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City of West Allis

Matter Summary

7525 W. Greenfield Ave.
West Allis, WI 53214

File Number	Title	Status
R-2004-0169	Resolution	In Committee
Resolution Approving a Memorandum of Understanding Between the City of West Allis and United Health Care of Wisconsin for the coordination and referral of low income, pregnant women eligible for Medicaid services.		
Introduced: 5/13/2004		Controlling Body: Administration & Finance Committee

COMMITTEE RECOMMENDATION

Recommended for Adoption

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>5/25/04</u>			Barczak	✓			
			Czaplewski	✓			
			Dobrowski				
	✓		Kopplin				
			Lajsic	✓			
			Narlock				
		✓	Reinke	✓			
			Sengstock				
			Vitale				
			Weigel	✓			
TOTAL				<u>5</u>	<u>0</u>		

SIGNATURE OF COMMITTEE MEMBER

[Signature]

Chair

Vice-Chair

Member

COMMON COUNCIL ACTION

ADOPT

ACTION DATE:	MOVER	SECONDER		AYE	NO	PRESENT	EXCUSED
<u>JUN 01 2004</u>	✓	✓	Barczak	✓			
			Czaplewski	✓			
			Dobrowski	✓			
			Kopplin	✓			
			Lajsic	✓			
			Narlock	✓			
			Reinke	✓			
			Sengstock	✓			
			Vitale	✓			
			Weigel	✓			
TOTAL				<u>10</u>	<u>-</u>		

C: Health Dept.

**STANDING COMMITTEES OF THE
CITY OF WEST ALLIS COMMON COUNCIL
2004**

ADMINISTRATION & FINANCE

Chair: Michael J. Czaplewski
Vice-Chair: Martin J. Weigel
Gary T. Barczak
Thomas G. Lajsic
Rosalie L. Reinke

PUBLIC WORKS

Chair: Richard F. Narlock
Vice-Chair: Linda A. Dobrowski
Kurt E. Kopplin
Vincent Vitale
James W. Sengstock

SAFETY & DEVELOPMENT

Chair: Thomas G. Lajsic
Vice-Chair: Vincent Vitale
Gary T. Barczak
Martin J. Weigel
Rosalie L. Reinke

LICENSE & HEALTH

Chair: Kurt E. Kopplin
Vice-Chair: James W. Sengstock
Linda A. Dobrowski
Richard F. Narlock
Michael J. Czaplewski

ADVISORY

Chair: Rosalie L. Reinke
Vice-Chair: Gary T. Barczak
Linda A. Dobrowski
Vincent Vitale
Martin J. Weigel



City of West Allis

7525 W. Greenfield Ave.
West Allis, WI 53214

Resolution

File Number: R-2004-0169

Final Action:

JUN 01 2004

Resolution Approving a Memorandum of Understanding Between the City of West Allis and United Health Care of Wisconsin for the coordination and referral of low income, pregnant women eligible for Medicaid services.

WHEREAS, the Wisconsin Medicaid Program offers a program called Prenatal Care Coordination that provides case management services for low-income pregnant women.

WHEREAS, the West Allis Health Department as a certified provider of prenatal care coordination services.

WHEREAS, the West Allis Health Department received reimbursement from the Wisconsin Medicaid Program for the provision of prenatal care coordination services.

WHEREAS, a requirement for providers of prenatal care coordination services is to collaborate with Medicaid HMOs through a memorandum of understanding that facilitates referrals of clients.

WHEREAS, United Health Care is one of two Medicaid HMOs in Milwaukee County.

BE IT RESOLVED by the Common Council of the City of West Allis that a memorandum of understanding between the City of West Allis and United Health Care for the coordination and referral of low income, pregnant women eligible for Medicaid services, a copy of which is attached hereto and made part hereof, is hereby approved.

NOW, THEREFORE, BE IT RESOLVED that the Common Council of the City of West Allis hereby authorizes and directs the City Health Commissioner to sign the aforesaid memorandum of understanding.

ADOPTED

June 1, 2004
Paul M. Ziehler

Paul M. Ziehler, City Admin. Officer, Clerk/Treas.

APPROVED

June 4, 2004
Jeannette Bell

Jeannette Bell, Mayor

MEMORANDUM OF UNDERSTANDING

HEALTH CARE PROVIDER AND PRENATAL CARE COORDINATION AGENCY

Prenatal care coordination (PNCC) is a service covered by Wisconsin Medicaid for all recipients. Successful provision of the service to individual recipients requires cooperation, coordination and communication between the health care provider and the PNCC agency. The PNCC agency is responsible for outreach, risk assessment, care planning, care coordination and follow up to support high-risk women. The health care provider is responsible for providing medically necessary services.

