

**Approval Routing**

GM

SVP

Initial
and Date Above**Provider Rate Change Checklist****Internal Use Only – Do Not Distribute**

Provider Name *: OKALOOSA COUNTY BOCC Date: 12 / 20 / 2023

Contract Manager: Tatiana Llewellyn

Contract:

Operation: FLORIDA NET WORK OPS

Package ID:

Please be sure to use the complete and **legally correct company name.*

Describe Change: Add new rates - Medium Density All Rates All Plans

Documents

General Manager (GM) and Senior Vice President (SVP) initial each document that is complete and accurate before forwarding to the next approval level. If this is a change to a current provider, initial **only** the documents that you are forwarding for change.

	OTHER	GM	SVP
Rate Amendment for Exhibit B	TL		
Insurance Credentialing Checklist	NA		
Signature page from effective contract	TL		
Copy of current rate sheet from LCAD	TL		
Copy of current Certificate of Insurance (COI)	NA		

Service Area

In the space below, list all ModivCare regions/areas the provider will service. If the provider will be exclusive to a particular broker/contract, list that contract. If the provider will cover the entire state, list – all regions.

Broker/Clients: ALL

Regions/Areas: ALL

**CONTRACT: C16-2392-GM
LOGISTICARE SOLUTIONS
NON-EMERGENCY MEDICAL TRANSPORTATION
EXPIRES: 12/31/2041**



modivcare

Attachment 1 to the Exhibit B

ModivCare TP Name: Okaloosa Count BBOC
ModivCare Provider Code: 501959
Contract Effective Date: 12.20.2023

Level of Service	0-3 Miles	4-6 Miles	7-10 Miles	Per Mile After 10 Mi
Ambulatory	14.94	18.03	21.89	1.80
Ambulatory extra passenger	11.21	13.52	16.42	1.35
Wheelchair	29.94	35.17	38.66	1.79
Extra Passenger Wheelchair	22.45	26.35	28.99	1.34
Bariatric Wheelchair	50.00	50.00	50.00	1.79
Wait time				
Ambulatory	20 per	hour		
Wheelchair	30 per	hour		
Stretcher	40 per	hour		

Modivcare

Date: 1/6/2025

Signature:

Printed Name: Marvin Lewis

Title:

Provider: Okaloosa County BBOC

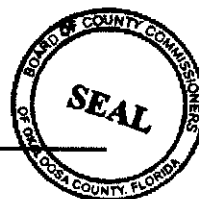
Date: 12.20.2023

Signature:

Printed Name: Paul Mixon

Title:

Chairman, Okaloosa County Board of County Commissioners VP of Contracts &



MD

Exhibit B – Execution Page

LOGISTICARE SOLUTIONS, LLC

Printed Name: Albert Cortez

Title: CEO

Signature: [Signature]

Date: 8/10/2017

PROVIDER: Okaloosa County BoCC

Printed Name: Carolyn N. Ketchel

Title: Chairman

Signature: [Signature]

Date: 12th Aug 2017



12/30/2024 10:55 AM

Rate Detail Report

Rates Effective as of: 12/30/2024

<u>START</u> <u>DATE</u>	<u>END</u> <u>DATE</u>	<u>START</u> <u>TIME</u>	<u>END</u> <u>TIME</u>	<u>START</u> <u>MILES</u>	<u>END</u> <u>MILES</u>	<u>BASE</u> <u>RATE</u>	<u>MILE</u> <u>RATE</u>	<u>FREE</u> <u>MILES</u>	<u>WAIT</u> <u>RATE</u>	<u>ASSIST</u> <u>RATE</u>	<u>ATTEND</u> <u>RATE</u>	<u>ADULT</u> <u>ESCORT</u> <u>RATE</u>	<u>CHILD</u> <u>ESCORT</u> <u>RATE</u>	<u>AD</u> <u>%</u>
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Transportation Provider: OKALOOSA COUNTY BOCC**Region: FL Density Tier - High - Standard Rates****Advanced Life Support**

08/16/2017	NONE	12:00 AM	12:00 AM	0	9,999	190.00	3.00000	10	0.00	0.00	0.00	0.00	0.00	0.00
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Ambulatory

