



City of Philadelphia

Department of Public Health

Regulations Governing the Collection of Service Fees from Health Center Patients

Passed:

Board of Health: _____

Law Department: _____

Records Department: _____

Consistent with Section 6-706 of The Philadelphia Code, the Board of Health hereby adopts the following regulations governing fees for the provision of certain services provided at City Health Centers to patients who do not have insurance or other payment coverage provided by a third-party payor:

1. Definitions. In these Regulations, the following definitions apply:

A. City Health Centers. The health centers operated by the Department of Public Health.

B. Household. A single adult, married adults, or parent(s) or guardian(s) and their children.

C. Income level. The gross annual income of a household.

D. Medicaid Reimbursement Rate. The rate at which the City is reimbursed for patient visits pursuant to the federal Medicaid program.

E. Poverty Level. A level of household income developed and updated annually by the U.S. Department of Health & Human Services, identified as the "Poverty Income Guideline," at which a person of a certain household size is deemed to be in poverty.

2. Services for Which Fees Will Be Charged.

A. Fees are hereby established for the provision of the following services at City Health Centers in instances where no third-party insurer or other payor can be billed for such services:

- a. General medical services for adults;
- b. General pediatric services;
- c. General gynecological services;
- d. Podiatric services;
- e. Dental services; and
- f. Family planning services for adults

B. Consistent with Philadelphia Code § 6-706(2), fees will not be charged in connection with the following services:

- a. Diagnosis and treatment of sexually transmitted disease and tuberculosis;
- b. Immunizations, including visits made for the sole purpose of the provision of immunizations;
- c. Prenatal and post-partum care; and
- d. Family planning services for persons under eighteen (18) years of age.

3. Amount of Fees.

A. The fees for all services for which a fee is charged, except for family planning services for adults, are as follows:

<u>Income Level In Relation to Poverty Level :</u>	<u>Fee per visit:</u>
More than 500%	The Medicaid Reimbursement Rate
201-500%	\$20.00
101-200%	\$10.00
100% or less	\$5.00

B. The fee for family planning services for adults is as follows:

<u>Income Level In Relation to Poverty Level :</u>	<u>Fee per visit:</u>
More than 250%	\$40.00
201-250%	\$30.00
151%-200%	\$20.00
101-150%	\$10.00
100% or less	No fee

4. Information Regarding and Collection of Fees

A. All patients shall be advised of the fees established pursuant to this section before the provision of services.

B. Consistent with Philadelphia Code Section 6-706(1):

1) No person shall be denied care due to failure to pay a bill. Patients may be required, before services are provided, to provide information sufficient to determine their household income for purposes of establishing the appropriate fee, if such requirement is determined to be medically appropriate in the situation.

(2) No collection activity shall be initiated against any patient in connection with an unpaid bill other than mailing of non-threatening reminder notices that are literacy appropriate, except if the patient is known to have, or be eligible for, third party health insurance and such patient fails to cooperate with the billing process.

5. Effective Date

These regulations shall be effective upon certification by the Health Commissioner to the Board of Health that a system for the receipt of fees charged pursuant to the regulations is in place and operational.