



**Monroe County Health Department**

**Monroe County, Indiana**

Health Department

Futures Family Planning Clinic

Public Health Clinic

119 W. 7th Street  
(812) 349-2543

119 W. 7th Street  
(812) 349-7343

333 E. Miller Drive  
(812) 353-3244

**November 14, 2023**

**PUBLIC NOTICE OF PROPOSED CONTRACT SERVICE AGREEMENT  
WITH THE IU HEALTH BLOOMINGTON, COMMUNITY HEALTH SERVICES  
DEPARTMENT (CHS) FOR  
THE MONROE COUNTY PUBLIC HEALTH CLINIC**

Pursuant to IC 16-46-10-3, notice is hereby given to the citizens of Monroe County, Indiana that the Monroe County Health Department Board of Health is considering a contract with the IU Health Bloomington, Community Health Services Department to provide services for the Monroe County Public Health Clinic.

The MCHD Board of Health will vote on the contract at the board meeting currently scheduled for Thursday, 21 December 2023 at 4:30 PM at the Health Services Building located at 119 W. 7<sup>th</sup> Street, Bloomington, Indiana 47404. The connection information for Zoom access via computer or phone is available through the Monroe County website: [www.co.monroe.in.us](http://www.co.monroe.in.us). The proposed contract may be viewed on the Monroe County Health Department website: [Health First Indiana Public Notices / Monroe County, IN](#)

**Posted this 14<sup>th</sup> day of November 2023 by Jaimmie Ford**

**AGREEMENT FOR PUBLIC HEALTH CLINIC SERVICES**

**FOR CALENDAR YEAR 2024**

An agreement between the Monroe County Board of Health (MCBOH), 119 W. 7<sup>th</sup> Street, Bloomington, Indiana and IU Health Bloomington, Community Health Services Department (CHS), 333 E. Miller Drive, Bloomington, Indiana (a not-for-profit agency) for the period from January 1, 2024 to December 31, 2024.

Whereas IU Health Bloomington Hospital is a not for profit hospital that provides a disproportionate share of the healthcare services to the Medicare population in addition to supporting many programs that benefit the indigent, uninsured or underinsured population in the State of Indiana;

Pursuant to the provision of I.C.16-20, this Agreement is hereby established whereby the following commitments shall be made and services will be provided consisting of the following:

**COMMITMENTS TO BE MADE BY THE PARTIES**

- I. Commitment and Representation of IU Health Bloomington Hospital to Provide Indigent Care. During the term of this contract, IU Health Bloomington agrees to continue its historic commitment to the provision of health care to indigent and uninsured residents of the IU Health Bloomington service area. It is IU Health Bloomington’s intention to continue to provide financial assistance to any patient meeting the requirements outlined in our financial assistance policy.
- II. Acceptance and Acknowledgments of Monroe County Board of Health
  - a. Monroe County Board of Health accepts the commitments and representations of IU Health Bloomington Hospital as set forth.
  - b. Monroe County Board of Health hereby acknowledges that the healthcare services provided by IU Health Bloomington Hospital hereunder are in the public interest and that this agreement requires IU Health Bloomington Hospital to provide health care services to low income individuals who are not entitled to benefits under Title XVIII or eligible for assistance under any State plan pursuant to Title XIX of the Social Security Act; and
  - c. Monroe County Board of Health acknowledges that IU Health Bloomington Hospital is providing these services at no reimbursement or considerably less than full reimbursement, from patients.

## SERVICES TO BE PROVIDED BY IU Health Bloomington CHS

- III. IMMUNIZATIONS
  - a. Adult – Hepatitis A, Hepatitis B, Chickenpox, Pre-exposure Rabies, Measles, Mumps, Rubella, Meningitis, Tetanus, Diphtheria, Pertussis, Respiratory Syncytial Virus  
Pneumonia, Covid 19, Shingles, HPV, Monkeypox, and Influenza
  - b. Child-Hepatitis A, HPV Rotavirus, Diphtheria, Tetanus, Pertussis, Covid 19, Meningitis, Measles, Mumps, Rubella Chickenpox, Hepatitis B, Haemophilus Influenza, Polio, Pneumonia, and Influenza
  
