





Agenda

- General Review of OHA, our history & mission
- Our functions & who we serve
 - Outreach, consumer advocacy, policy & insurance appeals
- Access Health & HUSKY/Medicaid
- OHA caseload statistics



History

- Established by Public Act 99–284
 - Originally The Office of the Managed Care Ombudsman
- Renamed Office of the Healthcare Advocate in 2005
- Created to promote and protect the interests of covered persons under health plans in Connecticut



Independent State Agency

- Healthcare Advocate Appointment process
 - Qualified by the Advisory Committee
 - Appointed by the Governor
 - Confirmed by General Assembly (*both houses*)
 - Four-year term (*can be reappointed*)
- Agency is funded through the Insurance Fund
 - (*not general budget*)



Mission

- To assist consumers with healthcare issues, including access to healthcare services, healthcare coverage, and insurance denials
- To establish effective outreach programs and develop communications to educate consumers about their rights and responsibilities as members of healthcare plans



Who We Are

- Healthcare Advocate – Ted Doolittle
- Program Manager
- Staff Attorneys
- Paralegals
- Consumer Information Reps
- Administrative Support Staff
- Health Program Associate
 - (outreach; data; reports)
- Nurse Case Managers
- 18 FTE's



Areas of Expertise

- State Health Insurance Regulation
- Federal Health Insurance Regulation
 - ACA ERISA COBRA Medicare Medicaid
 - MHPAEA AHCT
- Medical Necessity
- Insurance policy & contract interpretation
- Billing
- Healthcare & healthcare insurance markets



Core Functions

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- Educate consumers re rights and responsibilities under their health plans and how to advocate on their own behalf



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- Help consumers to resolve problems with their health insurance plans when they arise – represent consumers in claim denials



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- Help consumers to resolve problems with their health insurance plans when they arise – represent consumers in claim denials
- Identify issues, trends and problems facing health care consumers & make policy recommendations to regulators, legislature or industry on behalf of consumers



Who We Serve

Consumers who request our assistance with a health insurance issue, and who:

- Are residents of Connecticut; or
- Are members of a health plan delivered or issued in Connecticut



Who We Serve

Consumers who are members of:

- Private/commercial health insurers
- Group health plans (including employer or union-sponsored ERISA and Taft-Hartley plans)
- Federal, state and municipal employee benefits health plans
- Public Medical Assistance Programs (including Medicaid & CHIP)
- TRICARE
- Medicare
- Any alternative coverage plans (Association Health Plans; Short-Term Plans; Healthcare Sharing Ministries)
- Uninsured individuals



Consumer Education & Outreach

- Respond to consumer questions through email or toll free call-in line
- Website – news, health care insurance resources, links to other organizations
- Facebook/Social Media
- Conferences and other community events
- Webinars and other training activities



Consumer Advocacy

Appealing Adverse Decisions

- Collection of insurance plans, policies, claim records and other related documents
- Gathering medical records and medical research articles
- Researching legal issues related to coverage denials (e.g., mandates, exclusions)
- Preparing complaints and appeal letters for submission to plans and regulators
- Maintaining contact with carriers, government agencies, consumers and providers until appeal is resolved



Consumer Advocacy - Public Policy

- OHA gathers substantial data regarding consumer complaints
- Data is synthesized and analyzed to identify trends impacting consumers
- Consumer-focused solutions to adverse trends are formulated in collaboration with other stakeholders
- OHA recommends and advocates for policy changes designed to improve access and outcomes for consumers at the administrative and legislative levels



Consumer Advocacy - Public Policy

OHA also participates as a member of various commissions, workgroups and other advisory entities

- Access Health Board of Directors
- Health Care Cabinet
- MAPOC
- BHPOC
- APCD Advisory Council
- Commission on Health Equity
- Choosing Wisely Collaborative
- Health Information Technology Council
- Protect Our Care



Consumer Referrals to Partner Organizations

- CHOICES – Medicare enrollments
- Access Health – QHP and HUSKY enrollments
- State Agencies – DSS, DCF, DMHAS, DDS, CID, AG, etc.
- Federal Agencies – CMS, HHS, DOL, etc.
- Brokers – advice re plan selection
- Other Community-Based Organizations – (e.g., immigration assistance)



