

Issue Brief – Health Department Fees

DEPARTMENT OF HEALTH

DOH IB 08-02

SUMMARY

The Utah Department of Health collects fees for services in several of the Divisions, Bureaus and Programs. These fees are set based on the cost of the test or service or a comparison with others that provide a similar service. In some programs, revenue is being increased to cover the costs of the services. A few fees have been reduced or eliminated.

Often, the full amount of the fees cannot be collected from the client or patient, due to circumstances outlined by statute and federal program rule. These circumstances may include the income level, age or physical abilities of the clients that receive the services. A sliding payment scale is used and included for approval by the legislature on the last pages of this Issue Brief. This could reduce the revenue from a direct calculation of fee change times the number of estimated units. This is taken into consideration with the Department's recommended Dedicated Credit Revenue base budget. The net fee changes total \$1,592,386.

	<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
<i>Executive Director's Operations - Medical Examiner</i>					
Autopsy					
1155.					
	Non-Jurisdictional Case (plus cost of body transportation)	2,000.00	2,000.00	0.00	0
1156.	External Examination, Non-Jurisdictional Case (plus transportation)	500.00	500.00	0.00	0
1157.	Use of Office of Medical Examiner facilities and assistants for autopsies	500.00	500.00	0.00	0
1158.	Use of Office of Medical Examiner facilities and assistants for external exams	300.00	300.00	0.00	0
Reports					
1159.	First copy to next of kin, treating physicians, and investigative or prosecutorial agencies - No Charge	0.00	0.00	0.00	0
1160.	All other requestors and additional copies	25.00	25.00	0.00	0
Miscellaneous case papers					
1161.	First copy to next of kin, treating physicians, and investigative or prosecutorial agencies - No Charge	0.00	0.00	0.00	0
1162.	All other requestors and additional copies	35.00	35.00	0.00	0
Court					
1163.	Preparation, consultation, and appearance on OME Civil cases. Portal to portal expenses including travel costs and waiting time, per hour	300.00	300.00	0.00	0
1164.	Consultation as Medical Examiner on non-OME cases. Portal to portal expenses including travel costs and waiting time, per hour	300.00	300.00	0.00	0
Photographic and Video Services					
1165.	Color negatives from slides	2.50	2.50	0.00	0
1166.	Slide Duplication	3.50	3.50	0.00	0

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
<i>Executive Director's Operations - Medical Examiner (continued)</i>						
1167.	Film - 24 Exposure Roll	5.00	5.00	0.00	0	0
1168.	Film - 36 Exposure Roll	6.00	6.00	0.00	0	0
1169.	Glass Slides	10.00	10.00	0.00	0	0
1170.	X-rays	10.00	10.00	0.00	0	0
1171.	Digital Image copied from Digital Source - Flat fee for up to 30 requested images	10.00	10.00	0.00	0	0
1172.	Digital Image copied from Digital Source - per image cost for request over 30 images	1.00	1.00	0.00	0	0
1173.	Digital Image copied from color slide negatives	2.50	2.50	0.00	0	0
1174.	Color Print 8 X 10	7.00	7.00	0.00	0	0
1175.	Color Print 5 X 7	3.50	3.50	0.00	0	0
	Use of Tissue Harvest Room					
1176.	Skin Graft	120.75	120.75	0.00	0	0
	Use of Tissue Harvest Room					
1177.	Bone	241.50	241.50	0.00	0	0
1178.	Heart Valve	63.00	63.00	0.00	0	0
1179.	Eye	31.50	31.50	0.00	0	0
1180.	Saphenous vein acquisition	63.00	63.00	0.00	0	0
1181.	Body Storage	30.00	30.00	0.00	0	0
	Daily charge for use of OME Storage Facilities 24 hours after notification that body is ready for release.					
1182.	Biological samples requests	25.00	25.00	0.00	0	0
	Handling and storage of requested samples by outside sources.					
<i>Subtotal, Medical Examiner</i>						<u>\$0</u>
<i>Executive Director's Operations - Center for Health Data</i>						
	Public Use Data Sets - Single Year License Fee for Public Agencies and Non-Profit Organizations					
	Inpatient, Ambulatory Surgery, and Emergency Department Encounter					
1183.	File I - for the latest year only	1,575.00	1,575.00	0.00	0	0
1184.	File III - for the latest year only	250.00	250.00	0.00	0	0
	Public Use Tapes - Multi-Year License Fee - Existing User					
	Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use					
1185.	File I - multiple year data set (3 years prior to current year)	1,500.00	1,500.00	0.00	0	0
1186.	File III - multiple year data set (3 years prior to current year)	250.00	250.00	0.00	0	0
	Public Use Secondary Release License, Files I per year					
1187.	First year (5 copies)	375.00	375.00	0.00	0	0
1188.	Annual renewal fee (5 copies)	375.00	375.00	0.00	0	0

	<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1189. Additional copies (in excess of 5)	50.00	50.00	0.00	0	0
Public Use Data Set - Single Year License Fee for Private Sector Agencies Organizations Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use					
1190. File I - for the latest year only	3,150.00	3,150.00	0.00	0	0
1191. File III - for one year only	1,050.00	1,050.00	0.00	0	0
Public Use Data Set, Multi Year License Fee for Private Sector Agencies - Existing User					
1192. File I - multiple year data set (3 years prior to current year)	3,000.00	3,000.00	0.00	0	0
1193. File III - multiple year data set (3 years prior to current year)	1,000.00	1,000.00	0.00	0	0
Public Use Data Set - Single Year License Fee for Data Suppliers Inpatient, Ambulatory Surgery, and Emergency Department Encounter Public Use File I - for the latest year only					
1194. Large System/Corp. (>35,000 discharges per year)	3,150.00	3,150.00	0.00	0	0
1195. Large Single Hospital or Multi. Hosp. (5,000- 35,000 discharges per year)	1,575.00	1,575.00	0.00	0	0
1196. Small or Medium Single Hospital (<5,000 discharges per year)	525.00	525.00	0.00	0	0
Private Sector Secondary Release License, File I - III, per year					
1197. First Year (5 copies)	1,050.00	1,050.00	0.00	0	0
1198. Annual renewal fee (5 copies)	525.00	525.00	0.00	0	0
1199. Additional copies (in excess of 5)	50.00	50.00	0.00	0	0
1200. Financial Database	50.00	50.00	0.00	0	0
Research Data Set License Fee Inpatient, Ambulatory Surgery, and Emergency Department Encounter Research Data Set					
1201. Latest Year	3,150.00	3,150.00	0.00	0	0
1202. Three years prior	1,570.00	1,570.00	0.00	0	0
Research Data Set Secondary Release License Fee					
1203. Inpatient data set for the latest year	1,500.00	1,500.00	0.00	0	0
1204. Ambulatory surgery data set for the latest year	750.00	750.00	0.00	0	0
1205. Emergency Department encounter data set for the last year	750.00	750.00	0.00	0	0
Research Data Set for Federal Databases with Secondary Release License Fee					
1206. Inpatient data set for the latest year	4,500.00	4,500.00	0.00	0	0
1207. Ambulatory surgery data set for the latest year	4,500.00	4,500.00	0.00	0	0
Multi-Year HEDIS Data Set License Fee Public, Educational, Non-profit Research Organizations					
1208. File I - Latest Year (per data set)	1,050.00	1,050.00	0.00	0	0
1209. File II - Previous Year (per data set)	750.00	750.00	0.00	0	0

	<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1210. File III - Any Earlier Years (per data set)	500.00	500.00	0.00	0	0
Private Sector Agencies					
1211. File I - Latest Year (per data set)	1,575.00	1,575.00	0.00	0	0
1212. File II - Previous Year (per data set)	1,250.00	1,250.00	0.00	0	0
1213. File III - Any Earlier Years (per data set)	1,000.00	1,000.00	0.00	0	0
Multi-Year HEDIS Data Set License Fee					
HMO Enrollee Satisfaction Survey Data Set License Fee					
Public, Educational, Non-profit Research Organizations					
1214. File I - Latest Year (per data set)	1,050.00	1,050.00	0.00	0	0
1215. File II - Previous Year (per data set)	750.00	750.00	0.00	0	0
1216. File III - Any Earlier Years (per data set)	500.00	500.00	0.00	0	0
Private Sector Agencies					
1217. File I - Latest Year (per data set)	1,575.00	1,575.00	0.00	0	0
1218. File II - Previous Year (per data set)	1,250.00	1,250.00	0.00	0	0
1219. File III - Any Earlier Years (per data set)	1,000.00	1,000.00	0.00	0	0
Data Suppliers (contributing HMOs)					
1220. File I - Latest Year (per data set)	420.00	420.00	0.00	0	0
1221. File II - Previous Year (per data set)	300.00	300.00	0.00	0	0
1222. File III - Any Earlier Years (per data set)	200.00	200.00	0.00	0	0
Data Suppliers (Non-contributing HMOs)					
1223. File I - Latest Year (per data set)	840.00	840.00	0.00	0	0
1224. File II - Previous Year (per data set)	600.00	600.00	0.00	0	0
1225. File III - Any Earlier Years (per data set)	400.00	400.00	0.00	0	0
POD Internet Module Licensing Fee					
Patient Origin Destination (POD) Inpatient Query System - Users License					
1226. First User	315.00	315.00	0.00	0	0
POD Interent Module Licensing Fee					
1227. Additional User	50.00	50.00	0.00	0	0
1228. Hard Copy Reports Miscellaneous	10.00	10.00	0.00	0	0
1229. Standard Report 1 - Inpatient, Emergency	50.00	50.00	0.00	0	0
1230. Standard Report 1 - Ambulatory Surgery	50.00	50.00	0.00	0	0
1231. Hospital Financial Report	50.00	50.00	0.00	0	0
1232. Special Reports	15.00	15.00	0.00	0	0
1233. Special Data Request, per hour, (\$70 minimum)	55.00	55.00	0.00	0	0
Other Fees					
1234. Data suppliers' special data request, per hour	35.00	35.00	0.00	0	0
1235. Data Management Fees for Reprocessing - Data Errors - To cover costs of processing resubmissions of data with system errors (may be waived as incentive for timely resubmission)	39.90	39.90	0.00	0	0
Birth Certificate					
1236. Initial Copy	15.00	15.00	0.00	0	0
Birth Certificate					

