Robbyn Lewis
Legislative District 46
Baltimore City

Health and Government Operations Committee

The Maryland House of Delegates
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THE MARYLAND HOUSE OF DELEGATES
Annapolis, Maryland 21401

Delegate Testimony in Support of HB 517

Consumer Health Access Program for Mental Health and Addiction Care – Establishment

1. Delegate Robbyn Lewis Letter of Support
2. HB517 Factsheet
3. NAMI Mental Health Fact Page
4. Connecticut Program Example – Office of the Healthcare Advocate

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THE MARYLAND HOUSE OF DELEGATES
ANNAPOLIS, MARYLAND 21401

Delegate Testimony in Support of HB 517

Consumer Health Access Program for Mental Health and Addiction Care – Establishment

Dear Chair Pendergrass, Vice Chair Peña-Melnyk, and esteemed colleagues of the Health and Government Operations Committee:

House Bill 517 will strengthen access to treatment for mental health and substance use disorder by creating a statewide ombudsman program.

For over two years, the COVID-19 pandemic has seized our attention. Meanwhile, a different public health crisis continues unabated: the epidemic of mental illness. Every year, 1 in 5 Americans suffers a mental illness[1].

Concerns about mental health and substance use continue to grow during this challenging time. While the state of Maryland's Health Parity and Addiction Equity Act aims to ensure that health insurance plans cover mental health services equally with somatic health services, some obstacles persist. House Bill 517 will help to remove barriers and resolve obstacles standing in the way of true mental health service parity.

HB 517 establishes a 3-year pilot program that will be housed at the University of Maryland Addiction Treatment Center, with satellite units in eight non-governmental community-based organizations across the state. It will provide:

- **Direct Assistance**: Operate a toll-free helpline and online assistance portal to assist consumers and providers in resolving issues related to MH and SUD treatment
- **Outreach and Education**: Conduct in-person and other types of outreach and education to improve health literacy regarding benefit coverage, access to treatment regardless of insurance, and consumer rights under the Mental Health Parity and Addiction Equity Act
- **Needed Collaboration**: Collaborate with Maryland agencies to ensure greater access to MH and SUD services and resolution of consumer complaints
- **System Gap Analysis and Recommendations**: Collect and analyze data to identify system-wide gaps and recommend improvements.

This proposal is modeled on successful consumer-based mental health and addiction programs in New York, Connecticut, and Vermont. These programs have effectively resolved insurance-related barriers to treatment. Connecticut's program saved consumers $5,373,038 in 2020 and over 90% of consumers stated they would refer someone to the program[2].

1. Mental Health Facts in America. National Alliance on Mental Illness (2021). *GeneralMHFacts.pdf*
2. 2020 Annual Report. Office of the Healthcare Advocate, State of Connecticut. (2020). *OHA-Annual-Report-2020.pdf.*

The people of Maryland are fortunate to have a number of public agencies to turn to when they face challenges securing treatment for mental health and substance use under their health insurance plans. We can do more to ensure that no Marylander goes without the help they need. A streamlined consumer assistance model, with a centralized point of contact as proposed under this bill, has the potential to close the gap for those seeking care for mental health and substance use disorder.

I respectfully request a favorable report.

Consumer Health Access Program

SB460/HB517

January 2022

Consumer Health Access Program: Help Marylanders Understand and Access Their Mental Health and Substance Use Disorder Benefits

COVID-19 has contributed to an unprecedented need for mental health and substance use disorder treatment. Yet Marylanders with MH/SUD are having more trouble obtaining these services through their health insurance. **Marylanders need a Consumer Health Access Program to help them understand their coverage and access the providers and services they need.**

The Consumer Health Access Program (CHAP) (SB460/HB517) will improve access to life-saving mental health (MH) and substance use disorder (SUD) treatment by establishing a one-stop shop to:

- Conduct in-person and other **outreach and education** to improve health literacy regarding:
  - Benefit coverage, available services, and access to treatment regardless of insurance
  - Enrollment in health plans
  - Rights under the Mental Health Parity and Addiction Equity Act
- Operate a **toll-free helpline and online assistance portal** to allow consumers, providers, and crisis responders to get help accessing MH and SUD treatment
- Assist consumers and providers in **resolving issues** related to health plan enrollment, service coverage, and access by working with health plans and regulators
- Assist and represent consumers in filing **complaints, grievances, and appeals**
- Work with Maryland agencies to **ensure greater access** to MH and SUD services and resolution of consumer complaints
- Collect and analyze data to **identify system-wide gaps** in coverage and access and recommend improvements.

Marylanders are struggling to access MH and SUD services.

Too many Marylanders are unable to get the treatment that they need for MH and SUD conditions, and people are dying as a result.

- Maryland ranked #7 in highest overdose death rates in the country between April 2020 and April 2021, with an estimated 2,876 overdose deaths. Black Marylanders have experienced substantial and disproportionate increases in fatal overdoses.
- In the last year, 650 lives were lost to suicide and another 188,000 adults had thoughts of suicide in MD.
- In February 2021, nearly 40%of adults in Maryland reported symptoms of anxiety or depression, but only 1 in 3 were able to get needed counseling.
- Almost half (45.5%) of Maryland's youth (ages 12-17) who have depression did not receive care in the last year.

Consumer Health Access Program

SB460/HB517

January 2022

Consumer Health Access Program will be community-based and equity-focused.

CHAP will deliver assistance through one central entity (the "hub") and eight community-based organizations serving as "spokes" in regions across Maryland. CHAP will be staffed by individuals with MH and SUD lived experiences to help reduce stigma and improve access to care. The program will help all consumers, regardless of their insurance type, and will have the capacity to help in a variety of languages.

Maria calls 988, the new suicide prevention lifeline, because she is experiencing a mental health crisis. She does not know what type of insurance she has or what her benefits are.

The representative at 988 can connect Maria directly to CHAP, where a trained person who understands insurance and MH resources can help her understand her insurance plan and benefits, find an appropriate mental health provider near where she lives, and make sure she has an appointment as soon as possible.

The Consumer Health Access Program builds on other state models that are highly effective in resolving insurance-related barriers to treatment.

- In New York, the Community Health Access to Addiction and Mental Healthcare Project (CHAMP) has helped over 3,645 people with coverage and access to care issues since 2018, with a 86% success rate. CHAMP has also educated over 248,000 individuals through outreach, workshops, and materials.
- In Connecticut, the Office of the Healthcare Advocate (OHA) saved consumers $5,373,038 in 2020. Mental health claims predominate the caseload, and over 90% of consumers stated that they would refer someone to OHA and would contact OHA again
- In Vermont, the Office of the Health Care Advocate (HCA) handled 3,314 calls to its statewide hotline in SFY 2020. In SFY 2019, the HCA saved consumers $207,221.

