



Title	FIN - Self-Pay Billing and Collection Policy				
Region	Carle Health Central - BroMenn, Carle Health Central - Eureka, Carle Health East, Carle Health South, Carle Health West - Methodist, Carle Health West - Pekin, Carle Health West - Proctor				
Scope	CFH, CHRHC, CBMC, CEH, CRMH, CMH, CPkH, CPrH and all entities				
Document type	Policy & Procedure				
Owner	Jodi Eeten (Mgr - Fin Svc Self Pay Rec)				
Reviewer(s)	Steven Smith (Dir - Financial Services)				
Approver(s)	APM Administrators, Aron Klein (Sr. VP, Finance)				
Effective Date	01/01/2016	Next Review Date:	06/16/2028	Approval Date	06/16/2025

ATTACHMENTS

[Attachment A- Reproductive Medicine](#)

PURPOSE/ SCOPE

- A. To outline the procedures for the collection and management of self-pay accounts.
- B. To outline the actions that Carle will take in the event of non-payment of self-pay accounts
- C. To have a unified payment policy across all Carle entities indicated above.

DEFINITIONS

A. Extraordinary Collection Activities (ECAs)

- 1. Initiation of actions that require legal or judicial process:
 - a. Civil Action
 - b. Placement of Liens
 - c. Wage Garnishments
- 2. Reporting adverse information about the guarantor to consumer credit reporting agencies or credit bureaus.

- B. **Self-Pay Accounts** are comprised of balances that are the responsibility of the individual patient/guarantor and not covered by insurance or other third-party payment sources.

STATEMENT OF POLICY

- A. All self-pay balances will be billed to the appropriate guarantor once the balance has reached self-pay owing responsibility.
- B. All charges are to be paid in full upon receipt of the first guarantor billing statement.
- C. A prompt pay discount of 25% may be available upon request for those guarantors who pay in full the guarantor balance due within 30 days from the first guarantor billing statement's date.

PROCEDURE

- A. Carle will make all attempts to accurately and timely bill for services rendered.
 - 1. All services provided will be entered into the billing system.
 - 2. Guarantor information for billing of services will be acquired at time patient is registered.
 - a. Guarantor information may be updated through:
 - Scheduling of services
 - Point of Service
 - Verbal requests
 - Written notification to Revenue Cycle Operations
 - b. The guarantor and/or patient is responsible to notify Carle of all insurance and/or third party payers.
 - c. Carle reserves the right to validate requests and if proper documentation is not obtained, retain the registered guarantor information on file. [FIN - Access - Registration Standards](#) .
 - 3. Once services are entered into the appropriate billing system, billing will commence.
 - a. Carle may submit claims to known insurance companies or third party payers.
 - Carle does not accept the responsibility for assuring payment by the insurance company.
 - Carle does not negotiate settlement of disputed charge(s) with the insurance company.
 - All insurance monies for the payment of the charge(s) are to be turned in promptly to the appropriate Carle entity with the Explanation of Benefits. If the payments are not received, the account is not eligible for any discounts or a payment arrangement.
 - b. Services will be billed to registered guarantor as self-pay.

- Bills may be consolidated.
 - Statements will continue every 28 days until the balance is:
 - Paid in full
 - Sent to a third party vendor
 - Adjusted for Financial Assistance
 - Adjusted off for other reasons
 - Alternate activity, such as billing of a third party payer
4. Patient Billing Statements may be sent by US postal mail or through a secured web portal by accessing MyCarle.
- a. Every patient billing statement will include a Plain Language Summary (PLS) explaining the Carle Financial Assistance Programs and how to apply.
- B. All payments are due in full 30 days after the first guarantor billing statement is generated unless alternate payment arrangements are made.
1. The following methods of payment will be accepted:
- a. Credit, Debit and HSA Flex Spending Cards:
- Includes:
 - Visa
 - MasterCard
 - Discover
 - Excludes:
 - American Express
 - Medical Payment Credit Cards (i.e. Care Credit)
- b. Cash, Checks, Money Orders, Certified Checks and Traveler's Checks
- c. Online bill pay through banking services.
- d. Payroll deduction. See policy [FIN - Payroll Deduction for Medical Debt](#) for additional information.
2. Carle will abide by all collection regulations as set forth by:
- a. Affordable Care Act
- b. Illinois Fair Patient Billing Act
- c. Centers for Medicare and Medicaid
- d. All other State and Federal governing regulations
- e. Specific payer contracts
3. Charges pending with insurance are ultimately the responsibility of the guarantor.
4. A payment arrangement may be made with the patient or guarantor. This information must be documented in the account.
- a. If a payment arrangement is made and executed the following must be documented on the appropriate account:
- The name of the Financial Services representative who agreed to the arrangement (this is system stamped).
 - The name of the party (patient or guarantor) who agreed to the arrangement.
 - The amount of the monthly payment.
 - When the first payment will be made.
 - Amount of initial payment if different than the monthly payment amount.
 - Day of the month the payment is due on.
- b. Carle staff cannot set-up payment arrangements for balances listed with a third party. Patients will be required to set-up arrangements with the vendor for the balances at:
- Bad Debt
 - Legal
- c. Automatic payment arrangements may not be set up with HAS Flex Spending cards.
- d. An email will be sent to notify the guarantor if a credit card payment is declined by the vendor (RevSpring).
- RevSpring will attempt subsequent debits on the prearranged withdrawal date.
 - All monthly attempts, even declines, will count against the prearranged number of monthly deductions.
 - Carle staff will review the daily declines on a report provided by the vendor.
 - Message the account of the decline.
 - Upon the second notification of decline, the payment arrangement will be cancelled within the RevSpring system.
 - Epic system will be noted of the cancelled payment arrangement and collection activity will ensue.

