



Welcome to:

# THE OFFICE OF THE HEALTHCARE ADVOCATE: GIVING CONSUMERS A SEAT AT THE TABLE

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# Welcome and Introduction



**Lynn Quincy**

**Director, Healthcare Value Hub**



# Housekeeping



- Thank you for joining us today!
- All lines are muted until Q&A
- Webinar is being recorded
- Technical problems? Call Tad Lee at 202-776-5126

# Agenda



- **Welcome & Introduction**
  - Lynn Quincy, Altarum Healthcare Value Hub
- **What is an Office of the Healthcare Advocate?**
  - Amanda Hunt, Altarum Healthcare Value Hub
- **State Example**
  - Ted Doolittle, Laura Morris, Demian Fontanella, Connecticut Office of the Healthcare Advocate
- **Q & A**



Amanda Hunt

Policy Analyst, Healthcare Value Hub

# Consumers have problems understanding and using their health insurance



- Complex language
- Complex benefit design
- Stress due to illness (of themselves or a loved one)

# What is an Office of the Healthcare Advocate? Consumer Advocacy vs. Consumer Assistance



## The Office of the Healthcare Advocate: Giving Consumers a Seat at the Table

As healthcare recipients and payers (through premiums, taxes and out-of-pocket costs), consumers are the most important stakeholders in our healthcare system. Yet, all too often, healthcare policies are made without sufficient consumer input, resulting in a system that does not reflect patients' wants and needs.<sup>1</sup>

Consumers' difficulty understanding and using their health insurance is a primary example of our system's failure to put patients first. In theory, health insurance is designed to protect consumers. But consumers are harmed when they are unable to understand coverage options or use their plans once they are enrolled. Consumers are also burdened by denied claims and confusion over the appeals process. To make matters worse, they often don't know where to turn for help.<sup>2</sup>

### SUMMARY

Consumer assistance offices that help people find and use their health insurance are vital to decreasing barriers to coverage and care. But consumers' needs extend beyond just-in-time assistance. They also need a powerful representative to report pervasive problems to policymakers and recommend solutions. Some states address this by establishing offices that not only assist consumers with their immediate needs, but also advocate on their behalf to create long-term improvements. This brief profiles high-performing consumer advocacy offices and offers best practices for states looking to increase protections and strengthen representation for consumers.

Most states offer some form of consumer assistance to help people navigate the health insurance landscape. For many consumers, these programs are vital to decreasing otherwise insurmountable barriers to coverage and care. But consumers' needs extend beyond just-in-time assistance. They also need a powerful representative to help policymakers understand how they can make the healthcare system work better for consumers.

A few states, like Connecticut, are leading the way by establishing offices that not only assist consumers with their immediate needs, but advocate on their behalf to create long-term improvements as well. This brief highlights Connecticut's Office of the Healthcare Advocate and explores best practices from four other high-performing states—California, New York, Maryland and North Carolina (see Table 1). The information presented in this report was collected from ten discussions with consumer representatives from these five states.

### Consumer Assistance is Vital, but has Limitations

Undeniably, consumer assistance is vital to achieving better healthcare value. But it largely serves as a "band-aid fix," helping consumers navigate a complex and, at times, dysfunctional healthcare system once problems arise. Consumer advocacy offices can take consumer assistance further in two ways:

Looking across the spectrum of healthcare consumers (private and publicly insured) to understand how they are experiencing the healthcare system.

Attempting to influence policy to prevent pervasive problems and bring about large-scale change.

