



Access to Health Care Services

NYS Health Insurance Enrollment Services

Navigators are NYS certified assistors that help individuals and families apply and enroll in affordable health insurance coverage through the New York State of Health Marketplace

What we do:

- We give our clients the information to choose any health plan carrier they think is best for their medical and financial needs
- We help with researching providers if they are in network with the health plans
- We can advocate on the client's behalf with any marketplace issues
- Navigators have their own helpline number compared to Certified Application Counselors (CACs) or brokers
- Our services are FREE, and we can assist in English, Spanish and Haitian Creole.

2022 Update

- Open Enrollment Period is continuing during the Public Health Emergency(*For Qualified Health Plan eligibility only: Medicaid, Child Health Plus, and Essential Plan can apply all year round*)
- Clients with a tax credit to help pay their health insurance premium are eligible for the Enhanced Tax Credit due to the American Rescue Plan

Eligibility with the Marketplace

Eligibility for health coverage are based on the following:

- Citizenship/immigration status
- Household size
- Household income

Who can apply?

- Must be a resident of New York State
- People under the age of 65
- Individuals, families and children
- US citizens and immigration status varies

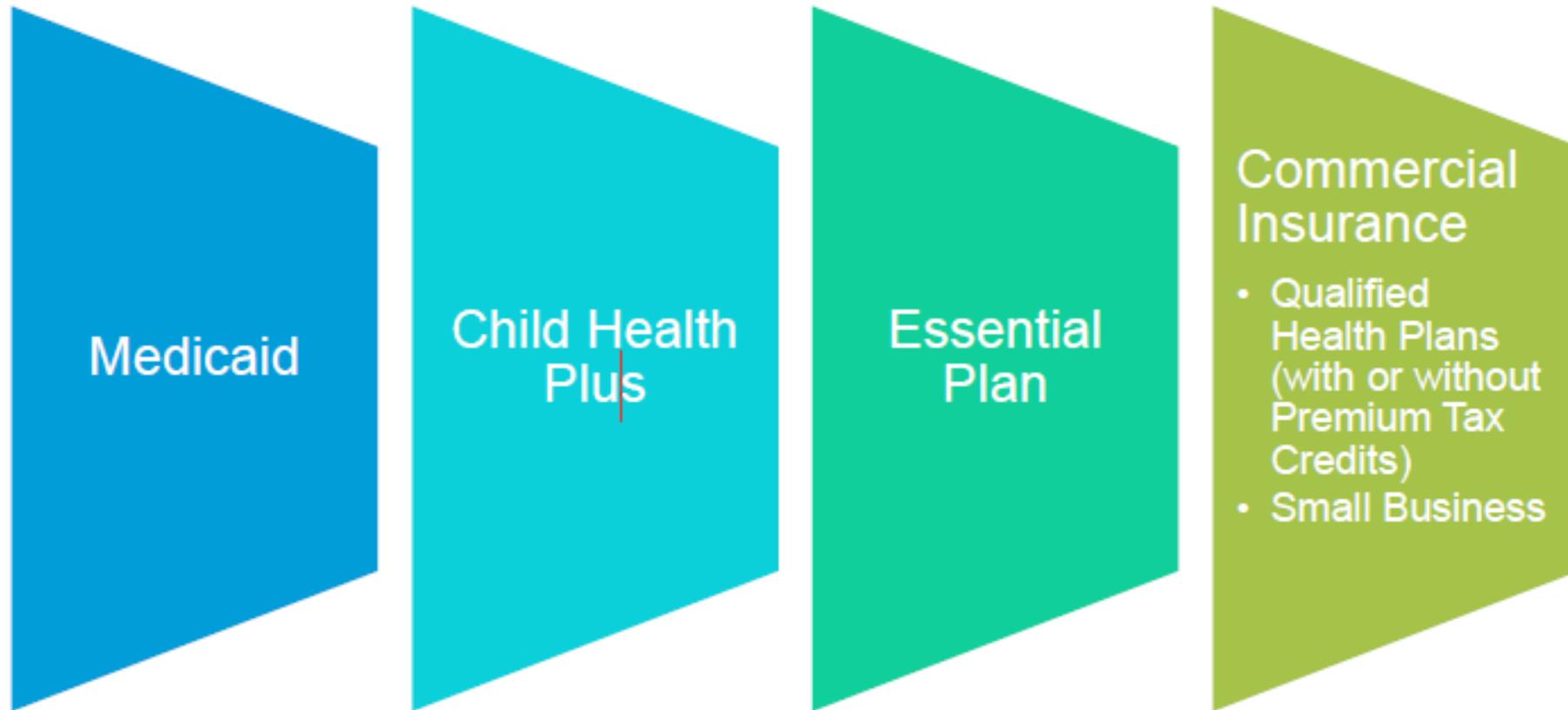


NOT eligible with the Marketplace:

(Refer to our CHA program)

- Clients ages 65 and older receiving Medicare
- Clients with a disability status receiving Medicare
- Clients receiving SSI (Supplemental Security Income) Medicaid with LDSS (Local Department of Social Services)

Options through the NYSOH Marketplace



You cannot get Medicare through the Marketplace!

MAGI or Marketplace Medicaid

- Income: Varies but generally must be below the 138% FPL
- Household size: Based on the household unit on tax returns
- Citizenship/Immigration status:
 - U.S /Naturalized Citizen
 - Qualified Aliens: Legal Permanent Residents (No 5-year ban)
 - Refugees; Asylees; Battered Spouses of Citizen/LRP with VAWA
 - Permanently Residing Under Color of Law (PRUCOL); including DACA
 - All pregnant women, including undocumented women
- Emergency Medicaid: if undocumented, you can still qualify for EM coverage. This only covers emergency conditions at the hospital

How do I know if my income and resources qualify me for Medicaid?

The chart below shows how much income you can receive annually and still qualify for Medicaid.*

The income levels are based on how many family members live with you.

2021 Annual Income Levels				
Household Size	Parent/Caretakers or Single Childless Couples or Adults age 19 & 20 not living with parents	Children Age 1 - 18	Adults age 19 & 20 living with parents	Pregnant Women, Infants Under the Age of 1, or Individuals Eligible for Family Planning Benefits
	138% of FPL	154% of FPL	155% of FPL	223% of FPL
1	\$17,775	\$19,836	\$19,964	\$28,723
2	\$24,040	\$26,827	\$27,001	\$38,847
3	\$30,305	\$33,819	\$34,038	\$48,971
4	\$36,570	\$40,810	\$41,075	\$59,095
5	\$42,836	\$47,802	\$48,112	\$69,220
6	\$49,101	\$54,794	\$55,149	\$79,344
7	\$55,366	\$61,785	\$62,186	\$89,468
8	\$61,631	\$68,777	\$69,223	\$99,592
9	\$67,896	\$75,768	\$76,260	\$109,716
10	\$74,162	\$82,760	\$83,297	\$119,841
Additional Person	\$6,266	\$6,992	\$7,037	\$10,125

*Based on 2021 Federal Poverty Levels (FPL). Income Levels may be adjusted each year based on FPL changes.

How much does Medicaid cost?

Monthly Premiums: There is no monthly premium for Medicaid.

Cost Sharing: Certain services under Medicaid require a small copay, but there are some times when no copay is needed.

The most you would ever spend in copays under Medicaid in one year would be \$200.

For a list of Frequently Asked Questions and Answers about Medicaid, go to: http://www.health.ny.gov/health_care/medicaid/

Child Health Plus (CHIP)

- Age: Available to all children until 19
- All children eligible regardless of immigration status
- Can elect CHP instead of employer-sponsored plan; however, if they have access to or are enrolled in NYS Health Insurance Program(NYSHIP), then they are not eligible to enroll in CHP
- CHP Coverage includes medical, dental and vision coverage
- No co-payments or deductible



HOW MUCH DOES A CHILD HEALTH PLUS PLAN COST?

MONTHLY PREMIUMS: Monthly price depends on household income and family size.* There is no monthly premium for families with lower incomes. Families with higher incomes pay a monthly premium, according to the chart below. For larger families, the monthly fee is capped at three children. Families with incomes above the level for subsidized coverage may pay the full premium, which varies by participating health plan.

