CITY OF MIRAMAR PROPOSED CITY COMMISSION AGENDA ITEM

Meeting Date: September 29, 202	1
Presenter's Name and Title: Robert Pa	almer, Fire-Rescue Chief
Prepared By: Chief Cliff Ricketts, EMS	Division Chief
Temp. Reso. Number: 7489	
Transportation (PEMT) Letter of Agreer	489, approving a Public Emergency Medical nent with the State of Florida, for participation in nental Payment Program (PEMT-MCO). (Fire-
Consent ⊠ Resolution □ Ordinand	ce □ Quasi-Judicial □ Public Hearing □
Instructions for the Office of the City	Clerk: none
Public Notice – As required by the Sec of the City provided as follows: on in a and/or by sending mailed notice to (fill in all that apply)	Code and/or Sec, Florida Statutes, public notice for this item was ad in the; by the posting the property on property owners within feet of the property on
Special Voting Requirement – As required by Sec, or requires a (unanimous, 4/5t	of the City Code and/or Sec, Florida Statutes, approval of this item hs etc.) vote by the City Commission.
Fiscal Impact: Yes ⊠ No □	
REMARKS: Amount of \$85,883 budget 603420 (EMS Billings & Collections).	red in FY 2022 budget item 001-30-307-526-000-
Content: • Agenda Item Memo from the C	ity Manager to City Commission

- Resolution TR7489
 - o Exhibit A: Public Emergency Medical Transportation Letter of Agreement



CITY OF MIRAMAR INTEROFFICE MEMORANDUM

TO: Mayor, Vice Mayor, & City Commissioners

FROM: 🧳 Vernon E. Hargray, City Manager

BY: Robert Palmer, Fire-Rescue Chief

DATE: September 23, 2021

RE: Temp. Reso. No. 7489 Letter of Agreement (LOA) with Agency for Health

Care Administration (AHCA)

RECOMMENDATION: The City Manager recommends approval of Temp Reso. No. 7489 Letter of Agreement (LOA) with Agency for Health Care Administration (AHCA) to facilitate additional reimbursement of Medicaid dollars for providing emergency medical transportation to individuals covered by one of Medicaid's Managed Care Organizations (MCO).

ISSUE: City Commission approval is required for the approval of the LOA.

<u>BACKGROUND:</u> AHCA is the agency responsible for administering Medicaid and Medicare in the State of Florida. Participation in the PEMT-MCO program is expected to generate an estimated \$220,381 of additional revenue for providing these services. To accept these funds the program requires intergovernmental Transfers (IGT), or a payment by the City to AHCA of a not to exceed amount of \$85,883. This would mean approximately \$134,498 of new net revenue to the city.

<u>DISCUSSION:</u> This agreement must be fully executed and returned to AHCA prior to October 1, 2021.

ANALYSIS: Funding is available from the Emergency Medical Services budget account number 001-30-307-526-000-603420. If approved, the IGT payments would be made to AHCA, allowing AHCA to draw down additional federal funds for this program. AHCA in turn, provides additional funding to the MCO's and each of the MCO's would remit the additional Medicaid transport dollars directly to the City totaling an estimated \$220,381.

Temp. Reso. No. 7489 8/26/21 9/22/21

CITY OF MIRAMAR MIRAMAR, FLORIDA

RE	SOL	_UTI	ON	NO.	

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF MIRAMAR, FLORIDA, APPROVING A PUBLIC EMERGENCY MEDICAL TRANSPORTATION LETTER OF AGREEMENT WITH THE STATE OF FLORIDA FOR PARTICIPATION IN THE MEDICAID MANAGED CARE SUPPLEMENTAL PAYMENT PROGRAM; AND PROVIDING FOR AN EFFECTIVE DATE.

WHEREAS, the State of Florida established a Medicaid supplemental program to address payment inadequacies related to Medicaid managed care transports; and

WHEREAS, by participating in this supplemental payment program for Medicaid managed care patients, City of Miramar Fire-Rescue can increase its Medicaid managed care patient transport revenue; and

WHEREAS, the Medicaid managed care supplemental payment program provides for a State share funding mechanism through intergovernmental transfers to the State from Public Emergency Medical Transportation ("PEMT") providers, with State and Federal share dollars to later be disbursed through managed care plans back to PEMT providers; and

Reso.	No.	

