

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date: October 6, 2020 [X] Consent [] Regular
[] Workshop [] Public Hearing

Department: Fire-Rescue

I. EXECUTIVE BRIEF

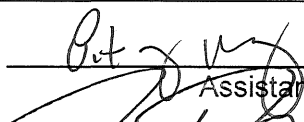
Motion and Title: Staff recommends motion to:

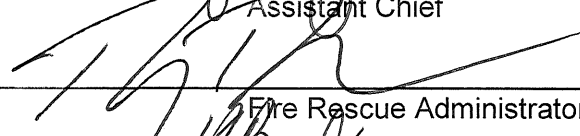
- A) receive and file a Public Emergency Medical Transportation (PEMT) Letter of Agreement (LOA) with the State of Florida, Agency for Health Care Administration (AHCA) relating to intergovernmental transfer to the State for the supplemental payment program for Medicaid managed care patients for State FY 2019-2020; and
- B) approve agreements with seven Medicaid Managed Care Organizations (MCO) listed below for the period October 1, 2019 through June 30, 2024, to allow for direct supplemental payments from the MCO to the County for their covered patients who are transported to a hospital:
 1. Florida Community Care, LLC
 2. Miami Children's Health Plan, LLC
 3. WellCare of Florida, Inc. d/b/a/Staywell
 4. Sunshine State Health Plan, Inc.
 5. Simply Healthcare Plans, Inc. dba Clear Health Alliance
 6. Florida True Health, Inc. d/b/a Prestige Health Choice
 7. Humana Medical Plan, Inc.


Summary: Last fall, AHCA established the Florida Medicaid Managed Care Supplemental Payment Program (MCO program), which 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. On September 10, 2019, the Board delegated authority (R2019-1462) to execute LOAs with the State of Florida relating to IGTs for this program. One LOA is now being received and filed in accordance with PPM CW-O-051. Pursuant to the MCO agreements required by the program, the Medicaid MCOs will make payments to the County for their covered patients who are transported to a hospital. For the State's FY 2019-2020, the County's IGT was 689,717.33, and the County is expected to receive \$1,793,265 in supplemental payments from MCOs, for an estimated net revenue of \$1,103,548. For the State's FY 2020-2021, the County's IGT and estimated net revenue are expected to stay the same. We have scanned signatures on the LOAs for Simply Healthcare Plans, Inc. dba Clear Health Alliance and Florida True Health, Inc. d/b/a Prestige Health Choice and are expected to receive the original signatures. Countywide (SB)

Background and Justification: 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 four years, Fire Rescue has received over \$7.6 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 will be received through the various Medicaid managed care providers for their covered patients who are transported to a hospital. The agreements with MCOs cover multiple years; however, the LOA with AHCA is required each year.

- Attachments:**
1. PEMT IGT LOA with AHCA for State FY 2019-2020
 2. LOAs with MCOs (7)

Recommended by:  Assistant Chief 9-15-2020 Date

Approved by:  Fire Rescue Administrator 9/15/2020 Date

Approved by:  County Administrator 9/24/2020 Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2020	2021	2022	2023	2024
Capital Expenditures	_____	_____	_____	_____	_____
Operating Costs	<u>689,718</u>	_____	_____	_____	_____
External Revenues	<u>(1,793,265)</u>	_____	_____	_____	_____
Program Income (County)	_____	_____	_____	_____	_____
In-Kind Match (County)	_____	_____	_____	_____	_____
NET FISCAL IMPACT	<u>(1,103,547)</u>	_____	_____	_____	_____
# ADDITIONAL FTE POSITIONS (Cumulative)	<u>0</u>	_____	_____	_____	_____

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

Budget Account No.: Fund 1300 Dept 440 Unit 4210 Rev Source 4261
 Budget Account No: Fund 1300 Dept 440 Unit 4209 Obj Code 3401

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

The County provided \$689,718 from MSTU ad valorem (non-Federal) funds for the State's share for this Medicaid managed care supplemental payment program for FY 2019-2020 through an IGT in order to receive \$1,793,265 for a net revenue of \$1,103,547. This additional revenue will be used to offset actual expenditures for emergency transports.