COST SHARING: Child Health Plus has no annual deductible and no co-payments.

Maximum Annual Income by Family Size				Monthly Family Contribution Per Child (max number of children you pay for is 3)
1	2	3	4	
less than \$20,608	less than \$27,872	less than \$35,136	less than \$42,400	\$0
\$28,594	\$38,673	\$48,752	\$58,830	\$9 (max \$27)
\$32,200	\$43,550	\$54,900	\$66,250	\$15 (max \$45)
\$38,640	\$52,260	\$65,880	\$79,500	\$30 (max \$90)
\$45,080	\$60,970	\$76,860	\$92,750	\$45 (max \$90)
\$51,520	\$69,680	\$87,840	\$106,000	\$60 (max \$180)
over \$51,520	over \$69,680	over \$87,840	over \$106,000	Full premium, varies by health plan (no family max)

*Based on 2021 Federal Poverty Levels (FPL). Income Levels may be adjusted each year based on FPL changes.

Essential Plans

- “Basic Health Program” under the Affordable Care Act to provide affordable insurance. (We are one of only 2 states with a BHP)
- Adults from ages 19- 64
- Not eligible for Medicaid
- Includes medical, dental and vision coverage
- There are 4 types of Essential Plan: varies by income and citizenship/immigration status
- No premium; co-payments may vary based on income

HOW MUCH DOES THE ESSENTIAL PLAN COST?

PREMIUMS: The monthly premium is \$0 (free) for those who qualify.

COST SHARING: There is **NO DEDUCTIBLE**. Below are some examples of Essential Plan cost sharing levels.

COST SHARING FOR HEALTH CARE SERVICES	Annual Individual Income: below \$12,880-\$19,320	Annual Individual Income: \$19,321-\$25,760
Monthly Premium	\$0	\$0
Annual Deductible	None	None
Preventive Care	Free	Free
Primary Care Physician Visit	\$0	\$15
Specialist Visit	\$0	\$25
Inpatient Hospital Stay per admission	\$0	\$150
Behavioral Health Outpatient Visit	\$0	\$15
Behavioral Health Inpatient Visit per admission	\$0	\$150
Emergency Room	\$0	\$75
Urgent Care	\$0	\$25
Physical Therapy, Speech Therapy, Occupational Therapy	\$0	\$15
COST SHARING FOR PRESCRIPTION DRUGS	Annual Individual Income: below \$12,880-\$19,320*	Annual Individual Income: \$19,321-\$25,760
Generic	\$1	\$6
Preferred Brand	\$3	\$15
Non-Preferred Brand	\$3	\$30
*\$0 for individuals with income below \$12,880.		
COST SHARING FOR DENTAL AND VISION BENEFITS	Annual Individual Income: below \$12,880-\$19,320	Annual Individual Income: \$19,321-\$25,760
Dental and Vision	\$0	\$0

Qualified Health Plans (QHP)

- Commercial insurance client can purchase on the NY of Health marketplace (exchange)
- Adults ages 19-64
- There are individual, couple, and family plans
- There are 4 Metal Level Products: Bronze, Silver, Gold and Platinum
- There are also Catastrophic plan options for adults under 29.
- Can only apply during Open Enrollment Period (November 1st-January 31st) or if you qualify for Special Enrollment Period

Advanced Premium Tax Credit (APTC)

- Financial subsidies available-based on household income
- Federal tax credit applied in advance to reduce QHP premiums
- Must file taxes for the year credit is received
- Due to the American Rescue Plan, more individuals and families are eligible for enhanced tax credits

HOW MUCH DOES A QUALIFIED HEALTH PLAN (QHP) COST?

MONTHLY PREMIUMS: The price you pay each month will depend on the plan you pick. Most people are eligible for tax credits which lower your monthly cost. Tax credits are calculated based on your income, household size, and where you live.

COST SHARING: Cost sharing is the amount you pay when you get a health care service. Some people are also eligible to get help paying for these costs, based on their income. Below are examples of the QHP cost sharing level for standard plans offered at four levels. Other plans are available with different cost sharing and additional covered services.

COST SHARING FOR HEALTH CARE SERVICES	PLATINUM	GOLD	SILVER	BRONZE
Annual Deductible	\$0	\$600	\$1,300	\$4,700
Preventive Care	Free	Free	Free	Free
Primary Care Physician Visit*	\$15	\$25	\$30	\$50
Specialist Visit*	\$35	\$40	\$50	\$75
Inpatient Hospital Stay per admission	\$500	\$1,000	\$1,500	\$1,500
Behavioral Health Outpatient Visit	\$15	\$25	\$30	\$50
Behavioral Health Inpatient Visit per admission	\$500	\$1,000	\$1,500	\$1,500
Emergency Room	\$100	\$150	\$300	\$500
Urgent Care	\$55	\$60	\$70	\$75
Physical Therapy, Speech Therapy, Occupational Therapy	\$25	\$30	\$30	\$50

*All 2022 Standard Bronze plans allow for a total of three visits to primary care providers or specialists before meeting the deductible (consumer is required to pay the co-pay)

COST SHARING FOR PRESCRIPTION DRUGS	PLATINUM	GOLD	SILVER	BRONZE
Generic	\$10	\$10	\$10	\$10
Preferred Brand	\$30	\$35	\$35	\$35
Non-Preferred Brand	\$60	\$70	\$70	\$70

Health Plan Carriers available on Long Island



The 10 Essential Health Benefits



**PREVENTIVE &
WELLNESS SERVICES**



**PRESCRIPTION
DRUGS**



**EMERGENCY
CARE**



**MENTAL HEALTH
SERVICES**



HOSPITALIZATION



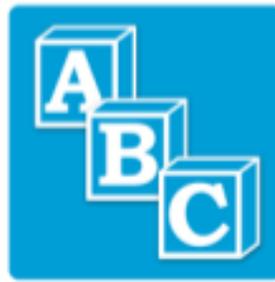
**REHABILITATIVE &
HABILITATIVE SERVICES**



**AMBULATORY
PATIENT SERVICES**



**LABORATORY
SERVICES**



**PEDIATRIC
CARE**



**MATERNITY &
NEWBORN CARE**



Any Questions?

Community Health Advocates

- Community Health Advocates Program (CHA) is part of the Community Service Society of New York statewide network of agencies helping New Yorker's use their health insurance and access the health care they need.
- HWCLI Advocates provide free one on one service, answering questions, provide information and offer support on a variety of health-related issues
- Our Community Health Advocates at HWCLI assist both Nassau and Suffolk County residents



Community Health Advocates

HWCLI's Community Health Advocates can help with various healthcare matters, including:

- Understanding Medicare and supplemental plans
- Doctor and specialist referrals
- Billing issue resolution
- Understand Non-MAGI Medicaid
- obtain charity care and prescription assistance
- find free or medical services offered on a sliding-scale
- Information on accessing Long Island's Federally Qualified Health Centers (FQHCs)
- Understand the healthcare system and healthcare rights.



Medicare vs. Medicaid

FEATURES

ELIGIBILITY

COVERAGE

COST

ENROLLMENT

MEDICARE

People over 65
People with disabilities
People with end-stage renal disease

Hospital services (Part A),
medical care (Part B)
prescription drugs (Part D)

Low monthly premiums
Deductibles for hospitalization
Potential out-of-pocket costs

October 15th - December 7th
OR three months
following 65th birthday

MEDICAID

Low-income individuals
and families

Hospital services, physician
services, laboratory and x-ray,
home health services

No cost
(Potential copayment)

Available at any time

Sources:

<https://www.medicaid.gov/medicaid/index.html>

<https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare>

Medicaid Eligibility Categories

MAGI Medicaid is Expanded Medicaid under the Affordable Care Act

MAGI Medicaid

- Children
- Childless Adults ages 19 to 64 without Medicare
- Pregnant Women
- Parents/Caretaker Relatives (even with Medicare and/or over 65)

Non-MAGI

- 65+
- Disability
- TANF, SSI, Foster Care
- Spend down, MBI, MSP
- Cancer Programs, Former Foster Care
- Residents in LDSS run adult homes, OMH run residential settings

MAGI vs. Non-MAGI Medicaid

	MAGI	Non-MAGI
Application Point	Marketplace  The Official Health Plan Marketplace	LDSS/HRA (if SSI – auto enrolled)
Coverage Period	1-year lock in regardless of income change	1-year, but change in income affects ongoing eligibility for adults

*MAGI = Modified Adjusted Gross Income from tax return



Any Questions?

