



Administrative Report to the Governor
Fiscal Year 2022-2023

A. OHA At-a-Glance

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:	18
Recurring operating expenses:	FY 23 budget \$3,447,810
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 – Conn. Gen.

- Stat. Sec. 2-137
- Council on Protecting Women’s Health – Conn. Gen. Stat. Sec. 19a-911
 - Task Force to Study Comprehensive Needs of Children – Public Act 21-46 (SB 2), Section 30 & Public Act 22-81 (SB 2), Section 24
 - OHA Designee to Coordinate State-Wide Efforts to Ensure Behavioral Health Access and Coverage of Minors – Public Act 22-47 (HB 5001), Section 11

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 2022-2023

Consumer Savings: \$6.5 million

Outreach: 16 events

Cases: 5077

Case Volume and Mix:

In FY 22-23, OHA recovered \$6.5 million for consumers through overturned denials of coverage, resolution of billing disputes and ensuring enrollment into healthcare coverage.

- There were 5077 cases opened in FY 22-23.
- Top ten referral sources were: Denial Letters from Insurers, State Agency-DCF/Careline, Access Health, State Agency CID, Previous Case, Provider, Legislative Referral, Internet Search, Personal Referral and Health Plan. OHA continues to monitor a surge in referrals from denial letters in Q1 & Q2 2023, which have been driven by new requirements, set forth in Public Act 22-47, that direct insurers to feature OHA’s contact information more prominently on the first page of coverage denials.
- There were 433 DCF cases referred to OHA as part of OHA’s collaboration. This is now Carelon Voluntary Care Management Program (VCMP) formerly known as

DCF Voluntary Services.

- The most common assistance requested issues raised by consumers in FY 22-23 were: Consumer Education, Denial of Claims, Eligibility Criteria Issues, Medical Necessity Not Met, Consumer Not Satisfied with Plan Design, Claim Processing Error (insurer), Quality of Care (provider issue), Claim Processing Error (provider), Coordination of Benefits and Inadequate Network

Outreach/Education

- The agency continues to use social media and electronic communication for much of its outreach strategy and has increased its provider outreach via phone, fax, emails, and presentations via ZOOM and Teams.
- Social media platforms are a critical tool in educating, informing and inspiring consumers to take control of their healthcare and reach out for help when needed. It's also a key sharing tool and allows consumers to provide immediate feedback and another venue for seeking assistance. Our content is 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 remains a powerful influence on how we communicate with each other and many of us prefer remote interactions versus in person. So social media will remain and grow as an important communications tool. OHA posts three to five times per week to consumers, advocates, and policy makers.
- OHA's primary social platforms are Facebook, YouTube and Twitter. Subject matter includes developments in healthcare and healthy living, new drugs and developments in Pharma along with changes in healthcare insurance policies, rates and rules. 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. The social posts also include 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 to be more empowered and educated; and challenges them to be aggressively engaged in their healthcare rights and responsibilities.
- There are opportunities for OHA to publicly discuss its work and take stands on current issues facing consumers. In this fiscal year, Healthcare Advocate Ted Doolittle was featured in [this broadcast on Nutmeg TV](#) - also published on YouTube; and in this article discussing the [healthcare affordability issue](#) addressed in the federal Inflation Reduction Act; the continuing battle over [healthcare insurance rates](#); weighed in on the [affordability factor](#) when considering rate hikes; successfully worked with other regulators to [confront and examine cost drivers](#) in premiums and healthcare costs;

Online portals - [help or hindrance](#) in healthcare; calls on [Pharma to lower](#) insulin prices; and the [impact of Covid](#) on healthcare costs.

- Launched in 2022, OHA continued its monthly series called Lunch and Learn Webinars in an effort to inform and educate the public. The 30-minute Zoomed healthcare insurance nuggets start at noon, that include a presentation by one of the experts at OHA as well as time for the public to ask questions. It's free to anybody who wants to attend. Sessions are also recorded and published on OHA's YouTube channel.
- There is growing popularity of [The OHA Newsletter](#) which is published each month to the agency's more than 2,500 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 to increase awareness and readership.

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 (Chair)
 - Health Plan Benefits & Qualifications Advisory Committee
 - Human Resources Committee
 - Strategy Committee
 - Connecticut Cancer Partnership Committee
 - Connecticut Clearinghouse
- Health Disparities Institute Equal Coverage to Care Coalition
- 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 Cross Disability Lifespan Alliance

F. Legislative Activities

During the 2023 legislative session, OHA tracked 240 unique bills related to healthcare and healthcare insurance policy. Of the 240 bills tracked, 69 bills received a public hearing, 19 received public testimony from OHA, and 13 eventually became law. The follow summary highlights the most notable changes in Connecticut law from the 2023 session.

Public Act 23-79 (HB 699) – An Act Concerning Cannabis Regulation

- Section 49 establishes an Office of the Cannabis Ombudsman (within the Office of the Healthcare Advocate for administrative purposes only) and designates the Healthcare Advocate as the appointing authority for the Cannabis Ombudsman.

Public Act 23-94 (SB 977) – An Act Concerning Medical Assistance for Surgery and Medical Services Related to Treatment of Obesity

- Effective July 1, 2023, expands Medicaid benefits to include coverage for bariatric surgery and medical services for the treatment of obesity (BMI > 30).

Public Act 23-97 (SB 9) – An Act Concerning Health and Wellness for Connecticut Residents

- Section 1 establishes protections for individuals seeking access to assisted reproductive technology or assisted reproduction services.
- Section 2 provides for Medicaid funding of same-day access to long-acting reversible contraceptives at FQHCs.
- Sections 13-15 establish and revise limitations on the use of covenants not to compete within physician, physician assistant and APRN employment

contracts entered, amended or renewed on or after October 1, 2023.

