

Consumer Center for Health Education and Advocacy



June 2005

Helping low-income individuals
and families access health care

Major changes ahead for Medi-Cal

Beginning January 1, 2006, Medi-Cal will no longer provide prescription drug coverage to “dual eligibles” — people who are enrolled in both the Medi-Cal and Medicare programs. Dual eligibles will need to enroll in a Medicare Part D Prescription Drug Plan. This federally-mandated transition presents many challenges to beneficiaries and their providers.

Challenges for beneficiaries

Dual eligibles will need to read and understand their options for Medicare Prescription Drug Plans. They must then make an *informed* choice of plan: a plan that meets their needs in terms of the medications covered. They must also learn to navigate their new drug plan, including copayments, pharmacy locations and possible medication changes.

Challenges for providers

Providers will need to use many different formularies for their dual eligible patients. First, providers will need to know the plans in which their patients are enrolled in order to know the formulary that applies and whether a new treatment regimen should be considered. Providers are also on the

front line in terms of helping their patients avoid benefit interruptions.

We'll keep you advised of further developments as the year progresses (see timeline at bottom of page).

Who Are Dual Eligibles?

According to a national report, they share these characteristics:

More than 50% are limited in activities of daily living and have higher rates of Alzheimer's, diabetes, pulmonary disease and stroke than others on Medicare.

Nearly four in 10 have a mental or cognitive impairment. This means that even if communication and education efforts are appropriate for the population, dual eligibles may have difficulties navigating the changes.

One in four lives in a nursing home or other long-term care facility.

More than 40% are racial or ethnic minorities.

More than 60% live below the federal poverty level.

Newsletter debuts in times of rapid change

With Medi-Cal and Medicare changes coming at the state and federal levels, we are facing the most challenging times in 30 years. Our nation's poorest and frailest people will bear the brunt of our successes and failures during this time of major program revamping.

There is no time like the present to strengthen our bonds with other community organizations and providers. Together, we can work to protect the people we serve. We need to use our individual and collective resources to help make the coming transitions (some known, others as yet unknown) the *least* disrupting and disorienting as possible. That is a big challenge, I realize, but one we need to accept. If we do not, there will be serious consequences for the beneficiaries of public health programs.

This newsletter is one way that we can enhance the outreach efforts of the Consumer Center. We will be using this vehicle to share information that affects our community. Please let us know what you think of our newsletter and how it may better serve your organization and clients.

Gregory E. Knoll, Esq.
Executive Director, Consumer Center
for Health Education and Advocacy

timeline

May 2005	Dual eligibles notified about upcoming change
Sept/Oct 2005	Participating drug plans identified
October 2005	Beneficiaries notified about new coverage & choices in drug plans
Mid-Nov 2005	People begin enrolling in Medicare Prescription Drug Plans; auto-enrollment begins November 15, 2005
January 1, 2006	Medi-Cal drug coverage stops/Medicare coverage begins

Case stories show the very real people behind Consumer Center's statistics

Like many organizations, the Consumer Center collects statistics on a variety of performance factors, not only to measure our own success but to report to our funders. These statistics tell only a part of our story. Case stories help us illustrate the *people* who

are behind the numbers. We offer them here to give you a sense of how our services impact the lives of the clients we serve and our dedication to helping people access health care.

Barbara Fisher
Director of Policy,
Training and Development

Child has something to smile about

A minor needed braces to correct a severe malocclusion (irregular contact of the teeth in the upper and lower jaws). Denti-Cal agreed that the condition was severe, but contended that it did not meet Denti-Cal criteria for coverage. The agency did not consider the child's eligibility for Early Periodic Screening, Diagnosis and Treatment (EPSDT) Supplemental Services.

After several denials, the mother requested a Fair Hearing and asked for our help. We requested that Denti-Cal be required to have the child evaluated by a local dentist, acting as an independent expert. Denti-Cal prohibited the judge from ordering such an exam, so the judge suggested that the Consumer Center retain an expert for the exam. We did just that.

The expert's report stated his opinion that the child was eligible for orthodontic services under EPSDT *and* the Denti-cal index used to measure the severity of a condition. Denti-Cal and the judge agreed with the independent evaluation and the services were approved.

Woman receives coverage for terminal cancer

An uninsured woman went to the Emergency Room in severe pain. The ER doctor explained that she might have terminal cancer and that she would need intensive follow-up care.



She applied for health care benefits from County Medical Services (CMS) and was denied due to her income. When CMS sent the denial notice, it also sent a notice about the Consumer Center. So, the consumer called us!

Our health advocate immediately began working on her case and

decided that her best option was to apply for temporary Medi-Cal through the Presumptive Disability Program.

Within a month of contacting us, the consumer was approved for Medi-Cal and receiving the care she so urgently needed. Without our intervention, she may have waited *three to six months* before her case was resolved. That's the typical timeframe for resolving disability-based Medi-Cal cases. People with terminal or life-threatening medical conditions simply don't have *any* time to lose.

Dialysis patient has problems getting to appointments

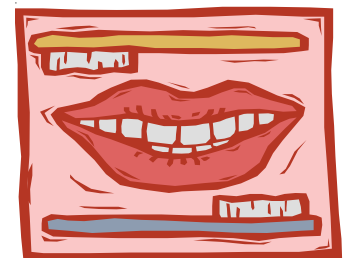
The staff at a dialysis treatment program requested medical transportation for a terminally-ill patient who was having a hard time getting to his appointments. As an SSI recipient on a fixed income, taxis were too expensive and walking difficulties ruled out public transportation.