The health care provider and the PNCC provider agree to facilitate effective communication between agencies, work to resolve interagency coordination and communication problems and inform staff from both the health care provider and the PNCC agency about the policies and procedures for this cooperation, coordination and communication.

Recognizing that these "clients-in-common" are at high risk for poor birth outcomes, the health care provider and the PNCC provider agree to cooperate in removing access barriers, coordinating care and providing culturally competent services.

This agreement becomes effective on the date the PNCC agency is certified by Wisconsin Medicaid or on the date when both the HMO and the PNCC agency have signed, whichever is later. It remains in effect until it is cancelled in writing with two weeks' notice by either signer.

Name of Health Care Provider or HMO	Name of PNCC Agency
Authorizing Signature	Authorizing Signature
Title	Title
Date	Date

Scott McCallum
Governor

Phyllis J. Dubé
Secretary



State of Wisconsin
Department of Health and Family Services

DIVISION OF HEALTH CARE FINANCING

**1 WEST WILSON STREET
P O BOX 309
MADISON WI 53701-0309**

**Telephone: 608-266-8922
FAX: 608-266-1096
TTY: 608-261-7798
www.dhfs.state.wi.us**

MEMORANDUM

TO: Wisconsin Medicaid Providers
Interested in Presumptive Eligibility Qualification

FROM: Peggy L. Bartels, Administrator
Division of Health Care Financing

SUBJECT: Presumptive Eligibility Provider Qualification Information

Thank you for requesting information about Wisconsin's Presumptive Eligibility (PE) Program. PE qualified providers determine if a woman with a verified pregnancy may be eligible for Medicaid on a temporary basis. This temporary eligibility allows her to obtain ambulatory (outpatient) prenatal services while waiting for a determination on her application for Medicaid from the local economic support agency. Under federal and state law, only certain "qualified providers" may be eligible to determine if a woman is presumptively eligible. However, any Medicaid certified provider may honor a PE card and provide covered services.

Enclosed please find a Presumptive Eligibility Location form, Presumptive Eligibility Provider Agreement, and the Medicaid Presumptive Eligibility/Provider Qualification form. To become a PE qualified provider you must complete these forms, being sure to check all qualifiers that apply.

Please note that Wisconsin does not recognize one specific prenatal program, and therefore, for purposes of this program, the term state prenatal program is defined as physician, nurse practitioner, certified nurse-midwife, family planning clinic, outpatient hospital, or other clinic that provides prenatal medical care to Wisconsin Medicaid recipient. Clinics may include HealthCheck providers, rural health clinics, federally qualified health centers, community health centers, migrant health centers, tribal health clinics, WIC clinics, etc., but services must be furnished by or under the direction of a physician, without regard to whether the clinic itself is administered by a physician.

Both clinics and individual providers are eligible to become PE qualified providers if they meet the provider requirements outlined in state and federal regulations. Clinics that are PE qualified may make PE determinations regardless of the PE qualification of individual providers that work within the clinic. Individual providers, however, are also eligible to be PE qualified if they want to be able to make PE determinations in private practices or other locations.

The clinic or individual that is applying for PE qualification will use their existing Medicaid provider number on the application and agreement forms.

Scott McCallum
GovernorPhyllis J. Dubé
Secretary

State of Wisconsin

Department of Health and Family Services

MEDICAID PRESUMPTIVE ELIGIBILITY
PROVIDER QUALIFICATION FORM

To become a qualified provider in the Medicaid Presumptive Eligibility Program, please mark the statements that apply to you.

- () I am currently a certified Wisconsin Medicaid program provider, provider number 44007200; and

Provide services of the type provided by: (Required, please check one)

- () Outpatient Hospitals [§1905(a)(2)(A) of the Social Security Act];
() Rural Health Clinic [§1905(a)(2)(B)]; or
☒ Clinics furnished by or under the direction of a physician, without regard to whether the clinic itself is administered by a physician [§1905(a)(9)]; and

Receive funds under:

(Please indicate one of the following categories that applies to your funding)

- () Community Health Centers or Migrant Health Centers [§330 or §329 of the Public Health Service Act];
☒ The Maternal and Child Health Services Block Grant Programs [Title V of the Social Security Act];
() Title V of the Indian Health Care Improvement Act; or

Participate in the program established under:

- ☒ The Special Supplemental Food Program for Women, Infants and Children (§17 of the Child Nutrition Act of 1966);
() The Commodity Supplemental Food Program [§4(a) of the Agriculture and Consumer Protection Act of 1973];
() A state perinatal program, defined for this purpose as a physician, nurse practitioner, certified nurse-midwife, family planning clinic, outpatient hospital, or other clinic that provides prenatal medical care to Wisconsin Medicaid recipients; or
() The Indian Health Services, or is a health program or facility operated by a tribe or tribal organization (the Indian Self-Determination Act – Public Law 93-638).

