

Looking Out For Your Legal Rights®

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If you do not have insurance coverage for all of your hospital bills—and you do not have Medicaid or NJ FamilyCare—you may be eligible for the New Jersey Charity Care program to pay all or some of your hospital bills. *Page 1*

If you are enrolling your child in school this September, there are some important things you should know about school enrollment and your child's right to attend school. *Page 6*

A new federal law allows some workers who have been laid off or fired due to no fault of their own to keep their health insurance benefits at a reduced premium. *Page 7*

The disability tax credit may lower or eliminate any taxes you owe to the Internal Revenue Service. *Page 9*

*Cuáles Son Sus
Derechos Legales*

La versión en
español la encontrará
al reverso.

Can Charity Care Help Me With My Hospital Bills?

DO YOU HAVE health insurance that covers all the bills for medical care that you received from a hospital in New Jersey? Or do you have insurance such as Medicare or some other health insurance that covers only part of your hospital bills? If you do not have insurance coverage for all of your hospital bills—and you do not have Medicaid or NJ FamilyCare—you may be eligible for the New Jersey Charity Care program to pay all or some of your hospital bills.

What does Charity Care cover?

If you are eligible, Charity Care will cover the costs of most hospital services that you receive in an acute care/general hospital in New Jersey. It will also cover the costs of hospital outpatient dialysis and advanced life support services (often provided during

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Charity Care

continued from page 1

emergency or ambulance services) if you are eligible for Charity Care. There may be some doctors who treat you in the hospital who are not included in the Charity Care program, and they are allowed to bill you for their services. These doctors contract to treat their patients at the hospital but do not receive Charity Care payments because they are not employed by the hospital. If you have been found eligible for Charity Care but you get bills afterwards from doctors connected to your hospital care, you should call the Legal Services office nearest you for assistance or LSNJ-LAW™, Legal Services of New Jersey's statewide, toll-free legal hotline, at 1-888-576-5529.

Who is eligible for Charity Care?

To be eligible for Charity Care, you must meet all of the following requirements:

- **Residency:** You must show that you lived in New Jersey at the time you received the hospital care and that you

intend to remain living in New Jersey. Non-New Jersey residents may also apply for Charity Care if their health or life would have been at serious risk if they had not sought immediate medical care at a New Jersey hospital. There is no citizenship requirement for Charity Care eligibility, but you will have to provide proof of identity when you apply.

- **Eligibility for Medicaid/NJ FamilyCare:** You may have commercial insurance (individual or group insurance) or Medicare and still be eligible for Charity Care. Often, these types of health insurance do not cover all the costs of your hospital care. But you will not be eligible for Charity Care if you are eligible for Medicaid or NJ FamilyCare. The hospital may require that you apply first for Medicaid or FamilyCare to show that you are not eligible for these programs before the hospital can grant you Charity Care.
- **Financial Eligibility:** Both your income and the value of your assets

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must meet Charity Care limits. You will be eligible for full Charity Care coverage in 2009 if your annual gross income for the 12 months before your hospital care was not more than 200% of the federal poverty level, which is \$21,660 in 2009 for a family of one person. If your annual income was more than 200% of the poverty level, but not more than 300%, or \$32,490 in 2009, a portion of your hospital bill in 2009 will be covered by Charity Care. If your family size is larger—your family includes you, your spouse, any minor children you support, and adults for whom you are legally responsible—the income eligibility limit is higher. For example, an applicant in a family of four will be eligible for full Charity Care coverage in 2009 if the family’s annual gross income is \$44,100 or less. And the applicant will still be eligible for partial Charity Care coverage in a family of four with income that is greater than \$44,100, if the income does not exceed \$66,150.

The income eligibility limit increases slightly every year. So, if you are being billed for hospital care that you received in 2008, the income eligibility level for 2008 is lower (200% of the poverty level in 2008 was \$20,800 for a family of one and \$42,400 for a family of four).

When you apply for Charity Care, if you provide the hospital with proof of your annual income for each of the 12 months before you received the hospital care, the hospital must calculate your annual income in three different ways. The hospital must then use the calcula-

tion for the period of time when your income was the lowest to determine your eligibility. This is how the hospital must determine your income eligibility for Charity Care:

1. You may give the hospital proof of your gross income for each of the 12 months immediately before you received the hospital care, and the hospital will use the total of the 12 months to decide your annual income;
2. You may give the hospital proof of your gross income for the three months immediately before your hospital care, and the hospital will multiply the three months’ total by four to determine your gross annual income; and
3. You may also give the hospital proof of your gross income in the month immediately before you received the hospital care, and the hospital will calculate your annual income by multiplying this amount by 12.

