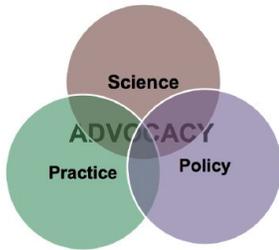


# BE HEARD!



## POINTS TO NOTE

- Health Partnerships
- The Birthday Rule?!
- The Art of OHA
- Mental Health Harmony
- Health Equity for All
- OHA...FYI

HELLO  
My Name Is...

*Advocate*

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## VELTRI'S VOICE

Welcome to our newly re-launched newsletter! We've been busy since our last newsletter, helping residents enroll in healthcare coverage, advocating for improved access and coverage for mental health and substance use services, appealing denials of coverage, resolving billing disputes and leading major healthcare reform efforts for our state.

As the state's independent healthcare watchdog, the Office of the Healthcare Advocate has helped tens of thousands of individual consumers recoup nearly \$60 Million. In 2013, OHA saved consumers \$9.6 million through our individual advocacy work.

OHA has successfully proposed

and negotiated numerous pieces of legislation to ensure better protections for consumers seeking mental health and substance use services. Most recently, OHA worked with legislative leaders, providers, state agencies and community organizations to pass legislation to promote direct access to behavioral health services.

OHA has grown to reflect the success of the agency. Through partnerships with DCF and DSS, OHA exercises its watchdog role in returning or preventing the unnecessary use of critical healthcare dollars by maximizing use of consumers' health plans before the state pays for healthcare coverage. Through these projects, we also educate consumers on how to use their

Victoria Veltri  
Healthcare Advocate



healthcare coverage to ensure their needs are met.

Healthcare is changing rapidly. With residents gaining access to both private and public coverage, OHA remains your source of consumer-focused information and advocacy.

To stay in touch on ongoing healthcare developments affecting consumers, please sign up for e-alerts at our website.

We hope you find this newsletter, featuring pieces on OHA and partner entities, helpful.

We invite your feedback and suggestions on how best to keep our residents informed of critical healthcare issues.

## OHA: WHO WE ARE...WHAT WE DO

The Office of the Healthcare Advocate (OHA) is a small independent state agency that advocates for Connecticut healthcare consumers, educates through community outreach events and presentations, and communicates with Connecticut residents about their health insurance and patient rights.

Over the years, we have received the support of our state policymakers, federal and state grants, partnered with various state agencies, and collaborated with many non-

profit healthcare advocacy organizations to work for better access to high quality of care.

OHA has provided free advocacy services since 2001. We have saved Connecticut's consumers nearly \$60 million since then, by overturning denials of care, securing healthcare coverage and resolving billing disputes.

We continue to advocate, educate and communicate with you. We also provide educational services /

presentations and outreach to Connecticut's diverse communities.

OHA provides information on our services in 23 languages. Free materials are available upon request.

Please visit us online to view helpful information, testimonials and to access our social media presence.

*We are OHA and we want you to Be Heard!*

## OHA PARTNER: NATIONAL ALLIANCE ON MENTAL ILLNESS (NAMI)



NAMI (National Alliance on Mental Illness) is the nation's leading grassroots mental health organization dedicated to improving the quality of life for the millions of Americans affected by mental illness, since 1979.

NAMI advocates for access to services, treatment, supports and research and is steadfast in its commitment to raise awareness and build a community for hope for all of those in need.

The Connecticut chapter of NAMI was formed in 1984 and is celebrating its 30<sup>th</sup> anniversary this year. We currently also have twelve local affiliates. NAMI Connecticut achieves its mission *to improve the quality of life for all those impacted by mental illness*

through a three-pronged approach: offering essential support groups for people living with mental health challenges as well as for family members and friends; offering a range of educational programs for people directly impacted by mental health challenges, professionals and community groups; and engaging in proactive and ongoing legislative advocacy, including training and support.

NAMI Connecticut also operates a toll-free Helpline for people impacted by mental health challenges, including family members, professionals and community partners.

Meeting the challenges of an ever more virtually connected world, NAMI Connecticut

supports virtual communities of help and hope to thousands through our website [www.namict.org](http://www.namict.org) and social media channels; like us on Facebook: [facebook.com/namict](https://www.facebook.com/namict) and follow us on Twitter: [twitter.com/NAMICConnecticut](https://twitter.com/NAMICConnecticut)

Everyone can support NAMI in a variety of ways: donate, volunteer, join the organization as a member (includes a bi-monthly newsletter), participate in our annual walk, and more.

Help NAMI Connecticut to raise awareness, offers support and education and advocate for understanding, inclusion and wellness.

