

Health Rights Hotline – Issue Categories

KEY:

- CAT.** = Category Abbreviation
= Number within Category
Category = Category Name
Definition = Summary of Category Usage
Options = Selections available for coding within a category (up to two per issue); all Categories allow for entry of “Other” (text to thirty characters).

Categories:

- A Accessibility: 16 issues; most issues allow for an “actor” selection; some allow for “subject” selection.
B Benefits/Coverage: 3 issues; all issues allow for “subject” selection.
C Claims/Payment: 6 issues; all issues have either “subject” selections or selections specific to the issue.
CE Consumer Education: 5 issues; none with subject or actor options.
CS Care/Service: 6 issues; all allow for “actor” selection; most allow for “subject” selection.
U Uninsured: 5 issues; none allow for subject or actor selections
M Miscellaneous: 7 issues
I Inappropriate: 5 issues
S Subjects: selection options for broader Issue Categories.

All Categories include an “other” entry.

Health Rights Hotline – Issue Categories

CAT	#	CATEGORY	DEFINITION	OPTIONS FOR ISSUE SELECTION
-----	---	----------	------------	-----------------------------

Category A: Accessibility				
A	1	App't Time Too Long Wait	Consumer has an appointment scheduled for care, but feels it is too far in the future, OR The consumer, whether or not she/he has been able to schedule an appointment, believes the waiting time is not reasonable given the medical condition, and any pain or inconvenience he/she feels will be caused, or exacerbated by, the delay.	Pick: "Subject" -- Subject of dispute. AND Pick: PCP; Specialist; Dentist; Rehab; Hospital; M. Group, H.Plan; Anc.Prov.; Out-of-Plan Prov., CMISP, Other, Medi-Cal, Dental Plan, Pharmacy, AIM, Healthy Families, MRMIP
A	2	Authorization Delay	Consumer believes that the plan or medical group is taking too long to approve care, treatment, referral or prescriptions.	Pick: "Subject" -- Subject of dispute. AND Pick: PCP; M.Group; Ins/TPA; H. Plan; Dentist, CMISP, Specialist, Pharmacy, Medi-Cal, Healthy Families, AIM, MRMIP
A	3	Authorized Care Not Scheduled	Consumer has been given the go ahead by the physician or the plan to receive specialty care or tests, but has experienced difficulty in scheduling the treatment.	Pick: "Subject" -- Subject of dispute. AND Pick: PCP; Specialist; Dentist; Rehab.; Hosp.; M.Group; H.Plan; Anc.Prov.; Out-of-Plan Prov., CMISP, Other, Medi-Cal, Dental Plan, Pharmacy, AIM, Healthy Families, MRMIP
A	4	Affordability	Consumer feels that health insurance premiums or co-pays are not affordable.	Pick: Copayment; Deductible; Premium; Reached Maximum, Share of Cost, Lost of Service, Other
A	5	Difficulty Changing Plan, Group or Provider	Consumer wishes to change from one plan, group or provider to another but is experiencing difficulty possibly due to any constraints (e.g., plan rules or provider group limit when/how changes can be made; consumer wants PCP in another group, but same plan; changing from health plan to FFS; default assignment problem).	Pick: PCP, M.Group, Insurer/TPA, H.Plan; Medi-Cal/HCO, Medicare/Social Security, Other, Healthy Families, Dentist
A	6	Disability Access Problem	Consumer has a disability and has difficulty accessing or communicating with the provider or plan facilities for reasons related to their disability. (e.g., not wheelchair accessible, ramps too steep, no handrails, no sign language interpreter available, etc.)	Pick: PCP;Specialist; Dentist; Rehab.; Hosp.;M.Group; H.Plan; Anc.Prov.; Out-of-Plan Prov., Other; Pharmacy, Medi-Cal, Dental Plan, CMISP, AIM, Healthy Families, MRMIP

Health Rights Hotline – Issue Categories

CAT	#	CATEGORY	DEFINITION	OPTIONS FOR ISSUE SELECTION
A	7	Disenrollment for Cause	The plan or medical group wants to remove the consumer from enrollment, but the consumer contests the reason(s) and wants to stay enrolled. OR Consumer has been removed from the plan's coverage (disenrolled). Potential reasons include change in eligibility, the consumer is not complying with the plan rules, or can no longer pay for services.	Pick: CHAMPUS Medi-Cal/HCO; Medicare; MRMIP; Private; Healthy Families; AIM
A	8	Eligibility Problem	Consumer believes he/she should be eligible for a particular plan or provider, but is having difficulty enrolling or changing. (Note: eligibility may be based on different standards for qualifying depending on payer -- Medicare: 65+; Private Employer; Medi-Cal; etc.). Note: If problem getting continuation coverage under HIPAA or COBRA, pick A17 Continuation Coverage	Pick: HIPAA, Medi-Cal/HCO, Medicare/Social Security, Other, Private, Healthy Families, AIM, CHAMPUS, MRMIP
A	9	Lack of Specialist Availability	Consumer believes that a needed specialist is not available within the plan or group, or that the PCP is not providing the appropriate referral.	Pick: H.Plan, M. Group, PCP, CMISP, Medi-Cal
A	10	Lack of In-Person Telephone Accessibility	Consumer is unable to get through to office or customer service due to busy signals, no answer or unable to get "live" person on phone.	Pick: PCP; Specialist ;Dentist; Rehab.; Hosp; M.Group; H.Plan; Anc.Prov.; Out-of-Plan Prov. Other, Pharmacy, CMISP, Medi-Cal, Healthy Families, AIM, MRMIP, Dental Plan
A	11	Language Barrier – Relating to spoken communication or print material	Consumer is having difficulty accessing services because of language communication problems between him/her and the physician or staff, or because plan or provider printed material is not available in their language.	Pick: "Subject" -- Subject of dispute. AND Pick: PCP; Specialist; Dentist; M.Group; H.Plan; Pharmacy, CMISP, Medi-Cal, Healthy Families, AIM, MRMIP , Other, Hospital
A	12	Medical Records Access	Consumer wants access to or is having dispute about his/her medical records.	Pick: PCP; Specialist; Dentist; Rehab.; Hosp.; M.Group; H.Plan; Anc.Prov.; Out-of-Plan Provider; Other, Pharmacy
A	13	Primary Care Provider -- Lack of Availability or Consumer Can't Get Preferred Choice	Consumer is experiencing difficulty in finding a PCP (at all or in their area) or consumer desires a specific PCP, but is unable to choose him/her (e.g., the provider is no longer taking new patients; PCP unwilling to take that specific consumer as a patient; or the provider is not available under the consumer's plan).	Pick: Full Practice; Unavailable in Network; Does not take Payer; Terminated by Provider; Other.
A	14	Transportation Problem (Medi-Cal or Medical Condition Related)	Including: Consumer has difficulty getting to a doctor or facility because medical health condition prohibits safe driving or comfortable transportation; care related issue; or consumer with Medi-Cal. (See I 6.)	Pick: "Subject" -- Subject of dispute. PCP, Specialist, Rehab, Hospital, Medical Group, Health Plan, Anc. Prov., Out-of-plan Prov., Other, Dentist, Medi-Cal, Dental Plan, Pharmacy, CMISP, AIM, Healthy Families, MRMIP

Health Rights Hotline – Issue Categories

CAT	#	CATEGORY	DEFINITION	OPTIONS FOR ISSUE SELECTION
A	15	Written Material or Provider Directory Problem	Consumer is confused by or finds to be unclear or inaccurate written material or provider directory, e.g. EOC, from {pick}.	Pick: PCP; H. Plan; Specialist; Dentist; M.Group; Pharmacy, CMISP, Medi-Cal, Healthy Families, AIM, MRMIP, Insurer/TPA, Other
A	16	Other:		
A	17	Continuation Coverage	Consumer believes she/he has the right to continuation coverage under COBRA or HIPAA, but is having trouble accessing the coverage because he was not given COBRA or HIPAA notice, she has received misinformation, or she was denied coverage.	Pick: Actor: Employer, Health Plan, Insurer/TPA No subject picks
A	18	Difficulty Finding FFS Provider	Consumer is having difficulty finding a provider that accepts Medi-Cal or Medicare FFS.	Pick: "Subject" -- Subject of dispute. Pick Actor: PCP, Specialist, Dentist, Rehab, Ancillary Provider, Mental Health Provider, Other

Health Rights Hotline – Issue Categories

CAT	#	CATEGORY	DEFINITION	OPTIONS FOR ISSUE SELECTION
-----	---	----------	------------	-----------------------------

		Category B: Benefits/Coverage – General	Category “B” does not involve circumstances in which consumer has been billed (with the possible exception of B1).	
B	1	Coordination of Benefits	Consumer is having difficulty with plan, providers or payer determining which of multiple potential insurers/payers should pay for all or part of services received (e.g., each spouse has health insurance coverage through work).	Pick: "Subject" -- Subject of dispute.
B	2	Dispute over Coverage (Service Not Yet Rec'd)	Consumer believes that a particular care, service, treatment or test is or should be a covered benefit provided or paid for by the plan/med. group and they have not yet received the desired care. The plan/med. group disagrees because it claims that it is not a covered service.	Pick: "Subject" -- Subject of dispute.
B	3	Marketing/Solicitation Improper	Consumer believes he/she was given false or misleading information about the plan’s services, prices or delivery system (e.g., availability of providers and specialists, coverage of specific conditions).	Pick: "Subject" -- Subject of dispute.
B	4	Other:		

