THE INFORMED,
EMPOWERED CONSUMER IS A HEALTHIER ONE

Founded in 1999 to provide independent assistance to help consumers navigate complicated physical and mental health systems of care, the Consumer Center concept makes sense: educate and empower consumers so they may become and remain healthy.

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Few things contribute as much to our quality of life as good health. But, maintenance of good health requires both individual effort and professional care. Even healthy, younger individuals occasionally get sick or injured, and the elderly and chronically ill tend to need more care.

The Consumer Center for Health Education and Advocacy (“Consumer Center”) is committed to helping vulnerable consumers and their families gain access to health care and services for which they are eligible. However, determining eligibility can be complicated. In order to access health coverage and services, consumers must first successfully negotiate an eligibility process that can be difficult to understand, burdensome, confusing, and intimidating. Our programs are designed to assist those who need to obtain health coverage and to help those who unexpectedly have lost needed coverage by helping them navigate the eligibility process. In order to qualify for coverage, individuals must meet specific criteria, including low-income, age, disability, or other qualifying conditions.

As just one example, those whose incomes hover between Medi-Cal and Covered California eligibility levels are particularly vulnerable to breaks in coverage, causing disruptions in care. Due to their fluctuating incomes, these individuals must “transition” between health care programs. Ideally, these consumers are entitled to smooth, seamless transitions, avoiding gaps in coverage. But in reality, innumerable glitches have required not only individual, but systemic advocacy. The Consumer Center has been a leader, advocating on behalf of these consumers both in San Diego and statewide.

Having one’s access to health coverage confirmed initially, or restored after its loss, means something different to each of our consumers. For the single mother of three healthy children, it may offer assurances that her kids will be cared for when needed. For the 82-year-old widowed veteran, it may mean continued access to needed medication and home care services. Our efforts ensure that the complex systems of coverage and care work for all consumers.

Through these pages, you will read stories about how our advocacy has overcome many administrative, bureaucratic, and legal challenges that regularly interfere with consumers’ access to health services.

“Gaining access to health services poses challenges for everyone. On a daily basis, the Consumer Center helps the most vulnerable clients successfully navigate health insurance systems. How do we do this? My answer is always the same: it’s our dedicated 28 attorneys, advocates, and support staff who work tirelessly to achieve our mission. For each person we help, there are more who need our advocacy. Our work can be challenging at times, but the ongoing commitment of the staff to our clients motivates and energizes me every day. Despite the changing health care landscape, we are here to help those in need be healthy and live better lives.”

— Gregory E. Knoll, Esq., CEO/Executive Director/Chief Counsel
Nearly 20 years ago, the County of San Diego set out to establish an independent health advocacy center. The Legal Aid Society of San Diego (LASSD) was chosen to be the organization to offer those services. It has proven to be an excellent choice as LASSD is the premier public interest law firm in the county. With 130 employees of diverse backgrounds, languages, and cultures, we provide a range of civil legal services in areas including family law, consumer debt protection and contract disputes, immigration, tax law and government benefits, including SSI/SSDI eligibility, income maintenance, and housing.

With county funding and matching funds from The California Endowment (“The Endowment”), the Consumer Center was created to pursue a simple goal: to help clients overcome barriers to accessing public health benefit programs. Our mission is to educate, assist, and empower low-income San Diegans to become and remain healthy. We provide trainings to providers, community-based organizations (CBOs), client groups, and family support groups. We help clients learn about available public programs, including Medi-Cal, the Affordable Care Act (ACA) and Covered California, statewide programs, and county behavioral health services. In FY17 alone, we opened 2,992 cases and closed 2,583 cases.

Along with educating our clients, the Consumer Center also learns from our clients’ experiences and meets with county and state agencies, CBOs, and client groups to share what we learn from our clients about problems and opportunities for improvement. We work with community-based organizations (CBOs), client groups, and family support groups. We help clients learn about available public programs, including Medi-Cal, the Affordable Care Act (ACA) and Covered California, statewide programs, and county behavioral health services. In FY17 alone, we opened 2,992 cases and closed 2,583 cases.

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WHAT WE DO

At the heart of our mission is a determination to help clients’ access health care. The Consumer Center promotes and protects the right of clients to gain and maintain access to necessary health services. We educate, assist, and empower San Diegans to become – and to remain – healthy.

