# Buncombe County Health and Human Services -- Department of Health

# BILLING GUIDE for FY 2027

## Effective 07/01/2026

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

**Approved by Buncombe County Health and Human Services Board**
**3/27/2026**

**Approved by Board of County Commissioners**
XX/XX/XXXX

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# Introduction

North Carolina law[1] allows a local health department to charge fees for services as long as:

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

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

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

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

The information in the document is the fee plan for FY27, effective on July 1, 2026. This Billing Guide for FY27 replaces all earlier plans. Fees are reviewed and approved annually by the BCHHS Board and the County Commissioners prior to the start of the new Fiscal Year. Additionally, fees are reviewed throughout the Fiscal Year to account for fluctuations in acquisition costs, cost to provide services, reimbursement rates and market rates. Changes to the fee schedule mid-fiscal year are approved by the Health Director. Clients may request a list of current fees at any time.

# Fees

## General Information

BCHHS – Department of Health (DH) charges and collects fees for most of its services.

- All fees are the responsibility of the client or responsible party.
- We accept cash, check, and major credit or debit cards for payment of all fees.
- Full payment is expected at the time of service.
- Clients will be informed of their account status at each visit.
- An itemized receipt will be provided to clients at time of payment.
- Under some conditions of client need, we can arrange a payment plan.

BCHHS-DH provides some services at no cost to the client. (There may be eligibility requirements.) Some examples are:

- Breast and Cervical Cancer Control Program (BCCCP)
- WIC nutritional support services
- Certain immunizations for children and adults
- Health education services
- Tuberculosis (TB) screening and treatment support
- Sexually transmitted infections (STI) testing and treatment (excluding genital wart molluscum treatment)
- Contagious disease investigations
- Post Exposure Prophylaxis (PEP)

1 North Carolina General Statue 153A-77(d)

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

## Payment by a "Third Party" – Medicaid, Medicare, and Insurance

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

quickly as possible. Any remittance or final denial is posted to the patient's account. Any remaining balance for Medicaid clients are adjusted off (unless it was for a non-covered service that the client was made aware of prior to the service being rendered).

## Payment by Client

- The client is responsible for paying charges that are not covered by third-party payers (insurance plans, including Medicaid and Medicare).
- The client pays any insurance co-pay amounts at the time of services.
- BCHHS-DH mails a bill to clients based upon the following.
  - Bills are mailed every fourth month for accounts with a balance between $5 and $24.99.
  - Bills are mailed every other month for accounts with a balance of $25 and greater.
  - Bills are not sent for "confidential services", regardless of account balance.
- A payment plan can be arranged, when a client shows good cause for needing one.
- Clients with low income may qualify for a reduced fee, based on a sliding fee scale for certain services (detail in Appendix 1, below).

## Family Planning Billing Policy for Self-Pay and Third Parties

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

# Account Collections and Delinquent Accounts

## Payment for Services

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

## Payments Accepted

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

## Collection of Monies Owed

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

- Billing statements
- Past due notices
- NC Local Government Debt Setoff Clearinghouse (deduction from a client's tax refund of money client owes BCHHS-DH), administered by the NC Department of Revenue

## Delinquent Accounts and Collection

- Accounts are considered delinquent if a payment balance remains 90 days after the charge activity or after the most recent payment made (whichever is later).
- Delinquent accounts are subject to collection through the North Carolina Debt Setoff program for local governments[2].
    - All State laws and guidelines are followed for this program, including annual reporting of any qualifying delinquent accounts for collection.
- Accounts will be reviewed annually each July by each department for outstanding accounts receivable from the prior fiscal year. Bad debts that are greater than two years old and $25 or less will be considered for write-off. If determined by the department and the Finance department that no further collections are expected, the debt may be written off.
- Delinquent accounts that are active in the North Carolina Debt Setoff program shall remain in the program until satisfied.
- At no time will a client be notified that the account has been written off as a bad debt.
- If after a debt has been written off, payment is received against that account, the Finance department should be notified to account for those funds as appropriate.