In many states, consumer assistance resources are highly fragmented. For example, it is common for a state's department of insurance (DOI) to assist people who are

- Consumer advocacy offices (like CT's) and consumer assistance offices BOTH provide consumer assistance
- Consumer advocacy takes traditional consumer assistance one step further by:
  - Serving all healthcare consumers, regardless of coverage type
  - Serving as the voice of consumers in important policy discussions



Ted Doolittle



Laura Morris



Demian Fontanella

**Connecticut Office of the Healthcare Advocate**



Office of the  
Healthcare  
Advocate  
STATE OF CONNECTICUT

## **Healthcare Value Hub Webinar: Connecticut Office of the Healthcare Advocate**

- **Ted Doolittle, State Healthcare Advocate**
- **Laura Morris, Assistant Healthcare Advocate**
  - **Demian Fontanella, General Counsel**
  - **April 20, 2018**

The Office of the Healthcare Advocate is a state agency that provides free assistance to any consumer (patient, provider, family) who has questions about health insurance.

## **Our threefold mission:**

1. Help with health plan selection
2. Help consumers resolve problems (*e.g.*, coverage or denials)
3. Identify issues to raise with government or industry

# Our Threefold Mission, *Part 1*

## 1. Assist and educate consumers when selecting a health plan

- Explain insurance plans, benefits, cost-sharing to consumers to assist with plan selection and maximize utilization
- Educate consumers on their health insurance rights and how to advocate on their own behalf
- Answer questions and assist consumers in appealing a health plan's denial of a benefit or service.

# Our Threefold Mission, *Part 2*

## 2. Help consumers resolve problems with their health insurance plans

- ❑ Any CT resident who requests our help with a health related issue or anyone with a policy written in CT
  - Fully v. self insured
  - Public v. private
  - Exchange v. non-Exchange
- ❑ Case Management (assess, coordinate, monitor and evaluate options and services required to meet an individual's health or advocacy needs)

## **Our Threefold Mission, *Part 2, ct'd.***

In 2017, OHA saved consumers

**\$10,200,835**

## Our Threefold Mission, *Part 3*

3. Identify issues, trends and problems that may require executive, regulatory or legislative intervention

- For our State to be competitive, our people must be healthy.
- Track issues concerning access and delivery, UR, and compliance with state and federal regulation and law
- Inform and collaborate with Conn. General Assembly, Governor, Ins. Dept., industry, consumer advocates and other stakeholders on identified issues; promote legislative, regulatory & industry reforms

# OHA: 2017 Activities

- Collaboration and partnerships w/ other state agencies
  - Department of Children and Families
  - Department of Developmental Services
  - Judicial Department & others
- Lead statewide health reform efforts
- Public outreach and education events / media education efforts
- Assist 6,000 residents with individual healthcare access issues
- Advocate for health plan design, benefits and implementation, consumer transparency initiatives and notice requirements to improve consumer's ability to make informed choices about where and how to receive healthcare, coverage, access and available resources for individuals with disabilities and those struggling with addiction and more.

# OHA Recent Cases: JJ's Communication Device

Family's medically complex 23 year-old son, JJ was denied a specialty communication mount device for his wheelchair. Carrier determined device was not medically necessary. OHA worked with JJ's doctor to gather information, and submitted to carrier for review.

JJ received his specialty communication mount device.

This was a public plan.

**Result: Denial Overturned. Savings to JJ's family \$6,000**

# OHA Recent Cases:

## XC's Short-Term Plan Pre-ex Exclusion

- XC, a foreign exchange high school student who was enrolled in a short-term health plan, became ill; treatment for pancreatitis was covered; and a CT scan showed no abnormalities.
- XC fell ill again, and this time was diagnosed with ulcerative colitis, chronic gastritis and inflammatory bowel disease. Carrier determined the conditions all predated the effective date of the policy, invoked the preexisting condition exclusion, and denied coverage.
- XC's host family unsuccessfully appealed, then reached out to OHA
- OHA worked with XC's physician, arguing that the carrier's medical reviewer misunderstood the progression of ulcerative colitis, and we used the prior CT scan to show the chronic gastritis was not related to her subsequent colitis. Carrier agreed to submit the claims for review by a different independent physician, who agreed that the ulcerative colitis had not been preexisting.

