Davidson County Board of Health
Minutes
Regular Meeting of the Board of Health
Health Department Boardroom
March 10, 2026

Board of Health Present	Staff Present	Visitors Present
Dr. Terry Ellington, Chair	Lillian Koontz	Adam Jones, County Attorney
Mr. Calvin Odom, Vice Chair	Janna Walker	Ryan Hargrave, Asst. County Attorney
Commissioner Tripp Kester	Mary Lou Collett	Debbie Harris, Clerk to the Board of Commissioners
Ms. Datra Delk-Patrick	Stacy Hull	
Dr. Mark Hamrick	Randy Swicegood	
Mr. Joseph Thomas	Belinda Wilson	
Ms. Christal Yates		
Dr. Andrew King		

I. **Welcome, Introductions, Announcements –** Ms. Lillian Koontz
Ms. Koontz called the meeting to order at 3:00pm and welcomed everyone to the Board of Health (Board) meeting. Ms. Debbie Harris, Clerk to the Board of Commissioners, administered the oath of office to our new member, Dr. Andrew King.

II. **Election of Chair and Vice Chair –** Ms. Lillian Koontz
Ms. Koontz opened the floor for nominations to elect a chair for 2026. Mr. Calvin Odom made a **motion** to nominate Dr. Terry Ellington to serve as chair. Commissioner Tripp Kester seconded the motion. There were no other nominations. The motion was approved without dissent. Dr. Ellington requested a **motion** for nominations for vice chair. Dr. Mark Hamrick nominated Mr. Odom to serve as vice chair. Commissioner Kester seconded the motion. There were no other nominations. The motion was approved without dissent.

III. **Agenda – Discussion and Amendments –** Dr. Terry Ellington
Dr. Ellington asked if there is any discussion or amendments to the agenda. Being none, Dr. Ellington requested a motion to approve the agenda. Commissioner Kester made a motion to approve the agenda, and Mr. Odom seconded the motion. The motion was approved without dissent.

IV. **Board of Health Member Introductions**
The Board members introduced themselves to Dr. King.

V. **Public Comment**
None

VI. **Consent Agenda –** Dr. Terry Ellington
The consent agenda was presented and included the December 2, 2025 meeting minutes, the December 2, 2025 closed session meeting minutes, the financial report as presented, the 100.1 Policy and Procedure Development policy, the 100.14 Workforce Development policy and the 100.78 Visit Verification Notes policy. Mr. Odom made a **motion** to accept the consent agenda, and Commissioner Kester seconded the motion. The motion was approved without dissent.

VII. Commissioner's Report

Commissioner Kester did not have anything to report from the Commissioners, but he did want to personally thank the Board members for the fine job they are doing, and he appreciates the opportunity to work on this Board.

VIII. Health Director's Report (Including Program Reports) – Ms. Lillian Koontz

Ms. Koontz first thanked everyone for their flexibility regarding the cancellation of the meeting in February due to the inclement weather.

She then shared the following highlights from the Health Director's report and the program reports:

The data freeze is over in HR, and we can start hiring again for open positions. We had two people start yesterday which is great. Since we are now required by NC general statute to do fingerprinting for everyone who is in contact with children, new hires were given a start date of four weeks. However, that has changed to three weeks, since the fingerprinting process has become more efficient. We are recruiting for a PHN II for a position on the school nurse team. The position is filled now but will become vacant in the near future. We have recently hired three school nurses which we are excited about. Other positions that are being recruited are a clinic nurse and a nutritionist for WIC. We are holding on recruiting the health educator position, the office support supervisor, and the billing supervisor. Since the two supervisor positions fall under Ms. Corrine Bates, Business Officer, we will not start recruiting for these two positions until she returns from FMLA.

We worked very closely with Emergency Management (EM) and the Department of Social Services (DSS) regarding the potential to open a shelter during the winter storm. Fortunately, there was not a need to open a shelter, but we were prepared in the event there was a need.

Workday, the new Human Resources (HR) program, is still a learning process. We have received help from HR and other staff and are working together to learn this new system.

Michelle Allen, Women, Infants and Children (WIC) Director, is in Hickory today presenting about the success of the Lexington Baby Café. The Board was sent information regarding the award the Baby Café received, and we are receiving great feedback from clients regarding their experiences at the Café.

We are continuing to prepare for the measles. Our internal systems have been tested to make sure our on call numbers are working. If anything does happen, we will be able to be contacted after hours, so we will be able to do the necessary contact tracing.

The roof project has been completed, but after it was finished, there was a leak due to a very tiny hole. It has been fixed, and we are grateful that the project has been completed. Ms. Koontz asked Commissioner Kester to pass on our appreciation for the new roof to the Commissioners. This was a capital improvement project which was paid for out of county dollars, and we are very appreciative for that.

Public Health contributed $10,000 of Environmental Health (EH) Performance Based Budgeting (PBB) funds to assist the Geographic Information System (GIS) manager with a software purchase. Mr. Randy Swicegood, On-Site Water Protection (OSWP) Director, has worked very closely with the GIS manager in the past, and when a need arose, they requested help from us. They were very appreciative of our help, and this is just another example of the collaboration we have across the county. 911 and Emergency Management also chipped in to help with the purchase of the new software.

Accreditation is coming. Ms. Janna Walker, Health Promotions Director, and Ms. Tiffany Jones, Public Health Coordinator, are working really hard to ensure we will be prepared for the accreditation visit in the fall.

We were very fortunate to have Ms. Janie Ange, who retired from the Health Department, to come back and help us out while Ms. Bates is on leave.

Hopefully we be hosting nursing students soon. Ms. Datra Delk-Patrick stated the nursing students have been on spring break, but they will return next week. Ms. Mary Lou Collett, Nursing Director, stated that we may also have nursing practitioner students.

IX. Old Business

a. None

X. New Business

a. Review of Appointment Terms and Expirations - Dr. Terry Ellington

Dr. Ellington stated that the Board needed to review the appointment/expiration terms of the Board members. Dr. Ellington asked Ms. Koontz if there was anything she wanted to mention. Ms. Koontz shared that there are 4 members whose present terms are expiring in 2026 which are Ms. Delk-Patrick, Mr. Odom, Dr. Ellington and Mr. Justin Nifong. We will be reaching out by email to confirm if these members wish to continue to serve. Dr. Ellington asked what the number of terms were according to the bylaws. Ms. Koontz responded that a member can serve 3 terms with each term being 3 years. Dr. Ellington also asked how many terms a member needed to be out before being able to serve again. Ms. Koontz explained that you would need to be out one cycle unless there is no one qualified in the county that is willing and able to serve.

b. Member Request for 2026 Agenda Items – Ms. Lillian Koontz

Ms. Koontz wanted to take this opportunity to reach out to the Board to see what topics they want to hear more about and on what topics they would like to have an open discussion. If you would like to suggest something to be added to the agenda, please reach out to Dr. Ellington. Dr. Ellington shared his cell phone number, 336-749-4328, for those that would like to reach out with suggestions.

c. Destruction of Records Report - Ms. Janna Walker

Ms. Walker shared that annually she brings to the Board the records that have been destroyed for the year. We are required to comply with the retention schedule that is determined by the Department of Cultural Resources. Ms. Walker presented a slide that showed all of the records that were shredded for 2025. She asked if anyone had any questions. Dr. King asked if there are a certain number of years that the records are to be kept. Ms. Walker stated that everything is very specific and detailed. Some records are 5 years, some are at the end of the federal fiscal year, the state year, or 30 years past the time the person ceases to live. For items that we think are due to be purged, we verify it and if we have any questions we reach out.

