

CITY OF TAMARAC, FLORIDA  
RESOLUTION NO. R-2016 - 121

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF TAMARAC, FLORIDA AUTHORIZING THE APPROPRIATE CITY OFFICIALS TO APPROVE AND EXECUTE AN AMENDMENT TO THE AGREEMENT WITH ADVANCED DATA PROCESSING, INC. (ADPI) TO PROVIDE FOR THE ADMINISTRATION, PROCESSING AND COLLECTION OF ALL COSTS ASSOCIATED WITH TRANSPORT OF EMERGENCY MEDICAL SERVICES (EMS) PATIENTS AND MEDICAL BILLING TO INCLUDE EMS BILLING AND RELATED PROFESSIONAL SERVICES ON BEHALF OF THE CITY OF TAMARAC FIRE RESCUE DEPARTMENT FOR A PERIOD OF THREE (3) YEARS EFFECTIVE UPON EXECUTION OF THE AMENDMENT; PROVIDING FOR RENEWALS; AND AUTHORIZING THE CITY MANAGER TO EXECUTE ANY SUBSEQUENT RENEWAL OPTIONS; PROVIDING FOR CONFLICTS; PROVIDING FOR SEVERABILITY; AND PROVIDING FOR AN EFFECTIVE DATE.

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WHEREAS, Tamarac Fire Rescue is required to provide basic and advanced life support services to the citizens and visitors of the City of Tamarac and to properly invoice and collect fees from the patients who utilize these services; and

WHEREAS, Tamarac Fire Rescue transports an estimated 8,000 patients per year from which approximately 690 are Medicaid patients; and

WHEREAS, the City Commission of the City of Tamarac awarded an Agreement for Medical Billing Services to ADPI for a five (5) year term effective October 1, 2016 through September 30, 2021 via Resolution R-2016-83 at its meeting of August 24, 2016, a copy of said resolution is on file with the City Clerk; and

WHEREAS, the Agency for Healthcare Administration for the State of Florida sought Federal Authority to amend Title XIX of the Social Security Act which provides funding for the Medicaid State Plan attached here to as Exhibit "1"; and

WHEREAS, the amendment seeks federal authority to implement a new reimbursement methodology for certified public expenditures program for emergency medical transportation services; and

WHEREAS, this program provides supplemental payments for an eligible Public Emergency Medical Transport (PEMT) entity that meets specified requirements and provides emergency medical transport service to Medicaid beneficiaries; and

WHEREAS, Tamarac Fire Rescue provides emergency medical transport services to a significant number of Medicaid patients annually; and

WHEREAS, Tamarac Fire Rescue is eligible to participate in this program; and

WHEREAS, supplemental payments are available only for allowable costs that are in excess of other Medicaid revenue that the eligible PEMT entities received for emergency medical transportation services to Medicaid eligible recipients; and

WHEREAS, ADPI has evaluated the City's Medicaid transports for calendar year 2016 and 2017 and has estimated revenue recovery of \$104,242 for calendar year 2016 and \$623,611 for calendar year 2017; and

WHEREAS, ADPI is offering the City of Tamarac a flat fee percentage charge of 15% of the net amount collected for Medicaid accounts; and

WHEREAS, ADPI has proposed Amendment "1" to the current ADPI Billing Agreement for EMS billing and related professional services attached hereto as Exhibit "2"; and

WHEREAS, Amendment "1" is effective for a period of three (3) years which will coincide with the first three (3) years of the original term of five (5) years of the term of the existing Agreement, through September 30, 2019; and

WHEREAS, Amendment 1 may be renewed to coincide with the final two (2) years of the ADPI Agreement through September 30, 2021, and to coincide with the additional two (2) year renewal terms available for the Agreement with ADPI, and will allow City staff the opportunity to renegotiate the terms and pricing of Amendment 1 based on the market conditions in place prior to the execution of the renewal and upon satisfactory performance and the mutual agreement of both parties; and

WHEREAS, it is the recommendation of the Director of Financial Services and the Purchasing and Contracts Manager and the Fire Chief that the City Commission of the City of Tamarac approve and execute Amendment "1" to the Agreement with ADPI for three (3) year period effective upon execution of the Amendment of Services Agreement through September 30, 2019 and allowing for subsequent renewals for the period of October 1, 2019 through September 30, 2021, as well for any subsequent renewal terms based on any potential re-negotiation and upon satisfactory performance and mutual agreement of both parties.

