



## SCHIEEx Subscription Fee Schedule

SCHIEEx participants will share the ongoing cost of operating SCHIEEx core services through annual subscription fees as approved by the SCHIEEx Governing Authority. The following SCHIEEx Fee Schedule is approved for the time period beginning January 1, 2022. The Governing Authority will review the fee schedule on an annual basis and make any necessary adjustments to the fees, either upward or downward, to ensure the financial sustainability of SCHIEEx and to ensure fair cost allocation among all users of SCHIEEx.

Participant Category	Annual Subscription Fee January 1, 2022
Physician, Dental, Optometry, Podiatry, Chiropractic Practice or Clinic	\$242 per provider (Capped Fee at 20 providers or \$4,840 per connection) This fee does not apply to nurse practitioner, certified nurse midwife or physician assistant practicing in a traditional practice setting.
Nurse practitioner, certified nurse midwife or physician assistant* practicing in a nontraditional (non-physician practice) setting	\$242 per nurse practitioner, certified nurse midwife or physician assistant* (Capped Fee at 20 providers or \$4,840 per connection)
Hospital ** Beds based upon Average Daily Census (ADC)	
From 1 to 15 beds	\$165 per bed
From 16 to 25 beds	\$2,625 plus \$159 per bed over 16
From 26 to 49 beds	\$4,200 plus \$152 per bed over 26
From 50 to 99 beds	\$7,875 plus \$144 per bed over 50
From 100 to 199 beds	\$15,120 plus \$137 per bed over 100
From 200 to 299 beds	\$28,770 plus \$131 per bed over 200
From 300 to 399 beds	\$41,790 plus \$123 per bed over 300
From 400 + beds	\$54,075 capped fee per connection
Skilled Nursing or Hospice Facility*** Beds based upon Average Daily Census (ADC)	Negotiated rate for multi-site entities
From 1 to 15 beds	\$82 per bed
From 16 to 25 beds	\$1,313 plus \$79 per bed over 16
From 26 to 49 beds	\$2,100 plus \$76 per bed over 26
From 50 to 99 beds	\$3,938 plus \$72 per bed over 50
From 100 to 199 beds	\$7,560 plus \$69 per bed over 100
From 200 to 299 beds	\$14,385 plus \$66 per bed over 200
From 300 to 399 beds	\$20,895 plus \$61 per bed over 300
From 400 + beds	\$27,038 capped fee per connection
Home Health Agency	\$2,100 flat fee per agency
Community Case Management Provider	\$2,100 flat fee per provider entity
Telemonitoring Provider	\$2,100 flat fee per provider entity
Ambulatory Surgical Facility	\$2,100 flat fee per surgical facility
Pharmacy	\$1,050 flat fee per pharmacy facility or negotiated rate for multi-site entities.
Pharmaceutical Case Management (Not Affiliated with a Pharmacy)	\$1,050 flat fee per provider entity
HIE to HIE Connection	Negotiated Fee
Durable Medical Equipment Provider	\$1,050 flat fee per provider entity

Participant Category	Annual Subscription Fee January 1, 2022
SC State Agencies or other governmental entities	Every state agency or governmental entity fee will be separately negotiated

\* Includes physician assistants practicing at a Federally Qualified Health Center or Rural Health Clinic that is led by a physician assistant.

\*\* The hospital participant category also includes psychiatric, alcohol and drug and rehabilitation hospitals.

\*\*\* These are defined as free-standing skilled nursing or hospice facilities and do not include hospital swing beds.

Note: Sales tax will be added to the above prices in accordance with state and local law.

### **Subscription Fee Application Guidelines**

1. Generally, Participant organizations that fall under a single Federal Employer Identification Number (FEIN) represent multiple Participant Categories in the fee schedule will be assessed an aggregate fee comprised of the respective fees for each separate category of participation. However, Participant organizations that include a Hospital, execute the required legal documents, and pay fees in a timely manner, will only be charged the Hospital Participant Category fee.

2. Capped fee categories apply to the Participant organization and a single technical connection.

3. The following apply to Participant Categories with per-provider fees.

- The per-provider fee applies to each discrete provider regardless of the number of work locations.
- Providers who work with more than one separate Participant organization may 1) have one Participant organization pay the full subscription fee, or 2) may be reflected in each Participant(s) subscription account as a portion of a full time equivalent (FTE) position. For example, if a provider works 20 hours per week with one Participant and 20 hours per week with another Participant he or she may be counted as .50 FTE in each Participant’s subscription and the fee split accordingly.
- Providers with a hospital as his/her primary place of employment are included in this subscription fee if the hospital is a SCHIEEx Participant and do not need to be included by Participants where services may be provided on a part time basis.

4. The Skilled Nursing or Hospice, Home Health Agency, Community Case Management Provider, Telemonitoring Provider, Ambulatory Surgical Facility, Pharmacy, Pharmaceutical Case Management category fees are waived for Participants that utilize an already established technical connection with SCHIEEx such that these service areas do not require a separate technical connection with SCHIEEx. The fee waiver does not apply to use of the SCHIEEx Clinical Viewer in these service areas.

5. A separate Pharmacy fee is not required for health providers such as hospitals, Free Medical Clinics or Federally Qualified Health Centers with pharmacy services that support their internal patient population.

6. The fee is waived for volunteer physicians working in SC Free Medical Clinics (defined as a health care facility operated by a nonprofit private entity meeting the following requirements: (i) The entity does not, in providing health services through the facility, accept reimbursement from any third-party payer (including reimbursement under any insurance policy or health plan, or under any Federal or State health benefits program); (ii) The entity, in providing health services through the facility, either does not impose charges on the individuals to whom the services are provided, or imposes a charge according to the ability of the individual involved to pay the charge; and (iii) The entity is licensed or certified in accordance with applicable law regarding the provision of health services.

## SCHIEx Fee Schedule Application Examples

*#1 One physician practice with three physicians and one nurse practitioner/physician assistant.*

3 X \$242 per physician = \$726 Total (no additional fee for nurse practitioner or other personnel)

*#2 One podiatry practice with one podiatrist.*

1 X \$242 per podiatrist = \$242 Total

*#3 One university affiliated health clinic staffed by two nurse practitioners (nontraditional setting)*

2 X \$242 per nurse practitioner in nontraditional setting = \$484 Total

*#4 One Federally Qualified Health Center with eight medical practices, twenty-four physicians and one pharmacy serving its internal patient population.*

1 pharmacy = \$0

20 (capped number) X \$242 per physician = \$4,840 Total

*#5 A large health care system with under the same Federal Employer Identification Number (FEIN) two acute care hospitals with combined Average Daily Census of 410, a pharmacy serving its internal patient population, one home health agency that requires a separate technical connection with SCHIEx, one skilled nursing facility with Average Daily Census of 26 that requires a separate technical connection with SCHIEx, two separate ambulatory surgery centers that use the same technical connection as the hospital inpatient system, and fourteen physician practices with thirty-five physicians.*

2 hospitals = \$54,075 (400 ADC capped fee)

As discussed above, all fees except the hospital fee will be waived for participant organizations that execute the required legal documents, and pay fees in a timely manner. Accordingly, the fee would be \$54,075.

*#6 A pharmacy organization with four pharmacy facilities.*

4 pharmacy facilities = \$4,200 Total