I certify that the information which I have provided is a true and complete statement of facts according to my best knowledge. I understand that false statements or misrepresentation of information would terminate our qualified provider certification.

Terry Brandenburg
Signature of Provider or Authorized Representative (Required)

Date: 5-11-04
(Required)

Terry Brandenburg
Printed or Typed Name of Signee

PRESUMPTIVE ELIGIBILITY LOCATION FORM

Please indicate locations where PE service will be performed
(attach additional sheets, if needed).

44007200
Wisconsin Medicaid Provider No.

West Allis Health Dep.
Provider Name

7120 W. National Ave

West Allis, WI 53214

Mailing Address for PE Information

Terry Brandenburg
PE Contact Person

414-302-8637
Phone No.

List below all locations (applicable for the provider number listed above) at which Presumptive Eligibility determination will be available. (This applies to individuals providing services at multiple location and clinics which have multiple locations who bill under one clinic number.) Each clinic location that has its own unique Medicaid provider number must complete PEQ application under that number.

Facility Name

Facility Name

Address

Address

City

City

State

Zip

State

Zip

Contact Person

Telephone No.

Contact Person

Telephone No.

"The Wisconsin Medicaid program requires information to enable the Medicaid program to certify providers and to authorize pay for medical services provided to eligible recipients.

Personally identifiable information about Medicaid providers is used for purposes directly related to the Medicaid program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for those services."



Scott McCallum
Governor

Phyllis J. Dubé
Secretary

State of Wisconsin

Department of Health and Family Services

DOH 1040D (rev. 6/01)
DHFS/Division of Health Care Financing
W.A.C. HFS 105.01

**DEPARTMENT OF HEALTH AND FAMILY SERVICES
MEDICAID PROGRAM PRESUMPTIVE ELIGIBILITY PROVIDER AGREEMENT
(For Qualified Providers)**

- I. The State of Wisconsin Department of Health and Family Services (hereinafter referred to as the Department) hereby enters into an agreement with

West Allis Health Department - 44007200
Qualified Provider's Name (and Provider Number, if assigned)

a provider of health care services (hereinafter referred to as the provider) to determine presumptive eligibility under the Wisconsin Medicaid program, to provide ambulatory prenatal care to pregnant women, subject to the following terms and conditions:

- II. Provider agrees to:

- A. Make presumptive eligibility determinations according to instructions and forms provided by the Department, including notifying EDS and the pregnant woman's county (of residence) income maintenance agency of the presumptive eligibility determination within 5 working days after the date on which the determination is made.
- B. Participate in Department-sponsored training workshops on presumptive eligibility.

- III. Provider understands that only ambulatory prenatal care provided to the pregnant woman during the presumptive eligibility period shall be reimbursed by the Wisconsin Medicaid program. Ambulatory prenatal care is outpatient services for pregnancy-related care.

- IV. The Department, by signing this agreement below, has approved the provider named below as qualified for making Presumptive Eligibility determinations of pregnant women based on family income and pregnancy verification.

V. This agreement may be terminated as follows:

- A. By the Department for failure of the provider to comply substantially with the qualified provider certification requirements or provisions of this agreement, per s. HFS 106.06, Wisconsin Administrative Code.
- B. By the provider with at least a 30-day written notice to the Department, per s. HFS 106.05, Wisconsin Administrative Code.

West Allis Health Dept
Name of Provider (typed or printed)

7120 W. National Ave
Physical Street Address

West Allis WI 53214
City State Zip

Health Commissioner
Title

By: Terry Brandenburg
Signature of Provider
or Authorized Representative

Terry Brandenburg
(typed or printed name of signee)

Date: 5-11-04

(for Department use only)

STATE OF WISCONSIN
DEPARTMENT OF HEALTH
AND FAMILY SERVICES

By: _____

Date: _____

Modifications to this agreement cannot and will not be agreed to. This agreement is not transferable or assignable.

“The Wisconsin Medicaid program requires information to enable the Medicaid program to certify providers and to authorize pay for medical services provided to eligible recipients.

Personally identifiable information about Medicaid providers is used for purposes directly related to the Medicaid program administration such as determining the certification of providers or processing provider claims for reimbursement. Failure to supply the information requested by the form may result in denial of Medicaid payment for those services.”



Scott McCallum
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Phyllis J. Dubé
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State of Wisconsin

Department of Health and Family Services

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West Allis Health Dept
Name of Provider (typed or printed)

7120 W. National Ave
Physical Street Address

West Allis WI 53214
City State Zip

Health Commissioner
Title

By: Terry Brandenburg
Signature of Provider
or Authorized Representative

Terry Brandenburg
(typed or printed name of signee)

Date: 5-11-04

(for Department use only)

STATE OF WISCONSIN
DEPARTMENT OF HEALTH
AND FAMILY SERVICES

By: _____

Date: _____

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