

Consumer Center for Health Education and Advocacy

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

May 2007



Helping low-income individuals
and families access health care

Health plan members have an ally in the Office of the Patient Advocate

The Office of the Patient Advocate (OPA) educates consumers about their rights and responsibilities as health plan members. OPA publishes the *HMO Guide* to educate enrollees on managed care and the *Annual Report Card* that ranks some of California's health plans and medical groups.

We are pleased to announce that OPA renewed our grant for 16 months (January 2007 to May 2008). The work to be performed includes 1) direct outreach to HMO enrollees; 2) coordination with providers, agencies and community-based organizations (CBOs); and 3) participation in

CBO staff training and education events.

At training programs and other events, we share information on the services offered by OPA, the state Department of Managed Health Care's HMO Help Center, and the Consumer Center.



If your staff or clients could benefit from training on managed care or you are hosting a health fair we can participate in, please contact us.

For information, contact Dennise Alonso at DenniseA@cchea.org or call (619) 471-2736.

Clarification on Medi-Cal and immigration status

We would like to help clarify that the new rules that would require verification of citizenship before enrolling in Medi-Cal are not yet in effect. A date for implementation of these rules has not yet been announced.

Only those who are asking for or getting full-scope Medi-Cal *as citizens* have to show proof of citizenship at the time of their application or at their next redetermination. Legal, qualified aliens will still get full-scope Medi-Cal as the rules for this immigrant population have not changed.

Advocates assist consumers with many mental health issues

The Consumer Center helps persons with mental health disabilities access care and services. We listen to our clients and assist them with many issues, such as:

Quality of Care/Appropriateness

Service-related issues, such as professional conduct and timely access to care

Denial or Delay of Services

Problems with denial, reduction or termination of care

Patients' Rights

Issues such as privacy, confidentiality and receiving medical records

Access to Services

The ability to get proper care or treatment

We can assist clients with practical matters such as referrals to appropriate services or helping to obtain copies of medical records. Our advocates can also voice client dissatisfaction to service providers in proactive ways.

The Consumer Center is also the county-designated Patient Advocate for outpatient mental health services. In this role, we provide advocacy services for Medi-Cal beneficiaries, persons receiving county-funded mental health services (without Medi-Cal) and Severely Emotionally Disturbed (SED) certified children through the Healthy Families Program. We

investigate and help resolve grievances about any specialty mental health matter. For Medi-Cal beneficiaries who have had services denied, reduced or terminated by the Mental Health Program, we offer assistance with appeals.

Advocates also help mental health clients access physical health services through Medi-Cal, County Medical Services and other programs. When needed, we refer clients to other Legal Aid teams, such as housing and SSI.

For help with mental health issues, call us at 1-877-734-3258 toll-free.

From our Executive Director

President's national health care proposal falls short of being a cure-all

President Bush's January 23rd State of the Union speech gave those who advocate for the uninsured a *glimmer* of encouragement. That glimmer was found in the speech's opening statement on health care: "... When it comes to health care, government has an obligation for the elderly, the disabled, and poor children. We will meet those responsibilities . . ."

He went on to say, "... For all other Americans, private health insurance is the best way to meet their needs. But many Americans cannot afford a health insurance policy."

While the President's proposal has its merits, it will not have a significant impact on reducing the number of uninsured Americans. Why? His proposal is to *change tax policies*. This approach will help some Americans afford health insurance — those who have employer-sponsored plans and those who can afford to purchase health insurance on their own. However, it will not help the majority of the uninsured in this country. One estimate is that tax deductions would help about three million of our 47 million uninsured.

Deductions are worthless to the majority of low-wage workers (and even non-low wage workers who cannot get individual coverage due to pre-existing conditions). They need to be

able to afford to purchase health insurance and the President's proposal does little to reduce the cost of health insurance for people who struggle to pay the rent, buy food and buy clothes or books for their children. To low-income workers, purchasing health insurance is much more than a luxury item — it is an impossible dream.

To have a significant impact on the number of uninsured in America, we have no real choice but to *expand* Medicare, Medi-Cal and the Healthy Families Program. Unfortunately, this means we need more money for these programs and the President needs to address increased funding.

The Governor's Plan

A quick note on Governor Schwarzenegger's health care proposal. I applaud his proposal of "*increasing Medi-Cal rates significantly*." This would be a great relief to the safety net providers who have cared for our county's poor and working poor. An increase in Medi-Cal rates is long overdue.

Both plans have their pros and cons. It looks like 2007 will be the Year of Health Care Debates.

Gregory E. Knoll

"America's health care system is neither healthy, caring, nor a system."

Walter Cronkite
Retired broadcast journalist

Client expresses thanks

"... I am writing to thank you for your help and persistence in getting my Medicare Rx insurance subsidy approved. I struggled with the three organizations involved for over a month before I called you. In just a matter of a couple days, you got the confusion resolved. **John A.**

LIS provides needed relief

Without the Low-Income Subsidy (LIS), many Medicare beneficiaries could not afford their medications. The LIS helps pay between 85% and 100% of a beneficiary's drug costs. This gives the beneficiary an average annual savings of \$2,100.

