

**BEHAVIORAL HEALTH SERVICES AGREEMENT
FOR BEHAVIORAL HEALTH CARE**

This Agreement ("Agreement") is made effective from October 1, 2024 ("Effective Date") to September 30, 2025 by and between Lakeland Regional Health Systems, Inc. and Lakeland Regional Medical Center, Inc. d/b/a Lakeland Regional Health ("Behavioral Health Services Entity") and Polk County, a political subdivision of the State of Florida ("COUNTY") (Behavioral Health Services Entity and COUNTY shall be jointly referred to herein as the "Parties").

WITNESSETH:

WHEREAS, the County has an indigent health care plan, hereinafter known as the Polk HealthCare Plan (further defined herein and hereinafter referred to as the "Plan" as further defined in Section 1.8, below), and wishes to arrange for the provision of outpatient behavioral health services to certain eligible County residents ("Members" as further defined in Section 1.9, below); and

WHEREAS, the Behavioral Health Services Entity is comprised of, or contracts with, one or more Qualified Providers (hereinafter defined) capable of meeting the credentialing criteria of the County; and

WHEREAS, the County desires to engage the Behavioral Health Services Entity to deliver, or arrange for the delivery of outpatient behavioral health services to the Members of its Plan; and

WHEREAS, the Behavioral Health Services Entity is willing to deliver or arrange for the delivery of such services on the terms specified herein.

NOW, THEREFORE, in consideration of the mutual promises set forth herein, and other good and valuable consideration, the parties hereby agree as follows:

**ARTICLE I
DEFINITIONS**

1.1 Claim. A statement of services submitted to the County, or its designated third party administrator, by the Behavioral Health Services Entity following the provision of Covered Services to a Member that shall include the Member's demographics, diagnosis or diagnoses (ICD10 Codes), date(s) of service, CPT/HCPCS codes, place of service, authorization number if required, referring provider if applicable, treating provider and the member name, member address, member date of birth, Plan member identification number and Qualified Provider to be paid for services rendered to the Member submitted on an approved CMS 1500 Form.

1.2 Co-payment. A charge which may be collected directly by a Behavioral Health Services Entity or Behavioral Health's Services Entity's designee from a Member in accordance with the Plan.

1.3 County. The designated division of the county government of Polk County, Florida, Polk HealthCare Plan, Health and Human Services Division or its authorized agent as applicable.

1.4 County Notice. A communication by the County to the Behavioral Health Services Entity informing the Behavioral Health Services Entity of the terms of the Plan, modifications to the Plan, and any other information relevant to the provision of Covered Services pursuant to this Agreement.

1.5 Covered Services. Those outpatient Behavioral Health care services to be delivered by or through Behavioral Health Services Entity to Members pursuant to this Agreement, as further defined in ARTICLE II.

1.6 Behavioral Health Services Entity. An individual or group of Qualified Providers, who are capable of meeting the credentialing criteria of the Plan.

1.7 Payer. The entity or organization directly responsible for the payment of Covered Services to the Behavioral Health Services Entity under the Plan.

1.8 Polk HealthCare Plan (the "Plan"). A government assistance program to provide health care services, which is funded by a discretionary sales surtax (as authorized pursuant to F.S. 212.055(7)) and administered by the County for the benefit of Members, as it may be modified from time to time, and all the terms, conditions, limitations, exclusions, benefits, rights and obligations thereof to which County and Members are subject.

1.9 Polk HealthCare Plan Members (or Members). Any individual(s) who has/have been determined eligible by the County to participate in the Plan and who is/are enrolled in the Plan.

1.10 Protected Health Information (PHI). Information that is (a) created or received by a Behavioral Health Services Entity; (b) relates to: (1) the past, present, or future behavioral health condition of an individual; (2) the provision of behavioral health care to an individual; or (3) the past, present, or future payment for the provision of behavioral health care to an individual; and (c) identifies the individual or there is a reasonable basis to believe the information can be used to identify the individual. PHI does not include information excluded from HIPAA's definition of "protected health information" in 45 C.F.R. 160.103.

1.11 Qualified Provider. A doctor of medicine or osteopathy, certified nurse practitioner, physician assistant, Mental Health Counselor, Psychologist, Marriage and Family Therapist, or Clinical Social Worker licensed to practice in the State of Florida, who possesses an unencumbered Florida license, and who provides Covered Services to Members as contemplated in this Agreement or oversees and co-signs on services provided by members of multidisciplinary team so that they can be billed.

1.12 Total Compensation. The total amount payable by Payer and Member for Covered Services furnished pursuant to this Agreement. The Total Compensation is defined herein pursuant to EXHIBIT A, attached hereto and incorporated into this Agreement by reference.

ARTICLE II **DELIVERY OF SERVICES**

2.1 Covered Services. The Behavioral Health Services Entity shall provide or, through its Qualified Providers, arrange for the Members the provision of Covered Services that are identified in EXHIBIT A, attached hereto and made a part of this Agreement by reference. All Covered Services shall be provided in accordance with generally accepted clinical and legal standards, consistent with medical ethics governing the Qualified Provider. Non-Covered Services are not reimbursable services under the Plan.

2.2 Verification of Members. In order to guarantee payment, the Behavioral Health Services Entity shall utilize a Member's identification card, which has been chosen by the County to verify and confirm that Member's eligibility for Covered Services prior to rendering any such Covered Services pursuant to the instructions provided in EXHIBIT B attached hereto and made a part of this Agreement by reference.

ARTICLE III **COMPENSATION AND RELATED TERMS**

3.1 Compensation. The Behavioral Health Services Entity, or its designee, shall accept the Total Compensation as full payment for the provision of Covered Services.

