



**NOTICE OF REGULAR MEETING  
OF THE WEBER-MORGAN HEALTH DEPARTMENT**

Notice is hereby given that the Weber-Morgan Board of Health will hold its regularly scheduled meeting at the Weber-Morgan Health Department **Annex Building**, 455 23<sup>rd</sup> St, 2<sup>nd</sup> Floor Auditorium, Ogden, Utah commencing at **4:00 p.m.** on **Monday, April 17, 2023.**

Agenda for the meeting will consist of the following:

Welcome (Roll Call)	Ali Martinez
<b>Action Items</b>	
1) Approval of February 2023 Meeting Minutes	Ali Martinez
2) Clinical Nursing Fees	Lekelsi Talbot
<b>Break and Move Into Training Session</b>	
<b>BOH Annual Retreat</b>	
3) Environmental Justice Presentation	Kim Shelley
4) 2022 Annual Report Presentation	Brian Cowan
5) Chair's Message	Ali Martinez
6) Adjourn	

*In compliance with the Americans with Disabilities Act, individuals needing auxiliary Communication aids or other services for this meeting should contact Elvira Odeh at [eodeh@webercountyutah.gov](mailto:eodeh@webercountyutah.gov) giving at least three days' notice.  
Dated this 14th April 2023.*



**Weber-Morgan Board of Health  
Minutes of Meeting  
February 27, 2023**

The Weber-Morgan Board of Health held its regular meeting on February 27, 2023, in the Health Department Annex conference room at 455 23<sup>rd</sup> Street. The meeting was called to order at 4:00 pm. With Ali Martinez presiding.

**BOARD MEMBERS PRESENT:**

Ali Martinez	Bonnie Wahlen - Virtual	Dr. Douglas Jacobs
Sharon Bolos	Cheryle Allen	Jason Boren - Virtual
Angela Choberka	Kevin Eastman - Virtual	
Dr. Kenneth Johnson	Dr. Lee Schussman - Virtual	

**BOARD MEMBERS ABSENT:**

Leonard Call	Jared Andersen	Dr. Frank Brown
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**STAFF MEMBERS PRESENT:**

Brian Cowan	Heidi Neidfedt	Cami Sullenger
Michela Harris	Bryce Sherwood	Kristen Anderson
Lori Buttars	Jarelyn Cox	Zach Heuscher
Lekelsi Talbot	Sean Hansen	
Amy Carter	Scott Braeden	

**OTHERS PRESENT:**

Brandan Quinney

**Welcome and Introductions- Ali Martinez**

**Ali Martinez** calls the meeting to order at 4:00 p.m. and welcomes those in attendance.

**Approval of Board of Health Minutes of January 23, 2022 Motion Passes**

A **MOTION** is made by **Sharon Bolos** and **SECONDED** by **Dr. Ken Johnson** to approve the minutes as written. The **MOTION** passes unanimously.

**Approval of Bylaws**

**Motion Passes**

Brandan Quinney presents the changes to the bylaws presented in January's Board of Health meeting. Approved changes would be for electronic meetings, the Annual Board of Health meeting schedule, and also the option of bylaws being emailed as well as being mailed. The State Law requires that if electronic meetings are held, bylaws have to address how the votes of board members will count toward any action item. Additional bylaw changes will require a roll call vote for any action item even if it is unanimous. The annual meeting is normally in April but new changes allow scheduling on a different day at member's discretion. Finally, if there are any changes

to the bylaws the option to email them for review is now available. Brandon states since the last meeting he did not receive any recommendations or suggestions from board members to make any additional changes or to retract, it is now presented to the board for a vote. A **MOTION** is made by **Dr. Douglas Jacobs** and **SECONDED** by Sharon Bolos. Roll call vote is taken and all vote aye. The **MOTION** passes unanimously.

**Amendment to the Health Officer Employment Agreement- Motion Passes**  
**Brandon Quinney** introduces the county's request to discontinue the benefit of car allowance for county employees but instead take that amount and apply it to the employee's salary. Instead of having a reimbursement, beginning February 2023, the Health Officer's compensation shall increase. A **MOTION** is made by **Dr. Lee Schussman** for approval of the amendment to the Health Officer Employment Agreement and **SECONDED** by **Bonnie Wahlen**. Roll call is taken all vote aye. The **MOTION** passes unanimously.