C. Departmental Fiscal Review: *[Signature]*

III. REVIEW COMMENTS

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

[Signature] 9/16/2020
 OFMB *pa110* *APA/10*

[Signature] 9/17/2020
 Contract Development and Control
 9-17-20 TW

B. Legal Sufficiency

[Signature] 9/23/2020
 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.)

Public Emergency Medical Transportation Letter of Agreement

THIS LETTER OF AGREEMENT (LOA) is made and entered into in duplicate on the 30th day of December 2019, by and between Palm Beach County on behalf of Palm Beach County Fire Rescue, 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, hospital taxing districts, providers operated by state or local government) to the Medicaid agency. IGTs must be compliant with 42 CFR Part 433 Subpart B.

"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, Palm Beach County and the Agency agree that Palm Beach County will remit IGT funds to the Agency in an amount not to exceed the total of \$707,341.28. Palm Beach County and the Agency have agreed that these IGT funds will only be used for the PEMT program.
2. Palm Beach County will return the signed LOA to the Agency.
3. Palm Beach County will pay IGT funds to the Agency in an amount not to exceed the total of \$707,341.28. Palm Beach County 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 Palm Beach County when payment is due.
4. Palm Beach County and the Agency agree that the Agency will maintain necessary records and supporting documentation applicable to health services covered by this LOA in accordance with public records laws and established retention schedules.

a. AUDITS AND RECORDS

- i. Palm Beach County 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. Palm Beach County 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. Palm Beach County agrees to comply with public record laws as outlined in section 119.0701, Florida Statutes.

b. RETENTION OF RECORDS

- i. The Palm Beach County 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. Palm Beach County agrees to permit persons duly authorized by the Agency to inspect any records, papers, and documents of the Palm Beach County which are relevant to this LOA.

d. ASSIGNMENT AND SUBCONTRACTS

- i. The Palm Beach County 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.
5. This LOA may only be amended upon written agreement signed by both parties. The Palm Beach County 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. Palm Beach County 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 supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.

7. Palm Beach County agrees the following provision shall be included in any agreements between Palm Beach County 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.

PEMT Local Intergovernmental Transfers	
Program / Amount	State Fiscal Year 2019-2020
Minimum Fee Schedule/MCO IGTs	\$707,341.28
Total Funding	\$707,341.28

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

Palm Beach County

STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION

SIGNED
BY: 

SIGNED
BY: 

NAME: Reginald K. Duren

NAME: Beth Kidder

TITLE: Fire Rescue Administrator, through
Verdonia G. Baker, County Administrator

TITLE: Deputy Secretary for Medicaid

DATE: December 30, 2019

DATE: 5/4/2020

APPROVED AS TO
FORM AND LEGAL SUFFICIENCY

APPROVED AS TO
TERMS AND CONDITIONS

By: 

County Attorney

By: 

Michael Maritz, Finance Director
Palm Beach County Fire Rescue

Letter of Agreement

This Letter of Agreement (“LOA”) is made and entered into on the ____ day of _____, 2020 by and between **Palm Beach County, a political subdivision of the State of Florida** (Government Owned Emergency Medical Service (EMS) Provider) and **Florida Community Care, LLC** (Medicaid Managed Care Organization (MCO)) (herein referred to collectively as “Parties”).

WHEREAS, the Medicaid MCO has been awarded a contract by the Agency for Health Care Administration (AHCA) to deliver managed care services to Medicaid enrollees under an 1115 Managed Medical Assistance Waiver (the “Waiver”) in Region 9, which includes **Palm Beach** County where Government Owned EMS Provider is located and/or operates;

WHEREAS, AHCA has approved the Government Owned EMS Provider as a qualifying entity and provides out of network emergency medical services to MCO enrollees in Region 9 on an as needed basis, when the transport and treatment is appropriate; and

WHEREAS, the Centers for Medicare and Medicaid Services (“CMS”) approved section 438.6 directed payments based on the establishment of a uniform increase to be paid to qualifying Government Owned EMS Providers for the provision of emergency medical services to Medicaid eligible persons enrolled in managed care organizations pursuant to the Waiver, which includes the Medicaid MCO.

