

Letter of Agreement

This Letter of Agreement (“LOA”) is made and entered into on the ____ day of _____, 2025 by and between **Pinellas County Emergency Medical Services d/b/a Sunstar EMS** (Government Owned Emergency Medical Service (EMS) Provider) and **Florida Community Care** (Medicaid Managed Care Organization (MCO)) (herein referred to collectively as “Parties”).

WHEREAS, the Medicaid MCO has been awarded a contract by the Agency for Health Care Administration (AHCA) to deliver managed care services to Medicaid enrollees under an 1115 Managed Medical Assistance Waiver (the “Waiver”) in **Region C** which includes where the Government Owned EMS Provider is located and/or operates;

WHEREAS, AHCA has approved the Government Owned EMS Provider as a qualifying entity and provides out of network emergency medical services to MCO enrollees in **Region C** on an as needed basis, when the transport and treatment is appropriate; and

WHEREAS, the Centers for Medicare and Medicaid Services (“CMS”) approved section 438.6 directed payments based on the establishment of a uniform increase to be paid to qualifying Government Owned EMS Providers for the provision of emergency medical services to Medicaid eligible persons enrolled in managed care organizations pursuant to the Waiver, which includes the Medicaid MCO.

NOW THEREFORE, Government Owned EMS Provider and the Medicaid MCO do hereby agree to the following:

1. Government Owned EMS Provider agrees to make emergency medical services available to MCO’s Medicaid enrollees on an as needed basis, when the transport and treatment is appropriate.
2. Medicaid MCO shall receive per member per month section 438.6 directed payments for care and treatment provided by the Government Owned EMS Provider, which the Medicaid MCO shall timely remit to the Government Owned EMS Provider in accordance with AHCA’s contractual requirements.
3. Contact information for the parties is as follows:

Name: **Jodie Sechler, CPA**

Title: **Division Director, Financial Services**

Phone: **(727) 582-2177**

Email: **Jsechler@Pinellas.gov**

Name: **Matthew Harper**

Title: **Director of Provider Relations**

Phone: (561) 632-2927

Email: mharper@ilshhealth.com

4. The Parties agree any modification to the LOA shall be in the same form, namely the exchange of signed copies of a revised LOA.
5. This LOA is effective beginning on February 1, 2025, and will continue until **Florida Community Care** (MCO) exits the state Medicaid program, or until termination of section 438.6 directed payments, whichever occurs first.

IN WITNESS WHEREOF, the Parties have duly executed this LOA on the day and year above first written. Each party represents that: (i) it has the authority to enter into this Agreement; and (ii) that the individual signing this Agreement on its behalf is authorized to do so.

GOVERNMENT OWNED EMERGENCY MEDICAL SERVICES PROVIDER

Barry Burton, County Administrator

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE

MEDICAID MANAGED CARE ORGANIZATION

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE