

Office of the Healthcare Advocate



At a Glance

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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 - 17

Recurring operating expenses - FY 14 budget \$2,875,084

Organizational structure - Central office—includes for administrative purposes only, State Innovation Model Initiative Program Management Office and Connecticut Commission on Health Equity.

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, 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 related to mental health parity.

OHA is also named by statute to multiple committees, board and working groups, and is responsible for activities under statute including:

- Connecticut Health Insurance Exchange d/b/a Access Health CT – Conn. Gen. Statutes Sec. 38a-1081;
- 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;
- Public outreach campaign on health insurance rights – Conn. Gen. Statutes Sec. 38a-472d
- Grievances and External reviews – notice requirement with OHA contact information Conn. Gen. Statutes Sec. 38a-591a et seq.;
- 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;
- Connecticut Health Information Technology Exchange (HITE-CT) Board of Directors - Conn. Gen. Statutes Sec. 19a-750 (recently repealed by P.A. 14-217)
- Healthcare Cabinet membership and support - Conn. Gen. Statutes Sec. 19a-724;
- Behavioral Health Taskforce membership – P.A. 13-3, Sec. 66
- Advisory committee on Healthcare Associated Infections – Conn. Gen. Statutes Sec. 19a-490n

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 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 2013-2014

1. CASE DATA for FY 14

Savings \$7,287,698.75

Over 100 outreach events

7,646 cases

Case volume and mix:

- Case volume climbed significantly, climbing from 1309 cases opened in the second quarter of FY 14 to 2594 in the following quarter.
- Case volume—7646 for FY 14—is on pace to increase by 50% to 75% over FY 13. The increase volume is largely the result of increased volume of Medicaid cases (1124) and cases referred related to Access Health CT (1335) per OHA’s MOU to handle grievances and appeals for consumers.
- OHA opened the highest number of cases in any two quarters of its existence in the second and third quarters of FY 2014—2594 and 2294, respectively, versus the previous high of 1792 in FY 2013.
- Personal referrals, referrals from providers and referrals based on denial letters from health plans that contain OHA’s contact information, remain the most frequent referral categories. There were 370 cases referred to OHA as part of OHA’s collaboration with DCF and 341 cases referred from DSS as part of OHA’s collaboration with DSS.
- Not surprisingly because of the initial enrollment period of Access Health CT and the Medicaid expansion, the predominant issue categories raised by consumers in FY 14 were related enrollment/eligibility (1777) and education/counseling (698).

In FY 14, OHA recovered over \$7.2 million for consumers through overturned denials of coverage, resolution of billing disputes and ensuring enrollment into healthcare coverage.

In FY 2013, over 92% of consumers reported they would refer a family or friend to OHA.

Outreach/Education:

- OHA staff conducted over 100 outreach and education events.
- OHA sent forty-six letters accompanied by English and Spanish brochures and posters to consumer-facing state agencies, such as DSS, DCF, the Department of Motor Vehicles (DMV), the Department of Mental Health and Addiction Services (DMHAS), and the Department of Developmental Services (DDS), etc.
- OHA visited every town hall, introducing our services to mayors, town selectmen, and city managers.
- OHA provides information on our services in 23 languages, including Braille. Free materials (handbills, brochures, and posters) are available upon request. OHA established a dedicated e-mail address to handle outreach [requests, OHA.outreach@ct.gov](mailto:OHA.outreach@ct.gov).
- OHA also produced additional web-based programs, including a feature on the NIPA

