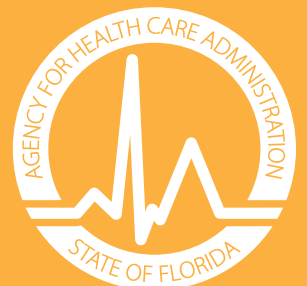


Florida Agency for Health Care Administration

*Legislative Budget Request
Fiscal Year 2020-2021*

*Ron Desantis, Governor
Mary C. Mayhew, Secretary*





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

September 16, 2019

Chris Spencer, Policy 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 Kynock, 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 accurate presentation of our proposed needs for the 2020-2021 Fiscal Year.

Sincerely,

Mary C. Mayhew
Secretary

MCM/Ika





RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

Temporary Special Duty – General Pay Additives Implementation Plan for Fiscal Year 2020-2021

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

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

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

Temporary Special Duties – General Pay Additive

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

1. Justification and Description:

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

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



3. Length of time additive will be used: A temporary special duties – general pay additive may be granted beginning with the first day of assigned additional duties. The additive may be in effect for up to 90 days at which time the circumstances under which the additive was implemented will be reviewed to determine if the additive should be continued based on the absence of the position incumbent or continued vacant position.

4. The amount of each type of additive: General Pay Additives will 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 1012 Career Service position incumbents statewide.

6. Historical Data: Last fiscal year, a total of fourteen (14) full time equivalent (FTE) career service positions received general pay additives for performing the duties of a vacant position, each positions were 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 two (2) being extended to 180 days due to the circumstances of the vacant position and absent co-worker and required duties.

7. Estimated annual cost of each type of additive: Employees assigned to Temporary Special Duties will be based on evaluation of duties and responsibilities for “mission critical” positions. 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>
\$56,036.63	\$5,603.66	14

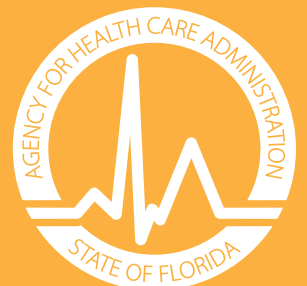
Based on the average estimated salaries stated above, the estimated calculation is as follows: \$1,939.73 X 14 = \$27,156.21. **The agency is not requesting any additional rate or appropriations for this additive.**

8. Additional Information: The classes included in this plan are represented by AFSCME Council 79. The relevant collective bargaining agreement language states as follows: “Increases to base

rate of pay and salary additives shall be in accordance with state law and the Fiscal Year 2018-2019 General Appropriations Act.” See Article 25, Section 1 (B) of the AFSCME Agreement. We would anticipate similar language in future agreements. AHCA has a past practice of providing these pay additives to bargaining unit employees.

Florida Agency for Health Care Administration

*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		

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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. Provider is entitled to full refund based upon adverse ruling by 1 st DCA and parties are working to dismiss case.		
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. Provider is entitled to full refund based upon adverse ruling by 1 st DCA and parties are working to dismiss case.		
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. 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. Provider is entitled to full refund based upon adverse ruling by 1 st DCA and parties are working to dismiss case.		
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.)	Larkin Community Hospital, et al. v Mary Mayhew, in her official capacity as Secretary, Florida Agency for Health Care Administration, et al.		
Court with Jurisdiction:	Second Judicial Circuit, Leon County		
Case Number:	2019 CA 001481		
Summary of the Complaint:	<p>Larkin Hospital is a designated statutory teaching hospital that provides Graduate Medical Education (“GME”) programs and receives Medicaid funds pursuant to section 409.909, Florida Statutes. Proviso language included in the 2019 General Appropriations Act would exclude from Medicaid GME funding “Hospitals owned or operated by a controlling interest that has had any license issued under ch. 400, F.S. revoked pursuant to Section 408.815(1)(b), F.S., between January 1, 2017 and July 1, 2020.”</p> <p>Larkin contends that the proviso language at issue: (1) violates the single subject requirement in Article III, Section 12 of the Florida Constitution; (2) constitutes an unconstitutional special law pursuant to Article III, Section 10 of the Florida Constitution; (3) constitutes an illegal bill of attainder in violation of both the U.S. and Florida constitutions; and (4) in the alternative, does not apply to Larkin.</p>		
Amount of the Claim:	N/A		
Specific Statutes or Laws (including GAA) Challenged:	2019 GAA Proviso Language		
Status of the Case:	Pending		
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel	
	X	Office of the Attorney General or Division of Risk Management	
		Outside Contract Counsel	

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	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. 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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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. Provider is entitled to full refund based upon adverse ruling by 1 st DCA and parties are working to dismiss case.		
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. Provider is entitled to full refund based upon adverse ruling by 1 st DCA and parties are working to dismiss case.		
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, 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. Provider is entitled to full refund based upon adverse ruling by 1 st DCA and parties are working to dismiss case.		
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.		
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. 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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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.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

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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. FO issued on December 21, 2019 closing file.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

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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. FO issued on October 17, 2019 and Notice of Appeal filed November 14, 2018.		
Amount of the Claim:	\$677,023.44		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Petitioner filed for legal fees.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

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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:	Mandate issued on May 6, 2019		
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).	
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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.)	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.)	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.		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.)	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.		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.)	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.	<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.)	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.		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.)	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 sold four of the bankrupt facilities (Baywood, Gracewood, Harbourwood, and Laurellwood). AHCA received \$2,535,154 in this sale as settlement of its claims against these four debtors. AHCA's claim against The Bridges is pending.		
	x	Agency Counsel	

Who is representing (of record) the state in this lawsuit? Check all that apply.		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:	AHCA: Stefan R. Grow, General Counsel	Phone Number:	(850) 412-3669
Names of the Parties:	<u>BENJAMIN ALEXANDER, GEORGE COLLIER by his next friend, Timothy Collier, JEFFERSON LANGLAISE, GERALDINE DAVENPORT by her next friend, Barbara Roti, DAVID WRIGHT, JEANNIE HAYRE, SHERYL SCHNEDIER, and JOHN DEETER on behalf of themselves and (a putative class of) all others similarly situated v. MARY MAYHEW, in her official capacity as Secretary, Florida Agency for Health Care Administration, and RICHARD PRUDOM, in his official capacity as Secretary, Florida Department of Elder Affairs</u>		
Court with Jurisdiction:	United States District Court in and for the Northern District of Florida		
Case Number:	4:18-cv-00569-RH-MJF		
Summary of the Complaint:	<p>This is a putative class action in the U.S. District Court for the Northern District of Florida related to the Statewide Medicaid Managed Care Long-Term Care Program wait list. Plaintiffs contend that the administration of the wait list places them at risk of unnecessary institutionalization in violation of Title II of the ADA. Specifically, Plaintiffs contend that the State's screening and assessment tools fail to adequately assess risk of institutionalization and that home and community based services are not adequately funded compared to nursing facility services. Plaintiffs filed an Amended Complaint in June 2019 and a submit a supplemental memorandum in support of their Motion for Class Certification in mid-July.</p>		
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' Amended Complaint alleges violations of Title II of the Americans with Disabilities Act		
Status of the Case:	Awaiting ruling on class certification motion.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel	

<p>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).</p>	<p>Putative class action. Awaiting ruling on Plaintiffs' Motion for Class Certification Amanda Heysteck Disability Rights Florida</p> <p>Jodi Siegel Southern Legal Counsel, Inc.</p> <p>Nancy Wright Law Office of Nancy E. Wright</p> <p>Regan Bailey Eric Carlson Justice in Aging</p> <p>John J. Sullivan David H. Reichenberg Ashley Gomez-Rodon Cozon O'Connor</p>
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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.)	<p>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.</p>		
Court with Jurisdiction:	Southern District of Florida		
Case Number:	Case No. 0:12-cv-60460-RSR; Judge Zloch.		
Summary of the Complaint:	<p>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.</p>		
Amount of the Claim:	<p>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.</p>		
Specific Statutes or Laws (including GAA) Challenged:	Americans With Disabilities Act, as amended		
Status of the Case:	<p>The United States’ claim was dismissed for lack of standing. The United States filed its notice of appeal on August 7, 2017. Oral argument was held at the Eleventh Circuit in October 2018. Awaiting Eleventh Circuit ruling.</p>		
	x	Agency Counsel	

Who is representing (of record) the state in this lawsuit? Check all that apply.	x	Office of the Attorney General or Division of Risk Management
	x	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	Quasi class action brought by the U.S. Department of Justice.	

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

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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. Final Order issued November 30, 2018 and FO for costs issued February 11, 2019.		
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

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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:	Final Order issued February 15, 2019		
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. Final Order issued May 3, 2019.		
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.)	Lifepath Hospice, Inc.		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	18-2879MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayment. Final Order issued December 3, 2018.		
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 Ivan Murciano		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	18-2699MPI – now 19-3662MPI		
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. This now has a new DOAH case number 19-3662MPI. Hearing scheduled for October 15, 2019, but a Motion to Continue has been filed.		
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.	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).			

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. Order Relinquishing Jurisdiction and Closing File issued on May 30, 2019.		
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. Motion to Relinquish and Order Granting/Closing File on June 19, 2019.		
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.)	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. Motions to Relinquish Jurisdiction and Orders issued on June 20, 2019. (Hialeah Hospital filed a Notice of Voluntary Dismissal on June 19, 2019).		
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.)	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:	Mandate issued on May 17, 2019		
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. Final Order issued October 1, 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.)	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. Final Order issued July 30, 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:	Susan Sapoznikoff, Esq.	Phone Number:	(850) 412-4775
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. Zenith Psychological Services, Inc.		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	#19-3665MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayments in Behavior Analysis claims for services performed by ineligible employees.		
Amount of the Claim:	\$1,057,384.61 (Overpayment: \$880,617.59 plus fines and costs)		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Initial Order issued 7/11/19; Agency response to Initial Order filed 7/18/19; Motion to Withdraw by Respondent's Counsel filed 7/1/19; awaiting order on Motion to Withdraw; awaiting Notice of Hearing		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	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:	Susan Sapoznikoff, Esq.	Phone Number:	(850) 412-4775
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. ABA R US		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	#19-1399MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayments in Behavior Analysis claims for services performed by ineligible employees.		
Amount of the Claim:	\$1,991,516.54 (Overpayment: \$1,656,986.70 plus fines and costs)		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Hearing set for 10/15/19 – 10/17/19; settlement offer accepted by Respondent and Settlement Agreement sent to Respondent's counsel on 7/15/19; awaiting Motion to Relinquish; awaiting return of executed settlement agreement. Settlement now routing.		
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:	Susan Sapoznikoff, Esq.	Phone Number:	(850) 412-4775
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. Proactive Health Corp.		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	MPI 2017-0008149		
Summary of the Complaint:	Agency seeks reimbursement of overpayments in Behavior Analysis claims for services performed by ineligible employees.		
Amount of the Claim:	\$2,197,886.38(Overpayment: \$1,829,011.98 plus fines and costs)		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	FAR issued; awaiting referral to 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).	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.)	AHCA v. HERNANDEZ MENTAL HEALTH, INC.		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2017-0008050		
Summary of the Complaint:	Agency seeks reimbursement of overpayments in Behavior Analysis claims for services performed by ineligible employees.		
Amount of the Claim:	\$952,368.02		
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		

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. St. Mary's Medical Center, Inc. fka Tenet St. Mary's, Inc.		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	MPI Case No.: 2015-0001997		
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:	\$852,161.92		
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:	First District Court of Appeal ruled adversely to Agency in related cases and therefore the collected and claimed overpayment must be returned to provider.		
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.)	AHCA v. Adventist Health System/Sunbelt (Florida Hospital System)		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	C.I. No.: 13-0068-000		
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		
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:	First District Court of Appeal ruled adversely to Agency in related cases and therefore the collected and claimed overpayment must be returned to provider.		
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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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. Adventist Health System/Sunbelt, Inc. d/b/a Florida Hospital		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	MPI Case No.: 2015-0002809		
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		
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:	First District Court of Appeal ruled adversely to Agency in related cases and therefore the collected and claimed overpayment must be returned to provider.		
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.)	AHCA v. Baker County Medical Services, Inc. dba Ed Fraser Memorial Hospital		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	DSH-1006		
Summary of the Complaint:	Agency seeks reimbursement of overpayment pursuant to Disproportionate Share Hospital (DSH) audit.		
Amount of the Claim:	\$658,492		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is currently under an abeyance order by the Agency Clerk.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract Counsel	

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A
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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. Bethesda Healthcare System d/b/a Bethesda Memorial Hospital		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	MPI Case No.: 2015-0002803		
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		
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:	First District Court of Appeal ruled adversely to Agency in related cases and therefore the collected and claimed overpayment must be returned to provider.		
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.)	AHCA v. Orlando Health, Inc. dba Orlando Regional Medical Center		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	MPI Case No.: 2015-0002807		
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:	\$947,548.23		
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:	First District Court of Appeal ruled adversely to Agency in related cases and therefore the collected and claimed overpayment must be returned to provider.		
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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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. Zen Group, Inc.		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	DOAH Case No.: 19-3228MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayments in behavior analysis claims for services performed by unqualified providers.		
Amount of the Claim:	\$1,367,839.74 plus fine 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 in discovery phase. Final Hearing set for October 29-31, 2019.		
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.)	AHCA v. Mount Sinai Medical Center of Florida, Inc.		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	MPI Case No.: 2015-0002031		
Summary of the Complaint:	Agency seeks reimbursement of overpayments for treatment of undocumented aliens beyond the date that the emergent medical condition was alleviated.		
Amount of the Claim:	\$642,108.15		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	First District Court of Appeal ruled adversely to Agency in related cases and therefore the collected and claimed overpayment must be returned to provider.		
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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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. North Broward Hospital District d/b/a Broward General Medical		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	MPI Case No.: 2015-0001979		
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		
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:	First District Court of Appeal ruled adversely to Agency in related cases and therefore the collected and claimed overpayment must be returned to provider.		
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.)	AHCA v. North Broward Hospital District, North Broward Medical Center		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	MPI Case No.: 2015-0002810		
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		
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:	First District Court of Appeal ruled adversely to Agency in related cases and therefore the collected and claimed overpayment must be returned to provider.		
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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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. North Broward Hospital District dba Broward Health Medical Center, Broward Health North, Broward Health Imperial Point, and Broward Health Coral Springs		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	DSH-1002, 1005, 1007, and 1010		
Summary of the Complaint:	Agency seeks reimbursement of overpayment pursuant to Disproportionate Share Hospital (DSH) audit.		
Amount of the Claim:	\$16,654,422 - \$1,627,870 - \$590,874 - \$5,010,317		
Specific Statutes or Laws (including GAA) Challenged:	No state laws and/or rules would be modified or overturned by an adverse court order.		
Status of the Case:	Case is currently under an abeyance order by the Agency Clerk.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A		

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

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A
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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. Mary Cecilia Crosby, D.D.S.		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	MPI Case No.: 2015-0005032		
Summary of the Complaint:	Overpayment claim alleging errors in coding and medical necessity issues.		
Amount of the Claim:	\$841,666.43 plus fine 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:	Final Order rendered July 1, 2019. Appellate period not expired yet.		
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.)	AHCA v. Light of Hope Behavior Therapy, Inc.		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	MPI Case No.: 2017-0008613		
Summary of the Complaint:	Agency seeks reimbursement of overpayments in behavior analysis claims for services performed by unqualified providers.		
Amount of the Claim:	\$542,500.74		
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 Order of Abeyance from the Agency Clerk. Settlement negotiations ongoing.		
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 v. Hospice of the Florida Suncoast		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	MPI Case No.: 2015-0002749		
Summary of the Complaint:	AHCA is seeking to recover Medicaid overpayments where recipients were not eligible for hospice benefits		
Amount of the Claim:	\$1,646,672.10 plus fine and costs		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Recommended Order in favor of Agency entered May 31, 2019. Awaiting Final Order. Final Order issued July 23, 2019.		
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.)	AHCA v. MG Home Care Services, LLC		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	MPI Case No.: 2017-0008127		
Summary of the Complaint:	Agency seeks reimbursement of overpayments in behavior analysis claims for services performed by unqualified providers.		
Amount of the Claim:	\$821,215.92 plus fine 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 Order of Abeyance from the Agency Clerk. Settlement negotiations ongoing.		
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.)	AHCA v. Nory's Home Services, Inc.		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	19-2372MPI		
Summary of the Complaint:	Agency seeks reimbursement of overpayments in behavior analysis claims for services performed by unqualified providers		
Amount of the Claim:	\$1,589,186.33		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	Final Hearing scheduled for September 30 - October 3, 2019. The case is currently proceeding with 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

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. St. Joseph's Hospital		
Court with Jurisdiction:	Division of Administrative Hearings		
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		

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:	Agency for Health Care Administration		
Case Number:	15-078MPF		
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.	<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		

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:	Agency for Health Care Administration		
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:	\$2,874,108.82		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	ACHA and provider settled after re-reviews. Settlement Agreement executed and Final Order issued on May 21, 2019.		
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).	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.)	Bethesda Memorial Hospital		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-082MPF		
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:	\$729,206.04		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	AHCA and provider have settled issues in the Petition. The draft settlement agreement has been approved by AHCA and pending signature by Provider.		
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		

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:	Division of Administrative Hearings		
Case Number:	15-111MPF		
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:	\$1,054.302.55		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	AHCA and provider have reached a settlement. The draft settlement agreement has been approved by AHCA and pending signature by Provider.		
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		

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:	Agency for Health Care Administration		
Case Number:	15-063MPF		
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:	(\$1,878,894.20)		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	AHCA and provider have reached a settlement. The draft settlement agreement has been approved by AHCA and pending signature by Provider.		
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		

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:	Agency for Health Care Administration		
Case Number:	15-109MPF		
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:	AHCA and Provider 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).	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.)	Holmes Regional Medical Center		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-016MPF		
Summary of the Complaint:	Hospital challenging the Medicaid Inpatient and Outpatient Hospital Reimbursement Rates.		
Amount of the Claim:	(\$4,358,208.15)		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	AHCA and Provider have reached a settlement. The settlement agreement signed by the Provider has been provided to AHCA for execution and entry of final order.		
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).	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.)	Martin Memorial Hospital		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-071MPF		
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:	(\$1,158,285.29)		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	AHCA and Provider are 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 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 Cases: (If no case name, list the names of the plaintiff and defendant.)	Adventist Health System; Bayfront HMA Medical Center, LLC; Cape Canaveral Hospital, Inc.; Coral Gables Hospital; Leesburg Regional Medical Center; Miami Beach Hospital; Public Health Trust of Miami-Dade County, Florida; Sacred Heart Health Systems, Inc.; St. Vincent's Medical Center; Southern Baptist Hospital of Florida		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	17-0467RP [Consolidated]		
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 an unadopted rule or in the alternative 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, recalculation amounts would run over \$500,000.		
Specific Statutes or Laws (including GAA) Challenged:	Rule 59G-6.030, Florida Administrative Code		
Status of the Case:	Providers appealed to the 1 st DCA the Final Order denying their claims, case styled <i>Southern Baptist Hospital of Florida, et al. v. AHCA</i> ; Case No. 1D17-2027. On April 26, 2019, the 1 st DCA reversed the Final Order.		
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).	N/A
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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 Cases: (If no case name, list the names of the plaintiff and defendant.)	Bayfront Health –Dade City Bayfront Health Brooksville Cape Canaveral Florida Regional Medical Center Heart Regional Medical Center Highlands Regional Medical Center Holmes Regional Medical Center Key West HMA Larkin Community Hospital Lehigh Regional Medical Center Melbourne HMA, LLC Munroe Reginal Medical Center North Okaloosa Medical Center Physicians Regional Medical Center – Pine Ridge Rockledge HMA, LLC Santa Rosa Medical Center Sebastian River Medical Center Shands Live Oak Regional Medical Center Shands Starke Regional Medical Center Southern Baptist Hospital of Florida St. Cloud Regional Medical Center Viera Hospital		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Numbers:	2018-004944 2018-007540 2018-007149 2018-003840 2018-003844 2018-010070 2017-007712 2018-005246 2018-004778 2018-007990 2018-004860 2018-007734 2018-007988 2018-010066		

	2018-006936 2018-005114 2018-005042 2018-005895 2018-016318 2018-004982 2018-010057
Summary of the Complaint:	Providers brought administrative actions to challenge the methodology used to calculate the July 2016 Outpatient Medicaid Rates and to determine the invalidity of an unadopted rule or in the alternative 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, recalculation amounts would run over \$500,000.
Specific Statutes or Laws (including GAA) Challenged:	Rule 59G-6.030, Florida Administrative Code
Status of the Case:	The Providers filed these claims in anticipation or after the ruling of the 1st DCA in the case styled <i>Southern Baptist Hospital of Florida, et al. v. AHCA</i> ; Case No. 1D17-2027. The 1 st DCA has reversed the Final Order of 4/18/17. These claims are currently abated by agreement of the parties.
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

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.)	Advanced Behavioral Association, LLC		
Court with Jurisdiction:	DOAH		
Case Number:	19-3229MPI		
Summary of the Complaint:	Overpayment of Behavior Analysis Services		
Amount of the Claim:	\$1,025,413.86		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	DOAH Hearing scheduled for October 7 – 9, 2019		
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).			

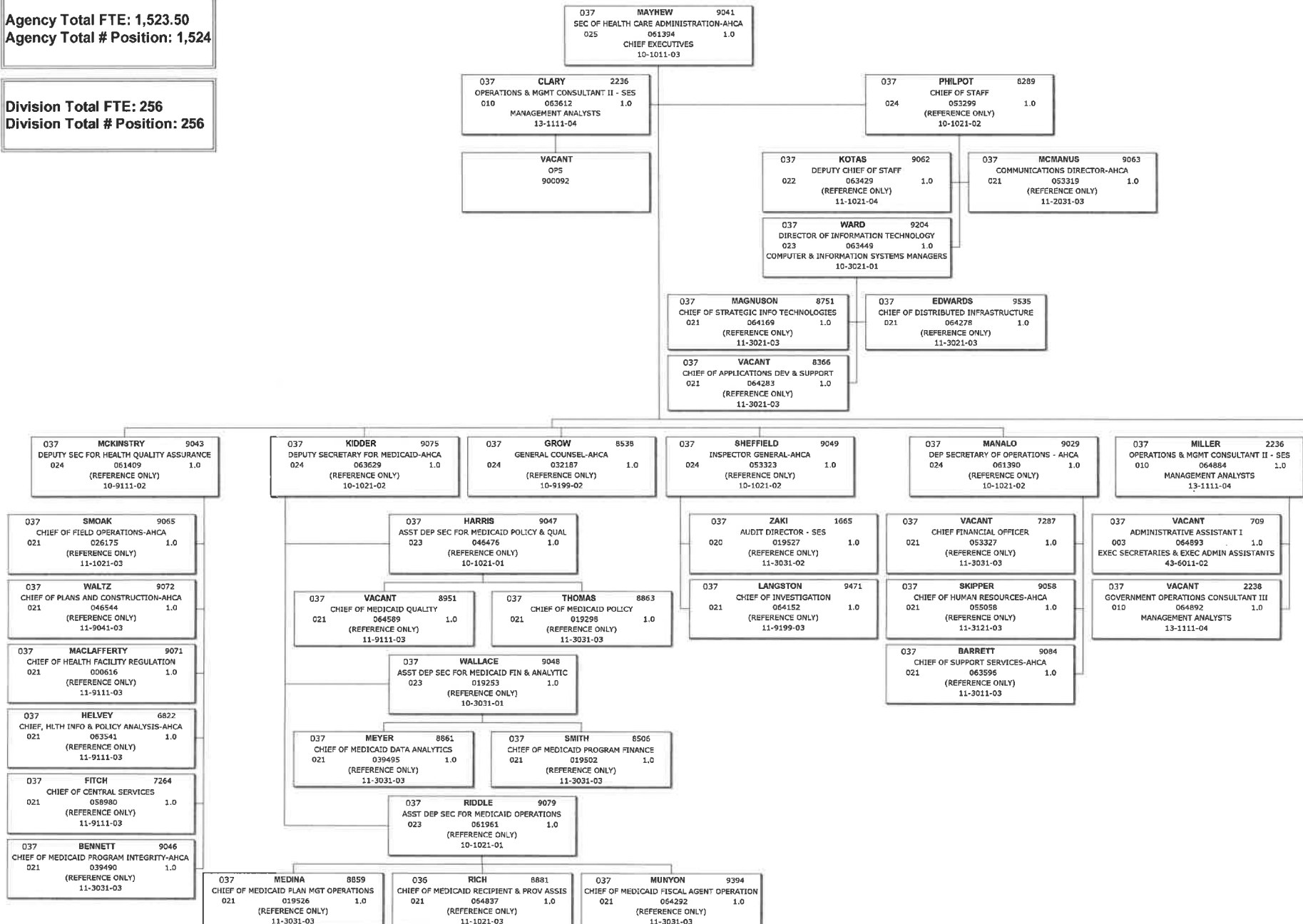
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Secretary's Office