Gerald was discharged from the hospital to a residential treatment program for his opioid use disorder. He is dually eligible for Medicare and Medicaid, but his residential treatment was denied by his insurance. Gerald calls the MD Attorney General's Health Education and Advocacy Unit, but they cannot file an appeal because he does not have state-regulated private insurance.

The Attorney General's office makes a warm hand off to CHAP, who represents Gerald in his insurance appeal, successfully overturning the decision.

For additional information, please contact Ellen Weber, eweber@lac.org and Deborah Steinberg, dsteinberg@lac.org at the Legal Action Center.

EQUAL INSURANCE COVERAGE OF SUBSTANCE USE AND MENTAL HEALTH DISORDERS. IT'S THE LAW.

Mental Health Facts
IN AMERICA

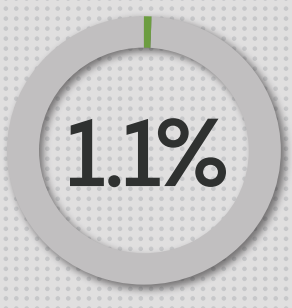
Fact: 43.8 million adults experience mental illness in a given year.

1 in 5 adults in America experience a mental illness.

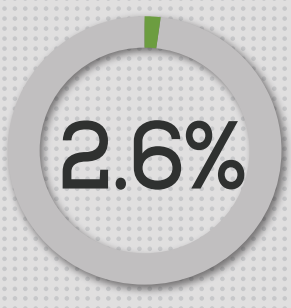
Nearly 1 in 25 (10 million) adults in America live with a serious mental illness.

One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.

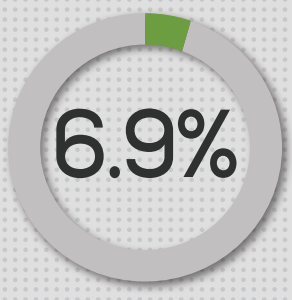
Prevalence of Mental Illness by Diagnosis



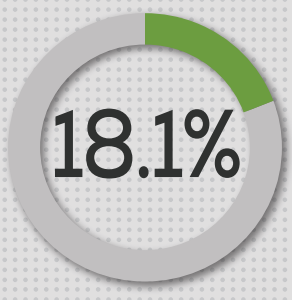
1 in 100 (2.4 million) American adults live with schizophrenia.[1]



2.6% (6.1 million) of American adults live with bipolar disorder.[1]



6.9% (16 million) of American adults live with major depression.[1]



18.1% (42 million) of American adults live with anxiety disorders.[1]

Consequences

10.2m

Approximately 10.2 million adults have **co-occuring** mental health and addiction disorders.[1]

26%

Approximately 26% of **homeless** adults staying in shelters live with serious mental illness.[1]

24%

Approximately 24% of **state prisoners** have "a recent history of a mental health condition".[2]

Impact

1st

Depression is the leading cause of disability worldwide, and is a major contributor to the global burden of disease.[1]

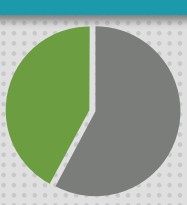
-$193b

Serious mental illness costs America $193.2 billion in lost earning every year.[3]

90%

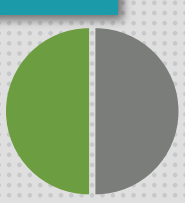
90% of those who die by suicide have an underlying mental illness. Suicide is the 10th leading cause of death in the U.S.[3]

Treatment in America



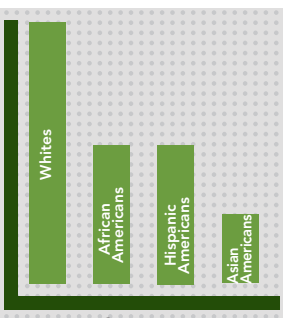
60%

Nearly 60% of adults with a mental illness didn't receive mental health services in the previous year.[4]



50%

Nearly 50% of youth aged 8-15 didn't receive mental health services in the previous year.[1]



African American & Hispanic Americans used mental health services at about 1/2 the rate of whites in the past year and Asian Americans at about 1/3 the rate.[1]

Ways to Get Help

Talk with your doctor

Connect with other individuals and families

Learn more about mental illness

Visit NAMI.org

1 This document cites statistics provided by the National Institute of Mental Health. www.nimh.nih.gov
2 Statistics provided by Department of Justice.
3 American Journal of Psychiatry and U.S. Surgeon General's Report, 1999.
4 Substance Abuse and Mental Health Services Administration

Follow Us!
facebook.com/NAMI
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NAMI
National Alliance on Mental Illness
www.nami.org

OHA
Office of the Healthcare Advocate
STATE OF CONNECTICUT

"I was completely satisfied with your services especially in the event of the pandemic going on and have and will continue to tell people about your office!"

2020 Annual Report

Pursuant to section 38a-1050 of the Connecticut General Statute

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A MESSAGE FROM THE HEALTHCARE ADVOCATE

OHA's team and our client families all over Connecticut faced continuing incredible challenges in the past few months, given the pandemic and its economic and mental healthcare fallout. However, our hope is that 2021 will be in every way better than 2020, with the COVID vaccines rolling out (though surely with a few bumps, as expected in any such unprecedented, massive, and extremely urgent and fast-moving project), and with a new team in D.C. bringing an end to the most anti-consumer, anti-patient leadership that the key federal healthcare agencies have ever had.

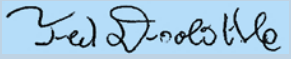
New leadership at the federal Centers for Medicare & Medicaid Services (CMS) and Departments of Labor, Treasury, and Health & Human Services should mean a shift to supporting the ACA instead of sabotaging it, meaning that OHA and its policymaking partners in the state for the first time in a long time get a chance to try to move the ball forward for Connecticut patients, instead of playing defense to ensure that access to affordable care was not diminished.

Particularly welcome to Connecticut families is the departure of Seema Verma from CMS. Her attempts to limit Medicaid funding and access, to unfairly promote Medicare Advantage over traditional Medicare, and strip health insurance access and protections from our LGBTQ families, to name just a few, can now be addressed and reversed.

OHA worked hard to provide quality advice and representation to Connecticut individuals and families facing difficulties choosing or enrolling in health insurance or facing health insurance denials. The OHA staff, including nurses, paralegals, attorneys, consumer information representatives and other professionals, fielded 2,215 calls or complaints, and achieved consumer savings of over $5.3 million for the residents of Connecticut, bringing the total consumer savings that OHA has achieved since its inception in 2005 to over $117 million.

