



3349 Church Street, Suite 1, Stevens Point, WI 54481

877-622-6700 | inclusa.org

December 19, 2018

To Whom It May Concern:

Enclosed is a Service Addendum, Appendix A. Please sign and return all pages of the Appendix A to Inclusa, Inc. within ten (10) business days. Inclusa, Inc. will issue the fully executed Appendix A to you.

Should you have any questions on the service addendum, please contact Provider Network at 608-785-3623 or email ProviderRelations@inclusa.org.

Send the signed addendum via:

Email: ProviderRelations@inclusa.org

Fax: 608-785-5336 Attn: Provider Network

Mail:

Inclusa, Inc.
Attn: Provider Network
1407 Saint Andrew Street
La Crosse, WI 54603

Sincerely,

A handwritten signature in cursive script that reads "Karla Lubinski".

Karla Lubinski
Community Resources/ Provider Relations Director
Inclusa, Inc.

APPENDIX A : La Crosse MTU

004-1901-02

REIMBURSEMENT FOR AUTHORIZED SERVICES

PURCHASER AND PROVIDER AGREE:

1. Reimbursement for authorized services provided to eligible members will be determined in accordance with this Appendix and the Agreement between PROVIDER and Inlusa, Inc. (PURCHASER).
2. This Appendix A shall be the controlling Appendix A and supersede any and all previous Appendix A documents and/or Services, Rates, Special Provisions (SRSP) documents.

METHOD OF PAYMENT:

1. PURCHASER will reimburse PROVIDER based upon billed authorized units of service delivered at the agreed upon unit rate as indicated below.
2. When 'MA Rate' is indicated in Rate column, PURCHASER will reimburse PROVIDER based on current Medical Assistance (MA) designated procedure codes and rates as published by the Wisconsin Medical Assistance Program.

TOTAL COST:

1. PURCHASER will only reimburse for services or goods listed and authorized by PURCHASER at the agreed upon rates listed below.
2. PROVIDER understands that the total amount to be paid pursuant to the Agreement shall not exceed an amount equal to the number of PURCHASER authorized actual units of service or goods delivered by the PROVIDER.

SPECIFIC TO EXPANSION COUNTIES AS OF 7/1/2017

1. Non-residential PROVIDERS – Current rates are specific to transitioning waiver participants. Rates for new referrals will be determined through collaboration with Inlusa, Inc. Community Resources/Provider Relations Contracting Staff.
2. Residential PROVIDERS – Current rates are specific to transitioning waiver participants. Rates for new referrals will be determined through utilization of Inlusa, Inc.'s Residential Rate Setting Methodology.

*Services with a * indicates service is new or changed*

SPC	Service Description	Procedure Code/Modifier	Procedure Code Description	Effective Date of Rates	Rate	Unit Type
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La Crosse MTU

Abby Vans/Zone 1A

*10710	Transportation- Medical Zone 1A, no co-pay	T2003-RD	Medical non-emergency transportation; per encounter/trip	01/01/2019	\$24.00	Each
*10710	Transportation- Medical Zone 1A	T2003-RD-UA	Medical non-emergency transportation;no show charge per trip	01/01/2019	\$24.00	Each
*10720	Transportation- Non-Medical Zone 1A	T2003-RI-UA	Non-medical transport: no show charge;per trip	01/01/2019	\$24.00	Each

*10720	Transportation- Non-Medical Zone 1A, no co-pay	T2003-RI	Non-medical transportation; encounter/trip.	01/01/2019	\$24.00	Each
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Abby Vans/Zone 1B

*10710	Transportation- Medical Zone 1B	T2003-RD-UA	Medical non-emergency transportation; no show charge per trip	01/01/2019	\$28.30	Each
*10710	Transportation- Medical Zone 1B, no co-pay	T2003-RD	Medical non-emergency transportation; per encounter/trip	01/01/2019	\$28.30	Each
*10720	Transportation- Non-Medical Zone 1B, no co-pay	T2003-RI	Non-medical transportation; encounter/trip.	01/01/2019	\$28.30	Each
*10720	Transportation- Non-Medical Zone 1B	T2003-RI-UA	Non-medical transport: no show charge; per trip	01/01/2019	\$28.30	Each

APPENDIX A Signatures: La Crosse MTU

004-1901-02

REIMBURSEMENT FOR AUTHORIZED SERVICES

PROVIDER's Authorized Representative,

By: 

Printed Name: Mark R. Jones

Title: President.

Date: 12-20-2018

City of La Crosse Authorized Representative,

By: _____

Printed Name: _____

Title: _____

Date: _____

PURCHASER's Authorized Representative,

Purchaser's Authorized Representative
Inclusa, Inc.
Chief Executive Officer

Date

*PROVIDER: Provide a copy of this Appendix to your Billing Department

Remit Invoices to: **Wisconsin Physicians Service Insurance Corporation (WPS)**

Appendix N
Scope of Service

As indicated in the Subcontract Agreement entered into on January 1, 2019, Provider acknowledges receipt and understanding of the Scope of Service for the following service(s):

SPC	Service Description
10710	Transportation- Medical Zone 1A
10710	Transportation- Medical Zone 1A, no co-pay
10710	Transportation- Medical Zone 1B
10710	Transportation- Medical Zone 1B, no co-pay
10720	Transportation- Non-Medical Zone 1A
10720	Transportation- Non-Medical Zone 1A, no co-pay
10720	Transportation- Non-Medical Zone 1B
10720	Transportation- Non-Medical Zone 1B, no co-pay

Provider agrees to follow the above Scope(s) of Service and disseminate all pertinent expectations material to Provider's staff and ensure expectations are followed.



Authorized Provider Signature
La Crosse MTU

12-20-2018
Date