program, that appear on the OHA YouTube channel,¹

- OHA produced and ran English and Spanish language television and radio spots in underserved communities to expand OHA's reach. These spots aired in all areas of Connecticut.
- OHA also increased its social media presence through targeted improvements in its YouTube, Twitter² and Facebook³ sites.
- The Healthcare Advocate has appeared on radio/television programs to provide information on OHA's services and to discuss the ACA and the SIM.
- OHA also re-launched a quarterly newsletter to inform stakeholders of OHA's activities, provide useful tips, and to highlight its collaborations with other agencies and community organizations. See OHA's publications on www.ct.gov/oha, under "Resources."
- OHA partnered with the American Academy of Pediatrics for a provider educational series on "Connecticut's Health Insurance Marketplace" and "Appealing Health Insurance Coverage Denials" with information is available at <http://ct-aap.org/2013>:
- OHA collaborated with CT AIDS and the Department of Public Health in outreach efforts to the HIV/AIDS community on coverage under the Affordable Care Act.
- OHA assisted Access Health CT in reaching out to the non-profit community through development of a Healthy Non-Profit Chat series in partnership with Access Health CT and the Governor's Non-Profit Liaison.
- OHA was featured or cited by multiple publications/media over the last fiscal year, including but not limited to:
- OHA was featured in Numerous Print/Radio/Television media in FY 14: *New York Times*, *Wall Street Journal*, *Consumer Reports*, *Kaiser Health News*, *Stateline*, *Reuters*, *Hartford Business Journal*, *Hartford Courant*, *CT News Junkie*, *CTMirror*, *New Haven Register*, *Journal Inquirer*, *New London Day*, *Norwich Bulletin* and others.
- **Radio/Television:** CBSRadio (WTIC-AM)—several venues, WNPR's Where We Live, WTNH, WVIT,

Stakeholder Collaboration:

OHA partners with two state agencies, the Department of Children and Families (DCF) and the other is with the Department of Social Services (DSS), on projects to maximize utilization of commercial health plan benefits to prevent unnecessary state expenditures.

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

- Healthcare Advocate is Vice-Chair of the Access Health CT Board of Directors and Committees and Advisory Committees:
 - Consumer Advisory Committee (co-chair)
 - Finance Committee

¹ <http://www.youtube.com/user/StateofCTOHA>

² https://twitter.com/State_of_CT_OHA

³ <https://www.facebook.com/pages/State-of-Connecticut-Office-of-the-Healthcare-Advocate/301102456997>

- Human Resources Committee (co-chair)
 - Strategy Committee-
- All Payer Claims Database Advisory Council Committees:
 - Privacy 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.”⁴
- Connecticut Family Support Council Board of Directors – Conn. Gen. Statutes Sec.17a-219c – to assist families and children with complex healthcare needs
- Connecticut Partnership for Patient Safety—founding board member of organization to with a mission to create a culture of patient safety across the healthcare continuum through a statewide collaboration that provides education and consultation
- Children's Behavioral Health Advisory Committee under PA 13-178 to develop a comprehensive children’s behavioral health plan
- Connecticut Three Branch Home Team to advance our collective efforts to improve well-being for children across mental health, permanency and housing.
- Department of Public Health State Health Improvement Planning/Healthy People 2020 coalition
- Council on Medical Assistance Program Oversight
- Behavioral Health Partnership Oversight Council
 - a. Coordination of Care Committee
- CT 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
- 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.
- State of Connecticut Open Data Portal
- Executive branch state agency LEAN initiative and LEAN Leadership Training Certification
- CT Behavioral Health Partnership Pay for Performance (P4P) study via grant from the Connecticut Health Foundation to study impact of P4P on healthcare outcomes
- State Innovation Model Initiative Healthcare Innovation Steering Committee

2. SIM - State Innovation Model Initiative (SIM) –

⁴ <http://www.qualidigm.org/index.php/qio-program/connecticut-leadership-for-healthcare-quality-coalition/>, accessed on August 11, 2014.

- In December 2013, the Healthcare Advocate completed direction of Connecticut's State Innovation Model (SIM) Model Design grant under the leadership of Lt. Governor Nancy Wyman.
- Produced [Connecticut Healthcare Innovation Plan](#). Connecticut's Innovation Plan is the product of a shared vision of a broad range of stakeholders to achieve a health system rooted in primary care and prevention, integrated with community resources, and truly accessible to our residents.
- In the second half of FY 14, Mark Schaefer, PhD, assumed direction for the model test phase of the SIM as the Director of Healthcare Innovation, heading the SIM Project Management Office (SIM PMO), which sits inside OHA for administrative purposes.