OHA continues to work remotely and execute on our bedrock work representing clients in individual cases, and we also continue look for new and better ways to outreach to our community in this time of social distancing. We find that many Connecticut residents and referral provider networks need to be reminded of our free service and expertise at handling complex medical healthcare issues. In 2020, OHA did 430 events which is a significant increase from the previous year despite the COVID obstacles of not reaching people face to face. We conducted virtual presentations, mailings, phone, email and fax outreach during the pandemic and our outreach efforts continue to remain strong. Despite COVID-19 restrictions and issues, we are further expanding our outreach and education efforts for 2021, with several initiatives planned or under way. We will be ramping up more online group presentations and discussions and using our resources to contact various networks to make sure we are helping as many people as possible. We'll also be looking for opportunities for earned acknowledgement through participation in the events of others, press availabilities and any other public facing connections possible. As the pandemic recedes in the coming months, and more residents pursue medical care and procedures, we expect the demand for our services to increase.

It's our pleasure to serve you and your family, and we look forward to staying in your corner throughout 2021 and beyond.



Ted Doolittle
State Healthcare Advocate

OHA'S MISSION

We 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 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 effort requires a multifaceted approach, including direct consumer advocacy and education, interagency coordination, and a voice in the legislative process.

A fundamental element of the OHA's mission is education and outreach to consumers. Without a solid knowledge base about their rights, opportunities, and obligations as they engage with Connecticut's healthcare system, there is the chance consumers will pay more for their care, forgo treatment or fail to utilize the comprehensive series of no-cost, preventative services available. Failure to identify an easily managed health condition may lead to significantly greater impact on the consumer in the form of a more serious illness, a longer course of treatment, complications or much higher out of pocket costs.

OHA is devoted to providing consumers, and your constituents, information about and support engaging with the complexities of this system, and ensuring they are aware of the host of resources available to them when they need help.

What OHA Does

The Office of the Healthcare Advocate provides guidance and assistance to Connecticut consumers about all types of health coverage, including private and public plans. While a prime focus of OHA's work is direct client advocacy and appeals of healthcare plan denials, also fundamental to our work are activities such as educating consumers about their rights, and coaching consumers on how to navigate the healthcare system, including how to advocate on their own behalf. OHA provides Connecticut consumers with a voice, incorporating their stories, experiences, challenges, and successes into our advocacy. OHA staff actively participate in many forums where the consumer's experience is important to the formulation of effective and meaningful policy. Some examples of OHA's staff activities promoting community engagement and collaboration during the past year follows:

Access Health CT Board of Directors

All Payer Claims Database Advisory Council

Behavioral Health Partnership Oversight Council

Behavioral Health Partnership Oversight Council Coordination of Care Committee

Connecticut Children's Behavioral Health Plan Implementation Advisory Board

Covering Connecticut Kids and Families Steering Committee

Covering Connecticut Kids and Families Quarterly Meetings

Connecticut Clearinghouse

Connecticut Health Foundation Kitchen Cabinet

Connecticut Parity Coalition

Connecticut Partners for Health

Connecticut Strong State Level Transition Team

DCF Children's Behavioral Health Task Force Implementation Plan

Health Disparities Institute Equal Coverage to Care Coalition

Explanation of Benefits Confidentiality Ad Hoc Work Group

Health Care Cabinet

Health Information Technology Advisory Council

Medical Assistance Program Oversight Council (i.e., Medicaid/HUSKY oversight)

Medical Assistance Program Oversight Council Complex Care Committee

Medical Assistance Program Oversight Council Developmental Disabilities Working Group

Medical Assistance Program Oversight Council Care Coordination Committee

Personal Care Attendant Workforce Council

Protect Our Care Coalition

OHA OUT AND ABOUT

COVID-19 – dominated the healthcare news this year. A great deal of OHA communications effort supported Governor Lamont's efforts to control the spread of the virus and keep consumers informed that treatment and testing was 100% covered by their health insurance policies under state law and the governor's executive orders. Preparing Connecticut residents to be strong advocates for themselves and their families is one of the primary goals of the agency and our tool bag for consumers was expanded this year along with our strategic daily communications to empower and educate.

Website – OHA retooled its website to be more informative and consumer friendly with access to other key agencies with vital data and consumer facing benefits like HealthscoreCT and easy to navigate links to our key educational and outreach pages. Our social media newsfeed screen is constantly updated in real time as new items are posted.

With renewed focus on being nimble and responsive in a rapidly changing healthcare insurance marketplace with serious employment problems, OHA created and launched a new web tool that provided a one click, one stop tool for the newly unemployed and how to handle the sudden loss of a job and family healthcare coverage.

Digital Targeting – The targeting metric for OHA is the urban centers of Connecticut. It is where the population is the densest and where there is the greatest need for strong advocacy, outreach, and education. It's also where there are large populations of underserved who could directly benefit from the Affordable Care Act and the policy supports it provides. Our primary delivery vehicles were banner ads, content association and news websites.

Social –Facebook and Twitter are our preferred social channels. It is live monitored and posts are deployed several times a week. The newsfeed features OHA helps and tips, recommended reading, and strong advocacy. We deploy infographics where appropriate and curate content of others where it can benefit consumers.

Facebook – OHA updates its data points from time to time to provide a guide for content that speaks best to those reading our newsfeed. That audience is largely female if you look at individuals. This is not surprising. Women dominate the healthcare decisions of their families from doctors to medicines. There are also organizations and policy makers that follow OHA, so our goal is to be relevant and informative to as many as possible and encourage readers to like, share and follow our feed.

Twitter - OHA uses twitter as a tool to broaden our audience. We re-purpose and mirror our FB content to boost our community impressions and drive traffic to our website.

Newsletter – OHA is now sending out monthly newsletters to those in its database and is making efforts to grow the database with consumers and organizations to help get the word out about the free help available for consumers with health insurance problems. It also provides real stories of people aided by OHA along with strong educational content.

Public Relations – Healthcare Advocate Ted Doolittle is a trusted news source to give an unvarnished assessment of healthcare insurance issues. He's called on by the media to provide input on stories affecting people and policies in our state.

