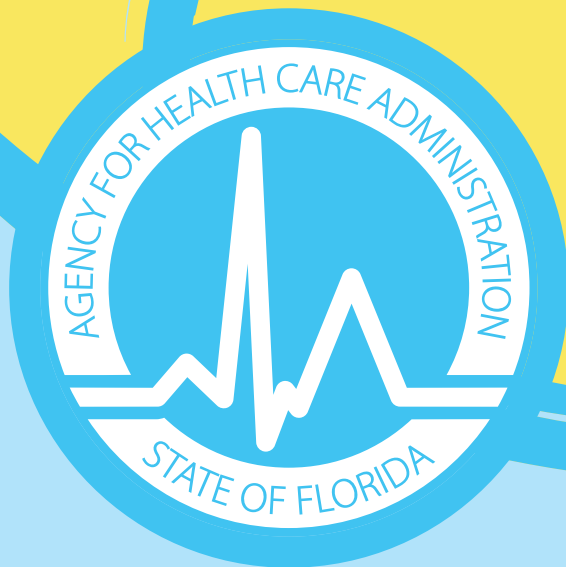


Florida Agency for Health Care Administration

Legislative Budget Request

Fiscal Year
2019-2020



Rick Scott
Governor

Justin M. Senior
Secretary



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

October 19, 2018

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

J. Eric Pridgeon, Staff Director
House Appropriations Committee
221 Capitol
Tallahassee, Florida 32399-1300

Cindy Kynoch, 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 2019-20 Fiscal Year. This submission has been approved by Justin M. Senior, Secretary.

Sincerely,



Anita B. Hicks
Chief Financial Officer





RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

Temporary Special Duty – General Pay Additives Implementation Plan for Fiscal Year 2019-2020

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 2019-2020

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 vacancy of a 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 positions affected: This pay additive could potentially affect any of our current 1128 Career Service position incumbents statewide.

6. Historical Data: Last fiscal year, a total of seven (7) full time equivalent (FTE) career service positions received general pay additives for performing the duties of a vacant position, each position was considered “mission critical” and played a key role in carrying out the Agency’s day-to-day operations. All additives were in effect for the allotted 90 days with four (4) being extended to 180 days, one (1) extended to 270 days, and one (1) extended to 360 days due to the circumstances of the vacant position and required additional 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>
\$55,085.08	\$5,508.51	7

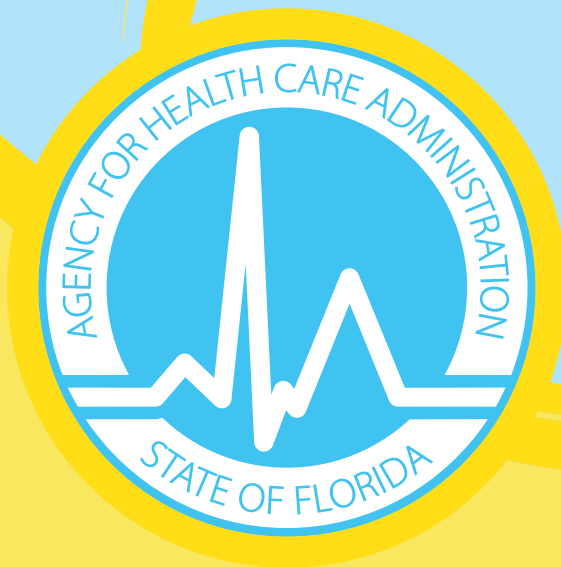
Based on the average estimated salaries stated above, the estimated calculation is as follows: \$1,906.79 X 7 = \$13,347.54. **The agency is not requesting any additional rate or appropriations for this additive.**

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 2019-2020 General Appropriations Act.” See Article 25, Section 1 (B) of the AFSCME Agreement. We would anticipate similar language in future agreements. AHCA has a past practice of providing these pay additives to bargaining unit employees.

**Florida Agency
for Health Care
Administration**

**Legislative Budget
Request
Fiscal Year 2019-2020**

**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:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	\$738,890.52		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Amended Recommended Order issued April 12, 2018. A Partial Final Order was entered, with instruction to remand back for second half of hearing to hear the remaining disputes.		
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:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	N/A		
Status of the Case:	Amended Sua Sponte Order Closing File & Relinquishing Jurisdiction Without Prejudice was issued Aug. 16, 2017. The parties are awaiting a 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:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	N/A		
Status of the Case:	Amended Sua Sponte Order Closing File & Relinquishing Jurisdiction Without Prejudice was issued Aug. 16, 2017. The parties are awaiting a 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:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	\$ 579,174.05		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Opinion rendered August 16, 2017 (PCA) & the Mandate was issued September 6, 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		

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Agency:	Agency for Health Care Administration		
Contact Person:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	N/A		
Status of the Case:	A Final Order with attached settlement agreement was issued November 13, 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		

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Agency:	Agency for Health Care Administration		
Contact Person:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	N/A		
Status of the Case:	A Final Order with attached settlement agreement was issued April 10, 2018.		
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:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	N/A		
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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Contact Person:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	N/A		
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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Contact Person:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	N/A		
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 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).	N/A		

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Contact Person:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	N/A		
Status of the Case:	Final Order issued October 24, 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		

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Agency:	Agency for Health Care Administration		
Contact Person:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	(850) 412-3669
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 Order with attached settlement agreement issued October 24, 2017.		
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	
	<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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Contact Person:	Stefan R. Grow, General Counsel	Phone Number:	(850) 412-3669
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 was held before Judge Creasy. Hearing transcripts were filed with DOAH April 27, 2018. Working on Recommended Orders.		
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:	Stefan R. Grow, General Counsel	Phone Number:	(850) 412-3669
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:	Division of Administrative Hearings		
Case Number:	18-2030MPI		
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:	Held in abeyance at DOAH		
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:	Stefan R. Grow, General Counsel	Phone Number:	(850) 412-3669
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:	Division of Administrative Hearings		
Case Number:	17-4641MPI		
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:	Florida Agency for Health Care Administration		
Contact Person:	Stefan R. Grow, General Counsel	Phone Number:	(850) 412-3669
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:	Fifth District Court of Appeal		
Case Number:	DCA Case No. 5D17-3702; Lower 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:	AHCA's answer brief is due 8/17/18		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	\$ 456,895.84		
Specific Statutes or Laws (including GAA) Challenged:	Section 409.913, Florida Statutes, and Rule 59G-9.070, Florida Administrative Code.		
Status of the Case:	Final Order with attached settlement agreement filed March 29, 2018.		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	Final Order with attached settlement agreement issued May 29, 2018.		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
Status of the Case:	Final Order with attached settlement agreement issued August 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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
Status of the Case:	Final Order with attached settlement agreement issued August 1, 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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
Status of the Case:	Final Order with attached settlement agreement issued December 11, 2017.		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
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:	Stefan R. Grow, General Counsel	Phone Number:	850-412-3669
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:	N/A		
Status of the Case:	Final Order with attached settlement agreement issued January 22, 2018.		
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:	Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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 has filed 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 filed proofs of claim. The debtors entered into an agreement to sell the bankrupt facilities, and all creditors negotiated how the sale proceeds would be allocated. In July 2018, they buyer pulled out of the sale and is now seeking to negotiate a lower purchase price. These negotiations are pending.		

Schedule VII: Agency Litigation Inventory – Cont.

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

Who is representing (of record) the state in this lawsuit? Check all that apply.	x	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	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	Stefan R. Grow, General Counsel	Phone Number	850/412-3669
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.	X	Agency Counsel	
		Office of the Attorney General or Division of Risk Management	
	X	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	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: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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	

Schedule VII: Agency Litigation Inventory – Cont.

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

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: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
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 filed a 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		

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: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	ACR Community Services, LLC		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2016-0006768		
Summary of the Complaint:	Agency seeks reimbursement of overpayment		
Amount of the Claim:	\$6,002,371.21 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Held in abeyance by 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).			

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: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Good Shepherd Hospice, Inc. d/b/a Good Shepherd Hospice		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2016-0006554		
Summary of the Complaint:	Agency seeks reimbursement of overpayment		
Amount of the Claim:	\$784,426.17 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Held in abeyance by 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).			

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: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Hope Hospice & Community Services, Inc. d/b/a Hope Hospice		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2016-0004655		
Summary of the Complaint:	Agency seeks reimbursement of overpayment		
Amount of the Claim:	\$824,653.43 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Held in abeyance by 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).			

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: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Hospice of the Emerald Coast Inc. d/b/a Emerald Coast Hospice		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	18-336PH		
Summary of the Complaint:	Agency seeks reimbursement of overpayment		
Amount of the Claim:	\$1,383,696.43 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Held in abeyance by Informal Hearing Officer		
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:	AHCA: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Hospice of the Florida Suncoast Inc. d/b/a Suncoast Hospice		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	18-0492MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayment		
Amount of the Claim:	\$1,768,952.79 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Respondent filed a Motion to Dismiss on June 20, 2018.		
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 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: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Lifepath Hospice, Inc.		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	18-2879MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayment		
Amount of the Claim:	\$2,547,790.27 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Scheduled for hearing November 5-9 & 12-16, 2018 in Tallahassee		
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:	AHCA: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Alfred Murciano		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	18-2699MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayment		
Amount of the Claim:	\$1,846,120.10 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Scheduled for hearing August 13-17, 2018 in Tallahassee		
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:	AHCA: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	New Life Medical Institute		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2016-0006604		
Summary of the Complaint:	Agency seeks reimbursement of overpayment		
Amount of the Claim:	\$2,590,886.87 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Held in abeyance by 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).			

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: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Orlando Medical Center, Inc. d/b/a Orlando Regional Medical Center		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	17-4355MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayment		
Amount of the Claim:	\$947,548.23 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Held in abeyance by DOAH		
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:	AHCA: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Season Hospice & Palliative Care		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	18-1364MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayment		
Amount of the Claim:	\$586,543.98		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Settlement Agreement and Final Order routed June 21, 2018		
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 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: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	St. Mary’s Medical Center d/b/a Tenet St. Mary’s Inc.		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	17-5887MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayment		
Amount of the Claim:	\$852,161.92 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Held in abeyance by DOAH		
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:	AHCA: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Martin Memorial; North Orlando Health; Orlando Health Central; Southern Baptist; Southern Baptist Beaches; Southern Baptist Nassau; South Lake Hospital		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	17-010M; 17-030M; 17-020M; 17-070M; 17-060M; 17-050M; & 17-040M		
Summary of the Complaint:	Provider seeks re-calculation of Petitioner’s Model EAPG payment and re-calculation of base rate using the recalculated model EAPG payment.		
Amount of the Claim:	Undetermined at this time, however should providers’ prevail recalculation amounts would exceed \$500,000.00		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	These providers’ have appealed the Agency’s final order which has been currently stayed and relinquished to the Agency for further review and consideration of withdrawal of final order. Status Report was filed with 1 st DCA on July 9, 2018		
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:	AHCA: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Coral Gables Hospital; Delray Medical Center; Good Samaritan Hospital; Hialeah Hospital; Lakeland Regional; North Shore Medical Center; Palm Beach Gardens; Palmetto General Hospital; St. Mary’s Hospital; West Boca Medical Center		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	18-0830; 18-0823; 18-0822; 18-0821; 18-0817; 18-0827; 18-0819; 18-0820; 18-0833		
Summary of the Complaint:	Providers seek re-calculation of Petitioner’s Model EAPG payment re-calculation of base rate using the recalculated model EAPG payment		
Amount of the Claim:	Undetermined at this time, however should providers’ prevail recalculation amount would exceed \$500,000.00		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Case are currently in abeyance until August 2, 2018		
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:	AHCA: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Adventist; Bayfront; Cape Canaveral; Coral Gables Hospital; Miami Beach Hospital; Public Health; Sacred Heart & St. Vincent; Southern Baptist		
Court with Jurisdiction:	1 st District Court of Appeals		
Case Number:	1D17-2027 (Consolidated case number for purposes of Oral Argument)		
Summary of the Complaint:	Providers brought administrative actions in October 2016 and January 2017 to challenge the methodology used to calculate the July 2016 Outpatient Medicaid Rates and to determine the invalidity of the existing rule for determining Medicaid outpatient reimbursement rate for hospitals providing covered outpatient services to eligible Medicaid recipients.		
Amount of the Claim:	Undetermined at this time, however should providers' prevail recalculation amounts would exceed \$500,000.00		
Specific Statutes or Laws (including GAA) Challenged:	Rule 59G-6.030, Florida Administrative Code		
Status of the Case:	Providers appealed the Final Order issued by DOAH denying their actions. The 1 st DCA has scheduled Oral Argument for July 17, 2018		
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:	AHCA: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Coral Gables Hospital vs. AHCA		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-183-MPF		
Summary of the Complaint:	Providers brought administrative action challenging the Agency’s hospital reimbursement rates for Inpatient and Outpatient.		
Amount of the Claim:	-\$1,878,271.77		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Settlement Agreement and Final Order circulating.		
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:	AHCA: Stefan R. Grow, General Counsel	Phone Number:	850/412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Flagler Hospital vs. AHCA		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-099MPF		
Summary of the Complaint:	Providers brought administrative action challenging the Agency's hospital reimbursement rates for Inpatient and Outpatient.		
Amount of the Claim:	-\$2,203,704.05		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	Settlement Agreement and Final Order circulating.		
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).			

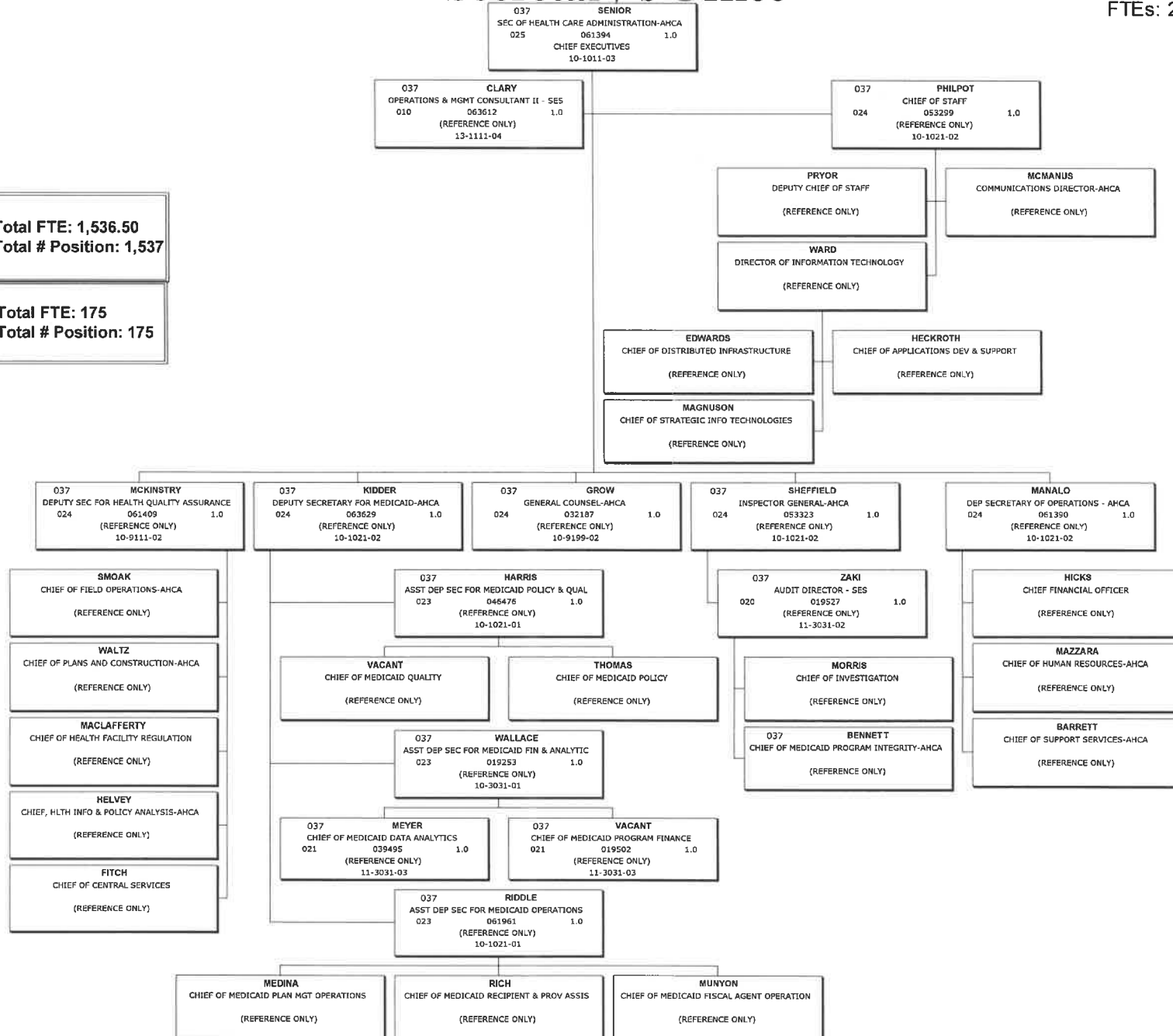
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Secretary's Office

Effective Date: July 1, 2018
Org. Level: 68-10-00-00-000
FTEs: 2 Positions: 2

Agency Total FTE: 1,536.50
Agency Total # Position: 1,537

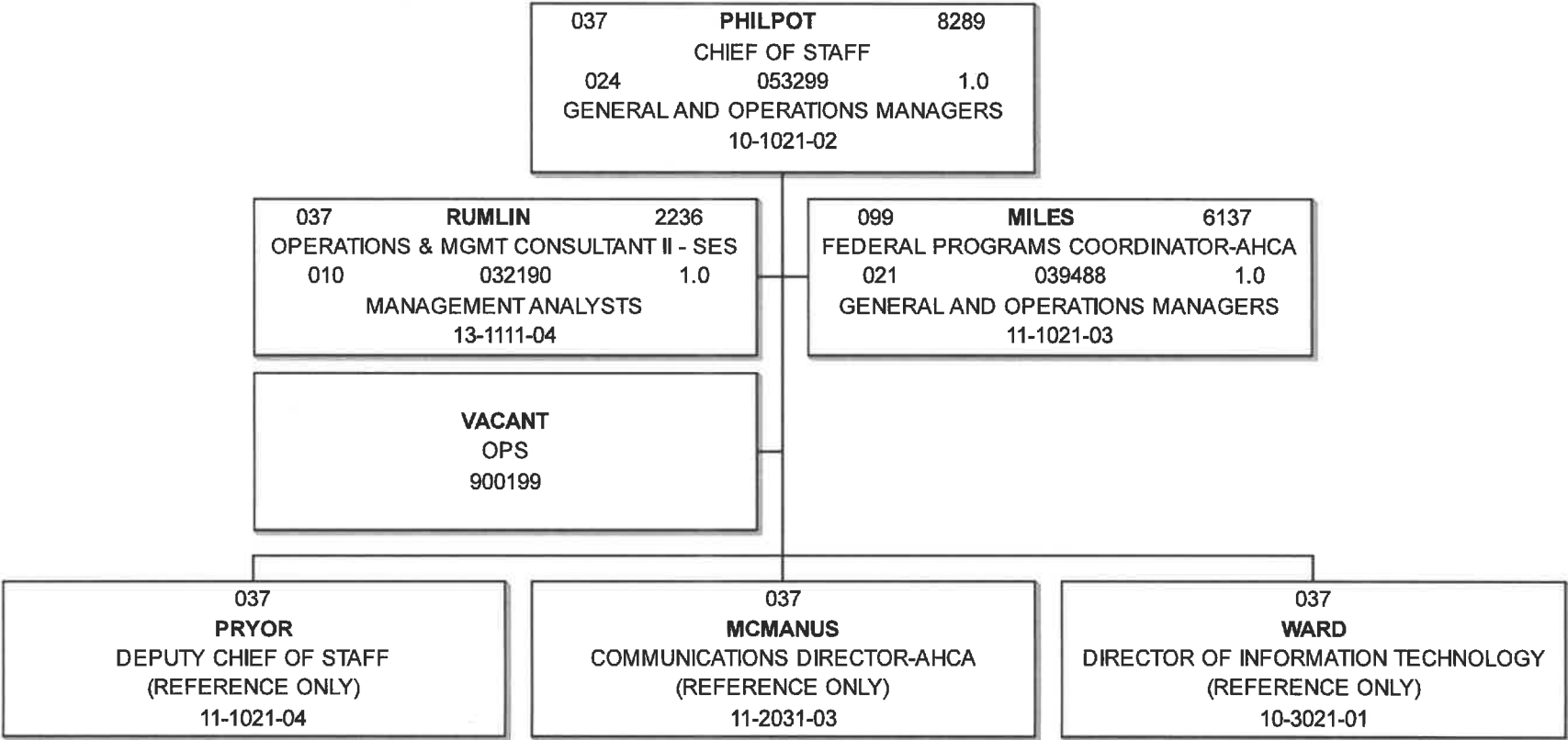
Division Total FTE: 175
Division Total # Position: 175



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Chief of Staff

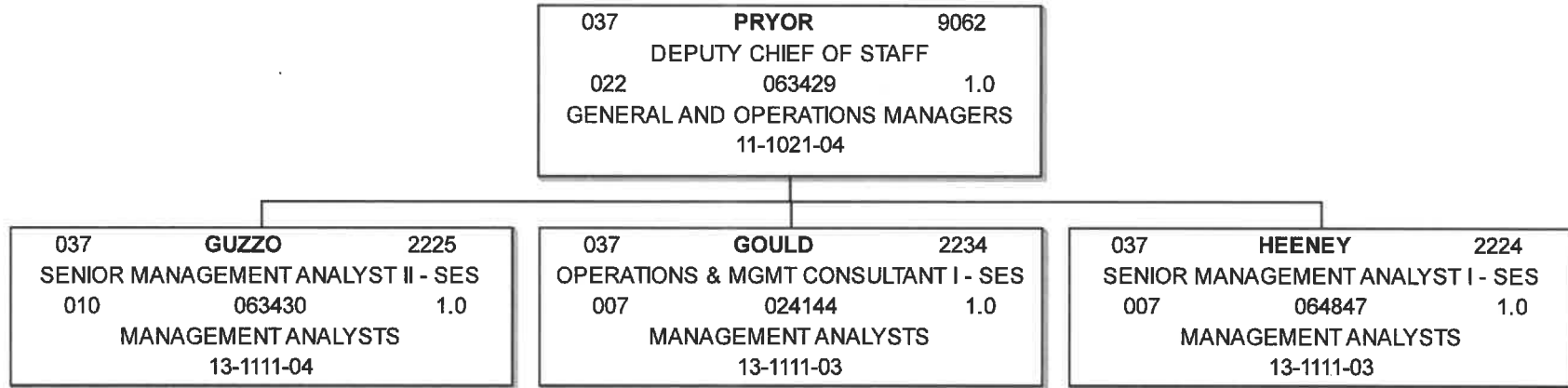
Effective Date: July 1, 2018
Org. Level: 68-10-10-00-000
FTEs: 3 Positions : 3



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Deputy Chief of Staff

Effective Date: July 1, 2018
Org. Level: 68-10-10-00-001
FTEs: 4 Positions : 4

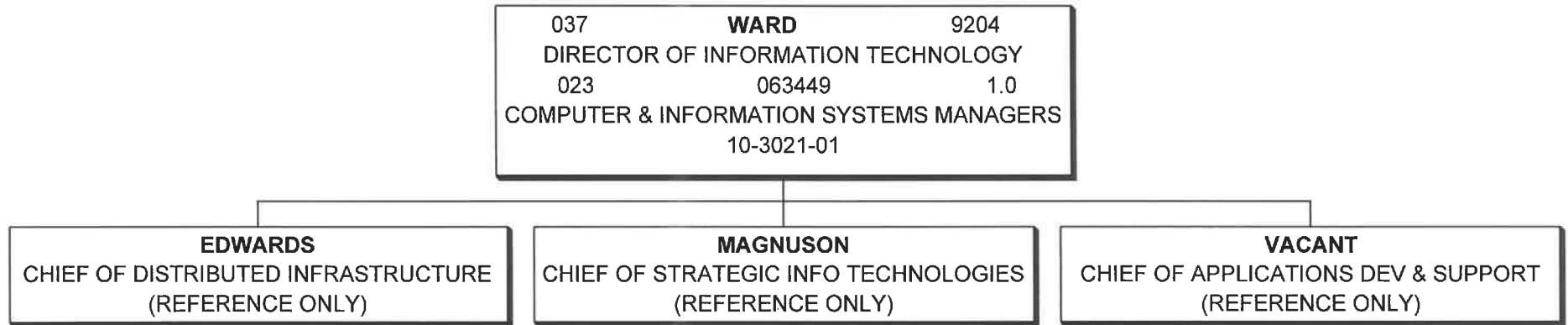


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff - Division of Information Technology Director's Office

Effective Date: July 1, 2018
Org. Level: 68-10-10-40-000
FTEs: 3 Positions : 3

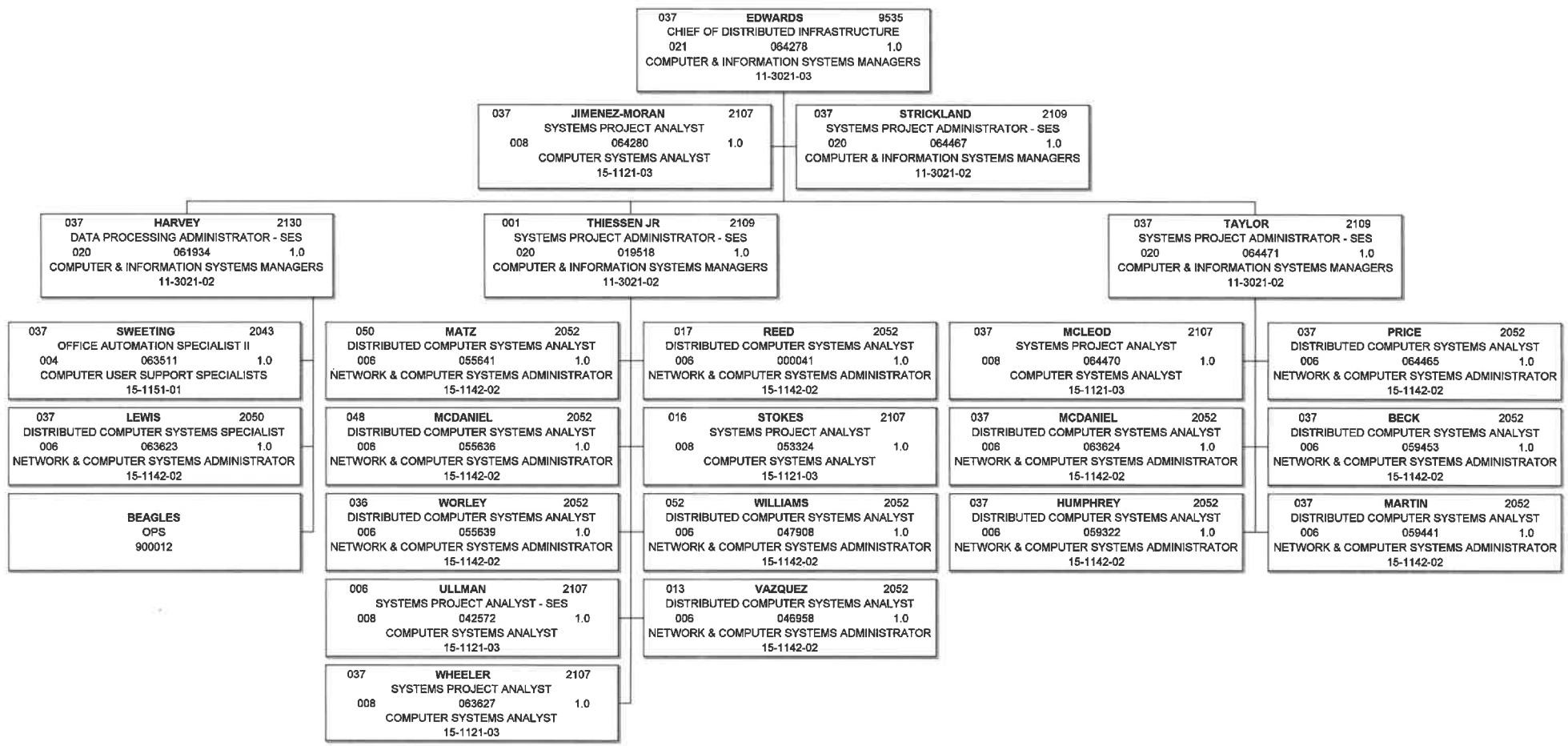


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff - Division of Information Technology Bureau of Customer Service and Support

Effective Date: July 1, 2018
Org. Level: 68-10-10-40-002
FTEs: 23 Positions : 23

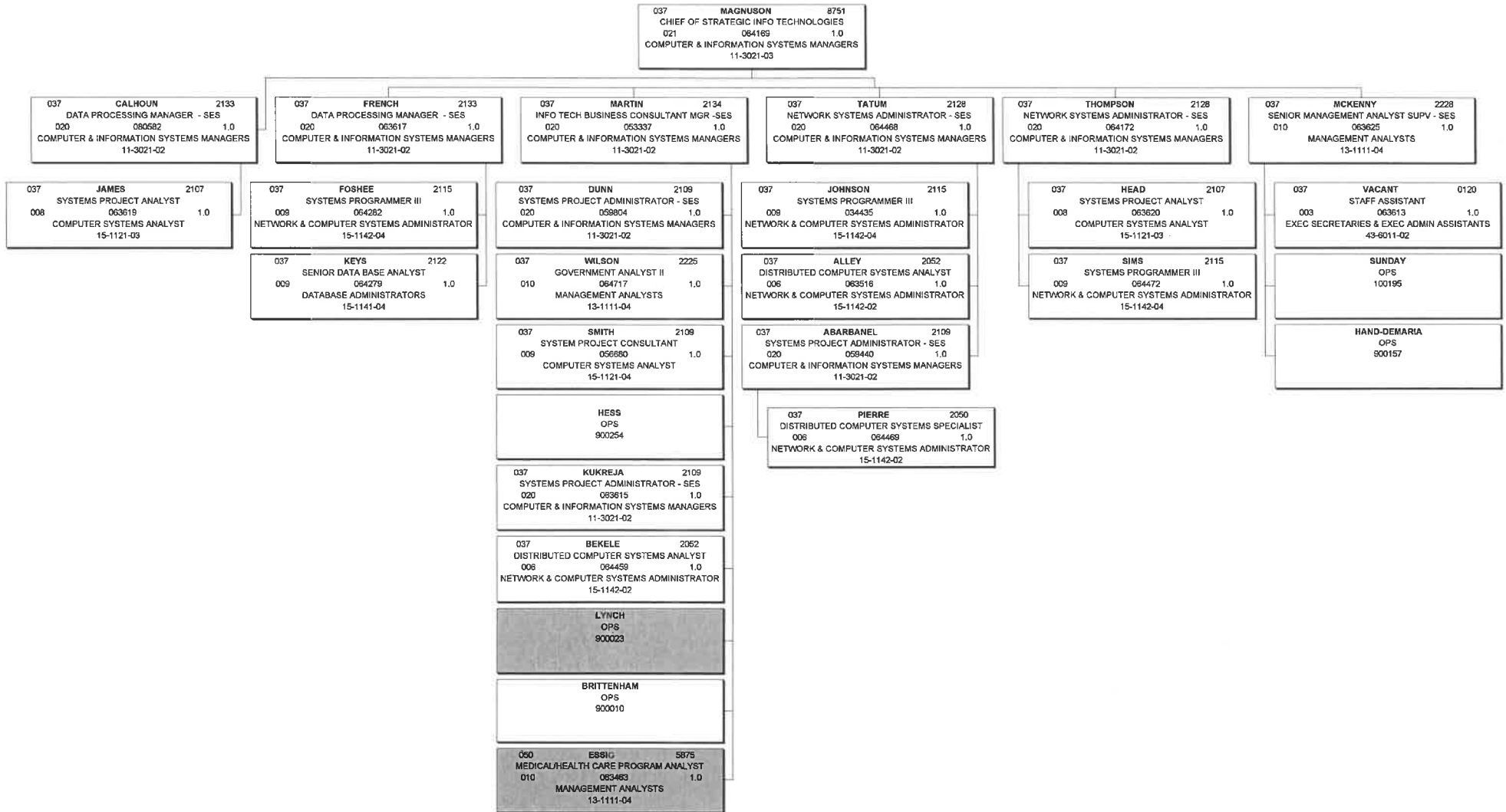


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff - Division of Information Technology Bureau of Strategic Planning and Security

Effective Date: July 1, 2018
Org. Level: 68-10-10-40-003
FTEs: 20 Positions : 20



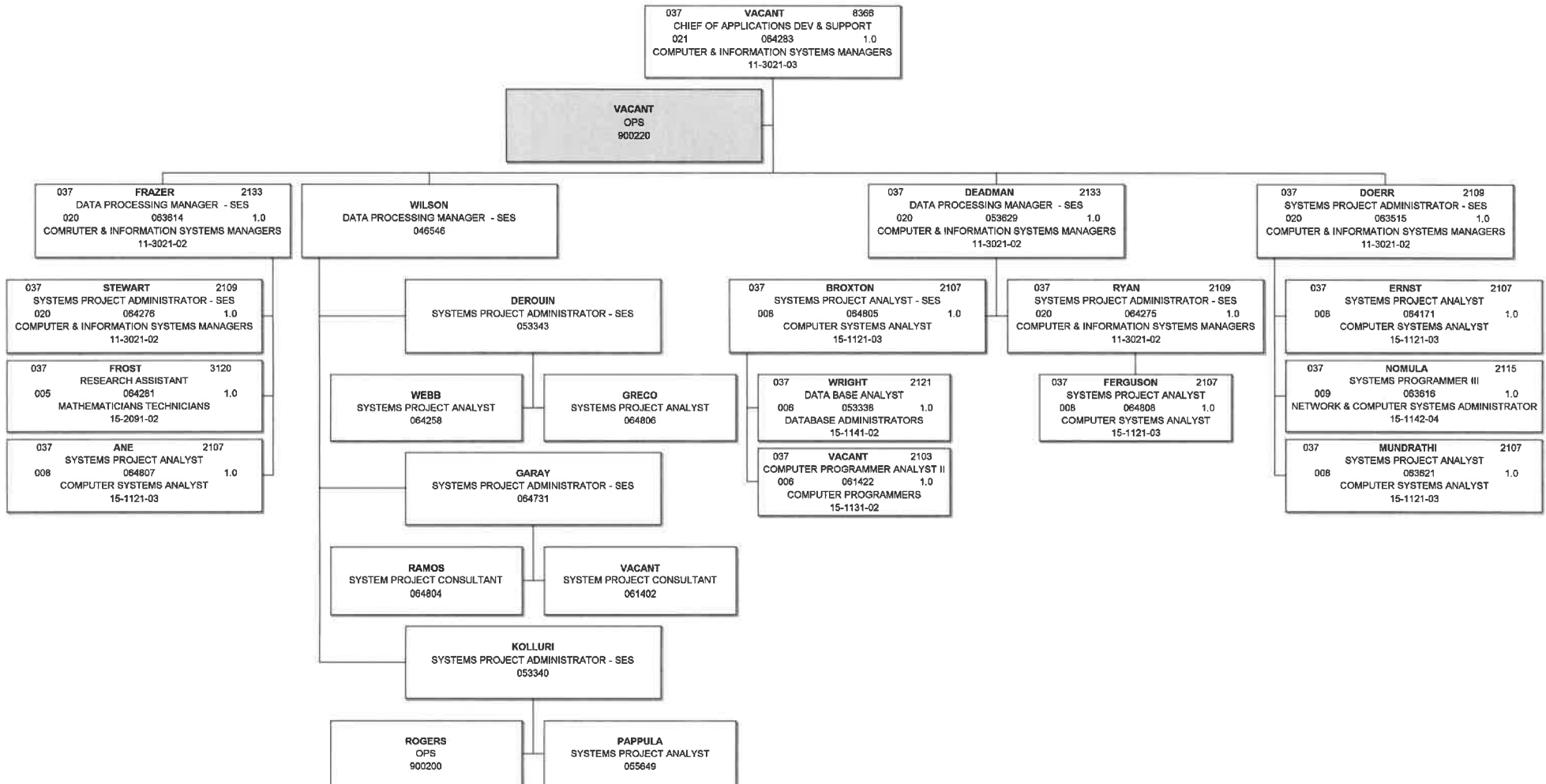
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff - Division of Information Technology

Bureau of Application Development and Support

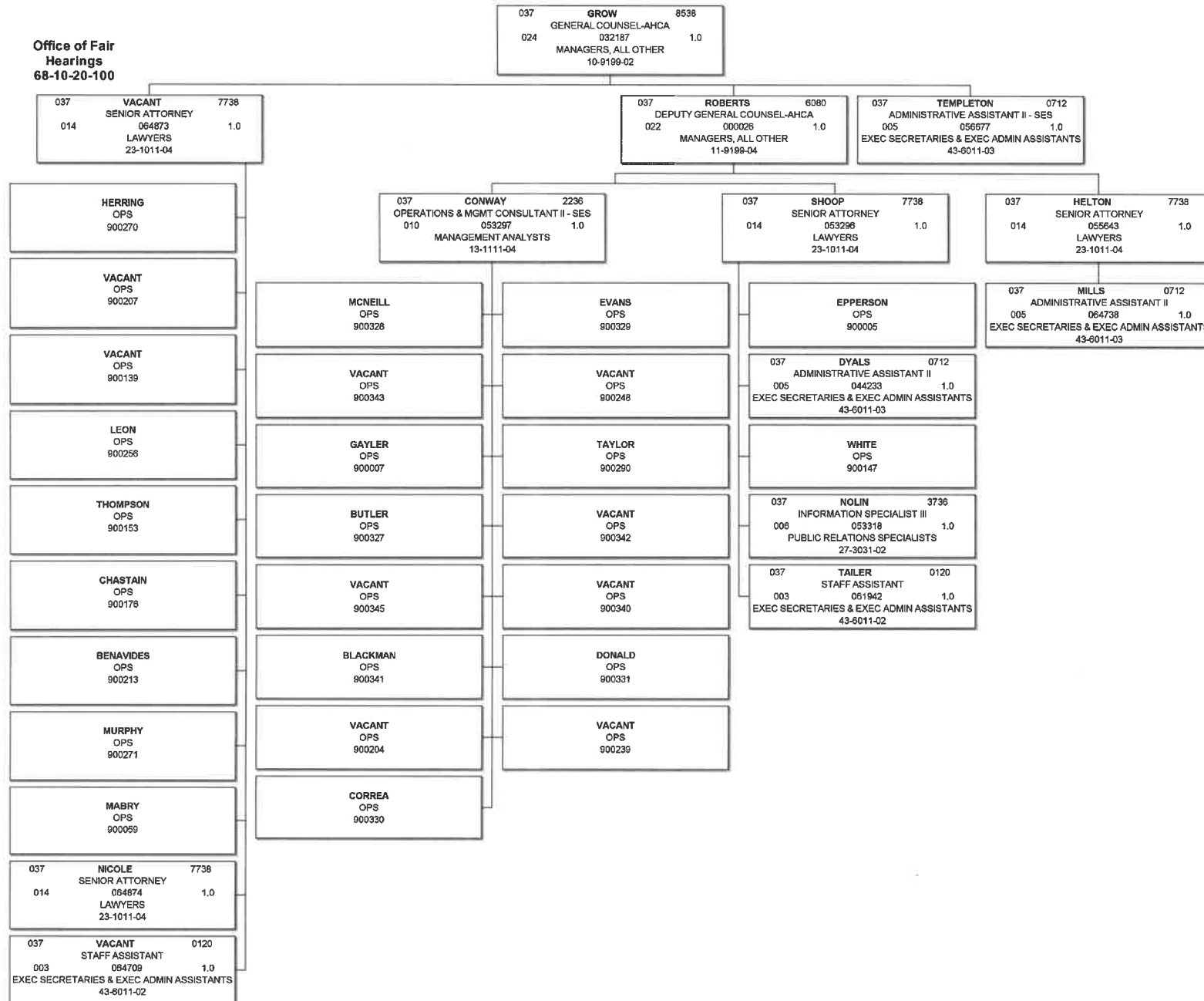
Effective Date: July 1, 2018
 Org. Level: 68-10-10-40-004
 FTEs: 24 Positions : 24



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction General Counsel

Effective Date: July 1, 2018
Org. Level: 68-10-20-00-000
FTEs: 65.5 Positions : 66

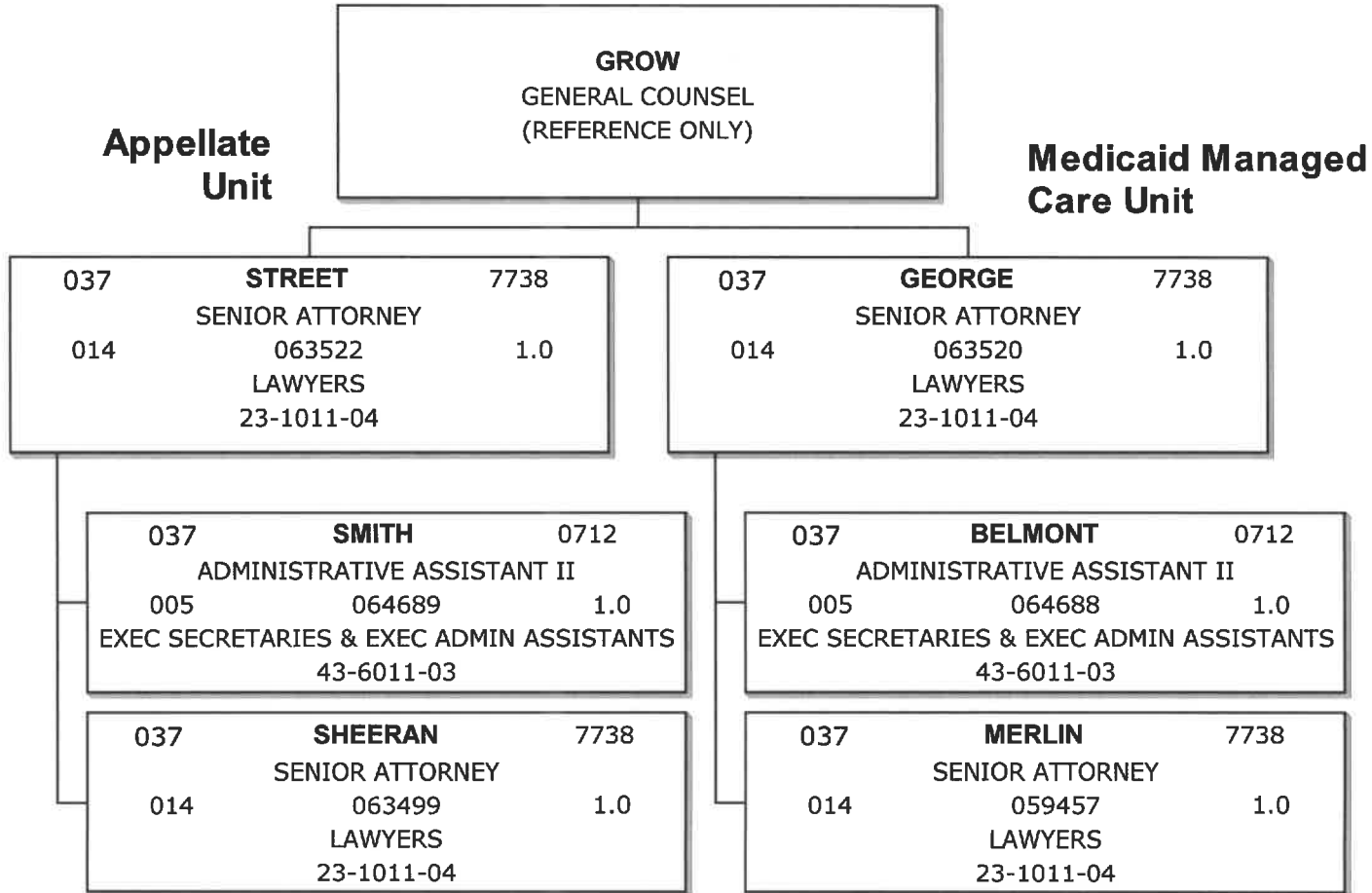


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

General Counsel

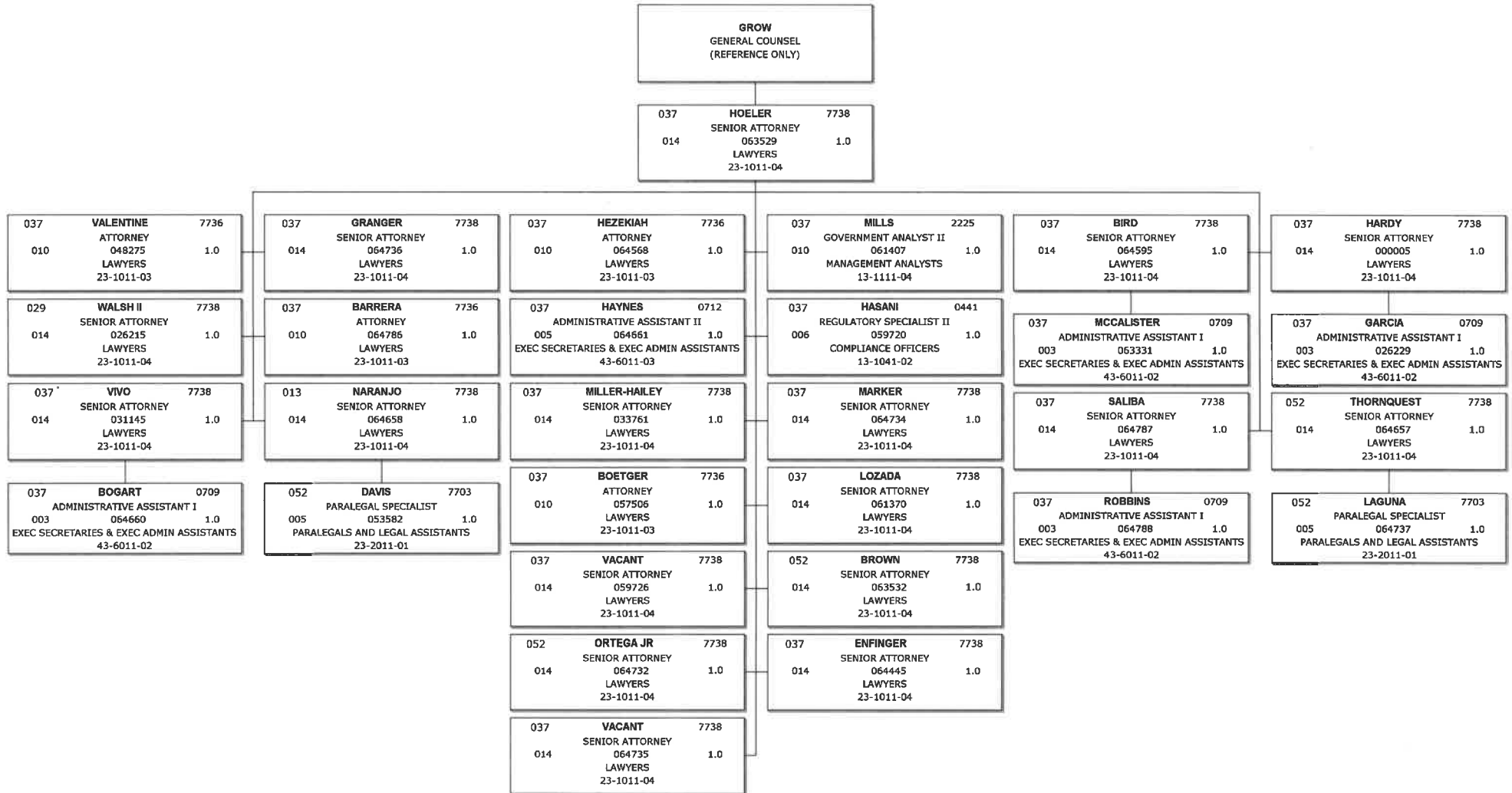
Effective Date: July 1, 2018
 Org. Level: 68-10-20-00-000
 FTEs: 65.5 Positions: 66



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction General Counsel - Facilities Legal

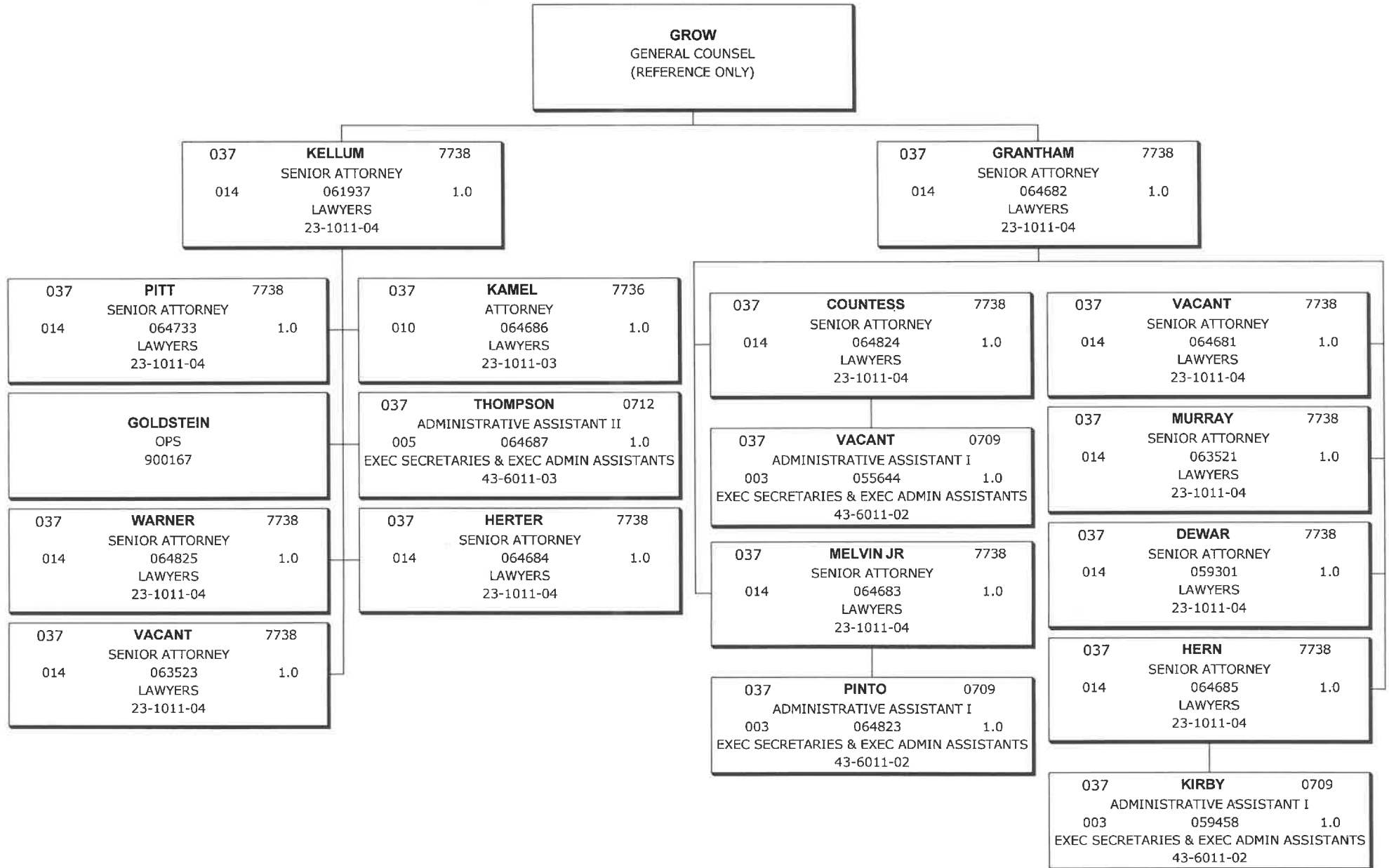
Effective Date: July 1, 2018
Org. Level: 68-10-20-00-000
FTEs: 65.5 Positions: 66



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction General Counsel - Medicaid Legal

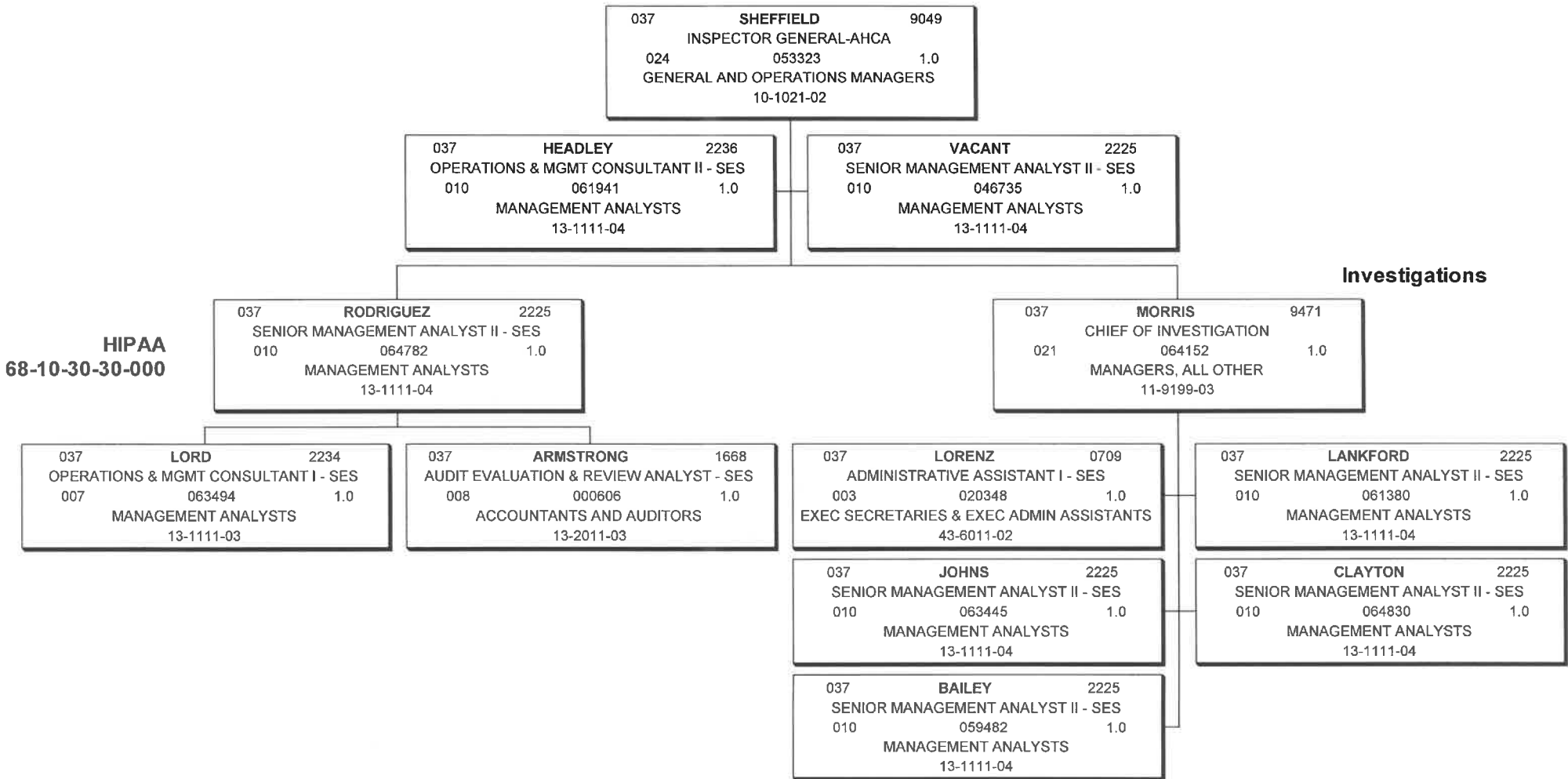
Effective Date: July 1, 2018
Org. Level: 68-10-20-00-000
FTEs: 65.5 Positions : 66



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Inspector General

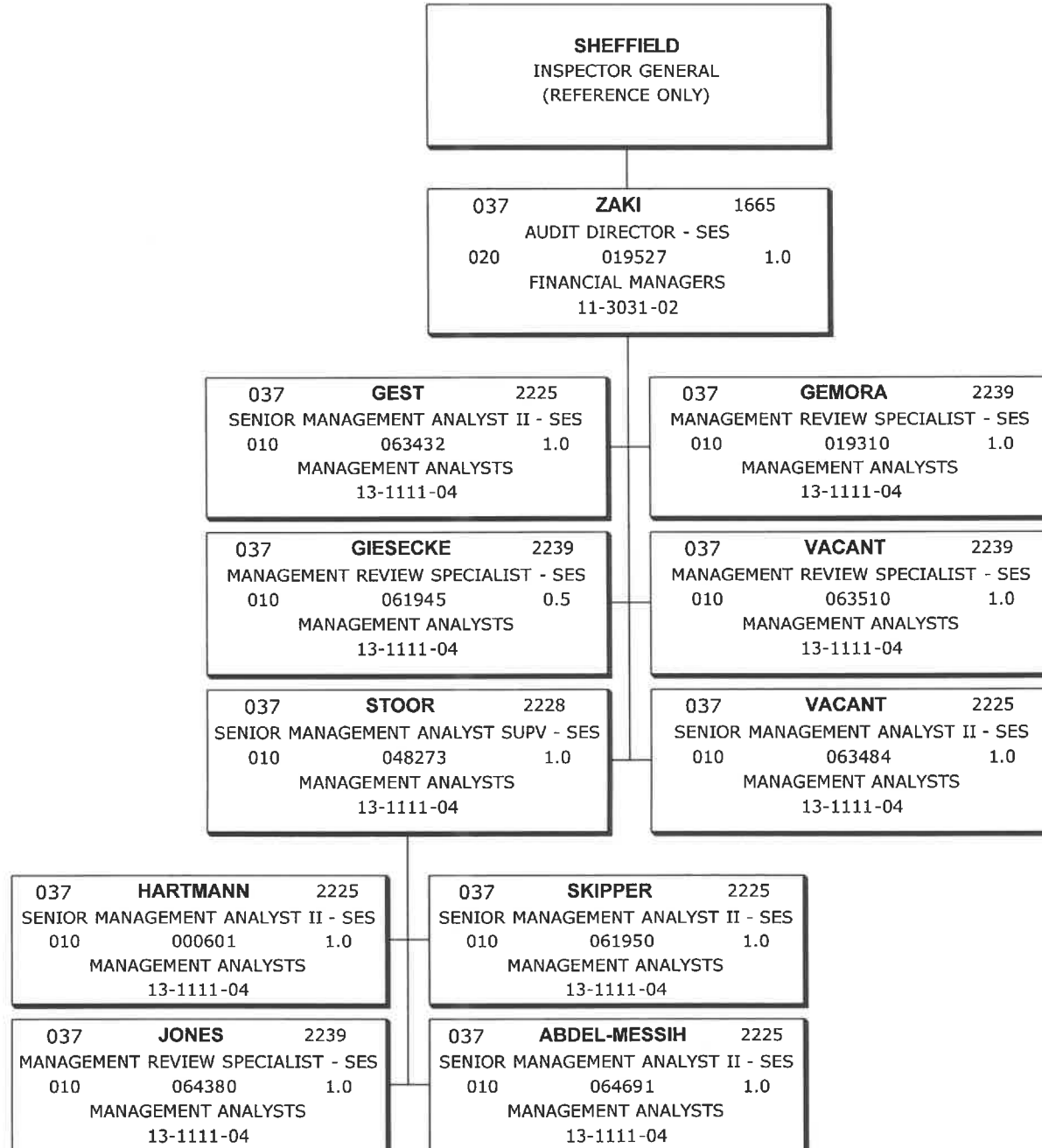
Effective Date: July 1, 2018
Org. Level: 68-10-30-00-000
FTEs: 12 Positions: 12



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Inspector General - Internal Audit

Effective Date: July 1, 2018
Org. Level: 68-10-30-20-000
FTEs: 10.50 Positions: 11



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Deputy Secretary's Office

Effective Date: July 1, 2018
Org. Level: 68-20-00-00-000
FTEs: 2 Positions: 2

Division of Operations FTE: 86
Division of Operations # Positions: 86

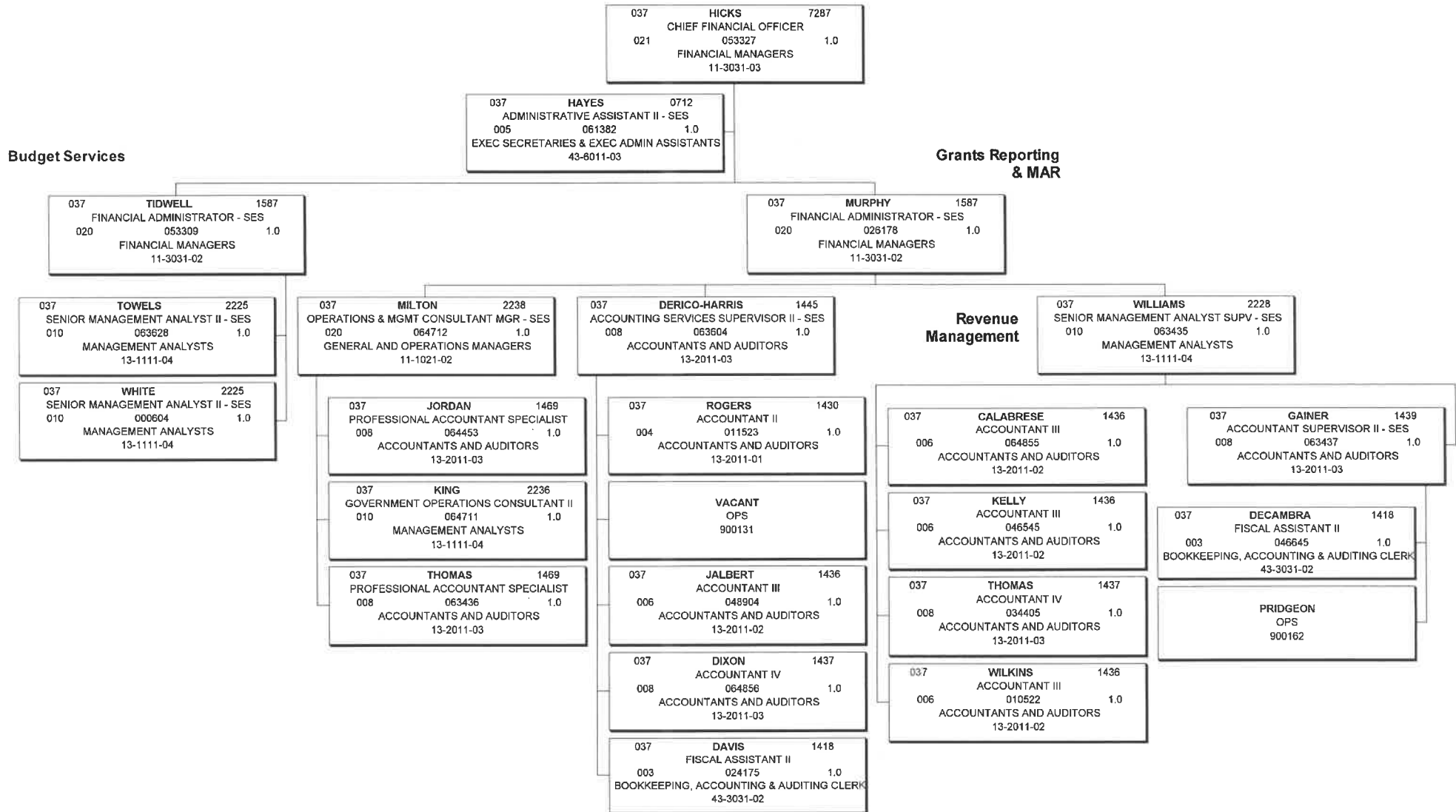
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DEP SECRETARY OF OPERATIONS - AHCA
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GENERAL AND OPERATIONS MANAGERS
10-1021-02



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Bureau of Financial Services

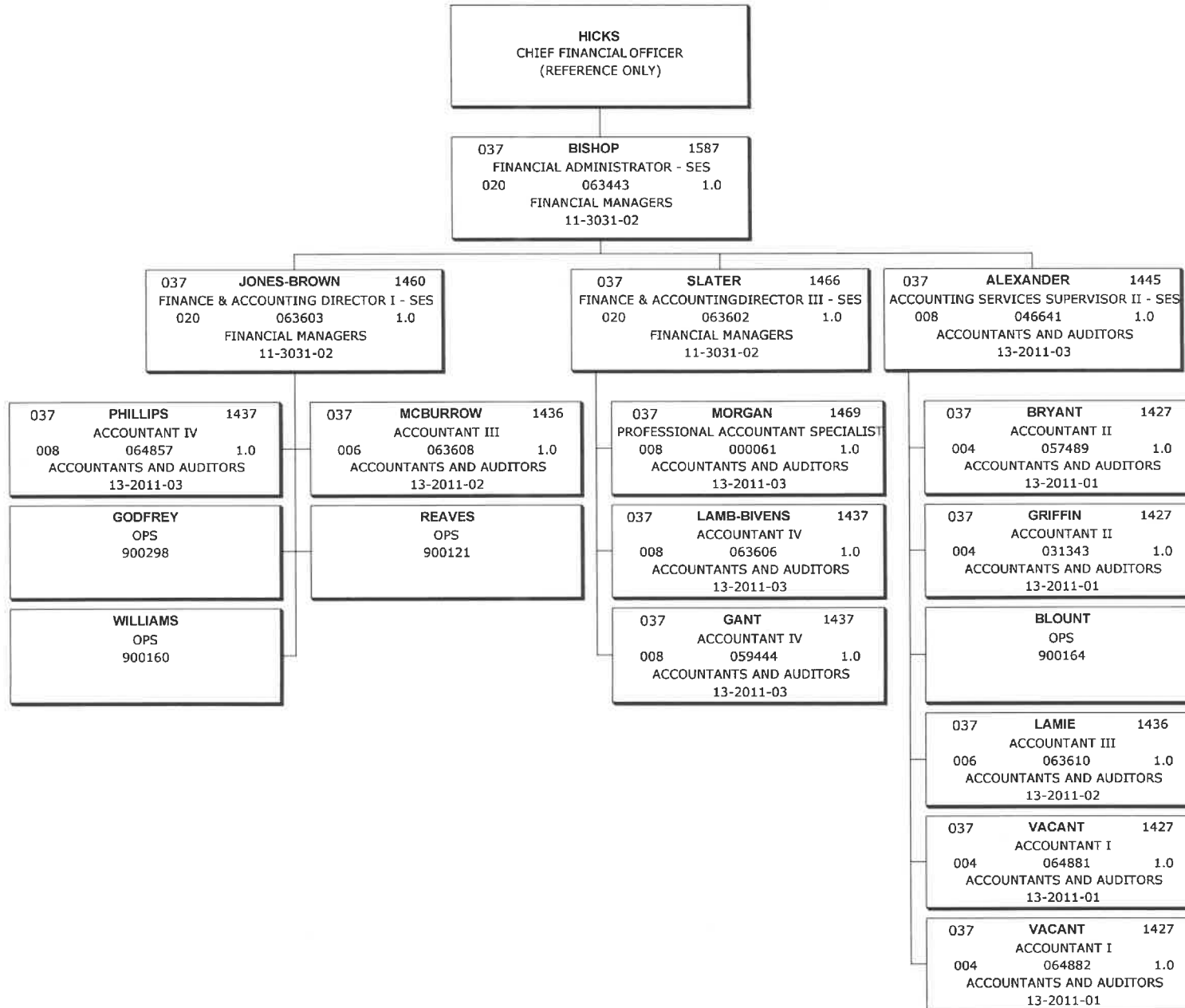
Effective Date: July 1, 2018
Org. Level: 68-20-15-00-000
FTEs: 49 Positions: 49



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Bureau of Financial Services Accounting Policy & Systems/Disbursements

Effective Date: July 1, 2018
Org. Level: 68-20-15-00-000
FTEs: 49 Positions: 49



AGENCY FOR HEALTH CARE ADMINISTRATION

Division Of Operations Bureau of Human Resources

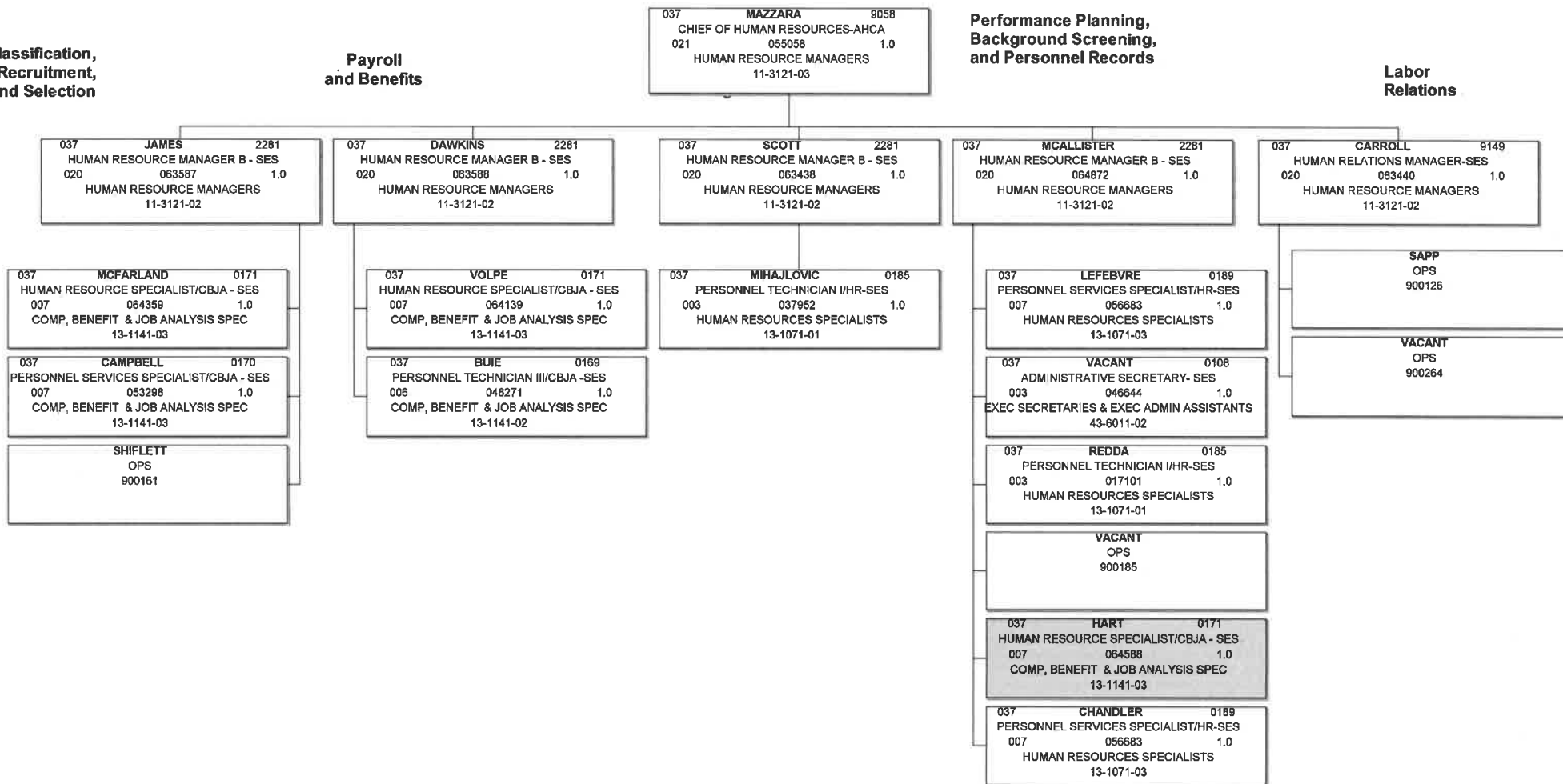
Effective Date: July 1, 2018
Org. Level: 68-20-20-00-000
FTEs: 14 Positions: 14

Classification,
Recruitment,
and Selection

Payroll
and Benefits

Performance Planning,
Background Screening,
and Personnel Records

Labor
Relations

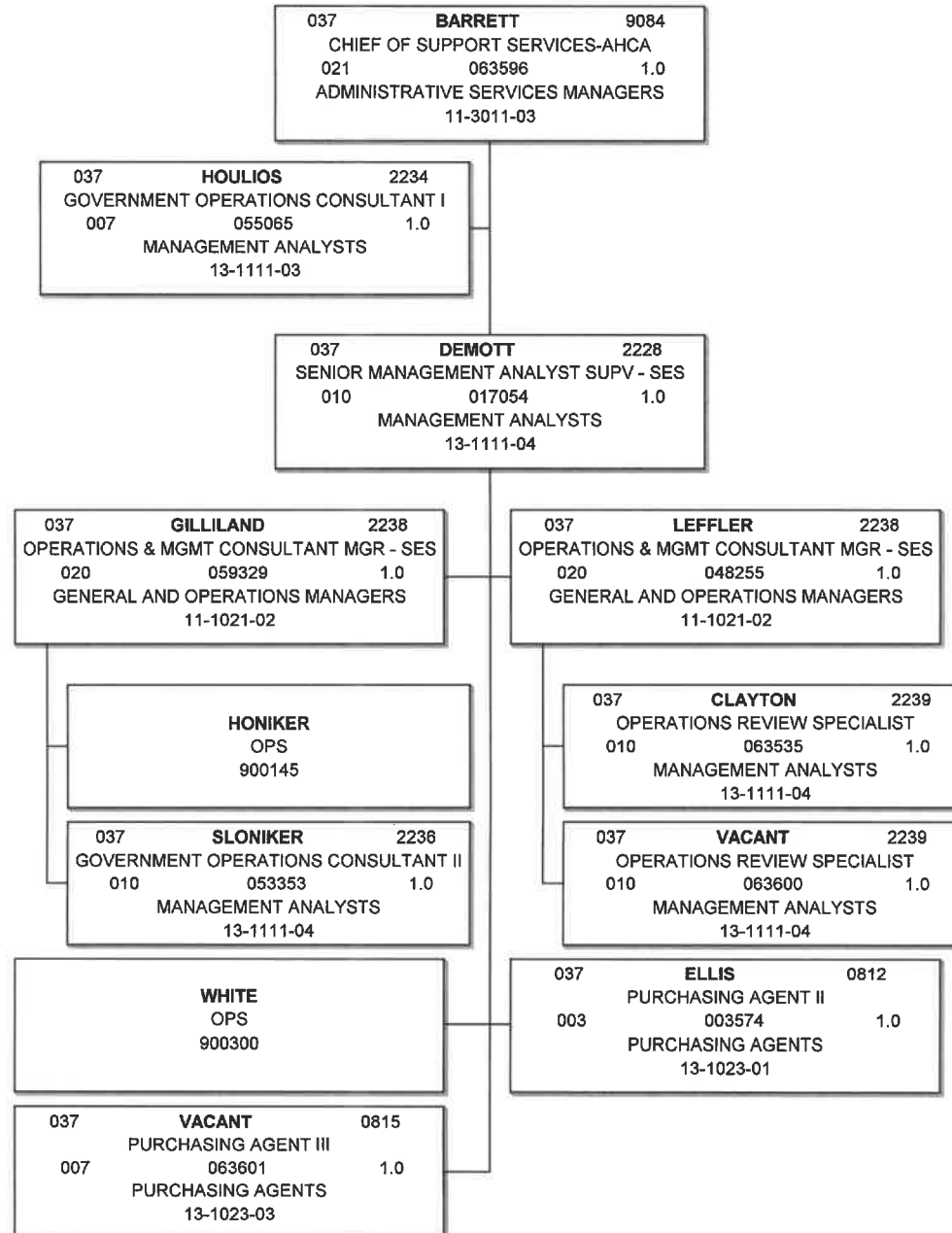


*Shaded box funded in Medicaid Org Code 68-40-00-00-000

AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Bureau of Support Services Purchasing & Contract Administration

