

CONTRACT APPROVAL FORM

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CONTRACT TRACKING NO. cm2014

05-12-261

CONTRACTOR INFORMATION

CONTRACT MANAGEMENT

Name: Agency for Healthcare Administration

Address: 2727 Mahan Dr., MS #21 Tallahassee FL 32038-5407

Contractor's Administrator Name: Lecia Behenna Title: Regulatory Analyst Supervisor

Tel#: 850-412-4131 Fax#: 850-922-0461 Email: Lecia.Behenna@ahca.myflorida.com

2013 AUG 28 PM 1:17

CONTRACT INFORMATION

Contract Name: Letter of Agreement Enhanced LIP Grant (Dental) Contract Value: \$17,756

Brief Description: The LIP match payment of \$17,756 by Nassau County will procure a distribution of \$67,873 in Medicaid funds and will be used for upgrading dental equipment and repairs on an as needed basis. The grant will provide 440 Dental visits for chronically ill clients who are unable to pay for services.

The LOA in duplicate must be sent to:

Lecia Behenna
Medicaid Program Analysis - DSH/LIP
2727 Mahan Dr. MS #23
Tallahassee, FL 32038-5407

Please Send a copy to Nassau CHD, Attn: Michael Beard

Contract Dates : From 7/1/13 to 6/30/14 Status: New Renew Amend# WA/Task Order

How Procured: Sole Source Single Source ITB RFP RFQ Coop. Other X

If Processing an Amendment:

Contract #: Increase Amount of Existing Contract: No Increase

New Contract Dates: to TOTAL OR AMENDMENT AMOUNT:

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

- 1. [Signature] 8/19/13 01691562-581002
Department Head Signature Date Funding Source/Acct #
- 2. [Signature] 8/29/13 01691562-581002
Contract Management Date 8/28/13
- 3. [Signature] 8/29/13
County Attorney (approved as to form only) Date
- 4. [Signature] 9-9-13
Office of Management & Budget Date

Comments:

COUNTY MANAGER - FINAL SIGNATURE APPROVAL

[Signature] 9/10/13
Date

2013 SEP 10 PM 2:35

RETURN ORIGINAL(S) TO CONTRACT MANAGEMENT FOR DISTRIBUTION AS FOLLOWS:

- Original: Clerk's Services; Contractor (original or certified copy)
- Copy: Department
- Office of Management & Budget
- Contract Management
- Clerk Finance

RECEIVED COUNTY MANAGER'S OFFICE 13 AUG 29 PM 3:49
RECEIVED COUNTY MANAGER'S OFFICE 13 AUG 19 PM 4:09

Letter of Agreement

THIS LETTER OF AGREEMENT made and entered into in duplicate on the 16th day of Sept. 2013, by and between Nassau County (the County), and the State of Florida, through its Agency for Health Care Administration (the Agency),

1. Per Senate Bill 1500, the General Appropriations Act of State Fiscal Year 2013-2014, passed by the 2013 Florida Legislature, County and the Agency, agree that County will remit to the State an amount not to exceed a grand total of \$17,756.
 - a. The County and the Agency have agreed that these funds will only be used to increase the provision of health services for the Medicaid, uninsured, and underinsured people of the County and the State of Florida at large.
 - b. The increased provision of Medicaid, uninsured, and underinsured funded health services will be accomplished through the following Medicaid programs:
 - i. The Disproportionate Share Hospital (DSH) program.
 - ii. The removal of outpatient reimbursement ceilings for teaching, specialty and community hospital education program hospitals.
 - iii. The removal of outpatient reimbursement ceilings for hospitals whose charity care and Medicaid days as a percentage of total adjusted hospital days equals or exceeds 11 percent.
 - iv. The removal of outpatient reimbursement ceilings for hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are trauma centers.
 - v. Inpatient DRG add-ons for teaching, specialty, children's, public and community hospital education program hospitals; hospitals whose charity care and Medicaid days as a percentage of total adjusted hospital days equals or exceeds 11 percent; or hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are trauma centers.
 - vi. The annual cap increase on outpatient services for adults from \$500 to \$1,500.
 - vii. Medicaid Low Income Pool (LIP) payments to rural hospitals, trauma centers, specialty pediatric hospitals, primary care services and other Medicaid participating safety-net hospitals.
 - viii. Medicaid LIP payments to hospitals in the approved appropriations categories.
 - ix. Medicaid LIP payments to Federally Qualified Health Centers.

