|  |
| --- |
|  **Program:** [Enter program name: e.g., Public Health] |
| **Written By:** | [Name] | Original Date: [Date] |  |
| **Revised/Reviewed by:** | [Name]  | Last Revised/Reviewed Date: | [Date] |
| **Approved By:** | [Name] | Approved Date: [Date] |  |
|  |  |
|  |
| **SUBJECT:**  | **Vaccine Billing Policy** |
| **NUMBER:**  |  |

**PURPOSE:**

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:**

ABC County Public Health is committed to ensuring that State of Oregon billing regulations and requirements are met for immunization fee assessments and collection. For Billable clients, ABC County Public Health 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. Clients will not be sent to collections.

**PROCEDURES:**

**Setting Fees:**

1. 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:

Billable (B) clients will be charged the full administration fee, as determined by an agency cost analysis.

* 1. VFC- and 317-eligible clients:
		1. 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).
		2. 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. All clients making payments at the front desk will receive a receipt.
4. 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.

1. Billing procedures for self-pay accounts:
	1. Self-pay accounts with an unpaid balance:
		1. After 30 days, a statement with a balance over $10.00 is mailed to clients.
		2. Clients will only billed once within 90 days of service.
		3. Clients with outstanding bills will not be sent to collections.
	2. Clients with an unpaid balance will remain eligible to receive immunization services.
2. Billing procedures for Billable (B) clients:
3. The full amount of the charges will be billed to the insurance company. Once the insurance company processes the claim, ABC County Public Health will bill the client for any balance as indicated by contract stipulations.

**POLICY REVIEW:** This policy will be reviewed at minimum every five years and as needed.