

Health Consumer News

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Addressing Access to Health Care Issues

The Consumer Center for Health Education and Advocacy works cooperatively with agencies, organizations, and community groups to address issues related to health care access.

Healthcare advocacy involves two areas of work: resolving individual consumers' problems; and addressing systemic problems that affect many consumers. With the cooperation of local stakeholders and statewide colleagues, Center advocates have identified and addressed important issues. We hope that the examples below will encourage you to work with us. Please don't hesitate to invite us to write an article, attend a meeting, or advocate with you on behalf of individuals you serve.



More Eligible Medi-Cal Applicants are Getting Coverage

Complex program rules and verification requirements act as a barrier to consumers seeking Medi-Cal coverage. To simplify the process, Center advocates worked with the San Diego County's Health and Human Services Agency (HHSA) to clarify and simplify the verification rules and supplementary forms and develop a summary chart of verification rules for eligibility workers. We also have been monitoring the

reasons consumers are denied Medi-Cal. Along with advocates statewide, Center staff have suggested ways to improve the new mail-in application form scheduled for implementation in December 2001.

Improving Quality of Life for Mental Health Clients in Board and Care Facilities

A survey by the Mental Health Coalition revealed myriad problems for the 4,000 to 5,000 mental health clients residing in licensed Board and Care facilities, ranging from complaints about food to being locked out during the day. The Center has established relationships with Community Care Licensing and Adult Protective Services to work collaboratively to find solutions for residents of licensed and unlicensed facilities.

Fewer Medi-Cal Recipients Terminated from Benefits

Although specific programs are supposed to ensure that those

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The Health Consumer Alliance is a partnership of legal services groups in California. With the National Health Law Program as HCA's lead agency and the Western Center on Law and Poverty providing additional health law expertise and a "voice" in Sacramento, our consumer assistance programs operate in six counties. HCA's mission is to help low-income people get essential health care using three strategies:

Individual consumer assistance. We help solve individual health care access or quality problems for more than 900 low-income consumers each month.

Community education and outreach. More than 4,700 people a month now attend our in-person events.

Systemic analysis and advocacy. We've played a leadership role on key issues affecting low-income consumers, like monitoring the implementation of Medi-Cal's new redetermination process to ensure consumers do not lose Medi-Cal easily, addressing Healthy Families due process issues, correcting improper charges to medically indigent patients for emergency medical care in San Francisco, and assuring coordination of care for San Diegans with physical health medications who are entering Short-Term Crisis Residential Facilities.

Dateline Sacramento

The Governor signed legislation this year that will expand Medi-Cal and Healthy Families to reach more people. However, as we go to press, the economic downturn is causing delays in implementation. Here are some of the highlights:

Healthy Families

Coverage Category Expanded from 200% to 250% of the Federal Poverty Level

(FPL): The 2001 State Budget Act expanded coverage to include parents of Medi-Cal and Healthy Families children with family income up to 250% of the Federal Poverty Level (FPL). Parents and responsible adults who are qualified immigrants are eligible regardless of their date of entry. Implementation was dependent on approval by the Center for Medicare and Medicaid Services (CMS) of a waiver request. However, in November the Governor announced that he is proposing to delay implementation until July 2003 due to the pending budget deficit.



Expansion of Bridge Programs: The new expansion also proposed to extend the Medi-Cal-to-Healthy Families bridge program to parents and responsible adults (if the waiver is approved). This program would provide two months of Healthy Families benefits for any person found no longer eligible for no share of cost Medi-Cal and who appear to be eligible for Healthy Families. A Healthy Families-to-Medi-Cal bridge was also created (also conditioned on approval of the waiver). This provides two months of Healthy Families benefits to any person who becomes eligible for no share of cost Medi-Cal to give them time to apply for Medi-Cal. Currently, with consent, a Healthy Families annual eligibility review form is forwarded to the county and treated as a Medi-Cal application. This new system could be more thoroughly utilized and a tracking system could be developed so that the family suffers no interruption in care and can find out the status of its Medi-Cal application. The implementation of this is also uncertain due to the budget shortfall.

Simplification: The budget included authority for the Major Risk Medical Insurance Board (MRMIB) to allow self-declaration of income if income documentation is not available. This coincides with the Department of Health Services' (DHS) authority to do the same with Medi-Cal.

Medi-Cal

Accelerated Eligibility: As part of the budget, there

was a new period of accelerated Medi-Cal eligibility for children who apply through the single point of entry and who appear to be Medi-Cal eligible. The children will be provided a period of eligibility while the county makes a final determination on their Medi-Cal application.

Continuous Eligibility: Also pending approval of the waiver request, the budget included a new disregard of all income and resource changes for a Section 1931 beneficiary until the next annual redetermination. This is not the same as the continuous eligibility for Medi-Cal children under 19 and the continuous eligibility which children, parents, and responsible adults would get in the Healthy Families program. Real continuous eligibility provides eligibility for 12 months regardless of any change in circumstances. This only applies to income and resources changes.

Foster Care: New provisions in the budget will make it easier for providers to obtain proof of Medi-Cal eligibility of foster care children. There will be a more immediate verification of eligibility and expedited deletion of the requirement that reimbursement be sought from private insurance before Medi-Cal is available. These processes will hopefully increase access to medical services for foster care children.

Breast and Cervical Cancer: The budget included a Medi-Cal expansion for women diagnosed with breast or cervical cancer with income under 200% FPL. Citizens and qualified immigrants under age 65 and not otherwise eligible for Medi-Cal would be entitled to full-scope Medi-Cal services for the duration of the need for cancer treatment. There is also a state-only program for undocumented and non-qualified immigrants, those over 65 or those who have other insurance. For persons with other insurance, the program will be the payer of second resort. The person will be entitled to cancer-related treatment services for 18 months for breast cancer and 24 months for cervical cancer. To be eligible for the Medi-Cal or state-only program, diagnosis must be made through the federally funded screening program, but eligibility determination will be done on an expedited and simplified basis. (See page 5 for more details.)

Direct marketing: Dental and vision plans will be allowed to engage in application assistance just like other health plans which won the right to do so last year.

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Consumer Center for Health Education and Advocacy

HELPING PEOPLE GET THE HEALTH CARE THEY NEED

The Center Offers Many Presentations and Short Trainings

The Consumer Center offers effective presentations and short trainings to consumers, providers, agencies, community organizations, and anyone else who believes they may benefit from this information. You can learn about:

- T** How the new continuous eligibility Medi-Cal program for children will affect those you serve.
- T** How consumers can maintain Medi-Cal coverage even when they do not receive CalWORKs.
- T** Medi-Cal's responsibility to help consumers retain their health coverage.

We also offer educational sessions to help those you serve. Examples of these presentations are:

- * Other new Medi-Cal rules and programs
- * Medi-Cal eligibility for various populations
- * Peer/Self-advocacy training for mental health clients

- * How to challenge and reverse a Healthy Families decision
- * Access to care for those on Medi-Cal
- * Clients' rights in residential facilities
- * Clients' rights when receiving mental health services
- * Rights of individuals under conservatorship
- * Consumer empowerment in the mental health system
- * New CMS eligibility rules

We give presentations in English, Spanish, and Vietnamese. We can also provide you with written material. Contact Mabel Ponce at 619-471-2682 to make arrangements.

Helping our Clients Get Health Care

A Severely Disabled Child Obtains Equipment

A child needed a lift system to enhance her mobility within her home and to facilitate bathing and eating. Her mother could not use a wheelchair to transport her because the home's doorways were too narrow. An administrative law judge found that the device was medically necessary, after reviewing extensive testimony and research.

Mother Obtains Special Milk Formula for Infant with Serious Health Problems

A pharmacy told a mother that she could not get a special formula for her baby because it was not on Medi-Cal's approved list. A Center advocate helped the consumer get a pharmacy to submit a treatment authorization request and provided the pharmacy with necessary information to demonstrate the need for the formula. Within a week, the pharmacy delivered the special formula. Sometimes consumers need the special knowledge of experienced advocates to move effectively through the complex procedures that are often barriers to accessing care.