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PROGRAM FINANCE

- x. Medicaid LIP payments to Provider Access Systems (PAS) for Medicaid and the uninsured in rural areas.
 - xi. Medicaid LIP payments for the expansion of primary care services to low income, uninsured individuals.
2. The County will pay the State an amount not to exceed the grand total amount of \$17,756. The County will transfer payments to the State in the following manner:
 - a. The first quarterly payment of \$4,439 for the months of July, August, and September is due upon notification by the Agency.
 - b. Each successive payment of \$4,439 is due as follows, November 30, 2013, March 31, 2014 and June 15, 2014.
 - c. The State will bill the County each quarter payments are due.
 3. Timelines: This agreement must be signed, submitted, and received to the Agency no later than October 1, 2013, for self-funded exemptions, buybacks and DRG add-ons, to be effective for SFY 2013-2014.
 4. Attached are the DSH and LIP schedules reflecting the anticipated annual distributions for State Fiscal Year 2013-2014.
 5. The County and the State agree that the State will maintain necessary records and supporting documentation applicable to Medicaid, uninsured, and underinsured health services covered by this Letter of Agreement. Further, the County and State agree that the County shall have access to these records and the supporting documentation by requesting the same from the State.
 6. The County and the State agree that any modifications to this Letter of Agreement shall be in the same form, namely the exchange of signed copies of a revised Letter of Agreement.
 7. The 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 Medicaid supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
 8. The County agrees the following provision shall be included in any agreements between the County and local providers where funding is provided for the Medicaid program. Funding provided in this agreement shall be prioritized so that designated funding shall first be used to fund the Medicaid program (including LIP) and used secondarily for other purposes.
 9. The Agency will reconcile the difference between the amount of the IGTs used by or on behalf of individual hospitals' buybacks of their Medicaid inpatient and outpatient trend adjustments or exemptions from reimbursement limitations for SFY 2012-13 and an estimate of the actual annualized benefit derived based on actual days and units of service provided. Reconciliation amount may be incorporated into current year (SFY 2013-14) LOAs.

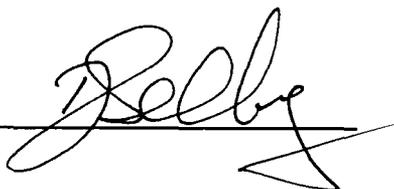
10. This Letter of Agreement covers the period of July 1, 2013 through June 30, 2014 and shall be terminated June 30, 2014.

WITNESSETH:

IN WITNESS WHEREOF the parties have duly executed this Letter of Agreement on the day and year above first written.

Nassau County

State of Florida

Signature 


Stacey Lampkin
Acting Assistant Deputy Secretary for Medicaid
Finance, Agency for Health Care Administration

T.J. Selby
Name

County Manager
Title

Local Government Intergovernmental Transfers	
Program / Amount	State Fiscal Year 2013-2014
Supplemental Payments	
LIP	\$17,756
DSH	
Nursing Home SMP	
Outpatient Amounts	
Automatic Buyback	
Self-Funded Buyback	
Automatic Exemption	
Self-Funded Exemption	
SWI	
Inpatient Amounts	
Automatic DRG Add-On	
Self-Funded DRG Add-On	
Total Funding	\$17,756

GR IGT

Revised LIP Primary Care Award Funding 0.1817 0.2616 IGT Provider LOA Sent

Count	County	Applicant					
1	COLLIER	Friendship Hlth Ctrs	\$ 247,250	\$ 37,508	\$64,681	?????	
2	DUVAL	St. Vincent's HC	\$ 1,500,000	\$ 227,550	\$392,400		8/16/2013
3	ESCAMBIA	Escambia Comm.	\$ 294,000	\$ 44,600	\$76,810	Escambia County	
4	Gulf	Sacred Heart HS	\$ 1,065,533	\$ 161,641	\$278,743	Gulf County	
5	HALIFAX	Halifax Hospital	\$ 726,060	\$ 110,143	\$189,937	Volusia County	
6	HILLSBOROUGH	St. Joseph's Hospital	\$ 932,121	\$ 141,403	\$243,843	Hillsborough County	
7	LAKE	Lake Health Partnership	\$ 1,500,000	\$ 227,550	\$392,400		8/16/2013
8	LEE	Lee Memorial HS	\$ 1,500,000	\$ 227,550	\$392,400	Lee county	
9	LEON	Tallahassee Mem.	\$ 976,801	\$ 148,181	\$255,531	Leon City	
10	LEON	Tallahassee Mem.	\$ 191,399	\$ 29,035	\$50,070	City of Tall.	
11	MARION	Heart of Florida	\$ 1,500,000	\$ 227,550	\$392,400	Marion County	
12	MARTIN	V.I.M.	\$ 236,680	\$ 35,904	\$61,915	Foundation ??	
13	PALM BEACH	JFK Medical Center	\$ 1,000,000	\$ 151,700	\$261,800	Health Care District of Palm Beach	
14	SOUTH BROWAR	Memorial Healthcare	\$ 1,500,000	\$ 227,550	\$392,400	South Broward Taxing District	
		Total	\$ 13,169,844				
	Cat. Total		\$ 13,169,844	\$ 1,997,865	\$ 3,445,231		

