

#24-0873

TO:

Honorable Mayor & Members of the Fort Lauderdale City Commission

FROM:

Susan Grant, Acting City Manager

DATE:

September 17, 2024

TITLE:

Motion Approving the City of Fort Lauderdale Fire Rescue Department's Participation in the Supplemental Payment Program for Medicaid Managed Care Patients with the State of Florida's Agency for Health Care

Administration - (Commission Districts 1, 2, 3 and 4)

Recommendation

Staff recommends the City Commission approve the City's participation in an Intergovernmental Transfer (IGT) program between the City of Fort Lauderdale and the State of Florida (State) to provide supplemental payment for Medicaid Managed Care patients and authorize the City Manager to execute the Public Emergency Medical Transportation Letter of Agreement with the State.

Background

This program provides supplemental payments for allowable costs that are in excess of Medicaid revenues received for emergency medical transportation services to Medicaid eligible recipients.

There are two (2) types of Medicaid transports. The "Fee for Service" transports are billed and collected directly from the State of Florida's Agency for Health Care Administration (AHCA). The second type of transports are billed and collected from Managed Care Organizations (MCO) providers working under contract with AHCA. The average reimbursement for the services per Medicaid patient is approximately \$177 per transport. This amount is significantly lower when compared to the average reimbursements for Medicare and private health insurance patients and the actual costs associated with Emergency Medical Transports. The average reimbursements for Medicare and private health insurance patients are \$453 and \$627, respectively.

Since 2016, Fort Lauderdale Fire Rescue has received annual supplemental payments for Medicaid "Fee for Service" patient transports through the Certified Public Expenditure (CPE) program. This program leverages the approximately 65% share of Federal Medicaid reimbursement by allowing the State to certify the public expenditure incurred by Fort Lauderdale Fire Rescue as the State share. In 2019, the State Legislature authorized the expansion of the program to include the Medicaid Managed Care

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population (State Bill 2500). In June 2020, the State Legislature appropriated \$89M (State Bill 5001) for the State Fiscal Year.

The supplemental payment program requires agreements with AHCA and the MCO's. Unlike the current CPE program, which requires no appropriation for the State share, these revenue and expense submissions are funded through an IGT (Intergovernmental Transfer) cash match with a federal fund contribution. To leverage the approximate 57% federal share, AHCA will collect the IGT payments from each participating agency, including Fort Lauderdale Fire Rescue, and submit the total State share to the Federal Government (CMS – Centers for Medicaid and Medicare Services). The Federal Government will then provide the Federal Share back to AHCA, who will transfer the funds to the MCO's for reimbursement back to the participating agencies.

Exhibit 2 is the payment model for FY 2024. Based on the City's FY 2024 contribution of \$1,157,478, the City will receive \$2,753,277 in additional revenues representing a net income of \$1,595,799. The FY 2025 designated IGT contribution provided by Fort Lauderdale Fire Rescue is estimated at \$1,322,443. It is anticipated that the City will receive \$3,087,656 in revenues which will realize an approximate \$1,765,213 in net income, reflecting the approximate 57% Federal Share and the 43% percent State share of the program. Exhibit 3 lists the 100 eligible governmental agencies that can currently participate in this program, as well as the anticipated IGT contributions and estimated net new federal funding for FY 2025.

To be eligible for this reimbursement program, the qualifying agency must have been a participant in the most recent PEMT reimbursement program and must also be a "non-Medicaid governmental agency". In addition, each participating agency must sign and execute Letter of Agreements with the respective MCO entities within each Medicaid Region within the State of Florida (Exhibit 1).

At its meeting of July 7, 2020, the City Commission approved a motion authorizing the City Manager to execute Letters of Agreement with the Managed Care Organizations under contract with the State of Florida's Agency for Health Care Administration (CAM 20-0505). At its meeting of September 15, 2020, the City Commission approved a motion authorizing the City of Fort Lauderdale's Fire Rescue Department's Participation in the Supplemental Payment Program for Medicaid Managed Care Patients with the State of Florida's Agency for Health Care Administration (CAM 20-0717). At its meeting of September 22, 2022, the City Commission approved a motion authorizing the City of Fort Lauderdale's Fire Rescue Department's Participation in the Supplemental Payment Program for Medicaid Managed Care Patients with the State of Florida's Agency for Health Care Administration (CAM 22-0876).

Resource Impact

Funding for this revenue and contribution is contingent upon the approval of the FY 2025 Adopted Budget.

Source:

ACCOUNT NUMBER	INDEX NAME (Program)	CHARACTER CODE/ SUB-OBJECT NAME	AMENDED BUDGET (Character)	AVAILABLE BALANCE (Character)	AMOUNT
10-001-4020-522 342-602	Fire Rescue Support	Charges for Services/Public Emergency Medical Transport – MCO	\$15,300,206	\$15,300,206	\$3,087,656
			APPROPRIATION TOTAL ▶		\$3,087,65

Use:

ACCOUNT NUMBER	INDEX NAME (Program)	CHARACTER CODE/ SUB-OBJECT NAME	AMENDED BUDGET (Character)	AVAILABLE BALANCE (Character)	AMOUNT
10-001-4020-522 40-4207	Fire Rescue Support	Other Operating Expenses/Promotional Contribution	\$16,220,532	\$16,220,532	\$1,322,443
			APPROPRIATION TOTAL ►		\$1,322,443

Strategic Connections

This item supports the Press Play Fort Lauderdale Strategic Plan 2029, specifically advancing:

• Goal 1: Be a safe community that is proactive and responsive to risks.

This item advances the Fast-Forward Fort Lauderdale Vision Plan 2035: We Are Community.