Effective Date: July 1, 2019
Org. Level:68-10-00-00-000
FTEs: 5 Positions: 5

Agency Total FTE: 1,523.50
Agency Total # Position: 1,524

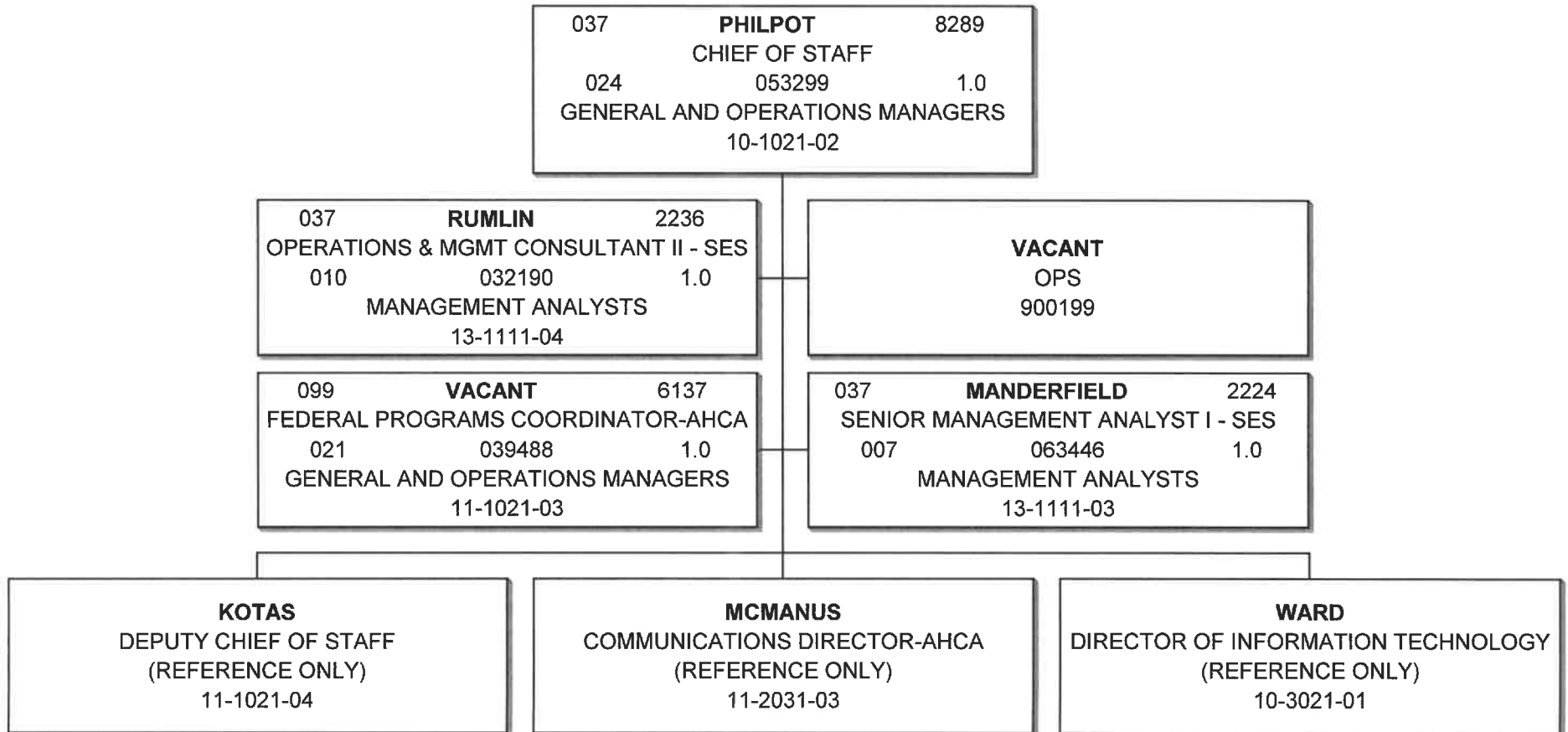
Division Total FTE: 256
Division Total # Position: 256



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Chief of Staff

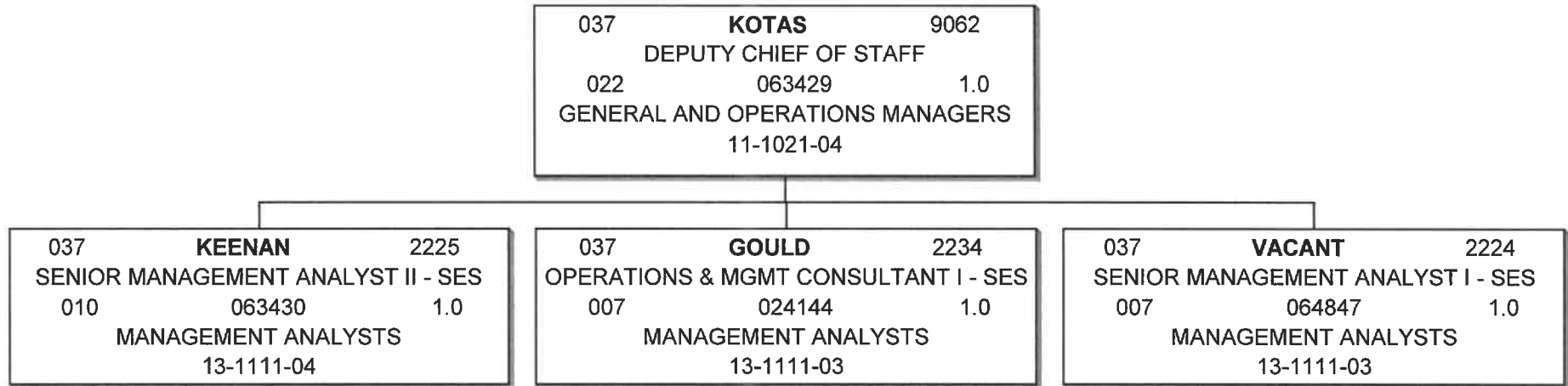
Effective Date: July 1, 2019
Org. Level: 68-10-10-00-000
FTEs: 3 Positions : 3



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Deputy Chief of Staff

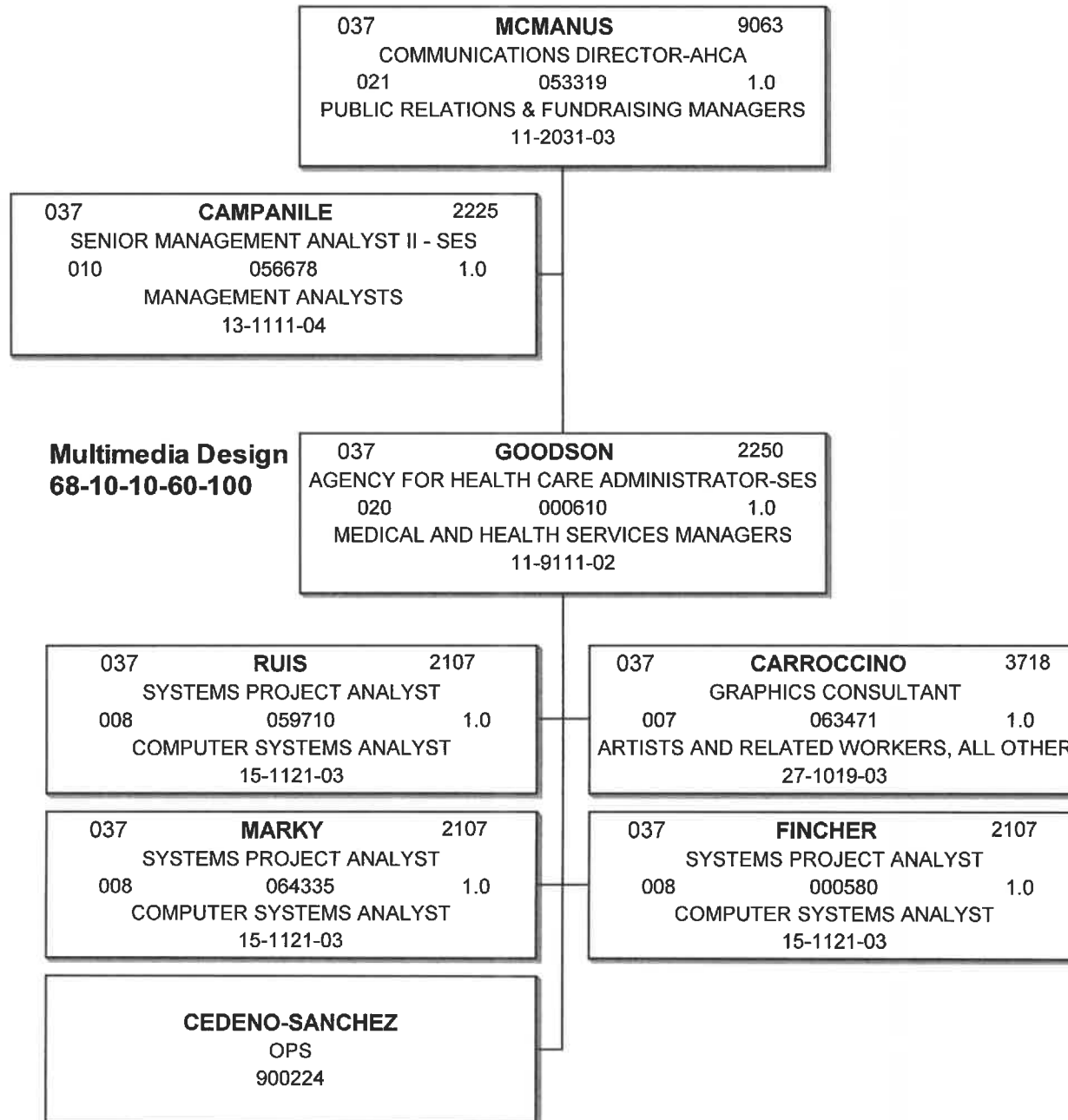
Effective Date: July 1, 2019
Org. Level: 68-10-10-00-001
FTEs: 4 Positions : 4



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Communications Office

Effective Date: July 1, 2019
Org. Level: 68-10-10-60-000
FTEs: 8 Positions : 8



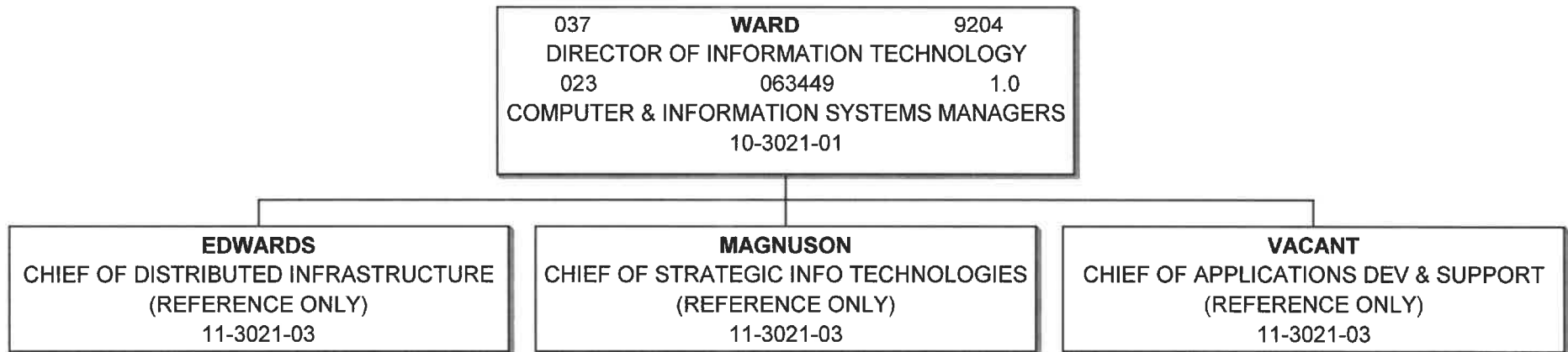
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff - Division of Information Technology

Director's Office

Effective Date: July 1, 2019
Org. Level: 68-10-10-40-000
FTEs: 3 Positions : 3

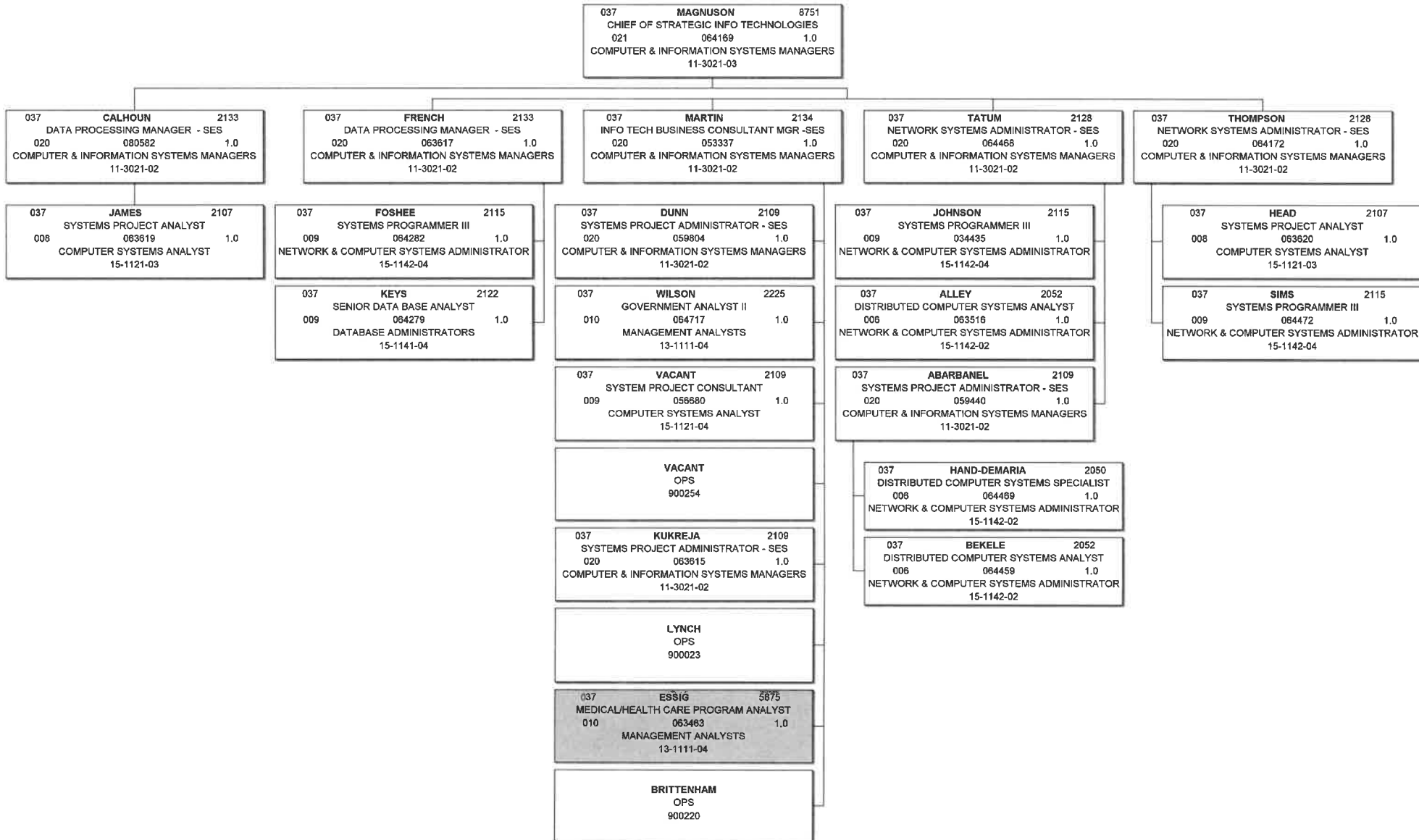


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

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

Effective Date: July 1, 2019
Org. Level: 68-10-10-40-003
FTEs: 20 Positions : 20

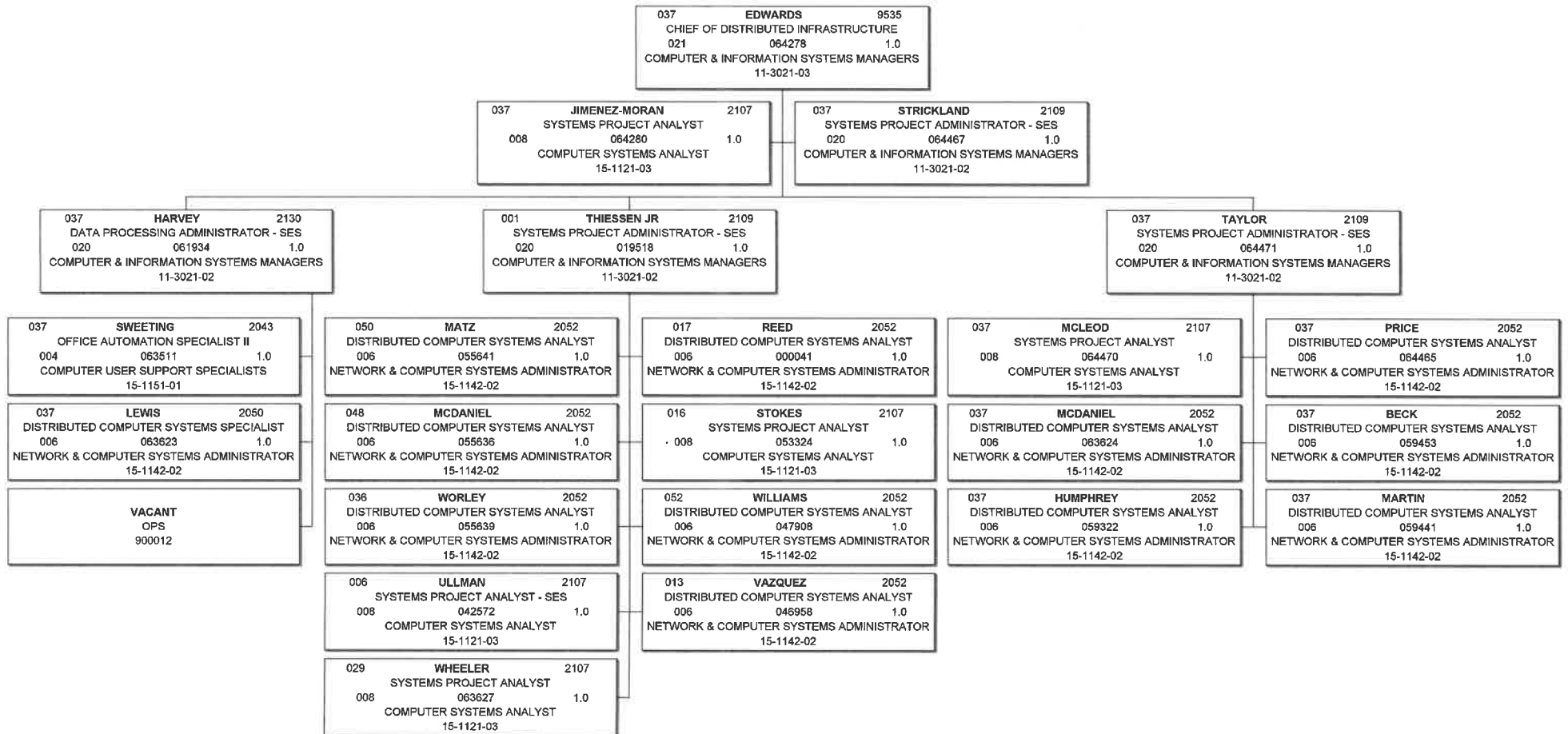


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

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

Effective Date: July 1, 2019
Org. Level: 68-10-10-40-002
FTEs: 23 Positions : 23



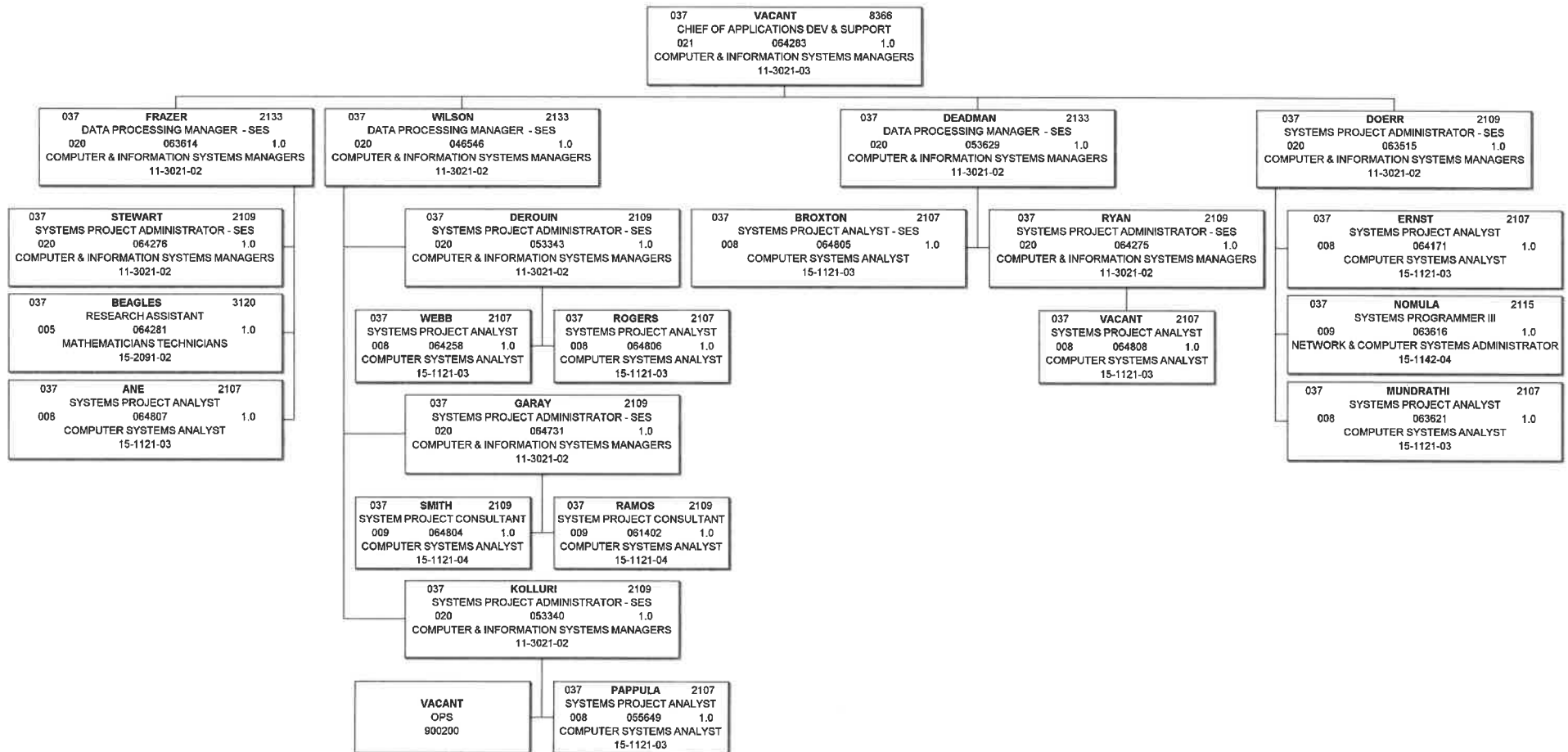
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff - Division of Information Technology

