

Letter of Agreement

This Letter of Agreement ("LOA") is made and entered into on the ____ day of _____, 2025 by and between Levy County (herein referred to as Government Owned EMS Provider) and _____ (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 'B', 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 B 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:

Name: Alesha Rinaudo

Title:

Title: Assistant to the Public Safety
Director

Phone:

Phone: 352-486-5209

Email:

Email: arinaudo@levydps.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 [REDACTED] (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

James M. Harrell – Public Safety Director

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

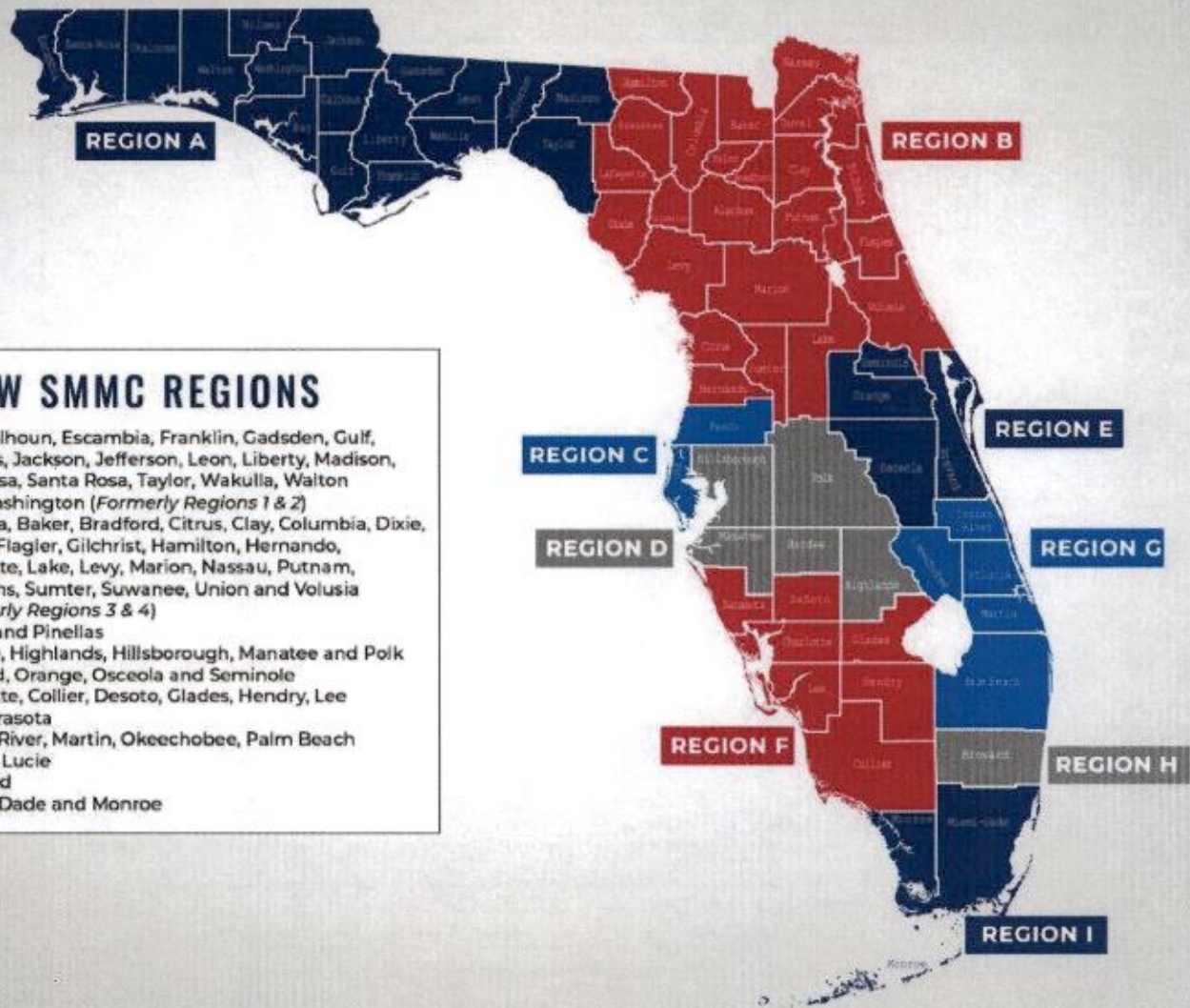
DATE

MEDICAID MANAGED CARE ORGANIZATION

NAME & TITLE OF AUTHORIZED INDIVIDUAL

SIGNATURE OF AUTHORIZED INDIVIDUAL

DATE



NEW SMMC REGIONS

- REGION A:** Bay, Calhoun, Escambia, Franklin, Gadsden, Gulf, Holmes, Jackson, Jefferson, Leon, Liberty, Madison, Okaloosa, Santa Rosa, Taylor, Wakulla, Walton and Washington (*Formerly Regions 1 & 2*)
- REGION B:** Alachua, Baker, Bradford, Citrus, Clay, Columbia, Dixie, Duval, Flagler, Gilchrist, Hamilton, Hernando, Lafayette, Lake, Levy, Marion, Nassau, Putnam, St. Johns, Sumter, Suwanee, Union and Volusia (*Formerly Regions 3 & 4*)
- REGION C:** Pasco and Pinellas
- REGION D:** Hardee, Highlands, Hillsborough, Manatee and Polk
- REGION E:** Brevard, Orange, Osceola and Seminole
- REGION F:** Charlotte, Collier, Desoto, Glades, Hendry, Lee and Sarasota
- REGION G:** Indian River, Martin, Okeechobee, Palm Beach and St. Lucie
- REGION H:** Broward
- REGION I:** Miami-Dade and Monroe



SMMC HEALTH PLANS (2025-2030)									DENTAL PLANS (2025-2030)	
REGION	AETNA BETTER HEALTH AET	COMMUNITY CARE PLAN CCP	FLORIDA COMMUNITY CARE FCC	HUMANA MEDICAL PLAN HUM	MOLINA HEALTHCARE MOL	SIMPLY HEALTHCARE SHP	SUNSHINE HEALTH SUN	UNITED HEALTHCARE URA	DENTAQUEST DQT	LIBERTY LIB
A			FCC COMP+ (H, S)	HUM COMP+ H, S		SHP COMP+ H, S	SUN COMP+ C, H, S		DENTAQUEST DENT	LIBERTY DENT
B			FCC COMP+ (H, S)	HUM COMP+ H, S		SHP COMP+ H, S	SUN COMP+ C, H, S	URA COMP+ (H, S)	DENTAQUEST DENT	LIBERTY DENT
