



August 3, 2011

Dannell Malloy, Governor  
Members of the Insurance and Real Estate Committee, CGA  
Members of the Public Health Committee, CGA  
State Capitol  
Hartford, Connecticut 06106

**ANNUAL EVALUATION 2010**  
**Office of the Healthcare Advocate**  
**Prepared by the Advisory Committee, Office of Healthcare Advocate**  
**Statutory authority: CGS 38a-1049**

Dear Governor Malloy and Members of the General Assembly:

We make this Annual Evaluation pursuant to our responsibilities under the Connecticut General Statutes, Section 38A-1049(B).

The Connecticut Office of Healthcare Advocate (OHA) was created in 1999 (originally named the Office of Managed Care Ombudsman) as part of "An Act Concerning Managed Care Accountability." Since its inception, OHA has helped thousands of Connecticut residents receive the health care services they need and pay for, saving state consumers millions of dollars. In 2010, OHA returned over five dollars to consumers in paid health insurance claims for every dollar spent on the operation of the agency. By communicating the significant need of health insurance consumers and demonstrating success in their operation, OHA was also able to secure federal funding to expand the Offices capacity to assist consumers.

Connecticut's Office of Healthcare Advocate is a national leader in promoting and protecting the rights of consumers. In fact, OHA has become a model for other states that are looking to develop their own healthcare advocate offices.

In 2010 the leadership of the Healthcare Advocate and OHA staff achieved significant successes in assisting consumers to make informed decisions on selecting health care plans, defending consumers rights and assuring that consumers attained all the benefits due to them under their health insurance coverage, assisted policy makers in identifying

trends and providing data in regards to health care issues, and advocated for necessary legislative remedies to further protect Connecticut's consumers.

Pursuant to Section 38a-1049 of the Connecticut General Statutes, the Advisory Committee to the Office of Healthcare Advocate is required to provide an annual evaluation of the effectiveness of the Office of Healthcare Advocate. This report is intended to fulfill that mandate for calendar year 2010.

#### 2010 Achievements:

- The Office is a critical link directly from the experience of consumers struggling to access health care directly to policymakers.
- The Office continues to be a trusted resource for lawmakers. In 2010 the number of referrals from legislators rose to 211, demonstrating the confidence lawmakers have in OHA to resolve constituent concerns.
- The Office collaborates with dozens of community, consumer, professional and other non-profit groups across the state to support consumer protection efforts and maximize resources.
- The Office is represented on multiple statutory health care advisory councils and task forces providing critical research and support to legislative policymakers and other state agencies.
- The OHA staff provided staffing to the Sustinet Board of Directors and the Healthcare Advocate served as the co-chair the Board of Directors.
- OHA has undertaken the responsibility for and implement the biennial survey of hospitals and managed care organizations reporting on community benefits programs they have in place. Responses were due March 1, 2011.
- OHA appeared before the following Legislative committees in the 2010 Legislative Session: Insurance and Real Estate, Planning and Development, Human Services and Public Health. Issues presented were wide ranging and included matters of assistance to both consumers and small businesses.
- OHA's major piece of proposed legislation was HB 5090, as amended by House Schedules A and B. The bill passed the House but lacked the time for passage in the Senate. The bill would have made the rate review process for individual insurance plans more open and more scrutinized. Despite the bill not getting called in the Senate it did lead to the positive development of the Insurance Department posting rate filings on the Department's website.
- OHA introduced and the Legislature passed P.A. 10-24 – An Act Requiring the Providing of Certain Information Upon Certain Denials of Health Insurance Coverage now requires insurers to notify enrollees of the availability of OHA to assist in an appeal of denial of care. We anticipate that this will significantly increase OHA's consumer caseload.
- Federally OHA continues to consult with our Congressional delegation and other Congressional offices on a variety of issues related to health care reforms. Issues that OHA offered expertise on include, but are not limited to: consumer assistance programs under the Affordable Care Act; U.S. Department of Health and Human Services regulations on medical loss ratio, access to preventive

healthcare services, oversight of insurers rate setting practices, and protections against unwarranted rescissions; elimination of child-only insurance policies; and rate review issues.

- OHA continues to work on improving the state's mental health parity law and to assure that Connecticut maximizes the benefits under the federal Mental Health Parity and Addiction Equity Act. Mental health care again was the number one area of concerns brought by consumers to the OHA staff.
- OHA secured a one year \$396,400 consumer assistance grant from the U.S. Department of Health and Human Services to support two additional case managers plus one outreach coordinator/data analyst.
- OHA continued its significant media outreach efforts in a cost effective manner to educate CT residents about their rights as health care consumers and their responsibilities as health insurance consumers.
- In 2010 OHA received 2,139 consumer cases and successfully completed 2,119 cases, for a savings to those consumers of \$5,644,905.23.

Recommendations:

- OHA should continue legislative advocacy efforts to enhance insurance consumer protection.
- OHA should continue to educate consumers as to their rights and responsibilities under health insurance plans and to assist consumers in choosing an appropriate health plan and understanding the benefits and disadvantages associate with various health insurance products.
- OHA should be allowed to fill the position of General Counsel, which is now being performed by the Healthcare Advocate. General Counsel had been a separate position and it is clearly not in the best interest of OHA or consumers to have the Advocate fulfilling both positions.
- OHA should expand its capacity and staff to assist consumers further, including a state-funded dedicated staff person for case management and a staff person for research.

Sincerely,



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