To qualify, one must have an income below 150% of the Federal Poverty Level and assets of limited value. Some Medicare beneficiaries automatically receive the LIS, while others need to apply. The latter group includes Medi-Cal recipients who have a share-of-cost and those beneficiaries who are not enrolled in a Medical Savings Plan. In San Diego County, estimates are that 12,000 individuals are eligible for the LIS, but have yet to enroll.

In a recent case, Kurt, a 35-year-old Medicare beneficiary with a monthly income of \$796, contacted us. He was out of a drug he takes to maintain his kidney transplant — he could not afford the \$680 co-pay. We discovered he was in the Part D "donut hole" and helped get his LIS application approved in one day. Kurt received his medication for a \$3 co-pay!

For Medicare Part D training and LIS enrollment information, contact Colleen Jensen-Cook at ColleenC@cchea.org or call her at (619) 471-2650.

CLIENT CASE STORIES

Man receives Medi-Cal after Consumer Center helps

While visiting family in Rosarito, Mexico, a legal U.S. resident was in a car accident, which resulted in paralysis and permanent brain damage. At the time of the accident, the man had been a legal U.S. resident for over 20 years. While hospitalized, he applied for Medi-Cal and was denied based on residency. Unfortunately, due to his injuries, the consumer made confusing and contradictory statements about his residency status.



This case is a good example of the effectiveness of the Benefits Advocacy Program, a collaboration between Scripps Mercy

Hospital and the Consumer Center. In this case, we helped the client appeal the Medi-Cal decision.

A Consumer Center attorney represented the client at the hearing and presented evidence on his status as a legal permanent resident; his work history in San Diego, including tax documents; and the application to immigrate his family to the U.S. The attorney also presented evidence that the consumer's contradictory statements during the application process were the result of his brain injury. The judge found that the individual was a California resident and granted his claim.

This case shows how the Benefits Advocacy Project helps consumers through "point of service" contact. If this consumer had not been referred to our advocate, it is

unlikely he would have appealed the denial. The hospital also benefits by increasing reimbursement, reducing bad debt and connecting patients to routine care.

Mother needed services for disabled, adult daughter

The mother of a 19-year-old with Down's syndrome applied to In-Home Supportive Services (IHSS) for protective supervision hours. This California Department of Social Services program helps pay for services that allow people with certain disabilities to remain in their homes.

In an evaluation process that took close to nine months, IHSS decided that the consumer was not eligible for protective supervision hours, but was eligible for 54 hours of other IHSS services.

The mother asked for help at the Consumer Center's Appeals Office Outreach Program. Our advocate represented the consumer before a state Administrative Law Judge and argued that the consumer met the protective supervision eligibility criteria. In the decision, the judge noted the undisputed medical evidence that showed the consumer had a mental age of a four-year-old and was unable to assess the risks around her. The judge ordered IHSS to provide 254 hours of services with 10 months of retroactive benefits.

IHSS gives parents of children who are not self-directing, confused and mentally impaired the ability to care for their children at home and avoid unnecessary and costly institutionalization.



Healthy
San Diego Corner

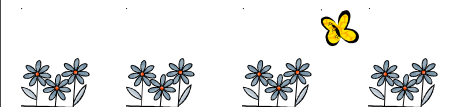
Health plans use same quality measurements

Have you ever wondered what agency measures health plan performance? One answer is the National Committee for Quality Assurance (NCQA). This non-profit organization assesses, reports on and helps improve the quality of care health plans provide. Health plans can receive NCQA accreditation by meeting quality improvement standards.

NCQA expects health plans to use HEDIS® measures in their quality improvement plans and ongoing continuous quality improvement processes. HEDIS®, the most widely used standardized set of performance measures in the managed care industry, measures various health issues including advising smokers to quit, breast cancer screening and controlling high blood pressure.

The 2006 HEDIS® results showed mixed ratings for the Healthy San Diego plans. High performance levels were achieved for childhood immunizations and asthma management. Other measures, such as well-child and well-adolescent visits, showed need for improvement.

The Healthy San Diego Quality Improvement Project Task Force is researching the causes of low scores, including the accuracy of encounter data and documentation. The task force also will be developing ways to improve those measurement areas.



**Consumer Center
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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, Office of the Patient Advocate and the Legal Aid Society of San Diego, Inc.

**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.



STAFF & VOLUNTEER NEWS

We send our fond farewells to Consumer Health Advocate **Mary Jo O'Brien** and OPA staffer **Selene Torices**. Good luck to both of you! **Dennise Alonso** has stepped into the OPA Outreach Specialist position. **Kim May** joins us as a new Consumer Health Advocate and **Josh Chatten-Brown, Esq.**, as a Staff Attorney.

Our kudos go to three outstanding volunteers! **Lamont Fleming** is an individual who *never* says no and *always* asks how he can help. For the past year, **Lorraine Jeanes** has worked *miracles* on behalf of Medicare Part D beneficiaries. **Jane Margaretten-Ohring** recently joined us as a Medicare Part D volunteer and we think she's *fabulous!*

**TO RECEIVE OUR NEWSLETTER,
CALL 1-877-734-3258, EXT. 2740**

Free training available

We offer training programs for clients, family members and professionals in English, Spanish or Vietnamese. Presentations are available on:



To schedule training or for more information, contact Dennise Alonso at DenniseA@cchea.org or (619) 471-2736.



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