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1237.	Additional Copies	8.00	8.00	0.00	0	0
1238.	Stillbirth	12.00	12.00	0.00	0	0
1239.	Affidavit	20.00	20.00	0.00	0	0
1240.	Heritage Birth Certificate	22.00	22.00	0.00	0	0
1241.	Adoption	40.00	40.00	0.00	0	0
1242.	Expedite Fee	10.00	10.00	0.00	0	0
	Death Certificate					
1243.	Initial Copy	13.00	13.00	0.00	0	0
1244.	Additional Copies	8.00	8.00	0.00	0	0
1245.	Burial Transit Permit	5.00	5.00	0.00	0	0
1246.	Paternity Search, per hour (1 hour minimum)	9.00	9.00	0.00	0	0
1247.	Delayed Registration	40.00	40.00	0.00	0	0
1248.	Marriage and Divorce Abstracts	9.00	9.00	0.00	0	0
1249.	Legitimation	40.00	40.00	0.00	0	0
1250.	Adoption Registry	25.00	25.00	0.00	0	0
1251.	Death Research, per hour (1 hour minimum)	9.00	9.00	0.00	0	0
1252.	Court Order Name Changes	20.00	20.00	0.00	0	0
1253.	Court Order Paternity	40.00	40.00	0.00	0	0
1254.	On-line Access to Computerized Vital Records, per month	10.00	10.00	0.00	0	0
1255.	Ad-hoc Statistical Requests, per hour	35.00	35.00	0.00	0	0
	Utah Statewide Immunization Information System (USIIS)					
	Non-financial Contributing Partners					
1256.	Match on Immunization Records in Database, per record	12.00	12.00	0.00	0	0
1257.	File Format Conversion, per hour	30.00	30.00	0.00	0	0
	Financial Contributing Partners					
1258.	Match on Immunization Records in Database, per record	12.00	12.00	0.00	0	0
	If the partner's financial contribution is more than or equal to the number of records to be matched multiplied by \$12.00, then the partner shall not have to pay the fee.					
	Subtotal, Center for Health Data					<u>\$0</u>
<i>Health - Health Systems Improvement - Emergency Medical Services</i>						
	Registration, Certification and Testing					
	Certification Fee					
1259.	Initial EMT-Basic	30.00	30.00	0.00	0	0
1260.	All other certifications	10.00	10.00	0.00	0	0
	Registration, Certification and Testing					
1261.	Recertification Fee	10.00	10.00	0.00	0	0
1262.	Lapsed Certification Fee	15.00	15.00	0.00	0	0
	Registration, Certification and Testing					
	Written Test Fee					

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1263.	Basic EMT Certification Written Test/Re-test	15.00	15.00	0.00	0	0
1264.	All other written tests, re-tests	15.00	15.00	0.00	0	0
	Practical Test Fees					
	EMT					
1265.	Basic Certification Practical Test	60.00	60.00	0.00	0	0
1266.	Basic Certification Practical Re-Test (per station)	30.00	30.00	0.00	0	0
1267.	Basic Recertification Practical Test	120.00	120.00	0.00	0	0
1268.	Basic Reciprocity Practical Test	120.00	120.00	0.00	0	0
1269.	Basic Recert/Recip Practical Re-Test, Medical Scenario	35.00	35.00	0.00	0	0
1270.	Basic Recert/Recip Practical Re-Test, Trauma Scenario	50.00	50.00	0.00	0	0
1271.	Intermediate Practical Test Fee	60.00	60.00	0.00	0	0
1272.	Intermediate Practical Re-test Fee per station	30.00	30.00	0.00	0	0
1273.	Intermediate Advanced Practical Test Fee	70.00	70.00	0.00	0	0
1274.	Intermediate Advanced Practical Retest per station	35.00	35.00	0.00	0	0
1275.	Paramedic Practical Test	120.00	120.00	0.00	0	0
1276.	Paramedic Practical retest per station	40.00	40.00	0.00	0	0
	The fees listed above apply to the following certification levels:					
	Emergency Medical Technician (EMT) - Basic,					
	Emergency Medical Technician Intermediate,					
	Emergency Medical Technician Intermediate Advanced,					
	Emergency Medical Technician Paramedic,					
	Emergency Medical Technician Instructor,					
	Emergency Medical Dispatcher (EMD),					
	Emergency Medical Dispatcher Instructor					
	Annual Quality Assurance Review Fee, per vehicle					
1277.	Ground Ambulance, Basic	75.00	75.00	0.00	0	0
1278.	Ground Ambulance, Intermediate	100.00	100.00	0.00	0	0
1279.	Interfacility Transfer Ambulance, Basic	75.00	75.00	0.00	0	0
1280.	Interfacility Transfer Ambulance, Intermediate	100.00	100.00	0.00	0	0
1281.	Paramedic Rescue	125.00	125.00	0.00	0	0
1282.	Paramedic Tactical Response	125.00	125.00	0.00	0	0
1283.	Paramedic Ambulance	125.00	125.00	0.00	0	0
1284.	Paramedic Interfacility Transfer Service	125.00	125.00	0.00	0	0
	Annual Quality Assurance Review Fee, per vehicle					
1285.	Fleet fee (agency with 20 or more vehicles)	2,500.00	2,500.00	0.00	0	0
1286.	Quick Response Unit, Basic	50.00	50.00	0.00	0	0
1287.	Quick Response Unit, Intermediate	50.00	50.00	0.00	0	0
1288.	Advanced Air Ambulance	100.00	100.00	0.00	0	0
1289.	Specialized Air Ambulance	125.00	125.00	0.00	0	0
1290.	Emergency Medical Dispatch Center, per center	50.00	50.00	0.00	0	0
1291.	Resource Hospital, per hospital	50.00	50.00	0.00	0	0

	<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1292. Out of State Air Ambulance	150.00	150.00	0.00	0	0
Quality Assurance Application Reviews					
1293. Original Ground Ambulance/Paramedic License Negotiated	500.00	500.00	0.00	0	0
1294. Original Ambulance/Paramedic License Contested - up to actual cost	0.00	0.00	0.00	0	0
1295. Original Designation	100.00	100.00	0.00	0	0
1296. Renewal Ambulance/Paramedic/Air License	100.00	100.00	0.00	0	0
1297. Renewal Designation	100.00	100.00	0.00	0	0
1298. Upgrade in Ambulance Service Level	100.00	100.00	0.00	0	0
1299. Original Air Ambulance License	500.00	500.00	0.00	0	0
1300. Original Air Ambulance License with CAMTS Certification	200.00	200.00	0.00	0	0
1301. Change in ownership/operator, non-contested	500.00	500.00	0.00	0	0
1302. Change in ownership/operator, contested - up to actual cost	0.00	0.00	0.00	0	0
1303. Change in geographic service area, non-contested	500.00	500.00	0.00	0	0
1304. Change in geographic service area, contested - up to actual cost	0.00	0.00	0.00	0	0
Voluntary Trauma Center Designation - Level I, II, III, IV, and V					
1305. Quality Assurance Application Review	0.00	0.00	0.00	0	0
1306. Quality Assurance Application Pre-Designation Review	0.00	0.00	0.00	0	0
1307. Site Team Verification/Quality Assurance Review	1,500.00	1,500.00	0.00	0	0
1308. Annual Verification/Quality Assurance Review	0.00	0.00	0.00	0	0
Course Quality Assurance Review Fee					
1309. Basic EMT Course	100.00	100.00	0.00	0	0
1310. Paramedic Course	100.00	100.00	0.00	0	0
1311. EMT-Intermediate Advanced	100.00	100.00	0.00	0	0
1312. EMT-Intermediate	100.00	100.00	0.00	0	0
Course Quality Assurance Review Fee					
1313. Emergency Medical Dispatch	25.00	25.00	0.00	0	0
1314. New Instructor Course Registration	125.00	125.00	0.00	0	0
1315. New Instructor Course Registration Late Fee	0.00	25.00	25.00	0	0
1316. Course Coordinator Seminar Registration	40.00	40.00	0.00	0	0
1317. Course Coordinator Seminar Registration Late Fee	0.00	25.00	25.00	0	0
1318. New Course Coordinator Course Registration	40.00	40.00	0.00	0	0
1319. New Course Coordinator Course Registration Late Fee	0.00	25.00	25.00	0	0
1320. Instructor Seminar Registration	125.00	125.00	0.00	0	0
1321. Instructor Seminar Registration Late Fee	0.00	25.00	25.00	0	0
1322. Instructor Seminar Vendor Fee	165.00	165.00	0.00	0	0

