



FIRE RESCUE DEPARTMENT
JAMES M. FITZGERALD, Fire Chief

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June 25, 2020

TO: Mayor Jerry L. Demings
-AND-
Board of County Commissioners

THROUGH: Danny Banks, Deputy County Administrator *[Signature]*

FROM: James M. Fitzgerald, Fire Chief *[Signature]*

CONTACT: Alex Morales, Manager
Fiscal and Operational Support Division
407-836-9015

SUBJECT: July 7, 2020 – Consent Agenda
Medicaid Managed Care Agreements

On April 8, 2020, the State of Florida, Agency for Health Care Administration received approval from the Centers for Medicare & Medicaid Services for a Medicaid Managed Care Organization (MCO) Public Emergency Medical Transportation Supplemental Payment Program ("Program"). This program allows for additional payments to departments for transports provided to MCO enrollees in the state of Florida.

In order to participate in the Program, Orange County must approve agreements with each MCO. This agreement is with Simply Healthcare Plans, Inc. DBA Clear Health Alliance. This will allow Orange County to receive payment from the MCO.

Action Requested: Approval and execution of Letter of Agreement by and between Orange County, Florida, on behalf of Orange County Fire Rescue and Simply Healthcare Plans, Inc. DBA Clear Health Alliance. Note: Approval is contingent upon execution of this agreement by Simply Healthcare Plans, Inc. DBA Clear Health Alliance. (Fiscal and Operational Support Division)

c: Byron Brooks, County Administrator

BCC Mtg. Date: July 7, 2020

Letter of Agreement

This Letter of Agreement (“LOA”) is made and entered into on the date of last execution below by and between Orange County, Florida, on behalf of Orange County Fire Rescue (Government Owned Emergency Medical Service (EMS) Provider) and SIMPLY HEALTHCARE PLANS, INC. DBA CLEAR HEALTH ALLIANCE (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 Florida’s 1115 Managed Medical Assistance Waiver (the “Waiver”) in Region 7, which includes Orange County, Florida 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 7 on an as needed basis, when the transport and treatment is appropriate; and

WHEREAS, the Centers for Medicare and Medicaid Services (“CMS”) approved section 42 C.F.R. 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 42 CFR 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: James M. Fitzgerald

Name: Barbara Morales

Title: Fire Chief, Orange County Fire Rescue Department

Title: Provider Network Manager

Phone: (407) 836-9061

Phone: 954-405-6136

Email: James.Fitzgerald@ocfl.net

Email: bmorales@simplyhealthcareplans.com

4. The Parties agree any modification to the LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
5. This LOA covers the period of October 1, 2019 through June 30, 2024 unless terminated sooner by the termination of 42 CFR Section 438.6 directed payments.

IN WITNESS WHEREOF, the Parties have duly executed this LOA on the day and year above first written. Each party represents that: (i) it has the authority to enter into this Agreement; and (ii) that the individual signing this Agreement on its behalf is authorized to do so.

GOVERNMENT OWNED EMERGENCY MEDICAL SERVICES PROVIDER

Burton W. Brooks County Administrator
NAME & TITLE OF AUTHORIZED INDIVIDUAL

Burton W. Brooks
SIGNATURE OF AUTHORIZED INDIVIDUAL

JUL 07 2020
DATE



MEDICAID MANAGED CARE ORGANIZATION

Tomas Orozco, President
Tomas Orozco
SIGNATURE OF AUTHORIZED INDIVIDUAL

7/17/2020
DATE