



HEALTH RIGHTS HOTLINE  
INDEPENDENT ASSISTANCE FOR HEALTH CARE CONSUMERS

# Barriers to Care: Among Experiences with the Sacramento Health Care System

December 2006





# Barriers to Care: Hmong Experiences with the Sacramento Health Care System

A Report of Health Rights Hotline Data  
October 1, 2004 through July 31, 2006

## Table of Contents

Executive Summary.....	2
Introduction.....	6
Services Provided.....	8
Demographics of Hmong Clients.....	9
Reasons Hmong Called the Health Rights Hotline.....	14
Recommendations.....	21
Conclusion.....	22
Appendix A: Issues Reported by Hmong Callers.....	23
Appendix B: Health Rights Hotline Issue Category Definitions.....	25
Appendix C: Health Rights Hotline Service Provided Definitions.....	32

## Executive Summary

In August 2004, The California Endowment funded the Health Rights Hotline, a program of Legal Services of Northern California, to provide advocacy services to help ensure access to health care services for newly arriving Hmong refugees and their sponsoring families, and to report on their experiences with the health care system.

This report analyzes data collected from Hmong refugees, their sponsoring families and other Hmong individuals who contacted the Health Rights Hotline for assistance between October 1, 2004 and July 31, 2006. During this period, the Health Rights Hotline served 205 individual Hmong callers regarding their health care access problems and/or questions. About 90 percent of Hmong callers were served in the Hmong language.

### Demographics of Hmong Callers

Most of the Hmong callers had health coverage, primarily through Medi-Cal. A small percentage of Hmong callers had both Medi-Cal and Medicare coverage or coverage through an employer. Approximately 14 percent were uninsured. Of the Hmong callers with Medi-Cal coverage, about 80 percent were enrolled in Medi-Cal managed care plans.

Hmong callers are overwhelmingly poor and undereducated. Nearly 90 percent of Hmong callers have an annual income at or below 133% of the federal poverty level (\$26,600 for a family of four). More than half of adult Hmong callers have less than a high school education.

### Problems Raised by Hmong Callers

The top issues reported by Hmong Hotline callers were **Barriers to Care, Access to Coverage, Consumer Education and Access to Care**. Other problems, reported less often, concerned **Denials of Care, Customer Service Issues and Billing Problems**. Dental conditions were the most common condition cited by Hmong callers seeking assistance.

**Barriers to Care.** Language barriers dominated the list of problems reported by Hmong callers. More than two-thirds of Hmong callers reported a language access problem with their health and/or dental plans, providers, programs (such as Medi-Cal) or other agencies (such as the Medi-Cal enrollment contractor).<sup>1</sup> Most Hmong callers did not know that they had a right to interpretation services.

**Access to Coverage.** Many of the difficulties Hmong callers experienced were the direct result of Medi-Cal computer system errors. Incorrect eligibility status caused many other

<sup>1</sup> Medi-Cal contracts with a private company to handle beneficiary enrollment and disenrollment in Medi-Cal managed care plans. Health Care Options is the Medi-Cal enrollment contractor.



problems for the Hmong. Hmong individuals were denied services or payment for services because their Medi-Cal records incorrectly showed them as ineligible for Medi-Cal at the time of service. Typically, individuals would discover that they no longer had Medi-Cal coverage at the point of service, for example, when they went to the pharmacy to pick up a prescription, or to a dental appointment or doctor's office.

**Consumer Education.** Finding a health or dental care provider, choosing a health plan, or, for those who were uninsured, learning about coverage options, were the most common questions posed by Hmong callers. They may have received forms in the mail that they did not understand, wanted to know the status of their coverage (e.g., did they have Medi-Cal coverage? which plans or providers were they assigned to?), or had basic navigational questions (e.g., how to change a name or address, or how to apply for or seek an exemption from Medi-Cal managed care).

**Access to Care.** Hmong callers' difficulties accessing care centered around two primary areas – difficulty changing plans or providers and difficulty finding providers. Nearly 80 percent of the access problems related to difficulty changing plans or providers, often related to dental care. These individuals did not know who to call or how to go about making the changes they desired.

**Denials of Care.** Many of the reports of care denials were a direct result of problems related to Medi-Cal eligibility. For example, a provider refuses to schedule an appointment because Medi-Cal shows the person as being ineligible, or a pharmacist does not provide a prescription drug because of errors in the Medi-Cal computer system.

**Customer Service Issues.** The most common customer service problem reported by Hmong callers was a slow response from their county eligibility workers. When they experienced eligibility problems, Hmong callers often reported leaving numerous messages for their workers and not getting responses. Even Hotline advocates experienced long waits for return calls from eligibility workers.

**Billing Problems.** About two-thirds of the billing problems reported by Hmong callers with Medi-Cal coverage occurred because the Medi-Cal computer system showed them as being ineligible. Uninsured Hmong callers reporting billing problems often were not screened for charity care or financial assistance prior to leaving the hospital.

Very few problems were reported in the areas of Inappropriate Care or Delays in Getting Care.

## Recommendations

- Medi-Cal health and dental plans should ensure that all contracted providers have the capability to provide interpretation services to their enrollees. At a minimum, health and dental plans should contract with local community-based organizations that serve the Hmong to provide interpretation services and/or make the telephone language line available at all provider offices, including dental offices, within the plan.
- The state and county of Sacramento should prevent the CalWIN computerized eligibility system from issuing incorrect Notices of Action (NOAs) that result in Hmong Medi-Cal beneficiaries losing access to health care coverage and, therefore, health care services.
- The state and county of Sacramento should ensure that CalWIN includes a mechanism to identify a case as Hmong-speaking so that the worker of the day or a supervisor would immediately be aware, upon reviewing the electronic case file, that an interpreter is necessary.
- County eligibility workers assigned to Hmong clients should include in their voice mail messages the name and phone number of a Hmong-speaking supervisor that a consumer can contact if the consumer does not receive a return call from the eligibility worker within 24 hours.
- Medi-Cal notices sent by Sacramento County to Hmong individuals should be in Hmong and include the name and phone number of a Hmong-speaking worker who can answer questions.
- Medi-Cal Notices of Action (NOAs) should include information about how a consumer can receive assistance from the Health Rights Hotline if the consumer believes that the Notice of Action is incorrect.
- Health Care Options and Medi-Cal health and dental managed care plans should place ads on Hmong radio stations informing Medi-Cal beneficiaries how to change plans or providers and obtain interpretation services.<sup>2</sup>

<sup>2</sup> Many Hmong do not read or write in the Hmong language therefore printed educational materials are not very effective in communicating information to this population. Through its experience, the Hotline has found Hmong radio to be very effective in reaching the Hmong. The Hotline ran advertisements and conducted live interviews on Hmong radio to educate the Hmong community on basic health care rights and navigation tips. One-third of the Hmong cases the Hotline received came from the radio ads and interviews.

- Hospitals and health systems should ensure that all uninsured Hmong patients receive accurate and timely information in the Hmong language about charity care or other financial assistance programs prior to being discharged from the hospital.

## Conclusion

Hmong callers' experiences with the health care system, primarily the Medi-Cal system, demonstrate a strong need for continued education and outreach to help the Hmong understand their rights and how to effectively navigate the system. Language barriers and computer system errors prevent the Hmong population from being able to access health care services in a timely manner. Even though many of the problems posed by the Hmong were basic navigational questions (e.g., changing a provider or plan or finding a provider), language barriers and a lack of understanding of whom to call required a high level of intervention by the Health Rights Hotline advocate to ensure that the Hmong individual received the proper care, enrolled in the plan or with the provider of their choice, or understood their coverage.