Our work rests on three distinct pillars:

• Individual advocacy
• Consumer outreach and education
• Overcoming system-wide barriers

To reach the greatest number of people, we provide culturally and linguistically-appropriate services in a variety of ways:

Toll-Free Hotline: (877) 734 -3258
Answering telephone calls from consumers Monday through Friday, 9:00 am to 5:00 pm.

Title 9 Patients’ Rights Advocate
Helping clients resolve outpatient specialty mental health grievances, complaints, and appeals through the county’s Beneficiary and Client Problem Resolution Process.

Attorney Representation at Hearings
Representing clients at Medi-Cal, Covered California, and County Medical Services (CMS) eligibility and benefits hearings, as well as health plan grievances and appeals. Also, our attorneys receive cases from our hotline as well as from an outreach clinic located within the county appeal office where administrative fair hearings are held.

Medical-Legal Partnerships
Providing on-site legal assistance at Scripps Mercy Hospital in Hillcrest.

Older Adults
Assisting individuals at the Gary and Mary West Senior Wellness Center, located in downtown San Diego, the Health Advocacy Project (HAP) staff help low-income seniors to gain and build technology skills, empower them to learn more about their health care, while simultaneously helping them resolve health care benefit issues.

Cal MediConnect Ombudsman
Administering a statewide contract for Cal MediConnect Ombudsman services to meet the needs of dual eligible beneficiaries.

Our Partners
We are one of eleven community-based partners making up the Health Consumer Alliance (HCA) that offers free assistance at offices throughout the State of California. The HCA helps people who are struggling to get or maintain health coverage and to resolve problems with their health plans.

With these core investments and partnerships, the Consumer Center has developed into a robust health advocacy program to meet the challenges of implementing the ACA and the Coordinated Care Initiative (CCI) as well as the challenges of managed care. From our foundation as a fully-integrated and independent advocacy agency, the Consumer Center continues to build capacity to face the emerging challenges of the rapidly changing landscape of our nation and state health care systems. Through our partnership in HCA, LASSD took on the role as lead contract agency to become the statewide Ombudsman Services Program for the CCI/CalMedConnect demonstration program, now in its fourth year.

A variety of funding partners further enables us to fulfill our mission and assist vulnerable populations in San Diego. We are pleased to receive funding from organizations for the following:

• San Diego County Health and Human Services Agency (HHSA) for advocacy
• The California Endowment for support of our overall advocacy work
• Scripps Health for the medical-legal partnership for the uninsured
• The Gary and Mary West Foundation for services to low-income seniors
• California Department of Managed Health Care (DMHC) for their Consumer Assistance Program
• NAMI San Diego for the Senior Mobile Technology Lab
• California Department of Health Care Services (DHCS) for serving dual eligible beneficiaries
• Blue Shield of California for Advocacy

The sustainability of the Consumer Center depends on leveraging of private and public partnerships to address a variety of barriers to health access and use. With blended financial support, we continue to respond to emerging needs and trends and help consumers get the vital health care services they need.

CASE STORY N° 2
SENIOR RECEIVED NEW DENTURES

The Gary & Mary West Senior Dental Center was preparing to order replacement dentures for a disabled senior whose old set were broken and ill-fitting. However, the senior had a Medi-Cal share-of-cost (SOC) of $770 per month, meaning that he needed to spend that amount every month before Medi-Cal would pay for his medical and dental expenses. The resulting cost of replacement dentures appeared prohibitive. Our advocate explained how the Working Disabled Program (WDP) would assist him by exempting his disability income of $1,385, thus making him eligible for free Medi-Cal, with a co-pay of $20/month. Although the senior had heard of this program previously, he viewed the application process as overwhelming and did not apply. This time, with a set of expensive replacement dentures in the balance, the senior decided to apply. Within our advocate’s assistance, he applied. Within a few days, Medi-Cal confirmed his eligibility for the program, WDP started on the first of the month, and a new set of dentures was ordered.

SENIOR RECEIVED NEW DENTURES
CASE STORY N° 2
Covered California

Starting in 2010, the ACA significantly increased the number of individuals with health insurance. In California, millions became newly eligible for Medi-Cal. Others received premium subsidies, allowing them to purchase health coverage through the ACA’s state-based exchange, Covered California. Overall, the percentage of state residents who formerly lacked health insurance greatly declined under the ACA, allowing more individuals to be covered for health services.

