

Consumer Center

for Health Education and Advocacy

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



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

September 2007

Alliance Healthcare Foundation funds Medicare Part D Low-Income Subsidy Enrollment Project

The Alliance Healthcare Foundation (Alliance) has awarded a two-year \$400,000 grant to the Consumer Center for its Medicare Part D Low-Income Subsidy Enrollment Project. The project started in July 2005 through grants from the National Council on Aging and The California Endowment. The Consumer Center thanks the Alliance for its belief in our work.

In San Diego County, there are still an estimated 12,000 individuals who are eligible, but have not enrolled, in a Medicare Part D drug plan, the low-income subsidy (LIS) or a Medicare Savings Plan (MSP). Over the next two years, the project will educate 10,000 Medicare beneficiaries and professionals about the LIS and MSPs and help 2,000 beneficiaries enroll in the LIS or a MSP. The specific focus is on hard-to-reach ethnic groups, such as Vietnamese and Filipino beneficiaries. Our assistance includes helping consumers determine which drug plans are the best match for their medication needs.

Since July 2005, our advocates have assisted nearly 300 individuals with applying for the LIS or an MSP as well as advising on related issues. With the Alliance funding, our ability to assist individuals and conduct outreach is greatly enhanced.

We welcome the opportunity to participate in health fairs and other community events that allow for on-site enrollment. To schedule on-site training for your staff or clients, please contact Colleen Jensen-Cook at ColleenC@cchea.org or (619) 471-2650. We are here to help.

Scripps Health Community Benefit Fund grants third year funding for innovative program

The Consumer Center's Benefits Advocacy Program received third year funding from the Scripps Health Community Benefit Fund. This innovative medical-legal program has been a collaborative effort between the Consumer Center and Scripps Mercy Hospital. With the new funding, the program will be expanded to the Chula Vista campus.

The program helps uninsured patients at these Scripps facilities obtain health care benefits, including Medi-Cal and County Medical Services, and provides referrals to Legal Aid's Supplemental Security

Income (SSI) Advocacy Program. In addition, project staff educate patients on using primary and routine services as insured patients at primary care sites, thus decreasing the need for more costly, and sometimes unnecessary, emergency room care.

With the renewed funding, the program will continue to reduce uncompensated health care costs, decrease bad debt and increase community reinvestment. It is a win-win situation.

New law caps hospital rates for low-income patients

A new law took effect January 2007 that requires hospitals to make available to patients written policies for charity care and discount payments. These policies must include clearly stated eligibility criteria and procedures for applying for financial assistance. AB 774 also sets a cap on charges for hospital services for low-to-moderate income Californians and restricts the types of collection practices that hospitals utilize.

Minimally, the law requires notification to uninsured patients who are at or below 350% of the Federal Poverty Level *and* who are either uninsured or have high medical costs. Patients are required to make reasonable efforts to provide the hospital with documentation of income and insurance coverage, so that the hospital can determine eligibility.

AB 774 only covers bills from the hospital, including inpatient and outpatient care and emergency services. The law does not cover hospital-affiliated providers who may bill for services they delivered in the hospital. Consumers must understand that even if a hospital gives free or reduced cost care, there will likely be other bills for which they are responsible. Visit www.oshpd.ca.gov for more information.



From our Executive Director

To offer a consumer advocacy point of view to the health care debates, I want to share the Health Consumer Alliance's standards on universal coverage. This advocacy organization, which includes our Consumer Center as a leading partner, has released a document, *Universal Coverage: Standards to Ensure Low-Income Californians Access to Affordable Quality Care*. The eight standards are:

