

**CITY OF SAN ANTONIO  
SAN ANTONIO METROPOLITAN HEALTH DISTRICT  
CITY COUNCIL AGENDA MEMORANDUM**

**TO:** Mayor and City Council

**FROM:** Fernando A. Guerra, MD, MPH, Director of Health

**SUBJECT:** ORDINANCE ACCEPTING A CONTRACT CHANGE FROM THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES FOR THE BREAST AND CERVICAL CANCER CONTROL PROGRAM

**DATE:** June 9, 2005

**SUMMARY AND RECOMMENDATIONS**

This ordinance authorizes the Interim City Manager to accept and execute a contract change from the Texas Department of State Health Services (TDSHS) that adds additional clinical procedures and reimbursement rates for the ongoing Breast and Cervical Cancer Control Program (BCCCP) in the San Antonio Metropolitan Health District (SAMHD) for the period July 1, 2004 through June 30, 2005. In addition, this ordinance will revise the personnel complement.

Staff recommends approval.

**BACKGROUND INFORMATION**

The TDSHS provides over \$12 million in annual grant funding assistance to the City in support of the core public health activities provided by SAMHD. This support is done through three main contracts, two for grants that are paid on a cost reimbursement basis and one that funds fee-for-service programs. The three contracts are renewed annually and continue until all grant attachments, received through contract change notices, have expired. This ordinance authorizes additional clinical procedures and reimbursement rates for the TDSHS fee-for-service contract.

TDSHS provides attachments to the contract as funding for ongoing programs is renewed, as new grants are initiated, or as contract changes are needed. In August 2004, Attachment No. 01 was received with the FY05 contract and provided funding support for the ongoing Breast and Cervical Cancer Control Program (BCCCP, See Attachment I). This SAMHD program is a fee-for-service activity because all reimbursements are paid based on a specific fee schedule stated in the contract.

TDSHS has now offered a new fee schedule to the contract (See Attachment II, Exhibit A), without changing the funding level, that adds additional clinical procedures and reimbursement rates. The BCCCP provides clinical breast examinations, self breast-exam instruction, and referrals for cervical cancer examinations to low-income, uninsured women between the ages of 40-64 years. These services are offered at SAMHD public health clinics located throughout the city.

The personnel complement for this program remains at four (4) positions, the same as last year (See Attachment I). However, due to the need for a program supervisor, the vacant Senior Public Health Nurse position will be upgraded to a Public Health Nursing Supervisor position. The grant also supports contracts with local health care facilities for additional radiological and diagnostic procedures for those women who need follow up.

### **POLICY ANALYSIS**

Passage of this ordinance will continue the long-standing practice of utilizing Federal and State Aid to support the local public health programs of the City. The ordinance will also allow the SAMHD to outsource specialized services to providers that can furnish them more efficiently.

### **FISCAL IMPACT**

The total budget for the activity funded under this grant remains at \$145,000.00. Sources of funds are as follows:

TDH Contract #7460020708B 2005, Attachment No. 01	\$135,200.00
Transfer from 26-016060 (BCCCP FY04)	<u>\$9,800.00</u>
Total FY 2004-2005 Funding:	\$145,000.00

Acceptance of this TDSHS contract change will add additional clinical procedures and reimbursement rates, but will not change the program budget. This contract change will place no demand on the City General Fund.

### **COORDINATION**

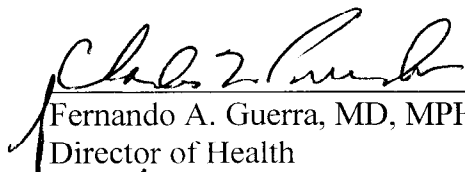
The City Attorney's Office and the Human Resources Department, Risk Management Division have reviewed and approved the contract with TDSHS. The Office of Management and Budget and the Finance Department have approved the program budget.


**SUPPLEMENTARY COMMENTS**

Provisions of the Ethics Ordinance do not apply.

