



HAYWOOD COUNTY BOARD OF COMMISSIONERS

AGENDA REQUEST

*Must be presented to the County Manager's Office
NO LATER THAN 5 P.M. FRIDAY THE WEEK BEFORE THE MEETING*

DATE OF REQUEST: July 8, 2011

FROM: Carmine Rocco, Health Director

MEETING DATE REQUESTED: Monday, July 18, 2011

Regular meetings: First (1st) Monday of the month at 9:00 am
Third (3rd) Monday of the month at 5:30 pm

SUBJECT: Health Department Fees

REQUEST: AGENDA

(What action are you seeking?)

Approval of fees for vaccine, lab, dental, clinical, and environmental health services.

BACKGROUND:

(Research and justification of proposal and need; Alternatives evaluated; Legal Basis: Outcome-What will be achieved and how will it be measured?)

See Fees Descriptions page

IMPLEMENTATION PLAN:

(How and when will staff undertake the action?)

Fees effective July 1, 2011

FINANCIAL IMPACT STATEMENT:

(What is the cost? Where is the money coming from? Optional or mandated?)

SUPPORTING ATTACHMENTS: YES X

NO _____ HOW MANY? 14

LIST: Fees Description page
Lab and Clinical Encounter page
Environmental Health Fees page

Vaccine Encounter page
Dental Encounter page

FEE DESCRIPTIONS

6/14/11

VACCINE FEES

The current fee request and changes are reflective of our cost for the vaccine and the current reimbursement rate of private insurance and Medicaid for the administration fee. We have only rounded off to the nearest dollar.

Medicaid has gone to a flat fee for administration of all immunizations where as insurance still pays a higher rate for the first vaccine administration then a flat fee rate for the second, third, etc. We have left our initial administration fee rate of \$18.00 the same and only changed the rate for additional vaccines to reflect the new Medicaid rate. I believe this will benefit us since we have increased the number of citizens accessing us for vaccinations that their insurance will cover.

We have begun moving to provide more private vaccines as reflected in the new prices for private pay vaccines we have never stocked before; i.e.; Kinrix, Pentacel, Daptacel, etc.

LABORATORY FEES

The Laboratory fees for 2011-2012 are remaining the same, no increases or decreases. The in-house lab charges have remained the same for more than 10 years. The referral lab charges are based on the most current (2009) Medicaid rates and the referral lab fee schedule. Our charges are set slightly above the Medicaid rate to receive reimbursement. There are no increases in referral lab fees for 2011-2012. Only 11 referral lab fees have been increased since March 2009. The majority of the referral fees have remained the same for greater than 5 years. The public water analysis charges are remaining unchanged, no increase since 2007.

DENTAL FEES

The Dental Clinic service fees are based on the North Carolina Medicaid Reimbursement Rates for services provided by American Dental Association Codes. The Haywood County Health Dept Dental Clinic offers a sliding fee schedule based on verified patient income. The sliding fee rates are currently 80% of the Medicaid rate. The sliding fee schedule was most recently adjusted to its current level in April 2011 and will be re-evaluated in six months as requested by the Board of Health.

CLINICAL FEES

We are currently using the 2009 Medicaid Fee Schedule. In the September 2010 Medicaid Bulletin we had a Medicaid Reimbursement Rate Update. They had proposed rate reductions beginning September 1, 2010 and DMA was instructed by the NC DHHS Secretary to reverse the proposed rates and continue the rates that were in effect as of August 31, 2010 which are the 2009 rates.

ENVIRONMENTAL HEALTH

The Haywood County Board of Health discussed increasing environmental health fees last year. All fees stayed the same except for increases for public swimming pools and well permits. The effective date for our fees was November 1, 2010.

