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ADDRESSING MEDICAL DEBT

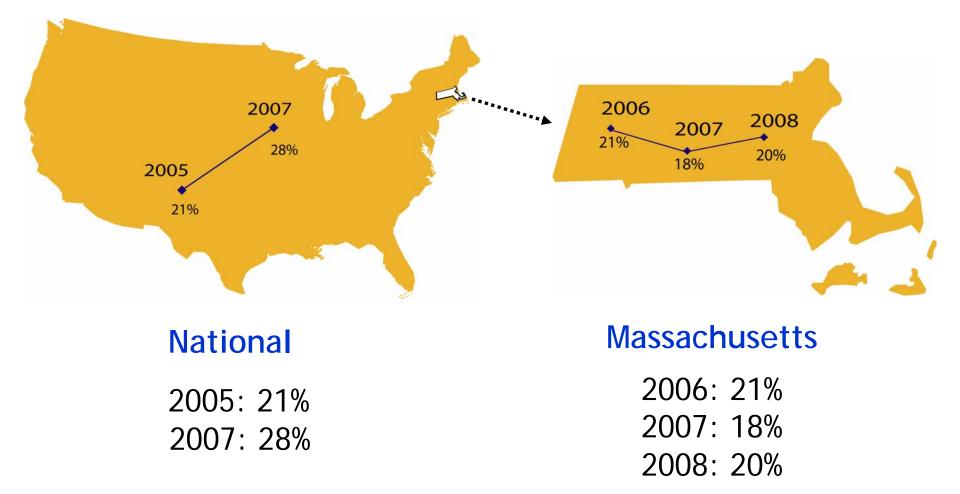
Developing Best Practices for Providers & Patients

June 18, 2009

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Medical Debt Trend Lines Comparison of National and Massachusetts



Consequences of Medical

Deptial

- Credit problems
 Housing problems
 Difficulty affording other necessities
- Psychological
 - □ Depression
 - □ Stress
 - □ Anxiety

Health Access Delayed care Discontinued care

□ Unfilled Rx's

Employment

- Change jobs to get better benefits
- □ Job loss
- More expensive premiums, worse coverage

Credit Reports

- Medical providers rarely report payment information to the credit bureaus
 - Experian: Only .07% of their data is reported directly by hospitals, doctors or medical providers
 - TransUnion: Medical debts are not typically reported unless they become delinquent and are assigned to collections.

Creditcards.com February 2008

Collection Agencies Used By Providers Report Accounts to Credit Bureaus

- Majority of non-credit related bills in collection are associated with medical bills 52%
- Bills in collection considered to be a type of major derogatory
- Such bills have an important effect on consumer's ability to obtain credit or on the price of credit

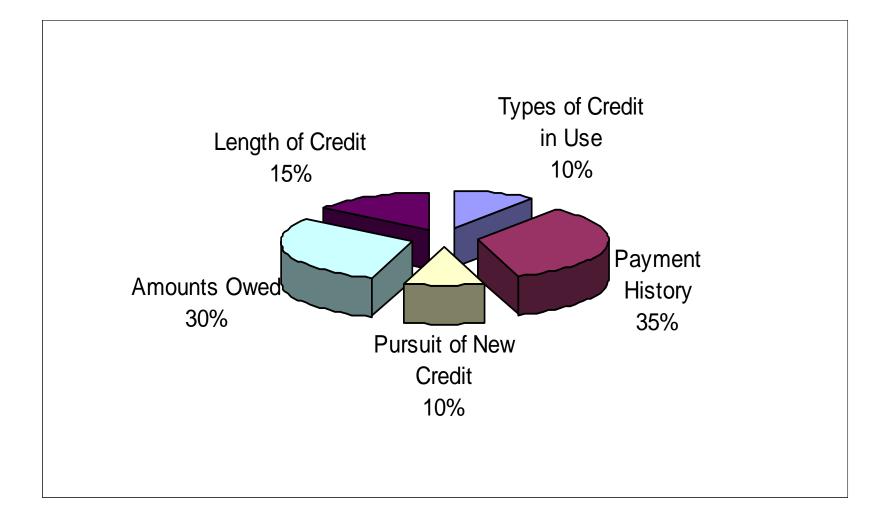
An Overview of Consumer Data and Credit Reporting Federal Reserve Bulletin 2003

