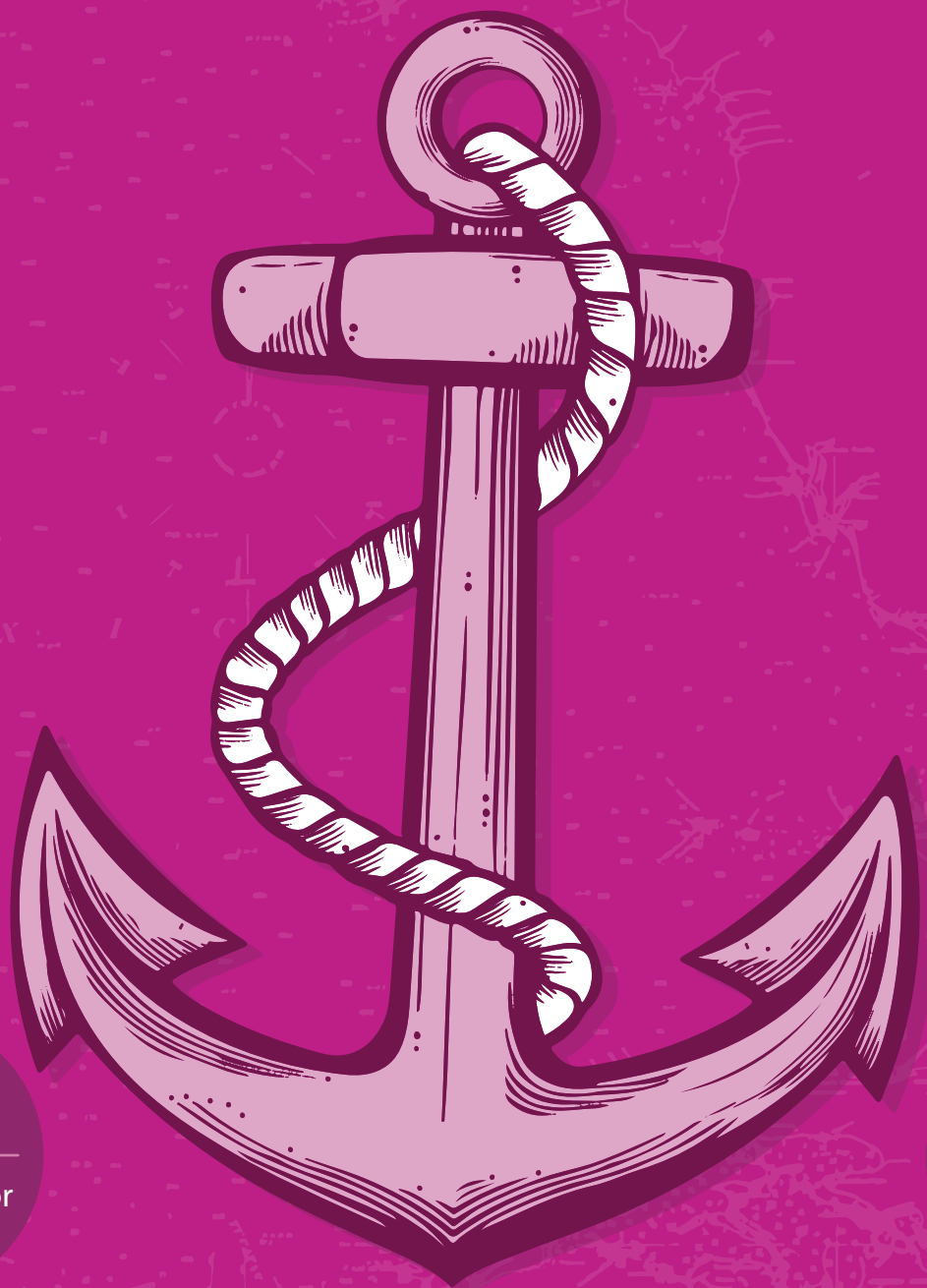


Florida Agency for Health Care Administration

Legislative Budget Request for **Fiscal Year 2017-2018**



Rick Scott
Governor

Justin M. Senior
Secretary





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

September 18, 2017

Cynthia Kelly, Director
Office of Policy and Budget
Executive Office of the Governor
1701 Capitol
Tallahassee, Florida 32399-0001

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

Mike Hansen, Staff Director
Senate Committee on Appropriations
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 (AHCA) is submitted in the format prescribed in the budget instructions. The information provided electronically and contained herein is a true and accurate presentation of our proposed needs for the 2018-19 Fiscal Year. This submission has been approved by Justin M. Senior, Secretary.

Sincerely,

Arita B. Hicks
Chief Financial Officer





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

Temporary Special Duty – General Pay Additives Implementation Plan for Fiscal Year 2018-2019

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



**Temporary Special Duty – General Pay Additives Implementation Plan for Fiscal Year
2018-2019**

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 commonly be between 3 to 10 percent, but may range up to 20 percent over the employee’s current salary and be will applied accordingly after proper evaluation. Any pay additive over 10 percent is subject to the review and approval of the Agency Head or their delegate. 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 1,147 Career Service position incumbents statewide.

6. Historical Data: Last fiscal year, a total of five (5) full time equivalent (FTE) career service positions received general pay additives for performing the duties of a vacant position, all positions were considered “mission critical” and played a key role in carrying out the Agency’s day-to-day operations. All but one additives were in effect for the allotted 90 days with one being in effect for 210 days due to the circumstances of the vacant position and required duties.

7. Estimated annual cost of each type of additive: Before employees are assigned Temporary Special Duties, an evaluation of duties and responsibilities for the “mission critical” positions will be completed and approval obtained from the appropriate Deputy Secretary. Based on the last positions granted this additive and positions that have been identified for consideration, the average cost is:

<u>Average Min. Annual Salaries</u>	<u>X 10% of Min. Annual Salaries</u>	<u># of FTEs</u>
\$50,331.55	\$5,033.16	5

Based on the average estimated salaries stated above, the estimated calculation is as follows: \$1,742.25 X 5 = \$8,711.23. **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 2018-2019 General Appropriations Act.” See Article 25, Section 1 (B) of the AFSCME Agreement. We would anticipate similar language in future agreements. The AHCA has a past practice of providing these pay additives to bargaining unit employees.

Florida Agency for Health Care Administration

Legislative Budget Request
Fiscal Year 2018-2019

DEPARTMENT LEVEL EXHIBITS AND SCHEDULES



Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. Access Mental Solutions, LLC		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	17-3320MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayments in targeted case management claims for services performed by ineligible employees as well as services which were not clinically necessary and services where the time of the activity was overstated.		
Amount of the Claim:	\$538,601.04 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	In discovery. Final Hearing set for 10.02-06.17		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. Adventist Health System/Sunbelt (Florida Hospital System)		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	16-4410MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayments for treatment of undocumented aliens beyond the date that the emergent medical condition was alleviated.		
Amount of the Claim:	\$1,010,614.36 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is under an abeyance order pending ruling by the First District Court of Appeal in prior aliens litigation.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. Adventist Health System/Sunbelt, Inc. d/b/a Florida Hospital		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	17-1970MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayments for treatment of undocumented aliens beyond the date that the emergent medical condition was alleviated.		
Amount of the Claim:	\$751,708.96 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is under an abeyance order pending ruling by the First District Court of Appeal in prior aliens litigation.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. Baker County Medical Services, Inc. dba Ed Fraser Memorial Hospital		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	DSH-1006		
Summary of the Complaint:	Agency seeks reimbursement of overpayment pursuant to Disproportionate Share Hospital (DSH) audit.		
Amount of the Claim:	\$658,492		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is currently under an abeyance order by the Agency Clerk.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. Bethesda Healthcare System d/b/a Bethesda Memorial Hospital		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	17-1333MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayments for treatment of undocumented aliens beyond the date that the emergent medical condition was alleviated.		
Amount of the Claim:	\$527,896.73 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is under an abeyance order pending ruling by the First District Court of Appeal in prior aliens litigation.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. Richard B. Goodman, DDS		
Court with Jurisdiction:	First District Court of Appeal		
Case Number:	DCA No. 1D16-3447		
Summary of the Complaint:	When requesting Medicaid payments from the Agency for Health Care Administration (AHCA), Dr. Goodman used incorrect billing codes, which resulted in his being paid money by Medicaid that he was not entitled to (which is deemed to be an “overpayment”). AHCA is seeking to recover the overpayment, a fine and costs from Dr. Goodman.		
Amount of the Claim:	\$ 667,174.05 plus costs		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Appeal by Dr. Goodman is pending.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. Indian River Medical Center		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2017004220		
Summary of the Complaint:	Hospital challenging the Medicaid Inpatient and Outpatient Hospital Reimbursement Rates.		
Amount of the Claim:	Unknown but likely in excess of \$500,000		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is currently under an abeyance order by the Agency Clerk as parties work towards resolution.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. LifeMark Hospital of Florida, Inc. d/b/a Palmetto General Hospital		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2016007157		
Summary of the Complaint:	Hospital challenging the Medicaid Inpatient and Outpatient Hospital Reimbursement Rates.		
Amount of the Claim:	Unknown, but likely in excess of \$500,000		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is currently under an abeyance order by the Agency Clerk as parties work towards resolution.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. Mount Sinai Medical Center of Florida, Inc.		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	16-3030MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayments for treatment of undocumented aliens beyond the date that the emergent medical condition was alleviated.		
Amount of the Claim:	\$642,108.15		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is under an abeyance order pending ruling by the First District Court of Appeal in prior aliens litigation.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. North Broward Hospital District d/b/a Broward General Medical		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	17-0131MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayments for treatment of undocumented aliens beyond the date that the emergent medical condition was alleviated.		
Amount of the Claim:	\$708,497.29 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is under an abeyance order pending ruling by the First District Court of Appeal in prior aliens litigation.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. North Broward Hospital District, North Broward Medical Center		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	16-6475MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayments for treatment of undocumented aliens beyond the date that the emergent medical condition was alleviated.		
Amount of the Claim:	\$1,381,484.37 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is under an abeyance order pending ruling by the First District Court of Appeal in prior aliens litigation.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. North Broward Hospital District dba Broward Health Medical Center, Broward Health North, Broward Health Imperial Point, and Broward Health Coral Springs		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	DSH-1002, 1005, 1007, and 1010		
Summary of the Complaint:	Agency seeks reimbursement of overpayment pursuant to Disproportionate Share Hospital (DSH) audit.		
Amount of the Claim:	\$16,654,422 - \$1,627,870 - \$590,874 - \$5,010,317		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is currently under an abeyance order by the Agency Clerk.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. The Public Health Trust of Miami-Dade County		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	DSH-1009		
Summary of the Complaint:	Agency seeks reimbursement of overpayment pursuant to Disproportionate Share Hospital (DSH) audit.		
Amount of the Claim:	\$56,949,051		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is currently under an abeyance order by the Agency Clerk.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. St. Joseph’s Hospital		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-054-MPF		
Summary of the Complaint:	Hospital challenging the Medicaid Inpatient and Outpatient Hospital Reimbursement Rates.		
Amount of the Claim:	\$7,732,573.31		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is currently under an abeyance order by the Agency Clerk as parties work towards resolution.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. T.A. Case Management Services, LLC		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2016-0006169		
Summary of the Complaint:	Agency seeks reimbursement of overpayments in targeted case management claims for services performed by ineligible employees as well as services which were not clinically necessary and services where the time of the activity was overstated.		
Amount of the Claim:	\$560,149.38		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Jurisdiction was relinquished from the Division of Administrative Hearings to the Agency Clerk so that the parties could attempt resolution.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. St. Mary’s Medical Center, Inc., Tenet St. Mary’s Inc.		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2015-0002806		
Summary of the Complaint:	Agency seeks reimbursement of overpayments for treatment of undocumented aliens beyond the date that the emergent medical condition was alleviated.		
Amount of the Claim:	\$611,446.80		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is currently under an abeyance order by the Agency Clerk.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	(850) 412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration v. Hospice of Palm Beach County, Inc.		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	17-0834MPI		
Summary of the Complaint:	AHCA is seeking to recover Medicaid overpayments in the amount of \$1,065,294.42 from the Provider. After re-reviews, the overpayment amount was reduced to \$748,784.44.		
Amount of the Claim:	\$748,784.44		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Final Hearing is scheduled before Judge Sellers on August 7 through 11, 2017		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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).			

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	(850) 412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration v. Hospice of Palm Beach County, Inc.		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	17-0834MPI		
Summary of the Complaint:	AHCA is seeking to recover Medicaid overpayments in the amount of \$1,065,294.42 from the Provider. After re-reviews, the overpayment amount was reduced to \$748,784.44.		
Amount of the Claim:	\$748,784.44		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Final Hearing is scheduled before Judge Sellers on August 7 through 11, 2017		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	(850) 412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration v. VITAS Healthcare Corporation of Florida		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	17-0792MPI 17-0793MPI 17-0794MPI		
Summary of the Complaint:	AHCA is seeking to recover Medicaid overpayments in the amount of \$2,172,108.34 (Boynton); \$2,083,973.89 (Miramar) and \$1,145,532.95 (Melbourne) from the Provider. After re-reviews, the overpayment amount was reduced to \$1,644,600.21 (Boynton); \$1,997,218.99 (Miramar) and \$950,101.04 (Melbourne).		
Amount of the Claim:	\$1,644,600.21 (Boynton); \$1,997,218.99 (Miramar) and \$950,101.04 (Melbourne)		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Final Hearing is scheduled before Judge Creasy on October 30 through November 3 and 6 through 9, 2017		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	(850) 412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration v. Community Hospice of Northeast Florida, Inc.		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2015-0002750		
Summary of the Complaint:	AHCA is seeking to recover Medicaid overpayments in the amount of \$1,662,608.75 from the Provider. After re-reviews, the overpayment amount was reduced to \$1,371,469.43.		
Amount of the Claim:	\$1,371,469.43		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Currently pending at AHCA		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	(850) 412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	State of Florida, Agency for Health Care Administration v. Covenant Hospice, Inc.		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2015-0002746		
Summary of the Complaint:	AHCA is seeking to recover Medicaid overpayments in the amount of \$714,518.14 from the Provider. After re-reviews, the overpayment amount was reduced to \$677,023.44.		
Amount of the Claim:	\$677,023.44		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Currently pending at AHCA		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	(850) 412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration vs. Ronald M. Marini, D.M.D., P.A.		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	Case No.: 16-5641MPI		
Summary of the Complaint:	<p>The Agency for Health Care Administration (Agency) completed a review of the provider’s claims for Medicaid reimbursement for dates of service during the period March 1, 2010 through August 31, 2012. Based upon a review of all documentation submitted, the Agency determined Respondent was overpaid \$590,008.15. The Agency also applied a fine of \$118,001.63 and assessed costs in the amount of \$2,223.64 The total amount due was \$710,233.42.</p> <p>The overpayment and fine amounts were revised to \$513,246.91 and \$102,649.38, respectively, post-complaint.</p>		
Amount of the Claim:	Overpayment amount: \$513,246.91; Fine amount: \$102,649.38; Cost amount: Undetermined		
Specific Statutes or Laws (including GAA) Challenged:	Section 409.913, Florida Statutes; Rule 59G-9.070, Florida Administrative Code		
Status of the Case:	The final hearing in this matter was held on June 27-28, 2017. The parties must submit Proposed Recommended Orders ten (10) days after the filing of the transcript of the final hearing.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AGENCY FOR HEALTH CARE ADMINISTRATION vs. CECILIA M. CROSBY		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	16-5513MPI		
Summary of the Complaint:	The Agency for Health Care Administration (Agency) completed a review of the Provider's claims for Medicaid reimbursement for dates of service of July 1, 2011, through December 31, 2014. Based upon this review of all documents submitted, the Agency determined that Provider was overpaid \$862,226.96. The Agency also applied a fine of \$50,000, and sought recovery of costs in the amount of \$1,125.05.		
Amount of the Claim:	\$ 913,352.01		
Specific Statutes or Laws (including GAA) Challenged:	Section 409.913, Florida Statutes, and Rule 59G-9.070, Florida Administrative Code.		
Status of the Case:	Currently relinquished to the Agency for discovery.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

Schedule VII: Agency Litigation Inventory

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AGENCY FOR HEALTH CARE ADMINISTRATION vs. ERIC R. CLAUSSEN, M.D.		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	16-6158MPI		
Summary of the Complaint:	The Agency for Health Care Administration (Agency) completed a review of the Provider's claims for Medicaid reimbursement for dates of service of July 1, 2011, through December 31, 2014. Based upon this review of all documents submitted, the Agency determined that Provider was overpaid \$428,842.14. The Agency also applied a fine of \$74,000, and sought recovery of costs in the amount of \$1,922.14.		
Amount of the Claim:	\$ 504,764.28		
Specific Statutes or Laws (including GAA) Challenged:	Section 409.913, Florida Statutes, and Rule 59G-9.070, Florida Administrative Code.		
Status of the Case:	Currently relinquished to the agency for discovery		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

Schedule VII: Agency Litigation Inventory

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AGENCY FOR HEALTH CARE ADMINISTRATION vs. HARISH J. PATEL, M.D.		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	17-2341MPI		
Summary of the Complaint:	The Agency for Health Care Administration (Agency) completed a review of the Provider's claims for Medicaid reimbursement for dates of service of January 1, 2011, through December 31, 2013. Based upon this review of all documents submitted, the Agency determined that Provider was overpaid \$536,507.98. The Agency also applied a fine of \$107,301.59, and sought recovery of costs in the amount of \$1737.82.		
Amount of the Claim:	\$ 638,539.99		
Specific Statutes or Laws (including GAA) Challenged:	Section 409.913, Florida Statutes, and Rule 59G-9.070, Florida Administrative Code.		
Status of the Case:	Set for Hearing on October 18 – 19, 2017		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Adventist Health System (Florida Hospital)		
Court with Jurisdiction:	DOAH		
Case Number:	15-078MPF (DOAH Case #15-1611)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from July 1, 1984 through July 1, 2013 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	(\$6,573,964.85)		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Bayfront Medical Center		
Court with Jurisdiction:	DOAH		
Case Number:	15-092MPF		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from July 1, 1984 through June 30, 2015 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$2,157,172.66		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Bethesda Memorial Hospital		
Court with Jurisdiction:	DOAH		
Case Number:	15-082MPF (DOAH Case #15-1427)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$9,928,931		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Florida Hospital Deland (Memorial Hospital West Volusia)		
Court with Jurisdiction:	DOAH		
Case Number:	15-111MPF (DOAH Case #15-1667)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through July 1, 2013 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$1,535,028.98		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Florida Hospital Waterman		
Court with Jurisdiction:	DOAH		
Case Number:	15-063MPF (DOAH Case # 15-1663)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through July 1, 2013 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	(\$1,878,895.12)		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Halifax Medical Center		
Court with Jurisdiction:	DOAH		
Case Number:	15-109MPF (DOAH Case #15-1429)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$2,649,986.16		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Holmes Regional Medical Center		
Court with Jurisdiction:	DOAH		
Case Number:	15-066MPF (DOAH Case #15-1612)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	(\$4,358,208.15)		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Martin Memorial Hospital		
Court with Jurisdiction:	DOAH		
Case Number:	15-071MPF (DOAH Case #15-1543)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$959,451.52		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Mount Sinai Medical Center		
Court with Jurisdiction:	DOAH		
Case Number:	15-0600M		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from July 1, 2008 through December 31, 2011 pursuant to AHCA's rate notices.		
Amount of the Claim:	\$1,738,059.94		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Settlement agreement signed by provider and in process with AHCA.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Munroe Regional Medical Center		
Court with Jurisdiction:	DOAH		
Case Number:	15-070MPF (DOAH Case #15-1516)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	(\$3,173,560.56)		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

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Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	North Broward (Broward Health North)		
Court with Jurisdiction:	DOAH		
Case Number:	15-024MPF (DOAH Case #15-1544)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$2,467,414.45		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3632
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	North Broward (Coral Springs Medical Center)		
Court with Jurisdiction:	DOAH		
Case Number:	15-235MPF (DOAH Case #15-1514)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$1,146,883.80		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3632
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	North Okaloosa Medical Center		
Court with Jurisdiction:	DOAH		
Case Number:	15-077MPF (DOAH Case #15-1522)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$2,890,626.80		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	North Broward (Imperial Point)		
Court with Jurisdiction:	DOAH		
Case Number:	15-179MPF (DOAH Case #15-1515)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$1,751,495.57		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3632
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Orlando Health		
Court with Jurisdiction:	DOAH		
Case Number:	15-079MPF (DOAH Case #15-1570)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$761,762.46		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3632
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Peace River Regional Medical Center		
Court with Jurisdiction:	DOAH		
Case Number:	15-025MPF (DOAH Case #15-1547)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	(\$601,139.02)		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Shands Lake Shore Regional Medical Center		
Court with Jurisdiction:	DOAH		
Case Number:	15-029MPF (DOAH Case #15-1572)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	(\$673,611.31)		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Tallahassee Memorial Hospital		
Court with Jurisdiction:	DOAH		
Case Number:	15-066MPF (DOAH Case #15-1578)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$984,661.51		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.		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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Venice Regional Medical Center		
Court with Jurisdiction:	DOAH		
Case Number:	15-201MPF (DOAH Case #15-1579)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$671,145.27		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3632
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Wellington Regional Medical Center		
Court with Jurisdiction:	DOAH		
Case Number:	15-128MPF (DOAH Case #15-1610)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from August 4, 1989 through July 1, 2013 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$6,836,539.21		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Wuestthoff Regional Medical Center		
Court with Jurisdiction:	DOAH		
Case Number:	15-019MPF (DOAH Case #15-1604)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	\$1,374,233.29		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850-412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Homestead Hospital, Inc.		
Court with Jurisdiction:	DOAH		
Case Number:	15-078MPF (DOAH Case #15-5658)		
Summary of the Complaint:	Determination that provider was not overpaid for claims paid during the period January 1, 2009 through December 31, 2009 for emergency services provided to aliens pursuant to AHCA's FAR dated August 28, 2015.		
Amount of the Claim:	\$701,556.54		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Provider has agreed to settlement of \$516,897.09. Settlement agreement sent to Provider's counsel for execution.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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

For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.

Agency:	Agency for Health Care Administration		
Contact Person:	William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Senior Care Group Chapter 11 bankruptcy cases (7 related entities): <ul style="list-style-type: none"> • Senior Care Group, Inc. • SCG Baywood, LLC • SCG Gracewood, LLC • SCG Harbourwood, LLC • SCG Laurellwood Nursing, LLC • The Bridges Nursing and Rehabilitation, LLC • Key West Health and Rehabilitation Center, LLC 		
Court with Jurisdiction:	Bankruptcy Court for the Middle District of Florida, Tampa Division		
Case Number:	8:17-bk-06562 (Senior Care Group, Inc.) 8:17-bk-06563 (SCG Baywood, LLC) 8:17-bk-06564 (SCG Gracewood, LLC) 8:17-bk-06572 (SCG Harbourwood, LLC) 8:17-bk-06576 (SCG Laurellwood Nursing, LLC) 8:17-bk-06579 (The Bridges Nursing and Rehabilitation, LLC) 8:17-bk-06580 (Key West Health and Rehabilitation Center, LLC)		
Summary of the Complaint:	These are bankruptcy cases in which AHCA will prepare and file proofs of claim		
Amount of the Claim:	\$12,855,858.53 as of July 12, 2017 (it would have increased between that date and the filing of the bankruptcy petitions on July 27, 2017)		
Specific Statutes or Laws (including GAA) Challenged:	Bankruptcy Code (Title 11 of the U.S. Code)		
Status of the Case:	AHCA will prepare proofs of claim.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	AHCA: William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Parties:	<u>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;, v. Justin Senior, in his official capacity as Secretary of the Agency for Health Care Administration, et al.</u>		
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 allege that policies limit the number of private duty nursing hours that have been approved, thereby unlawfully forcing children into nursing facilities (NF) or placing them at risk of having to enter NFs.		
Amount of the Claim:	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:	Plaintiffs' Second Amended Consolidated Complaint, filed August 23, 2013, alleges violations of the Medicaid Act, Title II of the Americans With Disabilities Act, § 1983, and § 504 of the Rehabilitation Act.		
Status of the Case:	Summary Judgment was granted in favor of Defendants and the case was dismissed. Plaintiffs' filed their notice of appeal on August 7, 2017.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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).	Putative class action, where the class was not certified. Law Offices of Matthew W. Dietz		

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.

Agency:	Agency for Health Care Administration		
Contact Person:	AHCA: William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	United States v. State of Florida; now consolidated with C.V., above, and captioned: <i>C.V., et al., Plaintiffs vs. Justin Senior, in his official capacity as Secretary of the Agency for Health Care Administration, et al., Defendants / United States of America, Plaintiff v. State of Florida, Defendant</i> , Filed July 2013. Cases were consolidated December 2013; discovery closed April 30, 2016.		
Court with Jurisdiction:	Southern District of Florida		
Case Number:	Case No. 0:12-cv-60460-RSR; Judge Zloch.		
Summary of the Complaint:	The United States asserts that the State of Florida, through AHCA, the Department of Health, the Department of Children and Families, and the Agency for Persons With Disabilities, violates Title II of the Americans With Disabilities Act (the “ADA”) by unlawfully segregating children under the age of 21 in nursing facilities (“NF”) and by placing children under the age of 21 who live in the community at risk of unlawful institutionalization.		
Amount of the Claim:	The United States seeks compensatory damages for pain and suffering of 182 (or more) Medicaid recipients under the age of 21 who are or were in NFs, plus injunctive relief. The amount of compensatory damages is unknown but could be large. In addition, the monetary impact of injunctive relief could exceed \$25,000,000 annually in additional Medicaid payments if the United States were to be successful.		
Specific Statutes or Laws (including GAA) Challenged:	Americans With Disabilities Act, as amended		
Status of the Case:	The United States’ claim was dismissed for lack of standing. The United States filed its notice of appeal on August 7, 2017.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	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.		

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.

Agency:	Agency for Health Care Administration		
Contact Person:	AHCA: William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Parties:	<u>K.G., by and through his next friend, Iliana Garrido, et al. v. Elizabeth Dudek, in her official Capacity as Secretary, Florida Agency for Health Care Administration</u>		
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:	Plaintiffs sought declaratory and injunctive relief regarding applied behavior analysis services they claimed should be covered under the state plan.		
Amount of the Claim:	Plaintiffs did not seek monetary damages. Plaintiffs prevailed in obtaining injunctive relief requiring AHCA to provide applied behavior analysis services to the named Plaintiffs. Since the Court’s grant of injunctive relief, AHCA has amended its policy regarding applied behavior analysis and now provides these services to all Medicaid recipients under the age of 21 for whom it is medically necessary.		
Specific Law(s) Challenged:	The Medicaid Act.		
Status of the Case:	On September 15, 2016, the Eleventh Circuit Court of Appeals held that Plaintiffs were not a prevailing party on appeal and were not due appellate attorney’s fees. The mandate issued January 5, 2017 and the case is closed.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.

Agency:	Agency for Health Care Administration		
Contact Person:	AHCA: William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Parties:	<u>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; Mike Carroll, Secretary, Florida Department of Children and Families</u>		
Court with Jurisdiction:	Florida Supreme Court		
Case Number:	Appellate No. 1D15-2142; Circuit Court No. 12-CA-2935		
Summary of the Complaint:	Plaintiff alleged the patient responsibility amount for those in nursing homes was not calculated correctly. The Complaint identified a putative class composed of all Florida residents who have been recipients of Medicaid long-term care benefits in the 4 years prior to the date of the Complaint 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:	Unknown, but less than it would have been if the class had been certified; possible breach of contract damages; attorney's fees if Plaintiff is prevailing party		
Specific Law(s) Challenged:	<ol style="list-style-type: none"> 1. § 1983 claim alleges violation of the 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 Florida Statutes § 86.021, .061; and 4. Breach of contract as third party beneficiary of AHCA's institutional Medicaid provider agreement. 		
Status of the Case:	Appeal voluntarily dismissed December 28, 2016 and case is over.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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 McConnaughay, Waldoch & McConnaughay, P.A. Ron M. Landsman, P.A. Woods Oviatt Gilman LLP		

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Governor’s website.

Agency:	Agency for Health Care Administration		
Contact Person:	AHCA: William Roberts, Deputy General Counsel	Phone Number:	850/412-3664
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Campbellton-Graceville Hospital Corporation Bankruptcy (Chapter 11)		
Court with Jurisdiction:	U.S. Bankruptcy Court for the Northern District of Florida		
Case Number:	Case No. 17-40185-KKS		
Summary of the Complaint:	This is a Chapter 11 bankruptcy in which AHCA will prepare and file a proof of claim.		
Amount of the Claim:	Unknown. Estimated between \$3,000,000 and \$6,000,000.		
Specific Statutes or Laws (including GAA) Challenged:	Bankruptcy Code (Title 11 of the U.S. Code)		
Status of the Case:	AHCA will prepare proof of claim.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	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).	N/A		

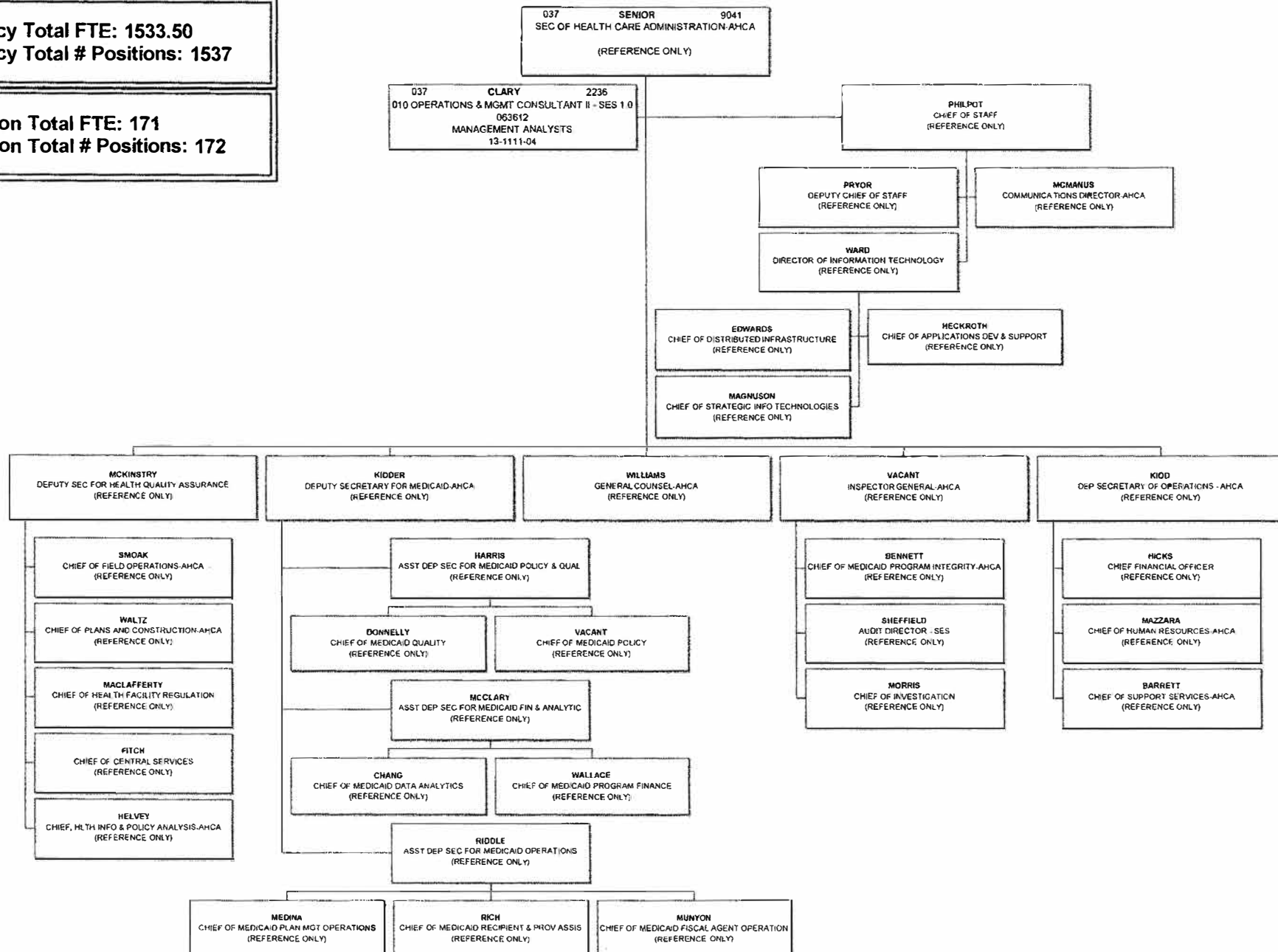
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Secretary's Office

Effective Date: July 1, 2017
Org. Level: 68-10-00-00-000
FTEs: 2 Positions : 2

Agency Total FTE: 1533.50
Agency Total # Positions: 1537

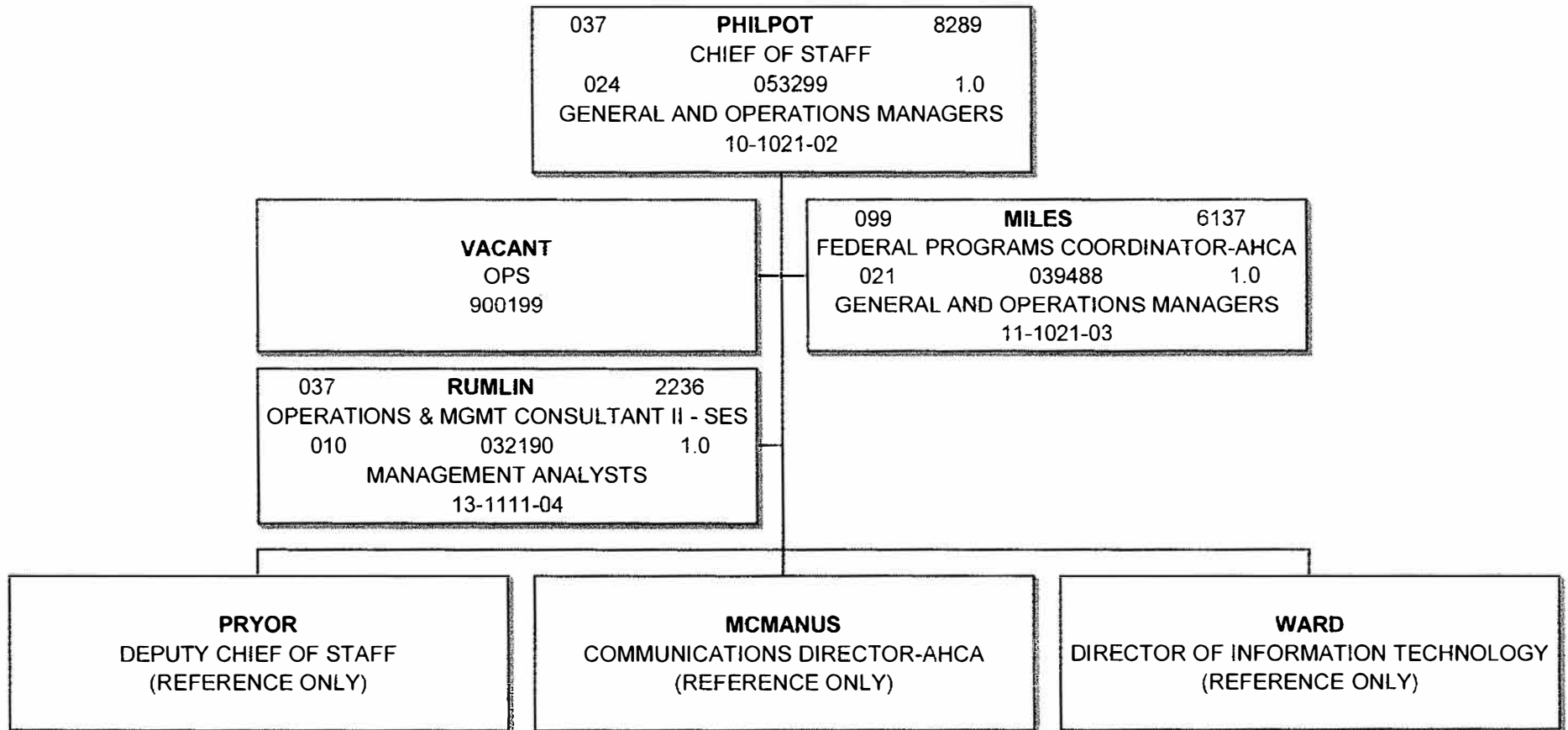
Division Total FTE: 171
Division Total # Positions: 172



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Chief of Staff

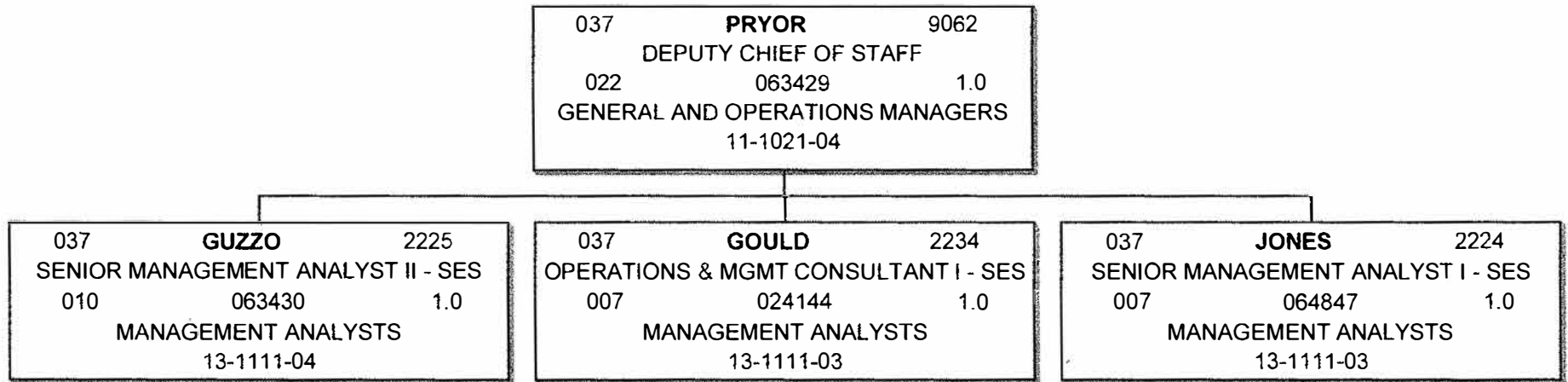
Effective Date: July 1, 2017
Org. Level: 68-10-10-00-000
FTEs: 3 Positions : 3



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Deputy Chief of Staff

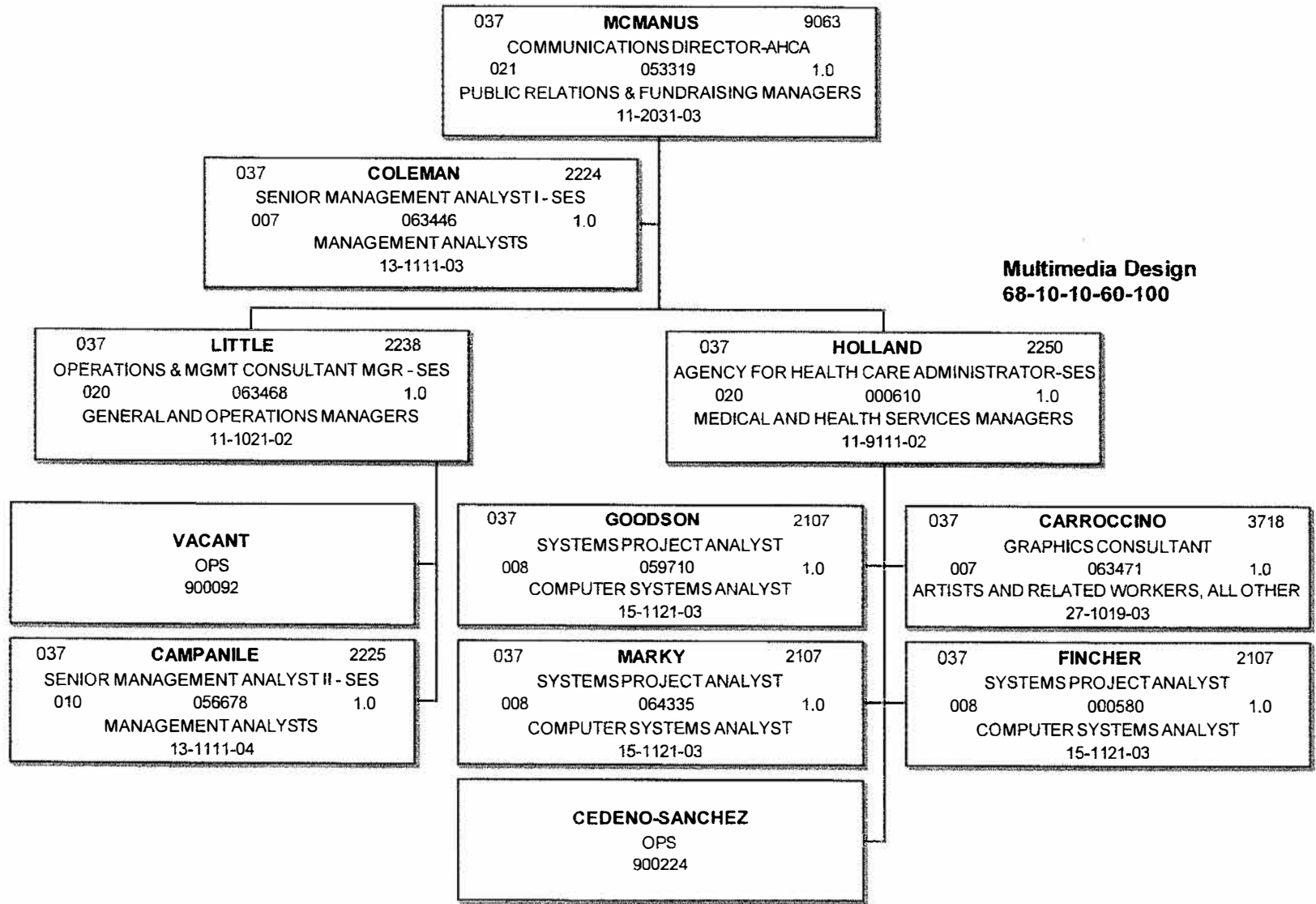
Effective Date: July 1, 2017
Org. Level: 68-10-10-00-001
FTEs: 4 Positions : 4



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Communications Office

Effective Date: July 1, 2017
Org. Level: 68-10-10-60-000
FTEs: 9 Positions : 9



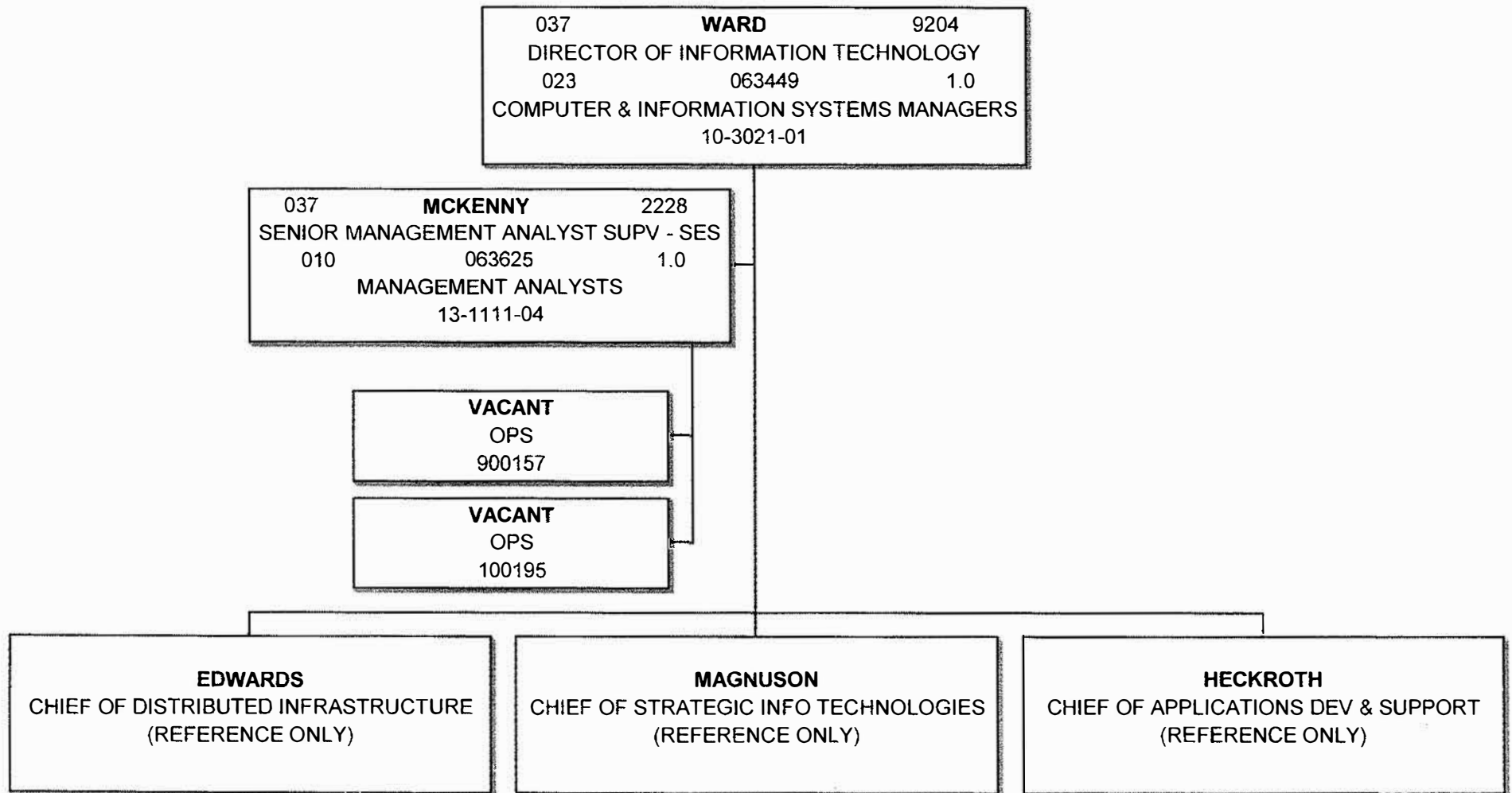
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff - Division of Information Technology

Director's Office

Effective Date: July 1, 2017
Org. Level: 68-10-10-40-000
FTEs: 2 Positions : 2



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

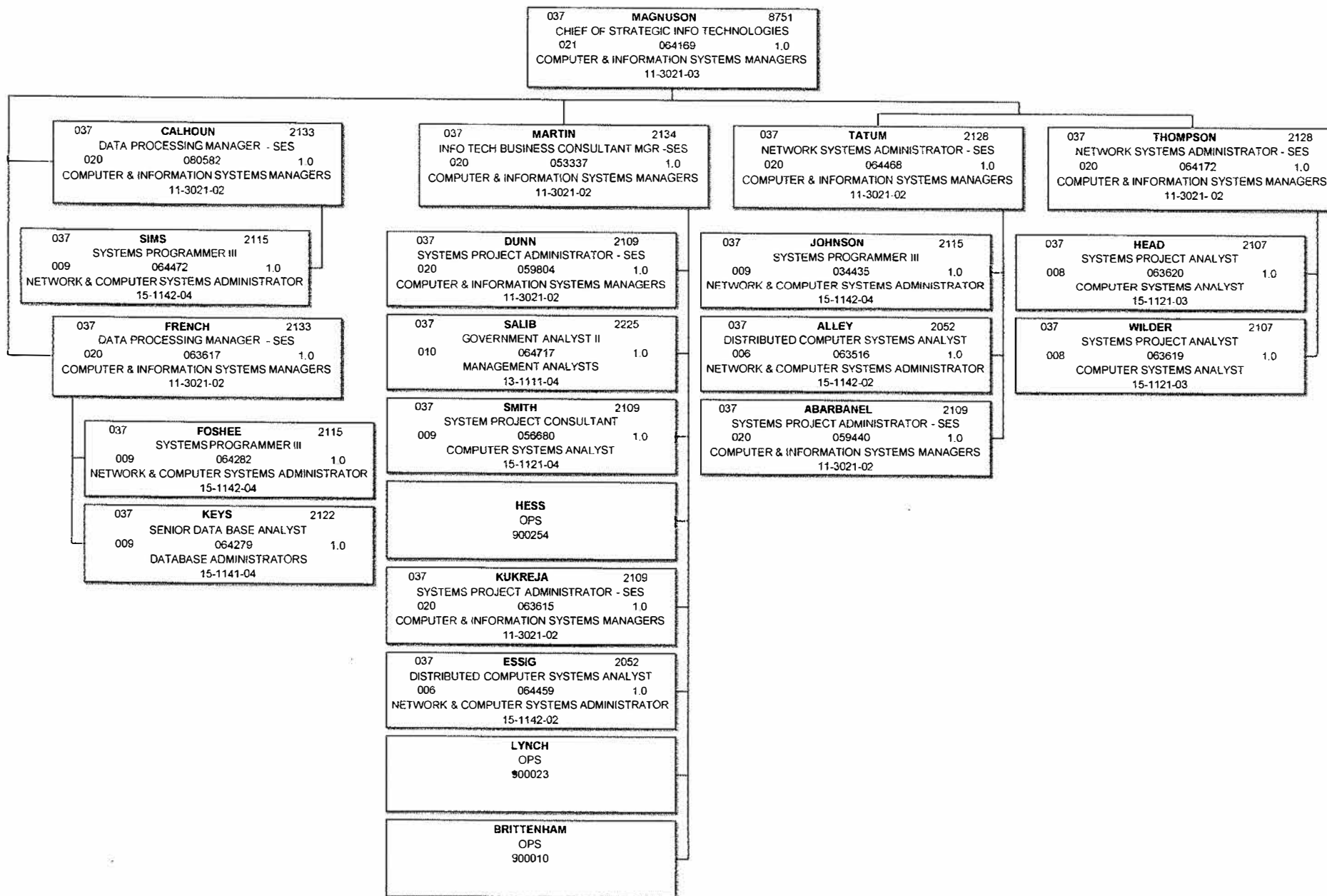
Chief of Staff - Division of Information Technology

Bureau of Strategic Planning and Security

Effective Date: July 1, 2017

Org. Level: 68-10-10-40-003

FTEs: 20 Positions : 20



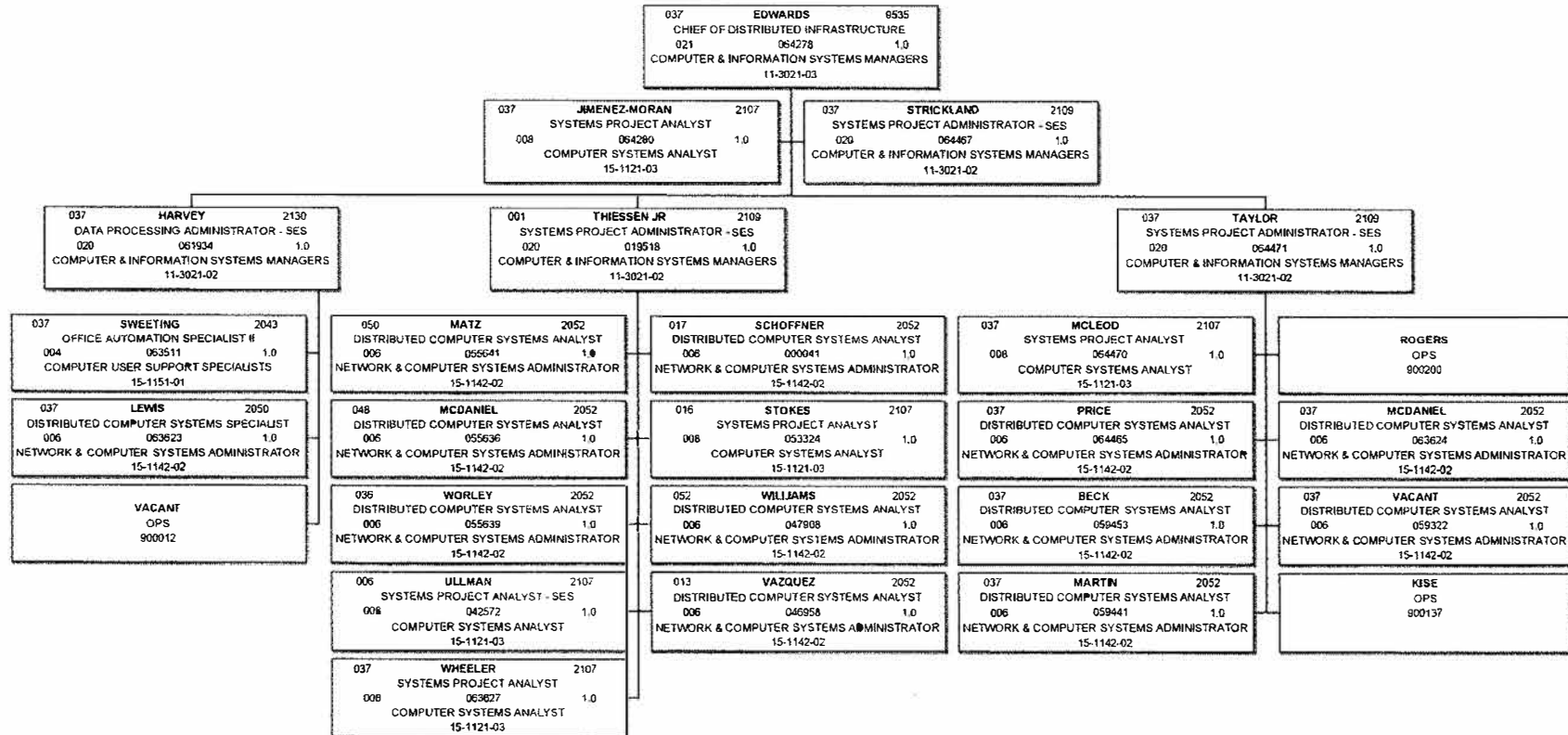
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff - Division of Information Technology

Bureau of Customer Service and Support

Effective Date: July 1, 2017
 Org. Level: 68-10-10-40-002
 FTEs: 23 Positions : 23



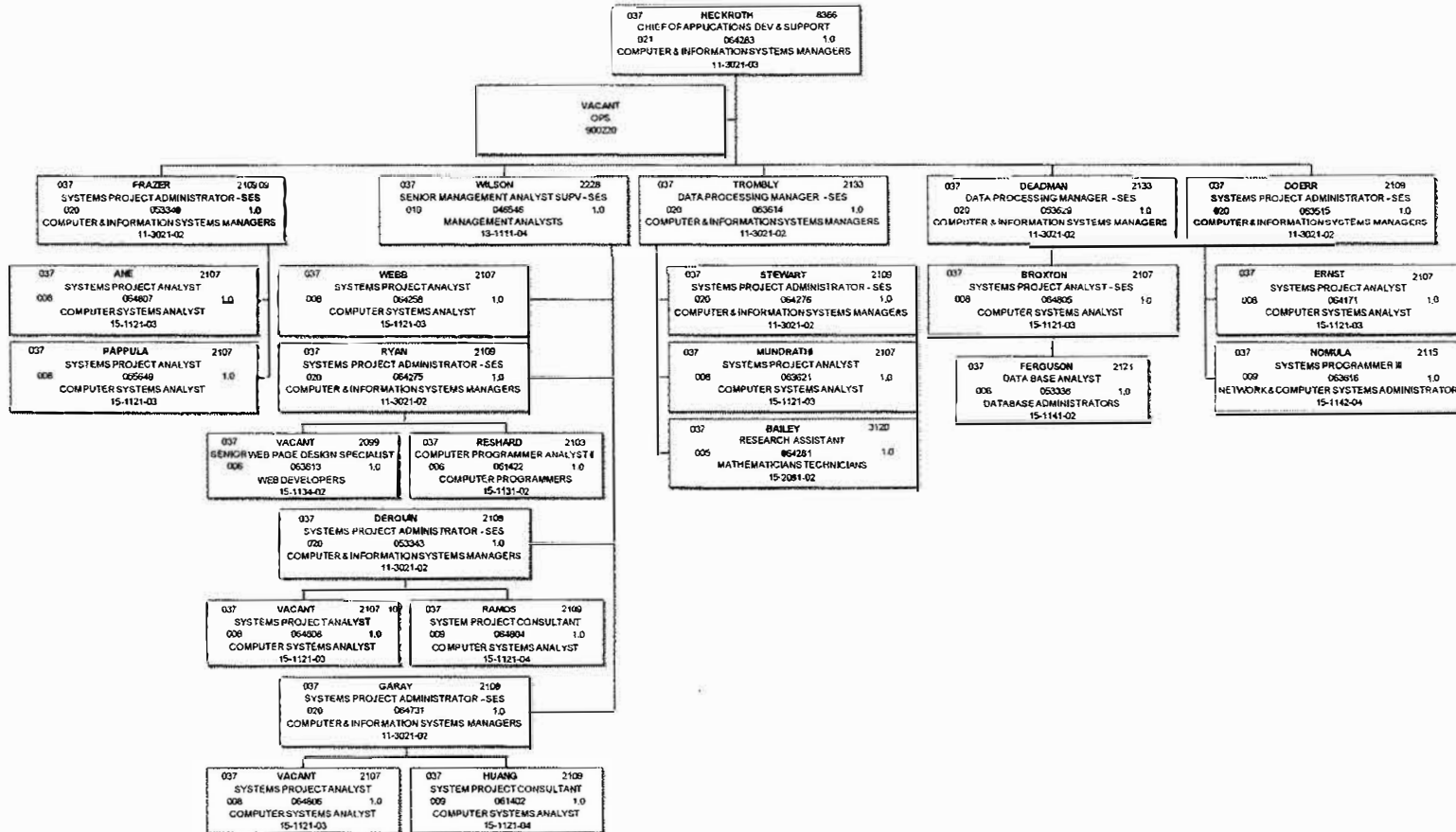
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff - Division of Information Technology

Bureau of Application Development and Support

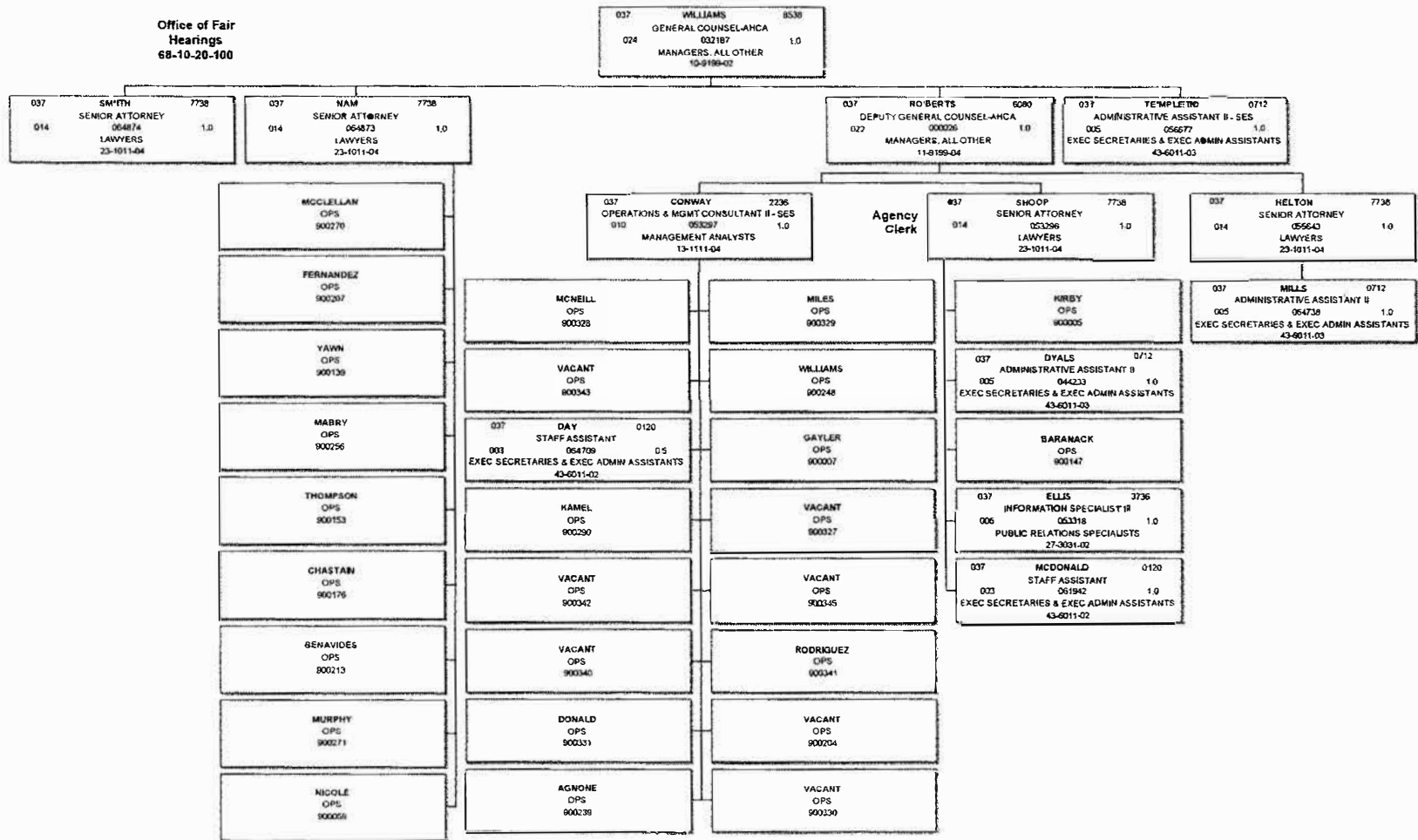
Effective Date: July 1, 2017
 Org. Level: 68-10-10-004
 FTEs: 25 Positions : 25



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction General Counsel

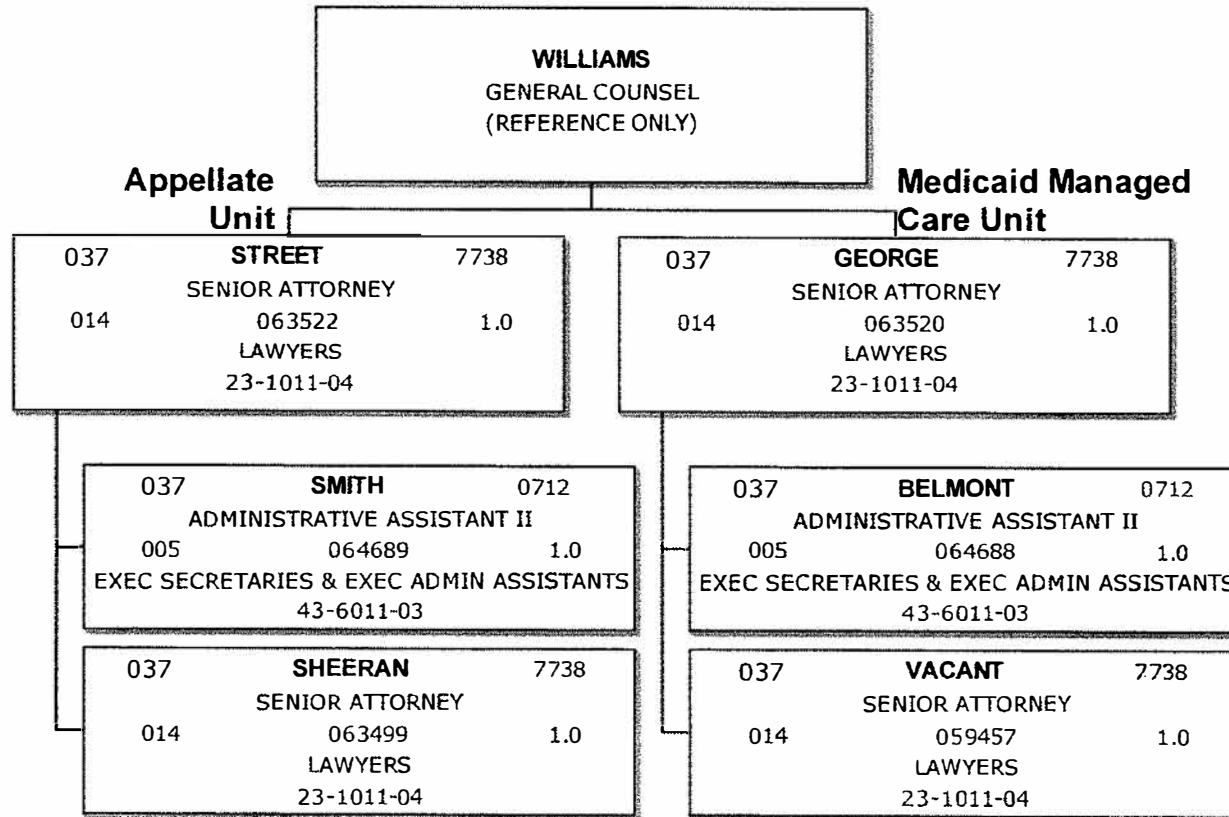
Effective Date: July 1, 2017
Org. Level: 68-10-20-00-000
FTEs: 63.5 Positions : 64



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction General Counsel

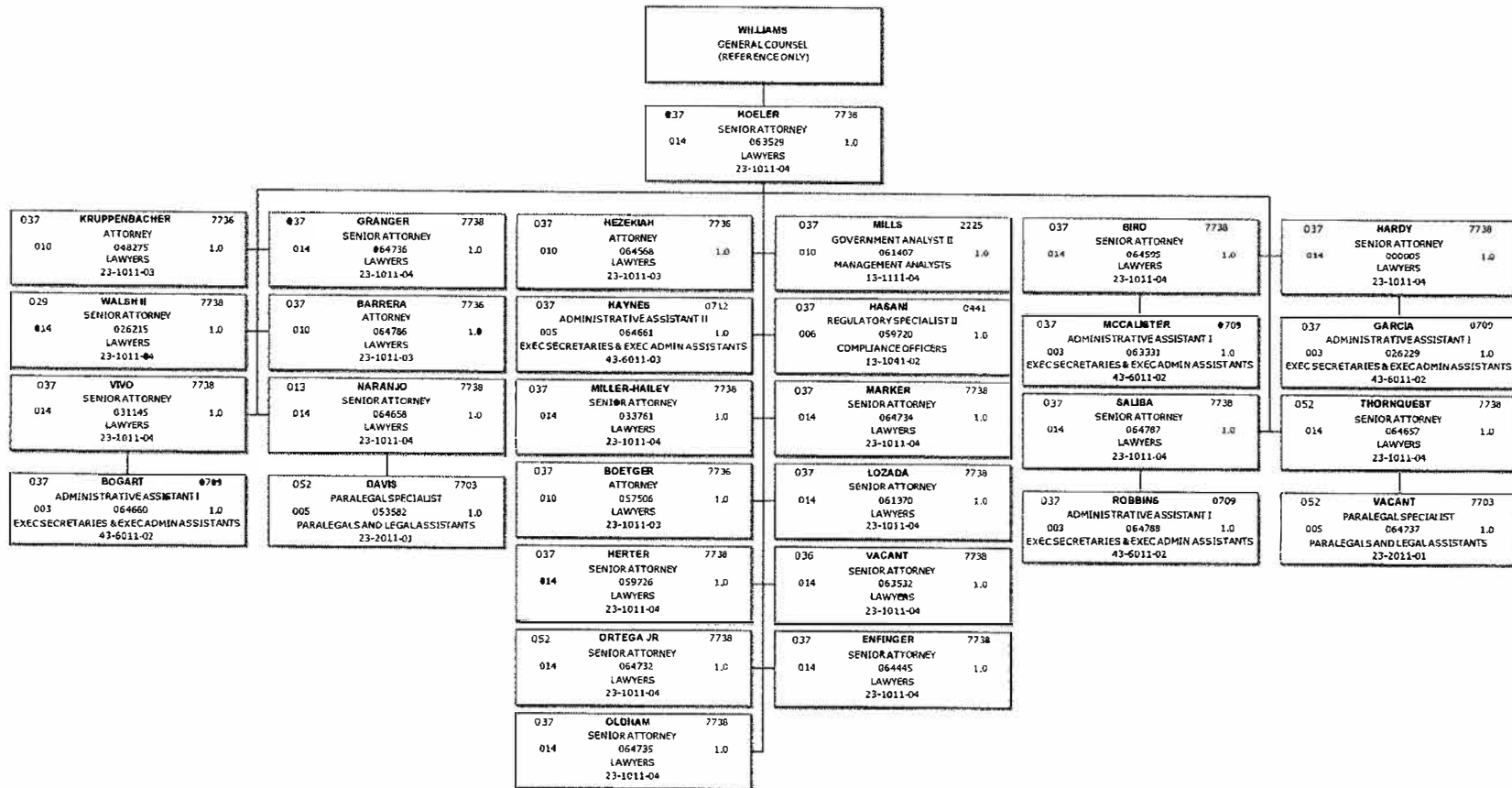
Effective Date: July 1, 2017
Org. Level: 68-10-20-00-000
FTEs: 63.5 Positions: 64



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction General Counsel - Facilities Legal

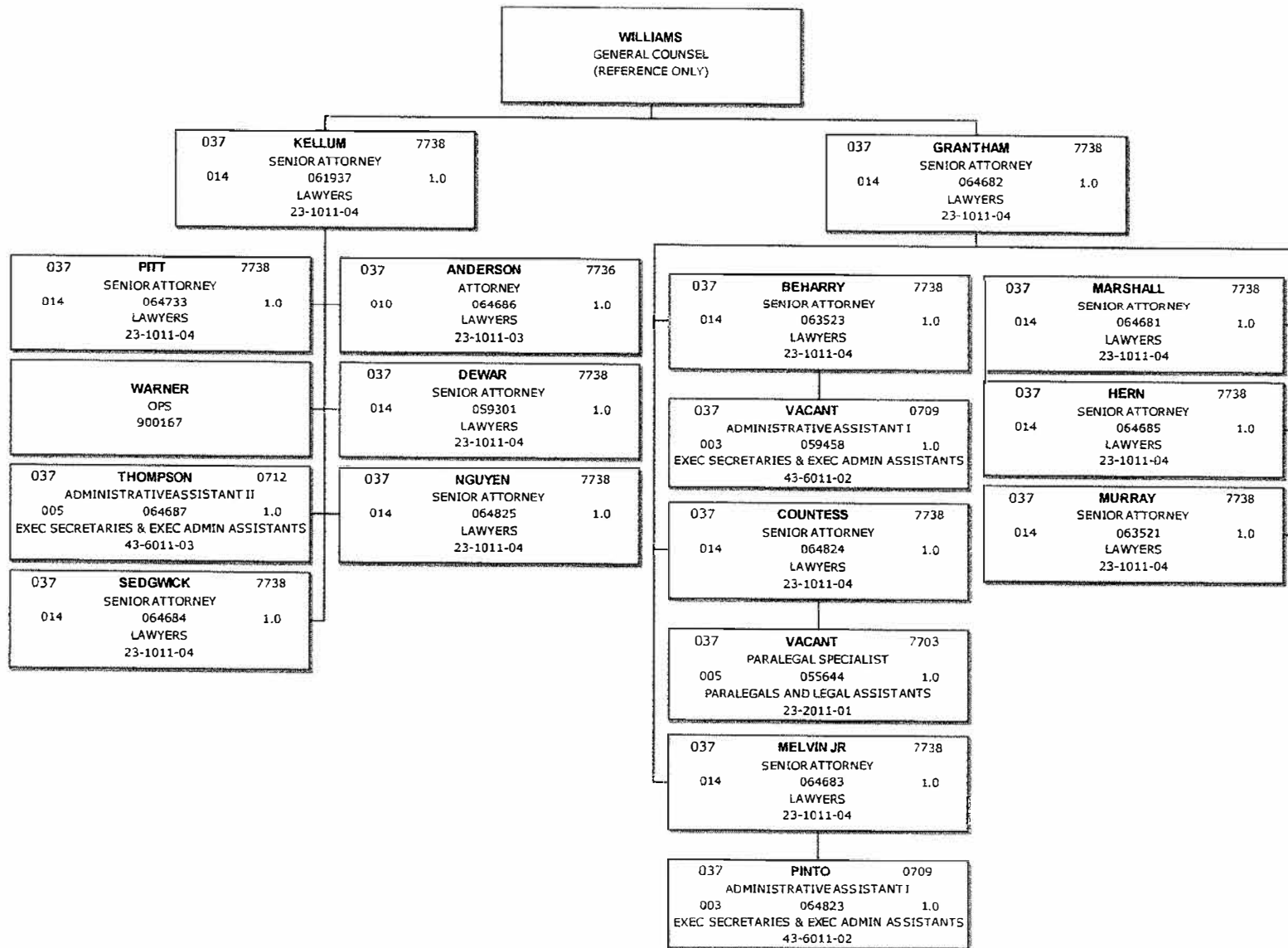
Effective Date: July 1, 2017
Org. Level: 68-10-20-00-000
FTEs: 63.5 Positions: 64



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction General Counsel - Medicaid Legal

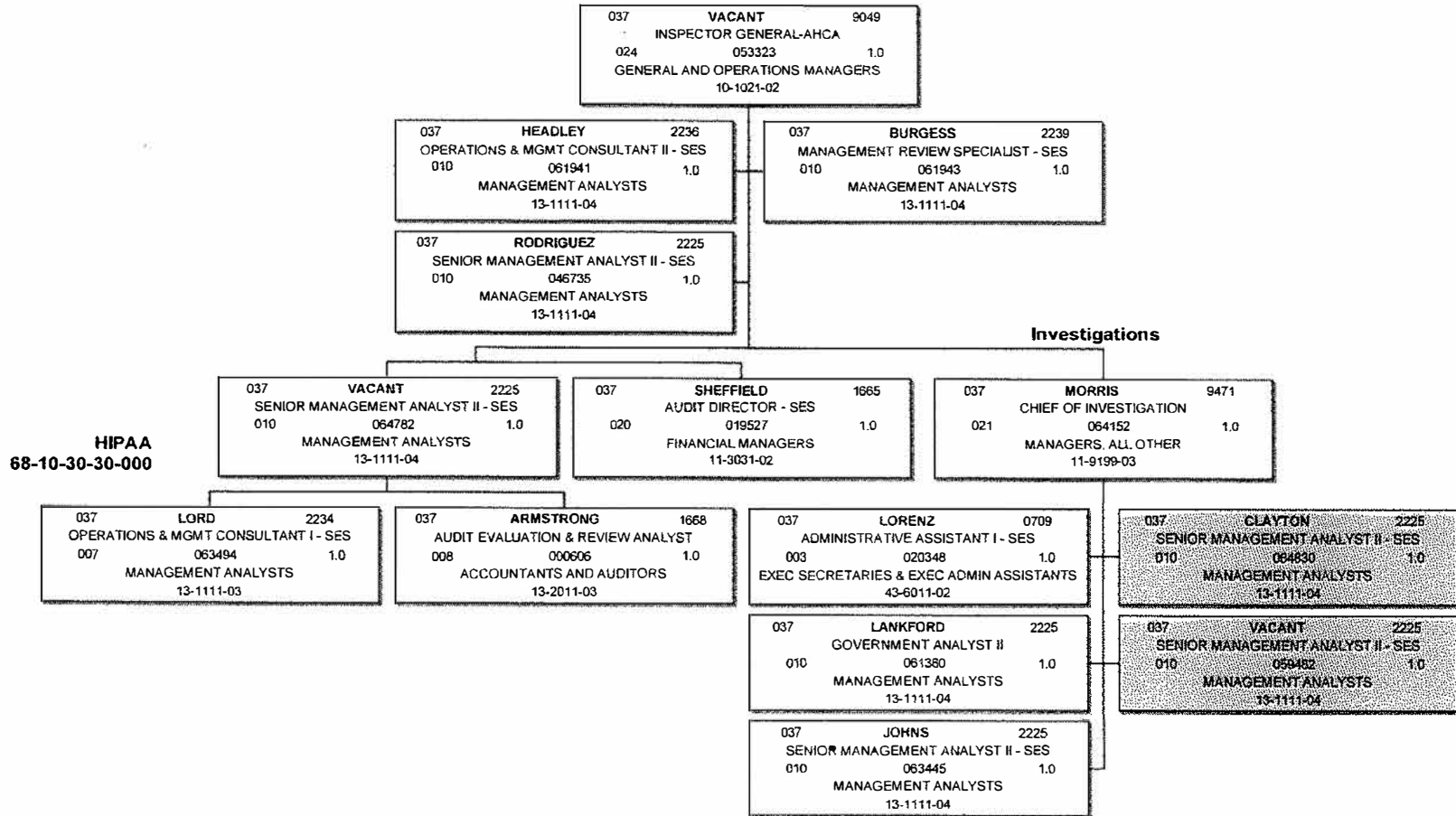
Effective Date: July 1, 2017
Org. Level: 68-10-20-00-000
FTEs: 63.5 Positions : 64