Attachments:

- Attachment I: Breast and Cervical Cancer Control Program FY05 Budget and Personnel Complement
- Attachment II: TDSHS 7460020708B 2005 Contract Change Notice No. 01, Attachment No. 01A

  
\_\_\_\_\_  
Fernando A. Guerra, MD, MPH  
Director of Health

  
\_\_\_\_\_  
Frances A. Gonzalez  
Assistant City Manager

  
\_\_\_\_\_  
J. Rolando Bono  
Interim City Manager

## **AN ORDINANCE**

**AUTHORIZING THE ACCEPTANCE OF A CONTRACT CHANGE FROM THE TEXAS DEPARTMENT OF STATE HEALTH SERVICES (TDSHS) THAT ADDS ADDITIONAL CLINICAL PROCEDURES AND REIMBURSEMENT RATES FOR THE ONGOING BREAST AND CERVICAL CANCER CONTROL PROGRAM (BCCCP) IN THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT FOR THE PERIOD JULY 1, 2004 THROUGH JUNE 30, 2005; AUTHORIZING THE EXECUTION OF THE CONTRACT CHANGE WITH TDSHS; AND REVISING THE PERSONNEL COMPLEMENT.**

\* \* \* \* \*

**WHEREAS**, the Texas Department of State Health Services (TDSHS) provides annual financial assistance to the San Antonio Metropolitan Health District (SAMHD) to supplement the delivery of comprehensive public health services to protect the health of all residents within the jurisdiction of the SAMHD; and

**WHEREAS**, Ordinance 99612, passed and approved August 26, 2004, authorized the execution of TDSHS Contract Number 7460020708B 2005 for public health services and provided \$135,200.00 through Attachment No. 01 of said contract to renew support for the Breast and Cervical Cancer Control Program (BCCCP) in the SAMHD for low-income uninsured women for the period July 1, 2004 through June 30, 2005; and

**WHEREAS**, TDSHS has now added additional clinical procedures and reimbursement rates as shown in Exhibit A of the TDSHS Contract Change Notice 01, Attachment No. 01A, BCCCP FY05 Budget Tables, Budget A. Clinical Procedures that the SAMHD can be reimbursed for in support for the Breast and Cervical Cancer Control Program (BCCCP); and

**WHEREAS**, it is now necessary to authorize the acceptance and execution of the contract change with TDSHS and revise the personnel complement; **NOW THEREFORE:**

**BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:**

**SECTION 1.** The Interim City Manager, or his designee, is hereby authorized to accept and execute Contract Change Notice No. 01, Attachment No. 01A to Contract Number 7460020708B 2005 with TDSHS, adding additional clinical procedures and reimbursement rates in support for the Breast and Cervical Cancer Control Program (BCCCP) in the SAMHD for the period of July 1, 2004 through June 30, 2005. A copy of Contract Change Notice No. 01, Attachment 01A, is set out as Attachment II and incorporated herein for all purposes.

**SECTION 2.** SAP Fund No. 26016000 has been previously designated for use in accounting for the above project.

**SECTION 3.** The four (4) personnel positions set out in Attachment I are hereby authorized for the activity thereon.

**SECTION 4.** The Director of Finance may, subject to concurrence by the Interim City Manager or the Interim City Manager's designee, correct allocation to specific fund numbers, account numbers, and internal order numbers as necessary to carry out the purpose of this ordinance.

**SECTION 5.** Should the agreement be in an amount other than that budgeted for, or should the agreement contain terms and conditions different than those currently existing, acceptance of the agreement, budget and corresponding personnel complement will be subject to subsequent City Council ordinance.

**SECTION 6.** This ordinance shall be effective on and after the tenth (10<sup>th</sup>) day after passage hereof.

PASSED AND APPROVED this \_\_\_\_\_ day of June, 2005.