With COVID-19 affecting travel, appearances, and access, zoom appearances became the new normal but the information was vital to Connecticut. Here are some samples:

Fast changes in healthcare insurance coverage due to COVID-19 created an opportunity to keep residents informed, calm and covered in the early days of the pandemic: https://www.wtnh.com/on-air/gmct-at-nine/changes-in-healthcare-insurance-coverage-during-coronavirus/

When OHA launched its web-based tool for the sudden and catastrophically unemployed, several news outlets picked up the story and it found ready viewers and listeners:

https://www.wtnh.com/on-air/stretch-your-dollar/stretch-your-dollar-new-resources-to-help-you-with-health-insurance/

In the always raging, never seeming to end debate over the Affordable Care Act, Mr. Doolittle was sought out on a U.S. Supreme Court challenge to elements of the law that if overturned would affect millions of consumers.

https://www.wtnh.com/top-news/as-supreme-court-debates-the-affordable-care-act-what-does-it-mean-for-connecticut-residents/

There was this joint discussion with Rep. Christie Carpino and Sen. Norm Needleman on healthcare amid COVID-19

https://www.greenwichtime.com/news/article/Carpino-Needleman-discuss-how-COVID-19-affects-15328281.php

Published opinion articles, written by Mr. Doolittle are an annual staple in his quest for greater health equity and a deeper understanding of the issues confronting policy makers and the public. In this piece, the healthcare advocate sets the record straight on Medicare expansion and what it really means for all of us.

https://www.courant.com/opinion/op-ed/hc-op-doolittle-medicare-for-all-0126-20200126-zz3q3gs5mzhqpdeccw4a3gttrm-story.html

High Deductible Health Plan (HDHP) Task Force

In the 2019 budget, Governor Lamont and the Connecticut Legislature asked for a Task Force to look at how health insurance plans with high deductibles (HDHPs) were affecting consumers. (A deductible is money that the consumer has to pay for their health care before the insurance will begin to pay for care.) OHA formed and led the Task Force, assisted by Insurance and Real Estate Committee staff, and the Task Force issued its final report in February of 2020.

The Task Force heard from many experts about issues with high deductibles. Deductibles which are too high can lead people to avoid necessary care because they cannot afford to pay for it. Some people avoid care even when it will be completely paid for by the insurance company. Some do not understand or trust that their care will be paid for by the insurance company, and some do not want to pay for follow up care that may be necessary. Insurance companies use deductibles to lower monthly premiums by shifting more of the costs directly to consumers. Both premiums and deductibles have grown over the years because the price of medical care has gone up a lot.

The Task Force heard how high deductibles prevent people from getting health care that they need even when they have health insurance. At the same time, deductibles do help some people to save money, especially people who are able to put money into a Health Savings Account, which is one the best tax shelters in the tax code. The Internal Revenue Service has put forth rules on which HDHPs allow people to put money into an HSA. Not all HDHPs qualify.

The Task Force heard about how high deductibles lead to medical debt, especially for people who do not have a lot of money to begin with. Medical debt is a problem for both consumers and providers. Consumers tend to avoid going back to doctors when they owe money and are not able to pay. Providers have to choose between serving the needs of the patient who owes them money and making sure they can stay in business to serve all of their patients.

The Task Force considered many possible changes to HDHPs that could address some of the problems that high deductibles contribute to. Those changes are described in this report, as well as what the Task Force thinks about each change. The possible changes fall into five basic categories:

1. Helping people understand their insurance better
2. Changing how deductibles work
3. Making HSAs work for more people
4. Helping people pay for health care
5. Bringing health care prices down

A majority of the Task Force adopted many of the recommendations that had been considered, while several other proposals were rejected. None of the recommendations had unanimous support from the Task Force membership, but this was due only to the decision of the two insurance industry representatives to adopt a blanket policy of declining to support any reform proposal, regardless of the merits. In general, Task Force members looked favorably on efforts to teach consumers about their health plans, while at the same time noting that the complexity of health insurance is itself an issue. The Task Force further supported reforms to encourage people who qualify for HSAs to fund them, and to encourage the state to consider funding the HSAs of people who qualify but do not have the income to fund their own. Task Force members also recognized that a main cause for the growth of HDHPs is the growth of the underlying health care costs and expressed its support for existing efforts to identify a Healthcare Affordability Standard and a Health Care Cost Benchmark. Finally, Task

Force members supported certain cost sharing reforms intended to mitigate consumer and provider concerns that necessary or high-value care is cost-prohibitive due to a high deductible.

All too often, OHA hears from our clients that high deductibles impinge on their ability to access care. While high deductibles are directly driven by the high and rising underlying price of healthcare, which was beyond the scope of the Task Force, nevertheless there is opportunity for substantial improvements in the HDHP structure. For instance, there would seem to be very few barriers to implementing a common-sense requirement that members joining part-way through the plan year be subject to a pro-rated annual deductible, instead of the full annual deductible; and while this would possibly impact premiums, given the small number of enrollees who ever hit the deductible, the impact on premium should not be large. OHA will continue to work on this and other common-sense reforms to the HDHP structure in 2021.

The HDHP Task Force web page contains links to the final report and four voluminous appendices, as well as filed testimony, meeting minutes, and a host of other related materials. The link to the main Task Force web page is as follows:

https://www.cga.ct.gov/ins/taskforce.asp?TF=20190822_High%20Deductible%20Health%20Plan%20Task%20Force

COLLABORATIONS

OHA and the Department of Children and Families

In 2012, the Department of Children and Families (DCF) and the Office of the Healthcare Advocate (OHA) began a collaboration with the intent to ensure state funds are accessed appropriately when commercial insurance coverage is available. Beacon Health Options, the behavioral health contractor for the state's HUSKY (Medicaid) program, joined this partnership in May 2020 as the DCF administrator for the Voluntary Care Management Program (VCMP).

The collaboration of Beacon Health, OHA and DCF works together to assist Connecticut families with connecting to the services their child needs. OHA educates and advocates for these families on how to effectively utilize their commercial health insurance plan. OHA's intent is to utilize commercial insurance when available and to access it appropriately. This lessens the need for the state to expend monies that commercial insurance provides benefits for, thus creating a savings for the state.

Most of the cases referred to OHA, in partnership with Beacon Health VCMP, involve families seeking In-home mental health services/IICAPS (Intensive In-Home Child & Psychiatric Service) for their child. OHA researches the commercial insurance benefits for the services requested from the family or those services that Beacon Health may have identified for the family. This provides the family and providers the information needed to pursue commercial insurance as the primary funding if benefits are available, reserving state monies as payor of last resort.

Another instrumental partner in this collaboration is the state-run Albert J. Solnit Psychiatric Center. OHA and the Albert J. Solnit Facilities have continued to work together to access and navigate commercial insurance when available. Because of the high cost of inpatient psychiatric care, referrals from the DCF Solnit Facilities have resulted in high savings amounts for the state from this project. When OHA can successfully overturn a denial by the commercial carrier for a child's continued stay at Solnit or identify when commercial insurance is available to pay for the services needed this can result in a savings. OHA also assists with the navigation of the commercial plan by researching in-network providers for lower level of care for discharge planning. This helps the treatment team with consistency in care.

In addition to generating savings for the state, this project allows OHA to collect data which can help identify barriers families may face when trying to access behavioral health services. OHA's involvement and knowledge with navigating the healthcare system and working with commercial insurance can also help the family with ensuring their child continues to receive the treatment they need at the appropriate level of care.

The continuing goal of this collaboration is to ensure any state funding is used appropriately with the potential to save the state money by accessing commercial insurance when available. While meeting that goal, it is also hoped that this project can help identify barriers to access to care and provide education regarding healthcare insurance benefits available to the families.