The ACA requires disclosure of health coverage and receipt of premium tax credits when filing income tax returns. This requirement, starting in 2015, prompted many San Diegans to contact the Consumer Center, seeking advice and assistance with tax forms. Inaccurate filings could lead to erroneous tax liabilities as well as involuntary termination of coverage due to non-payment of premiums. The Consumer Center worked with Covered California to correct some inaccuracies in tax forms sent to enrollees and helped to resolve termination disputes with Covered California.

Where eligibility for both Medi-Cal and for subsidized premiums under Covered California is based on income, fluctuations in income can result in a need to transition between programs. While the goal is “seamless” transition, avoiding breaks in coverage, our staff continue to see problems for individuals. Moving from Medi-Cal to Covered California is particularly challenging because coverage does not begin until the individual has chosen a Covered California health plan. Individuals losing Medi-Cal eligibility are not always notified of their need to promptly choose a health plan. We have worked with local and state agencies to ensure that Medi-Cal termination notices include instructions about how to avoid breaks in coverage.

When clients lose benefits and need to file an appeal with Covered California, Consumer Center advocates explain the process and assist clients in gathering all the necessary information. Sometimes, multiple public agencies must be involved since Covered California works with other entities to determine eligibility and solve problems. Understanding the complexities of this intertwined system is not easy, so the expertise supplied by our advocates is crucial.

One type of transition that affects seniors is moving from Covered California to Medicare. Few consumers are aware of the legal requirement that, after reaching age 65, they must cancel Covered California and enroll in Medicare. Failure to act in a timely manner can result in tax penalties as well as Medicare late-enrollment penalties. We have worked with the public agencies to ensure that notices include instructions regarding how to make timely transitions, and how to avoid incurring penalties.

Medi-Cal

Medi-Cal provides health care to low-income people, funded by a federal state-sharing arrangement. For many, eligibility for Medi-Cal is determined by comparing an individual’s income and circumstances to the federal poverty level. Under the ACA, Medi-Cal eligibility has been expanded, allowing millions more people to be covered.

Currently in San Diego, an estimated 945,500 individuals receive Medi-Cal benefits, and as such, Medi-Cal represents the largest category of our case work. Initially, we assist consumers to obtain Medi-Cal benefits. Once covered, we provide education and advocacy services to help clients receive needed care and services. At the same time, we work diligently to remove barriers to enrollment.

For consumers, qualifying for Medi-Cal coverage can be daunting. The Medi-Cal eligibility system is both complex and dependent upon multiple factors. For example, births and deaths change family size, or a new job may increase an individual’s earnings. Such changes can trigger a need to transition out of Medi-Cal, and into Covered California, and there are different rules applied by many intertwined systems that administer health benefits eligibility. Delays in accomplishing transitions may create coverage gaps that are prohibitively expensive. We work closely with public agencies to help ensure smooth transitions. As one illustration, new county eligibility workers are oriented and trained by Consumer Center staff to identify and help solve clients’ eligibility problems, as part of their initial job training.

For those who are newly-eligible for Medi-Cal, beneficiaries must choose or be defaulted into a managed care plan. Once enrolled, consumers may receive care only from contracted providers. Some encounter obstacles to care, such as needing to visit a “network” physician or specialist whose office location may be inconvenient for those with limited transportation or childcare issues. We work with the Medi-Cal health plans to ensure that beneficiaries have access to non-emergency medical and non-medical transportation services.

Another complication encountered by Medi-Cal beneficiaries is improper billing for care and services. Although federal and state law prohibits billing qualified Medi-Cal patients for covered services, there are providers who mistakenly attempt to directly bill for services. Sometimes, inappropriate billing is due to mistakes or lack of reliable information. We educate consumers and work with hospitals to decrease the frequency of erroneous billing.

Case Story No. 3

Medi-Cal and CalFresh Approved

A senior with impaired hearing and vision came to the HAP office for help. We contacted the ACCESS line, which reported that his Medi-Cal eligibility was terminated for failure to renew. The state cut off its subsidy of his Medicare Part B premium and deducted $109 per month from his Social Security of $1,039. As a result, the senior did not have enough money to buy food and went to an emergency room after fainting from hunger. Our advocate helped him reapply for Medi-Cal and signed him up for CalFresh. Although there was a delay in processing, our advocate persuaded officials to approve the case back to the first of the year, which allowed the senior to also receive three months of retroactive coverage. Also, the senior received a reimbursement of $865 from Social Security for the eight months of Medicare Part B premiums that was withheld from his check.
Range of Services & Outcomes