NOW THEREFORE, Government Owned EMS Provider and the Medicaid MCO do hereby agree to the following:

1. Government Owned EMS Provider agrees to make emergency medical services available to MCO’s Medicaid enrollees on an as needed basis, when the transport and treatment is appropriate.
2. Medicaid MCO shall receive per member per month section 438.6 directed payments for care and treatment provided by the Government Owned EMS Provider, which the Medicaid MCO shall timely remit to the Government Owned EMS Provider in accordance with AHCA’s contractual requirements.
3. Contact information for the parties is as follows:

Name: Michael Martz

Title: Palm Beach County Fire Rescue
Finance Director

Phone: 561-616-7021

Email: mmartz@pbcgov.org

Name: Eric Tatum

Title: Director of Provider Services

Phone: 786-778-6825

Email: etatum@fcchealthplan.com

4. The Parties agree any modification to the LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
5. This LOA covers the period of October 1, 2019 through June 30, 2024 unless terminated sooner by the termination of section 438.6 directed payments.

IN WITNESS WHEREOF, the Parties have duly executed this LOA on the day and year above first written. Each party represents that: (i) it has the authority to enter into this Agreement; and (ii) that the individual signing this Agreement on its behalf is authorized to do so.

**GOVERNMENT OWNED EMERGENCY MEDICAL SERVICES PROVIDER
PALM BEACH COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS**

Dave Kerner, Mayor

 NAME & TITLE OF AUTHORIZED INDIVIDUAL

 SIGNATURE OF AUTHORIZED INDIVIDUAL

 DATE

MEDICAID MANAGED CARE ORGANIZATION

Nestor Plana, CEO

 NAME & TITLE OF AUTHORIZED INDIVIDUAL

Nestor Plana

 SIGNATURE OF AUTHORIZED INDIVIDUAL

5DF56FDF363949E...
 08/27/2020

 DATE

ATTEST:
 SHARON R. BOCK,
 Palm Beach County Clerk & Comptroller

By: _____
 Deputy Clerk

APPROVED AS TO
 FORM AND LEGAL SUFFICIENCY
 By: *[Signature]*
 Palm Beach County Attorney

APPROVED AS TO
 TERMS AND CONDITIONS
 By: *[Signature]*
 Reginald K. Duren, Fire Rescue Administrator
 Palm Beach County Fire Rescue

Letter of Agreement

This Letter of Agreement (“LOA”) is made and entered into on the ____ day of _____, 2020 by and between **Palm Beach County, a political subdivision of the State of Florida** (Government Owned Emergency Medical Service (EMS) Provider) and **Miami Children’s Health Plan, LLC** (Medicaid Managed Care Organization (MCO)) (herein referred to collectively as “Parties”).

WHEREAS, the Medicaid MCO has been awarded a contract by the Agency for Health Care Administration (AHCA) to deliver managed care services to Medicaid enrollees under an 1115 Managed Medical Assistance Waiver (the “Waiver”) in Region 9, which includes **Palm Beach** County where Government Owned EMS Provider is located and/or operates;

WHEREAS, AHCA has approved the Government Owned EMS Provider as a qualifying entity and provides out of network emergency medical services to MCO enrollees in Region 9 on an as needed basis, when the transport and treatment is appropriate; and

WHEREAS, the Centers for Medicare and Medicaid Services (“CMS”) approved section 438.6 directed payments based on the establishment of a uniform increase to be paid to qualifying Government Owned EMS Providers for the provision of emergency medical services to Medicaid eligible persons enrolled in managed care organizations pursuant to the Waiver, which includes the Medicaid MCO.

