


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <b>Meyers</b>	DATE <b>8-27-10</b>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <b>101092</b>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			

AUG 27 2010

## Solving Insurance and Healthcare Access Problems | since 1996

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

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The Affordable Care Act recently signed into law by President Obama directed the Secretary of Health and Human Services (HHS) to award grants to the States to establish or expand independent offices of health insurance consumer information. Funding in the amount of \$30 million is provided by the law to carry out this provision in the first year.

Dear Director Emma Forkner:

Director Emma Forkner  
South Carolina Department of Health and Environmental Control  
P. O. Box 8206  
Columbia, South Carolina 29202

The duties of the independent office of health insurance consumer information are:

- To assist with filing complaints and appeals, including filing appeals with the appeal process of the insurer involved and providing the consumer with information about the appeal process;
- To collect, track and quantify problems and inquiries encountered by consumers;
- Educate consumers on their rights and responsibilities with respect to their insurance coverage;
- Assist consumers with enrollment in an insurance plan;
- Resolve problems with obtaining premium tax credits under section 36B of the Internal Revenue Code of 1986.

As a condition of receiving a grant under the new law, an office of health insurance consumer information will also be required to collect and report data to the Secretary of HHS on the types of problems and inquiries encountered by consumers.

Patient Advocate Foundation (PAF), a 501(c)(3) organization, providing case management services across the fifty states to people with chronic, life-threatening and debilitation illness, is uniquely qualified to serve your state as an independent office of health insurance consumer information, and we would be pleased to enter into discussions about providing these services to your state as an independent contractor should you be submitting a proposal to HHS.

Patient Advocate Foundation has been a contractor for the State of Virginia providing services to patients who do not qualify for Virginia Medicaid, but who have been diagnosed with a chronic, debilitating or life-threatening condition. PAF has served in this capacity for the state of Virginia since 2007.

Since 1996, Patient Advocate Foundation has closed more than 400,000 cases and provided on-line information and/or assistance to millions of web visitors. In 2009, PAF received more than four million inquiries and assisted 55,384 patients across the nation with direct mediation services. Of those receiving direct mediation services, 20.02% reached out to PAF with an insurance issue, with 32.56% of that number being commercially insured. Patient Advocate Foundation case managers provide education and solve access problems experienced by patients due to insurance coverage shortfalls including but not limited to: claims denials, insurance appeals, insurance and/or public assistance program applications, employment issues, and medical debt crisis. Throughout the process, PAF's expert case managers review and analyze the benefits and coverage in a patient's plan to obtain positive resolution. These resolutions include obtaining successful appeal decisions, enrollment in appropriate private/public/charity care programs, co-pay assistance, and resolution of coding and billing errors. In addition, PAF collects comprehensive information on each case it handles including demographics, disease-specific issues, and resolutions. Through a sophisticated IT and data collection system, PAF is able to track and analyze patient data as well as ensure exceptional quality control within the organization. This data also allows us to provide comprehensive reports of quality measures and outcomes.

We appreciate your consideration and look forward to your response, hoping to continue to broaden our work on behalf of patients.

