Lisa S. Kantor, Esq. State Bar No. 110678 e-mail: lkantor@kantorlaw.net 1 Elizabeth K. Green, Esq. State Bar No. 199634 2 e-mail: egreen@kantorlaw.net KANTOR & KANTOR, LLP 19839 Nordhoff Street 3 Northridge, CA 91324 Telephone: (818) 886-2525 Facsimile: (818) 350-6272 4 Attorneys for Plaintiff, CARLY M. 8 UNITED STATES DISTRICT COURT 9 CENTRAL DISTRICT OF CALIFORNIA 10 V12: 05727 114 11 CARLY M., 12 Plaintiff, **COMPLAINT FOR:** KANTOR & KANTOR LLP 19839 Nordhoff Street Northridge, California 91324 (818) 886 2525 13 BREACH OF THE EMPLOYEE VS. 14 RETIREMENT INCOME SECURITY ACT OF 1974; KAISER FOUNDATION HEALTH 15 **ENFORCEMENT AND** PLAN, INC., LARIFICATION OF RIGHTS: 16 PREJUDGMENT AND POSTJUDGMENT INTEREST; 17 PENALTIES; ATTORNEYS' FÉES Defendant. AND COSTS 18 19 20 Plaintiff CARLY M. herein sets forth the allegations of his Complaint against 21 Defendant KAISER FOUNDATION HEALTH PLAN, INC. 22 23 24 25 26 27 28

COMPL

Nordhoff Street 6, California 9132 18) 886 2525

19839 Northridge, Cali (818) 886

PRELIMINARY ALLEGATIONS

- 1. "Jurisdiction" This action is brought under 29 U.S.C. §§ 1132(a), (e), (f) and (g) of the Employee Retirement Income Security Act of 1974 (hereinafter "ERISA") as it involves a claim by Plaintiff for employee benefits under an employee benefit plan regulated and governed under ERISA. Jurisdiction is predicated under these code sections as well as 28 U.S.C. § 1331 as this action involves a federal question. This action is brought for the purpose of obtaining benefits under the terms of an employee benefit plan, enforcing Plaintiff's rights under the terms of an employee benefit plan, and to clarify Plaintiff's rights to future benefits under the employee benefit plan. Plaintiff seeks relief, including but not limited to: payment of benefits, prejudgment and post-judgment interest, and attorneys' fees and costs.
- 2. Plaintiff, CARLY M. is and was at all times relevant, a resident of the City of Chatsworth, California.
- 3. Plaintiff was at all times relevant a covered participant under a small group plan issued by defendant KAISER FOUNDATION HEALTH PLAN, INC. ("Kaiser" or "the Plan"), an employee welfare benefit plan regulated by ERISA.
- 4. Plaintiff is informed and believes that the Plan is authorized to transact and transacting business in this judicial district, the Central District of California, and can be found in the Central District of California.
- 5. The claims at issue herein were specifically administered in this judicial district. Thus, venue is proper in this judicial district pursuant to 29 U.S.C. § 1132(e)(2) (special venue rules applicable to ERISA actions).



3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

FIRST CAUSE OF ACTION FOR DENIAL OF BENEFITS

- Plaintiff incorporates by reference paragraphs 1 through 5 as though 6. fully set forth herein.
- 7. Plaintiff suffers from major depression and panic disorder, severe mental illnesses under the California Mental Health Parity Act, as well as binge eating disorder, anxiety disorder, and mood disorder.
- Plaintiff has a long history of being denied proper treatment for her mental illnesses by defendant. In 2005, at age 14, she was referred to Weight Watchers by her pediatrician and seen by a social worker at the Kaiser Teen Clinic.
- In 2006, the social worker referred Plaintiff for an evaluation. Plaintiff 9. was diagnosed with major depression and EDNOS. Plaintiff was placed in the Kaiser Eating Disorders program.
- In January 2007, Plaintiff's parents met with the Eating Disorders team and were told that the team recommended hospitalizing Plaintiff at BHC Alhambra. Because Plaintiff was still in high school, and the program did not focus on binge eating disorder, Plaintiff decided to stay in the outpatient program.
- 11. Plaintiff was unable to get regular appointments with a therapist at Kaiser. She therefore saw Adriana Westby Trent, PhD and paid out of pocket from 2007 through 2010.
- In June of 2010, Plaintiff asked Kaiser for a referral to the day program at Bella Vita. She reported that a normal binge was 44 chicken wings and two fast food meals. She was told said that "wasn't too bad." Eventually, Kaiser approved the referral. Plaintiff was in the program for four weeks. She could not control her eating when she was not in the program. She asked what the ligher level of care would be. Plaintiff was told that residential treatment would be the higher level of care, but that her plan did not cover that level of care, so inpatient hospitalization was her only option.

