

How to Help the Uninsured 2014

There are over 2.7 million uninsured people and many under-insured in New York State. We all want for ourselves and our loved ones a healthy life, which is why it is so important to be able to access high quality health services. Hopefully, it is possible without any barriers. Unfortunately, understanding and navigating our health care system can be confusing and sometimes scary.

Despite the benefits of federal healthcare reform, there continue to be disparities in access, distribution, and coordination of health resources, particularly among low-income people, immigrants, communities of color, women and children, and people living with disabilities or chronic illness. These problems play a major role in perpetuating the cycle of poverty and poor health.

CPHS has updated our 2007 How to Help the Uninsured guide to reflect the Affordable Care Act (ACA) and our deep concern for people who still do not have health insurance and face barriers accessing health care. The guide is intended to help New Yorkers to understand their rights regarding health care and how to pay for it. These rights also apply to people who are immigrants, whether they are here with or without documents.

The guide also tells where you can call or write to file a complaint if you think your rights have been violated. The contents include:

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The New York State of Health: The Insurance Market Place under the ACA

One of the major provisions within the Affordable Care Act (ACA) is the creation of Health Insurance Exchanges in the various states. Below, you find answers to basic questions about the new health plans that are available on New York's New Health Plan Marketplace, called "New York State of Health" (aka. New York's State Health Exchange)

WHAT IS THE "NEW YORK STATE OF HEALTH"?

As of October 1, 2013 New York State residents have the opportunity to buy affordable health insurance through New York State of Health, the official marketplace to help individuals, families, and small businesses shop for and enroll in health insurance coverage

Here are five key ideas to remember:



Comprehensive, affordable health insurance is now available for almost everyone.



Financial assistance is available to help low and moderate-income people and families. Many uninsured people can qualify for this assistance.



Free, impartial help to sign up is available in your community — for instance, at your local hospital, or community health center.



Small employers (those with less than 50 workers) can also get cheaper plans and possibly qualify for a substantial tax credit. However, there is no mandate that small businesses have to offer coverage.



People who are undocumented should not be afraid to seek assistance. Assistance is available from local community-based organizations that have contracted to be Navigators. These include community health centers, health advocacy organizations, public and voluntary hospitals.

WHO IS ELIGIBLE FOR THE NEW PLANS IN THE NEW STATE MARKETPLACE?

New York State Residents

Uninsured individuals and families

Small employers (50 or less workers)

Workers who pay more than 9.5% of their income for coverage from a job, or whose employers

Coverage does not provide the “10 essential health benefits” set by the law.

U.S. Citizens or Immigrants with legal documents



WHAT ABOUT UNDOCUMENTED NEW YORKERS?

Undocumented New Yorkers are not eligible **BUT** following options are available no matter what your immigration status:

1. In cases of emergency, Emergency Medicaid covers care for low-income New Yorkers who are not eligible for Medicaid because of their immigration status. Undocumented New Yorkers can pre-register for Emergency Medicaid on the marketplace.
2. Undocumented pregnant women are also eligible for limited coverage through Medicaid for Pregnant Women and Adolescents (formerly PCAP) and the Family Planning Extension Program (FPEP)
3. Persons living with HIV/AIDS can access the AIDS Drug Assistance Program (ADAP).
4. For non-emergency care, New Yorkers who have no documents can utilize HHC Options, a plan administered by Health and Hospitals Corporation (Public Hospitals) that helps individuals pay for their medical bills by setting affordable co-pays based on the patient's income. This is not, however, an insurance program and you must remember the following:

- The program cannot be used outside of the HHC system
- It does not cover more complex procedures and certain





HOW DO I SIGN UP AND WHERE CAN I GET HELP?

CONTACT A COMMUNITY-BASED TRAINED NAVIGATOR TO ASSIST YOU

What are navigators? There are about 500 navigators, who provide in-person enrollment assistance to individuals, families—as well as small businesses and their employees—who would like help applying for health insurance through the Marketplace. We particularly recommend consulting navigators who are community-based because of their ability to understand and work with diverse populations, including providing interpretation and translation services.

