

Memorandum of Understanding for Tuberculosis Clinical Services

This Memorandum of Understanding (MOU) is between the Wisconsin Division of Public Health, Bureau of Communicable Diseases (hereafter referred to as "Bureau") and the Menasha Health Department (hereafter referred to as "Health Department") and reflects the responsibilities of both parties with respect to tuberculosis (TB) clinical services as set forth in Wisconsin State Statute 252.10 and Wisconsin Administrative Code HFS 145.12 and HFS 145.13.

The Bureau Agrees

1. To reimburse the Health Department quarterly for the TB dispensary services established, maintained and delivered in accordance with Wisconsin Statutes, Wisconsin Administrative Code, Centers for Disease Control (CDC) protocols and the WI Tuberculosis Program Guidelines.
2. To provide reimbursement to the Health Department in accordance with HFS 145.12 and HFS 145.13 of Administrative Rule. Reimbursement shall be at the medical assistance program rate. The cost of this agreement is not to exceed \$ 6500 for the period of July 1, 2009 through June 30, 2010. Costs in excess of this maximum will not be reimbursed unless there is prior, written amendment to this agreement. Reimbursement rate changes and increases made by the medical assistance program during the time period of this agreement may be reflected in the amounts billed for TB dispensary services within this maximum or any amended amount.
3. To provide reimbursement to the Health Department for providing or ensuring the provision of necessary services that are ordered by a physician and/or are implemented in accordance the above identified statutes, rules, guidelines and as established in the plan for tuberculosis prevention and control by the health department. These services include the following:
 - Tuberculin skin testing.
 - Medication for treatment of tuberculosis disease and infection.
 - Directly observed therapy.
 - Tuberculosis contact investigation.
 - Case management.
 - Sputum specimen collection and induction.
 - Medical evaluation by a physician or nurse.
 - Chest radiographs.
 - Collection of serologic specimens.
4. To provide reimbursement to the Health Department for the above activities with the following additional criteria
 - Tuberculin skin testing of high-risk persons is done as defined by the CDC (MMWR June 9, 2000, Vol. 49, No. RR-6)
 - The administration and reading of a skin test shall be considered one visit.
 - Screening skin tests given in school programs, employee health programs, etc. that are not done as part of a contact investigation or are not done for a person with a medical or population risk factor will not be reimbursed.
 - The provision of X-rays, including interpretation, to determine the presence or absence of active disease, or to document response to therapy.
 - Physician services for medical evaluations and public health nursing visits to patients who have suspected or confirmed active TB disease and for persons who meet the classification of high-risk persons.
5. To purchase medications necessary for the treatment of *M. tuberculosis*, both active disease and infection and to arrange for their delivery to the Health Department for medication administration as part of Directly Observed Therapy (DOT) or for instructing patients in self administration. The medication program is also provided to promote the completion of therapy and the monitoring of the patient for disease symptoms and medication side effects.

Memorandum of Understanding for Tuberculosis Dispensary Services

The Health Department Agrees

1. To provide or arrange for public health dispensary services for the diagnosis and treatment of persons suspected of having or diagnosed with *M. tuberculosis* according to federal regulations, state statutes and rules, the CDC and the WI TB Program guidelines.
2. To maintain records of services provided and billed to the Bureau as well as costs and receipts which the Health Department will make available for audit by the Department of Health and Family Services to include at least the following:
 - The name of each person served
 - The date of service for each person served
 - The type of service provided to each person
 - The amount the dispensary billed and received for providing service to each person
3. To maintain and submit such records as required by the Health Department and the Bureau to enable them to carry out their responsibilities.
4. To use net income in excess of expenses from fees collected from recipients of public health dispensary services (if applicable) to finance case finding, targeted testing and treatment programs in the community as approved by the Bureau and in accordance with the health department plan for tuberculosis control and prevention at the local level.
5. To not seek reimbursement for services provided to patients who are Medicaid recipients or meet the screening criteria for presumed Medicaid eligibility at the time of service. If the Health Department is aware of a person's third party payment coverage for services, such as Medicare or private insurance, arrangements for that care and billing as a primary billing source should be made, if possible, without losing the person to care.

