

October 5, 2006

Mrs. Jacquelyn Finney  
1664 Buttercup Road  
Encinitas, CA 92024

Dear Mrs. Finney:

Your letter to George Halvorson dated August 22, 2006, which was received in his office on September 7, 2006, was referred to me in my role as Program Manager for California ADA Compliance, to respond to the ADA Title III issues raised in your letter. The issues in your letter regarding the medical care in the Orthopedics department for your advocate, Robert Finney, have been addressed in a separate letter to him from our Member Services Department in San Diego.

You expressed concern in your letter about staff at the San Diego Medical Center not being able to identify or connect you with the ADA Coordinator for the facility. We are still looking into this issue, but apologize if you were in any manner inconvenienced in attempting to locate the ADA Coordinator. For your future reference, the ADA/Section 504 Coordinator for San Diego is David Horton, Department Administrator for Preventive Medicine, (858) 573-5444. Also, for your information, the San Diego Medical Center, along with all of our other Medical Centers in California, are developing and implementing policies and procedures for improving access to facilities and services for our members with disabilities at Kaiser Permanente. In addition, we will be providing training to our staff on issues relating to patients with disabilities.

In your letter, you allege that there are ADA violations at the San Diego Medical Center regarding doors at the Medical Offices that have not been modified to allow access for disabled patients. If you provide more specific information regarding the specific doors and locations where you believe these conditions exist, we can be better able to address your issues. We have completed an architectural access survey of the San Diego facility as part of our California-wide program to identify and remove architectural barriers and developed an action plan for barrier removal at San Diego. Hopefully, this project will address your concerns about the accessibility of doors at the facility.

If you have any further questions about disability access at our facilities, please do not hesitate to contact me.



Sincerely,  
Nitasha Lal  
Project Manager  
California ADA Compliance

cc. George Halvorson  
Brad Jenkins  
Jaime Crippen  
David Horton

October 5, 2006

Jacquelyn Finney  
1664 Buttercup Road  
Encinitas, CA 92024

Dear Ms. Finney:

Thank you for bringing your concern regarding the futility and distress you felt at your husband's appointment with Dr. Houkom in Orthopedics on May 9, 2006, a Kaiser Permanente telephone operator not recognizing the terms, "ADA" or "ADA Coordinator", a Kaiser Permanente Operator not informing you of who you were being connected to for assistance, the hold time you experienced during the transfer from the Operator to the Human Resources Department, a representative in the Human Resources Department not knowing the terms, "ADA" or "ADA Coordinator", Kaiser Permanente not modifying the doors to the medical offices, the reaction of Kaiser Permanente employees when asked to open doors for you and the reaction of a Radiology Department employee when you asked them to open a door for you to the attention of the Kaiser Permanente Member Services Department.

Please be assured that we take this matter seriously and it is currently under investigation. A written response will be mailed to you within 30 days from the date of receipt of your concern, which was received on September 7, 2006.

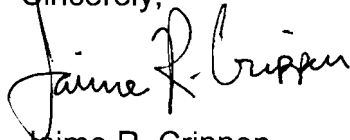
### **Department of Managed Health Care Complaint Process**

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone Kaiser Foundation Health Plan at **1-800-464-4000** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a **TDD line (1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site

<http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

When you provide us with information regarding any issue that concerns you, we are allowed an opportunity to improve services to our members. If you need assistance or have any questions about the status of this concern, please submit in writing to: 4402 Vandever Ave, San Diego, CA 92120, Attention: Jaime Crippen.

Sincerely,

A handwritten signature in black ink that reads "Jaime R. Crippen". The signature is written in a cursive style with a large initial "J" and "C".

Jaime R. Crippen  
Senior Case Manager

October 6, 2006

Jacquelyn Finney  
1664 Buttercup Road  
Encinitas, CA 92024

Dear Ms. Finney:

Thank you for bringing your concern regarding the futility and distress you felt at your husband's appointment with Dr. Houkom in Orthopedics on May 9, 2006, a Kaiser Permanente telephone operator not recognizing the terms, "ADA" or "ADA Coordinator", a Kaiser Permanente Operator not informing you of who you were being connected to for assistance, the hold time you experienced during the transfer from the Operator to the Human Resources Department, a representative in the Human Resources Department not knowing the terms, "ADA" or "ADA Coordinator", Kaiser Permanente not modifying the doors to the medical offices, the reaction of Kaiser Permanente employees when asked to open doors for you and the reaction of a Radiology Department employee when you asked them to open a door for you to our attention. At Kaiser Permanente we feel that feedback from our members is of the utmost importance and we appreciate you taking the time to let us know when we have not met your needs.

