

Additional Action Agenda Item
Warren County Health Services Committee Meeting
October 28, 2011

Request Committee Approval:

To allow Sharon Schaldone, Assistant Director of Patient Services, and Mary Lamkins, Long Term Home Health Care Nursing Supervisor to attend the Home Care Association of New York State program "Understanding MLTCs (Managed Long Term Care): Positioning Home Care for Success." The program will be held in Albany on November 17, 2011, and the cost will be \$538.00 for the 2 employees. We have sufficient funds to cover the expense in the Health Services' Budget. They will drive a Health Services fleet vehicle, and meals are included as part of the conference fee.

Rationale:

This is a needed conference in order to prepare for up coming changes in long term care for clients. There are many new plans proposed and we must understand the various changes in order to understand how care will be managed and reimbursements handled for this population of patients. Sharon Schaldone, ADPS will be present at the meeting to answer any questions from the committee.

**Warren County Health Services
Health Services Committee Meeting Agenda
October 28, 2011
Information Submitted By: Patricia Auer, DPH/DPS**

Action Agenda/New Business

Request Resolution:

To amend the contract agreement with ZirMed Inc. to allow for billing claims to be submitted for the Immunization Program at a cost of \$199.00 one time implementation fee plus \$0.35 per claim transmission.

Rationale:

We are currently utilizing this program for submitting claims for various home care services, and have found the program very beneficial and expedient. This amendment will allow billing for immunizations. The funds are available in our data processing budget to cover this expense.

Request Resolution:

To amend the contract with MVP Health Care to reflect the ability to receive reimbursement for services provided to eligible children enrolled in the Early Intervention Program.

Rationale:

Recently enacted legislation now requires private health insurances to cover health related services provided in the Early Intervention Program. Up until now, it was only Medicaid that reimbursed. This is a positive situation for counties, and thanks go to the New York State Association of Counties for some very intense lobbying efforts that have been going on for a number of years.

Request Committee Ratification:

To cover the hotel cost for 2 nights for an employee who attended an approved conference on September 27 and 28 in the amount of \$232.00 (\$116.00 per night).

Rationale:

Two employees attended this conference, and I mistakenly assumed that they wished to share a room. This was not the case, thus the total amount for the conference was understated by this amount. Since the county credit card was used to pay for the rooms, Joan Sady, Clerk of the Board, has advised that we correct the amount actually spent.

Request Resolution for Transfer of Funds:

Tawn Driscoll, Fiscal Manager, will be present at the meeting to discuss specifics, and a copy of the Request for Transfer of Funds will be included in the informational packet at the meeting.

Pending Items/Old Business

There are no pending items this month.

Topics for Discussion/Information

Emergency Response and Preparedness Activities

Please see **Attachment #1** for the monthly report

Flu Vaccine Update

Report of Expenditures, Revenues, Overtime and Per Diem Use

Please see **Attachment #2**.

Report of Free and Reduced Fee Care

Please see **Attachment #3**.

Attachments:

#1 Emergency Preparedness Activities

#2 Reports of Expenditures, Revenues, Overtime and Per Diem Use

#3 Report of Free and Reduced Fee Care

#4 Animal Bites/Rabies Program Report

BT ACTIVITY SHEET

GY 10X - 8/10/2011 - 8/9/2012

Page 1

Topic Color Codes

Red/Chempack; Green/SNS; Blue/Mass Fatality; Black/Training; Orange/Drill; Purple/Pan Flu

Date	Type	Subject/Comments	Attendees	Topic (i.e. Chempack, Drill, Mass Fatality, SNS, Training, Pan Flu,
10/5/11	Meeting	L-3 Regional Meeting in Rensselaer County	Barb Orton, Laura Stebbins	
10/5/11	Student	EPR	Laura Saffer, Amy Manney	
10/5/11	Training	M-14 Crisis and Emergency Risk Communication (CERC)	Laura Saffer	
10/6/11	Training	M-14 Crisis and Emergency Risk Communication (CERC): Pandemic Influenza	Laura Saffer	
10/6/11	Meeting	Mass Fatality (with emphasis on Chemical Suicide)	Barb Orton, Laura Saffer et.al	Mass Fatality
10/6/11	Conference Call	ServNY Hotwash Hurricane Irene	Barb Orton, Laura Saffer	
10/6/11	Meeting	School Nurses	Barb Orton, et.al	
10/11/11	Webinar/Conf Call	L-4 - Medical Countermeasure Clinical Operations Plan	Barb Orton, Laura Saffer, Angela Meade	
10/11/11	Meeting	BT Coordinators - Ballston Spa	Laura Saffer	
10/12/11	Training	M-11 Agency Administrator for Learning Management System (LMS)	Laura Saffer	
10/13/11	Meeting	OHS Grant in Lake Placid	Ginelle Jones, Amy Manney	
10/19/11	Tabletop	Monthly GFH - Explosion in Radiation Oncology (radiation exposure)	Laura Saffer	
10/21/11	Presentation	Board of Supervisors Hurricane Irene	Barb Orton, Amy Manney	
10/26/11	Meeting	PH EPR Committee	Barb Orton et.al	
10/27/11	Webinar/Conf Call	Clinic Ops	Barb Orton, Laura Saffer, Angela Meade	