3.2 Billing for Covered Services. The Behavioral Health Services Entity shall submit a Claim to the County or its third party administrator and, in the event the Claim is consistent with the compensation terms under EXHIBIT A, the County or its third party administrator shall pay the Behavioral Health Services Entity for Covered Services rendered to Members in accordance with the terms of this Agreement. The Behavioral Health Services Entity shall arrange for all Claims for Covered Services to be submitted to the County or its third party administrator within one hundred and eighty (180) days from the date of service. If additional information is required or needed by the

County or its third party administrator to evaluate or validate the original Claim submitted by the Behavioral Health Services Entity for payment, the Behavioral Health Services Entity will have an additional ninety (90) days from the date of the initial claim denial to resubmit a corrected claim. The Behavioral Health Services Entity shall submit such claims on a billing form CMS-1500 or on any other form that the County directs the Behavioral Health Services Entity, in writing, to utilize. If the Behavioral Health Services Entity does not submit a Claim to the County or its third party administrator in a timely manner, the County or its third party administrator may, at its discretion, deny payment.

3.3 Co-payments to be Collected from Members. When the Plan requires Members to make Co-payments, such Co-payments shall be collected from the Member at the time the service is rendered by the Behavioral Health Services Entity or one of its Qualified Providers. The County shall inform or educate Members that Members must make a Co-payment at the time the service is rendered and that this practice is mandatory for all Members. At no time shall the Behavioral Health Services Entity bill a Member for any balance remaining in relation to a bill after the Total Compensation has been applied to the same.

3.4 Promptness of Payment. The County or its third party administrator shall remit to the Behavioral Health Services Entity the County's portion of the Total Compensation, as specified in EXHIBIT A, within forty-five (45) days of receipt of a Claim by the Behavioral Health Services Entity. This Claim shall be sufficient in detail so that the County or its third party administrator is able to reasonably determine the amount to be paid. If additional information is required or needed by the County or its third party administrator to evaluate or validate the original Claim submitted by the Behavioral Health Services Entity for payment, the Behavioral Health Services Entity will have an additional ninety (90) days from the date of the initial claim denial to resubmit a corrected claim.

The County or its third party administrator shall affirm and pay any valid claims within forty-five (45) days of receipt of such additional information. All payments to the Behavioral Health Services Entity shall be considered final unless adjustments are requested, in writing to the County or its third party administrator by the Behavioral Health Services Entity within ninety (90) days following receipt of the payment explanation from the Payer.

If payment has been made to the Behavioral Health Services Entity by the County or its third party administrator for a non-covered service, the Behavioral Health Services Entity shall promptly refund such payment provided written notice of payment for such non-covered service has been made by the County within ninety (90) days of receipt of the Behavioral Health Services Entity's Claim.

For purpose of payment, "prompt payment" may be defined as "within ninety (90) days." The Behavioral Health Services Entity agrees that it shall not bill and collect any amount pursuant to this Agreement for charges incurred by Members to the extent that such charges result from an error made by the Behavioral Health Services Entity. An error shall include, but not be limited to, duplicate billing for a Covered Service provided only once and any services which were not actually rendered. If the County or its third party administrator concludes that such an erroneous billing or collection has been made, the County or its third party administrator shall notify the Behavioral Health Services Entity of the error. Upon receipt of this notification, the Behavioral Health Services Entity shall promptly withdraw the billing or that part which is in error or reimburse the County or its third party administrator for such amounts already paid to the Behavioral Health Services Entity pursuant to the erroneous billing.

3.5 Payer of Last Resort. Under no circumstances shall Behavioral Health Services Entity bill the Plan or the Plan pay any Member bill until and unless all other sources of other Member coverage have been billed and payment has been denied by the same. Should a Plan member be determined to have other coverage for services provided by Behavioral Health Services Entity under any other contractual or legal benefit, including, but not limited to, Medicaid, Medicare, or a private group or indemnification program, Behavioral Health Services Entity is expected to bill the said entity as the primary payer. If the Plan paid for services and other coverage is later discovered, the Behavioral Health Services Entity must reimburse the County or its third party administrator by recoup, refund or adjustments.

3.6 Sole Source of Payment. Only after other payer sources have been exhausted, Behavioral Health Services Entity will pursue payment of any Claim from the County or its third party administrator for Medically Necessary Covered Services of Members. Behavioral Health Services Entity shall make no charges or claims against the Plan Members for Covered Services except for Co-payments as previously authorized.

ARTICLE IV
BEHAVIORAL HEALTH SERVICES ENTITY'S OBLIGATION

4.1 **Licensed/Good Standing.** The Behavioral Health Services Entity represents that each of its Qualified Providers are and shall remain licensed and/or registered who possesses an unencumbered Florida license to practice medicine and, if such Behavioral Health Services Entity is an entity, such entity is registered and in good standing in the State of Florida. Failure to maintain licensure will be grounds for immediate termination of this Agreement under Section 8.2.

4.2 **Nondiscrimination.** The Behavioral Health Services Entity agrees that it and each of its Qualified Providers shall not differentiate or discriminate in its provision of Covered Services to Members because of race, color, national origin, ancestry, religion, sex, marital status, sexual orientation, income, health status, disability or age. Further, the Behavioral Health Services Entity agrees that its Qualified Providers shall render Covered Services to Members in the same manner, in accordance with the same standards, and within the same time availability as such services are offered to patients not associated with the Plan and consistent with medical ethics and applicable legal requirements for providing continuity of care.

4.3 **Standards.** Covered Services provided by or arranged for by the Behavioral Health Services Entity shall be delivered only by professional personnel qualified by licensure, training or experience to discharge their responsibilities and operate their facilities in a manner that complies with generally accepted standards in the industry.

4.4 **Credentialing of Qualified Providers.** The Behavioral Health Services Entity acknowledges that the County may delegate to it, at the County's discretion, all credentialing responsibilities and authority with respect to Qualified Providers and/or other practitioners. This delegation will be accepted by the Behavioral Health Services Entity, if so directed by the County.