## Service Consequences for Client of Delinquent Account

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

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

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

## Donations

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

## Returned Check Policy

If a client's check is returned:

1. We will notify the client.
    - We notify the client by telephone, if possible.
    - If a telephone number is not available, we will mail a notice.
    - We will inform and give the client a copy of Buncombe County's Returned Check Policy.

2. The client must replace all returned checks with cash, debit card, credit card, money order, and/or certified check. **We charge an additional $25.00 fee per returned check.**

3. If a client has two returned checks within a one-year period:
    - They will have to pay for services using cash, debit card, credit card, money order, and/or certified check for a period of one year.
    - After the one-year period expires, if another returned check occurs, the client must pay all future bills with cash, debit card, credit card, money order, and/or certified check.

## Refunds

[2] Ref: NCGS 105A-1 et seq.

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

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

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

# Residency Requirements for Services

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

**MUST be Buncombe County Resident**

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

**County Residency NOT Required**

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

## Proof of Residency

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

# Program-Specific Information: Personal Health Services

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

**Is there a fee?**

- No.

**Is there a residency requirement?**

- Yes. Clients must be residents of Buncombe County.

**Program policies to note? (detailed below)**

- BCCCP/WISEWOMAN Program Eligibility Requirements

### BCCCP / WISEWOMAN Program Eligibility Requirements

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

| Persons in Family Unit | 250% FPG (Annual)[3] |
|---|---|
| 1 | $39,900 |
| 2 | $54,100 |
| 3 | $68,300 |
| 4 | $82,500 |
| for each additional person, add | $14,200 |

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

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

## Family Planning

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

**Is there a fee?**

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

**How is the fee paid?**

- Full payment, co-pay, or sliding scale percentage is due at time of service.
- BCHHS-DH currently participates with Medicaid (all 5Managed Care Plans), Medicare, Blue Cross Blue Shield (except Blue Care), Cigna, United Healthcare (except Managed Care Plans), MedCost, Aetna, Tricare, and Wellcare, Bright Health.
- BCHHS-DH will bill other third party payers, only as a courtesy.

[3] NC BCCCP and WISEWOMAN Income Guidelines; Effective January 11, 2019

- The client is ultimately responsible for any uncovered charges based on a sliding fee scale.

**Is there a sliding fee scale?**

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

**Program policies to note? (detailed below)**

- Confidential Services

**Is there a residency requirement?**

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

### Confidential Services

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

## Health Promotion

**Is there a fee?**

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

**Is there a residency requirement?**

- Yes. Clients must be residents of Buncombe County

**Program policies to note?**

- None

## Immunizations

**Is there a fee?**

- There are fees for some adult and child immunizations.
- State Supplied vaccine is available at no charge to those who qualify.
- Contact the BCHHS Immunizations Clinic for further information.

**How is the fee paid?**

- BCHHS-DH bills all insurance plans directly for covered vaccines. After we receive the insurance payment, we send the client a bill if there is any unpaid balance (i.e., non-covered, out-of-network, or unmet deductible). If you are not able to pay in full at that time, you can contact our Accounting Office to make a payment plan.
- BCHHS-DH currently participates with these insurance programs: Medicaid (all 5 of Managed Care plans), Medicare, Blue Cross Blue Shield (except Blue Care), Cigna, United Healthcare (except Managed Care Plans), MedCost, Aetna, Tricare, Carolina Complete Health, and Bright Health. If you are under one of these plans, we bill them directly for both adult and child immunizations.
- For adults who use some other insurance company, have no insurance at all, or are receiving a non-covered vaccine, the client must pay in full at the time of service.

**Is there a sliding fee scale?**

- No, except for post-exposure rabies treatment provided here at BCHHS-DH. (See note below).