**M A Y O R**

ATTEST:

City Clerk

APPROVED AS TO FORM: \_\_\_\_\_  
City Attorney

**Attachment I**  
**Breast and Cervical Cancer Control Program FY05**  
**Fund 26016000**  
**Funds Center 3606210000**  
**Functional Area 3600500000060002**  
**Budget for Period: 07/01/2004 through 06/30/2005**  
**TDSHS Contract 7460020708B 2005**

ESTIMATED REVENUES	SAP GL No.	CURRENT AMOUNT	ADD (DEDUCT)	REVISED BUDGET
TDSHS Attachment #01A	4501100	135,200	0	135,200
Transfer from Fund No. 26-016060	6101100	9,800	0	9,800
<b>Total Estimated Revenues</b>		<b>\$ 145,000</b>	<b>0</b>	<b>\$ 145,000</b>

**APPROPRIATIONS**

**Breast and Cervical Cancer Control Prevention Program**  
**Activity 36-06-21 07/01/2004 through 06/30/2005**  
**Cost Center 3606210001**  
**Internal Order 136000000239**

Regular Salaries & Wages	5101010	71,327	0	71,327
Language Skill Pay	5101050	600	0	600
Social Security	5103005	5,457	0	5,457
TMRS	5105010	6,845	0	6,845
Group Health Insurance	5405040	10,096	0	10,096
Life Insurance	5103010	134	0	134
Workers' Disability Compensation	5405020	400	0	400
Mail & Parcel Post Service	5205010	341	0	341
Rental of Equipment	5205020	0	0	0
Travel - Official	5207010	0	0	0
Car Expense Allowance	5103055	800	0	800
Fees to Professional Contractors	5201040	46,600	0	46,600
Temporary Services	5202010	400	0	400
Membership Dues & Licenses	5203050	100	0	100
Binding, Printing & Reproduction	5203060	100	0	100
Office Supplies	5302010	700	0	700
Tools, Apparatus & Accessories	5304050	100	0	100
Liability, Hazard & Fidelity Ins.	5405030	1,000	0	1,000
<b>Total Appropriations</b>		<b>\$ 145,000</b>	<b>0</b>	<b>145,000</b>

**PERSONNEL COMPLEMENT**

Activity 36-06-21  
Cost Center 3606210001  
Internal Order 136000000239

Class No.	Title	PREVIOUS POSITIONS	ADD (DEDUCT)	CURRENT POSITIONS
0067	Administrative Aide	1	0	1
0244	Senior Public Health Nurse	1	(1)	0
0244	Senior Public Health Nurse (.50 FTE)	1	0	1
0247	Public Health Nursing Supervisor	0	1	1
0267	Licensed Vocational Nurse	1	0	1
<b>Total Personnel:</b>		<b>4</b>	<b>0</b>	<b>4</b>



**ATTACHMENT II**

**DEPARTMENT OF STATE HEALTH SERVICES  
1100 WEST 49TH STREET  
AUSTIN, TEXAS 78756-3199**

STATE OF TEXAS  
COUNTY OF TRAVIS

DSHS Document No. 7460020708B2005  
Contract Change Notice No. 01

The Department of State Health Services, hereinafter referred to as RECEIVING AGENCY, did heretofore enter into a contract in writing with SAN ANTONIO METROPOLITAN HEALTH DISTRICT hereinafter referred to as PERFORMING AGENCY. The parties thereto now desire to amend such contract attachment(s) as follows:

**SUMMARY OF TRANSACTION:**

ATT NO. 01A : CHS-BREAST AND CERVICAL CANCER

All terms and conditions not hereby amended remain in full force and effect.

EXECUTED IN DUPLICATE ORIGINALS ON THE DATES SHOWN.

Authorized Contracting Entity (type above if different from PERFORMING AGENCY) for and in behalf of:

**PERFORMING AGENCY:**

**SAN ANTONIO METROPOLITAN HEALTH DISTRICT**

By: \_\_\_\_\_  
(Signature of person authorized to sign)

\_\_\_\_\_  
(Name and Title)

Date: \_\_\_\_\_

**RECOMMENDED:**

By: \_\_\_\_\_  
(PERFORMING AGENCY Director, if different from person authorized to sign contract)

**RECEIVING AGENCY :**

**DEPARTMENT OF STATE HEALTH SERVICES**

By: \_\_\_\_\_  
(Signature of person authorized to sign)

Bob Burnette, Director  
Procurement and Contracting Services Division  
\_\_\_\_\_  
(Name and Title)