Where can I find navigators in New York City? You can locate the nearest site navigator agency in the following ways:



VISIT ONE OF THE FOLLOWING NEW YORK STATE OF HEALTH WEBSITES:

<http://info.nystateofhealth.ny.gov/IPANavigatorSiteLocations>

<http://info.nystateofhealth.ny.gov/IPANavigatorMap>



CALL THE “NEW YORK STATE OF HEALTH” CALL CENTER AT 855-355-5777

CALL COMMUNITY HEALTH ADVOCATES AT 888-614-5400

ALSO many hospitals and community health center have “Certified Application Counselors” trained to help people enroll. We don’t highly recommend it, but you can also contact traditional insurance agents and brokers. In this case, you need to ensure they are reputable. You want to be able to go to agent or broker that will provide you with information on ALL the qualified health plans, and not just the plans they are



WHEN ARE THE DEADLINES and WHAT DO THEY MEAN?

MARCH 31, 2014- ENDED

The first open enrollment period to sign up for a plan in the NY State of Health marketplace ended March 31, 2014. However, if you missed that deadline you may still qualify to enroll!

For instance, you can enroll for coverage if you qualify for a special enrollment period. Individuals eligible for Medicaid or Child Health Plus, as well as American Indians/Alaskan Natives can enroll at any time during the year.

Those who are uninsured but who don't qualify for Medicaid and who did not sign up for this health insurance by the March 31st deadline may have to pay an additional tax when they file their 2014 income taxes next year. This tax will either be \$95 or 1% of your income (whichever is larger), for each uninsured adult in the household, and half that rate for each child.

To learn more go to

<http://info.nystateofhealth.ny.gov/sites/default/files/FAQs%20about%20the%20Open%20Enrollment%20Deadline.pdf>

APRIL 1st 2014 - NOVEMBER 14, 2014

This is the special enrollment period for individuals who have a change in employment and marital status, or other special circumstances such as birth of a child/adoption, moving, and loss of coverage.

NOVEMBER 15, 2014 - FEBRUARY 15, 2015

This is the next open enrollment period for uninsured individuals and families.

WHAT KIND OF COVERAGE DOES NOT HAVE A DEADLINE?

Enrollment in Medicaid and Child Health Plus is available all year long. Almost all uninsured children can qualify for Child Health Plus, which costs \$9-\$16 per child per month.

This provision also applies to small employers (50 or less employees).

DO I NEED TO KNOW ANYTHING ELSE?

Yes, 4 more things!

- 1. NEW YORK STATE WILL SOON HAVE ANOTHER FORM OF AFFORDABLE HEALTH INSURANCE:** The governor and state legislature have been authorized to move forward with a new “Basic Health Program” that will provide very low-cost insurance coverage to people just above the Medicaid level (up to 200% of the Federal Poverty Level \$23,000 for an individual, \$42,000 for a family of four.) Estimates are that monthly premiums will be up to \$20 per person. This new program will hopefully become available starting in 2015.

BHP has to be accessible to people with limited English proficiency or disabilities, and must make timely eligibility determinations according to Medicaid rules.

- 2. HOW TO ESTIMATE THE AMOUNT OF FINANCIAL ASSISTANCE YOU MAY BE ELIGIBLE FOR WITH MARKETPLACE PLANS:**

<http://info.nystateofhealth.ny.gov/calculator>

- 3. HOW TO UNDERSTAND AND ESTIMATE YOUR TAX CREDIT AND PREMIUMS:**

<http://consumersunion.org/topic/health-care/tax-credit/>

<http://info.nystateofhealth.ny.gov/premiuvestimator>

- 4. MAP OF HEALTH PLANS OFFERED IN NY STATE OF HEALTH, BY COUNTY:** <http://info.nystateofhealth.ny.gov/PlansMap>

WHAT CAN YOU DO IF YOU HAVE A PROBLEM?

If you have a problem or need help, please call the New York State of Health helpline at 1-855-355-5777 / TTY- 1-800-662-1220, or contact one of the nearest community based contracted Navigators to your home.

Right to Medical Care- Emergency Medical Services

WHAT ARE YOUR RIGHTS REGARDING MEDICAL CARE?

