**Sample Policies: User Agreement**

**Forvis Mazars** is pleased to provide you with these example policies. These examples are for your exclusive use and may not be copied or modified for use by any other party without the permission of **Forvis Mazars.**

You agree to assume full responsibility for using **Forvis Mazars** -designed example policies and procedures. **Forvis Mazars** will not review or supervise any of the work performed by your personnel working with our examples. By providing these examples, **Forvis Mazars** is not making management decisions or performing management responsibilities. That responsibility remains with management and the Board of Directors at all times.

**Forvis Mazars** does not provide any warranties in regard to example policies and procedures. Oversight agencies including, but not limited to, the Department of Health and Human Services (including the Bureau of Primary Health Care), the Office of Inspector General, or any other potential oversight agency may have a different understanding and/or interpretation of the requirements of your organization. The items included do not constitute a guarantee of compliance or acceptance by other oversight agencies.

Additionally, the accounting standards, applicable laws, regulations and regulators’ enforcement activities may change over time requiring modifications to these example policies and procedures. Required modifications to these examples are your responsibility.

The example(s) are not designed to prevent or discover errors, misrepresentations, fraud or illegal acts, and you agree **Forvis Mazars** has no such responsibility. Because of the limits in any internal control structure, errors, fraud, illegal acts or instances of noncompliance may occur and not be detected.

**Forvis Mazars** can be compelled to provide information under the legal process. In addition, we may be requested by regulatory or enforcement bodies to make certain workpapers available to them pursuant to authority granted by law or regulation. You agree that we have no legal responsibility to you in the event we provide such documents or information.

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It is the policy of CHC to prepare a schedule of fees for the provision of its services and supplies consistent with locally prevailing rates or charges and designed to cover its reasonable cost of operations.

The schedule of fees will be billed for services and supplies rendered/provided to patients to help ensure compliance with Federal, State, and other regulatory authorities.

**Procedures**

* The Health Center will develop and maintain a list of procedure (CPT/HCPC) codes representing services and supplies that will be available to patients. These codes, along with the related unit charges, will be maintained in the practice management system.
* The Health Center will include a sample of [#] private payer contract allowed amounts by procedure (CPT/HCPC) code associated with the Health Center when setting charges with the goal of setting charges at or above the maximum allowed amount, some exceptions may be warranted.
* The Health Center will utilize [locally prevailing rate data at [or above] the XX percentile, XX percentage of Medicare Physician Fee Schedule, XX percentage of maximum allowed private payor allowed amount, a cost-based approach] as the method used in setting and maintaining charges. (If a cost-based approach is utilized explain this process here.)
* The Health Center will develop and maintain a process to ensure individual FQHC Medicare G code charge amounts that represent a Prospective Payment System (PPS) encounter are set based on a relationship to the detail procedure (CPT/HCPC) codes as defined by the Health Center.
* The Health Center will not charge different fees for the same procedure (CPT/HCPC) code unless exceptions are warranted. An example exception would be a charge for a vaccine as part of the Vaccine for Children Program where the Health Center does not incur a cost vs a charge for the same vaccine that is purchased and used for private stock.
* The Health Center will not seek reimbursement for no cost items as noted in Section 1862(a)(2) of the Social Security Act.
* The Health Center will [annually] review fees and determine if updates are necessary based on the criteria above.
* The Board of Directors will review analysis prepared by the Health Centers management team and approve proposed fee updates and methodologies to allow an understanding of the impact to the patients to help ensure a financial barrier to care does not exist.
* The Health Center will perform a self-assessment or engage a third-party to perform an evaluation of the fee schedule based on the criteria above at a minimum every three years.

Sources:

[Health Center Program Compliance Manual (hrsa.gov)](https://bphc.hrsa.gov/sites/default/files/bphc/hc-compliance-manual.pdf)

[Federally Qualified Health Centers (FQHC) Center | CMS](https://www.cms.gov/center/provider-type/federally-qualified-health-centers-fqhc-center)

[Medicare Claims Processing Manual (cms.gov)](https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c32.pdf)