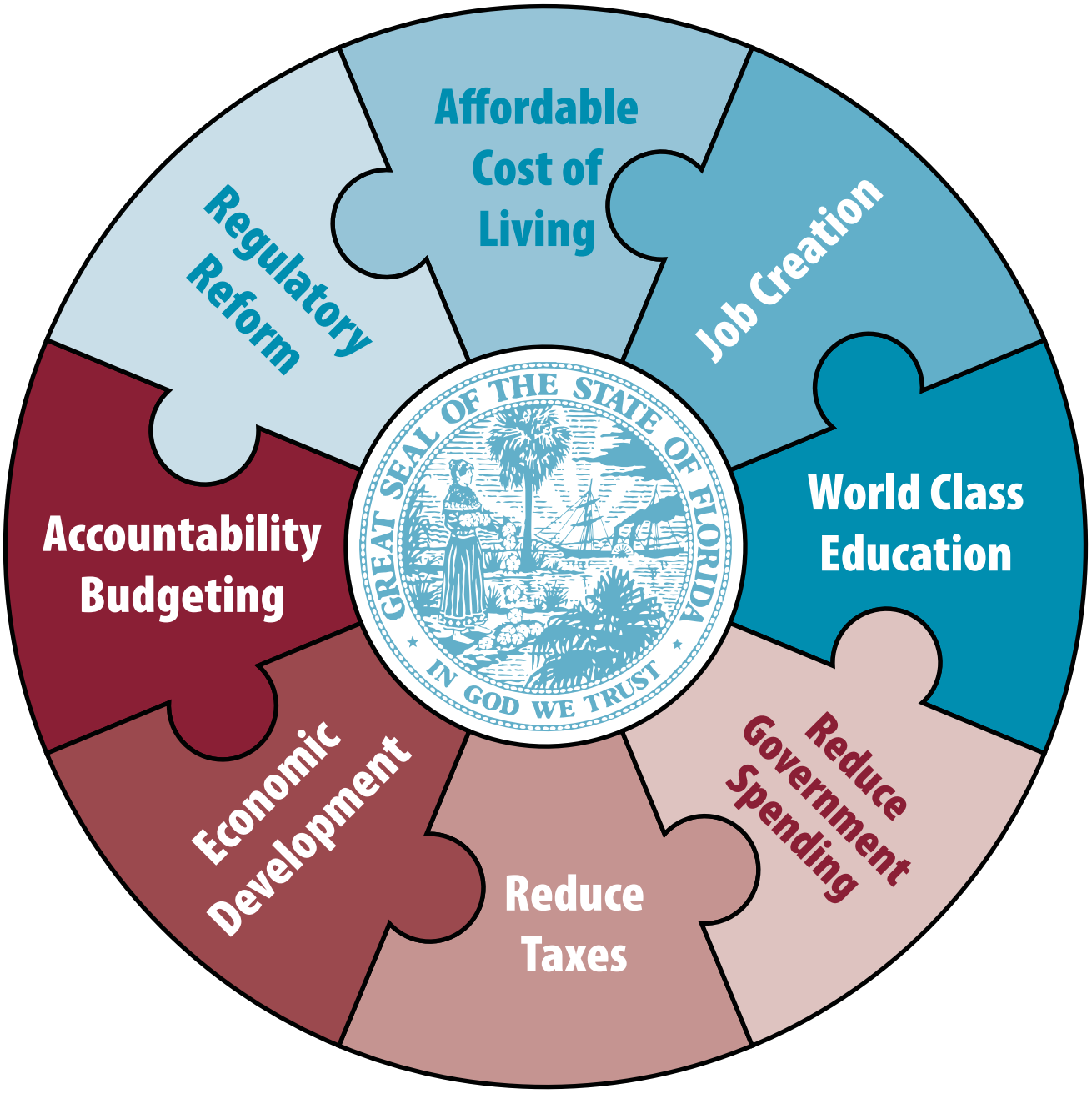
AGENCY FOR HEALTH CARE ADMINISTRATION

LEGISLATIVE BUDGET REQUEST

FISCAL YEAR 2014-2015



AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

ELIZABETH DUDEK
SECRETARY

October 15, 2013

Mr. Jerry L. McDaniel, Director
Office of Policy and Budget
Executive Office of the Governor
1701 Capitol
Tallahassee, Florida 32399-0001

Ms. JoAnne Leznoff, Staff Director
House Appropriations Committee
221 Capitol
Tallahassee, Florida 32399-1300

Mr. Mike Hansen, Staff Director
Senate Appropriations Committee
201 Capitol
Tallahassee, Florida 32399-1300

Dear Directors:

Pursuant to Chapter 216, Florida Statutes, our Legislative Budget Request for the Agency for Health Care Administration is submitted in the format prescribed in the budget directions. The information provided electronically and contained herein is a true and accurate presentation of our proposed needs for the 2014-15 Fiscal Year. This submission has been approved by Elizabeth Dudek, Secretary.

Sincerely,

Tonya Kidd
Deputy Secretary, Operations

2727 Mahan Drive • Mail Stop #1
Tallahassee, FL 32308

Visit AHCA online at
AHCA.MyFlorida.com

Temporary Special Duty – General Pay Additives Implementation Plan for Fiscal Year 2014-2015

Section 110.2035(7), Florida Statutes, prohibits implementing a Temporary Special Duties – General pay additive unless a written plan has been approved by the Executive Office of the Governor. The Agency for Health Care Administration (AHCA) requests approval of the following written plan and is not requesting any additional rate or appropriations for this additive.

In accordance with rule authority in 60L-32.0012, Florida Administrative Code, AHCA has used existing rate and salary appropriations to grant pay additives when warranted based on the duties and responsibilities of the position.

Pay additives are a valuable management tool which allows agencies to recognize and compensate employees for increased or additional duties without providing a permanent pay increase.

Temporary Special Duties – General Pay Additive

AHCA requests approval to grant a temporary special duties – general pay additive in accordance with the collective bargaining agreement and as follows:

1. Justification and Description:

   a) Out-of-Title - When an employee is temporarily assigned to act in a vacant higher level position and actually performs a major portion of the duties of the higher level position.
   b) Vacant – When an employee is temporarily assigned to act in a position and perform a major portion of the duties of the vacant position.
   c) Extended Leave – When an employee is temporarily assigned to act in a position and perform a major portion of the duties of an employee who is on extended leave other than FMLA or authorized military leave.
   d) Special Project – When an employee is temporarily assigned to perform special duties (assignment/project) not normally assigned to the employee's regular job duties.

2. When each type of additive will be initially in effect for the affected employee: AHCA will need to determine this additive on a case by case basis, assessing the proper alignment of the specifications and the reason for the additive being placed. For employees filling any vacant positions, the additive would be placed upon approval and assignment of the additional duties. However, employees who are identified as working "out-of-title" for a period of time that exceeds 22 workdays within any six consecutive months shall also be eligible to receive a temporary special duty – general pay additive beginning on the 23rd day in accordance with the Personnel Rules as stated in the American Federal State, County and Municipal Employees (AFSCME) Master Contract, Article 21.

3. Length of time additive will be used: A temporary special duties – general pay additive may be granted beginning with the first day of assigned additional duties. The additive may be in effect for up

to 90 days at which time the circumstances under which the additive was implemented will be reviewed to determine if the additive should be continued based on the absence of the position incumbent or continued vacant position.

4. The amount of each type of additive: General Pay Additives will range from 5-10 percent over the employee's current salary and be will applied accordingly after proper evaluation. These additives will be provided to positions that have been deemed "mission critical" and that fall into one of the justifications/descriptions stated above. In order to arrive at the total additive to be applied AHCA will use the below formula:

Based on the allotted 90 days (or a total of 18 cumulative weeks) which will total 720 work hours, we will use the current salary and then calculate the adjusted temporary salary by multiplying by our percentile increase. These two totals will be subtracted to get the difference, that difference will be multiplied by the 720 available hours to get the final additive amount. (See example below)

Current Position - PG 024 = $43, 507.36, hourly rate $20.92
With 10% additive - $43,507.36 X .10 = $4,350.74
Anticipated Salary - $43,507.36 + 4,350.74 = $47,858.10
New Hourly Rate - $23.01, difference in hourly rate - $23.01 - $20.92 = $2.09
Projected Additive Total – 720 hours X $2.09 = $1,504.80 is the 90 day difference

5. Classes and number of position affected: This pay additive could potentially affect any of our current 1225 Career Service position incumbents statewide.

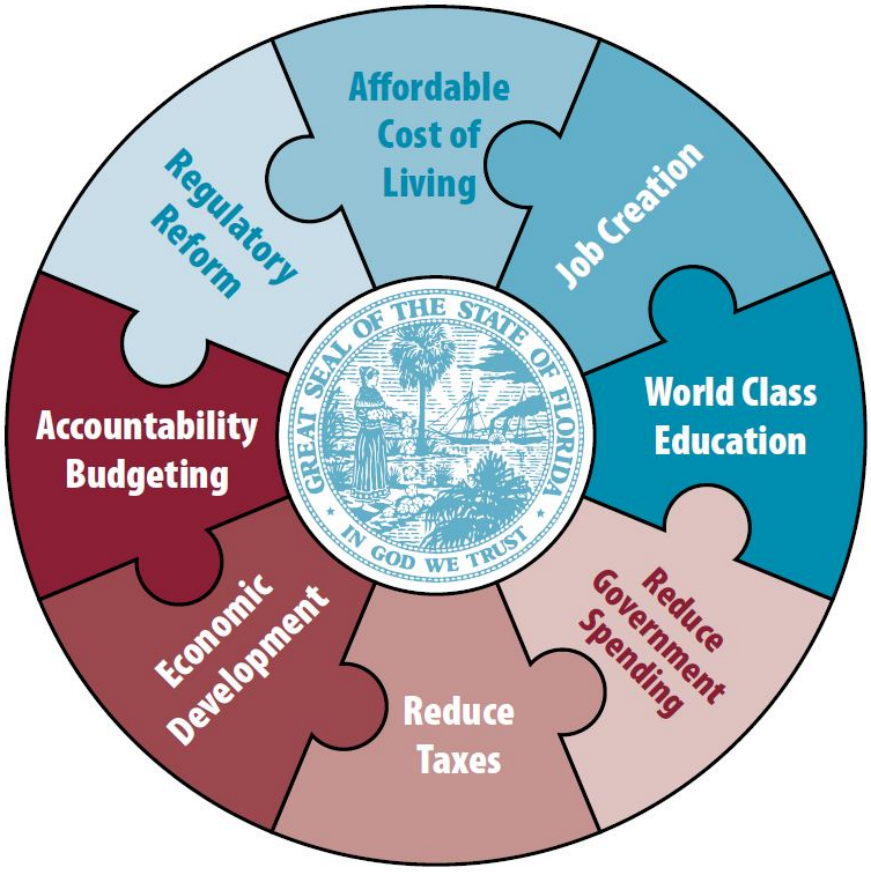
6. Historical Data: Last fiscal year, a total of three (3) FTE career service positions received general pay additives for performing the duties of a vacant position, both positions were considered "mission critical" and played a key role in carrying out the Agency's day-to-day operations. Both additives were in effect for the allotted 90 days.

7. Estimated annual cost of each type of additive: Employees assigned to Temporary Special Duties will be based on evaluation of duties and responsibilities for "mission critical" positions starting with pay grade 024 and above. Based on the last positions granted this additive and positions that have been identified for consideration, the average cost is:

Pay Grade	Annual Min. Salary	X 10% Ann. Salary	# of FTE
024	$40,948.18	$4,094.82	1
025	$43,507.36	$4,350.74	1
026	$46,381.14	$4,638.11	1

Based on the average estimated salaries stated above, the estimated calculation is as follows: $2,433.60 X 3 = $7,300.80. The agency is not requesting any additional rate or appropriations for this additive.

8. Additional Information: The classes included in this plan are represented by AFSCME Council 79. The relevant collective bargaining agreement language states as follows: "Increases to base rate of pay and salary additives shall be in accordance with state law and the Fiscal Year 2014-2015 General Appropriations Act." See Article 25, Section 1 (B) of the AFSCME Agreement. We would anticipate similar language in future agreements. AHCA has a past practice of providing these pay additives to bargaining unit employees.



DEPARTMENT LEVEL EXHIBITS AND SCHEDULES

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Schedule VII: Agency Litigation Inventory			
Agency:	Agency for Health Care Administration		
Contact Person:	Stephanie Daniel	Phone Number:	414-3666

Names of the Parties:	Florida Pediatric Society/The Florida Chapter of the American Academy of Pediatrics; Florida Academy of Pediatric Dentistry, Inc.; A.D., as the next friend of K.K., a minor child; Rita Gorenflo and Les Gorenflo, as the next friends of Thomas and Nathaniel Gorenflo, minor children, J.W., a minor child, by and through his next friend, E.W.; N.A., now known as N.R., a minor child, by and through his next friend, C.R., K.S., as the next friend of J.S., S.B., as the next friend of S.M., S.C., as the next friend of L.C., and K.V., as the next friend of N.V.[1] v. Elizabeth Dudek, in her official capacity as interim Secretary of the Florida Agency for Health Care Administration; David Wilkins, in his official capacity as acting Secretary of the Florida Department of Children and Family Services; and John H. Armstrong, M.D., in his official capacity as the Surgeon General of the Florida Department of Health
Court with Jurisdiction:	United States District Court, Southern District of Florida
Case Number:	05-23037-CIV-JORDAN/O'Sullivan
Summary of the Complaint:	This is a class action for declaratory and injunctive relief challenging the administration of the Medicaid Early Periodic Screening, Diagnosis and Treatment (EPSDT) Program. The action is brought pursuant to 42 U.S.C. §1983, and various provisions of the Social Security Act, 42 U.S.C. §1396 et seq. Plaintiffs primarily challenge the adequacy of Medicaid reimbursement rates for pediatric physician and dental services. Plaintiffs assert that Medicaid enrolled beneficiaries under the age of 21 are being denied timely access to necessary physician care as well as dental care. Plaintiffs also allege that outreach to the uninsured about Medicaid is inadequate, and that, as a result, children who would otherwise be eligible for Medicaid are not enrolled in Medicaid (and don't get the EPSDT services to which they are entitled). Plaintiffs also allege that the outreach conducted to Medicaid enrolled children is not adequate, and that, as a result, parents and children do not know the Medicaid services available for Medicaid enrolled children. The Plaintiffs include both pediatric and dental associations, as well as individual plaintiffs. The named official capacity Defendants are the agency heads of the Department of Health, Agency for Health Care Administration, and the Department of Children and Family Services. If Plaintiffs succeed, they seek, among other things, increased reimbursement rates to physician and dentist providers, which they allege will ensure access to services for children.
Amount of the Claim:	This is a claim for prospective declaratory and injunctive relief. Plaintiffs have provided no precise estimates of the increased reimbursement rates they seek. Reportedly, they seek physician fees that are comparable to Medicare rates, and

[1] This lawsuit involves minor children. With the exception of the Gorenflo children, all children are referred to by initials only. Regarding the Gorenflo children, their mother, Rita Gorenflo waived confidentiality in the lawsuit for all matters pertaining to Thomas and Nathaniel.

	dental reimbursement rates which are set at the 50th percentile of usual and customary charges for dentists (i.e., a reimbursement rate which is equal to what 50% of the dentists charge at or below for dental services). In 2011, there was a reimbursement rate for dental, increasing then existing rates by 50%. Plaintiffs contend that the dental rates are still too low, because they are not set at 50% of what physicians charge. Effective January 1, 2013, the Medicaid reimbursement rates for certain primary care services provided by eligible providers were increased to the 2009 Medicare level (which is higher than the present Medicare). This increase was required by the Affordable Care Act, and as written in statute, will continue until December 31, 2014, absent by action to continue the increased reimbursements. Plaintiff seeks increased reimbursement rates for all physician services provided to all Medicaid eligible children. The primary care rate increases implemented will not necessarily provide increased Medicaid reimbursement rates to all physician providers for all services provided to children. Therefore, should Plaintiffs prevail as to the reimbursement rates for all physician services to Medicaid children, it will be necessary to obtain additional appropriations to pay the increased reimbursement rate for all services provided to Medicaid children. Also, should the Legislature choose not to continue the increased primary care rates beyond December 31, 2014, Plaintiffs may seek relief to continue those rate increases. Plaintiffs have also complained and seek relief to address alleged problems with continuous eligibility. At trial, they referenced the need for computer changes. Should the Court award injunctive relief that will cause programming changes in DCF's ACCESS systems, there will be costs associated with any programming changes, and those costs may be significant.
Specific Law(s) Challenged:	42 U.S.C. §§1396a(a)(8), (10), (30)(A) & (43).
Status of the Case:	The case has been pending since November 2005. On September 30, 2009, the Court issued an Order Granting In Part The Plaintiffs' Motion For Class Certification. The certified class consists of "all children under the age of 21 who now, or in the future will, reside in Florida and who are, or will be, eligible under Title XIX of the Social Security Act for Early Periodic Screening, Diagnosis and Treatment Services." The Court held a 95-day long trial on liability, which spanned the period of December 7, 2009 to April 20, 2012. The trial was held as the Court had time available on its docket. We still have no order on liability, even though it has been more than one year since the trial ended. On March 15, 2013, a hearing was held on the impact that the above-described primary care rate increases have on the suit. In response to that hearing, the Court determined that the claims predicated on primary care services were not moot, because AHCA did not prove that there was no reasonable likelihood that the rates would revert to lower levels in 2015 (since the primary care rate increases are not required by federal statute past 12/31/2013). Depending on what happens with the order on liability, the next step is a phase to

	fashion injunctive relief in the case should it be necessary. The Court has indicated that this phase would provide an opportunity to provide more current evidence about whether a remedy is needed. Because this is to be an evidentiary proceeding, some further discovery may be authorized by the Court. It is only after the entry of an injunction and a Final Judgment that the state could exercise any final appellate rights.	
Who is representing (of record) the state in this lawsuit? Check all that apply.		Agency Counsel
	X	Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Stuart H. Singer, Esq. Carl E. Goldfarb, Esq. Damien J. Marshall, Esq. Boies, Schiller & Flexner LLP 401 East Las Olas Blvd. Suite 1200 Fort Lauderdale, FL 33301 James Eiseman, Jr., Esq., Public Interest Law Center of Philadelphia 1709 Benjamin Franklin Parkway Second Floor Philadelphia, PA 19103 Louis W. Bullock, Esq., Bullock, Bullock, & Blakemore 110 W. 7th Street Tulsa, Oklahoma 74112	

Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration		
Contact Person:	William H. Roberts	Phone Number:	412-3673

Names of the Parties:	K.G., by and through his next friend, Iliana Garrido v. Elizabeth Dudek, in her official Capacity as Secretary, Florida Agency for Health Care Administration	
Court with Jurisdiction:	United States 11th Circuit Court of Appeals	
Case Number:	Lower Court Case No. 1:11-cv-20684-JAL; 12-13785-DD	
Summary of the Complaint:	This is a lawsuit where the plaintiff seeks declaratory and injunctive relief regarding services the plaintiff argues should be covered under the state plan.	
Amount of the Claim:	The plaintiffs do not seek monetary damages; however, if plaintiff prevails and the court orders the Agency to cover applied behavior analysis under the state plan, the costs associated with providing the service to every recipient eligible under the state plan would likely exceed $25,000,000.	
Specific Law(s) Challenged:		
Status of the Case:	**District Court:** Plaintiff filed his complaint for declaratory and injunctive relief on February 28, 2011. On March 29, 2011, the Agency filed Defendant's Answer and Affirmative Defenses to Plaintiff's Complaint. On March 10, 2011, Plaintiff filed an Amended Motion for Preliminary Injunction. On March 28, 2011, the Agency filed Defendant's Response and Incorporated Memorandum of Law in Opposition to Plaintiff's Motion for Preliminary Injunction. Mediation was held on October 6, 2011; but the parties reached an impasse. Trial was held on March 20, 2012 - March 23, 2012. The Court granted injunctive relief on March 26, 2012 and declaratory relief on June 14, 2012. AHCA appealed the trial court's decision. Plaintiffs moved for attorney's fees; the motion was stayed, pending appeal, by consent of the parties. AHCA moved for a partial stay of the injunction, pending appeal; the motion was denied. **Appellate Court:** Briefing is complete. Eleventh Circuit Mediation was held on September 13, 2012; but the parties reached an impasse. Oral argument is scheduled for September 13, 2013.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
	X	Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration		
Contact Person:	AHCA: Stuart Williams, General Counsel.	Phone Number:	412-3669

Names of the Parties:	Petitioners: AHCA Respondent: Centers for Medicaid & Medicare Services (CMS)	
Court with Jurisdiction:	Department of Health and Human Services ("DHHS").	
Case Number:	A-12-49.	
Summary of the Complaint:	CMS found that the State Agency claimed Federal financial participation (FFP) for CHIP enrollees who were also enrolled in Medicaid.	
Amount of the Claim:	$7,592,568 (FFP $5,348,853).	
Specific Law(s) Challenged:	This is an overpayment determination, and so the validity of state law is not at issue.	
Status of the Case:	This case is currently in the resolution stage as CMS recently reconsidered its overpayment determination, dropping the amount due to $843,614. According to CMS, they will issue a positive adjustment of $5,348,853 to our payment management system account once the decreasing adjustment amount of FFP $843,614 has been processed.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Office of Policy and Budget – September 2013

Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration		
Contact Person:	AHCA: Stuart Williams, General Counsel.	Phone Number:	412-3669

Names of the Parties:	Petitioners: AHCA and APD Respondent: Centers for Medicaid & Medicare Services (CMS)	
Court with Jurisdiction:	None, but this will be an administrative appeal through the Department of Health and Human Services ("DHHS") .	
Case Number:	None at this time. For identifying purposes, this will be an appeal of OIG Audit A-04-10-00076.	
Summary of the Complaint:	- On March, 2013, CMS issued a demand letter memorializing the findings of CMS Audit A-04-10-00076, that requests a refund of $4,386,952 ($2,193,476 federal share). This amount represents payments in excess of the allowable amount identified in the Department of Health & Human Services, Office of Inspector General's report on Florida Claimed Some Medicaid Administrative Costs That Did Not Comply With Program Requirements for federal fiscal year 2007 through 2009, (Report number A-04-10-00076), issued March I, 2013. - The review found that the Medicaid Agency claimed Medicaid administrative costs that did not comply with federal requirements. The report identified costs that did not comply because certain employees in sampled positions did not complete the RMS observation forms as specified in the cost allocation plan, and the RMS coordinator's review did not detect noncompliance. As a result, the Agency for Persons with Disabilities's Medicaid reimbursable observation percentages used to calculate its Medicaid administrative costs were overstated.	
Amount of the Claim:	$4,386,952 ($2,193,476 federal share).	
Specific Law(s) Challenged:	This is an overpayment determination, and so the validity of state law is not at issue.	
Status of the Case:	The Agency has responded to the Demand Letter and is currently awaiting a Disallowance Letter which would allow us to formally appeal the audit findings in an administrative forum.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Office of Policy and Budget – September 2013

Schedule VII: Agency Litigation Inventory			
Agency:	Agency for Health Care Administration		
Contact Person:	AHCA: Stuart Williams, General Counsel.	Phone Number:	412-3669

Names of the Parties:	Petitioners: AHCA and DCF Respondent: Centers for Medicaid & Medicare Services (CMS)
Court with Jurisdiction:	None, but this will be an administrative appeal through the Department of Health and Human Services ("DHHS").
Case Number:	None at this time. For identifying purposes, this will be an appeal of OIG Audit A-04-11-08007.
Summary of the Complaint:	- On August 20, 2013, CMS issued a demand letter memorializing the findings of CMS Audit A-04-11-08007, that requests a refund of $19,783,761 ($10,850,377 federal share) based upon a finding alleging that AHCA "did not refund the federal share for state identified uncollected Medicaid overpayments for ineligible individuals" based upon the following: - AHCA entered into a cooperative agreement with the Florida Department of Children and Families (DCF) to conduct Medicaid eligibility determinations in accordance with the approved State plan. DCF's Benefit Recovery (Recovery unit) identifies and documents the existence, circumstances, and amount of public assistance overpayments. In addition, it pursues recovery of overpayments from the party receiving the overpayment or from the party responsible for causing the overpayment. The Recovery unit defines a reportable overpayment as existing when funds may have been expended on behalf of beneficiaries who were not eligible for Medicaid coverage or who were eligible only after meeting a share of costs. The Recovery unit is responsible for identifying all overpayment claims and recouping overpayments within DCF. - As stated in CMS's Audit Report dated March 2013, at no point in the process described above did DCF notify AHCA of the Medicaid overpayments or collections. Therefore, AHCA did not return to CMS the Federal share of overpayments that it identified or collected. AHCA did not receive reports from, or have access to, DCF's Recovery unit accounting system. Furthermore, instead of returning Medicaid overpayment recoveries to AHCA, DCF retained all recoveries from Medicaid overpayments that it identified to partially fund the operation of its Recovery unit. Thus, the State agency had no knowledge of Medicaid overpayments identified or collected by DCF and could not ensure that it appropriately adjusted its Federal funds to comply with applicable Federal requirements. - During the relevant audit period (7/1/07 through 6/30/10), DCF's Recovery unit identified $22,383,131 in Medicaid overpayments and reported recovery of $2,499,370 in overpayments. - In CMS's Audit report, CMS found that AHCA did not return Federal share for the Medicaid overpayments identified or collected by DCF.

	- CMS adopted DCF's finding of $22,283,131 ($12,251,265 Federal share) in Medicaid overpayments. Of this amount, DCF collected $2,499,370 ($1,400,888 Federal share) but had not collected the remaining $19,783,761 ($10,850,377 Federal share). - On August 20, 2013, CMS issued a demand letter memorializing the findings of CMS Audit A-04-11-08007 that requests a refund of $19,783,761 ($10,850,377 federal share) based upon a finding alleging that AHCA "did not refund the federal share for state identified uncollected Medicaid overpayments for ineligible individuals."	
Amount of the Claim:	$19,783,761 ($10,850,377 federal share).	
Specific Law(s) Challenged:	This is an overpayment determination, and so the validity of state law is not at issue.	
Status of the Case:	We have been granted an extension from CMS to formally appeal this determination. Our response is currently due September 20, 2013.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration		
Contact Person:	AHCA: Stuart Williams, General Counsel.	Phone Number:	412-3669

Names of the Parties:	Petitioners: AHCA Respondent: Centers for Medicaid & Medicare Services (CMS)	
Court with Jurisdiction:	None, but this will be an administrative appeal through the Department of Health and Human Services ("DHHS").	
Case Number:	None at this time. For identifying purposes, this will be an appeal of Audit A-04-12-18633.	
Summary of the Complaint:	- On August 28, 2013, CMS issued a demand letter memorializing the findings of Audit 1-04-12-18633, that requests a refund of $117,274,230 ($74,545,746 federal share). - The review found that FMMIS was not programmed to ensure the proper payment of outpatient Medicare crossover claims. The audit identified errors within a sample and projected the sample error rate to the total amounts paid for outpatient hospital claims during state fiscal years 2007/08, 2008/09, 2009/10.	
Amount of the Claim:	$117,274,230 ($74,545,746 federal share).	
Specific Law(s) Challenged:	This is an overpayment determination, and so the validity of state law is not at issue.	
Status of the Case:	We have been granted an extension from CMS to formally appeal this determination. Our response is currently due September 30, 2013.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Office of Policy and Budget – September 2013

Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration		
Contact Person:	AHCA: Stuart Williams, General Counsel.	Phone Number:	412-3669

Names of the Parties:	Petitioners: AHCA Respondent: Centers for Medicaid & Medicare Services (CMS)	
Court with Jurisdiction:	Department of Health and Human Services ("DHHS").	
Case Number:	2013-01.	
Summary of the Complaint:	Pursuant to 42 U.S.C. § 1316(a) and 42 U.S.C. § 1396, et. seq., the Florida Agency for Health Care Administration ("Florida" or "State") sought administrative reconsideration of the denial of the Florida Medicaid State Plan Amendment 2012-015 ("SPA 12-015"), received by the Centers for Medicare & Medicaid Services ("CMS") on September 14, 2012.	
Amount of the Claim:	None, as this is a state plan amendment (SPA) denial. However, should the SPA not be approved, the Agency will necessarily need to alter its stance on limiting outpatient hospital visitations to six per fiscal year.	
Specific Law(s) Challenged:	SPA 12-015.	
Status of the Case:	The Agency is currently in the discovery phase and is in the process of scheduling depositions for CMS representative(s).	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Office of Policy and Budget – September 2013

Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran	Phone Number:	412-3670

Names of the Parties:	Smiley & Smiley, P.A. v. State of Florida, Agency for Health Care Administration	
Court with Jurisdiction:	Circuit Court for the Second Judicial Circuit in and For Leon County	
Case Number:	2010-CA-3706	
Summary of the Complaint:	The Complaint alleges that AHCA has breached its contracts with the plaintiff, an auditor of nursing facility and intermediate care facility cost reports. The plaintiff alleges that AHCA has failed to pay for work done pursuant to the "canceled audit" provisions of the contracts.	
Amount of the Claim:	Per the Complaint, "over $15,000"; per correspondence from Plaintiff's counsel, approximately $691,000.00.	
Specific Law(s) Challenged:		
Status of the Case	Agency's Motion to Dismiss is pending. Discovery is ongoing and mediation is pending.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Class has not been certified. Law Offices of Matthew W. Dietz	

Office of Policy and Budget - September 2013

Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration		
Contact Person:	Leslei Street	Phone Number:	412-3686

Names of the Parties:	Gabrielle Goodwin by her Agent Under Durable Power of Attorney, Donna Ansley v. Florida Agency for Health Care Administration; Elizabeth Dudek, Secretary, Florida Agency for Health Care Administration; Florida Department of Children and Families; David Wilkins, Secretary, Florida Department of Children and Families	
Court with Jurisdiction:	2nd Judicial Circuit, In and For Leon County	
Case Number:	12 CA 2935	
Summary of the Complaint:	Alleges patient responsibility amount for those in nursing homes is not calculated correctly. Putative class composed of all Florida residents who have been recipients of Medicaid long-term care benefits in the last 4 years or all those who will receive such benefits, where at the time of eligibility those persons had/will have outstanding incurred medical benefits/nursing home charges during a time when they were not eligible for such benefits.	
Amount of the Claim:	$ > $500,000 cost in implementing injunctive and equitable relief; possible breach of contract damages; attorney's fees if Plaintiffs prevail	
Specific Law(s) Challenged:	1. Section 1983 alleged violation of Medicaid Act, 42 U.S.C. § 1396a(r)(1)(A)(ii); 2. Violation of Medicaid Act, again § 1396a(r)(1)(A)(ii); and state law, Fla. Stat. 409.902; 3. Declaratory judgment and Supplemental Relief, pursuant to Fla. Stat. 86.021, 061, is actually a challenge to Florida Administrative Code § 65A-1.7141, based on alleged violations of § 1396a(r)(1)(A)(ii) and § 409.903; and 4. Breach of contract as third party beneficiary of AHCA's institutional Medicaid provider agreement.	
Status of the Case:	Judge denied motion to dismiss as to § 1983 claims against the Agency Secretaries in their official capacities; dismissed agencies. Further briefing on contract claim is due to be filed September 20, 2013. CMS approved AHCA's State Plan amendment; DCF is revising rule. Discovery will begin shortly.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
	X	Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Robert Pass, Martha Chumbler, Donald Schmidt, Carlton Fields P.A. Zuckerman Spaeder LLP Lauchlin Waldoch, Jana McConnaughhay, Waldoch & McConnaughhay, P.A. Ron M. Landsman, P.A. Woods Oviatt Gilman LLP	

Office of Policy and Budget - September 2013

Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration		
Contact Person:	Stuart Williams	Phone Number:	412-3630

Names of the Parties:	TW, PM and Disability Rights Florida v. DCF & AHCA	
Court with Jurisdiction:	United States District Court for the Northern District of Florida	
Case Number:	4-13-cv-457	
Summary of the Complaint:	Putative class action on behalf of over 300 individuals with psychiatric disabilities allegedly unnecessarily segregated in Florida state psychiatric hospitals.	
Amount of the Claim:	$ unknown; declaratory and injunctive relief, potential attorney's fees	
Specific Law(s) Challenged:	Alleged violation of Title II of the Americans With Disabilities Act	
Status of the Case:	Case filed August 15, 2013; waiver of service of process pending; response pending	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Disability Rights Florida	

Office of Policy and Budget - September 2013

Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration		
Contact Person:	Daniel M. Lake, Esquire	Phone Number:	412-3654

Names of the Parties:	Petitioners: Ann Stork Center, Inc., a Florida Not-For-Profit Corporation; St. Augustine Center for Living, a Florida Corporation; Res Care, Inc., a Corporation; Residential CRF, Inc., a Corporation; Miami Cerebral Palsy Residential Services, Inc., a Florida Not-For-Profit Corporation; Sunrise Community, Inc., a Florida Not-For-Profit Corporation; Mactown, Inc., a Florida Not-For-Profit Corporation; BARC Housing, Inc., a Florida Not-For-Profit Corporation; Central Florida Communities, Inc., a Florida Not-For-Profit Corporation; Pensacola Care, Inc., a Florida Not-For-Profit Corporation; Care Centers of Nassau, LLC, a Florida Limited Liability Corporation; Eidetik, Inc., a Florida Corporation; National Mentor Healthcare, LLC d/b/a Florida Mentor, a Delaware Limited Corporation; Life Concepts, Inc. d/b/a Quest, Inc., a Florida Not-For-Profit Corporation; New Vue, LLC, a Florida Limited Liability Corporation; Florida Preferred Care Developmental Centers I, Inc., a Florida Corporation; DDMS, Inc., a Florida Corporation and Fern Park, Inc., a Florida Corporation Respondent: State of Florida, Agency for Health Care Administration	
Court with Jurisdiction:	Division of Administrative Hearings	
Case Number:	CASE NO. 13-2402	
Summary of the Complaint:	Petitioners, a large group of independent facilities for the disabled are challenging the reimbursement rates and the methodology of setting reimbursement rates from Medicaid for facilities.	
Amount of the Claim:	Valued in excess of $500,000	
Specific Law(s) Challenged:	GAA line 223 FY 2012-2013; ICF/DD Rate Reimbursement Plan; 42 USCA 1396a; 59G-6.045; 409.908; and 409.9083.	
Status of the Case:	Case is set for trial beginning October 15, 2013. The parties are preparing for possible mediation.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Steven M. Weinger, Esquire Kurzban, Kurzban, Weinger, Tetzeli and Pratt, P.A. 2650 S.W. 27th Avenue, Second Floor Miami, Florida 33133.	

Office of Policy and Budget - September 2013

Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration		
Contact Person:	Daniel M. Lake, Esquire	Phone Number:	412-3654

Names of the Parties:	Alachua County, Florida; et al., Plaintiffs vs. Elizabeth Dudek, in her official capacity as Secretary of the State of Florida, Agency for Health Care Administration; and Lisa Vickers, in her official capacity as Executive Director of the State of Florida, Department of Revenue, Defendants	
Court with Jurisdiction:	In the Circuit Court of the Second Judicial Circuit, in and for Leon County, Florida	
Case Number:	Case No.: 2012-CA-1328	
Summary of the Complaint:	There are 67 counties in Florida. This case was brought by 55 counties plus the Florida Association of Counties, challenging a new law regarding county contributions to Medicaid. The Amended Complaint includes three (3) counts. The first and second counts assert challenges pursuant to Article VII, section 18(a) and (c), Florida Constitution, for violation of the unfunded mandate provisions. The third count asserts that unpaid claims extending from 2001 - 2008 are time barred pursuant to the Florida statute of limitations.	
Amount of the Claim:	Valued in excess of $500,000	
Specific Law(s) Challenged:	"Unfunded Mandates Provision" of article VII, section 18 of the Florida Constitution; 409.915.	
Status of the Case:	Case is in abeyance pending resolution of several administrative proceedings.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Susan H. Churuti Bryant Miller Olive, P.A. One Tampa City Center, Suite 2700 Tampa, Florida 33602 Virginia Saunders Delegal General Counsel Florida Association of Counties 111 S. Monroe Street Tallahassee, Florida 32301	

Office of Policy and Budget - September 2013

Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration		
Contact Person:	Leslei Street	Phone Number:	412-3630

Names of the Parties:	T.H., by and through her next friend, Paolo Annino; A.C., by and through his next friend Zurale Cali; A.R., by and through her next friend, Susan Root; C.V., by and through his next friends, Michael and Johnette Wahlquist; M.D., by and through her next friend, Pamela DeCambra; C.M., by and through his next friend, Norine Mitchell; B.M., by and through his next friend, Kayla Moore; and T.F., by and through his next friend, Michael and Liz Fauerbach; each individually, and on behalf of all other children similarly situated in the State of Florida, v. Elizabeth Dudek, in her official capacity as Secretary of the Agency for Health Care Administration; Harry Frank Farmer, Jr., in his official capacity as the State Surgeon General and Secretary of the Florida Department of Health; Kristina Wiggins, in her official capacity as Deputy Secretary of the Florida Department of Health and Director of Children's Medical Services; and eQHealth Solutions, Inc., a Louisiana non-profit corporation	
Court with Jurisdiction:	United States District Court in and for the Southern District of Florida	
Case Number:	12-60460-CIV-RSR	
Summary of the Complaint:	This is a putative class action lawsuit where plaintiffs challenge AHCA's medical necessity determinations and policies limiting the number of private duty nursing hours that have been approved, among other claims.	
Amount of the Claim:	The plaintiffs do not seek monetary damages; however, the monetary impact could exceed $25,000,000 annually in additional Medicaid payments if the plaintiffs were successful.	
Specific Law(s) Challenged:		
Status of the Case:	The Court denied the motions to dismiss on July 17, 2012. Discovery is underway. Plaintiffs' motion for class certification has been fully briefed and a hearing on the motion is set for September 13, 2013. Trial is currently set for the two-week term beginning December 16, 2013, and the parties anticipate a new scheduling order in the near future.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Class has not been certified. Law Offices of Matthew W. Dietz	

Office of Policy and Budget - September 2013

Schedule VII: Agency Litigation Inventory

Agency:	Agency for Health Care Administration		
Contact Person:	Leslei Street	Phone Number:	850-412-3686

Names of the Parties:	United States v. State of Florida	
Court with Jurisdiction:	Southern District of Florida	
Case Number:	13-61576-CIV-Dimitrouleas	
Summary of the Complaint:	Alleged violations of the Americans With Disabilities Act, as amended; persons under the age of 21 are unnecessarily in nursing facilities (NF) and at risk of being placed in NF; state has not funded necessary services.	
Amount of the Claim:	$ > $500,000 cost in implementing injunctive and equitable relief; possible compensatory damages; attorney's fees if Plaintiffs prevail	
Specific Laws Challenged:	Americans With Disabilities Act, as amended	
Status of the Case:	Answer and affirmative defenses filed. Awaiting court order on the State's Motion to Transfer civil action from the Southern District of Florida to the Northern District of Florida.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	x	Agency Counsel
	x	Office of the Attorney General or Division of Risk Management
	x	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Quasi class action brought by the U.S. Department of Justice.	

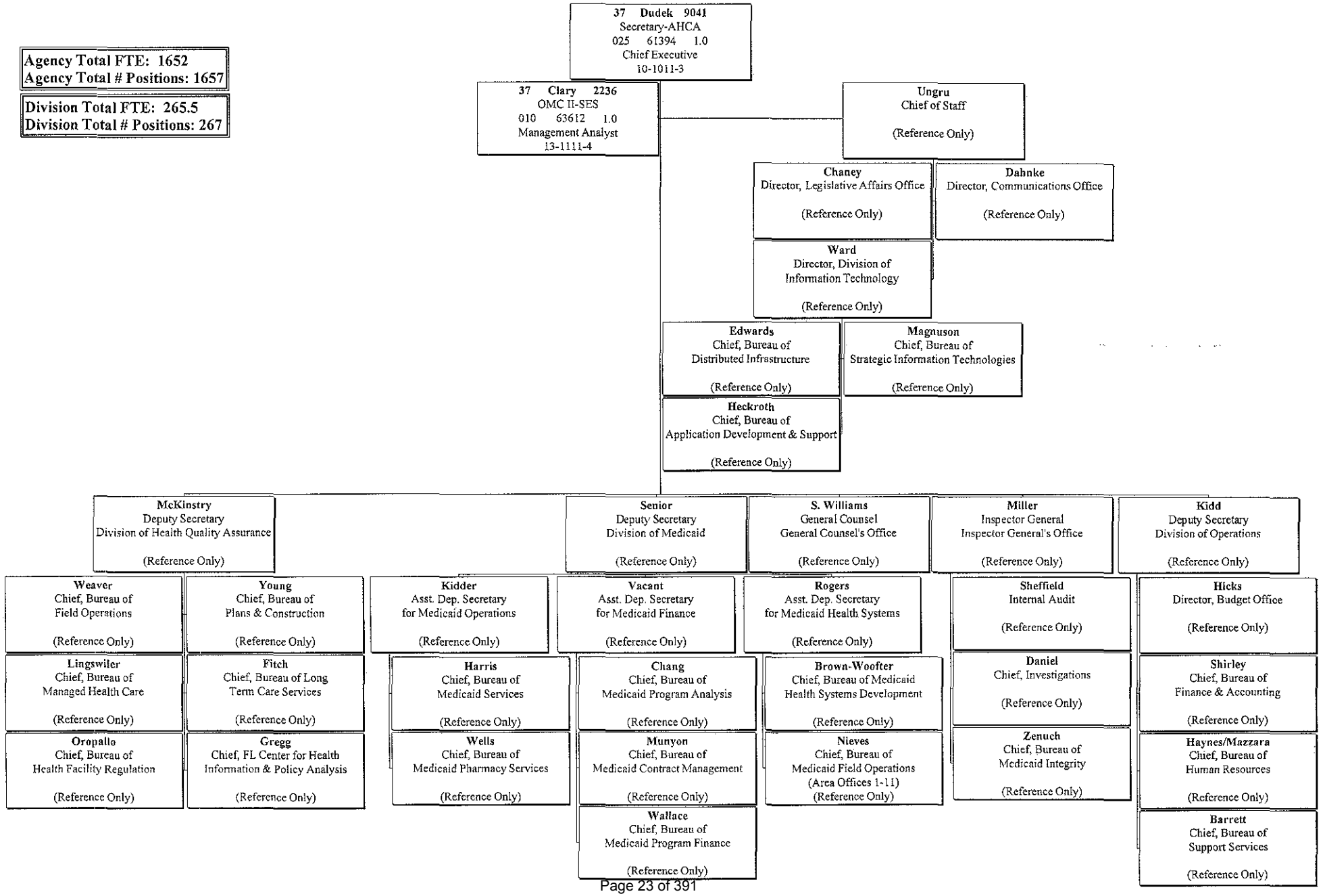
Office of Policy and Budget - September 2013

AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Secretary's Office

Effective Date: July 1, 2013
Org. Level: 68-10-00-00-000
FTEs: 2 Positions: 2

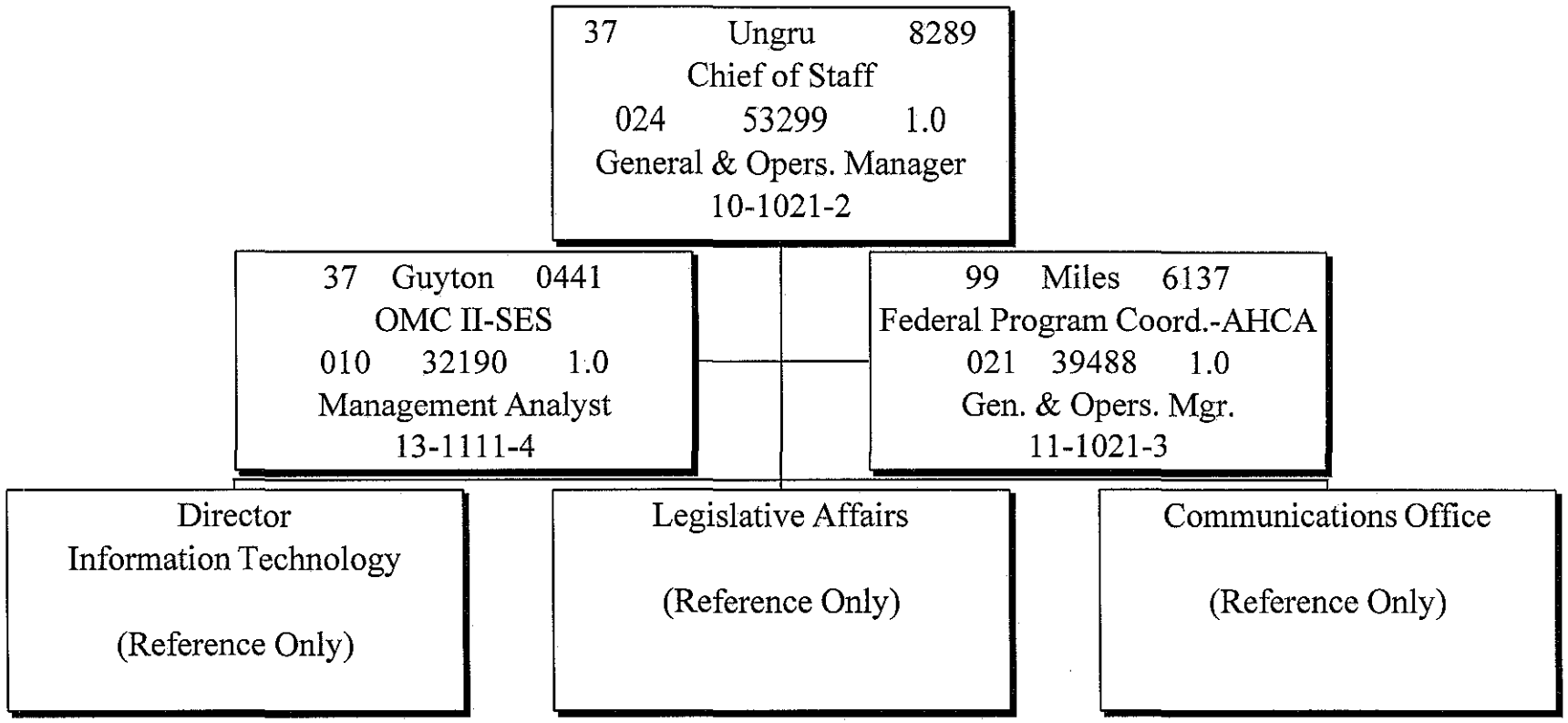
Agency Total FTE: 1652
Agency Total # Positions: 1657

Division Total FTE: 265.5
Division Total # Positions: 267



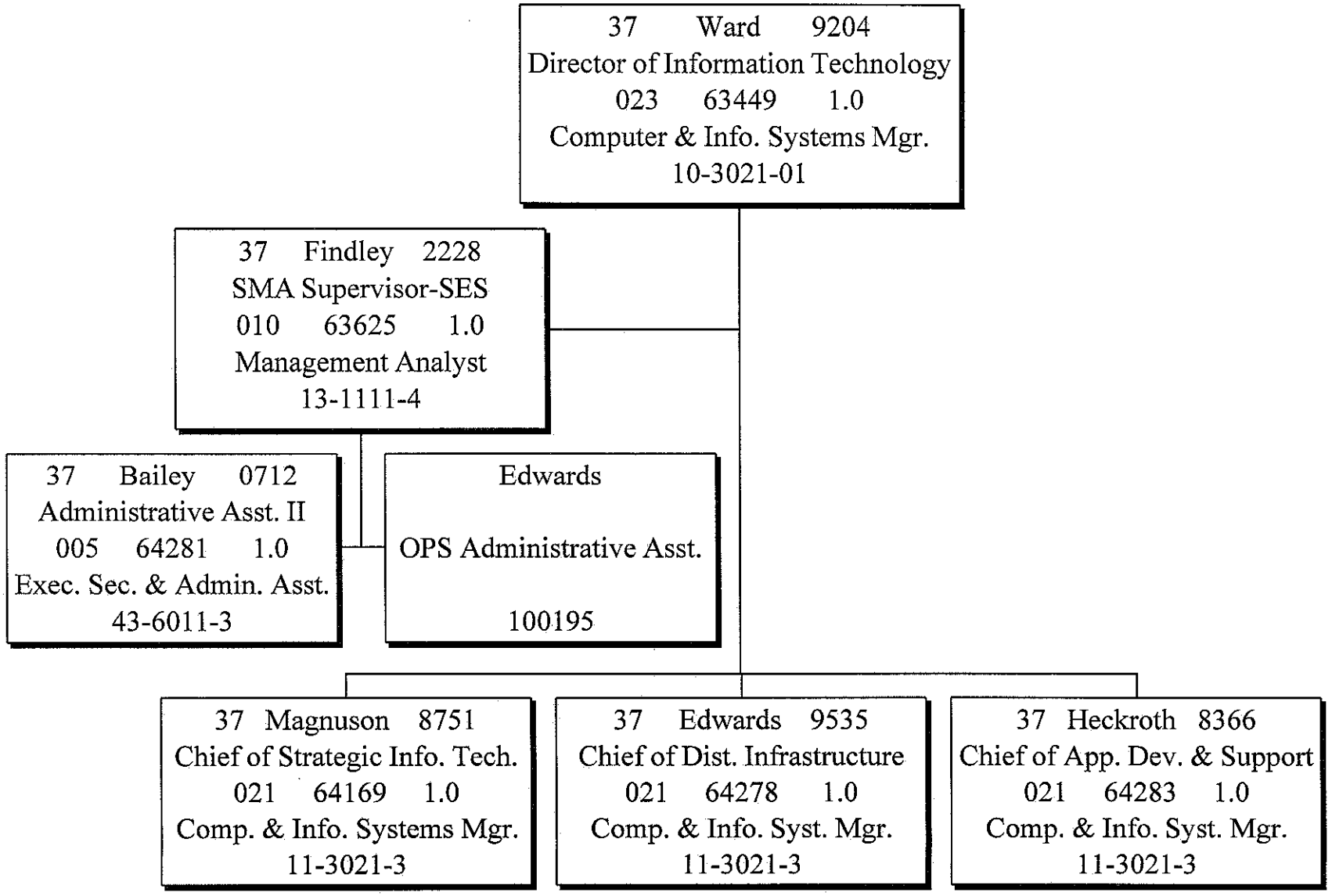
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Chief of Staff

Effective Date: July 1, 2013
Org. Level: 68-10-10-00-00-000
FTEs: 3 Positions: 3



AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff - Division of Information Technology
Director's Office

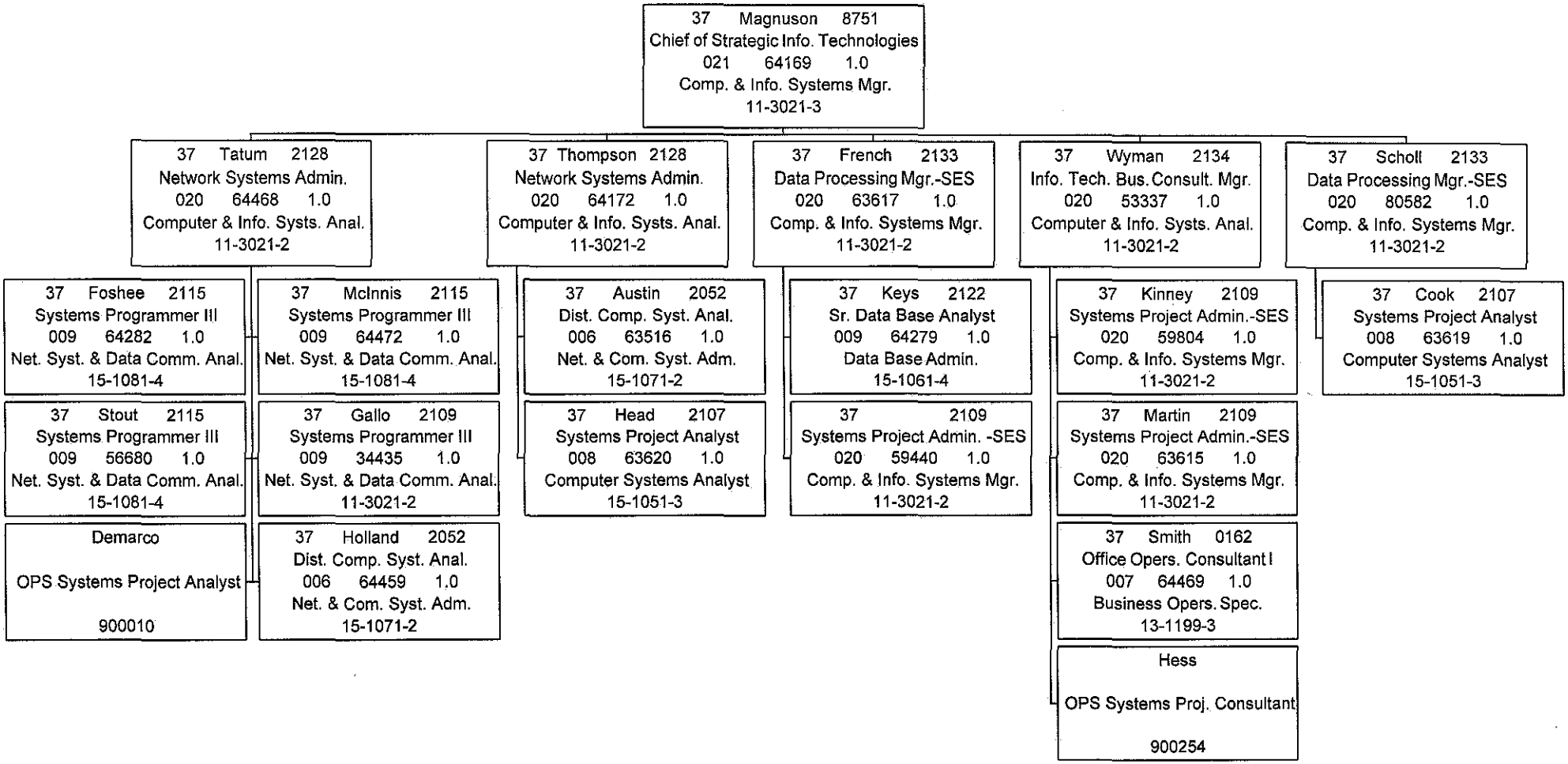
Revised Date: July 1, 2013
Org Level: 68-10-10-40-00-000
FTEs: 3 Positions: 3



A-2-1

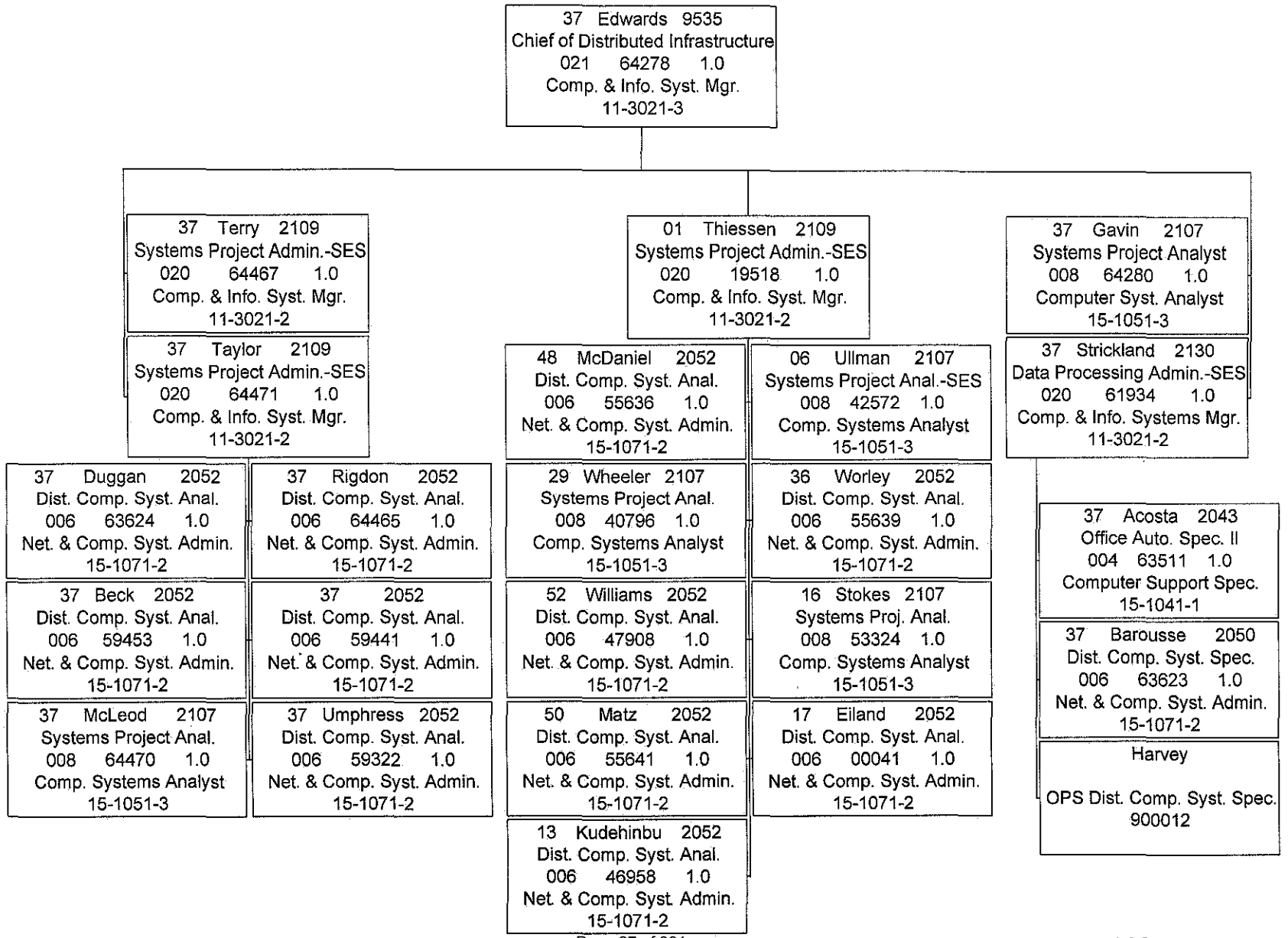
AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff - Division of Information Technology
Bureau of IT Strategic Planning and Security

Org. Level: 68-10-10-40-00-100
Revised Date: July 1, 2013
FTEs: 19 Positions: 19



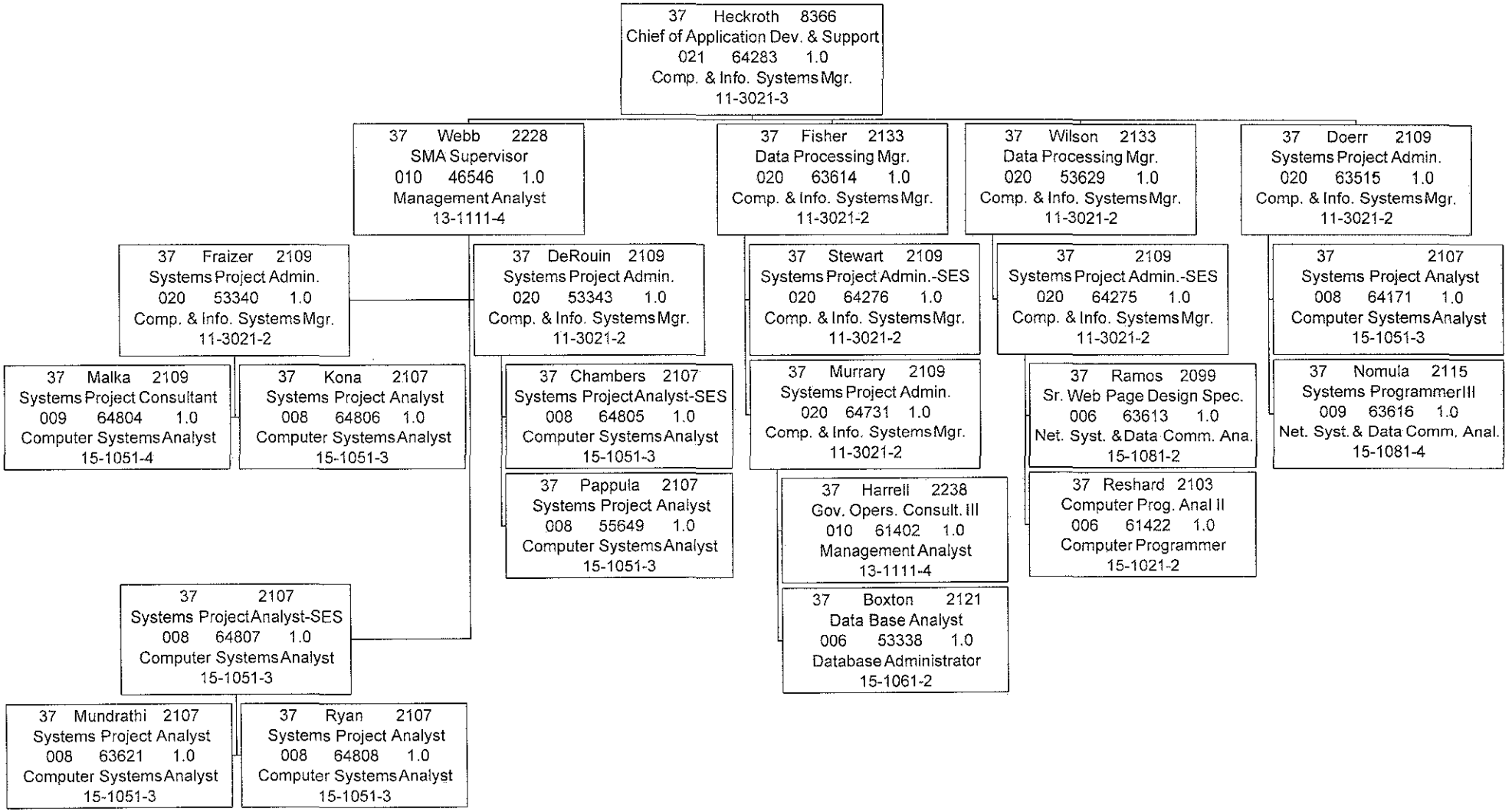
AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff - Division of InformationTechnology
Bureau of Customer Service and Support

Org. Level: 68-10-10-40-00-200
Revised Date: July 1, 2013
FTEs: 23 Positions: 23



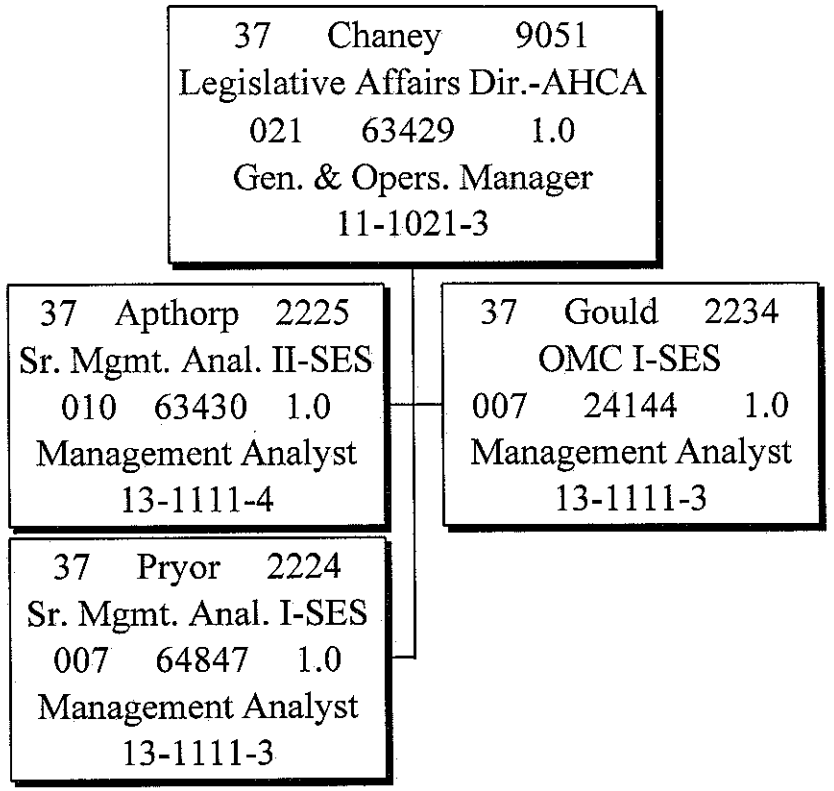
Org. Level: 68-10-10-40-00-400
Revised Date: July 1, 2013
FTEs: 23 Positions: 23

AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff - Division of Information Technology
Bureau of Application Development and Support

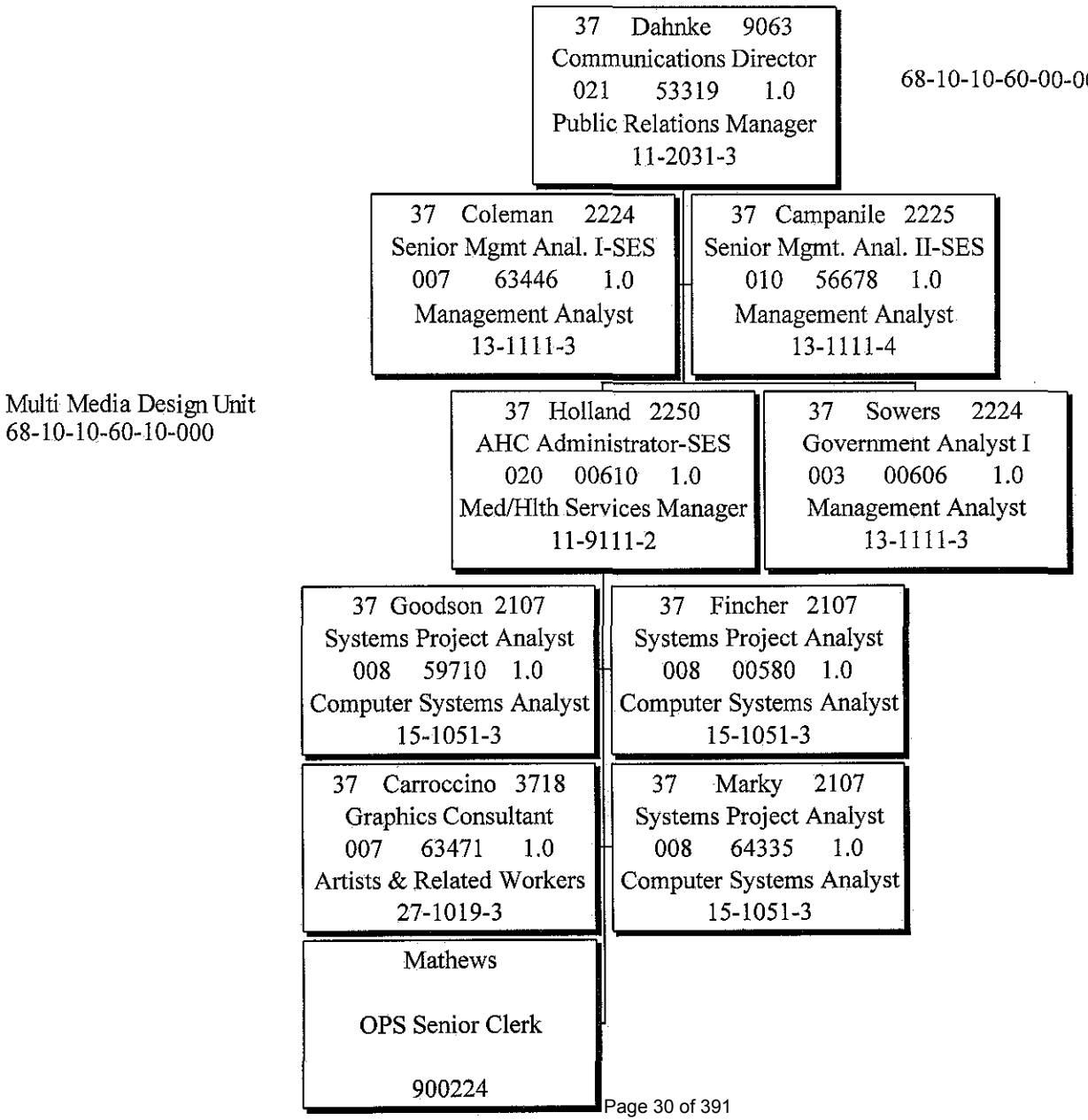


AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff
Legislative Affairs Office

Effective Date: July 1, 2013
Org Level: 68-10-10-50-00-000
FTEs: 4 Positions: 4

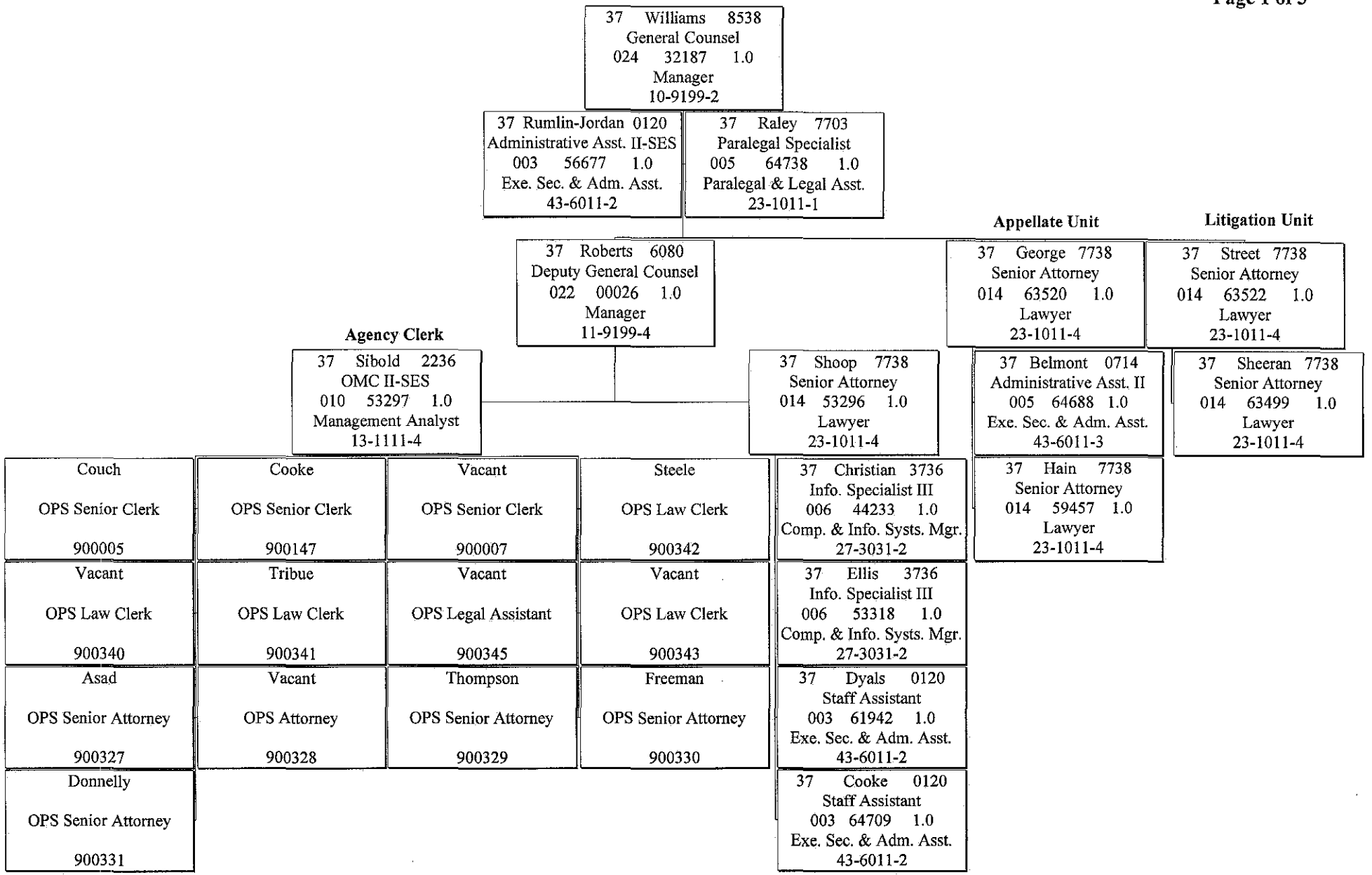


AGENCY FOR HEALTH CARE ADMINISTRATION
Chief of Staff
Communications Office



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction - General Counsel

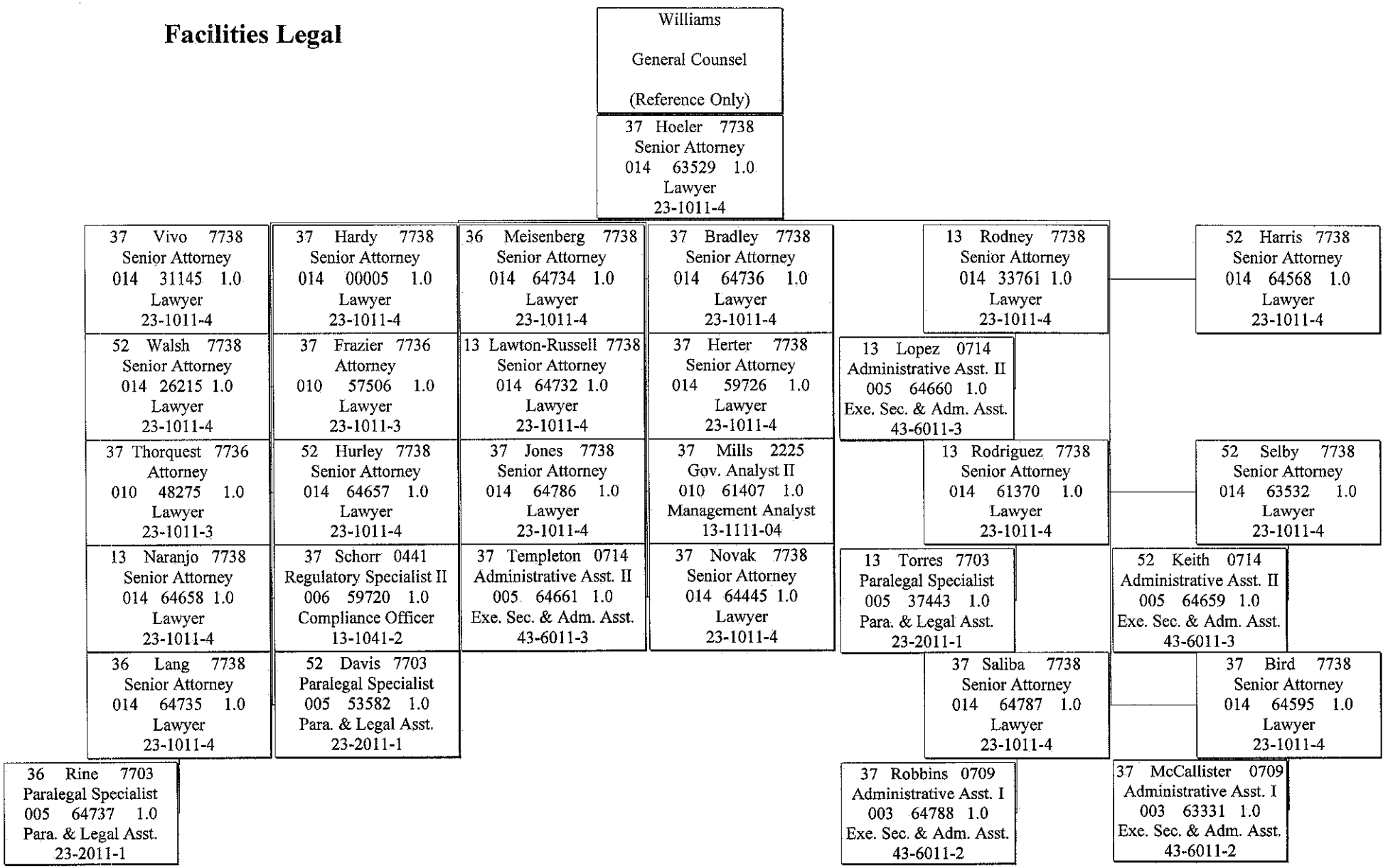
Org. Level: 68 10 20 00 000
Revised Date: July 1, 2013
FTEs: 66.5 Positions: 67



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction - General Counsel

Org. Level: 68 10 20 00 000
Revised Date: July 1, 2013
FTEs: 66.5 Positions: 67

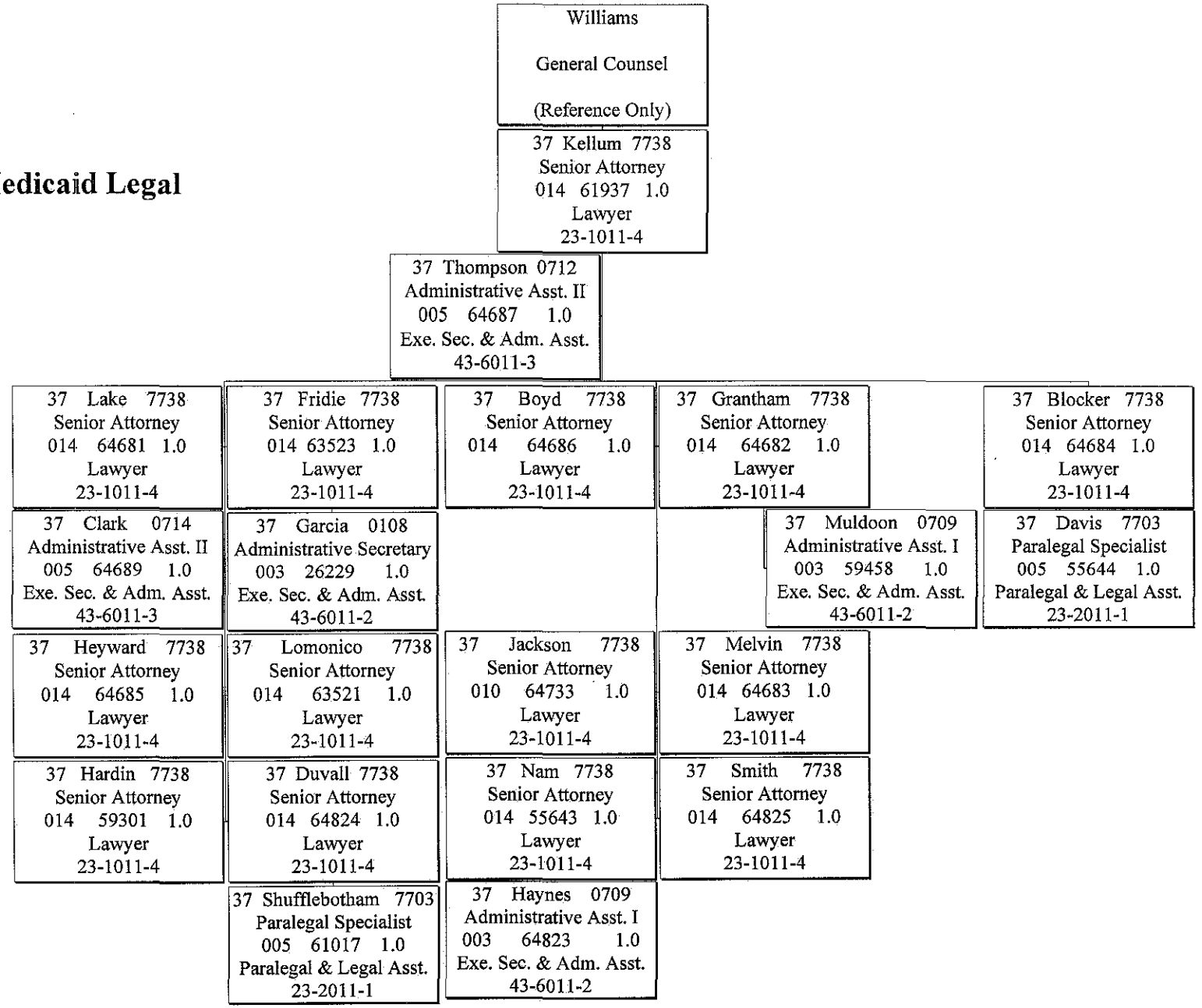
Facilities Legal



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction - General Counsel

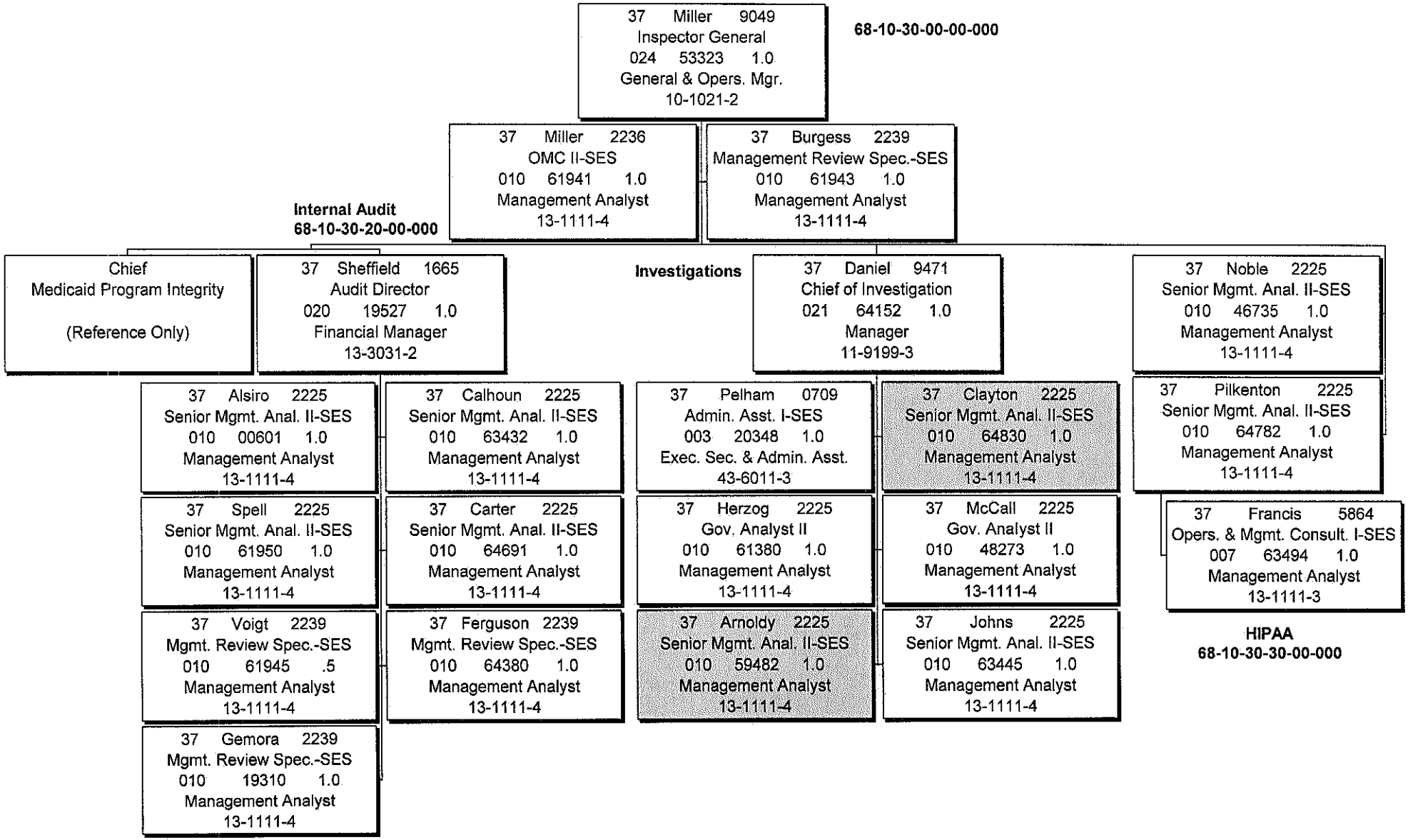
Org. Level: 68 10 20 00 000
Revised Date: July 1, 2013
FTEs: 66.5 Positions: 67

Medicaid Legal



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction - Inspector General

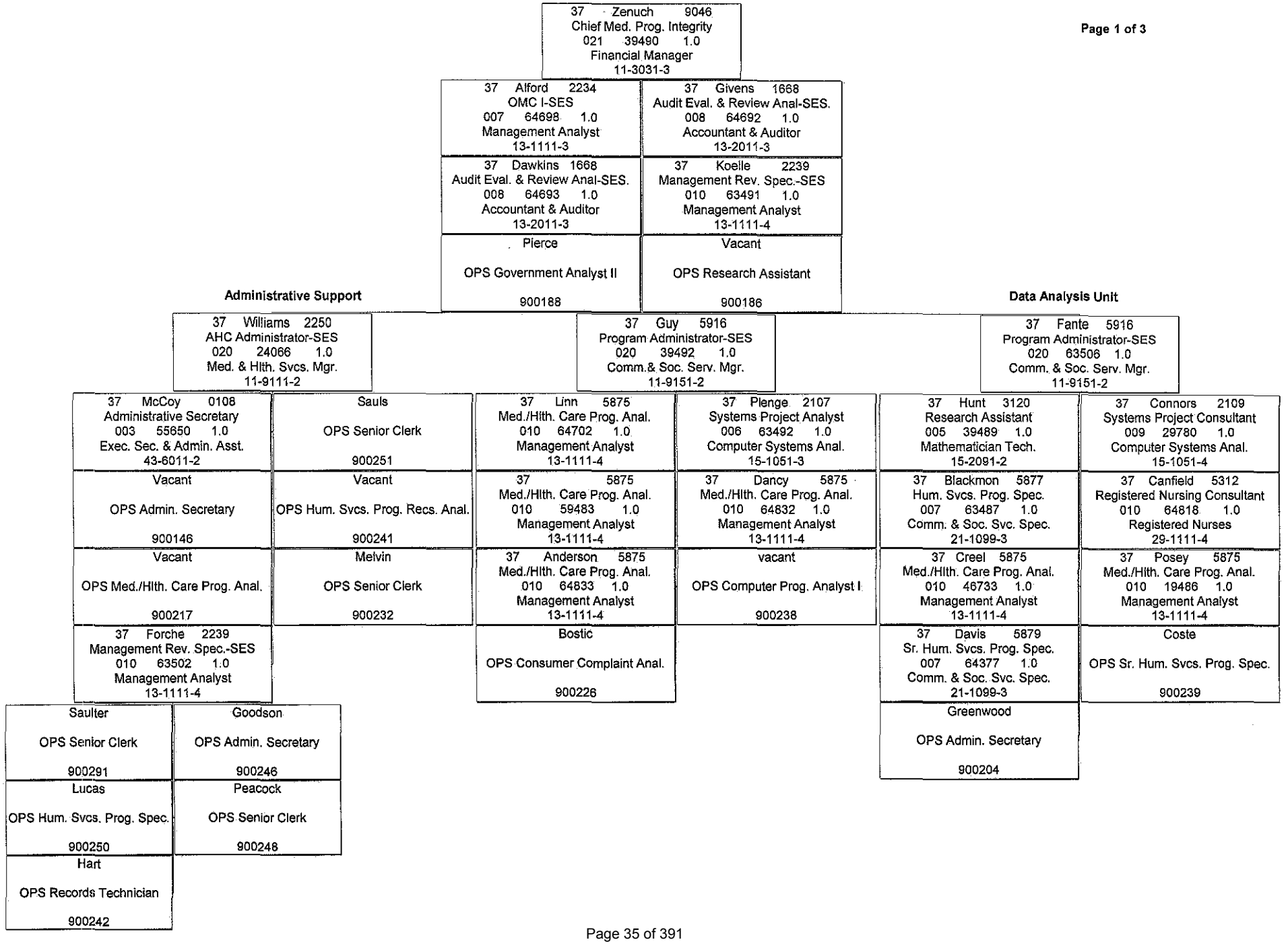
Revised Date: July 1, 2013
FTEs: 18.5 Positions: 19



***Shaded positions report to org code 68-10-30-10-00-000 - Bureau of Medicaid Program Integrity**

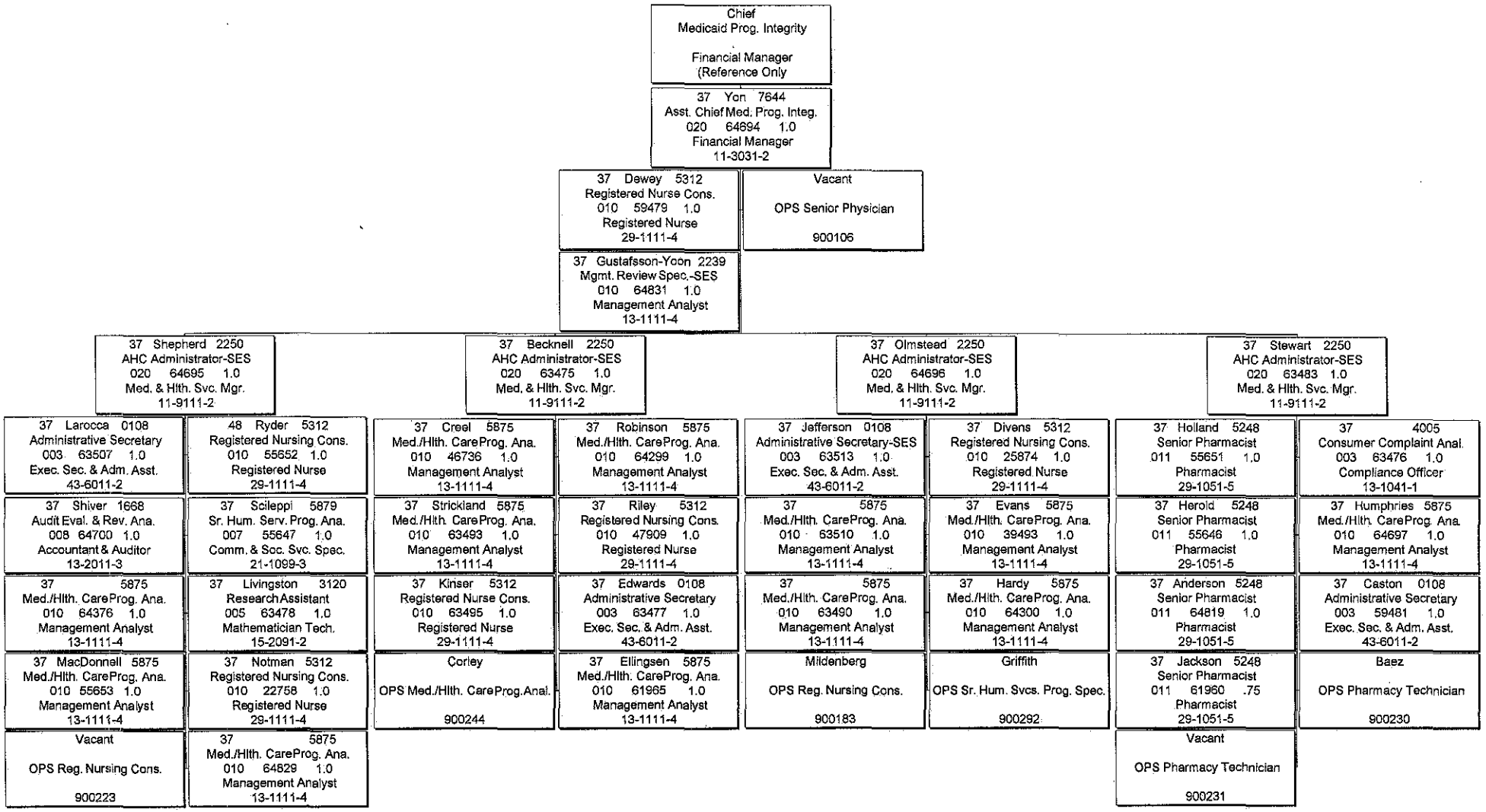
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction - Inspector General
Medicaid Program Integrity

Org. Level: 68-10-30-10-000
Revised Date: July 1, 2013
FTEs: 93.5 Positions: 94



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction - Inspector General
Medicaid Program Integrity

Org. Level: 68-10-30-10-000
Revised Date: July 1, 2013
FTEs: 93.5 Positions: 94



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction - Inspector General
Medicaid Program Integrity - Field Operations

Revised Date: July 1, 2013
FTEs: 12 Positions: 12

Chief
Medicaid Program Integrity

Financial Manager
(Reference Only)

37 Dozier 6040
Field Office Manager
020 39486 1.0
Admin. Services Mgr.
11-3011-2

68-10-30-10-00-000

37 Jackson 3120
Research Assistant
005 63514 1.0
Mathematician Tech.
15-2091-2

Reshard
OPS Research Assistant
900107

37 Hughes-Poole 5879
Sr. Human Services Prog. Spec.
007 63497 1.0
Comm. Soc. Svcs. Spec.
11-9151-2

Dixon
OPS Sr. Human Svcs. Prog. Spec.
900087

Field Operations - Miami Office
68-10-30-10-01-100

37 Taylor-Fischer 2250
AHC Administrator-SES
020 59484 1.0
Med. & Hlth. Svcs. Mgr.
11-9111-2

37 Coon 5312
Registered Nursing Consult
010 63496 1.0
Registered Nurse
29-1111-4

37 Bagenholm 3120
Research Assistant
005 19462 1.0
Mathematician Tech.
15-2091-2

Peoples
OPS Med/Hlth Care Prog. Anal.
900228

Bailey
OPS Med/Hlth Care Prog. Anal.
900008

Curlee
OPS Med./Hlth. Care Prog. Anal.
900289

37 Tindall 5312
Registered Nursing Consult
010 59480 1.0
Registered Nurse
29-1111-4

Vacant
OPS Reg. Nursing Consult
900182

Alexandre
OPS Med/Hlth Care Prog. Anal.
900179

Chastain
OPS Sr. Human Svcs. Prog. Spec.
900141

Vacant
OPS Admin. Secretary
900245

37 West 5916
Program Administrator-SES
020 63498 1.0
Comm. & Soc. Serv. Mgr.
11-9151-2

37 Cohen 5875
Med./Hlth. Care Prog. Anal.
010 46727 1.0
Management Analyst
13-1111-4

37 Mendle 3120
Research Assistant
005 39491 1.0
Mathematician Tech.
15-2091-2

37 Williams 5864
Hum. Svcs. Prog. Rec. Anal.
007 63518 1.0
Comm. & Soc. Svcs. Spec.
21-1099-3

Allen
OPS Research Assistant
900243

Brown
OPS Hum. Svcs. Prog. Recs. Anal.
900288

Leager
OPS Senior Clerk
900240

37 Phillips 3120
Research Assistant
005 24163 1.0
Mathematician Tech.
15-2091-2

37 Miller 4005
Consumer Complaint Analyst
003 63519 1.0
Compliance Officer
13-1041-1

37 5864
Hum. Svcs. Prog. Rec. Anal.
007 64820 1.0
Comm. & Soc. Svcs. Spec.
21-1099-3

