Dan Ruben
Executive Director
Equal Justice America
Building II, Suite 204
13540 East Boundary Road
Midlothian, VA 23112

Dear Mr. Ruben:

I am writing to thank Equal Justice America for funding my summer internship in the Elder, Health and Disability Unit at Greater Boston Legal Services (GBLS), and to share a story that highlights my summer experience. While at GBLS, I served thirteen low-income clients who had either been denied or terminated from Medicare, Medicaid, or disability benefits. I was able to interview eight of these clients and close three cases. I helped one client receive prior authorization for a prescription drug not on her Medicare Part D prescription drug plan's formulary, saving her roughly \$6,000 over the next six months. After substantial digging (the case had been open for over a year), I discovered that another client's \$1,000 ambulance bill had been written off, and was able to withdraw her appeal from the Office of Medicare Hearings and Appeals. I also had the opportunity to: 1) write a memorandum to the Social Security Administration Appeals Council, appealing an unfavorable decision regarding a client's Supplemental Security Income (SSI) benefits; 2) file an appeal with a client's health maintenance organization (HMO) for denial of payment; 3) assist a homeless client with applying for Massachusetts disability benefits and SSI/Social Security Disability Insurance; and 4) gather medical evidence for two administrative law judge hearings.

All of my work with low-income clients was rewarding, but one case particularly stands out. Patricia (alias) was enrolled in a Medicare Supplement plan (Medigap), in which Medicare pays eighty percent of medical costs and the supplement plan pays the remaining twenty percent. In 2011, she was informed by her health plan that, beginning in 2012, they would no longer offer Medigap coverage. Patricia tried to obtain Medigap insurance with another health plan, but the health plan mistakenly put her in an HMO. Between January and March, Patricia received several medical services that were initially billed to her HMO. In April, the Centers for Medicare & Medicaid Services (CMS) were able to retroactively disenroll Patricia from the HMO and put her in a supplement plan as she had originally requested. As a result, Medicare and the supplement plan were responsible for paying her medical expenses between January and March, not the HMO. Patricia instructed the hospitals she had visited during January, February, and March to bill Medicare for these services. However, over the next year, the hospitals repeatedly billed the improper entity. They either continued to bill the HMO or they billed the supplement plan without billing Medicare first. As a result, Patricia owed over \$5,000 in medical bills. A particularly large bill was sent to a collection agency.

After a number of phone calls, I was able to clear up the confusion with two of the hospitals and they rebilled Medicare. However, the collection agency was a different story. They refused to rebill

Medicare because they claimed the bill was too old—even though it was the hospital's fault for not billing it correctly in the first place. Since the bill was "too old," the collection agency refused to rebill Medicare unless they had confirmation from Medicare that they would accept the bill. However, over the course of several days and numerous phone calls later, I was finally able to persuade the collection agency to rebill Medicare, and relieve Patricia of responsibility for these medical bills.

Overall, I had a very worthwhile and rewarding summer experience at GBLS. In fact, I will be volunteering 10-15 hours per week in the Elder, Health and Disability Unit during the fall semester. I hope to continue to do meaningful work and make an impact on my clients' lives. Thank you for making such a positive experience possible through your funding.

Yours truly,

Kathryn Geyitz

Boston University School of Law

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JD Candidate 2015



September 6, 2013

Dan Ruben Executive Director Equal Justice America

Re: Summer Fellowship of Kathryn Gevitz

Dear Mr. Ruben:

Kathryn Gevitz interned in the Elder, Health, & Disability Unit at Greater Boston Legal Services from May 28, 2013 through August 9, 2013. She worked on a range of health care access issues including MassHealth eligibility, Medicare coverage of prescription medications and ambulance transportation, sources of coverage for outstanding medical bills, and coverage by Medicare managed care plans. Her work in these areas included interviewing clients, factual investigation, evidence gathering, research, legal analysis, and negotiation. She also assisted in the representation of clients in administrative proceedings before the Social Security Administration concerning disability benefits, interviewing clients and helping prepare cases for hearings. She did an excellent job of researching and drafting an appeal for a client who was mistakenly enrolled in a Medicare managed care plan, given erroneous information as to participating providers, and then denied coverage for her medical bills.

Ms. Gevitz's performance was outstanding. Her work was thorough, complete and professionally competent. She worked well on her own, knew when to ask for guidance, followed directions and exhibited good judgment. A number of the case she worked on required obtaining information and documentation from reluctant or uncooperative sources. She was remarkably persistent and successful in obtaining this information.

It was a pleasure to supervise Kathryn. She showed responsibility from the moment that she was assigned cases. She worked hard on her cases and she established excellent rapport with her clients. Her work at GBLS this past summer was invaluable to the Elder, Health & Disability Unit and to our clients. Her presence enabled us to serve clients who would have otherwise gone unrepresented, increasing access to health care and subsistence benefits for these individuals. We truly appreciate the funding from Equal Justice America that made her internship possible.

Senior Attorney