NOW THEREFORE, Government Owned EMS Provider and the Medicaid MCO do hereby agree to the following:

1. Government Owned EMS Provider agrees to make emergency medical services available to MCO’s Medicaid enrollees on an as needed basis, when the transport and treatment is appropriate.
2. Medicaid MCO shall receive per member per month section 438.6 directed payments for care and treatment provided by the Government Owned EMS Provider, which the Medicaid MCO shall timely remit to the Government Owned EMS Provider in accordance with AHCA’s contractual requirements.
3. Contact information for the parties is as follows:

Name: Michael Martz

Title: Palm Beach County Fire Rescue
Finance Director

Phone: 561-616-7021

Email: mmartz@pbcgov.org

Name: Adriana Day

Title: President

Phone: 786-624-5871

Email: Adriana.day@miamichildrenshealthplan.com

4. The Parties agree any modification to the LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
5. This LOA covers the period of October 1, 2019 through June 30, 2024 unless terminated sooner by the termination of section 438.6 directed payments.

IN WITNESS WHEREOF, the Parties have duly executed this LOA on the day and year above first written. Each party represents that: (i) it has the authority to enter into this Agreement; and (ii) that the individual signing this Agreement on its behalf is authorized to do so.

**GOVERNMENT OWNED EMERGENCY MEDICAL SERVICES PROVIDER
PALM BEACH COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS**

Dave Kerner, Mayor

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

MEDICAID MANAGED CARE ORGANIZATION

Adriana Day, President

NAME & TITLE OF AUTHORIZED INDIVIDUAL

Adriana Day

SIGNATURE OF AUTHORIZED INDIVIDUAL

8/17/2020

DATE

ATTEST:
SHARON R. BOCK,
Palm Beach County Clerk & Comptroller

By: _____
Deputy Clerk

APPROVED AS TO
FORM AND LEGAL SUFFICIENCY

By: *[Signature]*
Palm Beach County Attorney

APPROVED AS TO
TERMS AND CONDITIONS

By: *[Signature]*
Reginald K. Duren, Fire Rescue Administrator
Palm Beach County Fire Rescue

Letter of Agreement

This Letter of Agreement (“LOA”) is made and entered into on the ____ day of _____, 2020 by and between **Palm Beach County, a political subdivision of the State of Florida** (Government Owned Emergency Medical Service (EMS) Provider) and **WellCare of Florida, Inc. d/b/a Staywell** (Medicaid Managed Care Organization (MCO)) (herein referred to collectively as “Parties”).

WHEREAS, the Medicaid MCO has been awarded a contract by the Agency for Health Care Administration (AHCA) to deliver managed care services to Medicaid enrollees under an 1115 Managed Medical Assistance Waiver (the “Waiver”) in Region 9, which includes **Palm Beach** County where Government Owned EMS Provider is located and/or operates;

WHEREAS, AHCA has approved the Government Owned EMS Provider as a qualifying entity and provides out of network emergency medical services to MCO enrollees in Region 9 on an as needed basis, when the transport and treatment is appropriate; and

WHEREAS, the Centers for Medicare and Medicaid Services (“CMS”) approved section 438.6 directed payments based on the establishment of a uniform increase to be paid to qualifying Government Owned EMS Providers for the provision of emergency medical services to Medicaid eligible persons enrolled in managed care organizations pursuant to the Waiver, which includes the Medicaid MCO.

NOW THEREFORE, Government Owned EMS Provider and the Medicaid MCO do hereby agree to the following:

1. Government Owned EMS Provider agrees to make emergency medical services available to MCO’s Medicaid enrollees on an as needed basis, when the transport and treatment is appropriate.
2. Medicaid MCO shall receive per member per month section 438.6 directed payments for care and treatment provided by the Government Owned EMS Provider, which the Medicaid MCO shall timely remit to the Government Owned EMS Provider in accordance with AHCA’s contractual requirements.
3. Contact information for the parties is as follows:

Name: Michael Martz

Name: Janette White

Title: Palm Beach County Fire Rescue
Finance Director

Title: Sr. Manager

Phone: 561-616-7021

Phone: 813-532-7332

Email: mmartz@pbcgov.org

Email: janette.white@wellcare.com

4. The Parties agree any modification to the LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
5. This LOA covers the period of October 1, 2019 through June 30, 2024 unless terminated sooner by the termination of section 438.6 directed payments.

