

LEGISLATIVE FACT SHEET

DATE: 07/21/21

BT or RC No: N/A
(Administration & City Council Bills)

SPONSOR: Office of General Counsel / Mayor's Office
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentations: Trisha Bowles/ Joey Greive

Provide Name: Trisha Bowles/ Joey Greive

Contact Number: 904-255-5067 / 904-255-5354

Email Address: tbowles@coj.net / pgreive@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.)

This legislation authorizes a special assessment on all AHCA licensed Hospital property to fund year 1 of the Medicaid gap for the Direct Provider Program for October 2020 through September 2021.

This legislation was created at the request of local hospitals to allow them to capture more of the funding for Medicaid services which provides a direct benefit to the community.

Every hospital system in the City of Jacksonville has provided a letter of support for this legislation and this special assessment on their hospital property.

The use of this special assessment provides a complete benefit to the City, the hospitals, the patients and the general public with zero impact to the general fund.

APPROPRIATION: Total Amount Appropriated:

APPROPRIATION: Total Amount Appropriated: \$0.00 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)

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: _____	Amount: _____
	To: _____	Amount: _____

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 for the complete cost of the program will be paid directly by the Hospitals assessed. The funds will be paid directly into a special fund to be identified as the "Local Provider Participation Fund." The funds will be directly transferred to the Agency for Health Care Administration through an intergovernmental transfer. The funding covers the DPP for the October 2020 through September 2021 program.

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.

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.

In the event of carryover, it will be held in the fund for use in the next applicable year.

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 will create a new chapter -- Chapter 491 - Local Provider Participation Fund under Title XIII Health Code

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?

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

Reporting Requirements?

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.

Finance Department will receive reports from the Hospitals, AHCA and possibly private healthcare management companies that will be used for the monitoring and auditing process.

Division Chief: Jason Teal
(signature)

Date: 7/21/2021

Prepared By: Trisha Bowles
(signature)

Date: 7/21/2021

ADMINISTRATIVE TRANSMITTAL

To: MBRC, Budget Office, St. James Suite 325

Thru: N/A
(Name, Job Title, Department)
Phone: _____ E-mail: _____

From: Joey Greive, Director of Finance/CFO,
Initiating Department Representative (Name, Job Title, Department)
Phone: 904-255-5354 E-mail: pgreive@coj.net

Primary Contact: Joey Greive, Director of Finance/CFO,
(Name, Job Title, Department)
Phone: 904-255-5354 E-mail: pgreive@coj.net

CC: Leann Krieg, Director of Intergovernmental Affairs, Office of the Mayor
904-255-5015 E-mail: leamnk@coj.net

COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL

To: Peggy Sidman, Office of General Counsel, St. James Suite 480
Phone: (904) 255-5055 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: Leann Krieg, Director of Intergovernmental Affairs, Office of the Mayor
904-255-5015 E-mail: leamnk@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