Lee County Board of County Commissioners **Agenda Item Summary**

Blue Sheet No. 20030129

1. REQUESTED MOTION:

2. DEPARTMENTAL CATEGORY:

ACTION REQUESTED: Consideration of providing county funding for assisting Lee Memorial Health Systems Trauma Center operations through the State Supplemental Medicaid Payment Program; approval of related agreements and/or direction on other county funding options.

WHY ACTION IS NECESSARY: Provides Board approval of county funding mechanism or direction on other options to assist Lee Memorial Trauma Center.

WHAT ACTION ACCOMPLISHES: Provides Board approval for and/or consideration of providing county funding for assisting Lee Memorial Health Systems for Trauma Service purposes.

3. MEETING DATE:

2. <u>DEPARTM</u> COMMISS	SION DISTRIC		7121	7	3. MEKTING	03-1	1-2003
4. AGENDA:		5. REQUIREM	ENT/PUR	POSE:	6. REQUEST	OR OF INFORM	MATION:
		(Specify)					
CONSE	NT	X STATUTE	F.S. Cha 163, Spo 1552, as	apters 125 & ecial Act 63- s amended	A. COMMISS	SIONER	
X ADMIN	ISTRATIVE	ORDINANC	E		B. DEPARTN	MENT Count	y Attorney
APPEA	LS [ADMIN, COD)E		C. DIVISION		
PUBLIC		OTHER	_		BY:	James G. Yaege	r
WALK	ON]	County Attorney	Y
TIME R 45mir	EQUIRED:						
7. BACKGRO	OUND: Previou	isly, the Board re	quested Co	unty Adminis	stration and Cour	nty Attorney's Of	fice to explore the
							general direction
II '		•			-		ime measure until
							various long-term
							003, which would
							nsideration at this
II		_	•	•	• •	•	State of Florida
							istration (AHCA). ram which should
							eeding based upon
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8. MANAGEI	MENT RECOM	IMENDATIONS	S:	 .			· · · · · · · · · · · · · · · · · · ·
	ENDED APPR						
A	В	C	D	E		F	G
Department	Purchasing	Human	Other	County	Budget	Services	County
Director	or Contracts	Resources		Attorney	(Man	26/03	Manager
	Contracts	<u> </u>					
N/A				1 / ///	I OA L.WIYI I	RISK GC	
IV/A	N/A	N/A	N/A	Jy .	OA DM	RISK GC	CH-6-043
L	N/A SSION ACTION			O. ATTY.	179 -	I <u> </u>	(1-6.04)
L	SION ACTION	<u>l</u> .	C	O. ATTY.	179 -	I <u> </u>	(1-b.0%)
L	SION ACTION	L: APPROVED	C		P\$ 25/13	105/03 215/0°	(1-6.04)
10. COMMIS	SION ACTION A	E: APPROVED DENIED	C F T	ORWARDED O CO. ADMIN.	PY 25/13	MY ADMIN. R	(1-6.04)
L	I X	i: Approved Denied Deferred <i>for</i>	- Zwee	orwarded o co. admin. 2-9-03 ks to 03	11-03	MTY APMIN. R	K
10. COMMIS	I X	SE S	- Zwee	orwarded o co. admin. 2-9-03 ks to 03	11-03	MY ADMIN. R	K

BOARD OF COUNTY COMMISSIONERS CARRYOVER AGENDA ITEMS

MEETING DATE: February 25, 2003

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CO# DISTRIBUTED DESCRIPTION

#1 02-18-03

ACTION REQUESTED:

4:00 PM

Consideration of providing county funding for assisting Lee Memorial Health Systems Trauma Center operations through the State Supplemental Medicaid Payment Program; approval of related agreements and/or direction on other county funding options.

WHY ACTION IS NECESSARY:

Provides Board approval of county funding mechanism or direction on other options to assist Lee Memorial Trauma Center.

WHAT ACTION ACCOMPLISHES:

Provides Board approval for and/or consideration of providing county funding for assisting Lee Memorial Health Systems for Trauma Service purposes. (#20030129-

County Attorney)

REASON FOR WALK ON:

Directed at the 02-18-03 BOCC meeting.

