

Health & Human Services Public Health Branch

**Humboldt County Sliding Fee Scale**

**PROGRAM NAME**

Fiscal Year 2019-20

Select size of family and gross monthly income from chart below to determine scale (A, B, C, D, or E). For a list of services that qualify for the sliding fee scale rates, see Sliding Scale Services Summary. Those services not listed are charged at standard rates. (For standard rates, see Humboldt County Schedule of Fees and Charges, Quest Services and Rates, PathNet Services and Rates, Pharmacy Rates and Immunization Rates.)

Family Size		A		B		C		D		E				
1	\$ 0	-	1,248	\$ 1,249	-	1,404	\$ 1,405	-	1,820	\$ 1,821	-	2,081	\$ 2,082	+
2	\$ 0	-	1,690	\$ 1,691	-	1,901	\$ 1,902	-	2,465	\$ 2,466	-	2,817	\$ 2,818	+
3	\$ 0	-	2,132	\$ 2,133	-	2,399	\$ 2,400	-	3,110	\$ 3,111	-	3,554	\$ 3,555	+
4	\$ 0	-	2,574	\$ 2,575	-	2,896	\$ 2,897	-	3,754	\$ 3,755	-	4,291	\$ 4,292	+
5	\$ 0	-	3,016	\$ 3,017	-	3,393	\$ 3,394	-	4,399	\$ 4,400	-	5,027	\$ 5,028	+
6	\$ 0	-	3,458	\$ 3,459	-	3,890	\$ 3,891	-	5,043	\$ 5,044	-	5,764	\$ 5,765	+
7	\$ 0	-	3,900	\$ 3,901	-	4,388	\$ 4,389	-	5,688	\$ 5,689	-	6,501	\$ 6,502	+
8	\$ 0	-	4,342	\$ 4,343	-	4,885	\$ 4,886	-	6,333	\$ 6,334	-	7,237	\$ 7,238	+

Identify total charge of office visit from chart below.

	A	B	C	D	E
Status Quo 19-20 Visit Charge	\$40.00	\$50.00	\$60.00	\$70.00	\$80.00

The sliding fee scale is updated annually to be consistent with the 200% Federal Poverty Rate.

Sliding Fee Schedule covers Office Visits only; fee excludes the cost of lab tests, and additional procedures.

**Fee Modifications and Calculations:**

**Attachment 1b-422 Public Health Clinic**

The Children Immunization Fees will remain at the current rate of \$15.00 per visit. This decision was based on the best interest of Public Health to encourage the immunization of children. The Health and Safety code 120325 - 120380, gives the Local Health Department guidelines to achieve total immunization of appropriate age groups against childhood diseases.