Contact Us

Need Health Insurance?

You and your family may qualify for low cost, quality health insurance options through NY State of health

HWCLI's Qualified Team can help you:

- Learn about different health insurance plans available to you
- Understand health insurance terms and policies
- Compare health insurance plans and apply for the ones that best fit your medical needs
- Find out if your doctor accepts health insurance offered by NYS of Health Marketplace



Eligibility is based on:

- Citizenship/Immigration Status,
- Household Income
- Household size

We assist in English, Spanish and Haitian Creole



Call us today!!

(516)-505-4426



Access to Health Care Services

Health Care Access Line: 516-505-4426

Fatima Lasso

flasso@hwcli.com | (631) 827-8461

Yokairy Galvez

ygalvez@hwcli.com | (631) 827-1908

Stephanie D'Haiti

sdhaiti@hwcli.com | (516) 505-4421

Donna Vargas

dvargas@hwcli.com | (516) 712-0216

Legal Support Center for Advocates Presents

Accessing Healthcare and Preventing Medical Debt



thursday | april 28 | 1:00-2:30PM



Housekeeping

We will have polls dispersed throughout training to keep this virtual training interactive. Please participate if you can.

Please keep your microphone muted.

There are specific times throughout the presentation where we will be answering questions. Please put any questions in chat and we will address during the allotted times.

If you did not receive a copy of the handouts or would like a copy of the recording, please email scampo@nsls.legal.

At the end of the presentation, you will be directed to a 5-minute survey. We would really appreciate your feedback on the presentation.

Thank you!

Agenda and Learning Objectives

Part 1: Accessing Healthcare with Health and Welfare Council of Long Island.

Learning Objective: Learn about health coverage options with the NYS of Health Marketplace and understand how to navigate through complex health insurance systems.

Part 2: Preventing Medical Debt with Nassau Suffolk Law Services

First: Medicaid Denials and the Fair Hearing Process

Learning Objective: Given a Department of Social Services (DSS) Medicaid denial notice, you will know what steps to take to start the fair hearing or appeal process and what resources to contact.

Second: Combatting Medical Debt Collection

Learning Objective: Given a medical bill, you will be able to identify where in the collection process the debt is at, know your legal rights, and know what specific steps to take to dispute or resolve the debt.

POLL

What type of advocate are you?



Accessing Healthcare and Preventing Medical Debt

with

Sharon Campo, Esq. Supervising Attorney



Who we are and what we do...



*Doing What's Legally
Possible to Create a Just
World Since 1966.*



- Over 6,000 legal cases each year
- Direct representation, phone consultations
- Brief service or referrals
- Offices in Hempstead, Islandia, Riverhead
- Case handling staff includes attorneys, paralegals and social workers
- Partnerships with Community Agencies



*Doing What's Legally
Possible to Create a Just
World Since 1966.*



- Provide Technical Support to Advocates
- “Advocates” include legislative staff, social workers, outreach workers, medical personnel, and guidance counselors
- Host Community Trainings
- Publish Newsletters

Legal Support Center for Advocates

Advocates call (631) 232-2400 for assistance:

Sharon Campo - x3368 Cathy Lucidi - x3324

POLL

Have you ever called LSCA?

Nassau Suffolk Law Services *Programs*



*Doing What's Legally
Possible to Create a Just
World Since 1966.*



Family

- Domestic Violence Family Court Project (Suffolk)
- Child Support Project

Disability & Health-Related Projects

- HIV Unit
- PLAN Cancer Project (Nassau)
- Mental Health
- ICAN - Advocates in Managed Long-Term Care
- Education and Disability Rights (Special Education and Rights of Developmentally Disabled)
- Disability Advocacy Project (SSD/SSI Appeals)

Nassau Suffolk Law Services

Programs ctd.



***Doing What's Legally
Possible to Create a Just
World Since 1966.***



Housing

- Civil Unit (Eviction Prevention)
- Adult Home Project
- Foreclosure Project

Other

- Consumer Debt
- Veterans Rights
- Re-Entry Project
- Public Benefits
- Senior Citizen Project (Nassau)
- Pro Bono Project (Suffolk)
- Volunteer Lawyers Project (Nassau)
- Community Legal Help Project (Suffolk)



*Doing What's Legally
Possible to Create a Just
World Since 1966.*



Just a Note...

Nassau/Suffolk Law Services makes every effort to keep legal educational materials up to date. However, the situation is rapidly evolving. The information contained in this material is not legal advice. Legal Advice depends upon the specific facts of each situation. These materials cannot replace the advice of competent legal counsel.

Part II
Preventing
Medical Debt

First: Medicaid Denials and the Fair Hearing Process

Learning Objective: Given a Department of Social Services (DSS) Medicaid denial notice, you will know what steps to take to start the fair hearing or appeal process and what resources to contact.



Doing What's Legally Possible to Create a Just World Since 1966.

*What if you are
denied Medicaid?
The Fair Hearing
Process*

First Steps: Request a Fair Hearing

- within 60 days (however, this time frame can be extended with fact specific exceptions such as if there is a problem with the notice or the notice was sent to the wrong address, etc.)
- can request fair hearing via phone (need notice #), can request via facsimile (fax # is on notice), request online OR send request via mail (but not recommended)
- Should request fair hearing even if the reason denied was because of the failure to submit a document
- can still submit any documentation before fair hearing date
- Call Nassau Suffolk Law Services to see if eligible for services



Doing What's Legally Possible to Create a Just World Since 1966.

SUFFOLK COUNTY DSS
 WESTERN SUFFOLK MEDICAID UNIT
 P O BOX 18100
 HAUPPAUGE, NY 11788

**NOTICE OF DECISION ON YOUR
 MEDICAL ASSISTANCE.**

SI USTED DESEA RECIBIR NOTIFICACIONES FUTURAS
 EN ESPANOL, POR FAVOR PONGASE EN CONTACTO
 CON SU TRABAJADOR(A).

NOTICE NUMBER: U [REDACTED]		DATE: August 2, 2019		CASE NUMBER: MO09 [REDACTED]	
OFFICE S	UNIT 2 [REDACTED]	WORKER [REDACTED]	UNIT OR WORKER NAME E [REDACTED]		TELEPHONE NO. 631-853-8983
AGENCY TELEPHONE NUMBERS			CASE NAME / AND ADDRESS		
GENERAL TELEPHONE NO. FOR QUESTIONS OR HELP 631-853-8755 <hr/> OR Agency Conference 631-853-8755 <hr/> Fair Hearing information and assistance 800-342-3334 <hr/> Record Access 631-853-8755 <hr/> Child/Teen Health Plan 631-854-3505			s/ [REDACTED] [REDACTED]		
IF YOU DO NOT AGREE WITH ANY DECISION EXPLAINED IN THIS NOTICE, YOU HAVE A RIGHT TO ASK US FOR A CONFERENCE AND/OR ASK THE STATE FOR A FAIR HEARING. READ THE CONFERENCE AND/OR FAIR HEARING SECTION TO SEE HOW TO ASK FOR A CONFERENCE AND/OR A FAIR HEARING.					
If you are blind or seriously visually impaired and need notices or other written materials in an alternative format (large print, audio, or data CD, or Braille), contact your local social services district.					
<p>MEDICAL ASSISTANCE</p> <p>We will reduce Medicaid coverage from coverage with no spenddown requirement to coverage with a spenddown requirement effective October 1, 2019 for:</p> <p><u>Name</u> [REDACTED] <u>Client I.D. #</u> [REDACTED]</p> <p>This is because your net income (gross income less Medicaid deductions) of \$1,039.00 is over the allowable Medicaid income limit of \$859.00. The amount over the limit is called excess income or spenddown. Your monthly excess income amount is \$180.00.</p> <p>Please look at the budget calculation section to see how we figured your excess income.</p> <p>This means that you will have to submit to your local social services office paid or unpaid medical expenses each month which are equal to or more than your monthly excess income amount of \$180.00 in order to be eligible for payment of any additional covered outpatient expenses. You may also pay your excess income amount to your local social services office for any month you need outpatient coverage. If you need assistance finding your local social services office, please contact the Medicaid Help Line Office at: 1-800-541-2831.</p> <p>You can become eligible for Medicaid for both in-patient and outpatient coverage if you become hospitalized and have medical expenses (paid or unpaid) that are equal to or more than your six-month excess income amount of \$1,080.00, or have other medical expenses (paid or unpaid) that are equal to or more than your</p>					

③

CONFERENCE AND FAIR HEARING SECTION

DO YOU THINK WE ARE WRONG?