Changes made in federal regulations, state statutes or administrative rules during the time period of this agreement are binding to both parties.

Funding provided by the Wisconsin TB program is to complement the efforts of the local health department to prevent, control and eventually eliminate TB in Wisconsin and is not to be used to supplant local funding.

TB Program payments are subject to recoupment if the provider bills for the same service twice.

IN WITNESS THEREOF, the parties hereto execute this Understanding:

Health Department Official
Menasha Health Department

Date

Health Department Financial Official
City of Menasha Finance Department

Date

Thomas L. Sieger
Deputy Administrator
Division of Public Health
Wisconsin Department of Health Services

Approved as to form
 3/23/09
Jeffrey S. Brandt, City Attorney

**Menasha Health Department
TB Clinical Services Plan
July 1, 2009 – June 30, 2010**

Mission Statement: The mission of the Menasha Health Department is to promote public health, protect consumers, and encourage a high standard of environmental health in response to the needs of the community and school district.

Jurisdiction: Menasha Health Department is responsible for providing public health services to the residents of the City of Menasha.

TB Clinical Services Plan Goal: To ensure that TB clinical and medical services are delivered promptly and effectively in the city of Menasha, regardless of the person's insurance, or financial status, to ensure that the health of the public is protected.

Public Health Essential Services

Monitor health status in the community to identify community health problems. Identify, investigate, control, and prevent problems and environmental health hazards in the community.

Educate the public about current and emerging health issues.

Promote community partnerships to identify and solve health problems.

Link city residents to needed health services.

Assure access to primary health care for all.

Agreements

Agreements are in place (or being developed) with the following medical providers to provide the following services:

Type of Services	Provider	Verbal or written agreement
Medical Evaluations -TB skin test -Physician evaluations -Chest x-ray -CT Scans -Sputum Induction	Affinity Medical Group ThedaCare Physicians UW-Family Health Fox Valley Primary Care Associates Fox Cities Community Health Center	
Chest x-rays/CT Scans -Interpretation	Radiology Association of Appleton Radiology Associates of Fox Valley, SC	
Sputum Inductions	St. Elizabeth Hospital Theda Clark Regional Medical Center	
Quantiferon Gold – TB	St. Elizabeth Hospital Lab	
Blood Draw Only for WSLH fee exempt tests		

Documentation

Record of all TB services provided or arranged for will be kept according to health department record policies and procedures and on forms/in formats that are efficient and useful in the health department and will be made available for audit by the WI TB program.

Billing

The Public Health Director, in cooperation with the City of Menasha Finance Department, will submit billing for reimbursement of TB services on a quarterly basis at the MA reimbursement rate. A summary of services provided will be included with the billing.

Budget

The Menasha Health Department has agreed to provide services to uninsured and underinsured up to \$6500. Anticipated services include:

	<u>Total</u>
3 QFT-G @ \$77.93 each	\$233.79
9 Blood draws @ \$3.88 each	\$34.92
3 TB Skin tests @ \$9.21 each	\$27.63
4 Chest x-rays with one view and interpretation @ \$27.71	\$110.84
4 Chest x-rays with two views and interpretation @ \$35.42	\$141.68
4 Medical Evaluations @ \$70 each	\$280.00
4 PHN Patient Education HV (LTBI) @ \$37.57 each	\$150.28
66 PHN Case Management @ \$43.27/hour	\$2855.82
66 PHN Direct Observed Therapy @ \$37.57 hour	\$2479.62
12 Sputum Induction @ \$15.98 each	\$191.76

Agreements are in place (or being developed) with the following providers to provide for prompt inpatient care, including isolation and/or confinement for active pulmonary cases if necessary:

Type of service	Provider	Verbal or written agreement
Respiratory precautions Isolation room	Theda Clark Regional Medical Center Appleton Medical Center St. Elizabeth Hospital	
Guard services, if indicated	Menasha Police Department	

Assessments

Clinical Assessments

All clients and patients referred or presenting themselves for TB services will be assessed according to health department policies, procedures, and practices. Care provided or arranged for will be done according to statutes, rules, guidelines, and CDC protocols with emphasis on the protection of the health of the public.