Behavioral Health Clearinghouse (BHC)

The Behavioral Health Clearinghouse (BHC) was created pursuant to Public Act 14-115. The mission of the BHC is to provide a comprehensive, accurate, state-wide resource for Connecticut residents seeking access to behavioral health care and additional information related to behavioral health. The vision for the BHC includes a website that offers: an exhaustive glossary of terms, conditions, treatments, and more; a search tool for consumers to find behavioral health providers and other resources based on a variety of factors; and educational resources regarding mental illness or substance abuse. Optimally, the BHC would also incorporate a call center with clinical staff available to answer consumer questions, conduct brief screenings of consumer needs and, when appropriate, identify and arrange an appointment with a behavioral health provider who can address the needs identified. Currently, funding remains a barrier to a full realization of this vision, and OHA continues to remain vigilant for appropriate funding sources to further this initiative.

During the 2020 legislative session, OHA tracked 96 unique bills, related to healthcare and healthcare insurance policy. Of the 96 bills tracked, 72 bills received a public hearing, and 22 received public testimony from OHA. On March 12, 2020, the public health emergency caused by the COVID-19 pandemic forestalled all further legislative activity and effectively ended the General Assembly's regular session.

The General Assembly later convened in a special session at the end of July, at which time it passed two bills of significant importance to Connecticut healthcare consumers. The two initiatives, which OHA proactively supported, are:

Public Act 20-2, which among other things:

Establishes certain safety standards and limitations applicable to telehealth providers, through March 15, 2021, such as: prohibitions on facility fees for telehealth services; limitations on prescribing controlled substances through telehealth; requirements for establishing patient consent; and limitations on out-of-pocket costs for insured and uninsured telehealth patients.

Allows for the electronic transfer of prescriptions for controlled substances from one pharmacy to another.

Requires individual and group health insurance carriers to provide coverage parity for telehealth services – i.e., to cover all services available through telehealth if the same service is covered when delivered in-person, through March 15, 2021

Requires health insurance carriers to provide payment parity for telehealth services – i.e., to reimburse providers for telehealth visits at the same rate as an equivalent office visit, through March 15, 2021

Requires HUSKY to cover audio-only telehealth services through March 15, 2021

Public Act 20-4, which among other things:

a) Authorizes pharmacists to dispense, once in a twelve-month period, an emergency 30-day supply of insulin and diabetic supplies, if the individual does not have a current prescription and is low on insulin and diabetic supplies

b) Expands Connecticut's diabetes mandate for fully insured health plans to include:

Coverage for Hemoglobin A1c testing and retinopathy screening

Coverage for prescribed insulin and noninsulin drugs and diabetic supplies, including an emergency 30-day supply once per year

A maximum out-of-pocket cost of $25/month for insulin or noninsulin drugs and $100/month for diabetic supplies

There were additional policy initiatives that OHA strongly supported, which we hope to continue to champion in the future. As in years past, OHA will continue to seek ways to shine a light on the costs of healthcare, including the underlying cost drivers, that continue to inflate the burdens of health insurance premiums and cost sharing, and to work towards solutions for mitigating those costs to ensure that Nutmeggers receive high quality, affordable healthcare across their lifespan. OHA will also continue to oppose proposals at the state and federal levels that seek to undo existing health care consumer protections, such as the Department of Treasury's current proposal to permit a tax deduction for contributions to health care sharing ministries (HCSMs). OHA remains committed to working with our partners and stakeholders on meaningful policy to promote greater consumer access to effective and affordable health care.

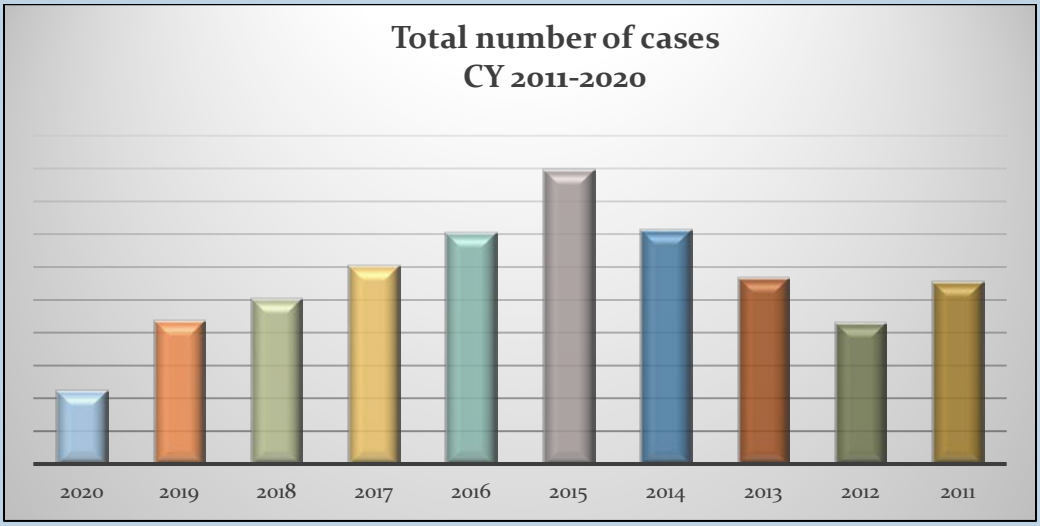
Consumer Relations

Due to COVID-19, healthcare spending and procedures plummeted, while at the same time the federal government and insurers were generally good about covering testing and treatment for COVID-19, so OHA correspondingly had a lower volume of cases. We continue to encourage legislators and agencies to refer cases directly to OHA for high-quality real-time services. Legislators, providers, and consumers know that OHA operates in real time and via direct contact with consumers on educational cases, medical and behavioral health issues, claims denials and legal matters. Consumers continue to be very satisfied with our services.

