

Changes to FY18 Billing Guide

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Introduction

Added wording

- The information in the document below is the fee plan for FY18, effective on July 1, 2017. This Billing Guide for FY18 replaces all earlier plans. Fees are regularly reviewed and may change during the year with approval from the Board of Health and the County Commissioners. You may request a list of current fees at any time.

Fees

Added wording

- We may bill Medicaid, Medicare, or insurance for these services. Medicaid is not billed greater than 340B pricing for pharmaceuticals purchased through the 340B program.

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Payment by a “Third Party”- Medicaid, Medicare, and Insurance

Re-organized paragraph, adding wording

- State rules require the Department of Health to bill participating third party payers for services we provide. Current participating providers are:
 - Medicaid
 - Medicare
 - NC Health Choice
 - Blue Cross Blue Shield (except Blue Care)
 - Cigna
 - United Healthcare (except Managed Care Plans)
 - MedCost
 - Aetna
- As a courtesy to clients, we may bill non-participating third party payers for medical services provided. The client is ultimately responsible for any uncovered charges (i.e., out-of-network and deductibles).
- Medicaid will be billed as the payer of last resort.
- Clients who have health insurance must show a valid insurance card when they come for their medical appointment.
- Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service (exceptions are outlined below for Family Planning).
- Third party is billed the total amount of the service provided they will not receive the benefit of the Sliding Fee Scale. The charge and any remaining balance (minus copayments) is billed to the client based on the Sliding Scale Fee. This may include copays, coinsurance, deductibles, and non-allowed charges (applied to sliding fee scale). Family Planning clients will pay the lesser of the copay or where they fall on SFS as required by Title X.
- Clients electronically sign a consent allowing the Health Department to file insurance. A copy of the insurance card is scanned at that time into the patient’s medical record

- Whenever possible, we will determine if a client is eligible for Medicaid.
 - Clients must present all social security numbers and names they have used for employment purposes.
 - Social security number and name will be used *by authorized staff only* for online income verifications.
- Insurance claims are processed through Mitchell & McCormick and electronically filed through a claims management web-based application. Payments are posted electronically/manually to client accounts. If applicable, secondary insurance is filed.
- Insurance denials are researched using the Remittance Advice (RA) for Medicaid and the Explanation of Benefit's for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the patient's account. Any remaining balance for Medicaid clients are adjusted off (unless it was for a non-covered service that the client was made aware of prior to the service being rendered).

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Delinquent Accounts and Collection

Combined Delinquent Accounts and Failed Collections Paragraphs

- Accounts are considered delinquent if a payment balance remains 90 days after the charge activity or after the most recent payment made (whichever is later).
- Delinquent accounts are subject to collection through the North Carolina Debt Setoff program for local governments².
 - All State laws and guidelines are followed for this program, including annual reporting of any qualifying delinquent accounts for collection.
- Accounts are reviewed annually for bad debt status. If no further collection is anticipated, the Business Officer will decide accounts to be written off as bad debt.
- At no time will a client be notified that the account has been written off as a bad debt.
- If a debt is written off and a payment is received, this payment is accepted and properly applied to the client's account.

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BCCCP/Wise Woman Program Eligibility Requirements

Added wording

- All children under the age of 26 and attending or enrolled in a university, a community college, or accredited private institution.

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Sexually Transmitted Disease (STD) and HIV Control

Added wording

- We may bill Medicaid, Medicare, and third party payers where appropriate.

Environmental Health

Added wording

- For tests not listed on the Buncombe County HHS fee schedule, water sample fees charged by Environmental Health will follow the NC State Laboratory of Public Health's fee schedule with the addition of an administrative fee.

Added program policies to note

- Fee Reduction/Waiver Policy
- Definition of Temporary Tattoo Permit

Specific Refund Procedures:

Improvement Permits (Initial site evaluation to determine site suitability)

- May be refunded if the service has not been rendered. In this case, refunds for this service are to be the full amount of the original fee
- Refunds for this service are to be the full amount of the original fee.
- Refunds are not to be issued where the Environmental Health Specialist determines that the property cannot be used for the intended project. In this case, services are considered rendered regardless of the outcome or the amount of time spent making the determination.

Authorization to Construct (May be issued in conjunction with Improvement Permit)

- Fees are collected for **three** separate services:
 - *Improvement Permit* (initial site evaluation to determine site suitability)
 - *Construction Authorization* (for the purpose of obtaining a building permit)
 - *Operations Permit* (for the purpose of obtaining final approval)
- Because there are **three** separate services, applicants may be entitled to a refund for one or **all** services.
- If no service has been rendered the applicant may request a full refund or transfer of the fee to another service.
- If the applicant has received a Construction Authorization **Permit**, but does not wish to pursue installing the approved septic system, he/she is entitled to a refund equal to **one-third** the original fee.
- Property that is denied a Construction Authorization will receive a refund equal to **two-thirds** of the original fee.

Authorization to Construct/Existing System (Revision/Expansion/Relocation)

- If no service has been rendered the applicant may request a full refund or transfer of the fee to another service.
- No refund will be made when service is rendered and authorization is denied.

Existing System Inspection

- If no service has been rendered the applicant may request a full refund or transfer of

the fee to another service.

- No refund will be made when service is rendered and approval is denied

Well Permit / Inspection

- If no service has been rendered the applicant may request a full refund or transfer of the fee to another service.
- If an applicant has received a service related to well construction, but does not wish to pursue drilling the approved well or well approval is denied, he/she is entitled to a refund equal to half the original fee.

Fee Waiver/Reduction Policy

It is the policy of Buncombe County Environmental Health to waive or reduce fees related to septic systems and wells during environmentally extenuating circumstances, which include man-made or natural disasters such as fire, flooding, drought, etc.