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Inspector General

Effective Date: July 1, 2017
Org. Level: 68-10-30-00-000
FTEs: 9 Positions: 9

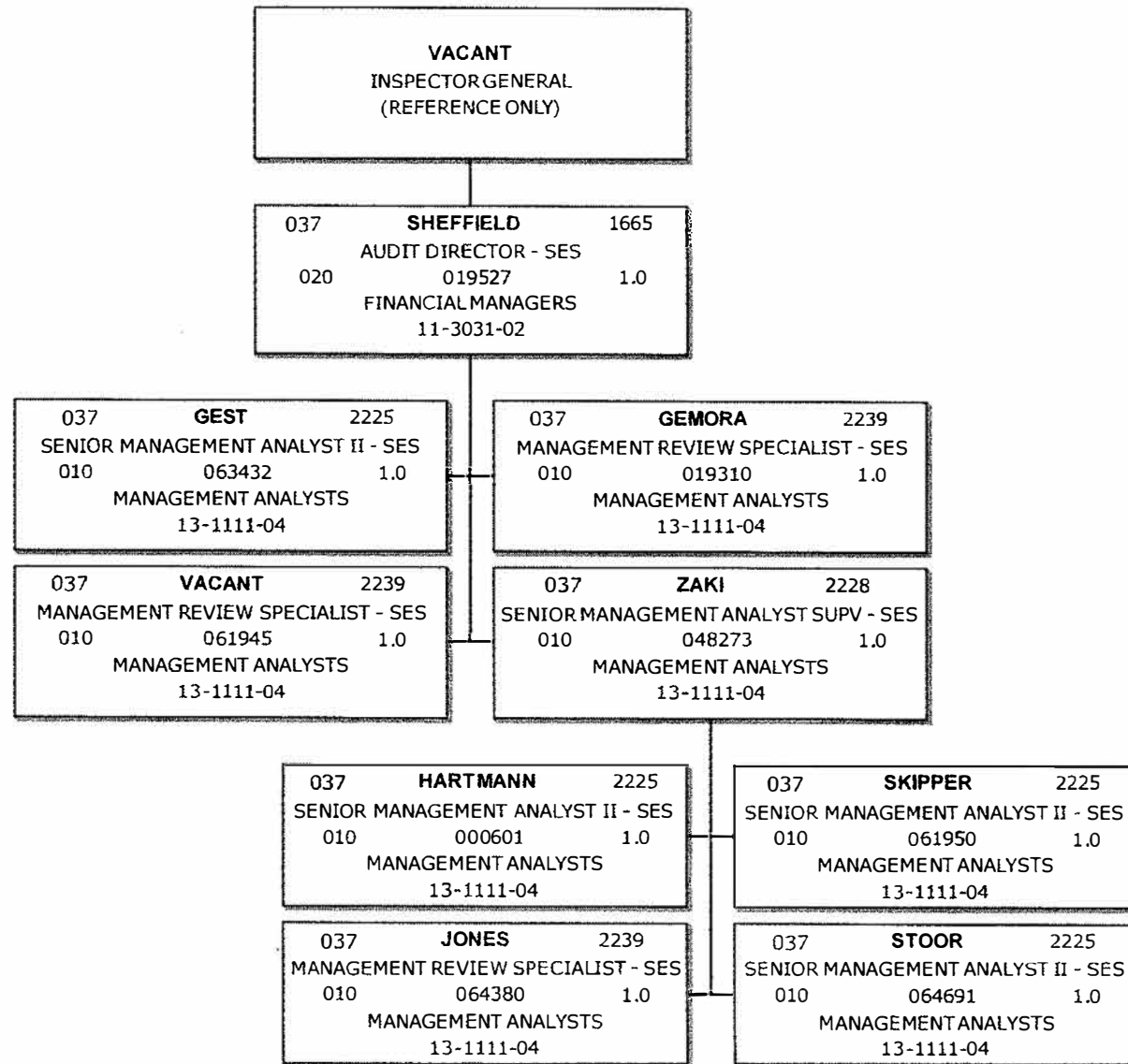


*Shaded position report to org code 68-10-30-10-000 Bureau of Medicaid Program Integrity

AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Inspector General - Internal Audit

Effective Date: July 1, 2017
Org. Level: 68-10-30-20-000
FTEs: 8.50 Positions: 9

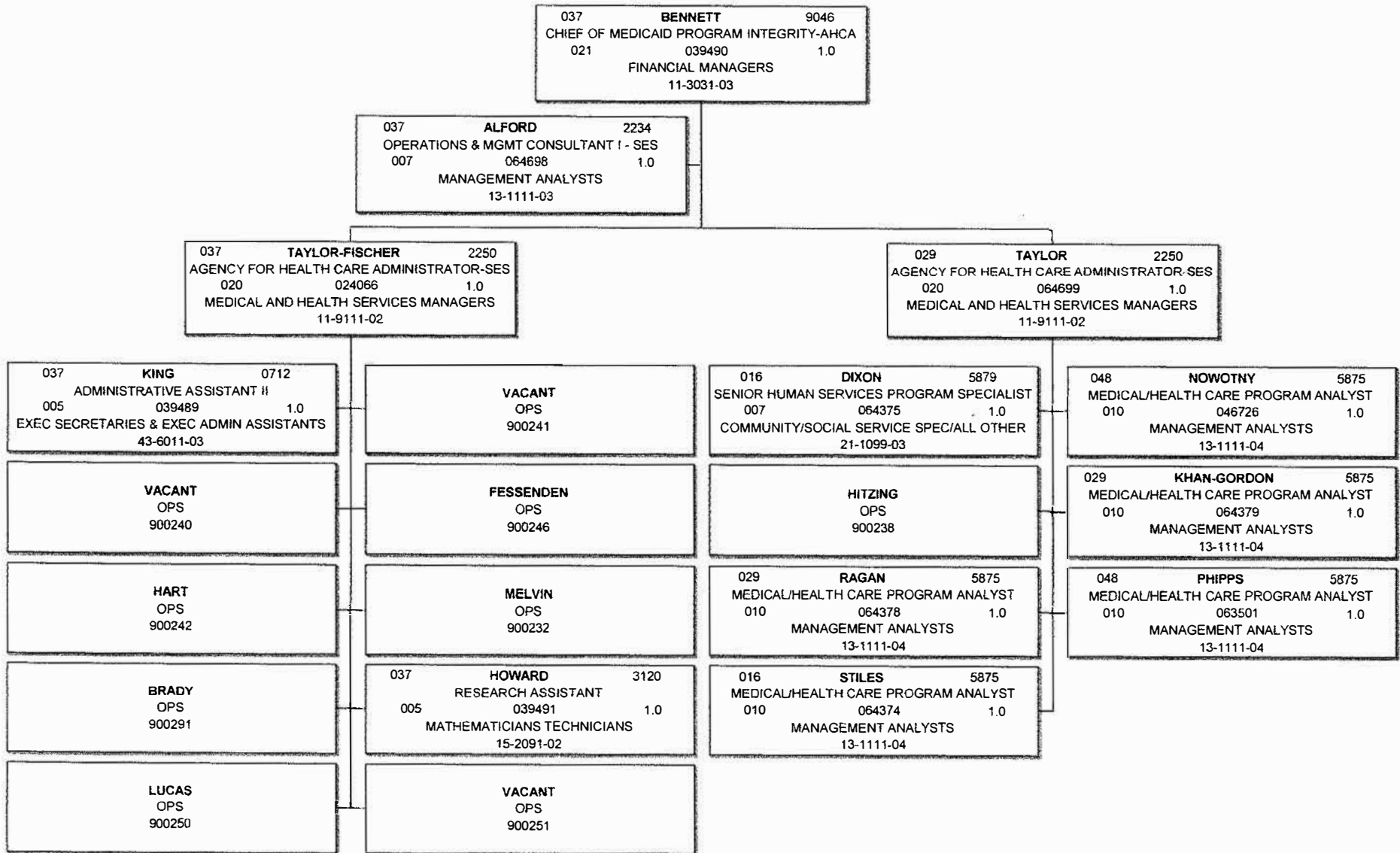


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Inspector General - Bureau of Medicaid Program Integrity

Effective Date: July 1, 2017
 Org. Level: 68-10-30-10-000
 FTEs: 76.5 Positions: 77



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

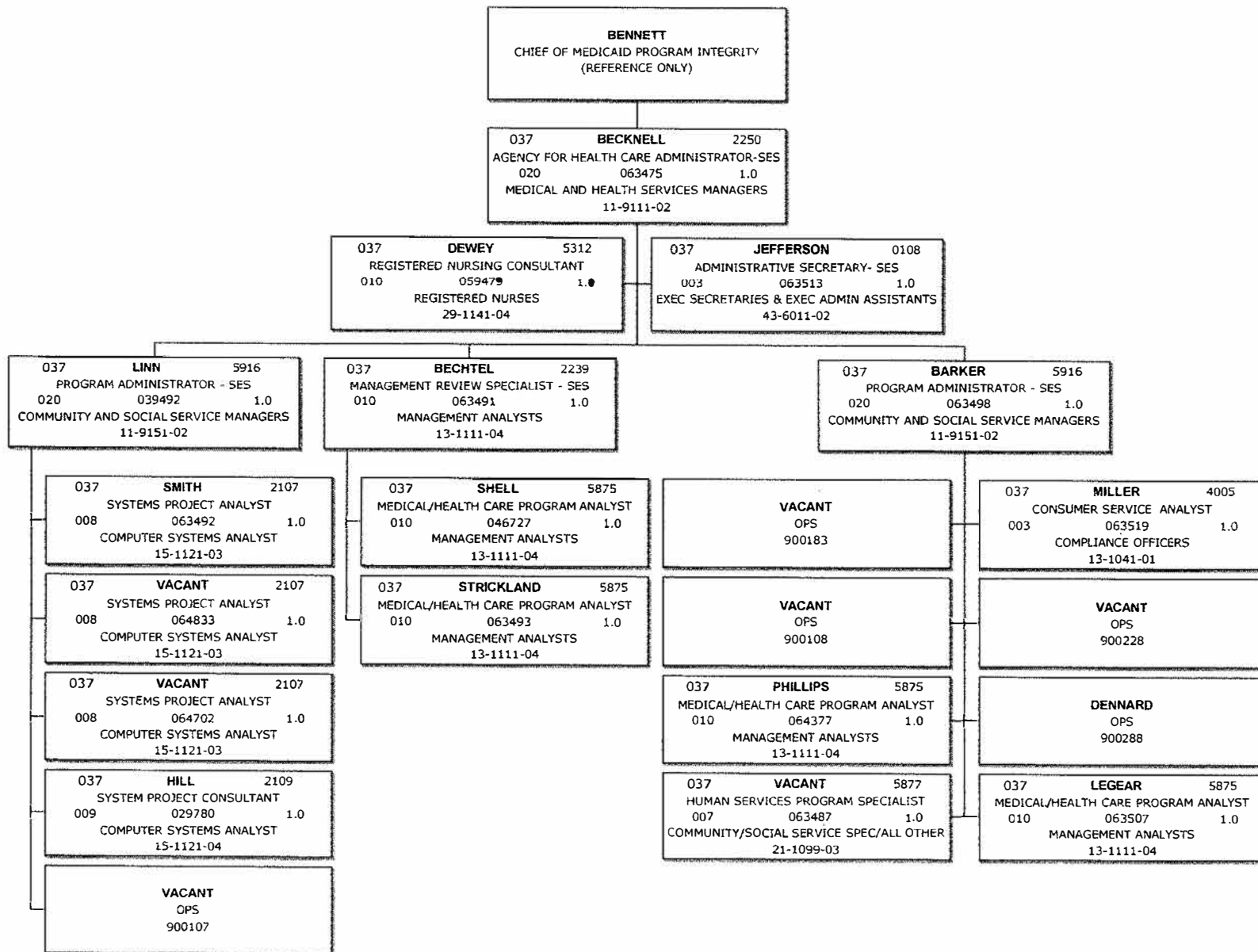
Inspector General - Bureau of Medicaid Program Integrity

Data Analysis Unit

Effective Date: July 1, 2017

Org. Level: 68-10-30-10-000

FTEs: 76.5 Positions: 77

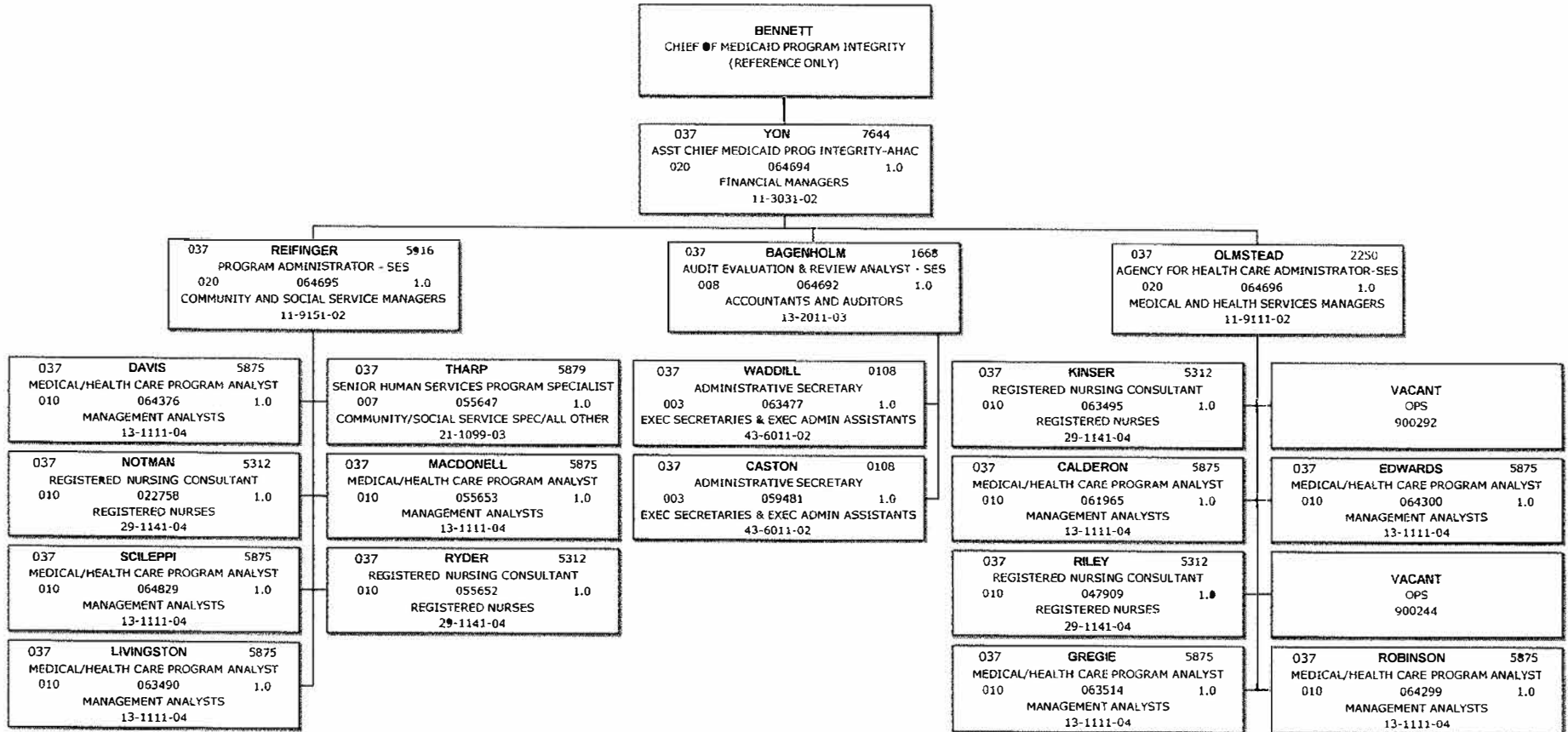


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Inspector General - Bureau of Medicaid Program Integrity

Effective Date: July 1, 2017
 Org. Level: 68-10-30-10-000
 FTEs: 76.5 Positions: 77

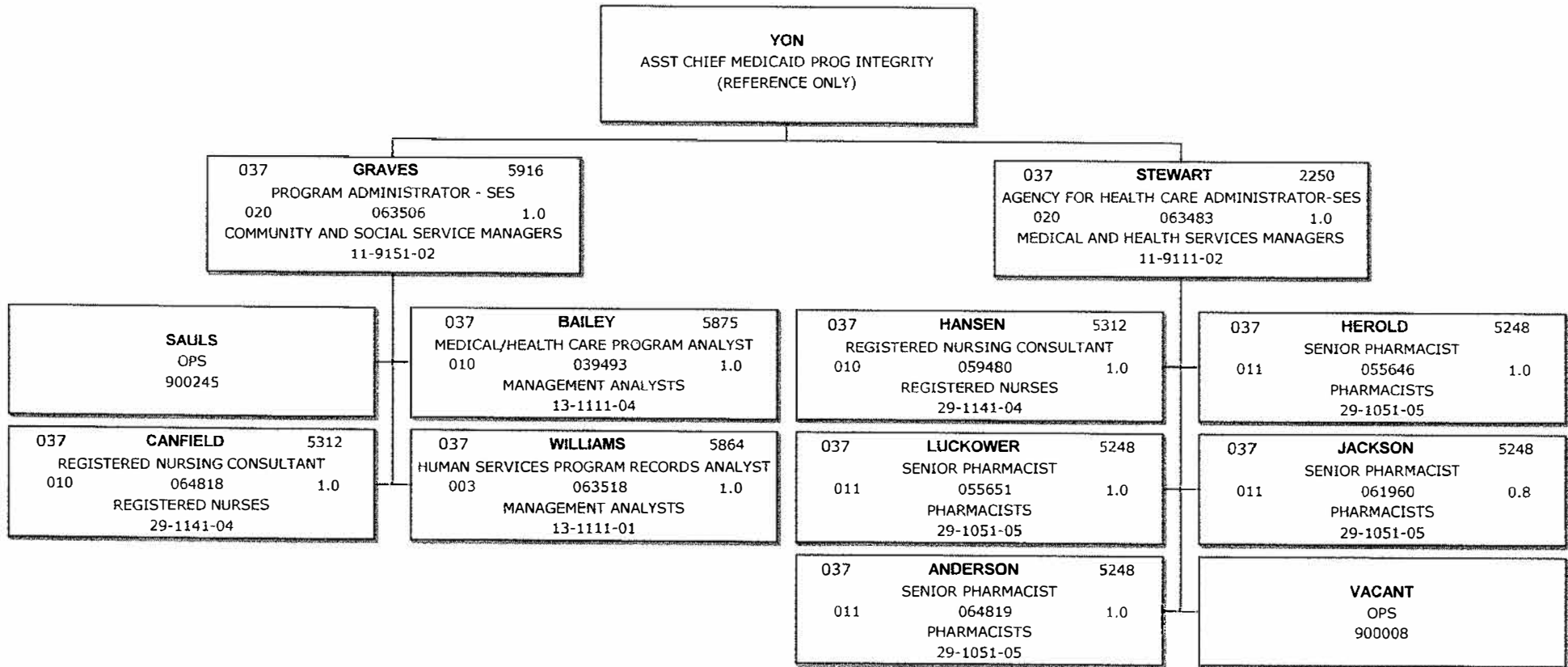


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Inspector General - Bureau of Medicaid Program Integrity

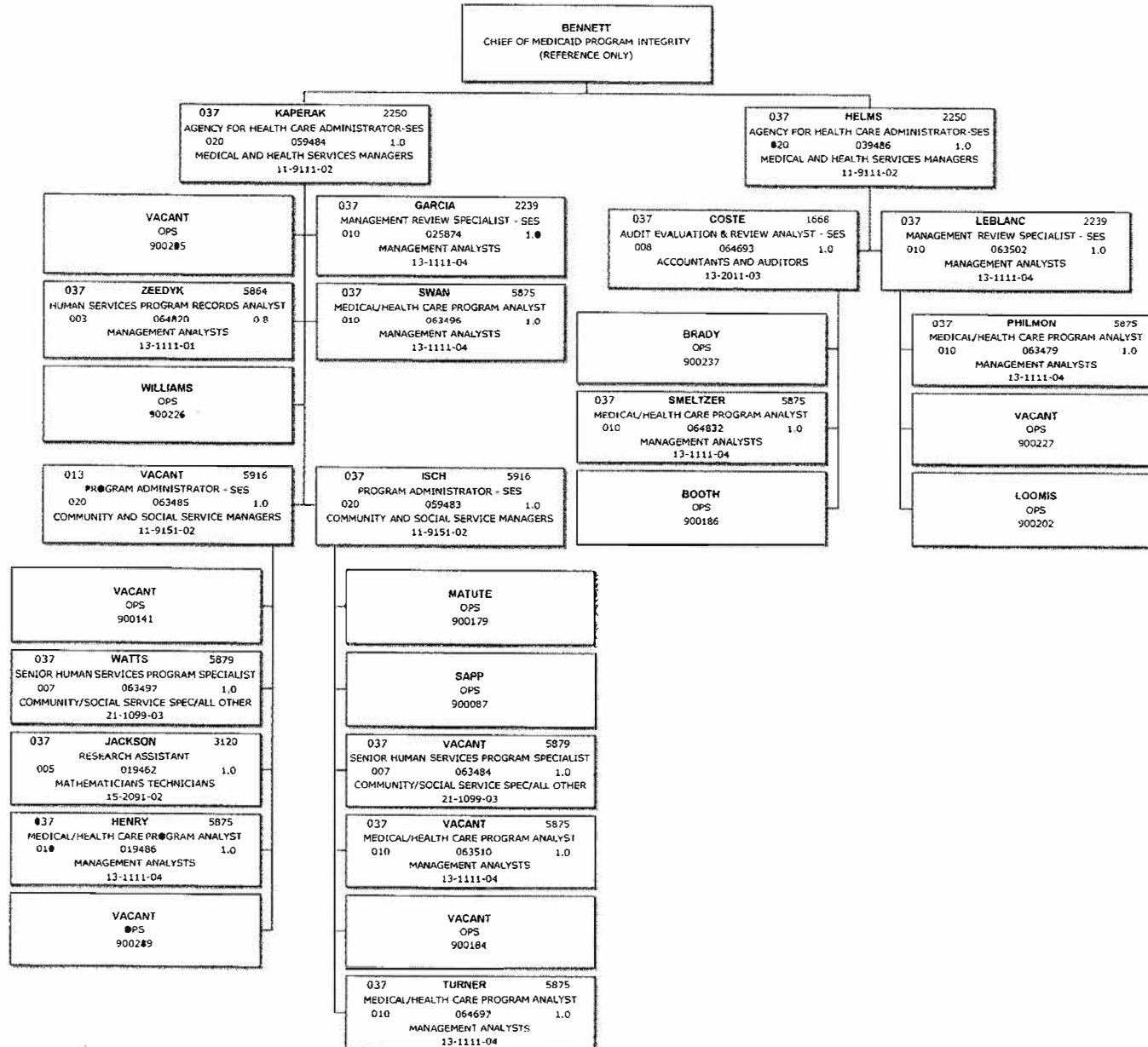
Effective Date: July 1, 2017
 Org. Level: 68-10-30-10-000
 FTEs: 76.5 Positions: 77



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Inspector General Bureau of Medicaid Program Integrity

Effective Date: July 1, 2017
Org. Level: 68-10-30-10-011
FTEs: 76.5 Positions: 77



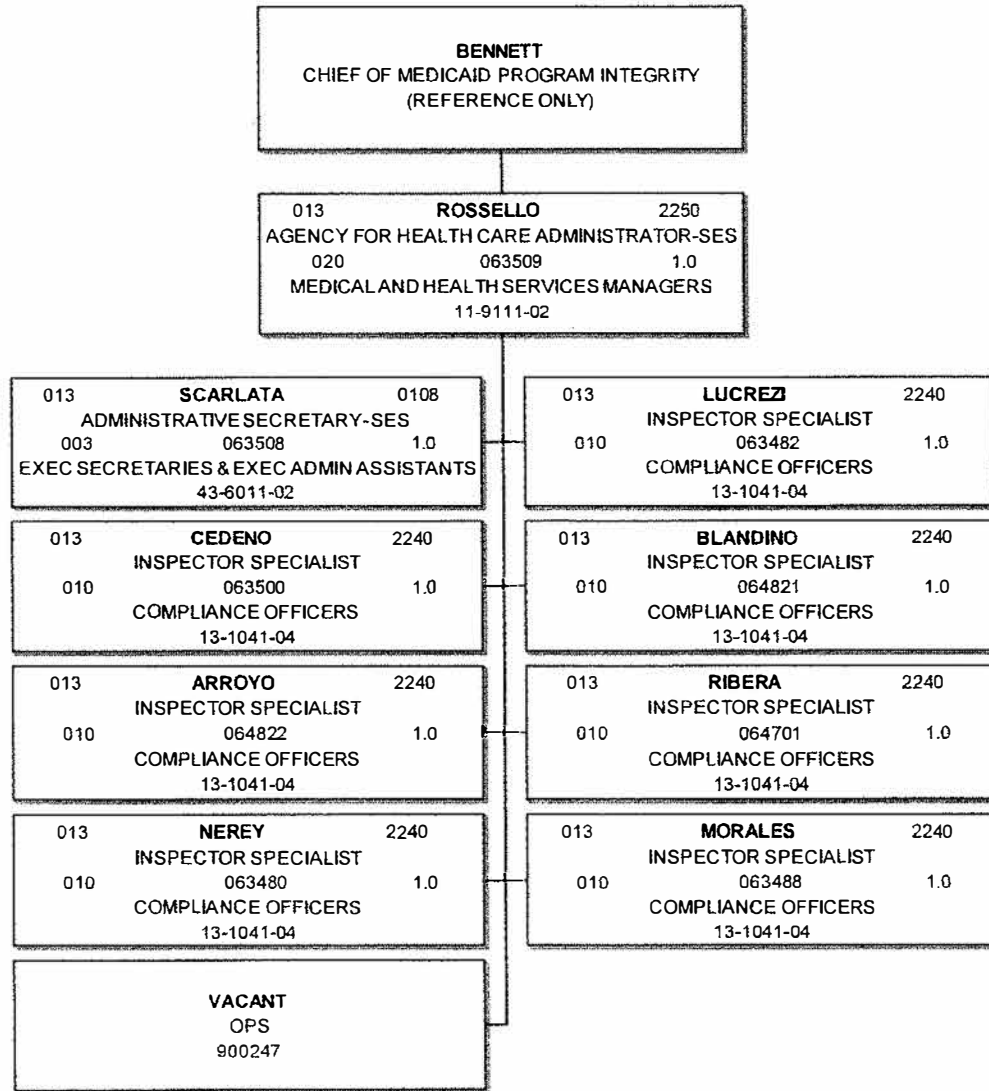
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Inspector General - Bureau of Medicaid Program Integrity

Field Operations Miami

Effective Date: July 1, 2017
 Org. Level: 68-10-30-10-011
 FTEs: 9 Positions: 9

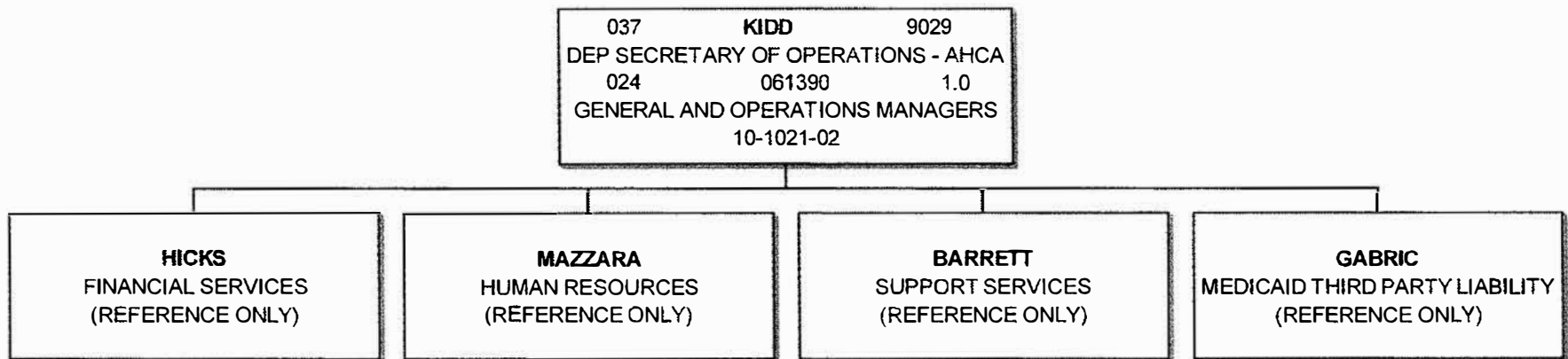


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Deputy Secretary's Office

Effective Date: July 1, 2017
Org. Level: 68-20-00-00-000
FTEs: 1 Positions: 1

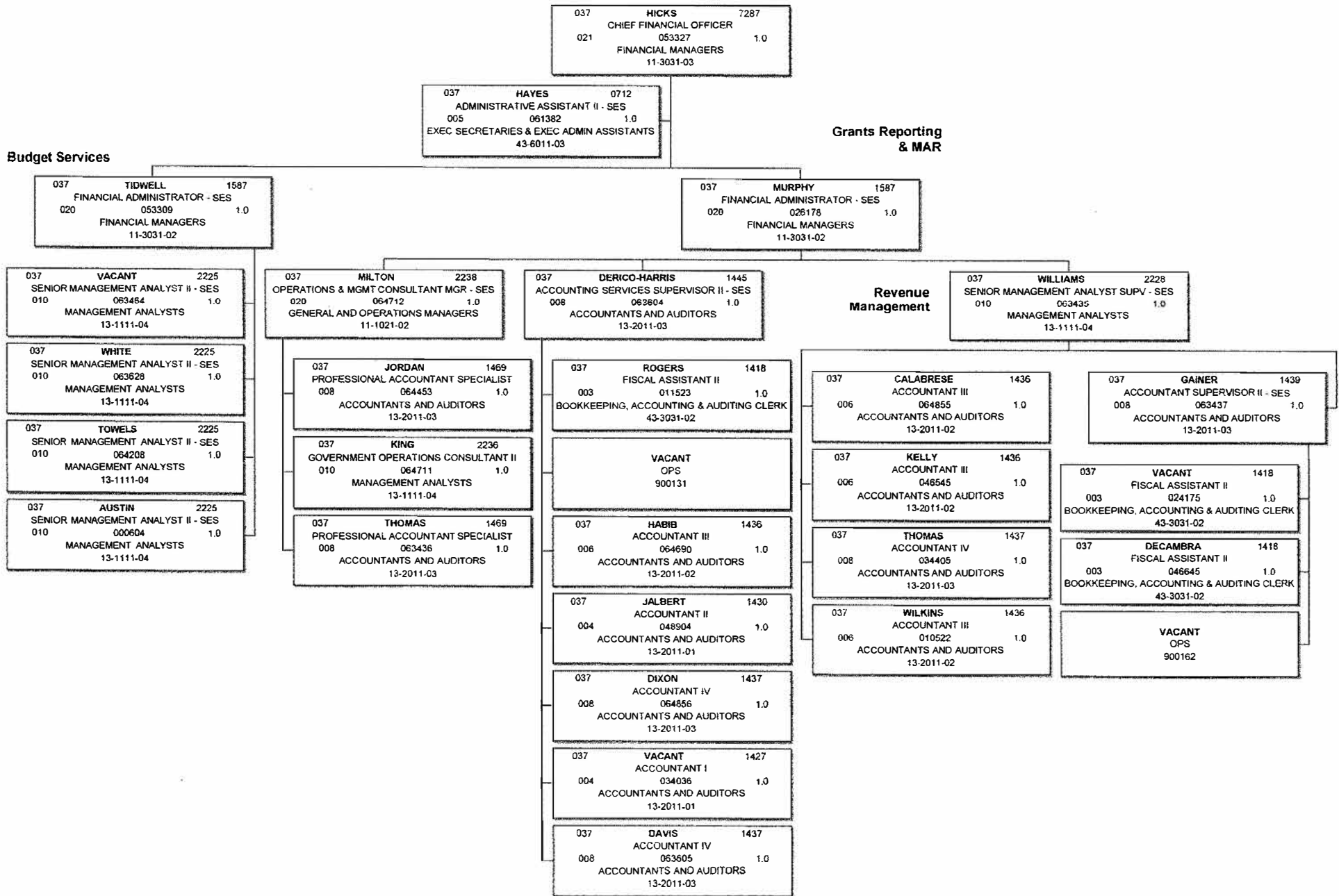
Division of Operations FTE: 77
Division of Operations # Positions: 77



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Bureau of Financial Services

Effective Date: July 1, 2017
Org. Level: 68-20-15-00-000
FTEs: 41 Positions: 41

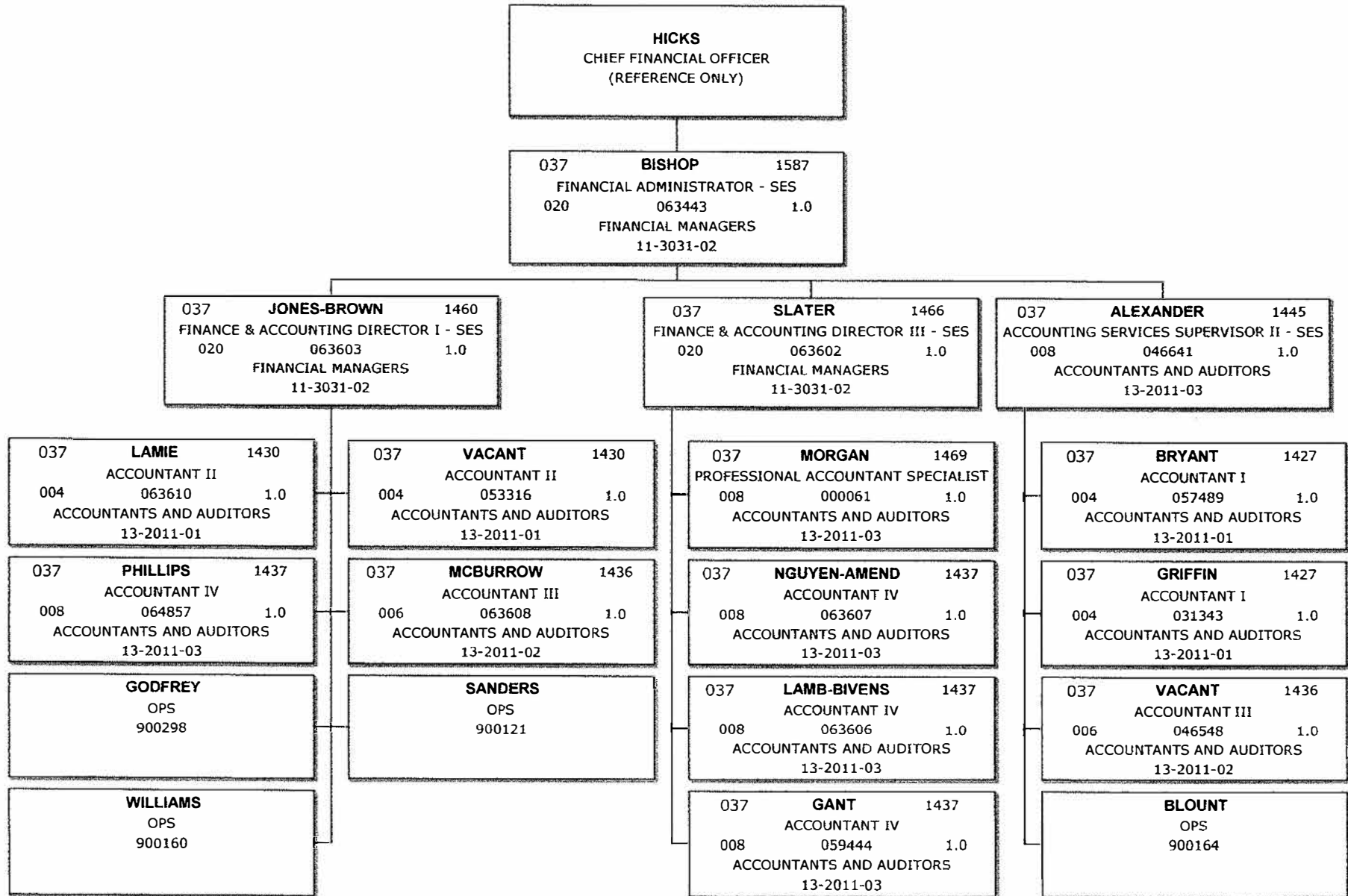


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Bureau of Financial Services

Accounting Policy & Systems/Disbursements

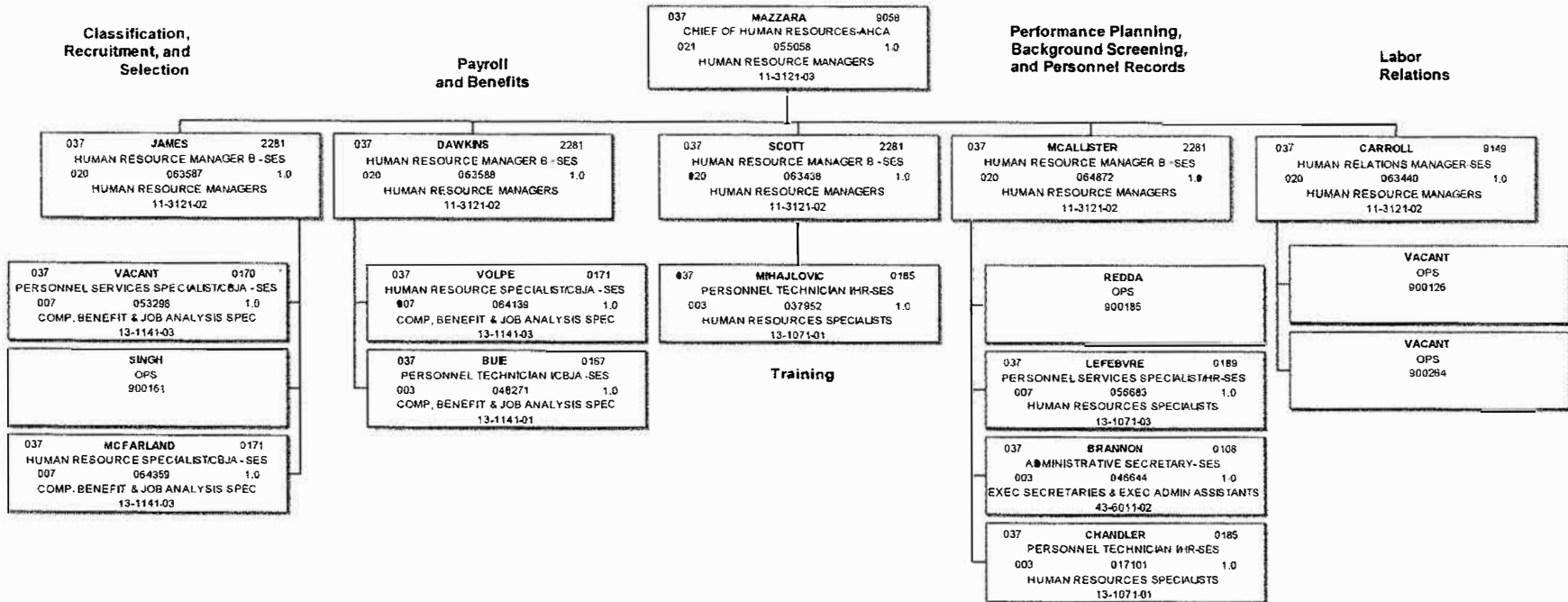
Effective Date: July 1, 2017
Org. Level: 68-20-15-00-000
FTEs: 41 Positions: 41



AGENCY FOR HEALTH CARE ADMINISTRATION

Division Of Operations Bureau of Human Resources

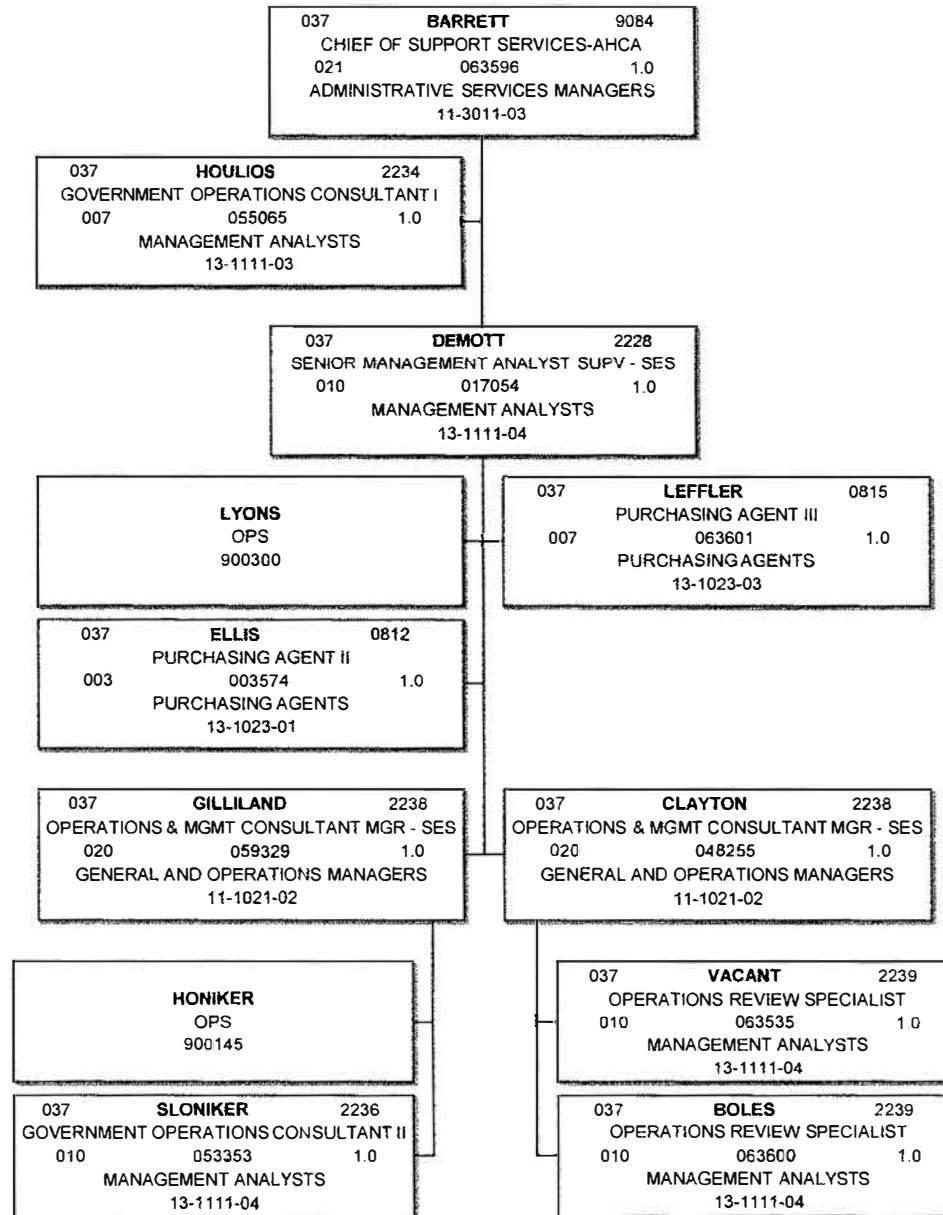
Effective Date: July 1, 2017
Org. Level: 68-20-20-00-000
FTEs: 14 Positions: 14



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Bureau of Support Services Purchasing & Contract Administration

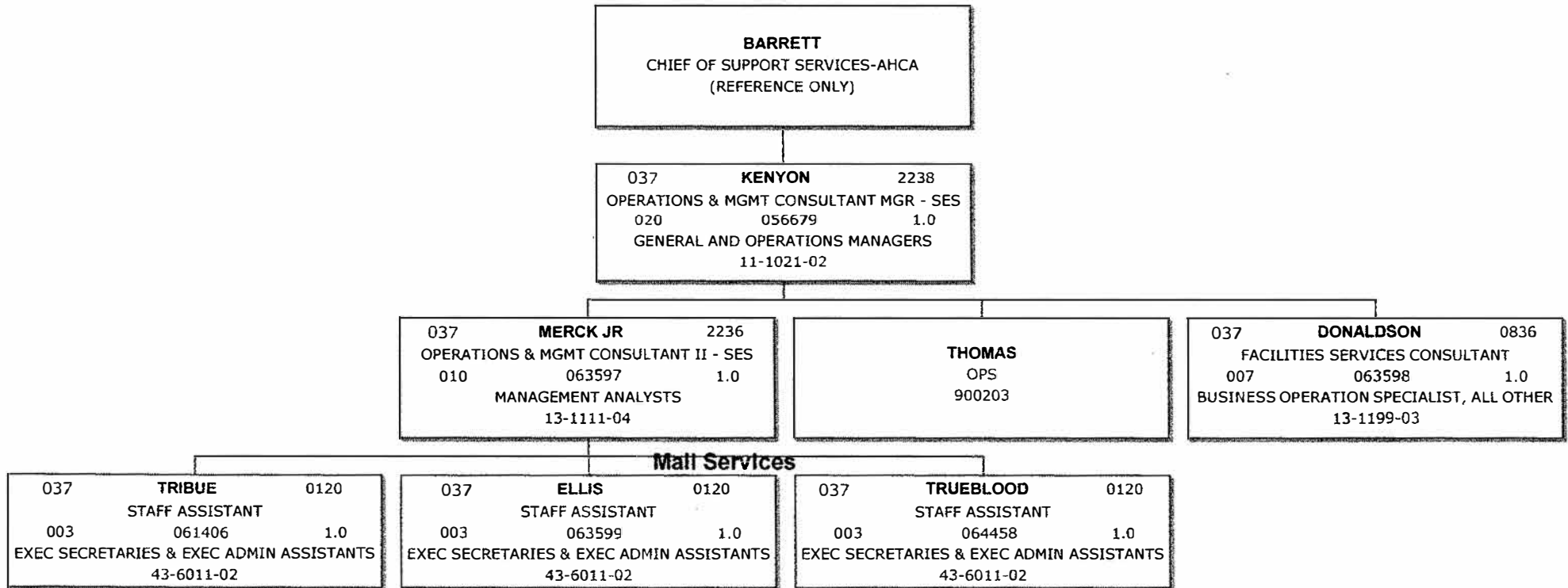
Effective Date: July 1, 2017
Org. Level: 68-20-40-00-000
FTEs: 16 Positions: 16



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Bureau of Support Services Facilities Management

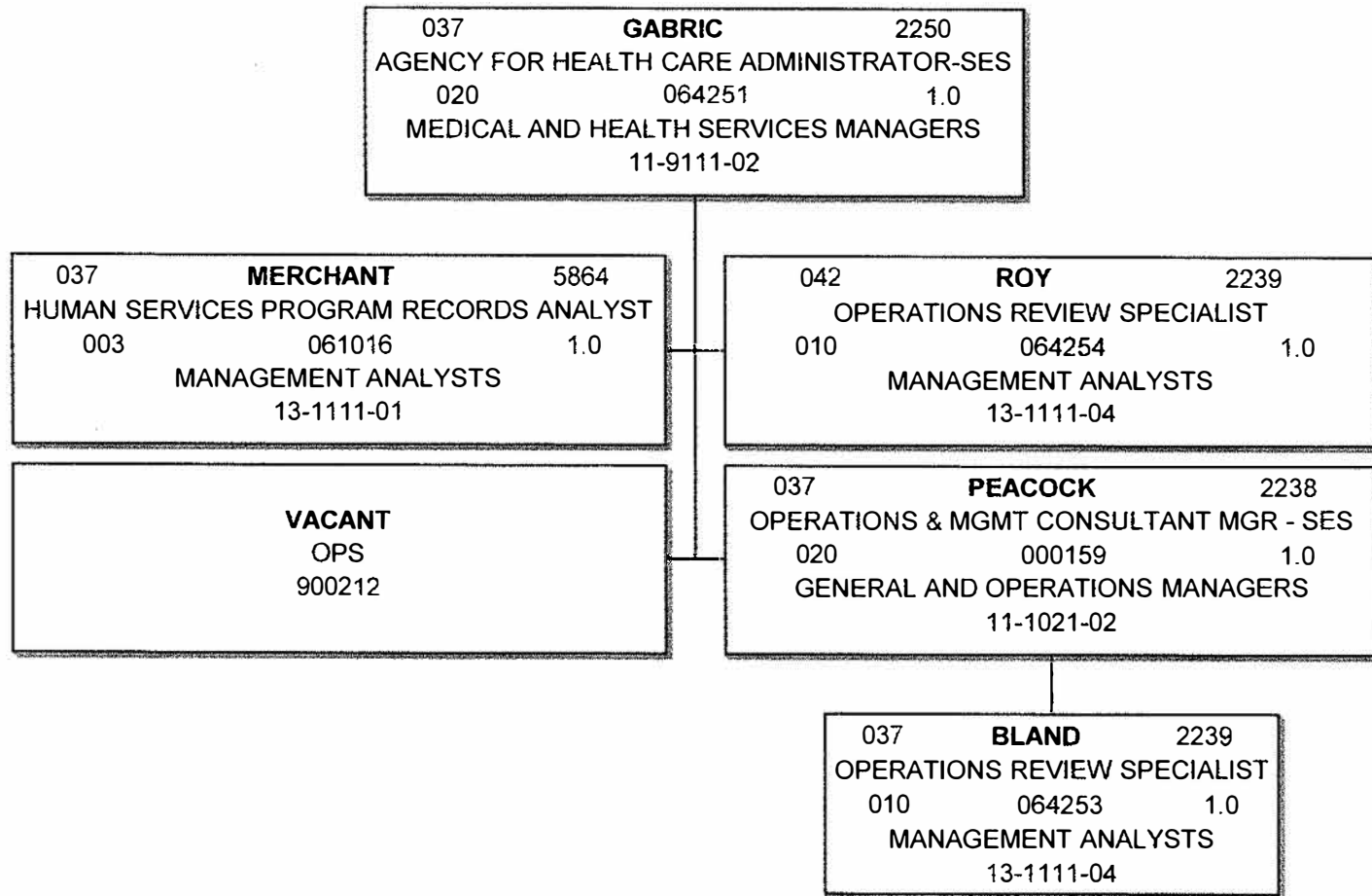
Effective Date: July 1, 2017
Org. Level: 68-20-40-00-000
FTEs: 16 Positions: 16



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Medicaid Third Party Liability

Effective Date: July 1, 2017
Org. Level: 68-20-50-00-000
FTEs: 5 Positions: 5

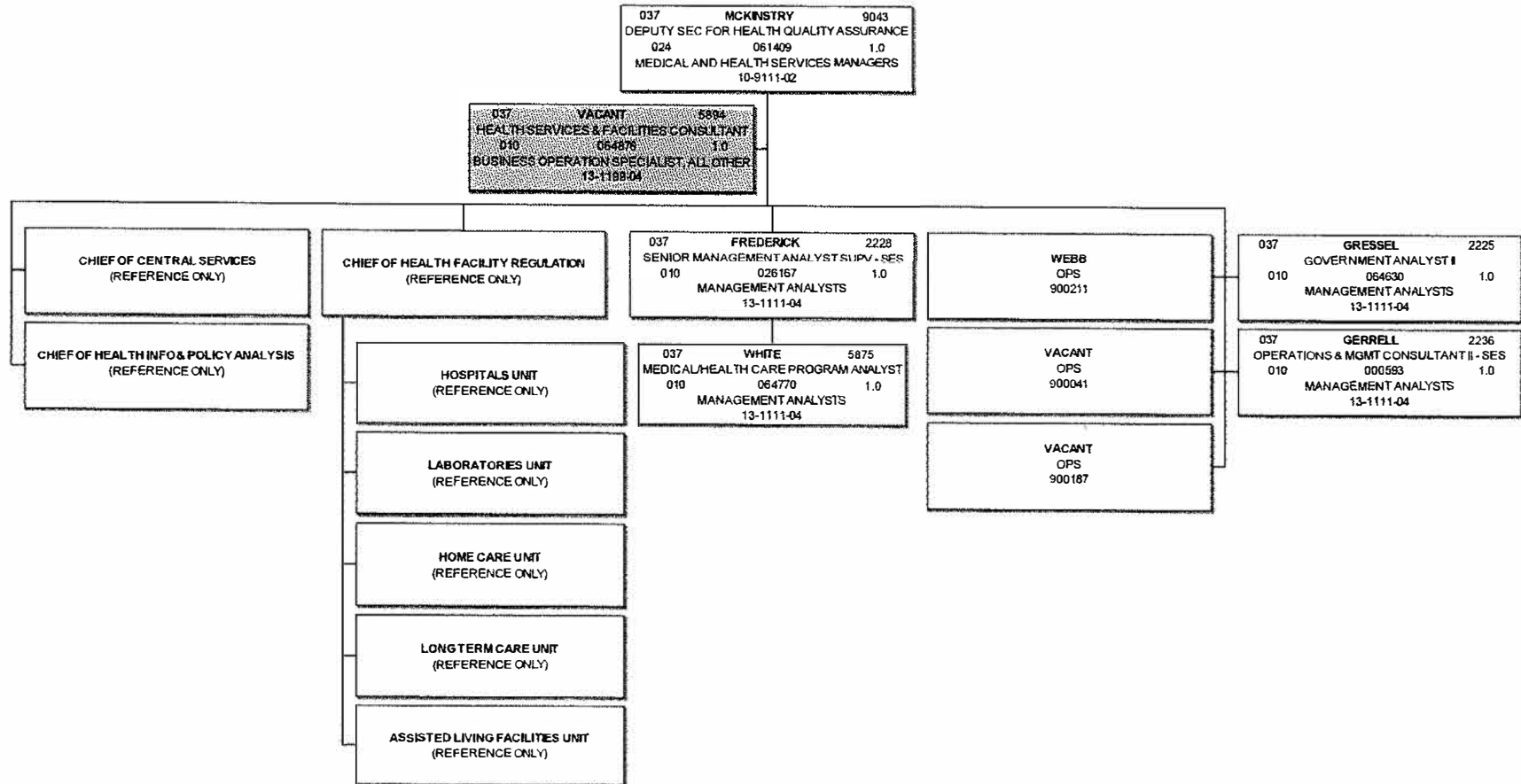


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Deputy Secretary's Office

Effective Date: July 1, 2017
Org. Level: 68-30-00-00-000
FTEs: 6 Positions: 6

Division of HQA FTE: 638.50
Division of HQA # Positions:
639

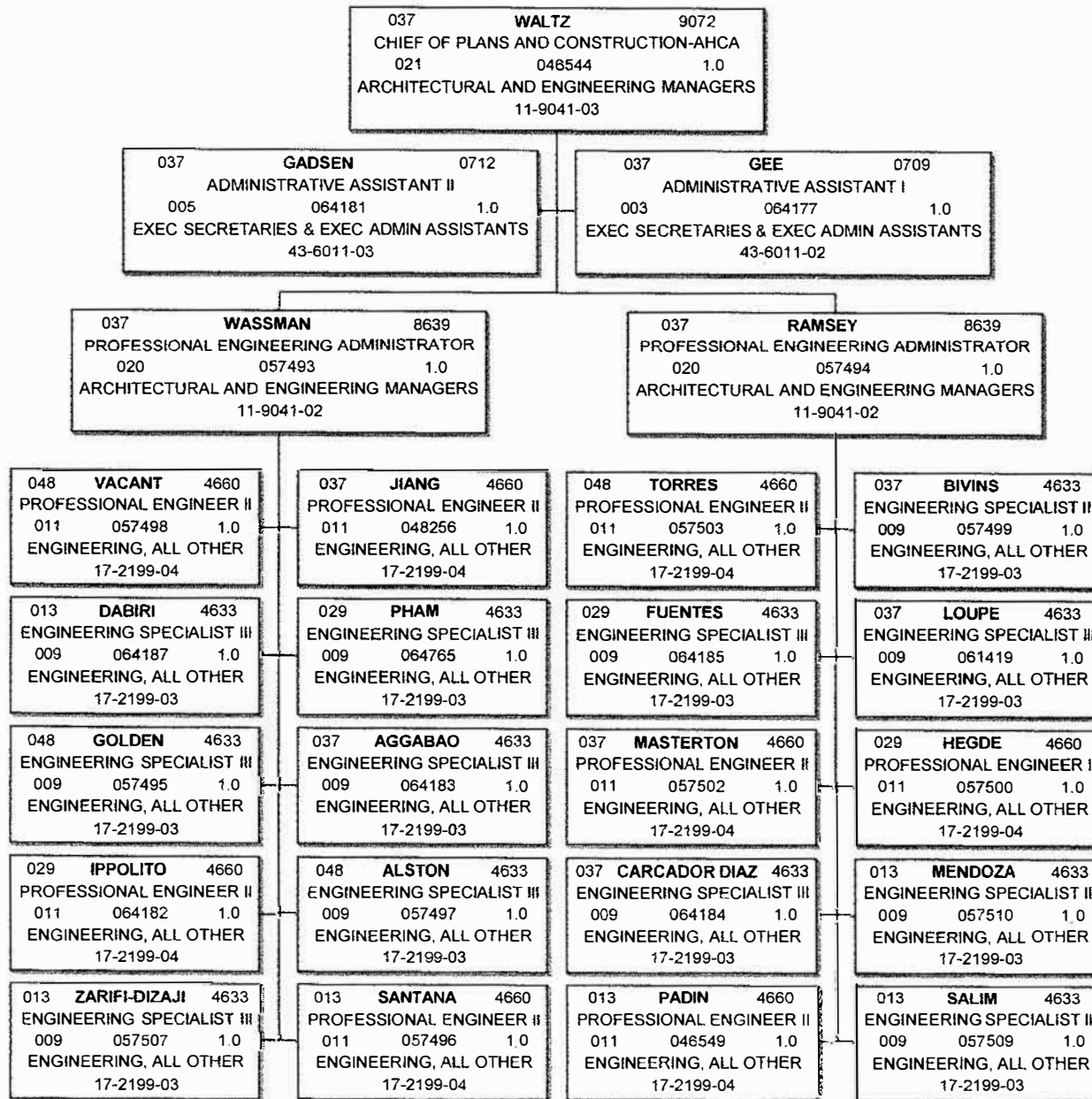


*Shaded boxes are in HQA Reserve 68-90-30-00-000

AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Plans and Construction

Effective Date: July 1, 2017
Org. Level: 68-30-10-00-000
FTEs: 40 Positions: 40

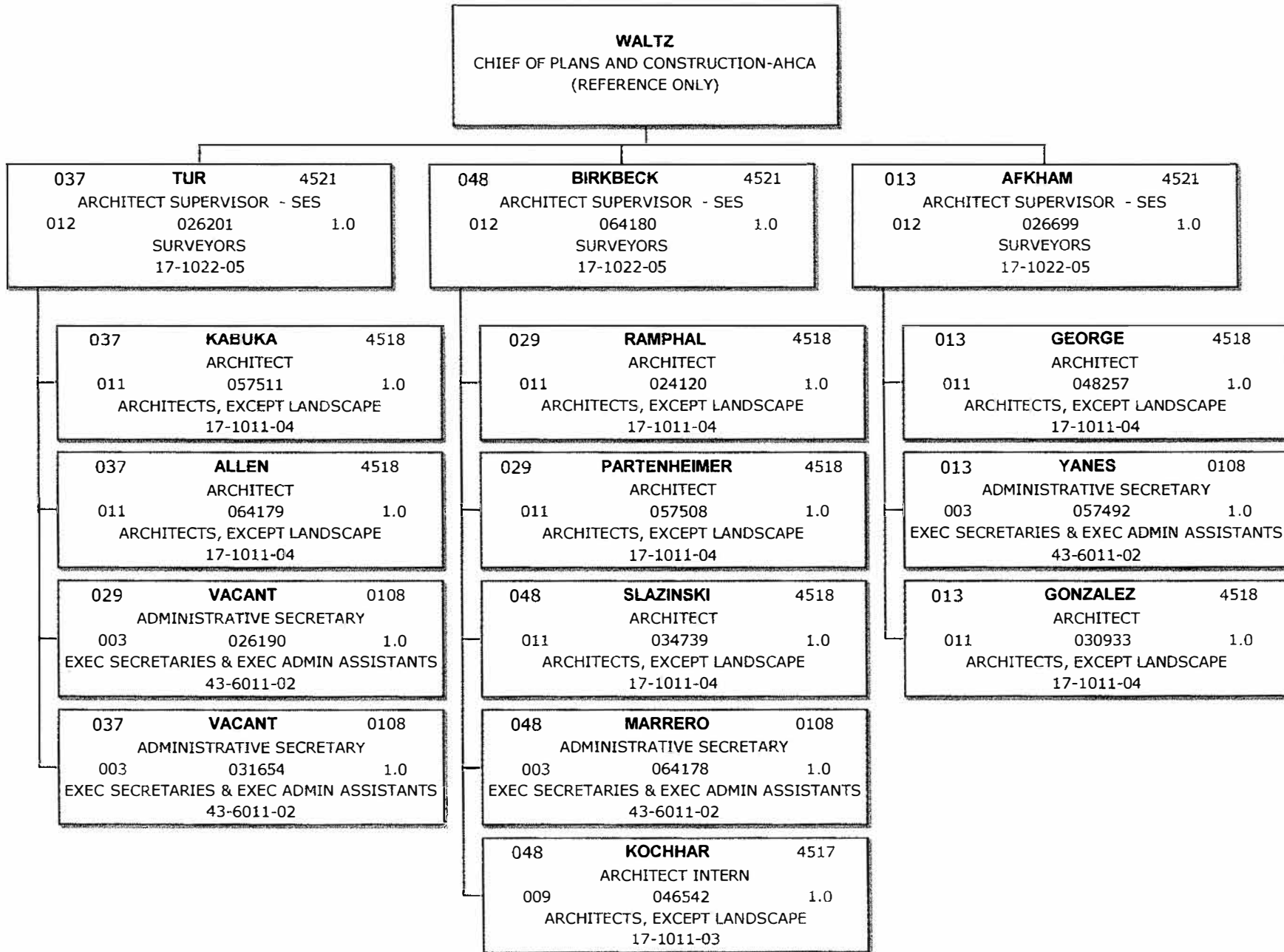


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Plans and Construction

Effective Date: July 1, 2017
 Org. Level: 68-30-10-00-000
 FTEs: 40 Positions: 40

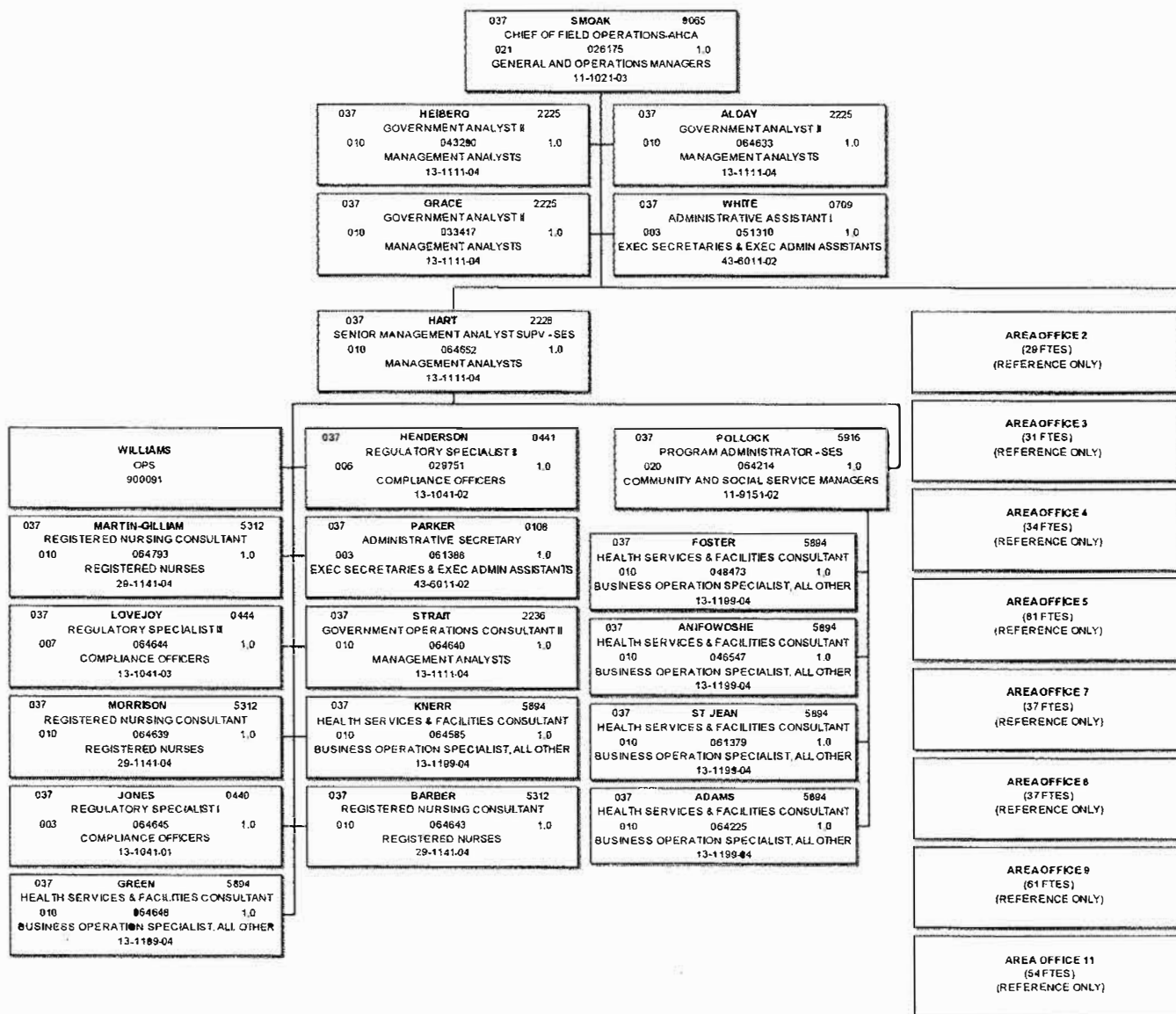


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations

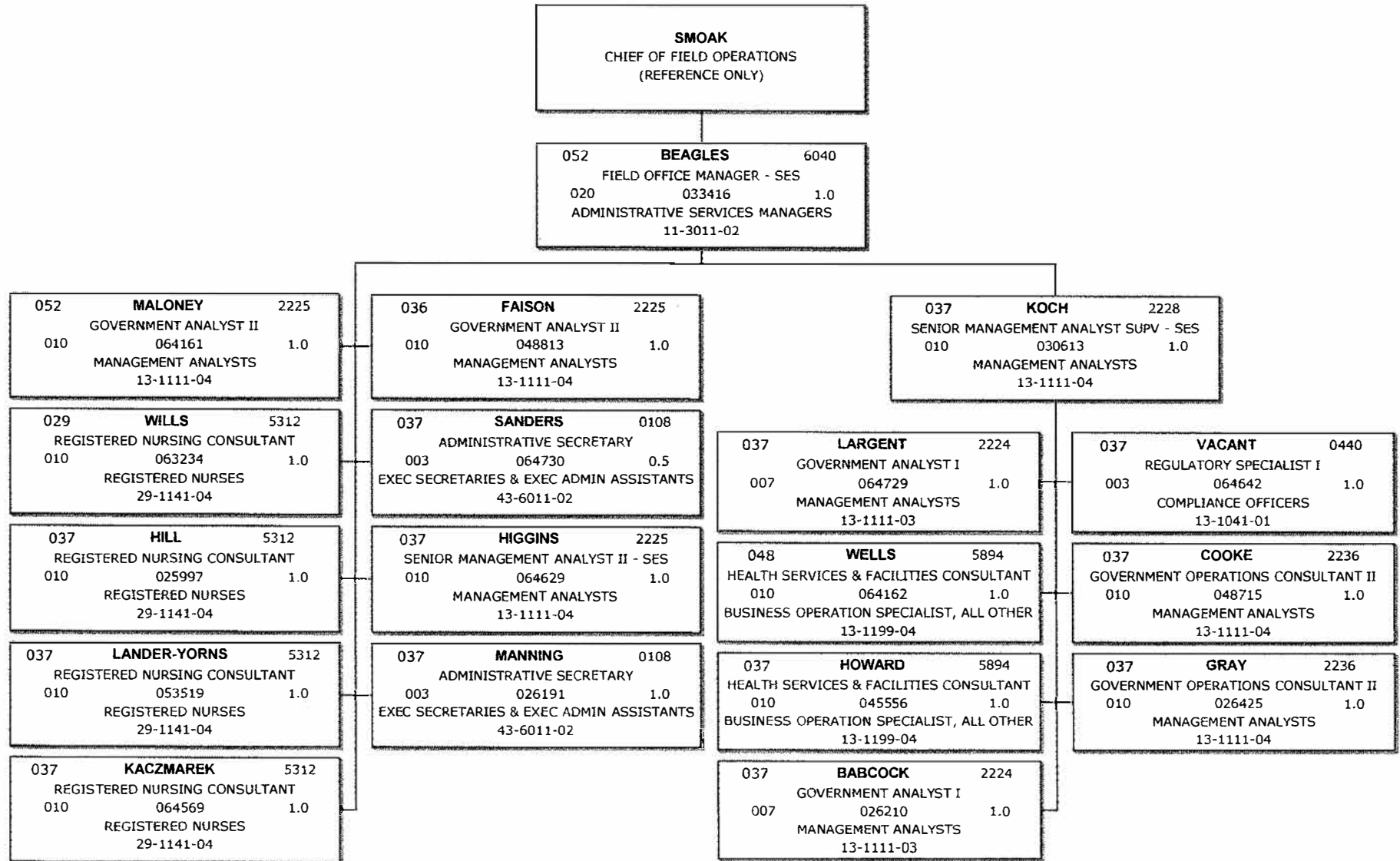
Effective Date: July 1, 2017
 Org. Level: 68-30-30-00-00
 FTEs: 21 Positions: 21



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations - Health Standards & Quality Survey & Certification Support Branch

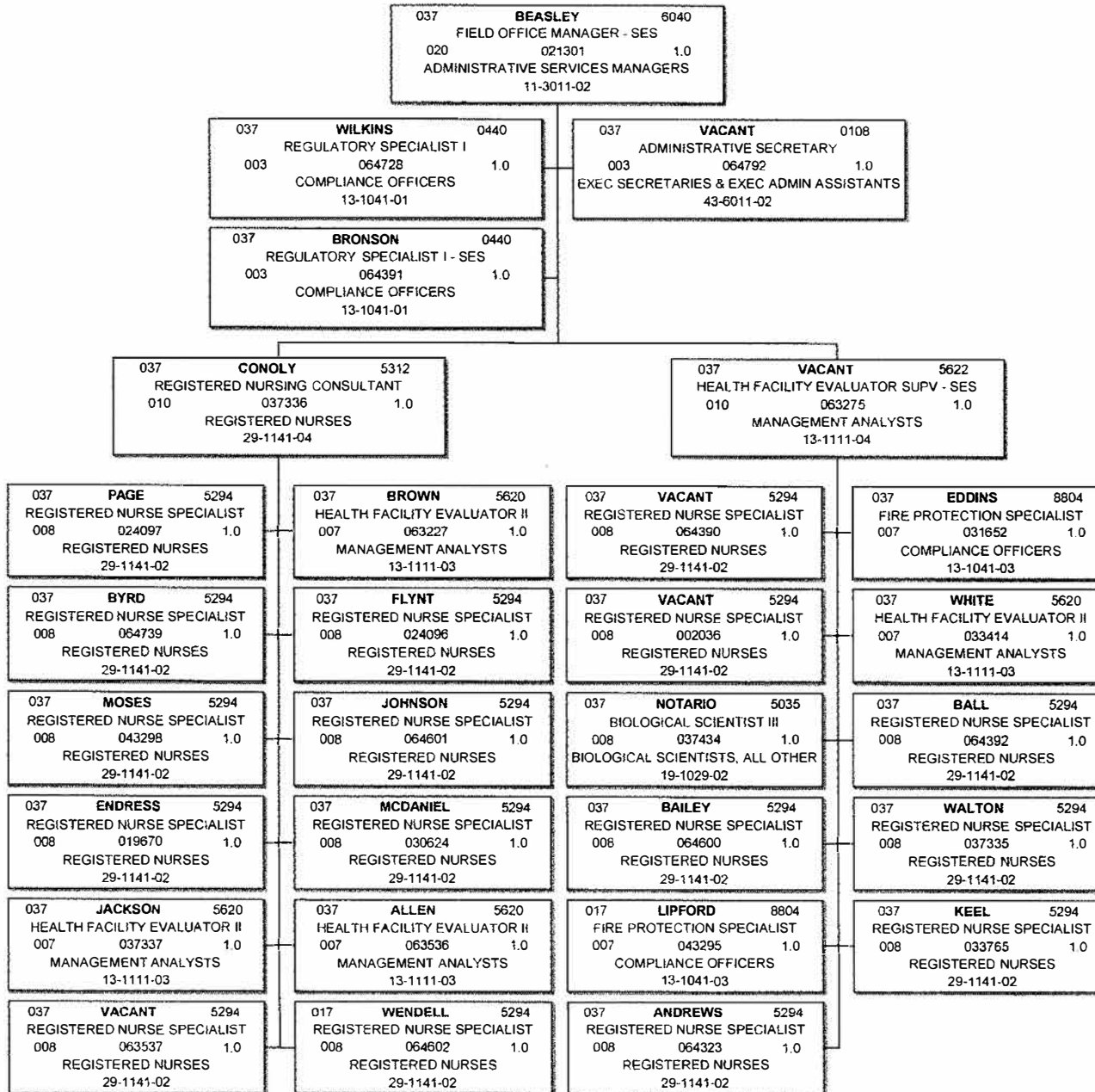
Effective Date: July 1, 2017
Org. Level: 68-30-30-000
FTEs: 29.5 Positions: 30



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations - Area 2 - Tallahassee

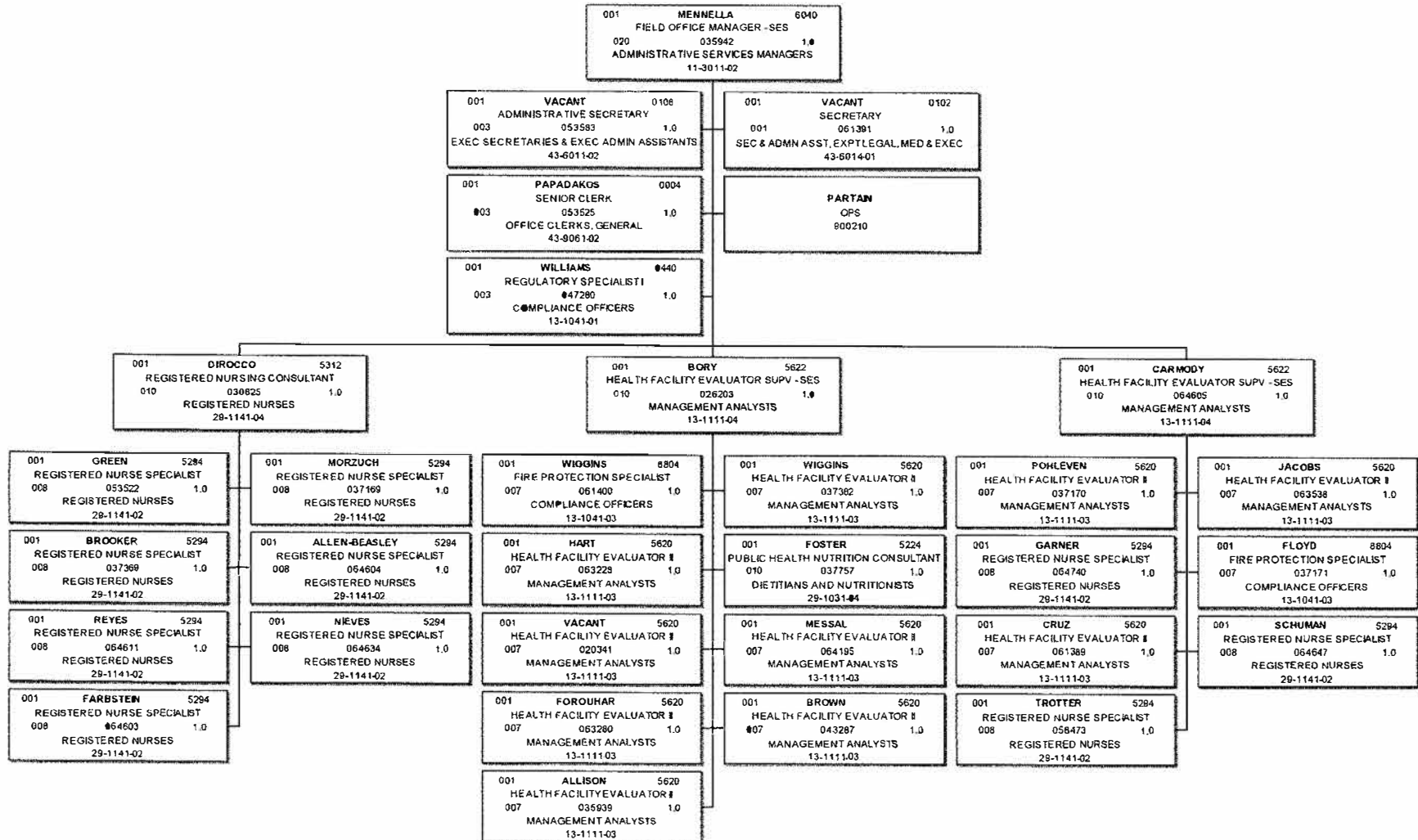
Effective Date: July 1, 2017
Org. Level: 68-30-30-02-000
FTEs: 29 Positions: 29



