

Consumer Center for Health Education and Advocacy

A Project of Legal Aid Society of San Diego, Inc.

October 2006



Helping low-income individuals
and families access health care

Medical-legal collaboration is unique in county

In March 2005, the Consumer Center received a Scripps Community Benefit Fund grant to start *The San Diego Benefit Advocacy Project* at the Scripps Mercy Hospital Central San Diego campus. Because of the project's first year success, Scripps asked us to submit an unprecedented second year application. With the grant renewed, the project continues to serve hospital patients and was expanded to Scripps Mercy Clinic patients.

The Scripps/Consumer Center collaboration is unique to San Diego County. There are about 17 medical-legal collaborations throughout the country. The project's success is two-fold. First, eligible county residents are getting the health care they deserve. Second, the amount of uncompensated care delivered by Scripps Mercy is reduced. According to a support letter from Scripps Health President and CEO Chris Van Gorder, "By helping patients access their benefits, it encourages patients to seek

preventative care from a primary care physician, reducing the burden on emergency rooms. In addition, the service helps Scripps secure reimbursement, so that resources can be reinvested into the community."

The project goal is to integrate skilled legal assistance into health care settings, ensuring that medically underserved populations have equitable opportunities to receive health care. Aside from medical insurance and/or access to preventative care, low-income people also struggle with non-medical issues that *directly* affect their health. These issues include poor housing, frequent moving, homelessness, transportation, fear of residency requirements, language barriers and illiteracy.

The Consumer Center looks forward to the continued success of this project and hopes for project expansion to the Chula Vista campus and other San Diego hospitals.

Low-income subsidy helps pay Medicare drug plan costs

The Medicare Part D Prescription Drug Program has a Low-Income Subsidy (LIS) program to help Medicare beneficiaries pay for their drug plans. The LIS assists with the cost of monthly premiums, co-payments, deductibles and the "donut hole" (when no coverage is available). People with Medicare and Medi-Cal (dual eligibles) automatically receive LIS.

Who qualifies for LIS?

This chart shows basic guidelines, but there are other factors involved.

Status	Income Less Than	Total Resources
Single	\$1,225/month \$14,700/year	\$11,500
Married	\$1,650/month \$19,800/year	\$23,000

If your organization works with low-income people, keep us in mind! For help applying for the LIS, please call Dennise Alonso at 1-877-734-3258, ext. 2791.

Medicare Part D open enrollment is November 15 - December 31, 2006

Dual eligibles can change their drug plans every month. For Medicare beneficiaries not on Medi-Cal, open enrollment is the one time each year when they enroll in Medicare Part D. In addition, Medicare-only beneficiaries who have a plan can switch to another plan. Dual eligibles and LIS-eligible people can call for enrollment help. All others can call HICAP at 1-800-434-0222 or Medicare at 1-800-633-4227.

Medi-Cal rules update

The new rule that requires those claiming to be citizens eligible for full scope Medi-Cal to verify their citizenship has not yet been implemented. Remember, legal immigrants can still get full scope Medi-Cal. The new rule *only* applies to U.S. citizens.

How the medical-legal collaboration works



- 1 Advocates and attorneys are stationed inside acute care and ambulatory care settings.
- 2 Hospital and clinic staff refer patients who are receiving health care services, but who do not have health insurance or the private means to pay for the services. The medical staff and legal professionals work to resolve access, enrollment or other issues.
- 3 When the advocate identifies a legal problem (whether medically-related or not), they refer the case to Legal Aid attorneys or other appropriate sources.

From our Executive Director

Missing persons in paradise — our paradise

One of the problems with the uninsured is *finding* them. They are the poor and the working poor, the frail elderly, immigrants and their children, and the homeless whose only access to health care is through emergency rooms.

How bad is the problem? Our total county population is three million and about 20% of the population is uninsured. Consider these statistics for San Diego County:

- We have **600,000 uninsured** people living here. Of those, only **7,500** had County Medical Services (CMS) coverage.
- San Diego County ranks *next to last* in the state for county spending per uninsured resident.
- There are **53,000 children** who are eligible for Medi-Cal or Healthy Families, but who have not applied.
- An estimated **12,000 Medicare beneficiaries** are eligible, but have not applied, for the Medicare Part D Prescription Drug Low-Income Subsidy.

