Administrative Report to the Governor
Fiscal Year 2023-2024

A. OHA At-a-Glance

Agency:	**Office of the Healthcare Advocate - OHA**
Agency Head:	**Sean King, Acting State Healthcare Advocate**
Established:	**2001**
Statutory authority:	**Conn. Gen. Stat. Sec. 38a-1041 *et seq*.**
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 24 budget $4,007,229**
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

- 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/Complex Care Subcommittee – Conn. Gen. Stat. Sec. 17b-28.

- Transforming Children's Behavioral Health Policy and Planning 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

- Coordinate Assistance Programs with Office of the Behavioral Health Advocate – Conn. Gen. Stat. Sec. 38a-1060

- Administrative Host for Office of Cannabis Ombudsman – Conn. Gen. Stat. Sec. 38a-1052

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 2023-2024

Consumer Savings: $5.3 million
Outreach: 12 events
Cases: 5677
<u>Case Volume and Mix:</u>

In FY 23-24, OHA recovered $5.3 million for consumers through overturned denials of coverage, resolution of billing disputes and ensuring enrollment into healthcare coverage.

- There were 5677 cases opened in FY 23-24.

- Top ten referral sources were: Denial Letters from Insurers, Access Health, State Agency-DCF/Careline, Previous Case, State Agency-CID, Legislative Referral, Internet Search, Provider, Personal Referral and Health Plan.

- The most common assistance requested issues raised by consumers in FY 23-24 were: Consumer Education, Denial of Claims, Medical Necessity Not Met, Eligibility Criteria Issues, Consumer Not Satisfied with Plan Design, Claim

Processing Error (insurer), Claim Processing Error (provider), Quality of Care (provider issue), Coordination of Benefits and Balance Billing.

Outreach/Education

- Social media and electronic communication are key tools for the agency's public outreach along with phone, fax, emails, and presentations via ZOOM and Teams to its provider network.

- There is no abatement in the demand for social media content and for the public's use of the various platforms to share our content and their own. Social platforms are a critical tool in educating, informing and inspiring consumers as they face the never-ending issues of health and healthcare and challenge them 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 OHA 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. OHA posts three to five times per week.

- The primary social platforms are Facebook, YouTube and Twitter. Subjects includes healthcare policy changes and healthy living, new drugs and developments in Pharma along with changes in healthcare insurance policies, rates and rules. We also public key opinion pieces Acting Healthcare Advocate Sean King posts in our newsletter. The social posts highlights changes in healthcare policy, deadlines for the marketplace and public programs like Medicare, and other content of interest to consumers. We also follow a number of other agencies who directly or indirectly impact our shared consumers like the Hispanic Health Council and the Department of Children and Families. 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; and to develop healthy, happy families.

- OHA continues 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.

- The OHA Newsletter which is published each month to the agency's more than 2,500 contacts continues to grow in popularity. 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

- 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 2024 legislative session, OHA tracked 94 unique bills related to healthcare and healthcare insurance policy. Of the 94 bills tracked, 76 bills received a public hearing, 25

received public testimony from OHA, and 12 eventually became law. The follow summary highlights the most notable changes in Connecticut law from the 2024 session.

Special Act 24-4 (HB 5455) – An Act Concerning the Efficiency Of The Department Of Social Services In Determining Eligibility For Medical Assistance And Responding To Requests For Information Or Assistance

- Effective immediately, requires the Department of Social Services to study and report on the Department's efficiency in making eligibility determinations for medical assistance and responding to telephone requests for information or assistance.

Public Act 24-6 (SB 395) – An Act Concerning The Reporting Of Medical Debt

- Effective July 1, 2024, prohibits health care providers and their collection agents from reporting medical debts to credit reporting agencies.

- Does not include debt charged to a credit card unless the card is issued specifically for the purpose of paying for health care goods and services

- Any medical debt reported to a credit reporting agency is deemed void.

Special Act 24-8 (HB 5369) – An Act Concerning A Benefits Cliff Study

- Effective immediately, requires the two-generational initiative, Departments of Social Services, Housing and Office of Workforce Strategy to study way to mitigate benefit cliffs that result from beneficiaries exceeding income thresholds.

Special Act 24-15 (SB 372) – An Act Concerning A Working Group To Study Payments By Insurance Companies For Deposit Into The Insurance Fund

- Effective immediately, creates a working group to study and report on payments by insurance companies into the Insurance Fund.

Public Act 24-19 (SB 1) – An Act Concerning The Health And Safety Of Connecticut Residents

- Sections 1-6 establish provisions to protect home health workers and their clients.

- Section 10 requires DCP and UCONN School of Pharmacy to study and report on instances of drug shortages in the state.

- Sections 12, effective January 1, 2025, prohibits insurers from denying reimbursement to providers or participation of providers on the sole basis of the

provider's decision not to maintain a specialty certification.

- Sections 18-19, effective January 1, 2025, mandate that insurers cover coronary calcium scans.

- Section 20, effective immediately, requires hospitals to have their cybersecurity plans and processed independently audited.