NOW, THEREFORE, BE IT RESOLVED BY THE CITY COMMISSION OF THE CITY OF TAMARAC, FLORIDA:

SECTION 1: The foregoing "WHEREAS" clauses are hereby ratified and confirmed as being true and correct and are hereby made a specific part of this Resolution. The Exhibits attached hereto are incorporated herein and made a specific part hereof.

SECTION 2: The appropriate City Officials are hereby authorized to approve and execute Amendment "1" to the Agreement with Advanced Data Processing, Inc. attached hereto as Exhibit "2" with ADPI for the administration, processing and collection of all EMS patient to include EMS Billing and Related Professional Services on behalf of the City of Tamarac Fire Rescue Department for a three (3) year period effective upon execution of the Amendment of Services Agreement through September 30, 2019 and allowing for subsequent renewals for the period of October 1, 2019 through September 30, 2021, as well for any subsequent renewal terms based on any potential re-negotiation and upon satisfactory performance and mutual agreement of both parties.

SECTION 3: The City Manager is hereby authorized to approve any subsequent renewals of Amendment "1" to the Agreement with ADPI upon satisfactory performance, re-negotiation of terms and mutual agreement of both parties.

SECTION 4: That all Resolutions or parts of Resolutions in conflict herewith are hereby repealed to the extent of such conflict.

SECTION 5: If any clause, section, other part or application of this Resolution is held by any court of competent jurisdiction to be unconstitutional or invalid, in part or application, it shall not affect the validity of the remaining portions or applications of this Resolution.

SECTION 6: This Resolution shall become effective immediately upon its passage and adoption.

PASSED, ADOPTED AND APPROVED this 26 day of October 2016.

  
\_\_\_\_\_  
HARRY DRESSLER, MAYOR

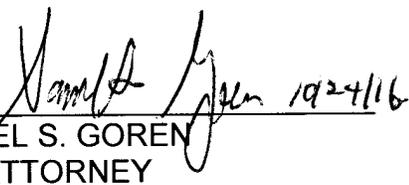
ATTEST:

  
\_\_\_\_\_  
PATRICIA TEUFEL, CMC  
CITY CLERK

RECORD OF COMMISSION VOTE:

MAYOR DRESSLER	<u>yes</u>
DIST 1: COMM. BUSHNELL	<u>yes</u>
DIST 2: COMM. GOMEZ	<u>yes</u>
DIST 3: VICE MAYOR GLASSER	<u>yes</u>
DIST 4: COMM. PLACKO	<u>yes</u>

I HEREBY CERTIFY THAT I HAVE  
APPROVED THIS RESOLUTION  
AS TO FORM

  
\_\_\_\_\_  
SAMUEL S. GOREN  
CITY ATTORNEY



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

December 15, 2015

Ms. Jackie Glaze  
Associate Regional Administrator  
Division of Medicaid & Children's Health  
Centers for Medicare and Medicaid Services  
61 Forsyth Street, Suite 4T20  
Atlanta, Georgia 30303-8909

Dear Ms. Glaze:

Enclosed for your consideration is an amendment to our Title XIX Medicaid State Plan. The Transmittal Number is: FL SPA 2015-014 and the title is: Certified Public Expenditure Program for Emergency Medical Transportation.

This amendment seeks federal authority to implement a new reimbursement methodology for a certified public expenditure program for emergency medical transportation services. This program provides supplemental payments for an eligible Public Emergency Medical Transportation (PEMT) entity that meets specified requirements and provides emergency medical transportation services to Medicaid beneficiaries. Supplemental payments provided by this program are available only for allowable costs that are in excess of other Medicaid revenue that the eligible PEMT entities receive for emergency medical transportation services to Medicaid eligible recipients. Eligible PEMT entities must provide certification to the Agency for Health Care Administration (AHCA) that they have made a total funds expenditure and that the amount claimed is eligible for federal financial participation (FFP).

Thank you for your consideration of this amendment. Please contact April Cook of my staff by phone at (850) 412-4691 or by email at [April.Cook@ahca.myflorida.com](mailto:April.Cook@ahca.myflorida.com) if you need any additional information.

Sincerely,

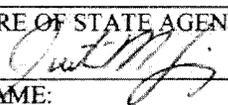
A handwritten signature in black ink, appearing to read "Justin M. Senior".

