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CLERK OF THE BOARD
OF COUNTY COMMISSIONERS
MIAMI-DADE COUNTY, FLORIDA

Memorandum

MIAMI-DADE COUNTY

Date: June 3, 2010

Agenda Item No. 12(A)(4)

To: Honorable Chairman Dennis C. Moss
and Members, Board of County Commissioners

From: George M. Burgess
County Manager

Resolution No. R-653-10

Subject: Resolution Approving a Letter of Agreement with the State of Florida to remit $650,000 for Increased Reimbursement for Medicaid-Funded Health Services Provided by Mount Sinai Medical Center of Florida, Inc.

Recommendation

It is recommended that the Board of County Commissioners (Board) approve the attached resolution approving a Letter of Agreement with the State of Florida to remit $650,000 for increased Medicaid reimbursement for Medicaid-funded health services provided by Mount Sinai Medical Center of Florida, Inc., (Mount Sinai) and approve a contract amendment to Contract No. 429A with Mount Sinai for employee medical assessment testing to credit Miami-Dade County $664,000 Services Rendered.

Scope

Mount Sinai is located in Commission District 4. Its service area is countywide.

Fiscal Impact/Funding Source

The fiscal impact of the $650,000 is budget neutral due to the $650,000 being credited to Miami-Dade County (plus an added $14,000 to cover UAP and IG Fees) from the Employee Medical Testing in Contract No. 429A.

Track Record/Monitor

Mount Sinai is a not-for-profit, mission-driven hospital, providing $34 million in charity care last year. Mount Sinai is one of only six statutory teaching hospitals in the state, training 160 residents and fellows in 19 different specialties.

Background

On July 21, 2009 the Board approved a similar agreement for Mount Sinai, but since the terms of that agreement were for a singular payment, this request must come back to the Board for approval.

Through the State's Medicaid "buyback" program, contributions from local governments result in a higher Medicaid reimbursement rate for public hospitals, teaching hospitals, and those hospitals serving a disproportionately large Medicaid population. Currently, the County also participates in the "buyback program" through Jackson Memorial Hospital (JMH). This agreement will not affect JMH's reimbursement.

If approved, the County can use a $664,000 credit from employee medical assessment testing fees due to Mount Sinai to remit $650,000 of these funds, on behalf of Mount Sinai, to the Medicaid "buy back" program. The $650,000 would then be eligible, through an Intergovernmental Transfer (IGT) payment, for federal matching dollars as coordinated through the State of Florida Agency for Health Care Administration. This remittance by the

County, on behalf of Mount Sinai, for the State's Medicaid "buyback" program is only made possible through our current contractual relationship and therefore the County will have no additional liability to Mount Sinai beyond this singular payment.

The Board approved Contract No. 429A with Mount Sinai for employee medical assessment testing on December 2, 2004. Under the contract, Mount Sinai performs employment physical examinations for County employees and applicants. This contract expires in December 2010 and will be under the competitive process after such time.

Assistant County Manager

MEMORANDUM

(Revised)

TO: Honorable Chairman Dennis C. Moss and Members, Board of County Commissioners

DATE: June 3, 2010

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

SUBJECT: Agenda Item No. 12(A)(4)

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. 12(A)(4)
6-3-10

RESOLUTION NO. **R-653-10**

RESOLUTION APPROVING EXECUTION OF AN AGREEMENT WITH THE STATE OF FLORIDA TO REMIT $650,000 FOR MEDICAID-FUNDED HEALTH SERVICES PROVIDED BY MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC. UNDER COUNTY CONTRACT RFP429A AND APPROVING A CONTRACT AMENDMENT WITH MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC. TO CREDIT MIAMI-DADE COUNTY $664,000 FOR SERVICES RENDERED

WHEREAS, this Board desires to accomplish the purposes outlined in the accompanying memorandum, a copy of which is incorporated herein by reference; and

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. 3 to Contract 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 foregoing resolution was offered by Commissioner **Jose "Pepe" Diaz**, who moved its adoption. The motion was seconded by Commissioner **Audrey M. Edmonson** and upon being put to a vote, the vote was as follows:

Dennis C. Moss, Chairman	**aye**		
Jose "Pepe" Diaz, Vice-Chairman	**aye**		
Bruno A. Barreiro	**aye**	Audrey M. Edmonson	**aye**
Carlos A. Gimenez	**aye**	Sally A. Heyman	**aye**
Barbara J. Jordan	**aye**	Joe A. Martinez	**absent**
Dorrin D. Rolle	**aye**	Natacha Seijas	**aye**
Katy Sorenson	**aye**	Rebeca Sosa	**aye**
Sen. Javier D. Souto	**aye**		

The Chairperson thereupon declared the resolution duly passed and adopted this 3rd day of June, 2010. 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: **DIANE COLLINS**
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

Hugo Benitez

Letter of Agreement

THIS LETTER OF AGREEMENT made and entered into duplicate on the _____ day of _____, 2010, 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 2602, the General Appropriations Act of State Fiscal Year 2009-10, passed by the 2009 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 $650,000.

    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, teaching hospitals as defined in section 408.07 (45) or 395.805, Florida Statutes, which have seventy or more full-time equivalent resident physicians and those hospitals whose Medicaid and charity care days divided by total adjusted days exceeds 25%.

2. The County will pay the State an amount not to exceed the grand total amount of $650,000. The County will transfer payment to the State in the following manner:

    a. The payment of $650,000 is due upon notification by the Agency.

3. 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.

4. 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.

5. The 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.

6. This Letter of Agreement is contingent upon the State Medicaid Hospital Reimbursement Plan reflecting 2009-10 legislative appropriations being approved by the federal Centers for Medicare and Medicaid Services.

7. This Letter of Agreement covers the period of July 1, 2009 through June 30, 2010.

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	

MIAMI-DADE COUNTY, FLORIDA

SUPPLEMENTAL AGREEMENT NO. 3

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 execute, 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 of $664,000 (the "Credit"). The Credit shall be taken against any and all invoice 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, $650,000 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, 2009 through June 30, 2010, 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	Miami-County
By:_____	By:_____
Name:_____	Name:_____
Title:_____	Title:_____
Attest:_____	Attest:_____

Approved as to form and legal sufficient

_____
Assistant County Attorney