At Kaiser Permanente we strive to meet and exceed our members' expectations. When this endeavor is not successful, your comments and suggestions are invaluable in helping us to improve. Your concerns regarding ADA access issues are being addressed by Nitasha Lal, Program Manager for California ADA Compliance in a separate letter. I have forwarded your comments regarding the operator, the hold time, the doors at Kaiser Permanente facilities and the employee's attitudes towards you when asked for assistance in opening doors to the appropriate department administrators for internal review. Thank you for your time and feedback.

This completes Kaiser Permanente's internal grievance process. If you find this decision unsatisfactory, the following options are available to you or your authorized representative:

### **Department of Managed Health Care Complaint Process**

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first

telephone Kaiser Foundation Health Plan at **1-800-464-4000** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are experimental or investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number (**1-888-HMO-2219**) and a **TDD line (1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site **<http://www.hmohelp.ca.gov>** has complaint forms, IMR application forms and instructions online.

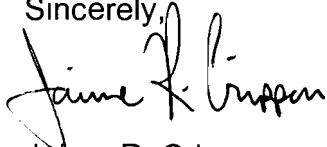
### **Independent Medical Review**

If you qualify, you or your authorized representative may have your issue reviewed through the Independent Medical Review (IMR) process managed by the California Department of Managed Health Care (DMHC). The DMHC determines which cases qualify for IMR. If you decide not to request an IMR, you may give up the right to pursue some legal actions against us. Additional information about IMR can be obtained from your *Evidence of Coverage* or California's Department of Managed Health Care at (**[www.hmohelp.ca.gov](http://www.hmohelp.ca.gov)**).

Following completion of your IMR review, the DMHC will notify you and us of its final determination. If the DMHC decision is in your favor, we will reimburse you or notify you promptly regarding how to obtain services.

If I can be of any further assistance to you regarding this matter, please send correspondence to my attention at 4402 Vandever Ave San Diego, CA 92120 or fax to (619) 516-6141.

Sincerely,



Jaime R. Crippen  
Senior Case Manager

Attachments: IMR Application  
IMR Application Instructions  
DMHC addressed envelope



# INDEPENDENT MEDICAL REVIEW APPLICATION

## PATIENT INFORMATION

(If a representative of the patient/enrollee is filling out this form, please provide your contact information on a separate sheet.)

First Name _____	Middle Initial _____	Last Name _____	Date of Birth ____/____/____
Address _____		Telephone # _____	
City _____	State _____	Zip _____	E-Mail _____

Name of HMO/ Health Plan \_\_\_\_\_ Membership I.D. \_\_\_\_\_ Social Security Number \_\_\_\_\_

- Are you a Medi-Cal Managed Care beneficiary? YES NO (circle one)
- Are you a Medicare or Medicare Plus Choice beneficiary? YES NO (circle one)
- Have you participated in your HMO's or health plan's grievance process? YES NO (circle one)
- Has the requested medical treatment or service already been received? YES NO (circle one)

## YOUR CONDITION (Please feel free to continue on a separate page or attach supporting and related documents.)

- Please provide a short description of your medical condition or diagnosis \_\_\_\_\_
- What is the medical treatment or service you are requesting? \_\_\_\_\_
- How would you like to see this case resolved? \_\_\_\_\_
- Do you have a condition that is a serious threat to your health? YES NO If YES, please explain \_\_\_\_\_
- Why did your HMO or health plan say it was denying, modifying or delaying services, treatment or reimbursement for emergency care? (check one below)  
\_\_\_\_ Not Medically Necessary \_\_\_\_\_ Experimental or Investigational Other: \_\_\_\_\_

Please list the physicians who have treated you for this condition. Include their contact information and note whether they were within or outside of your HMO or health plan's network. (Again, feel free to continue on a separate page.)

