

Legislation Details (With Text)

File #:	22-603	Version:	1	Name:	
Type:	Resolution / Regular Agenda	Status:		Passed	
File created:	9/12/2022	In control:		City Commission	
On agenda:	9/27/2022	Final action:		9/27/2022	
Title:	<p>A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, APPROVING AND AUTHORIZING THE PROPER CITY OFFICIALS TO EXECUTE A PUBLIC EMERGENCY MEDICAL TRANSPORTATION LETTER OF AGREEMENT BETWEEN THE CITY OF POMPANO BEACH AND THE STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, TO PARTICIPATE IN AN INTERGOVERNMENTAL TRANSFERS (IGT) AND SUPPLEMENTAL PAYMENT PROGRAM FOR MEDICAID MANAGED CARE PATIENTS; AUTHORIZING THE CITY MANAGER TO EXECUTE ALL REQUIRED AGREEMENTS OR DOCUMENTS TO PARTICIPATE IN THE SUPPLEMENT PAYMENT PROGRAM; PROVIDING AN EFFECTIVE DATE.</p> <p>(Fiscal Impact: \$555,646.06 is the fiscal impact for FY 2023; however, the City would be eligible to recover over \$850,000.)</p>				

Sponsors:

Indexes:

Code sections:

Attachments: 1. 1. Memo 22-A075 - Resolution Request - MCO Letter of Agreement, 2. 2. New DocuSign instructions from AHCA, 3. 3. Letter of Agreement, 4. 4. 2022-1031, 5. 5. 2022-260, 6. 6. SIGNATURE PAGE - CITY

Date	Ver.	Action By	Action	Result
9/27/2022	1	City Commission	ADOPTED	Pass

A RESOLUTION OF THE CITY COMMISSION OF THE CITY OF POMPANO BEACH, FLORIDA, APPROVING AND AUTHORIZING THE PROPER CITY OFFICIALS TO EXECUTE A PUBLIC EMERGENCY MEDICAL TRANSPORTATION LETTER OF AGREEMENT BETWEEN THE CITY OF POMPANO BEACH AND THE STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, TO PARTICIPATE IN AN INTERGOVERNMENTAL TRANSFERS (IGT) AND SUPPLEMENTAL PAYMENT PROGRAM FOR MEDICAID MANAGED CARE PATIENTS; AUTHORIZING THE CITY MANAGER TO EXECUTE ALL REQUIRED AGREEMENTS OR DOCUMENTS TO PARTICIPATE IN THE SUPPLEMENT PAYMENT PROGRAM; PROVIDING AN EFFECTIVE DATE.

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(Staff Contact: Chad Brocato)

Summary Explanation/Background:

This request is for Pompano Beach Fire Rescue to participate in the annual Managed Care Organization (MCO) program. The Florida Agency for Healthcare Administration (AHCA), which governs release of State Medicaid beneficiary monies, must receive the signed LOA by the date of October 1st, 2022.

Origin of request for this action: Fire

Fiscal impact and source of funding: \$555,646.06 from account 140-8097-522.45-57 for FY 2023; however, the City would be eligible to recover over \$850,000.