Attachment #1

WARREN COUNTY HEALTH SERVICES BUDGET ANALYSIS

REVENUE AND EXPENDITURES FOR 2011 AS OF 10/24/2011 6:05:55 PM

FUND(S): A, CL, D, DM, EF, GI, MS, SD, V
 CODE(S): 4010, 4011, 4013, 4016, 4018, 4046, 4054, 4189, 9061, 4025

EXPENSES	2011 BUDGETED	2011 YTD ACTUAL	2010 Prior Year Totals
Salaries - Regular	\$2,910,953.74	\$2,205,586.35	\$2,861,559.18
Salaries - Overtime	\$157,500.00	\$94,326.42	\$137,667.52
Salaries - Part Time	\$328,704.56	\$168,904.90	\$238,194.55
Salaries - Sick Leave Incentive			\$1,200.00
100's PERSONAL SERVICES	\$3,397,158.30	\$2,468,817.67	\$3,238,621.25
200's EQUIPMENT	\$73,957.75	\$40,665.62	\$72,543.64
400's CONTRACTUAL	\$10,301,728.08	\$4,280,673.18	\$7,960,554.03
800's EMPLOYEE BENEFITS	\$1,389,281.89	\$1,054,564.24	\$35,015.66
TOTALS	\$15,162,126.02	\$7,844,720.71	\$11,306,734.58
REVENUES	2011 BUDGETED	2011 YTD ACTUAL	2010 Prior Year Totals
	\$12,600,107.00	\$6,594,896.43	\$10,735,536.33

Note: We have accrued the September Revenues of \$327,724.04 for CHHA, LTC and MCH. Also accrued are the 7-9/11 Revenues for the Lead Grant \$4,514.59 and \$8,819.17 for the IAP Grant.

Warren County Health Services

Salaries Comparison

2010 vs 2011

as of 10/9/11 Payroll date ending

Total of All Depts	YTD 2011	YTD 2010	YTD 11v10	% Change	Total Budget 2011	Total Actual 2010
Regular Salaries	\$2,205,586.35	\$2,220,102.01	-\$14,515.66	-0.65%	\$2,910,953.74	\$2,861,559.18
Overtime Salaries	\$94,326.42	\$111,702.83	-\$17,376.41	-15.56%	\$157,500.00	\$137,667.52
Part Time Salaries	\$168,904.90	\$182,222.00	-\$13,317.10	-7.31%	\$328,704.56	\$238,194.55
Sick Leave Incentive	\$0.00	\$0.00	\$0.00	0.00%	\$0.00	\$1,200.00
TOTALS	\$2,468,817.67	\$2,514,026.84	-\$45,209.17	-1.80%	\$3,397,158.30	\$3,238,621.25

*Source: Detail G/L report for all Salary Category from 11/XX-10/9/XX

Note: Payroll reflects the annual 3% increase in union salaries for 2011.

Attachment #3

WARREN COUNTY HEALTH SERVICES

HOME CARE DIVISION

FREE AND REDUCED CARE

Quarter I 2011

Jan. -- Feb. -- Mar.

Free Care - \$17,760.00

Reduced Care - \$0

Quarter II 2011

April -- May -- June

Free Care - \$20,810.00

Reduced Care - \$0

Quarter III 2011

July -- Aug -- Sept

Free Care - \$32,005.00

Reduced Care - \$1,088.00

Total 2011

Free Care - \$70,575.00

Reduced Care - \$1,088.00

Sharon Schaldone ADPS

Warren County Public Health Rabies Program

July-September 2011

Town	Not Vaccinated			Vaccinated			Out of Town			Stray		
	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets	Cats	Dogs	Ferrets
Bolton				2	2							
Chester					2					1		
Glens Falls	1			2	10					1	2	
Hague					1				1			
Horicon					1				1			
Johnsburg	2	2		1	1							
Lake George		3			1				1			
Lake Luzerne					3					1		
Queensbury	2			1	21		2	3		4		
Stony Creek												
Thurman					1							
Warrensburg					3				2			
Totals	5	5		6	46		2	8		7	2	

