



POLICY AND PROCEDURE		POLICY NO.:
Subject: Service Discount Policy (Patients with non-verifiable demographics, undocumented aliens and non-US Citizens)		PA - COL 2
ORIGINAL DATE:	SUPERSEDES:	PAGE:
11/1/2016		3

Key Words: Charity, Financial Assistance, Self-Pay

Applies to: Inpatient: _ Outpatient: _ Provider: _ Patients: All: X

Video: N/A

I. POLICY:

The Methodist Hospitals, Inc. is dedicated to servicing the health care needs of its patients. To assist in meeting those needs, Methodist has established the “Service Discount Policy” to provide discounts to patients who (a) reside in the country but have non-verifiable demographics, or are undocumented aliens and do not qualify for financial assistance under the Financial Assistance Policy or (b) non-U.S. citizens who enter the country to seek care through The Methodist Hospitals, Inc.

II. DEFINITIONS:

Undocumented Alien(s) - A person who lacks a right to be in the United States, having both entered without inspection (and not subsequently obtained any right to remain) or stayed beyond the expiration date of a visa or other status.

III. PROCEDURE:

Responsible person

Patient Financial
Service

Action

Patient Verification and Financial Clearance

In accordance with Federal Trade Commission requirements, Methodist Hospitals complies with Red Flag Identity Theft procedures designed to protect our patients from identity theft.

Methodist Hospital patient access personnel are required to ask our patients to prove their identity by showing a photo ID and by asking certain questions to which only the patient or family member would know the answer.

Methodist Hospital patient access personnel are responsible for verifying the accuracy of patient demographics including the patient’s: name, address, phone number, social security number, insurance information and citizenship.

Non-verifiable Demographics or Undocumented Aliens

Patients with non-verifiable demographics (including undocumented aliens) are eligible for a discount of fifty percent (50%), with the

following conditions:

- Patients with non-verifiable demographics or undocumented aliens must be registered according to the procedures outlined in Methodist's Red Flag Identity Theft Policy and Procedure.
- Discounted payment in full is required prior to service delivery.
- If the patient or guarantor cannot provided payment in full at the discounted amount prior to service delivery a credit account cannot be established and only the EMTALA required medical screening exam and stabilizing procedures (if necessary) can be provided.
- If the account guarantor is a U.S. citizen or legally resides in the U.S. and the guarantor has been "financially cleared" (i.e., verifiable demographics, a demonstrated means to pay the discounted liability and a documented agreement to assume financial responsibility for the account), payment may be made in accordance with the terms of the Self-Pay Discount policy.
- Additional discounts or alternative payment arrangements may be granted if approved by the Chief Financial Officer.

Non-U.S. Citizens

Non-U.S. citizen qualification for a discount of fifty percent (50%) is contingent upon compliance with the U.S. Department of State's visa requirements for a B-2 visitor visa for medical care – regardless of whether or not the patient has legally applied for and been granted such a visa (includes undocumented aliens and foreign visitors in the U.S. for purposes other than seeking medical care). If a visa is not required (i.e., Visa Waiver Program, staying less than 90 days, etc.), the non-U.S. citizen will also qualify for the discount of fifty percent (50%).

In addition, Methodist Hospitals requires the following:

- If the account guarantor is the visitor or other non-U.S. citizen, discounted payment amount of fifty percent (50%), is required to be paid prior to service delivery.
- If the account guarantor is a U.S. citizen or legally resides in the U.S. and the guarantor has been "financially cleared"(i.e., verifiable demographics, a demonstrated means to pay the discounted liability and a documented agreement to assume financial responsibility for the account), payment may be made in accordance with the terms of the Self-Pay Discount policy.
- Alternative payment arrangements or additional discounts may be granted if approved by the Chief Financial Officer.

IV. REFERENCE:

Federal Trade Commission - Red Flags Rule

V. DOCUMENT INFORMATION

A. Prepared by

Dept. & Title

Director of Revenue Cycle

B. Review and Renewal Requirements

This policy will be reviewed annually and as required by change of law, practice or standard.

C. Review / Revision History

Reviewed on: 10/2016

Revised on:

D. Approvals

- 1. This Policy & Procedure has been reviewed and approved by the Vice President(s) of the Service Group(s):**

Vice President(s)
Chief Financial Officer

Date
10/2016

- 2. This Policy & Procedure has been reviewed and/or approved by the following committee(s):**

Committee(s)
Finance Committee

Date
11/2016