


<b>Name of Policy:</b> Medicare Questionnaire  <b>Policy Number:</b> 3364-100-05-05  <b>Approving Officer:</b> Chief Executive Officer, Chief of Staff  <b>Responsible Agent:</b> Chief Financial Officer, Administrative Director, Patient Access Operations  <b>Scope:</b> University of Toledo Medical Center		  <b>Effective date:</b>  <b>Original effective date:</b> 7/1/1988	
Key words: Medicare, Questionnaire, Insurance, Secondary Payor, Billing			
<input type="checkbox"/>	New policy proposal	<input checked="" type="checkbox"/>	Minor/technical revision of existing policy
<input type="checkbox"/>	Major revision of existing policy	<input type="checkbox"/>	Reaffirmation of existing policy

(A) Policy statement

All patients at the University of Toledo Medical Center (inpatients, outpatients, and emergency department) who have **Traditional 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~~ **each separate patient encounter, except Recurring Outpatient Services need only be completed every 90 days.**
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~~ **the patient's POA or representative** prior to the patient being discharged.

3. All completed MSP Questionnaires are maintained electronically in the patient's medical record. ~~UT Health's ADT system(s).~~

<p>Approved by:</p>  <hr/> <p>Dan Barbee Chief Executive Officer Title</p>  <hr/> <p>Date</p>  <hr/> <p>Puneet Sindhwani, MD Chief of Staff</p>  <hr/> <p>Date</p>  <p><i>Review/Revision Completed by: Chief Financial Officer, Administrative Director, Patient Access Operations</i></p>	<p><b>Policies Superseded by This Policy:</b></p> <ul style="list-style-type: none"><li>• 7-05-05</li></ul> <p>Initial effective date: 7/1/1988</p> <p>Review/Revision Date:</p> <p>10/11/89 6/10/91 10/19/93 9/24/96 2/22/99 7/9/99 5/8/02 6/5/05 3/13/2008 6/21/2011 6/1/2014 6/1/2017 05/01/2020 5/1/2024</p> <p>Next review date:</p>
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