

SAMPSON DEPARTMENT

Wanda Robinson
Complex Road, Suite 200
Health Director
28328



COUNTY HEALTH

360 County
Clinton NC

Sampson County Health Department Advisory Committee Meeting Agenda

October 15, 2018 7:00 pm

- I. Call to Order – Jacqueline Howard, Chair
- II. Invocation
- III. *Approval of minutes
 - a. August 20, 2018 minutes
- IV. *Policy review
 - a. Health Department Advisory Committee Operating Procedures
 - b. Health Department Advisory Committee Conflict of Interest Policy
 - c. Fiscal Policy
- V. State of the County Health Report (SCOTCH)
- VI. *Labcorp Fee Schedule Update
- VII. Mosquito Abatement-Florence
- VIII. Financial Report
- IX. Health Directors Report
 - a. Personnel Changes/vacancies
 - b. Accreditation Update
- X. Public Comment
- XI. Adjournment

*Requires Board Approval

**Sampson Count Health Department Advisory Committee Minutes
August 20, 2018**

Member Attendance: Dr. Jeffrey Bell, Paul Bradshaw, Robert Butler, Linda Heath, Jacqueline Howard, Chair, Allie Ray McCullen, Commissioner Harry Parker, and Dr. Beth Turner.

Not in Attendance: Dr. Beth Bryan, Charlotte Harrell, Linda Peterson.

SCHD staff attendance: Wanda Robinson, Sally DeMay, Tamra Jones, Annie Fennell, Perry Solice, Erin Ellis.

Administration staff attendance: Susan Holder, Joel Starling

I. Call to Order:

Jacqueline Howard, Chair call the Advisory Committee meeting to order.

II. Invocation:

Commissioner Harry Parker gave the invocation.

III. Approval of Minutes:

- a. June 18, 2018 minutes - motion made by Linda Heath to approve June 18, 2018 minutes as presented and second made by Jeffrey Bell. All in favor. Motion carried.

IV. Policy Review:

a. HIPAA Policy

Wanda Robinson reviewed HIPAA Policy. HIPAA started in 2003. Changes were made to the layout of the Notice of Privacy Practices to make it more user friendly and broken down to show clients what their rights, the uses and disclosures of protected health information. This information was included in our old Notice of Privacy Practices in a written format. The new layout pulls information out and lists for clients. There are a lot of sections to this policy and includes copies of our forms and Business Agreements. Handout of text message-are looking our texting our clients. Will have to train staff on what can be texted.

Motion to accept and forward HIPAA Policy to Board of County Commissioners for approval made by Dr. Beth Turner and seconded by Robert Butler. All in favor. Motion carried.

Administrative Policy

Wanda Robinson reviewed the changes to the Administrative Policy. Changes made and reviewed in the following Policies within the Administrative Manual: Organizational Charts; Appointments Policy; Community Input, Involvement, Collaboration and Partnership Policy; Consumer Complaint Policy, Diversity Plan Policy, Facility/Equipment Cleaning Policy; Incident Reporting Policy, Professional Liability Policy, Research Policy; Staff Qualifications & Development Policy. Policies incorporated into other policies were: Computer Equipment Use Policy into Information Security Policy; Unlawful Workforce Harassment Policy and Workplace Violence Policy into OSHA Policy; Workforce Diversity Policy into Diversity Plan Policy.

Commissioners Parker questioned the vacancies listed on the Organizational Chart and what is being done regarding those vacancies. Wanda Robinson stated will be discussed later in the agenda. Question asked is services are still being offered. Wanda Robinson stated we are trying to continue services. Nurse Practitioner retired in June, this is one of the hardest positions to fill. We have one fulltime Nurse Practitioner and one Nurse Practitioner contracting part time. Some services are being limited, especially our Child Health services due to a resignation of the Child Health Nurse the end of last month. We only have so many appointment slots.

Appointment Policy changes reviewed by Wanda Robinson. Robert Butler asked if there are charges for missed appointments. At present the health department does not charge clients for missed appointments. Discussion on loss of income due to missed appointments.

Staff Qualifications & Development Plan discussed policy. Linda Heath asked if the evaluation was being used with the job competency. Wanda stated that we use Job Competency and Title X forms during performance appraisals for certain disciplines.

Commissioner Parker asked for clarification of the shaded part on page 5 regarding Health Director Qualifications and & Competency as to which board. Wanda Robinson stated that it refers this Board of Health. Linda Heath questioned if it should state the Sampson County Health Department Advisory Committee. Changes will be made to the policy to replace Board of Health with Sampson County Health Department Advisory Committee and Board of Commissioners.

Motion made by Commissioner Parker to accept with wording changes to the Staff Qualifications & Development Policy, page 5, changing Board of Health to SCHD Advisory Committee and add Board of Commissioners) and forward Administrative Policy to Board of County Commissioners. Motion seconded by Paul Bradshaw. All in favor. Motion carried.

V. Financial Report:

Review of handouts given by Tamra Jones. DOT-TB numbers down; STD numbers same. Medicaid Revenues did not include last year's revenues due to still receiving revenues for last year until date determined by Finance.

VI. Dangerous Dog Ordinance Review:

See attached slide handout presented by Joel Starling.

Joel Starling presented a PowerPoint on Dangerous Dog Appeals. Discussed difference between a Dangerous Dog and a Potentially Dangerous Dog. A Potentially Dangerous Dog is a Dangerous Dog. Reviewed G.S. § 67-4.1 (a) (1) and G.S. §67-4.1(a) (2). Reviewed situations when a Dangerous Dog Appeal is not required such as a dog has killed a person without provocation. Exceptions under the Statute were discussed. Discussion held regarding dogs owned or harbored primarily or in part for purpose of dog fighting. Process begins by either a citizen lodging a complaint or a law enforcement officer finding reasonable suspicion to believe a dog is a dangerous dog. Linda Heath stated there is room for interpretation of

whether a potentially dangerous dog is threatening. Joel this will be discussed further under the Potentially Dangerous Dog.

A Potentially Dangerous Dog is a Dangerous Dog. Once there has been a determination that a dog is Potentially Dangerous that dog is a Dangerous Dog under our ordinances. Linda Heath asked is that determination made the Animal Control Officer or does the Advisory Board make the determination when they hear the appeal. If the Animal Control Officer makes the determination that the animal is a Potentially Dangerous Dog send the written notification to the owner and the owner does nothing then it is done. If an appeal request is not filed with this Committee, then it is done. If an appeal is filed with this Committee, that is not the end of the determination.

Discussed if dog inflicted severe injury on a person without provocation. This type case would be a question on fact would recommend having an evidence hearing. Exceptions under the Statue were discussed. Several scenarios were discussed.

Sampson County ordinance closely mirrors Article 1 A of Chapter 67 of the General Statue in the definition of "dangerous dog" and "potentially dangerous dog" and exceptions are the same. Two exceptions the 3rd criteria of the potentially dangerous dogs does not just draw the line at the owner's property. There still can be a potentially dangerous dog complaint if the person is in areas open and accessible to invitees or when not on the owner's property. Example used: walking up front path to this person's front door (door to door salesperson), this is considered an open and accessible area to invitees-not just a simple matter of the dog was on the owner's property and we are done. The Statue is written that way but our ordinance is not written that way, provides a greater protection to the public. Areas that are posted as "NO Trespassing" puts people on notice that they cannot go there. Question asked regarding the "Beware of Dog" signs. Joel stated that would be significant if the injured party filed a personal injury suit against the owner of the property because it would show it was on notice that was a dangerous dog on the property. That does not get the owners out of anything in context with this type hearing.

Joel reviewed the process for determining that a dog is potentially dangerous. If the Law Enforcement Officer makes the determination that the dog is not dangerous-that is it for this committee. The complainant is not able to appeal this decision under our ordinance only the owner of the dog has the right to appeal. If the Law Enforcement Officer makes the determination that a dog is "Dangerous or Potentially Dangerous" the officer must either hand deliver or by certified mail the determination. The delivered notification has to order compliance with the registration, permitting, insurance, security and restraint requirements to the owner of the dog. The owner has 3 days from receipt of that notice to appeal that determination by making written notice of appeal, stating reasons why they disagree with the determination. This appeal goes to the Health Director, clerk of the Dangerous Dog Appeal Committee. If an appeal is filed, committee must hear the appeal within 10 business days of the notice of appeal. The committee must conduct a quasi-judicial hearing in an open meeting, voting in an open meeting and announce decision verbally in the open meeting. Linda Heath asked question if this decision had to be given in the same meeting. Joel's answer was it does not say decision must be given in the same meeting, must hear evidence within 10 business days. The meeting that decision is announced must be an open meeting. Meeting can be recessed and continue it at another time with notification being

given to the parties of continued date and time. Dr. Turner asked if committee discussion has been done in an open meeting. Best practice with the way Statute and Ordinance is written to have all discussion in open meeting. Joel reminded members that hearing is a quasi-judicial hearing, if meeting is continued to another day and time, the members of the committee are not allowed to discuss the hearing outside of the open meeting. The committee must render its decision in writing as expeditiously as possible. The written decision is sent to the owner, Law Enforcement Officer and complainant by certified mail and file decision with the County Manager and County Attorney.

The Chair of the committee presides over the hearing, rule on the admissibility of evidence and any procedural issues that may arise. The County Attorney will be there to assist with these issues. Testimony has to be given under oath or affirmed. The law officer and appealing party have the right to make statements, present evidence or offer any witnesses on their behalf. The complainant does not have the right to present his or her own case in chief. This does not mean that we can stop them from telling their case, they still can testify, but their testimony comes during the Law Enforcement Officer's case in chief.

Should not impose a time limit in quasi-judicial hearing, the Chair has the ability to ask person speaking to get to the point or that something is not relevant to the case. Suggested to encourage speakers to be short and concise, to the point and stick to the facts.

The standard that the Committee is to be guided by is "whether or not the determination of the Law Enforcement Officer is in the best interests of the public's health, safety, and wellness." Committee can affirm, reverse, or modify the determination of the Law Enforcement Officer. The committee can impose reasonable conditions provided that the determination of the Law Enforcement Officer was not reversed. Note: This does not mean that the board has the authority to modify the MANDATORY registration, permitting, insurance, and security and restraint requirements set forth in the Ordinance. The Ordinance says these things "shall" be done.

VII. Health Directors Report:

a. Personnel Changes/vacancies

Wanda Robinson announced the promotion of Kelly Parrish to Director of Nursing effective August 1st. Discussed the current open positions: PHN Supervisor I-Kelly's previous position, PHN II Immunization/Child Health Coordinator; Physician Extender (Nurse Practitioner) and WIC Nutritionist I position that has been open since August of 2017.

b. Child Fatality 2017 Annual Report

Wanda presented and discussed the Child Fatality 2017 Annual Report a perinatal condition; Unintentional Injuries had 4 accidents and 1 homicide. Report will be presented to Board of Commissioners.

c. Child Fatality Committee Appointment

Wanda Robinson presented Clinton Police Chief Donald Edwards's name for a recommendation to be placed on the Child Fatality Committee. Chief Edward's name will be submitted to Board of Commissioners for approval.

- d. Accreditation Update
Accreditation information is due to be submitted by November 1st. Items will be brought to the Committee and to Board of Commissioners. Conflict of Interest Policy is one type of item. Training will be held for Board of Commissioners in January 2019.
- e. Opioid Conference
Invited Committee to the Opioid Conference on September 12th.
- f. Question asked about recent Measles outbreak in news. Kelly and Wanda reported no issues in Health Department of Measles. Situation is being watched. Wanda reported that Eastern Equine in neighboring counties of Pender, Onslow and Duplin, most cases in unvaccinated horses. Zikia is back, issues with Hepatitis A and a new Tick has been found in North Carolina
- g. Wanda asked Jacqueline Howard and Linda Heath to discuss the recent National Board of Health Conference they attended. This is the first time this conference has been offered in North Carolina.

Linda Heath expressed thanks for being allowed to attend conference. Interesting fact for her was a lot of health departments are reviewing Opioid deaths. Discussed some of the types of drugs that are causing the Opioid deaths. Would like for committee to look at this issue which is here in our community with our young people. Would like to look at what is coming in and the clusters. Another thought, health department sees a lot of prenatal. Do we need to be looking at the outcome of these pregnancies? Would like a way to show that we are doing a great job with our prenatal care. Issue with neonatal care not available in our county. Issues with rehab for drug not easily available that people do not want to jump through all the hoops to obtain the care.

Jacqueline Howard- overall impression from conference is that Public Health director and board needs to be more proactive and be able to articulate the needs of the needs of the public health department; as well as what the community wants. One statement that conference said is "Everything that happens in your city is a public health issue." Need to keep eyes and ears open in our community- need to discuss public health issues. Join up with community partners to make community more aware of public health issues.

VIII. Public Comment:
No public comment.

IX. Adjournment:
Motion made by Commissioner Harry Parker to adjourn meeting, seconded by Dr. Jeffrey Bell. All in favor. Motion carried.

Chairman

Date

Secretary

Date

SAMPSON COUNTY HEALTH DEPARTMENT ADVISORY COMMITTEE OPERATING PROCEDURES

I. Name and Principal Office.

The name of the organization is the Sampson County Health Department Advisory Committee (the "Committee"). The principal office of the Committee is located at 360 County Complex Road, Suite 200, Clinton, North Carolina 28328.

II. Officers and Committees.

A. Chair and Vice-Chair.

The Committee members shall elect a Chair and a Vice-Chair by majority vote each year at the Committee's January regular meeting.

B. Secretary.

The local health director shall serve as Secretary to the Committee but is not a member of the Committee. The local health director may delegate the duties of the Secretary that are set forth in these operating procedures to an appropriate local health department employee or other designee.

C. Standing Sub-Committees.

The Committee shall have such standing sub-committees as it shall from time to time constitute. There is currently one (1) standing sub-committee: the Executive Sub-Committee, which is comprised of the Chair, the Vice-Chair, and two (2) other Committee members selected by majority vote of the Committee. All standing sub-committees are subject to North Carolina open meetings laws and shall comply with the provisions thereof.

D. Temporary Sub-Committees.

The Committee may establish and appoint members for temporary sub-committees as needed to carry out the Committee's work. All temporary sub-committees are subject to North Carolina open meetings laws and shall comply with the provisions thereof.

E. Membership.

Members of the Committee shall serve three (3) year terms. No member may serve more than three (3) consecutive three (3) year terms. The ex-officio, non-voting

county commissioner serving on the Committee shall serve only so long as he or she is also members of the Sampson County Board of Commissioners.

III. Meetings.

A. Regular Meetings.

The Committee shall hold a regular meeting at least quarterly on the second Monday of the month. The meeting shall be held at a predetermined designated location at 7:00 p.m.

B. Special Meetings.

The Chair or a majority of the members of the Committee may at any time call a special meeting of the Committee by signing a notice stating the time and place of the meeting and the subjects to be considered. The person(s) who call the meeting shall cause the notice to be posted on the door of the regular meeting place and delivered to the Chair and all other Committee members or left at the usual dwelling place of each member at least 48 hours before the meeting. In addition, notice shall be provided to individual persons and news media organizations who have requested such notice. Only those items of business specified in the notice may be transacted at a special meeting, unless all members are present or those who are not present have signed a written waiver.

C. Emergency Meetings.

If a special meeting is called to deal with an unexpected circumstance that requires immediate consideration by the Committee, the notice requirements for regular and special meetings do not apply. However, the person or persons who call an emergency meeting shall take reasonable action to inform the other members and the public of the meeting. Local news organizations who have requested notice of special meetings shall be notified of such emergency meeting by the same method used to notify Committee members. Only business connected with the emergency may be discussed at the meeting.

D. Agenda.

The Secretary to the Committee shall prepare an agenda for each meeting. Any Committee member who wishes to place an item of business on the agenda shall submit a request to the Secretary at least two (2) working days before the meeting. For regular meetings, the Board may add items to the agenda or subtract items from the agenda by a majority vote. The agenda for a special or emergency meeting may be altered only if permitted by and in accordance with the North Carolina open meetings laws.

Any person may request that an item be placed on the Board's agenda by submitting a written request to the Secretary at least ten working days before the meeting.

E. Presiding Officer.

The Chair of the Committee shall preside at Committee meetings if he or she is present. If the Chair is absent, the Vice-Chair shall preside. If the Chair and Vice-Chair are both absent, another member designated by a majority vote of members present at the meeting shall preside.

F. Quorum.

A majority of the actual membership of the Committee, excluding vacant seats, shall constitute a quorum. A member who has withdrawn from a meeting without being excused by a majority vote of the remaining members shall be counted as present for purposes of determining whether or not a quorum is present.

G. Voting.

A member must abstain from voting in cases involving conflicts of interest as defined by North Carolina law. If a member has withdrawn from a meeting without being excused by a majority vote of the remaining members, the member's vote shall be recorded as an abstention. A quorum must be present to vote. Electronic voting is allowed in between board meeting, if deem necessary by the Chair and the Secretary.

H. Minutes.

The Secretary shall prepare minutes of each Committee meeting. Copies of the minutes shall be made available to each Committee member before the next regular Committee meeting. At each regular meeting, the Committee shall review the minutes of the previous regular meeting as well as any special or emergency meetings that have occurred since the previous regular meeting, make any necessary revisions, and approve the minutes as originally drafted or as revised. The public may obtain copies of Committee meeting minutes at Sampson County Health Department.

IV. Rule-Making Procedures and Other Procedural Matters.

The Committee is advisory in nature and shall have no rule-making authority. Although the Committee may recommend proposed rules to the Board of Health as part of its advisory function, the Board of Health shall be the sole body with the authority to adopt rules. The Committee shall refer to the current edition of *Robert's Rules of Order Newly Revised* ("RONR") to answer procedural questions not addressed in these Operating

Procedures so long as the procedures prescribed in *RONR* do not conflict with North Carolina law.

V. Amendments to Operating Procedures.

These Operating Procedures may be amended at any regular meeting or at any properly called special meeting that includes amendment of the Operating Procedures as one of the stated purposes of the meeting. A quorum must be present at the meeting at which amendments to the Operating Procedures are discussed and approved, and any amendments to the Operating Procedures must be approved by a majority of the members present at the meeting.

VI. Compliance with North Carolina Law.

In conducting its business, the Committee shall comply with all applicable North Carolina law, including, but not limited to, open meetings laws and public records laws. To assist the Committee in compliance, the Secretary shall maintain a current copy of relevant North Carolina General Statutes and make them available to Committee members upon request.

APPROVED AND ADOPTED, by the Sampson County Health Department Advisory Committee, this the ____ day of October, 2018.

JACQUELINE HOWARD, Chair,
Sampson County Health Department Advisory
Committee

WANDA ROBINSON, Secretary,
Sampson County Health Department Advisory
Committee

**SAMPSON COUNTY HEALTH DEPARTMENT ADVISORY COMMITTEE
CONFLICT OF INTEREST POLICY**

I. Policy Review:

This Conflict of Interest policy will be reviewed on an annual basis by the Sampson County Health Department Advisory Committee (the “Committee”) and statement signed to assure there is no conflict of interest.

II. Conflict of Interest Defined:

A. A conflict of interest is defined as an actual or perceived interest by a Committee member in an action that results in, or has the appearance of resulting in, personal, organization, or professional gain. A conflict of interest occurs when a committee member has a direct or fiduciary interest in another relationship. A conflict of interest could include:

1. Ownership with a member of the Committee or an employee where one or the other has supervisory authority over the other or with a client who receives services.
2. Employment of or by a Committee member or an employee where one or the other has supervisory authority over the other or with a client who receives services.
3. Contractual relationship with a Committee member or an employee where one or the other has supervisory authority over the other or with a client who receives services.
4. Creditor or debtor to a Committee member or an employee where one or the other has supervisory authority over the other or with a client who receives services.
5. Consultative or consumer relationship with a Committee member or an employee where one or the other has supervisory authority over the other or with a client who receives services.

B. The definition of conflict of interest includes any bias or the appearance of bias in a decision making process that would reflect a dual role played by a member of the organization or group. An example, for instance, might involve a person who is an employee and Committee member, or a person who is an employee and who hires family members as consultants.

III. Health Department Advisory Committee Responsibilities:

A. It is in the interest of the organization, individual staff, and Committee members to strengthen trust and confidence in each other, to expedite resolution of problems, to mitigate the effect and to minimize organizational and individual

stress that can be caused by a conflict of interest. Committee members are to avoid any conflict of interest, even the appearance of a conflict of interest.

- B. This organization serves the community as a whole rather than only serving a special interest group. The appearance of a conflict of interest can cause embarrassment to the organization and jeopardize the credibility of the organization. Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Advisory Committee chair immediately. Advisory Committee members are to maintain independence and objectivity with clients, the community, and organization. Health Department Advisory Committee Members are called to maintain a sense of fairness, civility, ethics and personal integrity even through law, regulation, or custom does not require them.

IV. Acceptance of Gifts:

- A. Members of the Committee are prohibited from accepting gifts, money or gratuities from the following:
1. Persons receiving benefits or services from the organization;
 2. Any person or organization performing or seeking to perform services under contract with the organization; and
 3. Persons who are otherwise in a position to benefit from the actions of any Committee members.

Approved and Adopted by the Sampson County Health Department Advisory Committee, this the ____ day of October 2018.

Jacqueline Howard, Chair
Sampson County Health Department
Advisory Committee

Wanda Robinson, Secretary
Sampson County Health Department
Advisory Committee

Sampson County Health Department

**Fiscal Services
Policy & Procedures**

Sampson County Health Department Fiscal Program Policy Review & Revision Form				
Annual Review Date	Revision Date	Revision: Name, Location, Page # of Section w/ Revision(s)	Changes Made By	Date Staff Notified
09/04/2018		Pg. 34-Change to Title X Policy All Sections: Reference to BOH now Sampson County Health Advisory Committee	Tamra Jones	09/11/2018

Table of Contents

Purpose	6
Policy	6
Applicable Law, Rules and References	7
Responsible Persons	7
Procedures	7
Verification of Identification	7
Financial Eligibility Guidelines	7
Proof of Insurance/Medicaid/Medicare/Co-pays	7
Determining Gross Income	8
Proof of Income Requirements	8
Determining Household Size	9
Computation of Income	9
Follow-up of Income/Household Verification	
After Initial Visit	10
Services Eligibility, Required Fees & Payments	10
Patient Confidentiality	11
Eligibility for Specific Programs	12
Adult Health	12
Breast & Cervical Cancer Control Program (BCCCP)	13
Child Health	13
Communicable Disease/TB Control	14
Care Coordination for Children	14
Diabetes Self-Management Program (DSMP)	14
Family Planning	15
Immunizations for VFC Clients and Others	15
Maternal Health	15
Pregnancy Care Management (OBCM)	16
Sexually Transmitted Diseases (STDs)	16
Women, Infants & Children Nutrition Program (WIC)	16
Environmental Health	17
State/Local Fee Setting, Sliding Fee Scale & Collection Guidelines	17
Fee Setting Process	17
Direct Patient Charges	19
Fee Collection Process	19
Patient Accounts Receivable Process	20
Billing Medicaid/Medicare/Private Insurance & Handling Delinquent Claims	20
Medicaid	20
Medicare	21
Insurance	21
Delinquent Insurance Claims	22
Bad Debt Write-Off Process	23

Sampson County Debt Set Off Process	24
Returned Check Process	24
Control & Segregation of Duties: Handling of Cash/Deposits	24
Daily Cashiering Operations	25
Revenue Received In Mail	26
Procedures for Deposits	27
Employee Payroll and Travel Deposits	28
Losses/Shortages/Overages	28
Purchasing Procedures	28
Invoice Procedures	30
Check Requests Procedures	30
Travel	31
Travel Request	31
Monthly Travel Sheets	32
Inventory Management: Capital Outlay & Fixed Assets	34
Replacement of Equipment	34
Title X Fiscal Guidance for Family Planning	34
Title X Clients Billing & Collections	34-35
Income Verification & Eligibility for FP Clients	
References	37
Appendix	38
Attachment 1: Purchasing Procedures	
Attachment 2: Sampson County Health Department Fee Schedule	
Attachment 3: Patient Sign In/Registration Form	
Attachment 4: Sliding Fee Scales	
Attachment 5: Letter of Employment English/Spanish	
Attachment 6: Declaration of Income for Client/Financial Eligibility Form	
Attachment 7: Client Payment Agreement Form	
Attachment 8: Client Lab Fee Agreement Form	
Attachment 9: Encounter/Charge Sheet	
Attachment 10: CMS 1500	
Attachment 11: Sampson County Accounts Receivable Policy	
Attachment 12: Sampson County Accounts Receivable Collections Procedure	
Attachment 13: Sampson County Procedure for Handling Counterfeit Currency	
Attachment 14: Health Department Billing Write Off Request	
Attachment 15: NC General Statutes Chapter 105A – Debt Setoff	
Attachment 16: Memorandum of Understanding and Agreement – NC Local Government Debt Setoff	
Attachment 17: Clearinghouse Program	
Attachment 18: Daily Cash Reconciliation Form	
Attachment 19: Sampson County Returned Check Policy	
Attachment 20: Returned Check Form Letter	
Attachment 21: Change Fund/Internal Control Audit Log	
Attachment 22: Sampson County Health Department Electronic Health Records Policy & Procedures	

- Attachment 23: Sampson County Finance Policy & Procedures**
- Attachment 24: Sampson County Health Department Purchasing Procedures**
- Attachment 25: Vendor Registration Form**
- Attachment 26: Worksheet for Check Requests for Hotel Reservations**
- Attachment 27: Sampson County Health Department Check Request Form**
- Attachment 28: Sampson County Health Department Travel Request**
- Attachment 29: Sampson County – Statement of Travel Expense – Monthly Travel Report**
- Attachment 30: Current IRS Standard Mileage Rates Announcement (2018)**
- Attachment 31: Sampson County Health Department Travel Policy**
- Attachment 32: Sampson County Surplus and Junk Property Declaration Request**
- Attachment 33: Sampson County XVII Surplus Policy**
- Attachment 34: Fiscal Services Job Descriptions**
- Attachment 35: Fiscal Services Orientation Review Information for New Employees**

**SAMPSON COUNTY HEALTH DEPARTMENT
Fiscal Services Policy and Procedures: Year 2018**

Program/Manual: Administrative Fiscal	<u>Applicable Signatures/Title</u>
Title: Fiscal Services Policy & Procedures	Program Coordinator/Specialist: N/A
<input type="checkbox"/> Program Policy:	Fiscal Program Supervisor: Tamra Jones
<input type="checkbox"/> Program Procedures:	Director of Nursing: Kathie Johnson
<input type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Allyn Dambeck
<input type="checkbox"/> Personnel Policy	Health Director: Wanda Robinson
XX Fiscal Policy	Sampson County Health Advisory Committee Chair: Jacqueline Howard
Distributed to: All Staff	Sampson County Board of County Commissioners Chair: Clark Wooten
	Effective Date: 8/31/2018
	Supersedes: 11/30/2017

Purpose:

To establish and maintain consistent, non-discriminatory procedures for determining client eligibility, billing and fees for services for the clients of the Sampson County Health Department

Policy:

Sampson County Health Department (SCHD) recognizes that public health services are increasingly costly to provide. Sampson County Health Department (SCHD) serves the public interest best by assuring that all legally required public health services are furnished for all citizens and to also provide as many recommended and requested public health services as possible for those citizens with greatest need.

Sampson County Health Department (SCHD) has determined that fees are a means to help distribute services to citizens of the county and help finance and extend public health resources as government funding cannot support the full cost of providing all requested services in addition to required services. Fees are considered appropriate, in the sense that while the entire population benefits from the availability of subsidized public health services for those in need, it is the actual users of such services who gain benefits for themselves.

It is the policy of SCHD to use a fee determination and collection process to help ensure services can be provided at a reasonable cost for all those seeking services through the Sampson County Health Department.

SCHD provides services without regard to religion, race, national origin, creed, sex, parity, marital status, age or contraceptive preference.

Applicable Law, Rules & Regulations:

North Carolina General Statute § 130A-39

North Carolina General Statute § 105A: Article 1: 1 – 16.
10A NCAC 45A.

Health Insurance Portability & Accountability Act (HIPAA) of 1996.

42 CFR 59: Grants for Family Planning Services.

Responsible Person(s):

All SCHD staff members involved in any portion of fiscal services.
SCHD staff members are responsible for:

1. Consistently following the established guidelines for fiscal services and fee collection through the local, state and federal guidelines
2. Policy and procedures addressed in this document
3. Generally accepted accounting principles.
4. Holding all client information confidential.

Procedures:

Verification of Identification:

1. All clients will be asked for proof of identification during the registration process.
2. Sampson County Health Department accepts: birth certificates; social security cards; drivers' licenses; or other identification cards such as: work, school, military identification cards; passports; visas or green cards.
3. If a question should arise when the patient presents for a service following the first initial visit, further documentation will be required.

Financial Eligibility Guidelines:

1. Information regarding a client's income and family size is required to be documented under Registration, Family Profile, and Household Income in CureMD application.
2. Confidential Clients: If the patient is considered to be a "confidential patient", this information will be reflected under Registration, Family Profile and Household Income as well as in the address line under Patient Demographics and the patient banner in the CureMD application. – refer to "Patient Confidentiality" below.

Proof of Insurance/Medicaid/Medicare/Co-pays:

1. All clients are required to provide insurance, Medicaid and Medicare cards at the beginning of each visit.
2. The cards are to be collected by the Intake/Eligibility Staff and scanned into the client's chart. A copy of their insurance card is attached to the client's encounter form before being dropped for the nursing staff.
3. Intake/eligibility staff is responsible for collecting co-pays at the time of financial eligibility screening **prior** to the client receiving services with the exception of Family Planning Services. - see "Eligibility for Specific Programs" # 7 below.

