Using Supported Decision-Making in Healthcare Advocacy

SUPPORT FOR FAMILIES
EDUCATION • EMPOWERMENT • EQUITY

Family Resource Navigators

California State Council on Developmental Disabilities

Learning goals

- Learn about patient rights in the healthcare system.
- Discover how to file grievances.
- Understand state-level healthcare complaints.

What are my rights as a patient ?

Some Important Patient Rights in California

Patients have a lot of rights in the healthcare system in California (for example):

You have the right to an appointment with your primary care doctor (10 business days), specialists (15 business days), and urgent care (48 to 96 hours).

You should be able to reach a qualified health professional by phone 24 hours a day, 7 days a week. If you need a call returned, you can expect a call within 30 minutes of leaving a message.

Office of Patients Rights, State of California

Some Important Patient Rights in California

If English is not your first language, your health plan usually has to provide you with assistance in your language at no extra cost, along with important materials.

You have the right to select your own doctor and seek a second opinion regarding a serious health issue concern.

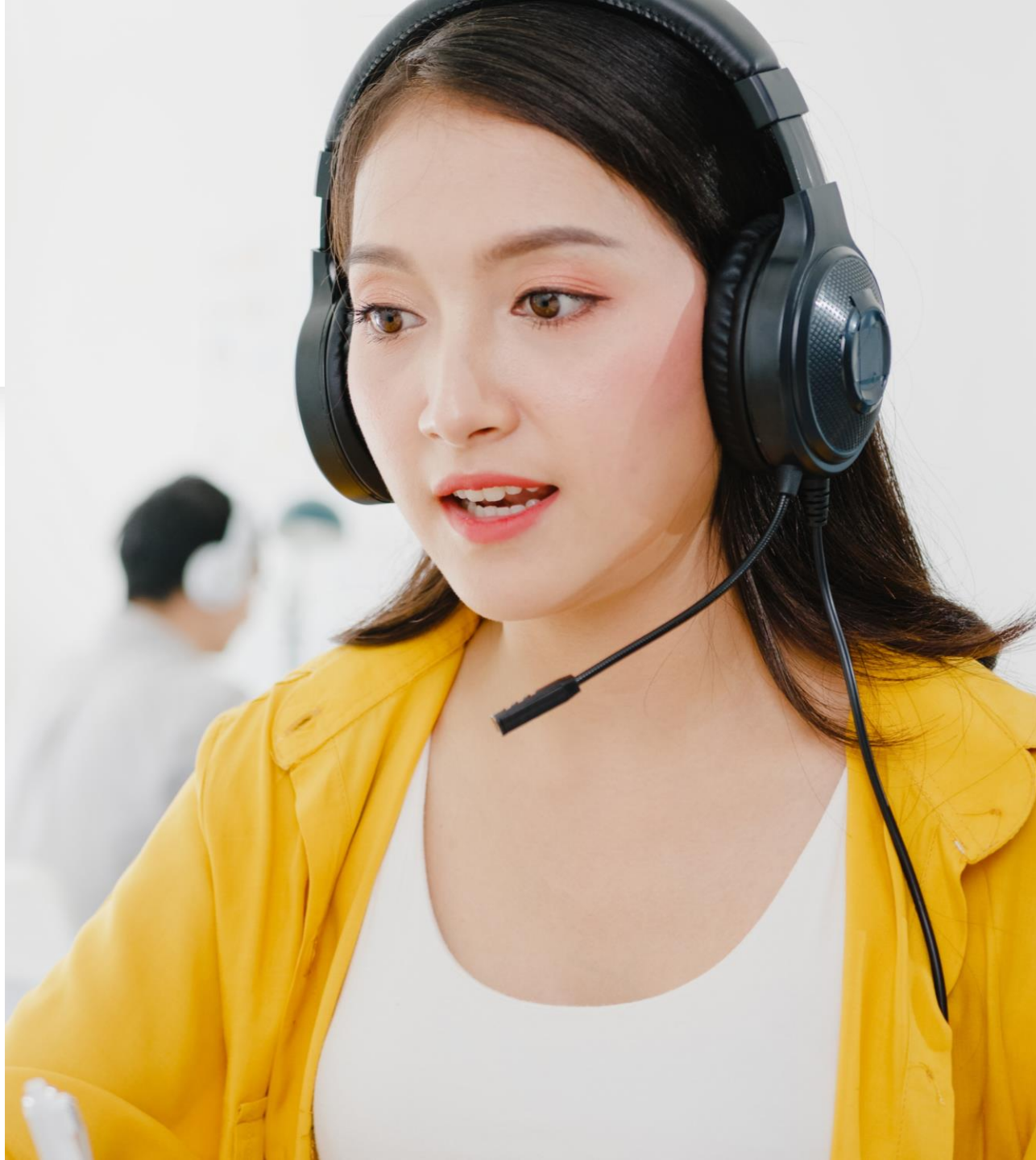
You can ask that your diagnosis and treatment options be explained to you so that you understand it. You can ask for this information to be written down.