Definition of Temporary Tattoo Permit

A temporary tattoo permit is a permit issued to a tattoo artist at an organized tattooing event not to exceed 7 days. The organized tattoo event must have a minimum of 15 tattoo artists and meet the requirements of NCGS 130A-283 and Rules Governing Tattooing 15A NCAC 18A .3200.

OnSite Waste Water Fee Change Rationale

Monday, August 15, 2016

1:06 PM

The permitting practice of this department is to issue three separate permits for septic services: improvement permit, authorization to construct, & operations permit. The IP is a separate fee and the AC includes the OP. The advantage of having a three part fee structure is the three parts accommodate the more complicated septic systems AND also eases the refund process. With an ever increasing demand of development in Buncombe County, brings an ever decreasing supply of quality developable land. Through more advanced technology, land that was once turned down for septic approval, can now be approved. The advanced technology permitted systems brings adds additional visits to lots to meet with consultants, engineers and soil scientist. These additional visits adds increased cost to permit, through man hours and travel expenses.

There are times an applicant decides to not develop their lot and request a refund after a septic permit is issued, our current practice is to refund half of the fee, currently \$380.00. In actuality we should only be refunding the operations permit because the initial issued permit includes the improvement permit and the authorization to construct permit. The three part fee structure would allow us to retain fees for inspections/work completed and refund for inspections/work that will not be completed because the applicant decided not to follow through with the complete inspections and permitting process.

The current fee for a septic repair is \$95. Before the \$95.00 septic repair fee was implemented there was not a charge for septic repair permits. The no charge fee was an incentive for property owners to apply for septic t permits and not bootleg septic repairs. The \$95.00 fee was implemented to fund the purchase of a downhole well camera for the well program. The downhole camera has not been purchased to date. The reduction in the septic repair fee is to further incentivize applicants to apply for septic repair permits.

We are proposing the existing system inspection fee increase from \$65 to \$75.00 because existing system inspections are increasingly becoming more complicated, often times requiring multiple visits before a permit can be issued, hence costing the County more in travel expenses.

The chemical analysis w/ Nitrate/nitrite and Nitrate/nitrite water samples would increase by \$5.00 in order to accommodate increased fees of the State Laboratory for these particular tests.

F&L Fee Definitions and Rationale

Friday, June 24, 2016

10:01 AM

Definitions and Rationale for fees

Plan review is a necessary component to the Food & Lodging program within Environmental Health. Through the plan review process, environmental health specialists evaluate plans and provide guidance to the owner or representative of the proposed food service establishment about the layout, flow of food, equipment, and other points necessary for optimum food safety practices to be in place once the establishment is permitted and in operation. Plan review may result in a permit being issued to an establishment.

MFU Plan Review-\$100 (This fee is only charged once per the life of the establishment)

Mobile Food Units--

Prior to the adoption of the NC Food Code in 2012, environmental health offices were not allowed to charge a plan review fee for MFUs.

<i>FY</i>	<i>Number MFUs Permitted</i>
<i>13</i>	<i>11</i>
<i>14</i>	<i>29</i>
<i>15</i>	<i>18</i>
<i>16</i>	<i>26</i>

There are 72 Mobile Food Units that are currently permitted and operating in Buncombe County.

Plan Review Renovation/Addition-\$75 (less than 500 sq. ft.)- \$125 (greater than 500 sq. ft.)

The only fee we currently collect is the \$200 which seems excessive for smaller projects who do not require an entire plan review process. Many times we do not collect any fees since the \$200 for many instances is excessive. The proposed fees will aid in consistency among staff that everyone is charged fairly and not leave it up to each individual circumstance to charge all or nothing. The proposed fees would fairly compensate the department for the work completed.

Plan Review Existing Restaurant-\$125 (not for a transitional but applied to when some equipment has been added and/or removed/or renovations have been made but not a total plan review charge can be justified)

An existing restaurant does not require the same manpower hours as a new proposed facility. We currently do not charge if an establishment opens in an existing restaurant space and resumes the same operation as this does not require plan review. The proposed fees would allow us to do a plan review on a smaller scale when the scope of the work involved is not an entailed as a full plan review.

Pool re-visit fee-\$50

The NC Rules Governing Public Swimming Pools, requires seasonal and year round pools to be permitted each year. In order for a pool to be permitted the operators/owners of the pool must submit an application and pay a fee of \$150 for the initial pool and \$50 for each additional pool. (Ex. An establishment may have a pool and a hot tub. These are permitted separately and therefore, we would receive two applications and \$200.) The Environmental Health Specialist must inspect each pool separately and make a determination as to whether or not to issue a permit for the operating season requested on the application. More often than not, a permit is not issued on that first visit and there are varying reasons for the denial issuance. Examples include: water quality is inadequate, incorrect drain covers, safety signs are missing, missing/rusted screws on the drain covers, safety equipment is not

available, etc. Because the permit was denied, the EHS must make another visit to the pool once the operator or owner informs EH that the conditions that prompted the denial have been addressed. Even on second visits, a pool permit may still be denied. EHS average about 3 visits per pool before a permit can be issued.

We are proposing a pool re-visit fee to address the additional visits made after the first visit. Making multiple visits to pools each season occupies an enormous amount of time that potentially prevents our staff from permitting all establishments properly. We believe that by initiating a pool re-visit fee, it will reduce the number of subsequent visits required to permit a pool as operators will better prepare their pools prior to the inspector's initial visit.

**Buncombe County
Department of Health**

**BILLING GUIDE
for FY 2018**

Effective July 1, 2017

**Billing and Collection Policies
Program Information Sliding
Fee Scales
Service Fee Schedule**

Approved by Buncombe County Health and Human Services Board

Approved by Board of County Commissioners

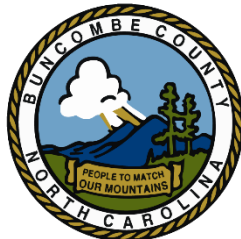


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Introduction

North Carolina law¹ allows a local health department to charge fees for services as long as:

1. Service fees are based on a plan recommended by the Health Director. This plan is approved by the Board of Health and the County Commissioners.
2. The health department does not provide the service as an agent of the State.
3. And the fees are not against the law in any way.