- Section 27 establishes and appoints the Healthcare Advocate to a working group to advise the Commissioner of Public Health regarding methods to alleviate emergency department crowding and to address the lack of emergency department beds.
- Section 37 establishes a task force to study rural health issues.

Public Act 23-101 (SB 2) – An Act Concerning the Mental, Physical and Emotional Wellness of Children

- Sections 10-11 & 21 establish an Office of the Behavioral Health Advocate (within the Insurance Department for administrative purposes only) modeled after OHA. The OBHA will assist mental and behavioral health providers to resolve disputes with health insurers and will coordinate with OHA to assist consumers in accessing mental and behavioral health services.
- Section 15 expands the role of the task force to study the comprehensive needs of children in the state.

Public Act 23-137 (HB 5001) – An Act Concerning Resources and Support Services for Persons with an Intellectual or Developmental Disability

- Section 5 expands the Medicaid autism waiver program to reduce the number of individuals on the waiting list.
- Section 60 directs the Commissioner of Social Services to apply for a Medicaid waiver to provide for compensation of family caregivers of Medicaid waiver program participants.

Public Act 23-148 (HB 6643) – An Act Concerning Insurance Coverage for the Provision of Mental Health Wellness Examinations

- Amends the mental health wellness exam mandate to eliminate coverage requirements when the exams are performed by a primary care provider instead of a licensed mental health professional.

Public Act 23-171 (SB 6669) – An Act Protecting Patients and Prohibiting Unnecessary Health Care Costs

- Section 1 directs the Comptroller to establish a Drug Discount Card Program for state residents.
- Section 7 directs OHS and CID to issue a report and recommendations regarding regulation of pharmacy benefits managers and reduction of prescription drug costs.
- Sections 9-10 amend the facility fee statute to further limit when a hospital may collect a facility fee for services provided on campus and to provide additional authority to OHS to take enforcement action in response to violations of the facility fee statute or Chapter 368z of the General Statutes.
- Sections 11-14 make various revisions to the certificate of need (CON) process.
- Section 15 prohibits pharmacy benefits managers from including certain unfavorable terms into their contracts with entities participating in the 340B Drug Pricing Program.
- Section 17 directs the Commissioner of Social Services in consultation with other agencies and stakeholders to develop a strategy to improve health care outcomes, community health and health equity for HUSKY members.
- Section 18 directs the Insurance Department in consultation with other agencies to study utilization management and provider payment practices of Medicare Advantage plans.
- Section 19, effective July 1, 2024, prohibits network provider agreements from including all-or-nothing clauses, anti-steering clauses, anti-tiering clauses or gag clauses.
- Section 21 requires insurers to make documents available to consumers electronically upon request.

Public Act 23-172 (SB 228) – An Act Concerning Employees’ Loss of Health Care Coverage as a Result of a Labor Dispute

- Establishes a special enrollment period on the Access Health exchange for individuals whose health care coverage is terminated by an employer as a result of a labor dispute.

Public Act 23-204 (HB 6941) – An Act Concerning the State Budget for the Biennium Ending June 30, 2025, and Making Appropriations Therefore, and Provisions Related to Revenue and Other Items Implementing the State Budget

- Section 53 increases maximum rates for ambulance and paramedic intercept services by 10%.
- Sections 204-205 establish a stipend program for certain paraeducators who do not have affordable access to health coverage through an employer.
- Sections 220-221, effective January 1, 2025, with a few material exceptions, prohibits prospective or concurrent review of a recurring prescription drug for treatment of autoimmune disorders, multiple sclerosis or cancer after the drug has already been certified through utilization review.
- Section 222, effective January 1, 2024, reduces from fifteen to seven days, the time period for an insurer to complete an initial non-urgent prospective or concurrent coverage determination, and reduces from fifteen to five days the amount of time by which such time period may be extended. Insurers must acknowledge receipt of such request within 24 hours. (Retrospective review timelines remain unchanged at thirty days with up to a fifteen day extension.) Section 222 further reduces from 48 to 24 hours the time period for a health carrier to respond to an initial urgent request for a prospective or concurrent coverage determination.
- Sections 223-224, effective January 1, 2024, extend from 61 to 91 days the time for a subscriber to enroll a newborn on the subscriber’s individual or group health plan.
- Sections 225-226, effective January 1, 2024, revise step therapy limitations from a maximum of sixty days to a maximum time period of thirty days and further prohibit step therapy for drugs used for treatment of schizophrenia, major depressive disorder or bipolar disorder.
- Section 227 establishes a task force to study step therapy data collection efforts.
- Sections 228-229 require insurers to include additional information, including a list of services requiring prior authorization, percentages of services requiring prior authorization, and an estimate of premium savings that resulted from utilization review, among the data reported to the Insurance Department for the consumer report card.
- Section 230, effective January 1, 2024, requires network providers to submit

utilization review requests electronically.

- Sections 283-285 expand Medicaid coverage of undocumented children from age twelve to age fifteen beginning July 1, 2024, and require a study of costs and benefits for further expanding coverage of undocumented immigrants to age twenty-five.
- Section 309 requires DSS to update its policies regarding coverage of gender-affirming care.

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 Carelon Behavioral Health (formerly Behavioral Health Options) the OHA staff:

- Opened 427 VCMP cases and 7 Solnit Facility cases in FY 22-23
- 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 VCMP leadership monthly to refine and monitor the project to ensure continuous quality improvement.
- 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/OHA/News-and-Publications/Annual-Reports/Annual-Reports>