### **Community Health Assessment Presentation**

### **Information Only**

**Lori Buttars** presents the Community Health Assessment. The first CHA was presented in 2015 and offered online and as a booklet with 143 pages. Both CHA and CHIP fall together resulting in a public document that the Weber-Morgan Health Department along with partners strategizes and work together to help make changes in the community. The strategic plan is an internal document the WMHD has put together for what can be done in programming or things that can be worked on internally including the goal to finish the 2<sup>nd</sup> floor in the Annex Building and the new office in Morgan County. Lori continues a step-by-step presentation of the CHA and where to locate it on the WMHD website. Lori introduces Kristen who talks about the main topics and demographics to understand the interworking of the community. Kristen presents the major reports that are found like crimes, income levels, access to food, air quality, and walkability, each topic has subtopics that will help everyone understand how livable the community is. Also included is the cause of mortality section with subtopics like chronic diseases, infectious diseases, traumatic injuries, and violence. Kristen encourages the board to look into the behavioral health section. Ali Martinez asks if there is a section addressing disparities in the vulnerable populations and minorities. Kristen states that it is incorporated because it is part of the standards to focus on health equity and underserved populations. Angela Choberka makes a comment and suggests changing colors for ADA accessibility. Dr. Lee Schussman suggests adding the CHA to the search bar for easier access and congratulates Kristen and Lori for their work.

### **Directors Report**

### **Information Only**

Brian Cowan provides information on the UALBOH Annual Symposium taking place April 26-27, 2023 in Midway, Utah. Also, the NALBOH symposium in Tacoma, Washington, encourages board members to attend and meet different board members from other health departments. Dr. Ken Johnson states that this is a great conference. Brian continues with the emission compliance fee previously presented and states he attended county commission meeting and spoke about the change in fee and the name change to the emissions compliance fee. Two meetings were scheduled to have a discussion and allow public comment. Brian Cowan informs board

members of proposed bills in circulation during the current legislative session. He introduces HB-26 titled License Plate Amendments and HB-71, related to the local health department governance. HB-71 requires DHHS and DEQ to make certain determinations when reviewing policies or rules. Also requires reporting on funding and must have a funding formula for allocating contract funds. HB-408 clarifies and amends the health department's authority to regulate mobile businesses. HB-419 makes changes in certain penalties, hazardous waste disposal fees, and new requirements and restrictions in tobacco products, electronic cigarettes, and nicotine products. HB-476 makes changes in food truck permitting. Food trucks that are designated as tier-one food trucks by the permitting health department are not required to use a commissary if it meets specific requirements. HB-544 bill will permit minors to consent to and participate in tobacco and nicotine cessation services without parental consent. HB-523 addresses exemptions from regulation for sale of shell eggs. Small-scale producer or grading requirements. Brian states there is conflict in language and is asking for clarification and how it is being communicated. SB-116 removes the authority of local health departments to isolate and quarantine an individual. SB-166 provides a home-based education entity and micro-education entity with certain similar duties, requirements, waivers, and rights as private and charter schools. This prevents government entities from regulating micro-education entities or home-based education entity food preparation and distribution also it would exempt students from immunization requirements. SB-248 creates a temporary events permit for the sale of tobacco and nicotine products and authorizes telephone, mail, internet, and other remote orders of a cigar or pipe tobacco. Brian will update the board on any passing regulation that impacts public health. Brian Cowan ends with a reminder of the annual BOH meeting on April 17<sup>th</sup>, 2023.

**Chairs Report- Ali Martinez**

**Information Only**

**Ali Martinez** encourages all members to attend the symposium stating it is a great education for new and established board members. Ali mentioned discussion during the health officer's evaluation that it was suggested to conduct a salary survey. With the help of Michela Harris, they have gathered information and will be meeting with Dr. Lee Schussman, Brian Cowan, and Brandan Quinney to review and bring the item back on a follow-up for the next board meeting. Ali thanks everyone for attending. The meeting adjourns at 4:55 pm.



<b>WEBER-MORGAN HEALTH DEPARTMENT</b>		Division: <b>NURSING</b>	
Subject: <b>ROUTINE IMMUNIZATION SLIDING FEE SCALE FOR UNINSURED</b>		Effective Date:	Supersedes: N/A

**Eligibility for discounted vaccine administration fees is based on the sliding fee scale below and is determined by household income and family size. Documentation of income is required prior to the delivery of services.**

WMHD offers free state-supplied vaccines to those eligible, under the Vaccines for Children (VFC) program (Ages 0-18 with no insurance; those with American Indian/Alaskan Native heritage; or those with coverage under Medicaid or CHIP), and Special Project (SP) (Adults 19+ with no insurance - vaccine types are limited). VFC and SP eligible clients are charged vaccine administration fees only. WMHD will not deny services to clients qualified under VFC or SP unable to pay all or part of calculated administration fees -see section 3.7 of this policy for more information.

