

HUMAN SERVICES FUNDING AGREEMENT
FIRST RENEWAL AND AMENDMENT

Pinellas County Health Program Hospital Provider

Legistar ID Number: 25-0877A

THIS FIRST RENEWAL AND AMENDMENT is effective upon the date last entered below, by and between **PINELLAS COUNTY**, a political subdivision of the State of Florida, hereinafter called the "**COUNTY**," and **BAYCARE HEALTH SYSTEM, INC.**, a non-profit Florida corporation, whose address is 2985 Drew Street, Clearwater, FL 33759, hereinafter referred to as the "**PROVIDER**."

WITNESSETH:

WHEREAS, the **COUNTY** is committed to assisting residents in need of medical care; and,

WHEREAS, indigent Pinellas County residents may require medical services which they cannot afford; and,

WHEREAS, **PROVIDER** is committed to serving the health care needs of the residents of Pinellas County, regardless of ability to pay, and has established a charity care policy under which it provides free or reduced cost services to indigent patients; and,

WHEREAS, the **PARTIES** believe it is in the best interest of the Pinellas County Health Program ("PCHP") to continue to partner with our local **PROVIDER** for the provision of health care services to indigent Pinellas County residents; and,

WHEREAS, the **COUNTY** determined that the **PROVIDER** assists in ensuring geographical coverage for provision of services to Pinellas County residents enrolled in the Pinellas County Health Program; and,

WHEREAS, the **COUNTY** desires to reduce the use of emergency room facilities for nonemergent health needs; and,

WHEREAS, the **PROVIDER** has staff and facilities available to provide medical care to eligible Pinellas County residents; and,

WHEREAS, the **COUNTY** intends to ensure access to care to individuals enrolled in the PCHP by using County revenues to make payments directly to **PROVIDER** to support the provision of such care; and,

WHEREAS, the parties desire to maximize and coordinate the availability of services for PCHP clients supported with **COUNTY** revenues, **PROVIDER** charity care, and Medicaid payments, such as Disproportionate Share Hospital ("DSH") payments and Low-Income Pool ("LIP") payments; and,

WHEREAS, to achieve such maximization and coordination, this agreement clarifies that, in lieu of receiving direct payments to support the provision of care to PCHP enrollees, **PROVIDER** may request that **COUNTY** transfer such payments in the form of intergovernmental transfers ("IGTs") to be utilized by the State of Florida's Medicaid program to support the provision of care for indigent patients, such as through DSH and LIP payments.

NOW, THEREFORE, the parties hereto do mutually agree as follows:

1. The above "WHEREAS" clauses are incorporated into and are made a part of this Agreement.
2. This Agreement is hereby renewed pursuant to Section 3 thereof, effective October 1, 2025, and continuing for a period of 12 months from that date unless terminated or cancelled as provided therein.
3. Section 4(a) of Compensation is amended to read:

The **COUNTY** agrees to pay **PROVIDER** an amount not to exceed **\$1,290,502.79** for the services outlined in Section 2 provided throughout the fiscal year dated October 1,

2025, through September 30, 2026, except to the extent **PROVIDER** requests and **COUNTY** opts to make IGTs consistent with subparagraph h.

4. Section 4(c) of Compensation is amended to read:

Invoices shall be sent electronically to the Contract Manager on a quarterly basis within thirty (30) days of the end of each quarter as indicated below. The **COUNTY** shall not reimburse **PROVIDER** in excess of the amount budgeted without prior approval or notification. To meet fiscal year deadlines, County fiscal year-end invoicing due dates may be shortened as necessary to meet fiscal year deadlines or grant requirements and/or as mutually agreed by the Parties.

<u>Service Time Period</u>	-	<u>Invoice Submission Timeframe</u>
Oct. 1, 2025-Dec. 31, 2025	-	Jan. 1, 2026- Jan. 30, 2026
Jan. 1, 2026-Mar. 31, 2026	-	Apr. 1, 2026- Apr. 30, 2026
Apr. 1, 2026-Jun. 30, 2026	-	Jul. 1, 2026- Jul. 30, 2026
Jul. 1, 2026-Sep. 30, 2026	-	Oct. 1, 2026- Oct. 5, 2026*

*Note shortened invoice submission timeframe for **COUNTY** fiscal year-end.

5. Except as herein provided, all other terms and conditions of the Agreement remain in full force and effect.

SIGNATURE PAGE FOLLOWS

IN WITNESS WHEREOF, the parties hereto have caused this instrument to be executed on the day and year written below.

PINELLAS COUNTY, FLORIDA, by and through its Board of County Commissioners

By: _____
Brian Scott, Chair

Date: _____, 2025

APPROVED AS TO FORM

By: Jason C. Ester
Office of the County Attorney

BayCare Health System, Inc.

By: [Signature]
Chief of Staff
Title

Date: August 19th, 2025