

NATIONAL PATIENT ADVOCATE FOUNDATION

A National Network for Healthcare Reform

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FAX TRANSMITTAL COVER SHEET

DATE: 7/16/98

TO: Brandon Hofmeister

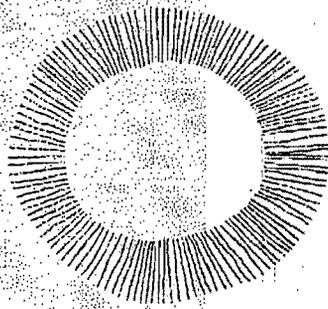
FAX #: (202) 456-5557

FR: Nancy Davenport-Ennis

No. Of Pages (including cover sheet): 36

Please find attached a summary of our cases in both our legal and managed care networks. Please call if you need additional information.

You may access our websites @ www.patientadvocate.org OR www.npaf.org if you wish to know more about our organizations!



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July 16, 1998

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Executive Director

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John Sunonson

The Honorable Bill Clinton
 President of the United States
 The White House
 1600 Pennsylvania Avenue
 Washington, D. C. 20500

Dear President Clinton:

As a national patient advocacy organization whose singular mission is to resolve insurance issues confronting cancer patients nationally, our organization receives referrals from every voluntary health agency in the nation and the major cancer centers. Additionally, we are identified by NCI in the "National Organizations that Offer Services to People with Cancer and Their Families" publication.

We serve patients through our National Legal Resource Network and our National Case Managers Network as we resolve expedited hearings matters, pre-authorization issues, denial of access through geographic redirection or financial refusal to fund the therapy prescribed and billing disputes. Attached are a few of our working summary notes on patients in our two networks: legal and managed care. These notes surely reflect that a Patient Bill of Rights that does not address liability of the plan when patients are in ERISA programs will result in very diminished improvements for our citizens in resolving health care disputes with their providers.

Our cases overwhelmingly reflect the need for reform in the following areas:

- External, expedited hearings by specialists in the disease related areas
- Requirement for reviews in strict, specific time periods to accommodate the medical indication of immediate care prescribed
- Liability by the managed care plan managing the ERISA plans for decisions they render

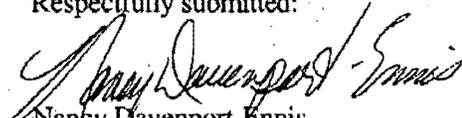
If names of specific patients are needed, please contact us.

Enclosed are our cases and a summary of cases recently provided to us by the United States Department of Labor reflecting consumers who sued their plans only to be informed that our current ERISA law provides no vehicle for remedy. Additionally, I have enclosed a Memorializing Resolution that our organization is presenting in each of the state General Assemblies urging Congress to make regulation and enforcement of ERISA a responsibility of the United States Department of Labor, State Attorney General and State Insurance Commissioner to insure timely responsiveness and equity for the individual consumer caught in the ERISA system.

We lend our full support to the Democratic version of the Patient Bill of Rights, though we

regret that it currently has no provision for funding for the patient portion of Clinical Trials costs. We do encourage that Clinical Trials funding be addressed when the Bill is reported out for review.

Respectfully submitted:



Nancy Davenport-Ennis
Founding Executive Director

cc: Vice-President Al Gore
Senator Thomas A. Daschle
Congressman John D. Dingell

National Legal Resource Patient Referrals
Sheldon Weinhaus ProBono Director

Source	City	ST	Employer	Insurance	Type of illness	Problem	Resolution
Internet	Chicago	IL	unknown	BCBS, IL	Basal Cell Carcinoma	4/21 Pt called, stated ins co trying to cancel pol. Stated all family members have experienced some type of ca. He is concerned that if they cancel the pol he might not be able to obtain another pol. esp since the recurrence of ca is likely because of family history.	I explained that most co's will research for pre-x cond if pt dx shortly after pol eff. (Oct 1, 97) pt dx 3rd wk March, 98. 4/28 fx'd to Art Gorov as consult only. 4/29 Art states that he wants \$750.00 to review cases from now on and if retained for service, the \$ will be deducted from the retainer.
MD Anderson	Houston	TX	Texas Retirement System (School Teacher)	Prudential (PruCare)	Duadonal Cancer (took pt of pancreas)	4/3 pt contacted PAF needs referral to MD Anderson Ca Ctr. Hooked to feeding tube. Ins co does not want to pay for MD Anderson pancreatic specialist. Pt leaking pancreatic fluids, only to be on tube for couple of wks, now been 14-15 wks	N D-E s/w many phys @ Methodist hosp, MD Anderson, Prucare med dir, deputy comm for HMO's, local press. Phy's refused to give referral. Pt losing weight daily; down to 73 lbs. Urgent that she rec tx @ MD A. Gave file to Cindy Leiferman Pt moved to MD Anderson & rec'g tx, gaining weight. Resolved
Unlabeled 800# factory	Calabasas	CA	Kaiser	Kaiser	Ovarian Cancer	5/11, pt called PAF, stem cell transplant denied altho Kaiser phy stated she was a good candidate. HMO stated she had had too much cisplatin; protocol 4 trn didn't use cisplatin. They were concerned that she would have neuro toxicity. Pt had prior radiation, intragastric toxicity. City of Hope was going to use a different drug. Bottom line, pt doing fine.	5/19: snt pkt to pt. Mark Heipler has been recommended by a neighbor, Judge John Doyle and by a law professor @ Pepperdine Univ, Carol Chase. Played telephone tag w/ Mark several times. Finally snt fax 6/15 Pending: fu sch 4: 6/16
	Viola	IL	Modern Woodman of America	Reliastar PPO (North Western National Life)	Mantel cell lymphoma: CMV, now on IV antibiotic.	S/w wife 5/4: As of May 8, Wednesday if he doesn't return to work full time he can not come back to work. (4 children: 3,5,7,9) he is mechanic, wk almost 5 yrs w/ company. Filed complaint w/ EEOC.	Snt file to Mark DeBofsky. Mark stated that since the phy hasn't released pt to return to work, there isn't anything he can do. He also stated that the pt was aware of that but that the wife was so upset that she had been pursuing every avenue possible. S/w wife. states yes they did speak w/ Mark so she understands situation. 'Plz help find a job!..^') Resolved 6/3
Tom Faber, head of Ca	Indianapolis	IN	policy holder, husband wks: Sarco (scrap metal co)	Trustmark	Ovarian cancer	5/22 husband called. Pt in hosp having treatment. Ins. Denied bmt	referred case to Cynthia Leiferman, Esq. 6/12 I msg 4 c/b @ CL ofc. Pending: fu sch 4: 6/15

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National Legal Resource Patient Referrals
Sheldon Weinhaus ProBono Director

Source	City	ST	Employer	Insurance	Type of illness	Problem	Resolution
Website	Locust	NJ	Am Home Prod. Charles Brennan, policyholder, retired	Empire Blue Cross (NY)	non-Hodgkins lymphoma	husband called Paf 6/8/98: ins denied coverage 4 FDA approved clinical trials -states experimental, not covered; has pd 82K in bills, still owes 134k. Dr. Burzinski increased his fees several times after pt was in the program.	Rec'd consideral amt of info from Mr. Brennen. (mk out of ofc 6/10/& 11) Referred case to Sheldon Weinhouse 6/12. SW called, req. to refer to Mark Scherzer in NY (Stated he didn't want to touch it)Mk fx'd info to MS. He is in mtg & will c/b on Mon. Pending: fu sch 4:6/15
Home	Yonkers	NY	unknown	unk	Breast Cancer	6/3, Pt called PAF, needs help w/ job discrimination. Sever harrasment from supervisor. Pt has documentation	6/5, Mk s/w pt, req concise documentation of occurrences & signed consent form. Snt pkt. Pt states she is afraid of being around person @ wk because of the constant harrasment. Advised her not to discuss anything w/ this person unless someone else is with them of her (the pt) choosing; not to argue w/ her, that it is the other person's pblm not hers. Pt was made to feel like she was being punished & that she & her phy had made up the story re her dz. 6/16, mk ref to Susan Slaven & s/w pt. pt states she rec'd pkt & is wkg on document for us. 6/17: John Grasso, Intern w/ atty c/b; info rec'd but unable to reach pt @ this time. Mk will have pt contact their ofc. Pending: fu sch 4: 6/18
Person Barbara Jones	Joliet	IL	Unemployed	Uninsured	Brain Tumor	6/1: pt l msg: PAF c/b 6/3, states disability cut off; said not notified, trying to get reinstated	need to refer out to atty, ck w/ Sheldon. Pending: fu sch 4: 6/8
Andy, RN AMTU nic	West Suffield	CT	True Green Chemlawn	Cigna Health Care (Healthsource. Provident)	non-Hodgkins Lymphoma	mk s/w Pt 6/4/98, states ins co denied transplant, after stem cell collection because his marrow was clean; they said he was in remission so they wouldn't apr.	Pt 2 prepare appeal ltr & fx 2 Kelly Wells @ Hlthsource/Prov by fx in am; cc 2 me; snd'g overnite benefits bk & consent fm. Contacted R. Carter & fx'd info. RC 2 call pt tonite. 6/7: s/w R.C. @ Bd mtg, he will let me know how things are progressing w/ pt. Pending: fu sch for 6/11

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National Legal Resource Patient Referrals
Sheldon Weinhaus Pro Bono Director

Source	City	ST	Employer	Insurance	Type of illness	Problem	Resolution
me	Evanston	IL	Not wking @ present	Celtic Life	Breast Ca w/ mets to brain, lungs, needs grammanice for ca cells in br. Has had non stop tx since Feb 91	4/9 pt called, s/w BH, ins co is going to drop @ end of April. Co. issued policy in error but pt has had pol for approx 8 yrs. She purchased it from brother as group of one. Pol states must be employed in order 4 pol to remain in force. States she has lost her jobs because of poor performance as a result of chemo.	per ND-E instruction, refer to Art Gorov. Art states, no job discrimination at all. However, there may be some serious coverage ?'s which he could not resolve without seeing the entire policy or policies involved. He would require a substantial deposit before further involvement. Spoke w/ pt, states she doesn't have \$ so she will not pursue at this time. Resolved 4/22. 5/21: Pt stated she has heard from an atty, formally w/ an insurance firm, who has offered to assist her @ no chg.
an irger, Atty Chicago Mike older	Schiller Park	IL	Ameritech, phone co 25 yrs	Rush Prudential HMO	Ovarian Cancer	BMT Denied	Pt states was approved for eval @ Loyola Hosp but then denied for BMT there because it was out of network. Sec & 3rd denial was because of plan language: "experimental". 4/28/98, I msg 4 pt. Need req'd info asap. Fx'd info on hand to Art Gorov w/ note additional info will follow when rec'd. 04/29/98, spoke w/ A Gorov. wants above req'd info & \$750.00 to review case and will deduct from retainer if she decides to use him. Passed info to Nancy D-E. 4/30/98 per pt, she has decided against having BMT after speaking w/ several patients. She will discuss alternative care w/ her phy. Resolved 4/30/98
it'l mphoma soc., iroline	Yardly	PA	disabled; Wk'd 4 Avalon Commercial, co has closed	Unum Life	Non-Hodgkins Lymp; Avascular necrosis caused by prednisone & chemo	wife called 4/14: states pt had pol 30+ yrs, no notice of cancelation. Canceled because he wasn't seeing Dr. Freundiech or getting tx. Disability was denied, also. Wife states pt can't raise arms up or bend over; is crippled.	wife states never rec'd copy of policy. She is going to try to obtain copy. Pt saw phy for 5 yrs but nothing has helped him. 4/28 I msg for wife to c/b., need denial ltr & plan doc. Fx'd info to Rich Carter Pending

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National Legal Resource Patient Referrals
Sheldon Weinhaus ProBono Director

Source	City	ST	Employer	Insurance	Type of illness	Problem	Resolution
Insurance	Smiths Grove	KY	Medco Center	Admin. Enterprises, Inc.	Breast Cancer	Needs help with obtaining insurance coverage and/or help with existing bills.	Pt to send log of creditors, amts pd and bal due. Snt pkt w/ consent form to be returned w/ information. She is to ck w/ State Comm. Ofc for insurance pool and make application. Ok to ck w/ Derry about policy. (Pt.ca still active) 6/3/98 rec'd info fr pt. Fx'd to Rich Carter for review. Pending: fu sch for 6/5
Cancer care Endo Walker	North Bergen	NJ	Post Office	unk	Colon Cancer	Pt req job discrimination assistance. States she wants 2 wk & there is plenty of wk 4 her 2 do. Ten of her fellow employees signed a statement that there was plenty of wk. 4 her 2 wk full time. She was out of wk 1/25 thru 3/23. Postmaster had heart attack. OOF in chg, Thomason, told her she could only wk 6:00 to 12:00 so she only wkd 6 hrs. When postmaster was there she wkd 9:30 to 6:30, full time. 6 hrs is not enough wk for her. States Thomason was very arrogant, rude, no compassion, & upset because she didn't obey him. She has used all sick time, vacation time & fellow employees gave her some of their time. She went to the union & is in step 2 of grievance. EEOC complaint mailed.	Refer to Arlene Groch, ESQ.