d. **10 Essential Services & 13 Mandated Services –** Ms. Lillian Koontz

Ms. Koontz presented a slide showing the 10 essential public health services. This slide shows how public health service is done across the United States and why we have public health. She shared that North Carolina is a decentralized public health system which means there is a state public health department, and they authorize local health departments to deliver public health services. It is not like that in every state. However, this is the framework that everyone is supposed to be following. It is rooted in equity which means that we are trying to serve everyone in the same way across the community. Each of the sections shown in the wheel are things that we do. For local health departments there are 13 mandated services. 5 of these 13 mandated services must be provided directly by the local health department which means the

people providing these services must work at the health department and report to the health director. There are 8 services that must be provided in the community but do not have to be provided by the health department. For example, if all the dentists in Davidson County decided to pack up and leave, we would have to have a dental program here at the health department. As it stands now, we have plenty of providers in the community, so we do not need to provide that service. The services highlighted in green are services that have a memorandum of understanding (MOU) with providers for them to do that work, and the services highlighted in yellow are services we are providing in the health department. The services not highlighted are services that are occurring in our community, but we are not contracted with anyone to do those services and are not providing the services in the health department. The main take away is that if any of these 8 services were not provided in the community, it would need to be provided at the health department.

e. **FY 26-27 Budget Presentation** – Ms. Lillian Koontz
Ms. Koontz shared that the recommendation from the Board was for us to be fiscally responsible and conservative, so this is the way the budget was prepared. She is presenting the budget on behalf of Ms. Bates. Ms. Bates prepared the budget at home while she was on FMLA. She got off FMLA with permission from HR. She had requested to plan the budget, since she would be the one responsible for managing the budget for the year.

We are requesting 51% of our budget to be funded by the county. The salaries for our staff make up the majority of this 51%. Last year our county request was 52%, and this year it is 51%. However, the dollar amount has increased. Also, we are seeing a reduction of EH revenue. Our OSWP permitting has slowed down some, so we reduced the amount of expected revenue from this program. The following county wide changes are responsible for the increase in the dollar amount we are asking for: a Cost of Living Adjustment (COLA) of $500.00 plus 2.5% that has been proposed for all county employees, an increase in travel from .70 to .725 due to the rising cost of fuel, and an increase of $12,888 per person for insurance.

New to the budget is an office support position in WIC which will be supported by WIC state funding. These funds can only be spent in the WIC program, and there are no county dollars associated with it. Our office support in WIC has been short-staffed with just two full time office support positions. In order to get the work done, some of the nutritionists have had to help out office support. Because of our case load and increase in dollars we are getting this year, we need to add a new office support position. While we are adding one position, we will also be removing a clinic office support position from the budget. Ms. Collett helped to realign duties of an immunization tracker position since the work load has decreased due to the changes in how the duties of this position are performed. These duties were added to another position, and we were able to remove an entire position from the county budget.

Yesterday, the County Manager requested that we add a school nurse position for Stoner Thomas. The Davidson County School System came to the county budget retreat and requested an assigned nurse for Stoner Thomas which is a school for children with special needs and complex medical requirements. The school system has been paying for a nurse at Stoner Thomas, but now they are requesting the county to pay for the nurse. This will not change our student to nurse ratio in the county by adding this position, but if it is approved, it will mean that we will take on the supervision, and the salary and fringe for that nurse.

We are also requesting to re-classify 2 positions in the Business Office to better align with job duties. This will only be about a $700.00 difference in the county budget. These changes will help us to work more efficiently.

Our total ask from the county is $5,121,017.00 reflects 47 full-time equivalent positions and also includes our malpractice insurance which has increased, our medical director, contract

pharmacist, contract providers and medical supplies. We do anticipate the cost for the contract providers to decrease, because we are very close to finalizing the hiring of an advanced practice provider. This will mean increased revenue in our clinic due to having another provider who will be billing for services.

Ms. Koontz also reviewed the budget by the following programs:
The EH budget was increased by $109,668.00 due to an increased overtime request, increased vehicle mileage due to the rising cost of fuel, increased cost of rabies testing, and salary increases for 5 employees that have progressed from intern status to fully authorized staff members. Also, the State Lead Funding program has ended, so we no longer have that funding.

For the School Nursing program, we have 2 12-month employees (the supervisor and team lead) and 16 10-month employees. We are still receiving $400,000.00 from the state which has not increased in 20 years. The school systems are invoiced for the difference of what the state funding does not cover. The health department will be paying $497,450.00 for the nurses we have, which includes the new position at Stoner Thomas. We also have the 2 temporary state funded positions that will run through the next fiscal year and the one following. The funding for this in the amount of $178,730 comes from a one-time state funding for work force development.

The funding for the Care Management program is unstable. Ms. Koontz shared that she has been as transparent as she can possibly be with the staff members in this program. As of now, we have had one resignation, so we are down to 11 staff members. The State of North Carolina cannot tell us whether we will have funding for this program on July 1st. It is in our budget, but if we receive a notice to close the program in 30 days, these folks will all lose their jobs. The reason for this is the prepaid health plans will potentially take this service delivery on themselves, and they will remove the service delivery from the health department. Care Management will still exist after July 1st if not at the health department, but it will be provided in a different way. We have spoken with our staff members multiple times and have explained our reduction in force policy. We have instructed them that Davidson County will help you if you would like to continue your employment with the county. All but two are social workers. If this program leaves the health department, we do not have any social work positions they could go into, but they do at DSS. It is a possibility that they could move there. There are also some more general jobs here at the health department that they might be interested in. This is unfortunate, because we have seen some great outcomes from these services. We have advocated for this to stay in the health department, but we do not know the outcome. As soon as we know, we will let the Board and staff know.

Prenatal and child health are services that we assure. We receive funding from the state, and we pass this through to our partners to do the work. These funds are used to pay for a percentage of the staff member and then the services that are actually provided to the children and pregnant women. We also have some in-house costs for school health including, telephone, printing, and internet that comes out of these funds.

We have previously mentioned that the WIC program is only funded by the state, and any funds not used are returned back to the state. One of our new employees that just started is our part-time breast-feeding peer counselor. The funding for this position is so low that it does not support a full-time position.

1. **PBB Reports**
   Ms. Koontz also reviewed how we spent our PBB (Performance Based Budgeting) dollars this year. As stated earlier we assisted GIS with a software update in the amount of $10,000.00. We received approval to purchase 2 trucks ($84,000.00) to replace very

outdated vehicles. For personal health we purchased replacements for a malfunctioning refrigerator and freezer for medication storage for $14,845.00. Ms. Koontz pointed out that there is over $700,000.00 in the personal health PBB budget, but we are very conservative with the amount of funds we spend. Dr. King asked what PBB stood for, and Ms. Koontz replied it stands for Performance Based Budgeting. When we save funds that we have budgeted for the year, and meet our goals that have been defined and developed with the County Manager's office, we are able to save some of this money which goes into the PBB account. These funds can be used for things that come up through out the year with the approval of the Commissioners.

2. **Updated Fees**

Our environmental health fees will stay the same as they have been. For that reason, these fees were not included in the packet. If you would like any information about our EH fees, I will be more than happy to send them to you.

