RESOLUTION 19-

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF ALACHUA COUNTY, FLORIDA, AUTHORIZING THE FIRE RESCUE DEPARTMENT TO PARTICIPATE IN THE INTERGOVERNMENTAL TRANSFERS WITH THE STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION AND THE SUPPLEMENTAL PAYMENT PROGRAM FOR MEDICAID MANAGED CARE PATIENTS; AUTHORIZING THE COUNTY MANAGER TO EXECUTE ALL REQUIRED AGREEMENTS OR DOCUMENTS TO PARTICIPATE IN INTERGOVERNMENTAL TRANSFERS AND THE SUPPLEMENTAL PAYMENT PROGRAM FOR MEDICAID MANAGED CARE PATIENTS; RECOGNIZING UNANTICIPATED REVENUE AND EXPENDITURES; PROVIDING AN EFFECTIVE DATE.

WHEREAS, the State of Florida has created a supplemental payment program for Medicaid managed care patients who are transported to the hospital by public emergency medical transportation providers and has appropriated an additional \$50 million for this program; and,

WHEREAS, Alachua County Fire Rescue transports more than 4,000 Medicaid managed care patients annually to hospitals and receives approximately \$173.28 per patient for this service; and,

WHEREAS, by participating in the supplemental payment program for Medicaid managed care patients, Alachua County Fire Rescue will substantially increase its Medicaid managed care patient transport revenue; and,

WHEREAS, the FY20 Adopted budget did not include an appropriation for intergovernmental transfers to support the supplemental payment program for Medicaid managed care patients and the corresponding \$1,422,752.01 for Medicaid managed care transport revenue, and,

WHEREAS, the additional revenue will provide payment to the vendor for the fees for the professional processing services, funding toward capital improvement projects, funding for integrated clearing house services with insurance discovery and demographic verification capabilities, and replacement of incompatible stretchers.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF ALACHUA COUNTY, FLORIDA:

- 1. Authorizes Alachua County Department of Fire Rescue to participate in intergovernmental transfers with the State of Florida Agency Health Care Administration and supplemental payment program for Medicaid managed care patients.
- 2. Authorizes the County Manager or County Manager's designee to execute any and all agreements or documents necessary to participate in intergovernmental transfers or the Medicaid managed care supplemental payment program.
- That allocation of unanticipated revenue and expenditures be, and the same is hereby, approved.
- 4. That the fiscal year 2019-2020 Adopted budget is hereby adjusted as reflected in the budget amendment attached hereto as Exhibit A.
- 5. By adoption of this resolution and the attached budget amendment, the Board of County Commissioners of Alachua County, Florida, hereby appropriates and permits the expenditure of the funds described therein.

6.	That this resolu	tion shall take effect immediately
	upon its adoptio	n.
DUI	LY ADOPTED in regu	lar session, this day of
	, A.D., 2019.	
		BOARD OF COUNTY COMMISSIONERS OF ALACHUA COUNTY, FLORIDA
		By: Robert Hutchinson Chair
ATTEST:		
J. K. "Jess"		APPROVED AS TO FORM
(SEAL)		Alachua County Attorney

ALACHUA COUNTY BOCC

Journal Edit Listing

Sort By Entry

Department	Number	Journal Type Sub Ledger G/	L Date Description	Source	Reference	Reclassifi	cation Journal Type
5400 - Fire Rescue	Services 2020-000005	4 BA GL 11,	/21/2019 BCC - Funding Allocation	on of			
			Medicaid Manged Care	Payment			
G/L Date	G/L Account Number	Account Description	Description	Soci	urce	Increase Amount	Decrease Amount
11/21/2019	001.54.5450.349.0000	Other Charges for Svcs Other	BCC - Funding Allocation of I	Medicaid Manged Care		1,422,753.00	.00
		Charges For Svcs	Payment				
11/21/2019	001.54.5450.526.49.00	Other Current Charges and	BCC - Funding Allocation of I	Medicaid Manged Care		548,187.00	.00
		Obligations Other Curr Chgs &	Payment				
		Obligations					
11/21/2019	001.19.1919.529.62.00	Buildings Buildings	BCC - Funding Allocation of I	Medicaid Manged Care		677,092.00	.00
			Payment				
		Project: 9205401 - Renovation of Tachachale EMS Station					
11/21/2019	001.54.5450.526.52.31	Operating Supplies Software Non-	BCC - Funding Allocation of I	Medicaid Manged Care		40,000.00	.00
		Capital	Payment				
11/21/2019	001.54.5450.526.34.00	Other Services Other Contractual	BCC - Funding Allocation of I	Medicaid Manged Care		52,474.00	.00
		Services	Payment				
11/21/2019	001.54.5450.526.64.00	Machinery & Equip > \$5000	BCC - Funding Allocation of I	Medicaid Manged Care		105,000.00	.00
		Machinery And Equipment	Payment				
				Number of Entrie	es: 6	\$2,845,506.00	\$.00