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Source	City	ST	Employer	Insurance	Type of illness	Problem	Resolution
Cancer ire	San Antonio	TX	none	Medicaid	Non-hodgkin's lymphoma	Needs help with disability denial and appeal denial. Patient has handled everything herself to this point.	(4-7-98) Spoke with Patti @ Dr. Smith's office. Patient to take all info. to office and have Dr. send letter requesting that they pull her file and review his last two letters. (4-15) Pt states she mld all info. Referred case to Cindy Leiferman in TX. She called today and stated that she has spoken w/ Pt's phy after many tries and discussed him re-submitting a more emphatic letter. She will get back w/ me on this case as soon as she hears back from him. 5/27/98
AT wsletter	Phoenix	AZ	none given	Cigna	Breast Cancer	Wants help getting coverage for stem cell that has been denied by insurance carrier. Wants attorney to help her.	(4-14-98) Spoke with Joann Mundrlok at Cigna. She will send copy of appeal letters (by Dr. Taylor). She states financial coordinator (Sylvia) is also working on denial. Updated patient by phone. Nd to wait for grievance to complete. 6/2 spoke w/ Cindy Leiferman earlier about case/ is willing to review. snt by fx today. Pending: fu scht for 6/5
Me	Lemont	IL	Unemployed	The Guardian Physicians Health Serv	Breast Cancer	S/W pt 4/21: fired March 26, 98; ins cancelled 4/1/98. Pt still had 50 hrs comp time, 55 sick days, & 3 personal days. Stated chng in mgm't caused pblms. Pt wkd w/ mentally ill & retarded pts. Lost job while rec'g chemo. Under pressure signed pt's names 2 documents.	requested concise documentation fr pt. Info came by fax but unable to read. Req'd typed document. Rec'd info fr pt by mail. S/w pt. States she is in process of reconstruction surgery. The original surgeon started when she had The Guardian. Now that she has had to change to her husbands pol, BCBS II, HMO will not allow her to complete the process w/ her phy. & are sending her to a phy in the ntwk. Pblm: the new phy doesn't do the same type of reconstruction so he can't complete what the orig phy started. She is caught in the middle. Mark DeBofsky thinks she has a case re: job, & will research pblm w/ health ins. Pt on vacation for nx 2 wks. Pending fu: 7/8/98

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01/97	BMT newsletter	Slidell	LA		Champus Tricare	Breast cancer	Ins Denied BMT	Ref. to Jo Lynn Slama 8/25-has spoken w/pt. requested pt forward materials concerning request for preauthorization together with med records. Upon receipt, Atty. will review mater and will be back in touch w/ pt concerning att reccom. 10/3-in process of collective evident next admin appeal. Does not have metastatic which is basis for denial. 1-15-submitted a request for Hearing and request for reconsideration to ins. (next level of admin appeal.) Pending resolution
01/97	ACS	Athol Springs	NY	Deceased Husband's Insurance/ Lakeshore Central	BCBS	cancer of uterus	wants to be seen by dr. out of area; ins. won't pay; Ref. to Robert Koegel	Told PAF 8/22 by phone that Pt. probably has legal right to require health insurer to pay for opinion from out-of-area health provider, but would look at policy, if forwarded to confirm. Advised by phone several days later i would be. It hasn't.
01/97	Diane Lamb	Chapel Hill	TN	Leader Indus.	BCBS	Multiple myeloma	Ins won't let go to same dr.	Resolved: Hired own attorney; <i>deceased</i>
01/97	None Given	Lebanon	VA	Russell Country Medical Center	Trustmark; ERISA	Breast Cancer	Denied BMT	Resolved: Ref. to Ed Connette 8/25. 9/5-Coverage was approved. Pt is at Duke receive HDC right now.
01/97	None Given	Milwaukee	WI	FlexBen Corp.	BCBS CompCare; ERISA	Ovarian cancer	Ins. not covering stem cell transplant	Resolved: Ref. to Art Gorov; 9/11 Atty review materials; Awaiting copy of complete coverage booklet/handbook and any letters receive from carrier and any correspondence. Med. College Wisconsin agree to do stem cell transplant based on their fund raising.
01/97	BMT Center	Lincoln	NB	Fleming Foods	Retail Wholesale and department store international union; ERISA	Multiple myeloma	stem cell transplant denied	9/18-Hired Rich Carter and Homer Reynolds. Faxed total cost to Rich per his request. Rich reassured him that he had written letter to ins & is speaking w/ their lawyers & will do his best to get it paid for.
01/97	ACS	Highland Park	IL		Conn. Nat'l life Ins.	Breast Cancer	Asked to sign retroactive rider by ins.	Resolved: Pt. decided not to use an attorney

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01/97	Gay Bianchi	Warrington	PA	Bertz Dearborn Company	Prudential; ERISA	ovarian cancer	Ins. deny stem cell transplant	Resolved: Ref. to Homer Reynolds 8/19; 9/9 reviewed tests and it is not in best interest to pursue HD chemo. They will allow appeal to proceed, but will be taking no aggressive steps expedite or influence any outcome.
01/97	Trio Transplant	Midwest City	OK	A.H. Metal Fabricators	Healthcare of OK	liver failure due to Hep. C & or sec. to alcohol	Denied 2 times for liver transplant	Resolved: Completed level II grievance, after hearing of Grievance panel. Anticipate seeking injunction in ct in event of a denial. 10/3-Ins. for transplant-subject to confidentiality clause place on transplant waitg list, receive liver so-
01/97	M.D. Anderson Speech	Waller	TX	None	Medicaid	terminal prostate cancer	Not sure if Medicaid will be part of State HMO; trying to go to M.D. Anderson for treatment	Resolved: -PAF called PAF attorney. Asked to walk him through the appeals steps he need take with Medicaid. Could not get in touch w.
01/97	Women's Fund for HER in Houston, TX-newsletter	Houston	TX	Self-Employed	Trustmark	endometriosis/numerous other procedures	Ins. only pay for one procedure per incision and working from a price list from 1989.	Resolved: After Ref. to 2 PAF attorneys and case worker, determined that PAF would not be able to help. We specialize in cancer, and this was told to patient.
01/97	ACS	Lockport	NY	Lockport City School District	BCBS of Western NY	Breast Cancer	Need help w/ coverage of medications	Ref. to Robert Koegel 9/22. Counselled pt. husband to followup to get the problem solved; agreed he would solve the problems. Pt. husband negotiated settlement of bills w/insurer. Resc.
01/97	MD Anderson	Kennedy	NY	Agway	Unicare ERISA	Stromis Cell Cancer	Wants to go to Brazinski Clinic. Insurance has denied this request.	Ref. to Susan Slavin 10/19-11/12-Tried to contact Ms. Clark at home and work. Unable to speak directly. Informed that pt and husband were receiving treatment. Suspended activity.
01/97	Leukemia Soc.	Cambridge	OH	Unemployed	Uninsured	Chronic Lymphocytic leukemia	\$40,000 in debt. Trying to secure Medicaid cared. Has been denied.	Referred to Debra Bass 10/14.-11/4-Debra did considerable research concerning case, but too far away for her to effectively represent Y. told by Rick Clay, pt case worker, that he had list of attorney in his area who frequently take on cases of cases on a contingency fee in

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01/97	Y-me	Lafayette	LA	Unemployed	Midwest National Life Ins. of TN	Breast Cancer	Wants to know if covered by insurance even though she cancelled it after she was told she was not covered.	11/97-Alicia Dendana wrote letter to pt. to explain that there would be nothing she could do to help patient. Resolved.
01/97	American Health Mag.	Buffalo	NY	Home Properties of Western NY	Independent Health	Breast Cancer	She is deceased. Son wants to resolve insurance issue.	Ref. to Robert Koegel. Advised son to finish informal grievance-go through State Insurance Commissioner. Son realizes nothing to be done through suit. Resolved.
01/97	Lymphoma Fcunc	Los Angeles	CA	U.S Airways	Kaiser Permanente	Lymphoma Cancer	Want to get referral to be seen at City of Hope	Ref. to Mark Hiepler 10/21-Wrote letter to pt. Never responded. Suspended activity
01/97	Coping Mag.	Champaign	IL	Bob Wallace Industrial	Health Alliance	Breast Cancer	Ins denied HDCT/stem cell transplant	Ref. to Art Gorov 10/29-called atty. bro, called left message w/ both, no response. 11/3-suspended activity. 12/3-going w/ another atty. No more PAF activity.
01/97	Jill Rosenbaum-CBS news	Whitestone	NY	Dolan & Traner-sub. of Dupont	U.S. Healthcare	fibro-mylacia	Ins. denied subcutaneous lidocaine infusion treatment	PAF referred her to call Mark Scharzer or Scott Reimer. This would not be a PAF referral. Resolved.
01/97	Brain Tumor Society	San Ramone	CA	Rabco Enterprises	Kaiser-Permanente	brain tumor	Wants referral to another hospital	11/12-PAF advised pt to get definite yes or no from neurosurgeon before any action can take place. 12/97-Ref. to Gary Tysch-Pt. filed formal grievance w/Kaiser. Mailed complain form to f w/ CA authorities. Will contact if any problem.
01/97	Roberta Calhoun-Social worker	Superior	WI	Dental Assistant	American Medical Securities/None	Brain Tumor	Ins. dropped her because did not have certificate in hand when diagnosed.	After reviewing w/2 PAF attorneys, advised pt no claim. No further activity.
01/97	Dr. Avery	Powell	TN	Post Office	Mail Handlers	pre Lymphoma myelodysplasia <i>Disease is not Life threatening</i>	Ins. denied BMT	Ref. to Mr. Cheatem- Atty. is consulting w/ pt. doctor and researching details of case. <i>ND</i>
01/97	BMT newsletter	Gallien	MI	Eagle Technology	BCBS of MI	Leukemia	Ins. denied BMT	Ref. to Rich Carter; He has spoken with pt PAF called pt to have him call Rich Carter.
01/97	Y-me	Tuscon	AZ	U. S. govt	Tricare	Breast Cancer	Job discrimination	Ref. to Deneen Peterson; 3/3 letter informed that atty. is not accepting any new insurance coverage cases at this time. Gave 2 other atty. who may take case.

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01/97	Brain Tumor Foundation	Tonganoxie	KS	Ret. Teamsters Union	Central State	brain tumor	Trying to get disability life insurance.	12/10/97-Ref. to Sheldon Weinhaus-told that needed dr. to say that had brain tumor when retired. Need to get 60 extension on appeal. Would have a case, but need this info from C. PAF called pt. She said she'd do this for husband. Call if need help.
01/98	NABCO	Memphis	TN	Memphis City Schools	Prucare (Prudential) (ERISA)	Breast Cancer	Pt wants referral to breast cancer specialist. One she chose is out of network.	Referred to Rich Carter 3-17-98. <i>Resolved</i>
01/98	Not given	Franklin	TN	Not given	Prudential Plus HMO ERISA	Breast Cancer	Ins. denied stem cell treatment	Sent information to Department of Labor for add to investigation of Prudential. They do not investigate individual cases.
01/98	Y-me	Chicago	IL	would not tell	would not tell	Breast Cancer	Job discrimination	Resolved: Ref. to Mark DeBofsky; Counsellor to contact him when there was a change in his employment.
01/98	Friend	Vista	CA	Self-Employed	Blue Cross	Brain and Spine Tumor	Ins. denied treatment b/c used non-FDA approved treatments	Referred to Mark Hiepier. Needs \$2500 special eval 3-5-98.
01/98	Local Cancer Support	West Haven	CT	Local Telephone Company-Retired	U.S. Healthcare	Prostate Cancer	Ins. has denied proton beam radiation	Resolved: Patient found own attorney which is happy with. Has been approved for treatment
01/98	NABCO	Memphis	TN	Memphis City Schools	Prucare-ERISA	Breast Cancer	Wants referral to breast specialist out of network	Ref. to Don Donati: informed that did not take case. Sent letter to pt. asking if she still need assistance, call PAF office.
01/98	Blood & Marrow Newsletter	Mesa	AZ	United Food & Commercial Workers	Southwest Service Administrators(ERISA)	AML	Insurance has denied BMT	Pt contacted Rich Carter 5 Mar 98 on their own
01/98	Breast Cancer Foundation	Fl Wayne	IN	Kelley Chevrolet	Physicians Health Plan <i>HAD BEEN SUE'D 5 X'S AND Lost.</i>	Breast Cancer	Needs BMT. Insurance denies.	Pt has been to court twice; lost. Referred to Rich Carter. <i>Switched to India Camp. : it PD.</i>
01/98	Leukemia Soc of Am	Stroudsburg	PA	Retired electrician	Uninsured	Multiple myeloma	Pt needs to get Medicare to pay. \$57,000. Needs stem cell trans.	Sent paperwork to Rich Carter 2-20-98. Ask for compassionate plea to get pt into Medicare clinical trials.
01/98	Friend	Zion	IL	Ameritech	Maxicare-ERISA	Breast Cancer	Needs referral to doctor who will do plastic surgery	Suspended Activity: Ref. to Art Gorov, when pt sends him plan language to review, he will start working on the case. Sent letter to pt. asking to mail plan language and let PAF office know.

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National Legal Resource Patient Referrals
Sheidon Weinhaus ProBono Director

01/98	Leukemia Society	Houston	TX	Not given	General American	Leukemia	Debt collection intervention	Resolved: Ref. to Robert Provan; 2/25-atty. v letter to creditor asking that pt. no longer be contacted at work or otherwise harassed. Do not anticipate any further action being needed unless the harassment continues.
01/98	Gay Bianchi	Grand Rapids	MI	Seminary student/part-time church employee	BC of MI	Breast Cancer	Needs T-Cell transplant	Resolved. BCBS will pay for transplant is pt. to either Detroit or Ann Arbor for treatment.
01/98	Cancercare	Franklin	WI	Village Manor Nursing Home	WPS-ERISA	Breast Cancer	Job discrimination	Ref. to Marianne Robbins; Pt. retained atty on contingency fee basis to represent her in her case for discharge against her employer.
01/98	Ovarian Cancer Coalition	Little Rock	AR	Little Rock School System	BCBS of AR-ERISA	Ovarian Cancer	Needs \$6000 wk for fluids, reaching 1 mil cap.	Ref. to Scott Hickman; has tried to contact pt. letter to pt. 3/3, asking her to call PAF and up if she still needs assistance. Copy letter to a
01/98	Internet	Valhalla	NY	Westchester County	Pomco	Maxillary Sinus Adenoid Carcinoma	Total Chg @ hosp \$35k, Ins pd \$11k, fam has pd some; bal owe \$23K	4/8/98 s/w Scott Riemer; will take case & get w/ us to updt asap. 4/15 s/w Felicia in Riemer ofc, he is n/a so will fx memo., Vc fr SR states: s/w pt who stated hosp in process of neog bill msg 4 pt 2 c/b. 4/16 s/w Jerry (husband) 4 updt states bal is now down to 16,500. Pomco ins for W. Chester Co. Phillip Speziale is the ben. admin for the co. Co atty involved is Cashman wants to see if nego comes thru before SR gets involved and will c/b asap. 4/27 l msg 4 c/b. 4/29 same; 5/11 s/w daughter, neither parents @ home, states pblm s/b resolved on Wed. Pending
01/98	BMT Newswitter	Skokie	IL	Union (arcade business services)	Local 25 Union Health (ERISA)	Breast Cancer to ribs	Ins denied stem cell transplant - experimental.	Referred to Rich Carter 3-13-98; said he will consult w/ them. Resolved: Ins. TRANS. in April.

01/10/98 14:30
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PATIENT ADVOCATE
013

Patient Advocate Foundation
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National Legal Resource Patient Referrals
 Sheldon Weinhaus ProBono Director

01/98	Friend	Grant Pass	OR	ECS Composite	KMSB	CML	BMT Denied	pt called 3/6/98, as of 3/13 @ 3rd appeal level prior notes. 4/7/98: s/w Rich Carter, will take c/b info. 4/15 Mk follow up: fx'd memo req'd u/s/w Kelly. Rec'd fx fr Kelly, R.C. s/w pt, she is send him info. 4/23 rec'd fx fr RC, pt to c/b; she ck w/ phy to see if he will be avail for an appeal. 4/27: s/w Kelly, doesn't think pt has responded: msg 4 c/b fr Kelly. is phy going to be avail?.. 4 pt to call, re phy. 4/29 pt states she is wkg on phy 2 be on stand by w/ a cell ph. Req'd her to stop immediately and get arrangements finalized. hearing is scheduled for tomorrow. If she needs my assistance, she'll let me know. Pending
01/98	American Cancer Society	Modena	NY	Spence Engineering	Not given	Hodgkins Disease	Employer wants her to take voluntary layoff. She said no.	PAF attorney willing to consult with pt, but PAF office cannot get in touch with pt (will send pt letter asking for better contact numbers) 4/8: ml s/w sec in atty's ofc. Req that she pull file & update status of case. 4/27 snt fx req'g fu asap. No response. 5/15 s/w pt. states after speaking w. new manager & explaining what happened he straightened everything out for her. Everything alright now. Resolved 5/15/98
01/98	Response Oncology: Gay Bianchi	Liverpool	NY	Lockheed Martin Integrated	Premier Health Network	Inflammatory Breast Cancer	3/19 William Mandeville called, Ins denied HD Chemo & Stem Cell Trn	3/19/98 referred to Woody Connette. 4/15 mk fx to WC for follow up, 4/27 mk fx to WC for follow up. WC states will c/b rx wk. WC has spoken another atty to affirm plan language, Will keep updated
01/98	BM Foundation	Las Vegas	NV	ABC Taxi	Sierra Health Options (ERISA)	Non-Hodgkins Lymph	Pt needs stem cell or bone marrow transplant. Insurance policy excludes organ transplant.	
01/98	Colleague, Dr. Bailey	Howell	NJ	Not given	no insurance	Colon Cancer	Pt didn't qualify for Champus; Inappropriate treatment from VA hospital	Refer to Rich Carter; per R. Carter, family has hired an attorney. Resolved 04/23/98

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National Legal Resource Patient Referrals
Sheldon Weinhaus Pro Bono Director

11/98		Williamstown	MA	Williams College	Pilgrim Harvard Health	Ovarian cancer	Job Discrimination Tenure Discrimination	04/16/98: l msg 4 pt to c/b, need dt fired; need referral from Sheldon Weinhaus. Referred to Warren Pyle @ 617-723-5500. L. msg for c/b 4/16. Atty Pyle no longer w/ firm. L/msg 4 c/b receptionist. Fx'd info & s/w atty. States he has exp w/ many faculty @ univ. and exp w/ disability cases. He will take case... sent fx to PAF 5/7 to accept pt. have pt to call him. s/w Ms. Beretz. is delighted and will contact him.
01/98	Lymphoma Found	Kailua-Kona	HI	Retired: Fed Gov't, Dept of Defense, Merchant Marine	Kaiser	Low grade Lymphoma	Kaiser Phy avoiding pt's req 4 specific treatment. Pt has had oral chemo for 4 yrs. Retuxian was approved so he wants the tx however Kaiser deny's coverage. Actually, phy is against it, then for it, then against it again. He keeps going back & forth. When pt mentioned that the drup had been approved, the phy stated that he was not in the experimental business.	4/21: pt to document activity & fax. 5/5: refer to Mark Hiepler. Constance called stated Mark cannot handle this case @ this time, esp since pt in Hawaii. Req'd referral to atty in Hawaii. 5/11: heard from Constance, phoned back & l. msg referred to Richard Turbin in Hawaii
01/98	Cancer care	San Antonio	TX	none	Medicaid	Non-hodgkin's lymphoma	Needs help with disability denial and appeal denial. Patient has handled everything herself to this point.	(4-7-98) Spoke with Patti @ Dr. Smith's office. Patient to take all info. to office and have Dr. letter requesting that they pull her file and review his last two letters. (4-15) Pt states she mld also. Referred case to Cindy Leiferman in TX. She called today and stated that she has spoken w/ Pt's phy after many tries and discussed him re-submitting a more emphatic letter. She will go back w/ me on this case as soon as she hears back from him. 5/27/98

PATIENT ADVOCATE

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National Legal Resource Patient Referrals
Sheldon Weinhaus ProBono Director

01/98	Cancercare Brenda Walker	North Bergen	NJ	Post Office	unk	Colon Cancer	Pt req job discrimination assistance. States she wants 2 wk & there is plenty of wk 4 her 2 do. Ten of her fellow employees signed a statement that there was plenty of wk. 4 her 2 wk full time. She was out of wk 1/25 thru 3/23. Postmaster had heart attack. OOF in chg, Thomason, told her she could only wk 6:00 to 12:00 so she only wkd 6 hrs. When postmaster was there she wkd 9:30 to 6:30, full time. 6 hrs is not enough wk for her. States Thomason was very arrogant, rude, no compassion, & upset because she didn't obey him. She has used all sick time, vacation time & fellow employees gave her some of their time. She went to the union & is in step 2 of grievence. EEOC complaint mailed.	Refer to Arlene Groch, ESQ.
01/98	Y-me	Evanston	IL	Not wking @ present	Celtic Life	Breast Ca w/ mets to brain, lungs, needs grammanice for ca cells in br. Has had non stop tx since Feb 91	4/9 pt called, s/w BH, ins co is going to drop @ end of April. Co. issued policy in error but pt has had pol for approx 8 yrs. She purchased it from brother as group of one. Pol states must be employed in order 4 pol to remain in force. States she has lost her jobs because of poor performance as a result of chemo.	per ND-E instruction, refer to Art Gorov. Art si no job discrimination at all. However, there ma be some serious coverage ?'s which he could resolve without seeing the entire policy or pol. involved. He would require a substantial depc before further involvement. Spoke w/ pt, state she doesn't have \$ so she will not pursue at tl time. Resolved 4/22. 5/21: Pt stated she has heard from an atty, formally w/ an insurance fi who has offered to assist her @ no chg.

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PATIENT ADVOCATE
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National Legal Resource Patient Referrals
 Sheldon Weinhaus ProBono Director

01/98	Joan Burger, Atty fr Chicago w/ Mike Molder	Schiller Park	IL	Ameritech, phone co 25 yrs	Rush Prudential HMO	Ovarian Cancer	BMT Denied	Pt states was approved for eval @ Loyola H but then denied for BMT there because it wa. of network. Sec & 3rd denial was because of language: "experimental". 4/28/98, I msg 4 pt. Need req'd info asap. Fx'd info on hand to Ar Gorov w/ note additional info will follow when rec'd. 04/29/98, spoke w/ A Gorov. wants ab. req'd info & \$750.00 to review case and will deduct from retainer if she decides to use him. Passed info to Nancy D-E. 4/30/98 per pt, sh. decided against having BMT after speaking v several patients. She will discuss alternative w/ her phy. Resolved 4/30/98
01/98	Nat'l Lymphoma Assoc.; Caroline	Yardly	PA	disabled; Wk'd 4 Avalon Commercial, co has closed	Unum Life	Non-Hodgkins Lymp; Avascular necrosis caused by prednisone & chemo	wife called 4/14; states pt had pol 30+ yrs, no notice of cancelation. Canceled because he wasn't seeing Dr. Freundiech or getting tx. Disability was denied, also. Wife states pt can't raise arms up or bend over; is crippled.	wife states never rec'd copy of policy. She is to try to obtain copy. Pt saw phy for 5 yrs but nothing has helped him. 4/28 I msg for wife to need denial ltr & plan doc. Fx'd info to Rich C. Pending
01/98	Internet	Chicago	IL	unknown	BCBS, IL	Basal Cell Carcinoma	4/21 Pt called, stated ins co trying to cancel pol. Stated all family members have experienced some type of ca. He is concerned that if they cancel the pol he might not be able to obtain another pol. esp since the recurrence of ca is likely because of family history.	I explained that most co's will research for pre cond if pt dx shortly after pol eff. (Oct 1, 97) p 3rd wk March, 98. 4/28 fx'd to Art Gorov as consult only. 4/29 Art states that he wants \$750.00 to review cases from now on and if retained for service, the \$ will be deducted fr the retainer.

4/98 ? NY NY Disabled ?
 1/98 Jan N.C. Restored her COBRA.
 WANTED CASH - we gave her all of our packet info.

01/98 8/73 8999

PATIENT ADVOCATE

National Legal Resource Patient Referrals
Sheldon Weinhaus ProBono Director

Called	Source	City	State	Employer	Insurance	Type of illness	Problem	Resolution
01/97	None Given	Hollister	CA		Kaiser Permanente	adrenocortical carcinoma	To seek reimbursement for 2 evaluation visits that were done without Kaiser's approval.	2/18/1997-Mark Hiepler sent letter to pt. par and advised them this is a medical malpracti matter. It would be more cost effective to ha local counsel. contact your local bar assoc. referral to malpractice attorney.
01/97	None Given	Buffalo Grove	IL		Rush Prudential	Breast Cancer	Seeks home care After receiving BMT in 4-96. Rush Prudential, Matteson IL has also denied payment of her BMT bills. Ref. to Art Gorov.	Resolved
01/97	Barbara Groves	St. Louis	MO	Francis Howell School District	Gencare admin by BPA	Breast Cancer	Denied BMT @ MD Anderson	Now pursuing treatment @ Dana Farber thro Clinical Trial. Resolved
01/97	None Given	Marlton	NJ				What to do after reach \$500k cap on health insurance	Ref. to Sheldon Weinhaus who ref. to John Crosby of Al. i.e. Contact lawyer or go on pu assistance.
01/97	Memorial Hospital	Chatham	IL	U of Illinois at Springfield	Health Alliance	Breast Cancer	BC patient denied BMT.	We sought negotiated settlement through Mt When that failed we transferred case to Art G who won a court injunction for patient to immediately receive BMT.
01/97	None Given	Milwaukee	WI				Mother denied preauthorization for BMT.	Transferred case to Art Gorov. Patient has n returned calls. Was looking for atty. closer to home.
01/97	None Given	Jameston	NY		Uninsured	Leukemia	Company has put on part-time status	Ref. to Sheldon Weinhaus. She has found a job. Resolved.
01/97	Called 1-800 #	Glen Ellyn	IL	Unemployed	Medicaid	Pituitary tumor	Seeking care as unemployed divorced parent of 8 yr. old child.	Ref. to Art Gorov. Counseled patient to seek through social services. Resolved.
01/97	None Given	Houston	TX	Century Development	Great West; ERISA	Abnormal pap	Fired from job	Ref. to Howard Kamin. ADA violation as disc victim or job discrimination. Case being developed. 9/15-Atty talked w/ pt several tim requested certain documents back in May 19 and haven't heard from her since. Resolved.
01/97	None Given	Fullerton	CA		FHP	Brain Tumor	Many problems on chart: Ins. com. will not act until 9/97. Ref. to Mark	9-8-97-Attorney received no response from p attorney calls or letters to her.

National Legal Resource Patient Referrals
Sheldon Weinhaus ProBono Director

01/97	ACS	Smithfield	VA		Optimal Choice		Health insurance dropped her and 200 people w/o notice. Unable to get health insurance.	Ref. to Rich Carter-Spoke to pt for about 1/2 and review case, outlined law & options re: her case, does not have immediate problem: amount to be covered is still not clear, may have any problem at all, left it w/ her that if she has further ?'s she'll call. Suspend activity.
01/97	Dawn Drost	Elk Grove Village	IL	Elk Grove Park District	Maxi Care	Bi-polar	Job discrimination	Ref. Art Gorov. He supplied 2 public agency patient to call for assistance. Resolved
01/97	Charles Weaver	Asheville	NC	Swannanoa Lumber Corp.	United Health Care of Minneapolis		Benefits language too restrictive.	No immediate action can be taken w/o compromise to patient. Resolved.
01/97	trio Transplant	Los Angeles	CA		Gov't of Guam	obstruction of liver bioproducts	Malpractice suit. Physician misread tests.	Ref. to Mark Hiepler. Unable to contact pt. in USA. Resolved.
01/97	phone book	Hampton	VA	Veteran's Administration	Medicare-BCBS Trigon	prostate cancer	To get home oxygen to die in peace.	Ref. to Peter Sissman. 6/25-was able to get oxygen prescribed for patient. Resolved.
01/97	None Given		IN		Medical Mutual of OH	Breast Cancer	Denied BMT by insurance	Ref. to Rich Carter; Covered after appeal. Resolved.
01/97	Gay Bianchi	Blanchard	MI		BCBS of MI	Breast Cancer	BC patient denied BMT.	Ref. to Elizabeth Gleicher received BMT-res.
01/97	Lutheran Hospital	Rolling Hills	IL		Humana	Ovarian cancer	Insurance denying BMT	Ref. to Tom Shwab. Pt had her BMT and is progressing wonderfully. Resolved.
01/97	Y-me	Rochester	NY		Blue Choice	Breast Cancer	Dr. did not order mastectomy when lump was evident	Sent malpractice suit letter 7-10 and second to affirm our position 7-25
01/97	relative	Hope Mills	NC			Cervical Cancer	Debt	Ref. to Cliff Brisson; Resolved
01/97	BMT	Vienna	VA	Booze, Allen, and Hamilton	Prudential; ERISA	Ovarian cancer	Needs BMT: Ins won't pay for it. Ref. to Rich Carter	9/8/97-Appeal made; pending determination
01/97	None Given	Merrillville	IN		Prudential	Ovarian cancer	Ins. has denied stem cell transplant.	Ref. to Art Gorov: case resolved. Insurance do stem cell transplant. Resolved
01/97	None Given	Stamford	CT	Dolphin Management Company		Breast Cancer	Required HDCT	Ref. to Sheldon Weinhaus; received treatment; resolved
01/97	Y-me	Manchaca	TX	Unemployed	Medicaid	Breast Cancer	Doctor did not drain breast	Sent malpractice suit letter 7-10 and second to affirm our position 7-25. Resolved.
01/97	Linda Sue Pinkston	Hope Mills	NC	Belk Service Center		Repetitive stress injury:	Let go from job after had surgery	Pt. given 3 lawyers names in Fayetteville since was job discrimination. Resolved.