**Result: Diagnosis and treatment covered. Savings to XC \$14,048**

# OHA: Sentinel Function

## How Are Consumers Faring in the Marketplace?

- Managers scan incoming cases to detect trends/issues
  - Example: New billing vendor at a large healthcare provider processing claims incorrectly
  - Resolution: Ask for meeting to educate new vendor

# OHA: Sentinel Function, *ct'd.*

## How Are Consumers Faring in the Marketplace?

- Mental health parity example:
  - OHA case managers sense Mental Health inpatient utilization reviews occur more frequently than with Medical
  - Providers can stay out of network due to limited supply
    - But need data to become actionable – Milliman report Feb. 2018
    - Limitation: OHA does not have advanced data analytics muscle

# OHA: Sentinel Function, *ct'd.*

## How Are Consumers Faring in the Marketplace?

- Example: Contract outage between state's dominant carrier and 2<sup>nd</sup>-largest hospital system in the state (Anthem/HartfordHealthcare; Fall 2017)
  - Consumer complaints to OHA revealed notice gaps
    - OHA worked with providers & carriers to provide clarified notice and training to call center reps
    - OHA editorialized in the media, testified in General Assembly & currently pushing reform legislation

# OHA: Special Authorities

- ❑ Authority (per 2015 agreement with Ins. Dept.) to request up to four insurance carrier rate hearings for premium increases over 10 percent
- ❑ Authority to intervene as a party in rate hearings
  - Attorney General assists OHA
- ❑ Authority to promulgate regulations to further OHA's mission
  - Not yet invoked
- ❑ NO subpoena power (Sorry Lynn! 😊)



## **On Healthcare Costs**

**Presented by:**

Ted Doolittle

*Healthcare Advocate, State of CT*

Grace Damio

*Director of Research & Training,  
Hispanic Health Council*

**Hosted by:**

Hispanic Health Council, 2/8/2018

# OHA: CT Speaks Out on Healthcare Costs

- ❑ Series of listening sessions across the state Fall/Winter 2017-2018
- ❑ Collect individual consumer stories of difficulties affording healthcare
- ❑ Online participation available
  - Three surveys
    - Affordability
    - Solutions
    - Tell your story
- ❑ Videotaped & transcribed
- ❑ Report for use with media, government, and industry currently in process
- ❑ Project website currently in process; will include all materials for public use

# OHA: Legislative & Policy

- ❑ OHA collaborates with public and private partners to identify important issues concerning consumer access to effective and affordable care and champion reasonable solutions.
- ❑ Each year, OHA actively tracks legislation of relevance to consumer access to care, and testifies before the CT General Assembly on many of these bills.
- ❑ In 2015, we tracked 215 bills and testified on 20; in 2016, we tracked 125 and testified on 18 and in 2017 we tracked 199 and testified on 19.

# OHA: Legislative & Policy, *ct'd.*

OHA utilizes years of data from tens of thousands of consumer cases, as well as ongoing outreach and collaboration with community advocates, providers and other government entities to inform policy recommendations. Some examples:

- **Public Act 12-190** required that colonoscopies undertaken as screening must remain screening for the consumer, and cannot be applied to the deductible.
- Mental health has been and remains the largest clinical category of requests for assistance OHA receives. **Public Act 13-3** included significant changes to CT statute, including:
  - Mental health and substance abuse requests must be processed as urgent care requests.
  - Set professional clinical criteria as the baseline for utilization review
  - Established expectations for mental health parity compliance assessments
  - Codifies that a peer-peer following an initial adverse determination *does not constitute* an appeal.
  - Brings Connecticut into compliance with federal law by requiring continuing coverage of ongoing treatment throughout the concurrent review and appeal process without liability to the member.

