

Hazel Haynes

From: Steve Garrison
Sent: Friday, January 10, 2020 10:18 AM
To: 'Jennifer Jarrett'; Karen Powell
Cc: Ashley Wooten; Richard Williams; Paula Roach; Hazel Haynes
Subject: RE: Fee schedule increase request
Attachments: 2019-2020 Fee Schedule Changes.xls

From: Jennifer Jarrett <jjarrett@foothillshd.org>
Sent: Friday, January 10, 2020 9:50 AM
To: Karen Powell <kpowell@foothillshd.org>
Cc: Steve Garrison <Steve.Garrison@rutherfordcountync.gov>; Ashley Wooten <awooten@mcdowellgov.com>
Subject: Fee schedule increase request

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Attached is our new fee schedule request. We should review our fees annually to ensure we are getting the maximum allowable reimbursement from the insurances we are able to file. On this fee schedule you will see five separate columns. The first column is the CPT or procedure code column that identifies the service. The Description column states what the CPT code is exactly. The Medicaid Allowable is the current reimbursable rate from Medicaid. Since Medicaid is the lowest paying insurance, I looked at all our current fees and made sure we are charging above the Medicaid reimbursement rate. The UCR @ 50% column is the Usual Customary Rate. The UCR is the rate that is the normal charge for like practices in our area. The @ 50% simply means it is the average charge where 50% of the practices charge equal or less than the rate and 50% of the practices charge equal or more than the rate. The last column is what we are requesting to change the fee to.

The Change to rate request is based on factoring in the Medicaid reimbursement rate along with the UCR to come up with a reasonable rate to charge for the particular CPT code. Some CPT codes we did not have a current rate established. Some CPT codes we can only charge the amount we pay for the supply due to our 340B contract pricing. These are things such as Nexplanon, Paragard, etc., where the Medicaid reimbursement rate is higher than our fee request. Our last fee update was done in 2014, so you will see some of our rates were actually less than the Medicaid reimbursement rate. Therefore we are losing money by not increasing our rates. Our fees should be reviewed and revised on an annual basis. The majority of our patients have Medicaid or are adjusted according to their income using the sliding fee scale. So even though our fee may increase, the patient will not usually pay 100% of that fee.

I hope this explains our process well enough. If you have any questions, please let me know. Thank you.

Jennifer R. Jarrett
Accounting Specialist
Foothills Health District
(828) 287-6212
(828) 287-6059 Fax