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2 Before the Board of Health of King County, State of Washington

3 RULES AND REGULATIONS NO. 05-09

4 An amendment revising personal health services fee regulations to assure compliance with Title 42 CFR
5 Section 59.5 (a) (8) and (9), and Title 42 USC Section 254b (k)(3)(F) and (G) requirements that personal
6 health service fees be based on the costs to provide services and reflect prevailing local rates;
7 authorizing the director of public health to change the methodology for setting fees for personal health
8 services and to change the existing methodology for setting minimum fees for pharmaceuticals;
9 authorizing the director of public health to set minimum fees for additional personal health services and
10 to establish an annual review and adjustment process for the personal health fee schedule; authorizing
11 the director of public health to charge full fees for clients with certain commercial health insurance
12 coverage; revising Title 3 of the Code of the King County Board of Health; enacted pursuant to RCW
13 70.05.060; amending BOH 3.04.010, 3.08.010, adding new sections to BOH chapter 3.04 and repealing
14 BOH 3.04.020, 3.04.030, 3.04.040, 3.04.050, 3.04.060 and 3.08.020.

15 BE IT ADOPTED BY THE KING COUNTY BOARD OF HEALTH:

16 SECTION 1. R&R 35, Section 1, as amended, and BOH 3.04.010 are each hereby amended to
17 read as follows:

18 **Personal health service programs.** To provide for a portion of the costs to the health
19 department for the provision of services associated with personal health care, which includes, but is not
20 limited to~~((:))~~, maternal and child health programs, laboratory services, sexually transmitted disease,
21 tuberculosis or other communicable disease clinics, refugee health, dental services, family planning
22 programs, other primary care programs and treatment for diseases related to the public health of the
23 county, immunizations, pharmaceuticals and other personal health supplies, the director of public health
24 ~~((shall))~~ is authorized to set, charge and collect fees according to the following guidelines, except where
25 the imposition of such fees is prohibited by federal or state law, or is inconsistent with the terms of an
26 agreement between the health department and a third party or grantor:

27 ~~((A. Fees Established. Fees and units of service will be set according to the maximum allowable~~
28 ~~Title XIX reimbursement levels rounded to the nearest dollar and shall be set by the director of public~~
29 ~~health in accordance with the then current state and federal guidelines; except that:~~

30 1. Fees for HIV intervention, providing early medical intervention/treatment to HIV
31 seropositive low income persons are fixed and established as the indicated maximum allowable
32 reimbursement rate under state of Washington RCW 70.24.250 and RCW 43.20A.550 and existing
33 Washington State Administrative Code 248-168 for the indicated units of service as specified in the then
34 current HIV Intervention Program Operations and Billing manual by the state of Washington,
35 Department of Health, which schedule is adopted and, by this reference, made a part of this section;

36 2. The director of health is authorized to set, charge and collect fees for services not included
37 in the above categories and not on the Title XIX reimbursement schedule in amounts equal to the Title
38 XIX maximum reimbursement amount for a comparable service;

39 3. Other services not on the Title XIX reimbursement schedule and for which there is no
40 comparable service reimbursed by Title XIX, fees for supplies, and fees for contracted laboratory
41 services may be set at no more than cost.

42 B. Sliding Fee Scale. For clients without applicable third party coverage, the director of public
43 health is authorized to charge and collect a reduced fee for personal health care according to the
44 following schedule and to impose a minimum charge for pharmaceuticals and supplies equal to the
45 lesser of the full fee and a flat fee of \$5.00; except as Washington State Department of Health imposed
46 sliding fee scale for the HIV Intervention Program as outlined in the HIV Intervention Program
47 Operations and Billing manual, and except as mandated by Title X, Federal Guidelines for sliding fee
48 scales for family planning clinics. The sliding scale will be based on U.S. Community Services
49 Administration (CSA) Poverty Guidelines, which are prepared and revised annually by the state and
50 federal government. The flat fee of \$5.00 for pharmaceuticals and supplies will be adjusted yearly
51 based on the Pharmaceutical Producers Price Index, but with no adjustment greater than \$2.00 in any
52 given year.