The Consumer Center continues to successfully assist consumers overcome a range of barriers that prevent them from accessing the health care they need. We use the insights gained from this work to resolve barriers to care at the system level. A closer look at our data illustrates the four major areas of concern:

1. 74% of all consumers experienced eligibility problems. Consumers seeking assistance with eligibility problems, including denials of initial applications, discontinuances and affordability problems (e.g., SCC and premium assistance) continue to represent the majority of our clients. Over 85% of all our consumers with eligibility problems contacted our offices seeking assistance with a Medi-Cal eligibility problem. While only 7.5% of all consumers with eligibility problems reached out with a Covered California eligibility problem, they often represented the most complex and time-consuming cases.

2. Over 60% of all consumers with service related issues (i.e., non-eligibility) faced a billing issue. Balance and surprise billing issues continued to be a major concern for consumers who faced service issues not related to eligibility. For those with private insurance, the passage of AB 72, effective July 1, 2017, should help reduce surprise billing cases going forward.

3. 13% of all consumers with service related issues (i.e., not related to their eligibility) experienced a problem with enrollment or disenrollment from a managed care plan. Enrollments problems often related to consumers being prevented from enrolling into the Medi-Cal or Cal MediConnect managed care plan of their choice due to erroneous codes in the Medi-Cal eligibility system. Disenrollment problems encompassed those individuals being disenrolled against their wishes due to system errors, underlying coverage eligibility problems (e.g., Medi-Cal and Covered California eligibility problems), and other reasons.

4. Over 16% of those with service-related issues (i.e., not related to their eligibility) experienced access to care issues. These access to care issues include denial, delays, reductions and termination of needed medical services. Also, this figure includes those that faced a delay in accessing care due to network adequacy concerns.

Furthermore, nearly half of all cases (1,575) were for individuals 60 and over, which is a slight increase over last year’s figure. Our continued role as the Cal MediConnect Ombudsman played a role in the slight increase, as well as our day-to-day presence at the West Senior Wellness Center, where three Consumer Center staff provide on-site services.

For each of our clients, the Consumer Center advocated to resolve their eligibility and service problems as expeditiously as possible, while simultaneously escalating our consumers’ experiences to local and state policymakers to improve systems of coverage and care.

Mental Health

Among those helped by all LASSD staff in FY17, 2,856 cases were opened for persons with a psychiatric disorder and nearly 27% (778) of those cases were opened by Consumer Center advocates. For a number of reasons, these consumers encounter serious impediments to accessing care. First, there are too few qualified mental health professionals in San Diego County, given the increasing demand for services. Second, Medi-Cal reimbursement to pay providers for mental health services is inadequate. Third, clients with psychiatric disorders, including newly-eligible Medi-Cal enrollees, are denied services due to scarce staff resources. Yet, these are the clients least capable of resolving access problems on their own.

Individuals with mental illness, in general, do not receive optimal physical health care compared to the general public. Contributing factors are problems accessing medication, lack of information or understanding about health insurance, past dissatisfaction with providers, confusion about where to go for help, and diminished physical health resulting from years of psychotropic medications, cigarette smoking, and an unhealthy diet.

As the county-designated Patients’ Rights Advocate for outpatient specialty mental health services, our staff opened 84 cases specifically to resolve grievances against agencies and providers. Our mental health team investigates grievances involving organizational providers and county-funded or county-operated providers, and resolves appeals for denials of additional psychotherapy sessions. They also work with health plans to resolve complaints.

Along with the expansion of Medi-Cal eligibility categories, individuals receive their care through managed care plans with contracted provider networks excluding specialty mental health services which remained with the County Mental Health Plan. Though the contracted Medi-Cal health plans in our county are responsive to service requests, some provider networks are inadequate to meet the demands for those individuals who meet mental necessity criteria. While up to half of the Medi-Cal health plan members seek care at federally qualified health centers, these facilities historically have served families with children. Although health centers have expanded their behavioral health programs, a shortage of licensed professional staff exists to serve single adults who may be transient or homeless with co-morbid health conditions. Some clients wait months to see a linguistically and culturally-appropriate mental health professional. Some give up seeking help.

