



B. J. Walker, Commissioner

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## MEMORANDUM

TO: County Health Departments  
FROM: Angie Hanes, RNC *Angie Hanes, RNC*  
SUBJECT: Revised Fees Policy  
DATE: February 1, 2007

Please find attached fees policy which has been revised and signed by Dr. Westfall. Please place this policy in your COM Manual and the Fees Manual. Share this policy with all staff in the Health Department.

We will be reviewing it at the February 19, 2007 leadership meeting, so please remember to bring the policy to the meeting.

The policy is effective March 1, 2007. The computer liaisons were given posters at the meeting on 1/31/07. Please make sure they are displayed in prominent places in the Health Department.

Remember to update the fees in your computer system to be effective 3/1/07. Should you have questions about this, please call Sandra Campbell.

Thank you for your assistance in this matter. If you have questions, please call.

C: Management Team  
Charlene Gazaway  
Area Nurse Managers  
Sandra Campbell  
Deanna Gabriel

**DISTRICT 2 PUBLIC HEALTH  
CLINIC FEES POLICIES AND PROCEDURES  
Policy # 169  
Effective March 1, 2007**

**I. FEE COLLECTION DEFINITIONS AND PROCEDURES**

The following definitions are set forth to insure there is no misunderstanding of commonly used terms or concepts and to provide definitions of key components of the fee system.

**A. CLIENT:** Any person who is receiving or requesting services provided by the County Boards of Health and Contract Agencies.

**B. DEPARTMENT:** The Georgia Department of Human Resources.

**C. DECLARATION METHOD:** Acceptance of proof of income regarding the source and amount of his/her family's gross monthly or annual income or income verification, i.e. current check stubs, W-2 form, income tax return, or Statement of Earnings from employer.

**D. SELF-DECLARATION:** Allowing clients to attest to their income instead of submitting documents such as pay stubs or tax statements to prove their income. This method must be utilized in the Family Planning Program. See ***Title X Family Planning Services Manual, November, 2006.***

**E. ABILITY TO PAY:** Determined by assessment of current Federal Poverty Income Guidelines using annual gross income and family size.

**F. FAMILY:** (a) One or more adults and children, if any, related by blood or law, and residing in the same household. Where adults, other than spouses, reside together, each may be considered a separate family.

Minors seeking Family Planning services without parental consent shall be considered one-person families. (b) Emancipated Minor: adolescent is self-supporting, income would be handled the same as for an adult.

**G. ANNUAL GROSS INCOME:** The sum of income, available to an individual or family on an annual basis, prior to any deductions or discounts. Sources of gross annual income follow:

**1) WAGES OR SALARY:** Total monetary earnings received for work performed as an employee, including wages, salaries, Armed Forces pay, commissions, tips, piece-rate payments and cash bonuses, earned before deductions are made for taxes, bonds, pensions, union dues, and similar purposes.

**2) CHILD SUPPORT:** An allowance contributed by a parent to assist in meeting the child's needs.

**3) ALIMONY:** An allowance made to a spouse for maintenance and support, pending or subsequent to, legal separation or divorce.

**4) UNEMPLOYMENT COMPENSATION:** Compensation received from Government Unemployment Insurance Agencies or private companies during periods of unemployment and any strike benefits received from union funds.

**5) WORKER'S COMPENSATION:** Compensation received periodically from private or public insurance companies for injuries incurred at work. The cost of this insurance must have been paid by the employer and not by the person.

**6) VETERAN'S PENSION:** Money paid periodically by the Veteran's Administration to disabled members of the Armed Forces or to survivors for education and on-the-job training, as well as so-called "Refunds" paid to ex-servicemen as GI insurance premiums.

**7) SOCIAL SECURITY:** Social Security pensions and survivor's benefits, permanent disability insurance payments made by the Social Security Administration prior to deductions for medical insurance, and Railroad Retirement Insurance checks from the U.S. Government.