Category

Gross Income

Fee

—A	Equal to or less than 100% CSA Poverty Guidelines	No charge for clinic services. The minimum charge as stated above for pharmaceuticals and supplies.
—B	101% to 150% CSA Poverty Guidelines	25% of full charge for clinic services. The greater of 25% of full charge and the minimum charge as stated above for pharmaceuticals and supplies.
—C	151% to 200% CSA Poverty Guidelines	50% of full charge for clinic services. The greater of 50% of full charge and the minimum charge as stated above for pharmaceuticals and supplies.
—D	201% to 250% CSA Poverty Guidelines	75% of full charge for clinic services.

~~The greater of 75%
of full charge and
the minimum charge
as stated above for
pharmaceuticals and
supplies.~~

~~—E Over 251% Full charge for clinic
CSA Poverty Guidelines services,
pharmaceuticals and
supplies.~~

53 ~~C. No one will be denied service due to inability to pay.~~

54 ~~D. A reduced fee or no fee will be required when the director of public health determines that~~
55 ~~such health services are necessary to avert or control an emergency public health problem or for~~
56 ~~communicable disease control.~~

57 ~~E. Third Party Payors. Prior to assessing patient fees, the director of public health shall identify~~
58 ~~potential third party payors, which shall include, but not be limited to, private insurance, Medicare, and~~
59 ~~Medicaid and the Basic Health Plan. Third party payors shall be billed at full charge, by the department~~
60 ~~or by the client, according to the fee schedule established pursuant to this regulation, except when third~~
61 ~~party contracts specify billing parameters or when dictated by federal or state law. The sliding fee scale~~
62 ~~may be applied to the portion of the fees not paid by third party payors, except when prohibited by third~~
63 ~~party payors.~~

64 ~~F. Managed Care Clients. Clients who are enrolled in managed care plans and are seeking~~
65 ~~primary care services for which the health department cannot bill, will be referred to their primary care~~
66 ~~provider for those services, except that services may be granted at the discretion of the director of public~~
67 ~~health.))~~

68 A. Method for setting full fees for personal health services.

69 1. Fees for personal health services provided during personal health visits shall be set at the
70 lesser of the full cost for providing the service or the median of nondiscounted personal health service
71 fees charged by healthcare providers in the Seattle metropolitan area, rounded to the nearest dollar, and
72 shall be set by the director of public health in accordance with state and federal guidelines.

73 2. Fees for immunizations, including travel immunizations, shall be set in amounts equal to or
74 less than the full cost of the vaccine plus an administration fee per dose of vaccine.

75 a. The administration fee for immunizations provided using vaccine funded through the state
76 Vaccines for Children Program shall be set at the maximum allowed by the Washington State
77 Department of Health.

78 b. For all other immunizations, including travel immunizations, the administration fee shall
79 not be set higher than the full cost of providing immunization services.

80 3. Fees for pharmaceuticals and supplies shall be set to cover the full costs of the medication or
81 supplies and the full costs of procuring, storing, distributing and dispensing the medications or supplies
82 and the costs of client education and counseling by pharmacists, as applicable.

83 4. Fees for laboratory services and administration of purified protein derivative ("PPD") tests
84 shall cover either the full costs of administering the PPD test or providing the laboratory services in the
85 department or the full cost of purchasing the laboratory services through a laboratory contracted with the
86 department, or both.

87 NEW SECTION. SECTION 2. There is hereby added to BOH chapter 3.04 a new section to
88 read as follows:

89 **Authority to waive fees.**

90 A. The director of public health is authorized to waive fees for health services that are necessary
91 to avert or control an emergency public health problem or to control a communicable disease.

92 B. A person shall not be denied clinically necessary care or services due to an inability to the
93 person to pay.

94 NEW SECTION. SECTION 3. There is hereby added to BOH chapter 3.04 a new section to
95 read as follows:

96 **Third-party payors.**

97 A. Before charging clients fees, the director of public health will make all reasonable efforts to
98 identify potential third-party payors, including Medicare, Medicaid, the Basic Health Plan, managed
99 care plans and other third-party payors.

