

Date: August 31, 2020

To: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

From: Carlos A. Gimenez
Mayor

Agenda Item No. 3(B)(2)

Resolution No. R-807-20

Subject: Resolution ratifying the acceptance and execution of: (1) the Letter of Agreement between Miami-Dade County, by and through the Miami-Dade County Fire Rescue Department, and the State of Florida Agency for Health Care Administration for payment of an amount not to exceed \$1,261,180.33 in intergovernmental transfer funding for a supplemental payment program for Medicaid Managed Care Patients; and (2) the letters of agreement with the participating Medicaid managed care organizations, pursuant to Resolution No. R-832-19

Recommendation

Pursuant to Resolution R-832-19, it is recommended that the Board of County Commissioners ("Board") approve the attached resolution ratifying the acceptance and execution of the Public Emergency Medical Transportation ("PEMT") program letter of agreement between Miami-Dade County, by and through the Miami-Dade Fire Rescue Department ("MDFR"), and the State of Florida Agency for Health Care Administration ("AHCA") for an Intergovernmental Transfer ("IGT"), and the Letters of Agreement with Medicaid Managed Care Organizations for the supplemental payment program for Medicaid managed care patients.

Scope

This item impacts MDFR.

Delegation of Authority

Under Resolution No. R-832-19, MDFR is authorized to participate in IGTs with AHCA and the supplemental payment program for Medicaid managed care patients, and the County Mayor or County Mayor's designee is authorized to execute any and all agreements or documents necessary for MDFR to participate in IGTs or the Medicaid managed care supplemental payment program subject to ratification by the Board.

Fiscal Impact

The County will be providing the State share, through an IGT, to provide funding for a supplemental payment program for Medicaid Managed Care patients transported to the hospital by MDFR. The IGT payment was included in the FY 2019-20 adopted MDFR operating budget and will generate a net increase in revenue of \$2 million for the Fire Rescue District.

Track Record Monitor

This program will be monitored by Scott Mendelsberg, Assistant Director of MDFR.

Background

On July 23, 2019, the Board approved Resolution No. R-832-19, which authorized MDFR to participate in IGTs with AHCA and the supplemental payment program for Medicaid managed care

patients. It also gave the authority to execute all required agreements and documents to participate in the intergovernmental transfers and the supplemental payment program for Medicaid managed care patients subject to Board ratification.

MDFR transports approximately 75,000 patients annually to local hospital emergency rooms, generating approximately \$23 million per year from Medicare, Medicaid, private commercial insurance companies and individual payers. The transport services are billed and collected by a private contractor through the County's Contract No. RFP-00567, Emergency Medical Services Billing. Of the total patients transported to the hospital each year, almost 19 percent are covered by Medicaid. The average reimbursement for the services per Medicaid patient is \$147. This amount is significantly lower when compared to reimbursements of \$414 and \$564 from Medicare and patients with private health insurance, respectively.

In 2016 the State of Florida appropriated funding and the legislature directed AHCA to develop a supplemental payment program for Medicaid fee-for-service patients. Since then MDFR has received more than \$25 million from the fee-for-service PEMT program. In 2019 the State of Florida directed AHCA to develop a supplemental payment program for Medicaid Managed Care patients.

This supplemental payment program requires agreements with AHCA and managed care providers. Resolution R-832-19 authorized the Mayor or Mayor's designee to execute those agreements (Exhibits A and B). Exhibit A is the executed Letter of Agreement between Miami-Dade County, by and through MDFR, and AHCA. Exhibit B includes the Letters of Agreement with the participating Medicaid Managed Care Organizations.



Maurice L. Kemp
Deputy Mayor



MEMORANDUM

(Revised)

TO: Honorable Chairwoman Audrey M. Edmonson
and Members, Board of County Commissioners

DATE: August 31, 2020

FROM: Abigail Price-Williams
County Attorney

SUBJECT: Agenda Item No. 3(B)(2)

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
- ☐ Statement of social equity required
- ☐ Ordinance creating a new board requires detailed County Mayor's report for public hearing
- ☒ No committee review
- ☐ Applicable legislation requires more than a majority vote (i.e., 2/3's present ____, 2/3 membership ____, 3/5's ____, unanimous ____, CDMP 7 vote requirement per 2-116.1(3)(h) or (4)(c) ____, CDMP 2/3 vote requirement per 2-116.1(3)(h) or (4)(c) ____, or CDMP 9 vote requirement per 2-116.1(4)(c)(2) ____ 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. 3(B)(2)
8-31-20

RESOLUTION NO. R-807-20

RESOLUTION RATIFYING THE ACCEPTANCE AND EXECUTION OF: (1) THE LETTER OF AGREEMENT BETWEEN MIAMI-DADE COUNTY, BY AND THROUGH THE MIAMI-DADE COUNTY FIRE RESCUE DEPARTMENT, AND THE STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION FOR PAYMENT OF AN AMOUNT NOT TO EXCEED \$1,261,180.33 IN INTERGOVERNMENTAL TRANSFER FUNDING FOR A SUPPLEMENTAL PAYMENT PROGRAM FOR MEDICAID MANAGED CARE PATIENTS; AND (2) THE LETTERS OF AGREEMENT WITH THE PARTICIPATING MEDICAID MANAGED CARE ORGANIZATIONS, PURSUANT TO RESOLUTION NO. R-832-19 WHICH AUTHORIZED THE MAYOR TO EXECUTE ALL AGREEMENTS OR DOCUMENTS TO PARTICIPATE IN THE PROGRAM

WHEREAS, pursuant to Resolution No. R-832-19, this Board authorized the Miami-Dade County Fire Rescue Department (“MDFR”) to participate in intergovernmental transfers with the State of Florida Agency for Health Care Administration (“AHCA”) as part of a certain supplemental payment program for Medicaid managed care patients; and

WHEREAS, under Resolution No. R-832-19, this Board further authorized the County Mayor or County Mayor’s designee to execute any and all agreements or documents necessary for MDFR to participate in the intergovernmental transfers and the Medicaid managed care supplemental payment program subject to ratification by the Board; and

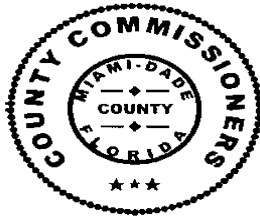
WHEREAS, this Board desires to ratify the necessary agreements to participate in the intergovernmental transfers and the Medicaid managed care supplemental payment program as set forth in in the accompanying memorandum, a copy of which is incorporated herein by reference,

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF MIAMI-DADE COUNTY, FLORIDA, that this Board ratifies the acceptance and execution of: (1) the Letter of Agreement between Miami-Dade County, by and through MDFR, and AHCA, attached as Exhibit “A” to the accompanying memorandum, providing Miami-Dade County will pay an amount not to exceed the total of \$1,261,180.33 in intergovernmental transfer funding to AHCA to participate in the supplemental payment program for Medicaid managed care patients; and (2) the Letters of Agreement with the participating Medicaid Managed Care Organizations (Exhibit “B” to the memorandum).

The foregoing resolution was offered by Commissioner **Rebeca Sosa** , who moved its adoption. The motion was seconded by Commissioner **Sally A. Heyman** and upon being put to a vote, the vote was as follows:

Audrey M. Edmonson, Chairwoman	aye
Rebeca Sosa, Vice Chairwoman	aye
Esteban L. Bovo, Jr.	aye
Jose “Pepe” Diaz	aye
Eileen Higgins	aye
Joe A. Martinez	absent
Dennis C. Moss	aye
Xavier L. Suarez	aye
Daniella Levine Cava	aye
Sally A. Heyman	aye
Barbara J. Jordan	aye
Jean Monestime	aye
Sen. Javier D. Souto	aye

The Chairperson thereupon declared the resolution duly passed and adopted this 31st day of August, 2020. This resolution shall become effective upon the earlier of (1) 10 days after the date of its adoption unless vetoed by the County Mayor, and if vetoed, shall become effective only upon an override by this Board, or (2) approval by the County Mayor of this Resolution and the filing of this approval with the Clerk of the Board.



