


MANATEE COUNTY GOVERNMENT AGENDA MEMORANDUM

SUBJECT	PHYSICIAN REIMBURSEMENT	TYPE AGENDA ITEM	CONSENT
DATE REQUESTED	JULY 7, 1998	DATE SUBMITTED/REVISED	JULY 1, 1998
BRIEFINGS/WHO?	OFFERED	CONSEQUENCES IF DEFERRED	DELAY IN REIMBURSEMENT INCREASE
DEPARTMENT/DIVISION	COMMUNITY SERVICES HUMAN SERVICES	AUTHORIZED BY TITLE	FREDERICK J. LOVELAND DIRECTOR
CONTACT PERSON TELEPHONE/EXTENSION	FRED LOVELAND/JEANNE WATKINS EXT 3487	PRESENTER/TITLE TELEPHONE/EXTENSION	FREDERICK J. LOVELAND, DIRECTOR EXT 3487
ADMINISTRATIVE APPROVAL			

ACTION DESIRED
INDICATE WHETHER "REPORT OR "DISCUSSION, "FORM OF MOTION, OR "OTHER ACTION REQUIRED:

ADOPTION OF RESOLUTION R-98-186 AUTHORIZING MANATEE COUNTY COMMUNITY SERVICES DEPARTMENT TO ADJUST COMPENSATION TO PHYSICIANS BEING REIMBURSED IN ACCORDANCE WITH PROVISIONS CONTAINED WITHIN THE INDIGENT CARE AGREEMENT

ENABLING/REGULATING AUTHORITY
FEDERAL/STATE LAW(S), ADMINISTRATIVE RULING(S), MANATEE COUNTY COMP PLAN/LAND DEVELOPMENT CODE, ORDINANCES, RESOLUTIONS, POLICY.)

1.3.1.4 EFFICIENCY IN SERVICE DELIVERY

BACKGROUND/DISCUSSION

• CONTINUED ON PAGE 2

HAS COUNTY ATTORNEY REVIEW BEEN REQUESTED? INDICATE "NO" OR "YES" @ RIGHT. IF "NO," PROCEED TO 1) BELOW; AND IF "YES," PROCEED TO 2) BELOW

1) IF "NO" TO ABOVE:

A) PLEASE EXPLAIN BELOW: (SEE ALSO FOLLOWING SECTION 1B) RE: CONTRACT, AGREEMENT, LEASE, ETC.)

VERBAL APPROVAL HAS BEEN RECEIVED BY PATRICIA McVOT

B) IF A CONTRACT, AGREEMENT, LEASE OR OTHER DOCUMENT WAS PREVIOUSLY APPROVED, STATE YEAR OF LAST USE @ RIGHT

N/A

2) IF "YES" TO FIRST QUESTION IN THIS SECTION:

A) HAS ENTIRE MATTER, OR ONLY A PORTION, BEEN REVIEWED? IF ONLY A PORTION, WHICH PORTION?

RESOLUTION HAS BEEN REVIEWED

B) HAVE ALL COMMENTS/SUGGESTIONS RAISED BY COUNTY ATTORNEY BEEN ADDRESSED/INCORPORATED, IF NOT, PLEASE EXPLAIN. A COPY OF FINAL COUNTY ATTORNEY MEMO RE THIS MATTER **MUST BE ATTACHED** (IF COMMENTS WERE VERBAL, SO INDICATE.)

COMMENTS/SUGGESTIONS WERE INCORPORATED INTO DOCUMENT

ATTACHMENTS: (LIST IN ORDER AS ATTACHED)	INSTRUCTIONS TO BOARD RECORDS:
RESOLUTION R-98-186 SPECIAL HEALTH CARE TRUST FUND PHYSICIAN REIMBURSEMENT CHART	NONE
COST \$401,655	SOURCE (ACCT# & NAME) \$341,655 SPECIAL HEALTH CARE TRUST FUND \$150,000 COUNTY GENERAL REVENUE
COMMENTS	AMT./FREQ. OF RECURRING COSTS (ATTACH FISCAL IMPACT STATEMENT)

