

Southeastern Summit Charleston, SC February 18–21, 2020

### Inside this Issue:

Retool Financial Strategies to Build Efficiency and Revenue
Costs of Data Breaches Growing Across Health Care Industry
Medical Debt Credit Reporting Check Up



Palmetto State News is the official publication of the South Carolina Chapter of the Healthcare Financial Management Association. Opinions expressed here are those of the author and do not reflect the views of HFMA or the South Carolina Chapter.

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#### **Our Vision**

The South Carolina Chapter of the Healthcare Financial Management Association will continue to be the leading professional resource for individuals seeking excellence in the area of financial management of integrated health systems and other healthcare organizations.



#### Save the Date

Region 5 Southeastern Summit
February 18-21, 2020
Belmond Charleston Place
Charleston, SC

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In case you missed it... [summary from Fall Institute]

Medical Debt Credit Reporting Checkup

SC HFMA Milestone Anniversaries

### 2019-2020 Sponsors

We would like to thank and recognize the following sponsors for their participation in our chapter:

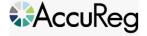
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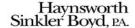
















# A Message from the Chapter President



Dear SCHFMA Members,

The new year is upon us and excitement is in the air with all of the new and wonderful educational and networking opportunities for you! You are definitely going to want to participate in these upcoming events.

We host our annual awards banquet this week and I'm super excited that we have 52 CRCA graduates receiving their certification this year, along with several CRCR and CHFP recipients! One of the membership highlights is the free HFMA certification programs. Certification validates your expertise and demonstrates your commitment to the profession.

The annual SCHFMA Awards Banquet is Friday, January 17<sup>th</sup> at the SC Hospital Association. Join us as we celebrate the newly certified professionals and take advantage of some education sessions.

Next, I invite you to join the event of the decade in Charleston. The first ever Region 5 Southeastern Summit (includes members from across the southeast). We are thrilled to be hosting this inaugural institute. The agenda and list of world-class speakers are phenomenal. It starts February 18th at the Belmond Charleston Place. There's limited time left to register for early bird pricing (main registration is open through the event.)

We will end the chapter year with the Annual Institute in Myrtle Beach. This legendary event is an SCHFMA tradition and creates connections that run deep personally as well as professionally.

Please be sure to check out the latest SCHFMA newsletter. We appreciate your input and I know you'll enjoy the variety of industry news, member accomplishments and photos!

All my best, Michael Jebaily



Do you have an article or information that you'd like to see in an upcoming newsletter?

Please reach out to a member of the Communications Committee.

We'd love to hear from you. Send an email to: mgstutz@lexhealth.org



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### Communications Committee



#### Melissa Stutz [Committee Chair]

Wishing everyone a happy and prosperous New Year. I'm looking forward to all the great things that the chapter will accomplish in 2020! And as always, we would love to get your feedback regarding the newsletter.

#### Sandi Owen [social media]

I'm thankful for the many volunteer opportunities available in our HFMA chapter! Working with social media, helping with events, and contributing to the newsletter has allowed me to meet some wonderful people and make great new friends! I hope to help provide interesting and fun coverage of our chapter's events and opportunities. 2019-2020 is going to be jam-packed with SES in Charleston along with all our annual events!





#### **Tammy Perian**

I feel lucky to have found such a wonderful organization! Everyone is dedicated to improving our industry at all levels. The educational opportunities are outstanding and our leaders are right there in the trenches with us, experiencing the ups and downs of healthcare finance. I look forward to bringing my 20 years of healthcare insight to a growing family of support and education. I know I will have a lot of fun meeting new friends at all the events planned this year. I will see you in the trenches!

#### **Robert Taylor**

Serving on the board of the South Carolina HFMA has been one of the most rewarding accomplishments of my career. We are like minded professionals who stand ready to serve our industry and our communities. Through our various educational programs we've seen growth in our organization like never before and I'm excited to see what the future holds for us in the great state of South Carolina.



NEWSLETTER TITLE Page 9

# Did You Know?

### John Yeager is celebrating over 40 years with HFMA

Here are some interesting facts from John Yeager.