Bureau of Application Development and Support

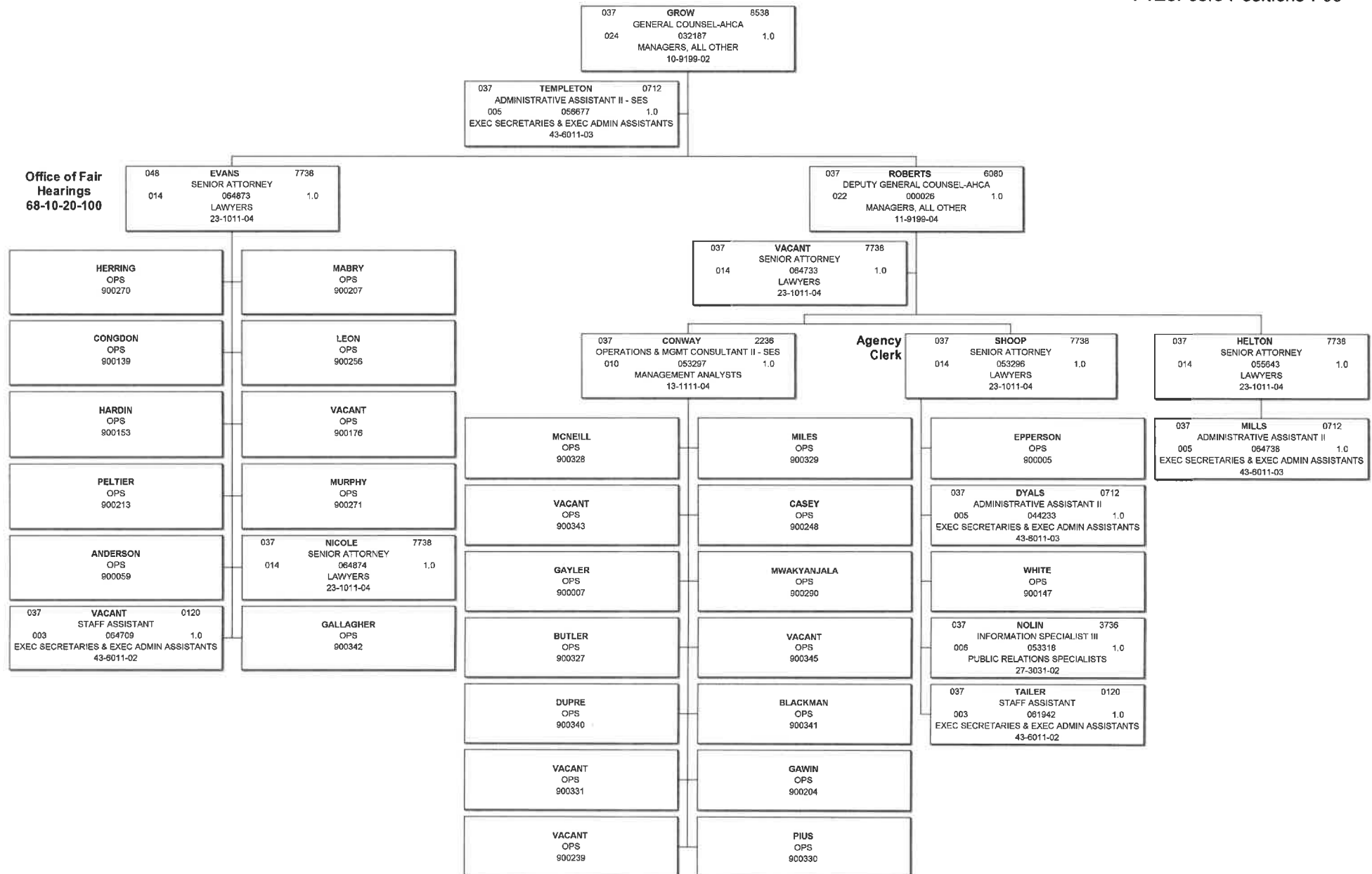
Effective Date: July 1, 2019
 Org. Level: 68-10-10-40-004
 FTEs: 24 Positions : 24



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction General Counsel

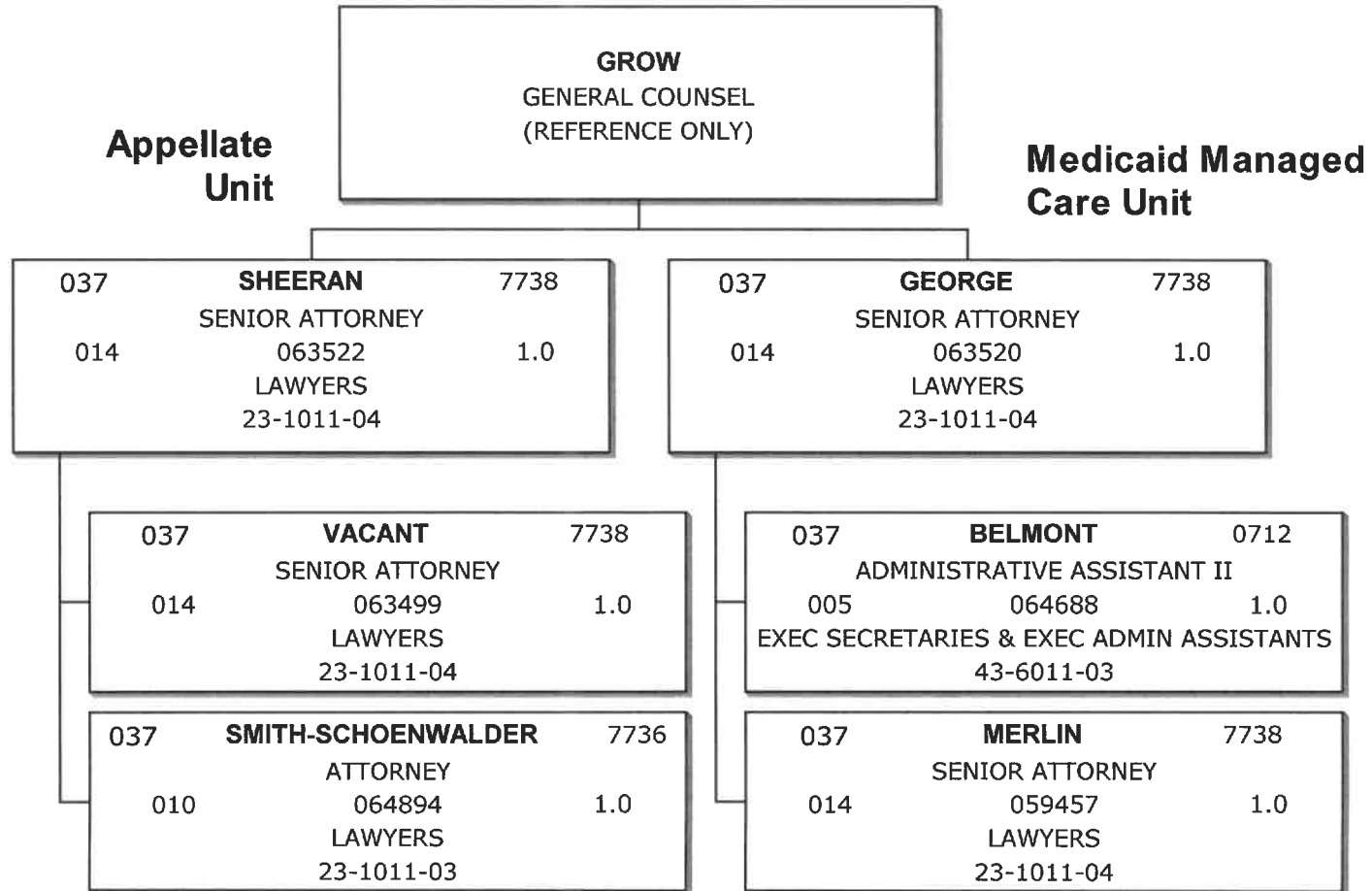
Effective Date: July 1, 2019
Org. Level: 68-10-20-00-000
FTEs: 65.5 Positions : 66



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction General Counsel

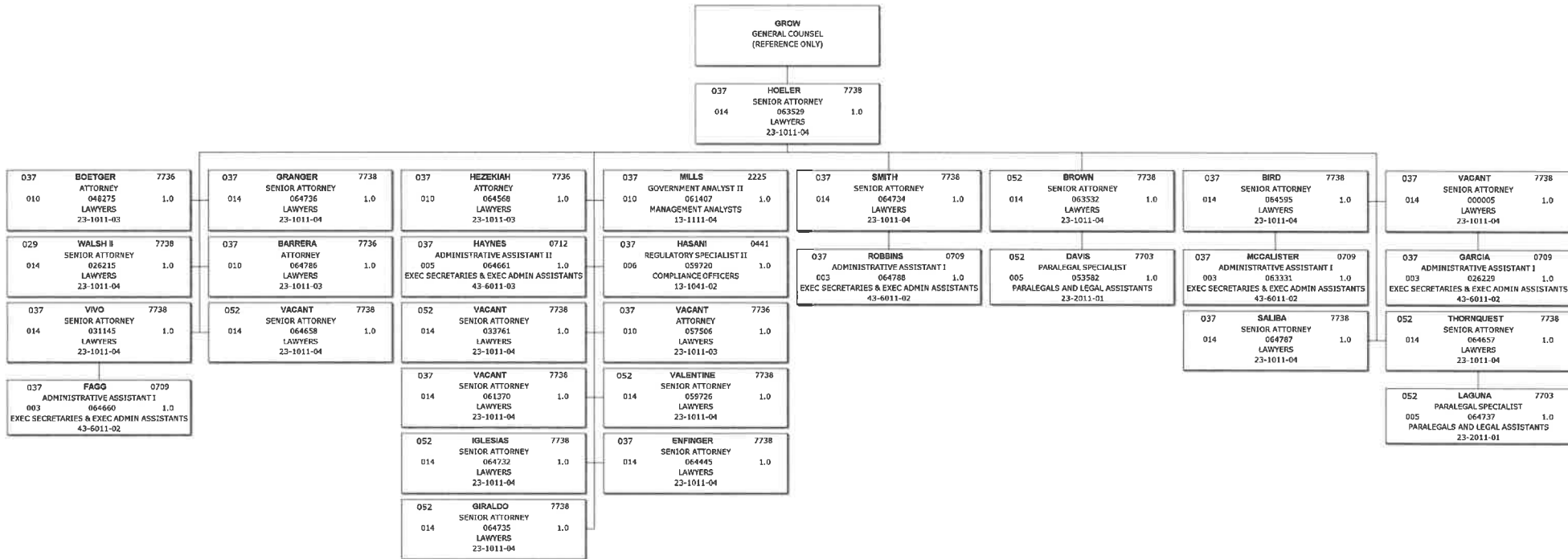
Effective Date: July 1, 2019
Org. Level: 68-10-20-00-000
FTEs: 65.5 Positions: 66



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction General Counsel - Facilities Legal

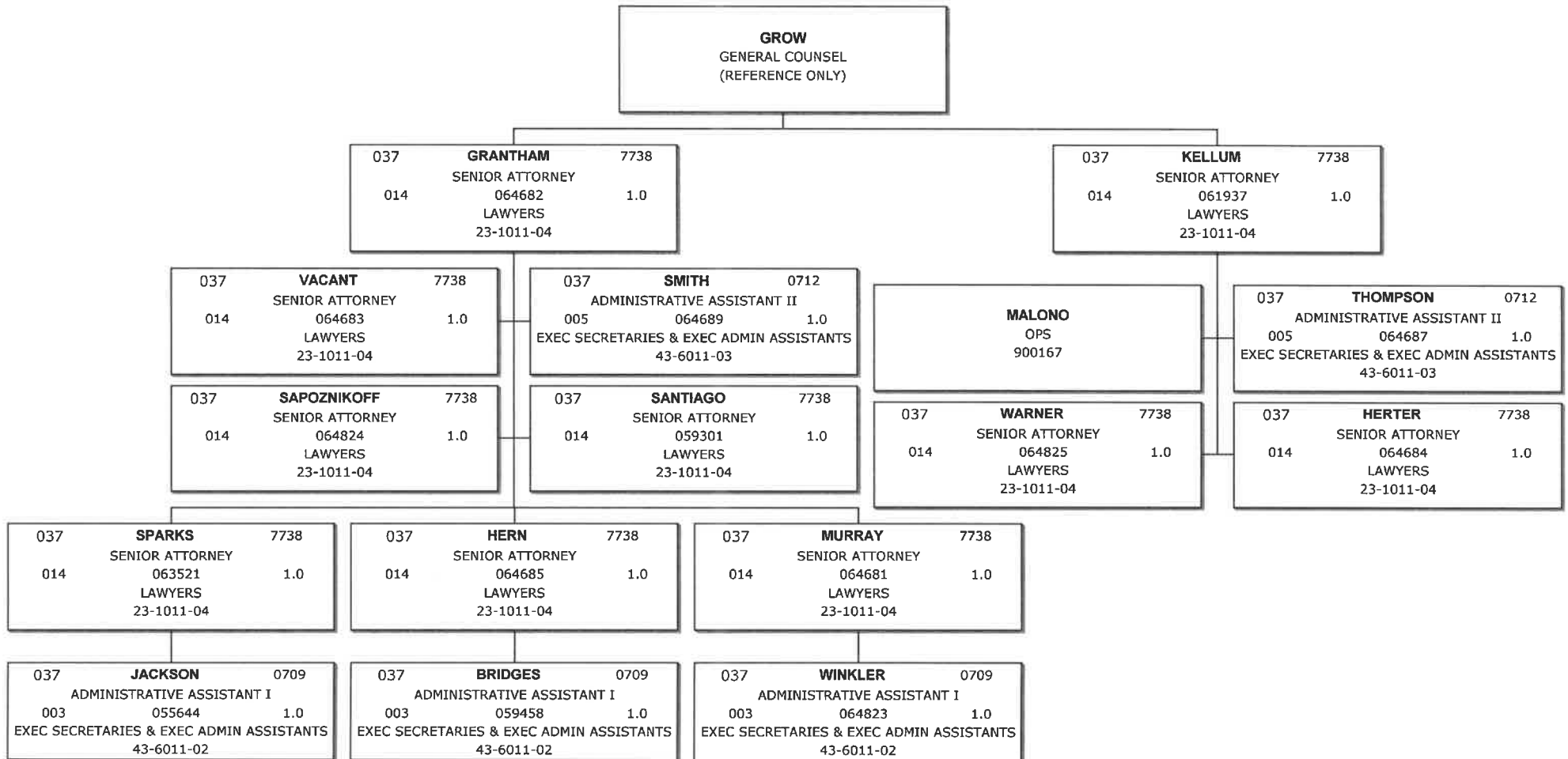
Effective Date: July 1, 2019
Org. Level: 68-10-20-00-000
FTEs: 65.5 Positions: 66