If you think our decision was wrong, you can request a review of our decision. If we made a mistake, we will correct it. You can do both of the following:

1. Ask for a meeting (conference) with one of our supervisors; and
2. Ask for a State fair hearing with a State hearing officer.

AVAILABILITY OF POLICY MATERIALS

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS: To help you get ready for the hearing, you have a right to look at your case file. If you call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing.

If you call or write to us, we will also make available to you without charge specific policy materials necessary for you to decide whether to request a fair hearing or to prepare for the hearing. Policy materials that may be available to you include documents such as: Administrative Directives, General Information System messages, Informational Letters, portions of the Medicaid Reference Guide, Department of Health Medicaid Update newsletters and Local Commissioner Memorandums.

To ask for specific policy materials, documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of the front of this notice or write us at the address printed at the top of the front of this notice.

If you want free copies of specific policy materials or documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

CONFERENCE (Informal meeting with us)

If you think our decision was wrong or if you do not understand our decision, or need additional information about the reason for our decision, please call us to arrange a meeting. To do this, call the conference telephone number listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice. Sometimes this is the fastest way to solve any problems you may have. We encourage you to do this even when you have asked for a fair hearing.

If you only ask for a meeting with us, we will not keep your benefits the same while you appeal. Your benefits will stay the same only if you ask for a State fair hearing. (See Keeping your Benefits the Same)

STATE FAIR HEARING

Deadline for Requesting a Fair Hearing

If you want the State to review our decision about your medical assistance, you must ask for a fair hearing by **October 1, 2019**. This is the deadline even if you asked for a meeting (conference) with us.

Keeping your Benefits the Same

We will not change your medical assistance if you ask for a fair hearing about the action we are taking on your medical assistance before the effective date stated in this notice.

(Read the next page for more of your Rights)

REQUEST FOR A FAIR HEARING

I want a fair hearing. I do not agree with the agency's action. (You may explain why you disagree below, but you do not have to include a written explanation.)

.....
.....
.....

Name : [REDACTED]
Address : [REDACTED]

District No: [REDACTED]
Notice No. : [REDACTED]
Case Number: [REDACTED]
Telephone : 631-828-2416

ONLY USE THIS TEAR-OFF TO REQUEST A HEARING ABOUT THIS NOTICE.



If you lose the hearing you may have to pay back any medical assistance which you got, but should not have gotten, while you were waiting for the decision.

If you do not want your benefits to stay the same until the decision is issued, you must tell the State when you write or call for a fair hearing.

How to Request a Fair Hearing

You can ask for a fair hearing in writing, by fax or by telephone or electronically.

WRITE: Complete the "tear-off" Request for a Fair Hearing at the bottom of this page and send it to the address on the bottom of the next page.

OR CALL: (800) 342-3334.

When you call, please tell the worker the number of this notice which is [REDACTED].

OR FAX: Send a copy of this notice to fax number (518) 473-6735

OR ONLINE: Complete the online request form at:
<http://www.otda.ny.gov/oah/forms.asp>

If you cannot reach the State electronically, by phone or fax, please write to request a fair hearing before the deadline for requesting a fair hearing.

What to Expect at a Fair Hearing

The State will send you a notice which tells you when and where the fair hearing will be held.

At the hearing, you will have a chance to explain why you think our decision is wrong. You can bring a lawyer, a relative or a friend or someone else to help you do this. If you cannot come yourself, you can send someone to represent you. If you are sending someone who is not a lawyer to the hearing instead of you, you must give this person a letter to show the hearing officer that you want this person to represent you at the hearing.

At the hearing, you and your lawyer or other representative will have a chance to explain why we are wrong and a chance to give the hearing officer written papers which explain why we are wrong.

To help you explain at the hearing why you think our decision is wrong, you should bring any witnesses who can help you. You should also bring any papers you have such as: Pay stubs, Leases, Receipts, Bills, Doctor's Statements.

At the hearing, you and your lawyer or other representative can ask questions of witnesses which we bring or which you bring to help your case.

LEGAL ASSISTANCE

If you think you need a lawyer to help you with this problem, you may be able to obtain a lawyer at no cost to you by contacting:

NASSAU/SUFFOLK LAW SERVICES COMMITTEE, INC., 400 WEST MAIN STREET, SUITE 301, RIVERHEAD,

NY 11901

Telephone: (831) 389-1112

NASSAU/SUFFOLK LAW SERVICES, 1757 VETERANS HIGHWAY, SUITE 50, ISLANDIA, NY 11722

Telephone: (831) 232-2400

For the names of other lawyers check your Yellow Pages under "LAWYERS".

ACCESS TO YOUR FILE AND COPIES OF DOCUMENTS

To help you get ready for the hearing, you have a right to look at your case file. If you

Send this "Request for a Fair Hearing" to:

**The Office of Administrative Hearings
New York State Office of Temporary and Disability Assistance
P.O. Box 1930
Albany, New York 12201**

call or write to us, we will provide you with free copies of the documents from your file which we will give to the hearing officer at the fair hearing. Also, if you call or write to us, we will provide you with free copies of other documents from your file which you think you may need to prepare for your fair hearing. To ask for documents or to find out how to look at your file, call us at the Record Access telephone number listed at the top of page 1 of this notice or write us at the address printed at the top of page 1 of this notice.

If you want copies of documents from your case file, you should ask for them ahead of time. They will be provided to you within a reasonable time before the date of the hearing. Documents will be mailed to you only if you specifically ask that they be mailed.

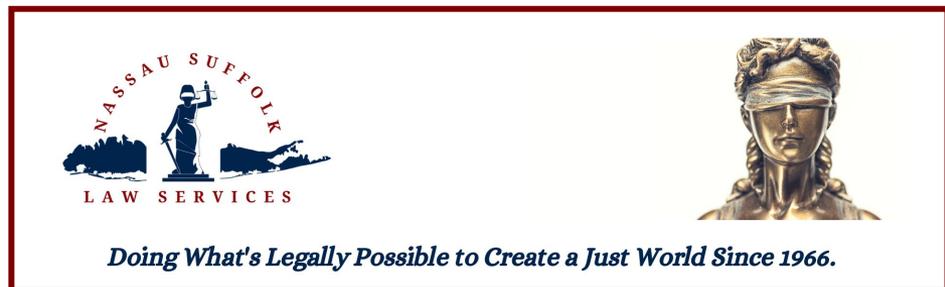
INFORMATION

If you want more information about your case, how to ask for a fair hearing, how to see your file, or how to get additional copies of documents, call us at the telephone numbers listed at the top of page 1 of this notice or write to us at the address printed at the top of page 1 of this notice.

The Fair Hearing Process

Fair Hearing Procedure

- Currently, fair hearing are via phone but will most likely change in future to in person hearings (at local Department of Social Services buildings); in past, phone hearings were only to accommodate a homebound person
- When requesting the fair hearing, you will get a confirmation number; you will get a mailing with the confirmation as well. It is important to keep this #. Subsequently, you will receive a second notice with the time and date of the hearing.
- 9am hearings will be called between 9am and 1pm,
- 1pm hearings will be between 1pm and 5pm.