	<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1323. New Training Officer Course Registration	40.00	40.00	0.00	0	0
1324. New Training Officer Course Registration Late Fee	0.00	25.00	25.00	0	0
1325. Training Officer Seminar Registration	40.00	40.00	0.00	0	0
1326. Training Officer Seminar Registration Late Fee	0.00	25.00	25.00	0	0
1327. EVO Instructor Course	40.00	40.00	0.00	0	0
1328. Medical Director's Course	50.00	50.00	0.00	0	0
1329. PALS Course	60.00	60.00	0.00	0	0
1330. PEPP Course	60.00	60.00	0.00	0	0
1331. Management Seminar	50.00	50.00	0.00	0	0
1332. PHTLS Course	175.00	175.00	0.00	0	0
Equipment delivery fee					
1333. Salt Lake County	25.00	25.00	0.00	0	0
1334. Davis, Utah, and Weber Counties	50.00	50.00	0.00	0	0
1335. Late Fee, per day	10.00	10.00	0.00	0	0
Training Supplies, rental of equipment, and Accessories Charge for course supplies and accessories					
1336. Charge for course supplies and accessories to be based upon most recent acquisition cost plus 20% rounded up to the nearest \$.10 (computed quarterly), FOB Salt Lake City, Utah	0.00	0.00	0.00	0	0
1337. Background checks (name only)	10.00	10.00	0.00	0	0
1338. Fingerprint checks in Utah only	15.00	15.00	0.00	0	0
1339. Fingerprint checks to the FBI	24.00	24.00	0.00	0	0
Live Scan Fingerprinting					
1340. Live Scan Fingerprinting	0.00	11.00	11.00	0	0
Emergency Medical Services Grants Program					
1341. EMS Grants Program Criminal Fines and Surcharges per 63-63a-3	0.00	0.00	0.00	0	0
Subtotal, Emergency Medical Services					<u>\$0</u>

Health - Health Systems Improvement - Child Care Licensing

1342. Registration for voluntary relative care (One-time Annual License Fees)	50.00	50.00	0.00	0	0
1343. Annual Licensed Child Care Facility base fee	50.00	25.00	-25.00	1,390	-34,750
1344. Annual Residential Child Care Certificate Base Fee	50.00	25.00	-25.00	1,141	-28,525
Two Year Licensing Base Fees					
1345. Licensed Child Care Facility, every other year	50.00	50.00	0.00	0	0
1346. Change in license or certificate during the license period more than twice a year.	25.00	25.00	0.00	0	0
1347. Child Care Center Facilities Per Child fee	3.00	1.50	-1.50	21,449	-32,174
1348. Late Fee	0.00	0.00	0.00	0	0

Licensed or certified child care providers are responsible for submitting a completed application form, fire clearance (where applicable) and fees 15 days prior to expiration of the license. Late fee will be assessed if fees, application and fire clearance are not received by the license expiration date.

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1349.	Within 1 to 30 days after expiration of license facility will be assessed 50% of scheduled fee	0.00	0.00	0.00	0	0
1350.	New Provider/Change in Ownership Applications for Child Care center facilities A \$200.00 fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application.	200.00	200.00	0.00	0	0
1351.	Child care program application fees of \$50.00 are not refundable.	0.00	0.00	0.00	0	0
1352.	Child Care Licensing Rules - Cost plus mailing (Licensees receive one copy of each newly published edition of applicable Facility Rules. Additional copies of the rules will reflect the cost of printing and mailing.)	0.00	0.00	0.00	0	0
Subtotal, Child Care Licensing						<u>(\$95,449)</u>
<i>Health - Health Systems Improvement - Health Facility Licensure, Certification, & Resident Assessment</i>						
Annual License Fees						
1353.	Health Facilities base fee A base fee for health facilities of \$100.00 plus the appropriate fee as indicated below applies to any new or renewal license.	100.00	100.00	0.00	0	0
Two Year Licensing Base Fees Plus the appropriate fee as listed below to any new or renewal license						
1354.	Health Care Facility, every other year	200.00	200.00	0.00	0	0
Two Year Licensing Base Fees Change Fee						
1355.	Health Care Providers A fee of \$75.00 is charged to health care providers making changes to their existing license.	75.00	75.00	0.00	0	0
Hospitals:						
1356.	Fee per Licensed Bed - accredited beds	22.00	22.00	0.00	0	0
1357.	Non-accredited beds	28.00	28.00	0.00	0	0
1358.	Nursing Care Facilities, and Small Health Care Facilities Licensed Bed	20.00	20.00	0.00	0	0
1359.	Residential Treatment Facilities Licensed Bed	16.00	16.00	0.00	0	0
1360.	End Stage Renal Disease Centers (ESRDs) Licensed Station	120.00	120.00	0.00	0	0
1361.	Freestanding Ambulatory Surgery Centers (per facility)	2,000.00	2,000.00	0.00	0	0
1362.	Birthing Centers, and Abortion Clinics: (per licensed unit)	400.00	400.00	0.00	0	0
1363.	Hospice Agencies	1,000.00	1,000.00	0.00	0	0
1364.	Home Health Agencies/Personal Care Agencies	1,000.00	1,000.00	0.00	0	0
1365.	Mammography Screening Facilities	400.00	400.00	0.00	0	0
1366.	Assisted Living Facilities Type I - per Licensed Bed	18.00	18.00	0.00	0	0
1367.	Assisted Living Facilities Type II - per Licensed Bed	18.00	18.00	0.00	0	0
1368.	The fee for each satellite and branch office of current licensed facility	75.00	75.00	0.00	0	0

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1369.	Late Fee	0.00	0.00	0.00	0	0
	Licensed health facility providers are responsible for submitting a completed application form, fire clearance (where applicable) and fees 15 days prior to expiration of the license. Late fee will be assessed if fees, application and fire clearance are not received by the license expiration date.					
1370.	Within 1 to 14 days after expiration of license facility will be assessed 50% of scheduled fee	0.00	0.00	0.00	0	0
1371.	Within 15 to 30 days after expiration of license facility will be assessed 75% of scheduled fee	0.00	0.00	0.00	0	0
1372.	New Provider/Change in Ownership Applications for health care facilities	500.00	500.00	0.00	0	0
	A \$500.00 fee will be assessed for services rendered providers seeking initial licensure to or change of ownership to cover the cost of processing the application, staff consultation, review of facility policies, initial inspection, etc. This fee will be due at the time of application.					
1373.	Assisted Living and Small Health Care Type-N Limited Capacity/Change of Ownership Applications:	250.00	250.00	0.00	0	0
	A \$250.00 application fee will be assessed for services rendered to providers seeking initial licensure or change of ownership to cover the cost of processing the application, staff consultation and initial inspection. This fee will be due at the time of application.					
	Application Termination or Delay Fee					
	If a health care facility application is terminated or delayed during the application process, a fee based on services rendered will be retained as follows:					
1374.	Policy and Procedure Review-50% of total fee	0.00	0.00	0.00	0	0
1375.	Onsite inspections-90% of the total fee.	0.00	0.00	0.00	0	0
	Plan Review and Inspection Fees					
	Hospitals:					
	Number of Beds					
1376.	Up to 16	2,000.00	2,000.00	0.00	0	0
1377.	17 to 50	4,000.00	4,000.00	0.00	0	0
1378.	51 to 100	6,000.00	6,000.00	0.00	0	0
1379.	101 to 200	7,500.00	7,500.00	0.00	0	0
1380.	201 to 300	9,000.00	9,000.00	0.00	0	0
1381.	301 to 400	10,000.00	10,000.00	0.00	0	0
1382.	Over 400, base fee	10,000.00	10,000.00	0.00	0	0
1383.	Over 400, each additional bed	20.00	20.00	0.00	0	0
	In the case of complex or unusual hospital plans, the Bureau will negotiate with the provider an appropriate plan review fee at the start of the review process based on the best estimate of the review time involved and the standard hourly review rate.					
	Nursing Care Facilities and Small Health Care Facilities					
1384.	Number of beds - up to 5	650.00	650.00	0.00	0	0
1385.	Number of beds - 6 to 16	1,000.00	1,000.00	0.00	0	0
1386.	Number of beds - 17 to 50	2,250.00	2,250.00	0.00	0	0
1387.	Number of beds - 51 to 100	4,000.00	4,000.00	0.00	0	0
1388.	Number of beds - 101 to 200	5,000.00	5,000.00	0.00	0	0
1389.	Freestanding Ambulatory Surgical Facilities, per operating room	1,000.00	1,000.00	0.00	0	0

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1390.	Other Freestanding Ambulatory Facilities, including Birthing Centers, Abortion Clinics, and similar facilities, per service unit	250.00	250.00	0.00	0	0
1391.	End Stage Renal Disease Facilities, per service unit	100.00	100.00	0.00	0	0
	Assisted Living Type I and Type II					
	Number of Beds					
1392.	Up to 5	350.00	350.00	0.00	0	0
1393.	6 to 16	700.00	700.00	0.00	0	0
1394.	17 to 50	1,600.00	1,600.00	0.00	0	0
1395.	51 to 100	3,000.00	3,000.00	0.00	0	0
	Plan Review and Inspection Fees					
	Assisted Living Type I and Type II					
	Number of Beds					
1396.	101 to 200	4,200.00	4,200.00	0.00	0	0
	Each additional inspection required (beyond the two covered by the fees listed above) or each additional inspection requested by the facility shall cost \$100.00 plus mileage reimbursement at the approved state rate, for travel to and from the site by a Department representative.					
1397.	Remodels of Licensed Facilities	0.00	0.00	0.00	0	0
	The plan review fee for remodeling an area of a currently operating licensed facility that does not involve an addition of beds, operating rooms, service units, or other clinic type facilities.					
1398.	Hospitals, Freestanding Surgery Facilities, per square foot	.16	.16	0.00	0	0
1399.	All others excluding Home Health Agencies, per square foot	.14	.14	0.00	0	0
	Each required on-site inspection					
1400.	Base fee	100.00	100.00	0.00	0	0
1401.	Per mile traveled - according to approved state travel rate	0.00	0.00	0.00	0	0
1402.	Other Plan-Review Fee Policies	0.00	0.00	0.00	0	0
	If an existing facility has obtained an exemption from the requirement to submit preliminary and working drawings, or other information regarding compliance with applicable construction rules, the Department may conduct a detailed on-site inspection in lieu of the plan review. The fee for this will be \$100.00 per inspection, plus mileage reimbursement at the approved state rate. A facility that uses plans and specifications previously reviewed and approved by the Department will be charged 60 percent of the scheduled plan review fee. Thirty cents per square foot will be charged for review of facility additions or remodels that house special equipment such as CAT scanner or linear accelerator. If a project is terminated or delayed during the plan review process, a fee based on services rendered will be retained as follows: Preliminary drawing review-25% of the total fee. Working drawings and specifications review-80% of the total fee.					
	If the project is delayed beyond 12 months from the date of the State's last review the applicant must re-submit plans and pay a new plan review fee in order to renew the review action.					
1403.	Health Care Facility Licensing Rules - Cost plus mailing (Licensees receive one copy of each newly published edition of applicable Facility Rules. Additional copies of the rules will reflect the cost of printing and mailing.)	0.00	0.00	0.00	0	0
	Certificate of Authority -					
1404.	Health Maintenance Organization Review of Application	500.00	500.00	0.00	0	0
Subtotal, Health Facility Licensure, Certification, & Resident Assessment						<u>\$0</u>

	<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>	
<i>Health - Epidemiology & Lab Services - Chemical and Environmental Services</i>						
1405.	Chain of Custody Sample Handling	10.50	10.50	0.00	0	0
1406.	Priority Handling of Samples (Surcharge) Minimum charge	10.50	10.50	0.00	0	0
1407.	Environmental Testing (48 hrs turn around time) 100 percent of fee	0.00	0.00	0.00	0	0
1408.	Expert Preparation Time (Research), per hour	52.50	52.50	0.00	0	0
1409.	Expert Witness Fee (Portal to Portal), per hour	52.50	52.50	0.00	0	0
Drinking Water Tests						
1410.	Lead and Copper (Metals Type M-8) 200.8	29.40	29.40	0.00	0	0
Drinking Water Inorganic Tests:						
1411.	Nitrate + 353.2	12.60	12.60	0.00	0	0
1412.	Nitrite 353.2	21.00	21.00	0.00	0	0
Asbestos - subcontract price plus handling fee						
1413.	Bromide 300.0	26.25	26.25	0.00	0	0
1414.	Bromate 300.0	52.50	52.50	0.00	0	0
1415.	Chlorate 300.0	52.50	52.50	0.00	0	0
1416.	Chlorite 300.0	52.50	52.50	0.00	0	0
1417.	Ion Chromatography (multiple ions) 300.0	60.00	60.00	0.00	0	0
1418.	UV Absorption SM 5910B	31.50	31.50	0.00	0	0
1419.	TOC SM	0.00	0.00	0.00	0	0
Primary Inorganics and Heavy Metals						
1420.	(Type 9 Chemistry) (18 parameters)	0.00	0.00	0.00	0	0
1421.	Type C-9 Animal Inorganic Tests (18 parameters)	262.50	262.50	0.00	0	0
Drinking Water Tests						
New Drinking Water Sources TYPE PW-7						
1422.	(Total Inorganic Chemistry - 46 parameters)	742.35	742.35	0.00	0	0
Drinking Water Organic Contaminants:						
1423.	THMs EPA Method 524.2	78.75	78.75	0.00	0	0
1424.	Maximum Total Potential THM Method 524.2	84.00	84.00	0.00	0	0
1425.	Haloacetic Acids Method 6251B	157.50	157.50	0.00	0	0
1426.	VOCs (combined regulated and unregulated)	0.00	0.00	0.00	0	0
1427.	VOCs (Unregulated List 1 & List 3) EPA 524.2	199.50	199.50	0.00	0	0
Drinking Water Organic Contaminants:						
1428.	Pesticides Phase II/V SVOA & Pesticide 4 methods	875.00	875.00	0.00	0	0
1429.	Pesticides (List II: 10 unregulated contaminants)	0.00	0.00	0.00	0	0
1430.	Pesticides Phase II / V 3 methods	750.00	750.00	0.00	0	0
1431.	Pesticide 508.1	154.50	154.50	0.00	0	0
1432.	Pesticide EPA 525.2	350.00	350.00	0.00	0	0
1433.	Herbicide EPA 515.1	200.00	200.00	0.00	0	0
1434.	Carbamate EPA 531.1	200.00	200.00	0.00	0	0
1435.	EPA 508A Total PCBs	200.00	200.00	0.00	0	0
1436.	TOC SM 5310B	21.00	21.00	0.00	0	0

	<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
Drinking Water Tests					
Drinking Water Organic Contaminants:					
1437.	DOC (Dissolved Organic Chemicals)	30.00	30.00	0.00	0
1438.	Inorganics Tests (per sample for preconcentration)	15.75	15.75	0.00	0
1439.	MAX-HAA	0.00	165.00	165.00	50
Inorganic Water Tests					
1440.	Alkalinity (Total) SM 2320B	9.45	9.45	0.00	0
1441.	Aluminum 200.8	17.85	17.85	0.00	0
1442.	Ammonia 350.3	21.00	21.00	0.00	0
1443.	Antimony 200.8	17.85	17.85	0.00	0
1444.	Arsenic 200.8	17.85	17.85	0.00	0
1445.	Barium 200.8	12.60	12.60	0.00	0
1446.	Beryllium 200.8	12.60	12.60	0.00	0
1447.	BOD5 405.1	31.50	31.50	0.00	0
1448.	Boron 200.7	12.60	12.60	0.00	0
1449.	Cadmium 200.8	17.85	17.85	0.00	0
1450.	Calcium 200.7	12.60	12.60	0.00	0
1451.	Chromium 200.8	17.85	17.85	0.00	0
1452.	Chromium (Hexavalent) SD 3500CD - CR6	26.25	26.25	0.00	0
1453.	Chloride 325.1	8.40	8.40	0.00	0
1454.	Chloride (IC) EPA 300.0	31.50	31.50	0.00	0
1455.	Chlorophyll A SM 10200H - CHA	21.00	21.00	0.00	0
1456.	COD 410.4	21.00	21.00	0.00	0
1457.	Color 110.2	21.00	21.00	0.00	0
1458.	Copper 200.8	12.60	12.60	0.00	0
1459.	Cyanide 335.4	47.25	47.25	0.00	0
1460.	Fluoride SM 4500C - F	9.45	9.45	0.00	0
1461.	Iron 200.1	12.60	12.60	0.00	0
1462.	Langlier Index (Calculation: pH, calcium, TDS, alkalinity)	5.25	5.25	0.00	0
1463.	Lead 200.8	17.85	17.85	0.00	0
1464.	Magnesium EPA 200.7	15.75	15.75	0.00	0
1465.	Manganese 200.8	12.60	12.60	0.00	0
1466.	Mercury 200.8	26.25	26.25	0.00	0
1467.	Mercury Fish	50.00	50.00	0.00	0
1468.	Molybdenum 200.8	12.60	12.60	0.00	0
Inorganic Water Tests					
1469.	Nickel 200.8	17.85	17.85	0.00	0
1470.	Nitrite 353.2	21.00	21.00	0.00	0
1471.	Nitrate plus Nitrite EPA 353.2	12.60	12.60	0.00	0
1472.	Odor 140.1	26.25	26.25	0.00	0
1473.	Perchlorate 314.0	52.50	52.50	0.00	0

