



QUESTIONS FOR HEALTHCARE ADVOCATE NOMINEE

By: Janet Kaminski Leduc, Senior Legislative Attorney

Healthcare Advocate (CGS §§ 38a-1040 to 38a-1050)

The Healthcare Advocate directs the Office of the Healthcare Advocate (OHA). The advocate must be a state elector with expertise and experience in healthcare, health insurance, and consumer advocacy who has not served as a director or officer of a managed care organization within two years of appointment.

The advocate assists health insurance consumers (1) with managed care plan selection by providing information and assistance, (2) in understanding their rights and responsibilities under managed care plans, and (3) with filing complaints and appeals. The advocate (1) provides information to the public, agencies, and legislators on problems and concerns of health insurance consumers and (2) reviews consumers' health insurance records and pursues administrative remedies on their behalf with their consent. The advocate also must establish a behavioral health care information and referral service for residents and health care providers.

QUESTIONS

1. Describe your experience in healthcare, health insurance, and consumer advocacy that qualifies you to be the state's healthcare advocate?
2. Tell us how your recent experience with the Department of Consumer Protection's (DCP) Occupational and Professional Division's Enforcement Unit has helped prepare you to be the healthcare advocate. What did you learn there that will be useful to you in your new role?

3. OHA assists consumers with the filing of complaints and appeals, including appeals through a managed care plan's internal appeal or grievance process and the state's external appeals process established under the general statutes. What were some of the major lessons you learned from investigating and resolving complaints at DCP? What type of complaints do you think will be the most difficult for OHA to resolve? Do you expect the types of complaints to change over time?
4. By law, OHA may educate consumers on their rights and responsibilities under managed care plans. What activities do you think OHA should initiate or continue to accomplish this?
5. Beginning in 2015, state law requires OHA to establish a behavioral care information and referral service for residents and health care providers. Do you have any thoughts on what makes such a service successful? Is there any segment of the population that such a program should target in particular? Also, what can be done to improve behavioral health care options for residents?
6. OHA sometimes makes legislative and regulatory recommendations based on the complaints it receives. Do you have recommendations at this time that you would like to offer to the General Assembly or the Insurance Department?
7. How will changes in healthcare policy at the federal level (e.g., possible repeal of the Affordable Care Act) impact OHA's work in Connecticut?
8. What do you consider to be the greatest challenge for OHA? What are your goals for your first year as Healthcare Advocate?
9. OHA is placed within the Insurance Department for administrative purposes. What benefits do you see from this arrangement? How do you think this impacts OHA's ability to meet its obligations?

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