The Fair Hearing Process

- Fair hearings are administered by an administrative law judge
- You and your agent and a representative from OTDA or DSS will be present
- You should receive a fair hearing summary prior to the fair hearing via mail. If you do not receive it, you can call and request it. If you don't receive the summary by the fair hearing date, you should request the summary during the fair hearing and receive an adjournment. The fair hearing summary is DSS's argument as to why Medicaid was denied (such as the medicaid application, any submitted documents, handwritten notes, and reasoning as to why application is denied.)



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The Fair Hearing Process ctd.

- Should send any paperwork or written arguments you have prior to the fair hearing. There should be information on the fair hearing notice about where to send documents.
- A decision will be received in the mail at the conclusion of the hearing. Can also bring documents to fair hearing (if in person).
- Could potentially use this route for denials of a pre-approved medical procedure, coverage, provision of services, etc (for example, dental care like a request for a denture). However, this is very fact specific so important to do external appeals (with specific plan) as well as the fair hearing process.



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Office of Temporary and Disability Assistance

OFFICE OF ADMINISTRATIVE HEARINGS

NOTICE OF TELEPHONE HEARING

You have been scheduled for a telephone hearing. You do not need to report to the Fair Hearing Office.

The Notice of Fair Hearing included with this attachment indicates the date and time of the telephone hearing.

If you have a morning appointment, you must be available at your telephone from 9:00am to 1:00pm to accept a call from the Hearing Officer. If you have an afternoon appointment, you must be available at your telephone from 1:00pm to 5:00pm to accept a call from the Hearing Officer.

The Hearing Officer's call may appear on Caller ID as 518.549.0500, Blocked or 212.459.7801.

You will be able to hear the agency's presentation over the telephone and you will have a chance to question the agency representative and any witnesses. You will also have a chance on the telephone to tell your own side of the issue under review.

If you have a representative, they should be available by telephone from 9:00am to 1:00pm for a morning appointment to accept a call from the Hearing Officer. Your representative should be available by telephone from 1:00pm to 5:00pm for an afternoon appointment to accept a call from the Hearing Officer. Written authorization to represent should be submitted to this Office as well as any additional documents you want entered into the record. Your representative will have a chance to examine the agency file and to question the agency representative and witnesses.

Appellants and their authorized representatives are instructed to send copies of documentary evidence to OAH at least two business days before the hearing. OAH accepts evidence via email, fax, or mail. If using mail, please take delivery time into account to ensure evidence is delivered timely.

Email: appdocs@otda.ny.gov

Fax: 518-473-6735

Mail: Office of Administrative Hearings, 40 N Pearl St, Fl 15B, Albany NY 12243

or

PO Box 1930 Albany NY 12201

If you have any questions regarding the above procedures, please call this Office toll-free at 800-342-3334 for assistance.

Notice of Telephone Hearing
Letter D (Attachment to OAH-457)

NOTICE OF FAIR HEARING
 AVISO DE VISTA IMPARCIAL

STATE OF NEW YORK
 ESTADO DE NUEVA YORK

OAH-457
 XL0001 (06/18)

KEEP THIS NOTICE AND BRING THIS NOTICE TO YOUR HEARING

52 04/14/22 357



Pursuant to Section 22 of the Social Services Law and in response to your request for a fair hearing, your hearing will be held at the following time and place:
 Según la Sección 22 de la Ley de Servicios Sociales y respondiendo a su solicitud para una vista imparcial, queremos informarle que su vista se llevará a cabo en el día, la hora y el lugar siguiente:

A FAIR HEARING NUMBER (NÚMERO DE LA VISTA IMPARCIAL) [REDACTED]	E DATE (FECHA) 05/04/22	H TIME (HORA) 09:00 AM
B AID STATUS (ESTADO DE LA AYUDA) The local office is NOT DIRECTED to continue assistance unchanged until the Fair Hearing decision is issued	F PLACE OF HEARING (LUGAR DE LA VISTA) TELEPHONE HEARING SUFFOLK CO DEPT OF SOCIAL SERVICES FAIR HEARINGS UNIT 200 WIRELESS BOULEVARD HAUPPAUGE, NY 117888900	YOUR HEARING WILL BE CALLED IN THE ORDER IN WHICH YOU SIGN IN
C REPRESENTATIVE (REPRESENTANTE)	G AGENCY (AGENCIA) SUFFOLK	I CATEGORY AND CASE NO. (PROGRAMA Y NÚMERO DEL CASO) FA/ P [REDACTED]
D ISSUES (ASUNTOS A DISCUTIRSE) PA TELEPHONE HEARING FOR NON-HOMEBOUND APPELLANTS EMPL FAILURE TO COMPLY WITH EMPLOYMENT REQUIREMENTS SNAP EMPLOYMENT RULES RELATED ISSUES INSTRUCTIONS TO PARTIES		J DATE OF HEARING REQUEST (FECHA DE LA SOLICITUD) 04/06/2022 NEW

1. If you requested a hearing because the agency has changed your assistance, benefits or services, you may be entitled to receive your assistance, benefits or services unchanged until the decision is issued. In this case, the STATE COMMISSIONER HAS NOT directed the agency to continue your assistance, benefits or services unchanged until the fair hearing decision is issued.

2. If you are unable to appear at the scheduled time you may request an adjournment in person at our offices at 14 Boerum Place, Brooklyn, NY, or by phone at 877-209-1134 or online at <http://www.otda.ny.gov/oah>, where you may complete an online request form or print out a form that may be mailed or faxed to us. Adjournment requests received less than ten days prior to the hearing date may not allow sufficient processing time. If you do not hear back from us do not assume that the request was granted.

An adjournment will be granted only if you have a valid reason for not appearing. If you are continuing to receive assistance, benefits or services unchanged during the hearing process and you request an adjournment, your assistance, benefits or services will continue until the hearing decision ONLY if an adjournment is granted. Failure to appear or contact us with a valid reason for your non-appearance will result in your assistance, benefits or services not being continued unchanged.

3. If you are late, your hearing may have to be adjourned. If you or your representative fail to appear at a scheduled hearing your hearing request will be considered abandoned unless within one year of the schedule date of the hearing you or your representative request restoration to the calendar and you provide good cause for failing to appear.

4. If you no longer wish to have a fair hearing, please sign the statement below and return this notice to the OTDA, Administrative Hearings, P.O. Box 1930, Albany, N.Y. 12201.

I wish to withdraw my request for a fair hearing.

Signature _____ Date _____

INSTRUCCIONES A LAS PARTES ENVUELTAS

1. Si usted solicitó una audiencia debido a que la agencia ha cambiado su asistencia, beneficios o servicios, usted puede tener el derecho a recibir su asistencia, beneficios o servicios sin cambio alguno hasta que se emita la decisión. En este caso, el COMISIONADO DEL ESTADO NO ordenará a la agencia que continúe su asistencia, beneficios o servicios sin cambio alguno hasta que se emita la decisión de la audiencia imparcial.

2. Si usted no le es posible comparecer en el horario programado, usted puede solicitar un aplazamiento presentándose en persona a nuestras oficinas ubicadas en: 14 Boerum Place, Brooklyn, NY o llamando por teléfono al 877-209-1134 o en línea en <http://www.otda.ny.gov/oah>, donde puede llenar un formulario de solicitud en línea o imprimir un formulario que nos puede enviar por correo postal o fax. Las solicitudes de aplazamiento recibidas con menos de diez días de anterioridad a la fecha de la audiencia pueden no permitir el tiempo suficiente para su procesamiento. Si no recibe noticias de nosotros, no asuma que su solicitud ha sido concedida.

Únicamente se concederá un aplazamiento si usted cuenta con una razón válida para no comparecer. Si usted sigue recibiendo asistencia, beneficios o servicios sin cambio alguno durante el proceso de la audiencia y solicita un aplazamiento, su asistencia, beneficios o servicios continuarán hasta la decisión de la audiencia, ÚNICAMENTE si se ha concedido un aplazamiento. El no cumplir con comparecer o comunicarse con nosotros con una razón válida para no comparecer dará como resultado que su asistencia, beneficios o servicios no continúen sin cambio alguno.