Philmon
OPS Sr. Hum. Svcs. Prog. Spec.
900184

Williams
OPS Senior Clerk
900260

Dowdell
OPS Sr. Human Svcs. Prog. Spec.
900237

37 Taylor 5916
Program Administrator-SES
020 64699 1.0
Comm. & Soc. Serv. Mgr.
11-9151-2

37 Tapining 5875
Med./Hlth. Care Prog. Anal.
010 63501 1.0
Management Analyst
13-1111-4

37 Stiles 5875
Med./Hlth. Care Prog. Anal.
010 64374 1.0
Management Analyst
13-1111-4

16 Dixon 5879
Sr. Human Svcs. Prog. Spec
007 64375 1.0
Comm. & Soc. Svcs. Spec.
21-1099-3

Williams
OPS Senior Clerk
900205

Olsson
OPS Med/Hlth Care Prog. Anal.
900202

29 Ragan 5875
Med./Hlth. Care Prog. Anal.
010 64378 1.0
Management Analyst
13-1111-4

29 Hyatt 5879
Sr. Human Svcs. Prog. Spec
007 64379 1.0
Comm & Soc. Svcs. Spec.
21-1099-3

13 Rivera 5879
Sr. Human Svcs. Prog. Spec
007 46726 1.0
Comm. & Soc. Svcs. Spec.
21-1099-3

Hitzing
OPS Sr. Human Svcs. Prog. Spec.
900227

Shah
OPS Sr. Pharmacist
900108

13 Rossello 2250
AHC Administrator-SES
020 63509 1.0
Med. & Hlth. Svcs. Mgr.
11-9111-2

13 Scarlata 0108
Administrative Secretary-SES
003 63508 1.0
Exec. Sec. & Admin. Asst.
43-6011-2

13 2240
Inspector Specialist
010 63482 1.0
Compliance Officer
13-1041-4

13 Solomon 5312
Registered Nursing Consult
010 63479 1.0
Registered Nurse
29-1111-4

13 Hollis-Stancil 5312
Registered Nursing Consult.
010 63481 1.0
Registered Nurse
29-1111-4

Vacant
OPS Admin. Secretary
900247

13 Rosario 5916
Program Administrator-SES
020 63485 1.0
Comm. & Soc. Serv. Mgr.
11-9151-2

13 Cedeno 2240
Inspector Specialist
010 63500 1.0
Compliance Officer
13-1041-4

13 Blandino 2240
Inspector Specialist
010 64821 1.0
Compliance Officer
13-1041-4

13 Perpina 2240
Inspector Specialist
010 64822 1.0
Compliance Officer
13-1041-4

13 Ribera 2240
Inspector Specialist
010 64701 1.0
Compliance Officer
13-1041-4

13 Vasquez-Ruiz 2240
Inspector Specialist
010 63488 1.0
Compliance Officer
13-1041-4

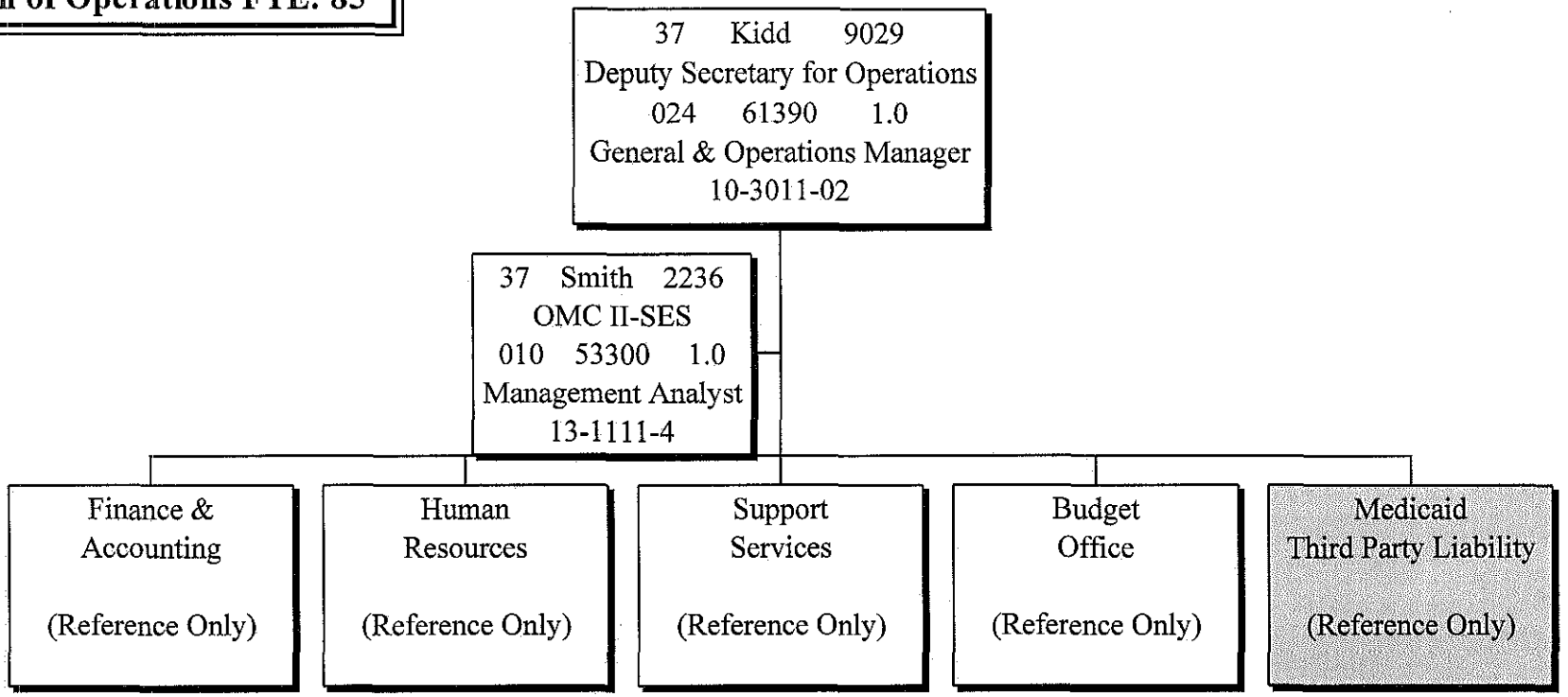
13 Selwitz 2240
Inspector Specialist
010 63480 1.0
Compliance Officer
13-1041-4

13 Morales 5879
Sr. Human Svcs. Prog. Sp..
007 63484 1.0
Comm & Soc. Svcs. Spec.
21-1099-3

AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Operations
Deputy Secretary's Office

Revised Date: July 1, 2013
Org Level: 68-20-00-00-000
FTEs: 2 Positions: 2

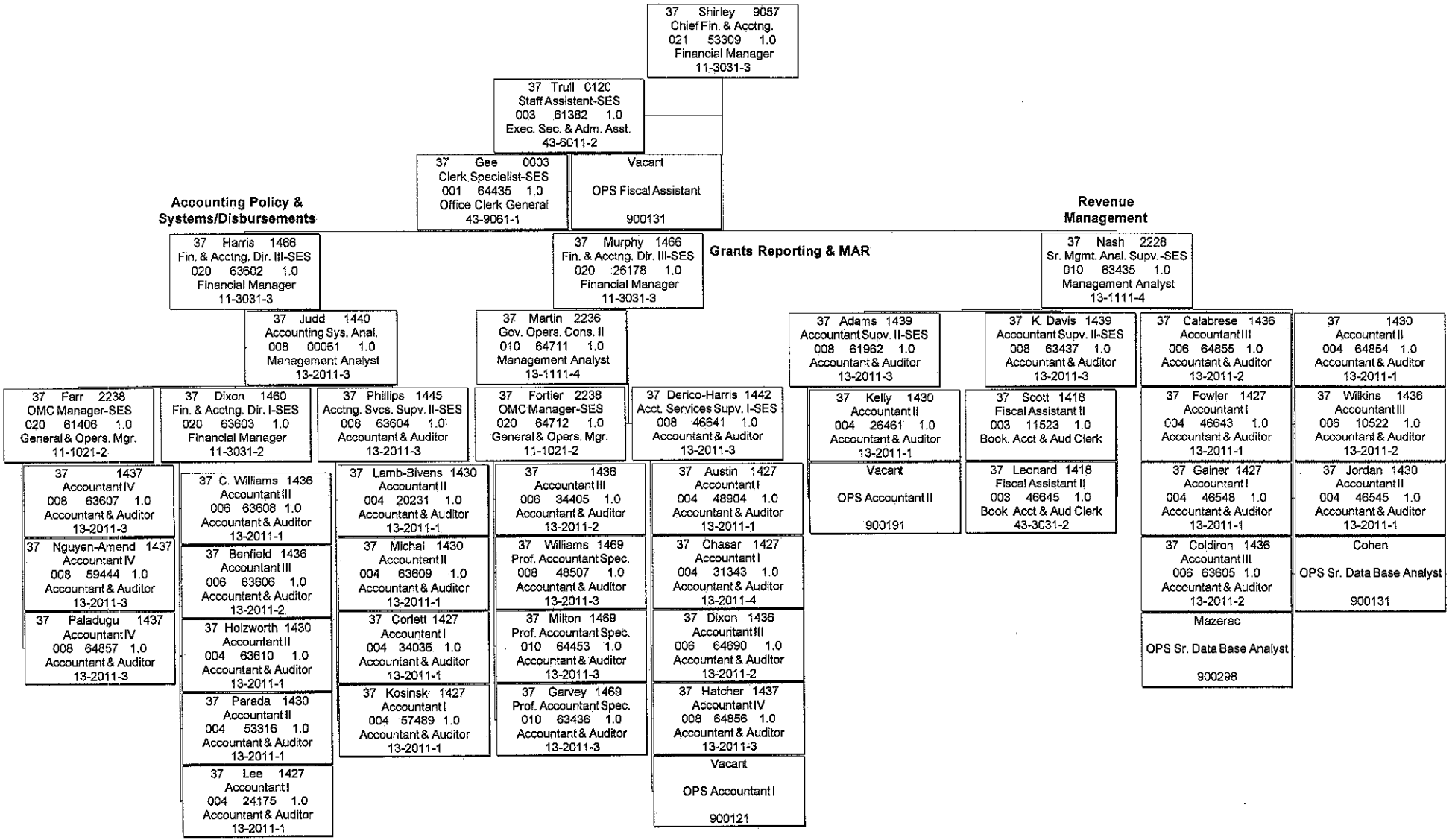
Division of Operations FTE: 85



***Shaded box reports to Division of Medicaid**

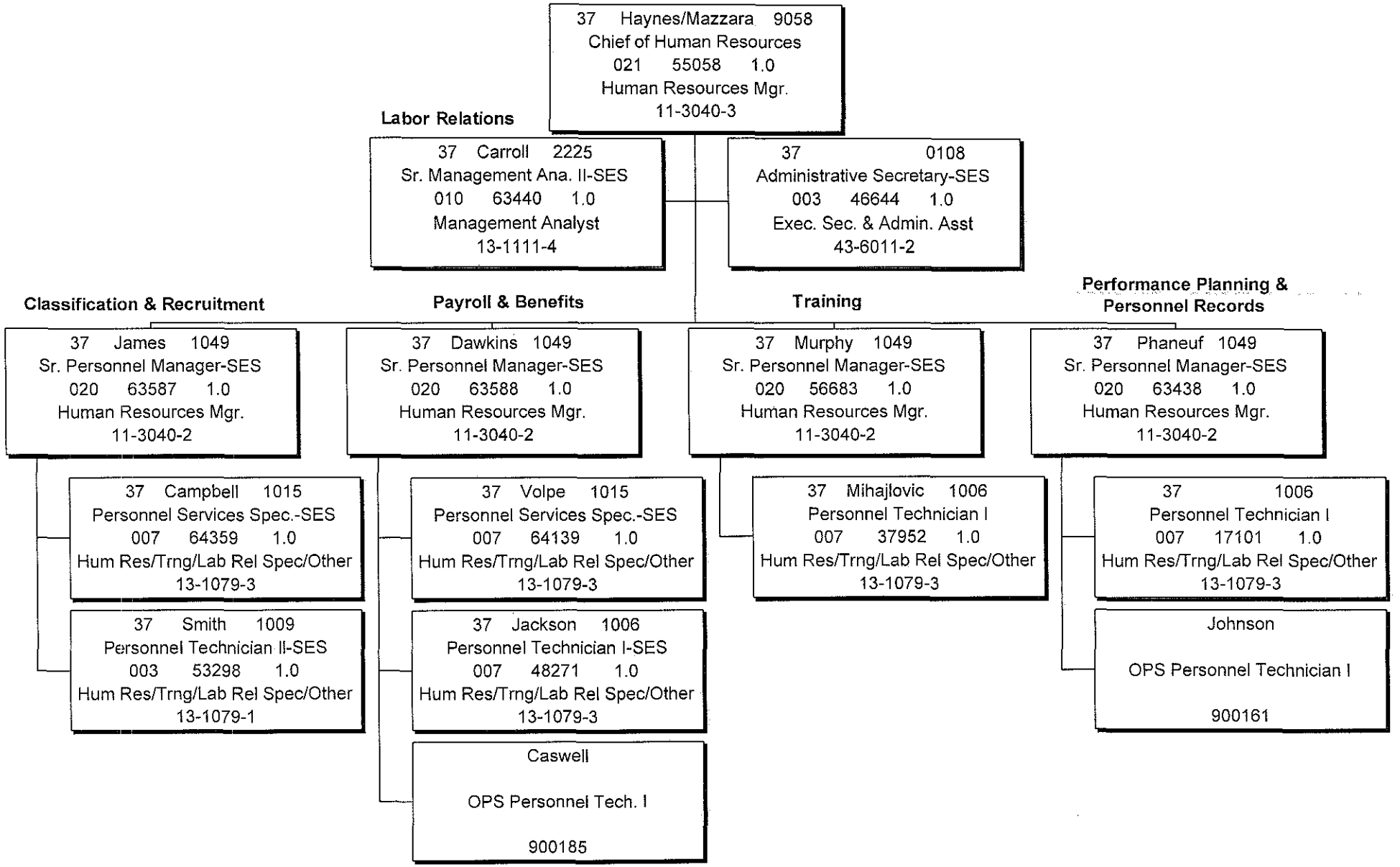
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Operations
Bureau of Finance & Accounting

Org. Level: 68-20-10-00-000
Revised Date: July 1, 2013
FTEs: 45 Positions: 45

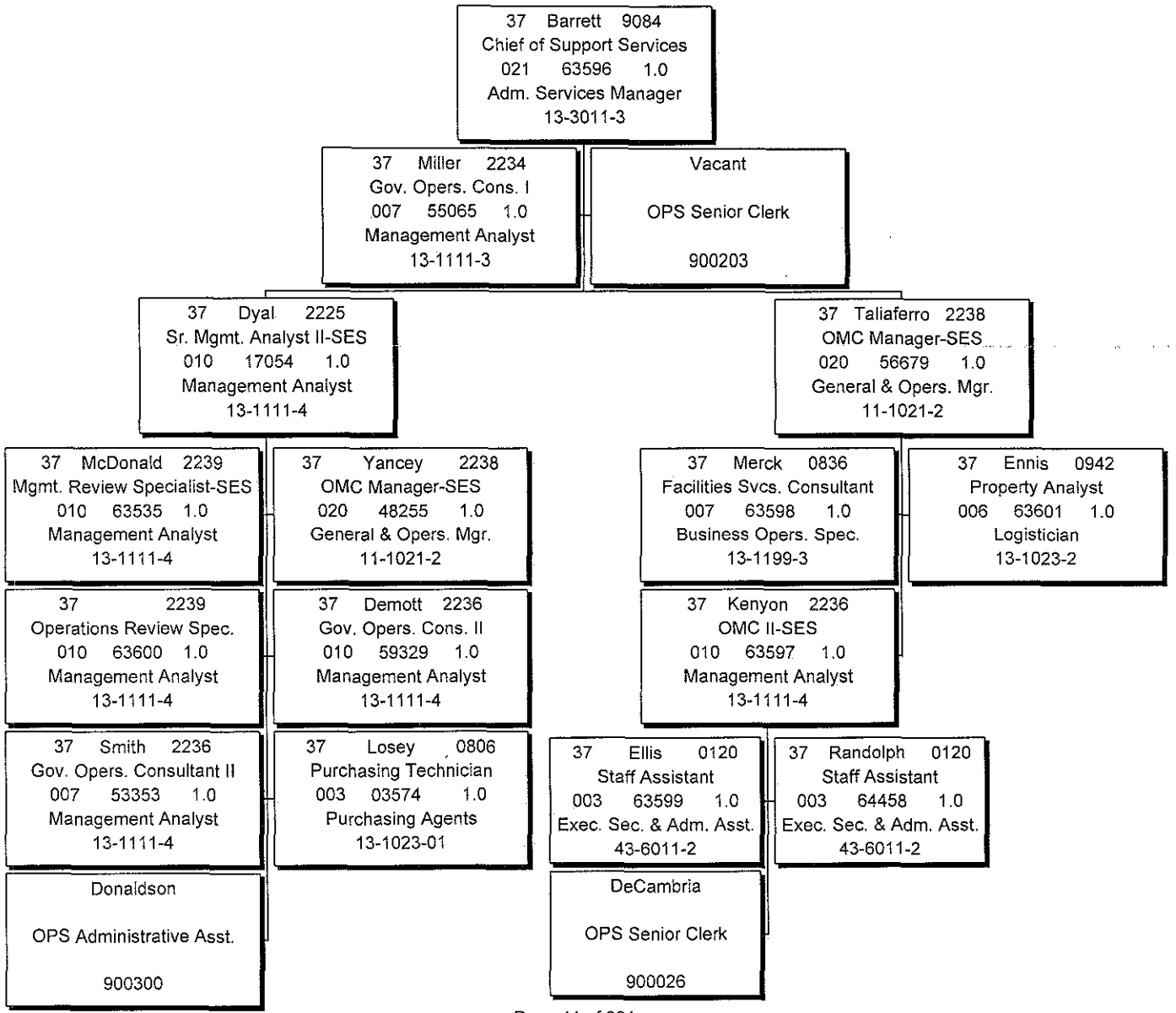


AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Operations
Bureau of Human Resources

Org. Level: 68-20-20-00-000
Revised Date: July 1, 2013
FTEs: 13 Positions: 13

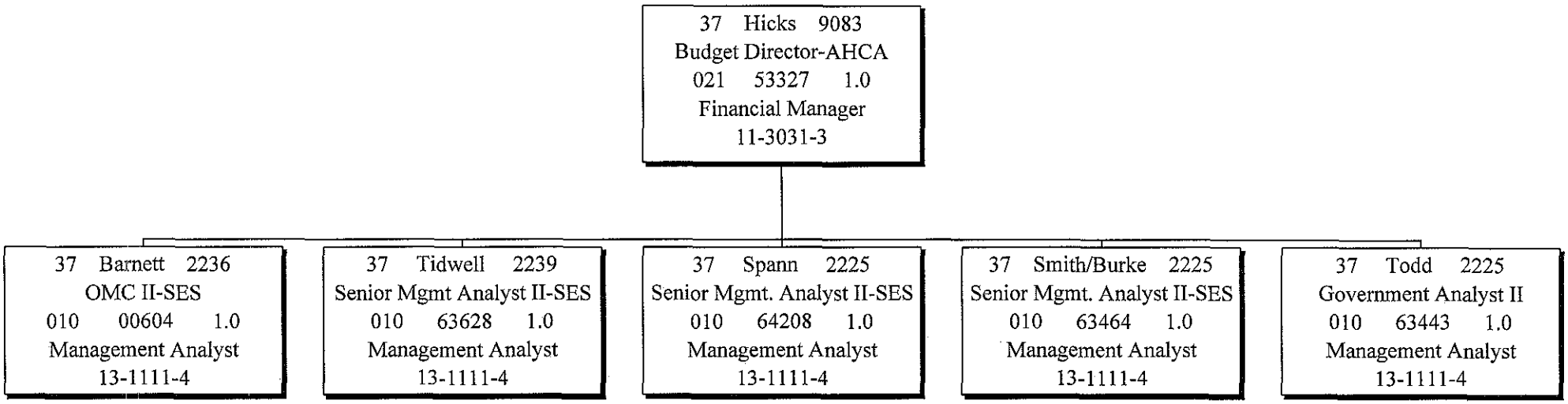


AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Operations
Bureau of Support Services



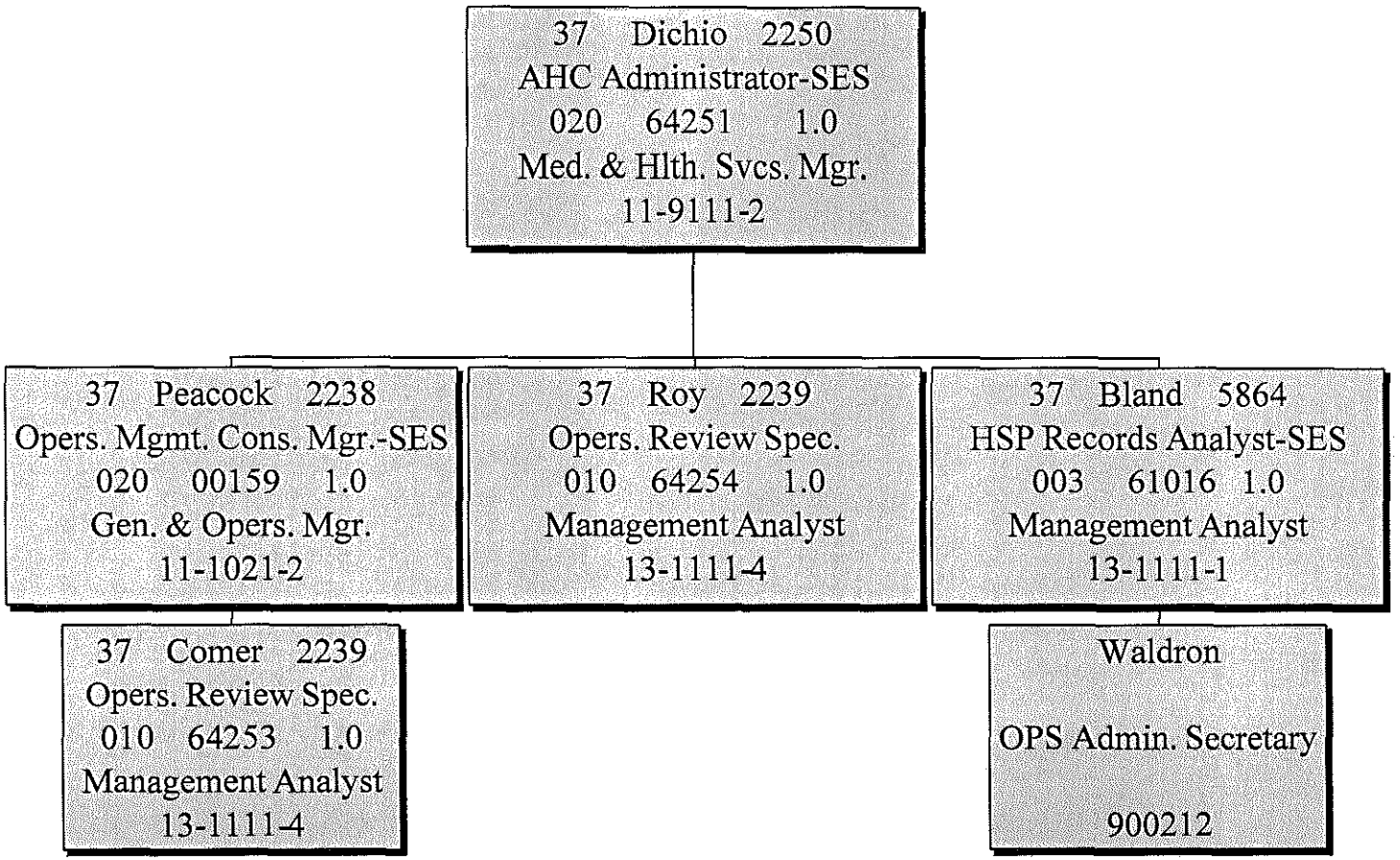
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Operations
Budget Office

Org. Level: 68-20-70-00-000
Revised Date: July 1, 2013
FTEs: 6 Positions: 6



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid Third Party Liability

Org. Level: 68-50-70-00-000
Revised Date: July 1, 2013
FTEs: 5 Positions: 5

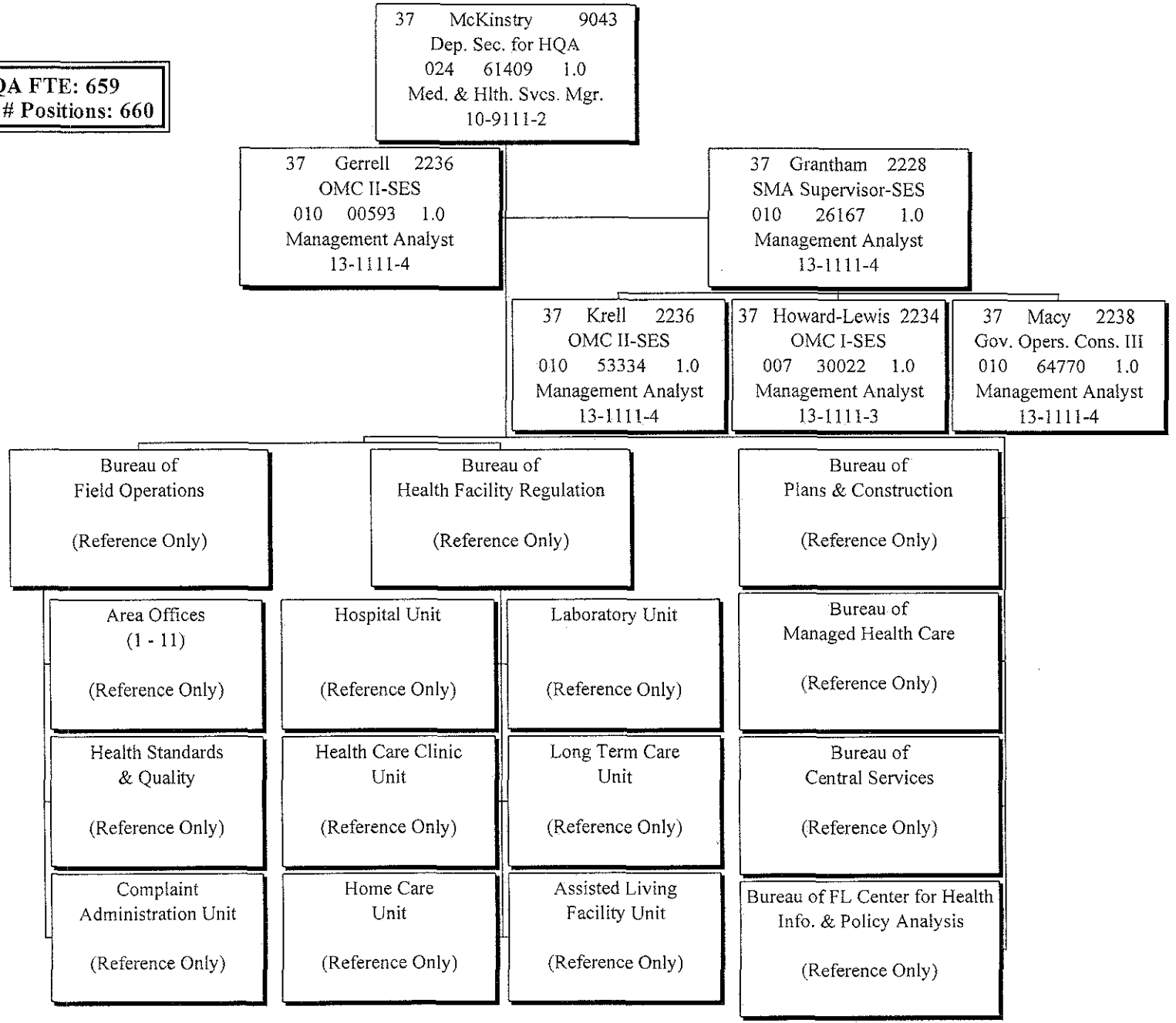


***Shaded positions report to org code 68-50-70-00-00-000 - Medicaid Third Party Liability**

AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance - Deputy Secretary's Office

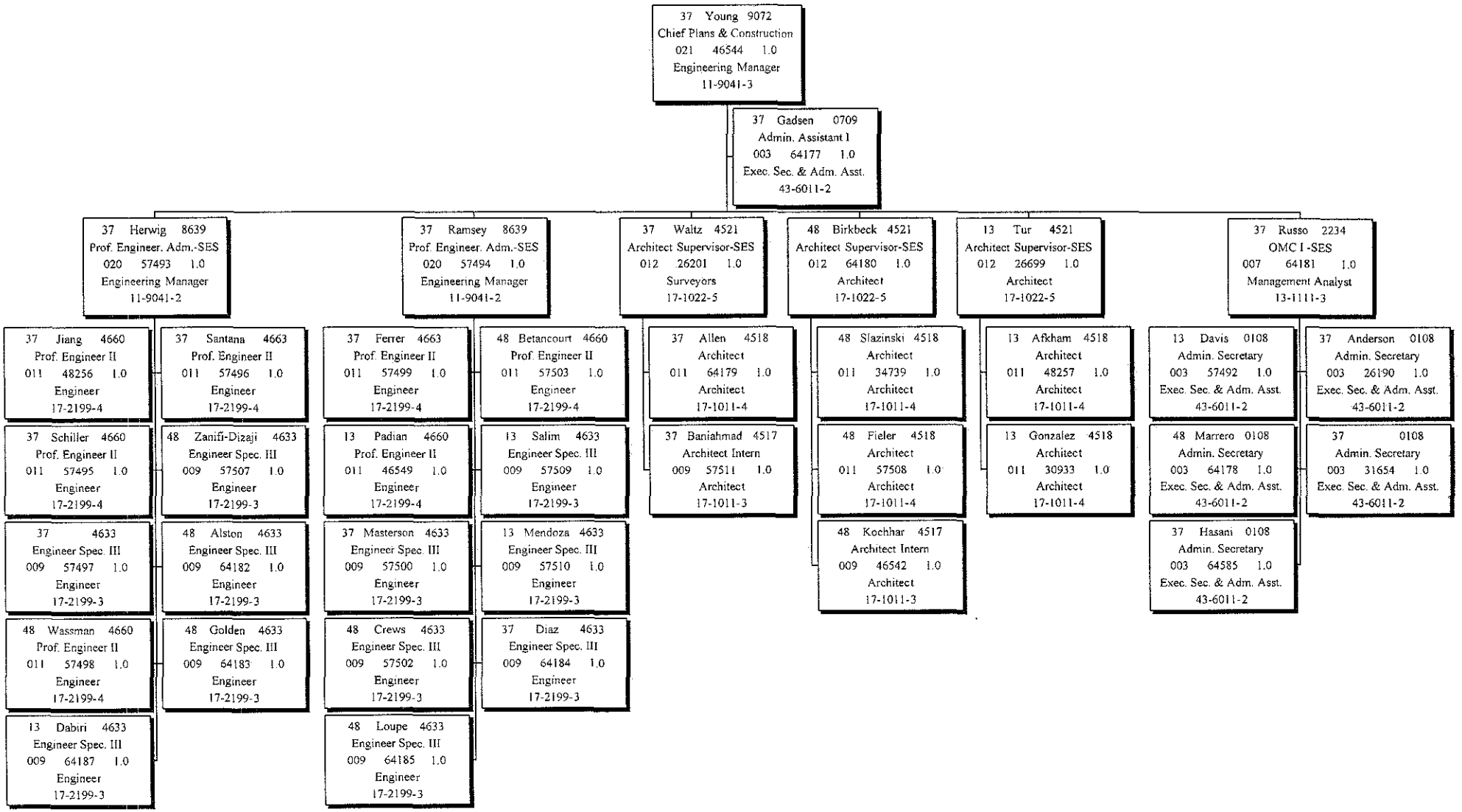
Org. Level: 68-30-00-00-000
Revised Date: July 1, 2013
FTEs: 6 Positions: 6

Division of HQA FTE: 659
Division Total # Positions: 660



AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance - Plans and Construction

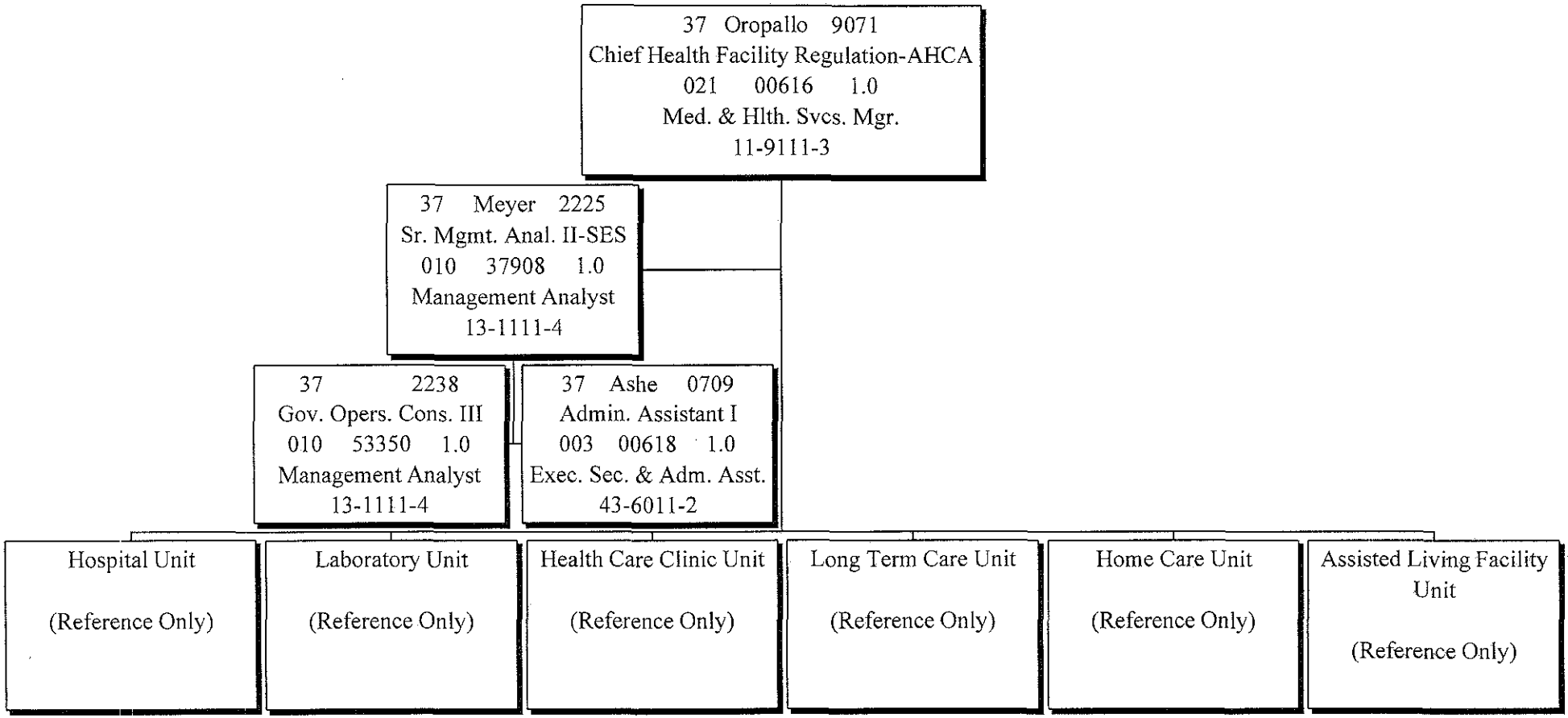
Org. Level: 68 30 10 00 000
Revised Date: July 1, 2013
FTEs: 38 Positions: 38



C-2

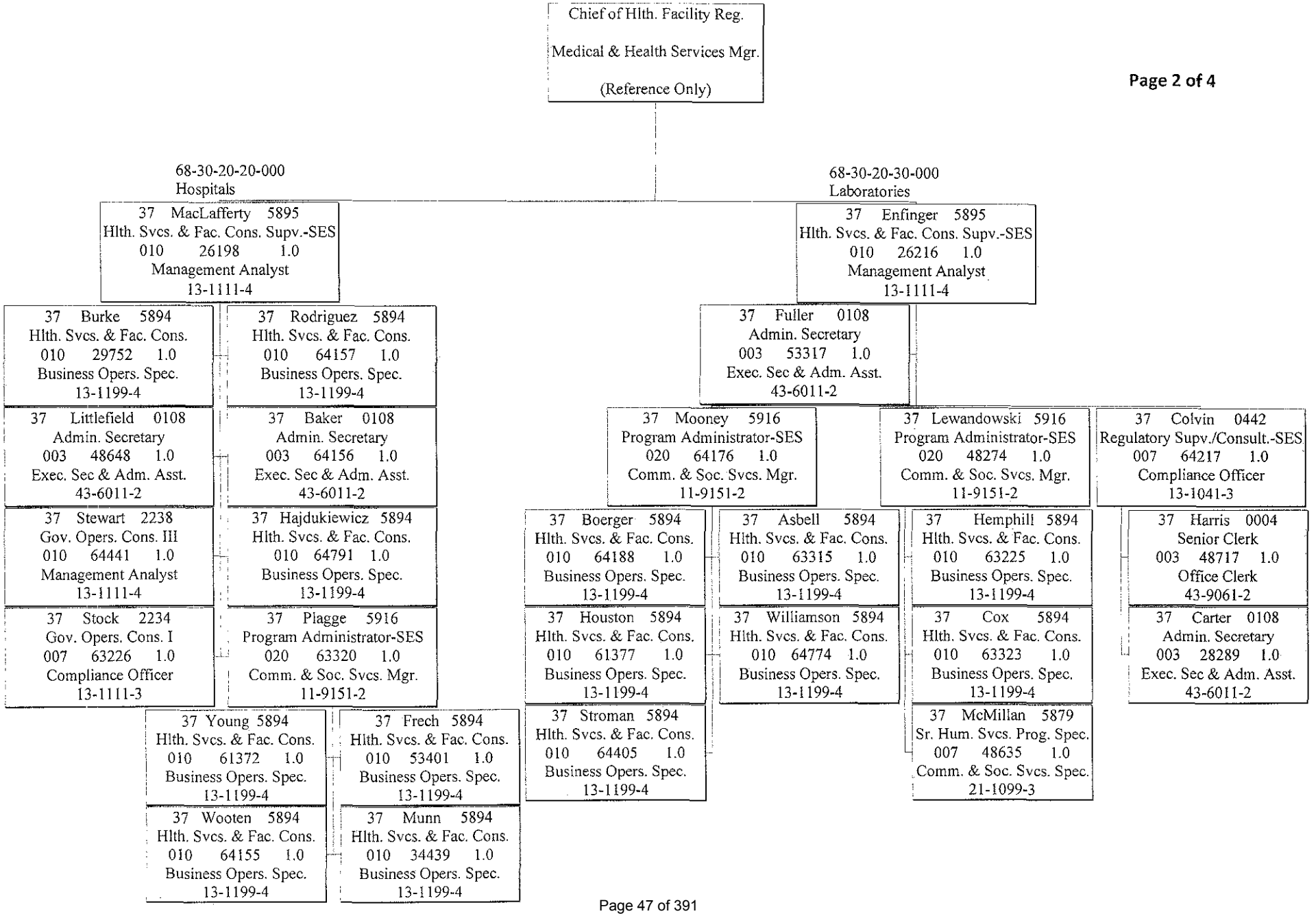
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Health Facility Regulation

Org. Level: 68 30 20 00 000
Revised Date: July 1, 2013
FTEs: 87.5 Positions: 88



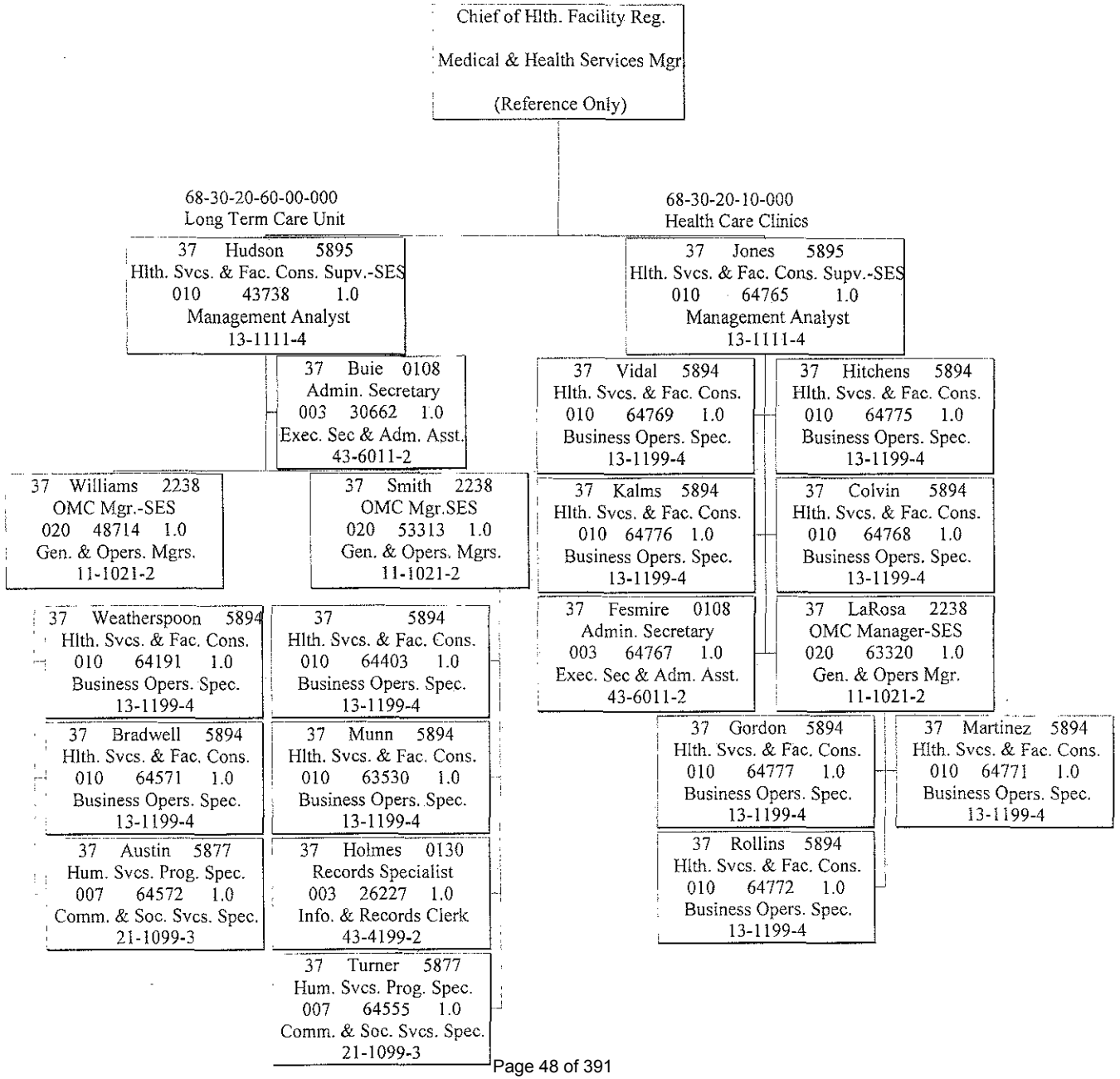
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Health Facility Regulation

Revised Date: July 1, 2013
FTEs: 87.5 Positions: 88



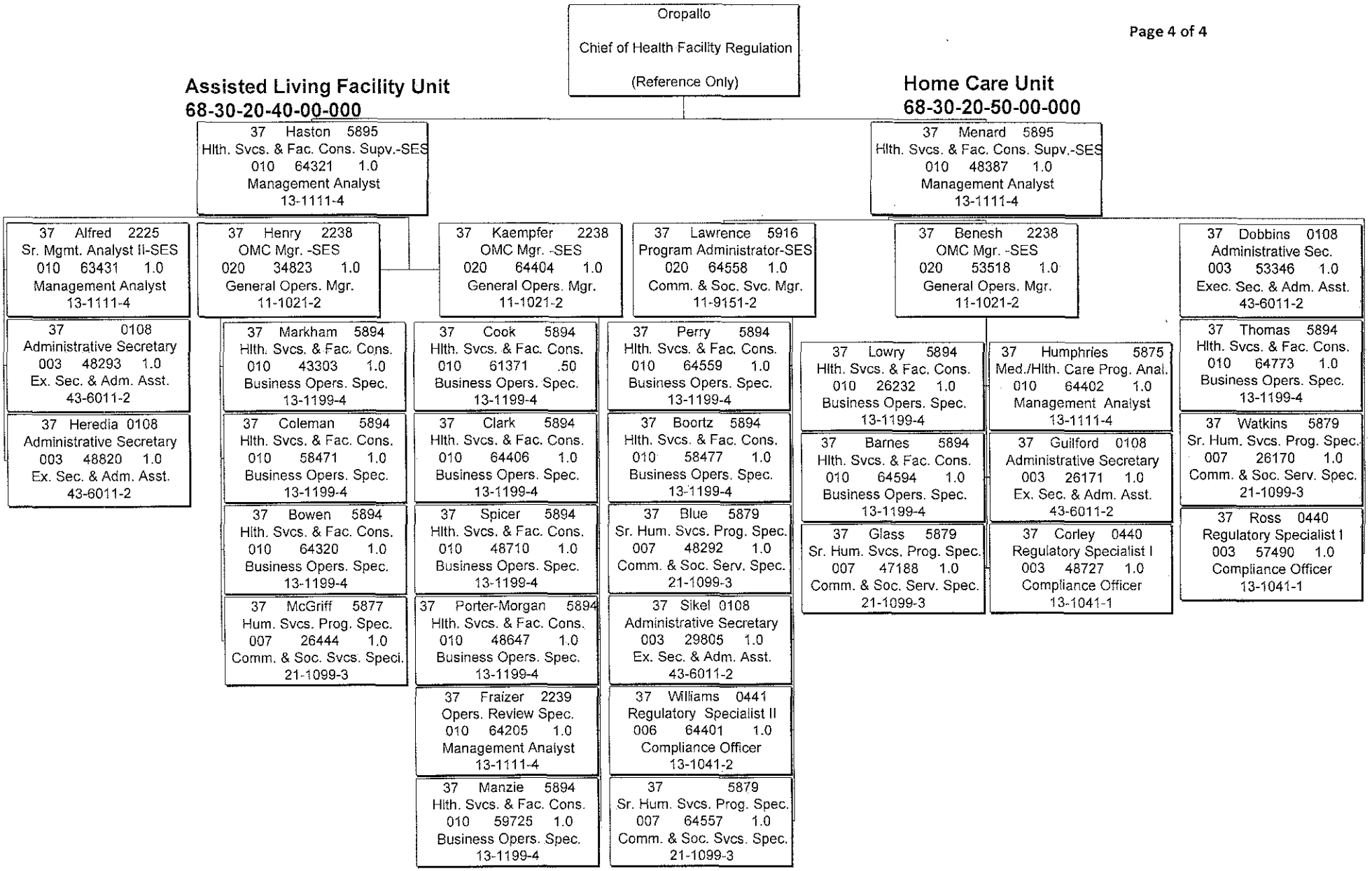
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Health Facility Regulation

Revised Date: July 1, 2013
FTEs: 87.5 Positions: 88



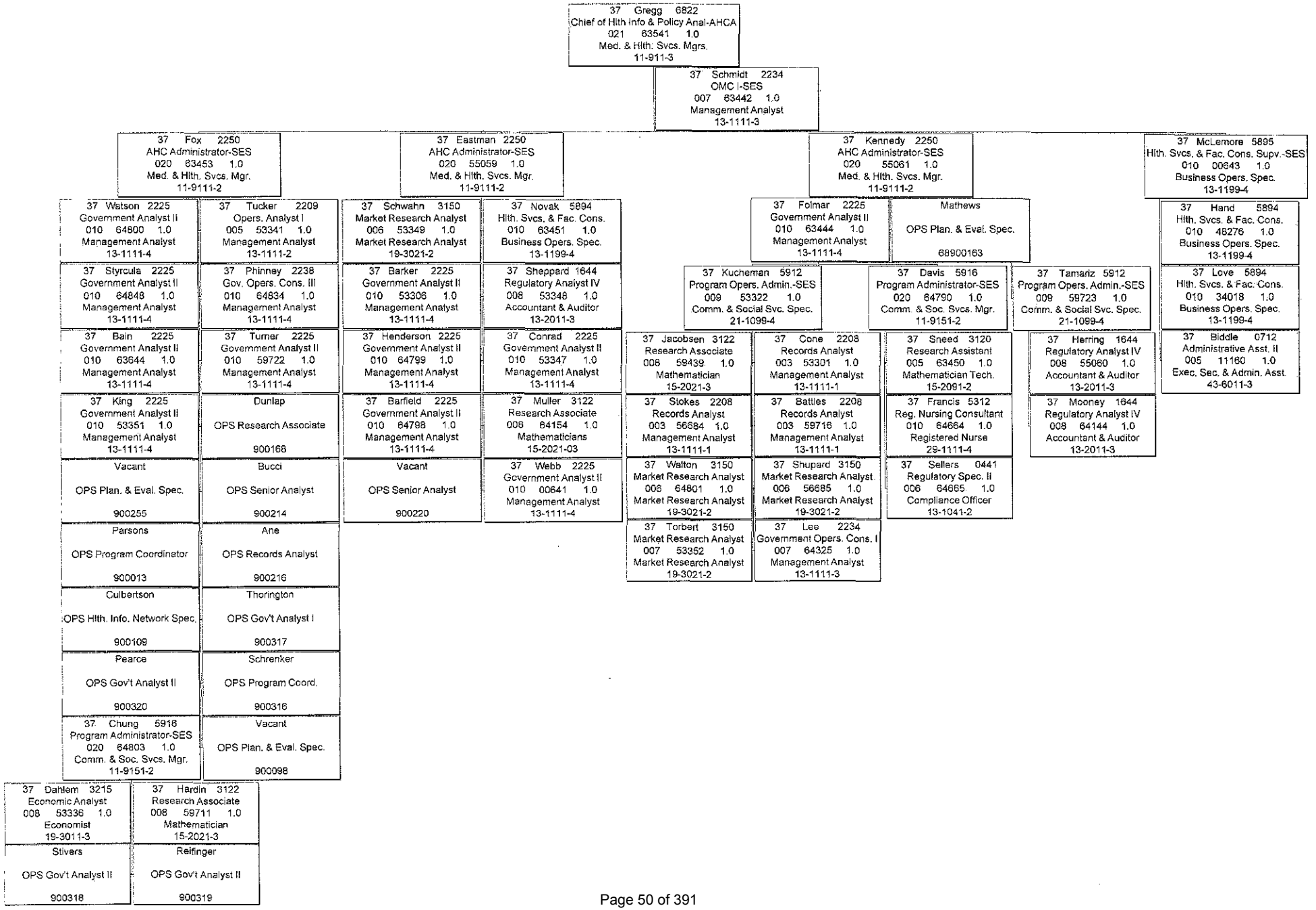
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Health Facility Regulation

Revised Date: July 1, 2013
FTEs: 87.5 Positions: 88



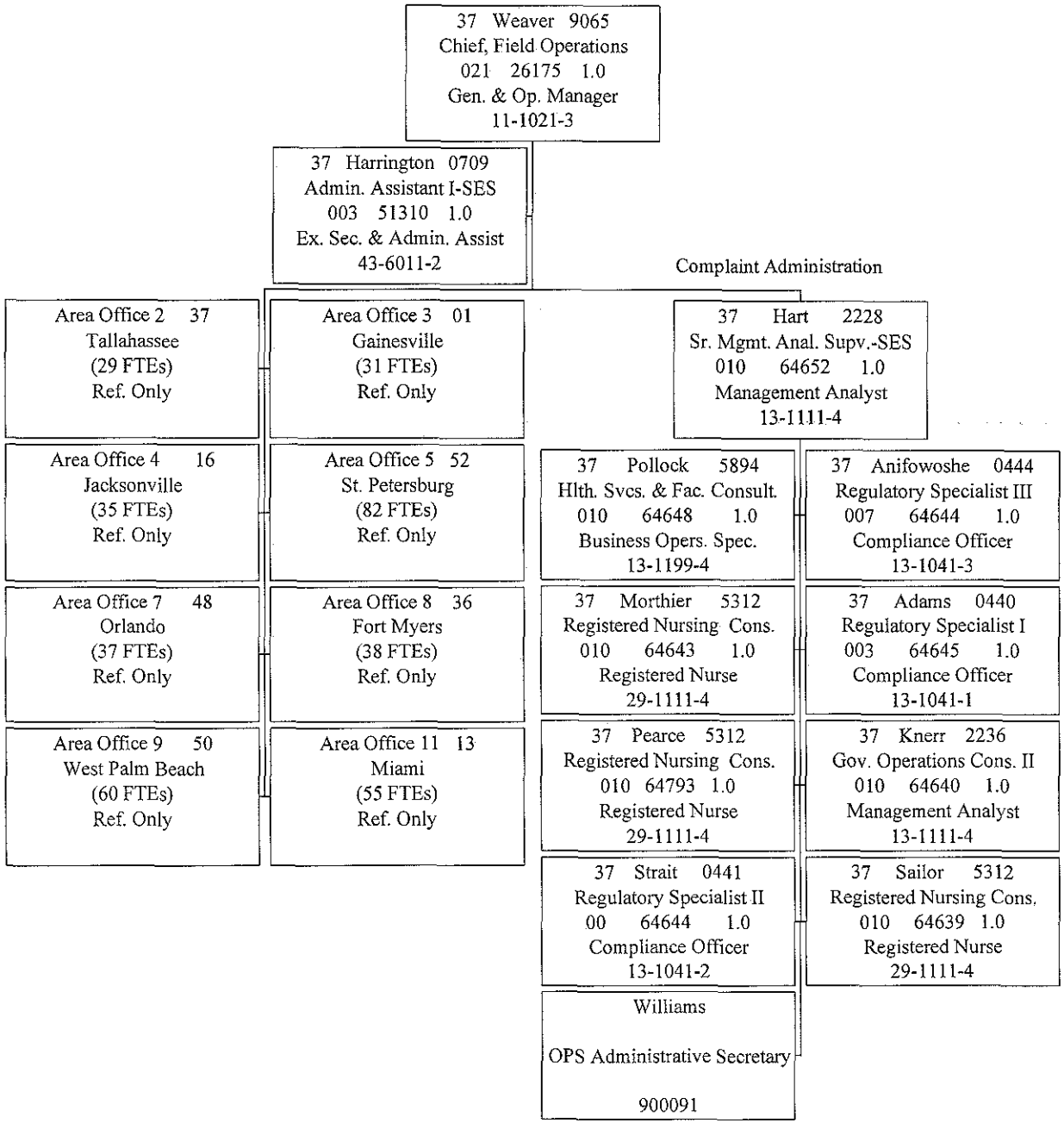
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Florida Center for Health Information & Policy Analysis

Revised Date: July 1, 2013
Org Level: 68-30-70-00-00-000
FTEs: 45 Positions: 45



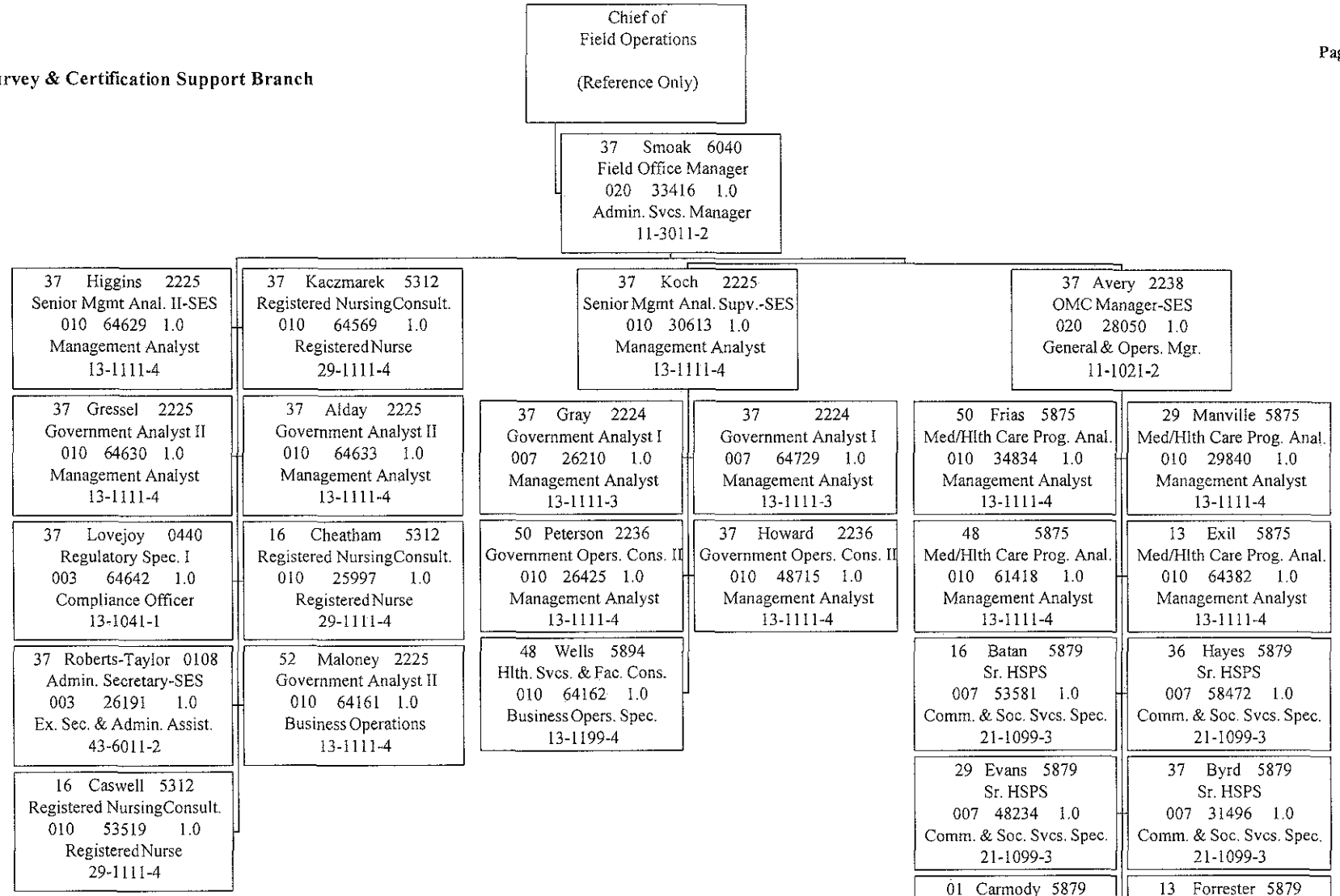
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
(Field Operations)

Org Code: 68-30-30-00-000
Revised Date: July 1, 2013
FTEs: 11 Positions: 11



Revised Date: July 1, 2013
Org Level: 68-30-30-30-00-000
FTEs: 28.5 Position: 29

Survey & Certification Support Branch

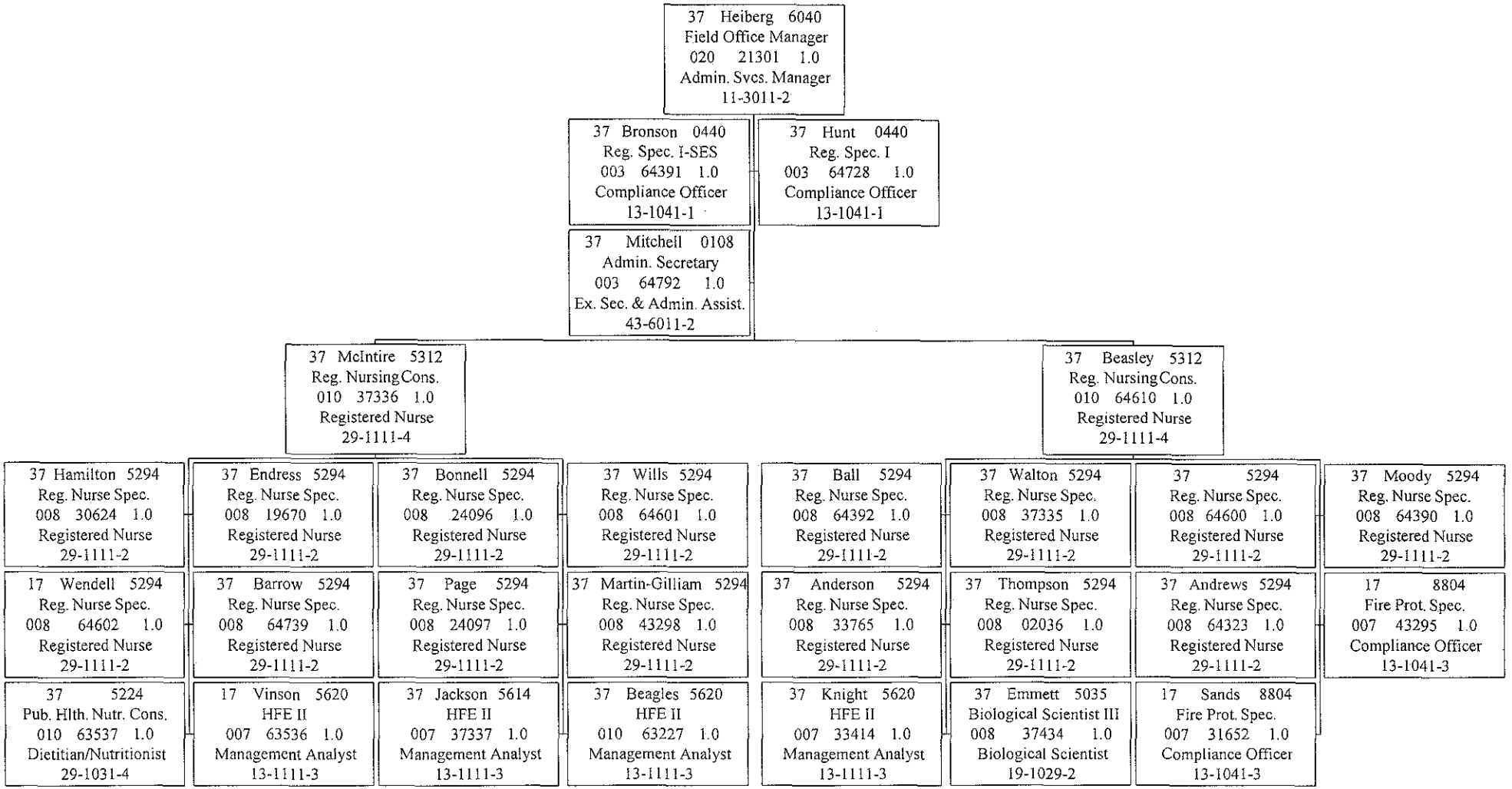


AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance

Area 2 - Tallahassee

Org. Level: 68 30 30 02 000
Revised Date: July 1, 2013
FTEs: 29 Positions: 29

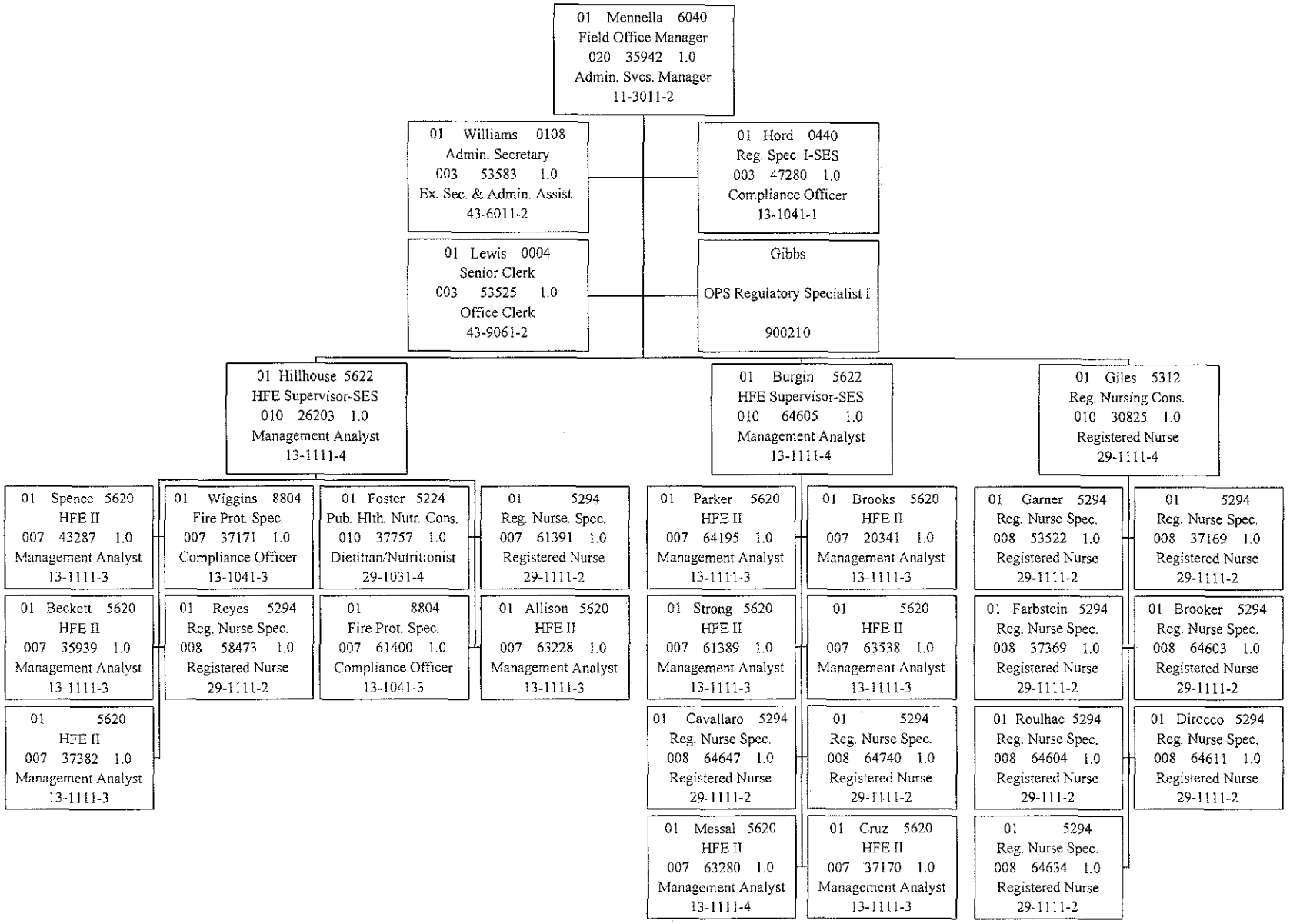


AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance

Area 3 Alachua

Org. Level: 68 30 30 03 000
Revised Date: July 1, 2013
FTEs: 31 Positions: 31

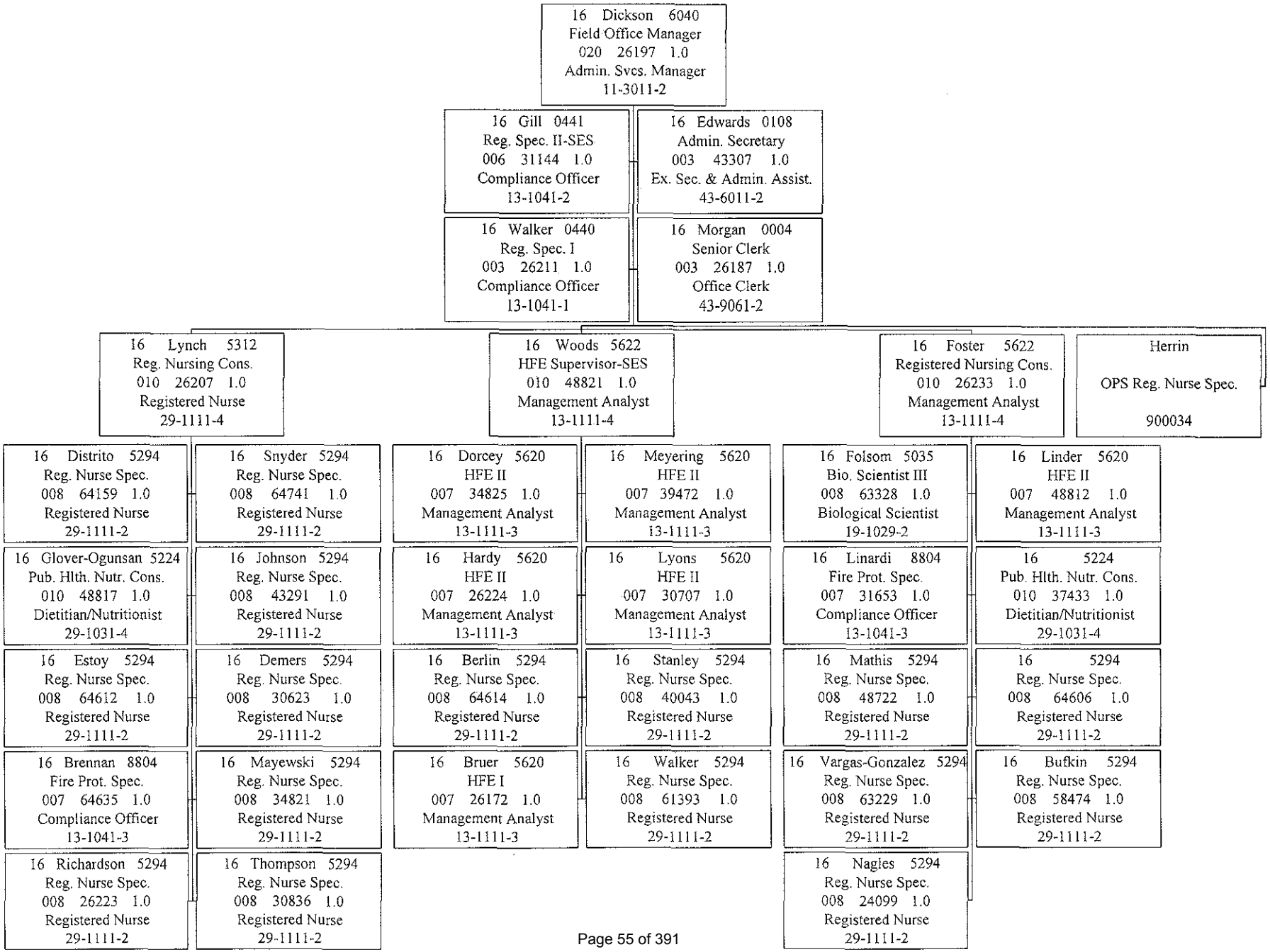


AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance

Area 4 - Jacksonville

Org. Level: 68 30 30 04 000
Revised Date: July 1, 2013
FTEs: 35 Positions: 35

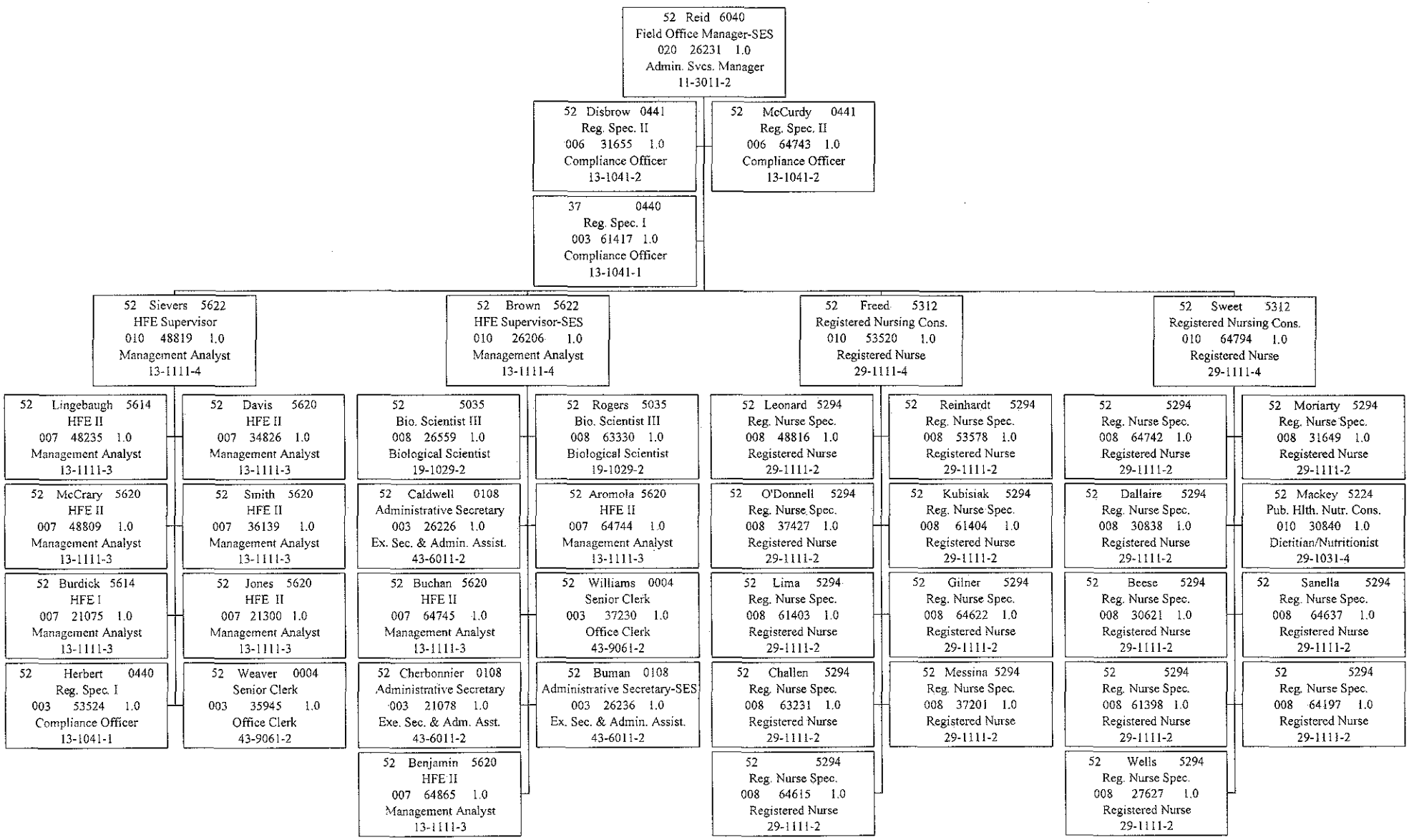


AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance

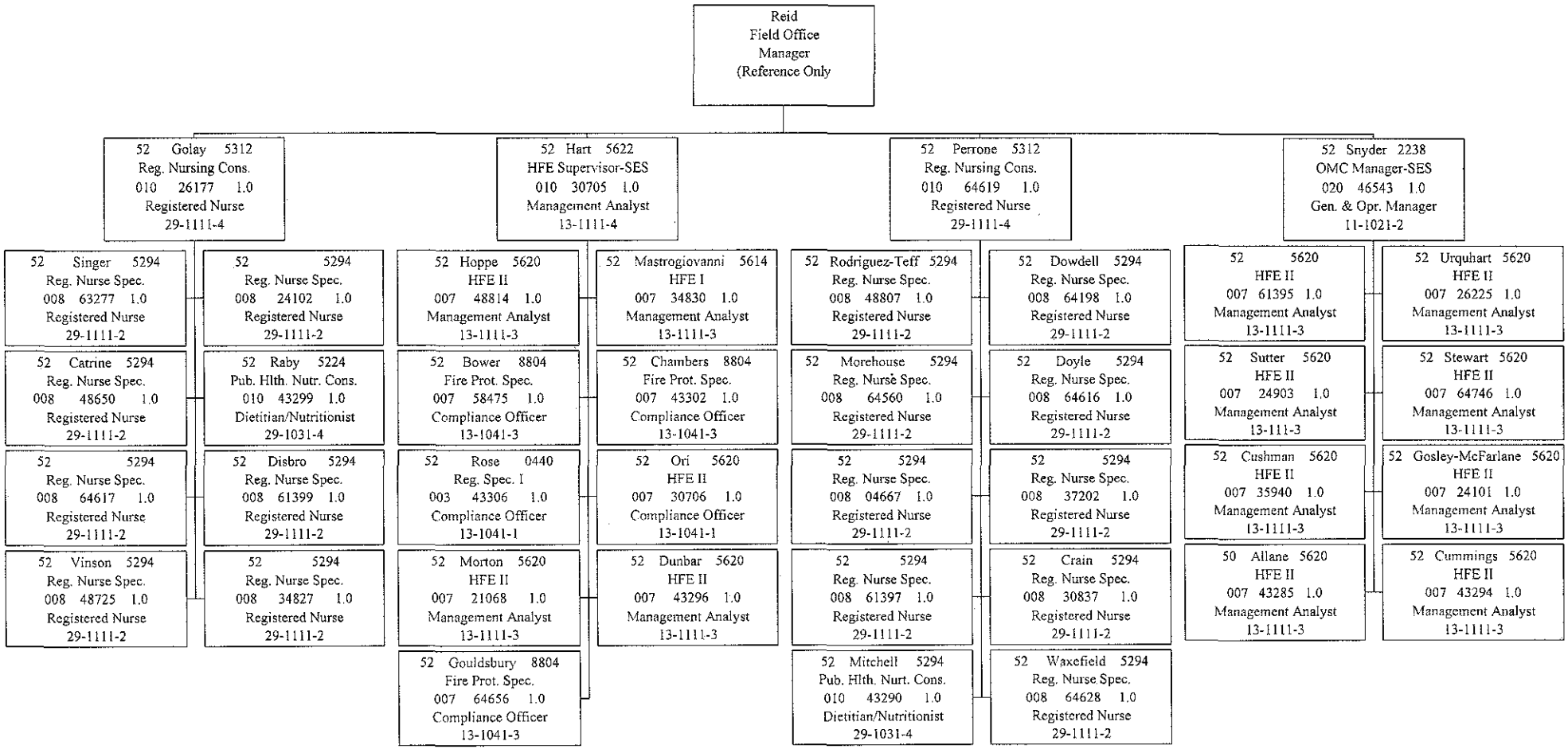
Area 5 - St. Petersburg

Org Level: 68 30 30 05 00
Revised Date: July 1, 2013
FTEs: 82 Positions: 82



AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 5 - St. Petersburg

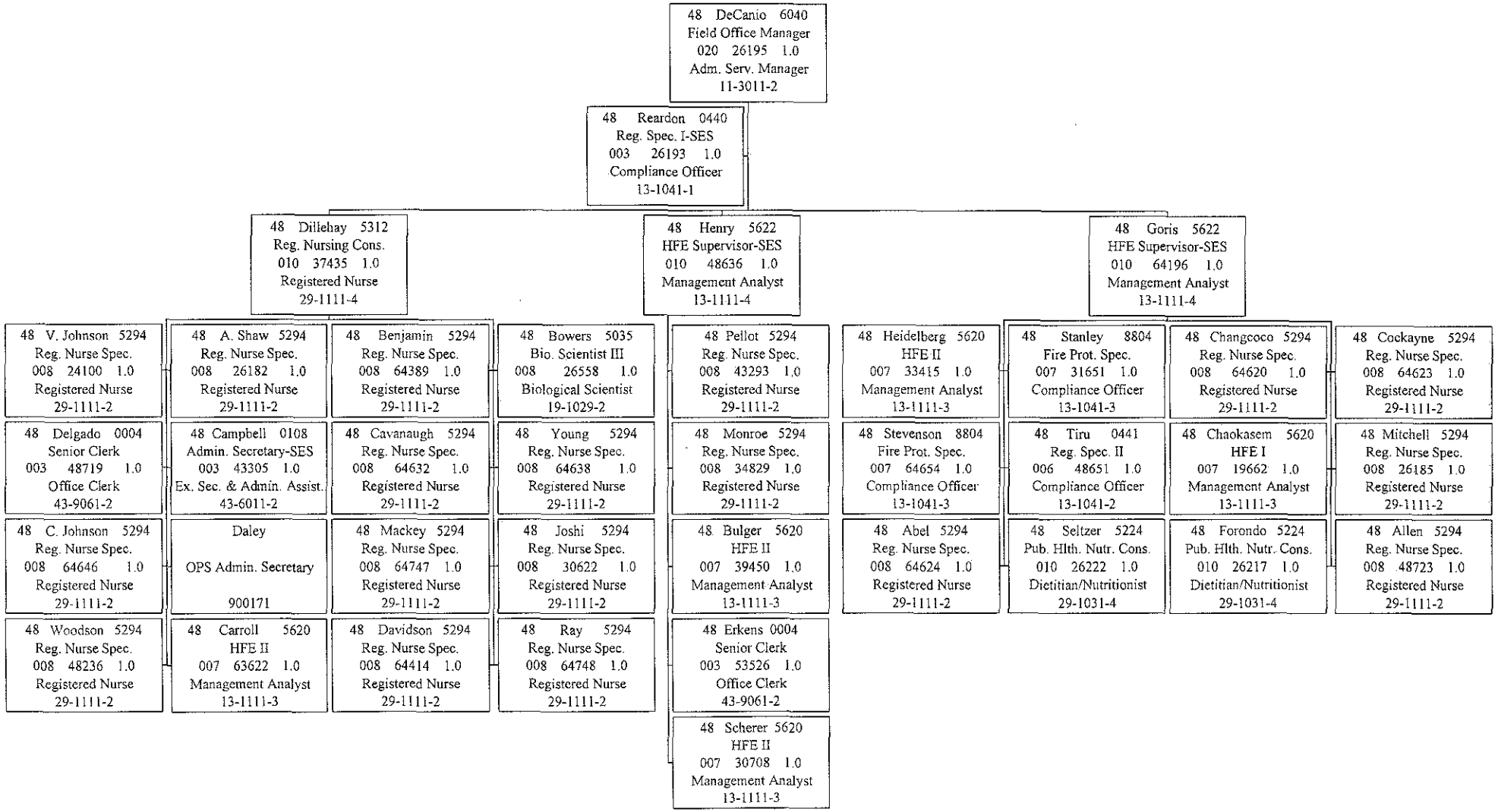
Org. Level: 68 30 30 05 000
Revised Date: July 1, 2013
FTEs: 82 Positions: 82



AGENCY FOR HEALTH CARE ADMINISTRATION

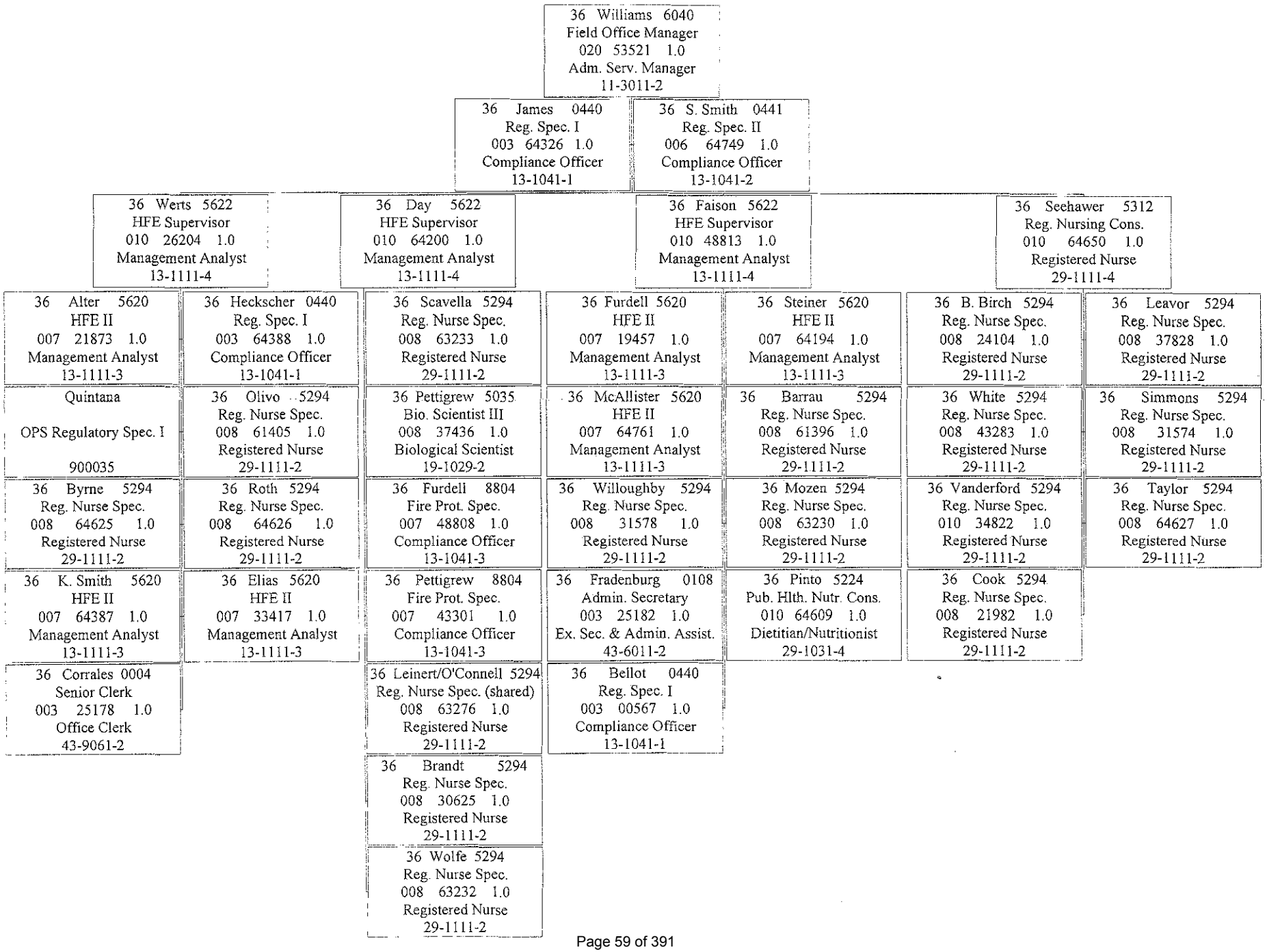
Health Quality Assurance

Area 7 - Orlando



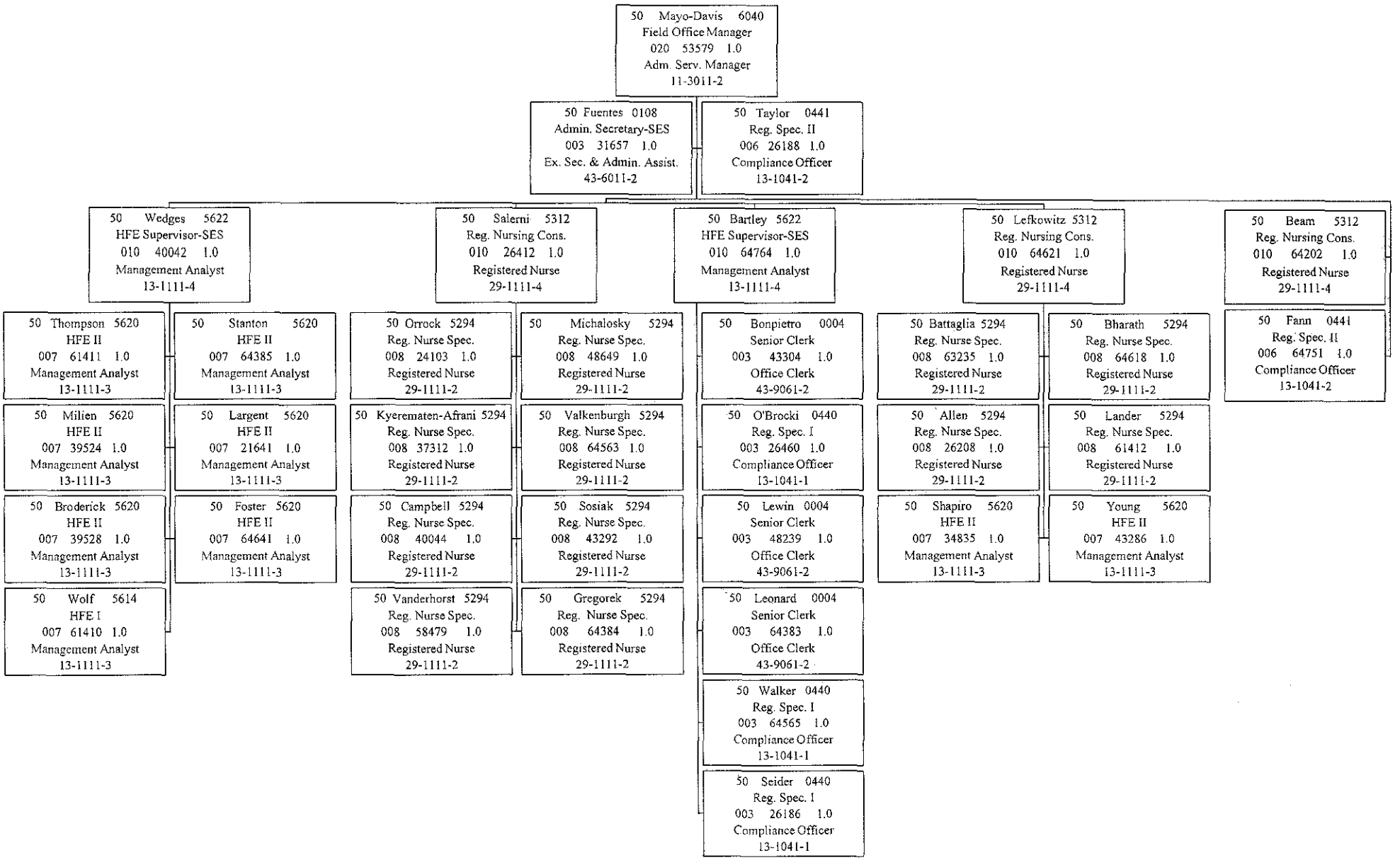
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 8 - Ft. Myers

Org. Level: 68 30 30 08 000
Revised Date: July 1, 2013
FTEs: 38 Positions: 38



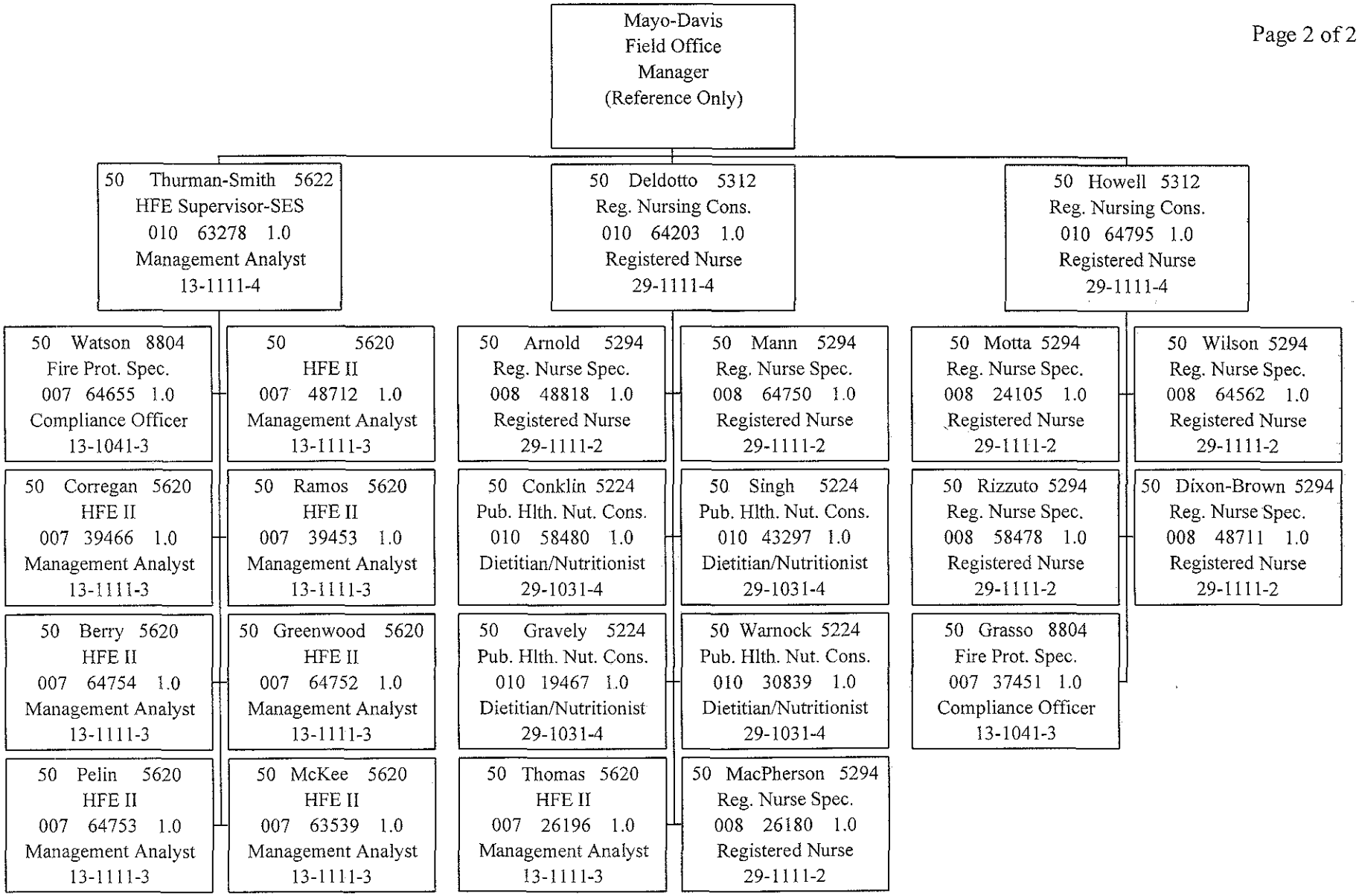
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 9 - West Palm Beach

Org. Level: 68 30 30 09 000
Revised Date: July 1, 2013
FTEs: 60 Positions: 60



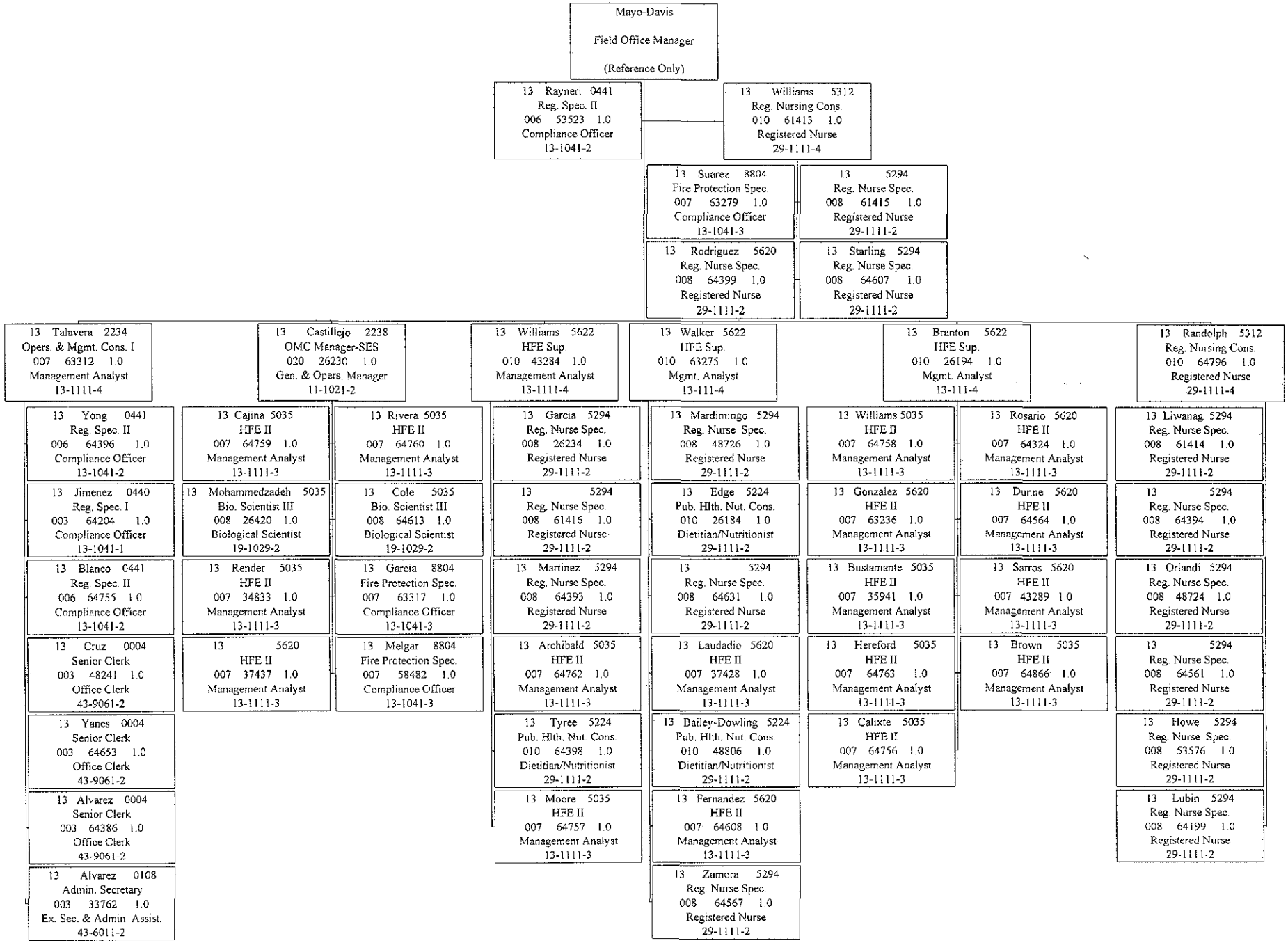
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 9 - West Palm Beach

