



HEALTH CARE NEWS

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SPITZER PROTECTS SENIORS FROM "HMO SLAMMING"

Attorney General Eliot Spitzer has reached an agreement with Manhattan-based HealthFirst 65 Plus, stemming from complaints that it had been enrolling seniors in its Medicare HMO without their full knowledge or consent. To prevent such inappropriate enrollment, known as "HMO slamming," Spitzer said HealthFirst 65 Plus will revamp its enrollment practices to ensure that seniors clearly understand the limitations and benefits of a Medicare HMO before signing up.

"This agreement should be a model for Medicare HMOs nationwide," said Spitzer. "It protects seniors from being duped into joining an HMO that they do not want and that will not meet their health care needs."

The agreement resulted from an in-depth investigation triggered by complaints filed by New Yorkers with the AG's Health Care Bureau. One senior complained that a HealthFirst 65 Plus sales representative got her to sign an enrollment form claiming it was merely a form showing the representative had spoken to her quota of people for the day. Others complained that they thought they were signing up solely for a prescription drug plan.

HealthFirst 65 Plus sales representatives will now be required to complete an "application confirmation form" before enrolling New Yorkers in the health plan. The form, among other things, will make it clear that the senior is selecting a Medicare HMO, and will not be covered by traditional Medicare. And, if a senior's current doctor is not a member of the HealthFirst 65 Plus network, the senior must be told to choose a new doctor, who is in the network.



When one of their premature twin girls slipped into respiratory distress, a Plattsburgh couple faced a medical emergency. Doctors told them that little Ellie* would have to be air transported immediately to Albany Medical Center, 291 miles away, for specialized care. Within 24 hours, Ellie's twin experienced similar symptoms and had to be flown out for emergency treatment.

A few weeks later, healthy and stronger, the twins went home. The air ambulance company billed the couple's health insurance plan, Blue Shield Northeast, \$23,600 for transporting each baby but the plan refused to pay more than its "usual, customary and reasonable" rate which was \$11,500. The air ambulance company billed the Plattsburgh couple - \$12,100 - and they turned to the Attorney General's Healthcare Bureau for help. An AG Helpline mediator quickly discovered that the air ambulance company was the *only* one in the area that had a helicopter with an Intensive Care Unit for newborn babies on board. The mediator informed the plan that the twins needed special services offered by the air ambulance company and forwarded a detailed summary of the bill explaining the charges. Blue Shield Northeast agreed to pay the bill.

Q & A

Q: *I was enrolled in a Medicare HMO without realizing it. How can I disenroll now?*

A: Sometimes people on Medicare enroll in HMOs without understanding that they have switched out of Original Medicare into a Medicare HMO. Or, the HMO may never have explained to them that they can only go to network doctors and hospitals, and that they can only see specialists with referrals from their Primary Care Physicians. In situation like these, or if you are enrolled in a Medicare HMO without your knowledge or consent, you can be *retroactively disenrolled* by submitting a request to the HMO or to the Centers for Medicaid and Medicare Services (CMS) Regional Office. Requests should fully explain that you never understood that you had joined a Medicare HMO or its network restrictions. CMS will review your request and decide whether or not to grant it.

If you are granted *retroactive disenrollment*, it would mean that your enrollment in the Medicare HMO is "erased," as if you never enrolled in the first place. Claims for the care you received as a Medicare HMO member would then be submitted to Original Medicare.

ROCHESTER HEALTHCARE ISSUES IDENTIFIED

At a recent press conference with healthcare advocates, AG Eliot Spitzer discussed the Rochester area's top health care concerns and the ways consumers can get help to solve their health care problems. Spitzer said his Health Care Bureau Helpline, which assisted over 7,100 consumers (including 455 Rochester residents), found the most common problems in the Rochester area are:

- ?? Lack of prescription drug coverage for people with Medicare;
- ?? Denial of payment for emergency room visits;
- ?? Denial of coverage for ambulance services.

To assist consumers in appealing HMOs denials of care, Spitzer's Health Care Bureau has developed a Managed Care Appeals Tip Sheet and Resource Guide, available at www.oag.state.ny.us/health/health_care.html, along with information about the Elderly Prescription Drug Program (EPIC) for seniors who need coverage for prescriptions.

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.Vasht@oag.state.ny.us**

* not her real name