Accomplishments - 2018

- Participated in approximately 213 outreach/consumer education events
- Assisted over 5000 consumers with individual healthcare/insurance issues
- Saved consumers \$13 million in healthcare and health insurance costs



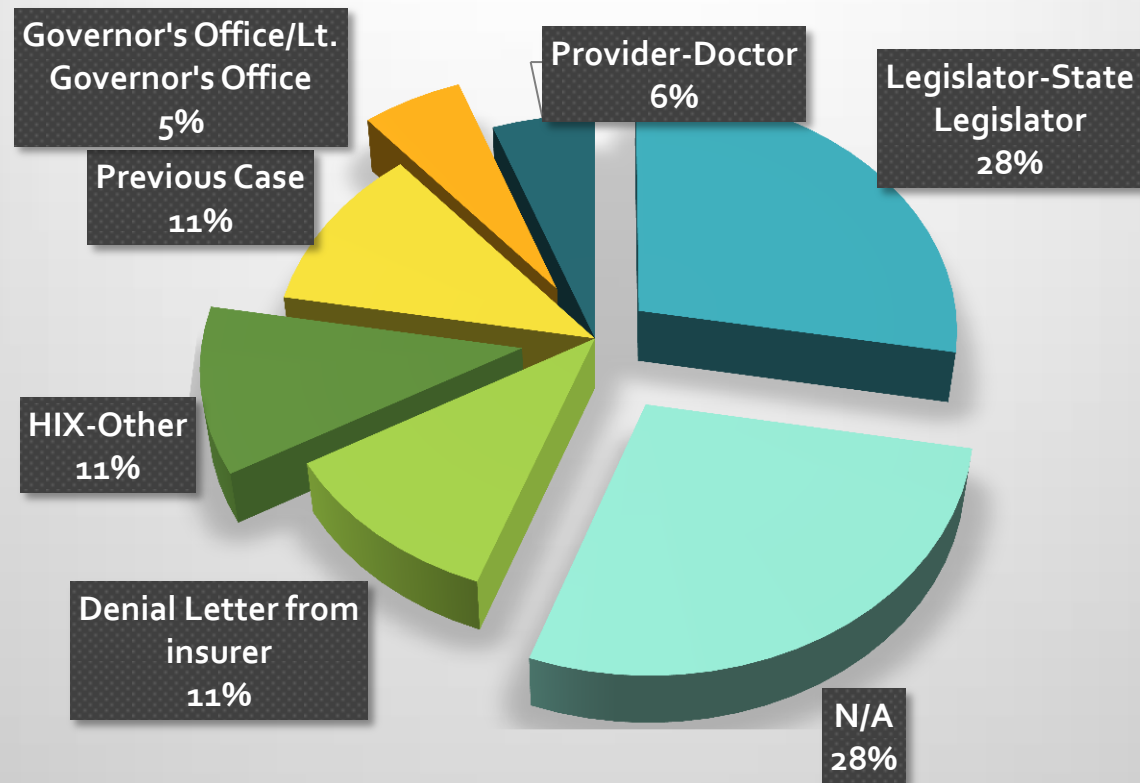
How AHCT clients heard about OHA (2018)	
Health Insurance Exchange	835
Previous Case	16
Legislator-State Legislator	14
Denial Letter from insurer	13
State Agency	10
Personal Referral	7
N/A	6
Broker	5
Provider	5



AHCT Complaint Type (2018)