3. Si llega tarde, su audiencia puede que deba ser aplazada. Si usted o su representante no cumple con comparecer ante una audiencia programada, su solicitud de audiencia será considerada como abandonada a menos que usted o su representante solicite su restitución en el calendario dentro de un año de la fecha programada de la audiencia y proporcione buena causa por no haber comparecido.

4. Si ya no desea tener una audiencia imparcial, por favor firme la declaración más abajo y devuelva este aviso a: OTDA Administrative Hearings, P.O. Box 1930, Albany, NY 12201.

Deseo retirar mi solicitud de audiencia imparcial.

Firma _____ Fecha _____

INSTRUCTIONS TO PARTIES

- 1) Bring to your hearing the following: this notice; witnesses, if any; documentary evidence, including local agency notices, relating to your request; books, records and other written evidence.
- 2) You have the right to be represented by an attorney or other representative, to present documentary evidence, to bring witnesses and to examine opposing witnesses and evidence. In most cases, your representative (other than an attorney) must have written authorization to represent you.
- 3) You have the right to have a language or sign interpreter provided to you at no cost at the hearing. To secure an interpreter write to the NYS OTDA address on the front of this notice or call (800) 342-3334 (Speech or hearing impaired: call NY Relay Service at 711 and ask the operator to call us at (877) 502-6155).
- 4) The local agency must provide for transportation for you, your representatives and witnesses and for child care and other costs related to attending this hearing, if necessary. Please be prepared to present verification of these costs including medical verification of inability to travel by public transportation, to the local agency.
- 5) If you want to review your case record, contact your local agency for instructions. While you may examine your case record at a fair hearing, if you believe that the information in your case record may be helpful to you at your hearing, we recommend that you review it before your hearing date. Hearings will not be adjourned for the purpose of reviewing your record unless you have made such a request. You do not have to request a fair hearing in order to review your case record. Any denial of review or access to your case records should be brought to the attention of the Administrative Law Judge.
- 6) You have the right upon request to obtain copies of documents which the local agency will present at the hearing as well as copies of other documents you need for your hearing at no cost. The documents will not be sent to you unless you make a specific request for them. Failure of the local agency to provide you with such copies should be brought to the attention of the Administrative Law Judge.
- 7) To request such documents or to find out how you may review your case record, call or write the local agency regarding whose action you requested a fair hearing. You should also call or write that agency if you want additional information about your case, about how to gain access to your case file and/or additional copies of any documents.
- 8) If the local agency has been directed to continue your assistance, benefits or services unchanged until the fair hearing decision is issued and you are not receiving aid-continuing benefits, please bring this notice with you to your local center (local agency) and ask to speak with a worker from the FH and C section (clients outside of NYC should ask to speak with their worker).
- 9) If you have specific grounds to believe the assigned Administrative Law Judge cannot be impartial in conducting your hearing, you have the right to ask, at the hearing, that a different Administrative Law Judge be assigned

INSTRUCCIONES A LAS PARTES ENVUELTAS

- 1) Traiga a su vista Imparcial lo siguiente: esta notificación; testigos, si alguno; evidencia documental, incluyendo notificaciones que la agencia le haya enviado y que se relacionen con esta solicitud de Vista; libros, expedientes y otra evidencia escrita.
- 2) Usted tiene el derecho de ser representado por un abogado u otro representante, a presentar evidencia documental, a traer testigos y a examinarlos testigos y la evidencia de la parte contraria. En la mayoría de los casos, su representante (si no es un abogado(a)) debe tener autorización escrita a representarle.
- 3) Usted tiene el derecho de tener gratis un intérprete de lenguaje o asistencia en la interpretación de comunicación por señas en la vista. Para conseguir un intérprete escriba a la dirección al dorso del NYS OTDA o llame a (800) 342-3334 (Para los incapacitados del habla o del oído, llamen al NY Relay Service a 711 e indíquele al operador que nos llame al (877) 502-6155).
- 4) La agencia tiene que proveer para la transportación suya, de sus testigos, y representante, así como para el cuidado de niños y otros gastos necesarios relacionados con su presencia en esta Vista. Por favor esté preparado(a) a entregar verificación de estos gastos, incluso verificación médica de su inhabilidad a viajar por transporte público, a la agencia.
- 5) Para obtener instrucciones sobre cómo revisar el expediente de su caso, comuníquese con su departamento local de servicios sociales. Aun cuando usted puede examinar su expediente en la Vista, le recomendamos que lo revise antes de la Vista si piensa que la información en su expediente puede serle de ayuda. La Vista no se aplazará para que usted revise su expediente a menos que usted lo solicite con anterioridad. Usted no tiene que solicitar una Vista Imparcial para revisar su expediente. Si le han negado acceso a su expediente o no le han permitido revisarlo indíquelo al juez administrativo.
- 6) Usted tiene derecho, mediante solicitud previa, a obtener, libre de cargos, copias de los documentos que la agencia va a presentar en la Vista, así como copia de otros documentos que usted necesite para la Vista. No se envían documentos sin que usted los solicite. Si la agencia no le envía las copias que usted solicitó, indíquelo al juez administrativo.
- 7) Para solicitar documentos o información sobre cómo revisar su expediente, llame o escriba a la agencia local de servicios sociales que hizo la determinación en su caso. También debe llamar o escribir a esa agencia si necesita información adicional sobre su caso, como obtener acceso a su expediente y/o copias adicionales de cualquier documento.
- 8) Si la agencia local ha recibido órdenes de continuar su asistencia, beneficios o servicios sin cambio hasta que se emita la decisión de Vista Imparcial, pero la agencia cambia sus beneficios, lleve la notificación a su centro (agencia local) y pida hablar con un empleado de la sección de FH and C (los clientes que no residen en la ciudad de Nueva York deben hablar con su trabajador).
- 9) Si tiene motivos específicos para creer que el juez de leyes administrativas no puede actuar de manera imparcial en la audiencia, usted tiene el derecho de solicitar, al momento de la audiencia, que se le asigne otro juez.

Appealing a Fair Hearing Decision

- Appealing a fair hearing decision is called an Article 78 proceeding- can do *pro se* but not advisable; would need to file a petition in Supreme Court
- For more information and forms, visit <https://www.lawny.org/node/62/article-78-proceedings-%e2%80%93-how-appeal-agency-decision>
- The appeal is very limited to what was argued and presented in the hearing. If argument was **not** raised in fair hearing, then cannot be raised during appeal.



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QUESTIONS?

NLS Public Benefits Unit

Nassau: 516-292-8100

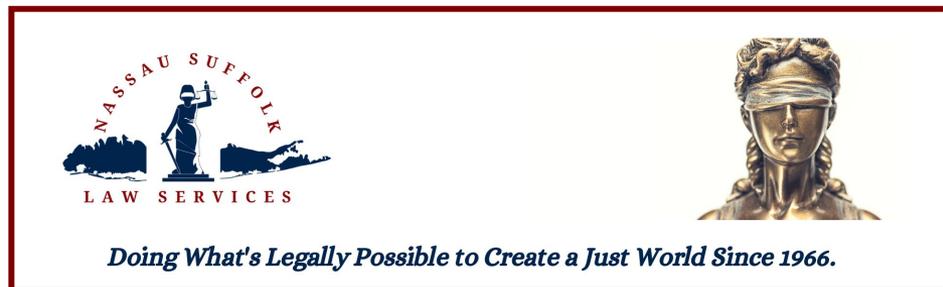
Suffolk (Islandia): 631-232-2400

Suffolk (Riverhead): 631-369-1112

We are skilled poverty law advocates, and our focus is on supporting the integrity, safety, and well-being of low-income families by maintain economic stability. With over 168,000 (6.6% of the population) of Long Islanders living in poverty according to the 2010 census, and more than 75,000 struggling on incomes under half of the federal poverty limit, the Public Benefits Unit opened almost 1,500 new cases in 2016 alone. The Public Benefits Unit provides legal assistance to persons who experience problems with public benefits programs which are administered by the local Departments of Social Services, including:

- Welfare (TANF and Safety Net)
- Medicaid
- Food Stamps (SNAP)
- Child Care Assistance
- HEAP
- Emergency shelter for the homeless
- Unemployment insurance appeals and overpayments
- Other emergency assistance programs

We also assist low-income households in establishing Supplemental Needs Trusts to eliminate the Medicaid spend-down and assist homeless families to obtain rent supplements from DSS to enable families to leave the shelters or retain permanent housing.