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 ("AHCA") before October 1, 2021, 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 City Manager recommends approval of the letter of agreement

with State of Florida, attached as Exhibit "A", for participation in the PEMT; and

WHEREAS, the City Commission finds that it is in the best interest of the citizens

and residents of the City of Miramar to enter into this letter of agreement with State of

Florida for the participation in the PEMT.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF

MIRAMAR, FLORIDA AS FOLLOWS:

Section 1: That the foregoing "WHEREAS" clauses are ratified and confirmed as

being true and correct and are made a specific part of this Resolution.

Section 2: The City Commission authorizes the City Manager or designee to

execute any amendments and/or renewals thereto and take any other actions necessary

to effectuate this Agreement.

Reso. No. _____

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Temp. Reso. No. 7489 8/26/21 9/22/21

Section 3: That this Resolution s	shall take effect immediately upon adopt	ion.
PASSED AND ADOPTED this	day of, _,	·
	Mayor, Wayne M. Messam	
	Vice Mayor, Yvette Colbourne	
ATTEST:		
City Clerk, Denise A. Gibbs I HEREBY CERTIFY that I have approv	- red	
this RESOLUTION as to form:		
City Attorney, Austin Pamies Norris Weeks Powell, PL	 LLC	
	Requested by Administration Commissioner Winston F. Barnes Commissioner Maxwell B. Chambers Vice Mayor Yvette Colbourne Commissioner Alexandra P. Davis Mayor Wayne M. Messam	<u>Voted</u>
Reso. No	3	

Public Emergency Medical Transportation Letter of Agreement

THIS LETTER OF AGREEMENT (LOA) is made and entered into in duplicate on the
day of 2021, by and between City of Miramar on behalf of City of Miramar 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 US.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 2021-111, 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

- Per Senate Bill 2500, the General Appropriations Act of State Fiscal Year 2021-2022, passed by the 2021 Florida Legislature, the City of Miramar and the Agency agree that the City of Miramar will remit IGT funds to the Agency in an amount not to exceed the total of \$85,882.40. The City of Miramar and the Agency have agreed that these IGT funds will only be used for the PEMT program.
- 2. The City of Miramar will return the signed LOA to the Agency.
- 3. The City of Miramar will pay IGT funds to the Agency in an amount not to exceed the total of \$85,882.40. The City of Miramar will transfer payments to the Agency in the following manner:
 - a. Per Florida Statute 409.908, annual payments for the months of July 2021 through June 2022 are due to the Agency no later than October 31, 2021 unless an alternative plan is specifically approved by the agency.
 - b. The Agency will bill the City of Miramar when payment is due.
- 4. The **City of Miramar** 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. City of Miramar 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. City of Miramar 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. City of Miramar agrees to comply with public record laws as outlined in section 119.0701, Florida Statutes.

b. RETENTION OF RECORDS

- i. The City of Miramar 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

 City of Miramar agrees to permit persons duly authorized by the Agency to inspect any records, papers, and documents of the City of Miramar which are relevant to this LOA.

d. ASSIGNMENT AND SUBCONTRACTS

- i. The City of Miramar 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.
- This LOA may only be amended upon written agreement signed by both parties.
 The City of Miramar 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.
- City of Miramar confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to redirect any portion of these aforementioned supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.

- 7. City of Miramar agrees the following provision shall be included in any agreements between City of Miramar 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, 2021 through June 30, 2022 and shall be terminated June 30, 2022.
- 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 2021-2022	
Minimum Fee Schedule/MCO IGTs	\$85,882.40	
Total Funding	\$85,882.40	

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

City of Miramar	STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION	
SIGNED BY:	SIGNED BY:	
NAME:	NAME:	
TITLE:	TITLE:	
DATE:	DATE:	