The State requires health departments to provide certain services, and no one may be denied these services. It is in the best interest of our community for the Department of Health to:

1. First, assure that all residents can get all legally required public health services.
2. Then provide as many other recommended and needed health services as possible, within the resources we still have available to use.

The purpose of charging fees is to increase resources and use them to meet residents' needs in a fair and balanced way. Fees are necessary to help cover the full cost of providing recommended and needed health services. We consider the market rate, cost of service and Medicaid rate when establishing fees.

The information in the document below is the fee plan for FY18, effective on July 1, 2017. This Billing Guide for FY18 replaces all earlier plans. Fees are regularly reviewed and may change during the year with approval from the Board of Health and the County Commissioners. You may request a list of current fees at any time.

Fees

General Information

The Department of Health charges and collects fees for most of its services.

- All fees are the responsibility of the client or responsible party.
- We accept cash and major credit or debit cards for payment of all fees.
- Most fees – but not all – can also be paid by check.
- Full payment is expected at the time of service.
- Clients will be informed of their account status at each visit.
- An itemized receipt will be provided to clients at time of payment.
- Under some conditions of client need, we can arrange a payment plan.

The Department of Health provides some services at no cost to the client. (There may be eligibility requirements.) Some examples are:

- WIC nutritional support services
- Certain immunizations for children
- Health education services
- Tuberculosis (TB) screening and treatment support
- Sexually transmitted disease (STD) testing and treatment
- Contagious disease investigations

We may bill Medicaid, Medicare, or insurance for these services. Medicaid is not billed greater than 340B pricing for pharmaceuticals purchased through the 340B program. There may be separate fees – for the client or a third-party payer – for medications, supplies, lab services, X-rays, and/or other medically related services.

¹ North Carolina General Statute 130A-39(g)

Payment by a “Third Party” – Medicaid, Medicare, and Insurance

- State rules require the Department of Health to bill participating third party payers for services we provide. Current participating providers are:
 - Medicaid
 - Medicare
 - NC Health Choice
 - Blue Cross Blue Shield (except Blue Care)
 - Cigna
 - United Healthcare (except Managed Care Plans)
 - MedCost
 - Aetna
- As a courtesy to clients, we may bill non-participating third party payers for medical services provided. The client is ultimately responsible for any uncovered charges (i.e., out-of-network and deductibles).
- Medicaid will be billed as the payer of last resort.
- Clients who have health insurance must show a valid insurance card when they come for their medical appointment.
- Clients presenting with third party health insurance coverage where copayments are required shall be subject to collection of the required copayment at the time of service (exceptions are outlined below for Family Planning).
- Third party is billed the total amount of the service provided. They do not receive the benefit of the Sliding Fee Scale. The charge and any remaining balance (minus copayments) is billed to the client based on the Sliding Fee Scale. This may include copays, coinsurance, deductibles, and non-allowed charges (applied to sliding fee scale). Family Planning clients will pay the lesser of the copay or where they fall on SFS as required by Title X.
- Clients electronically sign a consent allowing the Health Department to file insurance. A copy of the insurance card is scanned at that time into the patient’s medical record.
- Whenever possible, we will determine if a client is eligible for Medicaid.
 - Clients must present all social security numbers and names they have used for employment purposes.
 - Social security number and name will be used *by authorized staff only* for online income verifications.
- Insurance claims are processed through Mitchell & McCormick and electronically filed through a claims management web-based application. Payments are posted electronically/manually to client accounts. If applicable, secondary insurance is filed.
- Insurance denials are researched using the Remittance Advice (RA) for Medicaid and the Explanation of Benefit’s for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the patient’s account. Any remaining balance for Medicaid clients are adjusted off (unless it was for a non-covered service that the client was made aware of prior to the service being rendered).

Payment by Client

- The client is responsible for paying charges that are not covered by third-party payers (insurance plans, including Medicaid and Medicare).
- The client pays any insurance co-pay amounts at the time of services.
- The Department of Health mails a bill to clients based upon below.
 - Quarterly bills are mailed for accounts with a balance between \$5 and \$24.99.
 - Monthly bills are mailed for accounts with a balance \$25 and greater.

- Bills are not sent for "confidential services", regardless of account balance.
- A payment plan can be arranged, when a client shows good cause for needing one.
- Clients with low income may qualify for a reduced fee, based on a **sliding fee scale** for certain services (detail in Appendix 1, below).

Family Planning Billing Policy for Self-Pay and Third Parties

- Bills are submitted to a third party when a third party is responsible.
- Third parties authorized or legally responsible to pay for clients at or below 100% of the Federal Poverty Level are properly billed.
- Third party bills show total charges without any discounts.
- Insured clients cannot be charged more in copayments, deductibles, or other fees than what they should be paying according to the schedule of discounts.

Account Collections and Delinquent Accounts

Payment for Services

Clients are expected to make payment at the time they receive services, and/or to provide up-to-date information about their third party insurance, Medicare, or Medicaid coverage.

Payments Accepted

- Cash
- Credit Cards (MasterCard, Visa, American Express, and Discover)
- Debit Cards
- Personal Checks
- Business Checks for business transactions
- Money Orders
- Cashier Checks

Collection of Monies Owed

If payment for service is not made in full on the date of service, the Department of Health may use the following methods to pursue collection of client accounts:

- Billing statements
- Past due notices
- Collection agencies or credit bureaus
- NC Local Government Debt Setoff Clearinghouse (deduction from a client's tax refund of money client owes Dept. of Health), administered by the NC Department of Revenue

Delinquent Accounts and Collection

- Accounts are considered delinquent if a payment balance remains 90 days after the charge activity or after the most recent payment made (whichever is later).
- Delinquent accounts are subject to collection through the North Carolina Debt Setoff program for local governments².
 - All State laws and guidelines are followed for this program, including annual reporting of any qualifying delinquent accounts for collection.
- Accounts are reviewed annually for bad debt status. If no further collection is anticipated, the Business Officer will decide accounts to be written off as bad debt.

