



May 23, 2007

Honorable M. Jodi Rell, Governor
Members of the Insurance & Real Estate Committee, CGA
Members of the Public Health Committee, CGA
State Capitol
Hartford, Connecticut 06106

Re: Office of the Healthcare Advocate
Annual Report Letter, 2006

Governor Rell and Distinguished Members of the General Assembly:

I am pleased to report on the activity of the Office of the Healthcare Advocate for calendar year 2006.

Mission

The mission of the Office of the Healthcare Advocate is to assist consumers with healthcare issues through the establishment of effective outreach programs and the development of communications related to consumer rights and responsibilities as members of managed care plans. The office focuses on assisting consumers to make informed decisions when selecting a health plan; assisting consumers to resolve problems with their health insurance plans; and, identifying issues, trends and problems that may require executive, regulatory or legislative intervention.

Education & Outreach

Presentations were offered or program marketing occurred with the American Cancer Society, Gaylord Hospital, Lawrence & Memorial Hospital, ECN/Manchester Hospital, UCONN Health Center, Canaan Health Care, American Academy of Professional Coders, Connecticut Business and Industry Association, FAVOR, Health Assistance Partnership/Families USA, Amputee Coalition of America, Community Mental Health Strategy Board, Council of State Governments (Eastern Region), United Way/"211," Yale School of Nursing, Branford Hall, and Federal Reserve Bank (Boston).

OHA participated in information fairs or health care summits hosted by the Connecticut Bar Association, Office of the Child Advocate, Department of Public Health, American Diabetes Association, Infinity Radio Women's Fair, West Hartford Health & Wellness, "Be Healthy Connecticut," and Middlesex Hospital Cancer Center.

Consumer Affairs

TOTAL COMPLAINTS 2001 thru 2005	
Year	Number of Complaints Processed
2006	2,019
2005	1,597
2004	1,586
2003	1,083
2002	723
2001	800

These complaints fall into a few major issue categories:

COMPLAINTS BY ISSUE (General)			
	2004	2005	2006
Treatment/Service Denied, Covered	17 %	20.5 %	17.4%
Problems with Benefit Design	14 %	7.3 %	4.7%
Billing Problem	13 %	10.1 %	8.1%
Treatment/Service Denied, Not Covered	7 %	6 %	4.5%
Education/Counseling (Patient)	6 %	9 %	8%
Enrollment/Eligibility Questions	6 %	8.5 %	10%
Claim Denied (Provider)	6 %	4.8 %	5%
Poor Customer Service	4 %	3 %	3.2%
Other	27 %	30.8 %	39.1%

(*Note: "Other" category includes: Reaching Benefit Maximums, Doctor Not in Plan, and Inconsistent Responses from Carrier, among others.)

COMPLAINTS BY SERVICE CATEGORY			
	2004	2005	2006
Mental Health	28 %	23.3 %	15.7%
General Medical	21 %	16.1 %	13.3%
Pediatrics	11 %	8.2 %	6.9%
Surgical	9 %	6.3 %	6.5%
Orthopedics	4 %	4.6 %	3.9%
Pharmacy	3 %	3.9 %	4.9%
Physical Therapy	3 %	1.6 %	1.9%
Oncology	2 %	5.5 %	6.2%
Geriatrics	2 %	3.9 %	5.1%
Other	17 %	26.6 %	35.6%

New Information for 2006

Total Consumer Savings (OHA claims “savings” when a previously denied treatment or reimbursement is overturned in the consumer’s favor.) by Calendar Year:

2002	\$410,294
2003	\$205,665
2004	\$531,823
2005	\$1,487,895
2006	\$2,514,825

Agency Budget

FY 2003	\$686,253
FY 2004	\$709,271
FY 2005	\$479,328
FY 2006	\$581,414
FY 2007	\$690,535

Research

Mental Health Provider Directories

In 2006, OHA requested a survey of HMO mental health providers in Connecticut. The survey focused on the accuracy of HMO provider directories, and was conducted by Colleen Barry, Ph.D. of the Yale School of Public Health. The six HMOs surveyed were Anthem Health Plans, Health Net, Connecticutare, CIGNA, Oxford/United and Aetna.

The study showed that HMO provider lists are accurate, in terms of content, 83% of the time, but the accuracy did not necessarily translate into access. At least 30% of the time, HMO enrollees could not find a provider willing to take a new patient.

The study was conducted over a two-month period by Barry, her colleague, Susan Busch, Ph.D., and several Yale graduate students. OHA staff contributed to the development of the survey instrument.

Of the 337 providers who completed the telephonic survey, 33% treat adults only, 5 % treat only children and adolescents, and 62% treat both.

While the survey provides initial information on the problem of mental health access, additional study is necessary.

Consumer Satisfaction (OHA)

In a survey of consumer satisfaction for the first two quarters of 2006: 92% of respondents said they would call again if they had another problem; 87% considered OHA services “valuable” or “very valuable;” and, perhaps the most important indicator,

89% said they would refer a friend or family member to the Office of the Healthcare Advocate.

Mental Health Parity Work Group

The Mental Health Parity Work Group was created pursuant to Public Act 05-280.

Participants in the Mental Health Parity Work Group represent mental health providers, insurance companies, consumers, advocates, business representatives and government agencies. The Work Group met on the following dates in 2006:

	<u>Topic/Presentation</u>
January 10, 2006	Presentation: J. Brent Pawlecki, MD, Associate Medical Director, Pitney Bowes, Inc. Employee Health & Wellness Programs
April 11, 2006	General Meeting
December 12, 2006	Barbara Ward-Zimmerman, PhD, Child Health and Development Institute of Connecticut, <u>Integration of Routine Behavioral Health Screening into Pediatric Primary Care</u> Barbara Bugella, Department of Mental Health and Addiction Services, <u>Mental Health Transformation Grant Update</u>

The Work Group provides a forum in which participants can question and streamline business processes, work out disputes, and build better working relationships between patient/provider and insurance companies around the areas of emphasis outlined in PA05-280.

Budget

The Office of the Healthcare Advocate is authorized for 4 full-time staff (the Healthcare Advocate, the Director of Consumer Affairs, General Counsel, and a Secretary).

The independent OHA is funded through the State's Insurance Fund. The Insurance Fund is funded through assessments on Connecticut's domestic insurance companies.

Agency Budget Detail

MCO39400, Office of the Healthcare Advocate, 12004 Insurance Fund

		<u>06-07</u>
Personnel Service	\$	387,193
Fringe Benefits		140,528
Other Expenses		141,971

Indirect Overhead		19,643
Equipment		1,200
Agency Grand Total	\$	690,535

If I can provide additional or specific information to you or your staff, please contact the office. Thank you for your interest in, and support of, our efforts.

Sincerely,



Kevin P. Lembo
State Healthcare Advocate

cc: Clerk of the Senate
Clerk of the House
State Librarian
Office of Legislative Research