

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 **City of 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

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.

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 **\$3,500 for the period of July 1, 2010 through June 30, 2011**. 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.

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.

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.

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.

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Approved

PAC 5-2-2010  
City Attorney

Memorandum of Understanding for Tuberculosis Dispensary Services

The Health Department Agrees

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.

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 Services to include at least the following:

- The initials and DOB for each person served (ex: JLD08031943)
- The type of patient (case, LTBI, suspect, contact)
- The date of service
- The type of service, MA code for service, and length of service (if applicable)
- The amount billed for service

To maintain and submit such records as required by the Health Department and the Bureau to enable them to carry out their responsibilities.

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.

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 \_\_\_\_\_ Date

\_\_\_\_\_ Health Department Financial Official \_\_\_\_\_ Date

\_\_\_\_\_ Date  
Seth Foldy, MD, MPH  
State Health Officer and Administrator  
Division of Public Health  
Wisconsin Department of Health Services