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

HARVEY RUVIN, CLERK

By: **Melissa Adames**
Deputy Clerk

Approved by County Attorney as
to form and legal sufficiency.

Christopher C. Kokoruda

A handwritten signature in black ink, appearing to be "C. Kokoruda", written over a horizontal line.

EXHIBIT A
EXECUTED AGREEMENT
WITH
MIAMI-DADE COUNTY
&
STATE OF FLORIDA AGENCY FOR HEALTH CARE
ADMINISTRATION

Public Emergency Medical Transportation Letter of Agreement

THIS LETTER OF AGREEMENT (LOA) is made and entered into in duplicate on the 16th day of December 2019, by and between Miami -Dade on behalf of Miami -Dade Fire Rescue, 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

"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 compliant with 42 CFR Part 433 Subpart B.

"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.

"Public Emergency Medical Transportation (PEMT)," pursuant to the General Appropriation Act, Laws of Florida 2019-115, is the program that provides supplemental payments for eligible Public Emergency Medical Transportation (PEMT) entities that meet specified requirements and provide emergency medical transportation services to Medicaid beneficiaries.

A. GENERAL PROVISIONS

1. Per Senate Bill 2500, the General Appropriations Act of State Fiscal Year 2019-2020, passed by the 2019 Florida Legislature, Miami -Dade and the Agency agree that Miami -Dade will remit IGT funds to the Agency in an amount not to exceed the total of \$1,261,180.33. Miami -Dade and the Agency have agreed that these IGT funds will only be used for the PEMT program.
2. Miami -Dade will return the signed LOA to the Agency.
3. Miami -Dade will pay IGT funds to the Agency in an amount not to exceed the total of \$1,261,180.33. Miami -Dade will transfer payments to the Agency in the following manner:
 - a. Per Florida Statute 409.908, annual payments for the months of July 2019 thru June 2020 are due to the Agency no later than October 31, 2019 unless an alternative plan is specifically approved by the agency.
 - b. The Agency will bill Miami -Dade when payment is due.
4. Miami -Dade and the Agency agree that the Agency will maintain necessary records and supporting documentation applicable to health services covered by this LOA in accordance with public records laws and established retention schedules.

a. AUDITS AND RECORDS

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

b. RETENTION OF RECORDS

- i. The Miami -Dade 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

- i. Miami -Dade agrees to permit persons duly authorized by the Agency to inspect any records, papers, and documents of the Miami -Dade which are relevant to this LOA.

d. ASSIGNMENT AND SUBCONTRACTS

- i. The Miami -Dade 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. This LOA may only be amended upon written agreement signed by both parties. The Miami -Dade 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.
6. Miami -Dade 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 supplemental payments in order to satisfy non-Medicaid, non-uninsured, and non-underinsured activities.

7. Miami -Dade agrees the following provision shall be included in any agreements between Miami -Dade 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 and used secondarily for other purposes.
8. This LOA covers the period of July 1, 2019 through June 30, 2020 and shall be terminated June 30, 2020.
9. 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.