Had the Medi-Cal eligibility system worked properly, many of the problems for which the Hmong contacted the Health Rights

Hotline would not have occurred. Hmong individuals would have been able to obtain needed medical care in a more timely way if the eligibility systems properly reflected the eligibility status of Hmong individuals and families.

The Health Rights Hotline looks forward to working with the state, the county, the Medi-Cal health and dental plans, Health Care Options, and local health care providers and health systems to improve access to health care for the Hmong population in the Sacramento area.

## Introduction

In August 2004, The California Endowment (The Endowment) invited the Health Rights Hotline, along with other community-based organizations throughout California's Central Valley, to submit a proposal for a Hmong Resettlement Health Project. The Endowment developed the project to address the health-related needs of Hmong refugees who were coming to the United States from a refugee camp in Thailand.<sup>3</sup> The Endowment estimated that between 4,000 and 5,000 refugees would be relocated to Fresno and Sacramento counties and several other communities in between.

Since 1997, the Health Rights Hotline, a program of Legal Services of Northern California, has been providing services to health care consumers in four Northern California counties – Sacramento, Yolo, Placer and El Dorado. Health Rights Hotline advocates advise consumers about their health care rights and assist consumers in resolving their specific health care problems. In the process of assisting the individuals, advocates collect data on the sorts of problems consumers are experiencing. Advocates follow an established protocol to classify the problem(s) by issue category and may code up to three issues per case.<sup>4</sup> The

Hotline analyzes data collected from callers to identify systemic issues or problems. Hotline staff then seek to address these problems with the appropriate public and/or private agencies or organizations including county and state departments of health, health plans, health care provider organizations, policymakers and others.

The Endowment funded the Health Rights Hotline to provide advocacy services to help ensure access to health care services for the new Hmong arrivals and their sponsoring families. The Hotline used the funds to:

- Provide direct assistance in the Hmong language to Hmong refugees and their sponsoring families;
- Provide training and technical assistance on Medi-Cal, managed care, and consumer health care rights to other organizations serving the refugees; and
- Collect and analyze data from Hmong refugees and develop recommendations on how access to care could be improved for the Hmong population.

<sup>3</sup> The Wat Tham Karabok refugee camp, located in a Buddhist monastery in Central Thailand.

<sup>4</sup> See Appendix B for a complete list of the Health Rights Hotline Issue Categories.





This report analyzes data collected from Hmong refugees, their sponsoring families, and other Hmong individuals who contacted the Health Rights Hotline for assistance between October 1, 2004 and July 31, 2006. During this period, the Health Rights Hotline served 205 individual Hmong callers regarding their health care access problems and/or questions. Nearly 90 percent (87.8%) of Hmong callers were served in the Hmong language.

While the Hotline targeted its services to newly arriving refugees from a refugee camp in Thailand, the Hotline does not know exactly how many of the 205 Hmong callers were new refugees. About half (51.7%) of Hmong callers reported having coverage for two years or less. One-third of Hmong Hotline callers with coverage (33%) reported having health coverage for less than six months and about 19 percent (18.7%) reported having coverage for more than six months but less than two years. Based on this data, the Hotline estimates that about half of Hmong Hotline callers during the report period arrived in the United States in the past two years.

## Services Provided

Hotline advocates provide a range of services to callers including basic advice, information and referrals. Advocates often clarify plan, provider, or program policies for Hotline callers. Although advocates encourage callers to do as much as they can for themselves, at times advocates must intervene directly with a health or dental plan, provider or program in order to resolve the problem. Advocates also actively negotiate resolution of disputes and occasionally assist a caller with a grievance or appeal.

Most of the services provided to Hmong callers during this period were considered “Facilitation and Advocacy.” Typically, this involves the Hotline advocate contacting a health care entity such as a health or dental plan, medical group, provider office, government agency, or other organization on behalf of a client in order to resolve a problem. Because many Hmong callers had limited-English proficiency, the Hmong advocate often interpreted for the client during these calls. **Table 1** shows the level of service provided to Hmong callers.

**Table 1. Services Provided to Hmong Callers<sup>5</sup>**  
October 2004-July 2006

Service Provided	Number	Percent
Counseling Provided (Basic advice/education)	51	24.9%
Clarified Plan, Provider or Program Policies	19	9.3%
Facilitation and Advocacy	121	59.0%
Negotiated Resolution of Dispute	12	5.9%
Assisted with Grievance/Appeal	2	1.0%
<b>Total Cases</b>	<b>205</b>	

<sup>5</sup> See Appendix C for the Health Rights Hotline Service Provided Definitions.



## Demographics of Hmong Clients

Hotline advocates collect demographic information about the individual with the problem. Often the caller is the person with the problem, but sometimes the caller is calling on behalf of another individual such as an elderly parent or a child. The demographics of Hmong individuals assisted during this report period are described below.

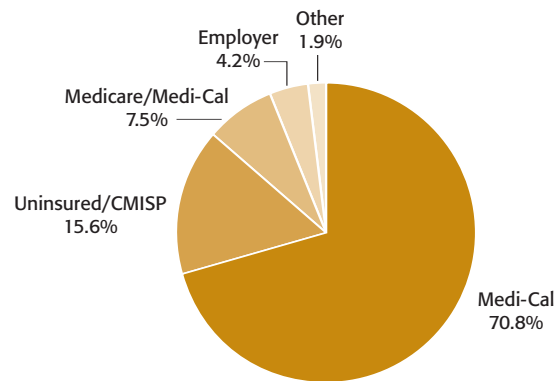
### Health Coverage

Most of the Hmong individuals (83.9%) served by the Hotline had health coverage, primarily through Medi-Cal (70.8% of all those with health coverage). About 7 percent had both Medi-Cal and Medicare coverage (sometimes called “dual eligibles” or “Medi-Medis”). Only a small percentage (4.2%) received coverage from an employer. Approximately 15 percent were uninsured. **Chart 1** shows the health care coverage of the Hotline’s Hmong clients.

More than one-third (36.9%) of Hmong clients reported having health coverage for four years or longer, while one-third (33.0%) reported having health coverage for less than six months. About 30 percent (31.1%) of Hmong Medi-Cal beneficiaries had coverage for less than six months while 37 percent had Medi-Cal coverage for four

years or longer. Of Hmong clients with Medicare coverage, about half had been on Medicare for less than six months and half had been on for four years or longer.

**Chart 1. Health Coverage of Hmong Hotline Clients**  
October 2004-July 2006  
(n=205)



### Managed Care Enrollment Status

Of the Hmong clients with Medi-Cal coverage, about 80 percent (80.5%) were enrolled in a Medi-Cal managed care plan. In Sacramento County, most families with children are required to enroll in private Medi-Cal managed health and dental care plans through a program called Geographic Managed Care. Health and dental plan enrollees must receive their care through the private plans’ networks.

Hmong enrollment in the health and dental plans crosses the range of plans, though several plans enroll a higher percentage of Hmong callers than others. Of those Hmong callers enrolled in a Medi-Cal managed health care plan, Health Net and Blue Cross enroll the highest number of Hmong (43.4% and

28.9% respectively). Western Dental Services, Inc. had the highest number of Hmong enrollees (65% of Hmong callers enrolled in Medi-Cal dental plans) among the dental plans. **Tables 2 and 3** depict health and dental plan enrollment of the Hmong individuals who contacted the Hotline.

