

**PALM BEACH COUNTY  
BOARD OF COUNTY COMMISSIONERS**

**AGENDA ITEM SUMMARY**

Meeting Date:	September 10, 2019	<input type="checkbox"/> Consent	<input checked="" type="checkbox"/> Regular
		<input type="checkbox"/> Workshop	<input type="checkbox"/> Public Hearing

Department: Fire-Rescue

**I. EXECUTIVE BRIEF**

**Motion and Title: Staff recommends motion to:**


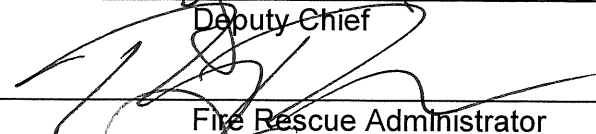
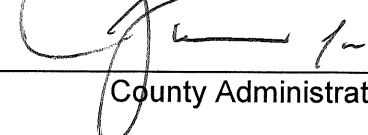
- A) adopt** a Resolution authorizing participation in the Public Emergency Medical Transportation (PEMT) supplemental payment program for Medicaid managed care patients; delegating authority to execute Letter(s) of Agreement (LOA) with the State of Florida relating to intergovernmental transfers to the State; and delegating authority to execute other documents necessary to participate in this program; and
- B) approve** a budget transfer of \$400,000 within the Fire/Rescue MSTU Fund (Fund 1300) in FY 2020 to fund intergovernmental transfer(s) required for the PEMT supplemental payment program for Medicaid managed care patients.

**Summary:** Recently, the State of Florida, Agency for Health Care Administration (AHCA) established a Medicaid supplemental program to address Medicaid payment inadequacy. The Florida Medicaid Managed Care Supplemental Payment Program (also known as the "MCO" program) will allow qualifying government owned ambulance providers to receive supplemental payments for emergency transports of Medicaid managed care patients. In order to guarantee Federal share funding, intergovernmental transfers (IGT) from PEMT providers are required to cover the State's share of the MCO program. It is expected that for each \$1 provided by the IGT, approximately \$2.60 will be received in revenue, for an estimated net revenue of \$600,000. As of September 6, 2019, the LOA to be executed has not been received from AHCA; however, the deadline to return the LOA remains October 1, 2019. Countywide (SB)

**Background and Policy Issues:** Palm Beach County Fire Rescue transports over 70,000 patients annually to local hospital emergency rooms, of which approximately 10% of these transports are for Medicaid patients. In 2016, the State of Florida authorized the creation of a Public Emergency Medical Transportation (PEMT) Certified Public Expenditure (CPE) program to provide supplemental payments to public emergency medical transportation providers for Medicaid fee for service patients transported to hospitals. The PEMT CPE program helps to close the gap between actual costs incurred and revenue received for each emergency medical transport. Over the past three years, Fire Rescue has received over \$5.3 million from the PEMT CPE program. In 2019, Florida's Legislature authorized the expansion of the PEMT program to include Medicaid managed care patients. In order to leverage the approximately 60% Federal share, qualifying government owned ambulance providers are to provide the approximately 40% State's share through IGTs. The revenue from this program is expected to be received through the various Medicaid managed care providers for their covered patients who are transported to a hospital. The MCO program will require agreements with managed care providers, and these agreements will be presented to the Board at a later date. The MCO funding model has not yet been finalized by AHCA, and continues to be fluid as to the managed care enrollment and utilization mix for supplemental payments to transport providers. The IGT mechanism has been used for many years by AHCA to leverage additional funds for various programs.