		CODE FOR ADMIN FEE				
Persons in Family/ Household	Type of Gross Income	0	1	2	3	4
		<= 100 FPL	>100% to <=150% FPL	>150% to <=200% FPL	>200% to <=250% FPL	>250% FPL
		\$5/ Immunization	\$10/ Immunization	\$15/ Immunization	\$18/ Immunization	\$20/ Immunization
1	Annual	\$0 - \$14,580	\$14,580.01 - \$21,870	\$21,870.01 - \$29,160	\$29,160.01 - \$36,450	\$36,450.01 +
2	Annual	\$0 - \$19,720	\$19,720.01 - \$29,580	\$29,580.01 - \$39,440	\$39,440.01 - \$49,300	\$49,300.01 +
3	Annual	\$0 - \$24,860	\$24,860.01 - \$45,000	\$45,000.01 - \$49,720	\$49,720.01 - \$75,000	\$75,000.01 +
4	Annual	\$0 - \$30,000	\$30,000.01 - \$41,625	\$41,625.01 - \$55,500	\$55,500.01 - \$69,375	\$69,375.01 +
5	Annual	\$0 - \$35,140	\$35,140.01 - \$52,710	\$52,710.01 - \$70,280	\$70,280.01 - \$87,850	\$87,850.01 +
6	Annual	\$0 - \$40,280	\$40,280.01 - \$60,420	\$60,420.01 - \$80,560	\$80,560.01 - \$100,700	\$100,700.01+
7	Annual	\$0 - \$45,420	\$45,420.01 - \$68,130	\$68,130.01 - \$90,840	\$90,840.01 - \$113,550	\$113,550.01+
8*	Annual	\$0 - \$50,560	\$50,560.01 - \$75,840	\$75,840.01 - \$101,120	\$101,120.01 - \$126,400	\$126,400.01+

\*For households exceeding 8 members, add \$5,140 for each additional member.

For payment of services eligible for the Schedule of Discounts, the Health Department uses the current HHS Federal Poverty Guidelines as published in the Federal Register. See: <https://aspe.hhs.gov/poverty-guidelines>. This schedule is subject to change during the calendar year.

Written by: Cami Sullenger	Approved by:	Date:
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<b>WEBER-MORGAN HEALTH DEPARTMENT</b>	Division: <b>NURSING</b>	
Subject: <b>ROUTINE IMMUNIZATION SLIDING FEE SCALE FOR UNINSURED</b>	Effective Date:	Supersedes:  N/A

## 1.0 Purpose

Weber-Morgan Health Department (WMHD) offers free state-supplied routine vaccines to eligible uninsured individuals under the Vaccines for Children Program (VFC) and to uninsured adults from state-supplied Special Project (SP) vaccine stocks. WMHD follows federal, state, and local public health guidelines, and Title XIX regulations regarding fee assessment and collection for public health services. WMHD has elected to collect vaccine administration fees from all clients in an effort to supplement revenue streams to sustain health and prevention programs. Administration fees may be charged to state-supplied vaccine recipients, in accordance with guidelines set by the United States Department of Health and Human Services, Utah Department of Health and Human Services, and the Weber-Morgan Health Department's Board of Health. In order to avoid causing financial hardship to an eligible client, this policy offers financial discounts determined and offered equitably and in a standard manner. Insured clients typically have sufficient coverage of preventative treatments, such as routine vaccines, and have the flexibility to acquire services through various providers in the community participating with their insurance company. Thus, this policy applies strictly to the uninsured clients utilizing the immunization program at WMHD.

## 2.0 Definitions

### 2.1 Title XIX of the Social Security Act:

Federal funding passed-through to states for medical assistance program grants. The Vaccines for Children (VFC) program referred to in this policy was created by the Omnibus Budget Reconciliation Act of 1993 and is required as an entitlement under each state's Medicaid plan under section 1928 of Title XIX.

### 2.2 Section 317:

Section 317 from the Public Health Service Act authorizes the purchase of vaccines with public state and federal 317 funding for meeting the routine vaccination needs of the uninsured in an effort to reduce disease. This policy will refer to Section 317 funded vaccines, as Special Project (SP) vaccines.