Consumer Received Essential Medications within 24 Hours

A health plan referred a client to us late one afternoon after learning Medi-Cal had terminated her when her son

turned 21. As a result, she no longer had medications to control her serious chronic health condition. We helped the consumer get an appointment with the County Medical Services program for the next morning. She was able to see the doctor that morning and get the

prescription she desperately needed the next day. Advocates working with health plans, the County and clinic staff can prevent consumers from suffering denials of essential care during transitions in health coverage.



Consumer with Mental Health Problem Gets Needed Medications

A consumer who had recently moved to San Diego needed a special Treatment Authorization Request (TAR) to get his medication and avoid serious withdrawal problems. The advocate was able to get the TAR expedited and persuade the doctor to prescribe an alternative medication while awaiting the outcome of the TAR. We were able to educate the physician as well as the consumer about the TAR process.

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Addressing Access to Health Care Issues

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transitioning from CalWORKS to employment continue receiving Medi-Cal, many families were losing this essential health coverage. After receiving several favorable decisions from Administrative Law Judges, Center advocates convinced the County to change their termination notices, which were confusing and which some consumers found misleading. We participated in County-supported pilot projects, which use outreach workers to prevent unnecessary terminations. Center staff also worked with County officials to ensure that County residents receive the full benefits of a new law addressing these terminations.

Dentists Learn about Access to Orthodontic Care

The Consumer Center published articles in the local dental society's newsletter to inform dentists about the rules for getting Healthy Families to cover children's orthodontic care.



Another article explained special procedures that

help more Medi-Cal children obtain essential orthodontic and other dental services.

More Children with Special Needs can Receive Care

As a direct result of the Center's advocacy, the state agency overseeing California Children's Services (CCS), which serves children with special medical needs, expanded the program's reach to help more children. For the first time, CCS will cover U.S. citizen children whose parents have not filed for legal permanent resident status.

The Healthy Families Appeal Process is More Accessible

Healthy Families is a relatively new program that provides health coverage to uninsured children with family incomes at or below 250% of the federal poverty level who are not eligible for free Medi-Cal. Parents must pay premiums for Healthy Families. Due to our advocacy, the program will change its procedures to make it easier for families to receive a month's free coverage every fourth month. We also trained application assisters on the appeals process and are working with state staff to make that process more responsive.

Helping our Clients Get Health Care

Continued from page 3

Family's Medi-Cal Restored through Negotiation with Application of New Rules

The County terminated a family's Medi-Cal benefits because the consumer failed to submit verifications in a timely manner. After the Center advocate called, the worker and her supervisor refused to reopen the case. The advocate persisted, however, and argued that the consumer's children should have been placed in a different aid category, a relatively new program called Continuing Eligibility for Children. She also argued that the action violated new rules related to terminations. The County then agreed to restore the family's Medi-Cal. This new eligibility rule, which requires the County to determine eligibility using all available information and only send Requests for Information that are limited to essential information, should help consumers retain benefits.

Continuing Medi-Cal Coverage for Minor with Cancer in Remission

The state terminated Medi-Cal for a minor losing Supplemental Security Income benefits who nevertheless needed medical treatment for cancer. The consumer lost Medi-Cal benefits because he followed the incorrect advice of a worker who said that he did not have to complete certain forms. After two hearings, the judge ordered the County to continue the Medi-Cal benefits while giving the consumer the opportunity to resubmit the needed forms. Elderly and disabled individuals who may have difficulty understanding their rights under the Medi-Cal system can benefit by asking for fair hearings and calling our Consumer Center for assistance.

**See our article on the
New Breast & Cervical Cancer Treatment
Program on page five.**

New Breast and Cervical Cancer Treatment Program Implementation

This program starts January 1, 2002. California has not finalized all of the implementation details so check our web site for an issue brief that we will make available immediately after the rules are clearer. Here is what we know so far.

Eligibility Overview

This program will immediately give you either full-scope free Medi-Cal or time-limited cancer-related Medi-Cal if you are an uninsured or underinsured California



resident who has been screened and diagnosed to have breast or cervical cancer. You must have countable

income at or below 200% of the Federal Poverty Level (FPL) to be eligible. You will not be asked for proof of your income or property. Your immigration status and whether you have other health insurance will determine which of the two benefit packages you will get (see below).