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction General Counsel - Medicaid Legal

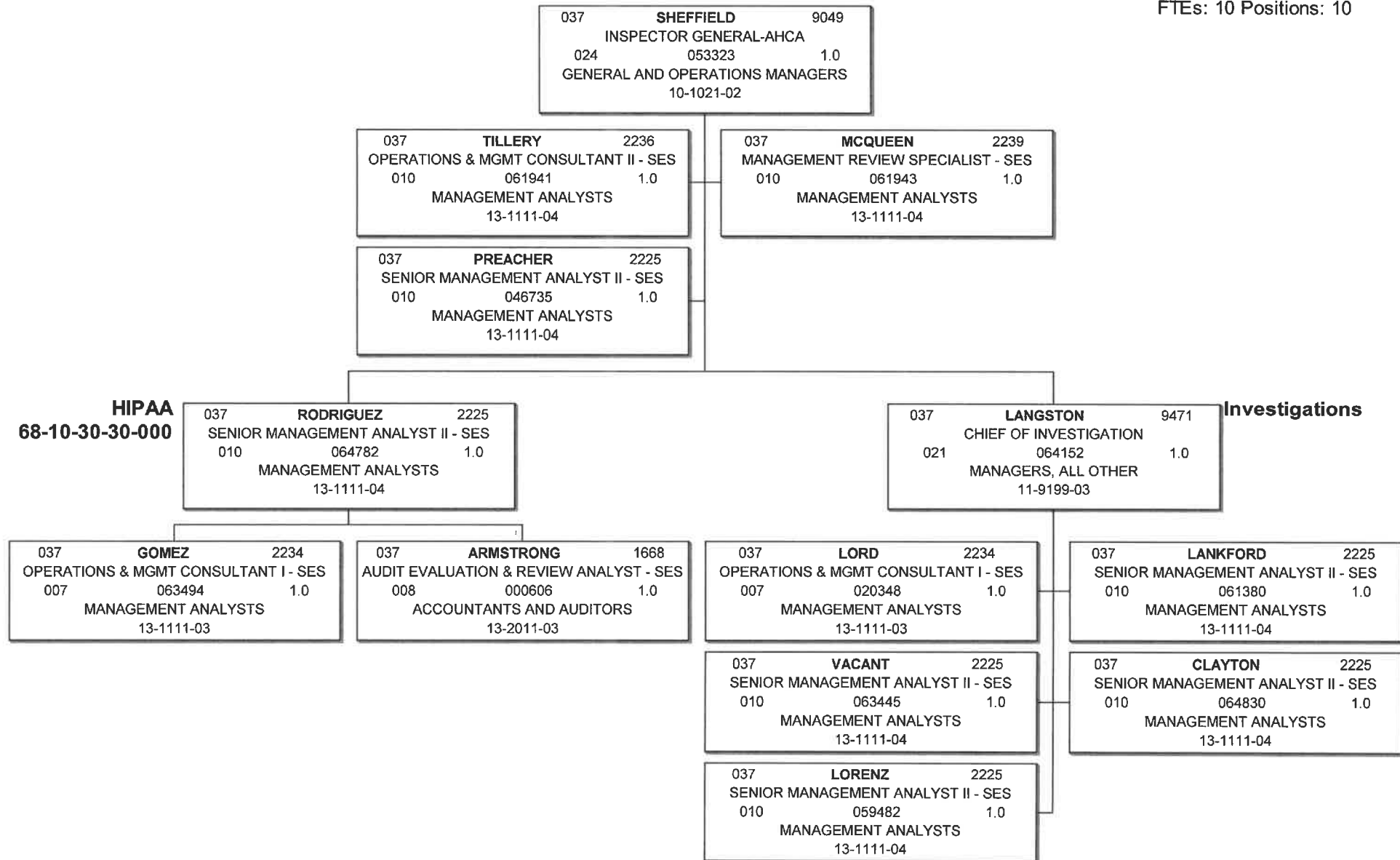
Effective Date: July 1, 2019
Org. Level: 68-10-20-00-000
FTEs: 65.5 Positions : 66



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Inspector General

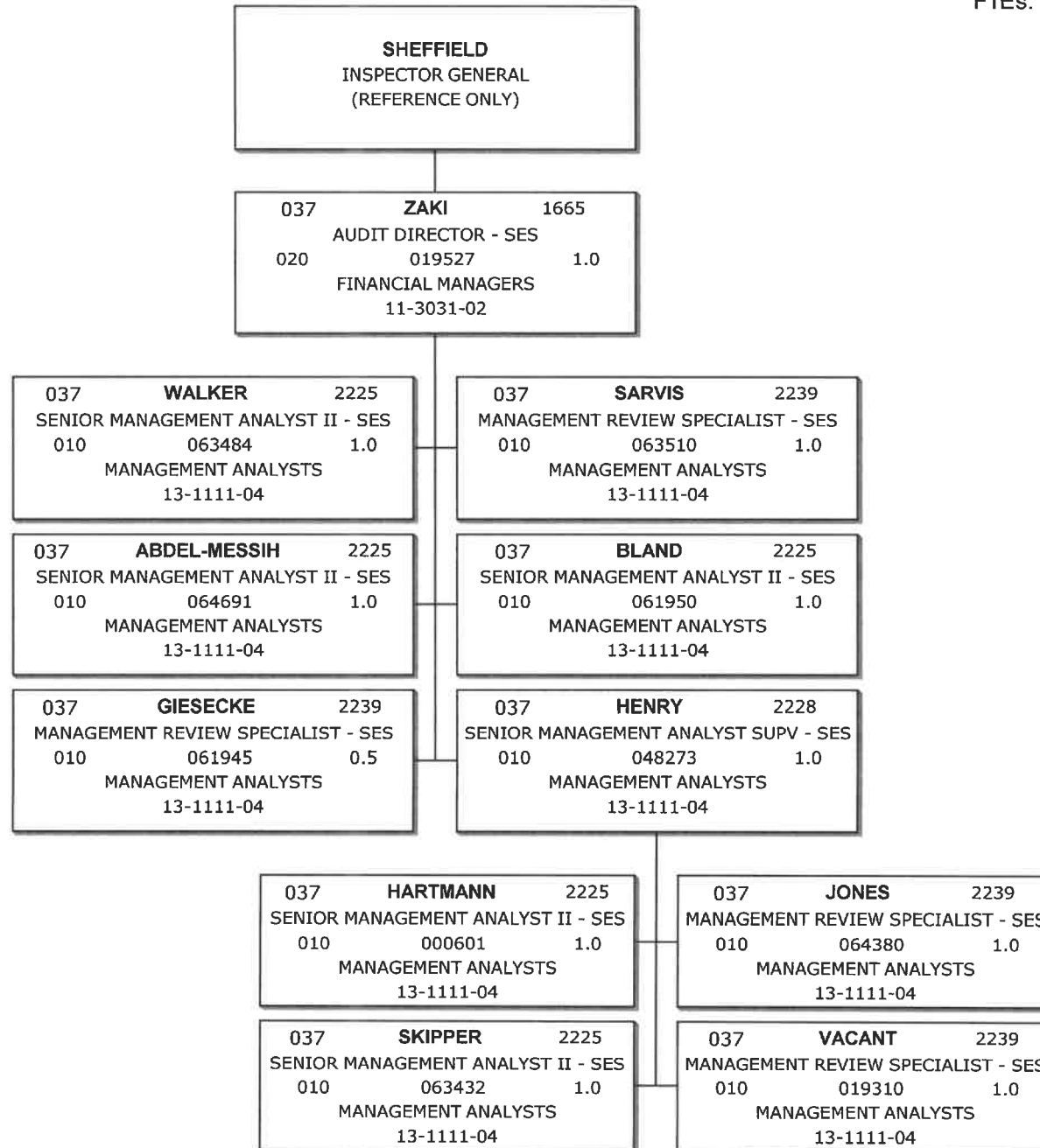
Effective Date: July 1, 2019
Org. Level: 68-10-30-00-000
FTEs: 10 Positions: 10



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Inspector General - Internal Audit

