

RESOLUTION NO. 2012- 323

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 one million ninety-five thousand eight hundred twenty seven dollars (\$1,095,827.00), 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, an Agreement between the State of Florida, Agency for Healthcare Administration, and St. Johns County, Florida, 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 6 day of Nov. 2012.

BOARD OF COUNTY COMMISSIONERS OF
ST. JOHNS COUNTY, FLORIDA

Attest:

Rene Wiltecar
Deputy Clerk

By:

J. Ken Bryan
J. Ken Bryan, Chair

RENDITION DATE 11/9/12



Letter of Agreement

THIS LETTER OF AGREEMENT made and entered into in duplicate on the _____ day of _____, 2012, 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 2012-2013, passed by the 2012 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 \$1,095,827.
 - 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 buyback 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 \$1,095,827. The County will transfer payments to the State in the following manner:
 - a. The first quarterly payment of \$273,959, for the months of July, August, and September, is due upon notification by the Agency.
 - b. Each successive payment of \$273,956 is due as follows, November 30, 2012, March 31, 2013 and June 15, 2013.
 - c. The State will bill the County each quarter payments are due.
3. Timelines: This agreement must be signed and submitted to the Agency no later than October 1, 2012, to be effective for SFY 2012-2013.
4. 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.
5. 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.
6. 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.

7. This Letter of Agreement is contingent upon the State Medicaid Hospital Reimbursement Plan reflecting 2012-13 legislative appropriations being approved by the federal Centers for Medicare and Medicaid Services.
8. 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 2011-12 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 2012-13) LOAs.
9. This Letter of Agreement covers the period of July 1, 2012 through June 30, 2013 and shall be terminated June 30, 2013.

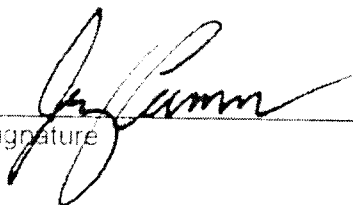
WITNESSETH:

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