			Health P	rovider Pay	Table				
TABLE HP-A		MID-LEV	MID-LEVEL PROVIDERS - FAMILY NURSE PRACTITIONER AND PHYSICIAN ASSISTANT						
Years in Practice	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9
Monthly Base Pay Rate	\$ 15,314.00	\$ 15,927.	00 \$ 16,564.00) \$ 17,227.00	\$ 17,916.00	\$ 18,633.00	\$ 19,378.00	\$ 20,153.00	\$ 20,959.0
Years of Service Retention AWARD*			SPECIAL CONDIT	TIONS APPLY TO QU	ALIFY FOR THIS R	ETENTION AWARD			
Year of Service for Tillamook County	YOS 1	YOS 2	YOS 3	YOS 4	YOS 5	YOS 6	YOS 7	YOS 8	YOS 9
Award Pay Monthly (up to maximum)	\$0.00	\$500.00	\$500.00	\$750.00	\$750.00	\$1,000.00	\$1,000.00	\$1,000.00	\$1,250.00
*Conditions to be met and * Based on these required conditions: 1. 325 patient encounters per month**; adjusted 2. YOSRA is prorated based on % of FTE 3. Closed Charts Formula: % of charts closed within 48 hours - 90% begin *based on average of 21.67 working days per mont	d annually ning January 1, 2016			t contact (i.e. incornora	tes all leave hours and	any other non-natient ti	me)		
TABLE HP-B	in and 10 cheoditicho pe	a dayy melades avan	usic nonadys for padem		CIANS	any other non padent a	inc).	T	
Years in Practice	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9
Monthly Base Pay Rate	\$ 15,488.00								\$ 22,882.0
	φ 15,100.00	φ 10,202.	50 \$ 17,075.00		, ,	\$ 15,700.00	\$ 20,751.00	\$ 21,752.00	φ 22,002.0
TABLE HP-C	6750 A	OTED D	0750.0	1	TIST	CTTP C	0750 7		
Years in Practice	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9
Monthly Base Pay Rate	\$ 18,517.00	\$ 19,480.	00 \$ 20,493.00) \$ 21,559.00	\$ 22,680.00	\$ 23,859.00	\$ 25,100.00	\$ 26,405.00	\$ 27,778.0
Years of Service Retention AWARD***			SPECIAL CONDIT	TIONS APPLY TO QU	ALIFY FOR THIS R	ETENTION AWARD			
Year of Service for Tillamook County	YOS 1	YOS 2	YOS 3	YOS 4	YOS 5	YOS 6	YOS 7	YOS 8	YOS 9
Award Pay Monthly (up to maximum)	\$0.00	\$500.00	\$750.00	\$750.00	\$1,000.00	\$1,000.00	\$1,250.00	\$1,250.00	\$1,250.00
YOSRA is prorated based on % of FTE Closed Charts Formula: % of charts closed within 48 hours - 90% TABLE HP-D		PHYSICIAN/	INTERNAL MEDIC	INE/PSYCHIATR	IST & MEDICAL	DIRECTOR AND/	OR HEALTH OF	FICER	
Years in Practice	STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6	STEP 7	STEP 8	STEP 9
Monthly Base Pay Rate	\$ 17,978.00								\$ 26,974.0
Years of Service Retention AWARD*			SPECIAL CONDIT	TIONS APPLY TO QU	ALIFY FOR THIS R	ETENTION AWARD			
Year of Service for Tillamook County	YOS 1	YOS 2	YOS 3	YOS 4	YOS 5	YOS 6	YOS 7	YOS 8	YOS 9
Award Pay Monthly (up to maximum) *Conditions to be met and Approved by the	\$0.00	\$500.00	\$750.00	\$750.00	\$1,000.00	\$1,000.00	\$1,250.00	\$1,250.00	\$1,250.00
* Based on these required conditions: 1. 325 patient encounters per month**; adjustet 2. YOSRA is prorated based on % of FTE 3. Closed Charts Formula: % of charts closed within 48 hours - 90% begin **based on average of 21.67 working days per monti Monthly Provider Leadership Stipends	ning January 1, 2016		able workdays for patient		tes all leave hours and	any other non-patient ti	me).		
Monthly Stipend	\$ 575.00	, 1	\$980.00	Pu	\$780.00	1			
· · · · · ·	0,0.00	\$90-\$175	+- 00100		\$55.00-\$140	- 1			
Temporary Physician (Ind	ividual Agreement)	per hour	Temporary	Mid-Level Provide	per hour				
Provider On-Call-Weekly/Paid ONLY for full			_						
MD or PA On-Call Tillamook County Health	Department	\$ 250.0	0						
Revised and adopted by BOCC 8/28/13 (changed Ten									