# OHA: Legislative & Policy, *ct'd.*

- **Public Act 14-145** which required that hospitals provide consumers with advance notice of the imposition of facility fees
- **Public Act 15-146** was a comprehensive act covering a broad range of subject matter, but issues which OHA was particularly active in included:
  - More robust notice for patients concerning: insurance status of non-emergent patients and an estimate of costs in advance, changes to insurer networks must be updated within 30 days
  - Defined **surprise bills**, and limits consumer's liability for these charges to the in-network cost
  - Amends CT's Unfair Trade Practices Act to include attempts by providers to seek payment for surprise bills beyond the in-network cost-sharing amount
- **Public Act 16-205** codifies clear and transparent criteria for insurer provider networks

# OHA: Community Collaborations

OHA actively works with state and private partners to identify and support efforts to address challenges consumers in our state experience as they seek equitable, quality access to medical and mental health services.

Our advocacy is informed by our direct client experience, outreach to community organizations, as well as requests for collaboration. These requests are based on OHA's depth of experience and expertise in matters impacting consumer access.

As a result, OHA actively participates in many initiatives to help promote consumer education, foster effective relationships within the advocacy community and gain new insights into the challenges facing consumers, as well as opportunities to address them. Currently, OHA is a member of 30 groups or councils focusing on consumers.

# OHA: Community Collaborations, ct'd.

Some examples of OHAs partnerships:

- Access Health CT (ACA Exchange) Board of Directors
- All Payer Claims Database Advisory Council
- Behavioral Health Partnership Oversight Council
- Medical Assistance Program Oversight
- Developmental Disabilities Working Group
- Connecticut Partnership for Patient Safety
- Choosing Wisely Collaborative
- National Parity Implementation Coalition
- CT Parity Coalition
- DCF VS Commercial Maximization Project

# OHA: Why Other States Should Adopt Healthcare Advocate Offices

- ❑ Permanent, authoritative voice for healthcare consumers
- ❑ Potential independence from gubernatorial administration
  - Sources of independence:
    - Director's appointment is for a term of years
    - OHA reports only to an Advisory Committee
    - But: In Connecticut, OHA is insurance industry-funded
      - Within Insurance Dept., but for admin. purposes only
      - Advisory Committee currently includes insurance & hospital industry reps (checks and balances)

# OHA: Why Other States Should Adopt Healthcare Advocate Offices, *ct'd.*

- ❑ Different focus from Insurance Department
  - OHA perspective is complementary to Ins. Dept.
  
- ❑ Example: Regarding cost of care, Ins. Dept. focus on solvency & premium rates indirectly supports consumers; but Healthcare Advocate can focus directly on consumer affordability
  - Ins. Dept. can't represent consumers in appealing denials

# OHA: Why Other States Should Adopt Healthcare Advocate Offices, *ct'd.*

- ❑ Creates a natural rallying point for consumer advocacy groups
- ❑ Creates a consumer rep who can approach other state officials as a peer
- ❑ Consumers need the help
  - Health insurance is too confusing!
    - Sick families not best self-advocates
  - The need is palpable: Cases emerge from every outreach



Office of the  
Healthcare  
Advocate  
STATE OF CONNECTICUT

**Questions?**

**860-331-2441**

**[Healthcare.Advocate@ct.gov](mailto:Healthcare.Advocate@ct.gov)**

# Questions for our Speakers?



- Use the chat box or to unmute, press \*6
- Please do not put us on hold!



# Hub Resources





RESEARCH BRIEF NO. 25 | APRIL 2018

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**SUMMARY**

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Report and related materials can be found at:

[www.healthcarevaluehub.org/Consumer-Advocacy-Offices](http://www.healthcarevaluehub.org/Consumer-Advocacy-Offices)

# Thank you!



- Ted Doolittle, Laura Morris & Demian Fontanella
- Robert Wood Johnson Foundation

Contact Lynn Quincy at [lynn.quincy@Altarum.org](mailto:lynn.quincy@Altarum.org) or any member of the Hub staff with your follow-up questions.

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