CITY OF ANTIGO

FINANCE, PERSONNEL, AND LEGISLATIVE COMMITTEE MEETING

MULTI-PURPOSE ROOM	Wednesday, December 21, 2022
CITY HALL, 700 EDISON STREET	6:00 PM

Call to Order

Discussion and Action May Occur on Any of the Following Agenda Items:

1. Approval of the Minutes from the November 16, 2022 Meeting
2. Waiver of Event Permit Fee for HookUp Disc Golf Benefit Tournament on 11/26/2022.
3. Increase "Class A" Fermented Malt Beverage and Intoxicating Liquor License Quota by One and Approve a License for a New Paint and Sip Business at 527 Clermont Street as the Building Has Not Previously Been Licensed (contingent on passing all inspections, taking of the beverage server training class, and any other requirements for licensing)
4. B.A. & Esther Greenheck Foundation grant approval of $10,000 for the K9 program
5. Increase Welfit Reimbursement to Either $38.00 or $44.00 per Employee per Month for At Least Ten Visits Per Month
6. TriZetto Clearing House Agreement

Any Other Matters Authorized by Law to be Considered

Adjournment

Upon reasonable notice, efforts will be made to accommodate disabled individuals through appropriate aids and services. For additional information, contact Cheryl Barta, 700 Edison Street, Antigo, Wisconsin 54409. (715) 623-3633 extension 100. Members of and possibly a quorum of members of other governmental bodies may be in attendance to gather information. Any governmental body other than that specifically referred to above will take no action.

DATE MAILED: December 19,2022 BILL BRANDT

"Antigo Area on the go"

To: Mayor and City Council

From: Sarah Doucette, Assistant

Date: December 21, 2022

Re: Waiver of Event Permit Fee for HookUp Disc Golf Benefit Tournament on 11/26/2022.

Request to waive the event permit fee for HookUp Disc Golf's Benefit Tournament held on November 26, 2022 to raise funds for a community family that just recently went through a traumatic loss.

12-13-22

Dear Committee,

My name is Madison and I started my small business in 2019 and have been slowly growing. This year I will be ready to open a studio!

I am writing asking that you expand the Alcohol License Allowance by one for my business.

I will be opening a Paint-N-Pour. Classes will be held 1-2 x's per day and between 1 and 4 hours in length. Because painting and crafting is the main focus, drinking is a secondary service. It is my experience visiting other paint & Pours that most guest who choose to drink only consume 1-2 servings per Class.

I plan to carry a light invantory of 2 malt beverages and 2 wine choices at any one given time.

Becoming anything more than "giggely" or a "little tipsy" will be considered taboo and prohibited at my establishment.

Thank you for considering expanding the local Alcohol License Allowance by one for my business, I truely belive Antigo would bennifit from a place where persons can relax and enjoy themselves.

Madison Hoffman Taylor

Attachment: License Request for Creative Phoenix Paint & Pour (5913 : Class A License for New Business and Increase Class A Quota)

INTOXICATING LIQUOR, FERMENTED MALT BEVERAGE, AND MISCELLANEOUS LICENSE APPLICATION ~ CITY OF ANTIGO

Madison Hoffman Taylor
Owner Name **(as listed on Seller's Permit)**

Agent Name (if corporation)

Creative Phoenix Paint & Pour
Business Name

517 Clermont St, Antigo, WI 54409
Business Address

Business Mailing Address (if different)

Office Use Only
Date
Amount
By

920-815-5330
Business Phone Number

920-815-5330
Owner Home Phone Number

Agent Home Phone Number

E-mail Address madison@fan.net

****

Class "A" Beer (sale of beer in original packages or containers for off-premises consumption only)
"Class A" Liquor (sale of intoxicating liquor in original packages or containers for off-premises consumption only)
"Class A" Liquor (CIDER ONLY) (sale of CIDER only in original packages or containers for off-premises consumption only)
Class "B" Beer (sale of beer to consumers for on-premises or off-premises consumption)
"Class B" Liquor (sale of intoxicating liquor to consumers by the glass for on-premises consumption)
"Class C" Wine (sale of wine by the glass or in an opened original container for on-premises consumption only)
Reserve "Class B" Liquor (only if sold as a reserve license)

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PUBLICATION FEE PAYABLE UPON RECEIPT OF APPLICATION: $48.50

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CHECK LICENSES BELOW WHICH APPLY TO YOUR BUSINESS. PAYMENT IS DUE UPON ISSUANCE.