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations - Area 3 - Alachua

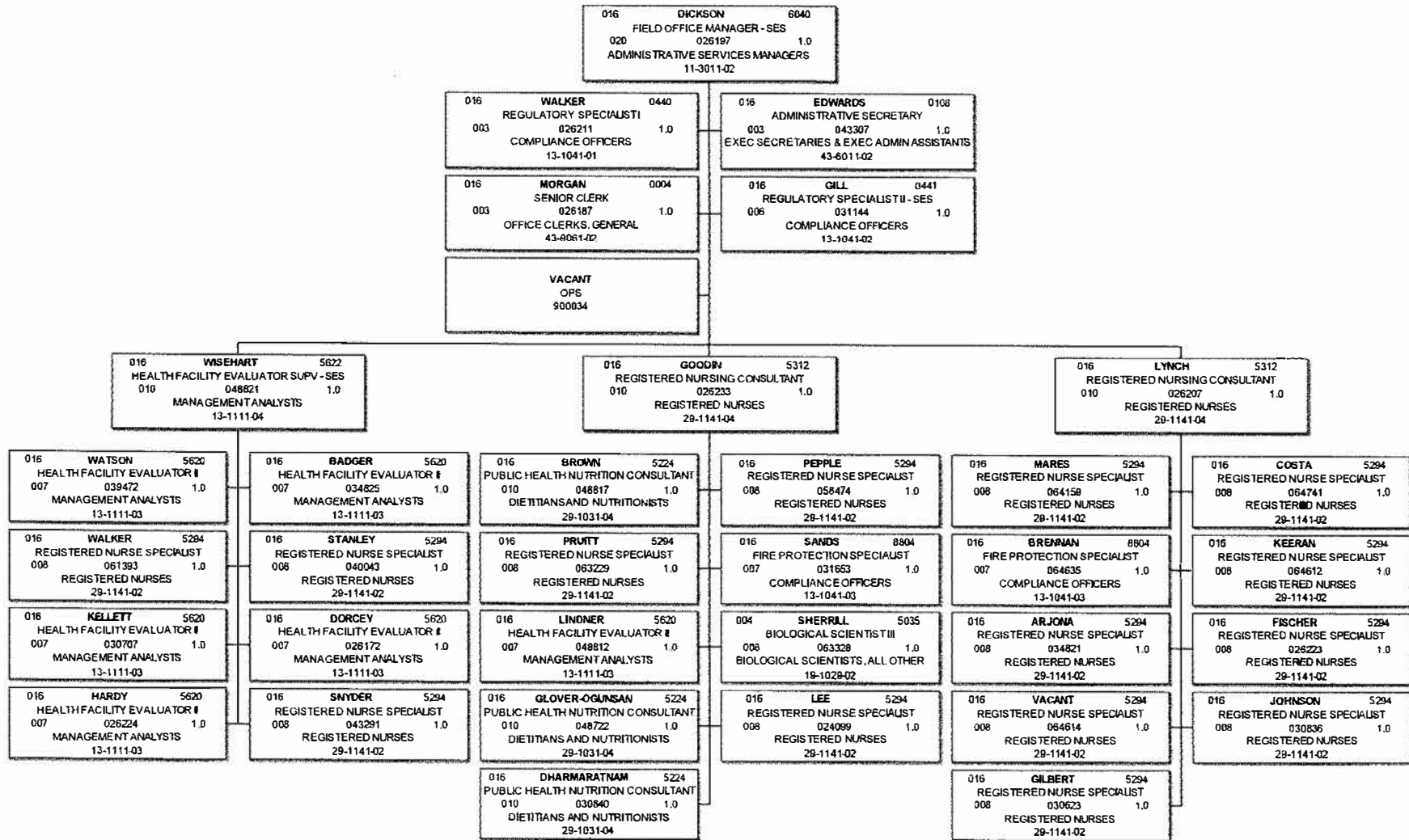
Effective Date: July 1, 2017
Org. Level: 68-30-30-03-000
FTEs: 30 Positions: 30



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations - Area 4 - Jacksonville

Effective Date: July 1 2017
Org. Level: 68-30-30-04-000
FTEs: 34 Positions: 34

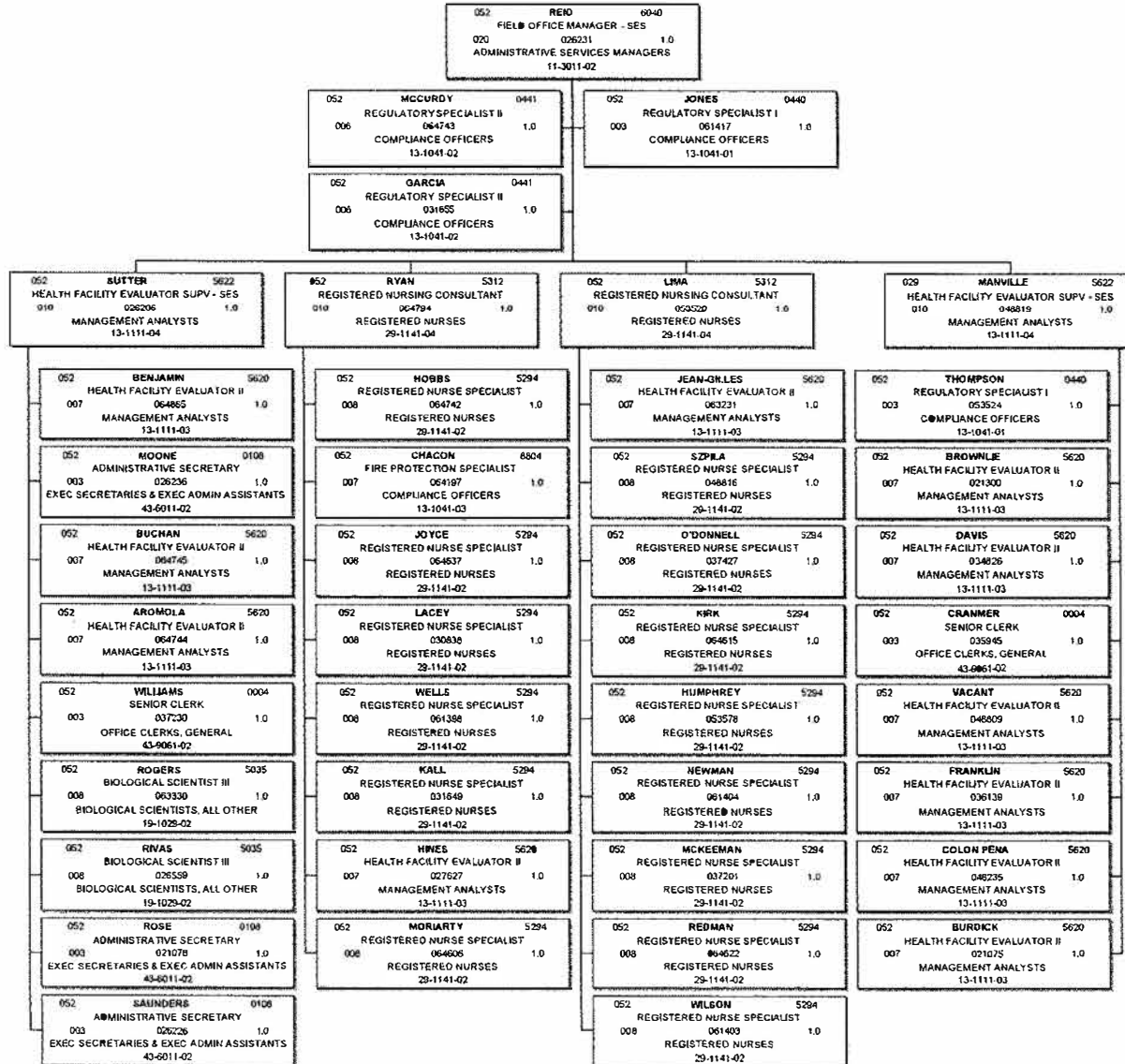


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 5 - St. Petersburg

Effective Date: July 1, 2017
 Org. Level: 68-30-05-000
 FTEs: 80 Positions: 80

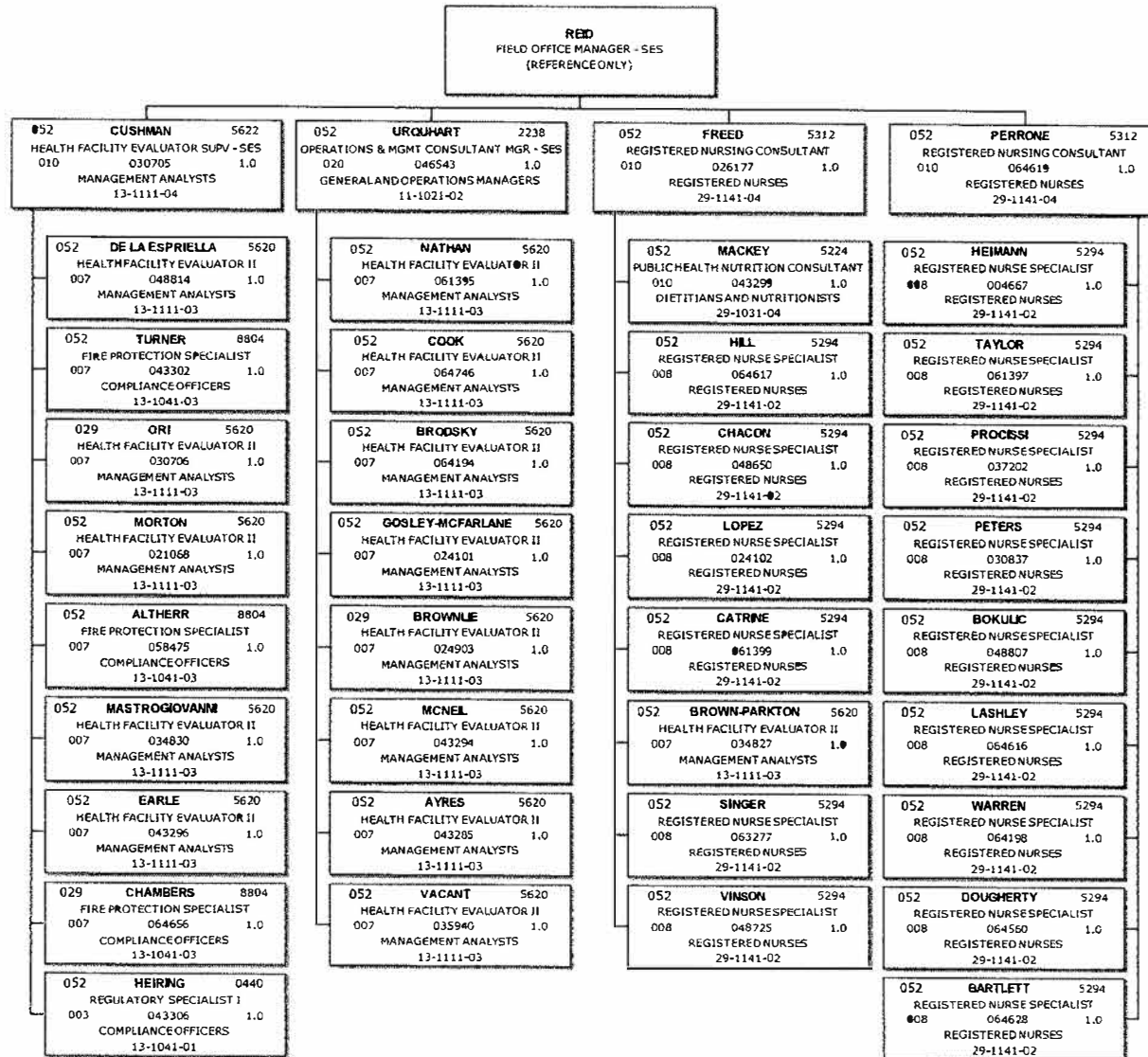


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 5 - St. Petersburg

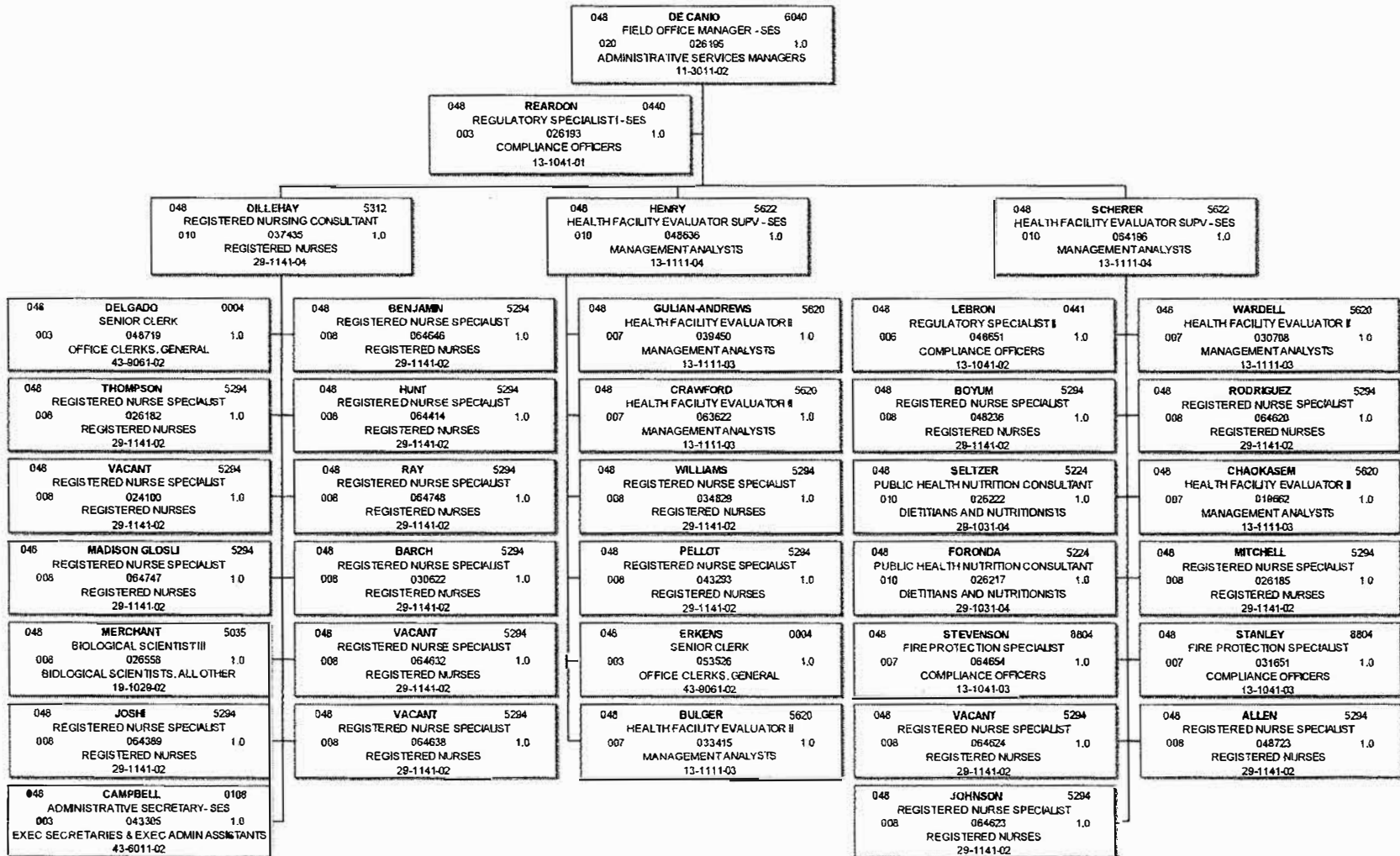
Effective Date: July 1, 2017
 Org. Level: 68-30-30-05-000
 FTEs: 80 Positions: 80



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations - Area 7 - Orlando

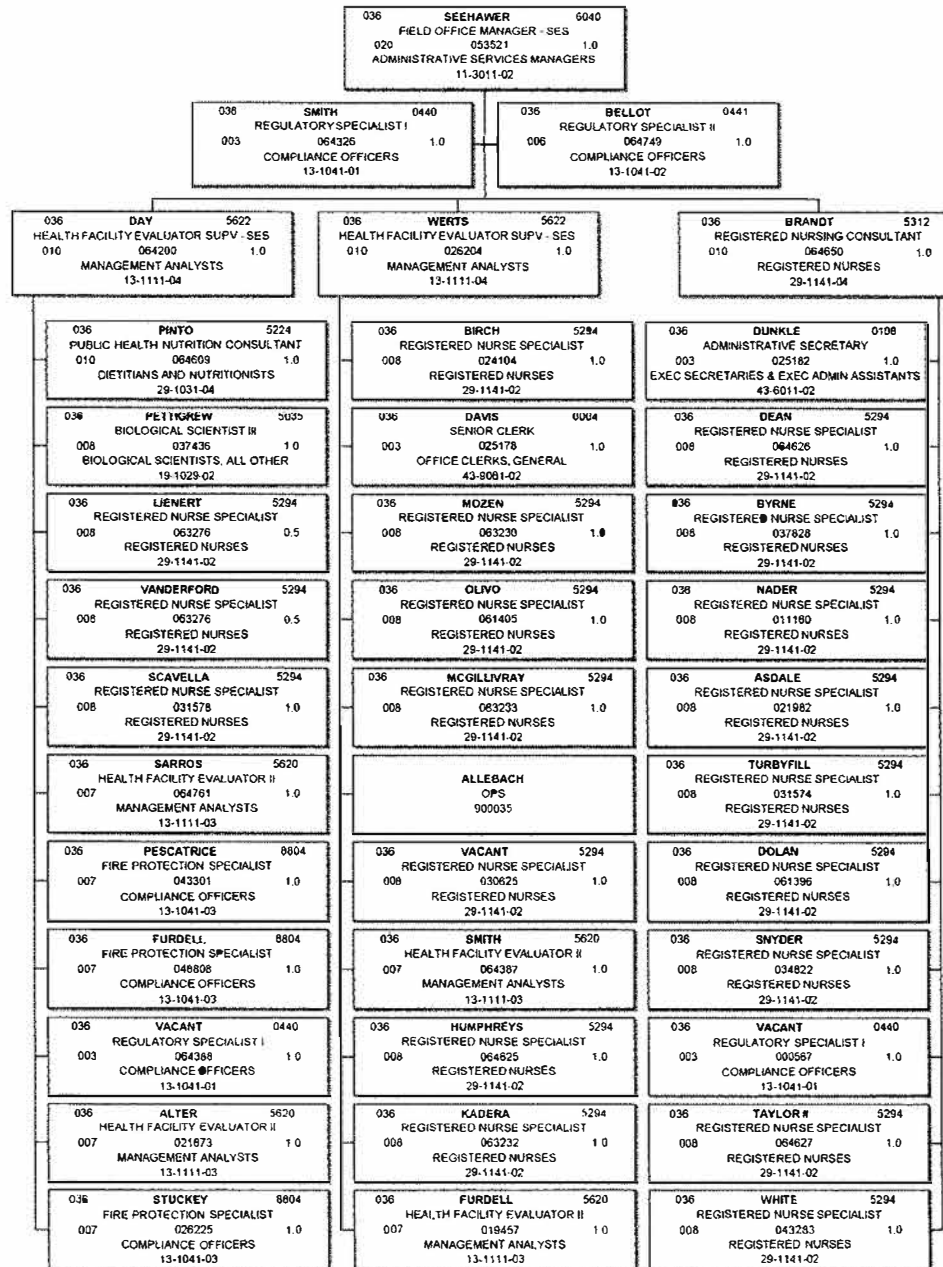
Effective Date: July 1, 2017
Org. Level: 68-30-30-07-000
FTEs: 37 Positions: 37



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations - Area 8 - Ft. Myers

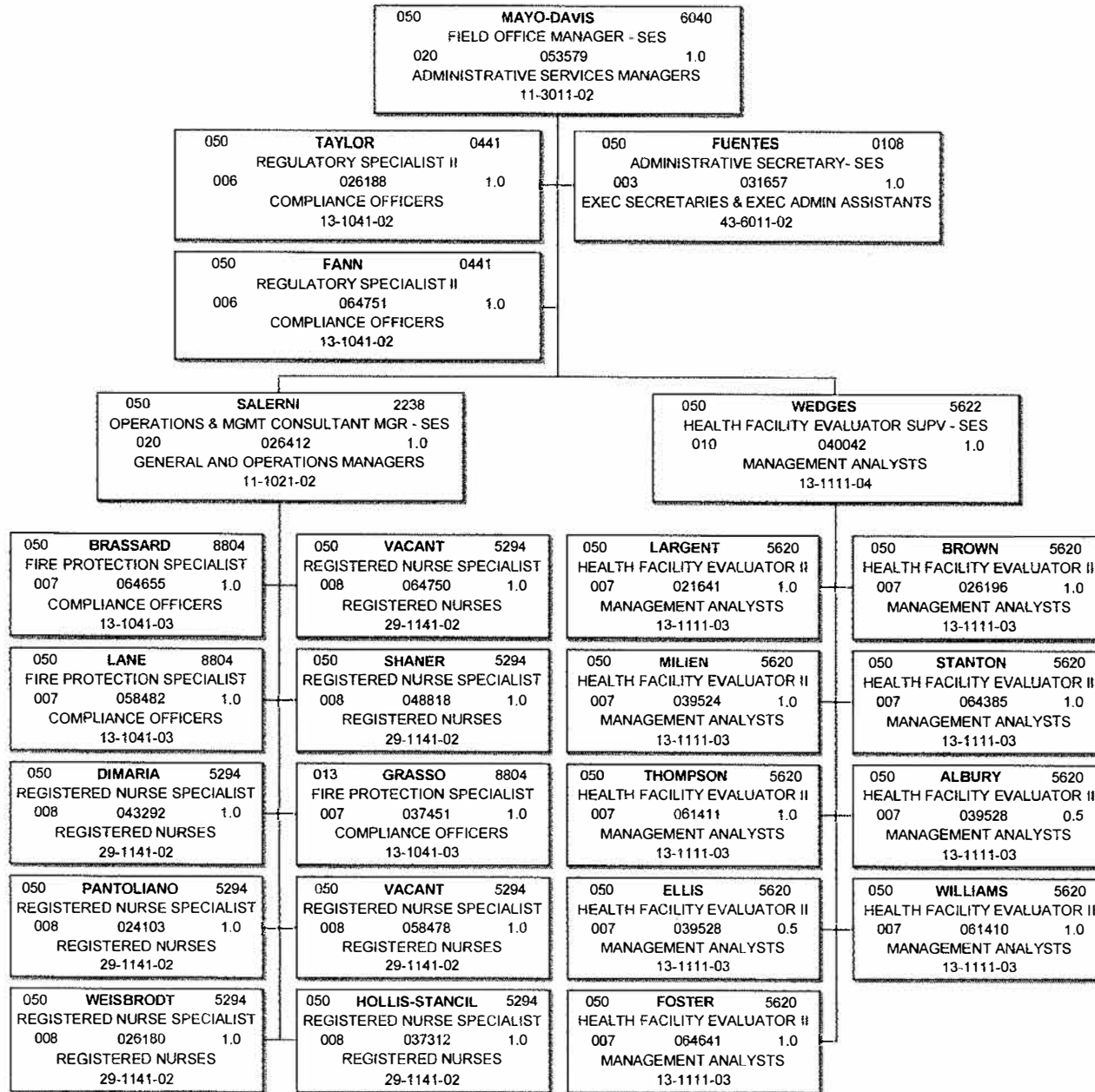
Effective Date: July 1, 2017
Org. Level: 68-30-30-08-000
FTEs: 37 Positions: 37



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations - Area 9 Delray Beach

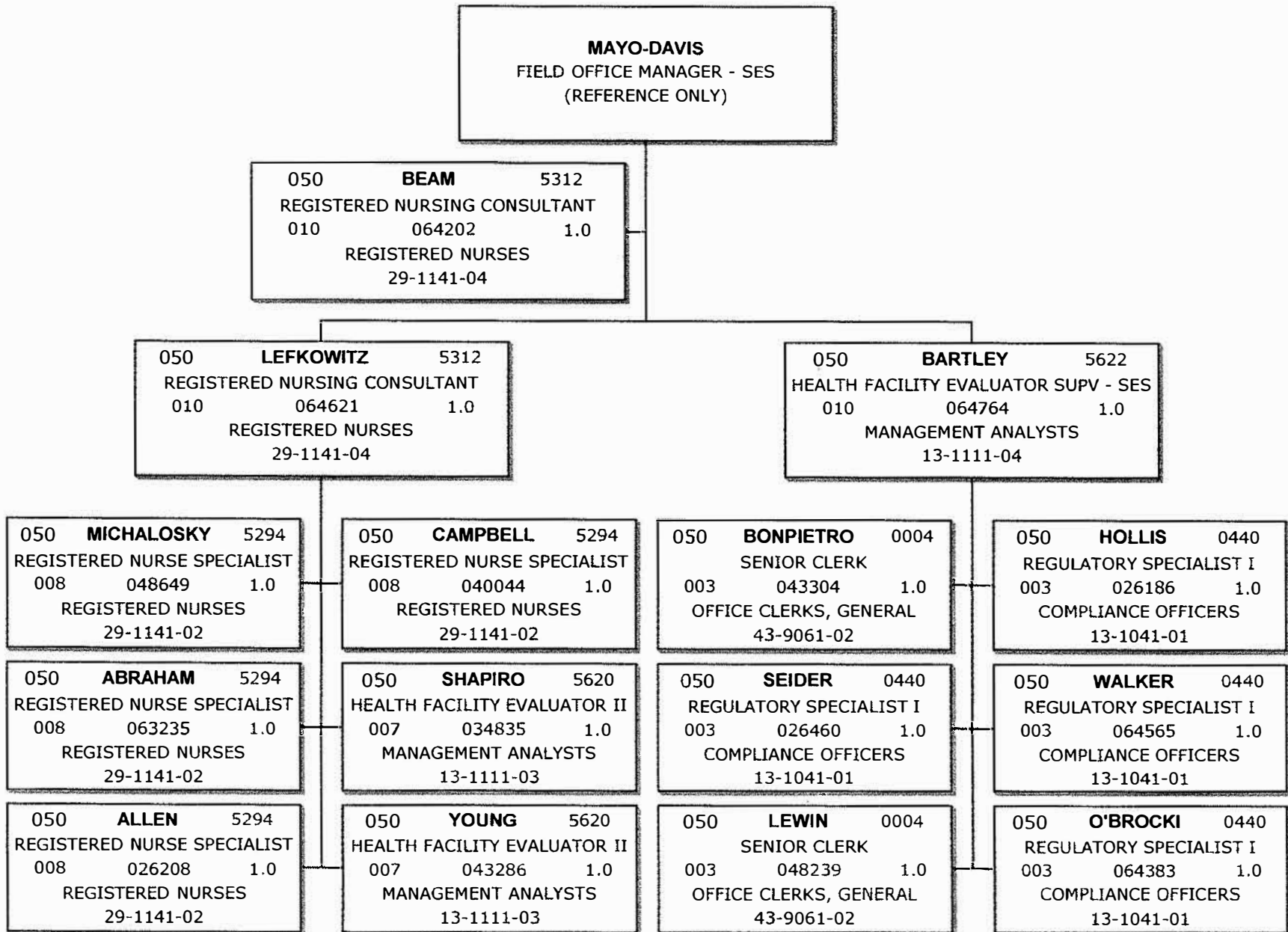
Effective Date: July 1, 2017
Org. Level: 68-30-30-09-000
FTEs: 61 Positions: 61



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations - Area 9 - Delray Beach

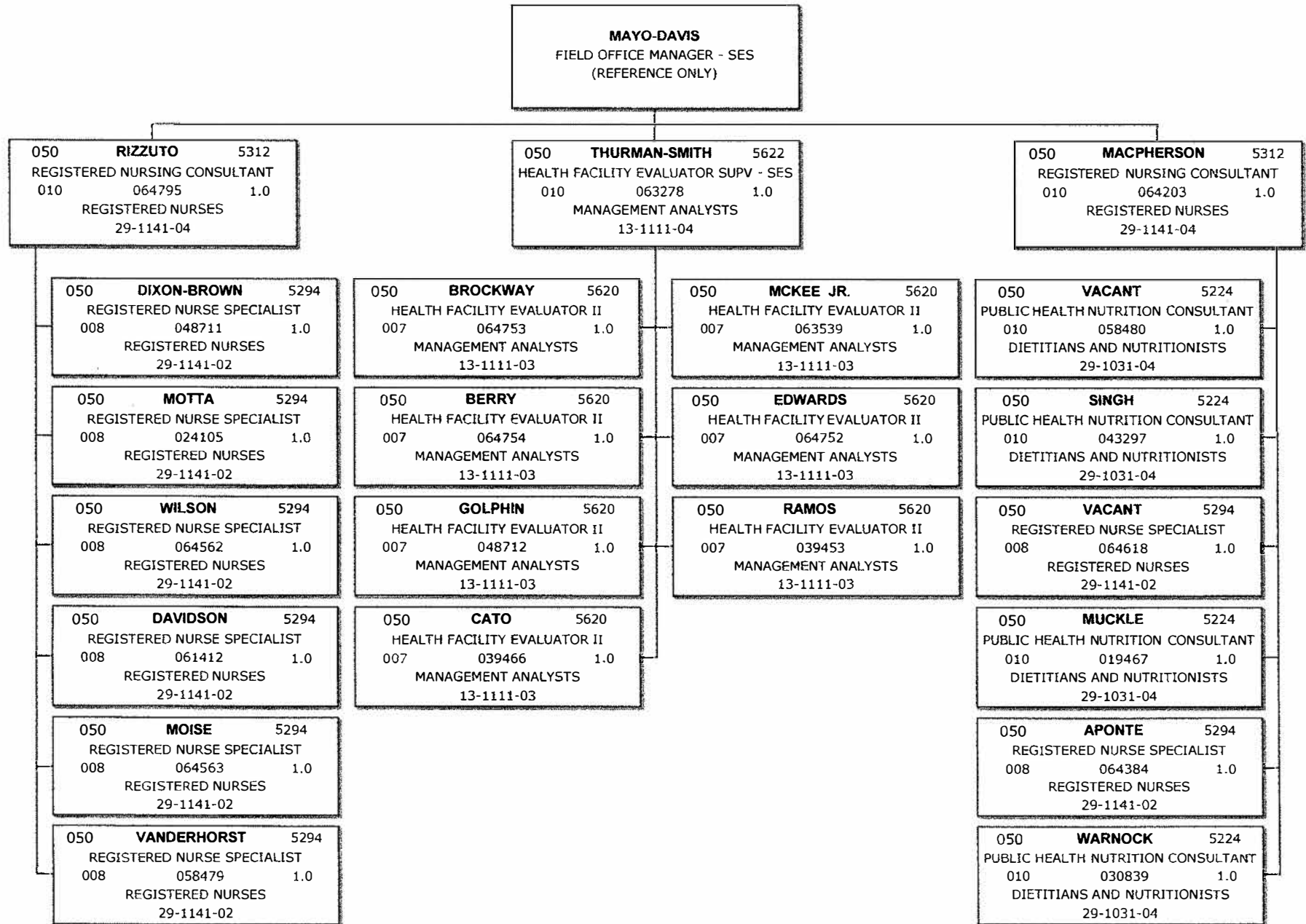
Effective Date: July 1, 2017
Org. Level: 68-30-30-09-000
FTEs: 61 Positions: 61



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations - Area 9 - Delray Beach

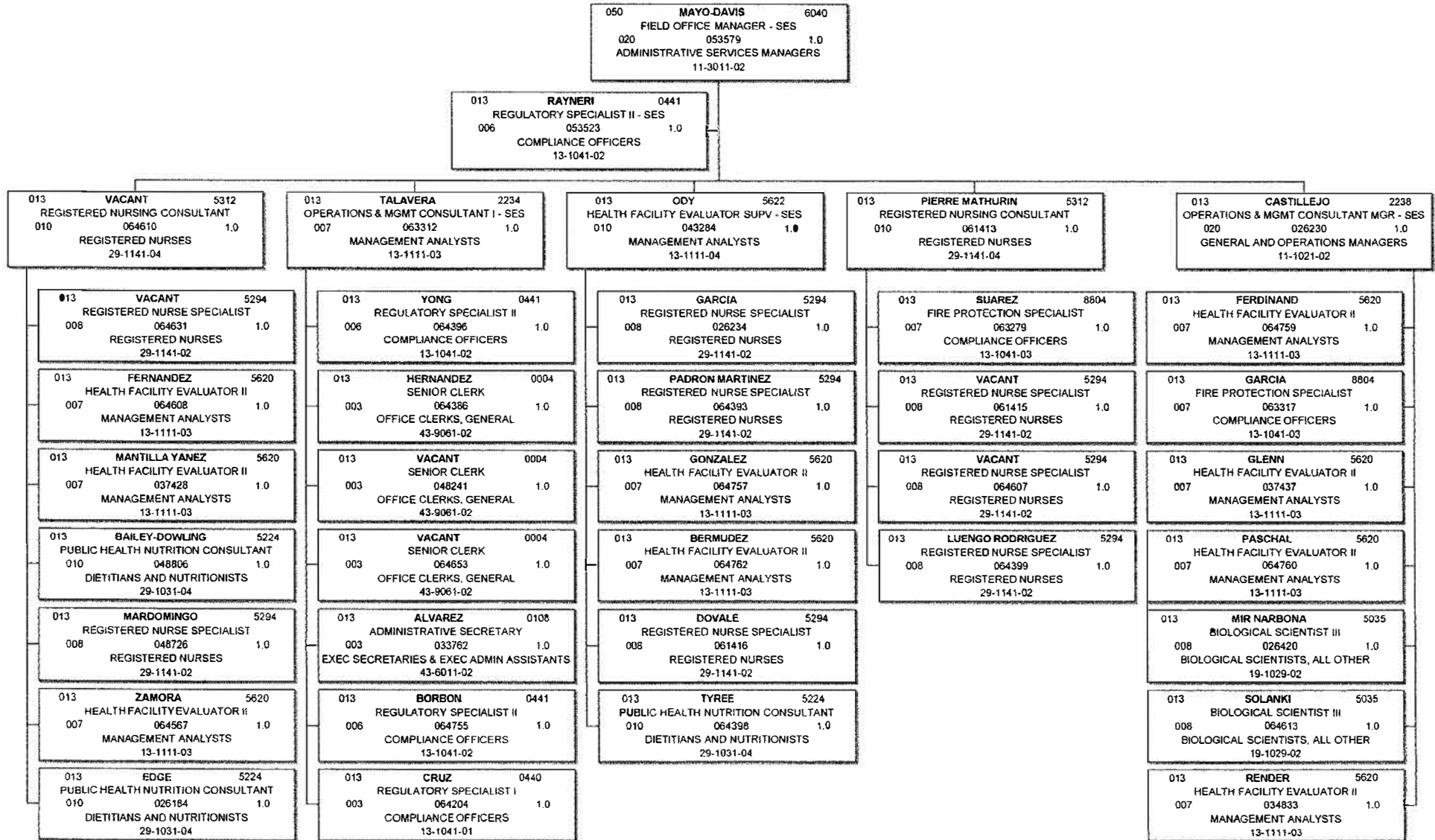
Effective Date: July 1, 2017
Org. Level: 68-30-30-09-000
FTEs: 61 Positions: 61



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations - Area 11 - Miami

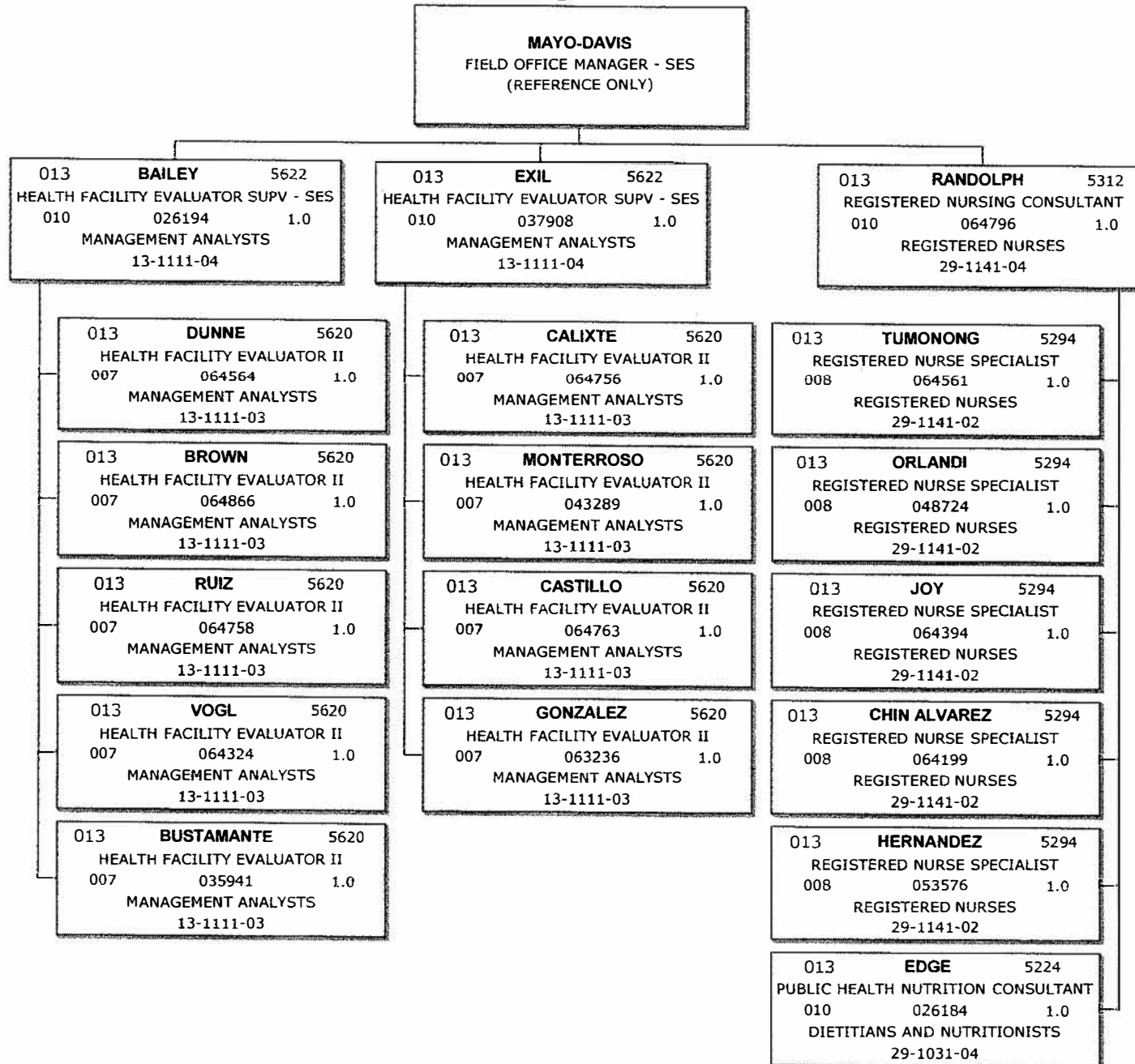
Effective Date: July 1, 2017
Org. Level: 68-30-30-11-000
FTEs: 54 Positions: 54



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations - Area 11 - Miami

Effective Date: July 1, 2017
Org. Level: 68-30-30-11-000
FTEs: 54 Positions: 54

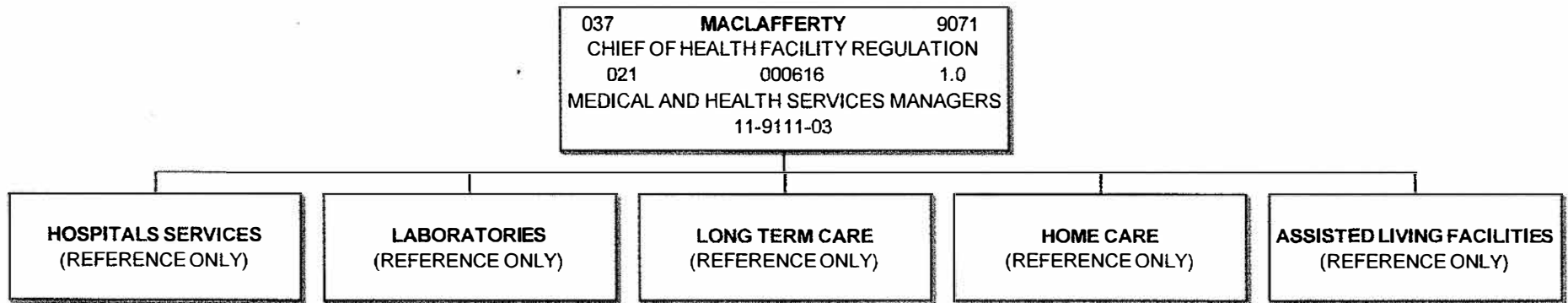


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

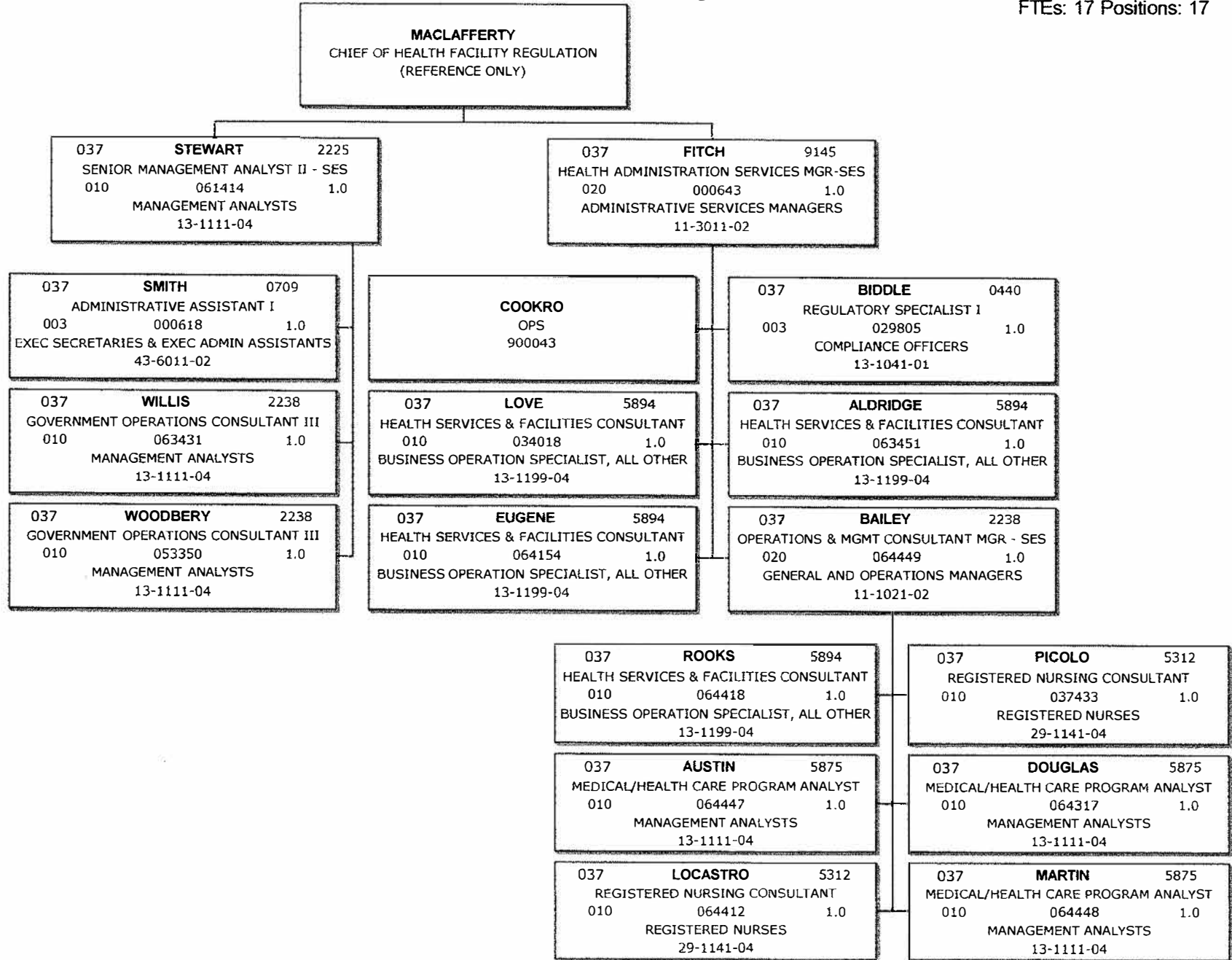
Effective Date: July 1, 2017
Org. Level: 68-30-20-00-000
FTEs: 94.5 Positions: 95



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Health Facility Regulation

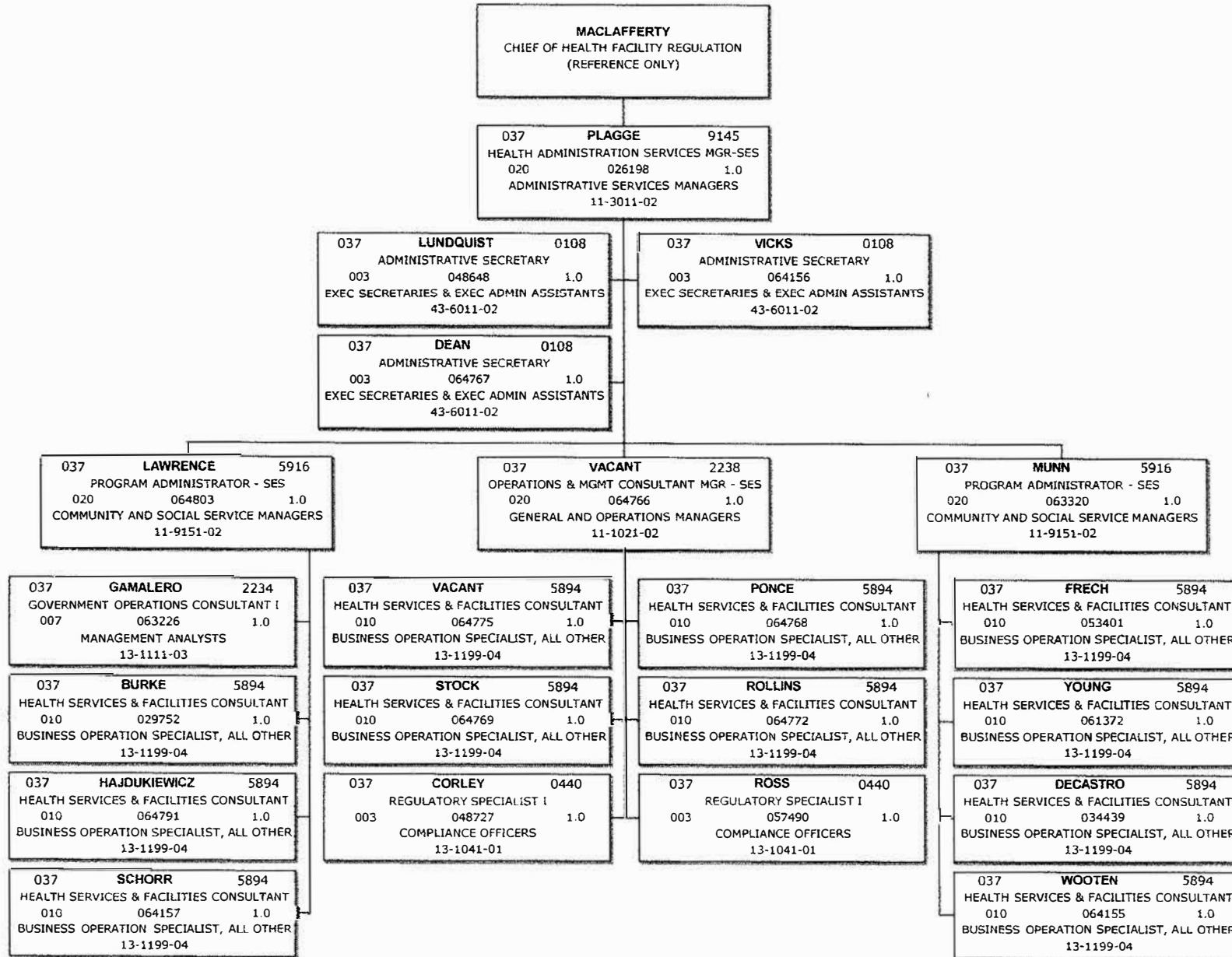
Effective Date: July 1, 2017
Org. Level: 68-30-20-00-000
FTEs: 17 Positions: 17



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Health Facility Regulation Hospitals Unit

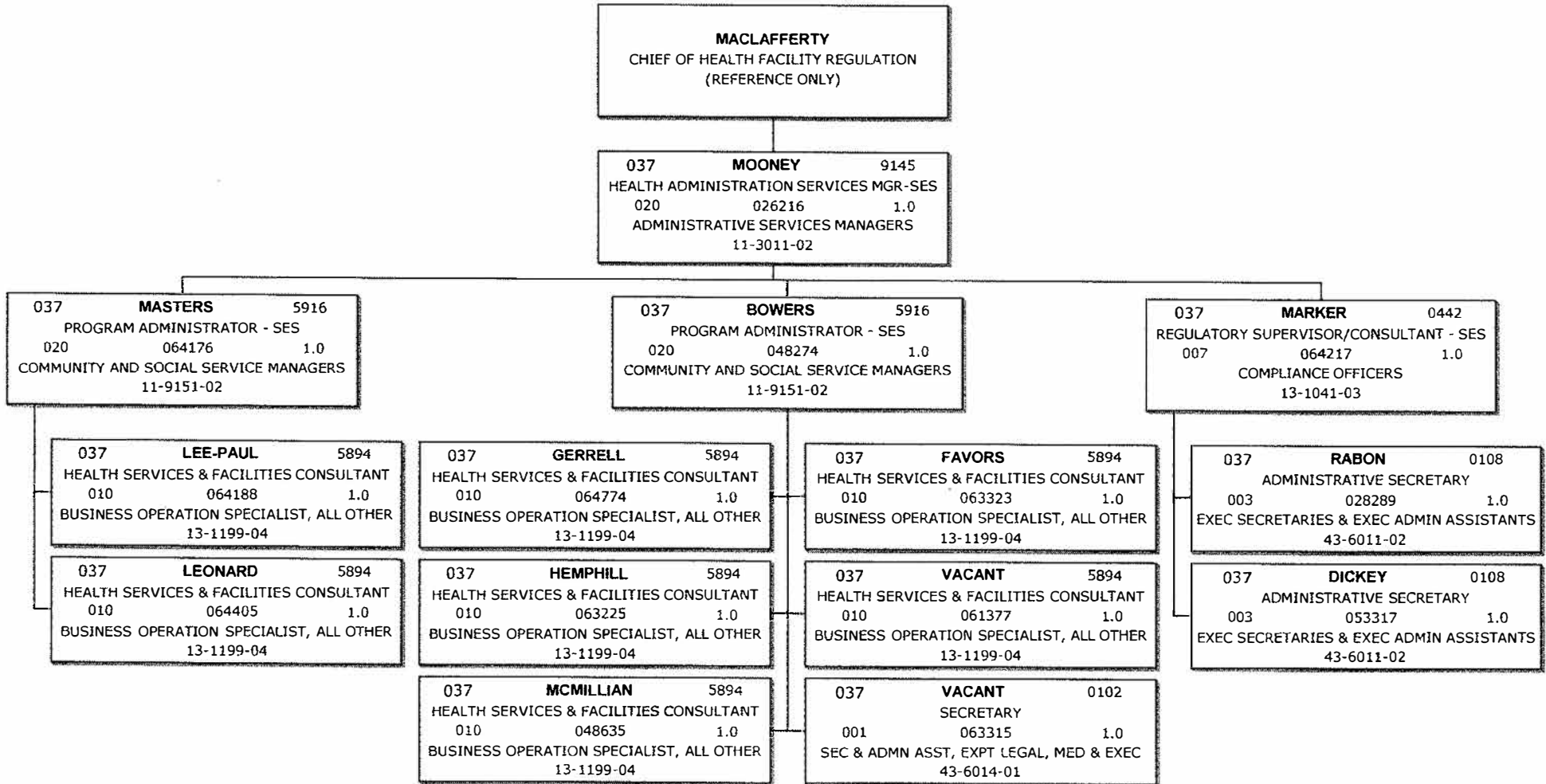
Effective Date: July 1, 2017
Org. Level: 68-30-20-20-000
FTEs: 21 Positions: 21



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Health Facility Regulation Laboratories

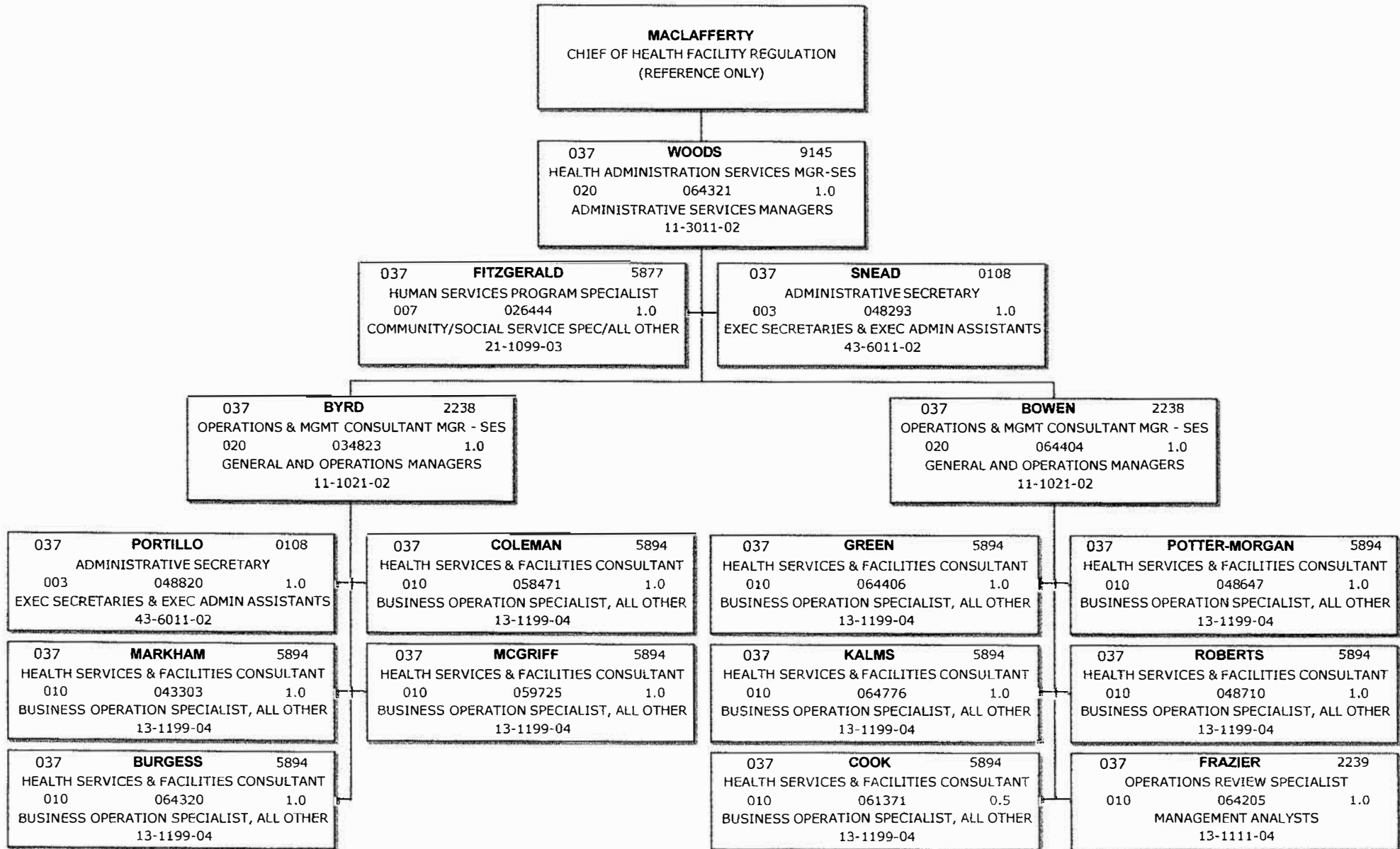
Effective Date: July 1, 2017
Org. Level: 68-30-20-30-000
FTEs: 13 Positions: 13



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Health Facility Regulation Assisted Living Facilities

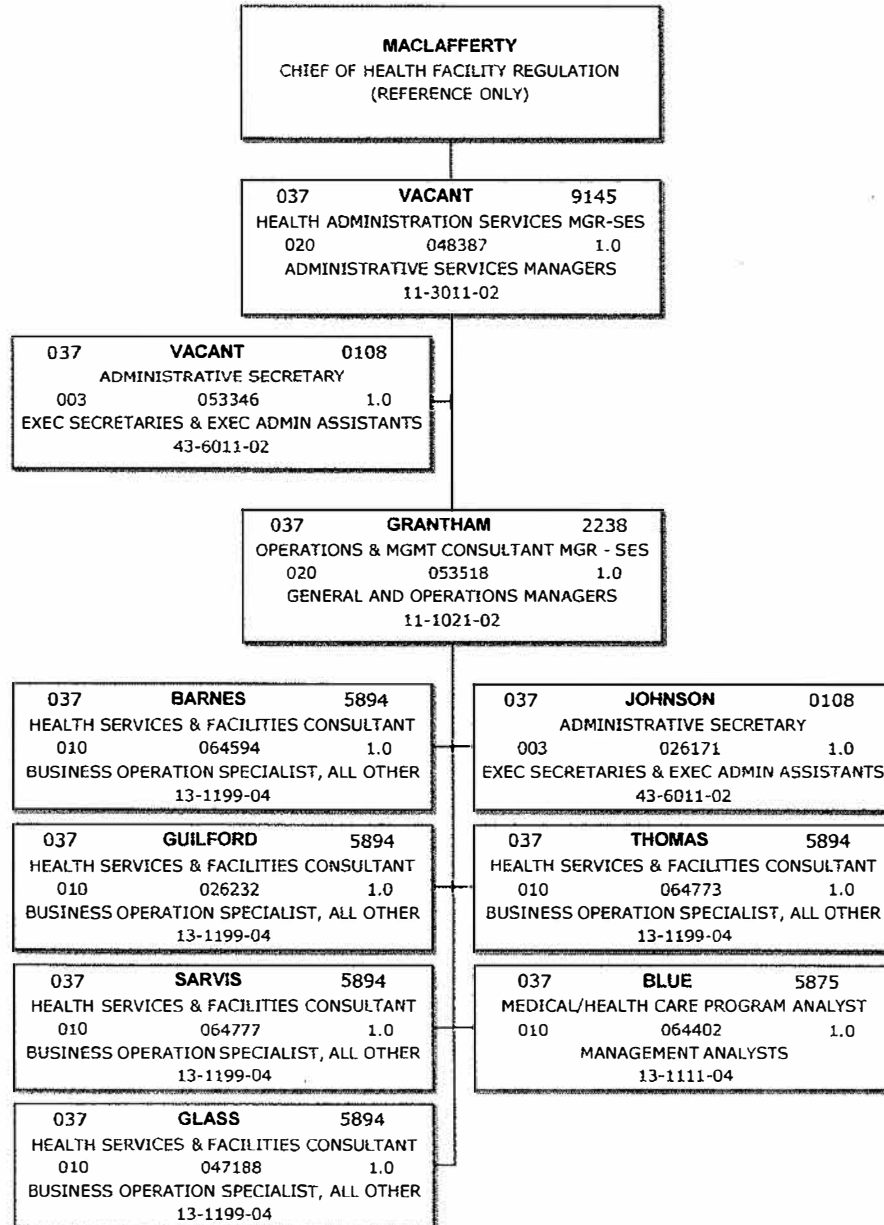
Effective Date: July 1, 2017
Org. Level: 68-30-20-40-000
FTEs: 15.50 Positions: 16



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Health Facility Regulation Home Care

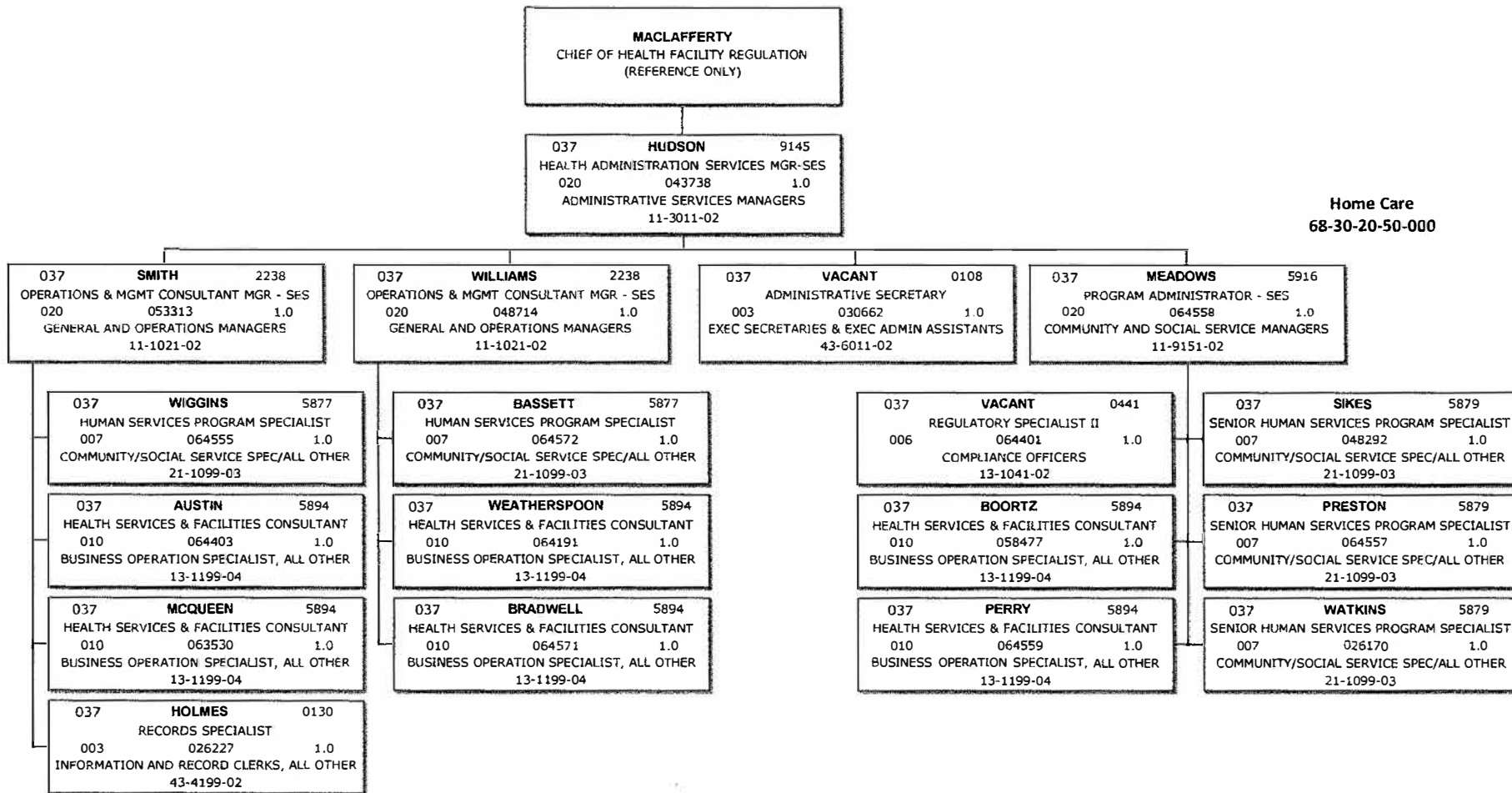
Effective Date: July 1, 2017
Org. Level: 68-30-20-00-000
FTEs: 17 Positions: 17



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Health Facility Regulation Long Term Care

Effective Date: July 1, 2017
Org. Level: 68-30-20-60-000
FTEs: 11 Positions: 11

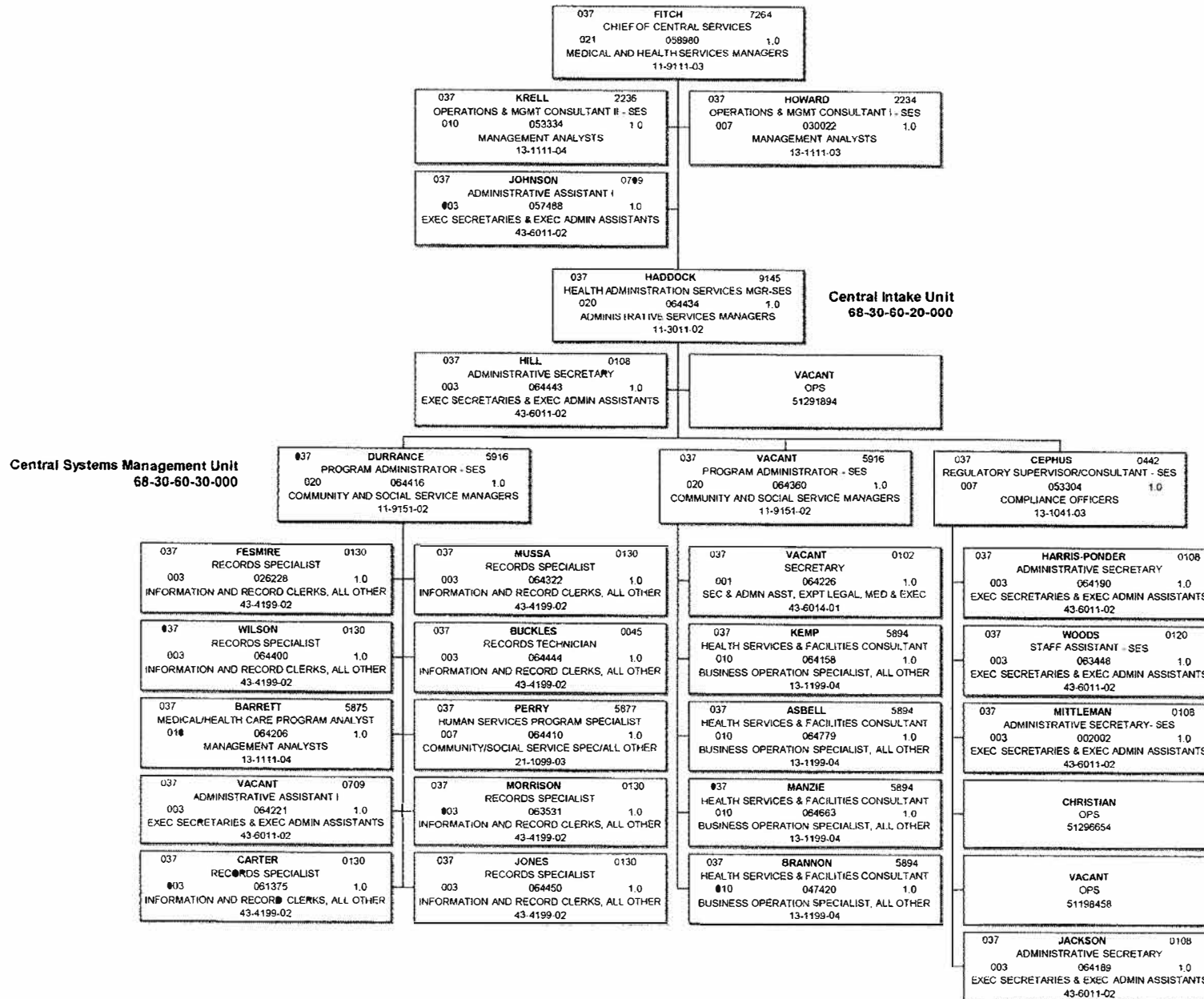


Home Care
68-30-20-50-000

AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Central Services

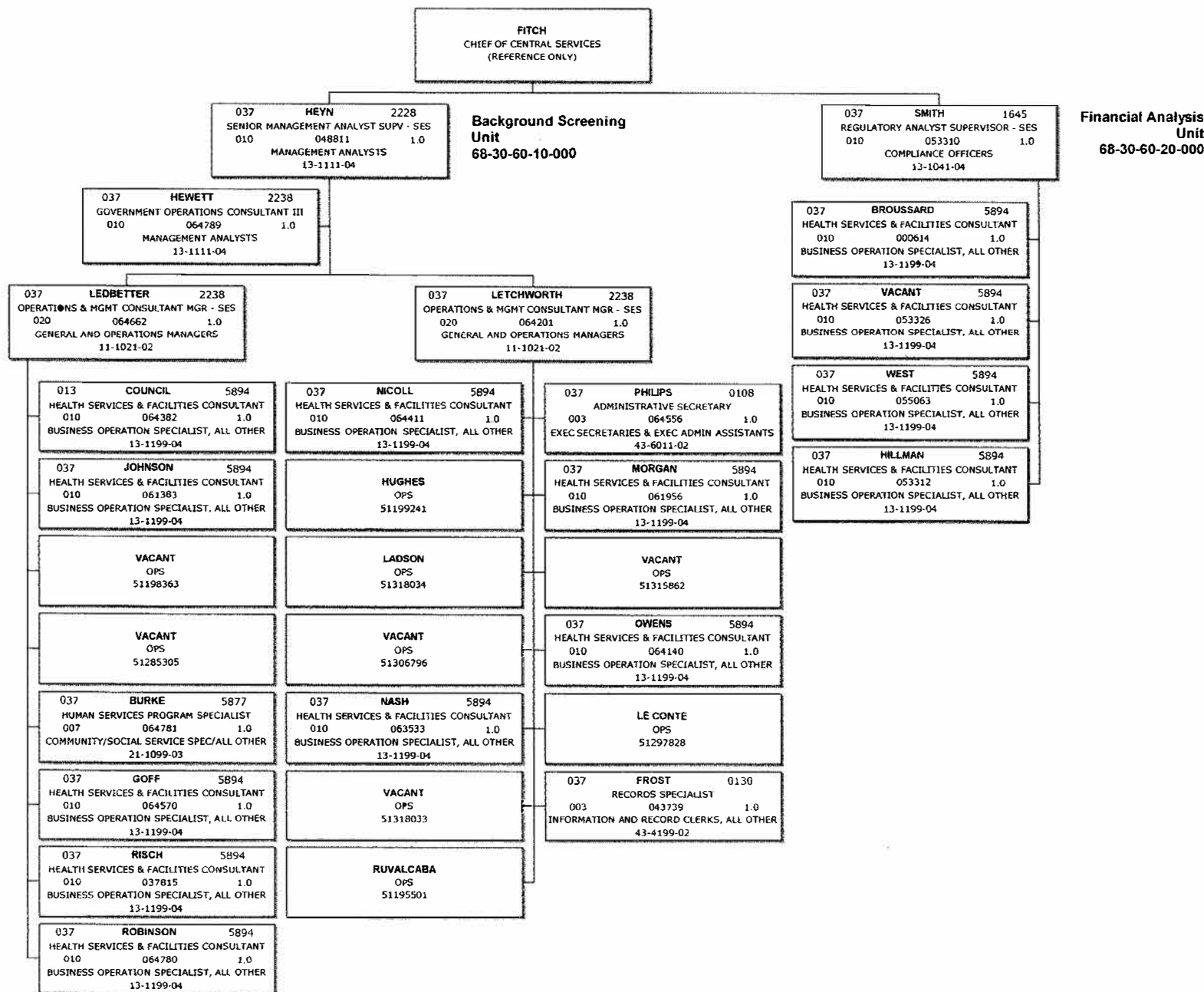
Effective Date: July 1, 2017
Org. Level: 68-30-60-00-000
FTEs: 47 Positions: 47



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Central Services

Effective Date: July 1, 2017
Org. Level: 68-30-60-00-000
FTEs: 47 Positions: 47

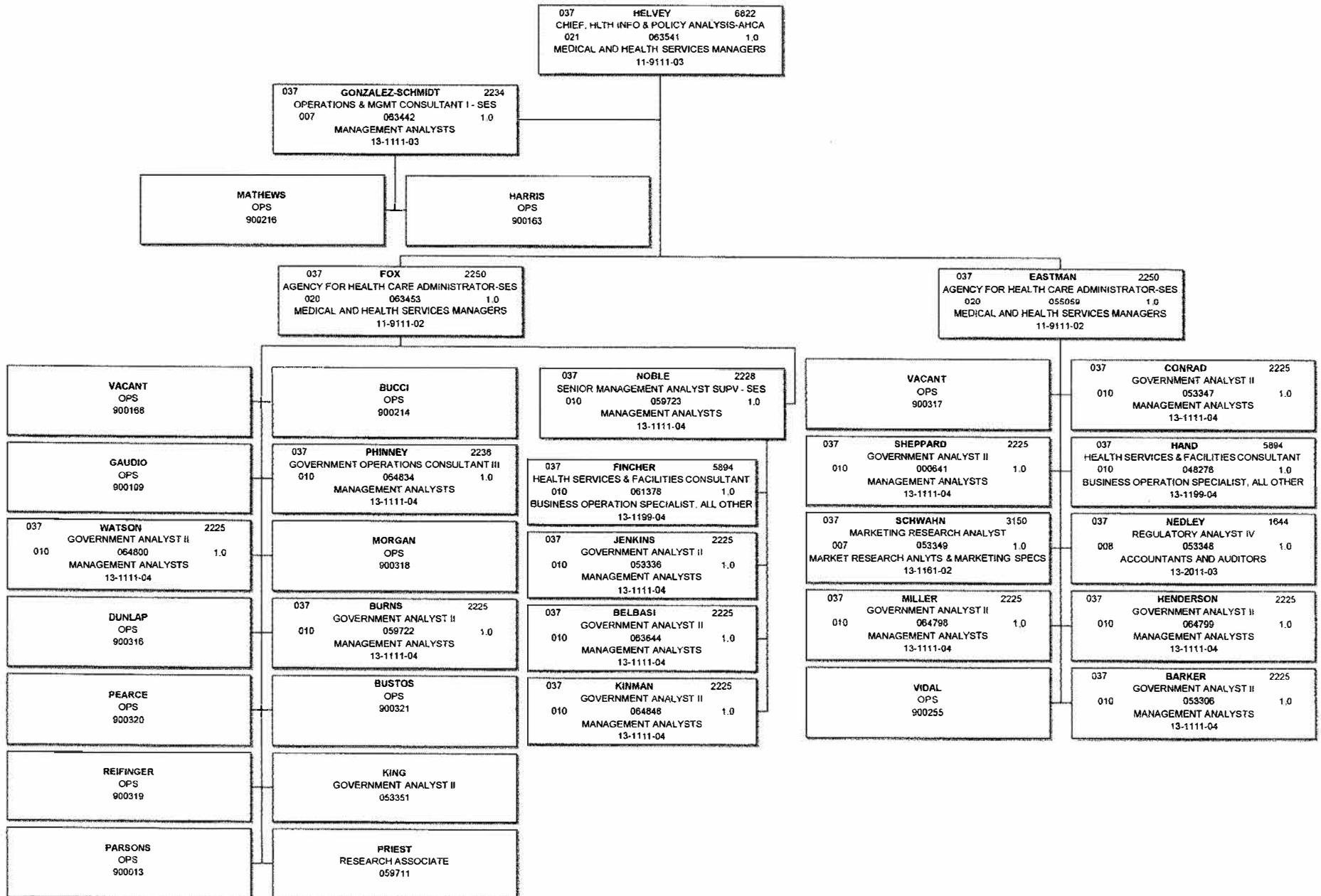


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of FL Center For Health Information & Policy Analysis

Effective Date: July 1, 2017
 Org. Level: 68-30-70-00-000
 FTEs: 39.5 Positions: 39

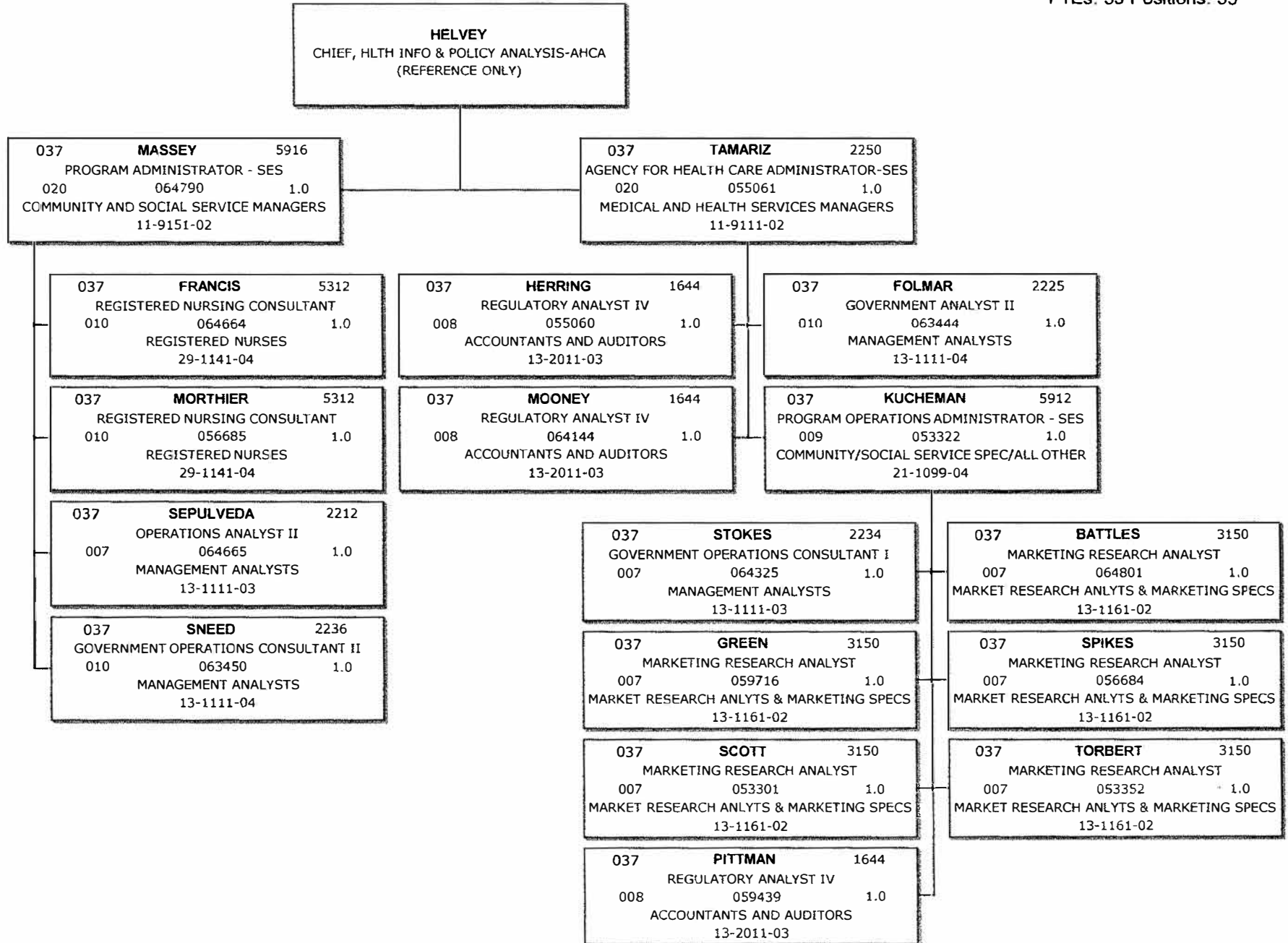


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of FL Center For Health Information & Policy Analysis

