

**PINELLAS COUNTY HEALTH PROGRAM**  
**HOSPITAL PROVIDER AGREEMENT**

THIS AGREEMENT made and entered into as of the 10 day of September, 2015, by and between PINELLAS COUNTY, a political subdivision of the State of Florida, hereinafter referred to as the "COUNTY", and BAYCARE HEALTH SYSTEM, INC., a Florida Not-For-Profit 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 require medical services which they cannot afford; and,

WHEREAS, the PARTIES believe it is in the best interest of the residents of Pinellas County to receive health care services provided by our local PROVIDER; and

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

WHEREAS, the COUNTY desires to divert the inappropriate use of emergency room facilities by citizens of Pinellas County; and

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

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

**1. Scope of Services**

a) The **PROVIDER** shall provide the following services to Pinellas County residents enrolled in the Pinellas County Health Program (PCHP) as authorized by the Pinellas County Human Services Department:

1. Coordinate Ambulatory Surgical Center procedures, including diagnostic imaging, pathology and anesthesiology and all other ancillary services as related to outpatient procedures.
2. Provide and/or coordinate procedures, including pharmacy, medical/surgical supplies, pathology, anesthesiology, diagnostic imaging and all other ancillary services as related to inpatient procedures.
3. Provide care services for inpatient and outpatient clients.
4. Provide patient rehabilitation services as related to approved **PROVIDER** admissions.

b) The **PROVIDER** will work with the **COUNTY** to enroll potential clients who appear eligible based on financial screening performed at **PROVIDER** sites.

c) The **PARTIES** agree to use **INTERQUAL** criteria in determining admission to **PROVIDER**.

d) Provision of medical services shall be performed consistent with acceptable industry standards.

e) The **PROVIDER** will participate in quarterly operational meetings with the **COUNTY** to collaborate on diversion opportunities, development of shared client outcomes, enrollment promotion, discharge planning, and service connection.

## **2. Term of Agreement**

The services of the **PROVIDER** shall commence on October 1, 2015 and the agreement shall expire on September 30, 2016. This Agreement may be renewed for two (2) additional one (1) year periods after the expiration of the initial term by mutual written agreement of the parties. This option shall be exercised only if all terms and conditions remain the same or are substantially similar and approval is granted by the designated County authority.

## **3. Compensation**

- a) The total annual compensation provided for under this Agreement shall be in an amount not to exceed Two-million, Four-hundred Thousand and No/100 (\$2,400,000.00) dollars for services provided per Section 1 of this Agreement.
- b) **PROVIDER** shall be paid the annual compensation in four equal installments for services rendered during the term of this Agreement.
- c) **COUNTY** shall provide compensation to **PROVIDER** in accordance with the Florida Prompt Payment Act upon receipt of the documentation required in Section 6. When the required report(s) is/are incomplete or untimely, **COUNTY** may withhold payment until such time as the **COUNTY** accepts the remedied documentation and/or report(s).
- d) **COUNTY** shall remain a payer of last resort.
- e) Payment of these committed funds pursuant to this Agreement is subject to the availability of funds.
- f) In the event that funds available for services under this Agreement become fully encumbered, **PROVIDER** shall not be required to continue to provide any services to enrolled clients until such time as **COUNTY** has funds available for the services.

**PROVIDER** shall charge no co-pays or balance bill any patient enrolled for services in the Pinellas County Health Program for services related to this Agreement.

- g) Alternatively, payments to **PROVIDER** may be made to the State of Florida pursuant to the Low Income Pool (LIP) Letters of Agreement (LOAs) or subsequently designed state low-income healthcare pool. If the **COUNTY** issues payments to the State of Florida pursuant to the LIP LOAs, funding provided under the LIP LOAs shall be prioritized so that designated funding shall first be used to fund the Medicaid services as provided for in Section 1 (Scope of Services) of this Agreement (including LIP) and used secondarily for other purposes.
- h) Participation in the LIP LOAs by the **COUNTY** shall satisfy **COUNTY'S** responsibility under this section of this Agreement. **COUNTY** will pay **PROVIDER** directly if intergovernmental transfers are returned to the **COUNTY** by the Agency for Health Care Administration.

4. Records

- a) The **PROVIDER** shall keep adequate records and supporting documentation applicable to the delivery of medical services under this Agreement in accordance with **PROVIDER'S** standard policies and procedures. Said records and documentation shall be retained for a minimum of three (3) years from the date this Agreement is completed and accepted by the **COUNTY**. **COUNTY** and its authorized agents shall have the right to review, inspect and copy all such records and documentation during the record retention period stated above; provided, however, such activity shall be conducted only during normal business hours and shall be at **COUNTY** expense. To the extent **PROVIDER** uses a third party to provide copies of records and documentation,

pursuant to this section, COUNTY shall pay the full cost of such third party expenses.

b) This Agreement shall in no way interfere with the treatment procedures of patient as carried by or under the direction of any physician or other authorized individual.

**5. Electronic Data Requirements and Electronic Format Exchanges**

PROVIDER agrees to evaluate its ability to use the COUNTY's Electronic Data Requirements and Electronic Exchange Formats as specified in Attachment 1.

**6. Reports**

PROVIDER shall submit standardized quarterly reports utilizing a mutually agreeable format established by the COUNTY including, but not limited to, client-specific data elements delivered in the Agency for Healthcare Administration (AHCA) standard format. Quarterly reports are due within 45 days following the end of a quarter and shall accompany the invoice or request for reimbursement. If any mistake or omission is discovered in the report, an accurate and complete updated report shall be sent within 15 days of notification of the error. The COUNTY and PROVIDER may mutually agree in writing to modify report formats with the aim to collect the most meaningful and significant data.