\_\_\_\_\_  
"I hereby request Independent Medical Review of my dispute with the Health Plan. I authorize the release of any and all of my medical records and information, of any type, of or pertaining to the scope of this authorization including medical, mental health, substance abuse, HIV records, diagnostic imaging reports, and any other type of non-documentary records, as well as pertinent non-medical records and information. This authorizes release by and among all medical providers, the enrollee's Health Plan, the California Department of Managed Health Care and its consultants, and any Independent Medical Review Organization or reviewers authorized by the Department of Managed Health Care to review grievances regarding health care services. Release and disclosure are authorized only to the extent any of those persons or entities may deem appropriate for a purpose consistent with the review of a grievance or complaint regarding health care services. This authorization will expire one year from the date below, except as regarding the Department's internal use or as otherwise allowed by law. The expiration will apply to all information not previously released pursuant to this authorization. This authorization may be revoked or withdrawn at any time. A revocation or withdrawal will apply to all information not previously released pursuant to this authorization. I attest that the information provided is accurate and truthful."

Enrollee's Signature \_\_\_\_\_ Date \_\_\_\_\_

# INDEPENDENT MEDICAL REVIEW

## APPLICATION INSTRUCTIONS

Thank you for contacting the Department of Managed Health Care regarding your HMO coverage. We know this is a difficult time and we are here to help. Our Independent Medical Review process can help you when treatment or services have been denied, delayed, or modified by your HMO because the HMO claims that the service is not medically necessary or is experimental. If you need assistance in completing this application form or have any questions, please contact us at 1-888-HMO-2219.

- This one page application form is all you need to apply for an Independent Medical Review – you do not pay anything for this review. Providing the requested documents will likely help accelerate the review process.
- Please be aware that failing to apply for Independent Medical Review may forfeit other statutory rights to pursue legal action against your HMO regarding the disputed health care service. Your application may be rejected if it is not submitted within six months of being denied the disputed health care service.

### THE APPLICATION

- Please complete the application as fully and accurately as possible. When describing your medical condition, list the physician's diagnosis, e.g., diabetes, cancer, and stroke. Please give us the name of the denied medical service or treatment, or describe it as closely as you can. If available, please provide copies of correspondence about the disputed treatment from your medical group and HMO and attach any other materials or correspondence regarding the disputed service you wish the Department to consider in evaluating your application.
- When listing physicians, please identify those who have seen you for this condition, or from whom you have requested medical service or treatment, or who have recommended for or against you receiving the medical service or treatment. Also identify which physician is your primary care provider (regular physician). Please note whether or not these physicians are within your HMO's network.
- Please forward documentation and this form, by facsimile or mail, to: Department of Managed Health Care, HMO Help Center, IMR Unit, 980 Ninth Street, Suite 500, Sacramento, CA 95814. If you have any questions, the Department can be reached at 888-HMO-2219, or by fax at 916-229-4328. You will be advised by letter as soon as your case has been accepted for Independent Medical Review.

- The HMO will be required to provide all medical records in its possession or that are available from contracting providers. If you have seen non-contracting providers regarding the disputed care, you should take immediate steps to obtain copies of your records from those providers in order to submit them in time for review. You should submit any all records, documents, or information related to the HMO's denial that you want considered by the reviewers. Please submit copies since originals cannot be returned.

**NOTICE REQUIRED BY THE INFORMATION PRACTICES ACT**

(California Civil Code Section 1798.17)

The personal information you are being asked to provide to the HMO Help Center is sought pursuant to the laws, primarily the Knox-Keene Act, which authorize and direct the Department of Managed Health Care to regulate health plans and investigate the complaints of health plan enrollees. Such information is primarily used in the investigation of your dispute with the health plan and to obtain an independent medical review. Providing such information is voluntary, not mandatory. However, if you choose not to provide the information, the investigation of your complaint, obtaining an independent medical review and the Department's regulatory functions may be impeded. As a result of the independent medical review and any other investigation, we may disclose such information, as necessary, to the health plan and an independent medical review organization, as well as other government agencies for regulatory and enforcement purposes and as otherwise allowed by law, such as the California Information Practices Act. You have a right to access your personal information by contacting the DMHC Records Request Coordinator, Department of Managed Health Care, Office of Legal Services, 980 Ninth Street, Suite 500, Sacramento, CA 95814-2725, (916) 322-6727.