Org Code: 68 30 30 09 000
Revised Date: July 1, 2013
FTEs: 60 Positions: 60



AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Area 11 - Miami

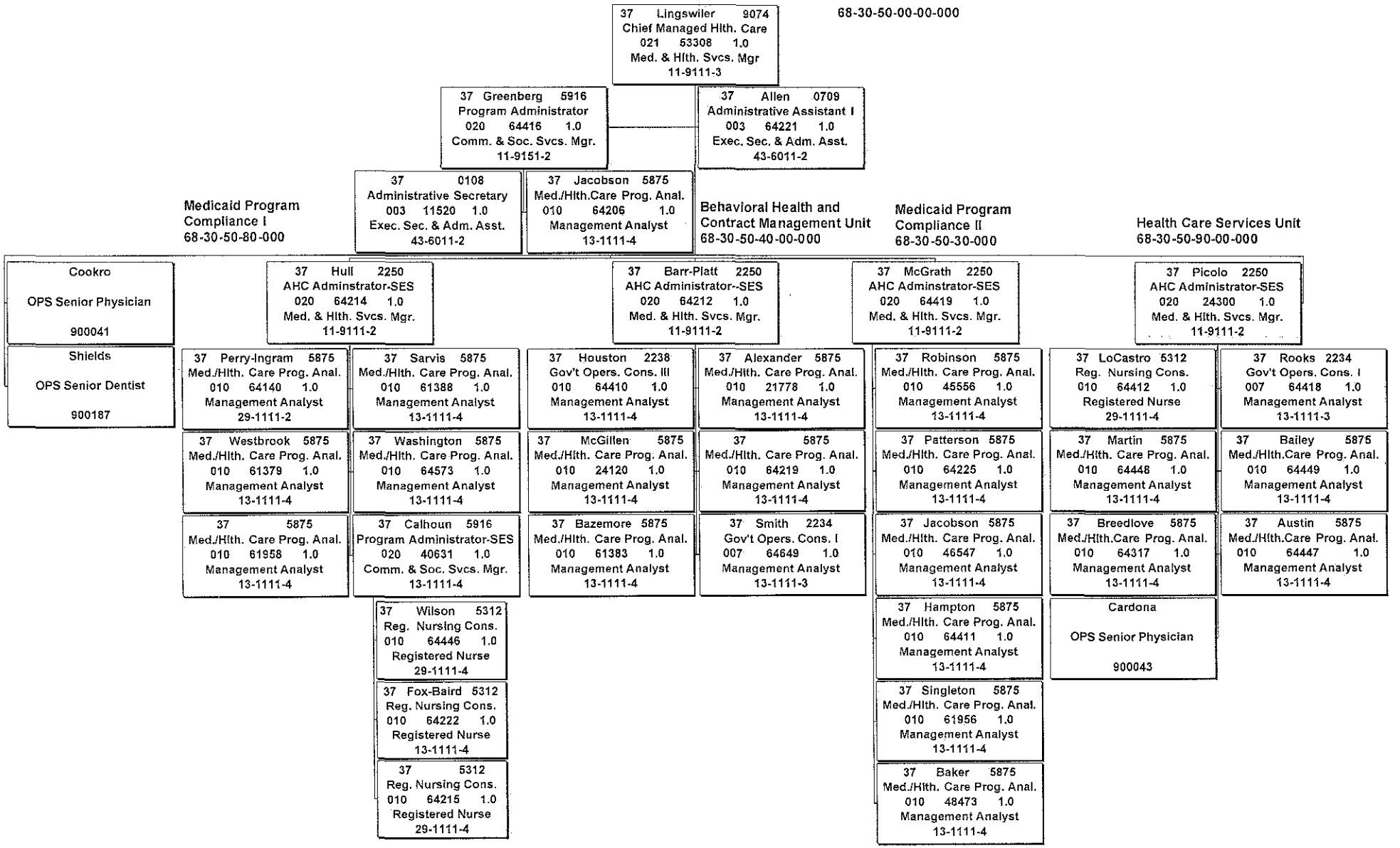
Org. Level: 68 30 30 11 000
Revised Date: July 1, 2013
FTEs: 55 Positions: 55



C-4-11

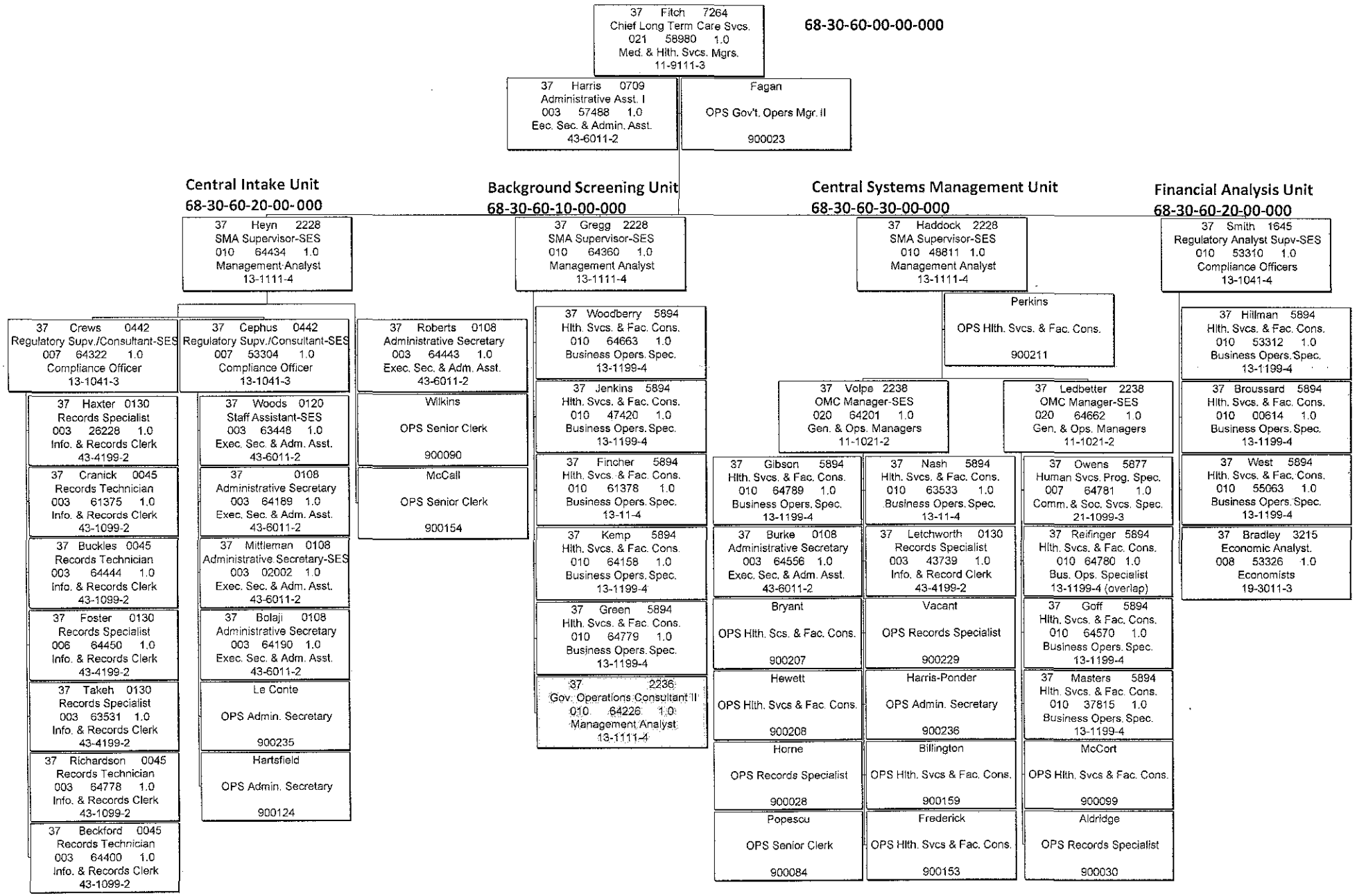
AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance - Managed Health Care

Revised Date: July 1, 2013
FTEs: 37 Positions: 37



AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Bureau of Central Services

Revised Date: July 1, 2013
FTEs: 39 Positions: 39



Shaded position reports to org code: 68-30-50-90-000 - Bureau of Managed Health Care, Health Care Services Unit

AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid - Deputy Secretary's Office

Org. Level: 68500000000
Revised Date: July 1, 2013
FTEs: 55 Positions: 55

Division of Medicaid FTE: 642.5
Division Total # Positions: 645

37 Senior 9075
Dep. Secretary for Medicaid
024 63629 1.0
Gen. & Opr. Managers
10-1021-2

37 Bush 2236
Opr. & Mgmt. Cons. II-SES
007 19507 1.0
Management Analysts
13-1111-4

37 Lampkin 3554
Actuary-SES
018 61955 1.0
Actuaries
15-2011-5

Bustos
OPS Program Consultant/Coord.
900321

37 Rogers 9079
Asst. Dep. Sec. for Med. Health Syst.
023 61961 1.0
Gen. & Operations Managers
10-1021-1

37 Kidder 9047
Asst. Dep. Sec. for Med. Ops.
023 46476 1.0
Gen. & Operations Managers
10-1021-1

37 9048
Asst. Dep. Sec. for Med. Fin.
023 19253 1.0
Financial Managers
10-3031-1

Bureau of Medicaid Health Systems Development
(Reference Only)

Bureau of Medicaid Field Operations (Area Offices 1-11)
(Reference Only)

37 Hunter 2234
Oprs. & Mgmt. Cons. I-SES
007 64227 1.0
Management Analysts
13-1111-3

Bureau of Medicaid Pharmacy Services
(Reference Only)

37 2234
Oprs. & Mgmt. Cons. I-SES
007 03334 1.0
Management Analysts
13-1111-3

Bureau of Medicaid Program Analysis
(Reference Only)

37 Hart 2236
Oprs. & Mgmt. Cons. II-SES
010 64227 1.0
Management Analysts
13-1111-3

Bureau of Medicaid Services
(Reference Only)

37 LaCroix 2250
AHC Administrator-SES
020 61392 1.0
Medical & Health Svcs. Mgrs.
11-9111-02

Bureau of Medicaid Contract Management
(Reference Only)

Bureau of Medicaid Program Finance
(Reference Only)

37 Rich 2250
AHC Administrator-SES
020 64287 1.0
Medical & Health Svcs. Mgrs.
11-9111-02

37 Riddle 2225
Sr. Mgmt. Analyst II-SES
010 64858 1.0
Management Analyst
13-1111-04

37 Smith 2225
Gov. Analyst II
010 64704 1.0
Management Analyst
13-1111-4

37 Ottinger 2225
Gov. Analyst II
010 48508 1.0
Management Analyst
13-1111-4

37 Ppool 2225
Gov. Analyst II
010 64864 1.0
Management Analyst
13-1111-4

37 Blake 2225
Gov. Analyst II
010 48558 1.0
Management Analyst
13-1111-4

Gaston
OPS Mgmt. Review Spec.
900117

Beata
OPS Senior Clerk
900047

37 Cross 2225
Gov. Analyst II
010 64294 1.0
Management Analyst
13-1111-4

37 Congleton 2225
Gov. Analyst II
010 64713 1.0
Management Analyst
13-1111-4

37 Butler-Moore 2225
Gov. Analyst II
010 61408 1.0
Management Analyst
13-1111-4

37 Floyd 5875
Med./Hlth. Care Prog. Anal.
010 64593 1.0
Management Analyst
13-1111-4

37 Santiago 5916
Program Admin.-SES
020 20784 1.0
Comm. & Social Svcs. Mgrs.
11-9151-2

37 Savoia 5916
Program Admin.-SES
020 47174 1.0
Comm. & Social Svcs. Mgrs.
11-9151-2

Dillman
OPS Senior Clerk
900139

Richardson
OPS Research Assistant
900306

Black
OPS Research Assistant
900134

Williams
OPS Admin. Asst. I
900325

37 Suarez 5875
Med./Hlth. Care Prog Anal.
010 61957 1.0
Management Analyst
13-1111-4

37 Sisk 5875
Med./Hlth. Care Prog Anal.
010 64229 1.0
Management Analyst
13-1111-4

37 White 2225
Gov. Analyst II
010 24323 1.0
Management Analyst
13-1111-4

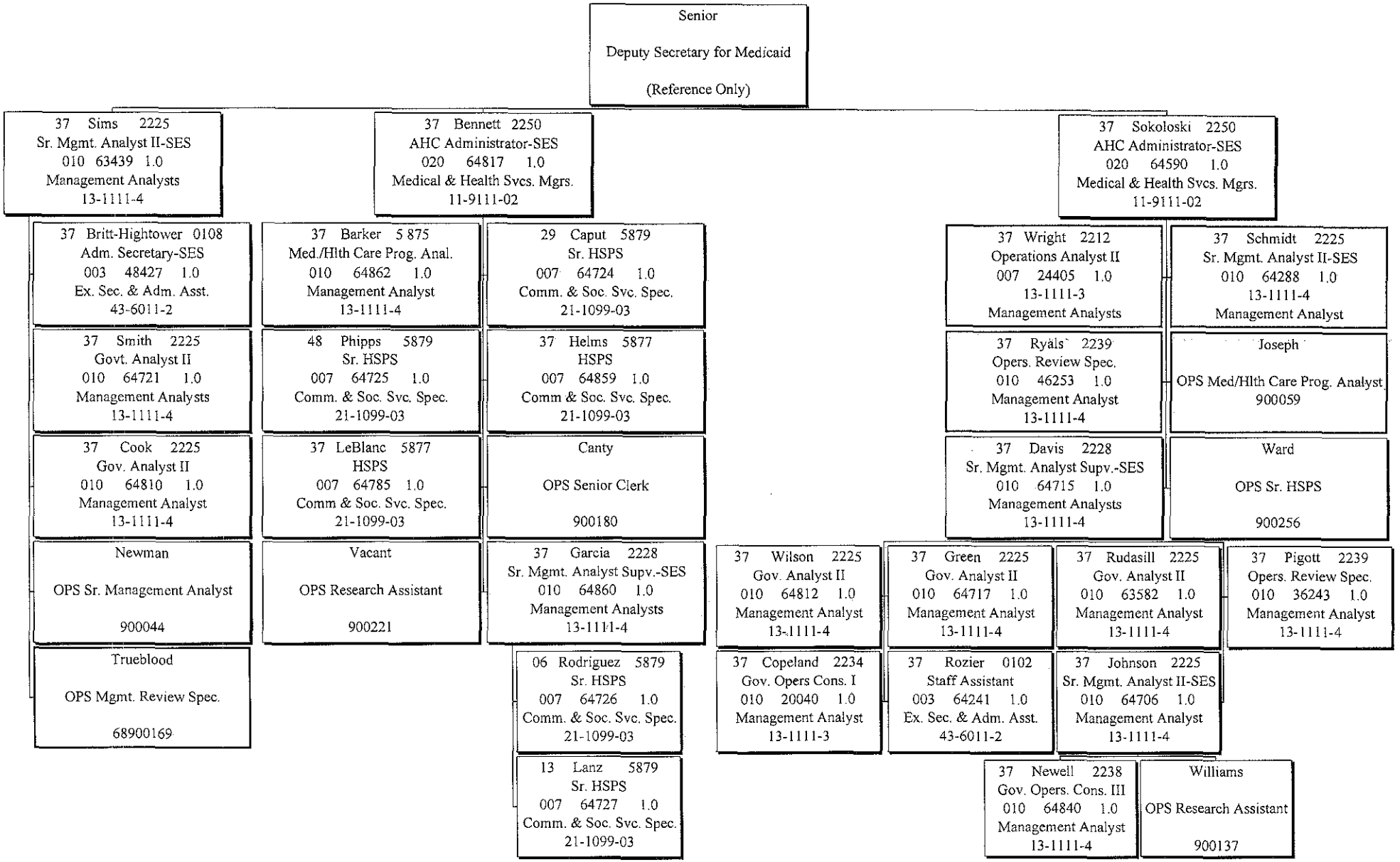
37 Gray 5879
Sr HSPS
0007 48503 1.0
Comm. & Social Svcs. Spec.
21-1099-3

37 Pyke 5879
Sr. HSPS
007 64309 1.0
Comm. & Soc. Svcs. Spec.
21-1099-3

37 Martin 2241
Med. Mgmt. Review Monitor
010 47266 1.0
Management Analyst
13-1111-4

AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid - Deputy Secretary's Office

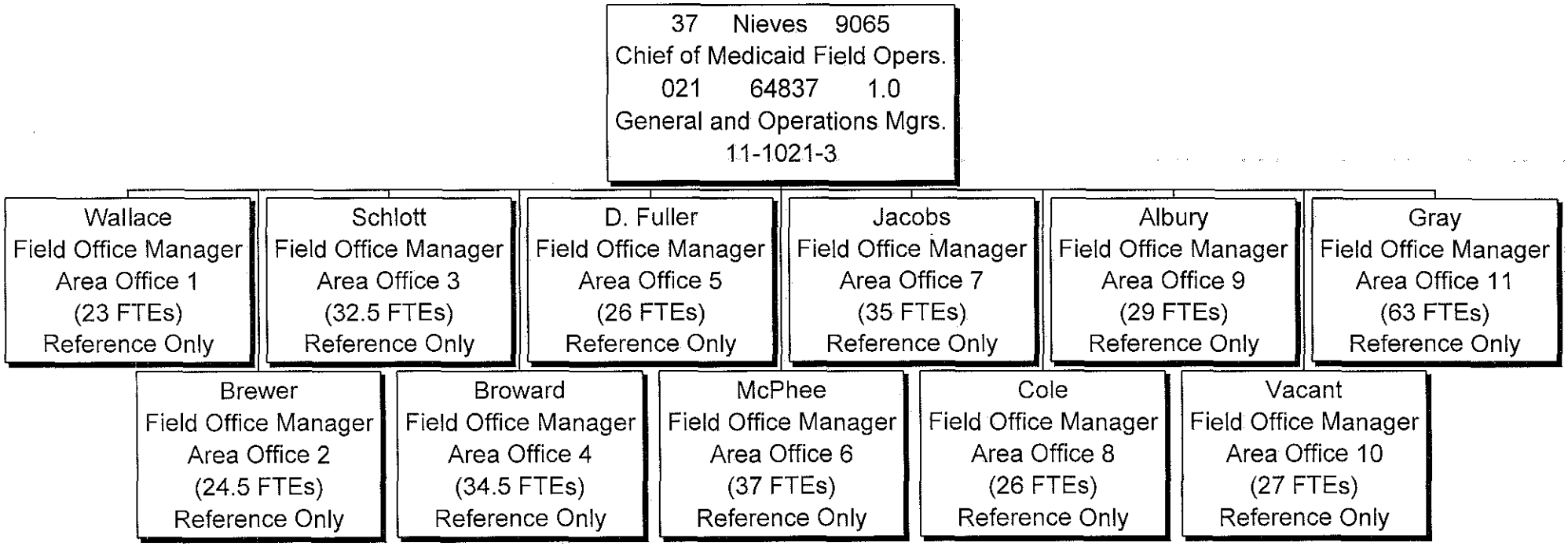
Org. Level: 68500000000
Revised Date: July 1, 2013
FTEs: 55 Positions: 55



AGENCY FOR HEALTH CARE ADMINISTRATION

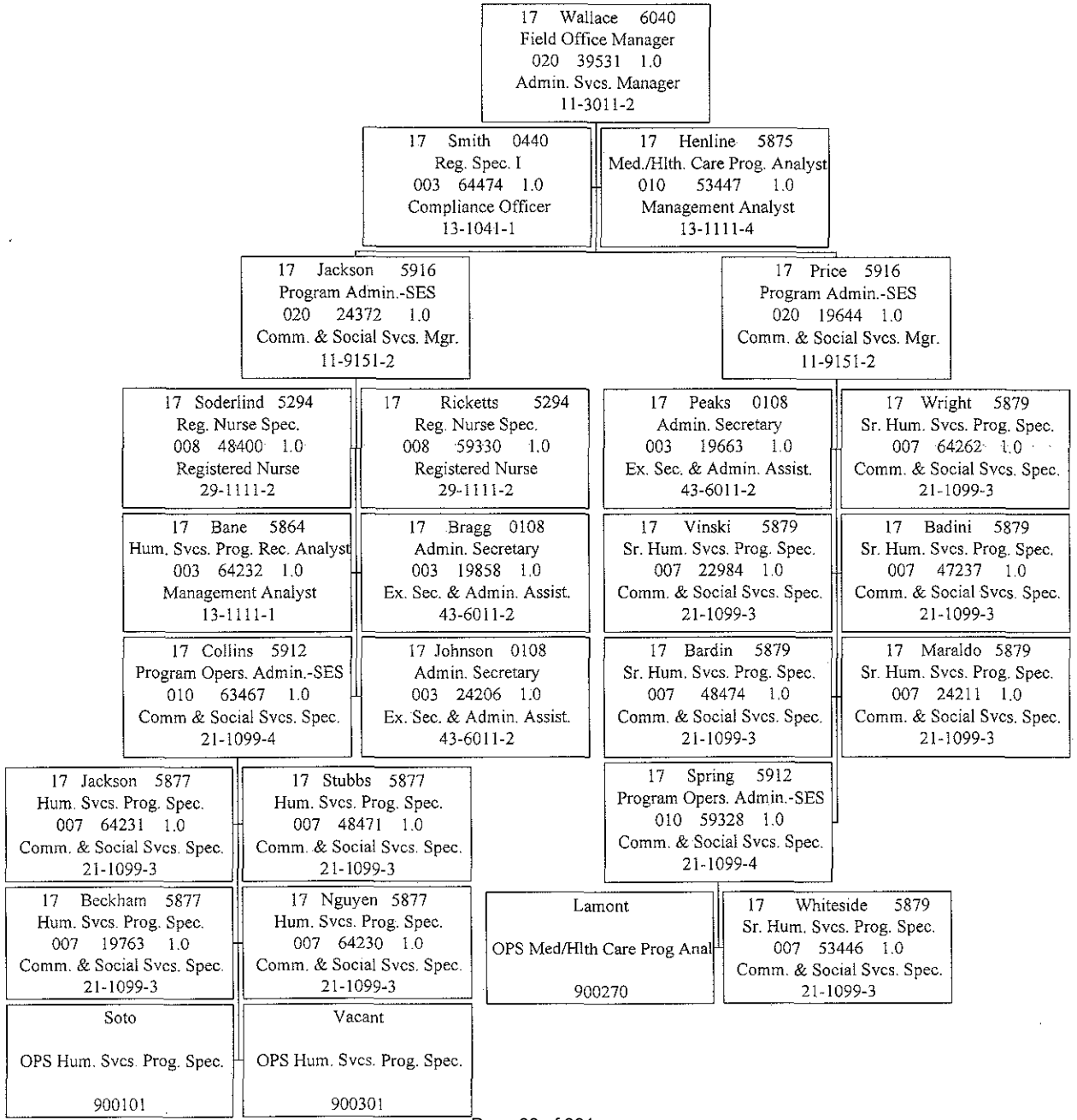
Bureau of Medicaid Field Operations

Org. Level: 68 50 10 00 000
Revised Date: July 1, 2013
FTEs: 357.5 Positions: 361



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 1 - Pensacola

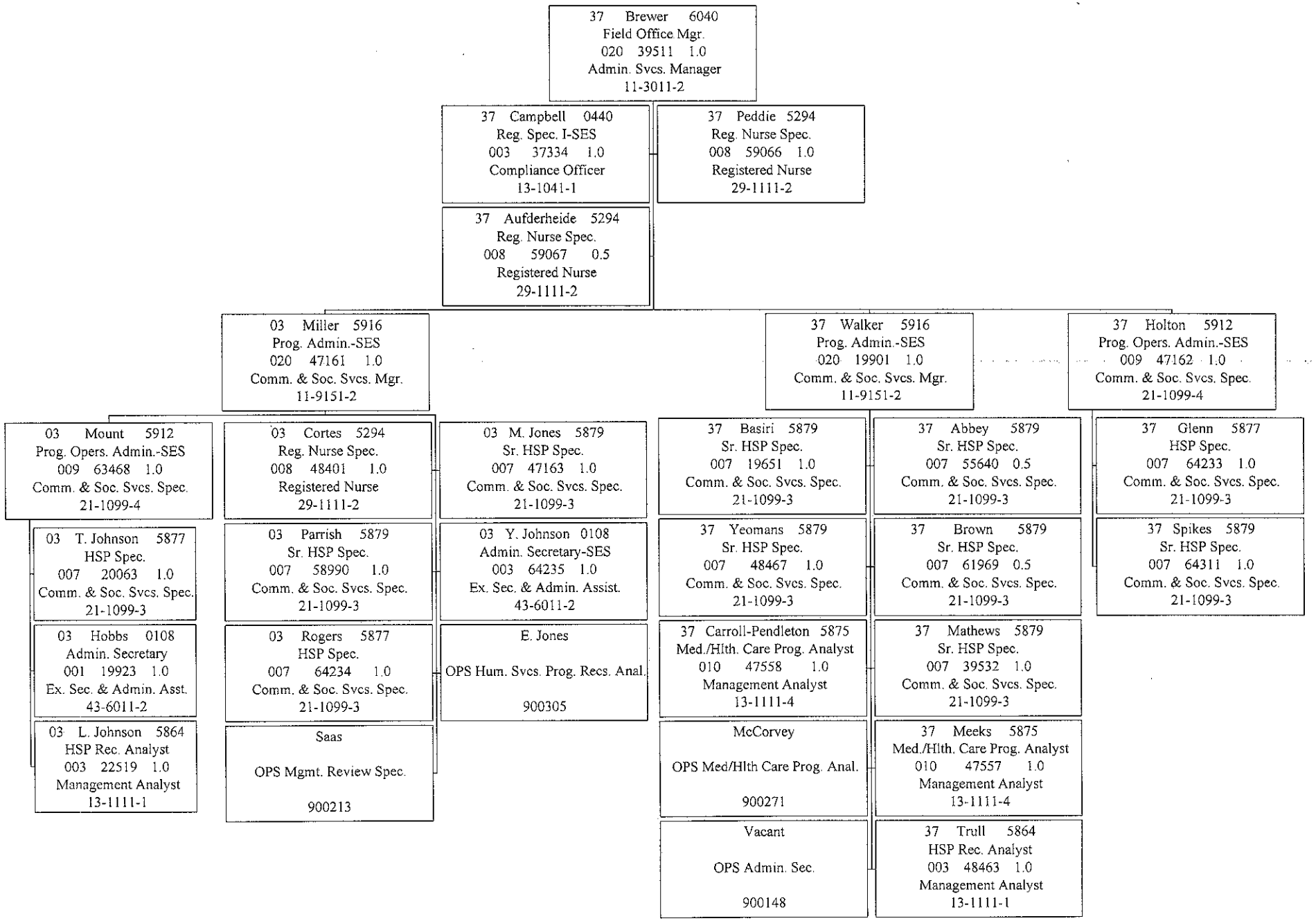
Org. Level: 68 50 10 01 000
Revised Date: July 1, 2013
FTEs: 23 Positions: 23



E-4-1

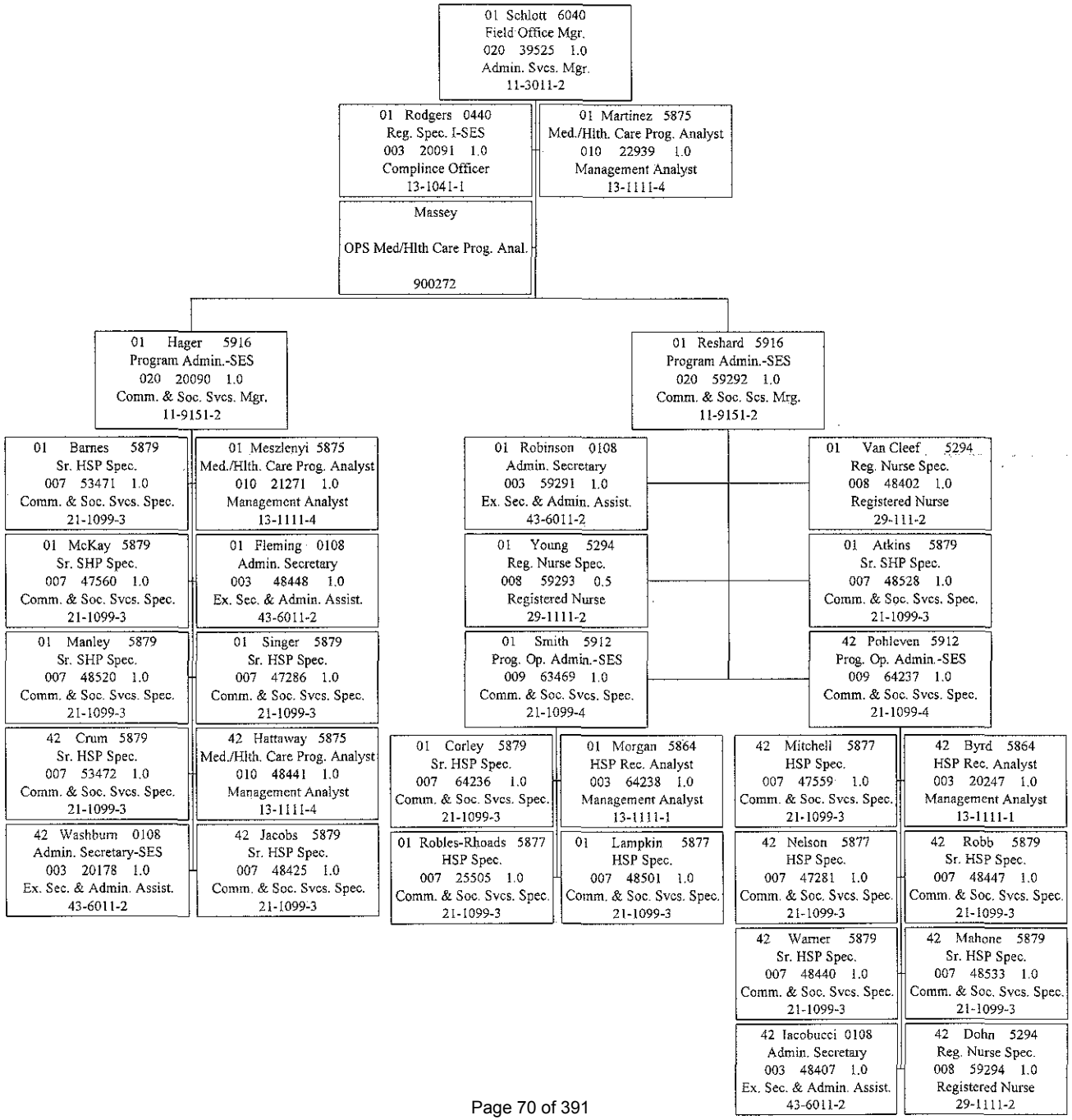
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 2 - Tallahassee

Org. Level: 68 50 10 02 000
Revised Date: July 1, 2013
FTEs: 24.5 Positions: 26



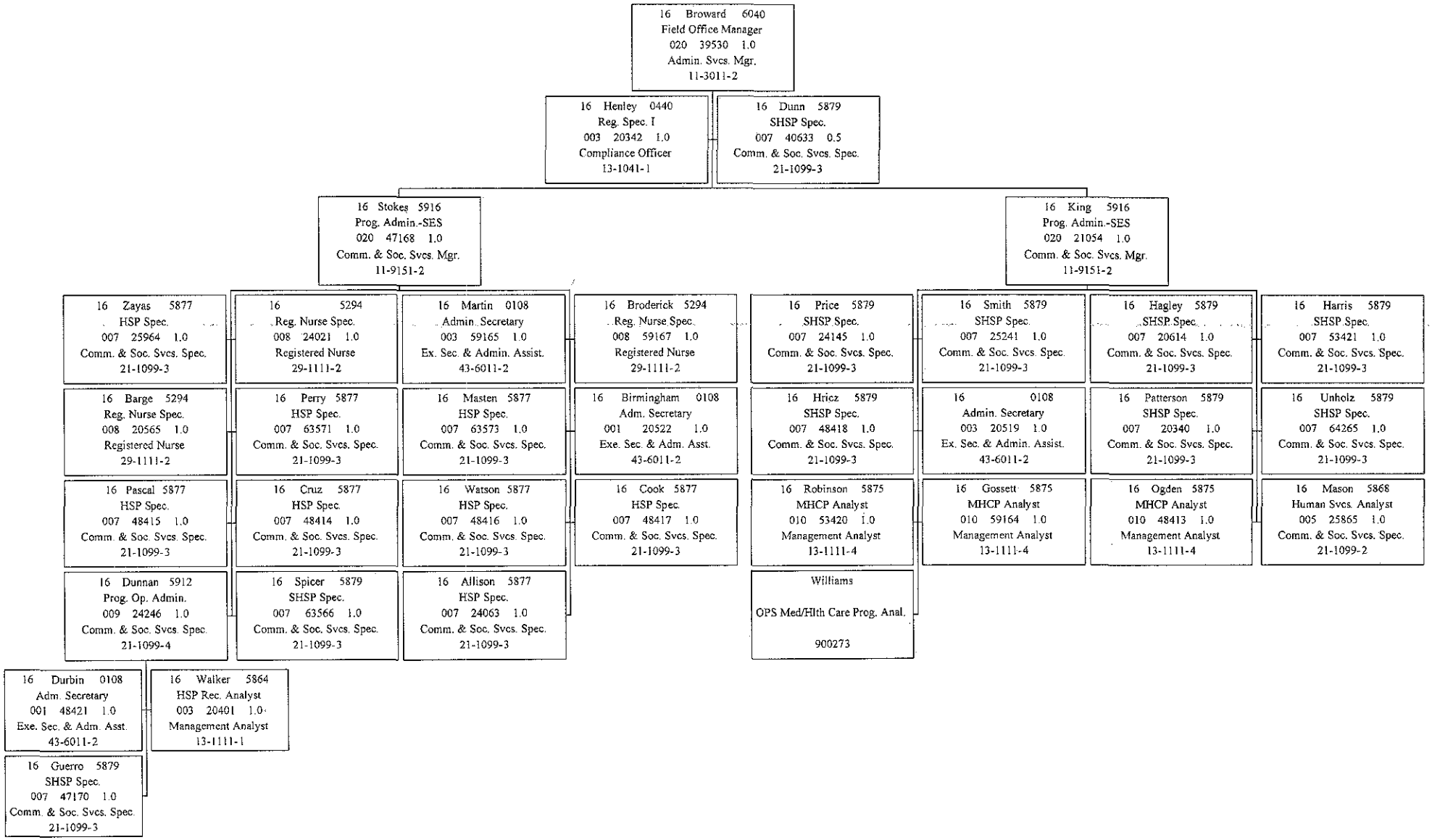
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 3 - Gainesville

Org. Level: 68 50 10 03 000
Revised Date: July 1, 2013
FTEs: 32.5 Positions: 33



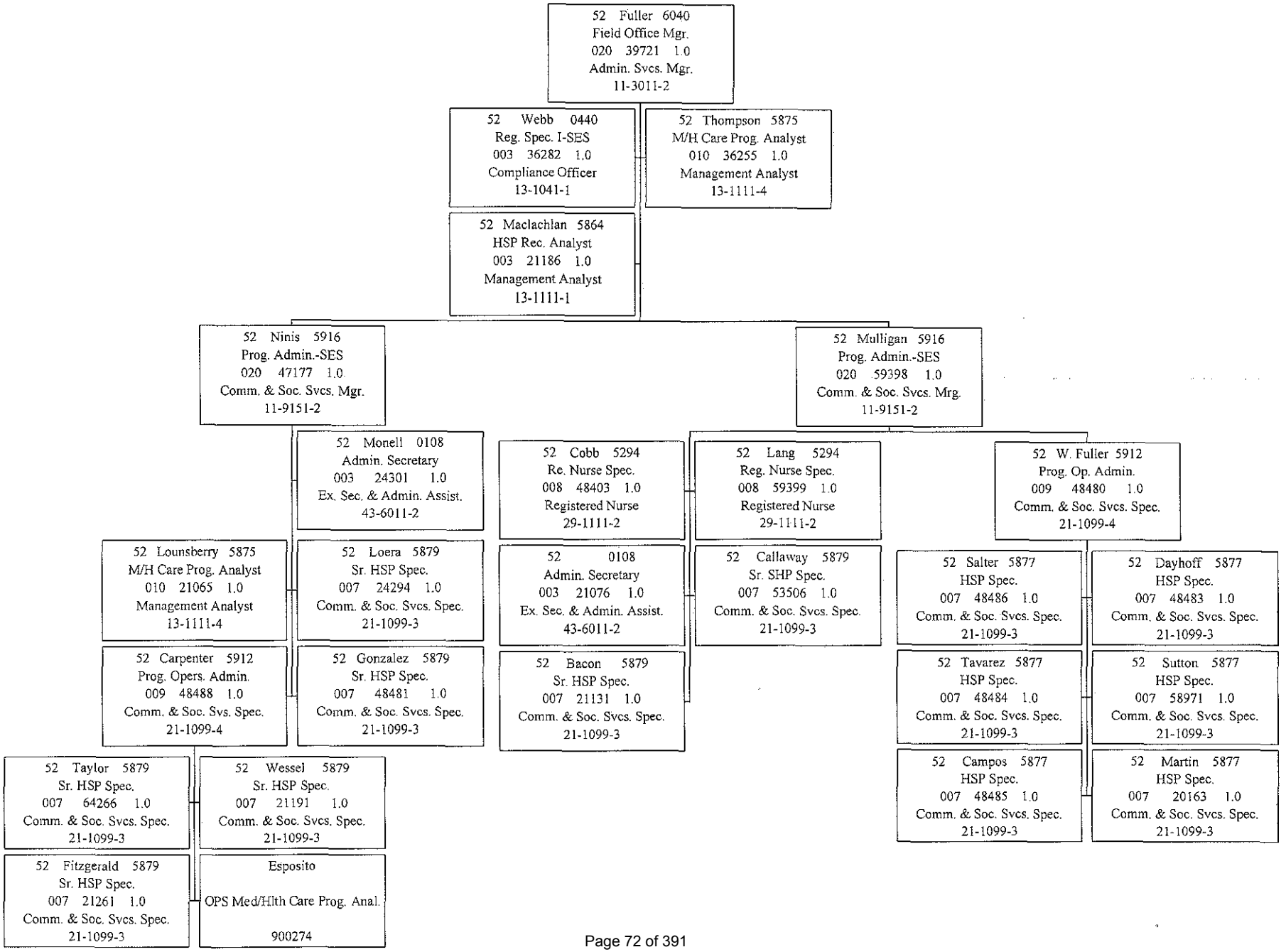
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 4 - Jacksonville

Org. Level: 68 50 10 04 000
Revised Date: July 1, 2013
FTEs: 34.5 Positions: 35



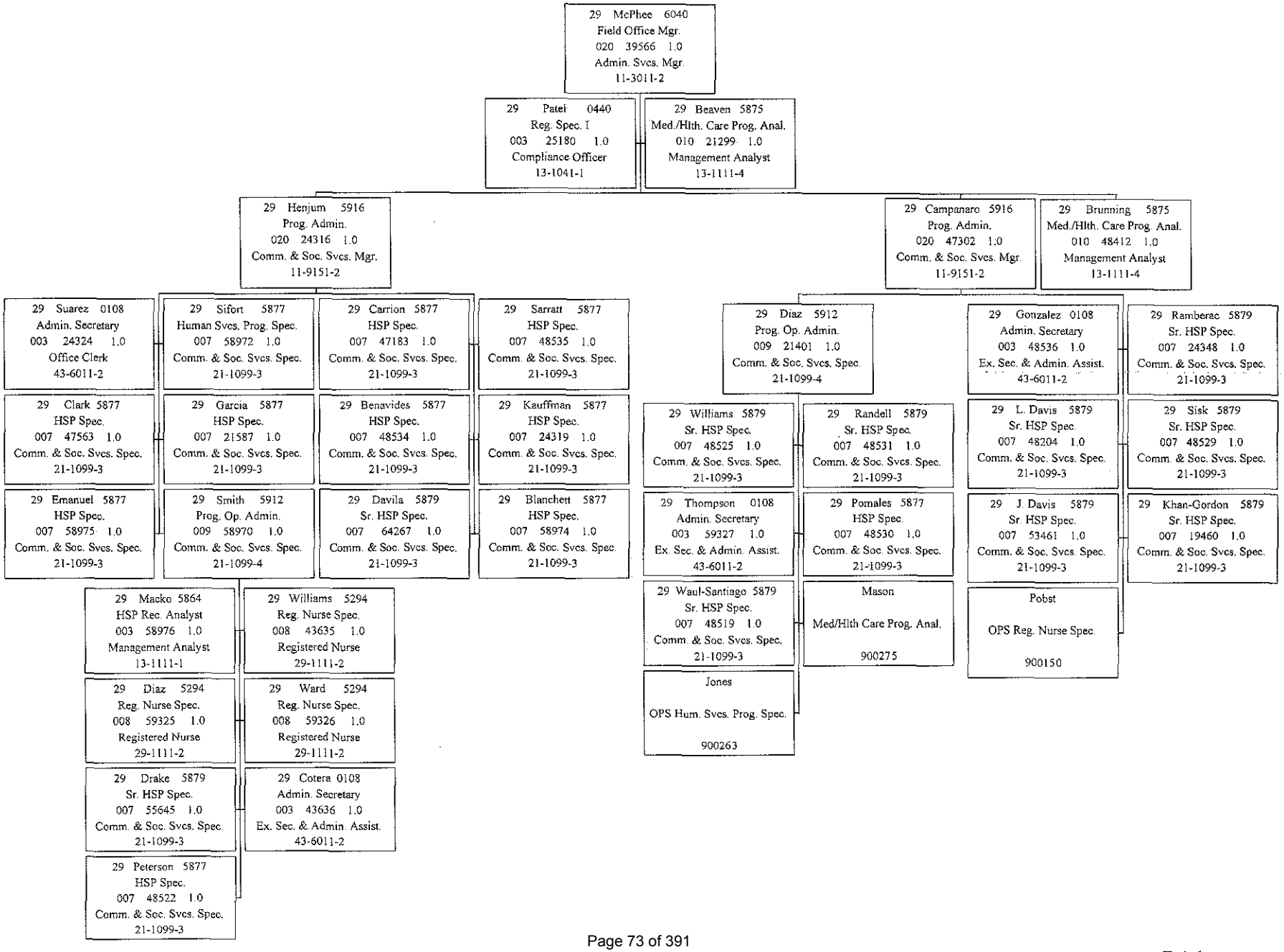
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 5 - St. Petersburg

Org. Level: 68 50 10 05 000
Revised Date: July 1, 2013
FTEs: 26 Positions: 26



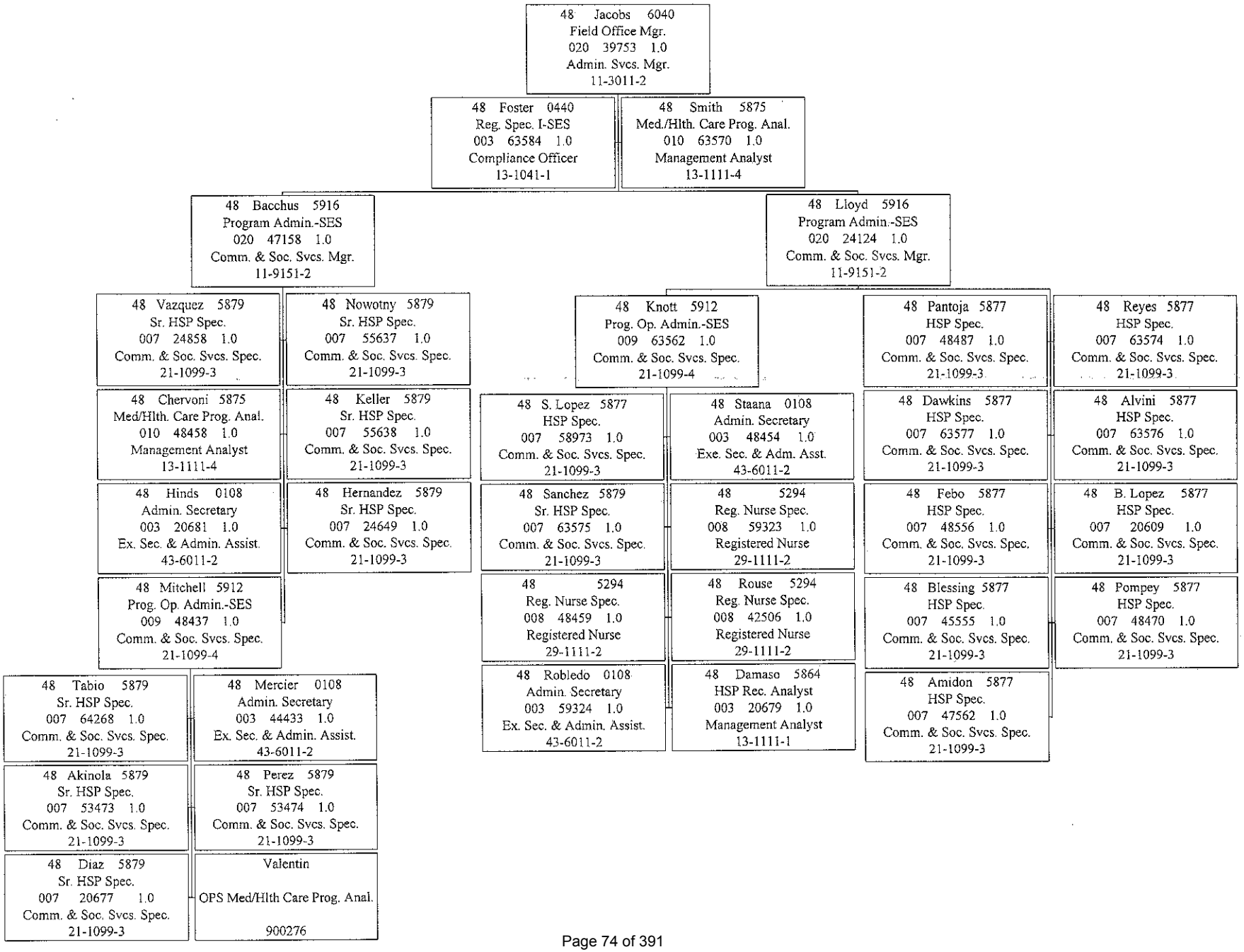
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 6 - Tampa

Org. Level: 68 50 10 06 000
Revised Date: July 1, 2013
FTEs: 37 Positions: 37



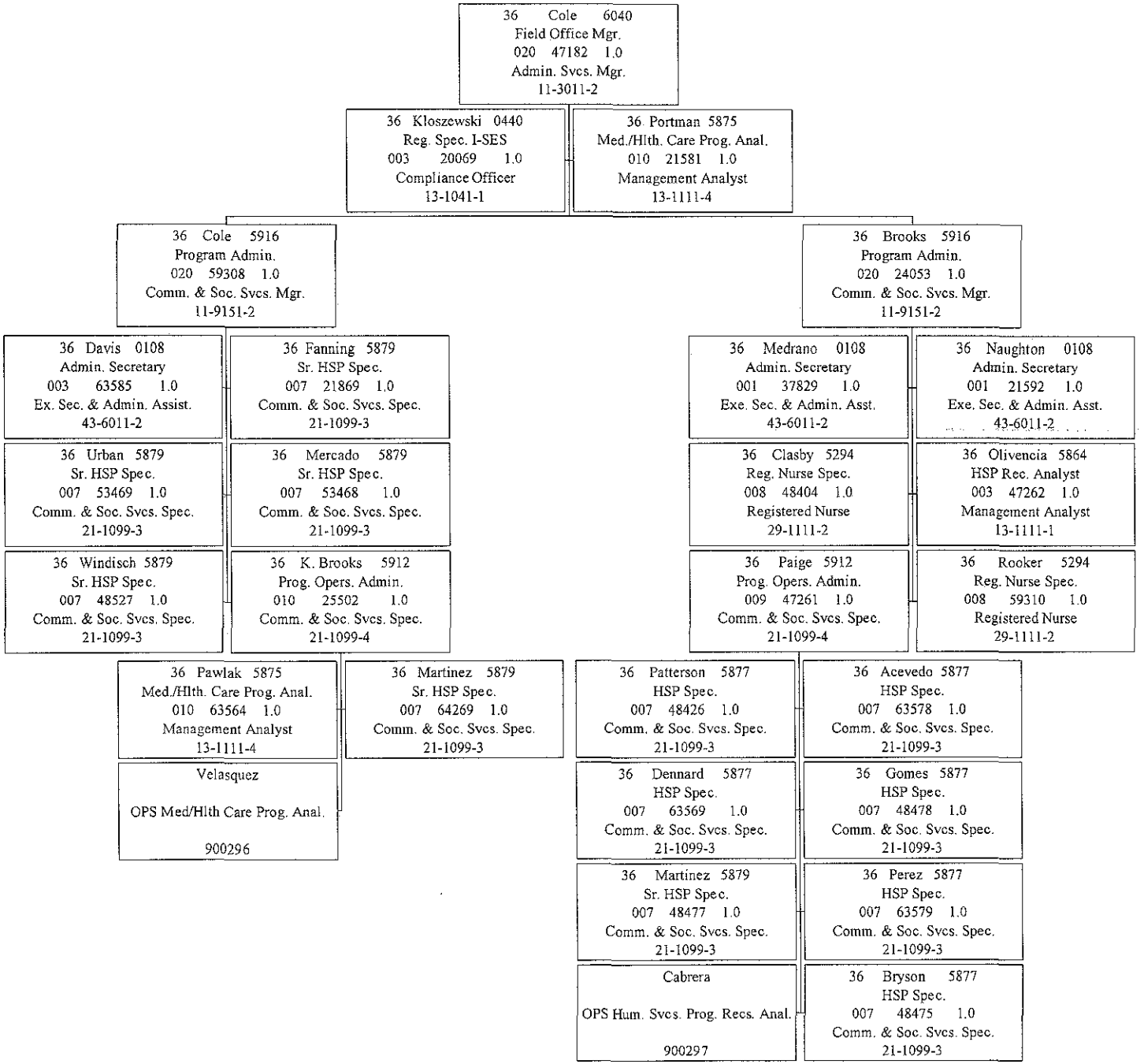
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 7 - Orlando

Org. Level: 68 50 10 07 000
Revised Date: July 1, 2013
FTE: 35 Positions: 35



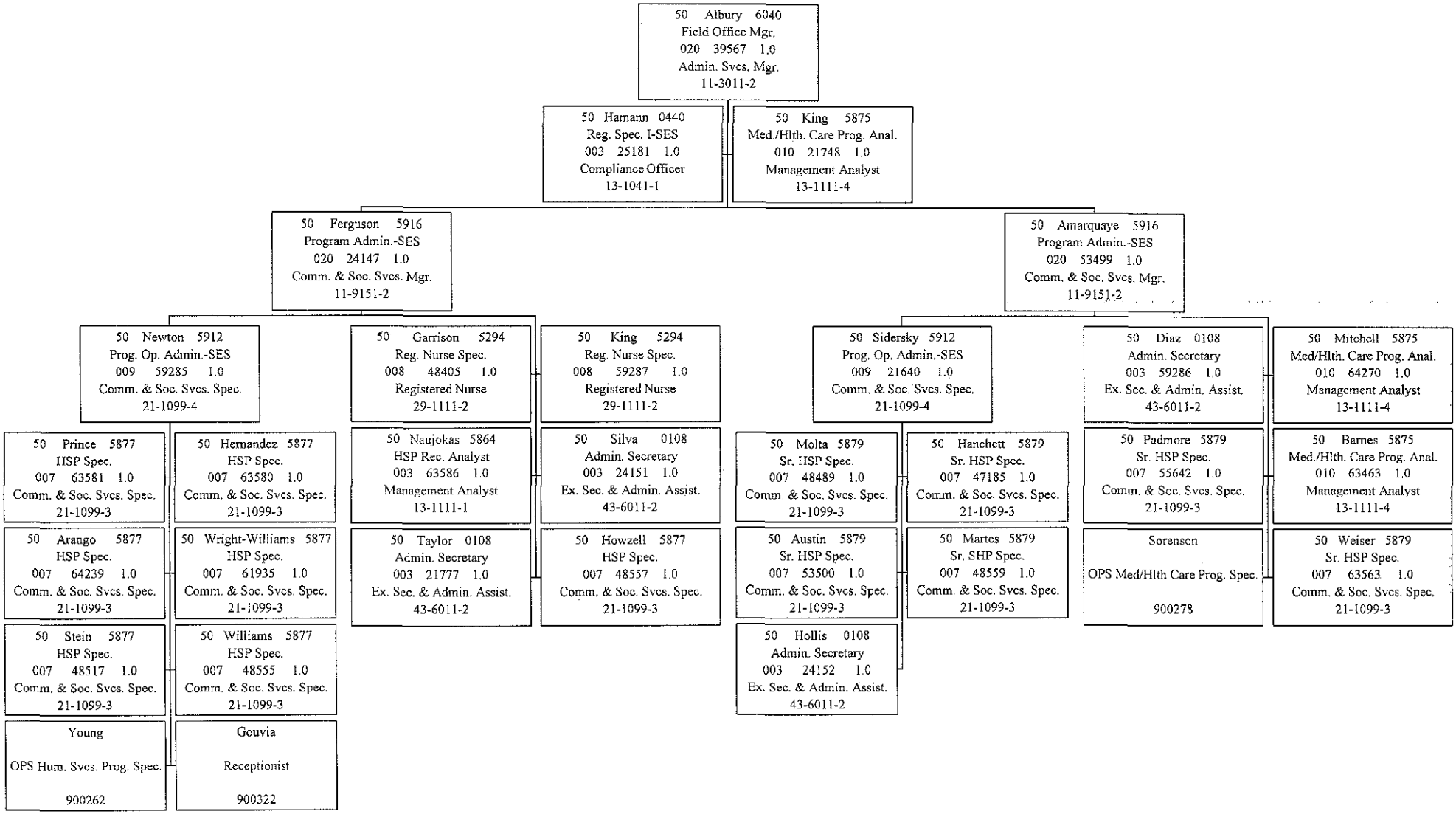
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 8 - Ft. Myers

Org. Level: 68 50 10 08 000
Revised Date: July 1, 2013
FTEs: 26 Positions: 26



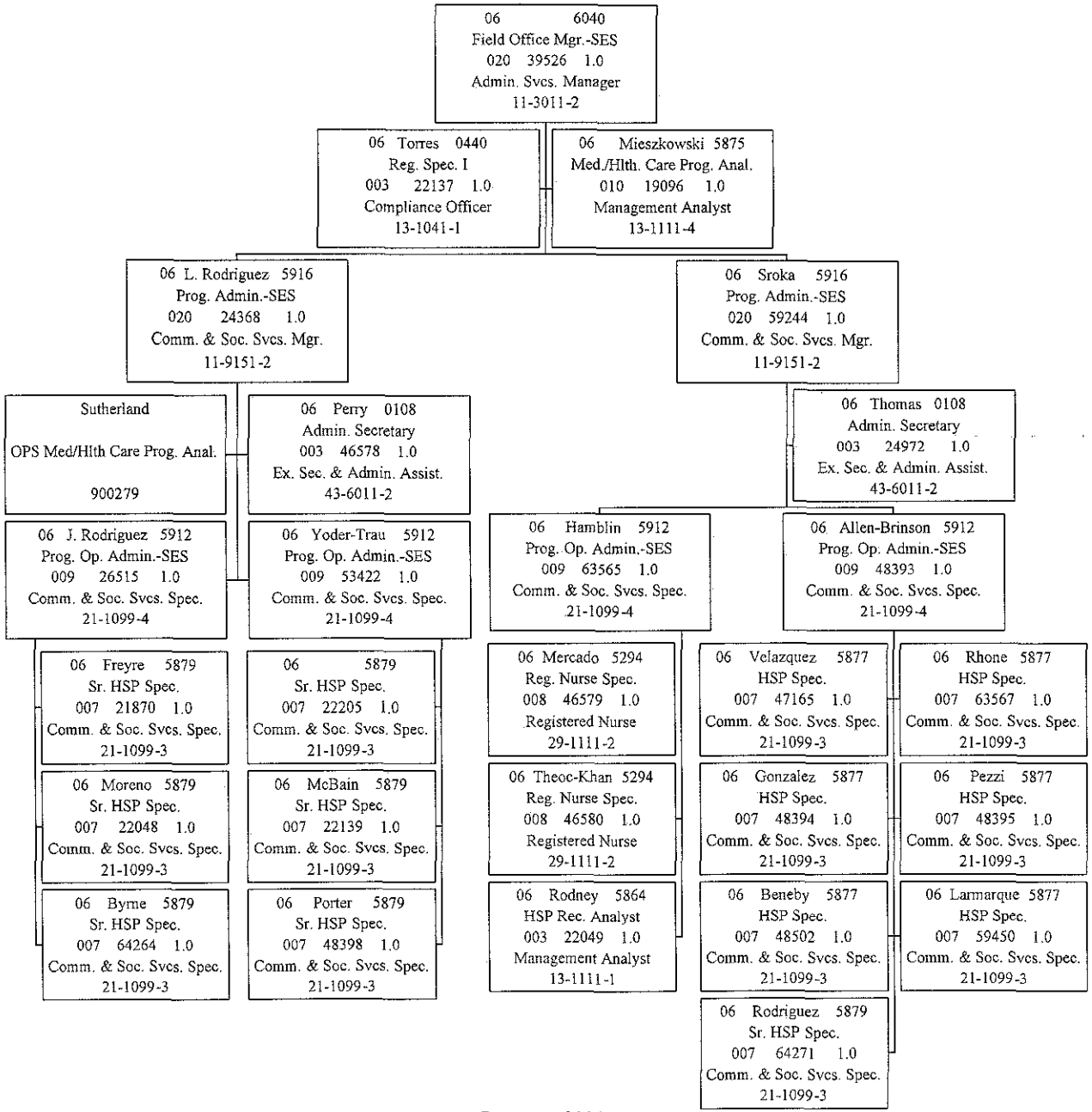
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 9 - West Palm Beach

Org. Level: 68 50 10 09 000
Revised Date: July 1, 2013
FTEs: 29 Positions: 29



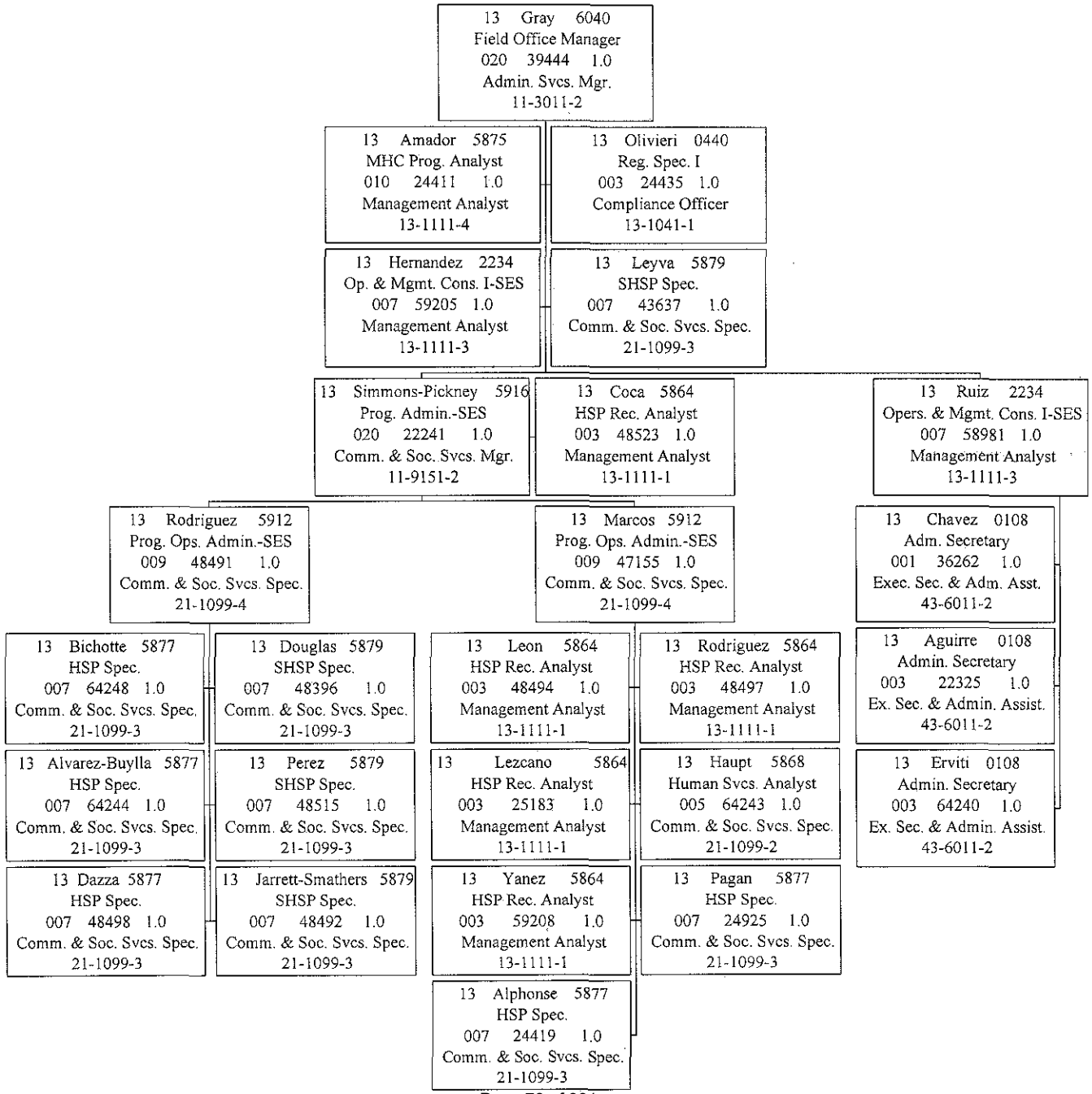
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Area 10 - Ft. Lauderdale

Org. Level: 68 50 10 10 000
Revised Date: July 1, 2013
FTEs: 27 Positions: 27



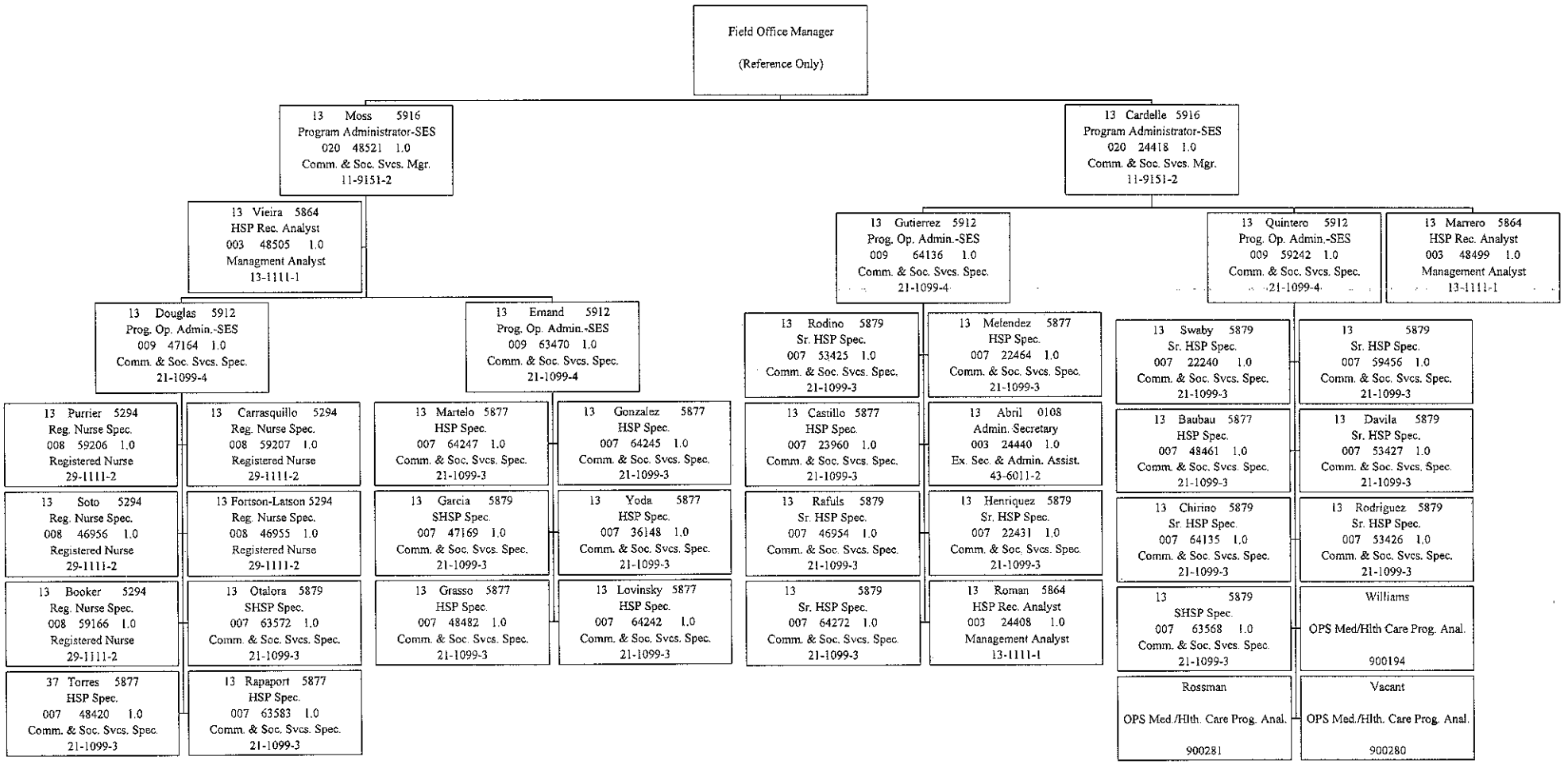
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
AREA 11 - Miami

Org. Level: 68 50 10 11 000
Revised Date: July 1, 2013
FTEs: 63 Positions: 63



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
AREA 11 - Miami

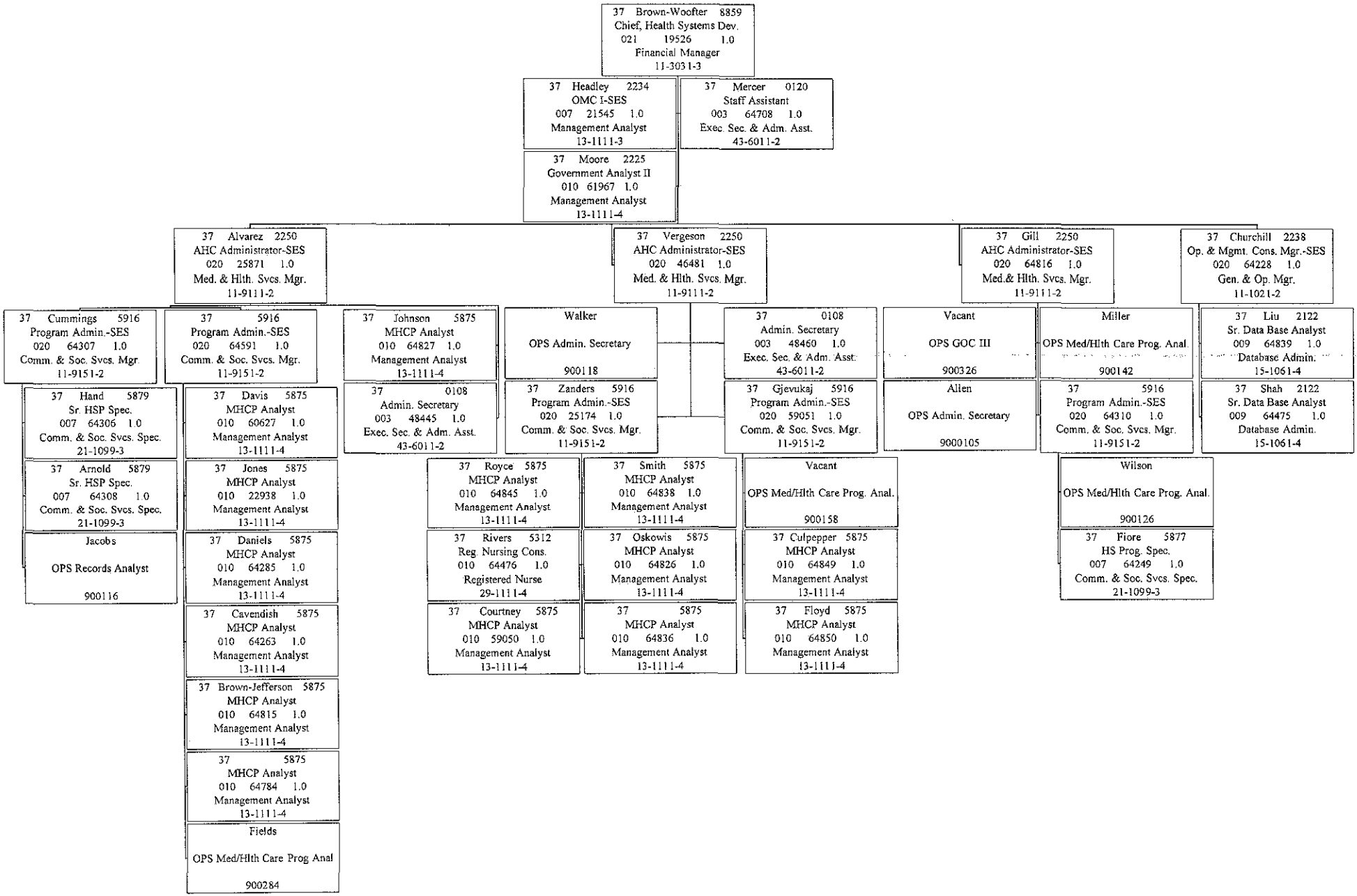
Org. Level: 68 50 10 11 000
Revised Date: July 1, 2013
FTEs: 63 Positions: 63



E-4-11-2

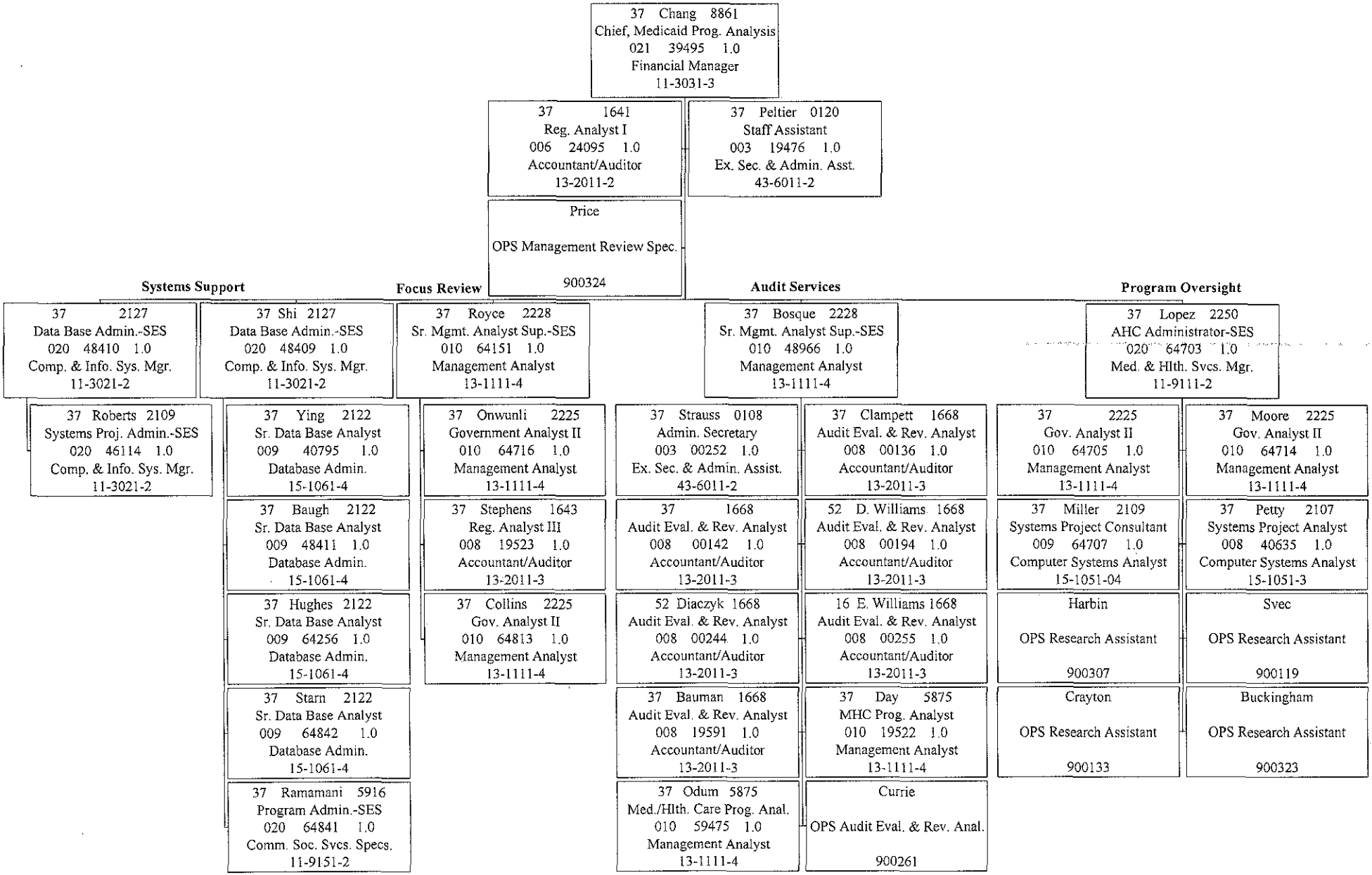
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Health Systems Development

Org. Level: 68 50 40 00 000
Revised Date: July 1, 2013
FTEs: 35 Positions: 35



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Medicaid Program Analysis

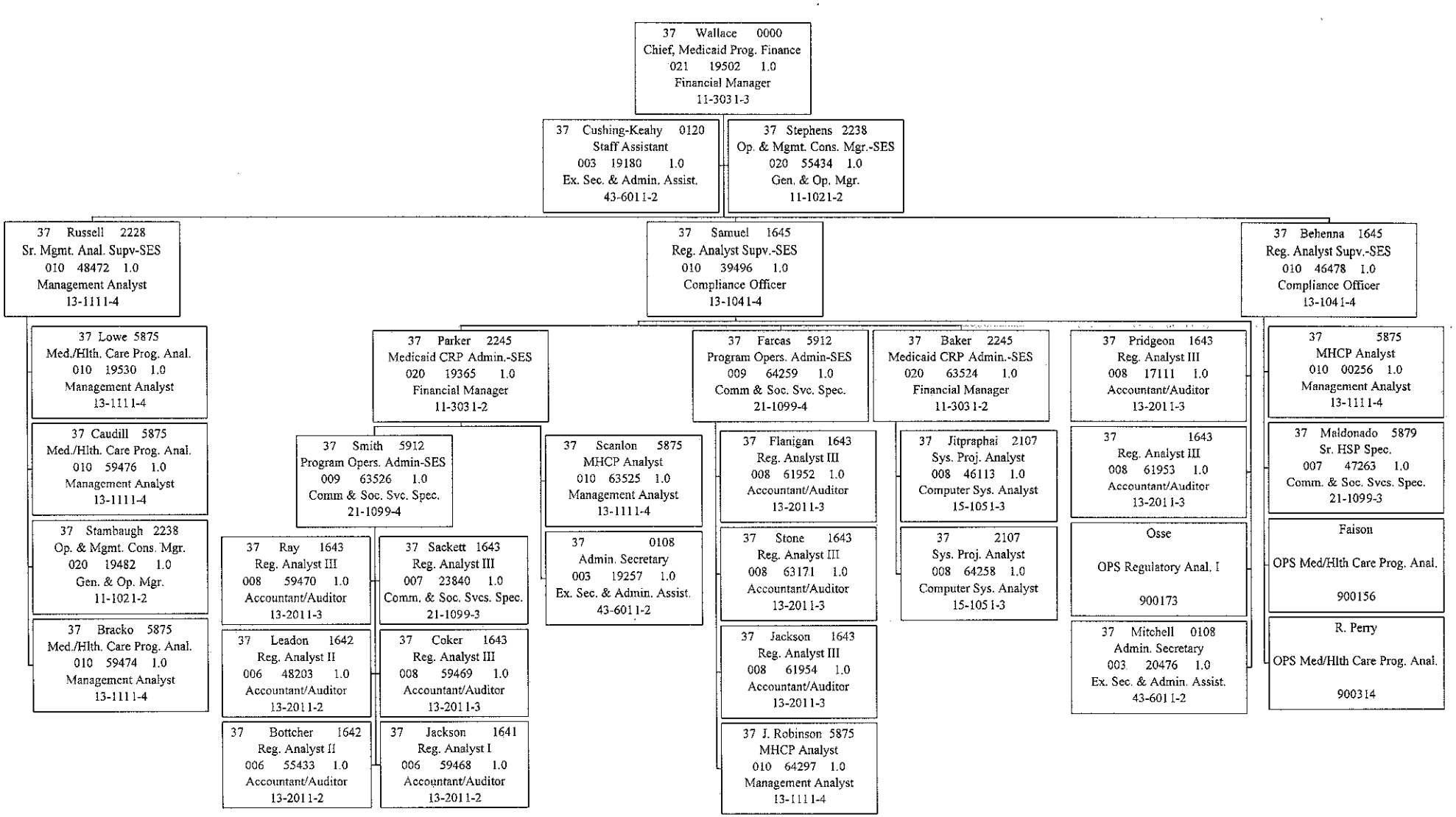
Org Level: 68505000000
Revised Date: July 1, 2013
FTE: 30 Positions: 30



E-7-1

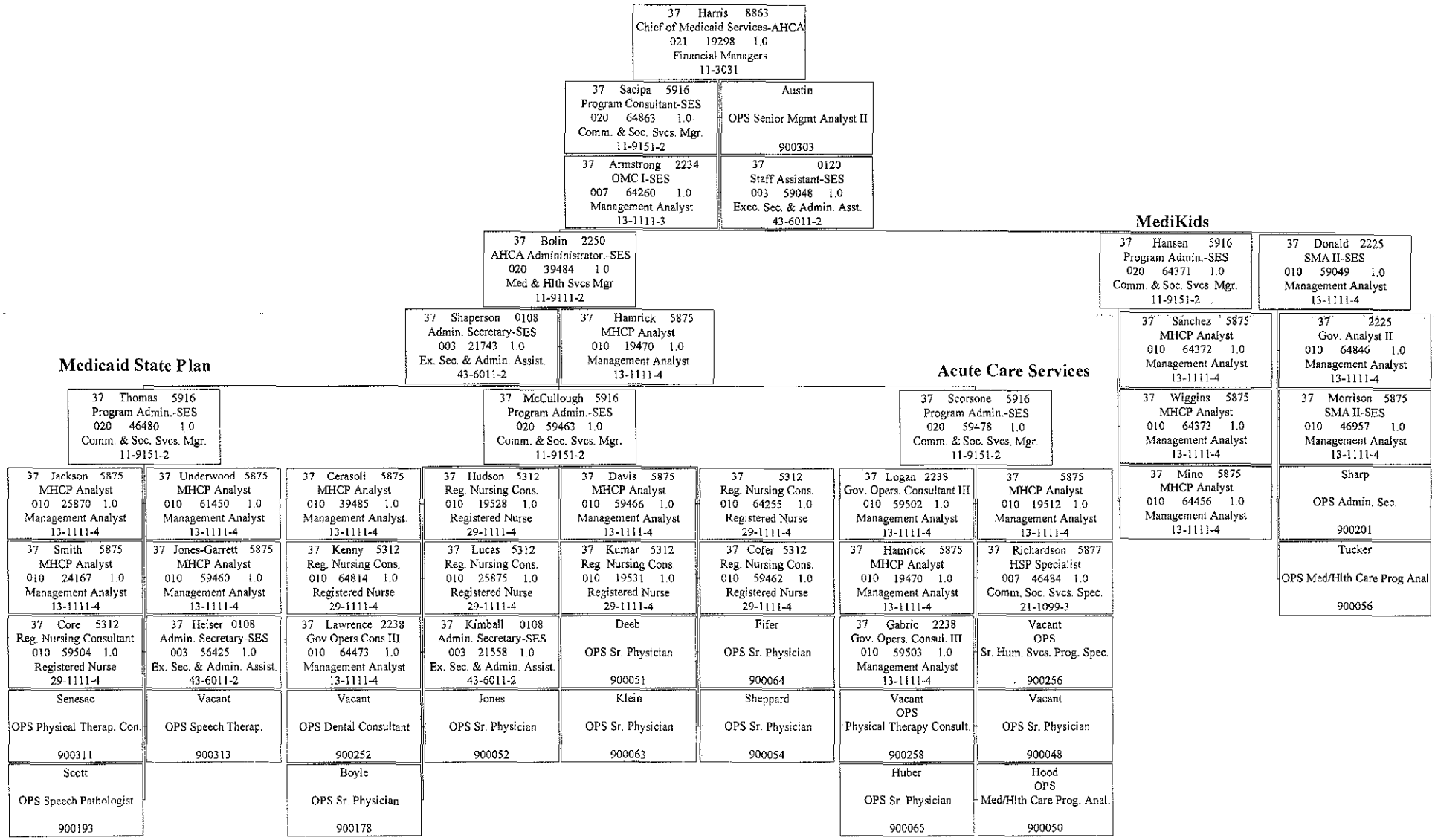
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Medicaid Program Finance

Org. Level: 68 50 55 00 000
Revised Date: July 1, 2013
FTEs: 33 Positions: 33



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Medicaid Services

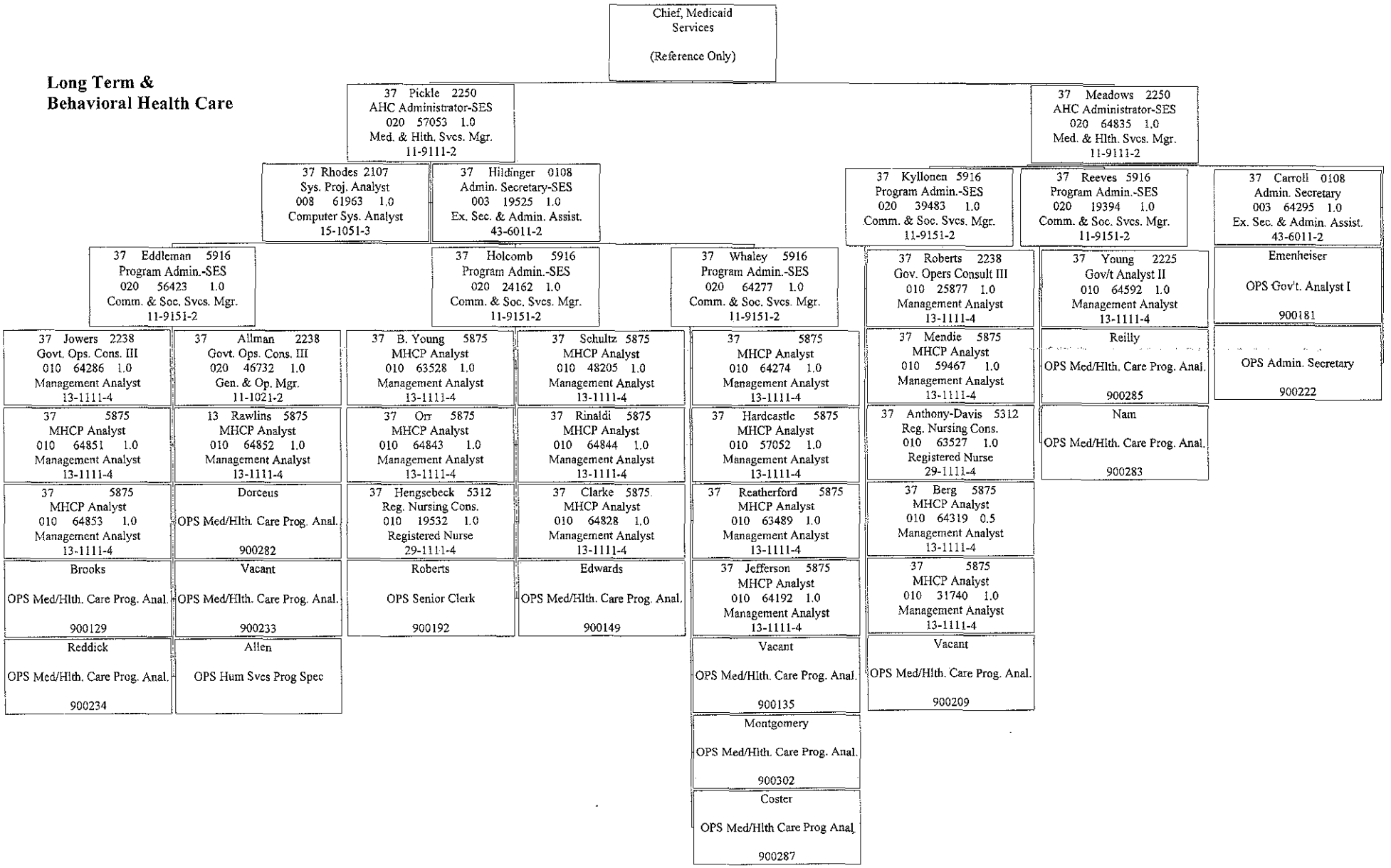
Org. Level: 68 50 60 00 000
Revised Date: July 1, 2013
FTEs: 69 Positions: 69



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Medicaid Services

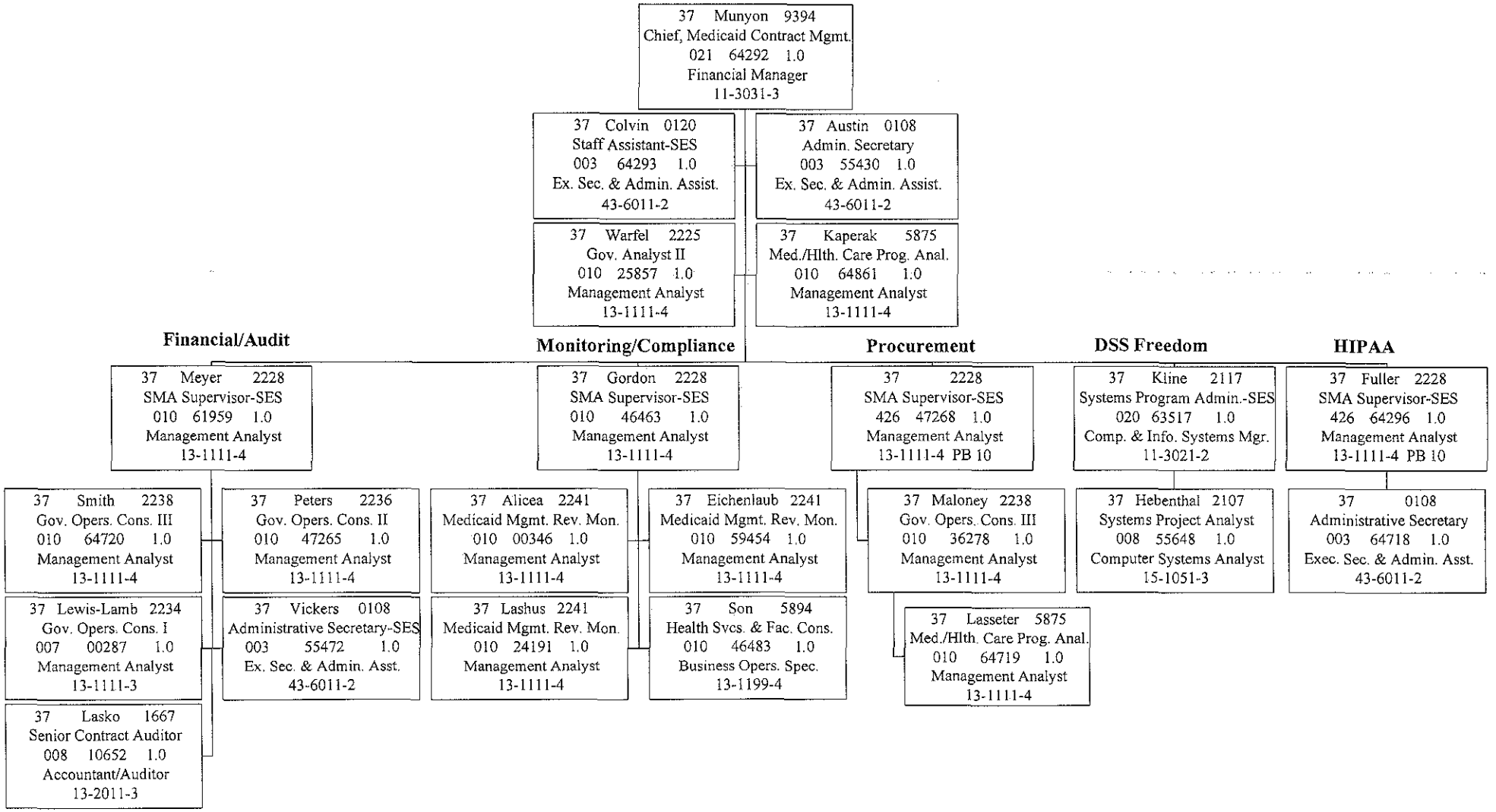
Org. Level: 68 50 60 00 000
Revised Date: July 1, 2013
FTEs: 69 Positions: 69

Long Term & Behavioral Health Care



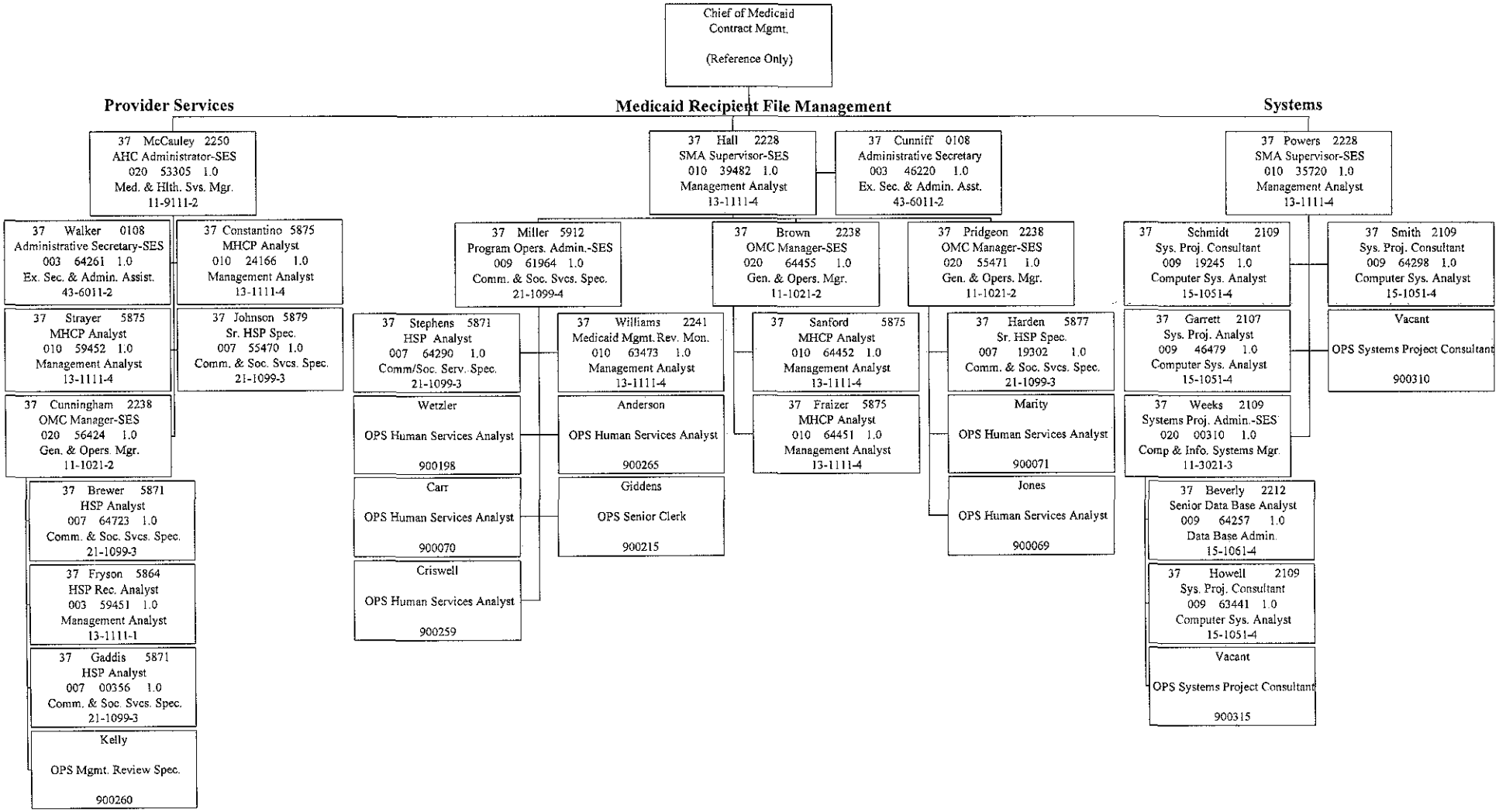
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Contract Management

Org. Level: 68 50 80 00 000
Revised Date: July 1, 2013
FTEs: 49 Positions: 49



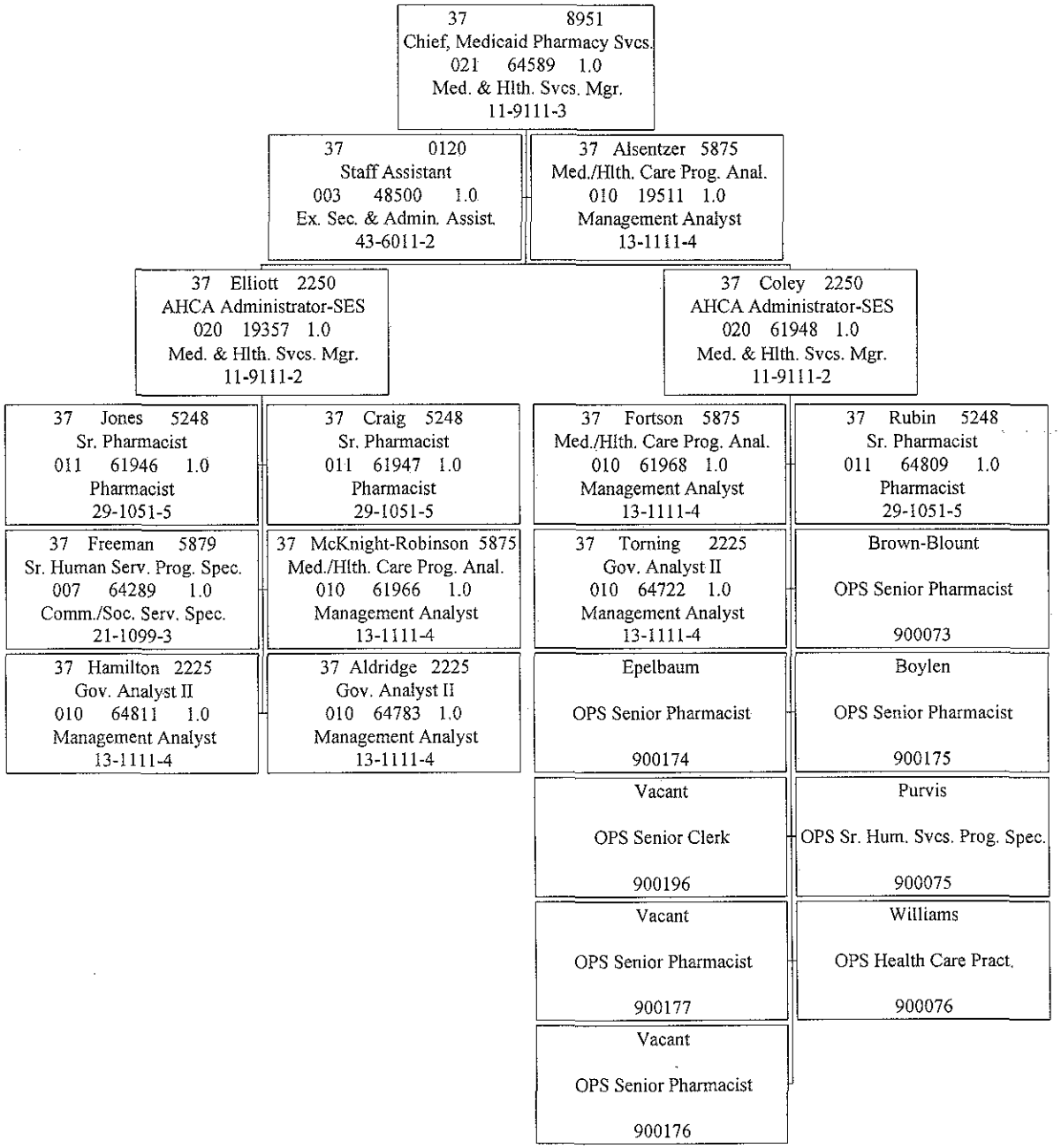
AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Contract Management

Org. Level: 68 50 80 00 000
Revised Date: July 1, 2013
FTEs: 49 Positions: 49



AGENCY FOR HEALTH CARE ADMINISTRATION
Medicaid
Pharmacy Services

Org Level: 68-50-90-00-000
Revised Date: July 1, 2013
FTE: 14 Positions: 14



AGENCY FOR HEALTH CARE ADMINISTRATION

SECTION I: BUDGET	FISCAL YEAR 2012-13 OPERATING	FIXED CAPITAL OUTLAY
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT	22,287,814,862	0
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)	-51,087,459	0
FINAL BUDGET FOR AGENCY	22,236,727,403	0

SECTION II: ACTIVITIES * MEASURES	Number of Units	(1) Unit Cost	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)				0
Prepaid Health Plans - Elderly And Disabled *	2,169,936	919.33	1,994,881,643	
Prepaid Health Plans - Families *	13,660,920	125.46	1,713,835,894	
Elderly And Disabled/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased	498,052	3,620.23	1,803,064,537	
Elderly And Disabled/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased	498,052	2,035.65	1,013,861,310	
Elderly And Disabled/Fee For Service/Medipass - Physician Services * Number of case months Medicaid program services purchased	498,052	1,123.51	559,565,929	
Elderly And Disabled/Fee For Service/Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased	498,052	852.66	424,666,933	
Elderly And Disabled/Fee For Service/Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased	365,598	2,817.51	1,030,076,599	
Elderly And Disabled/Fee For Service/Medipass - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased	90,901	243.01	22,089,528	
Elderly And Disabled/Fee For Service/Medipass - Patient Transportation * Number of case months Medicaid program services purchased	498,052	132.69	66,084,261	
Elderly And Disabled/Fee For Service/Medipass - Case Management * Number of case months Medicaid program services purchased	498,052	184.27	91,776,119	
Elderly And Disabled/Fee For Service/Medipass - Home Health Services * Number of case months Medicaid program services purchased	498,052	136.05	67,759,812	
Elderly And Disabled/Fee For Service/Medipass - Therapeutic Services For Children * Number of case months Medicaid program services purchased	90,901	295.74	26,882,916	
Elderly And Disabled/Fee For Service/Medipass - Hospital Insurance Benefit * Number of case months Medicaid program services purchased	287,092	415.32	119,235,121	
Elderly And Disabled/Fee For Service/Medipass - Hospice * Number of case months Medicaid program services purchased	498,052	369.66	184,112,028	
Elderly And Disabled/Fee For Service/Medipass - Private Duty Nursing * Number of case months Medicaid program services purchased	90,901	1,877.62	170,677,503	
Elderly And Disabled/Fee For Service/Medipass - Other * Number of case months Medicaid program services purchased	498,052	1,356.62	675,665,489	
Women And Children/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased	1,055,374	1,361.89	1,437,302,923	
Women And Children/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased	1,055,374	312.15	329,429,771	
Women And Children/Fee For Service / Medipass - Physician Services * Number of case months Medicaid program services purchased	1,055,374	673.83	711,144,588	
Women And Children/Fee For Service / Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased	1,055,374	546.52	576,778,011	
Women And Children/Fee For Service / Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased	1,152	163,396.70	188,232,996	
Women And Children/Fee For Service / Medipass - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased	821,562	322.26	264,757,535	
Women And Children/Fee For Service / Medipass - Patient Transportation * Number of case months Medicaid program services purchased	1,055,374	70.80	74,723,129	
Women And Children/Fee For Service / Medipass - Case Management * Number of case months Medicaid program services purchased	1,055,374	10.58	11,170,017	
Women And Children/Fee For Service / Medipass - Home Health Services * Number of case months Medicaid program services purchased	1,055,374	111.52	117,697,776	
Women And Children/Fee For Service / Medipass - Therapeutic Services For Children * Number of case months Medicaid program services purchased	821,562	97.79	80,337,651	
Women And Children/Fee For Service / Medipass - Clinic Services * Number of case months and Medicaid program services purchased	1,055,374	109.23	115,275,919	
Women And Children/Fee For Service / Medipass - Other * Number of case months Medicaid program services purchased	1,055,374	442.76	467,277,912	
Medically Needy - Hospital Inpatient * Number of case months Medicaid program services purchased	44,827	5,263.24	235,935,228	
Medically Needy - Prescribed Medicines * Number of case months Medicaid program services purchased	44,827	3,215.36	144,134,811	
Medically Needy - Physician Services * Number of case months Medicaid program services purchased	44,827	1,633.97	73,246,029	
Medically Needy - Hospital Outpatient * Number of case months Medicaid program services purchased	44,827	1,806.46	80,978,034	
Medically Needy - Supplemental Medical Insurance * Number of case months Medicaid program services purchased	5,691	1,119.02	6,368,325	
Medically Needy - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased	7,109	162.05	1,151,996	
Medically Needy - Patient Transportation * Number of case months Medicaid program services purchased	44,827	53.30	2,389,086	
Medically Needy - Case Management * Number of case months Medicaid program services purchased	44,827	36.63	1,642,034	
Medically Needy - Home Health Services * Number of case months Medicaid program services purchased	44,827	39.90	1,788,568	
Medically Needy - Therapeutic Services For Children * Number of case months Medicaid program services purchased	7,109	7.54	53,637	
Medically Needy - Other * Number of case months Medicaid program services purchased	44,827	23,075.55	1,034,407,850	
Refugees - Hospital Inpatient * Number of case months Medicaid program services purchased	6,260	643.46	4,028,044	
Refugees - Prescribed Medicines * Number of case months Medicaid program services purchased	6,260	79,040.91	494,796,106	
Refugees - Physician Services * Number of case months Medicaid program services purchased	6,260	450.12	2,817,728	
Refugees - Hospital Outpatient * Number of case months Medicaid program services purchased	6,260	323.76	2,026,751	
Refugees - Early Periodic Screening Diagnosis And Treatment * Number of case months Medicaid program services purchased	911	322.72	293,997	
Refugees - Patient Transportation * Number of case months Medicaid program services purchased	6,260	4.82	30,155	
Refugees - Case Management * Number of case months Medicaid program services purchased	6,260	8.18	51,197	
Refugees - Home Health Services * Number of case months Medicaid program services purchased	6,260	21.07	131,917	
Refugees - Therapeutic Services For Children * Number of case months Medicaid program services purchased	911	0.98	896	
Refugees - Other * Number of case months Medicaid program services purchased	6,260	332.25	2,079,872	
Nursing Home Care * Number of case months Medicaid program services purchased	80,029	34,615.52	2,770,245,645	
Home And Community Based Services * Number of case months Medicaid program services purchased	89,882	12,747.53	1,145,773,047	
Intermediate Care Facilities For The Developmentally Disabled - Sunland Centers * Number of case months Medicaid program services purchased	692	513,301.60	355,204,709	
Mental Health Disproportionate Share Program * Number of case months Medicaid program services purchased	720	100,064.87	72,046,704	
Capitated Nursing Home Diversion Waiver * Number of case months Medicaid program services purchased	19,327	18,576.92	359,036,110	
Purchase Medikids Program Services * Number of case months Medicaid Program services purchased	38,148	1,644.51	62,734,601	
Purchase Children's Medical Services Network Services * Number of case	22,000	6,754.92	148,608,246	
Purchase Florida Healthy Kids Corporation Services * Number of case months	206,299	1,585.92	327,172,807	
Certificate Of Need/Financial Analysis * Number of certificate of need (CON) requests/financial reviews conducted	2,651	657.43	1,742,841	
Health Facility Regulation (compliance, Licensure, Complaints) - Tallahassee * Number of licensure/certification applications	21,317	675.56	14,400,989	
Facility Field Operations (compliance, Complaints) - Field Offices Survey Staff * Number of surveys and complaint investigations	62,145	753.10	46,801,462	
Health Standards And Quality * Number of transactions	2,954,515	1.14	3,377,169	
Plans And Construction * Number of reviews performed	4,507	1,302.90	5,872,179	
Managed Health Care * Number of Health Maintenance Organization (HMO) and workers' compensation arrangement surveys	59	52,898.41	3,121,006	
Background Screening * Number of requests for screenings	197,320	4.36	860,806	
Subscriber Assistance Panel * Number of cases	199	4,229.49	841,669	
TOTAL			21,744,556,101	

SECTION III: RECONCILIATION TO BUDGET	
PASS THROUGHS	
TRANSFER - STATE AGENCIES	
AID TO LOCAL GOVERNMENTS	
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS	
OTHER	459,126,553
REVERSIONS	33,044,806
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)	22,236,727,460

SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY

(4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

Schedule XIV
Variance from Long Range Financial Outlook

Agency: Agency for Health Care Administation **Contact: Anita B. Hicks**

Article III, Section 19(a)3, Florida Constitution, requires each agency Legislative Budget Request to be based upon and reflect the long range financial outlook adopted by the Joint Legislative Budget Commission or to explain any variance from the outlook.