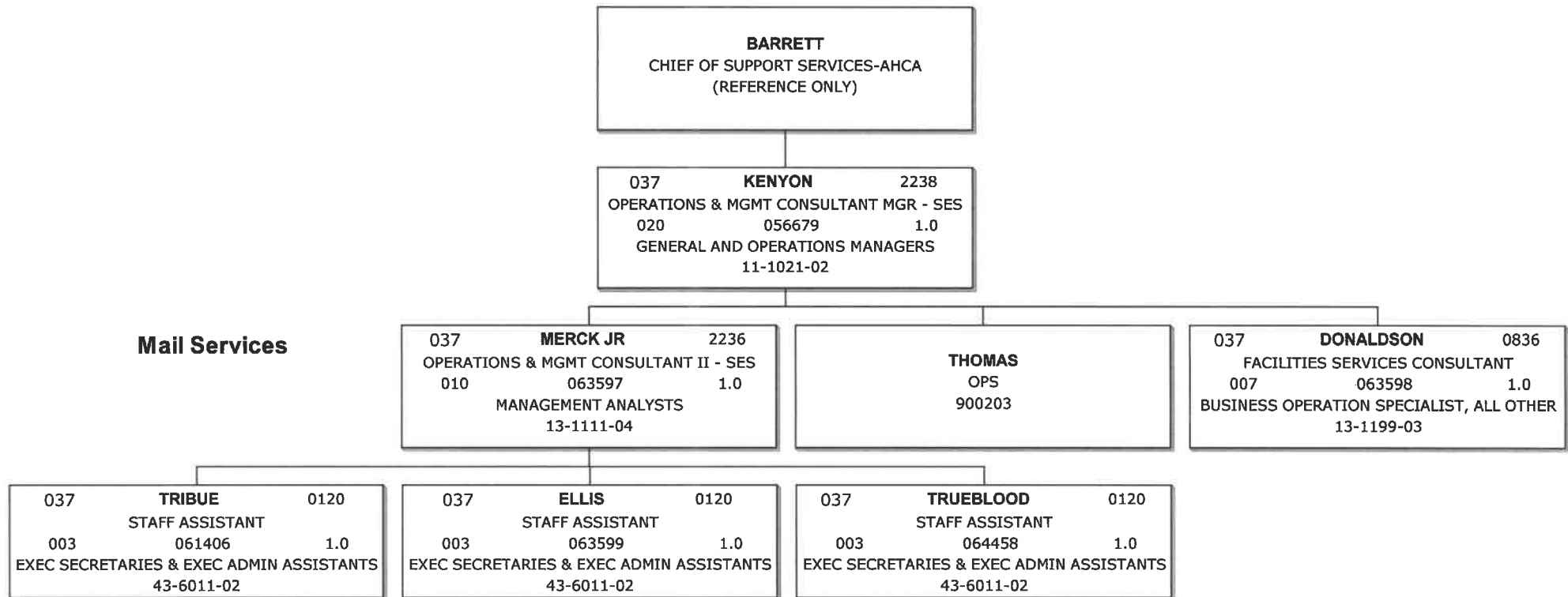
Effective Date: July 1, 2018
Org. Level: 68-20-40-00-000
FTEs: 16 Positions: 16



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Bureau of Support Services Facilities Management

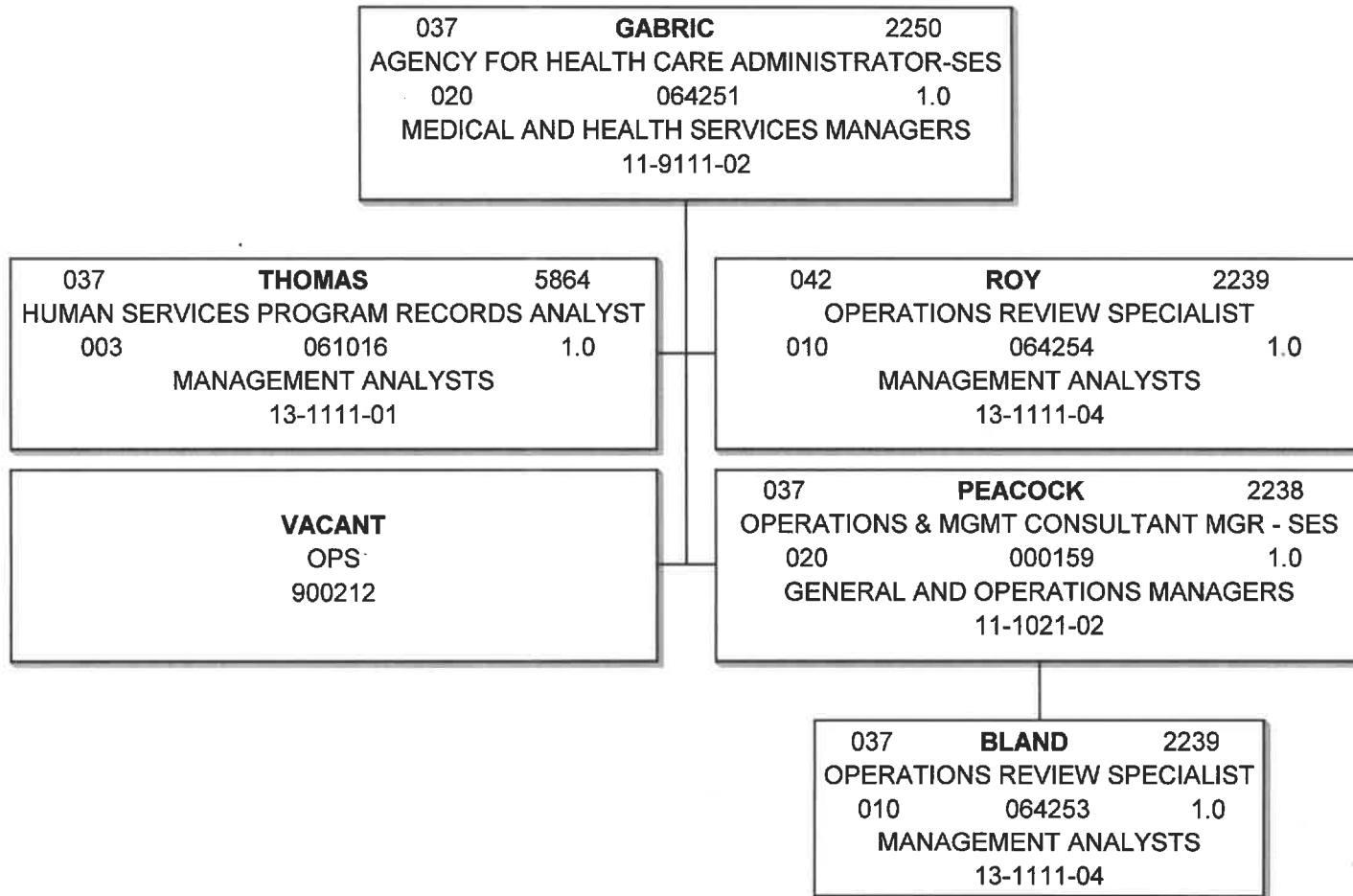
Effective Date: July 1, 2018
Org. Level: 68-20-40-00-000
FTEs: 16 Positions: 16



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Medicaid Third Party Liability

Effective Date: July 1, 2018
Org. Level: 68-20-50-00-000
FTEs: 5 Positions: 5

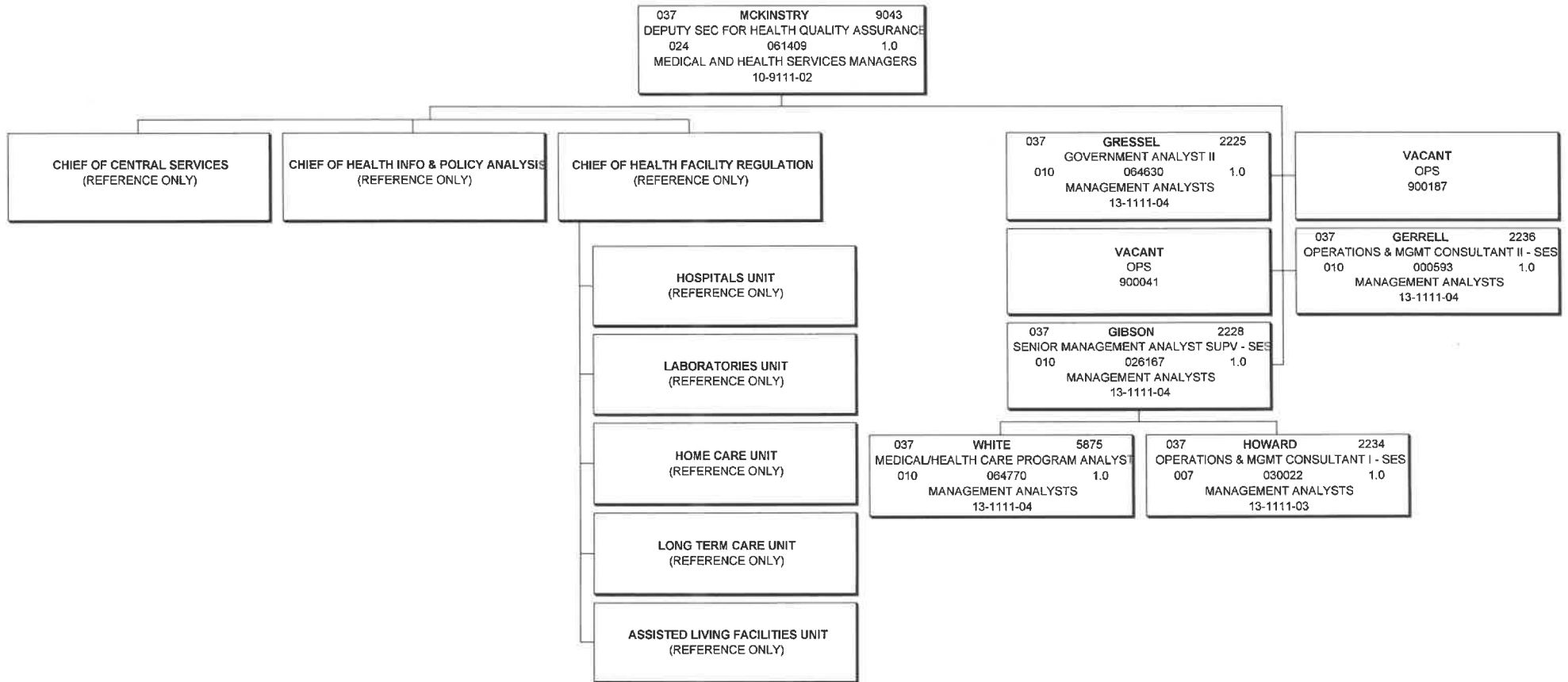


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Deputy Secretary's Office

Effective Date: July 1, 2018
Org. Level: 68-30-00-00-000
FTEs: 7 Positions: 7

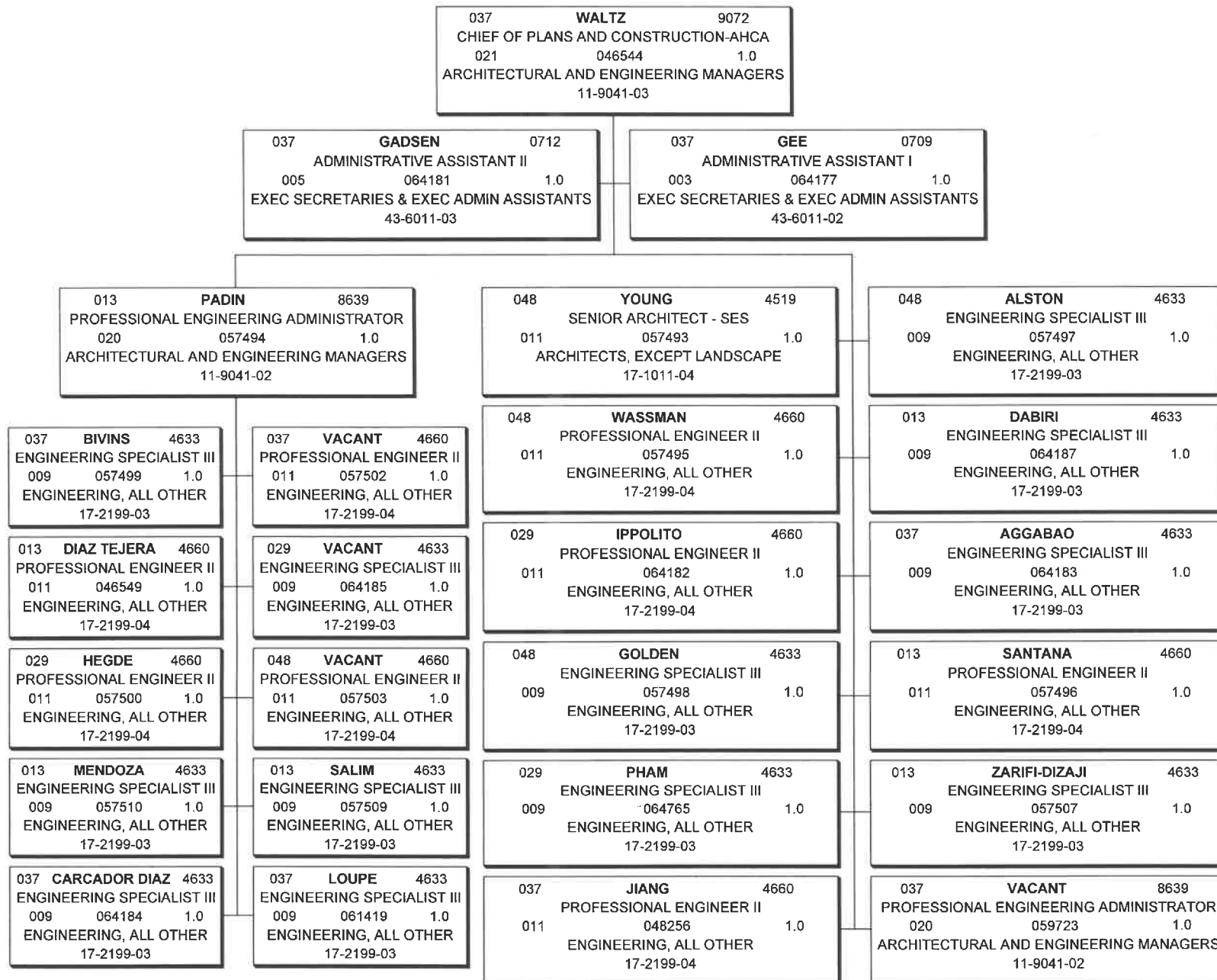
Division of HQA FTE: 642.50
Division of HQA # Positions: 643



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Plans and Construction

Effective Date: July 1, 2018
Org. Level: 68-30-10-00-000
FTEs: 40 Positions: 40



AGENCY FOR HEALTH CARE ADMINISTRATION

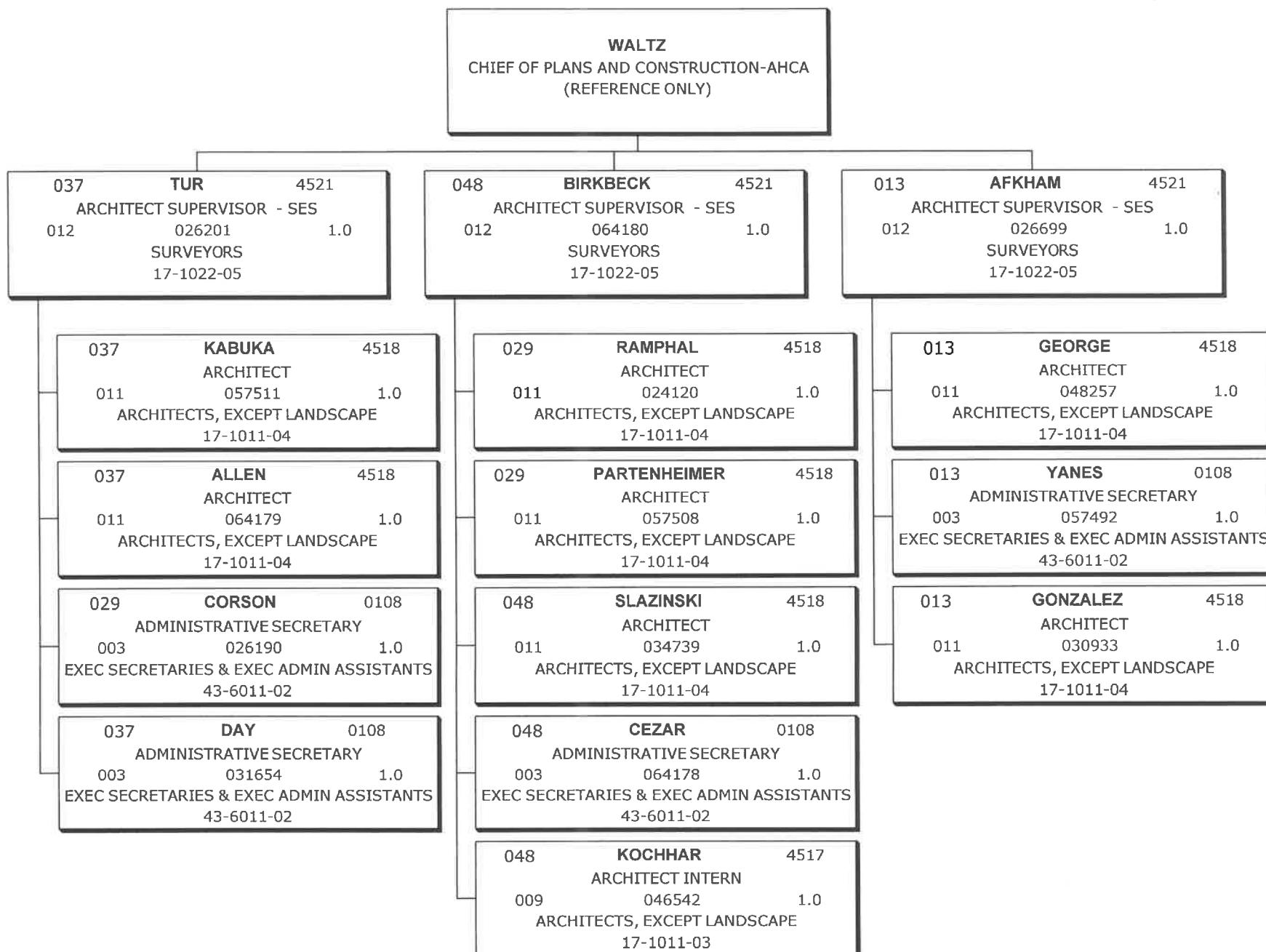
Division of Health Quality Assurance

Bureau of Plans and Construction

Effective Date: July 1, 2018

Org. Level: 68-30-10-00-000

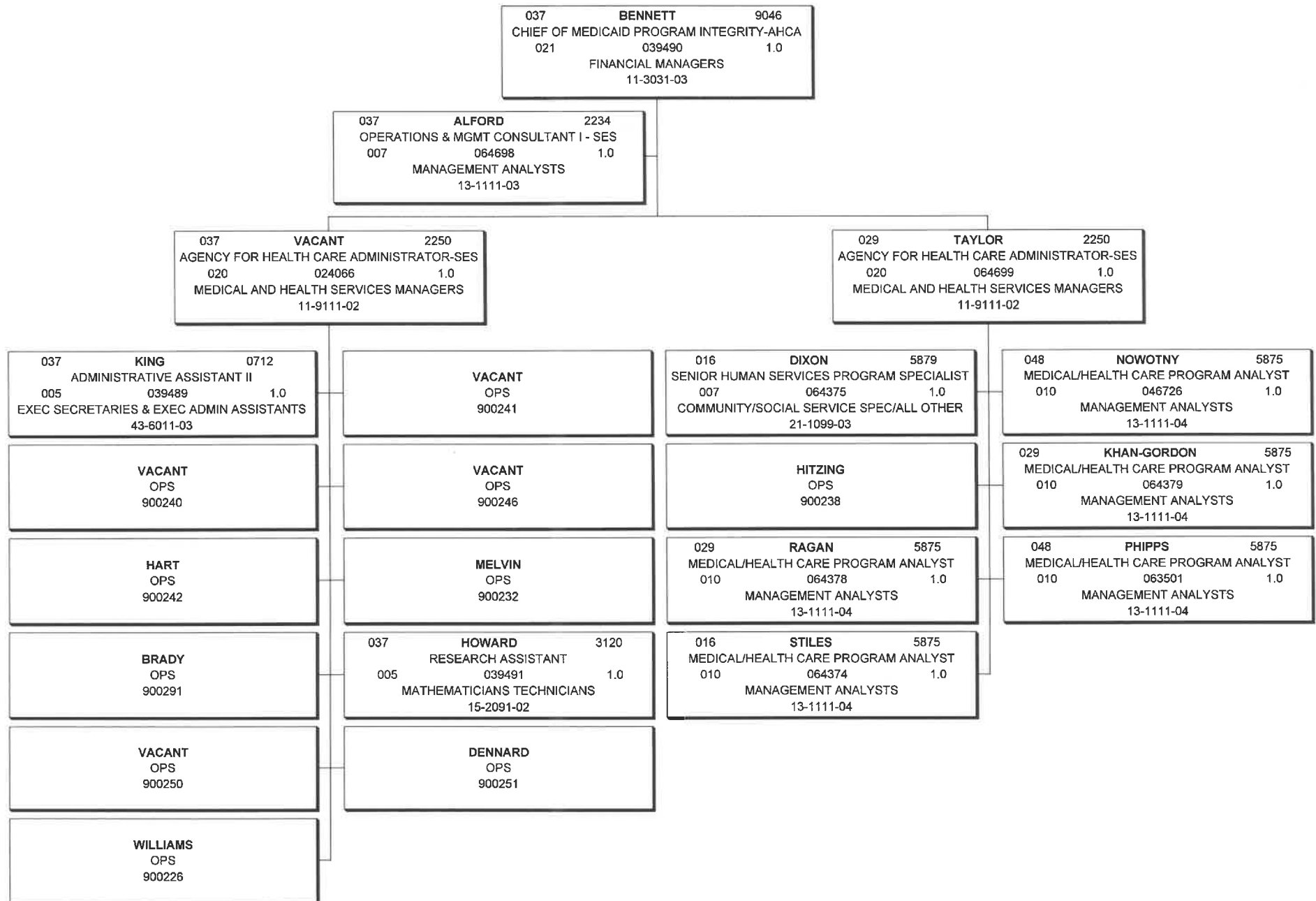
FTEs: 40 Positions: 40



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance Bureau of Medicaid Program Integrity

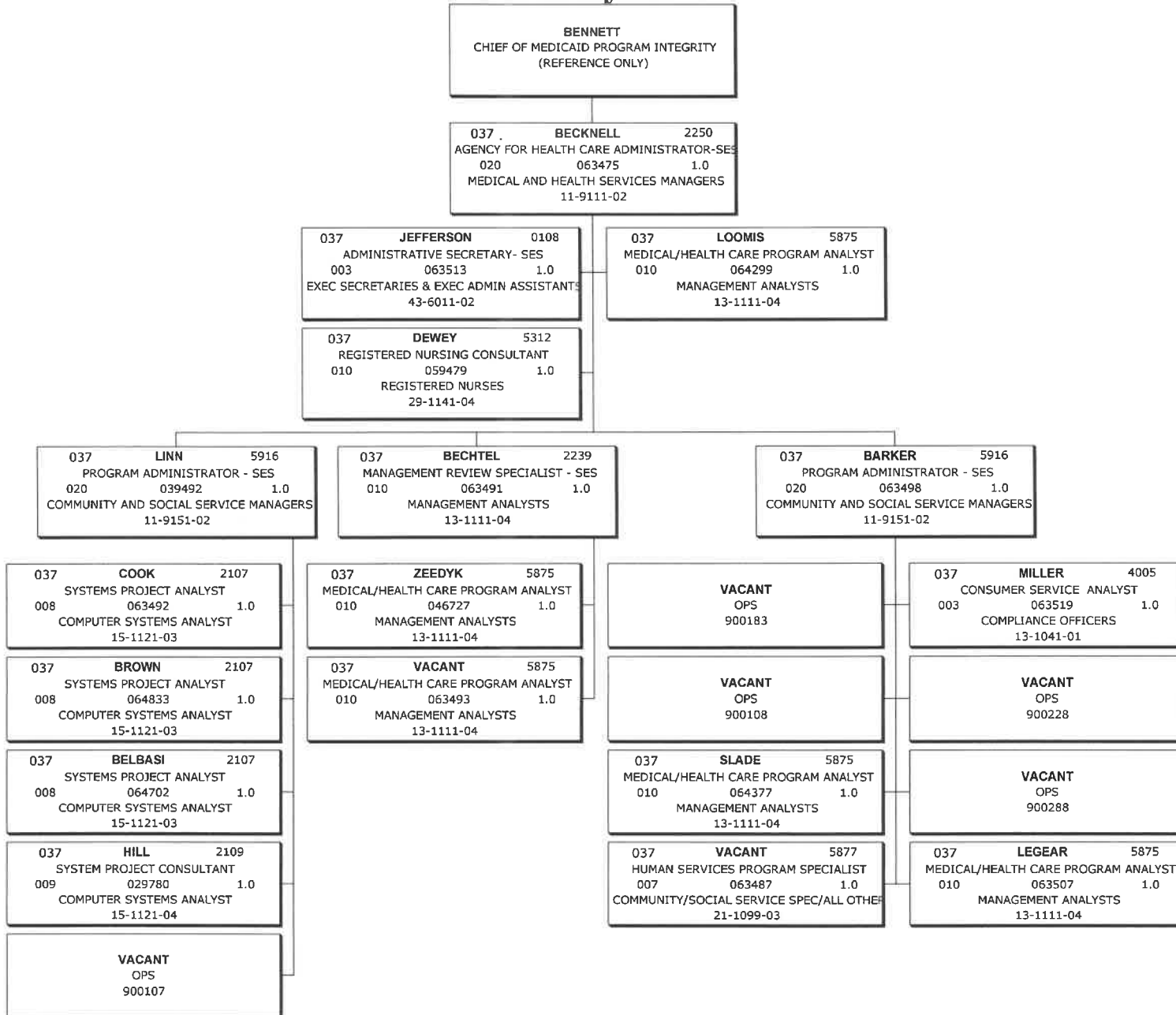
Effective Date: July 1, 2018
Org. Level: 68-10-30-10-000
FTEs: 72.5 Positions: 73



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance Bureau of Medicaid Program Integrity Data Analysis Unit

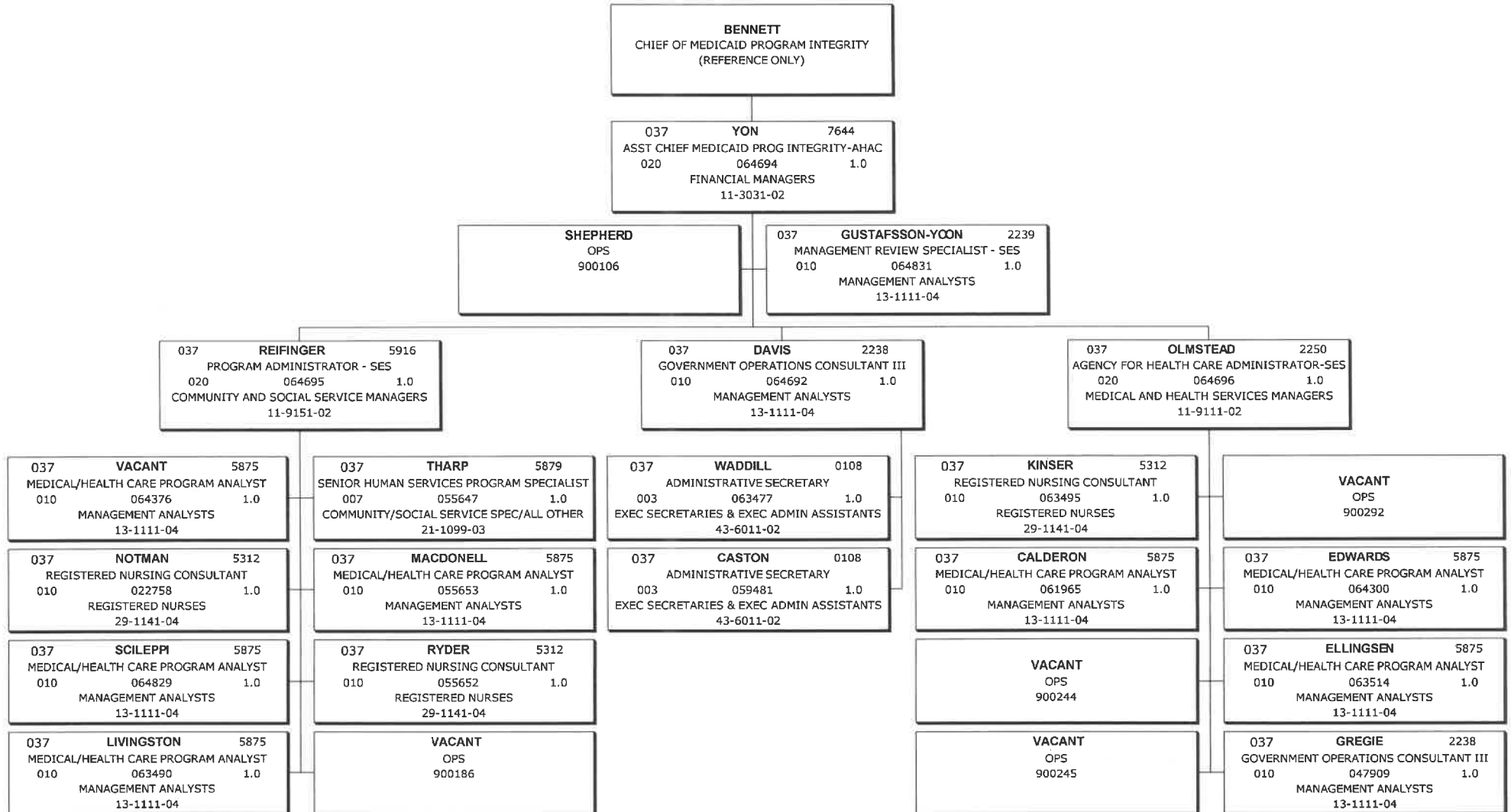
Effective Date: July 1, 2018
Org. Level: 68-10-30-10-000
FTEs: 72.5 Positions: 73



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance Bureau of Medicaid Program Integrity

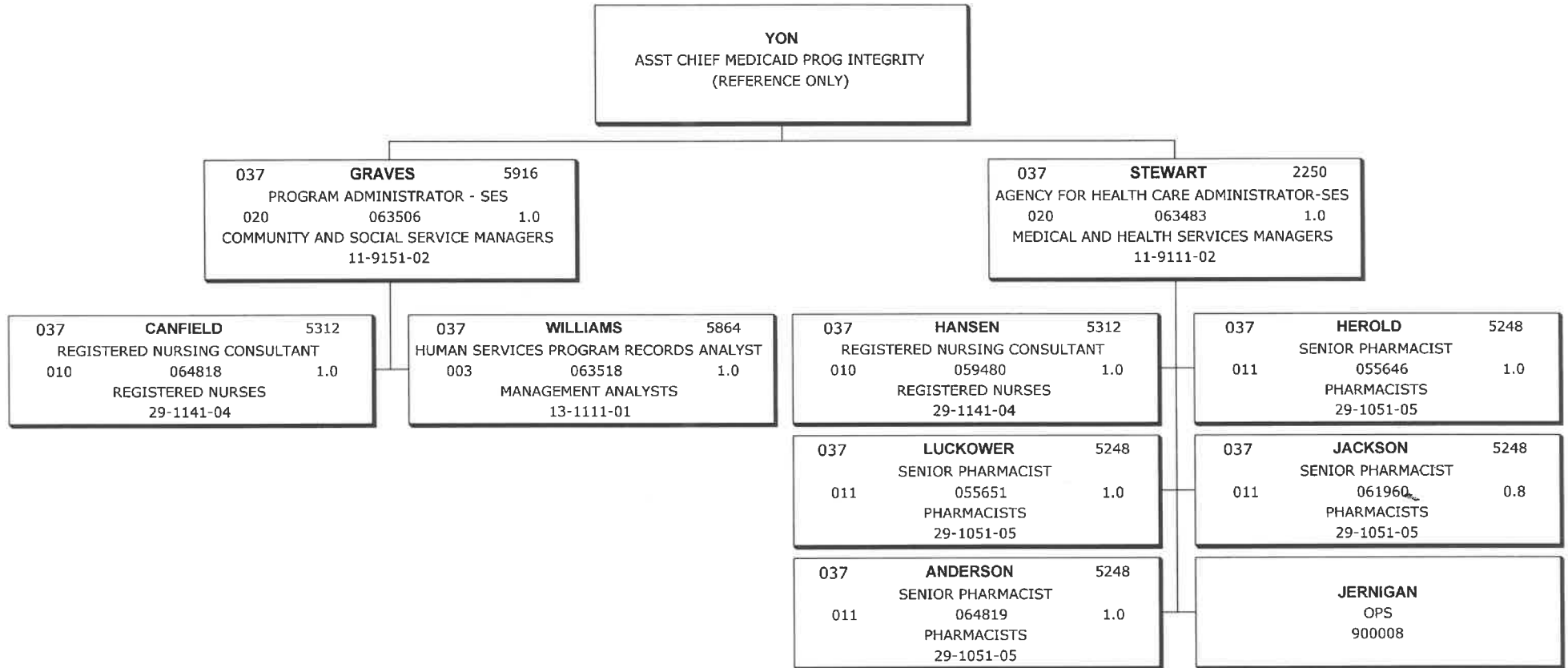
Effective Date: July 1, 2018
Org. Level: 68-10-30-10-000
FTEs: 72.5 Positions: 73



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance Bureau of Medicaid Program Integrity

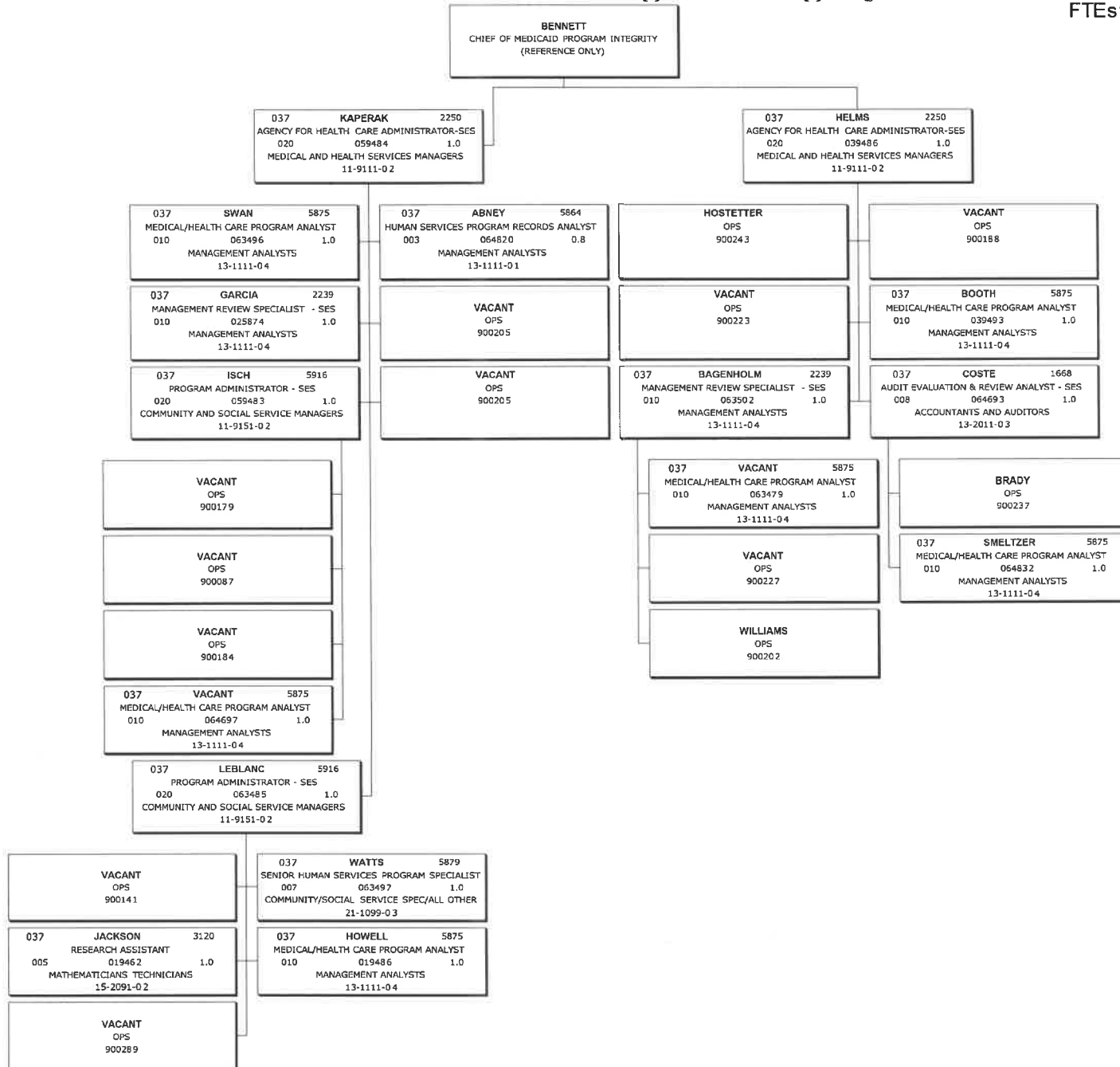
Effective Date: July 1, 2018
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FTEs: 72.5 Positions: 73



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance Bureau of Medicaid Program Integrity

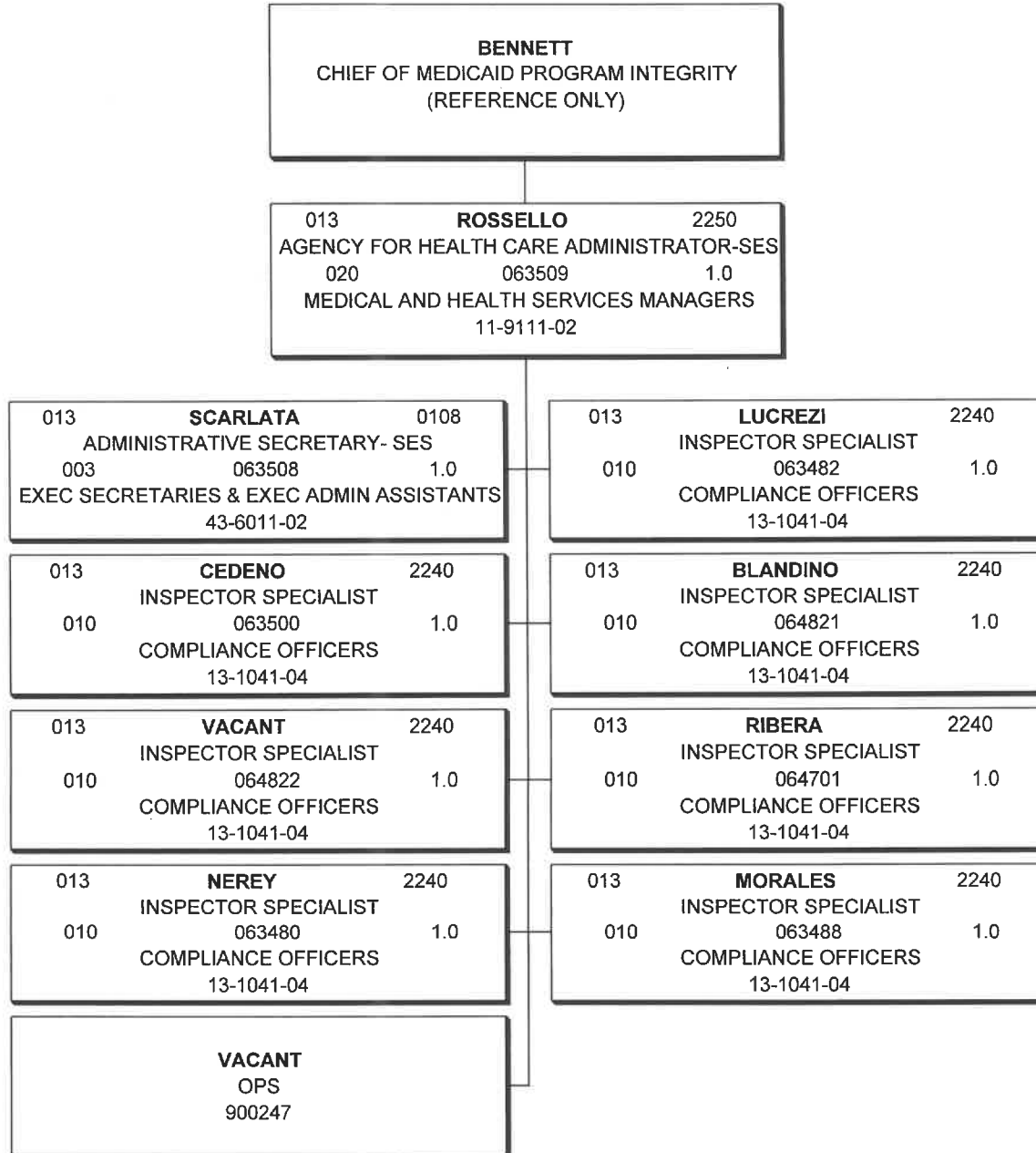
Effective Date: July 1, 2018
Org. Level: 68-10-30-10-000
FTEs: 72.5 Positions: 73



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance Bureau of Medicaid Program Integrity Field Operations Miami

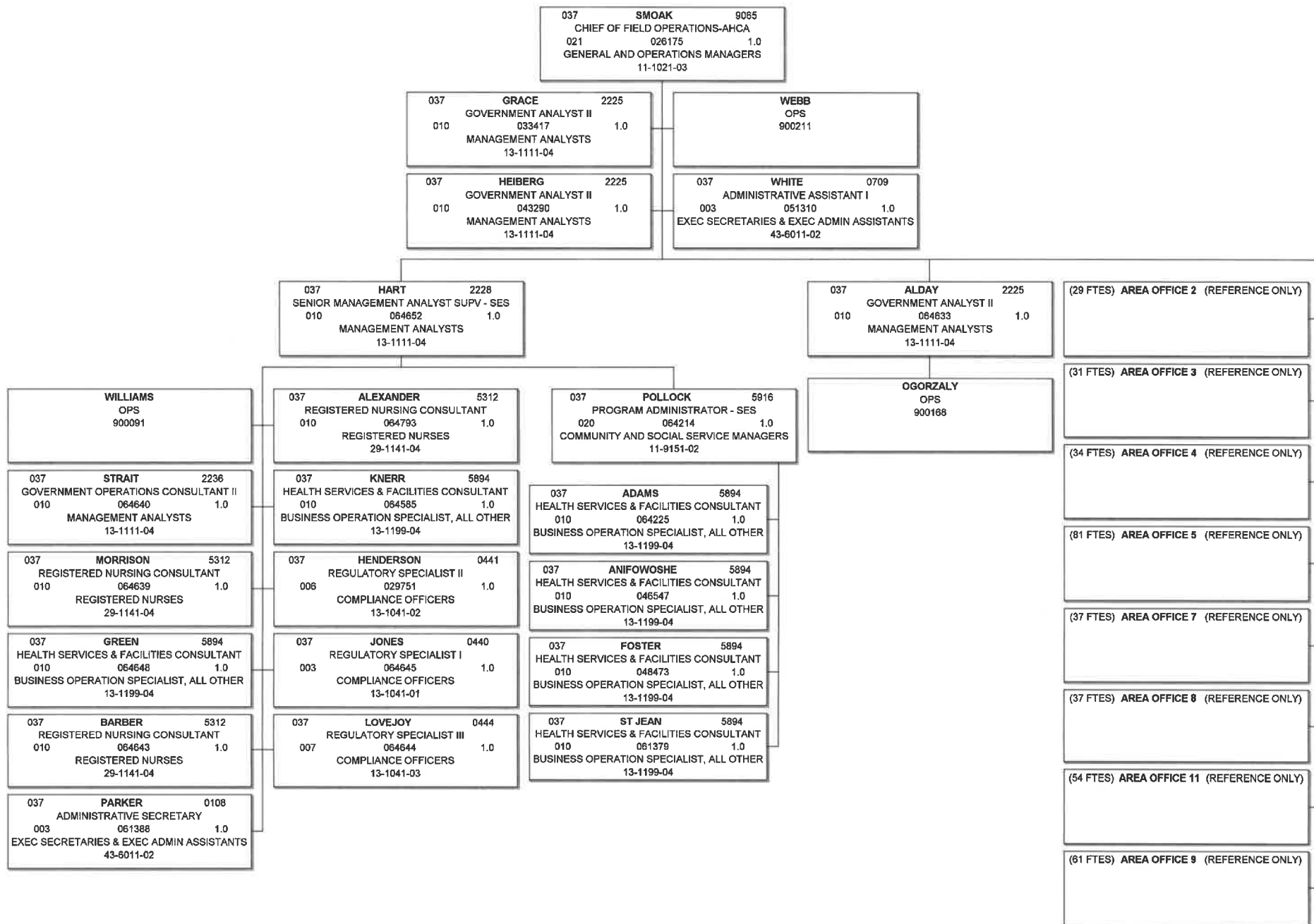
Effective Date: July 1, 2018
Org. Level: 68-10-30-10-011
FTEs: 9 Positions: 9



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations

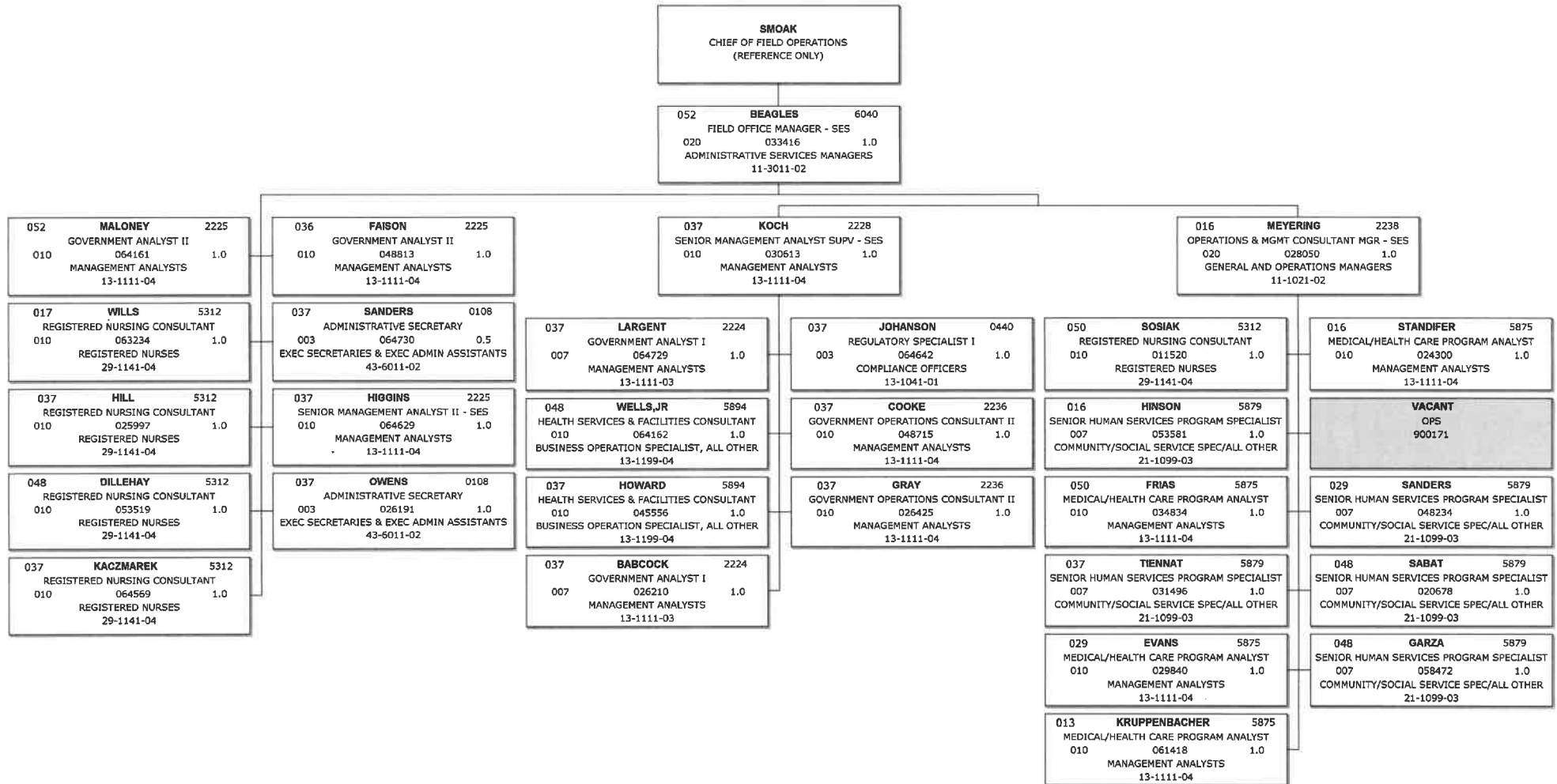
Effective Date: July 1, 2018
Org. Level: 68-30-30-00-000
FTEs: 21 Positions: 21



AGENCY FOR HEALTH CARE ADMINISTRATION

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

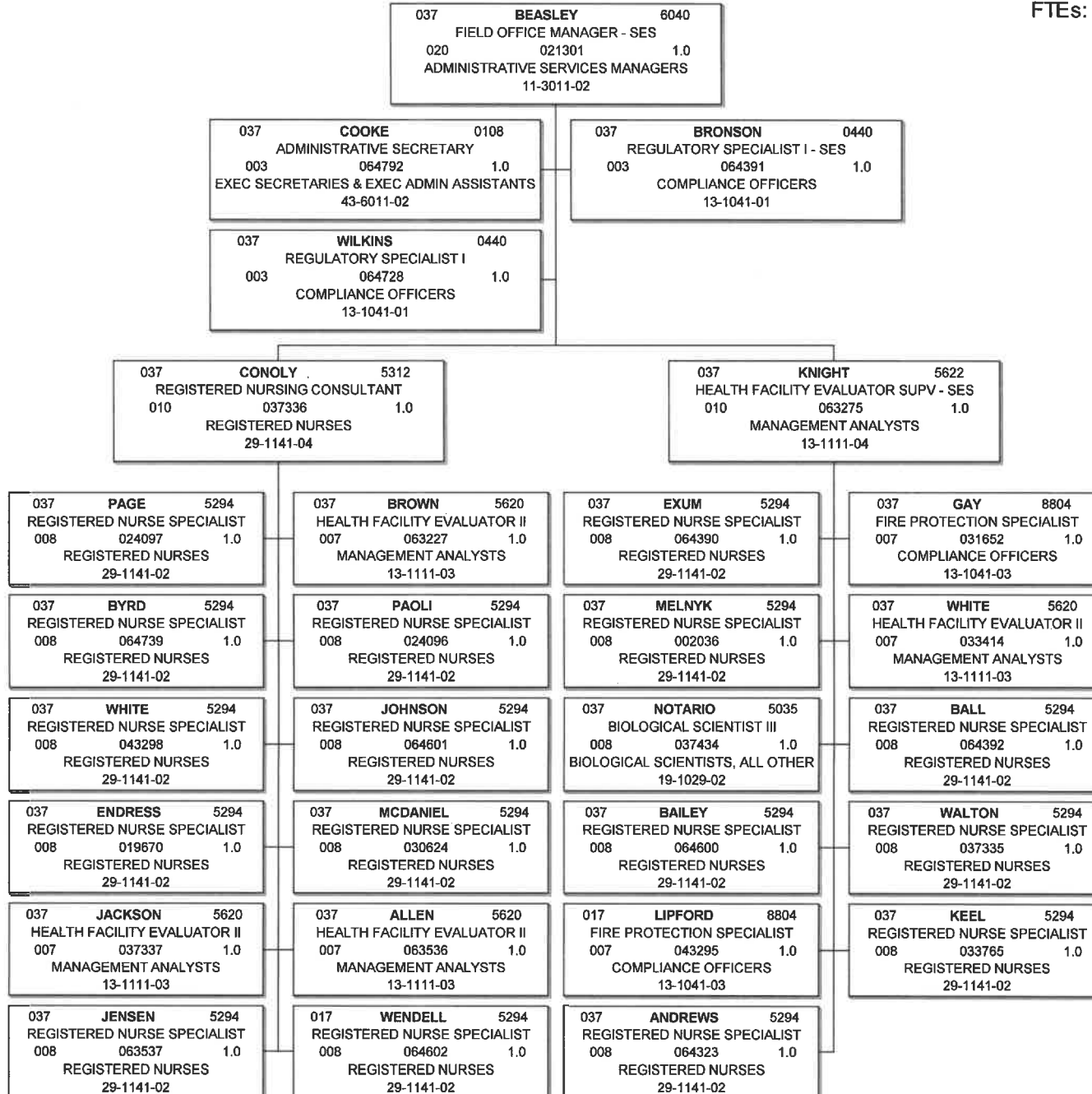
Effective Date: July 1, 2018
Org. Level: 68-30-30-000
FTEs: 29.5 Positions: 30



AGENCY FOR HEALTH CARE ADMINISTRATION

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

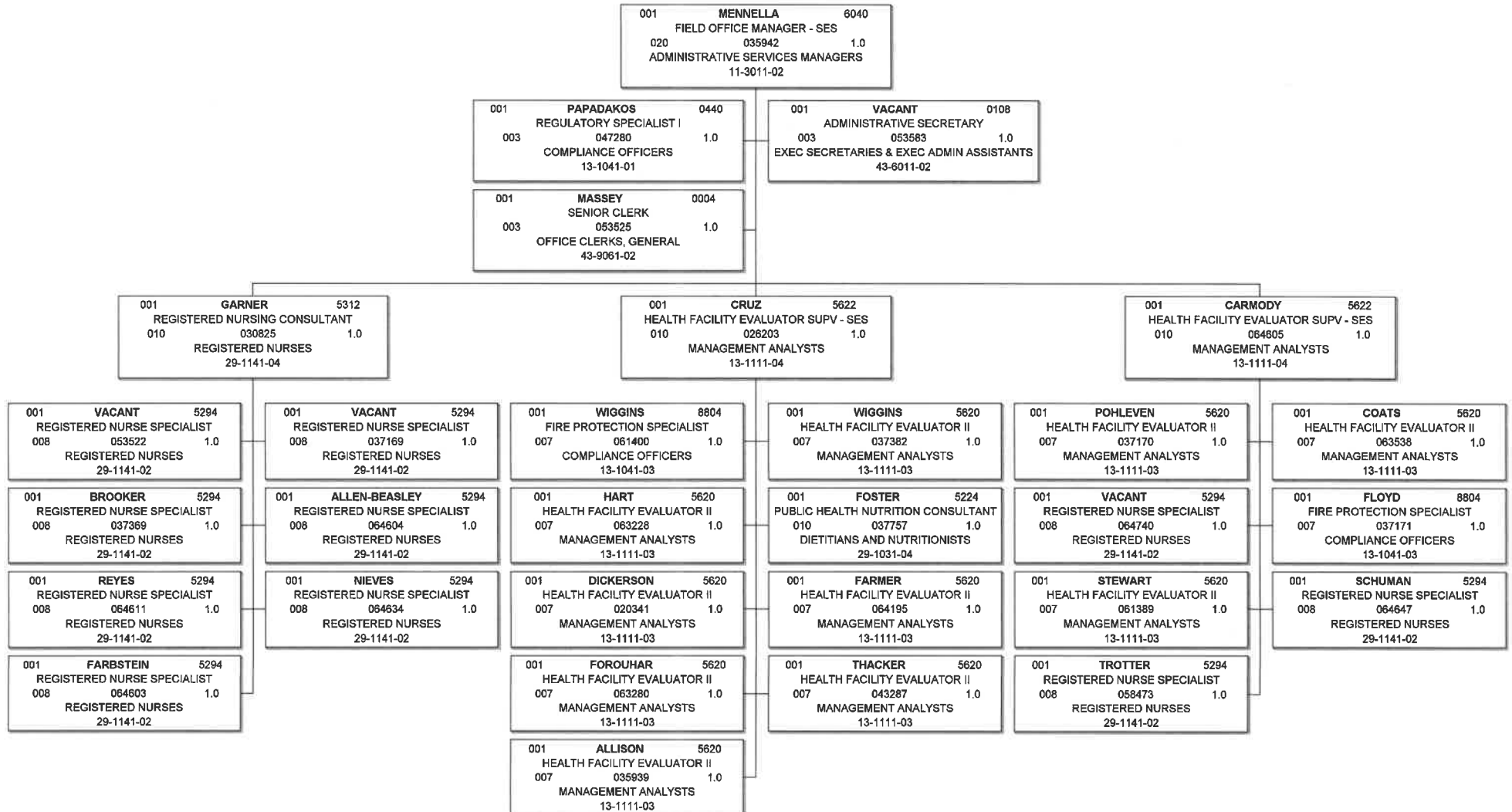
Effective Date: July 1, 2018
Org. Level: 68-30-30-02-000
FTEs: 29 Positions: 29



AGENCY FOR HEALTH CARE ADMINISTRATION

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

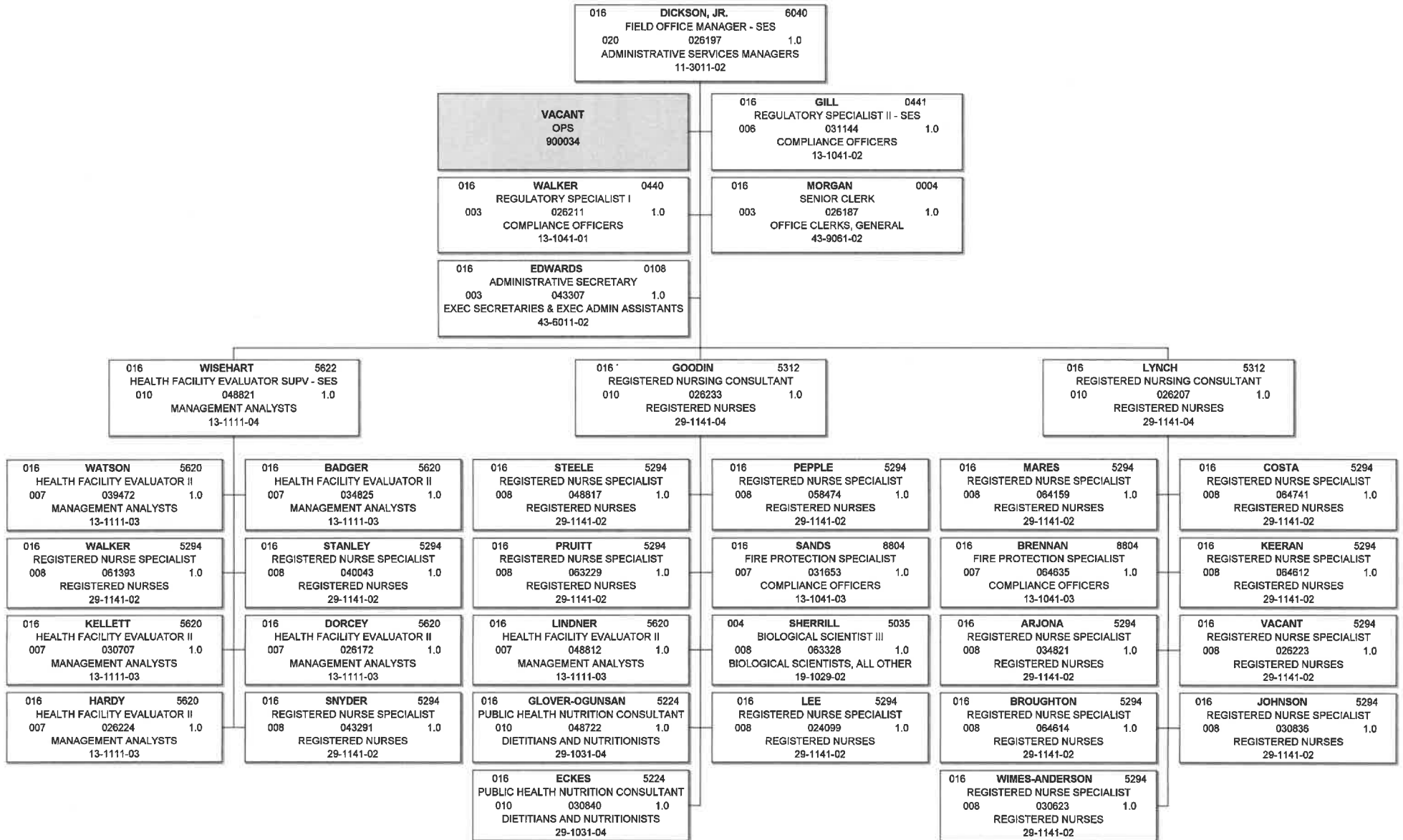
Effective Date: July 1, 2018
Org. Level: 68-30-30-03-000
FTEs: 30 Positions: 30



AGENCY FOR HEALTH CARE ADMINISTRATION

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

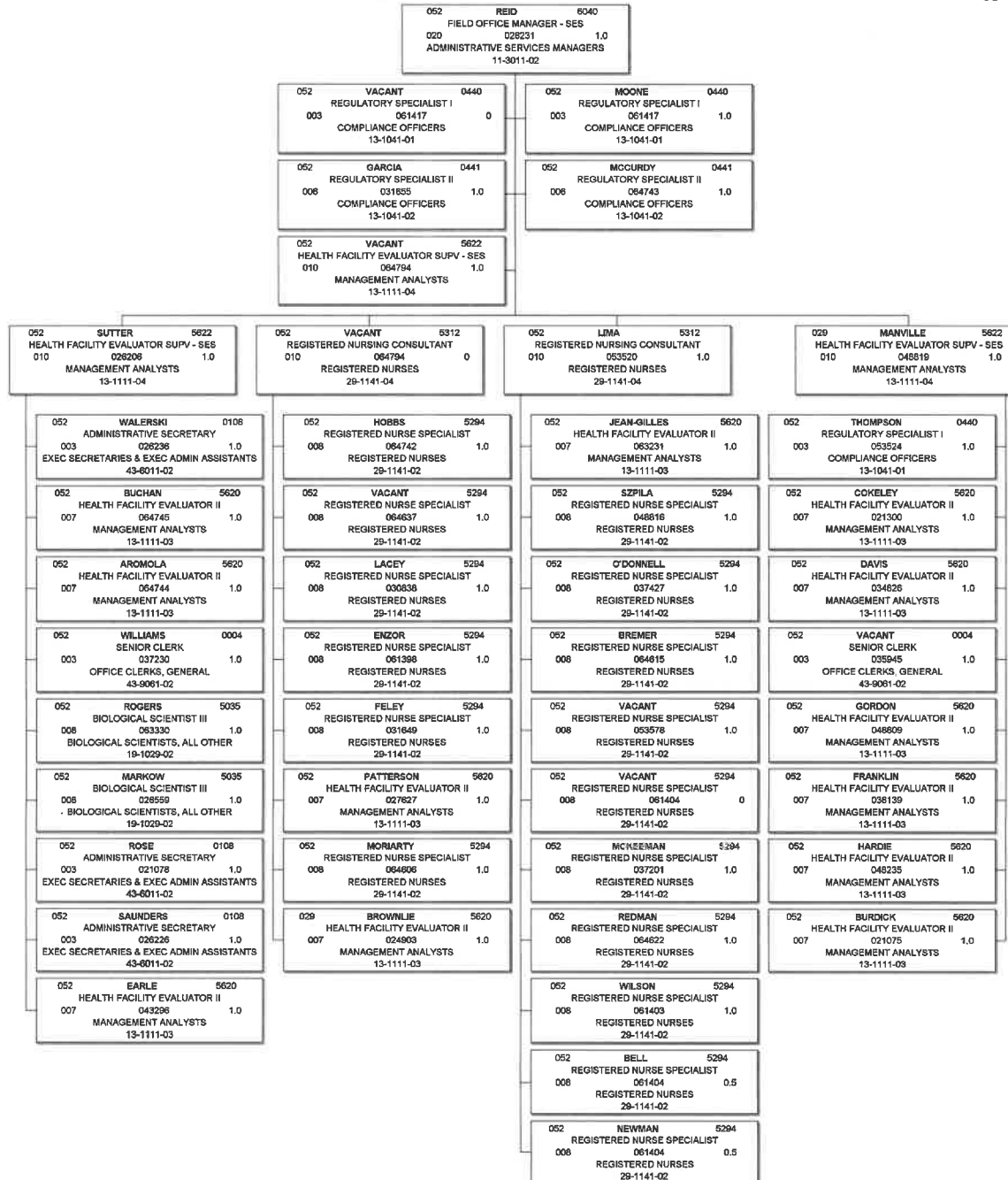
Effective Date: July 1, 2018
Org. Level: 68-30-30-04-000
FTEs: 34 Positions: 34



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations - Area 5 - St. Petersburg

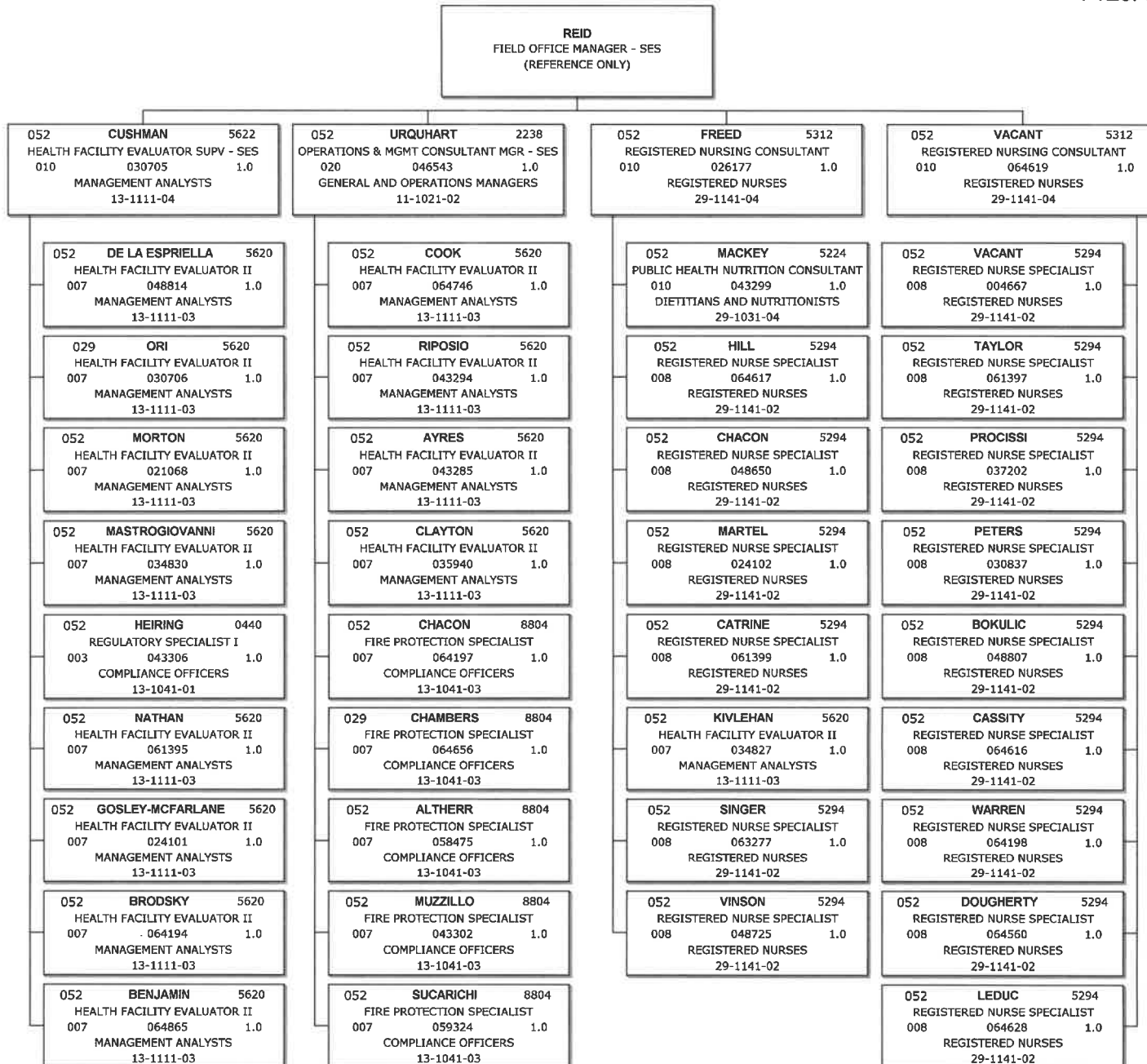
Effective Date: July 1, 2018
Org. Level: 68-30-30-05-000
FTEs: 81 Positions: 81



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations - Area 5 - St. Petersburg

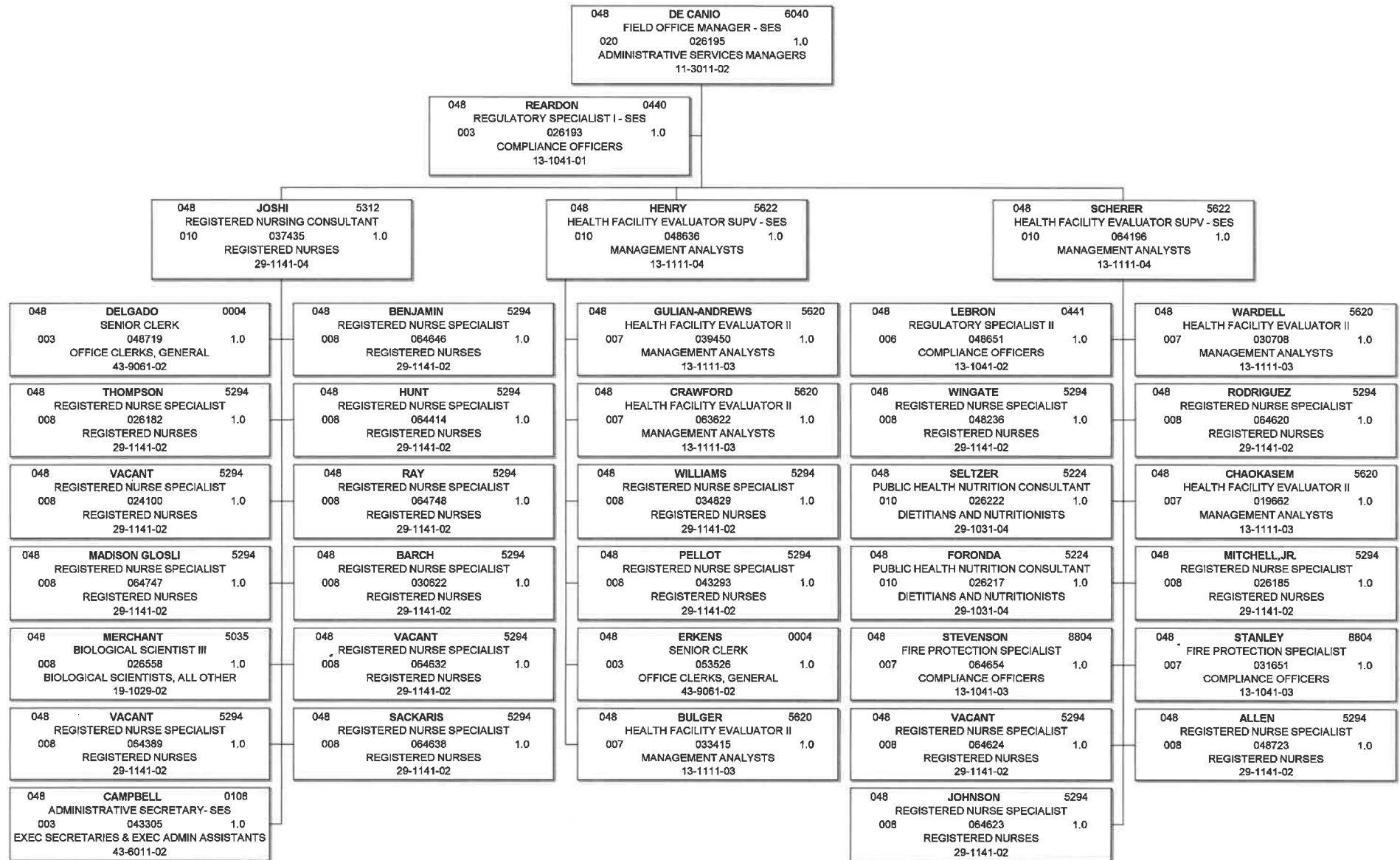
Effective Date: July 1, 2018
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FTEs: 81 Positions: 81



AGENCY FOR HEALTH CARE ADMINISTRATION

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

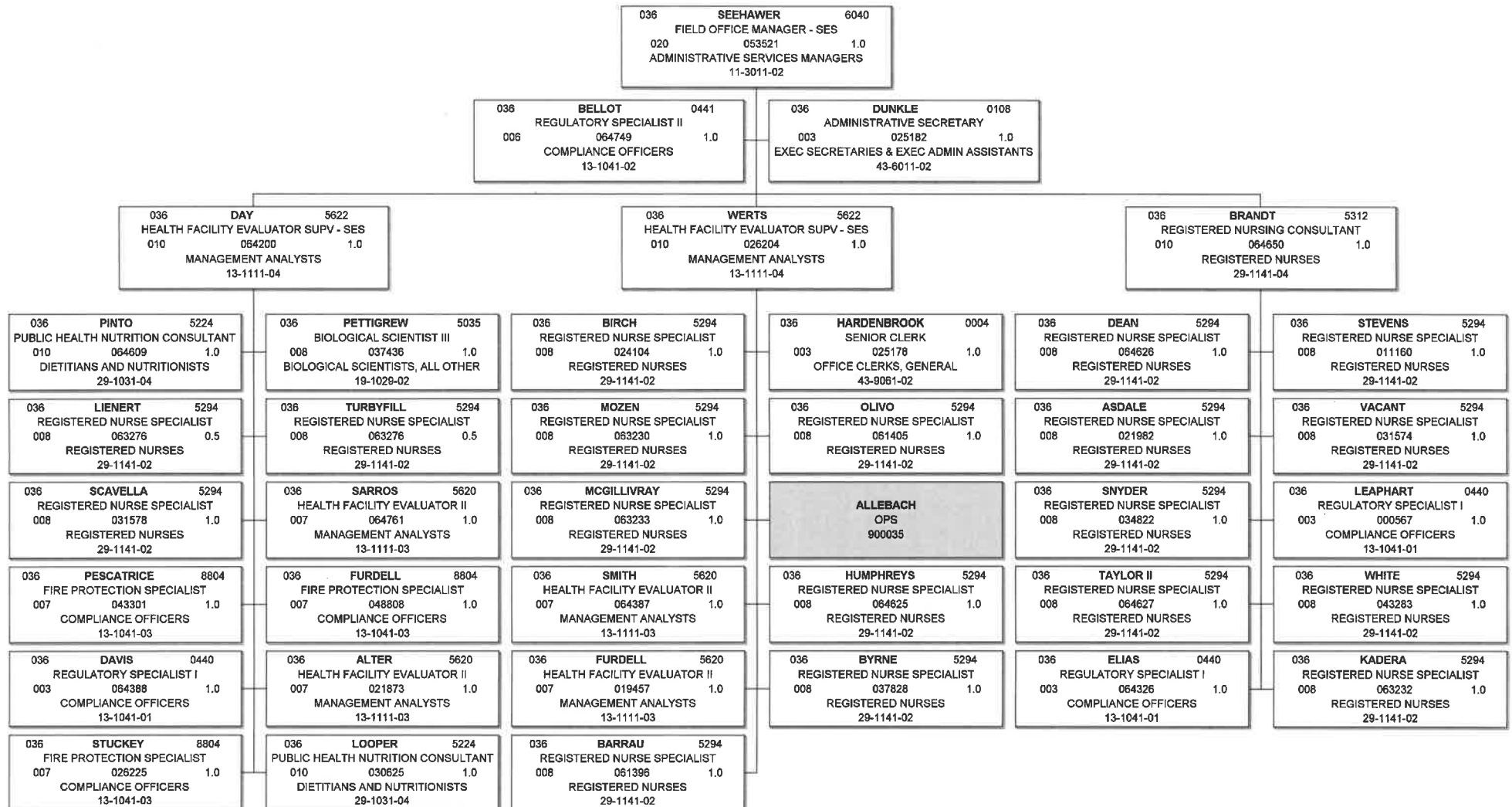
Effective Date: July 1, 2018
Org. Level: 68-30-30-07-000
FTEs: 37 Positions: 37