BOARD: ALBION COY JUDAH JANES ST. CERNY DONALD STILWELL, COUNTY MANAGER BILL HAMMOND, DEPUTY COUNTY MANAGER ANTONIO MAJUL, BUDGET SERVICES JIM LAVENDER, PUBLIC WORKS JIM YAEGER, COUNTY ATTORNEY

PUBLIC RESOURCES OFFICE LISA PIERCE, MINUTES DEPT COMMISSION RECEPTION DESK BETTY SPENCER, FINANCE

Distributed by: Kathy Geren Division of Public Resources

Phone: 335-2215

MEMORANDUM FROM THE OFFICE OF COUNTY ATTORNEY

FROM:

DATE:	February	24,	2003
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To: Board of County Commissioners

James G. Yaeger

RE: FLORIDA MEDICAID UPL PROGRAM / BOARD "CARRY-OVER" ITEM,

FEBRUARY 25, 2003

Last Friday afternoon, the Chairman received a facsimile transmission from Kenneth Thurston, Assistant Deputy Secretary, Florida Medicaid Division of AHCA, which consisted of a cover letter dated February 20, 2003 and two copies of a "Letter of Agreement" (attached), for the County's proposed participation in the UPL Program on behalf of Lee Memorial Health Systems (LMHS).

There are remaining legal issues with respect to the texts of both the letter and the Agreement due to a notable lack of facts being included in either document that relate directly to the County's particular proposal, other than a reference to the County's January 15, 2003 letter to Robert Sharpe, Deputy Secretary, AHCA.

What remains at issue, and what has not been answered with any specificity by any representatives of the agencies administering the Program (State or Federal), is the question of "Whether the use of County reserve funds in the form of a loan to LMHS for the Parties' participation in the Florida Medicaid UPL Program is a lawful submittal and use of those funds in order to receive the Federal Medicaid supplement dollars?"

As has been articulated earlier in this process, the UPL Program is generally designed to obtain Federal funds in order to enhance or supplement local Medicaid funds destined to be provided to local hospital Medicaid programs. In our case, none of the County funds are being used for that purpose; in point of fact, no local Medicaid dollars are being provided to LMHS to enhance the hospital's Medicaid Programs. All of the County's reserve funds submitted to the State are projected to be returned to the County once all funds are received by the hospital from the State with the UPL enhancement.

With respect to the State's proposed Agreement for the County's participation in the UPL Program, there are significant facts that are conspicuously absent in the document that relate to the County's particular situation, especially in view of the statement made in Paragraph 1. a) of the Agreement:

a) The County and State 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.

Board of County Commissioners February 24, 2003 Page 2

RE: FLORIDA MEDICAID UPL PROGRAM / BOARD "CARRY-OVER" ITEM, FEBRUARY 25, 2003

A plain reading of Paragraph 1. a) of the Agreement clearly indicates that the County's proposal for the UPL funding is not consistent with the terms of that provision, which calls into question the legality of the County's participation in the Program in the manner being considered. This is the crux of the matter.

Without clear agency representations being made to the County with respect to the legality of the County's particular proposal, the County remains at risk. Neither the February 20, 2003 letter from Ken Thurston, nor the Agreement itself, make representations that would adequately address the County's particular proposal for its UPL participation.

As the matter is being discussed by you at tomorrow's meeting, please keep in mind that our office was asked to provide you with a risk analysis and recommendations for this proposal, which we have done. Our recommendation to you not to proceed in this fashion at this time due to unanswered legal questions, is, as always, not a prohibition to your taking action if you so desire, it is only our recommendation.

This morning (February 24, 2003), we had the opportunity to discuss our scenario with a representative of the Center for Medicare and Medicaid Services, Atlanta, who advised that the Medicare and Medicaid office in Baltimore, Maryland, would need to be contacted in order to clarify the Federal perspective on this matter. He advised that he would attempt to have something back to us by the end of this week. In our discussion, he expressed some concerns about what was being proposed by the County, and that he needed further input from his counterpart(s) in Baltimore before advising as to the appropriateness of the County's proposal.

As the result, this office is of the opinion that we cannot recommend your proceeding with the Medicaid UPL Program at this time, despite the opinion of others that are also interested in this matter.

We will discuss our position further with you at tomorrow's meeting and as additional information becomes available. The time spent in the due diligence of this proposal is time well spent.