IN WITNESS WHEREOF, the Parties have duly executed this LOA on the day and year above first written. Each party represents that: (i) it has the authority to enter into this Agreement; and (ii) that the individual signing this Agreement on its behalf is authorized to do so.

**GOVERNMENT OWNED EMERGENCY MEDICAL SERVICES PROVIDER
PALM BEACH COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS**

Dave Kerner, Mayor

 NAME & TITLE OF AUTHORIZED INDIVIDUAL

 SIGNATURE OF AUTHORIZED INDIVIDUAL

 DATE

MEDICAID MANAGED CARE ORGANIZATION

Elizabeth M. Miller, President

 NAME & TITLE OF AUTHORIZED INDIVIDUAL

Elizabeth Miller

 SIGNATURE OF AUTHORIZED INDIVIDUAL

8/21/20

 DATE

ATTEST:
SHARON R. BOCK,
 Palm Beach County Clerk & Comptroller

By: _____
 Deputy Clerk

**APPROVED AS TO
 FORM AND LEGAL SUFFICIENCY**
 By: *[Signature]*

 Palm Beach County Attorney

**APPROVED AS TO
 TERMS AND CONDITIONS**
 By: *[Signature]*

 Reginald K. Duren, Fire Rescue Administrator
 Palm Beach County Fire Rescue

Letter of Agreement

This Letter of Agreement (“LOA”) is made and entered into on the 2 day of September, 2020 by and between **Palm Beach County, a political subdivision of the State of Florida** (Government Owned Emergency Medical Service (EMS) Provider) and **Sunshine State Health Plan, Inc.**, a managed care organization operating the Statewide Medicaid Managed Care plan and if applicable, the Children’s Medical Services plan (Medicaid Managed Care Organization (MCO)) (herein referred to collectively as “Parties”).

WHEREAS, the Medicaid MCO has been awarded a contract by the Agency for Health Care Administration (AHCA) to deliver managed care services to Medicaid enrollees under an 1115 Managed Medical Assistance Waiver (the “Waiver”) in Region 9, which includes **Palm Beach** County where Government Owned EMS Provider is located and/or operates;

WHEREAS, AHCA has approved the Government Owned EMS Provider as a qualifying entity and provides out of network emergency medical services to MCO enrollees in Region 9 on an as needed basis, when the transport and treatment is appropriate; and

WHEREAS, the Centers for Medicare and Medicaid Services (“CMS”) approved section 438.6 directed payments based on the establishment of a uniform increase to be paid to qualifying Government Owned EMS Providers for the provision of emergency medical services to Medicaid eligible persons enrolled in managed care organizations pursuant to the Waiver, which includes the Medicaid MCO.

NOW THEREFORE, Government Owned EMS Provider and the Medicaid MCO do hereby agree to the following:

1. Government Owned EMS Provider agrees to make emergency medical services available to MCO’s Medicaid enrollees on an as needed basis, when the transport and treatment is appropriate.
2. Medicaid MCO shall receive per member per month section 438.6 directed payments for care and treatment provided by the Government Owned EMS Provider, which the Medicaid MCO shall timely remit to the Government Owned EMS Provider in accordance with AHCA’s contractual requirements.
3. Contact information for the parties is as follows:

Name: Michael Martz

Title: Palm Beach County Fire Rescue
Finance Director

Phone: 561-616-7021

Email: mmartz@pbcgov.org

Name: Elizabeth M. Miller

Title: President/CEO

Sunshine State Health Plan, Inc.
1301 International Parkway, 4th Floor
Sunrise, FL 33323

4. The Parties agree any modification to the LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
5. This LOA covers the period of October 1, 2019 through June 30, 2024 unless terminated sooner by the termination of section 438.6 directed payments.

IN WITNESS WHEREOF, the Parties have duly executed this LOA on the day and year above first written. Each party represents that: (i) it has the authority to enter into this Agreement; and (ii) that the individual signing this Agreement on its behalf is authorized to do so.