This item supports the Advance Fort Lauderdale 2040 Comprehensive Plan specifically advancing:

Public Safety

Attachments

Exhibit 1 – Public Emergency Medical Transportation Letter of Agreement

Exhibit 2 - FY 2024 MCO Draft Payment Model

Exhibit 3 – FY 2025 MCO Draft Payment Model

Prepared by: Aukela T. Holloway, Public Safety Administrator, Fire Rescue

Department

Department Director: Stephen W. Gollan, Chief, Fire Rescue Department

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Public Emergency Medical Transportation Letter of Agreement

this Letter of Agreement (LOA) is made and entered into in duplicate on the day of 2024, by and between City of Fort Lauderdale (the "IGT Provider") on behalf of Fort Lauderdale 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 2024-231 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 House Bill 5001, the General Appropriations Act of State Fiscal Year 2024-2025, passed by the 2024 Florida Legislature, the IGT Provider and the Agency agree that the IGT Provider will remit IGT funds to the Agency in an amount not to exceed the total of \$1,322,443.13. The IGT Provider and the Agency have agreed that these IGT funds will only be used for the PEMT program.
- 2. The IGT Provider will return the signed LOA to the Agency.
- 3. The IGT Provider will pay IGT funds to the Agency in an amount not to exceed the total of \$1,322,443.13. The IGT Provider will transfer payments to the Agency in the following manner:
 - a. Per Florida Statute 409.908, annual payments for the months of July 2024 through June 2025 are due to the Agency no later than October 31, 2024, unless an alternative plan is specifically approved by the agency.
 - b. The Agency will bill the IGT Provider when payment is due.
- 4. The IGT Provider 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. The IGT Provider 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. The IGT Provider 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. The IGT Provider agrees to comply with public record laws as outlined in section 119.0701, Florida Statutes.

b. RETENTION OF RECORDS

- i. The IGT Provider 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

i. The IGT Provider agrees to permit persons duly authorized by the Agency to inspect any records, papers, and documents of the IGT Provider which are relevant to this LOA.

d. ASSIGNMENT AND SUBCONTRACTS

- i. The IGT Provider 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.
- 5. This LOA may only be amended upon written agreement signed by both parties. The IGT Provider 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.
- 6. The IGT Provider 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 supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
- 7. The IGT Provider agrees the following provision shall be included in any agreements between IGT Provider 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, 2024, through June 30, 2025, and shall be terminated September 30, 2025, which includes the state's certified forward period.
- 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 2024-2025		
Estimated IGTs	\$1,322,443.13		
Total Funding Not to Exceed	\$1,322,443.13		

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

CITY OF FORT LAUDERDALE

SIGNED BY: NAME: TITLE: DATE:

STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION

SIGNED BY:	
NAME:	Tom Wallace
TITLE:	Deputy Secretary for Health Care Finance and Data
DATE:	

CITY OF FORT LAUDERDALE, a Florida municipal corporation

By: _

SUSAN GRANT Acting City Manager

Dated:

ATTEST:

DAVID R. SOLOMAN

City Clerk

APPROVED AS TO LEGAL FORM AND CORRECTNESS:

Thomas J. Ansbro, City Attorney

By:

RHONDA MONTOYA HASAN Senior Assistant City Attorney

WE BUILD COMMUNITY

Routing Start Date: September 27, 2024	■ Agenda	☐ Non-Agenda
1) ORIGINATING OFFICE: Document Title: Public Emergency Medical Transpo	ortation Letter of Agreement	
Commission Mtg. Date: September 17, 2024 CA		
CAM attached: ■ YES □ NO Routing On	rigin: Fire Rescue/Adminis	stration
Router Name: Carladean Ferguson /Ext: 6701	_Action Summary atta	ched: □ YES □ NO
CIP FUNDED: ☐ YES ☐ NO	nvestment / Community Improvement Proj and a cost of at least \$50,000 and shall mea s, or fixtures) that add value and/or extend u eplacement. etc. Term "Real Property" inclu-	in improvements to real property (land, iseful life, including major repairs such
2) CITY ATTORNEY'S OFFICE:		
Documents to be signed/routed? ☐ YES ☐ NO	# of originals attache	ed:
Is attached Granicus document Final? ☐ YES ☐ Date to CCO: /0///24 Attorney's Na	NO Approved as t ame: Rhondo Montoyatt	o Form: SYES A NO Initials: W
3) CITY CLERK'S OFFICE: # of originals: Routed to:	Date:_	10/03/24
4) CITY MANAGER'S OFFICE: CMO LOG #: DCT 12 Document re Assigned to: SUSAN GRANT	eceived from: <u>CCD</u>	10/04/2024
□ ANTHONY FAJARD □ BEN ROGERS □ C	CHRIS COOPER □ LAU	JRA REECE
☐ ACTING CRA EXECUTIVE DIRECTOR		
☐ APPROVED FOR S. GRANT'S SIGNATUR	E □ N/A □ S. GRANT	ΓΟ SIGN
PER ACM (Initial):	□ B. ROGERS □ C. CO	OPER □ L. REECE
☐ PENDING APPROVAL (See comments below	w)	
Comments/Questions:	1010/H	
Forward originals to: Mayor CCO Date:	1010484	
5) MAYOR/CRA CHAIRMAN:	•	
Please sign as indicated.		
Forward originals to CCO for attestation/City	seal (as applicable) Da	te:
6) INSTRUCTIONS TO CITY CLERK'S OF	FICE	
Please retain scan record copy and forward origin		Ferguson
Dept Fire Rescue / Administration	Ext_6701	
Attach certified Resolution # □ YES □ NO	Original Rou	te form to CAO 4-054/