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1474.	pH 150.1	10.50	10.50	0.00	0	0
1475.	Phosphate, ortho 365.1	21.00	21.00	0.00	0	0
1476.	Phosphorus, Diss. 365.1	15.00	15.00	0.00	0	0
1477.	Phosphorus, Total 365.1	15.75	15.75	0.00	0	0
1478.	Potassium 200.7	12.60	12.60	0.00	0	0
1479.	Selenium 200.8	17.85	17.85	0.00	0	0
1480.	Selenium / Hydride - AA	40.00	40.00	0.00	0	0
1481.	Silica 370.1	15.75	15.75	0.00	0	0
1482.	Silver 200.8	17.85	17.85	0.00	0	0
1483.	Sodium 200.7	12.60	12.60	0.00	0	0
1484.	Solids, Total Dissolved (TDS) SM 3540C	15.75	15.75	0.00	0	0
1485.	Solids, Total Suspended (TSS) 160.2	13.65	13.65	0.00	0	0
1486.	Solids, Settable (SS) 160.5	13.65	13.65	0.00	0	0
1487.	Solids, Total Volatile 160.4	15.75	15.75	0.00	0	0
1488.	Solids, Percent	13.65	13.65	0.00	0	0
1489.	Solids, Residual Suspended 160.1	26.25	26.25	0.00	0	0
1490.	Specific Conductance 120.1	9.45	9.45	0.00	0	0
1491.	Surfactants SM 5540C	63.00	63.00	0.00	0	0
1492.	Sulfate 300.0 375.2	15.75	15.75	0.00	0	0
1493.	Sulfide 376.2	42.00	42.00	0.00	0	0
1494.	Thallium 200.8	17.85	17.85	0.00	0	0
1495.	Tin 200.7	17.85	17.85	0.00	0	0
1496.	Turbidity 180.1	10.50	10.50	0.00	0	0
1497.	Vanadium 200.8	12.60	12.60	0.00	0	0
1498.	Zinc 200.8	12.60	12.60	0.00	0	0
1499.	Zirconium 200.8	17.85	17.85	0.00	0	0
	Inorganic Chemistry Groups:					
1500.	Type C-2 - Partial Chemistry (12 Major Anions/Cations)	80.85	80.85	0.00	0	0
	Metals Tests Groups:					
1501.	Hazardous Waste, Solids, Sediment, Soil	16.80	16.80	0.00	0	0
1502.	Sample preparation	21.00	21.00	0.00	0	0
1503.	Type FM-3 - Dissolved metals (20 Metals - No Digestion)	152.25	152.25	0.00	0	0
1504.	Type FM-4 Surface Water Filtered (minerals and hardness)	48.00	48.00	0.00	0	0
1505.	Type M-9 Surface Water (5 metals)	88.00	88.00	0.00	0	0
1506.	Type M-7 - Total Metals In Water (13 Metals - Digested)	204.75	204.75	0.00	0	0
	Nutrient Tests Groups:					
1507.	Type N-2 Surface Water (totals) (2 tests)	35.00	35.00	0.00	0	0
1508.	Type N-3 Surface Water (totals) (3 tests)	47.00	47.00	0.00	0	0

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1509.	Type N-4 Surface Water (totals) (3 tests)	43.00	43.00	0.00	0	0
1510.	Type N-6 Surface Water (totals) (2 tests)	27.00	27.00	0.00	0	0
1511.	FN-9 Type 9 - 4 parameters	28.35	28.35	0.00	0	0
	Hazardous Waste Organics Tests					
1512.	BTEXN (Benzene, Toluene, Ethylbenzene, Xylene, Napthalene)	78.75	78.75	0.00	0	0
1513.	EPA 8020 (BETXN soil)	78.75	78.75	0.00	0	0
1514.	Chlorinated Pesticides (Soil) 8082	210.00	210.00	0.00	0	0
1515.	Chlorinated Acid Herbicides (Soil) 8150	315.00	315.00	0.00	0	0
1516.	EPA 8270 Semi Volatiles	472.50	472.50	0.00	0	0
1517.	EPA 8260 (VOCs)	210.00	210.00	0.00	0	0
1518.	Ethylene Glycol in Water SHL Method	78.75	78.75	0.00	0	0
1519.	Aldehydes (Air) TO-11	89.25	89.25	0.00	0	0
1520.	Oil and Grease 1664	105.00	105.00	0.00	0	0
1521.	EPA 8082 PCBs	183.75	183.75	0.00	0	0
1522.	PCBs in oil	131.25	131.25	0.00	0	0
1523.	PCE EPA 524.2	78.75	78.75	0.00	0	0
1524.	EPA Method 625 Base/Neutral Acids by GC/MS	420.00	420.00	0.00	0	0
1525.	Total Organic Carbon (TOC) SM 5310B	21.00	21.00	0.00	0	0
1526.	Total Petroleum Hydrocarbons (non-BTEX) 8015	131.25	131.25	0.00	0	0
1527.	Volatiles (Purgeables - EPA Method 624)	210.00	210.00	0.00	0	0
1528.	EPA Method 8270 Semivolatiles (A/B/Na) by GC/MS	420.00	420.00	0.00	0	0
1529.	Unregulated Contaminant Monitoring Regulation (UCMR)	682.50	682.50	0.00	0	0
	Hazardous Waste Organics Tests					
1530.	TCLP - Extraction procedure EPA SW - 1311	105.00	105.00	0.00	0	0
1531.	TCLP Zero Headspace Extraction (ZHE) EPA SW 846 - 1311	168.00	168.00	0.00	0	0
1532.	Periphyton	51.50	51.50	0.00	0	0
	Radiochemistry					
1533.	Gross alpha or beta	63.00	63.00	0.00	0	0
1534.	Gross alpha and beta	63.00	63.00	0.00	0	0
1535.	Radium226, (Deemanation)	131.25	131.25	0.00	0	0
1536.	Radium228, (ppt/separation)	162.75	162.75	0.00	0	0
1537.	Uranium (Total Activity)	105.00	105.00	0.00	0	0
1538.	Uranium (ICP/MS)	52.50	52.50	0.00	0	0
1539.	Radon by Liquid Scintillation	68.25	68.25	0.00	0	0
1540.	Tritium	84.00	84.00	0.00	0	0
1541.	Gamma Spectroscopy By HPGe (water and solid samples)	157.50	157.50	0.00	0	0

Analysis includes nuclide identification and quantitation, per nuclide.

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
	Water Bacteriology					
1542.	Swimming pool bacteriology (MF and HPC)	26.25	26.25	0.00	0	0
1543.	Polluted water bacteriology per parameter	15.75	15.75	0.00	0	0
1544.	Environmental legionella (liter of water) 9260J	52.50	52.50	0.00	0	0
	Drinking Water Microbiology					
1545.	Aeromonas 1605	52.50	52.50	0.00	0	0
1546.	Colilert E. Coli 9223B	15.75	15.75	0.00	0	0
	Cryptosporidium and Giarrdia					
1547.	Method 1623 analysis	315.00	315.00	0.00	0	0
1548.	Filter	105.00	105.00	0.00	0	0
1549.	MPA	236.50	236.50	0.00	0	0
1550.	Bacillus subtilis	26.25	26.25	0.00	0	0
1551.	PFGE	31.50	31.50	0.00	0	0
	Alliance Testing					
	Cryptosporidium and Giarrdia					
1552.	Protozoa 1623	210.00	210.00	0.00	0	0
1553.	Protozoa M	300.00	300.00	0.00	0	0
1554.	Filter	100.00	100.00	0.00	0	0
1555.	UV Absorbtion SM 5910B	15.00	15.00	0.00	0	0
1556.	TOC SM 5310B	15.00	15.00	0.00	0	0
1557.	THMs EPA Method 524.2	37.50	37.50	0.00	0	0
	Alliance Testing					
	Cryptosporidium and Giarrdia					
1558.	Haloacetic Acids Method 6251B	87.55	87.55	0.00	0	0
1559.	Alkalinity (total) SM 2320B	9.45	9.45	0.00	0	0
1560.	Taste and Odor Method 525.2	175.00	175.00	0.00	0	0
1561.	Bromate	25.75	25.75	0.00	0	0
1562.	Bromide	25.00	25.00	0.00	0	0
1563.	Chlorate	15.00	15.00	0.00	0	0
1564.	Chlorite	15.00	15.00	0.00	0	0
	Toxicology					
1565.	Alcohol in Urine	26.25	26.25	0.00	0	0
1566.	Alcohol in Beverage	36.75	36.75	0.00	0	0
1567.	Blood alcohol	52.50	52.50	0.00	0	0
1568.	Blood or Tissue Drug Analysis	210.00	210.00	0.00	0	0
1569.	Confirmation of positive blood cannabinoid screen	157.50	157.50	0.00	0	0
1570.	Cannabinoid Screen (Urine)	26.25	26.25	0.00	0	0
1571.	Cannabinoids Screen (Blood)	42.00	42.00	0.00	0	0
1572.	EPIA (urine)	42.00	42.00	0.00	0	0
1573.	EPIA (blood)	42.00	42.00	0.00	0	0
1574.	Confirmation of positive drug screens by GC/MS	78.75	78.75	0.00	0	0
1575.	Confirmation of positive urine cannabinoid screen	63.00	63.00	0.00	0	0

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1576.	Confirmation of positive urine amphetamine screen	52.50	52.50	0.00	0	0
1577.	Drug preparations (identification)	52.50	52.50	0.00	0	0
1578.	Drug preparations (quantitation)	52.50	52.50	0.00	0	0
1579.	Expert testimony (portal to portal), per hour	78.75	78.75	0.00	0	0
1580.	Date rape panel	231.00	231.00	0.00	0	0
1581.	GHB in urine	73.50	73.50	0.00	0	0
1582.	Administrative retrieval and copy fee (1 - 15) Copy Fee	15.75	15.75	0.00	0	0
1583.	case file report - each additional copy	1.00	1.00	0.00	0	0
Subtotal, Chemical and Environmental Services						<u>\$8,250</u>