100 B. Third-party payors that have contracts with the public health department for the provision of
101 personal health services shall be charged for services according to the terms of the contract between the
102 payor and the department or as dictated by federal or state law.

103 C. The director of public health may charge full fees to all clients whose commercial insurance
104 or managed care plan either does not have a contract with the department or will not reimburse the
105 department for the covered services provided to the client, or both.

106 NEW SECTION. SECTION 4. There is hereby added to BOH chapter 3.04 a new section to
107 read as follows:

108 **Reduced fees.**

109 A. Sliding fee scale for low income clients. For low income clients without applicable third-
110 party coverage for the services they have received, the director of public health is authorized to charge
111 and collect a reduced fee for personal health services, laboratory tests, pharmaceuticals or supplies
112 according to the following schedule. The sliding scale reduces fees based on the client's household
113 income and family size, as determined and revised annually by the United States Community Services
114 Administration ("CSA") Poverty Guidelines.

Category

Gross Income

Fee

A	Equal to or less than 100%	No charge.
	CSA Poverty Guidelines	
B	101% to 150%	25% of full fee.
	CSA Poverty Guidelines	
C	151% to 200%	50% of full fee.
	CSA Poverty Guidelines	
D	201% to 250%	75% of full fee.
	CSA Poverty Guidelines	
E	Over 250%	Full fee.
	CSA Poverty Guidelines	

115 The sliding scale does not apply to:

- 116 1. Travel immunizations or other travel health services;
- 117 2. Copayments for services otherwise covered by the client’s health plan; or
- 118 3. Services where the director of public health has determined a minimum fee will be charged.

119 B. Minimum fees for personal health services, including, but not limited to, personal health

120 visits with providers, pharmaceuticals, laboratory tests and supplies, may be established and charged at

121 the discretion of the director of public health.

122 1. The director of public health is authorized to charge minimum fees to clients and for

123 services where such charges:

- 124 a. are not prohibited by federal or state regulation;
- 125 b. are not prohibited by the terms of contracts held between the department and third party
- 126 payors; and
- 127 c. are administratively feasible.

128 2. Method of establishing minimum fees: Minimum fees will reflect practices and rates used by

129 other federally qualified health centers in Seattle and King County.

130 NEW SECTION. SECTION 5. There is hereby added to BOH chapter 3.04 a new section to
131 read as follows:

132 **Annual review and adjustments of fees.**

133 The director of public health is directed and authorized to review and annually adjust fees to
134 reflect changes in the cost to the department of providing services and to reflect changes in the median
135 of fees charged by providers in the Seattle metropolitan area, except that fees may not be adjusted to be
136 greater than either the full costs to the department to either acquire or provide, or both, the services or
137 supplies or the median fees for personal health services charged by providers in the Seattle metropolitan
138 area.. The director of public health shall adjust full fees and minimum fees for pharmaceuticals,
139 supplies and vaccines when the department's acquisition costs for pharmaceuticals, supplies and
140 vaccines change.

141 SECTION 5. R&R 37, Section 1, as amended, and BOH 3.08.010 are each hereby amended to
142 read as follows:

143 **Sales to nonprofit community clinics, other health departments and districts.** To assist
144 nonprofit community clinics, health departments and districts in obtaining drugs and supplies, the
145 director of public health shall set, charge and collect fees (~~(according to the following rate:~~
146 ~~Service~~ _____ ~~Fee~~
147 ~~Sale of Drugs or Supplies~~ ~~At cost plus 10% handling fee~~)) that reflect the full acquisition costs for
148 the pharmaceuticals to the department and the full costs for handling the pharmaceuticals including
149 procurement, storage, inventory management and distribution. The director of public health is
150 authorized to adjust the fees for pharmaceuticals sold to the non-profit community clinics, other health
151 departments or districts whenever the acquisition costs to the department change, and to adjust the
152 handling fees annually.

153 SECTION 6. Repeals. BOH 3.04.020, 3.04.030, 3.04.040, 3.04.050, 3.04.060 and 3.08.020 are
154 each repealed.