As you can see, if your income did not remain the same in each of the 12

Hours and Earnings		Year
Hours	This Period	
	384.00	
	276.90	
	384.00	

If you provide the hospital with proof of your annual income for each of the 12 months before you received the hospital care, the hospital must calculate your annual income in three different ways.



Charity Care eligibility limits the amount of assets that you may have but, if you own your own home, it will not count the value of the home you live in.

previous months before you received the health care, you want the hospital to calculate your income with one of the alternate methods. Therefore, it is very important to provide the hospital with the proofs of income that allow them to make this decision in your favor.

The value of your assets must meet the Charity Care limits. Assets are items that may be easily converted into cash. They include such things as savings and checking accounts, certificates of deposit (CDs), Individual Retirement Accounts (IRAs), trust funds, and equity in real estate that is not your primary residence. Charity Care eligibility limits the amount of assets that you may have but, if you own your own home, it will not count the value of the home you live in. The asset limit for one person is \$7,500. A family's assets may not be greater than \$15,000 as of the date of the medical care. To be eligible, you must submit a statement from a bank or other financial institution to show the amount of your assets. If you have no assets, you must submit a signed statement to the hospital that you have no assets.

What if I make too much money?

If your annual gross income is more than 200% of the poverty level but does not exceed 300%, Charity Care will cover up to 80% of your total bill based on a sliding income scale. This scale may be found on the “New Jersey Hospital Care Payment Assistance Fact Sheet” (from the New Jersey State Department of Health and Senior Services). www.state.nj.us/health/cc/documents/ccfactsh.pdf.

If your medical expenses are greater than 30% of your family's annual income, the amount greater than 30% will be fully covered by Charity Care.

There is also a special program for children in New Jersey with very large medical bills that are not covered by insurance. See “Help with Children's Uncovered Medical Expenses: The Catastrophic Illness in Children Relief Fund” for more information, or call 1-800-335-FUND (1-800-335-3863). www.state.nj.us/health/cc/documents/ccfactsh.pdf.

If your income meets the Charity Care limit but your assets are too high (\$7,500 for an individual; \$15,000 for a family), you may spend down your assets on the unpaid hospital bill until your assets are within the Charity Care limit. This can make you eligible for Charity Care coverage for the rest of your bill.

How much should a hospital charge me if my annual income is more than 200% of the poverty level?

In February 2009, a law went into effect in New Jersey that requires hospitals to charge uninsured patients no more than 15% above what the Medicare program pays the hospital for the same procedure. If your income is above

200% of the poverty level, the hospital bill must not be more than 15% of the Medicare rate. Medicare's fee schedules may be found online by matching the CPT codes (Current Procedural Technology, 4th Edition) listed at All Fee-For-Service Providers (from the Department of Health & Human Services). www.cms.hhs.gov/center/provider.asp.

Although the maximum income for Charity Care eligibility is 300% of the poverty level, this same law now requires New Jersey's Department of Health and Senior Services to create a sliding scale based on income to 500% of poverty for the percentage of a hospital bill that an uninsured patient must pay. However, no new sliding scale has yet been established by the State (500% of poverty is \$54,150 for a single person in 2009). www.state.nj.us/health.

When and where do I apply?

You must apply for Charity Care at the hospital where you received the medical care. When you apply, a hospital may accept your Charity Care determination from another hospital, but it is not automatic and one hospital does not have to honor another hospital's determination of your eligibility. You may apply for Charity Care at the hospital's business office or billing department.


You may submit a completed application for Charity Care up to a year from the date that you were discharged from being admitted as an inpatient at the hospital or a year from the date you received outpatient care at the hospital. The hospital may accept an application within two years of these dates, but the

hospital is not required to take an application past one year. That is why it is very important to apply for Charity Care as soon as possible after you receive the medical care.

Does the hospital have to give me Charity Care if my income is low?

If the hospital thinks you may be eligible for another public benefit program to pay for your hospital bill, such as Medicaid or NJ FamilyCare, the hospital must refer you to apply for that program. If you do not apply for the other public benefit program within three months, the hospital may bill you for the cost of your hospital care. But if the hospital never informs you that you can apply for Charity Care, Medicaid, or NJ FamilyCare to cover the cost of your care, the hospital must cancel your hospital bill as a courtesy and cannot bill you.

For more information...

For more information about eligibility for New Jersey's Charity Care Program, please see Legal Services of New Jersey's handbook, *New Jersey's Charity Care Program: Finding the Answers on Charity Care*. (A new edition of the handbook will be available soon. See the Health Care section on our Web site, www.lsnjlaw.org.) If you have been denied Charity Care or you would like legal help because you are being billed for medical care, please contact your regional Legal Services office or call LSNJ-LAW™, our statewide, toll-free legal hotline, at 1-888-LSNJ-LAW (1-888-576-5529). The hotline is open Monday through Friday, 8 a.m. to 5:30 p.m. 

By Linda Garibaldi, Senior Attorney Emeritus, Legal Services of New Jersey

School Residency Requirements

Are you enrolling your child in school this September? If so, here are some important things to know about school enrollment and your child's right to attend school.*

How do I know if my child is eligible to attend school in New Jersey?

Your child between the ages of 5 and 20 is entitled to a free public education. If your child has special needs or you live in certain low-income school districts, your child may have the right to attend pre-school or stay in school until the age of 21.

What if my child does not have legalized immigration status?

Your child cannot be denied admission to a public school based on his or her immigration status. Schools are not allowed to ask about immigration or citizenship status or request Social Security numbers as a requirement to enroll.

Where should I register my child?

In most situations, your child will be enrolled and attend school in the school district where you and your child live. There are some exceptions to this, and these exceptions may apply if your child doesn't live with you. For more information, contact Legal Services of New Jersey.*

How do I enroll my child in school?

In order to enroll your child in school, you will have to show that you live in the school district. Schools cannot accept only a few types of documents to prove where

you live. Schools must accept a variety and combination of documents to show where you live. Some examples of types of documents include deeds, leases, letters from landlords, driver's licenses, and utility bills, but there may be others that you can use as well.

What if I live temporarily in the district?

Even if your housing situation is temporary, your child has the right to enroll in school. In some situations, your child may be entitled to additional rights and protections due to your housing situation. Examples include if you live in a shelter, motel, or temporarily with friends/family. For more information, contact Legal Services of New Jersey.*

What if the school doesn't accept what I give them as proof of where I live?

If the school denies admission, they must do so in writing and explain why your child is not eligible. If you do not agree with the school's decision, you have the right to appeal this decision and must do so within 21 days of the date of the denial notice. If you plan to appeal the decision, you must tell the school that you plan to appeal. The school must allow your child to attend school while the appeal is processed and decided.

By Rachel Elkin, Supervising Attorney, Legal Services of New Jersey Education Representation Project

* This article provides a brief summary of the law. For additional information, see the *School Opening Alert: School Residency Requirements and Rights of Homeless Students* previously published in the June 2007 *Looking Out for Your Legal Rights*. You may read this article on our Web site at www.lsnj.org/PDFs/Looking_Out/2007/June07LOWeb.pdf. If you have questions or need further legal advice about any of the information in this article or any other matter regarding your child's schooling, contact LSNJ-LAW™, Legal Services of New Jersey's statewide, toll-free legal hotline, at 1-888-576-5529, between 8 a.m. and 5:30 p.m. (Outside of New Jersey, please call 732-572-9100 and ask to be transferred to the hotline.)

COBRA and ARRA: Help Paying For Your Health Insurance If You Are Laid Off From Work

KEEPING YOUR health insurance benefits after you have been laid off from work can be difficult. But there is some help. A new federal law allows some workers who have been laid off or fired due to no fault of their own to keep their health insurance benefits at a reduced premium. The federal American Recovery and Reinvestment Act of 2009 (ARRA) provides for smaller monthly premium payments and other benefits under another federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA).

What is the difference between COBRA and ARRA?