A Medi-Cal Field Office denied the request and sent the consumer a list of appropriate transportation services. The list did not help the consumer, who turned to us for help.

We argued the case based on federal law that requires the Medi-Cal

Program to "...ensure necessary transportation" to meet recipient health care needs. The judge denied the request, ordering the Field Office to help the consumer find "reliable and appropriate non-medical transportation." A Field Office rep testified that the lowest fare it had found was \$9 per round trip, totaling \$100 a month! This did not sway the judge.

We're preparing an appeal of the DHS Director's and Field Office's actions. Medical transportation denials by the Medi-Cal program are an ongoing problem for consumers.



The Health Care Alliance, a coalition of organizations like the Consumer Center, has found that Denti-Cal has an "unduly burdensome" process that denies children access to dental services. Denti-Cal also lacks a clear process for referring and evaluating minors for EPSDT eligibility. The Consumer Center works with dentists to help their patients get the care they deserve.

Free training programs available to community organizations

We offer free training programs for your organization's staff or clients. Programs can be presented in English, Spanish or Vietnamese. We can also customize programs to meet your organization's special needs.

We offer program-specific training on:

- Medi-Cal
- Healthy Families
- County Medical Services
- Mental Health Services

Presentations cover eligibility, enrollment, accessing care, patients' rights and responsibilities and more!

Other topics we can customize for your organization include coordinating



California Children's Services with Medi-Cal coverage, understanding Medi-Cal managed care (Healthy San Diego) and filing and resolving a mental health grievance and appeal.

To schedule a presentation, call Paula Barron-Ruiz at (619) 471-2686 or email her at paulab@cchea.org

Molina Healthcare is newest Healthy San Diego plan

Healthy San Diego (HSD) is a private-public partnership that oversees the Medi-Cal managed health care system in San Diego County. The partnership includes consumers, providers, health plans, the State Department of Health Services/Medi-Cal Managed Care Division, County of San Diego Health and Human Services Agency and the Consumer Center.

San Diego County has had six Medi-Cal managed care plans. Effective June 1, 2005, Sharp Advantage and Universal Care bowed out of the Medi-Cal managed care arena. Their Medi-Cal managed care members were transferred to Molina Healthcare of California.

Medi-Cal enrollees to receive new identification cards

The state began issuing new Beneficiary Identification Cards (BICs) in January and will continue sending them until all cards are replaced sometime in July. The new cards have a new,

longer number. *The old cards will work for only 30 days after the new card is issued.*

Hospitals, long-term care facilities and primary care facilities are supposedly exempt from using the 14-digit numbers. Here's some ideas on what to do if problems are encountered:

Consumers: Expect a new card with different numbers. Contact your worker if you have problems with the old or new cards.

Providers: If there is a problem, check the AEVS system for eligibility.

Pharmacies: Make sure your systems accept both a nine and 14-digit number. If not, contact your headquarters.

Healthy Families premium to increase July 1

Effective July 1, 2005, the premium will increase to \$15 per child, up to a maximum of \$45 per month for families with incomes over 200% of the federal poverty level. Also, on July 1, Certified Application Assistors will once again be reimbursed for enrolling members.

Flyers available

The Consumer Center has informational flyers available at no cost. Some of our most frequently requested flyers are:

What if Medi-Cal Says "No"?

Medi-Cal Program for Aged and Disabled Persons

250% Working Disabled

Medi-Cal Program

Percentage of Poverty Medi-Cal for Pregnant Women and Children

Getting Medi-Cal

for Your Child Quickly

Breast and Cervical Cancer

Treatment Program

Getting the Health Care You Need from Your Managed Care Plan

Working People Can Get Help with Health Care

Do Not Lose Your Medi-Cal

Watch for Forms in the Mail

to Keep Your Medi-Cal

Many flyers are available in multiple languages. To see a complete list of flyers and available languages, visit www.healthconsumer.org or contact Paula Barron-Ruiz at (619) 471-2686 or email her at paulab@cchea.org.

From a satisfied client ...

"You're awesome! Thank you all so much for the incredibly fast and strong advocacy. I appreciate your patience and understanding.

Your help has made all the difference in the world, and encouraged me to keep fighting for my rights when I get so battle-weary.

Keep up the good work!"

Sincerely,
Stacy G.



**The Consumer Center
for Health Education
and Advocacy**

The Consumer Center is a project of the Legal Aid Society of San Diego, Inc. The Consumer Center is funded by the County of San Diego and The California Endowment. The Center is a member of the Health Care Alliance.

**Consumer Hotline
Toll-Free (877) 734-3258**

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

HOURS:
Monday - Friday
9 am to 5 pm

How the Consumer Center helps people

Our health care system can be hard to use and understand. The Consumer Center was started to help people learn how to get the health care services they need through Medi-Cal, County Medical Services, mental health and other public programs.

We help consumers with:

- eligibility denials and terminations
- denial of care or services
- changes in service
- denials of prescription medicine
- mental health grievances
- referrals to other organizations

Want to be added to our mailing list?

To receive our newsletter and other communications, please call our toll-free hotline at (877) 734-3258.

New grants awarded

The Consumer Center has been awarded a grant from the **Office of the Patient Advocate (OPA)** to continue consumer education work begun in 2002. Our project goals are to make health care consumers aware of the OPA and to educate consumers about their rights and responsibilities as members of managed care plans.

Scripps Health has presented the Consumer Center with a Community Benefit Fund award for a pilot project aimed at helping eligible individuals access public health programs, including Medi-Cal and County Medical Services. An English/Spanish speaking health care advocate will lead the project directed at low-income, uninsured adults and families and homeless individuals with disabilities.



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