Bites Reported by Month

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2011	12	10	20	18	22	15	35	22	24				178

RABIES CLINICS

Saturday November 5 Queensbury Community Center 10:00 - Noon

Attachment #4

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: *Patricia [Signature]*

DATE: 10/28/11

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4013.469	WIC-Other Payments Expense	A.4013.860	WIC-Hospitalization Expense	\$6,131.44
	A.4013.469	WIC-Other Payments Expense	A.4013.865	WIC-Dental Expense	\$208.00
2.	A.4010.110	Health Services-CHHA-Regular Salary	A.4018.0020.110	Family Health-Regular Salary	\$73.51
	A.4010.830	Health Services-CHHA-Social Security Expense	A.4018.0020.830	Family Health-Social Security Expense	\$4.56
	A.4010.831	Health Services-CHHA-Medicare Expense	A.4018.0020.831	Family Health-Medicare Expense	\$1.07
	A.4018.130	Preventive Program-Part Time Salary	A.4018.0020.130	Family Health-Part Time Salary Expense	\$1,116.59
	A.4018.830	Preventive Program-Social Security Expense	A.4018.0020.830	Family Health-Social Security Expense	\$69.23
	A.4018.831	Preventive Program-Medicare Expense	A.4018.0020.831	Family Health-Medicare Expense	\$16.19
	A.4018.0030.110	Disease Program-Regular Salary	A.4018.0020.110	Family Health-Regular Salary	\$1,836.14
	A.4018.0030.830	Disease Program-Social Security Expense	A.4018.0020.830	Family Health-Social Security Expense	\$113.84
	A.4018.0030.831	Disease Program-Medicare Expense	A.4018.0020.831	Family Health-Medicare Expense	\$26.62
	A.4018.0040.110	Health Education-Regular Salary	A.4018.0020.110	Family Health-Regular Salary	\$198.13
	A.4018.0040.830	Health Education-Social Security Expense	A.4018.0020.830	Family Health-Social Security Expense	\$12.28
	A.4018.0040.831	Health Education-Medicare Expense	A.4018.0020.831	Family Health-Medicare Expense	\$2.87

Total Transfers

\$9,810.47

Please state reason for transfers requested:

1. To transfer funds to cover fringe for WIC employees for both Health and Dental Insurance to end of year.
2. To transfer funds to cover Salary/Fringe related to employees who assist with the Lead Grant for 7-9/11.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990.469	Contingent Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records

SCHEDULE "A"

AUTHORIZATION TO ATTEND MEETING OR CONVENTION

Check one:

- In-State (needs Supervisory Committee authorization)
- Out-Of State (needs Board resolution)

The Health Services hereby authorizes Sharon Schupone ADPS and Mary Lankins CSN
(Supervisory Committee) (Employee Name)

to attend Home Care Association of New York State
Understanding MHC Positioning Home Care for Success
(Name of meeting or organization)

at Albany Marriott Wolf Rd. Albany NY
(Address)

on Nov. 17, 2011 Mode of transportation to be used Health Services Fleet Vehicle
(Dates) (County Vehicle or Mass Transportation)

If the mode of transportation is not a county vehicle or mass transportation, please explain:

Proper documentation must be attached when submitting for approval.
 (Please check documents attached)

- Notice of meeting or convention including cost.

\$ 269 per person
 x 2
 \$ 538⁰⁰

For Overnight Travel

- Room rate \$ NA GSA* Rate \$ NA
- Meal costs - GSA*per diem rate \$ NA

*www.gsa.gov

Date: 10/27/11

Patricia [Signature]
 Department Head Signature

Date: 10/28/11

[Signature]
 Committee Chairman Signature

Please refer to the Warren County Travel Policy and County Vehicle Use Regulations for general policy guidelines.

Please check to request a fleet vehicle.