COBRA requires that businesses employing 20 or more people and providing group health plans must give those employees the right to choose to continue their health coverage for a limited period of time after they leave work. Under COBRA, group health plans may charge qualified people the entire premium, up to 102 percent of the cost of the plan (the full cost plus a 2% administration fee) to continue coverage. Under ARRA, people who are eligible for COBRA coverage are now eligible to pay a *reduced premium of 35 percent* of the cost of the plan for up to nine months. People who pay the reduced premium are treated as having paid the entire premium. The remaining 65 percent is reimbursed to the employer as a credit against payroll taxes. Here is an example of how this might work:

Anna, an employee who works for a large employer, is laid off from

her job because her employer is downsizing. The total amount she paid for her health insurance premium before she was laid off was \$300. Under COBRA, Anna would have to pay \$306 (\$300 premium plus a 2% administration fee) per month to keep her insurance. Now, because of ARRA, Anna only has to pay \$105 per month (35% of \$300).

How do I know if I qualify for ARRA benefits?

To get ARRA benefits, you must be considered an *assistance-eligible individual*. Under ARRA, an assistance-eligible individual is an employee or family member who:

- Is eligible for COBRA coverage between September 1, 2008, and December 31, 2009;



Under ARRA, people who are eligible for COBRA coverage are now eligible to pay a *reduced premium of 35 percent* of the cost of the plan for up to nine months.

An assistance-eligible individual is eligible for the premium reduction for up to nine months.

- Elects COBRA coverage; and
- Is eligible for COBRA coverage as a result of the employee's *involuntary termination* between September 1, 2008, and December 31, 2009.

For the purposes of ARRA, the definition of *involuntary termination* includes but is not limited to:

- A layoff period with the right of recall,
- Retirement where the employee knows that the employer would have otherwise laid him or her off, and
- Termination with cause. (This is different from termination for gross misconduct. Employees terminated for gross misconduct may be ineligible for COBRA coverage.)

How long will I be covered if I am eligible?

The premium reduction applies to periods of COBRA coverage beginning on or after February 17, 2009. For plans that use a calendar month for the basis of COBRA coverage, the premium reduction begins on March 1, 2009. An assistance-eligible individual is eligible for the premium reduction for up to nine months. However, the premium reduction will not extend beyond the period of COBRA coverage. Also, an assistance-eligible person who becomes eligible under another group health plan or Medicare will no longer be eligible for the premium reduction.

Will I have to repay the ARRA benefits?

If you have an adjusted gross income that exceeds \$125,000 (or \$250,000 for joint filers), you may be liable for repayment of some or all of the premium reductions under ARRA. You may choose to waive the right to the premium reduction because you believe that you may be in these income categories. However, if you do, you may not later be able to get the reduction if it turns out that your adjusted gross income is lower than expected.

What happens if I would have qualified for ARRA but did not know about the new law?

ARRA requires the employer's health benefits plan administrator to notify individuals who have a COBRA-qualifying event from September 1, 2008, to December 31, 2009, that they may qualify for the premium reduction. For those individuals involuntarily terminated between September 1, 2008, and February 16, 2009, who did not elect COBRA when first offered or who elected COBRA but ended the enrollment prematurely, ARRA permits election or re-election. The election period begins on February 17, 2009, and ends 60 days after the plan provides notice, as required by COBRA.

You may find more information about COBRA and ARRA on the Department of Labor's Web site at www.dol.gov/ebsa/COBRA.html.

By Sarah Hymowitz, Staff Attorney, Legal Services of New Jersey Workers Legal Rights Project

The Disability Tax Credit

ARE YOU DISABLED or handicapped and unable to work? If so, you may be eligible for the disability tax credit. The disability tax credit may lower or eliminate any taxes you owe to the Internal Revenue Service. To claim the credit, you must be:

- Either a citizen of the United States or a resident alien (you have a “green card”);
- Under the age of 65 on December 31;
- Retired with a *permanent and total disability*;
- Receiving disability insurance or disability payments from an employer; and
- Younger than the mandatory retirement age set by your employer for retirement.

A *permanent and total disability* means that you cannot engage in or perform any *substantial gainful activity* because of a physical or mental condition. Substantial gainful activities are tasks or duties that you perform for income. Substantial gainful activity does not include activities that you perform for yourself, such as bathing, cooking, and shopping or hobbies such as attending school, social programs, or other similar activities. *Sheltered employment*, such as the type of work offered at qualified locations to people with physical or mental impairments, does not qualify as substantial gainful activity.