C			FCC COMP+ (H, S)	HUM COMP+ H, S		SHP COMP+ H, S	SUN COMP+ C, H, S		DENTAQUEST DENT	LIBERTY DENT
D	AET COMP+ H, S		FCC COMP+ (H, S)	HUM COMP+ H, S		SHP COMP+ H, S	SUN COMP+ C, H, S	URA COMP+ (H, S)	DENTAQUEST DENT	LIBERTY DENT
E	AET COMP+ H, S	CCP MMA+ S	FCC SELECT COMP	HUM COMP+ H, S		SHP COMP+ H, S	SUN COMP+ C, H, S		DENTAQUEST DENT	LIBERTY DENT
F		CCP MMA+ S	FCC SELECT COMP	HUM COMP+ H, S		SHP COMP+ H, S	SUN COMP+ C, H, S		DENTAQUEST DENT	LIBERTY DENT
G		CCP MMA+ S	FCC SELECT COMP	HUM COMP+ H, S		SHP COMP+ H, S	SUN COMP+ C, H, S		DENTAQUEST DENT	LIBERTY DENT
H		CCP MMA+ S	FCC SELECT COMP	HUM COMP+ H, S		SHP COMP+ H, S	SUN COMP+ C, H, S		DENTAQUEST DENT	LIBERTY DENT
I	AET COMP+ H, S	CCP MMA+ S	FCC COMP+ (H, S)	HUM COMP+ H, S	MOL COMP+ H, S	SHP COMP+ H, S	SUN COMP+ C, H, S	URA COMP+ (H, S)	DENTAQUEST DENT	LIBERTY DENT

COMP+ = Comprehensive LTC Plus Plan; MMA+ = Managed Medical Assistance Plus Plan; SELECT COMP = Select Comprehensive Plan
Specialty Services include:
HIV/AIDS (H), Serious Mental Illness (SI), and Child Welfare (C)

Disclaimer: Above is a list of the health plans awarded contracts under the new Statewide Medicaid Managed Care (SMMC) Program.
The additional and revised contracts were awarded per Section 120.57(4), Florida Statutes.

Note: The Children's Medical Services (CMS) Managed Care Plan is being procured separately.

04/20/2025

Public Emergency Transportation Providers'
SMMC Plan Contacts

Aetna:

Elba M. Tapanes, Lead Director, Network Management
Phone: (786) 209-5362
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Community Care Plan:

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Children's Medical Service:

Ray Bautista
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Florida Community Care:

Krystal Ilvento
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Humana:

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Molina:

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Simply Healthcare:

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Sunshine State Health Plan:

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United:

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