



Consumer Advocacy

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The Office of the Healthcare Advocate has a threefold mission:

- ❑ Focus on assisting and educating consumers to make informed decisions when selecting a health plan
- ❑ Assist consumers to resolve problems with their health insurance plans
- ❑ Identify issues, trends and problems that may require executive, regulatory or legislative intervention



Our Work is Guided by Principles

- Access to quality healthcare
- Reduction in healthcare system waste; innovation is essential to maximize value
- Healthcare industry watchdog; cost shifting practices burden the State's economy, providers, payors, and consumers
- Social Justice; OHA has a duty to represent the collective voice of 3.5 million healthcare consumers



Education = Empowerment

- ❑ Explaining insurance plans, benefits, cost-sharing to consumers to assist with plan selection and maximize utilization
- ❑ Educating consumers about their rights and how to advocate on their own behalf when they have a problem or concern about their health insurance.
- ❑ Answering questions and assisting consumers in understanding and exercising their right to appeal a health plan's denial of a benefit or service.



Outreach

Effective outreach is only possible if you know the population you intend to serve.

Connecticut is home to populations with more than 60 distinct languages representing our state's rich ethnic and cultural diversity



Outreach

Brochures in 21 languages as well as a Braille machine to make any necessary information available to the visually impaired.

Our office is also in the process of a Culturally and Linguistically Appropriate Services assessment to identify areas where we can continue to improve our awareness and responsiveness to all those who we represent.



Outreach

Ongoing communication and collaboration with community partners to provide information about available resources

Respond to requests for outreach and education

Following an outreach at last spring, advocates for the hearing impaired contacted us to work together to develop outreach methods and materials specifically assessable to the hearing impaired community.



Outreach

Education is also a critical component to effective advocacy.

We routinely coach our clients and include in presentations to consumers information about the basics of health insurance, how to find providers, regardless of plan type, what rights they have under their plan as well as their obligations under the plan.





Intervention and individual advocacy:

- ❑ OHA provides assistance to any CT resident who requests our help with a health related issue
 - ❑ Fully v self insured
 - ❑ Public v private
 - ❑ NOW – Exchange v non-Exchange
- ❑ Case Management (assess, coordinate, monitor and evaluate options and services required to meet an individual's health or advocacy needs)



Systemic advocacy – driven by principles

- ❑ For our State to be competitive, our people must be healthy.
 - ❑ Sick system – reactive
 - ❑ Case study
- ❑ OHA tracks issues concerning access and delivery, UR, and compliance with state and federal regulation and law
 - ❑ MHPAEA
- ❑ Informs and collaborates with CGA and stakeholders about identified issues, promotes legislative and regulatory reforms
 - ❑ PA13-3



Barriers

What are some barriers to equitable healthcare?



Barriers

- Inadequate access to health care providers/facilities



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- Education – disease risk factors, interventions, available resources



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- Cultural



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- Economic barriers – cost sharing, price sensitivity
- Technological – Network provider directories, plan documents, clinical criteria, telemedicine (access), EHR



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- Individual responsibility



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- Individual responsibility
- Policy



"Any circumstance that serves as a barrier to receiving health care is considered a health disparity."

Lovell Jones, Ph.D.
Director of the Dorothy I. Height Center for Health Equity and Evaluation Research

SICK SYSTEM – One of OHA’s chief interventions

OHA’s data show #1 clinical complaint is denial of mental health/substance use treatment





OHA's PPACA consumer assistance

- Educate consumers on their rights and responsibilities with respect to group health plans and health insurance coverage through extensive outreach activities to reach underserved areas and including media campaigns
- Assist consumers with enrollment in a group health plan or other health insurance coverage by providing information, referral, and assistance
- Resolve problems with obtaining premium tax credits under section 36B of the Internal Revenue Code of 1986
- Assistance to small businesses



Consumer advocacy

Case management processes at OHA:

- ❑ Depending on the specific request or complaint, OHA staff's involvement will range from brief coaching to direct advocacy
- ❑ AHCT - working with partners to maximize efficiency in processes for consumer issues with the enrollment process



Consumer advocacy

Coaching - wide range of topics:

- How do I use my insurance, what is a deductible, I thought I was supposed to be able to keep my insurance...
- Denial of access to services or claims
- Benefit design v medical necessity
- Network adequacy



Consumer advocacy

Denial of service or claim:

Identify specific denial and benefit provisions

Contact carrier and provider

Medical records, criteria, peer reviews, documentation,
etc



Case Study

17 year old man with several year history of degenerative disc disease. He had failed to get lasting benefit from any therapeutic interventions, so surgery was indicated. Due to his age, his provider recommended artificial disc replacement for two discs, L4-L5 and L5-S1. His provider contacted the insurer for pre-authorization, and was denied based on it not being medically necessary.



Case Study

The basis for denial was that while ADR is accepted clinical practice for single level lumbar disc replacement, multi level hadn't yet been fully vetted and, as such, was still considered experimental.

The carrier did propose to cover lumbar fusion of the vertebrae, as that was accepted practice.



Case Study

Given the implications of fusion for a young man, as well as the longterm complications inherent in fusion, the family opted to pay for the ADR, and contacted OHA to assist with the appeal.



Case Study

Steps:

1. Contact carrier for all documents related to initial review and denial, including internal criteria or professional criteria.
2. Contact provider for medical records and opinion of fusion.
3. Research professional and peer reviewed articles for support of prescribed course of treatment.



Case Study

Steps (cont):

4. Draft and file first level internal appeal, addressing the clinical criteria the carrier uses to assess medical necessity, with links to medical record and standards of care. Wait.....
5. First level denial upheld by carrier.
6. Reviewed additional information used by carrier to support denial, modified appeal to counter.



Case Study

Steps (cont):

7. Second level appeal filed. Wait.....
8. Second, and final internal appeal, upheld the denial.
9. Drafted external appeal for claim, citing standards of care, carrier criteria, definition of medical necessity (self-insured) and filed through the carrier.
10. External appeal went to IRO and the denial was overturned.



Case Study 2

Middle aged woman with chronic, degenerative osteoarthritis of the ankle. Her provider had tried conservative interventions, but her condition progressed to the point where she needed surgery. He recommended a relatively new technique to treat her condition.



Case Study 2

The carrier agreed and covered the surgery completely. The deductible was waived and they purchased her a new vehicle to aid with the recovery process and physical therapy.



Case Study 2

Reality.

The carrier denied it as experimental, citing a lack of adequate research into the benefits and long term prognosis and outcomes.

The member contacted OHA to assist with the appeal.



Case Study 2

Steps:

1. Collected all pertinent information concerning her history, treatments, the proposed treatments and any alternatives, the carrier's documentation concerning their UR process and professional and scholarly resources.
2. Drafted and submitted first level appeal. Not much confidence in the argument, despite the provider's insistence that this was the right treatment.



Case Study 2

Steps:

3. First level denial upheld. Reviewed basis for denial and references.
4. Contacted provider for assistance with professional standards and evidence supporting treatment.
5. Drafted and submitted external review through CID.
6. Denial upheld as experimental.



Considerations

Medical necessity vs. experimental vs. physician
recommendations



OHA advocates for treatments ordered by a client's provider and consider the plan benefit design and medical necessity of the recommended treatment.

C.G.S. 38a-482a defines medical necessity as: health care services that a physician, exercising prudent clinical judgment, would provide to a patient for the purpose of preventing, evaluating, diagnosing or treating an illness, injury, disease or its symptoms, and that are:



(1) In accordance with generally accepted standards of medical practice; (2) clinically appropriate, in terms of type, frequency, extent, site and duration and considered effective for the patient's illness, injury or disease; and (3) not primarily for the convenience of the patient, physician or other health care provider and not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of that patient's illness, injury or disease.



For the purposes of this subsection, “generally accepted standards of medical practice” means standards that are based on credible scientific evidence published in peer-reviewed medical literature generally recognized by the relevant medical community or otherwise consistent with the standards set forth in policy issues involving clinical judgment.



Using this simple, yet powerful, principle as a baseline for our assessment and advocacy, we promote and advocate for the consumer's right to receive medical treatment that is most appropriate for their needs in order to promote optimal health.