FAYETTEVILLE ADVOCATE

STATS

National Managed Care Referrals

C	D	E	F	G	H	I	J	
Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution	
07 08 09 10	Cancer Services	San Antonio	TX	Unemployed	Medicaid	Kidney Cancer	Medicaid will not cover supplemental home oxygen.	12/12-Ref. to Jean Salazar-Pt will have nephrectomy at end of month. Dr. advised on manual exam he found mass in left flank. Her hematocrit is slowly dropping. Due to religious beliefs she will not accept blood transfusion. Has had no chemo
08	Y-Me	Tuson	AZ	unknown	Tri-Care(S.C.)	Br Ca/Full Mets	Job Discrimination	info fx'd to Denneen Peterson by Marianne West. MK needs to follow up to see if case has been resolved
09	Leukemia Society	Parkersburg	WV	unemployed	Medicare	Multiple Myeloma	Needs help securing lift chair	Ref. to Jean Salazar
10	Brain Tumor Foundation	Myersville	MD	None	Uninsured	Brain Tumor	Wants assistance getting SSI or SSN benefits	Ref. to Gay Bianchi- she said she would call and see what she could tell them.
11	Cancercare	Yellow Jacket	CO	Mack Tools	Cigna	lymphoma	Needs help determining if missed deadline to appeal claims insurance is denying	Ref. to Jean Salazar; mk called daughter on 4/28/98. States hadn't heard from anyone. Had gotten \$600.00 chair but took it back because parents couldn't afford it. I told her about ACS providing \$ and that maybe it would be applicable to use for the chair. She stated that dad could hardly walk and couldn't get up out of a regular chair. 5/18 l. msg. @ Cindy's home for updt c/b
12	ACS	Eureka	IL	None	Medicaid	lymphoma	Wants to know if she will have to pay full pymt to hospital	Resolved: PAF discussed situation and pt. said she would wait to see if hospital would demand pymt. If so, she will contact own attorney and media.
13	Not given	Richmond	CA	Graduate Student	Kaiser-Permanente	Breast Cancer	Wants a second opinion	Resolved: PAF referred pt. to Dr. who provided pt. with names of Drs. to help pt. her her own plan.

07/16/98

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PATIENT ADVOCATE

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National Managed Care Referrals

	C	D	E	F	G	H	I	J
	Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
1	BMT newsletter	Darwood	MD	Kaynar Technologies	Maxi Care	leukemia	Son wants father to be moved back to hospital where he will get physical therapy instead of nursing home where he is now placed.	Resolved: Son has resolved situation w/ PAF counselling and advice.
14	ACS: NJ	Eggharbor Township	NJ	Female child; 6 yr old	Atlanta Care	Aplastic Anemia	Needs \$ 2 see dr @ children's hosp; philadelphia 100 miles w/ 4 other kids @ home; father mental brkdown, is in hosp;	Resolved: 04/15/98; Ashley had bmt 1/14 & is doing great; sis was match; neighbors, church members all big help. Wking on bills one day @ a time; very grateful 4 assistance
15	Coping Magazine, Jan/Feb 98	Hinckley	OH		Healthstar of Ohio	Breast Cancer	rec'd ltr stating premium increase of 70% (\$244. To \$412.) Co pd \$15k of \$40K in chgs	info re: ins comm was faxed to daughter, Deb Morton. Mk needs to follow up to see if pbm has been resolved 5/26
16	Cancercare	Bronxville	NY	Don-Glo auto repair center	U.S. Healthcare	throat cancer	Help getting S.S. Benefits	Ref. to Jean Salazar
17	Coping Magazine	Smyrna	GA	Atlas Roof Corporation	BCBS of MS	Breast cancer	Does not know how much money she owes to ins.	Resolved: PAF referred to legal aid.
18	Transplant Recipient Organization	Bowie	MD	student	not given	Liver transplant	Ins. dropped from plan w/o warning b/c 21.	Resolved: PAF supplied information about contacting state ins. commissioner.
19	Wife	Milwaukee	WI	City of Milwaukee	Family Health Plans	Colon Cancer	Needs second opinion not within first opinion's office	Resolved: PAF referred to State Ins. Commissioner.
20	Candlelighters	Athens	OH	Ohio Univ.	Anthem	Hodgkins lymphoma	Ins. refuses to pay for 5 yr. checkup. Say it is preexisting.	Ref. to Jean Salazar
21								

National Managed Care Referrals

	C	D	E	F	G	H	I	J
	Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
1	friend	Algonquin	IL	Unemployed	Medicare	Squamousal of Perianal area	Doctors will not treat her.	Resolved: PAF provided number to Best Doctors to find doctor who will treat pt.
122	ACS:Albany NY Kris Brindel	Kinderhook	NY	Lindenwald Farm & Corp	Empire BCBS Tradition Plus	Breast Cancer	Ins not paying for mamogram	Resolved: 04/08/98; 5 claims are outstanding but will be pd;co has agreed to pay for mamogram 1 per yr.
123	Cancer Care	Franklin	WI	Village Manor Nursing Home	WPS (HCNPOS)	Breast Cancer	Pt experienced job discrimination for work absenteeism, excuses.	Insurance cancelled 31 Jan 98. Scheduled for reconstructive surgery 3 Feb 98.
124	Cancer Legal Resource Center	Deerfield	FI	Cleans Houses	Physicians Health Plan	Breast Cancer	Insurance says she has preexisting condition	Resolved: PAF provided number to State Insurance Commissioner.
125	Leukemia Soc. of America	Goodwater	AL	USDI	Uninsured	leukemia	Needs to be seen by doctor	Ref. to Jean Salazar
126	friend	Kerrville	TX	Unemployed. Previously employed by Exxon Service Station	No insurance	Leukemia	Needs financial assistance to pay for doctor bill	Resolved. PAF negotiated with Dr office to hold bills until SSI approval. SSI will be retroactive to 3 mo.
127	Brochure	South Wilmington	IL	RR Donnally & Dewight	John Deere	Brain Tumor	Needs help w/ Insurance John Deere 'giving them a hard time'. Mk needs to speak w/ Deb to see specifically what pblms she is having	Dawn gave # to State Ins. Comm. States wife will c/b if additional help is needed. 4/28/98 MK l. msg. 4 Deb to c/b asap. Need to know if pblm has been resolved or if she needs more help. 5/18:l.msg w/ daughter to give Deb my # & to l.msg.4 me tonight on ans machine.5/26 s/w Kelly, daughter. Folks are at phy getting chemo. She will have mom call me today or tomorrow. Explained that in order to assist her I need additional info.
128								

National Managed Care Referrals

	C	D	E	F	G	H	I	J
	Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
29	Brain Tumor Society	New York	NY	ABC Inc.	Health Plan Ins	Brain Tumor	Wants 2nd opinion to out-of-network doctor	Resolved. PAF advised pt to re-examine ins policy -- Pt discovered new policy will cover 2nd opinion dr.
30	ACS	Greenwood Lake	NY	Sandy Hill	PHS-Guardian	Breast Cancer	Insurance company refuses to pay to fix plastic surgery. Implant is rippled, deformed, may be defective.	Resolved: (4-8-98) Spoke with patient; she will fax approval letter & will call when corrective surgery has actually taken place and bills paid.
31	Unk	Hollywood	FL	wks 4 Healthplan of Florida	Healthplan of Florida	Leukemia	No \$ for BMT; ins denied/out of ntwk	Resolved: (04/08/98) Ins accepted BMT out of network. Pt needs apr ltr. 1 msg 4 Loraine Reddig. Pt staying w/ parents until trn completed
32	Internet	Piedmont	CA	disabled	Healthnet (Alta Bates Medical Group)	Metastatic Melanoma	Wife called 3/15: Per Dawn notes: 01/98, tumor recured, pt wants to go to MD Anderson & is ready 4 surgery. Ins giving hard time.	Dr. Jeffrey Wolf agreed to treat pt. Resolved per ND-E 4/22

National Managed Care Referrals

C	D	E	F	G	H	I	J
Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
33 Cancer care	New York	NY	Costume Designer. United Scenic Artists	Aetna	Prostate Cancer	PCP referred to Oncologist out of ntwk, told was covered @ 100%. Nds 2 find out if he is covered. Starting chemo soon, what is covered?	pt called 3/11, per Dawn: Ins not paying for anything out of ntwk. PCP: Dr. Tamarin intervened. Ins to pay for referral doctor. Resolved: dt unknown. -Mk
34 unsure		NJ			Colon cancer	Dr. Santoro's uncle died of colon cancer. He was a veteran and the vets hospital was no help. Time line tests not run and aunt is stuck with large bills.	(4-15-98) Issue was resolved by patient with help of DAV.
35 Candle-lighters	Elgin	IL	Father: Jeff works for Union Dry-Wall as installer	Painter's District Council #30, Health & Welfare Fund	Leukemia	Insurance denied BMT donor expenses. School Social Worker, Carol Nightingale, helping document appeal. 5/26 per Carol, bal remaining fr BMT: 300 to 400 \$'s. Donor Harvest: \$6,470.70 and donor testing: \$1,636.00	Gave patient number of consumer complaints and inquiries, State insurance director. 5/26: mk s/w Carol Nightingale: obtained info fr her to follow up on. Ins co is to render appeal decision 6/15. She hasn't been able to locate appr ltr. Also, conflict between ins language and info given by pres of co. re donor expenses. S/W Sharon Bolster, RN w/ BMT program: gave additional info & referred me to Jennifer Hurley, coordinator in admissions. lmsg on v mail 4 c/b; need copy of apr ltr & info, if any re: donor expenses. S/W Jeff, pt's dad, & explained PAF info, snt pkt. he is to sign release form & mail back. Still needs assistance & is grateful for anything we can do.

07/16/98

15:05

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PATIENT ADVOCATE

024

National Managed Care Referrals

C	D	E	F	G	H	I	J
Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
36 Blood & Marrow Trans. Newsletter	Sewickley	PA	U.S. Air	Health American Plan- Erisa	Breast Cancer- Mets to Bones	Dr. Boozer at MD Anderson recomments Homium 166 to reduce bone tumors fo patient can have BMT. Ins. will pay for BMT, but not Homium- Phase 1 Experimental	Resolved: (4-15-98) Spoke with Dr. Boozer, BMT Physician states durg is being provided at no additional charge to patient by pharmecudical co. Deborah Geisler states patient is good to go! She is interested in PAF info. Mailed packed to her.
37 BMT Newsletter	Swanton	VT	INS	MVP of VT	Breast Cancer to lung & liver	Pt need BMT. Insurer will not allow consultation; experimental; not viable candidate.	Resolved 3-18-98. Insurer approved initial induction of chemotherapy. With favorable response, insurer will reevaluate for transplant coverage.
38 Cancercare	Madison	NJ	Chatham Schools	BCBS-ERISA	Hodgkins Disease	Insurance won't cover sperm banking	Resolved. PAF ref pt to Planned Parenthood
39 Cancer Society	E. Green Bush	NY	Retired from railroad	United Health Care	Prostate Cancer	Wants to know if Medicare pays for prescription drugs	Resolved. PAF advised pt that Medicare does not pay for prescription drugs. Since pt had already submitted appl to pharm co for assistance, no further PAF act unless pt has problem.
40 Helping Hand Resource Guide	Jersey City	NJ	Social Wkr @ Christ Hosp	not applicable		she wks in dept of radiation/oncology & has two patients who need help	mailed her pkt. She will be in touch w/ pts and have them contact me if they are interested in our help.
41 Aplastic Anemia Society	Irvine	CA	Retired.	Medicare	Myelodisplastic Syndrome	Pt needs assistance in paying for medicine.	Resolved. PAF contacted pharm co, Amgen. Amgen will pay if drug administered in dr ofc. Also, made pt aware of Safety Net Prog.
42 American Cancer Society	Newbergh	NY	Temple Hill School Cafeteria. Not working at present time.	New York Medicaid	Breast Cancer	Medicaid turned down because pt has name on mother's assets.	PAF advised to get her name off accts. File application with Medicaid.

07/16/98 15:06

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PATIENT ADVOCATE

025

National Managed Care Referrals

	C	D	E	F	G	H	I	J
	Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
43	ACS, Debbie Morganti	Jamestown	NY	Housewife	No Insurance	Breast Cancer	Pt has no insurance money to pay for doctor and radiologists fees. Medicaid was denied.	Called 4-7-98 and lines were busy. Marsha will check with pharm. co. for possibility of free meds.
44	ACS: Kathy Robbins	Waverly	NY	Unemployed	Uninsured	Lymphoma w/ mets to bone	Debt crisis intervention	Burr & Reed Collection Agency is handling her case
45	Friend	Ruidoso	NM	Self-employed-Real estate; c-21	Republic American Life	Breast Cancer-Stage 3	Insurance does not pay outpatient costs of treatment. Will not pay unless she stays overnight. Paid \$8000 cash- negotiated bills. Is there any recourse?	Christine Frisbee spoke with patient. Patient said she helped a lot. She directed the m to State Insurance Commissioner. (4-8-98) Left message at C-21 for return call.
46	BMT Newsletter	Clinton Township	MI	unemployed; husband retired	pt & husband on Cobra	Myelodysplastic Syndrome	Wants to reinstate under cobra; runs out in July	Cobra book was sent 3/20; need to follow up w/ pt
47	LSA	Jasper	AL	unemployed	Medicaid only pays 16 days	Hodgkins DZ	Debt crisis intervention	l. msg for Pearlene to c/b asap; need to fu w/ note
48	Barbara Shalala (DOL)	Orland	ME	Champion Paper	PCN HMO	Renal Transplant	drug coverage	
49	Leukemia Society	Boca Raton	FL	Independent/Engineer	BCBS; he is uninsured now and has been.	acute mylegenic leukemia	1996-turned down by BCBS. 1. Legally-was that right? 2. Can be reinstated?	(3-23-98)Patient faxed letter of denial from BCBS. (4-8-98) Marsha left message for patient.