As a New York City resident, you have the right to call an ambulance and be taken to the hospital for emergency medical care, even if you do not have insurance or are undocumented.

Call 911! You will get a bill for the ambulance service, if you do not have insurance that covers that service. But do call if you think you have an emergency. **See page 11 Paying for Hospital Bill.**

Confidentiality: EMS workers do not have the right to ask your immigration status nor can they report your immigration status to any government authorities without your permission. EMS workers typically are certified as first responders, basic or intermediate emergency medical technicians (EMTs), or paramedics. **Remember:** you do not need to share your status before you receive health care. You have the right to keep your immigration status confidential. You may be asked for some form of an ID, like a social security card. Don't worry; it is okay if you don't have one. You still have a right to receive emergency medical care.

Since 2003, Mayor Bloomberg's Executive Order 41, directs city employees to protect confidential information, including immigration status, regarding people seeking city services, including services provided by our city's public hospital system (Health and Hospitals Corporation). Executive Order 41 was issued to ensure that all New Yorkers, including immigrants, can access the city services that they need and are entitled to receive.

Interpretation and translation services: If you have trouble speaking and /or understanding English, or if you have problems with your vision, hearing, or speech, health care facilities (i.e. health care clinics and hospitals) are required to provide free language and communication assistance to patients and their family members. **See page 14 on Access to Health Care in Your Language.**

Right to refuse treatment: You can decide not to receive medical care and to get a second opinion from another doctor.

WHAT HAPPENS WHEN I CALL AN AMBULANCE?

The Fire Department of the City of New York runs the Emergency Medical Service (EMS). EMS operates some public ambulances themselves, but they also contract with private ambulances, which are usually run by private hospitals. EMS/911 will send the closest ambulance. That means you do not have a choice of which type of ambulance

will come to get you. The time that the ambulance takes to get to you depends on how serious your problem is – so when you call for the ambulance, tell the EMS operator ALL of your symptoms.

WHERE WILL THE AMBULANCE TAKE ME?

The ambulance that comes for you is required to take you to the nearest most appropriate hospital. This means you are to be taken to the closest hospital that is prepared to take care of what is wrong with you. If you are seriously ill, or hurt badly, you should be taken to a hospital with a trauma center. Sometimes a hospital's Emergency Room is too crowded, so an ambulance will take you to another hospital. **But the choice of which hospital you are taken to should not be made because you have no health insurance!**



CAN YOU ASK TO BE TAKEN TO A PARTICULAR HOSPITAL?

YES! The EMS has a “Ten Minute Rule.” You can ask to be taken to a hospital if it is not more than ten minutes beyond where you would have been taken to otherwise. This is important to do if your doctor or your medical records are at the hospital that you request. **Tell the ambulance staff that you know about the “Ten Minute Rule.”**

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WHAT CAN YOU DO IF YOU HAVE A PROBLEM?

If you think that you were taken to the wrong hospital, or the EMS worker violated your rights, you should file a complaint in writing to:

New York Department of Health
90 Church Street, 15th Floor
New York, NY 10007.

Or you can download a complaint form at <http://www.health.ny.gov/forms/doh-4299.pdf> and send it to:

New York State Department of Health
Centralized Hospital Intake Program
Mailstop: CA/DCS
Empire State Plaza
Albany, NY 12237

You also have the option to call the helpline at 1-800-804-5447

There are federal and state laws protecting all patients who need emergency care. The federal law is called the Emergency Medical Treatment and Active Labor Act (EMTALA) and the New York State law is called the Emergency Medical Services Reform Act (EMSRA). All hospitals that accept Medicare and all physicians who provide care in those hospitals must follow EMTALA and EMSRA.

HOW ARE PEOPLE PROTECTED UNDER EMTALA AND EMSRA?

First of all, if you think you have an emergency, either call an ambulance or find some way to get to the hospital emergency room. An individual has the right when coming into an emergency room to a medical screening. The hospital must provide you with the same screening and treatment that would for anyone with the same symptoms. Remember you have the right to refuse treatment, but only after the hospital has informed you of the risks and benefits of the treatment and examination. Unlike EMTALA, which protects your right to be treated and stabilized when you need emergency medical attention, EMSRA goes further to protect your right to be hospitalized.