**Table 2. Health Plan Enrollment of Hmong Hotline Callers  
October 2004-July 2006**

Health Plans	Number of Hmong Callers Enrolled	Percent of Hmong Callers Enrolled
Health Net of California	33	43.4%
Blue Cross of California	22	28.9%
Molina Healthcare, Inc.	8	10.5%
Kaiser Foundation Health Plan	5	6.6%
Care 1st Health Plan	3	3.9%
Partnership Health Plan of California	2	2.6%
Western Health Advantage	1	1.3%
Unknown	2	2.6%
<b>Total</b>	<b>76</b>	

**Table 3. Dental Plan Enrollment of Hmong Hotline Callers  
October 2004-July 2006**

Dental Plans	Number of Hotline Callers Enrolled	Percent of Hotline Callers Enrolled
Western Dental Services, Inc.	26	66.6%
Community Dental Services	9	23.1%
Delta Dental Plan	2	5.1%
Liberty Dental Plan of California	1	2.6%
Access Dental Plan	1	2.6%
<b>Total</b>	<b>39</b>	

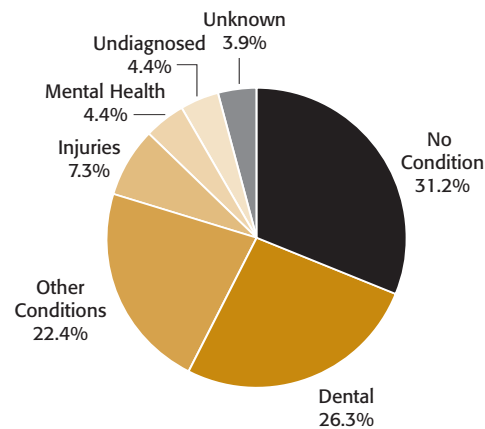
### Health Conditions

The Hotline asks each caller to identify the health condition associated with the problem he or she is experiencing and categorizes specific health conditions into broad categories. If the individual does not have a particular condition related to the issue she has called about, such as a question about eligibility or coverage, the Hotline advocate codes the condition as “No Condition.” **Chart 2** shows the most common health conditions reported by Hmong callers.

About one-third (31.2%) of Hmong callers reported having no condition at the time they contacted the Hotline. After “No Condition”, “Dental Conditions” were the most common condition cited by Hmong callers seeking assistance from the Hotline. More than

one-quarter of Hmong callers (26.3%) had a problem or question related to dental care. Injuries represented about 7 percent of Hmong cases, with Mental Health Conditions and Undiagnosed Conditions each representing about 4 percent of cases each. Together, these top four conditions

**Chart 2. Health Conditions of Hmong Hotline Clients  
October 2004-July 2006  
(n=205)**



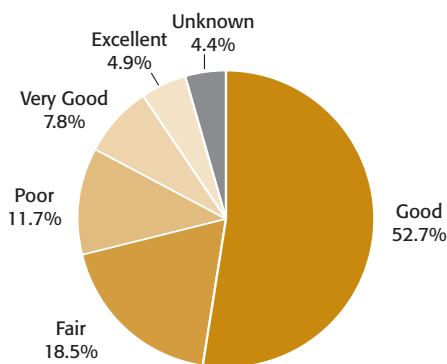
(not including “No Condition”) accounted for about 40 percent of all conditions presented by Hmong callers.

All other conditions combined, including: Gastrointestinal Conditions, Kidney Conditions, Pregnancy, Cancer, Diabetes and High Blood Pressure, made up the remainder of cases.

### Health Status of Hmong Callers

Hotline advocates asked callers to rate their overall health status over the past year. More than half (52.7%) of Hmong callers rated their health status as “good.” About 30 percent rated their health status as “fair” (18.5%) or “poor” (11.7%). Only 5 percent (4.9%) of Hmong callers rated their health status as “excellent.”

**Chart 3. Health Status of Hmong Hotline Clients**  
October 2004-July 2006  
(n=205)

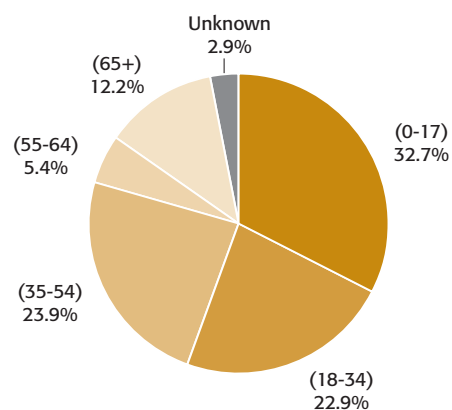


### Age

Nearly one-third (32.7%) of Hmong clients were children under the age of 18. The main issues for Hmong children were difficulties trying to change their providers, primarily dentists, and Medi-Cal eligibility problems that resulted in children losing coverage, being denied services, or being assigned an exorbitant share of cost.

The primary issues raised by the 12 percent of Hmong callers who were age 65 and older related to Medicare Part D questions and/or issues such as not understanding that Medi-Cal would no longer pay for their prescription drugs once Part D took effect. Other common problems reported by older Hmong callers were receiving bills for services that should have been covered by Medi-Cal, and receiving notices that looked like bills but were Explanation of Medicare Benefits notices that they did not understand.

**Chart 4. Age of Hmong Hotline Clients**  
October 2004-July 2006  
(n=205)



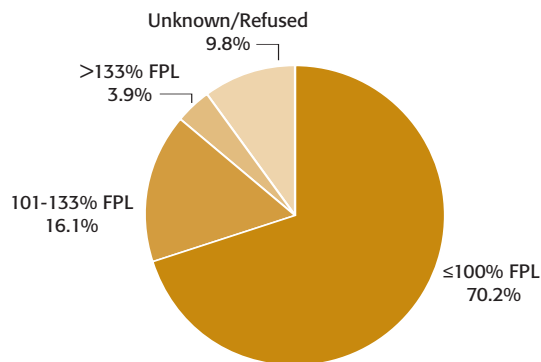
### Education Level

Of the Hmong adults contacting the Hotline, less than 6 percent (5.8%) were high school graduates. More than half (55.8%) reported having less than a high school education, and only one Hmong caller had a college degree.

### Income Level

Hmong callers are overwhelmingly poor. Seventy percent (70.2%) of Hmong callers have income at or below 100 percent of the federal poverty level (currently \$20,000 for a family of four). Another 16 percent of Hmong callers have income between 101-133 percent of the poverty level (\$26,600 for a family of four).

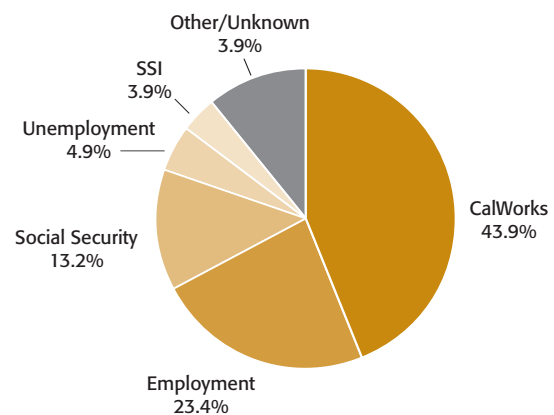
**Chart 5. Income Level of Hmong Hotline Clients**  
October 2004-July 2006  
(n=205)



### Income Source

CalWORKS is the most common primary source of household income reported by Hmong Hotline callers (43.9%). Nearly one-quarter (23.4%) reported employment as their primary source of income. About 13 percent receive Social Security and a few (3.9%) receive SSI.

