

Letter of Agreement

THIS LETTER OF AGREEMENT made and entered into in duplicate on the _____ day of _____, 2010, by and between Leon 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 2010-2011, passed by the 2010 Florida Legislature, County and the Agency, agree that County will remit to the State an amount not to exceed a grand total of \$76,920.
 - 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 inpatient and outpatient reimbursement ceilings for teaching, specialty and community hospital education program hospitals.
 - iii. The removal of inpatient and 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 inpatient and outpatient reimbursement ceilings for hospitals whose Medicaid days, as a percentage of total hospital days, exceed 7.3 percent, and are trauma centers.
 - v. Increase the annual cap on outpatient services for adults from \$500 to \$1,500.
 - vi. Medicaid Low Income Pool (LIP) payments to rural hospitals, trauma centers, specialty pediatric hospitals, primary care services and other Medicaid participating safety-net hospitals.
 - vii. Medicaid LIP payments to hospitals in the approved appropriations categories.
 - viii. Medicaid LIP payments to Federally Qualified Health Centers.
 - ix. Medicaid LIP payments to Provider Access Systems (PAS) for Medicaid and the uninsured in rural areas.
 - x. 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 \$76,920. The County will transfer payments to the State in the following manner:
 - a) The first quarterly payment of \$19,230 for the months of July, August, and September is due upon notification by the Agency.
 - b) Each successive payment of \$19,230 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. Attached are the DSH and LIP schedules reflecting the anticipated annual distributions for State Fiscal Year 2010-2011.
6. 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.
7. 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.
8. 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.
9. 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.
10. 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.

LEON COUNTY, FLORIDA

BY: _____
Parwez Alam
County Administrator

ATTEST:
Bob Inzer, Clerk of the Court
Leon County, Florida

BY: _____

Approved as to Form:
Leon County Attorney's Office

BY: _____
Herbert W.A. Thiele, Esq.
County Attorney

STATE OF FLORIDA

BY: _____
Phil E. Williams
Assistant Deputy Secretary for Medicaid Finance
Agency for Health Care Administration

Witness
(Print name)

Witness

Local Government Intergovernmental Transfers	
Program / Amount	State Fiscal Year 2010-2011
DSH	
LIP, Exemptions & SWI	76920
Nursing Home SMP	
Total Funding	\$76,920