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HEALTH CARE NEWS

A Monthly Publication From The New York State Attorney General's Heath Care Bureau

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LONG ISLAND HEALTH CARE ISSUES

At a recent press conference with health care advocates in Mineola, AG Eliot Spitzer discussed Long Island's top health care concerns and the ways consumers can effectively access their health care benefits. Spitzer said his Health Care Bureau Helpline, which assisted 1,314 LI-consumers in 2001, found that their most common problems are:

- Getting coverage for breast cancer treatments;
- Obtaining out-of-network care and receiving adequate reimbursement for it; and
- Securing adequate coverage after Medicare HMO withdrawals.

"We successfully assisted hundreds of Long Islanders in resolving their complaints against their managed care plans," Spitzer said. "The best advice is to appeal wrongful denials of care because, if you do, odds are that you will win."

Spitzer voiced his support for policy changes that would address these issues, such as:

- Speedy implementation of the CDC Treatment bill so that women diagnosed with breast cancer can access affordable follow-up treatment through Medicaid;
- Sponsoring legislation this year that would allow consumers to request external reviews of denials of out-of-network care; and
- Further expansion of EPIC, the state's prescription drug program for seniors, while waiting for federal action on an affordable, comprehensive Medicare prescription benefit.

Spitzer was joined by advocates from the Long Island Progressive Coalition, Nassau County Family and Children's Association, Cancer Care, and the Adelphi New York Breast Cancer Hotline.

HEALTHCARE HELPLINE AT 1-800-771-7755 option 3

When Ms.T, a Suffolk County resident, was diagnosed with breast cancer, she was relieved that her health plan approved payment for her entire treatment. A few months after surgery, however, Ms. T started receiving bills and calls from a collection agency demanding payment for both the surgery and the radiation treatment. A confused Ms. T contacted her plan and a plan representative told her that if the plan determined that her breast cancer was "pre-existing" the plan would not cover the costs of her treatment. Tired of calls from the collection agency and frustrated by the delay in payment from her plan, Ms.T called the Attorney General's Health Care Helpline. A Health Care Bureau mediator intervened and quickly discovered that Ms. T's condition was not "pre-existing" since she had not received any medical advice, care or treatment six months before enrolling in the plan. The Helpline mediator contacted the plan and obtained full reimbursement ($6000) for Ms. T.

COMMUNITY BLUE TO COMPENSATE MEMBERS

AG Spitzer has signed an agreement with Community Blue requiring it to disclose which dentists in its Dental Discount Program offer a free second annual exam, and to compensate members who tried but were unable to get the promised free second exam. Community Blue serves approximately 300,000 Western New Yorkers.

The agreement resulted from a two-year investigation by the Health Care Bureau, which found that while Community Blue's informational materials touted a free second annual dental exam, only 18 of the 205 dentists listed in its participating provider directory confirmed that they would give the second exam for free.

Community Blue members who received a second dental exam before April 2001 and paid for it can now seek reimbursement from the plan. Members must show that they did not have other dental coverage at the time and that they were billed and paid for a second annual dental exam by a participating dentist.

Q & A

Q: I am 70 and on Medicare. Can I change my health plan in 2002?

A: You may change health plans only one time from January-June 2002 and after that you are locked-in to your plan until 2003. To change plans between now and June, you must **enroll in the new plan without disenrolling** from your current plan in order for it to be considered as one change. (By enrolling in the new plan, you are automatically disenrolled from the former plan.) Prior disenrollment and subsequent enrollment will be considered two changes in the enrollment process. Additionally, in 2002, new beneficiaries can leave the first Medicare health plan they joined (when they turned 65) during the first 12 months they are in that plan and return to the Original Medicare Plan. New beneficiaries may also make one switch to a new Medicare managed care plan (like an HMO) or a private fee-for-service plan in the first six months after they go on Medicare.

DID YOU KNOW

www.nydoctorprofile.com can help you choose a doctor licensed to practice medicine in New York State by giving you information ranging from qualifications to malpractice payments.

Attorney General Eliot Spitzer's Health Care Bureau protects–and advocates for– the rights of all health care consumers statewide. The Bureau operates a Health Care Helpline that assists thousands of New Yorkers with individual problems; investigates and takes law-enforcement actions to address systemic problems in the operation of the health care system; and proposes legislation to enhance health care quality and availability in New York State. **To share your views contact the Editor at Rashmi.Vasisht@oag.state.ny.us**