My professional career started in Public Accounting with a small firm and afforded me the opportunity and exposure to diversify into all areas of accounting. This opened the door for my entry into healthcare finance. I joined Blue Cross in 1976 as a Medicare Auditor, where I met Gary Gould (recently passed) whom I worked with for 20 years, motivated me to join HFMA. In 1979 I joined the accounting team of Wheeling Hospital and elevated to the position of Associate Administrator and CFO in charge of several clinical departments and finance. I was a strong proponent of finance working closely with clinical departments in an effort to promote an understand and respect for each other's issues and responsibilities. My last position at Wheeling Hospital was CEO of a system hospital under our management.

With a comprehensive knowledge of hospitals and provider practices, I still lacked a complete understanding of the Payer side of the healthcare business and closed that loop in 1976 when I joined the Health Plan of the Upper Ohio Valley as their VP CFO. In 2004 I joined Tom Jones, CEO of WVUHS, and former Associate Administrator of Wheeling Hospital, as VP CFO for the West Virginia United Health System which included 6 hospital. At this level, I had 6 CFO's reporting to me, providing the opportunity to utilize my mentoring skills and clinical knowledge from previous positions. I'm a strong believer in the CFO's evolution partnering with clinical staff to provide a better understanding of each others role. This increases the CFO's involvement in all aspects of the Revenue Cycle and the ability to focus on areas for improving quality outcomes and reimbursement. Finally, in semi-retirement, I accepted the opportunity to serve as the interim CFO at the University of Louisville Medical Center.

Today, Connie and I enjoy retirement in Bluffton, SC taking advantage of Old Town Bluffton and it's quant restaurants, wine and art festivals. We enjoy frequenting Hilton Head Island, only 20 minutes away from our home, taking advantage of our beaches and outstanding restaurants. Connie enjoys biking and gardening while I play 18 holes of golf.

Life has been good, especially when you contribute to the health care profession as we make life better for all. I would also like to take the opportunity to express my appreciation to the working relationships that impacted and contributed to my success.

Education: MBA Certification: CPA

Executive Program in Health Care Financial Management HFMA Awards: William G. Follmer Merit Award-1985

Reeves Silver Merit Award-1990 Muncie Gold Merit Award-1998 Founders Medal of Honor-2001

HFMA Activity: Treasurer, Board of Directors, Various Com-

mittee's and Speaker at multiple meetings



# Did You Know?

#### Doyle Williams is also celebrating over 40 years with HFMA

Here are some interesting facts from Doyle F. Williams.

I was born in Fork Shoals, lower Greenville
County, SC. Part of Textile Heritage. Attended
Ellen Woodside High School; North Greenville
College/University and USC Columbia. US Navy
Veteran. Obtained a BSBA in Accounting and
licensed CPA in North and South Carolina. Former employment: SD Leidesdorf & Co/Ernst &
Young 10 years in Greenville and Charlotte.
Coopers & Lybrand for 6 years in Charlotte. My
firm: Carolinas Strategic Health Services Corporation 32 years, Charlotte NC. Married 52
years, two children, three grandchildren. Although retired, still consult on regulatory
matters occasionally. CON consultant.

Great history with SCHFMA over the 43 years. Had the pleasure to work with great leaders and own a lot of Shelton Award cups, etc., and Founders Awards. Wrote speeches for President Bob Armistead in 1973, my first year in SC HFMA. Epitaph for the many years: We worked hard and enjoyed our collegial relationship.



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#### Retool Financial Strategies to Build Efficiency and Revenue

#### Brad Skelton, HFMI Regional Manager

Wasteful processes that contribute to rising costs further darken the picture for hospitals already pressured by challenging patient volumes with high insurance deductibles. Re-evaluating financial strategies for ways to cut waste and streamline processes helps offset compressed margins and reduced reimbursement rates.

To ease their bottom lines in the face of these harsh realities, health system executives must cut waste in their organizations in an effective, efficient manner. Where can they look?

Labor may seem like a reasonable target since

it is responsible for 50% of hospitals' total operating costs, according to a 2017 Deloitte survey. However, having faced nurse and physician shortages, reducing labor is not a viable cost-cutting strategy since it risks quality care and positive outcomes.

Therefore, leaders must proactively seek other areas to eliminate wasteful processes. One of the most important areas is financial.

