

## 2017 Family Planning Contract

This agreement is made and entered into on January 1, 2017, by and between Aitkin County Health and Human Services, Public Health Unit, hereinafter referred to as "ACH&HS" of 204 1<sup>st</sup> Street NW, Aitkin, MN 56431 and Riverwood HealthCare Center of 200 Bunker Hill Drive, Aitkin, MN 56431, hereinafter referred to as the "Medical Services".

Goal: To coordinate efforts to provide family planning method services for no/low income individuals seeking family planning medical services in Aitkin County through age 19.

In consideration of the mutual promises, agreements and understanding hereinafter set forth, it is hereby agreed:

Medical services shall be rendered by an M.D., a Nurse Practitioner or Licensed Physician's Assistant under the supervision of Licensed Physicians. Laboratory tests with prior authorization shall be conducted by personnel trained to conduct such tests.

Medical services with prior authorization shall include:

1. Social and medical/surgical history with emphasis on the reproductive system
2. Height, weight, and blood pressure measurements
3. Bimanual pelvic exam for females
4. Breast examinations and instructions on self-examination for females.
5. Pap Smear
6. Include with written authorization as indicated by history and/or symptoms, pregnancy test, STI testing and treatment (Chlamydia &/or GC &/or Syphilis only).

Medical Services shall:

1. Provide family planning method services utilizing approved standards of medical practices to:
  - a. Ensure that counseling was provided prior to provision of selected method.
  - b. Ensure voluntary selection of method by service recipient.
  - c. Inform on the advisability of females obtaining a gynecological examination with pap smear prior to initiating any family planning method.
  - d. Educate on the use of selected family planning method, including risks and benefits of the method and will not prescribe methods if in the physician's judgment, the client is high-risk.
  - e. Include methods as requiring medical intervention for:
    1. Prescription
    2. Fitting
    3. Insertion procedures
2. Collect information and maintain records of patients receiving family planning services as necessary.
3. Coordinate family planning method services a patient receives with other family planning services by the individual as provided by ACH&HS through follow-up with the family planning worker.

4. Bill ACH&HS for services with written authorization provided by the medical services to patients who have no/low income for payment including:

PROCEDURE/CLINIC BILLING	CODES	2017 PRICES
Pelvic + Physical Exam-New Patient	99384	222.50
	99385	301.00
Pelvic + Physical Exam-Est. Patient	99394	215.00
	99395	249.00
Office Visit	99201	115.50
	99202	143.00
	99203	199.50
	99204	307.50
	99211	65.50
	99212	93.50
	99213	135.50
	99214	198.00
	99215	265.00
Depo Povera Serum	90782(J1050)	51.50
Administer Injection (Depo)	96372	15.00
Nexplanon	J7307	669.00
Insert	11981	317.00
Removal	11982	358.50
<b>PROCEDURE/HOSPITAL BILLING</b>		
Pregnancy Test	81025	74.50
PAP	88142	100.00
Chlamydia & GC	87491	227.00
	87591	227.00
RPR Syphilis serology	86592	65.00

**\*\*Above prices will receive a 10% discount at the time of payment per negotiated agreement with Heidi Price.**

5. Make available upon request, with written authorization from patient to Public Health, all case management and financial management records maintained by the medical services as pertaining to clients receiving family planning services.

ACH&HS shall:

1. Provide outreach, information/referral, counseling, education and follow-up regarding all methods and all choices for the medical services as pertaining to clients receiving family planning services.
2. Coordinate family planning services a client receives with medical services received by the individual as provided by the physician through follow-up through the physician with the patient.
3. Reimburse the medical service for the family planning method services provided to eligible individuals.

This agreement shall commence January 1, 2017 and continue through December 31, 2017 with an interagency evaluation of the services on or before May 31, 2017. Termination of this agreement may be made with sixty (60) days written notice of intention to the other party. This agreement may be amended by written consent of both parties and all amendments shall be attached to this agreement and made part thereof.

\_\_\_\_\_  
Mark Wedel, Chairperson, Aitkin County Board of Commissioners

\_\_\_\_\_  
Date

\_\_\_\_\_  
Liz DeRuyck, Interim Director, Aitkin County Health & Human Services

\_\_\_\_\_  
Date

\_\_\_\_\_  
Senior Physician, Riverwood HealthCare Center

\_\_\_\_\_  
Date

\_\_\_\_\_  
**Printed Name** of Senior Physician, Riverwood HealthCare Center

Approved as to form and execution:

\_\_\_\_\_  
Aitkin County Attorney

\_\_\_\_\_  
Date