AGENCY FOR HEALTH CARE ADMINISTRATION

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

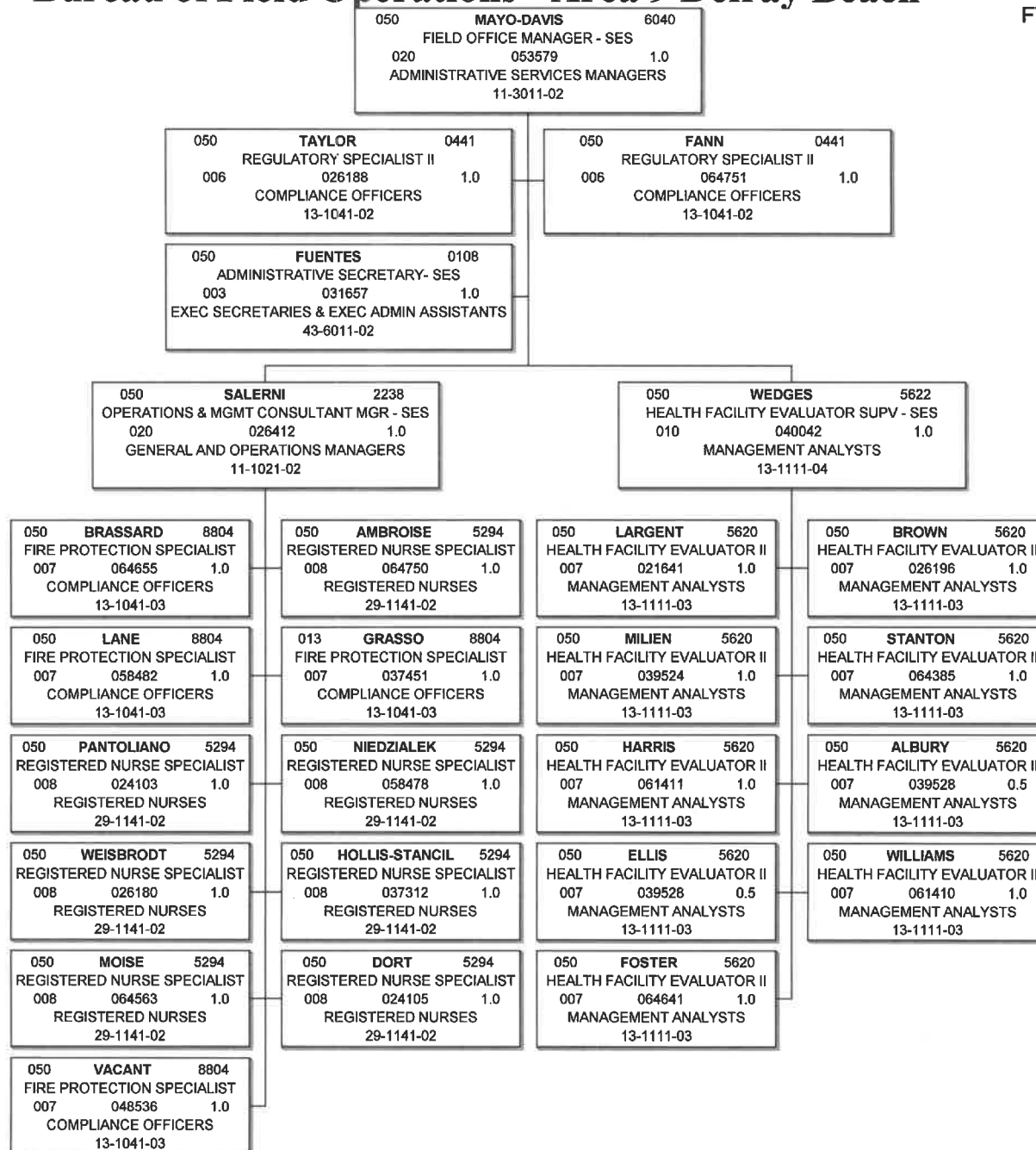
Effective Date: July 1, 2018
Org. Level: 68-30-30-08-000
FTEs: 37 Positions: 37



AGENCY FOR HEALTH CARE ADMINISTRATION

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

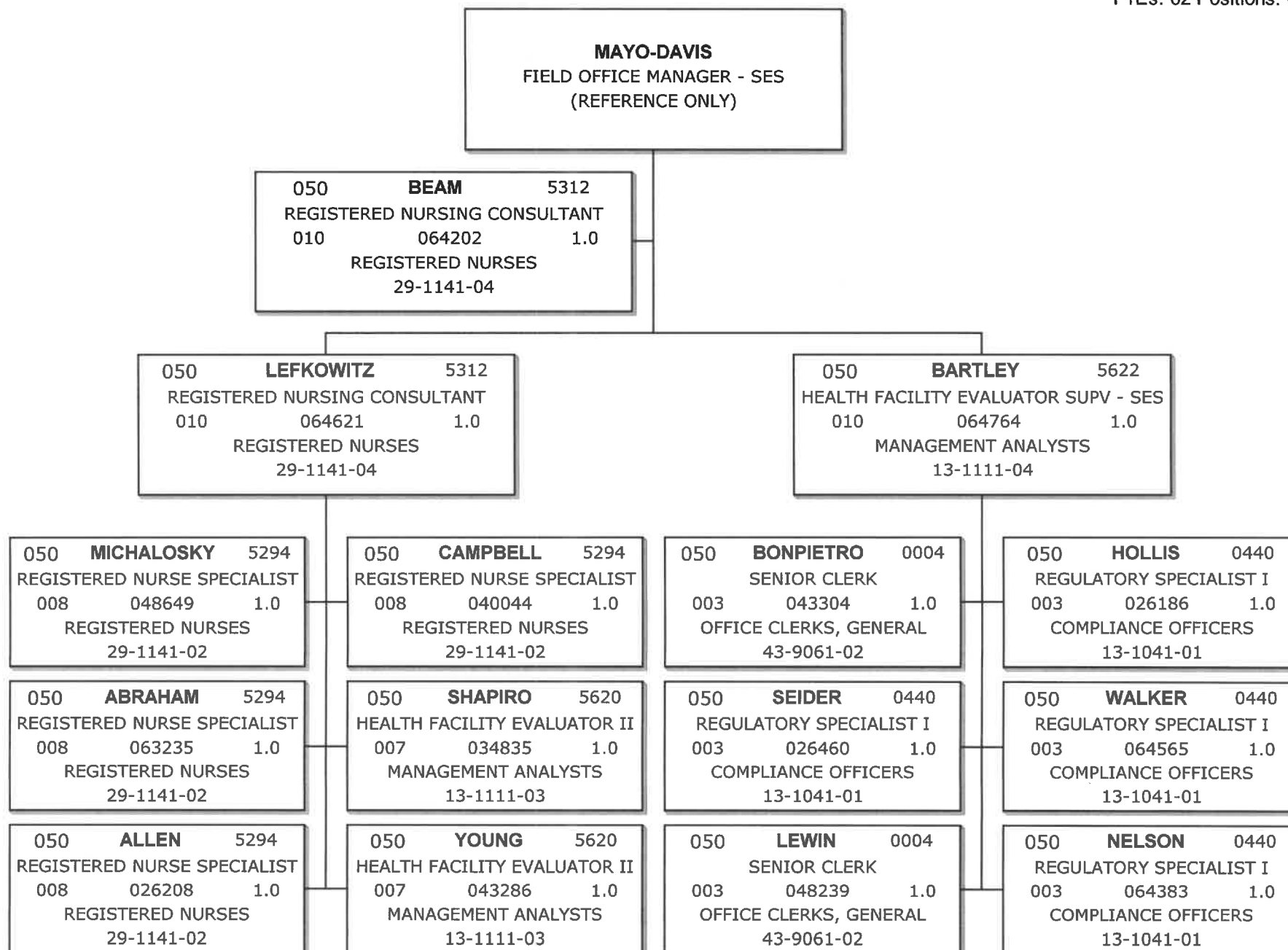
Effective Date: July 1, 2018
Org. Level: 68-30-30-09-000
FTEs: 62 Positions: 62



AGENCY FOR HEALTH CARE ADMINISTRATION

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

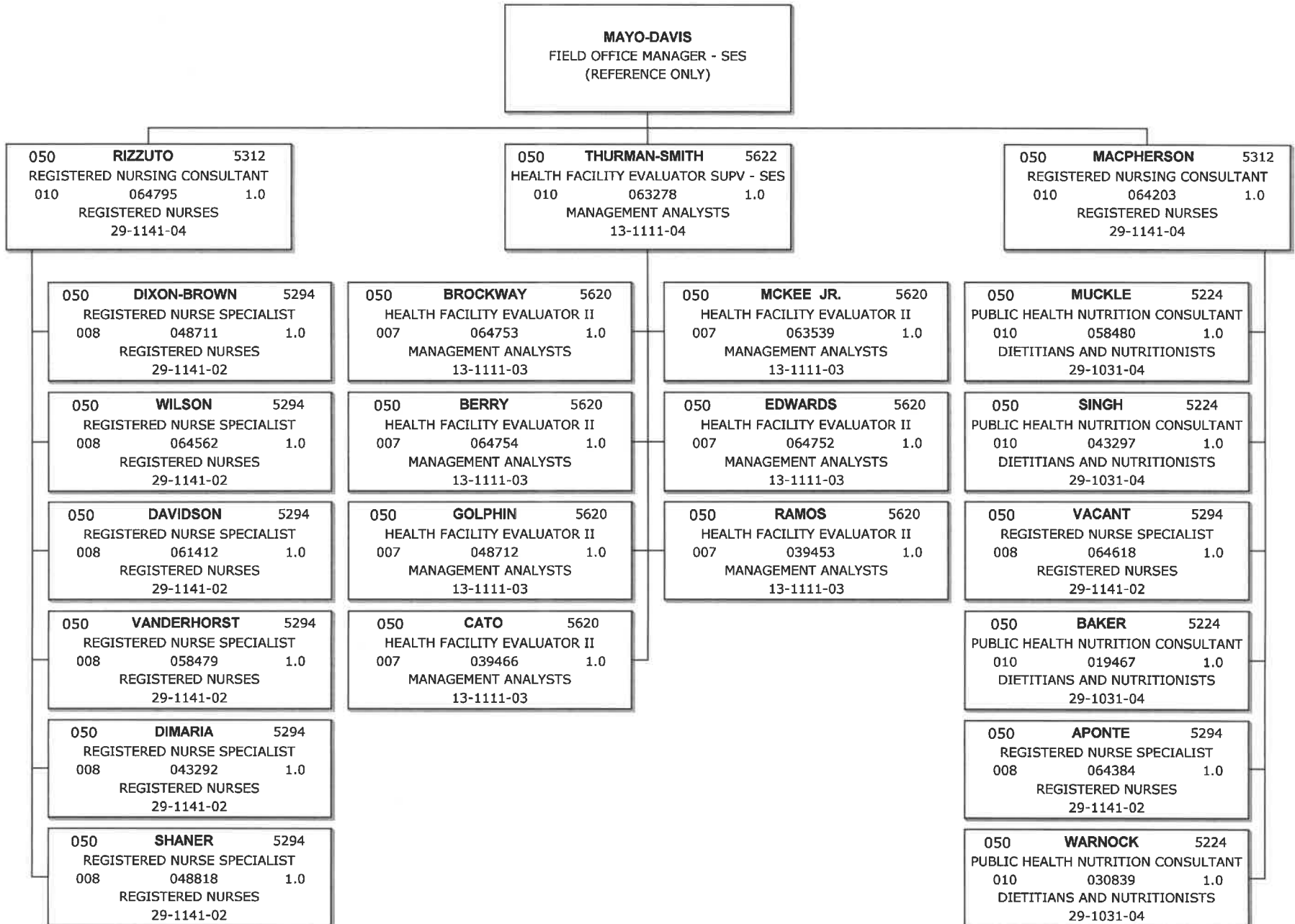
Effective Date: July 1, 2018
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FTEs: 62 Positions: 62



AGENCY FOR HEALTH CARE ADMINISTRATION

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

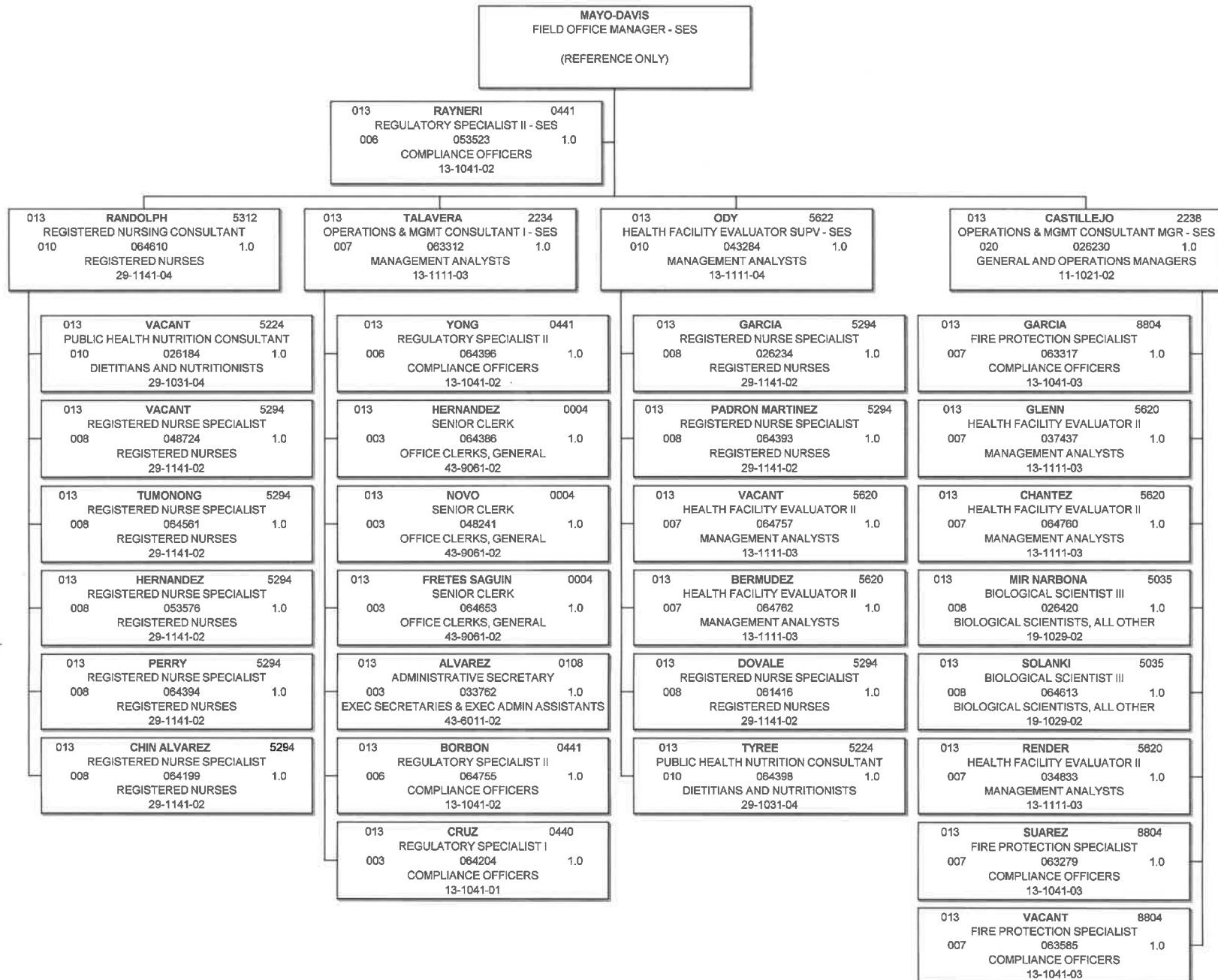
Effective Date: July 1, 2018
Org. Level: 68-30-30-09-000
FTEs: 62 Positions: 62



AGENCY FOR HEALTH CARE ADMINISTRATION

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

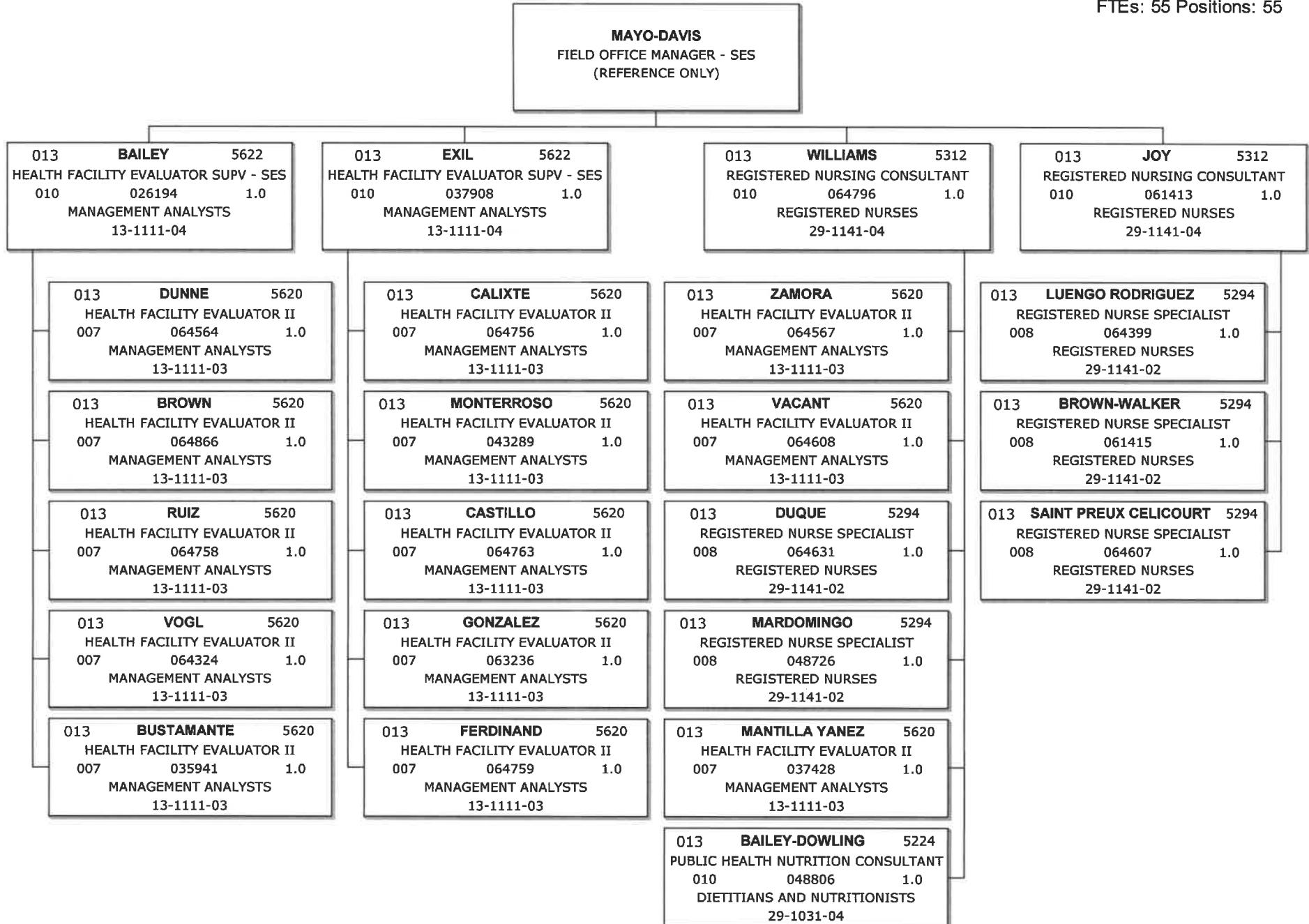
Effective Date: July 1, 2018
Org. Level: 68-30-30-11-000
FTEs: 55 Positions: 55



AGENCY FOR HEALTH CARE ADMINISTRATION

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

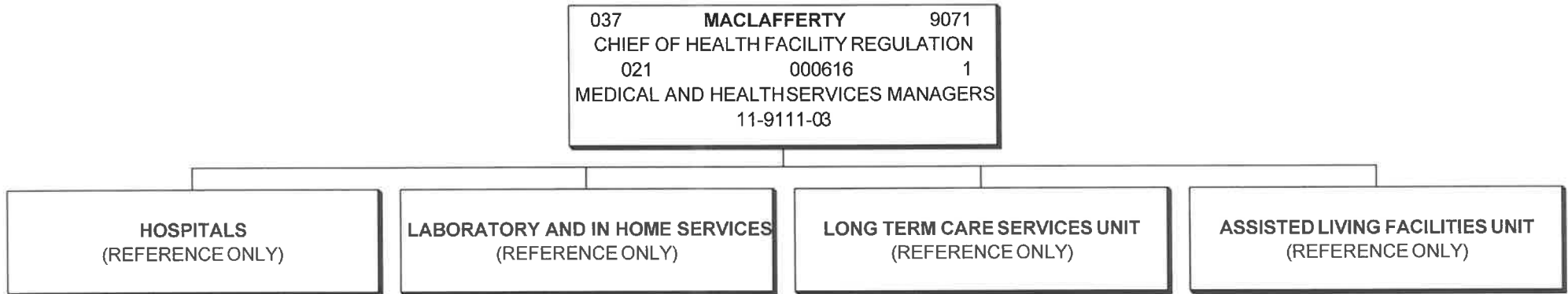
Effective Date: July 1, 2018
Org. Level: 68-30-30-11-000
FTEs: 55 Positions: 55



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Health Facility Regulation

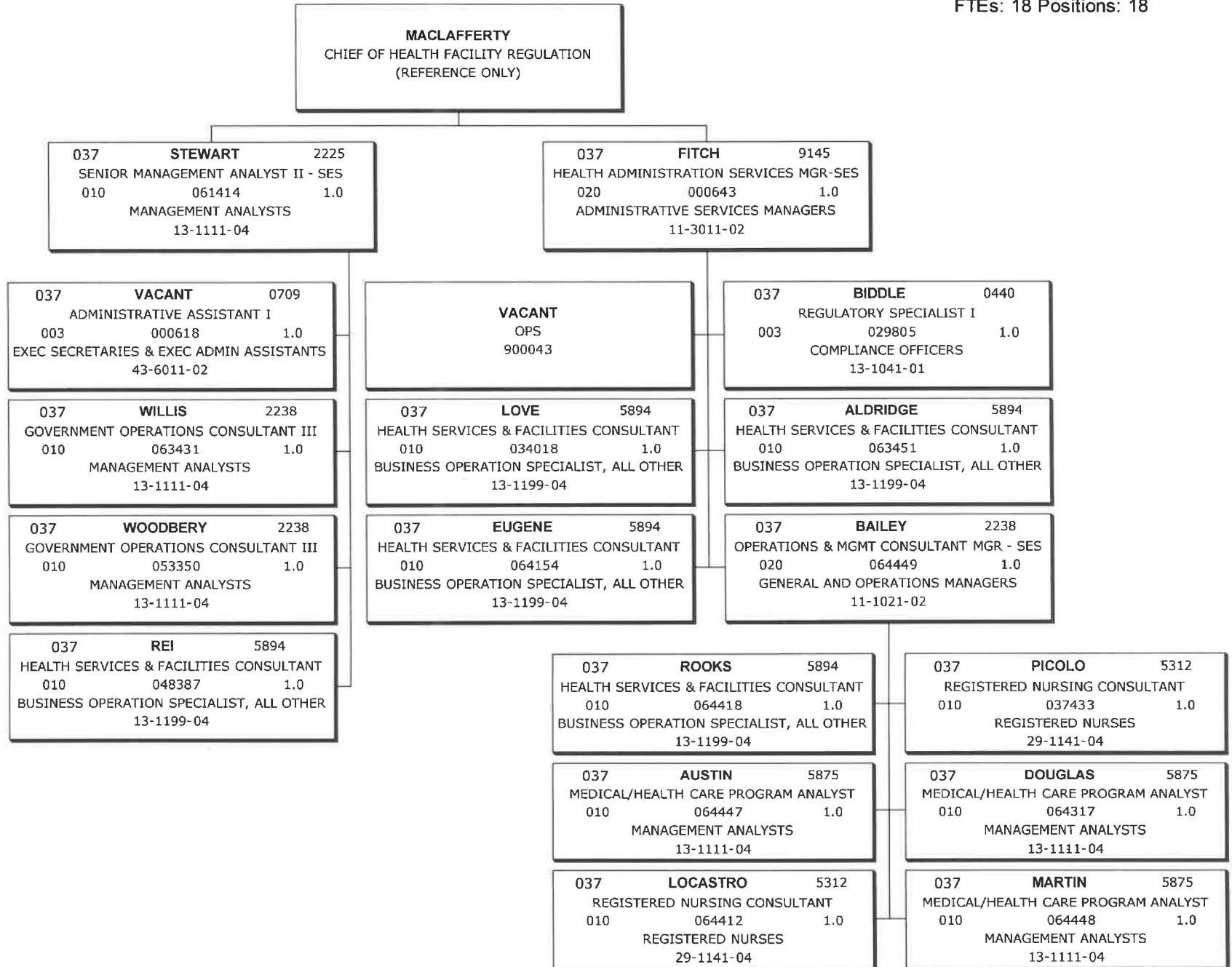
Effective Date: July 1, 2018
Org. Level: 68-30-20-00-000
FTEs: 95.5 Positions: 96



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Health Facility Regulation

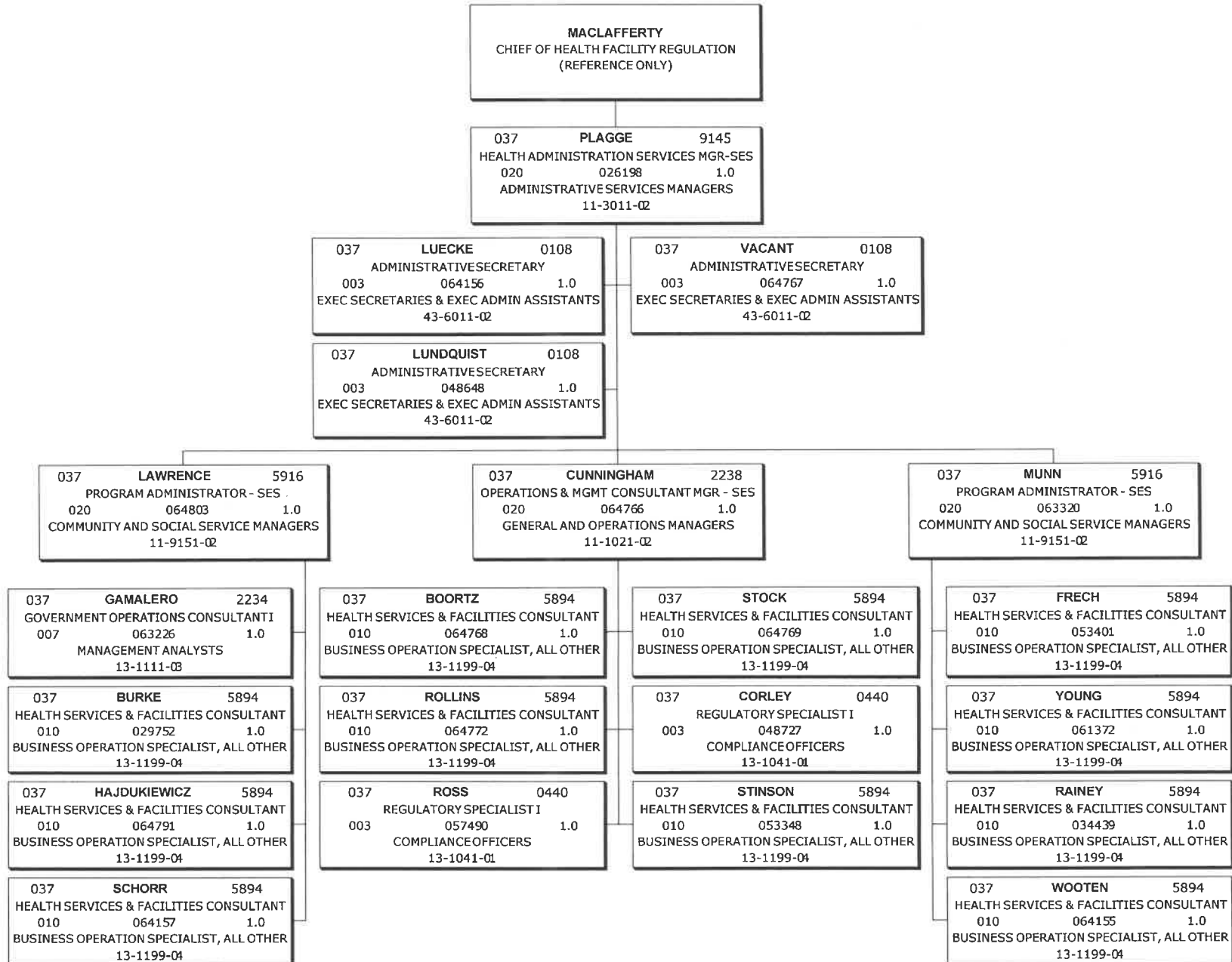
Effective Date: July 1, 2018
Org. Level: 68-30-20-00-000
FTEs: 18 Positions: 18



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Health Facility Regulation Hospitals & Outpatient Services

Effective Date: July 1, 2018
Org. Level: 68-30-20-20-000
FTEs: 21 Positions: 21



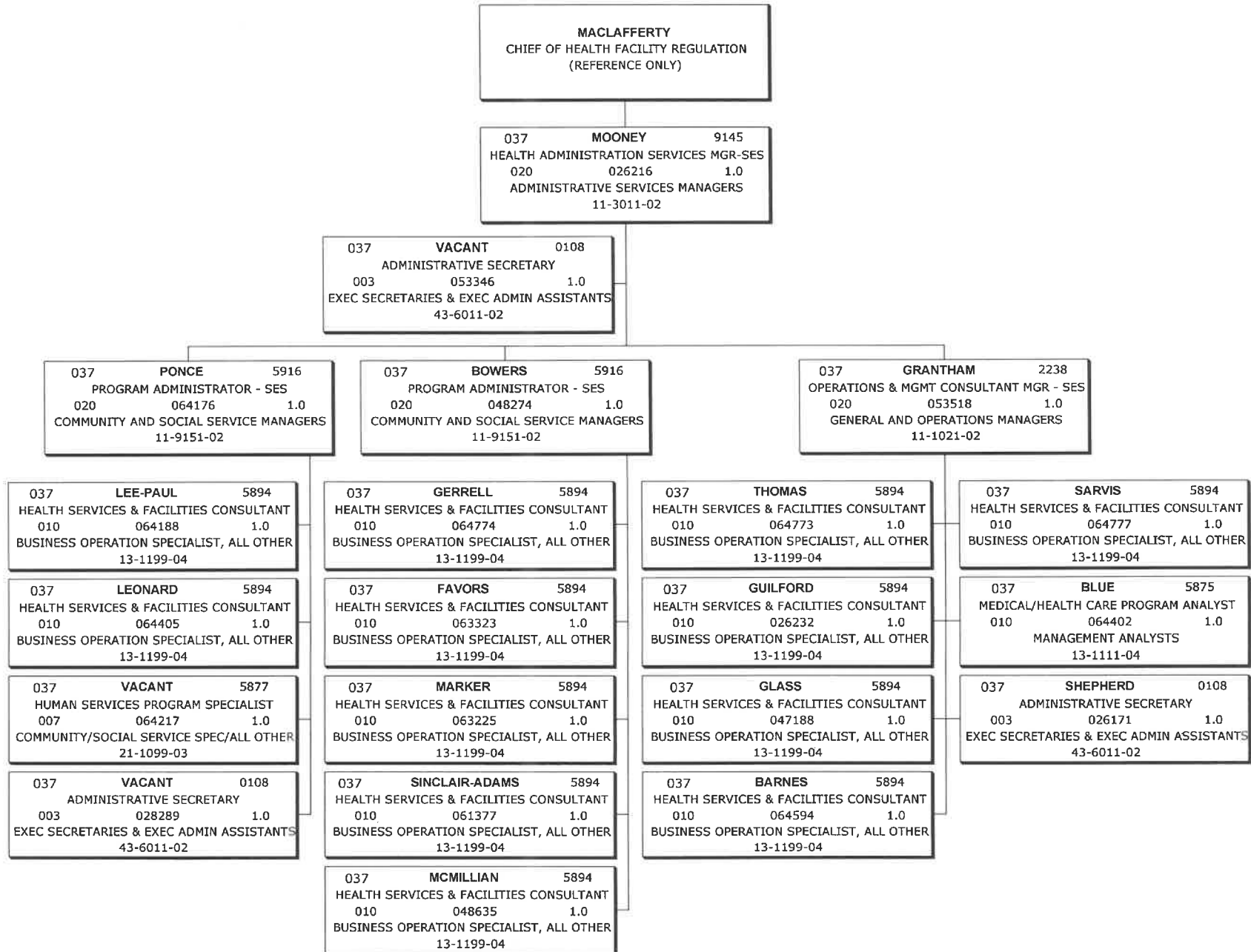
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

Laboratories

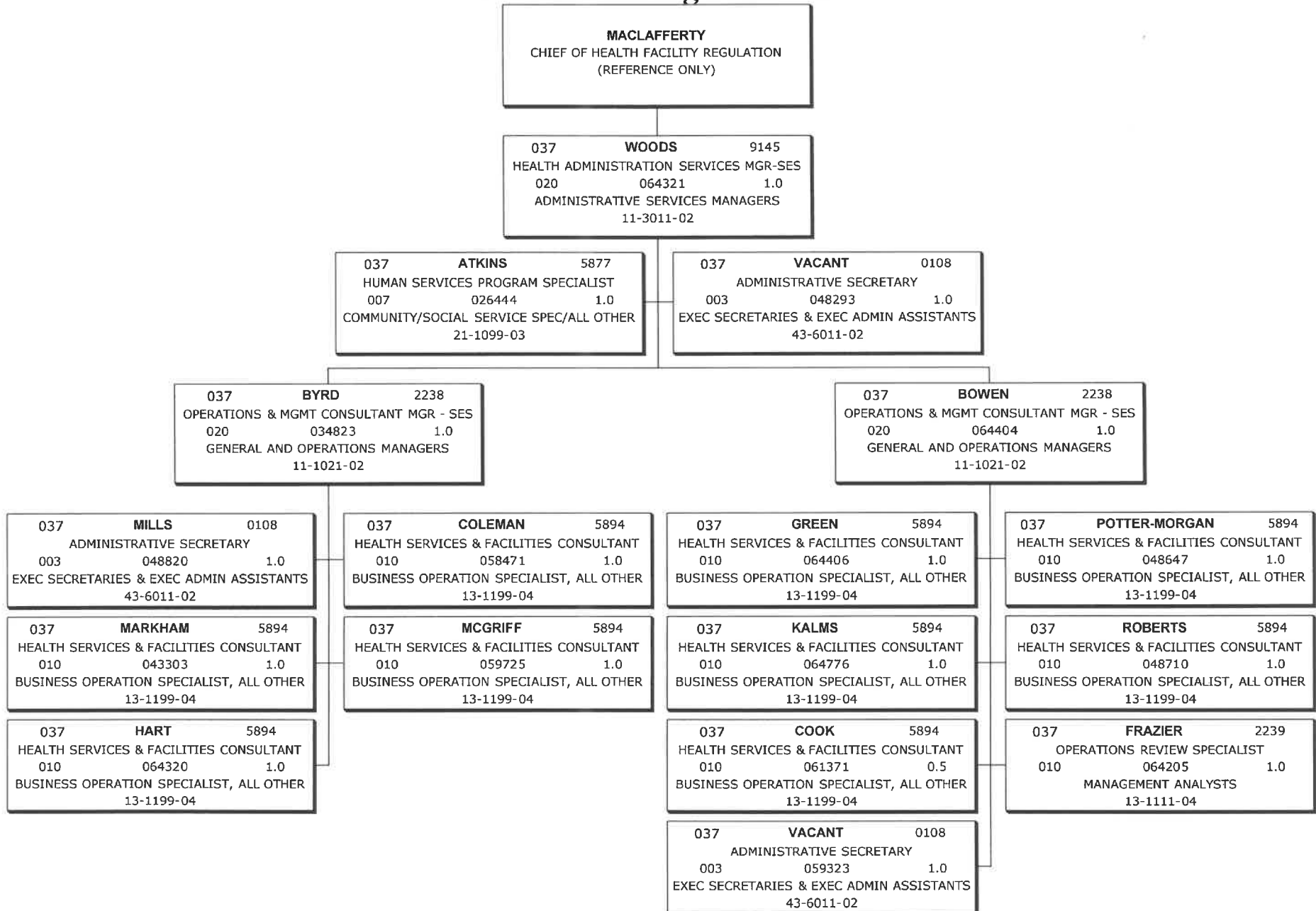
Effective Date: July 1, 2018
 Org. Level: 68-30-20-30-000
 FTEs: 21 Positions: 21



AGENCY FOR HEALTH CARE ADMINISTRATION

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

Effective Date: July 1, 2018
Org. Level: 68-30-20-40-000
FTEs: 16.50 Positions: 17



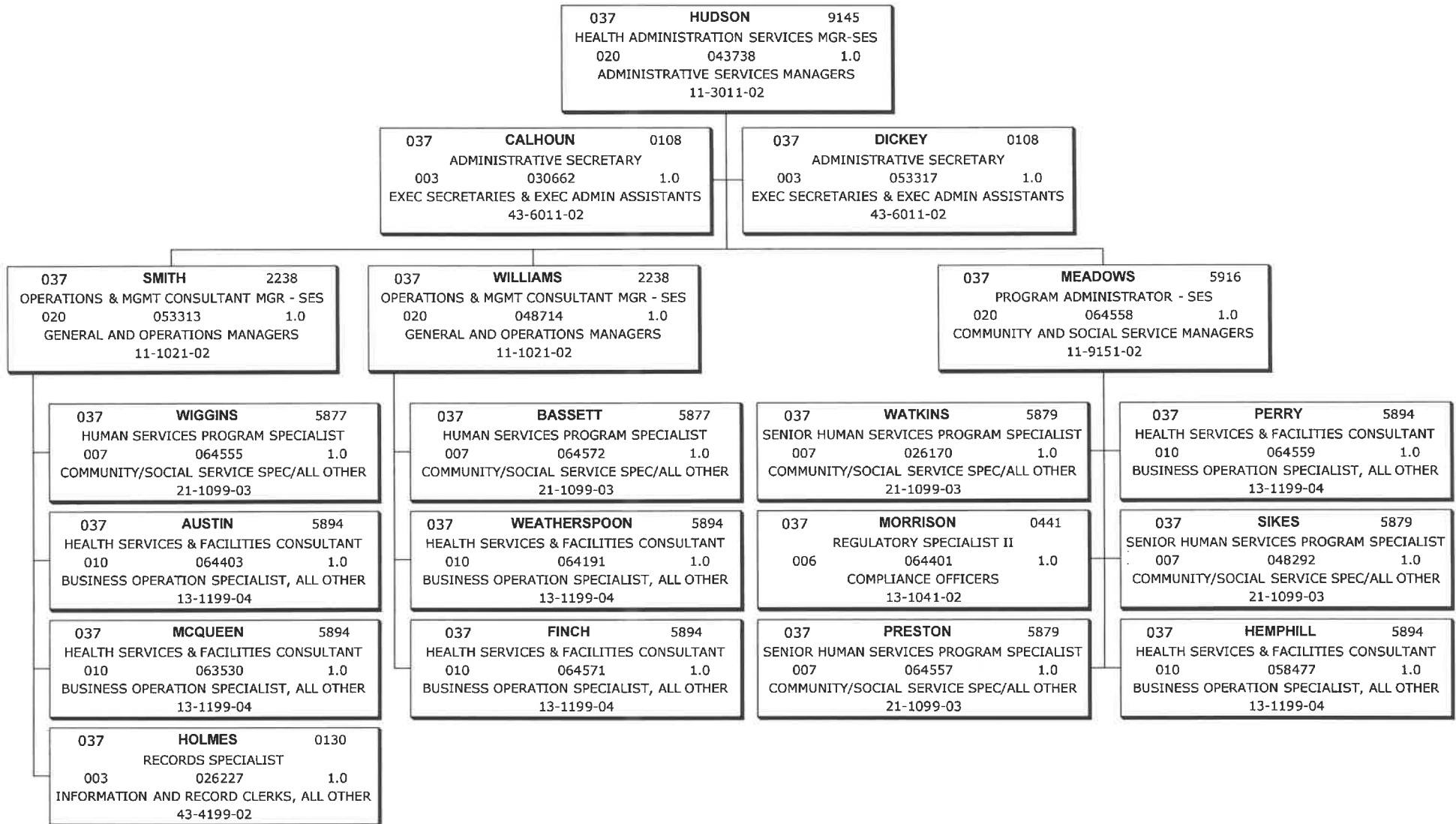
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

Long Term Care

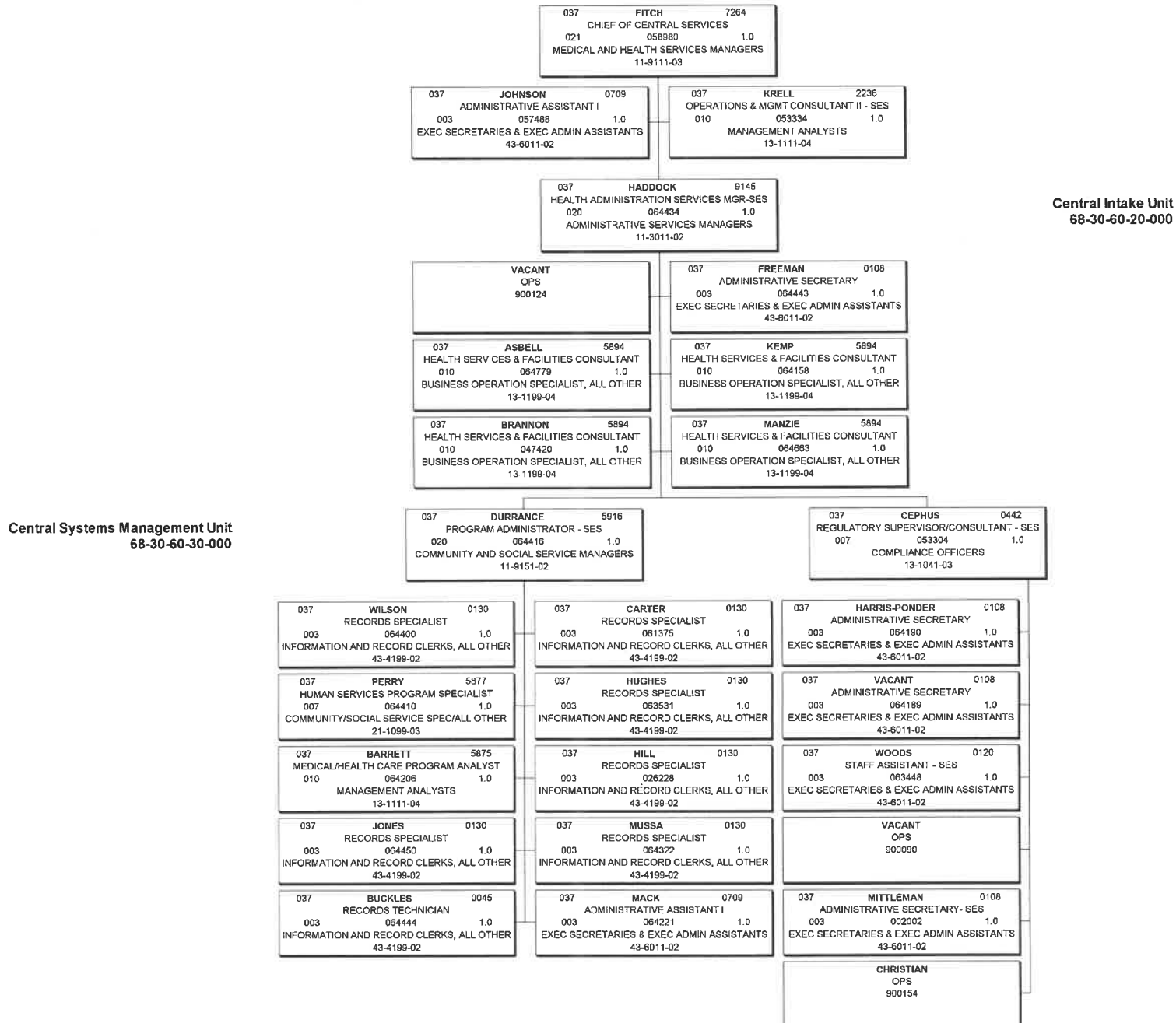
Effective Date: July 1, 2018
 Org. Level: 68-30-20-60-000
 FTEs: 19 Positions: 19



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Central Services

Effective Date: July 1, 2018
Org. Level: 68-30-60-00-000
FTEs: 46 Positions: 46



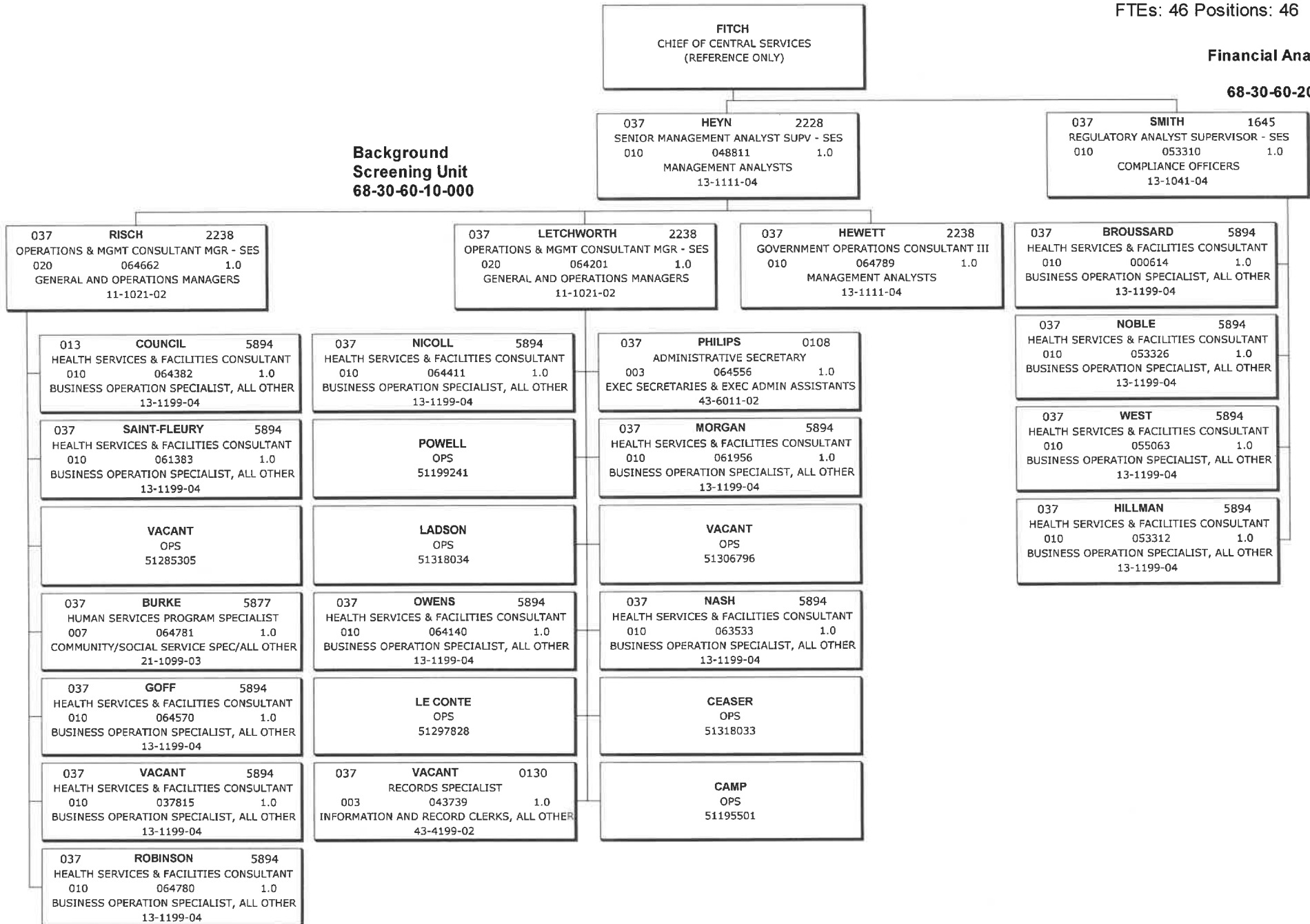
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Central Services

Effective Date: July 1, 2018
Org. Level: 68-30-60-00-000
FTEs: 46 Positions: 46

**Financial Analysis
Unit
68-30-60-20-000**

**Background
Screening Unit
68-30-60-10-000**

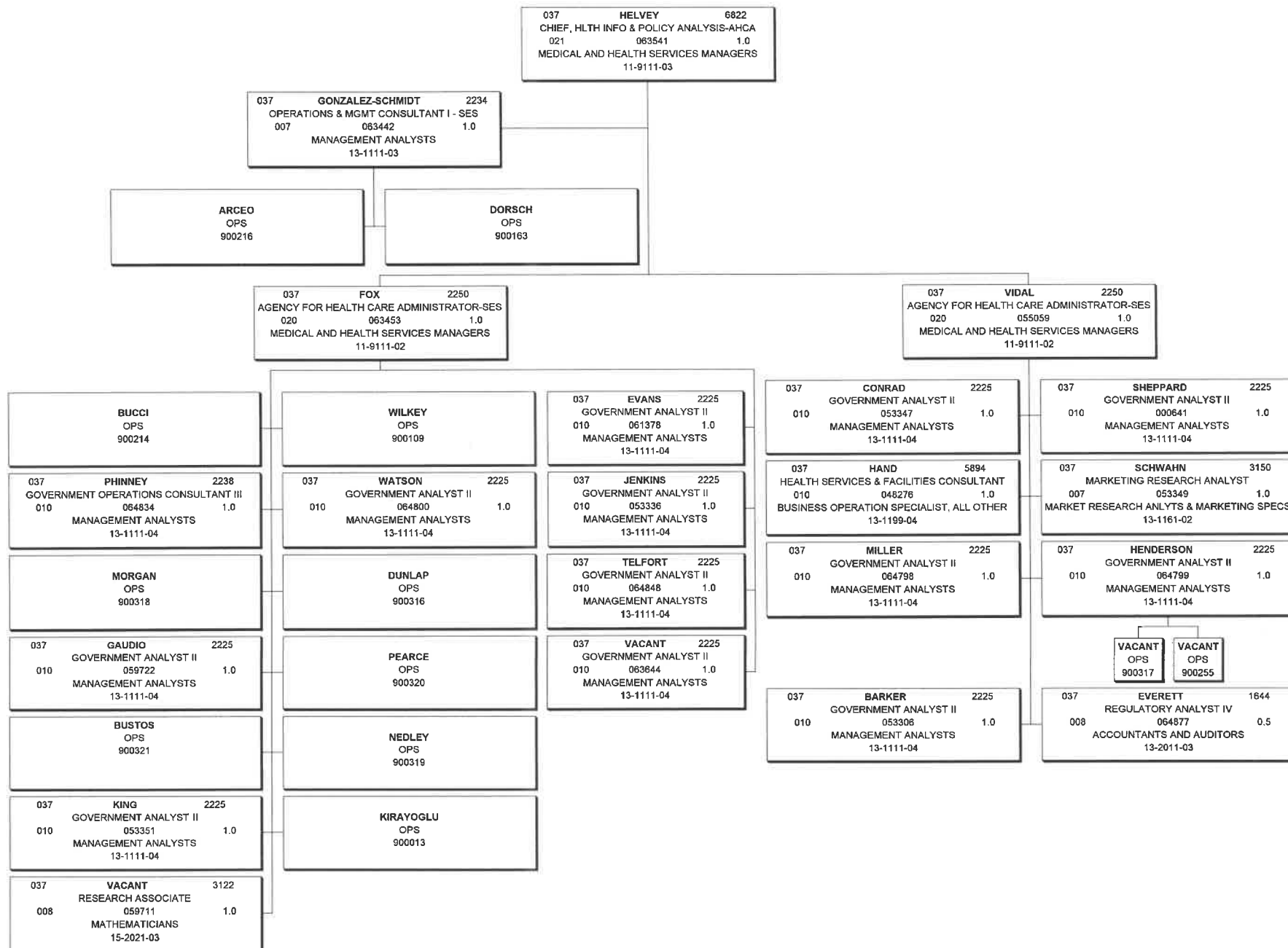


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of FL Center For Health Information & Transparency

Effective Date: July 1, 2018
 Org. Level: 68-30-70-00-000
 FTEs: 38.5 Positions: 39

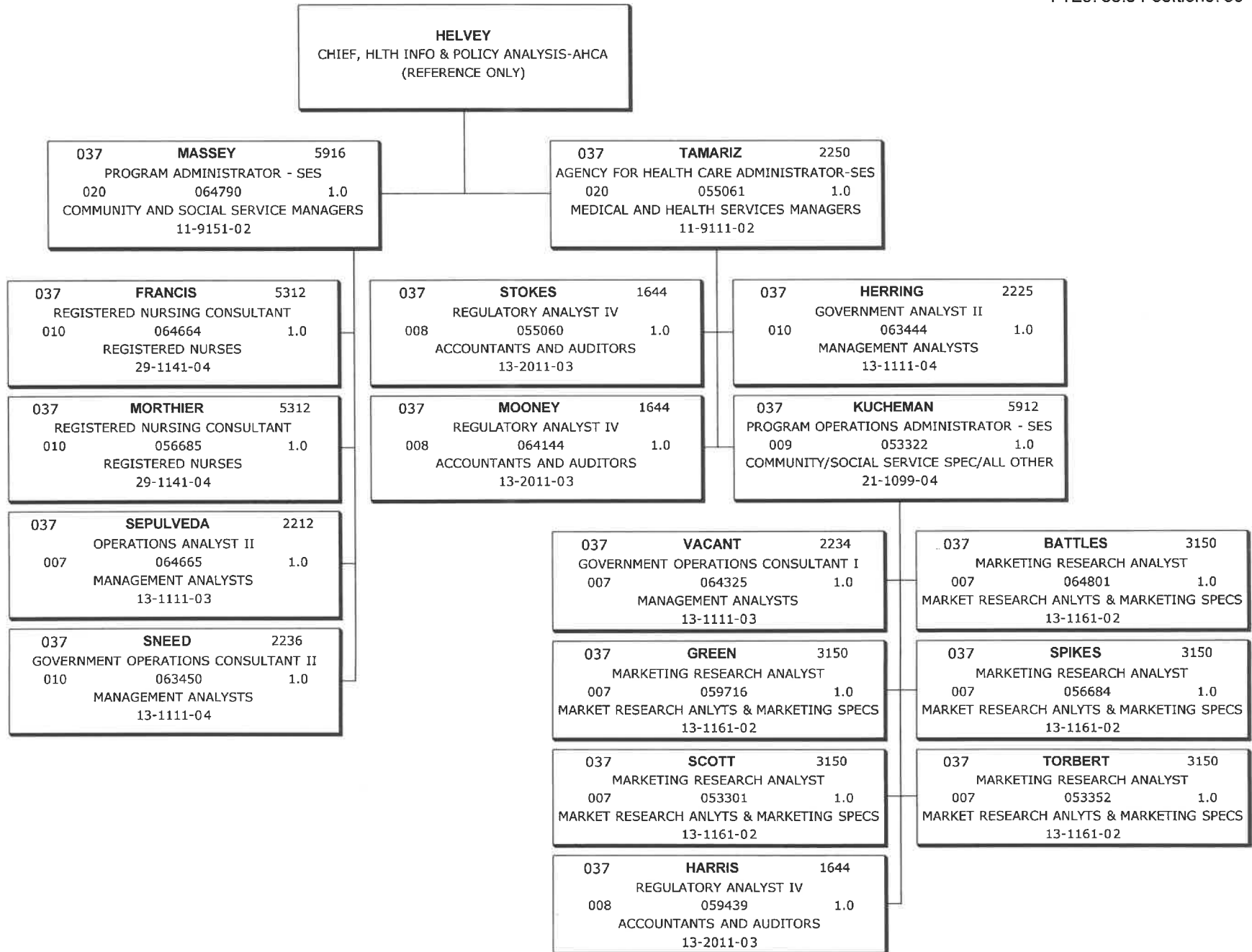


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of FL Center For Health Information & Transparency

Effective Date: March 1, 2018
 Org. Level: 68-30-70-00-000
 FTEs: 38.5 Positions: 39



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Deputy Secretary's Office

Effective Date: July 1, 2018
Org. Level: 68-40-00-00-000
FTEs: 29 Positions: 29

Division of Medicaid FTE: 549.5
Division Total # Position: 550

037	KIDDER	9075
024	DEPUTY SECRETARY FOR MEDICAID-AHCA 063629 GENERAL AND OPERATIONS MANAGERS 10-1021-02	1.0

037	HUNTER	2236
010	OPERATIONS & MGMT CONSULTANT II - SES 019507 MANAGEMENT ANALYSTS 13-1111-04	1.0

037	WALLACE	9048
023	ASST DEP SEC FOR MEDICAID FIN & ANALYTIC 019253 FINANCIAL MANAGERS 10-3031-01	1.0

037	HARRIS	9047
023	ASST DEP SEC FOR MEDICAID POLICY & QUAL 046476 GENERAL AND OPERATIONS MANAGERS 10-1021-01	1.0

037	RIDDLE	9079
023	ASST DEP SEC FOR MEDICAID OPERATIONS 061961 GENERAL AND OPERATIONS MANAGERS 10-1021-01	1.0

WALDRON OPERATIONS & MGMT CONSULTANT I - SES
--

037	SUNDAY	2234
007	OPERATIONS & MGMT CONSULTANT I - SES 064227 MANAGEMENT ANALYSTS 13-1111-03	1.0

037	ROZIER	2234
007	OPERATIONS & MGMT CONSULTANT I - SES 021545 MANAGEMENT ANALYSTS 13-1111-03	1.0

BUREAU OF MEDICAID DATA ANALYTICS (REFERENCE ONLY)
--

VACANT OPS

037	CARTER	2234
007	OPERATIONS & MGMT CONSULTANT I - SES 064241 MANAGEMENT ANALYSTS 13-1111-03	1.0

BUREAU OF MEDICAID PROGRAM FINANCE (REFERENCE ONLY)

BUREAU OF MEDICAID QUALITY (REFERENCE ONLY)

BUREAU OF MEDICAID PLAN MANAGEMENT OPERATIONS (REFERENCE ONLY)
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BUREAU OF MEDICAID POLICY (REFERENCE ONLY)
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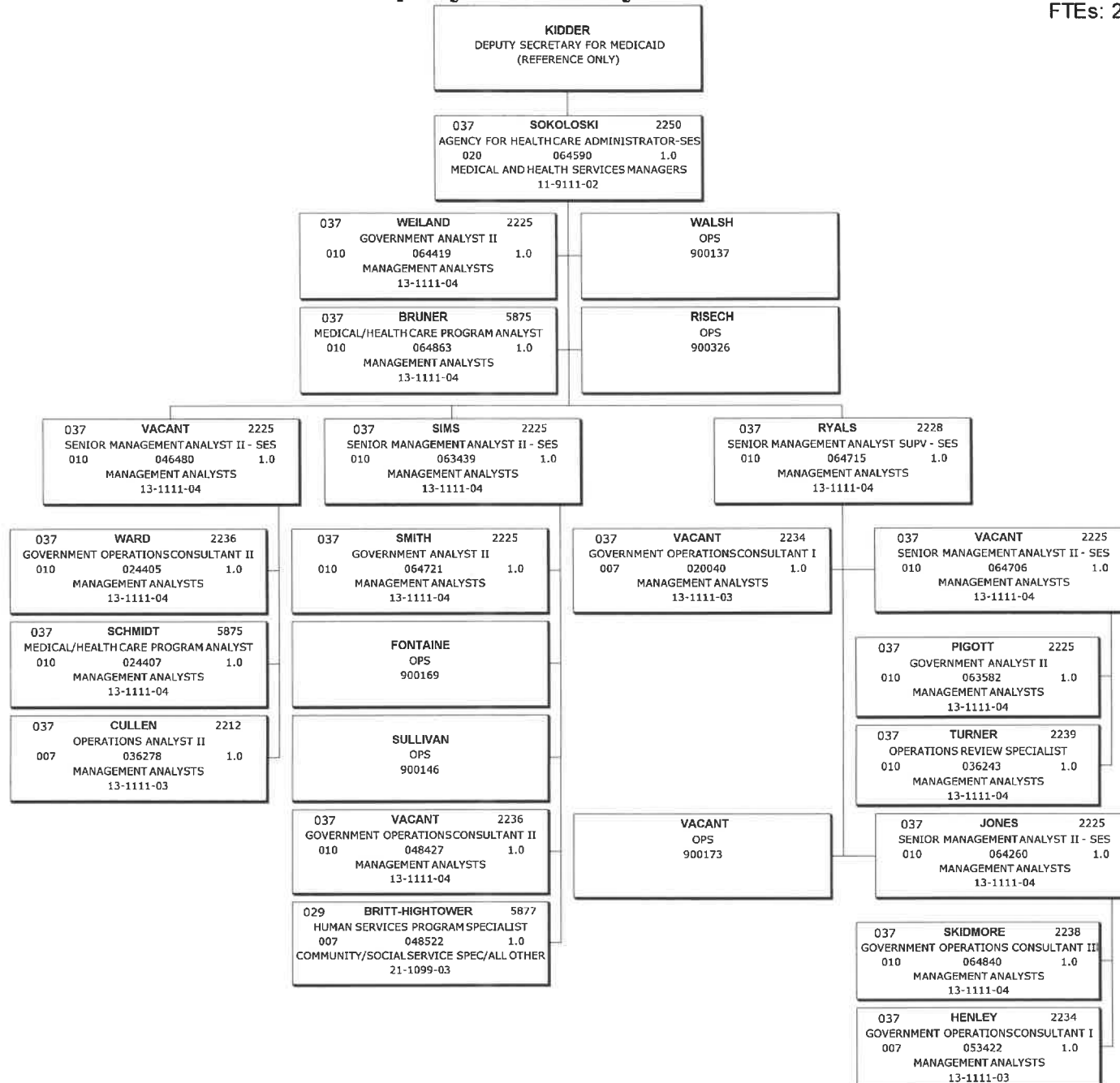
BUREAU OF MEDICAID FISCAL AGENT OPERATIONS (REFERENCE ONLY)

BUREAU OF MEDICAID RECIPIENT & PROVIDER ASSISTANCE (AREA OFFICES) (REFERENCE ONLY)
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AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Deputy Secretary's Office

Effective Date: July 1, 2018
Org. Level: 68-40-00-00-00
FTEs: 29 Positions: 29



AGENCY FOR HEALTH CARE ADMINISTRATION

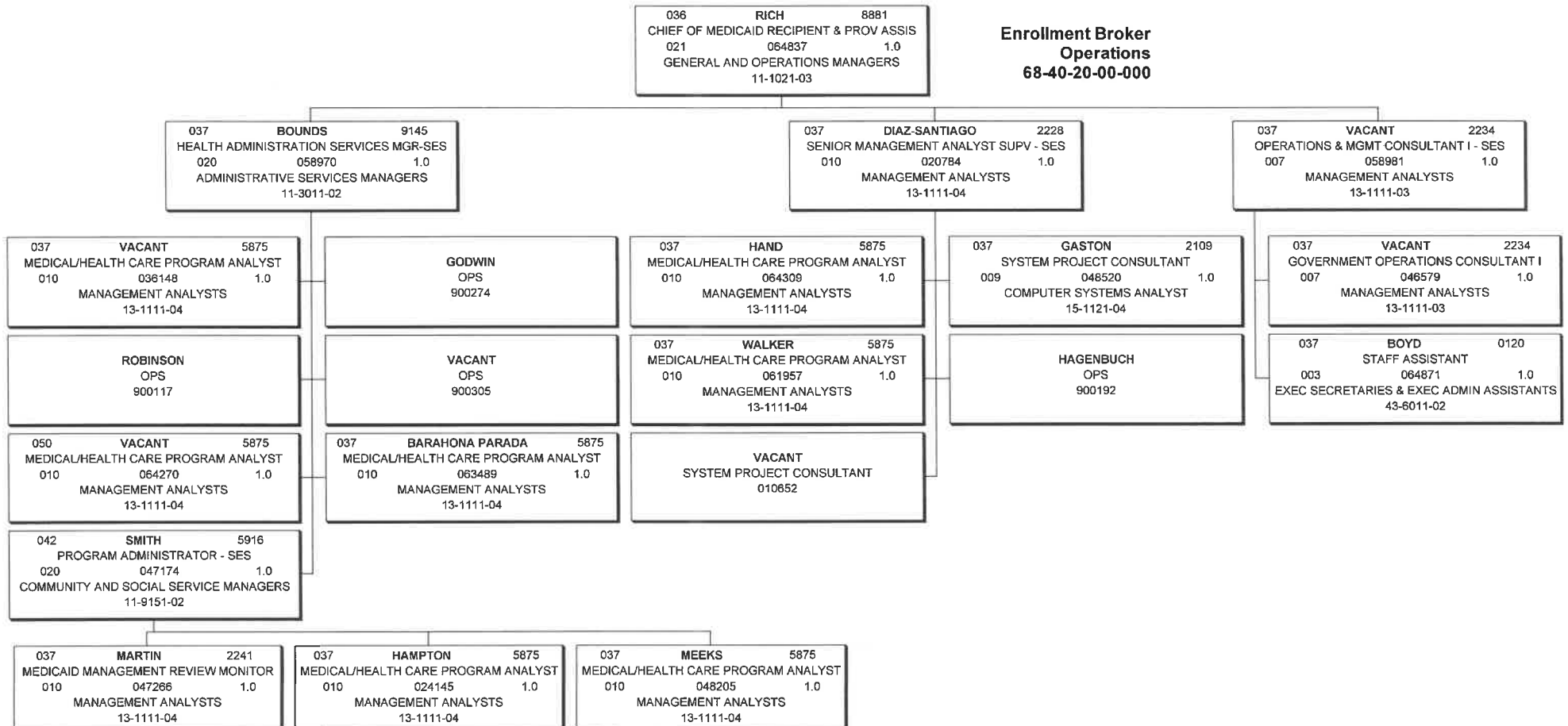
Division of Medicaid

Bureau of Recipient and Provider Assistance

Effective Date: July 1, 2018

Org. Level: 68-40-10-00-000

FTEs: 17 Positions: 17



AGENCY FOR HEALTH CARE ADMINISTRATION

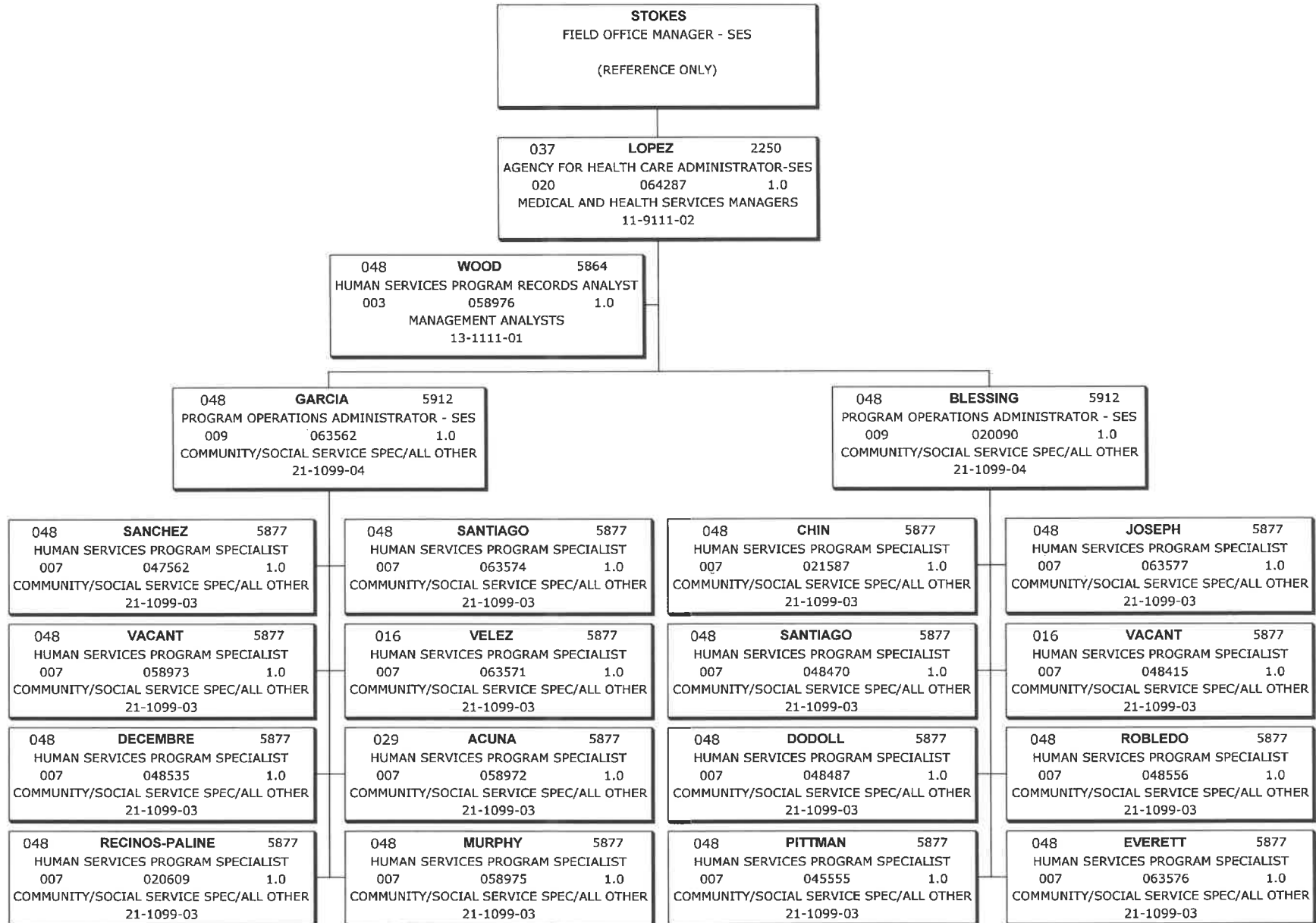
Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Enrollment Broker Operations

Contact Center Orlando

Effective Date: July 1, 2018
 Org. Level: 68-40-20-07-000
 FTEs: 20 Positions: 20



AGENCY FOR HEALTH CARE ADMINISTRATION

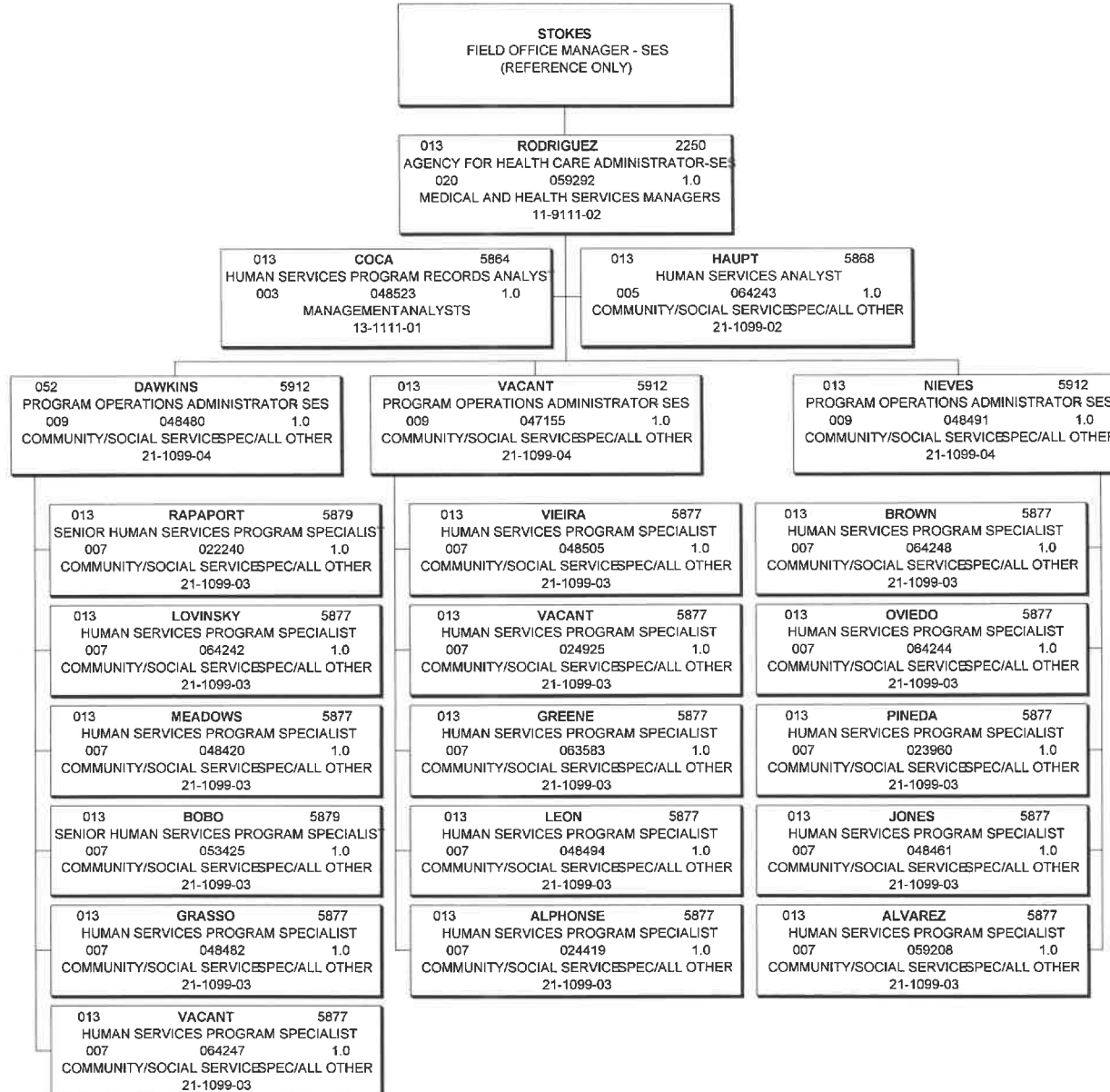
Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Enrollment Broker Operations

Contact Center Miami

Effective Date: July 1, 2018
 Org. Level: 68-40-20-11-000
 FTEs: 22 Positions: 22

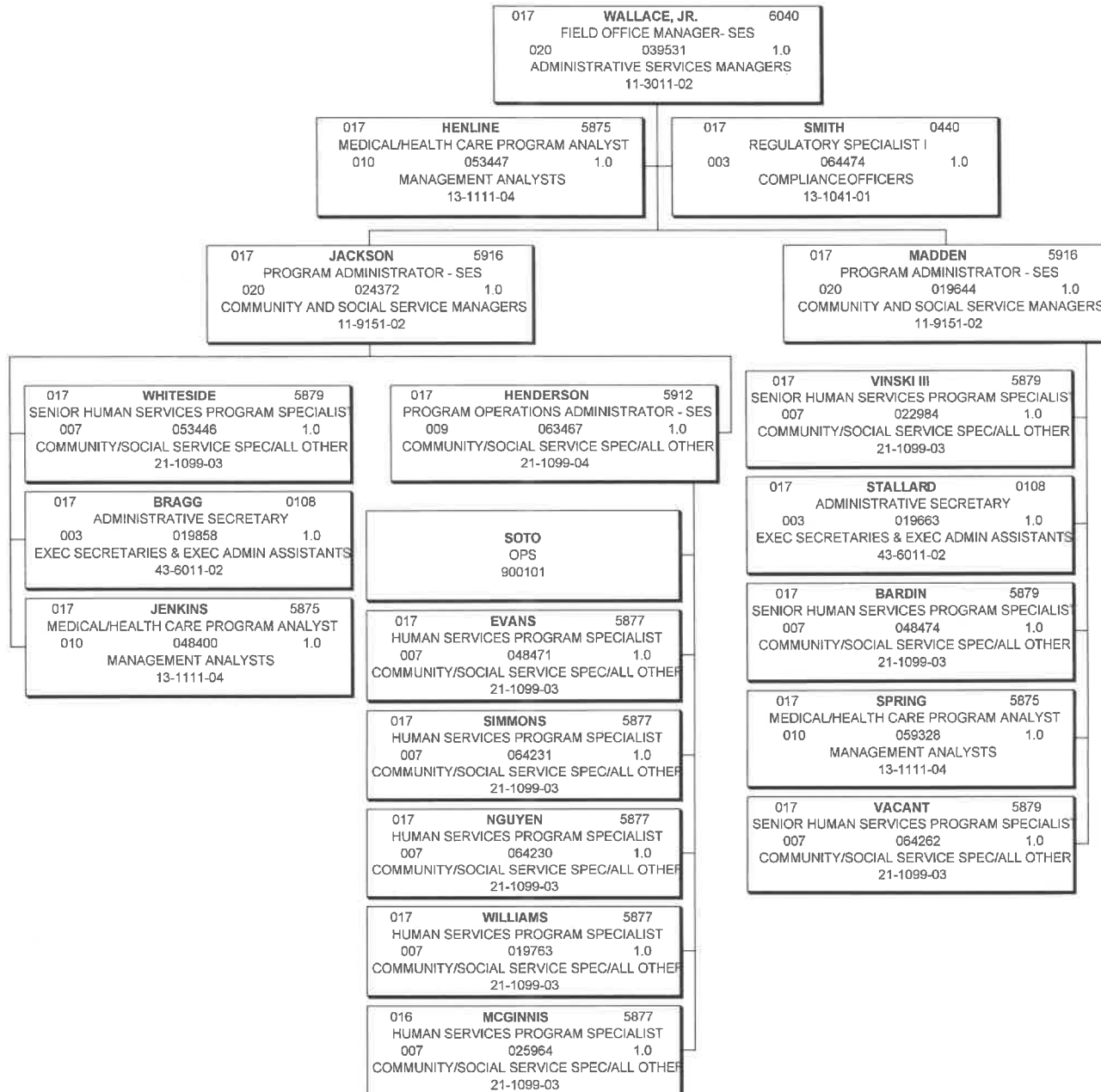


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance Pensacola

Effective Date: July 1, 2018
Org. Level: 68-40-10-01-000
FTEs: 19 Positions: 19

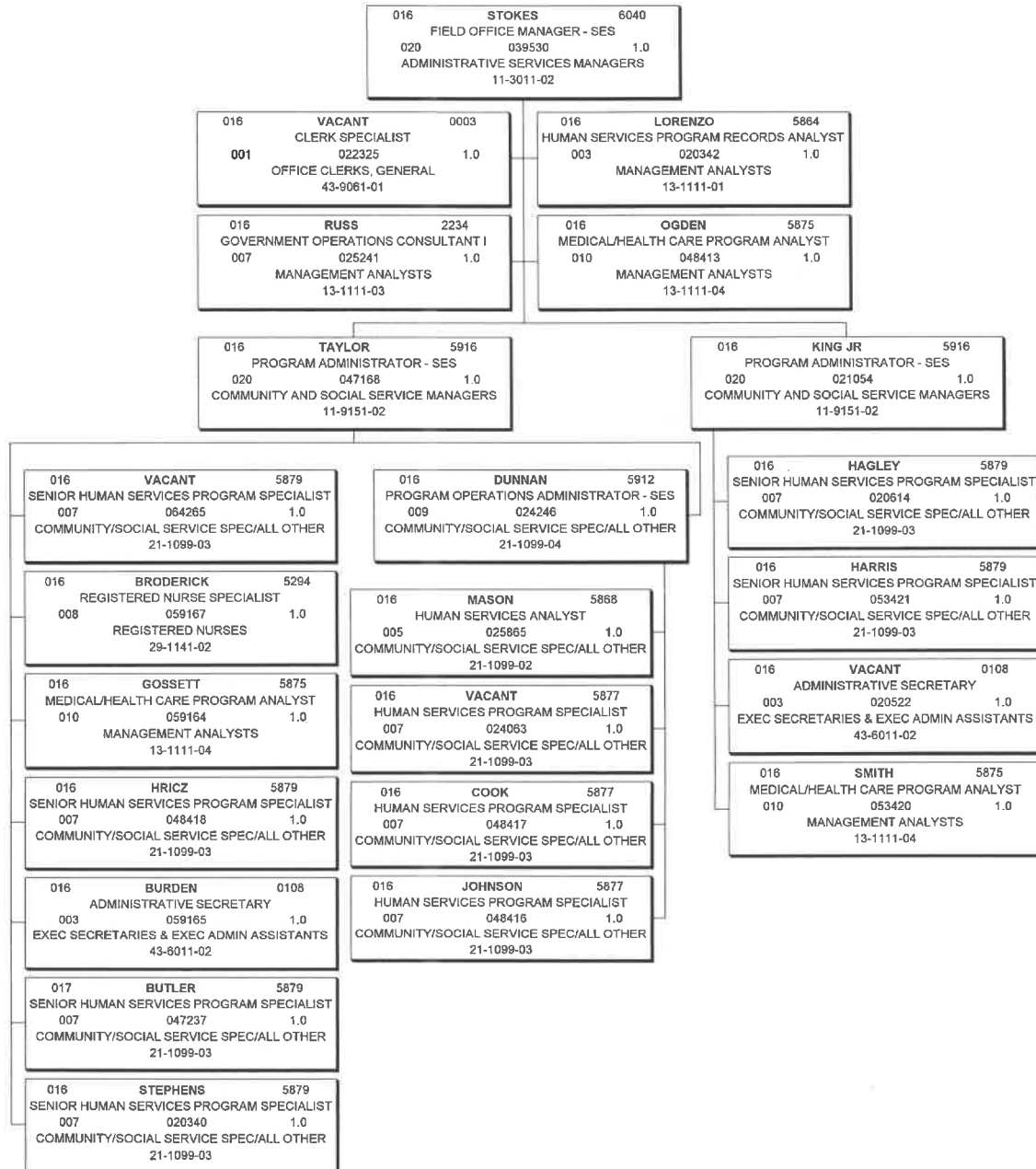


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance Jacksonville

Effective Date: July 1, 2018
Org. Level: 68-40-10-04-000
FTEs: 23 Positions: 23



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

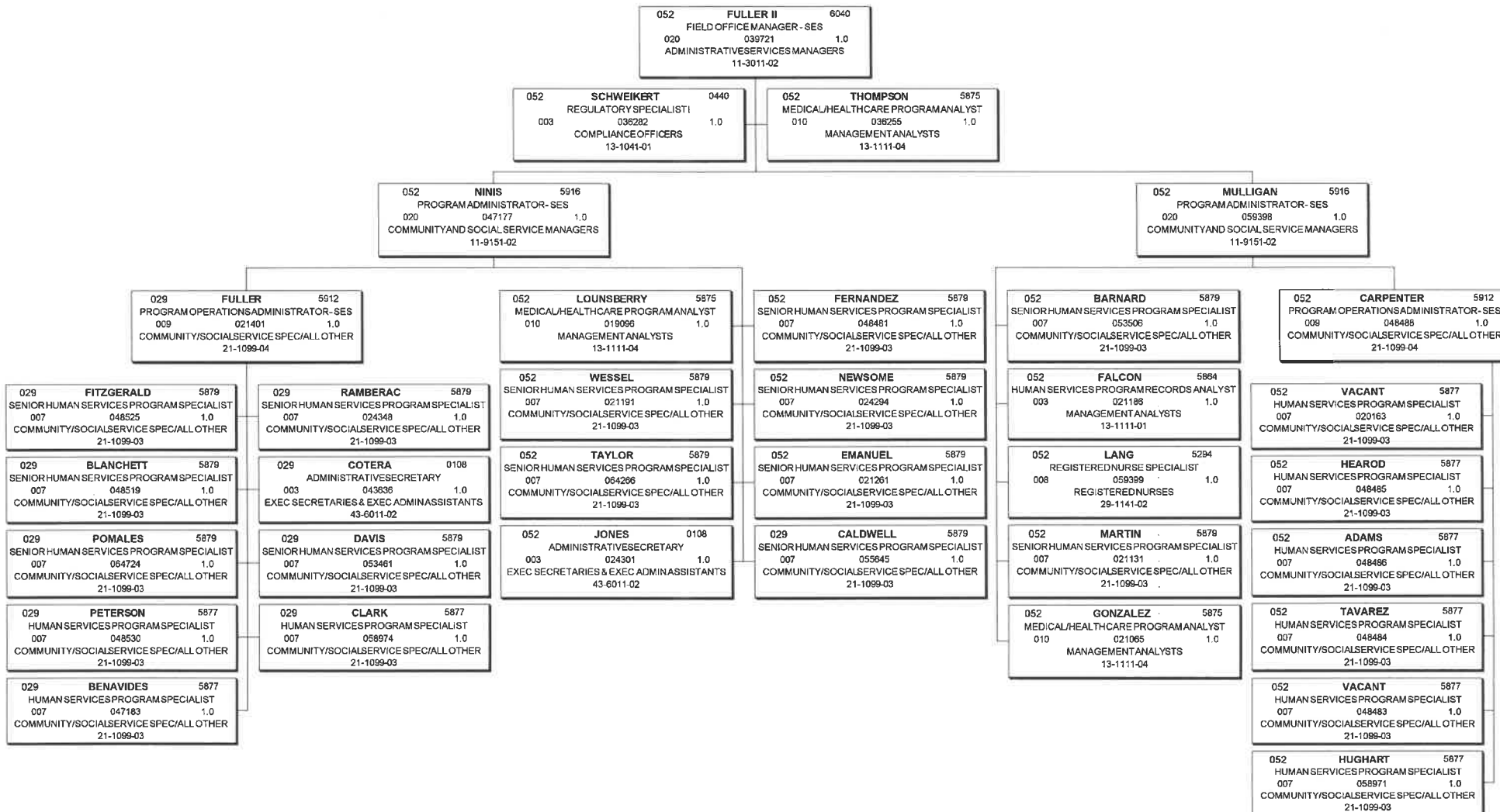
Bureau of Medicaid Recipient and Provider Assistance

St. Petersburg

Effective Date: July 1, 2018

Org. Level: 68-40-10-05-000

FTEs: 36 Positions: 36

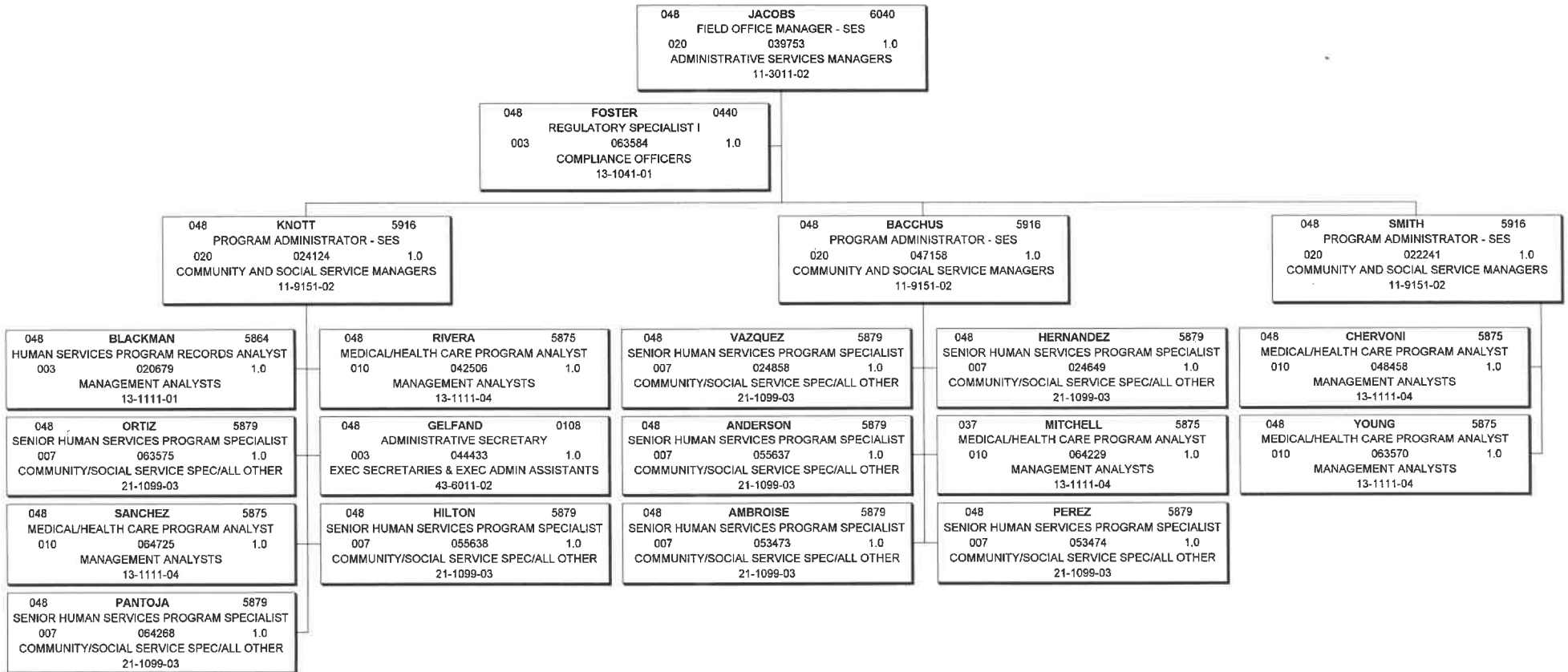


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance Orlando

Effective Date: July 1, 2018
Org. Level: 68-40-10-07-000
FTEs: 20 Positions: 20



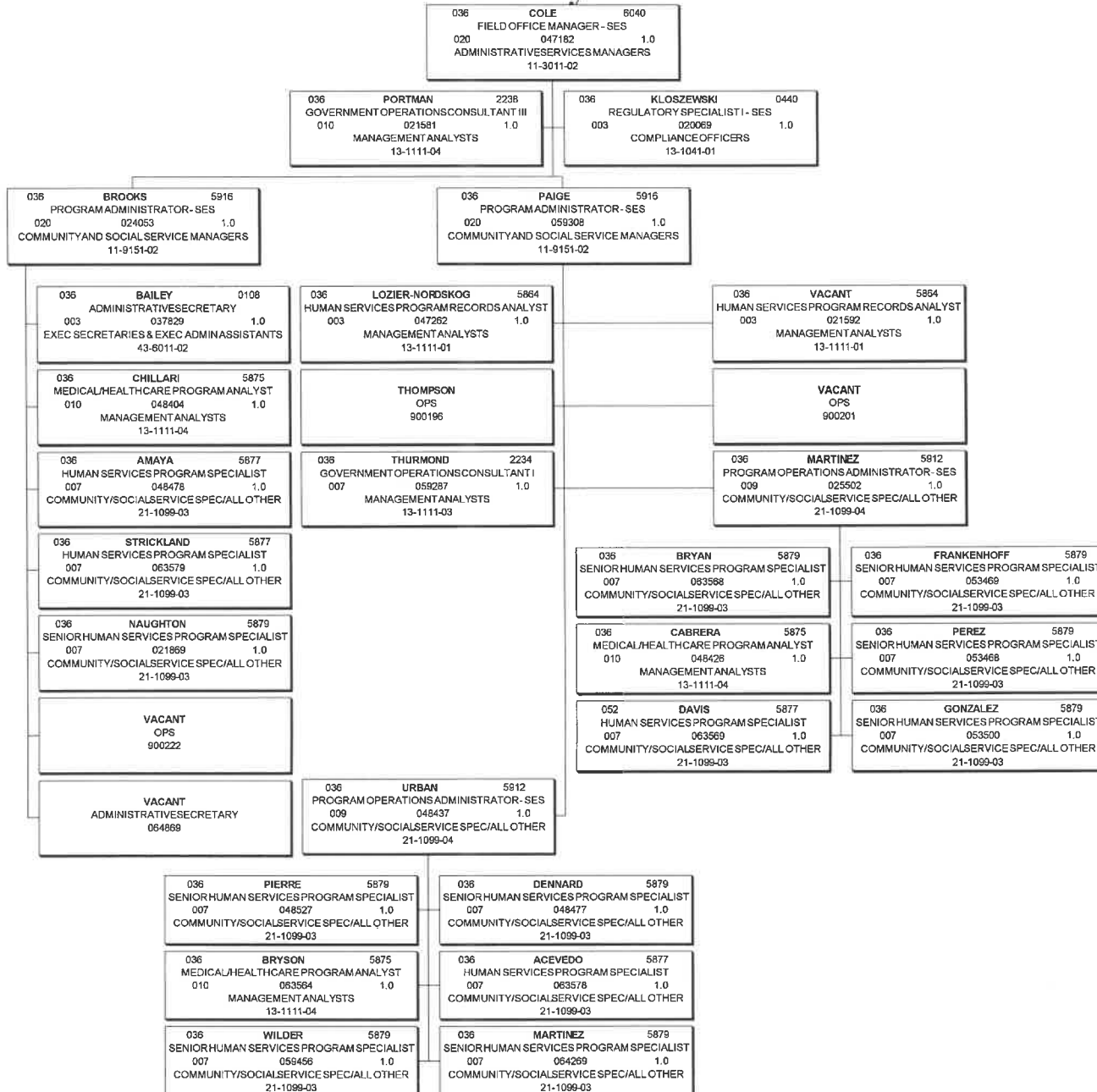
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Ft. Myers

Effective Date: July 1, 2018
 Org. Level: 68-40-10-08-000
 FTEs: 27 Positions: 27



AGENCY FOR HEALTH CARE ADMINISTRATION

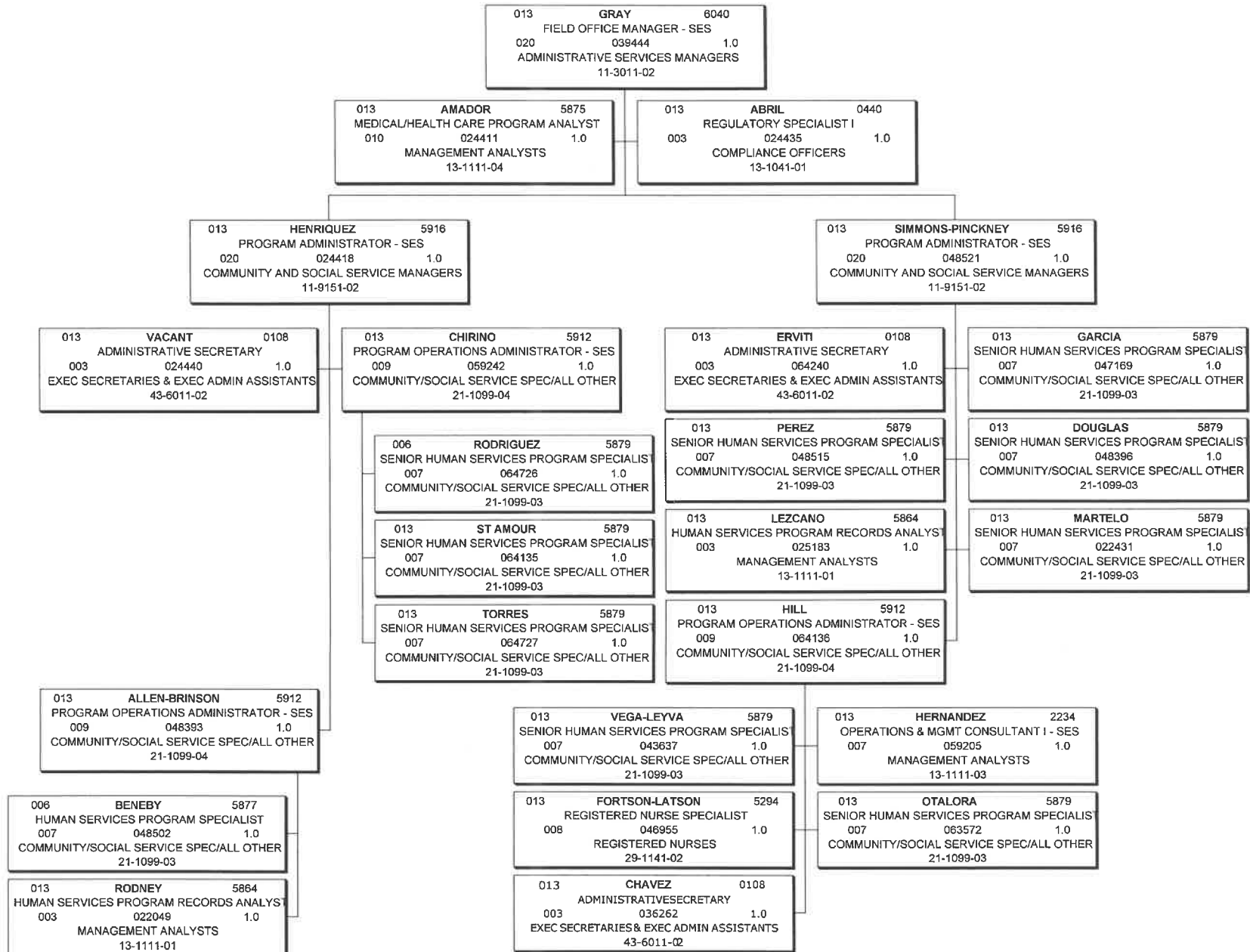
Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance Miami

Effective Date: July 1, 2018

Org. Level: 68-40-10-11-000

FTEs: 22 Positions: 22



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

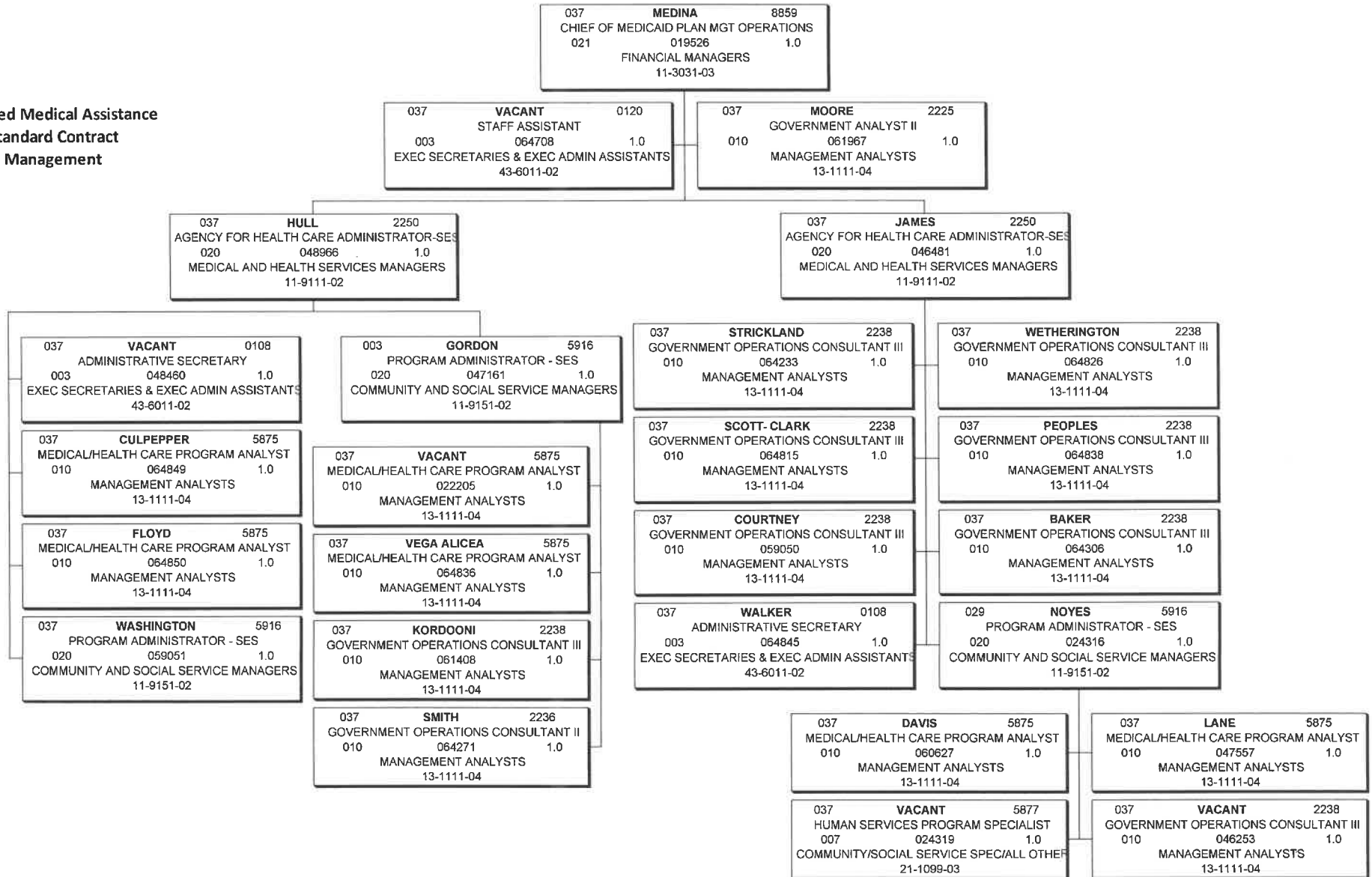
Bureau of Medicaid Plan Management Operations

Effective Date: July 1, 2018

Org. Level: 68-40-30-00-000

FTEs: 44 Positions: 44

Managed Medical Assistance
Standard Contract
Management



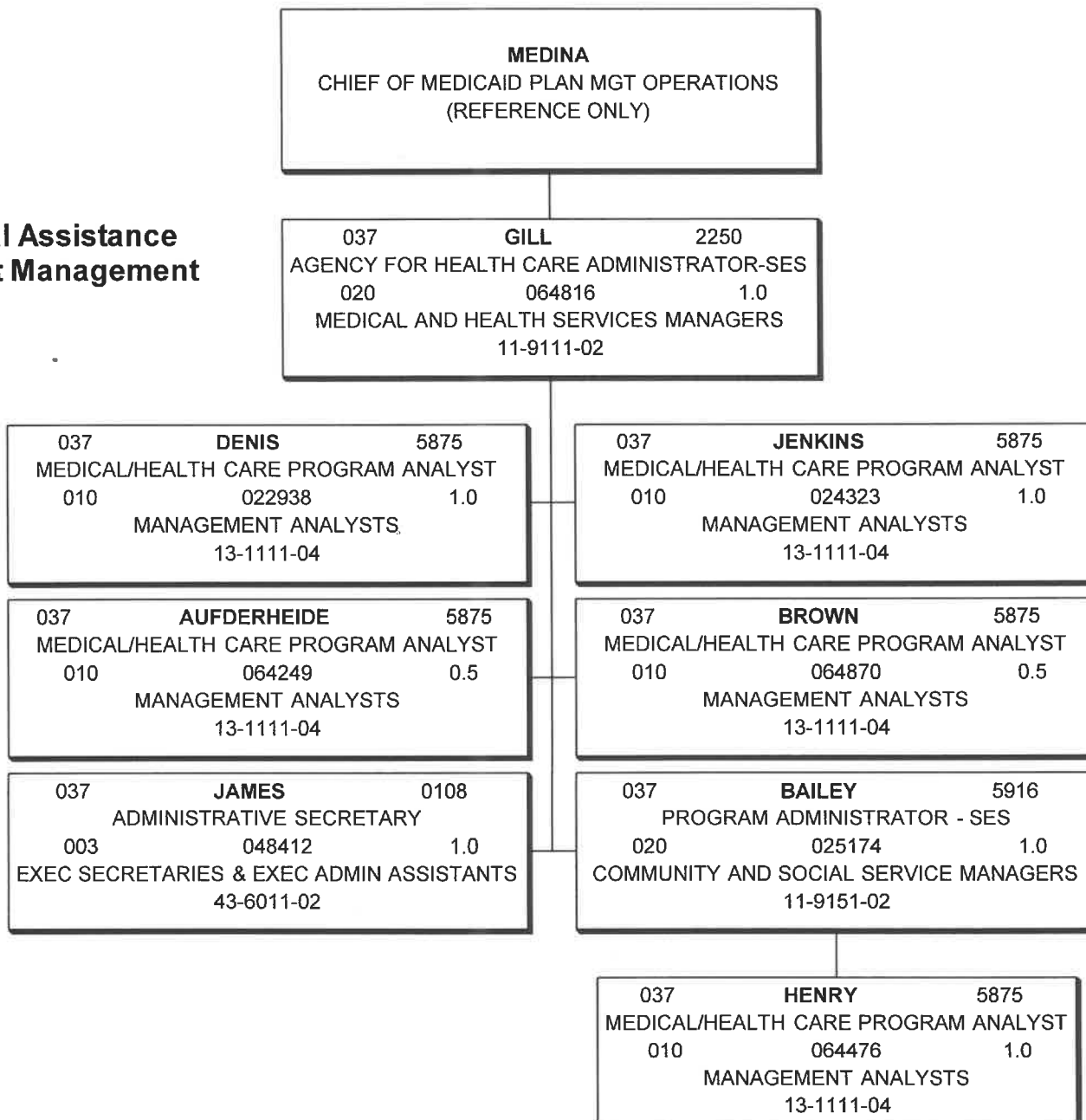
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Plan Management Operations

Effective Date: July 1, 2018
 Org. Level: 68-40-30-00-000
 FTEs: 44 Positions: 44

Managed Medical Assistance Specialty Contract Management



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

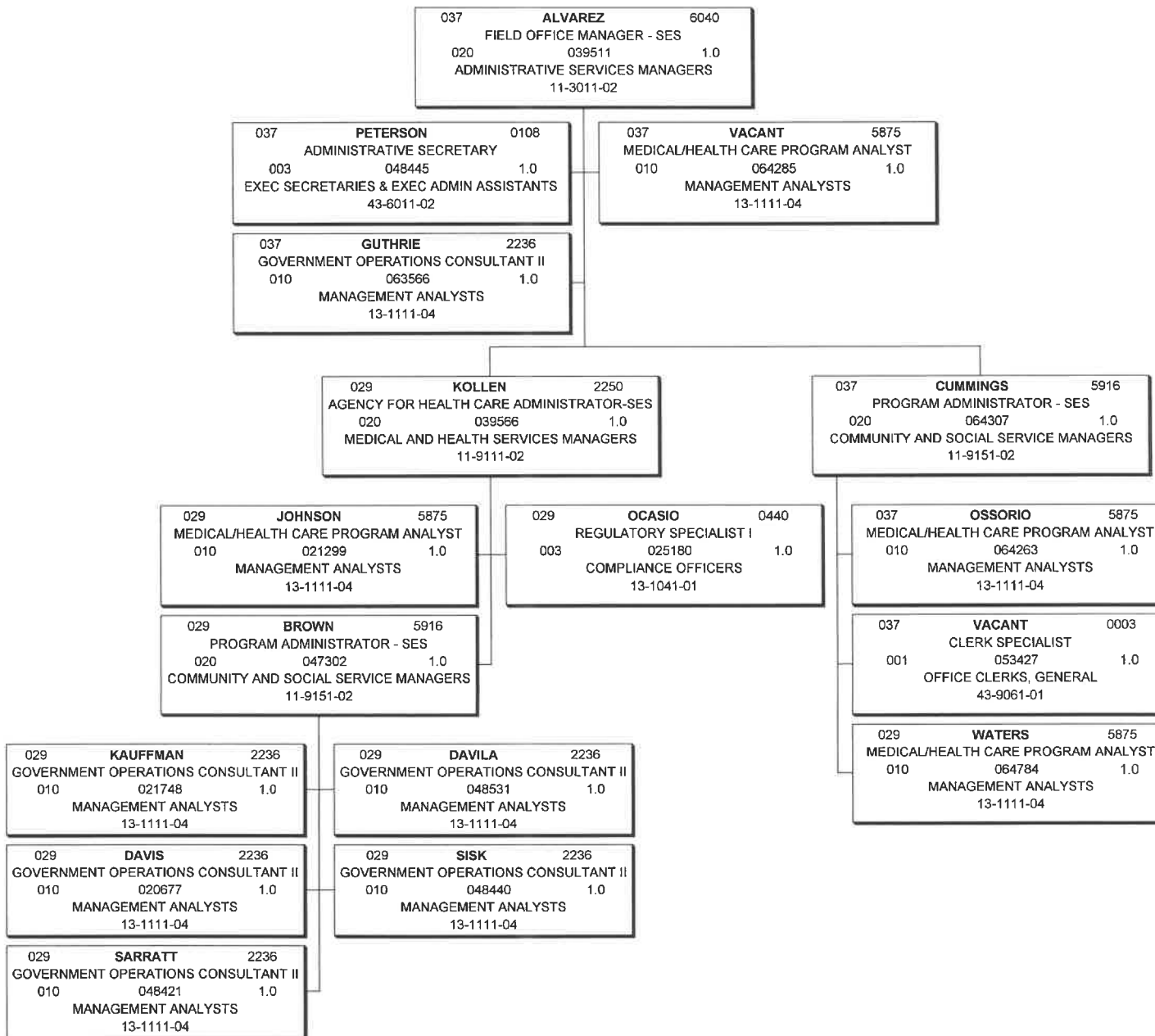
Bureau of Medicaid Plan Management Operations

Tampa

Effective Date: July 1, 2018

Org. Level: 68-40-30-06-000

FTEs: 9 Positions: 9



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

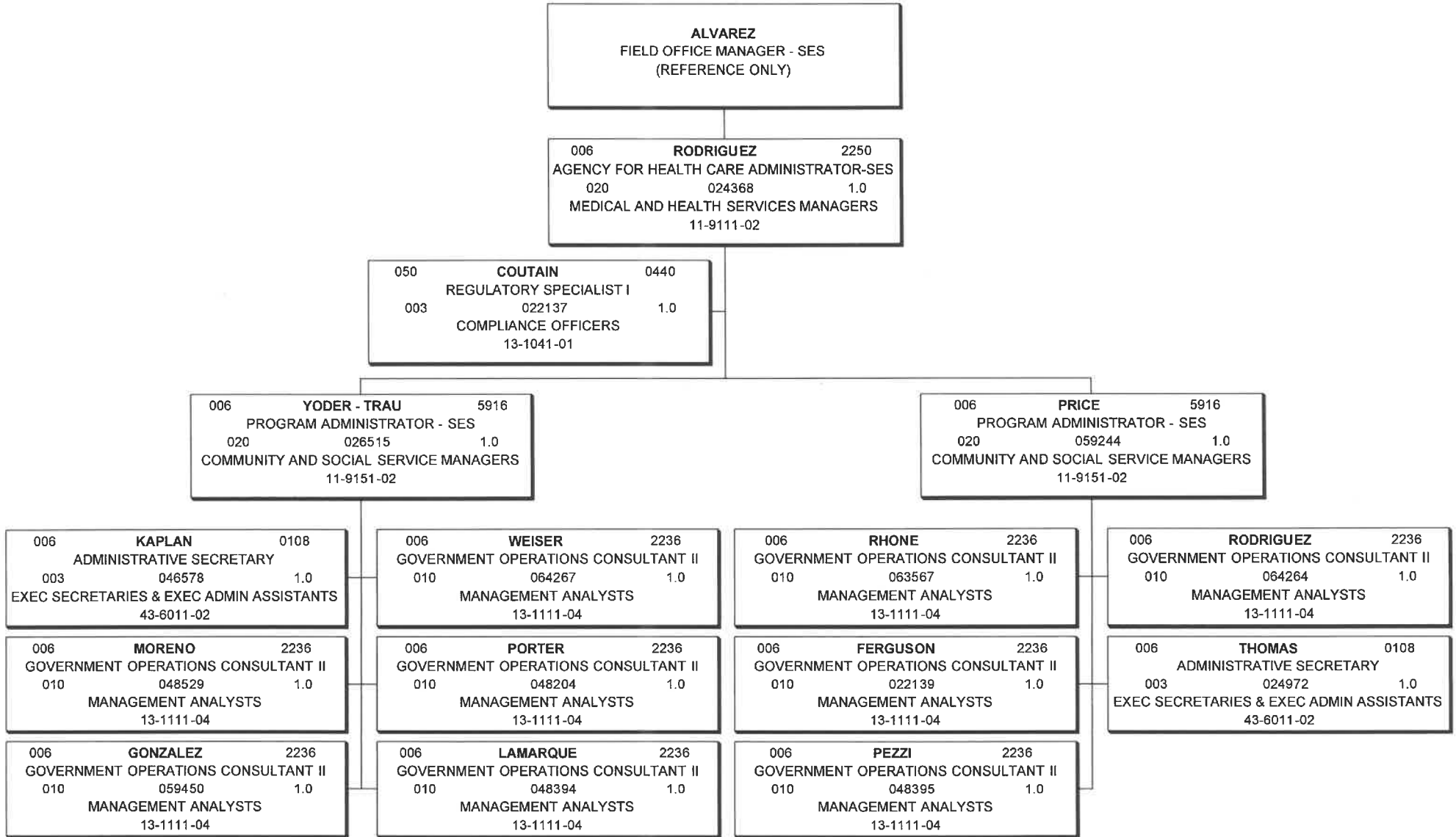
Bureau of Medicaid Plan Management Operations

Ft. Lauderdale

Effective Date: July 1, 2018

Org. Level: 68-40-30-10-000

FTEs: 15 Positions: 15



AGENCY FOR HEALTH CARE ADMINISTRATION

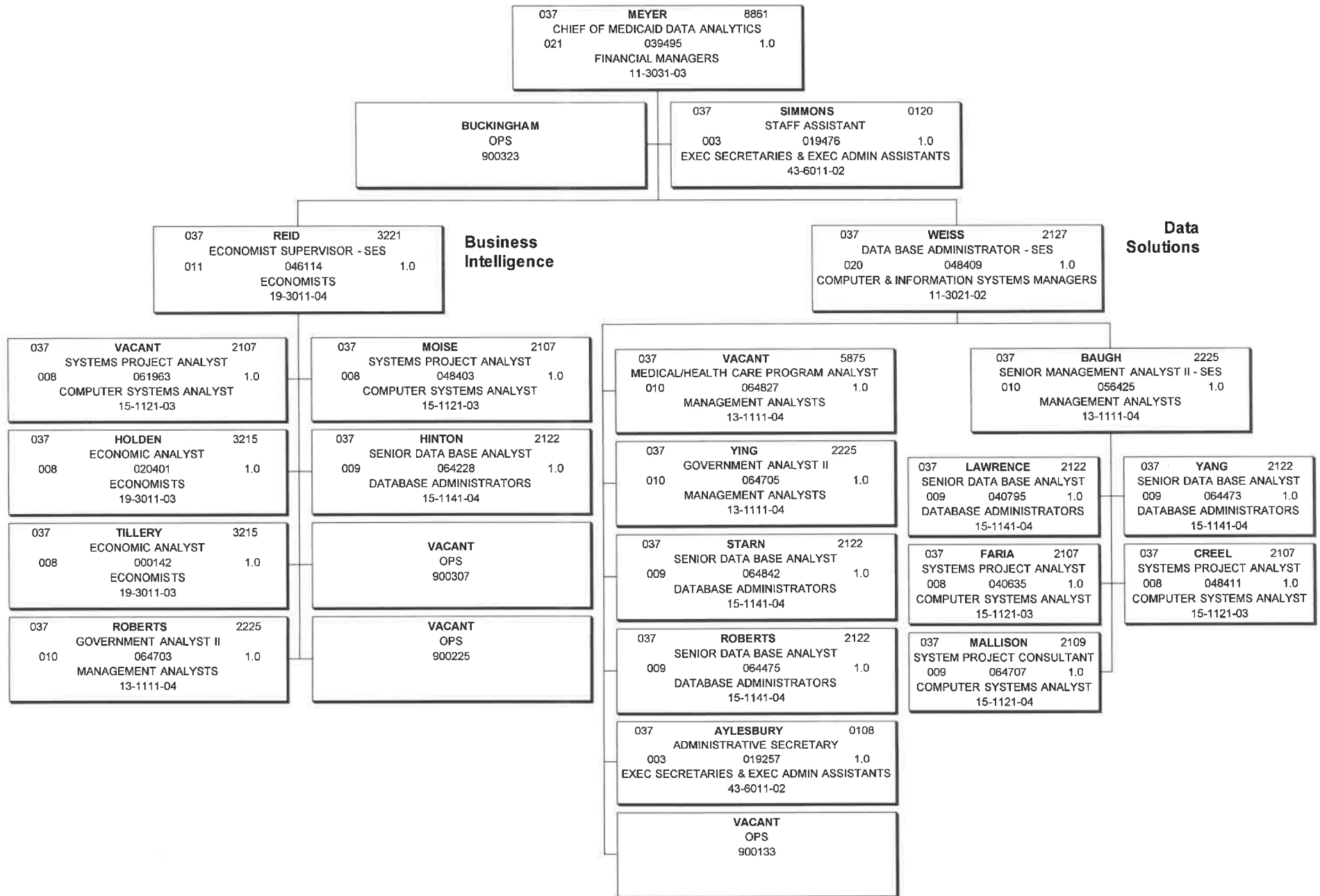
Division of Medicaid

Bureau of Medicaid Data Analytics

Effective Date: July 1, 2018

Org. Level: 68-40-40-00-000

FTEs: 30 Positions: 30



AGENCY FOR HEALTH CARE ADMINISTRATION

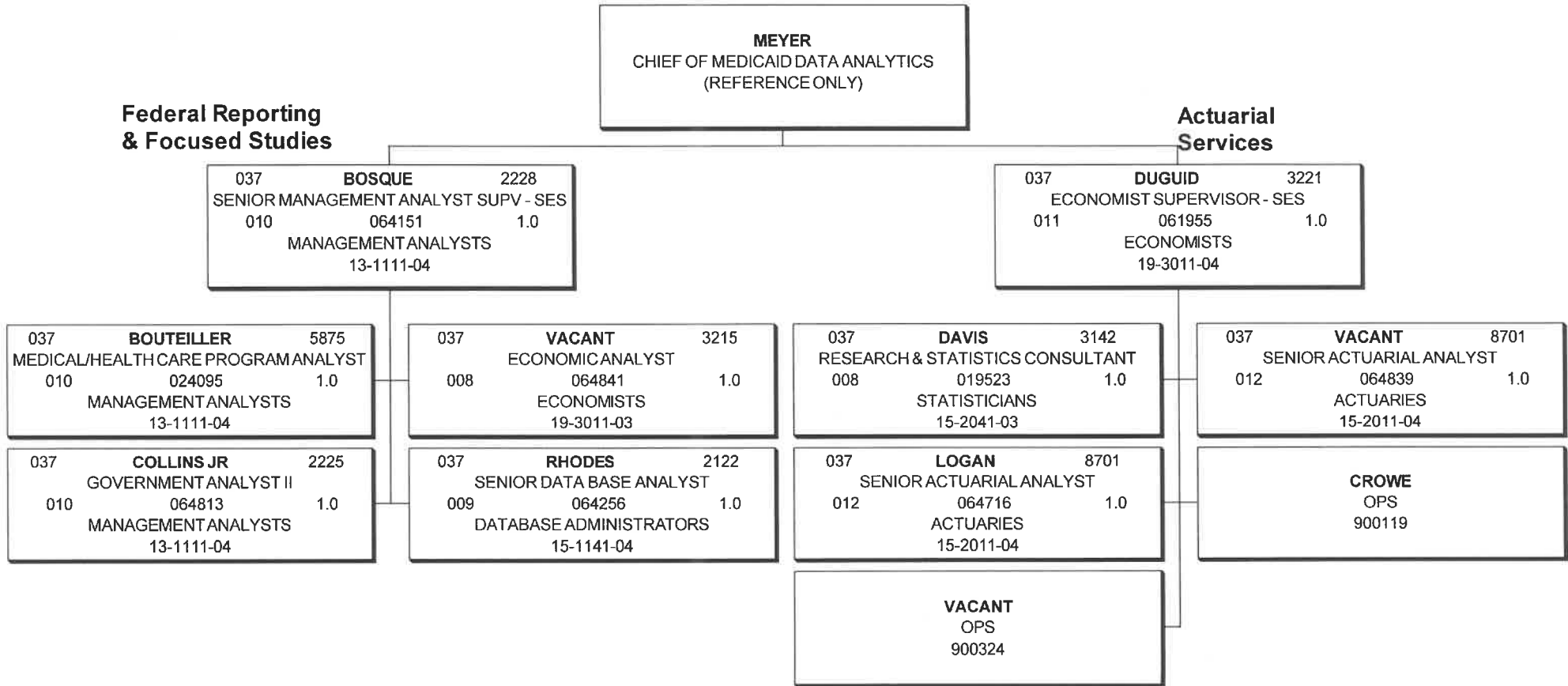
Division of Medicaid

Bureau of Medicaid Data Analytics

Effective Date: July 1, 2018

Org. Level: 68-40-40-00-000

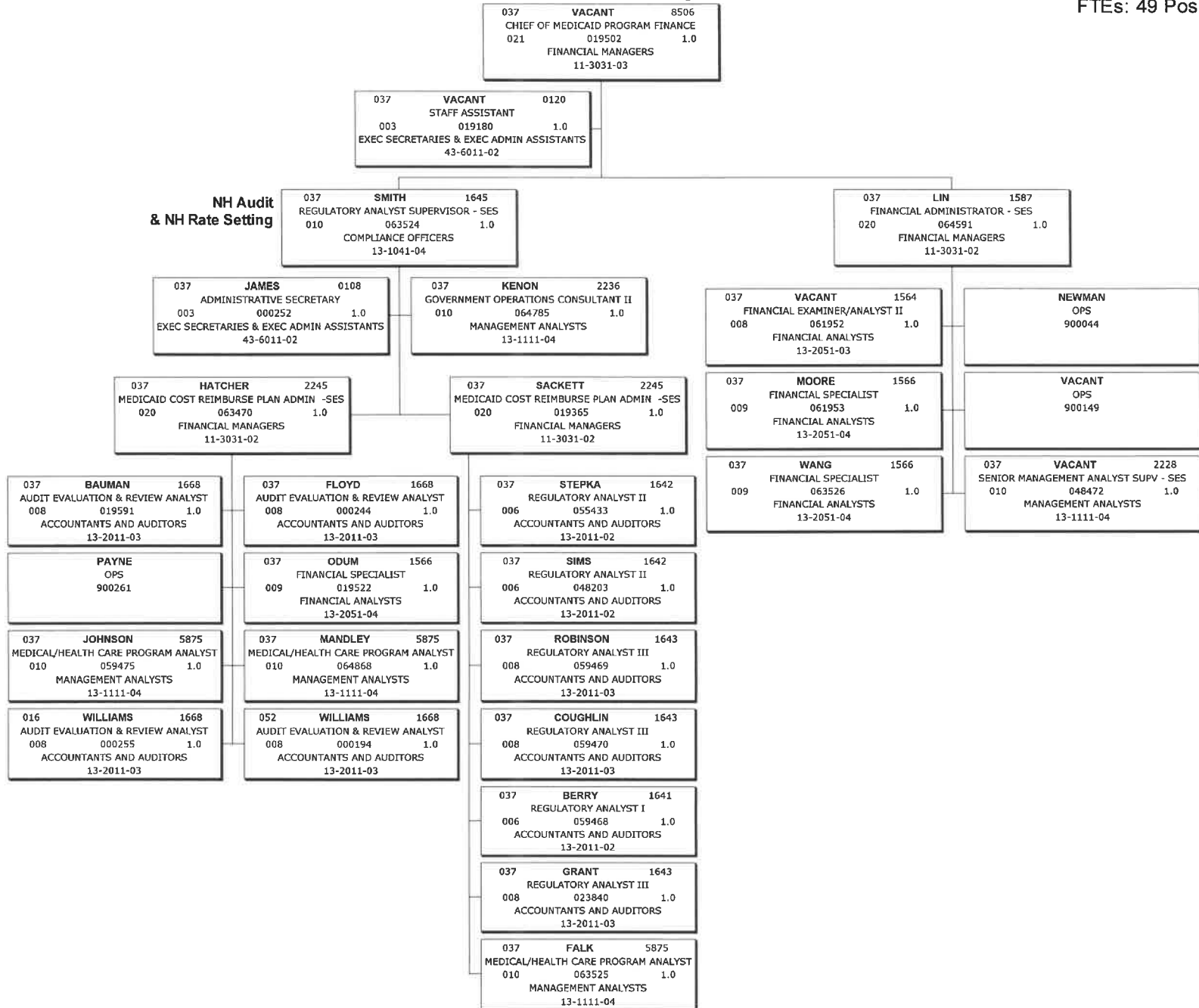
FTEs: 30 Positions: 30



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Program Finance

Effective Date: July 1, 2018
Org. Level: 68-40-50-00-000
FTEs: 49 Positions: 49



AGENCY FOR HEALTH CARE ADMINISTRATION

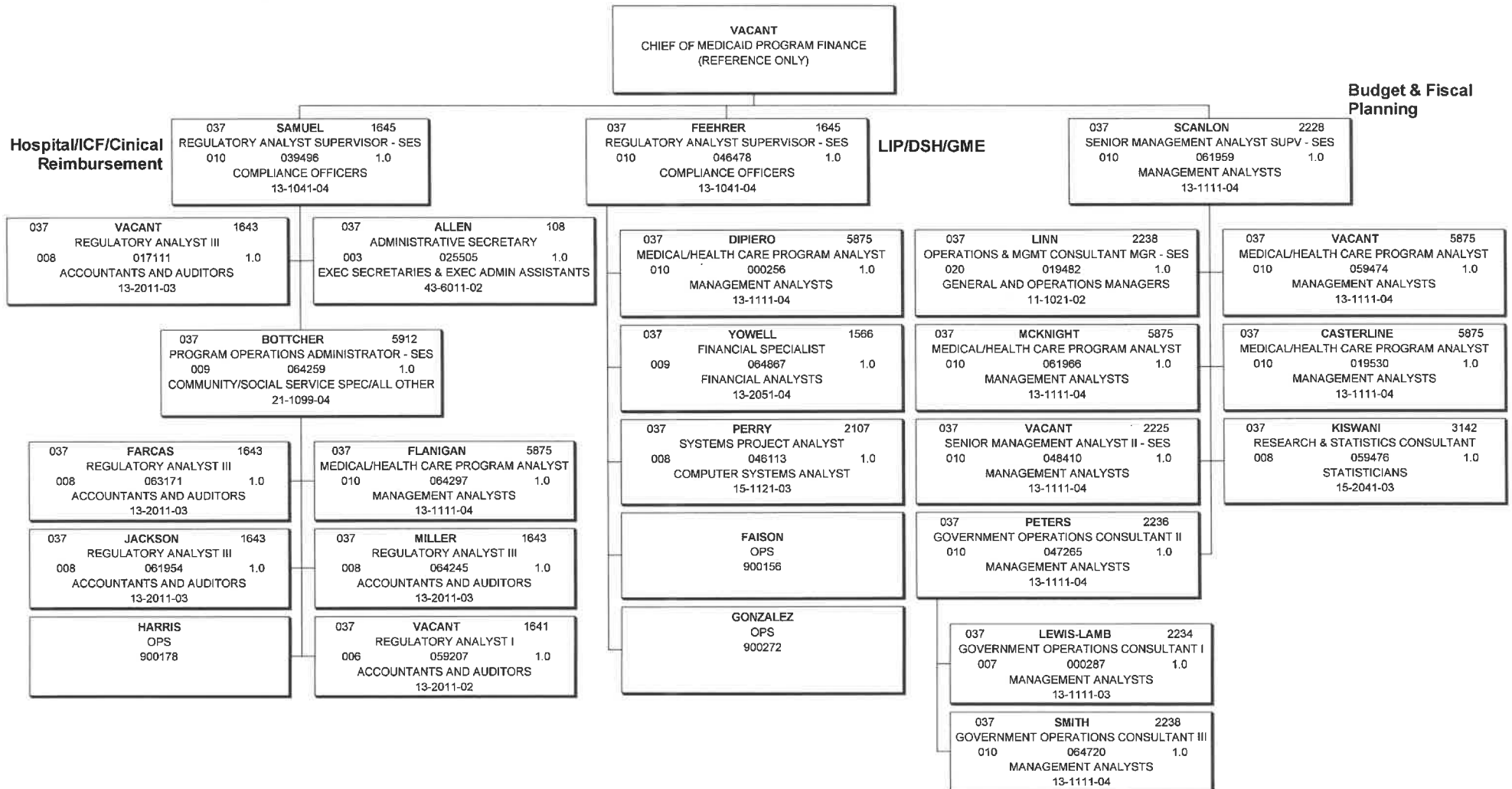
Division of Medicaid

Bureau of Medicaid Program Finance

Effective Date: July 1, 2018

Org. Level: 68-40-50-00-000

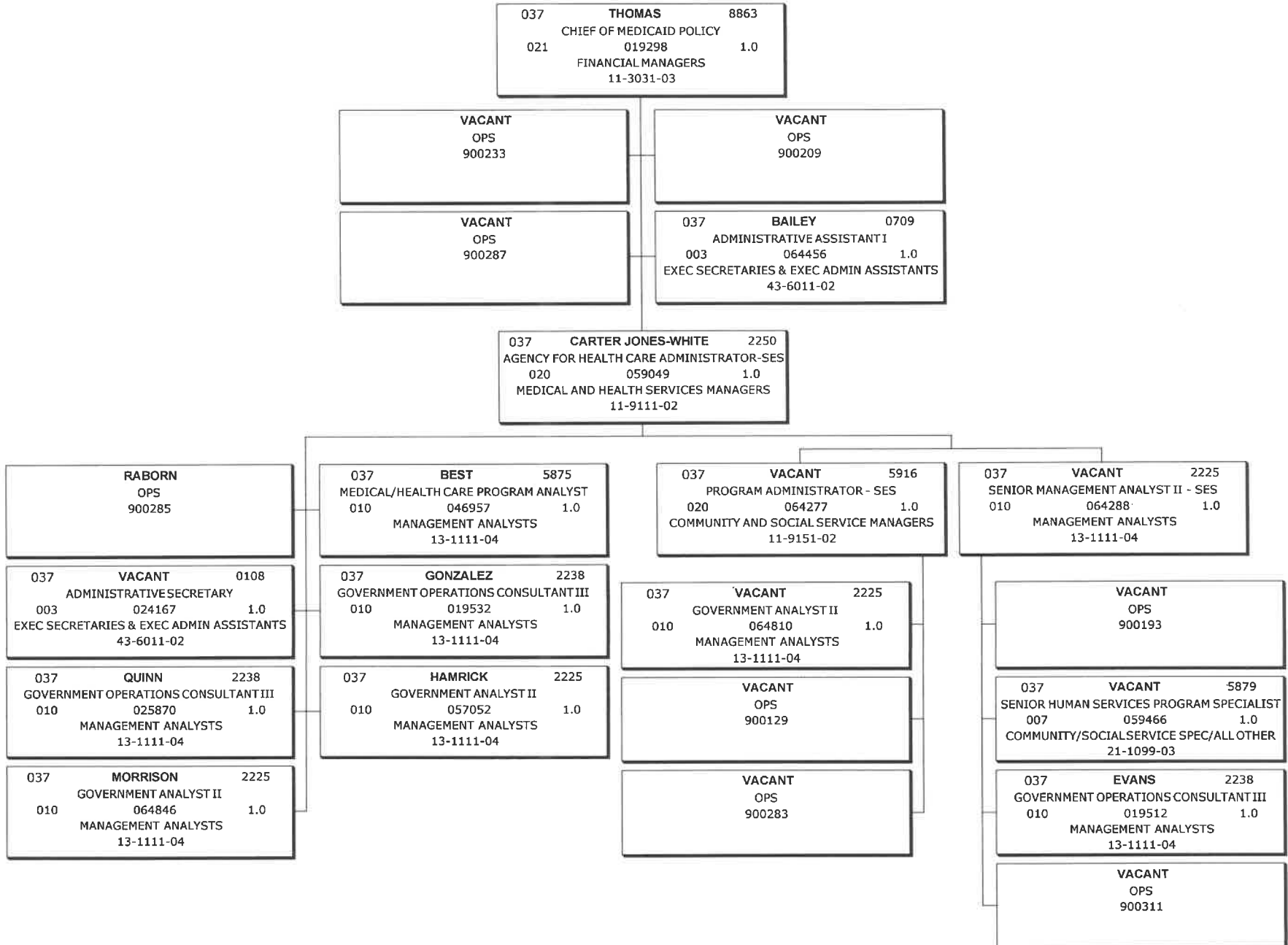
FTEs: 49 Positions: 49



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Policy

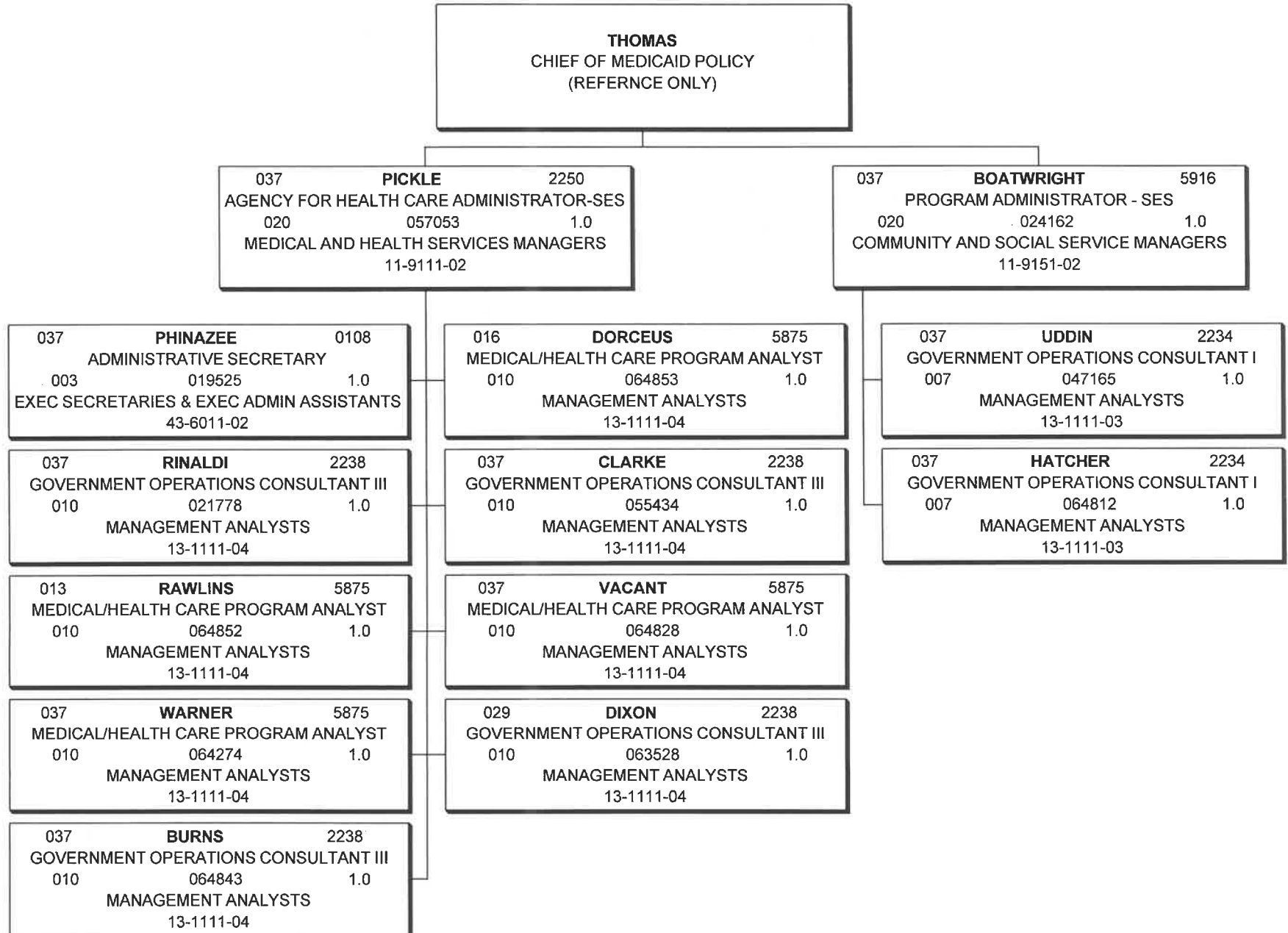
Effective Date: July 1, 2018
Org. Level: 68-40-60-00-000
FTEs:66 Positions: 66



AGENCY FOR HEALTH CARE ADMINISTRATION

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

Effective Date: July 1, 2018
Org. Level: 68-40-60-00-000
FTEs: 66 Positions: 66

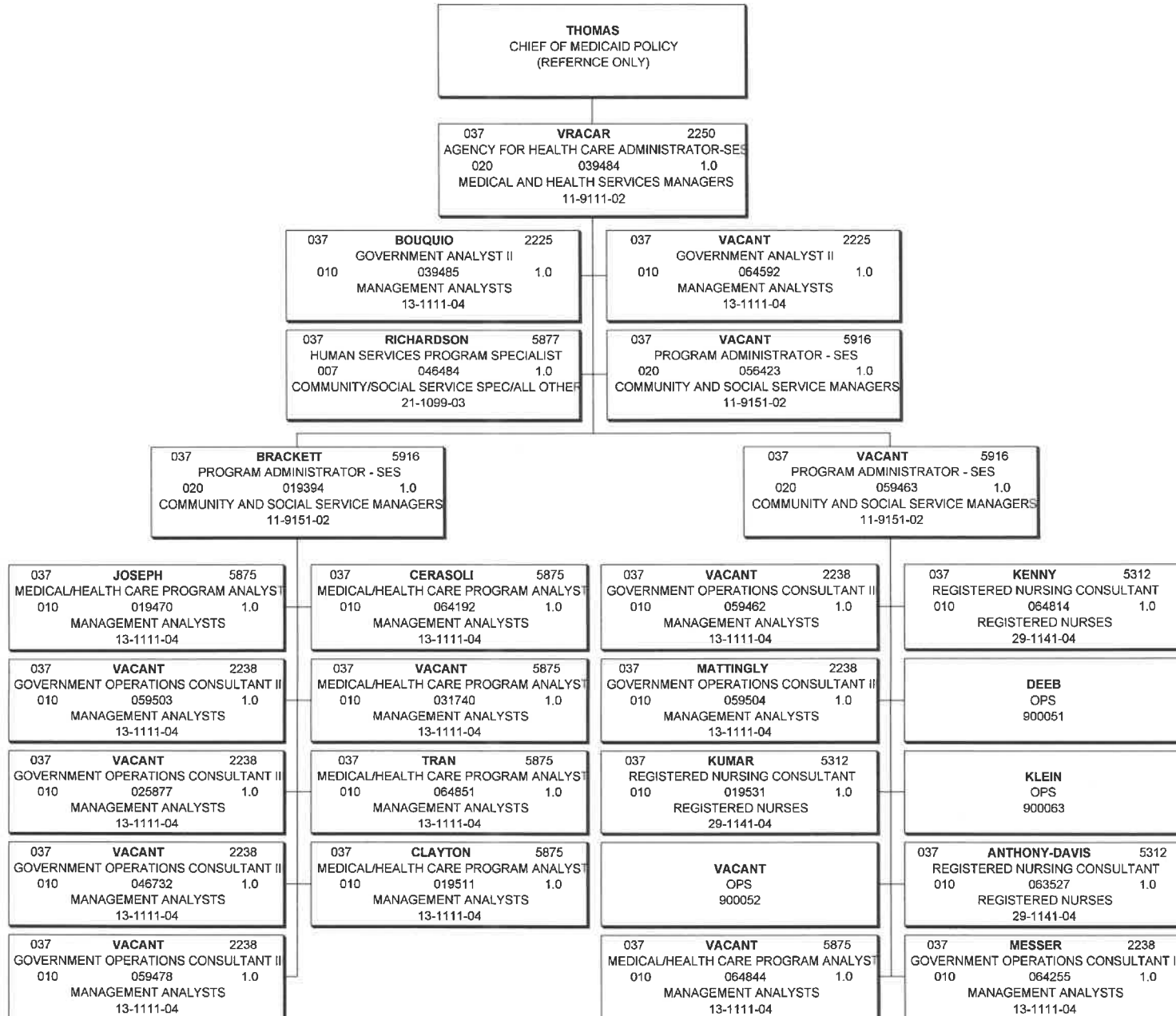


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Policy

Medical and Behavioral Health Care Policy

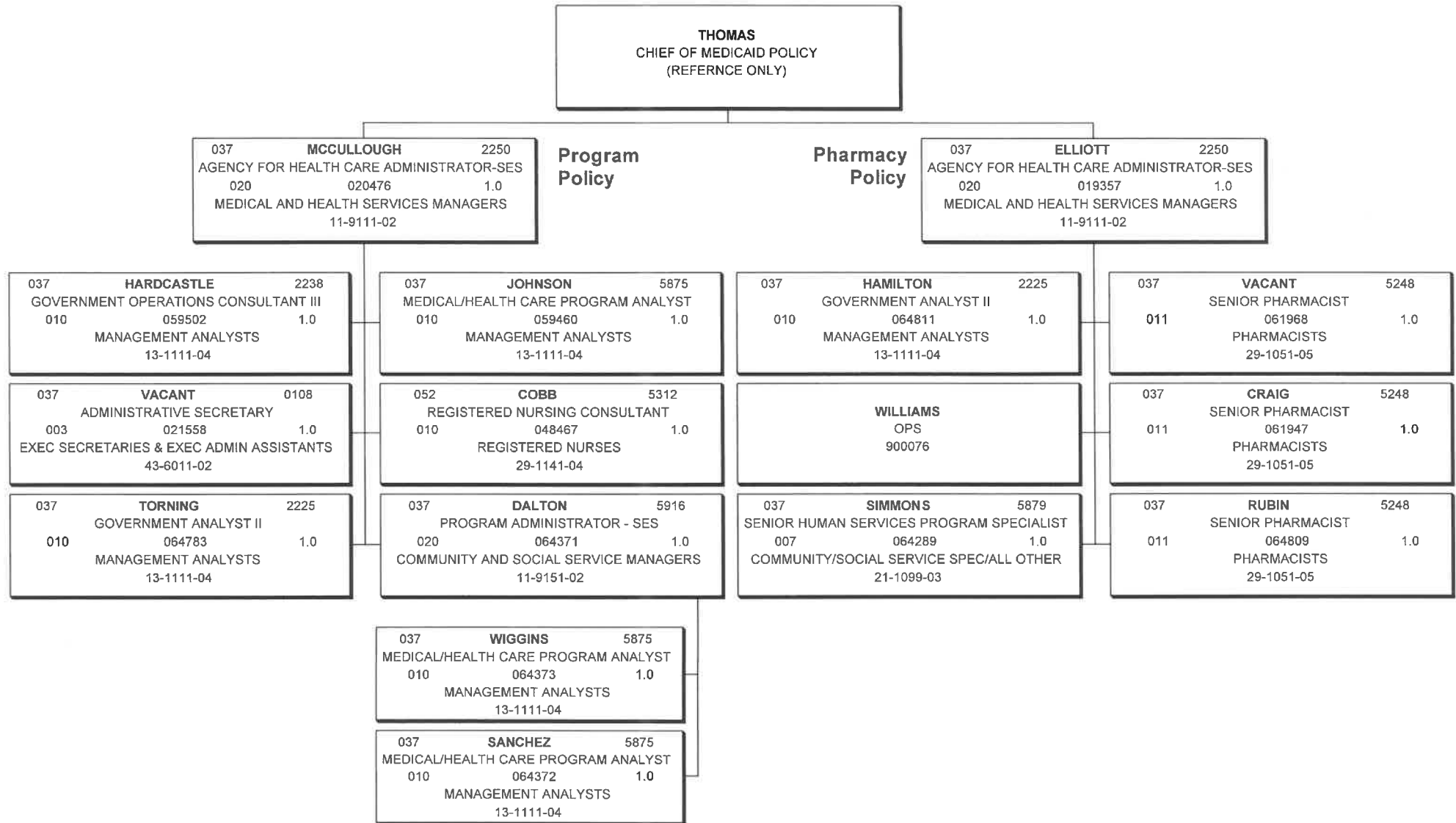
Effective Date: July 1, 2018
Org. Level: 68-40-60-00-000
FTEs: 66 Positions: 66



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Policy

Effective Date: July 1, 2018
Org. Level: 68-40-60-00-000
FTEs: 66 Positions: 66

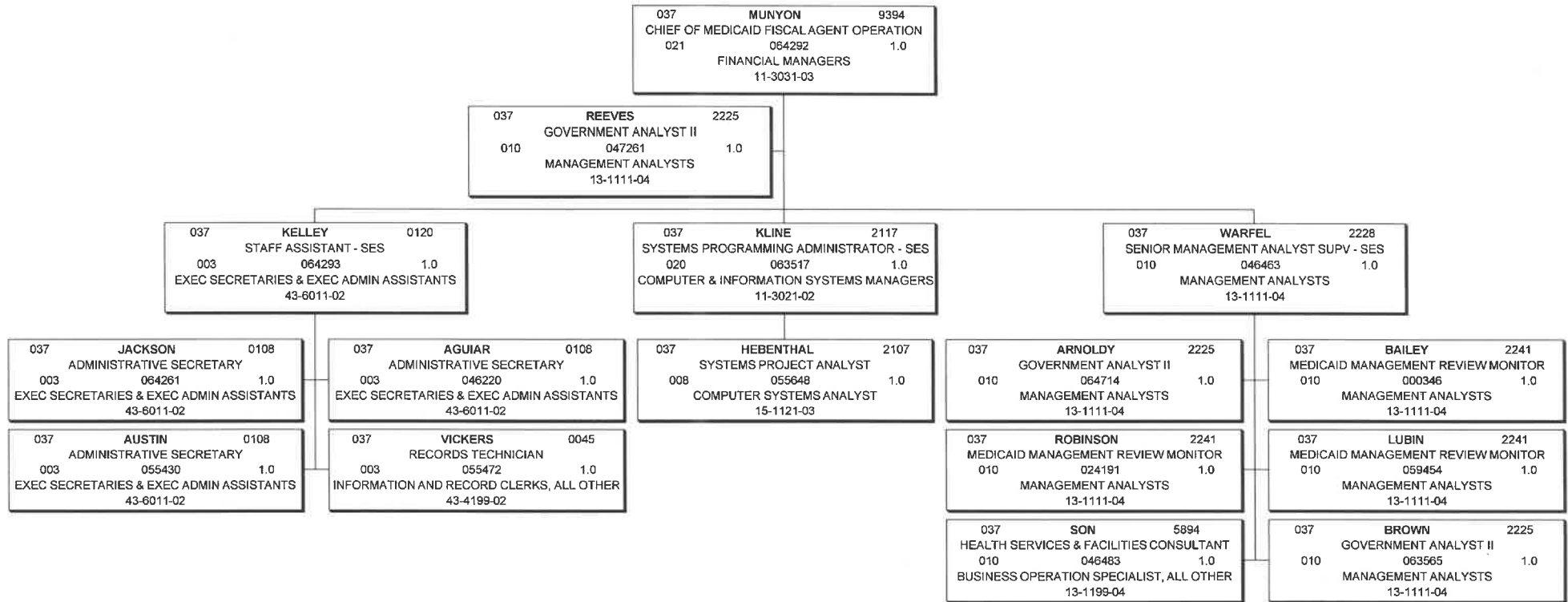


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Fiscal Agent Operations

Effective Date: July 1, 2018
 Org. Level: 68-40-70-00-000
 FTEs: 50 Positions: 50



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

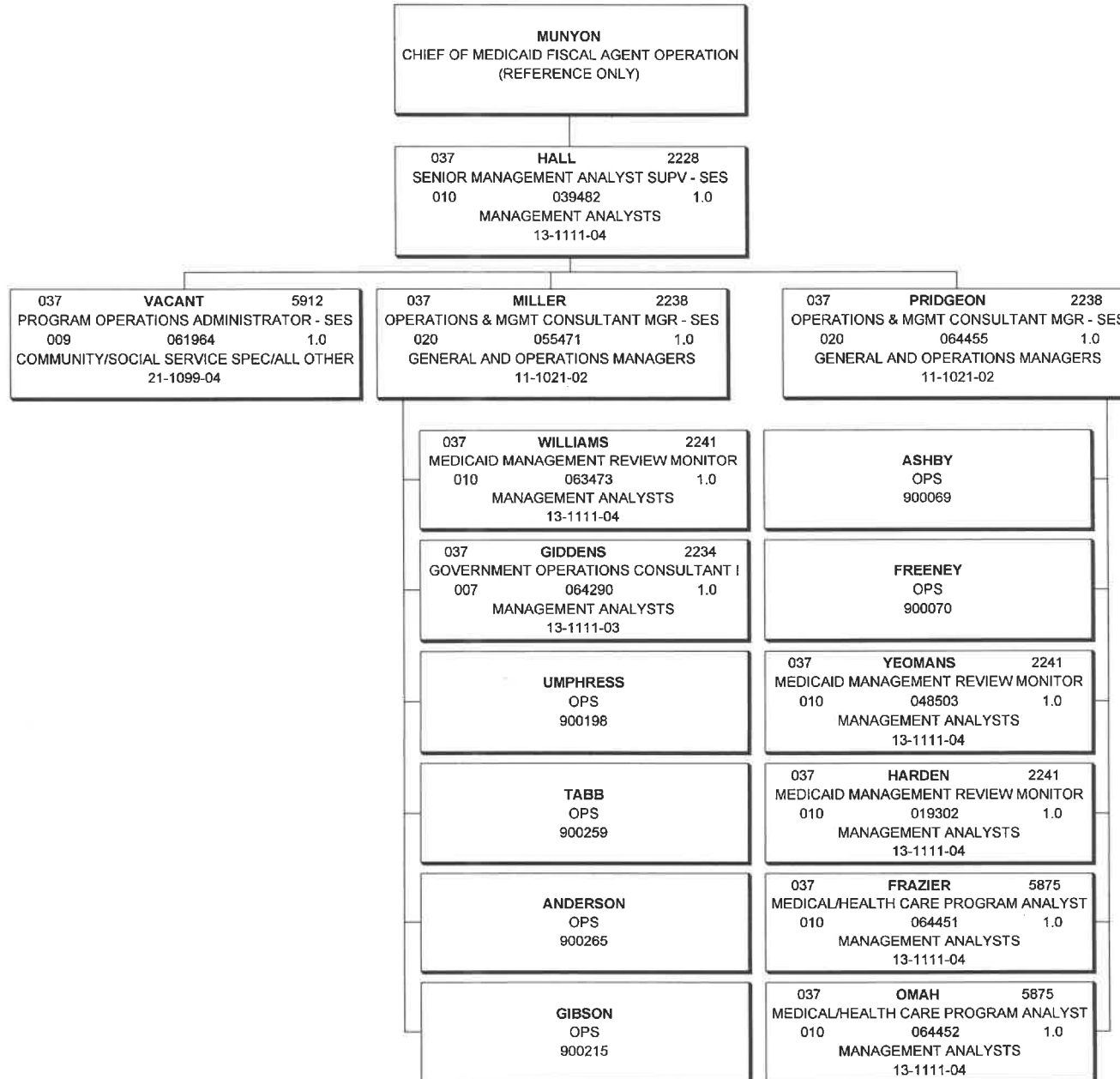
Bureau of Medicaid Fiscal Agent Operations