3. NAVIGATOR AND IN-PERSON ASSISTERS PROGRAM – COMMUNITY ASSISTERS

- OHA implemented the Navigator and In-Person Assister Program (NIPA) or Community Assister Program with Access Health CT, Connecticut's Health Insurance Exchange to educate consumers on a one-to-one and impartial basis about insurance options and to facilitate enrollment of individuals into coverage.
- The NIPA program involved 6 large community based Navigator organizations, approximately 150 in-person Assisters around the state trained and certified to facilitate enrollment into healthcare coverage.
- The NIPA program was funded in part by federal grant funding, and grants from the Connecticut Health Foundation, the Universal Health Care Foundation of Connecticut and the Foundation for Community Health.
- The NIPA program successfully facilitated the enrollment of nearly 30,000 individuals into qualified health plans or HUSKY plans.
- Early evaluations/surveys of the NIPA program demonstrate the widespread support of a community-based, culturally competent program that provides valuable one-to-one assistance with enrollment, issues that arise post-enrollment and education on healthcare coverage and consumer engagement.
- See Texas Health Institute's *Marketplace Consumer Assistance Programs and Promising Practices for Enrolling Racially and Ethnically Diverse Communities*⁵ and Kaiser Family Foundation's *Survey of Health Insurance Marketplace Assister Programs*.⁶

4. Legislative Activities

OHA testified on 28 bills during the 2014 legislative session; 18 of those bills became law.

⁵Jahnke, L., et al. , *Marketplace Consumer Assistance Programs and Promising Practices for Enrolling Racially and Ethnically Diverse Communities*, Texas Health Institute, May 2014, available at http://www.texashealthinstitute.org/uploads/1/3/5/3/13535548/thi-tsff_aca_marketplace_equity_report_05.22.2014.pdf, accessed on August 10, 2014

⁶ Pollitz, et al., *Survey of Health Insurance Marketplace Assister Programs*, Kaiser Family Foundation, July 15, 2014, available at <http://kff.org/health-reform/report/survey-of-health-insurance-marketplace-assister-programs/>, accessed on August 10, 2014.

- OHA advocated for P.A. 14-115—requires OHA, in collaboration with stakeholders, to establish an information and referral service to help residents and providers receive behavioral health care information, timely referrals and access to behavioral health care providers;
- OHA secured two positions to support P.A. 14-115
- OHA secured one additional position for its work with DCF to educate consumers on how to use their health plan benefits;
- OHA secured \$3.2 million in budget appropriations and \$1.9 million in bonding money to support SIM and for the development, acquisition and implementation of health information technology systems and equipment in support of SIM;
- PA 14-40 (changes to clinical peer) observation status, APRN bill, hospital bill, budget DCF; OHA is specifically named in P.A. 14-180 – requires that hospitals provide notice re observations status that must include “a recommendation that the patient contact his or her health insurance provider or the Office of the Healthcare Advocate to better understand the implications of placement in observation status.”

5. DCF Collaboration

As part of its project with DCF, OHA staff:

- Opened 162 cases under the DCF Voluntary Services Project in FY 14
- Counseled families on their rights under the insurance plans, including the right to appeal denials of coverage
- Educated DCF regional office supervisors, 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
- Ensured that planning for children who need out of home placement on a temporary basis is done concurrently by a provider and the Connecticut Behavioral Health Partnership
- Conducted internal and external appeals for medically necessary services for all types of healthcare coverage for referred families
- Saved the state and consumers nearly \$3 million

6. Other Projects

- OHA developed a collaboration with Court Support Services Division to ensure proper utilization of commercial coverage in the court system
- OHA began working with an ad hoc work group to discuss the Explanation of Benefits (EOBs) confidentiality
- At the request of Sen. Richard Blumenthal, OHA attended with one of our clients a November 7, 2013 hearing of the United States Senate Judiciary Subcommittee on Oversight, Federal Rights, and Agency Action titled, “Justice Denied: Rules Delayed on Mental Health and Auto Safety,”
- Continues to work with the Congressional delegation and stakeholders on federal issues related to protection of consumer healthcare rights, including the Mental Health Parity

and Equity Addiction Act (MHPAEA) of 2008, consumer assistance program funding and enforcement of the Affordable Care Act

- OHA requested and participated as an intervener in a public hearing on health insurance rate reviews

7. 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/documents/publications/2013_ar_-final.pdf/