



Xtra Care, Inc.
Community Health Services
4639 Hammersley Road
Madison, WI 53711
608-276-7583 Fax: 608-271-8945

Corporate/Insurance Plan Letter of Agreement

September 2007

Dear Friend,

Thank you for scheduling an influenza immunization clinic with Home Health United – Community Health Services. We commend you on your concern for the health and well being of your employees.

Attached are the following forms that need to be completed and returned prior to your flu clinic:

- *Clinic Confirmation Form*
- *Indemnification Agreement*
- *LOA Signature Page*

Please fill in **ALL** the information on these forms. The *Influenza Immunization Clinic Confirmation Form* has four copies. Please return the first three copies and retain the fourth for your records.

To ensure your clinic goes smoothly, we ask that you have the following ready at the time of your clinic:

- At least one table and three to four chairs.
- A location that allows for adequate privacy as well as smooth traffic flow.
- At least one person from your staff to help with the administrative details such as collecting consent forms, confirming employee information, and assisting with the traffic flow. If you do not have staff available for this purpose, we will be happy to provide staff at \$15/hour per person.
- An accurate list, or other method of identifying employees who are eligible to receive coverage for the immunization through your organization and your health insurance provider. Please also identify those employees who need to pay for their shot because it will not be covered by your corporation or your health insurance provider.
 - Clear and accurate identification number for each covered employee. **Employees must present their insurance card in order to receive a flu shot.**
 - Clear and accurate identification of dependents, spouses, or other individuals associated with your employees who want a flu shot, including whether or not your corporation will bear the cost of the flu shot as described in any of the above circumstances. If your corporation will not bear the cost as described above, we will collect \$28 in full from these individuals. We accept cash, check, MasterCard or Visa.
- If you need a list of employees who were immunized at your flu clinic, you will need to provide a sign-up roster. We cannot provide that information at a later date.

Employee Eligibility

- **If HHU is unable to receive compensation from the designated health insurer, HHU will bill you in full for that immunization and you will be expected to reimburse HHU. It will be your responsibility to submit corrected information to the insurance company for compensation.**

Payment and Billing

- We will submit a statement to you for the cost of the immunizations provided at your site for which you will be responsible, unless we are contracted with and have agreed to submit to your insurer directly. Where we are unable to submit or are not submitting directly to your insurer,

you will be responsible to collect from your insurer as dictated by your agreement with your insurer, if you so desire. All denials by your insurer will be billed directly to you and you will be responsible for payment to HHU.

- Your invoice will detail any additional administrative charges. Clinics with 15-30 participants will be charged a \$25 administrative fee. Clinics with fewer than 15 people will be charged a \$50 administrative fee. If we supply a staff person to assist with the clinic, a fee of \$15/hr will be charged. These administrative charges will not be submitted by HHU to your health insurer under any circumstances.
- Interest of 1.5% per month will be assessed for outstanding balances over 30 days.

Additionally, we need to ensure that your organization is aware of and in agreement with a few additional terms for HHU to provide flu shots at your organization.

- Your organization agrees to use and maintain all employee health information according to state and federal confidentiality requirements. We will have a copy of our Notice of Privacy Practices available on-site, as required by the Health Insurance Portability and Accountability Act, and will provide a copy to any participating employee who requests one.
- All aspects of this agreement will be determined by and administered according to the laws of the State of Wisconsin.
- We will have a copy of our liability insurance available on-site during the clinic. If you require a copy, we would be happy to mail it to you upon request. It is our assumption that your organization, like ours, maintains appropriate liability insurance to cover errors and omissions against any and all claims for damages arising out of this clinic.
- This agreement will only apply to flu shots provided for the 2007-2008 season.
- We will also have a copy of physician's orders for influenza and pneumococcal vaccines at each clinic.

Again, thank you for agreeing to be part of our annual influenza immunization campaign. We look forward to working with you. **Please sign the third page of this Letter of Agreement and return it along with the Influenza Immunization Clinic Confirmation Form and the Indemnification Agreement.** If you have any questions you can reach Christi Archer at 276-7583 or Lindsey Schaaf at 276-7584.

Sincerely,



Christi Archer, RN BSN, Manager
Community Health Services
Xtra Care, Inc.



Lindsey Schaaf
Program Assistant
Xtra Care, Inc.

P.S. If you or your employees are interested in fact sheets on influenza and pneumococcal PPV23 vaccines, they may be obtained at the following web site addresses:

www.cdc.gov/nip/publications/vis