

RESOLUTION 15-184

A RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF MANATEE COUNTY, FLORIDA, CREATING A FUNDING MECHANISM FOR PAYMENTS TO PHYSICIANS SERVING UNINSURED MANATEE COUNTY RESIDENTS; ADOPTING ELIGIBILITY CRITERIA; SETTING REPORTING REQUIREMENTS; PROVIDING FOR AN EFFECTIVE DATE AND A SUNSET DATE.

WHEREAS, it is important for Manatee County to have a healthy and economically vibrant community; and,

WHEREAS, over the decades the County has partnered with the County's healthcare provider community to meet the needs of the County's uninsured population; and,

WHEREAS, the most recent agreements between the County and its hospitals, including follow-up physician care, for the uninsured were adopted for one year on September 23, 2014; and,

WHEREAS, changes in the County's population and economic base, as well as changes in the healthcare industry and state and federal policies concerning healthcare have made it necessary to revisit how the County can best partner with community providers to ensure that the needs of the uninsured are effectively met; and,

WHEREAS, the Board of County Commissioners ("the Commission") finds it in the best interest of the County to find new methods of funding healthcare programs in the community; and

WHEREAS, healthcare funding in Manatee County is in a transition period, during which the County will explore the concept of directly funding physicians for care that is not related to a hospital visit; and,

WHEREAS, pilot projects will be explored to find innovative ways to keep uninsured individuals healthy without requiring hospital emergency department visits; and,

WHEREAS, a funding mechanism is needed to allow for payments to be made to medical providers during this transition time;

NOW, THEREFORE, BE IT RESOLVED by the Board of County Commissioners of Manatee County, Florida, that:

1. Direct agreements will be entered into with non-profit agencies that applied through the non-profit application process and where funding is approved as specific line items in the annual County budget. These agreements will be presented to the Commission individually for final approval.
2. Direct agreements will be entered into with local hospitals for the provision of services using reserve funds that were set aside in the budget for healthcare purposes.

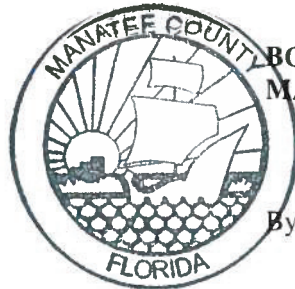
3. The attached document titled "Transition Program to Provide Limited Funding to Healthcare Providers Beginning in FY16" will function as the funding mechanism to allow for payment to participating providers of medical services to eligible County residents.
4. Other health care providers will sign documents that they agree with the components of this resolution and attachment for the purpose of being able to invoice Manatee County for payment.

BE IT FURTHER RESOLVED that this Resolution shall be effective immediately upon adoption and allow for medical payments retroactive to October 1, 2015 and shall remain in effect until a permanent plan is approved by the Commission and implemented.

BE IT FURTHER RESOLVED that specific components of Commission approved agreements entered into with agencies as outlined in numbers 1 and 2 above shall supersede specific components of the transition plan.

BE IT FURTHER RESOLVED that the provisions of this Resolution are severable such that the invalidity of any one provision shall not operate to invalidate any other provision.

PASSED AND DULY ADOPTED by the Board of County Commissioners of Manatee County, Florida, with a quorum present and voting, this 1ST day of December, 2015.



**BOARD OF COUNTY COMMISSIONERS
MANATEE COUNTY, FLORIDA**

By: _____

Chairperson

ATTEST:
Angelina Colonnese
CLERK OF THE CIRCUIT COURT

By: _____

Deputy Clerk

**Community Services Department
Human Services Division
1112 Manatee Avenue West
Bradenton, FL 34205
Phone: (941) 749-3030
www.mymanatee.org**

Transition Program to Provide Limited Funding To Healthcare Providers Beginning in FY16

Program Description

This program shall provide for the funding of medically necessary healthcare services to residents of Manatee County meeting eligibility criteria. Participating Providers will determine patient eligibility, including the verification of documentation, for the program using the Indigent Healthcare Solutions (IHS) eligibility software that is licensed by the County. Participating Providers may not refuse service to eligible citizens based exclusively on their inability to pay. Participating Providers are required to attend monthly administrative and clinical meetings as required by County. Participating Providers are required to input client information into a Health Information Exchange (HIE) as designated by County. HIE information will be used by community partners to avoid duplication of service. The HIE information may also be aggregated for reporting purposes by the County without including any HIPAA protected information. Once an agency is a Participating Provider, they remain in that status for the duration of the fiscal year that ends on September 30.