Quick and Easy Eligibility Process: You can get your Medi-Cal benefits right away. You do not have to wait for the welfare office to approve a regular Medi-Cal application. To apply, you must have a confirmed pathology diagnosis of breast or cervical cancer. You must go to a provider (doctor or nurse) who participates in this program who will file an internet application for you. Breast Cancer Early Detection Program

(BCEDP), Family Planning Access Care and Treatment (PACT), and Breast and Cervical Cancer Control Program (BCCCP) providers are the only providers who can file an internet application for you. You should state that you want the internet application to serve as a Medi-Cal application, because doing so will make you eligible for the program for a longer period of time.

You must be a **California resident** which means that you plan to live and stay in California. California residency has nothing to do with your immigration status. Even undocumented immigrants can be California residents. You do not need a social security number to apply. These benefits will not make you a public charge.

Benefit Package

You can get **full-scope Medi-Cal** during the time you need treatment for breast or cervical cancer if you are a woman, you do not have other creditable health insurance, and you are:

- a citizen;
- a lawful permanent resident (green card holder);
- a refugee, asylee, conditional entrant, person granted withholding of deportation, or paroled for at least one year;
- a Cuban/Haitian entrant; or
- a battered spouse.

If you are none of the above, or if your other health coverage has premiums,

New Breast and Cervical Cancer Treatment Program

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copayments and deductibles which cost more than \$750 a year, you can get **limited benefits**. Limited benefits are cancer-related services for up to 18 months for breast cancer and 24 months for cervical cancer.

Retroactive Eligibility: You may also get Medi-Cal to cover your bills for up to three months before the date that you applied. You must be able to show that you would have been eligible for this program had you applied in the prior month(s). Please note that you cannot get retroactive eligibility for bills incurred prior to January 1, 2002.

Countable Income Limits

You qualify if your countable monthly income is at or below 200% of the Federal Poverty Level (FPL) for a family of your size.

Number of Persons	200% FPL
1	\$1,432
2	\$1,935
3	\$2,438
4	\$2,942
5	\$3,445
6	\$3,948

Property Limits

No property limits apply to this program. If you otherwise meet the eligibility requirements, you are eligible regardless of how much property you have.

Sources of Law

This new law can be found at 42 U.S.C. §§1396a(a)(10)(A)(ii)(XVIII) and 1396a(aa), California Welfare & Institutions Code §14007.71, and California Health & Safety Code §§104161 -104163.

Check our web site, www.healthconsumer.org, for future details.

Thanks to Barbara Frankel and Yolanda Vera at the Health Consumer Center of Los Angeles for this article.

Dateline Sacramento

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Express Lane Eligibility

Express Lane Eligibility through Food Stamps:

This new law allows a county to use food stamp eligibility information to qualify a family for Medi-Cal, with the family's consent. If they are not eligible for Medi-Cal, the pertinent information can be forwarded to Healthy Families for an eligibility determination. DHS and the Department of Social Services are required to implement a simplified eligibility process.

Express Lane Eligibility through the School

Lunch Program: This law allows school districts, with parental consent, to release information from school lunch program applications to expedite Medi-Cal enrollment for children. The law deems children under age 6 receiving free lunches income-eligible for Medi-Cal and implements a simplified process for making a final determination.

Other

Children's Health Initiative Matching Fund: This law establishes the Children's Health Initiative Matching Fund, which allows for federal matching funds to counties and Medi-Cal managed care local initiative plans to provide health coverage to certain children whose family is under 300% FPL and who do not qualify for Medi-Cal or Healthy Families. Although the law originally included language allowing all children to be eligible, it was amended at the last stage to exclude children who do not meet federal immigration requirements.

Free Medical Records:

Any patient is now entitled to a free copy of relevant portions of his or her medical records, if the patient presents the provider with a written request and proof that the records are needed to support an appeal regarding eligibility for public benefit programs. Copies are to be transmitted within 30 days. Hospitals or health care providers may bill the patient for the copies of the medical records previously provided free of charge if the appeal is successful.