#### Rethinking revenue cycle management

Magnolia Regional Health Center (MRHC), a multispecialty hospital in Corinth, Mississippi, began using Lean principles to drive out inefficiencies in revenue cycle management (RCM) in 2016. According to Donne Henry, MRHC vice president of revenue cycle, the move has delivered meaningful savings without reducing fulltime employees.

MRHC has brought in some automated services offered by third-party vendors, but the majority of the organization's operations are still run in-house. The greatest gain, according to Henry, was the reduction in accounts receivable days from 58 to 46. "Our collections got better, our cash on hand got better, and our coding got better," she says. Other gains include:

Cash-on-hand grew from 85 to 99 days by the end of 2019

Total profit margin percentage jump from -7.8% to 3.4% in 2018

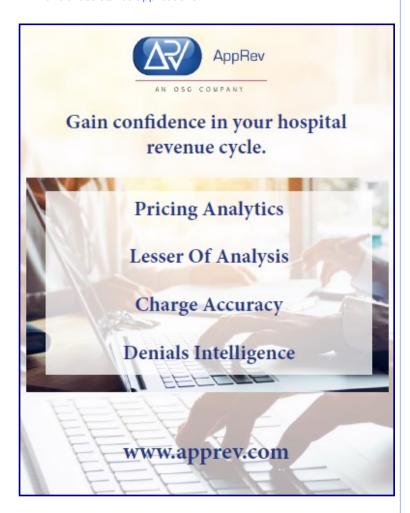
Debt service coverage increased from 1.2% to 2.1% in 2018 Debt-to-capitalization ratio rose from 114.1% to 127.7% in 2018.

#### Pay at or before check-in

A large portion of waste, Henry realized, could be eliminated at registration areas with more "patient-centric" processes. Having one person responsible for MRHC's manual patient insurance verification process caused massive inefficiencies in the organization's system.

Henry knew that in order to collect payments prior to arrival, or on arrival for those who prefer to pay in person, eliminating wait time would be essential. Therefore, the goal was to get patients to the test area and bypass the wait to complete paperwork and demographics.

MRHC classifies patients into three preregistration categories that front desk clerks verify at registration: patients who paid within payment plans, those who pay upon arrival, and those who are unable to pay. Patients who are unable to pay meet with clerks to obtain financial assistance applications.



#### PALMETTO STATE NEWS

Retool Financial Strategies to Build Efficiency and Revenue Continued below

To further preregistration and securing payment prior to an appointment, MRHC offered patients discounts ranging from 25% to 50% for preregistration. Together, these efforts drove the following improvements:

- Up-front collections increased from \$1 million in 2017 to \$1.2 million in 2018
- Wait times dropped from nine minutes in 2017 with nine full-time clerks working on this task, to four minutes in 2019 with five full-time clerks.

# Ready to take a look at streamlining your financial strategies?

- Consider the 80/20 rule: Identify the 20% of problems that cause 80% of issues, and focus on the 20% of activities that would account for 80% of returns.
- Automate manual processes that are taking a bite out of productivity and getting in the way of preregistration and collecting payment on or before arrival.

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### SC HFMA Welcomes New Members

Joined August through December 2019

#### **BUSINESSES**

#### Prisma Health

(added 125 new members)

#### **Bon Secours**

(added 11 new members)

#### Palmetto Health

(added 6 new members)

#### **Lexington Medical Center**

(added 2 new members)

#### **MUSC/USC**

(added 3 new members)

#### **Virtual Business Office Associates**

(added 2 new members)

#### **Cerner Corporation**

(added 1 new member)

#### **Alta Medical Management**

(added 1 new member)

#### AthenaHealth

(added 1 new member)