	Actual Nurse Time Spent (Min)	Nurse Time \$	Actual MOA Time Spent (Min)	MOA Time \$	Supplies	Supervisor y/ Fiscal Support per service	Total Cost Est 18/19	Total Cost Est 19/20	FY 19-20 Fees w/50% reduction
<b>Adult Immunizations - Detail</b>									
Hep A	30	\$33.26	16	\$9.84	\$0.52	\$ 37.02	\$77.16	\$80.63	\$40.00
Hep B	30	\$33.26	16	\$9.84	\$0.52	\$ 37.02	\$ 77.16	\$ 80.63	\$40.00
HPV Gardasil	35	\$38.80	16	\$9.84	\$0.52	\$ 37.02	\$ 82.89	\$ 86.18	\$44.00
Flu - Influenza	20	\$22.17	10	\$6.15	\$0.52	\$ 37.02	\$ 62.30	\$ 65.86	\$40.00
Flu LAIV	20	\$22.17	10	\$6.15	\$0.52	\$ 37.02	\$ 62.30	\$ 65.86	\$33.00
International Travel Certificate	20	\$22.17	15	\$9.23	\$0.52	\$ 37.02	\$ 65.12	\$ 68.93	\$10.00
IPV	20	\$22.17	35	\$21.53	\$0.52	\$ 37.02	\$ 76.39	\$ 81.24	\$41.00
Menactra (MCV4)	35	\$38.80	16	\$9.84	\$0.52	\$ 37.02	\$ 82.89	\$ 86.18	\$44.00
Menomue (MENING)	30	\$33.26	16	\$9.84	\$0.52	\$ 37.02	\$ 77.16	\$ 80.63	\$41.00
MMR	30	\$33.26	35	\$21.53	\$0.52	\$ 37.02	\$ 87.87	\$ 92.32	\$47.00
Pneumovax (PNUPS)	40	\$44.34	16	\$9.84	\$0.52	\$ 37.02	\$ 88.63	\$ 91.72	\$46.00
PPD	30	\$33.26	32	\$19.69	\$0.52	\$ 37.02	\$ 86.18	\$ 90.48	\$46.00
TB card	10	\$11.09	15	\$9.23	\$0.52	\$ 37.02	\$ 53.65	\$ 57.85	\$29.00
Tetanus (Td)	25	\$27.71	16	\$9.84	\$0.52	\$ 37.02	\$ 71.42	\$ 75.09	\$38.00
TdaP	30	\$33.26	16	\$9.84	\$0.52	\$ 37.02	\$ 77.16	\$ 80.63	\$41.00
Twinrix (Hep A & B)	30	\$33.26	35	\$21.53	\$0.52	\$ 37.02	\$ 87.87	\$ 92.32	\$46.00
Typhoid injection	30	\$33.26	35	\$21.53	\$0.52	\$ 37.02	\$ 87.87	\$ 92.32	\$46.00
Typhoid oral	35	\$38.80	35	\$21.53	\$0.52	\$ 37.02	\$ 93.60	\$ 97.87	\$49.00
Varicella (VZV)	30	\$33.26	35	\$21.53	\$0.52	\$ 37.02	\$ 87.87	\$ 92.32	\$47.00
Yellow Fever	50	\$55.43	35	\$21.53	\$0.52	\$ 37.02	\$ 110.81	\$ 114.49	\$58.00
Shingrix (Shingles Immunization)	30	\$33.26	35	\$21.53	\$0.52	\$ 37.02	\$ 87.87	\$ 92.32	\$47.00
I G 'Immu Globulin'	30	\$33.26	16	\$9.84	\$0.52	\$ 37.02	\$ 77.16	\$ 80.64	\$41.00
Rabies	30	\$33.26	30	\$18.46	\$1.55	\$ 37.02	\$ 188.73	\$ 90.28	\$46.00
Titers	20	\$22.17	7	\$4.31	\$0.52	\$ 37.02	\$ 60.62	\$ 64.02	\$35.00
Specialty Vaccines	29	\$32.15	23	\$14.15	\$0.52	\$ 37.02	\$ -	\$ 83.84	\$42.00

19/20 18/19

**Nurses Hourly Rate = \$ 66.52 \$ 60.31**

Includes: Registered Public Health Nurse at E Step with Longevity S&B, Overhead Costs (Communication, Household Exp, Utilities) and Indirect Costs (Insurance, I.S. Charge, A-87, Comm/Util Charge, Building Maint and C.S.C.) and Operating Costs (Duplicating, postage etc.) which is divided by number of possible working hours per year

**MOA Hourly Rate = \$ 36.90 \$ 33.47**

Includes: MOA II E Step S&B, Overhead Costs (Communication, Household Exp, Utilities) and Indirect Costs (Insurance, I.S. Charge, A-87, Comm/Util Charge, Building Maint and C.S.C.) and Operating Costs (Duplicating, postage etc.) which

**Supervisory Time per shot = \$ 37.02 \$ 37.06**

Includes: 20% of Supervisor of PHN, 40% of Physician, 4% of Sr Fiscal Assistant, 16% of Deputy Director of PH S&B, Overhead Costs (Communication, Household Exp, Utilities) and Indirect Costs (Insurance, I.S. Charge, A-87, Comm/Util Charge, Building Maint and C.S.C.) which is divided by total number of Adult shots provided during FY15-16