Effective Date: July 1, 2019
Org. Level: 68-10-30-20-000
FTEs: 10 Positions: 10

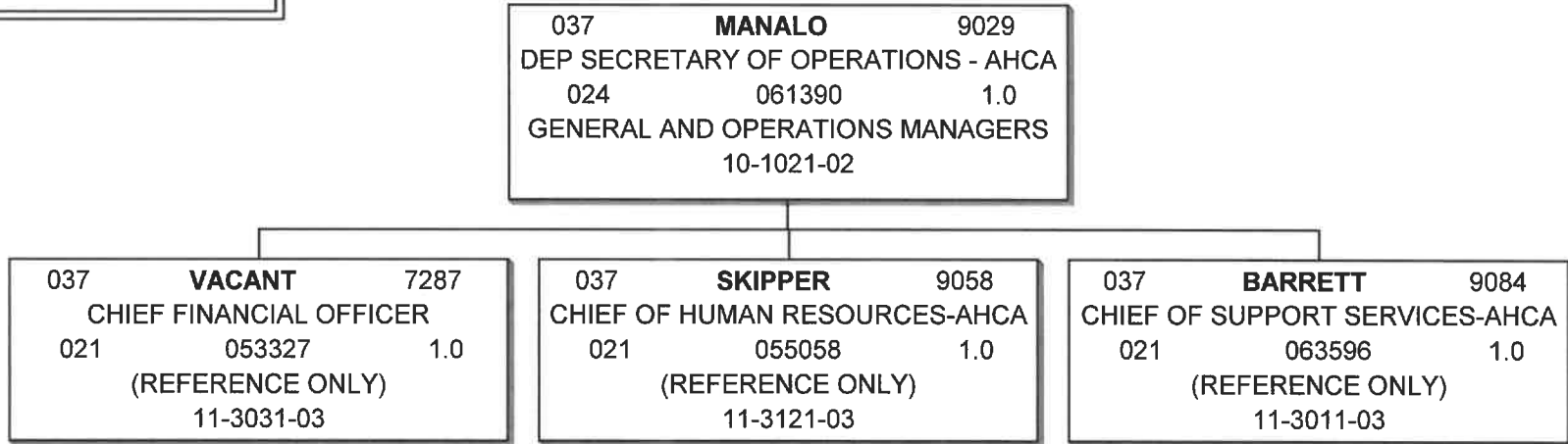


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Deputy Secretary's Office

Effective Date: July 1, 2019
Org. Level: 68-20-00-00-000
FTEs: 1 Positions: 1

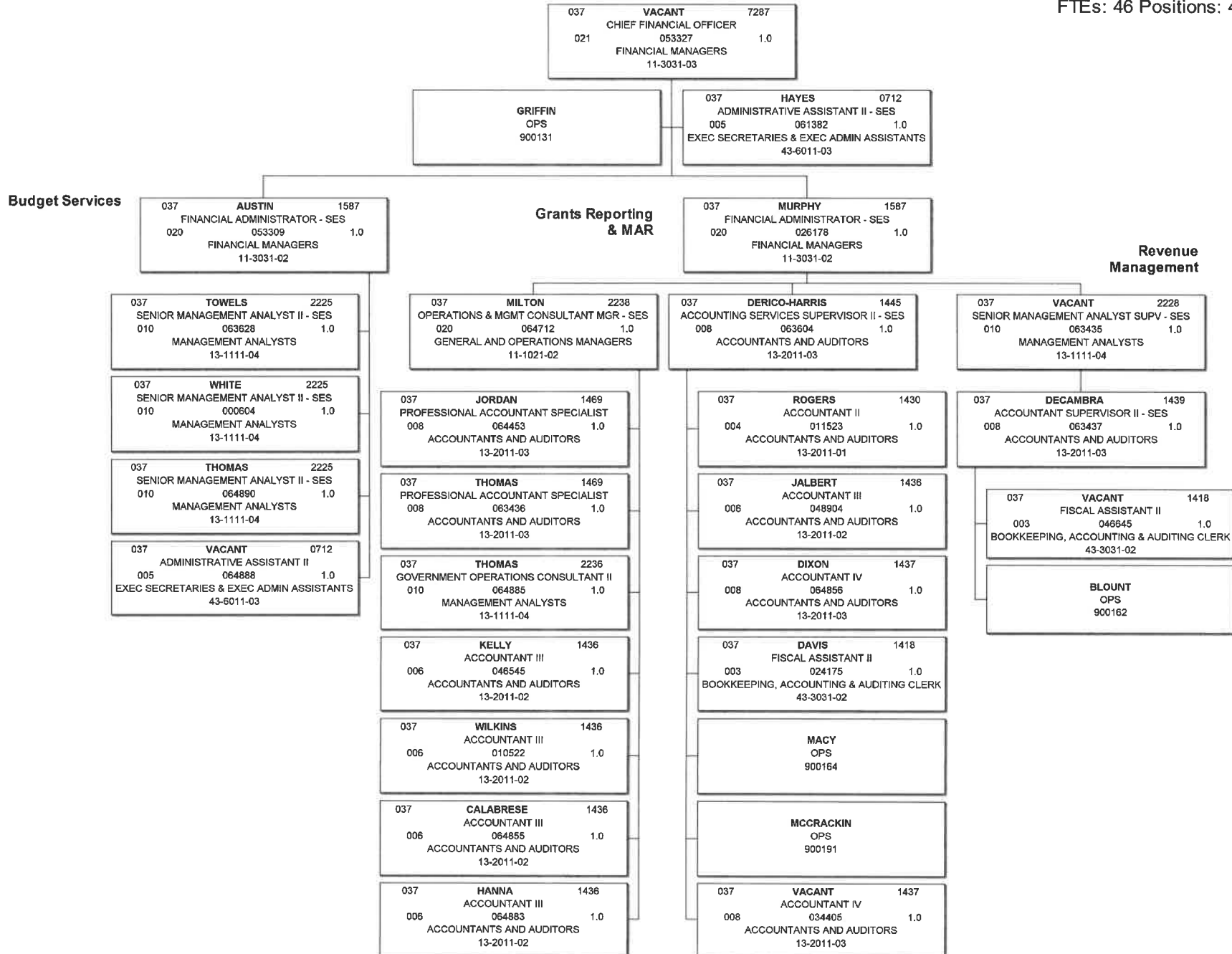
Division of Operations FTE: 84
Division of Operations # Positions: 84



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Bureau of Financial Services

Effective Date: July 1, 2019
Org. Level: 68-20-15-00-000
FTEs: 46 Positions: 46

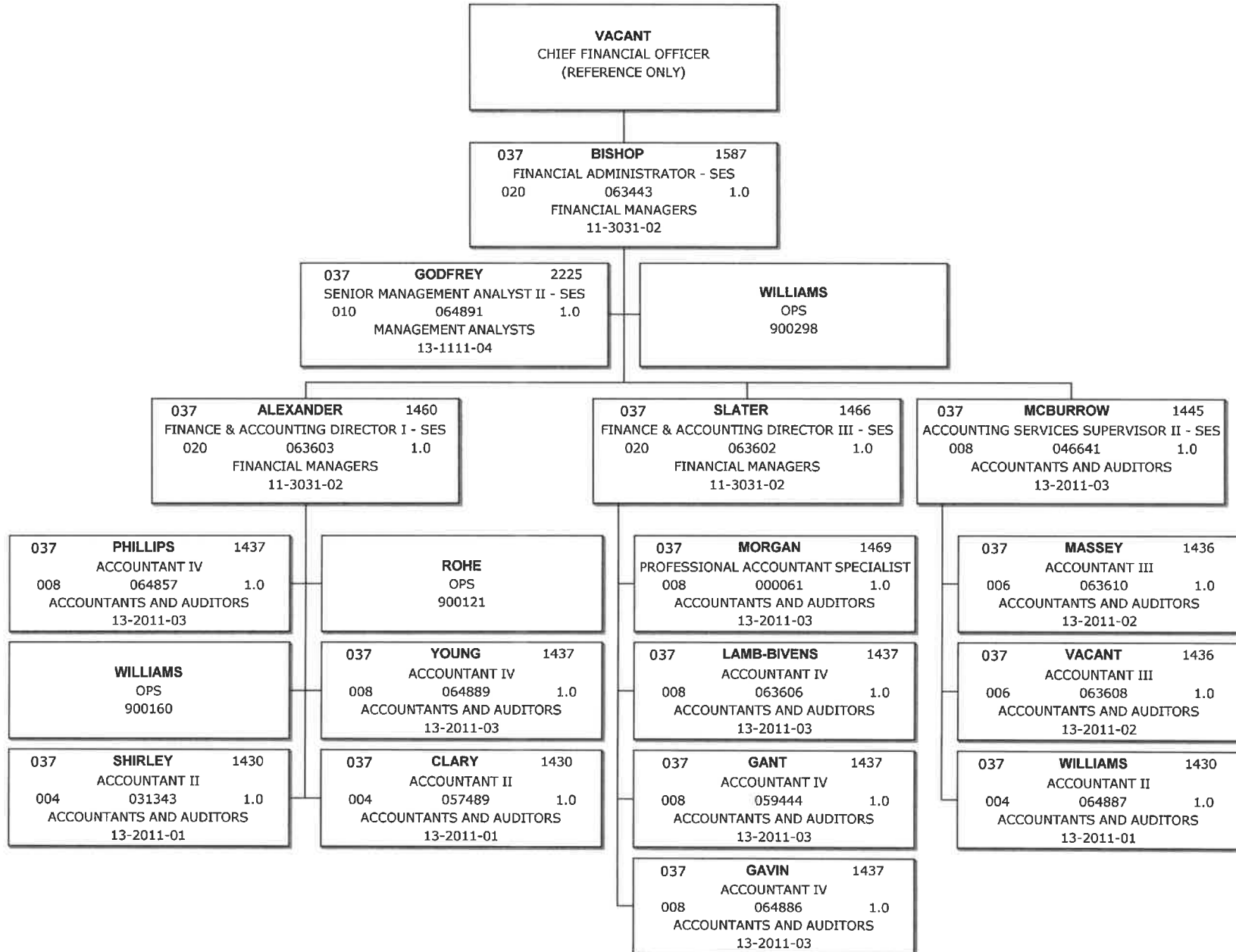


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Bureau of Financial Services

Accounting Policy & Systems/Disbursements

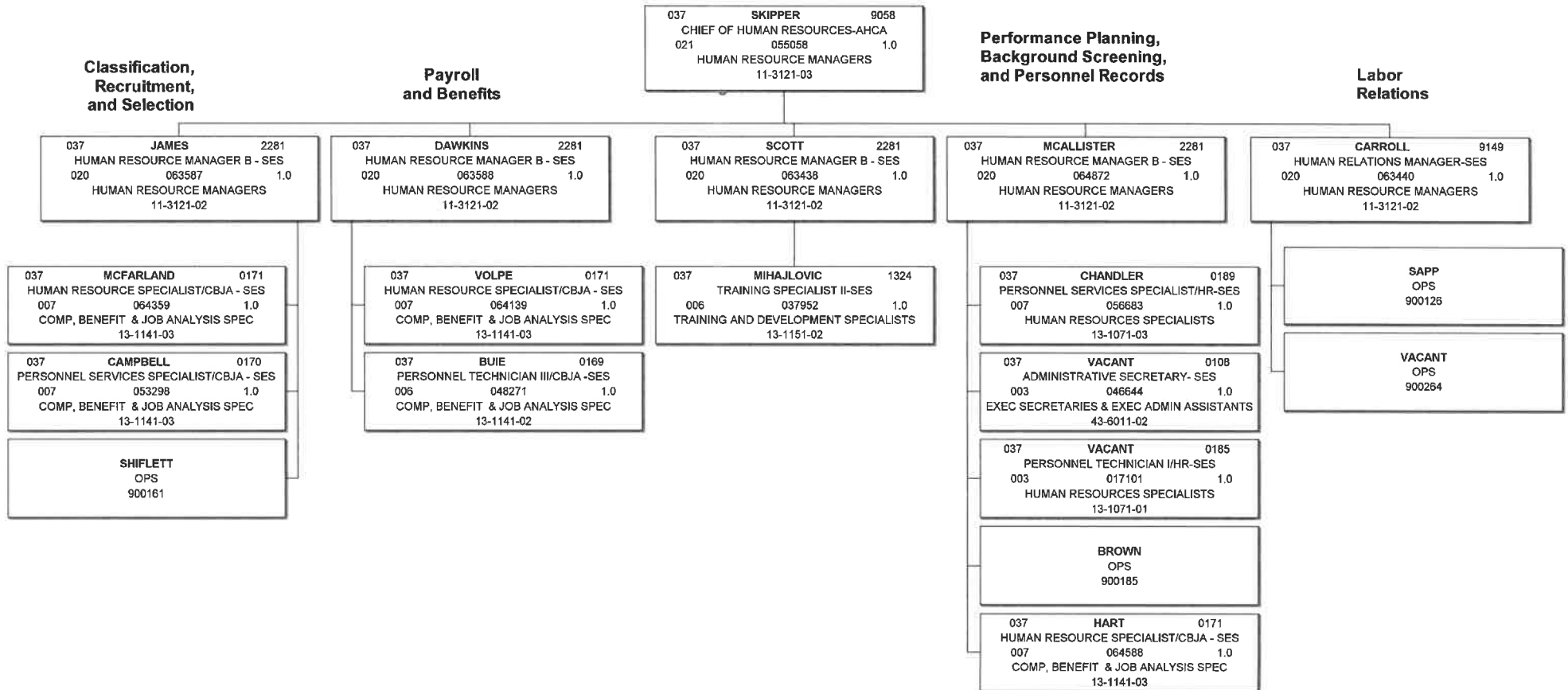
Effective Date: July 1, 2019
Org. Level: 68-20-15-00-000
FTEs: 46 Positions: 46



AGENCY FOR HEALTH CARE ADMINISTRATION

Division Of Operations Bureau of Human Resources

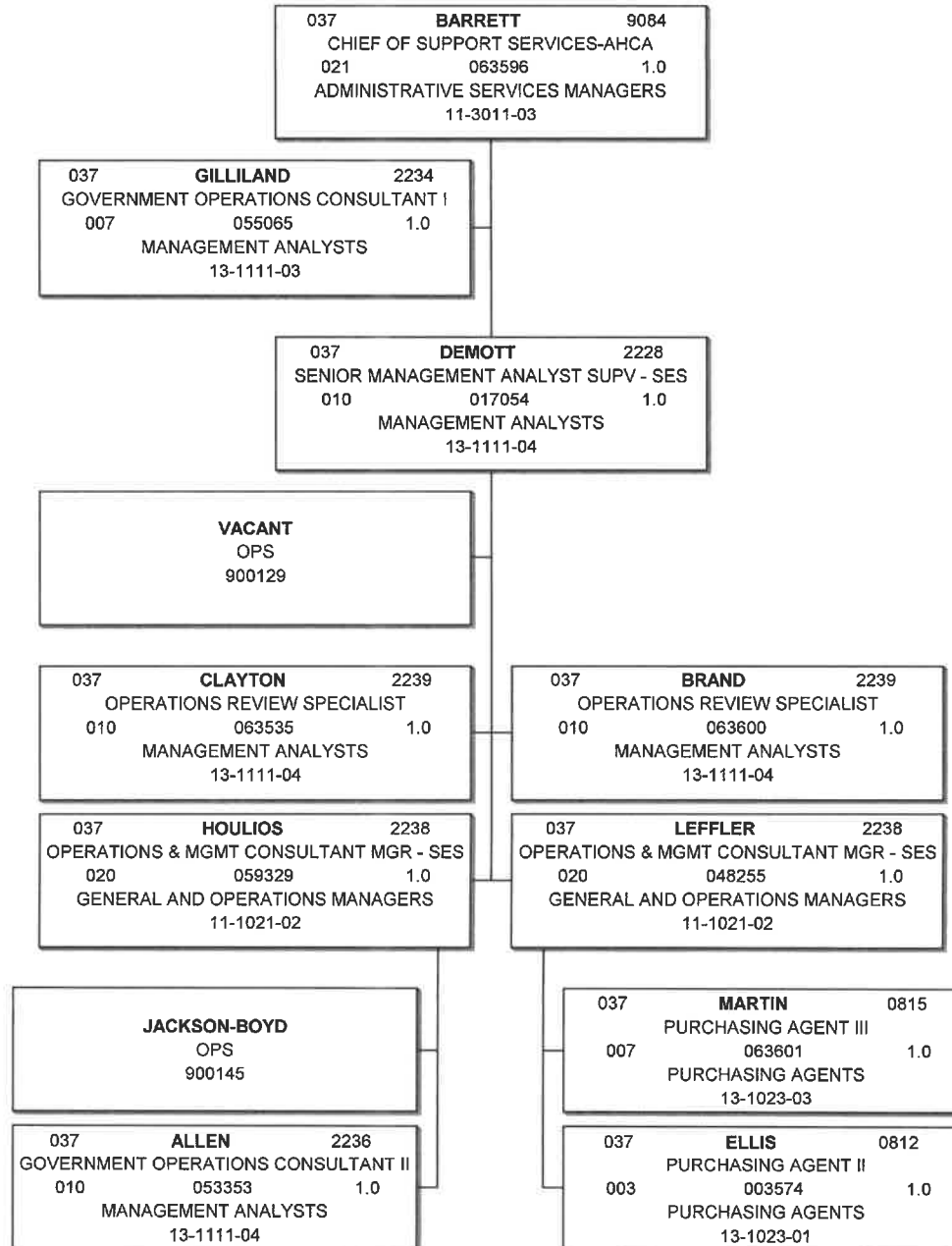
Effective Date: July 1, 2019
Org. Level: 68-20-20-00-000
FTEs: 15 Positions: 15



