

Contract Amendment for the Wraparound Milwaukee Program

This agreement entered into for the period of July 1, 2015 through June 30, 2017 between the State of Wisconsin acting by or through the Department of Health Services, hereinafter referred to as the “Department” and Milwaukee County – Wraparound Milwaukee (“County”) is hereby amended as follows (effective July 1, 2017):

1. The contract period is extended by one additional year to June 30, 2018.

2. Article I – Definitions

Amend the following definitions to read as follows:

Encounter Record: An electronically formatted list of utilization data elements per encounter in a computer readable format as specified in the contract in ADDENDUM II for the Quarterly Utilization Report.

3. Article IV, Section F – County Claim Retrieval System

Amend to read as follows:

The County must maintain a claim retrieval system that can on request identify date of receipt, provider, action taken on all provider claims (i.e., paid, denied, other), and when action was taken. County shall date stamp all provider claims upon receipt. In addition, the County shall maintain a claim retrieval system that can identify, within the individual claim, services provided and diagnoses of members with nationally accepted coding systems: HCPCS including Level I CPT codes, Level II, and Level III HCPCS codes with modifiers, ICD-9-CM (or after October 1, 2015, ICD-10) diagnosis and procedure codes, and other national code sets such as place of service, type of service, and EOB codes or a mutually agreed upon code set that allows cross-walking between codes.

4. Article VII, Section C – Financial Report

Add to read:

The County is required to submit financial reports per the schedule and instructions provided in the financial report template.

The County is required to submit a letter from its internal auditor or vendor verifying the financial report meets CMS Citation 438.3(m) and was audited in accordance with generally accepted accounting principles and generally accepted auditing standards.

The letter must be on official County letterhead and be of sufficient quality to allow the department to post it to the ForwardHealth Portal per the CMS requirement.

Additionally, the County must provide the department all work papers used to verify that the financial report template was accurate per the CMS Citation 438.3(m).

If the County’s auditor is unable to verify the accuracy of the financial template the County must notify the department immediately with a plan which will allow them to submit a template which is verifiable per the CMS citation.

The letter and work papers must be submitted to the Department no later than 60 days prior to June 30th each year or upon a mutually agreed upon due date. The materials must be sent to both DHSDMSBFM@dhs.wisconsin.gov and DHSOIGManagedCare@dhs.wisconsin.gov.

The Financial Report Template can be found on the ForwardHealth Portal.

If the County is unable to deliver any of the required materials by the due date, they must request an extension within five business days by emailing the request to: DHSDMSBFM@dhs.wisconsin.gov. The County must provide an alternative due date as part of the request.

The County will be responsible for using the most updated version of the guide posted to the website. Questions on the financial reports should be directed by email to: DHSDMSBFM@dhs.wisconsin.gov.

The Department will conduct an independent audit of the accuracy, truthfulness and completeness of the financial and encounter data submitted by, or on behalf of, the County no less frequently than once every three years.

The County must comply timely with all reasonable requests made by the independent auditor. This includes but is not limited to providing them on-site work space and access to materials and staff necessary to perform the audit.

**5. Article IX, Section B, Part 5
Remove all language from Part 5(c)**

**6. Article XIV – County Specific Contract Terms
Amend Part 2 to read as follows:**

2. CAPITATION RATE: The monthly capitation rate for each member is \$2,114.22 (daily rate is \$69.51) for the period from July 1, 2017 – June 30, 2018.

**7. Article XIV – County Specific Contract Terms
Amend Part 3 to read as follows:**

3. THIS CONTRACT SHALL BECOME EFFECTIVE ON JULY 1, 2015 AND SHALL TERMINATE ON JUNE 30, 2018.

**8. Addendum II – Utilization Requirements
Amend the title to read as follows:**

II. UTILIZATION AND ENCOUNTER REQUIREMENTS

All terms and conditions of the July 1, 2015 through June 30, 2017 contract and any prior amendments that are not affected by this amendment shall remain in full force and effect.

| Milwaukee County – Wraparound Milwaukee | Department of Health Services |
|--|--------------------------------------|
| Official Signature | Official Signature |
| Printed Name | Printed Name Michael Heifetz |
| Title | Title Medicaid Director |