



<b>Yamhill County Public Health Reproductive Health and Clinic 2021-2022 Rates</b>		Reviewed by BOH 5/8/19  Approved by BOC 6/27/19 BO# 19-224	Reviewed by BOH 6/3/20  Approved by BOC 6/25/20 BO# 20-195	Reviewed by BOH 6/2/21  Approved by BOC 7/1/21 BO# 21-272
Description		Adopted 19-20 Rates	Adopted 20-21 Rates	Adopted 21-22 Rates
Base RN charge	Per Hour	\$ 193.00	\$ 200.00	\$ 208.00
Base NP/MD charge	Per Hour,	\$ 217.00	\$ 226.00	\$ 234.00
<b>MD, NP, PA Rates</b>				
Established Office Visit L1 NP	5 minutes	\$ 19.00	\$ 19.00	\$ 20.00
Established Office Visit L2	10 minutes	\$ 36.00	\$ 38.00	\$ 39.00
Established Office Visit L3	15 minutes	\$ 55.00	\$ 57.00	\$ 59.00
Established Office Visit L4	25 minutes	\$ 91.00	\$ 95.00	\$ 98.00
Established Office Visit L5	40 minutes	\$ 145.00	\$ 151.00	\$ 156.00
NP Family Planning exam	45 minutes	See RH Complexity Rates	See RH Complexity Rates	See RH Complexity Rates
MD Office Visit Level 3	40 minutes	\$ 145.00	\$ 151.00	\$ 156.00
MD Office Visit Level 4	60 minutes	\$ 217.00	\$ 226.00	\$ 234.00
New Office Visit Level 1	10 minutes	\$ 37.00	\$ 38.00	\$ 39.00
New Office Visit Level 2	20 minutes	\$ 73.00	\$ 76.00	\$ 78.00
New Office Visit Level 3	30 minutes	\$ 109.00	\$ 113.00	\$ 117.00
New Office Visit Level 4	45 minutes	\$ 163.00	\$ 170.00	\$ 176.00
New Office Visit Level 5	60 minutes	\$ 217.00	\$ 226.00	\$ 234.00
<b>Procedure Rates*</b>				
IUD - Insertion, Replacement, Removal		\$ 26.00	\$ 30.00	\$ 30.00
Implant - Insertion, Replacement, Removal		\$ 34.00	\$ 39.00	\$ 39.00
<b>RH Complexity Rates*</b>				
Low Complexity		\$ 55.00	\$ 40.00	See RH Low Bundled Rate
Low Complexity Bundled Rate		New for FY 21-22	New for FY 21-22	\$ 75.00
Language Assistance Fee (Low Complexity)		New for FY 21-22	New for FY 21-22	\$ 25.88
Moderate Complexity		\$ 82.00	\$ 70.00	See RH Moderate Bundled Rate
Moderate Complexity Bundled Rate		New for FY 21-22	New for FY 21-22	\$ 196.00
Language Assistance Fee (Moderate Complexity)		New for FY 21-22	New for FY 21-22	\$ 51.76
High Complexity		\$ 96.00	\$ 81.00	See RH High Bundled Rate
High Complexity Bundled rate		New for FY 21-22	New for FY 21-22	\$ 295.00
Language Assistance Fee (High Complexity)		New for FY 21-22	New for FY 21-22	\$ 77.63
CT/GC (All Complexities)		New for FY 21-22	New for FY 21-22	\$ 13.55
<b>RN Rates</b>				
Established Office Visit L1 RN	up to 10 minutes	\$ 32.00	\$ 33.00	\$ 35.00
OVRN		\$ 97.00	\$ 100.00	\$ 104.00
PPD Test	Vaccine Admin + cost	\$ 45.00	\$ 46.00	\$ 49.00
State-supplied vaccine (VFC-317)	Vaccine Admin + cost	\$ 21.95	\$ 21.96	\$ 21.96
Immunization Administration - for locally purchased vaccine	Vaccine Admin Fee	\$ 32.00	\$ 33.00	\$ 35.00
Therapeutic injection		\$ 32.00	\$ 33.00	\$ 35.00
Venipuncture		\$ 32.00	\$ 33.00	\$ 35.00
RHEA Rate (low visit type)	State Allowed Cost	See RH Complexity Rates	See RH Complexity Rates	See RH Complexity Rates
RHEA Rate (moderate visit type)	State Allowed Cost	See RH Complexity Rates	See RH Complexity Rates	See RH Complexity Rates
RHEA Rate (high visit type)	State Allowed Cost	See RH Complexity Rates	See RH Complexity Rates	See RH Complexity Rates
Babies First CM visit	CMS Allowed	DMAP Rate	DMAP Rate	DMAP Rate
MCM CM Home Visit	CMS Allowed	DMAP Rate	DMAP Rate	DMAP Rate
MCM CM Full	CMS Allowed	DMAP Rate	DMAP Rate	DMAP Rate
MCM CM Partial	CMS Allowed	DMAP Rate	DMAP Rate	DMAP Rate
MCM Hi-Risk CM Full	CMS Allowed	DMAP Rate	DMAP Rate	DMAP Rate
MCM Hi-Risk Partial	CMS Allowed	DMAP Rate	DMAP Rate	DMAP Rate
MCM Home/Environment Assmt	CMS Allowed	DMAP Rate	DMAP Rate	DMAP Rate
MCM Initial Needs Assmnt	CMS Allowed	DMAP Rate	DMAP Rate	DMAP Rate
MCM Nutritional Counseling	CMS Allowed	DMAP Rate	DMAP Rate	DMAP Rate
MCM Telephone Contact	CMS Allowed	DMAP Rate	DMAP Rate	DMAP Rate
Anti-HBc (Pre Vaccine)		Actual cost	Actual cost	Actual cost
Anti-HBs (Post Vaccine)		Actual cost	Actual cost	Actual cost
Blood, HSV 2		Actual cost	Actual cost	Actual cost
CBC with Diff		Actual cost	Actual cost	Actual cost
Comp Metabolic Panel		Actual cost	Actual cost	Actual cost
Culture, HSV, Rapid		Actual cost	Actual cost	Actual cost
HCV Contact		Actual cost	Actual cost	Actual cost
Hepatic Function Panel		Actual cost	Actual cost	Actual cost
Hepatitis A Total		Actual cost	Actual cost	Actual cost
HIV Screening		Actual cost	Actual cost	Actual cost
Measles (Rubeola) Immune		Actual cost	Actual cost	Actual cost
Mumps Acute IGM		Actual cost	Actual cost	Actual cost
Mumps Immune Status		Actual cost	Actual cost	Actual cost
Neisseria GC Culture		Actual cost	Actual cost	Actual cost
Rectal Chlamydia		Actual cost	Actual cost	Actual cost
Rubeola Immune Status		Actual cost	Actual cost	Actual cost
STD Culture(TM)		Actual cost	Actual cost	Actual cost
Uric Acid		Actual cost	Actual cost	Actual cost
Varicella Immune Status		Actual cost	Actual cost	Actual cost
Viral Screening		Actual cost	Actual cost	Actual cost
Reports/Correspondence/Copying		\$30.00 up to 10 pages, additional pages \$.25 each OR as stipulated in ORS 192.563	\$30.00 up to 10 pages, additional pages \$.25 each OR as stipulated in ORS 192.563	\$30.00 up to 10 pages, additional pages \$.25 each OR as stipulated in ORS 192.563