Program Funding

The maximum funding for Participating Providers within this program is limited to **\$1,250,000 for FY 2016**. This allocation is limited to services provided between October 1, 2015 and September 30, 2016. Funding after FY16 will be contingent on budget approval for that year. Bills will be processed in the order they are RECEIVED regardless of when the service was performed. Once the maximum allocation is distributed, no additional bills will be processed. They will be returned unpaid and will not be considered for payment in a future year's budget allocation.

Definitions

1. **Family Unit:** The client, his/her spouse, dependent children, step-children, parents (for clients under age 22), adoptive parents/children, unborn children (an unborn child of a pregnant mother counts individually as a family member)
2. **Federal Poverty Level (FPL):** The Federal Poverty Guidelines as published by the U.S. Department of Health and Human Services
3. **Income (Countable):** All household income available to the household annualized by verification of the last 3 months of income (x4), all income verified for the last 12 months or the most recent tax return. This includes gross wages, gross salaries, net income from self-employment, child support, alimony, unemployment compensation, worker's compensation, veteran's pension benefits, social security, pensions, annuities, dividends, interest income, income from estates and trusts, net rental income, royalties, contributions from individuals or organizations, other income not mentioned above
4. **Income (Not-Countable):** funds withdrawn from a bank, proceeds from the sale of a home or car, capital gains, tax refunds, lump sum inheritances, lump sum insurance payments (except those listed as countable above)
5. **Manatee County Resident:** An individual who resides in Manatee County as verified with any one (1) of the following: a valid photo ID or Driver's License, a piece of mail with the resident's name and address postmarked within the past month, home ownership, a current lease, a current vehicle registration, other document that unquestionably proves the individual lives in Manatee County
6. **Medically Necessary (Medicare.gov):** "Health care services or supplies needed to diagnose or treat an illness, injury, condition, disease, or its symptoms and that meet accepted standards of medicine"

7. **Participating Provider:** Healthcare providers in Manatee County that serve the uninsured and have agreed to follow all components of this Program. Providers within this definition are state licensed healthcare providers that include, but are not limited to:
 - a. Primary Care Physicians
 - b. General Health Care Clinics
 - c. Urgent Care Providers and Clinics
 - d. Surgical Centers
 - e. Specialists

Eligible Services

1. Participating Providers shall provide medically necessary healthcare services to eligible Manatee County Residents
2. Participating Providers may determine eligibility for the County program using the IHS eligibility portal or refer patients to the Community Services Department
3. Participating Provider shall enter reporting data into the County information sharing system indicating services provided to eligible citizens.

Services NOT Covered in This Program

1. Elective procedures that are not medically necessary
2. Services that are eligible for payment from another insurance, Medicaid, Medicare or other funding mechanism

Patient Eligibility

1. Family Unit Income at or below 200% of the Federal Poverty Level based on countable income as defined herein; and
2. Manatee County Resident; and
3. Any patient who is determined eligible continues to be eligible for 180 days from the original determination date regardless of the provider

Eligibility Determinations

Participating Providers may determine eligibility. The Manatee County Community Services Department is working with IHS to develop a web based eligibility portal that providers can use to determine eligibility and to verify eligibility of individuals that have had determinations made at other locations. The Community Services Department will also determine eligibility for some clients through the Human Services Division.

Participating Providers are not required to determine eligibility if it is clear in the IHS system that another entity has determined an individual eligible within the most recent 180 days.

Appeals of Denials of Eligibility

A client who has been denied eligibility for this program may request that their denial be reviewed by contacting the Community Services Department of Manatee County Government. Clients are required

to submit verifications of their income and residency to the Community Services Department. Additionally, Community Services Staff may request information from the entity that made the denial to verify that the information provided is representative of the information reviewed at the denial. Any appeal of a denial must be submitted within 15 calendar days of the original denial. After that time, the client is required to reapply.

Community Services will contact the client as soon as possible following the filing of the appeal. An interview will be scheduled to review the information and make a final decision within 30 days of the interview. All decisions by the Community Services Department are final.

Should a client's situation change that may make him/her eligible, a new eligibility review needs to be done. This is not considered an appeal.

Health Information Exchange

Participating Providers are required to perform the following:

1. Enroll all clients in a Healthcare Information Exchange (HIE) as chosen and specified by the County and as permitted by HIPAA legislation
2. Ensure client data entered into the HIE is current for each client contact and update data as needed and permitted by HIPAA legislation
3. Participate in all administrative or clinical community meetings as required by the County, helping to identify gaps in Manatee County Healthcare, and providing information on industry best practices as needed
4. Submit additional documentation or reports as requested
5. Actively participate in pilot programs initiated at the request of the County
6. Actively collaborate with the Manatee County Healthcare Advisory Board as requested

Release of Information

Because the services provided by Participating Provider are funded in part by the County, Provider agrees to require each client receiving services in this program (or legal guardian of client where applicable) to execute an Acknowledgement and Consent to Release Records form.

