



I now directly contact leadership when there are operation failures. Not for a favor but because they have the ability to make things work the way the regulations intended. Healthnet assisted in approving MH's admission and air ambulance almost immediately....because it was medically necessary. The law didnt need clarification, the implementation is where the triagencies need to focus.

Re: [REDACTED] 0989

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To:

Wed, Jun 21, 2023 at 10:59 AM

Hi [REDACTED]  
I want to be respectful of your time so is there someone at HealthNet I can speak with to get more specific information?

I think there is a lot of fear and skepticism regarding the dramatic change in HealthNet's status on treatment. They don't want to get their hopes up.

The other question is if there is a way to switch to another medical group or just connect with HealthNet directly for future prior authorizations?

I wouldn't ask the Plan to ever approve something that is beyond the scope of the Plan documents or not medically necessary. My concern is just that there can be communication gaps due to the overlap of behavioral and medical health for Eating disorders.

Respectfully,  
Domna

On Tue, Jun 20, 2023 at 6:32 PM Domna A <[REDACTED]> wrote:

Hi [REDACTED]

Thank you for getting back to me. I know Senior Leadership often takes these types of situations very seriously which is why I reached out directly as a Hail Mary.

I want to make you aware that were numerous barriers before my contact and there is risk that she will opt out of going. Unfortunately, despite her team's assurances she was convinced that the string of denials and prior treatment barriers ( I.e. placement of NJ tube and then non coverage of formula and administration) was a sign that she does not deserve treatment. With eating disorders, there can be a very short window when a person is willing to re-enter treatment .

Should she chose to not go, please make sure the appropriate protocol is followed for possible hospice.

No matter what occurs, I appreciate your prompt attention . I hope HealthNet is able to review the availability of authorized representative forms snf the metrics used to evaluate contracts with Medical Groups. This type of situation is not unique to Sharp Reed Stealy.

Respectfully ,  
Domna

On Tue, Jun 20, 2023 at 5:44 PM C [REDACTED]@healthnet.com> wrote:

Hello Domna,

Thank you for reaching out to us regarding this member. Please be assured that we take these issues extremely seriously, that our team is currently working on this case and we are aware of the urgency. Additionally, we are in contact with the Department of Managed Health Care (DMHC) and working quickly to get this addressed.

Again, thank you for bringing this to our attention this morning.

Thank you,



nk Blvd.,  
lls, CA 91367

676.6571

19-8452

@healthnet.com

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From: [REDACTED]@gmail.com>  
Sent: [REDACTED] AM  
To: E [REDACTED]@healthnet.com>  
Cc: A [REDACTED]@healthnet.com>; [REDACTED]@healthnet.com>;  
david [REDACTED]@healthnet.com>; [REDACTED]@healthnet.com>  
Subject: Urgent Plan non compliance Megan

**Caution:**  
**External Email**

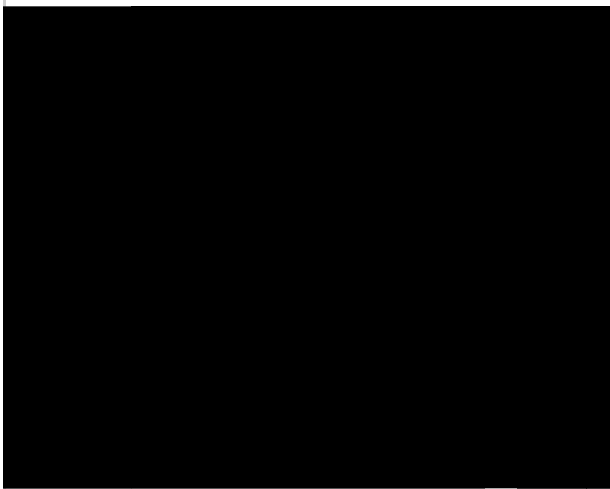
Do not click on links or open any attachments unless you recognize the sender and know the contents are safe. Think before you click!

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RE: [REDACTED] she is too sick to respond to the Plan- stop contacting her for coordination. Speak to her authorized representatives and Denver Acute)

**Authorized Representatives**

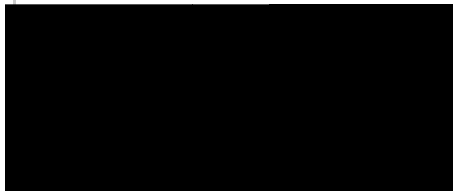
**Domna Antoniadis**



Insurance and peer to peer with Director



Dietician



Therapist



University of California- HealthNet

DMHC Case # 1269



Sharp Referral / Cas

Healthnet Case/Referral -146-886

IMR submitted on 06/19/23

Documents sent to many places including

Sharp Rees Stealy UR fax: 8



Dear HealthNet Senior Leadership,

I am writing on behalf of a Plan Member , Megan , who is futilely attempting to access medically necessary benefits covered under her Plan. Due to the Plan's infrastructure and siloing of services, attempting to resolve this on a lower level is futile. It is your responsibility to ensure HealthNet is complying with the Plan and relevant laws. It is irrelevant at this point which department needs to coordinate what. Figure this out . Megan CANNOT do it for you anymore.