****

"Class A" Intoxicating Liquor	$200.00	200
"Class A" Intoxicating Liquor (CIDER ONLY)	$ N/A	
Class "A" Fermented Malt Beverage	$135.00	135.00
"Class B" Intoxicating Liquor	$275.00	
Class "B" Fermented Malt Beverage	$100.00	
"Class C" Wine	$ 50.00	
Wholesale Beer	$ 25.00	
Reserve "Class B" Intoxicating Liquor	$275.00	

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CHECK LICENSES BELOW WHICH APPLY TO YOUR BUSINESS. PAYMENT IS DUE UPON ISSUANCE.

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Cigarette $ 25.00
(Must include completed *Application for Cigarette and Tobacco Products Retail License*)
Amusement Device ($10.00 per machine – minimum fee $25.00)
Number of machines
Dance Hall (required if there is any music, including radio, on premises) $ 20.00
(Must include signed dance hall agreement)

TOTAL DUE ***(be sure to include $48.50 publication fee)*** $

INTOXICATING LIQUOR, FERMENTED MALT BEVERAGE AND WINE APPLICANTS:

Every question on the state application form must be answered and along with this form be returned to the City Clerk's Office. The City of Antigo requires that all personal property taxes and city invoices be paid before any license can be issued. **Any business dispensing alcoholic beverages must have a licensed operator on the premises during the hours of operation. REMIND OPERATORS TO CHECK THE EXPIRATION DATE OF THEIR LICENSE AND RENEW IT BEFORE IT EXPIRES!!**

CITY OF ANTIGO
Kaye M. Matucheski
City Clerk-Treasurer
(715) 623-3633, ext. 100

Return this form, state's renewal alcohol beverage license application, dance hall agreement, and cigarette application to the Clerk's Office, 700 Edison Street, Antigo, WI 54409-1955
MAKE CHECK PAYABLE TO: CITY OF ANTIGO

APPLICANT SIGNATURE

Attachment: License Request for Creative Phoenix Paint & Pour (5913 : Class A License for New Business and Increase Class A Quota)

Original Alcohol Beverage Retail License Application

(Submit to municipal clerk.)

For the license period beginning: 02/01/2023 (mm dd yyyy) ending: 06/30/23 (mm dd yyyy)

To the Governing Body of the: ☐ Town of ☐ Village of ☒ City of } Antigo

County of Langlade Aldermanic Dist. No. _____ (if required by ordinance)

Check one: ☒ Individual ☐ Partnership ☐ Limited Liability Company ☐ Corporation/Nonprofit Organization

Applicant's Wisconsin Seller's Permit Number	
456-1022588166-04	
FEIN Number	
392-04-4603	
TYPE OF LICENSE REQUESTED	**FEE**
☒ Class A beer	$ 200
☐ Class B beer	$
☐ Class C wine	$
☒ Class A liquor	$ 135.00
☐ Class A liquor (cider only)	$ N/A
☐ Class B liquor	$
☐ Reserve Class B liquor	$
Class B (wine only) winery	$
Publication fee	$ 48.50
TOTAL FEE	$

Name (individual / partners give last name, first, middle; corporations / limited liability companies give registered name)

Hoffman Taylor Madison

An "Auxiliary Questionnaire," Form AT-103, must be completed and attached to this application by each individual applicant, by each member of a partnership, and by each officer, director and agent of a corporation or nonprofit organization, and by each member/manager and agent of a limited liability company. List the full name and place of residence of each person.

President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Hoffman Taylor	Madison	M	N3676 CTY Rd S, Antigo WI 54409
Vice President / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Secretary / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Treasurer / Member Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Agent Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)
Directors / Managers Last Name	(First)	(Middle Name)	Home Address (Street, City or Post Office, & Zip Code)

1. Trade Name Creative Phoenix Art Business Phone Number 920-815-5330
2. Address of Premises 517 Clermont St. Antigo Post Office & Zip Code Antigo, WI 54409
3. Premises description: Describe building or buildings where alcohol beverages are to be sold and stored. The applicant must include all rooms including living quarters, if used, for the sales, service, consumption, and/or storage of alcohol beverages and records. (Alcohol beverages may be sold and stored only on the premises described.)

   517 Clermont St. is a small retail location with one open space that will house an art studio set up. Rooms included are the bathroom which also doubles as a storage space. As beer & wine are not our main focus it will be held in a small windowless Fridge & possibly a small quantity on a shelf out of main view.

