

STATE OF TEXAS §
 §
 COUNTY OF FORT BEND §

INITIATIVE No. 1: Medicaid Administrative Claiming (MAC)

THIS WRITTEN INITIATIVE for Medicaid Administrative Claiming is made pursuant to the terms and conditions of the Agreement for FFP Funding between Justice Benefits, Inc. and Fort Bend County (hereinafter “Agreement”) signed on June 23, 2020 and entered into by and between Fort Bend County, (hereinafter “County”), and Justice Benefits, Inc. as the general partner of JBI, LTD., a Texas limited partnership (hereinafter referred to as “JBI” or “Contractor”).

SECTION 1. Scope of Work

JBI recognizes that the Fort Bend County, Texas could file Medicaid Administrative Claiming (MAC) claims. MAC seeks reimbursement for activities that improve access to Medicaid coverage or improve the use of Medicaid covered services, per Texas Health and Human Services Commission.

JBI will assist with the Implementation Plan, provide training, be a secondary financial contact, enter financial information into database, and obtain the necessary financial data to successfully prepare MAC claims for the Health Department.

SECTION 2. Claims submitted

No claims yet submitted by JBI.

SECTION 3. Total Increased Reimbursements Expected

Unknown until data is collected.

SECTION 4. Fee Structure

JBI will be paid its fees per its contract with Fort Bend County, Texas on all amounts generated from this program. The contingency fee is fifteen percent (15%).

The County agrees that in the unlikely event any funds recovered by the County as a result of this Agreement be subsequently disallowed, that the related fees paid to JBI based on such disallowed reimbursements will be credited against future payments to JBI, or be promptly repaid to the County should this agreement be terminated.

SECTION 5. Limit of Appropriation

JB I clearly understands and agrees, such understanding and agreement being of the absolute essence of this Agreement, that the total maximum compensation that JB I may become entitled to and the total maximum sum that County may become liable to pay to JB I shall not under any conditions, circumstances, or interpretations thereof exceed 15% of all amounts generated from this program.

SECTION 6. Payment

Payment to JB I for the services established under this Work Authorization shall be made in accordance with Section 4 of the Agreement.

SECTION 7. Time of Performance

This Initiative shall become effective on the date of final acceptance of the parties hereto and shall terminate one year thereafter, unless extended by an Amendment to Initiative as provided in the Agreement.

This Initiative does not waive the parties' responsibilities and obligations provided under the Agreement.

IN TESTIMONY OF WHICH, THIS AGREEMENT shall be effective upon execution of all parties.

FORT BEND COUNTY

KP George
County Judge KP George

KP George, County Judge

6-23-2020

Date

ATTEST:

Laura Richard

Laura Richard, County Clerk

Reviewed by:

J. Johnson-Minter, MD

Jacquelyn Johnson-Minter, MD, MBA, MPH
Director and Local Health Authority

JB I, LTD.

Kelsey Frye

Kelsey Frye, Regional Account Manager

6-15-2020

Date



AUDITOR'S CERTIFICATE

I hereby certify that funds are available in the amount of \$ 50,000.00 to accomplish and pay the obligation of Fort Bend County under this contract.



Robert E. Sturdivant, County Auditor

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY
CERTIFICATION OF FILING**

Certificate Number:
2020-633334

Date Filed:
06/17/2020

Date Acknowledged:
06/25/2020

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
JBI, Ltd. dba Justice Benefits, Inc.
Coppell, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.
Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
2020-1711
Consulting Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Brewer, Alexander N.	El Dorado Hills, CA United States	X	
	Liu, C. Robin	Coppell, TX United States	X	
	Brewer, Donald E.	Coppell, TX United States	X	
	Brewer, Edward A.	Coppell, TX United States	X	
	Wolf, Teresa	Coppell, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)