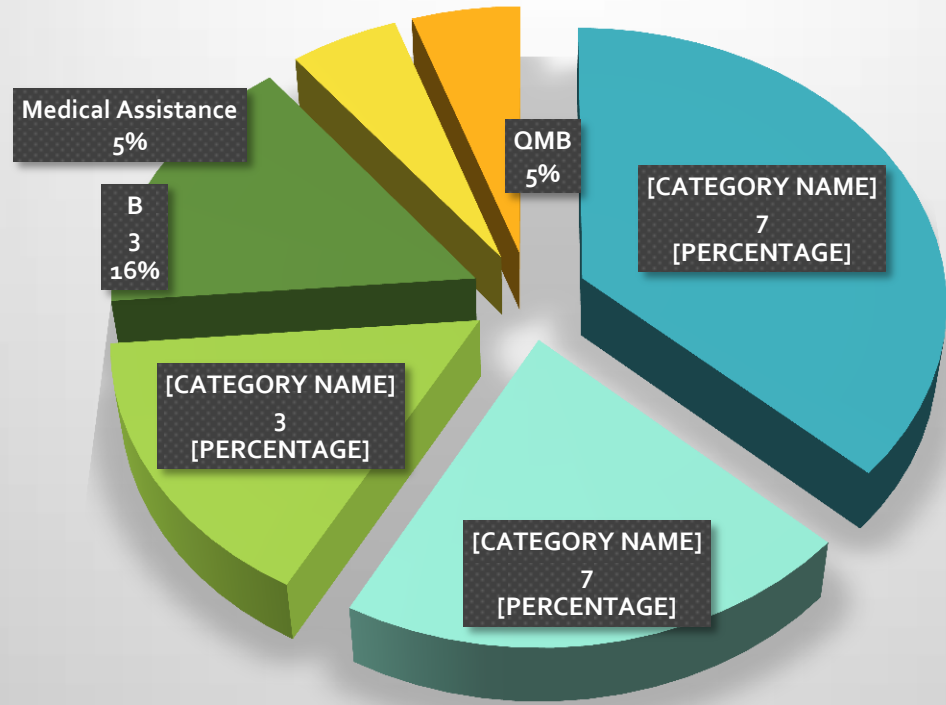
Notification/Verification Inquiry	653
Renewal and/or Application Inquiry	136
Cancel/Term Request	56
Incorrect Premium Rate/APTC	32
Effective Date Dispute	21
Transaction NOT Received	18
Dependent/Policy Holder	6
TMA	5

