

Consumer Center for Health Education and Advocacy



*Helping low-income individuals
and families access health care*

October 2005

Choosing a Medicare Part D plan

People with Medicare and Medi-Cal (“dual eligibles”) need to prepare for the upcoming transition from Medi-Cal to Medicare drug coverage. The following list offers some suggestions to **all Medicare beneficiaries** and the providers working with them to help the beneficiaries choose the best drug plan.

Preparation

Make a list of the drugs currently taken, the dosage and the pharmacies that fill current prescriptions.

Talk to doctors about drug options, including what drugs can and cannot be changed for health reasons.

Start a special file for Medicare Part D information sent by Medicare, Social Security, drug plans, etc.

Apply for “extra help” and Medicare Savings Program if not yet done. This applies to low-income beneficiaries who are not receiving no-cost Medi-Cal.

Choosing a plan

Check that the drug plan’s formulary includes current medications taken.

Make sure that the beneficiary’s preferred pharmacy is in the drug plan’s network.

Ask about the number of days that each prescription can be filled.

If a needed drug is not on a drug plan’s formulary, read the plan’s transitions and exceptions policy on how to get approval for drugs that are not on the formulary.

Part D drug plans chosen

Many insurers have been approved by Medicare to provide drug plans to beneficiaries. While the insurers can begin marketing their drug plans to the public on October 1, the public cannot view the list of drugs from each plan until October 13. For help in choosing a drug plan, visit www.medicare.gov or call 1-800-MEDICARE.

Consumers beware!

There are rules that drug plans must follow when marketing their programs. Please help us spread the word on what is and is not allowed. First, drug plan representatives are not allowed to come to a beneficiary’s home without being invited. Second, while the plans are allowed to call beneficiaries at home, the beneficiary must call the company back to enroll. Beneficiaries should not enroll the first time a company calls.

Alliance Healthcare Foundation funds project

The Consumer Center has received a one year grant to assist dual eligibles during the transition from Medi-Cal prescription drug coverage to Medicare Part D. Colleen J. Cook, MSW, Project Coordinator, will provide individual advocacy to dual eligibles and trainings to consumer and professional groups throughout San Diego County.

Timeline for Medicare Part D Implementation

October

- Drug plans begin marketing their programs to the public.
- Beneficiaries receive the *Medicare and You 2006* handbook (please note that there are errors on pages 97-A to 97-F).
- Full-benefit dual eligibles are notified about the drug plan into which they have been automatically assigned.

November 15

Beneficiaries can begin enrolling in Medicare Prescription Drug Plans.

January 1, 2006

Medi-Cal drug coverage stops and Medicare Part D coverage begins.



**Consumer Center
resources for
Medicare Part D
transition**

**Save a Date! Free!
Special 3-hour Medicare Part D training**

November 3 - 9:30 a.m. to 12:30 p.m.
Aurora Behavioral Health - Rancho Bernardo area
November 4 - 9:30 a.m. to 12:30 p.m.
War Memorial Building - Balboa Park

Planning brochures

We have brochures to help dual eligibles plan for the upcoming changes.

To register for training, order brochures or any questions about the transition, contact Colleen Cook at (619) 471-2650 or ColleenC@cchea.org.



From our Executive Director

When national disasters hit like the recent hurricanes, other problems seem downright trivial. What's the importance of a single social issue when people have nothing?

I do have a cause, however, and it is one that many of us devote our lives to – ensuring that people have access to affordable health care. Sometimes that access is through public health programs, like Medi-Cal or County Medical Services. What I'm troubled by is the numbers of "the uninsured." The uninsured are individuals of all ages whose only sin is not to be able to pay for health insurance on their own, making a little too much money to qualify for a public program or not being employed by a company that offers health insurance. Today, in San Diego County, we have hundreds of thousands of uninsured individuals. How do we start reducing this number?

