

**PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS**

AGENDA ITEM SUMMARY

Meeting Date: January 10, 2017 Consent Regular
 Workshop Public Hearing

Department: Fire-Rescue

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to approve:

- A) a Medicare Enrollment Application for Clinics/Group Practices and Certain Other Suppliers (Form CMS-855B), and an Electronic Funds Transfer (EFT) Authorization Agreement (Form CMS-588); and
- B) the appointment of the Fire Rescue Administrator as an Authorized Official to enroll the County (Fire Rescue) in the Medicare program, to make changes or updates to the County's status in the Medicare program, and to bind and commit the County to fully abide by the statutes, regulations, and program instructions of the Medicare program, including the authority to execute and submit on the County's behalf the Medicare Enrollment Application for Clinics/Group Practices and Certain Other Suppliers (Form CMS-855B), the Electronic Funds Transfer (EFT) Authorization Agreement (Form CMS-588), a letter attesting that the County will be legally and financially responsible for any outstanding debt owed to CMS (including any potential overpayments), and any other Medicare applications, contracts, certifications, attestations, and other related documents.

Summary: In accordance with the Patient Protection and Affordable Care Act, all new and existing Medicare providers are required by the Centers for Medicare & Medicaid Services (CMS) to complete a Medicare Enrollment Application to revalidate the provider information on file with CMS. Approval of the revalidation enrollment application will prevent the deactivation of our Medicare enrollment allowing the County to continue to submit fire rescue emergency transport claims directly to Medicare for those patients with Medicare insurance. The enrollment package requires the County to directly appoint an Authorized Official to enroll the County (Fire Rescue) in the Medicare program, to make changes or updates to the County's status in the Medicare program, and to bind and commit the County to fully abide by the statutes, regulations, and program instructions of the Medicare program.


On December 1, 2016, Fire Rescue received a notice dated November 14, 2016, from First Coast Service Options, Inc. (a CMS-Contracted Medicare Administrative Contractor) advising that the revalidation of our Medicare enrollment record is required by January 31, 2017. Countywide (SB)

Background and Justification: CMS requires Medicare providers to revalidate their Medicare enrollment record every five (5) years; however, off-cycle revalidations for certain program integrity purposes are permitted. A revalidation enrollment package was last submitted to the Board on January 24, 2012 (3S1). Failure to submit these executed forms before the January 31, 2017 deadline will result in a hold on our Medicare payments and possible deactivation of our Medicare enrollment.

Attachments:

1. Medicare Provider Enrollment Revalidation Notice
2. Department of Health & Human Services Medicare Enrollment Application Package

Recommended by:  12/22/16
 Deputy Chief Date

Approved by:  12/22/16
 Fire Rescue Administrator Date

Approved by:  1/4/17
 Assistant County Administrator Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2017	2018	2019	2020	2021
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>554</u>	_____	_____	_____	_____
External Revenues	_____	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>554</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	_____	_____	_____	_____

Is Item Included in Proposed Budget? Yes No

Budget Account No.: Fund 1300 Dept 440 Unit 4209 Rev Source _____

B. Recommended Sources of Funds/Summary of Fiscal Impact:

There is no direct fiscal impact associated with the approval of these forms, except for the application fee of \$554; however, approval does provide the County with the authority to submit transport claims to Medicare for patients with Medicare insurance. For reference, the Department received \$12.3M in Medicare payments in FY 2016.

C. Departmental Fiscal Review: *Michael Mat*

III. REVIEW COMMENTS

A. OFMB Fiscal and/or Contract Development and Control Comments:

Lisa P... 11/3/17
OFMB 2/12/30 52
113

Dr. J. Jacobson 11/3/17
Contract Development and Control

B. Legal Sufficiency

Don B... 1/4/17
Assistant County Attorney

C. Other Department Review:

Department Director

REVISED 9/03
ADM FORM 01

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)