In July 2016, additional funding was received from County Behavioral Health Services to employ two peer advocates. Their primary responsibility is to provide supportive case management services and address medical and government benefit needs, act as a liaison between the practice teams and community social services agencies, and be the point person within the agency. Among the activities, the case managers helped 40 clients make or keep Social Security appointments, court dates, and health care visits.
As the local contract agency for the statewide Cal MediConnect (CMC) Ombudsman Services program, the Consumer Center opened 663 cases in FY17 for those who receive both Medi-Cal and Medicare. Five years ago with the implementation of the Coordinated Care Initiative (CCI), one objective was to integrate delivery of medical, behavioral, and long-term care services. Ombudsman services are important for those dual eligible beneficiaries who are prone to denials, delays, and interruptions due to poor coordination of benefits and related complications. Along with partnering agencies, the Consumer Center ensures that potential enrollees are provided education, problem resolution, and advocacy through grievance and complaint procedures.

When providers accept a patient covered by Medi-Cal, or by a managed care plan, they agree to accept whatever that plan covers as payment in full. Plan beneficiaries are not supposed to receive bills for service from their providers. Nevertheless, some Medicare specialist unwittingly billed these patients rather than engage Medi-Cal payors because of their complete lack of Medi-Cal experience. This practice is known as “balance billing” and is prohibited under federal and state laws. Consumer Center advocates were critically important to the process of educating them.

Some clients have experienced delays attempting to enroll in the CMC program. The Consumer Center provides education on this process including how to overcome obstacles so that prospective beneficiaries are not discouraged. Providing linguistically-appropriate notices of required action remains a challenge, so we work with state agencies to ensure that dual eligible and CMC beneficiaries receive reminders that are understandable and timely.

Medicare

Medicare is the federal program providing health care to older people and those with disabilities. Individuals are encouraged to apply for Medicare coverage at or before age 65. However, a number of decisions confront the applicant, including whether to sign-up for special plans (Medicare Advantage), for prescription drug coverage (Part D), or for supplemental coverage that must be purchased through private insurance.

We educate and counsel individuals regarding their options. Depending upon individual circumstances, Medicare coverage may be free, or require payment of a monthly premium where the amount is calculated based on the individual’s income. If the consumer is receiving Social Security, Medicare premiums must be automatically deducted from the monthly Social Security benefit payments. Low-income consumers may be eligible for federal programs that pay all, or part of their Medicare premium.

Located on-site at the Gary and Mary West Senior Wellness Center, HAP staff offer free legal services and assistance with complex coverage issues. The goal is to help low-income seniors improve the quality of their lives by assisting them access health coverage, including Medi-Cal, Medicare, Cal Medi-Connect, and the Low-Income Subsidy. Other assistance is provided with problems related to eligibility, processing delays, denials, terminations, renewals, billing issues, service or treatment denials, switching plans, state fair hearings, and Independent Medical Reviews. Also, our advocates manage and operate Bud and Esther’s Cyber Café, equipped with 14 up-to-date personal computers and staffed by senior tutors and college interns.

Effective Advocacy

The Consumer Center advocates on behalf of clients in a number of ways. In the course of providing individual counseling, we help identify options and alert our clients to alternatives about which they may have been unaware. Advocates assist clients to prepare grievance and appeal paper-work, gather necessary records, and ensure that all deadlines are met. Our attorneys represent clients at hearings before government and health plan administrators and Administrative Law Judges (ALJs). And, we learn from our clients’ experiences in order to share problems with health plans and regulators to improve the health care delivery system in general. Clients contact us with access problems and in turn we advise and refer individuals to community and government programs, and strive to give clients the necessary tools to self-advocate. In more complex cases, our staff advocates may negotiate with decision-makers to resolve denials or breaks in coverage that disrupted care. Also, we help persons with mental health challenges access care, and resolve problems between and among the various systems of care.

This past year, 74% of the overall cases opened involved eligibility issues. Problems with eligibility included initial denials of applications, involuntary loss of benefits, later, and affordability issues. Most eligibility issues involved Medi-Cal, due to fluctuating incomes, changes in family size, or related characteristics. Affordability issues generally related to the SOC that must be borne by some clients in order to maintain Medi-Cal coverage, and to premium tax credits and subsidies associated with coverage through Covered California.

Billing issues were the second most common problem we heard about after eligibility. For Medi-Cal beneficiaries, receipt of prohibited balance bills and for those with private insurance, so-called “surprise bills,” continued to plague our clients.

