

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date:	August 19, 2025	<input checked="" type="checkbox"/> Consent	<input 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 approve: agreements with two Medicaid Managed Care Organizations (MCO) listed below for supplemental payments to Palm Beach County Fire Rescue (PBCFR) for patients transported to a hospital, for a term retroactive from February 1, 2025, until the MCO exits the state Medicaid program or until termination of CFR 42 section 438.6 directed payments:

- 1. South Florida Community Care Network, LLC dba Community Care Plan
- 2. Simply Healthcare Plans, Inc.

Summary: In the fall of 2019, the Agency for Health Care Administration (AHCA) established the Florida Medicaid Managed Care Supplemental Payment Program (MCO program), which allows qualifying government-owned ambulance providers to receive supplemental payments for emergency transports of Medicaid managed care patients. Pursuant to the MCO agreements required by the program, the Medicaid MCOs will make payments to PBCFR for their covered patients who are transported to a hospital. In order to guarantee Federal share funding, Intergovernmental Transfers (IGT) from Public Emergency Medical Transportation (PEMT) providers are required to cover the State's share of the MCO program. The PBCFR's IGT for State Fiscal Year (SFY) 2024-2025 is \$2,695,710, and PBCFR is expected to receive \$6,293,976 in supplemental payments, for an estimated net revenue of \$3,598,266. Each year, the County must execute a Letter of Agreement (LOA) with AHCA relating to the IGT for each SFY. The Board of County Commissioners (BCC) delegated authority (R2019-1462) to the County Administrator or designee to execute such LOAs. The LOA for SFY 2024-2025 was received and filed with the BCC on February 11, 2025, (R2025-0210). **Countywide (SB)**

Background and Justification: Palm Beach County Fire Rescue transports over 80,000 patients annually to local hospital emergency rooms, of which approximately 8% are Medicaid patients. In 2016, the State of Florida authorized the creation of a PEMT Certified Public Expenditure (CPE) program. This program provides supplemental payments to public emergency medical transportation providers for Medicaid fees for service patients transported to hospitals. The PEMT CPE program helps to close the gaps between actual costs incurred and revenue received for each emergency medical transport.

- Attachment:**
- 1. LOA with MCO – Community Care Plan
 - 2. LOA with MCO – Simply Healthcare Plans

Recommended by:		7-16-2025
	Assistant Fire Chief	Date
Approved by:		7-16-2025
	Fire Rescue Administrator	Date
Approved by:		7/30/2025
	Assistant County Administrator	Date

II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Fiscal Years	2025	2026	2027	2028	2029
Capital Expenditures					
Operating Costs					
External Revenues					
Program Income (County)					
In-Kind Match (County)					
NET FISCAL IMPACT	*				
# ADDITIONAL FTE POSITIONS (Cumulative)	0				

Is Item Included in Current Budget? Yes X No
Does this item include the use of Federal Funds? Yes No X
Does this item include the use of State Funds? Yes X No

Budget Account No.:	Fund	<u>1300</u>	Dept	<u>440</u>	Unit	<u>4210</u>	Rev Source	<u>4261</u>
Budget Account No.:	Fund	<u>1300</u>	Dept	<u>440</u>	Unit	<u>4209</u>	Object	<u>3401</u>

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

*The fiscal impact for these two MCOs is currently undetermined. The overall total of \$2,695,710 was accounted for in the PEMT LOA agenda item submitted on February 11, 2025. (R2025-0210)

C. Departmental Fiscal Review: Ramon Magienoli 7/16/25

III. REVIEW COMMENTS

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

LiscMath 7/21/2005
 OFMB
 CPA 7/18
 VS 7/24

Brenda Znachko
Contract Development and Control

B. Legal Sufficiency

Renee Bur 7/23/25
Assistant County Attorney

C. Other Department Review:

Department Director

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

Letter of Agreement

This Letter of Agreement (“LOA” or “Agreement”) is made and entered into on the 12th day of June, 2025 by and between PALM BEACH COUNTY, a political subdivision of the State of Florida (Government Owned Emergency Medical Service (EMS) Provider) and South Florida Community Care Network, LLC d/b/a Community Care 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 G which includes where the 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 G 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:

Government Owned EMS Provider:

Name: Lauren Magierowski

Title: Finance Director, Palm Beach County Fire Rescue

Phone: (561) 616-7021

Email: LMagierowski@pbc.gov

Medicaid MCO:

Name: Rosie Bonetti

Title: Senior Director, Provider Operations and Network Contracting
Phone: (954) 622-3315
Email: RBonetti@ccpcares.org

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. Availability of Funds. The Government Owned EMS Provider's performance and obligation under this Agreement for subsequent fiscal years are contingent upon annual appropriations for its purpose by the Board of County Commissioners.
6. This Agreement shall be governed by the laws of the State of Florida and any Federal laws that apply. Any legal action necessary to enforce the Agreement will be held in a court of competent jurisdiction located in Palm Beach County, Florida. No remedy herein conferred upon any party is intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law or in equity, by statute or otherwise. No single or partial exercise by any party of any right, power, or remedy hereunder shall preclude any other or further exercise thereof. No provision of this Agreement is intended to, or shall be construed to, create any third party beneficiary or to provide any rights to any person or entity not a party to this Agreement, including but not limited to any citizen or employees of the Government Owned EMS Provider and/or Medicaid MCO.
7. The Medicaid MCO and Government Owned EMS Provider shall maintain records relating to this Agreement for at least five (5) years after completion or termination of this Agreement. The Government Owned EMS Provider and Medicaid MCO shall have access to such books, records, and documents as required in this article for the purpose of inspection or audit during normal business hours, at the Medicaid MCO's or Government Owned EMS Provider's place of business.
8. Government Owned EMS Provider has established the Office of the Inspector General in Palm Beach County Code, Section 2-421 - 2-440, as may be amended. The Inspector General is authorized with the power to review past, present and proposed County contracts, transactions, accounts and records. The Inspector General's authority includes, but is not limited to, the power to audit, investigate, monitor, and inspect the activities of entities contracting with the County, or anyone acting on their behalf, in order to ensure compliance with contract requirements and to detect corruption and fraud. Failure to cooperate with the Inspector General or interfering with or impeding any investigation shall be a violation of Palm Beach County Code, Section 2-421 - 2-440, and punished pursuant to Section 125.69, Florida Statutes, in the same manner as a second degree misdemeanor.
9. This LOA is effective beginning on February 1, 2025, and will continue until Medicaid MCO exits the state Medicaid program, or until termination of section 438.6 directed payments, whichever occurs first.