08/16/2017	NONE	12:00 AM	12:00 AM	0		9.11	0.00000	0	20.00	0.00	0.00	0.00	0.00	0.00
08/16/2017	NONE	12:00 AM	12:00 AM	4		11.82	0.00000	0	20.00	0.00	0.00	0.00	0.00	0.00
08/16/2017	NONE	12:00 AM	12:00 AM	7		14.50	0.00000	0	20.00	0.00	0.00	0.00	0.00	0.00
08/16/2017	NONE	12:00 AM	12:00 AM	11	9,999	14.50	1.58000	10	20.00	0.00	0.00	0.00	0.00	0.00

Ambulatory Extra Passenger

08/16/2017	NONE	12:00 AM	12:00 AM	0		6.38	0.00000	0	20.00	0.00	0.00	0.00	0.00	0.00
08/16/2017	NONE	12:00 AM	12:00 AM	4		8.27	0.00000	0	20.00	0.00	0.00	0.00	0.00	0.00
08/16/2017	NONE	12:00 AM	12:00 AM	7		10.15	0.00000	0	20.00	0.00	0.00	0.00	0.00	0.00
08/16/2017	NONE	12:00 AM	12:00 AM	11	9,999	10.15	1.11000	10	20.00	0.00	0.00	0.00	0.00	0.00

Basic Life Support

08/16/2017	NONE	12:00 AM	12:00 AM	0	9,999	136.00	3.00000	10	0.00	0.00	0.00	0.00	0.00	0.00
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Stretcher

08/16/2017	NONE	12:00 AM	12:00 AM	0		60.00	0.00000	0	50.00	0.00	0.00	0.00	0.00	0.00
08/16/2017	NONE	12:00 AM	12:00 AM	4		65.00	0.00000	0	50.00	0.00	0.00	0.00	0.00	0.00
08/16/2017	NONE	12:00 AM	12:00 AM	7		70.00	0.00000	0	50.00	0.00	0.00	0.00	0.00	0.00
08/16/2017	NONE	12:00 AM	12:00 AM	11	9,999	70.00	2.25000	10	50.00	0.00	0.00	0.00	0.00	0.00

Wheelchair

08/16/2017	NONE	12:00 AM	12:00 AM	0		18.53	0.00000	0	30.00	0.00	0.00	0.00	0.00	0.00
08/16/2017	NONE	12:00 AM	12:00 AM	4		20.98	0.00000	0	30.00	0.00	0.00	0.00	0.00	0.00
08/16/2017	NONE	12:00 AM	12:00 AM	7		24.50	0.00000	0	30.00	0.00	0.00	0.00	0.00	0.00
08/16/2017	NONE	12:00 AM	12:00 AM	11	9,999	24.50	1.95000	10	30.00	0.00	0.00	0.00	0.00	0.00

Wheelchair Extra Passenger

08/16/2017	NONE	12:00 AM	12:00 AM	0		12.97	0.00000	0	30.00	0.00	0.00	0.00	0.00	0.00
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12/30/2024 10:55 AM

Rate Detail Report

Rates Effective as of: 12/30/2024

<u>START</u> <u>DATE</u>	<u>END</u> <u>DATE</u>	<u>START</u> <u>TIME</u>	<u>END</u> <u>TIME</u>	<u>START</u> <u>MILES</u>	<u>END</u> <u>MILES</u>	<u>BASE</u> <u>RATE</u>	<u>MILE</u> <u>RATE</u>	<u>FREE</u> <u>MILES</u>	<u>WAIT</u> <u>RATE</u>	<u>ASSIST</u> <u>RATE</u>	<u>ATTEND</u> <u>RATE</u>	<u>ADULT</u> <u>ESCORT</u> <u>RATE</u>	<u>CHILD</u> <u>ESCORT</u> <u>RATE</u>	<u>AD</u> <u>%</u>
08/16/2017	NONE	12:00 AM	12:00 AM	4		14.69	0.00000	0	30.00	0.00	0.00	0.00	0.00	
08/16/2017	NONE	12:00 AM	12:00 AM	7		17.15	0.00000	0	30.00	0.00	0.00	0.00	0.00	
08/16/2017	NONE	12:00 AM	12:00 AM	11	9,999	17.15	1.37000	10	30.00	0.00	0.00	0.00	0.00	