**8) PENSIONS (PRIVATE/GOVERNMENT) OR ANNUITIES:** Pensions or retirement benefits paid to a retired person or his/her survivors by a former employer or by a union, either directly or through an insurance company, and periodic receipts from annuities or insurance.

**9) DIVIDENDS, INTEREST (ON SAVINGS OR BONDS), INCOME FROM ESTATES OR TRUSTS, NET RENTAL INCOME OR ROYALTIES:** Dividends from stockholding or membership in associations, interest on savings or bonds, periodic receipts from estates or trust funds, net income from rental of a house, store, or other property to others, receipts from boarders or lodgers, and net royalties.

**10) NET INCOME FROM NON-FARM SELF-EMPLOYMENT:** Gross receipts minus expenses from one's own business, professional enterprise, or partnership. Gross receipts include the value of all goods sold and services rendered. Expenses include cost of goods sold and services rendered. Expenses include cost of goods purchased, rent, utilities, depreciation charges, wages and salaries paid, business taxes (not personal income taxes), and similar costs. The value of saleable merchandise consumed by the proprietors of retail stores is not included as part of net worth. Deficit or negative income from non-farm self-employment should be considered as a negative number when computing all applicable sources of income.

**11) NET INCOME FROM FARM SELF-EMPLOYMENT:** Gross receipts minus operating expenses from the operation of a farm by a person on his own account, as an owner, renter, or sharecropper. Gross receipts include the value of all products sold, government crop loans, money received from the rental of farm equipment to others, and incidental receipts from the sale of wood, sand, gravel, and similar items. Operating expenses include cost of feed, fertilizer, seed, and other farming supplies, cash paid to farmhands, depreciation charges, cash rent, farm taxes (not state and federal income taxes), and similar expenses. The value of fuel, food, or other farm products used for family living is not included as part of net income. Deficit or negative income from farm self-employment should be considered as a negative number when computing all applicable sources of income.

**12) PUBLIC ASSISTANCE OR WELFARE PAYMENTS:** Public assistance payments such as Aid to Families with Dependent Children (AFDC), Supplemental Security Income (SSI), Optional State Supplementation (OSS), and general assistance (e.g., county assistance).

**13) EXCLUDED SOURCES OF INCOME:** DO NOT include as sources of income the following types of money received by the client:

- a) Per Capita payments of funds held in trust for any individual in satisfaction of a judgment of The Indian Claims Commission or The Court Of Claims.
- b) Payments made pursuant to the Alaska Native Claims Settlement Act.
- c) Money received from sale of property, such as stocks, bonds, a house, or a car (unless the person was engaged in the business of selling such property).
- d) Withdrawals of bank deposits.
- e) Money borrowed.
- f) Tax refunds.
- g) Lump sum inheritances or lump sum insurance payments (e.g., lump sum death benefits).
- h) Capital gains, that is, the difference between the money paid for an asset and the money realized (in excess of the purchase price) from the sale of that asset.
- i) The value of the coupon allotment under The Food Stamp Act Of 1964.
- j) The value of United States Department of Agriculture donated foods or United States Department of Agriculture Women, Infants and Children (WIC) coupons.
- k) The value of Supplemental Food Assistance under the Child Nutrition Act of 1966 and the Special Food Service Program for Children under the National School Lunch Act.
- l) Any payment received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
- m) Earnings of a child under 14 years of age.
- n) Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs.
- o) Any grant or loan to any undergraduate student for educational purposes made or insured under any program administered by the Commissioner of Education under the Higher Education Act.
- p) Home produce utilized for household consumption.
- q) Incentive payments paid to Work Incentive (WIN) program participants or maintenance payments paid under the Rehabilitation Act of 1973 to Vocational Rehabilitation clients.
- r) The value of social services provided by or through state agencies, local government, or private agencies.
- s) Income received by any youth under Title III, Part C "Youth Employment Demonstration Program" of the Comprehensive Employment and Training Act of 1973 (CETA).
- t) Income received by volunteers in the Volunteers in Service to America (VISTA) program.
- u) Non-cash receipts, emoluments, or benefits received by employees. Examples of such benefits, which are not counted, are: rent-free quarters in the Armed Services, rent-free quarters occupied by an apartment house janitor, and free meals.