Justin M. Senior  
Deputy Secretary for Medicaid

JMS/ac

Enclosures: State Plan Documents and Forms



<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>		1. TRANSMITTAL NUMBER: 2015-014	2. STATE Florida
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 1, 2015	
5. TYPE OF PLAN MATERIAL (Check One):  <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 431.53		7. FEDERAL BUDGET IMPACT: (in thousands) FFY 2015-2016 \$15,000 FFY 2016-2017 \$15,000	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: New: page 34a-34b of 4.19-B		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Certified Public Expenditure Program for Emergency Transportation.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED                      Reviewed by the Deputy Secretary for Medicaid <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL                      who is the Governor's designee.			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Mr. Justin M. Senior Deputy Secretary for Medicaid Agency for Health Care Administration 2727 Mahan Drive, Mail Stop #8 Tallahassee, FL 32308  Attention: April Cook	
13. TYPED NAME: Mr. Justin M. Senior			
14. TITLE: Deputy Secretary for Medicaid			
15. DATE SUBMITTED: 12-15-15			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:		18. DATE APPROVED:	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:		20. SIGNATURE OF REGIONAL OFFICIAL:	
21. TYPED NAME:		22. TITLE:	
23. REMARKS:			

**SUPPLEMENTAL PAYMENT FOR PUBLICLY OWNED OR OPERATED EMERGENCY MEDICAL  
TRANSPORTATION PROVIDERS**

This program provides supplemental payments for an eligible Public Emergency Medical Transportation (PEMT) entity that meets specified requirements and provides emergency medical transportation services to Medicaid beneficiaries.

Supplemental payments provided by this program are available only for allowable costs that are in excess of other Medicaid revenue that the eligible PEMT entities receive for emergency medical transportation services to Medicaid eligible recipients. Eligible PEMT entities must provide certification to the Agency for Health Care Administration (AHCA) that they have made a total funds expenditure and that the amount claimed is eligible for federal financial participation (FFP).

Supplemental payments will be made annually on a State Fiscal Year (SFY) schedule in a lump-sum basis after the conclusion of the subject SFY but prior to the end of certified forward period, September 30. Payments will not be paid as individual increases to current reimbursement rates for specific services.

This supplemental payment program will be in effect beginning October 1, 2015.

A. Definition of a Public Emergency Medical Transportation (PEMT) Entity:

A PEMT entity is determined eligible if it is a county, a city, a healthcare district or Public Universities in Florida and provides emergency medical transportation services for Medicaid beneficiaries.

B. Supplemental Payment Methodology:

Supplemental payments provided by this program to an eligible PEMT entity will consist of FFP for Medicaid uncompensated emergency medical transportation costs based on the difference between the Medicaid reimbursement amount and the providers actual cost for providing emergency medical transportation services to eligible Medicaid recipients. The supplemental payment methodology is as follows:

1. As described in Section C, the expenditures certified by the eligible PEMT entity to the State will represent the payment eligible for FFP. Allowable certified public expenditures will determine the amount of FFP claimed.
2. In no instance will the amount certified pursuant to paragraph C.1, when combined with the amount received for emergency medical transportation services pursuant to any other provision of this State Plan or any Medicaid waiver granted by the Centers for Medicare and Medicaid Services exceed 100 percent of the allowable costs for such emergency medical transportation services.

Amendment: 2015-014
Effective: 10/01/15
Supersedes: New
Approved:

**SUPPLEMENTAL PAYMENT FOR PUBLICLY OWNED OR OPERATED EMERGENCY MEDICAL  
TRANSPORTATION PROVIDERS**

3. Pursuant to paragraph C.1, the eligible PEMT entity will certify to AHCA, on an annual basis, the amount of its eligible uncompensated costs for providing emergency medical transportation services for Medicaid beneficiaries. The supplemental Medicaid reimbursement received pursuant to this segment of the State Plan will be distributed in one annual lump-sum payment after submission of such annual certification.
4. Emergency medical transportation service costs for the subject year that are certified pursuant to paragraph C.1 will be computed in a manner consistent with Medicaid cost principles regarding allowable costs, and will only include costs that satisfy applicable Medicaid requirements.

C. Responsibilities and Reporting Requirements of the eligible PEMT Entity:

An eligible PEMT entity must do all of the following:

1. Certify that the claimed expenditures for emergency medical transportation services made by the eligible PEMT entity are eligible for FFP.
2. Provide evidence supporting the certification as specified by AHCA.
3. Submit data as specified by AHCA to determine the appropriate amounts to claim as expenditures qualifying for FFP.
4. Keep, maintain and have readily retrievable, any records required by AHCA or the Centers for Medicare and Medicaid Services.