Credit Reporting

Credit Report Accuracy & Access to Credit Federal Reserve Bulletin 2004

- Credit evaluators express concerns about appropriateness of using medical collection items in evaluating credit since they are:
 - □ More likely to be in dispute
 - Inconsistently reported
 - Of questionable value in predicting future payment performance

Calculation of Credit Scores



Sample Credit Report

Accounts Number: Account Owner: Original Amount Owned: Date of 1 st Delinquency: Balance Date: Balance Owned: Last Payment Date : Status Date:

| Individual Account. | |
|---------------------|--|
| \$425 | |
| 11/2004 | |

01/2008 d: \$426 Date: N/A 01/2008 D - Unpaid Medical

HOSPITAL BILLING & COLL SE Agency Address:

Status:

Comments:

Date Reported: Date Assigned: Creditor Classification: Creditor Name: Account Number: Account Owner: Original Amount Owned: Date of 1 st Delinquency: Balance Date: Balance Date: Balance Owned: Last Payment Date : Status Date: Status: Comments:

STERN AND ASSOCIATES

Agency Address:

Date Reported: Date Assigned: Creditor Classification: Creditor Name: Accounts Number: Account Owner:

New Castle, DE 197202727 (302) 323-7000 01/2008 07/2005 Medical/Health Care **IOSPITAL** 1. N. S. aide" Individual Account. \$495 11/2004 01/2008 \$495 N/A 01/2008 D - Unpaid

Medical GREENSBORO, NC 27401 (336) 272-0800 12/2007 11/2007 Medical/Health Care MEDICAL

HOXXXX

Individual Account.

Original Amount Owned: Date of 1 st Delinquency: Balance Date: Balance Owned: Last Payment Date : Status Date: Status: Comments: STERN AND ASSOCIATES

Agency Address:

Date Reported: Date Assigned: Creditor Classification: Creditor Name: Accounts Number: Account Owner: Original Amount Owned: Date of 1 st Delinquency: Balance Date: Balance Owned: Last Payment Date : Status Date: Status: Comments;

STERN AND ASSOCIATES

Agency Address:

Date Reported; Date Assigned; Creditor Classification; Creditor Name; Accounts Number; Account Owner; Original Amount Owned; Date of 1 st Delinquency;

| \$25 | |
|------------|--|
| 06/2006 | |
| 12/2007 | |
| \$25 | |
| N/A | |
| 12/2007 | |
| D - Unpaid | |
| Medical | |
| · . | |
| | |
| | |

GREENSBORO, NC 27401 (336) 272-0800 12/2007 11/2007 3. andari katika Medical/Health Care MEDICAL Individual Account. \$149 3.80 07/2006 12/2007 \$149 N/A 12/2007

D - Unpaid Medical

GREENSBORO, NC 27401 (336) 272-0800 10/2007 08/2007 Medical/Health Care

MEDICAL

\$93 03/2006 Balance Date: Balance Owned: Last Payment Date : Status Date: Status:

Comments:

- YERM AND ASSOCIATES Agency Address:

Date Reported: Date Assigned: Creditor Classification: Creditor Name: Account Number; Account Owner: Original Amount Owned: Date of 1 st Delinquency: Balance Date: Balance Owned: Last Payment Date : Status Date; Status: Comments:

Agency Address:

Date Reported: Date Assigned: Creditor Classification: Creditor Name: Accounts Number: Account Swinber: Original Amount Owned: Date of 1 st Delinguency;

Date of 1 st Delinquency: Balance Date: Balance Owned:

N/A 10/2007 D - Unpaid Medical GREENSBORO, NC 27401 (336) 272-0800 10/2007 08/2007 Medicat/Health Care MEDICAU Individual Account \$28 02/2006 10/2007 \$28 N/A 10/2007 D - Unpaid Medical

10/2007

\$93

GREENSBORÓ, NC 27401 (336) 272-0800

08/2006 05/2006

Medical/Health Care



MEDICAL

Individual Account.

\$61 10/2004

08/2006

\$61

Policy Recommendations

- Massachusetts non-profit hospitals abide by Attorney General's Community Benefit Guidelines on Hospital Debt Collection Practices
 - Qualify patients for public programs & charity care
 - Reasonable payment plans
 - Refrain from reporting to credit bureaus/consumer reporting agencies
 - If reported, remove items from report once debt is paid in full
- Urge other healthcare providers and their agents to refrain from reporting medical debt to credit bureaus