How Husky Clients Heard about OHA



OHA
opened
just 28
pure
HUSKY
cases in
2018

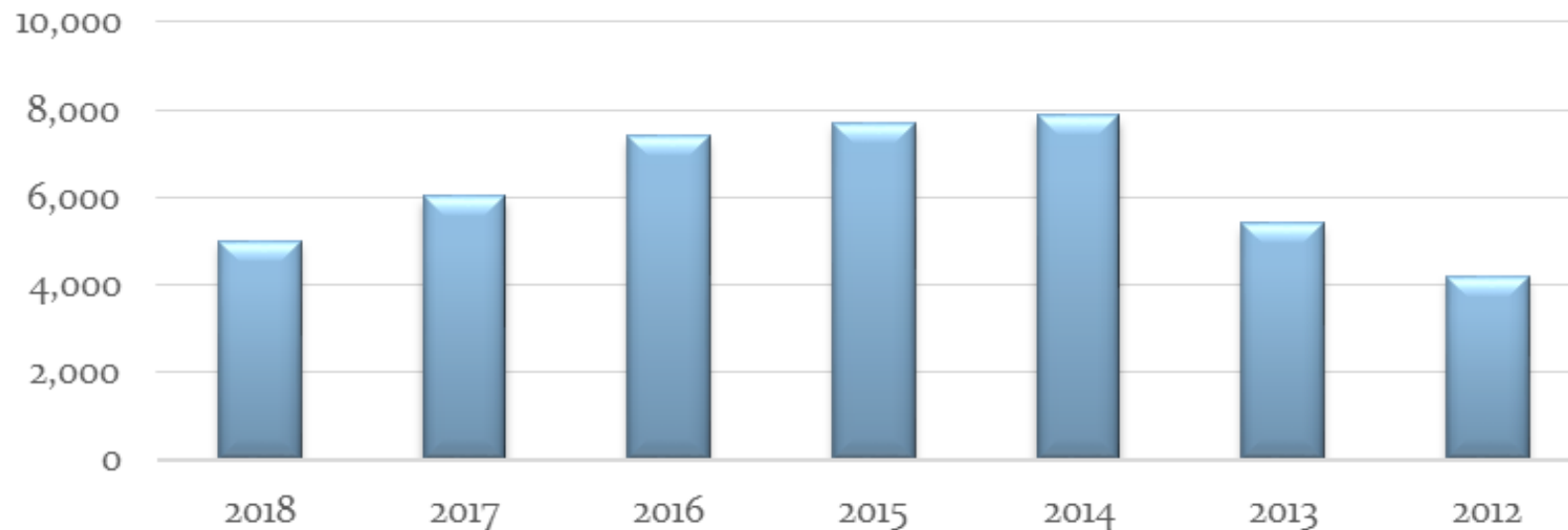
Types of Husky Coverage



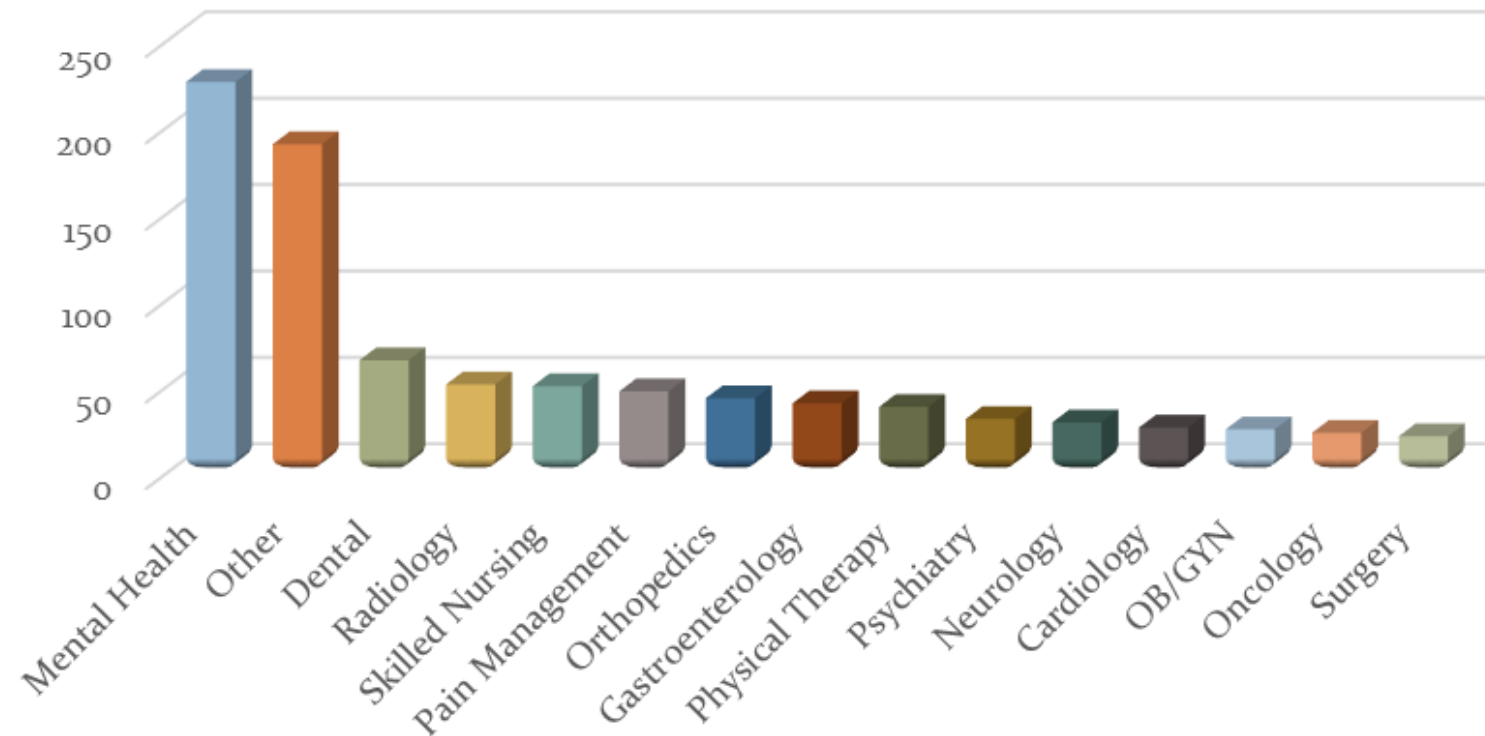


**Story: How OHA Helped a HUSKY client
Assisted HUSKY client to receive
all of the in-home nursing service
hours that had been approved**