² Ref: NCGS 105A-1 et seq.

- At no time will a client be notified that the account has been written off as a bad debt.
- If a debt is written off and a payment is received, this payment is accepted and properly applied to the client's account.

Service Consequences for Client of Delinquent Account

Unless state and federal program rules prohibit restricting or denying services, persons who have a delinquent account may be:

- required to pay fees before they can get more services
- denied services unless they make a good faith effort to make payment within 90 days

Exception: Any client who has Medicaid coverage will not be denied services because of an unpaid account balance. No Family Planning or STD client will be denied services because of the inability to pay for services received or subjected to variation in quality of service. STD clients will not be denied services due to an unpaid account balance.

Donations

Voluntary donations are accepted from clients for all programs including family planning services. Clients will NOT be pressured to make donations, and donations are not a prerequisite for the provision of services or supplies.

Returned Check Policy

If a client's check is returned:

1. We will notify the client.
 - We notify the client by telephone, if possible.
 - If a telephone number is not available, we mail a notice.
 - We will inform and give the client a copy of Buncombe County's Returned Check Policy.
2. The client must replace all returned checks with cash, money order, and/or certified check. **We charge an additional \$25.00 fee per returned check.**
3. If a client has two returned checks within a one-year period:
 - He/she will have to pay for services using cash, money order, and/or certified check for a period of one year.
 - After the one-year period expires, if another returned check occurs, the client must pay all future bills with cash, money order, and/or certified check.

Refunds

If a client or other third-party payer has overpaid their charges, the credit balance is either:

- Applied to future charges, or
- Refunded to the payer within thirty (30) days of discovery or request.

For the Environmental Health refund policy, see the program-specific information, below (page 12.)

Residency Requirements for Services

Some health services at the Buncombe County Department of Health are available only to persons who are residents of Buncombe County. The State requires that we provide some services regardless of a client's county of residence:

MUST be Buncombe County Resident

- Breast & Cervical Cancer Control Program (BCCCP) and WISEWOMAN program
- Health Promotion
- Immunizations—some adult vaccines (see note at right**)
- Nurse Family Partnership
- WIC/Nutrition

County Residency NOT Required

- Communicable Disease Services (such as STDs, TB)
- Environmental Health (client does not have to be county resident, but services are provided only within Buncombe County)
- Family Planning
- ** Some immunizations, including child vaccines required for school attendance, certain adult vaccines (according to state guidelines)
- Refugee Health Screening and Immunizations

Proof of Residency

- Proof of Buncombe County
- Residency is required for all new clients and at the yearly income assessment review.
- Clients are required to report any change of address.
- Documentation of residency may include:
 - Government-issued ID (such as a driver's license)
 - Utility receipt
 - Rent or mortgage statement
 - Collateral Statement completed by a non-relative
- We may make exceptions about documentation for homeless individuals who reside in Buncombe County.
- Clients who move out of Buncombe County have 30 days to obtain another provider. During these 30 days, they may continue to receive services at the Department of Health.

Program-Specific Information: Personal Health Services

Breast and Cervical Cancer Control Program (BCCCP) and WISEWOMAN Program

Is there a fee?

- No.

Is there a residency requirement?

- Yes. Clients must be residents of Buncombe County.

Program policies to note? (detailed below)

- BCCCP/Wise-Woman Program Eligibility Requirements

BCCCP / Wise Woman Program Eligibility Requirements

- A woman must be uninsured or under-insured to be eligible for the BCCCP and WISEWOMAN programs.
- Also, her family unit must have annual gross income at or below 250% of the Federal Poverty Income Level.

Family-Size (# of Persons)	250% FPL (Annual)
1	\$29,700
2	\$40,050
3	\$50,400
4	\$60,750
For each additional person, add	\$10,400

The following persons are counted as part of the family unit, when determining income-based eligibility:

- Client
- Spouse of client
- All children under 18 years of age, including step-children who live in the home
- All children under the age of 26 and attending or enrolled in a university, a community college, or accredited private institution.
- (see Appendix 1, below, for further detail)

Family Planning

Priority for Family Planning services is to persons from low-income families and to individuals who would not otherwise have access to care. Inability to pay is not a barrier to the receipt of services. Services must be provided without the imposition of any durational residency requirement or requirement that the client be referred by a physician.

Is there a fee?

- Yes, based on the service requested and client’s income (see “Confidential Services” note, below, about individual income and sliding fee scale).

How is the fee paid?

- Full payment, co-pay, or sliding scale percentage is due at time of service.
- BCDH currently participates with Medicaid, Medicare, Blue Cross Blue Shield (except Blue Care), Cigna, United Healthcare (except Managed Care Plans), MedCost, Aetna, and NC Health Choice.
- BCDH will bill other third party payers, only as a courtesy.
- The client is ultimately responsible for any uncovered charges based on a sliding fee scale.

Is there a sliding fee scale?

- Yes. There is a sliding fee scale for Family Planning. (See Appendix 1, page 15, top table.) Also, see policy below on Confidential Services.

Program policies to note? (detailed below)

- Confidential Services

Is there a residency requirement?

- No. Services and sliding fee scale are available regardless of county of residence.

Confidential Services

All Department of Health services are confidential. Teens and other family planning clients may have added privacy by requesting that no mailings be sent to their residence, no appointment reminders are left on voicemail, etc. For sliding fee scale eligibility (Appendix 1 below), clients requesting these additional privacy measures are considered to be a separate family unit. We only look at their own income, and the “economic unit” size is one person on the income table.