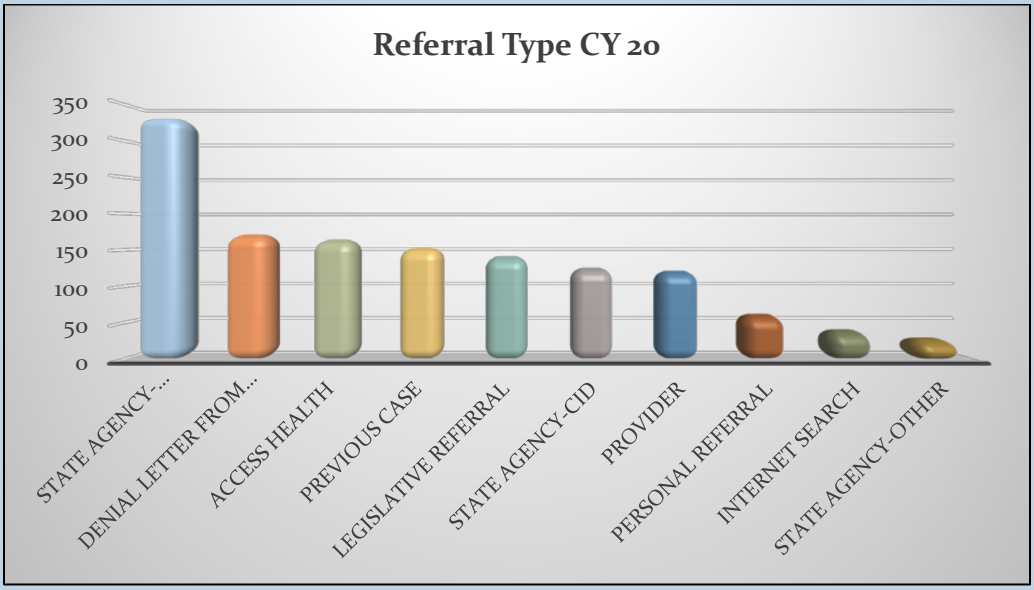
"My case manager was very helpful to me. She handled my case in a very speedy manner. It is nice to have this agency to help the consumers of CT, like myself. Thank you!"

"My case manager went above and beyond to help me resolve my issue which was blatantly BC/BS refusing to pay proven by medical science."

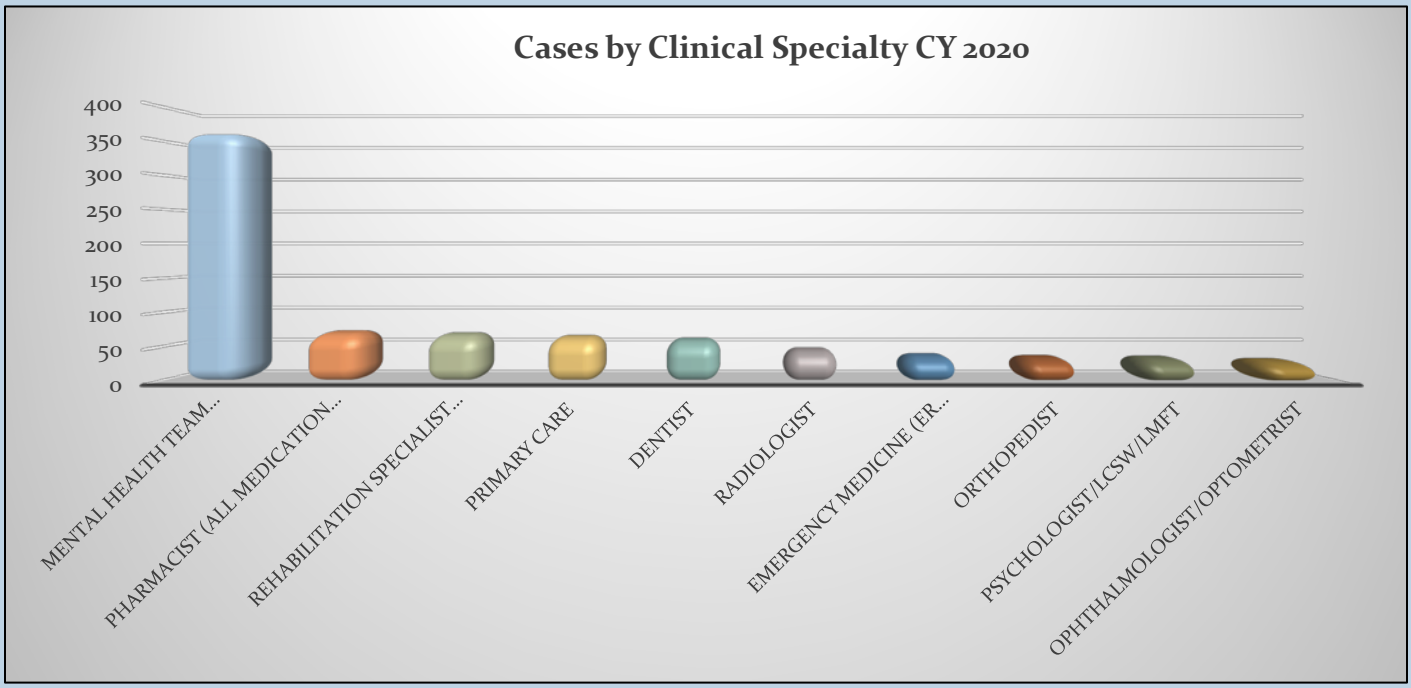
"I am so impressed and grateful for the help I received from this office. I did not believe my state government would help me so much. It is the most valuable government service I have ever received hands down."



Cases continue to come to OHA from a variety of sources. The highest category of referrals to OHA is from the Department of Child & Family Services' Careline. The second highest category is cases stemming from insurance company denial letters, which are required under federal and state law to include OHA's contact information. The third highest is Access Health CT (AHCT or Obamacare Exchange). Our AHCT referrals come from two sources: Direct letters from clients, as well as phone calls to our agency generated by AHCT. Close in number, per the graph below are: Personal and Legislative referrals, state agencies, and providers.