**Is there a residency requirement?**

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

**Program policies to note? (detailed below)**

- Post-Exposure Treatment for Rabies

**Post-Exposure Treatment for Rabies**

Rabies infection is fatal unless the person begins treatment right away. BCHHS-DH works with Mission Hospital to make sure any county resident who is exposed to rabies can receive the needed vaccine. After the initial exam and treatment at Mission, we can give any follow-up shots that are due during normal clinic hours.

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

## Nurse-Family Partnership

**Is there a fee?**

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

**Is there a residency requirement?**

- Yes. Clients must be residents of Buncombe County.

**Program policies to note?**

- None

## **Refugee Health** (Limited Services)

**Is there a fee?**

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

**Is there a residency requirement?**

- No

**Program policies to note?**

- The state's policy on "Refugee Health Assessments Provided in Health Departments" can be found at https://files.nc.gov/ncdma/documents/files/1d1.pdf.

## Sexually Transmitted Infections (STI) and HIV Control

**Is there a fee?**

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

**Is there a residency requirement?**

- No

**Program policies to note?**

- None

## HIV Pre-Exposure Prophylaxis (PrEP)

**Is there a fee?**

Yes, based on the service requested and client's income.

**How is the fee paid?**

- Full payment, co-pay, or sliding scale percentage is due at time of service.
- BCHHS-DH will bill other third party payers, only as a courtesy.
- The client is ultimately responsible for any uncovered charges based on a sliding fee scale.

**Is there a residency requirement?**

- No

**Is there a sliding fee scale?**

Yes. There is a sliding fee scale. (See Appendix 1, page 15.)

**Program Policy to Note?**

- None

## HIV Post-Exposure Prophylaxis

**Is there a fee?**

- No

**Is there a residency requirement?**

- No

**Is there a sliding fee scale?**

- No

**Program policies to note?**

- None

## Tuberculosis (TB)

**Is there a fee?**

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

**How is the fee paid?**

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

**Is there a sliding fee scale?**

- No

**Is there a residency requirement?**

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

**Program policies to note?**

- None

## WIC / Nutrition

**Is there a fee?**

- There are no client fees for WIC services.

**Is there a residency requirement?**

- Yes. This service is only available to North Carolina residents.

**Program policies to note?**

- WIC Program Eligibility Requirements

# Program-Specific Information: Property Owners & Businesses

## Environmental Health

**Is there a fee?**

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

**How is the fee paid?**

- Fees are collected before services are rendered.

**Is there a sliding fee scale?**

- No

**Is there a residency requirement?**

- No

**Program policies to note? (detailed below)**

- Refund Policy
- Rate Adjustment Policy
- Fee Reduction/Waiver Policy

### Refund Policy

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

#### General Refund Procedure:

- Program supervisor makes a recommendation to issue a refund.
- Director of Environmental Health must sign and approve all such refunds.
- Director of Environmental Health may approve exceptions to the policies below, when there are unusual or extenuating circumstances.
- Applications not acted upon within 60 days will be considered inactive, until the Department is notified by the applicant. Inactive applications may be refunded upon request, within one year of the application date.
- If the original service has not been rendered, client may request that fee payments be transferred to other services. The transfer must be accomplished upon cancellation of the original service.

#### Specific Refund Procedures:

**Improvement Permits** (Initial site evaluation to determine site suitability)

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

determination.

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

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

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

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

### Existing System Inspection

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

### Well Permit / Inspection

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

## Rate Adjustment Policy

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

## Fee Waiver/Reduction Policy

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

# Appendix 1: Sliding Fee Scales

## Buncombe County Health and Human Services-Department of Health – Sliding Fee Scales for FY27

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

N. C. Division of Public Health
Women, Infant and Community Wellness Section
Reproductive Health Branch
Annual Gross Family Income
Sliding Fee Scale --101% to 250% of Poverty Level
***Family Planning Medicaid Eligibility Included***