Bills Still Pending

AB 32 (Richman): AB 32 creates the California Health Care Program (Cal-Health) and proposes to coordinate and simplify the Medi-Cal and the Healthy Families Programs. DHS and MRMIB would carry out the duties and functions of Cal-Health. In addition, this measure requires the state to seek a waiver under Section 1115 of the Social Security Act, or exercise federal options if available, to include adults under the age of 65, who are at or below 250% FPL under the Medi-Cal program. (Pending in Senate Appropriations.)

AB 1522 (Thomson): This bill would enact provisions to ensure that HMO enrollees would continue to have access to health care providers when their HMO and the provider or medical groups cannot agree to continue a contractual relationship. Some enrollees would be allowed to continue to receive care from the provider for a year or until open enrollment. Others would be eligible for a shorter period of six months or until completion of a course of treatment. (In Conference Committee.)

SB 1168 (Alpert): This bill proposes to establish a grant program to fund at least seven independent consumer assistance programs. The programs would be required to target priority populations. The bill would also fund statewide support programs. Activities include individual consumer assistance and advocacy, education, outreach, training, material preparation, data collection, and analysis and policy development. (Pending in Assembly Health Committee.)

Thanks to Marjorie Swartz of the Western Center on Law and Poverty for this summary.



HCA Recognized

HCA received the 2001 Beneficiary Services Certificate of Merit from the U.S. Department of Health and Human Services' Centers for Medicare and Medicaid Services (CMS) (formerly the Health Care Financing Administration). At the national level, CMS administers Medicare, Medicaid, and SCHIP, the latter two of which are known in California as Medi-Cal and Healthy Families.

This award recognized HCA's creation of an innovative and replicable model of coordinated consumer assistance to improve health care access and quality for low-income beneficiaries.

Newsletter of the
Consumer Center for Health
Education and Advocacy and
the Health Consumer Alliance



**THE HEALTH CONSUMER
ALLIANCE**

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What do you think of the newsletter? Email us at
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FLOW CHARTS FOR THE HEALTHY FAMILIES AND MEDI-CAL APPLICATION PROCESSES
ARE AVAILABLE ON OUR WEB SITE:
WWW.HEALTHCONSUMER.ORG

HCA's Health Consumer Centers

FRESNO COUNTY

Fresno Health Consumer Center

Central California Legal Services, Inc.
2014 Tulare St., Suite 502, Fresno, CA 93721-2011
800.300.1277

Staff languages: English, Cambodian, Hmong, Laotian and Spanish.

LOS ANGELES COUNTY

Health Consumer Center of Los Angeles

San Fernando Valley Neighborhood Legal Services
13327 Van Nuys Blvd., Pacoima, CA 91331-3099
800.896.3203

Staff languages: English, Spanish, Armenian, Cambodian, Mandarin, Vietnamese, French, Arabic, and Turkish. Language Line is available for other languages.

ORANGE COUNTY

Orange County Health Consumer Action Center

Legal Aid Society of Orange County
902 North Main St., Santa Ana, CA 92701-3507
800.834.5001 and 714.571.5200

Staff languages: English, Cantonese, Farsi, Mandarin, Spanish and Vietnamese. Language Line is available for other languages.

SAN DIEGO COUNTY

Consumer Center for Health Education and Advocacy

Legal Aid Society of San Diego
1475 Sixth Ave., 4th Floor, San Diego, CA 92101-3245
877.734.3258 (877.SDHEALTH) (toll free)

Staff languages: English, Spanish, Vietnamese and Chinese. The San Diego Language Bank is available for other languages.

SAN FRANCISCO COUNTY

Community Health Advocacy Project

Bay Area Legal Aid
50 Fell St., 1st Floor, San Francisco, CA 94102-5298
800.551.5554

Staff language: English, Cantonese, French, Mandarin, Philippine languages (Bicolano, Ilocano, Pangasinan, Pampango, Tagalog, Visayan), Russian, Spanish and Vietnamese.

SAN MATEO COUNTY

Health Consumer Center of San Mateo County

Legal Aid Society of San Mateo County
521 East Fifth Ave.
San Mateo, CA 94402-1302
800.381.8898

Staff languages: English, Spanish, French, German, Russian and Swahili. Language Line is available for other languages including Burmese, Chinese, and Tagalog.

Note: Staff language availability may change. Please call local offices to check current status.