**Chart 6. Source of Income for Hmong Hotline Clients**  
October 2004-July 2006  
(n=205)



## Reasons Hmong Called the Health Rights Hotline

The problems raised by Hmong callers during the report period crossed a wide spectrum of categories. **Table 4** shows the broad categories of issues reported by Hmong Hotline callers.

### Barriers to Care

Overall, Hmong callers reported the highest number of problems with barriers to care, primarily language barriers. More than two-thirds (69.3%) of Hmong callers reported a language access problem. Most Hmong callers did not know that they had a right to interpretation services.

Typically, language barriers are associated with other issues related to access to care or coverage, customer service problems, denials or billing problems. Even Hmong callers who had a question, rather than a problem, were unable to effectively communicate with those who could answer the question. For example, a common issue raised by Hmong callers involved trying to change a dental provider. The caller usually did not know that she could contact the dental plan or the Medi-Cal enrollment contractor, Health Care Options, to make such a change.

**Table 4. Issues Raised by Hmong Hotline Callers<sup>6</sup>**  
October 2004-July 2006

Issue Category	Number of Issues	Percent of all Issues
Access to Care	43	10.4%
Access to Coverage	74	18.0%
Barriers to Care	142	34.5%
Billing Problems	21	5.1%
Customer Service Issues	23	5.6%
Delays	7	1.7%
Denials of Care	25	6.1%
Inappropriate Care	9	2.2%
Other Problems	5	1.2%
Consumer Education	62	15.0%
<b>Total Issues</b>		<b>412</b>
<b>Total Cases</b>		<b>205</b>

<sup>6</sup> Hotline advocates may code up to three issues per case. See Appendix A for the details on Issues Reported by Hmong Callers.





### Client Story:

“Toua” is a Hmong-speaking teenager enrolled in a Medi-Cal dental HMO. Toua’s dentist wrote a note saying that the dentist would not see Toua unless he brings an interpreter with him to his dental appointments. Toua knows that federal law requires the dentist to provide an interpreter and wants to know how to make a complaint. The Hotline advocate advised Toua about how to file a complaint with the dental HMO but his mother didn’t want to file a complaint because she doesn’t speak English. The Hotline assisted Toua in changing his dentist to one that speaks Hmong.

### Access to Coverage

After language barriers, the most common problem reported by Hmong callers (18.0% of reported problems) related to their ability to access coverage, even though most of the Hmong did, in fact, have health coverage. A common problem reported by Hmong callers involved problems with their eligibility for Medi-Cal, either because they were terminated incorrectly, were sent confusing notices (frequently in English) about shares of cost that did not apply to them, or were told that their Medi-Cal record incorrectly showed them as having other health coverage.

Many of the difficulties Hmong callers had with their coverage problems seem to relate to computer system errors that show Hmong Medi-Cal beneficiaries as having other health coverage when they did not.<sup>7</sup> The eligibility problems that Hmong callers experienced caused many other problems. Typically, an individual would discover that he or she no longer had Medi-Cal coverage at the point of service, for example, when they went to the pharmacy to pick up a prescription, or to an appointment at a dental or doctor’s office. Hmong individuals were denied services because their Medi-Cal records incorrectly showed them as ineligible for Medi-Cal at the time of service.

In these instances, the Hotline advocate contacted someone at Medi-Cal, typically a county eligibility worker or someone at the Department of Health Services (DHS) Third Party Liability Branch, to get the beneficiary’s record straightened out. Often, these cases required significant time and numerous phone calls back and forth to finally reach someone who could resolve the problem.

<sup>7</sup> Sacramento County implemented a new computerized eligibility system, called CalWIN, in March 2005 that has caused numerous problems for Medi-Cal beneficiaries, not just the Hmong. A year after implementation, there are still many problems with the CalWIN system, which advocates throughout the state are working to address with the State of California.

### Client Story:

“Thomas” is the father of six children, all of whom are eligible for Medi-Cal coverage. Thomas has been receiving numerous conflicting notices for himself, his wife and his children regarding their Medi-Cal coverage. Some of Medi-Cal notices state that children living at home are being denied because they receive coverage through another household, or because they are not residents, even though they are. Another notice inexplicably assigns a high share of cost to one of the children but not to others. To further complicate matters, family members have been assigned to several different county eligibility workers. The Hotline advocate made numerous phone calls to the county workers who blamed the county’s new computer system for the errors. After a month of intensive advocacy, Medi-Cal eligibility for Thomas and his family was finally restored with no share of cost to any family member.

### Consumer Education

Consumer Education encompasses a wide variety of topics such as finding a health or dental care provider, choosing a health or dental plan or, for those who are uninsured, learning about coverage options. Consumer education is coded when the caller has a question rather than a problem. For example, if a Hmong caller was recently enrolled in a health plan but had not yet chosen a doctor and wants to know what to do,

the Hotline advocate would code this as a consumer education issue. However, if the person was assigned to a provider but wanted to change and did not know how to do so, or was having difficulty doing so, then the issue would be coded as a problem – difficulty trying to change providers.

In addition to the topics described above, Hmong callers also had a variety of other questions for which they sought answers. Hmong callers may have received forms in the mail that they did not understand; many wanted to know the status of their coverage (e.g., did they have Medi-Cal coverage, or which plans or providers were they assigned to); or they had basic navigational questions (e.g., how to change a name or address, how to apply or seek an exemption from Medi-Cal managed care, how to get services, or how Medi-Cal and Medicare work together). In most cases, the Hotline advocate answered their questions and provided basic guidance on who they should call and made the appropriate referral. In general, consumer education issues should not require direct intervention by a Hotline advocate. However, because of the language barriers described above, the Hotline advocate often had to interpret for Hmong callers just to get their questions answered.

## Client Story:

“John” is an 8-year-old Hmong boy who was in a car accident and was seen at a hospital emergency room. John had Medi-Cal coverage at the time of the accident, but about a year later his mother received some papers from the county that she was told to fill out but she did not understand what they were for. The Hotline advocate reviewed the papers and determined that it was an application for coverage through California Children’s Services (CCS) which provides services such as therapy and other services to eligible children. Since John qualifies for CCS coverage as a result of the accident, the Hotline advocate advised his mother to complete the application so that all of John’s medical care would be covered.

“Mai” is 68 years old, Hmong-speaking and receives fee-for-service Medicare and Medi-Cal. Mai currently is undergoing cancer treatment and takes medication to manage the pain associated with it. Mai received a letter from Medi-Cal that she did not understand. After reviewing the letter, the Hotline advocate explained that Mai’s coverage for prescription drugs would be changing effective January 1, 2006 due to the new Medicare Part D program. The advocate explained that Mai would be getting her prescription drugs through Medicare Part D and that she would have to enroll in a prescription drug plan. The advocate explained how Part D works and advised Mai’s daughter how to look for a plan that would cover Mai’s prescription drugs by going to the Medicare Web site.

## Access to Care

Hmong callers’ difficulties accessing care centered around two primary areas – difficulty changing plans or providers and difficulty finding providers. Nearly 80 percent (79.1%) of the access to care problems related to difficulty changing plans or providers. Most of the access issues raised by Hmong related to dental care.

