

PENDER COUNTY HEALTH DEPARTMENT

Title: Determining Cost and Setting Fees for Services Policy

Department: Fiscal Management

Effective Date: September 18, 2007

Last Revised: January 12, 2012

Approved by:

Jimmy Holland
Chairman
Pender County Board of Health

Carolyn Moser MPA
Health Director

Background and Purpose: To define the process for determining fees for services rendered by Pender County Health Department.

Scope: Policy applies to all employees of Pender County Health Department that process billing.

Policy: All services available at Pender County Health Department have a fee. These charges will be passed on to the patient when applicable, based on insurance availability as well as eligibility status.

Procedures:

Multidisciplinary Committee (Director of Nursing, Environmental Health Supervisor, Health Director, Accounting Specialist and Lab Supervisor) will meet, as necessary, to determine the cost of providing services and discuss the “setting of rates”, for the services provided by the agency. If there are significant changes with services, that effect the cost of providing services, fees will be evaluated, on a case by case basis. Fees will be reviewed annually for possible adjustments. An increase or decrease in Medicare or Medicaid reimbursement rates will serve as a baseline for setting costs.

The “Medicaid Cost Analysis” is one of the tools/ methods utilized to determine how much it costs the Health Department to provide a service. This study is performed annually in all health departments and the actual results are shared with each county. The cost of providing services is compared throughout the State, from one health department to another. This information gives a realistic figure to work with and compares cost to perform a service to all other counties within the State. Other contributing factors, used in determining cost will include looking at: time it actually takes to provide the service (cost of staff), cost of supplies involved, surrounding community rates, plus other Health Department rates.

The cost of providing flat rate fees is also determined through this procedure and may be established for specific services that are not funded by State/Federal funds. Some examples include: TB skin test (related to work or school), physical for work / school, pregnancy test, etc.

Once the above information has been reviewed and discussed, fees will be taken to the Board of Health and Board of County Commissioners, per G.S. 130-A-39, for their discussion and final approval. This information will be reflected in the appropriate minutes, for future review. The appropriate fees set will be maintained in the Health Department, noted as approved "Schedule of Charges". Specific methods used in seeking reimbursement will be through third-party coverage, including Medicaid, Medicare, private insurance, and individual patient pay. The agency will adhere to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided.

Forms: N/A

References:

Current Patient Fee Schedule

Medicaid Cost Analysis

Division of Medical Assistance Reimbursement Rates