



# County of Monterey

Board of Supervisors  
Chambers  
168 W. Alisal St., 1st Floor  
Salinas, CA 93901

## Legislation Details (With Board Report)

<b>File #:</b>	14-399	<b>Name:</b>	CS Fee Schedule
<b>Type:</b>	General Agenda Item	<b>Status:</b>	Passed
<b>File created:</b>	4/24/2014	<b>In control:</b>	Board of Supervisors
<b>On agenda:</b>	5/13/2014	<b>Final action:</b>	5/13/2014
<b>Title:</b>	Adopt a Resolution amending Article I.d. of the Monterey County Master Fee Resolution effective July 1, 2014, to adjust certain fees related to the Health Department's Clinic Services Bureau pursuant to the attached Fee Schedule.		
<b>Sponsors:</b>	Ray Bullick		
<b>Indexes:</b>			
<b>Code sections:</b>			
<b>Attachments:</b>	1. CS Fees Resolution.pdf, 2. CS Fee Schedule 2014 comparison to 2011.pdf, 3. CS article 1b spreadsheet effective july 2014.pdf, 4. Fee Schedule Calculations doc.pdf, 5. Completed Board Order and Resolution		

Date	Ver.	Action By	Action	Result
5/13/2014	1	Board of Supervisors	approved	Pass

Adopt a Resolution amending Article I.d. of the Monterey County Master Fee Resolution effective July 1, 2014, to adjust certain fees related to the Health Department's Clinic Services Bureau pursuant to the attached Fee Schedule.

### RECOMMENDATION:

It is recommended that the Board of Supervisors:

Adopt a Resolution amending Article I.d. of the Monterey County Master Fee Resolution effective July 1, 2014, to adjust certain fees related to the Health Department's Clinic Services Bureau pursuant to the attached Fee Schedule.

### SUMMARY/DISCUSSION:

The Health Department's Clinic Services Bureau (Clinic Services) periodically reviews its fee schedule to ensure its appropriateness, and to ensure that it accurately reflects the costs of services provided. The Board previously approved the Health Department's recommendations to amend specific fees and charges applicable to the Federally Qualified Health Center- Look Alike (FQHC-LA) clinics on April 14, 2009, and again on June 14, 2011. Recently, Clinic Services updated its schedule to be in synchronization with either the Medicare or Medi-Cal fee schedules applicable to situations of the appropriate FQHC clinics.

The calculations and documents in support of all fee adjustments recommended herein are attached hereto and/or on file with the Clerk to the Board. In all cases, the proposed fees reflect no more than the actual, reasonable, fully loaded costs of the services provided to the payor/applicant. By definition, these service charges are not a 'tax' and are exempt from voter approval pursuant to Article XIII C section 1(e)(1)-(2) of the California Constitution ('Prop. 26': charge imposed for specific benefit conferred/privilege/service or product provided or granted to the payor).

### OTHER AGENCY INVOLVEMENT:

County Counsel has reviewed the proposed schedule of fees and charges and Resolution. A copy of the

Proposed Resolution, Proposed fee schedule (comparison to current and clean versions) is attached to this report and on file with the Clerk of the Board, along with additional calculations documenting the recommended fees.

**FINANCING:**

The recommended fee adjustments are intended to recapture the costs associated with the provision of the indicated services and do not exceed actual costs for providing these services. As such, the fees represent a charge imposed for the specific service provided directly to the payor that is not provided to those not charged, and which does not exceed the reasonable costs to the County for providing the services. The proposed fees are intended to recapture services costs, without generating additional revenue, to assure that the programs remain revenue neutral with no additional impact on the County's General Fund Contribution to the Department.

All patients under the 200% Federal Poverty Level can apply for reduced service costs as approved by FQHC regulations. The reduction in income to fully cover medical service costs are paid via FQHC prospective payment rates which do not result in increased costs to other payors. Currently, all patients visiting Clinic Services clinics are prescreened for eligibility into State and Federal programs to ensure that all patients eligible for a third party payor source are enrolled in appropriate programs. Clinic Services operates at a zero General Fund Contribution.

Prepared by: Stephanie Shonley, Management Analyst, 1313

Approved by: Ray Bullick, Director of Health, 4526

**Attachments:**

Proposed Resolution

Proposed Article I.d. fee schedule (with current and proposed fees shown for comparison)

Proposed Article I.d fee schedule (effective 2014)

Clinic Services fee schedule calculations