Name of Policy:	Medicare Questionnaire	
Policy Number:	3364-100-05-05	THE UNIVERSITY OF TOLEDO MEDICAL CENTER
Department:	Hospital Administration	•
Approving Officer:	Chief Executive Officer - UTMC	
Responsible Agent:	Chief Financial Officer - UTMC	Effective 05/01/2020
Scope:	The University of Toledo Medical Center	Initial Effective Date: July 1, 1988
New policy proposal Minor/technical r Major revision of existing policy X Reaffirmation of		revision of existing policy 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:		Review/Revision Date:	
/s/ Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer - UTMC  Review/Revision Completed By:	04/14/2020 Date	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
HAS Access Patient Financial Services		Next Review Date:	05/01/2021