### *NAMI CT Roster of Programs.*

*As the needs remains,  
so will NAMI*



576 Farmington Avenue  
Hartford, CT 06105  
860.882-0236  
[www.namict.org](http://www.namict.org)  
Helpline: 800.215-3021

*In the First Quarter of 2014, OHA handled over 3,000 phone calls and participated in more than 15 Community Outreach Events!*

## CONNECTICUT PARTNERS FOR HEALTH

CT Partners for Health is a working group of more than 40 key healthcare stakeholders, representing healthcare providers and trade associations, consumer organizations, health plans and payers, community-based organizations, academic institutions, government and quasi-government agencies, voluntary health organizations, the regional extension center, and the business community. OHA is proud to be a member of CT Partners for Health.



CT Partners for Health meets regularly to identify issues and develop strategies for managing healthcare-related challenges to the consumer and provider communities in Connecticut.

The vision of the partners is to achieve the triple aim of the National Quality Strategy: Better Care, Healthy People/Healthy Communities and Affordable Care.

Our mission is to align healthcare quality improvement and

patient safety initiatives in Connecticut to assure efficient, cost-effective and coordinated efforts among its healthcare providers and stakeholders.

**CT Partners for Health**  
1290 Silas Deane Hwy—Suite 4A  
Wethersfield, CT 06109  
M: 860.416.6954  
F: 860.632.5865  
[www.CTPartnersForHealth.org](http://www.CTPartnersForHealth.org)

# COMMISSION ON HEALTH EQUITY



**CHE** — *Connecticut Commission on Health Equity* — was established in 2008, by Public Act 08-171, to eliminate disparities in the health status of Connecticut's residents based on race, ethnicity, gender and linguistic ability.

The Connecticut Commission on Health Equity, in partnership with Johns Hopkins Center for Health Disparities Solutions (HCHDS), is in the process of a statewide rollout of agency assessments using Culturally and Linguistically Appropriate Services (CLAS) Standards. The National CLAS

Standards used in these assessments are created by the U.S. Dept. of Health and Human Services, Office of Minority Health and are intended to advance health equity, improve quality, and help eliminate health care disparities by providing a blueprint to implement culturally and linguistically appropriate services (*ThinkCulturalHealth.hhs.gov*). The pilot agency undergoing this assessment using the HCHDS's COA360 suite of assessment tools is the Office of the Healthcare Advocate (OHA).

As our nation and our state rapidly diversify, this partnership to assess state

agencies will allow the State to gain a clear view of Connecticut's overall readiness to address health disparities on a statewide level. CHE wants to ensure that our healthcare, behavioral health, and social services organizations and agencies are prepared to provide the services needed to improve the quality of health for all of the state's residents.

CHE values the richness of culture and language among diverse groups and believes that to be effective it must address the social and contextual factors that contribute to an individual's health and well-being.

**Helen D. Newton, MD**  
*Executive Director*

**Laura Bartok**  
*Legislative Analyst*  
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www.ct.gov/cche

## COMMISSIONERS

Dr. Marie Spivey <i>Chairman</i>	Glenn Cassis <i>Vice-Chairman</i>
Sylvia Gafford-Alexander <i>Secretary</i>	Cathy Graves <i>Treasurer</i>
Dr. Paul Cleary	Marjorie Colbert-Jackson
Richard Cruz	Dr. Ann Ferris
Coleen Gallagher	Mui-Mui Hin-McCormick
Dr. Marja Hurley	Dr. Margaret Hynes
Stephanie Knutson	Kristin Noelle-Hatcher
Jose Ortiz	Christine Palm
Stephanie Paulmeno	Brad Plebani
Gregory Stanton	Victoria Veltri
Rev. Michael Williams	

## VERY IMPORTANT CONTACTS

- **Access Health Connecticut (AHCT)**  
855.805.432 | www.accesshealthct.com
- **Department of Social Services—Client Services**  
855.626.6632 | www.ct.gov/dss
- **Department of Aging**  
866.218.6631 | www.ct.gov/aging services
- **Medicare**  
800.633.4227 | www.medicare.gov



*In 2013,  
The Office of the  
Healthcare Advocate saved  
Connecticut Residents  
nearly \$9,600,000!*