For personal health fees, Ms. Collett reaches out to comparable counties in close proximity to see what they are charging for the same services. Then we develop the fee based on what it costs to get the supplies needed to do the work with a percentage for the time it takes for the staff to do the work. With this formula we develop a fee. This year with Ms. Collett's research 16 service fees increased and 12 service fees decreased. The cost change is $1.00 to $5.00 per service except one that increased $17.00 (rabies). We are still able to offer affordable rates in our community.

I also want to remind everyone that our fees are associated with a policy from the state. When this policy is approved in our budget this allows us to change the fees during the year if the cost of something goes up. This is reflected in the Fees, Eligibility & Billing Policies & Procedures which is shown on the screen. This policy is written by the state, and we just fill in the applicable information for Davidson County. The policy contains how we charge for fees, who is eligible for our services, how we determine eligibility regarding income, how we calculate the income, the programs we do with Title V and well child health funding, the child health program, the communicable disease control, and the BCCCP program. It also contains a no mail policy for confidential clients and states certain services that we cannot limit or restrict. We also have our own fee setting policy which is shown on the screen. We are able to be flexible with our service fees based on procurement costs.

Ms. Koontz also reviewed the third-party insurances that we work with and the governmental payers including the providers of the prepaid health plans. Our billing office makes sure we are receiving the appropriate funds from each of the agencies. Dr. King asked if the clinic fees shown are the out of pocket costs that the patient is responsible for or if this is the amount that the insurance is billed. Ms. Collett replied it is both. If you came in and you were 100%, you would pay that fee. We are going to bill the insurance company/Medicaid the same thing. Over the years I have been here, this Board has wanted us to remain where people can afford to come here. Our fees are low compared to what Atrium might be. The state requires us to be at least at the Medicaid rate which we are.

In conclusion, Ms. Koontz stated that what she needs from the Board are any questions, or changes and after discussion, she will need a motion to approve the proposed fee schedule and policy for Personal Health to allow for adjustment in service fees based on procurement rates and a recommendation to approve the budget as presented. If it is approved by this Board, it will go to the County Manager and Commissioners to be part of the full county budget. Dr. Ellington asked how often do we send the PBB back and are we utilizing the money from the state to the max. Ms. Koontz replied that we are utilizing the money from the state to the max. During COVID we did not spend the personal health PBB funds at all because we had COVID dollars that we were able to spend. We did use some

PBB funds for staff bonuses, but other than that we did not buy anything with PBB funds. This year is one of our bigger requests with PBB which is the purchase of the two trucks for EH. Dr. King asked what kind of trucks we are getting. Ms. Koontz replied that they are Chevy Colorados, and they were purchased locally. There was no other discussion. Commissioner Kester made a **motion** to approve the budget with the proposed fee schedule and policy for personal health. Ms. Delk-Patrick seconded the motion. The motion was approved without dissent.

Ms. Delk-Patrick made a **motion** to go into closed session pursuant to § 143-318.11 (a) (3). Mr. Odom seconded the motion. The motion was approved without dissent.

XI. Closed Session § 143-318.11 (a) (3)

After returning to open session, Mr. Adam Jones, County Attorney, stated that during the closed session the Board discussed a potential litigation and gave guidance to staff.

XII. Adjournment

Dr. King made a **motion** to adjourn. Mr. Odom seconded the motion. The motion was approved without dissent.

This meeting was recorded and is available for viewing in its entirety on the Health Department website at https://www.co.davidson.nc.us/AgendaCenter/Board-of-Health. These minutes reflect actions and an overview of conversation during the meeting. The presentation slides from the meeting are also attached to these minutes.

This is a true and accurate copy of the March 10, 2026 Board of Health Minutes.

Respectfully submitted,

Lillian Koontz

Ms. Lillian Koontz, MPH, REHS
Secretary to the Board

Dr. Terry Ellington
Chair to the Board

Oath of Office, Dr. Andrew King

- Bachelor's of Science: Purdue University
- Doctor of Osteopathic Medicine: New York College of Osteopathic Medicine

Consent Agenda

- Minutes
  - Meeting, Closed Session: December 2, 2025
- Financial Report
- Policies
  - 100.1 Policy and Procedure Development
  - 100.14 Workforce Development
  - 100.78 Visit Verification Notes

Health Director's Report: State of the Agency

Open Positions, Recruiting

- School Health: PHN II
- Clinic: PHN I
- WIC: Nutritionist

Open Positions, Holding

- Health Promotions: Health Educator
- Business Office: Office Support Supervisor, Billing Supervisor

NEWS

- DCHD worked closely with EM and DSS regarding a potential to open a shelter during the winter storm.
- Workday, new HR program is still a learning process.
- Baby Café in Lexington is leading in the Nation regarding many of the metrics, we are thrilled!
- Continue to participate in preparation/information sessions regarding Measles.
- The roof project is complete.
- Public Health contributed $10,000 of EH PBB funds to assist GIS with a software purchase.

Program Reports

- Our Baby Café has received national attention.
- Accreditation is coming, Fall 2026. Entire HD is preparing.
- Business Office, incredibly short staffed-thankful for Janie Ange returning on contract.
- Excited the data freeze is over and we can recruit for open positions.
- Will be hosting nursing students soon.

MEMBER	POSITION	INITIAL APPOINTMENT/ SWORN-IN DATE	PRESENT TERM EXPIRES	MAXIMUM DATE CAN SERVE
DR. ANDREW KING	PHYSICIAN	pending		
DR. MARK HAMRICK	VETERINARIAN	10/01/2024	10/01/2027	10/01/33
MR. CALIVN ODOM	PHARMACIST	09/05/2023	09/05/2026	09/05/2032
MS. NINA "CHRISTAL" YATES	PUBLIC CITIZEN	06/03/2025	06/03/2028	06/03/2034
DR.TERRY ELLINGTON	OPTOMETRIST	07/07/2020	07/07/2026	07/07/2029
MR. TRIPP KESTER	COMMISSIONER	COMMISSIONER	COMMISSIONER	N/A
MS. DATRA DELK-PATRICK	REGISTERED NURSE	11/03/2020	11/03/2026	11/03/2029
DR. CHRISTIAN BRANDYBERRY	DENTIST	03/05/2024	03/05/2027	03/05/2033
MR. JASON GIBSON	PUBLIC CITIZEN	06/04/2024	06/04/2027	06/04/2033
MR. JUSTIN NIFONG	PUBLIC CITIZEN	09/05/2023	09/05/2026	09/05/2032
MR. JOSEPH THOMAS	PROFESSIONAL ENGINEER	06/04/2024	06/04/2027	06/04/2033
MS. LILLIAN KOONTZ	HEALTH DIRECTOR	N/A	N/A	N/A

Agenda Requests

- What do you want to hear more about?
- On what topics would you like to have an open discussion?

2025 Destruction of Records Report

According to G.S. §121-5 and G.S. §132-3, we may only destroy public records with the consent of the Department of Cultural Resources. We have adopted their retention schedule, which gives us that consent. This is a summary of what was destroyed throughout the year in 2025.