What if I can't pay for use of the emergency room?

The hospital cannot delay screening a patient so as to ask about ability to pay for the service.

Can the Emergency Room refuse to treat me if I am uninsured?

If the doctor determines that an emergency medical condition exists, the hospital must stabilize the patient's conditions. A hospital cannot transfer a person to another facility unless they are stabilized. Exceptions to this rule are:

- If the patient or legally responsible person acting on the patient's behalf, after being informed of their rights, makes a written request to transfer to another health facility
- If the patient requires a level of emergency care that the hospital cannot provide.



What would a hospital or doctor consider an "Emergency Medical Condition"?

An individual has an "emergency medical condition" when there are severe symptoms, like bad pain, or if your health, organ, or body parts would be seriously harmed without immediate medical attention. An example would be if there is not enough time to transfer a pregnant woman who is having contractions safely to another hospital or a transfer would pose a threat to her health and health of the unborn child.

Just remember that the hospital is not bound by these requirements if they determine that you do not have an emergency medical condition. However, if you feel that the hospital is wrong in that determination, please exercise your right to make a complaint.

WHAT CAN YOU DO IF YOU HAVE A PROBLEM?

If you think you did not get the care that you needed in the Emergency Room, were treated differently from other patients that seem to have the same condition, or were sent home too soon, you have several ways that you can file a complaint. You can even try them all.

Complaints could be sent to:

New York State Department of Health

90 Church Street, 15th Floor

New York, NY 10007

Or you can download a complaint form at <http://www.health.ny.gov/forms/doh-4299.pdf> and send it to:

New York State Department of Health

Centralized Hospital Intake Program

Mailstop: CA/DCS

Empire State Plaza

Albany, NY 12237

You also have the option of calling the helpline at 1-800-804-5447

You can also send a complaint to the:

NYS Office of the Attorney General - Health Care Bureau

The Capitol

Albany, NY 12224-0341

Fax: (518) 402-2163

There is also a helpline number, 1-800-428-9071 at the Attorney General's office:

Paying for Hospital Bill

All New Yorkers have the right to seek emergency and non emergency medical treatment. Too often, people are afraid to seek health care because they cannot afford to pay and they don't know what options they have to assist them in paying a bill. In fact, some people go into bankruptcy because of unpaid hospital bills. This is unfair, and it is important to know what rights you have regarding help in paying for medical treatment.

WHAT IF I CAN'T PAY MY HOSPITAL BILL?

Since January 1, 2007, all hospitals in New York State must by law adopt a financial aid program (also known as a Charity Care Policy) for people with no health insurance, or who are underinsured. Underinsured people have some form of health insurance, but lack the financial protection needed to cover out-of-pocket medical care expenses. All hospitals must offer care at a reduced rate, also referred to as "sliding scale," to individuals and families who qualify for financial assistance.



Remember, hospitals must make financial assistance available to patients who need it, regardless of their immigration status.

When a New York City resident needs care—whether it is an emergency or not—they can go to any hospital in the city. No matter what kind of care you receive—for all hospitals – if you are an inpatient, Emergency Room, or the clinic – if you don't have health insurance, you will get a bill. But this bill can be reduced because of the Charity Care Policy. Also, if you are low-income and uninsured and you are receiving inpatient care, the hospital is required to talk to you about applying for Medicaid. If the hospital does not ask you, or help you apply for Medicaid, you may not have to pay the bill. In the past, the courts have ruled that the hospital was responsible for the bill if they did not help the patient apply for Medicaid (Mt. Sinai v. Kornegay).

WHAT IS THE STATE FINANCIAL ASSISTANCE LAW (CHARITY CARE POLICY)?