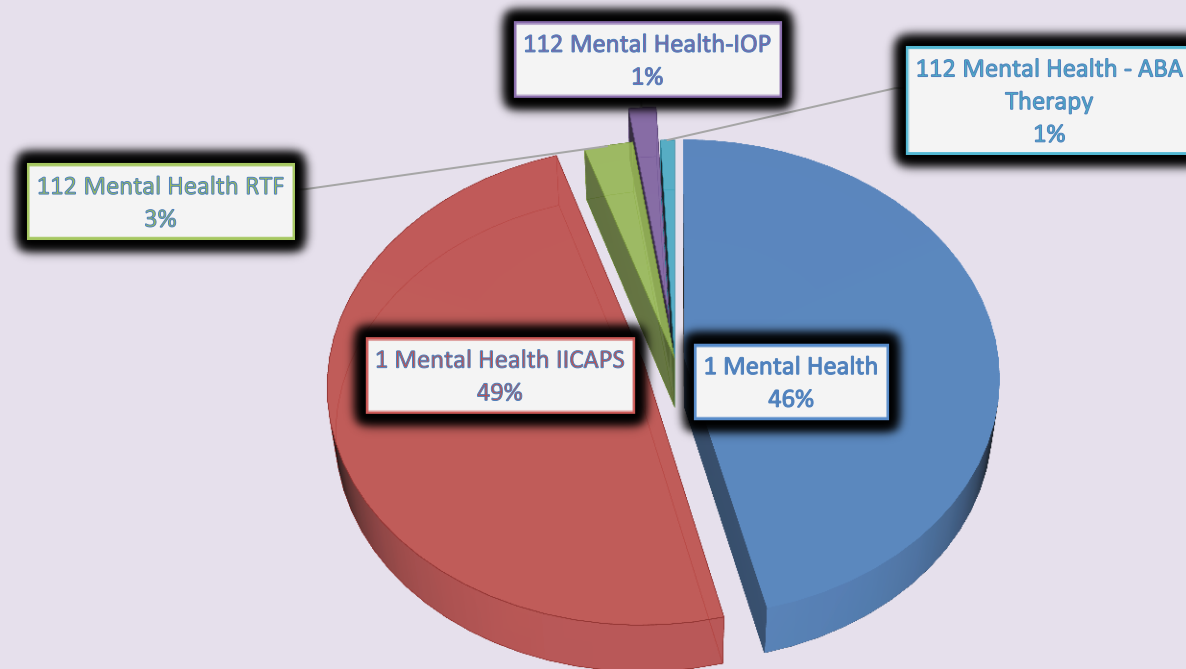
Comparison of Total Number Cases [CY 2012-2018]