## CASE MANAGEMENT CORNER: THE BIGGEST WINNER!

CAROLINE E. BUTLER, RN

As a Nurse Case Manager, I helped a family get a **\$2.4 million dollar** coverage denial reversed! The mother had insurance through her employer and the father had insurance through his employer. The parents were not on each other's plans. In April 2011 the mother gave birth to premature twins that were 3 months early. All bills were paid by the mother's insurance carrier. Nearly two years later she received notification that the payments from the twin's birth were retracted because of the birthday rule. The family contacted Office of the Healthcare Advocate to help them with this denial. Most health plans apply the birthday rule. The birthday rule means that if both parents

have health coverage through their employers, whichever parent's birthday comes first in the calendar year is the parent that has to put the children on their policy. In this case the mother put the kids on her policy without knowing the birthday rule and her birthday came after her husband's. So the children should have been placed on the father's plan at birth. The mother was not educated by her health plan when the twins were initially signed up. After working with both insurance companies I was able to get the denial reversed from the mother's plan and the plan agreed to pay the bills in full from the date of birth of the twins. I saved this family \$2.4 million dollars. An astronomical bill like this

would have changed their lives forever. So many people have never heard about the birthday rule, and it should be part of the education to all new health plan members.

**Birthday Rule:** *A principle involving coordination of benefits of health insurance plans to determine which insurance plan should cover costs of health care for dependent children; states that the insurance of the parent whose birth month is first in the calendar year is primary. (If both are in the same month, then coverage derives from the plan carried by the parent born earlier in the month. If both are the same month and day, coverage comes from the parent who has been covered for a longer period.)* [freedictionary.com]

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 Hartford, Connecticut 06106  
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 Direct: 860.331.2440  
 Fax: 860.331.8499  
[Healthcare.Advocate@ct.gov](mailto:Healthcare.Advocate@ct.gov)



NOW YOU'LL BE HEARD!  
[Authorization For Release Form](#)

**OUR MISSION...**to assist consumers with health care issues through the establishment of effective outreach programs and the development of communications related to consumer rights and responsibilities as members of healthcare plans.

OHA staff is dedicated not only to serving and assisting Connecticut's healthcare consumers, but also striving to ensure that the products and services available are adequate. This requires a multifaceted approach, including direct consumer advocacy and education, interagency coordination of benefits and a voice in the legislative process.

## OHA—THE BUSINESS SIDE

**Attention employers who provide healthcare coverage for your employees: please note that Connecticut Law requires you to have a poster describing Managed Care and The Office of the Healthcare Advocate's services for your employees. To obtain free poster (s), please e-mail us at [healthcare.advocate@ct.gov](mailto:healthcare.advocate@ct.gov).**

## HEALTHCARE DEFINED

Each quarter, OHA will define specific healthcare related acronyms or terms, as to increase our educational outreach to our consumers. The focus this quarter is Access, Affordable Care Act and Access Health CT. If there is something the you would like to see defined, please contact us at [healthcare.advocate@ct.gov](mailto:healthcare.advocate@ct.gov).

**ACCESS:** The ability to obtain medical care. The ease of access is determined by components such as the availability of medical services and their acceptability to the individual, the locale of health care facilities, transportation, hours of operation and cost of care.

**ACCESS HEALTH CT (AHCT):** The Connecticut Health Insurance Exchange, authorized under the Affordable Care Act.

**ADVANCE PREMIUM TAX CREDIT (APTC):** the subsidy that some people will be eligible for under the ACA for QHPs purchased through the Exchange

**CASE MANAGEMENT:** A process whereby enrollees with specific health

needs are identified by the managed care organization and a plan of treatment is set up and monitored to achieve optimum patient outcome in a cost-effective manner.

### **COST SHARING REDUCTION**

**(CSR):** This is available to people making between 139% and 250% of FPL. This will reduce the overall amount of out of pocket liability for eligible people, up to 2/3 of the amount. CSRs are **ONLY** available for people enrolled in a silver plan through AHCT. Any cost sharing reductions are automatically reflected in the deductible and OOP max in the plan selection page. CSRs *do not* apply to out-of-network providers.

**COMMUNITY RATING:** A method of setting premiums based on expected costs of providing medical benefits to the community as a whole, rather than specific segments of the community, like high-risk groups.

**NAVIGATOR IN-PERSON ASSISTANT (NIPA):** Assistants are individu-

als in the community – they work at non-profits, small businesses, faith-based and other community organizations. We have about 300 around the state to help engage, educate and enroll Connecticut residents in health care coverage. Assistants are:

**PATIENT PROTECTION AND AFFORDABLE CARE ACT (ACA OR PPACA):** Health reform act passed in 2010. Also referred to as “Obamacare,” this Act makes numerous reforms to insurance delivery, creates health insurance exchanges for the purchase of insurance for uninsured residents, expands Medicaid eligibility and reforms Medicare. For more information, see [www.healthcare.gov](http://www.healthcare.gov).

**QUALIFIED HEALTH PLAN (QHP):** insurance plan that meets the minimum requirement for coverage under the ACA and Connecticut's Exchange.

For more definitions, please click: **[DEFINE](#)**