1. All Californians should have health coverage, regardless of immigration status. Coverage expansion must include all low-income individuals and retain coverage for those currently eligible for public programs.
2. Health care for low-income individuals and families must be affordable. This means that premiums, cost-sharing and any other out-of-pocket costs must not impede access to necessary care.
3. Coverage expansion must preserve the existing amount, duration and scope of benefits for Medi-Cal and Healthy Families beneficiaries.
4. If taxes are used to finance health coverage, income below a certain floor should not be taxed. In addition, the state should expand public programs to the full extent possible to maximize federal funds.
5. Health coverage programs must provide due process rights, including notice, appeal and hearing rights.
6. Coverage must ensure access to medically necessary care for all. This includes individuals with disabilities, persons residing in rural areas and those with limited-English proficiency.
7. Any coverage expansion proposal must promote consistently high quality care across income levels and geographic locations and populations. Any proposal to expand health coverage should include a mechanism to track and monitor the quality of care and effectiveness of services provided.
8. Coverage expansion must provide for choice of providers and networks, continuity of care and portability of coverage.

Health care reform is especially difficult if we allow the focus to get away from patients.

Gregory E. Knoll, Esq.

Loss of Medi-Cal linked to complex rules

A spring 2007 report from the Health Consumer Alliance has revealed that eligible low-income Medi-Cal beneficiaries are losing their coverage unnecessarily. The report, *Medi-Cal Lost: How Overly Complex Rules End Health Care Coverage for Low-Income Consumers*, is based on information collected from hundreds of individuals who contacted one of the nine Health Consumer Centers in California during a one-year period.

The report found that Medi-Cal terminations were the second most

frequently reported eligibility problem to the Health Consumer Alliance. Furthermore, 75% of the reported terminations were improper or preventable.

Medi-Cal Lost found that the complicated web of program rules challenges county eligibility staff to properly and accurately determine a person's continued eligibility. It also noted that Medi-Cal beneficiaries lose coverage because of the complicated forms and documentation they have to gather and submit.

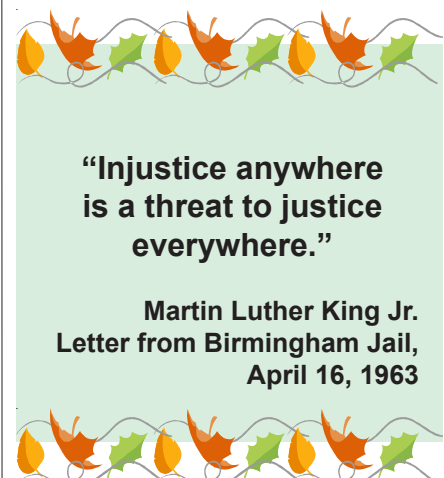
CASE STORIES

Consumer gets COBRA coverage reinstated

A woman called the Consumer Center stating that her COBRA coverage was terminated without proper notice. She only learned of this when she checked into the hospital for a mastectomy. This was devastating news for someone facing surgery and future cancer treatment.

The consumer believed she had made her payments, yet she was told that her COBRA benefit could not be reinstated. To get the situation resolved, our advocate discussed the consumer's case with a COBRA representative. Regardless of whether there was a missed payment, the advocate reminded the representative that the client had not received proper termination notification. The representative agreed to reinstate the COBRA coverage retroactively.

Health plans are required to provide proper notice before terminating continuation coverage, yet sometimes systems fail to do so. Patients with serious health conditions and in urgent need of life saving care may not be able to advocate for themselves. These consumers need a trained advocate to work on their behalf.



CASE STORIES

Young man gets coverage for \$5,000 ER visit

Suffering from severe abdominal pain, a 29-year-old man went to a local hospital emergency room (ER). As he was without insurance, he had no means to pay the \$5,000 bill. The hospital advised him to apply for County Medical Services (CMS) within 30 days from the date of his visit.

The consumer did as instructed and called the CMS hotline to schedule an appointment. On the day of his appointment, however, he had a job interview that conflicted with the appointment. He called the CMS hotline, told the representative he could not make the appointment and was given a new appointment date.

After the appointment, the consumer received notice that CMS would not grant coverage because there was no record of him calling in to reschedule the initial appointment. CMS alleged that this was grounds for denying coverage of the ER visit.