### 2.3 Federally Qualified Health Center (FQHC)

Primary care health centers in receipt of Section 330 Grant funding, allowing them to treat qualifying clients regardless of their ability to pay.

### 2.4 Gross Income

Total cash receipts used to meet expenses, before income taxes are withheld. For self-employed, see 1099 or Schedule C of Form 1040.

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### **2.5 Bad Debt**

Charges deemed uncollectible, after all collection attempts have been exhausted.

### **2.6 Collection Agency:**

Professional company specializing in recovery of past due debts.

### **3.0 Policy**

Clients between ages 0-18, who are uninsured, of American Indian/Alaskan Native heritage, or those that may have current Medicaid or CHIP eligibility qualify for free state-supplied routine vaccines under the VFC Program. Adult uninsured clients (19+) qualify for SP routine vaccines (as WMHD stock permits), also free to the client. Administration fees are calculated for each vaccine received according to the household income and size, as evidenced by valid proof of income or self-declaration. WMHD will not deny services to these qualified clients, if unable to pay all or part of calculated administration fees. Section 3.7 of this policy addresses potential financial arrangements.

### **3.1 Applicable Services**

Routine Immunization Administration Fees for the Uninsured or other criteria listed under 3.0

### **3.2 Situations Sliding Fee Scale is Not Applicable**

- Services other than those stated in 3.1
- To a client with insurance, but it is not one of WMHD's participating plans
- To a client with insurance, but chooses not to use coverage
- For use to cover insurance co-payment or deductibles (underinsured – Refer out to an FQHC or collect all fees in full)

### **3.3 Acceptable Sources of Income**

- Tax returns
- Wage, salaries, tips
- Social Security Benefits
- VA Benefits
- Retirement and pension pay
- Unemployment Earnings
- Self-Employment or business income (Schedule C of taxes)
- Alimony income (child support not counted)
- Investment and rental income
- Insurance or annuity plans
- General Assistance (Food stamps and WIC not countable)

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- Gaming proceeds
- Support from individual/organization, controlled by recipient

### **3.4 Income Verification**

Many forms of verification are acceptable and should be presented at time of service. Best efforts should be made to update income documentation at least annually or after a change in income or household size. Proof of income presented must reflect recent circumstances (please see specifics below). In the unusual event documentation cannot be produced, WMHD will accept self-declaration of income. This may occur due to hardships preventing individuals from access to income documents.

#### **3.4.1 Forms of Income Verification (for each household member who works)**

- Current pay stubs (within the last 30 days)
  - If paid weekly, bring 4 pay stubs
  - If paid every 2 weeks, or twice a month, bring 2 pay stubs
- Tax returns (Adjusted Gross Income Line, or Schedule C for self-employed)
  - This is best for those Self-employed or for Seasonal workers with fluctuating income
- W-2 Forms
  - Acceptable only if most recent tax return is unfiled
  - Acceptable between January 1st and April 15<sup>th</sup>, only
- 1099 (contracted worker or self-employed individual)
  - Acceptable if most recent tax return is unfiled
  - Acceptable between January 1st and April 15<sup>th</sup>, only
- Unemployment letter
- Social Security or VA letter
- Bank Statements
  - Showing employer deposits for the most recent, complete month
- Letter from individual/organization providing support
  - Letters from Workforce Services showing the amount of SNAP benefits received or the Family Employment Program
- Self-declaration form (last resort)

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### 3.5 Family Size/Household and Countable Income

Self-declaration of family size is acceptable, or the total number of individuals on the Income Tax Form 1040 can be used (if tax returns are presented as proof of income).

#### 3.5.1 Special Situations

- Household size includes the spouse/partner and children living in the home through the month the child turns 19.
- A spouse/partner temporarily living away for work purposes, is still included in income calculations.
- Groups of people living in the same house with other people may be considered separate family units. For example, if siblings live together with their children, and both work to support their own children, they would be considered two separate households.
- If no income is reported, inquire as to how living expenses are met. If they cohabitate with someone who pays all their living expenses, there is no countable income unless money is given to the client and they have control over how it is spent.