REQUEST FOR USE OF FLEET VEHICLE

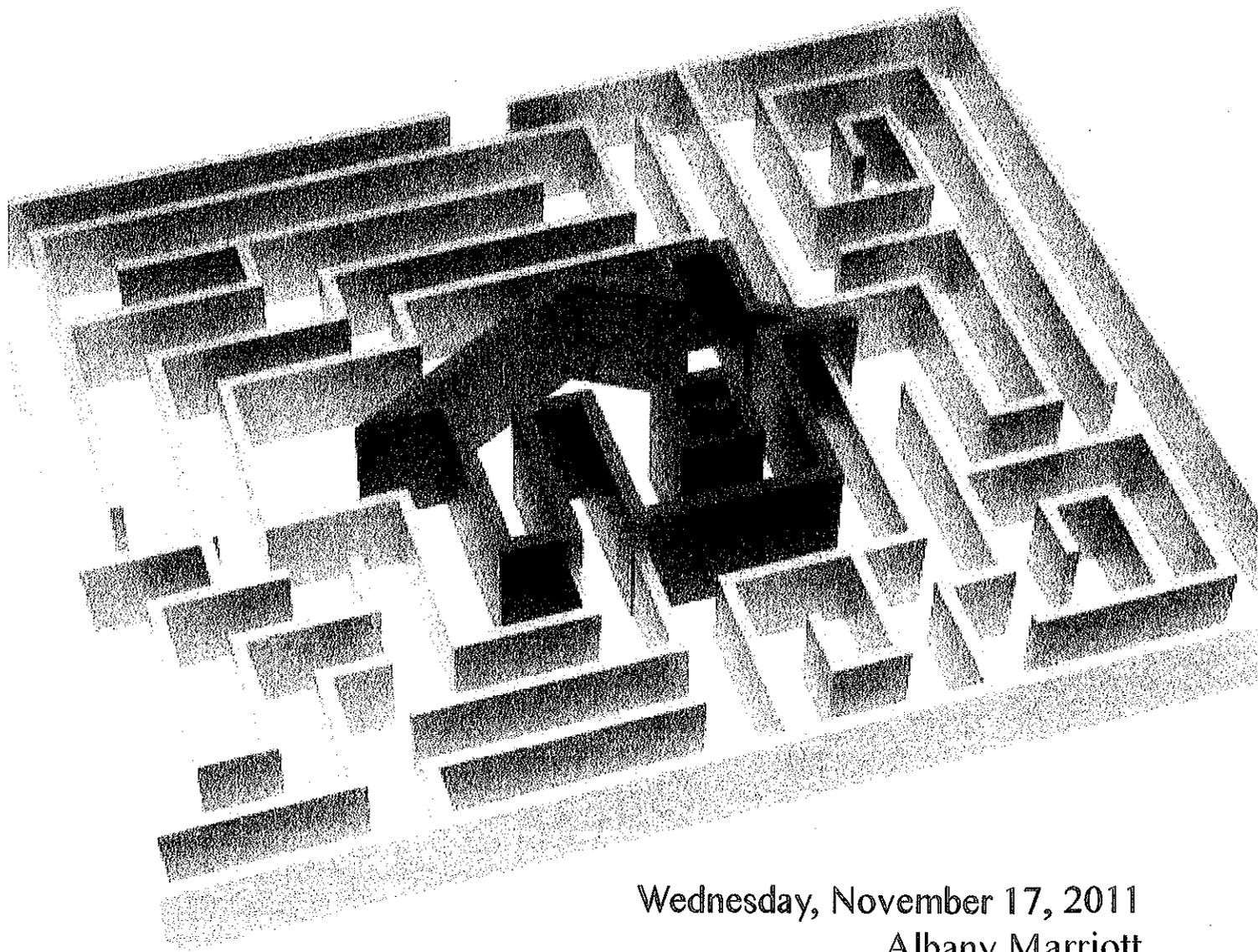
Filing Instructions:

1. Original with voucher to Auditor.
2. Copy to Frank Morehouse if fleet vehicle is needed.
3. Copy to Clerk of the Board with Resolution Request form if out-of-state travel.
4. Copy to Purchasing with Purchase Order, if required.
5. Copy to Commissioner of Administrative and Fiscal Services if credit card will be used.



Understanding MLTCs:

Positioning Home Care for Success



Wednesday, November 17, 2011

Albany Marriott

189 Wolf Road, Albany NY

MLTCs – Everything You Need to Know As You Consider New Relationships with MLTCs



New York's home care service delivery system is quickly evolving. Managed Care, managed long term care (MLTC) plans, as well as other designated care coordination models, will play an increased part in this new system. As this shift in long term care delivery emerges, many home care agencies are being approached by MLTCs to discuss partnerships and new relationships. To best position your agency within this changing health care environment, it is imperative that home care providers understand how MLTCs work, and learn tips on how to position your agency in partnerships with them.