The fact that you have not worked for some time will not, by itself, convince a judge that you are unable to do any substantial gainful activity. Generally, a doctor must certify that your physical or mental condition may result in death or

has lasted or can be expected to last for a continuous 12-month period.

Income Limits

Even if you satisfy the above-listed conditions, your income must be below a certain level to claim the credit. For the year 2008, the income limitations for different filing statuses were the following:

- ***Single/Qualifying Widow:*** Your adjusted gross income must be less than \$17,500 and your non-taxable benefits (such as SSI) must be less than \$5,000.
- ***Married Filing Jointly and your spouse satisfies the above conditions:*** Your adjusted gross income must be below \$25,000, and your non-taxable benefits must be below \$7,500;
- ***Married Filing Jointly and your spouse does not satisfy the above conditions:*** Your adjusted gross income must be



The disability tax credit is a nonrefundable credit, which means that it may reduce or eliminate the taxes you owe. However, you will not get a refund.

below \$20,000, and your non-taxable benefits must be below \$5,000.

- **Married Filing Separately:** Your adjusted gross income must be less than \$12,500, and your non-taxable benefits must be less than \$3,750.

Nonrefundable Credit

The disability tax credit is a nonrefundable credit, which means that it may reduce or eliminate the taxes you owe. However, you will not get a refund. You must use IRS Form 1040 or

Form 1040A to claim this credit. You cannot use Form 1040EZ.

Figuring out the exact amount of the credit to which you are entitled is complicated. The IRS has worksheets to help you. There are also VITA (volunteer income tax assistance) sites in each New Jersey county where you may get free, in-person help with your tax preparation. For more information on the credit, you may contact the Tax Legal Assistance Project at Legal Services of New Jersey.

By Marcie Harrison, Senior Attorney, Legal Services of New Jersey Tax Legal Assistance Project

LEGAL SERVICES OF NEW JERSEY'S TAX LEGAL ASSISTANCE PROJECT

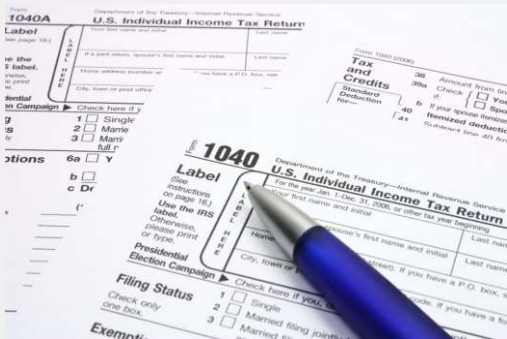
Legal Services of New Jersey's Tax Legal Assistance Project (TLAP) provides free legal assistance to low-income New Jersey taxpayers who need help with tax problems and controversies.

When you get a notice from the IRS, it may be hard to understand or you may be afraid to deal with it on your own. TLAP can help.

TLAP can give you advice, negotiate with the IRS on your behalf, or represent you in Tax Court.

TLAP provides information about important tax issues through seminars, community outreach, publications, and its client Web site, www.lsnjlaw.org.

Contact TLAP by calling 1-888-LSNJ-LAW (1-888-576-5529), Monday through Friday, 8:00 a.m. to 5:30 p.m.



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Cuáles Son Sus Derechos Legales

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Si no tiene un seguro que pague las cuentas hospitalarias—ni tampoco tiene el Medicaid o el NJ FamilyCare—usted podría recibir la ayuda caritativa y así pagar todas o algunas de las cuentas que tenga.
Página 1

*Looking Out
For Your Legal Rights*
Flip issue over for the
English edition of
*Looking Out for Your
Legal Rights.*

¿El programa para el cuidado caritativo, *Charity Care*, va a pagar sus cuentas de hospital?

¿TIENE UN SEGURO que pague por todas las cuentas de la asistencia médica que recibió de un hospital en Nueva Jersey, o un seguro como el Medicare o algún otro seguro médico que cubre sólo parte de los gastos hospitalarios? Si no tiene un seguro que pague las cuentas hospitalarias—ni tampoco tiene el Medicaid o el NJ FamilyCare—usted podría recibir la ayuda caritativa y así pagar todas o algunas de las cuentas que tenga.

continúa en la página 2

El boletín de educación jurídica para los habitantes de Nueva Jersey

Charity Care

continúa de la página 1

¿Qué gastos cubre el programa?

