www.oag.state.ny.us

December 2001 Volume 1 Number 2

HEALTH CARE NEWS

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

Eliot Spitzer
Attorney General
New York State

NEW YORKERS NEED ASSISTANCE

Ms. Davis was surprised when her HMO repeatedly denied coverage for a skilled nurse she needed to treat an incision that became seriously infected after surgery for a cancerous tumor. Ms. Davis' HMO argued that the nursing care was not "medically necessary" since she could access and clean the infected area herself.

Ms. Davis called the Managed Care Consumer Assistance Program (MCCAP), the statewide consumer education and assistance service for HMO and other health plan members. A MCCAP volunteer told Ms. Davis that she had the right to appeal her HMO's decision. MCCAP helped Ms. Davis win her appeal and her HMO paid $3,000 for her nursing care.

Since July 2000, according to MCCAP's first annual report recently released by Attorney General Eliot Spitzer, MCCAP has helped more than 70,000 New Yorkers to understand their health care coverage or appeal denials of care made by their health plans. The report identifies patterns of common managed care problems, such as: restrictions on referrals to out-of-network specialists; confusing denial notices; and access to prescription drug coverage. MCCAP addresses these problems by informing consumers of their rights under state law and proposing legislative reforms.

"MCCAP has helped thousands of New Yorkers navigate the maze of the health care system to get the care they need and are entitled to," said Spitzer. "We must continue to work to ensure that New Yorkers are aware of their existing rights and protections and know how to appeal when denied payment for a treatment or service."

MCCAP is administered by Spitzer's Health Care Bureau and funded by the New York State Legislature.

MCCAP Telephone Assistance Hotline Numbers: Central New York area consumers call 1.877.706.2227; Rochester and Buffalo area consumers call 1.585.295.5670; Long Island area consumers call 1.516.616.3345; All people with Medicare statewide call 1.800.333.4114; Consumers in other areas call 1.888.500.2455.

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

Two days before Christmas 2000, Ms. H, a Dutchess County mother, suffered a severe asthma attack while traveling in Connecticut with her two young children and went to the emergency room of the local hospital. After being admitted to the hospital, Ms. H thought about calling her HMO but it was a Saturday, and both the hospital's and the HMO's business offices were closed. According to Ms. H, the hospital staff assured her that they would call her HMO on her behalf. Weeks later, Ms. H received a bill from her HMO assessing a 50% penalty (over $800) because she had failed to notify the HMO of her ER admission within 24 hours, as required by her policy. She appealed, asking her HMO to be flexible because of the unusual circumstances, but the HMO denied her appeal. Ms. H called the Attorney General's Health Care Helpline and a staff attorney quickly discovered that Ms. H's policy allowed for ER notification "as soon as reasonably possible" if not within 24-hours. In response to our intervention, and after almost a year of denials, the HMO agreed to fully cover Ms. H's ER admission claim.

Q & A

Q. Do I need approval from my primary care physician (PCP) or health plan before going to the emergency room (ER)?

A. Under New York State law, which applies to most plans, you do not need approval from your PCP or your health plan before you go to the ER if your symptoms start suddenly, and are so severe or painful that a "prudent layperson" (a thoughtful, ordinary person with an average knowledge of medicine and health) would expect that not getting care could cause serious health problems or physical damage. For example, if you go to the ER with severe chest pain thinking you are having a heart attack, but you are only diagnosed with serious indigestion, your plan must pay for your ER visit if a prudent layperson would have done the same thing. Remember: Not all plans are subject to New York State law so call your plan or read your plan documents for ER coverage information. Also check if your plan requires you to notify it about ER care within a certain period of time after you receive it. If your plan denies coverage for your ER visit call the AG's Health Care Helpline at 800-771-7755 or the MCCAP office in your area for help.

TIPS ON USING YOUR APPEAL RIGHTS

Do not hesitate to appeal your health plan's denial of care if you believe the decision is wrong.

You have a right to get a clear explanation in writing from your HMO of the reason your care was denied. So demand one if you do not get it because this will help prepare an effective appeal.

Ask your doctor to help you by writing a letter or calling the HMOs medical director on your behalf explaining why you need the care.

Follow the time lines for submitting your appeal. Get it on time, send it certified mail and call regularly to track its status. Keep copies of everything you send to the HMO and a record of every call to the HMO and who you talk to.

Get Help. Call the MCCAP office in your area or the AG's Health Care Helpline.

DID YOU KNOW?

In 2001, New York HMOs reported the highest rate of preventive tests for women -- pap smears and mammograms – in six years.

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 or subscribe to this newsletter contact the Editor: **Rashmi.Vasisht@oag.state.ny.us.**