

## Low Income Pool Letter of Agreement

**THIS LETTER OF AGREEMENT (LOA)** is made and entered into in duplicate on the \_\_\_\_\_ day of \_\_\_\_\_ 2021, by and between **Pinellas County Board of County Commissioners** on behalf of **Community Health Centers of Pinellas**, and the State of Florida, **Agency for Health Care Administration** (the “**Agency**”), for good and valuable consideration, the receipt and sufficiency of which is acknowledged.

### DEFINITIONS

“Charity care” or “uncompensated charity care” means that portion of hospital charges reported to the Agency for which there is no compensation, other than restricted or unrestricted revenues provided to a hospital by local governments or tax districts regardless of the method of payment. Uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, bad debt, or Medicaid and Children’s Health Insurance Program (CHIP) shortfall. The state and providers that are participating in Low Income Pool (LIP) will provide assurance that LIP claims include only costs associated with uncompensated care that is furnished through a charity care program and that adheres to the principles of the Healthcare Financial Management Association (HFMA) operated by the provider.

“Intergovernmental Transfers (IGTs)” means transfers of funds from a non-Medicaid governmental entity (e.g., counties, hospital taxing districts, providers operated by state or local government) to the Medicaid agency. IGTs must be compliant with 42 CFR Part 433 Subpart B.

“Low Income Pool (LIP)” means providing government support for safety-net providers for the costs of uncompensated charity care for low-income individuals who are uninsured. Uncompensated care includes charity care for the uninsured but does not include uncompensated care for insured individuals, “bad debt,” or Medicaid and CHIP shortfall.

“Medicaid” means the medical assistance program authorized by Title XIX of the Social Security Act, 42 U.S.C. §§ 1396 et seq., and regulations thereunder, as administered in Florida by the Agency.

### A. GENERAL PROVISIONS

1. Per Senate Bill 2500, the General Appropriations Act of State Fiscal Year 2021-22, passed by the 2021 Florida Legislature, the **Pinellas County Board of County Commissioners** and the Agency agree that the **Pinellas County Board of County Commissioners** will remit IGT funds to the Agency in an amount not to exceed the total of **\$1,062,399**.
  - a. The **Pinellas County Board of County Commissioners** and the Agency have agreed that these IGT funds will only be used to increase the provision of health services for the charity care of the **Pinellas County Board of County Commissioners** and the State of Florida at large.
  - b. The increased provision of charity care health services will be accomplished through the following Medicaid programs:
    - i. LIP payments to hospitals, federally qualified health centers, Medical School Physician Practices, community behavioral health providers, and

rural health centers pursuant to the approved Centers for Medicare & Medicaid Services Special Terms and Conditions.

2. The **Pinellas County Board of County Commissioners** will return the signed LOA to the Agency no later than October 1, 2021.
3. The **Pinellas County Board of County Commissioners** will pay IGT funds to the Agency in an amount not to exceed the total of **\$1,062,399**.
  - a. Per Florida Statute 409.908, annual payments for the months of July 2021 through June 2022 are due to the Agency no later than October 31, 2021 unless an alternative plan is specifically approved by the agency.
  - b. The Agency will bill the **Pinellas County Board of County Commissioners** when payment is due.
4. The **Pinellas County Board of County Commissioners** and the Agency agree that the Agency will maintain necessary records and supporting documentation applicable to health services covered by this LOA.
  - c. Audits and Records
    - i. The **Pinellas County Board of County Commissioners** agrees to maintain books, records, and documents (including electronic storage media) pertinent to performance under this LOA in accordance with generally accepted accounting procedures and practices, which sufficiently and properly reflect all revenues and expenditures of funds provided.
    - ii. The **Pinellas County Board of County Commissioners** agrees to assure that these records shall be subject at all reasonable times to inspection, review, or audit by state personnel and other personnel duly authorized by the Agency, as well as by federal personnel.
    - iii. The **Pinellas County Board of County Commissioners** agrees to comply with public record laws as outlined in section 119.0701, Florida Statutes.
  - d. Retention of Records
    - i. The **Pinellas County Board of County Commissioners** agrees to retain all financial records, supporting documents, statistical records, and any other documents (including electronic storage media) pertinent to performance under this LOA for a period of six (6) years after termination of this LOA, or if an audit has been initiated and audit findings have not been resolved at the end of six (6) years, the records shall be retained until resolution of the audit findings.
    - ii. Persons duly authorized by the Agency and federal auditors shall have full access to and the right to examine any of said records and documents.



| <b>LIP Local Intergovernmental Transfers (IGTs)</b> |                                    |
|---|------------------------------------|
| <b>Program / Amount</b>                             | <b>State Fiscal Year 2021-2022</b> |
| Low Income Pool                                     | \$1,062,399                        |
| <b>Total Funding</b>                                | <b>\$1,062,399</b>                 |

**WITNESSETH:**

**IN WITNESS WHEREOF**, the parties have caused this page Letter of Agreement to be executed by their undersigned officials as duly authorized.

**Pinellas County Board of County Commissioners**

**STATE OF FLORIDA, AGENCY FOR HEALTH CARE ADMINISTRATION**

**SIGNED**  
**BY:** \_\_\_\_\_

**SIGNED**  
**BY:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_