Recipient File Management

Effective Date: July 1, 2018

Org. Level: 68-40-70-00-000

FTEs: 50 Positions: 50



AGENCY FOR HEALTH CARE ADMINISTRATION

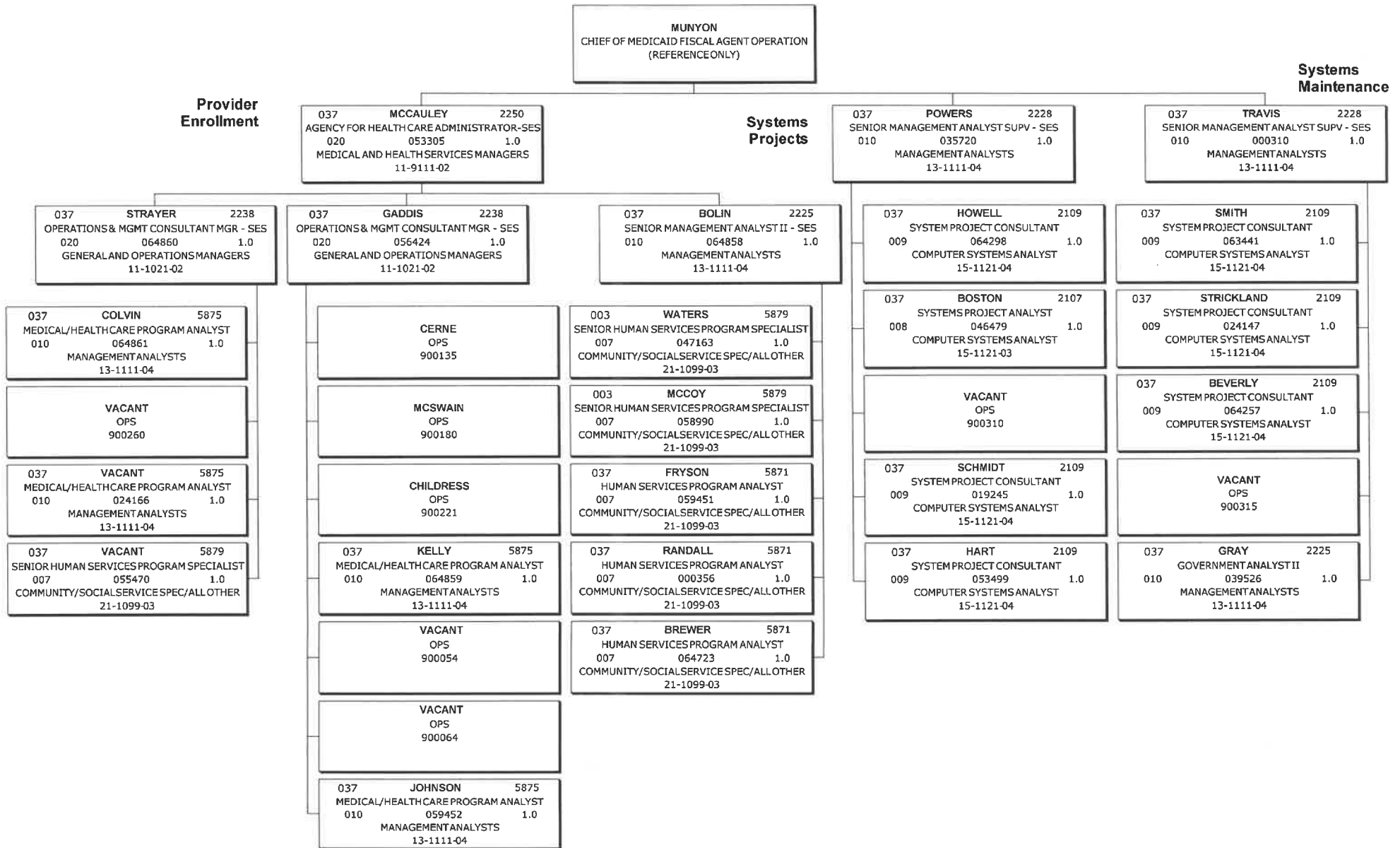
Division of Medicaid

Bureau of Medicaid Fiscal Agent Operations

Effective Date: July 1, 2018

Org. Level: 68-40-70-00-000

FTEs: 50 Positions: 50



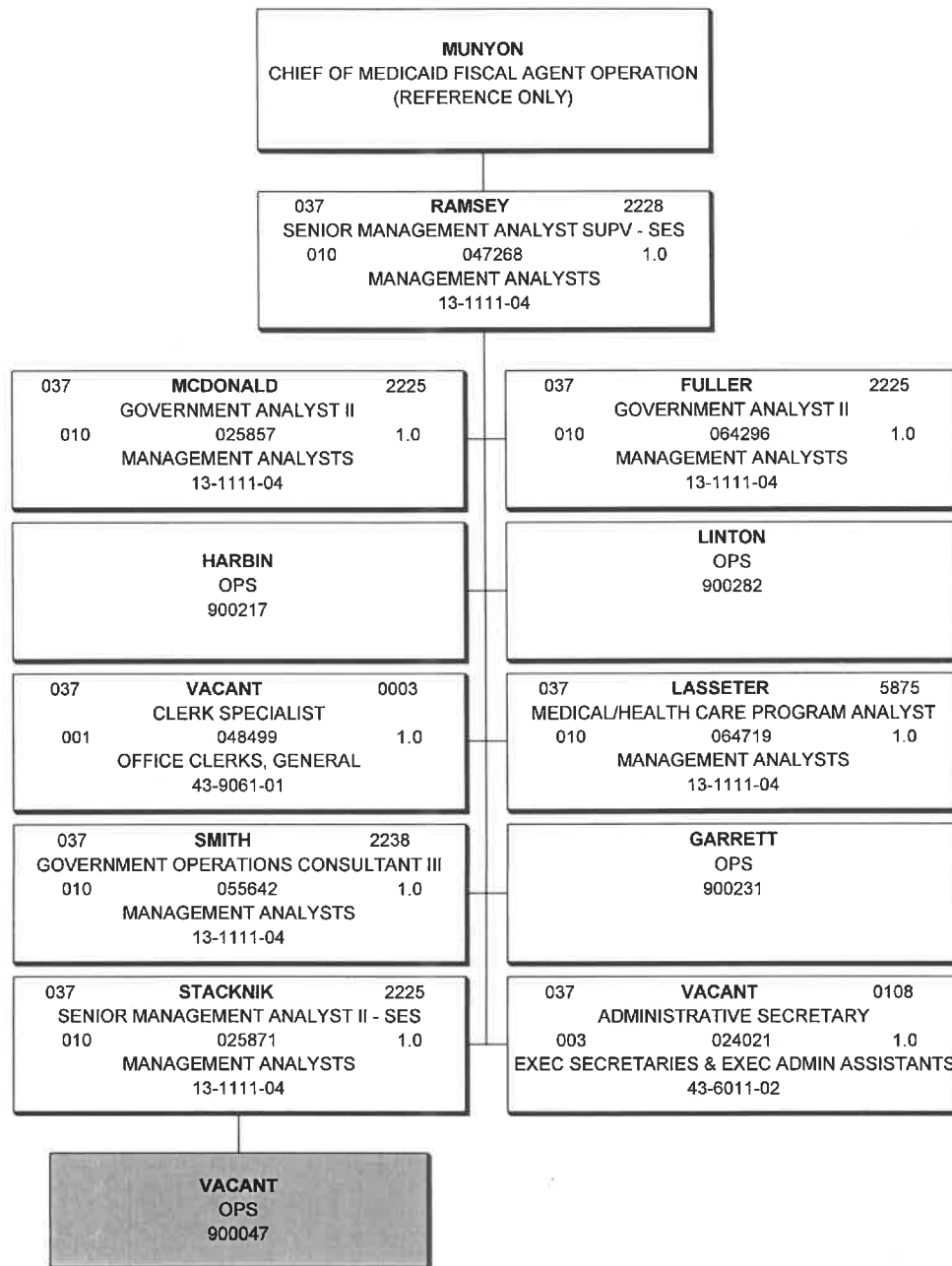
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Fiscal Agent Operations

Procurement

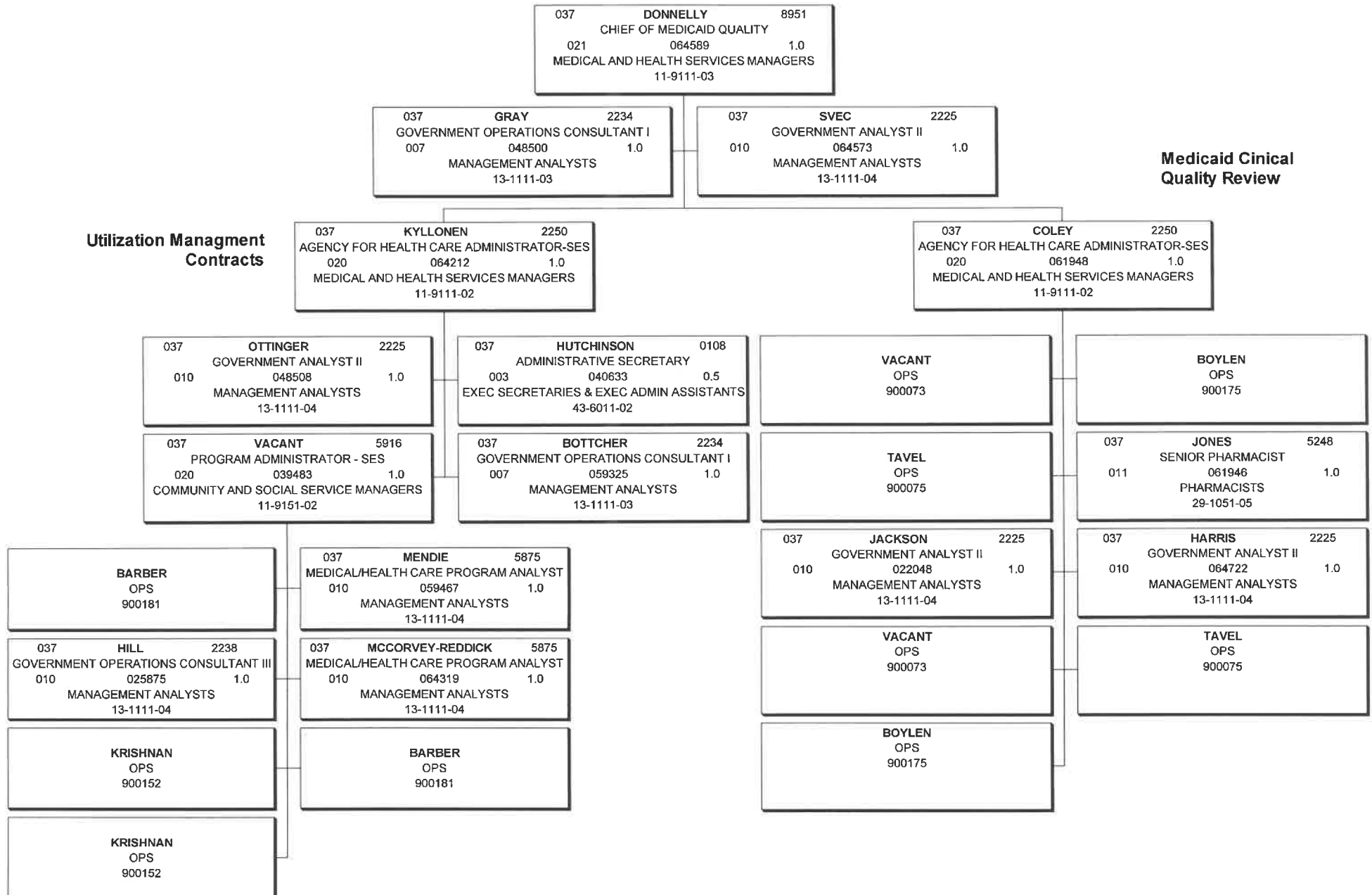
Effective Date: July 1, 2018
 Org. Level: 68-40-70-15-000
 FTEs: 8 Positions: 8



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Quality

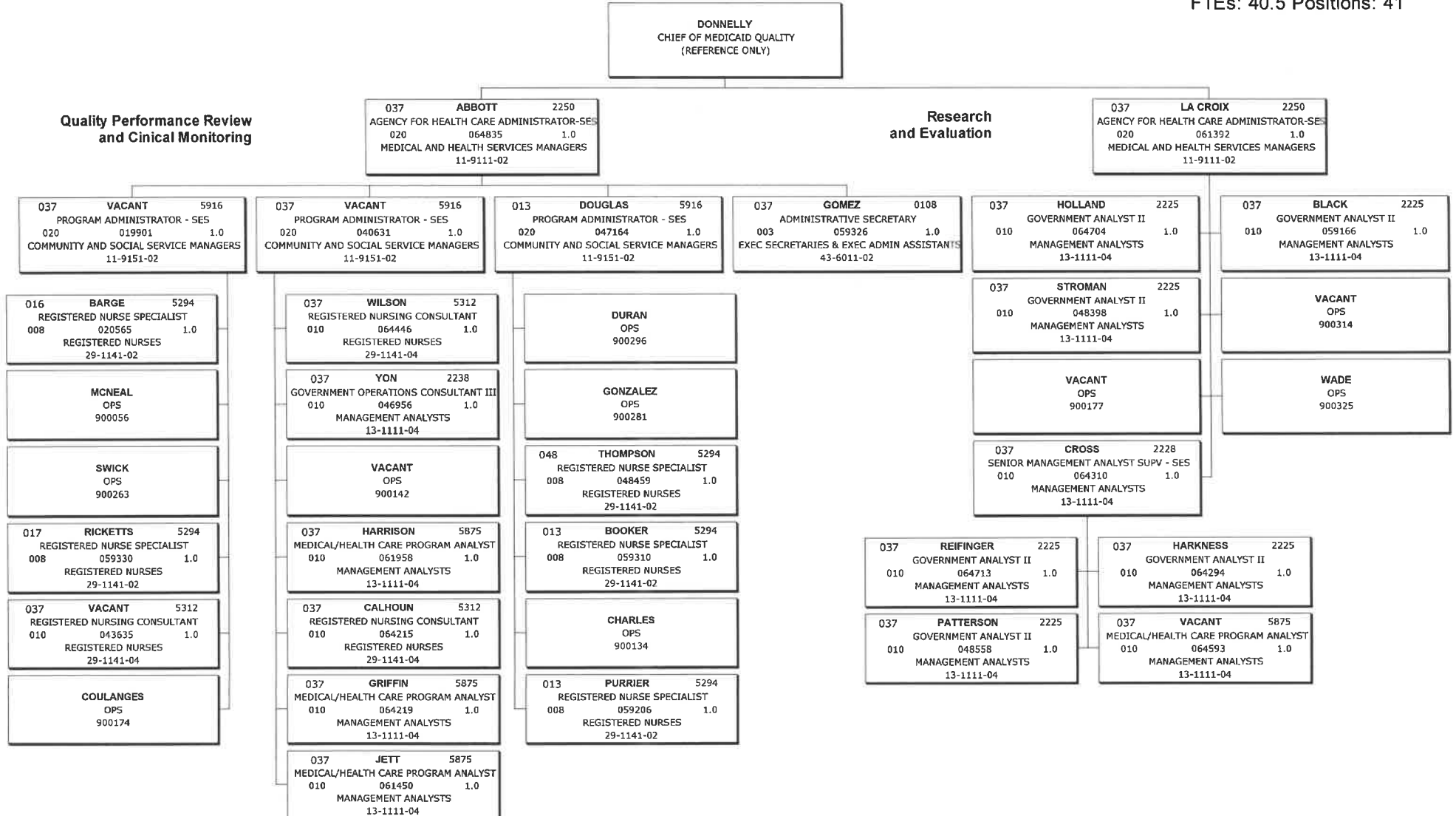
Effective Date: July 1, 2018
Org. Level: 68-40-80-00-000
FTEs: 40.5 Positions: 41



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Quality

Effective Date: July 1, 2018
Org. Level: 68-40-80-00-000
FTEs: 40.5 Positions: 41



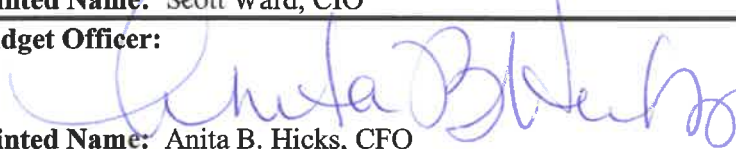




AGENCY FOR HEALTH CARE ADMINISTRATION		FISCAL YEAR 2017-18			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		26,357,340,941		0	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		273,026,520		0	
FINAL BUDGET FOR AGENCY		26,630,367,461		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	13,261.12	7,421,215,723	
Prepaid Health Plans - Families *		2,225,878	2,327.68	5,181,122,250	
Elderly And Disabled/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased		12,935	42,464.03	549,272,200	
Elderly And Disabled/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		55,547	6,943.89	385,712,487	
Elderly And Disabled/Fee For Service/Medipass - Physician Services * Number of case months Medicaid program services purchased		117,116	2,214.06	259,301,578	
Elderly And Disabled/Fee For Service/Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		117,116	811.87	95,083,211	
Elderly And Disabled/Fee For Service/Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		1,477,220	973.08	1,437,449,776	
Elderly And Disabled/Fee For Service/Medipass - Case Management * Number of case months Medicaid program services purchased		738,912	8.40	6,207,343	
Elderly And Disabled/Fee For Service/Medipass - Hospital Insurance Benefit * Number of case months Medicaid program services purchased		117,021	504.93	59,087,717	
Elderly And Disabled/Fee For Service/Medipass - Other * Number of case months Medicaid program services purchased		62,264	20,122.22	1,252,889,971	
Women And Children/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased		143,594	2,821.74	405,185,402	
Women And Children/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		268,646	438.84	117,893,764	
Women And Children/Fee For Service / Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		636,375	201.88	128,470,007	
Women And Children/Fee For Service / Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		6,357,209	41.32	262,675,105	
Women And Children/Fee For Service / Medipass - Case Management * Number of case months Medicaid program services purchased		3,212,255	0.24	755,492	
Women And Children/Fee For Service / Medipass - Therapeutic Services For Children * Number of case months Medicaid program services purchased		265,925	1.50	400,000	
Women And Children/Fee For Service / Medipass - Clinic Services * Number of case months Medicaid program services purchased		6,221,240	0.12	717,247	
Women And Children/Fee For Service / Medipass - Other * Number of case months Medicaid program services purchased		691,227	219.16	151,492,048	
Medically Needy - Hospital Inpatient * Number of case months Medicaid program services purchased		22,881	3,497.54	80,027,307	
Medically Needy - Prescribed Medicines * Number of case months Medicaid program services purchased		28,453	1,812.88	51,581,845	
Medically Needy - Hospital Outpatient * Number of case months Medicaid program services purchased		28,453	641.76	18,260,100	
Medically Needy - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		59,370	605.96	35,976,070	
Medically Needy - Case Management * Number of case months Medicaid program services purchased		28,453	3.90	111,060	
Medically Needy - Therapeutic Services For Children * Number of case months Medicaid program services purchased		24,935	53.38	1,331,066	
Medically Needy - Other * Number of case months Medicaid program services purchased		28,453	38,129.45	1,084,897,156	
Refugees - Hospital Inpatient * Number of case months Medicaid program services purchased		1,470	925.22	1,360,078	
Refugees - Prescribed Medicines * Number of case months Medicaid program services purchased		1,470	412,625.66	606,559,727	
Refugees - Hospital Outpatient * Number of case months Medicaid program services purchased		1,470	595.52	875,411	
Nursing Home Care * Number of case months Medicaid program services purchased		43,392	81,408.60	3,532,481,781	
Home And Community Based Services * Number of case months Medicaid program services purchased		40,958	32,983.55	1,350,940,407	
Intermediate Care Facilities For The Developmentally Disabled - Sunland Centers * Number of case months Medicaid program services purchased		576	591,349.89	340,617,539	
Purchase Medikids Program Services * Number of case months Medicaid Program services purchased		32,581	1,779.84	57,988,815	
Purchase Children's Medical Services Network Services * Number of case months		11,256	11,360.44	127,873,066	
Purchase Florida Healthy Kids Corporation Services * Number of case months		178,902	1,494.19	267,313,595	
Certificate Of Need/Financial Analysis * Number of certificate of need (CON) requests/financial reviews conducted		3,223	719.32	2,318,379	
Health Facility Regulation (compliance, Licensure, Complaints) - Tallahassee * Number of licensure/certification applications		42,645	462.94	19,742,239	
Facility Field Operations (compliance, Complaints) - Field Offices Survey Staff * Number of surveys and complaint investigations		41,998	1,526.81	64,123,176	
Health Standards And Quality * Number of transactions		3,009,470	1.77	5,325,760	
Plans And Construction * Number of reviews performed		4,630	1,715.84	7,944,330	
Managed Health Care * Number of Health Maintenance Organization (HMO) and workers' compensation arrangement surveys		189	10,351.85	1,956,499	
Background Screening * Number of requests for screenings		392,244	2.27	891,059	
Subscriber Assistance Panel * Number of cases		176	3,705.49	652,167	
TOTAL				25,376,079,953	
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				1,199,651,939	
REVERSIONS				54,635,983	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				26,630,367,875	

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: 10/19/2018
Project Name: PASRR Outsourcing	Is this project included in the Agency's LRPP? Yes <input checked="" type="checkbox"/> No
FY 2019 - 2020 LBR Issue Code: 33I0100	FY 2019 -2020 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: 	Date: 10/19/18
Printed Name: Justin M. Senior, Secretary	
Agency Chief Information Officer: (If applicable) 	Date: 10/18/18
Printed Name: Scott Ward, CIO	
Budget Officer: 	Date: 10/19/19
Printed Name: Anita B. Hicks, CFO	
Planning Officer: 	Date: 10/19/18
Printed Name: Kristin Sokoloski	
Project Sponsor: 	Date:
Printed Name: Shevaun Harris	

SCHEDULE XII: OUTSOURCING OR PRIVATIZATION OF A SERVICE OR ACTIVITY

I. Background Information
<p data-bbox="126 210 1104 241">1. Describe the service or activity proposed to be outsourced or privatized.</p> <p data-bbox="126 247 1502 430">The Agency for Health Care Administration (AHCA) is requesting legislative authority for expenditures for the continued utilization of a state-contracted vendor to coordinate and operate the Preadmission Screening and Resident Review (PASRR) program. The AHCA was directed to procure a PASRR vendor in House Bill 5001 (2018). Specifically, the vendor will assist with and perform Level I PASRR screenings and Level II PASRR evaluations and determinations and resident reviews.</p> <p data-bbox="126 466 1502 793">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 (Title 42 United States Code, section 1396r(e)(7)(A)). Florida's PASRR program is established in accordance with Title 42 Code of Federal Regulations (CFR), Subpart C, sections 483.100 through 483.138, section 409.912, Florida Statutes (F.S.), and Rule 59G-1.040, Florida Administrative Code (F.A.C.). The PASRR program is a comprehensive and steadfast process 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.</p> <p data-bbox="126 829 1502 934">The Level I PASRR is a preliminary screening that must be conducted on all individuals prior to admission into an NF. Based on the results from the Level I PASRR screening, an individual may be referred to have a Level II PASRR evaluation.</p> <p data-bbox="126 970 1502 1075">The Level II PASRR evaluation is a more comprehensive assessment, involving a 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.</p> <p data-bbox="126 1113 1079 1144">A PASRR determination, based upon the evaluation, is made as to whether:</p> <ul data-bbox="170 1155 1502 1270" style="list-style-type: none">• 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 or specialized rehabilitative services are needed. <p data-bbox="126 1306 1502 1444">A resident review is a Level II PASRR 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 an NF.</p>
<p data-bbox="126 1486 1502 1596">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?</p>
<p data-bbox="126 1596 1502 1890">The PASRR requirement is an essential component of Florida's policy, as required by Title II of the Americans with Disabilities Act, to ensure that individuals receive medically necessary health care services "in the most integrated setting appropriate" to their needs. The PASRR is an important tool that helps to ensure that individuals with a suspicion or diagnosis of serious mental illness, intellectual disability or related conditions, or both, are not inappropriately placed in an NF when their needs can be met in a less restrictive environment. It also helps to identify any specialized services or specialized rehabilitative services that are needed for his or her long-term care needs. The information gained from the PASRR process is both useful for the individual in selecting an NF that can meet their needs, as well as for the successes in the NF's care</p>

coordination. Maintaining the PASRR program and providing a process that ensures the greatest amount of efficiency, performance, and transparency aligns with the AHCA’s mission of “Better Health Care for All Floridians”.

The PASRR process responsibilities once held within four state agencies and their vendor, are now performed by a single state-contracted vendor, which maintains most all aspects of Florida’s PASRR program in one system. This presents the opportunity to facilitate quicker decision-making in relation to NF admissions, reduces opportunities for delays in sharing information with involved parties, leading to the transitioning of individuals from more acute care settings, (i.e. hospitals) sooner. This vendor receives, reviews, evaluates, and assists with determinations for the PASRR program, storing documentation in accordance with Rule 59G-1.040 F.A.C. This is increasing 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 CFR, 483.100 -138.
- Section 409.912 F.S.
- Rule 59G-1.040, F.A.C.
- House Bill 5001 (2018).

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

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

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 a brief summary of the clinical and administrative requirements related to the PASRR process for 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, AHCA is the single state Medicaid agency and as such, maintains administrative oversight of the PASSR program. The AHCA is responsible for the following:

- Oversight of the PASRR process.
- Oversight of the state-contracted vendor.
- Rule promulgation for PASRR (including PASRR forms).
- Monitoring PASRR reports. Reports are obtained through a secured data site.
- Holding quarterly meetings with PASRR involved parties.

KEPRO

The AHCA has procured a state-contracted vendor, KEPRO, to perform the PASRR responsibilities for all

individuals who are seeking NF services. The vendor conducts, reviews, and validates Level I screens, and performs Level II PASRR evaluations and determinations, when necessary, for individuals suspected or diagnosed with a PASRR disability (SMI, ID, or both). State delegated Level I Screeners, as defined in Rule 59G-1.040 F.A.C., submit the completed Level I PASRR screen to KEPRO. The KEPRO also performs the evaluations resulting from NF resident reviews, when NFs notify KEPRO that a resident who has or is suspected of having a PASRR disability, has experienced a significant change in his or her physical or mental condition. The KEPRO is a repository for all created or submitted PASRR documentation.

The KEPRO provides a web portal for submission of PASRR documents, PASRR forms, and other health related information that is compliant with the Health Insurance Portability and Accountability Act. This web portal allows delegated Level I screeners from hospital, nursing facility, and physician offices to submit a completed Level I PASRR screen and any accompanying information, or for NFs to request a resident review. The KEPRO performs the Level II PASRR evaluation or resident review, oftentimes with a face-to-face interview of the individual, legal representative or family member as applicable, then provides a determination to the state mental health and intellectual disability authorities for review, recommending:

- 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 or specialized rehabilitative services are needed.

The PASRR determination is disseminated to the evaluated individual, entities and representative in accordance with state rules.

In cases where a PASRR disability is suspected or diagnosed on the Level I PASRR screen, the KEPRO provides written notice to the individual or their legal representative of the findings and that he or she is being referred for the Level II PASRR evaluation.

Florida Department of Children and Families

The state authority for SMI is the DCF, whom is responsible for performing Level II PASRR determinations for individuals suspected of, or diagnosed with SMI prior to their admission or as a 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 state-contracted vendor, KEPRO, performs independent physical and mental evaluations to assist in fulfilling Level II PASRR responsibilities.

Florida Agency for Persons with Disabilities

As the state PASRR authority for ID, the APD is responsible for Level II PASRR evaluations and determinations 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 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 the APD's determination is disseminated to the evaluated individual, entities and representatives in accordance with state rules.

Delegated Level I PASRR Screeners

In accordance with Rule 59G-1.040, F.A.C., delegated Level I PASRR screeners are hospital and nursing facility staff who are licensed clinical social workers, physicians, physician assistants, registered nurses,

mental health counselors, psychologists, or persons who hold a Master's Degree in Social Work.

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?

The AHCA is not requesting a change in delivery or performance of the PASRR functions. The 2018 Florida Legislature authorized funds for AHCA to contract with a vendor to implement, operate, and coordinate all aspects of the PASRR program, including Level I screenings and Level II evaluations and determinations. (Specific Appropriation 187, \$375,000 in nonrecurring funds from the General Revenue Fund and \$1,125,000 in nonrecurring funds from the Medical Care Trust Fund)

The following units of service with the costs for this volume are for a six month period to implement the PASRR system:

Implementation: \$450,000

Unit Costs (six-month estimates for volume)

- 1930 @ \$119.92 per Level I Face to Face = \$231,445.60.
- 79,554 @ \$4.61 per Level I System generated outcomes for NFs and Hospitals = \$366,743.94.
- 2352 @ \$172.00 Level II Desk Level Reviews = \$404,544.
- 371 @ \$336.00 Level II Face to Face Reviews = \$124,656.
- 191 @ \$37.57 Level II Administrative Closure Reviews = \$7,175.87.

Total of the above: \$1,134,565.38*

Total = \$1,134,565.38 (\$189,094.23 per month @ six months)

The following represents incremental increases for continuing operations until 6/30/22:

Year 1 (07/01/19 – 06/30/20) –1.5% increase

Year 2 (07/01/20 – 06/30/21) –3.0% increase

Year 3 (07/01/21 – 06/30/22) –3.0% increase

The AHCA is requesting \$2,679,144.00 for SFY 2019-2020 and yearly through state fiscal year 2022.

This amount was forecast resulting from responses to formal requests for information (RFI) from AHCA, and anticipates overages for the forecasted amounts above.

Continuing Operations:

- SFY 19-20 = \$2,679,144.00
- SFY 20-21 = \$2,679,144.00
- SFY 21-22 = \$2,679,144.00

Total estimated annual recurring cost = \$2,679,144.00

3 year estimate = \$8,037,432.00

The federal financial participation (FFP) match for PASRR state expenditures in accordance with §1903(a)(2)(C) of the Social Security Act and 42 Code of Federal Regulations 433.15(b)(9) may be claimed by the state at 75 percent. Total requested minus 75 percent FFP for state PASRR program vendor services requires state participation for the Florida PASRR program of \$669,786.00 for SFY 2019-2020.

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.

The AHCA is not considering options at this time, as a vendor was selected to begin the PASRR processes January 1, 2019.

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?

The AHCA is not considering options at this time, as a vendor was selected to begin the PASRR processes January 1, 2019.

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).

The AHCA is not considering options at this time, as a vendor was procured to begin the PASRR processes January 1, 2019.

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

The AHCA is not considering options at this time, as a vendor was procured to begin the PASRR processes January 1, 2019.

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

The AHCA is not considering options at this time, as a vendor was procured to begin the PASRR processes January 1, 2019.

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.

The AHCA is not considering options at this time, as a vendor was procured to begin the PASRR processes January 1, 2019.

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

The AHCA is not considering options at this time, as a vendor was selected to begin the PASRR processes January 1, 2019.

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. The KEPRO is providing the PASRR vendor process not only in Florida, but in Ohio, New Hampshire, and West Virginia.

III. Information on Recommended Option

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

The AHCA is not proposing a competitive solicitation. The current KEPRO PASRR contract is compliant with section 287.057(13), F.S.

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.

Request for funding is for SFY 2019-2020, to continue the current vendor contract.

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.

- Recurring annual cost of \$2,679,144.00.
- Federal Financial Participation and State share provided in Table 3 below:

Time Period	Overall Cost	State Share (25%)	Federal Match (75%)
July 2019 to June 2020	\$2,679,144.00	\$669,786.00	\$2,009,358.00
July 2020 to June 2021	\$2,679,144.00	\$669,786.00	\$2,009,358.00
July 2021 to June 2022	\$2,679,144.00	\$669,786.00	\$2,009,358.00

Table 3

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 currently fund all or part of the service or activity, does the change in the service delivery method meet federal requirements?

Currently the State receives federal funding for PASRR activities. 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 outsourcing is implemented in compliance with all federal and state requirements.

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.

The AHCA maintains the oversight of the PASRR program.

The ACHA will continue to maintain all rules and polices related to Florida's PASRR process.

The AHCA will continue to retain a dedicated full time employee as contract manager for the KEPRO PASRR contract.

The vendor is monitored in accordance with AHCA requirements, as applicable. The AHCA at its discretions, reserves the right to impose liquidated damages upon KEPRO for failure to comply with the following performance standards:

- Maintenance of all client files.
- Performance of client file update.
- Late submission of any required report.
- Late invoice submission.
- Unexpected system and phone outages.
- Completion of one hundred (100) percent of Level I PASRR screens within two (2) business days of request.
- Completion of one hundred (100) percent of Level II PASRR evaluations and determination within seven (7) business days from receipt of a complete referral packet.
- One hundred (100) percent of written notice to individuals or their legal representative, of being referred for a Level II PASRR evaluation due to the suspicion or diagnosis of a PASRR disability (serious mental illness, intellectual disability or related condition or both), within the same two days of completion of the Level I PASRR screen.
- Complaint responses within three (3) business days of the complaint.
- Ninety (90) percent of all call made within normal business hours are within thirty (30) seconds or less with no more than ten (10) percent going unanswered, requiring the caller to leave a message.
- One hundred (100) percent of calls returned that are received after normal business hours on the following business day.
- Ninety-five (95) percent of all issues requiring system down time are resolved within four (4) hours. All instances of down time is to be reported to AHCA immediately.
- Compliance with public records laws in accordance with Section 119.0701, F.S.
- Initial and renewal background screening within required timeframes.
- Annually maintaining a top tier security rating score from a vendor information security rating service approved by AHCA.

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 nonperformance. 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>The AHCA contract manager reviews the requirements for the receipt of monthly and quarterly reports from the vendor, KEPRO, validating activities related to the Level I and Level II PASRR screens and evaluations. These monitoring standards incorporate at a minimum the standards specified in the Florida Medicaid State Plan and Rule 59G-1.040 F.A.C., for the PASRR process. In addition, AHCA performs quarterly desk-reviews and annual on-site monitoring visits to ensure the KEPRO is performing in accordance with the contractual requirements. The contract manager maintains regular contact with the vendor to provide ongoing technical assistance, as needed.</p> <p>The vendor contract also includes applying liquidated damages for certain functions that are not performed in accordance with the contract.</p>
<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>
<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.</p>
<p>8. Identify all other Legislative Budget Request issues that are related to this proposal.</p>
<p>Not applicable.</p>
<p>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.</p>
<p>The AHCA has demonstrated that using a vendor for the PASRR program is a more efficient process than providing services by multiple agencies in Florida.</p>
<p>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.</p>
<p>The AHCA doesn't plan to change the current process, as a contracted vendor is in place.</p>
<p>11. Provide a plan to verify vendor(s) compliance with public records laws.</p>
<p>The AHCA standardized contract language for vendor contract is as follows:</p> <p>The vendor shall comply with public records laws, in accordance with section 119.0701, F.S.</p>
<p>12. If applicable, provide a plan to verify vender compliance with applicable federal and state law ensuring access by persons with disabilities.</p>
<p>The AHCA includes language in the vendor contract that the vendor will comply with Americans with Disabilities Act requirements, the Medicaid Act, and state law to ensure that reasonable accommodations are in place for persons with disabilities.</p>

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.

The vendor is required to have AHCA approved policies and processes in place prior to the go live date of January 1, 2018.

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 Preadmission Screening and Resident Review														Option: 1	
Produced 10/15/2018				For Agency for Health Care Adminis				By Monty McCullough				F Y 2019-2020			
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 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	\$0	\$0	\$0	\$0	\$0	\$0	General Revenue	\$375,000	\$0	(\$375,000)		
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	\$1,125,000	\$0	(\$1,125,000)		
Contracted Services	\$375,000	\$1,125,000	\$1,500,000	\$0	\$0	\$0	(\$375,000)	(\$1,125,000)	(\$1,500,000)	Other -	\$0	\$0	\$0		
Special Categories	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0		
Other - FFP Salaries and Wages	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Other -	\$0	\$0	\$0		
Other - FFP Contract	\$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	\$375,000	\$1,125,000	\$1,500,000	\$0	\$0	\$0	(\$375,000)	(\$1,125,000)	(\$1,500,000)		\$1,500,000	\$0	(\$1,500,000)	\$0	
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	\$0	\$0	\$0	\$0	\$0	\$0	General Revenue	\$0	\$669,786	\$669,786		
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	\$2,009,358	\$2,009,358		
Contracted Services	\$0	\$0	\$0	\$669,786	\$2,009,358	\$2,679,144	\$669,786	\$2,009,358	\$2,679,144	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 - FFP Contract	\$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	\$669,786	\$2,009,358	\$2,679,144	\$669,786	\$2,009,358	\$2,679,144		\$0	\$2,679,144	\$2,679,144	\$0	
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	\$0	\$0	\$0	\$0	\$0	\$0	General Revenue	\$0	\$669,786	\$669,786		
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	\$2,009,358	\$2,009,358		
Contracted Services	\$0	\$0	\$0	\$669,786	\$2,009,358	\$2,679,144	\$669,786	\$2,009,358	\$2,679,144	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 - FFP Contract	\$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	\$669,786	\$2,009,358	\$2,679,144	\$669,786	\$2,009,358	\$2,679,144		\$0	\$2,679,144	\$2,679,144	\$0	

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>10/15/2018</u>			For <u>Agency for Health Care Adminis</u>			By <u>Monty McCullough</u>			F Y <u>2019-2020</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 2021-22														
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	\$0	\$0	\$0	\$0	\$0	\$0	General Revenue	\$0	\$669,786	\$669,786	
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	\$2,009,358	\$2,009,358	
Contracted Services	\$0	\$0	\$0	\$669,786	\$2,009,358	\$2,679,144	\$669,786	\$2,009,358	\$2,679,144	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 - FFP Contract	\$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 2021-22	\$0	\$0	\$0	\$669,786	\$2,009,358	\$2,679,144	\$669,786	\$2,009,358	\$2,679,144		\$0	\$2,679,144	\$2,679,144	\$0
FY 2022-23														
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	\$0	\$0	\$0	\$0	\$0	\$0	General Revenue	\$0	\$669,786	\$669,786	
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	\$2,009,358	\$2,009,358	
Contracted Services	\$0	\$0	\$0	\$669,786	\$2,009,358	\$2,679,144	\$669,786	\$2,009,358	\$2,679,144	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	
TOTAL FY 2022-23	\$0	\$0	\$0	\$669,786	\$2,009,358	\$2,679,144	\$669,786	\$2,009,358	\$2,679,144		\$0	\$2,679,144	\$2,679,144	\$0
GRAND TOTAL	\$375,000	\$1,125,000	\$1,500,000	\$2,679,144	\$8,037,432	\$10,716,576	\$2,304,144	\$6,912,432	\$9,216,576		\$1,500,000	\$10,716,576	\$9,216,576	\$0

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 XIAA-2: COST/BENEFIT ANALYSIS - BENEFITS AND ADDITIONAL COSTS

Function Costs for <u>Preadmission Screening and Resident Review</u>		Option: <u>1</u>
Produced	10/15/2018	For Health Care Administration
		By Monty McCullough
		FY 2019-20
List and describe any Benefits not captured on Schedule XIAA-1, such as improved customer service, which could not be quantified:		
1	Easier Level I PASRR screen submission process.	
2	Easier additional document submission process.	
3	Reduction of stakeholder confusion with various state agency roles in the PASRR process.	
4	Addition of submission process to include physician office(s).	
5	Less risk of audit findings and litigation.	
6	Easier to maintain qualified staff for PASRR program roles.	
7	Greater level of accountability in PASRR activities due to one vendor performing these functions as compared to several state agencies.	
8	Achievement of greater efficiencies resulting in faster outputs.	
9	Secure HIPAA compatible Web portal with confidential log in activity for credentialed staff as delegated in rule to complete the Level I PASRR screen, with vendor validation.	
10		
11		
12		
13		
14		
15		

List and describe any expected costs not captured on Schedule XIAA-1 because they could not be quantified:		
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		

SCHEDULE XIA-3: COST/BENEFIT ANALYSIS - ASSUMPTIONS

Function Costs for <u>Preadmission Screening and Resident Review</u> Option: <u>1</u>		
Produced	10/15/2018	For Agency for Health Care Administration By Monty McCullough FY 2019-20
BUDGET - ASSUMPTIONS		
	(a) Current	(b) Proposed option
OPERATIONAL COSTS		
Salaries and Wages		
OPS		
Expenses		
Contracted Services	These figures are comprised of contracted services budget at the Agency for Health Care Administration.	
Special Categories		
Other -		
Other -		
Other -		
Other -		
FTE'S		

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

BENEFITS AND ADDITIONAL COSTS - ASSUMPTIONS	
	The Agency does not anticipate additional costs, currently the benefits of having a vendor includes 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 XIA-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 2018 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 2019-2020 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 2019-2020 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Medicaid Price Level and Workload	B	-592.1	0.0
b	Kidcare	B	63.6	63.6
c	Medicaid Provider Rates Increases	B	52.2	0.0
d	Medicaid Waivers	B	2.8	0.0
e	Hospital Provider Rate Increases	B	45.6	0.0
f	ICF/DD Provider Rate Increases	B	8.2	0.0
g	Fiscal Agent FMMIS Reprocurement	B	13.6	63.1
h	Facility Regulation IT Issues	B	3.1	2.1
i				

- 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.

a. Agency's request does not include the workload and price level adjustments from the August 2018 Medicaid expenditure conference.
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 Fiscal Agent FMMIS Reprocurement, but at a higher rate.
h. 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 2019-2020**

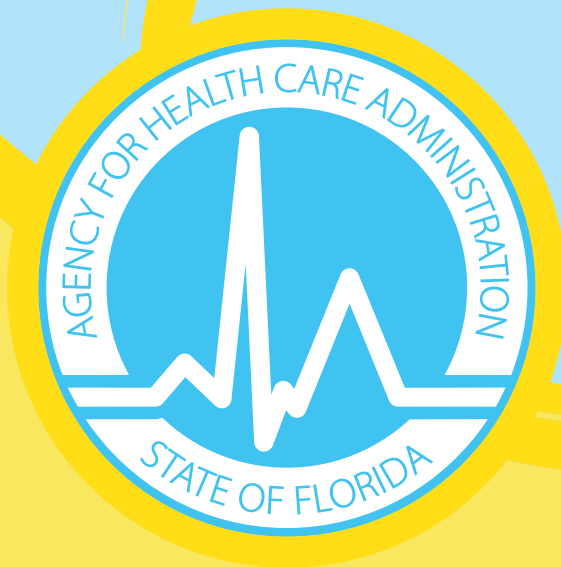
**Department Level
Schedule I Series**



**Florida Agency
for Health Care
Administration**

**Legislative Budget
Request
Fiscal Year 2019-2020**

**Administration
and Support
Schedules**



SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2019 - 2020
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Administration Trust Fund
LAS/PBS Fund Number:	Departmental
	2021

	Balance as of 6/30/2018		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	4,066,859.00	(A)		4,066,859.00
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	495,753.00	(D)	149.00	495,902.00
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	4,562,612.00	(F)	149.00	4,562,761
LESS Allowances for Uncollectibles		(G)	0.00	0.00
LESS Approved "A" Certified Forwards	1,389,401.00	(H)		1,389,401.00
Approved "B" Certified Forwards	2,109,029.00	(H)		2,109,029.00
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/18	1,064,182.00	(K)	149.00	1,064,331.00 **

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: 2019 - 2020

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, 07/01/18

Total all GLC's 5XXXX for governmental funds; 3,170,131.00 (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) (5,918.00) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description; Due From Other Agency 149.00 (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (2,109,029.00) (D)

Approved FCO Certified Forward per LAS/PBS (D)

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

Certified Encumbrances reclassified as 8,998.00 (D)
Certified Payables after CF Certificate Report

ADJUSTED BEGINNING TRIAL BALANCE: 1,064,331.00 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 1,064,331.00 (F)

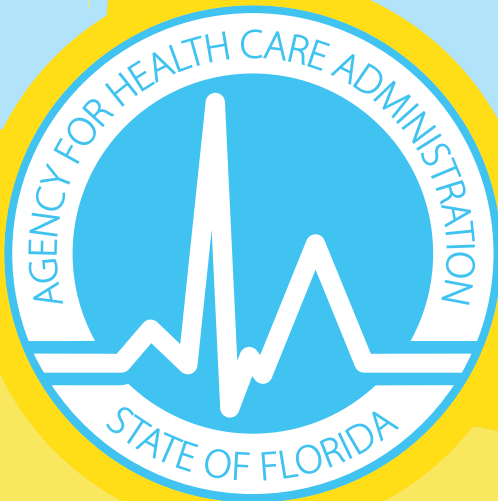
DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

**Florida Agency
for Health Care
Administration**

**Legislative Budget
Request
Fiscal Year 2019-2020**

**Health Care
Services
Schedules**



SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2019 - 2020
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Medical Care Trust Fund (2474)
LAS/PBS Fund Number:	Departmental
	2474

	Balance as of 6/30/2018		SWFS Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	767,467,825	(A)	(4,076,190)		763,391,635
ADD: Other Cash (See Instructions)	260,456	(B)	27,416,683		27,677,139
ADD: Investments	8,777,108	(C)	3,084,259		11,861,367
ADD: Outstanding Accounts Receivable	807,399,958	(D)	19,267,627		826,667,585
ADD: BE TNFR from 68501400	8,597,722,017	(E)	7,607,449		8,605,329,466
Total Cash plus Accounts Receivable	10,181,627,364	(F)	53,299,828		10,234,927,192
LESS: Allowances for Uncollectibles	9,994,804	(G)			9,994,804
LESS: Approved "A" Certified Forwards	793,840,209	(H)			793,840,209
Approved "B" Certified Forwards	16,430,072	(H)			16,430,072
Approved "FCO" Certified Forwards		(H)	37,289		37,289
LESS: Other Accounts Payable (Nonoperating)	64,399,054	(I)	9,996,871		74,395,925
LESS: Deferred Inflows	285,325,780	(J)	3,717,767		289,043,547
LESS: BE TNFR TO 68500100	(549,413,749)	(J)	1,258,662		(548,155,087)
LESS: BE TNFR TO 68501400	549,413,749	(J)			549,413,749
LESS: BE TNFR TO 68501500	8,597,722,017	(J)	318,224		8,598,040,241
Unreserved Fund Balance, 07/01/18	413,915,428	(K)	37,971,015		451,886,443 **

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: 2019 - 2020

Department Title:

Agency for Health Care Administration

Trust Fund Title:

Medical Care Trust Fund (2474)

LAS/PBS Fund Number:

Departmental

2474

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/18

Total all GLC's 5XXXX for governmental funds;	415,891,706	(A)
GLC 539XX for proprietary and fiduciary funds		

Subtract Nonspendable Fund Balance (GLC 56XXX)	(3,897)	(B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description	36,749,884	(C)
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SWFS Adjustment # and Description	1,221,131	(C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(16,430,072)	(D)
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Approved FCO Certified Forward per LAS/PBS		(D)
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A/P not C/F-Operating Categories	14,697,712	(D)
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CF Encumbrance Adjustment	1,695,583	(D)
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BE TNFR FROM 2474 68500100	549,413,749	(D)
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BE TNFR FROM 2474 68501400	8,597,722,017	(D)
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BE TNFR TO 2474 68501500	(8,597,722,017)	(D)
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BE TNFR TO 68501400	(549,413,749)	(D)
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Long Term Receivables Less Allowance for Uncollectables	(1,935,604)	(D)
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ADJUSTED BEGINNING TRIAL BALANCE:	451,886,443	(E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	451,886,443	(F)
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DIFFERENCE:	0	(G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2019 - 2020
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Tobacco Settlement Trust Fund
LAS/PBS Fund Number:	Departmental
	2122

	Balance as of 6/30/2018		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	0.00	(A)		0.00
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	0.00	(D)		0
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	0.00	(F)	0	0
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	0.00	(H)		0
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/18	0.00	(K)	0.00	0.00 **

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: 2019 - 2020

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, 07/01/18

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: 2019 - 2020

Department Title:

Agency for Health Care Administration

Trust Fund Title:

Grants and Donations TF

Budget Entity:

Departmental

LAS/PBS Fund Number:

2339

	Balance as of 6/30/2018	SWFS** Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	335,865,145 (A)		335,865,145
ADD: Other Cash (See Instructions)	14,076,805 (B)		14,076,805
ADD: Investments			0
ADD: Outstanding Accounts Receivable	385,159,266 (D)		385,159,266
ADD: BE TNFR FROM 501400	800,571 (E)		800,571
Total Cash plus Accounts Receivable	735,901,787 (F)	0	735,901,787
LESS: Allowances for Uncollectibles	4,235,719 (G)		4,235,719
LESS: Approved "A" Certified Forwards	69,056,615 (H)		69,056,615
Approved "B" Certified Forwards	800,571 (H)		800,571
Approved "FCO" Certified Forwards			0
LESS: Other Accounts Payable (Nonoperating)	214,523,668 (I)	0	214,523,668
LESS: DEFERRED INFLOWS	33,533,844 (J)		33,533,844
LESS: BE TNFR TO 68500200.	800,571 (J)	(71,593)	728,978
Unreserved Fund Balance, 07/01/18	412,950,799 (K)	71,593	413,022,392 **

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: 2019 - 2020

Department Title:

Agency for Health Care Administration

Trust Fund Title:

Grants and Donations TF

LAS/PBS Fund Number:

2339

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/18

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

414,891,619 (A)

Subtract Nonspendable Fund Balance (GLC 56XXX)

(B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description

71,593 (C)

SWFS Adjustment # and Description

(C)

Add/Subtract Other Adjustment(s):

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

(800,571) (D)

Approved FCO Certified Forward per LAS/PBS

(D)

A/P not C/F-Operating Categories

7,927 (D)

ROUNDING

0 (D)

BE TNFR TO 68500200

(800,571) (D)

BE TNFR TO 68501400

800,571 (D)

Long Term Receivables Less Allowance for Uncollectibles

(1,148,176) (D)

ADJUSTED BEGINNING TRIAL BALANCE:

413,022,392 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

413,022,392 (F)

DIFFERENCE:

0 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2019 - 2020
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Public Medical Assistance Trust Fund
LAS/PBS Fund Number:	Departmental
	2565

	Balance as of 6/30/2018		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	127,135,817.00	(A)		127,135,817.00
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments	4,371,636.00	(C)		4,371,636.00
ADD: Outstanding Accounts Receivable	59,857,003.00	(D)		59,857,003
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	191,364,456.00	(F)	0	191,364,456
LESS Allowances for Uncollectibles	8,534,696.00	(G)		8534696.00
LESS Approved "A" Certified Forwards	45,355,320.00	(H)		45,355,320.00
Approved "B" Certified Forwards	0.00	(H)		0.00
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: Deffered Inflows	7,893,499.00	(J)	(4,420,664.00)	3,472,835.00
Unreserved Fund Balance, 07/01/18	129,580,941.00	(K)	4,420,664.00	134,001,605.00 **

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: 2019 - 2020

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, 07/01/18

Total all GLC's 5XXXX for governmental funds; 129,580,941.00 (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-Deferred Inflows 4,420,664.00 (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)

0.00 (D)

ADJUSTED BEGINNING TRIAL BALANCE: 134,001,605.00 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 134,001,605.00 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2019 - 2020
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Refugee Assistance Trust Fund
LAS/PBS Fund Number:	Departmental
	2579

	Balance as of 6/30/2018		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	7,244,595	(A)		7,244,595
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	27,319,336	(D)	(25,052,957.00)	2,266,379
ADD: _____		(E)	(2.00)	(2.00)
Total Cash plus Accounts Receivable	34,563,931	(F)	(25,052,959.00)	9,510,972
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	34,563,931.00	(H)		34,563,931
Approved "B" Certified Forwards		(H)	(2.00)	(2.00)
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)	(25,052,957.00)	(25,052,957.00)
Unreserved Fund Balance, 07/01/18	0	(K)	0.00	0.00 **

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: 2019 - 2020

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, 07/01/18

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 2019-2020**

**Health Facility
Regulation
Schedules**



SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2019 - 2020	
Department Title:	Agency for Health Care Administration
Trust Fund Title:	Health Care Trust Fund
Budget Entity:	Departmental
LAS/PBS Fund Number:	2003

	Balance as of 6/30/2018		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	139,478,617.00	(A)		139,478,617.00
ADD: Other Cash (See Instructions)	346,674.00	(B)		346,674.00
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	67,408,329.00	(D)	22,857.00	67,431,186.00
ADD: _____		(E)	3,429,485.00	3,429,485.00
ADD: _____		(E)	74,387.00	74,387.00
Total Cash plus Accounts Receivable	207,233,620.00	(F)	3,526,729.00	210,760,349
LESS Allowances for Uncollectibles	9,138,058.00	(G)		9,138,058.00
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	30,694,188.00	(H)		30,694,188.00
Approved "B" Certified Forwards	1,087,734.00	(H)		1,087,734.00
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)	2,370,742.00	(I)	22,857.00	2,393,599.00
LESS: Other Accounts Payable (Nonoperating)		(I)	302,423.00	302,423.00
LESS: Deferred Inflows	4,248,758.00	(J)		4,248,758.00
Deferred Inflows		(J)	65,078.00	65,078.00
Deferred Inflows		(J)	74,387.00	74,387.00
LESS: BE TNFR TO 68501400	(217,051,901.00)	(J)		(217,051,901.00)
LESS: BE TNFR TO 68501500	217,051,901.00	(J)		217,051,901.00
Unreserved Fund Balance, 07/01/18	159,694,140.00	(K)	3,061,984.00	162,756,124.00 **

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:	2019 - 2020
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, 07/01/18	
Total all GLC's 5XXXX for governmental funds;	
GLC 539XX for proprietary and fiduciary funds	160,671,626.00 (A)

Subtract Nonspendable Fund Balance (GLC 56XXX)	(2,012.00) (B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description: Due to Other Agency	22,857.00 (C)
SWFS Adjustment # and Description: Due to Other Agency	3,429,485.00 (C)
SWFS Adjustment # and Description: Due to Other Agency	74,387.00 (C)
SWFS Adjustment # and Description: Due to Other Agency	
SWFS Adjustment # and Description: Due to Other Agency	
SWFS Adjustment # and Description: Due to Other Agency	(302,423.00) (C)
SWFS Adjustment # and Description: Due to Other Agency	(22,857.00) (C)
SWFS Adjustment # and Description: Deferred Inflows	(65,078.00) (C)
SWFS Adjustment # and Description: Decrease Deferred Inflows	(74,387.00) (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(1,087,734.00) (D)
Approved FCO Certified Forward per LAS/PBS	
A/P not C/F-Operating Categories	85,620.00 (D)
	(15,000.00) (D)
Certified Encumbrances reclassified as Certified Payables after CF Certificate Report	41,640.00 (D)
BE TNFR TO 68501400	217,051,901.00 (D)
BE TNFR TO 68501500	(217,051,901.00) (D)

ADJUSTED BEGINNING TRIAL BALANCE:	162,756,124.00 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	162,756,124.00 (F)
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DIFFERENCE:	0.00 (G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 68 Health Care Administration **Budget Period: 2019-20**
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.)

<u>SECTION I - FEE COLLECTION</u>	ACTUAL	ESTIMATED	REQUEST
	FY 2017 - 18	FY 2018 -19	FY 2019 - 20
<u>Receipts:</u>			
<u>Abortion Clinic</u>	18,241	17,449	17,213
<u>Adult Day Care Family (ADC)</u>	47,015	44,971	44,363
<u>Adult Family Care Home (AFCH)</u>	47,229	45,176	44,565
<u>Amb. Surgical Center</u>	395,510	378,317	373,202
<u>Assist Living Facility (ALF)</u>	4,483,310	4,288,422	4,230,439
<u>Birth Center</u>	8,006	7,658	7,554
<u>Crisis Stabilization Units</u>	126,691	121,184	119,545
<u>Exclusive Provider Organization</u>	4,367	4,177	4,120
<u>Forsenic Lab</u>	148,415	141,964	140,044
<u>H.C. & Ss</u>	70,116	67,068	66,162
<u>Health Care Clinics</u>	2,623,975	2,509,911	2,475,976
<u>Health Care Services Pool</u>	143,348	137,117	135,262
<u>Home Health</u>	2,243,305	2,145,789	2,116,777
<u>Home Medical Equipment</u>	210,665	201,507	198,783
<u>Hospice</u>	30,662	29,329	28,932
<u>Hospital</u>	907,230	867,793	856,060
<u>ICF/DD</u>	343,141	328,225	323,787
<u>Laboratory</u>	1,322,081	1,264,611	1,247,512
<u>Managed Care</u>	42,000	40,174	39,631
<u>Multiphasic Center</u>	10,328	9,879	9,746
<u>Nurse Registry</u>	751,955	719,268	709,543

Organ & Tissue Donor	46,682	44,653	44,049	
<u>PPECS</u>	<u>78,742</u>	<u>75,319</u>	<u>74,301</u>	
<u>Residential Treatment</u>	<u>199,829</u>	<u>191,142</u>	<u>188,558</u>	
<u>Residential Treatment for Children</u>	<u>78,985</u>	<u>75,552</u>	<u>74,530</u>	
<u>Risk Management</u>	<u>47,841</u>	<u>45,761</u>	<u>45,143</u>	
<u>SNF Home</u>	<u>5,937,243</u>	<u>5,679,152</u>	<u>5,602,366</u>	
<u>Trans. Living</u>	<u>27,875</u>	<u>26,663</u>	<u>26,304</u>	
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	
Total Fee Collection to Line (A) - Section III	20,394,787	19,508,231	19,244,467	
<u>SECTION II - FULL COSTS</u>				
<u>Direct Costs:</u>				
Salaries and Benefits	<u>_____</u>	<u>_____</u>	<u>_____</u>	
Other Personal Services	<u>_____</u>	<u>_____</u>	<u>_____</u>	
Expenses	<u>_____</u>	<u>_____</u>	<u>_____</u>	
Operating Capital Outlay	<u>_____</u>	<u>_____</u>	<u>_____</u>	
<u>Direct Cost Allocation</u>	<u>47,207,843</u>	<u>47,393,729</u>	<u>47,657,493</u>	
<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>	
Indirect Costs Charged to Trust Fund	25,286,179	35,520,649	35,784,413	
Total Full Costs to Line (B) - Section III	72,494,022	82,914,378	83,441,906	
Basis Used: _____				

<u>SECTION III - SUMMARY</u>				
TOTAL SECTION I	(A)	20,394,787	19,508,231	19,244,467
TOTAL SECTION II	(B)	72,494,022	82,914,378	83,441,906
TOTAL - Surplus/Deficit	(C)	(52,099,235)	(63,406,147)	(64,197,439)
<u>EXPLANATION of LINE C:</u>				
The deficits are covered by 408.20 F.S. Assessments, Health Care Trust Fund				

Office of Policy and Budget - July 2018

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 Care Provider Background Screening Clearinghouse added functionality to its system to allow users to renew expiring criminal background screening for health care facility employees through the system. Renewals began 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 (approximately \$33 per renewal). Prints began to expire in January 2018 but providers could renew prints as early as November. Total amount saved through August of 2018 is \$1.4 million to providers. In addition, the Clearinghouse modernized the way the other State Agencies gain access to the system which resulted in a significant decrease in AHCA Information Technology (IT) staff time as well as our partner Agency staff time managing user accounts. This allowed staff to work on other IT projects and priorities.

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

Response: Multiple efficiencies are described below.

The Agency will implement a new Emergency Status System (ESS). After the State's experience with Hurricane Irma, the emergency status tool used was unable to provide easily accessible operational data. The system required two people full time to retrieve timely information. Although we were able to fulfill obligations for emergency response; the amount of manual intervention involved was extensive. The new system supports near real time reporting dashboards providing greater access to data to plan emergency response to Health Care Facilities and the patients during any natural or man-made disaster.

The Agency is expanding and improving on the ability to respond to public records requests by making more information available on the web. This involves

building workflows into our current document management system to automatically post key public documents.

The Agency successfully worked with the Legislature to obtain passage of SB 622 allowing the implementation of several regulator efficiencies. This bill authorized the repeal of two licensure programs and the associated licensure fees. Clinical Laboratory and Risk Manager licensure programs were repealed effective July 1, 2018. The fees reduced by these repeals are approximately \$64,866 per year for the Risk Management Program and \$1,428,871.62 per year for Clinical Laboratories.

Finally, the Agency expects require that all renewal applications be submitted online. This will include the ability for the provider to pay money owed to the Agency electronically. This will significantly reduce overall licensure and payment processing turnaround times letting providers get to work faster and spend less time addressing technical deficiencies in their renewal applications.

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. Pursuant to s. 408.805, F.S., license fees must be reasonably calculated by the Agency to cover costs of carrying out regulatory 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	\$200.00	Health Care Trust Fund
Adult Day Care Centers	Licensure Fee	s. 429.907(3), F.S.	\$150.00	Prior to 1997	Yes	\$172.55	Health Care Trust Fund
Adult Family Care Homes	Licensure Fee	s. 429.67(3), F.S.	\$200.00	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	\$400.00	Health Care Trust Fund
	Life Safety Inspection Fee	s. 395.0161, F.S.	None	Prior to 1997	Yes	\$40.00	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	\$250.00	Health Care Trust Fund
	Life Safety Survey Fee	s. 383.324, F.S.	None	N/A	Yes	\$250.00	Health Care Trust Fund
Certificate of Need	Batch Application Fee	s. 408.038, F.S.	\$50,000.00	2004	Yes	Minimum of \$10,000 + 0.015% of total project costs	Health Care Trust Fund
	Expedited Application Fee	s. 408.038, F.S.	\$50,000.00	2004	Yes	Minimum of \$10,000 + 0.015% of total project costs	Health Care Trust Fund
	Exemption Fee	s. 408.036(4), F.S.	\$250.00	Prior to 1997	No	\$250.00	Health Care Trust Fund
Clinical Laboratories*	Licensure Fee	s. 483.172, F.S.	\$3,919.00	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.	\$20,000.00	Prior to 1997	Yes	\$16,435.00	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	0.00002835% 2017 Annual Premiums Collected	Health Care Trust Fund
Eye Banks	Application Fee	s. 765.544(1)(a), F.S.	\$500.00	Prior to 1997	No	\$500 initial/ CHOW	Health Care Trust Fund
	Annual Assessment Fee	s. 765.544(1)(b), F.S.	\$35,000.00	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	\$2,000.00	2003	No	\$2,000.00	Health Care Trust Fund
	Exemption Fee	s. 400.9935(6)	\$100.00	2004	No	\$100.00	Health Care Trust Fund
Health Care Risk Managers*	Application Fee	s. 395.10974(3), F.S.	\$75.00	2001	No*	\$52.78**	Health Care Trust Fund
	Licensure Fee	s. 395.10974(3), F.S.	\$100.00	2001	No*	\$104.54***	Health Care Trust Fund
	Fingerprinting Fee	s. 395.10974(3), F.S.	\$75.00	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	\$616.00	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.	\$1,000.00	Prior to 1997	Yes	\$1,000.00	Health Care Trust Fund
	Biennial Renewal Fee	s. 641.495(2), F.S.	\$1,000.00	Prior to 1997	Yes	\$1,000.00	Health Care Trust Fund
	Annual Regulatory Assessment	s. 641.58(1), F.S.	0.1% Annual Premiums Collected	Prior to 1997	No	0.00002835% 2017 Annual Premiums Collected	Health Care Trust Fund
Home Health Agencies	License fee	s. 400.471(5), FS	\$2,000.00	2005	Yes	\$1,705.00	Health Care Trust Fund
	Renewal fee	s. 400.471(5), FS	\$2,000.00	2005	Yes	\$1,705.00	Health Care Trust Fund
Home Medical Equipment Providers	Licensure Fee	s. 400.931(5), F.S.	\$300.00	1999	Yes	\$304.50	Health Care Trust Fund
	Survey/Inspection Fee (80% Exempt)	s. 400.931(6), F.S.	\$400.00	1999	No	\$400.00	Health Care Trust Fund
Homemaker & Companion Services Providers	Registration Fee	s. 400.509(3), F.S.	\$50.00	2007 (Biennial fee)	No	\$50.75	Health Care Trust Fund
Homes for Special Services	Licensure Fee	s. 400.801(3), F.S.	\$2,000.00	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.	\$1,200.00	2007 (Biennial fee)	Yes	\$1,218.00	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)
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
	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.	\$2,000.00	Prior to 1997	Yes	\$652.64	Health Care Trust Fund
Nurse Registries	Licensure Fee	s. 400.506(3), F.S.	\$2,000.00	2005	Yes	\$2,000.00	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.	\$6,000.00	2001	No	\$6,000.00	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)
Organ Procurement Organizations	Application Fee	s. 765.544(1)(a), F.S.	\$1,000.00	Prior to 1997	No	\$1,000 initial/CHOW	Health Care Trust Fund
	Annual Assessment Fee	s. 765.544(1)(b), F.S.	\$35,000.00	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.	\$1,000.00	Prior to 1997	Yes	\$1,000.00	Health Care Trust Fund
	Biennial Renewal Fee	s. 641.495(2), F.S.	\$1,000.00	Prior to 1997	Yes	\$1,000.00	Health Care Trust Fund
	Annual Regulatory Assessment	s. 641.58(1), F.S.	0.1% Annual Premiums Collected	Prior to 1997	No	0.00002835% 2017 Annual Premiums Collected	Health Care Trust Fund
Prescribed Pediatric Extended Care Centers	Licensure Fee	s. 400.905(2), F.S.	\$3,000.00	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.	\$1,000.00	Prior to 1997	No	\$1,000 initial/CHOW	Health Care Trust Fund
	Annual Assessment Fee	s. 765.544(1)(b), F.S.	\$35,000.00	Prior to 1997	No	The greater of \$1,000 or 0.25% total annual revenues	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)
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	\$1,000.00	Prior to 1997	Yes	\$1,000.00	Health Care Trust Fund
	Biennial Renewal Fee	s. 440.134(2), FS	\$1,000.00	Prior to 1997	Yes	\$1,000.00	Health Care Trust Fund
*Repealed effective 7/1/2018							

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2019 - 2020	
Department Title:	Agency for Health Care Administration
Trust Fund Title:	Quality of Long Term Care
Budget Entity:	Departmental
LAS/PBS Fund Number:	2126

	Balance as of 6/30/2018		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	24,623,585.00	(A)		24,623,585.00
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	0.00	(D)		0
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	24,623,585.00	(F)	0	24,623,585
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	17,718.00	(H)		17,718.00
Approved "B" Certified Forwards	323,504.00	(H)		323,504.00
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/18	24,282,363.00	(K)	0.00	24,282,363.00 **

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: 2019 - 2020

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/18

Total all GLC's 5XXXX for governmental funds; 24,556,311.00 (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 (323,504.00) (D)

Approved FCO Certified Forward per LAS/PBS (D)

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

Certified Encumbrances reclassified as 49,556.00 (D)
Certified Payables after CF Certificate Report

(D)

0.00 (D)

ADJUSTED BEGINNING TRIAL BALANCE: 24,282,363.00 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 24,282,363.00 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

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

For Fiscal Year 2019-2020



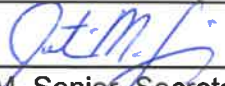
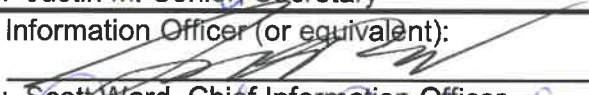
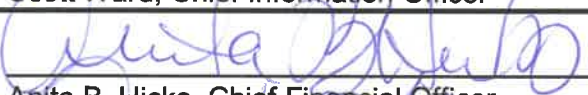
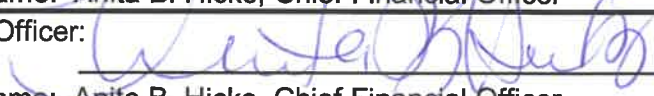
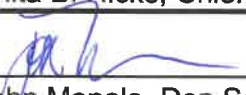
October 19, 2018

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 4
 - B. Baseline Analysis..... 5
 - 1. Current Business Processes..... 5
 - a. Connections/Interfaces to Other Systems..... 6
 - 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 11
 - D. Functional and Technical Requirements..... 11
- III. Success Criteria 12
- IV. Benefits Realization and Cost Benefit Analysis 15
 - A. Benefits Realization Table 15
 - B. See Attachment Cost Benefit Analysis 16
- V. Major Project Risk Assessment..... 16
 - C. Risk Assessment Summary 16
- VI. Technology Planning..... 16
 - A. Current Information Technology Environment 16
 - 1. Current System 16
 - 2. Information Technology Standards 18
 - B. Current Hardware and/or Software Inventory 19
 - C. Proposed Solution Description 20
 - 1. Summary description of proposed system..... 20
 - 2. Resource and summary level funding requirements for proposed solution (if known) 20
 - D. Capacity Planning (historical and current trends versus projected requirements) 21
- VII. Project Management Planning..... 21
 - A. Cost Benefit Analysis..... 21
 - B. Risk Management Plan..... 21
- VIII. Appendices 21
 - A. Glossary of Terms..... 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: October 19, 2018
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: 10/19/18
Printed Name: Justin M. Senior, Secretary	
Agency Chief Information Officer (or equivalent): 	Date: 10/19/18
Printed Name: Scott Ward, Chief Information Officer	
Budget Officer: 	Date: 10/19/18
Printed Name: Anita B. Hicks, Chief Financial Officer	
Planning Officer: 	Date: 10/19/18
Printed Name: Anita B. Hicks, Chief Financial Officer	
Project Sponsor: 	Date: 10/19/18
Printed Name: John Manalo, Dep Secretary of Operations	
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

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

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's (AHCA's/Agency's), Bureau of Financial Services (BFS) maintains several in-house financial systems to process the daily budgetary and accounting functions for the following sections:

- Budget;
- Policy and Systems;
- Disbursements;
- Grant Reporting;
- Medicaid Accounts Receivable; and
- Revenue Management.

The AHCA currently uses financial systems that were developed in FoxPro 9.0 programming language to store and query data; to calculate assessments and various fees; to run reports to monitor daily, monthly, quarterly, and year-end activities; and to identify, track and allocate expenditures and time for federal reporting. These financial systems are also used by BFS' staff to extract data and develop reports, and perform data analyses to accomplish day-to-day activities in a more efficient manner.

2. Business Objectives

The Agency currently relies upon AHCA-unique legacy and stand-alone financial systems in conjunction with manual processes and recently converted systems that were developed in .net and SQL programming language 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;

The Agency is seeking to continue the third year of funding for the development and implementation of a long-term, cost effective, internal/external web-based enterprise financial system. The new enterprise financial system (SunFocus) 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. Based on the Agency Request for Quote (RFQ) a vendor was selected and a timeline for implementation has been developed and modules will be moved to the web-based solution in priority order.

The vendor will:

- Provide rapid response maintenance and enhancements of existing FoxPro applications in the Enterprise Financial System (Enterprise);
- Provide rapid response maintenance and support of new web-based modules as deployed into production;
- Complete the development of FoxPro applications that were started to support BFS immediate needs;
- Continue the development and implementation of the Comprehensive Accounts Management System (CAMS);
- Convert the modules that are maintained in Enterprise into a web-based application;
- Provide maintenance and enhancement of the existing web-based SunFocus;
- Prepare process flows and system documentation;
- Prepare training presentations and train the AHCA staff; and
- Establish connectivity to the FLAIR replacement system, other external replacement systems, and other internal Agency systems, as needed and requested by the AHCA.

. The current Enterprise includes the business, data, services, technical processes, and systems within the BFS necessary for the administration of the Agency's day-to-day operation, as well as interconnections with systems that reside outside the Agency. The current Enterprise includes approximately 15 financial applications. The financial applications that make up the current Enterprise interface primarily through the exchange of data files and through Secured File Transfer Protocol (SFTP). The infrastructure required to support the BFS' web-based financial systems has been established. The vendor will be expected to build upon the existing infrastructure by developing integration standards for connecting future applications as those applications are transitioned to SunFocus.

B. Baseline Analysis

1. Current Business Processes

The short-term solution, FoxPro Enterprise System, allowed for a consolidation and reconciliation initiative creating a system that allowed for a continuation of essential, mandated daily functions until a web based solution could be implemented.

The short-term solution 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.

Over the past three fiscal years, the Agency has worked with information technology (IT) professionals to repair broken linkages that were written in the FoxPro programming language. The systems are currently fully functional, but on occasion issues are experienced that require a

rapid response. In addition, the BFS uses several non-FoxPro based financial applications that must be updated to the Enterprise Solution.

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 -	Enterprise FoxPro Application

	<p>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.</p>	
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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 AHCA will ensure that any systems developed will include the ability to integrate.
- 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 work collaboratively with 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 standards, procedures, and policies in application development will be followed by the vendor as specified in the AHCA IT Standards documents provided to the vendor.
- Agency IT staff will be available to review the architecture plan, design, code, and interfaces according to the timelines and process defined in the AHCA IT Standards documents provided to the vendor.

Constraints

- The budget to complete the replacement will **NOT** exceed \$4.75 million.
- Each deliverable will require stakeholders’ approval.

C. Business Process Requirements

1. Proposed

The vendor will continue to build upon the currently established infrastructure by developing integration standards for connecting future applications as those applications are transitioned to SunFocus. The Agency currently relies upon AHCA-unique legacy and stand-alone financial systems in conjunction with manual processes and recently converted systems that were developed in .net and SQL programming language 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, 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, such as payroll and telephone expenditures;
- 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; and
- Monitor performance statistics.

The vendor will 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 BFS 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 vendor. Non-critical changes will be documented, prioritized and decisions regarding their implementation AFTER the successful replacement of the FoxPro Enterprise 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:

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

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

2. 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.

3. Recommended Business Solution

The recommended business solution is to complete a system for the Bureau. 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), also referred to as the Florida Health Care Connection (FX), 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

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

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 Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
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

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

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
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

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

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, The Medicaid Enterprise Systems(MES) & Enterprise Data Warehouse (EDW); DFS PALM initiative.	Accurate monitoring and reporting of over 1 billion in annual transactions.	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. 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	Project end date

				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.	
2	Risk reduction due to the replacement of the unsupported legacy system in the AHCA enterprise.	AHCA; DFS PALM initiative	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.

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 de-activated 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.
- The system will also be monitored by the Agency’s Managed Security Services (MSS) System through the Agency Division of IT.

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 developing and implementing 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
(historical and current trends versus projected requirements)**

Planning

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:

VIII. Appendices

Cost Benefit Analysis

See Appendix A – Cost Benefit Analysis

Risk Management Plan

See Appendix B – Project Risk Assessment

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).

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

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
EDW	A planned Medicaid Enterprise System (MES) Enterprise Data Warehouse (EDW) to be established and integrated through a new MES integration platform.
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
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

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

	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.
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

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

	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 administrating 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.
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

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

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.