National Managed Care Referrals

C	D	E	F	G	H	I	J
Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
1 Guide	Lovington	NM	None. Contract ran out at Good Samaritan Home	National Rural Electric	Breast Cancer	Pt wants insurance to pay for credit card payments. Has doctor, hospital, credit card bills. (Pt paid for 2-week stay in motel in Houston for treatment.)	Contacted Sheldon Weinhaus. Debt Crisis Intervention planned. Left message for patient and suggested she call United Way financial crisis counseling. (4-16-98) left message for patient to check status of case. MK:4/8 l msg on ans/ph 4/ c/b today or Tues; 4/21 pt called: she hasn't done anything for herself. Stated she had tried to call the un way sev times ut no/ans. I called infor for her area code: Obtained Cons Credit Counseling ph # and obt ger admin ofc #. S.w Betty who refered to Indigent Assistance, Delma Madrid(Administrator, her ofc stated she will be avail tomorrow. tried to contact pt sev time/lines busy.4/21 unable to s/w pt; l msg on ans mach & included infor 4 her. Req that she as ms madrid about fin counseling. also; her phy could determine her dt of disability/ need to follow up w/ pt
50 ACS:Wendy	Chesapeake	VA	unemployed	Prudential		James wants ins for wife; his cobra expires and ins co's quote high rates	4/8:Spoke w/ James and made several suggestions. He obtained ins from Co. nx door. Resolved 4/15
151 unk	Saugerties	NY	unemployed	Empire Blue Choice	Synovial Sarcoma	pt needs chest x-ray, ins states she needs referral	mk referred her back to her primary care physician for referral. She participated in a study w/ NIH and the x-ray is a follow up for that. Suggested she contact NIH as well to see if they will pay for it if she can't get the referral. S/W pt. Still hasn't had x-ray. States NIH clinic is only open on Fridays from 1:00 to 4:00 and she has had a hard time getting up w/ them. I called her phy ofc and got fx # for her. She is to let me know the # for NIH (Pending)
152 ACS:Christina	Cairo	NY	Unemployed	Medicaid	Scitzo Hormonal Tumor: Breast Ca	Nds \$ 4 bills, rnt, food, etc. ins covered med bills	Resolved: 04/23, mld pkt, sheet "Fin. Resources 4 Ca Surv";info 4 internet re resources in ones own community; ref her to ck churches w/ food pantry;clothes closet
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National Managed Care Referrals

	C	D	E	F	G	H	I	J
	Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
54	Internet	Thousand Oaks	CA	Boeing Airlines	none given	heart condition	needs advisement re: non-payment of pre-approved medical services for By-pass. He has approval letter.	(4-13-98)Received package of info. from patient. Per N D-E, unable to assist pt since not ca related. Pt has heart condition. (file closed) Resolved
55	unk	Independence	OH	Retired	Medicare	Prostate Cancer	needs cryoablation surgery; Medicare will not pay	pt l.msg 4/22, mk s/w wife who knew nothing and refused to speak about him. Stated she would let him know I ret'd his call. 5/18 l. msg on ans machine for pt to call 800# and let me know if he still needed assistance. Also, sent pkt w/ note.5/20:mk s/w pt. he pd \$5K down for out-pt surgery. (Pending)
156	ACS	Deming	NM	None. Quit due to illness.	None	Chronic Myclogenous Leukemia	Needs BMT- he is on interfereron twice daily costs him \$400/week. Needs money for meds, doctor bills, or BMT.	4/15/98 wk'd w/ Fran; contacted NM ins comm. Who directed to Med Assis Div, Indigent Fund. L. msg w/ Elizabeth Bradly (505)882277-3100. MK suggessted fund raising:OTF. Need to contact drug co:Hoffman-Larroche. 4/16 s/w Mary Kay Peraes @ med Assist &obtained indigent info to pass on to pt. No ans from pt. 4/22 no ans/or ans mach @ sis home;mld pkt w/ note re:pharm co. 5/18:no ans @ sis home #. (Pending)
157	National Cancer Society			None	none	MDS-pre-leukemia	Trying to get SS disability. Has been denied	She is meeting with a local lawyer that she retained. This case is closed unless she needs further assistance.5/19 MK tried to contact pt by phone, no answer/no ans machine. No address to send note/pkt. No ans @ # given for Attorney, Carl Miller. (Pending)
158	Judy Cowans-friend of Ann Lord	Lewstion	NY	none given	Community Blue	Brain tumor-Oligodenerog linoma	Wants information on herbal remedies, etc.	
159	Nat'l Cervical Ca Foundation: Carol Arrmenti	Lakewood	OH	unemployed	Cobra	Cervical Ca Stage IV w/ mets to bone	pt intrested in malpractice	Explained that we get involed w/ ins pblms, job disc, and debt crisis intervention, not malpractice.(file closed) Resolved

National Managed Care Referrals

C	D	E	F	G	H	I	J
Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
Chemo Care: Sarah	North Miami	FL		Medicaid: AFDC	Br Ca Stage II on Adria/Cytox & Taxotere	Needs help w/ telephone. She has spoken w/ ph co and when her past due bill is pd she will have to make a dep of approx 60 to 70\$. guessing. Owes \$315.00	no family support but has contacted St Atty ofc who is trying to obtain child support for her son. Has contacted ACS, Salv. Army; Quality of Care, and Bell South. Atty w/ State Chantale Suttle. Cath Ch helping w/ power & water. Mailed all info on resources available. Will follow up w/ her re: phone. (Pending)
Unk		FL				Ms. Bolint called for friend re: job discrimination	Resolved: 04/16; Bolint stated pt had already obtained local atty
ACS: Middleton, NY	Goshen	NY	Consultant 4 Port Authority of NY	Phy Health Services	Prostate Cancer	4/15/98: per pt, needs help w/ life ins. Is 5 yrs out ca free and has ltr fr phy. However, he has been denied coverage from a number of co's. he is to c/b when he hears from Prudential. 5/18: pt fx'd denial ltr. 6/12: pt s/w Derry but hasn't heard more fr him. Derry wat 2 snd pkt of info. 6/15: pt called, rec'd denial fr NY Life. mk s/w Derry. He rec'd info fr NY the other day & had dictated ltr 2 pt., pkt to go out soon. mk l msg. 4. pt to updt on ph @ wk. Pending: fu sch 4: 6/18	5/18: mk s/w Derry Haywood, he made a p/c to an underwriter, states pt s/b able to get ins. W/ no pblm. L. msg 4 pt 2 c/b. 5/28 s/w pt's wife, still hasn't heard fr NY Life. No ins yet. 6/12: pt s/w Derry, but hasn't heard fr him yt. He is 2 snt pkt. 6/15: mk s/w Derry, states just rec'd info fr NY (application, etc) & had just dictated ltr to pt this am. Pkt 2/b mld asap. mk l msg on ph @ wk, 2 updt conversation w/ Derry. Pt c/b w/ much gratitude. Pending: sch 4 fu 6/17

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PATIENT ADVOCATE

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National Managed Care Referrals

	C	D	E	F	G	H	I	J
	Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
1	Coping Magazine	Lincoln	NE	Joe Christensen, Inc.	U.S. Life	Cervical Cancer; Stage 2B	Insurance coverage when changing from one policy to another; re: pre-existing condition and waiting periods.	(4-6-98) Patient to contact US Life and former employer in Florida to check coverage. She will call back with info and we will reevaluate need at that time. S/W pt. States she is trying to look for a large company to work for. I gave her the information re: 'guarentee issue policy' and the shoppers guide for ca pts. She then told me about giving a deposition for the EEOC but that it had been over a yr since she has heard from them. She is going to try to obtain a copy of the tape or the info on the tape and get it to me. I will snd her a pkt nx wk. 5/28 Pending)
33	ACS:NY				BCBS:WNY	CML	Nancy Bovey called; hosp told bro-in-law.wld need 29K for donor chgs	Resolved: 04/23:hosp c/b stated chgs had been taken care of;wanted 2 know if further pbims could we help; discussed pre-d & pre-cert process. Alerted to log conversations; to req a copy of the apr ltr. She req PAF info;snt pkt.
64	Sister has ca, too. Gave pt # to call.	Eden	NC	none given	Medicare	Breast cancer w/lymph node involvement	Needs help with medical bills. Bills are \$2100 per treatment; she has had 2.	(4-15-98) Patient is to check with physician to see if he accepts XMDR. If so, she shouldn't have a balance to pay other than her deductible. She is ckg on Medicaid as well. 5/18 s/w pt. She rec'd pkt and obtained info which has helped. She has applied for retro-Medicaid back to March. Resolved 5/18/98
65	Wife had resource list @ wk but couldn't remember where she obtained info	Lafayette	IN	Liberty Mutual	n/a	lymphoma phy considers pt cured	husband has been in remission more than 5 yrs and needs LIFE ins. Rates too high.	I. msg for Becky to c/b asap need add'l info; s/w Becky @ wk, states they just rec'd denial from Dave's employer, Liberty Mutual. She is onc rn and felt that she & husband knew more about his dz than they did or were willing to acknowledge. Stated ok to speak w/ Derry and I'd be back in touch. Snt pkt, she will return consent form by fax. (Pending)
66								

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National Managed Care Referrals

	C	D	E	F	G	H	I	J
	Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
1	ACS	Rochester	NY	Sears	has applied for Medicaid	Neck/Throat/Head cancer	Needs help getting immediate treatment and/or insurance coverage. No treatment is being provided due to lack of funds.	(4/16/98)Gave family member name and numbers of dental clinics in area. Suggested contact be made with billing dept. at hosp. to research "charity care" type funds. Advised that patient apply for medicare. 5/18 I msg on ans mach for updt asap to see if pt needed further assistance from us. 5/19: s/w Christen Kingsley (pt's significant other) states pt was able to have teeth extracted and has been recvg radiation 2Xwk. It is extremely difficult for pt to talk because of dz so Christen is having to handle all communication. They are having difficulty commun. w/ phy. She seems to be in a hurry, standing @ door ready to leave. Christen is so frustrated because she senses phy doesn't want to take time to explain 'things' to her. I suggested that she write down ?'s, take a tape recorder and explain to phy that they are under so much stress that she has a hard time understanding and remembering, to plz explain slowly and in 'layman's terms' what is going on. If she is not able to overcome this situation, I offered to call the phy to see if I could help. She will let me know h
67	ACS: Sherman Oak ofc: Vanise Blvd	Vannuy's	CA	unemployed	No Insurance	Ovarian	Jenny, pt's daughter, called for ins info	s/w daughter 4/24; gave state ins comm. Name & ph#'s. 5/26: Jenny states have spoken w/ st ins comm. & are in process of completing forms to apply for state ins pool. She is also to contact ins co's from ph book and ask about a 'guarentee issue policy' (Resolved)
68	Brenda walker @Cancer Care Inc.	Toms River	NJ	none given	none	lung cancer	No insurance. Needs urgent chemotherapy and radiation	Marsha attempted to contact, unable to reach as of 4-16-98.
69								

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National Managed Care Referrals

C	D	E	F	G	H	I	J
Source	City	ST	Employer	Insurance	Type of illness	Problem	Resolution
1 Cancercare	Louisville	KY	Nurse-not employed for past year.	Anthem of Kentucky	ovarian cancer	Has been accepted to clinical trials of Phase 3 vaccine at Sloan-Kettering beginning May 4. Insurance denied coverage b/c it is out of network and "research".	(4-16) Requested copy of plan language, letters of denial and request.
70 Sentara Norfolk General	Virginia Beach	VA	none given	none given	Breast cancer w/ mets to lung and brain	Ref: Annie Duncan (Norfolk Gen) 4 assist. Low income/good fam w/ children.	(4-16-98) Mld pkt 2 Annie & 2 pt. Incl intro. note w/ inst 2 call MK 5/18 l.msg for Annie Duncan and Pt to c/b asap.
71 Leukemia Society of NY	Statten Island	NY	Manhattan Electric	Oxford Health Plan	Lymphoma	Pt concerned re: low payment fr ins co; to send copies of bills and ref. Ltrs fr phy; made \$2k deposit upon admission in Feb, 98	MK rec'd info 4/28, s/w Andrea Combs @ Ox. Hlth. States pt was approved for treatment @ Sloan Kettering but ins paying @ out of ntwk rts: pt responsible 4 ded & co-ins: \$2500.00 plus diff in ucr. Pt 2 c/b after allowing payment to settle out. Andrea stated bills were being pd @ 100% @ this time. Explained to pt so he could understand. Resolved 04/28/98
72 unsure		KS			leukemia	Had two transplants and had reached million dollar life time maximum.	(4-15-98) Issue was resolved by patient.
73							

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National Managed Care Referrals