1. The form shall contain an acknowledgement of the client or guardian that he/she understands that the County's representative may request access to any or all Participating Provider records relating to the program and/or the delivery of services for the purposes of evaluating or monitoring the program or delivery of service to the client, and that he/she consents to the release of records for these purposes.
2. The form shall also inform the client or guardian that to the extent records are provided to the County, same shall become public records and may, subject to any applicable state or federal exemptions, be inspected or copied by third persons.
3. The form shall be drafted by the Provider, and must be reviewed and approved by the County's representative prior to use.
4. Protected Health Information under HIPAA legislation will not become public record at any time and will only be requested if necessary to resolve billing discrepancies.

Health Insurance Portability and Accountability Act (HIPAA)

To the extent Provider is defined as a Covered Entity by the Health Insurance Portability and Accountability Act of 1996, as amended (HIPAA), Provider shall carry out its obligations under this Agreement in compliance with the record security and privacy regulations established by HIPAA to protect the privacy of any personally identifiable protected health information (PHI) that is collected, processed or learned as a result of its performance of the Services provided hereunder. In conformity therewith, Provider shall:

1. Not use or further disclose PHI except as permitted under this Agreement or required by law;
2. Use appropriate safeguards to prevent use or disclosure of PHI except as permitted by this Agreement;
3. Mitigate, to the extent practicable, any harmful effect that is known to Provider of a use or disclosure of PHI by Provider except as permitted by this Agreement.
4. Report to County any use or disclosure of PHI not provided for by this Agreement of which provider becomes aware.
5. Make its internal practices, books, and records relating to the use and disclosure of PHI available to the Secretary of Department of Health and Human Services for purposes of determining County and Provider's compliance with HIPAA.
6. Provider, its employees and agents are only permitted to use or disclose PHI related to treatment of a patient to which they provided care in accordance with the HIPAA during its association with County.
7. Provider will compel employees and agents to sign acknowledgements of receipt of, and understanding of, all rules and regulations related to HIPAA.
8. Provider will also take appropriate disciplinary actions against employees and agents who violate HIPAA regulations.
9. Provider will insure all relevant employees and agents will have been instructed in HIPAA compliance prior to performing Services related to PHI records. Provider will assume all expense for such training.
10. Notwithstanding any other provision of this Agreement, Provider agrees to hold harmless and indemnify County from any civil or administrative action, fine or penalty resulting from a breach of patient privacy by Provider, its agents or employees.
11. In addition to the foregoing, to the extent Provider is a HIPAA Covered Entity or Business Associate, Provider must enter into a HIPAA business associate agreement with any Business Associate or subcontractor which will have access to PHI, and shall provide County, upon County's request, copies of same.

Record Maintenance

All documentation of eligibility (income and residency) must be retained for a minimum of three (3) years following the end of each County fiscal year. The County fiscal year ends each year at 11:59 PM on September 30. This time limit does not supersede any state or federal guidelines related to record maintenance.

Records shall be available for review by county staff, the Clerk of the Court of Manatee County or any other auditor retained by the County to review these records. They may be maintained in paper form or electronically.

Invoicing Process

Participating Providers may begin submitting invoices immediately upon signing an acknowledgement form. All invoicing shall be submitted on form CMS-1500 and will be paid at the Medicare rate for Current Procedural Terminology (CPT) codes.

1. Invoices must be submitted within 150 calendar days of the patient's date of service
2. Invoices will be cross-referenced with the IHS system to verify that the patient has been determined eligible
3. Invoices for patients that have not been determined eligible will be returned without payment
4. Invoices from providers who have not signed an acknowledgement form with the Community Services Department will be returned without payment
5. Invoices must be sent to:

Manatee County Government
Community Services Department,
Fiscal Section
P.O. Box 1000
Bradenton, FL 34206-1000

Or may be hand delivered to:

Manatee County Government
Community Services Department
1112 Manatee Ave W
Bradenton, FL 34205

Monitoring/Site Visits

Manatee County Government, the Clerk of the Court of Manatee County or auditors contracted by the County or the Clerk may conduct site visits, audits or other programmatic reviews, announced or unannounced, to ensure that the procedures set forth in this document are being complied with by Participating Partners.

Termination of Participation

The status of a Participating Provider may be terminated at any time by written notification by either party. Invoices submitted prior to any termination will continue to be processed. No invoices will be accepted after the termination.

Notice of termination will be effective the date of delivery of a certified letter (return receipt), or the date of email or hand delivery of such notification.

Pilot Programs

Pilot programs may be initiated to focus on improving the overall health of the community. Any proposed pilot programs will be presented to the Board of County Commissioners for approval.