CBAForm 1 - Net Tangible Benefits

Agency	<u>AHCA</u>	Project	<u>BFS Enterprise Fin System</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 <i>(Recurring Costs Only -- No Project Costs)</i>	FY 2019-20			FY 2020-21			FY 2021-22			FY 2022-23			FY 2023-24		
	(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	5.00	0.00	0.00	5.00	0.00	0.00	5.00	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	\$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	\$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 Specify	\$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	\$0	\$950,000	\$0	\$0	\$950,000	\$0	\$0	\$950,000	\$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 Contracted Services	\$0	\$0	\$950,000	\$0	\$0	\$950,000	\$0	\$0	\$950,000	\$0	\$0	\$0	\$0	\$0	\$0
Total of Recurring Operational Costs	\$0	\$0	\$950,000	\$0	\$0	\$950,000	\$0	\$0	\$950,000	\$0	\$0	\$0	\$0	\$0	\$0
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			\$0			\$0			\$0	

CHARACTERIZATION OF PROJECT BENEFIT ESTIMATE -- CBAForm 1B		
Choose Type	Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	<input checked="" type="checkbox"/>	Confidence Level 100%
Order of Magnitude	<input checked="" type="checkbox"/>	Confidence Level 100%
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		BFS Enterprise Fin System		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.					FY2019-20			FY2020-21			FY2021-22			FY2022-23			FY2023-24			TOTAL	
2					\$ 950,000			\$ 950,000			\$ 950,000			\$ -			\$ -			\$ 2,850,000	
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	\$ 950,000	\$ -	0.00	\$ 950,000	\$ -	0.00	\$ 950,000	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ 2,850,000
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	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -		\$ -	\$ -	\$ -	\$ -
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	\$ 950,000	\$ -	0.00	\$ 950,000	\$ -	0.00	\$ 950,000	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ 2,850,000

CBAForm 2 - Project Cost Analysis

Agency	<u>AHCA</u>	Project	<u>BFS Enterprise Fin System</u>
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PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	
TOTAL PROJECT COSTS (*)	\$950,000	\$950,000	\$950,000	\$0	\$0	\$2,850,000
CUMULATIVE PROJECT COSTS <small>(includes Current & Previous Years' Project-Related Costs)</small>	\$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 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	
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	100%
Placeholder		Confidence Level	

CBAForm 3 - Project Investment Summary

Agency	<u>AHCA</u>	Project	<u>BFS Enterprise Fin System</u>
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COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	TOTAL FOR ALL YEARS
Project Cost	\$950,000	\$950,000	\$950,000	\$0	\$0	\$2,850,000
Net Tangible Benefits	\$0	\$0	\$0	\$0	\$0	\$0
Return on Investment	(\$950,000)	(\$950,000)	(\$950,000)	\$0	\$0	(\$2,850,000)
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)	(\$2,708,622)	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 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%

	B	C	D	E	F	G	H						
3	Project		<i>Bureau of Financial Services Enterprise Financial System</i>										
4													
5	Agency		<i>Agency for Health Care Administration</i>										
6	FY 2019-20 LBR Issue Code:			FY 2019-20 LBR Issue Title:									
7	<i>36308C0</i>			<i>Bureau of Financial Svcs Enterprise Financial System</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 B. Hicks, Chief Financial Officer</i>										
11	Project Manager		<i>Anita B. Hicks, Chief Financial Officer</i>										
12	Prepared By		<i>Karlyn Tidwell</i>			<i>9/26/2018</i>							
14	Risk Assessment Summary												
15													
16	Business Strategy	Level of Project Risk											
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
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						MEDIUM						
51													
52													
53	Overall Project Risk						MEDIUM						

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Bureau of Financial Services Enterprise Financial System	
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: Bureau of Financial Services Enterprise Financial System	
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: Bureau of Financial Services Enterprise Financial System	
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	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	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:	Bureau of Financial Services Enterprise Financial System
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%)	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	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	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	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	More than 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	Purchase all hardware and software at start of project to take advantage of one-time discounts
45			Purchase all hardware 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	No
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: Bureau of Financial Services Enterprise Financial System			
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: Bureau of Financial Services Enterprise Financial System	
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), critical milestones, and resources?	Yes	Yes
35			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 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: Bureau of Financial Services Enterprise Financial System	
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	9 to 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	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	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	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 HEALTH CARE FACILITY DISCHARGE DATA COLLECTION SYSTEM

For Fiscal Year 2019-20



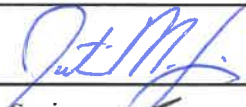
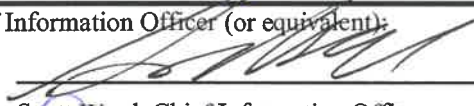
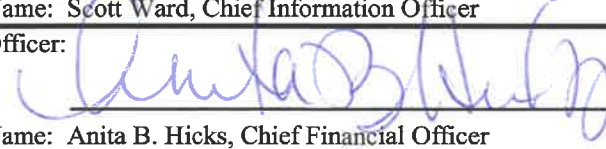


October 19, 2018

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	5
	1. Current Business Process(es)	5
	2. Assumptions and Constraints	6
	C. Proposed Business Process Requirements	7
	1. Proposed Business Process Requirements	7
	2. Business Solution Alternatives	9
	3. Rationale for Selection	9
	4. Recommended Business Solution	10
	D. Functional and Technical Requirements	11
III.	Success Criteria	12
IV.	Schedule IV-B Benefits Realization and Cost Benefit Analysis	13
	A. Benefits Realization Table	13
	B. Cost Benefit Analysis (CBA)	15
V.	Schedule IV-B Major Project Risk Assessment	15
VI.	Schedule IV-B Technology Planning	15
	A. Current Information Technology Environment	15
	1. Current System	15
	2. Information Technology Standards	21
	B. Current Hardware and/or Software Inventory	23
	C. Proposed Technical Solution	23
	D. Proposed Solution Description	26
	1. Summary Description of Proposed System	27
	2. Resource and Summary Level Funding Requirements for Proposed Solution (if known)	27
	E. Capacity Planning (<i>historical and current trends versus projected requirements</i>)	28
VII.	Schedule IV-B Project Management Planning	29
VIII.	Appendices	30

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: October 19, 2018
Project Name: Health Care Facility Discharge Data Collection System	Is this project included in the Agency's LRPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FY 2019-20 LBR Issue Code: 36301C0	FY 2019-20 LBR Issue Title: Health Care Facility Discharge Data Collection System
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Nikole Helvey, Bureau Chief: (850) 412-3791 Nikole.Helvey@Agency.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: 10/19/18
Printed Name: Justin M. Senior	
Agency Chief Information Officer (or equivalent): 	Date: 10/18/18
Printed Name: Scott Ward, Chief Information Officer	
Budget Officer: 	Date: 10/19/18
Printed Name: Anita B. Hicks, Chief Financial Officer	
Planning Officer: 	Date: 10/19/18
Printed Name: Nikole Helvey, Bureau Chief	
Project Sponsor: 	Date: 10/19/18
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@Agency.myflorida.com
Cost Benefit Analysis:	Nikole Helvey, (850) 412-3791, Nikole.Helvey@Agency.myflorida.com
Risk Analysis:	Nikole Helvey, (850) 412-3791, Nikole.Helvey@Agency.myflorida.com
Technology Planning:	Nikole Helvey, (850) 412-3791, Nikole.Helvey@Agency.myflorida.com
Project Planning:	Nikole Helvey, (850) 412-3791, Nikole.Helvey@Agency.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

The Florida Center for Health Information and Transparency (Florida Center), within the Agency for Health Care Administration (Agency) is directed by section 408.061 of the Florida Statutes to *require the submission by health care facilities, health care providers, and health insurers of data necessary to carry out the Agency's duties and to facilitate transparency in health care pricing data and quality measures.* The Agency requires the submission of detailed patient-level administrative discharge data from all Florida licensed hospitals, emergency departments, and ambulatory surgery centers (ASCs) as a core component of its work under this directive. There are approximately one-thousand licensed facilities that submit batched data extracts from their internal information systems each calendar quarter, as guided by Florida Administrative Rules 59B-9 and 59E-7, into an Agency-built web portal and tracking system. A separate custom-built data auditing application, purchased and maintained through a sole source contract, is attached to the tracking system and analyzes each data file for omissions and errors.

Both the Agency-built intake and tracking system as well as the purchased data auditor are nearly twenty years old and near end of life. The current data auditor application was developed on a FoxPro platform that hasn't been supported by the industry in more than a decade, leaving it at significant and increasing risk of irreparable failure. The original developer of this sole sourced application has been purchased multiple times over the years, and is currently owned by SG2 - which has indicated plans to discontinue the product offering. Failure to identify and procure and/or develop a new discharge data auditor will result in eventual catastrophic failure of the current system and process, rendering the Agency unable to perform this statutory duty. Additionally, the current Agency-built and maintained tracking system has been repeatedly modified and enhanced over time, resulting in a mosaic of intertwined applications and outdated coding that is cumbersome and time consuming for Agency Division of Information Technology (IT) staff to maintain and support.

The current data submission process requires a substantial amount of manual handling of data files by Florida Center staff; and is both burdensome and time consuming for providers and staff in cases where the submitted data files contain errors. Facilities are currently allowed five months from the close of a calendar quarter to submit and certify their data. The market demands more timely data contribution and availability. The facility discharge datasets provide the State with invaluable insight into the performance and utilization of healthcare services across all payer types, including the uninsured, and serve as the foundation for the Agency's health information transparency efforts. The facility discharge data is utilized as the basis for quality and performance metrics published on the Agency's FloridaHealthFinder.gov website. The (HIPAA compliant) datasets are also made available for purchase to authorized users and researchers, including other government entities.

2. Business Objectives

This system and process modernization is expected to create efficiencies and cost savings for both the Agency and submitting providers, as well as ensure future stability for this statutorily required and critical core Agency function. The primary objectives for this modernization effort include:

- a. **Improve Process Efficiency** – minimizing the time and resources required to submit/collect, certify, and make available more timely data through process automation and system modernization (reducing the 5 month certification period);
- b. **Protect and Preserve Data Quality** – maintaining, at a minimum, the current data quality and certification levels that have historically resulted in Florida being recognized as a national leader in health care data consistency and quality; and
- c. **Facilitate Data Integration and Sharing** – increasing the frequency, availability, and interoperability of data between the discharge data system and other data systems both internal and external to the Agency.

B. Baseline Analysis

1. Current Business Process(es)

The Florida Center issued a Request for Quotes (RFQ) to vendors on the Florida Department of Management Services (DMS) State Term Contract for management consulting services in February of 2018, and subsequently executed an agreement with ISF, Inc. to conduct a comprehensive assessment of the current systems and process and to develop a modernization plan for the full discharge data collection system and auditor. The as-is assessment, or *Current State Report* (June 5, 2018), includes a detailed description of the current system infrastructure, process, estimated costs, and documented challenges as reported through a provider survey and stakeholder interviews. The document is attached as Appendix C.

In summary, there are approximately 1,000 reporting facilities including hospitals, emergency departments, and ASCs that collectively submit an average of around 3.5 million records each calendar quarter. (Freestanding ASCs that are not physically part of a hospital may file for an exemption from reporting for any quarter in which they have fewer than 200 patient visits.) The facilities are required to upload the data files in an Extensible Markup Language (XML) format, as defined in Florida Administrative Rules 59B-9 and 59E-7, using the Agency’s secure web portal. Before using the portal, a reporting facility is required to establish an internet submission account and identification number for each data submitter.

This is accomplished by downloading a Facility User Account Agreement Form from the Florida Center’s Office of Data Collection website. The form must be completed as a paper form and returned to the Florida Center. Florida Center data analysts receive the forms through email (scanned PDF attachment) or fax, review them, and issue the corresponding user identification and password credentials by sending them back to the requestor via encrypted email (using Outlook). In addition, the facility must establish a designated contact person by completing a Contact Information Update Form, also available for download from the data collection website, and returning the paper form back to Florida Center analysts via email attachment

(scanned document) or fax. The facilities are responsible for notifying the Agency whenever a contact change occurs.

Once access is authorized, the data submission portal is available to submitters 24 hours a day, 7 days a week. When a facility uploads an XML file, a format checker validates the file format. If the format is correct, the user receives a “Successful File Upload” message. If the format checker detects an XML format error, the user receives an “Unsuccessful File Upload” message. The facility must correct the XML formatting error and upload the file again.

Upon successful upload, an assigned Florida Center analyst manually retrieves the file from the web service and uploads the data file into the auditing application, which runs multiple data audits to identify omissions and errors. The resulting summary and error reports are compiled by the Florida Center analyst and emailed (encrypted, using Outlook) to the facility contact for correction and resubmission. The entire data file must be resubmitted by the facility each time errors are corrected, and the full audit cycle is repeated. This resubmission cycle may repeat unlimited times before a facility successfully submits an error-free file. Across all submitting facilities, there were an average of 3.3 unsuccessful submission attempts per error-free file submission over the past thirty months; although the data shows as many as fifteen resubmission attempts among some facilities during a single quarter. Once the error-free file is accepted by the Agency, the facility must download, complete, and submit a paper certification form (by email or fax), which is then scanned by the Florida Center analyst and manually entered into electronic document storage.

Each facility must certify its data no later than the certification due date as set by rule to avoid fines. A facility may request to make corrections to previously certified data up to 12 months after the initial due date. A written resubmission request must be signed by the facility, sent to AGENCY, and include the reason for the needed changes. If approved, the facility has 30 days to submit and certify the corrected data. Inaccuracies identified in a facility’s data after this 12-month period may cause the hospital to be subject to penalties.

Because of this robust data auditing and scrubbing process, Florida’s discharge data set is considered one of the highest quality in the nation. The facility discharge data provides the basis for numerous quality and performance metrics, many of which are published by the Agency on its public health information transparency website, www.FloridaHealthFinder.gov.

2. Assumptions and Constraints

There is a national trend toward improving the management of data and enhancing the value of data and information assets throughout their lifecycles. AGENCY enterprise data management and data sharing opportunities are being discussed through conceptual planning and design meetings related to the Medicaid Enterprise System (MES), and MES integration platform services. Long-term planning discussions include, but are not limited to, the sharing of data analytics tools and technologies as well as the sharing of claim and encounter data formats and business rule engines to ensure that data elements and validation rules are consistently utilized across systems. The ideal state for the discharge data collection system must be flexible and

adaptable in order to take advantage of long-term enterprise changes that occur over the next several years.

There is also a national trend toward the enablement of real time system-to-system electronic data interchange (EDI) in private and public organizations through the utilization of enterprise service bus (ESB) and application programming interface (API) management technologies to facilitate end-to-end business to business (B2B), and business to consumer (B2C), process, data, and service integration. The desire nationally is for patient discharge data to move more toward real-time and interoperable availability. EDI was discussed with the National Association of Health Data Organizations (NAHDO) as a component of the Agency’s planning. Based on those discussions, along with research of other state’s discharge data collection processes, systems, and file formats, it is evident that enablement of near real-time EDI (anything more frequent than monthly) exchanges between facilities and state organizations is not currently the norm. Having access to ESB and API management technologies is, however, something that the Agency may wish to consider in order to address process efficiency, enterprise data management, interoperability, and data sharing needs and goals moving forward.

The Florida Center issued a Request for Information (RFI) in August of 2017 to assess the market specifically for discharge data auditing applications and/or services. The vendor responses and selected live demonstrations to Florida Center staff indicated that a commercial off the shelf (COTS) product does exist ready to provide the level and types of custom audits imbedded in the current process, meaning that any future implementation will likely require a significant amount of customization by the vendor.

It is important to note that the technology costs associated with the current systems/process have been fixed for more than ten years and do not reflect current market rates for similar technologies or functionality. The vendor responses to the 2017 RFI indicate potential expenses ranging from \$300,000 to \$695,000 to replace only the auditor tool component (not including the web portal, tracking system, or staffing) at current market rates. Some of the additional cost may be offset by higher staff productivity and increased value of the data due to improved timeliness resulting in increased data sales. Additional benefits may be gained through the Agency’s utilization of more current data to support care quality initiatives.

C. Proposed Business Process Requirements

1. Proposed Business Process Requirements

The comprehensive *Ideal State Report* from ISF identifies five primary opportunities for process improvement by eliminating or otherwise streamlining manual workflow steps through automation and integration functionalities into a single application. This project will address each area for improvement while also maintaining the integrity of the desirable functions from the current system.

1. **Improve the timeliness and efficiency of data integrations from source files into the discharge data system.** There are a minimum of six manual data entry and cleanup processes currently identified within the discharge data system. The ideal state system should automate

these processes from source files, on a scheduled or event-driven basis. Additional facility and user data management improvements must be achieved by replacing the current manual process of Florida Center staff maintaining facility user agreement and contact user ID and password data.

2. **Improve the timeliness and efficiency of the audit process such that no programs or reports must be initiated manually.** In the current system, submission files must be manually moved to a staging (file share) area where files are then manually pushed through the 3M Grouper and auditor quality check processes. The ideal state quality audit process should not require any manual file movements. Submission files must be processed automatically on a scheduled or event-driven basis. The ideal state auditor component must also automate the generation of error reports and dashboard status updates for the Florida Center and submitting facilities.
3. **Improve the timeliness and efficiency of the certification process.** In the current system, certification forms are manually emailed as an attachment to facilities who must print, sign, scan, and return the form to the Agency through email (attached document) or fax. In the ideal state, an “e-certification” feature must allow facilities to certify the finality and correctness of their submission files. Additionally, in the current system, there are reports available to the Florida Center that provide status by facility, last action by facility, summary status report grouped by all facilities, and summary last action report grouped by all facilities. In the ideal state, dashboard reports and trending charts should be made available to each facility, as well as to the Florida Center.
4. **Improve the timeliness and efficiency of the movement of clean data into production databases or repositories.** In the current system, clean files that have passed quality auditing must be manually moved from the staging (file share) area to a separate file share so that they can be extracted, transformed, and loaded (ETL) into the database. The ideal state should automate the movement of data to a back-end database on a scheduled or event-driven, basis.
5. **Improve the timeliness and efficiency of the movement of data from production databases to data sharing locations.** Currently, non-confidential report generation and publication to FloridaHealthFinder.gov is the responsibility of a third party vendor (ISC) with 3M as a subcontractor. The Florida Center’s Office of Data Dissemination and Transparency pulls clean data (from an Oracle View) and submits the data (manually) to 3M for analytics and to be processed through certain quality measure algorithms. Additionally, Data Dissemination analysts pull clean, confidential data, and limited confidentiality data (from Oracle views) for manual transfer to other Florida government entities and for authorized public research. The ideal state system should automate the transfer of data from AGENCY to 3M, Public Health Entities, and Florida Agencies, on a scheduled, or event driven, basis.

Together, these process improvements are expected to enable the Agency and submitting providers to explore options for the reduction of the five month certification period, and potentially for more frequent (monthly) data submissions in the future.

2. Business Solution Alternatives

The planning team developed and considered three primary approaches to address the identified needs. Responses from the previous RFI and environmental scan indicate a range of options from a full internal custom rebuild of every component all the way to fully outsourcing the entire function (including staffing) to a service vendor.

- **Full custom re-build of all components, including the auditor tool,** by Agency IT (utilizing staff Augmentation support): The least costly of the three options financially, this option also offers the benefit of working with a design and implementation team on-site. The in-house solution would leverage and build on Agency IT enterprise architecture components (.NET, SQL Server, analytics, integration, and SSO). This option gives the Agency most control over the final system, although custom-built applications do require periodic modernization and there is often competition for resources. The Agency would retain full risk for maintaining and supporting the system. This model does not align with Agency and statewide IT efforts to utilize more agile technologies.
- **Combination custom build integrated with a third-party auditor solution:** This option would utilize Agency IT resources (including staff augmentation) to build a custom application, combined with the acquisition and integration of one or more third-party software components (such as those provided by SAS or Data Bay) to provide capabilities such as pre-submission data scrubbing, auditing, and grouping. More specifically, the most complex legacy technology component (the current Auditor) would be replaced and maintained by a third-party and integrated with an in-house submission website utilizing industry standard web service and integration technologies and AGENCY enterprise IT standards. The use of an already existing Auditor/Grouping application would lessen the repercussions should the current FoxPro software fail.
- **Fully contracted (outsourced) service solution:** This option involves the Agency securing contracted vendors to perform all components of data collection, including staffing. Key deliverables would include a detailed transition plan and service level agreements to ensure a managed and stable transition to the new service. While this option would effectively shift technology management risk to the service provider, very strong service level agreements (SLAs) would be needed to ensure the vendor is accountable for managing all risks without limiting Agency access to needed data and information. This option may also come with the largest ongoing cost and greatest Agency resource needs associated with stakeholder communication, policy changes, and rulemaking. The Data Collection rules would need to be revised before this solution could be implemented. This option also limits Agency's control over the submission process and outputs. Given the significant change in workflow, some facilities may struggle to transition smoothly, or may incur significant costs to make appropriate system changes at their end.

3. Rationale for Selection

All three of the potential strategies listed above can provide the needed business process improvements, with primary variation factored on cost, time to implement, and resource needs related to long-term maintenance, support, and future modernization. The Agency considered the benefits and potential challenges associated with each strategy among those factors.

- **Timeliness of implementation** includes not only the Agency’s ability to develop and implement the solution, but also the capabilities of any contracted vendors as well as of submitting providers. The electronic aggregation and transfer of data requires appropriate coding and development by each submitting facility, many of which utilize third parties to perform this work. The data submission formats, standards, and specific instructions (including the submission website address) are codified in Florida Administrative Rule. If rule changes are needed to implement the new solution, there is a substantial potential impact to the implementation timeframe.

Timeliness of implementation is a critical primary decision factor given the current system’s increasing instability and risk of failure. It is noted that among the approximately 1,000 submitting facilities, there are widely varying levels of IT capability and expertise. A timely solution includes one that can be adopted by the required facilities within a reasonable timeframe and with minimal technical support needed from the Agency.

- **Ability to sustain/support/enhance service level over time** includes the Agency’s capacity and knowledgebase to provide needed support, maintenance, periodic updates, and assist with future modernization needs. The specific nature of data quality checks leave little room for variation or error in order to ensure highest possible data quality. As trends change over time, data edits/audits occasionally need to be changed or suspended in certain circumstances. It is essential that the data collection program is supported with responsive and knowledgeable technical staff that have sufficient availability to the program when needed. It is also critical that the Agency adopt and utilize well tested standards and methodologies in auditing the data in order to maintain consistent data integrity.

Also considered under the topic of system maintenance was configurability with future Agency enterprise systems. The Agency is actively planning for major system improvements in the areas of Medicaid, Finance, and other divisions over the next 2-5 years and any new data collection system will need to be interoperable with those future systems, or have the ability to adapt smoothly and quickly.

- **Cost** includes not only the initial cost of implementation, but also expenses associated with ongoing program and support staffing, system maintenance, and future enhancements.

4. Recommended Business Solution

The Florida Center is seeking funding to implement a combination custom-build and third-party solution. This strategy will allow the Agency to contract for temporary IT programming staff (staff augmentation) to rebuild the data submission web portal, rewrite the data tracking system in an updated format/platform, facilitate connection to SSO, and migrate historical data from the Agency’s Oracle server (to be retired) to the primary SQL server. Once built, the Agency will

continue to contract for staff augmentation, although at a lower level, to maintain and support the new web portal and tracking system. Separately, the Agency will competitively procure a vendor contract to develop and deliver a new data auditing application that will be connected to the Agency’s tracking system but maintained and supported by the vendor. This hybrid solution presents the highest likelihood for a successful timely implementation; will allow the Agency to retain ownership of key systems, infrastructure, and data while retaining best in class data auditing technology; and presents the lowest risks related to data security, and sustainability.

The Auditor feature will be available as a pre-submission (file testing and editing) tool (via a third-party site) and used by facility contacts to determine whether the file has errors prior to submission. If errors exist, a feature may exist to allow for file editing and re-testing. Once files pass the testing phase, files are submitted via the AGENCY file submission website. Another option (rather than file testing and editing) is to integrate the AGENCY website with the third-party auditor (“as a service”). In this option, AGENCY receives the file submissions and, in real time or near real time, transfers the files to the third-party service for auditing and error reporting. The audit reports and status codes are then returned to AGENCY where dashboards are updated and notifications are sent.

The less complex components will be developed and maintained by the Agency, allowing for onsite maintenance and support of the majority of the system and process. The detailed and complex coding of the auditor tool can be performed by industry experts utilizing best in class proven methodologies and algorithms, and can be adjusted as needed utilizing the same level of expertise. No immediate policy or rule changes would be required, resulting in minimal impact to submitting providers. While there is no immediate cost-saving, it is anticipated that long term impacts will include higher value data and potentially less Agency staff resources required to process data submissions.

D. Functional and Technical Requirements

Technology Component	Custom-Built	Third-Party Provider
User Authentication	✓ (Change to use SSO)	
Front End Submission Site	✓ (Re-write into C#.NET Website)	
Facility Submission Tracking	✓ (Re-write into C#.NET Website)	
Contact Update & Certification Forms	✓ (Re-write into C#.NET Website)	
Data Grouper		✓ (Provider TBD)
Auditor (QA Checks)		✓ (Provider TBD)
Database	✓ (Change to use SQL Server)	
Data Analytics	✓ (Technology TBD)	
Integration Platform	✓ (Technology TBD)	

Detailed technological specifications were developed for the auditor tool to be included in the 2017 RFI, and included (but are not limited to) the following:

- Controlled user access and adequate security to ensure protection of the patient data in accordance with all applicable Federal, State, and Agency policy and regulation
- Ability to batch load and audit multiple data files, and/or the ability to program automatic load and audit functionality as a scheduled or trigger-based event
- Rules engine with capability to rapidly process all applicable data rules
- Capability for Agency analysts to temporarily suspend selected rules/edits on demand
- Capability for both facility user and Agency analyst to review/edit errors in submitted data files
- Production of detailed analysis and reports for each data file processed, to include metrics and metadata associated with both the complete file as well as any identified errors
- Capability to export error details into an Excel spreadsheet or other usable format
- Auto-export processed data and reports to a subdirectory on the Agency network, including automatic file labeling that aligns with established Agency file management conventions
- Ability to run as a web-based application, following Agency application standards
- Integrated data grouping based on nationally recognized methodology such as DRG or other comparable methodology, including both ICD-9 and ICD-10 coding schemas
- The ability to export data to other applications in multiple formats as needed
- Complete operational functionality and system availability twenty-four (24) hours per day, seven (7) days per week (with the exception of scheduled maintenance and/or updates)
- Prompt technical assistance and support for all functions and processes, including staff training.

III. Success Criteria

Purpose: To identify the critical results, both outputs and outcomes, that must be realized for the project to be considered a success.

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	Consolidation of all required functionality into a single integrated interface for users.	Completion of project deliverables.	Data submitters Agency Analysts	June 30, 2020
2	Reduction and/or elimination of multiple manual workflow steps.	Comparison of current detail workflow to new detailed workflow <i>(# of manual steps)</i>	Data submitters Agency Analysts Data recipients	June 30, 2020

SUCCESS CRITERIA TABLE				
3	Provision of a single source/repository for correspondence, related documentation, and metadata.	Consolidation of multiple information management processes into a single system	Data submitters Agency Analysts Public records	June 30, 2020
4	Ability for submitting facilities to test data files for errors and make corrections prior to submission.	Completed deliverable	Data submitters Agency Analysts	June 30, 2020
5	Real-time or near real-time provision of error and summary reports to facilities upon data audit	Completed deliverable	Data submitters Agency Analysts	June 30, 2020
6	File status tracking dashboards for Agency staff and submitters	Completed deliverable	Data submitters Agency Analysts The public	June 30, 2020
7	User authentication through the Agency's Single Sign On application	Completed deliverable	Data submitters The public	June 30, 2020
8	Submitters have the ability to electronically certify "clean" files	Completed deliverable	Data submitters Agency Analysts	June 30, 2020
9	Submitters have the ability to electronically submit updates to primary contact information	Completed deliverable	Data submitters Agency Analysts	June 30, 2020
10	Submitters have the ability to electronically request exemptions	Completed deliverable	Data submitters Agency Analysts	June 30, 2020

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	Reduction of provider time and resources needed to submit data <i>(cost reduction)</i>	Submitting providers	Streamlined and automated processes	Average failed submission attempts per provider/quarter Average provider expense/submission	June 30, 2020 and ongoing

SCHEDULE IV-B FOR HEALTH CARE FACILITY DISCHARGE DATA COLLECTION SYSTEM

BENEFITS REALIZATION TABLE					
2	Reduction of Agency workload, hours, and expense associated with data collection and quality assurance <i>(cost reduction)</i>	AGENCY People of Florida	Streamlined process - reduces need for technical assistance and manual steps by Agency staff Modernized system is more efficiently maintained by Agency IT	Number of manual process steps Average turnaround time for data files (from submission to feedback provided) IT support hours	June 30, 2020 and ongoing
3	More timely availability of submitted data <i>(value enhancement)</i>	All Stakeholders: <ul style="list-style-type: none"> • Customers • Industry providers • Policy makers 	More current, highly reliable data that serves a multitude of benefits... Capability for more “real-time” tracking and monitoring of health care access, quality, and costs	Time from end of reporting period to publication/availability	June 30, 2020 and ongoing

B. Cost Benefit Analysis (CBA)

Please See Attached Appendix A – Cost Benefit Analysis

V. Schedule IV-B Major Project Risk Assessment

Please See Attached Appendix B– Project Risk Assessment Summary Schedule IV-B Technology Planning

A. Current Information Technology Environment

1. Current System

a. Description of Current System

1. Data submission portal. Facilities submit XML files via AGENCY’s secure ASP.NET website. Files must be submitted in their entirety. There is no record-level submission or resubmission capability. When files have errors, an entire new file must be resubmitted. Facilities are immediately notified if the file format was accepted. Error checking on the content of the files (record and field-level validations) are not performed at time of submission. File grouping and record and field-level rule validations are performed in the next step by the Auditor. The web portal is maintained by AGENCY.

2. WINSTAT Auditor. The Auditor is a third-party custom-built (sole sourced) FoxPro software and database that has reached end of life, and the vendor does not plan on upgrading or replacing it. Agency data analysts manually retrieve each file and load it into the auditor. The software applies rule edits and produces a series of reports. The AGENCY analyst emails error reports to the facility, which corrects and resubmits the entire XML file. This process continues until there are no errors. The auditor application exports processed files in XML (for ASC and ED data) or pipe-delimited (for in-patient data) format. The auditor also collects tracking information and aggregate counts, which populate the PD2 tracking system. As part of the Auditor software, the Agency uses an additional third-party tool that assigns the raw inpatient data into appropriate Diagnostic Related Group (DRG) categories.

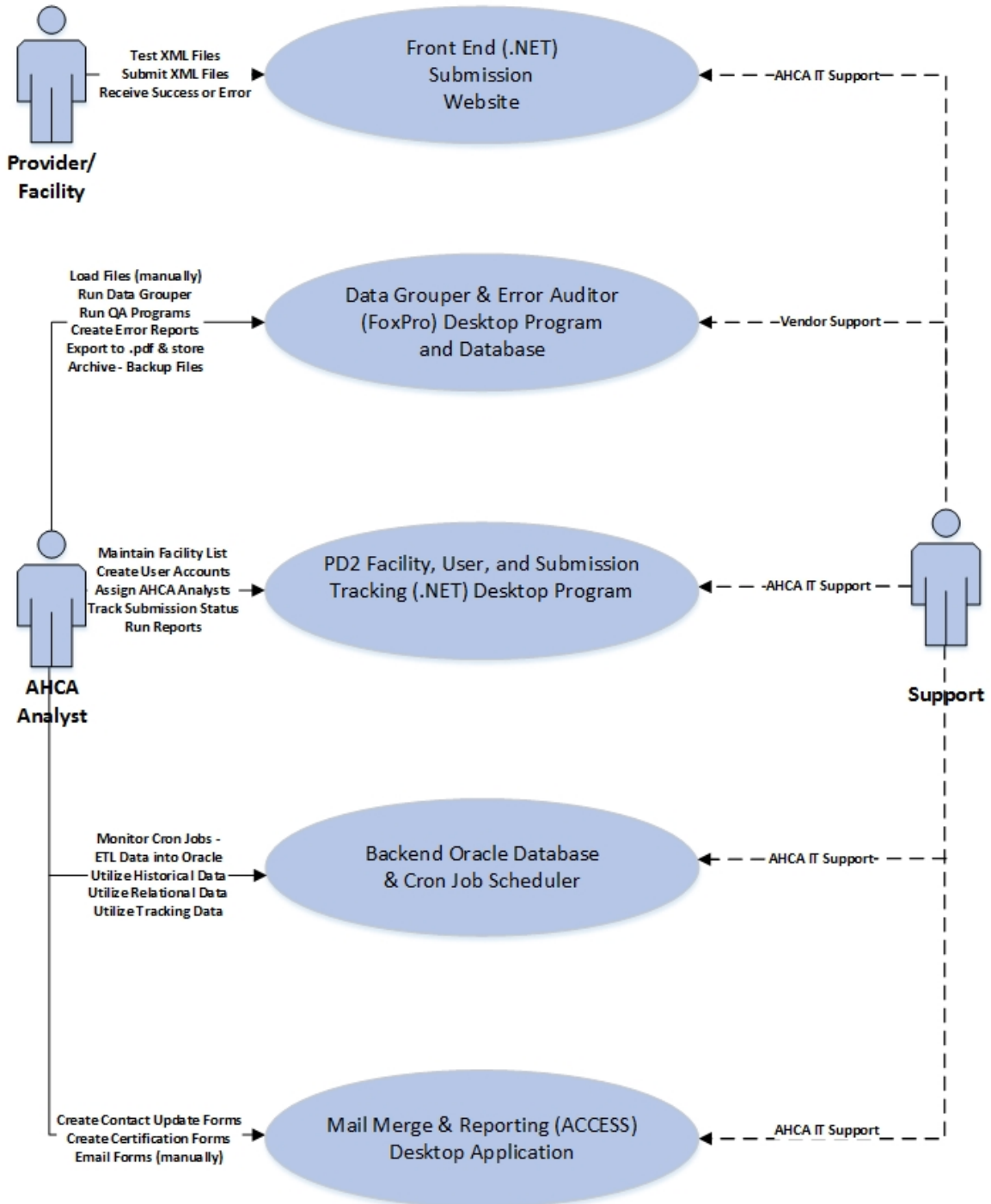
3. PD2. This is a custom-built Windows.NET solution using an Oracle database that is utilized for tracking the status of submissions and assigning them to Agency analysts. Additional functions included within the PD2 include the ability to add or edit facility contact information, create and update user accounts, print facility browse screens, and run facility status reports. Assignment of an analyst to a facility is a record by record procedure; when an analyst leaves, a new analyst must be assigned to each facility record one by one.

4. Backend Oracle Database. XML and text files are extracted, transformed, and loaded (ETL) into Oracle, via a Cron (Unix-based) job scheduler that runs at scheduled times each day. The PD2 application queries and updates tracking information and produces submission tracking reports from the data contained in the Oracle database. The Oracle database stores files in flat file format (for records retention purposes) as well as in relational database format (for querying and reporting).

5. Access Desktop Application and Database. Analysts use Access to create contact update forms and certification forms that are “mail-merged” and manually emailed to each facility. Each facility must then print and sign a hard copy of the form to certify that its submissions are complete and accurate; forms are then scanned and emailed back to AGENCY to complete the quarterly process.

Note: Components 2-5 above utilize non-standard technologies at AGENCY (technologies that are not aligned with the future enterprise IT architecture direction at AGENCY).

Current System Features and Technology Components



The following diagram illustrates the current system components and technologies utilized and identifies whether support for each component is the responsibility of AGENCY IT or vendor:

b. Current System Resource Requirements

The total annual budget for the Florida Center to perform this function is approximately \$878,000. This figure may change slightly each year based on the amount of hours required for support staff to provide troubleshooting and error resolution for the current system, as well as any changes to the costs of infrastructure, network, storage, and disaster recovery services at the State Data Center. The primary costs are personnel services (salaries and benefits for 12 FTEs total approximately \$750,000 annually). Technology costs are less than 10% of the total (\$40,000 for data center services, and \$32,000 for software to perform auditing and grouping of the data). See the table below for estimated program costs:

Operational Cost Elements		FY
		2017-18
A. Personnel – Operational Costs		\$805,993
A-1.a.	State FTEs (Salaries & Benefits)	\$753,135
A-1.b.	State FTEs (# FTEs) 12 Florida Center and .18 IT	12.18
A-2.a.	OPS FTEs (Salaries)	\$23,738
A-2.b.	OPS FTEs (# FTEs)	0.50
A-3.a.	Staff Augmentation (Contract Cost)	\$29,120
A-3.b.	Staff Augmentation (# of Contract FTEs)	0.16
B. Application Maintenance Costs		\$32,420
B-1. Managed Services (Staffing)		\$0
B-2. Hardware		\$0
B-3.	Software auditor & grouper \$32000 (plus other IT, \$420)	\$32,420
B-4. Other		\$0
C. Data Center Provider Costs		\$40,000
C-1. Managed Services (Staffing)		\$0
C-2. Infrastructure		\$0
C-3. Network / Hosting Services		\$0
C-4. Disaster Recovery		\$0
C-5. Other		\$0
D. Plant & Facility Costs		\$0
E. Other Costs		\$0
E-1. Training		\$0
E-2. Travel		\$0
E-3. Other		\$0
Total Operational Costs (Rows A through E)		\$878,413

Although current infrastructure and software costs are low, four of the five architectural components of the current system utilize technologies considered non-standard and or outdated by AGENCY IT. When data element or logic changes are required, all five components must be modified. There is a significant risk that future federal or state requirements could necessitate changes to the end to end system, and that non-standard architectural components will constrain the ability to implement the changes successfully (on time, within budget, or in a quality manner). As noted earlier, the technology costs associated with the current system have been fixed for more than ten years and do not reflect current market rates for similar functionality. Vendor responses to the 2017 RFI indicate budgets

ranging from \$300,000 to \$695,000 to replace only the auditor tool component (not including the web portal, tracking system, or staffing).

c. Current System Performance

The Agency experiences several challenges with the current discharge data collection system and process, as summarized below:

1. Labor intensive manual processes take significant time for Florida Center analysts to perform and are difficult to track for purposes of monitoring productivity.
2. Florida Center analysts administering and managing security credentials for submitting providers presents a potential security risk and is time consuming for analysts.
3. Providers’ inability to enter their own information (such as updating contact information or resetting passwords, etc.) taxes Florida Center staff time.
4. Cumbersome communication process requires files to be exported into various formats for processing and emailing through disparate (non-interoperable) systems.
5. Significant amount of time spent guiding providers through the XML submission process and troubleshooting issues.
6. Delayed feedback to submitting providers regarding errors/omissions, depending on capacity/availability of Florida Center analysts.
7. Age of tracking and auditing systems pose a significant risk should they fail; they are built on outdated technologies that the current vendor will no longer support.

The table below lists in more detail the current system issues identified as high impact, meaning they require extensive amounts of time or resources, or pose unnecessary risks to successful completion of the process:

Issue Name and Description	Type of Issue	Impact
XML file issues - Facilities indicated difficulty compiling data into the prescribed XML format. Other formats may be considered (txt, xls, pdf). There is no direct machine to machine data sharing - files are submitted, then data is extracted, transformed, and loaded into database.	System Features or Capabilities	High
Lack of submission error feedback – Submitting providers often call AGENCY Analysts to understand certain error messages at time of submission, rather than getting feedback directly.	System Features or Capabilities	High

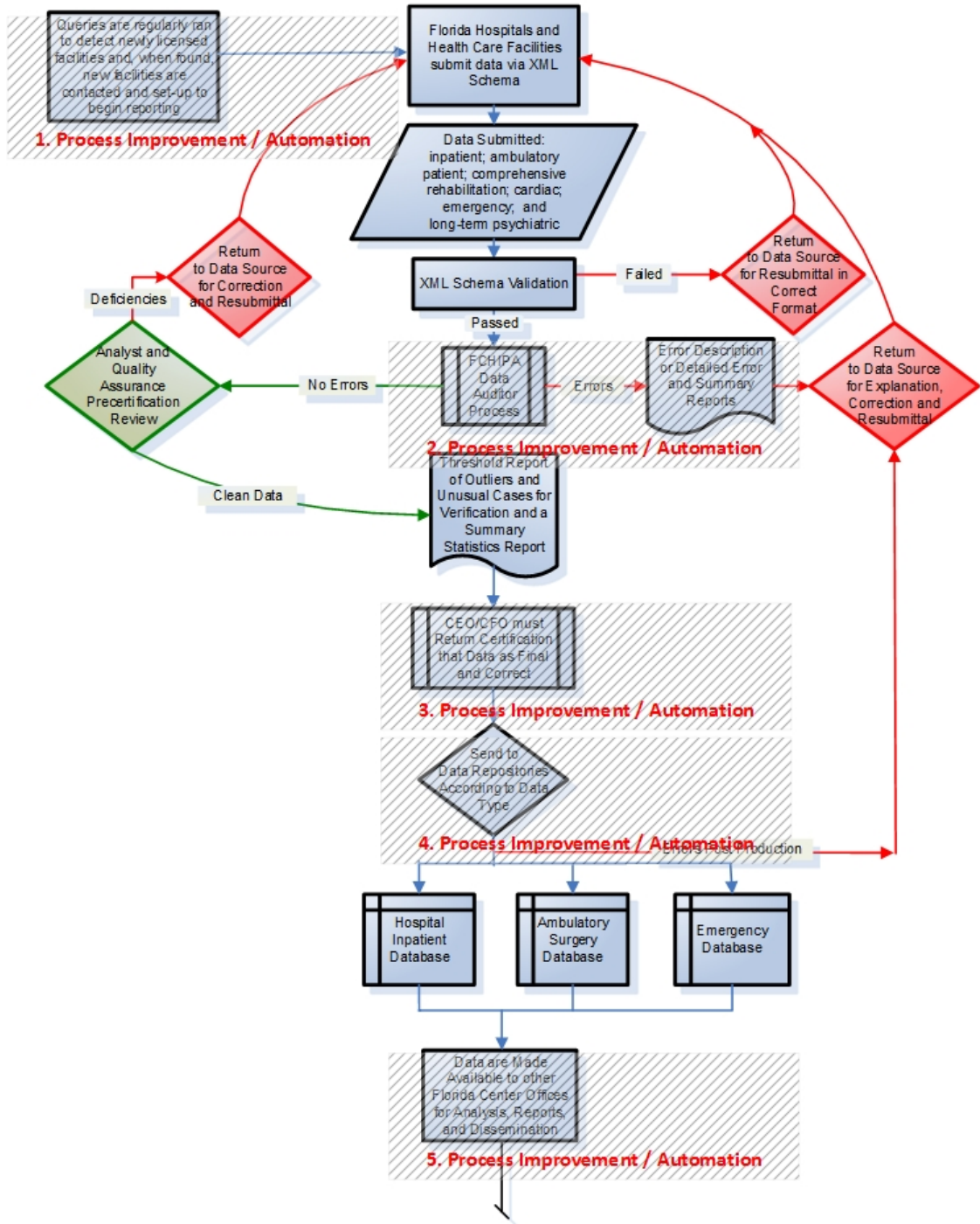
<p>Lack of ability to edit files – Submitting providers and AGENCY Analysts would benefit greatly from an ability to make edits within submitted files rather than having to correct and resubmit an entire new file.</p>	<p>System Features or Capabilities</p>	<p>High</p>
<p>Lack of ability to bulk-assign facilities to analysts – Whenever staffing changes occur among Florida Center analysts, each impacted facility record must be individually reassigned to a new analyst.</p>	<p>System Features or Capabilities</p>	<p>High</p>
<p>Manual Certification process - The current mail merge process involves exporting data from the tracking system into a fillable certification form (Word template) that is then manually emailed to facilities, printed, signed, emailed (scanned PDF) or faxed back, then printed and scanned and/or manually exported (PDF) by the AGENCY analyst into a separate document management system.</p>	<p>System Features or Capabilities</p>	<p>High</p>
<p>Technical assistance and training resources are not readily accessible to submitting providers within the data submission web interface – Submitting providers have historically experienced a relatively high rate of turnover among positions charged with the quarterly data submission, requiring readily accessible training and technical assistance resources. Currently, limited resources exist but could be improved.</p>	<p>System Features or Capabilities</p>	<p>High</p>
<p>System is not easily maintained/ modified (non-standard architecture) - AGENCY IT has difficulty adding, removing, or changing data elements (and form and report fields) in all areas of the system due to no consistent or persistent data access layer.</p>	<p>System Performance or Maintainability</p>	<p>High</p>
<p>User management in Windows .NET (non-standard architecture) - AGENCY IT has indicated that all new Agency solutions must utilize the enterprise Single-Sign-On (SSO) capability (for user management and authentication).*</p>	<p>System Performance or Maintainability</p>	<p>High</p>
<p>Document Management is a Manual Process (non-standard architecture) – AGENCY IT has indicated that ideal state solutions must utilize the enterprise Document Management (Laser Fiche) capability.*</p>	<p>System Performance or Maintainability</p>	<p>High</p>

<p>Current Solution utilizes Oracle (non-standard architecture) - AGENCY IT has indicated that ideal state solutions must utilize SQL Server (for on premises) or SQL Azure (for cloud) as the backend database. *</p>	<p>System Performance or Maintainability</p>	<p>High</p>
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* **Note:** *Outsourced solutions (residing on vendor owned infrastructure) may utilize vendor architectures, components, and technologies.*

The diagram below illustrates the current end-to-end process. Five primary process improvement items are identified and labeled in red. For each item, the current and ideal state process is described, including any necessary automations that may facilitate quality, timeliness, or efficiency improvements.

Office of Data Collection and Quality Assurance - Overview
February, 2007



2. Information Technology Standards

The Agency's Chief Information Officer (CIO) was interviewed to determine the strategic direction of technology in the Agency. The following enterprise architectural components were identified as agency standards and must be utilized when developing custom, in-house, solutions (or when integrating third-party software into the AHCA environment):

- **Enterprise Identity Management and User Authentication Service:** AHCA enterprise identity management and user authentication service, known as Single-Sign-On (SSO), ensures agency security and access control policies are being consistently implemented and enforced. Policies implemented and enforced via SSO include management of user IDs and passwords; management of access privileges to applications and systems; and logging of successful and unsuccessful login attempts to applications and systems.
- **Laserfiche Enterprise Document Management Service:** The AHCA enterprise document management service (Laserfiche) provides automation of manual document management processes and integration with end-to-end business process workflows. Laserfiche eliminates the need for individual groups to maintain different document management systems, enables document sharing while protecting confidential information, and integrates with state databases and other core systems to enable information sharing across applications.
- **C#.NET and ASP.NET (Application Development) Frameworks and Templates:** AHCA application development templates are pre-built web page and interface designs that help ensure programming, coding, and user accessibility standards are being implemented and enforced. Standards implemented and enforced via the application development templates include programming syntax, naming conventions, in-line comments, error handling, and Americans with Disability Act (ADA) accessibility compliance requirements. Programmers utilize the templates for all in-house website and application development projects.
- **SQL Server Database Development and Integration Platforms and Software:** Microsoft SQL Server is the standard database platform used at AHCA for storing large amounts of data in table and record format. SQL Server is an industry leading relational database management platform and toolset that is often implemented in conjunction with Microsoft data warehousing, business intelligence, and data analytics products. SQL Server is deployed at the State Data Center and is also available on Microsoft infrastructure (as a service within the Microsoft Azure Platform).

In addition, the Division of Information Technology provided ISF with documentation on the Agency's adopted guiding principles for IT, which must be considered when creating any new system or significantly updating a legacy system. The guiding principles are contained and described in the table on the following page.

Principle	Description	Applicability
Do not duplicate data	Data should be fed from a primary source, and edited at the source	Shared usages of Discharge Data with other AHCA Program Areas
Go Paperless	Electronic forms and documents should be utilized whenever possible over paper copies	Modernization of the resubmission, certification (including Access mail merge)
Ensure Accountability and Security	Data changes and queries should be logged and users should be restricted to the least access necessary role	Modernization of the Facility and User Access components – Transition to Single-Sign-On
Measure Effectiveness	Program area should have established measures designed to measure effectiveness of processes and systems	Some performance metrics exist and additional metrics will be incorporated into the process
Communicate with appropriate systems	Systems should be designed to communicate with other systems. Data should be shared in a manner that is useful to the programs in meeting their missions.	Shared usages of Discharge Data (and processes) with other AHCA Program Areas as well as external systems/users
Don't recreate the wheel	Consider SaaS solutions that can manage all data and infrastructure in a secure and backed up environment.	Outsourced (vendor) solutions were analyzed and considered
Consider Mobile Devices	Consider from a strategic perspective how mobile technology will impact the work and how we/users will interact with our systems in the future.	There was not a need for mobile technology identified at this time, but will be considered for future modernizations
Customer Impact	Always consider the impact to the customer in system design and processes.	Impact to submitting providers was a primary consideration throughout the planning process
Consider SaaS	Look to SaaS as an option when in-house applications cannot be leveraged. Consider security, administration, data access, and costs in the SaaS model.	Consideration of outsourced (vendor) solutions were analyzed and considered

B. Current Hardware and/or Software Inventory

As detailed in Section IV-A above.

C. Proposed Technical Solution

The required deliverables for the system modernization will include a full replacement of the auditor tool, rewrite of the submission website, rewrite of the PD2 tracking system, integration with the Agency's Single Sign On (SSO) application, and migration of historical data. Detailed specifications for the auditor tool and the PD2 tracking system developed and updated during the planning phases. The Agency's IT staff have already successfully connected at least five existing and new applications to the enterprise SSO solution, and have extensive experience working with the Florida Center data and will be able to directly facilitate migration.

A. Technical Solution Alternatives

The planning team developed and considered three primary approaches:

- **A full custom re-build of all components, including the auditor tool, by Agency IT** (with staff Augmentation): In-house solution that would rely on AGENCY IT enterprise architecture components (.NET, SQL Server, analytics, integration, and SSO). The Agency would retain full risk for maintaining and supporting the system, including changes to the complex auditing standards as well as future modernization when needed. This model does not align with Agency and statewide IT desires for more agile technologies and services.
- **A combination custom build integrated with a third-party auditor solution:** This option would utilize Agency IT resources (including staff augmentation) to build a custom internal tracking application, combined with the acquisition (competitive procurement) and integration of one or more third-party software components to provide the most complex functionalities such as data auditing, and grouping. The identification of an already existing, easily customizable Auditor/Grouping application would enable the Agency to implement a more urgent solution should the current auditor (built on FoxPro software) fail at any point.
- **A full contract (outsourced) solution:** Would involve the Agency contracting with a service vendor to perform all components of data collection and quality assurance, including staffing. Key deliverables would include a detailed transition plan and service level agreements. While this option effectively shifts technology management risks to a third-party, very strong service level agreements (SLAs) would be needed to ensure the vendor is accountable for managing all risks without limiting Agency access to needed data and information. This option may also come with the largest ongoing cost and greatest Agency resource needs for stakeholder communication, policy changes, and rulemaking. The Data Collection rules would need to be revised before this solution could be implemented. This option also limits AGENCY's control over the submission process and outputs. Given the significant change in workflow, some facilities may struggle to transition smoothly, or may incur significant costs to make appropriate system changes at their end.

B. Rationale for Selection

All three strategies as outlined can provide the needed business process improvements, with primary variation factored on cost, time to implement, and resource needs related to long-term maintenance, support, and future modernization. The Agency considered the benefits and potential challenges associated with each strategy among those factors.

- **Timeliness of implementation** includes not only the Agency’s ability to develop and implement the solution, but also the capabilities of any contracted vendors as well as of submitting providers. The electronic aggregation and transfer of data requires appropriate coding and development by each submitting facility, many of which utilize third parties to perform this work, and may require contract amendments with their service providers based on revised submission requirements. The data submission formats, standards, and specific instructions (including the submission website address) are codified in Florida Administrative Rule. If rule changes are needed to implement the new solution, there is a substantial potential impact to the implementation timeframe.

Timeliness of implementation is a critical primary decision factor given the current system’s increasing instability and risk of failure. It is noted that among the approximately 1,000 submitting facilities, there are widely varying levels of IT capability and expertise. A timely solution includes one that can be adopted by the required facilities with as little operational burden as possible, within a reasonable timeframe, and with minimal technical support needed from the Agency.

- **Ability to sustain/support/enhance service level over time** includes the Agency’s capacity and knowledgebase to provide needed support, maintenance, periodic updates, and assist with future modernization as needed. The specific nature of data quality checks leave little room for variation or error to ensure highest possible data quality. As trends change over time, data edits/audits occasionally need to be changed or suspended in certain circumstances. It is essential that the data collection program is supported with responsive and knowledgeable technical staff that have sufficient availability to the program when needed and adequate system knowledge to be effective. It is also critical that the Agency adopt and utilize well tested standards and methodologies in auditing the data in order to maintain consistent data integrity and to align with and/or exceed national data quality standards.

Also considered under the topic of system maintenance was configurability with future Agency enterprise systems. The Agency is actively planning for major enterprise system improvements impacting the areas of Medicaid, Finance, and other divisions over the next 2-5 years; and any new data collection system will need to be interoperable with those future systems or have the ability to adapt smoothly and quickly.

- **Costs** include not only the initial cost of development and implementation, but also expenses associated with ongoing program and support staffing, system maintenance, and future enhancements/modernization.

C. Recommended Technical Solution

The Agency has determined that a combination custom-build and third-party solution will best meet the Agency’s business needs with the most effective and efficient use of available resources and highest likelihood of success. The Agency plans to contract for temporary IT programming staff (staff augmentation), utilizing existing state term contract relationships, to rebuild the data submission web portal, rewrite the data tracking system in an updated format/platform, facilitate connection to SSO, and migrate historical data from the Agency’s Oracle server (to be retired) to the primary SQL server. Once built, the Agency will continue to contract for staff augmentation, although at a lower level, to maintain and support the new web portal and tracking system. Separately, the Agency will competitively procure a vendor contract to develop/customize and deliver a new data auditing application that will be connected and integrated into the Agency’s tracking system but separately maintained and supported by the vendor. This hybrid solution presents the highest likelihood for a successful timely implementation; will allow the Agency to retain ownership of key systems, infrastructure, and data while retaining best in class data auditing technology; and presents the lowest risks related to data security, and sustainability.

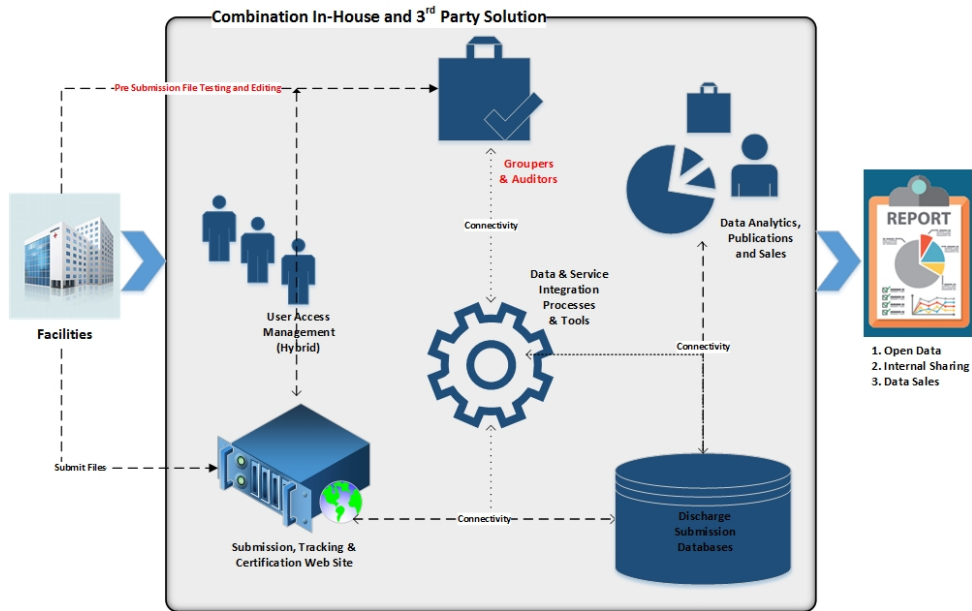
The less complex components will be developed and maintained by the Agency, allowing for onsite maintenance and support of the majority of the system and process. The detailed and complex coding of the auditor tool can be performed by industry experts utilizing best in class proven methodologies and algorithms, and can be adjusted as needed utilizing the same level of expertise. No immediate policy or rule changes would be required, resulting in minimal impact to submitting providers. While there is no immediate cost-saving, it is anticipated that long term impacts will include higher value data and less Agency staff time required to process data submissions.

D. Proposed Solution Description

As noted earlier, the hybrid solution would include the following custom-built (in house by Agency IT) and contracted components:

Technology Component	Custom-Built	Third-Party Provider
User Authentication	✓ (Change to use SSO)	
Front End Submission Site	✓ (Re-write into C#.NET Website)	
Facility Submission Tracking	✓ (Re-write into C#.NET Website)	
Contact Update & Certification Forms	✓ (Re-write into C#.NET Website)	
Data Groupier		✓ (Provider TBD)
Auditor (QA Checks)		✓ (Provider TBD)
Database	✓ (Change to use SQL Server)	
Data Analytics	✓ (Technology TBD)	
Integration Platform	✓ (Technology TBD)	

1. Summary Description of Proposed System



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

The combination solution will require acquisition and integration of a new 3rd party software component to replace the current Auditor (contract services), along with Fixed Fee Time & Deliverable services (contracted staff augmentation) to support the in-house development including re-write of the current website into C#.Net, rewrite of the current PD2 software, SQL Server data migration, and SSO integration. Ongoing maintenance support will be provided a Fixed Fee Time & Deliverable vendor (maintenance costs are estimated at approximately 20% of year 1 rewrite costs). Costs for state data center services are not anticipated to change, as the data center (data storage and retention) services utilized will be unchanged.

Operational Cost Elements – Combined Solution			FY	FY	FY
			2019-2020	2020-2021	2021-2022
A. Personnel -- Operational Costs			\$29,120	\$0	\$0
Staff Augmentation (Contract Cost)			\$29,120	\$0	\$0
Staff Augmentation (# of Contract FTEs)			0.16	0	0
B. Application Maintenance Costs			\$632,420	\$600,000	\$600,000
Software		<i>Current Auditor</i>	\$32,420	\$0	\$0
Other*		<i>New Auditor</i>	\$600,000	\$600,000	\$600,000
C. State of Florida Data Center Costs			\$40,000	\$40,000	\$40,000
D. Other Costs			\$788,234	\$150,000	\$150,000
Other		<i>Fixed Fee Time & Deliverables</i>	\$788,234	\$150,000	\$150,000
Subtotal of Operational Costs			\$1,489,774	\$790,000	\$790,000

Note: The \$600,000 (partial outsource) cost estimate is based on minimum estimated costs as reported by vendors responding to the 2017 Auditor RFI. Actual costs are likely to be higher depending on the amount of data processed and stored, and number of users supported.

E. Capacity Planning (Historical and current trends versus projected requirements)

A comprehensive environmental scan of the discharge data collection and reporting environment was conducted with assistance from ISF, including review of existing market technologies and innovative solutions; best practices among other states with comparable volume and scope; and existing and potential solutions to reduce the reporting burden for providers (facilitating cost avoidance through elimination of manual and redundant processes). The planning team completed the following steps as part of the analysis:

Review of documentation: Including all applicable statutes, rules, Agency policy, and contents of the data collection website - <http://ahca.myflorida.com/schs/DataCollection/DataCollection.shtml>

Current system demonstration: AHCA provided a demo of the current system, related business processes, and current challenges

Analysis of data elements collected: Current data elements are defined in Florida Administrative Rule(s) 59B-9 and 59E-7

Current state discussion sessions: Multiple sessions with a variety of Agency divisions and external stakeholders to gather information on current systems, processes, challenges, and desires

Analysis of available solutions: ISF reviewed the responses to the Agency's 2017 RFI for replacement of the legacy auditor component. Each of the five responding vendors were contacted and asked a series of follow-up questions to further understanding of their offerings

Research of other states: The planning team conducted telephone interviews with representatives from Washington, Nevada, and Texas to better understand their discharge data collection processes

Survey of facilities: ISF developed an online survey that was sent to all the facilities who submit discharge data to gather feedback, both positive and negative, on the data reporting process

Documented costs: ISF compiled information on Agency costs from both the program and technology areas. Submitting providers were also asked in the online survey to report on their estimated costs of participating in the program

Summary of provider relationships: ISF compiled information on provider technology systems and relationships to third-party vendors utilized to complete data submissions

Documented current uses of data: The planning team compiled information on current and planned uses of the discharge data, both internal and external to the Agency. This included a review of historical data orders and uses, and well as discussions with Agency strategic planning teams.

Review of emerging policies: Through interviews with peer states and literature review of best practices, information was compiled on emerging policies and standards that have potential to impact and/or inform the Agency's future direction on discharge data collection and use.

Review of program and system performance: Review of available information and data regarding system efficiency, processing times, file submission volumes, and error rates.

Multiple in-depth discussions were also conducted with the Agency's Chief Information Officer and additional leadership from the Division of IT as well as the Deputy Secretary of Health Quality Assurance, the Deputy Secretary of Medicaid, and the Director of the Division of Operations to ensure the future state as envisioned is in alignment with overall Agency direction and goals.

VI. Schedule IV-B 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. The level of detail must be appropriate for the project's scope and complexity.

The Ideal State Report prepared by ISF includes a high level estimation of the project phases and timeline, currently being expanded with greater detail, dependent on available resources. General phases and steps include:

Pre-Implementation Phase:

1. Complete vendor solicitation, evaluation, negotiation and contracting activities
2. Initiate communications to facilities and other stakeholders (continue through closeout)
3. Initiate any necessary rulemaking or policy updates (may continue through closeout)

Initiation Phase:

1. Complete work breakdown structure (WBS) and project scheduling activities
2. Complete project task and resource dependency identification, and verify critical path timeline
3. Create risk register, risk impact analysis, and risk acceptance, avoidance, or mitigation strategies
4. Continue communications to facilities and other stakeholders

Execution (Implementation) Phase:

1. Complete detailed business process analysis, role and responsibility matrices, and workflows
2. Complete detailed system requirements definition, analysis, and design
3. Complete the building (or integration) and testing of solution components
4. Complete user training for each new or changed technology component or feature
5. Complete user acceptance testing (UAT) for each new or changed technology component or feature
6. Complete user and technical support procedures and manuals
7. Complete transition support and operational maintenance plan
8. Go-live (and continue to support old system in case of roll back)
9. Continue communications to facilities and other stakeholders

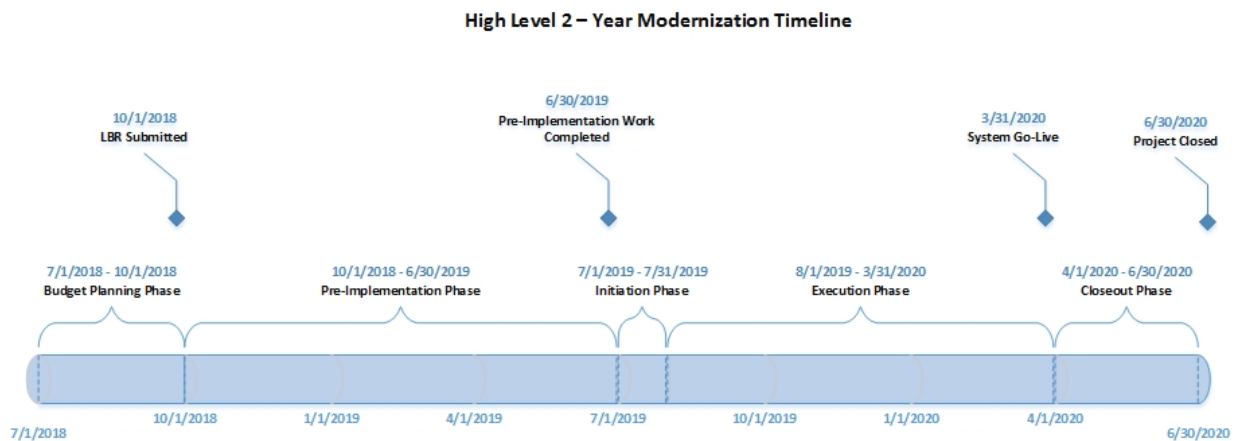
Closeout Phase:

1. Validate new production system (during first quarter submissions through May 31, 2020)
2. Upon acceptance (validation) of new production system, retire old components
3. Transition documentation and maintenance to operational support personnel

Operate and Maintain:

1. Warranty Period – Ensure production system continues to meet requirements
2. Prioritize and implement any feature or enhancement requests
3. Implement prioritized feature or enhancement requests per maintenance plan

A generalized estimated timeline for project completion, dependent on availability of adequate resources, is shown below:



VII. Appendices

- Appendix A – Cost Benefit Analysis
- Appendix B – Project Risk Assessment
- Appendix C – DC Data Collection Current State Report Final 06052018
- Appendix D – DC Data Collection Ideal State Report 07032018

CBAForm 1 - Net Tangible Benefits

Agency	Agency for Health Care Administration	Project	Facility Discharge Data Collection System Modernization
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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 2019-20			FY 2020-21			FY 2021-22			FY 2022-23			FY 2023-24		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
A. Personnel Costs -- Agency-Managed Staff	\$805,993	\$0	\$805,993	\$805,993	-\$29,120	\$776,873	\$776,873	\$0	\$776,873	\$776,873	\$0	\$776,873	\$776,873	\$0	\$776,873
A.b Total Staff	12.84	0.00	12.84	12.84	-0.16	12.68	12.68	0.00	12.68	12.68	0.00	12.68	12.68	0.00	12.68
A-1.a. State FTEs (Salaries & Benefits)	\$753,135	\$0	\$753,135	\$753,135	\$0	\$753,135	\$753,135	\$0	\$753,135	\$753,135	\$0	\$753,135	\$753,135	\$0	\$753,135
A-1.b. State FTEs (#)	12.18	0.00	12.18	12.18	0.00	12.18	12.18	0.00	12.18	12.18	0.00	12.18	12.18	0.00	12.18
A-2.a. OPS Staff (Salaries)	\$23,738	\$0	\$23,738	\$23,738	\$0	\$23,738	\$23,738	\$0	\$23,738	\$23,738	\$0	\$23,738	\$23,738	\$0	\$23,738
A-2.b. OPS (#)	0.50	0.00	0.50	0.50	0.00	0.50	0.50	0.00	0.50	0.50	0.00	0.50	0.50	0.00	0.50
A-3.a. Staff Augmentation (Contract Cost)	\$29,120	\$0	\$29,120	\$29,120	-\$29,120	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3.b. Staff Augmentation (# of Contractors)	0.16	0.00	0.16	0.16	-0.16	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B. Application Maintenance Costs	\$32,420	\$600,000	\$632,420	\$632,420	-\$32,420	\$600,000	\$600,000	\$0	\$600,000	\$600,000	\$0	\$600,000	\$600,000	\$0	\$600,000
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	\$32,420	\$0	\$32,420	\$32,420	-\$32,420	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-4. Other <i>New 3rd party auditor</i>	\$0	\$600,000	\$600,000	\$600,000	\$0	\$600,000	\$600,000	\$0	\$600,000	\$600,000	\$0	\$600,000	\$600,000	\$0	\$600,000
C. Data Center Provider Costs	\$40,000	\$0	\$40,000	\$40,000	\$0	\$40,000	\$40,000	\$0	\$40,000	\$40,000	\$0	\$40,000	\$40,000	\$0	\$40,000
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>TOTAL ESTIMATE</i>	\$40,000	\$0	\$40,000	\$40,000	\$0	\$40,000	\$40,000	\$0	\$40,000	\$40,000	\$0	\$40,000	\$40,000	\$0	\$40,000
D. Plant & Facility Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
E. Other Costs	\$0	\$788,234	\$788,234	\$788,234	-\$638,234	\$150,000	\$150,000	\$0	\$150,000	\$150,000	\$0	\$150,000	\$150,000	\$0	\$150,000
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>Fixed Fee Time & Deliverables</i>	\$0	\$788,234	\$788,234	\$788,234	-\$638,234	\$150,000	\$150,000	\$0	\$150,000	\$150,000	\$0	\$150,000	\$150,000	\$0	\$150,000
Total of Recurring Operational Costs	\$878,413	\$1,388,234	\$2,266,647	\$2,266,647	-\$699,774	\$1,566,873	\$1,566,873	\$0	\$1,566,873	\$1,566,873	\$0	\$1,566,873	\$1,566,873	\$0	\$1,566,873
F. Additional Tangible Benefits:		\$0			\$0			\$0			\$0			\$0	
F-1. <i>Reduce provider costs</i>		\$0			\$0			\$0			\$0			\$0	
F-2. <i>Reduce Agency costs</i>		\$0			\$0			\$0			\$0			\$0	
F-3. <i>Increase data value</i>		\$0			\$0			\$0			\$0			\$0	
Total Net Tangible Benefits:		(\$1,388,234)			\$699,774			\$0			\$0			\$0	

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	80%
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	Agency for Health Care Administration		Facility Discharge Data Collection System Modernization																	
2	Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.																			
3				\$ 101,540	\$ 1,489,774		\$ 790,000		\$ 790,000		\$ 790,000		\$ 790,000		\$ 790,000		\$ 4,751,314			
4	Item Description (remove guidelines and annotate entries here)	Project Cost Element	Appropriation Category	Current & Previous Years Project-Related Cost	YR 1 Base Budget		YR 2 Base Budget		YR 3 Base Budget		YR 4 Base Budget		YR 5 Base Budget		TOTAL					
5	Costs for all state employees working on the project.	FTE	S&B	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
6	Costs for all OPS employees working on the project.	OPS	OPS	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -	\$ -	
7	Staffing costs for personnel using Time & Expense.	Staff Augmentation	Contracted Services	\$ 29,120	0.00	\$ 788,234	\$ 29,120	0.00	\$ 150,000	\$ -	0.00	\$ 150,000	\$ -	0.00	\$ 150,000	\$ -	0.00	\$ 150,000	\$ -	\$ 1,446,474
8	Project management personnel and related deliverables.	Project Management	Contracted Services	\$ -	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	\$ -	\$ -	\$ -	\$ -	\$ -	
10	Staffing costs for all professional services not included in other categories.	Consultants/Contractors	Contracted Services	\$ -	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	\$ 32,420	\$ 600,000	\$ 32,420	\$ 600,000	\$ -	\$ 600,000	\$ -	\$ 600,000	\$ -	\$ 600,000	\$ -	\$ 600,000	\$ -	\$ 600,000	\$ -	\$ 3,064,840	
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. 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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
16	Other contracted services not included in other categories.	Data Center Services - One Time Costs	Data Center Category	\$ 40,000	\$ 40,000	\$ -	\$ 40,000	\$ -	\$ 40,000	\$ -	\$ 40,000	\$ -	\$ 40,000	\$ -	\$ 40,000	\$ -	\$ 40,000	\$ -	\$ 240,000	
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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
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 project expenses not included in other categories.	Other Expenses	Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
21	Total			\$ 101,540	0.00	\$ 1,428,234	\$ 61,540	0.00	\$ 790,000	\$ -	0.00	\$ 790,000	\$ -	0.00	\$ 790,000	\$ -	0.00	\$ 790,000	\$ -	\$ 4,751,314

CBAForm 2 - Project Cost Analysis

	Agency <u>Agency for Health Care Administration</u>	Project <u>Facility Discharge Data Collection System Modernization</u>
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PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	
TOTAL PROJECT COSTS (*)	\$1,489,774	\$790,000	\$790,000	\$790,000	\$790,000	\$4,751,314
CUMULATIVE PROJECT COSTS <i>(includes Current & Previous Years' Project-Related Costs)</i>	\$1,591,314	\$2,381,314	\$3,171,314	\$3,961,314	\$4,751,314	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	
General Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Trust Fund	\$1,489,774	\$790,000	\$790,000	\$790,000	\$790,000	\$4,649,774
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	\$1,489,774	\$790,000	\$790,000	\$790,000	\$790,000	\$4,649,774
CUMULATIVE INVESTMENT	\$1,489,774	\$2,279,774	\$3,069,774	\$3,859,774	\$4,649,774	

Characterization of Project Cost Estimate - CBAForm 2C		
Choose Type	Estimate Confidence	Enter % (+/-)
Detailed/Rigorous	Confidence Level	
Order of Magnitude <input checked="" type="checkbox"/>	Confidence Level	80%
Placeholder	Confidence Level	

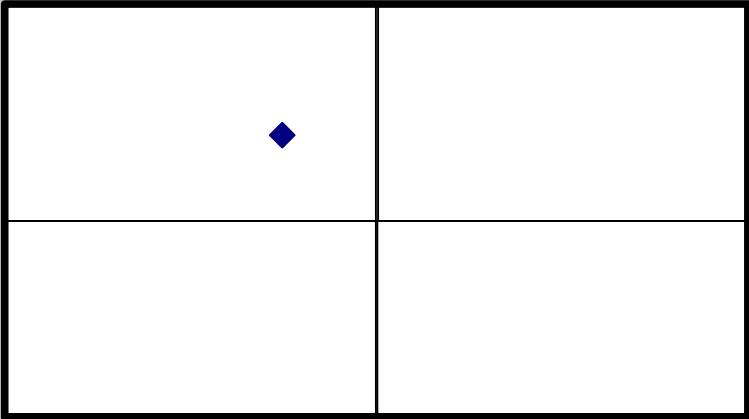
CBAForm 3 - Project Investment Summary

	Agency <u>Agency for Health Care Administration</u>	Project <u>Collection System Modernization</u>
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<i>COST BENEFIT ANALYSIS -- CBAForm 3A</i>						
	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	TOTAL FOR ALL YEARS
Project Cost	\$1,489,774	\$790,000	\$790,000	\$790,000	\$790,000	\$4,751,314
Net Tangible Benefits	(\$1,388,234)	\$699,774	\$0	\$0	\$0	(\$688,460)
Return on Investment	(\$2,979,548)	(\$90,226)	(\$790,000)	(\$790,000)	(\$790,000)	(\$5,439,774)
Year to Year Change in Program Staffing	0	(0)	0	0	0	

<i>RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B</i>		
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)	(\$5,019,107)	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.