Health Promotion**Is there a fee?**

- We may charge fees for health education and promotion services we provide to individuals or groups. Details and policies are specific to the program offered.

Is there a residency requirement?

- Yes. Clients must be residents of Buncombe County

Program policies to note?

- None

Immunizations**Is there a fee?**

- There are fees for some adult and child immunizations.
- State Supplied Vaccine is available at no charge to those who qualify.
- Contact our Immunizations clinic for further information.

How is the fee paid?

- For child immunizations only, we bill all insurance plans directly. After we receive the insurance payment, we send the client a bill if there is any unpaid balance (i.e., non-covered, out-of-network, or unmet deductible). If you are not able to pay in full at that time, you can contact our Accounting Office to make a payment plan.
- BCDH currently participates with these insurance programs: Medicaid, Medicare, Blue Cross Blue Shield (except Blue Care), Cigna, United Healthcare (except Managed Care Plans), MedCost, Aetna, and NC Health Choice. If you are under one of these plans, we bill them directly for both adult and child immunizations.
- For adults who use some other insurance company or have no insurance at all, the client must pay in full at the time of service.

Is there a sliding fee scale?

- No, except for post-exposure rabies treatment provided here at Buncombe County Dept. of Health (see note below).

Is there a residency requirement?

- No, not for those childhood immunizations that are required for school attendance.
- Yes, for some adult immunizations the client must be a resident of Buncombe County. In accordance with state guidelines, some adult vaccines are provided regardless of county residence. (Contact Immunization Services for further information.)

Program policies to note? (detailed below)

- Post-Exposure Treatment for Rabies

Post-Exposure Treatment for Rabies

Rabies infection is fatal unless the person begins treatment right away. The Department of Health works with Mission Hospitals to make sure any county resident who is exposed to rabies can receive the needed vaccine. After the initial exam and treatment at Mission, we can give any follow-up shots that are due Monday-Friday.

The client is responsible for the cost of treatment at BCDH and at Mission Hospitals. At BCDH, we do not require payment in advance for rabies treatment. No Buncombe County resident is turned away from getting follow-up rabies shots at BCDH. We will bill any insurance plan. If a client gets a bill from BCDH and cannot pay at that time, he/she can ask for a payment plan. To apply for the Sliding Fee Scale, the client must also apply for any Rabies Vaccine Assistance Program for which he/she may be eligible. Proof of income is required. If a client is approved for the sliding fee scale, we apply this to any unpaid balance.

Nurse Family Partnership

Is there a fee?

- There are no client fees for Nurse Family Partnership services.
- We bill Medicaid, where appropriate.

Is there a residency requirement?

- Yes. Clients must be residents of Buncombe County.

Program policies to note?

- None

Refugee Health (Limited Services)

Is there a fee?

- There is a fee for refugees seeking **Change of Status** and requesting completion of the I-693 Immunization form for the US Citizen and Immigration Services.
- TB and lead screening are provided at no charge to clients who qualify for Refugee Health services.
- State Supplied Vaccine is available at no charge to those who qualify.
- Clients must go elsewhere for their Refugee Health Physical Assessment Exam and for any medical treatment that may be needed. Any fee for follow-up care is a matter between the client and whichever medical office provides the service.

Is there a residency requirement?

- No

Program policies to note? (detailed below)

- NC Division of Public Health Policy

NC Division of Public Health Policy

- The state's policy on "Refugee Health Assessments Provided in Health Departments" can be found at <https://www2.ncdhhs.gov/info/olm/manuals/dma/fcm/man/MA3540-39.htm>.

Sexually Transmitted Disease (STD) and HIV Control

Is there a fee?

- There are no client fees for routine STD screenings.
- Client fees may be associated with non-routine STD screenings.
- We may bill Medicaid, Medicare, and third party payers where appropriate.

Is there a residency requirement?

- No

Program policies to note?

- None

Tuberculosis (TB)

Is there a fee?

- There are client fees for routine TB skin tests (or test waivers) for reasons such as employment or school admission.
- There are no client fees for routine TB-control services.
- Client fees may be associated with non-routine TB testing (i.e., T-SPOT that is only available to certain clients).

How is the fee paid?

- Full payment or co-pay is the responsibility of the client or client's guardian.
- BCDH currently participates with Medicaid, Medicare, Blue Cross Blue Shield (except Blue Care), Cigna, United Healthcare (except Managed Care Plans), and NC Health Choice.
- We may bill Medicaid, as appropriate, for TB-control services.

Is there a sliding fee scale?

- No

Is there a residency requirement?

- No
- All local health departments in North Carolina coordinate TB prevention and control efforts in their county. To better ensure continuity of care, out-of-county residents are strongly encouraged to work with their local county health department. We are happy to help clients contact their health department to arrange for needed services.

Program policies to note?

- None

WIC / Nutrition**Is there a fee?**

- There are no client fees for WIC services.

Is there a residency requirement?

- Yes. This service is only available to Buncombe County residents.

Program policies to note?

- WIC Program Eligibility Requirements

Program-Specific Information: Property Owners & Businesses**Environmental Health****Is there a fee?**

- Yes
- For tests not listed on the Buncombe County HHS fee schedule, water sample fees charged by Environmental Health will follow the NC State Laboratory of Public Health's fee schedule with the addition of an administrative fee.

How is the fee paid?

- Fees are collected before services are rendered.

Is there a sliding fee scale?

- No

Is there a residency requirement?

- No

Program policies to note? (detailed below)

- Refund Policy
- Rate Adjustment Policy
- Fee Reduction/Waiver Policy
- Definition of Temporary Tattoo Permit

Refund Policy

Fee payments are generally non-refundable once a service has been rendered by the agency. Service is considered rendered when an Environmental Health Specialist has substantially delivered the requested service. Fees cannot be refunded because the applicant no longer wishes to pursue the original project, except under the conditions described below.