Health Rights Hotline – Issue Categories

CAT	#	CATEGORY	DEFINITION	OPTIONS FOR ISSUE SELECTION
		Category “C”: Claims/Payment	Category “C” involves circumstances in which consumer has been billed or a dispute involving payment exists.	
C	1	Assignment of Benefits	Consumer disputes or is confused about the responsibility for payment of provider bills regarding the “assignment” or failure to assign payment for services directly to the provider.	
C	2	Balance Billing	Consumer believes that he/she is being inappropriately billed for the outstanding/unpaid portion of a bill for services provided, including Medi-Cal copays; Medicare provider agrees to accept assignment then bills consumer; or commercially insured consumer is being billed for difference of provider charges and plan’s contracted amount.	Pick: "Subject" -- Subject of dispute. Pick: PCP; Specialist; Dentist; Rehab.; Hosp.; M.Group; H.Plan; Anc.Prov.; Out-of-Plan Prov., Other, Pharmacy, Dental Plan
C	3	Dispute over Patient's Liability or Plan's Payment	Consumer disputes his/her liability (in whole or in part) for payment (for services received) and believes that a particular care, service, treatment or test is or should be a covered benefit provided or paid for by the plan. The plan disagrees because it claims that it is not a covered service. Consumer has received the desired care and has been billed or provider's claim for payment has been denied.	Pick: "Subject" -- Subject of dispute.
C	4	Liens/Accident Payments	Consumer has a disagreement with the plan or provider related to what insurer or party is liable when services rendered were covered by either another's insurance or through a legal action (e.g., automobile accident).	Pick: "Subject" -- Subject of dispute.
C	5	Premium Concerns (Increased or Refund Requested).	Consumer disagrees with an increase in their premium or their contribution to the premium, or consumer has requested a refund of premiums paid to the plan.	Pick: Insurer/TPA; H. Plan; Employer; Healthy Families
C	6	Slow Payment.	Consumer claims he/she has not received payment due from the plan or provider group OR Consumer believes that plan's slow payments to a provider are affecting his/her access to care.	Pick: "Subject" -- Subject of dispute. AND Pick: PCP; Specialist; Dentist; Rehab.; Hosp.;M.Group; H.Plan; Anc.Prov.; Out-of-Plan Prov., Other, Pharmacy, Dental Plan, CMISP
C	7	Other:		

Health Rights Hotline – Issue Categories

CAT	#	CATEGORY	DEFINITION	OPTIONS FOR ISSUE SELECTION
-----	---	----------	------------	-----------------------------

		Category “CE”: Consumer Education		
CE	1	Hotline/Program Services	Consumer wants information on the services provided by HRH.	
CE	2	Choosing a PCP/PCD	Consumer wants help in choosing a primary care provider or dentist. NOTE: Only choose this issue for managed care clients. For FFS, see A18 Difficulty Finding FFS Provider.	Pick Actor: PCP, PCD
CE	3	Choosing a Health Plan	Consumer wants help in choosing a health plan.	
CE	4	Patient Education (condition info. /information/referral)	Consumer wants information about his/her medical condition: treatments, options, costs, risks, providers; or info. about coverage options, e.g. COBRA, HIPAA or about generally navigating the managed care system; including information about financial incentives, or consumer just wants referral	
CE	5	Managed Care: Policy & Politics	Consumer has inquiry or concern related to a broad policy or political issue in managed care.	
CE	6	Other:		
CE	7	Brief Service & Referral Only	Consumer was given brief service and referrals only because the hotline reached maximum call capacity for the day. Note: Only the receptionist or other staff covering reception duty may use CE7 Note: In addition to CE7, the substantive issue category which captures the caller's problem should be coded. Note: For every case with CE7 as the issue category the Service Provider should be coded as "Brief Service and Referral."	

Health Rights Hotline – Issue Categories

CAT	#	CATEGORY	DEFINITION	OPTIONS FOR ISSUE SELECTION
		Category “CS”: Care/Service: General	"Quality of Care"	
CS	1	Care/Treatment/Facilities Inappropriate or Inadequate	Consumer believes that the care provided by a plan doctor or provider was not correct for his/her condition, OR Consumer believes that the care provided for his/her condition by a doctor or provider was not sufficient and he/she could and should have received additional services, treatment, tests or medications, or longer stay in hospital/facility, OR Consumer believes that his provider’s facilities are not adequate or appropriate for his/her needs.	Pick: "Subject" -- Subject of dispute. AND Pick: PCP; Specialist; Dentist; Rehab.; Hosp.; M.Group; H.Plan; Anc.Prov.; Out-of-Plan Provider; Other, Pharmacy, Dental Plan
CS	2	Care – Diagnosis Inappropriate	Consumer believes that his/her diagnosis made by the provider was not accurate or appropriate for his/her actual condition.	Pick: "Subject" -- Subject of dispute. AND Pick: PCP; Specialist; Dentist; Rehab.; Hosp.; M.Group; H.Plan; Anc.Prov.; Out-of-Plan Provider; Other, Dental Plan, Pharmacy
CS	3	Care -- Denial	Consumer believes that care, services, treatment or medication have been denied inappropriately. The plan or provider does not dispute the service would be covered if medically necessary .	Pick: "Subject" -- Subject of dispute. AND Pick: PCP; Specialist; Dentist; Rehab.; Hosp.; M.Group; H.Plan; Anc.Prov.; Out-of-Plan Prov., Other, Pharmacy, Medi-Cal, Medicare, Dental Plan, CMISP, AIM, Healthy Families, MRMIP
CS	4	Care – Discharge Planning Inadequate	Consumer believes that she did not get adequate or appropriate health services or information after being discharged from the hospital given her condition or needs.	Pick: PCP; Specialist; Dentist; Rehab.; Hosp.; M.Group; H.Plan; Anc.Prov.; Out-of-Plan Prov., Other
CS	5	Care/Service – Communication/Courtesy/ Problem	Consumer is having difficulty communicating his/her needs, desires or questions about her condition; OR The provider staff are not being effective in communicating the nature, treatment options, costs or alternatives related to her condition, OR Consumer feels he/she is not be treated with respect or courtesy (staff is rude or discourteous).	Pick: "Subject" -- Subject of dispute. AND Pick: PCP; Specialist; Dentist; Rehab.; Hosp.; M.Group; H.Plan; Anc.Prov.; Out-of-Plan Prov., Other; Pharmacy, CMISP, Medi-Cal, Healthy Families, AIM, MRMIP, Dental Plan
CS	6	Care/Service -- Slow Response to Any Inquiries	Consumer is unhappy with the amount time the plan has taken to respond to his/her questions about care/service, access/enrollment, coverage/benefits, claims/payments. (Note: this is often a secondary issue.)	Pick: "Subject" -- Subject of dispute. AND Pick: PCP; Specialist; Dentist; Rehab.; Hosp.; M.Group; H.Plan; Anc.Prov.; Out-of-Plan Prov.; Other, Pharmacy, Medi-Cal, Dental Plan, CMISP, AIM, Healthy Families, MRMIP

Health Rights Hotline – Issue Categories

CAT	#	CATEGORY	DEFINITION	OPTIONS FOR ISSUE SELECTION
CS	7	Other		
CS	8	Care/Service - Cultural Barrier	Consumer believes she or he did not receive adequate or appropriate health services because of a cultural barrier with the provider.	Pick "Subject" - Subject of dispute. AND Pick: PCP; Specialist; Dentist; Rehab.; Hosp.; M.Group; H.Plan; Anc.Prov.; Out-of-Plan Prov.; Other, CMISP, Medi-Cal, Healthy Families, AIM, MRMIP, Dental Plan, Pharmacy