## II. GENERAL

### A. OBJECTIVES

To have a customer-sensitive, staff-supported, fee collection system that will increase revenues, comply with Federal and State guidelines, and enhance the clinic programs. Policies and procedures governing fee payments must be administered in a manner which protects the privacy of the individual. They should also insure that the client understands his/her rights within the system.

### B. ESTABLISHMENT OF THE DISTRICT 2 PUBLIC HEALTH FEES POLICIES AND PROCEDURES MANUAL

1. The District 2 Public Health Management Team will be responsible for publishing the District 2 Public Health Fee Policies and Procedures Manual, which will contain relevant policies, procedures, directives, standards, and any other matters as may be determined appropriate. The District Health Director shall approve all changes to the District 2 Public Health Fee Policies and Procedures Manual before any changes are implemented.
2. Every service delivery site shall have an official copy of the District 2 Public Health's Fee Policies and Procedures Manual on file at all times. The County Office Manager (COM) will be responsible for dissemination of all updates and revisions to the manual and to ensure official copies are maintained in accordance with this policy.

### C. AUTHORITY AND RESPONSIBILITY

1. Routine decisions in accordance with this policy will be made by the clinic clerical and support staff.
2. The execution of these policies in the County Health Department will be a cooperative effort between the County Office Manager (COM) and County Nurse Manager (CNM). They are authorized to make minor, temporary deviations from these policies in extraordinary circumstances with proper documentation.
3. No changes are to be made to these policies unless the directive for the change has been made in writing by the District Health Director.

## III. FEE SCHEDULES

**A.** The public health clinic fee schedule lists the only approved amounts to be charged for services provided. These amounts may not be changed by anyone other than the District Health Director. It is the responsibility of the COM to ensure the fees are charged in accordance with this policy. These schedules will be periodically approved by the County Boards of Health.

**B.** Note that the environmental health fee schedule lists the only approved amounts to be charged for services provided. These fees must be approved by both the County Board of Health and the county governing authority (i.e. the County Commissioners).

These amounts may not be changed by anyone without prior approval of both the Board of Health and the county governing authority.

#### **IV. FEE COLLECTIONS**

##### **A. PAYMENT AT TIME OF SERVICE**

Payment is expected at the time of service for all services provided. Method of payment may include cash, personal check (except as described below), credit card and debit card. All effort is to be made to collect fees owed at the time of the client's visit.

1. Payment should be collected prior to services being rendered (i.e. "up front") whenever a client is receiving walk-in services, or services for which no return visit is expected.

Payment may be collected after services are rendered (i.e. at the end of the visit) for appointments, childhood immunizations, and infectious disease services.

2. Personal checks should not be accepted for one-time services, such as travel clinic visits or immunizations.
3. Payment for debts, i.e. a returned check and/or any outstanding balance within the current or last fiscal year, is to be collected at the same time the payment for any new service is collected, as specified in 1 (i.e. up front for walk-in services).

##### **B. ASSIGNMENT OF BENEFITS**

The clinic will accept assignment of benefits from Medicare for influenza and pneumonia vaccinations and for primary care services provided at Hall County Health Department. The clinic does not accept assignment of benefits from private commercial insurance companies, and the client or their guardian is responsible for filing claims with private insurers. The client or their guardian must be given a copy of their statement or receipt, which provides all necessary claim information.

##### **C. PROCEDURES FOR PARTIAL OR NON-PAYMENT**

If a client or guardian fails to pay their bill, the County Office Manager (COM) or designee should discuss the situation with the responsible party to determine the reason for non-payment. Clients and guardians should always be encouraged to discuss bills and fees openly. If full payment cannot be made by a specific date, an installment plan should be established and documented in the client's medical record. A copy of the proof of income, if provided, should be kept in the medical record for documentation.