- IV. COMMUNICABLE DISEASE (410 IAC 1-2.3)
  - a. Report satisfying Indiana State Department of Health (ISDH) Requirements
  - b. Investigate and institute control measures
  - c. Maintain database
  - d. Maintain data entry into Tuberculosis registry
  - e. Provide home visits for daily observed treatment (DOT)
  - f. Provide case management
  
- V. DISEASE PREVENTION AND HEALTH EDUCATION  
Subjects to be covered:
  - a. Environmental Lead
  - b. Head Lice
  - c. Chronic Disease – Obesity, Diabetes, Hypertension, Asthma, Hyperlipidemia, etc.
  - d. Self-help activities – Diet, Exercise, Smoking Cessation, Infection Control, etc.
  
- VI. SCREENING AND TESTING
  - a. Mantoux
  - b. Capillary Glucose
  - c. Cholesterol
  - d. Capillary Lead
  - e. Blood Pressure
  - f. Hemoglobin (not routine)
  - g. Diabetes
  
- VII. PUBLIC HEALTH EMERGENCIES  
Provide Three (3) nurses/health professionals to implement ordered nurse interventions for the following:
  - a. Natural disaster response
  - b. Bioterrorism – mass prophylaxis response
  - c. Disease outbreaks
  - d. Assist in development of Medical Reserve Corps.

## VIII. REPORTING AND MEETINGS

- a. Prepare and submit monthly wellness activity/event reports
- b. Prepare and submit an annual work plan and review process that includes one (1) key performance indicator (KPI) that aligns with a LHD core service requirement
- c. Prepare and submit weekly immunization activity reports
- d. Prepare and submit weekly communicable/infectious disease reports
- e. Meet quarterly with Monroe County Health Department (MCHD)
- f. Meet with local Tobacco Coalition
- g. Meet with Monroe County Health and Wellness Coalition

Subject to the provisions of the following paragraph and in accordance with I.C. 16-20-1-8, compensation shall be paid to CHS in the amount of \$222,200.00 for the twelve-month period beginning January 2024. This compensation shall be available in monthly payments.

Upon receipt of a properly executed claim voucher and a monthly financial and activities statistical report from the Monroe County Public Health Clinic (the Clinic), MCHD will make payments on a monthly basis for services when satisfactorily rendered in accordance with the provisions of this Agreement. For those items that are Medicare-Medicaid reimbursable, self-paying patients, insurance carrier provided, or United Way funded, MCHD shall not be billed by CHS.

Within thirty (30) days after the termination of this agreement, the CHS shall submit a written report documenting the services provided with the Agreement's calendar year; and within ninety (90) days after the termination of this Agreement, the CHS shall submit a written report documenting the net cost of the services performed.

In the event that the expenses incurred for a particular activity covered under this Agreement do not total the budgeted amount for that activity, the unspent funds shall be retained by the MCHD.

The preceding terms set forth the services CHS is to provide at the Clinic on behalf of the MCHD and specifies the compensation CHS shall be paid for those services. Subsequent to the beginning of CHS provision of these services, the MCHD made arrangements for, an independent company, to process third party payments for immunizations that CHS administers at the Clinic pursuant to this Agreement. The arrangement for VaxCare to administer these payments is an alternative payment arrangement to that set forth in the preceding terms of the Agreement for compensating CHS.

The parties agree that third party payments for immunizations that CHS administers at the Clinic shall be sent to VaxCare. Payments by VaxCare to cover the costs of delivering the immunizations to persons at the Clinic are to be made to the MCHD. From that money paid by VaxCare to the MCHD, 80% of it shall be distributed to CHS and 20% shall be retained by the MCHD to cover its expenses in the administration of this agreement with VaxCare.

**Monroe County Board of Health**

**IU Health Bloomington,  
Community Health Services Dept.**

**By:** \_\_\_\_\_  
Dr. Steven Pritchard D.D.S., Chairperson

**By:** \_\_\_\_\_  
John Sparzo, President

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**Approved:**

**Monroe County Board of Commissioners**

**Monroe County Health Officer**

**By:** \_\_\_\_\_  
Penny Githens, President

\_\_\_\_\_  
Dr. Clark Brittain, DO

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

**Attest:**

\_\_\_\_\_  
Cathy Smith, Monroe County Auditor

\_\_\_\_\_  
Date Signed