Don't miss this exclusive opportunity to understand better what the MLTC model is and how your agency or program can work successfully in a new environment. Please join us for this important program, as HCA supports you in your efforts to learn more about MLTCs, specifically:

- What an MLTC program is -- how it is regulated, how its payments are established, what benefits are covered, how its program is structured, and more.
- How home care agencies can position themselves successfully in partnership with MLTCs and which tools and resources are needed for successfully positioning.
- How you as a provider can engage with potential partners and what data and information you need before engaging in a partnership.

Faculty:

- Key Health Department Policymakers
- Provider Agencies with MLTC Experience and Expertise
- Legal/Policy Consultants currently working in the MLTC policy environment

AGENDA

9:00 – 9:15am

Welcome

Joanne Cunningham
HCA President

9:15 – 10:15am

Understanding MLTCs

Linda Gowdy
Director, Bureau of Continuing
Care Initiatives
NYS Department of Health

11:15 – 12:30pm

Expectations in Contracting
with MLTCs
Loeb and Troper, LLP (Invited)

12:30 – 1:30pm

Networking Lunch

1:30 – 3:00pm

Positioning Yourself for Positive
Negotiations with MLTCs

Panel:

Kate Rolf
President

VNA Central New York

Maura Bordas
Administrator

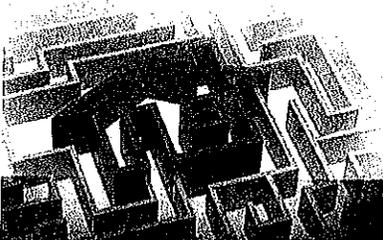
Community Programs
Hebrew Hospital Home, Inc.

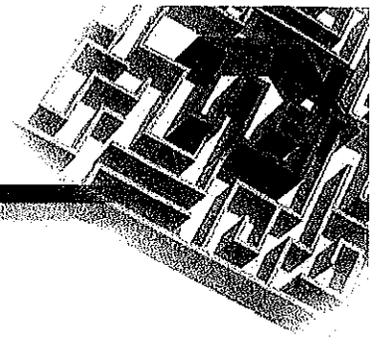
Joseph Healy, Ph.D. (Invited)
Chief Operating Officer

Comprehensive Care
Management Corporation

3:00pm

Adjournment





Location

Albany Marriott Hotel
189 Wolf Road, Albany, NY 12205

HCA has not reserved a sleeping room block for this event. However, Marriott will provide the prevailing "preferred rate" when you mention the code PRFC when you call 518-458-8444. Also, Wolf Road offers many nearby hotels with variable rates.

Program Registration

WARREN COUNTY HEALTH SERVICES
 Agency Name
 1340 State Route 9 Lake George NY
 Agency Address 12845
 Sharon Scholdone
 Mary Lamkins
 Individual Attending
 scholdone s @ co. warren ny. us
 lamkins m @ co. warren ny. us
 E-mail Address (Required)
 518 761-6415 Phone 518-761-6422 Fax

See above info.
 Additional Individual Attending (from same organization)
 E-mail Address (Required)
 Phone Fax
 Additional Individual Attending (from same organization)
 E-mail Address (Required)
 Phone Fax

Program Fees

HCA Member	\$159 per person
Additional HCA Member from the same organization may attend at a discounted rate	\$139 per person
Non-Members	\$269 per person
Total	\$ _____

Payment

Check Please make check payable to:
HCA Education and Research
 and mail to 194 Washington Ave
 Suite 400, Albany, NY 12210

VISA MasterCard AmExp

Card Number _____

Name on Card _____

Expiration Date _____ Security Code _____

Signature _____

Cancellation Policy
 Refunds will be issued for those that cancel in writing to info@hcanys.org by November 11, 2011, less a 25% administrative fee. Substitutions are permitted. Cancelling after November 11 or no shows will forfeit the registration fee.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: October 28, 2011

- (a) Purpose of Contract Change: To amend contract with ZirMed, Inc. to allow for billing for the Immunization Program
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: R205/2009
- (c) Name of Contractor: ZirMed, Inc.
- (d) Address of Contractor: 888 West Market St., Suite 400
Louisville, Kentucky 40202
- (e) Contractor's Contact Person and Telephone Number:
 - David Pape - Office (877) 494-7633 Ext. 5529
 - Direct (502) 657-5529
 - Fax (502) 657-7629
 - E-Mail - david.pape@zirmed.com
- (f) Commencement Date of Amendment: September 15, 2011 (back dated to allow for flu shot claims billing)
- (g) Termination Date of Extension: Per terms of agreement
- (h) Payment Provisions: Per agreement \$199.00 one time implementation fee \$0.35 per claim transmission
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:
A 4018 0030.428 - Disease Control Data - Processing



Subscriber Agreement

This Subscriber Agreement ("Agreement") is made and entered into between ZirMed, Inc., a Delaware corporation, with its principal place of business at 888 West Market Street, Louisville, Kentucky 40202 ("ZirMed"), and Warren County on behalf of Warren County Health Services ("Customer"), identified below. This Agreement governs the access and use of the products and services ("Services") provided by ZirMed directly or made available to you through the ZirMed website by third parties with whom we contract.