Si cumple con los requisitos, el programa pagará una gran parte de los gastos de los servicios que usted reciba en un hospital situado en Nueva Jersey que brinde cuidado especializado y/o general. También si usted llena los requisitos, el programa pagará los gastos de diálisis por consulta externa y los servicios de soporte vital avanzado (a menudo proporcionado en urgencias o en la ambulancia). Pero puede haber algunos médicos, que sin ser parte del programa para el cuidado caritativo, se les permite cobrar por los servicios que le brinden a usted en el hospital. Estos médicos tienen contratos para tratar a sus propios pacientes en el hospital, pero no reciben pago del programa para el cuidado caritativo porque no son empleados del hospital. Si se ha determinado que usted cumple con los requisitos para recibir la ayuda del programa, pero después recibe cuentas de alguno de los médicos que le atendieron en el hospital, debe llamar a

la oficina de los Servicios Legales más cercana o a LSNJ-LAW™, la línea directa gratuita de asistencia jurídica de los Servicios Legales de Nueva Jersey para todo el estado, en el 1-888-576-5529.

¿Quién cumple con los requisitos para recibir la ayuda caritativa?

Para llenar los requisitos de participación, usted tiene que reunir todas las exigencias a continuación:

- **Domicilio:** tiene que mostrar que vivía en Nueva Jersey en la fecha que recibió el cuidado hospitalario y que tiene la intención de continuar viviendo en el mismo estado. Las personas que no residen en Nueva Jersey pueden solicitar también al programa del cuidado caritativo, si su salud o vida hubiera estado en grave riesgo de no haber buscado asistencia médica inmediata en un hospital ubicado en este estado. El programa no exige que usted sea ciudadano, pero cuando haga la solicitud tendrá que proporcionar un documento de identidad.

Cuales Son Sus Derechos Legales

Con respecto a *Looking Out*

Looking Out for Your Legal Rights® es publicada 10 veces al año por los Servicios Legales de Nueva Jersey. Si usted es un cliente de los Servicios Legales, puede obtener una copia en la oficina de Servicios Legales de su localidad. También puede leer *Looking Out* en nuestro sitio Web www.lsnj.org/espanol/selfhelp.htm.

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Si se muda, envíenos su nueva dirección y una copia de la etiqueta pegada al ultimo ejemplar de *Looking Out*.

Comentarios

Si tiene alguna sugerencia o comentario con respecto a *Looking Out*, nos gustaría oírlo. Envíe toda correspondencia a:

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Este boletín de noticias es sólo una información general. Si tiene un problema jurídico, usted debería ver a un abogado.

Una parte del costo de esta publicación se cubrió con la ayuda proporcionada por el fondo IOLTA del colegio de abogados de Nueva Jersey.

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- **Los requisitos para participar en el Medicaid/NJ FamilyCare:** Aunque usted tenga un seguro médico comercial (individual o de grupo) o el Medicare, podría cumplir con los requisitos para la participación en el programa caritativo. A menudo, estos tipos de seguro médico no cubren todos los gastos de su cuidado hospitalario. Pero si usted cumple con las exigencias de ingreso del Medicaid o NJ FamilyCare, no podrá recibir la ayuda caritativa. El hospital puede exigirle que primero solicite el Medicaid o el FamilyCare para mostrar que usted no cumple con los requisitos de ingreso a estos programas antes de que el hospital pueda concederle la ayuda caritativa.
- **Los requisitos financieros:** Tanto el monto de su ingreso como el valor de sus activos tienen que estar dentro de los límites impuestos por el programa para el cuidado caritativo. Primero, podrá recibir la cobertura amplia del programa para el 2009 si su ingreso anual bruto durante los 12 meses anteriores a su cuidado hospitalario no fue mayor al 200% del índice federal de pobreza, el cual es un total de \$21.660 dólares para una sola persona. Si su ingreso anual excede el 200% del mismo índice, pero no el 300%, o \$32.490, el programa pagará una parte de los servicios hospitalarios que recibió en el 2009. Si su familia es más grande—esto incluye, su cónyuge, cualquier hijo menor y adulto de quien es legalmente responsable y usted—el límite de ingreso es más alto. Por ejemplo, un solicitante con una familia de cuatro personas cumplirá

con los requisitos para recibir la cobertura completa si en el 2009 el ingreso anual conjunto fue menos de \$44.100. Y el solicitante todavía estará habilitado para recibir una cobertura parcial para una familia de cuatro personas con un ingreso mayor a los \$44.100, si el ingreso no excede los \$66.150.

Cada año, el límite de aceptación en el ingreso aumenta ligeramente, si le están cobrando por la atención médica recibida en el 2008, el índice de aceptación era menor (en el 2008, el 200% del índice de pobreza era de 20.800 dólares para una familia de una sola persona y 42.400 para cuatro).

Si cuando solicitó la ayuda del programa que brinda el cuidado caritativo, le dio al hospital una prueba de su ingreso por cada uno de los 12 meses antes de que recibiera la atención médica, el hospital tiene que calcular su ingreso anual de tres formas diferentes. El hospital entonces tiene que hacer el cálculo por el período en que su ingreso era más bajo para determinar si cumple con los requisitos. A continuación se presenta una descripción de las formas en la que el hospital tiene que determinar si reúne los requisitos financieros para recibir la ayuda del cuidado caritativo.

1. Usted puede entregar una prueba de su ingreso bruto durante cada uno de los 12 meses inmediatamente antes de haber recibido la atención médica y el hospital debe usar la suma de los 12 meses para calcular su ingreso anual.
2. Usted puede entregar una prueba de

su ingreso bruto durante los tres meses inmediatamente antes de haber recibido la atención médica y el hospital multiplicará la cantidad por cuatro para determinar su ingreso bruto anual; y

3. Usted también puede entregar una prueba de su ingreso bruto durante el mes inmediatamente antes de haber recibido la atención médica y el hospital multiplicará la cantidad por 12 para determinar su ingreso bruto anual.

Como puede ver, si su ingreso no fue el mismo durante cada uno de los 12 meses anteriores a la fecha en que usted recibió la asistencia médica, le conviene que el hospital calcule su ingreso usando uno de los métodos alternos. Por lo tanto, es muy importante entregarle al hospital pruebas de su ingreso para que ellos puedan tomar una decisión a su favor.

El valor de sus activos tiene que estar dentro de los límites de aceptación del programa. Los activos son artículos que



Los requisitos para ingresar al programa caritativo limitan la cantidad de activos que puede tener, pero, si tiene vivienda propia, el valor de la casa en la que usted vive no se contará.

pueden ser fácilmente convertidos en dinero efectivo o líquido. Estos incluyen cosas como las cuentas corrientes y de ahorros, los certificados de depósito (CD), las cuentas individuales para la jubilación (IRA), los fondos fiduciarios, y el valor adquirido en los bienes inmuebles que no sean su residencia primaria. Los requisitos para ingresar al programa caritativo limitan la cantidad de activos que puede tener, pero, si tiene vivienda propia, el valor de la casa en la que usted vive no se contará. El límite de activos para una persona es de \$7.500 y los de una familia no pueden haber sido mayores a los \$15.000 durante la fecha en que se recibió la atención médica. Para cumplir con los requisitos, usted debe presentar el extracto de un banco o de otra institución financiera mostrando la cantidad de los activos que posee. Si no tiene activos, debe presentarle al hospital una declaración firmada, explicando que no tiene ningún activo.

¿Y si gano demasiado dinero?

Si su ingreso anual bruto es superior al 200% del índice de pobreza, pero no excede el 300%, el programa caritativo pagará hasta un 80% de la cuenta total basado en un sistema de precios reducidos según el ingreso. La descripción de este sistema se encuentra en el folleto *New Jersey Hospital Care Payment Assistance Fact Sheet* (del Departamento Estatal de Salud Pública y de Servicios para las Personas Mayores). www.state.nj.us/health/cc/documents/ccfactsh.pdf.

Además, si sus gastos médicos son superiores al 30% del ingreso anual de su familia, la cantidad por encima del

30% será pagada enteramente por el programa.

En Nueva Jersey también hay un programa especial para niños que tienen cuentas médicas muy grandes y que el seguro no paga. Para obtener información vea el fondo de Nueva Jersey para el tratamiento de las Enfermedades Catastróficas en el Menor, (*New Jersey's Catastrophic Illness in Children's Fund*) (del Departamento Estatal para los Servicios Humanos) o llame al 1-800-335-FUND (3863). www.state.nj.us/humanservices/cicrf/home/index.html.