Many of the Hmong callers sought help in changing their dentists. Common reasons

for wanting to make a change were to have a dentist closer to home, have family members all assigned to the same dentist within a dental plan, allegations of being treated rudely by dental provider staff, or being told incorrectly that the dentist they have is not part of their dental plan network. Hmong callers did not know who to call or how to go about making the changes they desired. The Hotline advocate typically resolved these issues by contacting the dental plan and

requesting a different dentist, calling the Medi-Cal managed care enrollment broker to help enroll a beneficiary in a different dental plan, or by calling the dentist's office to clarify an individual's assignment to that office.

#### Client Story:

"Kia" and her husband have five children who all need dental treatment. Kia tried repeatedly to set up appointments with her children's dentist but whenever she got an appointment, the dentist's office called her back to tell her not to come in. She did not understand why they keep making appointments and then canceling them. Kia doesn't know if she is enrolled in a dental HMO or not. The Hotline advocate contacted Health Care Options to confirm that Kia and her family were enrolled in a dental HMO. It turns out that the dental HMO Kia had enrolled in no longer was contracted with Medi-Cal so Kia and her family were assigned to a different dental HMO. Although the dentist the family sees participates in the new HMO, the office did not show her as being assigned to their office. Since Kia had not known of this change in dental plans, she had not selected a new dentist for her family. The Hotline advocate contacted Kia's dental plan and requested assignment to a Hmong-speaking dentist, then contacted the dentist's office to set up appointments for Kia and her children.

#### Denials of Care

Many of the reports of care denials were a direct result of other problems related to Medi-Cal eligibility. For example, a provider refusing to schedule an appointment because Medi-Cal shows the person as being ineligible, or a pharmacist not providing a prescription drug because of errors in the Medi-Cal computer system. During this project period, Sacramento County sent out new Benefits Identification Cards (BIC) to Medi-Cal beneficiaries, but some Hmong were showing their old cards at provider offices and being denied services. At the beginning of 2006, several elderly Hmong callers reported problems obtaining prescription drugs due to the implementation of Medicare Part D and the changes in their prescription drug coverage under Medi-Cal as a result of Part D. In some cases, services were denied because the provider did not properly submit a Treatment Authorization Request to Medi-Cal.

### Client Story:

“Lia” is Hmong-speaking, in her mid-20s. She has fee-for-service Medi-Cal and needs an orthotic device. The medical supply company told her that Medi-Cal will not cover the device, even though it is a Medi-Cal covered benefit. Lia’s doctor says he has submitted the Treatment Authorization Request (TAR) to Medi-Cal a couple of times, but it has not been approved. The Hotline advocate contacted the Medi-Cal TAR office to find out the status of the TAR and learned that the TAR office was waiting for a procedure code from the doctor. The Hotline also contacted the medical supply company who explained that a TAR was not necessary because the cost of the orthotic was less than \$250. The Hotline advocate advised Lia to make an appointment with an orthotist who can write the necessary prescription, then take it to the medical supply company. Medi-Cal approved the orthotic device and Lia received it within a few weeks.

### Customer Service Issues

While customer service issues made up only about 6 percent of all reported problems by Hmong callers, the most common customer service problem reported was a slow response to inquiries. The overwhelming majority of these problems occurred because Hmong individuals were trying to reach their county workers to resolve their eligibility problems. Many Hmong reported leaving numerous messages for their workers, and Hotline advocates

also experienced long waits for return calls from eligibility workers. A few Hmong also reported being treated rudely by providers or their staff (typically dentists or dental office staff).

### Client Story:

“Na” is a one-year old Hmong child enrolled in a Medi-Cal HMO. During redetermination of the family’s eligibility for Medi-Cal, Na’s mother learned that Na was not covered by Medi-Cal. Apparently, the child’s name was entered in the system incorrectly. Na’s mother has tried to reach her eligibility worker for two months to get this straightened out but did not receive a return phone call. The Hotline advocate was able to reach Na’s eligibility worker who assigned a temporary number that Na could use to access health care services until the Medi-Cal record was corrected.

### Billing Problems

Although most of the billing problems were reported by callers who had Medi-Cal coverage, about one-third of the billing problems were reported by persons who were uninsured. For Hmong callers with Medi-Cal coverage, most of the billing problems occurred because the Medi-Cal computer system showed them as being ineligible. Services for which individuals were being billed were primarily emergency room care, prescription drugs (for medications not

on the Medi-Cal formulary) and lab tests. For uninsured Hmong callers, the billing problems related to emergency room treatment. Uninsured Hmong callers reporting billing problems were not screened for charity care, financial assistance or for county programs such as the County Medically Indigent Services Program (CMISP) prior to leaving the hospital.

#### Client Story:

“Koh” is a young woman in her 20s who has frequent seizures due to epilepsy. Although Koh has applied for SSI, she has not yet been determined eligible based on disability. Koh currently is uninsured. Koh recently had a seizure, ended up in a local hospital emergency room, and now has a bill for over \$2,000. The Hotline advocate contacted the hospital to find out if Koh had been advised of her right to apply for charity care or other financial assistance. The hospital had not given this information to Koh, and also had not referred her to the county for possible coverage under CMISP, the County Medically Indigent Services Program. The Hotline advocate intervened with the hospital and asked them to submit the bill to the county for payment. When Koh contacted the hospital a few days later, she was told that CMISP would cover the emergency room visit.



## Recommendations

- Medi-Cal health and dental plans should ensure that all contracted providers have the capability to provide interpretation services to their enrollees. At a minimum, health and dental plans should contract with local community-based organizations that serve the Hmong to provide interpretation services and/or make the telephone language line available at all provider offices, including dental offices, within the plan.
- The state and county of Sacramento should prevent the CalWIN computerized eligibility system from issuing incorrect Notices of Action (NOAs) that result in Hmong Medi-Cal beneficiaries losing access to health care coverage and, therefore, health care services.
- The state and county of Sacramento should ensure that CalWIN includes a mechanism to identify a case as Hmong-speaking so that the worker of the day or a supervisor would immediately be aware, upon reviewing the electronic case file, that an interpreter is necessary.
- County eligibility workers assigned to Hmong clients should include in their voice mail messages the name and phone number of a Hmong-speaking supervisor that a consumer can contact if the consumer does not receive a return call from the eligibility worker within 24 hours.
- Medi-Cal notices sent by Sacramento County to Hmong individuals should be in Hmong and include the name and phone number of a Hmong-speaking worker who can answer questions.
- Medi-Cal Notices of Action (NOAs) should include information about how a consumer can receive assistance from the Health Rights Hotline if the consumer believes that the Notice of Action is incorrect.
- Health Care Options and Medi-Cal health and dental managed care plans should place ads on Hmong radio stations informing Medi-Cal beneficiaries how to change plans or providers and obtain interpretation services.
- Hospitals and health systems should ensure that all uninsured Hmong patients receive accurate and timely information in the Hmong language about charity care or other financial assistance programs prior to being discharged from the hospital.

## Conclusion

Hmong callers' experiences with the health care system, primarily through Medi-Cal, demonstrate a strong need for continued education and outreach to help them understand their rights and how to effectively navigate the system. Language barriers and computer system errors prevent the Hmong population from being able to access health care services in a timely manner. Even though many of the problems posed by the Hmong were basic navigational questions (e.g., changing a provider or plan or finding a provider), language barriers and a lack of understanding of who to call required a high level of intervention by the Health Rights Hotline advocate to ensure that the Hmong individual received the proper care, enrolled in the plan, or with the provider, of their choice, or understood their coverage.