- Section 22, effective July 1, 2024, exempts certain providers from participating in the State-wide Health Information Exchange if the provider has no records or if another covered entity is primarily responsible for maintaining individual provider's patient records; and also limits provider liability for data breaches experienced by the State-wide HIE.

- Section 32, effective January 1, 2026, redefines "clinical peer" for purposes of utilization review activities to be limited to clinicians with the same (no longer similar) specialty as the treating clinician

- Sections 34-35, effective January 1, 2025, prohibit insurers from requiring enrollees to obtain prior approval prior to receiving medically necessary ambulance transportation to a hospital.

- Section 40, effective immediately, permits hospitals and other providers to collect and share date regarding the time spent on utilization review activities such as requesting prior authorizations and appealing denials.

Public Act 24-50 (SB 307) – An Act Concerning Medicaid Coverage Of Biomarker Testing

- Effective July 1, 2024, requires the Department of Social Services to provide Medicaid coverage for biomarker testing

Public Act 24-58 (SB 308) – An Act Concerning Wheelchair Repair Requirements.

- Section 1-2, effective July 1, 2024, require wheelchair suppliers to repair wheelchairs timely, including timely ordering parts, and to report to DSS data regarding various wheelchair repair activities. Also requires OHA to maintain contact information for consumers to submit complaints regarding timely repair issues and report information regarding complaints to the General Assembly.

- Section 3, 5 & 6, effective July 1, 2024, prohibit DSS and insurers from requiring prior authorization for a wheelchair repair of a wheelchair that is less than five years old.

- Section 4, effective July 1, 2024, establishes a wheelchair repair advisory council, which includes the Healthcare Advocate.

Public Act 24-81 (HB 5523) – An Act Concerning Allocations Of Federal American Rescue Plan Act Funds And Provisions Related To General Government, Human Services, Education And The Biennium Ending June 30, 2025

- Section 15, effective immediately, appropriates $7,000,000 to DSS to provider for rate increases for providers of behavioral health services for children.

- Section 38, effective October 1, 2024, reduces the income threshold, from 155% FPL to 133% FPL, for parents and caretakers to qualify for HUSKY A benefits. (NOTE: Current Husky A enrollees with earned income will be eligible for Transitional Medical Assistance for one year from redetermination, and those without earned income will no longer be eligible upon redetermination but will be eligible for the Covered CT program.)

- Sections 61-62, effective July 1, 2024, requires DSS to amend the state Medicaid plan to provide for coverage of certain services provided by in schools.

- Section 64, effective April 1, 2025, modifies the income and asset limits for the Med-Connect (Medicaid for Working Disabled) program from $75,000/year and $10,000 (single)/$15,000 (married couple) to $85,000/year and $20,000 (single)/$30,000 (married couple) respectively. Also provides for the phase out of income and asset limits over the following four fiscal years.

- Sections 93-94, effective July 1, 2024, increase the allowable time, from two hours to twenty-four hours, for a prior authorization determination to be made for prescription drugs under HUSKY.

- Sections 101-104, effective January 1, 2025, modifies insurance mandates that include copayment caps to allow the issue of copayment-only health plans.

Public Act 24-110 (HB 5198) – An Act Concerning Telehealth

- Section 1, effective immediately, provides certain patient protections from balance billing for services provided via telehealth.

- Section 4, effective immediately, requires insurers to provider payment parity for telehealth services on a permanent basis (no sunset).

Federal Rulemaking

The Department of Health & Human Services (HHS) also issued new final rules this year that will impact consumers and the health insurance markets.

Non-Discrimination Section 1557 Final Rule

- On April 26, 2024, HHS issued a Final Rule providing clarity on Section 1557 of the ACA to advance protections against discrimination in health care. The new final rule makes a number of changes, including changing the references to "sex" in regulations prohibiting discrimination to "sex (including discrimination on the basis of sex characteristics, including intersex traits; pregnancy or related conditions; sexual orientation, gender identity; and sex stereotypes." This rule restores protections for LGBTQI+ and pregnant individuals that had been limited by a previously issued 2020 rule and expands the scope of activity subject to Section 1557's nondiscrimination provisions.

DACA Final Rule

- On May 3, 2024, HHS finalized a rule concerning Deferred Action for Childhood Arrivals (DACA) recipients' eligibility for certain marketplace coverage. Under this new rule, DACA recipients will now be eligible to enroll in a qualified health plan (QHP). DACA recipients and certain other noncitizens will now be considered "lawfully present" as that definition is used to determine eligibility to enroll in a QHP and for the financial assistance subsidies for a QHP for those income eligible. The new eligibility will be effective November 1, 2024, which means impacted consumers may enroll in a QHP through AHCT starting November 1- either for December 1 coverage through a Special Enrollment period or for January 1, 2025 coverage through Open Enrollment.

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 323 VCMP cases FY 23-24

- 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 quarterly y to refine and monitor the project to ensure continuous quality improvement.

- 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 coaching and education to providers/consumers on insurance plan process such as submitting prior authorizations/certifications, peer-to-peer review, and concurrent reviews.

- 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.

- 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?language=en_US