PEMT Local Intergovernmental Transfers	
Program / Amount	State Fiscal Year 2019-2020
Minimum Fee Schedule/MCO IGTs	\$1,261,180.33
Total Funding	\$1,261,180.33

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

Miami -Dade

SIGNED
BY:



NAME: MAURICE I. KEMP

TITLE: DEPUTY MAYOR

MIAMI-DADE CTY. FL

DATE: 12/6/19

**STATE OF FLORIDA, AGENCY FOR
HEALTH CARE ADMINISTRATION**

SIGNED
BY:



NAME: Beth Kidder

TITLE: Deputy Secretary for Medicaid

DATE: 5/4/2020

EXHIBIT B
EXECUTED LETTERS OF AGREEMENT
WITH
MEDICAID MANAGED CARE ORGANIZATIONS

Letter of Agreement

This Letter of Agreement ("LOA") is made and entered into on the 1st day of May, 2020 by and between Miami-Dade Fire Rescue Department (Government Owned Emergency Medical Service (EMS) Provider) and Aetna Better Health of Florida (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 11, which includes Miami-Dade and Monroe 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 11 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: Scott Mendelsberg

Title: Assistant Director

Phone: 786-331.5121

Email: scott.mendelsberg@Miamiidade.gov

Name: Anya Thornberry

Title: Network Manager

Phone: 954-707-9498

Email: Thornberrya@aetna.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 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

Maurice L. Kemp Deputy Mayor

NAME & TITLE OF AUTHORIZED INDIVIDUAL

MAURICE L. KEMP
DEPUTY MAYOR

SIGNATURE OF AUTHORIZED INDIVIDUAL

MIAMI-DADE CTY. FL

DATE

MEDICAID MANAGED CARE ORGANIZATION

Claudia Lamazares COO, Aetna Better Health of Florida

NAME & TITLE OF AUTHORIZED INDIVIDUAL

C. Lamazares

SIGNATURE OF AUTHORIZED INDIVIDUAL

May 5, 2020

DATE

Letter of Agreement

This Letter of Agreement ("LOA") is made and entered into on the 27th day of May, 2020 by and between **Miami-Dade Fire Rescue Department** (Government Owned Emergency Medical Service (EMS) Provider) and **Florida Community Care, LLC** (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 11, which includes Miami-Dade 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 11 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:	<u>Eric Tatum</u>	Name:	<u>Scott Mendelsberg</u>
Title:	<u>Director of Provider Services</u>	Title:	<u>Assistant Director</u>
Phone:	<u>(786) 778-6825</u>	Phone:	<u>786 331-5121</u>
E-mail:	<u>etatum@fcchealthplan.com</u>	E-mail:	<u>swim@miamidade.gov</u>

The Parties agree any modification to the LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.

4. This LOA covers the period of October 1, 2019 through June 30, 2024 unless terminated sooner by the termination of 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

Maurice L. Kemp Deputy Mayor

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

MEDICAID MANAGED CARE ORGANIZATION

Nestor Plana, Chief Executive Officer

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

Public Emergency Medical Transportation Uniform Increase Agreement

This Public Emergency Medical Transportation Uniform Increase Agreement ("PEMTUIA") is made and entered into on the 18th day of May, 2020 by and between **Miami-Dade Fire Rescue Department** (Government Owned Emergency Medical Service (EMS) Provider) and Humana Medical Plan, 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 11**, which includes **Miami-Dade** 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 11** 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: Scott W. Mendelsberg

Title: Assistant Director, Miami-Dade
Fire Rescue

Phone: 786 331 5121

Email: swim@miamidade.gov

Name: Ann Jamke

Title: Director Provider Contracting

Phone: (904) 316-8899

Email: ajamke@humana.com

4. The Parties agree any modification to the Public Emergency Medical Transportation Uniform increase agreement shall be in the same form, namely the exchange of signed copies of a revised Public Emergency Medical Transportation Uniform Increase Agreement.
5. This Public Emergency Medical Transportation Uniform Increase Agreement covers the period of October 1, 2019 through June 30, 2024 unless terminated sooner by the termination of section 438.6 directed payments.