**Attachments:**

1. Resolution authorizing participation in the PEMT Medicaid managed care supplemental program
2. Budget Transfer

<b>Recommended by:</b>		09/06/2019
	Deputy Chief	Date
<b>Approved by:</b>		9/6/19
	Fire Rescue Administrator	Date
<b>Approved by:</b>		9/9/19
	County Administrator	Date

**II. FISCAL IMPACT ANALYSIS**

**A. Five Year Summary of Fiscal Impact:**

Fiscal Years	2019	2020	2021	2022	2023
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	_____	<u>400,000</u>	_____	_____	_____
External Revenues	_____	<u>(1,000,000)</u>	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
<b>NET FISCAL IMPACT</b>	_____	<u>(600,000)</u>	_____	_____	_____
<b># ADDITIONAL FTE POSITIONS (Cumulative)</b>	_____	<u>0</u>	_____	_____	_____

Is Item Included in Current Budget? Yes \_\_\_ No X  
 Does this item include the use of federal funds Yes X No \_\_\_

Budget Account No.: Fund \_\_\_ Dept \_\_\_ Unit \_\_\_ Object Code/Rev Source \_\_\_

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

The County will provide \$400,000 of the State's share for this Medicaid managed care supplemental payment program through an IGT in order to receive approximately \$1,000,000 for a net revenue of \$600,000. These figures are estimates as the State's funding mechanism has not been finalized. This additional revenue will be used to offset actual expenditures for emergency transports. Funding for the IGT is from the Fire/Rescue MSTU contingency reserves (1300-440-4299-9901).

**C. Departmental Fiscal Review:** ckopelakis for M. Martz

**III. REVIEW COMMENTS**

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

Robert Brown 9/6/19 [Signature] for [Name]  
 OFMB 9/6/19 alb acc Contract Development and Control 9/6/19

**B. Legal Sufficiency**

[Signature] 9/6/19  
 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.)

**RESOLUTION NO. R-2019-**

**RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, AUTHORIZING PARTICIPATION IN PUBLIC EMERGENCY MEDICAL TRANSPORTATION (PEMT) SUPPLEMENTAL PAYMENT PROGRAM FOR MEDICAID MANAGED CARE PATIENTS; DELEGATING AUTHORITY TO EXECUTE LETTER(S) OF AGREEMENT WITH THE STATE OF FLORIDA RELATING TO INTERGOVERNMENTAL TRANSFERS TO THE STATE; AND DELEGATING AUTHORITY TO EXECUTE OTHER DOCUMENTS NECESSARY TO PARTICIPATE IN THIS PROGRAM.**

**WHEREAS**, the State of Florida has created a supplemental payment program for Medicaid managed care patients who are transported to the hospital by public emergency medical transportation (PEMT) providers and has appropriated approximately \$55 million for this program; and

**WHEREAS**, Palm Beach County Fire Rescue transports more than 6,000 Medicaid managed care patients annually to hospitals and receives approximately \$190 per patient for this service; and

**WHEREAS**, by participating in this supplemental payment program for Medicaid managed care patients, Palm Beach County Fire Rescue can substantially increase its Medicaid managed care patient transport revenue and provide better services to the community; and

**WHEREAS**, this Medicaid managed care supplemental payment program provides for a State share funding mechanism through intergovernmental transfers to the State from PEMT providers, with State and Federal share dollars to later be disbursed through managed care plans back to PEMT providers; and

**WHEREAS**, to participate in this supplemental payment program, PEMT providers are required to enter into a Letter of Agreement (“LOA”) with the State of Florida Agency for Health Care Administration before October 1, 2019, and make an intergovernmental transfer to the State to support the supplemental payment program; and subsequently enter into agreements with the managed health care organizations to receive the supplement payments; and

**WHEREAS**, the Board of County Commissioners (“Board”) desires for the County, through its Fire Rescue Department, to participate in this supplemental payment program, and to delegate authority to enter into LOAs with the State and provide for the required intergovernmental transfer to the State.

**NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, that:**

Section 1: The whereas clauses above are hereby affirmed and incorporated herein.

Section 2: Palm Beach County Fire Rescue, through the County Administrator, is hereby authorized to participate in the PEMT supplemental payment program for Medicaid managed care patients; and the County Administrator, or designee, is hereby authorized to execute LOA(s) with the State of Florida relating to intergovernmental transfers to the State for this program, provided that: (1) the LOA(s) is in a form substantially similar to that attached hereto as **Exhibit 1**; (2) the amount of the intergovernmental transfer(s) to the State provided for in the LOA(s) does not exceed the amount budgeted by the Board for said intergovernmental transfers for the applicable fiscal year; and (3) the LOA(s) is approved by the County Attorney's Office.