	C	D	E	F	G	H	I	J
	Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
1	BMT Newsletter Susan Stewart	Henderson	NE	Private Practice	Nevada Care POS	AML	Pt's mom called; states donor search not covered	Eva Gerson to send copy of pol lang re trn cov; in reading ov phone, noticed cap of \$150k for allo trn; s/w Alana Hawkins @ F Hutchinson Ca CRT re Cap; states they don't do anything w/ ins, until have donor. Pt willing to pay for search. MK contacted ins co to verify benefits. There is a \$500.00 ded then the benefits are pd @60% UCR, never goes into 100%. Itmx is 1 mil. if he goes out of netwk for transplant. If he goes to ntwk hosp, benefits would be 100%. Called Alana, she will get back w/ me. (Pending)
74	NCI	Randolf	MA	Bank of Boston; Sr accts mgr		Br Ca	Job Discrimination	4/13 ret ph/c to sis, no ans. 4/15: 4/15: mk l msg 4 c/b re sis pblms @ wk. Per Fran, hasn't c/b 4/16. 5/18/98 finally s/w pt's sis, Sandra Grace: called concerned about harrasment on the job. She will speak w/ her and have her call. Snt pkt to pt & info to sister. (5/18/98) Haven't heard back, so I l. msg on ans machine that if Andrea needed assistance that I'd be glad to help. Otherwise I need to close the file. 5/28/98 no response: resolved
75	ACS, Sherman Oak OFC							
76	ACS: California (818-905-7766)	Midson Hills	CA	unemployed	Medical(Gov't Ins) Champus eff 5/1/98	Brain Cancer	husband has just left her because he couldn't handle her ca. She has boy & girl, 1 & 2 yr old	Pt wants better physician choice but she was crying so much because of her husband and the situation he has left her in that I couldn't understand her. She is to call back when she can calm down some. I was very sympathetic towards her. Resolved: 5/18/97 Champus now effective.
7								

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National Managed Care Referrals

C	D	E	F	G	H	I	J
Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
1 Soc wkr @ Iowa Meth Hosp where pt orig-rec't tx	Santa Barbara	CA	Construction worker	BCBS of CA prudent buyer level III plan.	non-Hodgkins lymphoma	pt 9 yrs out dz free needs better cov; must wait 10 yrs for regularr cov w/ BCBS CA	pt's mom: Emily Camp called: pt on wtg lst for st of ca major risk pool. Ins premium now \$305 per mo, cymx \$50K, lfmx-\$500K, not student, had BCBS LA w/ low prem, but when pt moved wouldn't cov in another state. Had cobra prior to that and since prem was lower they changed. to convert was too exp. snt pkt to pt and add'l info to mom, also ref to St Ins Com for CA, ok to ck w/ Derry to see if he can locate hlth and poss life ins co who would consider pt
38 Internet	Spokane	WA			Progressive Infantile Idiopathic Scoliosis		Father snt req by email; fu w/ ph call. S/w Sheldon Wienhouser, states since pt has Medicaid for now, he doesn't advise getting involved because dad feels there is Medicaid fraud, etc. If they have pblms during the transition period getting her on fathers new insurance, then we can discuss the situation @ that time. Anything can take place during the period of a yr. Mhk s/w Nd-e regarding situation. Updated parent. Resolved 5/20
39 need	Athens	NY	disabled	Capitol District Physicans Health Plan; Medicare eff 4/1/98	non-Hodgkin's Lymphomaa	Debt crisis intervention; ins was pre-x until 4/1/98	pt called 5/12/98: Discussed fund raising, info in pkt, consent form to be completed & returned. Req'd concise info re: past & present bills & how handled. She has contacted the ca ctr for financial assistance. Previous bills have been written off or greatly discounted. She is hoping 4 discount, knows bills will not be written off. Discussed medicaid and property. Pt owes approx 20K in bills to clinic and approx 4500 to clinic for scans, etc.
		IN				Ins pblml	call came in @ 2:52 on 5/15, mhk needs to r/call

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PATIENT ADVOCATE

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National Managed Care Referrals

	C	D	E	F	G	H	I	J
	Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
1		Houston	TX				nds ins info	call came in @ 12:47 on 5/14, mhk needs to r/call
22			MI				ins pbm/lvg state, cobra?	call came in @ 10:50 on 5/15, mhk needs to r/call
23	American Health Magazine	Tuscaloosa	AL	Stillman College professor	BCBS of Alabama	Breast Cancer	pt has been on fam leave of absence re: placement of her mom in rest home; she was dx w/br ca and is now considering leaving her job. Needs insurance clarification so she can continue her coverage.	pt called 5/26: mk to ck w/ present ins co re options for continuing w/ non-group plan. She doesn't want hr dept @ wk to know she is considering leaving @ this time. She is to research co's which provide "guarenteed issue policies" and contact ins commisioner for her state to obtain add'l info. snt pkt w/ cobra book.
4	ACS, Rochester NY	Rochester	NY	Time Warner Communications	Preferred Care HMO	Breast Ca	Needs surgery to correct scar tissue causing pain & bladder pblms. Pt of the process includes liposuction. Ins company has denied re: cosmetic and not needed	5/22:pt's mom called; daughter joined via 3 way. Pt to send copies of all documents sent & rec'd fr Preferred Care, plan language, her appeal ltr. She has been to grievance and denied again. Frustrated, she wants to prepare for second grievance appeal. mhk to discuss w/ nde
5	Pt's son:Br Ca Info Clearing House & Info Hot Line #'S	Washington	PA	Zumstein	United Health Care Ntwk	Br Ca:3 nodes of 15 +	Job Discrimination	18 yrs @ facility, uses universal precaution, is pt. Respiratory therapist in ER. White count is considered normal for normal activity but because of interaction w/ pt's she is constantly sick. Hosp will not allow her to wk in another area. States if an RN is sick they will place them anywhere doing anything. she is to document everything in concise list of interaction w/ phy, pt, and employer. has 18yrr history of excellent work until dx w/ ca. snt pkt w/ consent form.

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National Managed Care Referrals

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PATIENT ADVOCATE

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	C	D	E	F	G	H	I	J
	Source	City	ST	Employer	Insurance	Type of Illness	Problem	Resolution
1		Gaston	WI	pt wks part time	No Insurance	Brease Cancer Stage II	can part time employer cut hrs &/or eliminate job all together. Once ins policy has been purchased, can policy be upgraded or downgraded?	s/w pt and explained that part time employees have no rights unless they are wkg enough hours to be elig for ins benefits. (Resolved)
78	BMT Newsletter Susan Stewart	Naperville	IL	Amy wks: AdvoCare	n/a	Breast Ca	pt having chemo agents: interferon & ara-c (cytarabine); 1st drug apr by FDA, 2nd drug apr only by compendia. Ins had denied the 2nd one. Do we have any Cal. Laws or any info regarding compendia?	mhk suggested she go to drug co & obtain free drugs for pt. Compendia is a regarded as a "pre-approval" to the FDA. Resolved
9	Dr. Javier Kane	San Antonio	TX	None-patient is 6 years old	Cigna	Myelodysplastic (pre-leukemia)	Son had BMT in 1995. Father applied for family coverage and was denied because of the BMT.	4/13 Parent referred me to Jeane Lair @ home ofc in Dallas. She will pull records, speak w/ Cigna & see if there is anything she can do... is to c/b tomorrow, miled pkt to J. Lair & Jose Marin, Sr.; 4/17 Father called to thank us for our help. Ms. Lair just called, co is offering family coverage for \$213.42 per mo. He was excited even tho his \$ is very los. hs is out on wkmn's comp. s/w him re: fund raising to pay ins. Mld sheeton fin. resources, etc. Resolved 04/27/98
0		Dorchester	MA	N/A	N/A		1) wanted foundation info 2) is there a law that req. BCBS to provide pol info to the policyholder?	4/29/98: pt called w/ ?'s: mhk ans ?'s & mld pkt 2 inc booklets & doc's pertinent 2 concerns. FU p/c 2 confirm his concerns were satisfied. Resolved

LEVEL 1 - 36 OF 626 STORIES

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July 5, 1998, Sunday, BROWARD METRO EDITION

SECTION: LOCAL, Pg. 1A

LENGTH: 1878 words

HEADLINE: FOR A FEW PATIENTS, HMOS BECOME NIGHTMARISH JOURNEY

BYLINE: TOM STIEGHORST; Business Writer

BODY:

After Jake Quintero was born, his parents noticed something disturbing about his head. While most infants have roughly symmetrical heads, Jake's looked lopsided.

After a therapy recommended by one doctor failed to help, the Quinteros met nine months later with a specialist at Children's Hospital in Miami. She said Jake needed a head brace to correct his problem, called positional plagiocephaly.

But the Quinteros' insurance company ruled the brace was not medically necessary.

They became increasingly anxious over their son's deformity as they tried to get an explanation for the decision.

During the three months they battled to have the decision overturned, they said, no one would tell them why Jake's treatment wasn't considered medically necessary or how to go about appealing.

Time was a critical issue. At 14 months, Jake's soft cranial plates were beginning to fuse.

This story ends happily: Two weeks ago, the insurer agreed to pay for the brace. CIGNA HealthCare said in a statement that it had followed standard policies in denying the treatment but reversed the decision after the case was reviewed by an independent expert.

Quintero said she was still smarting over her treatment from a business that gets a piece of her husband's paycheck every week, as well as a larger contribution from his employer.

"I'm going to continue to talk about this," she said after learning of the company's decision on June 19.

"It's not right that they do this to people."

Managed care insurance plans cover 4.5 million of Florida's 13.5 million residents, and disputes like Evelyn Quintero's are not uncommon.



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Unlike traditional insurers, HMOs are more active in treatment decisions than many other plans.

They control costs by limiting care to a pre-arranged network of physicians.

A recent survey by Florida's Agency for Health Care Administration found 71 percent of managed-care subscribers are content with their plan.

Fourteen percent, representing 630,000 patients, said they were dissatisfied, and the rest were neutral.

For the unhappy minority, frustration runs high. Patients report long delays in receiving treatment, lack of responsiveness from HMO employees, unreturned phone calls and refusals to explain decisions.

Their concerns are fueling a drive in Washington and Tallahassee for limits on managed care, a push that health insurers are fighting, calling the limits counterproductive.

President Clinton has proposed a "Patient Bill of Rights," for managed care plans and on June 24 ordered Medicare to adopt reforms for its 38 million enrollees. Florida legislators this year passed a bill to speed the appeal of decisions by health insurers. The frustrations begin

While those developments are aimed at helping consumers, critics of managed care said the system puts profits ahead of proper care and frustrates patients and doctors alike.

"The dollar is still the bottom line," said Bill Kling, president of the HMO Patient Advocate Committee, a Fort Lauderdale-based volunteer group that helps people sort out managed-care disputes. "That's really the problem here."

Evelyn Quintero's frustrations began on March 19, when she received a letter from CIGNA HealthCare. A month earlier, she had taken Jake to see Dr. Deirdre M. Marshall, who wanted to fit him with a plastic helmet that is selectively tightened to reshape the skull - similar to the way that orthodontic braces reshape teeth.

Phoenix-based Cranial Technologies, which makes the helmet, said it had been used effectively in 1,400 patients since 1988 with no relapse of deformity.

"The problem is, there is a time frame you have to do it," said Marshall. After 18 months, the helmet takes longer to work and is less effective because an infant's brain and skull growth slows.

Without treatment, Marshall said Jake's head would remain asymmetrical, leading to a painful misalignment of the jaw hinge and a susceptibility to arthritis in the joint.

But CIGNA's March 19 letter denied coverage, stating: "Additional information reviewed does not substantiate medical necessity."

In a phone call, Marshall was told the basis for the decision was a recent medical meeting that questioned the helmet's effectiveness. Marshall hunted down



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two colleagues who had attended the conference who said they heard no such information.

For the next three months, the Quinteros tried to get the decision reversed. They called CIGNA "at least three times a month." They wrote letters. Rafael Quintero, Jake's father, e-mailed the chairman of his company, but nothing came of it. The Quinteros called reporters to seek publicity.

All the while, Jake was maturing and his condition was becoming more difficult to treat.

Evelyn Quintero was especially baffled about the benefit to CIGNA. The helmet's cost was \$ 2,200 to \$ 2,500, plus charges for weekly monitoring visits. Surgery, by Marshall's estimate, would cost at least \$ 50,000.

It was a point Quintero never got the chance to argue. A waste of time

"The phone calls I make are worthless," Quintero said. "Nobody knows anything - only that the medical director is the only one who can take care of this."

According to Quintero, the medical director would not come to the phone. And doctors said managed-care insurers are not much more forthcoming to them.

"It's like a brick wall," Marshall said. "They just say no, no, no."

She said other infants she has recommended for treatment recently have also been denied coverage. "We're very frustrated," she said.

"HMOs are making it so hard for kids to get treatment for deformities."

CIGNA would not give detailed answers about how it handled the Quinteros' problem but maintained it did not violate its practices or procedures.

"After receipt of necessary medical information, the case was submitted for independent physician review," a statement from the company's corporate relations office said. "The treatment was authorized by CIGNA HealthCare based on the expert's written testimony."

In the quarter that ended March 31, the latest data available, 116 complaints lodged against HMOs with the Florida Department of Insurance were unresolved, including five against CIGNA. Congress steps in

As complaints mount, politicians are being pressured to reform the managed care insurance system.

Members of Congress have introduced bills to salve patient unrest. In general, they would:

Make it possible to sue managed care plans for malpractice. -- Improve access to specialists. -- Let patients go to an emergency room without prior permission from an insurer. -- Give patients greater access to treatment outside the HMO if they share the cost. -- Guarantee a decision by an outside panel within 72 hours if coverage is denied.

Florida has an outside review board, the Statewide Provider and Subscriber



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Assistance Panel, but it takes only cases that have been through an insurer's full internal grievance process. The panel has up to six months to schedule a hearing.

Starting in December, legislators have mandated a shortened, 45-day clock when there is "an immediate and serious threat" to the patient's health. And when a patient's life is in jeopardy, an emergency hearing can be scheduled within 24 hours, even if the insurer's grievance process has not yet run its course.

Most of the 695 grievances decided by the state review panel since 1993 have been about denied coverage.

Insurers lose about 60 percent of those appeals, state officials said.

An HMO takes up to two months to decide a grievance. After that, it goes to the state Agency for Health Care Administration, which has two months to decide whether to forward it to the statewide panel, which then has four months to hear the dispute.

Up against complex rules and language, many people spend precious time learning procedure, said patient advocates. Without someone who knows the system to guide them, "they fall through the cracks, they are going to be ignored," said Sylvia Torgan, president emeritus of the HMO Patient Advocate Committee. "Initially I was very frustrated," Quintero said of the decision to deny coverage. She didn't understand why CIGNA would not let her speak to the doctor who made the decision and why her two letters to the grievance director did not merit a written response.