General Refund Procedure:

- Program supervisor makes a recommendation to issue a refund.
- Director of Environmental Health must sign and approve all such refunds.
- Director of Environmental Health may approve exceptions to the policies below, when

there are unusual or extenuating circumstances.

- Applications not acted upon within 60 days will be considered inactive, until the Department is notified by the applicant. Inactive applications may be refunded upon request, within one year of the application date.
- If the original service has not been rendered, client may request that fee payments be transferred to other services. The transfer must be accomplished upon cancellation of the original service.

Specific Refund Procedures:

Improvement Permits (Initial site evaluation to determine site suitability)

- May be refunded if the service has not been rendered. In this case, refunds for this service are to be the full amount of the original fee.
- Refunds are not to be issued where the Environmental Health Specialist determines that the property cannot be used for the intended project. In this case, services are considered rendered regardless of the outcome or the amount of time spent making the determination.

Authorization to Construct (May be issued in conjunction with Improvement Permit)

- Fees are collected for three separate services:
 - *Improvement Permit* (initial site evaluation to determine site suitability)
 - *Construction Authorization* (for the purpose of obtaining a building permit)
 - *Operations Permit* (for the purpose of obtaining final approval)
- Because there are three separate services, applicants may be entitled to a refund for one or all services.
- If no service has been rendered the applicant may request a full refund or transfer of the fee to another service.
- If the applicant has received a Construction Authorization Permit but does not wish to pursue installing the approved septic system, he/she is entitled to a refund equal to one-third the original fee.
- Property that is denied a Construction Authorization will receive a refund equal to two-thirds of the original fee.

Authorization to Construct/Existing System (Revision/Expansion/Relocation)

- If no service has been rendered the applicant may request a full refund or transfer of the fee to another service.
- No refund will be made when service is rendered and authorization is denied.

Existing System Inspection

- If no service has been rendered the applicant may request a full refund or transfer of the fee to another service.
- No refund will be made when service is rendered and approval is denied.

Well Permit / Inspection

- If no service has been rendered the applicant may request a full refund or transfer of the fee to another service.
- If an applicant has received a service related to well construction, but does not wish to pursue drilling the approved well or well approval is denied, he/she is entitled to a refund equal to half the original fee.

Rate Adjustment Policy

Payment for an application is valid for 6 months. If initial action on the application is requested more than 6 months from initial payment of the fee, the applicant will be required to pay the difference (if any) between the original fee and the current fee before action can proceed. In the event of a reduction in fees, the applicant will be refunded the difference between the old fee and any reduced fee amount.

Fee Waiver/Reduction Policy

It is the policy of Buncombe County Environmental Health to waive or reduce fees related to septic systems and wells during environmentally extenuating circumstances, which include man-made or natural disasters such as fire, flooding, drought, etc.

Definition of Temporary Tattoo Permit

A temporary tattoo permit is a permit issued to a tattoo artist at an organized tattooing event not to exceed 7 days. The organized tattoo event must have a minimum of 15 tattoo artists and at a minimum meet the requirements of NCGS 130A-283 and Rules Governing Tattooing 15A NCAC 18A. 3200.

Appendix 1: Sliding Fee Scales

Buncombe County Department of Health – Sliding Fee Scales for FY18

For services that are eligible for Sliding Fee Scale payment, the Department of Health uses the current DHHS Federal Poverty Guidelines as published in the *Federal Register*. Fees may be subject to change during the fiscal year.

Sliding Fee Scale for Family Planning Services

# Persons in Econ. Unit	% of Clinic Fee Charged to Client, According to Economic Unit Size & Income											
	0% Pay		20% Pay		40% Pay		60% Pay		80% Pay		100% Pay	
1	0	- 12,060	12,061	- 16,583	16,584	- 21,105	21,106	- 25,628	25,629	- 30,149	30,150	- Over
2	0	- 16,240	16,241	- 22,330	22,331	- 28,420	28,421	- 34,510	34,511	- 40,599	40,600	- Over
3	0	- 20,420	20,421	- 28,078	28,079	- 35,735	35,736	- 43,393	43,394	- 51,049	51,050	- Over
4	0	- 24,600	24,601	- 33,825	33,826	- 43,050	43,051	- 52,275	52,276	- 61,499	61,500	- Over
5	0	- 28,780	28,781	- 39,573	39,574	- 50,365	50,366	- 61,158	61,159	- 71,949	71,950	- Over
6	0	- 32,960	32,961	- 45,320	45,321	- 57,680	57,681	- 70,040	70,041	- 82,399	82,400	- Over
7	0	- 37,140	37,141	- 51,068	51,069	- 64,995	64,996	- 78,923	78,924	- 92,849	92,850	- Over
8	0	- 41,320	41,321	- 56,815	56,816	- 72,310	72,311	- 87,805	87,806	- 103,299	103,300	- Over
9	0	- 45,500	45,501	- 62,563	62,564	- 79,625	79,626	- 96,688	96,689	- 113,749	113,750	- Over
10	0	- 49,680	49,681	- 68,310	68,311	- 86,940	86,941	- 105,570	105,571	- 124,198	124,200	- Over
11	0	- 53,860	53,861	- 74,058	74,059	- 94,255	94,256	- 114,453	114,454	- 134,649	134,650	- Over
12	0	- 58,040	58,041	- 79,805	79,806	- 101,570	101,571	- 123,335	123,336	- 145,099	145,100	- Over
13	0	- 62,220	62,221	- 85,553	85,554	- 108,885	108,886	- 132,218	132,219	- 155,549	155,550	- Over
14	0	- 66,400	66,401	- 91,300	91,301	- 116,200	116,201	- 141,100	141,101	- 165,999	166,000	- Over
15	0	- 70,580	70,581	- 97,048	97,049	- 123,515	123,516	- 149,983	149,984	- 176,449	176,450	- Over
	≤100% FPL		>100% & ≤137.5% FPL		>137.5% & ≤175% FPL		>175% & ≤212.5% FPL		>212.5% & <250% FPL		≥250% FPL	
Client's Economic Unit Income as % of Federal Poverty Level												