1) Does the long range financial outlook adopted by the Joint Legislative Budget Commission in September 2013 contain revenue or expenditure estimates related to your agency?

Yes [X] No [ ]

2) If yes, please list the estimates for revenues and budget drivers that reflect an estimate for your agency for Fiscal Year 2013-2014 and list the amount projected in the long range financial outlook and the amounts projected in your Schedule I or budget request.

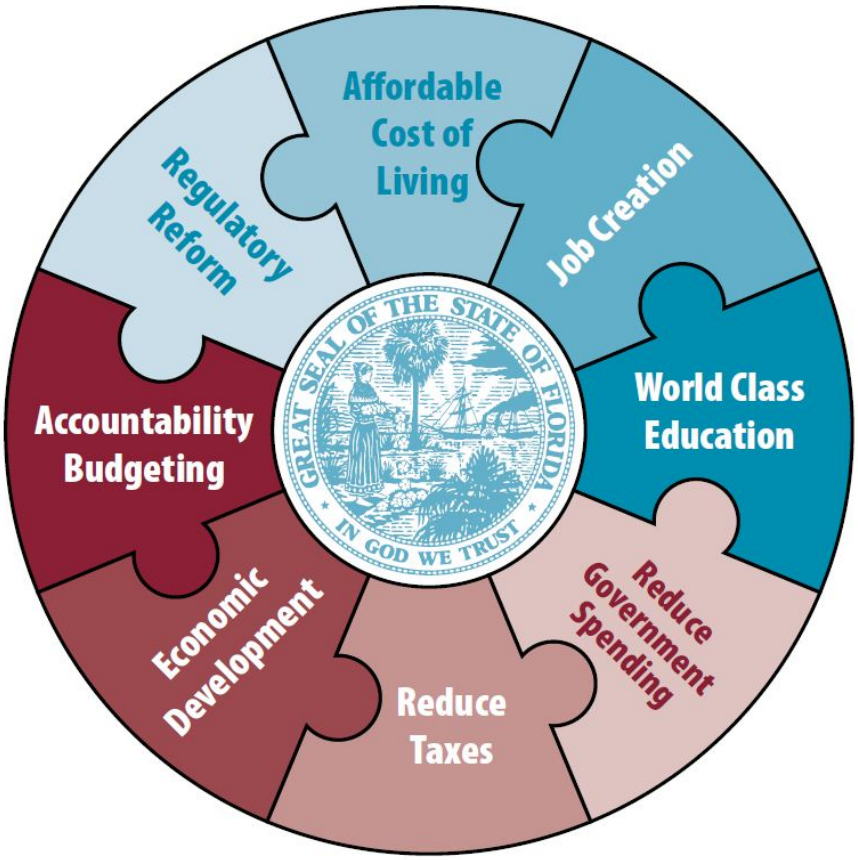
	Issue (Revenue or Budget Driver)	R/B*	FY 2014-2015 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Medicaid Price Level and Workload	B	$875.6 billion ($401.1b GR)	
b	Kid Care	B	-$27.4 million (-$7m GR)	
c	Medicaid Waivers	B	$17.8 million ($8m GR)	
d				
e				
f				

3) If your agency's Legislative Budget Request does not conform to the long range financial outlook with respect to the revenue estimates (from your Schedule I) or budget drivers, please explain the variance(s) below.

The Medicaid budget is based on the Social Services Estimating Conference and is not included in the LBR.

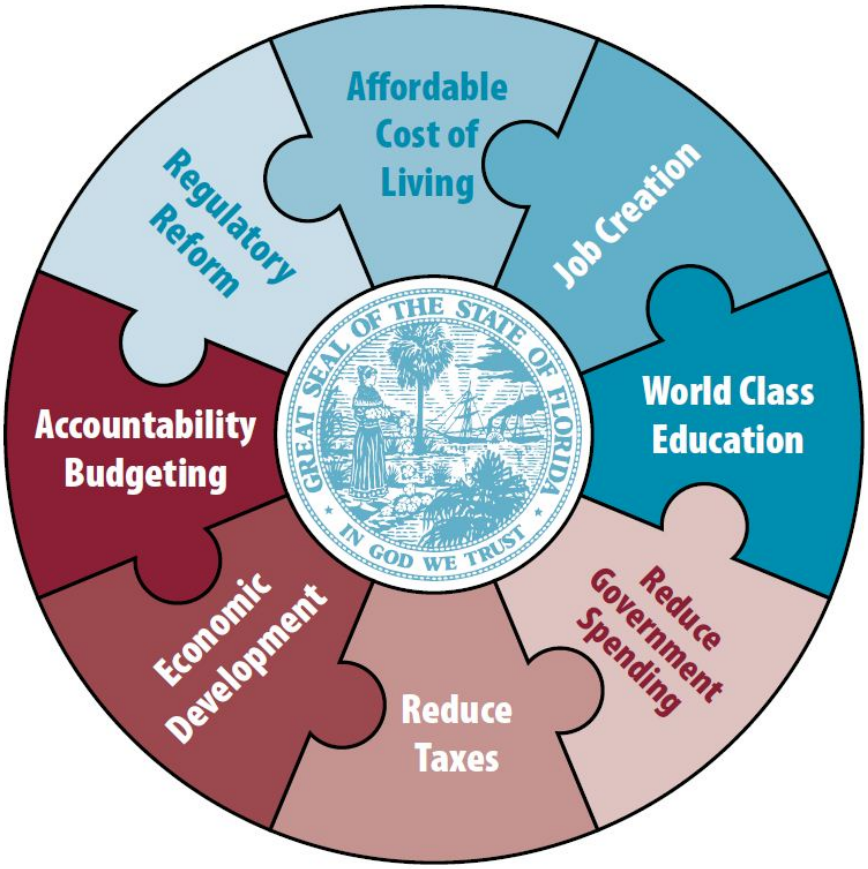
* R/B = Revenue or Budget Driver

Office of Policy and Budget - July 2013



ADMINISTRATION AND SUPPORT SCHEDULES

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



ADMINISTRATION AND SUPPORT

Schedule I Series

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2014 - 2015

Department Title: Agency For Health Care Administration
Trust Fund Title: Administrative Trust Fund
Budget Entity: 6820
LAS/PBS Fund Number: 2021

	Balance as of 6/30/2013		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	50	(A)		50	
ADD: Other Cash (See Instructions)	5,706,573	(B)		5,706,573	
ADD: Investments		(C)		-	
ADD: Outstanding Accounts Receivable	174,831	(D)		174,831	
ADD: _____		(E)		-	
Total Cash plus Accounts Receivable	**5,881,454**	(F)	**251,901**	**6,133,355**	
LESS Allowances for Uncollectibles		(G)		-	
LESS Approved "A" Certified Forwards	1,433,958	(H)		1,433,958	
Approved "B" Certified Forwards	1,959	(H)		1,959	
Approved "FCO" Certified Forwards		(H)		-	
LESS: Other Accounts Payable (Nonoperating)	4,399,645	(I)		4,399,645	
LESS: Current Compensated Absences		(J)		-	
Unreserved Fund Balance, 07/01/13	**45,892**	(K)	**251,901**	**297,793**	**

Notes:

***SWFS = Statewide Financial Statement**

**** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.**

Office of Policy and Budget - July 2013

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

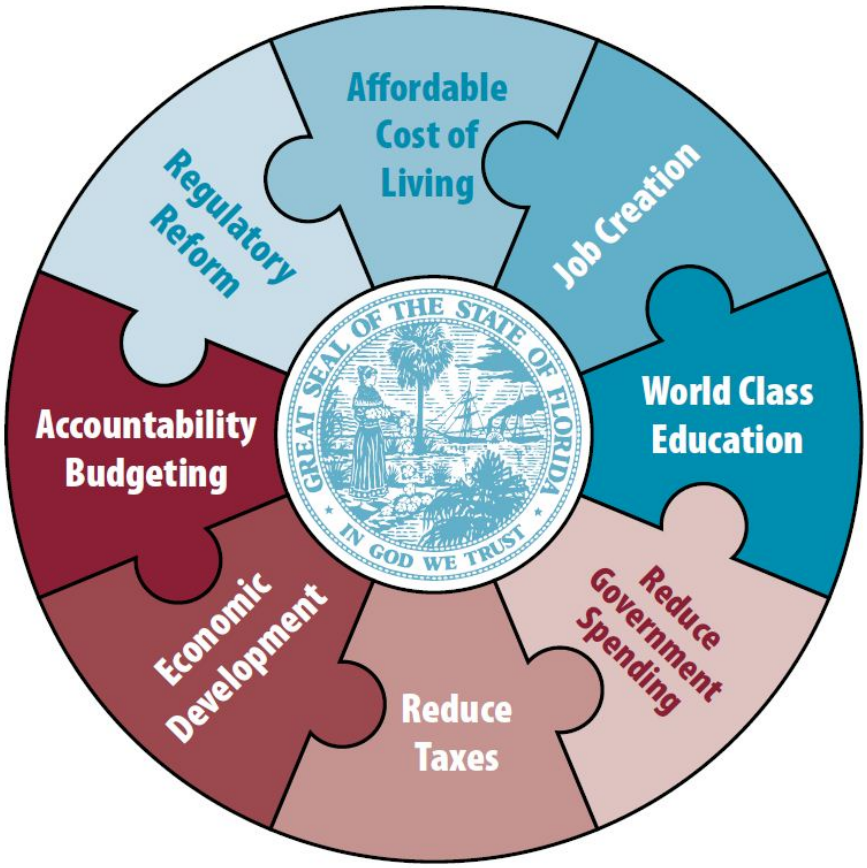
Budget Period: 2014 - 2015

Department Title: Agency for Health Care Administration
Trust Fund Title: Administrative Trust Fund
LAS/PBS Fund Number: 2021

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/13 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**0**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	0	(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description		(C)
SWFS Adjustment # and Description	251,901	(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	-1,959	(D)
Approved "C" Carry Forward Total (FCO) per LAS/PBS		(D)
A/P not C/F-Operating Categories	37,665	(D)
Current Compensated Absences Liability	10,186	(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**297,793**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line I)		(F)
DIFFERENCE:	**297,793**	(G)*

***SHOULD EQUAL ZERO.**



HEALTH CARE SERVICES SCHEDULES

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2014-2015

Department Title: Agency for Health Care Administration
Trust Fund Title: Tobacco Settlement Trust Fund
Budget Entity: Department Level
LAS/PBS Fund Number: 2122

	Balance as of 6/30/2013		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	**430,165**	(A)		**430,165**
ADD: Other Cash (See Instructions)		(B)		**0**
ADD: Investments		(C)		**0**
ADD: Outstanding Accounts Receivable		(D)		**0**
ADD: _____		(E)		**0**
Total Cash plus Accounts Receivable	**430,165**	(F)	**0**	**430,165**
LESS: Allowances for Uncollectibles		(G)		**0**
LESS: Approved "A" Certified Forwards	**162,750**	(H)		**162,750**
Approved "B" Certified Forwards		(H)		**0**
Approved "FCO" Certified Forwards		(H)		**0**
LESS: Other Accounts Payable (Nonoperating)	**267,415**	(I)		**267,415**
LESS: Payables not Certified Forwards				**0**
LESS: Current Compensated Absences Liability		(J)		**0**
Unreserved Fund Balance, 07/01/13	**0**	(K)	**0**	**0** **

Notes:

***SWFS = Statewide Financial Statement**

****** **This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.**

Office of Policy and Budget - July, 2013

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2014 - 2015

Department Title: Agency for Health Care Administration
Trust Fund Title: Tobacco Settlement Trust Fund
LAS/PBS Fund Number: 2122

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/13 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**0**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment - Post Closing Adjustment		(C)
SWFS Adjustment - Post Closing Adjustment		(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS		(D)
Approved "C" Carry Forward Total (FCO) per LAS/PBS		(D)
A/P not C/F-Operating Categories		(D)
Compensated Absences Liability		(D)
Other Loans & Notes Rec. Less Allowance for Uncollectibles		(D)
Deferred Revenue - Long Term		(D)
ADJUSTED BEGINNING TRIAL BALANCE:		(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line I)		(F)
DIFFERENCE:	**0**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2014 - 2015

Department Title: AHCA
Trust Fund Title: Grants and Donations Trust Fund
Budget Entity: Department Level
LAS/PBS Fund Number: 2339

	Balance as of 6/30/2013		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	256,339,558	(A)		256,339,558	
ADD: Other Cash (See Instructions)	18,669,913	(B)		18,669,913	
ADD: Investments		(C)		0	
ADD: Outstanding Accounts Receivable	366,771,757	(D)	530	366,772,287	
ADD: _____		(E)		0	
Total Cash plus Accounts Receivable	**641,781,228**	(F)	**530**	**641,781,758**	
LESS Allowances for Uncollectibles	2,053,010	(G)		2,053,010	
LESS Approved "A" Certified Forwards	257,666,654	(H)		257,666,654	
Approved "B" Certified Forwards		(H)		0	
Approved "FCO" Certified Forwards		(H)		0	
LESS: Other Accounts Payable (Nonoperating)	119,051,715	(I)		119,051,715	
LESS: Deferred Revenue	824,844	(I)		824,844	
LESS: _____		(J)		0	
Unreserved Fund Balance, 07/01/13	**262,185,005**	(K)	**530**	**262,185,535**	**

Notes:

***SWFS = Statewide Financial Statement**

****** **This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.**

Office of Policy and Budget - July 2013

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2014 - 2015

Department Title:	Agency for Health Care Administration
Trust Fund Title:	Grants and Donations Trust Fund
LAS/PBS Fund Number:	2339

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/13 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**234,422,014**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description	530	(C)
SWFS Adjustment # and Description	470,807	(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS		(D)
Approved "C" Carry Forward Total (FCO) per LAS/PBS		(D)
A/P not C/F-Operating Categories		(D)
Unearned Revenue	27,292,184	(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**262,185,535**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**262,185,535**	(F)
DIFFERENCE:	**0**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2014 - 2015

Department Title: Agency for Health Care Administration
Trust Fund Title: Medical Care Trust Fund
Budget Entity: Department Level
LAS/PBS Fund Number: 2474

	Balance as of 6/30/2013		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	562,111,736	(A)		562,111,736	
ADD: Other Cash (See Instructions)	8,715	(B)		8,715	
ADD: Investments	8,306,141	(C)		8,306,141	
ADD: Outstanding Accounts Receivable	1,529,702,299	(D)	18,316,275	1,548,018,574	
ADD: _____		(E)		0	
Total Cash plus Accounts Receivable	**2,100,128,891**	(F)	**18,316,275**	**2,118,445,166**	
LESS: Allowances for Uncollectibles	3,108,526	(G)		3,108,526	
LESS: Approved "A" Certified Forwards	1,668,298,406	(H)		1,668,298,406	
Approved "B" Certified Forwards	537	(H)		537	
Approved "FCO" Certified Forwards	0	(H)		0	
LESS: Other Accounts Payable (Nonoperating)	8,383,041	(I)	14,978,060	23,361,101	
LESS: Deferred Revenues	31,541,649	(J)		31,541,649	
Unreserved Fund Balance, 07/01/13	**388,796,732**	(K)	**3,338,215**	**392,134,947**	**

Notes:

***SWFS = Statewide Financial Statement**

**** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.**

Office of Policy and Budget - July 2013

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

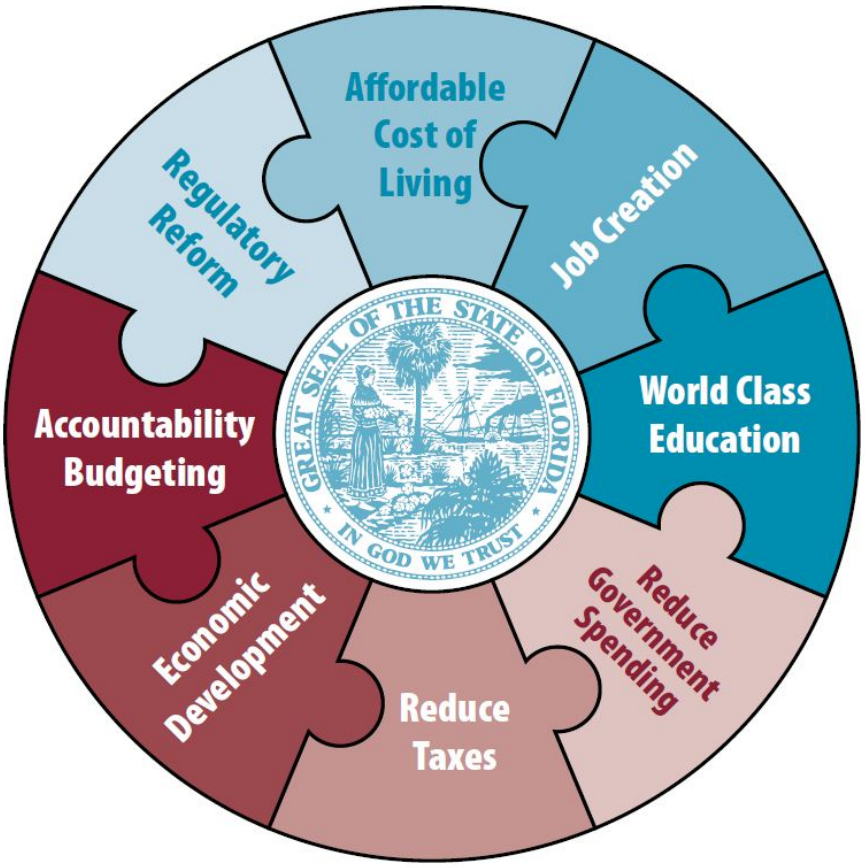
Budget Period: 2014 - 2015

Department Title: Agency for Health Care Administration
Trust Fund Title: Medical Care Trust Fund
LAS/PBS Fund Number: 2474

BEGINNING TRIAL BALANCE:

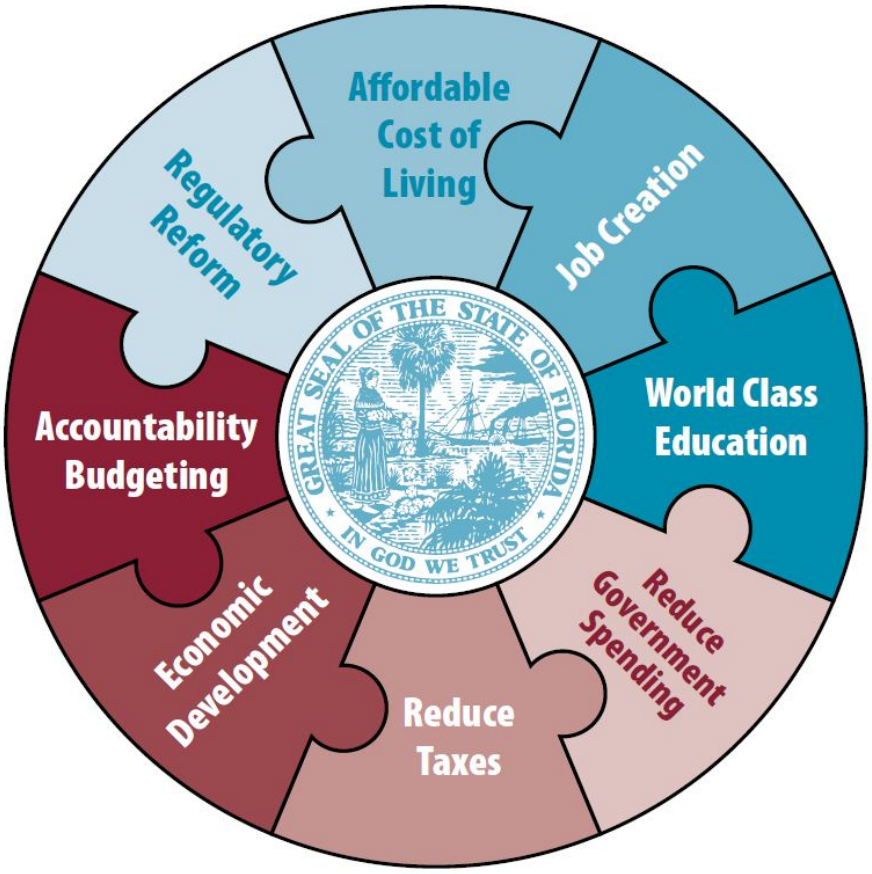
Total Fund Balance Per FLAIR Trial Balance, 07/01/13 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**378,676,329**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	0	(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment - Post Closing Adjustment	18,316,275	(C)
SWFS Adjustment - Post Closing Adjustment	(14,978,060)	(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(537)	(D)
Approved "C" Carry Forward Total (FCO) per LAS/PBS	0	(D)
A/P not C/F-Operating Categories	10,080,170	(D)
Compensated Absences Liability	40,770	(D)
Other Loans & Notes Rec. Less Allowance for Uncollectibles	(12,406,496)	(D)
Deferred Revenue - Long Term	12,406,496	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**392,134,947**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line I)	**392,134,947**	(F)
DIFFERENCE:	**0**	(G)*

***SHOULD EQUAL ZERO.**



HEALTH FACILITY REGULATION SCHEDULES

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION



HEALTH FACILITY REGULATION

Schedule I Series

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

Schedule IA - Part I: Examination of Regulatory Fees

Department: Agency for Health Care Administration

Regulatory Service to or Oversight of Businesses or Professions Program: Health Care Facilities

1. What recent operational efficiencies have been achieved to either decrease costs or improve services? If costs have been reduced, how much money has been saved during the fiscal year?

   Response: Electronically obtained fingerprinting for all criminal background screening requirements has been in place for nearly three years. As a further enhancement to this process, the Legislature passed chapter 2012-73, Laws of Florida, which allows for retained prints in 2012. More importantly, this legislation authorized the creation of a secure, web-based "Care Provider Background Screening Clearinghouse" to house, manage and share screening results across multiple state agencies which will eliminate duplicative screenings, resulting in a cost savings. The Clearinghouse will be available to the following agencies: Agency for Health Care Administration (AHCA), Agency for Persons with Disabilities (APD), Department of Elder Affairs (DOEA), Department of Children and Families (DCF), Department of Health (DOH), and Department of Juvenile Justice (DJJ) as well as Vocational Rehabilitation at the Department of Education (DOE). Integration with the state agencies began January 2013 and is expected to end during 2014. The Clearinghouse includes a RapBack requirement. RapBack, also known as "retained prints," enables immediate notification to the Agency of the arrest of an individual screened for licensure or Medicaid enrollment purposes to determine if there are any violations of licensure or enrollment requirements. The Agency also notifies the provider immediately so appropriate action can be taken. Since January 2013, the Clearinghouse has resulted in a cost savings of over $102,000 for AHCA regulated providers and over $470,000 for DOH licensed individuals resulting in a total cost savings of approximately $572,000. Additional savings are expected as the other agencies are integrated into the system.

2. What additional operational efficiencies are planned? What are the estimated savings associated with these efficiencies during the next fiscal year?

   Response: The Agency has been moving steadily toward the ultimate goal of a comprehensive, integrated, online licensure system since 2011. The system is expected to have intra/inter-departmental connectivity with other automated systems, such as those used by Medicaid, Medicare, the Background Screening Clearinghouse, AHCA accounts receivable, and DOH practitioner regulation. The system will allow the Agency to automate the submission of license

applications and fees as well as integrate with the Agency's document management system. It will also help identify delinquent monies owed in other parts of the Agency to facilitate collection before licenses are issued or renewed. Cost savings of an online system will come from efficiencies associated with the over 20,000 paper licensure applications every year. The reduction in paper processing and administrative costs for providers, taxpayers, and the State of Florida are estimated to save over $200,000 annually. There is also an expectation of a reduction in processing time by four to eight business days per application by eliminating manual intake of applications and making use of built-in validations to reduce omissions and request for additional information. This time savings will allow providers to receive licenses faster and begin operations sooner. Staff will be repurposed to handle online user help and enrollment, assist in system maintenance, and implement strategies to expand online submission.

3. Is the regulatory activity an appropriate function that the agency should continue at its current level?

   Response: Yes. Licensure of health care providers and facilities is required by Florida Statutes and serves to protect the health, safety and welfare of the patients, residents and clients receiving services in settings regulated by the Agency. These are complex health care services often provided to vulnerable populations.

4. Are the fees charged for the regulatory service or oversight to businesses or professions based on revenue projections that are prepared using generally accepted governmental accounting procedures or official estimates by the Revenue Estimating Conference, if applicable?

   Response: Most fees are established in Florida Statutes and adjusted by the Consumer Price Index (CPI) annually if fees do not pay program costs. Some fees are established in the regulatory programs' administrative rules with capped maximum amounts in Florida Statutes. Fees established in rule are adjusted according to the CPI but cannot exceed the cost of administering the program. Pursuant to s. 408.05, F.S., license fees must be reasonably calculated by the Agency to cover its costs in carrying out its responsibilities under authorizing statutes and applicable rules, including the cost of licensure, inspection, and regulation of providers.

5. Are the fees charged for the regulatory service or oversight to businesses or professions adequate to cover both direct and indirect costs of providing the regulatory service or oversight?

   Response: No. Fees do not cover the total licensure expense, which includes application processing, assistance to applicants and consumers, and the on-site inspection activity required in statute. However, fees are increased each year by the CPI for those programs that do not fully pay their costs per s. 408.805, F.S.

6. Are the fees charged for the regulatory service or oversight to businesses or professions reasonable and do they take into account differences between the types of professions or businesses that are regulated? For example, do fees reflect the amount of time required to conduct inspections by using a sliding scale for annual fees based on the size of the regulated business; or do fees provide a financial incentive for regulated entities to maintain compliance with state standards by assessing a re-inspection fee if violations are found at initial inspection?

   Response: Most fees take into account the size of the provider for those with licensed beds (a per-bed fee is accessed in addition to a base licensure fee in most cases). However, some fee exemptions exist that do not equitably address size including the exemption from per bed fees for assisted living facilities that serve residents on Optional State Supplementation. In some instances, the capped amounts in the Florida Statutes are too low to cover the costs, such as the $50 fee for homemaker companion services and the $1,200 fee for a hospice license that includes all branch locations and inpatient facilities.

   There are some fees that are only imposed when the Agency has taken extra regulatory actions such as follow-up surveys. These fees are capped in statute and are only collected through legal action.

7. If the fees charged for the regulatory services or oversight to businesses or professions are **not** adequate to cover direct and indirect program costs provide either:

   a) information regarding alternatives for realigning revenues or costs to make the regulatory service or program totally self-sufficient, including any statutory changes that are necessary to implement the alternative; or
   b) demonstrate that the service or program provides substantial benefits to the public which justify a partial subsidy from other state funds, specifically describing the benefits to the general public (statements such as 'providing consumer benefits' or 'promoting health, safety and welfare' are not sufficient justification). For example, the program produces a range of benefits to the general public, including pollution reduction, wildlife preservation, and improved drinking water supply. Alternatively, the agency can demonstrate that requiring self-sufficiency would put the regulated entity at an unfair advantage. For example, raising fees sufficiently to cover program costs would require so high an assessment as to damage its competitive position with similar entities in other states.

   Response: Regulation of health care facilities is critical to the health, welfare and safety of patients. Costs are not adequately funded by the licensure fees allowed by statute for each program independently. Suggestions for addressing underfunded programs are as follows:

Homemaker Companion Services – s. 400.509(3), F.S., revise the amount of the fee to $330 per biennium.

Hospice – Add a separate inspection fee amount for freestanding inpatient facilities and add increased licensure amount for each branch, inpatient and residential facility.

Home Medical Equipment providers and Nurse Registries - Statutory fee increase.

Assisted Living Facilities (ALF) - Options include:

A. Require licensure fees for Optional State Supplementation (OSS) beds. Florida law exempts facilities that designate their beds as OSS. The current fee for non-OSS beds is $64.96 per private pay bed in addition to the $387.73 standard licensure fee. Some of the facilities that receive this exemption for the majority of their licensed beds require significant regulatory resources. Eliminating this exemption is an option to offset program costs. There are currently 14,715 OSS beds in Florida.

B. Increase the per-bed, per facility, and/or specialty licensure fees for all ALFs to offset program deficits.

C. Assess higher fees at renewal for those facilities that required greater regulatory oversight based on the number of complaint inspections, violations cited, follow-up visits required to determine correction of violations and adverse sanctions, such as moratoria, suspension, fines, or other actions.

8. If the regulatory program is not self-sufficient and provides a public benefit using state subsidization, please provide a plan for reducing the state subsidy.

Response: During the 2010 Legislative Session, the Agency requested an amendment to Chapter 408, Part II, F.S., and authorizing statutes to remove language that could be construed to limit licensing fees and allow fees to be adjusted to pay for the cost of regulatory activities. Pursuant to s. 408.805, F.S., licensing fees must cover Agency costs. A similar proposal is expected in 2014.

Schedule IA - Part II: Examination of Regulatory Fees

Department: **Agency for Health Care Administration**

Regulatory Service to or Oversight of Business or Profession Program: **Health Care Regulation**

Does Florida Statutes require the regulatory program to be financially self-sufficient? (Yes or No and F.S.): **Yes. 408.805, F.S. effective 10/1/06**

What percent of the regulatory cost is currently subsidized? (0 to 100%) **6.00%**

If the program is subsidized from other state funds, what is the source(s)? **Section 408.20, F.S. Assessments, Health Care Trust Fund**

What is the current annual amount of the subsidy? **$6,207,384**

Service / Product Regulated	Specific Fee Title	Statutory Authority for Fee	Maximum Fee Authorized (cap)	Year of Last Statutory Revision to Fee	Is Fee Set by Rule? (Yes or No)	Current Fee Assessed	Fund Fee Deposited in (indicate General Revenue or Specific Trust Fund)
Abortion Clinic	Licensure Fee	s. 390.014, F.S.	$500	10/01/06	Yes	$537	Health Care Trust Fund
Adult Day Care Centers	Licensure Fee	s. 429.907(3), F.S.	$165	10/01/06	Yes	$170	Health Care Trust Fund
Adult Family Care Homes	Licensure Fee	s. 429.67(3), F.S.	$217	10/01/06	No	$223	Department of Elderly Affairs Administrative Trust Fund
Ambulatory Surgical Centers	Licensure Fee	s. 395.004,F.S.	None	10/01/06	Yes	$1,655	Health Care Trust Fund
					Inspection	$400	Health Care Trust Fund
					Life Safety	$40	Health Care Trust Fund
Assisted Living Facility							
Standard ALF	Licensure Fee	s. 429.07(4),F.S.	$13,644	10/01/06	No	$382 + $64 per private bed fee	Health Care Trust Fund
	Confirmed Complaint Fee	s. 429.19,F.S.	1/2 licensure fee or $500		No	1/2 licensure fee or $500	Health Care Trust Fund
Extended Congrate Care ALF	Licensure Fee	s. 429.07(4),F.S.	$523 + $10 per bed fee	10/01/06	No	$538 + $10 per bed fee	Health Care Trust Fund
Limited Nursing Service ALF	Licensure Fee	s. 429.07(4),F.S.	$309 + $10 per bed fee	10/01/06	No	$318 + $10 per bed fee	Health Care Trust Fund
Birth Centers	Licensure Fee	s. 383.305, F.S.	None	10/01/06	Yes	$387	Health Care Trust Fund
	Survey Fee	s. 383.324, F.S.		10/01/06	Yes	$250	Health Care Trust Fund
	Validation Inspection	s. 383.324, F.S.		10/01/06	Yes	$250	Health Care Trust Fund
Clinical Laboratory	Licensure Fee	s. 483.172, F.S.	$3,919	10/01/06	Yes	$100 to Max based on test & specialities	Health Care Trust Fund
Crisis Stabilization Unit & Short Term Residential Treatment Facility	Licensure Fee	s. 394.877, F.S.		10/01/06	Yes	$195 per bed	Health Care Trust Fund
Drug Free Workplace Lab	Licensure Fee	s. 112.0455(17), F.S.	$20,000	10/01/06	Yes	$16,435	Health Care Trust Fund
Health Care Clinics	Licensure Fee	s. 400.9925	$2,000		No	$2,000	Health Care Trust Fund
	Exemption Fee	s. 400.9925	$100		No	$100	Health Care Trust Fund
	Fingerprinting Fee	s. 400.9925	$47	N/A	No	$47	Health Care Trust Fund

Service / Product Regulated	Specific Fee Title	Statutory Authority for Fee	Maximum Fee Authorized (cap)	Year of Last Statutory Revision to Fee	Is Fee Set by Rule? (Yes or No)	Current Fee Assessed	Fund Fee Deposited in (indicate General Revenue or Specific Trust Fund)
Health Care Risk Managers	Application Fee	s. 395.10974(3), F.S.	$75	07/01/03	No*	$52**	Health Care Trust Fund
	Licensure Fee	s. 395.10974(3), F.S.	$100	07/01/03	No*	$103***	Health Care Trust Fund
	Fingerprinting Fee	s. 395.10974(3), F.S.	$75	07/01/03	No*	Vendor	Health Care Trust Fund
*Fees must be set by rule but, to date, have not been. This will require promulgation of a new rule. ** Renewal fee ***Fees Initial licensure fee							
Health Care Service Pools Temporary staff provided to health care facilities)	Registration Fee	s. 400.980(2), F.S.	None	amt not in law	Yes	$616	Health Care Trust Fund
Health Maintenance Orgs	Application Fee	s. 641.48, F.S.	$1,000	12/1/2002	Yes	$1,000	Health Care Trust Fund
Every Two Years	Renewal Fee	s. 641.495, F.S.	$1,000	12/1/2002	Yes	$1,000	Health Care Trust Fund
Annually	Oversight Expenses	s. 641.58, F.S.	0.1% Annual Premiums	12/1/2002		0.00013725% 2010 Annual	Health Care Trust Fund
Prepaid Health Clinics	Application Fee	s. 641.48, F.S.	$1,000	12/1/2002	Yes	$1,000	Health Care Trust Fund
Every Two Years	Renewal Fee	s. 641.495, F.S.	$1,000	12/1/2002	Yes	$1,000	Health Care Trust Fund
Annually	Oversight Expenses	s. 641.58, F.S.	0.1% Annual Premiums	12/1/2002		0.00013725% 2010 Annual	Health Care Trust Fund
Exclusive Provider Orgs	Oversight Expenses	s. 624.6472, FS	0.1% Annual Premiums	12/1/2002		0.00013725% 2010 Annual	Health Care Trust Fund
Workers Comp Managed Care	Application fee	s. 440.134, FS	$1,000	Unknown	Yes	$1,000	Health Care Trust Fund
Every Two Years	Renewal fee	s. 440.134, FS	$1,000	Unknown	Yes	$1,000	Health Care Trust Fund
Home Health Agency	License fee	s. 400.471(5), FS	$2,000	10/01/06	Yes	$1,705	Health Care Trust Fund
	Renewal fee	s. 400.471(5), FS	$2,000	10/01/06	Yes	$1,705	Health Care Trust Fund
Home Medical Equipment Providers & Services	Licensure Fee	s. 400.931, F.S.	$300	10/01/06	Yes	$300	Health Care Trust Fund
	Survey/Inspection Fee (80% Exempt)	s. 400.931, F.S.	$400	10/01/06	Yes	$400	Health Care Trust Fund
Homemakers, Companions & Sitters	Registration Fee	s. 400.509(3), F.S.	$50	10/01/06	No	$50	Health Care Trust Fund
Homes for Special Services	Licensure Fee	s. 400.801(3), F.S.	$2,000	amt not in law	No	$86.00 per bed max of $1,098	Health Care Trust Fund
Hospice Services	Licensure Fee	s. 400.605(2), F.S.	$1,200	amt not in law	No	$1,200	Health Care Trust Fund
Hospitals	Licensure Fee	s. 395.004, F.S.	$30 Per Bed	10/01/06	Yes	$31 Per Bed Min $1542	Health Care Trust Fund
	Life Safety Inspections	s. 395.0161, F.S.	$1.50 P- Bed		Yes	$1.50 per bed Min $40	Health Care Trust Fund
Accrediated	Validation Fee	s. 395.0161, F.S.	$12 per bed		Yes	$12 Per Bed Min $400	Health Care Trust Fund
Non-accrediated	Inspection Fee	s. 395.0161, F.S.	$12 per bed		Yes	$12 Per Bed Min $400	Health Care Trust Fund

Service / Product Regulated	Specific Fee Title	Statutory Authority for Fee	Maximum Fee Authorized (cap)	Year of Last Statutory Revision to Fee	Is Fee Set by Rule? (Yes or No)	Current Fee Assessed	Fund Fee Deposited in (indicate General Revenue or Specific Trust Fund)
Intermediate Care Facility for the Developmental	Licensure Fee	s. 400.962(3), F.S.	None	10/01/06	No	$252 per bed	Health Care Trust Fund
Multiphasic Health Testing Centers	Licensure Fee	s. 483.291(2), F.S.	$2,000	10/1/2006	Yes	$643	Health Care Trust Fund
Nurse Registry	Licensure Fee	s. 400.506(3), F.S.	$2,000	10/01/06	Yes	$2,000	Health Care Trust Fund
home health services by independent contractors							
Skilled Nursing Facilities	Licensure Fee	s. 400.062, F.S.	$112.50 per community bed, $100.25 if a shelter bed	10/01/06	Yes	$112.50 per community bed, $100.25 if a shelter bed	Health Care Trust Fund
	Resident Protection Fee		$.50 per bed			$.50 per bed	Resident Protection TF
	Data Assessment Fee	s. 408.20, F.S.	$20 per bed	10/01/06		$12 per bed	Health Care Trust Fund
	Additional survey fee	s. 400.19(3), F.S.	$6,000			$6,000	Health Care Trust Fund
Organ Procurement Orgs	Application Fee	s. 765.544, F.S.	$1,000	N/A	No	$1,000 initial/ CHOW	Organ & Tissue Donor Trust Fund
Organ Procurement Orgs	Assessment Fee	s. 765.544, F.S.	$35,000	N/A	No		
Tissue Banks	Application Fee	s. 765.544, F.S.	$1,000	N/A	No	$1,000 initial/ CHOW	Organ & Tissue Donor Trust Fund
Tissue Banks	Assessment Fee	s. 765.544, F.S.	$35,000	N/A	No		
Eye Banks	Application Fee	s. 765.544, F.S.	$500	N/A	No	$500 initial/ CHOW	Organ & Tissue Donor Trust Fund
Eye Banks	Assessment Fee	s. 765.544, F.S.	$35,000	N/A	No		
Prescribed Pediatric Extended Care Facilities	Licensure Fee	s. 400.905(2), F.S.	$3,000	10/01/06	Yes	$1,490	Health Care Trust Fund
Residential Treatment Facility	Licensure Fee	s. 394.877, F.S.	None	10/01/06	Yes	$189 per bed	Health Care Trust Fund
Residential Treatment Ctrs for Children and Adolescents	Licensure Fee	s. 394.877, F.S.	None	10/01/06	Yes	$240 per bed	Health Care Trust Fund
Transitional Living Facility	License Fee	s. 400.805(2)(b), F.S.	None	10/01/06	Yes	$4,588 + $90 per bed	Health Care Trust Fund
Utilization Review - 07/01/09 - Legislation repeled F.S. 395.0199 and corresponding rule 59A-15, therefore fee no longer applicable							

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2014 - 2015

Department Title: Agency for Health Care Administration
Trust Fund Title: Health Care Trust Fund
LAS/PBS Fund Number: 2003

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/13 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**(8,405,688)**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	0	(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment - Correct Fund Balance	(9,003)	(C)
SWFS Adjustment - Approved Certified Forward	74,961,113	(C)
SWFS Adjustment - Post Closing Adjustment	19,053	(C)
SWFS Adjustment - Outstanding Accounts Receivable	75,774,429	(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(2,684)	(D)
Approved "C" Carry Forward Total (FCO) per LAS/PBS	0	(D)
A/P not C/F-Operating Categories	0	(D)
Compensated Absences Liability	77,500	(D)
Other Loans & Notes Rec. Less Allowance for Uncollectibles	(1,351,219)	(D)
Deferred Revenue - Long Term	1,331,219	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**142,394,720**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line I)	**142,394,720**	(F)
DIFFERENCE:	**(0)**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2014 - 2015

Department Title: Agency for Health Care Administration
Trust Fund Title: Health Care Trust Fund
Budget Entity: Department Level
LAS/PBS Fund Number: 2003

	Balance as of 6/30/2013		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	89,676,634	(A)		89,676,634	
ADD: Other Cash (See Instructions)	1,189,361	(B)		1,189,361	
ADD: Investments	0	(C)		0	
ADD: Outstanding Accounts Receivable	60,751,076	(D)	75,774,429	136,525,505	
ADD: _____		(E)		0	
Total Cash plus Accounts Receivable	**151,617,070**	(F)	**75,774,429**	**227,391,499**	
LESS: Allowances for Uncollectibles	180,988	(G)		180,988	
LESS: Approved "A" Certified Forwards	146,812,530	(H)	(74,961,113)	71,851,417	
Approved "B" Certified Forwards	2,684	(H)		2,684	
Approved "FCO" Certified Forwards	0	(H)		0	
LESS: Other Accounts Payable (Nonoperating)	11,598,320	(I)	(19,053)	11,579,267	
LESS: Deferred Revenues	1,382,423	(J)		1,382,423	
Unreserved Fund Balance, 07/01/13	**(8,359,875)**	(K)	**150,754,595**	**142,394,720**	**

Notes:

***SWFS = Statewide Financial Statement**

**** This amount should agree with Line I, Section IV of the Schedule I for the most recent completed fiscal year and Line A for the following year.**

Office of Policy and Budget - July 2013

SCHEDULE IV-B FOR CONSOLIDATED COMPLAINT INTAKE AND TRACKING SYSTEM

For Fiscal Year 2014-15

October 9, 2013

AGENCY FOR HEALTH CARE ADMINISTRATION

Contents

I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Health Care Administration	Schedule IV-B Submission Date:
Project Name: Consolidated Complaint Intake and Tracking System	Is this project included in the Agency's LRPP? ____ Yes ____ No
FY 2014-15 LBR Issue Code:	FY 2014-15 LBR Issue Title:
Agency Contact for Schedule IV-B: (Ryan Fitch, 850-412-3797, Ryan.Fitch@ahca.myflorida.com) (Kay Heckroth, 850-413-4822, Kay.Heckroth@ahca.myflorida.com):	

AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head: Printed Name: Elizabeth Dudek	Date: 10/14/15
Agency Chief Information Officer (or equivalent): For Scott Ward Printed Name: Scott Ward John Edwards	Date:
Budget Officer: Printed Name: Anita Hicks	Date: 10/14/2013
Planning Officer: Printed Name: Mike Magnuson	Date: 10/14/2013
Project Sponsor: Printed Name: Molly McKinstry	Date: 10/14/13

Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	
Cost Benefit Analysis:	Ryan Fitch, 850-412-3797, ryan.fitch@ahca.myflorida.com
Risk Analysis:	Kay Heckroth, 850-412-4822, kay.heckroth@ahca.myflorida.com and Ryan Fitch, 850-412-3797, ryan.fitch@ahca.myflorida.com
Technology Planning:	Kay Heckroth, 850-412-4822, kay.heckroth@ahca.myflorida.com
Project Planning:	Mike Magnuson, 850-412-4791, Michael.Magnuson@ahca.myflorida.com

General Guidelines

The Schedule IV-B contains more detailed information on information technology (IT) projects than is included in the D-3A issue narrative submitted with an agency's Legislative Budget Request (LBR). The Schedule IV-B compiles the analyses and data developed by the agency during the initiation and planning phases of the proposed IT project. A Schedule IV-B must be completed for all IT projects when the total cost (all years) of the project is $1 million or more.

Schedule IV-B is not required for requests to:

- Continue existing hardware and software maintenance agreements,
- Renew existing software licensing agreements, or
- Replace desktop units ("refresh") with new technology that is similar to the technology currently in use.

Documentation Requirements

The type and complexity of an IT project determines the level of detail an agency should submit for the following documentation requirements:

- Background and Strategic Needs Assessment
- Baseline Analysis
- Proposed Business Process Requirements
- Functional and Technical Requirements
- Success Criteria
- Benefits Realization
- Cost Benefit Analysis
- Major Project Risk Assessment
- Risk Assessment Summary
- Current Information Technology Environment
- Current Hardware/Software Inventory
- Proposed Solution Description
- Project Management Planning

Compliance with s. 216.023(4)(a)10, F.S. is also required if the total cost for all years of the project is $10 million or more.

A description of each IV-B component is provided within this general template for the benefit of the Schedule IV-B authors. These descriptions and this guidelines section should be removed prior to the submission of the document.

Sections of the Schedule IV-B may be authored in software applications other than MS Word, such as MS Project and Visio. Submission of these documents in their native file formats is encouraged for proper analysis.

The revised Schedule IV-B includes two required templates, the Cost Benefit Analysis and Major Project Risk Assessment workbooks. For all other components of the Schedule IV-B, agencies should submit their own planning documents and tools to demonstrate their level of readiness to implement the proposed IT project. It is also necessary to assemble all Schedule IV-B components into one PDF file for submission to the Florida Fiscal Portal and to ensure that all personnel can open component files and that no component of the Schedule has been omitted.

Submit all component files of the agency's Schedule IV-B in their native file formats to the Office of Policy and Budget and the Legislature at IT@LASPBS.STATE.FL.US. Reference the D-3A issue code and title in the subject line.

II. Schedule IV-B Business Case – Strategic Needs Assessment

A. Background and Strategic Needs Assessment

The Agency for Health Care Administration (AHCA) utilizes several systems for intake of provider complaints filed by or on behalf of a beneficiary, patient, resident, client or consumer involving noncompliance with Federal and/or State requirements relating to services provided by an AHCA-regulated entity. Rather than continue with multiple existing systems, the AHCA will combine these functions into one system that will allow better tracking of calls/complaints and the resolution process.

1. Business Need

Current systems are separate and do not connect and share data and information efficiently. AHCA-wide there is limited tracking of calls and an inability to link the intake within the AHCA, and limited tracking of resolution. The AHCA is requesting a central complaint tracking system that will allow the AHCA to have a single point of tracking intake and resolution of complaints.

Complaint tracking will include identification of potential regulatory, contracting or care concerns, tasking the appropriate section of AHCA with duties, tracking the outcome of investigation including legal or administrative action taken, and documenting referrals to another regulatory agency as appropriate. As we track concerns and issues with managed care, this system will support thorough tracking of issues resulting from each complaint include issues with a managed care network provider licensed by the AHCA such as an assisted living facility or home health agency. For example, if a Medicaid recipient complains that a home health nurse fails to keep schedule appointments, the investigation could reveal fraudulent billing, inappropriate care coordination, and licensure violations for failure to keep appointments.

2. Business Objectives

The AHCA currently utilizes multiple data systems for intake of provider complaints relating to services provided by a provider of Medicaid services or regulated by the AHCA. The objective is to build one intake system that will foster consistent data entry of multiple call types, allow real time tracking of current issue status and resolution, as well as the ability to produce reports on all aspects of the complaint. The system should be designed to integrate with the AHCA's call center phone systems. This meets the AHCA's strategic goal of consolidating systems and resources to better serve Floridians in a comprehensive and efficient manner.

B. Baseline Analysis

1. Current Business Process(es)

The current process for AHCA-wide complaint intake employs the use of multiple systems in different business units, which vary in the amount and format of data collected. This results in inconsistency in the reporting of AHCA work product. It is unknown how many of these complaints are duplicated across AHCA business units, and/or how many may be lost in the process.

2. Assumptions and Constraints

Assumptions

- The project will receive continued support from AHCA management;
- There are sufficient resources (staff, software, hardware) to complete the project and the resources will be available when needed;
- There will be sufficient budget to fund the project;
- The business units' System Matter Experts (SME) will be knowledgeable and experienced in their current business process and available to meet with the Business Analyst to convey their process;
- Business units' staff will be available and involved in executing test scenarios;

- IT staff and augmented IT staff have the skills necessary to develop the application;
- IT staff and augmented IT staff will receive project specific training if needed;
- Technical standards will be uniform; and
- AHCA IT will have oversight over the project developers.

Constraints

- There is a limited budget for staff augmented resources for the project fiscal year;
- Deliverables submitted for approval will require the AHCA stakeholders' approval; and
- Rulemaking may be necessary to require use of online submission process.

C. Proposed Business Process Requirements

The proposed business process would reduce the number of systems, irregular data entry, eliminate gaps in complaint handling, and inconsistent reporting mechanisms and create one central complaint intake tracking system that would allow the AHCA to have a single point of tracking for intake and resolution for complaints.

1. Proposed Business Process Requirements

The system will interface with the client management system and other systems in the AHCA as well as systems outside of the AHCA and be able to track from intake through resolution. The proposed system would:

- Be able to integrate with the automated phone system and call center;
- Interface with Licensing and Medicaid systems;
- Interface with other systems in the AHCA and outside the AHCA;
- Allow AHCA staff to input information into the system;
- Interface with the AHCA's document management system;
- Allow the public to input information into the system via public Web screens;
- Send notices to providers related to complaint activities;
- Alert staff;
- Create reports and letters; and
- Allow AHCA-wide communication and quality assurance of complaints by staff.

2. Business Solution Alternatives

Options include:

A. Retention of the current business process, or

B. Instituting this proposed method for complaint intake and tracking

3. Rationale for Selection

Option A results in continued variation in complaint intake and tracking across multiple business units, with questionable reporting capabilities. Option B would result in a one-stop shop for all complaint intake, process tracking, and outcome reporting, which would reflect increased efficiencies in multiple areas of the AHCA.

4. Recommended Business Solution

The recommended solution is Option B. By consolidating functions into one tracking system, the AHCA will improve the management of complaints and verify appropriate and thorough response to complaints across Medicaid and licensure responsibilities. Consolidating complaint processes will result in better organization and increased efficiencies in the utilization of limited resources.

D. Functional and Technical Requirements

Include through file insertion or attachment the functional and technical requirements analyses documentation developed and completed by the AHCA.

High Level Requirements
The system must be able to integrate with the automated phone system and call center
The system must be able to interface with AHCA systems used to manage provider information and status
The system must be able to integrate with AHCA's Licensing System
The system must be able to integrate with Medicaid systems
The system must be able to integrate existing complaint systems into one centralized system
The system must be able to map and convert old complaint data into the centralized system
The system must be able to allow AHCA staff to view and update the centralized system via a web-based application
The system must be able to allow other health agencies to view and update the centralized system
The system must be able to develop the system to have functionalities for the legal staff
The system must be able to edit and verify data input into the system
The system must be able to keep an audit trail of changes
The system must be track specific activities associated with the complaint
The system must be to interface with the AHCA's document management system
The system must be able to create workflows for complaints to move from one staff person to another
The system must be able to allow the public to input information into the system via public WEB screens
The system must be able to send email notices to providers related to complaint activities
The system must be able to alert staff of important changes to cases to include email and system alerts
The system must be able to create appropriate dashboards specific to the needs of regulatory and Medicaid staff, to profile specific complaints, and to profile specific complaint sources and providers
The system must be able to interface with Finance and Accounting system
The system must be able to create a datamart to enable data to be easily used by other applications
The system must be able to create reports and letters necessary for all business areas including external agencies
Develop the system to be open source and rule driven
Utilize the AHCA's Single Sign-on system
Create ISDM documentation, architectural design plan, business analysis gathering, system screen design, project plan/schedule, quality review, testing, implementation planning, and follow up plan.
Develop the system using IT development standards
Develop application in .net 4.0 as a web-based application
Develop the application to run in SQL server 2008 R2 environment
Develop the datamart in SQL server 2008 R2 environment
Secure and optimize the system
Provide sufficient Data Storage
Provide Data storage back-up
Enable Data Storage off-site
Provide Logical server instance
Provide sufficient Bandwidth base

III. Success Criteria

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	Integration with automated phone system and call center.	Pass/fail.	Consumers, AHCA staff	
2	Interface with licensing, Medicaid, document management systems and with those systems outside the AHCA.	Pass/fail.	AHCA staff	
3	Allow AHCA staff to input information into the system based on calls and information received.	Pass/fail.	Consumers, AHCA staff	
4	Allow public to input information into the system via public Web screens.	Pass/fail.	Consumers, AHCA staff	
5	Meaningful reporting of complaints from intake to resolution.	Certain data elements must be reportable.	Consumers, AHCA staff	Ongoing, but within weeks of initial startup.
6	Collapse multiple intake systems into a single system.	Count the number of systems utilized.	Consumers, AHCA staff	Project end date.

IV. Schedule IV-B Benefits Realization and Cost Benefit Analysis

A. Benefits Realization Table

For each tangible benefit, identify the recipient of the benefit, how and when it is realized, how the realization will be measured, and how the benefit will be measured to include estimates of tangible benefit amounts.

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Date (MM/YY)
1	Central tracking - Coordinated review of complaints at initial receipt will enable more efficient handling and more complete picture of compliance issues	Consumers and AHCA staff	All impacts of the complaint will be reviewed and tracked enabling comprehensive	Qualitative measures will also be available to reflect complaint volume by provider	

	for providers.		feedback to complainants, and a broader view of compliance across AHCA responsibilities.	across licensure and Medicaid.	
2					

B. Cost Benefit Analysis (CBA)

1. The Cost-Benefit Analysis Forms

The chart below summarizes the required CBA Forms which are included as Appendix A on the Florida Fiscal Portal and must be completed and submitted with the Schedule IV-B.

Cost Benefit Analysis	
Form	**Description of Data Captured**
CBA Form 1 - Net Tangible Benefits	AHCA Program Cost Elements: Existing program operational costs versus the expected program operational costs resulting from this project. The AHCA needs to identify the expected changes in operational costs for the program(s) that will be impacted by the proposed project. Tangible Benefits: Estimates for tangible benefits resulting from implementation of the proposed IT project, which correspond to the benefits identified in the Benefits Realization Table. These estimates appear in the year the benefits will be realized.
CBA Form 2 - Project Cost Analysis	Baseline Project Budget: Estimated project costs. Project Funding Sources: Identifies the planned sources of project funds, e.g., General Revenue, Trust Fund, Grants. Characterization of Project Cost Estimate.
CBA Form 3 - Project Investment Summary	Investment Summary Calculations: Summarizes total project costs and net tangible benefits and automatically calculates: • Return on Investment • Payback Period • Breakeven Fiscal Year • Net Present Value • Internal Rate of Return

V. Schedule IV-B Major Project Risk Assessment

The Risk Assessment Tool and Risk Assessment Summary are included in Appendix B on the Florida Fiscal Portal and must be completed and submitted with the AHCA's Schedule IV-B.

A. Risk Assessment Summary

Appendix B on the Florida Fiscal Portal includes the Risk Assessment Summary. After answering the questions on the Risk Assessment Tool, the Risk Assessment Summary is automatically populated.

VI. Schedule IV-B Technology Planning

Purpose: To ensure there is close alignment with the business and functional requirements and the selected technology.

A. Current Information Technology Environment

1. Current System

VI. Schedule IV-B Technology Planning Questions:	**Licensing System (System 1)**	**Medicaid Complaint Input Tracking System (System 2)**
System Business Contact Questions:	**Ryan Fitch**	**Michael Portman**
Briefly describe the current system.	The Florida Regulatory and Enforcement System, Versa Regulation, is owned by the Division of Health Quality Assurance Division (HQA). The system is a COTs product maintained by the developing company, IronData. HQA and IT support the system by configuring the system, and coding screen edits, and writing reports. The system is an internal only application that can track complaints and case activities.	The Complaint and Issue Routing and Tracking System (CIRTS) was developed by the Division of Medicaid. The Business unit intakes complaints by email, call, or letter and enters the data into a SharePoint list which routes complaints to different users within the Medicaid Unit. Complaints can also come in through the Call Center who then enter the information into the Sharepoint list.
Is the current system's data stored in document management system, Laserfiche?	Although HQA uses Laserfiche to scan all complaint documents, Versa Regulation does not interface with Laserfiche systematically. Connections to LasefFiche are created through a semi-manual indexing process and there is no ability to launch the correct document from Versa (users must separately open Laserfiche and search for correct document)	No, Laserfiche is not used.
Does the Current system use email as part of the process?	The system does not enable email such as alerts or workflows.	Yes, Complaints can come into the system via paper, email, and Phone.
Is the current Information submitted by paper? Or an Email attachment?	Complaints can come into the system via paper, email, and phone. The intake and tracking are manual system entries by staff.	Yes, Complaints can come into the system via paper, email, and Phone. The intake and tracking are manual system entries by staff.
Does the current system use SharePoint lists or document files?	No	Yes, the system is a SharePoint list with associated workflows and forms.
Does the current System have a Database in Oracle or SQL server?	Oracle version 11.1	SharePoint version 2010
Does the current system have SSRS, Impromptu, or Excel reports?	Impromptu and SSRS reports	Excel Spreadsheets, SharePoint Views

a. Description of current system

a. The current functions Questions:	Licensing System	Medicaid Complaint Input Tracking System
Which current business processes in the system will be affected by the new system.	The current complaint intake business process still function with similar entries into the new system. Business processes will improve in the area of complaint tracking across all areas of AHCA oversight, as a more comprehensive view is available in a single system.	The current complaint intake business process still function with new entries into the new system such as referrals to other parts of the AHCA and external agencies. Business processes will improve in the area of complaint tracking across all areas of AHCA oversight, as a more comprehensive view is available in a single system.
1) What is the total number of users and user types (e.g., power, casual, data entry)	Compliance users: 40 Regulatory Analyst, 15 General Counsel, 10 Medicaid Program Analysis. Overall there are about 450 total users, 435 Total active users, 8 Power users – Admin level, 71 View only users, 340 Data Entry, 16 Casual user	5 Call Center, 20 MEDICAL/HEALTH CARE PROGRAM
2) What is the number and percentage of transactions (online, batch, and concurrent) handled by the current system (if possible, indicate the amount of data that is moved or processed in each transaction type)	approx. 20,000+ transactions a year	approx. 10,000+ transactions a year
3) What are the system's security requirements (public access, privacy, confidentiality, HIPAA, CJIS)	HIPAA, confidential, no public access	HIPAA, confidential, no public access
4) What is the current hardware characteristics (e.g., PC, hosts, servers, network devices, FTP, Network file storage, Paper, archival equipment, laserfiche, etc.)	Workstations, Bizhub, servers, network drives	Workstations, servers, network drives
5) What are the software characteristics (operating system, desktop application, web application, real-time transaction, etc.)?	Operating system, Window7 Suite, Laserfiche, SharePoint, internet and intranet Website	Operating system, Windows7 Suite, SharePoint
6) Is the existing system or process documentation available	Yes, documentation is available.	No, documentation is not available.
7) Does the current system have internal and external interfaces	The current system has internal interfaces only.	The current system has internal interfaces only.
8) Is the current system consistent with the AHCA's software standards and hardware platforms	No, the system uses Oracle which is not the AHCA preferred database.	Yes, the System using the standard version of Sharepoint.

9) Does the current system have the scalability to meet the long-term system and network requirements	No, the current system does not have the scalability to meet the long-term system and network requirements. Some of the needed functions are not contained within the COTs software.	No, the current system does not have the scalability to meet the long-term system and network requirements. Most of the needed functions are not contained within the current process.

b. Current system resource requirements

b. Current system resource requirements Questions:	**Licensing System**	**Medicaid Complaint Input Tracking System**
1) What is the hardware and software requirement of the current system (e.g., CPU, memory, I/O)	The system uses CPU: 16 cores Intel(R) Xeon(R) CPU X5672 @ 3.20GHz Memory: 148 GB Storage: 50 GB on the EMC VNX SAN.	SharePoint list, space requirements are at 377 MBs.
2) What is the cost and availability of maintenance or service for existing current system hardware or software	The system configuration and reporting of the system is coded in-house. Any custom modification must be coded by IronData. Cost to perform customization must be determined in the prior year.	The system requires use of the SharePoint Team and the System Development and Support team. The cost is what the in-house developers are paid.
3) What is the system's staffing requirements, identifying key roles (e.g., system management, data entry, operations, maintenance, and user liaison); include contractors, consultants, and state staff	The system requires support from 1 to 2 person system triage team, a dedicated 4 person IT system maintenance team, and an Oracle DBA.	The system requires use of the SharePoint Team and the System Development and Support team
4) What is the cost summary to operate the existing system (detailed costs will be entered into the Cost-Benefit Analysis Worksheets)	In addition to the per license fees, annual costs are below. Significant system upgrades are typically purchased every 5-7 years. Versa: Regulation Named Users $105,000.00 PCR 044 50 Additional VR Users $12,500.00 PCR Enhancements $17,934.00 Web Services $26,019.00 Annual Maintenance and Support Cost **$161,453.00**	The existing system has minimal storage costs and operating costs.

c. Current system performance

c. Current system performance	**Licensing System**	**Medicaid Complaint Input Tracking System**
1) Is the system able to meet the current and projected workload requirements	No, the system is not capable of handling external interfaces.	No, the system uses SharePoint list.

2) What is the user's level of system satisfaction	The business areas are somewhat satisfied except that the system does not have all of the functions needed by the business units. Also, the system has a high annual maintenance and support cost of $161,453.00.	The business areas are somewhat satisfied, but it does not perform all the functions that they would like for it to do.
3) What is the current system's current or anticipated failure to meet the objectives and functional requirements of an acceptable response to the problem or opportunity?	The system does not navigate the screens efficiently. The system does not have external interfaces. The system cannot interface with a phone system. The system needs a workflow to assign tasks. The system needs alerts to identify slipping tasks. The system needs to be able to produce built in form letters and reports with the capability of emailing the correspondence.	The AHCA would like an automated intake form to replace the current process of email intake as an attachment. The information is then manually entered into the SharePoint list. The AHCA would like for the system to interface with the phone system. The integration of the phone would enhance the capacity of the staff members. The system needs to be web base with an internal and external face. The system needs to have a workflow to assign tasks. The system needs to alert staff when tasks are slipping. The system needs to be able to produce built in form letters and reports with the capability of emailing the correspondence.
4) What is the experienced or anticipated capacity or reliability problems associated with the current technical infrastructure or system?	The system does not have the system capacity to interface with outside systems like the phone, to provide public input of cases, or to change the business analyst system experience. The cost to have IronData customize the system comes at a high rate.	The system will outgrow it capacity to store complaints and be able to search for the desired information. The System is very simple and the business requirements require a robust system to tack all areas of a case and be able to display the data as needed by each business unit.

2. Information Technology Standards

B. Current Hardware and/or Software Inventory

If applicable, provide a complete inventory of the current hardware and/or software that will be replaced by the proposed IT project. The components of the inventory should include:	
1) Do you currently have hardware or software purchases with warranty expiration dates?	Yes, AHCA currently has hardware or software purchases with warranty expiration dates.
2) Do you currently have hardware or software performance issues or limitations?	Although the current systems used do not have performance issues, there are limitations in system interfaces and functionality such as lack of workflow, email alerts, dashboard views and reporting across systems.

3) Do you currently have hardware or software business purposes for the items being replaced?	No, systems have been designated for replacement related to projects.
4) Do you currently have hardware or software annual maintenance costs?	Yes, some AHCA strategic software costs are still within the AHCA, the Northwood Shared Resource Center (NSRC) owns the AHCA's server operating system and database software, including annual maintenance costs.

AHCA replaces a percentage of all AHCA computers each year. The number of systems replaced is not exact for each category for each year due to funding sources and constant end-user needs analysis.

Desktops have a five year life cycle as primary use systems for FTE and OPS workers. Laptops have a 4 year life cycle as primary use systems for FTE and OPS workers. Convertible tablet laptops have a three year life cycle as primary use systems for FTE and OPS workers. Mobile devices (smart phones and tablets like the iPad) have a two to three year life cycle for FTE and OPS workers.

Hardware and software can also be upgraded based on the end-user or program need.

The NSRC is the AHCA's primary data center and relies upon NSRC's infrastructure to maintain services and to increase service as required to meet AHCA's data center needs. The proposed increase in services will be minimal with this project. AHCA anticipates an estimated 5% growth in data center services per year.

C. Proposed Solution Description

1. Summary description of proposed system

1) What will the proposed system technology type (data warehouse, Laserfiche, web application, Oracle database, paper, SharePoint, Excel, Access, Email, etc.)?	The proposed system will be a WEB based application with a SQL server back end. The system will incorporate a document management system. The system will use Microsoft Outlook for email alerts and correspondence. Workflows will be developed. SSRS reports will be developed.
2) What are the connectivity requirements? (e.g., wired vs. wireless)	The system will have wired and wireless connectivity.
3) What requirements for security, privacy, confidentiality, and public access to comply with applicable federal/state laws, including sections 282.601-282.606, F.S.?	AHCA complies with any and all security, privacy, confidentiality, and public access applicable federal/state laws including sections 282.601-282.606, F.S., INFORMATION RESOURCES MANAGEMENT (ss. 282.003-282.404) – specifically: 282.318 Security of data and information technology resources, CHAPTER 71A-1 F.A.C. FLORIDA INFORMATION TECHNOLOGY RESOURCE SECURITY POLICIES AND STANDARDS, and AHCA Policy 02-IT-01 Information Technology Security Plan 45 CFR Parts 160, 162 and 164 (HIPAA).
4) What is the development and procurement approach?	The system will be developed using a phased waterfall methodology approach developed in-house using state FTE and Augmented staff. The state will use state contracted vendors who respond to AHCA's request for quote.
5) Will the system have internal and external interfaces?	The system will have internal and external interfaces.
6) What is the maturity and life expectancy of the new technology?	The maturity and life expectancy of the new system is estimated at 10 years.
7) Will other system(s) proposed solution must integrate with this solution	Yes, The system will integrate AHCA systems, Licensing system and the Medicaid systems.

1. Resource and summary level funding requirements for proposed solution (if known)	
1) What is the resource and summary level funding requirements for anticipated technical platform and hardware requirements?	Resource and summary level funding requirements for anticipated technical platform and hardware requirements is not known at this time; AHCA anticipates some resource funding increases.
2) What is the resource and summary level funding requirements for shared data center services?	Resource and summary level funding requirements for shared data center services to include NSRC data center services for functions relating to data storage, data storage back-up, data storage off-site, logical server instances and other have not been determined at this time; AHCA anticipates some funding increase need.
3) What is resource and summary level funding requirements for anticipated for software requirements?	Resource and summary level funding requirements anticipated for software requirements will include those currently running Visual Studio Licenses, Laserfiche licenses for all system users, and Windows licenses for all AHCA users. Currently, Microsoft Office Suite is installed on all AHCA staff work stations.
4) What is the resource and summary level funding requirements anticipated for staffing requirements?	After implementation of the system, resource and summary level funding requirements anticipated for staffing requirements will include three full time augmented staff developers for an estimated cost of $295,200.00 and one FTE DBA with an estimated cost of $65,600.00.
5) What is the resource and summary level funding requirements for anticipated ongoing operating costs?	Resource and summary level funding requirements for anticipated ongoing operating costs will not increase significantly and will hold steady at a 5% or less increase per year.

D. Capacity Planning

The capacity plan serves as a supporting document in the scope of the budget request. The plan is developed with input from the agency's primary data center and should address:	
1) How was the estimate derived?	The estimate was derived using high level system requirements, market cost to hire developers, project managers, business analyst, hardware software costs, and data center costs, historical project costs, and technology research.

2) What are the assumptions and constraints?	Assumptions: 1. The application is optimized for the environment running with regard to: Functions, Business requirements, and User usability 2. The performance measurements used in the capacity planning project is a good representation of a typical busy workload on the system, including the mix of activity and volume of work. 3. There are no application dependent bottlenecks that prevent growth in throughput or improved response 4. The current IT staff and environment will remain stable 5. Business staff will have the staff available to test code implementation 6. There will not be a significant increase in record retention 7. There will not be a significant increase in WEB traffic 8. The current development platform is stable enough for multiple developers and projects 9. There will be sufficient budget to fund the project 10. Data center cost will remain stable Constraints: 11. The AHCA must use the NSRC as the primary Data Center 12. The AHCA has a limited number of IT FTE to review code and work standards to make sure that oversight is adequate 13. The project has limited amount of budget to fund the project 14. The augmented staff market must remain stable and produce superior developers and charge a reasonable hourly rate 15. The AHCA is restricted to tight security statutes.
3) A non-technical, management summary of the issues.	The AHCA utilizes several systems for intake of provider complaints filed by or on behalf of a beneficiary, patient, resident, client or consumer involving noncompliance with Federal and/or State requirements relating to services provided by an AHCA regulated entity. These entities include Medicaid providers, health care facilities, and managed care entities. Currently, these systems are separate and do not connect and share data and information efficiently. AHCA-wide there is limited tracking of calls with the inability to link the intake within the AHCA, and limited tracking of resolution.
4) A service summary with current and forecasted concerns.	The lack of ability to quickly identify issues across all AHCA duties (licensure, Medicaid and managed care networks) is of concern, especially for individuals who may defraud or violate program requirements.

5) Options and alternatives considered.	Currently, a person may have a multiple cases in multiple systems and the business units cannot quickly identify cases as connections require manual research and significant time. A single automated system will enable all business units (licensure and Medicaid) the capability to better informed decisions regarding an individual or organization's eligibility to participate in health care in the State of Florida. The option of continuing to use separate systems has been considered, but is insufficient to meet the needs described.
6) Recommendations for the effort.	The recommended united system will improve case tracking, monitoring, case management, business area collaboration, AHCA reporting, money recoupment, and fraud detection.

Schedule IV-B Project Management Planning

AHCA has a strategic Planning Bureau trained to successfully manage small to large projects. The Bureau uses the ISDM design to manage and control system development projects. All projects have a finite project life cycle which includes the idea stage, the concept stage, path & portfolio stage, the active stage, and project closure phase. These stages of the project life cycle relate to the phases of project management: initiating, planning and design, active phase (execution, monitoring, and control), and project closure.

The Bureau uses a custom built SharePoint site to track each project's progress and status. (See below)

Included is the Project Charter.

Select a Project (click arrow)

Select	Title	Priority Project
	Active Directory Project	No
	AHCA Travel NEW	No
	BGS Maintenance	No
	BGS Phase III	Yes
	DSM Disaster Recovery (Pilot)	No
	Electronic Filing	Yes

ISDM Project Documentation(Click for all)

Name	Content Type

Phase : **01 Initiation** (2)

Phase : **02 Planning & Design** (1)

Phase : **Project Status Reports** (3)

Phase : **Release Planning** (1)

Add document

Other Project Documentation / Links

URL
People First Data Warehouse Data Dictionary
PeopleFirst field mapping

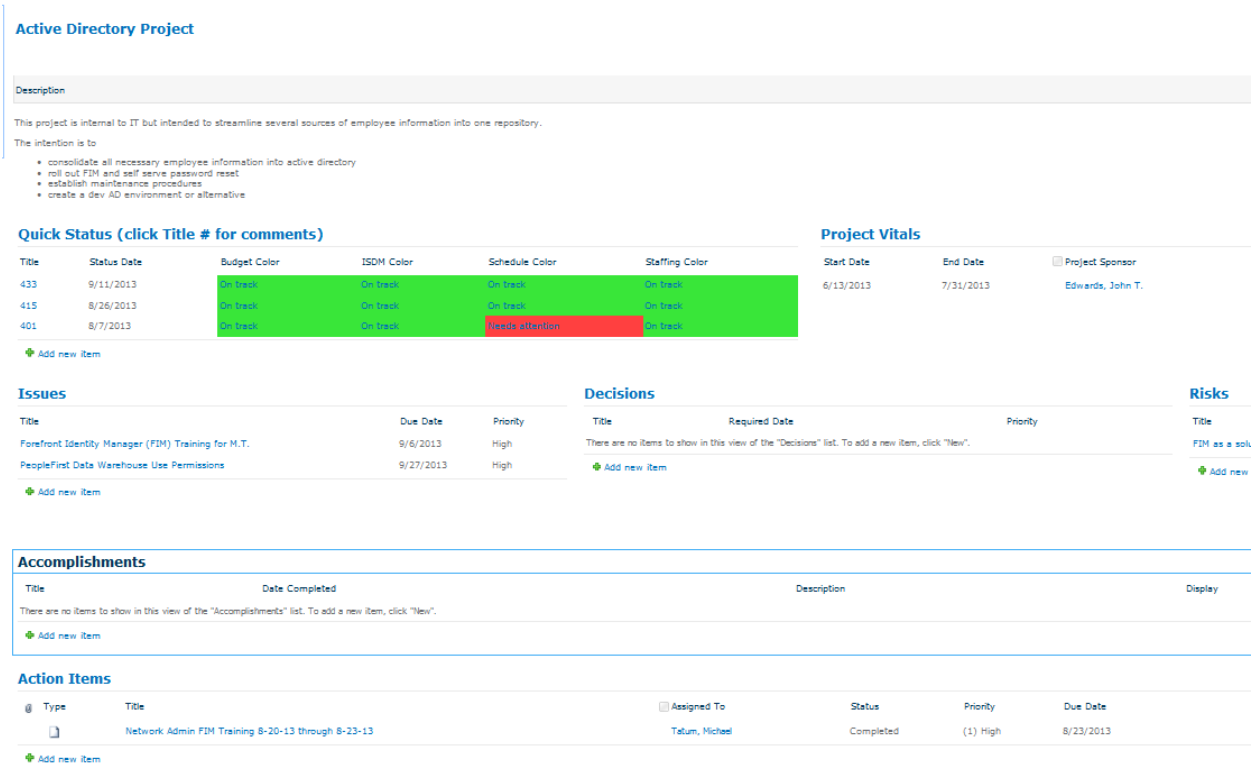
Add new link

Lessons Learned

Title	Discovery Date

There are no items to show in this view of the "Lessons Learned" list. To add a new item, click "New".

Add new item



Active Directory Project

Description

This project is internal to IT but intended to streamline several sources of employee information into one repository.

The intention is to

- consolidate all necessary employee information into active directory
- roll out FIM and self serve password reset
- establish maintenance procedures
- create a dev AD environment or alternative

Quick Status (click Title # for comments)

Title	Status Date	Budget Color	ISDM Color	Schedule Color	Staffing Color
433	9/11/2013	On track	On track	On track	On track
415	8/26/2013	On track	On track	On track	On track
401	8/7/2013	On track	On track	Needs attention	On track

Add new item

Project Vitals

Start Date	End Date	Project Sponsor
6/13/2013	7/31/2013	Edwards, John T.

Issues

Title	Due Date	Priority
Forefront Identity Manager (FIM) Training for M.T.	9/6/2013	High
PeopleFirst Data Warehouse Use Permissions	9/27/2013	High

Add new item

Decisions

Title	Required Date	Priority

There are no items to show in this view of the "Decisions" list. To add a new item, click "New".

Add new item

Risks

Title
FIM as a sol

Add new

Accomplishments

Title	Date Completed	Description	Display

There are no items to show in this view of the "Accomplishments" list. To add a new item, click "New".

Add new item

Action Items

Type	Title	Assigned To	Status	Priority	Due Date
	Network Admin FIM Training 8-20-13 through 8-23-13	Tatum, Michael	Completed	(1) High	8/23/2013

Add new item

VII. Appendices

Appendix A – Cost Benefit Analysis Spreadsheet
Appendix B - Risk Assessment Summary & Analysis
Appendix C – Project Charter

CBAForm 1 - Net Tangible Benefits

Agency: AHCA Project: Consolidated Complaint

Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A

Agency *(Operations Only -- No Project Costs)*	FY 2014-15			FY 2015-16			FY 2016-17			FY 2017-18			FY 2018-19		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
A. Personnel -- Total FTE Costs (Salaries & Benefits)	$64,980	$295,200	$360,180	$104,868	$295,200	$400,068	$104,868	$295,200	$400,068	$151,838	$295,200	$447,038	$104,868	$295,200	$400,068
A.b Total FTE	2.00	1.30	3.30	2.00	0.80	2.80	2.00	0.80	2.80	2.00	0.80	2.80	2.00	0.80	2.80
A-1.a. State FTEs (Salaries & Benefits)	$64,980	$0	$64,980	$104,868	$0	$104,868	$104,868	$0	$104,868	$151,838	$0	$151,838	$104,868	$0	$104,868
A-1.b. State FTEs (# FTEs)	2.00	(0.50)	1.50	2.00	(1.00)	1.00	2.00	(1.00)	1.00	2.00	(1.00)	1.00	2.00	(1.00)	1.00
A-2.a. OPS FTEs (Salaries)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
A-2.b. OPS FTEs (# FTEs)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-3.a. Staff Augmentation (Contract Cost)	$0	$295,200	$295,200	$0	$295,200	$295,200	$0	$295,200	$295,200	$0	$295,200	$295,200	$0	$295,200	$295,200
A-3.b. Staff Augmentation (# of Contract FTEs)	0.00	1.80	1.80	0.00	1.80	1.80	0.00	1.80	1.80	0.00	1.80	1.80	0.00	1.80	1.80
B. Data Processing -- Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-1. Hardware	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-2. Software	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-3. Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C. External Service Provider -- Costs	$0	$97,940	$97,940	$0	$97,940	$97,940	$0	$97,940	$97,940	$0	$97,940	$97,940	$0	$97,940	$97,940
C-1. Consultant Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-2. Maintenance & Support Services	$0	$49,200	$49,200	$0	$49,200	$49,200	$0	$49,200	$49,200	$0	$49,200	$49,200	$0	$49,200	$49,200
C-3. Network / Hosting Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-4. Data Communications Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-5. Other Data Storage/Licenses	$0	$48,740	$48,740	$0	$48,740	$48,740	$0	$48,740	$48,740	$0	$48,740	$48,740	$0	$48,740	$48,740
D. Plant & Facility -- Costs (including PDC services)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E. Others -- Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-1. Training	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-2. Travel	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-3. Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total of Operational Costs (Rows A through E)	$64,980	$393,140	$458,120	$104,868	$393,140	$498,008	$104,868	$393,140	$498,008	$151,838	$393,140	$544,978	$104,868	$393,140	$498,008
F. Additional Tangible Benefits:		$0			$0			$0			$0			$0	
F-1. Specify		$0			$0			$0			$0			$0	
F-2. Specify		$0			$0			$0			$0			$0	
F-3. Specify		$0			$0			$0			$0			$0	
Total Net Tangible Benefits:		($393,140)			($393,140)			($393,140)			($393,140)			($393,140)	

CHARACTERIZATION OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	☑	Confidence Level	90%
Order of Magnitude	☐	Confidence Level	
Placeholder	☐	Confidence Level	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	AHCA	Consolidated Complaint																		
																				CBAForm 2A Baseline Project Budget
2	*Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.*				FY2014-15			FY2015-16			FY2016-17			FY2017-18			FY2018-19			TOTAL
3				$ -	$ 1,003,959			$ 1,761,221			$ 1,761,221			$ -			$ -			$ 4,526,401
4	**Item Description** ***(remove guidelines and annotate entries here)***	**Project Cost Element**	**Appropriation Category**	**Current & Previous Years Project-Related Cost**	**YR 1 #**	**YR 1 LBR**	**YR 1 Base Budget**	**YR 2 #**	**YR 2 LBR**	**YR 2 Base Budget**	**YR 3 #**	**YR 3 LBR**	**YR 3 Base Budget**	**YR 4 #**	**YR 4 LBR**	**YR 4 Base Budget**	**YR 5 #**	**YR 5 LBR**	**YR 5 Base Budget**	**TOTAL**
5	Costs for all state employees working on the project.	**FTE**	S&B	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ -
6	Costs for all OPS employees working on the project.	**OPS**	OPS	$ -	0.00		$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ -
7	Staffing costs for personnel using Time & Expense. (Developers)	**Staff Augmentation**	Contracted Services	$ -	5.00	$ -	$ 384,552	5.00	$ -	$ 922,924	5.00	$ -	$ 922,924	0.00	$ -	$ -	0.00	$ -	$ -	$ 2,230,400
8	Staffing costs for personnel using Time & Expense. (Buisness Analyst)	**Staff Augmentation**	Contracted Services	$ -	3.00	$ -	$ 405,176	3.00	$ -	$ 486,212	3.00	$ -	$ 486,212	0.00	$ -	$ -	0.00	$ -	$ -	$ 1,377,600
9	Staffing costs for personnel using Time & Expense. (Architect)	**Staff Augmentation**	Contracted Services		1.00		$ 79,172	1.00		$ 190,014	1.00		$ 190,014	0.00	$ -	$ -	0.00	$ -	$ -	$ 459,200
10	Project management personnel and related deliverables.	**Project Management**	Contracted Services	$ -	1.00	$ -	$ 135,059	1.00	$ -	$ 162,071	1.00	$ -	$ 162,071	0.00	$ -	$ -	0.00	$ -	$ -	$ 459,201
11	Project oversight (IV&V) personnel and related deliverables.	**Project Oversight**	Contracted Services	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ -
12	Staffing costs for all professional services not included in other categories.	**Consultants/Contractors**	Contracted Services	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ -
13	Separate requirements analysis and feasibility study procurements.	**Project Planning/Analysis**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
14	Hardware purchases not included in Primary Data Center services.	**Hardware**	OCO	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
15	Commercial software purchases and licensing costs.	**Commercial Software**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
16	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	**Project Deliverables**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
17	All first-time training costs associated with the project.	**Training**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
18	Include the quote received from the PDC for project equipment and services. Only include one-time project costs in this row. Recurring, project-related PDC costs are included in CBA Form 1A.	**Data Center Services - One Time Costs**	PDC Category	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
19	Other services not included in other categories.	**Other Services**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
20	Include costs for non-PDC equipment required by the project and the proposed solution (detail)	**Equipment**	Expense	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
21	Include costs associated with leasing space for project personnel.	**Leased Space**	Expense	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
22	Other project expenses not included in other categories.	**Other Expenses**	Expense	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
23		**Total**		$ -	10.00	$ -	$ 1,003,959	10.00	$ -	$ 1,761,221	10.00	$ -	$ 1,761,221	0.00	$ -	$ -	0.00	$ -	$ -	$ 4,526,401

CBAForm 2 - Project Cost Analysis

Agency	AHCA	Project	Consolidated Complaint

PROJECT COST SUMMARY	*PROJECT COST SUMMARY (from CBAForm 2A)*					TOTAL
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	
TOTAL PROJECT COSTS (*)	$1,003,959	$1,761,221	$1,761,221	$0	$0	$4,526,401
CUMULATIVE PROJECT COSTS *(includes Current & Previous Years' Project-Related Costs)*	$1,003,959	$2,765,180	$4,526,401	$4,526,401	$4,526,401	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	*PROJECT FUNDING SOURCES - CBAForm 2B*					TOTAL
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	
General Revenue	$0	$0	$0	$0	$0	$0
Trust Fund	$1,397,099	$2,154,360	$2,154,360	$393,140	$393,140	$6,492,099
Federal Match ☐	$0	$0	$0	$0	$0	$0
Grants ☐	$0	$0	$0	$0	$0	$0
Other ☐	$0	$0	$0	$0	$0	$0
TOTAL INVESTMENT	$1,397,099	$2,154,360	$2,154,360	$393,140	$393,140	$6,492,099
CUMULATIVE INVESTMENT	$1,397,099	$3,551,459	$5,705,819	$6,098,959	$6,492,099	

Characterization of Project Cost Estimate - CBAForm 2C			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	x	Confidence Level	90%
Order of Magnitude		Confidence Level	
Placeholder		Confidence Level	

CBAForm 3 - Project Investment Summary

Agency	AHCA	Project	Consolidated Complaint

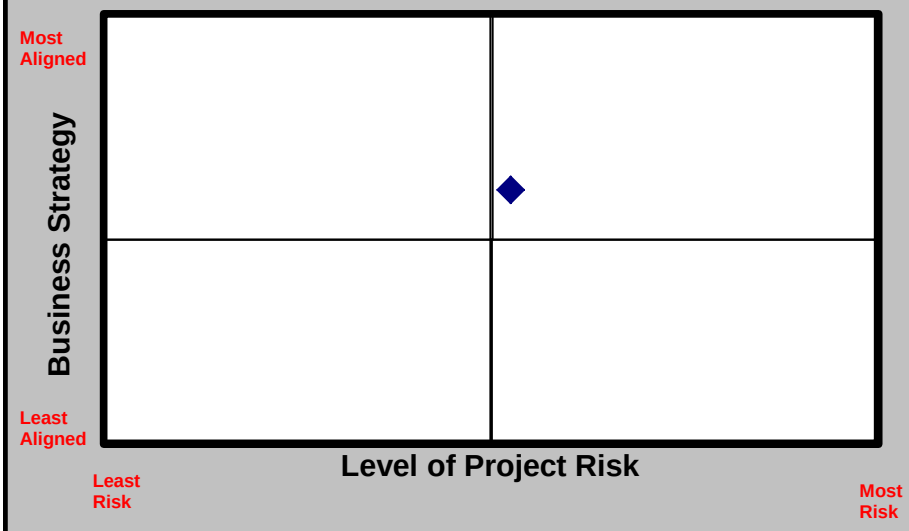
COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	TOTAL FOR ALL YEARS
Project Cost	$1,003,959	$1,761,221	$1,761,221	$0	$0	$4,526,401
Net Tangible Benefits	($393,140)	($393,140)	($393,140)	($393,140)	($393,140)	($1,965,700)
Return on Investment	($1,397,099)	($2,154,361)	($2,154,361)	($393,140)	($393,140)	($6,492,101)
Year to Year Change in Program Staffing	1	1	1	1	1	

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	NO PAYBACK	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	NO PAYBACK	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	($6,041,820)	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	NO IRR	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%

Project	*Consolidated Complaint Intake and Tracking System*	
Agency	*FL Agency for HealthCare Administration*	
FY 2014-15 LBR Issue Code:	**FY 2014-15 LBR Issue Title:**	
Issue Code	*Issue Title*	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
Name ------ Phone # ------ E-mail address		
Executive Sponsor	*Molly McKinstry, Dep. Sec., Health Quality Assurance*	
Project Manager	*TBD*	
Prepared By	*Scott C. Ward*	*10/3/2013*

Risk Assessment Summary



Project Risk Area Breakdown

Risk Assessment Areas	*Risk Exposure*
Strategic Assessment	MEDIUM
Technology Exposure Assessment	MEDIUM
Organizational Change Management Assessment	HIGH
Communication Assessment	LOW
Fiscal Assessment	MEDIUM
Project Organization Assessment	MEDIUM
Project Management Assessment	MEDIUM
Project Complexity Assessment	MEDIUM
Overall Project Risk	MEDIUM

Agency: FL Agency for HealthCare Administration Project: Consolidated Complaint Intake and Tracking System

Section 1 -- Strategic Area			
#	Criteria	Values	Answer
1.01	Are project objectives clearly aligned with the agency's legal mission?	0% to 40% -- Few or no objectives aligned	81% to 100% -- All or nearly all objectives aligned
		41% to 80% -- Some objectives aligned	
		81% to 100% -- All or nearly all objectives aligned	
1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Documented with sign-off by stakeholders
		Informal agreement by stakeholders	
		Documented with sign-off by stakeholders	
1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Not or rarely involved	Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings
		Most regularly attend executive steering committee meetings	
		Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is not documented	Vision is partially documented
		Vision is partially documented	
		Vision is completely documented	
1.05	Have all project business/program area requirements, assumptions, constraints, and priorities been defined and documented?	0% to 40% -- Few or none defined and documented	41% to 80% -- Some defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	No changes needed
		Changes unknown	
		Changes are identified in concept only	
		Changes are identified and documented	
		Legislation or proposed rule change is drafted	
1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	Few or none	Some
		Some	
		All or nearly all	
1.08	What is the external (e.g. public) visibility of the proposed system or project?	Minimal or no external use or visibility	Minimal or no external use or visibility
		Moderate external use or visibility	
		Extensive external use or visibility	
1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility	Single agency-wide use or visibility
		Single agency-wide use or visibility	
		Use or visibility at division and/or bureau level only	
1.10	Is this a multi-year project?	Greater than 5 years	Between 1 and 3 years
		Between 3 and 5 years	
		Between 1 and 3 years	
		1 year or less	

Agency: FL Agency for HealthCare Administration Project: Consolidated Complaint Intake and Tracking System

Section 2 -- Technology Area			
#	Criteria	Values	Answer
2.01	Does the agency have experience working with, operating, and supporting the proposed technology in a production environment?	Read about only or attended conference and/or vendor presentation	Installed and supported production system more than 3 years
		Supported prototype or production system less than 6 months	
		Supported production system 6 months to 12 months	
		Supported production system 1 year to 3 years	
		Installed and supported production system more than 3 years	
2.02	Does the agency's internal staff have sufficient knowledge of the proposed technology to implement and operate the new system?	External technical resources will be needed for implementation and operations	External technical resources will be needed through implementation only
		External technical resources will be needed through implementation only	
		Internal resources have sufficient knowledge for implementation and operations	
2.03	Have all relevant technology alternatives/ solution options been researched, documented and considered?	No technology alternatives researched	All or nearly all alternatives documented and considered
		Some alternatives documented and considered	
		All or nearly all alternatives documented and considered	
2.04	Does the proposed technology comply with all relevant agency, statewide, or industry technology standards?	No relevant standards have been identified or incorporated into proposed technology	Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards
		Some relevant standards have been incorporated into the proposed technology	
		Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards	
2.05	Does the proposed technology require significant change to the agency's existing technology infrastructure?	Minor or no infrastructure change required	Moderate infrastructure change required
		Moderate infrastructure change required	
		Extensive infrastructure change required	
		Complete infrastructure replacement	
2.06	Are detailed hardware and software capacity requirements defined and documented?	Capacity requirements are not understood or defined	Capacity requirements are based on historical data and new system design specifications and performance requirements
		Capacity requirements are defined only at a conceptual level	
		Capacity requirements are based on historical data and new system design specifications and performance requirements	

Agency: FL Agency for HealthCare Administration Project: Consolidated Complaint Intake and Tracking System

Section 3 -- Organizational Change Management Area			
#	Criteria	Values	Answer
3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Moderate changes to organization structure, staff or business processes
		Moderate changes to organization structure, staff or business processes	
		Minimal changes to organization structure, staff or business processes structure	
3.02	Will this project impact essential business processes?	Yes	Yes
		No	
3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	41% to 80% -- Some process changes defined and documented
		41% to 80% -- Some process changes defined and documented	
		81% to 100% -- All or nearly all processes defiined and documented	
3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	No
		No	
3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	Less than 1% FTE count change
		1% to 10% FTE count change	
		Less than 1% FTE count change	
3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	Less than 1% contractor count change
		1 to 10% contractor count change	
		Less than 1% contractor count change	
3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Moderate changes
		Moderate changes	
		Minor or no changes	
3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with fewer change requirements
		Recently completed project with fewer change requirements	
		Recently completed project with similar change requirements	
		Recently completed project with greater change requirements	

Agency: Agency Name

Project: Project Name

Section 4 -- Communication Area			
#	Criteria	Value Options	Answer
4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
		No	
4.02	Does the project Communication Plan promote the collection and use of feedback from management, project team, and business stakeholders (including end users)?	Negligible or no feedback in Plan	Proactive use of feedback in Plan
		Routine feedback in Plan	
		Proactive use of feedback in Plan	
4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
		No	
4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
		No	
4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages	Some key messages have been developed
		Some key messages have been developed	
		All or nearly all messages are documented	
4.06	Have desired message outcomes and success measures been identified in the Communication Plan?	Plan does not include desired messages outcomes and success measures	Success measures have been developed for some messages
		Success measures have been developed for some messages	
		All or nearly all messages have success measures	
4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
		No	

Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	Yes
		No	
5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Between $2 M and $10 M
		Greater than $10 M	
		Between $2 M and $10 M	
		Between $500K and $1,999,999	
		Less than $500 K	
5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	Yes
		No	
5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within ±10%)	Detailed and rigorous (accurate within ±10%)
		Order of magnitude – estimate could vary between 10-100%	
		Placeholder – actual cost may exceed estimate by more than 100%	
5.06	Are funds available within existing agency resources to complete this project?	Yes	No
		No	
5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
		Funding from local government agencies	
		Funding from other state agencies	
5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Neither requested nor received
		Requested but not received	
		Requested and received	
		Not applicable	
5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	Most project benefits have been identified but not validated
		Some project benefits have been identified but not validated	
		Most project benefits have been identified but not validated	
		All or nearly all project benefits have been identified and validated	
5.10	What is the benefit payback period that is defined and documented?	Within 1 year	No payback
		Within 3 years	
		Within 5 years	
		More than 5 years	
		No payback	
5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have reviewed and approved the proposed procurement strategy
		Stakeholders have not been consulted re: procurement strategy	
		Stakeholders have reviewed and approved the proposed procurement strategy	
5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Combination FFP and T&E
		Firm Fixed Price (FFP)	
		Combination FFP and T&E	
5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of hardware and software is documented in the project schedule
		Purchase all hardware and software at start of project to take advantage of one-time discounts	
		Just-in-time purchasing of hardware and software is documented in the project schedule	
5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager is the procurement manager
		Contract manager is the procurement manager	
		Contract manager is the project manager	
		Contract manager assigned is not the procurement manager or the project manager	
5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
		No	
5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	Some selection criteria and outcomes have been defined and documented
		Some selection criteria and outcomes have been defined and documented	
		All or nearly all selection criteria and expected outcomes have been defined and documented	
5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
		Multi-stage evaluation not planned/used for procurement	
		Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
5.18	For projects with total cost exceeding $10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	Not applicable
		No, bid response did/will not require proof of concept or prototype	
		Yes, bid response did/will include proof of concept or prototype	
		Not applicable	

Section 6 -- Project Organization Area			
#	Criteria	Values	Answer
6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes	Yes
		No	
6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	None or few have been defined and documented	All or nearly all have been defined and documented
		Some have been defined and documented	
		All or nearly all have been defined and documented	
6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	Agency
		Agency	
		System Integrator (contractor)	
6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	1
		2	
		1	
6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been developed?	Needed staff and skills have not been identified	Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented
		Some or most staff roles and responsibilities and needed skills have been identified	
		Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	No, project manager assigned more than half-time, but less than full-time to project
		No, project manager is assigned 50% or less to project	
		No, project manager assigned more than half-time, but less than full-time to project	
		Yes, experienced project manager dedicated full-time, 100% to project	
6.07	Are qualified project management team members dedicated full-time to the project	None	No, business, functional or technical experts dedicated 50% or less to project
		No, business, functional or technical experts dedicated 50% or less to project	
		No, business, functional or technical experts dedicated more than half-time but less than full-time to project	
		Yes, business, functional or technical experts dedicated full-time, 100% to project	
6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the project team with in-house resources?	Few or no staff from in-house resources	Half of staff from in-house resources
		Half of staff from in-house resources	
		Mostly staffed from in-house resources	
		Completely staffed from in-house resources	
6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Moderate impact
		Moderate impact	
		Extensive impact	
6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope, schedule, or cost?	Yes	Yes
		No	
6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established	Yes, all stakeholders are represented by functional manager
		No, only IT staff are on change review and control board	
		No, all stakeholders are not represented on the board	
		Yes, all stakeholders are represented by functional manager	

Section 7 -- Project Management Area			
#	Criteria	Values	Answer
7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No Project Management team will use the methodology selected by the systems integrator Yes	Yes
7.02	For how many projects has the agency successfully used the selected project management methodology?	None 1-3 More than 3	More than 3
7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None Some All or nearly all	Some
7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented 41 to 80% -- Some have been defined and documented 81% to 100% -- All or nearly all have been defined and documented	41 to 80% -- Some have been defined and documented
7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented 41 to 80% -- Some have been defined and documented 81% to 100% -- All or nearly all have been defined and documented	41 to 80% -- Some have been defined and documented
7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable 41 to 80% -- Some are traceable 81% to 100% -- All or nearly all requirements and specifications are traceable	41 to 80% -- Some are traceable
7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented Some deliverables and acceptance criteria have been defined and documented All or nearly all deliverables and acceptance criteria have been defined and documented	Some deliverables and acceptance criteria have been defined and documented
7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required Only project manager signs-off Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level 41 to 80% -- Some have been defined to the work package level 81% to 100% -- All or nearly all have been defined to the work package level	0% to 40% -- None or few have been defined to the work package level
7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes No	Yes
7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes No	No
7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting Project team uses formal processes Project team and executive steering committee use formal status reporting processes	Project team and executive steering committee use formal status reporting processes
7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available Some templates are available All planning and reporting templates are available	All planning and reporting templates are available
7.14	Has a documented Risk Management Plan been approved for this project?	Yes No	Yes
7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented Some have been defined and documented All known risks and mitigation strategies have been defined	Some have been defined and documented
7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes No	Yes
7.17	Are issue reporting and management processes documented and in place for this project?	Yes No	Yes

Section 8 -- Project Complexity Area			
#	Criteria	Values	Answer
8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	Similar complexity
		More complex	
		Similar complexity	
		Less complex	
8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	3 sites or fewer
		3 sites or fewer	
		More than 3 sites	
8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	3 sites or fewer
		3 sites or fewer	
		More than 3 sites	
8.04	How many external contracting or consulting organizations will this project require?	No external organizations	1 to 3 external organizations
		1 to 3 external organizations	
		More than 3 external organizations	
8.05	What is the expected project team size?	Greater than 15	9 to 15
		9 to 15	
		5 to 8	
		Less than 5	
8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	More than 4	None
		2 to 4	
		1	
		None	
8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Agency-wide business process change
		Agency-wide business process change	
		Statewide or multiple agency business process change	
8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	Yes
		No	
8.09	What type of project is this?	Infrastructure upgrade	Combination of the above
		Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
		Business Process Reengineering	
		Combination of the above	
8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Similar size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	
8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	No recent experience	Similar size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	

Consolidated Complaint Intake and Tracking System

1. Project Charter Document

1.1 Purpose

The Purpose of the Project Charter is to document "what" the Project is, as approved by Governance. The charter includes: Approved Project Scope and Project Constraints. Project Constraints include: Project Priority and Resource allocations.