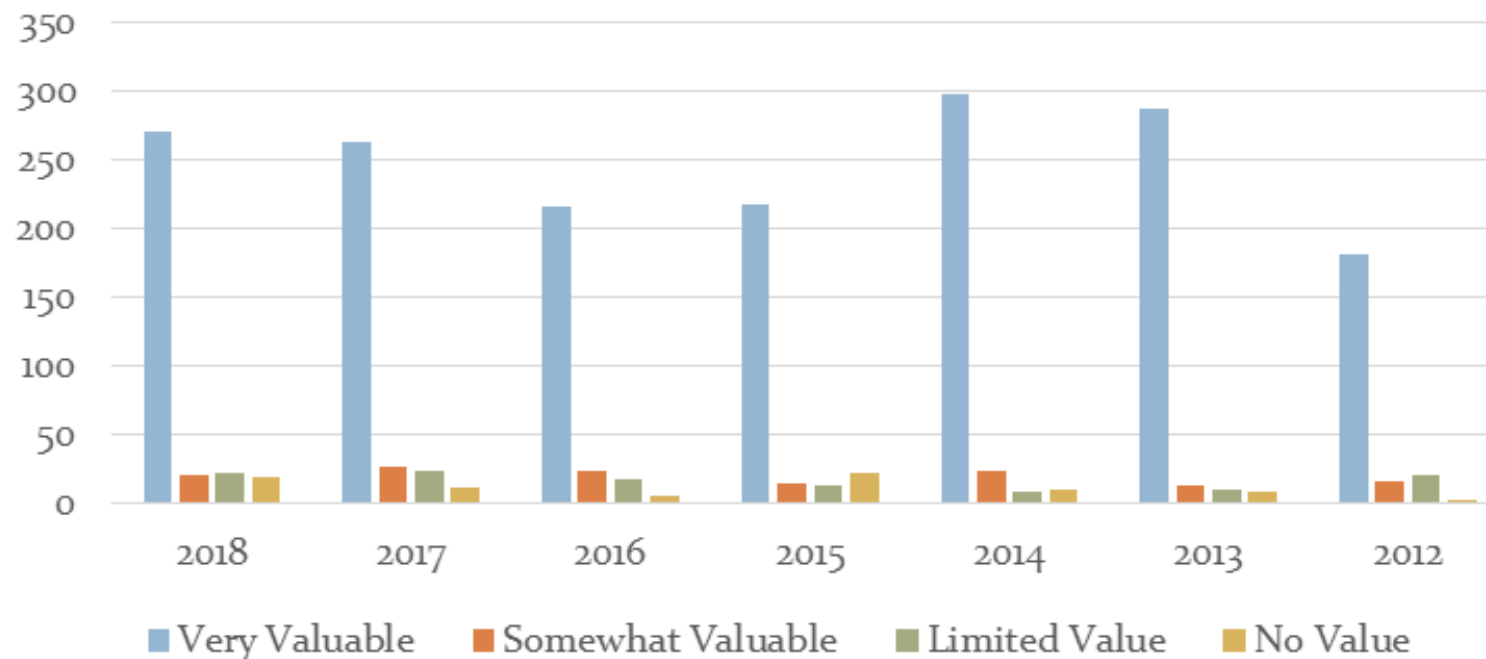
Cases by Clinical Category CY 18

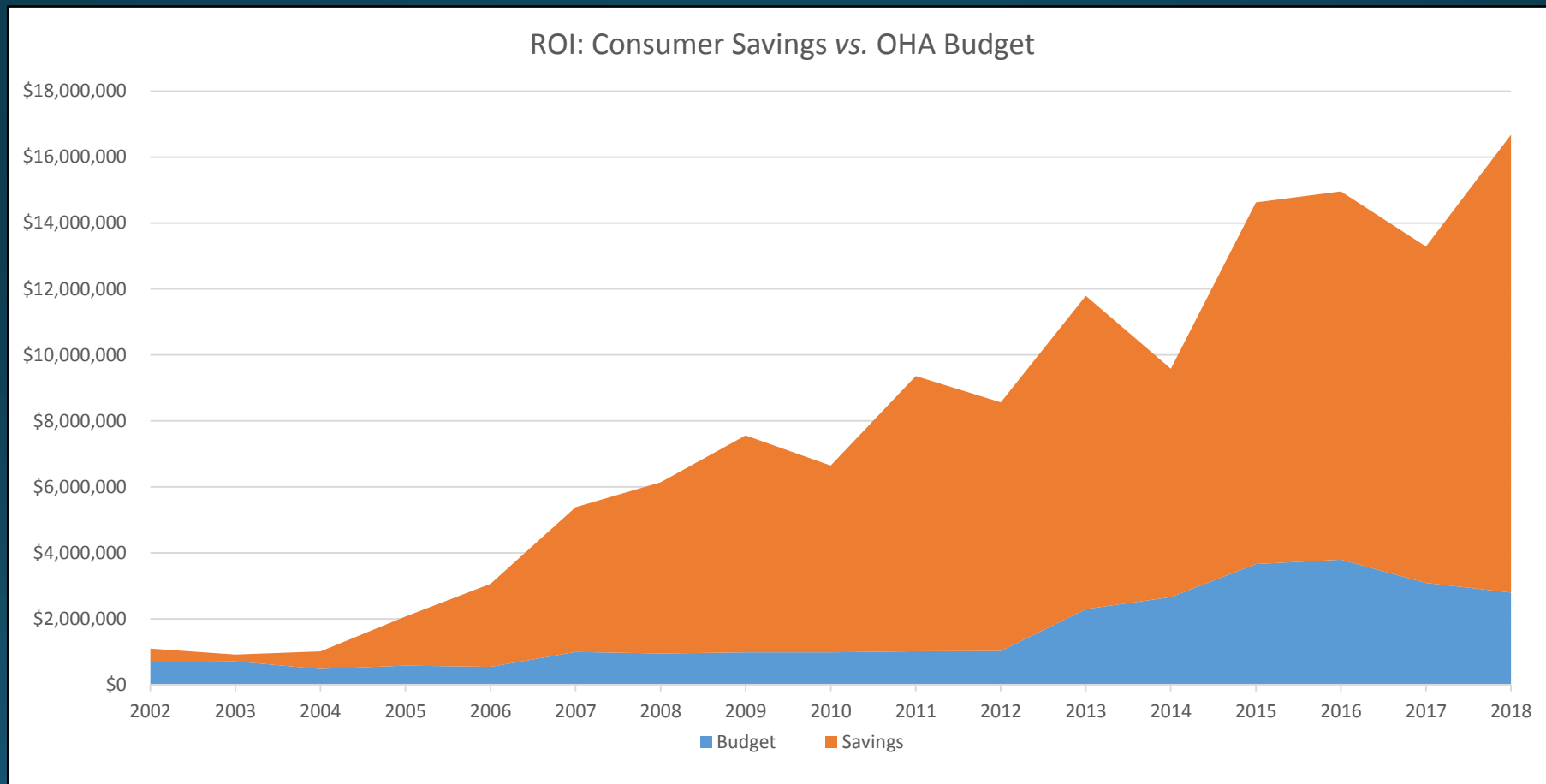


CY 2018 MENTAL HEALTH CASES

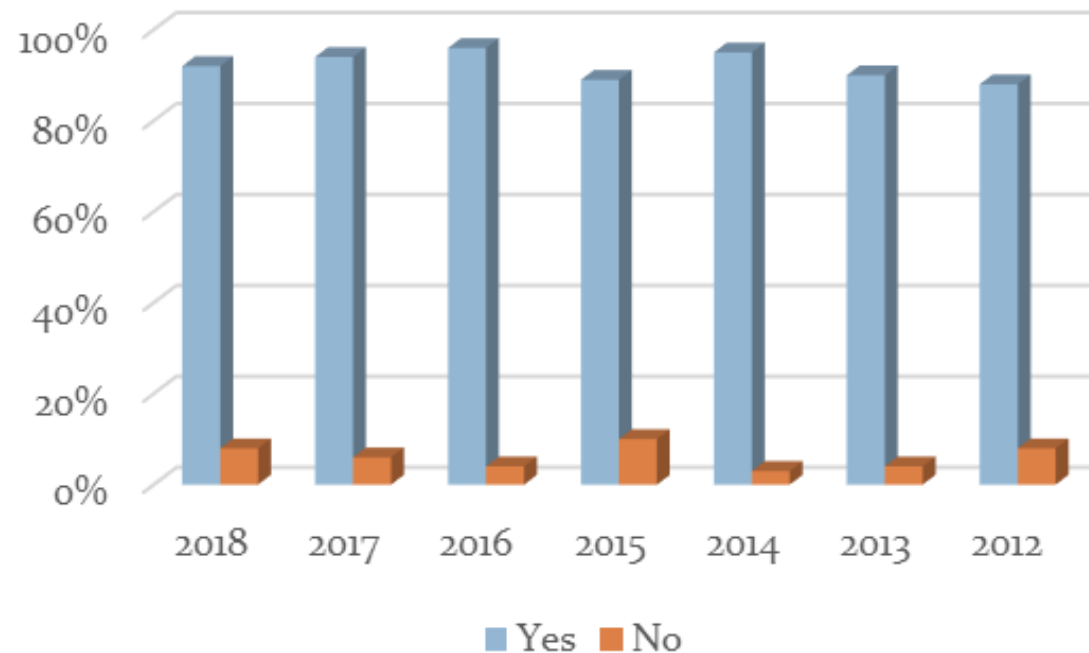


Value of Assistance Offered by OHA [Comparison by year 2012-2018]





Would Contact OHA Again [Comparison by Year 2012-2018]





How to Contact Us

- Phone: (866) 466-4446
- Fax: (860) 331-2499
- Email:
Healthcare.Advocate@ct.gov
- Website: www.ct.gov/oha

- Mail:

OHA
P.O. Box 1543
Hartford, CT
06144