Enrollment in (or disenrollment from) managed care plans represented another common source of problems for clients. Enrollment problems often related to system mistakes or entry of erroneous codes into the Medi-Cal eligibility system, preventing clients’ initial enrollment in the managed care plan of their choice and causing involuntary disenrollment.

Other problems clients encountered were service-related issues, where clients’ access to needed health care and services was denied, delayed, reduced, or terminated unexpectedly.
Outreach Activities

As part of our outreach strategy, the Consumer Center provides training to professional staff members from various agencies including ElderHelp San Diego (helping seniors stay in their homes), the San Diego Regional Center (focused on developmental disabilities), and San Ysidro Health Center (serving uninsured, low-income, and medically-underserved San Diegans). Outreaches also are conducted at community events, training sessions, and meetings with consumers.

We help consumers navigate the complex health care system, obtain and maintain health coverage, improve the access to quality health care and services, both physical and mental health related, protect consumer and patients’ rights and offer technical assistance to those providers and agencies that reach out to us for help. Last fiscal year we reached more than 8,400 individuals and offered 52 trainings and informational sessions to CBOs, client and family groups, and government agencies including the County of San Diego Health and Human Services Agency and the San Diego District Attorney’s office.

One focus this past year was to reach seniors, disabled consumers, and newly resettled populations of refugees who have trouble maintaining their health coverage benefits. Through a National Council on Aging (NCOA) grant with Family Health Centers of San Diego, our outreach team educated and built awareness for the more than 2,500 public benefits programs available to low-income families and individuals. Also, the annual Medi-Cal recertification process has placed dual eligible beneficiaries at risk of losing their eligibility due to tardiness or misunderstanding of what is required. As part of the NCOA grant, we mailed letters on a monthly basis to former clients as reminders of the importance of Medi-Cal recertification, and where to seek help if needed. Through NCOA’s BenefitsCheckUp easy-to-use website, consumers checked if they were eligible to save money and enroll in benefits including veterans services, food and nutrition (CalFresh or SNAP), financial assistance, housing & utilities (SDG&E’s Low-Income Home Energy Assistance Program or LIHEAP), and health care benefits.

An overwhelming majority of our clients, 85% or more of those responding to our evaluation form, indicated outstanding satisfaction with our services and increased knowledge about the services for which they are eligible, how to access services and how to navigate the physical and/or mental health medical services system. Another outcome objective is to have 50% of the consumers who are surveyed and respond, and who participate in the community educational presentations report increased knowledge in advocating for themselves. We are pleased to report that 91% of the consumers reported increased knowledge in advocating for themselves. Consistent with this trend of excellence, 85% or more of the responding CBOs participating in education presentations held in the community by our advocates indicated increased knowledge about the physical health and mental health benefits for which consumers are eligible in the respective medical services systems, and how to access them.

CASE STORY No. 7

CLIENT AVOIDS BEING EVICTED

A 59-year-old woman with depression, impaired speech, and left-sided paralysis was referred by an LASSD housing attorney to our peer case manager to help avoid eviction. The client had a misunderstanding with her landlord and failed to pay $35 in back rent, resulting in her receiving an Eviction Notice. Our staff helped to obtain a letter from her physician, which described how her physical and mental conditions affected her timely payment of rent, and the letter was submitted to the court. A referral to a community program resulted in the client being placed on a waiting list for low-income senior housing. The court allowed her to stay in her apartment based on settlement, wherein she agreed to pay $75 a month for attorney’s fees. However, she failed to pay the first month. Our case manager obtained a second letter from her physician, explaining how the client’s health conditions affected her ability to understand her duties under the settlement. With that letter, her landlord allowed an additional month to pay the fee. Our staff explained to the client the importance of paying the monthly fee to avoid eviction. She understood and paid the monthly fees and remained housed.
Referrals
For problems outside our scope of service, our advocates and attorneys make every effort to provide callers with referrals to appropriate service providers and organizations to meet their needs. This includes the county, state, and federal agencies, information and referral lines, and other nonprofit agencies. In total, our advocates provided consumers with 1,317 referrals to community partners.

With more than one out of four San Diegans enrolled in Medi-Cal, it is not surprising that our greatest number of referrals was made to the county’s ACCESS line, and to Health Care Options. Referrals to the local Health Insurance Counseling and Advocacy Program (HICAP), which provides information and counseling about Medicare, was the third-most frequent type of referral. Callers also were referred to the county’s Aging & Independence Services agency and 2-1-1 San Diego.