In-Office Rates		BO # 19-224	BO # 20-195	BO # 21- 212
PROVIDER TYPE	SERVICE	Adopted 19-20 Rates	Adopted 20-21 Rates	Adopted 21-22 Rates
MD/NP	Assessment	428.00	435.00	441.00
	Consultation	311.00	317.00	321.00
	Evaluation	311.00	317.00	321.00
	Individual Therapy	311.00	317.00	321.00
	Med Management	311.00	317.00	321.00
RN	Med Management	232.00	241.00	253.00
QMHP	Assessment	279.00	294.00	309.00
	Case Management	203.00	214.00	225.00
	Consultation	203.00	214.00	225.00
	Family/Marital Therapy	203.00	214.00	225.00
	Group Therapy	57.00	60.00	63.00
	Individual Therapy	203.00	214.00	225.00
	Screening	254.00	268.00	281.00
QMHA	Case Management	196.00	203.00	213.00
	Screening	245.00	254.00	266.00
	Supported Employment	176.00	183.00	192.00
	Individual Skills Training	196.00	203.00	213.00
	Group Skills Training	55.00	57.00	60.00
Tech	Individual Skills Training	110.00	114.00	120.00
	Group Skills Training	31.00	32.00	34.00
CMA	Individual Skills Training	149.00	152.00	158.00
QMHP School Services**	Assessment	338.00	354.00	369.00
	Case Management	226.00	236.00	246.00
	Consultation	226.00	236.00	246.00
	Family/Marital Therapy	226.00	236.00	246.00
	Group Therapy	101.00	96.00	100.00
	Individual Therapy	226.00	236.00	246.00
	Screening	282.00	295.00	307.00
Other***	ACT Services	114.00	98.00	151.00
	Early Intervention (formerly AODAG)	873.00	914.00	959.00
	Interpreter (American Sign Language)	90.00	90.00	90.00
	Interpreter (Spoken Languages)	90.00	90.00	90.00
	Interpreter Language Line (phone)	2.45/min	2.45/min	2.45/min
	Urinalysis	56.00	57.75	60.25
	Reports & Correspondence	30.00	30.00	30.00
	CANS MH Assessment	533.00	562.00	590.00
	Bridges	159.00	159.00	159.00
	BSS Contract Rate	98.00	98.00	98.00
	OT Assessment	558.25	588.50	618.75
	Transitional Treatment Recovery Services (TTRS)	166.00	175.00	183.00
	Peer-Assisted Crisis (PAC)	432.00	452.00	474.00