Health - Epidemiology & Lab Services - Laboratory Improvement

Environmental Laboratory Certification						
Annual certification fee (chemistry and/or microbiology)						
1584.	Note: Laboratories applying for certification are subject to the annual certification fee, plus the fee listed for each category in each they are to be certified.	0.00	0.00	0.00	0	0
1585.	Utah laboratories	525.00	525.00	0.00	0	0
1586.	Out of state laboratories (plus travel expenses)	6,825.00	6,825.00	0.00	0	0
1587.	NELAP recognition fee	735.00	735.00	0.00	0	0
1588.	Certification change fee	63.00	63.00	0.00	0	0
Safe Drinking Water by Analyte and Method						
1589.	Microbiological - Each Method	47.25	47.25	0.00	0	0
Inorganic test procedure each method						
1590.	Group I	26.25	26.25	0.00	0	0
1591.	Group II	31.50	31.50	0.00	0	0
Miscellaneous each method						
1592.	Group I	26.25	26.25	0.00	0	0
1593.	Group II	31.50	31.50	0.00	0	0
1594.	Group III	26.25	26.25	0.00	0	0
Organic Compounds each method						
1595.	Group I	63.00	63.00	0.00	0	0
1596.	Group II	78.75	78.75	0.00	0	0
1597.	Group III	89.25	89.25	0.00	0	0
1598.	Group IV	168.00	168.00	0.00	0	0
1599.	Radiological each method	31.50	31.50	0.00	0	0
Clean Water by Analyte and Method						
1600.	Microbiological each method	47.25	47.25	0.00	0	0
1601.	Toxicity Testing	183.75	183.75	0.00	0	0
Inorganic test procedure each method						
1602.	Group I	26.25	26.25	0.00	0	0
1603.	Group II	31.50	31.50	0.00	0	0

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1604.	Group III	36.75	36.75	0.00	0	0
	Organic Compounds each method					
1605.	Group I	78.75	78.75	0.00	0	0
1606.	Group II	147.00	147.00	0.00	0	0
1607.	Group III	173.25	173.25	0.00	0	0
1608.	Radiological each method	36.75	36.75	0.00	0	0
	Environmental Laboratory Certification					
	RCRA by Analyte and Method					
1609.	Microbiological each method	47.25	47.25	0.00	0	0
	Inorganic test procedure each method					
1610.	Group I	26.25	26.25	0.00	0	0
1611.	Group II	31.50	31.50	0.00	0	0
	Miscellaneous Groups each method					
1612.	Group I	26.25	26.25	0.00	0	0
1613.	Group II	31.50	31.50	0.00	0	0
1614.	Group III	36.75	36.75	0.00	0	0
1615.	Group IV	42.00	42.00	0.00	0	0
1616.	Radiological each method	36.75	36.75	0.00	0	0
1617.	Hazardous Waste Characteristics each method	42.00	42.00	0.00	0	0
	Sample Extraction Procedures each method					
1618.	Group I	36.75	36.75	0.00	0	0
1619.	Group II	31.50	31.50	0.00	0	0
1620.	Group III	78.75	78.75	0.00	0	0
	Organic Compounds each method					
1621.	Group I	78.75	78.75	0.00	0	0
1622.	Group II	89.25	89.25	0.00	0	0
1623.	Group III	147.00	147.00	0.00	0	0
1624.	Performance Based Method	367.50	500.00	132.50	5	663
	Each individual analyte by each specific method					
1625.	Travel expenses reimbursement for out of state environmental laboratory certifications - Cost Recovery	0.00	0.00	0.00	0	0
	Permits for authorized individuals to withdraw blood for the purpose of determining alcohol or drug content.					
1626.	Triennial fee	31.50	31.50	0.00	0	0
	Impounded Animals Use Certification					
1627.	Annual fee	315.00	315.00	0.00	0	0
	Subtotal, Laboratory Improvement					<u>\$663</u>

Health - Epidemiology & Lab Services - Microbiology

	Immunology					
1628.	Hepatitis B Surface Antigen(HBsAg)	10.50	11.50	1.00	267	267
1629.	Hepatitis B Surface Antibody (HBsAb)	15.75	17.50	1.75	1,014	1,775
1630.	Hepatitis C HVC Antibody	21.00	30.00	9.00	487	4,383

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
Immunology						
1631.	HIV-1 - Antibody (Note: this test includes a confirmatory Western Blot if needed)	10.50	15.00	4.50	4,000	18,000
1632.	HIV-1 - Confirmation (Note: this is for a Western Blot only, a reactive EIA is not required)	42.00	45.00	3.00	0	0
1633.	HIV-1 - Orasure (includes confirmatory Western Blot)	13.13	15.00	1.87	4,000	7,480
1634.	Hantavirus	42.00	45.00	3.00	0	0
1635.	Syphilis RPR	5.25	7.00	1.75	6,000	10,500
1636.	Syphilis FTA	10.50	11.50	1.00	0	0
1637.	HIV- testimony per hour	105.00	105.00	0.00	0	0
1638.	Chain of Custody sample surcharge	15.75	16.50	.75	183	137
1639.	Samples for research	5.25	10.00	4.75	1	5
Virology						
1640.	Herpes culture	10.50	12.00	1.50	0	0
1641.	Rabies (mice, squirrels)	78.75	85.00	6.25	0	0
1642.	CMV culture	10.50	12.00	1.50	0	0
1643.	Chlamydia unpooled amplified test	15.75	17.00	1.25	0	0
1644.	Gonorrhea unpooled amplified test	15.75	17.00	1.25	0	0
1645.	GC and CT unpooled amplified test	21.00	23.00	2.00	7,056	14,112
1646.	DFA for Respiratory Illness	0.00	12.00	12.00	0	0
1647.	DFA for Chicken Pox	0.00	12.00	12.00	0	0
Bacteriology						
Clinical						
1648.	TB (bone marrow and blood samples only)	10.50	20.00	9.50	4	38
1649.	Direct TB test	315.00	320.00	5.00	0	0
1650.	Cultural, Organism	10.50	15.00	4.50	7	32
1651.	Culture of Organism Special Media	0.00	20.00	20.00	0	0
1652.	Escherichia coli STEC (Shigotoxin E.coli)	0.00	55.00	55.00	0	0
1653.	Botulism Culture & Toxin (Stool)	0.00	380.00	380.00	0	0
1654.	Botulism Toxin Characterization (Stool)	0.00	200.00	200.00	0	0
1655.	Botulism Culture Characterization (Serum)	0.00	175.00	175.00	0	0
1656.	Legionella Culture & ID / Sample	0.00	35.00	35.00	0	0
1657.	Giardia/Cryptosporidium EIA	21.00	24.00	3.00	3	9
1658.	ID by Sequencing	0.00	130.00	130.00	0	0
Food Microbiology						
1659.	Total and fecal coliform	21.00	25.00	4.00	0	0
1660.	Plate count, per dilution	15.75	17.00	1.25	0	0
Bacteriology						
Food Microbiology						
1661.	pH and water activity	15.75	17.00	1.25	0	0
1662.	Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus culture	78.75	82.00	3.25	0	0

1663.	Clostridium perfringens, Staphylococcus aureus, and Bacillus cereus toxin assay	283.50	290.00	6.50	0	0
1664.	Salmonella isolation and speciation	215.25	220.00	4.75	0	0
1665.	Shigella isolation and speciation	52.50	55.00	2.50	0	0
1666.	Campylobacter isolation and speciation	68.25	70.00	1.75	0	0
1667.	Listeria isolation and speciation	147.00	150.00	3.00	0	0
1668.	E. coli O157:H7	94.50	100.00	5.50	0	0
1669.	Botulism toxin assay one food	131.25	135.00	3.75	0	0
1670.	Botulism toxin assay each additional food item	0.00	20.00	20.00	0	0
1671.	Environmental swab	12.60	20.00	7.40	0	0
1672.	Coliform count	21.00	25.00	4.00	0	0
	Newborn Screening:					
1673.	Routine first and follow-up screening	65.00	67.00	2.00	52,000	104,000
1674.	Diet Monitoring	7.35	7.35	0.00	0	0
	Molecular Biology					
1675.	Bordetella pertussis by PCR	10.50	42.00	31.50	0	0
1676.	Norwalk Virus by PCR	12.60	130.00	117.40	0	0
1677.	Chlamydia pneumoniae by PCR	10.50	150.00	139.50	0	0
1678.	Mycoplasma pneumoniae by PCR	10.50	150.00	139.50	0	0
1679.	Multi-Orthopox PCR	0.00	150.00	150.00	0	0
1680.	Small Pox only Rule-in PCR	0.00	75.00	75.00	0	0
1681.	V2V Chicken Pox PCR	15.75	75.00	59.25	0	0
1682.	Influenza A & B PCR	0.00	75.00	75.00	0	0
1683.	Influenza A subtyping for H1, H3, H5, H7	0.00	175.00	175.00	0	0
1684.	WNV/SLE/WEE PCR	0.00	75.00	75.00	0	0
1685.	Human WNV ELISA serum (not screened by EPI)	15.75	35.00	19.25	0	0
	Bioterrorism (non-Epidemiology Screened)					
1686.	Stat Environmental and powder by molecular methods	0.00	375.00	375.00	0	0
	all agents by molecular methods					
1687.	Non-Stat Environmental and/or Powder all agents by Culture only	0.00	30.00	30.00	0	0
	Bacteriology					
	Bioterrorism (non-Epidemiology Screened)					
1688.	Non-Stat Environmental and/or Powder Ricin & Staph enterotoxin B	0.00	50.00	50.00	0	0
1689.	Stat Work-up for one BT agent-Molecular Method per Agent	0.00	65.00	65.00	0	0
	Subtotal, Microbiology					<u>\$160,737</u>