Section 3: The County Administrator, or designee, is hereby authorized to execute other documents necessary for Palm Beach County Fire Rescue to participate in the PEMT supplemental payment program for Medicaid managed care patients, provided that such other documents are substantially consistent with the terms of a duly approved LOA.

*<Remainder of page intentionally left blank>*

The foregoing Resolution was offered by Commissioner \_\_\_\_\_,  
who moved its adoption. The motion was seconded by Commissioner \_\_\_\_\_,  
and upon being put to a vote, the vote was as follows:

- Commissioner Mack Bernard, Mayor -
- Commissioner Dave Kerner, Vice Mayor -
- Commissioner Hal R. Valeche -
- Commissioner Gregg K. Weiss -
- Commissioner Robert S. Weinroth -
- Commissioner Mary Lou Berger -
- Commissioner Melissa McKinlay -

The Mayor thereupon declared the Resolution duly passed and adopted this \_\_\_\_\_ day  
of \_\_\_\_\_, 2019.

PALM BEACH COUNTY, FLORIDA, BY ITS  
BOARD OF COUNTY COMMISSIONERS

SHARON R. BOCK, CLERK & COMPTROLLER

By: \_\_\_\_\_  
Deputy Clerk

APPROVED AS TO FORM  
AND LEGAL SUFFICIENCY

By:   
County Attorney

## Public Emergency Medical Transportation Letter of Agreement

**THIS LETTER OF AGREEMENT** (LOA) is made and entered into in duplicate on the \_\_\_\_\_ day of \_\_\_\_\_ 2019, by and between [IGT PROVIDER] on behalf of [**PROVIDER**], and the State of Florida, **Agency for Health Care Administration** (the "Agency"), for good and valuable consideration, the receipt and sufficiency of which is acknowledged.

### DEFINITIONS

"Intergovernmental Transfers (IGTs)" means transfers of funds from a non-Medicaid governmental entity (e.g., counties, municipalities, hospital taxing districts, providers operated by state or local government) to the Medicaid agency. IGTs must be considered a bona fide donation pursuant to 42 CFR § 433.54.

"Medicaid" means the medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and regulations thereunder, as administered in Florida by the Agency.

"Public Emergency Medical Transportation (PEMT)," pursuant to the General Appropriation Act, Laws of Florida 2019-115, is the program that provides supplemental payments for eligible Public Emergency Medical Transportation (PEMT) entities that meet specified requirements and provide emergency medical transportation services to Medicaid beneficiaries.

### A. GENERAL PROVISIONS

1. Per Senate Bill 2500, the General Appropriations Act of State Fiscal Year 2019-2020, passed by the 2019 Florida Legislature, the [IGT PROVIDER] and the Agency agree that the [IGT PROVIDER] will remit IGT funds to the Agency in an amount not to exceed the total of [**IGT AMOUNT**]. The [IGT PROVIDER] and the Agency have agreed that these IGT funds will only be used for the PEMT program.
  2. The [IGT PROVIDER] will return the signed LOA to the Agency no later than October 1, 2019.
  3. The [IGT PROVIDER] will pay IGT funds to the Agency in an amount not to exceed the total of [**IGT AMOUNT**]. The [IGT PROVIDER] will transfer payments to the Agency in the following manner:
    - a. Per Florida Statute 409.908, annual payments for the months of July 2019 thru June 2020 are due to the Agency no later than October 31, 2019 unless an alternative plan is specifically approved by the agency.
    - b. The Agency will bill the [IGT PROVIDER] when payment is due.
-

4. The [IGT PROVIDER] and the Agency agree that the Agency will maintain necessary records and supporting documentation applicable to charity care health services covered by this LOA in accordance with public records laws and established retention schedules.

a. AUDITS AND RECORDS

- i. The [IGT PROVIDER] agrees to maintain books, records, and documents (including electronic storage media) pertinent to performance under this LOA in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided.
- ii. The [IGT PROVIDER] agrees to assure that these records shall be subject at all reasonable times to inspection, review, or audit by state personnel and other personnel duly authorized by the Agency, as well as by federal personnel.
- iii. The [IGT PROVIDER] agrees to comply with public record laws as outlined in section 119.0701, Florida Statutes.