5. Payment arrangement guidelines are as follows:

- a. Request payment in full
- b. If unable to pay in full, negotiate terms starting with payment in full within 3 months, 6 months, or 12 months
- c. If unable to meet either of the above criteria, refer to table below for minimum payment arrangement guidelines:

Self-Pay Payment Arrangements (sliding scale)			
Patient Balance	Maximum Term	% of Payment	Minimum Pay *
\$0-\$2000	12 months	8%	\$167/mo.
\$2001-\$5000	24 months	4%	\$210/mo.
\$5001-\$10,000	36 months	3%	\$280/mo.
\$10,001 & greater	72 months	1%	\$360/mo. and up
* minimum pay is based on the high end \$ patient balance on each category			

- No arrangement is permitted to be less than \$25.00 per month.
- If the self-pay balance increases, a new arrangement will need to be made on the new balance.
- Payments that are not meeting minimum monthly payment amounts will be re-evaluated through departmental review every 120 days.

- d. Each Carle entity will determine where payments are applied.
- e. The following service types are EXCLUDED from payment arrangements and require payment in full prior to or at the time of service:

- Hearing Aids
- Retail merchandise (including but not limited to):
 - Optical
 - Dermatology Facial Products
- Elective cosmetic services
- Elective dental services
- Packaged services (example: Obstetrics Package for Prenatal Care and Delivery)
- Select reproductive medicine services (see [Reproductive Medicine Addendum for complete](#) listing)
- Special reports or form completion fees
- Missed appointment fees
- Reduced services (example: Sports Physicals, Calcium scoring, etc.)

- C. A prompt pay discount of 25% may be available upon request for those guarantors who pay in full the guarantor balance due within 30 days from the first guarantor billing statement's.

1. The uninsured and prompt payment discounts are only available for those patients who do not have insurance coverage or for those whose insurance coverage is limited, resulting in significant out of pocket expenses.
2. The guarantor cannot have qualified for any other discounts, such as the Carle Financial Assistance Program.
3. The following service types are EXCLUDED from the uninsured and prompt pay discounts:

- a. Hearing Aids
- b. Retail merchandise (including but not limited to):
 - Optical
 - Dermatology Facial Products
- c. Elective cosmetic services
- d. Elective dental services
- e. Packaged services (example: Obstetrics Package for Prenatal Care and Delivery)
- f. Select Reproductive Medicine services (see Reproductive Medicine Addendum for complete listing)
- g. Special reports or form completion fees
- h. Missed appointment fees
- i. Reduced services (example: Sports Physicals, Calcium scoring, etc.)

- D. Accounts that have aged at least 121 days from the initial billing date will be reviewed for placement with a third party collection agency.

1. All aged accounts will proceed to collections through:
 - a. Direct system action as directed by the current bad debt profiler logic
 - b. Manual placement as determined by internal staff