PERSONAL HEALTH

1. 2019 Clinic cleaning logs
2. 2022 lab requisitions
3. 2019 lab tracking log
4. 2010 - 2012 Certification for Transportation Request Forms
5. 2017 & 2018 CLIA Contract Program year end information

WIC

1. 12/2020 - 11/2021 NVRA Forms

SCHOOL HEALTH

1. Flu admin paperwork-- in NCIR
2. Misc School Health documentation (36 boxes)

THE 10 ESSENTIAL PUBLIC HEALTH SERVICES

To protect and promote the health of all people in all communities

DAVIDSON COUNTY HEALTH DEPARTMENT
Protecting, Caring, Serving Our County

13 Mandated Services for Local Health Departments (10A NCAC 46.0201)

5 must be provided directly by the local health department:

- Communicable disease control
- Food, lodging and institutional sanitation
- Individual on-site water supply
- Sanitary sewage collection, treatment and disposal
- Vital records registration

8 may be provided by the health department directly or by contract or by certifying availability from other providers:

- Adult Health
- Home Health
- Maternal Health
- Child Health
- Family Planning
- Dental Public Health
- Grade "A" Milk Sanitation
- Public Health Laboratory Support

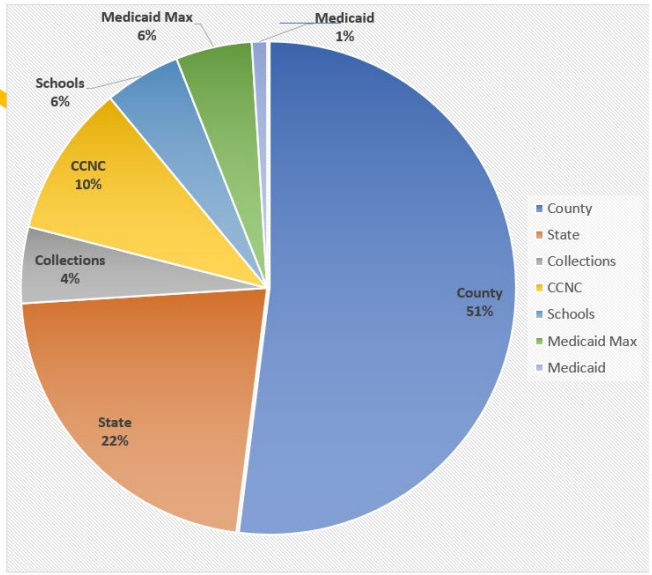
- Green: MOU/Contract
- Yellow: Provide

FY 26-27 Budget Presentation

Davidson County Health Department

Lillian Koontz on behalf of Corinne Bates

Quick Glance



County Funding

Percentage of County ask decreased from 52% to 51%

$5,124,277 (increase of $223,225)

Reduction of expected Environmental Health revenue

County Wide Changes

$500.00 +2.5%

Increased to $12,888

Personal $0.70 → $0.725

New to this budget

Request	add office support position in WIC (WIC State Funding supports)
Request	remove an OS-III Position out of General County Budget
Request	add a school nurse position for Stoner Thomas
Request	re-classify 2 positions in Business Office to better align with job duties.

General

$5,121,017 (increase of $336,288)

47 FTE

Includes clinical costs: malpractice, Medical Director, contract pharmacist, contract providers, medical supplies

Environmental Health

- $1,775,408 (increase of $109,668)
- 15 FTE
- Increased OT request
- Increased vehicle mileage due to take home vehicles
- Increased professional services due to cost of rabies testing
- 5 employees progressing in EH Trainee Progression Plan (salary increase)
- Loss of State Lead Funding

School Nursing

- (2) 12-month employees, (16) 10-month employees
- SNFI $400,000 (same)
- DCS: $351,589 (SNFI balance + 3 DCS funded SN; increase of $27,259)
- LCS: $102,224 (increase of $15,113)
- TCS: $107,387 (increase of $15,949)
- DCHD: $497,450 (included in General budget, includes additional position; increase of $107,314)
- (2) Temporary State funded: $178,730 (included in General budget)

Care Management

Funding for this program is unstable.

$1,011,974

(increase $4,795)

11 FTE + Percentage of salary/fringe for (1) FTE

Medicaid reimbursement, no County funding

Prenatal & Child Health

STATE FUNDING FOR ASSURED CARE

STATE FUNDING FOR PERCENTAGE OF (1) FTE/IMMUNIZATION TRACKING

IN-HOUSE COSTS FOR SCHOOL HEALTH (TELEPHONES, PRINTING, INTERNET, ETC.)

WIC Budget: no county dollars

AA 403

- WIC Team
- (9)FTE + percentage of (1)FTE
- Requesting new OS position
- $853,450
- Increase $40,628, due to increased participation

AA 415

- Breast Feeding Peer Counselor (part-time)
- Percentage of salary/fringe for (1) FTE

PBB

Environmental Health

$10,000 to assist GIS with a software update

$84,000.00 2 trucks to replace 2012 vehicles with high miles

Personal Health

Replacements for malfunctioning refrigerator and freezer for medication storage $14,845.00

Fees

- Environmental Health Fees will stay the same

- Personal Health fees are assessed annually and based on the cost of providing the service and may change throughout the year.
  - 16 service fees increased
  - 12 service fees decreased
  - Cost change $1.00-$5.00/service
  - We compare with Rowan and Randolph
- After thorough work done by our Director of Nursing, we continue to offer services an affordable rate in our community.

Davidson County Health Department

Fees, Eligibility & Billing Policies & Procedures

Contents

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Fees

Foundation

Public health services are increasingly costly to provide. The Health Department serves the public interest best by assuring that all legally required public health services are furnished for all citizens and then providing as many recommended public health services as it can for those citizens with greatest need.

Davidson County Health Department provides services without regard to religion, race, color, national origin, creed, disability, age, sex, sexual orientation, gender identity, sex characteristics, number of pregnancies, marital status, parity, or contraceptive preference.

Fees are a means to help distribute services to citizens of the county and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves.

Fees for Health Department services are authorized under North Carolina 130A-39 (g), provided that 1) they are in accordance with a plan recommended by the Health Director and approved by the Board of Health, and 2) they are not otherwise prohibited by law. Fees are based on the cost of providing the service.

Fee Setting

Health Departments must develop a pricing policy addressing establishment of usual and customary charges, applying income-based discounts, non-sliding fee scale services, third party billing/reconciliation, Medicaid (physician administered drugs, fee for service drugs (340b), managed care, Medicaid as secondary payer). This information may be included in the agency's Fee and Eligibility or other financial policies. **(see attachment A Fee Setting Policy)**

Vaccine and Administration

Davidson County Health Department will not charge a fee to clients for state supplied vaccines provided to clients that are eligible for such vaccine in accordance to the NCIP Coverage Criteria and Vaccine for Children. Administration fees for the rendering of state supplied vaccine may be billed to Medicaid. State supplied vaccine will be identified with a SL modifier. The appropriate NDC code must also be included.

Clients and Third-Party Payers may be charged and/or billed the administration fee and the cost of purchased vaccine by the Davidson County Health Department as a non-sliding fee when provided outside of programs.

Vaccine administration and vaccine provided within Child Health, Family Planning, and Maternal Health program will be subject to the sliding fee scale.

340b Drugs and Devices

Davidson County Health Department bills Medicaid the acquisition cost of medication or devices purchased through the 340b drug program. All 340b drugs and devices are identified with a UD modifier in the CureMd billing system. 340b drugs and devices are billed to Medicaid with an FP and UD modifier. The appropriate NDC code must also be included. Drugs and devices purchased through the 340b program are labeled as 340b and stored separately from other medications and supplies. Self-pay clients will be billed acquisition cost and discounted in accordance with client's sliding fee scale eligibility. Commercial insured clients will be billed the usual and customary price of 340b products.