Determining Gross Income:

1. Gross income is the total of all cash income before deductions for income taxes, employee social security taxes, insurance premiums, bonds, etc.
2. For self-employed applicants (both farm and non-farm) this means net income after business expenses.
3. Gross income does not include money earned by children for baby-sitting, lawn mowing, and other tasks.
4. In general gross income includes:
 - A. Salaries, wages, commissions, fees, tip
 - B. Overtime pay
 - C. Earnings from self-employment
 - D. Earnings from stocks, bonds, savings account interest, rentals, and other investment income
 - E. Public assistance moneys
 - F. Unemployment compensation
 - G. Alimony and child support payments
 - H. Social Security benefits
 - I. Veterans Administration benefits
 - J. Supplementary Security Income (SSI) benefits
 - K. Retirement and pension payments
 - L. Workers compensation
 - M. Regular contributions from individuals not living in the household
 - N. All other sources of cash income except those specifically excluded
 - O. Lawn maintenance, as a business
 - P. Housekeeping, as a business

Proof of Income Requirements

1. Sampson County Health Department has the right to require “proof of income” when determining eligibility for all programs, with the exception of Communicable Disease, STD and TB Programs.
2. A copy of the most recent proof of income will be scanned into the client’s document manager.
3. Income is verified by paycheck stub, letter from employer, or tax return/W-2 – refer to “Determining Gross Income” above for income considerations.
4. Adolescents that request confidential Family Planning services: The adolescent’s income is the only income that will be used and the adolescent will be considered as a household of one. – see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.
5. No client will be refused services when presenting for care due to failure to provide proof of income; however, the client will be billed at 100% of the total cost of the services until proof of income and family size is provided to the agency.

6. Any client that does NOT have proof of income will sign the thirty (30) day letter showing they understand they have thirty (30) days to present proof of income in order to apply the sliding scale fee to the charges for the visit. If no documentation is produced within the thirty (30) days, the charge will stand at 100% for the visit.
7. SCHD staff has the right to verify income information and the client must read, understand, and sign the income statement in regards to checking their income information.
8. Income verification documented from a client's participation in another program may be used to determine financial eligibility for the current services being requested.

Determining Household Size:

1. A household is defined as a group of related or non-related individuals living together as one economic unit. Individuals are considered members of a single family or economic unit when their production of income and consumption of goods are related and serves as the source of income for the unit.
2. Each individual living in the unit is counted as one member of the household.
3. A pregnant woman is counted as two in determining a family size unless it is in conflict with the clients cultural, religious, and/or beliefs.
4. Adolescents requesting confidential services are counted as a household of one per Title X requirements see "Patient Confidentiality" and "Title X Fiscal Guidance for Family Planning" below.
5. Anyone that requests confidential services, regardless of age, will be considered a household unit of one and billed according to the individual's income – see "Patient Confidentiality" below.
6. Examples:
 - A. A foster child assigned by DSS is a family of one with income considered to be paid to the foster parent for support of the child. A foster child cannot confer adjunct income eligibility on family members.
 - B. An individual or family in an institution (incarcerated), etc. is considered a separate economic unit and will be based on a household of one.
 - C. If a patient is living in a homeless shelter or domestic violence is considered to be a problem, the patient will be counted as a household of one and only their income will be counted.

Computation of Income:

1. Employment Income Formula:
 - A. Continued employment past 12 months
 - B. One year back from the date of service
Example: Date of service = 03/11/17; 12 months back = 03/11/16
2. Unemployment Income Formula:

- A. Six months formula
- B. Wage earner(s) unemployed at time of application
- C. Unemployed any time during previous 12 months

Example: Unemployed today = 03/11/17; Income determined six months back =9/11/16- 03/11/17 - Income determined six months forward = 03/11/17-09/11/17 - Total = 12 months of income.

Follow-up of Income/Household Verification after Initial Visit:

1. Following the initial financial eligibility determination, the client will be asked if there has been a change in their financial status at each subsequent visit.
2. All client information must be updated at each visit, including prenatal returns.
3. When verifying information staff will ask the client “What is your phone number?” “What is your address?”
4. Staff will **NOT** read prior visit demographic information to the client and ask is the information is correct, such as “Is your phone number still 910-999-9999?”
5. Staff will ask for and copy most recent insurance, Medicaid, Medicare or other cards, make copies, attach a copy to the Encounter Form and place a copy in the client’s chart scan into client’s record

Services Eligibility & Required Fees/Payments:

1. All clients are eligible for services through the Sampson County Health Department, regardless of their ability to pay with the exception of Adult Health Services – see “Eligibility for Specific Programs” #1 below.
2. Patient fees are assessed according to the rules and regulations of each program and each program’s recommended Poverty Level Sliding Fee Scale Schedule will be used to access fees with the exception of Adult Health and specific flat fee services, which are NOT supported by state or federal funds and/or program requirements.
3. All sources of payment will be accepted, including cash, check, debit/credit cards, insurances, Medicaid and Medicare. Co-pays are to be collected PRIOR to clients receiving services.
4. All third-party providers are billed where applicable, unless confidentiality is a barrier see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.
5. Medicaid will be billed as the payer of last resort.
6. Enrollment under Title XIX (Medicaid) will be presumed to constitute full payment for the service with the exception of the collection of all required Medicaid Co-pays unless the service the patient is receiving is not covered by their particular type of Medicaid. The patient can be charged for services not covered under their particular type of Medicaid. Patients will be informed of this and will sign the insurance agreement form
7. Clients requesting Adult Health and flat fee services **MUST** pre-pay for all flat fees, co-pays and deductibles **PRIOR** to receiving services. These services include, but are not limited to:
 - A. TB skin test
 - B. Work physical

- C. College physical
 - D. AH Physical Exam
 - E. Varicella titer
 - F. Urine culture
 - G. CBC with differential
 - H. Adult Health Program private vaccines
 - I. Any laboratory services provided per written order from a Medical Provider.
8. All other client fees will be collected after the service is received. If a patient is unable to pay their account balance in full, Intake/Eligibility/Cashier Staff will have the patient sign a payment agreement. An itemized bill will be provided to all clients at the time of service. Those clients who pay or make a payment will also be given a receipt.
9. An itemized account of services provided will be given to all Family Planning clients, regardless of the amount owed by the client.
10. The Health Director is authorized to circumvent fiscal services guidelines. Fees for services for any client may be waived, including individuals with family incomes above 250 percent of poverty level who, as determined by SCHD Health Director, are unable for good cause to pay for services, including Family Planning clients.
- A. The client and/or the client's financial record will be referred to the Health Director who will review the information and consider that waiver of charges.
 - B. The Health Director's determination will be documented in the client's medical record.
 - C. A letter will be sent to the client informing him/her of the Health Director's decision.

Patient Confidentiality:

1. Any client receiving services may request confidentiality – see the SCHD Administrative Manual Confidentiality Policy. This includes adolescents and young adults seeking confidential Family Planning services or individuals for whom billing could result in domestic/intimate partner/interpersonal violence – see “Patient Confidentiality” and “Title X Fiscal Guidance for Family Planning” below.
2. If a patient is considered to be a “confidential patient”, Intake/Eligibility staff will mark the confidential red flag in the patient demographics of the CureMD application and will stamp the charge sheet as confidential. If clinic staff identifies a confidential client, they will document on the Problem/Needs List and in the SOAP Note as well as the encounter form. Intake/Eligibility staff who checks the patient out, will mark the confidential red flag in the patient demographics of the CureMD application and will stamp the charge sheet as confidential.
3. Any client requesting confidential services will be considered a household of one and billed based on the sliding fee scale for the program requested.
4. **Exception:** Clients requesting confidential services that require Adult Health or flat fee services **MUST** pay **PRIOR** to receiving the requested services.
5. All third-party providers are billed where applicable, unless confidentiality is a barrier. Clients are informed that an Explanation of Benefits (EOB) may be mailed to the address

- given. If receipt of the EOB conflicts with the client's need for confidentiality, third-party payers that provide EOBs may not be billed.
6. Statements will be mailed monthly where confidentiality is not jeopardized. Confidential patients will be marked confidential in the address line of the demographics section in the patient profile.
 7. When a client requests no mail, discussion of payment of outstanding debts will occur at the time services are rendered.
 8. Patients marked confidential will be considered **"NO MAIL"** unless the client provides a confidential mailing address, which will be documented in the client record.
 9. Intake/eligibility staff will enter **"CONFIDENTIAL"** in the address line of the patient demographics in the Cure MD application to ensure monthly bills are not sent by mistake.
 10. If clinic staff identifies a **"NO MAIL"** client, they will document on the Problem/Needs List and the SOAP Note as well as the encounter forms. Intake/Eligibility staff member will put **"CONFIDENTIAL"** in the address line of the patient demographics.
 11. Emergency Contact Information will be completed or some other form of contact will be obtained and Intake/Eligibility staff will verify the information is correct to be used to contact the client. The client will be informed of the need to be contacted regarding account balances –see "Bad Debt Write-Off Process" #7 below.
 12. If the client is unable to pay in full at the time of services rendered, a receipt will be issued for partial payment and the client will sign a payment agreement.
 13. Client will be reminded at every visit of any amount they still owe.
 14. The account will be considered uncollectible when there has been no activity in the account for more than 12 months – see Section 18 – Bad Debt Write Off.

NOTE: *NO LETTERS OR CORRESPONDENCE CONCERNING INSURANCE, PAST DUE ACCOUNTS, BILLS, ETC. WILL BE SENT TO ANY PATIENT THAT REQUESTS NO MAIL. The Emergency Contact information will be used to communicate with the client when possible – see #11 above and Bad Debt Write-Off Process" #3.*

Eligibility for Specific Programs:

1. Adult Health:
 - A. Provides Adult Health Physical Exam screening services for clients including physical exam and laboratory testing as indicated.
 - B. Provides flat fee and other services including, but not limited to:
 1. TB skin testing not funded by the TB Program
 2. Work/College physicals
 3. Varicella titer
 4. Urine culture,
 5. CBC and other Lab services that are not part of Program requirements
 6. Adult Health Program private vaccines.

7. **Pregnancy Tests**

8. Any laboratory services provided per written order from a Medical Provider.

C. Eligibility:

1. Sampson County resident (Adult Health Vaccine recipients do not have to be a county resident)
2. 21 years and older. (18 years and older on some programs)
3. Sliding fee scale which slides to a \$30 minimum co-payment for Adult Health Physical screenings.
4. Fees vary for other services – refer to the Sliding Fee Schedule
5. Medicaid, Medicare, Insurances accepted.

- D. Adult Health clients that do not have third party payers **MUST pre-pay** for all services.

- E. Clients with third party payers **MUST pre-pay** all applicable co-pays and deductibles **PRIOR** to receiving services.

2. Breast & Cervical Cancer Control Program (BCCCCP):

- A. Provides pap smears, breast exams and screening mammograms, assists women with abnormal breast examinations/mammograms, or abnormal cervical screenings to obtain additional diagnostic examinations.
- B. Eligibility: Sampson County resident; determined by income; target group is women 50 to 64 years of age for mammograms and 40 to 64 years of age for Pap testing.
- C. May not have Medicaid or Medicare; may have limited insurance, providing it meets NC BCCCCP guidelines, such as large deductibles. This determination is made on a case-by-case basis.

3. Child Health:

- A. Well child exams conducted by the Child Health enhanced role nurses. Exams include:

1. Medical, social, development and nutritional history
2. Lab work as indicated by screening information
3. Physical exam.

B. Eligibility:

1. Sampson County resident
2. Birth through 20 years
3. Sliding fee scale

4. Insurance and Medicaid accepted
4. Communicable Disease/TB Control:
 - A. Deals with the investigation and follow-up of all reportable communicable diseases.
 - B. Provides testing, diagnosis, treatment, and referring as appropriate, of a variety of communicable diseases.
 - C. Provides follow-up and treatment of communicable disease cases, TB suspects/cases and their contacts.
 - D. Eligibility:
 1. No residency requirements
 2. Medicaid, Medicare and Insurance payers will be billed
 3. NO fees can be charged directly to the patient for these services as stated in Program Rules.
5. Care Coordination for Children (CC4C):
 - A. Case management assists families in identification of and access to services for children with special needs that will allow them the maximum opportunity to reach their development potential.
 - B. Eligibility: Sampson County children who have any risk criteria or an identified developmental delay, disability, chronic illness; birth to 5 years of age.
 - C. **NO** fees or costs can be charged directly to the patient for participation in the program.
6. Diabetes Self-Management Program (DSMP):
 - A. Provides diabetes education to increase the awareness and dangers of diabetes and lower the incidence of diabetes in the county.
 - B. The program consists of an initial assessment, one 8 hour class, a three month follow-up assessment and annual refresher classes.
 - C. Eligibility:
 1. Sampson County resident **≥ 18 years old** who must have a diagnosis of diabetes or **pre-diabetes**
 2. Must be referred by a medical provider
 3. Private insurances, Medicaid and Medicare will be billed;
 4. Clients must pay all applicable co-pays as required by third-party payers.
7. Family Planning:
 - A. Clinic designed to assist women in planning their childbearing schedule; detailed history, lab work, physical exam, counseling and education given by the nurse practitioners.

- B. Eligibility: Women and men of childbearing age regardless of residency; sliding fee scale, Medicaid, Insurance.
 - C. FP Clients with private insurance will be charged the lesser of two amounts. Total charges for the visit are calculated based on the sliding fee scale. If the amount due is more than the insurance required co-pay, the co-pay will be collected, if the amount due is less than the insurance required co-pay, the amount due will be collected. The total charges for the day will then be billed to the patient's insurance for payment.
 - D. All Family Planning patients will be given a receipt upon check out. This receipt will include their total charges and any discount applied. If they are at the status of “zero percent pay”, they will receive a statement designating the total charge, to reflect their percentage of pay.
 - E. See “Title X Fiscal Guidance for Family Planning” below.
8. Immunizations for VFC Clients and Others:
- A. Provide immunizations and other vaccinations (e.g. influenza, pneumonia, etc.) to children (infants through 18 years of age) if they qualify for Vaccine for Children (VFC) Program for the prevention of life threatening communicable diseases (e.g. polio, hepatitis, measles, etc.) and reduce the risk of life threatening illnesses at no charge and no resident requirements to the client.
 - B. There is no charge or residency requirement for any state-supplied immunizations according to Program Rules and Regulations.
 - C. VFC eligible clients may not have private or Health Choice insurance, but may have Medicaid.
 - D. Clients that have private or Health Choice insurance or are 19 years of age and above do not qualify for state-supplied vaccines and must receive Adult Health Program vaccines except under specific circumstances as determined by the NC Immunization and/or Communicable Disease Branch – see Adult Health.
 - E. SCHD accepts self-proclaimed insurance information. If a client declares they have no insurance, but SCHD has a record of insurance in chart, the client can be questioned.
 - F. Administration fees may be charged for state-supplied vaccines.
9. Maternal Health:
- A. Provides prenatal services for Sampson County residents including: physical exam, laboratory testing; routine prenatal follow-up care based on ACOG and WCH Branch guidelines.
 - B. Eligibility: Determined by household income and number in the household; Sampson County residents; Sliding fee scale; Medicaid or potentially Medicaid eligible, Insurance. Global billing system for all antepartum care or as determined by DMA – refer to North Carolina Division of Medical Assistance Clinical Coverage Policy 1E-7 Obstetrics.

