SCOPE: All Company-affiliated Facilities, including but not limited to, any hospital, ambulatory surgery center, imaging or oncology center, physician practice, or other location where healthcare items or services are provided by the Company or one of its subsidiaries.

PURPOSE: To establish a company-wide policy to address the risk associated with a patient, patient’s representative, or another party presenting false identifying or insurance information for the purpose of obtaining services.

POLICY: All facilities must be familiar with the Identity Theft Indicators set forth below. Entities designated in the Procedure section below must perform the training described and follow the procedures outlined below.

DEFINITIONS:
Demographic Information: Patient/insured’s name, Social Security Number, Gender, Age, Ethnicity, or Driver’s License or other photo identification number.

Identity Theft: A fraud committed or attempted using the identity of another person without authority.

PROCEDURE: The following are potential identity theft indicators:
1. The demographic information on the photo identification does not match the demographic information on the proof of insurance card presented.
2. The individual presenting for services does not match the demographic information described in the system (if services were previously provided) or the proof of insurance card presented, if the card has this type of information. (Examples: individual does not appear to be of an age consistent with previous service, ethnicity mismatch).
3. Conflicting demographic information presented during registration or treatment.
4. Patient signs a different name on registration forms.
5. Individual receives a bill and asserts he or she did not receive services at the facility and other processes indicate that this is likely to be true.
6. Payment denied by insurance because it is improbable or impossible that the insured received the service. (Example: spleen removed for the second time).
7. The patient or the patient’s representative admits during the process that someone else’s identity is being used.
8. Anyone asserts at any point that they have information regarding a potential misuse of someone’s identity.
9. The identification or insurance card presented appears to be forged or altered.

Everyone involved in registering a patient will receive training on recognizing these potential identity theft indicators. Parallon is responsible for developing and implementing this training.
Every individual currently performing registration duties must receive this training within 90 days of the effective date of this policy. All individuals newly performing registration duties must receive this training within their first 60 days of employment or starting to perform these duties.

Each entity performing registration functions will have procedures to address the actions to take once a potential identity theft indicator is identified. These procedures must not discriminate on the basis of age, gender, disability, race, color, ancestry, citizenship, religion, pregnancy, sexual orientation, gender identity or expression, national origin, medical condition, marital status, veteran status, payment source or ability or any other basis prohibited by federal, state, or local law. Parallon is responsible for developing and implementing these procedures for all company facilities. At a minimum, these procedures must address:

1. Whether and when access to services will be denied.
2. Which supervisors must be notified of the presence of the indicators and the time frame for this notification.
3. Whether and when an insurer will be notified of the presence of any of the indicators.
4. Whether, when and which law enforcement authorities are notified of the presence of any of these indicators.
5. Whether any records need to be amended.

REFERENCES:

FTC Red Flags Rule 72 Fed. Reg. 63718