

**BEFORE THE BOARD OF HEALTH OF
THE SPOKANE REGIONAL HEALTH DISTRICT**

RESOLUTION #11-02

HEALTH DISTRICT FEE POLICY

WHEREAS, the Spokane Regional Health District Board of Health has determined that fees for certain services are necessary to augment and maximize public funds for public health functions to protect the citizens of Spokane County; and

WHEREAS, RCW 70.05.060 provides that the Board shall "Establish fee schedules for issuing or renewing licenses or permits or for such other services as are authorized by law and the rules and regulations of the State Board of Health: Provided, That such fees for services shall not exceed the actual cost of providing any such services."

NOW, THEREFORE, be it resolved that fees for services provided by Spokane Regional Health District (the District) shall be determined annually as follows:

SECTION 1. DETERMINATION AND COLLECTION OF FEES

- A. Fees for any District service shall be based on the total cost of providing the service, including the proportionate share of all indirect costs. It is understood that "indirect costs," as used in this resolution, include Division "program support," and District overhead consistent with the District's approved indirect cost allocation plan. Although the District may strive for 100% cost recovery, it is recognized that because the District cannot make a profit (100% + recovery) the goal is to work towards 100% recovery.
- B. It is recognized that some of the District Services are not fully supported by fees, and 100% cost recovery by fees may not be feasible to protect the public's health at the total cost of the service.
- C. The Health Officer or designee has the authority to waive or change any fee for the benefit of the public's health. Any proposed changes to the approved fee schedule require written approval from the Health Officer or designee.
- D. A discount schedule based on the most recent federal poverty guidelines for family size and income may be applied to some clinic fees. The discount schedule shall range from 33% to 67% of full fee. Persons/families below 150% of poverty shall pay 33% of full fee, persons/families between 151 % and 200% of poverty shall pay 67% of full fee and persons above 200% of poverty shall pay full fee. The District shall use one or more means tests to verify eligibility for discounted fees. Income verification such as pay stubs or tax returns must be provided at the time of service and will be valid for one year. Clients that have no source of income verification will be asked to submit a signed self declared statement

outlining family income and size. Income verification must be provided at the next service. Those who do not subsequently submit income verification will be charged full fees.

- E. Where appropriate, an hourly rate will be established in the fee schedule to recover 100% of the estimated total cost to provide services. The hourly rate will be based on the average hourly employee cost to include benefits, indirects and other direct program costs.
- F. New fees not previously established will be based on 100% of the estimated cost of providing the service and adjusted after the actual cost has been determined. The Health Officer, or designee, can direct an alternate cost recovery percentage on an individual basis.
- G. At the discretion of the Health Officer, or designee, the District may enter into contracts with public or private employers to provide a volume of specific services for a designated period of time at a negotiated fee.
- H. In discrete circumstances, the District may use a professional services collection agency. Referral of an account to a collection agency shall require the prior written approval of the Administrator or designee.

SECTION 2. PERIODIC REVIEW

The agency fee schedule shall be reviewed periodically and revised in accordance with this resolution. Cost studies of services and products included in the fee schedule shall be conducted on a periodic basis. The periodic review shall include revision of the discount schedule according to the most recent federal poverty guidelines. The proposed fee schedule revision shall be presented for consideration by the Board at the June, July or August Board of Health meeting. This mid-year fee schedule revision shall be used to estimate program revenues for the next budget year and shall be implemented January 1 of the following year.

SECTION 3. PAYMENT FOR PUBLIC HEALTH SERVICES

- A. The Board recognizes that some public health services and functions are offered as community health protection and are not appropriately supported entirely by fees and may have a cost recovery rate through fees based on less than 100% of cost.

In order to adequately protect the public health of the community, Spokane Regional Health District must ensure availability of treatment services for certain communicable diseases. If the minimum fee for service cannot be collected or proves to be a hindrance to continued treatment, the customer or the family of the

customer may request or be offered a payment plan or a write off. Write off determinations require the documented approval of Program Manager or designee.

Decisions to provide treatment services to clients with outstanding balances will be based on medical judgment of the Health Officer or designee.

- B.** The District may bill full fee to all potential third party payers. Any reimbursement from a public insurer (Medicare, Medicaid, etc.) shall be considered payment in full. Customers with private insurance will be expected to pay in full at the time of service and are provided a receipt with required information to get reimbursed from their carrier.
- C.** The District recognizes that it is most efficient to collect all clinic fees at the time services are provided. The District will expect and pursue fee collection for clinic services with a minimum payment at the time of service of \$10.00. However, if fee collection on the date of service is not possible, customers shall receive statements for six months before referral to a professional services collection agency is considered. Customers who request participation in a payment plan will be billed monthly until the balance is paid in full. The minimum billing on a payment plan is \$25.00, unless the customer has made special arrangements.
- D.** The Board recognizes that some services are partially funded by grants that may limit the District from charging full fees.
- E.** From time to time, the District is responsible for epidemiological investigation of exposures or outbreaks transmitted from a business employee to their public customers and prophylaxis of potentially exposed individuals. The Health District will pursue payment from the identified employers.
- F.** Except for variable fees based upon hourly rates, fixed Environmental Public Health fees shall be collected prior to the performance of service or at the time of service. Fees based upon hourly rates shall be invoiced upon determination of the actual time associated with providing the service(s).

This Health District Fee Policy shall become effective on January 1, 2012.

DATED this _____ day of _____, 20__.

**SPOKANE REGIONAL HEALTH DISTRICT
BOARD OF HEALTH**

David R. Crump
Board Chair

Melanie J. [Signature]
Board Member

Amber Waldrop
Board Member

Board Member

[Signature]
Board Member

Board Member

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Board Member

Board Member

Juan Norwood
Board Member

Board Member

Steve Corher
Board Member

Board Member