**7. HIPAA**

PROVIDER is a covered entity and agrees to use and disclose Protected Health Information in compliance with the Standards for Privacy, Security and Breach Notification of Individually Identifiable Health Information (45 C.F.R. Parts 160 and 164) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act) and shall disclose any policies, rules or regulations enforcing these provisions upon request. In addition, to the extent

necessary, **PROVIDER** agrees to execute a mutually agreeable HIPAA Business Associate Agreement upon execution of this Agreement.

**8. Cancellation**

a) Failure of the **PROVIDER** to comply with any of the provisions of this Agreement shall be considered a material breach of contract and shall be cause for immediate termination of the Agreement at the discretion of the **COUNTY**.

b) Failure of the **COUNTY** to comply with any of the provisions of this Agreement shall be considered a material breach of contract and shall be cause for immediate termination of the Agreement at the discretion of the **PROVIDER**.

**9. Amendment/Modification.**

In addition to applicable federal, state and local statutes and regulations, this Agreement expresses the entire understanding of the parties concerning all matters covered herein. No addition to, or alteration of, the terms of this Agreement, whether by written or verbal understanding of the parties, their officers, agents or employees, shall be valid unless made in the form of a written amendment to this Agreement and formally approved by the parties.

**10. Insurance**

The **PROVIDER** shall maintain insurance covering all aspects of its operation dealing with this Agreement as specified in Attachment 2, and provide a Certificate of Insurance to the **COUNTY**. The insurance requirements shall remain in effect throughout the term of this Agreement.

**11. Indemnification**

The **PROVIDER** shall indemnify, pay the cost of defense, including attorney's fees, and hold harmless the **COUNTY** from all suits, actions, and claims of character brought on account

of **PROVIDER'S** negligence, excluding only such injury or damage as shall have been occasioned by the sole negligence of the **COUNTY**. Nothing herein is intended to serve as a waiver of sovereign immunity by any entity to which sovereign immunity may be applicable. Nothing herein shall be construed as consent by a state agency or political subdivision of the State of Florida to be sued by third parties in any manner arising out of any contract.

#### **12. Independent Contractor**

It is expressly understood and agreed by the parties that **PROVIDER** is at all times hereunder acting and performing as an independent contractor and not as an agent, servant, or employee of the **COUNTY**. No agent, employee, or servant of the **PROVIDER** shall be, or shall be deemed to be, the agent or servant of the **COUNTY**. None of the benefits provided by **COUNTY** their employees including, but not limited to, Worker's Compensation Insurance and Unemployment Insurance are available from **COUNTY** to the employees, agents, or servants of **PROVIDER**. **PROVIDER** shall be allowed to partake of the benefits of sovereign immunity by Section 768.28, Florida Statutes, as it may be amended from time to time.

#### **13. Nondiscrimination**

**PROVIDER** shall not discriminate against any applicant for employment or employee with respect to hire, tenure, terms, conditions or privileges of employment or any matter directly or indirectly related to employment or against any client because of age, sex, race, ethnicity, color, religion, national origin, disability or sexual orientation.

**PROVIDER** shall not discriminate against any person on the basis of age, sex, race, ethnicity, color, religion, national origin, disability or sexual orientation in admission, treatment, or participation in its programs, services and activities.

**PROVIDER** shall, during the performance of this Agreement, comply with all applicable provisions of federal, state and local laws and regulations pertaining to prohibited discrimination.

At no time will clients served under this Agreement be segregated or separated in a manner that may distinguish them from other clients being served by the **PROVIDER**.

**14. Prior Agreement, Waiver, and Severability**

This Agreement supersedes any prior Agreements between the Parties and is the sole basis for agreement between the Parties. The waiver of either party of a violation or default of any provision of this Agreement shall not operate as, or be construed to be, a waiver of any subsequent violation or default hereof. If any provision, or any portion thereof, contained in this Agreement is held unconstitutional, invalid, or unenforceable, the remainder of this Agreement, or portion thereof, shall be deemed severable, shall not be affected, and shall remain in full force and effect. This Agreement may be executed in one or more counterparts, each of which when so executed and delivered (whether by facsimile, e-mail, or other electronic means) shall be deemed to be an original, and all of which taken together shall constitute one and the same instrument. A facsimile, PDF, or other electronic signature shall create a valid and binding obligation of the party executing (or on whose behalf such signature is executed), and shall be deemed an original signature for all purposes under this Agreement.

**15. Governing Law**

The laws of the State of Florida shall govern this Agreement.

**16. Conformity to the Law**

**PROVIDER** shall comply with all federal, state and local laws and ordinances and any rules or regulations adopted thereunder.

**17. Agreement Management**

Pinellas County Human Services designates the following person as the liaison for the  
**COUNTY:**

Scott Glaeser, Contract Manager  
Pinellas County Human Services  
440 Court Street, 2<sup>nd</sup> Floor  
Clearwater, Florida 33756

The **PROVIDER** designates the following person(s) as the liaison(s) for **PROVIDER:**

Dianne Geiger  
Baycare Health System, Inc.  
2985 Drew Street  
Clearwater, FL 33759  
[Dianne.Geiger@baycare.org](mailto:Dianne.Geiger@baycare.org)

**SIGNATURE PAGE FOLLOWS**

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

ATTEST:  
Ken Burke  
Clerk of Circuit Court

By: Norma D. Sey

Deputy Clerk

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

By: John Marconi

Chairman

ATTEST:

By: Patricia A. Munday

BAYCARE HEALTH SYSTEM, INC.

By: Steph R. Mason

Title: CEO

Date: 7/27/15

APPROVED AS TO FORM  
OFFICE OF COUNTY ATTORNEY

By: [Signature]

Attorney