

Agency logo
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Organization Name Here

DEPARTMENT: (The department in which the policy is most relevant to)	POLICY NAME: (Example: Fee Assessment and Collection)	
EFFECTIVE (ORIGINAL) DATE: (Original date the policy becomes effective)	APPROVED BY: (Print or type name)	
APPROVAL SIGNATURE:	APPROVAL DATE: (Date in which the policy was approved)	REVISED DATE: (Date of last revision)
PURPOSE: (Example: The purpose of this policy is to ensure that the appropriate state requirements are met when assessing fees and collecting payments for immunization services.)		
POLICY: (Example: ABC Health Department is committed to ensuring that State of Oregon billing regulations and requirements are met for immunization fee assessments and collection. For Billable clients, ABC Health Department charges the cost of vaccine, as published twice-yearly by the Oregon Immunization Program, and an administration fee that reflects the cost of services provided. Fees will be discounted for eligible clients according to Vaccines for Children (VFC) and Section 317-funded requirements. Third-party reimbursement will be sought for all applicable clients. Clients will not be denied services or subjected to any variation in service quality based on their inability to pay. Priority for immunization service is for clients who are unable to afford the cost of vaccine, or who may have difficulty accessing services, but will not be limited to that population.)		
PROCEDURES: (Example: Setting Fees: <ol style="list-style-type: none">Vaccine prices match those published by the State of Oregon Immunization Program.		

2. Administration fees are calculated through a cost analysis of immunization services provided by this agency.
3. The vaccine prices will be updated as new prices are published by the Oregon Immunization Program.
4. Administration fees will be reviewed annually and updated, as needed, to reflect changes in the cost of providing immunization services.
5. A fee schedule is available to the public and approved by the ABC County Board of Commissioners.

Charges for Immunization Services:

1. Vaccine costs for Billable clients will match the prices set by the Oregon Immunization Program for the vaccine.
2. Administration fees:
 - a. Billable (B) clients will be charged the full administration fee, as determined by an agency cost analysis.
 - b. VFC- and 317-eligible clients:
 - i. Administration fees for Medicaid-covered children will be billed to the Division of Medicaid Assistance Programs (DMAP) or the appropriate coordinated care organization (CCO) at the maximum allowable amount for the State of Oregon, as determined by the Centers for Medicare and Medicaid Services (CMS).
 - ii. Administration fees for non-Medicaid VFC- and 317-eligible clients will also be capped at the CMS maximum-allowed amount for the State of Oregon.

Collection of fees:

1. All clients will be informed of the dollar value of clinic services received during their visit.
2. Billable (B) clients will be informed that their insurance plan will be billed first, and the client may be billed for the remaining balance.
3. Insurance co-pays are due at the time of service.
4. All clients making payments at the front desk will receive a receipt.

5. Clinic staff will notify clients/parents that administration fees will be waived if the fees are unaffordable.

a. Clinic staff will ask clients/parents what amount they can afford to pay or if they would like to set up a payment plan.

b. If the client/parent states they are unable to afford any portion of the administration fees, the fees must be completely waived.

6. Billing procedures for self-pay accounts:

a. Self-pay accounts with an unpaid balance:

i. After 30 days, a statement is mailed to clients with a balance over \$10.00.

ii. After 60 days, a statement and past due notice is mailed to clients.

iii. After 90 days, a statement and final notice is sent to clients.

iv. After 120 days, ABC Health Department will write off the balance of charges

b. Clients in default of a payment plan will receive a final statement and notice of default before the balance is written off.

c. Clients with an unpaid balance will remain eligible to receive immunization services.

7. Billing procedures for Billable (B) clients:

a. In accordance with contractual agreements with insurance companies, ABC Health Department will collect from the client the required co-payment at the time of service. If the client is unable to pay, or co-pay information is unknown, the client will be billed for the co-pay amount.

b. The full amount of the charges, minus any copay paid, will be billed to the insurance company. Once the insurance company processes the claim, ABC Health Department will bill the client for any balance as indicated by contract stipulations.