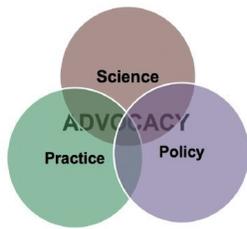




Office of the  
Healthcare  
Advocate  
STATE OF CONNECTICUT



# ON CALL

## OHA BREAKS THROUGH NEW SAVINGS MILESTONE

Consumer savings at The Office of Healthcare Advocate (OHA) broke through the \$60 million milestone according to the 2014 Annual Report. The office opened in 2001 and since then, has worked with tens of thousands of policyholders, patients and families to explain their rights and responsibilities and to advocate for patients when they are denied coverage for treatment or denied reimbursement by their health plans. In calendar year 2014 alone, OHA recovered \$6,924,978 for Connecticut consumers by overturning denials of care, securing healthcare coverage, and resolving billing disputes. The office handled 12,149 calls on its toll free line and handled 7,117 individual cases.

OHA is a small independent state agency that provides free advocacy service to the public, educates through community outreach events and private presentations, and communicates to consumers about their health insurance and patient rights. It is staffed with seasoned healthcare providers with experience and understanding in the medical and insurance industries.

OHA provides information on our services in 22 languages. Free materials are available upon request. Visit us online for helpful information and to access our social media outreach.

### Tip 1 Records & Calls

- Keep a record of all letters you send or get from your health plan.
- Keep a log of all telephone calls you make or get about your denial.
- Keep a copy of the denial letter (do not assume your health plan will have it on file).

***“Your response was exceptional, resolving a long standing issue in a few days. The best experience I’ve ever had with a state agency!”***

### DON'T TAKE NO FOR AN ANSWER

OHA’s motto since its inception is what we tell consumers every day. Don’t take no for an answer when your health plan will not pay for a service or treatment. Be an advocate for yourself and ask questions.

- You have the right to complain or appeal.
- You can ask your plan to change (appeal) its decision.
- Your plan must explain how you can appeal when it tells you that it will not pay or cover a service.
- Ask us for help-Our service won’t cost you anything and it could save you a lot of money.

### BEHAVIORAL HEALTH CLEARINGHOUSE

Mental and behavioral health denial of services and treatments are the highest percentage of cases that OHA receives. OHA was tasked with the creation of an information and referral services to help residents and providers receive behavioral health care information, timely referrals and access to behavioral health care providers. OHA has developed an exhaustive model for this behavioral health clearinghouse, including detailed informational and referral consumer website, a comprehensive and accurate behavioral health provider directory and parameters for a consumer call center. Learn more about the Behavioral Health Clearinghouse by visiting our website at [www.ct.gov/oha/bhc](http://www.ct.gov/oha/bhc).

## Case Management Corner: The Biggest Winner!

By: Jacqueline Murillo, RN, BSN

A daunting prognosis was all that lay ahead for R.M. He was trying to recover from a serious health complication and facing more than a million dollars in medical bills that were likely to force him into bankruptcy. But R.M. and his family reached out to Connecticut's Office of Healthcare Advocate where his case was triaged and sent to me. I'm a case manager at the OHA. R. M. is a 58 year old male who contacted OHA for assistance clarifying his health insurance coverage options. In the beginning of 2014, he was covered under a health plan offered by his employer. Shortly thereafter, his employer eliminated his position and, for a variety of reasons, he ended up without healthcare coverage. Later in 2014, he had a significant medical condition, a duodenal perforation that required an emergency admission and surgery to repair the damage. Unfortunately, R.M. experienced multiple post-operative complications and became critically ill, diagnosed with septic shock, acute respiratory failure, and acute renal failure. R.M. remained hospitalized in the intensive care for several months and his doctors were unsure if he was going to survive. In addition to worrying about her husband's health and prognosis, R.M.'s wife was overwhelmed by medical bills, the first of which was for \$454,186, and the couple felt that the only option was to pursue bankruptcy. OHA discovered that R.M. should have been offered the option to continue his employer-based healthcare coverage under COBRA. After significant research and intervention, OHA successfully had R.M.'s COBRA coverage activated, providing his family with insurance coverage for total costs now well in excess of \$1 million. R.M. is currently recovering at home, and OHA continues to assist him.



*In the First Quarter of 2015 OHA handled over 3,000 phone calls and participated in more than 210 Community Out Reach Events!*

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NOW YOU'LL BE HEARD!  
Authorization For Release Form

### TIP 2

#### Get the most out of your Health plan

- If you prefer to see a particular doctor, hospital, or group of physicians you should ask them if they participate in any plan that you may consider joining. You should also ask if they participate at specific hospitals or facilities too.
- If you have a chronic illness or take certain medicines, ask how you can use the plan to get the care you need.
- Don't understand something about your plan? Call us. We're here to help.