NLS Independent Consumer Advocacy Network (ICAN) UNIT

Nassau and Suffolk: 631-822-3290

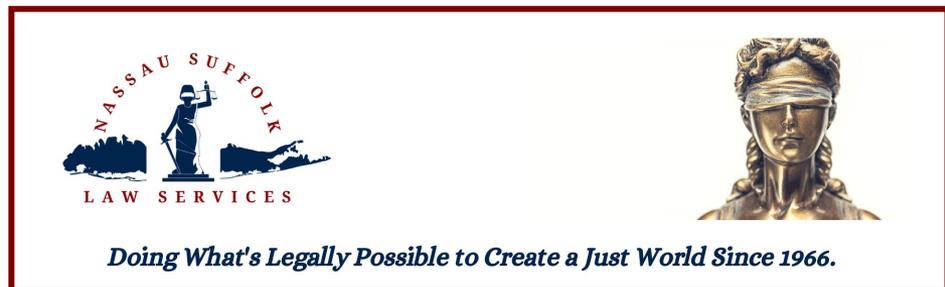
ICAN is a program of Community Service Society of New York, a non-profit organization in New York City, and is funded by the State of New York. Nassau Suffolk Law Services receives funding through the Community Service Society of New York to participate in ICAN.

The ICAN unit assists consumers in both Nassau and Suffolk counties with:

- NYS Managed Long-Term Care (MLTC);
- Health and Recovery Plan (HARP) program;
- Long-Term Support Services (LTSS) in Mainstream Managed Care (MMC) programs;
- Transitioning into MLTC plan;
- FIDA-IDD Plans

What we can do:

- Provide education to stakeholder groups;
- Provide information and advice to participants, caregivers, and their advocates;
- Provide navigational assistance;
- Provide advocacy when needed.
- **See attached brochure.**



POLL

Have you ever received a medical bill?

Part II
Preventing
Medical Debt

Second: Combatting Medical Debt Collection

Learning Objective: Given a medical bill, you will be able to identify where in the collection process the debt is at, know your legal rights, and what specific steps to take to dispute or resolve the debt.



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*Medical Debt
With
Insurance- the
Surprise Bill
Law*

Prior to March 31, 2015

- In-Network Providers Cannot Balance Bill
- Out-of-Network Providers Balance Bill (ER, Anesthesia, Referral from In-network provider)

NY Surprise Bill Law in Effect as of March 31, 2015

- Out-of-Network Providers cannot balance bill without written consent where seen through referral, emergency room, etc.
- Does not apply to self-insured coverage (e.g., coverage through union)
- See more information [https://www.dfs.ny.gov/consumers/health_insurance/surprise medical bills](https://www.dfs.ny.gov/consumers/health_insurance/surprise_medical_bills).



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*Medical Debt
With
Insurance- the
Surprise Bill
Law ctd.*

New Federal No Surprises Act as of January 1, 2022

- Consumers with self-insurance are now protected if their policy was renewed or issued after January 1, 2022. You are only responsible for paying your in-network cost-sharing (copayment, coinsurance, or deductible) for a surprise bill.
- Ban surprise bills for most emergency services, even if you get them out-of-network and without approval beforehand (prior authorization).
- Ban out-of-network cost-sharing (like out-of-network coinsurance or copayments) for most emergency and some non-emergency services. You can't be charged more than in-network cost-sharing for these services.
- **This is not retroactive**
- <https://www.cms.gov/newsroom/fact-sheets/no-surprises-understand-your-rights-against-surprise-medical-bills>



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*Medical Debt
With
Insurance-
Receiving a Bill*

- Balance Billing?
 - Contact health insurance
 - Contact provider
 - Will not correct Surprise Bill Violation? Contact NY Dept. of Financial Services- (800) 342-3736;
<https://www.dfs.ny.gov/complaint>
 - Contact NY Attorney General Health Care Bureau for other billing issues- <https://ag.ny.gov/bureau/health-care-bureau>; (800) 428-9071
 - Negotiate lower and affordable amount
- Unaffordable Deductibles/Co-insurance/Copays?
 - Contact Provider to request reduction, affordable payment plan, financial assistance (hospital)



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*Medical Debt
With
Insurance-
Receiving a Bill
ctd.*

Insurance payment never given to doctor

- If patient sees out of network medical provider, typically the insurance will send the payment directly to the patient and then patient then has to forward the payment to the medical provider
- If the patient does not forward the payment to the medical provider, the medical provider could then potentially bill the patient for the entire amount due (over the negotiated rate) plus interest
- Typically, see this when clients get gastric bypass surgery, anesthesia, plastic surgery, etc.



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*Medical Debt
With
Insurance-
Receiving a Bill
ctd.*

Bills received when had Medicaid

- Medicaid recipients are not allowed to be billed
- Medical provider would have to have something in writing from recipient stating they agreed to privately pay

Bills received when had Medicare- should only receive bills for co-pays

*** Always check your Explanation of Benefits (EOBs) or the Medicaid/Medicare equivalent to ensure you are being billed correctly**



Medical Debt Without Insurance

If you are uninsured, or you are insured but you don't plan to file a claim with your health plan, health care providers must give you a good faith estimate of what their expected charges will be before you get health care services.

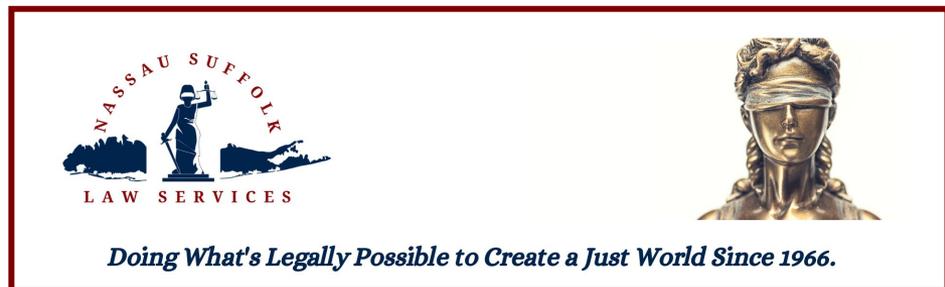
Providers must give you the good faith estimate:

- For services scheduled at least 3 business days ahead of time, within 1 business day of scheduling the service;
- For services scheduled at least 10 business days ahead of time, within 3 business days of scheduling the service; or
- When you ask for the good faith estimate, within 3 business days of you asking for the estimate.

The good faith estimate will include:

- A description of the service you will be getting;
- A list of other services that are reasonably expected to be provided with the service you are getting;
- The diagnosis and expected service codes; and
- The expected charges for the services.

For more information about good faith estimates, visit the [CMS No Surprises Act website](#).



Medical Debt Without Insurance ctd

- If you are billed for an amount that is at least \$400 more than the amount on the good faith estimate you got from your health care provider, you (or your authorized representative) may dispute the charges in the Federal patient-provider dispute resolution process. You have to ask for the review within 120 days of getting the bill. An independent reviewer will look at the good faith estimate, the bill, and information from the provider to decide the amount, if any, that you have to pay for each service.
- You can use the Federal patient-provider dispute resolution process starting in 2022 for billing disputes with the provider that scheduled the service for you. Later, the process will allow you to dispute bills from other providers that gave you related services.
- If your provider doesn't give you a good faith estimate and you feel the charge is unreasonable, you may qualify for an independent dispute resolution (IDR) through New York State by submitting an IDR application to dispute the bill. To be eligible, services must be provided by a doctor at a hospital or ambulatory surgical center and you aren't given all the required information about your care.
- Complete an [IDR Patient Application](#) and send it to NYS Department of Financial Services, Consumer Assistance Unit/IDR Process, One Commerce Plaza, Albany, NY 12257.
- Visit www.dfs.ny.gov for more information.



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Medical Debt Without Insurance ctd.

