



AGREEMENT SUMMARY

1. Other Contracting Party:

SOUTH BROWARD HOSPITAL DISTRICT (SBHD) d/b/a Memorial Healthcare System

2. Proposed Action:

[X] New Contract [ ] Amendment, Number [ ] Renewal [ ] Extension

3. Document Type (select one):

Billing Agreement

4. Purpose/Description:

Sets reimbursement rates for medical services provided by SBHD to persons ill or injured at the time of arrest at daily rate of \$2,332 for Inpatient Services and \$614 for Outpatient Services.

5. Special Provisions (select if applicable):

[ ] Living Wage Program [ ] SBE Sheltered Market Program
[ ] Workforce Investment Pilot Program [ ] M/WBE Program
[ ] Federal DBE/ACDBE program [ ] In-Kind Match Required: \$ \_\_\_\_\_ or \_\_\_\_\_ %
[ ] CBE Program [ ] Cash Match Required: \$ \_\_\_\_\_ or \_\_\_\_\_ %

6.a. Effective Dates (for new agreements only):

Start : October 1, 2017
End: September 30, 2019

6.b. Effective Dates (amendments only):

[ ] No Change
[ ] End date has changed from \_\_\_\_\_ to \_\_\_\_\_
[ ] Term has from \_\_\_\_\_ to \_\_\_\_\_

7. Contract Administrator:

Name: Dorma Davis, Contract/Grants Administrator
Phone: 954-357-5388

8. Contract Type:

[X] Cost reimbursement [ ] Open-end
[ ] Firm fixed price [ ] Time and materials
[ ] Performance-based [ ] Other \_\_\_\_\_

9.a. Contract Value (new contracts)

Table with 2 columns: Description, Value. Rows: Actual/Estimated, Base amount, Reimbursables, Optional Services, Total contract value.

9.b. Contract Value (amendments only)

Table with 2 columns: Description, Value. Rows: No change/Actual/Estimated, Original approved contract value, Approved previous adjustments, Value of this action, Amended total contract value.

10. Payment Method

[ ] Lump Sum Payment
[ ] Milestone or Progress-Based
[ ] Scheduled or Time-Based
[X] Other Reimbursed as Billed

11. Payment Terms

SBHD will submit invoices with supporting documentation following patient discharge and county will reimburse at a rate of \$2,332 per diem for inpatient services for patients who are hospitalized for 24-hours (with adjustments for specified high cost services) and at a rate of \$614 for outpatient services for patients who are treated per each 24-hour).

12. Cost Adjustment

[X] Not Applicable [ ] Fixed Percentage - \_\_\_% [ ] Actual Cost
[ ] CPI or other Index [ ] Fixed Amount - \$\_\_\_\_\_ [ ] Other:

13. Equity Program Participation Summary

a. County established M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal for this action or project: N/A
b. Contractor-committed M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation goal planned for this action or project: N/A
c. M/WBE, SBE, CDBE, CBE, DBE or ACDBE participation to date: N/A

14. Renewal or Extension Terms:

THE CONTRACT ADMINISTRATOR MAY RENEW THIS AGREEMENT FOR UP TO THREE (3) ONE-YEAR OPTION PERIODS

15. Termination and Cancellation Provisions

For Cause: PER SECTION IV. ALL FUNDS NOT EXPENDED FOR THE PURPOSES AGREED TO BY THE GRANTEE AND THE FOUNDATION MUST BE RETURNED TO THE FOUNDATION.
For Convenience: N/A

16. Deliverables, milestones or scope of this action:

N/A

17. List terms, considerations or deviations from standard county form.

N/A