

Title: <b>Discount Program</b>		<b>Policy</b>			
<b>Patient Age Group:</b>	<input checked="" type="checkbox"/> N/A	<input type="checkbox"/> All Ages	<input type="checkbox"/> Newborns	<input type="checkbox"/> Pediatric	<input type="checkbox"/> Adult

**POLICY STATEMENT**

If a patient otherwise qualifies for indigent status but is not eligible for financial assistance under the UNM Hospital Financial Assistance Program Policy, they may be eligible to participate in the UNM Hospital Discount Program established under this Policy. The discount program described in this Policy is not, as shall not be construed to be, financial assistance in respect of patients who qualify for indigent status but who are not eligible for financial assistance under the UNM Financial Assistance program.

UNM Hospital offers the Discount Program for the patient’s medical bill(s) for qualified patients who meet each of the following:

1. Is not covered by government or private insurance; and
2. Established financial requirements for establishing indigent status, defined as 300% of the Federal Poverty Guidelines or below (“Indigent Status”).

UNM Hospital will abide by the federal Emergency Medical Treatment and Labor Act (“EMTALA”) in providing care to patients at UNM Hospital. Individuals will be assessed for Indigent Status eligibility when documentation is submitted to UNM Hospital Financial Services Department. As the Discount Program is not a fund for payment of medical services, medical services rendered to patients outside the UNM Hospital are not payable by UNM Hospital. The remaining balance, after the Discount described in this Policy is applied, shall remain due and owing to UNM Hospital.

**APPLICABILITY**

This policy pertains to all UNM Hospitals and Clinics including the UNM Hospitals-based clinics at the UNM Comprehensive Cancer Center.

**POLICY AUTHORITY**

Chief Executive Officer

**REFERENCES**

- Personal Responsibility and Work Opportunity Reconciliation Act, 8 U.S.C. § 1621.
- CMS Provider Reimbursement Manual, Chapter III, Section 310.
- CMS Provider Reimbursement Manual, Chapter III, Section 312.
- UNM Hospital Financial Assistance Program Policy.
- UNM Hospital Patient Payment Policy.
- UNM Hospital Bad Debt Policy.

## **IMPLEMENTATION PROCEDURES**

### **Discount and Repayment Plan**

If a patient otherwise qualifies for Indigent Status but is not eligible for financial assistance under the UNM Hospital Financial Assistance Program Policy, that patient will be eligible to receive a 45% discount from UNM Hospital's billed charges.

In addition, a patient who otherwise qualifies for Indigent Status (but not eligible for financial assistance) may set up a repayment plan (the "Repayment Plan") for all amounts remaining outstanding after application of the Discount. In this connection, UNM Hospital will work with each patient to come to an agreement as to a Repayment Plan. In this connection, once a Repayment Plan is established, UNM Hospital will not charge interest on outstanding amounts owing and will allow for monthly payments.

If the patient accumulates multiple accounts, he or she may request that the accounts be combined into one account and included in a single Repayment Plan.

Unless and until a patient presents at the UNM Hospital Financial Services Department and provides the sufficient information to enable UNM Hospital to grant Indigent Status to the patient as described in the "Financial Requirements" section, below, the patient is not eligible for the Discount and/or the Repayment Plan.

The amounts outstanding after application of the Discount shall remain due and owing to UNM Hospital until the Repayment Plan results in payment in full of the amounts outstanding.

### **Residency Requirements**

To be eligible for the Discount Program, the patient must be living in New Mexico. Residency in New Mexico is established by living in the state and county and carrying out the types of activities associated with normal living: such as occupying a home, enrolling children in school, attaining a New Mexico driver's license or New Mexico State issued identification card, renting a post office box, obtaining employment within the State of New Mexico.

The patient can demonstrate this residency by bank statements, home ownership, rental leases, and letters addressed to the patient at a home address, utility bills, and proof of enrollment of self or child in an educational institution, pay stubs, income tax returns, or other similar documents.

### **Financial Requirements**

To be eligible for Indigent Status and, therefore, the Discount, the patient must verify income by providing: employment pay stubs; income tax returns; letter from employers; direct bank deposits if gross amount of payment can be determined; letters or copies of checks from Social Security, Worker's Compensation, Veteran's Affairs, Bureau of Indian affairs, or other similar documents.

In addition, to be eligible for Indigent Status and, therefore, the Discount, the patient must verify his or her assets. Assets may be verified by providing bank statements, investment statements or other similar documents. Retirement funds, primary residence, and vehicles are not considered in the asset level.

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Title:  
Owner:  
Effective Date:  
Doc. #

**Other Coverage**

With limited exceptions as described below, third party government or private insurance will be a primary financial payment source before the Discount will be applied. Medicaid-eligible individuals must apply for Medicaid and receive a denial of eligibility prior to being considered for Indigent Status, the Discount, and/or the Repayment Plan.

**Denial and Appeal Process**

A patient will receive a letter from UNM Hospital if the patient is denied eligibility for participation in the Discount Program described in this Policy for any reason. If a patient is not granted Indigent Status because of lack of documentation, for income or asset reasons, they can appeal that decision to the Medical Director of the Utilization Review Department and the UNM Hospital Chief Medical Officer or designee.

**Down-payment Requirements**

Any patient who is not covered in whole or in part by third party government or private insurance and who is otherwise qualified for Indigent Status as provided in this Policy will be required to pay the following down-payment amounts:

Income Level (% of FPG)	Applicable Program	Asset Level	Type of Visit/Procedure		
			Clinic Visit Co-Pay	Emergency Dept. Diagnostics Co-Pay	Inpatient Stay, Day Surgery Co-Pay
0-100%	Financial Assistance/Discount Program	\$20,000	\$5	\$10	\$25
101% – 200%	Financial Assistance/Discount Program	\$20,000	\$10	\$20	\$75
201% - 300%	Financial Assistance/Discount Program	\$20,000	\$20	\$75	\$300

**DEFINITIONS**

**SUMMARY OF CHANGES**

Not applicable- New policy 10/27/2017

**RESOURCES/TRAINING**

Resource/Dept	Contact Information
Patient Financial Services	<a href="http://hospitals.unm.edu/pfs/">http://hospitals.unm.edu/pfs/</a>

**DOCUMENT APPROVAL & TRACKING**

Item	Contact	Date	Approval
Owner	UNMH Board of Trustees		
Committee(s)	UNMH Board of Trustees Quality and Safety Committee		Y
Legal (Required)	Scot Sauder, HSC		Y
Official Approver	Christine Glidden, Secretary		Y
Official Signature			

Title:  
 Owner:  
 Effective Date:  
 Doc. #

Effective Date	[Day/Mo/Year]	
Origination Date	10/27/2017	
Issue Date	Clinical Operations Policy Coordinator	

**ATTACHMENTS**

*None*