A Consumer Center advocate represented the consumer at his hearing and argued that the consumer had called to reschedule his appointment and furthermore he had the phone bill to verify this. The advocate also argued that even if the consumer had not called on this day but had rescheduled later, this was not grounds for denying coverage. The advocate explained that the CMS eligibility requirements do not address rescheduling or "no-shows," but only require the applicant to call within 30 days of the ER visit to schedule an appointment. The consumer was granted CMS. This case highlights the importance of CMS correctly applying eligibility requirements.

Update on new citizen verification rules

In February 2005, President Bush signed into law the federal Deficit Reduction Act 2005 that made certain changes to Medicaid (Medi-Cal) law. One key change is the requirement that individuals applying for full scope benefits as U.S. citizens or U.S. nationals must show documentation of citizenship/nationalization and proof of identity when applying for Medi-Cal. Those already on Medi-Cal must show this documentation at their next redetermination.

The state released implementation instructions in June but the counties are not expected to have the new rules fully operational until early next year. Those born in California will have their data matched automatically with their birth records. The rules will place a larger burden on those not born in California and who do not have the funds or capability to obtain the original or certified documents they need. However, not all citizens and nationals are affected by the law. For example, people on CalWORKs, Medicare, SSI and Social Security Disability Insurance are exempt from the new rules.

Visit www.dhs.ca.gov/mcs/dra for a complete list of exempted groups and other information on the law. The county is working with stakeholders to conduct consumer education and outreach. Please keep the Consumer Center in mind when the rules are implemented. We are available to assist low-income people obtain and/or retain Medi-Cal.



County debuts aging and disability services resource

The County of San Diego Aging & Independence Services is offering a new way to access aging and disability services. The *Aging and Disability Resource Connection* (ADRC) is a "one-stop shop" for services, health literature, products, Medicare Part D updates, legislative updates, care planning and more. The web site also includes a protected site for storing one's own health-related information.

To connect to this community resource database, log on to www.sandiego.networkofcare.org/aging. For more information or for ADRC brochures, please call Evalyn Greb at (858) 495-5428.



Healthy
San Diego Corner

Healthy San Diego, the Consumer Center and Community Health Improvement Partners jointly offer **Help Connection Provider Training**. Since the training's inception four years ago, over 1,000 individuals have participated. This free training is available to groups that are interested in learning how to navigate San Diego County's complex health delivery systems.

The topics include:

- The difference between Medi-Cal fee-for-service and managed care
- An introduction to the six Medi-Cal health plans in the county
- The benefits, services and exclusions of a Medi-Cal plan
- How to access specialty mental health services and the grievance problem resolution process.

For more information or to schedule a training, contact George Scolari at Gscola@chgsd.com or (800) 404-3332.



The Consumer Center for Health Education and Advocacy

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

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

Consumer Hotline
Toll-Free (877) 734-3258

www.lassd.org

HOURS
Monday - Friday
9 am to 5 pm



STAFF & VOLUNTEER NEWS

Our fond farewells to **Thelma Garcia** who has returned to school and **Mary Ellen Morris** who is now a stay-at-home mom. Thanks to **Amanda Davenport**, our Anson Levitan summer law clerk, for all her good work.

Haydee Quintanilla has taken over the Benefits Advocacy Project, funded by the Scripps Health Community Benefit Fund. We also

welcome new staff members **Jessica Sandoval** and **Maritza Carrillo**, and our new health care attorney, **Odeha Warren**.

Congratulations to several staff members who recently received awards for their work! **Paula Barron** won an award from the state Office of the Patient Advocate. **Colleen Jensen-Cook** received the Self Help Person of the Year award at this year's Mental Health Recognition Dinner. **Carol Neidenberg** accepted NAMI San Diego's Recovery Leader *Inspiration Award* for her contributions to the mental health community.

Free training available!

We offer training programs for clients, family members and professionals. To schedule training or for more information, please contact Dennise Alonso at DenniseA@cchea.org or (619) 471-2736.

Presentation Topics

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



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