Si su ingreso está dentro del límite requerido para la admisión al programa que brinda el cuidado caritativo pero sus activos son demasiado altos (\$7.500 dólares para una persona; \$15.000 para una familia), puede bajar el monto de los activos, pagando una cuenta de servicios hospitalarios hasta que sus activos queden por debajo del límite establecido por el programa. Esto tal vez le permita que usted pueda recibir una cobertura que pague el resto de la cuenta que debe.

¿Cuánto va a cobrar el hospital si mi ingreso anual es más del 200% del índice de pobreza?

En febrero de 2009, en Nueva Jersey una ley entró en efecto exigiendo que los hospitales no les cobren a los pacientes que no tienen seguro más del 15% de lo que el Medicare le paga al hospital por el mismo procedimiento. Si su ingreso está por encima del 200% del índice de pobreza, la cuenta hospitalaria no puede ser superior al 15% de la tarifa acordada con el Medicare. La lista de los precios por la

asistencia médica se encuentra en el internet al cotejar los códigos del CPT (*Current Procedural Technology, 4th Edition*) con las tarifas para todo proveedor de servicios, *All Fee-For-Service Providers* (publicado por el Departamento de la Salud Pública y los Servicios Humanos). www.cms.hhs.gov/center/provider.asp.

Aunque el ingreso máximo aceptado por el programa del cuidado caritativo sea el 300% del índice de pobreza, esta misma ley exige que el Departamento Estatal de la Salud Pública y de Servicios para las Personas Mayores cree un sistema de precios reducidos basado en el ingreso al 500% de dicho índice para cubrir el porcentaje de la cuenta que un paciente no asegurado debe pagar. Sin embargo, el estado aún no ha establecido ningún sistema de precios reducidos (en el 2009, el 500% de la pobreza es de 54,150 dólares para una sola persona). www.state.nj.us/health.

¿Cuándo y dónde hago la solicitud?

Usted tiene que solicitar al programa que brinda el cuidado caritativo en el hospital donde recibió la atención médica. Cuando hace la solicitud, el hospital puede aceptar la determinación hecha por otro hospital de brindarle ayuda caritativa, pero esto no es automático y el hospital no tiene que aceptar la determinación hecha por otro hospital. Usted puede solicitar la ayuda del programa del cuidado caritativo en la oficina administrativa o de facturación del hospital.

Usted puede presentar una solicitud para ingresar en el programa del cuidado caritativo hasta un año después de la fecha en que fue dado de alta del hospital o un año a partir de la fecha

cuando recibió la atención hospitalaria por consulta externa. El hospital podría aceptar la solicitud antes que se cumplan dos años de dichas fechas, pero no tiene la obligación de aceptarla pasado un año. Por eso es muy importante que después de recibir la asistencia médica, solicite la ayuda brindada por el programa para el cuidado caritativo cuanto antes.

¿Si mi ingreso es bajo, tiene que darme el hospital la asistencia brindada por el programa para el cuidado caritativo?

Si el hospital cree que usted puede recibir la ayuda de otro programa de beneficencia pública para pagar por su cuenta de hospital, como el Medicaid o el NJ FamilyCare, el hospital le pedirá que solicite tal asistencia. Si usted no presenta la solicitud ante el otro programa antes de que se cumplan tres meses, el hospital puede enviarle una cuenta de cobro por el costo de la atención médica. Pero si el hospital no le informa que usted puede solicitar al programa caritativo o no le

pide que solicite el Medicaid o NJ FamilyCare, el hospital tiene que cancelar la cuenta como una cortesía y no puede cobrarle a usted.

Información adicional

Para obtener más información sobre los requisitos para recibir la asistencia del Programa en Nueva Jersey que brinda el cuidado caritativo, por favor vea el folleto, “El programa que brinda la ayuda caritativa: Las respuestas acerca de la ayuda caritativa en Nueva Jersey”. (Estamos revisando este manual. Muy pronto tendremos disponible una nueva edición). Si le han negado el cuidado caritativo o le gustaría recibir ayuda jurídica porque le están cobrando por algún servicio médico, por favor póngase en contacto con la oficina regional de los Servicios Legales o llame a LSNJ-LAW, marcando el 1-888-LSNJ-LAW (1-888-576-5529). La línea telefónica funciona de lunes a viernes de las 8 de la mañana hasta las 5:30 de la tarde.

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