Sliding Fee Scale for Any Other Eligible Service

# Persons in Econ. Unit	% of Clinic Fee Charged to Patient, According to Economic Unit Size & Income											
	0% Pay		20% Pay		40% Pay		60% Pay		80% Pay		100% Pay	
1	0	- 12,060	12,061	- 15,075	15,076	- 18,090	18,091	- 21,105	21,106	- 24,119	24,120	- Over
2	0	- 16,240	16,241	- 20,300	20,301	- 24,360	24,361	- 28,420	28,421	- 32,479	32,480	- Over
3	0	- 20,420	20,421	- 25,525	25,526	- 30,630	30,631	- 35,735	35,736	- 40,839	40,840	- Over
4	0	- 24,600	24,601	- 30,750	30,751	- 36,900	36,901	- 43,050	43,051	- 49,199	49,200	- Over
5	0	- 28,780	28,781	- 35,975	35,976	- 43,170	43,171	- 50,365	50,366	- 57,559	57,560	- Over
6	0	- 32,960	32,961	- 41,200	41,201	- 49,440	49,441	- 57,680	57,681	- 65,919	65,920	- Over
7	0	- 37,140	37,141	- 46,425	46,426	- 55,710	55,711	- 64,995	64,996	- 74,279	74,280	- Over
8	0	- 41,320	41,321	- 51,650	51,651	- 61,980	61,981	- 72,310	72,311	- 82,639	82,640	- Over
9	0	- 45,500	45,501	- 56,875	56,876	- 68,250	68,251	- 79,625	79,626	- 90,999	91,000	- Over
10	0	- 49,680	49,681	- 62,100	62,101	- 74,520	74,521	- 86,940	86,941	- 99,359	99,360	- Over
11	0	- 53,860	53,861	- 67,325	67,326	- 80,790	80,791	- 94,255	94,256	- 107,719	107,720	- Over
12	0	- 58,040	58,041	- 72,550	72,551	- 87,060	87,061	- 101,570	101,571	- 116,079	116,080	- Over
13	0	- 62,220	62,221	- 77,775	77,776	- 93,330	93,331	- 108,885	108,886	- 124,439	124,440	- Over
14	0	- 66,400	66,401	- 83,000	83,001	- 99,600	99,601	- 116,200	116,201	- 132,799	132,800	- Over
15	0	- 70,580	70,581	- 88,225	88,226	- 105,870	105,871	- 123,515	123,516	- 141,159	141,160	- Over
	≤100% FPL		>100% & ≤125% FPL		>125% & ≤150% FPL		>150% & ≤175% FPL		>175% & <200% FPL		≥200% FPL	
Client's Economic Unit Income as % of Federal Poverty Level												

Guidelines for Determining Eligibility for Sliding Fee Scale

How does the Sliding Fee Scale work?

- Clients must show proof of income and family size.
- Staff will use this information to determine what percent of fees a client must pay.
- See **Appendix 1: Sliding Fee Scale (page15)**
- If income cannot be confirmed at the time of screening, or if a client declines to provide information to verify employment, the charge for services will be at 100% pay.
- If proof of income is received at a later date, retroactive adjustments are limited to charges within the past 30 days.
- If clients report false information, they will no longer be allowed to use the sliding scale, except for Family Planning service fees.
- Eligibility for reduced fees will be re-checked:
 - Anytime the client's income and household size changes; and/or once every 12 months.
- The Clinical Services Supervisor may make exceptions to the fee policies for those who are unable, for good cause, to pay for family planning services. If this situation occurs, documentation of the process is required.

- Clients are not denied services or subjected to variation in quality of services because of the inability to pay.
- Clients at or below 100% of the FPL are not charged for Family Planning services.
- Income reported for Family Planning financial eligibility screening can be obtained from other programs offered in the agency.

Which BCDH services offer a Sliding Fee Scale*?

- Family Planning and post-exposure rabies treatment.
*There may be conditions on when the sliding fee scale applies (see sections above).

When does the Sliding Fee Scale discount NOT apply?

- For insurance co-payments
- For certain service charges, including:
 - **Pharmaceutical** charges for **Foreign Travel** medications
 - **Environmental Health** services
 - **Immunization** services, except post exposure rabies injections
 - **Refugee** services
 - **Medical Records** copies
 - Certain other “Miscellaneous” services

How often is a client screened for Sliding Fee Scale eligibility?

We review financial information on clients to see if they are eligible for reduced fees on the Department of Health’s Sliding Fee Scale (tables on page 15). The “Economic Unit is the method of income collection used to determine financial eligibility” for patient fees. We do financial screening:

- on all new clients
- when clients report that family size and/or income has changed
- if it has been **1 year** or more since they were last screened.

Who is considered a member of the “family” for determining eligibility?

Definition of Family Size/Household and Countable Gross Income

1. **Family:** A family of two or more is defined as a group of persons related by birth, marriage, adoption, or a defined dependent relationship, who live together in a household. Persons are considered members of a “family” when their production of income and consumption of goods are related.
 - A client with no income must be considered part of the larger family unit that is providing support to the client.
 - Groups of persons living in the same house with other people may be considered a separate family unit. For example, if two sisters and their children live in the same house and both work and support their own children, they would be considered two separate households.
2. **Dependent Status:** Dependent household members are defined as those persons for whom the head of household:
 - has a legal responsibility to support, or
 - has voluntarily extended support

These relationships are usually defined as legal adoptions and guardianships. Guardianship status must be supported by court documents defining the guardian relationship /responsibility.