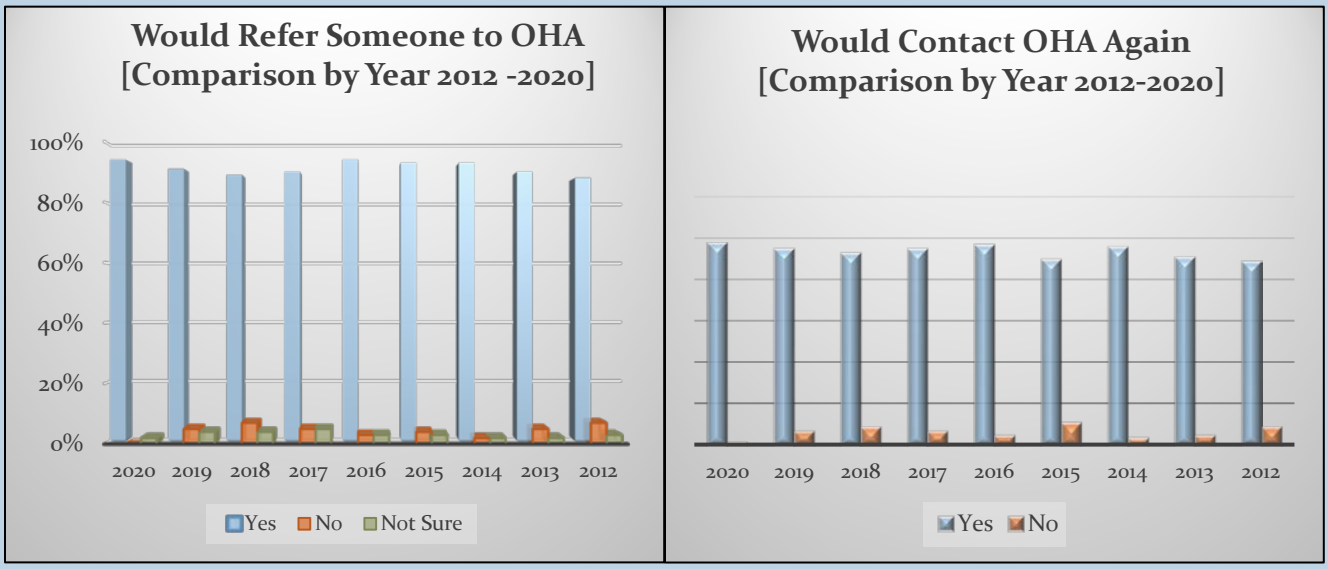


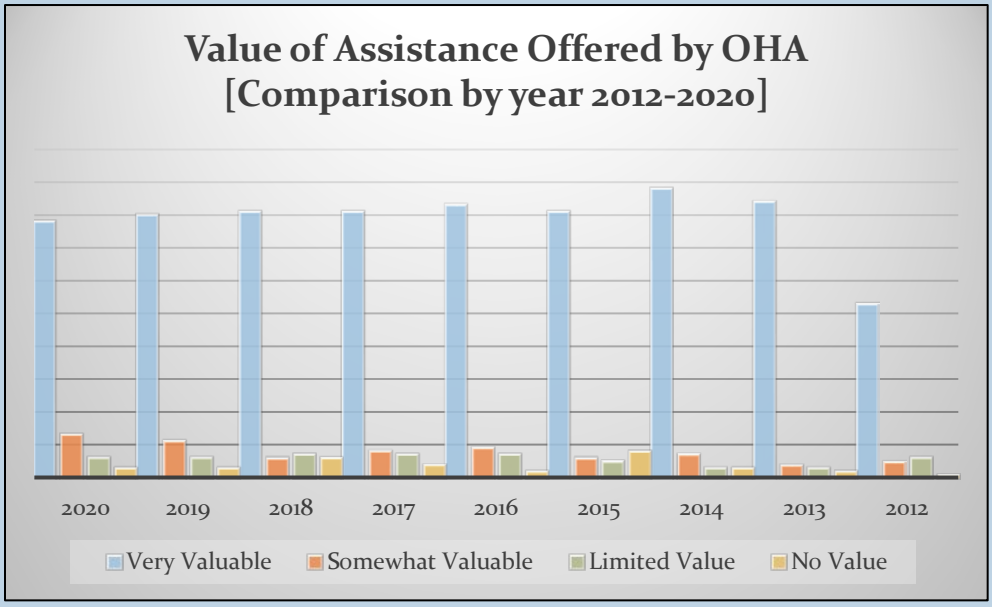
OHA continued to receive a wide range of cases representing many clinical categories, with Mental Health as the predominant case type for assistance. Fortunately, OHA's advocacy resulted in reversals of denials of treatment or services that involve consumers in need of treatment for serious, debilitating, or life-threatening illnesses.



"Our case manager saved us over $20k in charges that were processed incorrectly by our insurance. Every dime was either repaid by the insurance or written off by the ambulance company. It saved us from financial ruin! I will be forever grateful and have advised others to seek out your assistance!"

OHA's consumers continue to give OHA very high ratings. Because of our education to consumers regarding the benefits under their health plans, the percentage of individuals reporting that they have an improved understanding of their healthcare plan after contacting OHA continues to increase. In CY 2020, 94 percent of Consumers responded they would refer someone to OHA. This metric has been consistently high and favorable since 2012. OHA considers this measure the most important measure of OHA's services. The percentage of individuals reporting that they would contact OHA again also continues to remain strong at 97 percent.

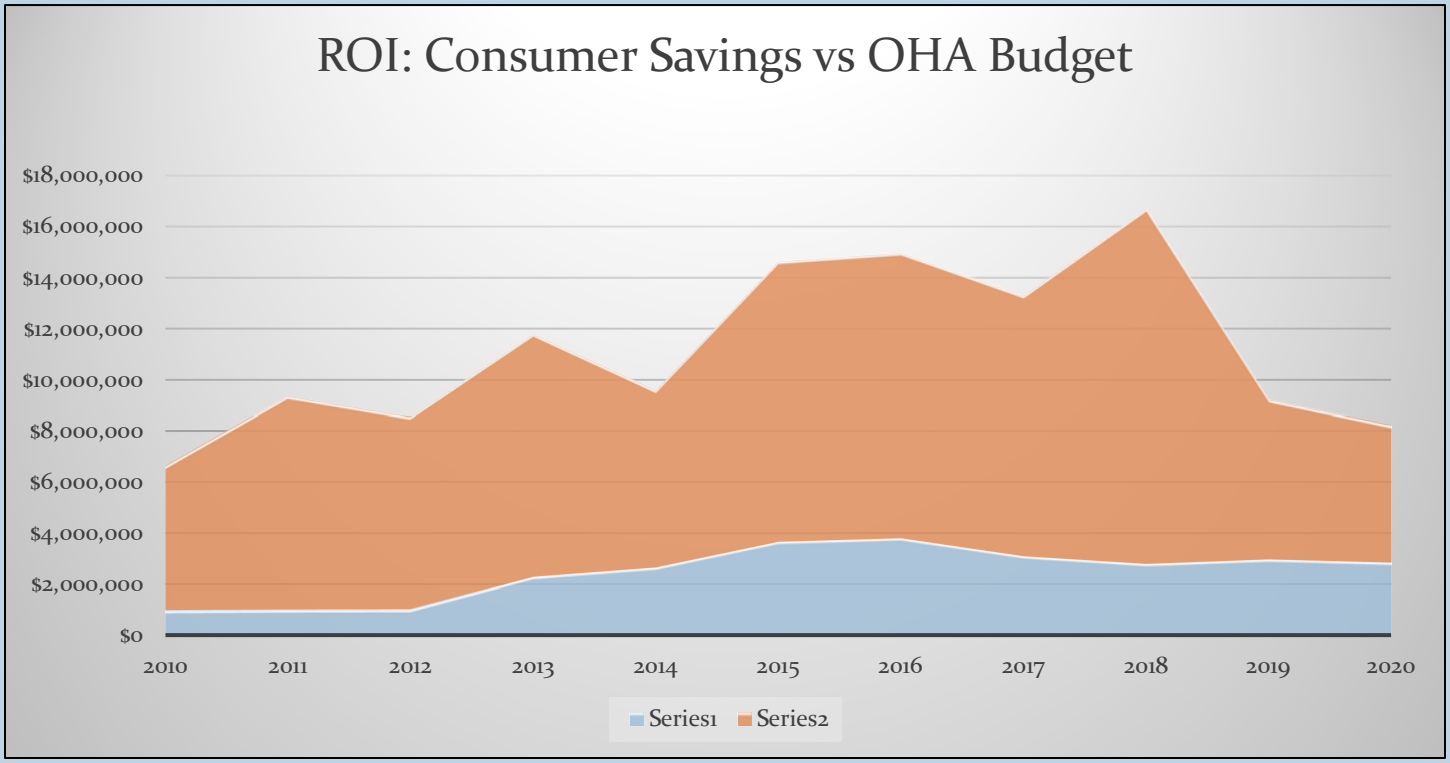




The chart below illustrates the total amount of savings for consumers since 2010. OHA's advocacy returned $5.3 million to the residents of Connecticut in 2020. Including the amounts from CY 2020, the office since its founding in 2005 has returned over $117 million in savings to consumers.

