

The following guidance applies to Public Health Service Providers only.

Who will be receiving lab invoices for the new fees?

Invoices will be sent to the "submitter of record". There are over 1,000 currently on record with the GPLH. Due to this, it is possible that a county could receive more than one invoice. The first invoices will be sent beginning in May for test results generated in April.

Do these new lab fees apply to other than the three Public Health Facilities?

No. These fees apply only to testing performed at Georgia Public Health Laboratory facilities, which has locations in Decatur, Waycross and Albany. Other laboratories are not involved with this change.

What information will be provided on the invoice to identify the patient?

The invoices will include a summary cover sheet and an attached sheet with details per test type. Identifiers will include a submitter generated medical record number, a lab generated accession number and a date the lab test was conducted.

What if a patient pays at a later date?

The accounts will be held open 90 days after invoice and then that month will be closed. If a patient finds the means to pay at a later date, the GPLH portion of that payment would be sent with the corresponding month's receipts.

How will submitters of record be charged if they submit lead screens directly to the state lab for children who are Medicaid Fee for Service ("straight Medicaid") children?

Due to the mechanism that generates the bill, the submitter will be charged the \$10.00 fee by the GPLH. It is the expectation that Medicaid patients will not be charged a fee based on ability to pay and therefore no payment for these charges will be expected. Accounting records that reflect this transaction will be kept by the submitter for audit purposes.

Are County Boards of Health required to cover the difference between the full amount on the invoice and the amount collected on a sliding fee scale?

No, the amount collected for an individual test is the amount owed.

How are fee collection records supposed to be kept?

The accounting procedures for the difference caused by a sliding fee scale in use by the submitter of record between the amount billed by the GPLH and the amount collected from the client will be on the individual transaction. The responsibility for accurate accounting records for audit purposes will be on the submitter of record.

Are Submitters of Record going to be charged a second fee for a confirmatory test?

No, the confirmation is included in the original charge. However, if the test is submitted as a confirmatory request, the \$10.00 charge will apply.

Can program funds be used to pay for or to offset the charge for lab fees?

This suggestion has been raised and is being researched. We are currently exploring the option to use certain programmatic funding to offset the cost of the lab fees being charged to the client.

Will Medicaid now reimburse for tests completed at the GPLH?

Not yet. We have engaged the Medicaid Program in this discussion. There is a requirement to revise Medicaid policies and revisit reimbursement based upon these proposed changes. We are working to find a solution, but the solution will take time.

There are different sliding fee schedules in use by different programs. Which fee schedule should apply to the new lab fees?

Use the relevant sliding fee scale in use by the program.

We currently collect a fee based on a visit and the test is included. How are the fees going to be divided between the service and the lab test?

The fees can be apportioned according to the percent of the total fee collected. For example, if the total visit was \$30.00 including a \$10.00 lab test and only \$15.00 is collected (50%) then each would get 50% of their portion. GPHL would receive \$5.00 (50% of \$10.00) and the Board of Health would keep \$10.00.

Are clients whose visits slide to zero based on FPL per Title X going to be charged lab fees?

No, the fee would slide to zero pay. The GPHL will generate a bill that shows a \$10.00 charge, but no payment would be remitted.

We cannot send statements to home address without possible breach of confidentiality. Will these statements be required?

No. All current policies safeguarding confidentiality are still in effect and would apply.

Will Family Planning or STD clients who are confidential minors and are in school with no personal income be charged for labs?

The sliding fee scale would be in effect and could slide to zero.

Currently there is no set policy for sliding fee scale. Many districts use different FPL, some have set fees. Will a standard be distributed?

Local Boards of Health have the authority for setting fees according to Georgia Code. A statewide standard for sliding fee scales is not being developed.

Are STD contacts going to be charged the fees?

No. STD contacts will not be required to pay the \$10.00 fee.

How is payment to be sent to lab? Monthly, quarterly, etc.?

Invoices will be sent monthly to the submitter of record from the Public Health Lab. The invoice will include a summary charge and individual tests requested by the submitter. Payment will be remitted to the GPHL according to the invoice.

If the client is unable to pay at the time of service, are public health departments to send statements?

For account purposes the local Board of Health will be required to respond to every invoice from the GPHL whether or not any payment is sent. The accounts will be held open for 90 days after invoice, and then that month would be closed. If a patient finds the means to pay at a later date, the GPHL portion of that payment would be sent with the corresponding month's receipts.

Who will absorb cost of statements, postage, etc.?

The administrative costs incurred as a result of the new lab fees will be absorbed by the submitter of record.

Will there be a way to eliminate the fee if the client is unable to pay or are we just cost-shifting to the CHD?

Cost is not being shifted to the CHD. If a sliding fee scale is in use, the amount collected from the client, from \$0.00 to \$10.00, is the amount owed. The submitter is not required to make up the difference in the charge.

How will lab fee charges to the Board of Health be prorated based on the amount owed and the amount collected from a client?

Here is an illustration in response to proration. If a sliding fee scale eligible patient receives health department services totaling \$100, which includes a \$10 lab fee and their charges slide to 40% of total, the client then owes \$40. The state lab fee will be prorated in accordance with the sliding scale that applied to the service. In other words, the 40% would also apply to the \$10 lab fee, which would slide to \$4. However, instead of paying \$40, the client only pays \$10. Since only 25% of the bill owed was collected after it adjusted, that would mean that the lab should collect 25% of what they are owed, which would be \$1.00 (25% of \$4).

Will Public Health providers be reimbursed by Medicaid for Lead, RPR, HIV and Hep C tests completed on Medicaid patients?

Medicaid will be reimbursing Public Health providers a \$10.00 handling fee for lead tests required by EPSDT submitted through the public health lab. Medicaid will also reimburse Public Health providers a lab handling fee for HIV screening tests and Hep C. At this time, Medicaid is not reimbursing for a lab handling fee for syphilis. The lab handling fee applies to Fee for Service clients only. Lab specimens for CMO clients should be sent to labs under contract by the CMO.

Will the handling fee reimbursement be retroactive to 4/1/2010?

Medicaid will reimburse retroactively to 4/1/2010, however, based on feedback from the Billing Advisory Work Group members at the quarterly meeting on Thursday, June 10, a recommendation was made that lab handling fee claims submitted to Medicaid should not be retroactive to April 1, 2010. The date of July 1, 2010 was set as an effective billing date for claim submissions.