### 3.6 Discounting and Adjusting Client Charges

Appropriate and current income documents will be collected a minimum of annually to file in the patient's record as proof of household income. Front desk staff will calculate the annual gross income, if not presented in annual form (i.e. if a biweekly paystub is provided, multiply gross pay x 26 weeks). Locate the family size in the first column, and move to the right until reaching the range containing the household income. At the top of that column, the corresponding "Code for Admin Fee" and discounted administration fee amount is visible. Calculate the number of immunizations received by the discounted rate, and charge the client that amount (Example: 5 vaccines x \$5 administration fee = \$25 client co-pay).

After collecting the fee, provide a receipt to the client. The system should automatically write-off the difference in administration fees (Regular rate of \$20 x 5 = \$100 - \$25 collected = \$75 write-off).

### 3.7 Payment Arrangement and Fee Waiver

WMHD will not deny services to clients qualified under VFC or SP who are unable to pay all or part of calculated administration fees at the time of service. In an effort to cover costs of services provided, administration fees for uninsured clients will be collected at the time of

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service. Whenever possible, front desk staff are to inform clients in advance, preferably while booking the appointment, of their responsibility for providing income information and preparing to pay the estimated administration fees at the time the services are rendered.

An uninsured client will be asked to pay their calculated fees at the time of service. If the entire client out of pocket amount cannot be paid, the client is to be informed they will be sent a statement requesting payment of the balance due. Client responsibility statements are issued monthly, but clients eligible for VFC and SP will receive only one client statement; Under State and Federal agreements, clients eligible for state-supplied vaccines are permitted to be sent one client statement requesting payment of past due charges within a 90-day period. Fee reduction, for good cause, if requested by the patient after the receipt of the client statement and up to the 90-day past due date, may be granted at management's discretion. Any portion of the balance remaining unpaid beyond 90 days will be written-off as bad debt. WMHD will never refer any unpaid uninsured client administration fees to collection agencies.

#### **4.0 Form for Calculation and Self-Declaration of Income and Family Size**

Staff will utilize the Self-Declaration of Income/Income Verification Form (available in English and Spanish, Addendums 1 and 2 to this policy, respectively) to serve as documentation of annual gross income for the client, after being presented with a valid form of income verification (see 3.4.1). If the income amount provided is for a period less than 12 months, the client's income must be extrapolated to reflect the amount for an annual period. For example, if a client provides a monthly paystub showing \$2000 of gross income, that amount must be multiplied by 12 months to compute an annualized income figure. Income calculations should be updated after one year has elapsed, or sooner if new proof of income is presented.

As a last resort, clients unable to provide documents evidencing income may self-declare their gross income. The front desk staff will review the form and ensure all applicable fields are completed. The client will date and sign, attesting to the information from the client.

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**Addendum 2**

Verificación de Ingresos/Autodeclaración de Ingresos

Nombre del Paciente: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_  
Primer Nombre      Segundo Nombre      Apellido

Dirección: \_\_\_\_\_  
Calle      Ciudad      Estado      Código Postal

Número Telefónico: \_\_\_\_\_  
Celular      Trabajo      Domicilio

**A. PROPIO (Este es tu ingreso ANTES de impuestos)**

Salario por Hora	x	Horas/Semana	=	Total Semanal	x	52 Semanas	=	Ingreso Bruto Anual
0				Bruto Semanal	x	52 Semanas	=	Ingreso Bruto Anual
0				Bruto Cada 2 Semanas	x	26 Semanas	=	Ingreso Bruto Anual
0				Bruto Mensual	x	12 Meses	=	Ingreso Bruto Anual

**B. OTROS INGRESO DEL HOGAR (Ingresos que controlas, dados a ti por las personas con las que vives: Pareja, Padres, etc.)**

	Bruto Mensual	x	12 Meses	=	Ingreso Bruto Anual
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**C. OTROS INGRESOS (Seguridad Social, Discapacidad, Jubilación, Desempleo, Pension Alimenticia, Inversión, Seguro, Asistencia Pública)**

	Bruto Semanal	x	52 Semanas	=	Ingreso Bruto Anual
	Bruto Mensual	x	12 Meses	=	Ingreso Bruto Anual

Total de todos los ingresos brutos anuales (A+B+C)

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Número total de miembros del hogar (incluido usted) que dependen de estos ingresos

Las respuestas a las preguntas anteriores son verdaderas y completas a mi leal saber y entender.