4. Legal description (omit if street address is given above): _____
5. (a) Was this premises licensed for the sale of liquor or beer during the past license year? ..... ☐ Yes ☒ No

   (b) If yes, under what name was license issued? _____

Attachment: License Request for Creative Phoenix Paint & Pour (5913 : Class A License for New Business and Increase Class A Quota)

6. Is individual, partners or agent of corporation/limited liability company subject to completion of the responsible beverage server training course for this license period? **If yes, explain** ☒ Yes ☐ No

I have held this training Certificate in the past for Brown & Door County, I will need to renew it for Langlade County

7. Is the applicant an employe or agent of, or acting on behalf of anyone except the named applicant? ☐ Yes ☒ No
If yes, explain.

8. Does any other alcohol beverage retail licensee or wholesale permittee have any interest in or control of this business? **If yes, explain** ☐ Yes ☒ No

9. (a) **Corporate/limited liability company applicants only:** Insert state _____ and date _____ of registration.

(b) Is applicant corporation/limited liability company a subsidiary of any other corporation or limited liability company? **If yes, explain** ☐ Yes ☐ No

(c) Does the corporation, or any officer, director, stockholder or agent or limited liability company, or any member/manager or agent hold any interest in any other alcohol beverage license or permit in Wisconsin? ☐ Yes ☐ No
If yes, explain.

10. Does the applicant understand they must register as a Retail Beverage Alcohol Dealer with the federal government, Alcohol and Tobacco Tax and Trade Bureau (TTB) by filing (TTB form 5630.5d) before beginning business? [phone 1-877-882-3277] ☒ Yes ☐ No

11. Does the applicant understand they must hold a Wisconsin Seller's Permit? [phone (608) 266-2776] ☒ Yes ☐ No

12. Does the applicant understand that they must purchase alcohol beverages only from Wisconsin wholesalers, breweries and brewpubs? ☒ Yes ☐ No

READ CAREFULLY BEFORE SIGNING: Under penalty provided by law, the applicant states that each of the above questions has been truthfully answered to the best of the knowledge of the signer. Any person who knowingly provides materially false information on this application may be required to forfeit not more than $1,000. Signer agrees to operate this business according to law and that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another. (Individual applicants, or one member of a partnership applicant must sign; one corporate officer, one member/manager of Limited Liability Companies must sign.) Any lack of access to any portion of a licensed premises during inspection will be deemed a refusal to permit inspection. Such refusal is a misdemeanor and grounds for revocation of this license.

Contact Person's Name (Last, First, M.I.)	Title/Member	Date
Hoffman-Taylor, Madison M		12-13-2022
Signature	Phone Number	Email Address
	920-815-5330	madison@fan.net

TO BE COMPLETED BY CLERK

Date received and filed with municipal clerk	Date reported to council / board	Date provisional license issued	Signature of Clerk / Deputy Clerk
Date license granted	Date license issued	License number issued	

AT-106 (R. 3-19)

Attachment: License Request for Creative Phoenix Paint & Pour (5913 : Class A License for New Business and Increase Class A Quota)

AGREEMENT BETWEEN THE CITY OF ANTIGO AND APPLICANT FOR DANCE HALL LICENSE

Name of Applicant: Madison HoffmanTaylor

IN CONSIDERATION of the issuance to him or her of a Class B liquor license by the City of Antigo for the period 02-01-2023 **to** 06/30/23 **the undersigned agrees:**

(a.) Not to permit bottomless dancing on the premises.

(b.) Not to permit audience participation in any dance nor to permit anyone other than a dancer on stage.

(c.) Not to permit lewd, lascivious or sexually suggestive dancing or displays on the premises.

IT IS UNDERSTOOD that any violation of the above will result in immediate revocation of said license.

Dated this 13th day of December, 2022

Applicant's Signature

F:\CLRKADMN\DanceHall-Agreement.doc

Attachment: License Request for Creative Phoenix Paint & Pour (5913 : Class A License for New Business and Increase Class A Quota)

"Antigo Area on the go"

To: Mayor and City Council

From: Dan Duley, Police Captain

Date: December 21, 2022

Re: B.A. & Esther Greenheck Foundation grant approval of $10,000 for the K9 program

The city of Antigo Police Department applied for a B.A. & Esther Greenheck Foundation grant for our K9 program.

