

(insert facility name)
**PUBLIC HEALTH AND PRIMARY CARE SERVICES
FEE POLICY**

Program requirements are governed by the NC Administrative Codes. Specific sections of the federal and state policies regarding patient fees to determine charges for services will be utilized.

Fees charged will be either an established (flat) rate for certain services, including Environmental Health, General Clinic, Pregnancy tests, private pay vaccines, and Business and Wellness programs or will be determined by applying a sliding fee scale received from the state utilized for the public health programs supported by state/federal dollars. Assessment of family size and income (according to guidelines set from the eligibility policy) will be applied to determine charges.

Fee Collection

Payment is expected at the time service is rendered. An itemized receipt will be provided to individuals at time of payment; an itemized bill will be provided to individuals who do not complete payment upon receiving services. Verification of Medicaid enrollment constitutes full payment for any program service at the Health Department. All other third party payment plans will be billed. However, all chargeable fees are the responsibility of the patient. Any co-pay amounts should be paid at the time of service.

When a client has been assessed according to eligibility guidelines for public health program services, the following NC Administrative Code requirements will be followed:

- a. No one will be denied services based solely on the inability to pay.
- b. Patient charges must be assessed upon family size and income (use of a sliding fee scale), if state/federal dollars are budgeted to support the program.
- c. No fee can be imposed on persons or their families whose income falls below the 100% federal poverty level if state/federal dollars are budgeted to support the program.

Sliding Scale

Charges for services are based on sliding fee scales provided by the Department of Health and Human Services (DHHS). These scales are updated annually by DHHS. Sliding scale fees will be charged on the basis of family/household unit income exceeding 100% of current Federal Poverty Guidelines (or other percent guidelines required by state or federal policy for applicable programs.) Family Planning requires the use of 100%-250% sliding scales. All other clinics use 100%-200% sliding scales.

Attach copies of scales.

Sources of Reimbursement

The following forms of reimbursement are accepted:

Medicaid
Medicare
Third Party Insurance
Self Pay
Contributions
Grants

Medicaid

Medicaid recipients who request services are exempt from income eligibility guidelines. For those patients who have both private insurance and Medicaid, the private insurance is considered to be primary. After receipt of the explanation of benefits and payment from the insurance carrier, the balance may be filed for Medicaid payment.

Medicaid eligible patient will not be responsible for charges not covered by Medicaid payments unless waiver is signed or patient was informed up front that Medicaid will not cover service.

Medicare and Third Party Insurance

Patients with a third party source of coverage such as Medicare or Insurance should disclose this information and give a copy of their card to the interviewer. Bills will be submitted to these sources for payment. Deductibles, co-insurance and co-payments will be the responsibility of the patient and will not be discounted since they are part of the patient's insurance plan. If there is a balance after the insurance has paid, other than a deductible, co-insurance or co-payment, the patient who qualifies will pay the balance after the sliding fee scale adjustment for program services.

Patients with private insurance in which we are an out-of-network provider will be encouraged to use their own network provider.

To avoid breaching the patient's confidentiality in the home via notification from an insurance company EOB of services received, insurance will not be filed unless the patient approves if they are a participant that seeks confidential services.

Self Pay

For programs requiring financial eligibility, the process establishes the patient's ability to pay.

Patients with a household income above the sliding fee scale must be responsible for the full amount of the charges rendered.

Patients with a household income falling within 20%-100% level of poverty will have been determined to have an “ability to pay” at that particular level.

Patients with a household income falling below 20% level of poverty are to be provided services at no charge in those programs that receive state/federal dollars to support the program.

Contributions/Donations

Contributions/Donations may be accepted from any person regardless of income status, as long as they are truly voluntary. There shall be no schedule of donations or implied or overt coercion.

Grants

Some grants are designed to pay for specific fees, such as medical and dental fees. When patients meet the criteria of the grant, funding may be transferred from the grant revenue to cover the fee charged to the patient.