1.2 Author(s)

(1) Molly McKinstry – Project Sponsor

(2) Ryan Fitch – Project Stakeholder

(3) Kay Heckroth – Application and Development & Support Bureau Chief

1.3 Document Revision History

This table contains the complete version history of this document. The 'description of Revision' is intended to record the essential purpose of each revision; it is **not** intended to be a complete list of changes from one version to another.

Date	Author	Versi	Description of Revision
09/26/13	Kay Heckroth, Ryan Fitch	V 0.1	Initial Draft.

2. Approved Project Scope

Project Description

The Agency for Health Care Administration (AHCA) utilizes several systems for intake of provider complaints filed by or on behalf of a beneficiary, patient, resident, client or consumer involving noncompliance with Federal and/or State requirements relating to services provided by an AHCA regulated entity. These entities include Medicaid providers, health care facilities, and managed care entities. Currently, these systems are separate and do not connect and share data and information efficiently. AHCA-wide there is limited tracking of calls with the inability to link the intake within the AHCA, and limited tracking of resolution.

The AHCA is requesting a central complaint tracking system that will allow the AHCA to have a single point of intake for complaints. The system would be able to interface with the client management system and other systems in the AHCA as well as systems outside of the AHCA and be able to track from intake through resolution.

Consolidation of complaint intake will improve the review and action of consumer and recipient concerns. It is not unusual for a recipient complaint regarding Medicaid to represent potential licensure violations as well. For example, missed home health visits are a concern for both Medicaid reimbursement and licensure compliance. Centralizing intake will assure all that AHCA jurisdiction is evaluated at the time of intake.

The overall scope of this request will move the AHCA toward its strategic goal of consolidating systems and resources to better serve Floridians in a comprehensive and efficient manner.

2.1 In Scope

The following is in Scope:

Develop a central complaint management system that will allow the AHCA to have a single point of intake for complaints. The system would be able to interface with the client management system and other systems in the AHCA as well as systems outside of the AHCA and be able to track from intake through resolution.

1. Integrate with the automated phone system and call center.
2. Interface with AHCA's Licensing, Medicaid, and Client Management systems.
3. Interface with other systems within the AHCA .
4. Interface with other systems outside of the AHCA.
5. Intergrate existing complaint systems into one centralized system.
6. Map and convert old complaint data into the centralized system.
7. Allow AHCA staff to view and update the centralized system.
8. Allow other health agencies to view and update the centralized system.

9. Develop the system to have functionalities for the legal staff.
10. Develop the system to edit and verify data input into the system.
11. Develop the system to keep and audit trail of changes.
12. Develop the system to track specific activities associated with the case.
13. Interface with the AHCA's document management system.
14. Create workflows for complaints to move from one staff person to another.
15. Allow the public to input information into the system via public WEB screens.
16. Send email notices to providers related to complaint activities.
17. Alert staff of important changes to cases to include email and system alerts.
18. Create dashboards one for regulation staff, one for a specific complaints, and one by respondent.
19. Allow the system to send Finance and Accounting notice of monies owed.
20. Create a Complaint Datamart.
21. Create reports and letters for all business areas that are affect even external agencies.
22. Develop the system to be open source and rule driven.
23. Develop the system to be available on mobile devices.
24. Interface with Single Sign-on.

2.2 Out of Scope

The following items are out of scope:

1. The operations and processes that are not specifically mentioned in 2.1.
2. The system will not create invoices.

3. Project Assumptions, Constraints and Risks

This section documents the Project Assumptions and Constraints set by AHCA Project Governance or the Project Steering Committee. Assumptions are those conditions that are considered true, certain, or real for planning purposes. Constraints are items that limit a project team's options. Constraints typically relate to schedule, resources, budget, technology, or contractual provisions.

3.1 Assumptions

1. Versa Regulation System will function as the main Complaint system until the new centralized system is developed.
2. The Call Center will input complaints into the Versa Regulation System until the new centralized system is developed.
3. The project will receive continued support from AHCA management.
4. There are sufficient resources (staff, software, hardware) to complete the project and the resources will be available when needed through staff augmentation and/or FTE.
5. There will be sufficient budget to fund the project.
6. The business units' System Matter Experts (SME) will be knowledgeable and experienced in their current business process and available to meet with the Business Analyst to convey their process.
7. Business units' staff will be available and involved in executing test scenarios.
8. The project organization structure as defined in section 3.8 of this document will be followed.
9. A 'full-time' resource implies at least 35 hours productive work per week.
10. Technical standards will be uniform.
11. AHCA IT will have oversight over the project developers.
12. AHCA managers with program delivery responsibilities recognize the importance of information resources management to AHCA's mission performance.
13. The system will provide up-to-date information presenting opportunities to promote fundamental changes in AHCA structures, work processes, and ways of interacting with the public that improve the effectiveness and efficiency of The AHCA.
14. The users of the system's information must have the skill, knowledge, and training to manage information resources, enabling the AHCA to effectively serve the public through automated means.
15. AHCA will help in the development and operation of interagency and interoperable shared information resources to support the performance of the AHCA's missions.
16. Strategic planning improves the operation of government programs. The AHCA's strategic plan will shape the redesign of work processes and guide the development and maintenance of an Enterprise Architecture and a capital planning and investment control process. This management approach promotes the appropriate application of information resources.
17. Systematic attention to the management of government records is an essential component of sound public resources management which ensures public accountability. Together with records preservation, it protects the AHCA's historical record and guards the legal and financial rights of the AHCA and the public.

18. Because the public disclosure of government information is essential to the operation of a democracy, the management of State information resources should protect the public's right of access to government information.
19. The free flow of information between the AHCA and the public is essential to the general public. It is also essential that the State minimizes the paperwork burden on the public, minimize the cost of its information activities, and maximize the usefulness of government information.

Constraints

1. There is a limited budget for staff augmented resources for each of the three fiscal years of the project.
2. The project will depend upon receiving data from other AHCA systems.
3. Funding for the next year will depend on the milestone accomplishments from the year before.
4. Deliverables submitted for approval will require the AHCA stakeholders' approval.

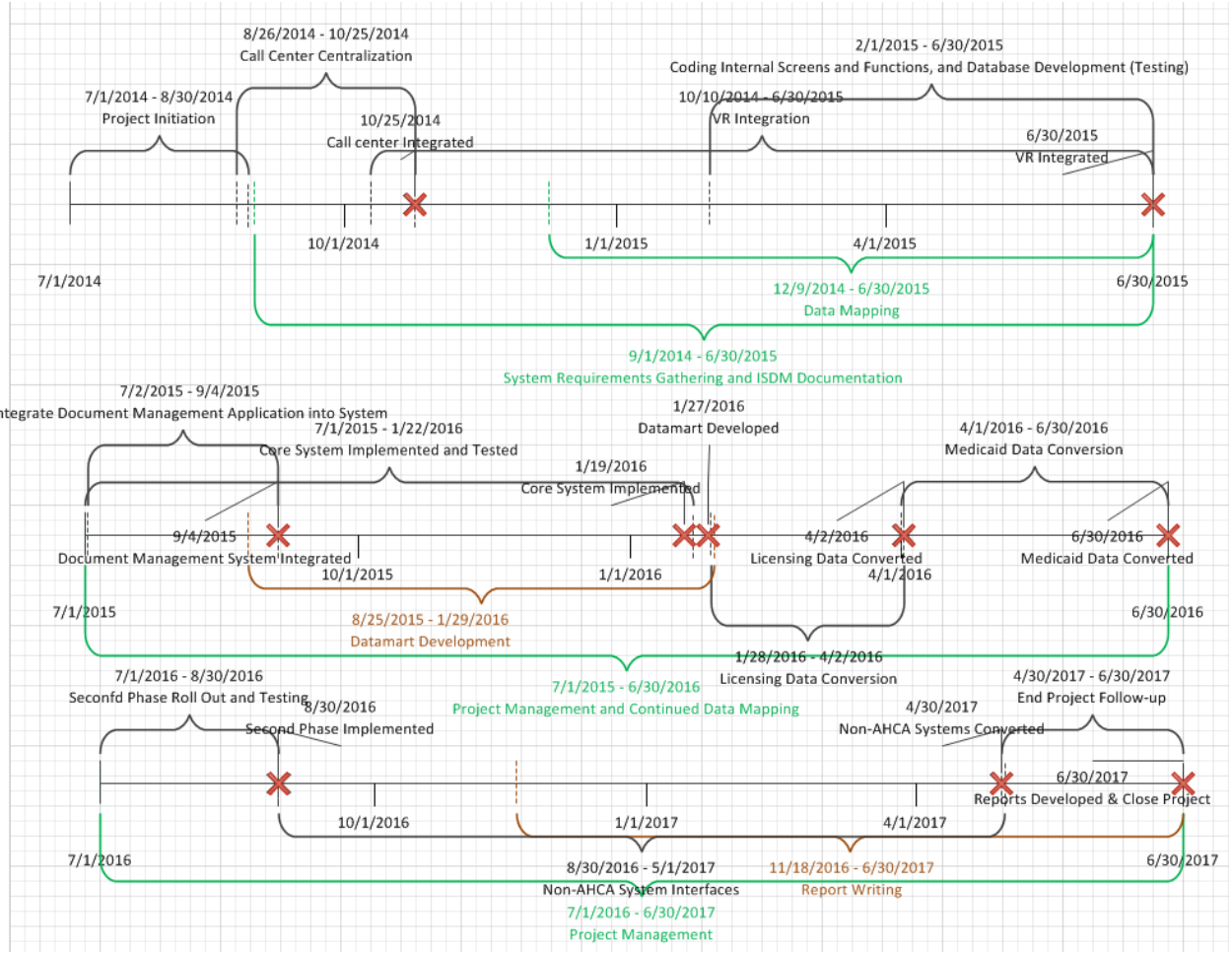
3.2 Risks

Risk	Mitigation
1. Staff turnover in IT resulting in a loss of institutional knowledge.	Documentation, through illustrations and templates, of requirements and strict compliance with the ISDM will help mitigate this risk.
2. Finance and Accounting systems are currently maintained in FoxPro. A project to upgrade these systems may run simultaneously with this project and could cause delays.	Maintain communications with project manager and create schedule touch points to ensure coordination.

3.3 Project Priority

Priority # Given Steering Committee	Priority # By Division	Project Name	Status	Project Scale	Division or Office	Description	IT Resources Actively Working
Unknown	Unknown	Complaint Management system	Charter	XLarge	Medicaid	Develop a central complaint management system that will allow the AHCA to have a single point of intake for complaints. The system would be able to interface with the other systems in the AHCA as well as systems outside of the AHCA and be able to track from intake through resolution.	N

3.4 Length of Involvement



3.5 Project Resource Allocation

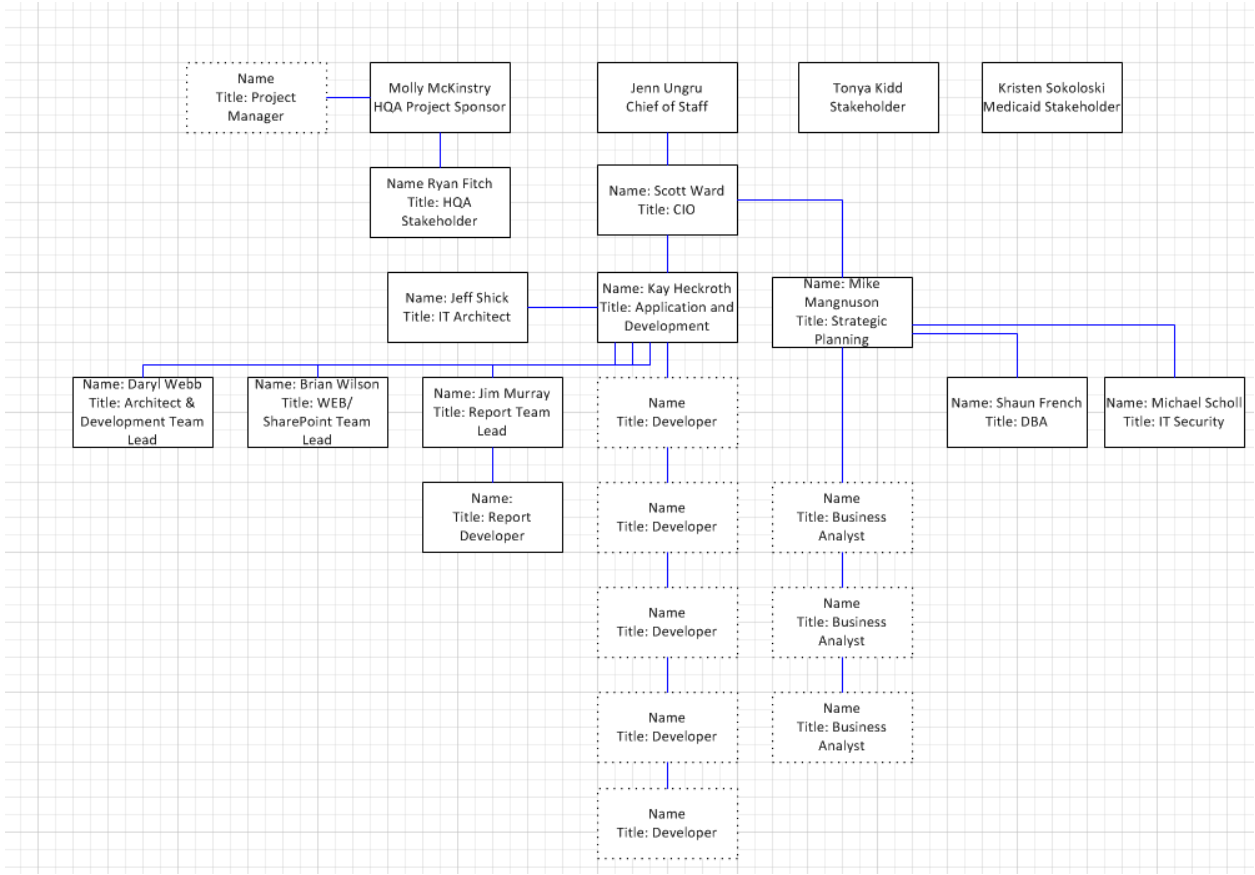
Staff	Organization	Role	Type	Start Date	End Date	Utilization	Total Hours	Supervisor
Molly McKinstry	AHCA - HQA	Project Sponsor	FTE	As needed		As needed	N/A	Liz Dudek
Ryan Fitch	AHCA-HQA	Project Stakeholder/Team Leader	FTE	As needed		As needed		Molly McKinstry
Kay Heckroth	IT	Application and Development & Support Bureau Chief	FTE	As needed		As needed	N/A	Scott Ward
Tonya Kidd	Division of Operations	Project Stakeholder	FTE	As needed		As needed		Liz Dudek
Justin Senior	Division of Medicaid	Project Stakeholder	FTE	As needed		As needed		Liz Dudek
Anita Hicks	Division of Operations	Project Stakeholder	FTE	As needed		As needed		Tonya Kidd
Jim Murray	IT	Reporting Team lead	FTE	As needed		As needed		Kay Heckroth
Report Writer	IT	Reporting team developer	FTE	As needed		As needed		Kay Heckroth
Daryl Webb	IT	Development Team Lead	FTE	As needed		As needed		Kay Heckroth
Michael Scholl	IT	IT Security	FTE	As needed		As needed		Mike Manguson
Brian Wilson	IT	WEB/SharePoint Team Lead	FTE	As needed		As needed		Kay Heckroth
Shaun French	IT	DBA	FTE	As needed		As needed		Mike Magnuson
Jeff Shick	Vendor	Architect	Augmented	2/1/2015	06/30/2017	Full time	5600	Kay Heckroth
Vacant	Vendor	Developer	Augmented	2/1/2015	06/30/2017	Full Time	5440	Kay Heckroth
Vacant	Vendor	Developer	Augmented	2/1/2015	06/30/2017	Full Time	5440	Kay Heckroth
Vacant	Vendor	Developer	Augmented	2/1/2015	06/30/2017	Full Time	5440	Kay Heckroth
Vacant	Vendor	Developer	Augmented	2/1/2015	06/30/2017	Full Time	5440	Kay Heckroth

Staff	Organization	Role	Type	Start Date	End Date	Utilization	Total Hours	Supervisor
Vacant	Vendor	Developer	Augmented	2/1/2015	06/30/2017	Full Time	5440	Kay Heckroth
Vacant	Vendor	Project Manager	Augmented	09/01/2014	06/30/2017	Full Time	5600	Mike Magnuson
Vacant	Vendor	Business Analyst	Augmented	09/01/2014	06/30/2017	Full Time	5600	Mike Magnuson
Vacant	Vendor	Business Analyst	Augmented	09/01/2014	06/30/2017	Full Time	5600	Mike Magnuson
Vacant	Vendor	Business Analyst	Augmented	09/01/2014	06/30/2017	Full Time	5600	Mike Magnuson

3.7 Project Governance

Voting Steering Member	Role	Position
Secretary Dudek	Agency for Health Care Administration	Secretary
Jenn Ungru	Agency for Health Care Administration	Chief of Staff
Molly McKinstry	Project Sponsor	Deputy Secretary
Justin Senior	Project Stakeholder	Deputy Secretary
Tonya Kidd	Project Stakeholder	Operations Division Director
Scott Ward	Division of Information Technology	Chief Information Officer
Ryan Fitch	Stakeholder/Team Leader	Bureau Chief
Kay Heckroth	Division of Information Technology	Bureau Chief

3.8 Project Organizational Chart



4. Project Milestones

This section documents the Project Milestones. These milestones will become core tasks that generate a more complete set of tasks or Work Breakdown Structure for the project schedule.

Project Milestones

1. Initiation Phases
    a. Charter
    b. Project Plan
    c. Schedule
    d. Hire On-board Staff
2. Call Center Centralization Implemented
3. Versa Regulation Licensing Integrated
4. Core Application and Database Implemented into Beta
5. Core Application and Database Implemented into Beta Tested
6. Core Application and Database Implemented into Production
7. Document Management (Laserfiche) System Integrated
8. Licensing Data Converted
9. Medicaid Data Converted
10. Second Phase Application and Database Implemented into Beta
11. Second Phase Application and Database Implemented into Beta Tested
12. Second Phase Application and Database Implemented into Production
13. Non-AHCA System (Unknown) Implemented
14. Non-AHCA System (Unknown) Implemented
15. Full System Implemented into Beta
16. Full System Implemented into Beta Tested
17. Full System Implemented into Production
18. SSRS Datamart Developed
19. Reports Developed
20. Follow up fixes completed
21. End of Project close out
22. Project sign off

5. Communications Plan

This section documents the Communications Plan for the Project, describing how to assure visibility and co-operation by communicating status and news about the project to all appropriate stakeholders. The communications plan encompasses meetings as well as documents. A separate matrix is provided for meetings and for documentation.

MEETINGS			
Description	**Target Audience**	**Frequency**	**Owner(s)**
Business Team Meeting	Business team (including, business users, and business analysts)	Weekly	HQA Business Sponsor, HQA Business Stakeholders, Project Manager, Business Analyst, and Developer Team
Technical Team Meeting	Technical team (including, technical manager, system architect, DBA, and developers)	Weekly	Project Manager, Project Manager, Business Analyst, and Developer Team
Sponsor Meeting	HQA Sponsor	Weekly	Project Manager
Project Steering Committee Meeting	Project Team, Project Sponsor, IT Bureau Chiefs	As needed	Project Sponsor

DOCUMENTATION

Description	Target Audience	Delivery Format	Frequency	Owner
Project SharePoint Site	Project Team Members / Sponsor(s)	Internal SharePoint page at http://ahcaportal/IT/OLR/SitePages/Home.aspx	Update as needed	Project Managers
Team Meeting Agenda	Team Members	Available on SharePoint, emailed link	1 Day Before Team Meeting	Team Business Analyst Project Managers (for Technical team)
Team Meeting Summary	Team Members	Available on SharePoint, emailed link	Within 3 Days Following Team Meeting	Team Business Analyst Project Managers (for Technical team)
Steering Meeting Agenda	Steering Committee and Stakeholders	Available on SharePoint, emailed link, printed for meeting	No later than 5 business days prior to meeting, drafted with sponsor, deliver via email to participants with materials within 3 days of meeting	Project Managers and Project Sponsor
Action Items (AI)	Project Team	SharePoint posting – Action Item Tracker	As AIs are identified, they will be entered into the Action Item Tracker and assigned to an owner. The AIs will be monitored through completion/resolution.	Project Manager, Business Analyst, and Developer Team

DOCUMENTATION

Description	Target Audience	Delivery Format	Frequency	Owner
Risk Tracker	Project Team	SharePoint posting	As risks are identified, they will be entered into and will be monitored throughout the project or risk resolution.	Project Manager, Business Analyst, and Developer Team
Decision Log (As decision points are identified, they will be entered into the decision log and will be presented to the Steering Committee for decision. There will also be a standing item on the Steering Committee meeting agenda to review decisions made outside the Steering Committee meeting. Decisions will be communicated back to the team via update to the Decision Log with a description of the decision made.)	Project Team	SharePoint posting	Due in the Decision Point Template format by the day before the Team Lead meeting or three days before the Steering meeting	Project Manager, Business Analyst, and Development Team Steering Committee
Idea Brief	Governance	Available on SharePoint	Idea Phase (completed prior to project charter)	HQA Business Stakeholder

DOCUMENTATION

Description	Target Audience	Delivery Format	Frequency	Owner
Conceptual Analysis	Governance	Available on SharePoint	Conceptual Analysis Phase (completed prior to project charter)	Business owner IT ISDM Compliance Unit
Project Plan (using Microsoft Project)	Project Team / ISDM Compliance Unit and Stakeholders	Available on SharePoint	Updated weekly	Project Managers/ Project Director
Requirements / Design Documents	Project Team/Stakeholders	Available on SharePoint	Active Phase	Team Leads/ Business Analysts
Project Budget	Project Team/Stakeholders	Available on SharePoint and provided in Steering Agenda	Project Initiation / Update for Steering Meetings	Project Managers/ project Director
Testing Plan	Project Team/Sponsor	Available on SharePoint or Team Foundation Server (TBD)	Active Phase	Project Manager / Business Lead
Training Plan	Project Team/Sponsor	Available on SharePoint	Active Phase	Project Managers / Business Lead
Deployment Plan	Project Team/IT Component Areas	Available on SharePoint	Active Phase	Project Managers / Technical Lead
Troubleshooting Guide	Project Team/IT Component Areas	Available on SharePoint	Active	Project Managers / Technical Lead
Project Closeout Report	Project Team/Sponsor/ Stakeholders	Available on SharePoint	Conclusion of the Project	Project Managers
Project Calendar – Recurring Project Meetings	Project Team	SharePoint	On-going	All Team members

DOCUMENTATION

Description	Target Audience	Delivery Format	Frequency	Owner
Project Calendar – All Project Meetings	Project Team	Outlook	On-going	All Team members
Weekly Project Status Report	All project members and stakeholders	SharePoint link in email and email attachment upon request	Weekly	Project Managers/ Project Director

6. Project Responsibilities/Decision Management

This section documents AHCA best practices for managing changes to project scope and other decisions. For each item, verify the roles and responsibilities; and document the change request.

6.1 Slipping tasks

- Team Leads and Project Managers shall identify, document and discuss in each of the weekly team meetings all slipping tasks.
- Project Managers should analyze, document and communicate to the Team the impact of the Slipping task(s).
- Team Leads and Project Managers shall identify and document possible options to get the slipping tasks back on schedule.
- Slipping tasks shall be reported by the Team Lead, co-lead and/or Project Managers in the weekly Team Lead Meeting.
- Project Manager shall communicate the slipping task(s) and the impact of the slipping task(s) to the Sponsor.

6.2 Contract Administration (If Applicable)

- The Contract Manager will conduct procurement(s) in order to select the most suitable staff augmentation vendor(s) to complete the project activities.
- The Contract Manager will administer the Vendor Contract(s) for the approved terms and conditions as established in the Vendor Contract(s).

6.3 Resource Management

- The Team Lead is responsible for making work assignments to team members and working with project management staff to track completion of those assignments.
- Project Managers are responsible for managing the project schedule to show the completion of work assignments by the team members and/or resources assigned to the tasks.
- Project Manager is responsible for communicating the status of the project to the Sponsor and Steering Committee.

6.4 Project Documentation

- Project Managers are responsible for documenting the work breakdown structure in the project schedule, working with team leads to define detailed tasks for the Project Milestones and estimating task duration.
- Project Managers are responsible for documenting and escalating project issues, risks and mitigation options. Project management documentation shall be maintained in the SharePoint project site under the designated ISDM folder.
- The Project Managers are responsible for maintaining all project documents related to the team in the designated folders in the project SharePoint site.

- Action items will be tracked by the Project Managers and documented on the Meeting Summary and placed on the next meeting Agenda with a date assigned and responsible person. Any items remaining open after two consecutive weeks will be transferred to the project schedule as a task.
- All final project deliverables and acceptance documents shall be maintained in the assigned project folder.
- Decision Points are drafted and saved in the assigned project folder. Each time a document is presented, it is updated in this folder. Once approved, the decision document is updated. The title of the file should be brief and concise.

6.5 Change Management

- All requests for changes in scope shall be communicated to the project sponsor and in the Team Lead Meeting via a Decision Point Document.
- Changes in Scope or Issues requiring Project Governance Committee resolution will be brought before the Team Leads during the weekly Team Lead meetings prior to the Project Governance Committee meetings.
- Project Schedule updates resulting in project delay will be brought to the attention of the Team Lead and project sponsor.
- All code deployed to production on AHCA servers shall comply with the change control processes identified in policies and procedures.

6.6 Risk and Issue Management

- Risks are defined on the project as uncertain future events having an impact on the project, while issues are known events. Risks and Issues will be identified by the team and addressed regularly through team meetings.
- A Project Risk Matrix will be updated weekly by the Project Managers. Risks will be addressed during the weekly Team meeting and if needed escalated to the Team Lead meeting and Project Steering Committee.
- Project issues will be tracked in the Action Item Tracker; entered by all team members and updated weekly by the Project Managers. Issues will be addressed during the weekly Team meeting and if needed escalated to the Team Lead meeting and Project Steering Committee.
- Risks and Issues will escalate through the process when necessary.

6.7 Decision Making Process

- Tier One - Project Team attempts to resolve problem at the team level. Decisions affecting only the team and the teams/ objectives not influencing other areas of the project or AHCA and not requiring Senior Management approval should be resolved at the team level and documented using the appropriate project management documents. At times two or more teams will need to work together before escalating an item to the next level.
- Tier Two - Team Leads – Items crossing over to more than two teams requiring input or resolution by the Project Steering Committee will be brought in the form of a Decision Point to the weekly Team Lead meeting.

- Tier Three - Project Steering Committee – Once a set of recommended options has been determined through the Team Leads, the initiating team will present the Decision Document for final resolution to the Steering Committee, if a resolution has not yet been found or the Team Leads lack the authority to make such a decision. All decisions and resolutions will be updated on the appropriate document and communicated back to the team level.

7. Project Charter

Project Member	Signature	Date
Molly McKinstry, Project Sponsor		
Scott Ward, AHCA CIO		

Implementation Plan for Milestones	Start Date - End Date
Call Center Centralization Implemented	8/26/2014 - 10/25/2014
Versa Regulation Licensing Integrated into Call Center	10/10/2014 - 6/30/2015
Core Application and Database Implemented into Beta	7/1/2016 - 8/30/2016
Core Application and Database Implemented into Beta Tested	7/1/2016 - 8/30/2016
Core Application and Database Implemented into Production	7/1/2016 - 8/30/2016
Document Management (Laserfiche) System Integrated	7/2/2015 - 9/4/2015
Licensing Data Converted	1/28/2016 - 4/2/2016
Medicaid Data Converted	4/1/2016 - 6/30/2016
Second Phase Application and Database Implemented into Beta	7/1/2016 - 8/30/2016
Second Phase Application and Database Implemented into Beta Tested	7/1/2016 - 8/30/2016
Second Phase Application and Database Implemented into Production	7/1/2016 - 8/30/2016
Non-AHCA System (Unknown) Implemented	8/30/2016 - 5/1/2017
Non-AHCA System (Unknown) Implemented	8/30/2016 - 5/1/2017
Full System Implemented into Beta	4/30/2017 - 6/30/2017

Full System Implemented into Beta Tested	4/30/2017 - 6/30/2017
Full System Implemented into Production	4/30/2017 - 6/30/2017
SSRS Datamart Developed	4/30/2017 - 6/30/2017
Reports Developed	8/25/2015 - 1/29/2016
Follow up fixes completed	11/18/2016 - 6/30/2017
End of Project close out	4/30/2017 - 6/30/2017
Project sign off	6/30/2017

SCHEDULE IV-B
FOR
HEALTH CARE CLAIMS ANALYTIC TOOL

For Fiscal Year 2014-15

August 9, 2013

AGENCY FOR HEALTH CARE ADMINISTRATION

Contents

I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Agency for Health care Administration	Schedule IV-B Submission Date: August 9, 2013
Project Name: Data Collection System Expansion to All Payers Claim Database	Is this project included in the Agency's LRPP? ____ Yes __X__ No
FY 2014-15 LBR Issue Code:	FY 2014-15 LBR Issue Title: All Payers Claim Database System
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Molly McKinstry (850) 412-4334 Molly McKinstry@ahca.myflorida.com	

AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head: Printed Name: Elizabeth Dudek	Date: 10/15/13
Agency Chief Information Officer (or equivalent): For Scott Ward Printed Name: Scott Ward John Edwards	Date:
Budget Officer: Printed Name: Anita Hicks	Date: 10/14/2013
Planning Officer: Printed Name: Jeff Gregg	Date: 10/14/2013
Project Sponsor: Printed Name: Molly McKinstry	Date: 10/14/13

Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Jeff Gregg / Beth Eastman
Cost Benefit Analysis:	Jeff Gregg / Beth Eastman
Risk Analysis:	Jeff Gregg / Beth Eastman
Technology Planning:	Scott Ward
Project Planning:	Jeff Gregg / Beth Eastman

General Guidelines

The Schedule IV-B contains more detailed information on information technology (IT) projects than is included in the D-3A issue narrative submitted with an agency's Legislative Budget Request (LBR). The Schedule IV-B compiles the analyses and data developed by the agency during the initiation and planning phases of the proposed IT project. A Schedule IV-B must be completed for all IT projects when the total cost (all years) of the project is $1 million or more.

Schedule IV-B is not required for requests to:

- Continue existing hardware and software maintenance agreements,
- Renew existing software licensing agreements, or
- Replace desktop units ("refresh") with new technology that is similar to the technology currently in use.

Documentation Requirements

The type and complexity of an IT project determines the level of detail an agency should submit for the following documentation requirements:

- Background and Strategic Needs Assessment
- Baseline Analysis
- Proposed Business Process Requirements
- Functional and Technical Requirements
- Success Criteria
- Benefits Realization
- Cost Benefit Analysis
- Major Project Risk Assessment
- Risk Assessment Summary
- Current Information Technology Environment
- Current Hardware/Software Inventory
- Proposed Solution Description
- Project Management Planning

Compliance with s. 216.023(4)(a)10, F.S. is also required if the total cost for all years of the project is $10 million or more.

A description of each IV-B component is provided within this general template for the benefit of the Schedule IV-B authors. These descriptions and this guidelines section should be removed prior to the submission of the document.

Sections of the Schedule IV-B may be authored in software applications other than MS Word, such as MS Project and Visio. Submission of these documents in their native file formats is encouraged for proper analysis.

The revised Schedule IV-B includes two required templates, the Cost Benefit Analysis and Major Project Risk Assessment workbooks. For all other components of the Schedule IV-B, agencies should submit their own planning documents and tools to demonstrate their level of readiness to implement the proposed IT project. It is also necessary to assemble all Schedule IV-B components into one PDF file for submission to the Florida Fiscal Portal and to ensure that all personnel can open component files and that no component of the Schedule has been omitted.

Submit all component files of the agency's Schedule IV-B in their native file formats to the Office of Policy and Budget and the Legislature at IT@LASPBS.STATE.FL.US. Reference the D-3A issue code and title in the subject line.

II. Schedule IV-B Business Case – Strategic Needs Assessment

A. Background and Strategic Needs Assessment

1. Business Need

The Agency for Health Care Administration (AHCA) is responsible for the administration of the Medicaid program, for the licensure and regulation of over 30 types of health care facilities, and for providing information to patients and families about the quality of the health care they receive in Florida. Section 408.061, F.S., directs AHCA to implement transparency in health care by providing information that assists consumers in making better health care decisions.

In order to expand on the utilization, cost and overall quality of the information currently provided to consumers to be utilized for health care research, additional data sources and analytic tools are needed. By enhancing the current data collected to include paid claims data from all payers, AHCA will be able to provide patient outcome analysis and analysis of service utilization in managed care organizations across the continuum of health care services, including and beyond hospitals and ambulatory surgery centers.

The Health Care Claims Analytic Tool (HCCAT) will use claims information from an All Payer Claims Database (APCD). The initial source of data for the health care claims analytic tool will be Medicaid eligibility and Medicaid fee for service claims and all payer Medicaid encounters. The technical solution procedure will scale to include data submission by all payers. Quality measures that can be derived from an APCD include analysis of readmissions, comparative length of stay for common procedures, and the extent of required follow-up procedures. Filling these transparency gaps will allow consumers and purchasers to make more effective health care purchasing decisions that balance cost and quality considerations.

2. Business Objectives

The business objective is to have an outsourced vendor provide high quality analytics based on an expansion of the information currently collected by AHCA to include the creation of an APCD that will feed into an HCCAT. The HCCAT will be implemented in phases with the collection of Medicaid fee for service and Medicaid all payer (encounter) data initially populating the APCD, the procurement will require that the APCD solution scale to include all payer data.

Pursuant to statute, rules will be promulgated for the collection of all payer data. AHCA will convene stakeholder groups and technical advisory groups to assist with the planning and development of the specifications. A technical solution for the collection and hosting of data and the analytic tool can be procured in the first year. Medicaid claims and encounters will be available for analysis prior to the completion of the rule making process. The implementation activities will include the technical build of the system and ongoing maintenance, as well as analytic tools and reporting capabilities.

This analytical tool will allow information to be provided to consumers to improve health care purchasing decisions based on quality and utilization information from managed care plans. APCDs are large scale databases that include data from medical claims, pharmacy claims and dental claims - from private and public payers. APCDs provide the ability to better understand how and where health care is being delivered and how much is being spent. The information collected typically includes patient demographics; diagnosis, procedural and national drug codes; costs (including payer paid amounts and consumer liabilities); utilization data; information about the type of service providers; eligibility data; and payer information.

APCDs include claims data from a full range of services, including primary care, specialty care, outpatient services, inpatient stays, laboratory testing, dental services, and pharmacy data - across multiple public (such as Medicaid and Medicare) and private payers. Current data sources such as vital statistics and hospital and ambulatory surgery patient data have incomplete provider information and

limited information on utilization and payments for services. An APCD will enhance current data dissemination efforts by providing complete information about the varying cost and quality of procedures in different health care settings to support consumer driven health care choices.

Ten states have developed APCDs and another eight states have systems that are under development. The APCD will be a major step in AHCA's transparency efforts to introduce meaningful pricing and quality information to Florida's health care market.

B. Baseline Analysis

3. Current Business Process

a. Inputs - AHCA collects data on every patient who is discharged from Florida-licensed hospitals, hospital emergency departments (EDs), and ambulatory surgical centers (ASCs), based on direction in s. 408.061, F.S.

AHCA's hospital inpatient data collection program collects three types of discharge data from approximately 277 hospitals, including acute care hospitals, short-term psychiatric hospitals, comprehensive inpatient rehabilitation specialty hospitals, and long-term care hospitals. Reportable events include all acute, intensive care, and psychiatric discharges in addition to newborn live discharges and deaths. The number of hospital inpatient discharge records collected has increased each year from 2,386,661 in 2002 to 2,670,521 records in 2012.

ASC and ED data are collected from approximately 650 freestanding ASCs, lithotripsy centers, cardiac catheterization laboratories, and short-term acute care hospitals. ASC reportable events include those which are surgical in nature or invasive diagnostic procedures within a specified procedure code range. ED reportable events include all emergency department visits in which emergency department registration occurs and the patient is not admitted for inpatient care at the reporting entity. The actual number of reporting ambulatory surgical facilities varies over time as new facilities open and others close, but each facility submits quarterly reports under a unique Agency-assigned identification number. AHCA collected approximately 3 million ambulatory patient and 7.4 million emergency department patient records in 2012.

Through the administration of the Florida Medicaid program, AHCA processes and stores claims for some enrollee services and collects and stores encounter data from managed care organizations providing services to Medicaid enrollees.

b. Processing - Patient data is collected electronically via a secure Internet connection in accordance with chapter's 59E-7 and 59B-9, Florida Administrative Code (F.A.C.), facilities submit data reports quarterly.

All data files may be submitted to AHCA 24 hours a day, seven days a week, using the Internet Data Submission System (IDSS). The IDSS is a secure online system that utilizes Secure Sockets Layer (SSL) 128-bit encryption to protect information sent between the user's browser and Agency server.

The submitted data is checked for errors by a custom-designed computer program. Reports detailing any identified inconsistencies in the data are sent to the reporting facility for correction and verification. Following appropriate facility action, the corrected data are processed again. The process repeats until the data are determined to be error-free.

A final report is sent to the facility for final review and certification. In the certification process, the facility's chief executive officer or chief financial officer signs and returns an attestation vouching for the data's accuracy. Once the data have been certified they are added to the main database where they are available for use. Total allowable timeframe for submission and correction of patient data is five months. Delinquent facilities are fined $100 per day certified data

is late beyond that deadline.

c. Outputs - The data are used by researchers in universities, the hospital industry, and government to evaluate the portion of the state's health care system served by hospitals and surgically-related ambulatory facilities. All of the information is available to any interested user on AHCA's Florida Health Finder website:
http://www.floridahealthfinder.gov/researchers/researchers.aspx.

d. Business Process Interfaces - AHCA requires facilities to report AS/ED data via the Internet using an AHCA-defined Extensible Markup Language (XML) schema (reporting by CD-ROM may be approved by AHCA in a case of extraordinary circumstances). The XML data file is an integrated file that may include data regarding visits to ambulatory surgery centers, hospital outpatient services and emergency department services. Inpatient reporting facilities began submitting their data via the Internet using a separate XML schema in June of 2006.

All data submitted via the Internet must be electronically transmitted using the relevant XML schema. The AS/ED data XML Schema is available at http://ahca.myflorida.com/xmlschemas/asc22.xsd. The Inpatient Data XML Schema available at: http://ahca.myflorida.com/xmlschemas/inppoa22.xsd.

e. Business Process Participants – AHCA's hospital inpatient data collection program collects three types of discharge data from hospitals, including acute care hospitals, short-term psychiatric hospitals, comprehensive inpatient rehabilitation specialty hospitals and long-term care hospitals. AS and ED data are collected from freestanding ASCs, lithotripsy centers, cardiac catheterization laboratories, and short-term acute care hospitals.

f. Process Mapping - Unavailable at this time.

4. Assumptions and Constraints

Assumptions

- The project will receive continued support from AHCA management;
- There are sufficient resources (staff, software, hardware) to complete the project and the resources will be available when needed;
- There will be sufficient budget to fund the project;
- The business units' System Matter Experts (SME) will be knowledgeable and experienced in their current business process and available to meet with the Business Analyst to convey their process;
- Business units' staff will be available and involved in executing test scenarios;
- IT staff and augmented IT staff will receive project specific training if needed;
- Technical standards will be uniform; and
- AHCA IT will have oversight over the project developers through participation in the governance of the project.

Constraints

- Rulemaking may be necessary to require submission of data from payers.

C. Proposed Business Process Requirements

1. Proposed Business Process

Currently, 18 states have or are in the process of developing and implementing an APCD allowing robust analytic capabilities. AHCA's proposed business process will follow similar practices currently used in the existing data collection process, including but not limited to rulemaking,

stakeholder involvement and analysis of inventory of the payer market. AHCA is experienced in the development of business processes that facilitate the publication and dissemination of data through www.FloridaHealthFinder.gov and it is intended to continue and expand those processes when adding the health care analytics information.

AHCA's proposed business process will follow best practices and guidelines for the secure collection and release of health information in the procurement for a technical solution for this project. The project will include stakeholders in the development of data submission criteria, and policies for data use and access. The initial source of data for the health care claims analytic tool will be Medicaid eligibility and Medicaid fee for service claims and all payer Medicaid encounters. The technical solution procured will scale to include data submission by all payers.

2. Business Solution Alternatives

Alternatives to the current practices include:

A. Do Nothing: Continue to collect data currently collected and maintain the level of information currently being provided.

B. Voluntary Submission: Implement the APCD based on voluntary submission by the payers, resulting in incomplete information due to the ongoing negotiations of the payers and providers.

C. Mandatory Submission: Mandatory submission would provide a complete data set, enabling robust analysis of health care service utilization and patient outcomes.

3. Rationale for Selection

By selecting Option C of enhancing the current data collected to include all payer claim data (mandatory submission), AHCA will be able to conduct robust analyses of prices, utilization, and performance and quality information for health care services delivered across the continuum of health care services.

4. Recommended Business Solution

It is recommended that AHCA institute Option C - mandatory submission by all payers, to include claims data from a full range of services, including primary care, specialty care, outpatient services, inpatient stays, laboratory testing, dental services and pharmacy data.

The project will be initiated with the inclusion of Medicaid claims data, both Fee for Service (FFS) and paid claims from all Medicaid health plans.

D. Functional and Technical Requirements

High Level Requirements
The system provides defined scope (thresholds) for initial carrier reporting total).
System provides capacity to manage the database and relationships with payers
System developed based a core set of APCD data elements as defined by AHRQ
Defined file structure/file layout/formats.
Defined platforms each payer must report and from which sources (eligibility, medical, pharmacy, dental).
Defined schedule (monthly, quarterly, and annually) for submissions
Develop the system using IT development standards
The system must be able to create appropriate dashboards specific to the needs of consumers and purchasers

The system must be able to create a datamart to enable data to be easily used by other applications
The system must be able to create reports and analysis for all business areas
Secure and optimize the system
Provide sufficient Data Storage
Provide Data storage back-up
Enable Data Storage off-site
Provide Logical server instance
Provide sufficient Bandwidth base

III. Success Criteria

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	Initial data available for analytics	Reports produced	Health care purchasers / Medicaid program oversight	April 2015
2	Promulgation of all payer data collection rules	Adoption of final rules	Consumers, Purchasers, Providers	April 2015

IV. Schedule IV-B Benefits Realization and Cost Benefit Analysis

A. Benefits Realization Table:

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Date (MM/YY)
1	Analytic Capabilities	Health care purchasers, consumers, providers, researchers, AHCA staff	Trend and quality analysis	Qualitative measures will be available	April 2015
2	Published Metrics for Transparency	Health care consumers	Trend and quality analysis	Qualitative measures will be available	August 2017
3	Data Available for research	Health care purchasers, consumers, providers, researchers, AHCA staff	Trend and quality analysis	Measure number of inquiries	August 2015

B. Cost Benefit Analysis (CBA)

1. The Cost-Benefit Analysis Forms

Cost Benefit Analysis	
Form	**Description of Data Captured**
CBA Form 1 - Net Tangible Benefits	Agency Program Cost Elements: Existing program operational costs versus the expected program operational costs resulting from this project. AHCA needs to identify the expected changes in operational costs for the program(s) that will be impacted by the proposed project. Tangible Benefits: Estimates for tangible benefits resulting from implementation of the proposed IT project, which correspond to the benefits identified in the Benefits Realization Table. These estimates appear in the year the benefits will be realized.
CBA Form 2 - Project Cost Analysis	Baseline Project Budget: Estimated project costs. Project Funding Sources: Identifies the planned sources of project funds, e.g., General Revenue, Trust Fund, Grants. Characterization of Project Cost Estimate.
CBA Form 3 - Project Investment Summary	Investment Summary Calculations: Summarizes total project costs and net tangible benefits and automatically calculates: • Return on Investment • Payback Period • Breakeven Fiscal Year • Net Present Value • Internal Rate of Return

V. Schedule IV-B Major Project Risk Assessment

The inability to complete this project would result in the loss of an opportunity to improve understanding of healthcare utilization, access and quality of health care services in Florida. An assessment of overall risk incurred by the project will improve the likelihood of project success.

A. Risk Assessment Summary

The Risk Assessment Tool and Risk Assessment Summary are included in Appendix B on the Florida Fiscal Portal and must be completed and submitted with the agency's Schedule IV-B.

VI. Schedule IV-B Technology Planning

A. Current Information Technology Environment

1. Current System

VI. Schedule IV-B Technology Planning Questions:	Data Collection System
Briefly describe the current system.	The current data collection activities at AHCA are claims and encounter data collected in the administration of the Medicaid program and the collection of administrative or discharge data from facilities. AHCA is concentrating on the hospital and inpatient data system as an illustration because it is most applicable to the proposed system.

Is the current system's data stored in document management system, Laserfiche?	HQA uses Laserfiche to archive all documents produced by the data collection process. Actual data files are archived on AHCA system storage.
Does the Current system use email as part of the process?	The system does not enable email such as alerts or workflows.
Is the current Information submitted by paper? Or an Email attachment?	Data is submitted to AHCA via web portal in an AXM-formatted computer file.
Does the current system use SharePoint lists or document files?	No. Tracking of system actions is done via custom software.
Does the current System have a Database in Oracle or SQL server?	Oracle version 11.1
Does the current system have SSRS, Impromptu, or Excel reports?	Current custom software tacking utilizes SAP Crystal Reports.

a. Description of current system

a. The current functions Questions:	**Licensing System**
Which current business processes in the system will be affected by the new system.	The current data collection system will become more automated and stably deployed under the new system. Specifically, software will be deployed on network instead of desktops removing the need for local support. Other business processes will be extended by the expansion in the volume in the number of elements and files collected.
What is the total number of users and user types (e.g., power, casual, data entry)	Customer service users: 15; Facility users: 680; Data Dissemination analysts: 5 Overall there are about 700 total users.
What is the number and percentage of transactions (online, batch, and concurrent) handled by the current system (if possible, indicate the amount of data that is moved or processed in each transaction type)	approx. 100,000+ transactions a year
What are the system's security requirements (public access, privacy, confidentiality, HIPAA, CJIS)	HIPAA, confidential, no public access (web portal submission provides no access)
What is the current hardware characteristics (e.g., PC, hosts, servers, network devices, FTP, Network file storage, Paper, archival equipment, laserfiche, etc.)	Desktop workstations, Bizhub, web server, servers, network drives, network file storage, LaserFiche
What are the software characteristics (operating system, desktop application, web application, real-time transaction, etc.)?	Operating system, Web portal, XML format checker (custom/custom schema), Window7 Suite, PD2 (custom), WinStat Auditor (custom), Oracle load scripts, LaserFiche, internet and intranet Website
Is the existing system or process documentation available	Yes, documentation is available.
Does the current system have internal and external interfaces	The current system has internal interfaces only.
Is the current system consistent with the agency's software standards and hardware platforms	No, the system uses Oracle which is not the Agency preferred database, and the WinStat Auditor which is written in obsolete language (FoxPro), and PD2 which lacks software documentation.

Does the current system have the scalability to meet the long-term system and network requirements	No, the current system is not scalable and cannot meet long-term system and network requirements. Many needed functions use outdated software and hardware.

b. Current system resource requirements

b. Current system resource requirements Questions:	Licensing System
1) What is the hardware and software requirement of the current system (e.g., CPU, memory, I/O)	The system uses CPU: 16 cores Intel(R) Xeon(R) CPU X5672 @ 3.20GHz Memory: 148 GB Storage: 50 GB on the EMC VNX SAN.
2) What is the cost and availability of maintenance or service for existing current system hardware or software	Custom business rules engine (WinStat Auditor) licensing and support approximately $32,000/year. The remaining system configuration and reporting is coded in-house. Cost to perform customization must be determined in the prior year.
3) What is the system's staffing requirements, identifying key roles (e.g., system management, data entry, operations, maintenance, and user liaison); include contractors, consultants, and state staff	The system requires support from 1 to 2 person system triage and maintenance team, and an Oracle DBA.
4) What is the cost summary to operate the existing system (detailed costs will be entered into the Cost-Benefit Analysis Worksheets)	The system uses CPU: 16 cores Intel(R) Xeon(R) CPU X5672 @ 3.20GHz Memory: 148 GB Storage: 50 GB on the EMC VNX SAN.

c. Current system performance

c. Current system performance	Data Collection System
Is the system able to meet the current and projected workload requirements?	No, the system is not capable of handling needed external interfaces or volume increases and audition requirements.
What is the user's level of system satisfaction?	The business areas are somewhat satisfied except that the system does not have all of the functions needed by the business units and is at significant risk of abandonment by external software support (WinStat Auditor).
What is the current system's current or anticipated failure to meet the objectives and functional requirements of an acceptable response to the problem or opportunity?	The system is outdated, relies on obsolete software deployed in a cumbersome and expensive manner and is fundamentally unscalable. Storage currently available is significantly inadequate. System is incapable of receiving, processing and storing claims data on tens of millions of state residents.
What is the experienced or anticipated capacity or reliability problems associated with the current technical infrastructure or system?	The system relies on obsolete software provided by a vendor that has expressed a desire to end support for the platform (which would become inoperable within six weeks). Other custom software is undocumented, outdated and increasingly unstable. Software deployed on desktop workstations and exposed to high failure rates due to user error. Overall system capacity inadequate to expand by the several orders of magnitude required to implement health care claims analytic tool.

1. Information Technology Standards

AHCA's Division of IT Information System Development Methodology will be followed. Since the solution proposed is to be outsourced, existing systems and corresponding data will be leveraged for the option chosen. Data collected for the health care claims analytic tool will comport with HIPAA and national standards for secure transmission and storage of health care information.

B. Current Hardware and/or Software Inventory

If applicable, provide a complete inventory of the current hardware and/or software that will be replaced by the proposed IT project. The components of the inventory should include:	
1) Do you currently have hardware or software purchases with warranty expiration dates?	Yes, AHCA currently has hardware or software purchases with warranty expiration dates.
2) Do you currently have hardware or software performance issues or limitations?	Although the current systems used do not have performance issues, there are limitations in system interfaces and functionality such as obsolescence, lack of workflow, email alerts, dashboard views and reporting across systems.
3) Do you currently have hardware or software business purposes for the items being replaced?	No, systems have been designated for replacement related to projects.
4) Do you currently have hardware or software annual maintenance costs?	Yes, some AHCA strategic software costs are still within the Agency, the Northwood Shared Resource Center (NSRC) owns the Agency's server operating system and database software, including annual maintenance costs.

AHCA replaces a percentage of all AHCA computers each year. The number of systems replaced is not exact for each category for each year due to funding sources and constant end-user needs analysis.

Desktops have a five-year life cycle as primary use systems for FTE and OPS workers. Laptops have a four-year life cycle as primary use systems for FTE and OPS workers. Convertible tablet laptops have a three year life cycle as primary use systems for FTE and OPS workers. Mobile devices (smart phones and tablets like the iPad) have a two to three year life cycle for FTE and OPS workers.

Hardware and software can also be upgraded based on the end-user or program need.

The NSRC is the Agency's primary data center and relies upon NSRC's infrastructure to maintain services and to increase service as required to meet AHCA's data center needs. The proposed increase in services will be minimal with this project. AHCA anticipates an estimated 5% growth in data center services per year.

The solution described above as a software as a service (SaaS) would be entirely hosted by the vendor. As such, the only requirement would be for AHCA to maintain network connectivity to AHCA employee desktops. If the service is browser based, the vendor will need to ensure compatibility with the most current AHCA standard.

C. Proposed Solution Description

1. Summary description of proposed system

Although the HCCAT will be implemented in phases with the collection of Medicaid FFS and Medicaid all payer (encounter) data initially populating the APCD, the procurement will require that the APCD solution scale to include all payer data.

There are several stages of APCD development, including planning activities (stakeholder engagement, determining the governing structure, data collection and release rules), implementation activities (the actual technical build of the system which includes developmental costs, maintenance, and accommodation for provider file consolidation), and information production (healthcare analytics).

The scope of the APCD determines the number of data sources. Most APCDs will capture eligibility, medical and pharmacy files while dental claims and provider files may also be captured. In addition, utilizing a common data collection standard will assist in reducing costs and reporting burden to the health plan (payers) and the state are reduced.

Analytics and reporting activities will include identifying what information will be produced and made available through public reporting and/or ad hoc requests, if applicable. Dissemination efforts, similar to what is currently being done in AHCA's hospital, emergency department and ambulatory surgery center patient data, can also be handled within AHCA after proper procedures and policies have been established to protect privacy and prevent unauthorized usage. These data sales could be a potential funding source for an APCD, to offset data collection and preparation of custom analytic files and software inventory.

There are several determinants to estimating the capacity of the APCD technical build. These costs will be driven by the following elements:

- Number of insured Floridians;
- Number of feeds or data sources from public and private payers including managed care organizations;
- Number of data sources; and
- Adoption of data collection standards.

An APCD provides the ability to understand how and where health dollars are being spent across health care settings as well as performing patient outcome analysis and analysis of service utilization in managed care organizations. Understanding health care expenditure patterns and the utilization and performance of the health care system, through quality and access metrics, is vital in increasing access to care, reduced costs, and improved quality. Through an APCD AHCA will be able to:

- Report detailed patient outcome analysis across the continuum of care;
- Analysis of service utilization in managed care organizations;
- Develop comparisons of individual total payments for selected diseases, conditions, special populations, and procedures by provider and payer (for public reporting);
- Compute total costs for all types of health conditions;
- Determine utilization rates and comparisons of providers;
- Perform comparative analyses of providers; and
- Evaluate access to care issues.

2. Resource and summary level funding requirements for proposed system (if known)

This proposal requests $24.4 million over a period of 5 years in recurring Trust Fund to support a health care claims analytic tool for an All Payer Claims Data System. This will include the APCD development and planning activities (stakeholder engagement, determining the governing structure, data collection and release rules), implementation activities (the actual technical build of the system which includes

developmental costs, maintenance, and accommodation for provider file consolidation), and information production (healthcare analytics).

D. Capacity Planning - Appendix N

VII. Schedule IV-B Project Management Planning

A. Project Charter

Project Summary: The collection of the data needed for a HCCAT is currently authorized in s. 408.061, F.S. To expand on the utilization, cost and quality information currently available for consumers, researchers, and providers, additional data sources from an APCD is needed to cover health care services across the continuum of care. To ensure that the system deliverables fulfill both functional and technical requirements of the HCCAT and to ensure that the project itself is operating successfully, the project team will develop and follow project plans which will address key milestones and deliverables, and timeframes.

The HCCAT will use claims information from the APCD. The initial source of data for this project will be Medicaid eligibility and Medicaid fee for see claims and all payer Medicaid encounters with plans to scale in additional public and private payer claims. The HCCAT will provide high quality analytics of quality, utilization, pricing and performance for health care services in Florida.

Scope of Services: The State will develop a scope of work and contract with a vendor through the State-term contract process to develop and implement a HCCAT. This process will include an assessment of the State's current insurance market and covered lives; development of data submission rules with input from other state and federal agencies and key stakeholders. This project will include development of a technical solution for the collection of claims data, software and hosting, and the development of data submission rules with input from key stakeholders and other state and federal agencies. Data analytics will also be provided for patient outcome analysis as well as analysis of service utilization in managed care organizations. Long-term sustainability will also be a key component for the continued success of a project of this magnitude.

The scope of the APCD determines the number of data sources. Most APCDs will capture eligibility, medical and pharmacy claims while this database will also capture dental and physician claims. The APCD will be driven by the following elements: number of insured Floridians; number of feeds or data sources from public and private payers including managed care organizations; number of data sources; and the adoption of data collection standards. As stated previously, the analysis of Medicaid claims will be available in the first year before there is data submission by all payers.

Project Milestones: The following milestones for completion of key events and associated time frames will be established with the vendor and incorporated into the project scope and deliverables. Those milestones and deliverables will include, but are not limited to:

1. Inventory and Assessment of Current Insurance Market: The first step in obtaining an APCD is the need to inventory and assess Florida's insurance market. This information will guide the planning, budgeting, and technical build decisions that follow. The most determinant source of cost is the number of data sources and data feeds that are expected to supply information to the Agency for Health Care Administration (AHCA). Each data source and platform must be assessed, normalized or mapped into a common uniform format across all sources, and tested for

accuracy. One payer can maintain multiple computing platforms, which multiplies the intensity of the effort. Development will involve commercial carriers because that data represents the largest percentage of the population and the enrollment/eligibility population will help guide decisions about the scope of the APCD. Adding payers such as Medicare will allow for comparisons across payers as well as obtaining all age groups.

2. Development of Data Submission Rules for APCD: The second step involves developing data submission and data release rules. This will need to involve key stakeholders, including and especially payers, to define the reporting requirements for carriers that will be submitting their claims data to AHCA. Other groups that may need to be included are Third Party Administrators and Pharmacy Benefits Managers. Other areas that need to be addressed are defining the file structure/file layout/formats; define which platforms each payer must report and from which sources (mental, pharmacy, dental, eligibility); define the schedule for submissions; and determine penalties for non-compliance of submissions.

3. Data Collection: Data collection will begin with the Medicaid FFS claims, managed care encounters, and eligibility information. This will include management, maintenance, and ongoing data collection efforts to include all payers. Additional payers, including Medicare, will also be collected and integrated based on the analysis of the current insurance market and identified for reporting through data submission rules. Management and validation of data collection efforts are a key component to the process.

4. Reporting and Analytics: The HCCAT will allow robust reporting and analytics of the APCD data. Analytics provided will include, but are not limited to, an analysis of patient outcome analysis, and analysis of service utilization in managed care services across the continuum of care. The vendor will assist in determining of using existing tools or the development of new ones for the analytic tools and reporting capabilities.

B. Work Breakdown Structure

In addition to conducting a statewide inventory of the insurance market and technical meetings with the State Consumer Health Information and Policy Advisory Council, the work breakdown structure in creating a health care claims analytic tool will also include rulemaking, vendor acquisition and management, developing data release policies and processes, and data management analysis and support.

A. Resource Loaded Project Schedule

Staffing levels for the APCD project related work will include various levels of expertise across AHCA. Agency staff can coordinate with a vendor to complete the statewide inventory of the insurance market and will also coordinate the activities and decision points in working with all appropriate stakeholders such as the State Consumer Health Information and Policy Advisory Council. The rule making process, at a minimum, will require a project manager, legal resource and technical resource. Vendor acquisition, at a minimum, will require a project manager and technical resource. The data release policy and process, at a minimum, will require a project manager and legal resource. Staffing for data management analysis and support will require, at a minimum, a technical resource, IT infrastructure, and software.

B. Project Budget

Costs for APCD planning, implementation, and maintenance vary by state. Reported annual state APCD funding ranges from $350,000 to establish a 'bare bones' data system to $1 million to $2 million to establish a data system. These numbers are for states ranging from approximately 1.3

million to 5.5 million lives. As Florida's population is much larger than these estimates created for other states, the annual budget for an APCD is estimated to be $5 million dollars.

The costs depend on factors such as:

- State health care system market structure (e.g., the numbers and types of service delivery and payer systems that are present in the state)
- State population (e.g. impact on covered lives) and insurance coverage patterns (e.g., the types of health insurance products in place for the population)
- Number of licensed payers, including third party administrators (TPAs) and pharmacy benefit managers (PBMs), and the number of data systems in place for those payers (e.g. many payers have multiple transaction systems housing the data)
- Location of AHCA where the APCD is to be housed (e.g. insurance department, health department, or other type of arrangement such as a state-sponsored private entity)
- Planned users and uses for the APCD and associated costs of data release (e.g. if researcher access is planned).

There are several determinants to estimating the cost of the APCD technical build. These costs will be driven by the following elements:

- Number of covered lives;
- Number of carrier feeds or data sources which relates to the number and diversity of different plans they offer;
- Number of data sources; and
- Adoption of a common/consensus state APCD data collection standard vs. a state-specific format.

C. Project Organization

The appropriate project organizational and governance structure will be in place and operational in time to support the needs of the project. This will include appropriate rule making and vendor acquisition.

D. Project Quality Control

AHCA's contract management oversight in collaboration with IT and subsequently the contracted vendor, will ensure that effective quality control processes and procedures are in place and operational to support the needs of the project. Agency staff and the contracted vendor will also monitor quality control. This will include, at a minimum, appropriate edit functions/rules for every data element that includes load edits as well as quality edits. In addition, staff and the contracted vendor will provide frequency/output reports to all the submitting payers to review, verify, and updated as needed/required. As such, data quality will improve over time with consistent feedback and direct consultation with each data supplier's technical staff.

E. External Project Oversight

AHCA will work with multiple stakeholders to ensure the success of creating the health care claims analytic tool. AHCA will work closely with the State Consumer Health Information and Policy Analysis Advisory Council to receive recommendations on both the collection and use of data through a health care claims analytic tool. Stakeholders will include but will not be limited to payers, providers, data users, consumer advocates, business and health coalitions, local health councils, and purchasers.

F. Risk Management

Step 1: Identify major risks to project success

Step 2: Assess the potential impact of each risk and its probability of occurrence

Step 3: Determine appropriate contingency plans

Step 4: Determine the acceptable level of tolerance for each risk

Step 5: Specify mitigation strategies to be implemented for each risk

Step 6: Periodically review the effectiveness of mitigation strategies and identifying any new risks.

Risk Description/Impact	**Probability of Occurrence** (high, medium, low)	**Tolerance Level** (high, medium, low)	**Mitigation Strategy**	**Assigned Owner**
1. Project Strategies are currently at the high level of development, and have not been expanded through standard project management practices.	Low	High	If approved to move forward, project strategies will be clearly defined during the project management initiation and development phase.	Project Sponsors, Executive Management and Stakeholders
2. Proposed technology is defined only at a conceptual level and is not fully understood or designed.	Low	High	Agency IT will be instrumental in working with the Project Staff and vendor to analysis the current and proposed technology and develop plans to mitigate any risks	Project Staff Vendor Agency IT
3.An Operational Change Management Plan has not been clearly defined	Low	High	Operational Change Management Plans will be developed during the project management initiation and development phase	Project Staff, Vendor

G. Organizational Change Management

All requests for changes in scope shall be communicated to the project sponsors. Changes in scope or issues requiring Project Governance Committee resolution will be brought before the Sponsors during the weekly meeting prior to the Project Governance Committee meetings. Project Schedule updates resulting in project delay will be brought to the attention of the Project Sponsors.

H. Project Communication

The project communications plan comports with standard project management practices. It encompasses meetings, documents, and decision making. A Communications Plan, a copy of which follows, has been drafted and will be put in place upon initiation of this project.

I. Special Authorization Requirements

This project will require rule development.

VIII. Appendices

Number and include all required spreadsheets along with any other tools, diagrams, charts, etc. chosen to accompany and support the narrative data provided by the agency within the Schedule IV-B.

- Appendix C: Benefits Realization Table
- Appendix E: IT Project Risk Assessment Tool
- Appendix I: Responsibility Assignment Matrix (RAM)
- Appendix K: Project and Operational Budget Tables
- Appendix N: Capacity Plan Template
- Appendix M: Communications Plan Template

CBAForm 1 - Net Tangible Benefits

Agency: AHCA Project: HC Claims Analytic Tool

Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A

Agency (Operations Only -- No Project Costs)	FY 2014-15			FY 2015-16			FY 2016-17			FY 2017-18			FY 2018-19		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
A. Personnel -- Total FTE Costs (Salaries & Benefits)	$0	$2,200,000	$2,200,000	$0	$3,000,000	$3,000,000	$0	$1,700,000	$1,700,000	$0	$1,700,000	$1,700,000	$0	$1,700,000	$1,700,000
A.b Total FTE	0.00	15.00	15.00	0.00	21.25	21.25	0.00	12.50	12.50	0.00	12.50	12.50	0.00	12.50	12.50
A-1.a. State FTEs (Salaries & Benefits)	$0	$0	$0		$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
A-1.b. State FTEs (# FTEs)	0.00	0.00	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-2.a. OPS FTEs (Salaries)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
A-2.b. OPS FTEs (# FTEs)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-3.a. Staff Augmentation (Contract Cost)	$0	$2,200,000	$2,200,000	$0	$3,000,000	$3,000,000	$0	$1,700,000	$1,700,000	$0	$1,700,000	$1,700,000	$0	$1,700,000	$1,700,000
A-3.b. Staff Augmentation (# of Contract FTEs)	0.00	15.00	15.00	0.00	21.25	21.25	0.00	12.50	12.50	0.00	12.50	12.50	0.00	12.50	12.50
B. Data Processing -- Costs	$0	$880,000	$880,000	$0	$770,000	$770,000	$0	$750,000	$750,000	$0	$750,000	$750,000	$0	$450,000	$450,000
B-1. Hardware	$0	$200,000	$200,000	$0	$200,000	$200,000	$0	$200,000	$200,000	$0	$200,000	$200,000	$0	$100,000	$100,000
B-2. Software	$0	$500,000	$500,000	$0	$450,000	$450,000	$0	$450,000	$450,000	$0	$450,000	$450,000	$0	$250,000	$250,000
B-3. Other Specify	$0	$180,000	$180,000	$0	$120,000	$120,000	$0	$100,000	$100,000	$0	$100,000	$100,000	$0	$100,000	$100,000
C. External Service Provider -- Costs	$0	$1,920,000	$1,920,000	$0	$2,120,000	$2,120,000	$0	$2,120,000	$2,120,000	$0	$2,220,000	$2,220,000	$0	$2,120,000	$2,120,000
C-1. Consultant Services	$0	$1,400,000	$1,400,000	$0	$1,600,000	$1,600,000	$0	$1,600,000	$1,600,000	$0	$1,700,000	$1,700,000	$0	$1,600,000	$1,600,000
C-2. Maintenance & Support Services	$0	$520,000	$520,000	$0	$520,000	$520,000	$0	$520,000	$520,000	$0	$520,000	$520,000	$0	$520,000	$520,000
C-3. Network / Hosting Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-4. Data Communications Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-5. Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
D. Plant & Facility -- Costs (including PDC services)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E. Others -- Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-1. Training	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-2. Travel	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-3. Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total of Operational Costs (Rows A through E)	$0	$5,000,000	$5,000,000	$0	$5,890,000	$5,890,000	$0	$4,570,000	$4,570,000	$0	$4,670,000	$4,670,000	$0	$4,270,000	$4,270,000
F. Additional Tangible Benefits:		$0			$0			$0			$0			$0	
F-1. Specify		$0			$0			$0			$0			$0	
F-2. Specify		$0			$0			$0			$0			$0	
F-3. Specify		$0			$0			$0			$0			$0	
Total Net Tangible Benefits:		($5,000,000)			($5,890,000)			($4,570,000)			($4,670,000)			($4,270,000)	

CHARACTERIZATION OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	☐	Confidence Level	
Order of Magnitude	☐	Confidence Level	
Placeholder	☑	Confidence Level	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	**AHCA**	**HC Claims Analytic Tool**			*CBAForm 2A Baseline Project Budget*															
2	*Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.*				**FY2014-15**			**FY2015-16**			**FY2016-17**			**FY2017-18**			**FY2018-19**			**TOTAL**
3				**$ -**	**$ 5,000,000**			**$ 5,890,000**			**$ 4,570,000**			**$ 4,670,000**			**$ 4,270,000**			**$ 24,400,000**
4	**Item Description** *(remove guidelines and annotate entries here)*	**Project Cost Element**	**Appropriation Category**	**Current & Previous Years Project-Related Cost**	**YR 1 #**	**YR 1 LBR**	**YR 1 Base Budget**	**YR 2 #**	**YR 2 LBR**	**YR 2 Base Budget**	**YR 3 #**	**YR 3 LBR**	**YR 3 Base Budget**	**YR 4 #**	**YR 4 LBR**	**YR 4 Base Budget**	**YR 5 #**	**YR 5 LBR**	**YR 5 Base Budget**	**TOTAL**
5	Costs for all state employees working on the project.	**FTE**	S&B	$ -			$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	**$ -**
6	Costs for all OPS employees working on the project.	**OPS**	OPS	$ -	0.00		$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	**$ -**
7	Staffing costs for personnel using Time & Expense.	**Staff Augmentation**	Contracted Services	$ -	15.00	$ -	$ 2,200,000	21.25	$ -	$ 3,000,000	12.50	$ -	$ 1,700,000	12.50	$ -	$ 1,700,000	12.50	$ -	$ 1,700,000	**$ 10,300,000**
8	Project management personnel and related deliverables.	**Project Management**	Contracted Services	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	**$ -**
9	Project oversight (IV&V) personnel and related deliverables.	**Project Oversight**	Contracted Services	$ -	0.00		$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	**$ -**
10	Staffing costs for all professional services not included in other categories.	**Consultants/Contractors**	Contracted Services	$ -	0.00		$ 1,400,000	0.00	$ -	$ 1,600,000	0.00	$ -	$ 1,600,000	0.00	$ -	$ 1,700,000	0.00	$ -	$ 1,600,000	**$ 7,900,000**
11	Separate requirements analysis and feasibility study procurements.	**Project Planning/Analysis**	Contracted Services	$ -			$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ -**
12	Hardware purchases not included in Primary Data Center services.	**Hardware**	OCO	$ -			$ 200,000		$ -	$ 200,000		$ -	$ 200,000		$ -	$ 200,000		$ -	$ 100,000	**$ 900,000**
13	Commercial software purchases and licensing costs.	**Commercial Software**	Contracted Services	$ -			$ 500,000		$ -	$ 450,000		$ -	$ 450,000		$ -	$ 450,000		$ -	$ 250,000	**$ 2,100,000**
14	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	**Project Deliverables**	Contracted Services	$ -			$ 520,000		$ -	$ 520,000		$ -	$ 520,000		$ -	$ 520,000		$ -	$ 520,000	**$ 2,600,000**
15	All first-time training costs associated with the project.	**Training**	Contracted Services	$ -			$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ -**
16	Include the quote received from the PDC for project equipment and services. Only include one-time project costs in this row. Recurring, project-related PDC costs are included in CBA Form 1A.	**Data Center Services - One Time Costs**	PDC Category	$ -			$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ -**
17	Other project expenses not included in other categories.	**Other Services**	Contracted Services	$ -			$ 180,000		$ -	$ 120,000		$ -	$ 100,000		$ -	$ 100,000		$ -	$ 100,000	**$ 600,000**
18	Include costs for non-PDC equipment required by the project and the proposed solution (detail)	**Equipment**	Expense	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ -**
19	Include costs associated with leasing space for project personnel.	**Leased Space**	Expense	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ -**
20	Other project expenses not included in other categories.	**Other Expenses**	Expense	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ -**
21		**Total**		**$ -**	**15.00**	**$ -**	**$ 5,000,000**	**21.25**	**$ -**	**$ 5,890,000**	**12.50**	**$ -**	**$ 4,570,000**	**12.50**	**$ -**	**$ 4,670,000**	**12.50**	**$ -**	**$ 4,270,000**	**$ 24,400,000**

CBAForm 2 - Project Cost Analysis

Agency	AHCA	Project	HC Claims Analytic Tool

PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	
TOTAL PROJECT COSTS (*)	$5,000,000	$5,890,000	$4,570,000	$4,670,000	$4,270,000	$24,400,000
CUMULATIVE PROJECT COSTS *(includes Current & Previous Years' Project-Related Costs)*	$5,000,000	$10,890,000	$15,460,000	$20,130,000	$24,400,000	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	
General Revenue	$0	$0	$0	$0	$0	$0
Trust Fund	$5,000,000	$5,890,000	$4,570,000	$4,670,000	$4,270,000	$24,400,000
Federal Match ☐	$0	$0	$0	$0	$0	$0
Grants ☐	$0	$0	$0	$0	$0	$0
Other ☐ Specify	$0	$0	$0	$0	$0	$0
TOTAL INVESTMENT	$5,000,000	$5,890,000	$4,570,000	$4,670,000	$4,270,000	$24,400,000
CUMULATIVE INVESTMENT	$5,000,000	$10,890,000	$15,460,000	$20,130,000	$24,400,000	

Characterization of Project Cost Estimate - CBAForm 2C			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	x	Confidence Level	95%
Order of Magnitude		Confidence Level	
Placeholder		Confidence Level	

CBAForm 3 - Project Investment Summary

Agency	AHCA	Project	HC Claims Analytic Tool

COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	TOTAL FOR ALL YEARS
Project Cost	$5,000,000	$5,890,000	$4,570,000	$4,670,000	$4,270,000	$24,400,000
Net Tangible Benefits	($5,000,000)	($5,890,000)	($4,570,000)	($4,670,000)	($4,270,000)	($24,400,000)
Return on Investment	($10,000,000)	($11,780,000)	($9,140,000)	($9,340,000)	($8,540,000)	($48,800,000)
Year to Year Change in Program Staffing	15	21	13	13	13	

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	NO PAYBACK	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	NO PAYBACK	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	($44,063,104)	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	NO IRR	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%

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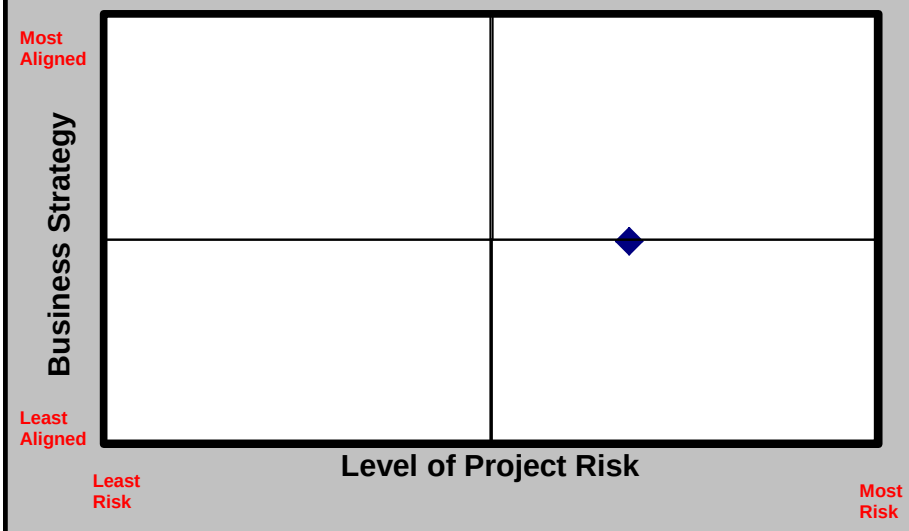
Project	*Health Care Claims Analytic Tool*	
Agency	*Agency for Health Care Administration*	
FY 2014-15 LBR Issue Code:	**FY 2014-15 LBR Issue Title:**	
Issue Code	*Issue Title*	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
Beth Eastman 850-412-3746 beth.eastman@ahca.myflorida.com		
Executive Sponsor	*Molly McKinstry*	
Project Manager	*Beth Eastman*	
Prepared By	*Beth Eastman*	*10/4/2013*

Risk Assessment Summary



Project Risk Area Breakdown

Risk Assessment Areas	*Risk Exposure*
Strategic Assessment	HIGH
Technology Exposure Assessment	MEDIUM
Organizational Change Management Assessment	MEDIUM
Communication Assessment	LOW
Fiscal Assessment	HIGH
Project Organization Assessment	MEDIUM
Project Management Assessment	HIGH
Project Complexity Assessment	MEDIUM
Overall Project Risk	HIGH

Agency: Agency for Health Care Administration Project: Health Care Claims Analytic Tool

Section 1 -- Strategic Area			
#	Criteria	Values	Answer
1.01	Are project objectives clearly aligned with the agency's legal mission?	0% to 40% -- Few or no objectives aligned	81% to 100% -- All or nearly all objectives aligned
		41% to 80% -- Some objectives aligned	
		81% to 100% -- All or nearly all objectives aligned	
1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Informal agreement by stakeholders
		Informal agreement by stakeholders	
		Documented with sign-off by stakeholders	
1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Not or rarely involved	Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings
		Most regularly attend executive steering committee meetings	
		Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is not documented	Vision is partially documented
		Vision is partially documented	
		Vision is completely documented	
1.05	Have all project business/program area requirements, assumptions, constraints, and priorities been defined and documented?	0% to 40% -- Few or none defined and documented	41% to 80% -- Some defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	Changes are identified in concept only
		Changes unknown	
		Changes are identified in concept only	
		Changes are identified and documented	
		Legislation or proposed rule change is drafted	
1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	Few or none	Few or none
		Some	
		All or nearly all	
1.08	What is the external (e.g. public) visibility of the proposed system or project?	Minimal or no external use or visibility	Extensive external use or visibility
		Moderate external use or visibility	
		Extensive external use or visibility	
1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility	Multiple agency or state enterprise visibility
		Single agency-wide use or visibility	
		Use or visibility at division and/or bureau level only	
1.10	Is this a multi-year project?	Greater than 5 years	Greater than 5 years
		Between 3 and 5 years	
		Between 1 and 3 years	
		1 year or less	

Agency: Agency for Health Care Administration Project: Health Care Claims Analytic Tool

Section 2 -- Technology Area			
#	Criteria	Values	Answer
2.01	Does the agency have experience working with, operating, and supporting the proposed technology in a production environment?	Read about only or attended conference and/or vendor presentation	Installed and supported production system more than 3 years
		Supported prototype or production system less than 6 months	
		Supported production system 6 months to 12 months	
		Supported production system 1 year to 3 years	
		Installed and supported production system more than 3 years	
2.02	Does the agency's internal staff have sufficient knowledge of the proposed technology to implement and operate the new system?	External technical resources will be needed for implementation and operations	External technical resources will be needed for implementation and operations
		External technical resources will be needed through implementation only	
		Internal resources have sufficient knowledge for implementation and operations	
2.03	Have all relevant technology alternatives/ solution options been researched, documented and considered?	No technology alternatives researched	Some alternatives documented and considered
		Some alternatives documented and considered	
		All or nearly all alternatives documented and considered	
2.04	Does the proposed technology comply with all relevant agency, statewide, or industry technology standards?	No relevant standards have been identified or incorporated into proposed technology	Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards
		Some relevant standards have been incorporated into the proposed technology	
		Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards	
2.05	Does the proposed technology require significant change to the agency's existing technology infrastructure?	Minor or no infrastructure change required	Minor or no infrastructure change required
		Moderate infrastructure change required	
		Extensive infrastructure change required	
		Complete infrastructure replacement	
2.06	Are detailed hardware and software capacity requirements defined and documented?	Capacity requirements are not understood or defined	Capacity requirements are defined only at a conceptual level
		Capacity requirements are defined only at a conceptual level	
		Capacity requirements are based on historical data and new system design specifications and performance requirements	

Agency: Agency for Health Care Administration Project: Health Care Claims Analytic Tool

Section 3 -- Organizational Change Management Area			
#	Criteria	Values	Answer
3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Minimal changes to organization structure, staff or business processes structure
		Moderate changes to organization structure, staff or business processes	
		Minimal changes to organization structure, staff or business processes structure	
3.02	Will this project impact essential business processes?	Yes	No
		No	
3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	41% to 80% -- Some process changes defined and documented
		41% to 80% -- Some process changes defined and documented	
		81% to 100% -- All or nearly all processes defiined and documented	
3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	No
		No	
3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	Less than 1% FTE count change
		1% to 10% FTE count change	
		Less than 1% FTE count change	
3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	Less than 1% contractor count change
		1 to 10% contractor count change	
		Less than 1% contractor count change	
3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Extensive change or new way of providing/receiving services or information)
		Moderate changes	
		Minor or no changes	
3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with greater change requirements
		Recently completed project with fewer change requirements	
		Recently completed project with similar change requirements	
		Recently completed project with greater change requirements	

Agency: Agency Name

Project: Project Name

Section 4 -- Communication Area			
#	Criteria	Value Options	Answer
4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
		No	
4.02	Does the project Communication Plan promote the collection and use of feedback from management, project team, and business stakeholders (including end users)?	Negligible or no feedback in Plan	Proactive use of feedback in Plan
		Routine feedback in Plan	
		Proactive use of feedback in Plan	
4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
		No	
4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
		No	
4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages	Some key messages have been developed
		Some key messages have been developed	
		All or nearly all messages are documented	
4.06	Have desired message outcomes and success measures been identified in the Communication Plan?	Plan does not include desired messages outcomes and success measures	Success measures have been developed for some messages
		Success measures have been developed for some messages	
		All or nearly all messages have success measures	
4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
		No	

Agency: Agency for Health Care Administration Project: Health Care Claims Analytic Tool

Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	No
		No	
5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	41% to 80% -- Some defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Greater than $10 M
		Greater than $10 M	
		Between $2 M and $10 M	
		Between $500K and $1,999,999	
		Less than $500 K	
5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	No
		No	
5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within ±10%)	Order of magnitude – estimate could vary between 10-100%
		Order of magnitude – estimate could vary between 10-100%	
		Placeholder – actual cost may exceed estimate by more than 100%	
5.06	Are funds available within existing agency resources to complete this project?	Yes	No
		No	
5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
		Funding from local government agencies	
		Funding from other state agencies	
5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Not applicable
		Requested but not received	
		Requested and received	
		Not applicable	
5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	Most project benefits have been identified but not validated
		Some project benefits have been identified but not validated	
		Most project benefits have been identified but not validated	
		All or nearly all project benefits have been identified and validated	
5.10	What is the benefit payback period that is defined and documented?	Within 1 year	Within 3 years
		Within 3 years	
		Within 5 years	
		More than 5 years	
		No payback	
5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have not been consulted re: procurement strategy
		Stakeholders have not been consulted re: procurement strategy	
		Stakeholders have reviewed and approved the proposed procurement strategy	
5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Combination FFP and T&E
		Firm Fixed Price (FFP)	
		Combination FFP and T&E	
5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Timing of major hardware and software purchases has not yet been determined
		Purchase all hardware and software at start of project to take advantage of one-time discounts	
		Just-in-time purchasing of hardware and software is documented in the project schedule	
5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager assigned is not the procurement manager or the project manager
		Contract manager is the procurement manager	
		Contract manager is the project manager	
		Contract manager assigned is not the procurement manager or the project manager	
5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
		No	
5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	All or nearly all selection criteria and expected outcomes have been defined and documented
		Some selection criteria and outcomes have been defined and documented	
		All or nearly all selection criteria and expected outcomes have been defined and documented	
5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
		Multi-stage evaluation not planned/used for procurement	
		Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
5.18	For projects with total cost exceeding $10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	Yes, bid response did/will include proof of concept or prototype
		No, bid response did/will not require proof of concept or prototype	
		Yes, bid response did/will include proof of concept or prototype	
		Not applicable	

Section 6 -- Project Organization Area			
#	Criteria	Values	Answer
6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes No	Yes
6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	None or few have been defined and documented Some have been defined and documented All or nearly all have been defined and documented	Some have been defined and documented
6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined Agency System Integrator (contractor)	System Integrator (contractor)
6.04	How many project managers and project directors will be responsible for managing the project?	3 or more 2 1	2
6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been developed?	Needed staff and skills have not been identified Some or most staff roles and responsibilities and needed skills have been identified Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	Some or most staff roles and responsibilities and needed skills have been identified
6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned No, project manager is assigned 50% or less to project No, project manager assigned more than half-time, but less than full-time to project Yes, experienced project manager dedicated full-time, 100% to project	Yes, experienced project manager dedicated full-time, 100% to project
6.07	Are qualified project management team members dedicated full-time to the project	None No, business, functional or technical experts dedicated 50% or less to project No, business, functional or technical experts dedicated more than half-time but less than full-time to project Yes, business, functional or technical experts dedicated full-time, 100% to project	Yes, business, functional or technical experts dedicated full-time, 100% to project
6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the project team with in-house resources?	Few or no staff from in-house resources Half of staff from in-house resources Mostly staffed from in-house resources Completely staffed from in-house resources	Few or no staff from in-house resources
6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact Moderate impact Extensive impact	Minimal or no impact
6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope, schedule, or cost?	Yes No	Yes
6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established No, only IT staff are on change review and control board No, all stakeholders are not represented on the board Yes, all stakeholders are represented by functional manager	No board has been established

Section 7 -- Project Management Area			
#	Criteria	Values	Answer
7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
		Project Management team will use the methodology selected by the systems integrator	
		Yes	
7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
		1-3	
		More than 3	
7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
		Some	
		All or nearly all	
7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	41 to 80% -- Some have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	41 to 80% -- Some have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	41 to 80% -- Some are traceable
		41 to 80% -- Some are traceable	
		81% to 100% -- All or nearly all requirements and specifications are traceable	
7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	Some deliverables and acceptance criteria have been defined and documented
		Some deliverables and acceptance criteria have been defined and documented	
		All or nearly all deliverables and acceptance criteria have been defined and documented	
7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
		Only project manager signs-off	
		Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	41 to 80% -- Some have been defined to the work package level
		41 to 80% -- Some have been defined to the work package level	
		81% to 100% -- All or nearly all have been defined to the work package level	
7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	No
		No	
7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	No
		No	
7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
		Project team uses formal processes	
		Project team and executive steering committee use formal status reporting processes	
7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	Some templates are available
		Some templates are available	
		All planning and reporting templates are available	
7.14	Has a documented Risk Management Plan been approved for this project?	Yes	No
		No	
7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	Some have been defined and documented
		Some have been defined and documented	
		All known risks and mitigation strategies have been defined	
7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	No
		No	
7.17	Are issue reporting and management processes documented and in place for this project?	Yes	No
		No	

Section 8 -- Project Complexity Area			
#	Criteria	Values	Answer
8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	Similar complexity
		More complex	
		Similar complexity	
		Less complex	
8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
		3 sites or fewer	
		More than 3 sites	
8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	3 sites or fewer
		3 sites or fewer	
		More than 3 sites	
8.04	How many external contracting or consulting organizations will this project require?	No external organizations	1 to 3 external organizations
		1 to 3 external organizations	
		More than 3 external organizations	
8.05	What is the expected project team size?	Greater than 15	9 to 15
		9 to 15	
		5 to 8	
		Less than 5	
8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	More than 4	More than 4
		2 to 4	
		1	
		None	
8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Business process change in single division or bureau
		Agency-wide business process change	
		Statewide or multiple agency business process change	
8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	Yes
		No	
8.09	What type of project is this?	Infrastructure upgrade	Combination of the above
		Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
		Business Process Reengineering	
		Combination of the above	
8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Similar size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	
8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	No recent experience	Similar size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	

BENEFITS REALIZATION TABLE						
	Description of Benefit	**Tangible or Intangible**	**Who receives the benefit?**	**How is the benefit realized?**	**How will the realization of the benefit be assessed/measured?**	**Realization Date (MM/YY)**
1	Patient outcome analysis in health care	Tangible	Health care consumers and purchasers	Public reporting of health care prices	Development of a public reporting system	7/17
2	More effective open market competition in health care	Tangible	Health care purchasers, payers and providers	Enabling access to the detailed data that underlies the public reporting	Development of a data system that can be downloaded for use by professionals	7/17
3	Improving our understanding of health care utilization for the treatment of specific diseases and conditions	Tangible	Health care consumers, purchasers, payers and providers	Public reporting	Refining and expanding the initial public reporting system	7/18
4	Improving our understanding of regional variation in health care utilization for the treatment of specific diseases and conditions	Tangible	Health care consumers, purchasers, payers and providers	Public reporting	Refining and expanding the initial public reporting system	7/18
5	Health care utilization for specific health care procedures	Tangible	Health care consumers and purchasers	Public reporting	Development of a public reporting system	7/17
6	Enabling accurate research on the detailed functioning of the health care system	Tangible	Researchers, professionals, payers, purchasers and consumers	Enabling access to the detailed data that underlies the public reporting	Refining and expanding the initial public reporting system	7/17

Responsibility Assignment Matrix <Health Care Claims Analytic Tool>							
Activity Description	Project Manager	Staff Title	Staff Title	Staff Title	Staff Title	Vendor	Owner
Preliminary System Design	Jeff Gregg	Director, Fla Ctr for Health Information					
Develop system specifications from the program perspective	Jeff Gregg	Director, Fla Ctr for Health Information					
Develop system specifications from the IT perspective	Scott Ward	Chief Information Officer					
Procurement	Beth Eastman	Manager, Fla Ctr Data Dissemination Unit					
Complete RFQ	Beth Eastman						
Manage Procurement Process	Beth Eastman						
Choose Vendor	RFQ Review Team	Director, Fla Ctr for Health Information	Chief Information Officer	Manager, Fla Ctr Data Dissemination Unit			
Manage Protest Activity if Needed							
System Design	Scott Ward/Jeff Gregg	Chief Information Officer/ Director, Fla Ctr for Health Information					
Develop detailed system specifications from the program perspective	Jeff Gregg	Director, Fla Ctr for Health Information					
Develop detailed system specifications from the IT perspective	Scott Ward	Chief Information Officer					
Develop IT implementation schedule	Scott Ward	Chief Information Officer					
Develop schedule for phased information roll-out	Jeff Gregg	Director, Fla Ctr for Health Information					
Implementation	Scott Ward/Jeff Gregg	Chief Information Officer/ Director, Fla Ctr for Health					

		Information					
Establish program management protocols							
Establish combined vendor and agency project team							
Create communication plan							
Please add others, ending with something like website unveiling							
Post-Implementation	Beth Eastman	Manager, Fla Ctr Data Dissemination Unit					
Monitor website activity							
Monitor public records requests							
Refine reporting categoriesand capabilities as required							
Activity							

▲ = Direct Responsibility ~ Approval Authority ● = Indirect Support

■ = Support Responsibility ~ Review Authority □ = No Involvement

COMMUNICATIONS PLAN

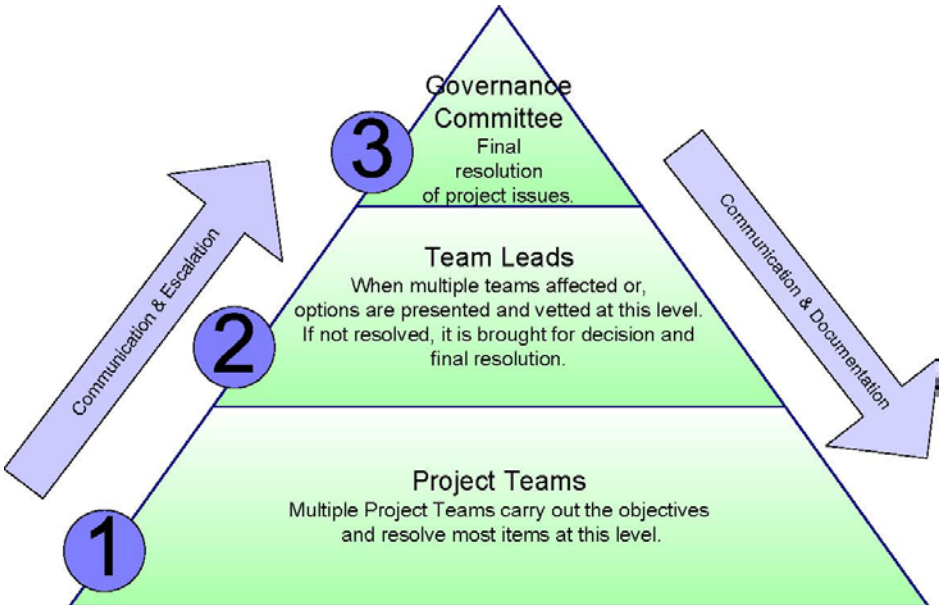
A. GENERAL INFORMATION:

The mission of the Agency for Health Care Administration (AHCA) is to promote and support better health care for all Floridians. In support of this mission, the AHCA seeks to enhance and expand current data collection and analysis efforts to include a health care claims analytic tool for an All Payers Claim Database (APCD). The collection of the data needed for an APCD is currently authorized in section 408.061 (1)(c), F.S.