Hospitals in New York State receive state funds to help them provide services for the uninsured, and they are required to show that they provided this care. For people/families with income at or below 100% of the federal poverty level (FPL) the hospital can only charge a "nominal payment"— for example, \$15 for an emergency or clinic visit (The federal poverty level for a family of four is \$ 23,850 a year). With higher incomes, the law becomes more complicated. For instance, for incomes between 100% and 150% of the FPL, the bill can be no more than 20% of what the hospital would be paid by its most often used patient insurance, or Medicaid or Medicare.

It is important to know that the financial assistance law does not apply to health care providers who are not hospitals or directly employed by hospitals. Basically, patients billed by a private doctor office or doctors practicing at hospitals but not employed by the hospital are not protected by this law.

HOW WILL I KNOW I AM ELIGIBLE FOR CHARITY CARE?

A hospital is required to let you know if you are eligible for their charity care. The hospital must let you know about the policy during intake, and they must post notices around the hospital. Information must be also written on your bill when you get one. In addition, you can ask for the hospital's charity care policy and a copy of the application form for charity care. Each hospital's charity care policy is different. But if you need to pay something for your care, any should work out an installment plan. Interest levels are limited by law, and cannot be increased because of missed payments. Moreover, monthly payments cannot exceed 10% of the patient's gross income.

It is important that information about payment options be provided to you in the language that you understand and speak most often.

Residence: To qualify for financial assistance with medical care, a patient must reside in New York State. This is only about being able to get financial assistance and not about getting medical treatment. Remember you have rights to getting medical services. **See pages 7 -10 about these rights.** They are certain providers required to provide services, regardless of ability to pay, non-residence, and or immigration status. **See page 16 on Providers that Can't Turn You Away**

Application process- A patient has a minimum of 110 days from the date they receive services to ask for financial assistance and complete the form.

Resources: Hospitals are allowed to take a patient's resources into account when assessing financial need, and to reduce discounts to patients with significant assets, even if they have incomes below 150% of the Federal Poverty Level. For information on the specified asset levels, you can go to <http://www.wnylc.com/health/entry/69/>. Reducing discounts because of a patient's assets can only be done on a case by case basis and only with approval from the New York State Department of Health.

WHAT IF THEY GO AFTER ME FOR PAYMENT?

A hospital should not start collection proceedings against any patient who was eligible for Medicaid at the time that services were provided. Moreover, the hospital must

make any collections agency it hires abide by its financial assistance policy and provide information on how to apply for financial assistance. In addition, a hospital must notify a patient at least 30 days before referring their account to a collection agency. A hospital may not force the sale or foreclosure of a patient's primary residence to collect payment.

WHERE CAN YOU DO IF YOU HAVE A PROBLEM?

Although hospitals must abide by the State's charity care policy, many still violate the law or have interpreted the law to their own self-interest. Always look for signs and get information from the hospital about their charity care.

If you have a problem, you can call the State Department of Health helpline at 1-800-804-5447 or have someone help call the State Attorney General Health Bureau helpline at 1-800-428-9071.

Access to Health Care in Your Language

Individuals who do not speak English well enough to communicate successfully at hospitals, community health centers, clinics, and Medicaid or other public benefits offices, and people with problems with their vision, hearing or speech have the right to free interpretation and translation services.

Since 1986, New York State hospitals have been required to provide an interpreter and translated information for those who do not understand English, and people with vision, hearing, or speech impairments. But the state had not been paying attention to this requirement. Community groups fought very hard to make language access more of a right for people when they go for health care. Thanks to these efforts, regulations in New York State were strengthened in 2006, confirming patients' clear right to communicate in their own language.

Language = Life



WHAT DOES THE STATE REGULATION SAY ABOUT LANGUAGE ACCESS?

Each hospital in the state must set up a Language Assistance Program to make sure that trained interpreters are available to provide free help for people who need it. Hospitals are not allowed to use a person's family, friends, or people who do not work for the hospital, unless a patient wants their help. But, a person acting as an interpreter must be at least 16 years of age. Every hospital is required to find out at the first visit, and put in the person's medical chart, the preferred language and language needs. Hospitals must post signs telling people that free language assistance is available. The hospital must also provide information to the person directly about the language assistance program. A person can say no to the use of an interpreter.