Megan is a nurse at University of California San Diego. She has severe anorexia nervosa. She is 5'8" and 85 lbs. Her heart rate is in the 40s. She was recently admitted to the hospital for severe hypoglycemia ( glucose level 37). Her treatment team has been futilely attempting to refer her to an out of state specialist medical inpatient hospital- Denver Acute Center for Eating Disorders. Megan will die - and likely in a very expensive ICU- if the Plan continues having her jump thru these hopes.

As an HMO, Megan must receive a referral from her PCP at Sharp Rees Stealy. Her providers were informed that a prior authorization request can only be made by Denver Acute if the referral is granted.

HealthNet thru Sharp Rees Stealy has denied the request and appeal stating she can go to a local hospital for medical stabilization. Megan has been to the hospital. Their inexperience in treatment severe medical complications as a result of anorexia nervosa resulted in her leaving AMA. Additionally, Megan does not just need stabilization- she is entitled to medical necessary and appropriate treatment for her condition.

Despite the denial for a referral, another department approved palliative care and will likely approve hospice.

Documents have been faxed to numerous numbers. If you do not have something than reach out to me. At this point, your UR would likely consider her lab and medical tests as outdated since they are more than a week old. Please wave this absurd limitation. No medical provider would reasonably believe that her condition improved since that point. [ Please forward this email and attachments to Dr. Chen if the email failed].

Megan cannot participate in the coordination of her treatment and the constant calls and redirection is leading to her wanting to just give up. She cannot even be put on a waitlist for a bed until this process is approved.

I am respectfully requesting:

- that you coordinate with your company to provide a single point of contact for Megan's team to communicate with.

- that your company actually review the terms of the Plan and medical records to approve the treatment that is clearly necessary.

- **immediately approve the referral for specialist care and contact Denver Acute to expedite the prior authorization.**

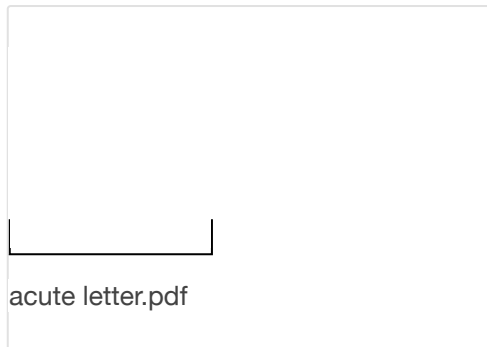
- Megan will also require medical air transportation. Although medically necessary and covered under her Plan, it will likely be denied. Do flag this request for manual review to avoid this waste of time.

- stop calling Megan or her PCP. They are unable to meaningfully participate in this process. Speak to Denver Acute.

I have attached relevant medical documents and authorizations. See attachments and below emails for further details on the barriers.

Best

Domna



----- Forwarded message -----

From: Dom [REDACTED]

Date: Tue, Jun 20, 2023 at 6:48 AM

Subject: Re: Consumer Megan [REDACTED] - University of California San Diego- HealthNet- referral for specialist inpatient treatment

To: [REDACTED] (CMS/CCIIO) [REDACTED] [cms.hhs.gov](https://cms.hhs.gov)>

Card and UR info

how that session goes.

- for Sharp Rees Stealy UR I've been faxing to: [REDACTED] 7 has gotten me through to the case managers but I'm not sure if that department is separate from the UR dept. I think the phone number goes to Utilization Management and the fax goes to Utilization Review ... I'm sure they stay in close touch if they aren't in the same department.

[REDACTED]  
[REDACTED]@gmail.com> wrote:

I am so sorry for this email. My plan was not to have such a hands on approach for most of these cases, but this one is really urgent, there are a lot of moving parts and the beneficiary really cannot help. I have no idea who you can contact at the Plan but this is the best I can do.