Effective 2/2026

| Family Size | Federal Poverty | Partial-Pay Bracket Twenty Percent From | To | Partial-Pay Bracket Forty Percent From | To | Partial-Pay Bracket Sixty Percent From | ***Family Planning Medicaid Eligibility**** | To | Partial-Pay Bracket Eighty Percent From | To | Full Pay |
|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | $15,960 | $15,961 | $21,945 | $21,946 | $27,930 | $27,931 | ***$31,122*** | $33,915 | $33,916 | $39,899 | $39,900 |
| 2 | $21,640 | $21,641 | $29,755 | $29,756 | $37,870 | $37,871 | ***$42,198*** | $45,985 | $45,986 | $54,099 | $54,100 |
| 3 | $27,320 | $27,321 | $37,565 | $37,566 | $47,810 | $47,811 | ***$53,274*** | $58,055 | $58,056 | $68,299 | $68,300 |
| 4 | $33,000 | $33,001 | $45,375 | $45,376 | $57,750 | $57,751 | ***$64,350*** | $70,125 | $70,126 | $82,499 | $82,500 |
| 5 | $38,680 | $38,681 | $53,185 | $53,186 | $67,690 | $67,691 | ***$75,426*** | $82,195 | $82,196 | $96,699 | $96,700 |
| 6 | $44,360 | $44,361 | $60,995 | $60,996 | $77,630 | $77,631 | ***$86,502*** | $94,265 | $94,266 | $110,899 | $110,900 |
| 7 | $50,040 | $50,041 | $68,805 | $68,806 | $87,570 | $87,571 | ***$97,578*** | $106,335 | $106,336 | $125,099 | $125,100 |
| 8 | $55,720 | $55,721 | $76,615 | $76,616 | $97,510 | $97,511 | ***$108,654*** | $118,405 | $118,406 | $139,299 | $139,300 |
| 9 | $61,400 | $61,401 | $84,425 | $84,426 | $107,450 | $107,451 | ***$119,730*** | $130,475 | $130,476 | $153,499 | $153,500 |
| 10 | $67,080 | $67,081 | $92,235 | $92,236 | $117,390 | $117,391 | ***$130,806*** | $142,545 | $142,546 | $167,699 | $167,700 |
| 11 | $72,760 | $72,761 | $100,045 | $100,046 | $127,330 | $127,331 | ***$141,882*** | $154,615 | $154,616 | $181,899 | $181,900 |
| 12 | $78,440 | $78,441 | $107,855 | $107,856 | $137,270 | $137,271 | ***$152,958*** | $166,685 | $166,686 | $196,099 | $196,100 |

**Add $5,680 for each additional person**

** at or below 195% of federal poverty level*

## Guidelines for Determining Eligibility for Sliding Fee Scale

### How does the Sliding Fee Scale work?

- Clients must show proof of income and family size.
- Staff will use this information to determine what percent of fees a client must pay, based on the sliding fee scale (above).
- For Family Planning clients:
  - Reasonable effort will be made to obtain proof of income from the client including verifying income through access to enrollment in another program within the agency.
  - If the client does not provide proof of income, and income cannot be verified through access to enrollment in another program within the agency, client stated income shall be used.
  - If the client refuses to provide a verbal declaration of income, and income cannot be verified through access to enrollment in another program within the agency, the client shall be charged 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.

- Clients at or below 100% of the Federal Poverty Level are not charged for Family Planning services.

- For all other clients:
  - If income cannot be confirmed at the time of screening, or if a client declines to provide information to verify income, the charge for services will be at 100% pay.
- If proof of income is received at a later date, retroactive adjustments are limited to charges within the past business 30 days based on the applicable fiscal year fee scale at the time of service.
- If clients report false information, they will no longer be allowed to use the sliding scale, except for Family Planning service fees.
- Eligibility for reduced fees will be re-checked:
  - Anytime the client's income and household size changes, and/or once every 12 months.
  - A client's Sliding Fee Scale percentage can change based on updated Federal Poverty level guidelines.
- The Clinical Services Practice Manager, or designee, may make exceptions to the fee policies for those who are unable, for good cause, to pay for clinical services. If this situation occurs, documentation of the process is required.
- Clients are not denied services or subjected to variation in quality of services because of the inability to pay.