IN WITNESS WHEREOF, the Parties have duly executed this Public Emergency Medical Transportation Uniform Increase Agreement 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

Maurice L. Kemp Deputy Mayor

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

MEDICAID MANAGED CARE ORGANIZATION

Ann Jamke, Director Provider Contracting

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

05/18/2020

DATE

Letter of Agreement

This Letter of Agreement ("LOA") is made and entered into on the 24th day of April, 2020 by and between Miami-Dade Fire Rescue Department Government Owned Emergency Medical Service (EMS) Provider) and Miami Children's Health Plan (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 11, which includes Miami-Dade and Monroe 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 11 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:

Name: Adriana Day

Title:

Title: President

Phone:

Phone: 786-624-5871

Email:

Email: Adriana.day@miamichildrenshealthplan.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 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.

MIAMI-DADE FIRE RESCUE DEPARTMENT

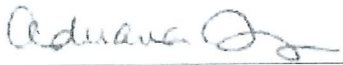
Maurice L. Kemp, Deputy Mayor
NAME & TITLE OF AUTHORIZED INDIVIDUAL


SIGNATURE OF AUTHORIZED INDIVIDUAL

4/24/2020
DATE

MIAMI CHILDREN'S HEALTH PLAN

Adriana Day, President
NAME & TITLE OF AUTHORIZED INDIVIDUAL


SIGNATURE OF AUTHORIZED INDIVIDUAL

4/22/2020
DATE

Letter of Agreement

This Letter of Agreement ("LOA") is made and entered into on the 14th day of May, 2020 by and between Miami-Dade Fire Rescue Department (Government Owned Emergency Medical Service (EMS) Provider) and Molina Healthcare of Florida (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 11**, which includes **Miami-Dade and Monroe Counties** 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 11** 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: Scott Mendelsberg

Title: Assistant Director

Phone: 786-331.5121

Scott.Mendelsberg@Miamiidade.gov

Name: Carol Andrews

Title: Contract Manager

Phone: (813) 394-6750

Carol.Andrews@Molinahealthcare.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 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

Maurice L. Kemp Deputy Mayor

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

MAURICE L. KEMP
DEPUTY MAYOR
MIAMI-DADE CTY. F

DATE

MEDICAID MANAGED CARE ORGANIZATION

Gregory Lipson, VP Network Management

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

06/05/20
DATE

Letter of Agreement

This Letter of Agreement ("LOA") is made and entered into on the 27th day of May, 2020 by and between **Miami-Dade Fire Rescue Department** (Government Owned Emergency Medical Service (EMS) Provider) and Florida True Health dba Prestige Health Choice (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 11**, which includes Miami-Dade and Monroe 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 11 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: Scott Mendelsberg

Name: Shelley Turcu

Title: Assistant Director

Title: Director, Provider Network

Phone: 786-331.5121

Phone: 561-839-2613

Email: scott.mendelsberg@Miamiidade.gov

Email : sturcu@prestigehealthchoice.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 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

Maurice L. Kemp Deputy Mayor

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

MAURICE L. KEMP
DEPUTY MAYOR
MIAMI-DADE CTY. FL

MEDICAID MANAGED CARE ORGANIZATION

Kathy Warner, Market President

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

5/29/2020

Letter of Agreement

This Letter of Agreement ("LOA") is made and entered into on the __22__ day of __June____, 2020 by and between __Miami-Dade Fire Rescue Department (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 an 1115 Managed Medical Assistance Waiver (the "Waiver") in Region 11, which includes Miami-Dade 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 11__ 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: Scott Mendelsberg

Name: Barbara Morales

Title: Assistant Director

Title: Provider Network Manager

Phone: 786 331 5121

Phone: 954 405-6136

Email: swim@miamddade.gov

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 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

Maurice L. Kemp, Deputy Mayor

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

MAURICE L. KEMP
DEPUTY MAYOR
MIAMI-DADE CTY. FL

MEDICAID MANAGED CARE ORGANIZATION

Tomas Orozco, President

SIGNATURE OF AUTHORIZED INDIVIDUAL

6/22/2020
DATE

Letter of Agreement

This Letter of Agreement ("LOA") is made and entered into on the 1st of May, 2020 by and between Miami-Dade Fire Rescue Department (Government Owned Emergency Medical Service (EMS) Provider) and WellCare of Florida, Inc. d/b/a Staywell, a managed care organization operating the Statewide Medicaid Managed Care plan and the Children's Medical Services plan (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 11, which includes Miami-Dade and Monroe 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 11 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:

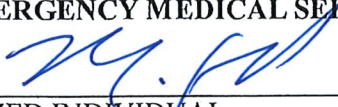
Name: Scott Mendelsberg
Title: Assistant Director
Phone: 786 331-5121
Email: Scott.Mendelsberg@miamidade.gov

Name: Janette Redkey White
Title: Sr. Manager
Phone: 813-206-3656
Email: Janette.White@wellcare.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 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



NAME & TITLE OF AUTHORIZED INDIVIDUAL

MAURICE L. KEMP
DEPUTY MAYOR
MIAMI-DADE CTY. FL

SIGNATURE OF AUTHORIZED INDIVIDUAL

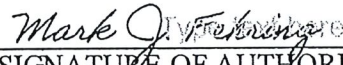


DATE

MEDICAID MANAGED CARE ORGANIZATION

Mark Fehring, VP Field Network Management

NAME & TITLE OF AUTHORIZED INDIVIDUAL



SIGNATURE OF AUTHORIZED INDIVIDUAL

5-7-2020

DATE

Letter of Agreement

This Letter of Agreement ("LOA") is made and entered into on the ____ of ____, 2020 by and between Miami-Dade Fire Rescue Department (Government Owned Emergency Medical Service (EMS) Provider) and Sunshine State Health Plan, Inc., a managed care organization operating the Statewide Medicaid Managed Care plan and if applicable, the Children's Medical Services plan (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 11, which includes Miami-Dade 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 11 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: Scott W. Mendelsberg

Title: Assistant Director

Phone: 786-331-5121

Email: swim@miamidade.gov

To Health Plan at:

Attn: President / CEO

Sunshine State Health Plan, Inc.
1301 International Parkway, 4th floor
Sunrise, FL 33323

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 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

Maurice L. Kemp, Deputy Mayor

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

MAURICE L. KEMP
DEPUTY MAYOR
MIAMI-DADE CTY. FL

MEDICAID MANAGED CARE ORGANIZATION

Elizabeth M. Miller, President / CEO

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

05/29/2020

Letter of Agreement

This Letter of Agreement ("LOA") is made and entered into on the 29th day of May, 2020 by and between Miami-Dade Fire Rescue Department (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 11, which includes Miami-Dade 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 11 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: Scott W. Mendelsberg
Title: Assistant Director, Miami-Dade
Fire Rescue

Phone: 786 331 5121

Email: swim@miamidade.gov

Name:

Title:

Phone:

Email

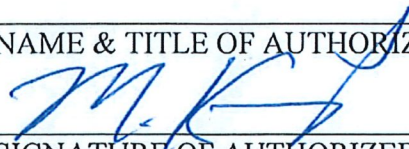
4. The Parties agree any modification to the LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
5. This LOA covers the period of October 1, 2019 through June 30, 2024 unless terminated sooner by the termination of section 438.6 directed payments.

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

Maurice L. Kemp Deputy Mayor

NAME & TITLE OF AUTHORIZED INDIVIDUAL

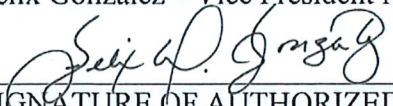

SIGNATURE OF AUTHORIZED INDIVIDUAL

MAURICE L. KEMP
DEPUTY MAYOR
MIAMI-DADE CTY. FL

5/28/2020
DATE

MEDICAID MANAGED CARE ORGANIZATION

Felix Gonzalez - Vice President Network Programs
NAME & TITLE OF AUTHORIZED INDIVIDUAL
Felix Gonzalez - Vice President Network Programs


SIGNATURE OF AUTHORIZED INDIVIDUAL

05/29/2020
DATE