This Communications Plan outlines the communication process throughout the implementation of the project.

B. PROJECT ROLES AND CONTACT INFORMATION:

Project roles for the development of the APCD will be based on a three-tiered Governance Process.



1. **Project Teams Attempt to Resolve Issues at the Team Level** - Decisions affecting only the team and the teams' objectives not influencing other areas of the project and not requiring Senior Management approval should be resolved at the team level including project management for documentation in the issues log, project schedule and meeting summaries.

   Project Teams:

   The primary teams used to develop the work plan and complete the project objectives are:

   a. Project Management Team - Project Sponsor / Project Manager / Project Administrator
   b. Program Team - Medicaid / Medicare
   c. IT Technical Team - IT Manager and Support
   d. Data Use Advisory Team - Advisory Council and liaisons

Team members are recommended by the Secretary and appointed by the Project Sponsor. A Team Leader is assigned to each project team. Once the team lead is chosen, an email will go to the team lead and other members of the team stating the high level scope of the project and the desired objectives for that team. This formally begins the project. Team members and resources are tracked by the project manager.

Teams are to address key programmatic areas to implement the project. Creation of teams will be done by the Project Sponsor with the Project Manager to ensure that a work plan is developed, cross cutting issues within the AHCA are identified with the objective of developing policy options and resolving key operational protocols, etc. The teams will sunset as tasks are integrated in the bureaus and the program is operational. Each team will define such opportunities in the work plan to appropriately close each phase of the project.

Team members represent the core designers of the work plan who will take the team through the four project phases: Design, Pre-Implementation (including procurement if applicable), Implementation and Post-Implementation. For specific team objectives please refer to the Project Charter and Project Schedule/Work Plan.

Role: Teams will meet regularly to:

- Develop work plan, identify leads for tasks, and communicate the objectives and status of the team through the team lead.
- Request additional resources when necessary.
- Vet options and recommendations and determine if decision needs to be escalated to management and/or the Governance Committee.
- Work with project management to set and meet team objectives and deadlines.

PROJECT MANAGEMENT TEAM CONTACT INFORMATION			
ROLE	**NAME**	**PHONE**	**EMAIL**
Project Sponsor	**Molly McKinstry**		
Project Manager	**Jeff Gregg**		
Project Administrator	**Beth Eastman**		

2. **Team Leads –** Items crossing over to more than two teams requiring input or resolution by the Governance Committee will be brought in the form of a Decision/Discussion Point to a Team Lead meeting, which may include appropriate Senior Management for guidance. Team lead meetings will include necessary teams for cross cutting issue resolution and not all teams. Decisions resolved at this level are documented and communicated to both the Governance Committee and the Project Teams. Team Leads will assign backup leads to attend Governance Committee meetings when Team Lead is unable to attend.

   Role: Team Leads and the Project Manager will report to the Governance Committee any activities and/or decisions made to implement the APCD Project. Specifically, the Team Leads will work with the Project Manager to:

   - Identify, evaluate, and mitigate project risks that have been resolved by the teams.
   - Oversee the escalation of issues that will be brought to the Governance Committee for decision and documentation of the resolution.
   - Follow and maintain the project communications plan.
   - Provide weekly updates to the Project Manager regarding status of project plans and

completion of key tasks on a timely basis.

TEAM LEAD CONTACT INFORMATION			
ROLE	**NAME**	**PHONE**	**EMAIL**
Program Team Lead			
It Technical Team Lead			
Data Use Advisory Team Lead			

3. **Governance Committee –** Decisions not resolved should have a well vetted set of options and a recommendation before being presented for decision at this level. The initiating team will present the Decision/Discussion Document for final resolution by the Governance Committee. All item/issue/decision resolution will be updated on the appropriate log and communicated back to the team level.

   Role: Functions as the final decision making tier for all escalated issues concerning the project.

PROJECT GOVERNANCE COMMITTEE CONTACT INFORMATION			
ROLE	**NAME**	**PHONE**	**EMAIL**
AHCA Secretary			
Chief of Staff			
Deputy Secretary - Medicaid			
Deputy Secretary – HQA			
Bureau Chief(s) - IT			
Project Sponsor			
Project Manager			
Project Administrator			

C. COMMUNICATIONS MANAGEMENT:

1. Project Documentation:

- The Team Lead is responsible for tracking the completion of work assignments by the team members and/or resources assigned to the tasks and reporting same to the Project Manager / Administrator.
- The Team Lead and Project Manager are responsible for documenting and escalating project issues, risks and mitigation options.
- Project management documentation shall be maintained on the SharePoint page created for the APCD Project. The Team Leads, Project Manager and Project Administrator are responsible for maintaining all project documents related to the team in the appropriate team folders.
- Action items will be forwarded by the Team Leads and tracked by the Project Manager / Administrator and documented on the meeting summary forms and placed on the next meeting agenda with a date assigned and responsible person. Any items remaining open after two consecutive weeks will be transferred to the project schedule as a task.
- All final project deliverables and acceptance documents shall be maintained in the team's folders.
- Decision points are drafted by the Team Lead and/or Project Manager/Administrator and saved in the project teams' folder. The decision log and final decisions are maintained in the Decisions folder. The Project Manager shall update the approved final decision and decision log.

2. Slipping Tasks:

- Identification: The Team Leads and Project Manager shall identify, document and discuss in

each of the weekly team meetings all slipping tasks.

- Documentation: The Project Manager should analyze, document and communicate to the team the impact of slipping tasks.
- Reporting: Slipping tasks shall be reported by the Team Lead, Co-Lead and/or Project Manager in the team lead meeting with escalation to the Project Sponsor when it impacts other teams or the ability to meet a milestone deadline.
- Resolution: The Team Lead and Project Manager shall identify and document possible options to get the slipping tasks back on schedule.

3. Contract Administration/Resource Management

- Any contract procured and implemented for the benefit of this project shall be managed by the Project Manager.
- All project management resources will be assigned by the Project Sponsor and/or Project Manager.
- Resources shall be catalogued and updated in the Resources folder on the APCD Project SharePoint page.

4. Change Management

- Decision Point Documents
    - All changes in scope shall be communicated to the project sponsor and in the Team Lead Meeting via a decision point document.
    - Changes in scope or issues requiring Project Governance Committee resolution will be brought before the appropriate Team Leads during the Team Leads meetings prior to the Project Governance Committee meetings.
- Change Control Documents
    - The Project Manager / Contract Manager shall communicate in writing to the Project Sponsor any changes to the project scope or schedule.
    - Issues requiring Project Governance Committee resolution will be brought before the appropriate Team Leads during the Team Lead meetings prior to the Project Governance Committee meetings.

5. Risk and Issue Management

- Risks are defined on the project as uncertain future events having an impact on the project, while issues are known events. Risks and Issues will be identified by the team and addressed regularly through team meetings.
- A Project Risk and Issue Log shall be updated weekly by the Team Leads for the Project Manager's information. Issues should be addressed during team meetings.
- Risks and Issues will escalate through the three tiered resolution process when necessary.

D. PROJECT INFORMATION AND SCHEDULE:

MEETINGS			
Description	**Participants**	**Frequency**	**Owner(s)**
Team Meeting	Project Team / Team Lead	Weekly	Team Lead / Project Manager
Team Lead Meeting	Team Leads/Project Manager Project Sponsor	Weekly	Project Manager
Project Governance Committee Meeting	Project Sponsor, Project Manager, Deputy Secretaries (when applicable), IT Bureau Chief(s) (when applicable), Project Team Leads (when applicable)	Bi- Weekly	Project Sponsor, Project Manager

DOCUMENTATION				
Description	**Target Audience**	**Delivery Format**	**Frequency**	**Owner(s)**
Meeting Agenda with Action Item Log	Team Members / Team Lead/ Governance Committee	Email / SharePoint / Hard copy for Governance Committee	Day before Team Meeting	Team Lead Project Manager
Team Meeting Summary with Action Item Log	Team Members / Project Manager / Project Sponsor	Email / SharePoint	Within 3 days following Team Meeting	Team Lead Project Manager
Appointment Letter	Team Members	Email	Project Initiation or at the beginning of each phase	Project Sponsor
Project Charter	Project Team / Project Sponsor	Printed & Signed / SharePoint PDF	Project Initiation	Project Manager
Communication Plan	Project Team / Project Sponsor	Printed & Signed / SharePoint PDF	Project Initiation / Updates as needed	Project Manager
Project Schedule / Work Plan	Project Team / Stakeholders	SharePoint	As needed at least weekly	Project Manager
Risk / Issues Log	Project Team / Project Sponsor / Stakeholders	Email /SharePoint	As needed at least weekly	Project Manager

DOCUMENTATION				
Description	**Target Audience**	**Delivery Format**	**Frequency**	**Owner(s)**
Decision Point Document	Project Team / Team Leads/ Project Governance Committee	Email / Printed & Presented at Project Governance Meeting. Final Action shared with team by email and updated in SharePoint folder ("Decisions")	Submit by NOON the day before the Team Leads Meeting or Project Governance Meeting	Project Manager
Decision Log	Project Governance Committee / Team Leads/ Project Sponsor	SharePoint folder ("Decisions")	Within 2 business days of any action on the decision	Project Manager
Deliverable Acceptance Document (if applicable)	Project Team / Project - Contract Manager/ Project Sponsor	Printed & Signed / SharePoint PDF	As Needed	Project – Contract Manager
Project Closeout Summary Documentation	Project Team / Project Sponsor	Printed & Signed / SharePoint PDF	Conclusion of the Project or Team Closure	Project Manager
Lessons Learned Questionnaire and Summary	Project Manager / Project Sponsor	Sharepoint folder ("Lessons Learned")	Conclusion of Project or Team Closure	Project Manager Team Leads

E. LENGTH OF INVOLVEMENT

Project Team members and Project Resources will participate in team activities until the project's goals and objectives have been met or assigned task(s) have been completed. As each phase becomes operations, members may transition off teams.

F. SIGNATURES

The signature(s) below represent concurrence to and acceptance of the information presented in this document.

NAME / TITLE	SIGNATURE	DATE
Elizabeth Dudek, AHCA Secretary		
Molly McKinstry, Project Sponsor		
Jeff Gregg, Project Manager		

AGENCY FOR HEALTH CARE ADMINISTRATION
FISCAL YEAR 2014-15
CAPACITY PLAN
FOR
HEALTH CARE CLAIMS ANALYTIC TOOL

FISCAL YEAR 2014-15

OCTOBER 7, 2013

TABLE OF CONTENTS

CAPACITY PLAN FOR HEALTH CARE CLAIMS ANALYTIC TOOL

I. Summary and Introduction

The Agency for Health Care Administration (AHCA) is responsible for the administration of the Medicaid program, for the licensure and regulation of over 30 types of health care facilities and for providing information to patients and families about the quality of the health care they receive in Florida. Section 408.061, F.S., directs the AHCA to implement transparency in health care by providing information that assists consumers in making better health care decisions.

To meet this mandate, the AHCA, through the Florida Center for Health Information and Policy Analysis (Florida Center) collects patient-level data from hospitals, ambulatory surgery centers (AS) and hospital emergency departments (ED) and reports this data on its consumer website, FloridaHealthFinder.gov. In order to provide additional information on the utilization, cost and quality of health care in Florida, additional data sources and sophisticated analytic tools are needed to provide analysis across the continuum of health care services. The health care claims analytic tool will facilitate patient outcome analysis and analysis of service utilization in managed care organizations.

The Health Care Claims Analytic Tool (HCCAT) will use claims information from an All Payer Claims Database (APCD). An APCD database is needed for a variety of analyses including cost/utilization, population health, disease/chronic condition, geographic variation, and compliance with evidence-based protocols. These analyses will allow consumers and purchasers to make effective health care purchasing decisions based on cost and quality considerations. The initial source of data for the health care claims analytic tool will be Medicaid eligibility and Medicaid fee for service claims and all payer Medicaid encounters. The technical solution procured will scale to include data submission by all payers.

This section also should provide a brief background for the capacity issue, detailing the following items:

- The AHCA's current levels of capacity:
    - *AHCA currently is utilizing the Northwood Shared Resource Center (NSRC), a state primary data center that does not have the Service Level Agreement (SLA) contractual strength for the services for this complex system. The NSRC uses an SLA that is more comparable to a memo of understanding.*
    - *AHCA recommends a "Software as a Service"* (SaaS) model approach for this need due to its size and complexity and the service levels needed for this strategic information technology (IT) solution.*
- Problems experienced or anticipated due to lack of capacity:

- *A SaaS model is recommended due to the size and complexity of this IT solution and the strength of a strongly written Service Level Agreement (SLA) contract with a vendor.*

- The degree to which the service levels are being achieved:
  - *A strong SLA is expected with the state procurement of this proposed system and the information technology (IT) solution model selected, a SaaS model will provide for a meaningful contract with a vendor.*

- If applicable, what has changed since the last capacity plan for the same equipment/service:

  - *Projects of this size and complexity are outsourced at AHCA due to the lack of state resources.*

II. Scope of the Plan

This capacity plan addresses the following IT services:

- Hardware costs – SaaS Model
- Software costs – SaaS Model

This capacity plan addresses the following equipment:

Equipment (Brand name & model)	Quantity	Original Purchase Date	Replacement Cycle
SERVERS	TBD	TBD	Vendor outsourced
DATABASE SERVERS	TBD	TBD	Vendor outsourced
WEB SERVERS	TBD	TBD	Vendor outsourced
LAN PROVISIONING	TBD	TBD	Vendor outsourced
STORAGE AREA NETWORK-	TBD	TBD	Vendor outsourced
DATA BACK-UP SERVICES- Disaster Recovery	TBD	TBD	Vendor outsourced

III. Methods Used

The AHCA used the following methods to obtain the information provided in this capacity plan:

Method 1

Evaluate other state initiatives similar to this undertaking through web research and the "APCD Council" Technical Build Guidance Document.

Method 2

Evaluate vendor responses from a Request for Information from AHCA to the IT vendor community.

IV. Assumptions & Constraints

The information in this capacity plan is based on the following assumptions:

Assumption 1 – A SaaS Model is used.
Due to specialty vendors who deliver this service to states with federal standards and interfaces, a SaaS model is recommended.

The information in this capacity plan is based on the following constraints:

Constraint 1

Available funding will be the major factor for the SaaS solution.

Constraint 2

Currently, there isn't adequate funding for an APCD solution that is dependent on specialized vendors who have performed the implementation of a similar system for other states.

V. Business Scenarios

Business Environment –

1. Summary description of proposed system

All Payer Claims Databases (APCD) are large scale databases that include data derived from medical claims, pharmacy claims, and dental claims from private and public third party payers. APCDs provide the ability to promote transparency and understand how and where health care is being delivered, research health outcomes, as well as determine how much is being spent. The information collected typically includes patient demographics, diagnosis, procedural and national drug codes, prices (including insurer paid amounts and consumer liabilities), utilization data; information about the type of service providers, eligibility data, and payer information.

APCDs include claims data from a full range of services including primary care, specialty care, outpatient services, inpatient stays, laboratory testing, dental services, and pharmacy data across multiple payers. Current data sources such as vital statistics and hospital and ambulatory surgery patient data have incomplete provider information and limited information on payments for services for a complete analysis of the continuum of care.

Development of an APCD will involve planning, implementation, and maintenance. The number of data sources and data feeds will need to be identified. Each data source and platform must be assessed, normalized or mapped into a common uniform format, and tested for accuracy. Data collection will begin with the Medicaid fee for service claims, managed care encounters, and eligibility information. It will scale to include all payers.

System development and maintenance (data management) will be the foundation of the technical build. The data management infrastructure will require hardware to handle a large scale database, software, security protocols, and a technical workforce to build the databases and generate the reports.

Once editing and cleaning of the data are complete, the AHCA will combine the edited data and create analytic files and data output reports (data consolidation and validation). This output may include the following:

- Creation of analytic master files for each data type;
- Assignment of grouping categories;
- Suppression of restricted fields;
- Creation of frequency/output reports for each payer;
- Allow payers to review their frequency/output reports for review, verification, and update as needed; and
- Create codebooks/data dictionaries for each file.

2. Resource and summary level funding requirements for proposed system (if known)

This proposal requests $24.4 million over a period of 5 years in recurring Trust Fund to support the development and implementation of the APCD.

3. Ability of the proposed system to meet projected performance requirements for:

    - Network and system availability;
    - Network and system capacity;
    - Network and system reliability;
    - Network and system backup and operational recovery; and
    - Scalability to meet long-term system and network requirements.

VI. Service Capacity Summary

A. Current and Recent Service Provision

A SaaS model is recommended due to the complexity of the strategic IT solution sought; a vendor will have to scale the solution. Minor network charges will be bore by existing budget for the AHCA's network connections and charges with the Florida Department of Management Services and the NSRC.

B. Capacity Forecasts

Capacities will be the responsibility of the Vendor with a negotiated SLA for the short, medium and long-term trends in service utilization for the SaaS IT model needed.

VII. Resource Capacity Summary

A. Current and Recent Resource Usage

This subsection provides information on the current throughput and utilization, broken down by hardware platform.

The resource capacity for this IT solution will be determined and scaled by a vendor for:

- Network and system availability;
- Network and system capacity;
- Network and system reliability;
- Network and system backup and operational recovery; and
- Scalability to meet long-term system and network requirements.

B. Resource Forecasts

Short Term –

- Server provisioning and Secure network configurations
- Database scaling and sizing
- Storage Area Network scaling and sizing
- Service Level Agreement execution

Medium Term-

- Server life cycling by the vendor for the SaaS model; older servers upgraded
- Database version control and upgrading by the vendor in the SaaS model
- Storage Area Network forecasting for growth

- Service Level Agreement revisions
- Vendor evaluations on services provided
- Evaluate experienced costs to date
- Evaluate integration needs for the AHCA

Long Term –

- All Medium Term items
- Contractual changes, vendor changes

VIII. Opportunities for Improvement

Only One Option: With the recommendation of the SaaS model, the IT infrastructure will be the responsibility of the vendor and services will be required through a strong SLA.

IX. Cost Model

[Averages were used in Request for Information responses]

- *The recurring and nonrecurring costs associated with each option for service delivery improvement:*
  - **Recurring:** Maintenance and support ranges from $520,000 - $2 million for each of the 5 years for this solution
  - **Nonrecurring:** Hardware total costs for the outsourced SaaS model are in the range of $3 million to $5 million for the solution
  - **Nonrecurring:** Total Software costs are estimated in the SaaS solution in the range of $1 million to $2.5 million
- *The current and forecast cost of the current environment:*
  - **Forecast:** The system is planned to be outsourced, only minor network bandwidth charges from the Florida Department of Management Services and NSRC for network use will be experienced by the AHCA
- *The staffing needs for each option and the current situation:*
  - Outsourced vendor labor estimates showed a range of $1.7-$2 million for each of the 5 years for this solution
- *Identification of any proposed funding sources:*
  - Legislative Appropriation

X. Recommendations

The Division of Information Technology recommends Software as a Service (SaaS) as a model for this strategic AHCA IT solution*:*

- A strong SLA will be needed for the SaaS IT solution

- Similar to other complex systems undertaken by the AHCA; they have the SaaS model as well

SCHEDULE IV-B FOR PROVIDER MANAGEMENT SYSTEM

For Fiscal Year 2014-15

October 9, 2013

AGENCY FOR HEALTH CARE ADMINISTRATION

Contents

I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Agency for Healthcare Administration	Schedule IV-B Submission Date:
Project Name: Provider/Medicaid and Data Management System	Is this project included in the Agency's LRPP? ____ Yes ____ No
FY 2014-15 LBR Issue Code:	FY 2014-15 LBR Issue Title:
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address):	

AGENCY APPROVAL SIGNATURES

I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.

Agency Head: Printed Name: Elizabeth Dudek	Date: 10/14/13
Agency Chief Information Officer (or equivalent): For Scott Ward. John Edwards Printed Name: Scott Ward	Date: 10/14/13
Budget Officer: Printed Name: Anita Hicks	Date: 10/14/2013
Planning Officer: Printed Name: Mike Magnuson	Date: 10/14/2013
Project Sponsor: Printed Name: Molly McKinstry	Date: 10/14/13

Schedule IV-B Preparers (Name, Phone #, and E-mail address):

Business Need:	Ryan Fitch, 850-412-3797, ryan.fitch@ahca.myflorida.com And Kay Heckroth, 850-412-4822, kay.heckroth@ahca.myflorida.com
Cost Benefit Analysis:	Ryan Fitch, 850-412-3797, ryan.fitch@ahca.myflorida.com
Risk Analysis:	Kay Heckroth, 850-412-4822, kay.heckroth@ahca.myflorida.com and Ryan Fitch, 850-412-3797, ryan.fitch@ahca.myflorida.com
Technology Planning:	Kay Heckroth, 850-412-4822, kay.heckroth@ahca.myflorida.com
Project Planning:	Mike Magnuson, 850-412-4791, Michael.Magnuson@ahca.myflorida.com

General Guidelines

The Schedule IV-B contains more detailed information on information technology (IT) projects than is included in the D-3A issue narrative submitted with an Agency's Legislative Budget Request (LBR). The Schedule IV-B compiles the analyses and data developed by the agency during the initiation and planning phases of the proposed IT project. A Schedule IV-B must be completed for all IT projects when the total cost (all years) of the project is $1 million or more.

Schedule IV-B is not required for requests to:

- Continue existing hardware and software maintenance agreements,
- Renew existing software licensing agreements, or
- Replace desktop units ("refresh") with new technology that is similar to the technology currently in use.

Documentation Requirements

The type and complexity of an IT project determines the level of detail an agency should submit for the following documentation requirements:

- Background and Strategic Needs Assessment
- Baseline Analysis
- Proposed Business Process Requirements
- Functional and Technical Requirements
- Success Criteria
- Benefits Realization
- Cost Benefit Analysis
- Major Project Risk Assessment
- Risk Assessment Summary
- Current Information Technology Environment
- Current Hardware/Software Inventory
- Proposed Solution Description
- Project Management Planning

Compliance with s. 216.023(4)(a)10, F.S. is also required if the total cost for all years of the project is $10 million or more.

A description of each IV-B component is provided within this general template for the benefit of the Schedule IV-B authors. These descriptions and this guidelines section should be removed prior to the submission of the document.

Sections of the Schedule IV-B may be authored in software applications other than MS Word, such as MS Project and Visio. Submission of these documents in their native file formats is encouraged for proper analysis.

The revised Schedule IV-B includes two required templates, the Cost Benefit Analysis and Major Project Risk Assessment workbooks. For all other components of the Schedule IV-B, agencies should submit their own planning documents and tools to demonstrate their level of readiness to implement the proposed IT project. It is also necessary to assemble all Schedule IV-B components into one PDF file for submission to the Florida Fiscal Portal and to ensure that all personnel can open component files and that no component of the Schedule has been omitted.

Submit all component files of AHCA's Schedule IV-B in their native file formats to the Office of Policy and Budget and the Legislature at IT@LASPBS.STATE.FL.US. Reference the D-3A issue code and title in the subject line.

II. Schedule IV-B Business Case – Strategic Needs Assessment

A. Background and Strategic Needs Assessment

The Agency for Health Care Administration (AHCA) currently utilizes several systems for the administration and management of health care providers and controlling interests including, but not limited to, the issuance of licenses, eligibility determinations for Medicaid, background screenings, data collection, paying claims, and issuing assessments. Currently, these systems are separate, and connecting the information across all the Divisions and programs is difficult and a primarily manual process. This manual process not only limits efficiency, but also impacts customer service to consumers, recipients and providers. Additionally, the key to fraud and abuse detection and prevention starts with knowing providers statuses and the ability to connect related parties and their data throughout the various systems into one.

1. Business Need

AHCA is in need of a system to connect information across various databases. The current process is manual, and limits the ability to adequately identify people and entities who owe money, have committed fraud, or have some other type of criminal offense that might make them ineligible from being licensed or participating in the Medicaid program. AHCA presently expends great effort addressing connections across licensure and Medicaid, but the almost entirely manual process and can only be accomplished through e-mails, phone calls, adhoc reporting, and meetings. Simple updates such as name or address changes must be duplicated to several sections within AHCA in order to ensure that all of the systems are updated appropriately.

The overall scope of this project will move AHCA toward its strategic goal of consolidating systems and resources to better serve Floridians in a comprehensive and efficient manner.

2. Business Objectives

Each of AHCA's current systems collects data regarding people and entities. The objective of the Provider Management System is to connect this information across four major databases: the Florida Medicaid Management Information System (FMMIS); Versa Regulation (VERSA) , Background Screening Clearinghouse (BGS Clearinghouse), and the Accounts Receivable System, to achieve the following:

- Enable a master record, similar to a Master Provider Index, and a "known-to-AHCA" identifier;
- Create and maintain current and historic relationships between people and entities;
- Design an interface for AHCA programs to:
    - Prevent duplicate records;
    - Update select provider information from a single source;
    - Send information to appropriate systems and alerts or work items to interested parties when money is owed or an action that requires follow-up, such as a criminal offense or other termination or program exclusion is registered;
- Supply information to AHCA's fraud detection and Managed Care Network Validation tools; and
- Cleanse existing data by running algorithms to find and fix erroneous or out-of-date data elements.

B. Baseline Analysis

The current business process relies upon manual links and association of separate databases. Attempts to automate the process have been problematic due to limited ability to match people and entities across systems due to incomplete data, mismatched formats, and reporting or data entry errors. Efforts to clean the data are massive and difficult to maintain. As an example if the same data, such as an address, is maintained in two systems the information is updated by two different people, even if both people are given notice of the address change at the same time. This occurs for health care providers licensed by AHCA or enrolled in the Medicaid program. The license and Medicaid information are stored in two separate systems. From a fraud prevention standpoint, when AHCA becomes aware of an issue with a provider, the current process is to notify all interested parties within AHCA, this is done by a combination of e-mails, phone calls, spreadsheets, and meetings. Although such manual matching may appear adequate, given the volume of providers current licensed (45,000) or enrolled in Medicaid, enhanced automation is necessary to manage the volume.

1. Current Business Process (es)

The following describes the process currently used to identify individuals who should not be licensed or who owe AHCA money that should be collected prior to licensure.

I. Routine reports are reviewed by an analyst for actionable issues. Reports include:

A. Overdue Medicaid account receivable reports;
B. Florida Medicaid terminations;
C. Federal Health and Human Services excluded providers; and
D. News clips for criminal convictions.

II. A manual search is executed for each individual identified on these reports in the following systems:

A. VERSA. Based on this manual review, if the person is listed in Versa Regulation, the record is flagged as "Excluded" or "Verify Eligible". Excluded mean the person is not eligible for licensure; Verify Eligible means there are issues that must be resolved before the person is eligible for licensure, such as a fine that must first be paid. Once the person is flagged, all relationships are identified to determine if the licensure staff must take action against the license(s). If the person is not listed in Versa Regulation, the person is entered as "Excluded" or "Verify Eligible" so if in the future, they apply for a license, the licensure staff will know an issue must be resolved or the person is excluded from becoming licensed.

B. BGS Clearinghouse – If the information received indicates a criminal offense, the background screening eligibility may be affected. A search for the person is conducted and if found, their eligibility status may be updated. If the person is not in the system, they are added so that if they apply to be a Controlling Interest additional information will first be considered. Note: Controlling Interests (5% or greater owners of licensed providers) must meet BGS standards but are not required to go through a BGS check unless there is reason to believe they have committed a criminal offense).

C. FMMIS – Medicaid status and provider affiliations are verified.

D. Fraud and Abuse Case Tracking System (FACTS) – The Medicaid Program Integrity case tracking system. Information in the database may be used to confirm an identity or obtain a unique identifier if not available from the reports. (i.e. social security number or tax ID). Based on the information received, it may lead to a Medicaid case to termination, suspend or take other action against a Medicaid agreement.

E. External databases may be checked to gather additional information on the person or about the action/information, including:

- Comprehensive Case Information System (CCIS) - Information in the database may be used to confirm identity or verify a criminal offense;
- Florida Department of Health Practitioner Profile Information and License Verification Information - Information in the database may be used to confirm identity or licensing information; and

Florida Department of State Division of Corporations - Information in the database may be used to confirm identity, obtain a unique identifier (i.e. tax ID), or obtain names of other affiliations.

---

2. Assumptions and Constraints

Assumptions

- The project will receive continued support from AHCA management;
- There are sufficient resources (staff, software, hardware) to complete the project and the resources will be available when needed;
- There will be sufficient budget to fund the project;
- The business units' System Matter Experts (SME) will be knowledgeable and experienced in their current business process and available to meet with the Business Analyst to convey their process;

- Business units' staff will be available and involved in executing test scenarios;
- The Division of Information Technology (IT) staff and augmented IT staff have the skills necessary to develop the application;
- IT staff and augmented IT staff will receive project specific training if needed;
- Technical standards will be uniform; and
- AHCA IT will have oversight over the project developers.

Constraints

- There is a limited budget for staff augmented resources for each of the three fiscal years of the project;
- Funding for the next year will depend on the milestone accomplishments from the year before; and
- Deliverables submitted for approval will require the AHCA stakeholders' approval.

C. Proposed Business Process Requirements

AHCA needs the ability to connect related parties and their data across its various systems. The ability to know their statuses is essential to preventing fraud and program abuse. The objective is to procure/build a system that will allow AHCA to connect existing systems and data while collapsing existing systems and data into a single touch point. The overall scope of this project will move AHCA toward its strategic goal of consolidating systems and resources to better serve Floridians in a comprehensive and efficient manner.

Work items will run through the provider management system and alert the appropriate systems for a need to take action. The system would utilize the concept of a master provider record to make people and entities known to AHCA and give AHCA the ability to make those connections automatically. This system has the capability to start a variety of sub-processes including, stopping ineligible entities from being licensed or enrolled, enable messaging to managed care plans of ineligible network providers, increased ability to collect money owed, and alerting providers of ineligible employment.

1. Proposed Business Process Requirements

- Load current and historical data from available AHCA systems;
- Validate the relationships between people and entities;
- Identify and interface with all applications within AHCA that keep entity/person data or that receive or need entity/person data;
- Interface with the Finance and Accounting Account Receivable System to disqualify entities/persons that owe AHCA money;
- Interface with AHCA's analytical fraud detection systems to obtain a risk score for the Medicaid Provider and their associated persons;
- Report on the person and entities as needed by the business units;
- Alert the interested parties when a status change in one area would require an action in another area; and
- Maintain up-to-date entries of records and relationships between people and entities both current and historic.

2. Business Solution Alternatives

A. Keep the existing systems as is, maintaining multiple manual matching and searches.

B. Build identifiers in each system to link the data.

C. Implement a Provider Management Database.

3. Rationale for Selection

As discussed above, keeping the current systems as is leaves AHCA vulnerable to the risk of licensing or enrolling in Medicaid individuals or entities who should not be licensed or enrolled with Medicaid. Option B is an approach AHCA has been exploring for the last couple of years. The concept is to go through the data and make connections in the different databases using a "common identifier". AHCA researched this approach over the last two years and it was determined that although possible, it would in essence be a

moving target as the links were not saved and we would simply be adding another number to an entity that would not be meaningful to the user. Option C takes the idea of Option B and creates a continual process for matching and data integrity. Option C also adds a modular component to AHCA's infrastructure.

4. Recommended Business Solution

The recommended option is Option C. Option C has all the benefits of Option B, but eliminates the risk of mismatched data by allowing interconnectivity between systems. Where Option B was only a number to associate the two files, Option C actively associates related files, allows the function to build and link to other relationships and, perhaps most importantly, enables an active interconnection and workflow to maintain common source data across systems.

D. Functional and Technical Requirements

Purpose: To identify the functional and technical system requirements that must be met by the project.

High Level Requirements
The system must be able to allow the provider to input information into a web based application or interface with online application systems currently used.
The system must be able to capture the data from the web based application screens and store in SQL server database.
The system must be able to store the data into a centralized database.
The system must be able to store the data in a reporting Datamart.
The system must be able to cleanse and store historical data.
The system must be able to cleanse and store current data.
The system must be able to determine, define, and store or connect to relationship information between persons and entities.
The system must be able to interface with external sources to validate with a high confidence level that the data and the relationships are correct.
The system must be able to determine if the entity or person is the same person.
The system must be able to determine what the prime record is for each entity and person.
The system must interface with the licensing database.
The system must interface with the FLMMIS (DSS) Database.
The system must interface with the BGS database.
The system must be able to interface with FACTS.
The system must be able to interface with Finance and Accounting to determine if the entity to the person owes AHCA money.
The system must be able to determine if an entity or person has been identified as a risk using the existing fraud detection system.

The system must be able to alert the business units (initiate a workflow) when updates are made to specific entity or person records.
The system must be able to send out notices (emails) to providers and business units.
The system must be able to create reports.
The system must be able to interface with the Single Sign-On application.
The system must be able to write back to the source systems.
The system must be able to keep the interfaced systems' entity and person records in sync.
Create ISDM documentation, architectural design plan, business analysis gathering, system screen design, project plan/schedule, quality review, testing, implementation planning, follow up plan.
Develop the system using IT development standards.
Develop application in .net 4.0 as a web-based application.
Develop the application to run in SQL server 2008 R2 environment.
Develop the datamart in SQL server 2008 R2 environment.
Secure and optimize the system.
Provide sufficient Data Storage.
Provide Data storage back-up.
Enable Data Storage off-site.
Provide Logical server instance.
Provider sufficient Bandwidth base.

III. Success Criteria

SUCCESS CRITERIA TABLE				
#	**Description of Criteria**	**How will the Criteria be measured/assessed?**	**Who benefits?**	**Realization Date (MM/YY)**
1	"Cleanse" Data – process to ensure that the data has been corrected so that initial connections within the Provider management database can be made. 100% of entities and persons in the 4 systems (VERSA, FMMIS, BGS Clearinghouse, and	Exception reports should identify people/ entities that do not match across systems. Once cleanse complete, reporting should share cleansed data back to source systems eliminating exceptions.	AHCA – Basic expectation of project and necessary for full project success	8/30/2015

	Accounts Receivable) must be evaluated for relationships; common data elements across systems must be consistent.			
2	Maintain and Build Relationships - People and Entities in the systems must be linked across systems and linked to other peoples and entities within systems – relationships must be able to be created, deleted and maintained within the Provider management system	Relationship across systems should match.	AHCA, the Public, and Regulated entities	6/30/16
3	Connection to the four identified AHCA Databases. Provider Management System must be populated by the four AHCA systems, and be able to receive and send data to and from these systems.	Relationship across systems should match.	AHCA, the Public, and Regulated entities	6/30/16
4	Alerts and Workflow. System must be able to generate alerts to be sent to other systems and users of those systems.	Ability to track workflow and measure performance.	AHCA and Regulated entities	6/30/16
5	Reporting - System must be able to generate ad hoc reports in a user-friendly manner	Elimination of manual processes.	AHCA and Regulated entities	6/30/16

IV. Schedule IV-B Benefits Realization and Cost Benefit Analysis

A. Benefits Realization Table

Internal Benefits – Automate existing alert process, increase collections of money owed, and support AHCA's ability to limit and deter fraud by taking existing manual processes and automating them through shared connections across data systems.

External Benefits – Decreased turnaround times and single touch points when dealing with AHCA. A complete picture of a person or entity doing business with AHCA will be available reducing research and response time.

BENEFITS REALIZATION TABLE					
#	**Description of Benefit**	**Who receives the benefit?**	**How is benefit realized?**	**How is the realization of the benefit measured?**	**Realization Date (MM/YY)**
1	Connecting AHCA's four major databases – utilize alerts and workflows	AHCA and Entities regulated by AHCA	Single contacts for common information across systems	Decreased turnaround times and automation of eligiblity process and updates of common information (like address changes)	6/30/16

2	Ability to increase collections of money owed	AHCA and Tax Payers	AHCA will be able to connect related entities back to associated entitles who owe AHCA money and be able to collect that money prior to issuing a license or approving enrollment or registration with Medicaid	Reduction in receivables for money owed	6/30/16
3	Ensure ineligible individuals are not licensed or working at licensed facilities	AHCA and vulnerable populations	Alerts on results from criminal information can be automated and send to the various areas of AHCA responsible for determining if action should be taken – reports can be run to ensure action is taken when necessary.	Tracking system in Provider management that shows the alerts and what action was taken	6/30/16

B. Cost Benefit Analysis (CBA)

1. The Cost-Benefit Analysis Forms

The chart below summarizes the required CBA Forms which are included as Appendix A on the Florida Fiscal Portal and must be completed and submitted with the Schedule IV-B.

Cost Benefit Analysis	
Form	**Description of Data Captured**
CBA Form 1 - Net Tangible Benefits	AHCA Program Cost Elements: Existing program operational costs versus the expected program operational costs resulting from this project. AHCA needs to identify the expected changes in operational costs for the program(s) that will be impacted by the proposed project. Tangible Benefits: Estimates for tangible benefits resulting from implementation of the proposed IT project, which correspond to the benefits identified in the Benefits Realization Table. These estimates appear in the year the benefits will be realized.
CBA Form 2 - Project Cost Analysis	Baseline Project Budget: Estimated project costs. Project Funding Sources: Identifies the planned sources of project funds, e.g., General Revenue, Trust Fund, Grants. Characterization of Project Cost Estimate.

Cost Benefit Analysis	
Form	**Description of Data Captured**
CBA Form 3 - Project Investment Summary	Investment Summary Calculations: Summarizes total project costs and net tangible benefits and automatically calculates: • Return on Investment • Payback Period • Breakeven Fiscal Year • Net Present Value • Internal Rate of Return

V. Schedule IV-B Major Project Risk Assessment

The Risk Assessment Tool and Risk Assessment Summary are included in Appendix B on the Florida Fiscal Portal and must be completed and submitted with AHCA's Schedule IV-B.

A. Risk Assessment Summary

Appendix B on the Florida Fiscal Portal includes the Risk Assessment Summary. After answering the questions on the Risk Assessment Tool, the Risk Assessment Summary is automatically populated.

VI. Schedule IV-B Technology Planning

A. Current Information Technology Environment

1. Current System

AHCA does not currently have an automated system for these functions.

a. Description of current system

AHCA does not currently have an automated system for these functions.

b. Current system resource requirements

AHCA does not currently have an automated system for these functions.

c. Current system performance

AHCA does not currently have an automated system for these functions.

2. Information Technology Standards

AHCA does not currently have an automated system for these functions.

B. Current Hardware and/or Software Inventory

If applicable, provide a complete inventory of the current hardware and/or software that will be replaced by the proposed IT project. The components of the inventory should include:

1) Do you currently have hardware or software purchases with warranty expiration dates?	Yes, AHCA currently has hardware or software purchases with warranty expiration dates.
2) Do you currently have hardware or software performance issues or limitations?	No, AHCA currently does not have hardware or software performance issues or limitations.
3) Do you currently have hardware or software business purposes for the items being replaced?	No, systems have been designated for replacement related to projects.
4) Do you currently have hardware or software annual maintenance costs?	Yes, some AHCA strategic software costs are still within AHCA, the Northwood Shared Resource Center (NSRC) owns AHCA's server operating system and database software, including annual maintenance costs.

AHCA replaces a percentage of all AHCA computers each year. The number of systems replaced is not exact for each category for each year due to funding sources and constant end-user needs analysis.

Desktops have a five year life cycle as primary use systems for FTE and OPS workers. Laptops have a 4 year life cycle as primary use systems for FTE and OPS workers. Convertible tablet laptops have a three year life cycle as primary use systems for FTE and OPS workers. Mobile devices (smart phones and tablets like the iPad) have a two to three year life cycle for FTE and OPS workers.

Hardware and software can also be upgraded based on the end-user or program need.

The NSRC is AHCA's primary data center and relies upon NSRC's infrastructure to maintain services and to increase service as required to meet AHCA's data center needs. The proposed increase in services will be minimal with this project. AHCA anticipates an estimated 5% growth in data center services per year.

C. Proposed Solution Description

1. Summary description of proposed system	
1) What will the proposed system technology type (data warehouse, Laserfiche, web application, Oracle database, paper, SharePoint, Excel, Access, Email, etc.)?	The proposed system will be a WEB based application with a SQL server back end. The system will incorporate a document management system. The system will use Microsoft Outlook for email alerts and correspondence. Workflows will be developed. SSRS reports will be developed.
2) What are the connectivity requirements? (e.g., wired vs. wireless)	The system will have wired and wireless connectivity requirements.
3) What requirements for security, privacy, confidentiality, and public access to comply with applicable federal/state laws, including sections 282.601-282.606, F.S.?	AHCA complies with any and all security, privacy, confidentiality, and public access applicable federal/state laws including sections 282.601-282.606, F.S., INFORMATION RESOURCES MANAGEMENT (ss. 282.003-282.404) – specifically: 282.318 Security of data and information technology resources, CHAPTER 71A-1 F.A.C. FLORIDA INFORMATION TECHNOLOGY RESOURCE SECURITY POLICIES AND STANDARDS, and AHCA Policy 02-IT-01 Information Technology Security Plan 45 CFR Parts 160, 162 and 164 (HIPAA).
4) What is the development and procurement approach?	The system will be developed using a phased waterfall methodology approach developed in-house using state FTE and Augmented staff. The state will use state contracted vendors who respond to AHCA's request for quote.
5) Will the system have internal and external interfaces?	The system will have internal and external interfaces.

6) What is the maturity and life expectancy of the new technology?	The maturity and life expectancy of the new system is estimated at 10 years.
7) Will other system(s) proposed solution must integrate with this solution	Yes, Finance & Accounting system will integrate with the new system to identify people and entities that owe money. The system will integrate with other AHCA systems sending and receiving people and entity demographic and relationship data: Versa Regulation, FMMIS, BGS, and F&A system. The system will send data to AHCA's fraud detection & prevention system, and the Managed Care Network Validation tool.
2. Resource and summary level funding requirements for proposed solution (if known)	
1) What is the resource and summary level funding requirements for anticipated technical platform and hardware requirements?	Resource and summary level funding requirements for anticipated technical platform and hardware requirements is not known at this time; AHCA anticipates some resource funding increases.
2) What is the resource and summary level funding requirements for shared data center services?	Resource and summary level funding requirements for shared data center services to include NSRC data center services for functions relating to data storage, data storage back-up, data storage off-site, logical server instances and other have not been determined at this time; AHCA anticipates some funding increase need.
3) What is resource and summary level funding requirements for anticipated for software requirements?	Resource and summary level funding requirements anticipated for software requirements will include those currently running Visual Studio Licenses, Laserfiche licenses for all system users, and Windows licenses for all AHCA users. Currently, Microsoft Office Suite is installed on all AHCA staff work stations.
4) What is the resource and summary level funding requirements anticipated for staffing requirements?	After implementation of the system, resource and summary level funding requirements anticipated for staffing requirements will include three full time augmented staff developers for an estimated cost of $295,200.00 and one FTE DBA with an estimated cost of $65,600.00.
5) What is the resource and summary level funding requirements for anticipated ongoing operating costs?	Resource and summary level funding requirements for anticipated ongoing operating costs will not increase significantly and will hold steady at a 5% or less increase per year.

D. Capacity Planning
(historical and current trends versus projected requirements)

The capacity plan serves as a supporting document in the scope of the budget request. The plan is developed with input from AHCA's primary data center and should address:	
1) How was the estimate derived?	The estimate was derived using high level system requirements, market cost to hire developers, project managers, business analyst, hardware software costs, and data center costs, historical project costs, and technology research.
2) What are the assumptions and constraints?	Assumptions: 1. The application is optimized for the environment running with regard to: Functions, Business requirements, and User usability 2. The performance measurements used in the capacity planning project is a good representation of a typical busy workload on the

	system, including the mix of activity and volume of work. 3. There are no application dependent bottlenecks that prevent growth in throughput or improved response 4. The current IT staff and environment will remain stable 5. Business staff will have the staff available to test code implementation 6. There will not be a significant increase in record retention 7. There will not be a significant increase in WEB traffic 8. The current development platform is stable enough for multiple developers and projects 9. There will be sufficient budget to fund the project 10. Data center cost will remain stable Constraints: 11. AHCA must use the NSRC as the primary Data Center 12. AHCA has a limited number of IT FTE to review code and work standards to make sure that oversight is adequate 13. The project has limited amount of money 14. The augmented staff market must remain stable and produce superior developers and charge a reasonable hourly rate 15. AHCA is restricted to tight security statutes.
3) A non-technical, management summary of the issues. 4) A service summary with current and forecasted concerns.	AHCA utilizes several systems for managing provider. These entities include Medicaid providers, health care facilities, and managed care entities. Currently, these systems are separate and do not connect and share data and information efficiently. AHCA's capacity to identify Fraud and Abuse across multiple systems is inefficient and can only be met with an adjustment to the capacity planning strategy. The lack of ability to quickly identify issues across all AHCA duties (licensure, Medicaid and managed care networks) is of concern, especially for individuals who may defraud or violate program requirements. Service summary with current and forecasted concerns will include inadequate capacity which has resulted in significant loss of money from non-recoupment. The current validation model is manual with staff having to request validation assistance from other business areas. The future model will be effective in managing fraud.
5) Options and alternatives considered.	Currently, the same person or entity demographic information can be kept in multiple AHCA systems. The current manual process is not feasible to match people across systems quickly when there is an immediate concern for public safety. An automated system will be able to match people and entities across system creating the prime record. The record can be validated against outside systems that carry a high confidence level in record validation. This system will have a high return for AHCA for such functions as money collection, fraud identification, and risk identification. Other options and alternatives have been considered and the need exists to automate and centralize data collection.

6) Recommendations for the effort.	The recommended united system will improve will utilize a centralized data connection to improve business area collaboration, AHCA reporting, money recoupment, and fraud detection.

VII. Schedule IV-B Project Management Planning

AHCA has a strategic Planning Bureau trained to successfully manage small to large projects. The Bureau uses the ISDM design to manage and control system development projects. All projects have a finite project life cycle which includes the idea stage, the concept stage, path & portfolio stage, the active stage, and project closure phase. These stages of the project life cycle relate to the phases of project management: initiating, planning and design, active phase (execution, monitoring, and control), and project closure.

The Bureau uses a custom built SharePoint site to track each project's progress and status. (see below)

Included is the Project Charter

VIII. Appendices

Number and include all required spreadsheets along with any other tools, diagrams, charts, etc. chosen to accompany and support the narrative data provided by AHCA within the Schedule IV-B.

CBAForm 1 - Net Tangible Benefits

Agency: AHCA Project: Provider Mngmnt System

Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A

Agency *(Operations Only -- No Project Costs)*	FY 2014-15			FY 2015-16			FY 2016-17			FY 2017-18			FY 2018-19		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
A. Personnel -- Total FTE Costs (Salaries & Benefits)	$151,833	$295,200	$447,033	$151,833	$295,200	$447,033	$75,917	$295,200	$371,117	$75,917	$295,200	$371,117	$75,917	$295,200	$371,117
A.b Total FTE	3.00	1.80	4.80	3.00	1.80	4.80	3.00	0.30	3.30	3.00	0.30	3.30	3.00	0.30	3.30
A-1.a. State FTEs (Salaries & Benefits)	$151,833	$0	$151,833	$151,833	$0	$151,833	$75,917	$0	$75,917	$75,917	$0	$75,917	$75,917	$0	$75,917
A-1.b. State FTEs (# FTEs)	3.00	0.00	3.00	3.00	0.00	3.00	3.00	(1.50)	1.50	3.00	(1.50)	1.50	3.00	(1.50)	1.50
A-2.a. OPS FTEs (Salaries)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
A-2.b. OPS FTEs (# FTEs)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-3.a. Staff Augmentation (Contract Cost)	$0	$295,200	$295,200	$0	$295,200	$295,200	$0	$295,200	$295,200	$0	$295,200	$295,200	$0	$295,200	$295,200
A-3.b. Staff Augmentation (# of Contract FTEs)	0.00	1.80	1.80	0.00	1.80	1.80	0.00	1.80	1.80	0.00	1.80	1.80	0.00	1.80	1.80
B. Data Processing -- Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-1. Hardware	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-2. Software	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-3. Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C. External Service Provider -- Costs	$0	$73,940	$73,940	$0	$73,940	$73,940	$0	$73,940	$73,940	$0	$73,940	$73,940	$0	$73,940	$73,940
C-1. Consultant Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-2. Maintenance & Support Services	$0	$49,200	$49,200	$0	$49,200	$49,200	$0	$49,200	$49,200	$0	$49,200	$49,200	$0	$49,200	$49,200
C-3. Network / Hosting Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-4. Data Communications Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-5. Other Data Storage/Licenses	$0	$24,740	$24,740	$0	$24,740	$24,740	$0	$24,740	$24,740	$0	$24,740	$24,740	$0	$24,740	$24,740
D. Plant & Facility -- Costs (including PDC services)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E. Others -- Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-1. Training	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-2. Travel	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-3. Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total of Operational Costs (Rows A through E)	$151,833	$369,140	$520,973	$151,833	$369,140	$520,973	$75,917	$369,140	$445,057	$75,917	$369,140	$445,057	$75,917	$369,140	$445,057
F. Additional Tangible Benefits:		$0			$0			$0			$0			$0	
F-1. Specify		$0			$0			$0			$0			$0	
F-2. Specify		$0			$0			$0			$0			$0	
F-3. Specify		$0			$0			$0			$0			$0	
Total Net Tangible Benefits:		($369,140)			($369,140)			($369,140)			($369,140)			($369,140)	

CHARACTERIZATION OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	☑	Confidence Level	90%
Order of Magnitude	☐	Confidence Level	
Placeholder	☐	Confidence Level	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	AHCA	Provider Mngmnt System																		
					CBAForm 2A Baseline Project Budget															
2	*Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.*				FY2014-15			FY2015-16			FY2016-17			FY2017-18			FY2018-19			TOTAL
3				$ -	$ 640,565			$ 1,065,035			$ -			$ -			$ -			$ 1,705,600
4	**Item Description** ***(remove guidelines and annotate entries here)***	**Project Cost Element**	**Appropriation Category**	**Current & Previous Years Project-Related Cost**	**YR 1 #**	**YR 1 LBR**	**YR 1 Base Budget**	**YR 2 #**	**YR 2 LBR**	**YR 2 Base Budget**	**YR 3 #**	**YR 3 LBR**	**YR 3 Base Budget**	**YR 4 #**	**YR 4 LBR**	**YR 4 Base Budget**	**YR 5 #**	**YR 5 LBR**	**YR 5 Base Budget**	**TOTAL**
5	Costs for all state employees working on the project.	**FTE**	S&B	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ -
6	Costs for all OPS employees working on the project.	**OPS**	OPS	$ -	0.00		$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ -
7	Staffing costs for personnel using Time & Expense. (Developers)	**Staff Augmentation**	Contracted Services	$ -	4.00	$ -	$ 246,965	4.00	$ -	$ 592,715	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ 839,680
8	Staffing costs for personnel using Time & Expense. (Buisness Analyst)	**Staff Augmentation**	Contracted Services	$ -	2.00	$ -	$ 262,400	2.00	$ -	$ 314,880	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ 577,280
9	Project management personnel and related deliverables.	**Project Management**	Contracted Services	$ -	1.00	$ -	$ 131,200	1.00	$ -	$ 157,440	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ 288,640
10	Project oversight (IV&V) personnel and related deliverables.	**Project Oversight**	Contracted Services	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ -
11	Staffing costs for all professional services not included in other categories.	**Consultants/Contractors**	Contracted Services	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ -
12	Separate requirements analysis and feasibility study procurements.	**Project Planning/Analysis**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
13	Hardware purchases not included in Primary Data Center services.	**Hardware**	OCO	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
14	Commercial software purchases and licensing costs.	**Commercial Software**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
15	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	**Project Deliverables**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
16	All first-time training costs associated with the project.	**Training**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
17	Include the quote received from the PDC for project equipment and services. Only include one-time project costs in this row. Recurring, project-related PDC costs are included in CBA Form 1A.	**Data Center Services - One Time Costs**	PDC Category	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
18	Other services not included in other categories.	**Other Services**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
19	Include costs for non-PDC equipment required by the project and the proposed solution (detail)	**Equipment**	Expense	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
20	Include costs associated with leasing space for project personnel.	**Leased Space**	Expense	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
21	Other project expenses not included in other categories.	**Other Expenses**	Expense	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
22		**Total**		$ -	7.00	$ -	$ 640,565	7.00	$ -	$ 1,065,035	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ 1,705,600

CBAForm 2 - Project Cost Analysis

Agency	AHCA	Project	Provider Mngmnt System

PROJECT COST SUMMARY	*PROJECT COST SUMMARY (from CBAForm 2A)*					TOTAL
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	
TOTAL PROJECT COSTS (*)	$640,565	$1,065,035	$0	$0	$0	$1,705,600
CUMULATIVE PROJECT COSTS *(includes Current & Previous Years' Project-Related Costs)*	$640,565	$1,705,600	$1,705,600	$1,705,600	$1,705,600	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	*PROJECT FUNDING SOURCES - CBAForm 2B*					TOTAL
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	
General Revenue	$0	$0	$0	$0	$0	$0
Trust Fund	$1,009,705	$1,434,175	$369,140	$369,140	$369,140	$3,551,300
Federal Match ☐	$0	$0	$0	$0	$0	$0
Grants ☐	$0	$0	$0	$0	$0	$0
Other ☐	$0	$0	$0	$0	$0	$0
TOTAL INVESTMENT	$1,009,705	$1,434,175	$369,140	$369,140	$369,140	$3,551,300
CUMULATIVE INVESTMENT	$1,009,705	$2,443,880	$2,813,020	$3,182,160	$3,551,300	

Characterization of Project Cost Estimate - CBAForm 2C			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	x	Confidence Level	90%
Order of Magnitude		Confidence Level	
Placeholder		Confidence Level	

CBAForm 3 - Project Investment Summary

Agency	AHCA	Project	Provider Mngmnt System

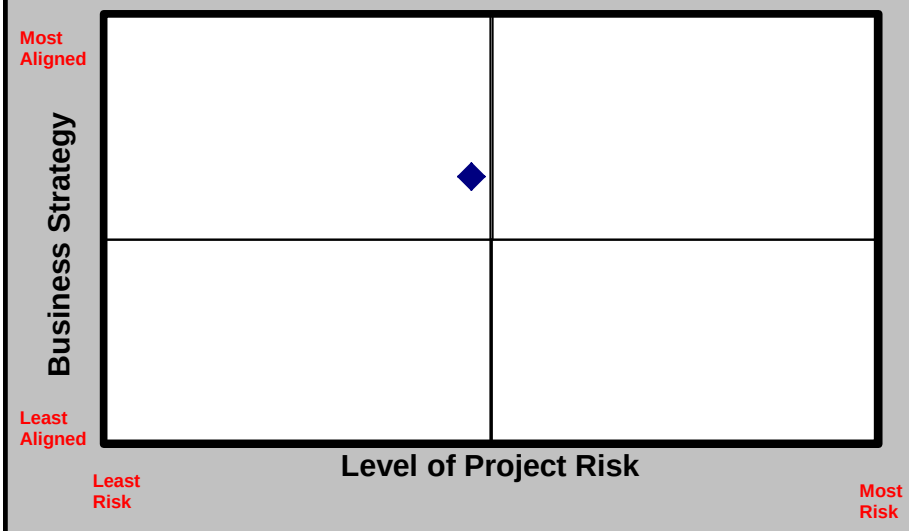
COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	TOTAL FOR ALL YEARS
Project Cost	$640,565	$1,065,035	$0	$0	$0	$1,705,600
Net Tangible Benefits	($369,140)	($369,140)	($369,140)	($369,140)	($369,140)	($1,845,700)
Return on Investment	($1,009,705)	($1,434,175)	($369,140)	($369,140)	($369,140)	($3,551,300)
Year to Year Change in Program Staffing	2	2	0	0	0	

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	NO PAYBACK	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	NO PAYBACK	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	($3,306,128)	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	NO IRR	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%

Project	*Provider Mangement System*	
Agency	*Agency for Health Care Administration*	
FY 2014-15 LBR Issue Code:	**FY 2014-15 LBR Issue Title:**	
Issue Code	*Issue Title*	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
12-4822, kay.heckroth@ahca.myflorida.com and Ryan Fitch, 850-412-3797, ryan.fitch@		
Executive Sponsor	*Molly McKinstry*	
Project Manager	*Project Manager Name*	
Prepared By	*Ryan Fitch/Kay Heckroth*	*10/3/2013*

Risk Assessment Summary



Project Risk Area Breakdown

Risk Assessment Areas	*Risk Exposure*
Strategic Assessment	MEDIUM
Technology Exposure Assessment	MEDIUM
Organizational Change Management Assessment	MEDIUM
Communication Assessment	LOW
Fiscal Assessment	MEDIUM
Project Organization Assessment	MEDIUM
Project Management Assessment	MEDIUM
Project Complexity Assessment	MEDIUM
Overall Project Risk	MEDIUM

Agency: Agency for Health Care Administration Project: Provider Mangement System

Section 1 -- Strategic Area			
#	Criteria	Values	Answer
1.01	Are project objectives clearly aligned with the agency's legal mission?	0% to 40% -- Few or no objectives aligned	81% to 100% -- All or nearly all objectives aligned
		41% to 80% -- Some objectives aligned	
		81% to 100% -- All or nearly all objectives aligned	
1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Informal agreement by stakeholders
		Informal agreement by stakeholders	
		Documented with sign-off by stakeholders	
1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Not or rarely involved	Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings
		Most regularly attend executive steering committee meetings	
		Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is not documented	Vision is partially documented
		Vision is partially documented	
		Vision is completely documented	
1.05	Have all project business/program area requirements, assumptions, constraints, and priorities been defined and documented?	0% to 40% -- Few or none defined and documented	41% to 80% -- Some defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	No changes needed
		Changes unknown	
		Changes are identified in concept only	
		Changes are identified and documented	
		Legislation or proposed rule change is drafted	
1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	Few or none	Some
		Some	
		All or nearly all	
1.08	What is the external (e.g. public) visibility of the proposed system or project?	Minimal or no external use or visibility	Moderate external use or visibility
		Moderate external use or visibility	
		Extensive external use or visibility	
1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility	Single agency-wide use or visibility
		Single agency-wide use or visibility	
		Use or visibility at division and/or bureau level only	
1.10	Is this a multi-year project?	Greater than 5 years	Between 1 and 3 years
		Between 3 and 5 years	
		Between 1 and 3 years	
		1 year or less	

Agency: Agency for Health Care Administration Project: Provider Mangement System

Section 2 -- Technology Area			
#	Criteria	Values	Answer
2.01	Does the agency have experience working with, operating, and supporting the proposed technology in a production environment?	Read about only or attended conference and/or vendor presentation	Supported production system 6 months to 12 months
		Supported prototype or production system less than 6 months	
		Supported production system 6 months to 12 months	
		Supported production system 1 year to 3 years	
		Installed and supported production system more than 3 years	
2.02	Does the agency's internal staff have sufficient knowledge of the proposed technology to implement and operate the new system?	External technical resources will be needed for implementation and operations	External technical resources will be needed through implementation only
		External technical resources will be needed through implementation only	
		Internal resources have sufficient knowledge for implementation and operations	
2.03	Have all relevant technology alternatives/ solution options been researched, documented and considered?	No technology alternatives researched	All or nearly all alternatives documented and considered
		Some alternatives documented and considered	
		All or nearly all alternatives documented and considered	
2.04	Does the proposed technology comply with all relevant agency, statewide, or industry technology standards?	No relevant standards have been identified or incorporated into proposed technology	Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards
		Some relevant standards have been incorporated into the proposed technology	
		Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards	
2.05	Does the proposed technology require significant change to the agency's existing technology infrastructure?	Minor or no infrastructure change required	Moderate infrastructure change required
		Moderate infrastructure change required	
		Extensive infrastructure change required	
		Complete infrastructure replacement	
2.06	Are detailed hardware and software capacity requirements defined and documented?	Capacity requirements are not understood or defined	Capacity requirements are based on historical data and new system design specifications and performance requirements
		Capacity requirements are defined only at a conceptual level	
		Capacity requirements are based on historical data and new system design specifications and performance requirements	

Agency: Agency for Health Care Administration Project: Provider Mangement System

Section 3 -- Organizational Change Management Area			
#	Criteria	Values	Answer
3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Minimal changes to organization structure, staff or business processes structure
		Moderate changes to organization structure, staff or business processes	
		Minimal changes to organization structure, staff or business processes structure	
3.02	Will this project impact essential business processes?	Yes	Yes
		No	
3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	41% to 80% -- Some process changes defined and documented
		41% to 80% -- Some process changes defined and documented	
		81% to 100% -- All or nearly all processes defiined and documented	
3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	No
		No	
3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	Less than 1% FTE count change
		1% to 10% FTE count change	
		Less than 1% FTE count change	
3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	Less than 1% contractor count change
		1 to 10% contractor count change	
		Less than 1% contractor count change	
3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with greater change requirements
		Recently completed project with fewer change requirements	
		Recently completed project with similar change requirements	
		Recently completed project with greater change requirements	

Agency: Agency Name

Project: Project Name

Section 4 -- Communication Area			
#	Criteria	Value Options	Answer
4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
		No	
4.02	Does the project Communication Plan promote the collection and use of feedback from management, project team, and business stakeholders (including end users)?	Negligible or no feedback in Plan	Proactive use of feedback in Plan
		Routine feedback in Plan	
		Proactive use of feedback in Plan	
4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
		No	
4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
		No	
4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages	Some key messages have been developed
		Some key messages have been developed	
		All or nearly all messages are documented	
4.06	Have desired message outcomes and success measures been identified in the Communication Plan?	Plan does not include desired messages outcomes and success measures	Success measures have been developed for some messages
		Success measures have been developed for some messages	
		All or nearly all messages have success measures	
4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
		No	

Agency: Agency for Health Care Administration | Project: Provider Mangement System

Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	Yes
		No	
5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Between $500K and $1,999,999
		Greater than $10 M	
		Between $2 M and $10 M	
		Between $500K and $1,999,999	
		Less than $500 K	
5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	Yes
		No	
5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within ±10%)	Detailed and rigorous (accurate within ±10%)
		Order of magnitude – estimate could vary between 10-100%	
		Placeholder – actual cost may exceed estimate by more than 100%	
5.06	Are funds available within existing agency resources to complete this project?	Yes	No
		No	
5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
		Funding from local government agencies	
		Funding from other state agencies	
5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Neither requested nor received
		Requested but not received	
		Requested and received	
		Not applicable	
5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	Most project benefits have been identified but not validated
		Some project benefits have been identified but not validated	
		Most project benefits have been identified but not validated	
		All or nearly all project benefits have been identified and validated	
5.10	What is the benefit payback period that is defined and documented?	Within 1 year	No payback
		Within 3 years	
		Within 5 years	
		More than 5 years	
		No payback	
5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Procurement strategy has not been identified and documented
		Stakeholders have not been consulted re: procurement strategy	
		Stakeholders have reviewed and approved the proposed procurement strategy	
5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Combination FFP and T&E
		Firm Fixed Price (FFP)	
		Combination FFP and T&E	
5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of hardware and software is documented in the project schedule
		Purchase all hardware and software at start of project to take advantage of one-time discounts	
		Just-in-time purchasing of hardware and software is documented in the project schedule	
5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager is the procurement manager
		Contract manager is the procurement manager	
		Contract manager is the project manager	
		Contract manager assigned is not the procurement manager or the project manager	
5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
		No	
5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	Some selection criteria and outcomes have been defined and documented
		Some selection criteria and outcomes have been defined and documented	
		All or nearly all selection criteria and expected outcomes have been defined and documented	
5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
		Multi-stage evaluation not planned/used for procurement	
		Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
5.18	For projects with total cost exceeding $10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	Not applicable
		No, bid response did/will not require proof of concept or prototype	
		Yes, bid response did/will include proof of concept or prototype	
		Not applicable	

Section 6 -- Project Organization Area			
#	Criteria	Values	Answer
6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes	Yes
		No	
6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	None or few have been defined and documented	All or nearly all have been defined and documented
		Some have been defined and documented	
		All or nearly all have been defined and documented	
6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	Agency
		Agency	
		System Integrator (contractor)	
6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	1
		2	
		1	
6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been developed?	Needed staff and skills have not been identified	Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented
		Some or most staff roles and responsibilities and needed skills have been identified	
		Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	No, project manager assigned more than half-time, but less than full-time to project
		No, project manager is assigned 50% or less to project	
		No, project manager assigned more than half-time, but less than full-time to project	
		Yes, experienced project manager dedicated full-time, 100% to project	
6.07	Are qualified project management team members dedicated full-time to the project	None	No, business, functional or technical experts dedicated 50% or less to project
		No, business, functional or technical experts dedicated 50% or less to project	
		No, business, functional or technical experts dedicated more than half-time but less than full-time to project	
		Yes, business, functional or technical experts dedicated full-time, 100% to project	
6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the project team with in-house resources?	Few or no staff from in-house resources	Few or no staff from in-house resources
		Half of staff from in-house resources	
		Mostly staffed from in-house resources	
		Completely staffed from in-house resources	
6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Moderate impact
		Moderate impact	
		Extensive impact	
6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope, schedule, or cost?	Yes	Yes
		No	
6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established	Yes, all stakeholders are represented by functional manager
		No, only IT staff are on change review and control board	
		No, all stakeholders are not represented on the board	
		Yes, all stakeholders are represented by functional manager	

Section 7 -- Project Management Area			
#	Criteria	Values	Answer
7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
		Project Management team will use the methodology selected by the systems integrator	
		Yes	
7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
		1-3	
		More than 3	
7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
		Some	
		All or nearly all	
7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	41 to 80% -- Some have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	41 to 80% -- Some have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	41 to 80% -- Some are traceable
		41 to 80% -- Some are traceable	
		81% to 100% -- All or nearly all requirements and specifications are traceable	
7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	Some deliverables and acceptance criteria have been defined and documented
		Some deliverables and acceptance criteria have been defined and documented	
		All or nearly all deliverables and acceptance criteria have been defined and documented	
7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
		Only project manager signs-off	
		Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	0% to 40% -- None or few have been defined to the work package level
		41 to 80% -- Some have been defined to the work package level	
		81% to 100% -- All or nearly all have been defined to the work package level	
7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	Yes
		No	
7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	No
		No	
7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
		Project team uses formal processes	
		Project team and executive steering committee use formal status reporting processes	
7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
		Some templates are available	
		All planning and reporting templates are available	
7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
		No	
7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	Some have been defined and documented
		Some have been defined and documented	
		All known risks and mitigation strategies have been defined	
7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
		No	
7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
		No	

Agency: Agency for Health Care Administration Project: Provider Mangement System

Section 8 -- Project Complexity Area			
#	Criteria	Values	Answer
8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	Similar complexity
		More complex	
		Similar complexity	
		Less complex	
8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	Single location
		3 sites or fewer	
		More than 3 sites	
8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	Single location
		3 sites or fewer	
		More than 3 sites	
8.04	How many external contracting or consulting organizations will this project require?	No external organizations	1 to 3 external organizations
		1 to 3 external organizations	
		More than 3 external organizations	
8.05	What is the expected project team size?	Greater than 15	9 to 15
		9 to 15	
		5 to 8	
		Less than 5	
8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	More than 4	None
		2 to 4	
		1	
		None	
8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Agency-wide business process change
		Agency-wide business process change	
		Statewide or multiple agency business process change	
8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	Yes
		No	
8.09	What type of project is this?	Infrastructure upgrade	Combination of the above
		Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
		Business Process Reengineering	
		Combination of the above	
8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Similar size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	
8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	No recent experience	Greater size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	

Provider/Medicaid and Data Management System

1. Project Charter Document

1.1 Purpose

The Purpose of the Project Charter is to document "what" the Project is, as approved by Governance. The charter includes: Approved Project Scope and Project Constraints. Project Constraints include: Project Priority and Resource allocations.

1.2 Author(s)

(1) Molly McKinstry – Project Sponsor

(2) Ryan Fitch – Project Stakeholder

(3) Kay Heckroth – Application and Development & Support Bureau Chief

1.3 Document Revision History

This table contains the complete version history of this document. The 'description of Revision' is intended to record the essential purpose of each revision; it is **not** intended to be a complete list of changes from one version to another.

Date	Author	Versi	Description of Revision
09/25/13	Kay Heckroth, Ryan Fitch	V 0.1	Initial Draft.

2. Approved Project Scope

Project Description

The Agency for Health Care Admnistration (AHCA)currently utilizes several systems for the administration and management of regulated entities including issuing licenses, eligibility determinations for Medicaid, background screenings, data collection, paying claims, issuing assessments, etc. Currently, these systems are separate and connecting the dots across all the Divisions and programs is difficult and is largely a manual process. This manual process not only limits efficiency but also impacts customer service to our recipients and providers. Additionally, the ability to connect related parties and data throughout the various systems as well as knowing their statuses is a key to preventing fraud.

The AHCA is requesting to implement a provider management system that will allow the AHCA to connect its existing systems and data while collapsing existing systems and data into a single touch-point. Each of the AHCA's current systems has one thing in common – the collection of data regarding people and entities. The proposed system will function as a central hub for all person and entity data maintaining a master record and history of system records to that person or entity. It would maintain relationships between people and entities (both current and historic relationships), be designed to interface with all AHCA programs and be populated through those programs, prevent duplicate entries/records for individuals; update provider information into the various "sub-systems". In addition, it would send alerts to the interested parties in the AHCA when a status change in one area would require an action in another area of the AHCA, feed the AHCA's fraud detection and prevention and Managed Care Network Validation tools, and increase data quality by cross referencing source data and running algorithms for common data entry errors. In order to make all these connections, this project would include a data "cleanse" to match up appropriate records from the various systems that may have data entry errors that would otherwise result in a non-match.

Fraud Detection and Prevention – The data connectivity envisioned by this project would allow the AHCA to detect and prevent fraud. Currently this process is done in large part manually and this project will help mitigate the risk of missing important relationships by automating some of these processes. Some of the function envisioned would include flagging all systems when an individual or entity owes the AHCA money, is disqualified from participating in Medicaid or Medicare, or has a disqualifying criminal background, the ability to map relationships between related entities and individuals, and support the AHCA's analytical fraud detection software and tools.

Customer Service/Reduce Regulatory Burden – The project will benefit providers and health plans by acting as a central source of verification to update simple information like name, contact information and address changes, leverage existing systems, resources and projects to make more efficient use of taxpayer dollars, and increase turnaround times by eliminating manual processes.

2.1 In Scope

The AHCA needs the ability to **connect related parties** and data throughout the various systems as well as knowing their statuses is a key to preventing fraud. The objective is to procure/build a system that will allow the AHCA to connect existing systems and data while collapsing existing systems and data into a single touch point. The overall scope of this project will move the AHCA toward its strategic goal of **consolidating systems** and resources to better serve Floridians in a comprehensive and efficient manner.

Provider Management System

1. Perform new system analysis and prepare system design specifications including a system architecture model, screen design, and database design. Prepare ISDM documentation.
2. Build an AHCA wide people and entity identification and relationship management database.
3. Develop a WEB based application that allows the business areas to view the data and will allow key staff to update the data in the Provider Management System.
4. Cleanse and store data in the system database.
5. Validate the entity and relationship data using AHCA and non-AHCA data systems.
6. Load and cleanse historical data from AHCA's main systems.
7. Maintain up-to-date entries records and relationships between people and entities both current and historic relationships.
8. Interface with AHCA systems that store entity/person data.
9. Send updated provider data back to the source systems and email business units with updates.
10. Interface with the AHCA's analytical fraud detection systems to determine risk.
11. Interface with F&A to determine money owed.
12. Interface with Managed Care Network Validation tools.
13. Build system reports and letters.
14. Alert the interested parties when a status change in one area would require an action in another area.

2.2 Out of Scope

The following items are out of scope:

1. The operations and processes that are not specifically mentioned in 2.1.
2. Creating financial systems associated with invoicing and accounts receivable as well as the interface with FLAIR.
3. Other State agencies will not integrate or interface with system.

3. Project Assumptions, Constraints and Risks

This section documents the Project Assumptions and Constraints set by AHCA Project Governance or the Project Steering Committee. Assumptions are those conditions that are considered true, certain, or real for planning purposes. Constraints are items that limit a project team's options. Constraints typically relate to schedule, resources, budget, technology, or contractual provisions.

3.1 Assumptions

1. The project will receive continued support from AHCA management.
2. There are sufficient resources (staff, software, hardware) to complete the project and the resources will be available when needed through staff augmentation and/or FTE.
3. There will be sufficient budget to fund the project.
4. The business units' System Matter Experts (SME) will be knowledgeable and experienced in their current business process and available to meet with the Business Analyst to convey their process.
5. Business units' staff will be available and involved in executing test scenarios.
6. The project organization structure as defined in section 3.8 of this document will be followed.
7. A 'full-time' resource implies at least 35 hours productive work per week.
8. Technical standards will be uniform.
9. AHCA IT will have oversight over the project developers.
10. AHCA managers with program delivery responsibilities recognize the importance of information resources management to AHCA's mission performance.
11. The system will provide up-to-date information presenting opportunities to promote fundamental changes in AHCA structures, work processes, and ways of interacting with the public that improve the effectiveness and efficiency of The AHCA.
12. The users of the system's information must have the skill, knowledge, and training to manage information resources, enabling the AHCA to effectively serve the public through automated means.
13. AHCA will help in the development and operation of interagency and interoperable shared information resources to support the performance of the AHCA's missions.
14. Strategic planning improves the operation of government programs. The AHCA's strategic plan will shape the redesign of work processes and guide the development and maintenance of an Enterprise Architecture and a capital planning and investment control process. This management approach promotes the appropriate application of information resources.
15. Systematic attention to the management of government records is an essential component of sound public resources management which ensures public accountability. Together with records preservation, it protects the AHCA's historical record and guards the legal and financial rights of the AHCA and the public.
16. Because the public disclosure of government information is essential to the operation of a democracy, the management of State information resources should protect the public's right of access to government information.

17. The free flow of information between the AHCA and the public is essential to the general public. It is also essential that the State minimizes the paperwork burden on the public, minimize the cost of its information activities, and maximize the usefulness of government information.

Constraints

1. There is a limited budget for staff augmented resources for each of the two fiscal years of the project.
2. The project will depend upon receiving data from other AHCA systems.
3. Funding for the next year will depend on the milestone accomplishments from the year before.
4. Deliverables submitted for approval will require the AHCA stakeholders' approval.

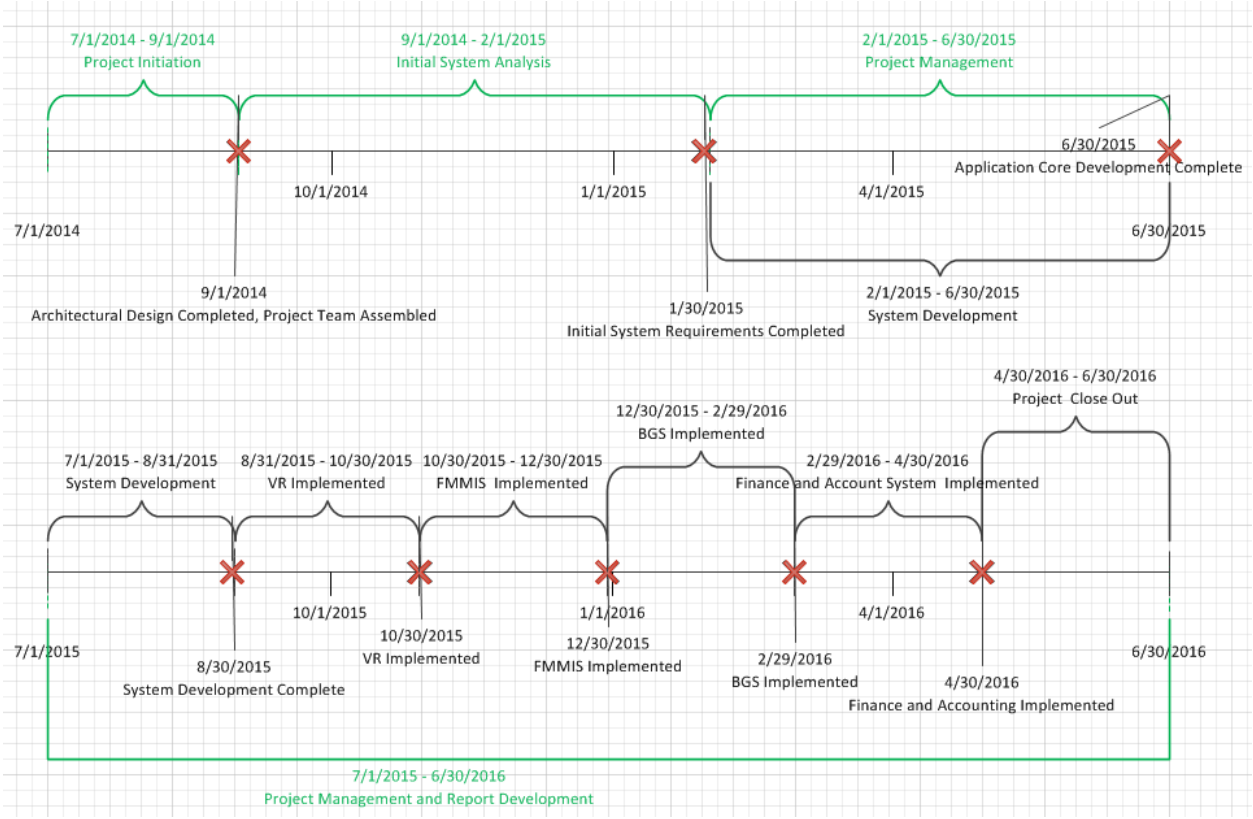
3.2 Risks

Risk	Mitigation
1. Staff turnover in IT resulting in a loss of institutional knowledge.	Documentation, through illustrations and templates, of requirements and strict compliance with the ISDM will help mitigate this risk.
2. Finance and Accounting systems are currently maintained in FoxPro. A project to upgrade these systems may run simultaneously with this project and could cause delays.	Maintain communications with project manager and create schedule touch points to ensure coordination.

3.3 Project Priority

Priority # Given Steering Committee	Priority # By Division	Project Name	Status	Project Scale	Division or Office	Description	IT Resources Actively Working
Unknown	Unknown	Provider Management System	Charter	Large	HQA	The AHCA needs the ability to **connect related parties** and data throughout the various systems as well as knowing their statuses is a key to preventing fraud. The objective is to procure/build a system that will allow the AHCA to connect existing systems and data while collapsing existing systems and data into a single touch point. The overall scope of this project will move the AHCA toward its strategic goal of **consolidating systems** and resources to better serve Floridians in a comprehensive and efficient manner.	N

3.4 Length of Involvement



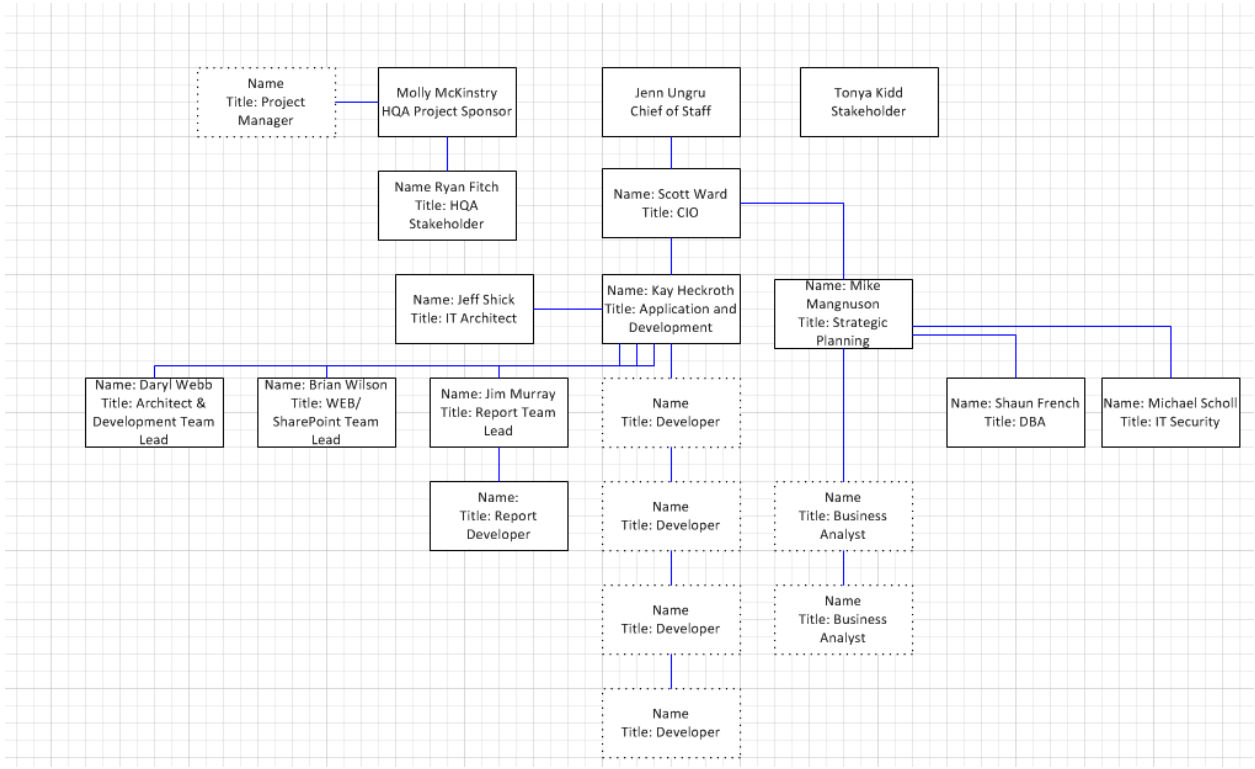
3.5 Project Resource Allocation

Staff	Organization	Role	Type	Start Date	End Date	Utilization	Total Hours	Supervisor
Molly McKinstry	AHCA - HQA	Project Sponsor	FTE	As needed		As needed	N/A	Liz Dudek
Ryan Fitch	AHCA-HQA	Project Stakeholder/Team leader	FTE	As needed		As needed		Molly McKinstry
Kay Heckroth	IT	Application and Development & Support Bureau chief	FTE	As needed		As needed	N/A	Scott Ward
Kristen Sokoloski	Medicaid	Stakeholder	FTE	As Needed		As needed		Justin Senior
Jim Murray	IT	Reporting Team lead	FTE	As needed		As needed		Kay Heckroth
Report Writer	IT	Reporting team developer	FTE	As needed		As needed		Kay Heckroth
Daryl Webb	IT	Development Team Lead	FTE	As needed		As needed		Kay Heckroth
Michael Scholl	IT	IT Security	FTE	As needed		As needed		Mike Manguson
Brian Wilson	IT	WEB/SharePoint Team Lead	FTE	As needed		As needed		Kay Heckroth
Shaun French	IT	DBA	FTE	As needed		As needed		Mike Magnuson
Jeff Shick	Vendor	Architect	Augmented	As needed		As needed		Kay Heckroth
Vacant	Vendor	Developer	Augmented	2/1/2015	6/30/2016	Full Time	2,560	Kay Heckroth
Vacant	Vendor	Developer	Augmented	2/1/2015	6/30/2016	Full Time	2,560	Kay Heckroth
Vacant	Vendor	Developer	Augmented	2/1/2015	6/30/2016	Full Time	2,560	Kay Heckroth
Vacant	Vendor	Developer	Augmented	2/1/2015	6/30/2016	Full Time	2,560	Kay Heckroth
Vacant	Vendor	Project Manager	Augmented	9/1/2014	6/30/2016	Full Time	3,520	Mike Magnuson
Vacant	Vendor	Business Analyst	Augmented	9/1/2014	6/30/2016	Full Time	3,520	Mike Magnuson
Vacant	Vendor	Business Analyst	Augmented	9/1/2014	6/30/2016	Full Time	3,520	Mike Magnuson

3.7 Project Governance

Voting Steering Member	Role	Position
Secretary Dudek	Agency for Health Care Administration	Secretary
Jenn Ungru	Agency for Health Care Administration	Chief of Staff
Molly McKinstry	Project Sponsor	Deputy Secretary
Kristen Sokoloski	Project Stakeholder	Medicaid senior Management
Scott Ward	Division of Information Technology	Chief Information Officer
Tonya Kidd	Stakeholder	Deputy Secretary
Ryan Fitch	Stakeholder/Team Leader	Bureau Chief
Kay Heckroth	Division of Information Technology	Bureau Chief

3.8 Project Organizational Chart



4. Project Milestones

This section documents the Project Milestones. These milestones will become core tasks that generate a more complete set of tasks or Work Breakdown Structure for the project schedule.

Project Milestones

1. Initiation Phases
    a. Charter Completed
    b. Project Plan Completed
    c. Schedule Completed
    d. Hire On-board Staff
    e. Architectural Design Completed, Project Team Assembled
    f. Project Management Methodology Determined
2. Initial System Requirements Completed
3. Application Core Development Complete
    a. Database
    b. Screens
    c. WEB services
4. Application Development
    a. Database
    b. Screens
    c. WEB services
    d. Import and cleanse historical data from interfaced systems
5. VR & Online Licensing Implemented
6. FMMIS Implemented
7. BGS Implemented
8. Finance and Accounting Implemented
9. Interface with Managed Care Network Validation
10. Project Closure
    a. Acceptance testing
    b. Organizational Impact to AHCA
    c. User and manager attitude assessment

5. Communications Plan

This section documents the Communications Plan for the Project, describing how to assure visibility and co-operation by communicating status and news about the project to all appropriate stakeholders. The communications plan encompasses meetings as well as documents. A separate matrix is provided for meetings and for documentation.

MEETINGS			
Description	**Target Audience**	**Frequency**	**Owner(s)**
Business Team Meeting	Business team (including, business users, and business analysts)	Weekly	HQA Business Sponsor, HQA Business Stakeholders, Project Manager, Business Analyst, and Developer Team
Technical Team Meeting	Technical team (including, technical manager, system architect, DBA, and developers)	Weekly	Project Manager, Project Manager, Business Analyst, and Developer Team
Sponsor Meeting	HQA Sponsor	Weekly	Project Manager
Project Steering Committee Meeting	Project Team, Project Sponsor, IT Bureau Chiefs	As needed	Project Sponsor

DOCUMENTATION

Description	Target Audience	Delivery Format	Frequency	Owner
Project SharePoint Site	Project Team Members / Sponsor(s)	Internal SharePoint page at http://ahcaportal/IT/OLR/SitePages/Home.aspx	Update as needed	Project Managers
Team Meeting Agenda	Team Members	Available on SharePoint, emailed link	1 Day Before Team Meeting	Team Business Analyst Project Managers (for Technical team)
Team Meeting Summary	Team Members	Available on SharePoint, emailed link	Within 3 Days Following Team Meeting	Team Business Analyst Project Managers (for Technical team)
Steering Meeting Agenda	Steering Committee and Stakeholders	Available on SharePoint, emailed link, printed for meeting	No later than 5 business days prior to meeting, drafted with sponsor, deliver via email to participants with materials within 3 days of meeting	Project Managers and Project Sponsor
Action Items (AI)	Project Team	SharePoint posting – Action Item Tracker	As AIs are identified, they will be entered into the Action Item Tracker and assigned to an owner. The AIs will be monitored through completion/resolution.	Project Manager, Business Analyst, and Developer Team

DOCUMENTATION

Description	Target Audience	Delivery Format	Frequency	Owner
Risk Tracker	Project Team	SharePoint posting	As risks are identified, they will be entered into and will be monitored throughout the project or risk resolution.	Project Manager, Business Analyst, and Developer Team
Decision Log (As decision points are identified, they will be entered into the decision log and will be presented to the Steering Committee for decision. There will also be a standing item on the Steering Committee meeting agenda to review decisions made outside the Steering Committee meeting. Decisions will be communicated back to the team via update to the Decision Log with a description of the decision made.)	Project Team	SharePoint posting	Due in the Decision Point Template format by the day before the Team Lead meeting or three days before the Steering meeting	Project Manager, Business Analyst, and Development Team Steering Committee
Idea Brief	Governance	Available on SharePoint	Idea Phase (completed prior to project charter)	HQA Business Stakeholder

DOCUMENTATION

Description	Target Audience	Delivery Format	Frequency	Owner
Conceptual Analysis	Governance	Available on SharePoint	Conceptual Analysis Phase (completed prior to project charter)	Business owner IT ISDM Compliance Unit
Project Plan (using Microsoft Project)	Project Team / ISDM Compliance Unit and Stakeholders	Available on SharePoint	Updated weekly	Project Managers/ Project Director
Requirements / Design Documents	Project Team/Stakeholders	Available on SharePoint	Active Phase	Team Leads/ Business Analysts
Project Budget	Project Team/Stakeholders	Available on SharePoint and provided in Steering Agenda	Project Initiation / Update for Steering Meetings	Project Managers/ project Director
Testing Plan	Project Team/Sponsor	Available on SharePoint or Team Foundation Server (TBD)	Active Phase	Project Manager / Business Lead
Training Plan	Project Team/Sponsor	Available on SharePoint	Active Phase	Project Managers / Business Lead
Deployment Plan	Project Team/IT Component Areas	Available on SharePoint	Active Phase	Project Managers / Technical Lead
Troubleshooting Guide	Project Team/IT Component Areas	Available on SharePoint	Active	Project Managers / Technical Lead
Project Closeout Report	Project Team/Sponsor/ Stakeholders	Available on SharePoint	Conclusion of the Project	Project Managers
Project Calendar – Recurring Project Meetings	Project Team	SharePoint	On-going	All Team members

DOCUMENTATION

Description	Target Audience	Delivery Format	Frequency	Owner
Project Calendar – All Project Meetings	Project Team	Outlook	On-going	All Team members
Weekly Project Status Report	All project members and stakeholders	SharePoint link in email and email attachment upon request	Weekly	Project Managers/ Project Director

6. Project Responsibilities/Decision Management

This section documents AHCA best practices for managing changes to project scope and other decisions. For each item, verify the roles and responsibilities; and document the change request.

6.1 Slipping tasks

- Team Leads and Project Managers shall identify, document and discuss in each of the weekly team meetings all slipping tasks.
- Project Managers should analyze, document and communicate to the Team the impact of the Slipping task(s).
- Team Leads and Project Managers shall identify and document possible options to get the slipping tasks back on schedule.
- Slipping tasks shall be reported by the Team Lead, co-lead and/or Project Managers in the weekly Team Lead Meeting.
- Project Manager shall communicate the slipping task(s) and the impact of the slipping task(s) to the Sponsor.

6.2 Contract Administration (If Applicable)

- The Contract Manager will conduct procurement(s) in order to select the most suitable staff augmentation vendor(s) to complete the project activities.
- The Contract Manager will administer the Vendor Contract(s) for the approved terms and conditions as established in the Vendor Contract(s).

6.3 Resource Management

- The Team Lead is responsible for making work assignments to team members and working with project management staff to track completion of those assignments.
- Project Managers are responsible for managing the project schedule to show the completion of work assignments by the team members and/or resources assigned to the tasks.
- Project Manager is responsible for communicating the status of the project to the Sponsor and Steering Committee.

