



# HEALTH CARE NEWS

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

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Attorney General  
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## NEW AGREEMENTS GIVE CONSUMERS MORE RIGHTS

Attorney General Eliot Spitzer recently announced groundbreaking agreements with six of the state's largest HMOs requiring them to spell out the specific reasons for denying coverage. Under current law, plans are required to disclose the reasons they use to deny coverage, but have done so in only the most general terms.

The agreements followed a two-year investigation by Spitzer's Health Care Bureau which found that these companies often offered generic phrases – such as “not medically necessary” or “care could have been provided in an alternative setting” –to justify coverage denials for such things as extended hospital stays and mental health treatments.

“At the start of our investigation, consumers were often left wondering why their requests for health care coverage were being denied,” Spitzer said in a press conference. “Now, consumers will know what facts an HMO cites in denying coverage. And if consumers or their doctors disagree with the rationale used to deny coverage, they will be able to appeal the HMOs decision more effectively.”

The companies—serving about 7.5 million consumers are: Aetna/US Health Care Inc., and Prudential Health Plan of New York Inc., Excellus Health Plans; Group Health Inc., HIP Health Plan of Greater New York; Oxford Health Plans; and Vytra Health Plans Long Island. Spitzer's Health Care Bureau will be monitoring these HMOs for two years to ensure they comply with the terms of the agreement.



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

Mrs. K, an Orange County resident, spent months trying to get her health plan - a Preferred Provider Organization (PPO) - to allow her 9-year-old son to see an out-of-network psychiatrist. The PPO had approved visits to this psychiatrist for Mrs. K's 10-year-old daughter, who had the same behavioral problems as her son, on the basis that none of their in-network providers had the appropriate experience to treat her. As a result, Mrs. K's plan was fully covering her daughter's treatment but paying less than half the costs of her son's care. After months in a bureaucratic deadlock, she called the Attorney General's Healthcare Helpline where a mediator contacted the plan, filed a grievance on behalf of the family and obtained full coverage for Mrs. K's son. The plan also reimbursed Mrs. K \$1800 for her out-of-pocket costs.

### Q & A

**Q: I have been very anxious recently and want to see a therapist. Is my health plan required to provide mental health benefits? If not, what options do I have?**

**A:** The best advice is to contact your health plan or check your plan documents for information about mental health coverage. New York State law requires most health plans to cover inpatient and outpatient mental health services. But not all health plans available in New York are subject to this law. And those that do offer mental health services may limit coverage. For example, the plan may limit the number of times you can meet with a mental health professional. If you are denied access to mental health services or your services are terminated by your plan, you have the right to appeal the plan's decision. Call the AG's Health Care Helpline at 1-800-771-7755 for help. If your plan doesn't cover mental health services, you may want to contact 1-800-LIFENET or go to [www.800lifenet.com](http://www.800lifenet.com).

## KNOW YOUR RIGHTS

The Public Policy and Education Fund has released a new guide that explains to health care consumers their rights and protections under New York law. The guide, among other things, tells New Yorkers what type of information a health plan is required to disclose, how to file a complaint and how to appeal a plan's decision to deny care or coverage.

"This is a time of year when New Yorkers have the opportunity to switch health plans," said Joe Baker, the Health Care Bureau Chief. "This guide provides critical information consumers can use to choose a health plan and resolve problems with a plan."

To order one free copy of "Consumers Guide to New York's Managed Care Bill of Rights" call (518) 465-4600 or email at [PPEF@citizenactionny.org](mailto:PPEF@citizenactionny.org).



**DID YOU KNOW?** Only 1-2 percent of health care consumers that are denied coverage appeal, but 75 percent of those who do end up getting more coverage.

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 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: [Rashmi.Vasisht@oag.state.ny.us](mailto:Rashmi.Vasisht@oag.state.ny.us)**