"I'm pleased they finally approved it but I'm still leery, because what if the helmet doesn't work? Would they pay for surgery?" Quintero said.

"I don't want to be stuck. I don't really feel I'm out of the woods." Service unravels

Patty Mendel, director of a medical management program at Nova Southeastern University, said service can unravel when insurers don't recognize the unique aspects of a case.

Questions about co-payments, enrollment or physician visits can be fielded handily by an HMO's member services staff. "When it comes to complicated issues, the customer service representatives are not trained to deal with them," Mendel said.

Medical directors are, but Mendel said many dodge phone calls because they don't consider talking with subscribers a good use of their time and because lay people often don't understand them.

Although Mendel said CIGNA should have flagged the Quinteros' problem as a special case, she defended the overall quality of managed-care service. "Believe it or not, when they follow their procedures and policies, they do a pretty good job."

Not everyone agrees.



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Sun-Sentinel (Fort Lauderdale), July 5, 1998

Some consumer advocates contend insurers deliberately make it difficult for patients to pursue an appeal. Poor customer service is one strategy to keep costs from exceeding revenue, they said.

"The HMOs are great at avoiding having to give people expensive treatments," Torgan said. But managed-care insurers said they would lose clients if they did business that way.

"The subscriber to an HMO is its customer, just like any other business," said Heidi Garwood, director of government relations for the Florida Association of HMOs.

"It's a very competitive market, and HMOs are out there to do what's best for their customers." Waited a month

Insurers put some of the responsibility for disputes on patients. It took Quintero more than a month to file a written complaint with CIGNA, for example, and she is unfamiliar with the 225-page benefit handbook her husband's employer distributes that outlines CIGNA's grievance process. "To be honest with you, that's not something I pay attention to," Quintero said. "I know we have the benefits. That should be the end of it."

Quintero said patients need to be persistent.

"I'm sure there are plenty of other parents going through the same thing, afraid to fight back because they are intimidated," she said.

CIGNA's record of grievances is no worse than other managed-care insurers of its size in Florida.

Its operation in Tampa in April won national recognition among its peers for customer service from the Sachs Group, a medical consulting firm.

But some observers of HMOs said the fog of uncertainty reported by Evelyn Quintero is something they see repeatedly when managed-care insurers deny coverage.

"It's not fair to put people through this misery," Torgan said. "It debilitates the patient more."

GRAPHIC: PHOTO, Staff photo/SUSAN G. STOCKER; Evelyn Quintero and her son, Jake, fought a hard battle with CIGNA HealthCare, their HMO. Jake needed a head brace to correct a problem with his head, called positional plagiocephaly. CIGNA initially denied a brace for Jake, but after a grievance process, the insurer agreed to pay for it.

LOAD-DATE: July 5, 1998



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LEVEL 1 - 348 OF 354 STORIES

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The Patriot Ledger (Quincy, MA)

January 27, 1997 Monday All Editions

SECTION: NEWS; Pg. 08

LENGTH: 336 words

HEADLINE: Harvard Pilgrim settles patient's lawsuit for \$ 3M

BODY:

LINCOLN, R.I. (AP) -- A Rhode Island woman whose stomach ache purportedly was diagnosed by a Harvard Pilgrim Health Care doctor in Medford, Mass., as a symptom of the flu will receive \$ 3 million after she sued the HMO when it turned out she had appendicitis.

Gabriella Halmi claimed in the suit that one day after Dr. Gerry Campos, who now works in the HMO's Quincy center, said her stomach pains during pregnancy were probably from the flu, her appendix burst and was found to be infected.

Three weeks later, her daughter was born in shock and with a blood infection and within a few days suffered severe brain damage that required surgery to save the baby's life, Halmi said.

"So many people are not aggressive and not assertive about health care," Halmi said. "But if they think something is really wrong with them or their children, they should fight for what they believe in."

Harvard Pilgrim spokeswoman Patti Embry-Tautenhan confirmed that a settlement was reached and said the health maintenance organization would continue to stand behind the physician.

"Although the case is settled, we are in no way admitting liability in this unfortunate incident," Embry-Tautenhan said last week. "Dr. Campos did an excellent job and has the full support of the organization behind him."

Harvard Pilgrim claimed in court documents Halmi reported feeling better before she left the HMO's Medford center in October 1990. A physical exam showed no signs of appendicitis and Campos told her to return if the pain recurred, the HMO said.

Dr. Campos declined to comment on the settlement.

The agreement came as the suit was about to go to a jury in Suffolk County Superior Court in Boston.

Halmi plans to put the \$ 3 million in a trust stipulating the money be used only for the girl's care. She said her daughter needs constant attention and has spent much of her life in hospitals undergoing surgery and other treatment.

"I would give every penny of it to make my daughter whole and healthy," Halmi



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said.

LANGUAGE: ENGLISH

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LEVEL 1 - 250 OF 354 STORIES

Copyright 1997 Times Mirror Company
Los Angeles Times

June 12, 1997, Thursday, Home Edition

SECTION: Business; Part D; Page 2; Financial Desk

LENGTH: 696 words

HEADLINE: HEARD ON THE BEAT / HEALTH CARE;
FIGHTING THE SYSTEM;
Family's Ordeal Is Oxnard Lawyer's Latest Case Against HMOs

BYLINE: DAVID R. OLMOS, TIMES STAFF WRITER

BODY:

Plaintiffs' lawyer Mark Hiepler has made a career out of battling California HMOs, winning several high-profile judgments and earning a reputation for employing new legal weapons in his cases.

The Oxnard attorney gained national attention in 1993 for winning an \$ 89.1-million verdict--later settled for a lesser sum--against Health Net on behalf of his late sister, Nelene Fox, over the HMO's refusal to pay for a bone marrow transplant to treat her breast cancer.

He also made headlines for his novel claim in a 1995 malpractice case that financial incentives at the heart of many HMO systems influenced two Simi Valley doctors to delay and deny necessary medical tests to cancer patient Joyce Ching, who later died.

Hiepler's latest attack on HMO practices comes in a lawsuit filed May 27 against an Orange County HMO and a Santa Barbara medical group. He's alleging that a decision to deny home health-care services to a baby born with severe heart defects was so egregious that it constituted, in legal terms, a crime of torture.

The suit was brought by the boy's parents, Leonard and Dana Wallock of Santa Barbara, against PacifiCare Health Systems, Monarch Medical Alliance and two of its physician medical directors.

In May 1996, Dana Wallock gave birth to twin boys. Matthew was healthy, but Daniel was born with six congenital heart defects. Shortly after the birth, Dana developed complications from her caesarean delivery and had to undergo surgery that required a nine-week recuperation.

The lawsuit alleges that PacifiCare refused to pay for overnight home nursing care for six months after Daniel's discharge from the hospital, despite requests from Daniel's pediatrician for ongoing care.

The Wallocks contend that Daniel's condition was such that he required



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Los Angeles Times, June 12, 1997

around-the-clock hourly feedings and monitoring, which the couple was neither trained nor physically able to do.

"We were terrified and panicking," Leonard Wallock, an administrator at UC Santa Barbara, recalled in an interview. The emotional trauma was made worse, the Wallocks said, because they were still recovering from the February 1995 death of their 5-month-old daughter, Rachel, from a neurological disorder.

To pay for Daniel's nursing care, the Wallocks say, they ran up more than \$ 20,000 in credit card and other debt in six months. In January--after the Wallocks lodged a formal complaint with state HMO regulators--PacifiCare agreed to start paying for Daniel's home health care. The HMO, however, refused to reimburse the Wallocks for their earlier, "unauthorized" medical services.

"It nearly bankrupted us and exhausted us," says Dana Wallock.

The child's condition has stabilized, but he still requires daily nursing care and special feedings, which PacifiCare continues to pay for.

A PacifiCare spokeswoman said, "We believe the family did receive the appropriate care from its medical group." A Monarch executive declined to comment.

Hiepler contends that the HMO's treatment of the Wallocks constituted "torture" under a 7-year-old California law that added that category as a new type of criminal offense. The law was intended to allow judges to impose life sentences in murder and other cases in which attackers physically torture their victims. Hiepler hopes to apply the criminal statute to his civil case in order to justify a bigger damage award.

"The facts here are that a child was denied the care it needs, that you have a very ill mom who is supposed to be in bed for nine weeks, that the whole family is on the brink of tragedy because you have a baby that requires feeding every hour and may die at any time," Hiepler charges. "We think that's torture as opposed to just bad-faith conduct."

Other legal experts were dubious about Hiepler's theory.

Stanton J. Price, a Santa Monica health-care lawyer, said he has never heard of any attorney using the torture law in an insurance bad-faith lawsuit.

"I'd say more power to him if he can convince the court, but my guess is he'll have some trouble," Price said.

Times staff writer David Olmos can be reached by e-mail at david.olmos@latimes.com or by fax at (213) 237-6879.

GRAPHIC: PHOTO: Leonard Wallock and his wife, Dana, with twins Daniel, left, and Matthew. Daniel is the focus of a lawsuit against their HMO and medical group.
PHOTOGRAPHER: ANNE CUSACK / Los Angeles Times

LANGUAGE: English

LOAD-DATE: January 29, 1998



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Copyright 1997 The Baltimore Sun Company
The Baltimore Sun

June 16, 1997, Monday, FINAL EDITION

SECTION: BUSINESS, Pg. 13C, Staying Ahead

LENGTH: 699 words

HEADLINE: It's difficult to sue an HMO for negligence

BYLINE: Jane Bryant Quinn

BODY:

IF YOU'VE JOINED a health maintenance organization (HMO) offered by your company, you have to hope that its managers are truly committed to quality care.

If the HMO treats you negligently, you may find you have nowhere to turn. Patients in a few states have recently acquired more legal rights, but that's cold comfort for everyone else.

Just ask Florence Corcoran of Louisiana, who had two high-risk pregnancies. The first time, she was hospitalized close to her delivery date. When her fetus showed distress, her doctor saved it with an emergency Caesarean delivery. The second time, he wanted her hospitalized again.

But her HMO said a hospital stay wasn't medically necessary and authorized 10 hours a day of home-nursing care. While the nurse was off-duty, the fetus suffered distress and died. Due to a quirk in the law, Corcoran wasn't allowed to bring a malpractice suit against the HMO.

The same quirk protected the HMO that insured the late Buddy Kuhl of Kansas City, Mo. After he had a heart attack, his doctors recommended complex surgery at a particular medical center. The HMO refused because the center was out of its service area.

Eventually it agreed, but by then Kuhl's disease had progressed so far that a transplant was his only hope. The HMO again refused and he died, waiting.

The quirk in question is ERISA -- the Employer Retirement Income Security Act of 1974. ERISA was passed to force companies to pay employees the pensions they promised. It covers all employee benefit plans, including health plans.

Lawsuits under ERISA normally have to be brought in federal courts, but medical malpractice isn't a federal issue. It's a state issue. As soon as the HMO gets into federal court, poof! Malpractice goes away.

Patients with individual health insurance can bring malpractice suits against HMOs. The law has limited only those in employer plans.

These same prohibitions apply to disability insurance bought through employer plans. "The insurance companies are immune from damage claims even if they



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refuse to pay benefits for years while the disabled person fights," says attorney Cameron Tyler of Greenstein and Tyler in Boulder, Colo.

You may have read about an \$ 89 million malpractice judgment won by the estate of the late Nelene Fox, a public school teacher in Temecula, Calif., against her HMO.

But her estate sued under an ERISA loophole, which lets state-government employees bring state claims. Had Nelene Fox been Buddy Kuhl, her case would have been thrown out of court.

You can still sue a doctor for malpractice, if he or she misdiagnoses you or mishandles your case. Doctors are also liable if they don't tell you about a potentially valuable treatment or fail to protest if the HMO won't authorize it. But they risk their careers if they challenge their HMO too often.

"That's Catch-22," Carol O'Brien, senior attorney at the American Medical Association in Chicago, told my associate, Kate O'Brien Ahlers. "We know of cases where doctors have vigorously advocated for patients and been terminated from the HMO. That's financial suicide."

In federal court, you can sue HMOs for only one thing: refusing to cover a medical bill for treatment you had and that you believe comes under the plan.

Even if you win, you can only recoup the benefit's cost. As an example, say your wife is sick but the HMO won't authorize a blood test. Eventually, you pay for the test yourself. It reveals a fatal disease that is now too advanced to cure. All you can recover is the \$ 150 the blood test cost.

In a case like Kuhl's, where the patient died because the HMO delayed critical treatment, courts in most states "can do nothing but slap the HMO on the wrist," says attorney Sheldon Weinhaus of Weinhaus and Dobson in St. Louis.

In the past two years, two federal circuit courts have concluded that HMOs can indeed be sued for malpractice when one of their doctors errs. Those decisions cover nine states -- Delaware, New Jersey, Pennsylvania, Colorado, Kansas, New Mexico, Oklahoma, Utah and Wyoming. In a third circuit, cases have gone both ways, as have individual cases in a few other state courts.

Pub Date: 6/16/97

TYPE: COLUMN

LOAD-DATE: June 17, 1997



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Copyright 1997 Globe Newspaper Company
The Boston Globe

June 12, 1997, Thursday, City Edition

SECTION: ECONOMY; Pg. C1

LENGTH: 937 words

HEADLINE: HMOs seek cure to image malady;
Study: Few horror stories have damaged industry

BYLINE: By Alex Pham, Globe Staff

BODY:

The managed care industry has a problem.

People hate its guts.

In fact, fear and loathing of health maintenance organizations has reached fever pitch. Americans consistently rank HMOs next to last among a list of industries that serve consumers, right next to tobacco companies.

Trouble is, the vast majority of Americans have said that their own experiences with HMOs have not been at all negative.

What gives? The reason, according to Harvard University pollster, Robert J. Blendon, is that people find it totally unacceptable that an insurance company would deny care to anyone, no matter how costly the treatment.