APPROVED IN OPEN SESSION
JUL 07 1998

BOARD OF COUNTY COMMISSIONERS
MANATEE COUNTY, FLORIDA
PHYSICIAN AGO LAST REVISED ON 7/1/98 @ 2:47 PM BY JOW/3487

BACKGROUND/DISCUSSION (CONTINUED FROM PAGE 1):

- PURSUANT TO THE INDIGENT CARE AGREEMENT, COUNTY CURRENTLY REIMBURSES PHYSICIANS PROVIDING SERVICES AT MANATEE MEMORIAL HOSPITAL (MMH) AT 100% OF THE MEDICAID RATE. THIS AGREEMENT ALLOWS FOR THE COUNTY TO REIMBURSE PHYSICIANS FOR THESE SERVICES UP TO 200% OF MEDICAID RATE. HOWEVER, RESTRICTED HEALTH CARE TRUST FUND INTEREST, IN THE PAST, HAS DICTATED THE 100% REIMBURSEMENT RATE.
- IN AN EFFORT TO ADEQUATELY COMPENSATE PHYSICIANS PROVIDING SERVICES TO MANATEE COUNTY INDIGENTS, COUNTY STAFF IS RECOMMENDING THIS INCREASE.
- IT IS PROJECTED THAT FUNDS WILL BE AVAILABLE TO COVER THIS INCREASE AS A RESULT OF A DECREASE IN PHYSICIAN BILLING, AS WELL AS ADDITIONAL RECURRING COUNTY GENERAL REVENUE FUNDING OF \$150,000 SET ASIDE FOR THIS PURPOSE BY THE COMMISSION DURING FISCAL YEAR 1996-1997.
- REIMBURSEMENT TO PHYSICIANS WILL NOT EXCEED AMOUNTS ANNUALLY BUDGETED BY THE BOARD OF COUNTY COMMISSIONERS.

RESOLUTION R-98-186

A RESOLUTION OF THE MANATEE COUNTY BOARD OF COUNTY COMMISSIONERS AUTHORIZING MANATEE COUNTY COMMUNITY SERVICES DEPARTMENT TO ADJUST COMPENSATION TO PHYSICIANS BEING REIMBURSED IN ACCORDANCE WITH PROVISIONS CONTAINED WITHIN THE INDIGENT CARE AGREEMENT.

WHEREAS, on November 6, 1990, the Board of County Commissioners (Board) entered into an Indigent Care Agreement with Manatee Hospitals and Health Systems, Inc. to provide for a system of reimbursing Manatee Memorial Hospital and physicians for the provision of eligible services to qualifying indigents, as such terms are defined within the Agreement; and

WHEREAS, the Indigent Care Agreement was assigned to Manatee Memorial Hospital L.P. (Hospital) effective August 31st, 1995; and

WHEREAS, the Indigent Care Agreement provides that the Board, in its sole discretion, may, subject to the amount of Health Care Trust Funds available for such purpose, among other factors, compensate physicians at the lesser of up to 200% of the Medicaid rate or the Physician's normal charges for such services; and

WHEREAS, from time to time, the Board may, in its sole discretion, elect to appropriate additional funds to compensate physicians in accordance with provisions contained within the Indigent Care Agreement.

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

1. In accordance with provisions contained within the Indigent Care Agreement, Manatee County Community Services Department is authorized to adjust compensation to physicians from the current level of 100% of the Medicaid rate to 175% of the Medicaid rate.
2. Such compensation shall be applicable to all qualifying invoices reflecting a date of service of July 7th, 1998 or later, until such time that the Board, in its sole discretion, elects to adjust such compensation in the future, or funds budgeted for such purpose in any given fiscal year are exhausted.
3. This resolution is not intended to provide an entitlement to any physician or physicians, and the Board may adjust, prospectively or retroactively, the compensation to physicians

for reasons that may include, but not be limited to, the number of indigents being treated at the Hospital facility, the amount of funds budgeted annually for such purpose, or changes in methods, programs, laws or regulations concerning the treatment of indigents.

ADOPTED, this open session with a quorum present and voting, this _____ day of _____, 1998.

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

By: _____
Patricia M. Glass, Chairman

**ATTEST: R. B. SHORE
CLERK OF CIRCUIT COURT**

By: _____