Abbeville Area Medical Center

Abbeville Area Medical Center

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**Deloitte & Touche LLP** 

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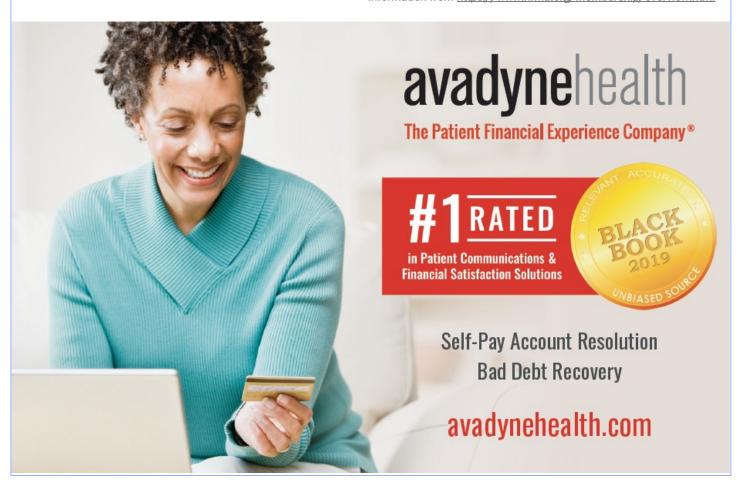
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#### **Benefits of Membership\***

Being a member of HFMA means joining a thriving community of industry professionals committed to their careers, their contacts, and their success! Here are the top reasons to join us:

- Be equipped to deal with whatever lies ahead with unlimited access to the most relevant healthcare finance information—customized and curated just for you!
- Collaborate and engage with a community of peers to help you both understand and influence the unending change taking place in our industry!
- Find what you need, when you need it! From professional certification to online education to regulatory analyses and so much more—all for one price!

\*information from https://www.hfma.org/membership/overview.html





January 17th, 2020

Winter Awards Banquet

February 18th—21st, 2020

2020 Southeastern Summit Charleston, SC

May 26th - 29th 2020

HFMA 2020 Annual Institute Myrtle Beach, SC



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#### PwC's Virtual Business Office



PwC's Virtual Business Office (VBO) is a 1,000-seat secure on shore center located in Columbia, South Carolina that acts as an extension of our clients' business offices. The VBO specializes in third-party A/R remediation for hospitals, medical groups, and other providers that assign unpaid claims for follow-up.

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To learn more, contact: Stephen Lutfy, FHFMA Managing Director stephen.g.lutfy@pwc.com (803) 753-5209



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# Costs of Data Breaches Growing Across Health Care Industry

Enforcement of data security practices and breach prevention is an increased focus at HHS.

The costs of data breaches in the health care industry are extensive for providers, insurance companies and business associate partners in the accounts receivable management industry.

"I've seen estimates of over \$5 billion in costs to the health care industry annually," Lisa Rivera, a partner at Bass, Berry and Sims who focuses on health care security, said in an article from *Healthcare Finance* titled "Healthcare's Number One Financial Issue is Cybersecurity."

After a data breach earlier this summer, the parent company for American Medical Collection Agency (AMCA), Retrieval-Masters Credit Bureau Inc., filed for Chapter 11 protection after a data breach leading to possible unauthorized access to consumers' personal, financial and medical information, ACA International previously reported.

AMCA, in a statement provided to ACA, said it continues to investigate the data incident resulting from an unauthorized user's access to the company's system that reportedly impacted millions of patient records.

The ongoing and extensive impact of the AMCA data breach and those impacting other industries is another sign that data breach prevention policies and procedures and cyberattack responses need to be airtight and reviewed on a regular basis.

"Every sector of business has attacks, but health care is experiencing the largest growth of cyberattacks because of the nature of its information," Rivera said in the *Healthcare Finance* article. "It's more valuable on the dark web."

Tim Dressen, ACA's
communications consultant,
reports in the August issue of
Collector magazine that the
number of enforcement actions
and their settlement amounts will likely
grow as the U.S. Department of Health
and Human Services (HHS) seeks
to penalize organizations that fail to
sufficiently protect patient data.

In 2018, the Office of Civil Rights at HHS settled 10 Health Insurance Portability and Accountability Act (HIPAA) cases and was granted summary judgment in another, Dressen reports. Together, these enforcement actions totaled \$28.7 million, surpassing the agency's previous record of \$23.5 million in 2016.

In the first half of this year, HHS was already investigating well over 100 reported HIPAA breaches affecting 500 or more people by health care providers and their business associates.



There are growing risks with protecting consumer, patient and client data, but ACA has resources to help mitigate those risks and stay on top of regulations and trends in health care collections.

Certified Instructors Leslie Bender, IFCCE, CCCO, CIPP/US, chief strategy officer and general counsel at BCA Financial Services Inc., and Michael O'Meara, president, The O'Meara Law Office PS, led the CORE Curriculum Seminar, Data Security and Privacy I, in September to provide tools necessary to implement effective policies and procedures.