Firma	Fecha
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Written by: Cami Sullenger	Approved by:	Date:
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**WMHD FEE ANALYSIS:**

CPT Code	Code Description	WMHD Current Fee	Select Health OR Medicaid Proposed Reimbursement Rate	Increased @ 110%-130%	Calculated Rate	Proposed Fee /Existing Fee
<u>Vaccines &amp; Vaccine Admin Fees</u>						
86580	Tb intradermal test	20	16.54	1.3	21.50	20
90471	Immunization admin	30	24.00	1.3	31.20	30
90472	Immunization admin each add	30	15.79	1.3	20.53	30
90473	Immune admin oral/nasal	30	20.82	1.3	27.07	30
90474	Immune admin oral/nasal addl	30	15.79	1.3	20.53	30
<u>0001A-0112A COVID Admin Fees</u>						
		NEW	37.61	1.1	41.37	40
<u>M0201 COVID-19 Vaccine Home Admin</u>						
G0008	Admin influenza virus vac	30	37.61	1.1	41.37	40
G0009	Admin pneumococcal vaccine	30	24.00	1.3	31.20	30
G0010	Admin hepatitis b vaccine	30	24.00	1.3	31.20	30
90619	Menacwy-tt vaccine im	108	136.40	1.1	150.04	150
90620	Menb-4c vacc 2 dose im	179	184.67	1.1	203.14	203
90621	Menb-fhbp vacc 2/3 dose im	150	154.25	1.1	169.67	170
90632	Hepa vaccine adult im	71	70.27	1.1	77.30	77
90633	Hepa vacc ped/adol 2 dose im	27	32.81	1.1	36.09	36
90636	Hep a/hep b vacc adult im	103	106.99	1.1	117.69	118
90647	Hib prp-omp vacc 3 dose im	29	26.38	1.1	29.02	29
90648	Hib prp-t vaccine 4 dose im	11	10.91	1.1	12.00	12
90651	9vhpv vaccine 2/3 dose im	246	246.62	1.1	271.28	271
90662	liv no prsv increased ag im (HD Flu)	58	65.40	1.1	71.94	72
90670	Pcv13 vaccine im	211	241.22	1.1	265.34	265

NEW FEE

90672	Laiv4 vaccine intranasal (flumist)	21	25.13	1.1	27.64	28
90674	Cciiv4 vac no prsv 0.5 ml im (egg free flu)	25	30.18	1.1	33.20	33
90677	Pcv20 vaccine im	237	265.28	1.1	291.80	292
90680	Rv5 vacc 3 dose live oral (RotaTeg)	81	85.43	1.1	93.98	94
90682	Riv4 vacc recombinant dna im (flublak)	58	65.40	1.1	71.94	72
90686	liv4 vacc no prsv 0.5 ml im (flu SD)	18	20.12	1.1	22.13	22
90688	liv4 vaccine splt 0.5 ml im (flu mdv)	17	19.15	1.1	21.07	21
90690	Typhoid vaccine oral	93	21.69	1.1	23.86	102
90691	Typhoid vaccine im	83	73.71	1.1	81.08	83
90696	Dtap-ipv vaccine 4-6 yrs im	46	52.06	1.1	57.27	57
90697	Dtap-ipv-hib-hepb vaccine im	91	127.66	1.1	140.43	140
90700	Dtap vaccine < 7 yrs im	22	24.47	1.1	26.92	27
90707	Mmr vaccine sc	84	79.82	1.1	87.80	88
90710	Mmr vaccine sc	238	240.40	1.1	264.44	264
90713	Poliovirus ipv sc/im	24	35.45	1.1	39.00	39
90715	Tdap vaccine 7 yrs/> im	37	47.58	1.1	52.34	52
90716	Var vaccine live subq	144	146.76	1.1	161.44	161
90717	Yellow Fever	146	-	1.1	160.60	161
90739	Hepb vacc 2/4 dose adult im	97	142.19	1.1	156.41	156
90744	Hepb vacc 3 dose ped/adol im	17	27.16	1.1	29.87	30
90750	Hzv vacc recombinant im (Shingrix)	177	157.50	1.1	173.25	177
<u>Home Visiting</u>						
99502	Home Visit for Newborn Care & Assess	N/C	-	-	0.00	N/C
H1004	Follow up home visit/prenatal	60	52.19	1.3	67.85	68
T1017-BY	BYB prenatal visit (\$13.75/unit @ 4)	13.75	8.28	1.3	10.76	13.75
T1017	TCM home visit (\$25.00/unit @ 4)	25	20.24	1.3	26.31	30
T1023	TCM Initial Home Visit	252	251.98	1.3	327.57	328
<u>Immigration</u>						
99450	Immigration Physical	220	-	-	340.00	340
99450-RS	Immigration Rescheduling Fee	75	-	-	0.00	75



