

LEGISLATIVE FACT SHEET

DATE: 05/22/20

BT or RC No: _____
(Administration & City Council Bills)

SPONSOR: Jacksonville Fire and Rescue Department
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: JFRD

Provide Name: Keith Powers

Contact Number: 630-7868

Email Address: kpowers@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation.

(Minimum of 350 words - Maximum of 1 page.)

Appropriate funds for the payment of the PEMT Local Intergovernmental Transfer (IGT) of \$1,625,263.58 as authorized in Ord.2019-852 and the invoice attached. This payment allows the City to participate with the State of Florida, Agency for Healthcare Administration program for Medicaid managed care patients. The program provides supplemental payments for eligible Public Emergency Medical Transport (PEMT) entities that provide transport services to Medicaid beneficiaries once the IGT is paid. The Agency for Health Care Administration (AHCA) has secured federal approval from the Center for Medicare & Medicaid Services (CMS), for an Intergovernmental Transfer (IGT) program and payment of the IGT as authorized in 2019-852 is due. Similar to Medicaid's Low Income Pool Program (LIP) for hospitals, this mechanism is used to transfer additional funds to the states in order to offset the cost of Medicaid transports that are not covered under the current Fee Schedule.

The new IGT will generate approximately \$54M in additional supplemental funding statewide for the managed care program. IGT funds will be distributed in relationship to enrollment and utilization of services. Currently Duval county covers 5.4% of all Medicaid enrolled beneficiaries statewide. Using this percentage, we are estimating approximately \$3.0M will be available for our region.

APPROPRIATION: Total Amount Appropriated: \$1,625,263.58 as follows:

List the source **name** and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation) **Intergovernmental Transfers and Supplemental Payment Program**

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: PEMENT/MCO Program Funds	Amount: \$1,625,263.58
	To: Subsidies & Contributions to Other Govt	Amount: \$1,625,263.58
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	Amount: _____

PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

The funds will be a pass-through from the Center for Medicare and Medicaid Services (CMS) to the State of Florida's Medicaid program administered by the Agency for Health Care Administration (AHCA). There is no match, however, each participating agency will be required to contribute towards the state's Managed Care Organization Funding Pool. Governmental providers state-wide will need to contribute \$21.1 Million total into the Intergovernmental Transfer Program (IGT) in order to draw down an additional \$35 Million in federal funding. The \$21.1 Million represents the states 38.53% share towards the Managed Care Organization (MCO) Funding Pool. The Federal Share is 61.47% representing an additional \$33.7 Million. These monies will then be distributed by the Agency of Health Care Administration (AHCA) to the regional Medicaid Managed Care Organizations (MCO). The City's contribution is \$1,625,263.58. Once the IGT is paid, the regional MCO's are required to disburse the federal share funds to each governmental agency in relation to their utilization of Medicaid transport services provided during the specific reporting period. The estimated payment to the City of Jacksonville is \$3 million.

ACTION ITEMS: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

Emergency? **Yes** **No**

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Ordinance 2019-852 authorized the Mayor to participate in Intergovernmental Transfers (IGT) with the Agency for Healthcare Administration (ACHA) and supplemental payment program for managed care patients. The authorization, however, did not include the appropriation of required funding for the intergovernmental transfer of \$1,625,263.58. The invoice for the IGT payment was received on 5/14, and the department has 14 days to remit this amount to ACHA in order to receive the supplemental payments from the Managed Care Organizations.

Federal or State
Mandate?

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year
Carryover?

Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement
Approval?

Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?

Related RC/BT?

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted
Ordinances?

Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.

Ordinance 2019-852 requires an amendment to appropriate the funds to pay the intergovernmental transfer (IGT) of \$1,625,263.58 due to the Agency for Healthcare Administration in order to participate in the supplemental payment program.

ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.

ACTION ITEMS:

	Yes	No
Continuation of Grant?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

Surplus Property Certification?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Reporting Requirements?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Attachment: If yes, attach appropriate form(s).

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating reports.

Division Chief: _____
(signature)

Date: _____

Prepared By: _____
(signature)

Date: _____

ADMINISTRATIVE TRANSMITTAL

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Thru: _____
(Name, Job Title, Department)

Phone: _____

E-mail: _____

From: Keith Powers, Director/Fire Chief
Initiating Department Representative (Name, Job Title, Department)
Phone: 904-630-7868 E-mail: kpowers@coj.net

Primary Contact: Keith Powers, Director/Fire Chief
(Name, Job Title, Department)
Phone: 904-630-7868 E-mail: kpowers@coj.net

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: jelsbury@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: 904-630-4647 E-mail: psidman@coj.net

From: _____
Initiating Council Member / Independent Agency / Constitutional Officer
Phone: _____ E-mail: _____

Primary Contact: _____
(Name, Job Title, Department)
Phone: _____ E-mail: _____

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor
904-630-1825 E-mail: jelsbury@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item: **Yes** **No**

Boards Action / Resolution? Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED