Name of Policy:	Medicare Questionnaire
Policy Number:	3364-100-05-05
Department:	Hospital Administration
Approving Officer:	Chief Executive Officer - UTMC
Responsible Agent:	Chief Financial Officer - UTMC
Scope:	The University of Toledo Medical Center

UT HEALTH
THE UNIVERSITY OF TOLEDO

Effective 6/1/2017
Initial Effective Date: July 1, 1988

_____ New policy proposal
_____ Major revision of existing policy
__X__ Minor/technical revision of existing policy
_____ Reaffirmation of existing policy

(A) Policy Statement

All patients at the University of Toledo Medical Center (inpatients, outpatients, and emergency department) who have Medicare or Medicare Replacement Plan coverage for health care shall be queried to determine if another insurance shall be listed as primary.

(B) Purpose of Policy

The purpose of this policy is to assure that the proper insurance is billed (in compliance with the rules and regulations set forth by the Health Care Finance Administration) for all patients who have Medicare coverage.

(C) Procedure

1. All Medicare patients will have a Medicare Secondary Payor (MSP) Questionnaire completed.

    a. It shall be the responsibility of the person who completes the registration to also complete the MSP Questionnaire, every time a Medicare patient registers. The exception is for those recurring patients whose MSP must be completed every thirty days (i.e. physical therapy, speech therapy, dialysis etc.).

    b. Recurring Billing: Patients who are on a recurring billing status shall complete a MSP Questionnaire once a month. It shall be the responsibility of the Admitting employee who performs the first visit check in each month to complete the questionnaire.

    c. It will be completed for every visit, regardless if same day.

2. In the event a patient enters the hospital in a state unfit to complete the MSP Questionnaire, the MSP Questionnaire is completed by Patient Access or Financial Counseling prior to the patient being discharged.

3. All completed MSP Questionnaires are maintained electronically in UT Health's ADT system(s).

Approved by:

21 Aug 2017

Daniel Barbee, ~~RN~~, BSN, MBA — Date
Chief Executive Officer - UTMC

Review/Revision Completed By:
HAS
Access
Patient Financial Services

Review/Revision Date:

10/11/89	3/13/2008
6/10/91	6/21/2011
10/19/93	6/1/2014
9/24/96	6/1/2017
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7/9/99	
5/8/02	
6/5/05	

Next Review Date: 6/1/2020

Policies Superseded by This Policy: 7-05-05 - Medicare Questionnaire