

# GENERAL

## Ordinance Fact Sheet

Ordinance Number

Brief Title	Approval Deadline	Reason														
Billing For Immunization Services in Local Public Health Agencies																
<b>Details</b>		<b>Positions/Recommendations</b>														
<b>Reason for Legislation</b> <p>This ordinance is to accept an annual contract with Missouri Department of Health and Senior Services (DHSS). The contract period is from August 2015 through July 2016. The purpose of this contract is to enable public health departments to bill commercial insurance carriers for immunization services.</p>		<table border="1"><tr><td>Sponsor</td><td>Health Department</td></tr><tr><td>Programs, Departments, or Groups Affected</td><td>Health Department</td></tr><tr><td>Applicants / Proponents</td><td>Applicant Health Department City Department Health Department Other</td></tr><tr><td>Opponents</td><td>Groups or Individuals  None Known Basis of opposition</td></tr><tr><td>Staff Recommendation</td><td><input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against</td></tr><tr><td>Board or Commission Recommendation</td><td>By <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No action taken <input type="checkbox"/> For, with revisions or conditions (see details column for conditions)</td></tr><tr><td>Council Committee Actions</td><td><input type="checkbox"/> Do pass <input type="checkbox"/> Do pass (as amended) <input type="checkbox"/> Committee Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not pass</td></tr></table>	Sponsor	Health Department	Programs, Departments, or Groups Affected	Health Department	Applicants / Proponents	Applicant Health Department City Department Health Department Other	Opponents	Groups or Individuals  None Known Basis of opposition	Staff Recommendation	<input checked="" type="checkbox"/> For <input type="checkbox"/> Against Reason Against	Board or Commission Recommendation	By <input type="checkbox"/> For <input type="checkbox"/> Against <input type="checkbox"/> No action taken <input type="checkbox"/> For, with revisions or conditions (see details column for conditions)	Council Committee Actions	<input type="checkbox"/> Do pass <input type="checkbox"/> Do pass (as amended) <input type="checkbox"/> Committee Sub. <input type="checkbox"/> Without Recommendation <input type="checkbox"/> Hold <input type="checkbox"/> Do not pass
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<b>Discussion</b> <p>This contract is to support the operations infrastructure needed to bill commercial health insurance carriers for immunization services provided at the Kansas City Health Department.</p> <p>The goal of this contract is to acquire contracts with commercial insurance plans by clients who utilize the immunization programs within our Department.</p>																
<b>Is it good for the children?</b> <p>Many of the Health Departments programs are specifically designed for the betterment of health in all citizens. This contract will ensure that children get the necessary vaccines while the Health Department gets reimbursed by commercial insurance plans.</p>																
<b>How will this contribute to a sustainable Kansas City?</b> <p>This contract will allow Health Department staff to generate more revenue from commercial insurance not only for the contract period but for future years. This additional revenue will assist the Department in maintaining a healthier community by providing immunizations to clients who have commercial insurance plans.</p>																

(Continued on reverse side)

Details	Policy/Program Impact		
	<table border="1"><tr><td>Policy or Program Change</td><td><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</td></tr></table>	Policy or Program Change	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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	Operational Impact Assessment	
	<b>Finances</b>	
	Cost & Revenue Projections -- Including Indirect Costs	
	Financial Impact	
	Fund Source (s) and Appropriation Account Codes	16-2480-500001-478091-G50504816 16-2480-505048-G50504816

(Use this space for further discussion, if necessary)

**Applicable Dates:**

**Fact Sheet Prepared by:**

Cliff Dennis  
Administrative Officer

9/2/2015

**Reviewed by:**

Name  
Title

Date

**Reference Numbers**