**GOVERNMENT OWNED EMERGENCY MEDICAL SERVICES PROVIDER
PALM BEACH COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS**

Dave Kerner, Mayor

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

MEDICAID MANAGED CARE ORGANIZATION

Tamela Perdue, Senior Vice President of Compliance

NAME & TITLE OF AUTHORIZED INDIVIDUAL

Tamela L. Perdue

Tamela L. Perdue (Sep 2, 2020 13:00 EDT)

SIGNATURE OF AUTHORIZED INDIVIDUAL

Sep 2, 2020

DATE

ATTEST:

SHARON R. BOCK,
Palm Beach County Clerk & Comptroller

By: _____
Deputy Clerk

APPROVED AS TO
FORM AND LEGAL SUFFICIENCY

By: *[Signature]*

Palm Beach County Attorney

APPROVED AS TO
TERMS AND CONDITIONS

By: *[Signature]*

Reginald K. Duren, Fire Rescue Administrator
Palm Beach County Fire Rescue

Letter of Agreement

This Letter of Agreement (“LOA”) is made and entered into on the 3rd day of September, 2020 by and between **PALM BEACH COUNTY, a political subdivision of the State of Florida** (Government Owned Emergency Medical Service (EMS) Provider) and **SIMPLY HEALTHCARE PLANS, INC. DBA CLEAR HEALTH ALLIANCE** (Medicaid Managed Care Organization (MCO)) (herein referred to collectively as “Parties”).

WHEREAS, the Medicaid MCO has been awarded a contract by the Agency for Health Care Administration (AHCA) to deliver managed care services to Medicaid enrollees under an 1115 Managed Medical Assistance Waiver (the “Waiver”) in Region 9, which includes **Palm Beach** County where Government Owned EMS Provider is located and/or operates;

WHEREAS, AHCA has approved the Government Owned EMS Provider as a qualifying entity and provides out of network emergency medical services to MCO enrollees in Region 9 on an as needed basis, when the transport and treatment is appropriate; and

WHEREAS, the Centers for Medicare and Medicaid Services (“CMS”) approved section 438.6 directed payments based on the establishment of a uniform increase to be paid to qualifying Government Owned EMS Providers for the provision of emergency medical services to Medicaid eligible persons enrolled in managed care organizations pursuant to the Waiver, which includes the Medicaid MCO.

NOW THEREFORE, Government Owned EMS Provider and the Medicaid MCO do hereby agree to the following:

1. Government Owned EMS Provider agrees to make emergency medical services available to MCO’s Medicaid enrollees on an as needed basis, when the transport and treatment is appropriate.
2. Medicaid MCO shall receive per member per month section 438.6 directed payments for care and treatment provided by the Government Owned EMS Provider, which the Medicaid MCO shall timely remit to the Government Owned EMS Provider in accordance with AHCA’s contractual requirements.
3. Contact information for the parties is as follows:

Name: Michael Martz

Name: Barbara Morales

Title: Palm Beach County Fire Rescue
Finance Director

Title: Provider Network Manager

Phone: 561-616-7021

Phone: 954-405-6136

Email: mmartz@pbcgov.org

Email: bmorales@simplyhealthplans.com

4. The Parties agree any modification to the LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
5. This LOA covers the period of October 1, 2019 through June 30, 2024 unless terminated sooner by the termination of section 438.6 directed payments.

IN WITNESS WHEREOF, the Parties have duly executed this LOA on the day and year above first written. Each party represents that: (i) it has the authority to enter into this Agreement; and (ii) that the individual signing this Agreement on its behalf is authorized to do so.

