

## HEALTH CARE RESPONSIBILITY ACT

### AGREEMENT TO PROVIDE EMERGENCY MEDICAL SERVICES

between  
SHANDS JACKSONVILLE INC.  
and  
NASSAU COUNTY, FLORIDA

In order to meet the hospital participation requirements under the Health care Responsibility Act, F.S. 154 and Administrative Rule 10C-26, this agreement is entered into between Shands Jacksonville, Inc., hereinafter referred to as the "hospital" and Nassau County Florida, hereinafter referred to as the "county".

A. The Hospital agrees:

1. To provide emergency inpatient hospital care to county residents who are deemed indigent and who qualify for assistance under the Health Care Responsibility Act.
2. To provide outpatient hospital care **with prior authorization** to county residents who are deemed indigent and who qualify for assistance under the Health Care Responsibility Act.
3. To comply with the statute, rules, policies, procedures and other provisions outlined by the Health Care Responsibility Act.

B. The County agrees:

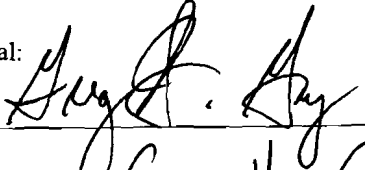
1. To determine eligibility and reimburse the hospital in accordance with the Health Care Responsibility Act.
2. To reimburse the hospital at 100% of the hospital's Medicaid inpatient and outpatient per diem rates in effect at the time hospital services are rendered to county residents qualified for assistance under the Health Care Responsibility Act.
3. To send payments to:  
Shands Jacksonville  
P.O. Box 862385  
Jacksonville, FL 32886-2385

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C. It is mutually agreed that:

1. This agreement shall begin on October 1, 1999 and continue in effect until renegotiated or terminated.
2. This agreement may be terminated at will and without cause by either party, upon no less than 30 days notice. Said notice shall be delivered by certified mail or in person.

For the Hospital:



(Signature)

Greg H. Gay

(Name- type or print)

CFO

(Title)

8/1/00

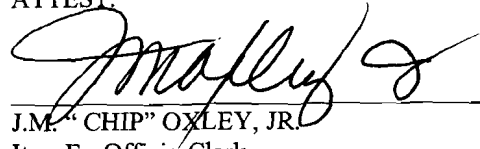
(Date)

BOARD OF COUNTY COMMISSIONERS  
NASSAU COUNTY, FLORIDA



NICK D. DEONAS  
Chairman

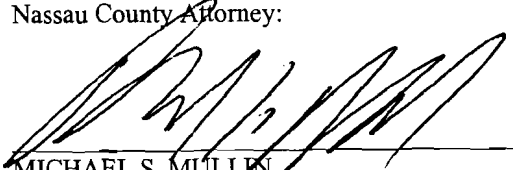
ATTEST:



J.M. "CHIP" OXLEY, JR.

Its: Ex-Officio Clerk

Approved as to form by the  
Nassau County Attorney:



MICHAEL S. MULLEN



**NASSAU COUNTY**  
**BOARD OF COUNTY COMMISSIONERS**  
P. O. Box 1010  
Fernandina Beach, Florida 32035-1010

Nick Deonas  
David C. Howard  
Pete Cooper  
Floyd L. Vanzant  
Marianne Marshall

Dist. No. 1 Fernandina Beach  
Dist. No. 2 Fernandina Beach  
Dist. No. 3 Yulee  
Dist. No. 4 Hilliard  
Dist. No. 5 Callahan

VIA CERTIFIED MAIL

July 14, 2000

Shands Jacksonville  
655 West 8<sup>th</sup> Street  
Jacksonville, FL 32209

Attention: Director of Patient Accounting

JOSEPH M. "Chip" OXLEY, JR.  
Ex-Officio Clerk

MICHAEL S. MULLIN  
County Attorney

WALTER D. GOSSETT  
County Coordinator

In accordance with the Health Care Responsibility Act, enclosed is the Agreement to Provide Emergency Medical Services as approved and signed by the Nassau County Board of County Commissioners at a regularly scheduled meeting held July 10, 2000.

Please sign the agreement and return the document to this office for final disposition. We will forward to you by return mail a certified, fully executed copy for your records.

Should you have any questions, please let me know.

Sincerely,

J.M. "Chip" Oxley, Jr.  
Ex-Officio Clerk

/ca

Enclosure