

MEMORANDUM

Agenda Item No. 11(A)(23)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: September 1, 2011

FROM: R. A. Cuevas, Jr.
County Attorney

SUBJECT: Resolution approving execution of an agreement with the State of Florida to remit an amount not to exceed \$306,212 for Medicaid-funded health services provided by Mount Sinai Medical Center of Florida, Inc.

The accompanying resolution was prepared and placed on the agenda at the request of Prime Sponsor Commissioner Jose "Pepe" Diaz.



R. A. Cuevas, Jr.
County Attorney

RAC/jls



MEMORANDUM
(Revised)

TO: Honorable Chairman Joe A. Martinez
and Members, Board of County Commissioners

DATE: September 1, 2011

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SUBJECT: Agenda Item No. 11(A)(23)

Please note any items checked.

- "3-Day Rule" for committees applicable if raised
- 6 weeks required between first reading and public hearing
- 4 weeks notification to municipal officials required prior to public hearing
- Decreases revenues or increases expenditures without balancing budget
- Budget required
- Statement of fiscal impact required
- Ordinance creating a new board requires detailed County Manager's report for public hearing
- No committee review
- Applicable legislation requires more than a majority vote (i.e., 2/3's ____, 3/5's ____, unanimous ____) to approve
- Current information regarding funding source, index code and available balance, and available capacity (if debt is contemplated) required

Approved _____ Mayor
Veto _____
Override _____

Agenda Item No. 11(A)(23)

9-1-2011

RESOLUTION NO. _____

RESOLUTION APPROVING EXECUTION OF AN AGREEMENT WITH THE STATE OF FLORIDA TO REMIT AN AMOUNT NOT TO EXCEED \$306,212 FOR MEDICAID-FUNDED HEALTH SERVICES PROVIDED BY MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC. UNDER COUNTY CONTRACT NO. 429a AND APPROVING A CONTRACT AMENDMENT WITH MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC. TO CREDIT MIAMI-DADE COUNTY AN AMOUNT NOT TO EXCEED \$313,260 FOR CONTRACTED SERVICES

WHEREAS, this Board desires to contribute to the State of Florida to increase reimbursement for the provision of Medicaid funded health sources for the greater good of the community,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board approves the Letter of Agreement with the State of Florida for Medicaid-funded health services and Supplemental Agreement No. 7 to Contract No. 429a, in substantially the form attached hereto and made a part hereof, and authorizes the County Mayor or County Mayor's designee to execute same for and on behalf of Miami-Dade County and to exercise any cancellation and renewal provisions and any other rights contained therein.

The Prime Sponsor of the foregoing resolution is Commissioner Jose "Pepe" Diaz. It was offered by Commissioner _____, who moved its adoption. The motion was seconded by Commissioner _____ and upon being put to a vote, the vote was as follows:

- | | |
|-------------------------------------|----------------------|
| Joe A. Martinez, Chairman | |
| Audrey M. Edmonson, Vice Chairwoman | |
| Bruno A. Barreiro | Lynda Bell |
| Esteban L. Bovo, Jr. | Jose "Pepe" Diaz |
| Sally A. Heyman | Barbara J. Jordan |
| Jean Monestime | Dennis C. Moss |
| Rebeca Sosa | Sen. Javier D. Souto |
| Xavier L. Suarez | |

The Chairperson thereupon declared the resolution duly passed and adopted this 1st day September, 2011. This resolution shall become effective ten (10) days after the date of its adoption unless vetoed by the Mayor, and if vetoed, shall become effective only upon an override by this Board.

MIAMI-DADE COUNTY, FLORIDA
BY ITS BOARD OF
COUNTY COMMISSIONERS

HARVEY RUVIN, CLERK

By: _____
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.