**GOVERNMENT OWNED EMERGENCY MEDICAL SERVICES PROVIDER
PALM BEACH COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS**

Dave Kerner, Mayor

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

MEDICAID MANAGED CARE ORGANIZATION

Holly Jean Prince, Interim CEO, President & Director

NAME & TITLE OF AUTHORIZED INDIVIDUAL

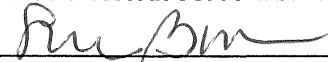
SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

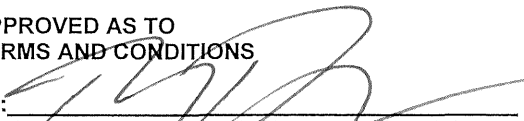
ATTEST:
SHARON R. BOCK,
Palm Beach County Clerk & Comptroller

By: _____
Deputy Clerk

**APPROVED AS TO
FORM AND LEGAL SUFFICIENCY**

By: 
Palm Beach County Attorney

**APPROVED AS TO
TERMS AND CONDITIONS**

By: 
Reginald K. Duren, Fire Rescue Administrator
Palm Beach County Fire Rescue

Letter of Agreement

This Letter of Agreement (“LOA”) is made and entered into on the _____ day of _____, 2020 by and between **Palm Beach County, a political subdivision of the State of Florida** (Government Owned Emergency Medical Service (EMS) Provider) and **Florida True Health, Inc. d/b/a Prestige Health Choice** (Medicaid Managed Care Organization (MCO)) (herein referred to collectively as “Parties”).

WHEREAS, the Medicaid MCO has been awarded a contract by the Agency for Health Care Administration (AHCA) to deliver managed care services to Medicaid enrollees under an 1115 Managed Medical Assistance Waiver (the “Waiver”) in Region 9, which includes **Palm Beach** County where Government Owned EMS Provider is located and/or operates;

WHEREAS, AHCA has approved the Government Owned EMS Provider as a qualifying entity and provides out of network emergency medical services to MCO enrollees in Region 9 on an as needed basis, when the transport and treatment is appropriate; and

WHEREAS, the Centers for Medicare and Medicaid Services (“CMS”) approved section 438.6 directed payments based on the establishment of a uniform increase to be paid to qualifying Government Owned EMS Providers for the provision of emergency medical services to Medicaid eligible persons enrolled in managed care organizations pursuant to the Waiver, which includes the Medicaid MCO.

NOW THEREFORE, Government Owned EMS Provider and the Medicaid MCO do hereby agree to the following:

1. Government Owned EMS Provider agrees to make emergency medical services available to MCO’s Medicaid enrollees on an as needed basis, when the transport and treatment is appropriate.
2. Medicaid MCO shall receive per member per month section 438.6 directed payments for care and treatment provided by the Government Owned EMS Provider, which the Medicaid MCO shall timely remit to the Government Owned EMS Provider in accordance with AHCA’s contractual requirements.
3. Contact information for the parties is as follows:

Name: Michael Martz

Name: Shelly Turcu

Title: Palm Beach County Fire Rescue
Finance Director

Title: Director, Provider Network

Phone: 561-616-7021

Phone: 561-839-2613

Email: mmartz@pbcgov.org

Email: sturcu@prestigehealthchoice.com

4. The Parties agree any modification to the LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
5. This LOA covers the period of October 1, 2019 through June 30, 2024 unless terminated sooner by the termination of section 438.6 directed payments.

IN WITNESS WHEREOF, the Parties have duly executed this LOA on the day and year above first written. Each party represents that: (i) it has the authority to enter into this Agreement; and (ii) that the individual signing this Agreement on its behalf is authorized to do so.

**GOVERNMENT OWNED EMERGENCY MEDICAL SERVICES PROVIDER
PALM BEACH COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS**

Dave Kerner, Mayor

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

MEDICAID MANAGED CARE ORGANIZATION

Kathy Warner, President

NAME & TITLE OF AUTHORIZED INDIVIDUAL

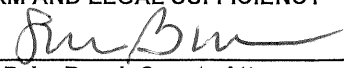
SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

ATTEST:
SHARON R. BOCK,
Palm Beach County Clerk & Comptroller

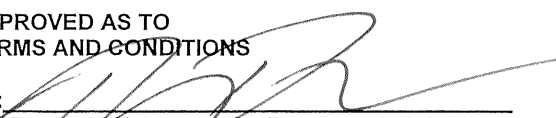
By: _____
Deputy Clerk

APPROVED AS TO
FORM AND LEGAL SUFFICIENCY

By: 