Section I – Customer Address and Contact Information

Customer Information			Billing Information		
Customer Name: Warren County on behalf of Warren County Health Services			Billing Contact: Tammy DeLorenzo		
Implementation Contact: Tammy DeLorenzo			Address: 1340 State Route 9		
Address: 1340 State Route 9			City: Lake George		
City: Lake George	State: NY	Zip: 12845	City: Lake George	State: NY	Zip: 12845
Telephone: (518) 824-8772	Fax: (518) 761-6562		Telephone: (518) 824-8772	Fax: (518) 761-6562	
e-mail: delorenzot@co.warren.ny.us			e-mail: delorenzot@co.warren.ny.us		

Section II – Solutions

This Agreement governs access to and use of Services identified herein at the fees associated therewith. The proposed fee schedule will be honored until 10/15/2011 and expires thereafter unless accepted.

<input checked="" type="checkbox"/> Claims Management	\$0.00 per month, \$199.00 Implementation Fee
<input checked="" type="checkbox"/> Professional Claims <input type="checkbox"/> Institutional Claims <input type="checkbox"/> Direct Data Entry (Professional Only)	
<i>Subscription includes 0 claims per month. \$0.35 per additional claim. Paper Claim Pricing \$0.45 per paper claim, \$0.00 per additional page printed.</i>	

Subscription Upgrades	
<input type="checkbox"/> Claims Status	\$0.00 per month <i>Includes 0 inquiries, \$0.00 per additional</i>
<input type="checkbox"/> Claims Attachments	\$0.00 Implementation Fee <i>Electronic Attachments: \$0.00 per attachment Printed attachments: \$0.00 per 1st page printed, \$0.00 per additional page printed</i>
<input type="checkbox"/> CCI Edits	\$0.00 per month
<input type="checkbox"/> Medical Necessity Edits	\$0.00 per Medicare claim <i>CCI Edits Required</i>
<input type="checkbox"/> Coding Tools	\$0.00 per user x 0 = \$0.00
<input type="checkbox"/> Enhanced Coding Tools	\$0.00 per user x 0 = \$0.00

<input checked="" type="checkbox"/> Eligibility Verification	\$0.00 per month, \$0.00 Implementation Fee
<i>Subscription includes 0 inquiries per month. \$0.00 per additional inquiry.</i>	

Subscription Upgrades	
<input type="checkbox"/> Batch Eligibility Upgrade	\$0.00 (one-time)

<input checked="" type="checkbox"/> Electronic Remittance Advice	\$0.00 per month, \$0.00 Implementation Fee
<i>Subscription includes 0 ERAs per month. \$0.00 per additional ERA.</i>	

Subscription Upgrades	
<input type="checkbox"/> Denial Management - Basic	<i>\$0.00 per month (\$0.00 if less than 500 ERAs/month)</i>
<input type="checkbox"/> Denial Management - Professional	<i>\$0.00 per month (\$0.00 if less than 500 ERAs/month)</i>
<input type="checkbox"/> ERA Autoposter	<i>See End-User License Agreement</i>

<input checked="" type="checkbox"/> Patient Collections Suite	\$0.00 per month, \$0.00 Implementation Fee
<input type="checkbox"/> Print Services <i>\$0.00 per first page, \$0.00 per additional page Includes NCOA and Statement Storage E-Delivery: \$0.00 per electronically delivered document, \$0.00 per electronic reminder Print Services and Credit Card Processing Required for E-Delivery</i>	
<input type="checkbox"/> Credit Card Processing <i>See Merchant Agreement for Advantage Pricing Subscription includes 0 locations, \$0.00 per additional location E-Commerce Portal Development included at www.myzpay.com/</i>	