Callers in need of specialized services were referred to outside organizations that could serve them appropriately. These included the following categories:

- Callers who want to file grievances concerning inpatient hospitalization, jails, skilled nursing facilities with psychiatric units, or board and care homes are referred to the Jewish Family Service (JFS) Patient Advocacy Program.
- Family members and persons with psychiatric disabilities are provided with referrals to the ACCESS Crisis Line for specialty mental health services. Medi-Cal beneficiaries are referred to their health plan for non-specialty mental health services or offered a three-way call to member services to resolve a health plan-related issue. We also refer callers to clubhouses, NAMI and FI International for support groups, as well as to Disability Rights California.
- For legal issues outside LASSD’s areas of practice, our advocates offer contact information for the San Diego Volunteer Lawyer Program and/or the San Diego County Bar Association Lawyers Referral Service.

To assure that clients are provided with the information they need, advocates mail language-appropriate informational material, flyers, and brochures. For additional information, clients are given the LASSD (www.lassd.org) and HCA’s webpage (www.healthconsumer.org) for consumer-friendly material in the multiple languages.

Client Satisfaction
Our clients’ satisfaction is a measure of our success. To help us determine their level of satisfaction, we mailed a four-question survey to 2,171 clients within one week after their case closed. Each survey is accompanied by a stamped, pre-addressed return envelope. Our contract with the county requires that at least 85% of respondents rate our services as “good” or “very good.” For those clients who returned the surveys last year, 93% rated our services as “good” or “very good.”

These surveys also give clients an opportunity to include handwritten comments, telling us about their experiences with our services and staff. Comments are shared with our advocates, attorneys, supervisors, and management for training purposes.

In addition to client surveys, we asked 135 HHSA program managers, personnel, and related contract staff to provide feedback. We were pleased that 100% of these respondents rated our services as “good” or “very good.” As in past years, we believe that this exceptionally high satisfaction rate is the direct result of ongoing collaborations with county employees, contracted agency staff, and other stakeholders. We pledge to continue these excellent collaborations with the county, as well as with our many partners.

SUMMARY

Building Capacity to Expand our Reach

From its solid foundation as a fully integrated and independent consumer advocacy agency, the Consumer Center continues to build capacity to face the emerging challenges posed by the rapidly-changing landscape of our nation and state’s health care system. For example, through our partnership in the HCA, LASSD took on the role as lead contract agency to secure the grant for the statewide Ombudsman Services Program for the CCI/Cal MediConnect demonstration pilot.
Case Story N° 9
No Cost Medi-Cal Reinstated for Older Adult

A 77-year-old Cal MediConnect beneficiary with cardiopulmonary problems sought our assistance. She received a notice that she would have to pay $1,200 to maintain free Medi-Cal. We learned that the senior had rented out rooms in her home to help meet her monthly expenses. When the county received a report of her increased income, they assigned a SOC reflecting her new level of income and she had to pay $1,200 in medical expenses every month, before Medi-Cal paid for services. Our advocate confirmed that a different rule applied to rental income, and it was a mistake to assign a SOC under these circumstances. Also, the advocate requested a hearing to give the senior free Medi-Cal. The county agreed to recalculate her income using the correct rule for rental income, and returned her to free Medi-Cal. She continued to access care without a break in coverage or additional costs associated with her CMC plan.

Uncertainty

When the ACA was signed into law, among its core components were two features that dramatically changed the delivery of health services for vulnerable populations. First, the federal Medicaid program was expanded and made millions of individuals eligible for coverage. Second, the ACA provided premium subsidies to assist previously uninsured individuals to purchase health coverage through state-based exchanges, such as Covered California.

This past year, a number of bills have been introduced in Congress to “repeal & replace” the ACA. Thus far, none of these proposals has been adopted though some changes to the ACA have been made by the U.S. Department of Health and Human Services under executive orders. In the meantime, the health insurance market has reacted to uncertainty about the ACA’s future, reflecting higher premium costs and fewer choices for consumers.

Any legislative changes to the ACA will undoubtedly impact the delivery of health services in the county. Any restriction of Medi-Cal eligibility, as well as the elimination or reduction of premium subsidies, will likely diminish access to health services for the vulnerable San Diegans served by the Consumer Center. While no one can predict the future of the ACA or how any future changes might affect individuals’ access to vital health services, we remain committed to tirelessly advocating for consumers to get the health care they need.
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