2. Third Party Collection Agencies may engage in Extraordinary Collection Activities (ECAs) once the guarantor has received notification of ECAs and has been made aware of the availability of the Carle Financial Assistance Programs:
 - a. At least 120 days have passed since the initial billing date, and
 - b. At least 30 days have passed since notification regarding ECAs.
 - c. Third Party Collection Agencies will attempt to notify the guarantor both orally and in writing prior to engaging in an ECA.
3. Third Party Collection Agencies will abide by all collection regulations as set forth by:
 - a. Affordable Care Act
 - b. Illinois Fair Patient Billing Act
 - c. Centers for Medicare and Medicaid
 - d. All other State and Federal governing regulations
 - e. Specific payer contracts
4. If filing notice for Bankruptcy Chapter 7, Chapter 11, or Chapter 13 is received by Carle, the following will ensue:
 - a. Verification of account for proper insurance and third-party payers.
 - b. All charges on or before the date of bankruptcy filing will be adjusted using the appropriate adjustment code(s).
 - c. All charges occurring after the date of bankruptcy filing are the responsibility of the guarantor and will be collected per normal procedures.
 - d. If payment is received from the Bankruptcy Trustee, the matching amount of the prior adjustment is reversed off and the payment is applied.
- E. Reduced services (example: Sports Physicals, Calcium Scoring, etc.) Carle Health patients that are uninsured may be eligible for the State of Illinois Uninsured Patient Discount Policy. Refer to [FIN - IL Hospital Uninsured Patient Discount Program](#) for additional information.
- F. Carle offers many assistance programs for patients who qualify. See [FIN - Carle Financial Assistance Program](#)
- G. Patients making less than 400% of the Federal Poverty Level with out of pocket balances exceeding 40% of their gross annual family income may be eligible for the Capped Program.
- H. Accounts may be referred to a third-party vendor for follow-up activity if the account meets placement criteria that has been established.
 1. Self-pay guarantor accounts that are not paid in a timely manner will be referred to a third-party vendor for additional collection efforts.
 2. These accounts will be worked by the third party vendor for a duration pursuant to the age and type of placement.
 - a. All activity will be within legal guidelines set forth by the State of Illinois and the Federal government.
 - b. Carle reserves the right to recall accounts.
 3. Carle will manage the performance of the third party vendor and report recovery results regularly to leadership.

OTHER RELATED LINKS AS APPLICABLE TO SITE

(ALL links in process of being updated to include BRAVO locations.)

[FIN - Carle Financial Assistance Program](#)

[FIN - Carle Rural Health Financial Assistance Program](#)

REFERENCES N/A

Payment Policy: Reproductive Medicine

Due to the unique and specialized nature of reproductive services, select services may require payment at time of service, be eligible for billing (to insurance) or be eligible for the prompt pay discount.

Category	Service Description	Payment Due at Time of Service	Billing Allowed	Eligible for Prompt Pay Discount
Chemistry Screenings	AMH	Yes	No	No
	Estradiol	No	Yes	Yes
	FSH	Yes	No	No
	Glucose	Yes	No	No
	LH	No	Yes	Yes
	Progesterone	No	Yes	Yes
	Prolactin	Yes	No	No
	Quantative HCG	Yes	No	No
	Testosterone	Yes	No	No
	TSH	Yes	No	No
Fluoroscopy Procedures	HSG/Hysterosalpingogram	Yes	No	No
	Pelvic Ultrasound (Baseline)	Yes	No	No
	SIS Sono	Yes	No	No
	Ultrasounds	No	Yes	Yes
Intralipids	Intralipid 20% 100ml Bag	Yes	No	No
	IV Infusion First Hour	Yes	No	No
	IV Infusion Subsequent Hours	Yes	No	No
Preconception Screening & Sperm Testing	ABO/RH	Yes	No	No
	Comprehensive Metabolic Panel	Yes	No	No
	Cystic Fibrosis Screening	Yes	No	No
	Rubella	Yes	No	No
	Varicella	Yes	No	No
Professional Services	Office Visit	No	Yes	Yes
	Venipuncture	Yes- Unless part of a billing allowed chemistry screening	No- Unless part of a billing allowed chemistry screening	Yes
Specialty Testing	Chlamydia IGM	Yes	No	No
	Hypercoagulability Profile	Yes	No	No
	MTHFR Mutation	Yes	No	No
	Prothrombin Mutation	Yes	No	No
	Routine Chromosomes	Yes	No	No
	SFA-out sourced labs	Yes	No	No

Category	Service Description	Payment Due at Time of Service	Billing Allowed	Eligible for Prompt Pay Discount
Sperm Freezing, Storage and Shipping	Handling	Yes	No	No
	Shipping	Yes	No	No
	Sperm Freezing	Yes	No	No
	Sperm Storage - Annual	Yes	No	No
	Sperm Storage - Monthly	Yes	No	No
Sperm Testing	Semen Analysis - no wash	Yes	No	No
	Donor Sperm: Motility & Count - no wash	No	Yes	Yes
	Donor Sperm: Motility & Count - wash	No	Yes	Yes
	Intrauterine Insemination	No	Yes	Yes
	Semen Analysis - wash	No	Yes	Yes
Viro Med FDA Panels	Female	Yes	No	No
	Male	Yes	No	No