OUT-OF-OFFICE RATES		BO # 19-224	BO # 20-195	BO # 21- ____
PROVIDER TYPE	SERVICE	Adopted 19-20 Rates	Adopted 20-21 Rates	Adopted 21-22 Rates
RN	Med Management	378.00	380.00	377.00
QMHP	Assessment	455.00	463.00	461.00
	Case Management	331.00	337.00	335.00
	Consultation	331.00	337.00	335.00
	Family/Marital Therapy	331.00	337.00	335.00
	Individual Therapy	331.00	337.00	335.00
	Screening	414.00	421.00	419.00
QMHA	Case Management	319.00	320.00	317.00
	Screening	399.00	400.00	396.00
	Supported Employment	281.00	295.00	290.00
	Individual Skills Training	319.00	320.00	317.00
Tech	Individual Skills Training	178.00	179.00	179.00
	Group Skills Training	50.00	50.00	51.00
Other***	ACT Services	292.00	324.00	316.00
	OT Assessment Rate	756.00	773.00	783.75

**Yamhill County Health and Human Services**  
**FEE POLICY EFFECTIVE July 1, 2021**

Yamhill County Health and Human Services is funded by tax dollars and user fees. The fees are calculated based on the cost of providing the service. We are directed by our governmental funding sources to limit services to individuals of low and moderate incomes who are unable to access private services.

While no client is turned away because of inability to pay for services, we will charge fees to those clients who can pay. Our fee schedule is sliding, based upon an individual's or family's gross monthly income and number of dependents, and is typically determined at the time of the first visit. Whenever possible, we will bill private insurance companies, but the client is ultimately responsible for the portion not paid by insurance up to the amount on our sliding fee schedule.

1. Clients are expected to enter into a signed fee contract for payment of services.
2. Payment is requested on a "pay as you go" basis. This means that the amount, once it is agreed upon, should be paid at the time of each appointment. This way, the client will avoid the accumulation of a large balance and save the cost of billing.
3. The clinic's fees are based on the following schedule:

Provider Type	Service Type	In-Office Rate	Out-Of-Office Rate	
MD/NP	Assessment	\$ 441.00		Per Hour
	Consultation, Evaluation, Individual Therapy, Med Management	\$ 321.00		Per Hour
RN	Med Management	\$ 253.00	\$ 377.00	Per Hour
QMHP	Assessment	\$ 309.00	\$ 461.00	Per Hour
	Case Management, Consultation, Family/Marital Therapy, Individual Therapy	\$ 225.00	\$ 335.00	Per Hour
	Group Therapy	\$ 63.00		Per Hour
	Screening	\$ 281.00	\$ 419.00	Per Hour
QMHA	Case Management, Individual Skills Training	\$ 213.00	\$ 317.00	Per Hour
	Group Skills Training	\$ 60.00		Per Hour
	Screening	\$ 266.00	\$ 396.00	Per Hour
	Supported Employment	\$ 192.00	\$ 290.00	Per Hour
Tech	Individual Skills Training	\$ 120.00	\$ 179.00	Per Hour
	Group Skills Training	\$ 34.00	\$ 51.00	Per Hour
CMA	Individual Skills Training	\$ 158.00		Per Hour
QMHP School Services	Assessment	\$ 369.00		Per Hour
	Case Management, Consultation, Family/Marital Therapy, Individual Therapy	\$ 246.00		Per Hour
	Group Therapy	\$ 100.00		Per Hour
	Screening	\$ 307.00		Per Hour
Other	ACT Services	\$ 151.00	\$ 316.00	Per Hour
	Bridges	\$ 159.00		Per Day
	BSS Contract Rate	\$ 98.00		Per Hour
	CANS MH Assessment	\$ 590.00		Each
	Early Intervention	\$ 959.00		
	Interpreter (Spoken Languages and American Sign Language)	\$ 90.00		Per Hour
	Interpreter Language Line (Via Phone)	\$ 2.45		Per Minute
	OT Assessment	\$ 618.75	\$ 783.75	Each
	Peer-Assisted Crisis (PAC)	\$ 474.00		Per Day
	Reports & Correspondence	\$ 30.00		Each
	Transitional Treatment Recovery Services (TTRS)	\$ 183.00		Per Day
	Urinalysis	\$ 60.25		Each

Approved by BOC 7/1/2021 BO# 21-272  
 Please note these fees are subject to change. Check with staff for current rates.  
 Fees are rounded up to the nearest dollar. Sliding fees are approximates and are based on a "percentage" of total fee.

Accepted by Yamhill County  
 Board of Commissioners on  
 Effective July 1, 2021  
7/1/21 by Board Order  
 # 21/272