The webinar included guidance on how to notify consumers in the event of a data breach and explore essential

### Costs of Data Breaches Growing Across Health Care Industry

#### Continued

safeguards and strategies to develop a Data Security Compliance Program.

In an interview with Dressen, Bender outlined why it is important to have a full understanding of where your sensitive data are stored and how it's transmitted.

"You may think you keep everything in your collection software, but do you really?" Bender asked. "Where are all the places in your organization where nonpublic information is allowed to reside? Is there any data stored in spreadsheets? Do employees have Notepad on their computers, where they may have copied and pasted information? Is there anything preventing them from sending nonpublic consumer data using email?"

There are all important questions to ask and the focus of ACA's CORE curriculum on data security and privacy.

In a separate webinar titled, CORE Curriculum: Healthcare Collection Management, certified Instructors Beth Conklin, account executive at State Collection Service Inc., and Irene Hoheusle, vice president of collections and education at Account Recovery Specialists Inc., discussed the difference between health care collections and other collection practices and specific strategies in self-pay and Medicare accounts.

Hoheusle also recently discussed tips to approach health care collections and training on ACA Cast. Meanwhile, more coverage on Protecting Health Care Data is also available in the August issue of *Collector* magazine.

ACA also recently updated SearchPoint™ documents on credit reporting and hospital collection practices for members.

Links of interest: Healthcare Finance News may be accessed at: www.healthcarefinancenews.com

Learn more about ACA's events and seminars at <a href="www.acainternational.org">www.acainternational.org</a> under the events tab (check out the Training Zone), while Collector magazine and ACA Cast may be accessed via the homepage.

Obtained from Pulse Oct 2019-Vol.35

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### Fall Institute—Greenville





















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# Meals on Wheels Fall Institute 2019 Service Project

Meals on Wheels of Greenville relies on community volunteers to deliver hot meals every weekday to more than 1,500 homebound individuals in Greenville County. These individuals have limited means to prepare a nutritious meal for themselves and little to no support during the day.

Average meals prepared daily: 1,239



To make sure that both owner and pet have the nutrition they need, Meals on Wheels of Greenville also delivers pet food once a month to more than 100 clients.



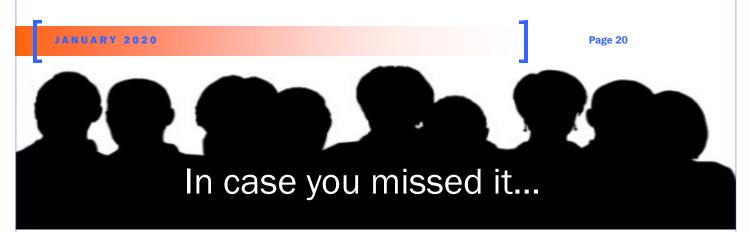


In addition to providing hot nutritious meals, Meals on Wheels also delivers over 200 frozen meals each week for those neighbors who need extra support over the weekend or when a caretaker is away.

Volunteers also serve as a link between the homebound clients and staff members who can connect clients with other community based services such as transportation, home health services, financial services, home repair, and handicap access modifications.



For more information on any of these services, visit their website at mealsonwheelsgreenville.org or contact them at 864-233-



#### 2019 Fall Institute in Greenville, South Carolina

Wednesday, October 23<sup>rd</sup>, approximately 160 healthcare finance, accounting, billing, collection, information technology and friends came together at the beautiful Westin Poinsett Hotel in the enjoyable downtown Greenville, South Carolina, for the 2019 Fall Institute, a multi-day high intensity education session.

Michael Jebaily, SC HFMA Chapter President, welcomed attendees early Wednesday afternoon. He briefly reviewed the meeting agenda, as well as sharing with the crowd news that chapter members had assembled many meals for the local Meals on Wheels chapter that morning. Jase Duftard, Chief Revenue Officer of AccuReg, spoke to the entire group about "Using Data to Predict the Future of the Revenue Cycle, including the impact of artificial intelligence on both clinical and financial issues and processes. Jase did a great job of explaining the meanings of machine learning, predictive modelling, classification and decision trees. He then talked about analytics, contrasting historical and actionable data. Attendees then split into concurrent sessions. Mark Spinner, CEO of AccessOne, spoke primarily to billing and collection staff re. "The Psychology of Choice in Patient Payment: Behavior Change in Consumers and Providers is Key." Brandt Jewell, Senior Vice President, Coker Group, spoke to other attendees about "Managing High-Performing Medical Groups." The afternoon then closed with the President's Welcome Reception there at the Westin. Rumor has it that the evening continued for several attendees at a wellearned retirement reception for former SC HFMA Chapter President Ronnie Hyatt.