- C. Some non-required prenatal services are that ~~are~~ offered to clients are flat-fee services and require payment prior to receiving those services – see “Services Eligibility & Required Fees/Payments” #5.
10. Pregnancy Care Management (OBCM):
- A. Care manager assists pregnant women in receiving needed prenatal care and pregnancy related services.
 - B. Eligibility:
 - 1. Sampson County resident
 - 2. Has Medicaid or is Medicaid eligible.
 - 3. Non-Medicaid Grant allows services for those without Medicaid and who are not Medicaid eligible.
 - C. **NO** fees or costs can be charged directly to the patient for participation in the program.
11. Sexually Transmitted Diseases (STDs):
- A. Provides testing, diagnosis, treatment, investigation and follow-up as needed of persons with Sexually Transmitted Diseases – STDs.
 - B. Provides follow-up and treatment of client’s contacts as appropriate.
 - C. Eligibility:
 - 1. No residency requirements.
 - 2. Medicaid, Medicare and Insurance payers may be billed with client approval. Clients will be informed that an Explanation of Benefits (EOB) will be sent to the policy holder when private insurance is billed. The client must sign a consent allowing SCHD to bill private insurance in order for SCHD to file a claim. If the client declines to give consent, services cannot be withheld and the client cannot be billed.
 - 3. NO fees can be charged directly to the patient for services covered by State program requirements.
 - 4. Clients requesting testing for services not offered by the NC STD Branch program requirements will be charged for the testing and **MUST pay** prior to receiving the requested testing.
12. Women, Infants & Children Nutrition Program (WIC):
- A. Supplemental nutrition and education program to provide specific nutritional foods and education services to improve health status of target groups.
 - B. Eligibility: WIC is available to pregnant, breastfeeding, and postpartum women, infants, and children up to age 5 years old who meet the follow criteria:
 - 1. Sampson County resident

2. Be at medical and/or nutritional risk
 3. Have a family income less than 185% of the US Federal Poverty Level
- C. Clients that receive Medicaid, AFDC, or food stamps automatically meet the income eligibility requirement.
- D. **NO** fees or costs can be charged directly to the patient for participation in the program.
13. Environmental Health:
- A. Provides permits and collects water samples in the responsibility of ensuring inspections and the active enforcement of state laws, rules and regulations and county and state ordinance rules.
 - B. Fees: Fees are set by state and local rules and regulations and are in effect for various permits and water samples collected for the residents of Sampson County.

State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines:

1. North Carolina General Statute G.S. 130-A-39(g) allows local health departments to implement fees for services rendered. The Sampson County Health Department (SCHD), with the approval of the Sampson County Board of Health Health Department Advisory Committee and the Sampson County Board of County Commissioners, implements specific fees for services and seeks reimbursement.
2. Specific methods used in seeking reimbursement are through individual patient pay and third-party coverage, including Medicaid, Medicare, and private insurance.
3. The agency adheres to billing procedures as specified by Program/State regulations in seeking reimbursement for services provided. See “Fee Setting Process,” “Direct Patient Charges,” and “Fee Collection Process.”
4. SCHD uses the appropriate Federal Poverty Scale to determine fees for the following health department programs:
 - A. Adult Health: 101% - 250% Federal Poverty Scale – Minimum Co-payment of \$30; does NOT include flat fees
 - B. Family Planning: 101% - 250% Federal Poverty Scale
 - C. Breast and Cervical Cancer Control: 250% Federal Poverty Level
 - D. Child Health: 101% - 250% Federal Poverty Scale
 - E. Immunizations: 101% - 250% Federal Poverty Scale
 - F. Maternal Health: 101% - 250% Federal Poverty Scale

Fee Setting Process:

1. All SCHD staff will adhere to the procedures for processing client bills.
2. All services available at Sampson County Health Department are associated with a fee. These charges are passed on to the client as applicable based on program eligibility status and requirements. A process is in place to ensure the fees are appropriate based on the cost of services.

3. The Fees Schedule Team, a multidisciplinary team assigned by the Health Director meets as necessary to determine the cost of providing services and discuss the setting of rates for the services provided by the agency.
4. Fees for medications purchased through the 340B program will be set based on the average cost of acquisition for the 6 months prior to the fee schedule team's meeting.
5. If there are significant changes associated with services that affect the cost of providing those services, fees will be evaluated on a case-by-case basis.
6. Fees are reviewed annually for possible adjustments, usually when the Office of Medicaid Reimbursement issues their reimbursement rate, which serves as a baseline when determining the cost of services.
7. An increase in Medicare or Medicaid reimbursement rates does not automatically mean the health department cost for providing the service increases.
8. The Fees Schedule Team reviews cost of services, including time costs, labor costs and cost of supplies required to perform a service.
9. The Fees Schedule Team also reviews surrounding community rates, other health department rates and the Medicaid Cost Analysis in the fee setting process.
10. The cost of determining flat rate fees is also determined through this procedure and may be established for specific services that are not funded by state program funds.
11. Once the process has been completed, the Fees Schedule Team recommends fee changes and additions to the QI Committee. If approved by the QI Committee, the recommendations are made to the Management Team. If the Health Director and Management Team approve, fees are taken to the **Board of Health Sampson County Health Department Advisory Committee** and Board of County Commissioners, per G.S. 130-A-39, for discussion and final approval.
12. The information is reflected in the appropriate minutes for each meeting for future review.
13. The appropriate fees are maintained in the SCHD Fee Schedule by the Accounting Specialist and Accounting Technician.
14. Once approved by the County Commissioners, updates to the fee schedule are made available to the public by means of posting on site, posting on the health department website and other means as deemed necessary.
15. References that may be used in the process include:
 - A. Current SCHD Fee Schedule
 - B. Medicaid Cost Analysis
 - C. Office of Medicaid Reimbursement Rate Schedule
 - D. Medicare Reimbursement Rate Schedule
 - E. Other health departments' rates,
 - F. Surrounding community providers' rates
 - G. State/Federal program rules
 - H. North Carolina General Statutes

Direct Patient Charges:

1. NO minimum fee requirement or surcharge will be indiscriminately applied to any patient.
2. There will be a consistent applied method of “aging” accounts - see “Bad Debt Write-Off Procedures” below.
3. No one, including Family Planning patients, will be denied services based solely on the inability to pay with the exception of Adult Health Services. See – “Eligibility & Required Fees/Payments” #7; “Patient Confidentiality” #3 & #4; “Eligibility for Specific Programs” #1; and State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” #4.
4. No patient, including Family Planning patients will be required to meet with the Health Director in an attempt to collect a delinquent account.
5. Patients will be given a receipt each time a payment is collected.
6. Donations: Donations will be accepted from any patient regardless of income status as long as they are truly voluntary. There will be no “schedule of donations”, bills for donations, or implied or overt coercion. All donation receipts will be deposited and recorded in the actual program for which the donation is earned.
7. No patient charges will be assessed when household income falls below 100% of Federal Poverty Guidelines, with the exception of the Adult Health Services Program – refer to “Eligibility for Specific Programs” #1;
8. SCHD will use the best efforts possible to provide services to patients at or below 150% of Federal Poverty Level.
9. Family Planning: Title X patients will not be denied a service, due to an outstanding balance or inability to pay – see “Title X Fiscal Guidance for Family Planning.”

Fee Collection Process:

1. With the exception of Adult Health and other flat fee services, which are not funded with state or federal funds, charges in all programs will be determined by the Federal Poverty Level Sliding Fee Scale Schedule based on the most current Federal Poverty Level Schedule set for each specific program.
2. Exception: OBCM and CC4C programs are funded at a per-member-per-month rate and no fees are collected for client participation in these programs.
3. At each clinic visit, Intake/Eligibility will determine the income and sliding fee scale status of each patient. Intake/Eligibility staff will be responsible for documentation of financial eligibility in the CureMD EHR system and on the patient encounter form.
4. Patients without the required income verification will be charged the full cost of the services provided until income documentation is received. Clients will be allowed thirty (30) days to provide proof of income and will be required to sign the thirty (30) day proof of income letter stating they understand they have thirty (30) days from the visit date to provide proof of income or the charges for that day's services will be charged to them at 100%, with the exception of STD, TB and Communicable Disease – see “Proof of Income Requirements” #1.
5. Adult Health Program co-pays **MUST** be collected **PRIOR** to the client receiving services. Efforts to collect balances above the minimum co-pays will be made. Patients will be required to sign a payment agreement and schedule for any charges in excess of the minimum co-pays not paid when services are rendered.

6. For other services, private pay clients will be encouraged to pay at least a portion of the fee when services are rendered. If a balance remains, a payment agreement and schedule will be encouraged to be established and signed by the patient. No patient, including Family Planning patients, will be denied services because the patient has a delinquent account balance.
7. Client billing statements will be mailed monthly unless confidentiality is a factor – see “Patient Confidentiality,” Patient Accounts Receivable Process,” #6; and “Bad Debt Write-Off Process” #3-#7.
8. Clients will be given a receipt each time a payment is collected.
9. Receivables through CureMD will be balanced on a daily basis.

Patient Accounts Receivable Process:

1. Maintenance of Patient Accounts Receivable includes processing all patient services encounters in a timely manner.
2. Processing is done via the internet on the Cure MD computer system in accordance with generally accepted accounting principles and all local, state and federal guidelines.
3. Patient Accounts Receivables will be maintained in CureMD and will reflect visit charges, amounts collected and balance due..
4. The process includes reconciliation of Explanation of Benefits (EOB’s) and the follow-up and re-submission of denied claims.
5. Fiscal Services staff is responsible for maintenance of self-pay and company bill client accounts.
6. Fiscal Services staff will mail out monthly self-pay and other client statements for the previous month no later than the 15th of the following month.
7. Fiscal Services staff will accurately post payments to the correct client account on a daily basis.
8. The Accounting Specialist/Fiscal Supervisor or designee will review all Accounts Receivable accounts for accuracy in posting quarterly or more frequently as needed.

Billing Medicaid/Medicare/Private Insurance & Handling Delinquent Claims:

1. Medicaid:
 - A. Medicaid claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill.
 - B. A copy of the Medicaid card will be made by Intake/Eligibility staff if it is already in the CureMD system and attached to the Encounter Form to be used for clinical and billing purposes.
 - C. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
 - D. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
 - E. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT

and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note.

- F. Fiscal Services staff will submit claims to Medicaid through the Cure MD process several times weekly. Claims flow from Cure MD to Medicaid and are processed by Medicaid if received prior to 4:00 pm each Thursday afternoon. **Attachments 837 Process**
 - G. Each Tuesday (unless it is a holiday) is the Medicaid Check-write day, Fiscal Services staff will post payment in Cure MD using the appropriate process and submit amounts and posting codes to the County Finance Office for accurate record of payment and revenue. Items that need to be manually posted will be handled accordingly.
 - H. The Fee Schedule Team will be responsible reviewing and updating the CPT and ICD codes annually and as needed.
2. Medicare:
- A. Medicare claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill.
 - B. A copy of the Medicare card will be made by Intake/Eligibility staff if it is already in the CureMD system and attached to the Encounter Form to be used for clinical and billing purposes.
 - C. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
 - D. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
 - E. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note.
 - F. Medicare claims are entered in Cure MD on a daily basis. Claims will be sent to Medicare several times per week through the Cure MD claims process.
 - G. The Fee Schedule Team will be responsible reviewing and updating the CPT and/or ICD codes annually and as needed.
4. Insurance:
- A. **SCHD has multiple contracts with public and private insurance providers. SCHD actively seeks new contracts with all insurance companies that SCHD clients use.**
 - B. Insurance claims for all programs are entered in the Cure MD computer system by Clinical Staff during the creation of the e-Superbill. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.

- C. A copy of the insurance card will be made by Intake/Eligibility staff if it is already in the CureMD system and attached to the Encounter Form to be used for clinical and billing purposes.
 - D. Clinical staff will be responsible for appropriately assigning CPT codes, ICD codes, and modifiers needed.
 - F. Fiscal Services staff compares the charges circled on the encounter form to those entered on the e-Superbill. Any inconsistencies are returned to clinical staff for corrections prior to billing on a daily basis.
 - G. Fiscal Services staff will **NEVER** assign a CPT and/or ICD code or modifiers. Any Encounter Forms that are received without assigned and/or incorrect CPT and/or ICD codes or modifiers will be returned to the correct clinical staff member to assign the appropriate code(s), and append the provider note.
 - H. All documents regarding insurance billing (assignment of benefits, insurance card, HCFA 1500 Form and encounter sheet) will be maintained in the Insurance Billing File Cabinet located in Medical Records.
 - I. Insurance claims are filed using the procedure codes specified on the encounter form.
 - J. Claims are entered into the Cure MD computer system and electronically filed to each patient's insurance company through a clearinghouse several times a week.
 - K. The name of the Insurance Company will be designated at the top of each HCFA 1500 form and a copy will be kept for posting and further correspondence when HCFA 1500 forms are required.
 - L. Charges are posted and reconciled with correspondences, payments, and denials.
 - M. If an insurance company denies payment for services rendered for reasons of non-coverage, the patient is consulted and given an explanation.
 - N. The documentation of denial from the insurance company is attached to the copy of the HCFA 1500 form and maintained in the Insurance billing file.
 - O. The Fee Schedule Team will be responsible reviewing and updating the CPT/ICD codes annually and as needed – see “Fee Setting Process.”
5. Delinquent Insurance Claims:
- A. If there is no response on a claim after 3 months, the claim will be rebilled on the HCFA 1500 form **and a letter (see Attachment)** to the insurance company will be attached.
 - B. If there is no response on a claim after six months, a telephone call will be made.
 - C. If there is no response to a claim after a telephone call, the claim will be posted as denied and the patient will **be informed by letter (see Attachment) that charges are now their responsibility.** mailed a statement of charges and the amount owed.
 - D. The Health Department will follow Fiscal Program Rules and Regulations concerning billing the patient for these charges – see “Fee Collection Process.”

Bad Debt Write-Off Process:

1. Intake/Eligibility Staff will inform clients of the cost of the service for that visit and of the amount of their account during the eligibility process.
2. Intake/Eligibility Staff will inform clients that payment is due and expected at the time services are rendered.
3. When the client is unable to pay in full at the time services are rendered, a receipt will be issued for partial payment and the patient will sign a payment agreement and that will be scanned in the medical record. The exception is Adult Health services, which require payment prior to the receipt of services – see “Services Eligibility & Required Fees/Payments” # 7; “Patient Confidentiality” # 3 – #4; “Eligibility for Specific Programs” # 1; “State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” # 4; and “Fee Collection Process” #5.
4. A statement will be sent within thirty (30) (60) and (90) days from date of service.
5. All patients with balances 120 days or older with no effort to pay will be sent to the Sampson County Finance office to be put into their collections process. After several attempts to collect, the County Finance office will garnish state refunds **of those owing for those clients owing a balance for services rendered.**
6. An itemized list of uncollectible outstanding client balances will be prepared by the Sampson County Finance Office for submission to the NC Debt Set-Off Program. See NC & Sampson County Debt Set-Off Policy and Procedure.
7. Client requesting confidentiality:
 - A. When a client requests confidentiality/no mail, discussion of payment of outstanding debts will occur at the time services are rendered.
 - B. Staff will obtain an alternate form of notification, such as the Emergency Contact Information Form, and document the information in the client’s chart/record.
 - C. A three-contact process may be done using the alternate notification information. The contact processes will be documented in the client’s chart by the staff obtaining the information.
 - D. The Health Department will submit all outstanding account balances to the Sampson County Collection Department if no payments are received from the client within (120) days after the date of service.
8. The account will be considered uncollectable when all means of collection have been exhausted. Finance will inform the Fiscal Supervisor of patient claims that are to be considered uncollectable and that need to be written off. Items can stay in collections with Sampson County Finance for as long as 10 years before being considered uncollectable.
9. An itemized list of uncollectable outstanding patient balances will be prepared periodically by the County of Sampson Collection Department for the Health Department’s review.
10. The County Collection Department will send a statement periodically to the Health Department listing which accounts have been approved to be written off.
11. The Accounting Technician will submit the list to the Accounting Specialist and the Health Director for approval. The list is then taken to the **Board of Health Sampson County Health Advisory Committee** for approval.
12. Once approval has been provided by the **Board of Health Sampson County Health Department Advisory Committee**, the Accounting Technician will write the accounts off

based on the information provided in the monthly statement from the Sampson County Collection Department.

13. The Patient account will be listed as uncollectable and evidence will be on file to document required billing in the CureMD system in the patient's record.
14. The client is to never be informed that a debt has been written off.
15. A client that returns for services after a bad debt has been determined uncollectible will have the bad debt write off reactivated and the billing process will resume.
16. Confidential/No Mail: Regarding mailing of billing to clients requesting confidential/no mail services – see “Services Eligibility & Required Fees/Payments” #7; “Patient Confidentiality” #3 – #4; “Eligibility for Specific Programs” #1; “State & Local Fee Setting, Sliding Fee Scale & Collection Guidelines” #4; and “Fee Collection Process” #5; and # 7 above.

Sampson County Debt Set Off Process:

1. An itemized list of uncollectible outstanding client balances will be prepared by the Sampson County Finance Office for submission to the NC Debt Set-Off Program.
2. Sampson County Finance Office will follow the guidelines set forth in Chapter 105-A of the General Statutes, regarding notification and appeals process. (See Attachments: Chapter 105-A NC General Statute and Memorandum of Understanding Agreement – with the NC Local Government Debt Set-Off Clearinghouse Program).

Returned Check Policy:

1. Sampson County Health Department adheres to the County of Sampson Returned Check Policy and Procedure – see Attachment 20.
2. Fiscal staff /Cashier will notify the client with a telephone call and a letter with a copy of the check and the request for the \$25 returned check fee.
3. The client will have 10 days to respond. If there is no response in 10 days, it is forwarded to the County Finance Collections Office.

Control & Segregation of Duties: Handling of Cash/Deposits:

1. Records will be maintained in accordance with accounting principles, and federal, state and local requirements to support fiscal accountability.
2. The SCHD Accounts Receivable System addresses requirements for earned income, including third party receipts and client fees.
3. The system provides for the integration of the North Carolina Department of Human Resources, Division of Health Services Consolidated Agreement reporting system and Sampson County Finance Officer will review and approve all policies and procedures involving the handling of County cash.
4. All Intake/Eligibility/Cashier staff is responsible for protecting the assets of the County of Sampson.
5. These rules and procedures are provided to fiscal staff to assist with carrying out their duties.

6. SCHD has the primary responsibility for care of and liability for loss of County cash in its custody until deposited in the official depository or entrusted to an authorized individual in the County Finance Office for deposit in the official depository.
7. Daily Cashiering Operations:
 - A. Three change fund drawers will be maintained in the amounts of \$200, \$100 and \$100 at the Intake/Eligibility windows located in Medical Records for the purpose of making change for clinical services.
 - B. Each Intake/Eligibility employee is responsible for handling cash on a recurring basis and will maintain an individual change fund drawer for which they are solely responsible.
 - C. A change fund will be maintained in the amount of \$200 for making change for Environmental Health purposes and will be secured by the Environmental Health Processing Assistant.
 - D. At the beginning of each daily shift the cashier will:
 1. Arrange coin currency in a consistent manner. The cash drawer or lockbox will be divided into separate compartments for different currency denominations, checks, etc. to help prevent accidental distribution of incorrect denominations.
 2. Verify the dollar amount of beginning cash for each drawer in the amounts of \$200, \$100 and \$100 by providing an open count of all cash in each drawer. The cash count will be recorded and initialed by the individual making the count.
 - E. During the hours of operation, the following procedures will be followed by the Cashiers **at all times** to monitor the cash drawer:
 1. The Accounting Technician or Accounting Specialist will bring the change funds to the Intake/Eligibility windows each morning. Each Intake/Eligibility staff member has a locked money bag. They have the key and the extra key is in a sealed initialed envelope in the locked key box in the spare key safe.
 2. All cash and coins will be locked in the cash drawer, lockbox, safe or other safe secure location when not in use.
 3. The cash drawer or lockbox will never be left unattended. All staff members will be responsible for securing their drawers.
 4. Fiscal/Intake/Eligibility staff will never allow any other person access to their drawer unless under the direct supervision of the staff member responsible for the drawer.
 5. The cash drawer is never to be used for the purpose of making change, cashing personal checks, or providing temporary loans for anyone, including any SCHD staff member.
 6. NO Petty Cash expenditures will ever be paid from a cash drawer.

7. The cash operation of each cashier must include a permanent collection record, including, but not limited to:
 - a. A daily cash collection report
 - b. Receipt documentation
 - c. Calculator tapes dated and initialed by the staff member responsible for the drawer.
 8. Records will reflect all transactions including cash, checks, debit/credit card transactions, voids and refunds. This permanent record must be retained by the department for a minimum of three (3) years.
- F. The Accounting Technician or Accounting Specialist will collect the Intake/Eligibility change funds in their individual locked money bags at the end of each day and secure all funds for the agency in a locked safe in the Administrative Work Room.
- G. The Accounting Technician or Accounting Specialist performs an unannounced audit with staff responsible for the funds present of all change funds on a quarterly basis and provides the results to the Accounting Specialist and the Health Director.

Revenue Received In Mail:

1. The ~~Medical Records Supervisor or Office Assistant IV~~ Management Support Staff (on a daily rotating basis) opens and distributes all incoming mail.
2. The ~~Medical Records Supervisor or Office Assistant IV~~ Management Support Staff (on a daily rotating basis) records checks and information in a manual check log. This process includes:
 - A. Recording the check number
 - B. Amount of the check
 - C. Date received
 - D. Payer's name
3. The ~~Medical Records Supervisor or Office Assistant IV~~ Management Support Staff (on a daily rotating basis) then delivers the check(s) to the appropriate Fiscal Services staff responsible for posting and depositing the payment(s).
4. Fiscal Services staff:
 - A. Verifies in the log the receipt of check by initialing the log
 - B. Stamps the check "For Deposit Only"
 - C. Records the amount for the appropriate program in the check log
 - D. Posts payment to Accounts Receivable
 - E. Balances posting to daily cash report
 - F. Includes in the daily deposit.

Procedures for Deposits:

1. The Intake/Eligibility staff is responsible for the collection and posting of payments from patients/clients throughout the day.
2. The Environmental Health Processing Assistant is responsible for the collection of payments for Environmental Health services.
3. The Patient Relations Representative IV/Insurance Clerk and/or other Fiscal staff copy Remittance Advice (RA) and post payments to patient accounts on a daily basis.
4. Beginning at 4:00 PM every day, the Intake/Eligibility staff will consecutively close out their collections for the day, run daily deposit reports and balance the cash fund for the day.
5. All daily receipts and supporting documentation are given to the Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis), who then verifies that funds are correct and accounted for and initials the documentation.
6. The Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis) will:
 - A. Close out the collections for the day
 - B. Run the daily deposit report
 - C. Balance the cash fund for the day
 - D. Prepare a deposit slip
 - E. Prepare an envelope listing currency, coins and checks to be transported to the County Finance Office for deposit.
7. The Patient Relations Representative IV/Cashier (each performing cashier duties on a rotating weekly basis) will verify and sign off on the amount, then lock up the deposit envelope in her bag for the night. This allows all daily transactions to be included in that day's deposit.
8. The next morning, the **Accounting Specialist or Finance Technician** will prepare the deposit slip, make copies of all checks, the deposit envelope, charge card receipts and the deposit break down. The deposit along with the checks, charge card receipts and the deposit break down are taken to the Sampson County Finance Office and given to the **County Senior Finance Technician or the County Deputy Finance Officer** for verification. The deposit will then be taken to the bank by the Sampson County **Finance Officer**.
9. The Sampson County Finance Office will credit the appropriate line items. The bank receipt as well as a scanned check receipt will be returned to the Health Department.
10. In the absence of any of the Patient Relations Representatives, the Accounting Technician will be responsible for assuring the above procedures occur.
11. Deposits:
 - A. The Sampson County Government Cash Management Plan governs the administration of funds through the central depository system.
 - B. Per the Plan, deposits are to be made in the official depository daily.

Employee Payroll and Travel Deposits:

- A. Employee Payroll and Travel reimbursement is made by direct deposit.
- B. Travel reimbursement is issued on the 20th of the month via electronic deposit and is documented with the monthly Travel Report.
- C. Employee Payroll is issued on the 25th of the month via electronic deposit. The Management Support Administrative Services Assistant will obtain and distribute the payroll check stubs/vouchers on the 25th of the month.
- D. **Note:** Both Travel and Payroll electronic deposits are based on the day of the week that the 20th and/or 25th date falls; if on a weekend or holiday, the electronic deposits are made the day prior to weekend/holiday.

Losses/Shortages/Overages:

- 1. Any Shortage or Overage will be reported as part of the SCHD's net deposit for separate reporting on the County's General Ledger.
- 2. The Sampson County Finance Office makes a clear distinction between a "Loss" and "Shortage" of department money:
 - A. An **Overage** occurs when a cashier has collected too much money and cannot immediately return the excess money to a specific client.
 - B. A **Shortage** occurs when an unintentional collection error such as an error made in making change.
 - C. A **Loss** of County money occurs when a cashier has obtained physical custody of money and then, due to reasons of negligence (such as leaving the drawer unattended), an act of God (such as a hurricane), or an unlawful action (such as robbery), cannot deposit that money into the County treasury.
- 3. Any loss must be immediately reported to the Accounting Specialist, the Health Director and the Sampson County Finance Officer.
- 4. The County Finance Officer must be sent a detailed statement as to the circumstances of the loss, along with a copy of any applicable Police Report within 24 hours of the loss.

Purchasing Procedures:

- 1. Sampson County Health Department adheres to the Sampson County Purchasing Policy and Procedure Manual. A copy of this manual is maintained in the Accounting Specialist's office.
- 2. State and Federal Revenues Received: Revenues received from State and Federal sources are deposited into the programs designated by Agreement Addendums. Sampson County Government uses Munis accounting software to track all receivables and payables. The Health Department places revenues in line items based on the program requirements. One or more Agreement Addendum services may be included in a line item, such as TB, STD, and/or HIV under the Communicable Disease Program.
- 3. Each employee is to complete his/her requisition in its entirety to include:

- A. Complete the requisition to include name and date and submit the form electronically to the department supervisor.
 - B. Prior to submission, review the request for accuracy.
 - C. Include shipping, federal excise taxes, print set-up fees and/or any other associated costs and break them down by the appropriate items.
 - D. Place the vendor number, name and address on all requisitions, which will be reviewed by the Accounting Technician for accuracy.
 - E. If the requisition is for a new vendor **or the vendor's information has changed**, the staff member must have the vendor complete a new vendor registration form. The forms can be obtained from the Accounting Technician. The completed form must accompany the requisition.
4. The Department Supervisor will specify the program(s) to be charged.
 5. The Department Supervisor will then review the request and: either approve it and email it to the Accounting Technician's mail box; or deny it and return it to the staff member.
The Department Supervisor is responsible for ensuring all of the information in the request is correct.
 6. The Accounting Technician will check the program for the availability of the funds to purchase the items and assign the account number to purchase the items. She will then forward the request to the Health Director, or the Accounting Specialist in the Health Director's Absence, for final agency approval.
 7. The request is returned to the Accounting Tech to be posted to the ledger and then emailed to the County Purchasing Agent for processing.
 8. The County Purchasing Agent will again verify the availability of the funds and type the Purchase Order (PO). It is then forwarded to the County Finance Officer.
 9. The County Finance Officer will provide the final approval of the request for the purchase unless it is Capital Outlay. All Capital Outlay must be forwarded to the County Manager for approval.
 10. The County Purchasing Agent will then send the authorized Purchase Order (PO) back to the Accounting Tech via email.
 11. The Accounting Tech will make a copy on white paper for her records and one on **BLUE** paper and put in the box of the staff member originally requesting the purchase.
 12. Staff members receiving the BLUE copy will make a copy to keep for their records.
 13. **Staff members will:**
 - A. Place all packing slip(s) received in the Accounting Tech's mail box **as they arrive** to make the Accounting Tech aware of the items received.
 - B. Make a copy of the packing slip and mark off the items from the original PO.
 - C. Attach to the packing slips to the **BLUE** copy of the PO.
 14. **In the event that packing slips are not included in the items shipped, staff will:**
 - A. Print a copy of the original PO.
 - B. Mark off the type and amount of items received on the PO
 - C. Make a note on the bottom of the PO: 1) that the packing slip was not included; 2) and the date the items were received.

- D. Make a copy of the PO and attach to the blue copy of the PO.
- E. Place the original PO being used as a packing slip in the Accounting Tech's mail box.

15. Once all of the items on the requisition have been received, the staff member will:

- A. Remove the copies of the packing slips from the **BLUE** PO.
- B. Attach all copies to their copy of the Purchase Order.
- C. Place the **BLUE** copy of the PO in the Accounting Tech's mail box to make the Tech aware that all items requested have been received.