Had the Medi-Cal eligibility system worked properly, many of the problems for which the Hmong contacted the Health Rights Hotline would not have occurred. Hmong individuals would have been able to obtain needed medical care in a more timely way if the eligibility systems properly reflected the eligibility status of Hmong individuals and families.

The state of California and the county of Sacramento must take immediate steps to correct the problems with the CalWIN

computerized eligibility system. Both the state and county share responsibility to prevent wrongful terminations of coverage, not only for Hmong Medi-Cal beneficiaries, but for all Medi-Cal beneficiaries. In addition, the county must ensure that Hmong-speaking individuals have timely access to workers who speak their language when problems with eligibility arise.

Health and dental plans that contract with Medi-Cal to provide services to Hmong beneficiaries need to do a better job of ensuring that their contracted providers have the capability to provide interpretation services and understand their obligation to do so. Medi-Cal managed health and dental care plans, as well as Health Care Options, should use Hmong radio to educate Hmong enrollees about their rights to interpretation services and how to access such services, and how to change their plans or providers when they are not satisfied.

The Health Rights Hotline looks forward to working with the state, the county, the Medi-Cal health and dental plans, Health Care Options, and local health care providers and health systems to improve access to health care for the Hmong population in the Sacramento area.



## Appendix A: Issues Reported by Hmong Callers

For the period October 1, 2004-July 31, 2006

Total Hmong Cases: 205

CODE	ISSUE DESCRIPTION	# OF ISSUES	PERCENTAGE
<b>Access to Care</b>			
A 5	Difficulty Changing Plans, Group or Provider	35	8.5
A 19	Difficulty Finding a Provider	8	1.9
	<b>Total - Access to Care</b>	<b>43</b>	<b>10.4</b>
<b>Access to Coverage</b>			
A 4	Affordability	3	0.7
E1	Other Eligibility Problem	0	0.0
E 2	Afraid to Apply	0	0.0
E 3	Application Denied	3	0.7
E 4	Application Processing Delayed	1	0.2
E 5	Continuation Coverage	0	0.0
E 6	Consumer Not Screened for Coverage	2	0.5
E 7	Eligibility Terminated or Proposed for Termination	31	7.5
E 8	Inter County Transfer Problem	0	0.0
E 9	Medi-Cal/Healthy Families Disconnect	2	0.5
E 10	Procedural Problems	30	7.3
	<b>Total - Access to Coverage</b>	<b>72</b>	<b>17.5</b>
<b>Barriers to Care</b>			
A 6	Disability Access Problem	0	0.0
A 11	Language Barrier	141	34.2
A 14	Transportation Problem	0	0.0
CS 8	Cultural Barrier	2	0.5
	<b>Total - Barriers to Care</b>	<b>143</b>	<b>34.7</b>
<b>Customer Service Issues</b>			
A 10	Lack of In-Person Telephone Accessibility	4	1.0
A 15	Inaccurate Plan Information	0	0.0
C 6	Slow Payment	0	0.0
CS 5	Communication/Courtesy Problem	7	1.7
CS 6	Slow Response to Any Inquiries	12	2.9
	<b>Total - Customer Service Issues</b>	<b>23</b>	<b>5.6</b>
<b>Delays</b>			
A 1	Appointment Time Too Long Wait	0	0.0
A 2	Authorization Delay	7	1.7
A 3	Authorized Care Not Scheduled	0	0.0
	<b>Total - Delays</b>	<b>7</b>	<b>1.7</b>

*continued.*

## Appendix A: Issues Reported by Hmong Callers

For the period October 1, 2004-July 31, 2006

Total Hmong Cases: 205

CODE	ISSUE DESCRIPTION	# OF ISSUES	PERCENTAGE
<b>Denials</b>			
CS 3	Care - Denial	26	6.3
	<b>Total - Denials</b>	<b>26</b>	<b>6.3</b>
<b>Inappropriate Care</b>			
CS 1	Care/Treatment/Facilities Inappropriate/Inadequate	9	2.2
CS 2	Care - Diagnosis Inappropriate	0	0.0
CS 4	Care - Inappropriate Facility Discharge	0	0.0
	<b>Total - Inappropriate Care</b>	<b>9</b>	<b>2.2</b>
<b>Billing Problems</b>			
C 3	Billing Problem	22	5.3
C 4	Liens/Accident Payments	0	0.0
C 8	Coordination of Benefits	0	0.0
C 9	Fraudulent Billing	0	0.0
	<b>Total - Billing Problems</b>	<b>22</b>	<b>5.3</b>
<b>Other Problems</b>			
A 7	Disenrollment for Cause	1	0.2
A 12	Medical Records Access	1	0.2
A 16	Other Access Problem	0	0.0
C 5	Premium Concerns	0	0.0
C 7	Other Billing Issue	0	0.0
CS 7	Other Care/Service Issue	0	0.0
M 2	Confidentiality Concerns	0	0.0
M 4	Long Term Care Related	0	0.0
M 6	Workers' Compensation Related	3	0.7
M 8	Complaint About Regulator/Agency	0	0.0
	<b>Total - Other Problems</b>	<b>5</b>	<b>1.2</b>
<b>Consumer Education</b>			
CE 2	Finding a Provider	13	3.2
CE 3	Choosing a Health Plan	0	0.0
CE 4	Patient Education	25	6.1
CE 5	Managed Care Policy Questions	0	0.0
CE 6	Other Consumer Education Issue	0	0.0
CE 8	Coverage Options	24	5.8
	<b>Total - Consumer Education</b>	<b>62</b>	<b>15.0</b>
<b>Total Problems and Issues:</b>		<b>412</b>	

## Appendix B: Health Rights Hotline Issue Categories

CAT	#	CATEGORY	DEFINITION
		<b>Category A: Accessibility</b>	<b>Category "A" involves issues related to accessing necessary health care services, providers or programs.</b>
A	1	Appointment Time Too Long Wait	Consumer has an appointment scheduled for care but feels it is too far in the future. <b>OR</b> The consumer, whether or not s/he has been able to schedule an appointment, believes the waiting time is not reasonable given the medical condition, and any pain or inconvenience s/he feels will be caused or exacerbated by the delay.
A	2	Authorization Delay	Consumer believes that the plan, medical group or program is taking too long to approve care, treatment, referral or prescriptions. <b>OR</b> Consumer feels that the provider is taking too long to submit the authorization.
A	3	Authorized Care Not Scheduled	Consumer has been given approval by the program, medical group or plan to receive specialty care or tests, but has experienced difficulty in scheduling the treatment.
A	4	Affordability	Consumer feels that health insurance premiums, deductibles or co-pays are not affordable. <b>OR</b> Consumer has a high share of cost they cannot afford. <b>OR</b> Consumer feels that the cost of the needed service is not affordable.
A	5	Difficulty Changing Plan, Group or Provider	Consumer wishes to change from one plan, group or provider to another but is experiencing difficulty (e.g., plan rules or provider group limit when/how changes can be made; consumer wants PCP in another group, but same plan; changing from health plan to FFS; default assignment problem; consumer is enrolled in a prescription drug plan but wants to change and needs help).
A	6	Disability Access Problem	Consumer has difficulty accessing or communicating with the plan, provider or program and/or facilities for reasons related to the consumer's disability. (e.g., inaccessible by wheelchair, ramps too steep, no handrails, no sign language interpreter available).
A	7	Disenrolled or Terminated for Cause	The plan or medical group wants to disenroll the consumer, but the consumer contests the reason(s) and wants to stay enrolled. <b>OR</b> Consumer has been disenrolled from the plan. Potential reasons include a change in eligibility, the consumer is not complying with the plan rules or consumer can no longer pay for services. <b>OR</b> Provider wants to terminate, or has terminated, the relationship with the consumer.
A	10	Lack of In-Person Telephone Accessibility	Consumer is unable to get through to an office or customer service representative due to busy signal or no answer. <b>OR</b> Consumer is unable to get a "live" person on phone.
A	11	Language Barrier	Limited English Proficient (LEP) consumer is having difficulty accessing services because of language communication problems between him/her and the provider, plan or program. <b>OR</b> Provider will not provide an interpreter in consumer's primary language. <b>OR</b> Plan or provider printed material is not available in the consumer's language.

