



Meet the OHA Staff



Vanessa Wimberly is OHA's sole support staff. She is the front-line of OHA. Hers is the voice you hear when you call our office's toll-free line and local number. Vanessa

operates a one-person triage team, separating pressing incoming cases from those that can be handled less urgently. Vanessa has worked for OHA from almost its first day in business.

Recent News

OHA achieved an important legislative success with help from the Office of the Attorney General, consumers, non-profit mental health organizations, the Institute of Living, mental health providers, and concerned legislators. Public Act 08-125, An Act Concerning Benefits for Inpatient Treatment of Serious Mental or Nervous Conditions, was signed by the Governor on May 27, 2008. Over the last few years, OHA has worked with individuals who have severe eating disorders and/or other serious psychiatric conditions who cannot access medically necessary residential treatment. An arcane law required children suffering from these disorders to spend three days in an acute hospital, even if the stay was unnecessary, before getting insurance coverage for medically necessary residential services. The old law didn't allow adults access to residential treatment coverage at all. P.A. 08-125 requires coverage of residential treatment if it is the safest, most appropriate and effective way of helping an adult or child. This new law recognizes that residential level of care might be necessary for someone now in the community or someone receiving treatment in another setting.

*The law goes into effect on January 1, 2009. The new law applies to fully insured plans only.

In This Issue

- Meet the OHA Staff
- Recent News
- Featured Legislator
- In My Own Words
- Ask Us
- Term for the Season

Who We Are

The Office of the Healthcare Advocate (OHA) was created in 1999 as part of the Managed Care Accountability Act. Since then, we've worked with thousands of policyholders, patients and families to explain their rights and responsibilities in a health plan. We advocate on your behalf when you are denied treatment or reimbursement by a health insurance company. We help consumers make informed decisions when selecting a health plan. And, based on this work, we identify issues, trends and problems that require executive, regulatory or legislative intervention.

Featured Legislator

Representative Deborah Heinrich, pictured with CT's Healthcare Advocate, Kevin Lembo, represents portions of Guilford and Madison. She is the Vice-Chair of the powerful Appropriations Committee and also sits on the Public Health Committee.



Rep. Heinrich said, "Working to ensure all Connecticut residents have access to affordable, quality healthcare is an intricate and complicated matter. The OHA has been an indispensable resource for me and for my colleagues as we all work together to solve this most important problem."

Rep. Heinrich has been working to make healthcare more affordable to businesses and consumers in the state. This past legislative session, Rep. Heinrich was a key voice in securing a vote on OHA's bill (now P.A. 08-125) in the waning hours of the legislative session. Her Health and Human Services Cabinet bill made it through both chambers of the legislature unanimously. A key supporter of the Connecticut Healthcare Partnership bill, Rep. Heinrich is a strong supporter of healthcare access and enforcement of existing insurance consumer protections in Connecticut.

When a constituent needs help accessing coverage or battling through an appeal, Rep. Heinrich sends them to OHA.

Now You'll Be Heard

Coming Soon



OHA is producing a series of eight half-hour programs in partnership with CPTV on topics of interest to the residents of CT. Contact your local Cable Public Access Station to request the broadcast date and time of these pertinent and entertaining programs.

Click here or visit <http://www.ct.gov/dpuc/site/default.asp> to find the station near you.

Term for the Season

Explanation of Benefits (EOB) – a form sent to you after your health plan has processed a claim. The EOB explains how much money the plan paid and the amount you are responsible for paying. Often the EOB includes important information on what to do and who to contact if you have questions about the claim or denial including the plans denial codes and how to file an appeal. A separate EOB is sent to your medical provider that is generally more detailed than the one sent to you.

Links

http://www.ct.gov/oha/lib/oha/documents/private_market_scorecard_report_emb.pdf

Failing Grades: State Consumer Protections in the Individual Health Insurance Market, Families USA, June 12, 2008

http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=688615

How Many Are Underinsured? Trends Among U.S. Adults, 2003 and 2007, The Commonwealth Fund, June 10, 2008

<http://www.ct.gov/oha/cwp/view.asp?a=11&q=416726>

Go to the OHA Website for the latest news affecting healthcare in Connecticut and in the US.

In My Own Words

In this piece we want to share with you what our consumers experience in their effort to get the healthcare they need.

"The staff of the Office of the Healthcare Advocate certainly needs to be applauded for their diligence and dedication. I was referred to them by my local representative, Vickie Nardello, after I had difficulties getting insurance approval on several medical necessities of my daughter's care. These items had always been covered under past insurances but my claims administrator was refusing to pay them under my insurance plan.

I contacted OHA over a year ago after being refused coverage and denied appeals for a



certain medication and medical supplies. Through sheer diligence-- phone calls, letters and follow-up letters, doctor's letters and prescriptions and several appeals-- OHA assisted me in navigating the circuitous route of benefit approval. They also recently got approval of the last disputed item by winning a special appeal to my insurer. Although I am quite well-versed in the ways and means of insurance coverage, I could not have accomplished anywhere near this level of success without their help. Battling health insurance issues is only one facet in the care of the chronically ill and I truly appreciate their effort, support, and follow-up."

Lauren, Prospect, CT

Ask Us

I do not understand the differences between a deductible, a co-pay, and co-insurance. Could you please explain them to me? – Signed, Confused in Colchester

Dear CC,

I certainly understand your confusion. If you have a deductible in your policy – some policies do not have deductibles – it is the amount you have to pay before your insurance coverage "kicks-in." You can probably understand it better if you compare it to your auto policy. Just like you might have different deductibles for property damage, collision, etc., you may have different deductibles for different medical services like hospitalizations, outpatient services, prescription drugs, etc. Coinsurance, if you are required to pay it, is the percentage of costs that you share with your insurance company. Once your out-of-pocket expenses equal the maximum you are responsible for paying, your insurance company will assume responsibility for all additional costs covered by the policy. You may have varying out-of-pocket maximums – e.g., one for hospital coverage, one for laboratory, one for prescriptions, etc. A copayment, or copay, is a capped dollar amount defined in your policy and paid by you each time you receive a certain medical service.

You must pay the copayment before any benefit is paid by your insurance company. Copayments are most often collected by the provider before care is rendered.