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

- In July 22, 2010, Plaintiff was admitted to BHC Alhambra for two 13. weeks and six days. She was discharged with only one day's notice an before she was ready to leave. She was told that she was being discharged because she was not underweight.
- In August of 2010, Plaintiff returned to the Bella Vita day program, but 14. the treatment was not intensive enough to control her behaviors. She was referred back to BHC Alhambra's partial hospitalization program. She remained in that program until December 10, 2010, when it was recommended that she attend the two-day a week Eating Disorders program at Sunset Kaiser.
- 15. In December 2010, Plaintiff had an intake interview for the two-day a week Eating Disorders program. Over two months later, Plaintiff was told she could start the program that week, and Plaintiff was scheduled to meet with a psychiatrist. However, by the time Plaintiff returned home, she had a message from Kaiser saying that Plaintiff was no longer eligible for the program because the team was unsure of her commitment, and that Plaintiff had to prove her commitment by attending the emotional overeaters group ten times, at which time she would be reevaluated.
- 16. Plaintiff met with Kaiser representatives to see if Plaintiff could attend the full day program for depression. The representatives pointed out two times where Plaintiff had set backs in the BHC program as reasons to question Plaintiff's "commitment."
- 17. On February 23, 2011, Plaintiff had an anxiety attack at the Kaiser Sunset office. Her mother took her to Urgent Care, where she was told to take an Ativan.
- In January 2011, Plaintiff started seeing Jaclyn Bauer, Ph.D. as a 18. private patient because Plaintiff could not get proper treatment from Kaiser.
- On August 15, 2011, Dr. Bauer called Plaintiff's father to take Plaintiff 19. to the emergency room because she was suicidal August 16, 2011, Plaintiff was

2

3

4

5

6

7

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

admitted to the Mental Health Unit at Kaiser Chinatown on a 72-hour hold. She was released with an appointment to see a case manager for a referral to BHC Alhambra. Her case manager convinced the psychiatrist at Kaiser Chinatown to approve the referral to BHC Alhambra, but the protocol required that her prior psychiatrist make the referral. The prior psychiatrist stalled, and finally called on August 31, 2011 to say that he could make the referral but that Plaintiff would have to meet with him on September 1, 2011.

- Plaintiff met with the psychiatrist on September 1, 2011 and he referred her to BHC Alhambra.
- 21. When she was ready to discharge from BHC Alhambra, Plaintiff requested a referral to residential treatment. Plaintiff's treatment team knew that Plaintiff needed residential level of care. Defendant refused Plaintiff's request for a referral to residential treatment.
- 22. With the help of family and friends, Plaintiff found Avalon Hills Treatment Center in Logan, Utah. Plaintiff was admitted on October 17, 2011. Avalon Hills called Defendant and asked for authorization to treat Plaintiff. On October 19, 2011, Defendant denied the request on the grounds that the treatment is "not a covered benefit." Plaintiff appealed the denial. Defendant upheld the denial on appeal.
- 23. The California Mental Health Parity Act, California Health & Safety Code Section 1374.72 and Insurance Code Section 10144.5 ("Mental Health Parity Act"), requires that a health care service plan or health insurance policy issued, amended or renewed after July 1, 2000, that provides hospital, medical or surgical coverage shall "provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses" and that "severe mental illnesses" include major depression. Under the Mental Health Parity Act, health care service plans and insurance policies must provide all medically necessary treatment, including residential treatment, for members who are suffering from severe mental illnesses,

2

3

4

5

6

7

8

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

26

27

28

such as major depression. Harlick v. Blue Shield of California, -- F.3d --- (9th Cir. 2011).