D. AHCA's Responsibilities:

1. AHCA will submit claims for FFP for the expenditures for services that are allowable expenditures under federal law.
2. AHCA will, on an annual basis, submit any necessary materials to the federal government to provide assurances that FFP will include only those expenditures that are allowable under federal law.

Amendment: 2015-014
Effective: 10/01/15
Supersedes: New
Approved:

FL SPA 2015-014 CPE Certified Public Expenditures for Emergency Services

FY	Legislative Bill	Sp Appropriation #	page #	MCTF	GR	Action
2015	SB 2500-A	209	59	\$15,000,000	\$0.00	CPE

Net MCTF Fiscal Impact (Current SFY year/prior year)	SFY MCTF Total
SFY 15-16 per SB 2500-A	\$ 15,000,000
SFY 14-15 per HB 5001	\$ -
Difference SFY 15-16 - SFY 14-15 = Fiscal Impact for SFY 15-16	\$ 15,000,000
Monthly Fiscal Impact:	\$ 1,250,000

<b>First Federal Fiscal Year: FFY 2015-2016 (Oct. 1, 2015 - Sept. 30, 2016)</b>			
Federal Fiscal Impact period (Oct. 1, 2015 - Sept. 30, 2016) 12 months			
1st FFY	Months	MCTF	FFY
Oct 1 - Sept. 30, 2016	12	\$ 15,000,000	1st
<b>Second Federal Fiscal Year: FFY 2015-2016 (Oct. 1, 2016 - Sept. 30, 2017)</b>			
Federal Fiscal Impact period (Oct. 1, 2016 - Sept. 30, 2017) 12 months			
2nd FFY	Months	MCTF	FFY
Oct 1 - Sept. 30, 2017	12	\$ 15,000,000	2nd

Source: Proviso language from the General Appropriations Act as referenced above.  
 Effective date of program for recurring federal authority is October 1, 2015.

**Cook, April**

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**From:** FL-Rules@dos.state.fl.us  
**Sent:** Friday, September 25, 2015 2:36 PM  
**To:** Cook, April  
**Subject:** Submit Notice in FAR

You have successfully submitted a notice for publication in the Florida Administrative Register on 9/25/2015 2:35:38 PM.

Department: Agency for Health Care Administration  
Organization: Medicaid  
Notice type: Miscellaneous  
Issue: 41/188

Once this notice is published you will be able to view it by clicking the following link:  
[http://www.FLRules.org/gateway/View\\_Notice.asp?id=16535219](http://www.FLRules.org/gateway/View_Notice.asp?id=16535219)

You may contact the Florida Administrative Register office at (850)245-6270 for additional information.

@ItsWorkingFL: <https://twitter.com/ItsWorkingFL> The Department of State is leading the commemoration of Florida's 500th anniversary in 2013. For more information, please go to [www.fl500.com](http://www.fl500.com).  
The Department of State is committed to excellence. Please take our Customer Satisfaction Survey:  
<http://survey.dos.state.fl.us/index.aspx?email=>

Miscellaneous

**AGENCY FOR HEALTH CARE ADMINISTRATION**

**Medicaid**

**State Plan Amendment**

The Agency for Health Care Administration (Agency) will be requesting an amendment to the Florida Medicaid State Plan. The 2015 General Appropriations Act (GAA) directed the Agency to implement a certified public expenditure program for emergency medical services. The Agency will be seeking federal authority to implement a new reimbursement methodology to provide supplemental payments for emergency ground and air ambulance transportation services furnished by government or publicly owned and operated ambulance providers enrolled in Florida Medicaid. Interested parties may contact the following staff for further information: Derica Smith, Bureau of Medicaid Policy, 2727 Mahan Drive, Mail Stop 20, Tallahassee, Florida 32308-5407, telephone: 850-412-4239, e-mail: [Derica.smith@ahca.myflorida.com](mailto:Derica.smith@ahca.myflorida.com).



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 23, 2015

Ms. Connie Whidden, MSW  
Health Director  
Seminole Tribe of Florida  
3006 Josie Billie Avenue  
Hollywood, FL 33024

Dear Ms. Whidden:

The purpose of this letter is to inform you that the Agency for Health Care Administration (Agency) intends to submit an amendment to the Title XIX Florida Medicaid State Plan to the Centers for Medicare and Medicaid Services (CMS). This amendment will seek to implement a certified public expenditure program for emergency transportation services. The Agency will be pursuing federal authority to implement a new reimbursement methodology to provide supplemental payments for emergency ground and air ambulance transportation services furnished by government or publicly owned and operated ambulance providers enrolled in Florida Medicaid.

