

Interoffice Memorandum

AGENDA ITEM

September 11, 2018

TO:

Mayor Teresa Jacobs

-AND-

Board of County Commissioners

THRU:

Linda Weinberg, Acting Deputy County Administrator's Office

FROM:

John Goodrich, Acting Director 5. Goodrick

Health Services Department

SUBJECT: LIP Letters of Agreement

Consent Agenda - September 18, 2018

For the past 18 years, the Intergovernmental Transfer Program (IGT) has been a funding mechanism for Orange County's Primary Care Access Network (PCAN). program allows the county to draw down additional state and federal dollars for PCAN by participating in the Medicaid Low Income Pool (LIP). LIP funds are intended to assist in providing health services to uninsured, underinsured, and Medicaid patients.

Letters of Agreement (LOA) between Orange County and Florida's Agency for Health Care Administration (AHCA) must be executed for federally qualified health centers receiving LIP funds. The LIP LOA specify the allocation of funds to the following PCAN partners: Community Health Centers (\$1,083,524), Central Florida Family Health Centers (\$264,011), and Health Care for the Homeless (\$581,250).

We are requesting approval and execution of LIP LOAs between Orange County and AHCA, under which Orange County will remit to the state a total of \$1,928,785, which will be used to help fund the PCAN program for fiscal year 2019 and allow us to draw down additional state and federal match dollars.

ACTION REQUESTED:

Approval and execution of Low Income Pool Letters of Agreement by and between Orange County and the State of Florida, Agency for Healthcare Administration on behalf of Community Health Centers (\$1,083,524), Central Florida Family Health Centers (\$264,011), and Health Care for the Homeless (\$581,250), for an overall total of \$1,928,785 through the Intergovernmental Transfer Program. (Medical Clinic)

Attachments

Cc: Linda Weinberg, Acting Deputy County Administrator

Lourdes Markham, Medical Clinic Administrator, Medical Clinic Division

BCC Mtg. Date: September 18, 2018

Low Income Pool Letter of Agreement

THIS LETTER OF AGREEMENT (LOA) is made and entered into in duplicate on the 7th day of September 2018, by and between **Orange County** (the "County") on behalf of **Community Health Centers**, 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

"Charity care" or "uncompensated charity care" means that portion of hospital charges reported to the Agency for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of the method of payment. Uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, bad debt, or Medicaid and CHIP shortfall. The state and providers that are participating in LIP will provide assurance that LIP claims include only costs associated with uncompensated care that is furnished through a charity care program and that adheres to the principles of the HFMA operated by the provider.

"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 considered a bona fide donation pursuant to 42 CFR § 433.54.

"Low Income Pool (LIP)" means providing government support for safety-net providers for the costs of uncompensated charity care for low-income individuals who are uninsured. Uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, "bad debt," or Medicaid and CHIP shortfall.

"Medicaid" means the medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and regulations thereunder, as administered in Florida by the Agency.

A. GENERAL PROVISIONS

- 1. Per House Bill 5001, the General Appropriations Act of State Fiscal Year 2018-2019, passed by the 2018 Florida Legislature, the County and the Agency agree that the County will remit IGT funds to the Agency in an amount not to exceed the total of \$1,083,524.
 - a. The County and the Agency have agreed that these IGT funds will only be used to increase the provision of health services for the charity care of the County and the State of Florida at large.
 - b. The increased provision of charity care health services will be accomplished through the following Medicaid programs:
 - i. LIP payments to hospitals, federally qualified health centers, Medical School Physician Practices, community behavioral health providers, and

rural health centers pursuant to the approved Centers for Medicare & Medicaid Services Special Terms and Conditions.

- The County will return the signed LOA to the Agency no later than October 1, 2018.
- The County will pay IGT funds to the Agency in an amount not to exceed the total of \$1,083,524. The County will transfer payments to the Agency in the following manner:
 - a. Per Florida Statute 409.908, annual payments for the months of July 2018 through June 2019 are due to the Agency no later than October 31, 2018 unless an alternative plan is specifically approved by the agency.
 - b. The Agency will bill the County when payment is due.
- 4. The County and the Agency agree that the Agency will maintain necessary records and supporting documentation applicable to health services covered by this LOA.

a. Audits and Records

- i. The County 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 County 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 County agrees to comply with public record laws as outlined in section 119.0701. Florida Statutes.

b. Retention of Records

- i. The County 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.
- 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

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

d. Assignment and Subcontracts

- i. The County 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. The County 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.
- The County confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to redirect any portion of these aforementioned charity care supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
- 7. The County agrees the following provision shall be included in any agreements between the County 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 (including LIP or DSH) and used secondarily for other purposes."
- 8. This LOA covers the period of July 1, 2018 through June 30, 2019 and shall be terminated June 30, 2019.
- 9. This LOA may only be amended upon written agreement signed by both parties.
- 10. 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.