Health Rights Hotline – Issue Categories

CAT	#	CATEGORY	DEFINITION	OPTIONS FOR ISSUE SELECTION
		Category “M”: Miscellaneous		
M	1	Other		
M	2	Confidentiality	Consumer is concerned about breaches to the privacy of his/her medical records or information.	Pick: "Subject" -- Subject of dispute. AND Pick: PCP; Specialist; Dentist; Rehab.; Hosp.; M.Group; H.Plan; Anc.Prov.; Out-of-Plan Provider; Out-of-Plan Prov., Other, Pharmacy, CMISP, Medi-Cal, Healthy Families, AIM, MRMIP, Dental Plan
M	3	Fee For Service	Consumer wants information, assistance or referral, but has fee for service health insurance	
M	4	Long Term Care Insurance Related	Consumer wants information about long term care coverage and what his/her options are for receiving it.	
M	5	Duplicate / Reassigned	Counselor closes a case to avoid duplication when two counselors both have open cases on the same consumer. For example, if one counselor has a M9 case but the client calls back and reaches a different counselor, then the counselors will decide who will handle the case, and the other counselor will code her case as M5.	
M	6	Workers’ Compensation Related	Consumer seeks assistance regarding eligibility, coverage or payment for care under Worker’s Compensation, or the interface between regular insurance and Worker’s Compensation	
M	7	Systemic Issue	Reserved for cases having system-wide impact (not under a specific client’s name)	
M	8	Complaint About Regulator/Agency	Consumer is dissatisfied with his or her interactions with a regulatory agency, community agency or other organization that is not a health plan, medical group, hospital or other health care provider.	
M	9	Callback Incomplete	Counselor has attempted to call the client to complete the intake process, but hasn’t been able to reach the client.	
M	10	Organization Inquiry	Organization representative wants information about a health care program, benefit, coverage, or process. NOTE: Always code the substantive issue category in addition to M10.	

Health Rights Hotline – Issue Categories

CAT	#	CATEGORY	DEFINITION	OPTIONS FOR ISSUE SELECTION
-----	---	----------	------------	-----------------------------

		Category “T”: Inappropriate		
I	1	Other:		
I	2	Non-Health Care Related	Consumer wants information, assistance or referral not related to health care (e.g. medical advice, referral to physician).	
I	3	Out-of-Area Health Related	Consumer out of service area.	
I	4	Other Health Related	Consumer wants information, assistance or referral that is health-related, but not HRH-type problem.	
I	5	Provider Inquiry/Complaint	Caller is a provider with a managed-care-related inquiry or complaint concerning provider’s relationship with a group or plan.	
I	6	Transportation Problem (non-health related).	Caller does not have access to transportation, but transportation obstacle is not related to health condition (except Medi-Cal enrollee). (See A14.)	

		Category “U”: Uninsured		
U	1	Other:		
U	2	Affordability	Consumer is unable to afford, or concerned about the cost of, health insurance coverage.	
U	3	Billing Problem	Consumer has received a medical bill that s/he is unable to pay, thinks s/he should not have to pay, or does not understand.	
U	4	Eligibility	Consumer is having difficulty (or has questions about) obtaining health insurance coverage or enrolling in a health plan due to a pre-existing condition or other, non-financial, reasons.	Pick Actor: Medi-Cal, CMISP, AIM, Healthy Families, Medicare, Private, CHAMPUS, MRMIP
U	5	Medical Care Referral	Consumer is seeking medical care or services.	

Health Rights Hotline – Issue Categories

CAT	#	CATEGORY	DEFINITION	OPTIONS FOR ISSUE SELECTION
-----	---	----------	------------	-----------------------------

		Category “S”: Subject Selections		
S	1	Other:		
S	2	Alternative Therapies	Care which is considered alternative or complementary, including acupuncture, homeopathy, aromatherapy,.	
S	3	Ambulance/Transportation	Transportation for medical services.	
S	4	Chiropractic Services		
S	5	Continuing Care/Ext. Care/SNF	Ongoing care in a skilled facility (though out of hospital) (SNF = Skilled Nursing Facility).	
S	6	Dental Coverage		
S	7	Dental/Medical Overlap	Care at overlap of medical/dental services (e.g., TMJ, reconstructive surgery on the jaw, etc).	
S	8	Diagnostic Testing		
S	9	DME	Durable medical equipment, e.g., LIST.	
S	10	Emergency/Urgent Care		
S	11	Experimental Treatment	Treatment, procedure or medication which plan or provider considers to be unproven.	
S	12	General Office Visit		
S	13	Home Health	Services received by the patient in his/her home and paid for by the plan.	
S	14	Hospice/Terminal Care		
S	15	Hospital Care		
S	16	Maternity	(Perinatal – includes, Pre-natal Care, Delivery, Post-Partum)	
S	17	Mental Health		
S	18	Hearing		
S	19	Out-of-Area Care	Consumer may need or wish to receive care outside of the geographic area covered by the plan and may need to consult with the plan before receiving that care.	
S	20	Pre-Existing Conditions		
S	21	Prescription Drugs/Formularies		
S	22	Preventive Services	(e.g., EPSDT)	
S	23	Rehab/Developmental Therapies (OP/OT/PT/RT)		
S	24	Specialty Care		
S	25	Substance Abuse		
S	26	Surgery		
S	27	Vision Care		
S	28	Second Opinion		