Date: \_\_\_\_\_

SC PCSD - Rev. 6/04

## DETAILS OF ATTACHMENTS

Att/ Amd No.	DSHS Program ID/ DSHS Purchase Order Number	Term		Financial Assistance		Direct Assistance	Total Amount (DSHS Share)
		Begin	End	Source of Funds*	Amount		
01A	CHS/BC 0000002307	07/01/04	06/30/05	93.919	135,200.00	0.00	135,200.00
DSHS Document No.7460020708B2005 Change No. 01					Totals	\$ 0.00	\$135,200.00

\*Federal funds are indicated by a number from the Catalog of Federal Domestic Assistance (CFDA), if applicable. REFER TO BUDGET SECTION OF ANY ZERO AMOUNT ATTACHMENT FOR DETAILS.



DOCUMENT NO. 7460020708B-2005  
ATTACHMENT NO. 01A  
PURCHASE ORDER NO. 0000002307

PERFORMING AGENCY: SAN ANTONIO METROPOLITAN HEALTH DISTRICT

RECEIVING AGENCY PROGRAM: COMMUNITY HEALTH SERVICES SECTION

TERM: July 01, 2004 THRU: June 30, 2005

It is mutually agreed by and between the contracting parties to amend the conditions of Document No. 7460020708B2005 -01 as written below. All other conditions not hereby amended are to remain in full force and effect.

SECTION I. SCOPE OF WORK paragraph 3, is revised to include the following:

PERFORMING AGENCY shall ensure that selected staff members attend professional education training as required by RECEIVING AGENCY. RECEIVING AGENCY will reimburse PERFORMING AGENCY for staff travel expenses and course deposits upon the completion of the course and submission of proper purchase voucher and supporting documentation. PERFORMING AGENCY will be responsible for the full amount of the course fee if a registered participant cancels less than 30 days prior to the start date of the course and the vacancy cannot be filled with another PERFORMING AGENCY staff member. PERFORMING AGENCY may not use the funds provided for professional education travel expenses and course fees for any other purpose except as stated above to pay for course fees for a participant that cancels less than 30 days prior to the start date of the course and the vacancy cannot be filled with another PERFORMING AGENCY staff member.

SECTION II. SPECIAL PROVISIONS, is revised to include the following:

General Provisions, **Applicable Laws and Standards** Article, is revised to include the following:

For the cost reimbursement expenditures incurred under this Attachment, this contract shall be interpreted under and in accordance with the laws of the State of Texas and enabling state rules. Where applicable, federal statutes and regulations, including federal grant requirements applicable to funding sources, shall apply to this contract. PERFORMING AGENCY agrees to comply with the Uniform Grant Management Act (UGMA), Texas Government Code, Chapter 783, as amended, and the Uniform Grant Management Standards (UGMS) as amended by revised federal circulars and incorporated in UGMS by the Governor's Budget and Planning Office. UGMA is located on the Internet at <http://www.capitol.state.tx.us/statutes/statutes.html>; the UGMS are located on the Internet at <http://www.governor.state.tx.us/stategrants/>.

General Provisions are revised to include the following article:

**Funding Participation Requirement**

PERFORMING AGENCY agrees funds provided through this contract shall not be used for matching purposes in securing other funding unless directed or approved by RECEIVING AGENCY.

General Provisions are revised to include the following article:

**Allowable Costs and Audit Requirements**

PERFORMING AGENCY or the AUTHORIZED CONTRACTING ENTITY shall arrange for a financial and compliance audit (Single Audit) if required by OMB Circular A-133 and/or UGMS, Part IV, "State of Texas Single Audit Circular." The audit shall be of the PERFORMING AGENCY'S or the AUTHORIZED CONTRACTING ENTITY'S fiscal year. The audit shall be conducted by an independent certified public accountant and in accordance with applicable OMB Circulars, Government Auditing Standards, and UGMS. PERFORMING AGENCY shall procure audit services in compliance with state procurement procedures, as well as with the provisions of UGMS.

