



## What's Mine is Yours

**ACA SearchPoint provides information on state laws concerning community property.**

**M**arriage allows people to share many things, and in some states this includes debts. Most states base their concept of property ownership on English common law. Under this model, ownership of property, as well as the responsibility for debts, will generally be divided equitably. The debts of one spouse are not automatically attributable to the other spouse without evidence that both spouses contracted for the goods or services that created the debt. However, a few states use the concept of community property to establish ownership of property and debts between spouses.

Community property is defined as “assets owned in common by husband and wife as a result of their having been acquired during the marriage by means other than an inheritance by, or a gift or devise to, one spouse, each spouse generally holding a one-half interest in the property.” The concept of community property is derived from the civil laws of France and Spain, and is generally only found in the areas of the country that at one point were under French, Spanish or

Mexican control. Currently, there are nine states that observe community property: Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Texas, Washington and Wisconsin.

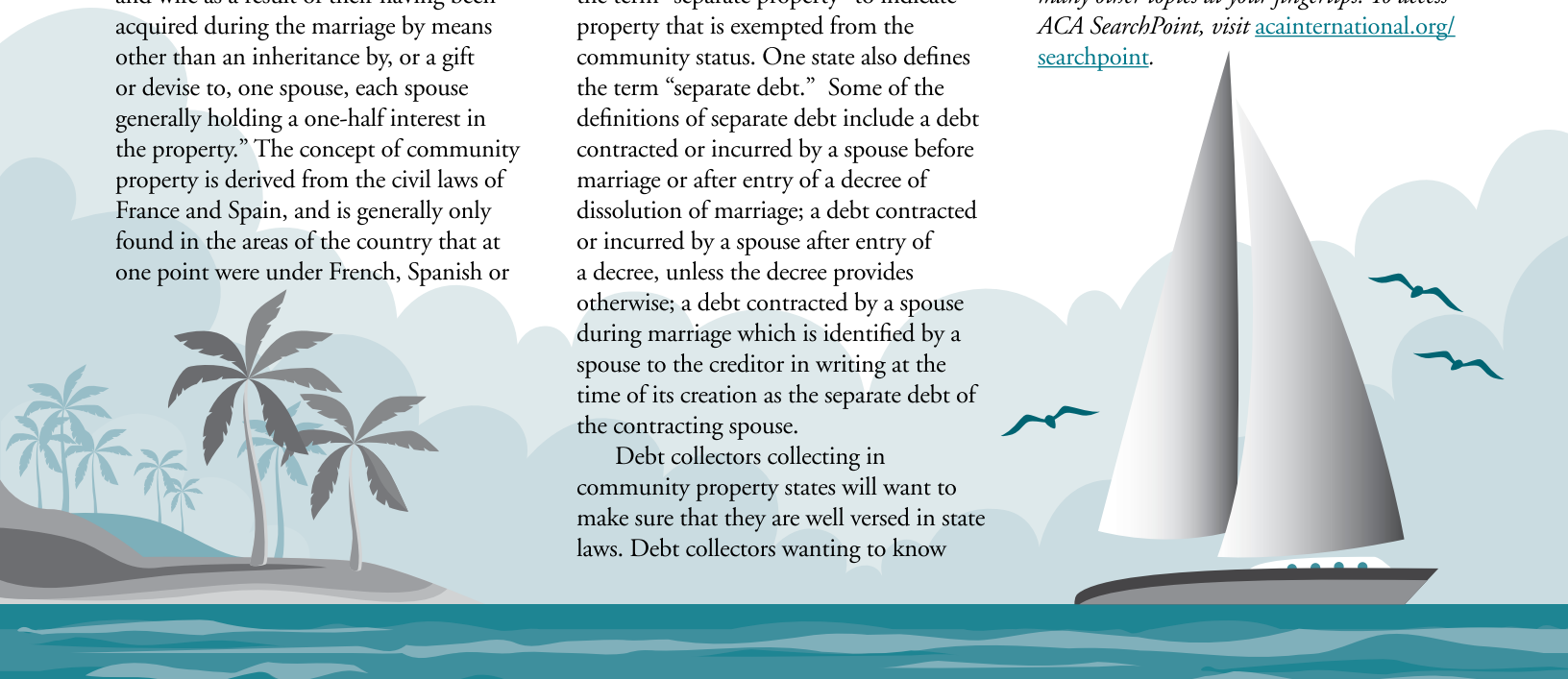
At least one of these states defines community property to include all property, real or personal, wherever situated, acquired by a married person during the marriage while domiciled in that state. Married couples who live in this state and contract for goods or real property in a common law state will still be jointly liable for those debts even if only one spouse contracted for the goods or real property.