1. If a client makes a partial payment or no payment, but makes arrangements for payment prior to leaving the facility, a Statement of Account or receipt stating the amount due and asking the client to return payment within 30 days or prior to their next visit, shall be given to them at the time they check out.
2. If a client leaves the facility without making any payment and without making arrangements for payment, a Statement of Account is to be sent to that client, stating the amount due, payable within 30 days or prior to their next visit. These

statements should be sent at the end of each day for all applicable clients and visits.

Do not send statements for confidential services (i.e. STD, HIV, "Do not contact").

See Section for VIII for additional billing and collection procedures.

## **V. DISCOUNTED FEES AND PROOF OF INCOME**

In order to comply with most state and federal regulations, each client must have his/her income assessed and documented in his/her record at least annually. This should be accomplished per HIPAA compliant guidelines. Most programs follow specific regulations for income verification and fee collections. See specific program manual for regulations

Many clinic services are provided on a sliding fee scale. In order to determine the client's percent pay level and discount, income and family size are required. The Confidential Discount Eligibility Form should be used to determine eligibility for discounts. (Note that Environmental Health fees are not discounted.)

1. For Title X Family Planning services, proof of income should be requested but must never be required. Clients may receive discounted fee services by self-declaring their income.
2. For all other services, proof of income is required in order to obtain a discount. If proof of income is not provided, all fees (except Title X Family Planning, as per above) are to be billed at the 100% level.

Declaration methods which constitute valid proof of income include official documents, such as a current check stub, W-2 form, income tax return, or statement of earnings from an employer. These documents must be in the name of the client, or the name of the immediate family member supporting the client. Income documents for a client who claims to work under a name other than their own are not to be accepted unless official DBA documentation is also provided. A letter of financial support from whoever supports the client (employer, relative, etc.) may be accepted as proof of income.

Teens should have fee charges calculated on their income, not the income of their parents.

## **VI. DENIAL OF SERVICE**

No client shall be denied any medical service or have medical services rescheduled because of a true inability, as opposed to unwillingness, to pay, regardless of their credit standing. A statement must be posted which states that no one will be denied services because of inability to pay. County Health Departments are required to serve all those who request services without regard to length of county residency, number of times a service has been provided, prior approval by a physician, a true inability to pay, or other limitation unrelated to the need for a specific service.

If evidence (personal observation, the Discount Eligibility Form, etc.) indicates that the client or their guardian should be able to pay, but they refuse to do so, service can be denied due to unwillingness to pay.

## **VII. POLICIES AND PROCEDURES FOR HANDLING MONIES AND DEPOSITS**

### **A. CASHING CHECKS AND MAKING CHANGE**

Personal checks, traveler's checks and credit/debit cards will be accepted for the payment amount only. (See IV.A.2. for instances in which a personal check should not be accepted.) No one is permitted to give cash back from checks or credit cards. No cashing of checks of any kind is permitted.

### **B. DAILY MONEY REPORT AND BALANCING**

Fees collected must be reconciled and balanced on a daily basis. The total cash, checks and credit card slips must be reconciled. Money kept in the cash drawer should be counted after making each deposit to ensure that there are no overages or shortages. The person who prepares the Daily Money Report should sign off as preparer and then the report should be reviewed for accuracy and completeness and signed off by the supervisor. Rationale: DHR Office of Audits.

### **C. SECURITY**

All fees collected must be secured in a locked drawer. Deposits must be taken to the bank at least twice a week. Additionally, on any day when the total amount of cash and checks in the Health Department equals or exceeds \$300.00, a deposit is to be made by the close of business if possible, but no later than 10:00 a.m. of the next working day. As an additional security measure, a single person should not accept payments, reconcile the money drawer and prepare the deposit, and take the deposit to the bank. At least two staff members should be involved in this process.