<i>Investment Interest Earning Yield -- CBAForm 3C</i>					
Fiscal Year	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%

	B	C	D	E	F	G	H
3	Project		<i>Discharge Data Collection System Modernization</i>				
4							
5	Agency		<i>Agency for Health Care Administration</i>				
6	FY 2019-20 LBR Issue Code:			FY 2019-20 LBR Issue Title:			
7	<i>Issue Code</i>			<i>Health Care Facility Discharge Data Collection System</i>			
8	Risk Assessment Contact Info (Name, Phone #, and E-mail Address):						
9	<i>Nikole Helvey / 850-412-3791 / Nikole.Helvey@ahca.myflorida.com</i>						
10	Executive Sponsor		<i>Molly McKinstry</i>				
11	Project Manager		<i>Nikole Helvey</i>				
12	Prepared By		<i>Nikole Helvey</i>			<i>10/1/2018</i>	
14	Risk Assessment Summary						
15							
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28							
29							
30	Level of Project Risk						
31							
32							
34	Project Risk Area Breakdown						
35	Risk Assessment Areas						<i>Risk Exposure</i>
36	Strategic Assessment						LOW
37							
38	Technology Exposure Assessment						MEDIUM
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						MEDIUM
51							
52							
53	Overall Project Risk						MEDIUM

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Discharge Data Collection System Modernization	
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	Few or none
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	Moderate 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	Use or visibility at division and/or bureau level only
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 1 and 3 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: Discharge Data Collection System Modernization	
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	External technical resources will be needed through implementation only
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	Moderate 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: Discharge Data Collection System Modernization	
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	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	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	Success measures have been developed for some messages
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: Discharge Data Collection System Modernization	
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%)	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	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	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	Just-in-time purchasing of hardware and software is documented in the project schedule
45			Purchase all hardware 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 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	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: Discharge Data Collection System Modernization	
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	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	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	Half of 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, only IT staff are on change review and control 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: Discharge Data Collection System Modernization	
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	41 to 80% -- Some 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), critical milestones, and resources?	Yes	Yes
35			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 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	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: Discharge Data Collection System Modernization	
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	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	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	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	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	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 IV-B FOR FLORIDA HEALTH CARE CONNECTIONS (FX) TRANSFORMATION

For Fiscal Year 2019-20



October 19, 2018


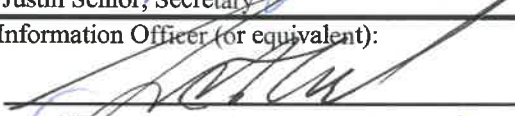
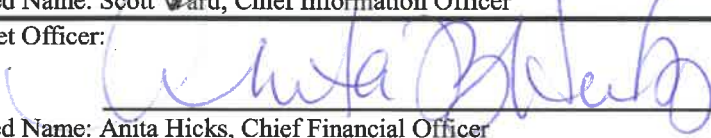
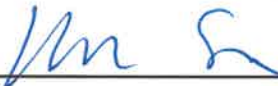

AGENCY FOR HEALTH CARE ADMINISTRATION

Contents

- I. Schedule IV-B Cover Sheet 3
 - General Guidelines..... 4
 - Documentation Requirements..... 4
- II. Schedule IV-B Business Case – Strategic Needs Assessment 5
 - A. Background and Strategic Needs Assessment 5
 - 1. Business Need 5
 - 2. Business Objectives..... 8
 - B. Baseline Analysis..... 14
 - 1. Current Business Process(es) 14
 - 2. Assumptions and Constraints 15
 - C. Proposed Business Process Requirements 16
 - 1. Proposed Business Process Requirements..... 16
 - 2. Business Solution Alternatives..... 17
 - 3. Rationale for Selection 17
 - 4. Recommended Business Solution 17
 - D. Functional and Technical Requirements..... 18
- III. Success Criteria 19
- IV. Schedule IV-B Benefits Realization and Cost Benefit Analysis..... 20
 - A. Benefits Realization Table..... 20
 - B. Cost Benefit Analysis (CBA)..... 22
- V. Schedule IV-B Major Project Risk Assessment..... 23
- VI. Schedule IV-B Technology Planning 24
 - A. Current Information Technology Environment 24
 - 1. Current System..... 24
 - 2. Information Technology Standards 25
 - B. Current Hardware and/or Software Inventory..... 26
 - C. Proposed Technical Solution 34
 - D. Proposed Solution Description 36
 - 1. Summary Description of Proposed System 37
 - Data Management Strategy Vision Enabling Capabilities 39
 - Data Management Strategy..... 41
 - 2. Resource and Summary Level Funding Requirements for Proposed Solution (if known)..... 42
 - E. Capacity Planning (*historical and current trends versus projected requirements*)..... 42
- VII. Schedule IV-B Project Management Planning 44
- VIII. Appendices 48

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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: October 19, 2018
Project Name: Florida Health Care Connections (FX) Transformation	Is this project included in the Agency's LRPP? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
FY 2019-20 LBR Issue Code: 36301C0	FY 2019-20 LBR Issue Title: FMMIS / Florida Health Care Connections (FX) 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: 10/19/18
Printed Name: Justin Senior, Secretary	
Agency Chief Information Officer (or equivalent): 	Date: 10/18/18
Printed Name: Scott Ward, Chief Information Officer	
Budget Officer: 	Date: 10/19/18
Printed Name: Anita Hicks, Chief Financial Officer	
Planning Officer: 	Date: 10/19/18
Printed Name: Kristin Sokoloski, Bureau Chief	
Project Sponsor: 	Date: 10/19/2018
Printed Name: Gay Munyon, Bureau Chief	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Angela Ramsey, 850-412-3440, angela.ramsey@ahca.myflorida.com
Cost Benefit Analysis:	Angela Ramsey, 850-412-3440, angela.ramsey@ahca.myflorida.com
Risk Analysis:	Angela Ramsey, 850-412-3440, angela.ramsey@ahca.myflorida.com
Technology Planning:	Angela Ramsey, 850-412-3440, angela.ramsey@ahca.myflorida.com
Project Planning:	Angela Ramsey, 850-412-3440, angela.ramsey@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

Purpose: To clearly articulate the business-related need(s) for the proposed project.

1. Business Need

Initial Project Background

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 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.

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 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 for states to qualify for enhanced federal funding.

Considering 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 E 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.

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.

SCHEDULE IV-B FOR FLORIDA HEALTH CARE CONNECTIONS (FX) TRANSFORMATION

The MES Procurement Strategy proposed 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.

Fiscal Year 18/19 Current State of the Project / Result of Initial Deliverables

Over the past year, the Agency, in collaboration with the Strategic Enterprise Advisory Services Vendor (SEAS Vendor), developed the over-arching vision, goals, strategy, and technical standards for the project. As part of this strategy, the SEAS Vendor, The North Highland Company, LLC (North Highland), collaborated with the Agency to develop a strategy that considers how to transform and advance the organization’s capabilities beyond where they are today. During the strategic visioning session held on December 13, 2017, the executive team recognized that this project is an opportunity to fundamentally change how the Agency works and positions itself to provide “Better Healthcare for all Floridians”, and that the Agency needs to develop a more robust system to anticipate the changes coming in both healthcare and technology to continue to meet this goal. They determined that this project should be focused much more broadly than just a FMMIS replacement, indicating that the project should “Transform the Medicaid Enterprise to provide the greatest quality, the best experience, and the highest value in healthcare.” It was also recognized that the Agency needs to consider this a broader project that leverages the Medicaid infrastructure to improve overall Agency functionality and build better connections to other data sources and programs. This is a much more comprehensive approach to reducing redundancy and reducing redundancy and replacing the existing FMMIS. Consequently, the SEAS Vendor and the Agency have established a project plan to develop each component separately to focus more intently on the business needs that the Agency must address (see figure below).

To articulate this far-reaching scope, it was determined that the project name should be revised. The Medicaid Enterprise System (MES) Procurement Project was re-named the Florida Health Care Connections (FX) transformation program. References in this document to “MES” are associated with deliverables and decisions made prior to the name revision to FX. It should also be noted that the D3A submitted by the Agency refers to “FHX” which is the same as FX.

Integration Platform	Provider	Recipient	Program Integrity	Financials	Value Based Care	Inter-Agency Focus
Integration Services Platform (ISP) ¹	Identity Reconciliation	User Interface / Recipient Portal	Automation and Analytics	Enhanced / Real Time Reporting	Health Plan Encounter Data	Data Sharing ²
Enterprise Data Warehouse (EDW)	Streamlined Provider Enrollment	Streamlined Recipient Enrollment	Develop Model for Managed Care & FFS	Reduce & Eliminate Manual Processes & Redundant Systems	Performance/ Contract Management	Social Determinants of Health
	Performance Management & Population Health	Integrated and Accessible Data for the Recipient		Analytics & Dashboarding		Shared Licensure & Credentialing

- The lighter blue boxes highlight the Agency's initially prioritized high-level tactics. The next step will be to further elaborate on these and other tactics to improve the Strategic Priorities through the Strategic Project Portfolio Management Plan.
- Some Strategic Priorities, such as “Inter-Agency Focus,” will be partly addressed in an earlier Strategic Priority, such as “Provider,” before becoming AHCA's central focus.
- The team will continue to refine these Strategic Priorities during the annual strategy refresh.

This approach is imperative to ensure that the Agency ends up with the best value to meet the needs of the state and its recipients, and one that is not obsolete at the end of the project, (or for years to come). The Agency is currently in the final stages of preparing the Invitation to Negotiate (ITNs) for the Integration Services / Integration Platform (IS/IP) vendor and the Enterprise Data Warehouse (EDW) vendor, and is initiating the process to more clearly define the Provider Module.

The Agency recognized that a project of this magnitude required a structured way to make decisions to more rapidly achieve the strategic goals of the project, so as part of the project the SEAS Vendor worked with the Agency to develop a structured and inclusive governance process, as shown below.

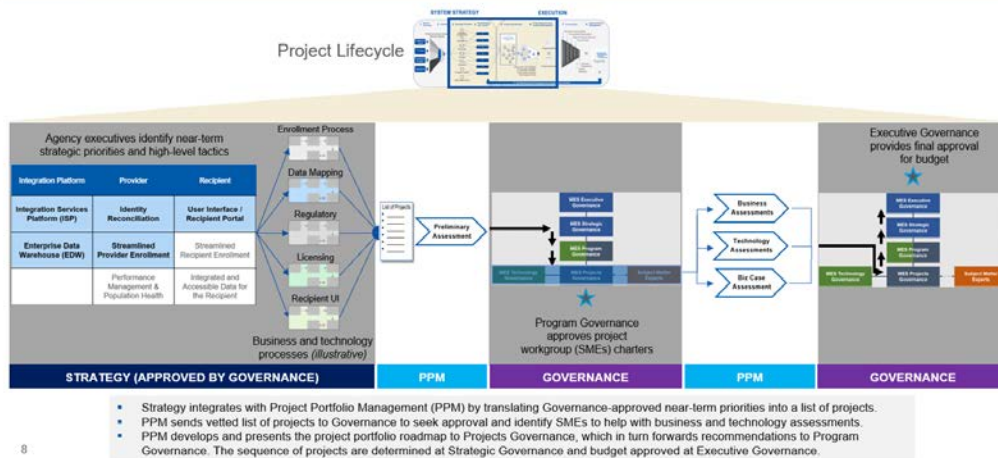


The primary goal of the new governance process is to facilitate more rapid and accountable decision making, and to ensure that the specific levels of the governance structure each have the authority to make specific levels of decisions. This model is critical moving forward as the modular approach of this project will create an environment where multiple vendors concurrently working on different components will require efficient decision making. Another benefit to this structure is that the Agency has identified key stakeholders to the project, so the Agency will benefit from having diverse feedback on the elements that are being built.

The Agency also tasked the SEAS Vendor to develop a portfolio management process, which is critical to manage the various projects in flight, as well as the new projects vetted through this process. As with any large system implementation, the Agency will need to make decisions on where to invest capital to achieve the greatest impact for the State of Florida. The portfolio management process is critical to ensure the Agency pursues initiatives, which are the most beneficial for each strategic priority. The diagram below conceptually outlines the portfolio management process.



STRATEGY integrates with portfolio management and governance



The implementation and integration of the Agency’s strategic plan, the governance model, and the portfolio management plan are key components designed to drive this project to successful outcomes. They are the translation points which guide the higher-level strategy to specific tactics in the portfolio, which are then processed for best value by the governance structure.

The four phases of the FX transformation program are described in the sections below.

2. Business Objectives

NOTE: For IT projects with total cost in excess of \$10 million, the business objectives described in this section must be consistent with existing or proposed substantive policy required in s. 216.023(4)(a)10, F.S.

Phase I

The objectives of Phase I of the FX transformation program were to procure a Strategic Enterprise Advisory Services (SEAS) Vendor and an Independent Verification and Validation (IV&V) Vendor. Additional objectives of Phase I included operating an interim Project Management Office (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 FX.

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

The IV&V Vendor, Cognosante, LLC, was tasked with providing an independent and unbiased assessment of

deliverables produced by FX vendors, including the SEAS Vendor. The IV&V Vendor is assessing and reporting on each FX project's organization and planning, procurement, management, technical solution development and implementation, and is producing IV&V progress reports and related checklists required for CMS certification. IV&V services are required by federal regulation 45 CFR § 95.626 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.

On April 25, 2018, CMS approved the Agency's request to renew the DXC Technology fiscal agent contract for two years through July 31, 2020. The contract renewal includes several self-service enhancements for the Medicaid operations at no cost and a turnover requirement for each component of the legacy FMMIS, as new FX modules are implemented. The DXC Technology contract will end on July 31, 2020, unless renewed by in accordance with s. 287.057, Florida Statutes.

Agency Executives developed the FX Vision by tying the FX strategy to the overall Mission, Vision, and Goals of the Agency.

The Agency's Mission is "Better Health Care for All Floridians."

This Agency's Vision and long-range goals support the Mission. The Agency's Vision is "A health care system that empowers consumers, that rewards personal responsibility and where patients, providers, and payers work for better outcomes at the best price."

The Agency's Long-Range goals, as laid out in its Long-Range Program Plan, also support the Mission and are as follows:

- To operate an efficient and effective government
- To reduce or eliminate waste, fraud, and abuse
- To assure access to quality and reasonably priced health services.

Agency executives collaborated with the SEAS Vendor to create the FX Vision and supporting Guiding Principles during a Strategic Visioning Session held on December 13, 2017. During this session, the SEAS Vendor and Agency executives used the Agency's Mission, Vision, and Goals (see Section 2.1 above) as guides to create the FX Vision and Guiding Principles. As a result, the FX Vision and Guiding Principles support the Agency's Mission, Vision, and Goals to effectively guide the Agency's investment decisions during the transition to a modular environment.

The Agency's FX Vision is to "Transform the Medicaid Enterprise to provide the greatest quality, the best experience, and the highest value in healthcare."

The Agency's FX Guiding Principles are the principles that must be adhered to if the FX Vision is to be achieved. They therefore support the FX Vision and are as follows:

- Enable high-quality and accessible data
- Improve healthcare outcomes
- Reduce complexity
- Use evidenced-based decision making
- Improve integration with partners
- Improve provider and recipient experience
- Provide good stewardship of Medicaid funds
- Enable holistic decision making rather than short-term focus

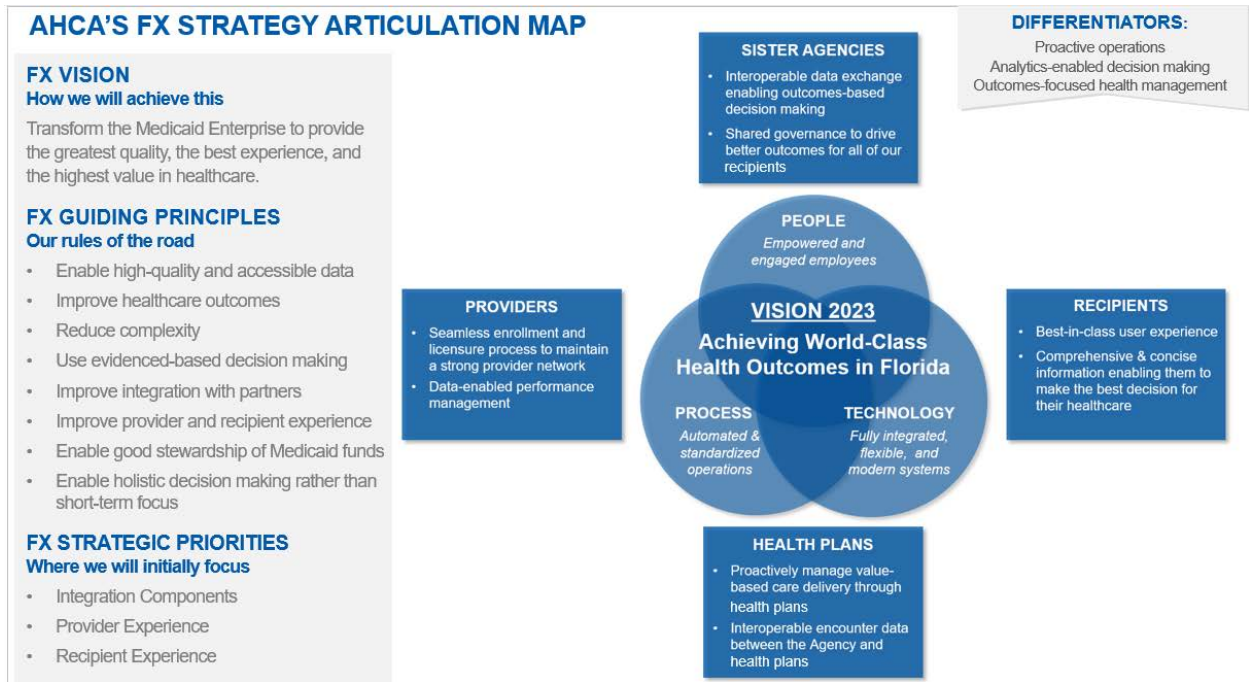
The FX Guiding Principles also support CMS's MITA Goals and Objectives (see Exhibit 5-1: Technology Project and Opportunities).

The FX Guiding Principles are, in turn, supported by Strategic Priorities which define the areas of practical importance to achieve the FX Vision. The FX Strategic Priorities are:

- Integration Components
- Provider Experience

- Recipient Experience
- Program Integrity
- Financials (and analytics)
- Value Based Care
- Inter-agency Focus

The Agency’s transformation plan (as described in Sections 3.1 and 3.2) translates the Strategic Priorities into tangible effects on stakeholder roles (see Section 6) and data exchanges (see Section 7). The strategy articulation map below highlights the key focus areas for the project and the overarching goals that the project will achieve.



Phase II (Current Phase of the Project)

The objectives of Phase II of the FX transformation program include procurement(s) of an Integration Services / Integration Platform (IS/IP) and an Enterprise Data Warehouse (EDW). The Agency is currently working on both ITNs with the anticipated release dates of November 2018 for IS/IP and March 2019 for EDW. The IS/IP will provide the technical expertise to ensure the integrity and interoperability of the FX transformation program by performing technical systems integration in coordination with multiple vendors providing the technology solutions. The IS/IP 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 across systems and will replace the current Decision Support System/Data Warehouse (DSS/DW). The Agency is designing a comprehensive EDW solution architected to provide a single source of truth for Agency data, 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.

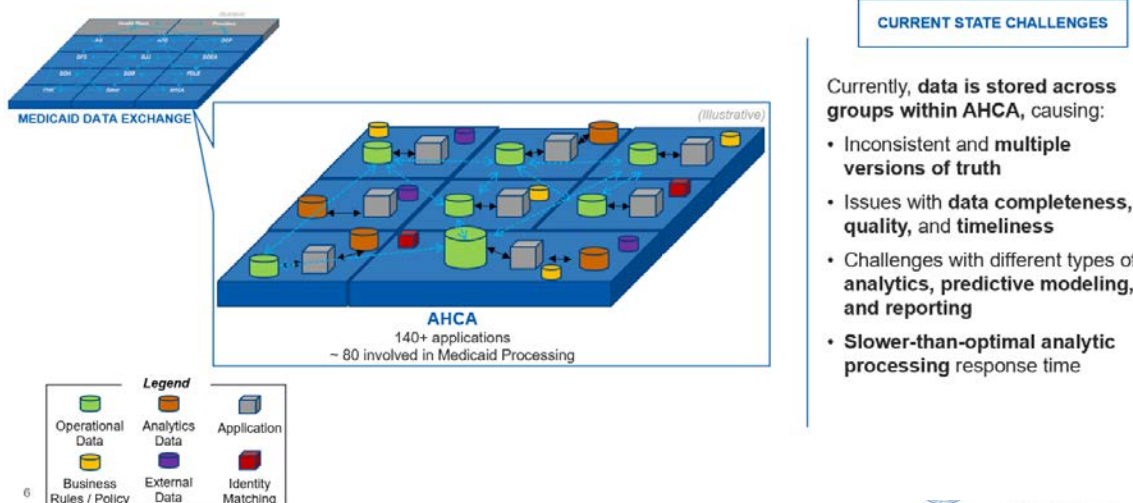
Phase III

The primary focus of Phase III is to integrate business and technical services and data from Agency systems through the integration platform. Agency business areas often operate with their own version of data and tools, business rules/ policy, application systems, and strategies to share and reuse information with other business areas. Through the initial phases of the project it was determined that the current data architecture is causing many data challenges as there is no “single source of the truth” as each Agency business area has its own data, and there are many challenges with how business areas share data to perform day to day functions. For example, it was determined that there are over 140 Agency applications which all contain their own data.

The IS/IP and EDW procurement in Phase II supports the FX transformation program is to integrate services and systems within the FX Enterprise through and under the direction of the IS/IP vendor. The systems that currently exist in the FX primarily interact 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. To facilitate effective data flow through the FX, the IS/IP will act as the communication broker and web services orchestrator to provide data sharing and routing intelligence for the FX.

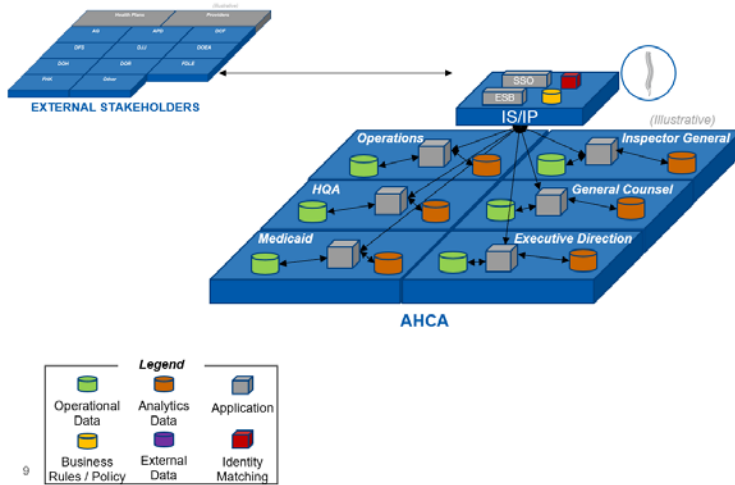
The current architecture limitations mean data from one application may not be consistent with the data from another application as represented below:

Current State (Illustrative)



The proposed IS/IP solution will allow the Agency to be much more efficient in how it transmits and manages data both within AHCA, as well as with sister agencies and partners at a later stage in the FX project, as outlined below.

Future State IS/IP (Illustrative)

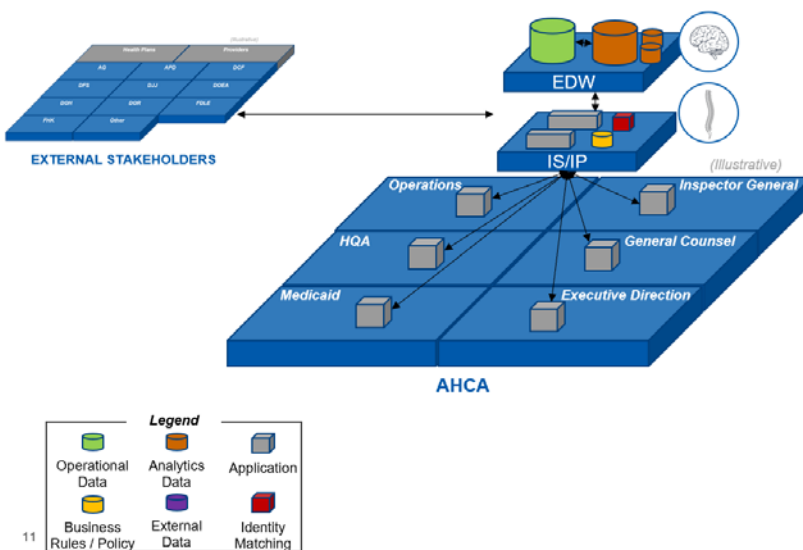


IS/IP TRANSFORMATION ENABLERS

- The new IS/IP solution will enable
- **Near real-time data and processing access and sharing** between different organizations and systems, reducing use of duplicated and inconsistent data
 - **360 degree view of information** by linking data about people and organizations
 - **Application of consistent business rules and policy**
 - **Single sign-on and data protections**

The Enterprise Data Warehouse (EDW) will house all Agency data, creating a model that promotes having a “single source of truth” as all applications will share data from this source, rather than keeping data within each application. The EDW will have functionality to decouple systems and data in order to make data available and consistent throughout the FX Enterprise. As a result, data quality, consistency and tools are improved for operational data use and analytic processing, as outlined below.

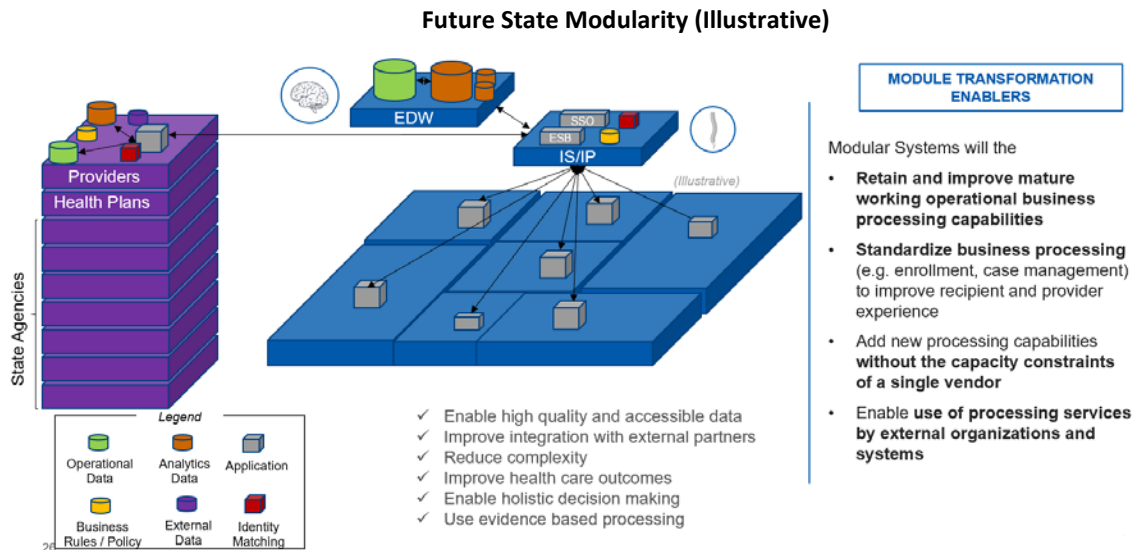
Future State EDW (Illustrative)



EDW TRANSFORMATION ENABLERS

- The new EDW solution will enable
- **A single source of truth** to improve data quality, accuracy, and accessibility
 - Improved **timeliness and consistency of data**
 - Improved **analytic data processing with holistic business unit and persona optimized data marts and tools**
 - **System innovation and simplified system implementation**
 - Eliminate **duplicated, inconsistent data** and processing

This new architecture allows the Agency to develop a modular implementation of the new system, creating a more robust, accurate, interoperable, and real-time structure which will provide the Agency a platform to meet its strategic goals.



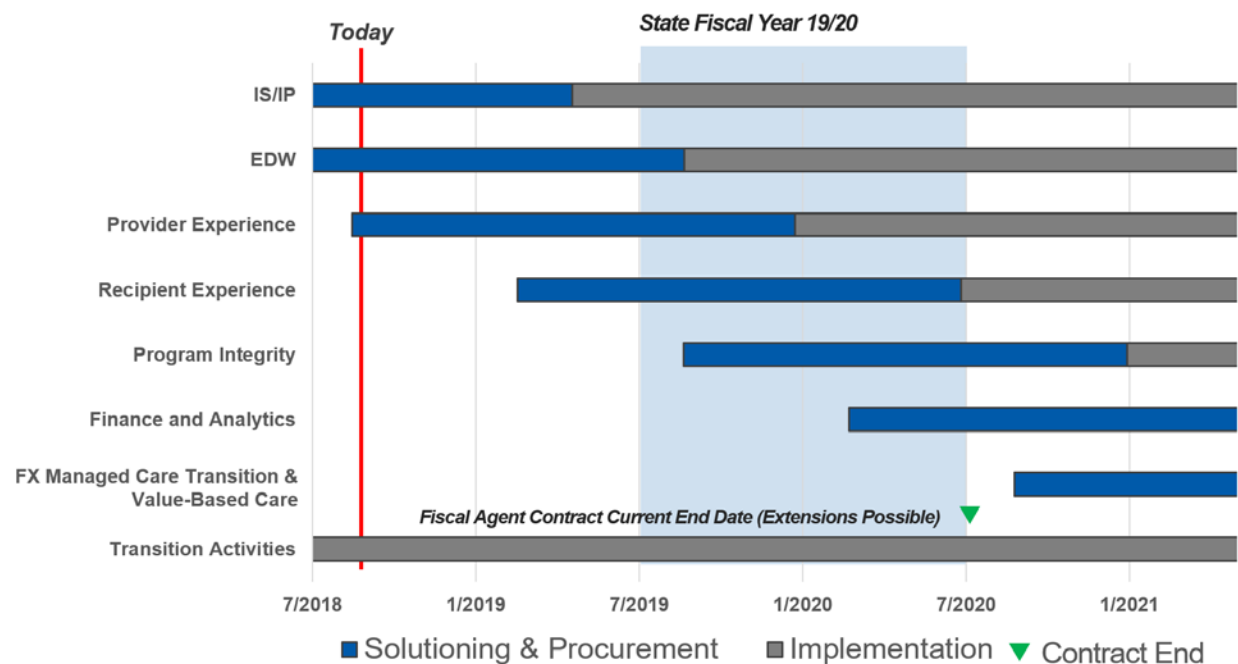
Preliminary modifications to the FMMIS must be analyzed, designed and implemented to prepare the FMMIS for decoupling the key business areas and to be able to receive core information from new modular components outside of the FMMIS. The project will include technical changes to decouple the key business areas using a modular service bus.

Phase IV

The objective of Phase IV of the FX transformation program is to procure modules to replace business processes within the FMMIS that are interoperable with other systems within the FX, using open source solutions, configurable COTS products, or other modular approaches that eliminate the need for custom development. As Phase IV, Module Acquisitions, is completed, the functions currently performed in the fiscal agent contract, the FMMIS, DSS, and other Agency systems will be replaced with a modern group of modules that will provide a greater cost benefit and the flexibility of choice of vendors to enhance the operations of the FX Enterprise.

The Agency, in coordination with the SEAS Vendor and the Governance structure, will develop the end-to-end solution for business processes within the FX Enterprise using strategic planning, needs assessment, requirements analysis, and thorough research.

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



As described earlier, by focusing on each module in a phased methodology the Agency will be able to more fully explore its needs and ensure that it is procuring a system that will provide the best possible outcomes for the state and for the recipients and providers that it serves.

B. Baseline Analysis

1. Current Business Process(es)

The current FX Enterprise includes services, business processes, data management processes, and technical processes within the Agency, and interconnections and touch points with systems that reside outside the Agency necessary for administration of Agency programs, including Medicaid. The Medicaid Information Technology Architecture (MITA) Framework’s Business Architecture defines 10 generalized business areas, which are further broken down into a total of 80 business processes that articulate the complete inventory of business processes carried out by Florida Medicaid (and common to all states). Through the strategic planning

process and the CMS-required MITA State Self-Assessment (SS-A), the Agency and the SEAS Vendor documented the known business process challenges to be addressed through the FX transformation program. The update of the MITA SS-A will be performed iteratively as business areas are addressed in the transformation. The near-term strategic priorities of creating the Enterprise Data Warehouse (EDW) and Integration Services/Integration Platform (IS/IP) will enable the future business process improvements to key priority process areas such as Provider and Recipient management. In addition to documenting the current business processes, the Agency's 2018 MITA SS-A Update includes a Roadmap of recommended improvements based on feedback from staff currently executing the processes other stakeholders and the SEAS Vendor.

Performance metrics for the business process improvements vary by process area. For example, administrative reductions related to the claims process will improvement the provider experience. The MITA SS-A provides detail on performance measurement and metrics. One of the performance metrics for the FX transformation program overall is improved MITA maturity implementing the Roadmap projects. The qualities of MITA maturity also serve as performance metrics and include:

- Timeliness of Process
- Data Access and Accuracy of Data
- Effort to Perform / Efficiency
- Cost Effectiveness
- Quality of Process Results
- Utility or Value to Stakeholders

The 2018 MITA SS-A is included as Attachment F.

2. Assumptions and Constraints

As described above, the strategic plan and MITA SS-A address the unique business requirements of the FX transformation program, including standards that affect the range of reasonable technical alternatives. On an enterprise level as well as on an individual project-by-project level, successful implementation of the technical, policy, and process alternatives identified through the project is contingent on assumptions and subject to constraints.

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

- Agency and FX 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.
- Solicitations will result in the timely onboarding of the planned FX vendor teams with little to no impact to the master project schedule critical path items.
- The FX 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 Agency initiatives currently in progress and for any new initiatives over the life of the project.
- Cooperation from stakeholders outside the Agency.

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.

- Agency resources are limited for review of deliverables produced by FX vendors as the same Agency resources are engaged across multiple aspects of the project.
- Enhanced Federal Financial Participation (FFP) for FX modules and components, is contingent upon approval of advanced planning documentation and module certifications by the Centers for Medicare

- and Medicaid Services (CMS).
- The Florida procurement process is a constraint relative to the overall project schedule.
- The FX transformation program includes business processes and data transfers with outside agencies; however, the project is being initiated and carried out by the Agency for Health Care Administration.

These assumptions and constraints are documented and managed as part of the FX 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

The project was initially conceived as a FMMIS replacement. However, through the strategic planning process the Agency determined that the Medicaid Enterprise required a comprehensive transformation to fulfill its mission of providing “Better Health Care for all Floridians” while meeting evolving federal requirements and standards and responding to a changing healthcare landscape. The evolved FX transformation program is not only transformative for the Agency, but will improve how business processes are conducted, thereby affecting Agency staff, other agencies, providers, plans, and recipients.

As described in Section II.C, the MITA SS-A documents the as-is and to-be capabilities for Medicaid business processes, aligned to the overall strategic plan. Through the 2014 SS-A development, the Agency, along with consultants procured to assist with the process, conducted Requirement Analysis and Development sessions to completely describe the business processes. The 2018 SS-A Update focused on the business processes associated with the near-term strategic priorities of the EDW, IS/IP, and Provider Services, which drive progress toward the Agency’s goals of improving data quality, promoting modularity, and enhancing the provider experience. While the SS-A captures high-level business process requirements, solicitation documents for module procurements and other projects will define the detailed requirements.

The SS-A is integrated with the Agency’s strategic plan for the FX transformation program in that it includes a MITA Roadmap that identifies the activities and timelines for maturing the Medicaid Enterprise. The SEAS Vendor will update the SS-A at least annually to identify how progress is being made to move the FX transformation program forward along this Roadmap. Given this approach to the SS-A, while striving towards five-year goals, areas of the SS-A will address annual activities that need to be accomplished. Building on the 2014 SS-A and 2018 SS-A Update as the baseline, and with years of refinement, the SS-A process will help meet the goal of guiding the FX Enterprise, including Medicaid, to meet its business needs.

In terms of performance measures, CMS issued conditions and standards that must be met by states to be eligible for enhanced federal funding and must be considered 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.

2. Business Solution Alternatives

The Agency and the SEAS Vendor considered the business process alternatives described below:

Modular FMMIS Replacement – Transition the existing FMMIS to modular solutions, either by grouping functionality into a limited number of modules, or procuring individual modules for each FMMIS subsystem.

Modular Evolution and Consolidation – Modernize all Agency processes and applications by leveraging the Medicaid infrastructure to improve overall Agency functionality. Use a strategic project portfolio and planning process to replace and categorically consolidate existing Agency systems with modular solutions.

3. Rationale for Selection

The selection of the modular evolution and consolidation approach for the FX transformation program from the traditional Medicaid-centric approach is based on alignment to the goals and objectives articulated in the strategic plan. It is validated by the return on investment and benefits realized by the State of Florida. At a broad level, the benefits of the FX transformation program are:

- Enhanced FFP for Agency systems to maximize federal funding
- Integrated systems that can interoperate and communicate without relying on a common platform or technology
- The ability to leverage technologies and systems for multiple functions in the FX Enterprise through procurement of COTS technologies and modules

The fundamental changes brought about by the near-term strategic priorities of implementing the foundational EDW and IS/IP will support a single source of truth for data and will enable improvements to key business process areas through future project phases.

4. Recommended Business Solution

As described earlier in this document, the FX transformation program 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 FX Enterprise where individual processes, modules, sub-systems and systems work together to support Agency programs. The FX transformation program will replace large, core aspects of the existing FMMIS and fundamentally improve business processes across multiple stakeholder groups encompassing recipients, providers, and Agency staff.

The recommended business solution for Phase II, the current phase of the FX transformation program, includes

procurement of the IS/IP and EDW vendors, as well as planning and development for additional FX modules. The Agency, in coordination with the SEAS vendor, has identified the prioritized business solutions for the FX, described below.

Provider Experience: The Agency proposes to acquire a comprehensive provider management enrollment, support, information management, and contractor management solution. The Agency will leverage features of the IS/IP contract in this project to improve technology, processes, and policy improvements for provider identity reconciliation. The current provider enrollment and provider management solution will be assessed to determine what enhancements are needed to meet the business needs of the Agency. Additionally, this project's goal is to improve the provider interface and Web Portal experience, reduce the administrative burden for Medicaid provider enrollment and credentialing, and develop better tracking of health care plan affiliations. The provider management solution will incorporate other health care enterprise systems that use provider data, such as the Agency's Provider Data Management System (PDMS), the Florida Department of Health practitioner licensure system, the Care Provider Background Screening Clearinghouse, and the Versa Regulation system for health care facilities.

Recipient Experience: The Agency proposes to acquire a comprehensive recipient enrollment, support, and recipient data management solution. The Agency will leverage features of the IS/IP contract in this project to enhance technology, processes, and policy improvements for recipient identity reconciliation. Additionally, this project will improve the recipient user interface and Web Portal experience and streamline administrative functions regarding Medicaid eligibility data received from the entities that determine eligibility and Medicaid health plan assignment.

Enhanced Program Integrity Modeling: The Agency proposes to research, document, and procure an automated analytic solution that will increase monitoring of the Medicaid program to improve program integrity. The areas of responsibilities include auditing and tracking of medical necessity claims and appropriateness, fraud control, erroneous payments, and administrative anomalies. Program Integrity functions will be enhanced with the implementation of greater automation and the improved data management and data analytics envisioned in the EDW.

Enhanced Financial Management and Analytics: The Agency proposes to acquire an automated solution that will provide the requisite templates and data feeds to make the reporting functions within the Finance and Accounting area of the Agency as real-time as appropriate. The new solution will reduce administrative burden through the identification and elimination of manual and redundant solutions. The solution will leverage new FX systems to reduce duplication, where possible. The solution will also establish analytical capabilities providing dashboards across Agency financial functions allowing transparency around key performance indicators.

Prioritization of additional FX module solutions will be identified through the Agency's strategic project portfolio processes and approved through FX Governance.

D. Functional and Technical Requirements

The discussion of MITA is inclusive of Information (i.e., data) and Technical (i.e., 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 2018 MITA SS-A. The rankings on the profiles represent maturity levels of 1 through 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 are developed in accordance with MITA 3.0, and CMS conditions and standards.

SCHEDULE IV-B FOR FLORIDA HEALTH CARE CONNECTIONS (FX) TRANSFORMATION

Functional and technical requirements for the Integration Services / Integration Platform (IS/IP) solution have been finalized and will be published with release of the ITN in November 2018. The IS/IP solution includes requirements for an enterprise service bus, master data management, including entity resolution for recipients, providers, and organizations, managed file transfer, business rules engine, publish subscribe alerting, service registry and repository, and single sign-on.

Function and technical requirements for the Enterprise Data Warehouse (EDW) solution are currently in development. 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 Agency, in coordination with the SEAS Vendor, has begun planning for the proposed Provider Experience, Recipient Experience, Program Integrity Modeling, and Financial Management and Analytics solutions. Complete functional and technical requirements will be developed upon funding approval.

III. Success Criteria

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	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 IT systems, and approval for enhanced FFP.	Measured and assessed by CMS through the CMS-prescribed certification process	<ul style="list-style-type: none"> The FX Enterprise, Florida state government, CMS 	FY 19-20 and ongoing as modules are operational
2	Successful procurement of the IS/IP vendor and initiation of design and development of the vendor’s solution. Integration platform enables common information exchange and interoperability between systems.	Assessed by the Agency’s SEAS management team and designated Agency Subject Matter Experts	<ul style="list-style-type: none"> The FX Enterprise 	9/19
3	Successful procurement of the EDW vendor and initiation of design and development of the vendor’s solution. Architecture enables enhanced data: integrity, reliability, single source of truth, availability in real-time, analytics and analysis.	Assessed by the Agency’s SEAS management team and designated Agency Subject Matter Experts	<ul style="list-style-type: none"> The FX Enterprise 	12/19

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
4	Successful requirements development for solicitation documents for the Enhanced Provider Experience module.	Assessed by the Agency’s SEAS management team and designated Agency Subject Matter Experts	<ul style="list-style-type: none"> The FX Enterprise Providers 	1/20
5	Successful requirements development for solicitation documents for the Enhanced Recipient Experience module.	Assessed by the Agency’s SEAS management team and designated Agency Subject Matter Experts	<ul style="list-style-type: none"> The FX Enterprise Recipients 	7/20
6	Successful requirements development for solicitation documents for the Program Integrity module.	Assessed by the Agency’s SEAS management team and designated Agency Subject Matter Experts	<ul style="list-style-type: none"> The FX Enterprise 	1/21
7	Successful requirements development for solicitation documents for the Financial Management and Analytics module.	Assessed by the Agency’s SEAS management team and designated Agency Subject Matter Experts	<ul style="list-style-type: none"> The FX Enterprise 	7/21

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

A. Benefits Realization Table

The SEAS Vendor has conducted, and will continue to conduct, alternatives analyses, cost-benefit analyses, and healthcare IT industry scans for emerging technologies to identify opportunities to leverage 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 IT systems. Procurement of system modules in Phase IV of the FX transformation program will replace functionality in the current FMMIS, providing an opportunity for cost reduction in the fiscal agent contract. The SEAS Vendor will also identify opportunities to leverage the reuse of technologies and systems across the FX Enterprise, in accordance with the CMS conditions and standards.

The Benefits Realization Table below highlights the tangible and intangible benefits anticipated through the FX program lifecycle. The tangible benefit calculations listed in the Cost Benefit Analysis Calculations are conservative estimates of the tangible benefits amounts. Through the ongoing strategic planning and planned updates of the FX transformation program, additional tangible benefits will be identified and quantified. The Benefits Realization dates will be refined through the strategic project portfolio process, project management activities including project schedule development, requirements development and project planning activities. At this time, the benefits realization date reflects the earliest date for enhanced FFP through the certification date in fiscal year

SCHEDULE IV-B FOR FLORIDA HEALTH CARE CONNECTIONS (FX) TRANSFORMATION

2019-2020.

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 IT systems to maximize federal funding.	State of Florida FX Enterprise	Achievement of CMS certification for systems	Measured by CMS through the CMS-prescribed certification process.	FY 19-20
2	Leverage and reuse technologies and systems through procurement of configurable COTS technologies and modules that require no custom development.	State of Florida FX Enterprise	Implementation of FX projects in Phase IV of the FX Procurement Strategy	Measured by the cost reduction in the acquisition of FMMIS replacement modules	2018 through 2022
3	Improved Provider Experience	State of Florida FX Enterprise Medicaid Providers	Implementation of the Provider module	Achieved through enhanced credentialing, streamlined provider enrollment and data management among others	TBD, project is currently in the initiation and planning phases
4	Improved Recipient Experience	State of Florida FX Enterprise Medicaid Recipients	Implementation of the Recipient module	Achieved through enhanced health plan enrollment interaction between agencies, greater access to specialized care, increased understanding of benefits	TBD, project is currently in the initiation and planning phases
5	Enhanced Program Integrity	State of Florida FX Enterprise Medicaid Recipients	Implementation of Program Integrity module	Measured by reduction in improper payments	TBD, project is currently in the initiation and planning phases

BENEFITS REALIZATION TABLE					
		Medicaid Providers			
6	Enhanced Financial Management and Analytics	State of Florida FX Enterprise	Implementation of the Financial Management and Analytics module	Reduction of manual and redundant processes; greater transparency in performance indicators	TBD, project is currently in the initiation and planning phases

B. Cost Benefit Analysis (CBA)

At this point of the planning phase, the cost-benefit analysis (CBA) of the FX is identified as an order-of-magnitude amount. After module solution(s) are procured, such as the EDW to replace the current DSS, 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 Cost Benefit Analysis 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 FX 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 2019-2020 are \$63,126,394. This includes \$9,006,394 for IV&V services, \$15,500,000 for the SEAS Vendor, \$11,440,000 for IS/IP, \$18,330,000 for EDW, \$4,000,000 for Provider Experience module, \$100,000 for Recipient Experience module, \$3,000,000 for FMMIS Support – Integration, \$1,500,000 for FMMIS Support – Modular Communication Hub, and \$250,000 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 2019-20 is - (\$84,670,733), total for all years is \$189,712,655. • Payback Period – 3.4 years. • Breakeven Fiscal Year – 2022-23 • Net Present Value - \$143,536,632 • Internal Rate of Return – 42.13%

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 FX transformation program and the individual projects within the program. The SEAS Vendor led initiatives for the IS/IP and EDW procurement(s) pertaining 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 program progresses.

The Agency’s Risk Management Plan is provided within the SEAS Management Plan as Attachment G. The SEAS Vendor established a PMO and developed the SEAS Management Plan deliverable which identifies the project management functions and processes. Risks and Issues are identified and managed for each project through scheduled meetings led by the SEAS project managers. These meetings include project stakeholders and visibility and escalation to the FX Program through FX Governance.

VI. Schedule IV-B Technology Planning

Quality data, tools, and systems optimized for the Agency workforce are foundational enablers to improve healthcare for all Floridians. This section defines the Data Management and Technology vision that aligns with the overall FX strategic priorities and aligns with the 2017-20 Agency IT Strategic Plan. This vision guides the data management strategy allowing the Agency, project vendors, health plans, providers, and external organizations to improve recipient and provider experience in pursuing wellness for all Floridians.

While the Agency compares favorably to other states in low-cost operations, recipient wellness and some recipient experience measures, the Agency has the opportunity to improve its organizational capability and potential. Agency staff demonstrate personal responsibility, ownership, and accountability to do their best to support providers and recipients. For many reasons, this culture of accountability and ownership has led many business units to:

- Gather and store data
- Perform data edits, cleansing and transformation
- Profile and analyze data
- Produce reports
- Control and protect the security of the data

For many units, working independently with data is a necessity and not a preference. The current data and technology assets, culture, and processes of the Agency optimize processing from a discrete perspective compared to optimizing by leveraging the overall assets of the enterprise. The current data management culture constrains improved maturity and realization of organization potential. It also creates opportunities to improve:

- Consistency of information and analysis provided in response to inquiries to the Agency
- Quality of analysis and depth of insights provided to the legislature, health plans, providers, and the public
- Protection of data and privacy
- Transparency and ease of access to program information
- Reuse of data and data sharing between agencies, systems, and business units

As the Agency realizes its vision, data governance will evolve to confirm users have appropriate access to consistent, high quality data from a common source. The change to migrate from information silos is a necessity that is becoming increasingly critical to effect significant program cost and data protection improvements.

A. Current Information Technology Environment

1. Current System

The current systems within the FX transformation program include, but are not limited to, the FMMIS, DSS, enrollment broker system, third party liability, pharmacy benefits management, fraud and abuse tracking, prior authorization, home health electronic visit verification, provider data management system, background screening system and clearinghouse, and Health Quality Assurance licensure systems. The scope of the FX transformation program 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, Department of Elder Affairs, Agency for Persons with Disabilities, Florida Healthy Kids Corporation, Department of Financial Services, Florida Department of Law Enforcement, Department of Juvenile Justice, and Vital Statistics.

The Agency, in coordination with the SEAS Vendor, is currently in the process of developing a catalog of all systems within the FX Enterprise, as well as existing and proposed IT projects. The Agency will identify opportunities to leverage and reuse systems within the FX Enterprise in order to streamline processes and reduce redundancies. A complete assessment will be available after the IS/IP vendor is procured by the

Agency.

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 F to this schedule.

b. Current System Resource Requirements

The DXC Technology., system staffing report for August 2018 is provided in Attachment H. The staffing reports for the Integration Services / Integration Platform, Enterprise Data Warehouse, and other FX module vendors will be available after the vendors are procured.

c. Current System Performance

The System Performance Report Card for June 2018 is provided in Attachment I.

2. Information Technology Standards

FX IT solutions and module vendors must adhere to the standards and guidelines published by the Agency for State Technology (AST):

- 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.)
- Florida Cybersecurity Standards described in Florida Administrative Rule 74-2.001 through 74-2.006, F.A.C.
- Information Technology Architecture Standards described in Florida Administrative Rule 74-5, F.A.C.

FX IT solutions and module vendors must also adhere to the standards developed by the Agency's SEAS vendor:

- Technical Management Strategy
- Technical Standards
- Data Standards
- Enterprise Data Security Plan.

The Agency is adopting a FX Project Life Cycle, a system development life cycle based on the CMS eXpedited Life Cycle (XLC) customized to the Agency and Florida specific project implementation processes. The XLC is a framework developed by CMS for defining tasks performed at each phase in the software implementation process.

Medicaid IT systems must adhere to the federal conditions and standards found in 42 CFR § 433.112(b) 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.

B. Current Hardware and/or Software Inventory

APPLICATIONS / SOFTWARE

The Agency has 140+ applications that use many different hardware and software products and hosting services. These applications breakdown as

- 49 Fiscal Agent Applications
- 80+ AHCA IT Application
- External Service applications – such as Enrollment Broker, Third Party Liability, and other enterprise systems

Below is a preliminary Inventory of Applications

APPLICATION SHORT NAME	DATABASE PLATFORM	DATABASE VERSION	MEDICAID ENTERPRISE RELATED
AAATP			
Account Revenue Management System	Oracle	11.2.0.4	
Active Directory Federation Services			YES
Wireless Network			YES
Agency Internet (BETA)			
Agency Internet (DEV)			YES
Agency Internet (PROD)			YES
AHCA Travel System			YES
AHCA NuGet Library			
AHCALicensure	SQL Server	2016	YES
AHCA Licensure Dashboard	SQL Server	2016	YES
AHCA Licensure External	SQL Server	2016	YES
AHCA Licensure Service	SQL Server	2016	YES
AHCAnugetserver			
Patient Data Upload TEST	Oracle	11.2.0.4	YES

SCHEDULE IV-B FOR FLORIDA HEALTH CARE CONNECTIONS (FX) TRANSFORMATION

APPLICATION SHORT NAME	DATABASE PLATFORM	DATABASE VERSION	MEDICAID ENTERPRISE RELATED
Adversse Incident Reporting System (External)	SQL Server	2012	YES
Adverse Incident Reporting System (Internal)	SQL Server	2012	YES
Account Management System	Oracle	11.2.0.4	YES
Applogs			
Automated Survey Processing Environment System (ASPEN) /Aspen Central Office (ACO)	Oracle	11.2.0.4	YES
AHCA SunFocus	SQL Server	2016	YES
Clearinghouse Screening Management System (BGS Internal)	SQL Server	2016	YES
BackGround Screening ClearingHouse Applicant Initiation Portal	SQL Server	2016	
BGSClearingHouseWCF	SQL Server	2016	YES
BGSClearingHouseWcf	SQL Server	2016	YES
BGSLiveScanWcf	SQL Server	2016	YES
Clearinghouse Results Website (BGS External)	SQL Server	2016	YES
CATS (Contract Administration Tracking System)	0	0	YES
Claims Administration Unit Contact Center Phones			YES
Certificate of Need (Desktop Application)	Oracle	11.2.0.4	YES
CertNeedWeb	Oracle	11.2.0.4	YES
Cherwell	0	0	
Clearwell	0	0	YES
COMPASS	Oracle	11.2.0.4	YES
Agency Contact Form			

SCHEDULE IV-B FOR FLORIDA HEALTH CARE CONNECTIONS (FX) TRANSFORMATION

APPLICATION SHORT NAME	DATABASE PLATFORM	DATABASE VERSION	MEDICAID ENTERPRISE RELATED
Clearinghouse Call Center Application	SQL Server	2016	YES
Contact Center - Executive Direction	SQL Server	2008 R2	
Contact Center - General Counsel	SQL Server	2008 R2	
Contact Center - Help Desk	SQL Server	2008 R2	
Contact Center - Home Care Unit	SQL Server	2008 R2	
Contact Center - Medicaid	SQL Server	2008 R2	YES
Contact Center - Medicaid Dir_Office	SQL Server	2008 R2	YES
Contact WebMaster			
AHCACORR	Oracle	11.2.0.4	YES
County Billing			YES
Customer Relationship Management	SQL Server	2012	YES
HIPAA - State Law Crosswalk Search Site	Oracle	11.2.0.4	
dashboard_internal	Oracle	11.2.0.4	YES
DataMartAPI	SQL Server	2016	
Display Error Log			
DM_WEB	SQL Server	2016	YES
DSS			YES
Electronic Filing	SQL Server	2016	YES
Electronic File Administration	SQL Server	2016	YES
Email Notifications			
Email Web Service (External)	Oracle	11.2.0.4	
Email Web Service (Internal)	Oracle	11.2.0.4	
Employee Forum (Dear Secretary)			

SCHEDULE IV-B FOR FLORIDA HEALTH CARE CONNECTIONS (FX) TRANSFORMATION

APPLICATION SHORT NAME	DATABASE PLATFORM	DATABASE VERSION	MEDICAID ENTERPRISE RELATED
Web Service Emergency Status System Xml Service			YES
Everbridge Mass Notification System	0	0	Yes
Finance Accounting Business System (FABS)/Accounts Receivable	SQL Server	2016	Yes
Finance Accounting Business System (FABS)/FLAIR	SQL Server	2016	Yes
Finance Accounting Business System (FABS)/OPC	SQL Server	2016	
Facility Locator Mobile App			YES
Fraud Abuse Case Tracking System (FACTS)	Oracle	11.2.0.4	YES
Fraud Abuse Case Tracking System 2.0	0	0	YES
Finance and Accounting Portal	SQL Server	2016	YES
Finance Accounting Service (Web Service)			
feeds			
Fair Hearings Access and Case Tracking (Desktop Application)	SQL Server	2008 R2	YES
Florida Hospital Uniform Reporting System (FHURS) Portal	SQL Server	2016	YES
Florida Hospital Uniform Reporting System (FHURS) - Internal	SQL Server	2016	YES
Florida Health Finder (FHF)	SQL Server	2008 R2	YES
Florida Medicaid Management Information System	0	0	YES
FoxPro Financial Application & Reporting systems			YES
Fraud Fighter	SQL Server	2016	YES

SCHEDULE IV-B FOR FLORIDA HEALTH CARE CONNECTIONS (FX) TRANSFORMATION

APPLICATION SHORT NAME	DATABASE PLATFORM	DATABASE VERSION	MEDICAID ENTERPRISE RELATED
general counsel ethics	0	0	
HQA Accounts Receivable (HAR)			YES
Health Care Facility Complaint Form	SQL Server	2012	YES
HealthTrack - Choice Counseling-Enrollment Broker	0	0	YES
Hospital Commission	SQL Server	2016	
Hospital Commission/Price Gouging	SQL Server	2016	
Human Resources Termination Promotion Separation	Oracle	11.2.0.4	YES
Inspector General	SQL Server	2016	YES
Medicaid Program Integrity Complaint Form	SQL Server	2016	YES
Induced Terminations of Pregnancy (Internal)	SQL Server	2016	YES
Induced Terminations of Pregnancy Reporting	SQL Server	2016	YES
Laserfiche	SQL Server	2016	YES
Laserfiche Service	SQL Server	2008 R2	YES
Laserfiche Web			YES
Low Income Pool Program	SQL Server	2016	YES
Low Income Pool (LIPS)	SQL Server	2016	YES
Low Income Pool Internal System	SQL Server	2016	YES
Logging Service	SQL Server	2016	
Exception Log Manager			
Managed Care Survey Tool			YES
Medicaid Accounts Receivables			YES
Medicaid Budget Forecasting			YES

SCHEDULE IV-B FOR FLORIDA HEALTH CARE CONNECTIONS (FX) TRANSFORMATION

APPLICATION SHORT NAME	DATABASE PLATFORM	DATABASE VERSION	MEDICAID ENTERPRISE RELATED
Medicaid DataMart Service	SQL Server	2008 R2	YES
Medicaid Facility Service	SQL Server	2016	YES
Medicaid Reservation System	Oracle	11.2.0.4	YES
Medicaid Reservation System Administration	Oracle	11.2.0.4	YES
MEUPS			YES
Medicaid Program Analysis (MPA)	SQL Server	2016	YES
Nursing Facility Quality Assessment Fee Tracking (NFQA)	Oracle	11.2.0.4	YES
Nursing Home Federal Reports	SQL Server	2008 R2	YES
Office 365			YES
Office 365 Sandbox			YES
Office of the Inspector General Case Tracking System	SQL Server	2012	YES
Office of Inspector General Service	SQL Server	2016	YES
FLAHCA-My	0365		
Online Licensing Application Service	SQL Server	2008 R22016	
Online Payments	SQL Server	2016	YES
Online Payments Administration	SQL Server	2016	YES
Office of Plans and Construction Service			YES
Operations Plans and Construction Tracking	Oracle	11.2.0.4	YES
Operations Leases			
Oracle Password Change	SQL Server	2016	
Oracle Password Change Service	SQL Server	2016	
Patient Data (Moving Data to Oracle) CRON Jobs	Oracle	11.2.0.4	YES

SCHEDULE IV-B FOR FLORIDA HEALTH CARE CONNECTIONS (FX) TRANSFORMATION

APPLICATION SHORT NAME	DATABASE PLATFORM	DATABASE VERSION	MEDICAID ENTERPRISE RELATED
Patient Data Auditor	Foxpro		YES
Patient Data	Oracle	11.2.0.4	YES
Patient Data Admin Test Site	Oracle	11.2.0.4	YES
Patient Data 2 (Desktop Applications)	Oracle	11.2.0.4	YES
Provider Data Management System	Oracle	11.2.0.4	YES
Provider Dashboard	SQL Server	2016	YES
Quarterly Fraud and Abuse Activity Report	SQL Server	2016	YES
Quadrant	Oracle	11.2.0.4	YES
Revenue and Accounts Receivable	SQL Server	2008 R2	YES
Risk Manager	Oracle	11.0.2.4	YES
Self-Serve Password Reset			YES
ServerTest (External)			
Server Test (Internal)			
DataMart	SQL Server	2016	YES
SETUpdate (Desktop Application)	Oracle	11.2.0.4	YES
SharePoint 2013 BETA	SQL Server	2016	
SharePoint 2013 PROD	SQL Server	2016	YES
SharePoint Online Dev Site	SQL Server	2016	
SharePoint Online PROD	SQL Server	2016	YES
SingleSignOn Approval	SQL Server	2016	YES
SingleSignOn Approval Admin	SQL Server	2016	YES
SingleSignOnPortal	SQL Server	2016	YES
Statewide Medicaid Managed Care (SMMC) Complaint Form	SQL Server	2016	YES
Support System Service	SQL Server	2016	

APPLICATION SHORT NAME	DATABASE PLATFORM	DATABASE VERSION	MEDICAID ENTERPRISE RELATED
Survey and Certification Time Validation System			YES
Service Fair Hearing			
Telehealth	SQL Server	2012	
Team Foundation Server			
United States Postal Service Windows Communication Foundation (WCF) Service	SQL Server	2016	
USPSWcfService	SQL Server	2008 R2	
Verify Background Screening Eligibility Service	SQL Server	2016	YES
Versa Regulation	Oracle	11.2.0.4	YES
Watch List Services	Oracle	11.2.0.4	
Web Service Facility Locator Service	SQL Server	2016	YES
Web Service Florida Health Services Tracking	Oracle	11.2.0.4	YES

Exhibit VI-1: DMS Vision Enabling Capability Descriptions

INTERFACES

The Agency has over 200+ Inbound/Outbound Interfaces between Agency applications.

STORAGE

Below is a summary of the high-level storage use by Agency applications

Fiscal Agent
 8 OLTP databases, 3 DSS, 1 Content Management, 4 Data Marts
 31 TB of OLTP Oracle DB
 16 TB of DSS
 41 TB of Content Management

Medicaid Data Analysis
 60 TB of SQL Server

AHCA IT
 Primarily SQL Server

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 FX transformation program, using open source solutions, configurable COTS products, or other modular approaches that eliminate the need for custom development. Proposed solutions include the IS/IP, EDW, Recipient Management, Provider Management, enhanced Program Integrity, and Financial Management and Analytics.

The SEAS Vendor worked with the Agency to produce technical deliverables that defined the data management, technology, system design and implementation and enterprise security management strategy and standards for the program. FX module vendors will be required to adhere to this library of strategies and standards in their proposed technical solutions in response to competitive solicitations.

1. Technical Solution Alternatives

The Agency has selected the Invitation to Negotiate (ITN) competitive solicitation process to procure FX modules. The FX transformation program is highly complex and involves interoperability services relatively new to the information technology industry. The solicitation response criteria allows vendors to propose alternative and best in breed IT solutions.

The Agency will review vendor proposals to the ITNs and evaluate the technical solution alternatives provided by vendors in order to determine the solutions that provide the best return on investment. The negotiation process allows the Agency to negotiate with multiple vendors that received the highest ranking evaluations prior to contract award.

2. Rationale for Selection

FX module solutions will be selected based on the specific technical requirements and evaluation criteria described in each competitive solicitation. At a high-level, the following criteria are applicable to technical solution selection:

- Return on investment and business process improvement impact
- Adherence to the Agency's data management and technology strategies
- Aligns with expected market evolution in data management (e.g., toward Blockchain-like distributed ubiquitous data management)
- Enables higher level of business agility and reduces costs to convert proprietary vendor data.

3. Recommended Technical Solution

The FX Data Management Vision emphasizes six primary strategies that align with the overall FX strategic priorities:

- Improve data quality by operating from a single source of policy truth
- Evolve core processing with data validation at the point of business event data collection
- Provide seamless access to a real-time, 360-degree (360°) view of recipient and provider information
- Decouple data from proprietary systems and application stores

- Operate with business area and persona optimized data marts and data analysis tools
- Prepare to collect and manage recipient and provider experience and outcome data

Improve data quality by operating from a single source of policy truth. Today, data edits, data validations, and data transformations are the electronic implementation of policy. The inconsistent application of data edits, validations, and transformations to the many different Agency data stores means there is no single source of policy truth. This causes confusion and lack of trust in the data both within the Agency and with external consumers of Agency data. For example, data edit rules and policies are applied differently in the front-end of the FMMIS interchange when compared to the back-end resulting in claims rejections. Different business units and individuals implement policy by applying specific data edits, validations, and transformations to their own data sets to meet their needs or preferences. Often, separate systems support different versions of data validation and transformation. When each business area can claim common data is not right for the unit, this leads to many propagations of duplicated data and challenges the ability to trace back to a true single source of the truth. The Agency's strategy is to centralize and standardize data edits, data validations, and data transformations applying the policy to a single source of truth data set. After consolidation, a single set of policies operationalized as system edits, validations, and transformations decreases the need for business unit or individual specific clones of data. After a single source of policy truth exists, health plans and providers can use the electronic implementation of this policy to validate information before submission to Agency systems reducing errors and rejects.

Evolve core processing with data validation at the point of business event data collection. Today, high-volume claims and encounter processing occurs in a single system that validates submissions in a complex, difficult to maintain claims processing engine. This system is essential for timely and accurate payments to health providers in Florida. Naturally, there is reluctance to introduce risk to this critical processing engine because of the transaction volumes and State spending processed by the system. However, evolution of core claims and encounter processing is essential for the Agency to meet its mission and strategic priorities. The most significant improvements in provider experience, recipient experience, levels of fraud, and provider administrative costs depend on how core processing works. The Agency strategy is to evolve core processing by allowing health plans and providers to validate and verify claim and encounter data before submission to the Agency. Evolutions in core processing will reduce errors, rejected transactions, denied claims, and encounters and support costs. The Agency strategy to evolve core processing involves:

- Providing access to an electronic set of policy truth (e.g. implemented via rules engine)
- Providing health plans and providers with recipient, provider and reference data needed for evaluation against the electronic set of policy truth
- Having health plans and providers validate and resolve errors before claim and encounter submission by validating data at the point of business event. This will be accomplished through services the Agency will expose to health plans and providers allowing them to validate data against edit rules and policies prior to submitting to the Agency.
- Submitting validated claims and encounter records that can be accepted with minimal Agency processing

The Agency strategy of going beyond the boundaries of the Agency to fix data quality problems is foundational to address symptomatic and derivative issues that affect many business functions.

Provide seamless access to a real-time, 360° view of recipient and provider information. Today, batch files drive most of Medicaid system processing. The Agency strategy is to use technology to assemble information in near real-time from all relevant sources to make processing decisions. The near real-time, 360° view of recipient information will eventually include information from other Medicaid stakeholder organizations providing access to comprehensive social determinants of care data. Access to current and

complete recipient information will improve service authorization decisions, treatment, and enhance coordination of care by health plans and providers. The 360° view of providers will work similarly in that stakeholders such as the Department of Health could view a culmination of their licensure data and other sources for a more complete picture of the provider and their relationship with each stakeholder.

Decouple data from proprietary systems and application stores. Today, FMMIS and most application systems use tightly coupled databases that contain information structured for use in an individual application. The Agency data management strategy is to manage data as a service. New FX modules operate using data access services that connect to an operational data store that is independent of specific systems or modules. The operational data store provides data to applications through service calls or application programming interfaces (APIs) by subject areas, which is a commonly used and supported technical pattern. Decoupling data from proprietary systems and databases helps operate from a single source of the truth and reduces data duplication. This strategy simplifies access, improves security, and enables business agility to replace or improve a new module. Decoupling will also simplify the future migration to emerging virtual data access technologies (e.g. Blockchain) that allow entire industry ecosystems to contribute data, access data and operate from a single secure information source.

Operate with business area and persona type optimized data marts and data analysis tools. As it relates to data strategy, a persona categorizes and defines the data and analytic usage and processing characteristics for a person. The persona generalizes the types and breadth of data used and processed and the types of tools used to perform a role. In most organizations, there are 5-10 different personas. Currently, several hundred Agency personnel routinely develop and execute custom Structured Query Language (SQL) queries in roles as power users. Moving forward, the Agency data strategy is to provide optimized data marts and tools that meet the needs of each combination of business area and data processing persona type. For example, users that perform advanced data scientist level analytics may need access to pull the data into more sophisticated software programs such as SAS to analyze the data more effectively. A data mart to support some personas would allow for a large download in a quick and efficient manner directly by the users themselves. This new strategy should reduce costs and improve responsiveness to business needs by rightsizing technology spend based on business persona need.

Prepare to collect and manage recipient and provider experience and outcome data. Today, the Agency and entire healthcare industry has limited visibility to comprehensive recipient and provider experience or health outcome data. Survey and sampling provide limited feedback mainly about recipient satisfaction with provider interactions. Across all industries, system and process improvements are raising expectations of recipients and providers. The Agency expects increased scrutiny on the overall costs, time spent, and quality of service interaction by recipients and providers in the delivery of healthcare services. For the Agency, health plans, and providers this means collecting, storing, and analyzing more data and new types of data with new dimensions of analysis. Collecting experience data efficiently also requires new applications and technology. Likewise, emerging advanced payment models (e.g. Diagnosis Related Grouping (DRG), Enhanced Ambulatory Patient Grouping (EAPG), bundled payments) introduce changes to core claims and encounter processing systems.

D. Proposed Solution Description

The proposed solution is to continue the Agency’s collaborative effort with the SEAS Vendor in order to further elaborate the strategic plan for the FX transformation program and identify solutions that meet the current and future business needs of the FX. Then, the Agency will procure the services of an IS/IP vendor to provide the technical expertise to perform systems integration and ensure the integrity and interoperability of systems within the Medicaid Enterprise. Next, the Agency will integrate services and infrastructure with the Medicaid Enterprise without relying on a common platform or technology through the use of an IS/IP vendor. Concurrently, the Agency will procure an Enterprise Data Warehouse to provide data warehousing and data integration capabilities, and provide a unified data repository for reporting and analytics. Finally, the Agency will procure modules to replace business processes within the FMMIS that are

interoperable with other systems within the FX systems.

1. Summary Description of Proposed System

The Proposed Solution supporting the six primary strategies mentioned above, is the Data Management Strategy (DMS) Vision To-Be diagram shown in **Exhibit VI-1: Data Management Strategy Vision To-Be Diagram** and the Data Management Strategy Vision Enabling Capabilities shown in **Exhibit VI-2: DMS Vision Enabling Capability Descriptions**.

Exhibit VI-1: Data Management Strategy Vision To-Be Diagram provides a conceptual overview of major data management strategy vision enablers of the Proposed System.

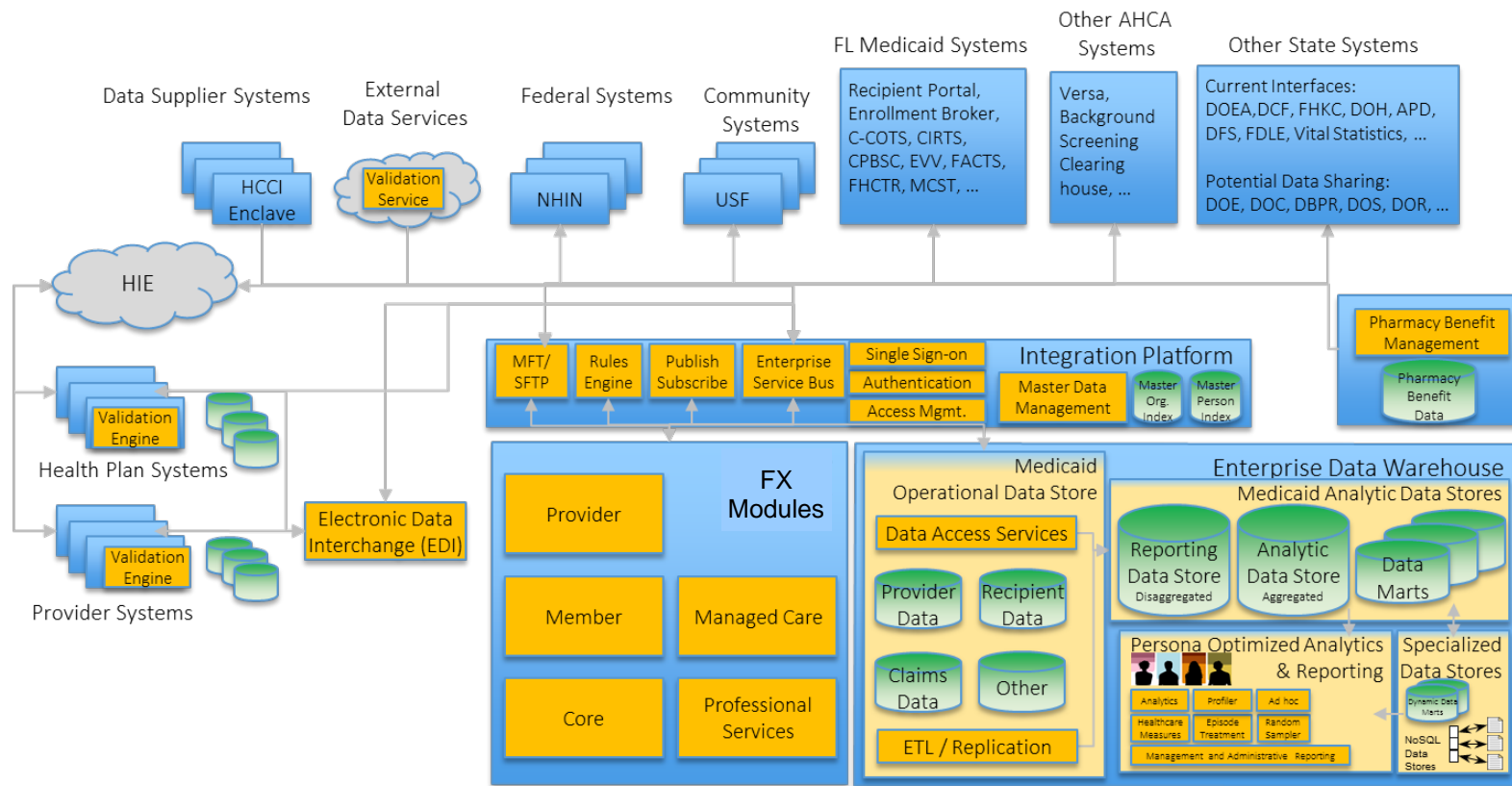


Exhibit VI-1: Data Management Strategy Vision To-Be Diagram

DATA MANAGEMENT STRATEGY VISION ENABLING CAPABILITIES

Exhibit VI-2: DMS Vision Enabling Capability Descriptions provides a brief description of each data management strategy enabling capability depicted on **Exhibit VI-1: Data Management Strategy Vision To-Be Diagram**.

ENABLING CAPABILITY	DESCRIPTION
Managed File Transfer (MFT)	Enables fast and secure transmission of files between systems
Rules Engine	Provides decisions based on edit rules, policy and datasets
Validation Service	Public or third-party service that validates pre-authorizations, claims and encounter transactions
Validation Engine	Processing engine within distributed plan and provider systems that validates and makes pre-authorization, claims and encounter acceptance decisions using rules and policy distributed by the Agency
Publish Subscribe	Notifies subscribers/designated systems of information updates about a recipient or provider
Enterprise Service Bus	Connects any approved request for data or processing to the data or processing service provider in real or near real time. Real time processing is continuous and typically happens in seconds. Near real time processing may not be continuous and typically happens in minutes rather than seconds. In addition, real time processing is synchronous which simplifies the request response process. Near real time processing implies asynchronous processing which adds the complexity of input queuing and accepting asynchronous responses.
Service Registry / Repository	Tracks web services and usage information
Single Sign-on	Allows users to authenticate to multiple systems using the same user id across multiple systems
Authentication	Common framework that authenticates user access with modules and applications
Access Management	Common framework that manages role-based access control within modules and applications
Master Person Index	Processing that identifies records about the same person within a system or found in other systems. Recommend using Commercial-off-the-shelf (COTS) Master Data Management (MDM) software to identify identity linkages.
Master Organization Index	Processing that identifies records about the same organization within a system or found in other systems. Recommend using COTS MDM software to identify identity linkages.
Master Data Management	System or rules to evaluates conflicting data about a person or organization to present a best or “golden record” which improves data quality and encourages data sharing through data content clarity.
Data Access Services	Provides decoupled access to data at varying levels of granularity. Data access services will span from elemental data services to module specific data services to composite cross module data services.
Operational Data Store	The data store of transactional data. Access to operational data is through data access services and APIs

ENABLING CAPABILITY	DESCRIPTION
Extract Transform Load (ETL) / Data Replication	Software that transfers information between data stores
Reporting Data Store	A data store optimized for use by dashboards and reporting and is continuously updated with data from the operational data store
Analytic Data Store	The data store optimized for analytic analysis. Also referred to as the data warehouse
Data Marts	Specialized data stores that are structured and optimized for specific types of analysis or used by specific business units
Dynamic Data Marts	Data stores that are created upon request in an optimized structure for a specific analysis or type of analysis
Not Only SQL (NoSQL) Analytic Data Stores	Analytic data store that is optimized for unstructured data sources and big data analytics

Exhibit VI-2: DMS Vision Enabling Capability Descriptions

Exhibit VI-3: DMS Vision Enabling Capabilities – Strategy Mapping shows each data management strategy mapped to the pillars of the Data Management Strategy Vision.

ENABLING CAPABILITY	SINGLE SOURCE OF TRUTH POLICY AND EDIT RULES TRUTH	DATA VALIDATE AT POINT OF DATA COLLECTION	SECURE REAL-TIME 360° VIEW OF INFORMATION	DECOUPLE DATA FROM APPLICATIONS	BUSINESS AND PERSONA OPTIMIZED DATA / TOOLS	RECIPIENT AND PROVIDER EXPERIENCE / OUTCOME DATA
Managed File Transfer (MFT)			✓			
Rules Engine	✓	✓				
Validation Engine	✓	✓				
Validation Service	✓	✓				
Publish Subscribe			✓			
Enterprise Service Bus			✓			
Service Registry / Repository			✓			
Single Sign-on			✓			
Authentication			✓			

ENABLING CAPABILITY	SINGLE SOURCE OF TRUTH POLICY AND EDIT RULES TRUTH	DATA VALIDATE AT POINT OF DATA COLLECTION	SECURE REAL-TIME 360° VIEW OF INFORMATION	DECOUPLE DATA FROM APPLICATIONS	BUSINESS AND PERSONA OPTIMIZED DATA / TOOLS	RECIPIENT AND PROVIDER EXPERIENCE / OUTCOME DATA
Access Management			✓			
Master Person Index			✓			
Master Organization Index			✓			
Master Data Management			✓			
Data Access Services		✓	✓	✓		
Operational Data Store				✓		
ETL / Data Replication				✓	✓	
Reporting Data Store			✓	✓	✓	
Analytic Data Store					✓	✓
Data Marts					✓	✓
Dynamic Data Marts					✓	✓
NoSQL Analytic Data Stores					✓	✓

Exhibit VI-3: DMS Vision Enabling Capabilities – Strategy Mapping

DATA MANAGEMENT STRATEGY

The Data Management Strategy (DMS) provides guidance for future data systems and modernization of current enterprise data management systems. The strategy includes modernizing the Agency’s data infrastructure to support the transformation of Agency business and application systems. Over the course of the FX transformation program, the Data Management Strategy will incrementally evolve to refine and provide additional guidance on data management strategic topics that benefit the FX Program.