- 24. In Harlick, the Ninth Circuit Court of Appeal confirmed that the Mental Health Parity Act requires health care service plans to provide coverage for residential treatment for severe mental illnesses when such treatment is medically necessary, notwithstanding the provision in the plan that purports to exclude such treatment.
- In Burton v. Blue Shield of California Life & Health Ins. Co., 2012 WL 25. 242841 (C.D. Cal.), the Honorable R. Gary Klausner followed the *Harlick* decision, and further held that treatment for co-morbid conditions does not preclude the requirement that coverage be provided for the severe mental illness. Thus, under the Mental Health Parity Act (as confirmed by the Harlick and Burton courts), Plaintiff is entitled to coverage for residential treatment for her major depression, despite any purported lack of coverage in the plan.
- Defendant wrongfully denied Plaintiff's request for a referral to 26. residential treatment, for authorization and/or claim for benefits, in the following respects, among others:
- Failure to pay medical benefit payments due to Plaintiff at a time (a) when Defendant knew, or should have known, that Plaintiff was entitled to those benefits under the terms of the Plan;
- Failure to provide prompt and reasonable explanations of the bases relied on under the terms of the Plan documents, in relation to the applicable facts and Plan provisions, for the denial of the claims for medical benefits;
- (c) After the claims were denied in whole or in part, failure to adequately describe to Plaintiff any additional material or information necessary to perfect the claims along with an explanation of why such material is or was necessary; and

16

18

19

20

1

2

3

4

5

6

7

9

21

22 23

24 25

26

27

28

Failure to properly and adequately investigate the merits of the (d) claims and/or provide alternative courses of treatment.

- Plaintiff is informed and believes and thereon alleges that Defendant 27. wrongfully denied the claims for benefits by other acts or omissions of which Plaintiff is presently unaware, but which may be discovered in this litigation and which Plaintiff will immediately make Defendant aware of once said acts or omissions are discovered by Plaintiff.
- Following the denial of the claims for benefits under the Plan, Plaintiff 28. exhausted all administrative remedies required under ERISA, and performed all duties and obligations on her part to be performed.
- As a proximate result of the denial of medical benefits, Plaintiff has 29. been damaged in the amount of all of the medical bills incurred for her treatment, in a total sum to be proven at the time of trial.
- 30. As a further direct and proximate result of this improper determination regarding the medical claims, Plaintiff, in pursuing this action, has been required to incur attorneys' costs and fees. Pursuant to 29 U.S.C. § 1132(g)(1), Plaintiff is entitled to have such fees and costs paid by Defendant.
- 31. Due to the wrongful conduct of Defendant, Plaintiff is entitled to enforce her rights under the terms of the Plan and to clarify her rights to future benefits under the terms of the Plan.

SECOND CAUSE OF ACTION AGAINST FOR EQUITABLE RELIEF

- 32. Plaintiff refers to and incorporates by reference paragraphs 1 through 31 as though fully set forth herein.
- As a direct and proximate result of the failure of the Defendant to pay 33. claims for medical benefits, and the resulting injuries and damages sustained by

Plaintiff as alleged herein, Plaintiff is entitled to and hereby requests that this Court grant Plaintiff the following relief pursuant to 29 U.S.C. § 1132(a)(1)(B):

- Restitution of all past benefits due to Plaintiff, plus prejudgment (a) and post-judgment interest at the lawful rate;
- A mandatory injunction requiring Defendant to immediately (b) qualify Plaintiff for medical benefits due and owing under the Plan, and;
- Such other and further relief as the Court deems necessary and (c) proper to protect the interests of Plaintiff under the Plan.

REQUEST FOR RELIEF

Wherefore, Plaintiff prays for judgment against Defendant as follows:

- 1. Payment of health insurance benefits due to Plaintiff under the Plan;
- 2. Pursuant to 29 U.S.C. § 1132(g), payment of all costs and attorneys' fees incurred in pursuing this action;
- Payment of prejudgment and post-judgment interest as allowed for under 3. ERISA; and
- 4. For such other and further relief as the Court deems just and proper.

Dated: June 29, 2012 KANTOR & KANTOR LLP

By:

Attorneys for Plaintiff,

Carly M.

UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA

			CIVIL COVERS	SHEEL								
I (a) PLAINTIFFS (Check box if you are representing yourself □) CARLY M.					DEFENDANTS KAISER FOUNDATION HEALTH PLAN, INC.							
(b) Attorneys (Firm Name, Address and Telephone Number. If you are representing				Attorneys (If Known)								
yourself, provide same.) Lisa S. Kantor, Esq.; Elizabeth K. Green, Esq. Kantor & Kantor, LLP, 19839 Nordhoff St., Northridge, CA 91324 (818) 886-2525												
					RINCIPAL PA		For Diversity Cases defendant.)	s Only				
☐ 1 U.S. Government Plaintiff) c				FF DE	PTF DE			DEF 12/4		
☐ 2 U.S. Government Defendant ☐ 4 Diversity (Indicate Citizenship of Parties in Item III)			itizen of Another State				•	: □ 5	□ 5			
		C	itizen or Subject o	f a Fore	ign Country [3 🗆 3	Foreign Nation		□6	□6		
IV. ORIGIN (Place an X in on	e box only.)											
☐ Original Proceeding State Court State Court Appellate Court Reopened Reopened State Court												
V. REQUESTED IN COMPLAINT: JURY DEMAND: ☐ Yes ☑ No (Check 'Yes' only if demanded in complaint.)												
CLASS ACTION under F.R.C.P. 23: Yes No MONEY DEMANDED IN COMPLAINT: \$												
VI. CAUSE OF ACTION (Cite the U.S. Civil Statute under which you are filing and write a brief statement of cause. Do not cite jurisdictional statutes unless diversity.)												
29 U.S.C. Section 1132; fa		on you are	Timig and Time a	0.101 5.0	icinom or caus	, Do not	one juniourenonal se	arates amess ar	• • • • • • • • • • • • • • • • • • • •	,		
VII. NATURE OF SUIT (Place an X in one box only.)												
OTHER STATUTES	CONTRACT	(J.3)44#1.2	TORTS	with Tier	TORTS	hot has	PRISONER	AND	BOR &	J5.1		
☐ 400 State Reapportionment	□ 110 Insurance		ONAL INJURY	EFF-Max	PERSONAL		PETITIONS	□ 710 Fair La		400 44 11.0		
□ 410 Antitrust	□ 120 Marine	□ 310 A			PROPERTY	□ 51	0 Motions to	Act	4001 011	induras		
☐ 430 Banks and Banking	□ 130 Miller Act		Airplane Product		Other Fraud	- }	Vacate Sentence	☐ 720 Labor/	Mgmt.			
□ 450 Commerce/ICC	☐ 140 Negotiable Instrument		Liability Assault, Libel &		Truth in Lendi		Habeas Corpus	Relatio				
Rates/etc. 460 Deportation	☐ 150 Recovery of Overpayment &		Slander	380	Other Personal		O General Death Penalty	☐ 730 Labor/ Report	_			
☐ 470 Racketeer Influenced	Enforcement of		ed. Employers'	□ 385	Property Dama				ung & sure Ac	:t		
and Corrupt	Judgment		Liability		Product Liabil	ty	Other	□ 740 Railwa				
Organizations	☐ 151 Medicare Act	□ 340 N □ 345 N	Marine Product		NKRUPTCY		0 Civil Rights	☐ 790 Other 1				
☐ 480 Consumer Credit ☐ 490 Cable/Sat TV	☐ 152 Recovery of Defaulted Student Loan (Excl.		Liability	422	Appeal 28 US 158		5 Prison Condition ORFEITURE /	Litigat 791 Empl.	ion Dot Inc			
□ 810 Selective Service	Veterans)		Motor Vehicle	□ 423	Withdrawal 28	7.154000000000000000000000000000000000000	PENALTY	Securi		<i>,</i> .		
☐ 850 Securities/Commodities/			Motor Vehicle Product Liability		USC 157	200 PM-2485-0	0 Agriculture	PROPERT		HTS.		
Exchange	Overpayment of		Other Personal		VIL RIGHTS	₩ 🗆 62	Other Food &	□ 820 Copyr	-			
□ 875 Customer Challenge 12 USC 3410	Veteran's Benefits ☐ 160 Stockholders' Suits		njury		Voting Employment	□ 62	Drug 5 Drug Related	☐ 830 Patent ☐ 840 Trader				
□ 890 Other Statutory Actions	☐ 190 Other Contract		Personal Injury- Med Malpractice		Housing/Acco		Seizure of	SOCIALS		ITY		
□ 891 Agricultural Act	☐ 195 Contract Product		Personal Injury-	l	mmodations		Property 21 USC					
☐ 892 Economic Stabilization	Liability ☐ 196 Franchise	1	Product Liability		Welfare American with	□ 63	881	□ 862 Black				
☐ 893 Environmental Matters	REAL PROPERTY		Asbestos Personal njury Product	443	Disabilities -		0 Liquor Laws 0 R.R. & Truck	□ 863 DIWC (405(g		,		
☐ 894 Energy Allocation Act	☐ 210 Land Condemnation	I L	iability		Employment		O Airline Regs	□ 864 SSID		/I		
□ 895 Freedom of Info. Act	☐ 220 Foreclosure			□ 446	American with	□ 66	Occupational	□ 865 RSI (4		riveno ""		
☐ 900 Appeal of Fee Determi- nation Under Equal	☐ 230 Rent Lease & Ejectment ☐ 240 Torts to Land	402 1	Naturalization Application		Disabilities - Other	□ 60	Safety /Health Other	FEDERAL 870 Taxes				
Access to Justice	245 Tort Product Liability	□ 463 H	labeas Corpus-	□ 440	Other Civil		Other	1	endant)			
☐ 950 Constitutionality of	☐ 290 All Other Real Property		Alien Detainee		Rights		\sim ($^{\prime}$ ($^{\prime}$)	□ 871 IRS-TI	hird Par			
State Statutes		1	Other Immigration Actions				\$ (C)	USC 7	609			
				_	A	X	2)					
			CV1	/ ···	fib/							