You should be **provided with an interpreter in twenty minutes or less** in the inpatient or outpatient part of the hospital, and in **ten minutes or less in the Emergency Room**. . If you speak a language often spoken in the community, the hospital must also have documents translated into your language. If a document is not translated, the hospital needs to provide you with someone who can translate it for you

WHAT CAN YOU DO IF YOU HAVE A PROBLEM?

If you have a problem getting help at the hospital in your language or if you are hard of hearing or have speech impairment and need someone who can appropriately communicate with you, ask to speak to an administrator. If that does not work, you should make a complaint to:

New York State Department of Health at 1-800-904-5447

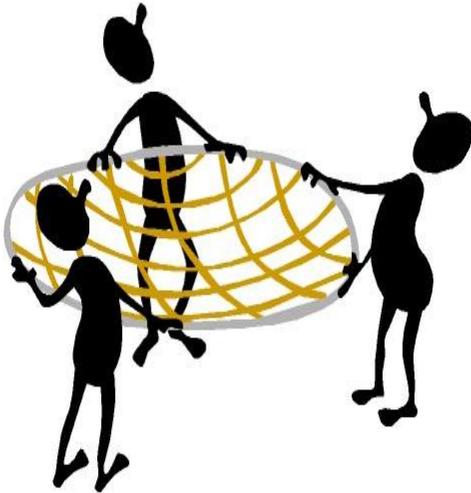
You can also call the State Attorney General Health Bureau helpline at 1-800-428-9071.

Providers that Can't Turn You Away

There are a number of hospitals that provide good reasonable care, and now all hospitals are required to have a sliding fee scale (see page 10 for more information). But there are certain medical providers that can't turn away people who cannot pay for care, even if their medical condition is not an emergency. These providers (private and public) belong to what is called the health care safety-net. It is their legal mission to provide services whether or not the person can pay the full cost of care.

WHO ARE THESE HEALTH CARE SAFETY-NET PROVIDERS?

See below for other important safety-net providers.



Public Hospitals

All of the public hospitals and clinics run by the Health and Hospitals Corporation (HHC) are safety net providers. HHC has a charity care policy called HHC Options. If the person works with the financial counselor to see if he is eligible for public insurance like Medicaid and is not eligible, the person will be put on a sliding fee, starting at \$15 for adults for a clinic visit. Information on HHC Options is available in 12 languages – you can call the city’s information line at 311 for a copy and find out which healthcare providers are part of HHC or go to the link at <http://www.nyc.gov/html/hhc/downloads/pdf/hhc-options-2013-06-english.pdf>.

HHC has hospitals in all boroughs except for Staten Island (HHC operates several primary care clinics in Staten Island). HHC also has many diagnostic and treatment centers, community health centers, and few long-term care facilities in many communities. Ask about the Child Health Clinics which provide important care for children.

Federally funded community health centers

There are other providers like the Community Health Centers (CHC) that are funded by the federal government to help take care of people without health insurance. These are important providers of primary care to keep people healthy. Some of the CHC’s also have specialists or can refer you for specialty care. Each of the community health centers has its own sliding fee scales. To find a community health center near you call 212-279-9686 or go on-line to www.chcanys.org. You may be able to learn how much they charge by calling, or you may have to visit.

WHY IS IT IMPORTANT TO HAVE A “MEDICAL HOME”?

Whether or not you have health insurance, it is important to have a “medical home” — that doctor or nurse who knows you well and takes primary responsibility for providing your health care needs and arranging care with other qualified health professionals. Staying healthy is important. We have given information about where you can go for this care, even if you don’t have lots of money. Find a health care provider you can call home.

WHAT CAN YOU DO IF YOU HAVE A PROBLEM FINDING A MEDICAL HOME?

If you have a problem finding a health care provider that that you can afford, call 311 first and ask for that information. If that does not work, then call CPHS at 212-246-0803 and ask us to help you figure out where you can go for health services.