Thursday began with a hearty breakfast, offering a great opportunity to network with other attendees. Always entertaining, **Day Egusquiza**, **President of AR Systems**, **Inc.**, opened Thursday's educational sessions by covering "Revenue Cycle Impacts of Disruption," spinning many interesting tales from Idaho and her role in the Patient Financial Navigator Foundation, Inc., as well as discussing generational differences in staff and leadership. Following the morning break, attendees again split into concurrent sessions. **Joshua Robinson**, **COO/Partner in Crossroads Health**, spoke about "Credit Balances and the Hidden Risks," while **Sharon Hatcher**, **Director at Parathon**, asked "Are Your Claims Submitted in Good Condition?" The Chapter then successfully tried out providing each registrant with \$25.00 to experience lunch out nearby in downtown Greenville.

Slides available on SC HFMA website

Principal at the Colburn Hill Group, addressed "How to Marry Robotics and Analytics to Generate Real Value," emphasizing the differences between descriptive analytics, predictive analytics and prescriptive analytics, and even introducing the old "Carnac The Magnificent" routine from Johnny Carson's Tonight Show. Other attendees heard Kyle, Pennington, Manager, and Jeff Norman, Senior Manager, Southwest Consulting Associates, covering "Worksheet S-10: Inaugural Year of Review

The afternoon kicked off with two concurrent sessions. Peter Angerhofer, Audits," and highlighting key areas of potential exposure and concern. Following the afternoon break (were those candy bars to tempt us really necessary?), attendees came back together to hear Chris Ellington, President, UNC Health Care Network Hospitals, asking "Will Your Strategy Support Your Organization in the Next Decade?" Chris shared UNC Healthcare's strategic plan and the process by which it was developed, in light of the seismic shifts healthcare is currently undergoing. Interestingly, UNC Healthcare has split its strategic approach into a "dual transformation," with improvements in its core functions on one hand and innovative capabilities in its new endeavors on the other. Thursday evening's function was a very enjoyable cocktail hour and dinner at Ink & Ivy, a nearby downtown Greenville location.

Winding the meeting up, Friday morning began with another delicious breakfast and then Casey Williams, Senior Vice President Patient Engagement at Rev Spring, discussing "The Impact of Financial Toxicity on Your Patients," noting that our financial interactions with patients should also "do no harm." Casey noted that "nearly 40% of the country says that paying for healthcare is more frightening than the illness itself," and proposed seven steps to assure less toxicity. Paul Ferwerda, Manager, Wilbanks Smith & Thomas Asset Management, presented "Five Steps for Making" Better Investment Decisions," quoting Einstein that "not everything that counts can be measured, and not everything that can be measured counts." Paul noted it's important to "know what you don't know," and described three types of bias: cognitive bias, regency bias and outcome bias, that often get in our way. His closing thought was challenging us to "value solitude highly as a time for deep thought," in this frenetic age of information overload. Then following the morning break, Casey Patterson, Owner of AC Patterson. Inc., closed the educational sessions with "The Art of Making Better Decisions." Michael Jebaily then closed the overall session with closing remarks, thanking sponsors, speakers and remaining attendees, drawings with cash prizes for those still in attendance.

Summary provided by: Brad King

## Medical Debt Credit Reporting Checkup

Insights from recent case law and the CFPB's proposed rules can help you navigate issues surrounding medical debt credit reporting practices. Editor's Note: The following article is an excerpt from a piece published in the November 2019 issue of Collector magazine.

#### By Tim Dressen

C redit reporting past-due medical debt is a common and effective step in the collection process. However, the practice includes some risk. Recent lawsuits and the Consumer Financial Protection Bureau's proposed debt collection rule illustrate the challenges surrounding medical debt credit reporting practices.