JGY/dm

xc: Donald D. Stilwell, County Manager
Karen Hawes, Director, Human Resources
Robert W. Gray, Deputy County Attorney
David M. Owen, Chief Assistant County Attorney
Lisa Pierce, Supervisor, Minutes Department
Libby Walker, Director, Public Resources



JEB BUSH, GOVERNOR

RHONDA M. MEDOWS, MD, FAAFP, SECRETARY

FAX COVER PAGE

Medicaid Director's Office
Office of Assistant Deputy Secretary for Medicaid Finance

Date: February 21, 2005
To: Ray Judah, Chairman
Company: Lee County Board of County Commissioners
Fax Number: 239-335-2321
Regarding: Ft Medicaid UPL Program - originals mailed 2/21/03
*
From: Ken Thurston
Telephone Number: 850-488-3560
; ;
Total Pages (Including Cover Page):
If there are any problems receiving this transmission, please call 850/488-3560
2727 Mahan Drive • Mail Stop #8 Www.fdhc.state.fl.us Taliahassee, FL 32308



JES BUSH, GOVERNOR

RHONDA M. MEDOWS, MD, FAAFP, SECRETARY

February 20, 2003

Mr. Ray Judah, Chairman
Lec County Board of County Commissioners
P.O. Box 398
Ft. Myers, FL 33902-0398

Re: Florida Medicaid Upper Payment Limit Program

Dear Mr. Judah:

We received your letter of inquiry dated January 15, 2003, regarding participation in the Florida Medicaid Upper Payment Limit program. Enclosed you will find our standard Letter of Agreement that specifies the terms of the program and funding requirements. If you are in agreement with the terms of the program and can meet the funding requirements, please execute two original copies of the Letter of Agreement and return to my attention at the address listed below. Upon receipt, the Agency will execute the two original copies and return one to you.

Agency for Health Care Administration 2727 Mahan Drive - Mail Stop #8 Tallahassee, FL 32308

If you have any questions, please contact Genevieve Carroll of my staff at (850) 414-2759.

Kennith X

Sincerely,

Kenheth L. Thurston Assistant Deputy Secretary for Medicaid Finance

page 18 feet Builton Library Check Medicaled Progress Associations

Enclosure

2727 Mehan Drive . Mail Stop #8 Tallahassee, FL 32308 Visit AHCA enline at www.fdhc.efete.fl.us

Letter of Agreement

THIS LETTER OF AGREEMENT made and entered into in duplicate on the _____ day of ____, 2003 by and between Lee County, (the County) and the State of Florida, through its Agency for Health Care Administration,

- 1. Per House Bill 27E, the General Appropriations Act of FY 2002-2003, passed by the 2002 Florida Legislature, Lee County and the State of Florida, through the Agency for Health Care Administration, agree that Lee County will remit to the State \$11,000,000.
 - a) The County and State 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 following Medicaid programs:
 - 1. The removal of inpatient and outpatient reimbursement ceilings for teaching, specialty and community health education programs hospitals.
 - 2. Increase the annual cap on outpatient services for adults from \$500 to \$1500.
 - 3. Special Medicaid payments to rural hospitals, trauma centers, graduate medical education programs, primary care services and other Medicaid participating hospitals.
 - 4. Special Medicaid payments to hospitals that provide enhanced services to low income individuals.
- 2. The County will pay the State in the amount of \$11,000,000. The County will transfer payments to the State in the following manner:
- a) The first payment of \$3,666,666 for the months of July, August, September,
 October, November and December is due on February 1, 2003.
 - b) The County will pay, in two installments, the remaining balance of \$7,333,334. An installment of \$3,666,667 is due no later than the end of the third quarter, March 31, 2003. The remaining amount of \$3,666,667 is due no later than the end of June 30, 2003.
 - c) The State will invoice Lee County each quarter payments are due.

- 3. The County and the State agree that the State will keep adequate 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. This Letter of Agreement covers the period July 1, 2002 through June 30, 2003.

WITNESSETH:

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

County		! :	State of Florida
Signature			Ken Thurston Assistant Deputy Secretary for Medicaid Finance Agency for Health Care Administration
Name	;	;	Agoney for Readin Care Administration
Title	<u>.</u>	:	