The question that keeps people like me awake at night is wondering: *Where are these people and why haven't they accessed the health care programs for which they are eligible?*

We know the basic demographics of the uninsured population. We know the eligibility guidelines in terms of income residency and assets, so we can figure out where they are likely to live, eat, shop and play in the park. We know that English may not be their primary or preferred language. You would think with the amount of pure demographic information we had, we could seek out, locate, educate and otherwise lead the way to getting health care coverage for this population.

A Dreamer's Outreach in Paradise Plan

County eligibility workers, consumer advocates, certified application assistants and others could be outstationed where the people are — parks, senior citizens' and community centers, libraries, grocery stores, health fairs and so on.

A Realist's Outreach in Paradise Plan

I would think we can all agree that the dreamer's plan is unrealistic. It is too costly to place enrollment specialists and advocates at every location in our geographically sprawling county.

We will have to continue to pursue other more cost-effective avenues. The medical-legal collaboration between the Consumer Center and Scripps is a promising beginning for *going where the health care users are*. With continued collaboration between community-based organizations and governmental entities, we can also expand our collective outreach efforts.

Do you have an innovative idea about how to find the uninsured? Please contact me at GEK@cchea.org or (619) 471-2620. I need a good night's sleep.

Gregory E. Knoll

CLIENT CASE STORIES

Advocacy is action-oriented

A billing clerk in a cancer specialist's office referred a 52-year-old woman to the Consumer Center. The woman had gone over a month without medication to treat her breast cancer. Her private insurance had not paid any of the specialist's claims in the five months she had been in treatment, stating that they did not have the documentation needed. Due to the high cost of the medication, the doctor had stopped treatment.

Our advocate called the health plan and got the representative's name, so that the doctor's office could fax the documentation *directly* to this person's attention.



Several weeks later, payment had still not been received. This time our advocate was told that the physician needed to submit medical records *each time* a claim was submitted.

Our advocate responded that this was an unreasonable request that would delay critical treatment. Finally, the plan agreed to process all claims already submitted without further delay or documentation. Instructions were also given for how the doctor could avoid future delays.

When an individual is ill, it can be difficult to resolve one's problems. We help people by using our knowledge of the health care system and advocating for patients' rights.

When every day counts . . .

A 53-year-old woman who had terminal lung cancer moved to San Diego from Iowa. The woman was told by her doctor that she had a year to live if treatment was received and three months if not. She applied for Social Security Disability, Medi-Cal and County Medical Services.

Her Social Security application was denied and her Medi-Cal application was waiting for the lengthy evaluation of her Medi-Cal eligibility. The county did approve her CMS

application, but the Treatment Authorization Request (TAR) to admit her to a cancer treatment center was pending approval. The consumer needed to get into treatment immediately and she needed Medi-Cal. At this point, our advocate got involved to do what we do best: *move individual cases forward as fast as possible.*



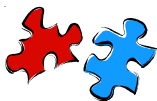
Our advocate contacted CMS and the TAR was approved the next day. After some dialogue, the woman was granted presumptive eligibility and enrolled in Medi-Cal.

This case illustrates a common problem. Consumers with *urgent* medical problems do not know to ask for presumptive eligibility in order to enroll in Medi-Cal quickly and county eligibility workers do not always identify cases for this expedited process.

Overpayment claim overruled

The Department of Health Services (DHS) sought a \$4,800 Medi-Cal overpayment against a consumer. Our advocate represented the client at the hearing. The Administrative Law Judge ruled in the consumer's favor and ordered DHS to rescind its overpayment claim. The judge reasoned that the county had failed to advise the consumer, verbally and in writing, that she must report changes in family income to her worker within 10 days.

We remain concerned about overpayment claims against consumers. In a number of instances where we have represented consumers, the judges have ruled against the DHS overpayment claims – because the county or state failed to notify consumers properly or *because an overpayment was not owed in the first place.* We believe the state and county should be more careful in evaluating “overpayments.”



California HMO enrollees have help options

The Office of the Patient Advocate (OPA) is an independent office in state government that informs and educates consumers about their rights and responsibilities as HMO enrollees. The OPA website, www.opa.ca.gov, has helpful information for HMO enrollees.

OPA also produces material such as the *HMO Guide* that advises enrollees on how to get the most out of their health plan. Another useful tool is the *Annual Report Card* that ranks California HMOs and medical groups on a variety of factors.

The OPA works in cooperation with the California Department of Managed Health Care (DMHC). The DMHC operates The HMO Help Center to help enrollees with managed care questions and complaints.