If you would like to make any comments or need additional information, please contact April Cook of my staff by phone at (850) 412-4691 or by e-mail at [April.Cook@ahca.myflorida.com](mailto:April.Cook@ahca.myflorida.com). If we don't receive any response from you within 30 days, Florida Medicaid will proceed with the submission to CMS.

Sincerely,

A handwritten signature in black ink that reads "Justin M. Senior".

Justin M. Senior  
Deputy Secretary for Medicaid

JMS/ac  
cc: Kathy Wilson, Seminole Health Department

2727 Mahan Drive • Mail Stop #8  
Tallahassee, FL 32308  
[AHCA.MyFlorida.com](http://AHCA.MyFlorida.com)



[Facebook.com/AHCAFlorida](https://www.facebook.com/AHCAFlorida)  
[Youtube.com/AHCAFlorida](https://www.youtube.com/AHCAFlorida)  
[Twitter.com/AHCA\\_FL](https://twitter.com/AHCA_FL)  
[SlideShare.net/AHCAFlorida](https://www.slideshare.net/AHCAFlorida)



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

October 23, 2015

Ms. Cassandra Osceola  
Health Director  
Miccosukee Tribe of Indians of Florida  
P.O. Box 440021, Tamiami Station  
Miami, FL 33144

Dear Ms. Osceola:

The purpose of this letter is to inform you that the Agency for Health Care Administration (Agency) intends to submit an amendment to the Title XIX Florida Medicaid State Plan to the Centers for Medicare and Medicaid Services (CMS). This amendment will seek to implement a certified public expenditure program for emergency transportation services. The Agency will be pursuing federal authority to implement a new reimbursement methodology to provide supplemental payments for emergency ground and air ambulance transportation services furnished by government or publicly owned and operated ambulance providers enrolled in Florida Medicaid.

If you would like to make any comments or need additional information, please contact April Cook of my staff by phone at (850) 412-4691 or by e-mail at [April.Cook@ahca.myflorida.com](mailto:April.Cook@ahca.myflorida.com). If we don't receive any response from you within 30 days, Florida Medicaid will proceed with the submission to CMS.

Sincerely,

Justin M. Senior  
Deputy Secretary for Medicaid

JMS/ac

cc: Denise Ward, Miccosukee Health Department



AMENDMENT NO. 1  
TO  
AGREEMENT FOR MEDICAL BILLING SERVICES FOR FIRE RESCUE

THIS AMENDMENT NO. 1 (the "Supplement") is made and entered into this 11<sup>th</sup> day of October, 2016 (the "Effective Date") by and between City of Tamarac, a municipal corporation of the State of Florida ("City") and Advanced Data Processing, Inc., a subsidiary of Intermedix Corporation, a Delaware corporation ("Contractor").

**WHEREAS**, City and Contractor entered into an Agreement for Medical Billing Services for Fire Rescue, effective October 1, 2016 (the "Agreement"); and

**WHEREAS**, City has requested and Contractor agrees to provide consulting services to City to enroll in the Florida EMS PEMT (Public Emergency Medical Transports) Medicaid program, and provide ongoing consulting/costing services for both the Florida CPE (Certified Public Expenditures) PEMT and the proposed IGT (Intergovernmental Transfer) PEMT which includes Medicaid managed care transports revenue programs (the "Consulting Services") for a term of three (3) years from the Effective Date.

**NOW THEREFORE**, City and Contractor agree to amend the Agreement as follows:

1. New Exhibit 2 (CPE-ASPP Program Scope of Consulting Services and Revenue Recognition Process) and new Exhibit 2-A (Fees) attached herewith are hereby added to the Agreement.

2. Capitalized terms not otherwise defined in this Supplement shall have the meanings ascribed to such terms in the Agreement. All terms and conditions of the Agreement are hereby ratified and shall remain in full force and effect except to the extent this Supplement expressly modifies or is inconsistent with the terms and conditions of the Agreement, in which case the terms of this Supplement shall be controlling.

**IN WITNESS OF**, the parties have executed this Supplement to the above-referenced Agreement effective as of the Effective Date.

