAAnnual-Report2021.pdf>