



## Policy AD335

<b>Subject</b>	Payment Policy		
<b>Category / Section</b>	Administration/Finance		
<b>Owner</b>	Manager Self-Pay Receivables Management		
<b>Reviewer(s)</b>	Director Patient Financial Services; VP Revenue Cycle Operations		
<b>Effective Date</b>	09/06/11	<b>Review Frequency</b>	3 years
<b>Approval Date</b> <i>Dates that are marked with an asterisk(*) indicate revisions</i>	01/22/15; 04/23/18*; 08/29/18*		

<b>Scope of Policy/Procedure (applies to entities/locations marked below)</b>		<b>(see template for detailed entity/location descriptions)</b>	
This document applies to <u>all</u> entities/locations listed below			
<b>Hospitals</b>	<b>Ambulatory/Off-Campus locations</b>	<b>Other Carle Entities</b>	
All Carle Hospitals listed below:	All Carle ambulatory/off-campus locations listed below:	All other Carle entities listed below:	
X Urbana (CFH)	X CFH/CPG ambulatory locations <i>(also includes Home Health, Therapy Services, Medical Supply, Danville Surgicenter, Specialty Pharmacy)</i>	Arrow Ambulance, LLC	
Hoopeston (CHRHC)	X CHRHC ambulatory locations <i>(includes, CARMC, Cissna Park, Danv-Fairchild, Mattoon-Hurst, Milford, Rossville, Tuscola, Watseka)</i>	Carle Retirement Centers <i>(Windsor of Savoy &amp; Windsor Court)</i>	
	X Champaign SurgiCenter, LLC	Health Alliance Medical Plans	
	Administration Building locations (includes Carle at the Fields)		
<b>Scope Exclusions</b> <i>(Mark this box and enter any departments or locations within a marked entity that are exempt from the policy/procedure.)</i>			

### Attachments

[Payment Policy: Reproductive Medicine – AD335A](#)

### Purpose

A. To have a unified payment policy across all Carle entities indicated above.

### Statement of Policy

- A. The guarantor of the account is responsible to pay in full the portion of charges for services received for all treatment(s) and procedure(s) performed that are considered “patient responsibility”, by their insurance company. In the absence of insurance coverage, the guarantor is responsible for all charges for services received at the established rate.
- B. All charges are to be paid in full upon receipt of the first guarantor billing statement.
  1. Charges pending with insurance are ultimately the responsibility of the guarantor.
  2. Co-payments, deductibles and co-insurance are due at the time of service even though payment may still be pending with the insurance company.
- C. Prompt payment 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.
  1. The prompt payment discount is 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 prompt payment discount:
    - 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 - AD335A](#) for complete listing)
  - g. Special reports or form completion fees
  - h. Missed appointment fees
  - i. Reduced services (example: Sports Physicals, Calcium Scoring, etc.)
- D. Carle Foundation Hospital patients that are uninsured may be eligible for the State of Illinois Uninsured Patient Discount Policy. Refer to [Hospital Uninsured Patient Discount Program – AD346](#) for additional information.
- E. Carle offers many assistance programs for patients who qualify. See [Carle Financial Assistance Policy - AD300](#).
- F. 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.

**Procedure**

- A. When provided with correct insurance information, Carle will file the charge(s) to insurance.
1. Carle does not accept the responsibility for assuring payment by the insurance company.
  2. Carle does not negotiate settlement of disputed charge(s) with the insurance company.
  3. 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. The following methods of payment will be accepted:
1. Credit, Debit and HSA Flex Spending Cards:
    - a. Includes:
      - Visa
      - MasterCard
      - Discover
    - b. Excludes:
      - American Express
      - Medical Payment Credit Cards (i.e. Care Credit)
  2. Cash, Checks, Money Orders, Certified Checks and Traveler’s Checks
  3. Online bill pay through banking services.
  4. Payroll deduction. See policy [Payroll Deduction for Medical Debt - AD361](#) for additional information.
- C. Payment arrangement guidelines are as follows:
1. Request payment in full
  2. If unable to pay in full, negotiate terms starting with payment in full within 3months, 6 months, or 12 months
  3. If unable to meet either of the above criteria, refer to table below for minimum payment arrangement guidelines:

<b>Self-Pay Payment Arrangements (sliding scale)</b>			
<b>Patient Balance</b>	<b>Maximum Term</b>	<b>% of Payment</b>	<b>Minimum Pay *</b>
\$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			

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

5. The following service types are **EXCLUDED** from payment arrangements and require payment in full prior to or at the time of service:
  - 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 - AD335A](#) for complete listing)
  - g. Special reports or form completion fees
  - h. Missed appointment fees
  - i. Reduced services (example: Sports Physicals, Calcium Scoring, etc.)
- D. A payment arrangement may be made with the patient or guarantor. This information **must** be documented in the account.
  1. If a payment arrangement is made and executed the following must be documented on the appropriate account:
    - a. The name of the Financial Services representative who agreed to the arrangement (this is system stamped).
    - b. The name of the party (patient or guarantor) who agreed to the arrangement.
    - c. The amount of the monthly payment.
    - d. When the first payment will be made.
    - e. Amount of initial payment if different than the monthly payment amount.
    - f. Day of the month the payment is due on.
  2. Carle staff cannot set-up payment arrangements for balances listed with a third party vendor (see [Self Pay Billing & Collection Policy-AD336](#)). Patients will be required to set-up arrangements with the vendor for the balances at:
    - a. Outsource/Extended Business Office
    - b. Bad Debt
    - c. Legal
- E. Recurring payments for payment arrangements:
  1. Recurring payments must meet the payment arrangement guidelines and can only be established for duration of 18 months at time to ensure we have the most up to date banking information on file.
  2. Recurring payments cannot be set-up if the guarantor/patient does not have a valid email address.
  3. Exclusions:
    - a. HSA Flex Spending cards cannot be used for this type of arrangement.
    - b. Balances listed with a third party vendor.
  4. An email will be sent to notify the guarantor if a credit card payment is declined by the vendor (Apex).
    - a. Apex will attempt subsequent debits on the prearranged withdrawal date.
      - All monthly attempts, even declines, will count against the prearranged number of monthly deductions.
    - b. 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 recurring arrangement will be cancelled within the Apex system.
      - Epic system will be noted of the cancelled recurring arrangement and collection activity will ensue.
  5. Recurring payment arrangements will not guarantee the withholding of an account from placement with a third party vendor. A declined or missed monthly payment may qualify the account for placement with a vendor.
  6. Transactions over 121 days from primary billing statement without payment on the account within the past 60 days may be sent to a Collection Agency. See [Self Pay Billing and Collection Policy - AD336](#) for additional information. Transactions between 61-120 days from primary billing statement without payment on the account within the past 35 days may be sent to the Extended Business Office/Outsource.

**Other Related Links**

[Carle HRHC Financial Assistance Program – AD337](#)

**Refernces** N/A

**Electronic Approval on File**

Dennis Hesch  
Executive Vice President/System Chief Financial Officer

## Payment Policy: Reproductive Medicine – AD335A

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
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