Non-Sliding Fees

The terminology, "Flat Fees" has been replaced and is now known as Non-Sliding Fees.
Davidson County Health Department provides specific services at a non-discounted rate regardless of federal poverty level outside Child Health, Family Planning, Maternal Health and Communicable Disease programs. These fees will not slide on the sliding fee scale. These fees include, but are not limited to TB skin test for employment or school, non-programmatic pregnancy tests, and purchased vaccine rendered outside of Child Health, Family Planning, Maternal Health and Communicable Disease. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health Director or their designee. Waived fees will be documented in the Electronic Health Record with whom waived the fees and the reason for fees being waived.

Eligibility

Identification

It is considered "best practice" for each person presenting for services to establish identity either with a birth certificate, driver's license, military I.D., passport, visa, or green card, etc. A local health department may not require a client to present identification that includes a picture of the client for at least immunization, pregnancy prevention, sexually transmitted disease and communicable disease services (Consolidated Agreement). However, you may take a photograph of the client, (with their permission) for internal use only.

Determining Family Size

A family is defined as a group of related or non-related individuals who are living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related. An economic unit must have its own source of income. Also, groups of individuals living in the same house with other individuals may be considered a separate economic unit if each group support only their unit. A pregnant woman is counted as two (including the unborn child) in determining family size.

Examples		Determining Family Size
1	A foster child assigned by DSS with income considered to be paid to the foster parent for support of the child.	Family of 1
2	A student maintaining a separate residence and receiving most of her/his support from her/his parents or guardians. (Self-supporting students maintaining a separate residence would be a separate economic unit.)	Dependent of the family
3	An individual in an institution.	Separate Economic unit
4	A client who requests "confidential services", regardless of age.	Family of 1
5	If a Family Planning client presents for a service and is considered to be a minor or is covered by a parent's medical insurance policy, interview questions may include the following: *1) Ask the client if their parents are aware of their visit? 2) Ask if "both" parents are aware of their visit, since sometimes the mother may be present with the client, however, the father may not be aware of the visit. 3) Ask if you can send a bill to the home, to both parents.*	If the client states both parents are aware and it is not a confidential visit, you should treat as such and use all family members in the economic unit. If both parents are not aware, treat this as a confidential visit and use the income of the individual, counting the individual as a family of 1.

Determining Gross Income

Gross income is the total of all cash income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc. For self-employed applicants (both farm and non-farm) this means net income after business expenses.

1. Alimony
2. Bank Statement
3. Cash (any cash earnings, contributions received)
4. Check Stub (includes regular wages, overtime, etc.)
5. Child Support (cannot consider as income for Family Planning)
6. Client Statement
7. Disability
8. Dividends
9. Employment Security Commission
10. Income Tax Return (annual, not quarterly)
11. Letter of Verification from Employer
12. Military Earnings Statement
13. NC Unemployment
14. Pensions
15. Social Security
16. SSI
17. Tips

Exceptions

1. Payments to volunteers under Title I (VISTA) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973
2. Payments received under the Job Training Partnership Act
3. Payments under the Low-Income Energy Assistance Act
4. the value of assistance to children or families under the National School Lunch Act, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977
5. Veteran's Disability payments

No client will be refused services when presenting for care based on lack of income documentation. With the exception of Family Planning clients*, each client will be billed at 100% until proof of income and family size is provided to the agency. The client will have 30 days (agency may determine time limit) to present this documentation in order to adjust the previous 100% charge to the sliding fee scale. If no documentation is produced in 30 days, then the charge stands at 100% for that visit. This does not apply to non-sliding fee scale services which should be paid in full on the date of service.

***For Family Planning clients, the agency may use information from other Health Department programs to which the agency has legal access in order to verify income, but the agency may not charge clients at 100% simply because the client has not provided proof of income. In cases where the agency has no access to income reported in another program and the client does not provide proof of income, eligibility for discounts must be determined based on the client's verbal attestation of income. Reasonable attempts to verify income include only asking the client for proof of income at the initial and all subsequent Family Planning visits. Under no circumstance should measures to verify income burden clients from low-income families.**

Computation of Income

Income will be based on a twelve (12) month period. If the client is working the day they present for a service, income will be calculated weekly, bi -weekly, monthly or annually, depending on the documentation obtained.

If the client is unemployed the day they present for their service, their "employment only" income will be calculated at zero (0), however the client should be required to provide "their mechanism", in regard to their paying for food, clothing, shelter, utility bills, etc. Refer to "sources of income" counted and apply all sources, as appropriate. "Regular contributions received from other sources outside of the home" is most often considered one of those sources. If the client is receiving unemployment or other "sources" of income, as designated above, all of those sources should be counted.

	The client's income will be determined by the following:
Regular Income Formula: (Based on 12-month Period)	Use Gross Income or for self-employed income after business expenses. Weekly = pay x 52 Biweekly = pay x 26 Twice a month = pay x 24
Unemployment or Irregular Income Formula:	
Six months' formula (Based on 12-month Period)	• **Unemployed today** = last 6 months income + projected unemployment (if applicable) or zero if client wont' receive unemployment. This will give you income for the client for a 12-month period. o If no unemployment compensation – ask how the client is going to support themselves. • **Employed today but unemployed last 6 months** – Did the client receive unemployment the last 6 months? In no, record as zero and then project 6 months forward at current income. This will give you income for the client for a 12-month period.

Healthy Mothers Healthy Children (HMHC)/Title V (Well-Child Funding)

Title V policy on applying sliding fee scale: any client whose income is less than the federal poverty level will not be charged for a service if that service is partly or wholly supported by Title V funds. For clients having income above the federal poverty level, the sliding fee scale of the Davidson County Health Department will be used to determine the percent of client participation in the cost of the service.

The guidance regarding Title V funding and sliding Child Health services to zero is as follows: Any Maternal and Child Health services (even outside of Child Health Clinics) must use a sliding fee scale that slides to "0" at 100% of the Federal Poverty Level per the NC Administrative Code – 10A NCAC 43B.0109 Client and Third-Party Fees.

The NC Administrative Code goes beyond the Title V/351 AA requirements, that all child health services, whether sick or well, no matter where delivered, must be billed on a sliding fee scale that slides to zero.

10A NCAC 43B .0109 CLIENT AND THIRD-PARTY FEES

(1) If a local provider imposes any charges on clients for maternal and child health services, such charges:
  (a) Will be applied according to a public schedule of charges;
  (b) Will not be imposed on low-income individuals or their families;
  (c) Will be adjusted to reflect the income, resources, and family size of the individual receiving the services.

(2) If client fees are charged, providers must make reasonable efforts to collect from third party payors.
(3) Client and third-party fees collected by the local provider for the provision of maternal and child health services must be used, upon approval of the program, to expand, maintain, or enhance these services. No person shall be denied services nor subject to any variation in services because of an inability to pay.

History Note: Authority G.S. 130A-124; Eff. April 1, 1985; Pursuant to G.S. 150B-21.3A, rule is necessary without substantive public interest Eff. October 3, 2017

Child Health funds may not be used to supplement Medicaid services, support services or activities supported by other Agreement Addenda, and may not support services and activities that have not been approved by the C&Y Branch.

Title X Requirements Related to Income Collection for Confidential Clients

Title X requires that any client seeking confidential services be considered a family of one and that only their income would be used in assessing their percent pay on the sliding fee scale.