Exceptions:

- A foster child assigned by DSS shall always be considered a family of one.
 - **Teens and others requesting confidential Family Planning Services will have their income assessed as a family of one.**
3. **Family/Household Income:** Dollar amounts represent gross monthly income, the total cash receipts before taxes, from all sources. This is the total of all household income from each “counted” family member.
4. **Income Sources:** All income from full or part time employment, produced by all dependents, must be declared as part of the household income. Income sources include:
- Salaries and wages
 - Earnings from self-employment (deduct business expenses, except depreciation)
 - Interest income
 - All investment and rental income
 - Public assistance
 - Unemployment benefits
 - Worker’s compensation
 - Alimony and child support
 - Military allotments
 - Social Security benefits
 - VA benefits
 - Retirement and pension pay
 - Insurance or annuity plans
 - Gaming proceeds and any other income not represented here that contributes to the household consumption of goods. This list is not all-inclusive.
5. **Income Verification:** We require income verification before a client can be eligible for a sliding scale discount. Any **one** of the following is acceptable:
- Current pay stubs
 - Signed note from employer that shows client’s income before taxes are taken out
 - W-2 Forms
 - Unemployment letter
 - Award letter from Social Security Office, VA, or Railroad Retirement Board
 - 1099’s received from IRS
 - Paper from the IRS that shows client did not file taxes
 - **Self-employed clients** may bring accounting records or income tax return for the most recent calendar year. (Entire tax return must be provided in order to allow deductions for business expenses.)

Appendix 2: Service Fees

Service Fees are subject to change throughout the year. We are happy to speak with you by phone or in person to tell you what a service costs, answer questions about our fees, and provide fee documentation on request. To speak with the Accounting Department, call 828-250-5218.

Medical Records Copy Charges

The Department of Health's charges for Medical Record and Environmental Health Record copies are within the limits set by North Carolina state law (GS §90-411).

Copying charges are:

- \$.75 per page for up to 25 pages;
- \$.50 per page for pages 26 through 100;
- \$.25 for each page thereafter.

The table at right shows the specific charge from 1 to 150 pages.

For copy requests greater than 150 pages, the charge is \$68.75 plus an additional \$.25 for each page over 150.

Total charge for more than 150 pages = \$68.75 + \$.25 for each additional page.

#Pgs	Charge
1	\$ 0.75
2	\$ 1.50
3	\$ 2.25
4	\$ 3.00
5	\$ 3.75
6	\$ 4.50
7	\$ 5.25
8	\$ 6.00
9	\$ 6.75
10	\$ 7.50
11	\$ 8.25
12	\$ 9.00
13	\$ 9.75
14	\$ 10.50
15	\$ 11.25
16	\$ 12.00
17	\$ 12.75
18	\$ 13.50
19	\$ 14.25
20	\$ 15.00
21	\$ 15.75
22	\$ 16.50
23	\$ 17.25
24	\$ 18.00
25	\$ 18.75
26	\$ 19.25
27	\$ 19.75
28	\$ 20.25
29	\$ 20.75
30	\$ 21.25
31	\$ 21.75
32	\$ 22.25
33	\$ 22.75
34	\$ 23.25
35	\$ 23.75
36	\$ 24.25
37	\$ 24.75
38	\$ 25.25
39	\$ 25.75
40	\$ 26.25
41	\$ 26.75
42	\$ 27.25
43	\$ 27.75
44	\$ 28.25
45	\$ 28.75
46	\$ 29.25
47	\$ 29.75
48	\$ 30.25
49	\$ 30.75
50	\$ 31.25

#Pgs	Charge
51	\$ 31.75
52	\$ 32.25
53	\$ 32.75
54	\$ 33.25
55	\$ 33.75
56	\$ 34.25
57	\$ 34.75
58	\$ 35.25
59	\$ 35.75
60	\$ 36.25
61	\$ 36.75
62	\$ 37.25
63	\$ 37.75
64	\$ 38.25
65	\$ 38.75
66	\$ 39.25
67	\$ 39.75
68	\$ 40.25
69	\$ 40.75
70	\$ 41.25
71	\$ 41.75
72	\$ 42.25
73	\$ 42.75
74	\$ 43.25
75	\$ 43.75
76	\$ 44.25
77	\$ 44.75
78	\$ 45.25
79	\$ 45.75
80	\$ 46.25
81	\$ 46.75
82	\$ 47.25
83	\$ 47.75
84	\$ 48.25
85	\$ 48.75
86	\$ 49.25
87	\$ 49.75
88	\$ 50.25
89	\$ 50.75
90	\$ 51.25
91	\$ 51.75
92	\$ 52.25
93	\$ 52.75
94	\$ 53.25
95	\$ 53.75
96	\$ 54.25
97	\$ 54.75
98	\$ 55.25
99	\$ 55.75
100	\$ 56.25

#Pgs	Charge
101	\$ 56.50
102	\$ 56.75
103	\$ 57.00
104	\$ 57.25
105	\$ 57.50
106	\$ 57.75
107	\$ 58.00
108	\$ 58.25
109	\$ 58.50
110	\$ 58.75
111	\$ 59.00
112	\$ 59.25
113	\$ 59.50
114	\$ 59.75
115	\$ 60.00
116	\$ 60.25
117	\$ 60.50
118	\$ 60.75
119	\$ 61.00
120	\$ 61.25
121	\$ 61.50
122	\$ 61.75
123	\$ 62.00
124	\$ 62.25
125	\$ 62.50
126	\$ 62.75
127	\$ 63.00
128	\$ 63.25
129	\$ 63.50
130	\$ 63.75
131	\$ 64.00
132	\$ 64.25
133	\$ 64.50
134	\$ 64.75
135	\$ 65.00
136	\$ 65.25
137	\$ 65.50
138	\$ 65.75
139	\$ 66.00
140	\$ 66.25
141	\$ 66.50
142	\$ 66.75
143	\$ 67.00
144	\$ 67.25
145	\$ 67.50
146	\$ 67.75
147	\$ 68.00
148	\$ 68.25
149	\$ 68.50
150	\$ 68.75