Palm Beach County Attorney

APPROVED AS TO
TERMS AND CONDITIONS

By: 

Reginald K. Duren, Fire Rescue Administrator
Palm Beach County Fire Rescue

Public Emergency Medical Transportation Uniform Increase Agreement

This Public Emergency Medical Transportation Uniform Increase Agreement (“PEMTUIA”) is made and entered into on the ____ day of _____, 2020 by and between **Palm Beach County, a political subdivision of the State of Florida** (Government Owned Emergency Medical Service (EMS) Provider) and Humana Medical Plan, Inc. (Medicaid Managed Care Organization (MCO)) (herein referred to collectively as “Parties”).

WHEREAS, the Medicaid MCO has been awarded a contract by the Agency for Health Care Administration (AHCA) to deliver managed care services to Medicaid enrollees under an 1115 Managed Medical Assistance Waiver (the “Waiver”) in **Region 9**, which includes **Palm Beach, Martin, St. Lucie, Indian River, and Okeechobee** County where Government Owned EMS Provider is located and/or operates;

WHEREAS, AHCA has approved the Government Owned EMS Provider as a qualifying entity and provides out of network emergency medical services to MCO enrollees in **Region 9** on an as needed basis, when the transport and treatment is appropriate; and

WHEREAS, the Centers for Medicare and Medicaid Services (“CMS”) approved section 438.6 directed payments based on the establishment of a uniform increase to be paid to qualifying Government Owned EMS Providers for the provision of emergency medical services to Medicaid eligible persons enrolled in managed care organizations pursuant to the Waiver, which includes the Medicaid MCO.

NOW THEREFORE, Government Owned EMS Provider and the Medicaid MCO do hereby agree to the following:

1. Government Owned EMS Provider agrees to make emergency medical services available to MCO’s Medicaid enrollees on an as needed basis, when the transport and treatment is appropriate.
2. Medicaid MCO shall receive per member per month section 438.6 directed payments for care and treatment provided by the Government Owned EMS Provider, which the Medicaid MCO shall timely remit to the Government Owned EMS Provider in accordance with AHCA’s contractual requirements.
3. Contact information for the parties is as follows:

Name: Mike Martz

Title: Finance Director

Phone: 561-616-7021

Email: mmartz@pbcgov.org

Name: Betsy Dennis

Title: Manager, Provider Contracting

Phone: 727 453 8131

Email: EDennis6@humana.com

4. The Parties agree any modification to the Public Emergency Medical Transportation Uniform increase agreement shall be in the same form, namely the exchange of signed copies of a revised Public Emergency Medical Transportation Uniform Increase Agreement.
5. This Public Emergency Medical Transportation Uniform Increase Agreement covers the period of October 1, 2019 through June 30, 2024 unless terminated sooner by the termination of section 438.6 directed payments.

IN WITNESS WHEREOF, the Parties have duly executed this Public Emergency Medical Transportation Uniform Increase Agreement on the day and year above first written. Each party represents that: (i) it has the authority to enter into this Agreement; and (ii) that the individual signing this Agreement on its behalf is authorized to do so.

**GOVERNMENT OWNED EMERGENCY MEDICAL SERVICES PROVIDER
PALM BEACH COUNTY, FLORIDA BY ITS BOARD OF COUNTY COMMISSIONERS**

Dave Kerner, Mayor

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

MEDICAID MANAGED CARE ORGANIZATION

Lori Dunne, Regional VP Operations

NAME & TITLE OF AUTHORIZED INDIVIDUAL

Lori Dunne

SIGNATURE OF AUTHORIZED INDIVIDUAL

8/13/2020

DATE

ATTEST:

SHARON R. BOCK,
Palm Beach County Clerk & Comptroller

By: _____
Deputy Clerk

APPROVED AS TO
FORM AND LEGAL SUFFICIENCY

By: *[Signature]*

Palm Beach County Attorney

APPROVED AS TO
FORM AND LEGAL SUFFICIENCY

By: *[Signature]*

Reginald K. Duren, Fire Rescue Administrator
Palm Beach County Attorney