If PERFORMING AGENCY is not required to have a Single Audit, a limited scope audit may be required. RECEIVING AGENCY will provide PERFORMING AGENCY with written audit requirements if a limited scope audit is required.

Within thirty (30) days of receipt of the audit reports required by this section, PERFORMING AGENCY/ AUTHORIZED CONTRACTING ENTITY shall submit a copy to Health and Human Services Commission (HHSC), OIG Single Audit at the following address:

Health and Human Services Commission  
Office of Inspector General  
Compliance/Audit: M-1326  
P.O. Box 85200  
Austin, Texas 78708-5200

General Provisions, **Terms and Conditions of Payment** Article, is revised to include the following:

For the cost reimbursement expenses incurred under this contract Attachment, RECEIVING AGENCY will reimburse PERFORMING AGENCY for allowable costs. Reimbursements are contingent on a signed contract and will not exceed the total of each Attachment(s). PERFORMING AGENCY is entitled to payment only if the service, work, and/or product has been authorized and satisfactorily performed. If those conditions are met, RECEIVING AGENCY will make payment in accordance with the Texas prompt payment law (Texas Government Code, Chapter 2251). PERFORMING

AGENCY is entitled to exercise remedies for nonpayment in accordance with Texas Government Code, Chapter 2251, Subchapter D.

PERFORMING AGENCY shall have incurred a cost within the applicable Attachment term to be eligible for reimbursement under this contract and prior to claiming reimbursement. PERFORMING AGENCY shall submit requests for reimbursement on a State of Texas Purchase Voucher (TDH Form B-13) or any other form designated by RECEIVING AGENCY monthly within thirty (30) days following the end of the month covered by the bill. PERFORMING AGENCY shall submit a reimbursement request as a final close-out bill not later than ninety (90) days following the end of the applicable Attachment term(s) for goods received and services rendered during the Attachment term. Reimbursement requests received in RECEIVING AGENCY'S offices more than ninety (90) days following the end of the applicable Attachment term will not be paid. If necessary to meet this deadline, PERFORMING AGENCY may submit reimbursement request by facsimile transmission. Consideration of requests for an exception will be made on a case-by-case basis and only for an extenuating circumstance such as a catastrophic event, natural disaster, or criminal activity that substantially interferes with normal business operations, or causes damage or destruction of the place of business and/or records. A written statement describing the extenuating circumstance and the last request for reimbursement must be submitted for review and approval to the RECEIVING AGENCY Program sponsoring the Attachment.

SECTION III. BUDGET, is revised as follows:

RECEIVING AGENCY shall reimburse PERFORMING AGENCY for breast and cervical cancer screening and diagnostic services at the rates specified in the attached Exhibit A, BCCCP Budget Table, Revised 02/05.

Total payments for screening, diagnostics, case management, and support shall not exceed \$ 135,200.00.

RECEIVING AGENCY shall reimburse PERFORMING AGENCY for travel expenses and course deposits related to required professional education training for PERFORMING AGENCY staff. Travel expenses will be reimbursed at state rates according to the following:

- \$.35 per mile (actual miles reimbursed may not exceed the lowest available airfare between the participant's home and the training facility);
- actual costs of economy or coach airfare;
- \$30 per day maximum for meals;
- \$80 per day maximum for lodging and taxes;
- actual costs of parking and ground transportation (bus, taxi, shuttle). Rental car expenses will not be reimbursed.
- actual cost of course deposits.

Total reimbursements for professional education travel expenses and course deposits shall not exceed \$ 0.00.

Total payments and reimbursements for all contract Attachment activities shall not exceed \$ 135,200.00.