Subscription Upgrades	
<input type="checkbox"/> Lockbox	\$0.00 Implementation Fee <i>\$0.00 per month, \$0.00 per transaction \$0.00 per returned check, \$0.00 per correspondence \$0.00 per active child account</i>
<input type="checkbox"/> Check Processing	\$0.00 Implementation Fee <i>\$0 per check, \$0.00 per ATM Verification \$0.00 per returned check</i>
<input type="checkbox"/> MagTek Mini Swipe®	\$0.00 per device x 0 = \$0.00
<input type="checkbox"/> MagTek Mini MICR®	\$0.00 per device x 0 = \$0.00

Section III – Terms and Conditions

- Access and Use of ZirMed Products and Services.** Customer's access and use of ZirMed Services are subject to the terms and conditions of this Agreement and the pricing applicable to the account, including any revisions, supplements or addendum mutually agreed to by the parties in writing. Access is restricted to your internal use and benefit and any other access is prohibited. ZirMed only grants access to our website to persons, organizations and facilities that have contracted with us and that are in good standing pursuant to that agreement. Customer is responsible to ensure that entities affiliated with it that have access to our Services (consistent with the terms of the Agreement) will abide by the terms of this Agreement, and is responsible for any of their acts and omissions, including but not limited to any damages caused by them.
- Authorization and Use.** ZirMed grants to Customer a limited, nonexclusive and nontransferable license to use certain proprietary software Services. Except as otherwise set forth herein, Customer may access and use the Services for Customer's internal business use and for no other purpose. Access to Services requires minimum acceptable equipment and telecommunications capability. Unless otherwise stated by the nature of the Service, Services provided by ZirMed do not include equipment, peripherals, devices or connectivity between Customer and ZirMed for the transmission or receipt of Services by Customer. Customer is responsible at its expense to procure and obtain such necessary equipment and supplemental service, including, but not limited to, modems or other Internet access devices and

Warren County Board of Supervisors

RESOLUTION NO. 205 OF 2009

Resolution introduced by Supervisors Sokol, Sheehan, Thomas, Champagne, O'Connor, Strainer and Pitkin

**AUTHORIZING SUBSCRIBER AGREEMENT WITH ZIRMED, INC.
FOR THE PURPOSE OF VERIFYING INSURANCES BEFORE
BILLING TO EXPEDITE CLAIMS WITHOUT DENIALS
- HEALTH SERVICES DEPARTMENT**

WHEREAS, the Director of Public Health/Patient Services is requesting that the County enter into a subscriber agreement with ZirMed, Inc., as part of the Point of Care initiative, for the purpose of verifying insurances before billing to expedite claims without denials, which is compatible with the Encore Billing System, Inc. for a term to commence March 23, 2009 and terminate upon thirty (30) days written notice at the following cost:

1.	One-time implementation fee	\$395.00
2.	One-time training fee	\$195.00
3.	Monthly subscriber fee	\$149.00

now, therefore, be it

RESOLVED, that the Chairman of the Board of Supervisors be, and hereby is, authorized to execute a subscriber agreement with ZirMed, Inc., 626 West Main Street, 6th Floor, Louisville, Kentucky 40202 for the purpose of verifying insurances before billing to expedite claims without denials, which is compatible with the Encore Billing System, Inc., for a term to commence March 23, 2009 and terminate upon thirty (30) days written notice at the cost described in the preambles of this Resolution in a form approved by the County Attorney, and be it further

RESOLVED, that the funds shall be expended from A.4018 428 Preventive Program - Data Processing & Internet Fees.

RESOLUTION REQUEST FORM NO. 4

Request for Extending, Rescinding or Amending Resolution

DEPARTMENT NAME: Health Services

DATE: October 28, 2011

- (a) Purpose of Contract Change: To amend the contract with MVP Health Care to include reimbursement for Early Intervention Services
- (b) Resolution Number, or Numbers if Amended, which Authorized the Original Contract: On File
- (c) Name of Contractor: MVP Health Care
- (d) Address of Contractor: 625 State St., P.O. Box 2207
Schenectady, NY 12301-2207
- (e) Contractor's Contact Person and Telephone Number:
Barbara Ann Coleman, Ancillary Contracts Manager, 518-388-2640
- (f) Commencement Date of Amendment: November 1, 2011
- (g) Termination Date of Extension: Per terms of current agreement
- (h) Payment Provisions: Per individual service at contract specified rates
 - i) lump sum amount
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.
- (i) Where are the Funds for this Contract ? List Budget Code, (with title), Object Code (with title), and Amount OR Capital Project OR Capital Reserve Project Number and Title and Amount:
A 4054.0060.1604 - Early Intervention Revenue



625 State Street, PO Box 2207
Schenectady, NY 12301-2207
mvphealthcare.com

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OCT 17 2011

County Attorney's Office

October 5, 2011

Patricia Nenninger
Warren County Attorneys Office
1340 State Route 9
Lake George, NY 12845-9803

Re: MVP – WARREN COUNTY HEALTH SERVICES AMENDMENT

Dear Ms. Nenninger:

Enclosed please find an Amendment to your contract that provides for payment for your Early Intervention Program

Please be aware that you must provide MVP with a separate NPI number for Early Intervention services. This separate NPI is necessary to process your claims at the contracted rate and will avoid billing issues.