Invoice Procedures:

1. The Accounting Technician will process all invoices for the agency. The Tech will prepare a bill tab that informs the County Finance Office staff where to deduct the money to cover the expenditure.
2. The bill tab is then posted in the general ledger spreadsheet and forwarded to the Health Director.
3. The Health Director signs and gives the final approval for all invoices. In the Health Director's absence, the Accounting Specialist will approve invoices.
4. The signed invoices are then submitted to the County Finance Office.
5. The County Finance Office then processes the invoice for payment.
6. Invoices are paid by the County on the 10th, 20th, and 30th of each month. Invoices must be submitted to the County Finance office a minimum of five working days prior to these dates.
7. The County Finance Officer and the County Manager will sign each county check.

Check Requests Procedures:

1. Check requests are to be used for travel (registration fees and hotel reservations) and any other purchases that require a check when an invoice will not be received.
2. All check requests are to be typed on the electronic form and submitted to the Department Supervisor for approval.
3. The Department Supervisor will approve or deny the request; if approved, the staff member making the request places the Check Request in the Accounting Tech's mail box, emails the Check Request with all supporting documents to the Accounting Tech.
4. The staff member is responsible for completing all of the necessary information on check requests. This includes:
 - A. Vendor Number:
Note: Refer to vendor number list/maintained by Accounting Tech in Fiscal Services; vendors, especially hotels, may have several vendor numbers.
 - B. Vendor Name & Complete Remit/Mailing Address
 - C. Invoice and/or Confirmation Number(s)
 - D. Total Dollar Amount of Request (including tax)

- E. **For:** “What the request is for;” The specifics of the request, such as registration fee, hotel room cost, using wording to detail specific information – see Attachments.
 - F. Description: Travel or other as designated by the Accounting Tech.
 - G. Org Number: as assigned by Accounting Tech.
 - H. Object Number: as assigned by Accounting Tech.
 - I. Amount: net amount of request including any applicable taxes
 - 1. State Tax: Current State Tax percentage
 - 2. County Tax: Current County Tax/
 - 3. Occupancy tax percentage (for hotel reservations)
 - J. Total: Total Dollar Amount of request
 - K. **Justification:** “Why the request is needed;” the purpose for which the check is requested, such as to attend a workshop, supplies needed for a program, etc. – see Attachments.
 - L. Delivery Instructions: Is usually marked “Mail to Payee”. Special instructions are to be noted, such as: with attachments; specified to be picked up by Health Department Staff
 - M. Requested By: Employee requesting payment
 - N. Leave all other lines blank
 - O. Attach all information that will be necessary to determine the purpose of the request. This may include, but not be limited to:
 - 1. Copy of hotel reservation with confirmation number
 - 2. Copy of form that indicates registration fees
 - 3. **REQUIRED** Copy of approved Travel Request
 - 4. Copy of any special forms and/or instructions that need to accompany the check request
5. Staff is to obtain **all** receipts for the check and place in the Accounting Tech’s mail box. Receipts include such items as hotel room receipts that show payment or registration fee payment receipts.

Travel:

- 1. Travel Request:
 - A. If a County Vehicle is available for travel during the scheduled time to travel, staff is to use the available County Vehicle for travel **UNLESS** given specific permission by the Health Director to use a personal vehicle.
 - B. Mileage reimbursement is set by the County Finance Officer in accordance with the current IRS rate per mile. ~~using the current mileage reimbursement rate, is \$~~
~~0.535/mile.~~
 - C. All travel requires prior approval from the Department Supervisor, Fiscal Supervisor and the Health Director.

- D. The person requesting travel is to:
 - 1. Complete an electronic Travel Request Form
 - 2. Scan and attach a copy of the reason for the request, such as a copy of a workshop brochure, email of a planned meeting, meeting agenda, etc.
 - 3. Submit the form to the Department Supervisor for approval.

 - E. The information that must be completed on the form include:
 - 1. Date of request
 - 2. Name of person(s) needing to travel
 - 3. Travel destination city
 - 4. Purpose for travel (workshop, meeting, etc.)
 - 5. Travel date(s)
 - 6. Estimated total cost of travel to include:
 - a. Registration fee
 - b. Accommodations
 - c. Meals
 - d. Mileage

 - F. The form is to be submitted to the Department Supervisor a minimum of four (4) weeks prior to the need to travel.
 - G. The Department Supervisor will approve or deny the request. If denied, the form will be returned to the requesting staff member with the denial noted on the form. If approved, the Department Supervisor will email the request to the Accounting Specialist to verify availability of funds.
 - H. Once funds are verified, the request will be submitted to the Health Director by the Accounting Specialist for final approval. If denied the form will be returned to the staff member and a copy will be provided to the Department Supervisor. If approved, copy will be provided to the staff member and the Department Supervisor.
 - I. Once the approved form is received, the employee will then submit any needed check requests with a copy of the approved travel request attached to the check request(s).
2. Monthly Travel Sheets:
- A. Travel sheets are to be completed by each individual employee. The fund code must reflect the program to charge for the employee's travel. Only one month is to be documented per travel sheet.
 - B. All travel for the month must be submitted by the last working day of the month for payment on the 20th of the following month. Travel sheets must not be held resulting in multiple months handed in at once. Refer to N. below for annual June requirements.

- C. All expenses incurred while on county approved travel for one day meetings require a receipt from the vendor. The itemized receipt must contain the date of the transaction, the vendor's name, the amount of the purchase and the item(s) purchased. It is the responsibility of the employee to obtain the required documentation to receive reimbursement. No alcoholic beverages, personal items or groceries will be reimbursed.
- D. Overnight travel will be subject to per diem amounts outlined in the County of Sampson Travel Policy.
- E. Accurate odometer reading must be recorded at the beginning and ending of any travel for mileage reimbursement.
- F. The information to be completed by the employee on the form includes:
 - 1. Date of travel
 - 2. Destination
 - 3. Accurate odometer readings to and from the travel destination
 - 4. Total mileage of the trip
 - 5. Fund Code
 - 6. Any Subsistence totals with the receipts taped to a white sheet of paper and **stapled paper-clipped to the BACK of the travel sheet.**
 - 7. Any other expenditures, such as parking, etc., with the receipts taped to a white sheet of paper and **stapled paper-clipped to the BACK of the travel sheet.**
 - 8. A copy of the meeting agenda must also be **stapled paper-clipped to the BACK of the travel sheet for any travel.**
 - 9. The Mileage, Subsistence and Other totals are entered in each section on the travel sheet. Subsistence must be listed in chronological date and meal order (i.e., 10th, 11th 12th of the month; Breakfast, lunch, and dinner).
 - 10. Travel, subsistence, and other totals will be combined for the final total of travel expenses incurred.
- G. Travel sheets are to be given to the Department Supervisor on the last working day of the month unless travel is anticipated on that day. Staff traveling on the last working day of the month will submit their travel sheets as soon as the travel for the day is completed.
- H. Each Department Supervisor is responsible for reviewing the forms for accuracy and signing the form to indicate review and accuracy.
- I. The Department Supervisor then places the forms in the Accounting Tech's mail box.
- J. The Accounting Tech/Fiscal Services staff review the forms for accuracy and designation of costs to programs based on the fund codes.
- K. If the form is incomplete, it will be returned to the Department Supervisor for follow-up to ensure completion.
- L. Once the travel form is complete and accurate, the Accounting Tech will prepare a bill tab for submission and make a copy of the form and place in the employee's mail box.

- M. Travel reimbursements will be made by direct deposit on the 20th of the month. Refer to “Employee Payroll and Travel Deposits” above.
- N. Travel sheets for the month of June are to be submitted to the Department Supervisor for approval and then to Fiscal Services on June 25th for the fiscal year end close. Any mandatory travel made from June 26th through June 30th must be documented on a separate travel sheet and submitted on June 30th/last working day of June.

Inventory Management - Capital Outlay & Fixed Assets:

- 1. A fixed asset inventory listing of the County’s personal property is required.
- 2. Fixed assets are defined as tangible assets of significant value (\$2,500 or more).
- 3. Exceptions to this limit include office furniture, computer equipment, etc. and some special items which require property control:
 - A. The Management Support Administrative Assistant is responsible for the fixed assets of the department and will maintain a list.
 - B. The Management Support Administrative Assistant will tag fixed assets as directed by the County Finance Office.
 - C. The Management Support Administrative Assistant will perform at least an annual physical inventory in order to keep the records up to date and accurate.
- 4. When an item is no longer in service at SCHD the Management Support Administrative Assistant will complete the Surplus/Junk Property Form and submit to the County Finance Office in accordance with the Sampson County Surplus Policy – see Attachments.

Replacement of Equipment:

- 1. Sampson County Health Department will ensure that equipment is sufficient for departmental needs and that all equipment is kept in good working order to ensure that the agency has properly functioning equipment to perform the required public health duties.
- 2. Each department will ensure that all equipment is maintained and serviced as needed.
- 3. Maintenance agreements are maintained on equipment requiring service as needed.
- 4. Equipment needs are reviewed annually, usually during the budget planning process.
- 5. Equipment will be replaced on an as needed basis.

Title X Fiscal Guidance for Family Planning:

- 1. SCHD has policies and procedures for charging, billing, and collecting funds for the services provided to Family Planning Clients.
- 2. Clients are not be denied services or subjected to any variation in quality of services because of inability to pay.
- 3. There are no fees or flat fees for the provision of services to minors, or a schedule of fees for minors that is different from other populations receiving family planning services.

4. Clients whose documented income is at or below 100% of the Federal Poverty Level (FPL) are not charged; however, SCHD bills all third parties authorized or legally obligated to pay for services. All clients are provided a receipt that lists the services received.
5. SCHD uses all valid means of income verification, including the client's participation in other SCHD programs, to verify income rather than rely solely on the client's self-report. All clients are informed to bring proof of income at the time of their visit; verifying client income will not present a barrier to receipt of Family Planning services.
6. SCHD uses the most current sliding fee scale provided by the North Carolina Women's Health Branch to determine costs for Family Planning services for individuals with family incomes between 101% and 250% of the Federal Poverty Level (FPL).
7. Fees are waived for individuals with family incomes above 100% of the FPL who, as determined by the Health Director, are unable, for good cause, to pay for Family Planning services – refer to "Services Eligibility & Required Fees/Payments" #10 above.
8. For persons from families whose income exceeds 250% of the FPL, charges must be made in accordance with a schedule of fees designed to recover the reasonable cost of providing services. Refer to the "Fee Setting Process" above.
9. Eligibility for discounts for un-emancipated minors who receive confidential services must be based on the income of the minor. Refer to "Patient Confidentiality" and "Proof of Income Requirements" #4 above.
10. All reasonable efforts are made to obtain third party payment without the application of any discounts for authorization for third party reimbursement.
11. Family income and payment methods are assessed before determining whether payments or additional fees are charged. This includes assessing for private insurance. Refer to "Billing Medicaid/Medicare/Private Insurance & Handling Delinquent Claims" #4 above.
12. Insured clients whose family income is at or below 250% FPL will not pay more (in copayments or additional fees) than what they would otherwise pay when the schedule of discounts is applied and will be charged the lesser of two amounts. After total charges for the visit are calculated based on the sliding fee scale:
 - A. If the amount due is more than the insurance required co-pay, the co-pay will be collected
 - B. If the amount due is less than the insurance required co-pay, the amount due will be collected.
 - C. The total charges for the day will then be billed to insurance for payment.
13. Confidential Services: All reasonable efforts are made to collect charges without jeopardizing the client are made. This includes third-party payers that issue Explanation of Benefits (EOB) statements. Refer to "Patient Confidentiality" above.
14. Donations: Voluntary donations from clients are permissible; however, clients are not pressured to make donations, and donations are not a prerequisite to the provision of services or supplies. Refer to "Direct Patient Charges" #6 above.
15. Abortion Services: SCHD does not provide abortion services; therefore, no additional financial documentation is required.
16. Title X References:

NC Department of Health & Human Services
<http://www.ncdhhs.gov/>

NC Department of Public Health:
<http://publichealth.nc.gov/>

Title X Guidelines:
<https://www.hhs.gov/opa/sites/default/files/Title-X-2014-Program-Requirements.pdf>
OPA Instruction Series:
<https://www.fpntc.org/resources/title-x-program-review-tool>

Title X Clients Billing & Collections Guidance:

Purpose:

To maintain a financial management system that meets the standards specified in the Title X Guidelines (Section 6.3) and is consistent with the guidance provided by the Family Planning and Reproductive Health Unit of the North Carolina Division of Public Health. Documentation and records of all income and expenditures must be maintained as required. Local health departments' policies and procedures must be approved by the local board of health, and made available for review by the Family Planning and Reproductive Health Unit upon request. Clients must not be denied project services or be subjected to any variation in quality of services due to inability to pay.

Policy:

Sampson County Health Department (SCHD) will insure that written policies are in place for the administration of patient fee policies that address the areas of income and eligibility for all clients seeking services in the Title X Family Planning Clinics.

Legal Authority:

Title X Regulations: (January, 2001) Section 6.3 concerning the financial management system that addresses charges, billing and collections.

DMA: Guidelines for Medicaid and Family Planning Waiver Clients

NC State Statutes: 42 CFR 59 Grants for Family Planning Services

Responsible Staff:

1. All SCHD staff that provide any portion of Title X services to clients.
2. SCHD will insure compliance among all staff in the Family Planning Program on the administration of patient fee policies that will assure the short and long term viability of the project.

3. SCHD staff will assure client confidentiality is not jeopardized when attempting to collect charges.
4. See SCHD Confidentiality Policy & Procedures and Section 10.

Procedures:

1. The SCHD Fiscal Policy follows federal, including Title X, and state income regulations and requirements and is used to determine eligibility for all clients, including Family Planning clients. Procedures are in place for charging, income verification, billing and collecting funds for services provided.
2. Determination of cost for services provided by the project based on a cost analysis. See SCHD Fiscal Services Policy, Section 13.
3. Verification of income is based on proof of income and family size. Income verification documented from a client's participation in another program may also be used. See SCHD Fiscal Services Policy, Section 5.
4. The Federal Poverty Level Sliding Fee Scale Schedule is used to determine discounts for individuals with family incomes between 101% to 250% of the Federal poverty level, and assurance of adherence of such sliding fee scale for all services provided in the Family Planning visit/exam. The Sliding Fee Scale is furnished annually by the NC Women's & Children's Health Branch.
5. Fees for services for any client may be waived, including individuals with family incomes above 250 percent of poverty level who, as determined by SCHD Health Director, are unable for good cause to pay for Family Planning services. See Section 9.
6. FP clients whose documented income is at or below 100% of the Federal poverty will not be charged; however, SCHD may bill all third payers authorized or legally obligated to pay for services.
7. Clients must be given bills that show total charges less any allowable discounts at time of visit.
8. FP clients with private insurance will be charged the lesser of two amounts. After total charges for the visit are calculated based on the sliding fee scale. If the amount due is more than the insurance required co-pay, the co-pay will be collected, if the amount due is less than the insurance required co-pay, the amount due will be collected. The total charges for the day will then be billed to their insurance for payment.
9. Sliding fee scale is not applied to co-pays or balances due when billing private insurance.
10. SCHD is exempt from requirements for collecting a Medicaid co-payment for FP services.
11. Clients' fiscal eligibility will be reviewed a minimum of once per year and clients' fees will be based in the new review.
12. Third party billing must show total charges without applying the sliding fee scale.
13. Where reimbursement is available from Title XIX of the Social Security Act, a written agreement with the Title XIX state agency at either the state level or county level is required.
14. Eligibility for minors who request confidential services must be based on the income of the minor see SCHD Confidentiality Policy & Procedures and Sections 10 & 27.

15. Every effort will be made to collect fees without breaking client confidentiality—see SCHD Confidentiality Policy & Procedures and Sections 10 & 27.
16. Debt collection for clients that have not paid their bills and debt write offs are addressed in SCHD Fiscal Services Policy, Section 18.
17. SCHD's donation policy is addressed in SCHD Fiscal Services Policy—see Section 14.
18. All Family Planning fees are based on the sliding fee scale and no minimum fee requirements or surcharge/flat fee are indiscriminately applied to any clients—see Section 14.A. Family Planning patients will not be denied services or be subject to any variation in the quality of services received because the patient has a delinquent account balance or due to the inability to pay or failure to verify/proof of income. Family Planning patients will not be required to meet with the Health Director in an attempt to collect a delinquent account.
19. The Federal Poverty Level Sliding Fee Scale is used for all charges related to Family Planning, including, but not limited to charges for non-essential supplies or oral contraceptives.
20. All supplies purchased through the 340B Drug Discount Purchase Program are only used for 340B Programs, including the Title X Family Planning Program.
21. SCHD has a process to determine the reasonable cost of providing services as identified in the SCHD Fiscal Policy & Procedures. A schedule of discounts (SOD), referred to as the Sliding Fee Scale—SFS—has been developed by NC DHHS and includes: 1.) SFS is used for family incomes between 101-250% of the Federal Poverty Level—FPL—and requires proof of income except in the case of adolescents with co-pays, charges and discounts based on income information; insurance co-pays and any other applied fees are based on a formula that ensures clients do not pay more than when the SFS is applied; 2.) Eligibility for discounts for adolescents who receive confidential services is based on the income of the adolescent; 3.) For persons whose income exceeds 250% of the FPL, charges are made in accordance with a schedule of fees designed to recover the cost of providing service; 4.) all bills are submitted to third party payers, including insurances, Medicaid and Medicare and includes billing for clients with an income < or = to 100% FPL; and 5.) Clients at or below 100% of FPL are not charged for Title X services.

References:

Title X Guidelines:

https://www.grantsolutions.gov/gs/servlet/document.DownloadPdf/PublicServlet?document_id=7157

Income Verification and Eligibility for Family Planning Clients Guidance:

Purpose:

To determine the ability to pay through income verification of clients seeking services in the Title X Family Planning, BCCCP, Maternal Health, Adult Health, Child Health and other applicable programs.

Policy:

It is the policy of the Sampson County Health Department (SCHD) to maintain a policy to verify income and eligibility for all clients seeking services at SCHD, including clients seeking Family Planning services. SCHD will insure that written policies are in place that address the all income verification services.

Legal Authority:

Title X regulations (January, 2001) Section 6.3 concerning financial management and the OPA Instruction Series 08-01.
NC Department of Public Health Agreement Addenda requirements.

Responsible Staff:

1. All SCHD staff that provide any portion of Title X services to clients.
2. SCHD Fiscal Staff are trained on Title X guidelines within 30 days of hire and annually to include the Title X Orientation Tool and will insure compliance among all staff on the administration of income verification policies.
3. SCHD staff will assure client confidentiality is not jeopardized when attempting to verify income.
4. See SCHD Confidentiality Policy & Procedures and Section 10.

Procedures:

1. All clients seeking services at SCHD will be required to furnish proof of household income.
2. Clients are informed when making appointments they must bring proof of income. Clients are also informed during appointment reminder calls they must bring proof of income to appointment. Income verification may include:
 - A. Pay Stubs
 - B. W 2 from the previous year
 - C. Benefits statement
 - D. Previous year's income tax return
3. Clients that do not provide proof of income will be charged the full fee for services if verification is not provided within thirty (30) days of the date of the appointment. This includes clients that report employment, but do not and/or are unwilling to furnish proof of income.
4. Intake/Eligibility will inform clients of the thirty (30) day deadline to furnish proof before being charged the full fee and have the clients sign the 30 day notification letter. Check out/cashier staff will remind clients during checkout of the thirty (30) day deadline to furnish proof.

5. Services will not be denied on day of appointment for failure to provide verification of income.
6. Clients that report no income must furnish proof of income for other household members that pay for living expenses, such as utilities, food, etc.
7. Minors: Minors may request confidential services. Income verification for those minors will be based solely on the minor's income—see SCHD Confidentiality Policy & Procedures and Section 10.
8. Income reported through any other program offered at SCHD may be used rather than recertification of income for any program offered by SCHD, including Family Planning, BCCCP, Maternal Health, etc.
9. Fees for services for any client may be waived, including individuals with family incomes above 250 percent of poverty level who, as determined by SCHD Health Director, are unable for good cause to pay for any services, including Family Planning—see Section 9.

References:

NC Department of Health & Human Services

<http://www.ncdhhs.gov/>

NC Department of Public Health:

<http://publichealth.nc.gov/>

Title X Guidelines:

https://www.grantsolutions.gov/gs/servlet/document.DownloadPdfPublicServlet?document_id=7157

OPA Instruction Series:

<http://www.hhs.gov/opa/familyplanning/toolsdocs/xinstruction.html>

References:

North Carolina General Statute § 130A-39
North Carolina General Statute § 105A: Article 1: 1 – 16.
10A NCAC 45A.
Health Insurance Portability & Accountability Act (HIPAA) of 1996.
42 CFR 59: Grants for Family Planning Services.
OPA: Program Requirements for Title X Funded Family Planning Projects, April 2014.
Centers for Medicare & Medicaid Services
North Carolina Department of Public Health Program Branches
Sampson County Finance Policy & Procedures
Sampson County Accounts Receivable Policy
Sampson County Accounts Receivable Collections Procedure
Sampson County Procedure for Handling Counterfeit Currency
Sampson County Returned Check Policy
Sampson County XVII Surplus Policy
Sampson County Health Advisory Committee Operating Procedures.
Sampson County Health Department Adult Health Policy
Sampson County Health Department BCCCP/WW Policy
Sampson County Health Department Care Coordination for Children (CC4C) Policy
Sampson County Health Department Child Health Policy
Sampson County Health Department Communicable Disease Policy
Sampson County Health Department Family Planning Policy
Sampson County Health Department Immunizations Policy
Sampson County Health Department Maternal Health Policy
Sampson County Health Department Prenatal Care Management (OBCM) Policy
Sampson County Health Department STD Policy
Sampson County Health Department TB Policy

APPENDIX

**SAMPSON COUNTY HEALTH DEPARTMENT
Fiscal Services Policy and Procedure: Year 2018
Annual Review/Policy Update Review Form**

Program/Manual: Administrative Fiscal	Applicable Signatures/Title
Title: Fiscal Services Policy & Procedures	Program Coordinator/Specialist: N/A
<input checked="" type="checkbox"/> Program Policy: Fiscal Program	Fiscal Program Supervisor: Tamra Jones
<input checked="" type="checkbox"/> Program Procedures: Fiscal Program	Director of Nursing: Kathie Johnson
<input type="checkbox"/> Management/Department-wide Policy	Medical Director: Dr. Allyn Dambeck
<input checked="" type="checkbox"/> Personnel/Fiscal Policy	Health Director: Wanda Robinson
Distributed to: All Fiscal & Management Staff	Sampson County Board of Health Sampson County Health Advisory Committee Chair: Jacqueline Howard
	Sampson County Board of County Commissioners Chair: Clark Wooten
	Effective Date: 8/31/2018
	Supersedes: 11/30/2017

Review/Revision Date: 02/11/2011; 09/08/2012; 09/03/2013, 9/03/2014, 9/3/2015, 09/03/2016, 11/30/2017, 8/31/2018.

Sampson County Health Department Advisory
Committee Chair

Date

Sampson County Board of County Commissioners
Chair

Date

Health Director

Date

Fiscal Supervisor (Accounting Specialist)

Date

SAMPSON COUNTY HEALTH DEPARTMENT
Fiscal Services Policy and Procedures: Year 2018
Annual Staff Review Form

Program Policy: Fiscal Services

Date: _____

Name

Date

Sampson County Health Department

State of the County Health Report 2018



360 County Complex Rd., Suite 200
Clinton, NC 28328
(910) 592-1131
www.sampsonnc.com

Introduction

Sampson County Health Department and the Sampson County Partners for Healthy Carolinians Task Force are pleased to provide the 2018 State of the County Health Report (SOTCH) annual review for the top health concerns determined during the 2017 Community Health Assessment and how Sampson County has taken action to address them. The 2018 SOTCH includes: a review of major morbidity and mortality data for the county; health concerns; progress made in the past year on the selected priorities; and other changes in Sampson County that affect health concerns. The report addresses new and emerging issues that affect the county's health status and ways community members can get involved with ongoing efforts.

For more information about the State of the County Health Report, contact Sampson County Health Department at (910) 592-1131 or log on to the health department's website at www.sampsonnc.com.

Sampson County Health Department (SCHD) was first established in 1911. Since 1911, the health department has continued to provide services that are essential to the public's health. Public health is a "quiet miracle" with a contribution to the quality of life that cannot be estimated. Public health is uniquely responsible for bringing the benefits of prevention to Sampson County citizens.

The Sampson County Partners for Healthy Carolinians Task Force (SCPFHC) is a non-profit organization that was established in 2000. The task force is a public-private partnership that represents public health, hospitals, health and human service agencies, civic groups, churches, schools, businesses, community members and leaders. For more information on the task force, visit www.scpfhc.org.



County Profile

Demographics

Sampson County Demographic Estimates 2016 ¹

Sex	Estimate	Percent
Male	31,190	49.0%
Female	32,523	51.0%
Race	Estimate	Percent
White	39,660	62.2%
Black or African American	16,240	25.5%
American Indian or Alaska Native	1,219	1.9%
Asian	296	0.5%
Native Hawaiian or Other Pacific Islander	11	0%
Ethnicity	Estimate	Percent
Hispanic or Latino (any race)	11,627	18.2%
Non-Hispanic or Latino	52,086	81.8%
Total Population	63,713	

Economics

Sampson County Economic Characteristics 2016 ²

Employment Status	Estimate	Percent
Unemployment Rate	(X)	9.4%
Income and Benefits	Estimate	Percent
Median Household Income	36,742	(X)
Median Family Income	45,712	(X)
Health Insurance Coverage	Estimate	Percent
With Health Insurance Coverage	51,939	82.3%
No Health Insurance Coverage	11,196	17.7%
Below Poverty Level	Estimate	Percent
All Families	(X)	18.2%
All People	(X)	24.2%
Under 18 years	(X)	35.5%

X = not applicable or not available.

Leading Causes of Death

Cancer was the leading cause of death in Sampson County in 2016. There were 716 total deaths in Sampson County in 2016 in which cancer contributed to 166 of those deaths.^{3,4} Trachea, bronchus and lung cancers had the highest mortality rate (82.4) followed by female breast cancer (31.1) in Sampson County.^{5,6} Heart disease was the second leading cause of death in 2016 attributing to 154 deaths.⁷ Most causes of death are the result of preventable risk factors such as smoking, poor diet, and physical inactivity.

Sampson County Leading Causes of Death 2016⁸

Rank	Cause of Death	Number
1	Cancer	166
2	Heart Disease	154
3	Diabetes Mellitus	44
4	Cerebrovascular Diseases	42
5	Chronic Lower Respiratory Diseases	31
6	All Other Unintentional Injuries	28
7	Motor Vehicle Injuries	25
8	Alzheimer's Disease	18
9	Pneumonia & Influenza	17
	Nephritis, Nephrotic Syndrome & Nephrosis	17
	All other causes	174
	Total Deaths – All Causes	716

Community Health Concerns

As a result of the 2017 Community Health Assessment (CHA) data, members of the SCPFHC served as the CHA Team and selected Substance Abuse; STDs/Pregnancy Prevention; and Chronic Disease as the top three health priorities. The Community Health Assessment is a process of collecting and disseminating data to allow community members to gain an understanding of health, health concerns, and health care systems of the community. CHA Team members identify, collect, analyze and disseminate information on community assets, resources, strengths and needs.

Substance Abuse

Healthy NC 2020 Objective: Reduce the unintentional poisoning mortality rate (per 100,000).

Substance Abuse is the excessive use of substances such as alcohol, tobacco, opioids and other addictive substances. Excessive alcohol use, including underage and binge drinking (males having 5+ drinks on one occasion and females having 4+ drinks on one occasion), can lead to increased risk of injuries, violence, liver diseases, and cancer.⁹ Tobacco use is the leading cause of preventable disease, disability, and death in the United States.¹⁰ Cigarettes and other forms of tobacco (including cigars, pipe tobacco, snuff, chewing tobacco, and e-cigarettes) contain the addictive drug nicotine. It is estimated that 40 million adults in the U.S. smoke cigarettes and 4.7 million middle and high school students use at least one tobacco product, including e-cigarettes.¹⁰ Since 1999, the number of opioid overdose deaths has significantly increased.¹¹ The opioid crisis involves prescription opioids, heroin, and synthetic opioids such as fentanyl.¹¹ Prevention is a crucial component in the fight to put an end to these epidemics.

2018 Health Behaviors¹²

	Sampson County	North Carolina
Adult Smoking	21%	18%
Excessive Drinking	14%	17%

NC Youth Risk Behavior Survey: High School Students¹³

	2017	2015
Currently drank alcohol	2,860	5,552
Currently smoked cigarettes daily	3,130	6,021
Currently used electronic vapor products daily	3,093	5,937

Community Health Concerns

Emergency Department Overdose Surveillance: Sampson County¹⁴

	2017	2016	2015
Medication/Drug	198	138	176
Opioid	22	11	30
Heroin	13	2	2

Substance Abuse Action Plan Progress

- Five articles were submitted to *The Sampson Independent* and *The Sampson Weekly* on the Opioid Epidemic, Naloxone, and Tobacco on behalf of Sampson County Health Department and Sampson County Substance Abuse Coalition.
- Clinton Police Department and the Sampson County Substance Abuse Coalition held two Medication Take Back events in March collecting 70 lbs. of unused or expired pills.
- Sampson County Cooperative Extension promoted Prom Pledge reaching over 200 juniors and seniors.
- Sampson County Cooperative Extension promoted Red Ribbon Week reaching over 700 students.
- Eastpointe MCO partnered with organizations to host and promote the following events:
 - Opioid Addiction Epidemic Conference in Salemburg
 - Prom Promise card distribution (600 cards) to Sampson County Schools
 - Opioid 101 Training at the Health and Human Services Building
 - Narcan Kit distribution (140 kits) to Sampson County Sheriff's Department
 - Recovery Job Coach Academy at Clinton City Council
 - Celebrate Recovery Month social event at Sampson Community College
 - "New and Emerging Tobacco" education session at The Center for Health + Wellness
 - Opioid Overdose Awareness Day with departments throughout Sampson County

Community Health Concerns

STDs/Pregnancy Prevention

Healthy NC 2020 Objective: Decrease the percentage of pregnancies that are unintended.