## Which BCHHS-DH services offer a Sliding Fee Scale*?

- Family Planning services, HIV Pre Exposure Prophylaxis, and Post-Exposure Rabies Treatment.

*There may be conditions on when the sliding fee scale applies (see sections above).

## When does the Sliding Fee Scale discount NOT apply?

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

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

We review financial information on clients to see if they are eligible for reduced fees on the BCHHS-DH Sliding Fee Scale (tables on page 16). The Economic Unit is the method of income collection used to determine financial eligibility for patient fees. We do financial screening:

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

## Who is considered a member of the "family" for determining eligibility?

## Definition of Family Size/Household and Countable Gross Income

1. **Family**: A family of two or more is defined as a group of persons related by birth, marriage, adoption, or a defined dependent relationship, who live together in a household. Persons are considered members of a "family" when their production of income and consumption of goods are related.

- A client with no income must be considered part of the larger family unit that is providing support to the client.
- Groups of persons living in the same house with other people may be considered a separate family unit. For example, if two sisters and their children live in the same house and both work and support their own children, they would be considered two separate households.

2. **Dependent Status**: Dependent household members are defined as those persons for whom the head of household:
   - has a legal responsibility to support, or
   - has voluntarily extended support

   These relationships are usually defined as legal adoptions and guardianships. Guardianship status must be supported by court documents defining the guardian relationship/responsibility.
   **Exceptions**:
   - A foster child assigned by DSS shall always be considered a family of one.
   - Teens and others requesting confidential Family Planning Services will have their income assessed as a family of one.

3. **Family/Household Income:** Dollar amounts represent gross monthly income, the total cash receipts before taxes, from all sources. This is the total of all household income from each "counted" family member.

4. **Income Sources**: All income from full or part time employment, produced by all dependents, must be declared as part of the household income**.** Income sources include:
   - Salaries and wages
   - Earnings from self-employment (deduct business expenses, except depreciation)
   - Interest income
   - All investment and rental income
   - Public assistance
   - Unemployment benefits
   - Worker's compensation
   - Military allotments
   - Social Security benefits
   - VA benefits
   - Retirement and pension pay
   - Insurance or annuity plans
   - Gaming proceeds and any other income not represented here that contributes to the household consumption of goods. This list is not all-inclusive.

5. **Income Verification:** We require income verification before a client can be eligible for a sliding scale discount. Any **one** of the following is acceptable:
   - Current pay stubs
   - Signed note from employer that shows client's income before taxes are taken out
   - W-2 Forms
   - Unemployment letter
   - Award letter from Social Security Office, VA, or Railroad Retirement Board
   - 1099's received from IRS
   - Paper from the IRS that shows client did not file taxes
   - Self-employed clients may bring accounting records or income tax return for the most recent calendar year. (Entire tax return must be provided in order to allow deductions for business expenses.)

# Appendix 2: Service Fees

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

**Medical Records Copy Charges**

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

Copying charges are:

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

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

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

| #Pgs | Charge | #Pgs | Charge | #Pgs | Charge |
|---|---|---|---|---|---|
| 1 | $ 0.75 | 51 | $ 31.75 | 101 | $ 56.50 |
| 2 | $ 1.50 | 52 | $ 32.25 | 102 | $ 56.75 |
| 3 | $ 2.25 | 53 | $ 32.75 | 103 | $ 57.00 |
| 4 | $ 3.00 | 54 | $ 33.25 | 104 | $ 57.25 |
| 5 | $ 3.75 | 55 | $ 33.75 | 105 | $ 57.50 |
| 6 | $ 4.50 | 56 | $ 34.25 | 106 | $ 57.75 |
| 7 | $ 5.25 | 57 | $ 34.75 | 107 | $ 58.00 |
| 8 | $ 6.00 | 58 | $ 35.25 | 108 | $ 58.25 |
| 9 | $ 6.75 | 59 | $ 35.75 | 109 | $ 58.50 |
| 10 | $ 7.50 | 60 | $ 36.25 | 110 | $ 58.75 |
| 11 | $ 8.25 | 61 | $ 36.75 | 111 | $ 59.00 |
| 12 | $ 9.00 | 62 | $ 37.25 | 112 | $ 59.25 |
| 13 | $ 9.75 | 63 | $ 37.75 | 113 | $ 59.50 |
| 14 | $ 10.50 | 64 | $ 38.25 | 114 | $ 59.75 |
| 15 | $ 11.25 | 65 | $ 38.75 | 115 | $ 60.00 |
| 16 | $ 12.00 | 66 | $ 39.25 | 116 | $ 60.25 |
| 17 | $ 12.75 | 67 | $ 39.75 | 117 | $ 60.50 |
| 18 | $ 13.50 | 68 | $ 40.25 | 118 | $ 60.75 |
| 19 | $ 14.25 | 69 | $ 40.75 | 119 | $ 61.00 |
| 20 | $ 15.00 | 70 | $ 41.25 | 120 | $ 61.25 |
| 21 | $ 15.75 | 71 | $ 41.75 | 121 | $ 61.50 |
| 22 | $ 16.50 | 72 | $ 42.25 | 122 | $ 61.75 |
| 23 | $ 17.25 | 73 | $ 42.75 | 123 | $ 62.00 |
| 24 | $ 18.00 | 74 | $ 43.25 | 124 | $ 62.25 |
| 25 | $ 18.75 | 75 | $ 43.75 | 125 | $ 62.50 |
| 26 | $ 19.25 | 76 | $ 44.25 | 126 | $ 62.75 |
| 27 | $ 19.75 | 77 | $ 44.75 | 127 | $ 63.00 |
| 28 | $ 20.25 | 78 | $ 45.25 | 128 | $ 63.25 |
| 29 | $ 20.75 | 79 | $ 45.75 | 129 | $ 63.50 |
| 30 | $ 21.25 | 80 | $ 46.25 | 130 | $ 63.75 |
| 31 | $ 21.75 | 81 | $ 46.75 | 131 | $ 64.00 |
| 32 | $ 22.25 | 82 | $ 47.25 | 132 | $ 64.25 |
| 33 | $ 22.75 | 83 | $ 47.75 | 133 | $ 64.50 |
| 34 | $ 23.25 | 84 | $ 48.25 | 134 | $ 64.75 |
| 35 | $ 23.75 | 85 | $ 48.75 | 135 | $ 65.00 |
| 36 | $ 24.25 | 86 | $ 49.25 | 136 | $ 65.25 |
| 37 | $ 24.75 | 87 | $ 49.75 | 137 | $ 65.50 |
| 38 | $ 25.25 | 88 | $ 50.25 | 138 | $ 65.75 |
| 39 | $ 25.75 | 89 | $ 50.75 | 139 | $ 66.00 |
| 40 | $ 26.25 | 90 | $ 51.25 | 140 | $ 66.25 |
| 41 | $ 26.75 | 91 | $ 51.75 | 141 | $ 66.50 |
| 42 | $ 27.25 | 92 | $ 52.25 | 142 | $ 66.75 |
| 43 | $ 27.75 | 93 | $ 52.75 | 143 | $ 67.00 |
| 44 | $ 28.25 | 94 | $ 53.25 | 144 | $ 67.25 |
| 45 | $ 28.75 | 95 | $ 53.75 | 145 | $ 67.50 |
| 46 | $ 29.25 | 96 | $ 54.25 | 146 | $ 67.75 |
| 47 | $ 29.75 | 97 | $ 54.75 | 147 | $ 68.00 |
| 48 | $ 30.25 | 98 | $ 55.25 | 148 | $ 68.25 |
| 49 | $ 30.75 | 99 | $ 55.75 | 149 | $ 68.50 |
| 50 | $ 31.25 | 100 | $ 56.25 | 150 | $ 68.75 |