A copy of the Income and Eligibility Statement (Please refer to Attachment B) should be maintained for future reference. The number in the household, annual gross income and percentage of pay should be reflected on the financial documentation. The documentation should be signed and dated by the interviewer and client. Use of electronic signatures is acceptable.

Income must be assessed at every Family Planning Clinic visit, including clients who have Medicaid or Commercial Insurance. Following the initial financial eligibility determination, the client must be asked at each visit if there has been a change in their financial status. Income will always be based on the "actual date" of service. If there has been a change or it is time for their annual review the income determination process should take place.

Client fees are assessed according to the rules and regulations of each program and the recommended Program's Poverty Level Scale (Sliding Fee Scale) will be used to determine fees. All third-party providers will be billed, without discount, where applicable.

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. For Family Planning (Title X) clients the copay, deductibles, and any fees may not exceed the amount they would have paid for services based on sliding fee scale.

Income information reported during the financial eligibility screening for one program can be used through other programs offered in the agency, rather than to re-verify income or rely solely on the client's self-report. Exception to the rule, effective November 8, 2021, for family planning, if income was not provided and the client was charged at 100% previously, clients will **not** automatically be charged at 100% in family planning.

Child Health/Health Check

Davidson County Health Department assures Child Health Services with a Memorandum of Understanding (MOU) with Thomasville/Archdale Pediatrics and Davidson Pediatric and Adolescent Medicine.

Eligibility: Davidson County resident; birth to 20 years; 250% below poverty level/Sliding Fee Scale is Applied

Maternal Health

Prenatal care for eligible pregnant women.

Davidson County Health Department assures prenatal services with Novant Health City Lake OBGYN and Atrium Health Wake Forest Women's Services

Eligibility: Davidson County resident; 250% below poverty level/Sliding Fee Scale is Applied

Family Planning or Women's Health Services

Clinic designed to assist men and women, including adolescents, with their family planning needs; services include, but are not limited to detailed history, lab work, physical exam, counseling and education given by appropriate provider.

All family planning services must be client centered, culturally and linguistically appropriate, inclusive, and trauma informed.

Eligibility: Men and Women of childbearing age regardless of residency; 101-250% Sliding Fee Scale is Applied; Medicaid

The following shall apply to Family Planning clients:

(1) Clients may not be coerced to use contraception, or to use any particular method of contraception or service.
(2) If a client, including adolescents, is seeking confidential services, they will be considered "confidential" and it will be documented on the Financial Eligibility form. Charges to clients seeking confidential services will be based solely on the individual's income.
(3) The use of NC Debt Setoff is acceptable for collecting past due amounts for Family Planning clients.
(4) Confidential clients should NOT be referred to Debt Set-off.
(5) The "Bad Debt Write-Off" method of aging accounts will be strictly followed. The list of bad debts should be approved by the Health Director, prior to submission to the Board of Health. Bad debts will not be written off until the approval of the Board of Health has been acquired. Board of Health minutes will serve as documentation that the write-offs have been approved.
(6) Bills/receipts will be given to clients at the time of service show total charges, as well as any allowable discounts.
(7) Where a third party is responsible, bills are submitted to that party. Bills to third parties show total charges, without discounts, unless there is a contracted reimbursement rate that must be billed per the third-party agreement.
(8) Verifying a Family Planning client's income should not burden patients with low incomes or impede access to care. If a Family Planning client's income cannot be verified through access

to enrollment in another program within your agency, and the Family Planning client has not provided proof of income, then you must charge the client based on the client's self-reported income.

(9) If a Family Planning client refuses to provide a verbal declaration of income, and income cannot be verified through access to enrollment in another program within your agency, then you may charge 100% of the cost of services after informing the client that failure to declare income will result in the client owing 100% of the fee.

(10) Family Planning clients will pay the lesser of the copay, deductibles, and additional fees or where they fall on Sliding Fee Scale as required by Title X.

Communicable Disease Control

This program deals with the investigation and follow-up of all reportable communicable and/or sexually transmitted diseases, to include: testing, diagnosis, treatment, and referring as appropriate. It also provides follow-up and treatment of TB cases and their contacts.

Eligibility: No residency requirements. No fees charged to the client for these services as stated in program rules. Medicaid and Insurance can be billed.

Breast and Cervical Cancer Control Program (BCCCP)

Provides pap smears, breast exams and screening mammograms, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations.

Eligibility: Determined by specific policies and procedures including income guidelines defined by the Breast and Cervical Cancer Control Program (BCCCP). 101-250% Sliding Fee Scale Applied.

Other Services

Please refer to the Coding & Billing Guidance on the DPH/LHD website for information regarding changes to OS and PC service approval.

Women's, Infants and Children's Nutrition (WIC)

Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.

Eligibility: WIC is available to pregnant, breastfeeding, and postpartum women as well as infants and children up to age 5. The following criteria must also be met: 1) be a resident of Davidson County; 2) be at medical and/or nutritional risk; 3) have a family income less than 185% of the US Federal Poverty Level; Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement.

Billing & Revenue

In accordance with G.S. 130-A-39(g), which allows local health departments to implement a fee for services rendered the Davidson County Health Department, with the approval of the Davidson County Board of Health will implement specific fees for services and seek reimbursement. Specific methods used in seeking reimbursement will be through third-party coverage, including Medicaid, Medicare, private insurance, and individual client pay. Davidson County Health Department currently participates with AmeriHealth, Carolina Complete, Healthy Blue, United Healthcare, WellCare, Medicaid, Alliance, Partners, Trillium, Vaya, Blue Cross Blue Shield, AmeriHealth Next, Aetna and Medicare. The agency will adhere to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided.

Charging for Services

1. There shall be no minimum fee requirement or surcharge that is indiscriminately applied to all clients.
2. Persons requesting program services will be encouraged to apply for Medicaid.
3. Charges will not be assessed when income falls below 100% of Federal Poverty Guidelines, for Child Health, Family Planning and Maternity programs.
4. There shall be a consistent applied method of "aging" accounts.
5. No one shall be denied services nor subjected to variation in services based solely on the inability to pay.
6. Clients shall be given a receipt each time a payment is collected
7. Donations shall be accepted, regardless of income status if they are truly voluntary. The client account will not be reduced due to a donation. There shall be no "schedule of donations", bills for donations, or implied or overt coercion.
8. Provider will use best efforts to continue to provide services to clients at or below 150% of Federal Poverty Level.

Fee Collection

1. Charges in all programs will be determined by a fee scale based on Federal Poverty with the exception of any services deemed as non-sliding fees. (i.e. TB skin test, Non-programmatic pregnancy tests, Adult Health services).
2. Upon each clinic visit, Management Support staff will determine the income and sliding fee scale status of each client. Staff will be responsible for documentation of financial eligibility in CureMD and patient acknowledgement will be documented on the Davidson County Health Department Financial Statement. With the exception of family planning, clients without required verification will be charged at 100% until income documentation is received.
3. Payment is due and expected at the time services are rendered. If a balance remains, a payment agreement and schedule will be established and signed by the client. (See Attachment C)
4. There is a mechanism in place for waiving fees of individuals who, for good cause, are unable to pay. This process is approved by the Health Director or their designee, and each instance of fee waiver shall be documented in agency records and communicated to the client according to protocol.