The Data Management Strategy describes an approach to the overall management of the availability, usability, integrity, and security of the Agency data assets. The overall purpose of the Agency’s Data Management Strategy is to:

- Make data integration efforts within and across agencies more efficient

-
- Support MITA’s guidance for modularized implementation of various healthcare components and easier sharing of data
 - Provide a common set of processes, tools, and data standards for the Agency’s data solutions
 - Improve data quality, reduce duplication, and associated frustration and overhead
 - Comply with state and federal requirements
 - Reduce technology support and maintenance cost
 - Manage structured and unstructured, operational, transactional, reporting, and analytic data across the Agency

The first two information systems to leverage the modernized enterprise data platform and processes for the Agency will be the Integration Services and Integration Platform (IS/IP) that includes an Enterprise Service Bus (ESB) and the Enterprise Data Warehouse (EDW). These platforms provide the foundation for transforming the Agency into a data-driven organization and improving data quality, performance, and information accessibility.

Input from multiple business areas informed the overall Data Management Strategy. Agency personnel knowledgeable in integration with Medicaid Accounts Receivable (MAR), Agency contracted enrollment broker, Division of Operations, Bureau of Financial Services, claims payment funding and disbursements, recoupments, and compiling and publishing required federal reporting provided insights relevant to this initial definition of the DMS. Future iterations of the DMS will elaborate and refine the strategy as changes occur or more detailed direction is required.

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

The resource and summary funding level requirements for the proposed solution are unknown currently. The program is using outcome based and net present value (NPV) business cases to define, select and approve specific projects. The impact of specific projects on resources and funding levels will be documented in the project definition, selection and approval process. Because the number of recipients, providers, claims, and encounters and other transactions is very large, even small changes in processing that improve data quality, improve data timeliness, reduce errors, reduce fraud improper payments, reduce manual processing and prevent avoidable costs can have large net benefits even if processing resources and processing costs increase.

E. Capacity Planning

Modernizing system solutions and infrastructure to support large state processing and data volumes is critical. Historically, processing constraints and performance issues have undermined the Agency’s attempts to reuse solutions from smaller states when those solutions were unable to process the large transaction and data volumes of Florida.

Currently, specific processing and storage capacity projections are unknown. However, technology planning has identified the factors that will drive relative changes from the current state processing, storage and network capacity to support the business of the Agency.

Operational Data Processing Capacity – Operational data processing is the transaction processing performed with Agency systems. Operational data processing examples include interactive systems, e.g.

interChange, provider enrollments, batch fee for service transactions, and batch encounter transactions.

Processing Changes – The processing to support operational data processing will change driven by

- Growth in recipient population
- Ecosystem wide use of real-time information
- Reduction in system to system interface data replication and interface processing
- Increased information used in processing
- Real-time business rules and decision making

Storage Changes – The storage to support operational data processing will change driven by

- Growth in recipient population
- Increased information used in processing
- Reduction in duplication of data across systems

Network Changes – The network to support operational data processing will change driven by

- Growth in recipient population
- Ecosystem wide use of real-time information
- Increased information used in processing
- Real-time business rules and decision making
- Physical location of systems and users

Analytic Data Processing Capacity – Analytic data processing includes reporting, dashboard, ad hoc inquiries, data analysis for investigation and policy setting, and predictive modeling.

Processing Changes - The processing to support analytic data processing will change driven by

- Increased information used in processing
- Growth in recipient population
- Increased sophistication of analysis

Storage Changes - The storage to support analytic data processing will change driven by

- Growth in recipient population
- Increased information used in processing

Network Changes - The network to support analytic data processing will change driven by

- Reduced data replication loading and interface processing of bureau specific analytic data stores
- Increased information used in processing

The net effect of the projected changes in capacity is:

Processing – very large accelerating increase in cumulative processing capacity needs from current

Storage – very large accelerating increase in cumulative storage capacity needs from current

Network - increase in cumulative network capacity needs from current

To minimize the risk of processing, storage and network capacity affecting business operations new systems will:

- encourage use of cloud infrastructure that can be dynamically provisioned quickly at low cost
- require proof of ability to scale horizontally allowing transactions processing to occur in parallel
- provide services that allow processing to occur in the health plan, provider and external systems
- monitor impacts on bandwidth capacity and make adjustments for endpoints

External Systems Capacity

External systems that are the “source of truth” for information external to the Agency systems will experience a change in processing, storage and network usage profile and capacity needs. The new Agency systems will use integration technologies that allow transactional near-real time access to information in external systems. This change will shift processing from high volume batch processes and files replication to use of direct access by small real time web services and APIs. External systems should use less storage for interface files and interface file archives. The external systems would likely experience increased processing use and change in processing usage patterns to service request from external systems.

VII. Schedule IV-B Project Management Planning

The Agency’s interim PMO developed project management standards for the planning phase of the FX transformation program. Following the successful selection and onboarding of a SEAS Vendor in September 2017, the SEAS Vendor developed 17 initial deliverables and established an enterprise PMO. These Agency approved initial deliverables describe the project management standards and processes for projects within the Florida Health Care Connections Program. The initial 17 deliverables will be revised through annual reviews with the SEAS Vendor.

The Agency and SEAS Vendor are implementing an FX Portfolio for the program. This is possible through the establishment of an enterprise strategy and governance structure. The Enterprise Systems Strategic Plan identifies the strategy for the Medicaid Enterprise System transformation. The enterprise governance provides the “top-down” directions and “bottom-up” recommendations needed for decisions impacting the portfolio. As the Agency approves projects, identified to achieve the enterprise strategy, they are added to the portfolio and managed at the project level, the integrated program level, and monitored through the portfolio execution. Approving and executing projects that align with the Agency’s strategic objectives will be enforced through enterprise governance. Each project within the portfolio will follow the standards and processes documented in the initial deliverables. The following initial 17 SEAS deliverables are maintained on the Agency SharePoint Repository.

Organization, Strategic, Programmatic, and Technical Domains	
Deliverable	Description
SEAS Management Plan: No. O-1	This deliverable establishes the project management processes and procedures used to manage the SEAS Project.
Enterprise Governance Plan: No. S-1	This deliverable designs an enterprise governance structure and processes to enable effective and efficient advancement of the FX transformation program.
Enterprise Systems Strategic Planning Training Program: No. S-2	This deliverable defines the processes and procedures used to develop the Enterprise Systems Strategic Planning Training Program. This deliverable includes SEAS Vendor's approach to designing the training program, and training materials that support the Agency's strategic planning efforts.
Enterprise Systems Strategic Plan: No. S-3	This deliverable is to serve as an iterative strategy and concept of operations that will continually guide the Agency's transition to a modular technical environment.
Strategic Project Portfolio Management Plan: No. S-4	This deliverable develops a documented plan for the identification, categorization, evaluation, and selection of projects to best accomplish the goals of the FX transformation program, while balancing conflicting demands by allocating resources based on the Agency's priorities and capacity.
Revised MITA State Self-Assessment and Update Process: No. P-1	This deliverable provides information on how the SEAS Vendor fulfills its obligations to complete the revised FL MITA State Self-Assessment and provide a subsequent update process to periodically ensure the State's MITA SS-A remains a living document which is updated when changes occur in the FX program capabilities and maturity.
MES Project Management Standards: No. P-2	This deliverable establishes the project management standards for FX vendors, leveraging the existing Agency project management standards and tools.
MES Project Management Toolkit: No. P-3	This deliverable provides project management training materials and corresponding tools and templates.

Organization, Strategic, Programmatic, and Technical Domains	
Deliverable	Description
Medicaid Enterprise Certification Management Plan: No. P-4	This deliverable provides an overall plan to manage the certification milestone reviews throughout the Medicaid Enterprise Certification Life Cycle (MECL) for each applicable FX module along with recommendations to consider as the Agency moves forward with the modular approach to replacing the current FMMIS.
Data Management Strategy: No. T-1	This deliverable develops and establishes the Data Management Strategy that aligns with the approach defined in the Medicaid Information Technology Architecture (MITA) 3.0 Part II Information Architecture – Chapter 2 Data Management Strategy. The Data Management Strategy is the product of discovery, stakeholder input, strategic analysis, program strategy, and direction about techniques and priorities to support overall improvement of FX transformation program outcomes.
Information Architecture Documentation: No. T-2	This deliverable provides the iterative documentation through the implementation of the modularized solution. Its primary purpose is to serve as the guiding principles of the overall data strategy for the system and the assessment of the business areas level of maturity within that data strategy.
Data Standards: No. T-3	This deliverable develops and establishes the Data Standards as per MITA 3.0 Part II Information Architecture – Chapter 5 Data Standards. The Data Standards are the product of discovery, stakeholder input, strategic analysis, program strategy and direction about techniques and priorities to support overall improvement of FX transformation program outcomes.
Technical Management Strategy: No. T-4	This deliverable develops and establishes the Technical Management Strategy that aligns with the approach defined in the MITA 3.0 Part III Technical Architecture - Chapter 2 Technical Management Strategy. The Technical Management Strategy is the product of discovery, stakeholder input, strategic analysis, program strategy and direction about techniques and priorities to support overall improvement of FX transformation program outcomes.

Organization, Strategic, Programmatic, and Technical Domains	
Deliverable	Description
Technical Architecture Documentation: No. T-5	This deliverable document establishes the framework for the Business Services, Technical Services, Application Architecture, and Technical Capability Matrix (TCM) for the enterprise per the MITA 3.0 standards.
Technology Standards: No. T-6	This deliverable document establishes the Technology Standards Reference Model (TSRM) and the Technology Standards Reference Guide (TSRG) for the enterprise per MITA 3.0 standards.
Design and Implementation Management Standards: No. T-7	This deliverable establishes guidance and management procedures to establish a uniform, enterprise approach based on industry standards for Requirements Development, Design, Development and Integration, Testing, and Implementation activities.
Enterprise Data Security Plan: No. T-8	This deliverable provides the iterative documentation through the implementation of the modularized solution. The primary purpose is to serve as the guiding principles of the enterprise data security for the systems and vendors that are involved in the procurement, implementation, and operation of the FX transformation program.

VIII. Appendices

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

Appendix A Cost Benefit Analysis

Appendix B Project Risk Assessment

Attachment A Enterprise Systems Strategic Plan

Attachment B Enterprise Governance Plan

Attachment C Strategic Project Portfolio Management Plan

Attachment D MITA Concept of Operations

Attachment E Florida MES Procurement Strategy version 3, November 17, 2016

Attachment F MITA SS-A Report Update 2018

Attachment G SEAS Management Plan

Attachment H DXC Staffing

Attachment I System Performance Report Card

CBAForm 1 - Net Tangible Benefits

Agency	AHCA	Project	FX
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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 2019-20			FY 2020-21			FY 2021-22			FY 2022-23			FY 2023-24		
	(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	\$0	\$0	\$0
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	0.00	0.00	0.00
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	\$0	\$0	\$0
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	0.00	0.00	0.00
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	\$0	\$0	\$0
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	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	\$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 <i>Specify</i>	\$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	\$53,940,962	\$0	\$53,940,962	\$48,968,414	\$0	\$48,968,414	\$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	\$52,342,616	\$0	\$52,342,616	\$52,342,616	\$0	\$52,342,616	\$49,725,486	\$0	\$49,725,486	\$44,752,938	\$0	\$44,752,938	\$0	\$0	\$0
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	\$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>pass through printing and postage</i>	\$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	\$0	\$0	\$0
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	\$0	\$0	\$0
E. Other Costs	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$0	\$0	\$0
E-1. Training	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$0	\$0	\$0
E-2. Travel	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$0	\$0	\$0
E-3. Other <i>Performance Bond</i>	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$0	\$0	\$0
Total of Recurring Operational Costs	\$63,894,803	\$0	\$63,894,803	\$63,894,803	\$0	\$63,894,803	\$61,277,673	\$0	\$61,277,673	\$56,305,125	\$0	\$56,305,125	\$0	\$0	\$0
F. Additional Tangible Benefits:		\$0			\$74,689,524			\$124,795,572			\$175,648,514			\$169,598,663	
F-1. <i>Reduction of Claim Administrative Burden</i>					\$74,689,524			\$67,220,572			\$60,498,514			\$54,448,663	
F-2. <i>Enhanced Program Integrity</i>								\$57,575,000			\$115,150,000			\$115,150,000	
F-3.															
Total Net Tangible Benefits:		\$0			\$74,689,524			\$124,795,572			\$175,648,514			\$169,598,663	

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

1	AHCA	FX	CBA Form 2A Baseline Project Budget	FY2019-20	FY2020-21	FY2021-22	FY2022-23	TOTAL													
2	Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.																				
3			\$ 21,544,339	\$ 63,126,394	\$ 94,065,493	\$ 68,473,044	\$ 57,067,137	\$ 50,743,212	\$ 355,019,618												
4	Item Description (remove guidelines and annotate entries here)	Project Cost Element	Appropriation Category	Current & Previous Years Actual 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 LBR2	YR 5 Base Budget3	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	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	0.00	\$ -	\$ -	\$ -	\$ -
9	Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	Project Oversight: IV&V	Contracted Services	\$ 3,435,380	0.00	\$ 9,006,394	\$ -	0.00	\$ 11,257,993	\$ -	0.00	\$ 9,569,294	\$ -	0.00	\$ 8,133,900	\$ -		\$ 6,913,815	\$ -	\$ -	\$ 48,316,774
10	Staffing costs for all professional services not included in other categories.	Consultants/Contractors: SEAS Vendor	Contracted Services	\$ 16,533,959	0.00	\$ 15,500,000	\$ -	0.00	\$ 19,375,000	\$ -	0.00	\$ 16,468,750	\$ -	0.00	\$ 13,998,438	\$ -		\$ 11,898,672	\$ -	\$ -	\$ 93,774,818
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: IS/IP (formerly Systems Integrator and Enterprise Service Bus)	Contracted Services	\$ -	\$ 11,440,000	\$ -	\$ -	\$ 7,000,000	\$ -	\$ -	\$ 5,000,000	\$ -	\$ -	\$ 5,000,000	\$ -	\$ -	\$ -	\$ 5,000,000	\$ -	\$ -	\$ 33,440,000
15	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables: Enterprise Data Warehouse	Contracted Services	\$ -	\$ 18,330,000	\$ -	\$ -	\$ 22,912,500	\$ -	\$ -	\$ 10,500,000	\$ -	\$ -	\$ 10,500,000	\$ -	\$ -	\$ -	\$ 10,500,000	\$ -	\$ -	\$ 72,742,500
16	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables: Provider Experience	Contracted Services	\$ -	\$ 4,000,000	\$ -	\$ -	\$ 6,000,000	\$ -	\$ -	\$ 4,500,000	\$ -	\$ -	\$ 3,375,000	\$ -	\$ -	\$ -	\$ 2,531,250	\$ -	\$ -	\$ 20,406,250
17	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables: Recipient Experience	Contracted Services	\$ -	\$ 100,000	\$ -	\$ -	\$ 7,200,000	\$ -	\$ -	\$ 5,400,000	\$ -	\$ -	\$ 3,037,000	\$ -	\$ -	\$ -	\$ 2,277,750	\$ -	\$ -	\$ 18,014,750
18	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables: FMMIS Support - Integration	Contracted Services	\$ 1,325,000	\$ 3,000,000	\$ -	\$ -	\$ 3,300,000	\$ -	\$ -	\$ 3,630,000	\$ -	\$ -	\$ 3,993,000	\$ -	\$ -	\$ -	\$ 4,392,300	\$ -	\$ -	\$ 19,640,300
19	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables: FMMIS Support - Modular Communication Hub	Contracted Services	\$ -	\$ 1,500,000	\$ -	\$ -	\$ 1,650,000	\$ -	\$ -	\$ 1,815,000	\$ -	\$ -	\$ 1,996,500	\$ -	\$ -	\$ -	\$ 2,196,150	\$ -	\$ -	\$ 9,157,650
20	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables: Program Integrity	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ 4,320,000	\$ -	\$ -	\$ 3,240,000	\$ -	\$ -	\$ 2,025,000	\$ -	\$ -	\$ -	\$ 1,366,650	\$ -	\$ -	\$ 10,951,650
21	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables: Finance and Analytics	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ 6,480,000	\$ -	\$ -	\$ 4,860,000	\$ -	\$ -	\$ 2,733,300	\$ -	\$ -	\$ -	\$ 2,049,975	\$ -	\$ -	\$ 16,123,275
22	Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Project Deliverables: MES MC Transition & VBC	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ 4,320,000	\$ -	\$ -	\$ 3,240,000	\$ -	\$ -	\$ 2,025,000	\$ -	\$ -	\$ -	\$ 1,366,650	\$ -	\$ -	\$ 10,951,650
23	All first-time training costs associated with the project.	Training	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
24	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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
25	Other contracted services not included in other categories.	Other Services: Legal	Contracted Services	\$ 250,000	\$ 250,000	\$ -	\$ -	\$ 250,000	\$ -	\$ -	\$ 250,000	\$ -	\$ -	\$ 250,000	\$ -	\$ -	\$ -	\$ 250,000	\$ -	\$ -	\$ 1,500,000
26	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	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
27	Include costs associated with leasing space for project personnel.	Leased Space	Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
28	Other project expenses not included in other categories.	Other Expenses	Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
29	Total			\$ 21,544,339	0.00	\$ 63,126,394	\$ -	0.00	\$ 94,065,493	\$ -	0.00	\$ 68,473,044	\$ -	0.00	\$ 57,067,137	\$ -		\$ 50,743,212	\$ -	\$ -	\$ 355,019,618

CBAForm 2 - Project Cost Analysis

Agency	<u>AHCA</u>	Project	<u>FX</u>
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PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	
TOTAL PROJECT COSTS (*)	\$63,126,394	\$94,065,493	\$68,473,044	\$57,067,137	\$50,743,212	\$355,019,618
CUMULATIVE PROJECT COSTS <i>(includes Current & Previous Years' Project-Related Costs)</i>	\$84,670,733	\$178,736,226	\$247,209,269	\$304,276,406	\$355,019,618	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	
General Revenue	\$0	\$0	\$0	\$0	\$0	\$0
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0
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	\$0	\$0	\$0	\$0	\$0	\$0
CUMULATIVE INVESTMENT	\$0	\$0	\$0	\$0	\$0	\$0

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>FX</u>
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COST BENEFIT ANALYSIS -- CBAForm 3A						
	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	TOTAL FOR ALL YEARS
Project Cost	\$63,126,394	\$94,065,493	\$68,473,044	\$57,067,137	\$50,743,212	\$355,019,618
Net Tangible Benefits	\$0	\$74,689,524	\$124,795,572	\$175,648,514	\$169,598,663	\$544,732,273
Return on Investment	(\$84,670,733)	(\$19,375,969)	\$56,322,528	\$118,581,377	\$118,855,451	\$189,712,655
Year to Year Change in Program Staffing	0	0	0	0	0	

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	3 2/5	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	2022-23	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	\$143,536,632	NPV is the present-day value of the project's benefits less costs over the project's lifecycle.
Internal Rate of Return (IRR)	42.13%	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	FY 2019-20	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%

	B	C	D	E	F	G	H
3	Project		<i>Florida Health Care Connections (FX) Transformation</i>				
4							
5	Agency		<i>Agency for Health Care Administration</i>				
6	FY 2019-20 LBR Issue Code:			FY 2019-20 LBR Issue Title:			
7	<i>Issue Code</i>			<i>FMMIS / Florida Health Care Connections</i>			
8	Risk Assessment Contact Info (Name, Phone #, and E-mail Address):						
9	<i>Angela Ramsey, 412-3440, Angela_Ramsey@ahca.myflorida.com</i>						
10	Executive Sponsor		<i>Gay Munyon</i>				
11	Project Manager		<i>Angela Ramsey</i>				
12	Prepared By		<i>Angela Ramsey</i>			<i>9/27/2018</i>	
14	Risk Assessment Summary						
15							
16	Business Strategy	Level of Project Risk					
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
32							
34	Project Risk Area Breakdown						
35	Risk Assessment Areas						<i>Risk Exposure</i>
36	Strategic Assessment						MEDIUM
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: Florida Health Care Connections (FX) Transformation	
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 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	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	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	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: Florida Health Care Connections (FX) Transformation	
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: Florida Health Care Connections (FX) Transformation	
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	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	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)	Moderate 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: Florida Health Care Connections (FX) Transformation	
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 and software purchases has not yet been determined
45			Purchase all hardware 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 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	Some selection criteria and 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: Florida Health Care Connections (FX) Transformation	
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	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: Florida Health Care Connections (FX) Transformation	
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), critical milestones, and resources?	Yes	No
35			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: Florida Health Care Connections (FX) Transformation	
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	More than 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	No
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	Lesser 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	Lesser 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: 2019-20 FY

Department: Agency for Health Care Administration
 Budget Entity: Inspector General/Internal Audit

Chief Internal Auditor: Pilar Zaki
 Phone Number: (850) 412-3986

(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 2017-18

AG 2018-002	July 2014 - Feb 2016	Statewide Medicaid Managed Care Program and Prior Audit Follow-up	Finding #1	Management Response	
AG 15-16 Operational Audit - AHCA			<p>Statewide Medicaid Managed Care Program. Monitoring of MCOs. The Agency's monitoring of managed care organizations (MCOs) did not adequately encompass certain key contract provisions. In addition, the Agency had not established sufficient procedures to fully assess the accuracy or completeness of MCO reports used as the basis for certain monitoring conclusions.</p> <p>Recommendation</p> <p>We recommend that Agency management ensure that MCO monitoring activities are adequately designed to assess compliance with all key contract provisions. We also recommend that Agency management enhance monitoring procedures to fully assess the accuracy and completeness of MCO reports used as the basis for certain monitoring conclusions.</p>	<p>Management Response (HQA/MPI)</p> <p>The Agency does not dispute that the annual monitoring of the health plans may not include case-by-case review of fraud and abuse investigations. However, the Agency believes that the review of whether a health plan is "appropriately" detecting and then investigating fraud and abuse is not necessarily a topic for all health plans' annual monitoring. Whether a health plan has appropriately investigated a matter would necessarily also include an assessment of the health plan's detection efforts (to determine whether the health plan is appropriately identifying investigative subjects) as well as the conduct of an investigation of the same subject to assess errors in the health plan's investigation.</p> <p>The Agency agrees that it is imperative that the health plans appropriately conduct investigations, and is poised to review this matter, whether through an annual program integrity monitoring or another engagement by either MPI or Internal Audit (which anticipates having two positions dedicated to managed care oversight activities). In addition, the current definition in Florida Statutes (see section 409.901(17), F.S.) may require amendment to ensure that, for purposes of Medicaid oversight, a "provider" also includes any person or entity participating in the Medicaid program by way of any other agreement with the agency or a Medicaid managed care plan.</p> <p>Finally, MPI does assess, on an ongoing basis, the timeliness and quality of the initiation of the health plan investigations. Improving the timeliness and quality of the health plans' reports to MPI about suspected fraud and abuse was an integral first step in the process to increase the effectiveness of MCO Fraud Investigative Units. Additionally, starting last fiscal year, the Annual Fraud Abuse Activity Report (AFAAR) was amended to require more comprehensive information, which better affords a quality assurance review to verify the annual summary of fraud and abuse related activities within the health plans meet industry standards. MPI also engages in (and upon filling the two positions in Internal Audit, Internal Audit will engage in) a variety of program integrity-related projects to review health plan compliance.</p> <p>Management Response (Medicaid)</p> <p>The Agency is considering additional opportunities for validation by sampling report information during MCO onsite visits, as well as automated methods by which to validate MCO reporting.</p> <p>Fully Corrected. The Agency continues to explore opportunities for validating the accuracy and/or completeness of MCO reports used as the basis for certain monitoring conclusions.</p>	
			<p>Finding #2</p> <p>Statewide Medicaid Managed Care Program. Compliance Actions. Agency records did not always demonstrate the basis for the amount of liquidated damages imposed against MCOs or that the Agency obtained the information necessary to appropriately determine liquidated damages. Additionally, liquidated damage payments were not always accurately recorded in Agency accounting records.</p> <p>Recommendation</p> <p>We recommend that Agency management enhance procedures to ensure that Agency records demonstrate that liquidated damages are appropriately imposed against MCOs and that the related payments are appropriately recorded in FLAIR.</p>	<p>Management Response (Medicaid)</p> <p>Fully Corrected. As part of ongoing process improvement, the Agency has improved compliance action documentation, including the addition of compliance action summaries.</p>	
			<p>Finding #3</p> <p>Selected Administrative Activities. Collection of Social Security Numbers. As similarly noted in our report No. 2015-011, the Agency had not established policies and procedures to review Agency social security number (SSN) collection activities or conducted periodic reviews of Agency SSN collection activities. Additionally, Agency forms did not always include the appropriate statutory authority for collecting individuals' SSNs.</p>	<p>Management Response (Financial Services)</p> <p>Fully Corrected. In response to the finding that relates to the accurate recording of liquidated damage payments in the Agency accounting records, the Bureau of Financial Services (BFS) has worked collaboratively with the Division of Health Quality Assurance (HQA) to make process changes and improvements. Sanctions and liquidated damage are now being batched and coded by HQA staff. In addition, liquidated damages and sanctions are being recorded in the Agency's accounting records using specific object codes for that revenue type. The Agency is now able to record these revenue types in its accounts receivable system for tracking rather than using an Excel spreadsheet.</p>	

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			<p>Recommendation</p> <p>We recommend that Agency management establish written policies and procedures regarding the review of Agency SSN collection activities and conduct periodic reviews of such activities. We also recommend that Agency management strengthen controls to ensure that all Agency forms requesting individuals' SSNs include the appropriate statutory authority for collecting the SSN and are supported by appropriately completed Requests.</p> <p>Finding #4 Selected Administrative Activities. FLAIR Access Controls. Agency controls over employee access to the Florida Accounting Information Resource Subsystem (FLAIR) continue to need improvement to help prevent and detect any improper or unauthorized use of FLAIR access privileges.</p> <p>Recommendation</p> <p>We recommend that Agency management ensure that:</p> <ul style="list-style-type: none"> • Periodic reviews of FLAIR access privileges are appropriately conducted to aid in the identification and resolution of any instances where excess or incompatible FLAIR user access privileges have been granted. • Agency records demonstrate the request for and approval of all employee FLAIR access privileges. • Compensating controls, such as supervisory review of applicable transactions, are established to minimize the risks associated with user accounts with update capabilities to incompatible functions in FLAIR. <p>Finding #5 Selected Administrative Activities. Health Care Provider Background Screenings. As similarly noted in our report No. 2014-057, Agency procedures did not adequately ensure that current background screenings were maintained for health care facility providers during the facility's licensure period.</p> <p>Recommendation</p> <p>We recommend that Agency management enhance Agency procedures to require verification that health care facility provider background screenings remain current throughout the licensure period. We also recommend that Agency management enhance Clearinghouse controls to give advance notice to the Agency and health care facilities when an updated health care provider background screening is required.</p>	<p>Management Response (Support Services) Fully Corrected. The Agency will update its Forms Management Policy and Procedure (Number 4016) to include an annual Social Security Number Use Assessment. The assessment will include a review of all forms contained in the Agency's Forms Database that require collection of the Social Security Number. If a form requires the collection of the Social Security Number, the Agency Forms Administrator in the Bureau of Support Services will contact the applicable Forms Coordinator within the Agency that utilizes the form to determine if the Social Security Number is still required on the form. If the form no longer requires the collection of the Social Security Number, the form will be updated according to the Agency Forms Management Policy and Procedure.</p> <p>Support Services has requested that Form Number Request Forms be submitted for AHCA Form 3180-1036 and AHCA Form 3110-0019.</p> <p>Management Response (HQA/HFR) Fully Corrected. The Bureau of Health Facility Regulation has made a technical correction to the AHCA Form 3180-1036, June 2016 (Adult Day Care Center Operator Identification Statement), which requires the collection of social security numbers to reference the correct statute, which provides the authority to collect this information. This form is used by adult day care centers to report changes in the center operator. In addition, facilities now have the ability to make this type of change utilizing the Agency's Online Licensing system and the Agency is moving toward requiring changes during the licensure period to be submitted through the online licensing system, which will eliminate this form altogether.</p> <p>Management Response (HQA/BCS) In addition, the Bureau of Central Services is initiating the rulemaking process to add the following statement that includes the authority to collect social security numbers on the Background Screening Unit's Exemption Application Form-AHCA form, #3110-0019: Section 119.071, Florida Statutes, governs the collection of social security numbers by state agencies. The social security information requested on this form is being collected for the purpose of securing proper identification of persons listed on this application. The collection of this information is imperative for the performance of the Agency's duties and responsibilities as prescribed by law and is authorized under Section 119.071, Florida Statutes.</p> <p>The rule package to implement the change identified in management's last response was emailed to the Joint Administrative Procedures Committee (JAPC) on December 11, 2017 and mailed on December 12, 2017.</p> <p>Management Response (Financial Services) Fully Corrected. The Bureau of Financial Services (BFS) strives continuously to improve the prevention and detection of improper or unauthorized use of FLAIR access. After the implementation of the updated FLAIR Access Control policy and Access Reviews in 2014, there is evidence that improvements have been made in relation to previous audit findings. For example:</p> <ul style="list-style-type: none"> • 2013 audit findings reported 21 employees with incompatible Cash Receipts and Disbursements duties, whereas, in 2015 only two employees were reported; and • 2013 audit findings reported 16 employees with incompatible Disbursements and Vendor duties, whereas, in 2015 only one employee was reported. <p>Therefore, the Bureau will continue to make improvements by ensuring that periodic reviews of FLAIR access are completed, maintaining FLAIR records in order to demonstrate the completion of FLAIR requests, and implementing supervisory reviews of applicable transactions to prevent the risks associated with user accounts with update capabilities to incompatible functions in FLAIR.</p> <p>Management Response (HQA/BCS) Every person on file in the Clearinghouse has a status associated with them, a person whose prints have expired would have a status of "new screening required". The Agency has implemented processes to review employee rosters for compliance. These reviews are done at the time of application (renewal, initial, change of ownership and certain change applications) and they are also reviewed as part of our rap back process. The licensure staff would be looking at the roster for employees who have a status of "not eligible" or "new screening required". New screening required is the status that would be associated with someone whose prints have expired.</p>	

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			<p>Finding #6 Selected Administrative Activities. Service Organization Controls. The Agency did not make or obtain an independent and periodic assessment of the effectiveness of relevant service organization controls for the VERSA Regulation system.</p> <p>Recommendation Because of the critical nature of VERSA Regulation system data, we recommend that Agency management make or obtain an independent and periodic assessment of the service organization's relevant internal controls.</p> <p>Finding #7 Selected Administrative Activities. Tangible Personal Property Controls. Agency tangible personal property controls continue to need enhancement to ensure proper accountability for and safeguarding of State-owned property.</p> <p>Recommendation We recommend that Agency management ensure that complete physical inventories of tangible personal property are timely performed, the inventory results are appropriately reconciled to Agency property records, and Agency property records are properly updated in accordance with DFS rules and Agency procedures</p> <p>Finding #8 Selected Administrative Activities. Tangible Personal Property Records. As similarly noted in prior audit reports, most recently in our report No. 2014-001, the Agency did not always timely or accurately record tangible personal property acquisitions in Agency property records.</p>	<p>In the rap back process, we actively search for and enforce compliance related to employees on rosters who have a status of "not eligible". The system is currently designed that the employer would be notified if a status changed to "not eligible" or "new screening required". In addition, during licensure inspection, Agency staff review a sample of employee records and assure staff are clear and on file in the Clearinghouse. These activities have been put in place to help the Agency ensure that employees have valid screenings.</p> <p>When the Clearinghouse prints begin to expire starting in 2018 the rap back processes will be modified to include follow-up on employees with expired prints (new screening required). We believe our current processes have mitigated the risk that employees are working at facilities when they should not be and that this final step of actively enforcing "new screening required" as we currently do with "not eligible" will result in a comprehensive Agency effort that fully addresses the audit issue identified.</p> <p>The ability to renew retained prints went live in November with the first set of retained prints scheduled to expire in January. This new function included email notifications to providers at 50, 45 and 21 days prior to employees' fingerprint expiration dates. We are currently testing reports to capture "new screening required" status and will begin including that status in our "not eligible with employment history" process. In this process, the provider will be notified of the issue and that action needs to be taken. If action is not taken the Agency will initiate sanctions against the provider up to and including license revocation if the matter is not resolved.</p> <p>In short, this process is designed to review background screening status weekly and take action against providers who have employees on their roster in a status that is something other than eligible.</p> <p>Management Response (Support Services) The Division of IT believes adding the Service Organization Control (SOC) reporting platform language in the contract put forth by the American Institute of CPAs (AICPA) for inclusion in our Agency contract template language should resolve the issue.</p> <p>The SOC language was provided to the Agency procurement office from the Division of IT in May, 2017. SOC language was included in AHCA ITN 004-16/17 – Electronic Visit Verification and the Statewide Medicaid Managed Care procurements (AHCA ITN 001-17/18 through AHCA ITN 011-17/18). The procurement office will continue to refine the SOC requirement for solicitations and the Agency standard contract. The procurement office will continue to work with the Division of IT to ensure the SOC requirement is included in future solicitations as required.</p> <p>The procurement office is currently working on a revision to its standard contract and solicitation template. The anticipated completion date is March 31, 2018.</p> <p>Management Response (Support Services) Fully Corrected. The Agency will modify the existing Property Management Policy to include a requirement that all business units return their physical inventories within 90 calendar days of receipt. Exceptions to the 90-day deadline must be approved in advance by the General Services Director in the Bureau of Support Services.</p> <p>The Property Administration Office will institute a double verification process in which two employees from the Facilities Unit in the Bureau of Support Services will sign off on each physical inventory sheet. The verification process will be completed within 30 calendar days of receipt of the completed inventory sheets. Each review will compare the completed inventories with the original inventory sheets that were sent. Each review will also ensure that the condition has been updated on the physical inventory sheets. All physical conditions will be updated in FLAIR as needed.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation</p> <p>We again recommend that Agency management enhance tangible personal property controls to ensure that Agency property records are timely updated for tangible personal property acquisitions and accurately maintained in accordance with DFS rules. Such tangible personal property control enhancements should include a specified time frame for recording tangible personal property acquisitions to Agency property records, guidance addressing the recording of property items at the correct cost, and training requirements for personnel responsible for property management.</p>	<p>Management Response (Support Services)</p> <p>Fully Corrected. The Agency will modify the existing Property Management Policy to include a requirement that all business units return their physical inventories within 90 calendar days of receipt. Exceptions to the 90-day deadline must be approved in advance by the General Services Director in the Bureau of Support Services.</p> <p>The Property Administration Office will institute a double verification process in which two employees from the Facilities Unit in the Bureau of Support Services will sign off on each physical inventory sheet. The verification process will be completed within 30 calendar days of receipt of the completed inventory sheets. Each review will compare the completed inventories with the original inventory sheets that were sent. Each review will also ensure that the condition has been updated on the physical inventory sheets. All physical conditions will be updated in FLAIR as needed.</p> <p>Management Response (Financial Services)</p> <p>The Bureau of Financial Services (BFS) will work closely with the Support Services' Property Administration Office to ensure that the Bureau's procedures for tagging property is updated to reflect that the acquisition cost must be correlated with each assigned property tag prior to tagging the item and recording the cost of the property in FLAIR. This will prevent user errors and ensure that cost is accurately reflected in the Agency's property records.</p>	
AG 2018-172	7/1/15 - 2/28/17	AHCA Collection and Use of Medicaid Managed Care Encounter Data and Selected Administrative Activities	<p>Finding #1</p>	<p>Management Response</p>	
AG 16-17 Operational Audit - AHCA			<p>Collection and Use of Medicaid Managed Care Encounter Data. Use of Medicaid Managed Care Encounter Data. The Agency could not demonstrate that it forwarded to managed care organizations for investigation any leads or referrals related to possible acts of fraud, abuse, or overpayment based on analysis of Medicaid managed care encounter data.</p> <p>Recommendation</p> <p>We recommend that Agency management ensure that the MPI utilizes Medicaid managed care encounter data to identify leads related to possible acts of fraud, abuse, or overpayment in the Medicaid program, and that the MPI documents timely communication of those leads to the MCOs.</p> <p>Finding #2</p> <p>Collection and Use of Medicaid Managed Care Encounter Data. Medicaid Data Analytics Contract. The Agency's contract for advance data analytics services to identify Medicaid fraud, abuse, and overpayments did not result in realized cost recoveries and the Agency and vendor did not take timely and adequate steps to utilize Medicaid managed care encounter data in the vendor's data analytics. In addition, Agency records did not include sufficient documentation, such as cost-benefit analyses, to support continued contract renewals.</p> <p>Recommendation</p> <p>We recommend that, prior to renewal, Agency management document consideration of the cost effectiveness of applicable contracts. We also recommend that, prior to contracting for similar services in the future, Agency management establish and clearly identify vendor performance benchmarks.</p> <p>Finding #3</p> <p>Selected Administrative Activities. Accounting and Budgeting Policies and Procedures and Staff Training. As similarly noted in our report No. 2015-045, the Bureau of Financial Services (BFS) had not established sufficiently comprehensive policies and procedures or developed a BFS-specific training program to ensure staff were provided appropriate training related to the Agency's complex accounting and budgeting tasks.</p> <p>Recommendation</p> <p>We recommend that BFS management continue updating policies and procedures to ensure that BFS responsibilities and unique operations are sufficiently addressed. The updated policies and procedures should promote compliance with applicable laws, rules, regulations, and accounting standards, and provide sufficient guidance to staff to ensure consistency in the event of staff turnover. In addition, we again recommend that BFS management develop a staff training program that is specifically tailored to address the complexity of the Agency's financial operations, maintain appropriate documentation to demonstrate BFS staff attendance at training activities, and revise BFS position descriptions to specify the relevant education and experience needed to perform the Agency's complex accounting and budgeting tasks.</p>	<p>Management Response (HQA/MPI)</p> <p>As explained during the audit, MPI does not typically distinguish encounter claims and fee-for-service claims for detection purposes. Encounter data is used at varying stages of project planning for determining which providers may warrant a deeper review. MPI will continue to make referrals to the Medicaid health plans, and will continue to review and improve processes for documenting and tracking the timely communication of referrals.</p> <p>Management Response (HQA/MPI)</p> <p>The Agency agrees with the recommendation. The Agency agrees that procurements should require vendors to meet or exceed performance expectations to warrant payment. Throughout the contract with the data analytics vendor, the Agency refined the contract terms to improve the deliverables within the requirements of the state procurement laws.</p> <p>Management Response (BFS)</p> <p>Policies and Procedures</p> <p>BFS will continue to work diligently to enhance existing policies and procedures to ensure that they are comprehensive and sufficiently address our unique and complex responsibilities.</p> <p>BFS is in the beginning stages of developing a manual to serve as an additional tool that can be used to address the complexity of its operation as well as identify and catalogue all applicable laws, rules, regulations, standards, and guidance that govern the work performed by BFS. There will be sections specifically for new employees to introduce them to BFS.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding #4 Selected Administrative Activities. Accounting Transactions. BFS controls continue to need enhancement to ensure that accounting transactions are properly approved and timely and accurately recorded in Agency financial records.</p> <p>Recommendation</p> <p>We again recommend that BFS management ensure that sufficient documentation is maintained to support the timeliness and approval of all Agency accounting transactions. We also recommend that BFS management take appropriate actions to improve the accuracy and timeliness of FLAIR accounting transactions.</p>	<p>In addition, BFS invested in an independent information technology consultant to automate many of its accounting and budgetary processes. This effort, in conjunction with the written documentation, will help ensure compliance, promote consistency, and mitigate loss of knowledge due to staffing changes. The project to automate our processes was initiated during fiscal year 2014-15 and is expected to continue through fiscal year 2020-21. Through the use of the consultant, BFS has documented many of its processes within its comprehensive system called Enterprise. The vendor is also responsible for providing training on each module as it is implemented.</p> <p>Staff Training BFS has an unofficial training plan. BFS management developed a SMART goal in fiscal year 2016-17 to address staff training. To obtain the highest rating of 5, staff must participate in quarterly training as well as engage in some type of cross training. Based upon performance, the supervisor can require staff to attend a specific training to improve performance and knowledge.</p> <p>In addition, BFS provides routine guidance and training to staff through one-on-one meetings, workgroups, and staff meetings. Staff also attend meetings and workshops hosted by the Department of Financial Services (DFS) and the Executive Office of the Governor (EOG) to prepare for year-end activities as well as other ad hoc meetings to address specific or immediate needs.</p> <p>However, there are limitations in attending the DFS events. Some of them are: only two employees from each agency can participate, conferencing in to the meetings is not always an option and when it is, the conversation is difficult to hear due to background noises. Because of these limitations, BFS has to employ the train-the-trainer model.</p> <p>Furthermore, it is not DFS' practice to provide certificate or proof of attendance for events they host. BFS will, however, work to improve documentation of staff attendance for internal meetings and workshops and will continue to look for training opportunities for all level staff.</p> <p>Position Descriptions The adoption of a broadband classification system by the State eliminated minimum qualifications including education and experience requirements. Therefore, unless statutes explicitly require educational requirements, BFS cannot make education a qualifying condition of employment.</p> <p>There are no educational requirements explicitly stated in statutes for any of the positions in BFS. However, each position has minimum qualifications that are based upon the occupation profile. The minimum qualifications, in accordance with Agency policy, are included in all advertisements along with the duties and responsibilities of that position. During the interview process, BFS is proactive by providing the candidate with a true depiction of the job's complexity and describing the needed skill sets to be successful. Work samples are based upon real Agency scenarios to give the candidate a true impression of the duties.</p> <p>Because the position description serves as the official record of the duties and responsibilities assigned to a position and used to officially classify a position, BFS after speaking with the Agency's Human Resource Classification Manager believes that the position descriptions are adequate as written because there are no education and experience requirements. However, BFS will work with the Agency's Human Resource Classification Manager to add the minimum qualifications to the position descriptions. Section 9 of the position descriptions will be updated to reflect job-related requirements based upon the occupation profile.</p> <p>Management Response (BFS) To ensure that payments are processed timely, BFS has implemented an invoice-tracking log to ensure the timely processing of invoices. In addition, BFS implemented the use of a MyFloridaMarketplace (MFMP) Secure Report entitled "Invoice Reconciliation (IR) Last Approver." This report is sorted by the IR submit date (oldest from newest) to ensure that IRs are processed on a First In/First Out (FIFO) basis. Staff also uses this report to track pending IRs that may have pending issues that are preventing payments to ensure they are processed timely.</p> <p>Since the implementation of these processes, BFS has obtained 100 percent compliance rate with zero invoices exceeding twenty days; ranking the Agency at number one out of thirty-two reporting agencies. With the timely processing of invoices, BFS has reduced the payment of interest to vendors to zero.</p> <p>BFS will continue to monitor this process to ensure that best practices are being implemented. BFS is also working with an independent consultant to determine the feasibility of creating an automate Invoice Management system and incorporating it into the existing Enterprise system which is currently used by BFS for its day-to-day operations.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding #5 Selected Administrative Activities. Purchasing Card Controls. The Agency did not always timely cancel purchasing cards upon a cardholder's separation from Agency employment.</p> <p>Recommendation</p> <p>We recommend that Agency management ensure that purchasing cards are promptly canceled upon a cardholder's separation from Agency employment.</p> <p>Finding #6 Selected Administrative Activities. IT Access Privilege Controls. Information technology user access controls for the Florida Medicaid Management Information System, VERSA Regulation system, and Care Provider Background Screening Clearinghouse need improvement to ensure that periodic reviews of user access privileges are performed, user access privileges are appropriate, and Agency records demonstrate that access privileges are timely deactivated when access is no longer needed.</p> <p>Recommendation</p> <p>We recommend that Agency management ensure that periodic reviews of FMMIS, VERSA Regulation system, and Clearinghouse user access privileges are performed. We also recommend that Agency management ensure and Agency records demonstrate that FMMIS, VERSA Regulation system, and Clearinghouse user access privileges are timely deactivated upon a user's separation from Agency employment or when the user no longer requires access privileges.</p>	<p>Management Response (BFS) In cancelling purchasing cards (PCards), the Bureau of Financial Services (BFS) relies on the Bureau of Human Resources' system called Transfer Promotion Separation (TPS). This system provides notification that a cardholder has separated from the Agency. This is currently being updated and will later be known as CRM (Customer Response Management) TPS system. To timely cancel the PCard upon a cardholder's separation from Agency employment, BFS has implemented the following process:</p> <ul style="list-style-type: none"> • The PCard Administration's inbox (PCardAdmin@ahca.myflorida.com), a multi-user email account, will be used to assist with daily monitoring of emails received. • The new CRM TPS system will email the PCard Administration's inbox for any separation, internal move, or cancellation. • A shared calendar specifically for tracking separation notifications has been created by the PCard Administrator (PCA). • A tickler has been set for each separation on this shared calendar. The PCard Administration's inbox will receive an alert one day before the employee's separation from the Agency. This will remind the PCA and the back-up PCA to deactivate the cardholder's account in the PCard module in FLAIR. • The PCA and the back-up PCA will be required to coordinate their leave requests to ensure timely deactivation of accounts. • The back-up PCA will be responsible for performing the duties associated with the primary PCA position during an absence or vacancy. • A PCard manual that covers the common processes included in the PCA's duties will be available as a reference for the back-up PCA. <p>BFS will continue to monitor this process to ensure that best practices are being implemented.</p> <p>Management Response (IT) The Agency updated the authentication policy (P&P 5002) to include addressing the review of access privileges in August 2017.</p> <p>A new Cherwell Help Desk ticketing system was implemented in May of 2017 which allows tracking for the authorization of users allowed by the business units to access Agency applications. When this audit took place, an older Microsoft Sharepoint application was used by the Division of IT Help Desk. The new Cherwell system offers robust workflows and tracking abilities.</p> <p>Management Response (Medicaid) The Agency is implementing additional security procedures to ensure that Florida Medicaid Management Information System (FMMIS) user access privileges are timely deactivated upon separation of employment from the Agency. In addition, the Agency is implementing a periodic review process of FMMIS access privileges to validate that FMMIS users maintain only the minimum necessary access privileges needed to perform their job functions. The two additional security review processes will be in place by June 30, 2018.</p>	
AG 2018-189	FY 2016-17	State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards	Finding #2017-001	Management Response	
AG 16-17 Federal Awards and Financial Audit			<p>The FAHCA understated Receivables, net; Unavailable revenue; and Grants and donations due to an error in the preparation of year-end accrual entries.</p> <p>Recommendation</p> <p>We recommend that the Bureau perform a supervisory review of fiscal year-end receivables balance calculations to ensure the accuracy of year-end accrual entries.</p>	<p>Management Response (FS) In preparation of the Agency's due from the Federal Government receivable, it is the Bureau's process to include all applicable transactions in the spreadsheet to ensure that the data is reconciled to the trial balance, which includes capturing the post-closing adjustments. After the data is reconciled, the post-closing adjustments are removed from the workbook to complete the calculation of the receivable. After completing the calculations, the spreadsheet is reviewed by a supervisor to ensure that the fiscal year-end balances will be accurately reflected in the Agency's accounting records.</p>	added fr FS audit AG 2018-189

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding #2017-039 The FAHCA did not adequately ensure that the service organization's internal controls related to the invoicing, collecting, 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, collecting, and reporting of drug rebates are appropriately designed and operating effectively.</p> <p>Finding #2017-041 The FAHCA made payments to ineligible Medicaid Program providers.</p> <p>Recommendation We recommend that the FAHCA take actions to ensure that Medicaid payments are made only to providers with Medicaid Provider Agreements in effect.</p>	<p>In preparation of the Fiscal Year 2016-2017 receivable, the Bureau completed its normal process; however, the post-closing adjustments were inadvertently left in the spreadsheet, which resulted in a reduction of the receivable and other related accounts. To prevent this error in future calculations, the Bureau will ensure that a review checklist is created and additional staff will be trained to complete a secondary level review of the due from the Federal Government receivable process.</p> <p>Management Response (Medicaid) The contract between FAHCA and the service organization has been amended. The amendment requires the service organization to obtain an SSAE-18 Audit Report in fiscal year 2018-19. The SSAE-18 Audit Report would ensure that the service organization's internal controls related to the invoicing, collecting, and reporting of drug rebates are appropriately designed and operating effectively.</p> <p>Management Response (Medicaid) The requirement for an out-of-state provider to have an active Medicaid provider agreement is being addressed as part of the Referring, Ordering, Prescribing and Attending (ROPA) Provider project and the 21st Century Cures Act project. These projects will address the needed changes to the Florida Medicaid Management Information System (FMIS), Decision Support System (DSS), and Pharmacy Benefit Manager (PBM). Both ROPA and Cures should be implemented by the end of 2018.</p> <p>In addition, the Agency implemented a monthly system-generated report in January of 2018 identifying active providers without a current Medicaid provider agreement. The Agency has completed quality analysis of the report data and will initiate the renewal process for the providers identified in the report. The providers will receive notices of renewal in March of 2018 and will have 90 days to comply or be terminated. The Agency will send reminder notices 60 days prior to the deadline and final notices 30 days prior to the deadline.</p>	
AHCA-1415-16-A		Single Sign-On	<i>This report involves information security. Exempt from Public Record. Can be provided upon request.</i>		
AHCA-1516-08-A	December 2015 - April 2016	Cash Room Collection Process	<p>The Cash Room was staffed with only one person several times during the day.</p> <p>Recommendation To help ensure that the Cash Room is maintained by two staff at all times we recommend: 1. Cash Room staff swipe their badges each time they enter the Cash Room, even when entering with another staff member. 2. Installing a printer/copier to replace the printer in the Cash Room, thereby eliminating the need for staff to leave the Cash Room to make copies. 3. Non-Cash Room staff deliver and pick-up batches for posting in the accounts receivable system and other documents. 4. Consider assigning other non-Cash Room staff to back-up the Front Desk as needed, in order to maintain dual control in the Cash Room.</p> <p>Finding #2 Cash Room records were insufficient to properly document the change of custody for checks.</p>	<p>Management Response 1. Completed. The recommendation has been implemented. Cash Room staff are required to swipe their badges each time they enter the Cash Room. When Non-Cash Room staff cover for a Cash Room staff, the Non-Cash Room staff will record their presence in the sign-in log. The Cash Room Supervisor has developed a schedule to ensure appropriate daily coverage. 2. Completed. We are still reviewing options and pricing equipment as well as looking at an outside vendor that could perform the initial receipt of revenue. In the meantime, we have added an additional staff member to the Cash Room to ensure full coverage during the time staff may need to leave the Cash Room to make copies. During the months of May through September, a returning OPS staff member, who is fully trained on the Cash Room's procedures, is available to ensure proper coverage. 3. Completed. The task of delivering and picking up checks and back-up documentation from the accountants who post the checks has been discontinued. The process has been amended to require Non-Cash Room staff to come to the Cash Room to validate revenue batches. In the event checks and backup documentation leave the Cash Room, those items will be tracked through a change of custody process that includes Non-Cash Room staff and Cash Room staff signing for the receipt of checks and back-up documentation as the items leave and return to the Cash Room for further processing. 4. Completed. Financial Services has staffed the front desk with non-cash room staff when needed, cut back on the amount of time that this station needs to be staffed, and have added a returning OPS staff member, who is fully trained, for the months of May through September, while considering options to staff the station with a permanent solution.</p>	

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			<p>Recommendation</p> <p>1. We recommend that each batch be recorded separately on the log. The log should include the change of custody date, revenue type, batch amount, and the name of the individual making the log entry. The log should document when the batches are placed into the safe at closing, removed from the safe at opening, and when batches transfer custody.</p> <p>2. We recommend that the accountant responsible for logging HAR checks personally pick up those batches directly from the Cash Room to show the correct transfer of custody.</p> <p>Finding #3 Bank account numbers of clients and the Agency were not kept in a secured cabinet.</p> <p>Recommendation We recommend the scanned checks and deposit slips continue to be stored in a locked cabinet, which can only be accessed by authorized staff.</p> <p>Finding #4 At times, Financial Services employees were assigned incompatible Cash Room and accounting functions.</p> <p>Recommendation We recommend management only assign staff to perform Cash Room duties that are compatible with their current duties. If staff resources prevent the appropriate segregation of duties, we recommend management implement compensating controls to reduce the risk of errors and/or irregularities.</p> <p>Finding #5 The Cash Room entry log and the Safe Opening and Closing log disclosed discrepancies. In addition, Cash Room staff had unrestricted access to the safe during non-business hours.</p> <p>Recommendation 1. We recommend management limit access to the Cash Room outside of regular business hours for non-managerial staff members. 2. We recommend that entry reports to the Cash Room and safe opening log be reviewed periodically for appropriate dual control for safe opening. In addition, the Cash Room entry report should be reviewed for Cash Room entry after regular business hours and on weekends. Any access outside regular business hours should be pre-approved and documented by management.</p> <p>3. We further recommend that the safe be opened only when two individuals are present. The log should document the date, time, and the names and signatures of the two individuals who opened the safe.</p> <p>Finding #6 The Cash Room acted as custodian for negotiable instruments with inadequate chain of custody transfer documentation.</p> <p>Recommendation We recommend that when items are given to Cash Room staff for safekeeping that the parties involved document the receipt and verification of the items transferred in and out of the safe.</p>	<p>Management Response 1. Financial Services managers implemented a process for evaluating, documenting and assessing the compliance with Cash Room custody records. After several months of review by the Revenue Administrator, the responsibility for review of this process was transferred to the Revenue unit managers to maintain. The form was updated to include the safe closing date, batch amount at closing and at opening.</p> <p><i>Auditor's Note: The Daily Safe Inventory Log was revised on June 15, 2018, to meet the requirement of dual control by demonstrating that the batches that enter the safe at night are the same batches that come out of the safe in the morning. We will be doing verification testing on the next follow-up status update.</i></p> <p>2. Completed. The Cash Room procedures were revised so that all checks are kept in the Cash Room, until deposited and the various accountants sign into the Cash Room to log and validate the checks by revenue type.</p> <p>Management Response Completed. Scanned checks and deposit slips will continue to be stored in a locked cabinet accessible only by authorized staff.</p> <p>Management Response Completed.</p> <p><i>Auditor's Note: Although procedures are completed, verification of documentation showed that there were instances where it could not be shown that procedures were consistently applied. There were several instances where there was missing information on who created the deposit slips to ensure that it was a different individual from the person logging the checks to ensure segregation of duties.</i></p> <p>Management Response 1. Completed. Cash Room access had already been limited to normal work hours for non-management staff members. The ability to enter the suites for Financial Services has been limited to all but certain staff to Monday thru Friday, 7 AM to 6 PM. 2. Completed. The Revenue Administrator or Revenue Unit Manager will conduct periodic reviews to ensure appropriate controls. Current policy requires pre-authorization for Cash Room access outside of regular business hours. Documentation has normally been in the form of authorization to work overtime during peak season or for special circumstances.</p> <p>3. There has always been a requirement to document the safe opening and closing activity in the presence of two individuals. Management has retrained Cash Room staff on the importance of this requirement. A management review will be implemented to assure this practice is followed.</p> <p>Completed. <i>Auditor's Note: Although a policy was implemented to require safe opening in the presence of two staff members, verification of the safe opening log and the sign-in sheet, showed a time discrepancy. There were several instances of staff logging checks in prior to the documented safe opening.</i></p> <p>Management Response Completed. It has always been required to document the receiving/exchange of custody of negotiable instruments. Revenue Managers and staff will ensure full compliance as part of the new review process. The Cash Room Supervisor implemented a safe contents log prior to the conclusion of this audit. The Supervisor has also added additional lines and columns of details to improve accountability and transparency to documentation.</p>	
AHCA-1617-04-A	January 2015 - December 2016	Agency Agreements	Finding #1	Management Response	
			Policy and Procedures 4028 requires updating. Policy and Procedure 4028 on Agency Agreements requires updating to reflect current processes; clarify when Agreements should be utilized; distinguish between Contracts and Agreements; define the types of Agreements; and address the amendment process, monitoring, and other recommendations outlined in this report.		

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			<p>Recommendation</p> <p>1. We recommend that Procurement continue to update Policy and Procedure 4028 to:</p> <ul style="list-style-type: none"> • Distinguish between Agreements and Contracts which are used interchangeably throughout the Policies and Procedures, clarify when Agreements should be utilized for governmental and non-governmental entities, and define the various types of Agreements; and • Address the current electronic CATS Workflow process utilized for Administrative routing, review, approval, and execution. <p>2. Address other recommendations made in this report in the update to Policy and Procedure 4028.</p> <p>3. We also recommend that Procurement train Program Office staff when the Policy and Procedure has been updated.</p> <p>Finding #2</p> <p>Not all Agreement Managers had the required Certification. Agreements Managers responsible for Agreements in excess of \$100,000 annually were not all Florida Certified Contract Managers as required by statute.</p> <p>Recommendation</p> <p>1. We recommend that Procurement ensure that all Agreement Managers responsible for Agreements with an annual monetary component in excess of \$100,000 be a Florida Certified Contract Manager.</p> <p>2. We also recommend that Procurement periodically verify the certification and recertification of Agreement Managers who are responsible for Agreements in excess of \$100,000.</p> <p>Finding #3</p> <p>CATS had incomplete and inaccurate information for some Agreements and discrepancies with Program Office information and Agreement documents. CATS had inaccurate and incomplete information for some Agreements and discrepancies with some Agreement documents and Program Office information.</p> <p>Recommendation</p> <p>1. For new Agreements that utilize the CATS workflow process, we recommend that CAU implement a quality review process of the information entered and uploaded into CATS including verifying that each amendment belongs to the correct original Agreement.</p> <p>2. For existing Agreements in CATS, we recommend a review to identify and update inaccurate and missing information, including the following:</p> <ul style="list-style-type: none"> • The correct HIPAA Data indicator; • The current Agreement Manager; • The correct Expiration Date; • The correct Effective Date; and • Add a field to CATS for Agreements with costs in excess of \$100,000 to ensure that a Florida Certified Contract Manager manages them. <p>3. We recommend that the Agreement document state explicitly when non-fixed costs are included and that a variable cost field be added to indicate non-fixed costs Agreements.</p> <p>4. We recommend that the routing form include a field that requires the Program office to specify the effective date or state that the Agreement is effective upon execution to minimize guesswork and errors in CATS effective date entries.</p> <p>5. We also recommend that the routing form include an initial determination by the Program Office as to whether HIPAA PHI is involved such as by adding a checkbox indicating "yes," "no" or "unable to determine". If the Program Office chooses, "unable to determine" the CAU lead would direct them to work with the HIPAA Privacy Officer to make a determination before signing off and going forward.</p> <p>Finding #4</p> <p>Not all Agreements were sent or routed to CAU. Some Program Offices did not send all existing Agreements to CAU despite the Agency Agreement Clean-up Project in April 2017, designed to capture unknown Agreements, and did not always route Agreements through CAU for development, review, approval, and execution.</p>	<p>Management Response</p> <p>1. We agree with this finding and recommendation. Procurement has started updating Policy and Procedure 4028 to include the recommendations. This will be finalized no later than June 30, 2018. An annual review of the Policy will be implemented beginning July 1, 2019.</p> <p>2. Procurement has started updating Policy and Procedure 4028 to include the recommendations. This will be finalized no later than June 30, 2018. An annual review of the Policy will begin July 1, 2019.</p> <p>3. Procurement will develop training materials and have them approved by June 30, 2018. Procurement will develop a training schedule and submit it for management approval by July 31, 2018. Procurement anticipates that it will take an average of 6 months to a year to complete the training agency-wide.</p> <p>Management Response</p> <p>1. We agree with this finding and the process in Procurement has been updated. Pending management approval, Procurement intends to require, via policy, that all Agreement Managers become Florida Certified Contract Managers. However, how quickly an Agreement Manager can become certified is contingent upon the availability of the DMS-sponsored classes.</p> <p>2. We agree with this recommendation and the Procurement office has taken action to create and develop a process to check certification/recertification of Agreement Managers quarterly. An internal job aid is in development to define the process. The process will be completed February 28, 2018.</p> <p>Management Response</p> <p>1. We agree with this recommendation. All Agency Agreements have been added to the Quality Assurance (QA) Process. This QA Process is completed on a monthly basis comparing information in CATS versus FACTS to ensure both systems mirror each other. We began our first monthly QA Process to include newly executed Agency Agreements on January 24, 2018. We will also complete the File Reviews on an annual basis. Anticipated File Review completion for calendar year 2018 is September 30, 2018.</p> <p>2. We agree with this recommendation. Agency Agreements have been added to the monthly QA Process to compare information in CATS versus FACTS, ensuring both systems mirror each other and have accurate information. The Agreements will also be included in the annual File Reviews. Anticipated File Review completion for calendar year 2018 is September 30, 2018.</p> <p>3. Procurement will add a section in the Agency Agreement Template which states explicitly when "costs" or "no costs" are involved. This will also be added to the Description Field of the Contract Profile, as well as, if costs are "open" or have a maximum allowed amount.</p> <p>4. The routing form will cease as of May 1, 2018, and CATS will be used for the routing and approval of all documents. The Bureau's Liaison will verify the Beginning Date, if it is different from the Effective (Execution) date. There will also be a monthly QA Process to compare information in CATS versus FACTS to ensure both systems mirror each other and have accurate information, including the Beginning Date and Effective (Execution) Date. This will also be part of the annual File Review Process. The monthly QA Process began on January 24, 2018.</p> <p>5. Procurement met with the HIPAA Compliance Officer in January 2018 to define a process for HIPAA review of all Agreements and Contracts. It was decided that the Procurement Office would assist in developing a checklist for the Program Office to use when drafting a new agreement, to determine if HIPAA/PHI is a factor in the agreement. This form will be loaded into CATS with the agreement documents and routed to the HIPAA Compliance Office. There the HIPAA Compliance reviewer can review the form and make a formal decision regarding whether the agreement involves HIPAA/PHI to ensure it is marked appropriately.</p>	

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			<p>Recommendation</p> <p>1. We recommend that Procurement implement another clean-up project to Program Offices and emphasizing that all existing Agreements, including Data Sharing Agreements, be sent to Procurement for inventory and that future Agreements go through Procurement for development, review, approval, and execution.</p> <p>2. We also recommend that Procurement communicate to Program Offices the requirement to notify Procurement when Agreement Managers change or leave the Agency and amend their Agreements accordingly in a timely manner.</p> <p>3. We further recommend that Procurement train Program Offices on the roles and responsibilities of creating, developing, reviewing, and approving Agreements for routing and the CATS Workflow.</p> <p>Finding #5</p> <p>HIPAA PHI language. Some Agreements, which involved the use of Agency-owned HIPAA PHI, did not include the standard language relating to the proper handling and security of PHI and reporting responsibilities for breaches.</p> <p>Recommendation</p> <p>1. We recommend that current Agreements be reviewed and those which involve the use of Agency-owned HIPAA PHI be updated as needed with the appropriate BAA or terms relating to the proper handling and security of PHI to meet federal compliance.</p> <p>2. We also recommend that Procurement work with the HIPAA Privacy Officer to ensure that standard and updated HIPAA- compliant terminology be utilized in the applicable Agreement templates.</p> <p>3. We recommend that Procurement work with the HIPAA Privacy Officer to provide training to Agreement Managers on when an Agreement indicates the use of HIPAA PHI and therefore requires the appropriate BAA or HIPAA compliant language and to refer Agreements, which may be unclear as to the use of PHI to the HIPAA Privacy Officer for determination.</p> <p>Finding #6</p> <p>Some Agreements are not Monitored Consistently. Some Program Offices do not monitor Agreements consistently.</p> <p>Recommendation</p> <p>1. We recommend that written procedures for monitoring Agreements be created to help ensure that all Agreements have documentation to show that Agreement Managers are monitoring the terms and conditions of the Agreement.</p> <p>2. We also recommend that CAU include Agreements in the annual file review process.</p>	<p>Management Response</p> <p>1. Procurement will begin the second Agency Agreement Clean-Up Project after trainings have been completed. This gives all Program Offices who have an agreement that is not in CATS the opportunity to send it to Procurement to be entered into CATS. Anticipated completion date is November 30, 2018.</p> <p>2. Procurement sent out an updated communication to all Agreement Managers in the CATS Newsletter on February 8, 2018 reminding them that ALL Agency Agreements need to be routed through the Procurement Office. Procurement will also be sending out a second round of emails to all Bureau Chiefs two weeks prior to the trainings that will be held for all Agreement Managers. The trainings will discuss the importance of updating an Agreement when there has been a change of Agreement Manager and other vital information regarding Agency Agreements.</p> <p>3. Procurement will address the roles and responsibilities in the training. We will continue to train individuals in CATS, as needed. Training materials will be available for all staff to reference after the training.</p> <p>Management Response</p> <p>1. Procurement will add this recommendation to the monthly QA Process and create Amendments as necessary. The QA Process will be completed by September 30, 2018. All Amendments shall be processed by October 31, 2018.</p> <p>2. HIPAA language will be standard in the new Agency Agreement Template. Procurement will conduct an annual review of this template and make any necessary edits to ensure that standard and updated HIPAA language is included.</p> <p>3. Procurement met with the HIPAA Compliance Officer in January 2018 to define a process for HIPAA review of all Agreements and Contracts. It was decided that the Procurement Office would assist in developing a checklist for the Program Office to use when drafting a new agreement to determine if HIPAA/PHI is a factor in the agreement. This form will be loaded into CATS with the agreement documents and routed to the HIPAA Compliance Office. The HIPAA Compliance reviewer can review the form in CATS and make a formal decision regarding whether the agreement involves HIPAA/PHI to ensure it is marked appropriately.</p> <p>Management Response</p> <p>1. Procurement will distribute a desk reference for monitoring Agreements via email to all Agreement Managers by March 30, 2018. Procurement will also ask each Agreement Manager to complete a Contract Monitoring Plan and send to Procurement by September 30, 2018.</p> <p>2. Procurement agrees with this recommendation. Agreements will be added to the annual File Review Process. Anticipated File Review completion for calendar year 2018 is September 30, 2018. We will also conduct a monthly QA Process for all Agency Agreements to review information in CATS versus FACTS.</p>	
AHCA-1617-02-A	CY 2016	Employee Background Screening Process	<p>Finding #1</p> <p>The Agency hires employees prior to the completion of level 2 background screening. The Agency hires employees prior to the completion of level 2 background screening, increasing exposure to security, legal, reputational, and financial risks.</p> <p>Recommendation</p> <p>We recommend the following:</p> <p>1. Prospective hires should complete level 2 background screening before being hired and granted access to facilities, information systems, and confidential data. Implementation of this recommendation should eliminate the issues related to monitoring fingerprint registration delays for new hires addressed in Finding 2.</p> <p>2. Amend the Background Screening Policy to add this requirement.</p> <p>Finding #2</p> <p>Monitoring efforts need improvement to ensure timely follow-up and proper documentation of fingerprinting completion.</p> <p>Recommendation</p> <p>We recommend the following:</p> <p>1. Increase monitoring efforts including implementing a quality review process to help ensure timely and proper documentation of background screenings.</p> <p>2. Continue to implement proactive supervisor notification for retention hits as standard practice, and amend Procedures for Background Screening to reflect proactive notification accordingly.</p> <p>3. Periodically remind Agency employees of the two-day arrest/conviction notice requirement in the HR newsletters and the annual Keep Informed employee training.</p>	<p>Management Response</p> <p>We are in agreement with the recommendation to require prospective hires to complete level 2 background screening before being hired and gaining access to facilities, information systems, and confidential data. The BGS Unit in the Bureau of Human Resources will develop an implementation plan outlining action items needed for a smooth transition.</p> <p>Management Response</p> <p>We agree with the recommendations above. The BGS Unit within the Bureau of Human Resources will develop and implement a quality review process that will address the timely and proper documentation of background screenings.</p> <p>The BGS Unit will accelerate issues involving employees who are not responding to notifications for fingerprinting in a timely manner to the applicable Division Director and the Agency Head.</p> <p>The BGS Unit will include an article once a year in the Human Resource Newsletter regarding the two-day arrest/conviction notice requirement as a reminder. The annual Keep Informed training will also be updated to include a statement about this requirement.</p>	

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				The BGS Unit will develop an implementation plan outlining action items needed for a smooth transition, which will include the development of a pre-hire letter and the necessary changes to the interview process.	
AUDITS FOR FISCAL YEAR 2016-17					
AG 2017-004	42094	Comprehensive Risk Assessments at Selected State Agencies	Finding #3	Management Response	
AG 15-16 IT Operational Audit of AHCA Entity Risk Assessment Process			<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 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>Management Response 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	Finding 1	Management Response	
AG 15-16 IT Operational Audit (FACTS)			<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>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>Management Response Fully Corrected. The Agency has a new Information Security Program Plan.</p> <p>Management Response 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>Management Response (IT) The Agency implemented a new ticketing system that addresses the documentation of user network access/transfer/termination.</p> <p>(MPI) In June 2017, MPI developed a written Internal Operating Procedure (IOP), A-16, that addressed security administration and access controls to FACTS at the application level. In conjunction with the IOP, MPI, in August 2017, finalized an access form to document authorized user access privileges. The form is maintained.</p> <p>Management Response (MPI) In conjunction with the IOP, MPI formalized the ongoing practice of assigning user roles and access privileges based on assigned job duties.</p> <p>Management Response (MPI) MPI, as indicated in the IOP and access form processes, promotes a segregation of access privileges and separation of duties.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<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>Management Response (IT) The Agency updated the authentication policy (P&P 5002) to include this requirement. (MPI) The IOP, established procedures, a periodic review schedule to review for authorized access privileges, and implemented the periodic reviews to ensure compliance.</p> <p>Management Response (MPI) Implementation of MPI's IOP and access form formalized access and deactivation processes. During the 2016-17 fiscal year, MPI performed the following to partially address the findings in Report No. 2017-093: • Maintained documentation from at least March 2016 forward, which demonstrates that some access controls to FACTS were taking place. • Completed a review of the issues in the spring of 2017. • Created the IOP in June 2017 to formalize existing and new access controls.</p> <p>Management Response (IT) The AHCA Division of IT's "Change Control System" allows for tracking of system releases or configuration changes when known to the AHCA Division of IT.</p> <p>Management Response (IT) 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	FY 2015-16	State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards	Finding# 2016-002	Management Response	
AG 15-16 Federal Awards & Financial			<p>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> <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 (FMIS) 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 (FDPS), and used by the FDPS to develop the 2015-16 fiscal year Cash Management Improvement Act (CMIA) clearance patterns, were not always accurate or complete.</p>	<p>Management Response Fully Corrected. The FAHCA Bureau of Financial Services enhanced its year-end review process of Accounts Receivable and prior period expenditures to ensure all changes in Accounts Receivable and prior period expenditures were documented by the Division of Medicaid. Based upon the documentation, a determination was made regarding the need for a prior period adjustment.</p> <p>Management Response Fully Corrected. Per the HPES SSAE 16 Type II audit report, the deficiencies noted were corrected and completed for 2017. Follow-up audit control tests were performed and there were no repeat audit findings for 2017.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation</p> <p>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</p> <p>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</p> <p>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>Finding# 2016-042 The FAHCA made payments to ineligible Medicaid Program providers.</p> <p>Recommendation</p> <p>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</p> <p>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>Management Response Fully Corrected. For the CMA clearance pattern spreadsheet that was submitted in August 2017, the FAHCA Bureau of Financial Services took the following steps to ensure accuracy:</p> <ol style="list-style-type: none"> 1. Reviewed expenditures by Other Cost Accumulators (OCAs) to determine the specific grant associated with the expenditures; 2. Reviewed the appropriation ledger to determine if categories needed to be added or deleted; 3. Compared the final report to the prior year report; 4. Incorporated any audit recommendations; and 5. Requested verification for any changes from the prior report. <p>Management Response Fully Corrected. As previously reported: The Agency has notified the subrecipient (Florida Healthy Kids Corporation) of CHIP grant awards approved for the periods addressed in the audit findings. The Agency has also developed a notification process addressing specified requirements identified in 2 CFR 200.331(a) Requirements for Pass-through Entities. This completes the audit finding.</p> <p>In addition, the 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 and any subsequent modifications to the subaward. The Agency expects this amendment to be executed on or before October 31, 2017.</p> <p>Management Response 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>Management Response FAHCA completed the research and analysis for processing Medicaid payments for out-of-state providers and has incorporated the provider screening requirements needed to support the Affordable Care Act (ACA) and the 21st Century Cures Act (Act). As a result, FAHCA is actively working on the out-of-state corrective action plan solution in conjunction with the enhancements identified as part of the FL MMIS project for the ROPA/21st Century Cures Act.</p> <p>(ROPA - Rendering, Ordering, Prescribing and Attending)</p> <p>Management Response Fully Corrected. Medicaid Program Integrity has contracted with a vendor to perform the necessary programming to the case tracking system to ensure all complaints and case numbers generated by the tracking system are sequential, identifiable, maintained by the system, and have a historical utilization audit trail. The enhancement is in testing.</p>	
16-14	Calendar Year 2014 - 2016	Review of Medicaid Aid Category Rate Assignment	Finding #1	Management Response	
			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.		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendation</p> <p>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</p> <p>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>Recommendation</p> <p>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</p> <p>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</p> <p>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>Management Response</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. 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. Changes were made to the previously identified process prior to completion, as indicated below: MFAO will request that for each FMMIS project, a representative from each potentially impacted Medicaid bureau will be included in the project meetings. In addition, the Business Requirements Document (BRD) will require approval from each impacted Bureau Representative. The fiscal agent Project Management Office will record action items, issues, decisions and report them to MFAO during each project meeting.</p> <p>Management Response</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>Management Response</p> <p>Completed. The final report enhancement MGD-0853-M Capitation Rate Listing (Excel version) was implemented on July 13, 2017.</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>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<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>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>Management Response 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> <p>Management Response 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>	

Fiscal Year 2019-20 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)? (CSDC or Web LBR Column Security)	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? (CSDC)	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 ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? (CSDR, CSA)	Y	Y	Y	Y	Y	Y

TIP The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. 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 to the portal.	Please note that transfer control will not be set for A93 (Reduction Issues) at OPB's request - Per email dated 10/19/2018.					
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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
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

Action		Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
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 2017-18 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. Note that there is a \$5,000 allowance at the department level.						
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.						
7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)							

Action		Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
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 #19-002?	Y	Y	Y	Y	Y	Y
7.11	When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS 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 (36XXXXC) 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
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

Action		Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
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)	Y	Y	Y	Y	Y	Y
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))	Y	Y	Y	Y	Y	Y
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 2018-19 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
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y	Y	Y	Y	Y	Y

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
8.7 If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A	N/A	N/A	N/A	N/A	N/A
8.8 If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to section 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A	N/A	N/A	N/A	N/A	N/A
8.9 Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)? For non-grant federal revenues, is the correct revenue code identified (codes 000504, 000119, 001270, 001870, 001970)?	Y	Y	Y	Y	Y	Y
8.10 Are the statutory authority references correct?	Y	Y	Y	Y	Y	Y
8.11 Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to 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
8.27 Has the agency properly accounted for continuing appropriations (category 13XXXX) in column A01, Section III?	Y	Y	Y	Y	Y	Y

Action		Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
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.)	N/A	N/A	N/A	N/A	N/A	N/A
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.						
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

Action	Program or Service (Budget Entity Codes)						
	68200000	68500100	68500200	68501400	68501500	68700700	
13. SCHEDULE VIII B-1 (EADR, S8B1)							
13.1 NOT REQUIRED FOR THIS YEAR							
14. SCHEDULE VIII B-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
TIP Compare the debt service amount requested (IOE N or other IOE used for debt service) with the debt service need included in the Schedule VI: Detail of Debt Service, to determine whether any debt has been retired and may be reduced.							
15. SCHEDULE VIII C (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 2017-18 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (GENR, ACT1)	Y	Y	Y	Y	Y	Y
16.4	None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? (Audit #1 should print "No Activities Found")	Y	Y	Y	Y	Y	Y
16.5	Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	N/A	N/A	N/A	N/A	N/A	N/A
16.6	Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: The activities listed in Audit #3 do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)	Y	Y	Y	Y	Y	Y

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