Some community property states use the term “separate property” to indicate property that is exempted from the community status. One state also defines the term “separate debt.” Some of the definitions of separate debt include a debt contracted or incurred by a spouse before marriage or after entry of a decree of dissolution of marriage; a debt contracted or incurred by a spouse after entry of a decree, unless the decree provides otherwise; a debt contracted by a spouse during marriage which is identified by a spouse to the creditor in writing at the time of its creation as the separate debt of the contracting spouse.

Debt collectors collecting in community property states will want to make sure that they are well versed in state laws. Debt collectors wanting to know

more about state laws concerning using community property can review ACA SearchPoint document #1151, Common Law and Community Property States. As spouses may not be liable for the other spouse’s debt, it may be necessary to review ACA SearchPoint document #2040, State Collection Laws: Communication with Spouses and #2036 Doctrine of Necessaries as well when determining the ability to collect debts from a consumer’s spouse.

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## SURPRISE BILLS

# Hospitals Receiving CARES Money Banned from Surprise Billing on COVID-19 Cases

Billions in funding will assist consumers, hospitals and others through challenging times

Hospitals accepting money from the massive CARES Act legislation will not be permitted to send patients surprise bills for visits associated with COVID-19, according to ABC News.

It has been widely reported in the past two months that the Trump Administration signed the bipartisan CARES Act legislation to provide relief to American families, workers and the health care providers on the frontline of the COVID-19 outbreak. In April, the U.S. Department of Health and Human Services announced additional allocations of the CARES Provider Relief Fund to include \$100 billion for health care providers including hospitals.

In allocating the funds, the administration sought to address the economic harm across the entire health care system due to the stoppage of elective procedures along with the economic impact on providers incurring additional expenses caring for COVID-19 patients, according to a press release issued by HHS.

The prohibition on surprise billing will protect patients covered by government programs, employer plans or self-purchased insurance. Hospitals that accept the grants are required to certify that they will not try to collect more money than the patient would have otherwise owed if the medical attention had been provided in network, ABC News reported.

Below are some additional highlights included in the Provider Relief Fund.

### Access to Care

- President Trump secured commitments from private insurers, including Humana, Cigna, UnitedHealth Group, and the Blue Cross Blue Shield system, to waive cost-sharing payments for treatment

related to COVID-19 for plan members.

- The *Families First Coronavirus Response Act*, as amended by the *CARES Act*, requires private insurers to waive an insurance plan member's cost-sharing payments for COVID-19 testing. The president also secured funding to cover COVID-19 testing for uninsured Americans.

### Rural Providers

- \$10 billion was allocated for rural health clinics and hospitals.
- This money was distributed on the basis of operating expenses, using a methodology that distributes payments proportionately to each facility and clinic.
- Rural hospitals are more financially exposed to significant declines in revenue or increases in expenses related to COVID-19 than their urban counterparts, HHS reported.

### Uninsured

- A portion of the \$100 billion Provider Relief Fund reimbursed health care providers, at Medicare rates, for COVID-related treatment of the uninsured.
- Every health care provider who has provided treatment for uninsured COVID-19 patients on or after February 4, 2020, can request claims reimbursement through the program and will be reimbursed at Medicare rates, subject to available funding.

- The government began accepting claims in early May 2020. For more information, visit [coviduninsuredclaim.hrsa.gov](https://coviduninsuredclaim.hrsa.gov).

### High Impact Areas

- \$10 billion was allocated for a targeted distribution to hospitals in areas that have been particularly impacted by the COVID-19 outbreak. As an example, hospitals serving COVID-19 patients in New York, which has a high percentage of total confirmed COVID-19 cases, were expected to receive a large share of the funds.

### Sources:

The ABC News story titled, "White House says no 'surprise' bills for COVID-19 patients," may be accessed here: <https://tinyurl.com/ycnomdu4>

The HHS press release titled, "HHS Announces Additional Allocations of CARES Act Provider Relief Fund," may be accessed here: <https://tinyurl.com/y75nqal4>



# Physician Practice Patterns Changing As a Result of COVID-10

**During the crisis, nearly half of physicians have turned to telemedicine while about one-third changed jobs, a survey found.**

The COVID-19 crisis presented our society with a host of unexpected challenges and changes that could impact the way we interact with co-workers, family members – and doctors.