5. Enrollment under Title XIX (Medicaid) shall be presumed to constitute full payment for billable services to Medicaid.
6. The Accounts Receivable System will be balanced daily.
7. Emergency services will never be denied.
8. Quarterly statements will be mailed to the client/responsible party as long as confidentiality is not jeopardized.

Billing Medicaid and Third-Party Insurance

1. 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. For Family Planning (Title X) clients, the copay/deductible may not exceed the amount they would have paid for services based on the sliding fee scale.
2. Clients will sign on paper to be scanned or electronically sign a consent allowing the Health Department to file insurance and a copy of the insurance card will be scanned at that time into the client's medical record.
3. 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 with the exception of copayments, is billed to the client based on the sliding fee scale. Copayments are not subject to the sliding fee scale, except that Family Planning clients may not be charged more in copayments and deductibles than they would have been responsible for on the sliding fee scale.
4. Claims are filed electronically using CureMd.
5. Payments are posted electronically/manually to client accounts. If applicable, secondary insurance is filed.
6. Denials are researched using the Remittance Advice (RA) for Medicaid and Explanation of Benefits' for private insurance. Any denials deemed incorrect are resubmitted as quickly as possible. Any remittance or final denial is posted to the client's account. Remaining balance for Medicaid clients is adjusted off. (unless it was for a non-covered service that the client was made aware of prior to the service being rendered.)
    a. If a client has any form of third-party reimbursement, that payer must be billed with the patient's consent, unless confidentiality is a barrier*. Medicaid will be billed as the payer of last resort. Clients should be made aware that they will be responsible for any balance remaining after the claim has been processed. This may include copays, coinsurance, deductibles and non-allowed charges. As required by Title X, Family Planning clients whose family income is between 101%-250% FPL will not pay more in copayments or additional fees than they would otherwise pay when the schedule of discounts is applied.
7. If an encounter with a client is found to be coded incorrectly, the provider may make corrections by appending the provider's note and e-superbill within the client's medical record and notifying the billing department's supervisor. The billing department will review the corrections and update the charges accordingly. If a client has been charged and have received a monthly statement and the addition or correction of the service made by the provider will increase the client's balance, the correction will be made with no additional cost to the client, unless, the client was over charged.

* Third party billing is processed in a manner that does not breach client confidentiality, particularly in sensitive cases (e.g., adolescents or young adults seeking confidential services, or individuals for whom billing the policy holder could result in interpersonal violence). The confidential client may give you their insurance card not thinking that the subscriber is not aware of the visit. Filing an insurance claim will result in an EOB (explanation of benefits) being sent to the subscriber which would violate confidentiality. Be certain to have the client sign/initial if they want insurance to be filed.

Overpayments and Refunds

Payment for copays, deductibles, coinsurance, account balances and non-sliding fees will be collected at the time of service. If an overpayment is made by the client, the client will be notified of the overpayment and given the option for refund, or application of the overpayment to another date of service balance or for an upcoming appointment. Overpayments that clients choose to have refunded, will be refunded based on county policy.

Overpayments paid by Medicaid, Medicare and insurance will be reviewed and refunded in accordance to the guidelines set forth in our network participatory agreement.

Bad Debt Write Off and NC Debt Setoff

1. Bad Debt Write Off
    a. Outstanding accounts having no activity in more than 12 months shall be written off as bad debts, at least annually upon approval of the Davidson County Board of Health.
    b. Once an account has been written off as a bad debt it should not be reinstated. Only if the client returns to the clinic and wants to make a payment should action be taken to reinstate only the payment amount, post the payment and leave the remaining balance that was initially written off as it stands.

2. NC Debt Setoff
    a. Client accounts fulfilling the requirements of NC Debt Setoff will be submitted to the NC Debt Setoff Program, at least annually. The account balance must be (1.) greater than $50.00, and (2.) must be 365 days delinquent before it is eligible for Debt Set Off. After being delinquent for a minimum of 365 days, the client/guarantor will be notified of the process of debt setoff, via letter. The client/guarantor has 30 days to act via payment or payment plan or the debt will be submitted to NC Debt Setoff.
    b. Debt Setoff should not be used for Family Planning clients for whom confidentiality may be breached.

Bankruptcy

When legal notification is received from Bankruptcy court, there is no further collection of the outstanding account unless a payment schedule is set up by the Bankruptcy court.

- The client's account is notated/flagged with bankruptcy information, such as the time frame to which the bankruptcy references.

- The account maybe written off if mandated by court.
- The client may volunteer to pay.
- Additional visits to which are not included in the bankruptcy time frame, will be the client's responsibility.

Limiting or Restricting services

- Women's Health: The Title X guidelines do not distinguish between "inability" and "unwillingness" to pay. For Family Planning clients who do not pay, the agency can use debt set-off. Even if a client establishes a payment plan but then refuses to honor the plan services cannot be denied or restricted.
- In Maternal Health, denying or restricting services would constitute client abandonment. Therefore, services for Maternal Health may not be denied because a client is unwilling or unable to pay.
- Child Health may not restrict Child Health services due to an outstanding bill. Title V funds are used to prevent barriers to care for clients that are Non-Medicaid, non-insured as well.

No Mail Policy for Confidential Clients

1. When a client requests no mail, discussion of payment of outstanding debts shall occur at the time service is rendered.
2. If the client is unable to pay in full at the time of service rendered, a receipt will be given to the client reflecting the partial payment and the client will sign a payment agreement.
3. Medical record is flagged reflecting— **"NO MAIL" and every precaution should be taken to ensure bills are "not" sent to clients, requesting "NO MAIL".**
4. Client is reminded every visit of the amount they still owe.
5. No letters or correspondence concerning insurance, past due accounts or other billing issues will be sent to any client that requests "NO MAIL".

Attachment A

Davidson County Health Department
Fee Setting Policy & Procedure

PURPOSE:
The procedure to which Davidson County Health Department use for setting fees for services.

POLICY:
In accordance with G.S. 130A-39(g), which allows local health departments to implement fees for services rendered, the Davidson County Health Department, with the approval of the Davidson County Board of Health, will implement specific fees for services and seek reimbursement for services. The method used for setting fees will be based on the cost to provide the service. Resources that may be used in this process include, Cost Report, Medicaid Reimbursement rates, fees charged by surrounding health departments/service providers and/or DPH LHD worksheet for setting fees.

PROCEDURE:
A developed multi-disciplinary committee of the Davidson County Health Department will meet at least annually, to determine the cost of providing services and discuss the fees for the services provided.

Fees will be determined based on the cost to provide services, in conjunction with the cost study analysis, which assesses direct and indirect costs including, but not limited to, the salary of staff rendering services, materials and supplies used, building and maintenance fees:

Fee for clinical service schedule

- Fee for services will be established or increased based on cost to provide service, Medicaid reimbursement rates or private lab rates. These fees may be revaluated if rates change throughout the fiscal year. Some fees will be set including staff cost plus prevailing Medicaid reimbursement rates or private lab rates. Fees will be rounded to the nearest dollar.
- Items purchased through 340B Program will be evaluated yearly (and again when additional supplies are needed) and fees will be based on acquisition cost to Medicaid, if applicable. 340B items are stored and labeled separately from regular inventory. Clinic staff are responsible for notifying accounts receivable staff of all 340B price changes. 340B charges are entered manually by accounts receivable staff due to frequent price changes.
- There will be no minimum fee requirement or surcharge indiscriminately applied to all patients.
- Charges shall not be assessed when a client's income falls below 100% of FPL guidelines.
- Davidson County Health Department will use best efforts to continue to provide services to patients at or below 150% of FPL
- No client shall be denied services nor subjected to variation in services based solely on the inability to pay.