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.

MEDICAID MANAGED CARE ORGANIZATION

Jessica Lerner, Chief Executive Officer

NAME & TITLE OF AUTHORIZED INDIVIDUAL
Jessica Lerner
Jessica Lerner (Jun 12, 2025 08:52 EDT)

SIGNATURE OF AUTHORIZED INDIVIDUAL

6/12/2025
DATE

ATTEST:
JOSEPH ABRUZZO, CLERK
OF THE CIRCUIT COURT
& COMPTROLLER

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

By: _____
Deputy Clerk

By: _____
Maria G. Marino, Mayor

APPROVED AS TO FORM AND
LEGAL SUFFICIENCY

APPROVED AS TO TERMS AND
CONDITIONS

By: Joe Bruno
County Attorney

By: Arj
Fire Rescue

Letter of Agreement

This Letter of Agreement ("LOA" or "Agreement") is made and entered into on the 19th day of August, 2025 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 (Medicaid Managed Care Organization (MCO)) (herein referred to collectively as "Parties").

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3. Contact information for the parties is as follows:

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Name: Lauren Magierowski

Title: Finance Director, Palm Beach County Fire Rescue

Phone: (561) 616-7021

Email: LMagierowski@pbc.gov

Medicaid MCO:

Name: Danae Villar

Title: Provider Network Manager
Phone: 561-467-0615
Email: Danae.Villar@simplyhealthcareplans.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. Availability of Funds. The Government Owned EMS Provider's performance and obligation under this Agreement for subsequent fiscal years are contingent upon annual appropriations for its purpose by the Board of County Commissioners.
6. Human Trafficking Affidavit. Medicaid MCO warrants and represents that it does not use coercion for labor or services as defined in Section 787.06, Florida Statutes. Medicaid MCO has executed **Exhibit A**, Nongovernmental Entity Human Trafficking Affidavit, which is attached hereto and incorporated herein by reference.
7. This Agreement shall be governed by the laws of the State of Florida and any Federal laws that apply. Any legal action necessary to enforce the Agreement will be held in a court of competent jurisdiction located in Palm Beach County, Florida. No remedy herein conferred upon any party is intended to be exclusive of any other remedy, and each and every such remedy shall be cumulative and shall be in addition to every other remedy given hereunder or now or hereafter existing at law or in equity, by statute or otherwise. No single or partial exercise by any party of any right, power, or remedy hereunder shall preclude any other or further exercise thereof. No provision of this Agreement is intended to, or shall be construed to, create any third party beneficiary or to provide any rights to any person or entity not a party to this Agreement, including but not limited to any citizen or employees of the Government Owned EMS Provider and/or Medicaid MCO.
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MEDICAID MANAGED CARE ORGANIZATION


Sean Fitzgerald , RVP Provider Solutions, FL

SIGNATURE OF AUTHORIZED INDIVIDUAL

07/08/2025

DATE


**ATTEST:
JOSEPH ABRUZZO, CLERK
OF THE CIRCUIT COURT
& COMPTROLLER**

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

By: _____
Deputy Clerk

By: _____
Maria G. Marino, Mayor

**APPROVED AS TO FORM AND
LEGAL SUFFICIENCY**

By: 
County Attorney

**APPROVED AS TO TERMS AND
CONDITIONS**

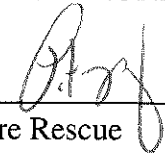
By: 
Fire Rescue

EXHIBIT A

NONGOVERNMENTAL ENTITY HUMAN TRAFFICKING AFFIDAVIT
Section 787.06(13), Florida Statutes

THIS AFFIDAVIT MUST BE SIGNED AND NOTARIZED

I, the undersigned, am an officer or representative of Simply Healthcare Plans, Inc.

(Medicaid MCO) and attest that Medicaid MCO does not use coercion for labor or services as defined in Section 787.06, Florida Statutes.

Under penalty of perjury, I hereby declare and affirm that the above stated facts are true and correct.

Sean Fitzgerald (signature [Signature])
of officer or representative) (printed name and title of officer or representative)

State of Florida, County of Hillsborough

Sworn to and subscribed before me by means of ☒ physical presence or ☐ online notarization
this, 25th day of June 2025, by Sean Fitzgerald

Personally known ☒ OR produced identification ☐.

Type of identification produced personally known



Milani Ann Johnson
Comm.: HH 284910
Expires: July 6, 2026
Notary Public - State of Florida
NOTARY PUBLIC
My Commission Expires:
State of Florida at large exp. 07/06/26

Milani Johnson



Milani Ann Johnson
Comm.: HH 284910
Expires: July 6, 2026
Notary Public - State of Florida

(Notary Seal)