4.5 **Employment Eligibility Verification (E-Verify)**

- a. Unless otherwise defined herein, terms used in this Section which are defined in Section 448.095, Florida Statutes, as may be amended from time to time, shall have the meaning ascribed in said statute.
- b. Pursuant to Section 448.095 (5), Florida Statutes, the contractor hereto, and any subcontractor thereof must register with and use the E-Verify system to verify the work authorization status of all new employees of the contractor or subcontractor. The contractor acknowledges and agrees that (i) the County and the contractor may not enter into this Agreement, and the contractor may not enter into any subcontracts hereunder, unless each party to this Agreement, and each party to any subcontracts hereunder, registers with and uses the E-Verify system; and (ii) use of the U.S. Department of Homeland Security's E-Verify System and compliance with all other terms of this Certification and Section 448.095, Florida Statutes, is an express condition of this Agreement, and the County may treat a failure to comply as a material breach of this Agreement.
- c. By entering into this Agreement, the contractor becomes obligated to comply with the provisions of Section 448.095, Florida Statutes, "Employment Eligibility," as amended from time to time. This includes but is not limited to utilization of the E-Verify System to verify the work authorization status of all newly hired employees and requiring all subcontractors to provide an affidavit attesting that the subcontractor does not employ, contract with, or subcontract with, an unauthorized alien. The contractor shall maintain a copy of such affidavit for the duration of this Agreement. Failure to comply will lead to termination of this Agreement, or if a subcontractor knowingly violates the statute or Section 448.09(1), Florida Statutes, the subcontract must be terminated immediately. If this Agreement is terminated pursuant to Section 448.095, Florida Statutes, such termination is not a breach of contract and may not be considered as such. Any challenge to termination under this provision must be filed in the Tenth Judicial Circuit Court of Florida no later than 20 calendar days after the date of termination. If this Agreement is terminated for a violation of Section 448.095, Florida Statutes, by the contractor, the contractor may not be awarded a public contract for a period of 1 year after the date of termination. The contractor shall be liable for any additional costs incurred by the County as a result of the termination of this Agreement. Nothing in this section shall be construed to allow intentional discrimination of any class protected by law.

4.6 Authority. The Behavioral Health Services Entity shall, and hereby does, represent and warrant that it has full legal power and authority to bind its Qualified Providers to the provisions of this Agreement. The Behavioral Health Services Entity shall communicate with its Qualified Providers regarding all matters relating to this Agreement and the services to be performed hereunder.

4.7 Administrative Procedures. The Behavioral Health Services Entity and each of its Qualified Providers shall comply with the policies and procedures established by the County and pursuant to the Plan, to the extent the Behavioral Health Services Entity has received notice of the same, consistent with the terms of this Agreement.

4.8 Use of Names for Marketing. The Behavioral Health Services Entity and each of its Qualified Providers shall permit the County to utilize the name, address, and telephone number of it or its Qualified Providers, in the County's list of Behavioral Health Services Entities, which will be distributed to Members. Such rights shall not extend to the listing of such Qualified Providers or Behavioral Health Services Entity in any newspaper, radio, or television advertising without receiving the prior written consent of said Behavioral Health Services Entity. Time is of the essence and approval will not be unreasonably withheld.

4.9 Noninterference with Outpatient Behavioral Health. Nothing in this Agreement is intended to create (nor shall be construed or deemed to create) any right of the County to intervene in any manner in the methods or means by which the Behavioral Health Services Entity renders Covered Services. Nothing herein shall be construed to require the Behavioral Health Services Entity to take any action inconsistent with professional judgment concerning the behavioral health care and treatment to be rendered to Members.

4.10 Best Efforts. The Behavioral Health Services Entity shall use best efforts to participate in such utilization review programs, medical necessity reviews, coordination of benefit activities, and cost containment activities, as are provided under the Plan.

4.11 Evaluation and Quality Management. The Behavioral Health Services Entity is expected to have its own quality management programs in place. These programs should include ongoing monitoring of quality of care, documentation, qualifications for professional staff and requirements for ongoing training of professional and support staff.

4.12 Health Insurance Portability and Accountability Act (HIPAA). The Behavioral Health Services Entity warrants that it is in compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the provisions of the Privacy and Security Rule adopted by the Department of Health and Human Services ("HHS").

4.13 The Behavioral Health Services Entity agrees to safeguard information in accordance with all applicable legal requirements which may include without limitation relevant provisions of the following: 42 C.F.R. Chapter I, Public Health Service, Department of Human Services, Subchapter A, Part 2, Confidentiality of Alcohol and Drug Abuse Patient Records, Florida Statutes Chapters 394, Mental Health, and 397, Substance Abuse Services.

ARTICLE V **COUNTY'S OBLIGATIONS**

5.1 Deemed Notification. The County shall notify the Behavioral Health Services Entity in writing of all policies, procedures, rules, regulations, and schedules, that the County considers material to the performance of this Agreement and relevant amendments. Except in the event of emergency, or unless the County directs otherwise in writing, thirty (30) days from the date of notification will be considered sufficient notice to effect a change in policy under the Plan.

5.2 Appeal of a Claim Denial. For denial of payment of Claims, the Behavioral Health Services Entity will have sixty (60) days from the date of the final denial of a Claim to submit an appeal of the denial. "Final denial" of a Claim will occur upon the completion of the ninety (90) day period that a Behavioral Health Services Entity is afforded to resubmit a corrected Claim, if no corrected Claim is provided in such 90-day time period or if the corrected Claim is subsequently denied and an additional ninety (90) day period has elapsed without further corrected Claim submitted by the Behavioral Health Services Entity. The appeals decision whether to uphold or overturn a Claim appeal will be

communicated to the Behavioral Health Services Entity within forty-five (45) days from the date the Behavioral Health Services Entity submitted the appeal using an Explanation of Payment form ("EOP").