Fee for immunization service

- Fees for immunizations will be established or increased at the time of departmental purchase based on the purchase price. These fees will be rounded to the nearest dollar above the purchase price with the addition of an administration fee. The administration fee will be established by using Medicaid reimbursement rate plus staff cost to provide services.
- A payment plan may be established for ***required*** children's vaccines when needed. In the event payment is not received in compliance with the payment plan, the required vaccines will continue to be provided.

- Payment at time of service will be required for ***recommended*** vaccines.

Fee Determination

- Programatic requirements determine whether the fees in that specific program are "flat fees" or whether a sliding fee scale is applied (see program-specific policies.)
- There are no fees for Communicable Disease Services.
- There are no fees for any vaccine received through the State.
- Charges for services will be based on FPL sliding fee scale where applicable.
- Staff will document the client's sliding fee status on the elgibility form.
- Clients without required income verification (see eligibility policy) will be placed on 100% pay until income documentation is received (exception is Family Planning).

Fee Collection

- An accounts receivable system will be used, which reflects the charge, adjustment, balance and amount collected.
- Payment is expected at the time of service.
- Clients will be provided a copy of their encounter form indicating balance due.
- A payment agreement and schedule will be established and signed by the client if payment is not made in full at the time service is rendered.
- The agreement will be updated annually.
- Payment will be accepted in the form of cash, personal checks, debit and credit cards. (Reference Personal Health Policy 800.22 "Fee Collection policy")
- The health director or designee may waive fees for individuals with family incomes above 100% of the FPL who are unable, for good cause, to pay for Family Planning services. Staff should refer eligible clients to the nursing supervisor for consideration when indicated. The client will be notified of the health director's decision and this will be documented in the client's electronic medical record.

In order to set fees, the Davidson County Health Department may use multiple resources such as, the Workbook for Setting Service Fees that has been provided by the NC Division of Public Health, the cost study analysis, fees of local health departments within the area and/or review the Medicaid, Medicare and Third-Party Insurance rates for services.

Once the fees are reviewed and discussed by the committee, the Health Director will present the fees to the governing board for their review and final approval. Once approval has been received, the appropriate fees are set and will be maintained in the Health Department, noted as the approved "Fee Schedule". The fee schedule may be automatically adjusted (without Board approval) during the fiscal year if the Health Department receives notification of an increase of the cost in supplies, vaccine, or service.

Attachment B

DAVIDSON COUNTY HEALTH DEPARTMENT
FINANCIAL STATEMENT

Upon penalties prescribed by law, I hereby affirm that to the best of my knowledge and belief, this income statement is true and correct. I understand that the information may be checked by a state reviewer and I agree to provide the financial records required to carry out this review.

I understand that my employer may be asked to verify information concerning my income. I also understand that if the bill is not paid within 60 days Davidson County Health Department can send my account to NC Debt Setoff. (Does not apply to BCCCP patients).
I assign insurance benefits to Davidson County Health Department. I agree to pay Davidson County Health Department any money I receive from insurance for services which Davidson County Health Department provided for me. I further agree that failure to repay assigned insurance benefits to Davidson County Health Department is a reason for denial of future services until such amounts have been repaid.

I understand, as a part of my visit, some laboratory services may be necessary that Davidson County Health Department is unable to complete in the clinic. I also understand I will receive a bill from the testing agency and I will be responsible for the cost of these test(s).

DEPARTAMENTO DE SALUD DEL CONDADO DE DAVIDSON
ESTADO DE CUENTA

Bajo penalidades prescritas por la ley, yo por la presente afirmo que según mi leal saber y entender, esta declaración de ingreso es verdadera y correcta. Yo entiendo que la información puede ser verificada por un revisor estatal y yo acepto proveer los registros financieros requeridos para realizar esta revisión.

Yo entiendo que a mi empleador pueden pedirle verificar la información sobre mi ingreso económico. Yo también entiendo que si la factura no se paga dentro de 60 días Departamento de Salud del Condado de Davidson puede enviar mi cuenta a NC Debt Setoff. (No aplica a pacientes de BCCCP).
Yo asigno los beneficios de seguro médico a Departamento de Salud del Condado de Davidson. Yo acepto pagar a Departamento de Salud del Condado de Davidson cualquier dinero que yo reciba del seguro médico por servicios de Departamento de Salud del Condado de Davidson provistos a mí. Yo acepto además que el incumplimiento en repagar los beneficios del seguro médico asignados a Departamento de Salud del Condado de Davidson es motivo para el rechazo de servicios futuros hasta que tales cantidades hayan sido repagadas.

Yo entiendo, como una parte de mi visita, que algunos servicios de laboratorio que pueden ser necesarios Departamento de Salud del Condado de Davidson no está en la capacidad de realizarlos en la clínica. Yo también entiendo que recibiré una factura de la agencia que hace las pruebas y que yo seré responsable por el costo de esta(s) prueba(s).

Davidson County Health Department
Payment Agreement

In accordance with the policy of the Health Department, payment is due when service is rendered. However, we realize that there are times when an individual does not have the total amount of money owed to clinic, therefore, this written agreement is established as a method of adopting a payment plan for those clients who have an outstanding balance.

I, «Patient First Name» «Patient Last Name» agree to establish a payment plan for my account and to the stipulations herein stated.

My account balance is $_____

I will pay the amount of $_____ on my bill. Payment is due within 30 days from today's date, and will be paid each month.

☐ **I understand that the Davidson County Health Department cannot operate effectively without my adhering to the agreement as stated above. I further state that my options were explained to me and I fully understand.**

☐ **I understand that I am responsible for any balance left owing if my insurance company should not pay this bill in full.**

This is a binding agreement by signatures of both parties. The agreement will be filed in the client's financial information section of the medical record as a permanent document.

Failure to comply with this agreement will greatly affect the overall services of the Health Department operation. It may also result in the county Attorney being notified or the outstanding balance being subject to the Setoff Debt Collection Act. The "Act" entitles Davidson County Health Department to collect monies for outstanding balances under North Carolina General Statutes, Chapter 150A and Statute 18C-134.

Signature of Client:« Signature »

Signature of Witness:« Signature »

Date:«Current Date»

To make a payment by phone call:
Alicia Frisbee:336-242-2361
Sheila Miller:336-242-2099

Attachment D

Network Participation
In Network Third Party Insurances

Davidson County Health Department is in network and participates with the following Third-Party Insurances.

- Blue Cross Blue Shield of North Carolina
- North Carolina Health Choice
- AmeriHealth Next
- Aetna

Participating Governmental Payers

Davidson County Health Department is in network and participates with the following Governmental payers.

- Medicare
- NC Medicaid
    - Including Prepaid Health Plans provided by the following
        - Healthy Blue
        - United Health Care
        - Well Care
        - AmeriHealth Caritas
        - Carolina Complete
        - Partners
        - Trillium
        - Vaya
        - Alliance

Conclusion

$9,472,700 last year $507,584 increase.

Reminder: staff salary increases, increase in cost for mileage and increase in insurance costs.

$9,980,284

ASK:

1. Approve the proposed fee schedule and policy for Personal Health to allow for adjustment in service fees based on procurement rates.
2. Approve the budget.