Patients Rights & Hill-Burton Funding

Back in the late 1940's, many New York City hospitals received funds under the federal Hill-Burton Law for construction, other hospitals and clinics were funded under the same law for renovations. To qualify for this money, each facility had to promise to provide a certain amount of free or below cost care. The program stopped providing funds in 1997, but many health care facilities nationwide, including some in New York, are still obligated to provide free or reduced-cost care. If you are poor, these services should be free. These health facilities must provide you with a written Individual Notice that lists the types of services eligible for Hill-Burton free or reduced-cost care, what income level qualifies for free or reduced-cost care and how long the facility may take in determining an applicant's eligibility.

They must also put up signs explaining them in locations where they can be seen by patients.

IF I APPLY FOR HILL-BURTON FREE OR REDUCED-COST CARE, HOW LONG DOES IT TAKE TO GET A RESPONSE?

Any uninsured person who receives care at a facility covered by the Hill-Burton can ask for Hill-Burton assistance. If possible, it is best to request the assistance before you get service. If you do ask, you should get a response in two working days following your request. Only facility costs are covered, not your private doctors' bills. Facilities may require you to provide documentation that verifies your eligibility, such as proof of income.

WHICH HEALTH CARE FACILITIES STILL HAVE A DUTY TO PROVIDE FREE OR BELOW COST CARE UNDER HILL-BURTON?

In the Bronx: Calvary Hospital, Bronx-Lebanon Hospital, Highbridge-Woodcrest Nursing Home, and Morris Heights Health Center

In Brooklyn: Bushwick Clinic, Kings County Hospital Center, Lutheran Medical Center, and Sunset Park Family Health Center

In Manhattan: Coler-Goldwater Specialty Hospital and Nursing Facility, Harlem Hospital Center, Rivington Health Care Facility Nursing Home, St.Luke's/Roosevelt Hospital Center, Family Care Group Practice on 114th Street, Jewish Guild HealthCare on West 65th Street, Smithers Alcoholism Center, Smithers Clinic, and Trinity House



WHAT HAPPENS WHEN A FACILITY'S HILL-BURTON OBLIGATIONS RUN OUT?

After facility's obligation to provide free or below cost care under Hill-Burton runs out they still have to continue to provide Community Service. This means that the facility must be available to everyone in the community, but people will have to pay for their care. In providing that care, the hospital/clinic is not allowed to discriminate on the

basis of race, ethnicity, language spoken, or religious beliefs.

Examples of health care facilities in New York City where the obligation has run out are Interfaith Medical Center and Wyckoff Heights Medical Center in Brooklyn, and Claremont Family Care Center in the Bronx.

WHAT CAN YOU DO IF YOU HAVE A PROBLEM?

If you applied for Hill-Burton free or below cost care, were turned down, and you think you should have been eligible, you can call the hotline number for U.S. Department of Health and Human Services (HHS) at 1-800-638-0742.

You can also submit a complaint in writing that simply states the facts and dates concerning the complaint. Complaints may be sent to:

Director, Division of Poison Control and Healthcare Facilities
5600 Fishers Lane
Room 10-105
Rockville, MD 20857

You can also contact the federal Center for Medicaid Services at 212-616-2450, Steven Blaum, to complain.

If you believe that you were discriminated against on the basis of your race, language spoken, or ethnicity, you can call the Office of Civil Rights at the federal agency at 1-800-368-1019

You may call your local legal aid services for help in filing a complaint or CPHS at 212-246-0803.

Please use this form to request help from the Commission on the Public's Health System (CPHS), or to report a problem that you need to address or have already handled. It is very important to document problems accessing health care, cases where your rights were violated or you think you were discriminated against.

You can send the form by fax to 212-246-0806; email to afelicaino@cphsnyc.org or by mail to Anthony Feliciano, Director, CPHS, 45 Clinton Street, New York, NY 10002. Thank you!

Date sent: _____

Date received: (office use only)

**Sent by
Full
Name** _____

—

Organization (if applicable)

Daytime Phone: _____ **Evening
Phone** _____

Email:

What is or was your problem or client's problem? (Please include the person's age and if they have health insurance (Medicaid or any other public health insurance or private insurance): (if the space is not enough, you can add a piece of paper)

Problem Resolved or Not Resolved: Yes or No

Is someone handling your problem? If yes, who

**Date of
Response** _____

—