Effective Date: July 1, 2017
 Org. Level: 68-30-70-00-000
 FTEs: 39 Positions: 39

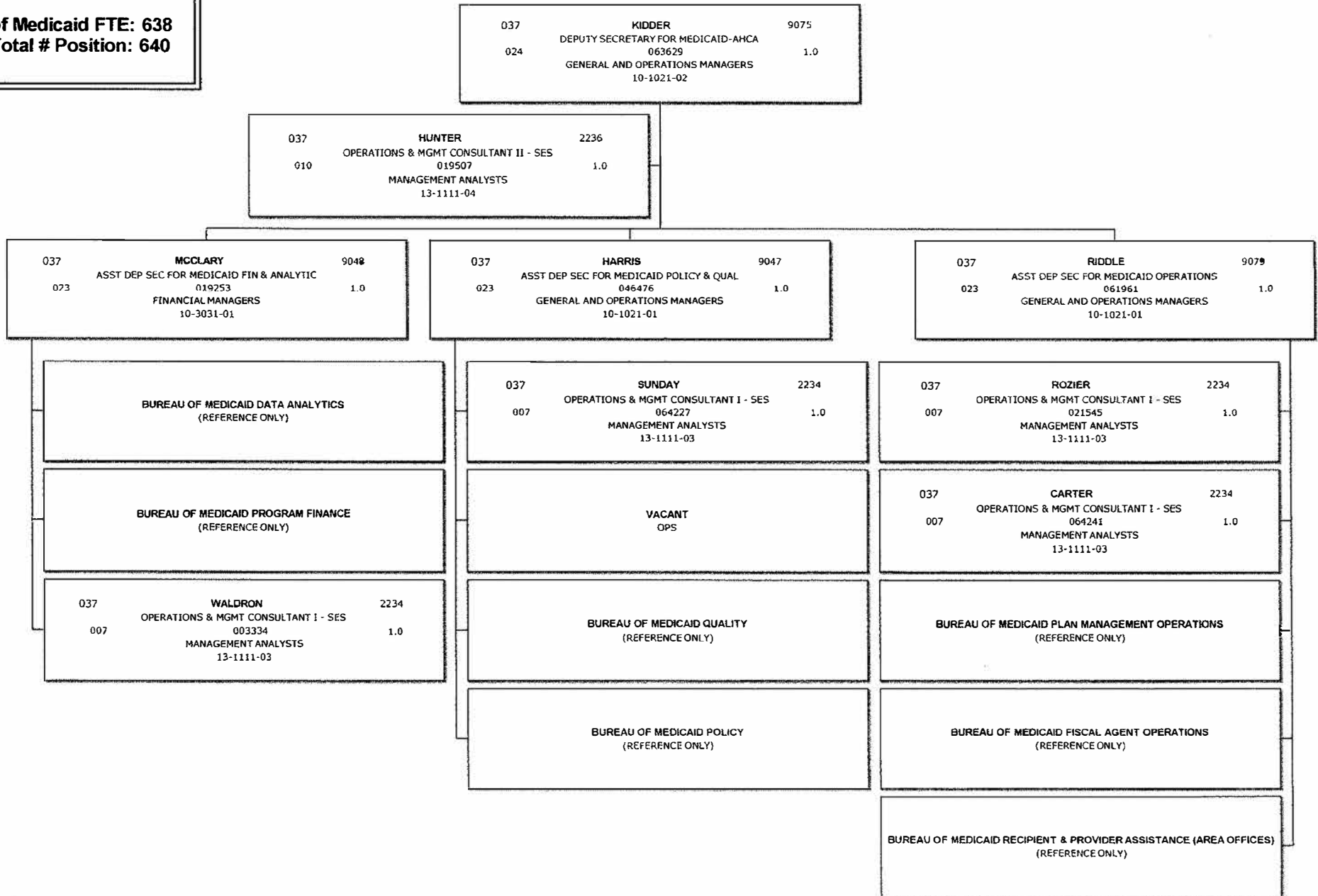


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Deputy Secretary's Office

Effective Date: July 1, 2017
Org. Level: 68-40-00-00-000
FTEs: 28 Positions: 28

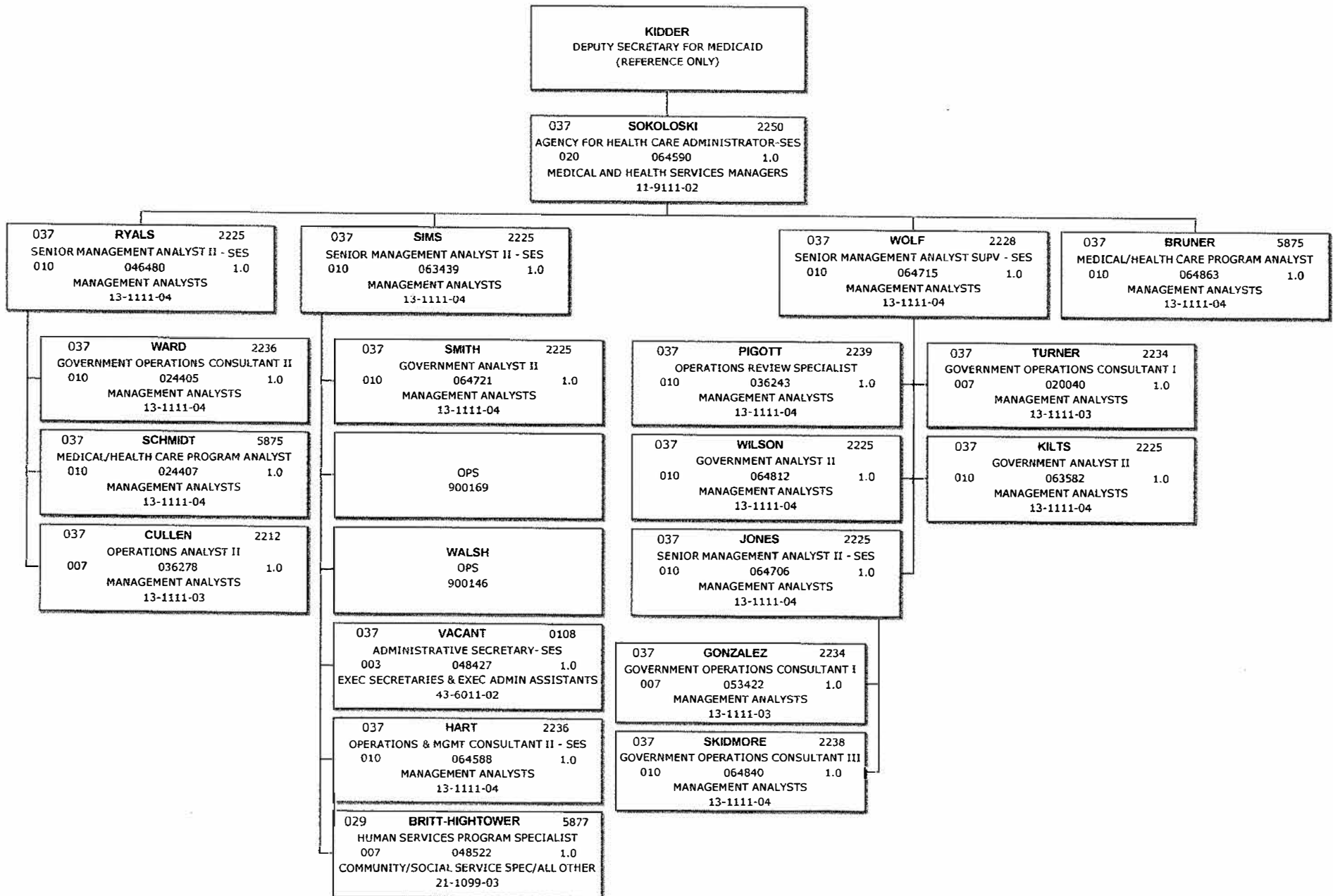
Division of Medicaid FTE: 638
Division Total # Position: 640



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Deputy Secretary's Office

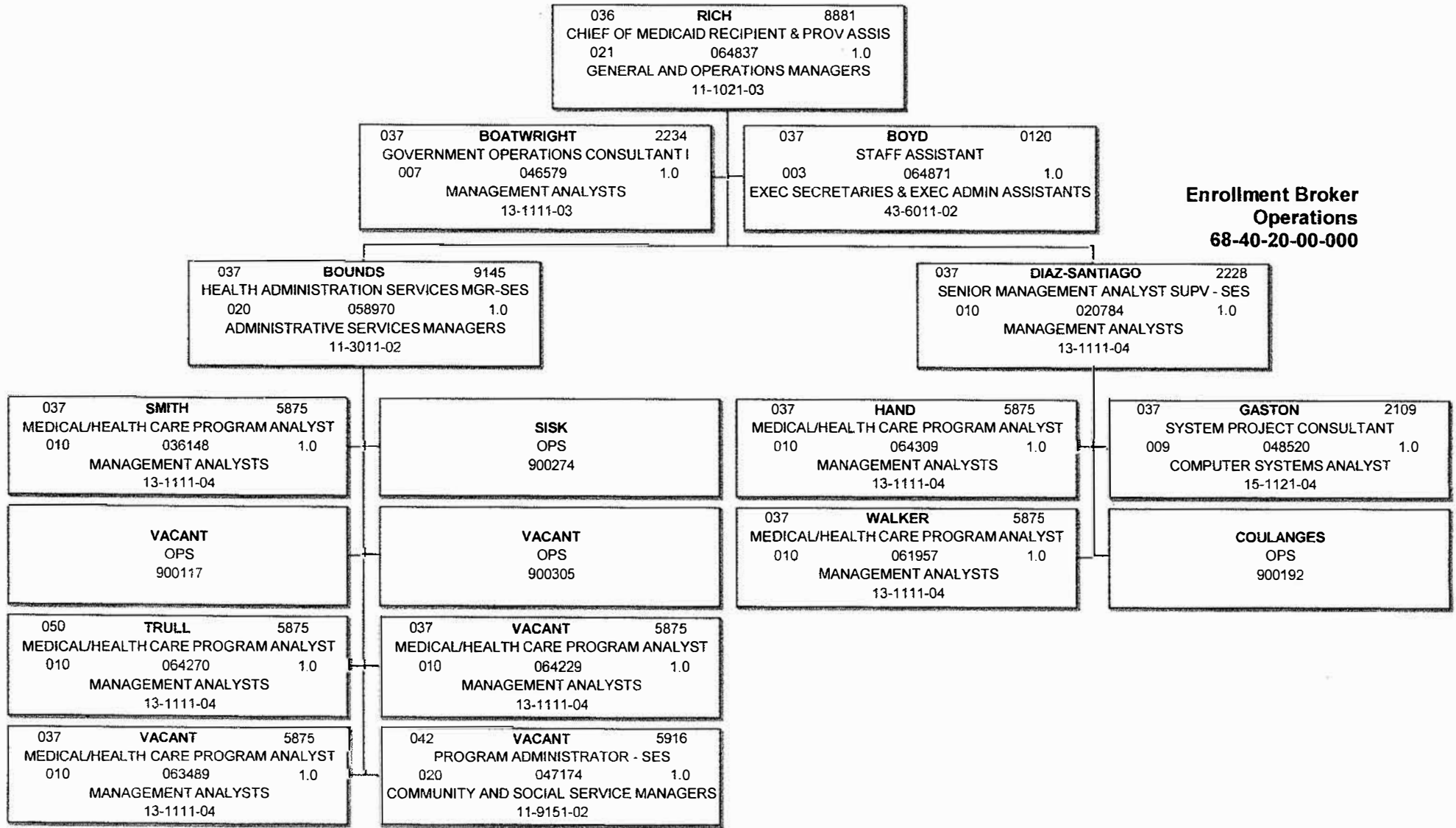
Effective Date: July 1, 2017
Org. Level: 68-40-00-00
FTEs: 28 Positions: 28



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Recipient and Provider Assistance

Effective Date: July 1, 2017
Org. Level: 68-40-10-00-000
FTEs: 20 Positions: 20



AGENCY FOR HEALTH CARE ADMINISTRATION

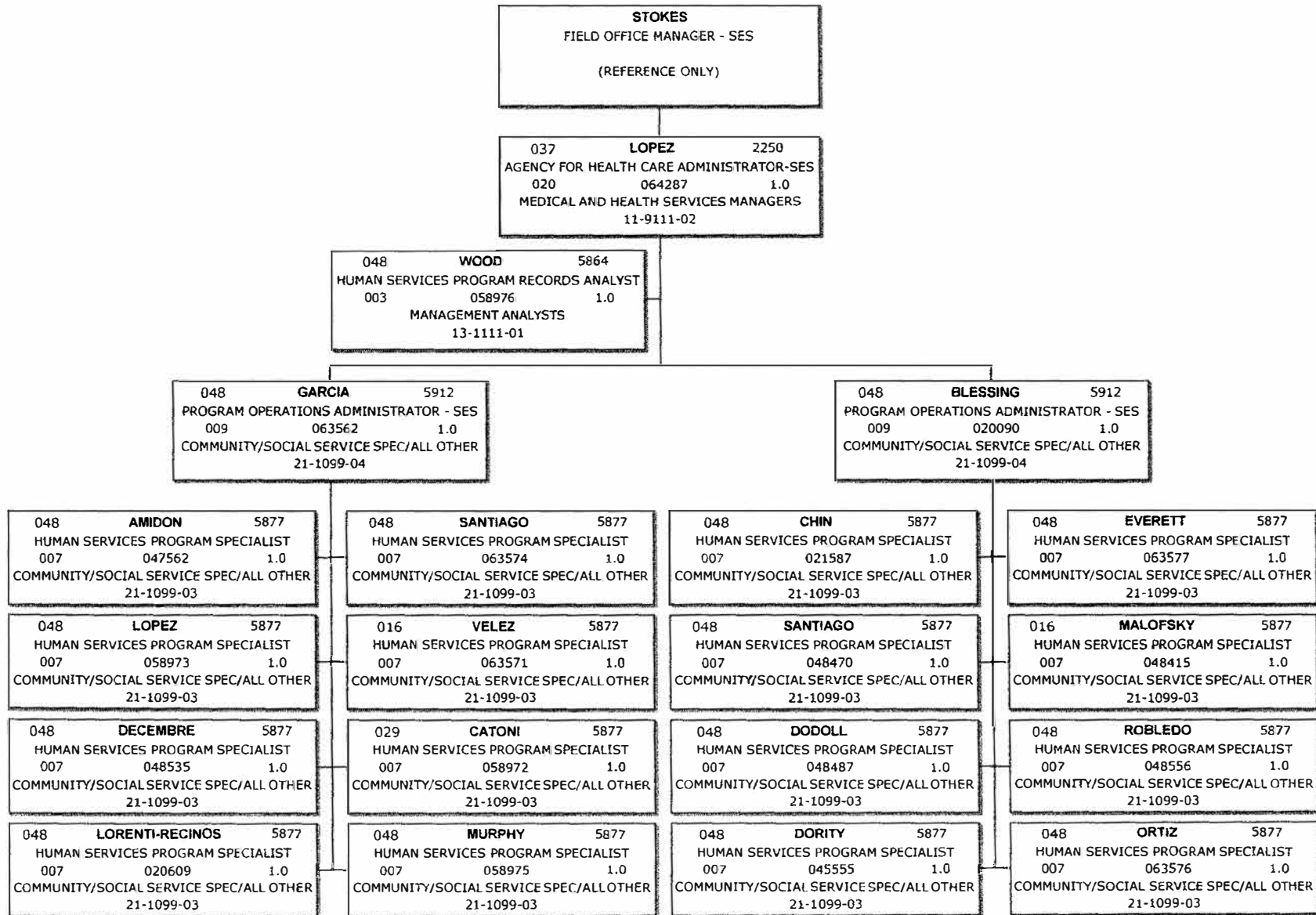
Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Enrollment Broker Operations

Contact Center Orlando

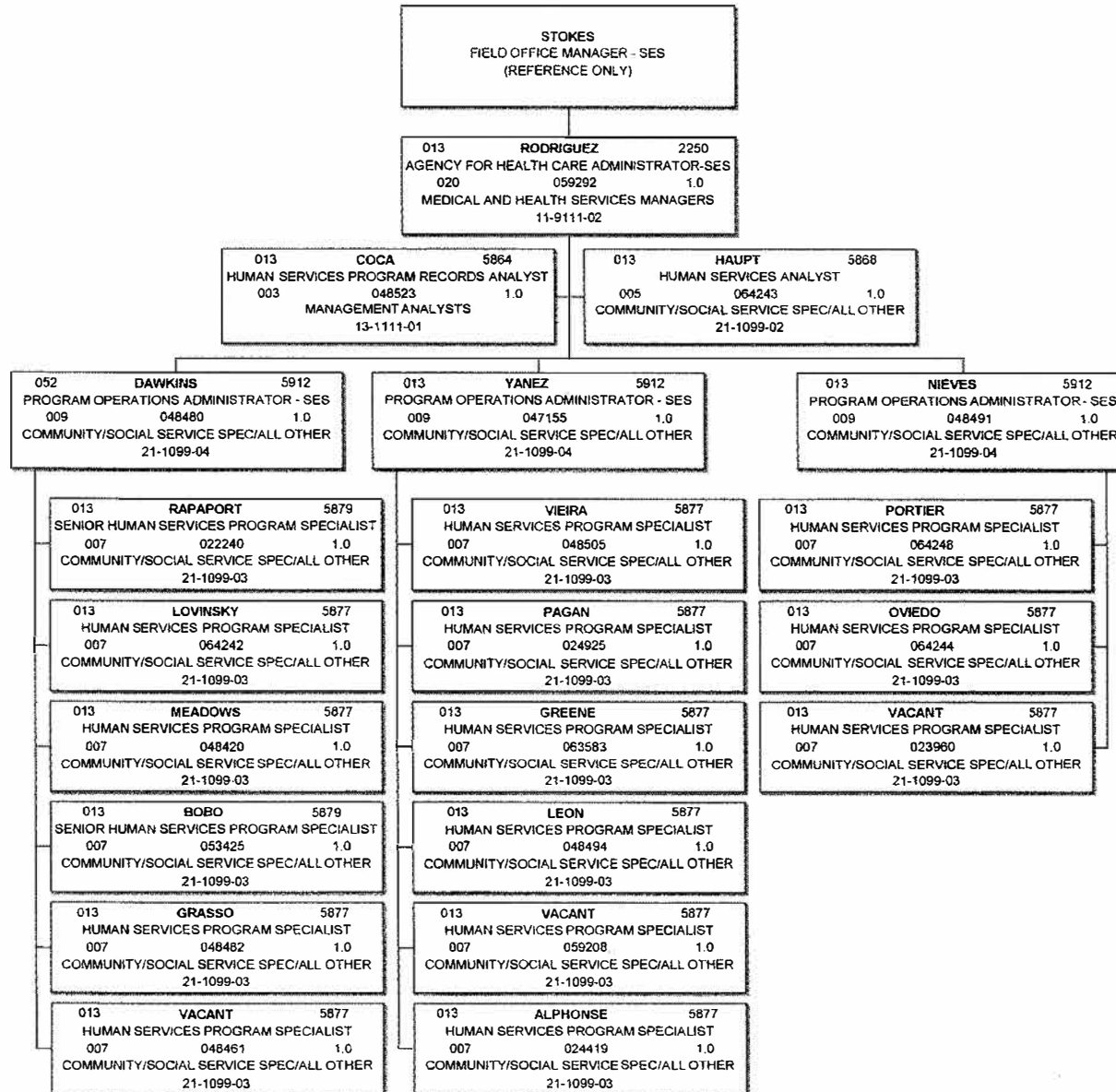
Effective Date: July 1, 2017
 Org. Level: 68-40-20-07-000
 FTEs: 20 Positions: 20



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Recipient and Provider Assistance Enrollment Broker Operations Contact Center Miami

Effective Date: July 1, 2017
Org. Level: 68-40-20-11-000
FTEs: 22 Positions: 22



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

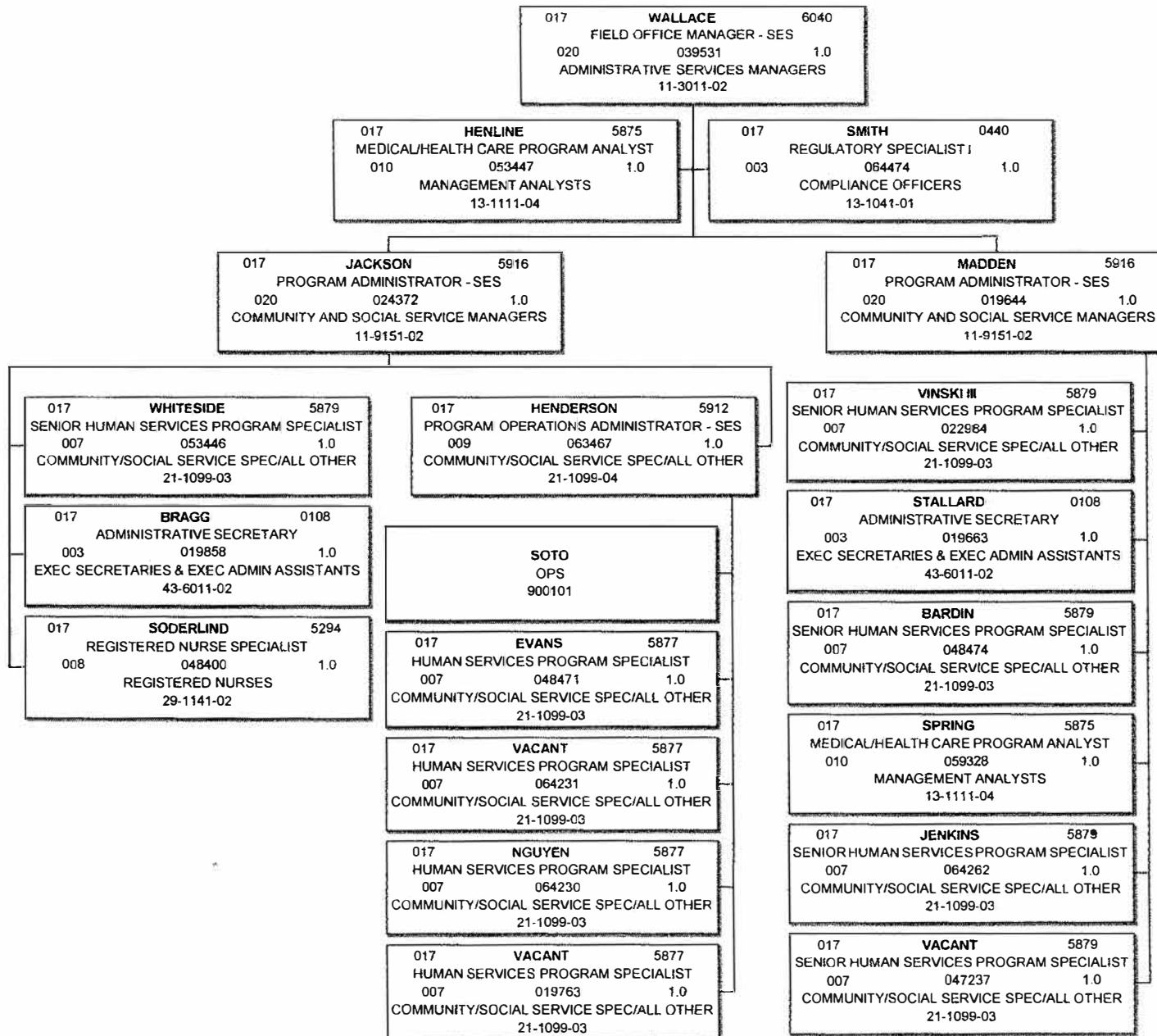
Bureau of Medicaid Recipient and Provider Assistance

Pensacola

Effective Date: July 1, 2017

Org. Level: 68-40-10-01-000

FTEs: 19 Positions: 19



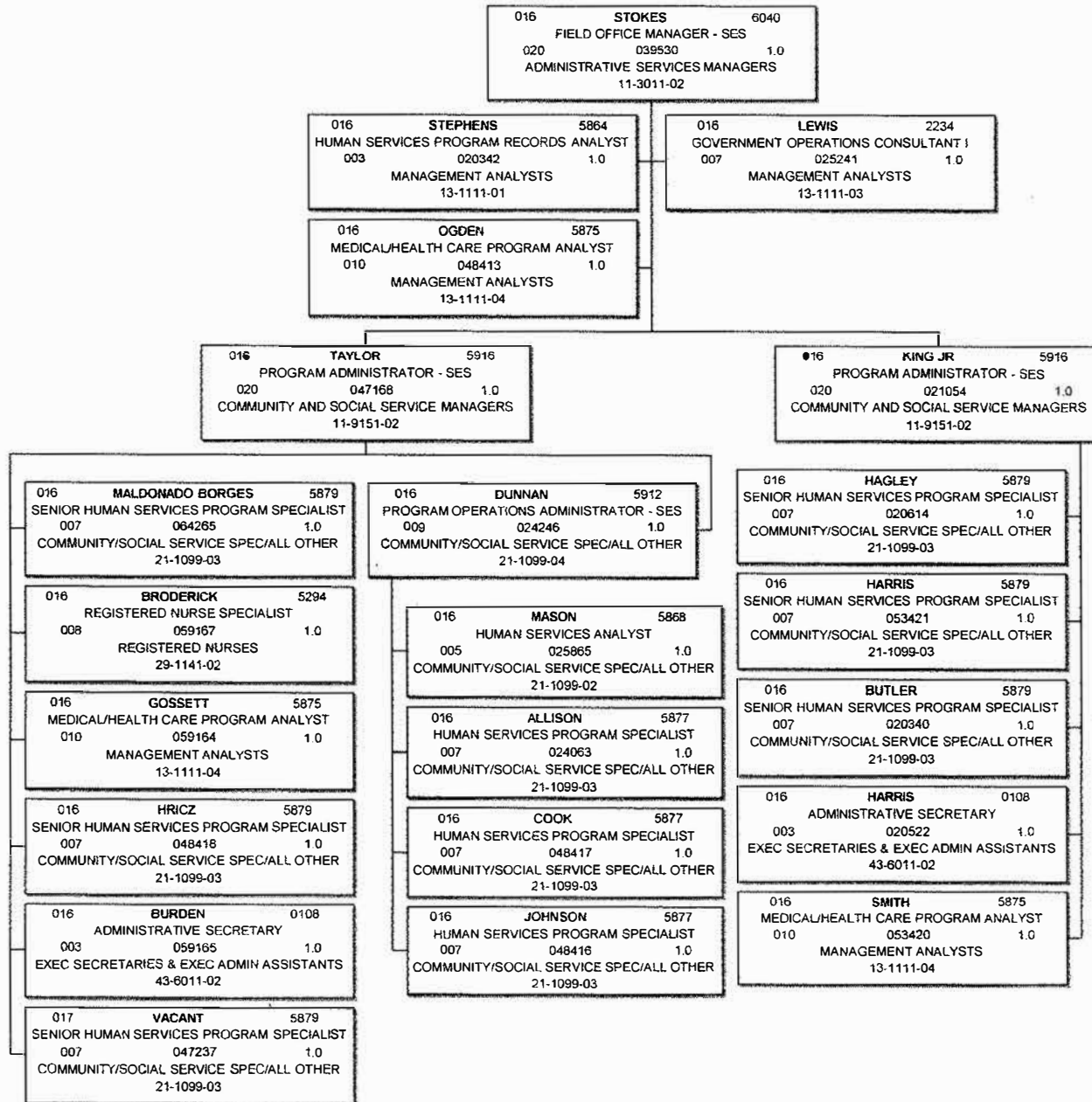
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Jacksonville

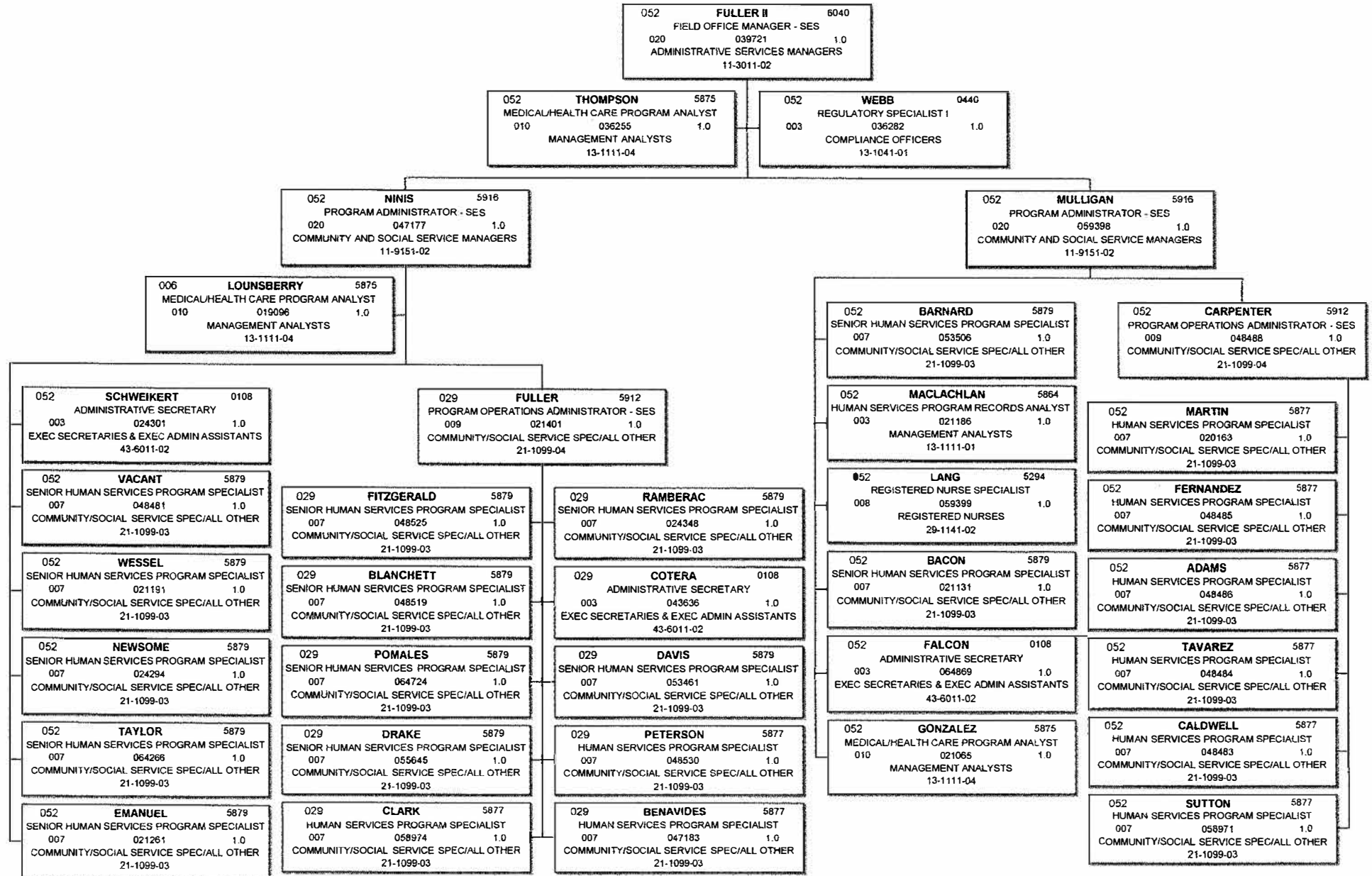
Effective Date: July 1, 2017
Org. Level: 68-40-10-04-000
FTEs: 22 Positions: 22



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Recipient and Provider Assistance St. Petersburg

Effective Date: July 1, 2017
Org. Level: 68-40-10-05-000
FTEs: 36 Positions: 36



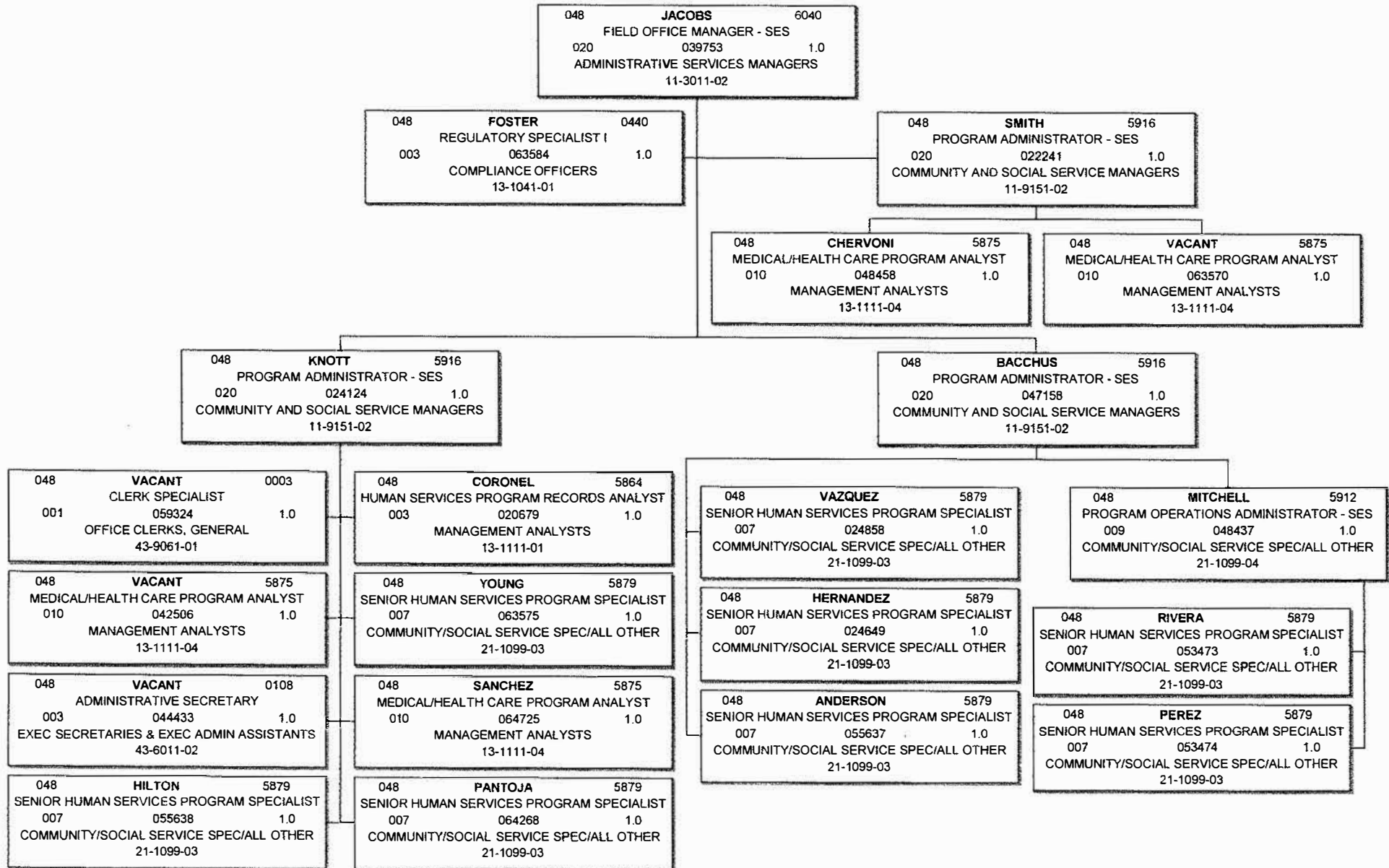
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Orlando

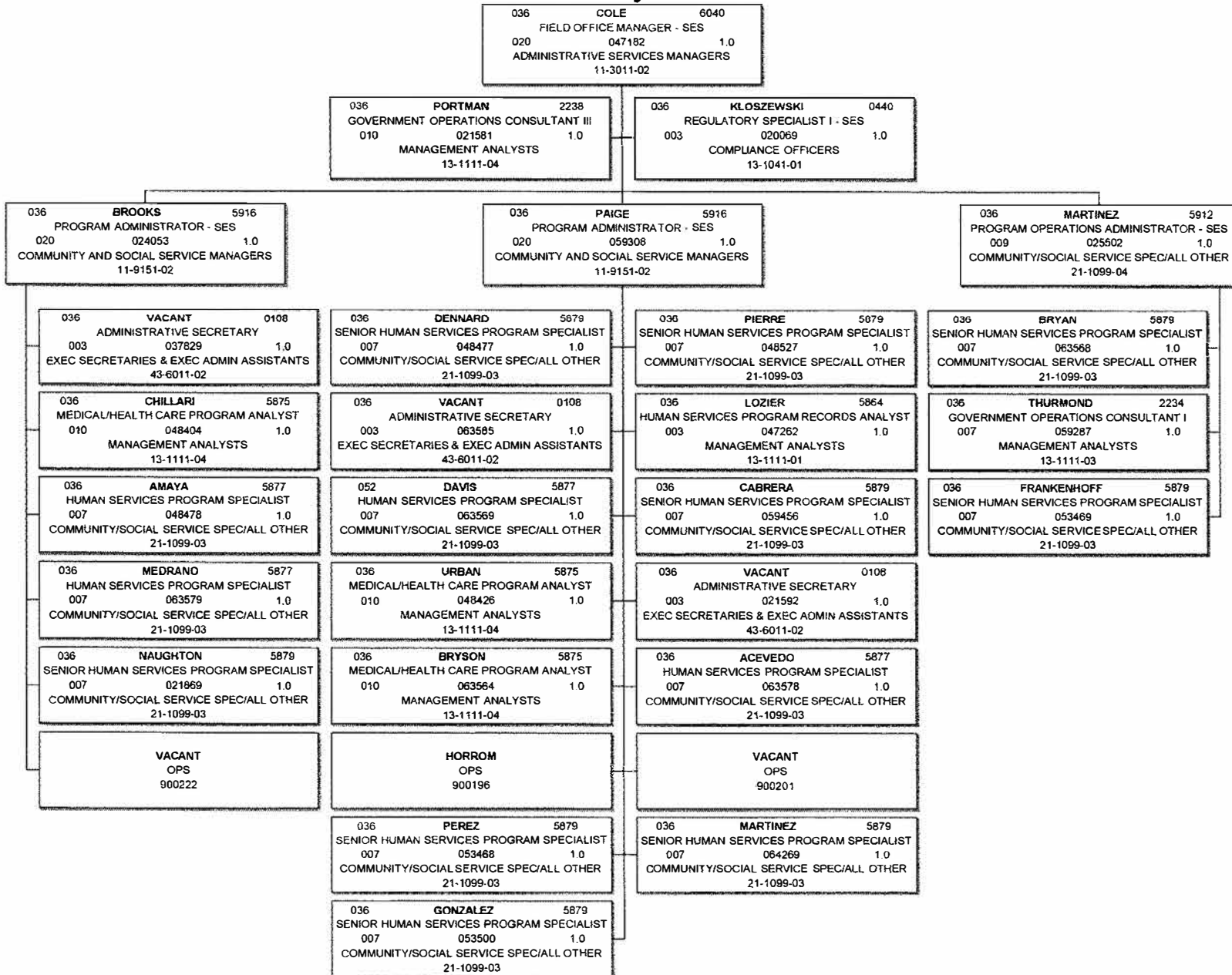
Effective Date: July 1, 2017
 Org. Level: 68-40-10-07-000
 FTEs: 21 Positions: 21



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Recipient and Provider Assistance Ft. Myers

Effective Date: July 1, 2017
Org. Level: 68-40-10-08-000
FTEs: 27 Positions: 27



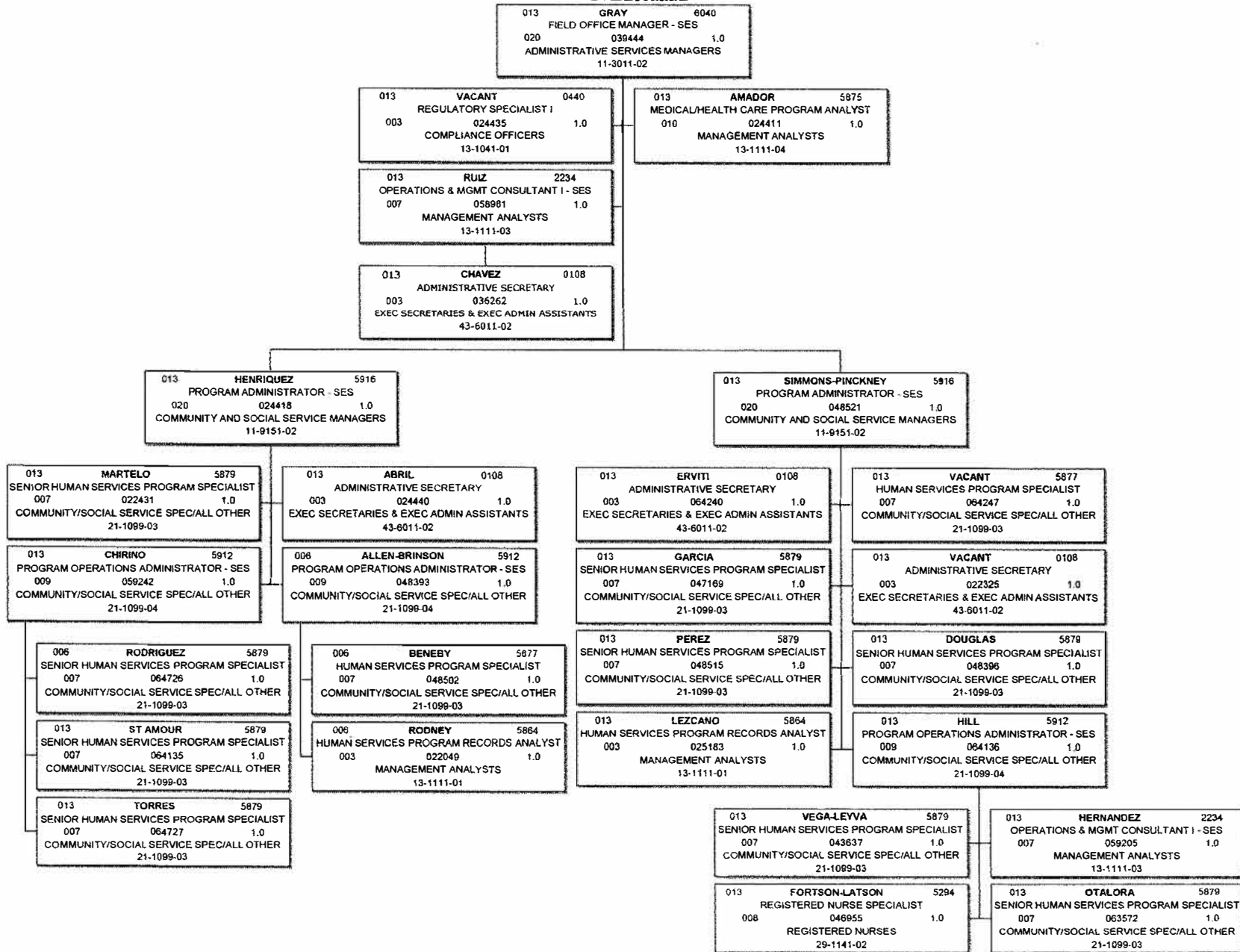
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Miami

Effective Date: July 1, 2017
 Org. Level: 68-40-10-11-000
 FTEs: 26 Positions: 26

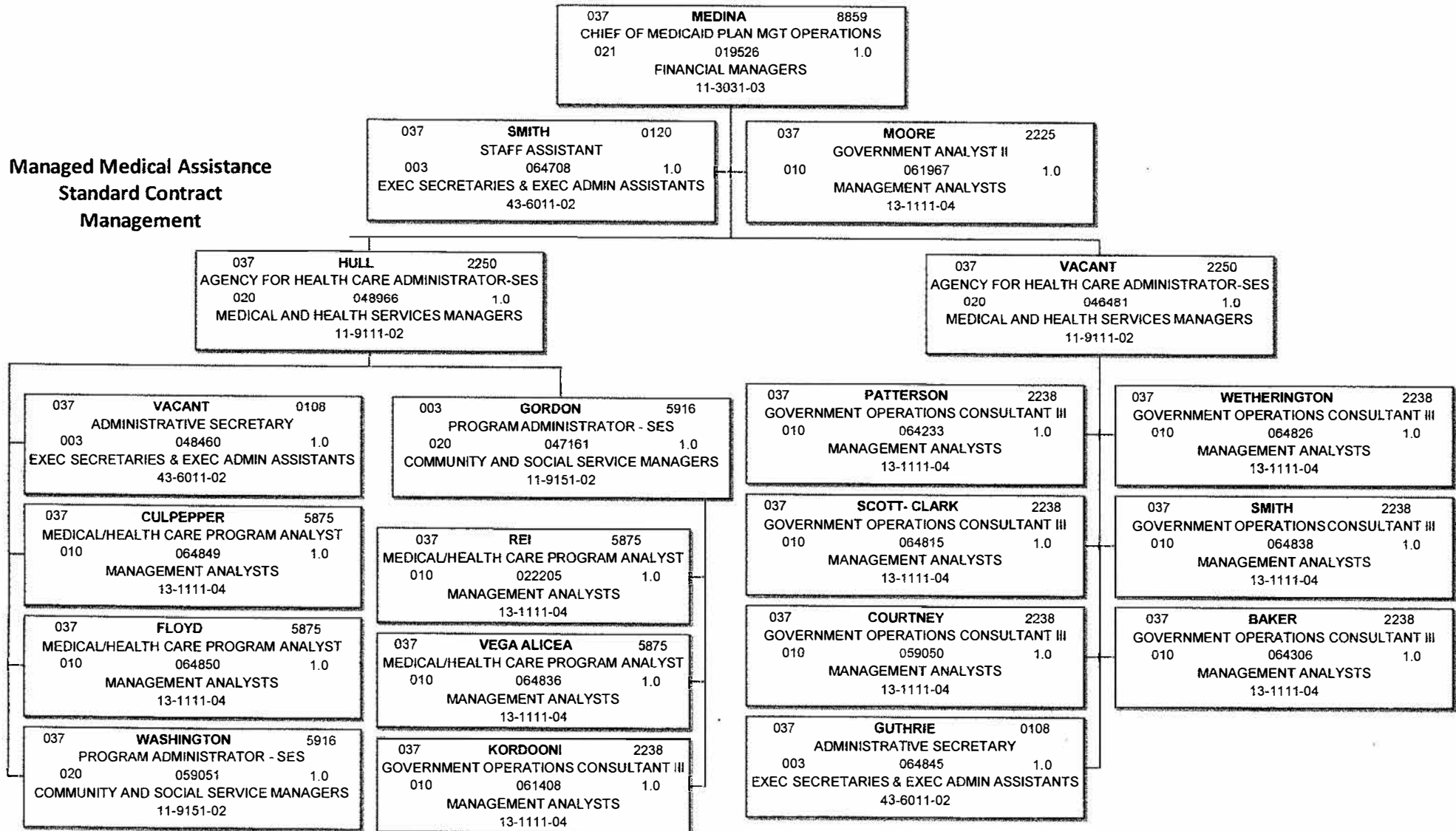


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Plan Management Operations

Effective Date: July 1, 2017
Org. Level: 68-40-30-00-000
FTEs: 38 Positions: 39

Managed Medical Assistance
Standard Contract
Management



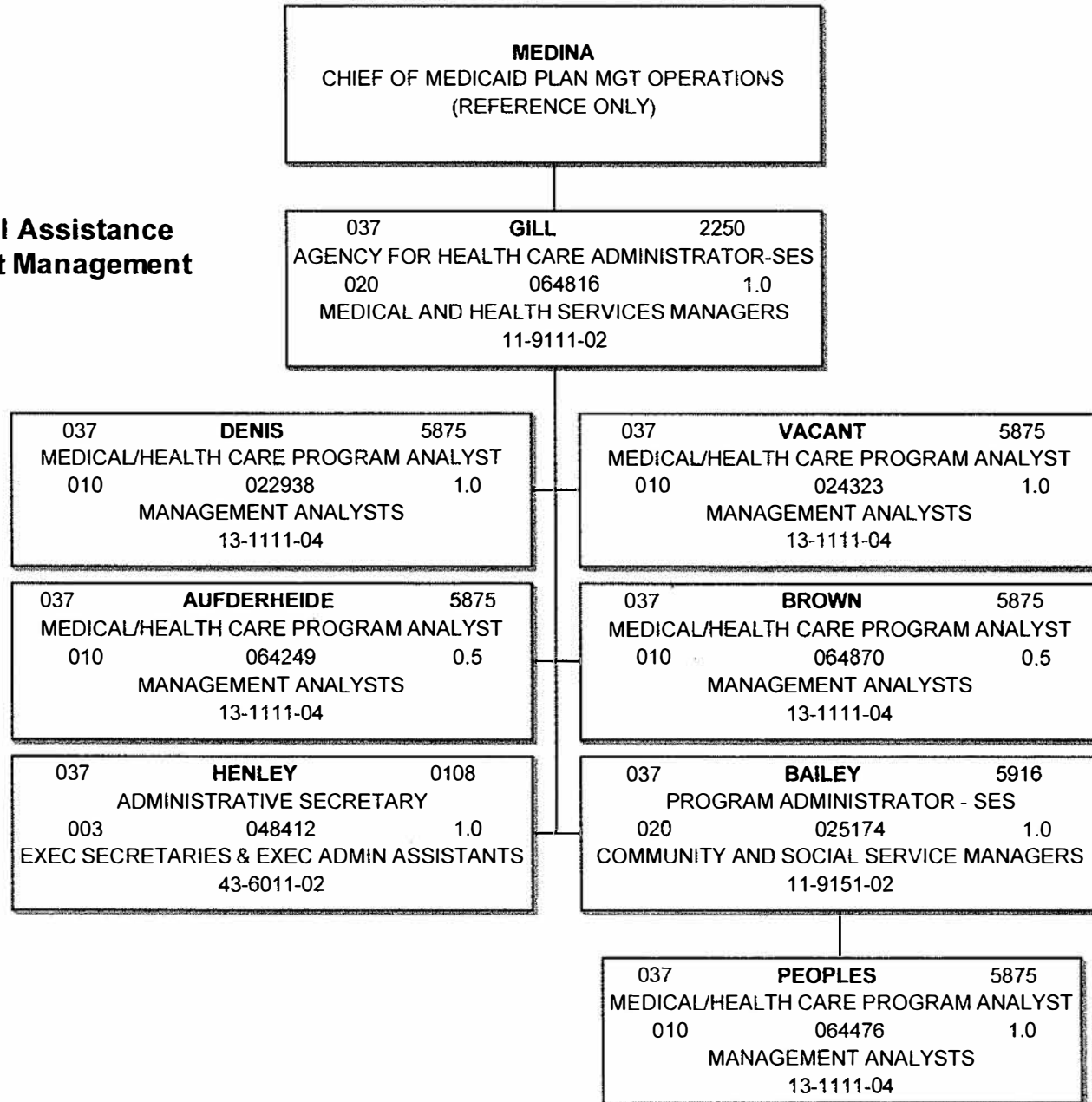
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Plan Management Operations

Effective Date: July 1, 2017
 Org. Level: 68-40-30-00-000
 FTEs: 38 Positions: 39

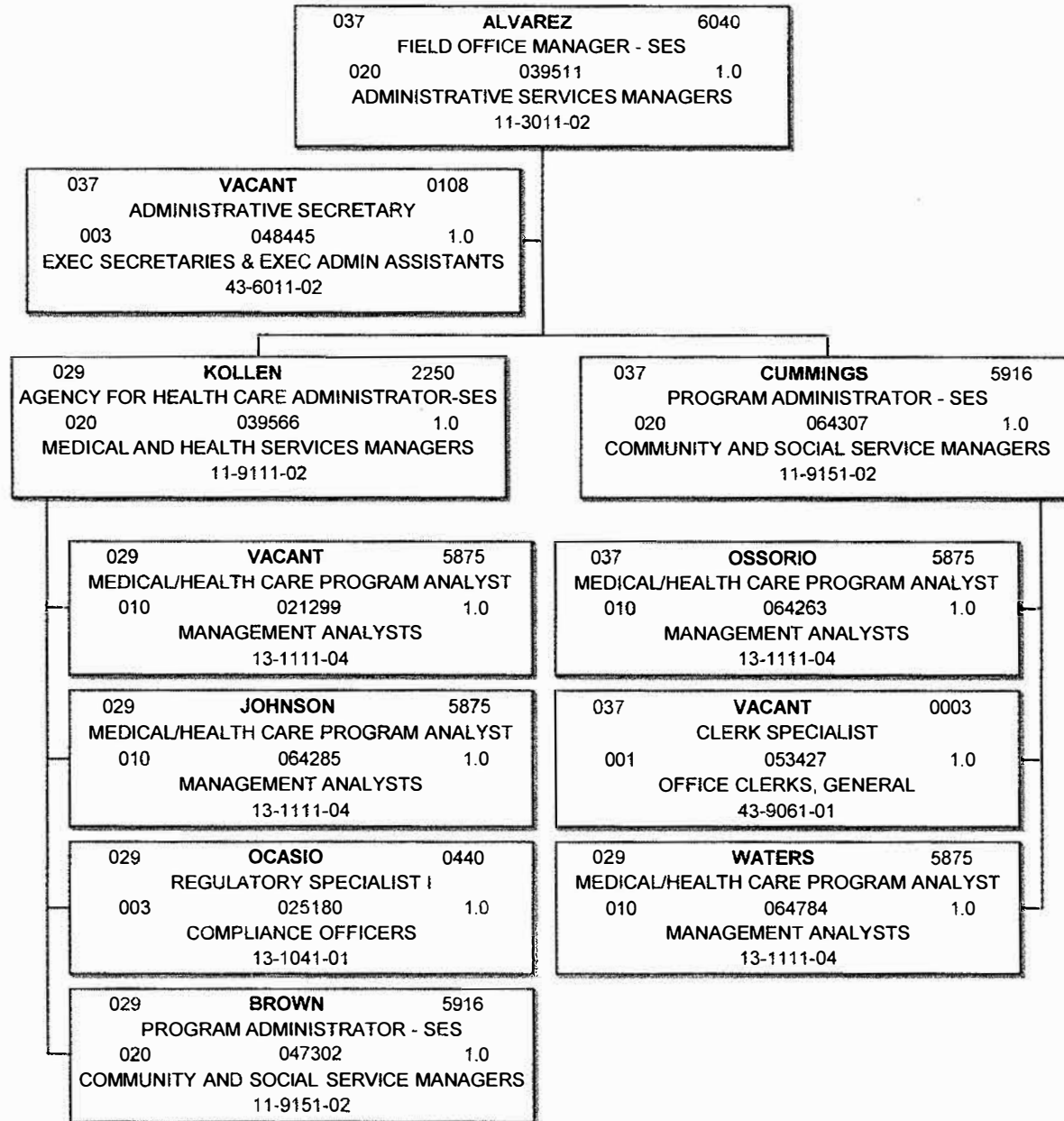
Managed Medical Assistance Specialty Contract Management



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Plan Management Operations Tampa

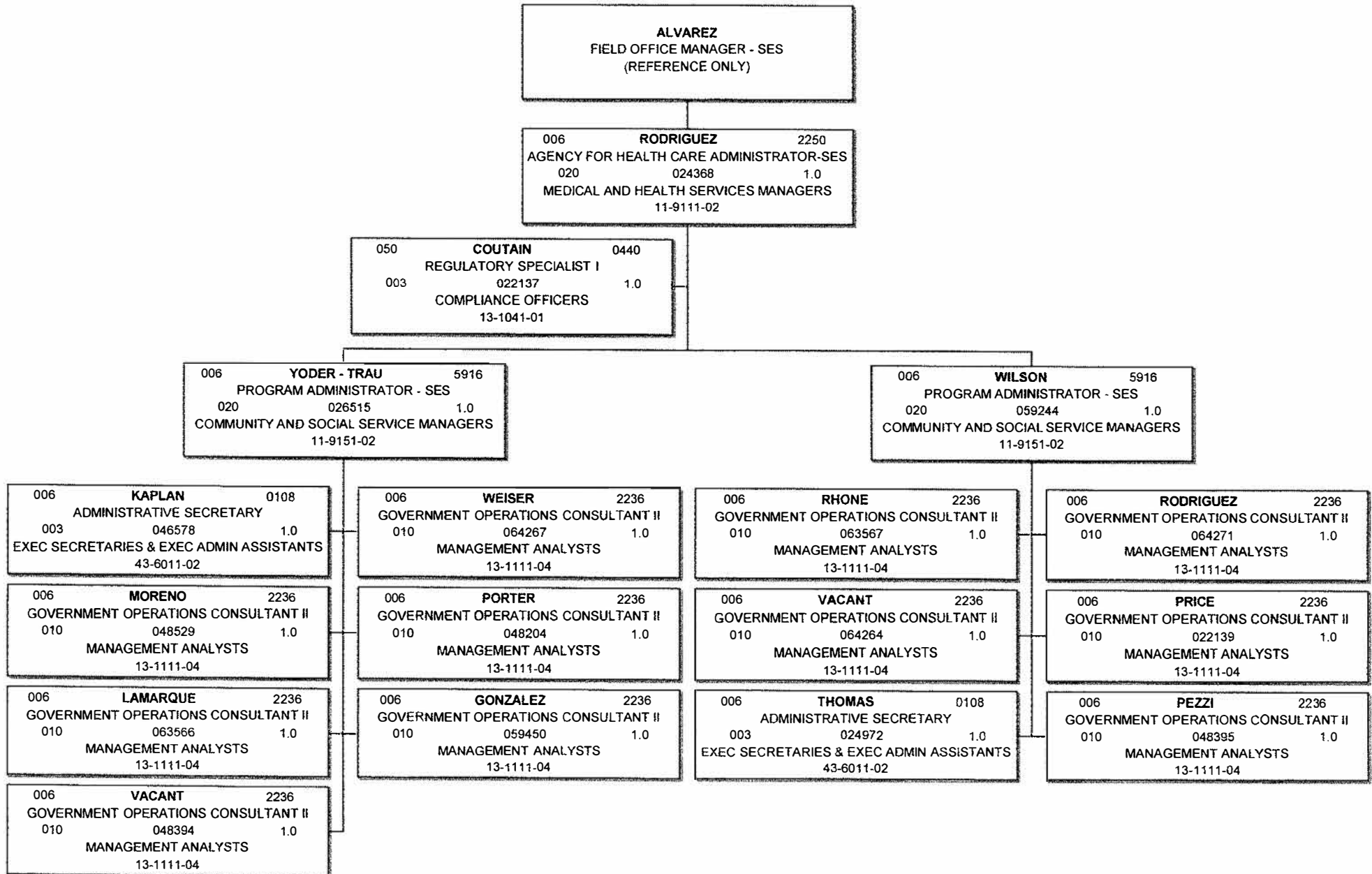
Effective Date: July 1, 2017
Org. Level: 68-40-30-06-000
FTEs: 11 Positions: 11



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Plan Management Operations Ft. Lauderdale

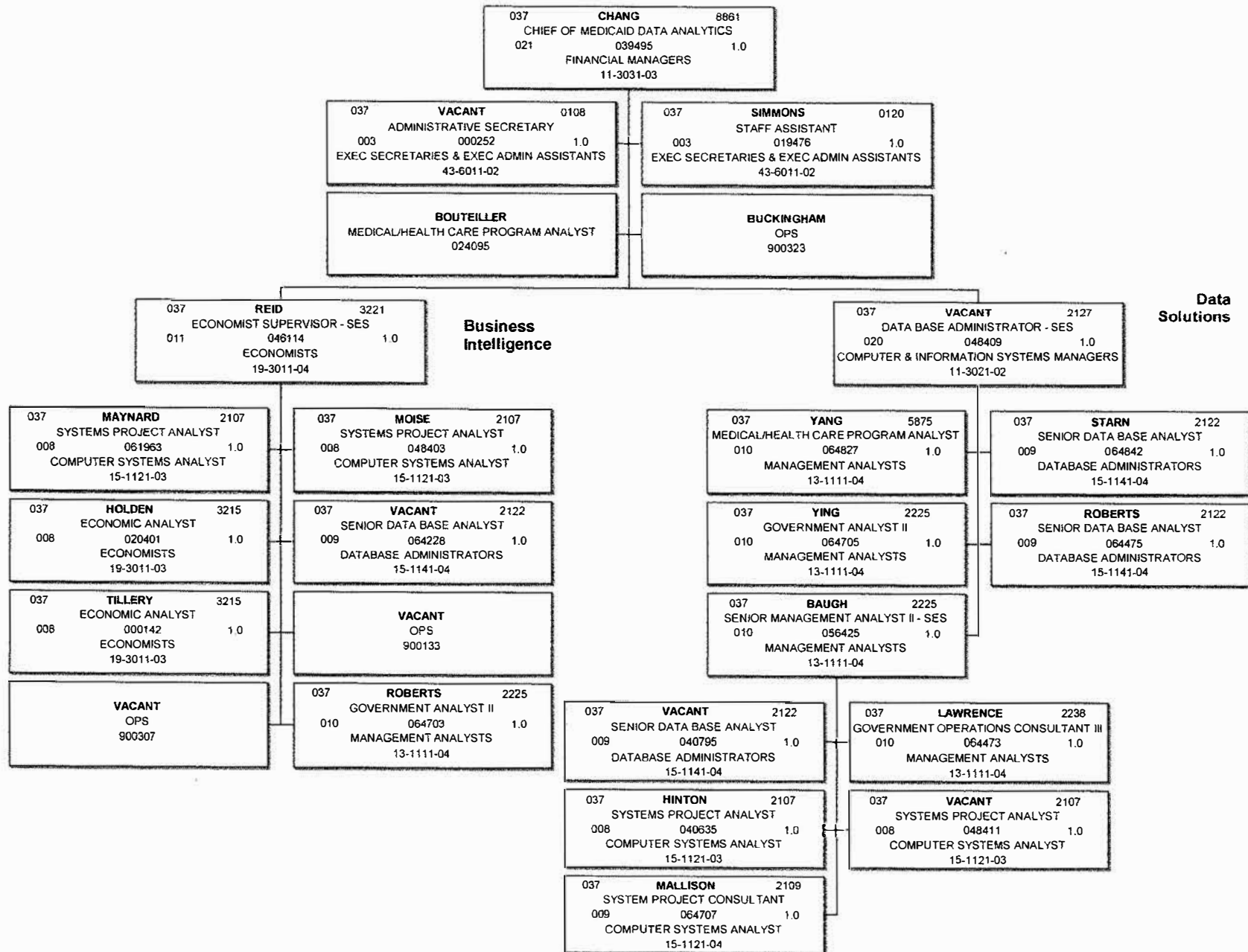
Effective Date: July 1, 2017
Org. Level: 68-40-30-10-000
FTEs: 17 Positions: 17



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Data Analytics

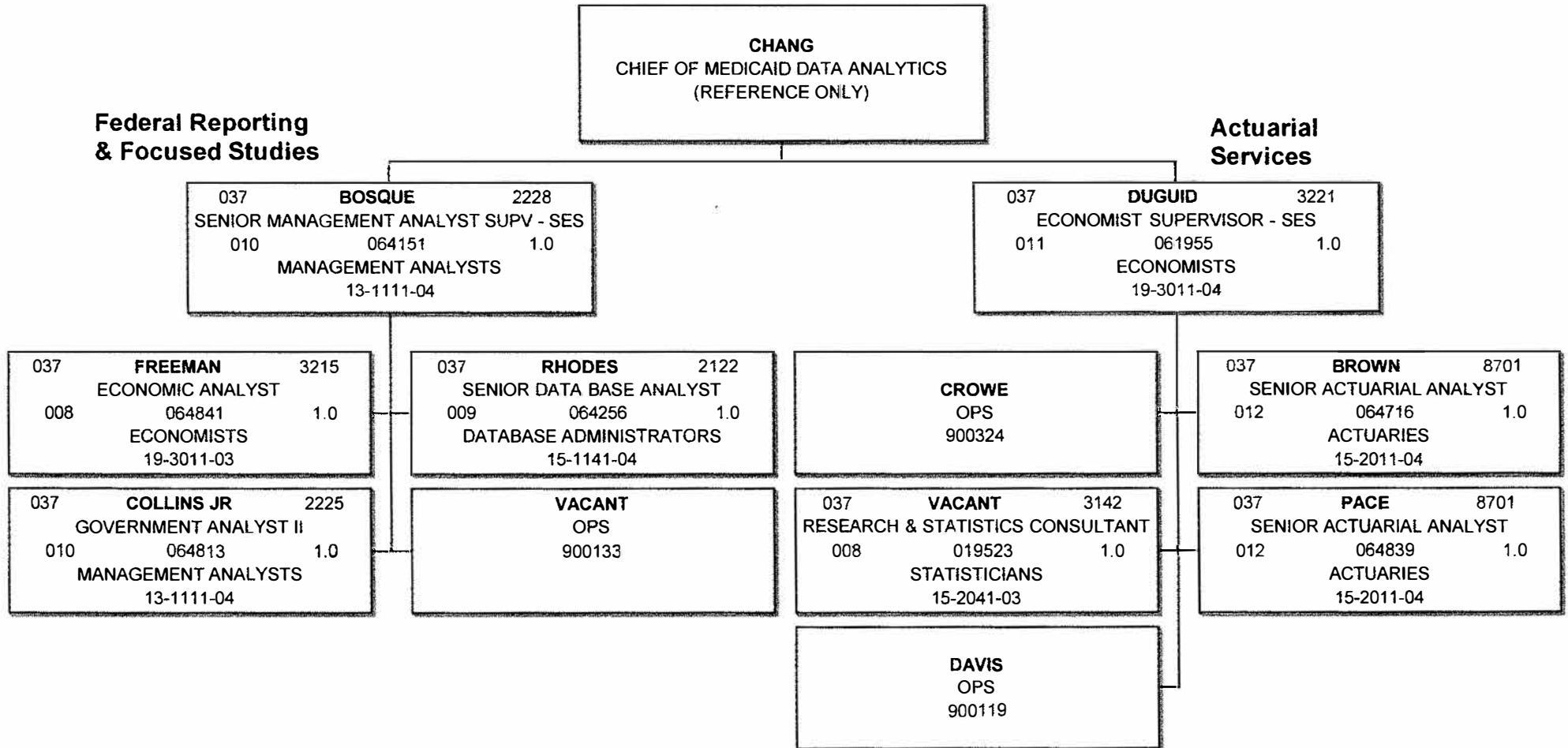
Effective Date: July 1, 2017
Org. Level: 68-40-40-00-000
FTEs: 30 Positions: 30



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Data Analytics

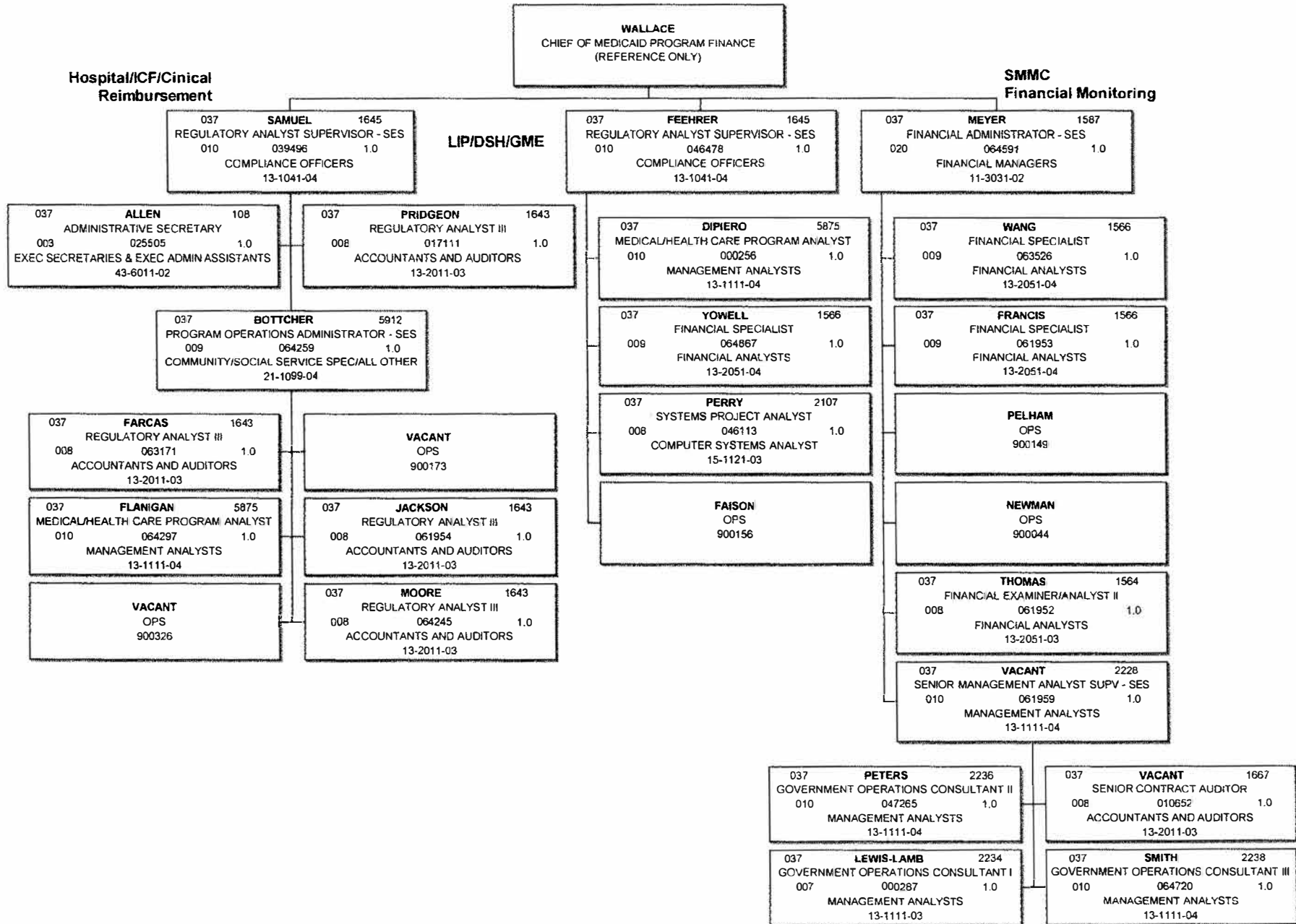
Effective Date: July 1, 2017
Org. Level: 68-40-40-00-000
FTEs: 30 Positions: 30



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Program Finance

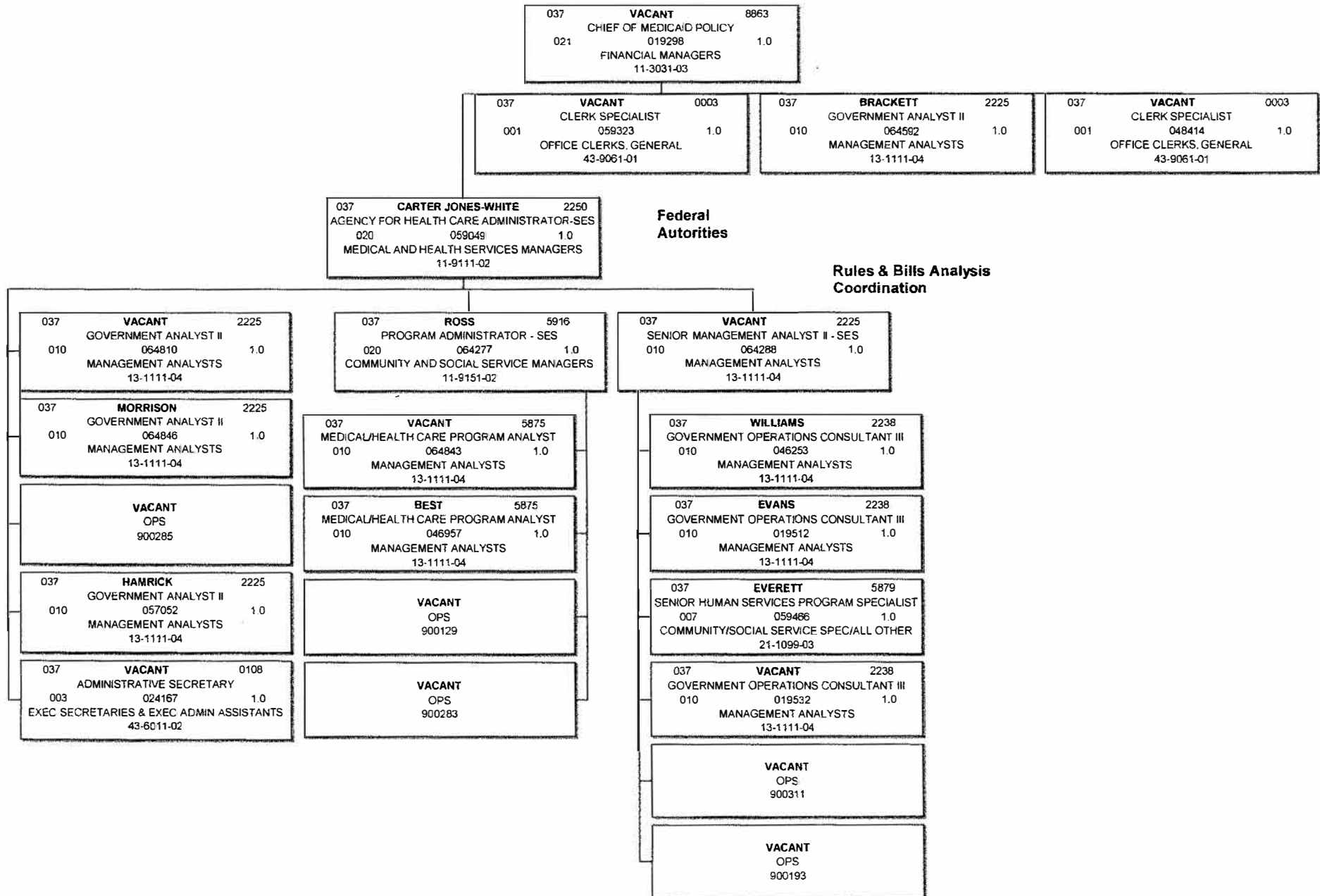
Effective Date: July 1, 2017
Org. Level: 68-40-50-00-000
FTEs: 49 Positions: 49



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Policy

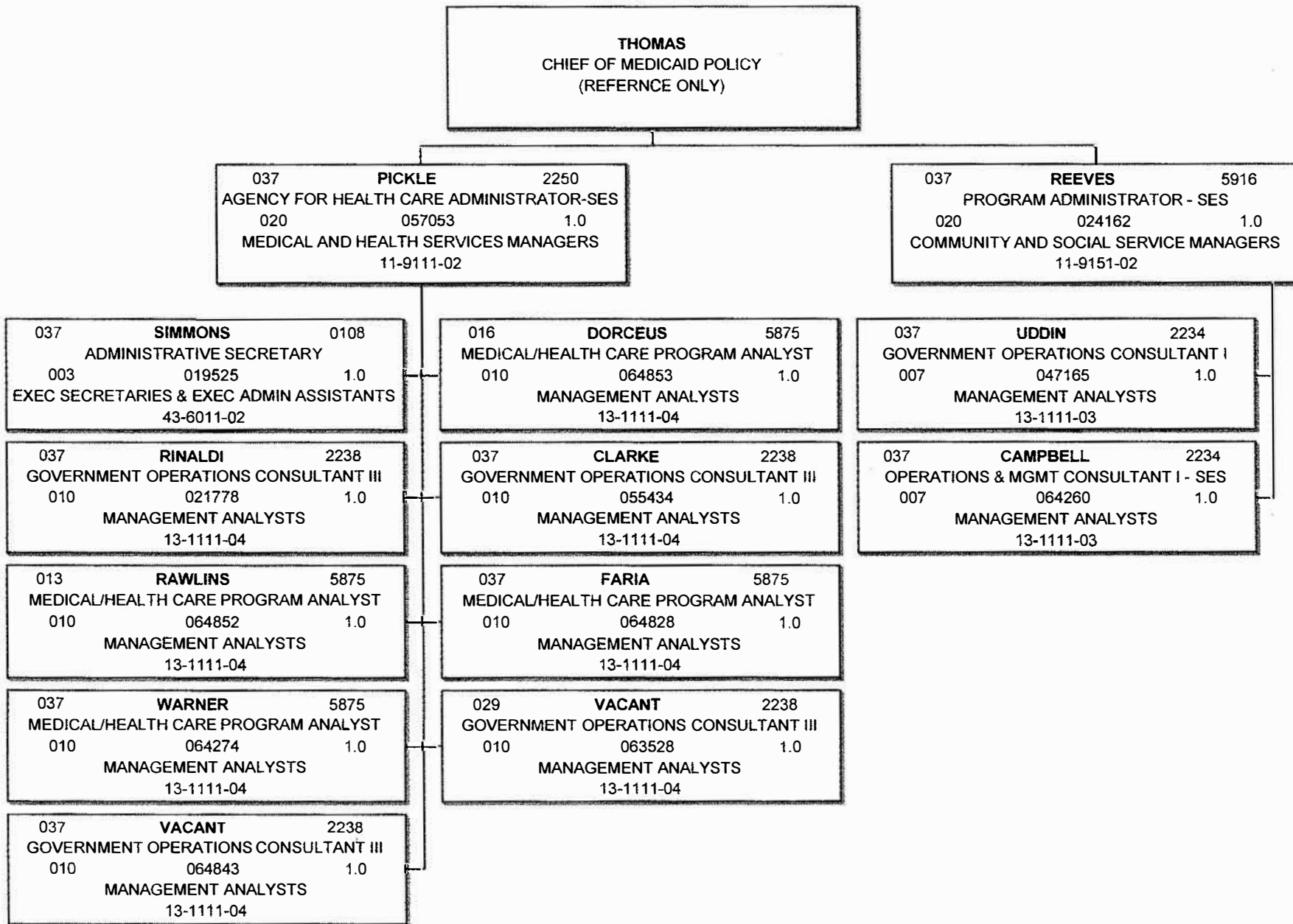
Effective Date: July 1, 2017
Org. Level: 68-40-60-00-000
FTEs: 68 Positions: 68