Examples of possible pilot programs are:

- Mobile Integrated Healthcare through Emergency Medical Services (EMS)
- Diabetes Case Management

2015 POVERTY GUIDELINES

ALL STATES (EXCEPT ALASKA AND HAWAII) AND D.C.

ANNUAL GUIDELINES

| FAMILY SIZE | PERCENT OF POVERTY GUIDELINE | | | | | | | | | | | |
|-------------|------------------------------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|-----------|------------|--|
| | 100% | 120% | 133% | 135% | 140% | 145% | 150% | 175% | 185% | 200% | 250% | |
| 1 | 11,770.00 | 14,124.00 | 15,654.10 | 15,889.50 | 16,478.00 | 17,066.50 | 17,655.00 | 20,597.50 | 21,774.50 | 23,540.00 | 29,425.00 | |
| 2 | 15,930.00 | 19,116.00 | 21,186.90 | 21,505.50 | 22,302.00 | 23,098.50 | 23,895.00 | 27,877.50 | 29,470.50 | 31,860.00 | 39,825.00 | |
| 3 | 20,090.00 | 24,108.00 | 26,719.70 | 27,121.50 | 28,126.00 | 29,130.50 | 30,135.00 | 35,157.50 | 37,166.50 | 40,180.00 | 50,225.00 | |
| 4 | 24,250.00 | 29,100.00 | 32,252.50 | 32,737.50 | 33,950.00 | 35,162.50 | 36,375.00 | 42,437.50 | 44,862.50 | 48,500.00 | 60,625.00 | |
| 5 | 28,410.00 | 34,092.00 | 37,785.30 | 38,353.50 | 39,774.00 | 41,194.50 | 42,615.00 | 49,717.50 | 52,558.50 | 56,820.00 | 71,025.00 | |
| 6 | 32,570.00 | 39,084.00 | 43,318.10 | 43,969.50 | 45,598.00 | 47,226.50 | 48,855.00 | 56,997.50 | 60,254.50 | 65,140.00 | 81,425.00 | |
| 7 | 36,730.00 | 44,076.00 | 48,850.90 | 49,585.50 | 51,422.00 | 53,258.50 | 55,095.00 | 64,277.50 | 67,950.50 | 73,460.00 | 91,825.00 | |
| 8 | 40,890.00 | 49,068.00 | 54,383.70 | 55,201.50 | 57,246.00 | 59,290.50 | 61,335.00 | 71,557.50 | 75,646.50 | 81,780.00 | 102,225.00 | |

For family units of more than 8 members, add \$4,160 for each additional member.

MONTHLY GUIDELINES

| FAMILY SIZE | PERCENT OF POVERTY GUIDELINE | | | | | | | | | | | |
|-------------|------------------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|--|
| | 100% | 120% | 133% | 135% | 140% | 145% | 150% | 175% | 185% | 200% | 250% | |
| 1 | 980.83 | 1,177.00 | 1,304.51 | 1,324.13 | 1,373.17 | 1,422.21 | 1,471.25 | 1,716.46 | 1,814.54 | 1,961.67 | 2,452.08 | |
| 2 | 1,327.50 | 1,593.00 | 1,765.58 | 1,792.13 | 1,858.50 | 1,924.88 | 1,991.25 | 2,323.13 | 2,455.88 | 2,655.00 | 3,318.75 | |
| 3 | 1,674.17 | 2,009.00 | 2,226.64 | 2,260.13 | 2,343.83 | 2,427.54 | 2,511.25 | 2,929.79 | 3,097.21 | 3,348.33 | 4,185.42 | |
| 4 | 2,020.83 | 2,425.00 | 2,687.71 | 2,728.13 | 2,829.17 | 2,930.21 | 3,031.25 | 3,536.46 | 3,738.54 | 4,041.67 | 5,052.08 | |
| 5 | 2,367.50 | 2,841.00 | 3,148.78 | 3,196.13 | 3,314.50 | 3,432.88 | 3,551.25 | 4,143.13 | 4,379.88 | 4,735.00 | 5,918.75 | |
| 6 | 2,714.17 | 3,257.00 | 3,609.84 | 3,664.13 | 3,799.83 | 3,935.54 | 4,071.25 | 4,749.79 | 5,021.21 | 5,428.33 | 6,785.42 | |
| 7 | 3,060.83 | 3,673.00 | 4,070.91 | 4,132.13 | 4,285.17 | 4,438.21 | 4,591.25 | 5,356.46 | 5,662.54 | 6,121.67 | 7,652.08 | |
| 8 | 3,407.50 | 4,089.00 | 4,531.98 | 4,600.13 | 4,770.50 | 4,940.88 | 5,111.25 | 5,963.13 | 6,303.88 | 6,815.00 | 8,518.75 | |

Produced by: CMCS/CAHPG/DEEO