

# CAROLINA FAMILY HEALTH CENTERS, INC. POLICY

---

**TITLE:** FIN-136 Schedule of Fees

---

**EFFECTIVE DATE:** October 27, 2020

---

**SECTION:** Finance

**REFERENCE PROCEDURE:** FIN-136.01 Schedule of Fees

---

**RESPONSIBLE CHIEF OF STAFF:** Chief Financial Officer

**RESPONSIBLE COMMITTEE:** Finance CIT

---

**REVIEWED:** 08/24/2021, 10/25/2022, 10/24/2023, 04/23/2024, 01/28/2025, 11/25/2025

---

## I. PURPOSE

The purpose of this policy is to describe how Carolina Family Health Centers, Inc. (CFHC, Inc.) maintains a schedule of fees for the provision of services.

## II. POLICY

CFHC, Inc. maintains a detailed schedule of fees for the provision of services that are within the HRSA-approved scope of the project, are typically billed for in the local healthcare market, and to which there is a charge assessed. The schedule of fees addresses all in-scope services (required and additional) by assigning a distinct fee that is used as the basis for seeking payment from patients as well as third-party payers. The services specified in the schedule of fees include medical, dental, pharmacy, behavioral health, and radiology.

The schedule of fees is consistent with locally prevailing rates and/or charges and is established by analyzing volume, current pricing, fees reimbursed from Medicare, Medicaid, private insurance, and a customized fee analyzer of locally prevailing rates. The schedule of fees is also designed to cover reasonable costs of operation and to optimize reimbursement rates based on contracted amounts with relevant insurance companies.

The schedule of fees is reviewed by the Executive Team on an annual basis. The following methodology is used to create the schedule of fees:

1. Based on billing records, the Director of Revenue Cycle and Health Information Technology lists the service description and corresponding billing codes for all in-scope services that are reimbursed by third-party payors, including the contract reimbursement terms. There are a few services that are included as part of the visit for all patients, which are specified on the schedule of fees (e.g., certain laboratory tests and equipment).
2. The Chief Financial Officer determines the actual costs of providing all in-scope services.
3. The Director of Revenue Cycle and Health Information Technology utilizes the

customized fee analyzer to compile the locally prevailing rates for the services provided by CFHC, Inc.

- Once cost and reimbursement information is collected, the schedule of fees is evaluated to align the charge for each service to maximize insurance reimbursements. If locally prevailing rates are less than the insurance companies reimburse, the charge is set to the insurance reimbursement rates. If local prevailing rates are higher than insurance reimbursement rates, the charge is set to the locally prevailing rates. A schedule of fees for labs is set at rates per our vendor. Due to dental screenings completed on the mobile unit, certain screenings are set at a zero fee. Billable supplies are set at cost times 1.5 and then rounded up.

4. The methodology is reviewed with the Board of Directors annually.

CFHC, Inc. maintains a corresponding schedule of discounts, as discussed in *FIN-116 Sliding Fee Discount Program*, to be applied to the payment of such fees or payments, by which discounts are adjusted on the basis of the patient's ability to pay.

Patients are charged based on the service and procedural codes entered by the professional staff providing the service; current procedural terminology (CPT) and healthcare common procedure coding (HCPC) for medical, and current dental terminology (CDT) for dental. Medically-related supplies, immunizations, labs, and equipment are charged based on the coding entered into the record of care.

CFHC, Inc. makes every reasonable effort to secure payment for services from patients, in accordance with the schedule of fees and the corresponding schedule of discounts.