b. RETENTION OF RECORDS

- i. The [IGT PROVIDER] agrees to retain all financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to performance under this LOA for a period of six (6) years after termination of this LOA, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings.
- ii. Persons duly authorized by the Agency and federal auditors shall have full access to and the right to examine any of said records and documents.
- iii. The rights of access in this section must not be limited to the required retention period but shall last as long as the records are retained.

c. MONITORING

- i. The [IGT PROVIDER] agrees to permit persons duly authorized by the Agency to inspect any records, papers, and documents of the [IGT PROVIDER] which are relevant to this LOA.

d. ASSIGNMENT AND SUBCONTRACTS

- i. The [IGT PROVIDER] agrees to neither assign the responsibility of this LOA to another party nor subcontract for any of the work contemplated under this LOA without prior written approval of the Agency. No such approval by the Agency of any assignment or subcontract shall be deemed in any event or in any manner to provide for the incurrence of any obligation of the Agency in addition to the total dollar amount agreed upon in this LOA. All such assignments or subcontracts shall be subject to the conditions of this LOA and to any conditions of approval that the Agency shall deem necessary.
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5. This LOA may only be amended upon written agreement signed by both parties. The [IGT PROVIDER] and the Agency agree that any modifications to this LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
6. The [IGT PROVIDER] confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to re-direct any portion of these aforementioned charity care supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
7. The [IGT PROVIDER] agrees the following provision shall be included in any agreements between the [IGT PROVIDER] and local providers where IGT funding is provided pursuant to this LOA. "Funding provided in this agreement shall be prioritized so that designated IGT funding shall first be used to fund the Medicaid program and used secondarily for other purposes."
8. This LOA covers the period of July 1, 2019 through June 30, 2020 and shall be terminated June 30, 2020.
9. This LOA may be executed in multiple counterparts, each of which shall constitute an original, and each of which shall be fully binding on any party signing at least one counterpart.

<b>PEMT Local Intergovernmental Transfers</b>	
<b>Program / Amount</b>	<b>State Fiscal Year 2019-2020</b>
Minimum Fee Schedule/MCO IGTs	[IGT AMOUNT]
<b>Total Funding</b>	<b>[IGT AMOUNT]</b>

**IN WITNESS WHEREOF**, the parties have caused this page Letter of Agreement to be executed by their undersigned officials as duly authorized.

**[IGT PROVIDER]**

**STATE OF FLORIDA, AGENCY FOR  
HEALTH CARE ADMINISTRATION**

**SIGNED**  
**BY:** \_\_\_\_\_

**SIGNED**  
**BY:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



20- 0003

BOARD OF COUNTY COMMISSIONERS  
PALM BEACH COUNTY, FLORIDA  
BUDGET TRANSFER

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FUND 1300 - FIRE/RESCUE MSTU

ACCT NUMBER	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	INCREASE	DECREASE	ADJUSTED BUDGET	EXPENDED/ ENCUMBERED 10/01/19	REMAINING BALANCE
<u>Appropriations &amp; Expenditures</u>								
<u>Fire Rescue Overhead</u>								
1300-440-4209-3401	Other Contractual Services *	1,310,000	1,310,000	400,000		1,710,000	0	1,710,000
<u>Fire Rescue Capital Reserves</u>								
1300-440-4299-9901	Contingency Reserves	10,000,000	10,000,000		400,000	9,600,000	0	9,600,000
<b>Total Appropriations &amp; Expenditures</b>		<u>447,247,216</u>	<u>447,247,216</u>	<u>400,000</u>	<u>400,000</u>	<u>447,247,216</u>		

INITIATING DEPARTMENT/DIVISION  
Administration/Budget Department Approval  
OFMB Department - Posted

Signatures: *ckopelakis for mmarty*  
*Salvatore*  
Date: 09/06/2019  
9/6/19

By Board of County Commissioners  
At Meeting of 09/10/19  
Deputy Clerk to the  
Board of County Commissioners