*continued.*

## Appendix B: Health Rights Hotline Issue Categories

CAT	#	CATEGORY	DEFINITION
A	12	Medical Records Access	Consumer wants access to, or is having a dispute about, his/her medical records.
A	14	Transportation Problem	Consumer has difficulty getting to a doctor or facility because his/her medical condition prohibits safe driving or comfortable transportation. <b>OR</b> Consumer is on Medi-Cal or Medicare and necessary transportation to get needed medical care.
A	15	Inaccurate Plan Information	Consumer finds written material or provider directory (e.g., EOC) to be unclear, confusing or inaccurate. <b>OR</b> Consumer believes s/he was given false or misleading information about the plan's services, prices or delivery system (e.g., availability of providers and specialists, coverage of specific conditions).
A	16	Other Access Problem	
A	19	Difficulty Finding a Provider	Consumer, whether insured or uninsured, is having difficulty finding a provider or medical care or services.
		<b>Category "C": Claims/Payment</b>	<b>Category "C" involves circumstances in which a consumer has been billed or is having a dispute involving payment for health care services.</b>
C	3	Billing Problem	Consumer, whether insured or uninsured, has received a medical bill that s/he thinks s/he should not have to pay all or part of or does not understand (including Medi-Cal co-pays, Medicare assignment, or balance billing).
C	4	Liens/Accident Payments	Consumer has a disagreement with a plan or provider about which insurer or party is liable for when services rendered are covered by another's insurance or through a legal action (e.g., automobile accident).
C	5	Premium Concerns	Consumer disagrees with or is unhappy about an increase in their premium or their contribution to the premium. <b>OR</b> Consumer has requested a refund of premiums paid to the plan and has not yet received the refund or the plan disputes the request for a refund.
C	6	Slow Payment	Consumer claims s/he has not received payment due from the plan, provider or medical group. <b>OR</b> Consumer believes that the plan's slow payments to a provider are affecting his/her access to care.
C	7	Other Payment Problem	
C	8	Coordination of Benefits	Consumer is having difficulty with plan, provider or payer determining which payer(s) should pay for all or part of the services received (e.g., each spouse has health insurance coverage through work or consumer has Medicare and Medi-Cal coverage).
C	9	Fraudulent Billing	Consumer feels that a health plan or program is being charged for services s/he didn't receive.

*continued.*

## Appendix B: Health Rights Hotline Issue Categories

CAT	#	CATEGORY	DEFINITION
		<b>Category "CE": Consumer Education</b>	<b>Category "CE" involves questions, rather than problems, about options for health care or information about health care services.</b>
CE	1	Hotline/Program Services	Consumer wants information on the services provided by the Health Rights Hotline.
CE	2	Finding a Provider	Consumer, whether insured or uninsured, wants information about finding or choosing a provider (e.g., finding a FFS provider, choosing a PCP or PCD, medical care referral).
CE	3	Choosing a Health Plan	Consumer wants help with, or information about, how to choose among health plans.
CE	4	Patient Education	Consumer wants information about his/her medical condition (e.g., treatments, options, costs, risks, providers) or general information about navigating the health care system (e.g., information about financial incentives, understanding his/her coverage or how to access health care services). <b>OR</b> Consumer just wants a referral.
CE	5	Health Care Policy	Consumer has inquiry or concern related to a broad policy or political issue in health care, including managed care.
CE	6	Other Consumer Education Issue	
CE	7	Brief Service & Referral	Consumer receives brief service and referrals only.
CE	8	Coverage Options	Consumer wants information on what his/her health care coverage options are.
		<b>Category "CS": Care/Service</b>	<b>Category "CS" involves "quality of care" concerns either with medical services received or communication problems with health plans or providers.</b>
CS	1	Care/Treatment/ Facilities Inappropriate or Inadequate	Consumer believes that the care provided by a provider was not correct for his/her condition. <b>OR</b> Consumer believes that the care provided for his/her condition by a provider was not sufficient, and s/he could and should have received additional services, treatment, tests, medications or a longer stay in a hospital or other facility. <b>OR</b> Consumer believes that a provider's facilities are not adequate or appropriate for his/her needs.
CS	2	Care – Diagnosis Inappropriate	Consumer believes that a diagnosis made by the provider was not accurate or appropriate for his/her actual condition.
CS	3	Care – Denial	Consumer has been denied care, service, treatment or medication for any reason (e.g., told that the needed service is not medically necessary, is not a covered benefit under his/her health plan or program, or is experimental or investigational).

*continued.*

## Appendix B: Health Rights Hotline Issue Categories

CAT	#	CATEGORY	DEFINITION
CS	4	Care – Inappropriate Facility Discharge	Consumer believes that s/he did not get adequate or appropriate health services or information after being discharged from the hospital or other facility given his/her condition or needs. <b>OR</b> Consumer feels that s/he is being discharged from the hospital or other facility too early.
CS	5	Care/Service – Communication/ Courtesy Problem	Consumer is having difficulty communicating his/her needs, desires or questions or concerns. <b>OR</b> The plan, provider or program staff are not being effective in communicating the nature, treatment options, costs or alternatives related to her condition. <b>OR</b> Consumer feels he/she is not being treated with respect or courtesy (staff is rude or discourteous). <b>OR</b> Program staff are not effectively communicating the program’s rules or requirements (e.g., Medi-Cal eligibility worker).
CS	6	Care/Service - Slow Response to Any Inquiries	Consumer is unhappy with the amount of time the plan, provider or program is taking to respond to his/her questions or problems.
CS	7	Other Care/Service Issue	
CS	8	Care/Service - Cultural Barrier	Consumer believes s/he did not receive adequate or appropriate health services because of a cultural barrier with the plan, provider or program.
CS	9	Care/Service - Continuity of Care	Consumer has to change from one health care provider, plan or pharmacy to another in order to obtain coverage for some or all of his/her health care.
		<b>Category E: Eligibility</b>	<b>Category “E” involves problems with applying for coverage or availability of coverage for health care services or programs.</b>
E	1	Other Eligibility Problem	
E	2	Afraid to Apply	Consumer has not applied for coverage because s/he is afraid to apply due to immigration concerns, welfare time limits or other reasons.
E	3	Application Denied	Consumer has applied for health coverage and the application was denied.
E	4	Application Processing Delayed	Consumer has applied for health coverage but the processing of the application has been delayed.
E	5	Continuation Coverage (formerly A17)	Consumer believes she/he has the right to continuation coverage under COBRA or HIPAA, but is having trouble accessing the coverage because s/he was not given COBRA or HIPAA notice, has received misinformation, or was denied coverage.
E	6	Consumer Not Screened for Coverage	Hospital did not screen uninsured consumer for charity care or other public coverage programs such as Medi-Cal or CMISP.
E	7	Eligibility Terminated or Proposed for Termination	Consumer has received a termination notice. <b>OR</b> Consumer has had their health coverage terminated. <b>OR</b> Consumer has been told that their health coverage will be terminated.