Consider this, a survey of physicians conducted at the height of the COVID-19 crisis found that nearly half of its respondents (48%) were treating patients via telemedicine. This figure is up from 18% in 2018, according to a [press release](#) issued by study authors Merritt Hawkins, a physician search firm and an AMN Healthcare company, and the Physicians Foundation, a nonprofit advancing the work of physicians.

Other findings from the survey include:

- 38% of physicians are seeing COVID-19 patients
- 60% of physicians who are not seeing COVID-19 patients are willing to do so
- 21% of physicians have been furloughed or experienced a pay cut
- 14% of respondents plan to change practice settings as a result of COVID-19
- 18% plan to retire, temporarily close their practices, or opt out of patient care
- 30% who are treating COVID-19 patients are feeling great stress but will continue to see patients

Meanwhile, about one-third of physicians (32%) indicated that they will change practice settings, leave patient care roles, temporarily shut their practices or retire in response to COVID-19. This should be of particular concern to hospitals and other health care organizations already struggling with physician shortages and turnover, according to Travis Singleton, Executive Vice President of Merritt Hawkins.

“Once the pandemic has been contained there will be a backlog of procedures and pervasive COVID-19 testing. Physician reengagement and retention will be of even

more importance,” Singleton said.

“Even prior to the COVID-19 pandemic, physicians were expressing dissatisfaction in their jobs and experiencing high rates of burnout and mental health issues caused by stressors like regulatory burdens and EHR [electronic health record] use,” said Gary Price M.D., president of The Physicians Foundation. “The pandemic is straining physicians further and we need to prioritize providing solutions that will ease the financial and emotional burdens they are feeling as a means to improve their wellbeing now and after the crisis is resolved. It is the least we can do for the health care workers who are risking their lives to take care of everyone else.”

A positive takeaway of the survey is, of the physicians who are currently not treating COVID-19 patients, 60% are willing to do so and one-third (34%) have more time due to the decline in office visits resulting from the pandemic.

Survey data is based on responses from 842 physicians across the country and the survey has margin of error rate of +/- 3.5%. Further information about the survey can be accessed at [www.merrithawkins.com](http://www.merrithawkins.com) or <https://physiciansfoundation.org/>.

#### Sources:

The press release may be accessed here: <https://tinyurl.com/yc6f83mr>

# NEWS & NOTES

## COVID-19 Relief Fund: Rural Hospitals Applaud HHS For Aid

The National Rural Health Association (NRHA) praised President Donald Trump and the U.S. Department of Health and Human Services for providing \$10 billion in much needed funding to assist rural facilities as they struggle to keep their doors open due to scaled back care such as elective surgeries resulting from the COVID-19 crisis.

“Hundreds of rural providers were on the brink of closure, and this relief is absolutely critical,” said NRHA CEO Alan Morgan.

Rural hospitals are more financially exposed to significant declines in revenue or increases in expenses related to COVID-19 than their urban counterparts, the release said, noting that the funding would be distributed on the basis of operating expenses using a methodology that allocates payments proportionately to each facility and clinic.

#### Source:

The NRHA release is accessible here: <https://tinyurl.com/y7yhgbtf>

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# datawatch



is a monthly bulletin that contains information important to health care credit and collection personnel. Readers are invited to send comments and contributions to:

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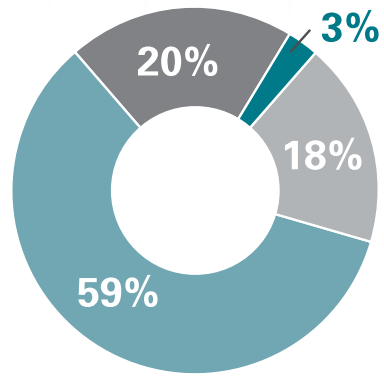
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## Two of Five People with Jobs Affected by the Coronavirus Pandemic Also Are Experiencing Health Insurance Insecurity

**Adults ages 18–64 who lost their job or had hours or pay cut because of the coronavirus**

- Yes, I lost my insurance.
- Yes, I am worried about losing my insurance.
- No, I have not lost my insurance and I am not worried about losing my insurance.
- I did not have insurance before the epidemic.



Source: Sara R. Collins et al., “New Survey Finds Americans Suffering Health Coverage Insecurity Along with Job Losses,” *To the Point* (blog), Commonwealth Fund, Apr. 21, 2020