The Antigo Police Department was notified by the B.A & Esther Greenheck Foundation that we were awarded a $10,000 grant.

The Antigo Police Department currently has one K9 unit that will be retired from service in October 2023 with a new K9 replacement to be purchased in late spring of 2023.

I am looking for a motion and acceptance to accept the $10,000 grant from the B.A. & Esther Greenheck Foundation to be used for the purchase of the new K9 and associated equipment.

"Antigo Area on the go"

To: Mayor and City Council

From: Kaye Matucheski, Clerk-Treasurer/Finance Director

Date: December 21, 2022

Re: Increase Welfit Reimbursement to Either $38.00 or $44.00 per Employee per Month for At Least Ten Visits Per Month

Currently the City reimburses the monthly fee of $35.00 for the Welfit program through Aspirus Langlade Hospital or Anytime Fitness if the employee attends at least ten times per month. We have been notified that the fee for Welfit is increasing as of January 1, 2023. The new fees are $38.00 per month for access from 6 a.m. - 8 p.m. Monday - Friday or $44.00 per month for access 24/7/365 days.

In order to continue encouraging employees to stay fit and healthy, we are recommending increasing the reimbursement for the Welfit program to either $38.00 or $44.00 depending on which plan the employee chooses. The method of reimbursement will not change with the employee being reimbursed at the end of the month when Welfit verifies that the attendance meets the at least ten times per month requirement.

At this time we have not been notified of any increase for the Anytime Fitness program so this will continue at $35.00 per month with at least ten visits per month.

If the Committee approves this, a resolution will need to be forwarded to Council and the first reimbursements would be in February for January visits.

Should you have any questions, please feel free to contact me.

Antigo
"Antigo Area on the go"

To: Mayor and City Council
From: Jon Petroskey, Fire Chief
Date: December 21, 2022
Re: TriZetto Clearing House Agreement

I am requesting to update our "Clearing House" to TriZetto Provider Solutions. A "Clearing House" is a provider that allows us to file electronic claims with uploading ambulance invoices and download EOB's. Currently we have a Clearing House that provides electronic claims to Medicare only. TriZetto would allow us to transmit to Medicare and 6,000 other insurance carriers nationwide electronically.

Many health insurance companies are now requiring electronic claims and to receive an EOB, they require us to create an account for each insurance carrier. By having TriZetto, we will have one login to process an ambulance invoice and access the EOB's for all the insurances they do business with. TriZetto also works with our ambulance billing software company, TriTech which makes this transition easy.

We anticipate the financial impact to be around $2,500 per year but there will be time savings from the hassle we currently have processing claims to each insurance carrier, reduction in paper forms to purchase and cost savings on envelopes and postage will help offset this impact. This will also reduce human error with data entry and the claim will be processed quicker being electronic by not needing to mail the claim through the U.S. Postal Service.

Along with the electronic claims, we are recommending to allow paper claims, remittance, secondary claims and patient statements, which is included in the $2,500 annual projected cost.

Mike Winter has review this agreement with no concerns.

I would like a motion to approve the agreement with TriZetto Provider Solutions.

TRIZETTO Provider Solutions®
A Cognizant Company

PURCHASE ORDER

CLIENT CONTACT INFORMATION

Company Name: City of Antigo Fire Department
Contact: Linda Vollmar
Phone #: (715) 35007315
Fax #:
Email: vollmar@antigo-city.org
Address: 700 Edison St
Antigo, WI, 54409

TRIZETTO CONTACT INFORMATION

Sales Rep: Jane Ronshausen
Phone #: (800) 969-3666 x 1035
Fax #: (314) 898-1896
Email: jane.ronshausen@cognizant.com
Address: 3300 Rider Trail South
Earth City, MO 63045

EDI SERVICE PACKAGES — MONTHLY FEE

Please check the box next to the desired package.

☒ **ELECTRONIC CLAIMS include:** — **$80 for up to 200 Claims**, $0.40 per claim thereafter

ANCILLARY EDI SERVICES — MONTHLY FEE

Please check the box next to the desired ancillary services below.

☒ **Paper Claims** — **$0.75 per Claim**
- Cost-effective solution for payers not accepting claims electronically.

☒ **Electronic Remittance Advice** — **$25.00 per 200 Claims**
- Electronic Remittance Advice enables you to easily store, search, access and print electronic remittance advice files from one convenient location.