Please sign both copies of the Amendment and return one to my attention. **Be sure to include the NPI for Early Intervention on the designated line in the Fee Schedule. Claims cannot be processed without this NPI.**

If you have any questions please feel free to contact me at 518-388-2640.

Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Barbara A. Coleman", written over a horizontal line.

Barbara Ann Coleman
Ancillary Contracts Manager

AMENDED SCHEDULE B

MVP/WARREN COUNTY HEALTH SERVICES

Effective November 1, 2011 (Added codes)

COMPENSATION FOR SERVICES

Ancillary Provider shall be reimbursed by MVP for Ancillary Provider Services provided to Members in accordance with the terms of this Agreement at the following agreed upon "All-Inclusive Rate" unless otherwise noted as an exclusion within this Agreement:

<u>Service Category</u>	<u>All- Inclusive Rate Per Visit*</u>
Skilled Nursing	\$135. per visit
Home Health Aide	\$ 50. per hour
Physical Therapy	\$ 100. per visit
Occupational Therapy	\$ 100. per visit
Speech Therapy	\$ 100. per visit
Medical Social Worker	\$ 100. per visit
Registered Dietician	\$ 100. per visit

*Rate is the same regardless of the length of visit

EARLY INTERVENTION PROGRAM

<u>Code</u>	<u>Rate*</u>
92507	82.00
97110	37.00
97530	40.00

NPI Number for Early Intervention: 1265658140

*Rate is the same regardless of the length of visit

Reimbursement for Early Intervention is applicable to MVP's commercial members only. NY Government Program members and ASO members do not have coverage for this program. Be sure to check eligibility before billing for this service.

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

SIGNED: *Patricia Sady*

DATE: 10/28/11

	<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
1.	A.4013.469	WIC-Other Payments Expense	A.4013.860	WIC-Hospitalization Expense	\$6,131.44
	A.4013.469	WIC-Other Payments Expense	A.4013.865	WIC-Dental Expense	\$208.00
2.	A.4010.110	Health Services-CHHA-Regular Salary	A.4018.0020.110	Family Health-Regular Salary	\$73.51
	A.4010.830	Health Services-CHHA-Social Security Expense	A.4018.0020.830	Family Health-Social Security Expense	\$4.56
	A.4010.831	Health Services-CHHA-Medicare Expense	A.4018.0020.831	Family Health-Medicare Expense	\$1.07
	A.4018.130	Preventive Program-Part Time Salary	A.4018.0020.130	Family Health-Part Time Salary Expense	\$1,116.59
	A.4018.830	Preventive Program-Social Security Expense	A.4018.0020.830	Family Health-Social Security Expense	\$69.23
	A.4018.831	Preventive Program-Medicare Expense	A.4018.0020.831	Family Health-Medicare Expense	\$16.19
	A.4018.0030.110	Disease Program-Regular Salary	A.4018.0020.110	Family Health-Regular Salary	\$1,836.14
	A.4018.0030.830	Disease Program-Social Security Expense	A.4018.0020.830	Family Health-Social Security Expense	\$113.84
	A.4018.0030.831	Disease Program-Medicare Expense	A.4018.0020.831	Family Health-Medicare Expense	\$26.62
	A.4018.0040.110	Health Education-Regular Salary	A.4018.0020.110	Family Health-Regular Salary	\$198.13
	A.4018.0040.830	Health Education-Social Security Expense	A.4018.0020.830	Family Health-Social Security Expense	\$12.28
	A.4018.0040.831	Health Education-Medicare Expense	A.4018.0020.831	Family Health-Medicare Expense	\$2.87

Total Transfers

\$9,810.47

Please state reason for transfers requested:

1. To transfer funds to cover fringe for WIC employees for both Health and Dental Insurance to end of year.
2. To transfer funds to cover Salary/Fringe related to employees who assist with the Lead Grant for 7-9/11.

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Fund			

Please state reason for transfer request:

Total

Please file original request with Clerk of the Board and retain copy for your records