<u>Various Nursing Education Visits &amp; Bundled Services (price is for 1 unit @ 30 mins)</u>						
98960-EX	Personal/Religious/Medical Exemption	N/C	27.26	1.3	35.44	N/C
98960-TC	Travel Consult	45	27.26	1.3	35.44	50
98960-ST	STI Screening	45	27.26	1.3	35.44	50
98960-AD	STI Screening, Additional Site	25	27.26	1.3	35.44	25
98960-TX	Oral STI Treatment Admin Fee	20	27.26	1.3	35.44	20
98960-DO	TB Direct Observation Therapy, Counseling	N/C	27.26	1.3	35.44	N/C
98960-TB	TB Nurse Visit, Counsel and Education	N/C	27.26	1.3	35.44	N/C
98960-HE	Hepatitis Nurse Visit, Counsel & Educ	N/C	27.26	1.3	35.44	N/C
98960-CD	CD Nurse Visit, Counsel & Education	N/C	27.26	1.3	35.44	N/C
98960-GE	Counseling from nonphysic staff/30mins	NEW	27.26	1.3	35.44	35
98960-BL	WCSD Baseline Screening (Group with 36415-BS & 99000-BS)	165	27.26	1.3	35.44	200
<u>STI Screening Tests</u>						
87491	Chlamydia, Amplified Probe Tech Urine	0	-	-	0.00	N/C
87491-TH	Chlamydia, Amplified Probe Tech Pharyn	0	-	-	0.00	N/C
87491-RE	Chlamydia, Amplified Probe Tech Rectal	0	-	-	0.00	N/C
87591	Gonorrhea, Amplified Probe Tech Urine	0	-	-	0.00	N/C
87591-TH	Gonorrhea, Amplified Probe Technique	0	-	-	0.00	N/C
87591-RE	Gonorrhea, Amplified Probe Technique	0	-	-	0.00	N/C
86593	Syphilis test, Quantitative e.g.VDR, RPR	0	-	-	0.00	N/C
86780	Syphilis Treponema pallidum IgG Igm Antibo	0	-	-	0.00	N/C
<u>Cancer Screening and Dr. Gochnour TB Visits</u>						
99202	Initial OV Level II	85	54.62	1.3	71.01	85
99203	Initial OV Level III	110	84.24	1.3	109.51	110
99204	Initial OV Level IV	135	125.98	1.3	163.77	164
99205	Initial OV Level V	NEW	166.73	1.3	216.75	217

99211	OV by Nurse, minimal, established	25		22.08	1.3	28.70	30
99212	Estab OV Level III	NEW		40.98	1.3	53.27	53
99213	Estab OV Level III	85		66.08	1.3	85.90	85
99214	Estab OV Level IV	110		93.42	1.3	121.45	121
99215	Estab OV Level V	135		131.85	1.3	171.41	171
<u>Lab Associated Fees</u>							
36415	Venipuncture	20		3.7	1.3	4.81	20
36415-BS	Venipuncture with Bundled service			3.7	1.3	4.81	N/C
99000	Handling of Specimen	NEW		4.48	1.3	5.82	6
99000-BS	Handling of Specimen with Bundled Svc			4.48	1.3	5.82	N/C
81025	Urine Pregnancy Test	20		8.61	1.3	11.19	20
<u>Injection Admin Fees</u>							
96372-RO	Therapeutic,proph, or diagnostic injection SQ or IM	20		10.71	1.3	13.92	20
96372-BI	Therapeutic,proph, or diagnostic injection	N/C		10.71	1.3	13.92	N/C
<u>TB Labs &amp; Bundled Services</u>							
86480	Quantiferon FEE exception charge (Group with 98960-TB)	NEW		69.30	1.3	90.09	N/C
86481	TSPOT FEE exception charge (Group with 36415-BS & 99000-BS & 98960-TB)	NEW		83.77	1.3	108.90	125
86481-RF	TSPOT FEE exception charge (refugees) (Group with 36415-BS & 99000-BS & 98960-TB)	NEW		83.77	1.3	108.90	N/C

Code that bundles many services into one fee exception price (fee exception = fee not billed to insurance)

Keeping fee low, so as to not discourage treatments

Establishing fee now, not effective until approved in future