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
Health - Epidemiology & Lab Services - Communicable Disease Control						
1690.	Notification and post-test counseling of patients involved in an emergency medical services (EMS) body fluid exposure.	0.00	0.00	0.00	0	0
	Cost Recovery					
1691.	Counseling of an individual with a positive HIV antibody test - Cost Recovery	0.00	0.00	0.00	0	0
1692.	Notification of an individual with a negative HIV antibody test in person.	15.00	15.00	0.00	0	0
1693.	Fundamentals of HIV Counseling Workshops	385.00	385.00	0.00	0	0
1694.	Positive/OraQuick/PCRS Workshop	450.00	450.00	0.00	0	0
	HIV/AIDS education presentations					
1695.	HIV 101	40.00	40.00	0.00	0	0
1696.	TB Skin Testing (placement and reading)	15.00	15.00	0.00	0	0
1697.	Other	0.00	0.00	0.00	0	0

The Laboratory performs a variety of tests under contract and in volume to other agencies of government. The charge for these services is determined according to the type of services and the test volume, and is based on the cost to the Laboratory and therefore may be lower than the fee schedule. Because of changing needs, the Laboratory receives requests for new tests or services that are impossible to anticipate and list fully in a standard fee schedule. Charges for these services are authorized and are to

Subtotal, Communicable Disease Control**\$0****Health - Community & Family Health - Health Promotion**

Cardiovascular Disease Program						
5-A-Day						
1698.	Adult White T-shirt	10.00	0.00	-10.00	0	0
1699.	Children's T-shirt	8.00	0.00	-8.00	0	0
1700.	Aprons	5.00	0.00	-5.00	0	0
1701.	Puppet Show (rental/cleaning fee)	5.00	0.00	-5.00	0	0
1702.	Tool Kit	10.00	0.00	-10.00	0	0
1703.	Costumes (rental/cleaning fee)	5.00	0.00	-5.00	0	0
Gold Medal Schools						
1704.	Step It Up Pedometers	11.00	0.00	-11.00	0	0
1705.	Legacy Gold Medal Mile Trail Book	5.00	5.00	0.00	0	0
1706.	Utah Walks Pin	0.00	1.00	1.00	20	20
1707.	Walk to School Stickers	0.00	10.00	10.00	10	100
Healthy Utah Program						
1708.	Healthy Utah Pedometer	10.32	10.32	0.00	0	0
1709.	Healthy Utah Color Communication Book	6.57	6.57	0.00	0	0

Note: Unit counts may vary greatly depending on public demand. Fees are charges to recapture the actual costs of purchasing, printing, and maintaining materials and equipment.

Subtotal, Health Promotion**\$120**

Health - Community & Family Health - Children with Special Health Care Needs

1710.	Note:	0.00	0.00	0.00	0	0
	The schedule of charges for Children with Special Health Care Needs services provided by the Division of Community and Family Health Services represents commonly performed procedures by CPT code and is consistent with charges by the private sector. The list is not intended to be comprehensive as the Division is mandated to assign a charge for all services performed and there is potentially an unlimited number of procedures that could be provided. If unlisted services are performed, charges consistent with the private sector will be assigned.					
	Office Visit, New Patient					
1711.	99201 Problem focused, straightforward	41.00	41.00	0.00	0	0
1712.	99202 Expanded problem, straightforward	52.00	52.00	0.00	0	0
1713.	99203 Detailed, low complexity	77.00	77.00	0.00	0	0
1714.	99204 Comprehensive, Moderate complexity	103.00	103.00	0.00	0	0
1715.	99205 Comprehensive, high complexity	120.00	120.00	0.00	0	0
	Office Visit, Established Patient					
1716.	99211 Minimal Service or non-MD	14.00	16.00	2.00	13	26
1717.	99212 Problem focused, straightforward	37.00	37.00	0.00	0	0
1718.	99213 Expanded problem, low complexity	51.00	51.00	0.00	0	0
1719.	99214 Detailed, moderate complexity	62.00	62.00	0.00	0	0
1720.	99215 Comprehensive, high complexity	94.00	94.00	0.00	0	0
	Office Consultation, New or Established Patient					
1721.	99242 Expanded problem focused, straightforward	77.00	77.00	0.00	0	0
1722.	99243 Detailed exam, low complexity	86.00	86.00	0.00	0	0
1723.	99244 Comprehensive, moderate complexity	124.00	124.00	0.00	0	0
1724.	99245 Comprehensive, high complexity	186.00	186.00	0.00	0	0
1725.	99354 Prolonged, face to face, first hour	77.00	77.00	0.00	0	0
1726.	99355 Prolonged, face to face, additional 30 minutes	77.00	77.00	0.00	0	0
1727.	99358 Prolonged, non face to face, first hour	89.00	89.00	0.00	0	0
1728.	99359 Prolonged, non face to face, additional 30 minutes	45.00	45.00	0.00	0	0
	Office Consultation, New or Established Patient					
1729.	99361 Medical team conference, 30 min.	63.00	63.00	0.00	0	0
1730.	99362 Medical team conference, 60 min.	124.00	124.00	0.00	0	0
1731.	99371 Telephone Consultation, low complexity	16.00	16.00	0.00	0	0
1732.	99372 Telephone Consultation, intermediate	22.00	22.00	0.00	0	0
1733.	99373 Telephone Consultation, complex or	43.00	43.00	0.00	0	0
1734.	99375 Physician Supervision, 30 minutes or more	63.00	63.00	0.00	0	0
	Nutrition					
1735.	97802 Nutrition Assessment	22.00	22.00	0.00	0	0
1736.	97803 Nutrition Reassessment	22.00	22.00	0.00	0	0
	Psychology					
1737.	96100 Psychological Testing	130.00	0.00	-130.00	940	-122,200
1738.	96101 Psychological Testing	0.00	130.00	130.00	940	122,200
1739.	96110 Developmental Testing	64.00	64.00	0.00	0	0

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1740.	96111 Extended Developmental Testing	60.00	60.00	0.00	0	0
1741.	90801 Diagnostic Exam, per hour	130.00	130.00	0.00	0	0
1742.	90801-52 Diagnostic Exam, per hour, Reduced Procedures	65.00	65.00	0.00	0	0
1743.	90802 Interactive Psychiatric Exam	130.00	130.00	0.00	0	0
1744.	90804 Psychotherapy, face to face, 20-30 minutes	66.00	66.00	0.00	0	0
1745.	90846 Family Med Psychotherapy, w/o 30 minutes	66.00	66.00	0.00	0	0
1746.	90847 Family Med Psychotherapy, conjoint 30 minutes	130.00	130.00	0.00	0	0
1747.	90882 Environmental Intervention w/Agencies, Employers, etc.	48.00	48.00	0.00	0	0
1748.	90882-52 Environmental Intervention Reduced Procedures	23.00	23.00	0.00	0	0
1749.	90885 Evaluation of hospital records	37.00	37.00	0.00	0	0
1750.	90889 Preparation of reports	39.00	39.00	0.00	0	0
	Physical and Occupational Therapy					
1751.	97001 Physical Therapy Evaluation	45.00	45.00	0.00	0	0
1752.	97002 Physical Therapy Re-evaluation	36.00	36.00	0.00	0	0
1753.	97003 Occupational Therapy Evaluation	46.00	46.00	0.00	0	0
1754.	97004 Occupational Therapy Re-evaluation	37.00	37.00	0.00	0	0
1755.	97110 Therapeutic Physical Therapy	24.00	24.00	0.00	0	0
1756.	G9012 Wheelchair Measurement / Fitting	312.00	312.00	0.00	0	0
	Speech					
1757.	92506 Speech Basic Assessment	88.00	97.00	0.00	0	0
	Speech					
1758.	92506-22 Speech Assessment, unusual procedures	132.00	132.00	0.00	0	0
1759.	92506-52 Speech Assessment, reduced procedures	53.00	53.00	0.00	0	0
	Ophthalmology					
1760.	92002 Exam & Evaluation, intermediate, new	55.00	55.00	0.00	0	0
1761.	92012 Exam & evaluation, intermediate, established patient	50.00	50.00	0.00	0	0
1762.	92015 Determination of refractive state	26.00	26.00	0.00	0	0
	Audiology					
1763.	92285 Photoscreen	17.00	26.00	0.00	0	0
1764.	92551 Audiometry, Pure Tone Screen	33.00	33.00	0.00	0	0
1765.	92552 Audiometry, Pure Tone Threshold	36.00	36.00	0.00	0	0
1766.	92553 Audiometry, Air and Bone	44.00	44.00	0.00	0	0
1767.	92555 Speech Audiometry threshold testing	28.00	28.00	0.00	0	0
1768.	92556 Speech Audiometry threshold/speech recognition testing	40.00	40.00	0.00	0	0
1769.	92557 Basic Comprehension, Audiometry	80.00	80.00	0.00	0	0
1770.	92567 Tympanometry	19.00	19.00	0.00	0	0

