



OFFICE OF THE  
HEALTHCARE ADVOCATE  
STATE OF CONNECTICUT

# E - Newsletter

## Summer

### 2009

volume 2, issue 1

## MEET THE OHA STAFF



**Michael Mitchell**, Health Program Analyst, was born in the town of Troy, Alabama. Michael, as he prefers to be called, majored in Biology. After graduating, he worked in industrial hygiene in California and later worked as Director of Development and Executive Director of Mobile AIDS Support Services in Alabama. "After I left California, I took a moment to evaluate my priorities. I saw a need for someone with my skills to advocate on behalf of individuals and families affected by HIV disease in Alabama. It was one of the most rewarding experiences of my life."

Now, Michael enjoys reviewing the healthcare data collected by OHA and presenting it in a way people can understand. "Healthcare is confusing. My job is to help make it a little less so." Michael says, "It's great when your job really means something to you and to those who work with you."

## SustiNet

On July 20th, the legislature passed the first major piece of healthcare reform legislation in Connecticut aimed directly at tackling the need for access to quality, affordable and cost-efficient healthcare, **Public Act 09-148**, An Act Establishing the SustiNet plan. (The Public Act is available at <http://www.cga.ct.gov/2009/ACT/Pa/pdf/2009PA-00148-R00HB-06600-PA.pdf>.) In passing the SustiNet legislation a second time--the General Assembly overrode the Governor's veto of the Act--the legislature put in place the framework for major reform of public and private healthcare coverage within the next two and a half years.

The nine-member SustiNet Health Partnership Board of Directors, created by the Act, will be co-chaired by Healthcare Advocate **Kevin Lembo** and Comptroller **Nancy Wyman**. The board must make legislative recommendations by January 1, 2011, on the details and implementation of a "SustiNet Plan."

Members of the Board, appointed by the Governor and legislative leaders include, an actuary, a healthcare economist or policy expert, a nursing or allied health professional, an individual with expertise in the provision of employee health plans to small businesses, a primary care provider, a representative of organized labor and an expert in health information technology.

The Public Act specifies that the Board's recommendations must address:

1. Establishment of a public authority or other entity with the power to contract with insurers and health care providers, develop health care infrastructure ("medical homes"), set reimbursement rates, create advisory committees, and encourage the use of health information technology;
2. Provisions for the phased-in offering of the SustiNet Plan to state employees and retirees, HUSKY A and B beneficiaries, people without employer sponsored insurance (ESI), people with unaffordable ESI, small and large employers, and others;
3. Guidelines for development of a model benefits package; and
4. Public outreach and methods of identifying uninsured citizens.

The SustiNet board must establish committees to make recommendations concerning health information technology, medical homes, clinical care and safety guidelines, and preventive care and improved health outcomes. The board may establish additional committees to address other issues it believes need exploration.

The act requires OHA to oversee an independent information clearinghouse to provide employers, consumers, and the general public with information about SustiNet and private health care plans, once the SustiNet plan is developed. OHA will also develop and update the model benefit packages that will be offered through SustiNet.

Finally, the act creates task forces addressing obesity, tobacco usage, and requires them to report by July 1, 2010 to the Board of Directors on proposed solutions to address the task force issues.

The SustiNet legislation is flexible enough to adapt to federal reform; the SustiNet board has 60 days from enactment of federal reform to develop a plan to implement that reform in Connecticut.

The meetings of SustiNet's Board, committees and task forces will be open to the public. Please check back on our web site, [www.ct.gov/oha](http://www.ct.gov/oha) for updates. There we will publish meeting notices and other important information. If you have input or questions on the development of SustiNet, please e-mail Vicki Veltri, OHA's General Counsel at [Victoria.Veltri@ct.gov](mailto:Victoria.Veltri@ct.gov).

## Who We Are

*The Office of the Healthcare Advocate (OHA) was created in 1999 as part of the Managed Care Accountability Act. Since then, we've worked with thousands of policyholders, patients and families to explain their rights and responsibilities in a health plan. And, based on this work, we identify issues, trends and problems that require executive, regulatory or legislative intervention.*

## OHA Saves Consumers Millions

In the first two quarters of 2009, OHA saved consumers over \$2.1 million. For all of '08 OHA saved consumers over \$5.2 million. Based on these trends, OHA continues to be a very efficient operation. Click [HERE](#) for more information.

## Coordination of Benefits

**Coordination of benefits (COB)** is included in most all health plans. COB determines which insurance coverage pays primary, secondary or tertiary. When a member is covered by more than one plan, the benefits of these plans are coordinated so the total amount paid does not equal more than the allowable reimbursement of medical services after deductibles and co-payments.

Having multiple carriers does not guarantee co-payments and deductibles will be covered by secondary plans. Each plan reimburses based on that plan's benefit design. This means that a plan will not cover things like deductibles and co-payments, if that plan requires deductibles and co-payments.

Most plans use the National Association of Insurance Commissioners' COB rules. However, there are many variations to COB, so read your plan descriptions for details; including eligibility for and coordination with Medicare.

## Post-Claims Underwriting

The problem of **post-claims underwriting** abuse and policy **rescissions** appears to be growing. Congress is now heavily engaged in the investigation of post-claims underwriting. OHA has been involved in the issue for years. OHA's legislation PA 09-135, which passed by large margins in the house and senate, would have restricted this practice. It was vetoed by Governor Rell.

A **policy rescission** via post-claims underwriting occurs in a health insurance transaction where inadequate underwriting has taken place upon a consumer's application for insurance. An insurance company later looks or mines for a justification in the medical record for a rationale to rescind the policy. The mining is especially aggressive if an expensive claim stream starts coming through the insurance company's door for payment.

## Featured Legislator



CT. State Rep. Pam Sawyer and Vicki Veltri, OHA, review healthcare data during the Spring 2009 Session

**State Representative Pamela Sawyer** serves the 55<sup>th</sup> Assembly District including the towns of Andover, Bolton, Hebron and Marlborough. Since the start of her service in the **General Assembly** in 1992, Rep. Pam Sawyer has demonstrated her commitment to work toward providing quality health care for all Connecticut residents.

The product of healthcare provider-parents—her father is a dentist and her mother was a doctor—Rep. Sawyer brings the healthcare provider perspective to discussions about healthcare reform in Connecticut. She's a strong advocate for dental care access for low-income families, recently participating in the **Connecticut State Dental Association's (CSDA's)** 7th Annual Give Kids a Smile Day.

As a member of the Appropriations Committee, she has a voice in the funding and reformation of critical healthcare programs and in ensuring accountability and transparency in healthcare spending and delivery.

Rep. Sawyer regularly refers constituents who have problems accessing healthcare or whose insurance denies them care to the Office of Healthcare Advocate (OHA) and posts a piece on her web site to inform her constituents about OHA's services.

On her experience with OHA, Rep. Sawyer says, "When a family needs urgent or specialized healthcare and there is a glitch in insurance, sometimes they do not know where to turn. My office refers folks to the Healthcare Advocate for help untangling the problems."