*continued.*

## Appendix B: Health Rights Hotline Issue Categories

CAT	#	CATEGORY	DEFINITION
E	8	Inter-County Transfer Problem	Consumer has moved from another county and is having difficulty transferring his/her Medi-Cal record to the new county. <b>OR</b> Consumer does not know how to transfer Medi-Cal to the new county.
E	9	Medi-Cal/Healthy Families Disconnect	Consumer is unable to get Healthy Families or Medi-Cal coverage because the program says they have an open case in the other program. <b>OR</b> Consumer has a problem with the Medi-Cal/Healthy Families Bridge Program.
E	10	Procedural Problems	Consumer is having problems with the application process other than the application being delayed or denied. <b>OR</b> Consumer's Medi-Cal record is incorrect. <b>OR</b> Consumer is having problems with the Medicare Part D program due to computer/system errors.
		<b>Category "M": Miscellaneous</b>	<b>Category "M" involves health care issues not covered by one of the other categories.</b>
M	1	Other	
M	2	Confidentiality	Consumer is concerned about breaches to the privacy of his/her medical records or information.
M	4	Long Term Care Insurance	Consumer wants information about long-term care coverage and what his/her options are for receiving it.
M	6	Workers' Compensation	Consumer seeks assistance regarding eligibility, coverage or payment for care under Workers' Compensation, or the interface between health insurance and Workers' Compensation.
M	8	Complaint About Regulator/Agency	Consumer is dissatisfied with his or her interactions with a regulatory agency, community agency or other organization that is not a health plan, medical group, hospital or other health care provider.
M	10	Organization Inquiry	Organization representative wants information about a health care program, benefit, coverage or process.
M	11	Issue Resolved	Client has resolved the issue on his/her own.

*continued.*

## Appendix B: Health Rights Hotline Issue Categories

CAT	#	CATEGORY	DEFINITION
		<b>Category "I": Inappropriate</b>	<b>Category "I" issues are not related to health care, are for persons outside the Hotline's service area, or involve issues not handled by the Hotline.</b>
I	1	Other Inappropriate Issue	
I	2	Non-Health Care Related	Consumer wants information, assistance or referral not related to health care (e.g., housing, employment, public benefits).
I	3	Out-of-Area	Consumer lives out of the Hotline's service area.
I	4	Other Health-Related	Consumer wants information, assistance or referral that is health-related, but is not a problem the Hotline addresses (e.g., clinical questions, looking for skilled nursing facility, IHSS problem).
I	5	Provider Inquiry/ Complaint	Caller is a provider with a managed care-related inquiry or complaint concerning the provider's relationship with a group or plan.
		<b>Category "S": Subject Selections</b>	<b>Category "S" identifies the type of medical care or service around which the consumer is having the problem.</b>
S	1	Other Medical Care or Service	
S	2	Alternative Therapies	Care that is considered alternative, homeopathy, aromatherapy
S	3	Ambulance/ Transportation	Transportation for medical services
S	4	Chiropractic Services	
S	5	Continuing Care/ Extended Care/ Skilled Nursing Care	Ongoing care in a skilled or continuing care facility (though out of hospital)
S	6	Dental Care	All dental care services, including specialty dental care
S	7	Dental/Medical Overlap	Care at overlap of medical/dental services (e.g., TMJ, reconstructive surgery on the jaw)
S	8	Diagnostic Testing	Lab tests, MRI, X-rays, scans
S	9	DME	Durable medical equipment (e.g., wheelchairs, walkers, beds, medical supplies)
S	10	Emergency/Urgent Care	

*continued.*



## Appendix B: Health Rights Hotline Issue Categories

CAT	#	CATEGORY	DEFINITION
S	11	Experimental Treatment	Treatment, procedure or medication which plan or provider considers unproven
S	12	General Office Visit	Primary care only
S	13	Home Health	Services received by the patient in the home and paid by the plan or program
S	14	Hospice/Terminal Care	End-of-life care
S	15	Hospital Care	Includes inpatient and outpatient services provided at an acute care hospital except emergency, maternity or surgery
S	16	Maternity	Perinatal care includes, prenatal care, delivery, postpartum care
S	17	Mental Health	
S	18	Hearing	
S	19	Out-of-Area Care	Care received outside of the geographic area covered by the plan
S	21	Prescription Drugs/ Formularies	
S	22	Preventive Services	Includes EPSDT, immunizations, pap smears, cancer screenings
S	23	Rehabilitation/ Developmental Therapies	Outpatient occupational therapy, physical therapy and other rehabilitation services including speech therapy
S	24	Specialty Care	All specialists except dental, mental health or vision
S	25	Substance Abuse Treatment	Alcohol or drug abuse treatment
S	26	Surgery	
S	27	Vision Care	
S	28	Second Opinion	
S	30	Coverage	

## Appendix C: Health Rights Hotline Service Provided Definitions

**Counseling Provided** – Gave general advice, answered questions, explained how to go about resolving problems, provided a referral to a health plan, medical group, community agency or regulatory agency. Educated uninsured callers about their options for obtaining coverage.

**Clarified Plan, Provider or Program Policies** – Advised client extensively regarding the law or other policy to provide guidance on a specific issue, such as Medi-Cal or Medicare coverage issue, COBRA or HIPAA rights, or health plan appeal process. Reviewed the client’s EOC and advised them regarding their coverage. Provided in-depth information about a particular program, such as MRMIP, Healthy Families, Medicare Part D, etc.

**Facilitation and Advocacy** – Facilitated communication in order to resolve a problem between client and a health care entity such as a health plan, medical group, provider office, government agency or other organization by contacting the entity on behalf of a client, e.g., to schedule or expedite an appointment, or shorten the processing time on an application for coverage. Contact can be by telephone, in person through interactive Web sites, or through electronic or hard written communication. Does not include grievances or appeals.

**Negotiated Resolution of Dispute** – “Turned a ‘no’ into a ‘yes.’” Intervened on behalf of a caller with a health plan, medical group, provider, government agency or other organization, resulting in the satisfactory resolution of the problem. Examples include working out a payment plan to pay off a bill, getting a bill or claim for services waived, getting services covered by a health plan, getting an authorization or a referral for a client and securing coverage for someone who was terminated or found ineligible for coverage. If the result of the negotiation is unfavorable to the client, advocates should still select this outcome if they participated in the negotiation and provided appropriate referrals for further assistance after receiving the decision.

**Assisted with Grievance/Appeal** – Helped a client file a grievance or an appeal letter, including reviewing an appeal letter drafted by a client, preparing pro per letters or conducting research to support an appeal.

**Direct Representation** – Acted as Authorized Representative for a client in an administrative or formal appeals process or hearing.



Prepared by:



**HEALTH RIGHTS HOTLINE**  
INDEPENDENT ASSISTANCE FOR HEALTH CARE CONSUMERS

Serving El Dorado, Placer, Sacramento and Yolo Counties

519 12th Street  
Sacramento, CA 95814  
916.551.2100  
[www.hrh.org](http://www.hrh.org)

Funded by:



1000 North Alameda Street  
Los Angeles, CA 90012  
800.449.4149  
[www.calendow.org](http://www.calendow.org)