Sincerely,



Fran Castellow  
President, Operations



Beth Patterson  
President, Mission Delivery

Enclosure

# PAF Patient Advocate Foundation

## Solving Insurance and Healthcare Access Problems | since 1996 Patient Advocate Foundation Direct Patient Services

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Medical Director

Helen F. Gorman Cancer Center

E. Marc Stewart, MD

Professor of Medicine, University of Washington

Fred Hutchinson Cancer Research Center

- Patient Advocate Foundation (PAF) is a non-profit, 501(c)3 direct patient services organization that seeks to safeguard patients with chronic, life threatening, and/or debilitating diseases through effective mediation assuring access to care, maintenance of employment and preservation of their financial stability. Patient Advocate Foundation serves as an active liaison between the patient and his/her insurer, employer and/or creditors to resolve insurance, job retention, and/or debt crisis matters relative to his/her diagnosis through professional case managers and a national network of health care attorneys. PAF case managers acting as patient liaisons are specialized in the areas of oncology nursing, coding and billing, pre-authorization approvals, expedited appeals, expedited application for federal and state income and disability programs. PAF also retains a medical director consultant and utilizes over 160 healthcare attorneys as mediators on behalf of patients.
- ### Coordination and Expertise
- Patient Advocate Foundation's direct case management services result in benefits which include, but are not limited to the following:
- Increasing the speed with which patients receive quality healthcare after diagnosis.
  - Providing direct patient services which include mediating and negotiating with the full continuum of social services including Social Security Disability, Medicare and Medicaid, federal and state programs and private sector resources to provide needed services in a timely coordinated process. To mediate and negotiate to the full network of healthcare providers including physicians, hospitals, clinics, social services providers, pharmaceutical assistance programs, federal, state and local agencies for specific goods and services needed by the patient.
  - Providing direct intervention with employers, benefit representatives and health plan representatives for those patients who are employed, insured or underinsured.
- Direct Services Provided to Patients at **No Cost Include:**
- Brokering resources to supplement the limits of insurance and to assure access to care for the uninsured
  - Negotiating access to pharmaceutical agents, chemotherapy, medical devices and surgical procedures
  - Negotiating pre-authorization approvals
  - Providing assistance in expediting the appeals process
  - Providing assistance in expediting applications for SSDI, enrollment in Medicare, Medicaid, SCHIPS and other social programs
  - Resolving debt crisis related to diagnosis
  - Resolving insurance issues in the public and private sector
  - Mediating insurance appeals
  - Negotiating resolutions to coding and billing errors
  - Coordinating benefits

PAF utilizes the internal resources of the Patient Services Department to provide appropriate case management strategies from the initial call process to resolution of the case. In an effort to insure that speedy access to healthcare is granted to patients, potential resources are discussed during the initial phone call so the patient feels comfortable and educated as to what may be available to them and what steps their PAF representative plans to take next. The patient's contact information is obtained for future follow up. The PAF case manager then begins work on the patient's individual needs.

### **Accessibility**

Patient Advocate Foundation is headquartered in Hampton, VA and has regional offices in New York, Iowa, Florida, Texas, Nevada, and California. The offices in Virginia, New York and California are staffed by bilingual, Spanish speaking case managers to help Hispanic/Latino patients. PAF also utilizes the AT&T language line for interpreter services for other languages. PAF offers many programs and educational opportunities for patients nationwide including direct case management assistance, internet patient services, ongoing live patient chats, state, local and national outreach and projects targeting specific patient populations. Referrals are received from voluntary health agencies, including the American Cancer Society, organizations that are members of the Cancer Leadership Council, hospitals, physicians, the Department of Labor, Centers for Disease Control, members of the US Congress, State Ombudsman programs and media outlets.

The direct case management services are provided to patients daily, from 8:00 a.m. to 8:00 p.m. EST. Patient Advocate Foundation also has two outreach programs targeting disparate populations.

- **National Hispanic/Latino Outreach Program(NHLOP)**

Implemented in 2001, this program seeks to improve access to healthcare for the chronically and critically ill from the Hispanic/Latino community. Our offices located in New York, Florida and California are staffed by bi-lingual case managers who devote 8 hours per week to Hispanic/Latino outreach initiatives in their respective communities. PAF also provides educational materials in Spanish. When the program was implemented in 2001, 1.24% of all PAF patients were Hispanic/Latino. For 2009, as reflected in the *2009 Patient Data Analysis Report (PDAR)*, 8.83% of all patients served were of Hispanic/Latino descent.

- **National African American Outreach Program**

PAF's National African American Outreach Program was initiated at the end of the 2004 fiscal year. This program is designed to reduce health care disparities and assist individuals in obtaining a better quality of life within disenfranchised communities by disseminating information to those who are generally unable to receive reliable health care. Over 17% of the patients served in 2009 by PAF are African American

### **Privacy and Security of Patient Data**

Patient Advocate Foundation data is maintained within a custom designed SQL-based application that was created for the sole purpose of tracking issues and resolutions for PAF cases. The database is patient-centric and is capable of collecting up to 241 unique fields of information per patient. The information collected can be queried in many different ways in order to allow statistical reports such as primary issues/resolutions and analysis reports of program outcomes including such information as demographics, economic status, age, ethnicity, insurance status and length of time from initial contact to final resolution.

With regards to network/database security, IT has the following technologies in place: network and host based firewalls, DMZ, ACL, RBL, spam filtering, proxy servers, virus and malware protection, strong password requirements, encryption, vulnerability scanning, HIDS/NIDS, extensive logging and alerting. Physical security includes proximity keyboard access, magnetic locks, intrusion detection system, video surveillance cameras, and separation of duties.