- Hospital Debt? Apply for Charity Care/Financial Assistance
 - Must apply within 110 days of medical service
 - Mandatory for patients under 300% of the Federal Poverty Level
 - Repayment agreements cannot require more than 10% of the patient's gross monthly income
- Apply for Medicaid
 - Medicaid is three (3) months retroactive from date of application (if eligible at time of medical service)
 - NY State of Health: (855) 355-5777
- Many medical providers will reduce their rates for private pay so it helps to negotiate a lower amount with a payment plan



Doing What's Legally Possible to Create a Just World Since 1966.

Debt Collection Phone Calls/Letters

- Response to Debt Collector Phone Calls
 - Do not give any personal information over the phone
 - Request something in writing regarding alleged debt
- Response to Debt Collector Letters
 - Request verification of debt
 - Dispute Debt
 - Cease Dunning (must honor)
 - <https://www.daisydebtapp.org/>
 - See sample dispute letters with handouts



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Fair Debt Collection Practices Act (FDCPA)

- Collection agency can only contact between 8am and 9pm
- Cannot threaten to tell employers or neighbors about debt
- Cannot falsely threaten to take illegal action (i.e., arrest)
- Cannot harass, threaten, embarrass, or intimidate
- Consumer can sue for FDCPA violations



Medical Debt and Credit Reports

Normal

- Free copy of credit report from all three bureaus (Experian, Equifax, TransUnion) every 12 months

Current

- Request one free copy from 3 bureaus every week until December 31, 2022. More information on the [FTC's website](#).
- Get your credit report by going to www.annualcreditreport.com, or 1-877-322-8228, or print form at www.ftc.gov/credit and mail to: Annual Credit Report Request Service, PO Box 105281, Atlanta, GA 30348-5281
- Through 2026, residents in the U.S. can get 6 free credit reports per year. Visit the Equifax website <https://www.equifax.com/personal/credit-report-services/free-credit-reports/> or dial 1-866-349-5191
- Errors or credit information older than 7½ years should no longer be on report



Medical Debt and Credit Reports ctd.

Medical Debt

- [Per Credit Karma, of 20 million members, \\$45 billion is medical debt in collections \(August 2020\)](#)
- Medical Debt must be in collections to be reported
- Starting September 2017, 180-day grace period to allow time for consumers to resolve medical debt prior to appearing as past due on credit report
- Credit bureaus expected to erase 70% of medical collection debt from credit reports starting July 2022—medical debt that's been paid will not be on these reports starting July 1, 2022
- Starting July 1, 2022, grace period before reporting medical debt collection will increase to one year (previously 6 months)
- Starting in 2023, medical collection debt less than \$500 will not be included in credit reports

Judgments/Liens

- Starting July 2017, civil judgments and tax liens will be removed if missing basic identifying information (i.e., name, address, social security, and date of birth)
- Need at least 3 of 4 to be reported
- [Result is that all civil judgments and tax liens have been removed](#)



Medical Debt and Credit Reports ctd.

Disputes

- Dispute information with each individual credit bureau via online, in writing, or on phone
- <https://www.consumer.ftc.gov/articles/0151-disputing-errors-credit-reports>
- Dispute with medical provider/collection agency who is reporting incorrect information

Id theft

- [Freeze credit report](#)
- [Fraud Alert with Credit Bureaus](#)
- File police report
- <https://www.identitytheft.gov/>



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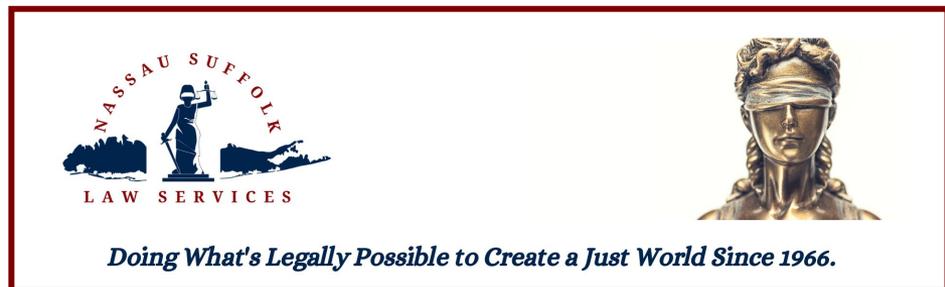
The Lawsuit

Medical Debt actions must be filed in county where debtor resides, the procedure took place, or where the Plaintiff resides.

As of April 3, 2020, medical debt actions must be filed within three (3) years of the date of the service. This is *most likely* not retroactive. Previous, statute of limitations was six (6) years.

Small Claims (under \$5000)

- If small claims, there will be a court date on the notice served- must appear or judgment will be entered; need to bring all supporting documents and make all arguments at hearing



The Lawsuit ctd

District Court (under \$15000) and Supreme Court (any amount)

- Summons served “in-hand”=20 days to respond
- Summons served via “suitable age and discretion” or via “nail and mail”=30 days to respond
- Respond by going to court and filing answer and sending copy to Plaintiff’s attorneys
- Electronically file for smaller courts at <https://iappscontent.courts.state.ny.us/NYSCEF/live/eds.htm>
- There will not be a court date until after answer filed (unless small claims)



After File Answer...

- Arbitration (district courts)
- Conference
- Hearing
- Motion for Summary Judgment
- If no defenses: try to get reduction and enter into affordable payment plan.
 - Request stipulation to include “grace period” (e.g., if payment not received by due date, Plaintiff will notify Defendant in writing and Defendant will have 10 days from date of notice to submit payment)



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Types of Defenses

- Had health insurance during time alleged medical services were provided
- Dispute amount claimed
- Did not receive medical services
- Claim was paid
- Surprise Bill
- Medical Provider did not bill insurance properly
- Amount billed not fair and reasonable



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Judgment Consequences

- Judgments can be collected upon for 20 years and renew for another 20 years every time a payment is made
- Must respond to information subpoenas within 7 days of receiving them
- Wage garnishment: Wages can be garnished if your disposable income (income after taxes or deductions required by law) exceeds \$420/week. Up to 10% of gross income (income before tax) or up to 25% of net income (disposable income) can be garnished. A modification from the court can be requested if it causes hardship.



Judgment Consequences ctd.

- Frozen bank account: The first \$3,360 in account is exempt from lien. If exempt funds (i.e., Social Security, Public Assistance, etc.) are direct deposited to account, then more than the \$3360 could be exempt. Banks are guided by the Exempt Income Protection Act.
- Property liens: Initially 10 years, can be renewed for another 10 years. Homestead exemption is \$179,975. Motor vehicle exemption is \$4,825. Exemption for motor vehicle equipped for use by disabled debtor is \$11,975
- New York Attorney General will garnish New York tax refunds for State Hospital judgments



Debt Relief Options

- Bankruptcy
 - Chapter 7 (“straight bankruptcy”)
 - Chapter 13 (“debt adjustment”)
- Debt Counseling
 - NYLAG
 - <https://www.nylag.org/financial-empowerment-advocacy/>
 - CDC Financial Counseling Workshops
 - <http://www.cdcli.org/programs/financial-education-credit-repair/>



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QUESTIONS?

NSLS Consumer Debt Legal Assistance Project

- Nassau: 516-292-8100
Suffolk: 631-232-2400
- The Consumer Debt Legal Assistance Project provides legal assistance to persons who are experiencing consumer debt problems, especially in the matters of medical and credit card debt.
- Services may include litigation defense and representation, phone advice, and/or referral for further services, including bankruptcy where appropriate.



Thank you!



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If you have any questions, please contact the Legal Support Center for Advocates: (631) 232-2400 ext. 3368 (Sharon Campo) or 3324 (Cathy Lucidi).

Clients seeking legal assistance can call the office closest to them:
(516) 292-8100 (Nassau)
(631) 232-2400 (Suffolk West of 112)
(631) 369-1112 (Suffolk East of 112)

Check out our website at www.nslawservices.org and follow us on social media @nslawservices or @nassausuffolklawservices

Legal Support Center for Advocates Presents

Accessing Healthcare and Preventing Medical Debt



Thank you for attending!

Please complete the survey after exiting the zoom meeting.

For a copy of the handouts or the recording, please email
scampo@nsls.legal.

