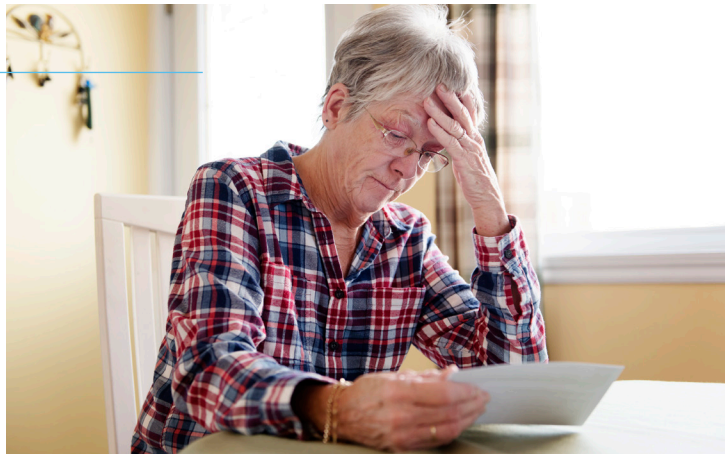
CareAegis

Medical Debt Reduction & Financial Stabilization



Resident Profile

Name: Jane M.
Age: 68
Housing: Program-assisted housing
Supports: Manages utilities for former home; mild short-term memory issues
Coverage: Medicare + Medicaid (Dual Eligible), QMB status; SNAP active
Primary Barriers: Confusion around bills, limited financial organization capacity

Presenting Issue

Jane sought ongoing help with bill paying and money management. During this support, the Service Coordinator discovered over $2,256 in medical bills from a recent hospitalization. Jane's limited income and difficulty organizing paperwork created high risk for medical debt and utilities shutoff.

Service Coordinator Intervention

With consent, the Service Coordinator:

- Contacted the County Department of Jobs and Family Services (DJFS) to review eligibility for Medicaid coverage of outstanding bills.
- Organized six separate medical statements (ED, inpatient, radiology, anesthesia, labs).
- Submitted bills and supporting documents for Medicaid review and reprocessing.
- Educated Jane on safe bill-pay practices, scam avoidance, and managing anxiety triggered by missing statements.
- Assisted with credit card concerns, including requesting late-fee waivers and ensuring statements could be accessed reliably.

Outcome & Financial Impact

- Medicaid approved coverage for approximately $2,170, reducing Jane's responsibility to less than $86.
- A $15 late fee on her credit card was waived.
- Jane expressed relief and greater confidence, reporting reduced anxiety around bills.
- CareAxis documentation reflects case management intensity = monthly with next review scheduled.

Case Significance

Jane's case demonstrates how essential service coordination is for residents navigating complex insurance and bill systems, particularly those with memory challenges. Effective advocacy prevented medical debt, stabilized her finances, and significantly reduced stress — ultimately promoting long-term housing stability.

Service Plan Summary

Identified Need: Medical debt relief; financial organization support; improved bill-pay structure.
Goals: 45 days: Reduce out-of-pocket medical debt.; 60 days: Establish functional bill-pay system (binder, calendar, autopay where appropriate).

Key Interventions:

- Sort bills by provider and date; obtain MSNs/EOBs.
- Submit outstanding bills to DJFS/Medicaid.
- Create monthly budget and bill checklist.
- Arrange monthly brief check-ins for accountability.
- Support statement access (mail + optional email).

Follow-Up:

Confirm receipt of next statements and review budget in next scheduled meeting.