6.4 Project Documentation

- Project Managers are responsible for documenting the work breakdown structure in the project schedule, working with team leads to define detailed tasks for the Project Milestones and estimating task duration.
- Project Managers are responsible for documenting and escalating project issues, risks and mitigation options. Project management documentation shall be maintained in the SharePoint project site under the designated ISDM folder.
- The Project Managers are responsible for maintaining all project documents related to the team in the designated folders in the project SharePoint site.

- Action items will be tracked by the Project Managers and documented on the Meeting Summary and placed on the next meeting Agenda with a date assigned and responsible person. Any items remaining open after two consecutive weeks will be transferred to the project schedule as a task.
- All final project deliverables and acceptance documents shall be maintained in the assigned project folder.
- Decision Points are drafted and saved in the assigned project folder. Each time a document is presented, it is updated in this folder. Once approved, the decision document is updated. The title of the file should be brief and concise.

6.5 Change Management

- All requests for changes in scope shall be communicated to the project sponsor and in the Team Lead Meeting via a Decision Point Document.
- Changes in Scope or Issues requiring Project Governance Committee resolution will be brought before the Team Leads during the weekly Team Lead meetings prior to the Project Governance Committee meetings.
- Project Schedule updates resulting in project delay will be brought to the attention of the Team Lead and project sponsor.
- All code deployed to production on AHCA servers shall comply with the change control processes identified in policies and procedures.

6.6 Risk and Issue Management

- Risks are defined on the project as uncertain future events having an impact on the project, while issues are known events. Risks and Issues will be identified by the team and addressed regularly through team meetings.
- A Project Risk Matrix will be updated weekly by the Project Managers. Risks will be addressed during the weekly Team meeting and if needed escalated to the Team Lead meeting and Project Steering Committee.
- Project issues will be tracked in the Action Item Tracker; entered by all team members and updated weekly by the Project Managers. Issues will be addressed during the weekly Team meeting and if needed escalated to the Team Lead meeting and Project Steering Committee.
- Risks and Issues will escalate through the process when necessary.

6.7 Decision Making Process

- Tier One - Project Team attempts to resolve problem at the team level. Decisions affecting only the team and the teams/ objectives not influencing other areas of the project or AHCA and not requiring Senior Management approval should be resolved at the team level and documented using the appropriate project management documents. At times two or more teams will need to work together before escalating an item to the next level.
- Tier Two - Team Leads – Items crossing over to more than two teams requiring input or resolution by the Project Steering Committee will be brought in the form of a Decision Point to the weekly Team Lead meeting.

- Tier Three - Project Steering Committee – Once a set of recommended options has been determined through the Team Leads, the initiating team will present the Decision Document for final resolution to the Steering Committee, if a resolution has not yet been found or the Team Leads lack the authority to make such a decision. All decisions and resolutions will be updated on the appropriate document and communicated back to the team level.

7. Project Charter

Implementation Plan	Start Date - End Date
Project Initiation	7/1/2014 - 9/1/2014
ISDM documentation and Business Analysis and Architectural Design	9/1/2014 - 2/1/2015
Develop screens, database, and web services to allow users to input data	2/1/2015 - 6/30/2015
Develop Database to store data	2/1/2015 - 6/30/2015
Data conversion and cleansing	7/1/2015 - 8/31/2015
Store current and historical data in the application	2/1/2015 - 6/30/2015
Determine if the entity or person is the same person	2/1/2015 - 6/30/2015
Alert Parties when updates are made to Entities/persons	2/1/2015 - 6/30/2015
Implement into BETA First Phase	6/30/2015
Beta Test	6/30/2015 - 08/31/2015
Implement VR and Online Licensing	8/31/2015 - 10/30/2015
Implement FMMIS	10/30/2015 - 12/30/2015
Implement BGS	12/30/2015 - 2/29/2016
Implement Finance and Accounting	2/29/2016 - 4/30/2016
Validate the entity and relationship data using AHCA and non-AHCA data systems.	8/31/2015 -6/30/2016
Write back to other AHCA systems	8/31/2015 -6/30/2016

SCHEDULE IV-B FOR - DATA SUBMISSION AND FINANCIAL ASSESSMENT PROJECT

For Fiscal Year 2014-15

October 9, 2013

AGENCY FOR HEALTH CARE ADMINISTRATION

Contents

I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Health Care Administration	Schedule IV-B Submission Date:
Project Name: Data Submission and Financial Assessment Project	Is this project included in the Agency's LRPP? ____ Yes __X__ No
FY 2014-15 LBR Issue Code:	FY 2014-15 LBR Issue Title:
Agency Contact for Schedule IV-B (Ryan Fitch, 850-412-3797, Ryan.Fitch@ahca.myflorida.com) (Kay Heckroth, 850-413-4822, Kay.Heckroth@ahca.myflorida.com):	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head: Printed Name: Elizabeth Dudek	Date: 10/14/13
Agency Chief Information Officer (or equivalent): For Scott Ward Printed Name: Scott Ward John Edwards	Date:
Budget Officer: Printed Name: Anita Hicks	Date: 10/14/2013
Planning Officer: Printed Name: Mike Magnuson	Date: 10/14/2013
Project Sponsor: Printed Name: Molly McKinstry	Date: 10/14/13
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Ryan Fitch, 850-412-3797, ryan.fitch@ahca.myflorida.com And Kay Heckroth, 850-412-4822, kay.heckroth@ahca.myflorida.com
Cost Benefit Analysis:	Ryan Fitch, 850-412-3797, ryan.fitch@ahca.myflorida.com
Risk Analysis:	Kay Heckroth, 850-412-4822, kay.heckroth@ahca.myflorida.com and Ryan Fitch, 850-412-3797, ryan.fitch@ahca.myflorida.com
Technology Planning:	Kay Heckroth, 850-412-4822, kay.heckroth@ahca.myflorida.com
Project Planning:	Mike Magnuson, 850-412-4791, Michael.Magnuson@ahca.myflorida.com

General Guidelines

The Schedule IV-B contains more detailed information on information technology (IT) projects than is included in the D-3A issue narrative submitted with an agency's Legislative Budget Request (LBR). The Schedule IV-B compiles the analyses and data developed by the Agency during the initiation and planning phases of the proposed IT project. A Schedule IV-B must be completed for all IT projects when the total cost (all years) of the project is $1 million or more.

Schedule IV-B is not required for requests to:

- Continue existing hardware and software maintenance agreements,
- Renew existing software licensing agreements, or
- Replace desktop units ("refresh") with new technology that is similar to the technology currently in use.

Documentation Requirements

The type and complexity of an IT project determines the level of detail an Agency should submit for the following documentation requirements:

- Background and Strategic Needs Assessment
- Baseline Analysis
- Proposed Business Process Requirements
- Functional and Technical Requirements
- Success Criteria
- Benefits Realization
- Cost Benefit Analysis
- Major Project Risk Assessment
- Risk Assessment Summary
- Current Information Technology Environment
- Current Hardware/Software Inventory
- Proposed Solution Description
- Project Management Planning

Compliance with s. 216.023(4)(a)10, F.S. is also required if the total cost for all years of the project is $10 million or more.

A description of each IV-B component is provided within this general template for the benefit of the Schedule IV-B authors. These descriptions and this guidelines section should be removed prior to the submission of the document.

Sections of the Schedule IV-B may be authored in software applications other than MS Word, such as MS Project and Visio. Submission of these documents in their native file formats is encouraged for proper analysis.

The revised Schedule IV-B includes two required templates, the Cost Benefit Analysis and Major Project Risk Assessment workbooks. For all other components of the Schedule IV-B, agencies should submit their own planning documents and tools to demonstrate their level of readiness to implement the proposed IT project. It is also necessary to assemble all Schedule IV-B components into one PDF file for submission to the Florida Fiscal Portal and to ensure that all personnel can open component files and that no component of the Schedule has been omitted.

Submit all component files of the agency's Schedule IV-B in their native file formats to the Office of Policy and Budget and the Legislature at IT@LASPBS.STATE.FL.US. Reference the D-3A issue code and title in the subject line.

II. Schedule IV-B Business Case – Strategic Needs Assessment

A. Background and Strategic Needs Assessment

The Agency for Health Care Administration or AHCA (AHCA) collects data from various sources that it uses to calculate and generate invoices for assessments to the entities it regulates. Rather than have multiple systems and ways of collecting this data, the AHCA will leverage the current online licensing project and existing collection systems and consolidate them into existing data collection and assessment tools.

1. Business Need

The AHCA has a current need to replace the way it collects hospital financial data. The current application (COMPASS) for submitting FHURS (Florida Hospital Uniform Reporting System) data to the AHCA was recently patched as it was beginning to fail. The fix is considered to be temporary (three years or less). The current application needs to be replaced before it fails or the AHCA could be delayed in collecting Public Medical Assistance Trust Fund (PMATF) assessments from hospitals ($500 million annually in assessments). In addition, the AHCA's Office of Plans and Construction (OPC) Track system is also failing and will not work with newer versions of Windows. . This application needs to be replaced as well or it could cause significant delays in billing providers for surveys done by the AHCA. Additional data collection duties would be consolidated to improve the efficiency of collection and simply the methods used by regulated provides to comply with AHCA reporting requirements

2. Business Objectives

Consolidate data collection and assessments. The AHCA currently collects financial and other data from providers and licensees in a number of different ways ranging from e-mails of spreadsheets to a variety of web-based submissions. The objective is to build a system to collect a boarder variety of similar data along functions; in this case, the function is data collection and assessment/billing. The AHCA has identified eight different collection methods/types that can be consolidated into a single collections system (through the Online Licensing Platform):

- FHURS/COMPASS (s. 408.061, F.S.) – PMATF and Annual Assessment (ss. 395.701 and 408.20, F.S.);
- Managed Care Quarterly Financial Reporting and Licensing (MQFR);
- Nursing Home Quality Assessment Fee Reporting (NHQA) (s. 409.9082, F.S.);
- Home Health Quarterly Report (HHQR) (s. 400.476, F.S.);
- Proof of Financial Ability to Operate (PFA) (s. 408.810, F.S.);
- Organ and Tissue Procurement Financial Reporting (Rule 59A-1.009);
- Intermediate Care Facilities for the Developmentally Disabled (ICFDD) Quality Assessment Fee Reporting (s. 409.9083, F.S.); and
- Induced Termination of Pregnancy (ITOP) Abortion Clinic Reporting (s. 390.0112, F.S.).

Some provider types use more than one of the eight systems being consolidated, so will benefit from the simplification to a single system. Since the submission process will be in the Online Licensing Platform, providers will be able to manage their submission duties from the Online Licensing Platform and improve compliance with timely submission.

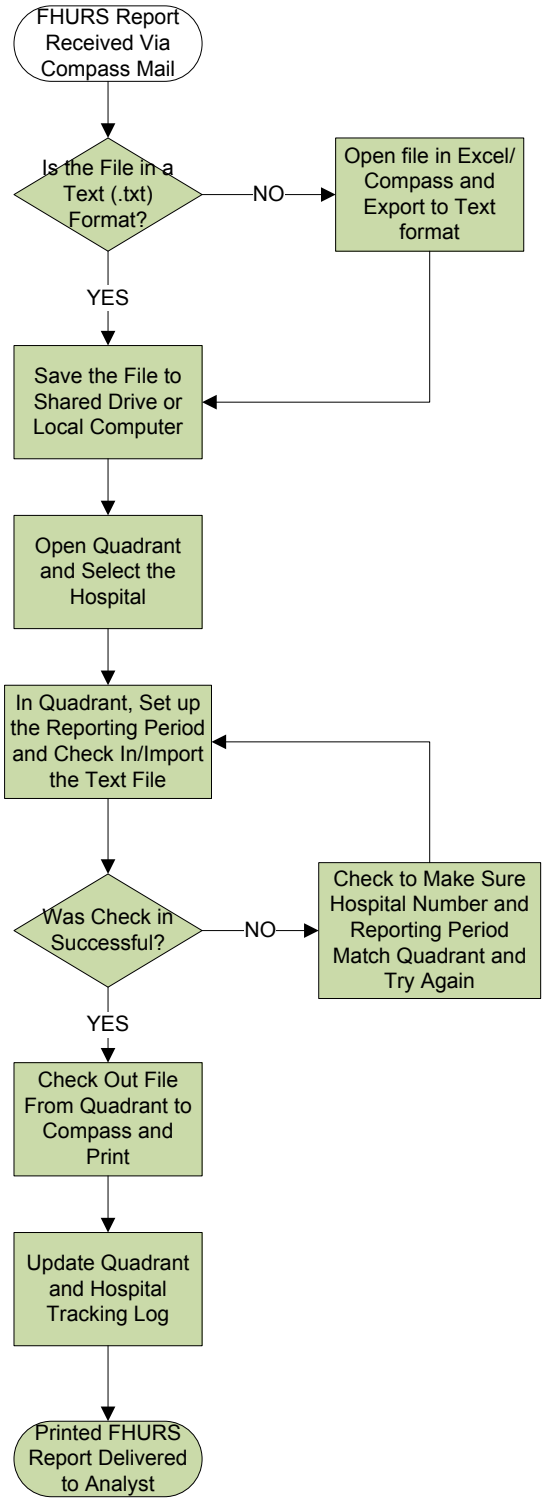
Leverage and consolidate existing systems. Rather than replace the two failing systems and continue the existing structure of multiple stand-alone systems, the AHCA will leverage and modify existing systems to meet its needs. In addition, the AHCA will consolidate the above bulleted items into a single collection system. This meets the AHCA's strategic goals to consolidate systems and processes to increase efficiencies. A single system also has the long term benefits of more efficient maintenance as information technology technical resources only have to be familiar with one system. Staff and external users also will benefit as they will need to be familiar with fewer systems, thereby improving the quality of external submissions and the AHCA's ability to transition staff to other duties as needed due to changing volumes and the ever changing landscape of the health care system.

B. Baseline Analysis

The current process for the collection of FHURS data is an extremely manual process requiring several steps. The

process was originally done based on the receipt of floppy disk by postal mail. As the AHCA moved into the e-mail age, the process was the same, with the only difference being the method of delivery. Because the process is manual, errors in the report itself can cause an issue with uploading, adding yet another step in the process. Below is the current process.

1. Current Business Process(es)



The other process fall into two categories: manual and web-based. The Home Health Quarterly Reports, Nursing Home Quality Assessments and the ICFDD Quality Assessments are currently submitted via a web portal. These processes are web-based and simply would need to be collapsed into the new system.

The model envisioned by this project would have the following steps:

- Submission and Sign-up – Web based submission (through the online licensing platform) of data using the AHCA's Single Sign On (SSO) portal
- Forms – the forms used would be web-based and have validations built in to reduce submission errors, deficiencies, and omissions.
- Receipt of the Data – Data would be received via the web and uploaded directly into the database – images/pdf copies would be automatically loaded to the AHCA's document management system (DMS) for legal and public records request purposes
- Reporting – the system would have "standard" and ad-hoc reporting capabilities on all data elements collected.

The current methods of collecting the various data are inconsistent and only partially meet the model envisioned. Below is a grid that shows where these systems fall short on the above. Green indicates full alignment, Yellow partial alignment, and white is unaligned with the AHCA's needs

	FHURS	MQFR	NHQA	HHQR	PFA	Organ & Tissue	ICFDD	ITOP
Sign-up/ Submission	e-mail	e-mail /regular mail	Web	Web - SSO	regular mail	regular mail	Web	Web
Form	Excel	Excel	Web	Web	Excel	Paper	Web	Web
Validations	Yes	No	Limited	Limited	No	No	Limited	Limited
Receipt	e-mail	e-mail /regular mail	Web	Web	regular mail	regular mail	Web	Web
Stored in DMS	Yes	No	No	Yes	Yes	Yes	No	Yes
Reporting on Data elements	All	None	Some	Some	None	None	Some	Some

2. Assumptions and Constraints

Assumptions

- The project will receive continued support from AHCA management.
- There are sufficient resources (staff, software, hardware) to complete the project and the resources will be available when needed.
- There will be sufficient budget to fund the project.
- The business units' System Matter Experts (SME) will be knowledgeable and experienced in their current business process and available to meet with the Business Analyst to convey their process.
- Business units' staff will be available and involved in executing test scenarios.
- That Division of IT (IT) staff and augmented IT staff have the skills necessary to develop the application.
- IT staff and augmented IT staff will receive project specific training when needed.
- Technical standards will be uniform.
- AHCA IT will have oversight over the project developers.

Constraints

- There is a limited budget for staff augmented resources for each of the two fiscal years of the project.
- Funding for the next year will depend on the milestone accomplishments from the year before.

- Deliverables submitted for approval will require the AHCA stakeholders' approval.
- Rulemaking may be necessary to require use of online submission process

C. Proposed Business Process Requirements

The proposed business process would shift from the complex and inconsistent processes described above flow-chart a simple submission directly into the database using a web-based portal and the AHCA's Single Sign On (SSO) process. This would bypass the administrative staff responsible for tracking and uploading submissions. Built-in validations and pre-populations of standard information would eliminate errors that can occur with manual uploading and unedited provider entries.

1. Proposed Business Process Requirements

Inputs – Data will enter directly into a web form and attachments via web-based platform. Data includes financial balance sheet, income statement, and cash flow statement data, demographic data (facility identification, bed types, and utilization), attachments of supporting documents, and time submissions.

Processing – Inputs will go through automated validations on the submission side prior to acceptance by the AHCA. Validations will be designed to eliminate and catch common errors. Virus scan will be required for attachments. The web forms will be pre-populated with existing data to streamline the process for the external user. The system users will be approved and access the system through AHCA's SSO.

Outputs – Information will be sent from the system to generate invoices and bills to the AHCA's Accounts Receivable System. PDF reports will be developed to enable public records requests. Tracking and utilization reports will be developed to monitor the providers that are required to submit reports, improving the compliance monitoring process. Ad-Hoc reporting will be available to report on business critical issues. Alerts will be utilized to notify business staff of status updates and actionable events. The system will also have the ability to create paper versions of the forms to be stored in our document management system for the purposes of legal cases and public records requests.

Business Process Interfaces – The inputs will be compared to audited financial statements, discharge data, utilization statistics, and existing rules and statutes

Business Process Participants – The Division of Health Quality Assurance (HQA), will certify PMATF assessment amounts, validate and accept submissions, and request additional information/re-submissions to correct files. OPC will enter timesheet variables for billing. Managed Care and Licensure Units will verify and access data submitted for their programs. The Division of Operations would access the data to issue invoices and assessments.

2. Business Solution Alternatives

Option A – Keep all systems as they currently exist (no change).

Option B – Upgrade the two failing systems: FHURS/COMPASS reporting and OPC Track

Option C – Leverage the need to upgrade the two failing systems to incorporate other similar data collection and assessment systems.

3. Rationale for Selection

If Option A were followed, the AHCA would run the risk of not being able to issue PMATF invoices totaling $500 million and would not be able to issue appropriate invoices for OPC site-visits. The AHCA would be forced to calculate these charges manually, creating a significant workload and increasing the potential for errors. This makes Option A undesirable as it would be a step backwards in automation and efficiency. Options B and C both require LBR funding to accomplish. The difference between the two options is that Option B would continue the stand alone systems model while Option C would utilize existing systems to consolidate additional functions into single systems. Option B and C meet our immediate needs. Option C goes a step further and considers the AHCA's larger goals of consolidation and efficiency.

4. Recommended Business Solution

The recommend solution is Option C. Although Option B would meet the immediate needs, Option C is a better fit with the AHCA's goals of consolidation and efficiency. By leveraging the current need with the strategic plan to consolidate additional systems, the AHCA can take advantages of economies of scale in the project management and IT development of this project. In addition, it creates long-term advantages to single system maintenance for managing training and knowledge transfer.

NOTE: For IT projects with total cost in excess of $10 million, the project scope described in this section must be consistent with existing or proposed substantive policy required in s. 216.023(4)(a)10, F.S.

D. Functional and Technical Requirements

Purpose: To identify the functional and technical system requirements that must be met by the project.

Include through file insertion or attachment the functional and technical requirements analyses documentation developed and completed by the AHCA.

Data Collection and Reporting WEB Applications
High Level Requirements
ISDM documentation and Business Analysis to develop plan, and control development project.
The system must be developed to allow for internal and external data input.
The system must be Prepopulated with system demographic data.
The system must be able to store the data into a Sql Server database.
The system will be built using .net 4.0.
The system must be able to store the data in a reporting Datamart.
The system must be able to interface with Finance &Accounting to create invoices and establish financial records.
The system must be able determine if a provider is late submitting information.
The system must be able establish late submitting fine.
The system must be able to send out notices (emails) to providers.
The system must be able to create reports.
The system must be secure and optimized.
The system must be able to interface with the Single Sign-On application.
Define plan, and manage the OPCTrack implementation in VR project.
Build out business processes for Operations, Plans, and Construction into Versa Regulation system.
Develop reports for Operations, Plans, and Construction into Versa Regulation system.
Add additional VR licenses
Testing(BETA)
Establish Data Storage with NSRC
Establish Data storage back-up
Establish Logical server instance
Establish Bandwidth base

III. Success Criteria

External entities – Submit data to the AHCA, validate and pre-populate forms, receive confirmations and communications via external site and e-mail, improved submission accuracy due to interactive edits, ability to check status of submissions, ability to submit attachments, receive alerts and notifications on due dates.

Internal – Data received directly with alerts, turnaround time reductions by bypassing current administrative staff process, keep current functionality but in a single system, interface directly with Accounts Receivable.

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	FHURS/COMPASS – submitted electronically from external parties and uploaded directly into our database.	This is a pass/fail measure. Submitters should experience less administrative time to submit data due to the fields being prepopulated and validated. The AHCA will experience fewer errors in submissions resulting in higher acceptance rates for data received and less overall processing.	AHCA and Hospitals regulated by the entity	October 2015
2	Accounts Receivable can extract all data necessary for assessments and billing	This is a pass/fail measure.	AHCA and entities regulated by the AHCA	June 2016, End of the project (each type will be released throughout the project)
3	Collapse multiple reporting systems into a single system	Count of the number of systems included (Objective is eight)	AHCA and entities regulated by the AHCA	June 2016, End of the project (each type will be released throughout the project)
4	OPC Track - track case assignments and breakdown time into invoices	This is a pass/fail measure. System must be able to take timesheet type data on visits to multiple entities and divide common cost across those entities in feed that information to the Accounts Receivable system for invoicing.	AHCA and entities regulated by the	June 2016

IV. Schedule IV-B Benefits Realization and Cost Benefit Analysis

A. Benefits Realization Table

For each tangible benefit, identify the recipient of the benefit, how and when it is realized, how the realization will be measured, and how the benefit will be measured to include estimates of tangible benefit amounts.

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Date (MM/YY)
1	Decreased processing times	AHCA and Providers regulated by the AHCA	By bypassing the manual receipt and upload of data into the AHCA's database	Comparison of turnaround times over the various data submissions	June 2016, End of the project (each type will be released throughout the project)
2	Reduction of Omissions and resubmission	AHCA and Providers regulated by the AHCA	Pre-population and automated validation of data prior to submission reduces the risk of submitting an incorrect or incomplete file	Comparing the percentage of Omissions before and after the project	June 2016, End of the project (each type will be released throughout the project)
3	Increased efficiency in training and maintenance of systems	AHCA and Providers regulated by the AHCA	Because we are collapsing several systems into one, IT staff and users only have to learn a single system, making knowledge transfer easier. Providers will have a single system for submission that in part of their Online Licensing process.	Benefit is inherent to the project and the measure is the number of systems consolidated.	Post October June 2016

B. Cost Benefit Analysis (CBA)

1. The Cost-Benefit Analysis Forms

The chart below summarizes the required CBA Forms which are included as Appendix A on the Florida Fiscal Portal and must be completed and submitted with the Schedule IV-B.

Cost Benefit Analysis	
Form	**Description of Data Captured**
CBA Form 1 - Net Tangible Benefits	AHCA Program Cost Elements: Existing program operational costs versus the expected program operational costs resulting from this project. The AHCA needs to identify the expected changes in operational costs for the program(s) that will be impacted by the proposed project. Tangible Benefits: Estimates for tangible benefits resulting from implementation of the proposed IT project, which correspond to the benefits

Cost Benefit Analysis	
Form	**Description of Data Captured**
	identified in the Benefits Realization Table. These estimates appear in the year the benefits will be realized.
CBA Form 2 - Project Cost Analysis	Baseline Project Budget: Estimated project costs. Project Funding Sources: Identifies the planned sources of project funds, e.g., General Revenue, Trust Fund, Grants. Characterization of Project Cost Estimate.
CBA Form 3 - Project Investment Summary	Investment Summary Calculations: Summarizes total project costs and net tangible benefits and automatically calculates: • Return on Investment • Payback Period • Breakeven Fiscal Year • Net Present Value • Internal Rate of Return

V. Schedule IV-B Major Project Risk Assessment

The Risk Assessment Tool and Risk Assessment Summary are included in Appendix B on the Florida Fiscal Portal and must be completed and submitted with the AHCA's Schedule IV-B.

A. Risk Assessment Summary

Appendix B on the Florida Fiscal Portal includes the Risk Assessment Summary. After answering the questions on the Risk Assessment Tool, the Risk Assessment Summary is automatically populated.

VI. Schedule IV-B Technology Planning

****See attached document for full disclosure of the current information technology environment.**

A. Current Information Technology Environment

1. Current System

The current system is eight different systems that report on financial and statutorily required provider information. Some of the reporting requirements are submitting in a paper format, while others are older technology. The systems each have different databases and different reporting tools. Some systems must create an invoice created. Some of the systems will require a fine for late submission of information. All of the information has to be managed and reported to identify provider compliance with reporting requirement. Each system represents a valuable piece of data that assist the AHCA in providing the state with safe and accountable facilities.

a. Description of current system

Because each system was created based upon a law specific change in law, each system has different functions depending on the business unit process and the initial implementation of system. Different business units process the information differently, but all receive information from an outside user and enters it into a database or excel spreadsheet to be managed.

b. Current system resource requirements

Each reporting requirement requires similar resources to independently receive and manage the information. Some involve a paper submission, some are submitted as a document using email, some are submitted in an electronic

format. Some use older or less automated technologies such as an Excel spreadsheet, while others use an Oracle or SQL server database.

AHCA servers and storage related to this system are currently held at the state primary data center, the Northwood Shared Resource Center. Core switches are maintained at the NSRC and at the AHCA's headquarters. The AHCA maintains an encrypted closed user group MAN connection between the NSRC and the AHCA headquarters to pass data.

c. Current system performance

Each system has a different level of system performance depending on the technology used and the users' expectations. The AHCA provides each AHCA staff with a PC that is less than six years old and has windows7 Office Suite installed. The system uses the NSRC for Data storage and other datacenter services.

2. Information Technology Standards

B. Current Hardware and/or Software Inventory

If applicable, provide a complete inventory of the current hardware and/or software that will be replaced by the proposed IT project. The components of the inventory should include:	
1) Do you currently have hardware or software purchases with warranty expiration dates?	Yes, the AHCA currently has hardware or software purchases with warranty expiration dates.
2) Do you currently have hardware or software performance issues or limitations?	No, the AHCA currently does not have hardware or software performance issues or limitations.
3) Do you currently have hardware or software business purposes for the items being replaced?	No systems have been designated for replacement related to projects.
4) Do you currently have hardware or software annual maintenance costs?	Yes, some AHCA strategic software costs are still within the AHCA, the Northwood Shared Resource Center (NSRC) owns the AHCA's server operating system and database software, including annual maintenance costs.

The AHCA replaces a percentage of all AHCA computers each year. The number of systems replaced is not exact for each category for each year due to funding sources and constant end-user needs analysis.

Desktops have a five year life cycle as primary use systems for FTE and OPS workers. Laptops have a 4 year life cycle as primary use systems for FTE and OPS workers. Convertible tablet laptops have a three year life cycle as primary use systems for FTE and OPS workers. Mobile devices (smart phones and tablets like the iPad) have a two to three year life cycle for FTE and OPS workers.

Hardware and software can also be upgraded based on the end-user or program need.

The NSRC is the AHCA's primary data center and relies upon NSRC's infrastructure to maintain services and to increase service as required to meet the AHCA's data center needs. The proposed increase in services like data storage will be minimal with this project. Most data will be transferred from one database to another with a few paper processes moving to database storage. The AHCA anticipates an estimated 5% growth in data center services per year.

C. Proposed Solution Description

1. Summary description of proposed system	
1) What will the proposed system technology type (data warehouse, Laserfiche, web application, Oracle database, paper, SharePoint, Excel, Access, Email, etc.)?	The proposed system will be a WEB based application with a SQL server back end. The system will incorporate Laserfiche for document management, Microsoft Outlook for email alerts and correspondence, and workflows. The SSRS Datamart will be modified with Report data in order to write reports.
2) What are the connectivity requirements? (e.g., wired vs. wireless)	The system will have wired and wireless connectivity requirements.
3) What requirements for security, privacy, confidentiality, and public access to comply with applicable federal/state laws, including sections 282.601-282.606, F.S.?	AHCA complies with any and all security, privacy, confidentiality, and public access applicable federal/state laws including sections 282.601-282.606, F.S., INFORMATION RESOURCES MANAGEMENT (ss. 282.003-282.404) – specifically: 282.318 Security of data and information technology resources, CHAPTER 71A-1 F.A.C. FLORIDA INFORMATION TECHNOLOGY RESOURCE SECURITY POLICIES AND STANDARDS, and AHCA Policy 02-IT-01 Information Technology Security Plan 45 CFR Parts 160, 162 and 164 (HIPAA).
4) What is the development and procurement approach?	The system will be developed using a phased waterfall methodology approach developed in-house using state FTE and Augmented staff. The state will use state contracted vendors who respond to the AHCA's request for quote.
5) Will the system have internal and external interfaces?	The system will have internal and external interfaces.
6) What is the maturity and life expectancy of the new technology?	The maturity and life expectancy of the new system is estimated at 10 years.
7) Will other system(s) proposed solution must integrate with this solution	Yes, Finance & Accounting system will integrate with new system handling financial functions for the system.

2. Resource and summary level funding requirements for proposed solution (if known)	
1) What is the resource and summary level funding requirements for anticipated technical platform and hardware requirements?	Resource and summary level funding requirements for anticipated technical platform and hardware requirements is not known at this time; but, the AHCA anticipates a small funding increase need.
2) What is the resource and summary level funding requirements for shared data center services?	Resource and summary level funding requirements for shared data center services to include NSRC data center services for functions relating to data storage, data storage back-up, data storage off-site, logical server instances and other have not been determined at this time; but, the AHCA anticipates a small funding increase need.
3) What is resource and summary level funding requirements for anticipated for software requirements?	Resource and summary level funding requirements anticipated for software requirements will include these currently running tools Visual Studio Licenses for the developers, Laserfiche licenses for all, ADOBE Acrobat for OPCTrack, FTP for OPCTrack, and Windows licenses for all AHCA users. Currently, Microsoft Office Suite is installed on all AHCA staff work stations.

4) What is the resource and summary level funding requirements anticipated for staffing requirements?	After implementation of the system, resource and summary level funding requirements anticipated for staffing requirements will include three full time augmented staff developers for an estimated cost of $295,200.00 and one FTE DBA with an estimated cost of $65,600.00.
5) What is the resource and summary level funding requirements for anticipated ongoing operating costs?	Resource and summary level funding requirements for anticipated ongoing operating costs will not increase significantly and will hold steady at a 5% or less increase per year.

D. Capacity Planning
(historical and current trends versus projected requirements)

The capacity plan serves as a supporting document in the scope of the budget request. The plan is developed with input from the AHCA's primary data center and should address:	
1) How was the estimate derived?	The estimate was derived using high level system requirements, market cost to hire developers, project managers, business analyst, hardware software costs, and data center costs, and historical project costs.
2) What are the assumptions and constraints?	Assumptions: 1. The application is optimized for the environment running with regard to: Functions, Business requirements, and User usability 2. The performance measurements used in the capacity planning project is a good representation of a typical busy workload on the system, including the mix of activity and volume of work. 3. There are no application dependent bottlenecks that prevent growth in throughput or improved response 4. The current IT staff and environment will remain stable 5. Business staff will have the staff available to test code implementation 6. There will not be a significant increase in record retention 7. There will not be a significant increase in WEB traffic 8. The current development platform is stable enough for multiple developers and projects 9. There will be sufficient budget to fund the project 10. Data center cost will remain stable Constraints: 11. The AHCA must use the NSRC as the primary Data Center 12. The AHCA has a limited number of IT FTE to review code and work standards to make sure that oversight is adequate 13. The project has limited amount of money 14. The augmented staff market must remain stable and produce superior developers and charge a reasonable hourly rate 15. The AHCA is restricted to tight security statutes.
3) A non-technical, management summary of the issues.	A non-technical, management summary of the issues is identified to be: the current model of using separate systems to intake data and monitor and regulate the same people is not an efficient of manageable process for the AHCA.

4) A service summary with current and forecasted concerns.	Service summary with current and forecasted concerns will include inadequate capacity which has resulted in significant loss of money from non-recoupment. The current validation model is manual with staff having to request validation assistance from other business areas. The future model will assist in managing collection of proper receivables.
5) Options and alternatives considered.	Other options and alternatives have been considered and the need exists to automate and centralize data collection.
6) Recommendations for the effort.	The recommended capacity effort needs to incorporate a new planning strategy which includes using capacity at its highest performing level which includes centralization of data collection, work group collaboration, and AHCA reporting.

VII. Schedule IV-B Project Management Planning

The AHCA has a strategic Planning Bureau trained to successfully manage small to large projects. The Bureau uses the ISDM design to manage and control system development projects. All projects have a finite project life cycle which includes the idea stage, the concept stage, path and portfolio stage, the active stage, and project closure phase. These stages of the project life cycle relate to the phases of project management: initiating, planning and design, active phase (execution, monitoring, and control), and project closure. The Bureau uses a custom built SharePoint site to track each project's progress and status. (see below)

Included is the Project Charter.

Select a Project (click arrow)

Select	Title	Priority Project
	Active Directory Project	No
	AHCA Travel NEW	No
	BGS Maintenance	No
	BGS Phase III	Yes
	DSM Disaster Recovery (Pilot)	No
	Electronic Filing	Yes

ISDM Project Documentation(Click for all)

Name	Content Type
Phase : 01 Initiation (2)	
Phase : 02 Planning & Design (1)	
Phase : Project Status Reports (3)	
Phase : Release Planning (1)	

Add document

Other Project Documentation / Links

URL
People First Data Warehouse Data Dictionary
PeopleFirst field mapping

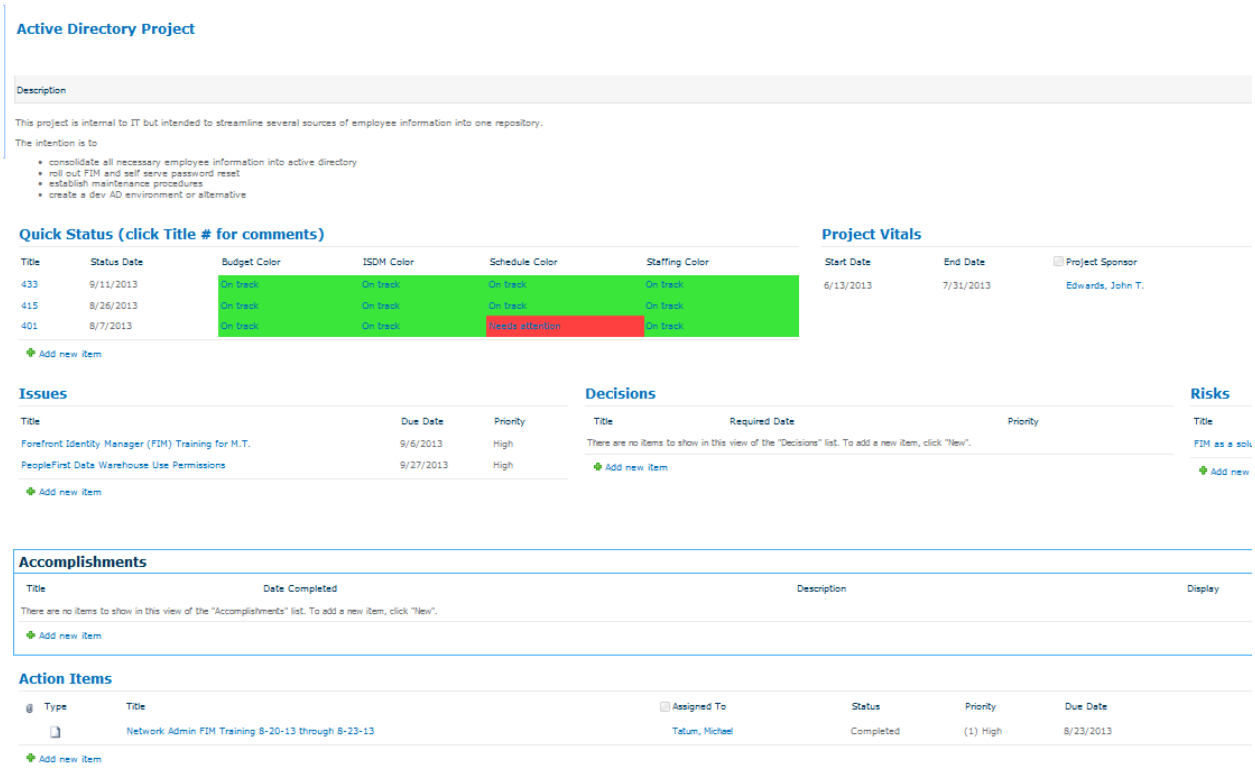
Add new link

Lessons Learned

Title	Discovery Date

There are no items to show in this view of the "Lessons Learned" list. To add a new item, click "New".

Add new item



Active Directory Project

Description

This project is internal to IT but intended to streamline several sources of employee information into one repository.

The intention is to

- consolidate all necessary employee information into active directory
- roll out FIM and self serve password reset
- establish maintenance procedures
- create a dev AD environment or alternative

Quick Status (click Title # for comments)

Title	Status Date	Budget Color	ISDM Color	Schedule Color	Staffing Color
433	9/11/2013	On track	On track	On track	On track
415	8/26/2013	On track	On track	On track	On track
401	8/7/2013	On track	On track	Needs attention	On track

Add new item

Project Vitals

Start Date	End Date	Project Sponsor
6/13/2013	7/31/2013	Edwards, John T.

Issues

Title	Due Date	Priority
Forefront Identity Manager (FIM) Training for M.T.	9/6/2013	High
PeopleFirst Data Warehouse Use Permissions	9/27/2013	High

Add new item

Decisions

Title	Required Date	Priority

There are no items to show in this view of the "Decisions" list. To add a new item, click "New".

Add new item

Risks

Title
FIM as a sol

Add new

Accomplishments

Title	Date Completed	Description	Display

There are no items to show in this view of the "Accomplishments" list. To add a new item, click "New".

Add new item

Action Items

Type	Title	Assigned To	Status	Priority	Due Date
	Network Admin FIM Training 8-20-13 through 8-23-13	Tatum, Michael	Completed	(1) High	8/23/2013

Add new item

NOTE: For IT projects with total cost in excess of $10 million, the project scope, business objectives, and timelines described in this section must be consistent with existing or proposed substantive policy required in s. 216.023(4)(a)10, F.S.

VIII. Appendices

Appendix A – Cost Benefit Analysis Spreadsheet

Appendix B - Risk Assessment Summary & Analysis

Appendix C – Current Information Technology Environment

Appendix D – Project Charter

CBAForm 1 - Net Tangible Benefits

Agency AHCA Project DATA SUB PROJ

Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A

Agency *(Operations Only -- No Project Costs)*	FY 2014-15			FY 2015-16			FY 2016-17			FY 2017-18			FY 2018-19		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
A. Personnel -- Total FTE Costs (Salaries & Benefits)	$449,026	$295,200	$744,226	$391,124	$295,200	$686,324	$391,124	$295,200	$686,324	$391,124	$295,200	$686,324	$391,124	$295,200	$686,324
A.b Total FTE	9.00	1.00	10.00	9.00	0.00	9.00	9.00	0.00	9.00	9.00	0.00	9.00	9.00	0.00	9.00
A-1.a. State FTEs (Salaries & Benefits)	$449,026	$0	$449,026	$391,124	$0	$391,124	$391,124	$0	$391,124	$391,124	$0	$391,124	$391,124	$0	$391,124
A-1.b. State FTEs (# FTEs)	9.00	(1.00)	8.00	9.00	(2.00)	7.00	9.00	(2.00)	7.00	9.00	(2.00)	7.00	9.00	(2.00)	7.00
A-2.a. OPS FTEs (Salaries)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
A-2.b. OPS FTEs (# FTEs)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A-3.a. Staff Augmentation (Contract Cost)	$0	$295,200	$295,200	$0	$295,200	$295,200	$0	$295,200	$295,200	$0	$295,200	$295,200	$0	$295,200	$295,200
A-3.b. Staff Augmentation (# of Contract FTEs)	0.00	2.00	2.00	0.00	2.00	2.00	0.00	2.00	2.00	0.00	2.00	2.00	0.00	2.00	2.00
B. Data Processing -- Costs	$0	$9,600	$9,600	$0	$9,600	$9,600	$0	$9,600	$9,600	$0	$9,600	$9,600	$0	$9,600	$9,600
B-1. Hardware	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-2. Software	$0	$9,600	$9,600	$0	$9,600	$9,600	$0	$9,600	$9,600	$0	$9,600	$9,600	$0	$9,600	$9,600
B-3. Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C. External Service Provider -- Costs	$36,000	$90,340	$126,340	$36,000	$90,340	$126,340	$36,000	$90,340	$126,340	$36,000	$90,340	$126,340	$36,000	$90,340	$126,340
C-1. Consultant Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-2. Maintenance & Support Services	$36,000	$65,600	$101,600	$36,000	$65,600	$101,600	$36,000	$65,600	$101,600	$36,000	$65,600	$101,600	$36,000	$65,600	$101,600
C-3. Network / Hosting Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-4. Data Communications Services	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-5. Other Data Storage	$0	$24,740	$24,740	$0	$24,740	$24,740	$0	$24,740	$24,740	$0	$24,740	$24,740	$0	$24,740	$24,740
D. Plant & Facility -- Costs (including PDC services)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E. Others -- Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-1. Training	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-2. Travel	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
E-3. Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Total of Operational Costs (Rows A through E)	$485,026	$395,140	$880,166	$427,124	$395,140	$822,264	$427,124	$395,140	$822,264	$427,124	$395,140	$822,264	$427,124	$395,140	$822,264
F. Additional Tangible Benefits:		$0			$0			$0			$0			$0	
F-1. Specify		$0			$0			$0			$0			$0	
F-2. Specify		$0			$0			$0			$0			$0	
F-3. Specify		$0			$0			$0			$0			$0	
Total Net Tangible Benefits:		($395,140)			($395,140)			($395,140)			($395,140)			($395,140)	

CHARACTERIZATION OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	☑	Confidence Level	90%
Order of Magnitude	☐	Confidence Level	
Placeholder	☐	Confidence Level	

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T
1	AHCA	DATA SUB PROJ																		
					CBAForm 2A Baseline Project Budget															
2	*Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.*				FY2014-15			FY2015-16			FY2016-17			FY2017-18			FY2018-19			TOTAL
3				$ -		$ 515,878			$ 970,461			$ -			$ -			$ -		$ 1,486,339
4	**Item Description** ***(remove guidelines and annotate entries here)***	**Project Cost Element**	**Appropriation Category**	**Current & Previous Years Project-Related Cost**	**YR 1 #**	**YR 1 LBR**	**YR 1 Base Budget**	**YR 2 #**	**YR 2 LBR**	**YR 2 Base Budget**	**YR 3 #**	**YR 3 LBR**	**YR 3 Base Budget**	**YR 4 #**	**YR 4 LBR**	**YR 4 Base Budget**	**YR 5 #**	**YR 5 LBR**	**YR 5 Base Budget**	**TOTAL**
5	Costs for all state employees working on the project.	**FTE**	S&B	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ -
6	Costs for all OPS employees working on the project.	**OPS**	OPS	$ -	0.00		$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ -
7	Staffing costs for personnel using Time & Expense. (Developers)	**Staff Augmentation**	Contracted Services	$ -	3.00	$ -	$ 246,015	4.00	$ -	$ 493,494	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ 739,509
8	Staffing costs for personnel using Time & Expense. (Buisness Analyst)	**Staff Augmentation**	Contracted Services	$ -	2.00	$ -	$ 179,909	3.00	$ -	$ 357,028	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ 536,937
9	Project management personnel and related deliverables.	**Project Management**	Contracted Services	$ -	1.00	$ -	$ 89,954	1.00	$ -	$ 119,939	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ 209,893
10	Project oversight (IV&V) personnel and related deliverables.	**Project Oversight**	Contracted Services	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ -
11	Staffing costs for all professional services not included in other categories.	**Consultants/Contractors**	Contracted Services	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ -
12	Separate requirements analysis and feasibility study procurements.	**Project Planning/Analysis**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
13	Hardware purchases not included in Primary Data Center services.	**Hardware**	OCO	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
14	Commercial software purchases and licensing costs.	**Commercial Software**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
15	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	**Project Deliverables**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
16	All first-time training costs associated with the project.	**Training**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
17	Include the quote received from the PDC for project equipment and services. Only include one-time project costs in this row. Recurring, project-related PDC costs are included in CBA Form 1A.	**Data Center Services - One Time Costs**	PDC Category	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
18	Other services not included in other categories.	**Other Services**	Contracted Services	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
19	Include costs for non-PDC equipment required by the project and the proposed solution (detail)	**Equipment**	Expense	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
20	Include costs associated with leasing space for project personnel.	**Leased Space**	Expense	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
21	Other project expenses not included in other categories.	**Other Expenses**	Expense	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ -
22		**Total**		$ -	6.00	$ -	$ 515,878	8.00	$ -	$ 970,461	0.00	$ -	$ -	0.00	$ -	$ -	0.00	$ -	$ -	$ 1,486,339

CBAForm 2 - Project Cost Analysis

Agency	AHCA	Project	DATA SUB PROJ

PROJECT COST SUMMARY	*PROJECT COST SUMMARY (from CBAForm 2A)*					TOTAL
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	
TOTAL PROJECT COSTS (*)	$515,878	$970,461	$0	$0	$0	$1,486,339
CUMULATIVE PROJECT COSTS *(includes Current & Previous Years' Project-Related Costs)*	$515,878	$1,486,339	$1,486,339	$1,486,339	$1,486,339	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	*PROJECT FUNDING SOURCES - CBAForm 2B*					TOTAL
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	
General Revenue	$0	$0	$0	$0	$0	$0
Trust Fund	$911,018	$1,365,601	$395,140	$395,140	$395,140	$3,462,039
Federal Match ☐	$0	$0	$0	$0	$0	$0
Grants ☐	$0	$0	$0	$0	$0	$0
Other ☐ Specify	$0	$0	$0	$0	$0	$0
TOTAL INVESTMENT	$911,018	$1,365,601	$395,140	$395,140	$395,140	$3,462,039
CUMULATIVE INVESTMENT	$911,018	$2,276,619	$2,671,759	$3,066,899	$3,462,039	

Characterization of Project Cost Estimate - CBAForm 2C			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	x	Confidence Level	90%
Order of Magnitude		Confidence Level	
Placeholder		Confidence Level	

CBAForm 3 - Project Investment Summary

Agency	AHCA	Project	DATA SUB PROJ

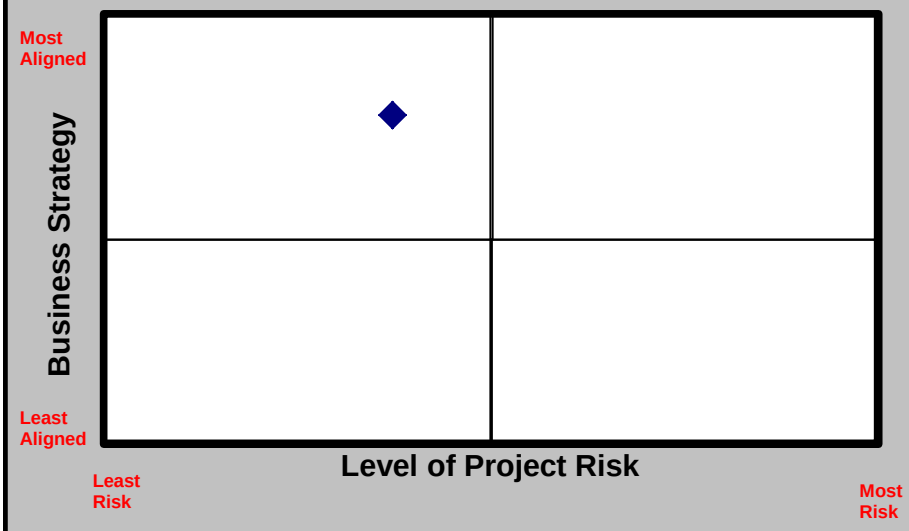
COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19	TOTAL FOR ALL YEARS
Project Cost	$515,878	$970,461	$0	$0	$0	$1,486,339
Net Tangible Benefits	($395,140)	($395,140)	($395,140)	($395,140)	($395,140)	($1,975,700)
Return on Investment	($911,018)	($1,365,601)	($395,140)	($395,140)	($395,140)	($3,462,039)
Year to Year Change in Program Staffing	1	0	0	0	0	

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	NO PAYBACK	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	NO PAYBACK	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	($3,209,639)	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	NO IRR	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	FY 2014-15	FY 2015-16	FY 2016-17	FY 2017-18	FY 2018-19
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%

Project	*Data Submission and Financial Assessment Project*	
Agency	*Agency for Health Care Administration*	
FY 2014-15 LBR Issue Code:	**FY 2014-15 LBR Issue Title:**	
Issue Code	*Issue Title*	
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):		
12-4822, kay.heckroth@ahca.myflorida.com and Ryan Fitch, 850-412-3797, ryan.fitch@		
Executive Sponsor	*Molly McKinstry*	
Project Manager	*Project Manager Name*	
Prepared By	*Ryan Fitch/Kay Heckroth*	*9/23/2013*

Risk Assessment Summary



Project Risk Area Breakdown

Risk Assessment Areas	*Risk Exposure*
Strategic Assessment	MEDIUM
Technology Exposure Assessment	LOW
Organizational Change Management Assessment	MEDIUM
Communication Assessment	LOW
Fiscal Assessment	MEDIUM
Project Organization Assessment	MEDIUM
Project Management Assessment	LOW
Project Complexity Assessment	MEDIUM
Overall Project Risk	MEDIUM

Agency: Agency for Health Care Administration Project: Data Submission and Financial Assessment Project

Section 1 -- Strategic Area			
#	Criteria	Values	Answer
1.01	Are project objectives clearly aligned with the agency's legal mission?	0% to 40% -- Few or no objectives aligned	81% to 100% -- All or nearly all objectives aligned
		41% to 80% -- Some objectives aligned	
		81% to 100% -- All or nearly all objectives aligned	
1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Documented with sign-off by stakeholders
		Informal agreement by stakeholders	
		Documented with sign-off by stakeholders	
1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Not or rarely involved	Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings
		Most regularly attend executive steering committee meetings	
		Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is not documented	Vision is completely documented
		Vision is partially documented	
		Vision is completely documented	
1.05	Have all project business/program area requirements, assumptions, constraints, and priorities been defined and documented?	0% to 40% -- Few or none defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	No changes needed
		Changes unknown	
		Changes are identified in concept only	
		Changes are identified and documented	
		Legislation or proposed rule change is drafted	
1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	Few or none	All or nearly all
		Some	
		All or nearly all	
1.08	What is the external (e.g. public) visibility of the proposed system or project?	Minimal or no external use or visibility	Moderate external use or visibility
		Moderate external use or visibility	
		Extensive external use or visibility	
1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility	Single agency-wide use or visibility
		Single agency-wide use or visibility	
		Use or visibility at division and/or bureau level only	
1.10	Is this a multi-year project?	Greater than 5 years	Between 1 and 3 years
		Between 3 and 5 years	
		Between 1 and 3 years	
		1 year or less	

Agency: Agency for Health Care Administration Project: Data Submission and Financial Assessment Project

Section 2 -- Technology Area			
#	Criteria	Values	Answer
2.01	Does the agency have experience working with, operating, and supporting the proposed technology in a production environment?	Read about only or attended conference and/or vendor presentation	Installed and supported production system more than 3 years
		Supported prototype or production system less than 6 months	
		Supported production system 6 months to 12 months	
		Supported production system 1 year to 3 years	
		Installed and supported production system more than 3 years	
2.02	Does the agency's internal staff have sufficient knowledge of the proposed technology to implement and operate the new system?	External technical resources will be needed for implementation and operations	External technical resources will be needed through implementation only
		External technical resources will be needed through implementation only	
		Internal resources have sufficient knowledge for implementation and operations	
2.03	Have all relevant technology alternatives/ solution options been researched, documented and considered?	No technology alternatives researched	All or nearly all alternatives documented and considered
		Some alternatives documented and considered	
		All or nearly all alternatives documented and considered	
2.04	Does the proposed technology comply with all relevant agency, statewide, or industry technology standards?	No relevant standards have been identified or incorporated into proposed technology	Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards
		Some relevant standards have been incorporated into the proposed technology	
		Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards	
2.05	Does the proposed technology require significant change to the agency's existing technology infrastructure?	Minor or no infrastructure change required	Minor or no infrastructure change required
		Moderate infrastructure change required	
		Extensive infrastructure change required	
		Complete infrastructure replacement	
2.06	Are detailed hardware and software capacity requirements defined and documented?	Capacity requirements are not understood or defined	Capacity requirements are based on historical data and new system design specifications and performance requirements
		Capacity requirements are defined only at a conceptual level	
		Capacity requirements are based on historical data and new system design specifications and performance requirements	

Agency: Agency for Health Care Administration Project: Data Submission and Financial Assessment Project

Section 3 -- Organizational Change Management Area			
#	Criteria	Values	Answer
3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Minimal changes to organization structure, staff or business processes structure
		Moderate changes to organization structure, staff or business processes	
		Minimal changes to organization structure, staff or business processes structure	
3.02	Will this project impact essential business processes?	Yes	Yes
		No	
3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	41% to 80% -- Some process changes defined and documented
		41% to 80% -- Some process changes defined and documented	
		81% to 100% -- All or nearly all processes defiined and documented	
3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	No
		No	
3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	Less than 1% FTE count change
		1% to 10% FTE count change	
		Less than 1% FTE count change	
3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	Less than 1% contractor count change
		1 to 10% contractor count change	
		Less than 1% contractor count change	
3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Minor or no changes
		Moderate changes	
		Minor or no changes	
3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with greater change requirements
		Recently completed project with fewer change requirements	
		Recently completed project with similar change requirements	
		Recently completed project with greater change requirements	

Agency: Agency Name

Project: Project Name

Section 4 -- Communication Area			
#	Criteria	Value Options	Answer
4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
		No	
4.02	Does the project Communication Plan promote the collection and use of feedback from management, project team, and business stakeholders (including end users)?	Negligible or no feedback in Plan	Proactive use of feedback in Plan
		Routine feedback in Plan	
		Proactive use of feedback in Plan	
4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
		No	
4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
		No	
4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages	All or nearly all messages are documented
		Some key messages have been developed	
		All or nearly all messages are documented	
4.06	Have desired message outcomes and success measures been identified in the Communication Plan?	Plan does not include desired messages outcomes and success measures	Success measures have been developed for some messages
		Success measures have been developed for some messages	
		All or nearly all messages have success measures	
4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
		No	

Agency: Agency for Health Care Administration Project: Data Submission and Financial Assessment Project

Section 5 -- Fiscal Area			
#	Criteria	Values	Answer
5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	Yes
		No	
5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	81% to 100% -- All or nearly all defined and documented
		41% to 80% -- Some defined and documented	
		81% to 100% -- All or nearly all defined and documented	
5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Between $500K and $1,999,999
		Greater than $10 M	
		Between $2 M and $10 M	
		Between $500K and $1,999,999	
		Less than $500 K	
5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	Yes
		No	
5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within ±10%)	Detailed and rigorous (accurate within ±10%)
		Order of magnitude – estimate could vary between 10-100%	
		Placeholder – actual cost may exceed estimate by more than 100%	
5.06	Are funds available within existing agency resources to complete this project?	Yes	No
		No	
5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
		Funding from local government agencies	
		Funding from other state agencies	
5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Neither requested nor received
		Requested but not received	
		Requested and received	
		Not applicable	
5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	Most project benefits have been identified but not validated
		Some project benefits have been identified but not validated	
		Most project benefits have been identified but not validated	
		All or nearly all project benefits have been identified and validated	
5.10	What is the benefit payback period that is defined and documented?	Within 1 year	No payback
		Within 3 years	
		Within 5 years	
		More than 5 years	
		No payback	
5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have reviewed and approved the proposed procurement strategy
		Stakeholders have not been consulted re: procurement strategy	
		Stakeholders have reviewed and approved the proposed procurement strategy	
5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Combination FFP and T&E
		Firm Fixed Price (FFP)	
		Combination FFP and T&E	
5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of hardware and software is documented in the project schedule
		Purchase all hardware and software at start of project to take advantage of one-time discounts	
		Just-in-time purchasing of hardware and software is documented in the project schedule	
5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager is the procurement manager
		Contract manager is the procurement manager	
		Contract manager is the project manager	
		Contract manager assigned is not the procurement manager or the project manager	
5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
		No	
5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	All or nearly all selection criteria and expected outcomes have been defined and documented
		Some selection criteria and outcomes have been defined and documented	
		All or nearly all selection criteria and expected outcomes have been defined and documented	
5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
		Multi-stage evaluation not planned/used for procurement	
		Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
5.18	For projects with total cost exceeding $10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	Not applicable
		No, bid response did/will not require proof of concept or prototype	
		Yes, bid response did/will include proof of concept or prototype	
		Not applicable	

Agency: Agency for Health Care Administration Project: Data Submission and Financial Assessment Project

Section 6 -- Project Organization Area			
#	Criteria	Values	Answer
6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes	Yes
		No	
6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	None or few have been defined and documented	All or nearly all have been defined and documented
		Some have been defined and documented	
		All or nearly all have been defined and documented	
6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	Agency
		Agency	
		System Integrator (contractor)	
6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	1
		2	
		1	
6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been developed?	Needed staff and skills have not been identified	Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented
		Some or most staff roles and responsibilities and needed skills have been identified	
		Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	No, project manager assigned more than half-time, but less than full-time to project
		No, project manager is assigned 50% or less to project	
		No, project manager assigned more than half-time, but less than full-time to project	
		Yes, experienced project manager dedicated full-time, 100% to project	
6.07	Are qualified project management team members dedicated full-time to the project	None	No, business, functional or technical experts dedicated 50% or less to project
		No, business, functional or technical experts dedicated 50% or less to project	
		No, business, functional or technical experts dedicated more than half-time but less than full-time to project	
		Yes, business, functional or technical experts dedicated full-time, 100% to project	
6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the project team with in-house resources?	Few or no staff from in-house resources	Few or no staff from in-house resources
		Half of staff from in-house resources	
		Mostly staffed from in-house resources	
		Completely staffed from in-house resources	
6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Moderate impact
		Moderate impact	
		Extensive impact	
6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope, schedule, or cost?	Yes	Yes
		No	
6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established	Yes, all stakeholders are represented by functional manager
		No, only IT staff are on change review and control board	
		No, all stakeholders are not represented on the board	
		Yes, all stakeholders are represented by functional manager	

Agency: Agency for Health Care Administration Project: Data Submission and Financial Assessment Project

Section 7 -- Project Management Area			
#	Criteria	Values	Answer
7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
		Project Management team will use the methodology selected by the systems integrator	
		Yes	
7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
		1-3	
		More than 3	
7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
		Some	
		All or nearly all	
7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
		41 to 80% -- Some have been defined and documented	
		81% to 100% -- All or nearly all have been defined and documented	
7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	41 to 80% -- Some are traceable
		41 to 80% -- Some are traceable	
		81% to 100% -- All or nearly all requirements and specifications are traceable	
7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	Some deliverables and acceptance criteria have been defined and documented
		Some deliverables and acceptance criteria have been defined and documented	
		All or nearly all deliverables and acceptance criteria have been defined and documented	
7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
		Only project manager signs-off	
		Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	0% to 40% -- None or few have been defined to the work package level
		41 to 80% -- Some have been defined to the work package level	
		81% to 100% -- All or nearly all have been defined to the work package level	
7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	Yes
		No	
7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	No
		No	
7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
		Project team uses formal processes	
		Project team and executive steering committee use formal status reporting processes	
7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
		Some templates are available	
		All planning and reporting templates are available	
7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
		No	
7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	Some have been defined and documented
		Some have been defined and documented	
		All known risks and mitigation strategies have been defined	
7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
		No	
7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
		No	

Agency: Agency for Health Care Administration Project: Data Submission and Financial Assessment Project

Section 8 -- Project Complexity Area			
#	Criteria	Values	Answer
8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	Similar complexity
		More complex	
		Similar complexity	
		Less complex	
8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	Single location
		3 sites or fewer	
		More than 3 sites	
8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	Single location
		3 sites or fewer	
		More than 3 sites	
8.04	How many external contracting or consulting organizations will this project require?	No external organizations	1 to 3 external organizations
		1 to 3 external organizations	
		More than 3 external organizations	
8.05	What is the expected project team size?	Greater than 15	Greater than 15
		9 to 15	
		5 to 8	
		Less than 5	
8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	More than 4	None
		2 to 4	
		1	
		None	
8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Agency-wide business process change
		Agency-wide business process change	
		Statewide or multiple agency business process change	
8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	Yes
		No	
8.09	What type of project is this?	Infrastructure upgrade	Combination of the above
		Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
		Business Process Reengineering	
		Combination of the above	
8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Similar size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	
8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	No recent experience	Greater size and complexity
		Lesser size and complexity	
		Similar size and complexity	
		Greater size and complexity	

Appendix C - Current Information Tech Environment VI. Schedule IV-B Technology Planning	FHURS/Compass	Proof of Financial Ability to Operate (PFAO)	I-TOP -Induced termination of pregnancy	HHQR - Home Health Quarterly Report	Organ and Tissue Procurement Financial Reporting (OTPFR)	ICFDD - Intermediate Care Facilities for the Developmentally Disabled	Managed Care Quarterly Financial Reporting (MCQFR)	Nursing Home Quality Assessment Fee Reporting NFQA	OPCTrack
1. Current System	**Ryan Fitch**	**Ryan Fitch**	**Laura MacLafferty**	**Jan Benesh**	**Dayle Mooney**	**John Fortier**	**Hazel Greenberg**	**John Fortier**	**Wayne Young**
Briefly describe the current system.	This system records and calculates hospital revenue, expenses and specific case numbers for each facility's fiscal year(s), or partial year pending a change in ownership. More than 250 hospitals report - within 120 days of the end of their fiscal year – their annual figures contained in Compass and stored for retrieval in an Oracle database ("Quadrant") at AHCA. The annual report from each facility consists of specific numbers of cases, persons served, areas of medicine each hospital practices, income, expenditures, inflation, debt, salaries, and other relevant financial information that is required to be reported to AHCA pursuant to FHURS Rules 59E-5.102, F.A.C. Compass is a multi-form digital Excel file that allows each facility to enter and automatically compute their annual figures.	Spreadsheet Submitted by initial and CHOW applicants to prove they have the financial ability to operate. Currently submitted by paper through mail. Attachments beyond the forms include proof of funding which would be bank statements or letters from banks and lenders.	System that records abortions performed in Florida. This is a custom application that uses .NET web form to capture data, using SQL stored procedures to write to an Oracle backend.	Home Health Agency Quarterly Report using Versa Regulation (VR) Web Services. The system provides a platform for over 2200 licensed Home Health Agencies to submit statutorily required information 4 times a year. The system interfaces with DOH via a web service. It is also part of the SSO AHCA solution. This system is an important tool in the Agency's overall effort to combat fraud and abuse in Health Care. The information derived from these reports is shared with MPI, MFCU, and the Miami Medicare Anti-Fraud Office and Associations representing home health agencies.	Required by s. 765.544, F.S., 59A-1.009, F.A.C. and 59A-1.014, F.A.C. every Organ Procurement Organization (OPO), Eye Bank, and Tissue Bank certified by the State of Florida is required to submit an annual report within 30 days of the anniversary date of certification. These reports are used to determine the facilities annual assessment. Currently the Agency uses an Excel spreadsheet in order to track annual report submission due dates. Paper reports are submitted and scanned into Laserfiche. Transactions are created in Versa Regulation (VR) and manual calculations are performed and entered.	Intermediate care facility/developmentally disabled is a facility that provides 24-hour personal care, habilitation, developmental, and supportive health services to developmentally disabled clients whose primary need is for developmental services and who have a recurring but intermittent need for skilled nursing services. In order to comply with s. 409.9083, F.S., all Intermediate Care Facilities for the Developmentally Disabled licensed under part VIII of chapter 400, F.S. shall report resident day data. Facilities must register prior to reporting. Registration is a two-part process initiated by the ICF/DD and finalized by the Agency.	Managed care plans report to the Bureau of Managed Health Care quarterly & annually using an Agency developed template based on GAAP. The data from each template is 'downloaded' into a summary template (using macros). The data is stored in the templates on the MHC's hmo_data drive.	Fee mandated by Legislature effective April1, 2009. Nursing facilities submit monthly patient bed day data online to AHCA and generate an invoice to use when they mail in fee payment.	All plans and construction projects are tracked on the Office of Plans and Construction Tracking (OPCTrack) computer system. This is an electronic database that contains an accounting of all projects, facilities, submissions and time invoiced by all reviewers. Data in this system can be accessed for any timeframe for various facility types of reviews. The Agency produces monthly reports using this data source. A query is made in the system to generate the number of submissions (or reviews) to which time was billed during the period. A submission occurs when a project is logged into the system and each time a review of plans and construction sites occurs.
Is the current system's data stored in Laserfiche?	AHCA servers and storage related to this system are currently held at the state primary data center, the Northwood Shared Resource Center. Core switches are maintained at the NSRC and at AHCA headquarters. The Agency maintains an encrypted closed user group MAN connection between the NSRC and AHCA headquarters to pass data.	Yes	No	Planned for next upgrade: No date set.	Yes	N0	No	No	No
Is the current system's data stored on a network Shared Drive?	Oracle	No - but review of the PFA is	Oracle	No	No	Yes	Yes	No	Drafting documents
Does the Current system use email as part of the process?	The current state of this system is (differs with each system as may be indicated on each resource list, VMware and server version, database). AHCA will host the new system similarly.	No - only to request a review from the analyst by internal staff	Yes	Uses CISCO Password reset which relies on e-mail communication with User	No	Yes	Yes, for filing reports	Yes	Yes
Does the current system use FTP to send documents?	No	No	No	No	No	No	No	No	In the Process of Implementing
Is the current Information submitted by paper? Or an Email attachment?	Email	Paper	No	Entered on line at the AHCA Portal	Paper	No	Email attachment	No	No
Does the current system use an ACCESS database?	No	No	No	No	No	No	No	No	No
Does the current system use EXCEL to capture the data?	Yes	Yes - form is in Excel but paper print out is submitted	No	No: Reports can be converted to Excel	Yes	Yes	Yes	Yes	No
Does the current system use SharePoint lists or document files?	No	No - used only for tracking purposes	No	Application Maintenance Table is used to approve Users (SSO) for their home health agency (s).	No	No	No	Oracle	No
Does the current System have a Database in Oracle or SQL server?	Oracle	No	Yes	SQL Server	No	Yes	No	Yes	Oracle
Does the current system have SSRS, Impromptu, or Excel reports?	Excel Spreadsheet exported to an Oracle database. Not real-time	No	Yes	Impromptu & SSRS	Yes	Excel reports	Excel reports	SSRS Reports	SSRS reports
a. The current functions									
Which current business processes in the system will be affected by the new system.	How data is received into the Agency, reported on, and disseminated.	Submission, review, acceptance, rejection	How it is reported on and disseminated.	Fine payment	Yes	Invoicing, payment, reporting, billing	All of the process	Invoicing, payment, reporting, billing	Invoicing, payment, reporting, billing
1) What is the total number of users and user types (e.g., power, casual, data entry)	12 users, data extract and upload –	– 6 users, paper document submitted from Agency	Potentially every abortion clinic, hospital and physician's office that performs abortions	2,200 Users input data in AHCA portal 4 times each year	1 power user and 1 Business Need user	1 Power User	1 FTE for retrieving data from email box, reviewing data & downloading to summary excel file	1 Power user	2 power users, 18 business need users
2) What is the number and percentage of transactions (online, batch, and concurrent) handled by the current system (if possible, indicate the amount of data that is moved or processed in each transaction type)	500 transactions, 1,000 data fields per transaction – submitted manually and uploaded into a database.	2,000 transaction, 1,000 data fields per transactions – manual, not kept in a database.	132,000 transactions per year	10,000 transactions a year	10-20 transactions per year	101 per year	Currently 29 capitated & 4 FFS Managed Care Plans, 6 capitated SMMC LTC & 1 FFS SMMC LTC plans report using the Agency's template average size is from 231KB to 346KB	682 per year	50,000 per year
3) What are the system's security requirements (public access, privacy, confidentiality, HIPAA, CJIS)	Data is Not confidential	Some bank account information is protected	Reports are confidential, but aggregate data pulled from the reports is Not.	Data is Not confidential	Data is not confidential	Data is not confidential	private email address	Data is not confidential	Data is Not confidential
4) What is the current hardware characteristics (e.g., PC, hosts, servers, network devices, FTP, Network file storage, Paper, archival equipment, laserfiche, etc.)	PC, shared network drive, Oracle Database	None - laserfiche for storage of file and workflow	Work Station, network drive, network drive	Work Station, Laserfiche, SharePoint, and network drives, internet	Unknown	Work Station, Laserfiche, SharePoint, and network drives, internet	PC, shared drive storage, Excel & pdf	Work Station, Laserfiche, SharePoint, and network drives, internet	Work Station, Laserfiche, SharePoint, and network drives, internet
5) software characteristics (operating system, desktop application, web application, real-time transaction, etc.)	Excel Spreadsheet exported to an Oracle database. Not real-time	Laserfiche and Excel	Window7, excel spreadsheet	Windows7, web application, real-time transactions	Window7	Window7	Excel, PDF	Window7	.net 1.1, Window7 - OPC Track, Billing uses OS Windows XP
6) Is the existing system or process documentation available	Yes, documentation is available.	Yes	Yes	Yes	No	No	No	No	Yes
7) Does the current system have internal and external interfaces	Internal only	Internal only	Internal and external interfaces	Internal and external interfaces	Unknown	Internal and external interfaces	Email	Internal and external interfaces	Internal
8) Is the current system consistent with the agency's software standards and hardware platforms	The Excel spreadsheet version is consistent with current Agency versions. But, Oracle is being replaced with SQL server Database.	Yes	Yes	Yes	unknown	Yes	Yes	Yes	No
9) Does the current system have the scalability to meet the long-term system and network requirements	The application does Not and will Not meet the demands of the business unit and the public it serves.	No	Yes	Yes	No	No	Yes	No	No
b. Current system resource requirements									
1) What is the hardware and software requirement of the current system (e.g., CPU, memory, I/O)	Desktop PC - Quadrant, Laserfiche, Microsoft Office	Desktop PC - Laserfiche, Microsoft Office	Desktop PC - Laserfiche, Microsoft Office	Desktop PC - Laserfiche, Microsoft Office	Desktop PC - Laserfiche, Microsoft Office	Desktop PC - Microsoft Office	Desktop PC - Microsoft Office	Desktop PC - Microsoft Office	Desktop PC - Microsoft Office
2) What is the cost and availability of maintenance or service for existing current system hardware or software	AHCA IT Maintained and Supported	AHCA IT Maintained and Supported	AHCA IT Maintained and Supported	AHCA IT Maintained and Supported	AHCA IT Maintained and Supported	AHCA IT Maintained and Supported	AHCA IT Maintained and Supported	SQL server Database and Maintenance	AHCA IT Maintained and Supported
3) What is the system's staffing requirements, identifying key roles (e.g., system management, data entry, operations, maintenance, and user liaison); include contractors, consultants, and state staff	100 hours contract maintenance, 7 staff data entry, 15 staff data extract (all of these would be partial time – I estimated a net 3 FTES for data entry and extract) Net 3 staff working the file (manual process)	– I estimated a net 3 FTES for data entry and extract) Net 3 staff working the file (manual process)	3 FTES	6 FTE staff support/process User agreements; technical assistance all partial time. No staff needed when implemented in 2008; was absorbed into current responsibilities; recommend 1 FTE for HCU	1 FTE (as part of other job duties)	Data Storage	1 FTE (1 FTE for backup) for reviewing documents, contacting & tracking Non-compliant plans, maintaining summary, providing pdf public records request for summary data	Data Storage	16 FTE

4) What is the cost summary to operate the existing system (detailed costs will be entered into the Cost-Benefit Analysis Worksheets)	$185,000 – including benefits $151,000 – including benefits	$151,000 – including benefits	Business staffing, system maintenance, and data storage	$48,654 including benefits $12,274	Staffing	Staffing	1 FTE and a backup FTE	Business staffing, system maintenance, and data storage	Business staffing, system maintenance, and data storage
c. Current system performance									
1) Is the system able to meet the current and projected workload requirements	The application does Not and will Not meet the workload issue.	Yes - it is primarily a manual process	Yes	Yes	No	Yes	Yes	Yes	No the system needs to be upgrade, the current technology can Not be upgraded and presents major problems when trying to enhance.
2) What is the user's level of system satisfaction	Not satisfied	Not satisfied	Somewhat	Satisfied	Not satisfied	Satisfied	Satisfied	Satisfied	Not satisfied
3) What is the current system's current or anticipated failures to meet the objectives and functional requirements of an acceptable response to the problem or opportunity	Compatibility issues going forward with new version of excel.	Increased omission due to lack of validation on the front end	Old technology may fail	Data collection and dissemination	System is inefficient and does not allow for proper compliance monitoring. Manual aspects allow for calculation errors which result in inaccurate assessment payment.	None	None	None - this item is selected to be consolidated with other reporting types	Current System likely to fail based on age and support of the system
4) What are the experienced or anticipated capacity or reliability problems associated with the current technical infrastructure or system	Moving from one Excel version to another is sometimes difficult due to the coded Macros which may result in data corruption.	System is primarily a manual system that needs to be automated so that it will have a public facing presence.	FTE may not be available to Manage Data	None	System is primarily a manual system that needs to be automated so that it will have a public facing presence.	None - this item is selected to be consolidated with other reporting types	Not enough	None - this item is selected to be consolidated with other reporting types	Multiple work around are created to continue to use the failing system

Data Submission and Financial Assessment Project

1. Project Charter Document

1.1 Purpose

The Purpose of the Project Charter is to document "what" the Project is, as approved by Governance. The charter includes: Approved Project Scope and Project Constraints. Project Constraints include: Project Priority and Resource allocations.

1.2 Author(s)

(1) Molly McKinstry – Project Sponsor

(2) Ryan Fitch – Project Stakeholder

(3) Kay Heckroth – Application and Development & Support Bureau Chief

1.3 Document Revision History

This table contains the complete version history of this document. The 'description of Revision' is intended to record the essential purpose of each revision; it is **not** intended to be a complete list of changes from one version to another.

Date	Author	Versi	Description of Revision
09/23/13	Kay Heckroth, Ryan Fitch	V 0.1	Initial Draft.

2. Approved Project Scope

Project Description

The Agency for Health Care Administration (AHCA) collects data from various sources that it uses to calculate and generate invoices for assessments to the entities it regulates. Rather than have multiple systems and ways of collecting this data, the AHCA would like to leverage the current online licensing project and existing collection systems and consolidate them into existing data collection and assessment tools.

The AHCA has a current need to replace the way it collects hospital financial data. The current application (COMPASS) for submitting Florida Hospital Uniform Reporting System (FHURS) data to the AHCA is through the submission of complex Excel spreadsheets. The template and receiving system was recently patched as it was beginning to fail under 64 bit systems. The fix is considered to be temporary (three years or less). The current application needs to be replaced before it fails or the AHCA could be delayed in collecting Public Medical Assistance Trust Fund (PMATF) assessments from hospitals (over $400 million in assessments. Conversions to newer versions of the application take extensive programming due to the large number of Macros and Visual Basic programing. The AHCA recently went through a conversion of this type as a temporary fix. The risk of this program failing to work with future versions of Excel are high and could result in a delay of PMATF assessments (FHURS is used to determine PMATF) which total approximately $400 million a year (not including the Federal match). We are requesting funding to build a Web-Based portal/form with all the functionality of the current Compass program with additional features like the ability to attach documents such as audited financial statements electronically, which are required as part of the FHURS submission. Such a program would not only eliminate the risk of keeping up and relying on the publishers of Excel but would reduce the administrative work of manually uploading these files into the database.

This project would also include a revaluation of the data elements collected and potentially a reduction in the amount of data submitted by hospitals to the AHCA. This would save hospitals time and money in submitting the FHURS data. The redesign would include additional validations cutting down on approval times and workloads for both the AHCA and the hospitals. The online licensing project would be the ideal platform for this as existing functionality is already developed and underway which could be leveraged for this project. The AHCA would include financial reporting such as Nursing Home Quality Assessment Fee Reporting (NHQAFR), Managed Care Quarterly Financial Reporting (MCQFR), Intermediate Care Facilities for the Developmentally Disabled Reporting (ICFDDR), Induced Termination of Pregnancy Reporting (I-TOPR), Organ and Tissue Procurement Financial Reporting (OTPFR), and Home Heath Quarterly Reporting (HHQR). These other entity types are currently submitting data to the AHCA in a variety of ways both automated and manually. Although the data is different, the function is similar. As part of the AHCA's strategic plan, we would like to leverage the need for a replacement to COMPASS into a data submission and assessment tool to bring into a common place the various data elements required of the other provider types. Such a system and submission tool would include all the same benefits described above (validation, reduced staff time, reduce regulatory filing burden). Further it would be a long-term benefit as it would result in only one system to maintain (both submission and storage as we would modify our existing database Quadrant to accommodate) and begin consolidating

data throughout the AHCA. The tool would also include financial submissions called proof of financial ability to operate (PFAs), which are required for initial and CHOW applications. PFA reviews discover a 70% to 80% omission rate; a large number of these omissions are common errors. By adding this piece with validation to online licensing, the omissions rate can be reduced significantly putting people and small businesses to work faster. The Online Licensing platform can be further leveraged to collect Home Health Quarterly Report data and Nursing Home Bed Utilization data.

In addition, the AHCA would leverage its existing licensure tracking system to include a tracking and billing system for the AHCA's Office of Plans and Construction (OPC). This tool would supplement and enhancE the recently implemented ability to transmit plans electronically and would allow the AHCA to issue invoices from the OPC. The current system uses outdated technology and needs to be upgraded to current technical industry standards. Rather than incurring the cost of a full replacement, the AHCA is requesting funding to modify existing systems to meet the needs of OPC.

Once completed, this project would interconnect with the Finance and Accounting System and would be able to automate invoices for assessments. The interconnection of this project through online licensing and finance and accounting moves the AHCA closer to its goal of a consolidated data system. Such a system would significantly improve the AHCA's ability to hold licensees from being issued to entities that owe the AHCA money and would assist in making connections in fraud investigations.

2.1 In Scope

The following is in Scope:

The AHCA needs to identify and establish a single source of truth (SSOT) for all demographic and profile information that currently spans multiple systems. The objective is to modify existing AHCA systems to allow for the collection of this various data into two existing systems VERSA/Online Licensing and Quadrant. The overall scope of this project will move the AHCA toward its strategic goal of **consolidating systems** and resources to better serve Floridians in a comprehensive and efficient manner.

The Data and Functions Envisioned in this project would include:

1. FHURS - Florida Hospital Uniform Reporting System)/COMPASS
2. PFAs - Proof of Financial Ability to Operate Reporting
3. NHQAFR - Nursing Home Quality Assessment Fee Reporting
4. MCQFR - Managed Care Quarterly Financial Reporting
5. ICFDDR - Intermediate Care Facilities for the Developmentally Disabled Reporting
6. I-TOPR – Induced Termination of Pregnancy Reporting
7. OTPFR - Organ and Tissue Procurement Financial Reporting
8. HHQR – Home Heath Quarterly Reporting
9. OPCTrack - Office of Plans and Construction Track and Billing
10. SSRS Reports summarizing and detailing the data submitted

2.2 Out of Scope

The following items are out of scope:

1. The operations and processes that are not specifically mentioned in 2.1.

2. Interfacing with Agencies or Departments outside of AHCA.
3. Creating financial systems associated with invoicing and accounts receivable as well as the interface with FLAIR.

3. Project Assumptions, Constraints and Risks

This section documents the Project Assumptions and Constraints set by AHCA Project Governance or the Project Steering Committee. Assumptions are those conditions that are considered true, certain, or real for planning purposes. Constraints are items that limit a project team's options. Constraints typically relate to schedule, resources, budget, technology, or contractual provisions.

3.1 Assumptions

1. The project will receive continued support from AHCA management.
2. There are sufficient resources (staff, software, hardware) to complete the project and the resources will be available when needed through staff augmentation and/or FTE.
3. There will be sufficient budget to fund the project.
4. The business units' System Matter Experts (SME) will be knowledgeable and experienced in their current business process and available to meet with the Business Analyst to convey their process.
5. Business units' staff will be available and involved in executing test scenarios.
6. The project organization structure as defined in section 3.8 of this document will be followed.
7. A 'full-time' resource implies at least 35 hours productive work per week.
8. Technical standards will be uniform.
9. AHCA IT will have oversight over the project developers.
10. AHCA managers with program delivery responsibilities recognize the importance of information resources management to AHCA's mission performance.
11. The system will provide up-to-date information presenting opportunities to promote fundamental changes in AHCA structures, work processes, and ways of interacting with the public that improve the effectiveness and efficiency of the AHCA.
12. The users of the system's information must have the skill, knowledge, and training to manage information resources, enabling the AHCA to effectively serve the public through automated means.
13. AHCA will help in the development and operation of interagency and interoperable shared information resources to support the performance of the AHCA's missions.
14. Strategic planning improves the operation of government programs. The AHCA's strategic plan will shape the redesign of work processes and guide the development and maintenance of an Enterprise Architecture and a capital planning and investment control process. This management approach promotes the appropriate application of information resources.
15. Systematic attention to the management of government records is an essential component of sound public resources management which ensures public accountability. Together with records preservation, it protects the AHCA's historical record and guards the legal and financial rights of the AHCA and the public.
16. Because the public disclosure of government information is essential to the operation of a democracy, the management of State information resources should protect the public's right of access to government information.

17. The free flow of information between the AHCA and the public is essential to the general public. It is also essential that the State minimizes the paperwork burden on the public, minimize the cost of its information activities, and maximize the usefulness of government information.

Constraints

1. There is a limited budget for staff augmented resources for each of the two fiscal years of the project.
2. The project will depend upon receiving data from other AHCA systems.
3. Funding for the next year will depend on the milestone accomplishments from the year before.
4. Deliverables submitted for approval will require the AHCA stakeholders' approval.

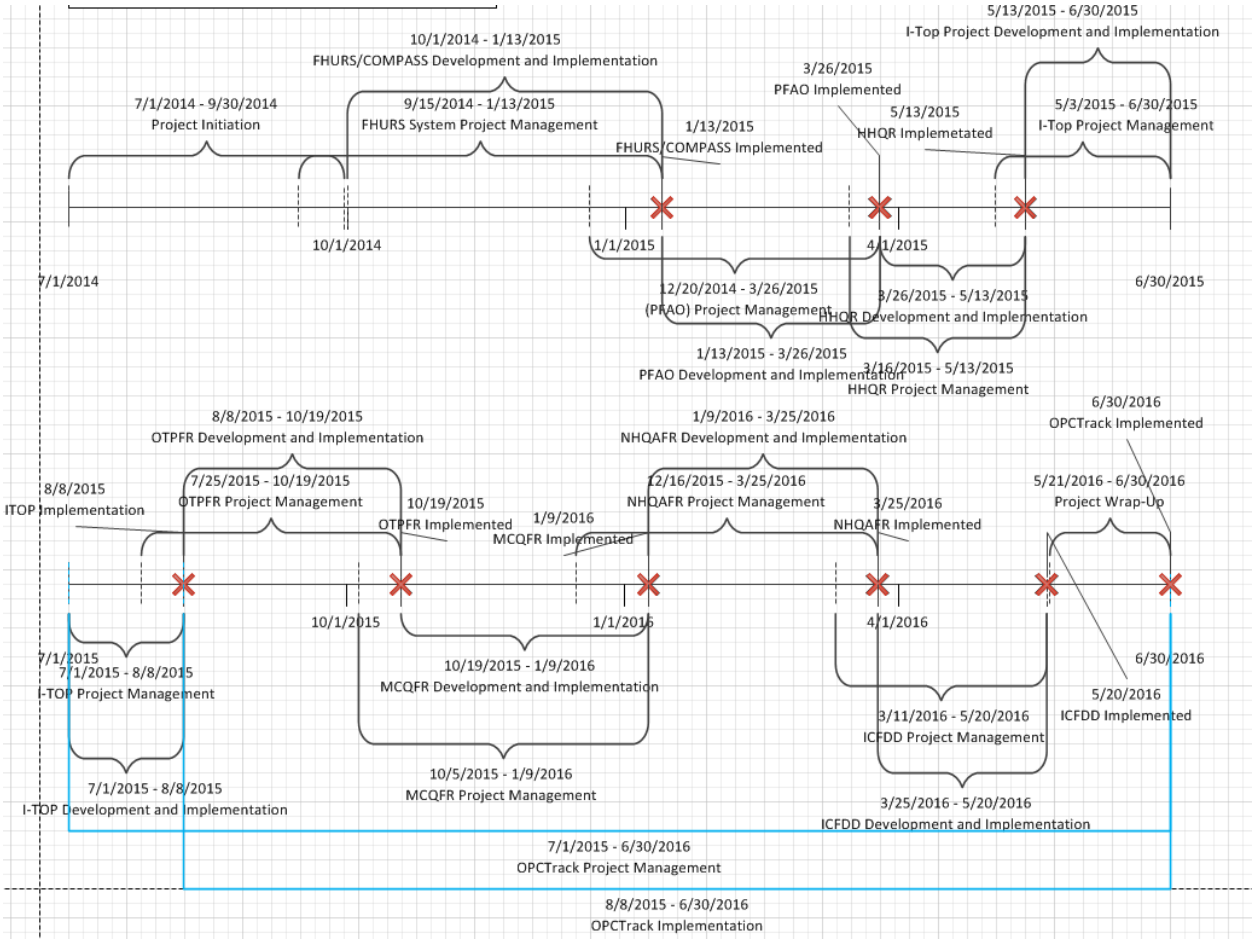
3.2 Risks

Risk	Mitigation
1. Staff turnover in IT resulting in a loss of institutional knowledge.	Documentation, through illustrations and templates, of requirements and strict compliance with the ISDM will help mitigate this risk.
2. Finance and Accounting systems are currently maintained in FoxPro. A project to upgrade these systems may run simultaneously with this project and could cause delays.	Maintain communications with project manager and create schedule touch points to ensure coordination.

3.3 Project Priority

Priority # Given Steering Committee	Priority # By Division	Project Name	Status	Project Scale	Division or Office	Description	IT Resources Actively Working
Unknown	Unknown	Health Facility Data Collection and Reporting Consolidation	Charter	Large	HQA	The AHCA needs the ability to **connect related parties** and data throughout the various systems as well as knowing their statuses is a key to preventing fraud. Build a system that will allow the AHCA to connect existing systems and data while collapsing existing systems and data into a single touch point. The overall scope of this project will move the AHCA toward its strategic goal of **consolidating systems** and resources	N

3.4 Length of Involvement



3.5 Project Resource Allocation

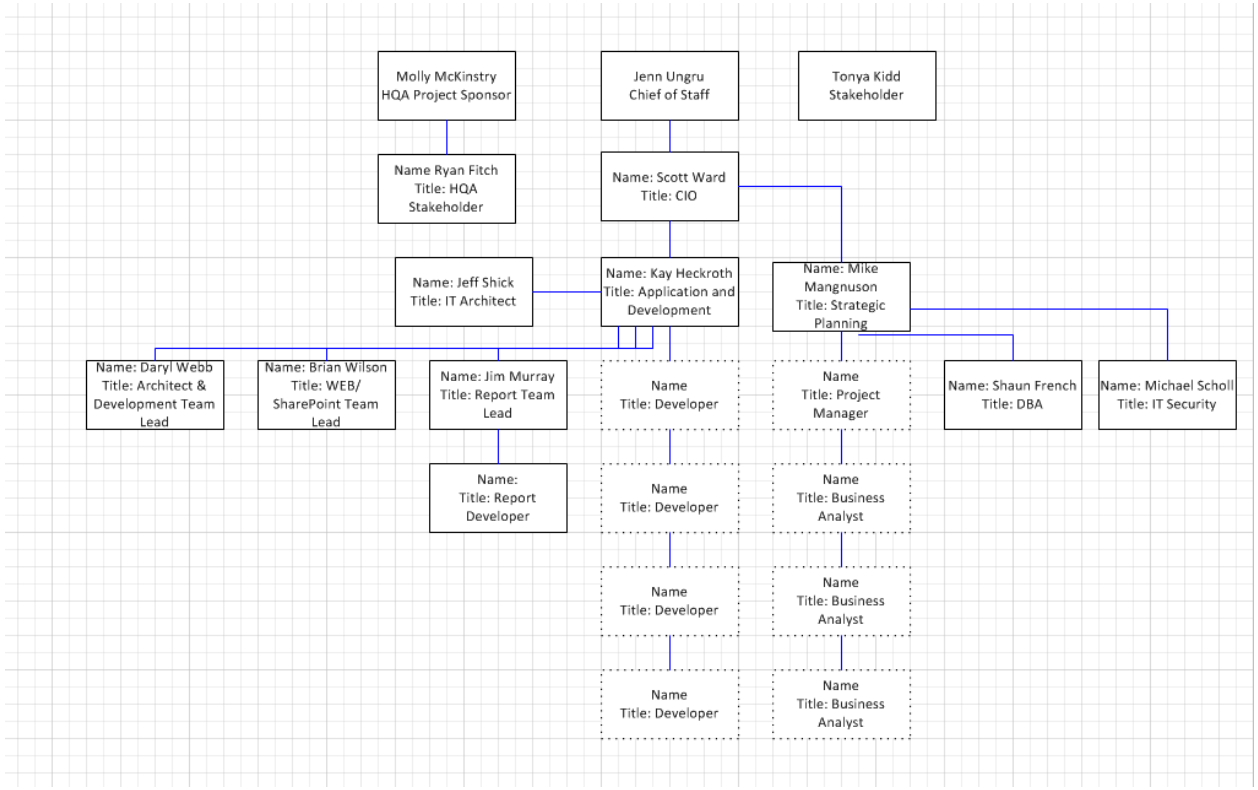
Staff	Organization	Role	Type	Start Date	End Date	Utilization	Total Hours	Supervisor
Molly McKinstry	AHCA - HQA	Project Sponsor	FTE	As needed		As needed	N/A	Liz Dudek
Ryan Fitch	AHCA-HQA	Project Stakeholder	FTE	As needed		As needed		Molly McKinstry
Kay Heckroth	IT	Application and Development & Support Bureau chief	FTE	As needed		As needed	N/A	Scott Ward
Tonya Kidd	Division of Operations	Project Stakeholder	FTE	As needed		As needed		Liz Dudek
Anita Hicks	Division of Operations	Project Stakeholder	FTE	As needed		As needed		Tonya Kidd
Jim Murray	IT	Reporting Team lead	FTE	As needed		As needed		Kay Heckroth
Report Writer	IT	Reporting team developer	FTE	As needed		As needed		Kay Heckroth
Daryl Webb	IT	Development Team Lead	FTE	As needed		As needed		Kay Heckroth
Michael Scholl	IT	IT Security	FTE	As needed		As needed		Mike Manguson
Brian Wilson	IT	WEB/SharePoint Team Lead	FTE	As needed		As needed		Kay Heckroth
Shaun French	IT	DBA	FTE	As needed		As needed		Mike Magnuson
Jeff Shick	Vendor	Architect	Augmented	As needed		As needed		Kay Heckroth
Vacant	Vendor	Developer	Augmented	10/01/2014	06/30/2016	Full Time	3,360	Kay Heckroth
Vacant	Vendor	Developer	Augmented	10/01/2014	06/30/2016	Full Time	3,360	Kay Heckroth
Vacant	Vendor	Developer	Augmented	10/01/2014	06/30/2016	Full Time	3,360	Kay Heckroth
Vacant	Vendor	Developer	Augmented	08/08/2015	06/30/2016	Full Time	2,040	Kay Heckroth
Vacant	Vendor	Project Manager	Augmented	09/15/2014	06/30/2016	Full Time	3,440	Mike Magnuson
Vacant	Vendor	Business Analyst	Augmented	09/15/2014	06/30/2016	Full Time	3,440	Mike Magnuson
Vacant	Vendor	Business Analyst	Augmented	09/15/2014	06/30/2016	Full Time	3,440	Mike Magnuson

Staff	Organization	Role	Type	Start Date	End Date	Utilization	Total Hours	Supervisor
Vacant	Vendor	Business Analyst	Augmented	07/01/2015	06/30/2016	Full Time	1,920	Mike Magnuson

3.7 Project Governance

Voting Steering Member	Role	Position
Elizabeth Dudek	Agency for Health Care Administration	Secretary
Jenn Ungru	Agency for Health Care Administration	Chief of Staff
Molly McKinstry	Project Sponser	Deputy Secretary
Scott Ward	Division of Information Technology	Chief Information Officer
Tonya Kidd	Stakeholder	Deputy Secretary
Ryan Fitch	Stakeholder	Bureau Chief
Kay Heckroth	Division of Information Technology	Bureau Chief

3.8 Project Organizational Chart



4. Project Milestones

This section documents the Project Milestones. These milestones will become core tasks that generate a more complete set of tasks or Work Breakdown Structure for the project schedule.

Project Milestones

1. Initiation Phases
    a. Charter
    b. Project Plan
    c. Schedule
    d. Hire On-board Staff

Repeat Milestone number 2 through 6 nine times deployed in phases

2. System Analysis
    a. Requirements gathering
    b. Requirements documentation
    c. Processes documentation
3. Design Specifications
    a. Program Specifications
    b. Logical screen design
4. System Development
    a. Program coding
    b. Technical documentation
5. System Testing and User training
    a. Unit testing
    b. System testing
    c. UAT Testing
    d. Make necessary system modifications discovered in testing
    e. Training Materials
    f. Train internal users
    g. User documentation
6. Implementation and Evaluation
    a. Install the program into Production
    b. Evaluate system's functionality
    c. Make necessary system modifications discovered by users
7. Project Closure
    a. AHCA acceptance testing
    b. Organizational Impact to AHCA
    c. User and manager attitude assessment

5. Communications Plan

This section documents the Communications Plan for the Project, describing how to assure visibility and co-operation by communicating status and news about the project to all appropriate stakeholders. The communications plan encompasses meetings as well as documents. A separate matrix is provided for meetings and for documentation.