Blendon will present his analysis today before a half-dozen industry executives and two dozen journalists gathered at a forum cosponsored by Harvard's John F. Kennedy School of Government and the American Association of Health Plans, an industry group in Washington, D.C.

The forum is an industry attempt to seek a cure for its image woes. Americans have been deluged with horror stories highlighting botched care in the hands of HMOs. Though rare, those stories have done much to malign the industry's reputation.

Blendon is expected to enter the fray with an unorthodox explanation of why those stories have so much influence over people's perceptions. In his analysis of 25 public opinion surveys conducted over the past three years, he concludes that Americans regard denial of care - resulting in death or serious injury - the same way they view the 1996 ValuJet airplane crash and other unlikely tragedies.

"It is unacceptable to Americans to hear that care has been denied to anyone who is sick and perhaps dies," Blendon said in a recent interview, "just as it is unacceptable to Americans that airplanes can crash, even though millions of flights arrive safely every year."



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Similarly, only 15 percent of the population is chronically ill or in poor health at any one time. Ironically, most surveys conducted by the industry show high rates of satisfaction, Blendon says.

"They start with an automatic 85 percent approval rating from healthy people who have no reason to complain," he said. "If you take the rest the 15 percent who are sick, beat up half of them and lock them in closets, you'd still get a 93 percent satisfaction rating."

Though their chances of becoming seriously ill are minimal, most people buy insurance based on how well companies appear to care for sick people, according to a 1996 Kaiser Family Foundation poll. By those standards, there has been a sharp increase last year - to 35 percent from 25 percent - in the percentage of people who believe there is a lot wrong with the health care system and it needs to be rebuilt, according to a 1996 poll by Louis Harris Associates.

Whether the industry likes it or not, the public loves to read about emotionally charged, unlikely events, Blendon said.

Many people, for example, found it reprehensible that Janet Thieriot's HMO would not refer her to specialists when she began to complain of numbness in her right leg and an inability to walk, Blendon said.

When her illness was diagnosed months later as Ewing's sarcoma, a rare form of cancer, the HMO would not pay for her care at a specialty hospital in San Francisco, saying her family "didn't go through appropriate channels" and her "doctors didn't think it was medically necessary." She died in 1989 at the age of 18. Her father, Bob Thieriot of Monterey, Calif., is suing the HMO, Capital Area Community Health Plan.

"People say they're interested in facts and issues, but when it comes right down to it, they're glued to the TV when stories like this come on," he said.

Public anxiety is threatening to take a major toll on the industry's bottom line. Politicians, tapping into the discontent, have fired off a barrage of bills aimed at managing managed care insurers. In 1996, legislators in 39 states proposed more than 1,000 bills to regulate HMOs.

Massachusetts passed two laws last year. One required HMOs to pay for at least 48 hours of hospital maternity stay. Another banned HMOs from limiting what doctors can discuss with their patients.

This year, Beacon Hill is contemplating a proconsumer omnibus managed care bill that would, among other things, force insurers to pay for reasonable emergency care and beef up consumers' ability to appeal denials of care.

Heightened public scrutiny has forced the industry to propose a variety of self-imposed guidelines, such as a ban on outpatient mastectomies. Despite their attempts to be proactive, the furor has not quieted.

Blendon offers a prescription for the managed care industry.

He recommends something he calls "outlier management." In other words, the industry should be extremely careful about how they manage statistically rare "outlier" events.



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"The industry needs to focus on those rare events," Blendon said. "Think about it this way, if your decision to deny care winds up on '60 Minutes,' are you and your children going to be proud of your decision? Sometimes, it makes sense just to pay the bill."

At the same time, Blendon believes the industry and the media can do a better job of informing people that some health plans "may be the health care equivalent of ValuJet" while others are more patient-friendly. Patients ought to be made aware that their insurance policy comes with a set of guidelines that allow the insurer to say no to certain types of treatment.

The problem, however, is that there is very little independent data to compare HMO quality, Blendon notes. Until then, consumers and politicians will continue to rely on anecdotal information.

LANGUAGE: ENGLISH

LOAD-DATE: June 12, 1997



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The San Francisco Examiner

April 14, 1997, Monday; Second Edition

SECTION: NEWS; Pg. A-2

LENGTH: 814 words

HEADLINE: **HMO horror stories** raise the specter of regulation ;
Congress considering lineup of bills that put good medicine ahead of profits

SOURCE: EXAMINER WASHINGTON BUREAU

BYLINE: DAN FREEDMAN

DATELINE: WASHINGTON

BODY:

After decades of high-flying growth, the managed care industry faces efforts in Congress to clip its wings.

Sixteen bills aimed at regulating health maintenance organizations and other kinds of group insurers have been introduced. Most would require managed-care providers to put sound medical decision-making ahead of profits.

Lawmakers "are feeling a lot of pressure from home to do something," said John Rother, legislative strategist for the 30 million-strong American Association of Retired Persons. "One way or the other, something is going to happen."

Most of the bills are responding to well-publicized **horror stories** of slipshod HMO care: A man with a severed thumb showed up at a hospital emergency ward only to be told his HMO plan required that he be treated at a hospital across town; a diabetic woman lost her transplanted kidney partly because her HMO was slow to approve drug treatment that would have reversed her body's rejection of the organ.

One bill, sponsored by Sen. Edward Kennedy, D-Mass., and Rep. John Dingell, D-Mich., would remove roadblocks to emergency room treatment and medical specialists. It would require HMOs to cover without prior authorization any emergency treatment sought by a "prudent layperson" and would not allow the industry to deny care by specialists for anyone with a life-threatening, chronic or serious illness.

Another, introduced by Sen. Alfonse D'Amato, R-N.Y., and Rep. Susan Molinari, R-N.Y., would in effect prevent HMOs from requiring that mastectomies be performed at an outpatient clinic instead of a hospital. The bill would also bar HMOs from refusing to cover reconstructive surgery after a mastectomy on grounds that such a procedure is merely "cosmetic."

A third bill by Reps. Greg Ganske, R-Iowa, and Edward Markey, D -Mass.,



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would remove HMO rules that prevent doctors from telling patients about possible treatments not covered by their particular plans. The industry has insisted no such "gag rules" exist.

Last December, the Health and Human Services Department issued regulations limiting the bonuses paid by HMOs to doctors for controlling the cost of treating Medicare and Medicaid patients. In March, President Clinton appointed a 34-member advisory panel to delve into managed care and come up with recommendations by next year.

With Clinton's encouragement, Congress approved a law last year that requires insurers to cover at least 48 hours in a hospital for women giving birth.

Nevertheless, with Republicans controlling Congress, there is little appetite for more government regulation. "Congress needs to be sympathetic to these situations, but it should not become the arbiter of relations between patient and health plan," said Joe Karpinski, spokesman for the Senate Labor and Human Resources Committee.

Today, nearly 150 million Americans are in some form of managed-care plan. The industry itself, represented by the American Association of Health Plans, is taking steps to spruce up its image. The 1,000-member organization has sought to debunk a number of horror stories, calling them isolated or one-sided.

Late last year it embarked on an ambitious project called "Putting Patients First," issuing a manifesto saying members should not require outpatient mastectomies and that nothing in the typical health plan contract should be construed as requiring doctors to keep silent about treatment options.

The statement says emergency-care doctors should contact a patient's HMO primary-care physician "as soon as possible" instead of waiting for authorization from the HMO itself.

Karen Ignagni, the association's president, said the industry provides comprehensive and affordable care to families and is largely responsible for reducing the health care inflation rate from 12 percent annually a decade ago to 4 percent now. Still, she said, "No industry, 100 percent of time, 24 hours a day, always works in a way that cannot be improved."

GRAPHIC: PHOTO 1 Caption 1, ASSOCIATED PRESS / 1996
Caption 1, Sen. Alfonse D'Amato, left, and Rep. Susan Molinari sponsored legislation that would cast a watchful eye over mastectomies in HMO facilities.
PHOTO 2

(ASSOCIATED PRESS / 1996)
Caption 2, SAME AS PHOTO 1

LANGUAGE: English

LOAD-DATE: April 15, 1997



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The Tampa Tribune

September 6, 1997, Saturday, FINAL EDITION

SECTION: FLORIDA/METRO, Pg. 6

LENGTH: 393 words

HEADLINE: Fraud suit against Humana to go forward

BYLINE: VICKIE CHACHERE; of The Tampa Tribune

BODY:

SUMMARY: Humana Inc. loses its first battle with a group of former customers accusing the company of deceiving them about patient care.

TAMPA - A Hillsborough Circuit Court judge turned back Humana Inc.'s efforts to block a fraud lawsuit against the HMO Friday, allowing the unique case to continue.

It was a small, but important, victory for the six former clients of the Humana Gold Plus plan who claim their serious illnesses were dismissed by HMO doctors who didn't want to make a costly referrals to specialists or run more tests.

They are accusing the company of fraud, saying they should have been told doctors were encouraged to limit care.

"Nobody in their right mind would have joined this HMO if they knew the truth," said attorney Jonathan Alpert, who is representing the patients.

Alpert wants a judge to grant class-action status to the lawsuit. It could involve hundreds of thousands of Floridians, who at some point belonged to Humana Gold Plus, a Medicare HMO for elderly and disabled patients. If successful, the lawsuit also could force HMOs to change the way they market their plans.

Ed Waller, Humana's attorney, argued that the patients might have medical malpractice claims against the doctors who wouldn't give them referrals to specialists, but not a fraud case.

He argued that under state and federal regulations, Humana had no duty to disclose the physician incentive plan to HMO customers. Furthermore, he said, there is an appeals process in which the doctor's decision to deny referrals can be overturned.

Waller also argued that Humana's marketing materials had passed federal review, and if there was a problem with the HMO's marketing it should be taken

CLASS ACTION RE: DENIAL OF SPECIALISTS



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up in federal court, not in the current state venue.

But Alpert said Florida law does regulate HMO marketing and bans deceptive sales practices. He said the HMO deceived its members by telling them they'd get top-flight care, but not mentioning that physicians who made too many referrals or ordered extra tests would make less money.

"They were told they were going to get Gold Plus, what they got was trash," Alpert said.

Waller and other Humana officials said after the ruling that the HMO has done nothing wrong. Waller said physicians who improperly limit patient care have their decisions reviewed by other doctors outside the HMO.

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HEADLINE: Patients View H.M.O.'s With Hope and Suspicion

BYLINE: By WENDY MARSTON; Wendy Marston is a contributing editor at Health magazine.

BODY:

WHICH is your picture of managed care for women: free annual mammograms or "drive through" mastectomies?

Managed care is inevitable, a juggernaut that is quickly becoming the norm for how Americans get their health care -- 70 percent of people employed by companies with more than 200 workers use managed care.

How are women faring in this confusing new world? In interviews, doctors and experts in health economics discussed managed care with a mixture of optimism and suspicion.

The good news is that managed care in theory lends itself to preventive measures that are especially important to women, who on average visit a doctor 25 percent more often than men. The bad news is that the cost-cutting pressures behind the system's expansion have also led to the types of limits on hospital stays that produced Federal legislation on drive-through deliveries (enacted) and mastectomies (pending).

For the most part, they agree that the situation will improve to keep customers satisfied.

Recent studies have found that screening measures like Pap smears and mammograms and other tests are offered more consistently by health maintenance organizations, or H.M.O.'s, than by doctors seeing women in traditional fee-for-service settings.

But some observers are skeptical about how deep the managed care commitment to preventive care, especially in its more costly forms, really runs. "Yes, managed care does a little better on preventive health and contraception, but it needs to be more than just unlimited access to an ob-gyn," said Dr. Eileen Hoffman, the associate director for education at the Mount Sinai Women's Health Program in New York.

Dr. Hoffman is more excited about the prospect of what an H.M.O. can offer, and learn from, customers, a group that a plan can treat as an instant medical data base, showing what works and what does not.



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She explained: "If we can use managed care to look at women as a defined population, like we look at people with diabetes, for example, then we can work backwards figuring out the best way to deliver appropriate care that's cost-effective."

Her optimism is echoed by Ewe Reinhardt, an economics professor at Princeton University. "Women are probably better off in managed care since the positives of having protocols outweigh the negatives they encounter," he said.

Professor Reinhardt added that the horror stories about H.M.O.'s, like tests or treatments being refused because an H.M.O. executive -- not the doctor -- thought they were too expensive, are problems that will be ironed out eventually. "At the moment, it's kind of the O.K. Corral, a real shoot-out," he said. "It's very fresh and raw and new to patients, and there are some H.M.O.'s that just shouldn't be there at all."

Dr. Sidney Wolfe, the director of the Public Citizens Health Research Group in Washington, has a bleaker perspective. "The current dominant model, of for-profit H.M.O.'s, is destroying the doctor-patient relationship," Dr. Wolfe said. He added, "Doctors in H.M.O.'s earn more money by not doing a test and not sending a patient to the hospital."

On the flip side, Margaret O'Kane, the president of the National Committee for Quality Assurance, which accredits H.M.O.'s, points out that managed care providers are better able to rein in overtreatments like high rates of hysterectomies and Caesarean sections, which women's health advocates have long complained about.

But Dr. Wolfe's criticisms are all the more pointed since surveys show that women, more than men, tend to have difficulty in the doctor-patient relationship.

The worries about managed care are leading to proposals for broad new regulations, including a bipartisan Senate bill to require coverage of contraceptives. The General Assembly in Connecticut recently passed a bill creating a state appeals process for decisions to deny care, and many other states, including New York, are pushing for similar legislation.

Meanwhile, patients might have to redefine the role they play in their care, said Sue Berkman, the author of "Surviving Your H.M.O.," to be published by Villard in the fall.

Ms. Berkman said she doesn't believe that today's doctor-patient relationship works as a partnership. "I'll tell you, when the plumber comes to fix the sink, I may hand him a wrench, but he isn't my partner," she said. "It's the same with my doctor. I want the best care, and that means I need to know what the system is so that I know how to operate within it."

And that new system may call for a more aggressive attitude, especially among women, she said.

In this new world of H.M.O.'s, she suggested that everything be written down. "So you may be sitting there practically naked on the examining table," she said, "but no one says you can't have a pad of paper and a pen."



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