ACA International members Eric Mock, president of Medical Business Bureau, and Karen Scheibe Eliason, chief compliance officer and legal counsel for Wakefield & Associates, discussed these developments during a session at ACA's 2019 Convention & Expo. Here, we dig into some of the issues they explored.

#### Need to Know: Relevant Case Law

Filed in 2016, Rhone u Medical Business Bureau LLC addressed the practice of credit reporting multiple individual medical debt accounts for a single consumer rather than a single aggregate account.

The plaintiff in the *Rhone* lawsuit accrued charges for several physical therapy appointments during an approximately six-month period. Insurance covered many of the appointments, but nine remained unpaid

with charges of \$60 each, totaling \$540.

The therapy provider sent
the unpaid charges to Medical
Business Bureau to collect.
Each of the \$60 charges had
a unique date of service and
a separate account number.
Medical Business Bureau, as
part of its collection process,
credit reported the accounts
in the same manner as the
provider submitted them—as
nine separate accounts with
separate dates of service, dates
of delinquency and account numbers.
The therapy patient sued.

"Rhone and her legal counsel expected us to treat it as one debt because she went in for one ailment," Mock said. "They thought we should know that and combine them, aggregating the report as one tradeline for \$540, not nine tradelines for \$60 each."

A Northern District of Illinois judge agreed, ruling in favor of the plaintiff.

"The judge misstated the facts of the case in his own opinion letter," Mock said. "He said that all of the [plaintiff's therapy] dates fell within one month,



which was false. He said we didn't credit report for three years. That's completely false. And because we didn't report for three years, it's inexplicable to choose to report as nine different tradelines for one debt. We should have known that's not the right thing to do."

Medical Business Bureau appealed to the U.S. Court of Appeals for the Seventh Circuit and sought support from ACA's Industry Advancement Program. Recognizing the significance of the case, the program helped fund the appeal and wrote an amicus brief.

Article continued on next page



#### Save the Date

Region 5 Southeastern Summit
February 18-21, 2020
Belmond Charleston Place
Charleston, SC

# **Medical Debt Credit Reporting Checkup**

Continued

Fortunately, the appeals court reversed the earlier decision in February 2019, ruling in favor of Medical Business Bureau.

Meanwhile, another credit reporting challenge collectors face is handling the flood of frivolous disputes submitted by unscrupulous credit repair organizations (CROs). This practice can result in valid payment plans being interrupted, inaccurate credit reporting and lost revenue.

To combat fraudulent CROs' practices, ACA member companies The CBE Group and RGS Financial sued Lexington Law Firm and Progression.

The jury in the class-action suit found Lexington Law and Progression guilty of fraud, awarding compensatory and exemplary damages totaling approximately \$2.5 million.

An deeper analysis of the Lexington Law and Progrexion case is discussed in the November 2019 issue of Collector magazine. Cases like this and Rhone v. Medical Business Bureau LLC are good reminders to review your company's policies and procedures.

#### Need to Know: CFPB Focus

As part of its proposed debt collection rulemaking, the CFPB addresses credit reporting practices, specifying that agencies must communicate with consumers about the debt before credit reporting it.

The proposed rule does not currently specify that collectors need to explicitly tell consumers they are planning to credit report, only that they need to communicate about the debt.

Specific requirements may change before the bureau adopts finalized rules, so taking action based on the proposed rules would be premature. However, businesses may want to begin considering what policies they will implement if the proposed rules are approved as they currently stand.

#### The Future

Medical debt and the way it is credit reported will continue to be hot topics. The CFPB and state attorneys general are sensitive to the manner in which medical debt arises and seek to ensure consumers are treated fairly.

With the amount of medical debt showing no signs of significantly declining, the courts will surely continue to consider cases affecting medical debt collection practices as well. Agencies collecting medical debt should continue to fine-tune their practices as such developments warrant.

Collector magazine articles may be accessed on here <a href="https://www.acainternational.org/collector-magazine">https://www.acainternational.org/collector-magazine</a>

Tim Dressen is a communications consultant and former editor of *Collector* magazine.

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September October November December

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35 Years

Martha Hemphill

30 Years

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25 Years

Susan Clark \* John Idol

20 Years

Misty Davis

15 Years

Julianne Dreon

10 Years

Shelia Rollins \* Anne Key \* William Oglesby
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