We have a plan in the form of a newly incorporated nonprofit organization: **San Diegans for Health Care Coverage**. This new organization counts among its members all major San Diego health care stakeholders, including business, labor, community clinics, hospitals, doctors and health plans. We will be working with the county, the state, private foundations and the Centers for Medicare & Medicaid Services to create a countywide demonstration project expanding health care coverage to an additional 150,000 San Diegans.

I'll keep you informed of the new organization's plans and activities as the year progresses. For more information, you can contact me at GEK@cchea.org or (619) 471-2620.

Gregory E. Knoll

Case stories illustrate systemic issues

The power of advocacy

When someone is severely ill, the health system can be difficult to navigate. If an agency denies coverage, the consumer may not be able to cope with resolving the situation. That is when the individual health advocate becomes critical.

Take the case of an SSI Medi-Cal beneficiary who was suffering from End Stage Renal Disease and having problems taking care of himself. He requested in-home care and transportation to medical appointments through In-Home Supportive Services (IHSS). The agency denied his request, stating that he was not eligible for benefits.

Our advocate asked for an emergency State Fair Hearing. The hearing was scheduled for the following week. A resolution, however, was reached after the county reviewed medical documentation submitted by our advocate. The IHSS worker re-evaluated the consumer and approved the services.

Breathing easier

Agencies need to be flexible so that consumers get the care they need. Such was the case when a consumer contacted us after a Medi-Cal field office denied authorization for oxygen and equipment. The consumer had a heart condition and a rare form of muscular dystrophy that affected his oxygen needs. In short, the equipment was medically necessary.

It took some legwork, including a hearing before an Administrative Law Judge, to convince the field office to change its denial. Our advocate worked with the consumer to obtain medical documents and doctor statements to substantiate the medical necessity of the claim.



Elderly couple gets meds

An elderly couple living on Social Security had to pay a high share-of-cost before Medi-Cal paid for any medical care. They were unable to afford medications that they needed to take. Our advocate worked with the couple and determined that they were eligible for the Medi-Cal Aged and Disabled Program with no share-of-cost.

The couple's eligibility worker believed that her income calculations were correct and that the couple was not eligible. We requested a fair hearing.

The appeals representative agreed with the eligibility worker until our advocate produced the applicable "All County Welfare Directors Letter." The appeals representative reviewed this instruction, recalculated and agreed that the couple was indeed eligible.

The Consumer Center continues to fight for elderly residents and, when necessary, help county staff understand Medi-Cal's complex eligibility rules.

Restoring Medi-Cal

A woman's Medi-Cal coverage was terminated when the county claimed she had not filed her renewal forms. The consumer argued that she had returned the packet and had also left a message for her eligibility worker.

The consumer contacted us through Legal Aid Society of San Diego Inc.'s Viewridge Hearing Office Outreach Program. The eligibility worker did not testify at the hearing and the judge found in favor of the consumer and ordered the county to restore the consumer's Medi-Cal.

We understand the many demands on eligibility workers. The Consumer Center will continue to work with the county to address issues related to unnecessary terminations.



Report shows Consumer Center's work

Each year, the Consumer Center prepares an Annual Report for San Diego County, its primary funding source. The following information we share from our recently published report for the fiscal year July 1, 2004 - June 30, 2005.

We helped a total of 2,506 individuals. Our cases are classified by service type and here's how our caseload looked:

Counsel and Advice - 40% Educated consumers about public health programs; referred clients to other programs.

Brief Services - 30% Resolved a problem with phone call to an agency or provider.

Extensive Negotiations - 5% - Required more than a single phone call; negotiations conducted with county staff or providers.

Hearing Level - 11% Helped file a grievance or requested a hearing; represented clients at the hearing level.

The Issues Our Clients Face

Many of our resources are devoted to individual advocacy. Through this advocacy, we learn about systemic problems, which we address on a policy level with local and state agencies. For the reporting period, most of our cases dealt with eligibility, access to services or quality of care issues.