Year	Budget	Savings
2010	$981,577	$5,664,905
2011	$1,013,948	$8,347,041
2012	$1,022,482	$7,540,211
2013	$2,293,407	$9,500,000
2014	$2,657,873	$6,924,978
2015	$3,659,826	$10,967,539
2016	$3,792,692	$11,168,483
2017	$3,087,756	$10,200,836
2018	$2,794,051	$13,884,659
2019	$2,962,921	$6,264,118
2020	$2,844,900	$5,373,038

The graph below shows OHA's annual budget over time compared to consumer savings, and demonstrates that OHA's budget remains low while our savings to consumers continues to be impressive.



The parents of a toddler called OHA for help when their health insurance denied coverage for the durable medical equipment she needed to breathe. The child experienced severe respiratory distress. After 128 days of care in the CT Children's Medical Center Neo-Intensive Care Unit, she was discharged home with several interventions and instruction for peripheral airway clearance techniques. However, these interventions proved not intensive enough, and she required emergency room services for acute respiratory distress and was hospitalized three times for a total of six weeks of Pediatric ICU care for various conditions during her first year.

Considering these hospitalizations and the infant's susceptibility for respiratory illnesses, Yale Medicine Pediatric Pulmonologists ordered a High Frequency Chest Wall Compression (HFCWC) vest to assist with airway clearing. The vest was immediately and significantly effective. The child went from being in a perpetual state of illness and distress to thriving from the airway clearing afforded by the HFCWC vest. The family's health insurance carrier, however, denied coverage of the vest, deeming it "not medically necessary."

OHA collected clinical documentation from the infant's parents and healthcare providers and wrote an appeal to the insurance carrier. The carrier's decision to deny the request was upheld on appeal. The case went to an independent, external medical reviewer for appeal. The denial was overturned, and coverage granted. The family saved $7,500 this year by exercising their right to appeal the insurance carrier's denial.

Consumer reached out to the Office of the Healthcare Advocate with a health insurance administrative/billing issue that occurred when her family changed Anthem plans in 2019. In July 2019 through an error or glitch, her terminated Anthem policy was reactivated without her knowledge or permission. This caused the entire family's claims for 2019 to be retracted and resulted in countless medical bills and collections notices from various providers resulting in extreme confusion and frustration for the family. She tried to straighten the issue out with Anthem herself but was unsuccessful as many of the claims were now too old to be reprocessed. The Office of the Healthcare Advocate reviewed the case and claims and reached out to Anthem BCBS of CT for assistance. The Office of the Healthcare Advocate also contacted numerous providers to let them know the matter was being investigated. The claims department at Anthem was able to identify the root cause of the insurance debacle. It took some time and hard work, but all claims for the entire family for 2019 were reprocessed and paid correctly.

Savings: $15,655.00

Consumer contacted OHA regarding a billing issue. Consumer indicated that insurance carrier was not paying claims and they owed a large sum of money. Case Manager sent inquiry to Carrier asking why claims were not paid. Carrier responded indicating claims were being processed, but they had to wait for funds from stop loss carrier to pay claims. After several months of going back and forth with Carrier, a response was received on October 15, 2020. Carrier responded indicating claims were paid and they provided all mailing tracking information, check numbers and the names of Providers paid.

Savings: $143,848.46

Consumer contacted OHA regarding a denial of coverage for acute care rehab. Consumer had an extensive infection in her prosthetic knee which required the removal of her prosthetic knee hardware. She was treated with antibiotics for several weeks with the plan to return to surgery. During this time, the consumer could not walk. Due to the COVID 19 pandemic, surgery was postponed. Surgery occurred several months later, and Consumer experienced several complications requiring hospitalization. The carrier denied admission into an acute care rehabilitation hospital. After two levels of appeal, OHA prevailed and the decision was overturned.

Savings: $18,452.00

Consumer contacted OHA regarding a hospital bill from 2018. The Consumer had Medicare Part A only, a secondary plan through spouses' employer and was under the assumption that the employer sponsored plan was the primary insurance. The commercial plan initially paid the bill but later rescinded funds. The consumer had attempted to resolve the issue by contacting both the commercial plan and Medicare without success and eventually contacted OHA. OHA did a conference call to Medicare with the consumer. OHA was able to intervene and assist in asking the correct questions to have Medicare assess if they should be primary or secondary payer. Medicare determined they were primary and provided instructions on how to get the claim paid.

Savings: $14,658.34

Consumer was hospitalized and required surgery at an out of network provider in another state. The plan paid the claim at the out of network benefit level. OHA intervened successfully, and the plan reprocessed all the claims at the in-network benefit level with the member only responsible for deductible and coinsurance.

Savings: $208,394.02

The parent of a girl who was receiving occupational therapy contacted OHA for help when the carrier decided these services were no longer medically necessary. OHA did a deep dive into extensive clinical documentation from the child's parents and healthcare provider and wrote an appeal to the carrier, demonstrating why the occupational therapy was appropriate. OHA fought the case through two levels of appeal, before prevailing. The denial was overturned.

Savings: $1,500.00

Consumer contacted OHA regarding a hospital bill he was receiving. The claim had been paid, but funds were later rescinded. The member had two plans and there was a coordination of benefits issue which prompted the funds being rescinded. Also, the claims were denied because the hospitalization was covered as observation level of care instead of inpatient level of care. OHA contacted the plan and reviewed the claims. The plan clarified the coordination of benefit issue and paid the claim as inpatient level of care.

Savings: $55,319.94

Office of the Healthcare Advocate

Position Summary Account			Actual FY 20	
Permanent Full-Time-IF			17	
Budget Summary Account	Total FY20 Budget	Actual FY 20	%	
Personal Services	1,573,775.00	1,354,738.66	86.08%	
Other Expenses	245,000.00	184,517.92	75.31%	
Equipment	5,000.00	4,925.25	98.51%	
Fringe Benefits	1,544,438.00	1,226,729.92	79.43%	
Indirect Overhead	100	73,988.00		
Grand Total:	3,368,313.00	2,844,899.75	84.46%	

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