

2013 Program Report Card: Office of the Healthcare Advocate (OHA)

Quality of Life Result: All Connecticut residents, irrespective of race/ethnicity, socioeconomic status, age or gender, have equal access to all essential healthcare services and are effective self-advocates through a better understanding of their rights and responsibilities under traditional and managed care health plans.

Contribution to the Result: In 2012 OHA achieved this via: outreach to assist consumers to make informed decisions on health plan selection; assisting consumers to resolve grievances with health plans; and identifying and taking up systemic issues that required regulatory or legislative intervention.

Program Expenditures	State Funding	Federal Funding	Other Funding	Total Funding
+Actual FY 12	\$1,022,482	\$396,224		\$1,418,706
*Estimated FY 13	\$2,293,407	\$412,135		\$2,705,542

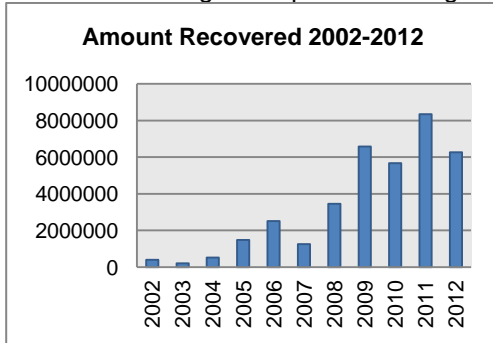
+Includes funding for Commission on Health Equity of \$134,140.00.

*This number includes \$447,118.00 for 4 DSS project positions and \$101,400.00 for 1 DCF project position, Commission on Health Equity two positions of \$256,616.44 (DSS and DCF project services are reflected in separate program report cards.)

Partners: Consumers of Connecticut, Office of the State Comptroller, DCF, DSS, DDS, DPH, Universities, health care providers, health insurance companies.

How Much Did We Do?

Consumer Savings Compared to Budget

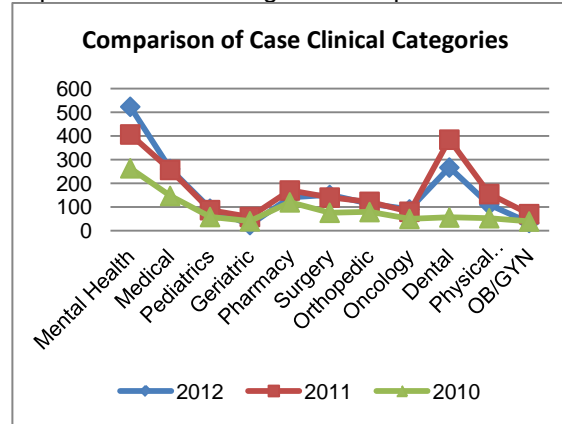


Story behind the baseline: Savings \$6.0 million in 2012. The slight downward savings in 2012 from 2011 is attributed to lost productivity due to substantial staff medical leaves, the loss of a seasoned case manager in early 2012 and several cases in 2011 with unusually large case savings. As the federally designated consumer assistance program under the Affordable Care Act, OHA is the consumer resource for those with questions about their healthcare plans. OHA anticipates savings to consumers to continue to increase and thus the trend will continue to increase.

Trend: ▲

How Well Did We Do It?

Top case clinical categories comparison

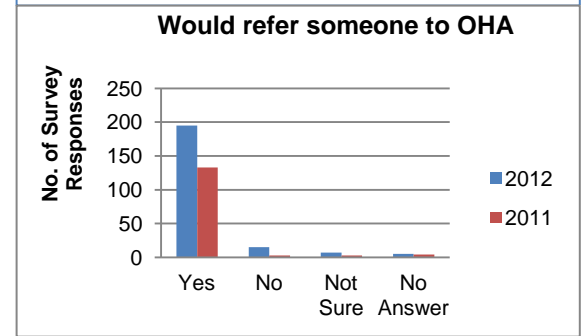


Story behind the baseline: OHA provided assistance in many different clinical categories. The upward trend in the number of mental health and substance use (MH/SU) and medical cases continues. MH/SU denials continue to be the number one clinical category of cases, due in part to personal referrals from previous customers and targeted outreach. OHA has engaged all stakeholders to ensure that denied MH/SU services are appropriately reviewed based upon individual need.