Eligibility. Of the cases we handled last year, 73% dealt with eligibility issues. These issues include application denials, terminations or delays in eligibility decisions. Medi-Cal clients comprised 67% of our eligibility cases. We saw a large number of cases denied or terminated for failure to submit necessary documentation. We believe this is partly due to a decrease in the number of Certified Application Assistors working in the community. These assistors are instrumental in helping families with submitting documents.

Access to services. About 9% of our cases involved access to service and/or denials of care. Over half of the clients with access issues were enrolled in fee-for-service Medi-Cal. We represented consumers when they were unable to obtain critical services, including surgeries, medications, dental care, specialty care, transportation services and in-home support services.

Quality of care. Almost 8% of our cases were quality of care issues. Nearly half of those involved mental health services or programs. Quality of care issues for mental health clients include the right to be treated with dignity, confidentiality and staff/provider conduct.

The case stories in our Annual Report highlight how we help individual consumers.

**For a copy of our Annual Report, please contact
Vicky Betancourt at (619) 471-2680 or VickyB@cchea.org**

Healthy San Diego Corner

Getting Mental Health Services
for Medi-Cal Health Plan Members

All Medi-Cal beneficiaries - children, adults and older adults have the right to access mental health services. Basic mental health services are within the scope of a primary care physician and may include offering advice and prescribing medications for problems like depression or ADHD. Specialty mental health services are provided by mental health professionals and are excluded from the health plans' responsibilities under their Medi-Cal contracts with the California Department of Health Services. (Though a referral from a primary care physician is not required, providers are encouraged to coordinate care. A "Physical and Mental Health Care Coordination Form" can be found at www.ubhpublicsector.com.)

San Diego County Mental Health is responsible for serving clients with serious mental illness who are either: Medi-Cal eligible or have insurance that does not cover mental health, are without health insurance at all or are indigent. Clients with serious mental illness and a substance abuse problem are welcome. There are multiple ways to access specialty mental health services, however, the easiest is to call the Access and Crisis Line at **1-800-479-3339**.

As the county-designated Patients' Rights Advocate for outpatient services, the Consumer Center works closely with the Medi-Cal health plans and County Mental Health to assist Medi-Cal members get the help they need. Beneficiaries who need help accessing care or would like to file a grievance or appeal, should call us.

From a satisfied client . . .

I am so thankful for the help you gave me. My very health was in danger and you helped me at a time in my life when I wasn't physically able to help myself. I also want to thank you for how you treated me on a personal level. Intellectually, respectfully and frank when you needed to be. I am getting the healthcare I need now and am feeling good. - Ed K.

**Consumer Center
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and Advocacy**

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

**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, we use CyraCom International.

Goodbyes, hellos, congrats

It's hard to say goodbye to talented coworkers, but new opportunities sometimes lure them away from us! We wish **Mabel Ponce** and **Cynthia Archuleta** all the best.

We offer a warm welcome to four new staff members: **Colleen Cook, Jose Holguin, Tara Motley** and **Ramisi Sukumu**.

Congratulations to **Paula Barron**, who has been promoted to Physical Health Program Manager.

Kudos to **Carol Neidenberg**, our Mental Health Program Manager, who was named the Advocate of the Year by the San Diego Psychiatric Society. She received the award at the society's annual Installation Dinner on June 4.

To be added to our mailing list, call 1-877-734-3258, ext. 2740

Training and flyers are available for free!

We offer training programs for staff, clients and family members. Programs can be presented in English, Spanish or Vietnamese.

Program-specific training is available on:

- Medi-Cal
- Healthy Families
- County Medical Services
- Mental Health Services
- Medicare Part D



We also have many informational flyers available, including a new consumer brochure on Medi-Cal prescriptions in an easy to read, question and answer format. Other flyers have been revised after a professional literacy assessment by the California Health Communication Project. You can check out the flyers at www.healthconsumer.org.

To schedule a presentation or order flyers, contact Selene Torices at (619) 471-2736 or SeleneT@cchea.org



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