**EXHIBIT A**  
**BCCCP FY05 BUDGET TABLES**

**BUDGET TABLE A. CLINICAL PROCEDURES**

Procedure	CPT Code	Reimbursement
Screening Mammogram	76092	\$82.77
Screening Mammogram producing direct digital image, bilateral, all views*	G0202	\$82.77
Office Visit – New Patient Only - 10 minutes	99201	\$34.67
Office Visit – New Patient Only - 20 minutes	99202	\$62.54
Office Visit – New Patient Only - 30 minutes	99203	\$92.70
Office Visit - Established Patient; face-to-face - 10 minutes	99212	\$36.42
Office Visit - Established Patient; face-to-face - 15 minutes	99213	\$51.13
Office Visit - Established Patient; face-to-face - 25 minutes	99214	\$79.82
Office Visit - Breast Consultation only, 15 minutes	99241	\$47.45
Office Visit - Breast Consultation only, 30 minutes	99242	\$88.29
Office Visit - Breast Consultation only, 40 minutes	99243	\$116.21
Office Visit - Breast Consultation only, 60 Minutes	99244	\$165.90
Diagnostic Mammogram (unilateral)	76090	\$75.00
Diagnostic Mammogram producing direct digital image, unilateral, all views**	G0206	\$75.00
Diagnostic Mammogram (bilateral)	76091	\$94.17
Diagnostic Mammogram producing direct digital image, bilateral, all views***	G0204	\$94.17
Aspiration of Breast Cyst	19000	\$79.41
Aspiration of each additional cyst	19001	\$47.61
Needle Core Breast Biopsy	19100	\$105.54
Facility fee with needle core biopsy	19100-F	\$333.00
Percutaneous Needle Core, using imaging guidance	19102	\$261.46
Incisional Breast Biopsy	19101	\$290.24
Facility fee with incisional breast biopsy	19101-F	\$193.82
Excisional Breast Biopsy	19120	\$391.53
Facility fee with excisional breast biopsy	19120-F	\$510.00
Vacuum Assisted Device	19103	\$581.33
Excision of breast lesion/ preoperative placement of radiological marker, single lesion	19125	\$416.49
Facility fee with excision of breast lesion/preoperative placement of radiological marker, single lesion	19125-F	\$361.40
Each additional lesion (used with 19125)	19126	\$155.08
Preoperative placement of needle localization	19290	\$143.91

wire, breast		
Facility fee with preoperative placement of needle localization wire, breast	19290-F	\$65.62
Preoperative placement of needle localization wire, breast, additional lesion (used with 19290, limit 1)	19291	\$84.60
Stereotactic localization guidance for breast biopsy or needle placement, each lesion, radiological supervision and interpretation	76095	\$328.82
Mammographic guidance for needle placement, breast, each lesion, radiological supervision and interpretation	76096	\$73.65
Anesthesia/excision of breast cyst, per point (up to 6 points)	00400	\$17.20
Radiological examination, surgical specimen	76098	\$23.03
Ultrasound, breast, unilateral or bilateral	76645	\$63.58
Ultrasonic guidance for needle biopsy, radiological supervision and interpretation	76942	\$134.47
Fine Needle Aspiration, without placement, imaging supervision and interpretation	10021	\$134.03
Interpretation and Report of Fine Needle Aspiration	88173	\$118.90
Surgical pathology, gross and microscopic examination (breast or cervical)	88305	\$92.82
Pap Smear – physician's interpretation (Bethesda System)	88141	\$22.51
Pap Smear - cytologist's interpretation (Bethesda System)	88164	\$22.51
Pap Smear - liquid based, cytologist's interpretation (Bethesda System)	88142	\$22.51
Colposcopy	57452	\$111.85
Colposcopy with biopsy and endocervical curettage	57454	\$117.15
Colposcopy with endocervical curettage	57456	\$117.15
Case management for abnormal breast cancer screening, (abnormal CBE or mammogram, diagnostic tests required)	99910	\$100.00
Case management for abnormal cervical cancer screening (diagnostic test required)	88810	\$50.00
Surgical Pathology, gross and microscopic examination (cervix, conization)	88307	\$92.82
Conization of the cervix (excision)	57520	\$319.27
Loop Electrode Excision	57522	\$261.15

\*New procedure, reimbursed at same rate as 76092

\*\*New procedure, reimbursed at same rate as 76090

\*\*\*New procedure, reimbursed at same rate as 76091

ALL RATES AND PROCEDURES ARE SUBJECT TO APPROVAL BY the Centers for Disease Control.