The Consumer Center has a grant from OPA to assist in consumer education. Through events such as health fairs, our staff talk to consumers and distributes educational material. We also share information with health plan enrollees at all training presentations.

When Consumers Need Help with Their Health Plan

Always call the health plan's Member Services Department first. They may be able to resolve a problem right away.

Call The HMO Help Center if:

- An enrollee has not received a decision within three days for urgent problems or 30 days for non-urgent problems.
- An enrollee is not satisfied with the decision the health plan made.

The HMO Help Center
1-888-HMO-2219 toll free
TDD 1-877-HMO-8900 toll free



Healthy San Diego Corner

Healthy San Diego is a private-public partnership that oversees the Medi-Cal managed care system in San Diego County. Its members include consumers, providers, health plans, the Consumer Center and governmental agencies.

The six Medi-Cal health plans are: Blue Cross of California, Care1st Health Plan, Community Health Group, Health Net of California, Kaiser Permanente and Molina Healthcare. Medi-Cal health plans offer special services, such as member services staff, coordination of care and 24-hour telephone advice nurse.

We encourage plan members to call their health plan first to resolve problems. However, Consumer Center advocates are available to help at any time.

CMS changes ER application process

San Diego County has implemented a new process to discourage inappropriate use of hospital emergency rooms (ER) and encourage regular treatment.

Effective September 1, 2006, the county has changed the way indigent residents apply for CMS coverage for ER visits. Patients can no longer apply at the hospital, but instead must call for an application appointment at a clinic no later than 30 days after the ER visit. In addition to having proof of income and resources, patients must also submit a document from the hospital with a stamped date for the day of the ER visit; handwritten dates will not be accepted. The county will pay for only two ER visits a year for people who are **not CMS-certified** at the time of the visit.

If your organization works with low-income people, please help us educate them about this new process, remind applicants of future appointments and encourage eligible individuals to get CMS coverage. The Consumer Center can assist people who have been incorrectly denied CMS coverage.

**Consumer Center
for Health Education
and Advocacy**

The Consumer Center, a member of the Health Consumer Alliance, is funded by the County of San Diego, The California Endowment, Alliance Healthcare Foundation, Legal Aid Society of San Diego, Inc., Office of the Patient Advocate and the National Council on Aging.

**Consumer Hotline
Toll-Free 1-877- 734-3258**

**HOURS
Monday - Friday:
9 a.m. to 5 p.m.**

Our staff speaks English, Spanish and Vietnamese. For other languages, including Arabic and Tagalog, we use CyraCom International.

Thanks and good luck!

Robert Sise, LIS Project Coordinator, left in May after he was accepted into grad school at UC Berkeley. **Tara Motley, Esq.**, and **Jose Holguin** have also gone on to other endeavors. **Emily Bartholomew** and **Matt Izu**, Anson Levitan summer law clerks, are back at California Western School of Law. Best wishes to all!

Welcome new staff

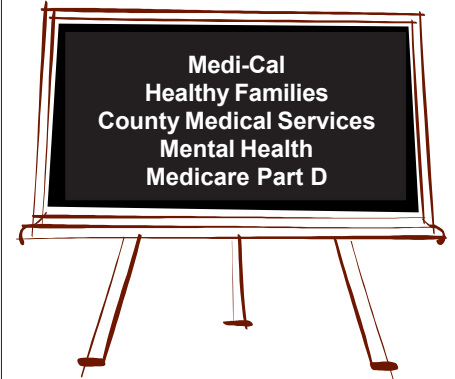
Haydee Quintanilla returned to us as an advocate from our SSI Advocacy Project. **Monica Diaz** has also joined us from another LASSD team. **Josh Chatten-Brown, Esq.**, is our new Staff Attorney. Welcome!

We need (and love) them!

Congratulations to **Bank Dawson**, who received awards from the Legal Aid Association of California and the Legal Aid Society of San Diego, Inc.'s Pro Bono Program. We also wish to welcome **Lamont Fleming**, who began volunteering in June.

Free training available

We offer training programs for clients, family members and professionals in English, Spanish or Vietnamese. Program-specific training is available on:



To schedule training, contact Selene Torices at SeleneT@cchea.org or (619) 471-2736.

**To be added to our
newsletter mailing list,
please call
1-877-734-3258, ext. 2680**



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