Count	County	Applicant	Revised LIP Primary Care Award Funding				
1	BAY	Bay County Health Dept.	\$ 1,100,000	\$ 166,870	\$287,760		8/16/2013
2	Bradford/Union	Bradford and Union County Health	\$ 308,000	\$ 46,724	\$80,573		8/16/2013
3	BREVARD	Brevard County Health Dept.	\$ 362,676	\$ 55,018	\$94,876	Brevard County	
4	BREVARD	Brevard County Health Dept.	\$ 575,376	\$ 87,285	\$150,516	Brevard County	
5	CHARLOTTE	Charlotte County Health Dept.	\$ 750,000	\$ 113,775	\$196,200		8/16/2013
6	CLAY	Clay County Health Dept.	\$ 375,000	\$ 56,888	\$98,100		8/16/2013
7	DADE	Miami-Dade County Health Dept.	\$ 1,500,000	\$ 227,550	\$392,400		8/16/2013
8	DESOTO	DeSoto County Health Dept.	\$ 500,000	\$ 75,850	\$130,800		8/16/2013
9	HOLMES	Holmes County Health Dept.	\$ 750,000	\$ 113,775	\$196,200		8/16/2013
10	NASSAU	Nassau County Health Dept.	\$ 67,873	\$ 10,296	\$17,756	Nassau County	
11	OKALOOSA	Okaloosa County Health Dept.	\$ 496,003	\$ 75,244	\$129,754		8/16/2013
12	OSCEOLA	Osceola County Health Dept.	\$ 529,748	\$ 80,363	\$138,582		8/16/2013
13	ST. LUCIE	St. Lucie County Health Dept.	\$ 1,500,000	\$ 227,550	\$392,400		8/16/2013
14	VOLUSIA	Volusia County Health Dept.	\$ 680,063	\$ 103,166	\$177,904		8/16/2013
15	WALTON	Walton County Health Dept.	\$ 750,000	\$ 113,775	\$196,200	Walton County	
		Total	\$ 10,244,739				
	Cat total		\$10,244,739	\$1,554,127	\$2,680,024		

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		Revised LIP Primary Care Award Funding		0.1617	0.2616	IGT Provider	LOA Sent
Count	County	Applicant	Revised LIP Primary Care Grant Funding				
1	BREVARD	Brevard Health Alliance	\$ 920,163	\$ 139,589	\$240,715	Brevard County	
2	DADE	Borinquen Health Care Center, Inc.	\$ 1,500,000	\$ 227,550	\$392,400	Miami/Dade	
3	HILLSBOROUGH	Suncoast Community Health Center	\$ 1,500,000	\$ 227,550	\$392,400	Hillsborough County	
4	INDIAN RIVER	Treasure Coast Community Health,	\$ 490,226	\$ 74,367	\$126,243	Indian River County	
5	LEON	Bond Community Health Center	\$ 1,000,000	\$ 151,700	\$261,600	Leon County	
6	MANATEE	Manatee County Rural Health Servii	\$ 1,500,000	\$ 227,550	\$392,400	Manatee County	
7	ORANGE	Community Health Centers, Inc.	\$ 296,091	\$ 44,917	\$77,457	Orange County	
8	ORANGE	Health Care Center for the Homeles	\$ 380,000	\$ 57,646	\$99,408	Orange County	
9	PINELLAS	Community Health Centers of Pinell	\$ 617,162	\$ 93,623	\$161,450	Pinellas County	
10	POLK	Central Florida Health Care, Inc.	\$ 1,500,000	\$ 227,550	\$392,400	Highlands County (Frostproof)	
		Cat Total	\$ 9,703,642	\$ 1,472,042	\$ 2,538,473		
		GRAND TOTAL	\$ 33,118,225	\$ 5,024,035	\$ 8,663,728		
		TOTAL FEDERAL	\$ 19,430,463				
		TOTAL	\$ 9,703,642				
		38 programs funded	\$ 1,184,469	\$ 179,684	\$ 309,857		