Sexually Transmitted Diseases

The Centers for Disease Control and Prevention estimates that nearly 20 million new sexually transmitted diseases (STDs) occur every year in the United States.¹⁵ Many STDs don't cause visible symptoms, however, they can still be harmful and transmitted from one person to another.¹⁵ Examples of STDs include: Gonorrhea, Chlamydia, Herpes, HIV/AIDS, Trichomoniasis, and Genital Warts. If left untreated, some STDs can lead to infertility, increased risk HIV, and in some cases fatality.¹⁵ While Sampson County had an increase in the number of Chlamydia and Gonorrhea cases between 2015 and 2016, there was a decrease in the number of cases between 2016 and 2017. In 2016, there were 11 cases of diagnosed HIV in Sampson County compared to 12 cases in 2017. There was an increase in the number of AIDS diagnosis from 2 in 2016 to 5 in 2017. Sampson County Health Department offers testing and treatment for sexually transmitted diseases.

Sexually Transmitted Diseases Gonorrhea & Chlamydia in Sampson County¹⁶

	2015	2016	2017
Chlamydia	284	324	277
Gonorrhea	88	136	97

2017 HIV and AIDS Diagnosis¹⁶

County	HIV	AIDS
Sampson	12	5
Columbus	10	3
Duplin	6	5
Halifax	10	4

Community Health Concerns

Pregnancy Prevention

According to the Centers for Disease Control and Prevention, unintended pregnancies are those that are either untimed or unwanted at the time of conception.¹⁷ Unintended pregnancies can increase the risk of health problems for the mom and baby. Teen pregnancy and childbearing brings substantial costs through immediate and long-term impacts on teen parents and their children.¹⁸ Teen pregnancy prevention is very important to the health and quality of life for our youth.¹⁸ There are birth control methods that, if used correctly and consistently, are highly effective at reducing the risk of unintended pregnancy.

2017 NC Resident Pregnancy Rates (Females Ages 15-44)¹⁹

Residence	Total Pregnancies	Rate
North Carolina	143,574	71.2
Sampson County	963	86.5

2017 NC Resident Pregnancy Rates (Females Ages 15-19)²⁰

Residence	Total Pregnancies	Rate
North Carolina	8,849	26.7
Sampson County	101	48.7

STDs/Pregnancy Prevention Action Plan Progress

- Six articles were submitted to *The Sampson Independent* and *The Sampson Weekly* on Teen Pregnancy, Family Planning and HIV/STD on behalf of Sampson County Health Department.
- Sampson County Health Department partnered with Academic Abundance, Inc., Clinton High School, and Lakewood High School to educate teens through Family Planning and STD presentations reaching over 250 ninth graders during the 2017-2018 school year.
- Sampson County Health Department partnered with Sampson County Partners for Healthy Carolinians Task Force to host “Sampson County’s 4th Annual Teen Health Fair” in March 2018 reaching approximately 500 middle and high school students.
- Sampson County Health Department now offers long-term contraceptives, such as IUDs and the Nexplanon implant.

Chronic Disease

Healthy NC 2020 Objective: Increase the percentage of adults who are neither overweight nor obese.

According to the Centers for Disease Control and Prevention, chronic diseases such as heart disease, cancer, diabetes and obesity are the leading causes of death and disability in the United States and are caused by the following risk behaviors: tobacco use and exposure, poor nutrition, lack of physical activity, and excessive alcohol use.²¹ Healthy choices can reduce the risk of developing a chronic disease and improve quality of life.

2012-2016 NC Resident Death Rates²²

Cause of Death	Sampson County	North Carolina
Heart Disease	180.2	161.3
Cancer	192.0	166.5
Diabetes	51.5	23.0

Adult Obesity²³

	Sampson County	North Carolina
2018	35%	30%
2017	37%	30%
2016	39%	29%

Prevalence of Obesity and Overweight in Children 2 through 18 years of age by Health Department ²⁴

	Healthy Weight	Overweight	Obese
Sampson County	60.1%	16.6%	18.7%
North Carolina	65.1%	14.6%	14.6%

Community Health Concerns

Chronic Disease Action Plan Progress

- Two articles related to Heart Disease, eight (8) related to Cancer, two (2) related to Diabetes, and three (3) related to Healthy Eating/Physical Activity were submitted to *The Sampson Independent* and *The Sampson Weekly* on behalf of Sampson County Health Department and Sampson County Partners for Healthy Carolinians in 2017.
 - The 19th Annual Breast Cancer Rally and Health Fair was held in 2017 reaching over 100 participants.
 - Sampson County Breast and Cervical Cancer Control Program (BCCCP) Advisory Board distributed 445 pink breast cancer ribbons and 100 teal cervical cancer ribbons in 2017 to local churches and organizations for the Pink and Teal Ribbon Campaigns.
 - In 2017, Sampson County Health Department and Sampson Regional Medical Center merged their Diabetes Self-Management Education Programs reaching 72 participants in 2017.
 - In 2017, Sampson Regional Medical Center's diabetes support group, "Sugar Buddies," had 161 participants from January through October.
 - Sampson Regional Medical Center's "Journey to Health" began in August 2018 and is an 8-week program focusing on changing basic behaviors to move toward a healthier lifestyle and away from obesity. The pilot program consisted of 2 classes with 15 people in each class.
 - Sampson County Health Department promotes Eat Smart, Move More – Maintain, don't gain! Holiday Challenge. The Holiday Challenge is a free online weight maintenance program offered from Thanksgiving to New Year's Eve. Sampson County had a total of 92 participants in 2017, a 188% increase from 2016.
 - During the 2017-2018 school year, the Fitness Renaissance physical fitness awards program reached approximately 4,000 students in grades K-3. On average, 2.4% of students surpassed their goal for 2 of the 4 activities, 56.9% surpassed their goal for 3 of the 4 activities, and 36.7% surpassed their goal for all 4 physical activities.
-

New Initiatives

- Sampson County Substance Abuse Coalition launched a new website. The coalition and the website focus on (1) Intervention, (2) Public Awareness (Prevention), and (3) Training.
- Sampson County Health Department adopted the State recommended Naloxone and implemented a distribution program to increase access to Naloxone.
- The Sampson County Breast and Cervical Cancer Control Program (BCCCP) Advisory Board will apply for the 2019 United Way of Sampson County funding application for cancer prevention and awareness.
- Increase health education programs to include diabetes education, BMI counseling for overweight and underweight, etc.
- Maternal Child Health Initiative to reduce infant mortality.
- Sampson County's 5th Annual Teen Health Fair.

Emerging Issues

- Medicaid changes.
- Increase in Opiate/Opioid usage.
- Education and awareness on the Opioid epidemic.
- Teen Pregnancy rate and Adult Obesity percentage continue to be higher than the state's.

Volunteers Are Welcome

Help Sampson County Partners for Healthy Carolinians and Sampson County Health Department address these health concerns and issues in your community! Call 910-592-1131 or attend the next Healthy Carolinians meeting at The Center for Health + Wellness, 417 E. Johnson St., Clinton, NC at 1:30 pm every 3rd Tuesday of the month.

Dissemination of SOTCH Report

- Sampson County Board of Health
- Sampson County Board of Commissioners
- Sampson County Partners for Healthy Carolinians
- Sampson County Health Department

This report will also be available to the public at www.scpfhc.org, www.sampsonnc.com, and upon request at the Sampson County Health Department (910) 592-1131.

References

- ¹ US Census Bureau. American Fact Finder. 2016 American Community Survey 1-Year Estimates. ACS Demographic and Housing Estimates. Sampson County, North Carolina. <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CF>
 - ² US Census Bureau. American Fact Finder. 2016 American Community Survey 1-Year Estimates. Selected Economic Characteristics. Sampson County, North Carolina. <https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=CE>
 - ³ North Carolina Health and Human Services. North Carolina State Center for Health Statistics. Mortality Statistics Summary for 2016. North Carolina Residents. <http://www.schs.state.nc.us/data/vital/lcd/2016/allcauses.html>. Accessed 26 September 2018.
 - ⁴ State Center for Health Statistics. Mortality Statistics Summary for 2016. North Carolina Residents. Cancer – All Sites. <https://schs.dph.ncdhhs.gov/data/vital/lcd/2016/cancer.html>. Accessed 26 September 2018.
 - ⁵ State Center for Health Statistics. Mortality Statistics Summary for 2016. North Carolina Residents. Cancer – Trachea, Bronchus and Lung. <https://schs.dph.ncdhhs.gov/data/vital/lcd/2016/lung.html>. Accessed 26 September 2018.
 - ⁶ State Center for Health Statistics. Mortality Statistics Summary for 2016. North Carolina Residents. Cancer – Female Breast. <https://schs.dph.ncdhhs.gov/data/vital/lcd/2016/breastcancer.html>. Accessed 26 September 2018.
 - ⁷ State Center for Health Statistics. Mortality Statistics Summary for 2016. North Carolina Resident. Heart Disease. <https://schs.dph.ncdhhs.gov/data/vital/lcd/2016/heartdisease/html>. Accessed 26 September 2018.
 - ⁸ State Center for Health Statistics. Leading Causes of Death in North Carolina 2016. Health Data Query System. Sampson County. <https://schs.dph.ncdhhs.gov/interactive/query/lcd/lcd.cfm>. Accessed 26 September 2018.
-

References

- ⁹ Centers for Disease Control and Prevention. Alcohol and Public Health.
<https://www.cdc.gov/alcohol/index.htm>. Accessed 27 September 2018.
 - ¹⁰ Centers for Disease Control and Prevention. Smoking and Tobacco Use.
https://www.cdc.gov/tobacco/data_statistics/index.htm. Accessed 27 September 2018.
 - ¹¹ Centers for Disease Control and Prevention. Understanding the Epidemic.
<https://www.cdc.gov/drugoverdose/epidemic/index.html>. Accessed 27 September 2018.
 - ¹² County Health Rankings & Roadmaps. North Carolina, Sampson County. Adult Smoking & Excessive Drinking. <http://www.countyhealthrankings.org/app/north-carolina/2018/rankings/sampson/county/outcomes/overall/snapshot>. Accessed 27 September 2018.
 - ¹³ Centers for Disease Control and Prevention. High School YRBS. North Carolina 2017 and 2015 Results. <https://nccd.cdc.gov/youthonline/App/Results.aspx>. Accessed 27 September 2018.
 - ¹⁴ NC DETECT. County-level Custom Event Aggregate Report.
<https://www.ncdetect.com/ncd/secure/customEventAgg.action>. Accessed 27 September 2018.
 - ¹⁵ Centers for Disease Control and Prevention. Sexually Transmitted Diseases.
<https://www.cdc.gov/std/life-stages-populations/stdfact-teens.htm>. Accessed 2 October 2018.
 - ¹⁶ Communicable Disease Branch: Epidemiology Section. North Carolina HIV/STD Quarterly Surveillance Report: Vol. 2017 No. 4.
<http://epi.publichealth.nc.gov/cd/stds/figures/vol17no4.pdf>. Accessed 2 October 2018.
 - ¹⁷ Centers for Disease Control and Prevention. Pregnancy.
<https://www.cdc.gov/pregnancy/avoiding.html>. Accessed 2 October 2018.
 - ¹⁸ Centers for Disease Control and Prevention. Reproductive Health: Teen Pregnancy.
<https://www.cdc.gov/teenpregnancy/about/index.htm>. Accessed 2 October 2018.
-

References

- ¹⁹ State Center for Health Statistics. 2017 NC Resident Pregnancy Rates: Females Ages 15-44 by Race/Ethnicity, Perinatal Care Regions, and County of Residence. <https://schs.dph.ncdhhs.gov/data/vital/pregnancies/2017/preg1544.pdf>. Accessed 2 October 2018.
 - ²⁰ State Center for Health Statistics. 2017 NC Resident Pregnancy Rates: Females Ages 15-19 by Race/Ethnicity, Perinatal Care Regions, and County of Residence. <https://schs.dph.ncdhhs.gov/data/vital/pregnancies/2017/preg1519.pdf>. Accessed 2 October 2018.
 - ²¹ Center for Disease Control and Prevention. About Chronic Diseases. <https://www.cdc.gov/chronicdisease/about/index.htm>. Accessed 2 October 2018.
 - ²² State Center for Health Statistics. 2012-2016 NC Resident Race/Ethnicity and Sex-Specific Age-Adjusted Death Rates. <https://schs.dph.ncdhhs.gov/data/databook/>. Accessed 2 October 2018.
 - ²³ County Health Rankings & Roadmaps. North Carolina, Sampson County. Adult Obesity. <http://www.countyhealthrankings.org/app/north-carolina/2018/rankings/sampson/county/outcomes/overall/snapshot>. Accessed 2 October 2018.
 - ²⁴ North Carolina Pediatric Nutrition and Epidemiology Surveillance System (NC-PedNESS) 2015. Prevalence of Obesity, Overweight, Healthy Weight and Underweight in Children 2 through 18 years of age, By County. https://www.eatsmartmovemorenc.com/Data/Texts/0617/2015NC-PedNESS_ObesityinChildren2to18bycounty.pdf. Accessed 2 October 2018.
-

LabCorp and State Lab
 Fee Revision - October 2018

Code	Description	Fee
87389-90	HIV	\$0.00
87389-NC	HIV	\$0.00
87389	HIV	\$0.00
86703-90	Antibody, HIV-1 and HIV-2 single	\$115.50
86703-NC	Antibody, HIV-1 and HIV-2 single	\$0.00
81511-90	Quad Screen Panel	\$57.80
81511-NC	Quad Screen Panel	\$0.00
87340-90	Hepatitis B surface antigen	\$59.50
87340-NC	Hepatitis B surface antigen	\$0.00
87340	Hepatitis B surface antigen	\$0.00
80074-90	Acute Hepatitis Panel A and B	\$264.70
80074-NC	Acute Hepatitis Panel A and B	\$0.00
80074	Acute Hepatitis Panel A and B	\$0.00
87252-90	Herpes Culture	\$0.00
87252-NC	Herpes Culture	\$0.00
87252	Herpes Culture	\$0.00
86695-NC	Herpes simplex test	\$0.00
86695-90	Herpes simplex test	\$107.00
86696-90	Herpes simplex type 2	\$107.00
86696-NC	Herpes simplex type 2	\$0.00
86762-90	Rubella antibody	\$39.63
86762-NC	Rubella antibody	\$0.00
86762	Rubella antibody	\$0.00