Jeffrey Poppel

Letter of Agreement

THIS LETTER OF AGREEMENT made and entered into in duplicate on the _____ day of _____, 2011, by and between Miami-Dade County, (the County) and the State of Florida, through its Agency for Health Care Administration, (the Agency),

1. Per Senate Bill 2000, the General Appropriations Act of State Fiscal Year 2011-2012, passed by the 2011 Florida Legislature, the County and the Agency agree that the County will remit to the State an amount not to exceed a grand total of \$306,212.
 - a. The County and the Agency have agreed that these funds will only be used to increase the provision of Medicaid funded health services to the people of the County and the State of Florida at large.
 - b. The increased provision of Medicaid funded health services will be accomplished through the buy back of the Medicaid inpatient and outpatient trend adjustments up to the actual Medicaid inpatient and outpatient cost but not to exceed the amount specified in the Appropriations Act for public hospitals, including any leased public hospital found to have sovereign immunity, teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians, designated trauma hospitals and hospitals not previously included in the GAA.
2. The County will pay the State an amount not to exceed the grand total amount of \$306,212. The County will transfer payments to the State in the following manner:
 - a. The first payment of up to \$126,352, is due October 15, 2011.
 - b. The second payment of up to \$179,860, is due January 31, 2012.
 - c. The State will bill the County each period payments are due.
3. Timelines: This agreement must be signed and submitted to the Agency no later than September 15, 2011, to be effective for SFY 2011- 2012.
4. The County and the State agree that the State will maintain necessary records and supporting documentation applicable to Medicaid 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.
5. 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.
6. The County confirms that there are no pre-arranged agreements (contractual or otherwise) between the respective counties, taxing districts, and/or the hospitals to re-

direct any portion of these aforementioned Medicaid supplemental payments in order to satisfy non-Medicaid activities.

7. This Letter of Agreement is contingent upon the State Medicaid Hospital Reimbursement Plan reflecting 2011-12 legislative appropriations being approved by the federal Centers for Medicare and Medicaid Services.
8. This Letter of Agreement covers the period of July 1, 2011 through June 30, 2012.

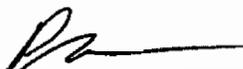
WITNESSETH:

IN WITNESS WHEREOF the parties have duly executed this Letter of Agreement on the day and year above first written.

Miami-Dade County

State of Florida

Signature



Phil E. Williams
Assistant Deputy Secretary for Medicaid Finance,
Agency for Health Care Administration

Name

Title

Approved as to form and legal sufficiency



Assistant County Attorney

MIAMI-DADE COUNTY, FLORIDA

SUPPLEMENTAL AGREEMENT NO. 7

Contract Number: 429a
Contract Title: "Employee Medical Assessment Testing"
Contractor: Mount Sinai Medical Center of Florida, Inc.
4300 Alton Road, Lowenstein Pavilion
First Floor
Miami Beach, Florida 33140

In accordance with the above referenced Contract, this Supplemental Agreement, when properly executed, becomes part of the Contract and effective upon execution shall:

1. Add the following language to the end of the existing Article 7, Payment for Services/Amount Obligated:

Contractor agrees to credit Miami-Dade County in the amount up to \$313,260 (the "Credit). The Credit shall be taken against any and all invoices which would otherwise be payable by Miami-Dade County under the terms and conditions of this Contract. The Credit is inclusive of contributions due under the Contract for the User Access Program (UAP) (Article 40) and Inspector General Fee (article 32). From the credit, up to \$306,212 shall be contributed by Miami-Dade County to the State of Florida to increase reimbursement for the provision of Medicaid-funded health services for the greater good of the community. Funding provided in the Contract shall be prioritized so that designed funding shall first be used to fund the Medicaid Program (including Low Income Pool (LIP)) and used secondarily for other purposes. The Credit covers the period of July 1, 2011 through December 17, 2011, and is in addition to credits provided under previous agreements.

All terms, covenants, conditions of the original Contract and any previous Supplemental Agreements issued hereto shall remain in full force and effect, except to the extent herein amended.

IN WITNESS WHEREOF, the parties have executed this Supplemental Agreement to the County Contract No. 429a effective as of the date herein above set forth.

Contractor
By: _____
Name: _____
Title: _____
Attest: _____

Miami-Dade County
By: _____
Name: _____
Title: _____
Attest: _____

Approved as to form and legal sufficiency

Assistant County Attorney