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Domna

----- Forwarded message -----

From: Domna A <domna@dmhc.gov>

Date: Mon, Jun 19, 2023

Subject: Fwd: Megan

To: [REDACTED]@amnc.ca.gov>, <[REDACTED]@dmhc.gov>, <[REDACTED]m@dmhc.gov>

Sharp

Health

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Greetings:

My name is Domna Antoniadis and I am an attorney licensed in NY. I am volunteering my time ( in a non-attorney capacity) to assist patients and providers in regards to mental health parity complaints. I am reaching out to flag an urgent complaint that was submitted to your department . I am an authorized representative for Megan . Megan has a severe eating disorder and is on the verge of death (she is 5'8' , 85lbs and incredibly unstable vitals). Her treatment team requested a referral so she can receive treatment at Denver Acute Center for Eating Disorders. As an HMO, she is required to receive a PCP referral to see a specialist. This has been denied, the appeal has been denied. The Plan refused to speak with the treating therapist and incorrectly stated a peer to peer can only be between MDs. I believe the determination took more than 72 hours. The Plan states she can just go to a regular hospital for stabilization since Denver Acute is a medical hospital. Despite this, she was approved for palliative care and hospice will likely be approved. As Megan's condition deteriorates, her motivation for recovery is decreasing because she feels guilty that people are making so much effort on her behalf. Her team is worn out.

Neither she nor her providers ( who are her main supports) can continue the endless barriers and confusion caused by her Plan. No one knows if they need to contact HealthNet or Sharp Rees Stealy. The Plan documents are inadequate and fail to provide meaningful guidance in regards to an urgent appeal. The Plan has not given reasonable means of appointing a representative and will likely continue to speak only with Megan or to the assigned PCP who barely knows her history.

Even if this referral is eventually approved, she will most certainly be denied prior authorization for admission (a request cannot be made until a referral is approved). Megan will then have to go through the process of requesting coverage for a medical flight. Megan cannot participate in these conversations. The required order of these requests will mean this process will take weeks. Her providers cannot be given more forms or people to contact. While Megan has the right to choose her ultimate path, it is cruel that a Plan's blatant disregard for the law may tip the scales for her to give up.

Enclosed please find documents sent to your complaint hotline email. I respectfully request that the Department reach out to me and contact HealthNet immediately and have them cover the medically necessary treatment they are required to cover. Please provide guidance so that the prior authorization request for Denver Acute Center for Eating Disorders can be submitted concurrently to IMR.

Respectfully,

Domna Antoniadis

[REDACTED]

To: <[helpline@dmhc.ca.gov](mailto:helpline@dmhc.ca.gov)>

Sharp Referral / [REDACTED]

Healthnet Case/ [REDACTED]

[REDACTED]

On Mon, Jun 19, 2023 at 8:30 PM Domna A <[REDACTED]> wrote:

----- Forwarded message -----

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To: <[helpline@dmns.ca.gov](mailto:helpline@dmns.ca.gov)>

[REDACTED]

Megan

I [REDACTED]

To Whom It May Concern:

I am writing to ask for the Department's urgent assistance with a life or death situation. I am an attorney (licensed only in NY) so acting just as an authorized representative on behalf of Megan.

Your office was recently contacted by the consumer's therapist who is also an authorized representative. (Kell [REDACTED])



Megan is on the verge of death. Her Plan's outsourcing and siloing of various aspects of management has led to a situation where she is approved for palliative care but the Plan is refusing to authorize a referral to a specialist inpatient hospital ( which is needed for the hospital to even request a prior authorization).

The reason for the denial is that Megan can just go to the ER for medical stabilization. Megan has severe anorexia. A standard ER or hospital inpatient is not equipped to treat a person in her situation. If the Plan believes she can be treated at her local hospital than they can contest this when the specialist hospital requests an out of network exception and authorization,

The Plan document does not even include information on how to file an appeal. Megan is too sick to participate in any aspects of this and her health care providers are on the verge of burnout. Her PCP who was required to submit the referral request barely knows Megan and has not been following her care.

I believe this is her Plan Document. Megan is unable to look for or find more information. She does not at the moment know who the plan administrator is. She is an employee as University California San Diego.

<https://ucnet.universityofcalifornia.edu/forms/pdf/uc-blue-gold-plan-booklet.pdf>

<https://blink.ucsd.edu/HR/benefits/>

There is no clear information where to appeal and the providers were told to appeal to Sharp Rees Stealy, HealthNet , the UR department.

I ask that the Department immediately escalate this issue and submit it for an external review and contact someone with any authority at the Plan. She will die. I have minimal information and so you need to speak directly with myself, her therapist or her dietitian ( all authorized representatives).

The Plan does not have an authorized representative form on their website and the Plan told Megan they need to mail her the form in order to appoint a representative. This is absurd and so she signed and we also signed a CMS Medicare authorized representative form.

Attached please find documents that were sent to the health plan.

Respectfully,

Domna