☒ **Secondary Claims** — **$0.88 per Claim**
- Options: Automated Secondaries, COB Pass Through Secondaries, Secondary Online Submission
- The ability for the provider to automate the process of sending a secondary claim for payer processing.

☐ **Online Claim Correction** — **$10 per 200 Claims**
- Tool lets you fix all key areas of a claim in real-time, so you can make the comprehensive edits payers require.

☒ **Patient Statements** — **$0.78 per Statement**
- Simplifies the patient billing process through fast and accurate printing and mailing of professional patient statements.
- $0.16 for each additional page, $0.50 NCOA fast-forward fee per encounter, $0.05 CASS fee may be incurred

☐ **Real Time Eligibility** — **$20.00 for up to 200 Inquiries**, **$0.10 per Inquiry thereafter**
- Enables you to check eligibility at any time in our web and review valuable benefit data real time (co-pay, plan name and plan details).

Attachment: TriZetto Agreement (5910 : TriZetto Clearing House Agreement)

TRIZETTO Provider Solutions
A Cognizant Comp

☐ **Integrated Eligibility (must be version 5.10)** **$29.00 for up to 200 Inquiries**
$0.145 per Inquiry thereafter

- Enables you to check eligibility at any time in the revenue cycle through batch or real-time (API/Web Service) connectivity and push the valuable benefit data (co-pay, plan name and plan details) back to the provider's system.

ADDITIONAL INFORMATION

Please check the box next to the desired information below.

☐ **Credentialing Services**

- Please check the box if you are interested in receiving more information regarding Credentialing Services from TriZetto Provider Solutions

☐ **Patient Pop**

- Please check the box to learn more about your online presence and how you can improve your overall practice growth. Here is the link to the Patient Pop competitive scanner tool, to allow you to check your online performance and see how you stack up against competition. https://compare.patientpop.com/trizetto

TERM

Initial Term: 12 months **Renewal Term**: 30 days

ADDITIONAL FEES

Initial Set-up Fee: $200(Waived)
Provider Add On Fee: $50(Waived)
Annual Renewal Fee: $200

NOTES

1. Invoicing **shall not begin** until the Go-Live date . If no Go-Live date is listed, then invoicing shall begin 30 days after the Effective Date. (Invoicing **will begin** upon submission of live claims **if** earlier than the Go-Live date.) For Existing Clients, invoice changes will be reflected on your next invoice.
2. Do not invoice until sending live claims.

ADDITIONAL TERMS

OFFER AND AGREEMENT

This purchase order (the "**Order**") is merely an offer to enter into a contract until signed by Client and, if not signed, will expire 30 days after receipt by Client.

Once signed by Client, this Order, together with the General Terms, Business Associate Agreement and other addenda attached hereto or referenced therein collectively constitute the Agreement, all of which are incorporated herein by reference (the "**Agreement**"), and contain the terms and conditions under which TriZetto Provider Solutions, LLC, ("**TriZetto**") will provide the Services, as defined in the General Terms. The Agreement is effective as of the date Client signs below (the "**Effective Date**"). The Agreement supersedes any previous agreements and understandings between the Parties regarding the Services. Notwithstanding the foregoing, if Client and TriZetto have already executed an Agreement consisting of substantially similar General Terms, Business Associate Agreement and other addenda attached thereto or referenced therein that constitute the Agreement, then this Order shall amend such existing Agreement and this Order will prevail in the event of a conflict with regard to the subject matter hereof.

CLIENT ACCEPTANCE

Attachment: TriZetto Agreement (5910 : TriZetto Clearing House Agreement)

TRIZETTO Provider Solutions
A Cognizant Company

By signing below, Client agrees that Client has read and agrees to the General Terms found at: http://www.trizettoprovider.com/TrizettoIntranet/media/TriZetto/Legal_Documents/GeneralTerms05232017.pdf and the business associate agreement located at http://www.trizettoprovider.com/trizettoIntranet/media/TriZetto/Legal_Documents/BAA05232017.pdf The person signing below further represents that he/she is duly authorized to execute the Agreement on Client's behalf.

Please sign below, keeping your signature within the box:

Signature:		**Scan, fax, or mail** this signed Purchase Order to:
Name:		**Attention TPS Sales** TriZetto Provider Solutions, LLC 3300 Rider Trail South Earth City, MO 63045 1-800-969-3666 Fax: 314-802-6822 physiciansales@cognizant.com
Title:		
Date:		

Attachment: TriZetto Agreement (5910 : TriZetto Clearing House Agreement)