## **VIII. BILLING AND COLLECTION PROCEDURES**

### **A. INSURANCE BILLING**

All Medicaid and Medicare billing must be done at least weekly.

### **B. STATEMENT PROCEDURES**

Statements of outstanding balances should be mailed monthly, if possible, but at least once a quarter. Only one statement should be sent for outstanding balances of \$5.00 or less, whereas three statements should be sent for outstanding balance greater than \$5.00. (See Section IV.A.3. for collection of debts prior to the client obtaining new services.)

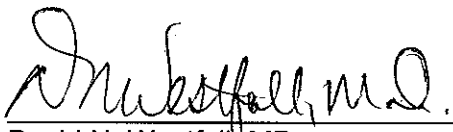
Do not send statements for confidential services (i.e. STD, HIV, "Do not contact").

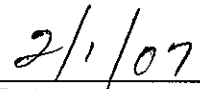
**C. BAD DEBTS**

1. Bad debts may be written-off annually. Balances must be kept for the current and last fiscal year. Any balances incurred prior to the previous fiscal year may be written off if the client has not received any services in the current or last fiscal year. Notes regarding all debts written off must be entered into the "Financial Notes" section of the client's computer record.
2. If the client returns to the clinic and makes a payment toward the debt that has been written off, payment will be accepted. The adjustment code 781 (recover write-off) is to be used, and the original amount written off. This will add the balance back. The payment received is then to be posted as usual. A note regarding this reversal and payment should be entered in the "Financial Notes" screen of the client's computer record.

**IX. RETURNED CHECKS POLICY**

Every effort should be made (by telephone, in-person, or by mail) to contact the individual who gave a bad check in order to determine when the check will be made good. See the attachment for an example of a letter to be sent regarding bad checks. The individual should commit themselves to a specific date (within five days) for re-deposit or to exchange cash for the check. A \$25 penalty will be charged for returned checks by the Health Department.

  
\_\_\_\_\_  
David N. Westfall MD

  
\_\_\_\_\_  
Date

COUNTY LETTERHEAD

DATE

PATIENT/GUARDIAN/CLIENT  
ADDRESS  
CITY, STATE ZIP

DEAR \_\_\_\_\_:

According to information you have provided, it has been determined that you should be able to pay a portion or all of the total cost of your service. If this is incorrect, please contact our office immediately at \_\_\_\_\_.

According to our records, you owe \$ \_\_\_\_\_. In order for us to be able to continue providing services, you are being asked to make a reasonable effort to pay the amount you owe.

We would appreciate you making full payment of the amount you owe. If this is not possible, we will accept installment payments. If you would like to make installment payments, please complete the section below, sign your name acknowledging your understanding of the terms and conditions of this agreement, and return this letter along with your first installment in the enclosed envelope or come by the health department to make a payment plan.

I have chosen to pay the amount I owe as follows:

Date	Amount
_____	_____
_____	_____
_____	_____
_____	_____

According to our policy, patients who are unwilling to pay can be denied future services. Please make payment on or before your next visit so that services you receive in our health department will not be discontinued. If you have questions, please call \_\_\_\_\_ at \_\_\_\_\_.

I understand the terms and conditions of this agreement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

cc: patient's file



**SAMPLE NSF CHECK LETTER**

Date

Patient Name  
Address

Dear \_\_\_\_\_:

Your check number \_\_\_\_\_ in the amount of \$\_\_\_\_\_ has been returned to us for insufficient funds. Please make arrangements to come by and pay for this either by cash or credit card before \_\_\_\_\_.

Writing bad checks can be a serious offence. Should we turn this over to magistrate court, you could be subject to a fine of over \$300 if this is your first offence. Subsequent offences may have a higher fine and could even include jail time.

Please take the time to take care of this as soon as possible.

Thank you,

Office Manager