LIP Local Intergovernmental Transfers (IGTs)		
Program / Amount	State Fiscal Year 2018-2019	
LIP Program	\$1,083,524	
Total Funding	\$1,083,524	

WITNESSETH:

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

ORANGE COUNTY		STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION	
SIGNED BY:	Ajit Lalchandani	SIGNED BY:	Jet M.L.
NAME:	Ajit Lalchandani	NAME:	Justin M. Senior
TITLE:	County Administrator	TITLE:	Secretary
DATE:	9.24.18	DATE: _	10/16/18



BCC Mtg. Date: September 18, 2018

Low Income Pool Letter of Agreement

THIS LETTER OF AGREEMENT (LOA) is made and entered into in duplicate on the 10th day of September 2018, by and between **Orange County** (the "County") on behalf of **Central Florida Family Health Centers**, 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

"Charity care" or "uncompensated charity care" means that portion of hospital charges reported to the Agency for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of the method of payment. Uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, bad debt, or Medicaid and CHIP shortfall. The state and providers that are participating in LIP will provide assurance that LIP claims include only costs associated with uncompensated care that is furnished through a charity care program and that adheres to the principles of the HFMA operated by the provider.

"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 considered a bona fide donation pursuant to 42 CFR § 433.54.

"Low Income Pool (LIP)" means providing government support for safety-net providers for the costs of uncompensated charity care for low-income individuals who are uninsured. Uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, "bad debt," or Medicaid and CHIP shortfall.

"Medicaid" means the medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and regulations thereunder, as administered in Florida by the Agency.

A. GENERAL PROVISIONS

- Per House Bill 5001, the General Appropriations Act of State Fiscal Year 2018-2019, passed by the 2018 Florida Legislature, the County and the Agency agree that the County will remit IGT funds to the Agency in an amount not to exceed the total of \$264,011.
 - a. The County and the Agency have agreed that these IGT funds will only be used to increase the provision of health services for the charity care of the County and the State of Florida at large.
 - b. The increased provision of charity care health services will be accomplished through the following Medicaid programs:
 - LIP payments to hospitals, federally qualified health centers, Medical School Physician Practices, community behavioral health providers, and rural health centers pursuant to the approved Centers for Medicare & Medicaid Services Special Terms and Conditions.

- 2. The County will return the signed LOA to the Agency no later than October 1, 2018.
- 3. The County will pay IGT funds to the Agency in an amount not to exceed the total of \$264,011. The County will transfer payments to the Agency in the following manner:
 - a. Per Florida Statute 409.908, annual payments for the months of July 2018 through June 2019 are due to the Agency no later than October 31, 2018 unless an alternative plan is specifically approved by the agency.
 - b. The Agency will bill the County when payment is due.
- 4. The County and the Agency agree that the Agency will maintain necessary records and supporting documentation applicable to health services covered by this LOA.

a. Audits and Records

- i. The County 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 County 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 County agrees to comply with public record laws as outlined in section 119.0701, Florida Statutes.

b. Retention of Records

- i. The County 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

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

d. Assignment and Subcontracts

- i. The County 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. The County 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.
- The County confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the providers to redirect any portion of these aforementioned charity care supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.
- 7. The County agrees the following provision shall be included in any agreements between the County 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 (including LIP or DSH) and used secondarily for other purposes."
- 8. This LOA covers the period of July 1, 2018 through June 30, 2019 and shall be terminated June 30, 2019.
- 9. This LOA may only be amended upon written agreement signed by both parties.
- 10. 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.

SFY 2018-2019 LIP Intergovernmental Transfers			
Program IGT Amount			
LIP Program	\$264,011		
Total Funding	\$264,011		

WITNESSETH:

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

ORANGE COUNTY		STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION	
SIGNED BY:	Bor dalchanda	SIGNED BY: _	atmi:
NAME:	Ajit Lalchardani	NAME:	Justin M. Senior
TITLE:	County Administrator	TITLE:	Secretary
DATE:	9. 24.18	DATE: _	10/16/18



BCC Mtg. Date: September 18, 2018

Low Income Pool Letter of Agreement

THIS LETTER OF AGREEMENT (LOA) is made and entered into in duplicate on the 10th day of September 2018, by and between **Orange County** (the "County") on behalf of **Health Care for the Homeless**, 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

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"Medicaid" means the medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and regulations thereunder, as administered in Florida by the Agency.

A. GENERAL PROVISIONS

- Per House Bill 5001, the General Appropriations Act of State Fiscal Year 2018-2019, passed by the 2018 Florida Legislature, the County and the Agency agree that the County will remit IGT funds to the Agency in an amount not to exceed the total of \$581,250.
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SFY 2018-2019 LIP Intergovernmental Transfers			
Program	IGT Amount		
LIP Program	\$581,250		
Total Funding	\$581,250		

WITNESSETH:

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

ORANGE COUNTY		STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION	
SIGNED BY:	An dalchanda	SIGNED BY:	at.M.L.
NAME:	Ajit Lalchandani	NAME:	Justin M. Senior
TITLE:	County Administrator	TITLE:	Secretary
DATE:	9.24.18	DATE:	10/16/18