CITY:  
CITY OF TAMARAC

CONTRACTOR:  
ADVANCED DATA PROCESSING, INC.  
a SUBSIDIARY OF INTERMEDIX  
CORPORATION, a DELAWARE  
CORPORATION

By: 

By: 

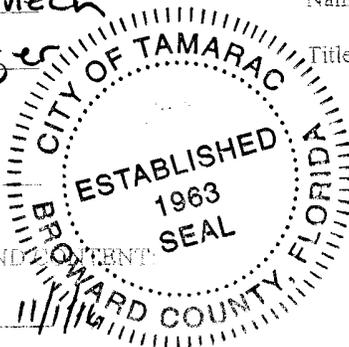
Name: Michael C. Cernech

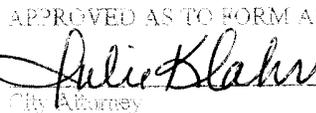
Name: Brad Williams

Title: City Manager

Title: Vice - President

ATTEST:  
  
City Clerk



APPROVED AS TO FORM AND CONTENT:  
  
City Attorney

**Exhibit 2**  
**Description of Consulting Services and Revenue Recognition Process**

- Term of Consulting Services: Three (3) years from Amendment No. 1 Effective Date.
- Drafting application materials and responding to requests for additional information necessary for the provider to gain approval to participate in the Ambulance Supplemental Payment Programs.
- Preparing a fiscal impact study and presenting results to department/state stakeholders to demonstrate benefits of a Continuing Public Expenditure ("CPE") Program, Medicaid Managed Care supplemental payment, and uninsured CPE (if applicable) program to the provider.
- Identifying eligible costs and developing appropriate cost allocation methodologies to report only allowable costs for providing emergency medical services to Medicaid and, as applicable, uninsured populations
- Preparing the annual Medicaid cost report for EMS on behalf of provider.
- Conducting analysis of the provider's financial and billing data in order to prepare and submit annual cost reports, the mechanism for providers to receive additional revenue under Ambulance Supplemental Payment Programs.
- Providing comprehensive desk review support, including but not limited to conducting reviews of all cost settlement files, performing detailed analysis of billing reports generated by Medicaid agencies to ensure that all allowable charges and payments are encompassed in the calculation of the final settlement, and drafting letters and providing supporting documentation to meet Medicaid requirements and expedite settlement.
- Performing relevant analysis to determine a viable Medicaid managed care supplemental payment methodology.
- Executing Medicaid managed care supplemental payment calculations in adherence with the approved methodology.
- Determining enhanced supplemental payments realized by provider, as necessary.
- Conducting comparative analysis to identify significant trends in billing and financial data
- Providing charge master review to ensure that the provider is optimizing charges to drive revenue generation.
- Meeting with the Florida Agency for Health Care Administration (AHCA) and City to further develop the supplemental payments program for both Medicaid managed care and uninsured patient transports.
- Respond to, and represent City on any AHCA or CMS audit, review or communication regarding any PEMT cost report prepared by Contractor and delivered to AHCA on behalf of the City.

Appendix 2-A  
FEES

All revenue realized by the City from the Certified Public Expenditure (CPE) Program for Emergency Medical Services and Medicaid Managed Care Supplemental Payment Program shall be paid in full directly to City. Revenue realized as a result of the Certified Public Expenditures (CPE) for Emergency Medical Services (EMS) shall be determined by the Medicaid cost settlement determined through the Medicaid cost report.

Revenues realized through the Medicaid Managed Care Supplemental Payment Program will be defined through an amendment to Fourth Modification of the Agreement upon the approval of the specific methodology successfully implemented by Contractor and City. Contractor will not receive any compensation until the CPE for Emergency Medical Services settlement or Medicaid Managed Care Supplemental Payment revenues are received by the City.

Contractor will invoice and receive revenue upon the receipt of revenue received by City for either initiative, meaning revenue does not have to be generated for both the CPE for Emergency Medical Services and the Medicaid Managed Care Supplemental Payment program, rather revenue simply needs to be generated for either initiative to allow the Contractor to generate invoices. Contractor will invoice City based on the final CPE for Emergency Medical Services settlement or Medicaid Managed Care Supplemental payments within thirty (30) days of receipt of funds by the City.

City will remit payment to Contractor within thirty (30) days of invoice receipt. Additional revenues generated for the uninsured patient population, will also be invoiced within thirty (30) days of receipt of revenues by the City. The contingency fees to be paid associated with the respective successful implementation and generation of incremental Medicaid revenues as a result of the CPE for Emergency Medical Services and Medicaid Managed Care Supplemental Payment programs are fifteen percent (15%) of City revenues.