MEETINGS			
Description	**Target Audience**	**Frequency**	**Owner(s)**
Business Team Meeting	Business team (including, business users, and business analysts)	Weekly	HQA Business Sponsor, HQA Business Stakeholders, Project Manager, Business Analyst, and Developer Team
Technical Team Meeting	Technical team (including, technical manager, system architect, DBA, and developers)	Weekly	Project Manager, Project Manager, Business Analyst, and Developer Team
Sponsor Meeting	HQA Sponsor	Weekly	Project Manager
Project Steering Committee Meeting	Project Team, Project Sponsor, IT Bureau Chiefs	As needed	Project Sponsor

DOCUMENTATION

Description	Target Audience	Delivery Format	Frequency	Owner
Project SharePoint Site	Project Team Members / Sponsor(s)	Internal SharePoint page at http://ahcaportal/IT/OLR/SitePages/Home.aspx	Update as needed	Project Managers
Team Meeting Agenda	Team Members	Available on SharePoint, emailed link	1 Day Before Team Meeting	Team Business Analyst Project Managers (for Technical team)
Team Meeting Summary	Team Members	Available on SharePoint, emailed link	Within 3 Days Following Team Meeting	Team Business Analyst Project Managers (for Technical team)
Steering Meeting Agenda	Steering Committee and Stakeholders	Available on SharePoint, emailed link, printed for meeting	No later than 5 business days prior to meeting, drafted with sponsor, deliver via email to participants with materials within 3 days of meeting	Project Managers and Project Sponsor
Action Items (AI)	Project Team	SharePoint posting – Action Item Tracker	As AIs are identified, they will be entered into the Action Item Tracker and assigned to an owner. The AIs will be monitored through completion/resolution.	Project Manager, Business Analyst, and Developer Team

DOCUMENTATION

Description	Target Audience	Delivery Format	Frequency	Owner
Risk Tracker	Project Team	SharePoint posting	As risks are identified, they will be entered into and will be monitored throughout the project or risk resolution.	Project Manager, Business Analyst, and Developer Team
Decision Log (As decision points are identified, they will be entered into the decision log and will be presented to the Steering Committee for decision. There will also be a standing item on the Steering Committee meeting agenda to review decisions made outside the Steering Committee meeting. Decisions will be communicated back to the team via update to the Decision Log with a description of the decision made.)	Project Team	SharePoint posting	Due in the Decision Point Template format by the day before the Team Lead meeting or three days before the Steering meeting	Project Manager, Business Analyst, and Development Team Steering Committee
Idea Brief	Governance	Available on SharePoint	Idea Phase (completed prior to project charter)	HQA Business Stakeholder

DOCUMENTATION

Description	Target Audience	Delivery Format	Frequency	Owner
Conceptual Analysis	Governance	Available on SharePoint	Conceptual Analysis Phase (completed prior to project charter)	Business owner IT ISDM Compliance Unit
Project Plan (using Microsoft Project)	Project Team / ISDM Compliance Unit and Stakeholders	Available on SharePoint	Updated weekly	Project Managers/ Project Director
Requirements / Design Documents	Project Team/Stakeholders	Available on SharePoint	Active Phase	Team Leads/ Business Analysts
Project Budget	Project Team/Stakeholders	Available on SharePoint and provided in Steering Agenda	Project Initiation / Update for Steering Meetings	Project Managers/ project Director
Testing Plan	Project Team/Sponsor	Available on SharePoint or Team Foundation Server (TBD)	Active Phase	Project Manager / Business Lead
Training Plan	Project Team/Sponsor	Available on SharePoint	Active Phase	Project Managers / Business Lead
Deployment Plan	Project Team/IT Component Areas	Available on SharePoint	Active Phase	Project Managers / Technical Lead
Troubleshooting Guide	Project Team/IT Component Areas	Available on SharePoint	Active	Project Managers / Technical Lead
Project Closeout Report	Project Team/Sponsor/ Stakeholders	Available on SharePoint	Conclusion of the Project	Project Managers
Project Calendar – Recurring Project Meetings	Project Team	SharePoint	On-going	All Team members

DOCUMENTATION

Description	Target Audience	Delivery Format	Frequency	Owner
Project Calendar – All Project Meetings	Project Team	Outlook	On-going	All Team members
Weekly Project Status Report	All project members and stakeholders	SharePoint link in email and email attachment upon request	Weekly	Project Managers/ Project Director

6. Project Responsibilities/Decision Management

This section documents AHCA best practices for managing changes to project scope and other decisions. For each item, verify the roles and responsibilities; and document the change request.

6.1 Slipping tasks

- Team Leads and Project Managers shall identify, document and discuss in each of the weekly team meetings all slipping tasks.
- Project Managers should analyze, document and communicate to the Team the impact of the Slipping task(s).
- Team Leads and Project Managers shall identify and document possible options to get the slipping tasks back on schedule.
- Slipping tasks shall be reported by the Team Lead, co-lead and/or Project Managers in the weekly Team Lead Meeting.
- Project Director shall communicate the slipping task(s) and the impact of the slipping task(s) to the Sponsor.

6.2 Contract Administration (If Applicable)

- The Contract Manager will conduct procurement(s) in order to select the most suitable staff augmentation vendor(s) to complete the project activities.
- The Contract Manager will administer the Vendor Contract(s) for the approved terms and conditions as established in the Vendor Contract(s).

6.3 Resource Management

- The Team Lead is responsible for making work assignments to team members and working with project management staff to track completion of those assignments.
- Project Managers are responsible for managing the project schedule to show the completion of work assignments by the team members and/or resources assigned to the tasks.
- Project Director is responsible for managing the Project Managers and the project coordination.
- Project Director is responsible for communicating the status of the project to the Sponsor and Steering Committee.

6.4 Project Documentation

- Project Managers are responsible for documenting the work breakdown structure in the project schedule, working with team leads to define detailed tasks for the Project Milestones and estimating task duration.
- Project Managers are responsible for documenting and escalating project issues, risks and mitigation options. Project management documentation shall be maintained in the SharePoint project site under the designated ISDM folder.
- The Project Managers are responsible for maintaining all project documents related to the team in the designated folders in the project SharePoint site.

- Action items will be tracked by the Project Managers and documented on the Meeting Summary and placed on the next meeting Agenda with a date assigned and responsible person. Any items remaining open after two consecutive weeks will be transferred to the project schedule as a task.
- All final project deliverables and acceptance documents shall be maintained in the assigned project folder.
- Decision Points are drafted and saved in the assigned project folder. Each time a document is presented, it is updated in this folder. Once approved, the decision document is updated. The title of the file should be brief and concise.

6.5 Change Management

- All requests for changes in scope shall be communicated to the project sponsor and in the Team Lead Meeting via a Decision Point Document.
- Changes in Scope or Issues requiring Project Governance Committee resolution will be brought before the Team Leads during the weekly Team Lead meetings prior to the Project Governance Committee meetings.
- Project Schedule updates resulting in project delay will be brought to the attention of the Team Lead and project sponsor.
- All code deployed to production on AHCA servers shall comply with the change control processes identified in policies and procedures.

6.6 Risk and Issue Management

- Risks are defined on the project as uncertain future events having an impact on the project, while issues are known events. Risks and Issues will be identified by the team and addressed regularly through team meetings.
- A Project Risk Matrix will be updated weekly by the Project Managers. Risks will be addressed during the weekly Team meeting and if needed escalated to the Team Lead meeting and Project Steering Committee.
- Project issues will be tracked in the Action Item Tracker; entered by all team members and updated weekly by the Project Managers. Issues will be addressed during the weekly Team meeting and if needed escalated to the Team Lead meeting and Project Steering Committee.
- Risks and Issues will escalate through the process when necessary.

6.7 Decision Making Process

- Tier One - Project Team attempts to resolve problem at the team level. Decisions affecting only the team and the teams/ objectives not influencing other areas of the project or AHCA and not requiring Senior Management approval should be resolved at the team level and documented using the appropriate project management documents. At times two or more teams will need to work together before escalating an item to the next level.
- Tier Two - Team Leads – Items crossing over to more than two teams requiring input or resolution by the Project Steering Committee will be brought in the form of a Decision Point to the weekly Team Lead meeting.

- Tier Three - Project Steering Committee – Once a set of recommended options has been determined through the Team Leads, the initiating team will present the Decision Document for final resolution to the Steering Committee, if a resolution has not yet been found or the Team Leads lack the authority to make such a decision. All decisions and resolutions will be updated on the appropriate document and communicated back to the team level.

7. Project Charter

Project Member	Signature	Date
Molly McKinstry, Project Sponsor		
Scott Ward, AHCA CIO		

Implementation Plan

Requirement	FHURS/Compass	Proof of Financial Ability to Operate (PFAO)	HHQR	I-TOP	Organ and Tissue Procurement Financial Reporting (OTPFR)	Managed Care Quarterly Financial Reporting (MCQFR)	Nursing Home Quality Assessment Fee Reporting (NHQAFR)	ICFDD	OPCTrack
ISDM documentation and Business Analysis to develop plan, and control development project.	9/15/2014 - 1/13/2015	12/20/2014 - 3/26/2015	3/16/2015 - 5/13/2015	5/3/2015 - 8/8/2015	7/25/2015 - 10/19/2015	10/5/2015 - 1/9/2016	12/16/2015 - 3/25/2016	3/11/2016 - 5/20/2016	7/1/2015 - 6/30/2016
Allow the provider to input information.	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016

Capture the data from the OLR screen into the SQL server database	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
The system must be able to store the data into a centralized database	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Store the data in a reporting Datamart	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
The system must be able to interface with F&A to create an invoice.	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Determine if a provider is late submitting information.	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Determine late submission fines.	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Send out notices (emails) to providers.	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Create reports.	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Secure and optimize the system	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Interface with the Single Sign-On application	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Test Beta	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Staff Training	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016

Test Production	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Evaluate Implementation	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Build Data Storage	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Build Data storage back-up	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Build Data Storage off-site	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Build Logical server instance	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016
Build Bandwidth base	10/1/2014 - 1/13/2015	1/13/2015 - 3/26/2015	3/26/2015 - 5/13/2015	5/13/2015 - 8/8/2015	8/8/2015 - 10/19/2015	10/19/2015 - 1/9/2016	1/9/2016 - 3/25/2016	3/25/2016 - 5/20/2016	8/8/2015 - 6/30/2016

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2014 - 2015

Department: Agency for Health Care Administration

Chief Internal Auditor: Mary Beth Sheffield

Budget Entity: Inspector General/Internal Audit

Phone Number: 412-3978

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
AUDITS FOR FISCAL YEAR 2012-13					
AG 2013-133	7/1/10 - 12/31/11	Public Assistance Eligibility Determination Processes	**Finding 8** State agencies did not compare public assistance records and juvenile detention records. Our comparisons identified instances in which improper payments were made by State agencies on behalf of youths who, at the time of payment, were committed to a Department of Juvenile Justice facility. **Recommendation** We recommend that the DCF match public assistance records with DJJ records monthly to timely identify any modifications needed in the program status of applicable youths and the youths' families. In addition, the DJJ should ensure that appropriate forms are completed and sent to the DCF and AHCA for youths in DJJ commitment.	In the specific instance in question, according to recipient records, DJJ sent the correct form to the Area 5 office to disenroll the recipient. While action was taken to disenroll the recipient from the Children's Medical Services managed care organization, the recipient continued in managed behavioral health care, because manual input to end the Prepaid Mental Health Plan (PMHP) date span was not added in FMMIS.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
				Medicaid Services staff has a standing call each Monday with the area office behavioral health staff who put the exemptions into FMMIS, and Medicaid Services staff will remind area office behavioral health staff that they must also manually end the PMHP date span in addition to adding the special condition code to FMMIS. The Agency worked with Department of Children and Families (DCF) to ensure that Medicaid eligibility is suspended for children entering Department of Juvenile Justice (DJJ) residential commitment programs. DJJ now provides a monthly data file to DCF, and DCF closes the eligibility of youth in a DJJ residential program with a current Child in Care eligibility and closes the eligibility for Medicaid youth upon admission to a DJJ residential program. In addition, the Agency is developing a customer service request to change FMMIS in order to prevent payment of Federal Financial Participation for youth entering a DJJ residential program. Anticipated completion date is February 2014.	
			Finding 9 The Agency for Health Care Administration did not conduct matches between Medicaid records and workers' compensation records until March 2012. Our tests disclosed Medicaid claims that, according to State records, were paid to providers who were also paid through workers' compensation insurance. **Recommendation**		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We recommend that AHCA ensure the conduct of the workers' compensation data matches and the collection of amounts due from third parties.	The Agency for Health Care Administration (Agency) and the Department of Financial Services, Division of Workers' Compensation (DFS-DWC), executed a five-year workers' compensation information data sharing agreement on April 1, 2010. However, the Agency did not begin to receive complete and usable workers' compensation data files from DFS-DWC until March 2012. The Agency's Third Party Liability contractor, Xerox State Healthcare, LLC (Xerox), is currently receiving monthly files containing workers' compensation accident information from DFS-DWC via secure file transfer protocol (FTP). The Agency's Third Party Liability contractor, Xerox State Healthcare, LLC (Xerox) has been conducting workers' compensation data matches with the Department of Financial Services, Division of Workers' Compensation (DFS-DWC), since March 2012. Data files are received from DFS-DWC on a monthly basis and Xerox typically conducts the data match every 3-4 months, based upon the size of the files received. Potential tort/casualty recovery cases are initiated and pursued for those Medicaid recipients identified as having Medicaid paid claims that may be associated with a workers' compensation injury and/or settlement.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
				The Agency's Medicaid State Plan requires that the workers' compensation data matches identify Medicaid recipients who are injured in work related accidents, in compliance with Title 42, CFR, Section 433.138(d)(4)(i). As indicated previously, the data file received from DFS-DWC does not contain paid claims data and the Agency does not perform matches of Medicaid paid claims to workers' compensation paid claims. (A chart depicting the worker's compensation data matches have been conducted since March 2012 is provided)	
AG 2013-161	**6/30/12**	**Compliance and Internal Control Over Financial Reporting and Federal Awards**	**FS 12-001** The FAHCA Bureau of Finance and Accounting (Bureau) did not follow established fiscal year-end procedures to record adjustments to Claims payable and Expenditures causing a material overstatement of these accounts in the General Fund. **Recommendation** We recommend that the Bureau enhance controls to provide additional assurance that fiscal year-end procedures for recording Medicaid claims payable and the related expenditures are followed.	Several key finance and accounting positions were vacated during the fiscal year closing timeframe which resulted in some oversights. The adjusting entries for Claims payable were completed for the trust funds but inadvertently overlooked for the General fund. Subsequently, the post closing adjusting entries were completed for the General fund. The year-end checklist will be modified to identify each fund to be included in the process. Post closing adjusting entry was completed December 10, 2012.	
			FS 12-002		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			The FAHCA Bureau of Finance and Accounting (Bureau) incorrectly recorded deferred revenues for financial resources related to incurred-but-not-reported (IBNR) Medicaid claims liabilities as noncurrent deferred revenue rather than current deferred revenue. The Bureau also calculated the Federal share using an incorrect Federal Medical Assistance Percentage (FMAP). **Recommendation** We recommend that the Bureau establish a more thorough supervisory review of the work done in connection with the fiscal year-end close-out procedures related to the State's IBNR Medicaid claims.	Several key finance and accounting positions were vacated during the fiscal year closing timeframe which resulted in some oversights. The noncurrent deferred revenue code was inadvertently used instead of the current deferred revenue code. The financial statement checklist will be modified to specify that this entry should be considered current deferred. The incorrect FFP was used in the calculations. The checklist will be modified to include that the FFP should be the upcoming Federal Fiscal Year's FFP.	
			FS 12-009 When determining the amount due from the Federal government at year-end, FAHCA did not take into consideration all post-closing adjustments. Also, FAHCA did not retain documentation supporting certain amounts recorded in accounts receivable and applied an incorrect Federal Medical Assistance Percentage (FMAP) to receivables, the allowance for doubtful accounts, and expenditures. **Recommendation**		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We recommend that FAHCA establish a more thorough supervisory review to ensure that all post-closing adjustments are considered when establishing net receivables, supporting documentation is retained for all refunds and changes in allowance for doubtful accounts, and the correct FMAP is applied. **FS 12-013**	Several key finance and accounting positions were vacated during the fiscal year closing timeframe which resulted in some oversights. Regarding the Third Party Liability differences noted above, it appears that information provided via a disk for Medicaid Program Integrity cases was not included thus resulting in a perceived understatement. The checklist includes the calculations for doubtful accounts, however, the specific calculations may vary based on a variety of factors including professional judgment and knowledge of specific situations related to uncertain ability to collect that may occur during the year. Specific factors considered when determining the allowance for doubtful accounts included the age and nature of the balances included in FMMIS, a large claim reprocessing effort that may result in unrecoverable balances recorded in FMMIS and unrecovered balances identified in previous Federal findings. The estimated unrecoverable balance associated with these last two items alone at fiscal year-end exceeded 5 percent of the outstanding balance in FMMIS thus the increase in the calculation for doubtful accounts. The checklist will be modified to identify that the upcoming Federal Fiscal Year's FFP should be used in these calculations.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			The FAHCA prepared the Schedule of Expenditures of Federal Awards (SEFA) data file using the cash basis of accounting, contrary to instructions from the Florida Department of Financial Services (FDFS). Additionally, the SEFA data file submitted to the FDFS did not include all American Recovery and Reinvestment Act (ARRA) expenditures or amounts subgranted to other entities. **Recommendation** To ensure that information reported on the SEFA is accurate and complete, the FAHCA should develop and implement policies and procedures specific to their records and processes and update those procedures annually to reflect the FDFS' SEFA instructions. **FA 12-035** The FAHCA did not ensure that amounts were accurately reported on the Cash Management Improvement Act (CMIA) Annual Report to the Florida Department of Financial Services (FDFS). **Recommendation**	Several key finance and accounting positions were vacated during the fiscal year closing timeframe which resulted in some oversights. The original submission used the accrual basis for revenues, but inadvertently used cash basis for expenditures. Additionally, the ARRA was omitted on the original submission but included in the revised submission. The report was revised using the accrual basis for expenditures and was resubmitted on December 12th. The staff has had several training sessions with bureau management and desk top procedures have been drafted and will be reviewed by the section manager.	

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			We recommend that the FAHCA enhance its policies and procedures to ensure that cash draws are accurately recorded, and reported on the CMIA report. In addition, the FAHCA should use the Federally approved FMAP rates when determining the Federal portion of the balances in the MAP and SPIA bank accounts. We also recommend that more care be taken during the supervisory review of the CMIA report prior to its submission to the FDFS.	Fully Corrected. Procedures were improved and implemented to ensure amounts, rates and calculations are accurate. Procedures also include managerial reviews.	
			FA 12-045 Refugee Medical Assistance (RMA) claim payments made to providers were not always paid in accordance with established Medicaid policy.		
			Recommendation We recommend that the FAHCA ensure that appropriate electronic or manual controls are in place and operating effectively to ensure RMA claims are accurately and properly processed.	Fully Corrected. One cent over max: Claim paid amount calculated by FMMIS is correct. Fee schedules are corrected and procedures are in place to prevent future occurrences. Copayment: Programming request (CSR 2250) submitted 7/9/2012, has not been implemented. Once the correction to FMMIS has been implemented, claims will be reprocessed.	
			FA 12-053 The FAHCA made payments to providers on behalf of ineligible CHIP recipients.		
			Recommendation		

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			We recommend that the FAHCA continue its efforts to amend the State Plan and, once amended, invoke the provisional CHIP eligibility as proposed. **FA 12-056** The FAHCA and the FDOH did not report applicable CHIP subaward data in the Federal Funding Accountability and Transparency Act (FFATA) Subaward Reporting System (FSRS) pursuant to Federal regulations. **Recommendation**	Fully Corrected. CHIP State Plan Amendment (SPA) #23 was approved by CMS on 4/1/2013 with an effective date of 10/1/2013. Through this SPA, the state adopted the policy of provisional CHIP eligibility for up to 60 days for children identified as potentially Medicaid eligible during the eligibility redetermination process. The audit finding involved three CHIP recipients who were referred to Medicaid due to a decrease in income. At the time the MediKids CHIP payments were made for the three recipient payments cited, each child only had MediKids coverage and the payment was made appropriately. When the Medicaid eligibility determination was made, Medicaid coverage was made retroactive to the month previously covered by MediKids. The children were dually enrolled in both programs, but payment was only made by CHIP. SPA #23 allows the child to be provisionally CHIP eligible from the time a referral is made to Medicaid until the Medicaid eligibility determination is made, up to 60 days. This makes the CHIP payments allowable that were made during this period.	

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			We recommend that the FAHCA and the FDOH ensure that all key data elements are timely reported in the FSRS.	Fully Corrected. Grant reporting procedures were amended to include the requirement to report data in FFATA. The data input required was completed in June 2013 and copies of the batch submissions were provided to the Auditor General audit staff for documentation purposes.	
			FA 12-057 Medical service claim payments made to providers of Medicaid services were not always paid in accordance with established Medicaid policy and fee schedules. Specifically, some payments were for improper amounts or for unallowable services.		
			Recommendation We recommend that the FAHCA ensure that appropriate electronic or manual controls are in place and operating effectively to ensure that Medicaid claims are accurately and properly processed.	Fully Corrected. Home Health Services. Our findings indicated that the claims were paid appropriately. Although the prior authorization (PA) number was not on the claim for some of these services, the paper claims included the PA numbers. This finding does not warrant further action for Home Health Services. Hospital Services. A programming request (CSR 2052) was submitted to remedy the issue of inpatient claims being paid in excess of 45 days. However, system programming has not been completed.	
			FA 12-058 Controls were not sufficient to ensure that amounts paid by the FAHCA to the Commission for the Transportation Disadvantaged (CTD), or amounts paid by the CTD to transportation providers under a Medicaid transportation program, were reasonable.		

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			Recommendation We again recommend that current transportation costs be summarized and used to evaluate the reasonableness of the total NET Program contract amount, as well as the amounts to be allocated to the to the CTD and STPs for administrative costs. We also recommend that the FAHCA establish adequate monitoring procedures that include the performance of periodic monitoring of the CTD, timely provision of the results of the monitoring activities, and follow-up on any deficiencies noted during monitoring. In addition, the CTD should establish monitoring procedures to require the periodic review of STP operations, provision of the monitoring results to the STPs, and follow-up on any deficiencies noted during monitoring.	Fully Corrected. The CTD provided financial statements which indicate the amounts paid by the CTD to transportation providers were reasonable. The Agency has updated the contract monitoring tool as a control to ensure the amount paid to the CTD was appropriate.	
			FA 12-059 The FAHCA could not provide documentation to support all Disproportionate Share Hospital (DSH) payments.		
			Recommendation We recommend that the FAHCA maintain supporting documentation for all DSH payments.	Fully Corrected. This issue has been fully corrected. We keep copies of all payments.	
			FA 12-060 The FAHCA did not have effective procedures in place to prevent duplicate processing of Low Income Pool (LIP) payments.		
			Recommendation		

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			We recommend that the FAHCA continue to ensure that the correct amounts are paid to the LIP providers and take actions to recoup the outstanding overpayments.	Fully Corrected. The two unrecouped payments identified in the finding have been fully recouped in accordance with the agreement between the Agency and the Florida Department of Health. The Agency requested a Corrective Action Plan from the contractor in which procedures were revised to eliminate e-mail requests.	
			FA 12-061 The FAHCA did not always maintain appropriate records to support the salary and benefits costs charged to the Medicaid Program.		
			Recommendation We recommend that the FAHCA strengthen its procedures to ensure that salary and benefits costs charged to Federal programs are supported by periodic certifications.	Fully Corrected. Procedures were modified to include escalation steps when certifications are not received timely from office managers. This process was utilized for the April 2013 certifications.	
			FA 12-062 The FAHCA continued to record expenditures to incorrect appropriation categories in the State's accounting records.		
			Recommendation We recommend that FAHCA ensure that expenditures are accurately recorded in the State's accounting records. We also recommend that FAHCA continue to pursue the necessary actions to ensure that funds are available in the appropriate categories.	The review process by supervisors will continue to include verification that the full amount of the adjusting entry was complete. The Agency also will continue discussions with the Social Services Estimating Conference principals to resolve the issues of adequate funding within each appropriations category for Medicaid services rendered.	
			FA 12-063		

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			The FAHCA did not maintain documentation evidencing that contract monitoring activities were performed for the contractor responsible for administering the State's Medicaid Drug Rebate Program. **Recommendation** We recommend that the FAHCA perform and document contract monitoring activities in accordance with the contract monitoring plan.	Fully Corrected. The Monitoring Plan has been modified to show that monitoring activities are continuous throughout the term of the contract. All correspondence pertaining to monitoring is placed, as documentation, in a separate monitoring file.	
			FA 12-064 The FAHCA had not resolved issues related to the determination and return of overpayments for Medicare outpatient hospital crossover claims. **Recommendation** We recommend that the FAHCA determine and return unallowable costs, as appropriate.	The Provider General Handbook has been promulgated in rule. The Agency will begin identifying overpayments and recouping reimbursement for those claims. Claims will be reprocessed by December 31, 2013, with full recoupment by December 31, 2014.	
			FA 12-066 The FAHCA had not documented that the State met the matching requirements of the Medicaid Program for the 2010-11 Federal fiscal year (FFY). Additionally, the FAHCA's matching requirement calculations were not adequately supported, accurately prepared, or properly reviewed and approved.		

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			Recommendation We recommend that the FAHCA implement policies and procedures detailing the method for calculating, documenting, and verifying the Medicaid Program State match. We also recommend that the FAHCA document the review and approval of the Medicaid State match calculations.	Fully Corrected. Revised procedures were completed and implemented in March 2013. Supporting documentation of match is filed and available for review when the match calculations are prepared.	
			FA 12-067 The FAHCA made payments to an ineligible provider.		
			Recommendation We recommend that the FAHCA ensure that payments are made only to providers with Medicaid Provider Agreements in effect.	Fully Corrected. Significant FMMIS modification was completed in 2011 to automate the renewal process for Medicaid providers. Any provider who fails to complete a timely renewal is automatically restricted and all claims suspended pending completion of the renewal. This ensures no payments are issued to a provider without a valid agreement. After the coding was installed, the FAHCA completed a renewal for each active provider with an expired agreement. The example in this finding pre-dates completion of that renewal period. No further action is required of the FAHCA.	
			FA 12-069 The FAHCA did not always ensure that facilities receiving Medicaid payments met required health and safety standards.		
			Recommendation		

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			We recommend that the FAHCA increase its efforts to ensure that Life Safety Surveys and follow-up surveys be conducted within the established time frames.	The annual state hospital life safety code surveys are required in Rule 59A-3.253(5), F.A.C. Since March 1, 2011 the Bureau of Field Operations reassessed their workload and developed overall priority levels to assist Field Office Management in scheduling their workload. Level 1 includes the Centers for Medicare & Medicaid Services (CMS) Tier 1 and Tier 2, Priority 1 State complaints, state statutory required inspections and initial licensure surveys. Level 2 includes CMS Tier 3 work, Priority 2 State Complaints, state health follow-up inspections and Rule required inspections. As previously stated the Life Safety Code annual inspections referenced in this report are required under the hospital rule, therefore would thus fall under the Level 2 priority levels within the Field Operations Bureau of priority of onsite inspections. These Priority Levels will be included in the HQA Procedures Manual to respond fully to the current and future audits. The HQA Standard Operating Procedures Manual is still being updated (this manual is an overall procedural manual for HQA process, therefore it represents more than Life Safety Code Surveys).	
			FA 12-070 The FAHCA's established policies and procedures did not provide for the timely review and issuance of cost report audits and desk reviews of nursing homes and Intermediate Care Facilities for the Developmentally Disabled (ICF-DD). **Recommendation**		

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			We recommend that the FAHCA enhance its policies and procedures to provide for an adequate number of cost reports to be audited annually, as well as the timely review and issuance of cost report audits and desk audits. To ensure the timeliness and usefulness of the information contained within the cost report audits and desk audits, these procedures should identify the time frames within which the audits and desk audits are to be reviewed and issued.	Fully Corrected. Effective April 2013, the Agency for Health Care Administration initiated a three year contract with a certified public accounting (CPA) firm to perform examination review of ICF-DD cost reports. There will be an average of 50 cost reports to be examined during this contract, an average of 17 cost reports a year. To ensure timeliness and usefulness of the information contained within the cost report, the CPA firm will be submitting monthly reports displaying anticipated dates of the examination review process. It is projected that assignments given in April 2013 will be finished by November-December 2013, assuming FAHCA staff who work on this process remains unchanged.	
AHCA 12-04	**6/30/12**	**Agency Accounts Receivable Process**	**Finding 12-04-01** MAR collection efforts are impeded by manual monitoring of receivables for payment activity. **Recommendation** 1. In order to send notification letters timely, we recommend the MAR unit clarify circumstances that are acceptable exceptions to their policy of sending late payment notification every 30 days. 2. We also recommend the new accounts receivable system include a means of identifying late payment dates and automatically generating notices if a payment has not been received by set deadlines.	1. Completed. The Medicaid Accounts Receivable (MAR) procedure manual has been updated with guidelines for sending notices to providers. Additionally, this has been discussed with MAR unit staff. 2. Upon integration into the new accounts receivable system (AR), the MAR unit will be able to receive alert notifications, to review cases for past due notices, and be able to print electronically generated invoices. In the interim, the MAR staff is using Microsoft Outlook to set up automatic reminder alerts. Anticipated date of completion: June 30, 2014.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			3. We further recommend that the new accounts receivable system include the ability to generate reports that allow monitoring for payment timeliness. Such reports should include information that shows the chronology of Agency action taken (i.e. Final Order, FAR, notification letter), the date of that action, the date(s) the provider is overdue, the number of days an amount is overdue, and if an amount paid is in compliance with the amount owed.	3. The AR system currently has an account balance functionality that shows all outstanding receivables for a given entity. The AR system incorporates Change Data Capture (CDC) functionality in all SQL server database tables. The CDC stores the original state of a given record or records, changes made to those records and the state of the records after the changes. Once the project is developed to the point for MAR integration, this functionality will be available to MAR staff. Anticipated date of completion: June 30, 2014.	
			Finding 12-04-02 MAR case set-up could be more efficient by importing provider information from FMMIS.		
			Recommendation To improve efficiency and expedite data entry, the new accounts receivable system should consider an interface that would automatically populate these fields from FMMIS.	When MAR is integrated into the new AR system the need for interfaces with other systems (FMMIS, FACTS, etc.) will be considered and addressed accordingly. Anticipated date of completion: June 30, 2014.	
			Finding 12-04-03 Case designated for referral to a collection agency may be delayed.		
			Recommendation In order to enhance prompt collection, we recommend F&A develop a written policy or guidelines that meet the approval of the Office of General Counsel specifying how frequently the list of referrals should be sent to the collection agency.	The MAR unit has written procedures for cases to be referred to a collection agency. However, the procedures will be updated to better define the timeframes and frequency.	
			Finding 12-04-04		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			Collection agency report balances did not agree with the account balances in the MAR system. **Recommendation**		
			To ensure that cases referred to collection agencies are correctly recorded and their balances are accurate, we recommend MAR staff periodically reconcile the information on the collection agencies' reports with the receivables identified in MAR.	The MAR unit will identify and reconcile all cases referred to the collection agencies to ensure accurate balances. We are currently working with the collection agencies to provide us with data on our accounts, in the Collections Inventory Report.	
			Finding 12-04-05 Payment plan finalization may be delayed. **Recommendation**		
			We recommend that F&A consider adopting a policy limiting the number of negotiations allowed or setting a deadline so that payment plans can be finalized more timely.	Completed. MAR has implemented processing limits at three attempts to secure a payment plan, before placing a lien or referring the case to collections.	
			Finding 12-04-06 The coordination of restitution cases could be improved between MFCU and F&A. **Recommendation**		
			To clarify the roles and responsibilities between MFCU and F&A, we recommend that the current Memorandum of Understanding be revised and signed specifying: 1. How often periodic reconciliations of open case balances should be performed and documented; and 2. A clarification of responsibilities for monitoring delinquent cases, contacting probation officers in cases of delinquent payment by probationers and referral to a collections agency for non-payment.	F&A will schedule a meeting with MFCU staff to discuss roles and responsibilities between MFCU and F&A staff. When integrating MAR into the new AR system, we will coordinate with MFCU staff to ensure both their needs and F&A needs are taken into consideration.	

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			Finding 12-04-07 Queries used to run reports in OPC Track Billing are ineffective. **Recommendation**		
			We recommend: 1. The new accounts receivable system include accurate and relevant queries needed to produce reliable reports for OPC Track Billing.	1. Completed. F&A: The new AR system uses modern technology to create, store and track data for accounts receivables and the capacity to write queries to produce accurate and relevant results, including reports, is an inherent feature of this technology. Completed. HQA: As of March 1, 2013, OPC Track Billing was replaced by the new AR system. The new AR system has access to the data in OPC Track and can produce accurate and relevant queries as well as reports from OPC Track; OPC staff has access to the queries and reports.	
			2. We also recommend the new accounts receivable system includes a way to ensure that appropriate and relevant data from previous billings be accessible for collections.	2. Completed. F&A: The logic within the new AR system generates accounts receivables in a manner that ensures these items can be tracked throughout their lifecycle. Completed. HQA: The new AR system has access to the data in OPC Track and includes a way for the data from previous billings to be retrieved for collections.	
			Finding 12-04-08 Manual processes. **Recommendation**		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			To improve efficiency and information security, we recommend the new accounts receivable system accommodate all accounts receivable types so that the areas can discontinue the use of maintaining accounts receivable in MS Excel.	F&A: The goal is to incorporate all accounts receivable activity into the new system. Anticipated date of completion: June 30, 2015. HQA: HQA will work with F&A to address these issues as efficiently as possible within the existing resources. Within the resources available, the new AR system will exchange data electronically with Versa Regulation to capture accounts receivable. Anticipated date of completion: December 31, 2013.	
			Finding 12-04-09 Use of Versa as an accounts receivable system.		
			Recommendation We recommend: 1. The identified accounts be maintained in the new accounts receivable system instead of Versa. 2. As an alternative, F&A consider implementing an interface between Versa and the new accounts receivable system that would create an accounts receivable and record payments.	F&A/HQA Response: The two divisions will work together to address these issues as efficiently as possible within the existing resources to assure at a minimum that the Versa account receivable data is recorded in the new accounts receivable system. Anticipated date of completion: June 30, 2014.	
			Finding 12-04-10 Revenue management's documentation processes are inconsistent.		
			Recommendation We recommend F&A management and staff evaluate current processes and written procedures to identify process improvements such as updating and/or removing unnecessary forms.	Several policies, procedures and processes have been evaluated and updated. Processes and forms are being reviewed to insure consistency. Process improvement is continuously evaluated and is one of the most material determining factors in how F&A's current technology development projects are designed. Anticipated date of completion: June 30, 2014.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AHCA 12-10	**n/a**	**Medicaid Risk Management Processes Review Division of Medicaid**	**Finding 12-10-01** Internal Environment. Medicaid has no formal enterprise risk management policy. **Recommendation** We recommend: 1. Medicaid formally establish an ERM Steering Committee to oversee efforts to identify, assess, measure, respond to, monitor, and report risks. The Committee should include an executive sponsor and articulate the benefits of ERM. 2. Medicaid establish a core team consisting of individuals from the various bureaus. The team should: • Become familiar with the framework's components, concepts, and principles to obtain a common understanding, language, and foundation base needed to design and implement an ERM process; • Assess how ERM components, concepts, and principles are currently being applied across Medicaid; • Develop a ERM Vision that explains how ERM will integrate within Medicaid to achieve its objectives and goals including how to align risk appetite and strategy; and • Develop an implementation plan to adopt ERM.	Medicaid will form a steering committee sponsored by the Deputy Secretary for Medicaid that will meet monthly. The steering committee will consist of key managers from the bureaus that will develop an understanding of ERM principles; determine what level of implementation of ERM is feasible; and develop an ERM implementation plan based on the level of implementation adopted.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			3. Medicaid develop a comprehensive ERM policy. An ERM policy should also clearly communicate Medicaid's risk management philosophy. Components of an ERM policy should include: • Purpose of the policy; • Owner of the policy and stakeholders; • Background information (definition of ERM, its components, and other related terms); • Responsible parties and duties including the roles of the business units as a part of an active ERM process; and • Identification of person(s) who can test compliance with the policy.		
			4. Medicaid appoint an ERM Officer and a business unit responsible for promoting and teaching risk assessment methods to business owners throughout Medicaid.	An enterprise risk management approach would be most effective if implemented across the Agency, rather than in one division. The Deputy Secretary for Medicaid will raise the issue of ERM to the Agency Management Team for a determination of whether ERM could be implemented Agency-wide.	
			Finding 12-10-02 Objective setting. Most of Medicaid bureaus do not have a formal process where objectives are created, documented, and communicated upward to senior management.		
			Recommendation		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We recommend: 1. The Bureaus formalize and document their process of setting objectives. 2. Medicaid management periodically reviews objectives to determine if they continue to be consistent with the Agency's and Medicaid's goals and objectives. The review should also be documented. **Finding 12-10-03** Event identification. Medicaid has no formal process for identifying risks. In addition, Medicaid has no overall risk inventory where identified risks are stored and categorized. **Recommendation**	The level of implementation of ERM will be determined by the Medicaid steering committee. Implementation of this step will be dependent on the steering committee's determination.	
			We recommend: 1. Medicaid develop and document the process of identifying events that could impact the Agency. 2. Medicaid identify risks related to each objective (i.e. Strategic, Operations, Reporting, and Compliance). 3. Medicaid house the risk inventory within a business unit. 4. Medicaid management periodically review risks with senior management. **Finding 12-10-04** Risk assessment. Medicaid does not perform a formal risk assessment. **Recommendation**	The level of implementation of ERM will be determined by the Medicaid steering committee. Implementation of this step will be dependent on the steering committee's determination. The steering committee sponsor will periodically review risks with senior management.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We recommend: 1. Bureaus periodically conduct and document a formal risk assessment. 2. Medicaid assign the duty of compiling all assessments into a comprehensive risk assessment to the ERM Officer and a business unit.	The level of implementation of ERM will be determined by the Medicaid steering committee. Implementation of this step will be dependent on the steering committee's determination.	
			Finding 12-10-05 Risk response. Issues and risk responses are not formally tracked.		
			Recommendation We recommend: 1. Bureaus formalize and document risk response as a part of the risk assessment. 2. Bureaus create an implementation plan to outline how responses are executed.	The level of implementation of ERM will be determined by the Medicaid steering committee. Implementation of this step will be dependent on the steering committee's determination.	
			Finding 12-10-06 Control Activities. Because Medicaid does not formally conduct a risk assessment, control activities cannot be identified that would help mitigate associated risks.		
			Recommendation We recommend: 1. Bureaus identify control activities that help mitigate identified risks as a part of their risk assessment. 2. Medicaid management periodically review control activities to identify potential gaps and vulnerabilities and to ensure that the controls are current.	The level of implementation of ERM will be determined by the Medicaid steering committee. Implementation of this step will be dependent on the steering committee's determination.	
			Finding 12-10-07		

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			Information and Communication. Medicaid has no formal documentation method such as meeting minutes which can be disseminated to Medicaid staff. Based on our discussions with management, it appears that management discusses ongoing issues but not necessarily or specifically new emerging risks. **Recommendation** We recommend: 1. Medicaid review its information and communication systems and corresponding outputs to determine if they are sufficient to implement the ERM process. 2. Medicaid management should establish formal communication protocols and procedures, such as meeting minutes, to share risk information. **Finding 12-10-08** Monitoring. There are no monitoring activities to determine if ERM is effective because a formal ERM process has not been established. **Recommendation** We recommend: 1. Medicaid management create and document processes to assess and monitor the effectiveness of the ERM framework. 2. Medicaid management create and document processes and procedures for reporting and tracking deficiencies discovered during its monitoring activities.	The level of implementation of ERM will be determined by the Medicaid steering committee. Implementation of this step will be dependent on the steering committee's determination. The level of implementation of ERM will be determined by the Medicaid steering committee. Implementation of this step will be dependent on the steering committee's determination.	

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AHCA 13-08	**n/a**	**Review of FMMIS and DSS Assessment Project Procurement Divisions of Operations and Medicaid**	**Compliance Finding 1** Contract Manager Certification. The person serving as Contract Manager for AHCA RFP 008-11/12 was not an Agency Certified Contract Manager, as required by Agency policy. Although this person received contract manager training conducted by the Department of Financial Services as required by statute, his training occurred approximately two months after his appointment as Contract Manager for RFP 008-11/12. **Recommendation** The Agency should ensure only an Agency Certified Contract Manager is assigned to manage a contractual project. **Compliance Finding 2a**	The Agency utilizes only Certified Contract Managers to manage active contracts. A Certified Contract Manager is not required during the solicitation process since there is not yet a contract. If an employee who is not certified as an Agency Contract Manager is assigned to a solicitation and will manage the resulting Contract, the Procurement Office will ensure they receive Agency Contract Manager Certification and Department of Financial Services Training as soon as possible.	

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			Mandatory Criteria. The Mandatory Criteria evaluation sheet, which was completed for the vendor on the day the bids were opened, had a check by "NO" for Criteria F. This criterion is for "Financial Information." The vendor failed to submit the Statement of Cash Flows and Notes to the Financial Statements. In addition, the vendor failed to submit an Income Statement that met the 12-month requirement. On June 12, 2012, the day the proposal was opened and evaluated for mandatory criteria, the proposal should have been rejected and posted to VBS as stipulated in the RFP.		
			Recommendation The Agency should comply with its procurement language, "Failure to submit" any mandatory requirement "will result in the rejection of a prospective vendor's response," or not include those requirements in the procurement package.	The Agency complies with Florida Statutes, Florida Administrative Code and Department of Management Services' directives in relation to mandatory criteria requirements. The Agency moved forward with evaluation for the one respondent as a result of Section 287.057(5), Florida Statutes. The respondent was provided the opportunity to submit the necessary documents in order to meet mandatory requirements. The respondent was then evaluated.	
			Compliance Finding 2b Mandatory Criteria. The Mandatory Criteria sheet did not contain the vendor's name. Each document in a vendor's file should clearly identify that vendor in case any document is separated from the file.		
			Recommendation The Mandatory Criteria sheet should have a place to identify the vendor whose information is recorded on the Mandatory Criteria sheet.	The Procurement Office will ensure the vendor name is identified on all mandatory criteria forms.	

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			Compliance Finding 3 Posting of Awards. According to the RFP schedule, the "Anticipated Posting of Notice of Intent to Award" was June 25, 2012. The Agency posted the "Agency's notification of delay in the intended award" on June 26, 2012. For this posting, there were no addenda added to the advertisement or to the original solicitation document as required in the RFP. This may have led to some confusion when, on June 26, two (potential) vendors emailed the Agency and requested a copy of the RFP. The Agency's award decision was not advertised until July 23, 2012.		
			Recommendation The Agency should post timely advertisements on VBS. All advertisements should have an adequate description of the purpose of the advertisement. Addendums should be attached with additional information.	The Procurement Office will ensure notices are posted timely and accurately to the Vendor Bid System.	
			Documentation Finding 1 Decision Points. The Agency documented some decision points in the procurement process such as the review of the draft RFP, vendor questions and answers, and correspondence with the potential vendor. However, there was no supporting documentation in the bid file explaining the reasons behind the Agency's decision to post a delay of the award; to use Section 287.057(5), F.S.4 and proceed with the only vendor, SES, who responded to the RFP; or to allow SES to amend its proposal even though the vendor had not submitted all the required financial documentation and had an employee who was ineligible to participate on the project.		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			Recommendation The Agency should document in writing all major decision points in the procurement process. Any communication with the Office of General Counsel should also be documented with specific detail.	The Procurement Office will ensure sufficient documentation is maintained in procurement files.	
			Documentation Finding 2 Evaluator Score Sheets. The Evaluators' score sheets had numerous changes including strike-throughs, changes noted in red, point changes, and total points changes. These changes were not always initialed, dated and/or explained. In addition, there was no designated place for Evaluators to sign and date their evaluations.		
			Recommendation All changes should be explained in writing, initialed and dated. Evaluators should sign and date their score sheets. In the future, the Agency may want to consider asking the Evaluators to provide a brief narrative to sum up their evaluation and identify any issues/problems that requires a discussion.	The Procurement Office will develop a procedure to include evaluators signing and dating their score sheets. Evaluators will also be provided additional training by the Procurement Office.	
			Documentation Finding 3a Past Performance Questionnaires (Client Reference Forms). Procurement staff verifying vendor past performance did not sign or date the Past Performance Questionnaire or the attached Reference Check Call Logs.		
			Recommendation Procurement staff should sign and date questionnaires, as required.	The Procurement Office will ensure the past performance questionnaires are signed and dated.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			Documentation Finding 3b Past Performance Questionnaires (Client Reference Forms). The Past Performance Questionnaire does not include the verification of the potential vendor's project dates and project description. When employers perform reference checks, they normally ask the reference to verify this information.		
			Recommendation The Agency should consider requiring the addition of the project dates and a detailed description of provided services on the questionnaires.	The Procurement Office will update the Past Performance Questionnaire.	
			Scoring and Weights Finding 1 Evaluation Criteria and Scoring. The Agency awards three percent (20/656) of the total points for "Financial Information." Three percent would not make a significant difference in any vendor's total score. In addition, the Agency does not currently require audited financial statements. Unaudited statements could contain inaccurate, incomplete and/or unsubstantiated information.		
			Recommendation The Agency should consider how scores and weights reflect what is important to the accomplishment of the project. If a category is important for the project, that category should reflect a higher weight and require detailed verification and/or evaluation of criteria. The Agency should consider requiring audited financial statements for projects over a certain dollar threshold (example: $1 million).	The Agency has implemented revised financial language for solicitations.	
			Scoring and Weights Finding 2		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			Minimum Scoring. According to the Evaluator Score Sheets, there are no minimum scores required for the total overall score or individual criteria component scores. For example, if the total points scored in the financial information section is less than the minimum points required for that section, the vendor would be disqualified, even if the proposal otherwise met the minimum overall score. Minimum scoring would ensure the Agency contracts with a vendor who has the best quality, price, design and workmanship. Based on our interviews and reviews of the project's documentation, it appears Agency personnel managing this procurement were more concerned with timeliness of the procurement than what was in the best interest of the Agency. **Recommendation** To ensure contracts are awarded in the best interest of the state, the Agency should identify required minimum total scores. Minimum scores can be separated into different categories; for example, financial and technical. If multiple categories are defined, the proposals must meet each category's minimum score. Proposals that fail to attain minimum scores in any category should not be considered. **Scoring and Weights Finding 3** Weighted Options. For this project, there were two questions under "Staffing" that referred to subcontractors. According to the vendor's proposal, SES did not intend to "utilize Subcontractors." However, one of the Evaluators still scored the questions. Procurement staff subsequently marked through the questions on each Evaluator's score sheets and reduced the "Staffing" total score by ten points.	The Agency will consider using minimum scores in making vendor selections if it is feasible to do so depending upon the specifications and requirements of the particular procurement.	

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			Recommendation Evaluation score sheets should not contain questions for nonrequired options, without a weighted score for those vendors that did not choose that option. This could appear to unfairly reward vendors. The Agency should not delete criteria on any vendor's evaluation when the criteria do not apply to that specific vendor.	The Procurement Office will ensure all score sheets are accurate and contain the appropriate information.	
			Training Finding 1 Evaluations. In interviews, one of the Evaluators could not explain how he/she scored some of the questions. On the score sheets, one of the Evaluators scored two questions that did not apply to the vendor. In addition, two of the Evaluators did not take a copy of the RFP to refer to during the evaluations even though the RFP contained more details than the Evaluator Score Sheets. We also noted, while two Evaluators' total scores were comparable, one Evaluator's total score was 98 points higher than the lowest total score.		
			Recommendation To ensure consistency in how Agency competitive procurements are evaluated, the Agency should develop and implement Evaluator training. Each Evaluator should be required to attend the training before participating in any procurement process.	The Procurement Office will ensure evaluators receive sufficient training and are in the process of developing a more robust training.	
			In Evaluator training, the Procurement Office should stress the importance of reviewing and bringing a copy of the RFP to the evaluation. This would ensure consistency in what the Evaluators use in their assessment.	The Procurement Office will ensure evaluators receive sufficient training and are in the process of developing a more robust training.	

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			Training Finding 2 Procedures. In our research to determine how the Agency performed procurements, we reviewed the Agency's Procurement of Goods and Services (Policy 4006) and the Contract Manager Desk Reference. These documents did not always address what occurred during this RFP. Examples include documenting decision points, establishing minimum scoring and assessing weights/scores.		
			Recommendation The Procurement Office should update their procedures to address any gaps in the procurement process.	The Procurement Office is in the process of updating Procurement Policies and Procedures.	
AUDITS FOR FISCAL YEAR 2011-12					
AHCA 12-05	**March 2012**	**Enterprise Wide Audit of Contract Monitoring**	**Finding 2012-05-01** The Agency specific Contract Manager Training needs to be expanded to detail all aspects of contract management.		
			Recommendation		

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			We recommend that Contract Administration continue to develop and present mini-trainings periodically that will further address the basic principles and fundamentals of Agency contract management. Some topics to focus on include the day-to-day management of contracts, contract monitoring, contract requirements, closeout procedures, fiscal monitoring, and invoicing (specifically the review of invoices and supporting documentation prior to payment). We also recommend that Contract Administration consider recording training sessions and posting to SharePoint for future review by contract managers. Recording specific training will help limit the need for face-to-face training.	Completed. The first training session specific to day-to-day contract management, contract monitoring, etc. was held on February 28, 2012. Contract Administration will continue to hold topic specific minitrainings throughout the year.	
			Finding 2012-05-02 Contract closeout procedures are not specifically defined and documented.		
			Recommendation We recommend the Contract Administration unit update the contract closeout section of the Contract Manager Desk Reference. This section should include additional guidance to contract managers for ensuring proper closeout of Agency contracts.	Completed. The contract closeout section of the Contract Manager Desk Reference has been updated to include additional contract closeout items and instructions. Contract closeout will also be covered in upcoming Contract Manager Training.	
			Finding 2012-05-03 The Agency's Agency Agreements Policy (Policy/Procedure #4028) should be updated to include procedures for the development, use, and monitoring of such agreements.		
			Recommendation		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We recommend that the Procurement Office, in concert with General Counsel (to ensure compliance with Section 112.24, F.S. and Section 215.971, F.S.) develop policies and procedures for Agency agreements to address these issues and to help ensure consistency in the development, execution, and monitoring of Agency agreements. **Finding 2012-05-04** Agency contract policies and procedures lack certain requirements specified by Florida Statutes. These statutes include Section 287.057(14), Section 287.057(16)(a)&(b), and Section 287.133(3)(b) as follows: • Section 287.057 (14), F.S., requires agency contract managers responsible for contracts exceeding the Category Two threshold amount ($35,000) to attend training conducted by the Chief Financial Officer for accountability in contracts and grant management. Agency contract managers must meet this requirement. • Section 287.057(16)(a)&(b), F.S., states the requirements for the appointments of contract evaluators, contract negotiators, and project management professionals for agency contracts exceeding the Category Four threshold amount.	The Procurement Office has completed a revised draft Agency Agreement policy and is in the approval process.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			• Section 287.133(3)(b), F.S., states that "Any person must notify the department within 30 days after a conviction of a public entity crime applicable to that person or to an affiliate of that person. Any public entity which receives information that a person has been convicted of a public entity crime shall transmit that information to the department in writing within 10 days." These requirements should be documented in the appropriate Agency policy and procedures. **Recommendation** We recommend updating the appropriate policies and procedures, specifically the Procurement Policy and the Contract Manager Desk Reference, to include the requirements specified in Section 287.057(14), Section 287.057(16)(a)&(b), and Section 287.133(3)(b), F.S.	The requirements specified in Section 287.057(14), F.S. and Section 287.057(16)(a)&(b), F.S. are now included in both the Procurement Policy (#4006) and the Contract Manager's Desk Reference and will continue to be covered in Contract Manager Training. Contract Administration is currently in the process of revising the Procurement Policy. Section 287.133(3)(b), F.S., which was not included in the last update. The Procurement Office is reviewing its policies and procedures to ensure policies are current and forms are updated as appropriate. The Department of Management Services recently published its Florida Procurement Guidebook. The Procurement Office is utilizing this Guidebook in updating its policies and procedures.	
OAG #2012-021	**7/1/09 -09/30/10**	**FMMIS Controls and the Prevention of Improper Medicaid Payments**	**Finding 2012-021-01**		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			The Agency's ineffective risk assessment processes contributed to the disbursement of improper payments.		
			Recommendation We recommend that the Agency review its internal controls, including its risk assessment processes, as related to the prevention of improper payments for Medicaid services, and implement effective controls designed to ensure that improper payments are minimized to the greatest extent possible.	Completed. The Bureau of Internal Audit performed a review of Medicaid's risk management processes as they pertain to the prevention of improper payments for Medicaid services. Staff have interviewed senior management, and other applicable staff to document Medicaid's risk governance process for identifying, assessing and controlling risks associated with improper Medicaid payments. Report No. 12-10 Medicaid Risk Management Processes Review dated February 2013 was issued.	
			Finding 2012-021-02 To ensure that FMMIS includes the necessary audits, the Agency should have a process in place to periodically review FMMIS to determine that audits are in place and operating as intended and that they are based on current Medicaid limitations.		
			Recommendation 1. During fieldwork for this audit, the Agency's Bureau of Medicaid Program Integrity began a review of Medicaid services and applicable edits and audits in January 2011. We recommend that the Agency continue its review of Medicaid services and applicable edits and audits to ensure that FMMIS contains all controls necessary to prevent payment of claims for services in excess of policy limitations. This review should extend to all Medicaid services. We also recommend that the Agency give this project a high priority considering the likelihood that overpayments have and will be made until project completion.	1. Implemented and On-going. The Agency concurs with this finding and will continue its review of Medicaid services and applicable edits and audits within the FMMIS system. The Edits and Audits Task Force, created in January 2011 by AHCA, is a multi-bureau task force with members from Medicaid Program Integrity (MPI), Medicaid Services and Medicaid Contract Management. The Edits and Audits Task Force continues to meet periodically. The team continues to explore new areas on which to focus, having completed the review of the waiver services.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			2. After project completion, the Agency should attempt to recover overpayments that were made in excess of program limitations, including the amounts identified by this audit.	2. Implemented and On-going. MPI has received the referrals and will conduct Generalized Analysis projects to attempt to recoup the overpayments identified.	
			3. We also recommend that the Agency implement procedures to ensure that whenever an existing policy is modified or a new policy is added, all applicable edits and audits are reviewed to determine whether programming changes are needed.	3. The Bureau of Medicaid Services developed a checklist to be used throughout the Division of Medicaid for employment whenever an existing policy is modified or when policy additions or changes are required by legislation, judicial or executive orders, or other mandates.	
			4. Additionally, procedures should be implemented to provide for the periodic review of edits and audits for each service type to ensure that all cost-effective edits and audits are in place and programmed for the correct policy.	4. The Agency has undertaken a systematic review of edits and audits, starting with the most expensive and heavily utilized codes. The review team is carefully documenting its work to determine the most cost-effective way to continue to review and update the system edits and audits.	
			Finding 2012-021-03 FMMIS was not programmed to ensure the proper payment of outpatient Medicare crossover claims. Our review of 286 claims disclosed that 182, or 63.6 percent, had been paid amounts in excess of authorized amounts. When the errors identified by our audit are projected to the total of the amounts paid for outpatient hospital crossover claims during the three fiscal years tested, the total overpayment is estimated to be $117,659,683.		
			Recommendation		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			1. We recommend that the Agency ensure that FMMIS is programmed with the correct methodology for the payment of outpatient crossover claims. Appropriate priority should be given to these programming changes considering the likelihood that overpayments will continue until the changes have been implemented.	1. Medicaid Services bureau staff, with MCM bureau staff, reviewed the statute language, State Plan language, and Handbook (Rule / Administrative Code) language, and FMMIS logic, and identified conflicting perspectives among the three legal readings. The Handbook is the guiding documentation for the provider community, and has not appropriately reflected the intent of the statute. The Agency's guidance and directive is to always hold providers accountable to the Handbook's instructions. At present, because the Handbook is not in line with statute and the State Plan, Medicaid Services is promulgating revised Handbook language to properly align it with statute and the State Plan.	
			2. We also recommend the Agency review outpatient crossover claims and initiate recovery efforts for any payments made that were not consistent with Florida law.	2. Once this revision is made, a reprocessing of past paid claims would be inappropriate because doing so would be contrary to previous Handbook direction and instruction. However, going forward claims should adjudicate appropriately.	
			Finding 2012-021-04 FMMIS was not programmed to correctly calculate the amounts due for some professional Medicare crossover claims.		
			Recommendation 1. We recommend that the Agency correct the payment methodology used by FMMIS to pay professional Part B Medicare crossover claims. Any programming changes should be given an appropriate priority considering the likelihood that overpayments will continue to occur until the changes have been implemented.	1. Completed. Staff has logged into the System documentation records issues of reports of overpayments (or underpayments) since the System transition in July 2008, and at this time, all known issues have been logged, and those issues that have identified claims as processing incorrectly have already been addressed with associated CSRs and Change Orders (COs).	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			2. We also recommend the Agency review professional crossover claims and initiate recovery efforts for any payments made that were not consistent with Medicaid policy or Florida law. **Finding 2012-021-05** Medicare crossover claims were paid on behalf of recipients without consideration of whether the recipient was eligible for the assistance. Related overpayments disclosed by our audit tests totaled $26,071,070. **Recommendation** 1. We recommend that the Agency ensure that Medicare crossover claims are calculated and paid with consideration of the recipient's assistance category. Any programming changes required to FMMIS should be given a high priority due to the likelihood that overpayments will continue until the changes have been implemented. 2. We also recommend the Agency review crossover claims and initiate recovery efforts for any payments made on behalf of recipients who were not eligible for Medicaid payment of coinsurance and deductible amounts. **Finding 2012-021-06** Programming changes to FMMIS electronic edits and audits were not made in a timely manner. Our review of 28 FMMIS change orders to determine whether the changes were implemented by the effective date of the policy change disclosed that for 21 of the 28 change orders reviewed, the program change to FMMIS was not timely implemented. The period of time between the effective date of the policy change and the date the change was implemented in FMMIS ranged from 20 to 2,542 days and averaged 541 days.	2. Reprocessing/ recoupment start date for the associated CSR "fixes" (above), began in February/March 2012. The MCM Bureau will present recoupment amounts for this issue to Medicaid Services and implement a takeback plan. 1. & 2. The Agency has acted on and completed the system corrections as recommended. Recoupment is at 91% thru the March 24, 2012 financial cycle. The Agency has identified terminated providers to whom demand letters will be sent to attempt to recoup outstanding dollars not collected prior to their termination; all other providers with outstanding balances will have their recoupment plans modified to collect outstanding balances by end of the fiscal year.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			Recommendation We recommend the Agency strengthen procedures to ensure that Medicaid policy changes are identified and any FMMIS programming changes required are timely communicated to Medicaid Contract Management for timely implementation in FMMIS.	The Bureau of Medicaid Services developed and implemented a checklist to be used throughout the Division of Medicaid for employment whenever an existing policy is modified or when policy additions or changes are required by legislation, judicial or executive orders, or other mandates. The Bureaus of Medicaid Contract Management and Medicaid Services have worked together to develop streamlined approaches to communicating policy and system changes.	
			Finding 2012-021-07 The Agency should strengthen the process by which the Bureau of Medicaid Program Integrity's recommendations are reviewed and tracked. **Recommendation** Recommendation: We recommend that the Agency strengthen its procedures for tracking MPI recommendations. These procedures should include: 1. Submission of recommendations to both the Agency Secretary and Medicaid Services for consideration. 2. A requirement that edit or policy recommendations submitted include annual projected cost savings, if subject to reasonable estimation. 3. Provisions for more accurate tracking of recommendations, including dates and final disposition of the recommendation.	MPI amended its existing procedures for issuing and tracking Policy and Edit Recommendations to include the Auditor General's recommendations. The revised procedures were issued and implemented in January 2012. MCM and Medicaid Services have collaborated with MPI on a revised set of procedures for tracking recommendations.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			4. To assist the Agency in consideration of the recommendation, a requirement that Medicaid Services provide a formal response within a specified timeframe concerning its views regarding the recommendation. If the recommendation will not be implemented, the reason(s) for the rejection should be included in the response.		
			Finding 2012-021-08 The Agency should automate processes for the screening of new and currently enrolled Medicaid providers. Automating these processes would also improve the timeliness with which Medicaid providers are terminated from the Medicaid Program due to adverse actions.		
			Recommendation 1. We recommend the Agency implement automated processes by which electronic files of license information and the LEIE can be uploaded into FMMIS and compared against currently enrolled Medicaid providers.	1. The LEIE match has been fully incorporated into the central background screening system at HQA. The central background screening system receives an upload of all providers from the FMMIS and performs a match against the LEIE. If the provider is excluded on the LEIE, the provider's status in the screening system changes to Not Eligible. MCM receives a data file with all providers with a change of status. The data file is used to update the FMMIS provider records.	
			2. We also recommend the Agency modify the provider agreement to inform providers of their obligation to screen their employees against the LEIE and to explicitly require providers to agree to comply with this obligation as a condition of participation.	2. Provider agreement modified to specifically address the notification requirement.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			3. Finally, we recommend the Agency strengthen procedures to ensure that timely notifications to the USDHHS–OIG occur in instances where the Agency chooses to deny or limit participation in the Medicaid Program.	3. Five Agency employees have access to load lists of excluded providers to the LEIE. This was established with federal CMS in compliance with federal law. To date, the staff at MPI have successfully loaded a report. MCM is working with Agency IT staff to gain the reporting access.	
			Finding 2012-021-09 To enhance its effectiveness as a deterrent to unacceptable performance, should such occur, the methodology used to periodically monitor the performance of the Medicaid fiscal agent and assess related penalties should be modified.		
			Recommendation 1. We recommend that the Agency take the steps necessary to revise its scoring methodology to subject each performance measure to a monetary penalty or allow scores of less than 65 should they be warranted. 2. We also recommend that the Agency amend the contract with the fiscal agent to provide for an escalation of monetary penalties for a continued failure to achieve satisfactory levels of performance. The escalation of penalties should increase to an amount that encourages the contractor to timely correct performance deficiencies.	1. & 2. Completed. The Agency follows the RFP/contract requirements/references with regard to the grading methodologies associated with the fiscal agent report cards. The contracted fiscal agent receives a monetary penalty when a report card is assessed a score below 77. The performance of the fiscal agent continues to be monitored closely and the Agency has, when necessary, added additional penalties when a scored area has remained static or failed to improve. This escalated penalty application was applied on May 2011, after corrective action plans imposed failed to achieve improvement. AHCA is also considering placement of an associated performance dashboard on the Internet.	
OAG #2012-035	**7/1/09 -09/30/10**	**Medicaid Program Fraud Prevention and Detection Policies and Procedures Facility Cost Reports**	**Finding 2012-035-01**		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			Cost Report Audit Coverage. The Agency did not select for audit facility cost reports at a frequency sufficient to reasonably ensure that improper payments were not made to facilities due to overstated or inaccurate cost reports. **Recommendation** The Agency should develop policies specifying the frequency with which each facility's cost report shall be audited. The policy should include provisions requiring the scheduling of follow-up audits for those facilities whose previous cost reports have contained significant error and the imposition of sanctions when errors in the costs reported are knowingly repeated by the provider in subsequent cost reports. **Finding 2012-035-02** Cost Report Audit Timeliness. The Agency did not release cost report audits in a timely manner. The failure to timely release audit reports limited the Agency's ability to timely correct errors in per diem rates. **Recommendation** 1. The Agency develop policies and procedures to provide for the timely release of cost report audits. These procedures should provide timeframes within which cost report audits are to be reviewed and released.	Completed. The Agency has added "number of years since last examination" to the risk criteria to the written policy. The Agency has also added Medicaid utilization to the written risk criteria. Both of these have been used in the past when considering cost reports to be added to the examination list, although not specifically stated. The current policy has been updated to include a section related to the potential imposition of sanctions when errors in the costs are knowingly repeated by the provider in subsequent cost reports. 1. Completed. The Agency strives to issue reports and conclude legal challenges as soon as processes allow. The Agency will be including a timeline requirement in future nursing home and ICF/DD cost report examination contracts.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			2. With respect to delays attributable to facilities failing to submit their cost report in a timely manner, the Agency should finalize a rule that subjects facilities to monetary penalties for failing to submit their cost reports within specified timeframes.	2. Completed. CMS approved the State Plan change to all sanctions for late cost reports on May 23, 2011.	
			Finding 2012-035-03 Cost Report Audit Appeals Process. The Agency should consider revising the process used by facilities to appeal the results of cost report audits. A reduction in the number of appeals would reduce the time and resources needed by the Agency to process the appeals and may increase the frequency or timeliness with which the Agency can release cost report audits and finalize and apply corrected per diem rates.		
			Recommendation We recommend that the Agency pursue steps to reduce the number of appeals and the length of time involved in closing appeals. Steps to reduce the number of appeals should include the disallowance of those appeals that seek to extend consideration of audit adjustments made in response to facility ocumentation deficiencies.	The AHCA General Counsel's Office has been consulted on this issue. The recommendation from the General Counsel's Office is to expedite the timeline for the exchange of documents once an appeal is filed. This suggestion will be taken up with Medicaid management to determine further action to reduce the length of time involved in closing appeals.	
			Finding 2012-035-04 Consideration of Cost Report Fraud. The Agency had not developed written policies and procedures requiring further scrutiny or inquiry into the cost reports of facilities that may contain indications of fraudulent preparation.		
			Recommendation		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We recommend that the Agency develop and communicate to relevant staff written policies and procedures describing the steps to be followed should the results of cost report audits contain indications of facility fraud. **Finding 2012-035-05** Hospital Cost Report Oversight. The level of oversight provided by the Agency over the hospital cost report audit process was not sufficient. Increased Agency involvement in the hospital cost report audit process could provide additional assurance that hospital cost reports are accurate, complete, and free of material error. **Recommendation** The Agency should increase the level of oversight provided for the hospital cost report audit process. We recommend the Agency define and increase its role by: 1. Documenting an understanding of the relationship between FCSO's work as Medicare intermediary and FCSO's review of hospital Medicaid cost reports, as well as how that relationship impacts the prevention and detection of errors and fraud in the Medicaid cost reports of hospitals. 2. Documenting the extent of the Agency's participation in the hospital cost reports selected for audit.	Completed. The Agency has expanded its policy regarding how cost report examinations with fraud indicators are to be handled. This policy is adhered to by all analysts during the cost report review process. 1. Completed. Contract monitoring documents the relationship between FCSO's work as Medicare intermediary and FCSO's review of hospital cost reports. This documentation will become part of the file and will be updated during subsequent contract monitoring. 2. Completed. Contract monitoring documents the participation of the Agency in the selection of hospital cost reports to be audited. This documentation will become part of the file and will be updated during subsequent monitoring.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			3. Reviewing cost report audits as they are received to ensure that the Agency is in agreement with the adjustments made by FCSO.	3. Completed. Contract monitoring reviews a sample of the audited hospital cost reports along with the supporting documentation of the work performed and adjustments to the cost reports. The Agency reviewed its process for (a) documentation of hospital cost reports received to indicate review for changes, outlier information, and transpositions, and (b) concerns addressed with FCSO. A tracking form has been created to record any outlier and transpositions with FCSO.	
			4. Reviewing and approving of all adjustments made through the reopening process.	4. Completed. Contract monitoring includes a review of a reopening. Future monitoring will also include a review of a reopening.	
AG 2012-142	**6/30/2011**	**Compliance and Internal Controls over Financial Reporting and Federal Awards**	**FS 11-001** As previously reported, the FAHCA Bureau of Finance and Accounting (Bureau) did not record a receivable and deferred revenue to represent its claim on Federal financial resources related to the incurred-but-not-reported (IBNR) Medicaid claims liabilities.		
			Recommendation We again recommend that the Bureau follow established procedures to record net receivables and deferred revenue in recognition of the State's claim on Federal resources related to the IBNR Medicaid claims.	Fully Corrected. A financial statement adjustment entry was submitted. Staff has been reminded that this is a two-part entry. More detailed notes were added to the financial statement checklist to ensure this activity is handled properly in the future.	
			FS 11-002		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			The FAHCA Bureau of Finance and Accounting (Bureau) erroneously recorded adjusting entries to payables and expenditures that caused material misstatements in the Health and Family Services Fund. **Recommendation** We recommend that the Bureau revise its procedures for recording Medicaid Claims payable and the related accounts (expenditures) to ensure accurate amounts are recorded at year-end based on historical data and other relevant factors.	Fully Corrected. The financial statement adjustment entries have been submitted. The financial statement checklist was updated to include use of the claims payable general ledger code instead of the general accounts payable general ledger code. Staff was instructed to review adjusting entries more closely to reduce the risk of errors.	
			FS 11-003 The FAHCA Bureau of Finance and Accounting (Bureau) recorded a post-closing entry to Net Receivables and Fees and Charges based on budgeted amounts rather than billed transactions. **Recommendation** We recommend that the Bureau ensure that revenue and receivables for fees collected from county and local government entities be recorded based on billed rather than budgeted amounts.	Fully Corrected. The financial statement adjusting entry has been submitted. The calculation for receivables will use actual deposits made in the first quarter following fiscal year end closing.	
			FA 11-039 FAHCA did not always maintain appropriate records to support salary and benefits charged to the Program. **Recommendation**		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We recommend that FAHCA ensure that salary charges reflect actual time worked as recorded in time and effort records.	Fully Corrected. The employee's responsibilities related to Title XXI were clarified with the employee, and charges are being adjusted as a prior period adjustment on reports for quarter ending 06/30/2012. The adjustment to the employee's position description was made on January 12, 2012.	
			FA 11-041 Inadequate supervisory review and lack of written policies and procedures contributed to FAHCA incorrectly calculating cash draw amounts.		
			Recommendation We recommend that FAHCA develop and implement written policies and procedures to ensure that the correct amounts and FMAP rates are used in the calculation of draw amounts to ensure that cash needs are appropriately met. Additionally, we recommend FAHCA ensure that cash draw calculations are reviewed before a cash draw is made.	Fully Corrected. Desk top procedures have been finalized. The draw adjustment was completed 02/28/2012. Additionally, the section manager will review and confirm the accuracy of the draws on a weekly basis.	
			FA 11-042 FAHCA did not ensure that amounts were accurately reported on the Cash Management Improvement Act (CMIA) Annual Report to the Florida Department of Financial Services (FDFS).		
			Recommendation We recommend FAHCA develop and implement written procedures for the preparation, review, and submission of CMIA data to FDFS, including procedures for ensuring that the amounts are accurate and complete. Additionally, we recommend FAHCA continue to perform reconciliations to ensure cash draws are correctly reported.	Completed. The reconciliation process was completed for the FY2010-11 CMIA report. Desk top procedures have been finalized.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			FA 11-061 1. Payments were made to providers on behalf of CHIP recipients who were not eligible for the Program. 2. Additionally, CHIP payments were made for a service type for which no fee schedule or policy had been developed.		
			Recommendation 1. We recommend that FAHCA establish a process to timely adjust payments when retroactive Medicaid eligibility determinations are made.	1. A state plan amendment will be submitted to request provisional eligibility which CMS advises will eliminate this problem.	
			2. We also recommend that FAHCA finalize the changes to the handbook to ensure that a fee schedule or policy has been established for the omitted service.	2. Completed. The Child Health Services Targeted Case Management Coverage and Limitations Handbook and rule number 59G-8.700, F.A.C., was adopted on July 19, 2012.	
			FA 11-064 Medical service claim payments made to providers of Medicaid services were not always paid in accordance with established Medicaid policy and fee schedules. Specifically, the payments were for improper amounts or for unallowable services.		
			Recommendation We recommend that FAHCA ensure that appropriate electronic or manual controls are in place and operating effectively to ensure that Medicaid claims are accurately and properly processed.	The Agency has addressed or has a scheduled implementation dates to strengthen the controls in the areas cited in the finding.	
			FA 11-065 Controls were not sufficient to ensure that amounts paid by FAHCA to CTD or amounts paid by CTD to transportation providers under a Medicaid transportation program were reasonable.		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			Recommendation We recommend that current transportation costs be summarized and used to evaluate the reasonableness of the total contract amount as well as the amounts allocated to STPs and to CTD for administrative costs. FAHCA should also conduct appropriate monitoring to evaluate CTD and STP compliance with governing laws, regulations, and contract terms and communicate the results of the monitoring to CTD and STPs.	The Commission for the Transportation Disadvantaged (CTD) submitted a new allocation methodology that took effect January 1, 2012. The allocation is based on a formula that takes into account recent data relating to the Medicaid Non-Emergency Transportation program. The CTD submitted audit reports for each Fiscal Year (FY) 08/09, 09/10, and 10/11. The Agency issued a corrective action plan to the CTD relating to the untimely submission of these reports, and to address what steps will be taken to prevent the non-compliance in FY 11/12. The independent auditors reported the expenditures conformed to GAAP. Based upon these criteria, the Agency determined the CTD expenditures to be reasonable; however, the audit reports found that the schedule of expenditures provided by the CTD was not reconciled to the financial statement spreadsheet numbers provided by the CTD. CTD remarked the difference was due to administrative charges allowable per the grant, not included on the spreadsheet numbers. The Agency has requested that the CTD submit a corrective action plan to reconcile the schedules to the state's FLAIR system.	
			FA 11-066 Synopsis of OAG audits 2012-021 and 2012-035 **Recommendation** See 2012-021 and 2012-035 **FA 11-067**	See 2012-021 and 2012-035	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			As noted in the prior year audit, FAHCA continued to record expenditures to incorrect appropriation categories in the State's accounting records. **Recommendation** We recommend that FAHCA ensure that expenditures are accurately recorded in the State's accounting records. We also recommend that FAHCA continue to pursue the necessary changes to the budget amendment process to ensure that funds are available in the appropriate categories.	The Agency has made and continues to make efforts to secure the needed legislative authority to move budget between categories to align with expenditures at year end.	
			FA 11-069 (also FS 11-004) FAHCA had not documented that the State met the matching requirements of the Medicaid Program for the 2009-10 Federal fiscal year (FFY). Additionally, FAHCA did not have a process in place to monitor compliance with matching requirements. **Recommendation** We recommend FAHCA implement policies and procedures detailing the method for calculating, documenting, and verifying the Medicaid Program State match. To allow timely identification of deficiencies, those policies and procedures should require periodic verifications of State matching contributions.	Completed. The Agency has implemented procedures to calculate and document the Medicaid Program State match. The Agency has modified its methodology to verify the other entities' actual expenditure reports representing the State match contributions.	
			FA 11-070		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			FAHCA procedures were not sufficient to ensure that Medicaid providers receiving payments had a current Medicaid Provider Agreement in effect. Additionally, FAHCA did not always maintain Medicaid provider files containing applications, agreements, and other required documentation evidencing the provider's eligibility to participate in the Medicaid program.		
			Recommendation We recommend that FAHCA ensure that payments are made only to providers with current Medicaid Provider Agreements in effect. FAHCA should continue to work with the fiscal agent to ensure that providers have current Medicaid Provider Agreements in place, or assess appropriate penalties for nonperformance against the fiscal agent. Additionally, FAHCA should work with the fiscal agent to ensure provider files are maintained and accessible.	Completed. The "expired provider agreement" identification and subsequent provider termination steps addressed in the February 2012 management response have been completed.	
			FA 11-072 FAHCA's established policies and procedures did not provide for the timely review and release of cost report audits of nursing home and Intermediate Care Facilities for the Developmentally Disabled (ICF-DD).		
			Recommendation We recommend FAHCA enhance its policies and procedures to specify the frequency with which each facility's cost report should be audited and to provide for the timely release of cost report audits. These procedures should identify time frames within which cost reports audits are to be reviewed and released to ensure the timeliness and usefulness of the information contained within the audits.	The Audit Services policy (updated January 2012) states that cost reports selected for audit are generally assigned within three (3) years of receipt, regardless of the fiscal year end. To address audits beyond the policy timelines, we will evaluate each step of the process to determine if new policies or procedures need to be incorporated in order to streamline the overall timeliness of the entire audit process.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
				Currently all audits performed are reviewed by Agency staff to ensure that we can defend any adjustments in case of legal challenges. As such, we do not recommend limiting the reviews of the audits performed. The Agency may be able to assign fewer audits to be performed by our independent CPA vendors. In addition to evaluating our current audit policy, we will be evaluating the need for additional qualified staff to review the audits in a timely and efficient manner.	
DFS 10-11	**7/1/10-5/31/11**	**Review of Selected Contract and Grant Agreements**	**Finding 10-11-01** 1. One contract did not contain a clear scope of work with minimum performance standards. 2. Two contracts did not contain adequate deliverables. Payments for the first contract were based on quarterly provider reports and did not establish a minimum level of acceptable performance. The second contract did not contain any deliverables for year two of the contract. 3. AHCA contracted through a state term contract for remote, disaster recovery IT services. However, AHCA agreed to pay the vendor rates that exceeded the maximum allowed under the state term contract. 4. Payments related to two services contracts were missing the required written certification statement by the contract manager.		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			5. No documentation was provided for six services contracts to evidence that the number of hours billed by vendors had been verified by the AHCA prior to approving invoices for payment. 6. Our review disclosed that the contract management activity for six contracts was not sufficient, as the contract manager did not document verification that services were delivered satisfactorily prior to approving invoices for payment. 7. The documentation related to services performed for one service contract was not always consistent with the services included in the contract, the vendor's invoices, or the related STC. **Recommendation** 1-3. Each contract must include a clear scope of work; deliverables that are directly related to the scope of work; minimum required levels of service(s); criteria to successfully evaluate satisfactory performance; and compensation aligned with each deliverable.	1. The Agency has entered into a new contract with the University of South Florida which addresses performance standards, as well as related financial consequences. 2. AHCA Contract No. MED077 expired June 30, 2011. The Agency has entered into a new contract with the University of South Florida, which includes a "Deliverable" table outlining, in detail, each deliverable, its due date and amount. AHCA Contract No. MED111 was previously set to expire 12/31/12. The Agency has amended the contract to include deliverables for year two (2) and is ending it early with an expiration date of 01/31/12. A new contract will be written and will contain clear deliverables, performance standards, and financial consequences.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
				3. DFS requested that the Agency Direct Order (DO) Manager match up the line items on the DO price schedule with the line items on the State Term Contract (STC) price list. In doing so, it was discovered that the Vendor charged "Cloud" pricing on a couple of line items instead of their "Warm" price. The Agency has since received a credit back in the amount of $2,041.20 for January 2011-June 2011 overages. The Department of Management Services' (DMS) State Term Contract Manager has also approved the vendor's request to have the "Warm" price increased to match the "Cloud" price. The Agency will also be more diligent in reviewing pricing to ensure rates do not exceed those allowable under state term contract.	
			4. Contract managers must enforce performance of the contract terms and conditions; review and document all deliverables for which payments requested by vendors; provide written certification of the receipt of goods and services, and ensure all payment requests are certified.	4. The Agency is currently in the process of reviewing its contract manager training program. Beginning in 2012, in addition to certification training, continuing education training will be mandatory for every active contract manager. Additionally, effective July 1, 2012, all DOs for services in excess of Category II will be managed by an Agency certified contract manager. The Agency will be more diligent in making sure each Contract Summary Form is completed and signed by the Contract Manager upon receipt of goods and services and prior to submission to DFS.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
				The Agency's Bureau of Finance and Accounting will continue to provide invoice processing and approval training to all Agency contract and DO managers. Additionally, effective July 1, 2011, the Agency implemented the use of a Staff Augmentation Template. The template requires detailed timesheets be submitted and signed by the Agency prior to invoice approval.	
			5. The verification process should include reconciling vendor-generated data, such as timesheets and activity reports, to data controlled and maintained by AHCA or an independent third party. 6. The validation process should include reconciling vendor-generated data, such as timesheets and activity reports, to data controlled and maintained by AHCA or an independent third party. The contract files should contain documentation of the steps taken to verify service delivery.	5-6. Effective July 1, 2011, the Agency implemented the use of a Staff Augmentation Template, which includes, but is not limited to, timesheets, reports, deliverables, and financial consequences.	
			7. If AHCA intended to purchase hosting services, an appropriate procurement method should have been used. Additionally, AHCA's contract and the vendor's invoices should identify the services purchased.	7. The Agency does entirely concur with this finding. However, the Agency intends to cancel DO2035512 and has issued a new RFQ which provides a clearer scope of services within the appropriate Project Area(s). The Agency sought clarification from the DMS' State Term Contract Manager, who did not think the Agency was out of compliance with the STC, but simply contracted under the wrong Project Area.	
HHS A-04-11-07020	**1/1/09- 12/31/09**	**Review of Medicaid Payments to Excluded or Terminated Durable Medicaid Equipment Suppliers (DME) in Florida**	**Finding 04-11-07020-01**		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			The State agency did not make improper payments to DME suppliers that had been excluded from the Medicare or Medicaid programs. However, it made improper payments totaling $230,992 ($127,407 Federal share) to 31 DME suppliers that the Clearinghouse had terminated from the Medicare program during 2009. The State agency made improper payments to these 31 suppliers because it did not have procedures to validate DME suppliers' billing privileges through the Clearinghouse to ensure that they were not terminated from the Medicare program. **Recommendation** 1. We recommend that the State agency refund $127,407 to the Federal Government for the improper Medicaid payments made to terminated DME suppliers. 2. Improve controls to ensure that the State agency validates DME suppliers' billing privileges before paying them.	1. Completed. The Prior Period Adjustment (PPA) for this audit was entered as a 10A entry for Q4-09 in the CMS-64 for Q1 FY2012. 2. The state continues to work with CMS and its contractor to secure a data base with sufficient identifiers to facilitate reliable data matches. We will be testing this data match within the next 3-4 weeks. As the state reviewed the providers identified in the audit as having overpayments, we discovered that two providers were terminated and reinstated by the National Supplier Clearinghouse (Palmetto GBA) under a different supplier number on the same day. We are working with CMS to determine if the findings remain valid given this new information. The overpayment for these two providers makes up $105,984 of the $230,992 that was identified in this audit. As of 4/26/2012 MPI has identified 23 providers to be terminated and we have recovered $10,054.34 of the identified overpayment.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
HHS OEI-07-10-00370	**6/30/2009**	**Medicaid Payments for Therapy Services in Excess of State Limits**	**Finding 07-10-00370-01** Despite reported program safeguards, six States improperly paid claims for therapy services totaling $744,000. Florida paid $621,364. States lacked system edits to prevent payments in excess of limits, but described actions taken to prevent future improper payments. **Recommendation** Implement system edits and seek policy clarification.	In Florida, the largest portion of claims paid improperly (10,936 claims totaling $491,604) was paid for more than 4 units per day or 14 units per week for services within each therapy discipline. Following our review, Florida Medicaid officials stated that they had implemented a system edit to deny claims for more than 4 units per day and were implementing an edit to deny claims in excess of 14 units per calendar week. The next-largest portion of improperly paid claims was paid for therapy evaluations for recipients under age 21 (2,162 claims totaling $103,990). Florida officials stated that these payments were caused by conflicting policy. Following our review, officials stated that they distributed policy clarification to providers via a provider forum, email, and the therapy services section of the Florida Medicaid Web site. Additionally, Florida officials stated that they implemented an edit in the claims system to prevent payments for evaluations that exceed the limits.	

Interface with the fraud detection system to retrieve script results	8/31/2015 -6/30/2016
Determine if an entity or person has been identified as a risk using the existing fraud detection system	8/31/2015 -6/30/2016
Application Interface with F&A to determine money owed	8/31/2015 -6/30/2016
Interface with Managed Care Network Validation tools	8/31/2015 -6/30/2016
Implement into BETA Second Phase	8/31/2015
Beta Test	8/31/2015 -6/30/2016
Determine Data Storage	8/31/2015 -6/30/2016
Determine Data storage back-up	8/31/2015 -6/30/2016
Determine Data Storage off-site	8/31/2015 -6/30/2016
Determine Logical server instance	8/31/2015 -6/30/2016
Determine Bandwidth base	8/31/2015 -6/30/2016
Develop datamart	7/1/2015 - 6/30/2016
Develop reports	7/1/2015 - 6/30/2016
Secure and optimize System	7/1/2015 - 6/30/2016
Implement into Production	4/30/2016
Test Production	4/30/2016 - 6/30/2016
Close Out Project	6/30/2016

Fiscal Year 2014-15 LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration

Agency Budget Officer/OPB Analyst Name: Anita Hicks / Jack Furney

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (additional sheets can be used as necessary), and "TIPS" are other areas to consider.

		Program or Service (Budget Entity Codes)					
	Action	68200000	68500100	68500200	68501400	68501500	68700700
1. GENERAL							
1.1	Are Columns A01, A02, A04, A05, A23, A24, A25, A36, A93, IA1, IA5, IA6, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only? **(CSDI)**	Y	Y	Y	Y	Y	Y
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? **(CSDI)**	Y	Y	Y	Y	Y	Y
AUDITS:							
1.3	Has Column A03 been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. **(EXBR, EXBA)**	Y	Y	Y	Y	Y	Y
1.4	Has security been set correctly? **(CSDR, CSA)**	Y	Y	Y	Y	Y	Y
TIP	The agency should prepare the budget request for submission in this order: 1) Lock columns as described above; 2) copy Column A03 to Column A12; and 3) set Column A12 column security to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status.						
2. EXHIBIT A (EADR, EXA)							
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 59 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	Y	Y	Y	Y
2.3	Are the issue codes and titles consistent with *Section 3* of the LBR Instructions (pages 15 through 29)? Do they clearly describe the issue?	Y	Y	Y	Y	Y	Y
2.4	Have the coding guidelines in *Section 3* of the LBR Instructions (pages 15 through 29) been followed?	Y	Y	Y	Y	Y	Y
3. EXHIBIT B (EXBR, EXB)							
3.1	Is it apparent that there is a fund shift where an appropriation category's funding source is different between A02 and A03? Were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	N/A	N/A	N/A	N/A	N/A	N/A
AUDITS:							
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity at the FSI level? Are all nonrecurring amounts less than requested amounts? **(NACR, NAC - Report should print "No Negative Appropriation Categories Found")**	Y	Y	Y	Y	Y	Y
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? **(EXBR, EXBC - Report should print "Records Selected Net To Zero")**	Y	Y	Y	Y	Y	Y
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.						
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.						

	Action	Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, the Special Categories appropriation category (10XXXX) should be used.						
4. EXHIBIT D (EADR, EXD)							
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 61 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
4.2	Is the program component code and title used correct?	Y	Y	Y	Y	Y	Y
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.						
5. EXHIBIT D-1 (ED1R, EXD1)							
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y	Y	Y	Y	Y	Y
AUDITS:							
5.2	Do the fund totals agree with the object category totals within each appropriation category? **(ED1R, XD1A - Report should print "No Differences Found For This Report")**	Y	Y	Y	Y	Y	Y
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? **(EXBR, EXBB - Negative differences need to be corrected in Column A01.)**	Y	Y	Y	Y	Y	Y
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? **(EXBR, EXBD - Differences need to be corrected in Column A01.)**	Y	Y	Y	Y	Y	Y
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.						
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.						
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2012-13 approved budget. Amounts should be positive.						
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created.						
6. EXHIBIT D-3 (ED3R, ED3) (Not required to be submitted in the LBR - for analytical purposes only.)							
6.1	Are issues appropriately aligned with appropriation categories?	Y	Y	Y	Y	Y	Y
TIP	Exhibit D-3 is no longer required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.						
7. EXHIBIT D-3A (EADR, ED3A)							
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 31 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See page 67-68 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y

	Action	Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 69 through 71 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y	Y	Y	Y	Y	Y
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E-4 and E-5 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y	Y	Y	Y	Y	Y
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A.	Y	Y	Y	Y	Y	Y
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y	Y	Y	Y	Y	Y
7.9	Does the issue narrative reference the specific county(ies) where applicable?	Y	Y	Y	Y	Y	Y
7.10	Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #13-003?	Y	Y	Y	Y	Y	Y
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the OPB Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should not be deleted. **(PLRR, PLMO)**	N/A	N/A	N/A	N/A	N/A	N/A
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A	N/A	N/A	N/A	N/A	N/A
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A	N/A	N/A	N/A	N/A	N/A
7.14	Do the amounts reflect appropriate FSI assignments?	Y	Y	Y	Y	Y	Y
7.15	Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y	Y	Y	Y	Y	Y
7.16	Do the issues relating to *salary and benefits* have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See page 28 and 88 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.17	Do the issues relating to *Information Technology (IT)* have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0 or 55C01C0)?	Y	Y	Y	Y	Y	Y
7.18	Are the issues relating to *major audit findings and recommendations* properly coded (4A0XXX0, 4B0XXX0)?	N/A	N/A	N/A	N/A	N/A	N/A
7.19	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development as requested in Memo# 14-006?	Y	Y	Y	Y	Y	Y
AUDIT:							
7.20	Are all FSI's equal to '1', '2', '3', or '9'? There should be no FSI's equal to '0'. **(EADR, FSIA - Report should print "No Records Selected For Reporting")**	Y	Y	Y	Y	Y	Y

	Action	Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
7.21	Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? **(GENR, LBR1)**	N/A	N/A	N/A	N/A	N/A	N/A
7.22	Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? **(GENR, LBR2)**	N/A	N/A	N/A	N/A	N/A	N/A
7.23	Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? **(GENR, LBR3)**	N/A	N/A	N/A	N/A	N/A	N/A
7.24	Have FCO appropriations been entered into the nonrecurring column A04? **(GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))**	N/A	N/A	N/A	N/A	N/A	N/A
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run **OADA/OADR** from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.						
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 66 through 70 of the LBR Instructions.						
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.						
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).						
TIP	If an appropriation made in the FY 2013-14 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.						
8.	**SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level *or* SC1R, SC1D - Department Level)**						
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y	Y	Y	Y	Y	Y
8.2	Has a Schedule I and Schedule IB been completed in LAS/PBS for each operating trust fund?	Y	Y	Y	Y	Y	Y
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IC, and Reconciliation to Trial Balance)?	Y	Y	Y	Y	Y	Y
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y	Y	Y	Y	Y	Y
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative)?	Y	Y	Y	Y	Y	Y
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling $100,000 or more for the fiscal year?	Y	Y	Y	Y	Y	Y

	Action	Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A	N/A	N/A	N/A	N/A	N/A
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to *section 215.32(2)(b), Florida Statutes* - including the Schedule ID and applicable legislation?	N/A	N/A	N/A	N/A	N/A	N/A
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)? For non-grant federal revenues, is the correct revenue code identified (codes 000504, 000119, 001270, 001870, 001970)?	Y	Y	Y	Y	Y	Y
8.10	Are the statutory authority references correct?	Y	Y	Y	Y	Y	Y
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to Chapter 2009-78, Laws of Florida, for appropriate general revenue service charge percentage rates.)	Y	Y	Y	Y	Y	Y
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y	Y	Y	Y	Y	Y
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y	Y	Y	Y	Y	Y
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y	Y	Y	Y	Y	Y
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y	Y	Y	Y	Y	Y
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y	Y	Y	Y	Y	Y
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y	Y	Y	Y	Y	Y
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y	Y	Y	Y	Y	Y
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y	Y	Y	Y	Y	Y
8.20	Are appropriate service charge nonoperating amounts included in Section II?	Y	Y	Y	Y	Y	Y
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y	Y	Y	Y	Y	Y
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling $100,000 or more.)	Y	Y	Y	Y	Y	Y
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y	Y	Y	Y	Y	Y
8.24	Are prior year September operating reversions appropriately shown in column A01?	Y	Y	Y	Y	Y	Y
8.25	Are current year September operating reversions appropriately shown in column A02?	Y	Y	Y	Y	Y	Y
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y	Y	Y	Y	Y	Y
8.27	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y	Y	Y	Y	Y	Y

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
8.28 Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y	Y	Y	Y	Y	Y
AUDITS:						
8.29 Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y	Y	Y	Y	Y	Y
8.30 Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? If a Schedule IB was prepared, do the totals agree with the Schedule I, Line I? **(SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")**	Y	Y	Y	Y	Y	Y
8.31 Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. **(SC1R, DEPT)**	Y	Y	Y	Y	Y	Y
TIP The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!						
TIP Determine if the agency is scheduled for trust fund review. (See page 128 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.						
TIP Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.						
TIP Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.						
9. SCHEDULE II (PSCR, SC2)						
AUDIT:						
9.1 Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? **(BRAR, BRAA - Report should print "No Records Selected For This Request")** Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See *Base Rate Audit* on page 158 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
10. SCHEDULE III (PSCR, SC3)						
10.1 Is the appropriate lapse amount applied in Segment 3? (See page 91 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
10.2 Are amounts in *Other Salary Amount* appropriate and fully justified? (See page 98 of the LBR Instructions for appropriate use of the OAD transaction.) Use **OADI** or **OADR** to identify agency other salary amounts requested.	Y	Y	Y	Y	Y	Y
11. SCHEDULE IV (EADR, SC4)						
11.1 Are the correct Information Technology (IT) issue codes used?	Y	Y	Y	Y	Y	Y
TIP If IT issues are not coded correctly (with "C" in 6th position), they will not appear in the Schedule IV.						
12. SCHEDULE VIIIA (EADR, SC8A)						
12.1 Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can now be included in the priority listing.	Y	Y	Y	Y	Y	Y
13. SCHEDULE VIIIB-1 (EADR, S8B1)						
13.1 **NOT REQUIRED FOR THIS YEAR**						
14. SCHEDULE VIIIB-2 (EADR, S8B2)						
14.1 Do the reductions comply with the instructions provided on pages 102 through 104 of the LBR Instructions regarding a 5% reduction in recurring General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used?	Y	Y	Y	Y	Y	Y
15. SCHEDULE VIIIC (EADR, S8C) **(LAS/PBS Web - see page 105-107 of the LBR Instructions for detailed instructions)**						

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
15.1 Agencies are required to generate this schedule via the LAS/PBS Web.	Y	Y	Y	Y	Y	Y
15.2 Does the schedule include at least three and no more than 10 unique reprioritization issues, in priority order? Manual Check.	Y	Y	Y	Y	Y	Y
15.3 Does the schedule display reprioritization issues that are each comprised of two unique issues - a deduct component and an add-back component which net to zero at the department level?	Y	Y	Y	Y	Y	Y
15.4 Are the priority narrative explanations adequate and do they follow the guidelines on pages 105-107 of the LBR instructions?	Y	Y	Y	Y	Y	Y
15.5 Does the issue narrative in A6 address the following: Does the state have the authority to implement the reprioritization issues independent of other entities (federal and local governments, private donors, etc.)? Are the reprioritization issues an allowable use of the recommended funding source?	Y	Y	Y	Y	Y	Y
AUDIT:						
15.6 Do the issues net to zero at the department level? **(GENR, LBR5)**	Y	Y	Y	Y	Y	Y
16. SCHEDULE XI (USCR,SCXI) (LAS/PBS Web - see page 108-112 of the LBR Instructions for detailed instructions)						
16.1 Agencies are required to generate this spreadsheet via the LAS/PBS Web. **The Final Excel version no longer has to be submitted to OPB for inclusion on the Governor's Florida Performs Website.** (Note: Pursuant to *section 216.023(4)(b), Florida Statutes,* the Legislature can reduce the funding level for any agency that does not provide this information.)	Y	Y	Y	Y	Y	Y
16.2 Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?	Y	Y	Y	Y	Y	Y
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:						
16.3 Does the FY 2012-13 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (**GENR, ACT1)**	Y	Y	Y	Y	Y	Y
16.4 None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? **(Audit #1 should print "No Activities Found")**	Y	Y	Y	Y	Y	Y
16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? **(Audit #2 should print "No Operating Categories Found")**	N/A	N/A	N/A	N/A	N/A	N/A
16.6 Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: **Audit #3** will identify those activities that do NOT have a Record Type '5' and have not been identified as a 'Pass Through' activity. These activities will be displayed in Section III with the 'Payment of Pensions, Benefits and Claims' activity and 'Other' activities. Verify if these activities should be displayed in Section III. If not, an output standard would need to be added for that activity and the Schedule XI submitted again.)	Y	Y	Y	Y	Y	Y
16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? **(Audit #4 should print "No Discrepancies Found")**	Y	Y	Y	Y	Y	Y
TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.						
17. MANUALLY PREPARED EXHIBITS & SCHEDULES						
17.1 Do exhibits and schedules comply with LBR Instructions (pages 110 through 154 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y	Y	Y	Y
17.2 Are appropriation category totals comparable to Exhibit B, where applicable?	Y	Y	Y	Y	Y	Y
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y	Y	Y	Y	Y	Y
AUDITS - GENERAL INFORMATION						

		Program or Service (Budget Entity Codes)					
	Action	68200000	68500100	68500200	68501400	68501500	68700700
TIP	Review *Section 6: Audits* of the LBR Instructions (pages 156-158) for a list of audits and their descriptions.						
TIP	Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.						
18. CAPITAL IMPROVEMENTS PROGRAM (CIP)							
18.1	Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y	Y	Y	Y	Y	Y
18.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y	Y	Y	Y	Y	Y
18.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y	Y	Y	Y	Y	Y
18.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	N/A	N/A	N/A	N/A	N/A	N/A
18.5	Are the appropriate counties identified in the narrative?	Y	Y	Y	Y	Y	Y
18.6	Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	Y	Y	Y	Y	Y	Y
TIP	Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.						
19. FLORIDA FISCAL PORTAL							
19.1	Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?	Y	Y	Y	Y	Y	Y