Financial Assessments

All clients and patients referred or presenting themselves for TB services will be briefly assessed for the ability to provide private insurance or Medicare/Medicaid coverage. Qualification or presumptive qualification for standard medical assistance and/or for Tuberculosis – Related Medical Assistance (the TR benefit) will be explored if possible. Persons needing TB services who are not insured or are underinsured (such as deductible not met, or they have a co-pay requirement) will receive prompt TB services regardless of the ability to pay. These services will be billed at the current medical assistant rate to the local health department to be billed quarterly to the WI TB Program Dispensary Services for reimbursement.

High-Risk Persons

The following high-risk groups will be targeted for skin testing, active disease case finding and early detection and treatment of latent TB infection through the following methods. As additional incidence or prevalence in the community is uncovered, this plan will be adjusted.

Contact investigations in active TB cases will be conducted to identify and assure appropriate treatment with particular attention to close and high-risk contacts, especially children and any person who is immunosuppressed.

Emphasis for active disease case finding and early identification and treatment of LTBI will be placed on individuals who are at high risk for recent LTBI based on county of origin or with clinical conditions that increase the risk for tuberculosis, regardless of age. The city of Menasha has a significant Hispanic population, many of which are undocumented.

**PHN Services for TB Clients
Client Information**

Name:	DOB:	SS#:
Client Insurance:	Date of H.V.	
PHN:	Agency: Menasha Health Department	
PHN Phone: (920)-967-3520	Fax: (920)-967-5247	

Home Visit Information

Please check all services provided at this visit:

SERVICE	Check	MA Code	Maximum Reimbursement Rate	Actual Reimbursement Requested
Pt Educ./Anticipatory Guidance		S9445	\$37.56/hr (One time LTBI)	
PHN Services		S9445	\$37.57/hr	
PHN Case Management		T1017	\$43.27/hr	
PHN DOT Visit-active disease		99401-99404	\$37.57/hr	
Blood Draw*		36415	\$3.88/specimen	
Sputum, obtaining specimen*		89350	\$14.86	
TB skin test of high-risk person		86580	\$9.21/test	
TOTAL				

* All specimens to be sent to State Lab of Hygiene.

PHN Signature: _____ Date: _____

**Clinical Services for TB Clients
Client Information**

Name:	DOB:	SS#:
Clinic:	Fax:	
Physician:	Date of O.V.	
Client Insurance: none	Agency: Menasha Health Department	
PHN:	Phone: 967-3520	Fax: 967-5247

**Office Visit Information
(Completed by Health Care Provider)**

Please check all services provided at this visit. Faxed completed form to 967-5247.

SERVICE	Check	CPT Code	Maximum Reimbursement rate	Actual Reimbursement Requested
Blood Draw		36415	\$3.88/specimen	
QuantiFERON-TB Gold		86480	\$77.93/service	
Sputum, obtaining specimen *			\$14.86/service	PHN will provide
Sputum, Aerosol Induction * (see below)			\$15.98/service*	
PPD		86580	\$ 9.21/service	PHN will provide
CXR, one view and interpretation		71020	\$27.71/service	
CXR, two views and interpretation		71020	\$35.42/service	
TOTAL	-----		-----	

* All specimens to be sent to State Lab of Hygiene for smear and culture.

Next follow-up visit _____ Reason _____.

Clinic representative: _____ Date ___ / ___ / ___