		<u>Old Fee</u>	<u>New Fee</u>	<u>Fee Change</u>	<u>Quantity</u>	<u>Rev Chg</u>
1771.	92579 Visual reinforcement audiometry	35.00	35.00	0.00	0	0
1772.	92579-52 Visual reinforcement audiometry, limited	31.00	31.00	0.00	0	0
1773.	92582 Conditioning Play Audiometry	80.00	80.00	0.00	0	0
1774.	92587 Evoked Otoacoustic emissions testing	42.00	42.00	0.00	0	0
1775.	92589 Central Auditory Function	86.00	00.00	0.00	0	0
1776.	92591 Hearing Aid Exam, Binaural	108.00	108.00	0.00	0	0
1777.	92596 Ear Mold	84.00	84.00	0.00	0	0
1778.	92592-52 Hearing aid check, monaural	31.00	31.00	0.00	0	0
1779.	92593-52 Hearing aid check, binaural	44.00	44.00	0.00	0	0
1780.	92620 Evaluation of Central Auditory Function	87.00	87.00	0.00	0	0
1781.	V5008 Hearing Check, Patient Under 3 Years Old	38.00	38.00	0.00	0	0
	<p>The Division assigns a charge to all services performed regardless of the client's or third party insurer's financial responsibility or the likelihood of receiving payment for the services. Projected numbers of units of services are based on past experiences but are subject to significant variation determined by the actual needs of patients and changes in medical practices. Hence, it is not possible to calculate the change in revenue resulting from a change in the charge for a given service.</p>					
	BabyWatch / Early Intervention					
1782.	Monthly charges based on a sliding fee schedule from \$10.00 to \$100.00	0.00	0.00	0.00	0	0
	Subtotal, Children with Special Health Care Needs					<u>\$26</u>

Community & Family Health Services Division
2006
 Sliding Fee Schedule and CHIP

Community & Family Health Services Division							
Patient's Financial Responsibility (PFR)	0%	0%	20%	40%	60%	100%	
% of Federal Poverty Guideline	100%	0% to 133%	133% to 150%	150% to 185%	185% to 225%	>225%	CHIP* 200%
Family Size	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income	Monthly Income
1	\$816.67	0 to \$1,086.17	\$1,086.18 to \$1,225.00	\$1,225.01 to \$1,510.83	\$1,510.84 to \$1,837.50	\$1,837.51 and up	\$1,633
2	\$1,100.00	0 to \$1,463.00	\$1,463.01 to \$1,650.00	\$1,650.01 to \$2,035.00	\$2,035.01 to \$2,475.00	\$2,475.01 and up	\$2,200
3	\$1,383.33	0 to \$1,839.83	\$1,839.84 to \$2,075.00	\$2,075.01 to \$2,559.17	\$2,559.18 to \$3,112.50	\$3,112.51 and up	\$2,767
4	\$1,666.67	0 to \$2,216.67	\$2,216.68 to \$2,500.00	\$2,500.01 to \$3,083.33	\$3,083.34 to \$3,750.00	\$3,750.01 and up	\$3,333
5	\$1,950.00	0 to \$2,593.50	\$2,593.51 to \$2,925.00	\$2,925.01 to \$3,607.50	\$3,607.51 to \$4,387.50	\$4,387.51 and up	\$3,900
6	\$2,233.33	0 to \$2,970.33	\$2,970.34 to \$3,350.00	\$3,350.01 to \$4,131.67	\$4,131.68 to \$5,025.00	\$5,025.01 and up	\$4,467
7	\$2,516.67	0 to \$3,347.17	\$3,347.18 to \$3,775.00	\$3,775.01 to \$4,655.83	\$4,655.84 to \$5,662.50	\$5,662.51 and up	\$5,033
8	\$2,800.00	0 to \$3,724.00	\$3,724.01 to \$4,200.00	\$4,200.01 to \$5,180.00	\$5,180.01 to \$6,300.00	\$6,300.01 and up	\$5,600
Each Additional Family Member	\$283.33	\$376.83	\$425.00	\$524.17	\$637.50	\$637.50	\$567

NOTE: This CFHS schedule is based on Federal Poverty Guidelines published in the Federal Register January 24, 2006; Vol. 71, No.15, Pgs 3848-3849. When new poverty guidelines are published, the fee scale will be changed as required by federal law, Title V of the Social Security Act, and in accordance with guidelines published by the Department of Health and Human Services, Office of the Secretary.

*Children's Health Insurance Program (CHIP).

**Baby Watch Early Intervention Program
2006 Sliding Fee Schedule**

Monthly Family Fee:	Exempt	\$10	\$20	\$30	\$40	\$50	\$60	\$80	\$100
Fee Group:	FX	FH	FG	FF	FE	FD	FC	FB	FA
Family Size:	modified income	modified income	modified income	modified income	modified income	modified income	modified income	modified income	modified income
2	\$0.00 to \$24,551.99	\$24,552.00 to \$26,399.99	\$26,400.00 to \$32,999.99	\$33,000.00 to \$39,599.99	\$39,600.00 to \$52,799.99	\$52,800.00 to \$65,999.99	\$66,000.00 to \$79,199.99	\$79,200.00 to \$92,399.99	\$92,400.00 and above
3	\$0.00 to \$30,875.99	\$30,876.00 to \$33,199.99	\$33,200.00 to \$41,499.99	\$41,500.00 to \$49,799.99	\$49,800.00 to \$66,399.99	\$66,400.00 to \$82,999.99	\$83,000.00 to \$99,599.99	\$99,600.00 to \$116,199.99	\$116,200.00 and above
4	\$0.00 to \$37,199.99	\$37,200.00 to \$39,999.99	\$40,000.00 to \$49,999.99	\$50,000.00 to \$59,999.99	\$60,000.00 to \$79,999.99	\$80,000.00 to \$99,999.99	\$100,000.00 to \$119,999.99	\$120,000.00 to \$139,999.99	\$140,000.00 and above
5	\$0.00 to \$43,523.99	\$43,524.00 to \$46,799.99	\$46,800.00 to \$58,499.99	\$58,500.00 to \$70,199.99	\$70,200.00 to \$93,599.99	\$93,600.00 to \$116,999.99	\$117,000.00 to \$140,399.99	\$140,400.00 to \$163,799.99	\$163,800.00 and above
6	\$0.00 to \$49,847.99	\$49,848.00 to \$53,599.99	\$53,600.00 to \$66,999.99	\$67,000.00 to \$80,399.99	\$80,400.00 to \$107,199.99	\$107,200.00 to \$133,999.99	\$134,000.00 to \$160,799.99	\$160,800.00 to \$187,599.99	\$187,600.00 and above
7	\$0.00 to \$56,171.99	\$56,172.00 to \$60,399.99	\$60,400.00 to \$75,499.99	\$75,500.00 to \$90,599.99	\$90,600.00 to \$120,799.99	\$120,800.00 to \$150,999.99	\$151,000.00 to \$181,199.99	\$181,200.00 To \$211,399.99	\$211,400.00 and above
8	\$0.00 to \$62,495.99	\$62,496.00 to \$67,199.99	\$67,200.00 to \$83,999.99	\$84,000.00 to \$100,799.99	\$100,800.00 to \$134,399.99	\$134,400.00 to \$167,999.99	\$168,000.00 to \$201,599.99	\$201,600.00 To \$235,199.99	\$235,200.00 and above
<i>Add amount for each additional family member</i>	\$3,400	\$6,324	\$6,800	\$8,500	\$10,200	\$13,600	\$17,000	\$20,400	\$23,800

NOTE: This CFHS schedule is based on Federal Poverty Guidelines published in the *Federal Register*, Vol. 71, No. 15, January 24, 2006, pages 3848-3849. When new poverty guidelines are published the fee scale will be changed as required by federal law, Title V of the Social Security Act, and in accordance with guidelines published by the Department of Health and Human Services, Office of the Secretary.

Health - Children's Health Ins Prog - Children's Health Insurance Program

CHIP Quarterly Premium						
1783.	PLAN A (100%-150% of Poverty Level)	13.00	30.00	17.00	18,000	306,000
1784.	Plan B (150%-200% of Poverty Level)	25.00	60.00	35.00	22,244	778,540
PCN Client Enrollment Fee						
1785.	Over 50 % of Poverty Level (annual fee per person or married couple.)	50.00	50.00	0.00	0	0
1786.	Under 50 % of Poverty Level (annual fee per person or married couple.)	25.00	25.00	0.00	0	0
1787.	General Assistance Enrollees (annual fee per person or married couple.)	15.00	15.00	0.00	0	0
Subtotal, Children's Health Insurance Program					<u>\$1,084,540</u>	

DEPARTMENT TOTAL**\$1,158,887****LEGISLATIVE ACTION**

The Analyst recommends approval of the fees and changes listed in this Issue Brief for the Utah Department of Health.