5.3 Provider Grievances. The County shall establish and maintain systems to process and resolve any grievance a Qualified Provider has against the County.

5.4 Health Insurance Portability and Accountability Act (HIPAA). The County warrants that it is in compliance with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") and the provisions of the Privacy and Security Rule adopted by the Department of Health and Human Services ("HHS").

ARTICLE VI **INSURANCE**

6.1 Behavioral Health Services Entity Insurance. The Behavioral Health Services Entity shall require each Qualified Provider to maintain, at all times, in limits and amounts as required by Florida law, a professional liability insurance policy and other insurance or other liability bond as shall be necessary to insure such Qualified Provider against any claim for damages arising directly or indirectly in connection with the performance or nonperformance of any services furnished to Members by such Qualified Provider. In the event that the Behavioral Health Services Entity discovers that such insurance coverage is not maintained, the Behavioral Health Services Entity shall immediately, upon making such discovery, ensure that such Qualified Provider discontinues the delivery of Covered Services to Members until such insurance is obtained and notify the Plan in writing of the same. A Certificate of Insurance, reflecting the minimal insurance coverage shall be provided to the County prior to commencement of this Agreement.

ARTICLE VII **INDEMNIFICATION**

7.1 Indemnification. The Behavioral Health Services Entity shall indemnify and hold harmless the County, its agents, officers, and employees, from all suits, actions, claims, demands, damages, losses, expenses, including attorney's fees, costs and judgments of every kind and description to which the County, its agents, officers, or employees may be subjected to by reason of injury to persons or death or property damage, resulting from or growing out of any action of commission, omission, negligence or fault of the Behavioral Health Services Entity, or its Qualified Providers committed in connection with this Agreement, the Behavioral Health Services Entity's performance hereof or any work performed hereunder. The Behavioral Health Services Entity shall indemnify and hold harmless the County, its agents, officers, and employees, from all suits, actions, claims, demands, damages, losses, expenses, including attorney's fees, costs and judgments of every kind and description arising from, based upon or growing out of the violation of any Federal, State, County or City law, ordinance, rule or regulation by the Behavioral Health Services Entity, or its Qualified Providers.

ARTICLE VIII **TERM AND TERMINATION**

8.1 Term. This Agreement shall commence as of the Effective Date and shall thereafter continue through September 30, 2025 unless terminated sooner upon sixty (60) days' prior written notice by either party to the other, or until terminated pursuant to this Article.

8.2 Termination for Cause. In the event either party shall fail to keep, observe or perform any covenant, term or provision of this Agreement applicable to such party, the other party shall give the defaulting party written notice that specifies the nature of said default. If the defaulting party fails to cure such default within thirty (30) days after receipt of such notice, the non-defaulting party may terminate this Agreement upon five (5) days' written notice. It shall be grounds for immediate termination if the County loses its ability to underwrite or administer the Plan or if any Qualified Provider suffers a loss or suspension of medical license, a conviction of a felony, or a loss of credentials for stated quality reasons under the Plan.

8.3 Voluntary Termination. At any time during the term of this Agreement, this Agreement may be terminated for any reason, with or without cause, by either party upon written notice given at least sixty (60) days in advance of the effective date of termination.

8.4 Termination for Failure to Satisfy Financial Obligations. If either party or a Payer is (a) more than sixty (60) days behind in its financial obligations to its creditors, or (b) files in any court of competent jurisdiction: (1) a petition in bankruptcy, (2) a petition for protection against creditors, (c) has such a petition filed against it that is not discharged within ninety (90) days, or (d) files or makes an assignment for the benefit of creditors, this Agreement may be terminated by the other party in its entirety or with respect to the Payer upon five (5) days' written notice.

8.5 Termination of Scrutinized Companies: This Contract may be terminated at the option of the County if the Behavioral Health Services Entity is found to have been placed on the Scrutinized Companies that Boycott Israel List or is engaged in a boycott of Israel. In addition, this Contract may be terminated at the option of County if the Behavioral Health Services Entity is found to have submitted a false certification as provided under Section 287.135(5), Florida Statutes; has been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List; or has been engaged in business operations in Cuba or Syria.

8.6 Effect of Termination. This Agreement shall remain in full force and effect during the period between the date that notice of termination is given and the effective date of such termination. As of the date of termination of this Agreement, this Agreement shall be of no further force and effect, and each of the parties hereto shall be discharged from all rights, duties, and obligations under this Agreement, except that the County shall remain liable for Covered Services then being rendered by Qualified Providers to Members who retain eligibility under the applicable Plan or by operation of law until the episode of illness then being treated is completed and the obligation of the County to pay for Covered Services rendered pursuant to this Agreement is discharged. Payment for such services shall be made pursuant to the Total Compensation specified in EXHIBIT A.

ARTICLE IX **DISPUTE RESOLUTION**

9.1 Initial Mediation of Dispute. In the event of a dispute between the parties to this Agreement, the following procedure shall be used to resolve the dispute prior to either party pursuing other remedies:

- a. A meeting shall be held within seven (7) days at which all parties or party representatives will be present or represented by individuals (the "Initial Meeting").
- b. If, within thirty (30) days following the Initial Meeting, the parties have not resolved the dispute, the dispute shall be submitted to mediation directed by a mediator mutually agreeable to the parties and not regularly contracted or employed by either of the parties ("Mediation"). Each party shall bear its proportionate share of the costs of Mediation, including the mediator's fee.
- c. The parties agree to negotiate in good faith in the Initial Meeting and in Mediation.

9.2 Legal Remedies. If, after a period of sixty (60) days following commencement of Mediation, the parties are unable to resolve the dispute, either party may pursue all available legal and equitable remedies. Each party shall be responsible for its own attorneys' fees and costs, including attorneys' fees, costs, and expenses incurred for any appellate proceedings.

