

RESOLUTION NO. 2015-3

WHEREAS, on December 13 1984, the Indian River Medical Center (Medical Center) and Indian River County Hospital District (District) entered into an Agreement with respect to the provision of medical care to Indigent Residents of the District by Medical Center and the payment therefor by District, which Agreement has been amended on multiple occasions, including being amended and restated on July 28, 2004, and further amended on July 28, 2007 and August 21, 2009; and which Agreement the parties desire to amend;

WHEREAS, the parties have been attempting to renegotiate said Indigent Care Agreement;

WHEREAS, in the interim, representatives of the parties have met and agreed on a reimbursement formula for indigent patients treated by the Medical Center for the period of October 1, 2014 through September 30, 2015.

NOW, THEREFORE, Be It

RESOLVED, that the reimbursement formula set forth below shall be effective for the period of October 1, 2014 through September 30, 2015 (FY 2015). Inpatient care for medical/surgical and psychiatric services will be reimbursed by the District to the Medical Center based on 95% of the FY 2014 non-federal inpatient daily rate, plus 3% applied to actual qualified indigent inpatient days experienced in FY 2015. Based on this formula, the FY 2015 inpatient non-federal rate per day for medical/surgical and psychiatric services is \$1,844 and \$699, respectively. Outpatient care will be paid for FY 2015 based on 95% of the FY 2014 non-federal cost to charge ratio applied to actual total qualified indigent outpatient charges experienced in this fiscal year (the "FY 2015 Outpatient Rate"). The FY 2015 Outpatient Rate is 26.80%. The District has currently budgeted \$6,047,590.00 for indigent care payments to the

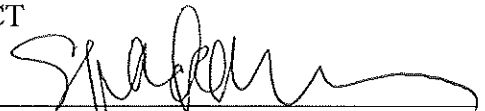
Medical Center for FY 2015 for inpatient and outpatient care. Should the services provided by the Medical Center exceed the amount appropriated, the Medical Center may request reimbursement for the additional amount. Said request must be received by the District no later than October 31, 2015. The District agrees to consider said request.

RESOLVED that the above reimbursement formula (increased by 3% annually) will be utilized for the periods of October 1, 2015 through September 30, 2016 (FY 2016) and for the period of October 1, 2016 through September 30, 2017 (FY 2017), provided that the parties are able to reach an agreement on a new indigent care agreement by September 30, 2015.


RESOLVED that quality and service metrics and outcome measures will be developed by the parties.

DATED this 19<sup>th</sup> day of March, 2015.

INDIAN RIVER COUNTY HOSPITAL  
DISTRICT

By:   
Thomas J. Spackman, M.D., Chairman

ATTEST:

By:   
Michael Weiss, Secretary