Trend: ▲

How Well Did We Do It?

Customers will be satisfied with the value the work of OHA and will refer others to OHA. **Story behind the baseline:** There is an upward trend in overall customer satisfaction and customers referring someone to OHA.

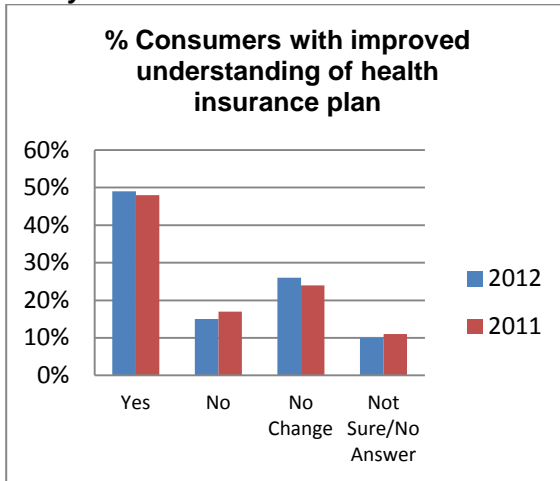


Trend: ▲

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Is Anyone Better Off?



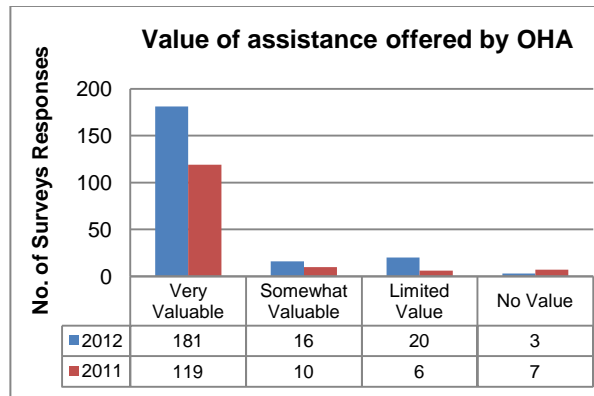
Consumers will be better educated about their rights and know how to advocate on their own behalf when they have a problem or concern with their managed care plan.

Story behind the baseline: OHA anticipates that there will continue to be an upward trend in the number of customers who are educated about their managed care plan as OHA's case volume continues to increase. OHA anticipates that there will be a continued upward trend in customer satisfaction.

Trend: ▲

Is Anyone Better Off?

Consumers will find OHA's assistance very valuable



Story behind the baseline: There was an upward trend in customers reporting that the assistance offered by OHA as being "very valuable". It is anticipated that there will be a continued upward trend as OHA will continue to improve upon its customer satisfaction.

Trend: ▲

Proposed Actions to Turn the Curve:

Action 1: OHA has continued to increase its efforts to reach underserved communities in Connecticut by partnering with community-based entities and collaborating with state agencies. OHA has contracted with other organizations as part of its federal grant received to reach underserved populations. OHA will continue to develop and implement outreach efforts, including medial efforts and new brochures printed in 10 languages.

Action 2: OHA recently published a report on mental health and substance use coverage and coverage gaps. OHA will continue to engage insurers and other stakeholders to press for improved access and to ensure that denied services are appropriately reviewed based on individual need.

Action 3: OHA will continue to offer guidance to its staff on proper logging of all cases, calls, emails, faxes of cases into the database that are referred to OHA.

Data Development Agenda:

- OHA made changes to its database with required entry fields.
- OHA will track mental health and substance use cases separately.
- Customer satisfaction survey response remains low. To increase the response rate, OHA will identify, define and collect data on its surveys on every case, including a self addressed stamped envelope in every survey mailed to encourage a greater response.