

RESOLUTION NO. 2011 - 67

A RESOLUTION BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, APPROVING THE TERMS, PROVISIONS, CONDITIONS, AND REQUIREMENTS OF AN AGREEMENT BETWEEN THE STATE OF FLORIDA, AGENCY FOR HEALTHCARE ADMINISTRATION, AND ST. JOHNS COUNTY, FLORIDA, AND AUTHORIZING THE COUNTY ADMINISTRATOR, OR DESIGNEE, TO EXECUTE THE AGREEMENT ON BEHALF OF THE COUNTY

WHEREAS, utilizing funds from St. Johns County, Florida, in an amount not to exceed Four Hundred Forty-Nine Thousand Two Hundred Twelve dollars (\$449,212.00), annually, along with additional funds from the State of Florida, Agency for Health Care Administration (AHCA) are to be disbursed to Flagler Hospital from AHCA for the purpose of providing the State's Enhanced Federal Medical Assistance Percentage Program which is designed to compensate hospitals who provide disproportionate share of Medicaid and/or charity care services; and

WHEREAS, these funds have been designated as part of the County's contract with Flagler Hospital to provide Primary Care Services; and

WHEREAS, the County and Flagler Hospital have agreed to reduce the Primary Care Contract by exactly Four Hundred Forty-Nine Thousand Two Hundred Twelve dollars (\$449,212.00); and

WHEREAS, an Agreement between the State of Florida, Agency for Healthcare Administration, and St. Johns County, Florida, (attached and incorporated as Exhibit "A") provides the means for disbursing the state and federal grant funds; and

WHEREAS, the County has reviewed the terms, provisions, conditions, and requirements of the Agreement; and

WHEREAS, the County has determined that accepting the terms of the Agreement, and entering into said Agreement will serve the interests of the County.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ST. JOHNS COUNTY, FLORIDA, AS FOLLOWS:

Section 1. The above Recitals are hereby incorporated into the body of this Resolution, and are adopted as Findings of Fact.

Section 2. The Board of County Commissioners hereby approves the terms, provisions, conditions, and requirements of the Agreement between the State of Florida, Agency for Healthcare Administration, and St. Johns County, Florida, for the State's Enhanced Federal Medical Assistance Percentage Program and authorizes the County Administrator, or designee, to execute the Agreement on behalf of the County.

Section 3. To the extent that there are typographical and/or administrative errors and/or omissions that do not change the tone, tenor, or content of this Resolution, then this Resolution may be revised without subsequent approval of the Board of County Commissioners.

PASSED AND ADOPTED by the Board of County Commissioners of St. Johns County, Florida, this 15th day of March 2011.

BOARD OF COUNTY COMMISSIONERS OF
ST. JOHNS COUNTY, FLORIDA

Attest:

Ram Helterman
Deputy Clerk

By:

J. Ken Bryan
J. Ken Bryan

RENDITION DATE 3/18/11



Letter of Agreement

THIS LETTER OF AGREEMENT made and entered into duplicate on the _____ day of _____, 2011, by and between St. Johns County, (the County) and the State of Florida, through its Agency for Health Care Administration, (the Agency),

1. Per House Bill 5001, the General Appropriations Act of State Fiscal Year 2010-11, passed by the 2010 Florida Legislature, the County and the Agency agree that the County will remit to the State an amount not to exceed a grand total of \$449,212.
 - a) The County and the Agency have agreed that these funds will only be used to increase the provision of Medicaid funded health services to the people of the County and the State of Florida at large.
 - b) The increased provision of Medicaid funded health services will be accomplished through the buy back of the Medicaid inpatient and outpatient trend adjustments up to the actual Medicaid inpatient and outpatient cost but not to exceed the amount specified in the Appropriations Act for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians, designated trauma hospitals and hospitals not previously included in the GAA.
2. The County will pay the State an amount not to exceed the grand total amount of \$449,212. The County will transfer payments to the State in the following manner:
 - a) The first quarterly payment of \$112,303, for the months of July, August, and September, is due upon notification by the Agency.
 - b) Each successive payment of \$112,303 is due as follows, November 1, 2010, March 31, 2011 and June 15, 2011.
 - c) The State will bill the County each quarter payments are due.
3. The enhanced FMAP is in effect for the first six months of SFY 2010-11. Any payments made by the Agency on or after January 1, 2011, will not be eligible for the enhanced FMAP. Therefore, the County will be responsible for funding the State share required as a result of the reduced FMAP. If funding is not adequate due to the FMAP change, the State will reduce the rate to the level of funded by the County.
4. Timelines: This agreement must be signed and submitted to the Agency no later than May 31, 2011, to be effective for SFY 2011.

5. The County and the State agree that the State will maintain necessary records and supporting documentation applicable to Medicaid 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 hospitals to re-direct any portion of these aforementioned Medicaid supplemental payments in order to satisfy non-Medicaid activities.
8. This Letter of Agreement is contingent upon the State Medicaid Hospital Reimbursement Plan reflecting 2010-11 legislative appropriations being approved by the federal Centers for Medicare and Medicaid Services.
9. This Letter of Agreement covers the period of July 1, 2010 through June 30, 2011.

WITNESSETH:

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

St. Johns County

State of Florida

Signature

Phil E. Williams
Assistant Deputy Secretary for Medicaid Finance,
Agency for Health Care Administration

Name

Title