CV-71 (05/08)

FOR OFFICE USE ONLY: Case Number:

AFTER COMPLETING THE FRONT SIDE OF FORM CV-71, COMPLETE THE INFORMATION REQUESTED BELOW.

CIVIL COVER SHEET

Page 1 of 2

UNITED STATES DISTRICT COURT, CENTRAL DISTRICT OF CALIFORNIA CIVIL COVER SHEET

VIII(a). IDENTICAL CASES: Ha If yes, list case number(s):	as this action been pre	eviously filed in this court an	d dismissed, remanded or closed? ▼No □ Yes					
VIII(b). RELATED CASES: Hav	e any cases been pre	viously filed in this court tha	t are related to the present case? VNo Yes					
□ C.	Arise from the same Call for determination For other reasons we	e or closely related transaction on of the same or substantiall ould entail substantial duplic	ns, happenings, or events; or by related or similar questions of law and fact; or ation of labor if heard by different judges; or and one of the factors identified above in a, b or c also is present.					
IX. VENUE: (When completing the	e following informati	ion, use an additional sheet if	necessary.)					
			if other than California; or Foreign Country, in which EACH named plaintiff resides. This box is checked, go to item (b).					
County in this District:*	_		California County outside of this District; State, if other than California; or Foreign Country					
LOS ANGELES								
(-,	,	,	f other than California; or Foreign Country, in which EACH named defendant resides. If this box is checked, go to item (c).					
County in this District:*			California County outside of this District; State, if other than California, or Foreign Country					
LOS ANGELES								
(c) List the County in this District; Note: In land condemnation			f other than California; or Foreign Country, in which EACH claim arose.					
County in this District:*			California County outside of this District; State, if other than California; or Foreign Country					
LOS ANGELES								
* Los Angeles, Orange, San Berna Note: In land condemnation cases, a	ardino, Riverside, V	entura, Santa Barbara, or S	San/Luis Obispo Counties					
X. SIGNATURE OF ATTORNEY		1 100	Date June 29, 2012					
or other papers as required by la	w. This form, approv	ved by the Judicial Conferenc	rmation contained herein neither replace nor supplement the filing and service of pleadings e of the United States in September 1974, is required pursuant to Local Rule 3-1 is not filed ting the civil docket sheet. (For more detailed instructions, see separate instructions sheet.)					
Key to Statistical codes relating to S	Social Security Cases	:						
Nature of Suit Code	Abbreviation	Substantive Statement of	f Cause of Action					
861	НІА	All claims for health insurance benefits (Medicare) under Title 18, Part A, of the Social Security Act, as amended. Also, include claims by hospitals, skilled nursing facilities, etc., for certification as providers of services under the program. (42 U.S.C. 1935FF(b))						
862	BL	All claims for "Black Lung" benefits under Title 4, Part B, of the Federal Coal Mine Health and Safety Act of 1969. (30 U.S.C. 923)						
863	DIWC	All claims filed by insured workers for disability insurance benefits under Title 2 of the Social Security Act, as amended; plus all claims filed for child's insurance benefits based on disability.						
863	DIWW	All claims filed for widows or widowers insurance benefits based on disability under Title 2 of the Social Security Act, as amended. (42 U.S.C. 405(g))						
864	SSID	All claims for supplemental security income payments based upon disability filed under Title 16 of the Social Security Act, as amended.						
865	RSI	All claims for retirement (old age) and survivors benefits under Title 2 of the Social Security Act, as amended. (42 U.S.C. (g))						

CV-71 (05/08)