PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

AGENDA ITEM SUMMARY

Meeting Date:	January 14, 2025	[X] Consent [] Workshop	[] Regular [] Public Hearing
Department:	Fire Rescue		

I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to authorize:

- A) County Administrator or designees to act as a County representative or Authorized Official to make or approve necessary changes and updates to Fire Rescue's participation in the Medicare Program and related documents, during the current revalidation period through January 2027; and
- B) County Administrator or designees to act as a County representative or registered agent to make or approve necessary changes and updates to Fire Rescue's participation in the Medicaid Program and related documents, during the current revalidation period through March 2026.

SUMMARY: This item updates the Authorized Official and registered agent as the County representative on the Centers for Medicare and Medicaid Services and State of Florida Agency for Health Care Administration websites. Allowing for the appointment of Authorized Official and registered agent, will ensure the County (Fire Rescue) will remain up to date on all necessary changes or updates in the Medicare and Medicaid Programs, and to bind and commit the County to fully abide by the statutes, regulations, and program instructions of each respective program, until the next revalidation period. The enrollment allows Palm Beach County Fire Rescue to successfully submit claims directly to Medicaid and Medicare for those patients with Medicaid and Medicare Insurance. <u>Countywide</u> (SB)

Background and Justification: Fire Rescue has had changes in staff since the last revalidation and is now seeking delegated authority to update the records with new staff. Fire Rescue's Medicaid enrollment will require revalidation in 2026 and the Medicare enrollment will require revalidation in 2027. The enrollment allows Palm Beach County Fire Rescue to submit claims directly to Medicaid and Medicare for those patients with Medicaid and Medicare insurance.

Recommended by:	Portations	12-9-2024
	Assistant Fire Chief	Date
Approved by:	(JAN)	12 - 8 - 2024
	Eire Rescue Administrator	Date
Approved by:		12/19/2004
	Assistant County Administrat	tor ⁽ Daté (
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II. FISCAL IMPACT ANALYSIS

A. Five Year Summary of Fiscal Impact:

Capita Opera Extern Progr	l Years al Expenditures ating Costs nal Revenues am Income (County) ad Match (County)	2025 	2026	2027	2028	2029				
NET FISCAL IMPACT		*0								
# ADDITIONAL FTE POSITIONS (Cumulative)										
Is Item Included in Current Budget?Yes X NoDoes this item include the use of federal fundsYes No XDoes this item include the use of State Funds?Yes No X										
Budget Account No.: Fund Dept Unit Rev Source										
B.	Recommended Sources	of Funds/Su	mmary of Fis	cal Impact:						
	* There is no fiscal impact	associated w	ith this item.							
C.	ρ									
III. <u>REVIEW COMMENTS</u>										
Α.	OFMB Fiscal and/or Cont	tract Develop	oment and Co	ontrol Comm	ents:					
(OFMB A	1101204 1210 5 1210	Contr	MMM (act Develop	nent and Cor) 12/12/2 1/ htroi				
В.	Legal Sufficiency	910								
	Assistant County Attorne	12/18/202	4							
C.	Other Department Review	v :								
	Department Director		_							

(THIS SUMMARY IS NOT TO BE USED AS A BASIS FOR PAYMENT.)