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Policy Managed Care and Policy Contracts

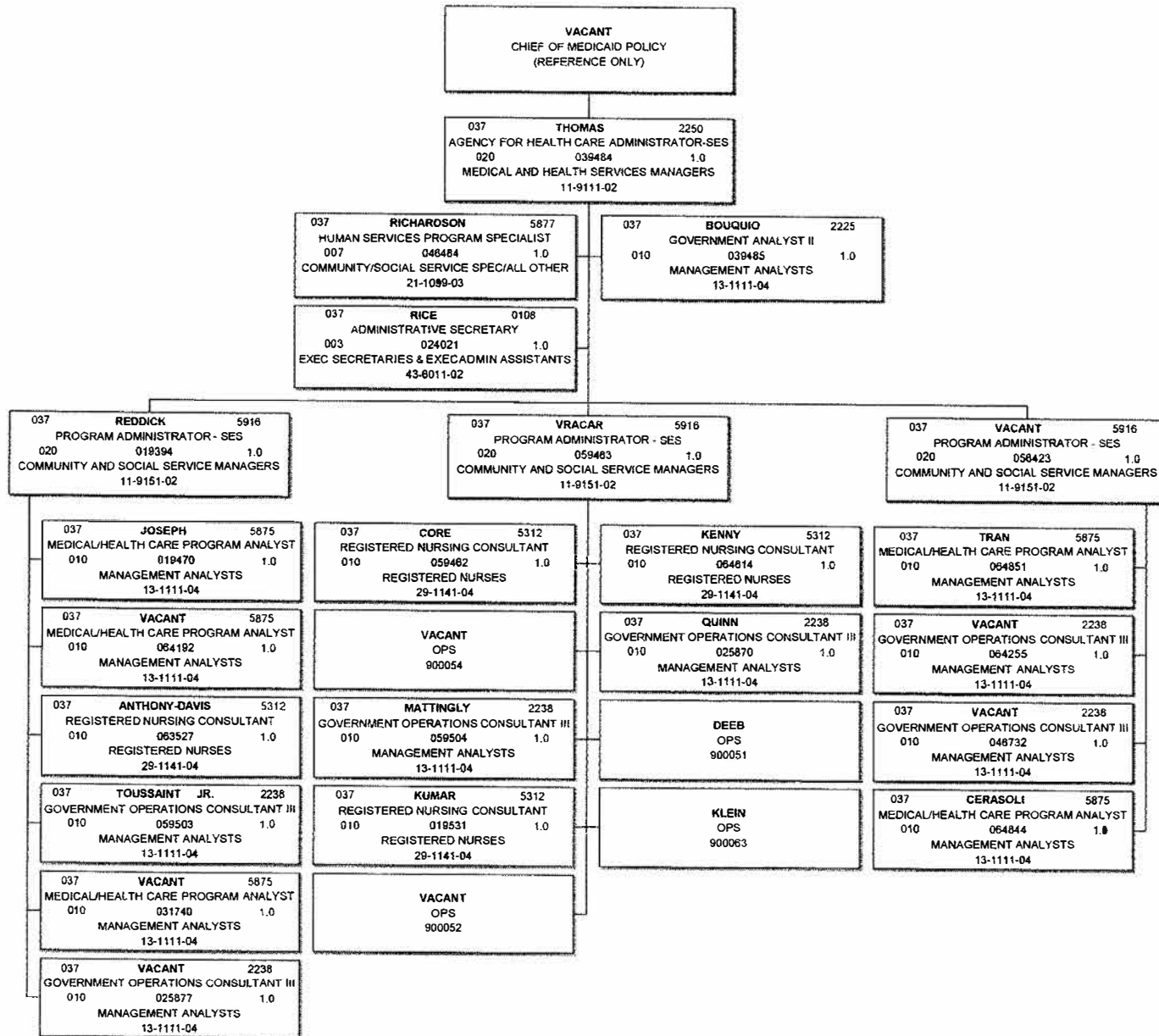
Effective Date: July 1, 2017
Org. Level: 68-40-60-00-000
FTEs: 68 Positions: 68



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Policy Medical and Behavioral Health Care Policy

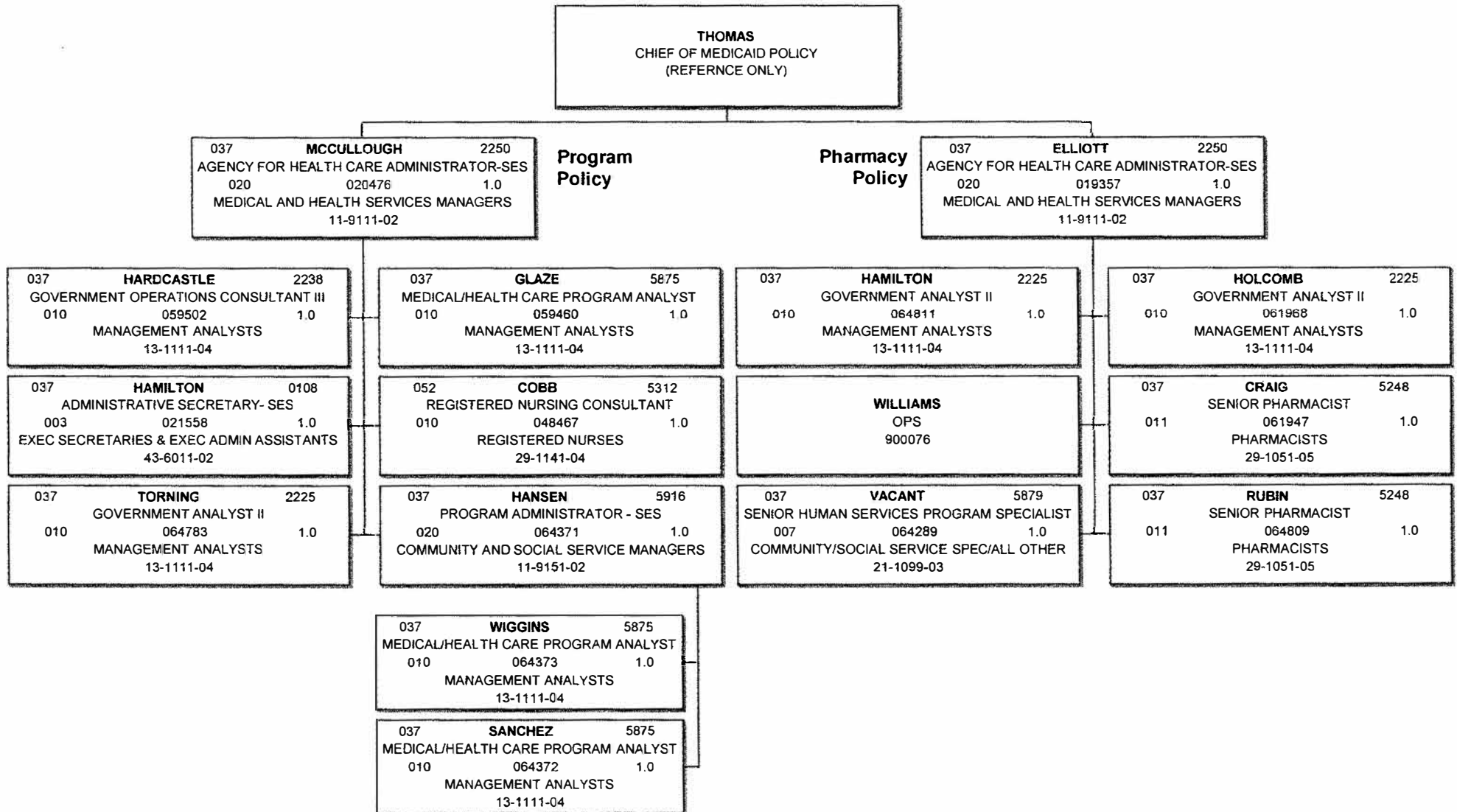
Effective Date: July 1, 2017
Org. Level: 68-40-60-00-000
FTEs: 68 Positions: 68



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Policy

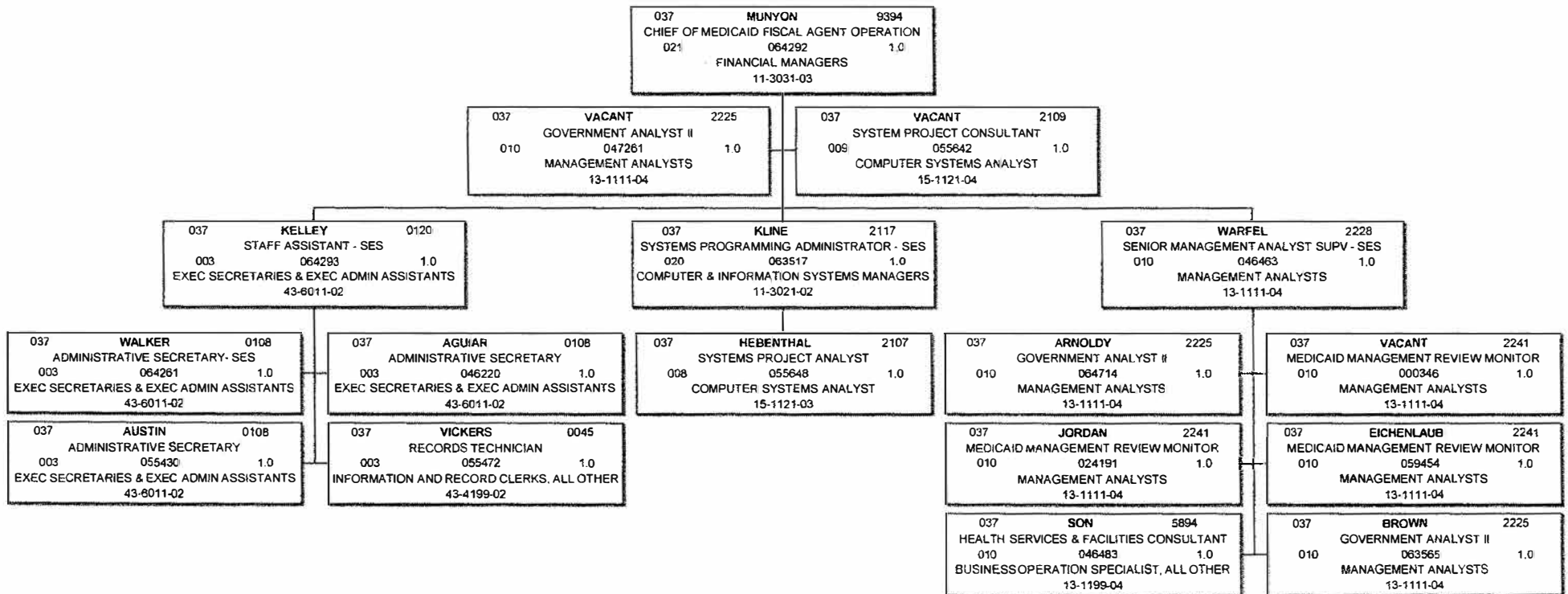
Effective Date: July 1, 2017
Org. Level: 68-40-60-00-000
FTEs: 68 Positions: 68



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Fiscal Agent Operations

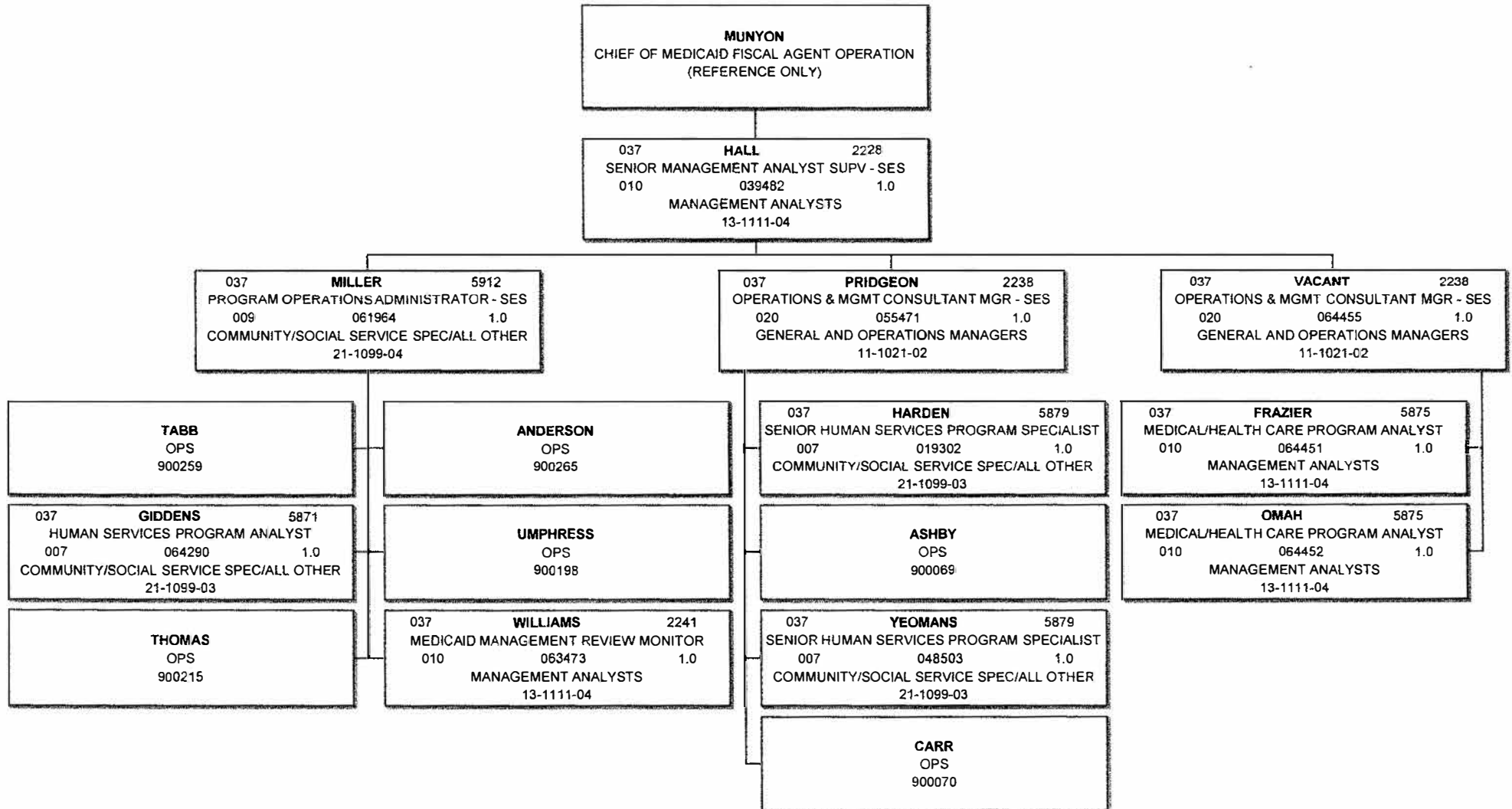
Effective Date: July 1, 2017
Org. Level: 68-40-70-00-000
FTEs: 52 Positions: 52



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Fiscal Agent Operations Recipient File Management

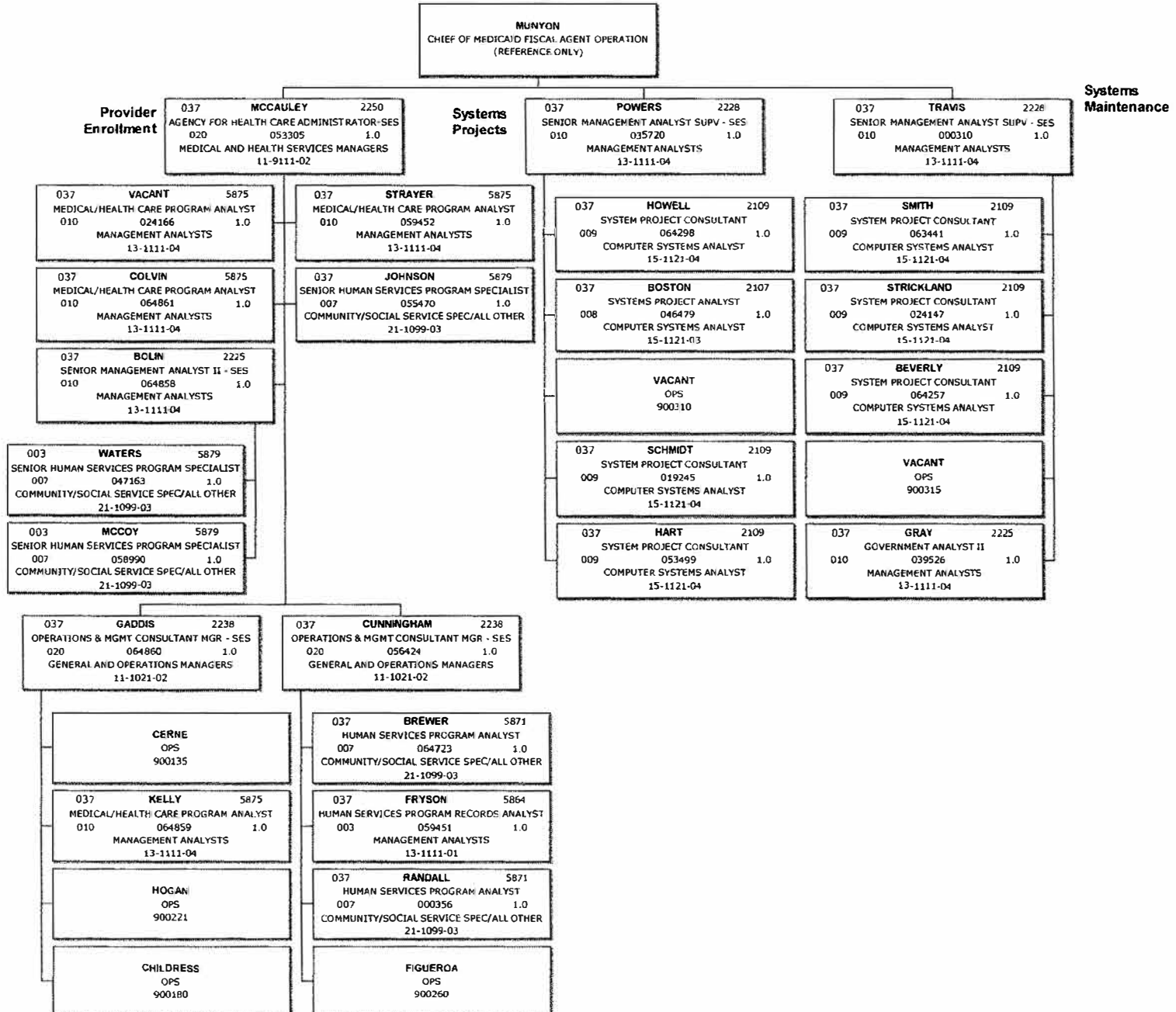
Effective Date: July 1, 2017
Org. Level: 68-40-70-00-000
FTEs: 52 Positions: 52



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Fiscal Agent Operations

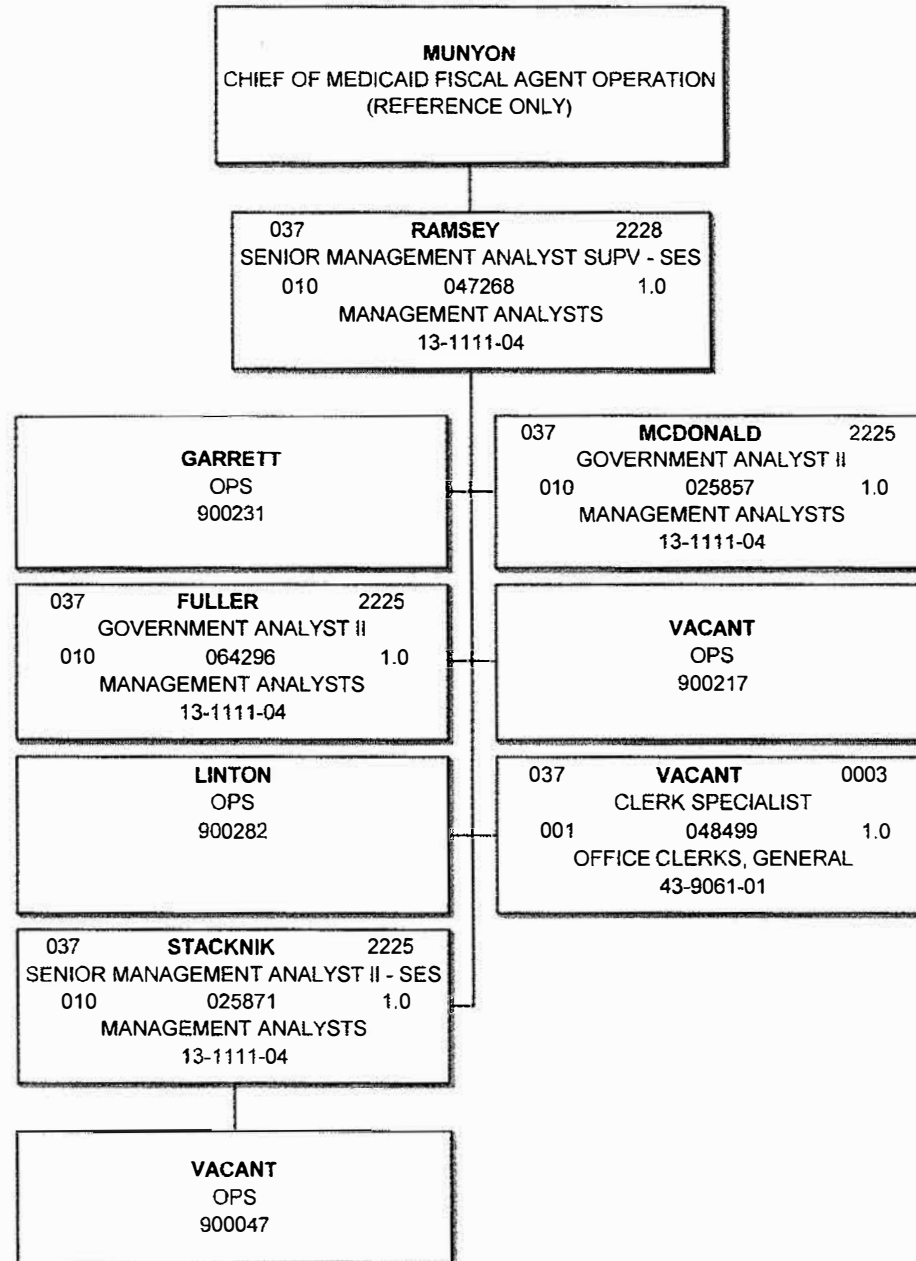
Effective Date: July 1, 2017
Org. Level: 68-40-70-00-000
FTEs: 52 Positions: 52



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Fiscal Agent Operations Procurement

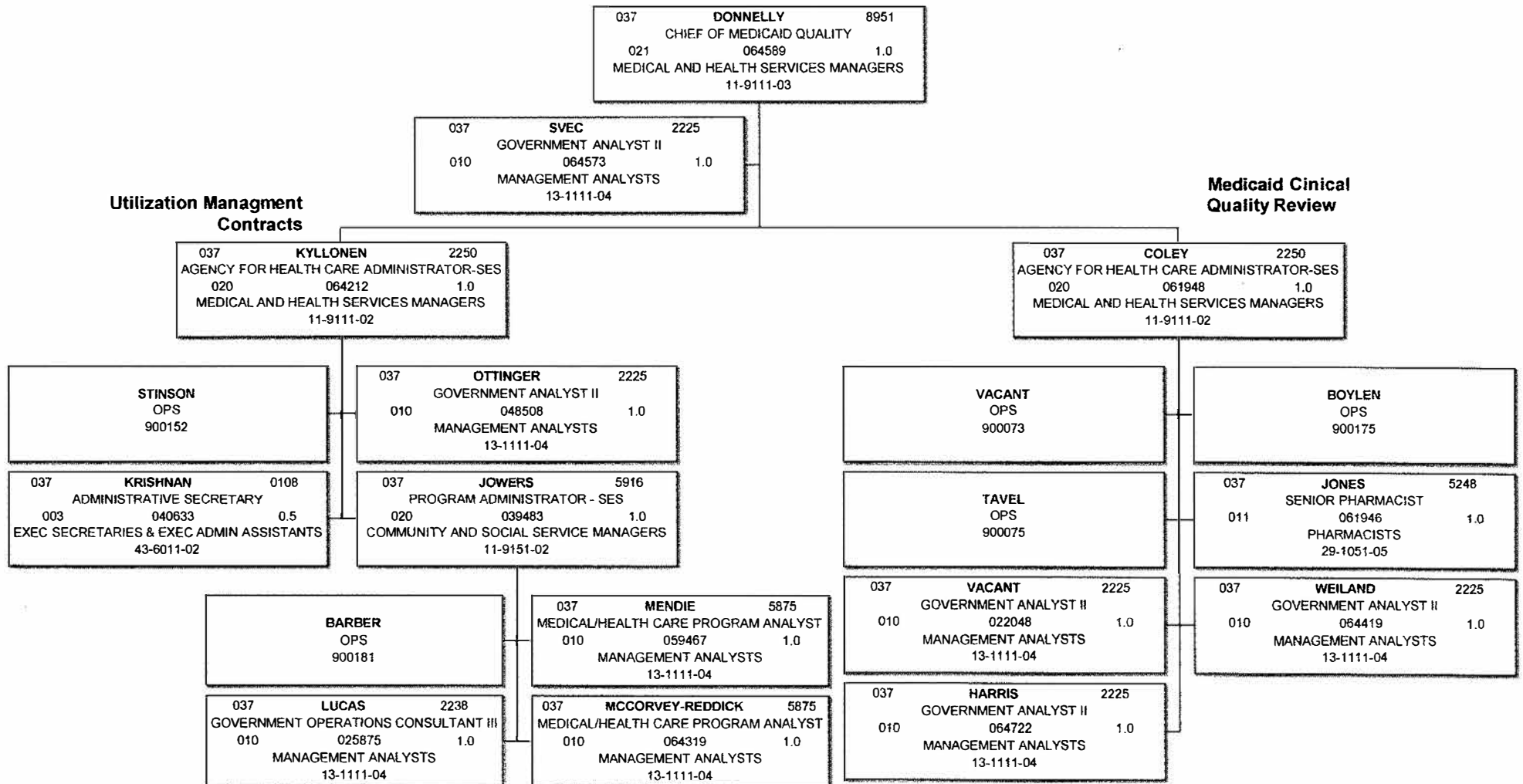
Effective Date: July 1, 2017
Org. Level: 68-40-70-15-000
FTEs: 6 Positions: 6



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Quality

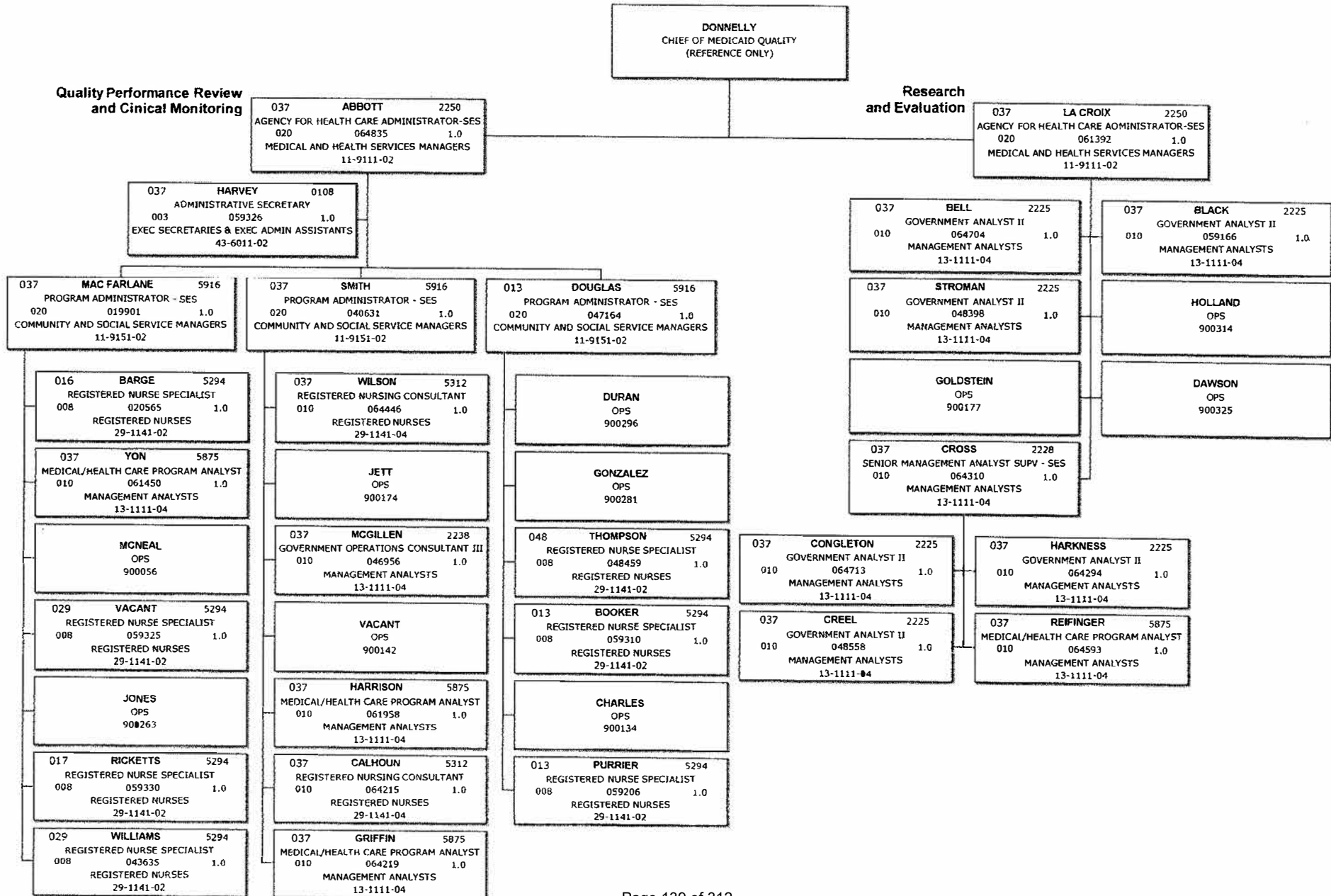
Effective Date: July 1, 2017
Org. Level: 68-40-80-00-000
FTEs: 41.5 Positions: 42



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Quality

Effective Date: July 1, 2017
Org. Level: 68-40-80-00-000
FTEs: 41.5 Positions: 42








AGENCY FOR HEALTH CARE ADMINISTRATION		FISCAL YEAR 2016-17			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		26,599,695,816		0	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		-33,612,593		0	
FINAL BUDGET FOR AGENCY		26,566,083,223		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 *		559,622	13,791.30	7,717,917,475	
Prepaid Health Plans - Families *		2,225,878	2,521.33	5,612,178,018	
Elderly And Disabled/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased		14,178	36,368.82	515,637,200	
Elderly And Disabled/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		40,333	8,661.69	349,351,906	
Elderly And Disabled/Fee For Service/Medipass - Physician Services * Number of case months Medicaid program services purchased		72,794	3,238.36	235,733,381	
Elderly And Disabled/Fee For Service/Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		72,794	1,250.68	91,042,316	
Elderly And Disabled/Fee For Service/Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		1,575,074	877.89	1,382,749,503	
Elderly And Disabled/Fee For Service/Medipass - Case Management * Number of case months Medicaid program services purchased		752,633	9.22	6,937,396	
Elderly And Disabled/Fee For Service/Medipass - Hospital Insurance Benefit * Number of case months Medicaid program services purchased		58,616	1,001.67	58,713,714	
Elderly And Disabled/Fee For Service/Medipass - Other * Number of case months Medicaid program services purchased		42,534	28,065.16	1,193,723,603	
Women And Children/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased		157,397	2,421.34	381,111,354	
Women And Children/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		195,065	543.73	106,061,804	
Women And Children/Fee For Service / Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		395,543	311.54	123,226,237	
Women And Children/Fee For Service / Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		6,778,321	37.28	252,679,347	
Women And Children/Fee For Service / Medipass - Case Management * Number of case months Medicaid program services purchased		3,271,905	0.26	844,346	
Women And Children/Fee For Service / Medipass - Therapeutic Services For Children * Number of case months Medicaid program services purchased		265,925	4.51	1,200,000	
Women And Children/Fee For Service / Medipass - Clinic Services * Number of case months Medicaid program services purchased		6,221,240	0.13	782,753	
Women And Children/Fee For Service / Medipass - Other * Number of case months Medicaid program services purchased		472,191	292.45	138,091,076	
Medically Needy - Hospital Inpatient * Number of case months Medicaid program services purchased		24,639	3,066.61	75,558,210	
Medically Needy - Prescribed Medicines * Number of case months Medicaid program services purchased		24,639	1,883.40	46,405,029	
Medically Needy - Hospital Outpatient * Number of case months Medicaid program services purchased		29,685	587.44	17,438,108	
Medically Needy - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		59,370	143.99	8,548,683	
Medically Needy - Case Management * Number of case months Medicaid program services purchased		29,685	4.18	124,122	
Medically Needy - Other * Number of case months Medicaid program services purchased		73,916	10,525.71	778,018,326	
Refugees - Hospital Inpatient * Number of case months Medicaid program services purchased		3,750	344.74	1,292,791	
Refugees - Prescribed Medicines * Number of case months Medicaid program services purchased		3,750	146,719.36	550,197,606	
Refugees - Hospital Outpatient * Number of case months Medicaid program services purchased		3,750	255.03	956,371	
Refugees - Other * Number of case months Medicaid program services purchased		11,249	0.02	280	
Nursing Home Care * Number of case months Medicaid program services purchased		46,712	72,790.39	3,400,184,619	
Home And Community Based Services * Number of case months Medicaid program services purchased		46,074	29,184.73	1,344,657,315	
Intermediate Care Facilities For The Developmentally Disabled - Sunland Centers * Number of case months Medicaid program services purchased		2,650	128,888.76	341,555,220	
Purchase Medikids Program Services * Number of case months Medicaid Program services purchased		29,487	1,809.66	53,361,424	
Purchase Children's Medical Services Network Services * Number of case months		9,150	11,378.52	104,113,418	
Purchase Florida Healthy Kids Corporation Services * Number of case months		152,197	1,824.95	277,752,163	
Certificate Of Need/Financial Analysis * Number of certificate of need (CON) requests/financial reviews conducted		3,187	653.59	2,082,976	
Health Facility Regulation (compliance, Licensure, Complaints) - Tallahassee * Number of licensure/certification applications		40,330	435.29	17,555,371	
Facility Field Operations (compliance, Complaints) - Field Offices Survey Staff * Number of surveys and complaint investigations		40,156	1,417.95	56,939,332	
Health Standards And Quality * Number of transactions		2,952,960	1.69	4,999,178	
Plans And Construction * Number of reviews performed		4,792	1,531.73	7,340,051	
Managed Health Care * Number of Health Maintenance Organization (HMO) and workers' compensation arrangement surveys		131	13,229.58	1,733,075	
Background Screening * Number of requests for screenings		330,466	2.81	927,748	
Subscriber Assistance Panel * Number of cases		246	2,348.34	577,691	
TOTAL				25,260,300,536	
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				1,173,189,791	
REVERSIONS				132,592,921	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				26,566,083,248	

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

(1) Some activity unit costs may be overstated due to the allocation of double budgeted items.
(2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.
(3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.
(4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

SCHEDULE XII: OUTSOURCING OR PRIVATIZATION OF A SERVICE OR ACTIVITY

Schedule XII Cover Sheet and Agency Project Approval	
Agency: Agency for Health Care Administration	Schedule XII Submission Date: 9/15/2017
Project Name: PASRR Outsourcing	Is this project included in the Agency's LRPP? Yes <input checked="" type="checkbox"/> No
FY 2018 - 2019 LBR Issue Code: 33I0100	FY 2018 -2019 LBR Issue Title: Preadmission Screening and Resident Review (PASRR)
Agency Contact for Schedule XII (Name, Phone #, and E-mail address): Monty McCullough 412-4234, Mary.McCullough@ahca.myflorida.com	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule XII in support of our legislative budget request. I have reviewed and agree with the information in the attached Schedule XII.	
Agency Head:  Printed Name: Justin M. Senior, Secretary	Date: 9/15/17
Agency Chief Information Officer: (If applicable)  for Scott Ward Printed Name: Scott Ward, CIO	Date: 9/15/2017
Budget Officer:  Printed Name: Anita B. Hicks, CFO	Date: 9/15/17
Planning Officer:  Printed Name: Kristin Sokoloski	Date: 9/15/2017
Project Sponsor:  Printed Name: Shevaun Harris	Date:

SCHEDULE XII: OUTSOURCING OR PRIVATIZATION OF A SERVICE OR ACTIVITY

I. Background Information

1. Describe the service or activity proposed to be outsourced or privatized.

The Agency for Health Care Administration (AHCA) is requesting legislative authority to procure a vendor to implement, operate, and coordinate all aspects of the federally mandated Preadmission Screening and Resident Review (PASRR) process, including Level I screenings and Level II evaluations and determinations.

Congress created the PASRR requirement in 1987, when it amended the Medicaid Act to require each State that participates in the Medicaid program to establish a PASRR program (see 42 U.S.C. § 1396r(e)(7)(A)). The purpose of the PASRR program is to prevent the admission into nursing facilities of mentally ill and intellectually disabled individuals who do not require the level of services that nursing facilities provide. Florida's PASRR program is established in accordance with Title 42 Code of Federal Regulations, Subpart C, section 409.912, Florida Statutes, and Rule 59G-1.040, Florida Administrative Code. The PASRR program is a comprehensive plan for assessing individuals for evidence of a serious mental illness (SMI), intellectual disability and related conditions (ID), or both, prior to admission to a Medicaid-certified nursing facility (NF), or upon a significant change in the individual's physical or mental status (resident review), regardless of payer source.

The PASRR Level I is a preliminary screening that must be conducted on all individuals prior to admission into an NF. Based on the results from the PASRR Level I screening, an individual may be referred to have a PASRR Level II evaluation.

The PASRR Level II evaluation is a more comprehensive assessment, involving collection of information from multiple sources and often a face-to-face interview with the individual when a suspicion or diagnosis of SMI or ID has been identified.

A determination, based upon the evaluation, is made as to whether:

- The individual requires the level of services provided by an NF (including whether the individual's long-term care service needs can be met in a less restrictive environment).
- Specialized services are needed.

A resident review is an evaluation conducted when a nursing facility resident experiences a significant change in his or her physical or mental status. The resident review is also required if a resident is transferred to a hospital for care and the stay lasts longer than 90 consecutive days, prior to returning to a nursing facility.

2. How does the service or activity support the agency's core mission? What are the agency's desired goals and objectives to be achieved through the proposed outsourcing or privatization and the rationale for such goals and objectives?

The PASRR requirement is an essential component of Florida's policy, required by Title II of the Americans with Disabilities Act, ensuring that individuals are provided medically necessary health care services "in the most integrated setting appropriate" to their needs. PASRR is an important tool that helps to ensure that individuals are not inappropriately placed in nursing homes when their needs can be met at a lower level of care. It also helps to identify any specialized services that are needed for an individual with an SMI or ID – this information is both useful for the individual in selecting a nursing facility that can meet their needs, as well as for the nursing facility in their care coordination efforts. Maintaining a PASRR process that ensures the greatest amount of efficiency, performance, and transparency aligns with the

AHCA's mission, "Better Health Care for All Floridians."

Five state agencies are responsible for fulfilling various aspects of Florida's PASRR program. Currently, there is not a uniform process utilized by all of the state agencies involved in the PASRR process for sharing information. Parties are sharing protected health information and data utilizing outdated and less secure methods such as fax and email, resulting in increased risks related to fulfilling HIPAA requirements and increased manual processes. It is also difficult to comprehensively monitor the program, as there is little uniformity in how each state agency is fulfilling its obligation (from an administrative perspective). Outsourcing the PASRR process will create administrative efficiencies.

Consolidation of the PASRR functions under one vendor presents an opportunity to facilitate quicker decision-making related to nursing facility admissions as one entity would be responsible for coordinating all aspects of the process, reducing opportunities for delays in sharing information with involved parties. By transitioning individuals from more acute care settings (i.e., hospitals) sooner, Medicaid's (and other insurers') costs can be reduced. Outsourcing the PASRR process will increase the state's performance and responsiveness to health care providers and consumers.

3. Provide the legal citation authorizing the agency's performance of the service or activity.

- Title 42 Code of Federal Regulations, Section 438, Subpart C;
- Sections 409.912 and 409.985, Florida Statutes; and
- Rule 59G-1.040, Florida Administrative Code

4. Identify the service's or activity's major stakeholders, including customers, clients, and affected organizations or agencies.

- Agency for Health Care Administration;
- Agency for Persons with Disabilities (APD);
- Department of Children and Families (DCF);
- Department of Elder Affairs (DOEA);
- Department of Health (DOH);
- Nursing Facilities;
- Acute Inpatient Hospitals; and
- Individuals (both children and adults) seeking admission into Nursing Facilities.

5. Describe and analyze how the agency currently performs the service or activity and list the resources, including information technology services and personnel resources, and processes used.

The following illustrates the clinical and administrative requirements related to the PASRR process, with a brief summary of each state agency's responsibilities:

Florida Agency for Health Care Administration

Federal regulations require the single state Medicaid agency to coordinate and have oversight for the PASRR program in its state. In Florida, the AHCA is the single state Medicaid agency and as such, maintains administrative oversight of the PASSR program. The AHCA policy staff is responsible for the following:

- Oversight of the PASRR process and coordination of delegated entities;
- Rule promulgation for PASRR (including PASRR forms);
- Monitoring PASRR reports from delegated entities. Reports are obtained through a secured data site;
- Holding quarterly meetings with delegated entities; and
- Promoting and performing PASRR training.

The AHCA, along with four state agencies, are currently responsible for facilitating various aspects of Florida's PASRR program. The AHCA is primarily Florida's Level I screening entity, and delegates the Level I screening duties to DOEA and DOH:

- For adults ages 21 years and older, the Level I screening responsibilities are delegated to the DOEA; and
- For children under the age of 21 years, the Level I screening responsibilities are delegated to the DOH. The DOH does not sub-delegate this responsibility and utilizes existing state agency personnel.

Florida Department of Elder Affairs and Department of Health

The screening process entails collecting clinical information from the individual's treating providers, and when necessary, conducting an interview with the individual and/or their authorized representative to determine if there is a suspicion or confirmed diagnosis of SMI or ID. In addition, these entities are responsible for coordinating referrals to the appropriate agency described below for a Level II PASRR evaluation and determination, when applicable, and conducting ongoing quality assessments and monitoring of Level II PASRR evaluations. The DOEA has the authority to sub-delegate their responsibility for performing the Level I screening to hospital and nursing facilities. However, DOEA still performs some PASRR Level I screenings and is required to collect the results and verify the accuracy of the screenings performed by these sub-delegated entities. The DOH does not sub-delegate this responsibility and utilizes existing state agency personnel.

Florida Department of Children and Families

The state authority for SMI is the DCF. The DCF is responsible for performing Level II PASRR determinations for individuals suspected of, or diagnosed with SMI prior to their admission into an NF, or as the result of a resident review. In accordance with federal regulations, DCF, as the state mental health authority, may not perform the evaluations, but is responsible for reviewing the evaluation and making the ultimate determination. The DCF maintains a contract with a vendor (currently KEPRO) to perform independent physical and mental evaluation(s) to assist in fulfilling their PASRR Level II responsibilities.

Florida Agency for Persons with Disabilities

As the state PASRR authority for ID, the APD is responsible for Level II PASRR evaluation(s) and

determination(s) for individuals suspected or diagnosed with ID, prior to admission to an NF, or as the result of a resident review. The APD contracts with a vendor (also KEPRO) to perform independent evaluations to confirm or rule out an ID. This includes an interview with the individual, legal representative or family member as applicable, and ensures the completed Level II PASRR evaluation and APD's determination is disseminated to the evaluated individual, entities and representative in accordance with state rules.

6. Provide the existing or needed legal authorization, if any, for outsourcing or privatizing the service or activity.

42 CFR §483.106(e)
Sections 216.023(4)(a)7 and 287.0571, F.S.

7. Provide the reasons for changing the delivery or performance of the service or activity. What is the current cost of service and revenue source?

While the State of Florida complies with federal PASRR regulations – such compliance is extremely labor intensive and costly to document in a manner that can be tracked and accurately reflected on a real time basis. Thus, in the event of ADA or Medicaid Act litigation, under the existing multi-agency and primarily paper driven process, it would be extremely costly to prove and document compliance for the nearly 173,000 PASRR assessments that are conducted each year. In contrast, a contracted vendor with focused, dedicated PASRR staff, utilizing a web-based application, tracking, and noticing process, could timely respond to prove compliance when needed (thus potentially avoiding lawsuits entirely). And, in the event that a suit could not be avoided, a contracted vendor would make it easier and less costly to prevail in any claims alleging a failure to comply with PASRR. Successfully defending ADA integration mandate litigation is extremely costly to the State. For example, Florida had to expend in excess of \$8 million dollars in attorneys' fees and costs prior to prevailing through entry of an order dismissing the United States' claims in *United States v. Florida*, Case No. 12-cv-60460-WJZ (S.D. Fla.). (This case is currently being appealed, so additional costs are anticipated to defend the appeal.)

Five state agencies are responsible for fulfilling various aspects of Florida's PASRR program. Currently, there is not a uniform process utilized by all of the state agencies involved in the PASRR process for sharing information. Parties are sharing protected health information and data utilizing outdated and less secure methods such as fax and email, resulting in increased risks related to fulfilling HIPAA requirements and increased manual processes. It is also difficult to comprehensively monitor the program, as there is little uniformity in how each state agency is fulfilling its obligation (from an administrative perspective). Outsourcing the PASRR process will create administrative efficiencies.

Consolidation of the PASRR functions under one vendor presents an opportunity to facilitate quicker decision-making related to nursing facility admissions as one entity would be responsible for coordinating all aspects of the process, reducing opportunities for delays in sharing information with involved parties. By transitioning individuals from more acute care settings (i.e., hospitals) sooner, Medicaid (and other insurers) costs can be reduced. Outsourcing the PASRR process will increase the state's performance and responsiveness to health care providers and consumers.

Further, the state would be able to leverage enhanced federal match for contracting with a vendor to perform these functions (75 percent federal match). The general revenue costs would be offset by the reduced need for full-time equivalent (FTE) staff and contract service budget in other state agencies

dedicated to this purpose and administrative savings (overhead) achieved by contracting with one vendor as opposed to multiple vendors.

Currently, the AHCA has one staff person who utilizes 50 percent of her time dedicated to PASRR policy activities. The AHCA will continue to need to maintain policies (rules) related to PASRR and will have to manage the contract with the vendor, so it is not anticipated that AHCA will have a reduction in FTEs as a result of this outsourcing initiative.

Table 1 below includes staff from other agencies dedicated to PASRR:

Agency/Department	Staff Position	Number of FTE's	Salaries/Contract Funding
APD	N/A	N/A	\$600,000
DCF	N/A	N/A	\$900,786*
DOEA	CARES Assessors (Medical Personnel)	18	\$942,000
DOH	TBD	TBD	TBD

Table 1
*2015-2016 State Fiscal Year (SFY) contract amount.

II. Evaluation of Options

1. Provide a description of the available options for performing the service or activity and list for each option the general resources and processes needed to perform the service or activity. If state employees are currently performing the service or activity, provide at least one option involving maintaining state provision of the service or activity.

Option a: State agencies continue to perform the PASRR functions

Currently, the state performs PASRR responsibilities with the following resources:

- DOEA has 18 FTEs as PASRR assessors, and 85 medical personnel FTEs devote 4 percent of their time to perform PASRR functions. A cost breakdown is as follows:

Summary of PASRR Estimated Costs

CARES Assessors	\$	785,000
Medical Personnel	\$	157,000
Total PASRR Related Costs	\$	942,000

- The DCF has a contract with KEPRO costing \$900,786.00 per SFY.
- The APD also has a contract with KEPRO costing \$600,000 per SFY.*
- The DOH has staff who spend part of their time on PASRR but with only 110 children served, DOH would be unlikely to be able to reduce staffing based on this.
- The AHCA currently has one staff resource with 50 percent of this FTE devoted to PASRR. This staff person's duties will continue even with outsourcing.
- Hospital and nursing facility staff perform Level I screens for adults.

Option b: Contract with a vendor that is capable of performing PASRR functions

Procuring a vendor contract includes:

- Implementation:
 - State: Procurement activities and hiring a contract manager

*The Florida Legislature granted this amount to APD, assuming a one year period.

- Vendor:
 - Hold meetings with state agency personnel to process map current workflows and to discuss/finalize the proposed approach for Florida. This includes finalizing communication protocols for how PASRR Level II determinations will be received from the APD and the DCF after the vendor has performed the assessments.
 - Make modifications to their existing system to align with the approved workflows and Florida-specific requirements for the PASRR program (this will be limited to no more than \$970,900 of the implementation costs).
 - Develop/update policies, procedures, and operational manuals.
 - Develop/update clinical assessment tools in consultation with the state agencies currently involved in the process.
 - Recruit and train qualified staff who will be responsible for performing the assessments/evaluations and operating the intake/referral processes.
 - Implement a communication and outreach strategy for state agency staff and providers (nursing facilities/hospitals). This includes hosting face-to-face and web based training sessions.
 - Implement or expanding the vendor’s call center.

Implementation for the first six (6) months of the contract is estimated to cost \$1,500,000. Ongoing costs for the contract is estimated to be \$1,128,486.00 annually.

The hospital and nursing facility will continue to perform Level I screens for adults and provide this information to the vendor (the vendor must perform quality checks on these submissions to ensure compliance with all laws and rules).

2. For each option, describe its current market for the service or activity under consideration for outsourcing or privatizing. How many vendors are currently providing the specific service or activity on a scale similar to the proposed option? How mature is this market?

Option a: State agencies continue to perform the PASRR functions

Each respective agency would maintain the state agency personnel dedicated to performing this function and any contract funding dollars that are being proposed to transfer to AHCA to offset the ongoing operational costs of this outsourcing initiative.

Option b: Contract with a vendor that is capable of performing PASRR functions

The AHCA issued a Request for Information (RFI) in 2014 to solicit information from interested vendors regarding the outsourcing of PASRR Level I screenings. The AHCA received responses from five potential vendors. Each response demonstrated that there is a mature market of vendors available and poised to address the State’s needs.

3. List the criteria used to evaluate the options. Include a cost-benefit analysis documenting the direct

and indirect specific baseline costs, savings, and qualitative and quantitative benefits involved in or resulting from the implementation of the recommended option(s).

Option a: State agencies continue to perform the PASRR functions

There will be no change in costs with this option.

Option b: Contract with a vendor that is capable of performing PASRR functions

The AHCA's 2014 RFI resulted in receiving information on options to improve the PASRR process. The AHCA is also able to draw federal funds at a 75 percent match for PASRR administration. Additionally, the AHCA has contract information for entities performing these duties in Florida and other states, to estimate costs.

The DCF and the APD has already outsourced its Level II responsibilities. The DCF's annual contract expenses for its PASRR contract is \$900,786. The APD was provided with funding during the 2016 Legislative session to procure its Level II PASRR vendor, an estimated \$99,086.46 (approximately 11 percent of evaluations that DCF performs) in expenditures.

The AHCA should be able to achieve some administrative savings (overhead) from consolidating these outsourcing efforts through a contract with one entity/vendor. Further, DOEA has identified 18 FTE positions that are fully dedicated to supporting the PASRR process, which will no longer be needed. DOEA has estimated these expenses to be approximately \$942,000.

See the attached Cost-Benefit Analysis spreadsheet and the information in section II.2.

4. Based upon the evaluation criteria, identify and analyze the advantages and disadvantages of each option, including potential performance improvements and risks.

Option a: State agencies continue to perform the PASRR function

Advantages:

1. Less disruptive for stakeholders involved in the process as there is an understanding of the current process.

Disadvantages:

1. The current process allows for antiquated communication across agencies. This may result in longer hospital stays and slower nursing facility admissions from the community.
2. It is difficult to conduct comprehensive monitoring of the program, as there is little uniformity in how each state agency is fulfilling its obligation.
3. It can be difficult to maintain qualified clinical/medical personnel to perform the duties.
4. If areas of non-compliance are identified, there are fewer remedies that can be utilized to compel compliance among the state agency partners then would be available if this process were outsourced.
5. Risk of audit findings and litigation.

Option b: Contract with a vendor that is capable of performing PASRR functions

Advantages:

1. Reduced need for state agency personnel to perform these functions. Each respective agency can focus its human resources where they are needed most and on mission critical functions.
2. The ability to achieve a greater level of accountability through the imposition of performance standards/measures in the contract with the vendor that can be tied to monetary penalties for non-compliance (e.g., sanctions, liquidated damages, etc.).
3. The ability to achieve greater efficiencies resulting in faster outputs.
4. Implementation of a more streamlined and transparent process for involved stakeholders.

5. Greater ability to recruit qualified personnel to perform the duties, even in more remote or rural parts of the state.
6. Less risk to AHCA for auditing and litigation purposes.
7. Assurance that federal funding is applied appropriately with less need to conduct activities such as random moment sampling for staff who have other duties other than PASRR.

Disadvantages:

1. Stakeholders will need to be trained on the new process.
2. The AHCA will need to update its policies (rules and Medicaid State Plan) to reflect this change.
3. There is an initial one-time cost for implementation.
4. There could be delays in the implementation timeline if there are any challenges to the process used by the AHCA to procure the vendor.

5. For each option, describe the anticipated impact on the agency and the stakeholders, including impacts on other state agencies and their operations.

Option a: State agencies continue to perform the PASRR functions

No changes/impact.

Option b: Contract with a vendor that is capable of performing PASRR functions

If the PASRR process is outsourced, there will be a reduction in the state agency personnel needed to perform PASRR related activities (DOEA). There would also be a need to transfer contracting dollars (APD and DCF) to support this consolidation/outsourcing effort. The AHCA would also need to identify an FTE position to serve as the contract manager for this new contract.

Nursing facility and hospital personnel involved in the PASRR process would need to be trained by the vendor.

6. Identify changes in cost and/or service delivery that will result from each option. Describe how the changes will be realized. Describe how benefits will be measured and provide the annual cost.

Option a: State agencies continue to perform the PASRR functions

No change in cost or service delivery.

Option b: Contract with a vendor that is capable of performing PASRR functions

Service Delivery Changes:

The vendor would be responsible for:

- Receiving referrals for Level I screenings and either forwarding the request to a delegated Level 1 screening entity for completion (hospital or nursing facility) or completing the request using qualified clinical personnel.
- Receiving completed Level I screenings from delegated hospital and nursing facility screening entities and providing a quality assurance review to ensure all federal and state requirements are met.
- Communicating the results of the screening to the individual (or their authorized representative) and the nursing facility (if one has already been selected).
- Conducting the Level II evaluations for the individuals diagnosed with or suspected of having an SMI or ID.
- Coordinating with APD and DCF to receive the determinations on any PASRR Level II evaluations

performed.

- Maintaining all PASRR related information, which can be accessed by all state agency personnel involved in the process.
- Assisting with any state and/or federal reporting requirements related to the PASRR process.

It is not anticipated that the AHCA would be able to execute a contract with a vendor until January 1, 2019. During the six-month implementation timeframe, vendor would be expected to complete the following activities:

- Hold meetings with state agency personnel to process map current workflows and to discuss/finalize the proposed approach for Florida. This includes finalizing communication protocols for how PASRR Level II determinations will be received from APD and DCF after the vendor has performed the assessments.
- Make modifications to their existing system to align with the approved workflows and Florida-specific requirements for the PASRR program (this will be limited to no more than \$950,000 of the implementation costs).
- Develop/update policies, procedures, and operational manuals.
- Develop/update clinical assessment tools in consultation with the state agencies currently involved in the process.
- Recruit and train qualified staff who will be responsible for performing the assessments/evaluations and operating the intake/referral processes.
- Implement a communication and outreach strategy for state agency staff and providers (nursing facilities/hospitals). This includes hosting face-to-face and web based training sessions.
- Implement or expanding the vendor’s call center.

Cost of vendor implementation is outlined as follows:

Level I Preadmission Screens

Table 2 represents the number of individuals served and a cost estimate of each service based on information submitted in the previous RFI responses and contracts in other states.

Entity Performing PASRR Level I Screens	Number of Individuals Served 2016 - 2017	Vendor Cost (*Number Served x \$30 **Number Served x \$6)
CARES	3,749	\$112,470*
DOH	110	\$3,300*
Hospital	143,259	\$859,554**
Nursing facility	25,527	\$153,162**
Resident Reviews		\$0.00
	Total	\$1,128,486

Table 2

Level II Evaluations

Table 3 below represents DCF’s actual contract costs per SFY and an estimate of APD’s costs based on the percentage of individuals served.[†]

Entity Performing PASRR Level II And Number of Individuals Served	Vendor Cost (based on current DCF contract 2015 – 2016)
DCF Vendor – 4872	\$900,786.00
APD – 572	\$99,086.46 [†]
Total	\$999,872.46

Table 3

In Table 4 below, the one-time vendor implementation cost is displayed for SFY 2017 and then an annualization of ongoing costs based on the information in Table 1 and 2.

	RECURRING	NON-RECURRING	TOTAL	ANNUALIZATION
	FY 2018-19	FY 2018-19	FY 2019-20	FY 2020-2021
Contracted Services (100777)				
General Revenue (1000 - 2)	\$0	\$ 375,000	\$ 375,000	\$ 282,121.50
Medical Care Trust Fund (2474 - 3)	\$0	\$1,125,000	\$1,125,000	\$846,364.50
Issue Total	\$0	\$1,500,000	\$1,500,000	\$1,128,486.00

Table 4

Refer to the attached Cost-Benefit Analysis spreadsheet and sections II.1 and II.3 above.

7. List the major risks for each option and how the risks could be mitigated.

Option a: State agencies continue to perform the PASRR functions

Risks:

- Potential audits and litigation (evidenced by previous lawsuits).

Mitigation:

- Enhance oversight and monitoring of the PASRR process.
- Provide additional training opportunities.

Option b: Contract with a vendor that is capable of performing PASRR functions

Risks:

- There could be delays in the implementation timeline if there are any challenges to the process used by the AHCA to procure the vendor.
- Poor performance by the vendor
- As a result of the transition, there could be confusion among existing stakeholders if the training is not

adequate in meeting their needs.

Mitigation:

- Account for any potential challenges in the project timeline and resolve challenges quickly.
- Develop a robust contract monitoring plan that mitigates the risk of vendor poor performance and implements swift corrective action if issues arise.
- Ensure the selected vendor has a good understanding of existing Florida- specific PASRR policies and procedures.
- Work with the vendor to provide adequate training for all stakeholders who will be submitting information and documentation.

8. Describe any relevant experience of other agencies, other states, or the private sector in implementing similar options.

Other states have implemented an all-inclusive PASRR vendor process. Florida currently has a state-contracted vendor to perform the Level II PASRR process.

III. Information on Recommended Option

1. Identify the proposed competitive solicitation including the anticipated number of respondents.

The AHCA anticipates publishing either an Invitation to Negotiate or a Request for Proposals. The AHCA anticipates receiving responses/bids from four to five vendors.

2. Provide the agency’s projected timeline for outsourcing or privatization of the service or activity. Include key events and milestones from the beginning of the procurement process through the expiration of a contract and key events and milestones for transitioning the service or activity from the state to the vendor. Provide a copy of the agency’s transition plan for addressing changes in the number of agency personnel, affected business processes, employee transition issues including reemployment and retraining assistance plan for employees who are not retained by the agency or employed by the contractor, and communication with stakeholders such as agency clients and the public.

Task Name	Start	Finish
1. Program change assessment completed	07/01/2018	7/31/2018
1.1.State change assessment completed	07/01/2018	7/31/2018
1.2.Current program change assessment completed	7/1/2018	7/31/2018
2. Resources and methods approved to develop ITN	8/1/2018	8/31/2018
2.1.Procurement team formed	8/1/2018	8/15/2018
2.2.Sub-teams and supporting resources approved	8/16/2018	8/31/2018
3. Contract awarded	9/1/2018	1/8/2019
3.1.Procurement posted	9/1/2018	9/1/2018
3.2.Addenda posted	9/1/2018	11/1/2018
3.3.Responses received	9/15/2018	11/11/2018
3.4.Responses evaluated	9/15/2018	11/25/2018
3.5.Negotiations completed	9/15/2018	12/20/2018

3.6. Award posted	12/21/2018	1/8/2019
4. Contract executed	1/9/2019	7/1/2019
4.1. 72 hour waiting period completed	1/9/2019	1/11/2019
4.2. All ITN challenges settled/dismissed	1/11/2019	
4.3. Contract drafts finalized	2/1/2019	4/1/2019
4.4. Vendor's pre-execution contract documentation completed	4/2/2019	4/7/2019
4.5. Contract executed		7/1/2019
5. Vendor On-Boarding Completed	4/2/2019	7/2/2019
5.1. Data-Sharing Agreement executed by vendor	4/2/2019	4/7/2019
5.2. Vendor informed of required forms and actions needed for onboarding	4/2/2019	4/2/2019
5.3. Post-execution documentation completed	4/2/2019	7/2/2019
5.4. On-boarding (kick-off) meeting completed and documented	7/2/2019	7/15/2019
6. Program goes live	7/2/2019	7/2/2019

3. Identify all forms of compensation to the vendor(s) for performance of the service or activity, including in-kind allowances and state resources to be transferred to the vendor(s). Provide a detailed cost estimate of each.

- January to June 2019: \$1,500,000 for implementation costs (federal and state percentages are illustrated below in Table 5). This will be a one-time cost to the state with no in-kind allowances or transfer of state resources.
- Recurring annual cost of \$1,128,486.00. See Table 6 below.
- Offsetting expenses of staff reduction and current contract terminations. See Table 7 below.

Time Period	Overall Cost	State Share (25%)	Federal Match (75%)
January to June 2019	\$1,500,000	\$375,000	\$1,125,000

Table 5

Time Period	Overall Cost	State Share (25%)	Federal Match (75%)
July 2019 to June 2020	\$1,128,486.00	\$282,121.50	\$846,364.50
July 2020 to June 2021	\$1,128,486.00	\$282,121.50	\$846,364.50

Table 6

Staff Reduction	Cost Saving per State Fiscal Year
CARES Assessors Medical Personnel DOH	\$942,000.00
DCF Vendor APD Vendor	\$900,786.00 \$99,086.46 Cost estimate based on DCF vendor costs, not APD actuals.
Total (per year)	(\$1,941,872.46)

Table 7

4. Provide an analysis of the potential impact on federal, state, and local revenues, and expenditures. If federal dollars currently fund all or part of the service or activity, what has been the response of the federal funding agency(ies) to the proposed change in the service delivery method? If federal dollars

<p>currently fund all or part of the service or activity, does the change in the service delivery method meet federal requirements?</p>
<p>Currently the State receives federal funding for PASRR activities. The AHCA does not anticipate a significant response from federal authorities related to outsourcing PASRR. Federal regulations allow the State to delegate or subcontract the PASRR activities (see 42 CFR §483.106 (e)). Further, other states have chosen this option as well, without federal interference. The proposed outsourcing initiative will be implemented in compliance with all federal and state requirements.</p>
<p>5. What responsibilities, if any, required for the performance of the service or activity will be retained and performed by the agency? What costs, including personnel costs, will the agency continue to incur after the change in the service delivery model? Provide these cost estimations. Provide the method for monitoring progress in achieving the specified performance standards within the contract.</p>
<p>The AHCA will maintain the oversight of the PASRR program. The AHCA will continue to retain a one-half (1/2) FTE position dedicated to maintaining all rules and policies related to Florida's PASRR process. In addition, the AHCA will need to identify one FTE position to serve as a contract manager. AHCA intends to absorb this responsibility using existing resources.</p> <p>The AHCA contract manager will implement a robust monitoring that includes the receipt of monthly and quarterly reports from the vendor validating activities related to the Level I and Level II PASRR screens/evaluations. These monitoring standards shall incorporate at a minimum the standards specified in the Florida Medicaid State Plan and Rule 59G-1.040 F.AC. for the PASRR process. In addition, AHCA will perform quarterly desk-reviews and annual on-site monitoring visits to ensure the vendor is performing in accordance with the contractual requirements.</p>
<p>6. Describe the agency's contract management process for the outsourced or privatized service or activity, including a description of the specific performance standards that must be met to ensure adequate performance and how the agency will address potential contractor non-performance. Attach a copy of any competitive solicitation documents, requests for quote(s), service level agreements, or similar documents issued by the agency for this competitive solicitation if available.</p>
<p>The AHCA contract manager will implement a robust monitoring that includes the receipt of monthly and quarterly reports from the vendor validating activities related to the Level I and Level II PASRR screens/evaluations. These monitoring standards shall incorporate at a minimum the standards specified in the Florida Medicaid State Plan and Rule 59G-1.040 F.AC. for the PASRR process. In addition, AHCA will perform quarterly desk-reviews and annual on-site monitoring visits to ensure the vendor is performing in accordance with the contractual requirements. In addition, the contract manager will maintain regular contact with the vendor to provide ongoing technical assistance, as needed.</p> <p>Performance standards include and are not limited to:</p> <ul style="list-style-type: none"> • Ensure that 100 percent of Level I PASRR screenings are conducted prior to the individual's admission into the nursing facility • Complete 100 percent of Level I PASRR screening within two business days of receiving the application for admission to a nursing facility. • Complete 100 percent of the Level II evaluations and determinations within seven business days of the completed Level I PASRR screening. • Complete 100 percent of the resident reviews within seven business days of request.
<p>7. Provide the agency's contingency plan(s) that describes the tasks involved in and costs required for its implementation and how the agency will resume the in-house provision of the service or activity in the event of contract termination/non-renewal.</p>

In the event of contract termination or non-renewal, the AHCA may designate the Level I PASRR screen responsibilities to sister agencies while maintaining the oversight of the PASRR program. The state mental health and intellectual disability authorities would be required to retain the responsibility for performance of their statutory obligation pertaining to PASRR.

8. Identify all other Legislative Budget Request issues that are related to this proposal.

None.

9. Explain whether or not the agency can achieve similar results by a method other than outsourcing or privatization and at what cost. Please provide the estimated expenditures by fiscal year over the expected life of the project.

The AHCA does not believe that it can achieve similar results by a method other than outsourcing.

10. Identify the specific performance measures that are to be achieved or that will be impacted by changing the service's or activity's delivery method.

See section III.6. above.

11. Provide a plan to verify vendor(s) compliance with public records laws.

The AHCA has standard language that is included in all vendor contracts that requires compliance with Florida public record laws.

12. If applicable, provide a plan to verify vender compliance with applicable federal and state law ensuring access by persons with disabilities.

The AHCA will include language in the vendor contract that the vendor will comply with ADA requirements, the Medicaid Act, and state law to ensure that reasonable accommodations are in place for persons with disabilities.

13. If applicable, provide a description of potential differences among current agency policies or processes and a plan to standardize, consolidate, or revise current policies or processes.

Currently, there is not a uniform process utilized by all of the state agencies involved in the PASRR process for sharing information. Parties are sharing protected health information and data utilizing antiquated methods such as fax and email, resulting in increased risks related to fulfilling HIPAA requirements and increased manual processes supported by state agency human resources. The vendor would be required to have policies and practices in place that address these concerns.

14. If the cost of the outsourcing is anticipated to exceed \$10 million in any given fiscal year, provide a copy of the business case study (and cost benefit analysis if available) prepared by the agency for the activity or service to be outsourced or privatized pursuant to the requirements set forth in s. 287.0571, F.S.

Not applicable.

SCHEDULE XIII-A-1: COST/BENEFIT ANALYSIS - PROJECTED COST AND COMPENSATION

Function Costs for <u>Preadmission Screening and Resident Review*</u> Option: <u>1</u>														
Produced <u>8/20/2017</u>			For <u>Agency for Health Care Adminis</u>			By <u>Monty McCullough</u>			F Y <u>2018-2019</u>					
BUDGET WORKSHEET														
	BUDGET									REVENUES / COMPENSATION			NET IMPACT	
	(a) Current			(b) Proposed Option			(c)=(b)-(a) Incremental Effect of Option			(d) Current	(e) Proposed option	(f)=(e)-(d) Incremental Effect of Option	COMPENSATION LESS COSTS	CUMULATIVE IMPACT
	General Revenue	Trust Fund	Total	General Revenue	Trust Fund	Total	General Revenue	Trust Fund	Total					
FY 2016-17														
FTE'S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
Salaries and Wages	\$235,500	\$706,500	\$942,000	\$235,500	\$706,500	\$942,000	\$0	\$0	\$0	General Revenue	\$0	\$0	\$0	
OPS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Fees	\$0	\$0	\$0	
Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Federal Funds	\$0	\$0	\$0	
Contracted Services	\$281,447	\$844,340	\$1,125,786	\$281,447	\$844,340	\$1,125,786	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Special Categories	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
TOTAL FY 2016-17	\$516,947	\$1,550,840	\$2,067,786	\$516,947	\$1,550,840	\$2,067,786	\$0	\$0	\$0		\$0	\$0	\$0	\$0
FY 2018-19														
FTE'S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
Salaries and Wages	\$235,500	\$706,500	\$942,000	\$235,500	\$706,500	\$942,000	\$0	\$0	\$0	General Revenue	\$0	\$0	\$0	
OPS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Fees	\$0	\$0	\$0	
Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Federal Funds	\$0	\$0	\$0	
Contracted Services	\$281,447	\$844,340	\$1,125,786	\$656,447	\$1,969,340	\$2,625,786	\$383,250	\$1,497,501	\$1,533,000	Other -	\$0	\$0	\$0	
Special Categories	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
TOTAL FY 2017-18	\$516,947	\$1,550,840	\$2,067,786	\$891,947	\$2,675,840	\$3,567,786	\$383,250	\$1,497,501	\$1,533,000		\$0	\$0	\$0	(\$1,533,000)
FY 2018-19														
FTE'S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00					
Salaries and Wages	\$0	\$0	\$0	(\$235,500)	(\$706,500)	(\$942,000)	(\$235,500)	(\$706,500)	(\$942,000)	General Revenue	\$0	\$0	\$0	
OPS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Fees	\$0	\$0	\$0	
Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Federal Funds	\$0	\$0	\$0	
Contracted Services	\$0	\$0	\$0	(\$281,447)	(\$844,340)	(\$1,125,786)	(\$281,447)	(\$844,340)	(\$1,125,786)	Other -	\$0	\$0	\$0	
Special Categories	\$0	\$0	\$0	\$485,995	\$1,577,423	\$2,103,231	\$525,808	\$1,577,423	\$2,103,231	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0	
TOTAL FY 2018-19	\$0	\$0	\$0	(\$30,952)	\$26,584	\$35,445	\$8,861	\$26,584	\$35,445		\$0	\$0	\$0	(\$35,445)

SCHEDULE XIII-A-1: COST/BENEFIT ANALYSIS - PROJECTED COST AND COMPENSATION

Function Costs for <u>Preadmission Screening and Resident Review*</u> Option: <u>1</u>															
Produced 8/20/2017			For Agency for Health Care Adminis			By Monty McCullough			F Y 2018-2019						
BUDGET WORKSHEET										REVENUES / COMPENSATION			NET IMPACT		
	(a) Current			(b) Proposed Option			(c)=(b)-(a) Incremental Effect of Option				(d) Current	(e) Proposed option	(f)=(e)-(d) Incremental Effect of Option	COMPENSATION LESS COSTS	CUMULATIVE IMPACT
	General Revenue	Trust Fund	Total	General Revenue	Trust Fund	Total	General Revenue	Trust Fund	Total						
FY 2019-20															
FTE'S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00						
Salaries and Wages	\$0	\$0	\$0	(\$235,500)	(\$706,500)	(\$942,000)	(\$235,500)	(\$706,500)	(\$942,000)	General Revenue	\$0	\$0	\$0		
OPS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Fees	\$0	\$0	\$0		
Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Federal Funds	\$0	\$0	\$0		
Contracted Services	\$0	\$0	\$0	(\$281,447)	(\$844,340)	(\$1,125,786)	(\$281,447)	(\$844,340)	(\$1,125,786)	Other -	\$0	\$0	\$0		
Special Categories	\$0	\$0	\$0	282,121.50	846,364.50	\$1,128,486	\$525,808	\$1,577,423	\$2,103,231	Other -	\$0	\$0	\$0		
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0		
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0		
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0		
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0		
TOTAL FY 2019-20	\$0	\$0	\$0	(\$234,825)	(\$704,475)	(\$939,300)	\$8,861	\$26,584	\$35,445		\$0	\$0	\$0	(\$35,445) (\$1,568,445)	
FY 2020-21															
FTE'S	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00						
Salaries and Wages	\$0	\$0	\$0	(\$235,500)	(\$706,500)	(\$942,000)	(\$235,500)	(\$706,500)	(\$942,000)	General Revenue	\$0	\$0	\$0		
OPS	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Fees	\$0	\$0	\$0		
Expenses	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Federal Funds	\$0	\$0	\$0		
Contracted Services	\$0	\$0	\$0	(\$281,447)	(\$844,340)	(\$1,125,786)	(\$281,447)	(\$844,340)	(\$1,125,786)	Other -	\$0	\$0	\$0		
Special Categories	\$0	\$0	\$0	282,121.50	846,365	\$1,128,486	\$525,808	\$1,577,423	\$2,103,231	Other -	\$0	\$0	\$0		
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0		
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0		
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0		
Other -	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0		
TOTAL FY 2020-21	\$0	\$0	\$0	(\$234,825)	(\$704,475)	(\$939,300)	\$8,861	\$26,584	\$35,445		\$0	\$0	\$0	(\$35,445) (\$1,603,891)	
GRAND TOTAL	\$1,033,893	\$3,101,679	\$4,135,572	\$908,291	\$2,844,313	\$3,792,417	\$409,834	\$1,577,253	\$1,639,336		\$0	\$0	\$0	(\$1,639,336) (\$1,603,891)	

Include One-Time Costs

Include on-going agency costs - Direct and Indirect

Include all forms of compensation whether or not the funds pass through state coffers, whether or not the compensation is cash.

SCHEDULE XIIA-2: COST/BENEFIT ANALYSIS - BENEFITS AND ADDITIONAL COSTS

Function Costs for <u>Preadmission Screening and Resident Review</u>	Option: <u>1</u>		
Produced R 42,954.00	For Agency for Health Care Adm	By Monty McCullough	FY 2018-19

List and describe any Benefits not captured on Schedule XIIA-1, such as improved customer service, which could not be quantified:
--

1	Easier level one submission process and less disruption for hospital and nursing facility staff.
2	PASRR data would be maintained in a centralized location and reduces stakeholder confusion on various state roles in the PASRR process.
3	Increases the Agency for Health Care Administration's ability to monitor the PASRR program.
4	Easier to maintain qualified staff for PASRR program roles.
5	Less risk of audit findings and litigation.
6	Greater Level of accountability in PASRR activities due to one vendor performing these functions as compared to several state agencies.
7	Achievement of greater efficiencies resulting in faster outputs.
8	
9	
10	
11	
12	
13	
14	
15	

List and describe any expected costs not captured on Schedule XIIA-1 because they could not be quantified:

1	The Agency proposes to procure a vendor and will utilize negotiation tactics to keep costs for this activity below current costs.
2	
3	
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15	

SCHEDULE XIIA-3: COST/BENEFIT ANALYSIS - ASSUMPTIONS

Function Costs for Preadmission Screening and Resident Review		Option: <Option Number>
Produced R 42,954.00		For Agency for Health Care Adm
		By Monty McCullough
		FY 2018-19
BUDGET - ASSUMPTIONS		
	(a) Current	(b) Proposed option
OPERATIONAL COSTS		
Salaries and Wages	These figures represent salary and benefits of staff who perform PASRR activities at the Department of Elder Affairs.	
OPS		
Expenses		
Contracted Services	These figures are comprised of contracted services budget at Department of Children and Families and the Agency for Persons with Disabilities. The Agency proposes to procure a vendor and will utilize negotiation tactics to keep costs for this activity below current costs.	
Special Categories		
Other -		
Other -		
Other -		
Other -		
FTE'S		

List all assumptions made in calculating and projecting the figures shown on the "Projections" sheet (Schedule XIIA-1)

COMPENSATION - ASSUMPTIONS		
	(a) Current	(b) Proposed option
REVENUES / COMPENSATION		
General Revenue	N/A	N/A
Fees	N/A	N/A
Federal Funds	N/A	N/A
Other -	N/A	N/A
Other -	N/A	N/A
Other -	N/A	N/A
Other -	N/A	N/A

List all assumptions made in calculating and projecting the figures shown on the "Projections" sheet (Schedule XIIA-1)

BENEFITS AND ADDITIONAL COSTS - ASSUMPTIONS	
	The Agency does not anticipate additional costs, however the benefits will be a streamlined, accountable and consolidated process for the Preadmission Screening and Resident Review.