You can request that your diagnosis and treatment options be explained to you so you understand them. You can also ask for this information to be written down.

What can I do if I have a complaint?

A complaint is also known as a **grievance**

You have the right to file a grievance with your health plan. (You might want to talk to your doctor first to see if they can help.)



Filing a grievance using SDM

- You begin the grievance process by calling your health plan's Member Service phone number. You may also submit a complaint by letter or email.
- **If you are using SDM and have a supporter helping you communicate, you may need to be present during discussions, or they may need an authorized representative or power of attorney agreement for the insurance company to accept the grievance.**
- Health plans may request an authorized representative or power of attorney agreement even if you are submitting a grievance in writing, since health plan staff often call to investigate the complaint.

Filing a Grievance

Office of Patients Rights, State of California

- State clearly that you want to file a formal complaint and then explain the problem.
- If your issue is urgent, be sure to inform your health plan.
- You can also ask your doctor or a doctor outside of your health plan to assist you by writing a letter explaining why you need the service.
- You must file your complaint within 6 months of the incident or action that caused the problem. After submitting your complaint, your health plan must provide a decision within 30 days, or within 3 days if your health issue is urgent.

Help with Grievances

Most people can file an appeal with one of the state help centers listed below. If they can't help with your appeal, the state help centers will refer you to the right place.

- Department of Managed Health Care (for help with most health plans)

  Contact DMHC for help with problems with your health plan or for referrals if you don't know where to get help.
  1-888-466-2219
  www.healthhelp.ca.gov

- California Department of Insurance

  Contact CDI for help with many PPO plans and help with other kinds of health insurance.
  1-800-927-4357
  www.insurance.ca.gov

The grievance did not work, is there anything else I can do?

Independent Medical Review (IMR)

If your Health Plan **denies, changes or delays your request for medical services, denies payment for emergency treatment or refuses to cover experimental or investigational treatment for a serious medical condition**, you can apply for an Independent Medical Review (IMR).

What can IMR not consider?

Review health claims denied by the insurance company because the service or treatment is not covered under the insurance contract.

What is IMR?

An Independent Medical Review (IMR) is a process in which expert independent medical professionals are selected to review specific medical decisions made by the insurance company.

Reasons for Independent Medical Review (IMR)

Insurance's denial for a treatment, therapy, medical equipment, or medication on the basis that it is not considered medically necessary.

For example:

A surgery or diagnostic test that your doctor orders but the insurer says no because they don't believe it's needed.

Prescription medication that's denied for non-medical reasons (or because insurer disputes necessity and claims another works as well)

What is Medical Necessity?

- Although there are many definitions of medical necessity, depending on the health plan, they do share some common features. Generally, these features include:
- The care should be appropriate;
- The care should address a problem or enhance the patient's health, functioning, or well-being;
- The care should be provided according to standards of good medical practice or generally accepted medical practice;
- and the care should not be experimental, educational, or investigational.

Reasons for Independent Medical Review (IMR)

Denial of Urgent or Emergency Services
If you need an urgent or emergency medical service and the insurer denies or delays paying for it or providing it.

Experimental or Investigational Therapies
When a treatment is considered experimental or investigational and is refused by the plan, you can ask for an IMR. The law has specific rules for when this kind of denial is allowed.

IMR Using SDM

If you want to authorize someone else to assist you with your Independent Medical Review (IMR) or Complaint, you must designate them as an authorized representative in the process.

This is found on the third page of the application for IMR, and you can also send a copy of a power of attorney with the application.

Important Hints for IMR

Before bringing an issue to IMR, you usually must complete any internal appeal processes for your health plan (unless its urgent).

Need to make sure you have all the relevant documentation such as the IMR form, denial letter from the insurer and relevant medical records.

Get a strong letter of support from the primary care doctor as to why this particular treatment, drug or equipment in needed.

Gather any additional information (test, specialist opinion, published studies or reports).

IMR Using SDM

Getting a favorable decision in IMR can be a big lift for advocacy.

Filing IMR takes time and the support of your medical team and your supporters.

IMR is definitely a circumstance where a strong circle of support makes a big difference.

But it can also be an important tool to getting the healthcare services that you need.

QUESTIONS ?

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