

Letter of Agreement

This Letter of Agreement (“LOA”) is made and entered into on the 21st day of September, 2022 by and between **Fort Lauderdale Fire Rescue** (Government Owned Emergency Medical Service (EMS) Provider) and **UnitedHealthCare of Florida, Inc.** (Medicaid Managed Care Organization (MCO) (herein referred to collectively as “Parties”).

WHEREAS, the Medicaid MCO has been awarded a contract by the Agency for Health Care Administration (AHCA) to deliver managed care services to Medicaid enrollees under an 1115 Managed Medical Assistance Waiver (the “Waiver”) in Region 10, which includes Broward County where Government Owned EMS Provider is located and/or operates;

WHEREAS, AHCA has approved the Government Owned EMS Provider as a qualifying entity and provides out of network emergency medical services to MCO enrollees in Region 10 on an as needed basis, when the transport and treatment is appropriate; and

WHEREAS, the Centers for Medicare and Medicaid Services (“CMS”) approved section 438.6 directed payments based on the establishment of a uniform increase to be paid to qualifying Government Owned EMS Providers for the provision of emergency medical services to Medicaid eligible persons enrolled in managed care organizations pursuant to the Waiver, which includes the Medicaid MCO.

NOW THEREFORE, Government Owned EMS Provider and the Medicaid MCO do hereby agree to the following:

1. Government Owned EMS Provider agrees to make emergency medical services available to MCO’s Medicaid enrollees on an as needed basis, when the transport and treatment is appropriate.
2. Medicaid MCO shall receive per member per month section 438.6 directed payments for care and treatment provided by the Government Owned EMS Provider, which the Medicaid MCO shall timely remit to the Government Owned EMS Provider in accordance with AHCA’s contractual requirements.
3. Contact information for the parties is as follows:

Name: Paul Vanden Berge

Title: Public Safety Administrator

Phone: 954-828-6807

Email:
pvandenberge@fortlauderdale.gov

Name: William Warthen

Title: Network Programs Manager

Phone: 952-202-8943

Email: william_j_warthen@uhc.com



DOCUMENT ROUTING FORM

Rev: 3 | Revision Date: 9/1/2022

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TODAY'S DATE: 10/04/2022

DOCUMENT TITLE: Letter of Agreement (LOA) – City of Fort Lauderdale – United Health Care of Florida, Inc. - PEMT

COMM. MTG. DATE: 07/07/2020 CAM #: 20-0505 ITEM #: CM-2 CAM attached: ☒ YES ☐ NORouting Origin: Fire-Rescue Router Name/Ext: PCVB, X6807 Action Summary attached: ☒ YES ☐ NOCIP FUNDED: ☐ YES ☒ NO

Capital Investment / Community Improvement Projects defined as having a life of at least 10 years and a cost of at least \$50,000 and shall mean improvements to real property (land, buildings, or fixtures) that add value and/or extend useful life, including major repairs such as roof replacement, etc. Term "Real Property" include land, real estate, realty, or real.

2) City Attorney's Office: Documents to be signed/routed? ☐ YES ☐ NO # of originals attached: _____Is attached Granicus document Final? ☐ YES ☐ NO Approved as to Form: ☐ YES ☐ NO

Date to CCO: _____ Attorney's Name: Rhonda Montoya Hasen Initials: RMA

3) City Clerk's Office: # of originals: 1 Routed to: _____ Ext: _____ Date: 10/13/22

4) City Manager's Office: CMO LOG #: Oct 20 Document received from: _____

Assigned to: GREG CHAVARRIA ☐ ANTHONY FAJARDO ☐ SUSAN GRANT ☐GREG CHAVARRIA as CRA Executive Director ☐☐ APPROVED FOR G. CHAVARRIA'S SIGNATURE ☐ N/A G. CHAVARRIA TO SIGN

PER ACM: A. FAJARDO _____ (Initial)

S. GRANT _____ (Initial)

☐ PENDING APPROVAL (See comments below)

Comments/Questions: _____

Forward _____ originals to ☐ Mayor ☐ CCO Date: _____

5) Mayor/CRA Chairman: Please sign as indicated.

Forward _____ originals to CCO for attestation/City seal (as applicable) Date: _____

INSTRUCTIONS TO CITY CLERK'S OFFICE

City Clerk: Retains _____ original and forwards _____ originals to: _____ (Name/Dept/Ext)

Attach _____ certified Reso # _____ ☐ YES ☐ NO

Original Route form to CAO