List all assumptions made in deriving the benefits and additional costs shown on the "Additional Information" sheet (Schedule XIIA-2)

**Schedule XIV
Variance from Long Range Financial Outlook**

Agency: Agency for Health Care Administration **Contact:** Anita B. Hicks, CFO

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 2017 contain revenue or expenditure estimates related to your agency?

Yes No

- 2) If yes, please list the estimates for revenues and budget drivers that reflect an estimate for your agency for Fiscal Year 2018-2019 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 2018-2019 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Medicaid Price Level and Workload	B	691.7	691.7
b	Kidcare	B	47.7	47.7
c	Medicaid Provider Rates Increases	B	7.6	0.0
d	Medicaid Waivers	B	3.8	0.0
e	Hospital Provider Rate Increases	B	45.6	0.0
f	ICF/DD Provider Rate Increases	B	5.6	0.0
g	Medicaid Consulting and Actuarial Service Increase	B	0.5	0.8
h	Fiscal Agent FMMIS Reprocurement	B	7.3	25.2
i	Facility Regulation IT Issues	B	3.0	1.4

- 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.

c. Agency's request does not include a funding increase to adjust reimbursement rates for Medicaid Providers.
d. Agency's request does not include a funding increase for Medicaid waivers.
e. Agency's request does not include a funding increase to adjust reimbursement rates for Hospital Providers.
f. Agency's request does not include a funding increase to adjust reimbursement rates for ICF/DD Providers.
g. Agency's request includes an issue for Medicaid Consulting Services, but at a higher rate.
h. Agency's request includes an issue for Fiscal Agent FMMIS Reprocurement, but at a higher rate.
i. Agency's request includes only two issues identified as relating to Facility Regulation for HQA.

* R/B = Revenue or Budget Driver

Florida Agency for Health Care Administration

Legislative Budget Request
Fiscal Year 2018-2019

DEPARTMENT LEVEL SCHEDULE I SERIES



Florida Agency for Health Care Administration

Legislative Budget Request
Fiscal Year 2018-2019

ADMINISTRATION AND SUPPORT SCHEDULES



SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2018 - 2019	Agency for Health Care Administration
Department Title:	Adminstration Trust Fund
Trust Fund Title:	Departmental
Budget Entity:	2021
LAS/PBS Fund Number:	

	Balance as of 6/30/2017		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	5,227,263	(A)		5,227,263
ADD: Other Cash (See Instructions)	0	(B)		0
ADD: Investments	0	(C)		0
ADD: Outstanding Accounts Receivable	319,449	(D)		319,449
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	5,546,713	(F)	0	5,546,713
LES Allowances for Uncollectibles	0	(G)		0
LES Approved "A" Certified Forwards	2,255,637	(H)		2,255,637
Approved "B" Certified Forwards	1,405,379	(H)		1,405,379
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating	24,824	(I)		24,824
LESS: Deferred Inflows	0	(J)		0
Unreserved Fund Balance, 07/01/17	1,860,873	(K)	0	1,860,873 **

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.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2018 - 2019

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/17

Total all GLC's 5XXXX for governmental funds; 2,277,857 (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) (35,722) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description (C)

SWFS Adjustment # and Description (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (1,405,379) (D)

Approved FCO Certified Forward per LAS/PBS (D)

A/P not C/F-Operating Categories 1,024,117 (D)

Certified Forward Approved "A" Carry Forward Adjustment 0 (D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE: 1,860,873 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 1,860,873 (F)

DIFFERENCE: 0 (G)*

***SHOULD EQUAL ZERO.**

Florida Agency for Health Care Administration

Legislative Budget Request
Fiscal Year 2018-2019

HEALTH CARE SERVICES SCHEDULES



SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2018 - 2019

Agency for Health Care Administration

Department Title:

Trust Fund Title:

Budget Entity:

LAS/PBS Fund Number:

Medical Care Trust Fund

DEPARTMENTAL

2474

	Balance as of 6/30/2017	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	658,707,287	(A)	658,707,287
ADD: Other Cash (See Instructions)	444,925	(B)	444,925
ADD: Investments	3,631,516	(C)	3,631,516
ADD: Outstanding Accounts Receivable	873,416,932	(D)	873,416,932
ADD: BE TNFR TO 68500200	13,559,072.1	(E)	13,559,072
ADD: BE TNFR TO 68501400	8,733,900,463.7	(E)	8,733,900,464
Total Cash plus Accounts Receivable	10,270,101,123	(F)	10,270,101,123
LESS Allowances for Uncollectibles	8,958,992	(G)	8,958,992
LESS Approved "A" Certified Forwards	961,605,262	(H)	961,605,262
Approved "B" Certified Forwards	26,657,195	(H)	26,657,195
Approved "FCO" Certified Forwards	-	(H)	-
LESS: Other Accounts Payable (Nonoperating)	64,489,562	(I)	79,821,095
LESS: Deferred Inflows	287,754,955	(J)	285,300,715
LESS: SWFS ADJUSTMENT		(J)	427,841.31
LESS: SWFS ADJUSTMENT		(J)	(3,165.35)
LESS: BE TNFR TO 68500100	13,559,072	(J)	13,559,072
LESS: BE TNFR TO 68501400	500,914,187	(J)	500,914,187
LESS: BE TNFR FROM 68501400	(500,914,187)	(J)	(500,914,187)
LESS: BE TNFR FROM 68501400	8,733,900,464	(J)	8,733,900,464
Unreserved Fund Balance, 07/01/17	186,734,694	(K)	173,432,724 **

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.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2018 - 2019	
Department Title:	<u>Agency for Health Care Administration</u>
Trust Fund Title:	<u>Medical Care Trust Fund</u>
LAS/PBS Fund Number:	<u>2474</u>

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/17	
Total all GLC's 5XXXX for governmental funds;	206,722,089 (A)
GLC 539XX for proprietary and fiduciary funds	

Subtract Nonspendable Fund Balance (GLC 56XXX)	(13,706) (B)
---	---------------------

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	(15,331,534) (C)
SWFS Adjustment # and Description	2,454,240 (C)
SWFS Adjustment # and Description	(424,676) (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(26,657,195) (D)
Approved FCO Certified Forward per LAS/PBS	 (D)
A/P not C/F-Operating Categories	8,796,757 (D)
Long Term Receivables Less Allowance for Uncollectibles	(2,113,250) (D)
BE TNFR TO 68501400	(500,914,187) (D)
BE TNFR FROM 68500200	500,914,187 (D)
BE TNFR FROM 68500100	(13,559,072) (D)
BE TNFR TO 68500200	13,559,072 (D)
BE TNFR FROM 68501500	(8,733,900,464) (D)
BE TNFR FROM 68501400	8,733,900,464 (D)

ADJUSTED BEGINNING TRIAL BALANCE:	173,432,724 (E)
--	------------------------

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	173,432,724 (F)
--	------------------------

DIFFERENCE:	(0) (G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2018 - 2019

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

	Balance as of 6/30/2017	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	19,400,000 (A)		19,400,000
ADD: Other Cash (See Instructions)	0 (B)		0
ADD: Investments	0 (C)		0
ADD: Outstanding Accounts Receivable	0 (D)		0
ADD: _____	_____ (E)		0
Total Cash plus Accounts Receivable	19,400,000 (F)	0	19,400,000
LES Allowances for Uncollectibles	0 (G)		0
LES Approved "A" Certified Forwards	19,400,000 (H)		19,400,000
Approved "B" Certified Forwards	_____ (H)		0
Approved "FCO" Certified Forwards	_____ (H)		0
LESS: Other Accounts Payable (Nonoperating)	_____ (I)		0
LESS: Deferred Inflows	0 (J)		0
Unreserved Fund Balance, 07/01/17	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.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2018 - 2019

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, 07/01/17

Total all GLC's 5XXXX for governmental funds; (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description (C)

SWFS Adjustment # and Description (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D)

Approved FCO Certified Forward per LAS/PBS (D)

A/P not C/F-Operating Categories (D)

(D)

(D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE: (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) (F)

DIFFERENCE: (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2018 -2019

Department Title:	Agency for Health Care Administration
Trust Fund Title:	Grants & Donations Trust Fund
Budget Entity:	Departmental
LAS/PBS Fund Number:	2339

	Balance as of 6/30/2017	(A)	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	426,828,811			426,828,811
ADD: Other Cash (See Instructions)	35,082,209	(B)		35,082,209
ADD: Investments		(C)		-
ADD: Outstanding Accounts Receivable	239,741,166	(D)		239,741,166
ADD: BE TNFR FROM 685014	3,555,666	(E)	109,500	3,665,166
Total Cash plus Accounts Receivable	705,207,852	(F)	109,500	705,317,352
LESS Allowances for Uncollectibles	2,827,161	(G)		2,827,161
LESS Approved "A" Certified Forwards	166,615,890	(H)		166,615,890
Approved "B" Certified Forwards	664,086	(H)		664,086
Approved "FCO" Certified Forwards		(H)		-
LESS: Other Accounts Payable (Nonoperating)	132,346,489	(I)		132,346,489
LESS: Deferred Inflows	19,815,964	(J)		19,815,964
LESS: BE TNFR TO 68500200	3,555,666	(J)		3,555,666
Unreserved Fund Balance, 07/01/17	379,382,595	(K)	109,500	379,492,095 **

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.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2018-2019

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/___	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	380,577,342 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	109,500 (C)
SWFS Adjustment # and Description	
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(664,086) (D)
Approved "C" Carry Forward Total (FCO) per LAS/PBS	0 (D)
A/P not C/F-Operating Categories	0 (D)
Other Loans and Notes Receivable	(530,661) (D)
BE TNFR FROM 68500200	(3,555,666) (D)
BE TNFR TO 68501400	3,555,666 (D)
ADJUSTED BEGINNING TRIAL BALANCE:	379,492,095 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	379,492,095 (F)
DIFFERENCE:	(0) (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2018 - 2019
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Public Medical Assistance Trust Fund
LAS/PBS Fund Number:	Departmental
	2565

	Balance as of 6/30/2017		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	165,485,801	(A)			165,485,801
ADD: Other Cash (See Instructions)	0	(B)			0
ADD: Investments	12,390	(C)			12,390
ADD: Outstanding Accounts Receivable	39,429,943	(D)	4,747,443		44,177,386
ADD: _____		(E)			0
Total Cash plus Accounts Receivable	204,928,134	(F)	4,747,443		209,675,577
LESS Allowances for Uncollectibles	5,558,717	(G)			5,558,717
LESS Approved "A" Certified Forwards	2,325,050	(H)			2,325,050
Approved "B" Certified Forwards		(H)			0
Approved "FCO" Certified Forwards		(H)			0
LESS: Other Accounts Payable (Nonoperating)		(I)	1,515,584		1,515,584
LESS: Deferred Inflows	15,204,626	(J)			15,204,626
Unreserved Fund Balance, 07/01/17	181,839,741	(K)	3,231,859		185,071,600 **

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.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2018 - 2019

Department Title: Agency for Health Care Administration
Trust Fund Title: Public Medical Assistance Trust Fund
LAS/PBS Fund Number: 2565

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/17

Total all GLC's 5XXXX for governmental funds; 181,839,741 (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description 4,747,443.24 (C)

SWFS Adjustment # and Description (1,515,584) (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D)

Approved FCO Certified Forward per LAS/PBS (D)

A/P not C/F-Operating Categories (D)

 (D)

 (D)

 (D)

ADJUSTED BEGINNING TRIAL BALANCE: 185,071,600 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 185,071,600 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2018 - 2019

Department Title:	Agency for Health Care Administration
Trust Fund Title:	Refugee Assistance Trust Fund
Budget Entity:	Departmental
LAS/PBS Fund Number:	2579

	Balance as of 6/30/2017		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	7,489,005	(A)		7,489,005
ADD: Other Cash (See Instructions)	0	(B)		0
ADD: Investments	0	(C)		0
ADD: Outstanding Accounts Receivable	8,964,433	(D)		8,964,433
ADD: _____		(E)	(221,499)	(221,499)
Total Cash plus Accounts Receivable	16,453,438	(F)	(221,499)	16,231,939
LES Allowances for Uncollectibles	0	(G)		0
LES Approved "A" Certified Forwards	16,231,939	(H)		16,231,939
Approved "B" Certified Forwards	0	(H)		0
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: Deferred Inflows	0	(J)		0
Unreserved Fund Balance, 07/01/17	221,499	(K)	(221,499)	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.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2018 - 2019

Department Title: Agency for Health Care Administration
Trust Fund Title: Refugee Assistance Trust Fund
LAS/PBS Fund Number: 2579

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/17

Total all GLC's 5XXXX for governmental funds; (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description (C)

SWFS Adjustment # and Description (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (D)

Approved FCO Certified Forward per LAS/PBS (D)

A/P not C/F-Operating Categories (D)

(D)

(D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE: (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) (F)

DIFFERENCE: (G)*

***SHOULD EQUAL ZERO.**

Florida Agency for Health Care Administration

Legislative Budget Request
Fiscal Year 2018-2019

HEALTH FACILITY REGULATION SCHEDULES



SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2018 - 2019

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

	Balance as of 6/30/2017		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	144,330,413	(A)		144,330,413
ADD: Other Cash (See Instructions)	71,819	(B)		71,819
ADD: Investments	0	(C)		0
ADD: Outstanding Accounts Receivable	22,497,148	(D)	48,961,551	71,458,699
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	166,899,380	(F)	48,961,551	215,860,931
LES Allowances for Uncollectibles	4,954,594	(G)		4,954,594
LES Approved "A" Certified Forwards	104,571,460	(H)		104,571,460
Approved "B" Certified Forwards	704,722	(H)		704,722
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating	1,822,907	(I)		1,822,907
LESS: Deferred Inflows	8,336,395	(J)	692	8,337,087
LESS: BE TNFR TO 68501400	(1,361,123,916)	(J)		(1,361,123,916)
LESS: BE TNFR TO 68501500	1,361,123,916	(J)		1,361,123,916
Unreserved Fund Balance, 07/01/17	46,509,302	(K)	48,960,859	95,470,161 **

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.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2018 - 2019

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, 07/01/17

Total all GLC's 5XXXX for governmental funds; 47,212,915 (A)
 GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) (5,022) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description 48,961,551 (C)

SWFS Adjustment # and Description (692) (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (704,722) (D)

Approved FCO Certified Forward per LAS/PBS (D)

A/P not C/F-Operating Categories 20,621 (D)

Advances from Other Funds (15,000) (D)

Certified Forward Approved "A" Carry Forward Adjustment 511 (D)

ROUNDING (1) (D)

BE TNFR TO 68501400 1,361,123,916 (D)

BE TNFR TO 68501500 (1,361,123,916) (D)

ADJUSTED BEGINNING TRIAL BALANCE: 95,470,161 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 95,470,161 (F)

DIFFERENCE: 0 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 68 Health Care Administration **Budget Period: 2018-19**
Program: 68700700 Health Care Regulation
Fund: 2003 Health Care Trust Fund

Specific Authority: Various Sections of the following Chapters 112, 383, 390, 394, 395, 400, 440, 483, 641, 765, F.S.

Purpose of Fees Collected: The fees are necessary to enable the Agency to administer its regulatory responsibilities.

Type of Fee or Program: (Check **ONE** Box and answer questions as indicated.)

<input checked="" type="checkbox"/>	Regulatory services or oversight to businesses or professions (Complete Sections I, II, and III and attach Examination of Regulatory Fees Form - Part I and II.)
<input type="checkbox"/>	Non-regulatory fees authorized to cover full cost of conducting a specific program or service. (Complete Sections I, II, and III only.)

SECTION I - FEE COLLECTION

	ACTUAL	ESTIMATED	REQUEST
	FY 2016 - 17	FY 2017 - 18	FY 2018 - 19
<u>Receipts:</u>			
<u>Abortion Clinic</u>	19,365	19,678	23,208
<u>Adult Family Care Home (AFCH)</u>	47,232	47,996	56,605
<u>Assist Living Facility (ALF)</u>	4,486,431	4,558,947	5,376,756
<u>Adult Day Care Facility (ADC)</u>	31,700	32,212	37,991
<u>Amb. Surgical Center</u>	443,214	450,378	531,170
<u>Birth Center</u>	8,095	8,226	9,702
<u>Crisis Stabilization Units</u>	141,964	144,259	170,136
<u>Forensic Lab</u>	16,435	16,701	19,697
<u>H, C, & Ss</u>	55,167	56,059	66,115
<u>Health Care Clinics</u>	2,376,150	2,293,351	2,665,259
<u>Health Care Services Pool</u>	145,488	140,419	163,190
<u>Home Health</u>	2,422,213	2,337,808	2,716,926
<u>Home Medical Equipment</u>	212,095	204,704	237,901
<u>Hospice</u>	24,018	23,181	26,940
<u>Hospital</u>	863,715	833,618	968,804
<u>ICF/DD</u>	353,899	341,567	396,958
<u>Laboratory</u>	1,385,563	1,337,282	1,554,146
<u>Managed Care</u>	54,375	52,481	60,991
<u>Multiphasic Center</u>	12,042	11,622	13,507
<u>Nurse Registry</u>	743,567	717,656	834,037

<u>Organ & Tissue Donor</u>	30,200	29,148	33,874
<u>PPECS</u>	44,508	42,957	49,924
<u>Residential Treatment</u>	196,591	189,740	220,510
<u>Residential Treatment for Children</u>	90,340	87,192	101,332
<u>Risk Management</u>	67,415	65,066	75,617
<u>SNF Home</u>	6,233,544	6,016,330	6,991,987
<u>Trans. Living</u>	63,972	61,743	71,756

Total Fee Collection to Line (A) - Section III 20,569,298 20,120,318 23,475,037

SECTION II - FULL COSTS

Direct Costs:

Salaries and Benefits			
Other Personal Services			
Expenses			
Operating Capital Outlay			
<u>Direct Cost Allocation</u>	45,471,014	44,765,317	47,935,081
Indirect Costs Charged to Trust Fund	21,481,616	20,775,919	23,945,683
Total Full Costs to Line (B) - Section III	66,952,630	65,541,235	71,880,764

Basis Used: _____

SECTION III - SUMMARY

TOTAL SECTION I	(A)	20,569,298	20,120,318	23,475,037
TOTAL SECTION II	(B)	66,952,630	65,541,235	71,880,764
TOTAL - Surplus/Deficit	(C)	(46,383,332)	(45,420,917)	(48,405,727)

EXPLANATION of LINE C:

The deficits are covered by 408.20 F.S Assessments, Health Care Trust Fund.

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: The Agency expanded the online licensure system to accept updates to license information during Fiscal Year 2016-2017. This feature allows certain updates without manual review at no charge. The Agency also released the online Florida Hospital Uniform Reporting System (FHURS) which replaces manual spreadsheets. The online FHURS was developed with much of the same functionality of online licensing, reducing development time and design. Cost savings through both systems accrue through the reduction in state paper processing and administrative costs, and for provider's savings through a decrease in late application fines and reduced provider effort necessary to submit additional documentation when applications are incomplete. Quicker processing times allow providers to become licensed faster and begin operations sooner. The Agency has implemented measurement tools to evaluate the impact of online licensing and is working on rule language to require its use and achieve maximum savings.

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

Response: The Agency will implement electronic architectural/engineering plan submission and payment functionality in the upcoming fiscal year. Benefits achieved will be similar to those experienced in Online Licensing and Online FHURS with the addition of automated tools to assist in plan review for health care facilities.

The Care Provider Background Screening Clearinghouse is adding functionality to its system to allow users to renew expiring criminal background screening for health care facility employees through the system. Renewals will begin January 1, 2018. Renewal of criminal background screenings includes using finger prints currently on file and is significantly less expensive than a new submission and re-printing. This process results in savings to the providers regulated by the Clearinghouse Agencies.

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) if fees do not pay program costs. Some fees are established in the regulatory programs' administrative rules with maximum or minimum amounts defined in Florida Statutes. Pursuant to s. 408.805, 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. Not all fees cover the total licensure expense, which includes application processing, assistance to applicants and consumers, and the on-site inspection activity required in statute. However, most fees may be increased annually 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 assessed 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 \$50.75 fee for homemaker companion services and the \$1,218 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. Although some fees do not fully cover regulatory costs at the provider level, overall, revenues in the Health Care Trust Fund are sufficient to cover the aggregate cost of Agency regulation.

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: Aggregate revenues in the Health Care Trust Fund are sufficient to cover Agency regulatory costs.

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%)

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? \$

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 Clinics	Licensure Fee	s. 390.014, F.S.	None	2016	Yes	\$550.50	Health Care Trust Fund
Abortion Referral or Counseling Agency	Registration Fee	s. 390.025(3)	None	2016	Yes	\$200	Health Care Trust Fund
Adult Day Care Centers	Licensure Fee	s. 429.907(3), F.S.	\$150	Prior to 1997	Yes	\$172.55	Health Care Trust Fund
Adult Family Care Homes	Licensure Fee	s. 429.67(3), F.S.	\$200	Prior to 1997	No	\$226.34	Health Care Trust Fund
Ambulatory Surgical Centers	Licensure Fee	s. 395.004, F.S.	None	Prior to 1997	Yes	\$1,679.82	Health Care Trust Fund
	Licensure/Validation Inspection Fee	s. 395.0161, F.S.	None	Prior to 1997	Yes	\$400	Health Care Trust Fund
	Life Safety Inspection Fee	s. 395.0161, F.S.	None	Prior to 1997	Yes	\$40	Health Care Trust Fund
Assisted Living Facilities							
Standard ALF	Licensure Fee	s. 429.07(4)(a), F.S.	\$300 + \$50 per bed (Maximum \$10,000)	2001	No	\$387.73 + \$64.96 per bed fee (Maximum \$14,253.64)	Health Care Trust Fund
Extended Congrate Care ALF	Licensure Fee	s. 429.07(4)(b), F.S.	Additional \$400 + \$10 per bed fee	2001	No	Additional \$546.07 + \$10.15 per bed fee	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)
Limited Nursing Service ALF	Licensure Fee	s. 429.07(4)(c), F.S.	Additional \$250 + \$10 per bed fee	2001	No	Additional \$322.77 + \$10.15 per bed fee	Health Care Trust Fund
Birth Centers	Licensure Fee	s. 383.305, F.S.	None	N/A	Yes	\$392.80	Health Care Trust Fund
	Licensure/Validation Survey Fee	s. 383.324, F.S.	None	N/A	Yes	\$250	Health Care Trust Fund
	Life Safety Survey Fee	s. 383.324, F.S.	None	N/A	Yes	\$250	Health Care Trust Fund
Certificare of Need	Batch Application Fee	s. 408.038, F.S.	\$50,000	2004	Yes	Minimum of \$10,000 + 0.015% of total project costs	Health Care Trust Fund
	Expedited Application Fee	s. 408.038, F.S.	\$50,000	2004	Yes	Minimum of \$10,000 + 0.015% of total project costs	Health Care Trust Fund
	Exemption Fee	s. 408.036(4), F.S.	\$250	Prior to 1997	No	\$250	Health Care Trust Fund
Clinical Laboratories	Licensure Fee	s. 483.172, F.S.	\$3,919	Prior to 1997	Yes	\$100 up to the maximum based on test & specialties	Health Care Trust Fund
Crisis Stabilization Units & Short Term Residential Treatment Facilities	Licensure Fee	s. 394.877, F.S.	None	N/A	Yes	\$197.92 per bed	Health Care Trust Fund
Drug Free Workplace Laboratories	Licensure Fee	s. 112.0455(17), F.S.	\$20,000	Prior to 1997	Yes	\$16,435	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)
Exclusive Provider Organizations	Annual Assessment	s. 627.6472(14), FS	0.1% Annual Premiums Collected	Prior to 1997	No	0.000072182% 2015 Annual Premiums Collected	Health Care Trust Fund
Eye Banks	Application Fee	s. 765.544(1)(a), F.S.	\$500	Prior to 1997	No	\$500 initial/ CHOW	Health Care Trust Fund
	Annual Assessment Fee	s. 765.544(1)(b), F.S.	\$35,000	Prior to 1997	No	The greater of \$500 or 0.25% total annual revenues	Health Care Trust Fund
Health Care Clinics	Licensure Fee	s. 400.9925	\$2,000	2003	No	\$2,000	Health Care Trust Fund
	Exemption Fee	s. 400.9935(6)	\$100	2004	No	\$100	Health Care Trust Fund
Health Care Risk Managers	Application Fee	s. 395.10974(3), F.S.	\$75	2001	No*	\$52.78**	Health Care Trust Fund
	Licensure Fee	s. 395.10974(3), F.S.	\$100	2001	No*	\$104.54***	Health Care Trust Fund
	Fingerprinting Fee	s. 395.10974(3), F.S.	\$75	2001	No*	Vendor	Health Care Trust Fund
<p>*Fees must be set by rule but, to date, have not been. This will require promulgation of a new rule.</p> <p>*** Initial licensure fee ** Renewal fee ***Fees Initial licensure fee</p>							
Health Care Service Pools (Temporary staff provided to health care facilities)	Registration Fee	s. 400.980(2), F.S.	None	N/A	Yes	\$616	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 Maintenance Organizations	Initial Application Fee	s. 641.49(3)(t), F.S.	\$1,000	Prior to 1997	Yes	\$1,000	Health Care Trust Fund
	Biennial Renewal Fee	s. 641.495(2), F.S.	\$1,000	Prior to 1997	Yes	\$1,000	Health Care Trust Fund
	Annual Regulatory Assessment	s. 641.58(1), F.S.	0.1% Annual Premiums Collected	Prior to 1997	No	0.000072182% 2017 Annual Premiums Collected	Health Care Trust Fund
Home Health Agencies	License fee	s. 400.471(5), FS	\$2,000	2005	Yes	\$1,705	Health Care Trust Fund
	Renewal fee	s. 400.471(5), FS	\$2,000	2005	Yes	\$1,705	Health Care Trust Fund
Home Medical Equipment Providers	Licensure Fee	s. 400.931(5), F.S.	\$300	1999	Yes	\$304.50	Health Care Trust Fund
	Survey/Inspection Fee (80% Exempt)	s. 400.931(6), F.S.	\$400	1999	No	\$400	Health Care Trust Fund
Homemaker & Companion Services Providers	Registration Fee	s. 400.509(3), F.S.	\$50	2007 (Biennial fee)	No	\$50.75	Health Care Trust Fund
Homes for Special Services	Licensure Fee	s. 400.801(3), F.S.	\$2,000	Prior to 1997	No	\$87.29 per bed Maximum fee of \$1,114.47	Health Care Trust Fund
Hospice Services	Licensure Fee	s. 400.605(2), F.S.	\$1,200	2007 (Biennial fee)	Yes	\$1,218	Health Care Trust Fund
Hospitals	Licensure Fee	s. 395.004, F.S.	\$30 per bed	Prior to 1997	Yes	\$31.46 Per Bed - Minimum \$1565.13	Health Care Trust Fund
	Life Safety Inspections	s. 395.0161, F.S.	\$1.50 per bed	Prior to 1997	Yes	\$1.50 per bed Minimum \$40	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)
	Licensure/Validation Survey Fee	s. 395.0161, F.S.	\$12 per bed	Prior to 1997	Yes	\$12 Per Bed Minimum \$400	Health Care Trust Fund
Intermediate Care Facilities for the Developmentally Disabled	Licensure Fee	s. 400.962(3), F.S.	None	2007	Yes	\$262.88 per bed	Health Care Trust Fund
Multiphasic Health Testing Centers	Licensure Fee	s. 483.291(2), F.S.	\$2,000	Prior to 1997	Yes	\$643	Health Care Trust Fund
Nurse Registries	Licensure Fee	s. 400.506(3), F.S.	\$2,000	2005	Yes	\$2,000	Health Care Trust Fund
Nursing Homes (Skilled Nursing Facilities)	Licensure Fee	s. 400.062(3), F.S.	\$112.50 per community bed, \$100.50 if a sheltered bed	2007	Yes	\$112.50 per community bed, \$100.50 if a sheltered bed	Health Care Trust Fund
	Resident Protection Fee	s. 400.062(3), F.S.	\$.50 per bed	2007	Yes	\$.50 per bed	Health Care Trust Fund
	Data Assessment Fee	s. 408.20, F.S.	\$20 per bed	Amount not in Statute	Yes	\$12 per bed	Health Care Trust Fund
	Additional survey fee	s. 400.19(3), F.S.	\$6,000	2001	No	\$6,000	Health Care Trust Fund
Organ Procurement Organizations	Application Fee	s. 765.544(1)(a), F.S.	\$1,000	Prior to 1997	No	\$1,000 initial/CHOW	Health Care Trust Fund
	Annual Assessment Fee	s. 765.544(1)(b), F.S.	\$35,000	Prior to 1997	No	The greater of \$1,000 or 0.25% total annual revenues	Health Care Trust Fund
Prepaid Health Clinics	Initial Application Fee	s. 641.49(3)(t), F.S.	\$1,000	Prior to 1997	Yes	\$1,000	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)
	Biennial Renewal Fee	s. 641.495(2), F.S.	\$1,000	Prior to 1997	Yes	\$1,000	Health Care Trust Fund
	Annual Regulatory Assessment	s. 641.58(1), F.S.	0.1% Annual Premiums Collected	Prior to 1997	No	0.000072182% 2017 Annual Premiums Collected	Health Care Trust Fund
Prescribed Pediatric Extended Care Centers	Licensure Fee	s. 400.905(2), F.S.	\$3,000	2007	Yes	\$1,512.35	Health Care Trust Fund
Residential Treatment Facilities	Licensure Fee	s. 394.877, F.S.	None	N/A	Yes	\$191.83 per bed	Health Care Trust Fund
Residential Treatment Centers for Children and Adolescents	Licensure Fee	s. 394.877, F.S.	None	N/A	Yes	\$240 per bed	Health Care Trust Fund
Tissue Banks	Application Fee	s. 765.544(1)(a), F.S.	\$1,000	Prior to 1997	No	\$1,000 initial/ CHOW	Health Care Trust Fund
	Annual Assessment Fee	s. 765.544(1)(b), F.S.	\$35,000	Prior to 1997	No	The greater of \$1,000 or 0.25% total annual revenues	Health Care Trust Fund
Transitional Living Facilities	License Fee	s. 400.9972(2), F.S.	None	2007	Yes	\$4,588 + \$90 per bed	Health Care Trust Fund
Workers' Comp Managed Care Arrangements	Initial Application Fee	s. 440.134(2), FS	\$1,000	Prior to 1997	Yes	\$1,000	Health Care Trust Fund
	Biennial Renewal Fee	s. 440.134(2), FS	\$1,000	Prior to 1997	Yes	\$1,000	Health Care Trust Fund

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Agency for Health Care Administration
Trust Fund Title:	Quality Long Term Care
Budget Entity:	Departmental
LAS/PBS Fund Number:	2126

	Balance as of 6/30/2017		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	21,368,619	(A)		21,368,619
ADD: Other Cash (See Instructions)	0	(B)		0
ADD: Investments	0	(C)		0
ADD: Outstanding Accounts Receivable	0	(D)		0
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	21,368,619	(F)	0	21,368,619
LES Allowances for Uncollectibles	0	(G)		0
LES Approved "A" Certified Forwards	22,200	(H)		22,200
Approved "B" Certified Forwards	462,185	(H)		462,185
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: Deferred Inflows	0	(J)		0
Unreserved Fund Balance, 07/01/17	20,884,234	(K)	0	20,884,234 **

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.

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2018 - 2019

Department Title: Agency for Health Care Administration
Trust Fund Title: Quality Long Term Care
LAS/PBS Fund Number: 2126

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/17

Total all GLC's 5XXXX for governmental funds; 21,346,419 (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description (C)

SWFS Adjustment # and Description (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (462,185) (D)

Approved FCO Certified Forward per LAS/PBS (D)

A/P not C/F-Operating Categories (D)

(D)

(D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE: 20,884,234 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 20,884,234 (F)

DIFFERENCE: 0 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IV-B FOR BUREAU OF FINANCIAL SERVICES ENTERPRISE FINANCIAL SYSTEM

For Fiscal Year 2018-19




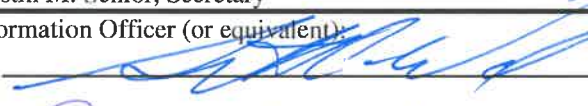
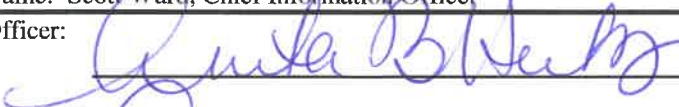
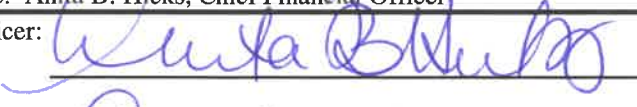
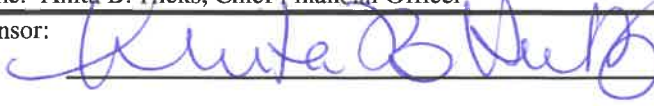
September 15, 2017

AGENCY FOR HEALTH CARE ADMINISTRATION

Contents

- I. Schedule IV-B Cover Sheet 2
 - General Guidelines..... 3
 - Documentation Requirements..... 3
- II. Business Case – Strategic Needs Assessment..... 4
 - A. Background and Strategic Needs Assessment..... 4
 - 1. Business Need 4
 - 2. Business Objectives..... 5
 - B. Baseline Analysis 6
 - 1. Current Business Processes..... 6
 - a. Connections/Interfaces to Other Systems 7
 - 2. Assumptions and Constraints 7
 - C. Business Process Requirements 8
 - 1. Proposed 8
 - a. Business and Technical Requirements 9
 - 2. Business Solution Alternatives 10
 - 4. Recommended Business Solution 10
 - D. Functional and Technical Requirements 10
- III. Success Criteria 11
- IV. Benefits Realization and Cost Benefit Analysis 14
 - A. Benefits Realization Table 14
 - B. See Attachment Cost Benefit Analysis..... 15
- V. Major Project Risk Assessment 15
 - C. Risk Assessment Summary 15
- VI. Technology Planning..... 15
 - A. Current Information Technology Environment..... 15
 - 1. Current System..... 15
 - 2. Information Technology Standards 17
 - B. Current Hardware and/or Software Inventory..... 17
 - C. Proposed Solution Description 18
 - 1. Summary description of proposed system 18
 - 2. Resource and summary level funding requirements for proposed solution (if known)..... 18
 - D. Capacity Planning (historical and current trends versus projected requirements) 19
- VII. Project Management Planning 19
 - A. Cost Benefit Analysis 19
 - B. Risk Management Plan..... 19
- VIII. Appendices 20
 - A. Glossary of Terms 20

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: September 15, 2017
Project Name: Bureau of Financial Services Enterprise Financial System	Is this project included in the Agency's LRPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FY 2018-19 LBR Issue Code: 36308C0	FY 2018-19 LBR Issue Title: Bureau of Financial Service Enterprise Financial System
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Anita B. Hicks, Chief Financial Officer, (850) 412-3815, anita.hicks@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: 	Date: 9/18/17
Printed Name: Justin M. Senior, Secretary	
Agency Chief Information Officer (or equivalent): 	Date: 9/18/17
Printed Name: Scott Ward, Chief Information Officer	
Budget Officer: 	Date: 9/18/17
Printed Name: Anita B. Hicks, Chief Financial Officer	
Planning Officer: 	Date: 9/18/17
Printed Name: Anita B. Hicks, Chief Financial Officer	
Project Sponsor: 	Date: 9/18/17
Printed Name:	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Anita B. Hicks, (850) 412-3815, Anita.Hicks@ahca.myflorida.com
Cost Benefit Analysis:	Anita B. Hicks, (850) 412-3815, Anita.Hicks@ahca.myflorida.com
Risk Analysis:	Anita B. Hicks, (850) 412-3815, Anita.Hicks@ahca.myflorida.com
Technology Planning:	Anita B. Hicks, (850) 412-3815, Anita.Hicks@ahca.myflorida.com
Project Planning:	Anita B. Hicks, (850) 412-3815, Anita.Hicks@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 that are similar to the service level agreements currently in use, or
- Replace desktop units ("refresh") with new technology that is similar to the technology currently in use.
- Contract only for the completion of a business case or feasibility study for the replacement or remediation of an existing IT system or the development of a new IT system.

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 Technical Solution
- 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 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. Business Case – Strategic Needs Assessment

A. Background and Strategic Needs Assessment

1. Business Need

The Agency for Health Care Administration (*hereinafter* “AHCA” or “Agency”), Bureau of Financial Services (*hereinafter* “Bureau”) currently utilizes, and relies upon an outdated client-server (non-web-based), FoxPro 9.0 database financial system (*hereinafter* “Enterprise System”) in conjunction with a few stand-alone, outdated FoxPro applications and manual processes to:

- Interface with the State accounting system (Florida Accounting Information Resource [FLAIR]);
- Manage Medicaid Accounts Receivable;
- Manage Hospital Accounts Receivable;
- Calculate statewide Medicaid assessments and fees;
- Run detailed and summary management reports to monitor daily, monthly, and year-end financial activities, including, but not limited to (*Trust Funds, Budgeting, Accounts Receivable, Payroll, and Cost Allocations*);
- Identify and track expenditures for federal and state reporting purposes;
- Allocate overhead and other administrative costs, to reconcile expenditures to various accounting systems;
- Store financial and budgeting transactional data;
- Perform federal reporting and allocation of personnel hours;
- Process federal grants;
- Manage, track and report trust fund activities;
- Perform cash analysis;
- Perform budgeting activities;
- Track and allocate payroll and phone expenditures; and
- Monitor performance statistics.

The current, mission-critical Enterprise System, and a few remaining stand-alone financial applications utilized by the Bureau for the purposes as described above, were developed exclusively in the “FoxPro” programming language. Although “Xbase” languages were available in the 1980’s and 1990’s, FoxPro is an older technology that is no longer supported by Microsoft. FoxPro vversion 9.0, released in 2004 and updated in 2007, is the final version of the product with support ending January 13, 2015. Support included software patching for bugs and vulnerabilities.

Due to age, increased state and federal Health Insurance Portability and Accountability Act (HIPAA) requirements, data security and encryption requirements, decreased internal AHCA institutional knowledge, emerging technologies, and lack of technical support by Microsoft and the Information Technology community; the FoxPro applications are considered to be an encumbrance to efficient and effective data processing. As the technology ages, the FoxPro applications become technically incompatible with the devices and networks they run on and with the systems they integrate. The application’s old architecture makes it technically un-scalable by restricting integration and functionality capabilities.

Maintenance costs will continue to increase due to the scarcity of programming expertise. In addition, the Agency is required to have technology to support the changing HIPAA federal guidelines; internal Agency security policies, procedures, and policies; increased data sharing requirements between agencies; and share information via reports with public entities. To keep maintaining and enhancing the FoxPro applications is unadvisable, risky, and wasteful spending.

Since Fiscal Year 2014-2015, the Agency created a stable working environment by procuring a vendor to consolidate the existing disparate FoxPro applications, which include some applications that were written as early as 1989. Additionally, the Agency received specific appropriations in Fiscal Years 2015-2016 and 2016-2017 to continue the stabilization of the Agency’s legacy systems. The vendor has stabilized the FoxPro Enterprise System and ensured the accurate reconciliation between the Agency’s internal databases

with FLAIR. The Enterprise System stabilization and consolidation initiative accomplished the following:

- ▶ Managed over **\$1 billion** in annual Agency Accounts Receivables (*not including all Medicaid dollars*);
- ▶ Processed over 1 million annual database transactions;
- ▶ Improved the end-user interface, database structures, report capabilities, and external interface capabilities with third party systems;
- ▶ Averted a crisis by making the applications compatible with the local-area and wide-area network, software upgrades, and current network security technologies (*i.e. antivirus software*); and
- ▶ Avoided the costs associated with a two to three-year “Business Process & Needs Analysis.”

The stabilization and consolidation initiative of disparate FoxPro financial systems in Fiscal Year 2014-2015 was considered by the Agency to be a short-term solution. As stated above, the strategic, **short-term** goal of creating a consolidated FoxPro Enterprise system was to capitalize on historical programming efforts and avoid a reconciliation and audit crisis due to the failure of existing legacy financial systems and related external interface failures.

2. Business Objectives

The Agency is seeking to continue funding for the implementation of a long-term, cost effective, internal and external web-based enterprise financial system. The new enterprise financial system will be user friendly, scalable, flexible, secure, feature-rich, web-based solution that adheres to industry best practices in accounting, information technology, and security protocols. The Agency is in the process of developing a Request for Quote (RFQ) to select a qualified information technology vendor.

The selected vendor will:

- **Maintain** the existing FoxPro Enterprise solution and remaining disparate FoxPro applications;
- **Work** with the Agency’s budgeting and financial staff as well as the information technology staff to develop a project plan equal to that of the Agency’s IT ISDM. Analysis and design documents should include but not limited to a System Architecture Plan, and business system requirements;
- **Recommend** a long-term, internal and external facing web-based enterprise financial application that will successfully replace the current FoxPro Enterprise System. The new enterprise system will incorporate required business needs, industry best practices, and internal Agency information technology standards, procedures, and policies;
- **Develop** a scalable and flexible Agency approved internal and external web-based enterprise financial application and ensure a smooth transition from the Bureau’s current system;
- **Incorporate** user interface HELP screens and hints as required;
- **Map and move** historical data to the new system. Maintain HIPAA, PHI, PII, and Medicaid compliance and integrity of all data. Cleanse data as required;
- **Implement a solution** within the Agency approved timeframe;
- **Provide training** (*via in-house workshops*) of the new enterprise system to all relevant Bureau, Agency and third party personnel;
- **Provide** user and technical system **documentation** on the new enterprise system; and
- **Develop** a short and long-term maintenance plan of the new web-based solution.

In summary, the proposed system will be an internal and external facing web-based application that must include the following functionalities:

- Seamless transition from the current client based system to the new web-based system meeting Agency and state system requirements.
- A robust access model that allows for the following (*or similar*) user roles:

- Administrator
 - Manager
 - Interim Manager
 - Budget
 - Security Officer
 - Local Agencies / Outside User Access
 - Guest
- A web-based solution that utilizes an agreed upon architecture with hosting to be determined later.
 - The ability to integrate with other AHCA internal systems and external systems like the new state enterprise solution (PALM).

B. Baseline Analysis

1. Current Business Processes

The short-term solution, FoxPro Enterprise System, has allowed for a consolidation and reconciliation initiative. The initiative created a system that allows for a continuation of essential, mandated daily functions.

The short-term solution has made the following improvements to the current system:

- Financial transactions now reconcile with FLAIR and Department of Health Financial Information System (DOH FIS);
- External interfaces are now functioning correctly;
- End-user screen interfaces are easier to navigate;
- Data indexing problems have been eliminated; and
- Detailed and aggregate financial reporting of Agency expenditures are accurate.

Although the short-term solutions have helped to stabilize some of the critical needs of the business unit, the technology is still outdated and unsupported. None of the Agency's FoxPro applications, including the FoxPro Enterprise System, is expected to meet the Agency's technical, interface, and business needs. Financial Services is directed to meet certain state and federal demands should this existing system cease to function, over \$1 billion in annual cash flows may be in jeopardy.

External Interfaces

The third-party data interfaces of the existing Enterprise System are critical to data accuracy, reconciliation, detail and aggregate reporting. The external interfaces include:

- FLAIR,
- People First,
- SunCom,
- DOH FIS, and
- FACTS – Fraud and Abuse Case Tracking System.

Interfaces are always an important component of any financial system because interfaces facilitate the data standardization and normalization between two or more disparate information technology architectures. For example, the FLAIR interface is particularly important to the existing Enterprise System due to the amount of granular data that is stored on the State's mainframe that must be transferred to the Bureau daily. Much of the transactional, financial and budgeting data in the existing Enterprise FoxPro System is predicated upon the data derived from FLAIR via the daily interface. It is imperative that ALL existing, external interfaces (*listed above*) continue to function. The new solution should follow the Agency's standards for secure data transmission.

a. Connections/Interfaces to Other Systems

System Name	Description	Connects To
FLAIR	The Florida Accounting Information Resource (FLAIR) is the backbone of all of Enterprise. More data goes to and from FLAIR than between any other connection in the system.	Enterprise FoxPro application
FACTS	The FACTS system is managed by a vendor and is hosted in the cloud for AHCA’s use. MAR exports a transactional file to this system.	MAR (Medicaid Accounts Receivable)
People First	The Enterprise System utilizes the People First Oracle connection for two areas: Time Validation and Health Care Trust Fund. The interface is accomplished via an ODBC connection. The HCTF uses People First timesheet data calculate FTE related expenses.	Enterprise FoxPro Application
SunCom	SunCom provides the State of Florida’s Voice Services, Data Services, Wiring and Cabling Services, Conference Services, Emergency Support Function - Communications (ESF 2), and E-rate needs, as well as tracking. The Enterprise System performs a direct FTP connection to this server to acquire transactional SunCom data.	Enterprise FoxPro Application

2. Assumptions and Constraints

Assumptions

The following assumptions about the FoxPro systems, client-server, to web-based Replacement project are as follows:

- Vendor will deliver the product following a deliverable-based project schedule where the deliverable is pre-defined and a tangible work product.
- AHCA administrative support (management and non-management) will be available to the vendor to help define the business requirements.
- Any business process that needs to be improved will be improved and documented in the to-be process diagram before any code is written.
- Any business process or technical functionality that is already available from another state or federal entity should be utilized and not recreated.
- The new system will compliment and integrate with existing AHCA systems (Versa Regulation, FLMMIS, OLP, BGS, OL, etc.).
- Required and necessary resources will be available for utilization within a reasonable timeframe and amount.
- The specific appropriation will continue through the projected timeline of the project.
- The replacement is expected to take between 4 and 5 years based on current funding.
- The business units’ Subject Matter Experts (SME) will be knowledgeable and experienced in their current business process and available to meet with the vendor’s personnel.
- Bureau Staff will be available for system testing necessitated (especially parallel reconciliation testing).
- Vendor Staff will provide appropriate levels of training to Bureau Staff.
- Vendor will adhere to HIPAA, PII, PHI standards in the transmission and storage of data.
- Vendor will follow the Agency’s technology change control policy, #09-IT-03.

- Agency IT will engage and support the vendor throughout the project helping to determine the best solution possible to meet the business need.
- Agency IT staff and vendor staff will have the skills necessary to develop the system.
- Agency IT staff and vendor staff will receive project specific training, if needed.
- Agency IT standards, procedures, and policies in application development will be followed.
- The vendor will move historical data to the new system electronically.
- Agency IT will assist to ensure that all security protocols are followed.
- Agency IT staff will be available to review the architecture plan, design, code, and interfaces.

Constraints

- The budget to complete the replacement will **NOT** exceed \$4.6 million.
- Each deliverable will require stakeholders’ approval.

C. Business Process Requirements

1. Proposed

2. The existing FoxPro Enterprise System is a client-server FoxPro system that is no longer supported by Microsoft. In the Fiscal Years 2014-2015 and 2015-2016, numerous, disparate FoxPro systems were combined into a now functioning FoxPro Enterprise System. During the legacy consolidation and reconciliation endeavor, existing Bureau process flows were reviewed and not significantly change. Because the process flows were thoroughly reviewed, a “Business Needs Analysis” vendor contract was not needed, thereby resulting in explicit savings to the Agency over the course of the last three years. In Fiscal Year 2017-2018 year one documentation and beginning implementation will start once a vendor is solicited and selected.\

The selected vendor will be required to take the business requirements and processes and implement an internal and external web based system. The product will be accomplished through deliverables. The Agency will not pay for the deliverable until Bureau staff have approved it.

Should changes to business processes be required during the replacement timeframe (4 – 5 years), these changes will be categorized as: Critical or Non-Critical as agreed to by the Executive Governance Committee. Critical changes will need to be incorporated into the new system. Any additional costs associated with the critical change will need to be agreed upon between the Agency and the selected vendor. Non-critical changes will be documented, prioritized and decisions regarding their implementation AFTER the successful replacement of the Enterprise FoxPro System (*all existing features*) will be decided upon by the Agency.

The web-based system must have the business and technical requirements (deliverables) as outlined in the following table:

a. Business and Technical Requirements

Business Requirements / Deliverables	Technical Requirements
Daily FLAIR FTP Import/Update	See Attachment (Req Matrix), Requirement 2
Daily Cash Import/Update	See Attachment (Req Matrix), Requirement 3
Daily Report Coding Tables Import/Update	See Attachment (Req Matrix), Requirement 4
POS95 & List Tables	See Attachment (Req Matrix), Requirements 6-22
Medicaid Accounts Receivable (MAR)	See Attachment (Req Matrix), Requirements 23-89
Hospital Accounts Receivable (HAR)	See Attachment (Req Matrix), Requirements 90-128
Automated Journal Transfers (AJT)	See Attachment (Req Matrix), Requirement 129
Overpayment Fraud Recoupment (OFR) Personnel	See Attachment (Req Matrix), Requirement 130
Overpayment Fraud Recoupment (OFR) Account Code & Rate Setup	See Attachment (Req Matrix), Requirement 131
Overpayment Fraud Recoupment (OFR) Memo	See Attachment (Req Matrix), Requirement 132
Post Budget	See Attachment (Req Matrix), Requirement 133
SunCom	See Attachment (Req Matrix), Requirements 134-141
HCTF	See Attachment (Req Matrix), Requirements 142-145
Administrative Trust Fund (ATF) Rates	See Attachment (Req Matrix), Requirement 146
Administrative Trust Fund (ATF) Memo	See Attachment (Req Matrix), Requirement 147
General Ledger Reports	See Attachment (Req Matrix), Requirement 150
Encumbrances	See Attachment (Req Matrix), Requirement 151
Medicaid Refund Totals	See Attachment (Req Matrix), Requirement 152
Time Validation	See Attachment (Req Matrix), Requirements 153-173
Payroll	See Attachment (Req Matrix), Requirements 174-186
Transaction History	See Attachment (Req Matrix), Requirement 187
Payroll	See Attachment (Req Matrix), Requirement 189

Account Balance Inquiry	See Attachment (Req Matrix), Requirement 190
Database to Spreadsheet	See Attachment (Req Matrix), Requirement 191
Daily Cash Reports	See Attachment (Req Matrix), Requirement 196
Summary Trial Balance	See Attachment (Req Matrix), Requirement 201
Various System Components	See Attachment (Req Matrix), Requirement 202-207

3. Business Solution Alternatives

A. Custom internal external web based system

The existing client-server, FoxPro Enterprise solution is not expected to meet the Agency’s long-term needs. Due to lack of support in the IT industry, continuing with the existing system is NOT considered a viable option. The legacy system must be replaced or the Agency could face the potential of the applications failing to run in the environment.

B. Commercial Off-The-Shelf-Software (COTS)

The business process does require the system to have unique interfaces like SunCom and People First; but that does not limit the possibility of a COTS product. At this time, a suitable COTs product has not been identified.

C. Implement a Solution from another State Agency

The Bureau works similar to other state agencies. AHCA has not be able to identify any other state agency that has a modern system that meets AHCA’s Business and technical needs.

3. Rationale for Selection

The rationale for developing a customized internal and external web-based financial solution versus one of the business solution alternatives listed above is evaluated to be the best given the need for optimal satisfaction and adherence to existing Bureau business processes, satisfaction of long-term needs, cost mitigation, adherence to HIPAA standards, maximization of security protocols, and growth.

4. Recommended Business Solution

The recommended business solution is to provide the Bureau with a complete system. An internal and external web-based system that is scalable and flexible and meets the needs of the bureau.

D. Functional and Technical Requirements

Please See Attached Appendix G – Requirements Traceability Matrix

(Remainder of page purposefully left blank)

III. Success Criteria

The existing FoxPro Enterprise System is continuing to be utilized daily by almost all Bureau staff. It satisfies the FLAIR daily data query and other third party data transfer needs of the Bureau. The web-based solution will be considered a success if it does the same with the following augmentations:

- Establish security profiles in the new web-based solution to accommodate multiple levels and capabilities.
- Establish relationships between relational databases (*primary, secondary keys*).
- Establish designated detail and aggregate reports. Reports will be available to outside agencies.
- Establish downloadable reports to PDF or Microsoft Excel.
- Implement technical enhancements
- Perform formal training for all users (*at the AHCA location*) for each deliverable.
- Replace existing documentation to accommodate the new screen structures and features of the web-based solution.
- Implement solution adhering to the Agency’s Information Technology standards, procedures, and policies.
- Adhere to industry best practices and database encryption standards.
- Third party external users can access reports.
- Alignment and adherence with the Agency’s Medicaid Enterprise Systems (MES) strategy through the Strategic Enterprise Advisory Services (SEAS) IT governance process beginning in FY 2017-2018.

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	System is developed in modern technology, improved, processes, and improved end-user experience.	Bureau leadership will be presented with this information at Vendor’s Presentation	AHCA	TBD
2	System is web-based	System will be accessible via agency-accepted browser versions	AHCA	TBD
3	Health Care Trust Fund Module (HCTF) will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
4	Time Validation Module (TVM) will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
5	Medicaid Accounts Receivable Module (MAR) will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
6	Hospital Accounts Receivable Module (HAR) will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
7	Automated Journal Transfer (AJT) feature will be functional as is in	Vendor Testing; User Acceptance Testing	Bureau Staff	TBD

SCHEDULE IV-B FOR BUREAU OF FINANCIAL SERVICES ENTERPRISE FINANCIAL SYSTEM

	Enterprise System	(UAT)		
8	Administrative Trust Funds (ATF) feature will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
9	Overpayment Fraud Recoupment (OFR) will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
10	SunCom feature will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
11	Payroll Module will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
12	Budget Spend Plan feature will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
13	Encumbrances will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
14	Cash Reports will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
15	New web-based system will connect to FLAIR and will be functional as in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
16	New web-based system will connect to People First and the queries will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
17	System will send relevant data to FACTS and will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
18	Staff is satisfied with all deliverables in the new system web-based system	Simple Survey	Vendor; Bureau Staff	08/2019
19	80% of deliverables delivered within their established timeframes	Review of Project Plan	Bureau; Vendor	08/2019
20	The project is delivered within 10% of its total agreed-upon budget.	Contract Quotes vs. Invoices & Final Invoice	AHCA	08/2019

SCHEDULE IV-B FOR BUREAU OF FINANCIAL SERVICES ENTERPRISE FINANCIAL SYSTEM

21	Usability on IE 11, IE 10, and Google Chrome browsers (or agreed-upon browsers)	Vendor Testing	Bureau	04/2019
22	User security profiles conform to State and Agency best-practice standards	AHCA IT; Vendor Testing	AHCA	04/2019
23	End-user training to be provided to all relevant Bureau and Agency personnel	Survey within AHCA	Bureau Staff	TBD
24	All data from the Enterprise System is accurately transferred to the new web-based system	Vendor Testing	Bureau Staff	TBD
25	Stakeholders outside of the Agency are allowed reasonable access to the system, as deemed applicable by Bureau management	Bureau Testing	Agency at large	TBD
26	Security roles are accessed, defined, applied and enforced	Vendor; Bureau Testing	Bureau Staff	TBD
27	Data is stable and financial reports, based upon the data, reconcile between the web-based system and the existing Enterprise System	Vendor; Bureau Testing	Bureau; Agency Staff	TBD
28	System is documented, and documentation will be provided to AHCA IT staff	Bureau Testing	Bureau Staff	TBD

IV. 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	Consolidated Enterprise System with a single sign-on, increased accuracy, security, functionality, efficiency, reliability, compatibility and a well-documented system	Agency Staff; Management Team; Bureau Staff	Accurate monitoring and reporting of over 1 billion in annual transactions.	<p>Time - In Bureau Staff, time that is saved and applied to meet other goals and directives, which will be measured by comparing time log studies before and after full transition is completed for specific tasks.</p> <p>Efficiencies - In efficient reporting that is used for weekly, monthly, quarterly and annual reporting (State, Federal) which will be realized in the accuracy of reports and measured in comparison of manual reporting processes and the newly implemented web-based reporting process. As each process is documented, it will become the benchmark for which the Agency will be measured against.</p>	Project end date

2	Risk reduction due to the replacement of the unsupported legacy system in the AHCA enterprise.	AHCA	Once all the FoxPro 9.0 legacy systems are replaced, regular security and vulnerability patching can commence.	Measured by the reduction in risk as indicated on the periodic IT Risk Assessments.	As each module is rolled out, there will be a reduction in risk.
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B. See Attachment Cost Benefit Analysis

Please See Attached Appendix A – Cost Benefit Analysis

V. Major Project Risk Assessment

C. Risk Assessment Summary

Please See Attached Appendix B– Project Risk Assessment Summary

VI. Technology Planning

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

A. Current Information Technology Environment

1. Current System

a. Description of current system

The existing FoxPro Enterprise System is a short-term fix that is an interactive, multi-user client-server relational database financial and budgeting system. The code and database structures are exclusively Microsoft FoxPro 9.0.

The FoxPro Enterprise System is currently:

- Stable;
- Contains features and major modules that align with the Bureau’s current business processes;
- Integrates with SunCom, People First, and FLAIR;
- Reconciles with FLAIR daily;
- Predicated upon 20 years of in-house FoxPro programming;
- Contains limited security;
- Runs on the Agency’s local area network (LAN); and
- Contains no outside/third party access to data or reports.

In addition:

The Enterprise System is currently:

- Within a mapped LAN environment.
- Each end-user executes an instance of the system from within the Bureau’s LAN. Outside agencies, end-users or third parties cannot access the system. **This inability to selectively share data and reports with entities at all levels of government (and private entities) who could benefit from this information is considered a major limitation of the existing architecture.**
- Existing, bureau end-users have direct access to system databases. This capability is considered another security disadvantage of the existing system.
- From a network perspective, the existing system is not limited by disk space.

There are approximately 34 concurrent users; however, this number has remained somewhat limited because updating the system can be difficult as concurrent users increase and by the fact that third party entities cannot gain access to the system. While there is not a maximum limit on the number of concurrent users, all users MUST have mapped access to the internal server on which the client-server system resides. As of the writing of this document, all users have access to all system features. End-user security profiles (*by module*) have not been implemented. To date, there are no known abuses of user’s performing prohibited functions; however, there are long-term security concerns regarding end-users who have direct access to all client-server databases, especially in regards to HIPAA.

The existing, client-server Enterprise System is currently processing over one million annual transactions and nearly \$1 billion in annual receivables. If left in an unsupported state, the potential for security risks is amplified and the systems processing these annual receivables could be compromised leaving the Agency with fiduciary responsibilities that are unable to be met. The emphasis is on the mission critical functions that these systems support and their requirement to function as intended in order to meet the needs of the Agency.

b. Current system resource requirements

End-users invoke a single executable file. The current system (*including all data*) can fit on a single flash drive. The system is approximately 9 GB in size (*including all data*). This total does NOT include spreadsheets, reports or other documents saved and sent via manual processes or other electronic forms. From a disk space perspective, the system utilizes minimal requirements.

The FLAIR daily download FTP files must be “manually” imported each morning. To achieve a connection to People First, an ODBC driver must be installed on select end-user workstations. The connection to SunCom utilizes an old non-secure DOS FTP connection.

The system needs 17 MB of RAM for a single user when starting up. Testing revealed a peak usage of 50 MB of usage for less than a minute, while stabilizing to 33 MB of RAM after executing complex tasks. Due to its intranet nature, the resources needed are relatively small. The system supports multiple users, and because the bulk of the system resides in each end user’s PC memory, the system is not significantly affected by any increase in concurrent users. That said, the system is very slow due to the amount of I/O that FoxPro performs across the LAN – especially when querying larger databases.

c. Current system performance

The current FoxPro Enterprise System is slow. The FoxPro environment is very fast when databases remain under one-hundred thousand records. However, the TRHIST annual database contains over one million records. Queries against this large database, which occur multiple times daily, by multiple users, cause considerable delays in achieving desired reporting results. Reports are accurate, but slow.

Calculations are fast. Many of the system features (*Health Care Trust Fund, Time Validation, Automated Journal Transfers, Medicaid Accounts Receivable, etc.*) contain extremely complex and lengthy calculations. FoxPro performs these calculations very rapidly because it is a compiled environment working at a binary level.

A local information technology consulting vendor is responsible for maintaining the existing FoxPro Enterprise System. Over the last two years, the vendor has consolidated almost all the disparate FoxPro systems into one system - The FoxPro Enterprise System.

The system is currently stable and accurate - there are no immediate crises, but the outdated FoxPro applications cannot continue indefinitely. The system, at some point, will no longer run with the newer technology that host and integrates with it.

2. Information Technology Standards

The AHCA standard for application development is web-based technology. Conversely, the existing Enterprise System is “client-server” based. FoxPro is a deprecated software that needs to be replaced.

From a security standards standpoint:

Password Requirements for a web-based solution:

- Compliance with Florida Administrative Code (FAC) Rule 74-2, Florida Cybersecurity Standards and FAC Rule 74-5 Identity Management.

Other audit features for a web-based solution:

- All User Logins will be tracked and stored in a permanent log (table). The log will include successful *and* unsuccessful logins. As part of the log, the IP address from where the user accessed (*or attempted to access*) the system will be stored. The log will be available to Security Officers and Administrators only. At a minimum, it will be searchable by user ID and date range.
- Four Unsuccessful Login attempts will result in the “Active User” checkbox being disabled. This will effectively “lock-out” that user until the Security Officer User Role re-enables the checkbox. The Security Officer role will be notified, via email, that a user has been deactivated due to unsuccessful logins.
- A popup notification screen will be created, which will appear to the Security Officer role. This screen will show all Interim Manager temporary users. This feature is similar to the existing popup notification “Pending FSR” screen.

Activity Tracking

The following activities (*listed below*) will be permanently tracked by Username and IP Address and stored in a log (*table*):

- Compliance with Florida Administrative Code Rule 74-5 Identity Management
- Deletions (All), including Temporary Batch Table Payment deletions,
- Users Created and Deleted, and
- FSRs that are “Un-approved.”

The log will be searchable by User ID or Date Range, and will only be accessible by Administrators. The Security Officer and Administrator roles will have access to this log.

B. Current Hardware and/or Software Inventory

The existing FoxPro Enterprise System resides on an AST supported server. Because the technology is client-server based, the hardware requirements are limited. Within the Bureau, standard hardware is a Lenovo ThinkCentre M series with an Intel i5 CPU chip that runs up to 3.2 GHz. Additionally, some staff use state issued tablets, which use a USB hub to connect. Most employees, including supervisors, have dual Dell flat panel monitors. Most, if not all of the computers are hardwired into the network via Ethernet cables. The main peripherals, including a mouse and keyboard, are connected using USB connections. The operating system on each computer is Windows 7 Enterprise, Service Pack 1. The tablets all utilize the Windows 10 operating system. As of the writing of this document, bureau computers run Windows 7 operating system, Internet Explorer version 10.0.9200.17566. Microsoft Office 2013 is available for all staff to draft, edit and produce their reports and other work.

Within the FoxPro Enterprise System, most data are exported in spreadsheet form. These spreadsheets are saved either locally or to a common, shared, network drive. The existing Enterprise System has “pointers” to

Microsoft Word files, but these files are not stored “within” the system. The system contains “links” to these external network files.

Given the current client-server technology, there are no foreseeable needs to upgrade Bureau hardware, or associated software. Cloud-hosted IT infrastructure services will also be considered for future use.

Important:

Because FoxPro technology is aging and is no longer supported by Microsoft, scheduled updates to servers and/or scheduled updates to end-users operating systems and/or scheduled updates to other network software applications could result in a fatal system shutdown. In fact, this scenario occurred in 2015 when a new, approved and vetted, anti-virus software package was placed into production throughout the Agency. That software caused many of the older FoxPro systems to “crash”. The crises were avoided when a local vendor upgraded the aging systems from older versions of FoxPro to FoxPro 9.0., which is also old.

In summary, because Microsoft no longer supports Microsoft FoxPro, an upgrade to a new operating system (i.e. Windows 10) throughout the Agency could result in the entire Enterprise Financial System ceasing to function throughout the Bureau.

C. Proposed Solution Description

1. Summary description of proposed system

- The Bureau is seeking to continue building a custom, secure, internal and external facing web-based application, relational database financial solution that includes all features of the existing Enterprise System using a deliverable based project schedule.
- All FoxPro Enterprise System data (*including historical data*) will be accurately converted to SQL Server. Cleansing data may be necessary.
- The proposed solution will utilize a front-end graphical user interface that allows users to navigate, query, enter data, and perform their other relevant financial and budgeting duties.
- The proposed solution will interface with internal systems as well as outside entities FLAIR, FACTS, SunCom and People First.
- The system will integrate with the other systems within the agency to provide an across the Agency data informational flow.
- The proposed solution will improve upon existing FoxPro Enterprise System user’s experience.
- The proposed solution will have improved user-security profiles including a security matrix by user, by business module.
- The proposed solution, when applicable, will allow the Bureau and outside agencies to provide collaborative opportunities for information.
- The proposed system will be scalable and flexible..
- The proposed system will have ongoing maintenance.
- While some features in the proposed solution may be required for technology reasons or best practices for a web-based system, it is preferred that the new system have similar in functionality to the existing FoxPro Enterprise system.
- Help hints and screens will be incorporated into the application to assist the users with system navigation.
- Proper editing of fields is required in order to provide valid data entry.
- The proposed system will be properly documented (both within the source code and end-user documentation).
- Training will be provided to the system users.

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

Agency is requesting specific appropriation (non-recurring) for year two of this 4-5-year project. This project is expected to cost around \$4 million, distributed over a specified timeframe. This “not to exceed” amount will cover the costs of analysis, solution development, implementation and training of staff.

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

A capacity plan is outside of the scope of this document

VII. Project Management Planning

Purpose: To require the agency to provide evidence of its thorough project planning and provide the tools the agency will use to carry out and manage the proposed project. These documents adhere to AST standards and best practices:

A. Cost Benefit Analysis

See Appendix A – Cost Benefit Analysis

B. Risk Management Plan

See Appendix B – Project Risk Assessment

VIII. Appendices

A. Glossary of Terms

Agency	Agency of Health Care Administration
AHCA	Agency of Health Care Administration
AST	Agency for State Technology
AJT	Automated Journal Transfers - Allows for automatic allocation of funds to the correct funding account
ATF	Administrative Trust Fund
BE	Budget Entity
Bureau	AHCA's Bureau of Financial Services
Cat.dbf	A database file that contains category numbers
Client-Server	Network architecture in which each computer or process on the network is either a client (end user) or a server (where information lives, is accessed from, and saved to). Each of the clients directly connect to the server utilizing a number of connection protocols. In this document, the terminology refers to a centralized server, of which the clients (staff) must directly connect to the server (Enterprise).
CPU	Central Processing Unit - This is the part of the computer that does the thinking
CUR_MAS	Current Master - An extremely important file in Enterprise and is where much of the data is copied from for further analysis and manipulation within Enterprise
Data	A piece of information
Database	An organized collection of data
.dbf	The file extension for database files
DFS	Department of Financial Services
Ethernet	A standard networking technology that allows the efficient and simple dispersion of wired internet on the local and wide area network levels. Certain flavors of Ethernet cords could deliver up to 400 Gb/s of internet speed.
Enterprise /E9	A custom-built accounting platform for AHCA's Bureau of Financial Services written in Fox Pro 9 and is a stable, reliable platform as of this writing

SCHEDULE IV-B FOR BUREAU OF FINANCIAL SERVICES ENTERPRISE FINANCIAL SYSTEM

ENC	Encumbrance
EO	Expansion Options
ES	Expansion Set
EXT_PGM / EXT_PGM.dbf	External Programs database file
FA	Finance and Accounting
FACTS	MAR Uploads data to the Fraud and Abuse Case Tracking System is an Agency web-based system.
FLAIR	The Florida Accounting Information Resource (FLAIR) is a double entry, computer-based, general ledger accounting system, which is utilized to perform the State's accounting and financial management functions. As provided in State law, FLAIR plays a major role in ensuring that State financial transactions are accurately and timely recorded. The accounts of all State agencies are coordinated through FLAIR, which processes expense, payroll, and retirement, unemployment compensation, and public assistance payments. FLAIR also provides accounting control over assets, liabilities, revenues and expenditures, budgetary history, management and control.
FoxPro	The original programming language that was used to code the Bureau's pre-Enterprise systems. The last service pack (SP2) was initially released in 2004. FoxPro is an object-oriented programming language, as well as a relational database management system.
F.S.	Florida Statutes
FTP	File Transfer Protocol. FTP is a standard computer process of transferring data over a Transmission Control Protocol (TCP) network, such as the Internet.
GB	Gigabytes - This is a unit of measure for computer memory that is equal to 1000 ³ Byte
GL	General Ledger
HAR	Hospitals Accounts Receivable
HCTF	Health Care Trust Fund
HQA	Health Quality Assurance.
IE	Internet Explorer - the default web browser for many computers in the state
Intranet Machine Date	The date in the system that cannot be accessed by users; it must be changed in the programming, if at all.

SCHEDULE IV-B FOR BUREAU OF FINANCIAL SERVICES ENTERPRISE FINANCIAL SYSTEM

MAR	Medicaid Accounts Receivable.
MES	The purpose of the Florida Medicaid Enterprise System (MES) Procurement Strategy is to articulate the high-level plans the Florida Agency for Health Care Administration (Agency) has developed to advance the Medicaid Information Technology Architecture (MITA) maturity.
MB	Megabytes - This is a unit of measure for computer memory that is roughly equivalent to 1000 ² Bytes
Medicaid	Medicaid is the medical assistance program that provides access to health care for low-income families and individuals. Medicaid also assists the elderly and disabled with the costs of nursing facility care and other medical and long-term care expenses. In Florida, the Agency for Health Care Administration (Agency) is responsible for administering the Medicaid program.
MHz	Megahertz.
MySQL	A popular relational database management software utilizing SQL. Second in the 2015 market to Oracle Database.
Oracle	Oracle is a company that owns many commonly used large scale computer technologies. These include the Oracle Database, Oracle Database Connection, Oracle Fusion, and MySQL
OCA	Other Cost Accumulators
Object Code	A unique code associated with collections of expenditures and/or revenue types.
OFR	Overpayment & Fraud Recovery
Org Code	Organization Code - This is the agency-level unique identifier for programs, services, activities.
PALM	Florida Planning, Accounting and Ledger Management (PALM) is the current FLAIR state enterprise system replacement initiative undertaken by the FL Department of Financial Services.
People First	The State of Florida's self-service, secure, web-based Human Resource information system. People First is used for various and important portions of Enterprise, including Payroll and Time Validation
Pos95.DBF	Original database where agency-wide personnel data has been saved to for the last 20 years. Is constantly updated and currently curated by staff.
RAM	Random Access Memory
Record(s)	A basic data structure. Can be as small as a single number, or text that is thousands of characters long.

SCHEDULE IV-B FOR BUREAU OF FINANCIAL SERVICES ENTERPRISE FINANCIAL SYSTEM

SEAS	Strategic Enterprise Advisory Services are to serve as the Agency's effective IT advisor and partner to provide ongoing IT strategic, programmatic and technical advisory services for the Agency's Medicaid IT enterprise.
SME	Subject Matter Expert
SQL	Structured Query Language. A programming language is popularly used for database management. SQL is extremely popular for its simplicity and ease of use.
SSIS	SQL Server Information/Interface Service - collection of code that allows for database information transfers
SunCom	The state's phone network system
System	An interconnected group of hardware and software that produces, displays, creates, manages
Tables	An organizational grouping within a database. Can contain vast amounts of fields and rows. Data is held within records.
TR51UP.dbf	A database file uploaded to FLAIR from Overpayment & Fraud Recoupment.
TRHIST/TRHIST.dbf	Transaction History - the file containing a history of transactions
TransHist.dbf	Transaction History database file.
Web-Based	The architecture between the application and the end user. This relationship utilizes the internet to connect the application with the end user, as an extended client-server relationship.
Fox Pro/VFP	Name for the next release of FoxPro, <i>after</i> Microsoft had acquired rights to the language.
Fox Pro 9/VFP9	Fox Pro 9 is the final iteration of FoxPro. Microsoft announced that there would be no support for Windows 7, 8, 8.1 or 10. Support for Vista is discontinued as of January 13, 2015.

