

## Letter of Agreement

This Letter of Agreement (“LOA”) is made and entered into on the 13th day of January, 2026 by and between **Polk County, Florida, political subdivision of the State of Florida** (Government Owned Emergency Medical Service (EMS) Provider) and **Humana Medical Plan, Inc.** (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 D**, 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 D** 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: Holly Newton

Title: Financial Administrator

Phone: 863-534-5604

Email: hollynewotn@polkfl.gov

Name: Elizabeth Bluemke

Title: Sr. Network Ops Professional Medicaid

Phone: 502-301-3307

Email: ebluemke@humana.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 July 1, 2024, and will continue until **Humana Medical Plan, Inc.** (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**

**Martha Santiago Ed. D., Chairman**

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NAME & TITLE OF AUTHORIZED INDIVIDUAL

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SIGNATURE OF AUTHORIZED INDIVIDUAL

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DATE

**MEDICAID MANAGED CARE ORGANIZATION**

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NAME & TITLE OF AUTHORIZED INDIVIDUAL

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SIGNATURE OF AUTHORIZED INDIVIDUAL

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DATE