HAYWOOD COUNTY HEALTH DEPARTMENT DENTAL CLINIC

Name _____

DOB: _____

Private Pay _____

Address _____

DOS: _____

Medicaid _____

Phone#: _____

M & M #: _____

Health Choice _____

ADA CODE	PROCEDURE	80%	100%	ADA CODE	PROCEDURE	80%	100%
D0120	Periodic Oral Exam			D4355	Full Mouth Debridement		
D0140	Limited Emergency Exam			D4341 *	* Periodontal scaling and root planning *		
D0145	Oral evaluation-(<3yrs. w/D1206)			D4342 *	* Periodontal scaling and root planning *		
D0150	Initial Exam			D5110 *	* Denture (Maxillary) *		
D0170	Re-evaluaton-(established patient)			D5120 *	* Denture (Mandibular) *		
D9430	Office Visit			D5213 *	* Partial Denture (Maxillary) *		
D0210	Complete Intraoral w/BW			D5214 *	* Partial Denture (Mandibular) *		
D0270	BW x 1 film			D5410	Adjust complete denture-(Maxillary)		
D0272	BW x 2 film			D5411	Adjust complete denture-(Mandibular)		
D0274	BW x 4 film			D5421	Adjust partial denture-(Maxillary)		
D0220	1 st intraoral PA			D5422	Adjust partial denture-(Mandibular)		
D0230	Additional PA			D5610	Repair resin denture base		
D0240	Occlusal film			D5640	Repair Broken Tooth (denture)		
D0330	Panoramic film			D5650	Add tooth to existing partial denture		
D1110	Prophy-(13/adult)-(14 up HC)			D5660	Add clasp to existing partial denture		
D1120	Prophy-(child <13) -- (6-13 HC)			D5750 *	*Reline complete denture (maxillary)lab*		
D1203	Application of fluoride (child <13)			D5751 *	*Reline complete denture(mandibular)lab*		
D1204	Application fluoride (adult 13-20) (14>HC)			D5760 *	*Reline partial denture (maxillary)lab*		
D1206	Topical Fluoride varnish (<21)			D5761 *	*Reline partial denture (mandibular)lab*		
D1351	Sealant (<21)			D5820	Flipper/Interim partial		
D1510	Space Maintainer (B & L)			D7140	Extraction-erupted tooth/root tips		
D1515	Space Maintainer (Bilateral)			D7210	Extraction-surgical		
D2140	Amalgam-one surface			D7220	Extraction-Tissue impacted		
D2150	Amalgam-two surfaces			D7230	Extraction-Partially bony		
D2160	Amalgam-three surfaces			D7240	Extraction-Completely bony		
D2161	Amalgam-four surfaces			D7241	Extraction-unusual complications		
D2330	Resin-1 surface anterior			D7280	Surgical access of unerupted root		
D2331	Resin-2 surface anterior			D7310	Alveo w/Ext		
D2332	Resin-3 surface anterior			D7320 *	* Alveo w/o Ext *		
D2335	Resin-4 surface anterior			D7460	Benign tumor <(Nonodontogenic)1.25		
D2391	Resin-one surface posterior			D7461	Benign tumor > (Nodontogenic)1.25		
D2392	Resin-two surface posterior			D7472	Removal of torus palatinus		
D2393	Resin-three surface posterior			D7473	Removal of torus mandibularis		
D2394	Resin-fourth surface posterior			D7510	I & D Minor Surgery		
D2930	SSC primary			D7963*	* Frenuloplasty *		
D2931	SSC permanent			D7971	Gingivectomy		
D2940	Sedative filling			D8220	Fixed appliance/habit (not Medicaid)		
D2950	Post-core			D9110	Palliative treatment-Emergency		
D3220	Pulpotomy			D9940	Occlusal Guard (not Medicaid)		
D3310	Root Canal (1 canal)			D9230	Nitrous Oxide (NO2)		
D3320	Root canal therapy (bicuspid)			D9911	Application /Densensitizing resin		
D3330	Root Canal (Molar)			D2751	PFM		
				D2791	Gold		

MILY ZE	FAMILY INCOME	% PAY	PREVIOUS BALANCE	CHARGES	PAID	PAYMENT METHOD	BALANCE DUE
						<input type="checkbox"/> CASH <input type="checkbox"/> CHECK	

EXTRACTION

PROPHY

RE-EVALUATION

OP

07-01-2011

DENTIST Time _____

HYGIENIST Time _____

PROVIDER SIGNATURES: 1. _____

2. _____

HAYWOOD COUNTY ENVIRONMENTAL HEALTH DEPARTMENT
(EFFECTIVE July 1st, 2011)

Sewage Disposal/Residential (single family residence)

	<u>Improvement Permit</u>	<u>A.F.W.S.C.</u>
Up to 3 bedrooms	\$300.00	\$350.00
4 bedrooms	\$350.00	\$400.00
5 bedrooms	\$400.00	\$450.00
	\$50.00 for each additional bedroom over 5	
A.F.W.S.C. (when IP/SE on file)		\$100.00
Operations Permit (when no record on file - issued after system inspected & determined satisfactory)		\$100.00
Re-Evaluation of Improvement Permit or A.F.W.S.C. (if nothing has changed and prior to expiration)		\$100.00
Re-Evaluation of Improvement Permit or A.F.W.S.C. (if permit has expired) *Full Price		
Repair of existing system		No Charge
Mobile Home Park Authorization (per site)		\$50.00
Addition/Revision/ Reconnection/ to existing system (new O.P.)		\$100.00
Re-inspection Fee		\$50.00
Planning Verification (septic approval for plat revision)		\$100.00

Commercial (multiple residential, mobile home park and business, etc.)

Sewage flow (gal.)	<u>Improvement Permit</u>	<u>A.F.W.S.C.</u>
1 – 360	\$300.00	\$350.00
361-1000	\$400.00	\$450.00
1001-greater	\$.50/gal	\$.60/gal

<u>Well Permits</u>	<u>New Well</u>	
		\$375.00
	Replace/repair existing operable well	\$275.00
	Consultation with Downhole Well Camera	\$100.00

Water Samples

	<u>Self Collect</u>	<u>EHS Collect + Well Inspection</u>
Bacterial	\$25.00 / \$15.00 Resample	\$50.00/\$40.00 Resample
Inorganic Chemical	\$30.00	\$50.00/\$40.00 Resample
Bacterial & Chemical	\$50.00	\$75.00/\$65.00 Resample

Public Swimming Pools

Year round pools/spas	\$170.00
Seasonal pools/spas	\$120.00

Tattoo Parlors(artists per year) \$250.00

Food Service Plan Review \$250.00

Temporary Food Service \$ 75.00

	<u>Miscellaneous</u>
Bad Check N.S.F. charge	\$15.00
Realtor record search –faxed septic requests	\$ 2.00
Rule Booklets	\$ 3.00
Refunds (No refunds are given on any that had a site visit)	\$20.00 processing fee

* All fees are to be paid prior to services being provided