ARTICLE X **MISCELLANEOUS**

10.1 Nature of Behavioral Health Services Entity. In the performance of the work, duties and obligations of the Behavioral Health Services Entity under this Agreement, it is mutually understood and agreed that the Behavioral Health Services Entity and each of its Qualified Providers are at all times acting and performing as independent Behavioral Health Service Entities, practicing medicine or providing for the delivery of behavioral health services and under no circumstances shall the Behavioral Health Services Entity or any of its Qualified Providers be deemed employees of the County.

10.2 No Coercion for Labor or Services. Concurrently with its execution of this Agreement, Behavioral Health Services Entity has executed an affidavit (Exhibit C) which has been signed by an officer or representative of

Behavioral Health Services Entity under penalty of perjury attesting that Behavioral Health Services Entity does not use coercion for labor or services as those terms are defined in Florida Statutes, § 787.06, as that statute may be subsequently revised or amended. Failure to provide the required affidavit is a material default of this Agreement. Behavioral Health Services Entity shall provide the County the same type of affidavit upon any renewal or extension of the Agreement as required by Section 787.06.

10.3 Foreign Country of Concern Attestation. Concurrently with its execution of this Agreement, Behavioral Health Services Entity has executed an affidavit (Exhibit D) which has been signed by an officer or representative of Behavioral Health Services Entity under penalty of perjury attesting that Behavioral Health Services Entity does not meet any of the criteria stated in Florida Statutes, § 287.138(2), as that statute may be subsequently revised or amended. Receipt of the required affidavit is a condition precedent to this Agreement. Behavioral Health Services Entity shall provide the County the same type of affidavit upon any renewal or extension of the Agreement as required by Section 287.138.

10.4 Public Entity Crimes. Behavioral Health Services Entity certifies compliance with Paragraph (2)(a) of Section 287.133, Florida Statutes, as amended from time to time, which provides that a "person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid, proposal, or reply on a contract to provide any goods or services to a public entity; may not submit a bid, proposal, or reply on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids, proposals, or replies on leases of real property to a public entity; may not be awarded or perform work as a Behavioral Health Service Entity, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months following the date of being placed on the convicted vendor list." The Behavioral Health Services Entity acknowledges that this Agreement shall be void if they have violated the above-referenced statute. Additionally, the Behavioral Health Services Entity shall ensure compliance with the U.S. Department of Health Office of Inspector General Medicare/Medicaid fraud, waste, and abuse requirements.

10.5 Public Meetings and Records.

- a. The Behavioral Health Service Entity acknowledges the County's obligations under Article I, Section 24, of the Florida Constitution and under Chapter 119, Florida Statutes, to release public records to members of the public upon request and comply in the handling of the materials created under this Agreement. The Behavioral Health Service Entity further acknowledges that the constitutional and statutory provisions control over the terms of this Agreement. In association with its performance pursuant to this Agreement, the Behavioral Health Service Entity shall not release or otherwise disclose the content of any documents or information that is specifically exempt from disclosure pursuant to all applicable laws.
- b. Without in any manner limiting the generality of the foregoing, to the extent applicable, the Behavioral Health Service Entity acknowledges its obligations to comply with Section 119.0701, Florida Statutes, with regard to public records, and shall:
 - (1) keep and maintain public records required by the County to perform the services required under this Agreement;
 - (2) upon request from the County's Custodian of Public Records or his/her designee, provide the County with a copy of the requested records or allow the records to be inspected or copied within a reasonable time at a cost that does not exceed the cost provided in Chapter 119, Florida Statutes, or as otherwise provided by law;
 - (3) ensure that public records that are exempt or confidential and exempt from public records disclosure requirements are not disclosed except as authorized by law for the duration of the term of this Agreement and following completion of this Agreement if the Behavioral Health Service Entity does not transfer the records to the County; and

(4) upon completion of this Agreement, transfer, at no cost, to the County all public records in possession of the Behavioral Health Service Entity or keep and maintain public records required by the County to perform the service. If the Behavioral Health Service Entity transfers all public records to the County upon completion of this Agreement, the Behavioral Health Service Entity shall destroy any duplicate public records that are exempt or confidential and exempt from public records disclosure requirements. If the Behavioral Health Service Entity keeps and maintains public records upon completion of this Agreement, the Behavioral Health Service Entity shall meet all applicable requirements for retaining public records. All records stored electronically must be provided to the County, upon request from the County's Custodian of Public Records, in a format that is compatible with the information technology systems of the County.

c. IF THE BEHAVIORAL HEALTH SERVICE ENTITY HAS QUESTIONS REGARDING THE APPLICATION OF CHAPTER 119, FLORIDA STATUTES, TO THE BEHAVIORAL HEALTH SERVICE ENTITY'S DUTY TO PROVIDE PUBLIC RECORDS RELATING TO THIS AGREEMENT, CONTACT THE COUNTY'S CUSTODIAN OF PUBLIC RECORDS AT:

**RECORDS MANAGEMENT LIAISON OFFICER
POLK COUNTY
330 WEST CHURCH ST.
BARTOW, FL 33830
TELEPHONE: (863) 534-7527
EMAIL: RMLO@POLK-COUNTY.NET**

10.6 Additional Assurances. The provisions of this Agreement shall be self-operative and shall require no further agreement by the parties except as may be specifically provided in this Agreement. However, at the request of either party, the other party shall execute such additional instruments and make such additional acts as may be reasonably requested in order to effectuate this Agreement. Additional instruments require agreement by both parties.

10.7 Governing Law. This Agreement shall be governed by and construed in accordance with the applicable Federal laws and regulations, laws of the State of Florida and local ordinance. Venue will be in Polk County, Florida, or in the United States District Court, Middle District of Florida located in Hillsborough County, Florida.

10.8 Assignment. This Agreement shall inure to the benefit of and be binding upon the parties hereto and their respective legal representatives, successors, and assigns. The County may not assign this Agreement without the Behavioral Health Services Entity's prior written consent except that the County may assign this Agreement to an entity related to the County by ownership or control or to any successor organization without the Behavioral Health Services Entity's prior written consent. The Behavioral Health Services Entity may not assign this Agreement without the County's prior written consent, except that the Behavioral Health Services Entity may assign this Agreement to an entity related to the Behavioral Health Services Entity by ownership or control or to any successor organization without the County's prior written consent.

10.9 Waiver. No waiver by either party of any breach or violation of any provision of this Agreement shall operate as, or be construed to be, a waiver of any subsequent breach of the same or any other provisions.

10.10 Force Majeure. Neither party shall be liable for nor deemed to be in default for any delay or failure to perform under this Agreement deemed to result, directly or indirectly, from acts of God, civil or military authority, acts of public enemy, war, accidents, fires, explosions, earthquake, flood, failure of transportation, strikes or other work interruptions by either party's employees or any other cause beyond the reasonable control of either party.

10.11 Time is of the Essence. Time is of the essence in this Agreement. The parties shall perform their obligations within the time specified.

10.12 Notice. Any notice, demand or communication required, permitted or desired to be given pursuant to this Agreement shall be deemed effectively given when personally delivered or sent by fax with copy sent by overnight courier, addressed as follows:

BEHAVIORAL HEALTH SERVICES ENTITY:

Lance Green, CPA, EVP/CFO
Lakeland Regional Health Systems, Inc. and
Lakeland Regional Medical Center, Inc.
d/b/a Lakeland Regional Health
1324 Lakeland Hills Boulevard
Lakeland, FL 33804-5448
Tel 863-687-1062

COUNTY:

Paula McGhee, Provider Services Manager
Health and Human Services Division
Polk HealthCare Plan
Polk County, Board of County Commissioners
2135 Marshall Edwards Drive
Bartow, FL 33830-6757
Tel 863-519-2003

or to such other address as such party has specified by notice in writing to the other party. Notice shall be deemed to have been duly given when: (a) received, if personally delivered; (b) the day after it is sent, if sent by recognized expedited delivery service; or (c) three (3) days after it is sent, if mailed, first class mail, postage prepaid.

10.13 Entire Agreement. This Agreement is the entire agreement between the parties, and it may not be modified or amended except by agreement in writing between the parties hereto.

10.14 Severability. The invalidity, illegality, or unenforceability of any provision of this Agreement, or the occurrence of any event rendering any portion or provision of this Agreement void, shall in no way affect the validity or enforceability of any other portion or provision of the Agreement; any void provision shall be deemed severed from the Agreement and the balance of the Agreement shall be construed and enforced as if the Agreement did not contain the particular provision held to be void. The parties further agree to reform the Agreement to replace any stricken provision with a valid provision that comes as close as possible to the intent of the stricken provision. The provisions of this section shall not prevent the entire Agreement from being void should a provision which is of the essence of the Agreement be determined to be void.

IN WITNESS WHEREOF, the parties hereto duly execute this Agreement as of the Effective Date.

BEHAVIORAL HEALTH SERVICES ENTITY
Lakeland Regional Health Systems, Inc. and
Lakeland Regional Medical Center, Inc.,
d/b/a Lakeland Regional Health

BY: _____

Lance Green, CPA, EVP/CFO

DATE: _____

9-5-24

WITNESS

WITNESS

POLK COUNTY, a political subdivision of the
State of Florida

BY: _____

W. C. Braswell, Chairman

DATE: _____

10/1/2024

ATTEST: Stacy M. Butterfield, Clerk

BY: _____

Deputy Clerk

Approved as to form and legal sufficiency: _____

County Attorney's Office



EXHIBIT A TOTAL COMPENSATION

Behavioral Health Provider Services

- I. Provider Reimbursement:** The Plan shall compensate physicians for Covered Services in accordance with the Fee Schedule below. Plan Year is October 1st to September 30th for benefit and limit purposes.

Description of Service	POS	Procedure Code	Mod1	Mod2	Rate	Reimbursement and Service Limitations
Behavioral Health Assessment Services						
Bio-psychosocial evaluation, substance abuse	11	H0001	HN		\$87.00 per assessment	One bio-psychosocial evaluation per recipient per plan year. A bio-psychosocial evaluation is not reimbursable on the same day for the same recipient as an in-depth assessment.
Bio-psychosocial evaluation, substance abuse - Telehealth	11	H0001	HN	95	\$87.00 per assessment	
Bio-psychosocial Evaluation, mental health	11	H0031	HN		\$87.00 per assessment	One bio-psychosocial evaluation per recipient per plan year. A bio-psychosocial evaluation is not reimbursable on the same day for the same recipient as an in-depth assessment.
Bio-psychosocial Evaluation, mental health - Telehealth	11	H0031	HN	95	\$87.00 per assessment	
In-depth assessment, new patient, substance abuse	11	H0001	HO		\$137.50 per assessment	One in-depth assessment per recipient per plan year. An in-depth assessment is not reimbursable on the same day for the same recipient as a bio-psychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, new patient, substance abuse - Telemedicine	11	H0001	HO	95	\$137.50per assessment	
In-depth assessment, established patient, substance abuse	11	H0001	TS		\$125.00 per assessment	One in-depth assessment per recipient per plan year. An in-depth assessment is not reimbursable on the same day for the same recipient as a bio-psychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, established patient, substance abuse - Telemedicine	11	H0001	TS	95	\$125.00per assessment	
In-depth assessment, new patient, mental health	11	H0031	HO		\$137.50 per assessment	One in-depth assessment per recipient per plan year. An in-depth assessment is not reimbursable on the same day for the same recipient as a bio-psychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, new patient, mental health - Telemedicine	11	H0031	HO	95	\$137.50 per assessment	
In-depth assessment, established patient, mental health	11	H0031	TS		\$125.00 per assessment	One in-depth assessment per recipient per plan year. An in-depth assessment is not reimbursable on the same day for the same recipient as a bio-psychosocial evaluation. A bio-psychosocial evaluation is not reimbursable for the same recipient after an in-depth assessment has been completed unless there is a documented change in the recipient's status and additional information must be gathered to modify the recipient's treatment plan.
In-depth assessment, established patient, mental health - Telemedicine	11	H0031	TS	95	\$125.00 per assessment	

**EXHIBIT A
TOTAL COMPENSATION**

Behavioral Health Provider Services (cont.)

Description of Service	POS	Procedure Code	Mod1	Mod2	Rate	Reimbursement and Service Limitations
Behavioral Health Assessment Services						
Limited functional assessment, substance abuse	11	H0001			\$16.50 per assessment	Maximum of three limited functional assessments per recipient per plan year.
Limited functional assessment, substance abuse - Telehealth	11	H0001	95		\$16.50 per assessment	
Limited functional assessment, mental health	11	H0031			\$16.50 per assessment	Maximum of three limited functional assessments per recipient per plan year.
Limited functional assessment, mental health - Telehealth	11	H0031	95		\$16.50 per assessment	
Treatment plan development, new and established patient, mental health	11	H0032			\$106.70 per event	One treatment plan per provider per plan year. A maximum total of two treatment plans per recipient per plan year. The reimbursement date for treatment plan development is the day it is authorized by the treating practitioner.
Treatment plan development, new and established patient, mental health - Telehealth	11	H0032	95		\$106.70 per event	
Treatment plan development, new and established patient, substance abuse	11	T1007			\$106.70 per event	One treatment plan per provider per plan year. A maximum total of two treatment plans per recipient per plan year. The reimbursement date for treatment plan development is the day it is authorized by the treating practitioner.
Treatment plan development, new and established patient, substance abuse - Telehealth	11	T1007	95		\$106.70 per event	
Treatment plan review, mental health	11	H0032	TS		\$87.00 per event	A maximum of four treatment plan reviews per recipient per plan year. The reimbursement date for a treatment plan review is the day it is authorized by the treating
Treatment plan review, mental health - Telehealth	11	H0032	TS	95	\$87.00 per event	
Treatment plan review, substance abuse	11	T1007	TS		\$87.00 per event	A maximum of four treatment plan reviews per recipient plan year. The reimbursement date for a treatment plan review is the day it is authorized by the treating
Treatment plan review, substance abuse - Telehealth	11	T1007	TS	95	\$87.00 per event	
Psychiatric evaluation by a physician	11	H2000	HP		\$339.00 per evaluation	Maximum of two psychiatric evaluations per recipient per plan year.
Psychiatric evaluation by physician - Telemedicine	11	H2000	HP	95	\$339.00 per evaluation	
Psychiatric evaluation by a non-physician	11	H2000	HO		\$165.00 per evaluation	Maximum of two psychiatric evaluations per recipient per plan year.
Psychiatric evaluation by a non-physician - Telemedicine	11	H2000	HO	95	\$165.00 per evaluation	
Brief behavioral health status exam	11	H2010	HO		\$14.66 per quarter hour	There is a maximum of 10 quarter-hour units annually (2.5 hours) per recipient per plan year. There is a maximum daily limit of two quarter-hour units. A brief behavioral assessment is not reimbursable on the same day that a psychiatric evaluation, bio-psychosocial assessment, or in-depth assessment has been completed by a qualified treating practitioner.

**EXHIBIT A
TOTAL COMPENSATION**

Behavioral Health Provider Services (cont.)

Description of Service	POS	Procedure Code	Mod1	Mod2	Rate	Reimbursement and Service Limitations
Behavioral Health Medication Management Services						
Medication management	11	T1015			\$85.00 per event	No limit.
Medication management-Telehealth	11	T1015	95		\$85.00 per event	
Alcohol and other drug screening specimen collection	11	H0048			\$25.00 per event	52 behavioral health - related medical services: alcohol and other drug screening specimen collections per recipient per plan year.
Alcohol and/or drug screening (Oral)	11	H0049			\$25.00 per event	52 behavioral health - related medical services: alcohol and other drug screening specimen collections per recipient per plan year.
Behavioral Health Therapy Services						
Individual and family therapy	11	H2019	HR		\$21.75 per quarter hour	A maximum of 104 quarter-hour units (26 hours) of individual and family therapy services per recipient per plan year. There is a maximum daily limit of four quarter-hour units (1 hour).
Individual and family therapy - Telehealth	11	H2019	HR	95	\$21.75 per quarter hour	
Group therapy	11	H2019	HQ		\$21.75 per quarter hour	A maximum of 156 quarter-hour units (39 hours) of group therapy services per recipient per plan year.
Group therapy - Telehealth	11	H2019	HQ	95	\$21.75 per quarter hour	
Case Management						
Case Management, 15 min	11	T1016			\$17.00 per each 15 minutes	Each 15 minutes. No limits.
Case Management, 15 min - Telemedicine	11	T1016	95		\$17.00 per each 15 minutes	

II. The following co-pays apply to Plan Members.

The Behavioral Health Services Entity or the Behavioral Health Services Entity's Designee shall collect a co-pay from the Member for each office visit. The co-payment amount will not be deducted from the compensation reimbursed by the Plan as defined below.

**POLK HEALTHCARE PLAN
MEDICAL CARD**

Essential Care Choices Card

\$1.00 Office Visit

Chronic Care Choices Card

\$1.00 Office Visit


EXHIBIT B INSTRUCTIONS FOR VERIFICATION OF ENROLLMENT

The following sources of enrollment verification shall be made when providing services to a Plan Member.

1. Each Member receives an identification card upon enrollment in the Plan. The card should always be presented to the Behavioral Health Services Entity when services are requested by Member and prior to receipt of services. The Behavioral Health Services Entity shall confirm eligibility by contacting the County or its third party administrator. It shall be the responsibility of the Behavioral Health Services Entity to confirm active enrollment prior to services being rendered.
2. If inpatient-admission certification is required for Member, the Behavioral Health Services Entity shall confirm admission certification approval, including contacting the County's representative or its third party administrator, when necessary.

Polk HealthCare Plan – Medical Card

FRONT OF CARD
BACK OF CARD



Indigent Health Care Division
Polk HealthCare Plan
Enrollment Card

Case #: _____ Worker Code: _____

Member Name: _____

Essential Care Choice

\$1 Primary Care / \$25 ER / Rx=\$1 Generic / \$5 Brand Name
OTHER COPAYS IDENTIFIED IN MEMBER SCHEDULE

Eligibility Period: _____ to _____

Primary Care Physician: _____

PCP Office Phone #: _____

NOTICE TO MEMBER:
Carry this card with you at all times. To be used with contracted providers of the Polk HealthCare Plan, within Polk County, Florida. It must be presented each time you require any medical service. This card is not transferrable and is only valid for the eligibility period listed on the front. *Do not alter or share this card with others as you will lose your governmental assistance provided by Polk County Indigent Health Care Tax. Member Eligibility Appointments & Inquiries: Call (863) 533-1111.*

NOTICE TO PROVIDERS:
Only inpatient medical and surgery stays and certain outpatient services procedures require prior authorization. **Providers Call:**

Claims and Benefit
Information
Ph: (888) 850-8222


AHH Pre-Certification
Fax: (844) 241-9075

Paper Claim Submission
Mentain Health
PO Box 853921
Richardson, TX 75085-3921

Electronic Claim Submission
WebMD/Emdeon 41124
McKesson/Relay Health 1761

Polk HealthCare Plan – Medical Card

FRONT OF CARD
BACK OF CARD



Indigent Health Care Division
Polk HealthCare Plan
Enrollment Card

Case #: _____ Worker Code: _____

Member Name: _____

Chronic Care Choice

\$1 Primary Care / \$25 ER / Rx=\$0 Generic / \$3 Brand Name
OTHER COPAYS IDENTIFIED IN MEMBER SCHEDULE

Eligibility Period: _____ to _____

Primary Care Physician: _____

PCP Office Phone #: _____

NOTICE TO MEMBER:
Carry this card with you at all times. To be used with contracted providers of the Polk HealthCare Plan, within Polk County, Florida. It must be presented each time you require any medical service. This card is not transferrable and is only valid for the eligibility period listed on the front. *Do not alter or share this card with others as you will lose your governmental assistance provided by Polk County Indigent Health Care Tax. Member Eligibility Appointments & Inquiries: Call (863) 533-1111.*

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Claims and Benefit
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Ph: (888) 850-8222

AHH Pre-Certification
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Paper Claim Submission
Mentain Health
PO Box 853921
Richardson, TX 75085-3921

Electronic Claim Submission
WebMD/Emdeon 41124
McKesson/Relay Health 1761

DISCLAIMER: THIS VERSION OF THE CARD IS EFFECTIVE BEGINNING 12/15/16 AND MAY BE SUBJECT TO CHANGE. PLEASE WATCH THE POLK HEALTHCARE PLAN WEBSITE.

EXHIBIT C
NO COERCION FOR LABOR OR SERVICES AFFIDAVIT

In compliance with Section 787.06(13), Florida Statutes, this attestation must be completed by an officer or representative of a nongovernmental entity that is executing, renewing, or extending a contract with Polk County, a political subdivision of the State of Florida.

The undersigned, on behalf of the entity listed below (the "Nongovernmental Entity"), hereby attests under penalty of perjury as follows:

1. I am over the age of 18 and I have personal knowledge of the matters set forth herein.
2. I currently serve as an officer or representative of the Nongovernmental Entity.
3. The Nongovernmental Entity does **not** use coercion for labor or services, as those underlined terms are defined in Section 787.06, Florida Statutes.
4. This declaration is made pursuant to Section 92.525, Fla. Stat. and Section 787.06, Fla. Stat. I understand that making a false statement in this declaration may subject me to criminal penalties.

Under penalties of perjury, I Lance Green (Signatory Name and Title), declare that I have read the foregoing Affidavit Regarding the Use of Coercion for Labor and Services and that the facts stated in it are true.

Further Affiant sayeth naught.

Lakeland Regional Health Systems, Inc.
NONGOVERNMENTAL ENTITY

Lance Green
SIGNATURE

Lance Green
PRINT NAME

EVP/CFO
TITLE

9/10/24
DATE

EXHIBIT D
FOREIGN COUNTRY OF CONCERN AFFIDAVIT
(PUR 1355)

This form must be completed by an officer or representative of an entity submitting a bid, proposal, or reply to, or entering into, renewing, or extending, a contract with a Governmental Entity which would grant the entity access to an individual's Personal Identifying Information. Capitalized terms used herein have the definitions ascribed in Rule 60A-1.020, F.A.C.

Lakeland Regional Health Systems Inc (Name of Entity) is not owned by the government of a Foreign Country of Concern, is not organized under the laws of nor has its Principal Place of Business in a Foreign Country of Concern, and the government of a Foreign Country of Concern does not have a Controlling Interest in the entity.

Under penalties of perjury, I declare that I have read the foregoing statement and that the facts stated in it are true.

PRINTED NAME: Lance Green

TITLE: EUP/CFD

SIGNATURE: 

DATE: 9-10-24