1	AHCA	Enterprise System																				
CBA Form 2A Baseline Project Budget																						
2	3			\$ -	\$ 950,000	\$ 950,000	\$ 950,000	\$ -	\$ -													\$ 2,850,000
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	\$ -	\$ -	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	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -	
8	Project management personnel and related deliverables.	Project Management	Contracted Services	\$ -	0.00	\$ 135,000	\$ -	0.00	\$ 135,000	\$ -	0.00	\$ 135,000	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ 405,000	
9	Project oversight to include Independent Verification & Validation (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	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -	
11	Separate requirements analysis and feasibility study procurements.	Project Planning/Analysis	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
12	Hardware purchases not included in data center services.	Hardware	OCO	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
13	Commercial software purchases and licensing costs.	Commercial Software	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
14	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables	Contracted Services	\$ -		\$ 687,500	\$ -		\$ 687,500	\$ -		\$ 687,500	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ 2,062,500	
15	All first-time training costs associated with the project. Include the quote received from the data center provider for project equipment and services. Only include one-time project costs in this row. Recurring, project-related data center costs are included in CBA Form 1A.	Training	Contracted Services	\$ -		\$ 67,500	\$ -		\$ 67,500	\$ -		\$ 67,500	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ 202,500	
16	Other contracted services not included in other categories.	Data Center Services - One Time Costs	Data Center Category	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
17	Include costs for non-state data center equipment required by the project and the proposed solution (insert additional rows as needed for detail)	Other Services	Contracted Services	\$ -		\$ 60,000	\$ -		\$ 60,000	\$ -		\$ 60,000	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ 180,000	
18	Include costs associated with leasing space for project personnel.	Equipment	Expense	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
19	Other project expenses not included in other categories.	Leased Space	Expense	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
20		Other Expenses	Expense	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -	
21		Total		\$ -	0.00	\$ 950,000	\$ -	0.00	\$ 950,000	\$ -	0.00	\$ 950,000	\$ -	0.00	\$ -	\$ -		\$ -	\$ -	\$ -	\$ 2,850,000	

CBAForm 2 - Project Cost Analysis

Agency	<u>AHCA</u>	Project	<u>Enterprise System</u>
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PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	
TOTAL PROJECT COSTS (*)	\$950,000	\$950,000	\$950,000	\$0	\$0	\$2,850,000
CUMULATIVE PROJECT COSTS <i>(includes Current & Previous Years' Project-Related Costs)</i>	\$950,000	\$1,900,000	\$2,850,000	\$2,850,000	\$2,850,000	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	
General Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Trust Fund	\$950,000	\$950,000	\$950,000	\$0	\$0	\$2,850,000
Federal Match <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Grants <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Other <input type="checkbox"/> Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$950,000	\$950,000	\$950,000	\$0	\$0	\$2,850,000
CUMULATIVE INVESTMENT	\$950,000	\$1,900,000	\$2,850,000	\$2,850,000	\$2,850,000	

Characterization of Project Cost Estimate - CBAForm 2C			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	x	Confidence Level	100%
Order of Magnitude	x	Confidence Level	75%
Placeholder		Confidence Level	

CBAForm 3 - Project Investment Summary

Agency	<u>AHCA</u>	Project	<u>Enterprise System</u>
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COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	TOTAL FOR ALL YEARS
Project Cost	\$950,000	\$950,000	\$950,000	\$0	\$0	\$2,850,000
Net Tangible Benefits	(\$950,000)	(\$950,000)	(\$950,000)	\$0	\$0	(\$2,850,000)
Return on Investment	(\$1,900,000)	(\$1,900,000)	(\$1,900,000)	\$0	\$0	(\$5,700,000)
Year to Year Change in Program Staffing	5	5	5	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)	(\$5,417,243)	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 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%

	B	C	D	E	F	G	H				
3	Project		<i>Enterprise System Consulting and Conversion to EFS</i>								
4											
5	Agency		<i>Agency for Health Care Administration</i>								
6	FY 2018-19 LBR Issue Code:			FY 2018-19 LBR Issue Title:							
7	<i>4000500</i>			<i>Enterprise System Conversion to EFS</i>							
8	Risk Assessment Contact Info (Name, Phone #, and E-mail Address):										
9	<i>Karlyn Tidwell, 850-412-3818, karlyn.tidwell@ahca.myflorida.com</i>										
10	Executive Sponsor		<i>Anita Hicks, Chief Financial Officer</i>								
11	Project Manager		<i>Anita Hicks, Chief Financial Officer</i>								
12	Prepared By		<i>Karlyn Tidwell</i>			<i>8/16/2017</i>					
14	Risk Assessment Summary										
15	<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">Business Strategy</div> <table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr> <td style="width: 50%; height: 50%; text-align: center; vertical-align: middle;"> </td> <td style="width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Level of Project Risk</td> <td></td> </tr> </table> </div>									Level of Project Risk	
Level of Project Risk											
16											
17								Most Aligned			
18											
19											
20											
21											
22											
23											
24											
25											
26											
27											
28											
29	Least Aligned										
30	Least Risk	Most Risk									
31											
32											
34	Project Risk Area Breakdown										
35	Risk Assessment Areas						<i>Risk Exposure</i>				
36	Strategic Assessment						MEDIUM				
37											
38	Technology Exposure Assessment						LOW				
39											
40	Organizational Change Management Assessment						MEDIUM				
41											
42	Communication Assessment						MEDIUM				
43											
44	Fiscal Assessment						MEDIUM				
45											
46	Project Organization Assessment						MEDIUM				
47											
48	Project Management Assessment						LOW				
49											
50	Project Complexity Assessment						LOW				
51											
52											
53	Overall Project Risk						MEDIUM				

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Enterprise System Consulting and Conversion to EFS	
3	Section 1 -- Strategic Area			
4	#	Criteria	Values	Answer
5	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
6			41% to 80% -- Some objectives aligned	
7			81% to 100% -- All or nearly all objectives aligned	
8	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
9			Informal agreement by stakeholders	
10			Documented with sign-off by stakeholders	
11	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
12			Most regularly attend executive steering committee meetings	
13			Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
14	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
15			Vision is partially documented	
16			Vision is completely documented	
17	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
18			41% to 80% -- Some defined and documented	
19			81% to 100% -- All or nearly all defined and documented	
20	1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	No changes needed
21			Changes unknown	
22			Changes are identified in concept only	
23			Changes are identified and documented	
24			Legislation or proposed rule change is drafted	
25	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
26			Some	
27			All or nearly all	
28	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
29			Moderate external use or visibility	
30			Extensive external use or visibility	
31	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
32			Single agency-wide use or visibility	
33			Use or visibility at division and/or bureau level only	
34	1.10	Is this a multi-year project?	Greater than 5 years	Between 3 and 5 years
35			Between 3 and 5 years	
36			Between 1 and 3 years	
37			1 year or less	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Enterprise System Consulting and Conversion to EFS	
3	Section 2 -- Technology Area			
4	#	Criteria	Values	Answer
5	2.01	Does the agency have experience working with, operating, and supporting the proposed technical solution in a production environment?	Read about only or attended conference and/or vendor presentation	Supported production system 1 year to 3 years
6			Supported prototype or production system less than 6 months	
7			Supported production system 6 months to 12 months	
8			Supported production system 1 year to 3 years	
9			Installed and supported production system more than 3 years	
10	2.02	Does the agency's internal staff have sufficient knowledge of the proposed technical solution 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
11			External technical resources will be needed through implementation only	
12			Internal resources have sufficient knowledge for implementation and operations	
13	2.03	Have all relevant technical alternatives/ solution options been researched, documented and considered?	No technology alternatives researched	All or nearly all alternatives documented and considered
14			Some alternatives documented and considered	
15			All or nearly all alternatives documented and considered	
16	2.04	Does the proposed technical solution 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
17			Some relevant standards have been incorporated into the proposed technology	
18			Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards	
19	2.05	Does the proposed technical solution require significant change to the agency's existing technology infrastructure?	Minor or no infrastructure change required	Minor or no infrastructure change required
20			Moderate infrastructure change required	
21			Extensive infrastructure change required	
22			Complete infrastructure replacement	
23	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
24			Capacity requirements are defined only at a conceptual level	
25			Capacity requirements are based on historical data and new system design specifications and performance requirements	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Enterprise System Consulting and Conversion to EFS	
3	Section 3 -- Organizational Change Management Area			
4	#	Criteria	Values	Answer
5	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
6			Moderate changes to organization structure, staff or business processes	
7			Minimal changes to organization structure, staff or business processes structure	
8	3.02	Will this project impact essential business processes?	Yes	Yes
9			No	
10	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	81% to 100% -- All or nearly all processes defined and documented
11			41% to 80% -- Some process changes defined and documented	
12			81% to 100% -- All or nearly all processes defined and documented	
13	3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	No
14			No	
15	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
16			1% to 10% FTE count change	
17			Less than 1% FTE count change	
18	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
19			1 to 10% contractor count change	
20			Less than 1% contractor count change	
21	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
22			Moderate changes	
23			Minor or no changes	
24	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
25			Moderate changes	
26			Minor or no changes	
27	3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with similar change requirements
28			Recently completed project with fewer change requirements	
29			Recently completed project with similar change requirements	
30			Recently completed project with greater change requirements	

	B	C	D	E
1	Agency: Agency Name		Project: Project Name	
3	Section 4 -- Communication Area			
4	#	Criteria	Value Options	Answer
5	4.01	Has a documented Communication Plan been approved for this project?	Yes	No
6			No	
7	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	Routine feedback in Plan
8			Routine feedback in Plan	
9			Proactive use of feedback in Plan	
10	4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
11			No	
12	4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
13			No	
14	4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages	Plan does not include key messages
15			Some key messages have been developed	
16			All or nearly all messages are documented	
17	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	All or nearly all messages have success measures
18			Success measures have been developed for some messages	
19			All or nearly all messages have success measures	
20	4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
21			No	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Enterprise System Consulting and Conversion to EFS	
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
5	5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	No
6			No	
7	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
8			41% to 80% -- Some defined and documented	
9			81% to 100% -- All or nearly all defined and documented	
10	5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Between \$2 M and \$10 M
11			Greater than \$10 M	
12			Between \$2 M and \$10 M	
13			Between \$500K and \$1,999,999	
14			Less than \$500 K	
15	5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	Yes
16			No	
17	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%)
18			Order of magnitude – estimate could vary between 10-100%	
19			Placeholder – actual cost may exceed estimate by more than 100%	
20	5.06	Are funds available within existing agency resources to complete this project?	Yes	Yes
21			No	
22	5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
23			Funding from local government agencies	
24			Funding from other state agencies	
25	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
26			Requested but not received	
27			Requested and received	
28			Not applicable	
29	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
30			Some project benefits have been identified but not validated	
31			Most project benefits have been identified but not validated	
32			All or nearly all project benefits have been identified and validated	
33	5.10	What is the benefit payback period that is defined and documented?	Within 1 year	Within 5 years
34			Within 3 years	
35			Within 5 years	
36			More than 5 years	
37			No payback	
38	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
39			Stakeholders have not been consulted re: procurement strategy	
40			Stakeholders have reviewed and approved the proposed procurement strategy	
41	5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Firm Fixed Price (FFP)
42			Firm Fixed Price (FFP)	
43			Combination FFP and T&E	
44	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

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Enterprise System Consulting and Conversion to EFS	
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
45			Purchase all hardware and software at start of project to take advantage of one-time discounts	hardware and software is documented in the project schedule
46			Just-in-time purchasing of hardware and software is documented in the project schedule	
47	5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager is the project manager
48			Contract manager is the procurement manager	
49			Contract manager is the project manager	
50			Contract manager assigned is not the procurement manager or the project manager	
51	5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
52			No	
53	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
54			Some selection criteria and outcomes have been defined and documented	
55			All or nearly all selection criteria and expected outcomes have been defined and documented	
56	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 not planned/used for procurement
57			Multi-stage evaluation not planned/used for procurement	
58			Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
59	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
60			No, bid response did/will not require proof of concept or prototype	
61			Yes, bid response did/will include proof of concept or prototype	
62			Not applicable	
63				
64				
65				
66				

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Enterprise System Consulting and Conversion to EFS	
3	Section 6 -- Project Organization Area			
4	#	Criteria	Values	Answer
5	6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes	Yes
6			No	
7	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
8			Some have been defined and documented	
9			All or nearly all have been defined and documented	
10	6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	System Integrator (contractor)
11			Agency	
12			System Integrator (contractor)	
13	6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	2
14			2	
15			1	
16	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
17			Some or most staff roles and responsibilities and needed skills have been identified	
18			Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
19	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
20			No, project manager is assigned 50% or less to project	
21			No, project manager assigned more than half-time, but less than full-time to project	
22			Yes, experienced project manager dedicated full-time, 100% to project	
23	6.07	Are qualified project management team members dedicated full-time to the project	None	No, business, functional or technical experts dedicated more than half-time but less than full-time to project
24			No, business, functional or technical experts dedicated 50% or less to project	
25			No, business, functional or technical experts dedicated more than half-time but less than full-time to project	
26			Yes, business, functional or technical experts dedicated full-time, 100% to project	
27	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
28			Half of staff from in-house resources	
29			Mostly staffed from in-house resources	
30			Completely staffed from in-house resources	
31	6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Minimal or no impact
32			Moderate impact	
33			Extensive impact	
34	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
35			No	
36	6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established	No board has been established
37			No, only IT staff are on change review and control board	
38			No, all stakeholders are not represented on the board	
39			Yes, all stakeholders are represented by functional manager	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Enterprise System Consulting and Conversion to EFS	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
5	7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
6			Project Management team will use the methodology selected by the systems integrator	
7			Yes	
8	7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
9			1-3	
10			More than 3	
11	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
12			Some	
13			All or nearly all	
14	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
15			41 to 80% -- Some have been defined and documented	
16			81% to 100% -- All or nearly all have been defined and documented	
17	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
18			41 to 80% -- Some have been defined and documented	
19			81% to 100% -- All or nearly all have been defined and documented	
20	7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	81% to 100% -- All or nearly all requirements and specifications are traceable
21			41 to 80% -- Some are traceable	
22			81% to 100% -- All or nearly all requirements and specifications are traceable	
23	7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	All or nearly all deliverables and acceptance criteria have been defined and documented
24			Some deliverables and acceptance criteria have been defined and documented	
25			All or nearly all deliverables and acceptance criteria have been defined and documented	
26	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
27			Only project manager signs-off	
28			Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
29	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	81% to 100% -- All or nearly all have been defined to the work package level
30			41 to 80% -- Some have been defined to the work package level	
31			81% to 100% -- All or nearly all have been defined to the work package level	
32	7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	Yes
33			No	
34	7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints),	Yes	Yes

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Enterprise System Consulting and Conversion to EFS	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
35		critical milestones, and resources?	No	Yes
36	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
37			Project team uses formal processes	
38			Project team and executive steering committee use formal status reporting processes	
39	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
40			Some templates are available	
41			All planning and reporting templates are available	
42	7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
43			No	
44	7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	All known risks and mitigation strategies have been defined
45			Some have been defined and documented	
46			All known risks and mitigation strategies have been defined	
47	7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
48			No	
49	7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
50			No	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Enterprise System Consulting and Conversion to EFS	
2				
3	Section 8 -- Project Complexity Area			
4	#	Criteria	Values	Answer
5	8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	Similar complexity
6			More complex	
7			Similar complexity	
8			Less complex	
9	8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	Single location
10			3 sites or fewer	
11			More than 3 sites	
12	8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	Single location
13			3 sites or fewer	
14			More than 3 sites	
15	8.04	How many external contracting or consulting organizations will this project require?	No external organizations	1 to 3 external organizations
16			1 to 3 external organizations	
17			More than 3 external organizations	
18	8.05	What is the expected project team size?	Greater than 15	5 to 8
19			9 to 15	
20			5 to 8	
21			Less than 5	
22	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
23			2 to 4	
24			1	
25			None	
26	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
27			Agency-wide business process change	
28			Statewide or multiple agency business process change	
29	8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	Yes
30			No	
31	8.09	What type of project is this?	Infrastructure upgrade	Infrastructure upgrade
32			Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
33			Business Process Reengineering	
34			Combination of the above	
35	8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Similar size and complexity
36			Lesser size and complexity	
37			Similar size and complexity	
38			Greater size and complexity	
39	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
40			Lesser size and complexity	
41			Similar size and complexity	
42			Greater size and complexity	

SCHEDULE IV-B FOR CLAIMS DATA ANALYTICS

For Fiscal Year 2018-19



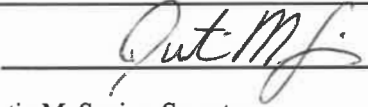
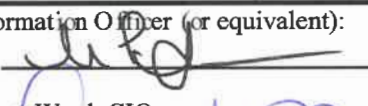
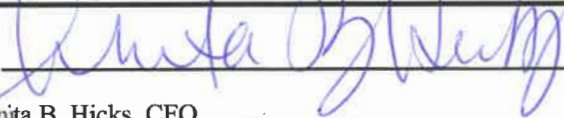
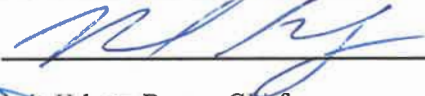
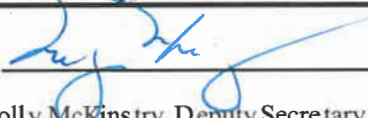
September 15, 2017

AGENCY FOR HEALTH CARE ADMINISTRATION

Contents

- I. Schedule IV-B Cover Sheet 2
 - General Guidelines..... 3
 - Documentation Requirements..... 3
- II. Schedule IV-B Business Case – Strategic Needs Assessment 4
 - A. Background and Strategic Needs Assessment 4
 - 1. Business Need 4
 - 2. Business Objectives..... 4
 - B. Baseline Analysis..... 5
 - 1. Current Business Process(es) 5
 - 2. Assumptions and Constraints 6
 - C. Proposed Business Process Requirements 6
 - 1. Proposed Business Process Requirements..... 6
 - 2. Business Solution Alternatives..... 7
 - 3. Rationale for Selection 7
 - 4. Recommended Business Solution 7
 - D. Functional and Technical Requirements..... 7
- III. Success Criteria 8
- IV. Schedule IV-B Benefits Realization and Cost Benefit Analysis..... 8
 - A. Benefits Realization Table..... 8
 - B. Cost Benefit Analysis (CBA)..... 9
- V. Schedule IV-B Major Project Risk Assessment..... 9
- VI. Schedule IV-B Technology Planning 10
 - A. Current Information Technology Environment 10
 - 1. Current System..... 10
 - 2. Information Technology Standards 10
 - B. Current Hardware and/or Software Inventory..... 10
 - C. Proposed Technical Solution 10
 - D. Proposed Solution Description 11
 - 1. Summary Description of Proposed System 11
 - 2. Resource and Summary Level Funding Requirements for Proposed Solution (if known)..... 11
 - E. Capacity Planning (*historical and current trends versus projected requirements*)..... 11
- VII. Schedule IV-B Project Management Planning 11
- VIII. Appendices 11

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: September 15, 2017
Project Name: Claims Data Analytics	Is this project included in the Agency's LRPP? _____ Yes <u>X</u> No
FY 2018-19 LBR Issue Code: 36385C0	FY 2018-19 LBR Issue Title: Claims Data Analytics Solution
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Nikole Helvey, Bureau Chief, Florida Center for Health Information and Transparency Email: Nikole.Helvey@ahca.myflorida.com Phone: (850) 412-3791	
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: 	Date: 9/15/17
Printed Name: Justin M. Senior, Secretary	
Agency Chief Information Officer (or equivalent):  for Scott Ward	Date: 9/15/2017
Printed Name: Scott Ward, CIO	
Budget Officer: 	Date: 9/15/17
Printed Name: Anita B. Hicks, CFO	
Planning Officer: 	Date: 9/15/17
Printed Name: Nikole Helvey, Bureau Chief	
Project Sponsor: 	Date: 9/15/17
Printed Name: Molly McKinstry, Deputy Secretary - HQA	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Nikole Helvey, 850-412-3791, Nikole.helvey@ahca.myflorida.com
Cost Benefit Analysis:	Nikole Helvey, 850-412-3791, Nikole.helvey@ahca.myflorida.com
Risk Analysis:	Nikole Helvey, 850-412-3791, Nikole.helvey@ahca.myflorida.com
Technology Planning:	Nikole Helvey, 850-412-3791, Nikole.helvey@ahca.myflorida.com
Project Planning:	Nikole Helvey, 850-412-3791, Nikole.helvey@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 that are similar to the service level agreements currently in use, or
- Replace desktop units ("refresh") with new technology that is similar to the technology currently in use.
- Contract only for the completion of a business case or feasibility study for the replacement or remediation of an existing IT system or the development of a new IT system.

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 Technical Solution
- 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 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

New health care transparency legislation passed in 2016, codified as [Chapter 2016-234](#), Laws of Florida, directed the Agency to contract with a vendor to collect health care claims data from all Florida licensed health insurers and health maintenance organizations that have a contractual relationship with the State through either the Statewide Medicaid Managed Care program or the state employee group health insurance program; and to make specific pricing information from the claims available to consumers through a web-based platform that allows for price comparison between different providers. The contract was executed in April of 2017 and the website will be released within the next year.

The publication of health care pricing information for consumers is only the initial use of this information in terms of the value that health care claims data can provide to the state. The Florida health care claims dataset will be comprised of billions of lines of information, compiled from millions of consumers and thousands of providers. Once the data is submitted, the claims database enables data from different payers and different information systems to be aggregated in a uniform manner that overcomes the interoperability issues that often inhibit data analytics across various, distinct data sets. The application of industry-tested and proven analytics to this new comprehensive, longitudinal, multi-payer dataset can provide unprecedented research opportunities and enable the Agency to address numerous health care utilization, quality, cost, and policy questions. A comprehensive analytics service will allow authorized Agency users to easily convert vast amounts of data into dashboards and reports that can be disseminated and viewed by others including industry stakeholders, policy makers, and the public. Examples of specific issues that can be addressed through sound analysis of claims data include: identifying and tracking total costs of care by disease state, service type, payer, or a variety of demographic features; monitoring utilization trends and access to specific services among a variety of subpopulations (regions, age groups, races, income levels, etc.); identifying variations in cost and access to care; and evaluating quality of services provided using disease-specific outcome measures. This type of ad hoc research is outside of the scope of the Agency's current Transparency vendor contract.

2. Business Objectives

A comprehensive health care claims data analytics service will empower the Agency with immediate capabilities to generate meaningful insights from the claims data; and can assist the Agency in monitoring and assessing the impact of a variety policy and market variables. The analytics tool will assist the Agency in meeting multiple objectives:

- Efficient and Effective Government – Leveraging this valuable state resource of claims data to provide timely, accurate, and understandable statistics and information about health care services in the state.
- Stewardship of State Resources – Optimizing the value of the claims data to inform sound policy and support vital research into health care access, utilization, quality and cost.
- Excellent and Responsive Customer Service – Enhancing the Agency's ability to be responsive to inquiries and answer key questions about the performance of the health services market in the state.

Table 1: Examples of Categories and Measures¹

MEASURE CATEGORY	EXAMPLE REPORTS AND MEASURES
Health Care Utilization	<ul style="list-style-type: none"> Overall utilization, with analysis results by payer groups, geographic areas, service lines (e.g., Health Maintenance Organizations, Preferred Provider Organizations, etc.) Service type utilization, in categories, such as inpatient, outpatient, emergency department (ED), observation, specialty, primary care, pharmacy, imaging, etc. High-level views of variation in prescription drug utilization and spending
Health Care Costs	<ul style="list-style-type: none"> Percentage of total health care costs for top disease conditions Total cost for procedures (e.g., knee arthroscopy, lower back MRI, etc.) and conditions (e.g., depression, diabetes, etc.) Cost by payer, including per member/per month costs, high-cost conditions, profile reports on medical, dental, pharmacy costs, plan payments, plan costs by procedure Cost to patients, including total out-of-pocket cost, co-pays, co-insurance, deductible amounts Episode cost, costs by chronic conditions or other episodes of care Pharmacy costs, including highest cost and highest frequency pharmaceuticals Total cost of care, per member per month at the clinic or group level
Population Health	<ul style="list-style-type: none"> Prevalence and incidence of key chronic conditions Standards of care for key chronic conditions (e.g., hemoglobin A1c among people with diabetes) Geographic variation in key chronic conditions
Quality	<ul style="list-style-type: none"> Preventative care screening rates by geography or health plan Hospital re-admission rates by hospital or geography Hospital re-admission rates by procedure

B. Baseline Analysis

1. Current Business Process(es)

Currently the Agency collects and maintains a wide variety of datasets through numerous systems and processes. Most of this data is stored on Agency servers where authorized users may access the data tables for the purpose of generating reports or performing ad hoc queries. Traditionally, each of the Agency's business units followed an established process to request new reports or modifications of existing reports from a dedicated report-development team housed within the Agency's Division of Information Technology. In 2014, the Agency initiated a new Business Intelligence (BI) initiative to promote the adoption of more self-serve analytics for some business process and data experts in an effort to broaden the Agency's overall capacity to perform ad hoc analyses, enhance the quality and utility of many of the historically generated "canned" reports that are often used to support day-to-day operations, and increase the Agency's ability to monitor the efficiency and effectiveness of internal business processes. The current processes for report development cannot be adopted for claims data analysis, however, because the Florida health care claims data will be stored in a secure

¹ All Payer Claims Database Development Manual. All Payer Claims Database Council. March, 2015.

data enclave outside of the Agency and strict access controls prevent the majority of the Agency's existing report development resources from viewing or interacting with the data. This model was preferred due to the immense volume of claims data that will be held, the extremely sensitive nature of the data due to HIPAA privacy concerns related to the consumer information contained within the claims, and the confidentiality of proprietary information from health plans or providers.

The Agency's Transparency vendor, the Health Care Cost Institute, Inc. (HCCI), currently subcontracts for the secure storage of their existing claims data at the NORC Data Enclave (Enclave) at the University of Chicago. HCCI utilizes NORC's secure data enclave architecture to offer a NIST (National Institute of Standards and Technology) environment with secure VPN (Virtual Private Network) access for researchers and others to access the claims data. This environment negates the need to distribute data, as users "come" to the data rather than the antiquated less-secure approach of distributing data. The HCCI NORC secure data enclave meets all the Centers for Medicare & Medicaid Services requirements for HCCI to hold Medicare data under the national Qualified Entity program.

Once connected to NORC's secure environment, authorized users have direct access to a standard Windows desktop operating system with a suite of common analytics tools. Users can connect to the data for which they have been authorized and are given latitude to perform whatever analysis meets their needs. For users interested in performing relatively simple analytics, the Enclave makes available statistical packages software and SQL client tools for adhoc queries. For users who prefer to develop and author reports, the Enclave can support business intelligence tools allowing users to create interactive graphs, dashboards, and adhoc reports to save in their individualized directories in the Enclave.

2. Assumptions and Constraints

There are a variety of analytic services available in the current market, which can be hosted within or connected to the Enclave that have the ability to generate an array of pre-programmed, rigorously tested and validated reports and dashboards from standardized claims data as well as allow for custom queries and analysis as needed.

Key assumptions include:

- The Agency will identify a business intelligence (analytics) service that is compatible with the access protocols of the NORC data enclave where the claims data is stored.
- Health care claims contain a standard set of data elements that are supplied and used consistently across all provider and payers, allowing for wide testing and validation of common calculations and algorithms that have been developed based on claims data.
- The analytics service will offer a significant variety and number of pre-programmed, tested, and validated reports that will provide meaningful insights from the claims data, including the ability to benchmark against other state and national figures.

The Agency acknowledges the following constraints:

- The analytics service is a tool that will still require ongoing Agency resources and expertise to fully implement and utilize.
- Statistics and reports generated from the analytics service will remain subject to all applicable state and federal laws governing the protection of consumers' personal and health information as well as provider and health plan business and proprietary rights, including anti-trust laws.

C. Proposed Business Process Requirements

1. Proposed Business Process Requirements

The Agency's existing report development process using large datasets involves creation of reports by

Agency staff or use of tools such as the hospital discharge data query tool. Although the Transparency vendor will facilitate a website for consumers to see average costs of key procedures, the ability to create reports beyond procedure costs using this new claims data is undeveloped. Due to the sensitivity of claims data, it cannot be widely shared for internal or external use. If funded, the Claims Data Analytic tool would facilitate packaging data in a way to provide key information and metrics for health research. There are a variety of Commercial Off The Shelf (COTS) and Software as a Service (SaaS) analytic services available in the current market, which would be suitable to the Agency's needs and can be hosted within or connected to the Enclave. Procurement of an Claims Data Analytic tool will create the ability to generate an array of pre-programmed, rigorously tested and validated reports and dashboards from standardized claims data as well as allow for custom queries and analysis as needed.

2. Business Solution Alternatives

An alternative would be for the Agency to ingest the vast amounts of claims data into its internal data storage framework and apply existing analytic and business intelligence tools to the data. This option presents a number of key concerns:

- The volume of claims data is immense and would require significant financial resources to store, back-up, secure, and maintain.
- This approach relies on the expertise of Agency staff who may not be familiar with the specific nuances of health care claims data, potentially requiring a significant learning curve (and time period) before meaningful metrics can be generated from the data.
- A number of Agency resources would be required to program, test, and validate each new query into the data, limiting the Agency's ability to be responsive to its customers.
- There is a variety of analytic services available in the current market, so spending resources developing a product which currently exists is not efficient.

3. Rationale for Selection

Key considerations in determining the most effective and feasible solution included:

- Time needed to achieve full implementation and benefits
- Experience and expertise of Agency staff
- Agency capacity to perform the work (i.e. ability to support required expertise, staffing and work)
- Required data storage capacity and security

4. Recommended Business Solution

The Agency recommends the procurement of a comprehensive claims analytics tool in order to optimize the value and utility of the health care claims data that will be collected under the state's Transparency initiative. This option will provide the immediate and greatest value to the state.

D. Functional and Technical Requirements

The Agency is seeking to competitively procure a Commercial Off The Shelf (COTS) or Software as a Service (SaaS) product.

III. Success Criteria

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	Ability to respond timely and accurately to customer inquiries using claims data	<ul style="list-style-type: none"> Number of reports produced Time needed to generate reports 	Both internal and external customers	07/2019
2	Enhance the Agency’s regulatory capabilities through improved ability to assess and monitor health care services access, utilization, and quality	Number of new metrics identified and implemented	Health care consumers in Florida	07/2019

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	Improved information about consumer access to health care services and health plan network information, including information beyond facility based providers)	<ul style="list-style-type: none"> Floridians Policy makers Providers Payers 	Policymakers and industry stakeholders better understand consumer access needs and can address identified gaps more effectively	The number and scale of access gaps identified and addressed	07/2019 and ongoing
2	Improved information about the quality of health care services provided in Florida	<ul style="list-style-type: none"> Floridians Policy makers Providers Payers 	The Agency is better able to assess and monitor care quality across the continuum of health care services	Number of new quality metrics identified Improvement among specific quality metrics, once implemented	07/2019 and ongoing
3	Improved information about the real cost(s) of	<ul style="list-style-type: none"> Floridians Policy makers 	Ability to research and benchmark the costs of	Cost savings realized through	07/2019 and

BENEFITS REALIZATION TABLE					
health care services in Florida	<ul style="list-style-type: none"> • Providers • Payers 	services by specific population, disease state, geography, etc.	strategies developed from research findings	ongoing	

B. Cost Benefit Analysis (CBA)

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	<p>Agency Program Cost Elements: Existing program operational costs versus the expected program operational costs resulting from this project. The agency needs to identify the expected changes in operational costs for the program(s) that will be impacted by the proposed project.</p> <p>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.</p>
CBA Form 2 - Project Cost Analysis	<p>Baseline Project Budget: Estimated project costs.</p> <p>Project Funding Sources: Identifies the planned sources of project funds, e.g., General Revenue, Trust Fund, Grants.</p> <p>Characterization of Project Cost Estimate.</p>
CBA Form 3 - Project Investment Summary	<p>Investment Summary Calculations: Summarizes total project costs and net tangible benefits and automatically calculates:</p> <ul style="list-style-type: none"> • Return on Investment • Payback Period • Breakeven Fiscal Year • Net Present Value • Internal Rate of Return

V. Schedule IV-B Major Project Risk Assessment

Please see Appendix B

VI. Schedule IV-B Technology Planning

A. Current Information Technology Environment

1. Current System

a. Description of Current System

The Agency's Transparency vendor, the Health Care Cost Institute, Inc. (HCCI), subcontracts for secure data storage at the NORC at the University of Chicago. HCCI utilizes NORC's secure data enclave architecture offering a NIST environment and secure VPN access for researchers and others to access collected health care claims data. Claims data is collected and refreshed in the enclave annually.

The HCCI NORC enclave is a contracted service that relies on highly scalable components: e.g., an HP Vertica database engine and a suite of statistical packages including SAS, R, SPSS, and Stata in a virtual computing environment. The HP Vertica database is a cluster-based solution that offers practically unlimited scalability. The cluster currently consists of four racked physical servers whose computing resources are pooled together and shared by the database, allowing the available resources that far exceed those available on a single-server database solution. Similarly, the applications' server is housed in a virtual environment and has a dedicated CPU and RAM available per user. Should usage of the database or the application resources increase such that additional computing resources become necessary, new servers are joined to the cluster. The HP Vertica software handles all configuration of new servers in the cluster, requiring an administrator to simply add the IP addresses of new servers in the administration console of the database. NORC's HP Vertica instance currently handles 10s of terabytes of sensitive data and hosts more than 600 authorized users from state and federal government agencies, as well as universities, foundations, and institutes.

Once connected to NORC's secure environment, authorized users have direct access to a standard Windows desktop operating system with a full suite of analytics. Users are able to connect to the data for which they have been authorized and will be given the latitude to perform whatever analysis suits their needs. For users interested in performing relatively simple analytics, the Enclave makes available statistical packages software (R Studio) and SQL client tools for adhoc queries. For users who prefer to develop and author reports, the Enclave can integrate with business intelligence tools allowing users to create interactive graphs, dashboards, and reports on the fly and save them in their directories in the Data Enclave.

b. Current System Resource Requirements

Bandwidth only. All other services to be supported by the vendor.

c. Current System Performance

N/A. This service is not yet operational.

2. Information Technology Standards

B. Current Hardware and/or Software Inventory

All services to be outsourced to a vendor as Software as a Service (SaaS)

C. Proposed Technical Solution

1. Technical Solution Alternatives

There are a variety of analytic services available in the current market, which can be hosted within or connected to the Enclave, and have the ability to generate an array of pre-programmed, rigorously tested and validated reports and dashboards from standardized claims data as well as allow for custom queries and analysis as needed.

2. Rationale for Selection

Key considerations for the selection of a reporting process and tool that will provide the greatest value to the state include:

- Full interoperability with all Agency data within the HCCI-NORC Data Enclave
- Number and selection of pre-programmed, tested, and validated “canned” reports offered in the standard (baseline) service package
- Versatility to generate custom queries, reports, visualizations, and dashboards
- Intuitive, simple user platform supported with a comprehensive training program and responsive technical support
- Number of licenses for Agency staff

3. **Recommended Technical Solution**

The Agency recommends a competitive procurement process to identify the software service with the greatest value to the state.

D. Proposed Solution Description

1. **Summary Description of Proposed System**

A detailed system description will be developed in coordination with the Agency’s selected vendor.

2. **Resource and Summary Level Funding Requirements for Proposed Solution (if known)**

Unknown

E. Capacity Planning

To be developed

VII. Schedule IV-B Project Management Planning

A project plan and statement of work as well as design documents will be developed collaboratively with the Agency’s Transparency vendor.

VIII. Appendices

Appendix A – Cost Benefit Analysis

Appendix B – Project Risk Assessment

CBAForm 1 - Net Tangible Benefits

Agency	AHCA	Project	Claims Data Analytics
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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 <i>(Recurring Costs Only -- No Project Costs)</i>	FY 2018-19			FY 2019-20			FY 2020-21			FY 2021-22			FY 2022-23		
	(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) Cost Change 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 Costs -- Agency-Managed Staff	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A.b Total Staff	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-1.a. State FTEs (Salaries & Benefits)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-1.b. State 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-2.a. OPS Staff (Salaries)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-2.b. OPS (#)	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	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3.b. Staff Augmentation (# of Contractors)	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
B. Application Maintenance Costs	\$0	\$300,000	\$300,000	\$0	\$300,000	\$300,000	\$0	\$300,000	\$300,000	\$0	\$300,000	\$300,000	\$0	\$300,000	\$300,000
B-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$0	\$300,000	\$300,000	\$0	\$300,000	\$300,000	\$0	\$300,000	\$300,000	\$0	\$300,000	\$300,000	\$0	\$300,000	\$300,000
B-4. Other <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Data Center Provider Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Infrastructure	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-3. Network / Hosting Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Plant & Facility Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Other Costs	\$0	\$625,000	\$625,000	\$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 <i>Other Contracted Services</i>	\$0	\$625,000	\$625,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total of Recurring Operational Costs	\$0	\$925,000	\$925,000	\$0	\$300,000	\$300,000	\$0	\$300,000	\$300,000	\$0	\$300,000	\$300,000	\$0	\$300,000	\$300,000
F. Additional Tangible Benefits:		\$0			\$0			\$0			\$0			\$0	
F-1. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
F-2. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
F-3. <i>Specify</i>		\$0			\$0			\$0			\$0			\$0	
Total Net Tangible Benefits:		(\$925,000)			(\$300,000)			(\$300,000)			(\$300,000)			(\$300,000)	

CHARACTERIZATION OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B		
Choose Type	Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	<input type="checkbox"/>	Confidence Level
Order of Magnitude	<input type="checkbox"/>	Confidence Level
Placeholder	<input type="checkbox"/>	Confidence Level

A	B		C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	
1	AHCA Claims Data Analytics		CBAForm 2A Baseline Project Budget																		
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.					FY2018-19			FY2019-20			FY2020-21			FY2021-22			FY2022-23			TOTAL	
2					\$ 925,000			\$ 300,000			\$ 300,000			\$ 300,000			\$ 300,000			\$ 2,125,000	
3					\$ -			\$ -			\$ -			\$ -			\$ -			\$ -	
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.	Staff Augmentation	Contracted Services	\$ -	0.00	\$ 625,000	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ 625,000
8	Project management personnel and related deliverables.	Project Management	Contracted Services	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -
9	Project oversight to include Independent Verification & Validation (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	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -
11	Separate requirements analysis and feasibility study procurements.	Project Planning/Analysis	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
12	Hardware purchases not included in data center services.	Hardware	OCO	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
13	Commercial software purchases and licensing costs.	Commercial Software	Contracted Services	\$ -		\$ 300,000	\$ -		\$ 300,000	\$ -		\$ 300,000	\$ -		\$ 300,000	\$ -		\$ 300,000	\$ -	\$ -	\$ 1,500,000
14	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
15	All first-time training costs associated with the project.	Training	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
16	Include the quote received from the data center provider for project equipment and services. Only include one-time project costs in this row. Recurring, project-related data center costs are included in CBA Form 1A.	Data Center Services - One Time Costs	Data Center Category	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
17	Other contracted services not included in other categories.	Other Services	Contracted Services	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
18	Include costs for non-state data center equipment required by the project and the proposed solution (insert additional rows as needed for 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				\$ -	0.00	\$ 925,000	\$ -	0.00	\$ 300,000	\$ -	0.00	\$ 300,000	\$ -	0.00	\$ 300,000	\$ -	0.00	\$ 300,000	\$ -	\$ 2,125,000

CBAForm 2 - Project Cost Analysis

Agency	<u>AHCA</u>	Project	<u>Claims Data Analytics</u>
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PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	
TOTAL PROJECT COSTS (*)	\$925,000	\$300,000	\$300,000	\$300,000	\$300,000	\$2,125,000
CUMULATIVE PROJECT COSTS <small>(includes Current & Previous Years' Project-Related Costs)</small>	\$925,000	\$1,225,000	\$1,525,000	\$1,825,000	\$2,125,000	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	
General Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Trust Fund	\$925,000	\$300,000	\$300,000	\$300,000	\$300,000	\$2,125,000
Federal Match <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Grants <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Other <input type="checkbox"/> Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$925,000	\$300,000	\$300,000	\$300,000	\$300,000	\$2,125,000
CUMULATIVE INVESTMENT	\$925,000	\$1,225,000	\$1,525,000	\$1,825,000	\$2,125,000	

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

CBAForm 3 - Project Investment Summary

Agency	<u>AHCA</u>	Project	<u>Claims Data Analytics</u>
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COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	TOTAL FOR ALL YEARS
Project Cost	\$925,000	\$300,000	\$300,000	\$300,000	\$300,000	\$2,125,000
Net Tangible Benefits	(\$925,000)	(\$300,000)	(\$300,000)	(\$300,000)	(\$300,000)	(\$2,125,000)
Return on Investment	(\$1,850,000)	(\$600,000)	(\$600,000)	(\$600,000)	(\$600,000)	(\$4,250,000)
Year to Year Change in Program Staffing	0	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)	(\$3,917,026)	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 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%

	B	C	D	E	F	G	H				
3	Project		<i>Claims Data Analytics</i>								
4											
5	Agency		<i>Agency for Health Care Administration</i>								
6	FY 2018-19 LBR Issue Code:			FY 2018-19 LBR Issue Title:							
7				<i>Claims Data Analytics</i>							
8	Risk Assessment Contact Info (Name, Phone #, and E-mail Address):										
9	<i>Nikole Helvey, Bureau Chief, Florida Center for Health Information and Transparency</i>										
10	Executive Sponsor		<i>Molly McKinstry, Deputy Secretary</i>								
11	Project Manager										
12	Prepared By		<i>Nikole Helvey</i>			<i>8/4/2017</i>					
14	Risk Assessment Summary										
15	<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">Business Strategy</div> <table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr> <td style="width: 50%; height: 50%; text-align: center; vertical-align: middle;"> </td> <td style="width: 50%;"></td> </tr> <tr> <td style="height: 50%;"></td> <td style="height: 50%;"></td> </tr> </table> </div>										
16											
17								Most Aligned			
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25											
26											
27											
28											
29	Least Aligned										
30	Level of Project Risk										
31	Least Risk	Most Risk									
32											
34	Project Risk Area Breakdown										
35	Risk Assessment Areas						<i>Risk Exposure</i>				
36	Strategic Assessment						MEDIUM				
37											
38	Technology Exposure Assessment						LOW				
39											
40	Organizational Change Management Assessment						LOW				
41											
42	Communication Assessment						LOW				
43											
44	Fiscal Assessment						MEDIUM				
45											
46	Project Organization Assessment						LOW				
47											
48	Project Management Assessment						LOW				
49											
50	Project Complexity Assessment						MEDIUM				
51											
52											
53	Overall Project Risk						MEDIUM				

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Claims Data Analytics	
3	Section 1 -- Strategic Area			
4	#	Criteria	Values	Answer
5	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
6			41% to 80% -- Some objectives aligned	
7			81% to 100% -- All or nearly all objectives aligned	
8	1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Informal agreement by stakeholders
9			Informal agreement by stakeholders	
10			Documented with sign-off by stakeholders	
11	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
12			Most regularly attend executive steering committee meetings	
13			Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
14	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
15			Vision is partially documented	
16			Vision is completely documented	
17	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
18			41% to 80% -- Some defined and documented	
19			81% to 100% -- All or nearly all defined and documented	
20	1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	No changes needed
21			Changes unknown	
22			Changes are identified in concept only	
23			Changes are identified and documented	
24			Legislation or proposed rule change is drafted	
25	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
26			Some	
27			All or nearly all	
28	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
29			Moderate external use or visibility	
30			Extensive external use or visibility	
31	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
32			Single agency-wide use or visibility	
33			Use or visibility at division and/or bureau level only	
34	1.10	Is this a multi-year project?	Greater than 5 years	Greater than 5 years
35			Between 3 and 5 years	
36			Between 1 and 3 years	
37			1 year or less	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Claims Data Analytics	
3	Section 2 -- Technology Area			
4	#	Criteria	Values	Answer
5	2.01	Does the agency have experience working with, operating, and supporting the proposed technical solution in a production environment?	Read about only or attended conference and/or vendor presentation	Installed and supported production system more than 3 years
6			Supported prototype or production system less than 6 months	
7			Supported production system 6 months to 12 months	
8			Supported production system 1 year to 3 years	
9			Installed and supported production system more than 3 years	
10	2.02	Does the agency's internal staff have sufficient knowledge of the proposed technical solution to implement and operate the new system?	External technical resources will be needed for implementation and operations	Internal resources have sufficient knowledge for implementation and operations
11			External technical resources will be needed through implementation only	
12			Internal resources have sufficient knowledge for implementation and operations	
13	2.03	Have all relevant technical alternatives/ solution options been researched, documented and considered?	No technology alternatives researched	All or nearly all alternatives documented and considered
14			Some alternatives documented and considered	
15			All or nearly all alternatives documented and considered	
16	2.04	Does the proposed technical solution 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
17			Some relevant standards have been incorporated into the proposed technology	
18			Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards	
19	2.05	Does the proposed technical solution require significant change to the agency's existing technology infrastructure?	Minor or no infrastructure change required	Minor or no infrastructure change required
20			Moderate infrastructure change required	
21			Extensive infrastructure change required	
22			Complete infrastructure replacement	
23	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
24			Capacity requirements are defined only at a conceptual level	
25			Capacity requirements are based on historical data and new system design specifications and performance requirements	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Claims Data Analytics	
3	Section 3 -- Organizational Change Management Area			
4	#	Criteria	Values	Answer
5	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
6			Moderate changes to organization structure, staff or business processes	
7			Minimal changes to organization structure, staff or business processes structure	
8	3.02	Will this project impact essential business processes?	Yes	No
9			No	
10	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	81% to 100% -- All or nearly all processes defined and documented
11			41% to 80% -- Some process changes defined and documented	
12			81% to 100% -- All or nearly all processes defined and documented	
13	3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	Yes
14			No	
15	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
16			1% to 10% FTE count change	
17			Less than 1% FTE count change	
18	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
19			1 to 10% contractor count change	
20			Less than 1% contractor count change	
21	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
22			Moderate changes	
23			Minor or no changes	
24	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
25			Moderate changes	
26			Minor or no changes	
27	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
28			Recently completed project with fewer change requirements	
29			Recently completed project with similar change requirements	
30			Recently completed project with greater change requirements	

	B	C	D	E
1	Agency: Agency Name		Project: Project Name	
3	Section 4 -- Communication Area			
4	#	Criteria	Value Options	Answer
5	4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
6			No	
7	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
8			Routine feedback in Plan	
9			Proactive use of feedback in Plan	
10	4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
11			No	
12	4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
13			No	
14	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
15			Some key messages have been developed	
16			All or nearly all messages are documented	
17	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	All or nearly all messages have success measures
18			Success measures have been developed for some messages	
19			All or nearly all messages have success measures	
20	4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
21			No	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Claims Data Analytics	
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
5	5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	Yes
6			No	
7	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
8			41% to 80% -- Some defined and documented	
9			81% to 100% -- All or nearly all defined and documented	
10	5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Between \$2 M and \$10 M
11			Greater than \$10 M	
12			Between \$2 M and \$10 M	
13			Between \$500K and \$1,999,999	
14			Less than \$500 K	
15	5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	Yes
16			No	
17	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%
18			Order of magnitude – estimate could vary between 10-100%	
19			Placeholder – actual cost may exceed estimate by more than 100%	
20	5.06	Are funds available within existing agency resources to complete this project?	Yes	No
21			No	
22	5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
23			Funding from local government agencies	
24			Funding from other state agencies	
25	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
26			Requested but not received	
27			Requested and received	
28			Not applicable	
29	5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	All or nearly all project benefits have been identified and validated
30			Some project benefits have been identified but not validated	
31			Most project benefits have been identified but not validated	
32			All or nearly all project benefits have been identified and validated	
33	5.10	What is the benefit payback period that is defined and documented?	Within 1 year	No payback
34			Within 3 years	
35			Within 5 years	
36			More than 5 years	
37			No payback	
38	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
39			Stakeholders have not been consulted re: procurement strategy	
40			Stakeholders have reviewed and approved the proposed procurement strategy	
41	5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Firm Fixed Price (FFP)
42			Firm Fixed Price (FFP)	
43			Combination FFP and T&E	
44	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	Purchase all hardware

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Claims Data Analytics	
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
45			Purchase all hardware and software at start of project to take advantage of one-time discounts	and software at start of project to take advantage of one-time discounts
46			Just-in-time purchasing of hardware and software is documented in the project schedule	
47	5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager is the project manager
48			Contract manager is the procurement manager	
49			Contract manager is the project manager	
50			Contract manager assigned is not the procurement manager or the project manager	
51	5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
52			No	
53	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
54			Some selection criteria and outcomes have been defined and documented	
55			All or nearly all selection criteria and expected outcomes have been defined and documented	
56	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
57			Multi-stage evaluation not planned/used for procurement	
58			Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
59	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
60			No, bid response did/will not require proof of concept or prototype	
61			Yes, bid response did/will include proof of concept or prototype	
62			Not applicable	
63				
64				
65				
66				

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Claims Data Analytics	
3	Section 6 -- Project Organization Area			
4	#	Criteria	Values	Answer
5	6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes	Yes
6			No	
7	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
8			Some have been defined and documented	
9			All or nearly all have been defined and documented	
10	6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	Agency
11			Agency	
12			System Integrator (contractor)	
13	6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	1
14			2	
15			1	
16	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
17			Some or most staff roles and responsibilities and needed skills have been identified	
18			Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
19	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
20			No, project manager is assigned 50% or less to project	
21			No, project manager assigned more than half-time, but less than full-time to project	
22			Yes, experienced project manager dedicated full-time, 100% to project	
23	6.07	Are qualified project management team members dedicated full-time to the project	None	No, business, functional or technical experts dedicated more than half-time but less than full-time to project
24			No, business, functional or technical experts dedicated 50% or less to project	
25			No, business, functional or technical experts dedicated more than half-time but less than full-time to project	
26			Yes, business, functional or technical experts dedicated full-time, 100% to project	
27	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	Completely staffed from in-house resources
28			Half of staff from in-house resources	
29			Mostly staffed from in-house resources	
30			Completely staffed from in-house resources	
31	6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Minimal or no impact
32			Moderate impact	
33			Extensive impact	
34	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
35			No	
36	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
37			No, only IT staff are on change review and control board	
38			No, all stakeholders are not represented on the board	
39			Yes, all stakeholders are represented by functional manager	

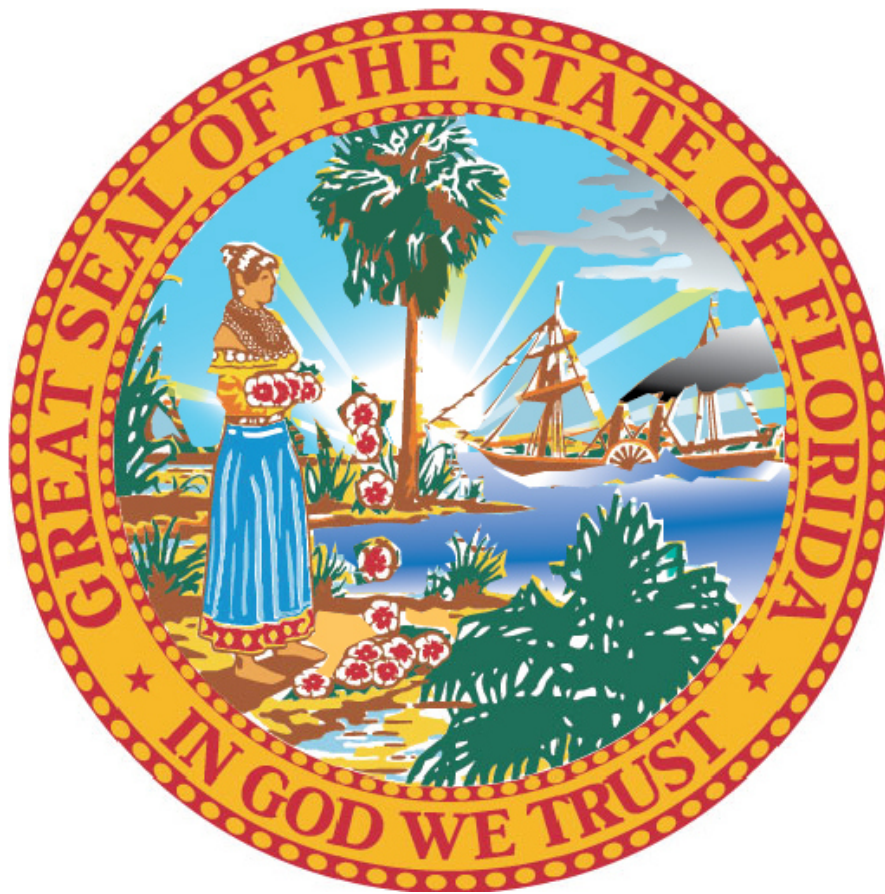
	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Claims Data Analytics	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
5	7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
6			Project Management team will use the methodology selected by the systems integrator	
7			Yes	
8	7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
9			1-3	
10			More than 3	
11	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
12			Some	
13			All or nearly all	
14	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
15			41 to 80% -- Some have been defined and documented	
16			81% to 100% -- All or nearly all have been defined and documented	
17	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
18			41 to 80% -- Some have been defined and documented	
19			81% to 100% -- All or nearly all have been defined and documented	
20	7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	81% to 100% -- All or nearly all requirements and specifications are traceable
21			41 to 80% -- Some are traceable	
22			81% to 100% -- All or nearly all requirements and specifications are traceable	
23	7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	All or nearly all deliverables and acceptance criteria have been defined and documented
24			Some deliverables and acceptance criteria have been defined and documented	
25			All or nearly all deliverables and acceptance criteria have been defined and documented	
26	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
27			Only project manager signs-off	
28			Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
29	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	81% to 100% -- All or nearly all have been defined to the work package level
30			41 to 80% -- Some have been defined to the work package level	
31			81% to 100% -- All or nearly all have been defined to the work package level	
32	7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	Yes
33			No	
34	7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints),	Yes	Yes

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Claims Data Analytics	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
35		critical milestones, and resources?	No	Yes
36	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
37			Project team uses formal processes	
38			Project team and executive steering committee use formal status reporting processes	
39	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
40			Some templates are available	
41			All planning and reporting templates are available	
42	7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
43			No	
44	7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	All known risks and mitigation strategies have been defined
45			Some have been defined and documented	
46			All known risks and mitigation strategies have been defined	
47	7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
48			No	
49	7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
50			No	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Claims Data Analytics	
2				
3	Section 8 -- Project Complexity Area			
4	#	Criteria	Values	Answer
5	8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	Less complex
6			More complex	
7			Similar complexity	
8			Less complex	
9	8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	Single location
10			3 sites or fewer	
11			More than 3 sites	
12	8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	Single location
13			3 sites or fewer	
14			More than 3 sites	
15	8.04	How many external contracting or consulting organizations will this project require?	No external organizations	1 to 3 external organizations
16			1 to 3 external organizations	
17			More than 3 external organizations	
18	8.05	What is the expected project team size?	Greater than 15	Less than 5
19			9 to 15	
20			5 to 8	
21			Less than 5	
22	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
23			2 to 4	
24			1	
25			None	
26	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
27			Agency-wide business process change	
28			Statewide or multiple agency business process change	
29	8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	Yes
30			No	
31	8.09	What type of project is this?	Infrastructure upgrade	Implementation requiring software development or purchasing commercial off the shelf (COTS) software
32			Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
33			Business Process Reengineering	
34			Combination of the above	
35	8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Greater size and complexity
36			Lesser size and complexity	
37			Similar size and complexity	
38			Greater size and complexity	
39	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
40			Lesser size and complexity	
41			Similar size and complexity	
42			Greater size and complexity	

SCHEDULE IV-B FOR MEDICAID ENTERPRISE SYSTEM PROCUREMENT PROJECT

For Fiscal Year 2018-19




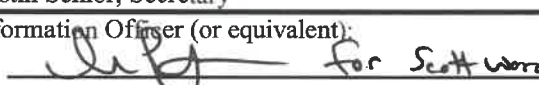
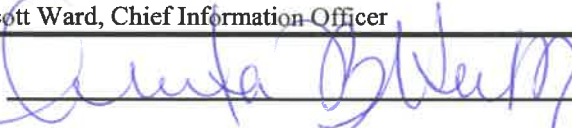
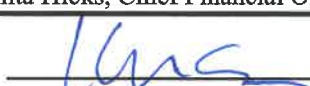

September 15, 2017

AGENCY FOR HEALTH CARE ADMINISTRATION

Contents

- I. Schedule IV-B Cover Sheet 2
 - General Guidelines..... 3
 - Documentation Requirements..... 3
- II. Schedule IV-B Business Case – Strategic Needs Assessment..... 4
 - A. Background and Strategic Needs Assessment 4
 - 1. Business Need 4
 - 2. Business Objectives..... 5
 - B. Baseline Analysis..... 10
 - 1. Current Business Process(es) 10
 - 2. Assumptions and Constraints 10
 - C. Proposed Business Process Requirements 11
 - 1. Proposed Business Process Requirements..... 11
 - 2. Business Solution Alternatives..... 13
 - 3. Rationale for Selection 13
 - 4. Recommended Business Solution 13
 - D. Functional and Technical Requirements..... 14
- III. Success Criteria 15
- IV. Schedule IV-B Benefits Realization and Cost Benefit Analysis..... 16
 - A. Benefits Realization Table 16
 - B. Cost Benefit Analysis (CBA)..... 17
- V. Schedule IV-B Major Project Risk Assessment..... 18
- VI. Schedule IV-B Technology Planning 19
 - A. Current Information Technology Environment 19
 - 1. Current System..... 19
 - 2. Information Technology Standards 19
 - B. Current Hardware and/or Software Inventory..... 19
 - C. Proposed Technical Solution 20
 - D. Proposed Solution Description 20
 - E. Capacity Planning..... 20
- VII. Schedule IV-B Project Management Planning 20
- VIII. Appendices 21

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: September 15, 2017
Project Name: Florida Medicaid Enterprise System (MES) Procurement Project	Is this project included in the Agency's LRPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FY 2018-19 LBR Issue Code: 36301C0	FY 2018-19 LBR Issue Title: Medicaid Enterprise System Procurements
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Angela Ramsey, 850-412-3440, Angela.Ramsey@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: 	Date: 9/15/17
Printed Name: Justin Senior, Secretary	
Agency Chief Information Officer (or equivalent):  for Scott Ward	Date: 9/15/2017
Printed Name: Scott Ward, Chief Information Officer	
Budget Officer: 	Date: 9/15/17
Printed Name: Anita Hicks, Chief Financial Officer	
Planning Officer: 	Date: 9/15/17
Printed Name: Kristin Sokoloski	
Project Sponsor: 	Date: 9/15/2017
Printed Name: Gay Munyon, Bureau Chief	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Suzanne Stacknik, 850-412-4064, Suzanne.Stacknik@ahca.myflorida.com
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Project Planning:	Suzanne Stacknik, 850-412-4064, Suzanne.Stacknik@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 that are similar to the service level agreements currently in use, or
- Replace desktop units ("refresh") with new technology that is similar to the technology currently in use.
- Contract only for the completion of a business case or feasibility study for the replacement or remediation of an existing IT system or the development of a new IT system.

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 Technical Solution
- 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 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

This project was initiated as the Medicaid Enterprise System (MES) Procurement Project in May 2016 to replace the Florida Medicaid Management Information System (FMMIS) re-procurement project. Under the FMMIS re-procurement project, the Agency proposed a takeover procurement of the FMMIS, replacement of the Decision Support System (DSS), and combined Fiscal Agent (FA) and Systems Integrator (SI) services. The Agency submitted the FMMIS/DSS/FA/SI Invitation to Negotiation (ITN) document to the Centers for Medicare and Medicaid Services (CMS) on October 7, 2015, for review and approval.

On November 30, 2015, CMS issued a Request for Additional Information (RAI) letter requiring the Agency to solicit a separate vendor for SI services as a requirement for Florida to obtain enhanced Federal Financial Participation (FFP). This letter is provided as Attachment A. This new direction from CMS was a departure from the approved Planning Advance Planning Document (PAPD), Implementation Advance Planning Document (IAPD), and previously held discussions with CMS. On February 9, 2016, CMS issued a formal disapproval letter to the Agency for the FMMIS/DSS/FA/SI ITN. This letter is provided as Attachment B.

In December 2015, CMS released the Medicaid Program Final Rule: Mechanized Claims Processing and Information Retrieval Systems (CMS 2392-F). This final rule modified regulations pertaining to 42 Code of Federal Regulations (CFR) 433 and 45 CFR 95.611, effective January 1, 2016. Among other changes, this final rule requires states to follow a modular approach to Medicaid Information Technology (IT) acquisition in order to increase the opportunity to select progressive technology from different vendors, and avoid vendor lock-in and the risks associated with a single, massive solution. The modular approach supports the use of open source and proprietary commercial off-the-shelf (COTS) software solutions over the use of custom solutions, thereby reducing the need for custom development. The conditions of modularity and interoperability must be met in order for states to qualify for enhanced federal funding.

In order to clarify the final rule (CMS 2392-F), CMS released three State Medicaid Directors Letters (SMDLs) sub-regulatory guidance. These are dated March 31, 2016, June 27, 2016, and August 16, 2016, and are provided as Attachments C, D and E. In light of the emerging guidance from CMS, the Agency released the initial Florida MES Procurement Strategy on May 2, 2016. The current version, dated November 17, 2016, is provided as Attachment F to this document. On November 22, 2016, the Agency submitted an updated Implementation Advance Planning Document (IAPDU) request for enhanced FFP for the Florida MES Procurement Strategy. The Agency's IAPDU was approved by CMS on December 21, 2016. This letter is provided as Attachment G.

As described in the MES Procurement Strategy, the Florida MES is defined as the business, data, services, technical processes, and systems necessary for the administration of the Florida Medicaid program. The FMMIS has historically been the central system within the Florida Medicaid Enterprise as the single, integrated system of claims processing and information retrieval. As the Medicaid program has grown more complex, the systems needed to support the Florida Medicaid Enterprise have grown in number and complexity. The current Florida MES includes the FMMIS as well as separate systems that function to support Florida Medicaid and the Agency. Such Agency systems include, but are not limited to, the enrollment broker system, third party liability, pharmacy benefits management, fraud and abuse case tracking, prior authorization, home health electronic visit verification, provider data management system, and Health Quality Assurance licensure systems. The Florida MES also includes interconnections and touch points with systems that reside outside the Agency such as systems hosted by the Department of Children and Families, Department of Health, including Vital Statistics, Department of Elder Affairs, Agency for Persons with Disabilities, Florida Healthy Kids, Department of Financial Services, Florida Department of Law Enforcement, and Department of Juvenile Justice.

The MES Procurement Strategy proposes a phased approach to replace the current functions of the FMMIS

based on the CMS conditions and standards to ultimately transition to an interoperable and unified Medicaid Enterprise where individual processes, modules, sub-systems and systems work together to support the Medicaid program. This approach is intended to provide the most efficient and cost-effective long-term solution for the MES while complying with federal regulations, achieving federal certification, and obtaining enhanced federal funding. The four phases of the Florida MES Procurement Strategy are described in the section below.

2. Business Objectives

The objectives of Phase I of the Florida MES procurement project include procurement of a Strategic Enterprise Advisory Services (SEAS) Vendor and an Independent Verification and Validation (IV&V) vendor. Additional objectives of Phase I include operating an interim PMO using existing Agency resources in the Bureau of Medicaid Fiscal Agent Operations in advance of the SEAS vendor, and extending the current fiscal agent contract beyond the current end date of June 30, 2018 to ensure the continued operation of the FMMIS/FA/DSS during the transition period of the MES.

The SEAS Vendor will provide the consulting expertise needed to develop the strategic plan for the Florida MES in accordance with the MITA Framework 3.0 and the CMS conditions and standards, develop and manage the MES Governance, manage a Project Management Office (PMO) for MES projects, develop data and technical standards, develop and maintain information and technical architecture documentation, and establish an enterprise data security plan. The SEAS vendor will provide strategic project portfolio management including assisting the Agency in developing Advanced Planning Documents (APDs) needed for requesting Federal enhanced funding for MES projects. The SEAS vendor will manage the Medicaid Enterprise Certification process for MES projects in order to support modular system implementation, and support the Agency with early feedback from CMS that may impede certification. In sum, the SEAS vendor will provide the technical advisory expertise to identify solutions that meet current and future business needs of the MES in an incremental and efficient way, and provide ongoing strategic, technical advisory, and programmatic services.

The IV&V vendor will provide an independent and unbiased assessment of deliverables produced by MES vendors, including the SEAS vendor. The IV&V Vendor will assess and report on each MES project's organization and planning, procurement, management, technical solution development and implementation, and produce IV&V progress reports and related checklists required for CMS certification. IV&V services are required by federal regulation 45 CFR § 95.626 in order to represent the interests of CMS, and are also required pursuant to the Florida Information Technology Project Management and Oversight Standards found in Florida Administrative Rule 74-1.001 through 74-1.009, Florida Administrative Code.

The Agency proposes to extend the current DXC Technology / Enterprise Services, LLC. (formerly HPE) fiscal agent contract beyond the current end date of June 30, 2018, for up to two years, and not pursue a FMMIS takeover procurement at this time. Florida must ensure a fully functional FMMIS, Fiscal Agent (FA), and DSS to support Medicaid operations during the interim planning and development periods for the future state of the MES. Extending the current fiscal agent contract will allow for continued operations without a takeover procurement.

In order to prepare the FMMIS for interfacing with a modular enterprise system, two FMMIS projects are planned. Preliminary modifications to the FMMIS must be analyzed, designed and implemented in order to prepare the FMMIS for decoupling the key business areas and to be able to receive core information from new modular components outside of the FMMIS. The project will include technical changes to decouple the key business areas using a modular service bus. A second project will address planning and coordination related to the Department of Children and Families (DCF) Replacement System, and the impacts and enhancements needed to support the FMMIS and DCF. The project will plan the coordination between DCF and the Agency regarding the business needs of the new interfaces, conduct business and technical analyses of the FMMIS to accept and process the new interfaces with DCF, and create a new DCF/FMMIS acceptance test region that will test the new interfaces and provide the capability to perform parallel tests against the older COBOL version of the DCF system.

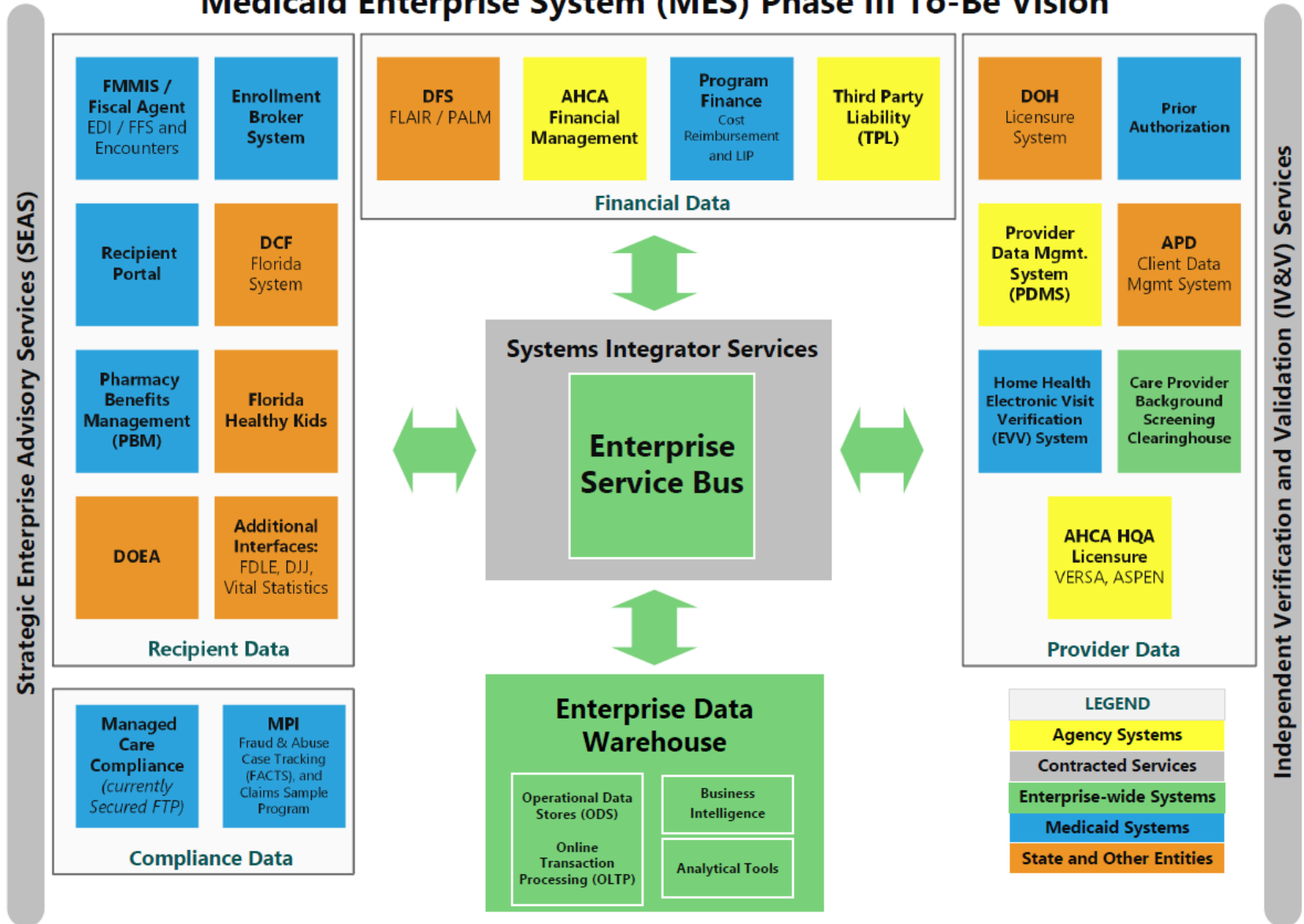
The objectives of Phase II of the Florida MES procurement project include procurement(s) of a Systems Integrator (SI), Enterprise Service Bus (ESB), and an Enterprise Data Warehouse (EDW). The SI will provide the

technical expertise to ensure the integrity and interoperability of the MES by performing technical systems integration in coordination with multiple vendors providing the technology solutions. The ESB platform will provide a standards-based integration platform to connect diverse applications and enable a common information exchange process between systems.

The EDW will provide data warehousing and data integration capabilities for data to be shared across systems, and will replace the current DSS. The Agency needs a comprehensive EDW solution that is designed to provide greater information sharing, broader and easier access, enhanced data integration, increased security and privacy, and strengthened query and analytic capability by building a unified data repository for reporting and analytics.

The objective of Phase III of the Florida MES procurement project is to integrate services and systems within the Medicaid Enterprise through the ESB and under the direction of the SI vendor. The systems that currently exist in the MES interface primarily through the exchange of data files, primarily through Secured File Transfer Protocol. These point-to-point interfaces become more complex and costly as the number of systems and applications increase and are prone to data redundancy, information delays, and data incompatibility issues. In order to facilitate effective data flow through the MES, the ESB will act as the communication broker and web services orchestrator to provide data sharing and routing intelligence for the MES. The high-level view of the MES Phase III to-be vision is provided below.

Medicaid Enterprise System (MES) Phase III To-Be Vision



The objective of Phase IV of the Florida MES procurement project is to procure modules to replace business processes within the FMMIS that are interoperable with other systems within the MES, using open source solutions, COTS products, or other modular approaches that reduce the need for custom development. It is anticipated that as Phase IV, Module Acquisitions, completes in approximately five (5) years, the functions that are currently performed in the fiscal agent contract, the FMMIS, or the DSS, will be replaced with a robust, modern group of modules that will provide a greater cost benefit and the flexibility of choice of vendors that will enhance the operations of the Medicaid Enterprise.

The Florida MES procurement project includes contingency funding for outside legal counsel. These contingency funds would be needed in the event of legal disputes related to MES competitive procurements such as the SI, ESB, and EDW procurement(s), and module procurements.

The strategic objectives of the Florida MES procurement project include the following:

- Promote the use of the current MITA Framework and increase in MITA maturity;
- Optimize budget including enhanced FFP;
- Consolidate functionality and data within the MES and leverage the reuse of technology;
- Leverage data across the MES, including across other state entities in Florida;
- Enable consistent, predictable, and repeatable data storage and use;
- Enhance agility in processes, organization and systems;
- Achieve federal certification for Medicaid enterprise systems;
- Protect data and information, ensure data integrity, and mitigate data security risk;
- Expand automated processes with a focus on communications and workflow;
- Support managed care; and
- Support innovations in program operations.

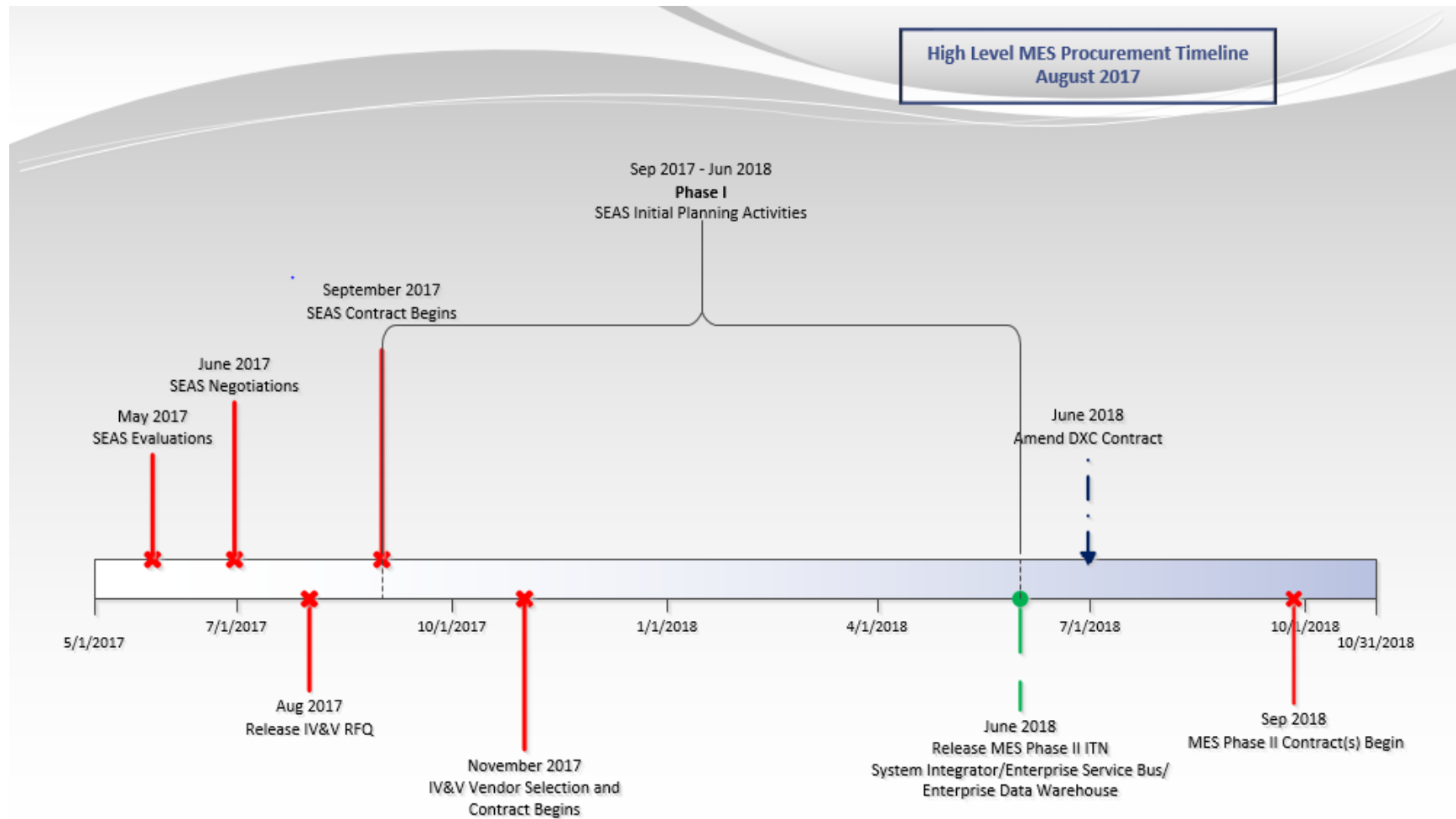
Several critical federal initiatives that impact Florida must be considered as decisions are made for the MES. Some of the more high-profile initiatives during the next several years include:

- Installation of Affordable Care Act (ACA)-mandated operating rules necessary for the electronic exchange of information, which are meant to realize administrative simplification of HIPAA standard transactions;
- New requirements for Medicaid as a result of ACA, including increased provider enrollment and screening capability.

The Agency, in coordination with the SEAS vendor and the Governance structure, will develop the end-to-end solution for business processes within the Medicaid Enterprise through the use of strategic planning, needs assessment, requirements analysis, and thorough research.

The Agency developed the following timeline for this long-term project in order to plan appropriately for each phase of the process.

SCHEDULE IV-B FOR MEDICAID ENTERPRISE SYSTEM PROCUREMENT PROJECT



B. Baseline Analysis

1. Current Business Process(es)

The Agency's current business processes pertaining to the MES are documented in the CMS required MITA State Self-Assessment (SS-A). Please refer to the MITA State Self-Assessment summary that is included as an Attachment L. The purpose of conducting the SS-A is to identify the As-Is operations and To-Be environment of business, information, and technical capabilities of the MES. Using standard methodologies and tools to document the way a state conducts business now, and intends to conduct business in the future, the SS-A facilitates alignment of the MES to MITA Business, Information, and Technical Architectures, as well as the enhanced funding requirements required by CMS. The SS-A provides a structure method for documenting and analyzing the current MES, aligns business areas to MITA business areas and processes, uses defined levels of business maturity to help shape the future vision of the MES, provides the foundation for a gap analysis that will support the state's transition planning, and facilitates the MITA Maturity Model Roadmap.

In August 2014 Florida Medicaid hired a research and planning consultant, CSG Government Solutions, Inc., to assist the Agency in documenting the MITA SS-A based on the MITA Framework version 3.0. Key tasks completed by the research and planning consultant include:

- Researched available technologies including national innovative models and collaborative options with other states;
- Researched DSS and data analytics products and services;
- Assessed current MMIS and DSS functionality and operations;
- Planned and conducted business requirements gathering sessions in order to update the Florida MITA SS-A;
- Developed a gap analysis of the current MMIS/DSS environment/MITA maturity level and the updated To-Be maturity level;
- Planned and conducted technical and operations requirements gathering sessions; and
- Researched other state procurement strategies.

In collaboration with stakeholders, Florida Medicaid staff led and participated in necessary business need identification sessions to understand the current and projected state and national environments and to select the options that best meet the Agency's business needs and support the Florida MITA SS-A. In coordination with consultants, the Agency completed Requirement Analysis and Development (RAD) sessions in order to describe the business needs for the MES.

After the SEAS vendor contract has been executed, the SEAS vendor will analyze the outputs of the key tasks bulleted above. The SEAS vendor will document an updated analysis of the MES using the components of the current MITA SS-A, developed by the research and planning consultant, which includes the MITA Business, Information and Technical Capability Matrices Assessment, the Conditions and Standards Assessment, and update the Agency's 2014 MITA SS-A and MITA Roadmap. The SEAS vendor will also conduct sessions with Agency staff in order to develop business process models, business process maps, obtain updated input for MITA To-Be capabilities that align with the federal directives contained in the rule and sub-regulatory guidance, and develop MITA-related performance measures for the MES for MITA maturity advancement. Upon completion, the resulting artifacts will serve as the baseline analysis for the MES procurement project. These artifacts will be used to identify improvement recommendations and solutions for the Medicaid Enterprise in alignment with strategic objectives. For functions and capabilities that do not currently exist in the Medicaid Enterprise, the capability will be designed, developed and implemented through a standard System Life Cycle Development methodology in coordination with the SEAS vendor. All potential solutions will be analyzed to determine the most effective and efficient implementation of the required functions.

2. Assumptions and Constraints

For the purposes of the project, assumptions are circumstances and events that need to occur for the project to be successful, but are outside the total control of the project team. The following assumptions are identified:

- Agency and Vendor staff and other project stakeholders will be available and actively participate in the project activities and will respond to requests in a timely manner.
- The MES governance structure will provide timely decision making and project guidance to facilitate an integrated approach to the prioritization of time, resources and budget across all of the Agency initiatives currently in progress and for any new initiatives over the life of the project.

For the purposes of the project, constraints are defined as the conditions or circumstances limiting the project relative to scope, quality, schedule, budget, and resources.

- Federal funding for Phase II of the MES Procurement project is contingent upon the completion, submission and approval of the required advanced planning documentation by CMS.
- The continued operations of the FMMIS/DSS and fiscal agent operations are contingent upon execution of a contract extension beyond the current expiration date of June 30, 2018.
- Agency technical resources are limited for review of technical deliverables produced by MES vendors.
- The Florida procurement process is a constraint relative to the project schedule.

This list of constraints will serve to inform the initial list of project risks and be documented and managed as part of the MES Procurement Project Management (PM) Plan over the life of the project. Any changes to the project constraints will be updated as part of the process of updating the PM Plan.

C. Proposed Business Process Requirements

1. Proposed Business Process Requirements

As described above, the Agency, along with the consultants procured to assist with the process, conducted Requirement Analysis and Development sessions in order to completely describe the business needs for the MES. The following preparation work was completed in order to describe the business needs of the MES, through the MITA SS-A.

Using a variety of tools and techniques, the Florida MITA team, comprised of AHCA and CSG staff as well as one hundred ninety-nine (199) Subject Matter Experts (SMEs), assessed how Florida currently conducts the business processes of the Medicaid program. Each Medicaid business area along with the associated information and technical capabilities were assessed to determine its maturity as measured by what is known as MITA maturity capabilities. Assembled into SS-A artifacts, the information about the Florida Medicaid program is required by CMS when Florida seeks enhanced FFP related to development of Medicaid information technology through an Advance Planning Document (APD). The development of the SS-A comprised of the required artifacts, enables the Agency as the State Medicaid Agency (SMA) to enhance Florida's Medicaid technical infrastructure and help shape the future vision of the Florida Medicaid Enterprise.

The SS-A is part of the Agency's strategic plan for the transformation of the Medicaid Enterprise. The centerpiece of the strategic plan is a modernization MITA Roadmap that identifies the activities and timelines for maturing the Medicaid Enterprise Systems. The CMS expects states to complete the MITA SS-A within 12 months of the release of the MITA Framework 3.0, and submit the SS-A as part of the Advance Planning Document (APD) process. The SEAS vendor will complete a revised MITA SS-A of the MES and update the Agency's 2014 MITA SS-A and MITA Roadmap in accordance with the current MITA Framework. In addition, the SEAS vendor will produce an update to the MITA SS-A on an annual basis. An annual update will identify how progress is being made to move the Florida Medicaid Enterprise forward along this Roadmap. Given the annual update approach to the SS-A, while striving towards five (5) year goals, areas of the SS-A will address annual

activities that need to be accomplished. Building on this first iteration as the baseline, and with years of refinement, the SS-A will meet the goal of guiding the Florida Medicaid Enterprise to meet its business needs.

The MITA initiative is built upon a framework that supports the Medicaid program. The MITA framework itself involves three architectures that relate to each other as the foundation for any Medicaid program. These architectures include:

- Business Architecture
- Information Architecture
- Technical Architecture

These three architectures define the business processes used by Florida, the information or data consumed and produced from those processes and the technical infrastructure to manage the data. Each of these architectures is discussed in detail in separate sections of this document.

The Business Architecture of MITA is comprised of ten (10) generalized business areas, such as Operations Management or Contractor Management. Each one of these business areas is further broken down into business processes. For example, the Business area of Operations Management contains processes such as Apply Mass Adjustment or Process a Claim. There are a total of eighty (80) business processes. The Information Architecture is driven by the Business Architecture's Business Process Model and the Technical Architecture has sub groupings to Technical Service Areas that support both the Business and Information Architectures.

In April of 2011, under the Social Security Act, CMS issued conditions and standards that must be met by states to be eligible for enhanced federal funding and must be taken into account in an SS-A. In December 2015, CMS expanded the conditions and standards in the Mechanized Claims Processing and Information Retrieval Systems Final Rule (CMS 2392-F). These conditions and standards include the following:

- Modularity Standard – The use of a modular, flexible approach to IT systems development.
- MITA Condition – The development of Medicaid IT solutions to align with increasingly advanced MITA maturity guidelines.
- Industry Standards Condition – Alignment with, and incorporation of, industry standards in Medicaid IT development.
- Leverage Condition – Promotion of the leverage and reuse of Medicaid technologies and systems.
- Business Results Condition – Enactment of performance standards to insure accurate, efficient and effective management of the Medicaid business processes.
- Reporting Condition – Production of data, reports and performance information to improve management of the Medicaid program.
- Interoperability Condition – Integration of new Medicaid IT systems with Health Information Exchange initiatives.
- Mitigation Plan – Submission of mitigation plans addressing strategies to reduce the consequences of failure for all major milestones and functionality.
- Key Personnel – Identification of key state personnel assigned to each major project by name, role, and time commitment and ensure that the state team is adequately resourced.
- Documentation – Maintenance of documentation for software developed using federal funds such that the software could be operated by contractors and other users.
- Minimization of Cost – Requires states to consider strategies to minimize the costs and difficulty of operating software on alternate hardware or operating systems.

Profiles for each business area are attached to this document in Attachment H for reference. The rankings on the profiles represent maturity levels of one (1) through five (5). Level 1 is generally low maturity with manual processes and little or no automation; level 5 is high maturity with complete, or near complete automation of the business process.

2. Business Solution Alternatives

CSG Government Solutions, Inc., was contracted to conduct research in the area of alternatives in Medicaid systems across the country. The description of the results of this research is in Attachment I - Report on Research Tasks, and Attachment J – Research Documenting Other State Procurement Strategies.

3. Rationale for Selection

CMS requires adherence to the CMS conditions and standards in order to obtain approval of solicitation documents, certification of systems, and enhanced FFP. The Agency's combined ITN for FMMIS/DSS/FA/SI was denied by CMS. As a result, the Agency reviewed research on business solution alternatives and developed the Florida MES Procurement Strategy. This strategy promotes MITA and the CMS required conditions and standards, efficiency, and cost-effectiveness while meeting the business needs of the Medicaid Enterprise. Additionally, the strategy proposes to extend the current fiscal agent contract in order to allow for continued operation of the FMMIS and fiscal agent activities without a takeover procurement. As noted above, the Agency's IAPDU for Phase I of the MES Procurement Strategy was approved by CMS on December 21, 2016 (Attachment G).

4. Recommended Business Solution

The recommended business solution for Phase I of the Florida MES Procurement Project is to procure a SEAS vendor in order to obtain the expertise needed to develop the framework for the MES in accordance with the CMS conditions and standards, including MITA 3.0, and facilitate the interoperability of business and technical services across the MES. The Agency procured the SEAS vendor, and the contract is slated to be executed in September 2017.

The recommended scope of work for the SEAS vendor includes strategic, programmatic, and technical advisory services. All deliverables and services produced and provided by the SEAS vendor require conformance to the current editions of the Project Management Institute's Standard for Portfolio Management, Standard for Program Management, Project Management Body of Knowledge, and the current MITA framework, and compliance with the Agency for State Technology (AST) requirements pursuant to s. 216.023(4)(a)10, Florida Statutes (F.S.) including the Florida Information Technology Project Management and Oversight Standards described in Florida Administrative Rule 74-1.001 through 74-1.009, Florida Administrative Code (F.A.C.), and the Florida Cybersecurity Standards described in Florida Administrative Rule 74-2.001 through 74-2.006, F.A.C.

Strategic activities include the development and management of an enterprise systems governance, development of an enterprise systems strategic plan, and strategic project portfolio management. Programmatic activities include development of a revised MITA SS-A, establishment and management of a project management office for MES projects, and Medicaid Enterprise certification management for the federally required certification review and approval required to receive enhanced FFP.

Technical activities include developing and documenting information and technical strategies and standards, design and implementation management standards, and an enterprise data security plan. The data management strategy will include the approach for enterprise data management, common data architecture, metadata repository and data sharing architecture. The information architecture documentation will establish the data and interoperability standards for the MES and document the information architecture. The data standards will document the data element names, definitions, data types, formatting rules, sensitive data identification, retention standards, and the applicable standards and attributes for each data element. The technical management strategy will include the approach for MES technical management, technical services governance, technical principles, goals and objectives, and transition plans. The technical architecture documentation will provide a conceptual view of the MES including business services, technical services, application architecture, and the technical capability matrix. The technology standards will document the Technical Reference Model and a Technology Standards Reference Guide.

The SEAS vendor will utilize the information and technical strategies and standards in the development of MES project proposals as a part of strategic project portfolio management, including the identification of opportunities to maximize modularity, reusability, web services, Service Oriented Architecture, cloud-based technologies, open application programming interfaces, and COTS technologies in accordance with the enterprise systems strategic plan. The enterprise governance process will be used to obtain approval of MES projects. The Agency’s enterprise systems governance structure will make coordinated IT decisions at the Agency enterprise level and align business decisions with strategic objectives. Below is the proposed organizational structure.



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 agency.

The discussion of MITA is inclusive of Information (data) and Technical (functional) Architectures, as well as the expectations for adhering to the conditions and standards set by federal regulation. Profiles for these requirements are included in the 2014 MITA SS-A, provided in Attachment H. The rankings on the profiles represent maturity levels of one (1) through five (5). Level 1 is generally low maturity with manual processes and little or no automation; level 5 is high maturity with complete, or near complete automation of the business process.

Functional and technical requirements were identified for the prior FMMIS re-procurement project. The functional and technical requirements identified for the DSS portion of the ITN will be leveraged and expanded upon for the Enterprise Data Warehouse (EDW) procurement. These include requirements for security, reporting and analytics, fraud and abuse reporting, quality reporting, federal and financial reporting, system and warehouse architecture, interfaces, data quality control, change management, operations testing, quality management, system and user documentation, and work flow management.

The functional and technical requirements identified for the FMMIS portion of the ITN will be leveraged and expanded upon as modules are procured to replace FMMIS functionality. These include requirements for system architecture, user interface, change management, quality management, system and user documentation, operations testing, security, workflow management, automated letter generator, document imaging and data entry system, call center management system, automated voice response system, report and

SCHEDULE IV-B FOR MEDICAID ENTERPRISE SYSTEM PROCUREMENT PROJECT

image repository, web portal, web-based survey tools, electronic data interchange, learning management, desktop publishing, member management, care management, plan management, operations management, financial management, performance management, pharmacy benefit management, provider enrollment and management, and encounter processing rules.

Complete functional and technical requirements, such as those for an Enterprise Service Bus (ESB), have not been developed at this point of the planning phase of the MES procurement project. As solution(s) are procured in consultation with the SEAS vendor, this section can be updated.

III. Success Criteria

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	Execute a contract with the selected SEAS vendor.	Assessed by the Agency's interim PMO	<ul style="list-style-type: none"> The Medicaid Enterprise 	08/17
2	Execute a contract with the selected IV&V vendor.	Assessed by the Agency's interim PMO	<ul style="list-style-type: none"> The Medicaid Enterprise CMS 	10/17
3	Document strategic initial deliverables required of the SEAS vendor including the enterprise governance plan, strategic planning training, enterprise systems strategic plan, and the strategic project portfolio management plan.	Assessed by the Agency's SEAS management team and designated Agency Subject Matter Experts	<ul style="list-style-type: none"> The Medicaid Enterprise 	02/18
4	Document programmatic initial deliverables required of the SEAS vendor including the revised MITA SS-A, MES project management standards and toolkit, and the Medicaid Enterprise certification management plan.	Assessed by the Agency's SEAS management team and designated Agency Subject Matter Experts	<ul style="list-style-type: none"> The Medicaid Enterprise CMS 	02/18
5	Document technical initial deliverables required of the SEAS vendor including the data and technical management strategies, information and technical architecture, data and technology standards, design and implementation management standards, and enterprise data security plan.	Assessed by the Agency's SEAS management team and designated Agency Subject Matter Experts	<ul style="list-style-type: none"> The Medicaid Enterprise 	06/18

SUCCESS CRITERIA TABLE				
6	Execute a contract amendment to extend the current fiscal agent contract beyond the current end date of June 30, 2018.	Assessed by the Bureau of Medicaid Fiscal Agency Operations and the MES PMO	<ul style="list-style-type: none"> The Medicaid Enterprise Medicaid Providers, Medicaid Recipients. 	06/18
7	Release of procurement(s) for a Systems Integrator, Enterprise Services Bus, and Enterprise Data Warehouse.	Assessed by the MES PMO	<ul style="list-style-type: none"> The Medicaid Enterprise 	06/18
8	Completion of CMS milestone reviews throughout the Medicaid Enterprise Certification Life Cycle using the current Medicaid Enterprise Certification Toolkit (MECT), achievement of CMS certification for Medicaid Enterprise Systems, and approval for enhanced FFP.	Measured and assessed by CMS through the CMS-prescribed certification process	<ul style="list-style-type: none"> The Medicaid Enterprise, Florida state government, CMS 	TBD

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

A. Benefits Realization Table

The SEAS vendor will conduct alternatives and cost-benefit analyses, conduct healthcare IT industry scans for emerging technologies, and identify opportunities for leveraging the use of COTS technologies, cloud platforms, Software as a Service, and open application programming interfaces. As solutions are identified, the Agency will request enhanced FFP through the APD process and CMS certification of Medicaid Enterprise systems. Procurement of system modules in Phase IV of the MES Procurement Strategy will replace functionality in the current FMMS, providing an opportunity for cost reduction in the fiscal agent contract. The SEAS vendor will also identify opportunities to leverage the reuse of Medicaid technologies and systems across the MES, in accordance with the CMS conditions and standards.

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	Obtain enhanced FFP for Medicaid enterprise systems to maximize federal funding.	State of Florida	Achievement of CMS certification for systems.	Measured by CMS through the CMS-prescribed certification process.	2018 through 2022

BENEFITS REALIZATION TABLE					
2	Develop integrated systems that communicate effectively to achieve Medicaid goals through interoperability and common standards.	Medicaid recipients Medicaid providers Medicaid Enterprise State of Florida	Implementation of an Enterprise Service Bus and completion of Phase III of the MES Procurement Strategy	Measured by MITA performance metrics indicating an increase in MITA maturity level, i.e. operational efficiencies.	2018 through 2022
3	Leverage and reuse Medicaid technologies and systems through procurement of COTS technologies and modules that require minimal custom development.	Medicaid Enterprise State of Florida	Successful implementation of MES projects in Phase IV of the MES Procurement Strategy	Measured by the cost reduction in the fiscal agent contract.	2018 through 2022

B. Cost Benefit Analysis (CBA)

A cost benefit analysis of the MES procurement project is identified at this point of the planning phase of the project as an order of magnitude amount. After the fiscal agent contract amendment is completed, the operational cost change and resulting program costs can be updated. In addition, after module solution(s) are procured such as the Enterprise Data Warehouse to replace the current Decision Support System, operational cost changes can be definitively calculated. Preliminary versions of the CBA forms have been completed and will be updated as the project progresses.

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	<p>Agency Program Cost Elements: Existing program operational costs versus the expected program operational costs resulting from this project. The agency needs to identify the expected changes in operational costs for the program(s) that will be impacted by the proposed project.</p> <p>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.</p> <p>The expected changes in operational costs are for MES infrastructure due to procurement of modular systems that replace functionality currently provided under the FMMIS. Other cost reductions may be identified as solutions are procured such as data storage, and plant and facility costs</p>

Cost Benefit Analysis	
Form	Description of Data Captured
CBA Form 2 - Project Cost Analysis	<p>Baseline Project Budget: Estimated project costs.</p> <p>Project Funding Sources: Identifies the planned sources of project funds, e.g., General Revenue, Trust Fund, Grants.</p> <p>Characterization of Project Cost Estimate.</p> <p>Baseline Project Budget: The estimated project costs for fiscal year 2018-2019 are \$25,231,488. This includes \$2,051,488 for IV&V services, \$6,500,000 for the SEAS vendor, \$1,500,000 for development and implementation of an FMMIS service bus, \$200,000 for FMMIS service bus hardware, \$230,000 for development and implementation for an FMMIS interface with the DCF replacement system, \$4,000,000 for Systems Integrator services, \$5,000,000 for the Enterprise Service Bus, \$5,000,000 for the Enterprise Data Warehouse, and \$750,000 contingency funds for any legal challenges that may arise during the procurement processes.</p> <p>Project Funding Sources: The planned sources of project funds are Federal Match and the Medical Care Trust Fund in the Executive Direction and Support Services budget entity in the Contracted Services category.</p>
CBA Form 3 - Project Investment Summary	<p>Investment Summary Calculations: Summarizes total project costs and net tangible benefits and automatically calculates:</p> <ul style="list-style-type: none"> • Return on Investment – FY 2018-19 is (\$32,727,796), total for all years is (\$179,843,032). • Payback Period – no payback period indicated. • Breakeven Fiscal Year – no breakeven fiscal year is indicated. • Net Present Value - (\$161,128,451). • Internal Rate of Return – no IRR is indicated.

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 agency’s Schedule IV-B. After answering the questions on the Risk Assessment Tool, the Risk Assessment Summary is automatically populated.

The attached Appendix B includes risks related to the SEAS vendor solicitation and the IV&V pending RFQ which have well developed requirements. The risks related to infrastructure development including the Systems Integrator, Enterprise Data Warehouse, and Enterprise Service Bus procurement(s) pertain to early project initiation; the technical solutions, and design and development are unknown at this time. The preliminary version of Appendix B form has been completed and will be updated as the project progresses.

The Agency’s Interim Risk Management Plan is provided as Attachment K. An interim PMO managed by existing Agency staff in the Bureau of Medicaid Fiscal Agent Operations conducts biweekly meetings to identify potential events in the MES procurement project activities that could become threats or opportunities. PMO responsibilities will be transitioned to the selected SEAS vendor after contract award, and a complete risk assessment summary of

the project will be conducted at that point.

VI. Schedule IV-B Technology Planning

This section cannot be completed at this point of the planning phase of the project. After the planning phase has been completed in coordination with the SEAS vendor and MES solution(s) are procured, this section can be updated.

A description of the preparation work done to develop business and functional requirements is contained in the MITA State Self-Assessment summary that is included as an Attachment L to this schedule.

A. Current Information Technology Environment

1. Current System

The current system is the FMMIS/DSS operated by the fiscal agent, DXC / Enterprise Systems, LLC.

a. Description of Current System

A description of the current system and the gaps present in the desired state is contained in the MITA State Self-Assessment summary that is included as an Attachment M to this schedule.

b. Current System Resource Requirements

The DXC / Enterprise Systems, LLC., organizational chart for May 2017 is Attachment N.

c. Current System Performance

The System Performance Report Card for February 2017 is Attachment O.

2. Information Technology Standards

Medicaid IT systems must adhere to the federal conditions and standards found in 42 CFR § 433.112(b) in order for states to receive approval for enhanced FFP. CMS has mandated the following conditions and standards:

- Modularity Standard
- MITA Condition
- Industry Standards Condition
- Leverage Condition
- Business Results Condition
- Reporting Condition
- Interoperability Condition
- Mitigation Plan
- Key Personnel
- Software Documentation
- Minimization of Cost

The CMS conditions and standards are described in detail in Attachment P.

B. Current Hardware and/or Software Inventory

The current hardware and software inventory of the Florida MES will be documented in coordination with the SEAS vendor. An update to this section will be submitted when the inventory has been documented.

C. Proposed Technical Solution

The proposed technical solution is to procure modules to replace business processes with the FMMIS that are interoperable with other systems within the MES, using open source solutions, commercial off-the-shelf (COTS) products, or other modular approaches that reduce the need for custom development. Proposed modules include the Enterprise Data Warehouse, Enterprise Service Bus, and may include Recipient Management, Provider Management, Financial Management, Encounter Processing, and Claims Processing.

The detailed proposed technical solution cannot be described at this point of the planning phase of the project. After the SEAS vendor completes its initial development work, this section can be updated with the recommended technical solution(s). The SEAS vendor will provide their recommended solution(s) for review and approval through the enterprise systems governance procedures.

D. Proposed Solution Description

The proposed solution is to procure the services of the SEAS vendor in order to further develop the strategic plan for the MES and identify solutions that meet the current and future business needs of the MES; procure the services of a Systems Integrator (SI) to provide the technical expertise to perform systems integration and ensure the integrity and interoperability of systems within the Medicaid Enterprise; integrate services and infrastructure with the Medicaid Enterprise without relying on a common platform or technology through the use of an Enterprise Service Bus; procure an Enterprise Data Warehouse (EDW) to provide data warehousing and data integration capabilities, and provide a unified data repository for reporting and analytics; and procure modules to replace business processes within the FMMIS that are interoperable with other systems within the MES.

The detailed proposed solution cannot be described at this point of the planning phase of the project. After the SEAS vendor completes its initial development work, this section can be updated with the recommended proposed solution(s). The SEAS vendor will provide their recommended solution(s) for review and approval through the enterprise systems governance procedures.

E. Capacity Planning

Capacity planning for the recommended solution(s) proposed by the SEAS vendor cannot be described in at this point of the planning phase of the project. After the SEAS vendor completes its initial development work, this section can be updated with capacity planning.

VII. Schedule IV-B Project Management Planning

The Agency's interim PMO developed project management standards for the planning phase of the MES Procurement Project. The documentation will be revised and expanded upon by the SEAS vendor in order to establish an enterprise PMO, standards, and toolkit for MES projects. The following documentation is attached:

- Project Charter – Attachment Q
- Project Management Plan – Attachment R
- Stakeholder Analysis – Attachment S
- Communications Management Plan – Attachment T
- Risk Management Plan – Attachment K
- Scope Change Management Plan – Attachment U
- Schedule Management Plan – Attachment V
- Cost Management Plan – Attachment W

- Procurement Management Plan – Attachment X

VIII. Appendices

Attachment A	CMS Request for Additional Information (RAI) Letter
Attachment B	CMS Disapproval Letter of the FMMIS/DSS/FA/SI ITN
Attachment C	State Medicaid Director Letter No. 1, March 31, 2016
Attachment D	State Medicaid Director Letter No. 2, June 27, 2016
Attachment E	State Medicaid Director Letter No. 3, August 16, 2016
Attachment F	Florida MES Procurement Strategy version 3, November 17, 2016
Attachment G	CMS IAPDU Approval Letter, December 21, 2016
Attachment H	2014 MITA SS-A
Attachment I	Report on Research Tasks
Attachment J	Research Documenting Other State Procurement Strategies
Attachment K	Risk Management Plan
Attachment L	MITA SS-A Report Update – 2014
Attachment M	Gap Analysis Report
Attachment N	DXC Organizational Chart
Attachment O	System Performance Report Card
Attachment P	CMS Conditions and Standards, 42 CFR § 433.112
Attachment Q	Project Charter
Attachment R	Project Management Plan
Attachment S	Stakeholder Analysis
Attachment T	Communications Management Plan
Attachment U	Scope Change Management Plan
Attachment V	Schedule Management Plan
Attachment W	Cost Management Plan
Attachment X	Procurement Management Plan

CBAForm 1 - Net Tangible Benefits

Agency	<u>AHCA</u>	Project	<u>MES Procurement</u>
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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 (Recurring Costs Only -- No Project Costs)	FY 2018-19			FY 2019-20			FY 2020-21			FY 2021-22			FY 2022-23		
	(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) Cost Change 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 Costs -- Agency-Managed Staff	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754
A.b Total Staff	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00
A-1.a. State FTEs (Salaries & Benefits)	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169
A-1.b. State FTEs (#)	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00
A-2.a. OPS Staff (Salaries)	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585
A-2.b. OPS (#)	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3.b. Staff Augmentation (# of Contractors)	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
B. Application Maintenance Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-4. Other Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Data Center Provider Costs	\$56,558,092	\$0	\$56,558,092	\$56,558,092	\$0	\$56,558,092	\$56,558,092	-\$2,617,130	\$53,940,962	\$53,940,962	-\$4,972,548	\$48,968,414	\$48,968,414	-\$4,475,294	\$44,493,120
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Infrastructure	\$52,342,616	\$0	\$52,342,616	\$52,342,616	\$0	\$52,342,616	\$52,342,616	-\$2,617,130	\$49,725,486	\$49,725,486	-\$4,972,548	\$44,752,938	\$44,752,938	-\$4,475,294	\$40,277,644
C-3. Network / Hosting Services	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other pass through printing and postage	\$2,100,000	\$0	\$2,100,000	\$2,100,000	\$0	\$2,100,000	\$2,100,000	\$0	\$2,100,000	\$2,100,000	\$0	\$2,100,000	\$2,100,000	\$0	\$2,100,000
D. Plant & Facility Costs	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046
E. Other Costs	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911
E-1. Training	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928
E-2. Travel	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990
E-3. Other Performance Bond	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993
Total of Recurring Operational Costs	\$63,894,803	\$0	\$63,894,803	\$63,894,803	\$0	\$63,894,803	\$63,894,803	-\$2,617,130	\$61,277,673	\$61,277,673	-\$4,972,548	\$56,305,125	\$56,305,125	-\$4,475,294	\$51,829,831
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:		\$0			\$0			\$2,617,130			\$4,972,548			\$4,475,294	

CHARACTERIZATION OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B			
Choose Type	Estimate Confidence	Enter % (+/-)	
Detailed/Rigorous	<input type="checkbox"/>	Confidence Level	
Order of Magnitude	<input checked="" type="checkbox"/>	Confidence Level	75%
Placeholder	<input type="checkbox"/>	Confidence Level	

Table with columns A-T. Row 1: AHCA MES Procurement. Row 2: Costs entered into each row are mutually exclusive. Row 3: \$ 7,496,308. Row 4: Item Description, Project Cost Element, Appropriation Category, Current & Previous Years Project-Related Cost, FY 2018-19, FY 2019-20, FY 2020-21, FY 2021-22, FY 2022-23, TOTAL. Rows 5-26: Detailed cost breakdown for FTE, OPS, Staff Augmentation, Project Management, Project Oversight: IV&V, Consultants/Contractors: SEAS Vendor, Project Planning/Analysis, Hardware: FMMIS Service Bus, Commercial Software, Project Deliverables: FMMIS MES-support projects, Project Deliverables: Systems Integrator, Project Deliverables: Enterprise Service Bus, Project Deliverables: Enterprise Data Warehouse, Project Deliverables: Module Acquisition, Project Deliverables: Integration, Training, Data Center Services - One Time Costs, Other Services: Legal, Equipment, Leased Space, Other Expenses. Total: \$ 7,496,308.

CBAForm 2 - Project Cost Analysis

Agency	<u> </u> AHCA	Project	<u> </u> MES Procurement
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PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	
TOTAL PROJECT COSTS (*)	\$25,231,488	\$38,301,488	\$38,788,616	\$41,288,616	\$40,801,488	\$191,908,004
CUMULATIVE PROJECT COSTS <small>(includes Current & Previous Years' Project-Related Costs)</small>	\$32,727,796	\$71,029,284	\$109,817,900	\$151,106,516	\$191,908,004	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	
General Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Trust Fund	\$3,653,149	\$5,130,149	\$5,853,862	\$6,778,862	\$7,030,149	\$28,446,171
Federal Match <input checked="" type="checkbox"/>	\$26,578,339	\$30,171,339	\$32,934,754	\$34,509,754	\$33,771,339	\$157,965,525
Grants <input type="checkbox"/>	\$0	\$0	\$0	\$0	\$0	\$0
Other <input type="checkbox"/> Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$30,231,488	\$35,301,488	\$38,788,616	\$41,288,616	\$40,801,488	\$186,411,696
CUMULATIVE INVESTMENT	\$30,231,488	\$65,532,976	\$104,321,592	\$145,610,208	\$186,411,696	

Characterization of Project Cost Estimate - CBAForm 2C			
Choose Type	Estimate Confidence	Enter % (+/-)	
Detailed/Rigorous	Confidence Level		
Order of Magnitude	Confidence Level	x	75%
Placeholder	Confidence Level		

CBAForm 3 - Project Investment Summary

Agency	<u>AHCA</u>	Project	<u>MES Procurement</u>
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COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	TOTAL FOR ALL YEARS
Project Cost	\$25,231,488	\$38,301,488	\$38,788,616	\$41,288,616	\$40,801,488	\$191,908,004
Net Tangible Benefits	\$0	\$0	\$2,617,130	\$4,972,548	\$4,475,294	\$12,064,972
Return on Investment	(\$32,727,796)	(\$38,301,488)	(\$36,171,486)	(\$36,316,068)	(\$36,326,194)	(\$179,843,032)
Year to Year Change in Program Staffing	0	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)	(\$161,128,451)	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 2018-19	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%

	B	C	D	E	F	G	H						
3	Project		<i>MES Procurement Project</i>										
4													
5	Agency		<i>Agency for Health Care Administration</i>										
6	FY 2018-19 LBR Issue Code:			FY 2018-19 LBR Issue Title:									
7	<i>Issue Code</i>			<i>Medicaid Enterprise System Procure.</i>									
8	Risk Assessment Contact Info (Name, Phone #, and E-mail Address):												
9	<i>Suzanne Stacknik, 412-4064, Suzanne.Stacknik@ahca.myflorida.com</i>												
10	Executive Sponsor		<i>Gay Munyon</i>										
11	Project Manager		<i>Angela Ramsey</i>										
12	Prepared By		<i>Suzanne Stacknik</i>			<i>7/12/2017</i>							
14	Risk Assessment Summary												
15													
16	Business Strategy	Level of Project Risk											
17													
18													
19													
20													
21													
22													
23													
24													
25													
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31													
32													
34	Project Risk Area Breakdown												
35	Risk Assessment Areas						Risk Exposure						
36	Strategic Assessment						HIGH						
37													
38	Technology Exposure Assessment						HIGH						
39													
40	Organizational Change Management Assessment						HIGH						
41													
42	Communication Assessment						MEDIUM						
43													
44	Fiscal Assessment						HIGH						
45													
46	Project Organization Assessment						MEDIUM						
47													
48	Project Management Assessment						MEDIUM						
49													
50	Project Complexity Assessment						HIGH						
51													
52													
53	Overall Project Risk						HIGH						

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: MES Procurement Project	
3	Section 1 -- Strategic Area			
4	#	Criteria	Values	Answer
5	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
6			41% to 80% -- Some objectives aligned	
7			81% to 100% -- All or nearly all objectives aligned	
8	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
9			Informal agreement by stakeholders	
10			Documented with sign-off by stakeholders	
11	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	Most regularly attend executive steering committee meetings
12			Most regularly attend executive steering committee meetings	
13			Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
14	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
15			Vision is partially documented	
16			Vision is completely documented	
17	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
18			41% to 80% -- Some defined and documented	
19			81% to 100% -- All or nearly all defined and documented	
20	1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	Changes are identified in concept only
21			Changes unknown	
22			Changes are identified in concept only	
23			Changes are identified and documented	
24			Legislation or proposed rule change is drafted	
25	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
26			Some	
27			All or nearly all	
28	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
29			Moderate external use or visibility	
30			Extensive external use or visibility	
31	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
32			Single agency-wide use or visibility	
33			Use or visibility at division and/or bureau level only	
34	1.10	Is this a multi-year project?	Greater than 5 years	Between 3 and 5 years
35			Between 3 and 5 years	
36			Between 1 and 3 years	
37			1 year or less	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: MES Procurement Project	
3	Section 2 -- Technology Area			
4	#	Criteria	Values	Answer
5	2.01	Does the agency have experience working with, operating, and supporting the proposed technical solution in a production environment?	Read about only or attended conference and/or vendor presentation	Read about only or attended conference and/or vendor presentation
6			Supported prototype or production system less than 6 months	
7			Supported production system 6 months to 12 months	
8			Supported production system 1 year to 3 years	
9			Installed and supported production system more than 3 years	
10	2.02	Does the agency's internal staff have sufficient knowledge of the proposed technical solution 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
11			External technical resources will be needed through implementation only	
12			Internal resources have sufficient knowledge for implementation and operations	
13	2.03	Have all relevant technical alternatives/ solution options been researched, documented and considered?	No technology alternatives researched	Some alternatives documented and considered
14			Some alternatives documented and considered	
15			All or nearly all alternatives documented and considered	
16	2.04	Does the proposed technical solution 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
17			Some relevant standards have been incorporated into the proposed technology	
18			Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards	
19	2.05	Does the proposed technical solution require significant change to the agency's existing technology infrastructure?	Minor or no infrastructure change required	Extensive infrastructure change required
20			Moderate infrastructure change required	
21			Extensive infrastructure change required	
22			Complete infrastructure replacement	
23	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
24			Capacity requirements are defined only at a conceptual level	
25			Capacity requirements are based on historical data and new system design specifications and performance requirements	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: MES Procurement Project	
3	Section 3 -- Organizational Change Management Area			
4	#	Criteria	Values	Answer
5	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
6			Moderate changes to organization structure, staff or business processes	
7			Minimal changes to organization structure, staff or business processes structure	
8	3.02	Will this project impact essential business processes?	Yes	Yes
9			No	
10	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	0% to 40% -- Few or no process changes defined and documented
11			41% to 80% -- Some process changes defined and documented	
12			81% to 100% -- All or nearly all processes defined and documented	
13	3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	No
14			No	
15	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
16			1% to 10% FTE count change	
17			Less than 1% FTE count change	
18	3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	1 to 10% contractor count change
19			1 to 10% contractor count change	
20			Less than 1% contractor count change	
21	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
22			Moderate changes	
23			Minor or no changes	
24	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	Moderate changes
25			Moderate changes	
26			Minor or no changes	
27	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
28			Recently completed project with fewer change requirements	
29			Recently completed project with similar change requirements	
30			Recently completed project with greater change requirements	

	B	C	D	E
1	Agency: Agency Name		Project: Project Name	
3	Section 4 -- Communication Area			
4	#	Criteria	Value Options	Answer
5	4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
6			No	
7	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
8			Routine feedback in Plan	
9			Proactive use of feedback in Plan	
10	4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
11			No	
12	4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
13			No	
14	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
15			Some key messages have been developed	
16			All or nearly all messages are documented	
17	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	Plan does not include desired messages outcomes and success measures
18			Success measures have been developed for some messages	
19			All or nearly all messages have success measures	
20	4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
21			No	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: MES Procurement Project	
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
5	5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	No
6			No	
7	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
8			41% to 80% -- Some defined and documented	
9			81% to 100% -- All or nearly all defined and documented	
10	5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Greater than \$10 M
11			Greater than \$10 M	
12			Between \$2 M and \$10 M	
13			Between \$500K and \$1,999,999	
14			Less than \$500 K	
15	5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	No
16			No	
17	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%
18			Order of magnitude – estimate could vary between 10-100%	
19			Placeholder – actual cost may exceed estimate by more than 100%	
20	5.06	Are funds available within existing agency resources to complete this project?	Yes	No
21			No	
22	5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
23			Funding from local government agencies	
24			Funding from other state agencies	
25	5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Requested and received
26			Requested but not received	
27			Requested and received	
28			Not applicable	
29	5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	Some project benefits have been identified but not validated
30			Some project benefits have been identified but not validated	
31			Most project benefits have been identified but not validated	
32			All or nearly all project benefits have been identified and validated	
33	5.10	What is the benefit payback period that is defined and documented?	Within 1 year	No payback
34			Within 3 years	
35			Within 5 years	
36			More than 5 years	
37			No payback	
38	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
39			Stakeholders have not been consulted re: procurement strategy	
40			Stakeholders have reviewed and approved the proposed procurement strategy	
41	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
42			Firm Fixed Price (FFP)	
43			Combination FFP and T&E	
44	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

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: MES Procurement Project	
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
45			Purchase all hardware and software at start of project to take advantage of one-time discounts	and software purchases has not yet been determined
46			Just-in-time purchasing of hardware and software is documented in the project schedule	
47	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
48			Contract manager is the procurement manager	
49			Contract manager is the project manager	
50			Contract manager assigned is not the procurement manager or the project manager	
51	5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
52			No	
53	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
54			Some selection criteria and outcomes have been defined and documented	
55			All or nearly all selection criteria and expected outcomes have been defined and documented	
56	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
57			Multi-stage evaluation not planned/used for procurement	
58			Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
59	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
60			No, bid response did/will not require proof of concept or prototype	
61			Yes, bid response did/will include proof of concept or prototype	
62			Not applicable	
63				
64				
65				
66				

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: MES Procurement Project	
3	Section 6 -- Project Organization Area			
4	#	Criteria	Values	Answer
5	6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes	Yes
6			No	
7	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
8			Some have been defined and documented	
9			All or nearly all have been defined and documented	
10	6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	System Integrator (contractor)
11			Agency	
12			System Integrator (contractor)	
13	6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	3 or more
14			2	
15			1	
16	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
17			Some or most staff roles and responsibilities and needed skills have been identified	
18			Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
19	6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	Yes, experienced project manager dedicated full-time, 100% to project
20			No, project manager is assigned 50% or less to project	
21			No, project manager assigned more than half-time, but less than full-time to project	
22			Yes, experienced project manager dedicated full-time, 100% to project	
23	6.07	Are qualified project management team members dedicated full-time to the project	None	Yes, business, functional or technical experts dedicated full-time, 100% to project
24			No, business, functional or technical experts dedicated 50% or less to project	
25			No, business, functional or technical experts dedicated more than half-time but less than full-time to project	
26			Yes, business, functional or technical experts dedicated full-time, 100% to project	
27	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
28			Half of staff from in-house resources	
29			Mostly staffed from in-house resources	
30			Completely staffed from in-house resources	
31	6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Minimal or no impact
32			Moderate impact	
33			Extensive impact	
34	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
35			No	
36	6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established	No, all stakeholders are not represented on the board
37			No, only IT staff are on change review and control board	
38			No, all stakeholders are not represented on the board	
39			Yes, all stakeholders are represented by functional manager	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: MES Procurement Project	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
5	7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
6			Project Management team will use the methodology selected by the systems integrator	
7			Yes	
8	7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
9			1-3	
10			More than 3	
11	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
12			Some	
13			All or nearly all	
14	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
15			41 to 80% -- Some have been defined and documented	
16			81% to 100% -- All or nearly all have been defined and documented	
17	7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	0% to 40% -- None or few have been defined and documented
18			41 to 80% -- Some have been defined and documented	
19			81% to 100% -- All or nearly all have been defined and documented	
20	7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	0% to 40% -- None or few are traceable
21			41 to 80% -- Some are traceable	
22			81% to 100% -- All or nearly all requirements and specifications are traceable	
23	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
24			Some deliverables and acceptance criteria have been defined and documented	
25			All or nearly all deliverables and acceptance criteria have been defined and documented	
26	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
27			Only project manager signs-off	
28			Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
29	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
30			41 to 80% -- Some have been defined to the work package level	
31			81% to 100% -- All or nearly all have been defined to the work package level	
32	7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	No
33			No	
34	7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints),	Yes	No

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: MES Procurement Project	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
35		critical milestones, and resources?	No	No
36	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
37			Project team uses formal processes	
38			Project team and executive steering committee use formal status reporting processes	
39	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
40			Some templates are available	
41			All planning and reporting templates are available	
42	7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
43			No	
44	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
45			Some have been defined and documented	
46			All known risks and mitigation strategies have been defined	
47	7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
48			No	
49	7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
50			No	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: MES Procurement Project	
2				
3	Section 8 -- Project Complexity Area			
4	#	Criteria	Values	Answer
5	8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	More complex
6			More complex	
7			Similar complexity	
8			Less complex	
9	8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
10			3 sites or fewer	
11			More than 3 sites	
12	8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	Single location
13			3 sites or fewer	
14			More than 3 sites	
15	8.04	How many external contracting or consulting organizations will this project require?	No external organizations	1 to 3 external organizations
16			1 to 3 external organizations	
17			More than 3 external organizations	
18	8.05	What is the expected project team size?	Greater than 15	Greater than 15
19			9 to 15	
20			5 to 8	
21			Less than 5	
22	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
23			2 to 4	
24			1	
25			None	
26	8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Statewide or multiple agency business process change
27			Agency-wide business process change	
28			Statewide or multiple agency business process change	
29	8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	Yes
30			No	
31	8.09	What type of project is this?	Infrastructure upgrade	Combination of the above
32			Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
33			Business Process Reengineering	
34			Combination of the above	
35	8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Greater size and complexity
36			Lesser size and complexity	
37			Similar size and complexity	
38			Greater size and complexity	
39	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
40			Lesser size and complexity	
41			Similar size and complexity	
42			Greater size and complexity	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2018-19 FY

Department: Agency for Health Care Administration

Chief Internal Auditor: Mary Beth Sheffield

Budget Entity: Inspector General/Internal Audit

Phone Number: (850) 412-3978

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AUDITS FOR FISCAL YEAR 2016-17					
AG 2017-004	7/31/16	Comprehensive Risk Assessments at Selected State Agencies	<p>Finding #3</p> <p>Data Classification, Categorization of IT Systems, and Risk Mitigation. The risk assessment process for AHCA, DCF, DEO, DOE, and DOT did not include the classification of data and categorization of IT systems.</p> <p>Recommendation To ensure effective, comprehensive risk assessments, we recommend that AHCA, DCF, DEO, DOE, and DOT management include the classification of data and categorization of IT systems in their risk assessment processes and that AHCA, DOE, and DOT management develop risk mitigation plans for all identified IT security control deficiencies.</p> <p>Finding #4 IT Security Controls. Selected IT security controls for AHCA, DCF, DEO, DOE, and DOT need improvement to better ensure the confidentiality, integrity, and availability of agency data and IT resources.</p> <p>Recommendation To better ensure the confidentiality, integrity, and availability of agency data and IT resources, we recommend that AHCA, DCF, DEO, DOE, and DOT management improve their agencies' IT security controls.</p>	<p>Management Response</p> <p>AHCA is continuing to plan for the data classification project. The contracted vendor has just completed (on 1/9/17) the legislatively assigned risk assessment so planning is underway. Enhanced confidential and exempt data training curriculum is underway for the Agency's "New Employee Orientation" and continuous "Keep Informed Training."</p> <p>The Agency anticipates completion of information security policies and procedures by June 30, 2017. The Agency's LBR was submitted to the Legislature for consideration.</p>	
AG 2017-093	7/2015 - 5/2016	AHCA Fraud and Abuse Case Tracking System	<p>Finding 1</p> <p>Information Security Program Plan. The Agency's Information Technology Security Plan needs improvement to provide for comprehensive and current Agency wide security controls to protect the Agency's IT resources.</p> <p>Recommendation We recommend that the Agency improve security controls that protect the Agency's IT resources by ensuring that the Agency's Information Technology Security Plan is kept current and includes an information security risk management process. Additionally, we recommend that the Information Technology Security Plan describe the controls in place or planned to meet the security requirements for the Agency wide information security program.</p> <p>Finding 2 Security Administration Procedures. The Agency had not developed written security administration procedures for authorizing and assigning user access accounts to FACTS.</p> <p>Recommendation We recommend that Agency management develop documented and approved security administration procedures for authorizing and assigning user access accounts to FACTS to ensure that access privileges granted are appropriately controlled according to management's expectations.</p> <p>Finding 3 Access Authorization Documentation. Complete and accurate FACTS access authorization documentation was not maintained thereby limiting management's assurance that FACTS user access privileges were authorized and appropriately assigned.</p> <p>Recommendation We recommend that Agency management use access authorization forms to document authorized user access privileges granted to FACTS and the network.</p> <p>Finding 4 Access Control Alignment. User access roles for FACTS were not adequately correlated to users' assigned job duties.</p>	<p>Management Response</p> <p>Fully Corrected. The Agency has a new Information Security Program Plan.</p> <p>Internal Operating Procedures (IOP) Completed. Access oversight is ongoing. Official Access Form under construction and full reconciliation to be completed by August 31, 2017. System enhancements, numerous audits, and preparation for annual report for executive branch competed with full implementation of this task.</p> <p>Fully Corrected. The Agency has implemented a new ticketing system that should address the documentation of user network access.</p> <p>IOP Completed. Access oversight is ongoing. Official Access Form under construction and full reconciliation to be completed by August 31, 2017. System enhancements, numerous audits, and preparation for annual report for executive branch competed with full implementation of this task.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation We recommend that the Agency develop FACTS user roles that reflect the required level of FACTS access privileges based on users' assigned job duties.</p> <p>Finding 5 Appropriateness of Access Privileges. The access privileges for some FACTS users did not promote an appropriate separation of duties and did not restrict users to only those functions necessary for their assigned job duties.</p> <p>Recommendation We recommend that Agency management limit user access privileges to FACTS to promote an appropriate separation of duties and to restrict users to only those user access privileges and functions necessary for the users' assigned job duties.</p> <p>Finding 6 Periodic Review of User Access Privileges. The Agency had not established procedures for the periodic review of FACTS user access privileges and did not perform such periodic reviews.</p> <p>Recommendation We recommend that Agency management establish and implement procedures for the periodic review of FACTS user access privileges to ensure that FACTS user access privileges are authorized and remain appropriate.</p> <p>Finding 7 Timely Deactivation of Access Privileges. The Agency did not timely deactivate the access privileges of FACTS user accounts for users who separated from Agency employment or transferred into positions that did not require access to FACTS.</p> <p>Recommendation We recommend that Agency management ensure that FACTS user account access privileges of former users are timely deactivated to prevent former users or others from misusing the access privileges.</p> <p>Finding 8 Configuration Management Controls. Agency configuration management controls for FACTS need improvement to ensure that controls are in place to provide reasonable assurance that all configuration changes moved into the production environment follow an established configuration management process and are properly authorized, tested, and approved.</p> <p>Recommendation We recommend that Agency management ensure that controls are in place to provide reasonable assurance that all configuration changes that are moved into the production environment follow an established configuration management process and are properly authorized, tested, and approved.</p> <p>Finding 9 Security Controls – User Authentication, Logging, and Access Controls. Certain security controls related to user authentication, logging, and access controls for FACTS and related IT resources need improvement to ensure the confidentiality, integrity, and availability of FACTS data and related IT resources.</p> <p>Recommendation We recommend that Agency management improve certain security controls related to user authentication, logging, and access controls to ensure the confidentiality, integrity, and availability of FACTS data and related IT resources.</p>	<p>IOP Completed. Access oversight is ongoing. Official Access Form under construction and full reconciliation to be completed by August 31, 2017. System enhancements, numerous audits, and preparation for annual report for executive branch competed with full implementation of this task.</p> <p>IOP Completed. Access oversight is ongoing. Official Access Form under construction and full reconciliation to be completed by August 31, 2017. System enhancements, numerous audits, and preparation for annual report for executive branch competed with full implementation of this task.</p> <p>Fully Corrected. The Agency has recently updated the authentication policy and included this requirement.</p> <p>IOP Completed. Access oversight is ongoing. Official Access Form under construction and full reconciliation to be completed by August 31, 2017. System enhancements, numerous audits, and preparation for annual report for executive branch competed with full implementation of this task.</p> <p>IOP Completed. Access oversight is ongoing. Official Access Form and full reconciliation to be completed by August 31, 2017. System enhancements, numerous audits, and preparation for annual report for executive branch competed with full implementation of this task.</p> <p>The Division of IT is evaluating how to address this recommendation. Estimated Completion date: 12/31/17</p> <p>The Agency has remediated some of the recommendations and work is in progress for the remainder. Date of completion is contingent on a security-related procurement.</p>	
AG 2017-180 AG 15-16 Federal Awards & Financial	FYE 6/30/16		<p>Finding# 2016-002 The FAHCA, Bureau of Financial Services (Bureau), did not record a prior-period adjustment for the correction of an error in previously issued financial statements. In addition, the Bureau did not record a receivable for the portion of the amount due to Medicaid managed care providers that was to be reimbursed by the U.S. Department of Health and Human Services (USDHHS).</p>		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation We recommend that the Bureau take steps to ensure that the correction of an error in previously issued financial statements be properly recorded for financial statement purposes.</p> <p>Finding# 2016-038 General information technology (IT) controls for the Florida Medicaid Management Information System (FMMIS) need improvement.</p> <p>Recommendation We recommend that the FAHCA ensure the State's fiscal agent takes timely and appropriate corrective action to resolve the deficiencies noted in the HPES SSAE 16 Type II report.</p> <p>Finding# 2016-039 Florida Accounting and Information Resource Subsystem (FLAIR) account codes submitted by the FAHCA to the Florida Department of Financial Services (FDFS), and used by the FDFS to develop the 2015-16 fiscal year Cash Management Improvement Act (CMIA) clearance patterns, were not always accurate or complete.</p> <p>Recommendation We recommend that FAHCA management ensure that accurate and complete CHIP FLAIR account codes are provided to the FDFS for purposes of developing average clearance patterns and accurately calculating the State's interest liability.</p> <p>Finding# 2016-040 The FAHCA did not modify the subaward agreement to notify the subrecipient of CHIP funds that, as of December 2014, the terms and conditions of the Federal award had been revised.</p> <p>Recommendation We recommend that FAHCA management establish procedures to identify changes in Federal requirements and take steps to ensure that subrecipients are timely notified of changes in Federal award terms and conditions.</p> <p>Finding# 2016-041 The FAHCA did not adequately ensure that the service organization's internal controls related to the invoicing, collection, and reporting of drug rebates were appropriately designed and operating effectively.</p> <p>Recommendation We recommend that the FAHCA ensure that service organization internal controls related to the invoicing, collection, and reporting of drug rebates are appropriately designed and operating effectively.</p>	<p>Fully Corrected. The FAHCA Bureau will work with the Division of Medicaid, the division responsible for the identification and correction of errors in the Florida Medicaid Management Information System (FMMIS), to identify all known corrections to provider payments that may result in a correction to previously issued financial statements. For purposes of the statewide financial statements, the materiality level will be set at \$1 million.</p> <p>Fully Corrected. CO #65277- 2014 SSAE16 Audit Support was implemented on November 6, 2014, and identifies and creates a log when authorized software developers switch to a Global ID.</p> <p>The FAHCA fiscal agent updated its documentation and procedures to include 1) Florida XIX UNIX Super ID Access and Command Review Procedures and 2) System Monitoring Procedures (Section 7.1.1. Keystroke Logs of Switch User (SU) Activity for UNIX Systems.</p> <p>Fully Corrected. The FAHCA has added a second level review to the CMIA clearance patterns reporting process to ensure complete and accurate accounting codes are submitted to FDFS.</p> <p>To ensure the CHIP Federal subaward is clearly identified to the subrecipient at the time of the subaward and any subsequent changes, the Agency developed a Federal Award Notification form addressing specified requirements identified in 2 CFR 200.331(a), Requirements for Pass-through Entities. On January 30, 2017, the Agency notified the subrecipient of the CHIP subaward approved for the period of 10/1/2015 through 9/30/2017 under the Children's Health Insurance Program Federal Award Identification Number (FAIN) 7560515, dated March 9, 2016 and FAIN 75X0515 dated October 4, 2016.</p> <p>Florida Healthy Kids Corporation, MED140, DRAFT Contract Amendment #11 includes a provision within the Revised Project Work Plan requiring the Agency to notify the subrecipient of the receipt of CHIP federal funds, any subsequent modifications to the funds and as part of the notification, include the elements identified in 2 CFR 200.331(a), Requirements for Pass-through Entities. The Florida Healthy Kids Corporation is reviewing the Revised Project Work Plan. The contract amendment is scheduled to be executed before September 30, 2017.</p> <p>On January 25, 2017, the Bureau of Financial Services added the CHIP contract manager to the CHIP Federal Grant Award notification distribution list.</p> <p>FAHCA is in ongoing discussion with the service organization (Molina) regarding amending the contract and anticipates that by the end of 2017, FAHCA will amend the contract to require the service organization (Molina) to obtain an SSAE-18 Audit Report. The SSAE-18 Report would ensure that the service organization internal controls are appropriately designed, operating effectively and properly invoicing, collecting and reporting drug rebates and that collections are maximized.</p> <p>Estimated Completion Date - December 31, 2017</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding# 2016-042 The FAHCA made payments to ineligible Medicaid Program providers.</p> <p>Recommendation We recommend that the FAHCA ensure that Medicaid payments are made only to providers with Medicaid Provider Agreements in effect.</p> <p>Finding# 2016-044 The FAHCA computer system used to store all Medicaid Program Integrity (MPI) complaints and cases, the Fraud and Abuse Case Tracking System (FACTS), did not appear to store all complaints received and cases established during the 2015-16 fiscal year.</p> <p>Recommendation We recommend that the FAHCA ensure that all complaints received and cases established are appropriately documented in FACTS through sequential complaint and case numbers and that the reasons for missing complaint and case numbers, if any, are appropriately documented.</p>	<p>The FAHCA created a system change request (indexed as # 2968) that will create a Medicaid provider enrollment renewal process for out-of-state providers. The FAHCA also created a system change request (indexed as # 2935 – ROPA Project). The Referring, Ordering, Prescribing, and Attending (ROPA) Provider project will address the needed changes to Florida Medicaid Management Information System, Decision Support System, and Pharmacy Benefit Manager.</p> <p>Estimated Completion Date - June 30, 2018</p> <p>Fully Corrected. The record audit enhancement was moved into the production server on February 13, 2017. The record audit enhancement is working as anticipated.</p>	
16-14	Calendar Year 2014 - 2016	Review of Medicaid Aid Category Rate Assignment	Finding #1		
			<p>The Systems Readiness (SRT) project team did not appear to include representation, input, or coordination from other units or bureaus like the Bureau of Medicaid Data Analytics (MDA) in writing the business requirements and testing the Medical Managed Assistance (MMA) Customer Service Request (CSR). Four out of the five members of the SRT were from one Medicaid bureau. There were no team members from MDA or other bureaus that could have provided input about the aid categories and related rate cell configuration.</p> <p>Recommendation Project management teams tasked with writing the business requirements for CSRs with large systems implications include representation, communication, or greater coordination from other bureaus impacted by the CSR.</p> <p>Finding #2 Limited documentation was available regarding actions related to making a systems change for one of the affected aid categories (MW A) found in a decision log dated September 2012. Although there was a recognition that one of the aid categories defaulted to Temporary Assistance for Needy Families (TANF) for rate payment purposes and should have been changed to Supplemental Security Income (SSI), there appears to be no documentation of discussions related to the matter in the decision log, whether other similarly affected aid categories were part of the discussion, or whether system changes in FMMIS were pursued by the SRT.</p>	<p>Completed. Although the larger Systems Readiness Team did include members from various bureaus within Medicaid, including Medicaid Data Analytics, it appears that the sub-team for the CSR creation did not. The Projects and Process Improvement Unit has updated its program policies and processes accordingly to make sure that every project-managed team has members from every appropriate Medicaid bureau.</p> <p>The Projects and Process Improvement Unit (PPIU) currently ensures that project managed teams have adequate representation from all impacted bureaus/units. The PPIU uses an Initial Sponsor Checklist when interviewing the project sponsor regarding the purpose and objective of each new project. Two questions on the checklist ask about potential systems changes to the Agency and to the plans. Another question asks about representation on the team based on bureaus/units impacted by the project.</p> <p>Completed. Medicaid Fiscal Agent Operations (MFAO) will request that for each Florida Medicaid Management Information Systems (FMMIS) project, a representative from each bureau within Medicaid will be included in the project meetings. In addition, a sign-off form from the impacted business will require the Bureau Chief's signature. The fiscal agent Project Management Office will record action items, issues, decisions and report them to MFAO during each project meeting.</p>	

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			<p>Recommendation Project management teams more fully document discussions related to decisions with a systems or financial impact and document communication of decisions to project management teams tasked with writing business requirements for CSRs.</p> <p>Finding #3 The tight timeline for Statewide Medicaid Managed Care (SMMC) implementation and the number of system changes in FMMIS, including the creation of over 27,000 new rate cells, increased the risk of errors. Reports produced after the SMMC-MMA rollout focused on reviewing and verifying capitation cycle results and processing of enrollment and disenrollment files by MMA implementation phases and, therefore, the small percentage change in the affected categories was not readily apparent to Medicaid management.</p> <p>Recommendation MFAO continue to work with various Medicaid bureaus to develop reports for monitoring the SMMC capitation payment process, including working with MDA to create a report to analyze data to verify if the rates assigned are paid in accordance with appropriate aid categories.</p> <p>Finding #4 CSR 2530's test results appear to have matched the documented specifications. However, insufficient detail provided by the specifications led to incorrect interpretations and assumptions for testing. The assumption that assistance categories assigned to Title XIX or SSI Benefit Plans would be aligned with TANF or SSI rate cells respectively, does not appear to have been questioned and thus test documentation related to rate cells consisted of test cases to verify functionality and did not include testing to verify rate cell alignment.</p> <p>Recommendation MFAO work with the Fiscal Agent and Medicaid staff to clarify terminology and provide more detail for CSR specifications to avoid incorrect interpretations and assumptions of business requirements (as reportedly occurred in the assumptions regarding Benefit Plans).</p> <p>Finding #5 Documentation was not available to indicate that MPF analyzed the drop in PMPM for the EL & DIS budget category from pre-MMA implementation to Full-MMA implementation.</p>	<p>Completed. A project schedule template was created for systems changes and includes a task for the project team to work together to develop CSR business requirements.</p> <p>Decisions made within project-managed teams are documented in meeting summaries and posted on the team's SharePoint site. Decisions requiring review and approval from Medicaid leadership are brought forth as formal Decision Points to Medicaid Steering and advanced to Executive Leadership as appropriate. Decision Points are logged on SharePoint with the final date of a decision, the deciding body, and the decision made. Project Managers individually meet with the PPIU Supervisor and Agency for Health Care Administrator on a weekly basis to review their assigned project schedules and receive feedback and instruction to communicate with their project teams as appropriate regarding decisions made at Medicaid Steering and/or the Executive Leadership level.</p> <p>Project Managers and Project Administrators have been reminded to upload all relevant project team documentation to the project's SharePoint site.</p> <p>Completed. MFAO will continue to document projects with the fiscal agent project management office for each FMMIS project. The fiscal agent Project Management Office will record and report decisions to MFAO during each project meeting. MFAO will identify stakeholders and encourage cross-functional team participation from Agency staff for the FMMIS projects.</p> <p>MFAO worked with Agency stakeholders to define financial monitoring reports for managed care and other financial projects. The following reports were completed:</p> <ul style="list-style-type: none"> • Enhanced MGD-010-M Capitation payments by provider - Implemented 06/24/2016 • Converted MGD-CAPQ-M to an Excel document - Implemented 11/25/2016 • Created Financial Cap Variance Report - Implemented 08/19/2016 • Created MGC Capitation Sample QA Report - Implemented 09/25/2016 • Converted the X12 820 Payment Order/Remittance Advice transactions into a flat data file - Implemented 01/12/2017 <p>Currently, the final identified report is in development by the fiscal agent technical team with an estimated completion date of June 30, 2017.</p> <p>Completed. MFAO, working with the Fiscal Agent, will generate a business requirements document and create expected results with stakeholders that will be reviewed and approved by the CSR initiator. MFAO will also create walkthrough requirements for User Acceptance testing with the Fiscal Agent and the stakeholders.</p>	

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			<p>Recommendation MPF's budgeting and forecasting process include periodic reviews of any significant changes to the PMPM expenditure amount for various budget categories.</p>	<p>Completed. Moving forward, the Agency, along with the Social Services Estimating Conference (SSEC) Principals, has revised the methodology used to develop estimates for the conference. Previously the estimates were based on eligibility category; they are now based on rate cells. This change should allow the Agency to quickly identify this type of discrepancy and make corrections.</p> <p>Reviewing the TANF and SSI rate cells was previously outside the scope of the estimates prepared by Medicaid Program Finance for the SSEC. In addition, the per member per month (PMPM) rate would have been expected to decrease due to the dual eligible population being captured in this category; this would have brought down the PMPM rate as the dual eligible population has a much lower PMPM rate.</p>	
AUDITS FOR FISCAL YEAR 2015-16					
AG 2016-159	FYE 6/30/15	State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards	<p>2015-019</p>	<p>Management Response</p>	
			<p>General information technology (IT) controls for the Florida Medicaid Management Information System (FMMIS) need improvement. Additionally, the FAHCA did not fairly state the status of a similar finding on the Summary Schedule of Prior Audit Findings (SSPAF).</p> <p>Recommendation We recommend that the FAHCA ensure the State's fiscal agent takes timely and appropriate corrective action to resolve the deficiencies noted in the HPES SSAE 16 Type II report.</p> <p>2015-033 The FAHCA continued to record medical assistance related payments to incorrect appropriation categories in the State's accounting records.</p> <p>Recommendation We again recommend that the FAHCA strengthen procedures for the accurate recording of medical assistance related payments in the State's accounting records.</p> <p>2015-035 The FAHCA did not always calculate Federal funds draws or related expenditures correctly. Additionally, the FAHCA did not always limit Federal funds draws to amounts needed for immediate cash needs.</p> <p>Recommendation We recommend that the FAHCA ensure draw amounts are only for immediate cash needs and that the amounts of the draws and the corresponding payments are correct.</p>	<p>The 1/8/16 status was incorrect due to a mis-understanding of the audit period "as-of-date". When MFAO received the audit findings to review, the issue had already been fixed. The MFAO response was as of the day MFAO responded to the audit; the auditors wanted the status as of the last day of the audit. This has now been fully corrected and reviewed with the auditors.</p> <p>The FAHCA will continue to make every effort to ensure that medical assistance related payments are accurately recorded in the State's accounting records. The FAHCA implemented an Electronic Fund Transfer (EFT) process for the payment of the medical assistance related payments allowing payments to be posted against the correct category at the time of vouchering. However, posting to the correct category is contingent upon the availability of sufficient release, budget, and cash. In the event release and budget are not sufficient to record medical assistance related payments to the correct appropriation category, a budget amendment will be submitted to realign budget authority in accordance with actual expenditures. Budget amendments to correct postings for the payment of the medical assistance related payments normally must be presented to the Legislative Budget Commission for consideration.</p> <p>The FAHCA will continue to refine its process relating to federal funds draws and related expenditures through training, quality and management reviews, and collaboration with contract managers and other subject matter experts. Currently, the FAHCA maintains payment logs to ensure payments are processed timely, at the correct rate, and in the correct amount. These payment logs are reconciled with FLAIR data by the Disbursement accounting staff. In addition, contract managers' meetings are held quarterly to review contract activities and ensure payments have been properly recorded in accounting records.</p>	

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			<p>The FAHCA amended its process for federal funds draws to require the Disbursement accounting staff to submit a request to initiate the draw of federal funds for contract payments. This allows federal funds draws to be directly linked to specific payments. The FAHCA has enhanced its process by providing another round of training to staff on the proper implementation of the process, developing a checklist for a self-review by the accounting staff to check for accuracy, adding a Disbursement unit management review for quality assurance purposes, and locking certain cells of the Draw/Payment template to prevent unwanted or inadvertent changes.</p> <p>In regards to federal funds draws not being limited to amounts needed for immediate cash needs, the FAHCA will continue to review this process. However, when the FAHCA is required to request federal funds using estimated expenditures (during holidays and office closures), overdrafts will always be a possibility. This cannot be avoided entirely. The consequence of not having sufficient federal funds available to meet immediate cash needs for operations could result in hardship or adversity for Medicaid providers if funds are not available to make medical assistance related payments timely.</p> <p>2015-036 Medical service claim payments made to providers of Medicaid services were sometimes made for services claimed to have been rendered subsequent to the recipient's date of death.</p> <p>Recommendation We recommend that the FAHCA ensure that appropriate electronic and manual controls are in place and operating effectively to ensure that only appropriate Medicaid claims are processed.</p>	<p>In March 2016, the Agency executed an amendment with our new TPL vendor which includes a project for the identification and recoupment related to "Date of Death".</p> <p><u>AHCA Contract No. MED175, Amendment No. 2</u> "Date of Death: Recipient Death: The Vendor shall identify and recover Medicaid payments made for a recipient after his/her death. Payments made for dates of service after the Recipient's Date of Death are identified for recovery. Where the payment includes services prior to the Date of Death, a pro-rated amount is identified and recovered.</p> <p>Provider Death: The Vendor shall identify and recover Medicaid payments made for claims with a service date after the Date of Death of the Treating Provider. Additionally, claims with a service date after the Date of Death of the Prescribing Provider will also be identified and recovered. Where the payment includes services prior to the Providers Date of Death, a pro-rated amount is identified and recovered."</p> <p>The TPL unit held multiple meetings with Medicaid Program Integrity and our vendor to improve post payment recoupment activities and timelines. We have instructed our TPL vendor to remove any "grace period(s)" unless specifically indicated in policy, rule, and/or statute.</p> <p>Per the Bureau of Medicaid Policy, the Agency for Persons with Disabilities (APD) conducted a training (April 2016) for their regional iBudget Waiver staff & providers which included instructions on Date of Death and Billing. "Date of Death" is now included in APD's New Providers Training/Orientation conducted twice a year and required for all new providers wanting to provide services</p>	
			<p>2015-037 The FAHCA did not adequately ensure that the service organization's internal controls related to the invoicing, collection, and reporting of drug rebates were appropriately designed and operating effectively.</p> <p>Recommendation We recommend that the FAHCA ensure that service organization internal controls related to the invoicing, collection, and reporting of drug rebates are appropriately designed and operating effectively.</p>	<p>Monitoring of the vendor is conducted monthly and quarterly by comparing the monthly invoice collections sent to FAHCA Financial Services Unit from the manufacturers to the monthly invoice collections entered into the PRIMS system by our vendor. Additionally, the monthly invoicing collections are verified to the quarterly report received by the vendor. Along with the implementation of the aforementioned reviews, a special project is also being conducted to verify the drug rebate information received from the MCO Plans to the drug rebate information FAHCA received quarterly from the vendor. However, this special project is not fully completed.</p>	
			<p>2015-038 The FAHCA made payments to ineligible Medicaid Program providers.</p>		

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			<p>Recommendation We recommend that the FAHCA ensure that Medicaid Program payments are made only to providers with Medicaid Provider Agreements in effect.</p> <p>2015-040 The FAHCA's established procedures did not provide for the timely monitoring of the vendor contracted to perform hospital cost report audits.</p> <p>Recommendation We recommend that the FAHCA ensure that the performance of the hospital cost report audits be timely monitored.</p> <p>2015-041 The FAHCA computer system used to store all Medicaid Program Integrity (MPI) complaints and cases, the Fraud and Abuse Case Tracking System (FACTS), did not appear to store all complaints and cases received and established during the 2014-15 fiscal year.</p> <p>Recommendation We recommend that the FAHCA ensure that all complaints and cases received and established are appropriately documented in FACTS through sequential complaint and case numbers and that the reasons for missing complaint and case numbers, if any, are appropriately documented.</p>	<p>The FAHCA has created a system change request (indexed as # 2968) that will create a Medicaid provider enrollment renewal process for out-of-state providers. The fiscal agent vendor has completed the design work and FL MMIS coding modifications for this new process has begun.</p> <p>Fully Corrected. FAHCA procedures for timely monitoring of the vendor contracted is performed no less than bi-monthly. A bi-monthly report is reviewed, which outlines the audit work on each hospital cost report. In addition, FAHCA conducts bi-weekly monitoring calls with the vendor and the vendor's website allows a real-time review of the audit work.</p> <p>Enhancements to the Fraud and Abuse Case Tracking System (FACTS) have been initiated through an amended contract with the FACTS vendor to track future initiated or deleted complaints and cases, including those opened in error or opened for system training or testing processes.</p>	
13-14	10/2013 to 3/2014	Medicaid Recipient File Management Bureau of Fiscal Agent Operations	<p style="text-align: center;">Finding 1</p>		
			<p>OnBase Error Correction Process Efficiency. RFU's OnBase Error Correction Process needs improvement. The process does not prioritize correcting older errors in a systematic way. For errors noted in the October 2013 error reports, thirty-two percent of error code 1007, twenty-four percent of error code 1202, and ten percent of error code 2002 remained uncorrected at the end of six months.</p> <p>Recommendation 1. Coordinate with DCF staff to systematically prioritize the correction of older recipient errors first (when applicable) to prevent continued reappearance in the error reports by developing an aging analysis report.</p> <p>2. Finalize desk procedures to standardize the OnBase report error correction process including addressing the correction of older errors first.</p> <p>Finding 2 FMMIS does not end the Medicaid recipient benefit plans even when the FLORIDA system ends eligibility for recipient files due to missing SSNs. The fatal error caused by having a missing SSN prevents an update in FMMIS that includes ending a benefit plan.</p>	<p>1. Completed August 4, 2016. The joint Error Correction Process project task force between DCF and AHCA/MFAO continues. Locating missing SSNs and entering SSNs into the eligibility source system remains the responsibility of DCF. MFAO has provided technical assistance and training to DCF staff helping them to read and understand the error reports generated by the FMMIS to identify the recipients who are missing SSNs.</p> <p>DCF is making a system enhancement with an implementation date of September 2016, to increase the numbers of SSNs obtained by DCF eligibility processors. The DCF system change will alert and require eligibility processors to review the missing information (SSN) and perform a follow-up to obtain the SSN.</p> <p>DCF will ensure that the eligibility processors receive training on the system enhancement once it is ready for installation.</p> <p>2. Completed on March 2, 2016. MFAO reviewed and revised the desk level procedure guide.</p> <p>OnBase reports are worked daily but not all errors can be resolved by AHCA, so the error may reappear until the data is changed in the FLORIDA system. AHCA collaborated with DCF management to understand and focus on the OnBase error reporting process during this review period. With the increased focus, the issue of aging errors will be reduced because of DCF's focused efforts to improve data and reduce the number of eligibility errors appearing and remaining on OnBase reports.</p>	

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			<p>Recommendation Implement CSR 2888 to allow FMMIS to accept DCF's closure of recipient eligibility spans for recipient files with missing SSNs.</p>	<p>Completed on November 12, 2015.</p> <p>CSR 2888 and the associated change order 79784 was completed on November 12, 2015. FMMIS accepts a closure without an SSN on the file from DCF. Medicaid is ended appropriately in FMMIS.</p>	
15-08	Calendar Years 2014 and 2015	Background Screening Clearinghouse Program	Finding 1		
			<p>The BGS unit has not established a quality assurance (QA) process to review analysts' eligibility determinations.</p> <p>Recommendation We recommend BGS implement a QA process and develop a sampling program that includes reviewing high risk determinations, such as criminal offenses committed in other states, or the criminal history of an applicant with a large number of offenses.</p> <p>Finding 2 The BGS unit does not effectively monitor analysts' turnaround time to review background screening results.</p> <p>Recommendation We recommend management continue to work with IT to develop appropriate reports to monitor the number of days to make eligibility determinations.</p> <p>Finding 3 Staff in some other state agencies experienced delays in accessing the BGS Clearinghouse.</p> <p>Recommendation We recommend that the BGS unit implement processes to help ensure that state agencies receive timely access to the BGS Clearinghouse.</p> <p>Finding 4 The BGS Clearinghouse does not contain complete information for exemption cases, and the electronic case documents archived in Laserfiche are not always complete.</p> <p>Recommendation 1. We recommend the development of written guidelines and procedures outlining the documents and system fields that are required to be completed. 2. We recommend a system edit be created to prevent the closure of a case unless all items in the system checklist have been checked as completed.</p> <p>Finding 5 The BGS Exemption section lacks adequate written guidelines.</p> <p>Recommendation We recommend management consider establishing written guidelines for processing exemption applications.</p> <p>Finding 6 The BGS Exemption section, at the time of our review, did not review sealed criminal history records on adults.</p> <p>Recommendation We recommend that the BGS unit continue to review sealed adult criminal history records in determining eligibility.</p> <p>Finding 7 The BGS unit has not finalized a process to identify employees that have been determined ineligible, but are still listed as employed on the provider's roster.</p>	<p>The enhancement to the system for a QA process was implemented 5/16/17. The enhancement provides a mechanism for screenings to be routed to supervisors for review before a final determination is made.</p> <p>We are currently reviewing the best process for both an accurate number of screenings to be subject to a QA for SMART (Specific, Measurable, Attainable, Realistic and Timely) measure purposes to correlate with the least amount of delay in turnaround time for determinations. Anticipated Completion Date: July 1, 2018</p> <p>We have implemented two SMART (measure reports for staff (one for criminal history review and one for exemption review). These reports measure the initial action by staff when receiving either a criminal history or exemption to review. Reports have been put into a Tableau Dashboard for management to monitor on a monthly basis</p> <p>The SMART measure report for criminal history review only counts the time from assignment to initial decision (which includes a decision that additional information is required.) Our ultimate goal is to have the additional information requested uploaded directly to the system. This would not only streamline the process but would also give us system dates to refine the SMART measures. Anticipated Completion Date: July 31, 2019.</p> <p>The Agency was provided an LBR for the front end redesign that is required to change access and will be state agency staffed for implementation by July 1, 2018.</p> <p>1. Staff is actively working on creating guidelines and procedures for both system usage and the scanning of exemptions from disqualification. 2. A ticket to add the recommended system edit has been created and will be included in future development. Anticipated Completion Date: July 1, 2018</p> <p>Completed. To dictate a consistent process would require promulgation of a rule and remove the ability to consider a case by case approach, however, all cases are reviewed by management in both the Unit and the Secretary's office.</p> <p>Completed. The BGS unit is currently following the recommendation.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation</p> <p>1. We recommend that the BGS unit finalize their process to monitor employer's actions after notification of an employee's rapback.</p> <p>2. We also recommend that HQA finalize their enforcement process to fine violators.</p>	<p>Completed. The recommendation is currently being followed. The process is:</p> <p>1. Facility is notified when a potential employee eligibility status changed.</p> <p>2. Staff runs a report to identify ineligible employees on an employee roster.</p> <p>3. Facility is contacted by certified mail, and instructed to correct the employee issue.</p> <p>4. If the issue is not corrected it is elevated to licensure unit for corrective action (including a fine).</p> <p>5. If it is still not correct, field staff is sent out to investigate and depending on the field investigations findings may result in an action against the licensee.</p>	
15-09	6/1/14 - 11/30/14	Third Party Liability Review	Finding 1		
			<p>The TPL Unit does not have written internal policies, procedures, or guidelines regarding monitoring of the TPL vendor contract.</p> <p>Recommendation</p> <p>We recommend that the TPL Unit develop written contract monitoring procedures.</p> <p>Finding 2</p> <p>The TPL Unit does not adequately document monitoring of the TPL vendor's handling of casualty and estate recovery cases.</p> <p>Recommendation</p> <p>We recommend that the TPL Unit document and formalize monitoring of the TPL vendor's activities and communication with the vendor by:</p> <ul style="list-style-type: none"> • Capturing the results of monitoring such as by utilizing contract monitoring case review checklists and/or issuing monitoring report letters similar to what was previously utilized to document and track the review of cases or other areas of concern identified by the TPL Unit. • Verifying the accuracy of the vendor's quality assurance report cards, on a sample basis, as part of the monitoring process and documenting the review of report card submissions and any discrepancies found to allow for tracking to gauge quality improvement or deficiencies. • Documenting any guidance or directives given by the Agency in cases requiring Agency input in the case file. 	<p>Completed. The TPL unit has developed several tools to monitor the various aspects of the TPL vendor contract.</p> <p>Completed. The TPL unit is utilizing monitoring tools developed to review various aspects of the TPL vendor contract including choosing a random sample of cases.</p>	

Fiscal Year 2018-19 LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration - 68

Agency Budget Officer/OPB Analyst Name: Anita B. Hicks/Sonya Smith

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.

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700

1. GENERAL

1.1 Are Columns A01, 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 (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? (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 Column A12 security been set correctly to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status? (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 after all audits have been corrected, reports are complete, and data verified for final submission; 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. A security control feature has been added to the LAS/PBS Web upload process that will require columns to be in the proper status before uploading.						
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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 <i>Section 3</i> of the LBR Instructions (pages 15 through 29)? Do they clearly describe the issue?	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.	Y	Y	Y	Y	Y	Y
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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
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Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
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.						
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, a 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 62 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 [with a \$5,000 allowance] 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 [with a \$5,000 allowance at the department level] 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 2016-17 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.						
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 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 not 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.						

Action		Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)							
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 29 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 pages 67 through 69 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 69 through 72 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 through E.6 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. (See pages 95 and 96 of the LBR Instructions.)	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?	N/A	N/A	N/A	N/A	N/A	N/A
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 #18-005?	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 <u>not</u> 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 issue codes relating to special <i>salary and benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 28 and 90 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.17	Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 17C01C0, 17C02C0, 17C03C0, 24010C0, 33001C0, 30010C0, 33011C0, 160E470, 160E480 or 55C01C0)?	Y	Y	Y	Y	Y	Y

Action		Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
7.18	Are the issues relating to <i>major audit findings and recommendations</i> 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?	Y	Y	Y	Y	Y	Y
AUDIT:							
7.20	Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	Y	Y	Y	Y	Y	Y
7.21	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
7.22	Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y	Y	Y	Y	Y	Y
7.23	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 67 through 72 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 2017-18 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) (Required to be posted to the Florida Fiscal Portal)							
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; fixed capital outlay adjustment narrative)?	Y	Y	Y	Y	Y	Y

Action		Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
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
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 section 215.20, Florida Statutes, 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?	N/A	N/A	N/A	N/A	N/A	N/A
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 General Revenue 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, Section III?	Y	Y	Y	Y	Y	Y
8.25	Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	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

Action		Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
8.27	Has the agency properly accounted for continuing appropriations (category 13XXXX) in column A01, Section III?	Y	Y	Y	Y	Y	Y
8.28	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
8.29	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y	Y	Y	Y	Y	Y
AUDITS:							
8.30	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
8.31	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
8.32	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
8.33	Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y	Y	Y	Y	Y	Y
8.34	Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	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 <i>Base Rate Audit</i> 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? (See page 93 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See page 96 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 (with "C" in 6th position or within a program component of 1603000000), they will not appear in the Schedule IV.						

Action	Program or Service (Budget Entity Codes)						
	68200000	68500100	68500200	68501400	68501500	68700700	
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 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	N/A	N/A	N/A	N/A	N/A	N/A
14. SCHEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)							
14.1	Do the reductions comply with the instructions provided on pages 102 through 104 of the LBR Instructions regarding a 10% reduction in recurring General Revenue and Trust Funds, including the verification that the 33BXXX0 issue has NOT been used? Verify that excluded appropriation categories and funds were not used (e.g. funds with FSI 3 and 9, etc.)	Y	Y	Y	Y	Y	Y
15. SCHEDULE VIIIC (EADR, S8C) (This Schedule is optional, but if included it is required to be posted to the Florida Fiscal Portal)							
15.1	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?	N/A	N/A	N/A	N/A	N/A	N/A
15.2	Are the priority narrative explanations adequate and do they follow the guidelines on pages 105-107 of the LBR instructions?	N/A	N/A	N/A	N/A	N/A	N/A
15.3	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?	N/A	N/A	N/A	N/A	N/A	N/A
AUDIT:							
15.6	Do the issues net to zero at the department level? (GENR, LBR5)	N/A	N/A	N/A	N/A	N/A	N/A
16. SCHEDULE XI (USCR,SCXI) (LAS/PBS Web - see pages 108-112 of the LBR Instructions for detailed instructions) (Required to be posted to the Florida Fiscal Portal in Manual Documents)							
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 2016-17 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

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
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 (Required to be posted to the Florida Fiscal Portal)						
17.1 Do exhibits and schedules comply with LBR Instructions (pages 113 through 155 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y	Y	Y	Y
17.2 Does manual exhibits tie to LAS/PBS where applicable?	Y	Y	Y	Y	Y	Y
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of	Y	Y	Y	Y	Y	Y
17.4 Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 131 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	Y	Y	Y	Y	Y	Y
17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	N/A	N/A	N/A	N/A	N/A	N/A
AUDITS - GENERAL INFORMATION						
TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 157-159) 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) (Required to be posted to the Florida Fiscal Portal)						
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)?	Y	Y	Y	Y	Y	Y
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