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Bureau of Support Services Purchasing & Contract Administration

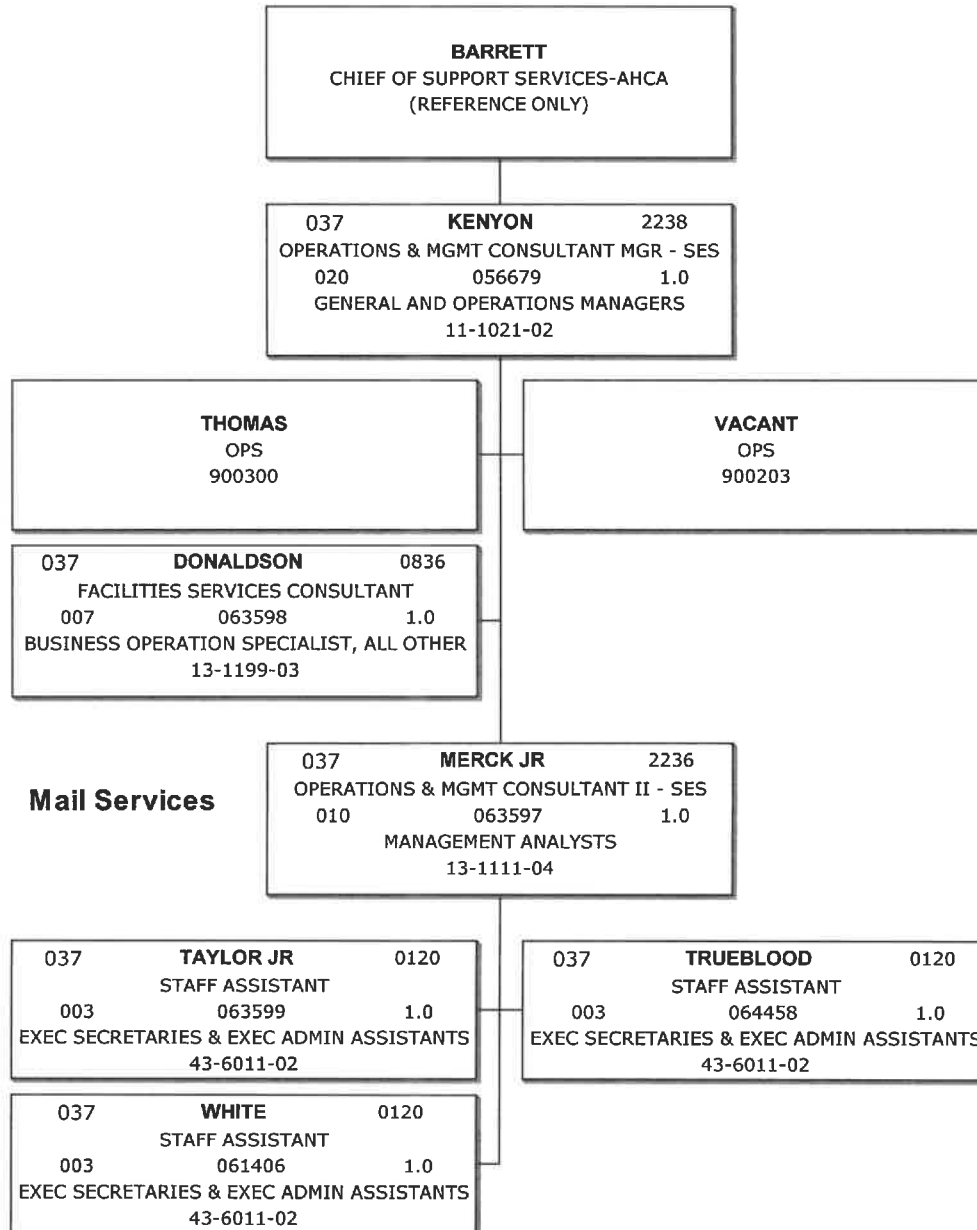
Effective Date: July 1, 2019
Org. Level: 68-20-40-00-000
FTEs: 16 Positions: 16



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations Bureau of Support Services Facilities Management

Effective Date: July 1, 2019
Org. Level: 68-20-40-00-000
FTEs: 16 Positions: 16

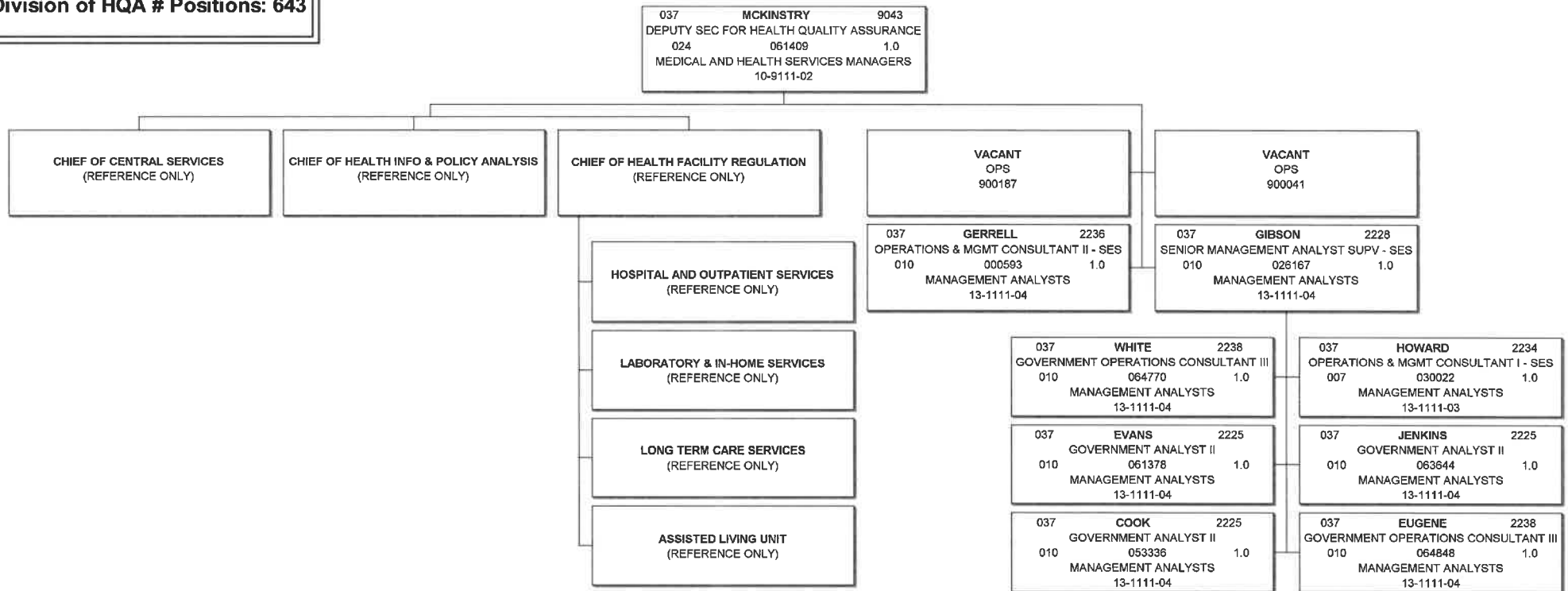


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Deputy Secretary's Office

Effective Date: July 1, 2019
Org. Level: 68-30-00-00-000
FTEs: 7 Positions: 7

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

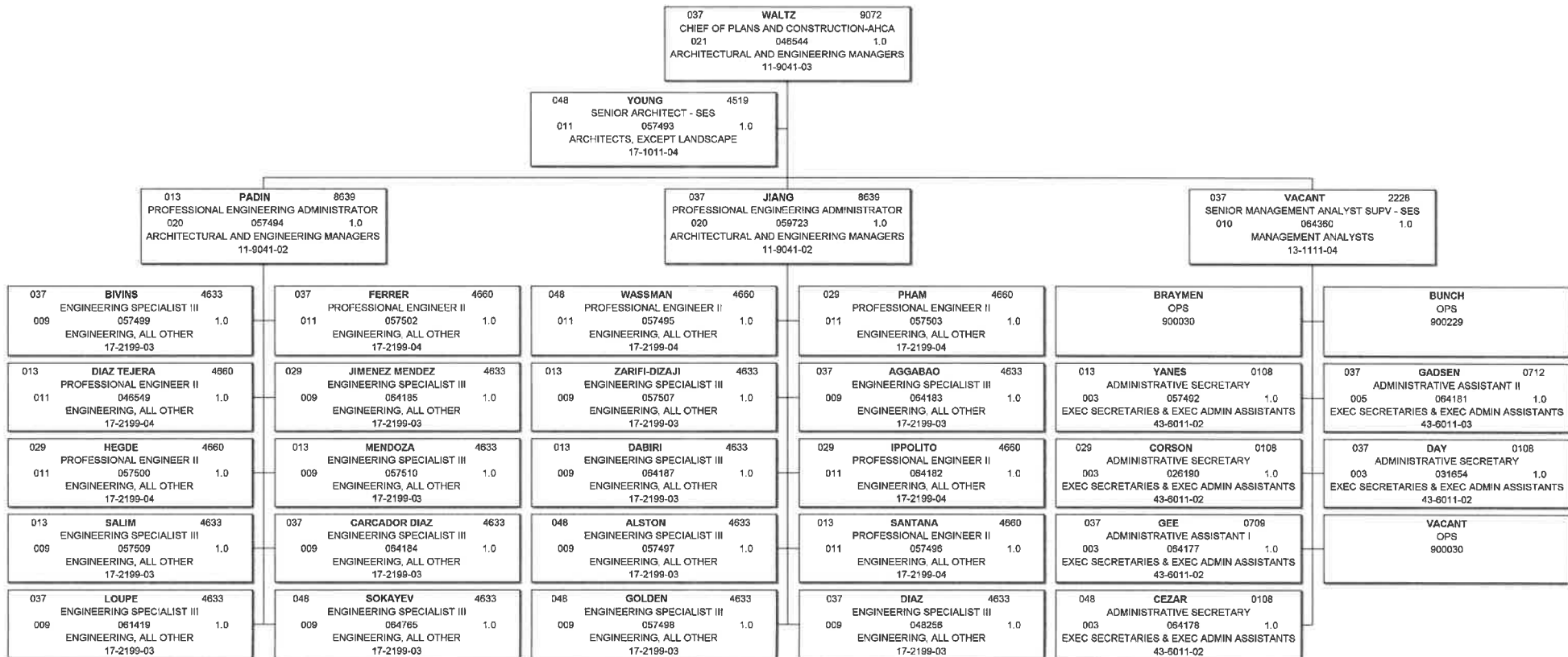


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Plans and Construction

Effective Date: July 1, 2019
 Org. Level: 68-30-10-00-000
 FTEs: 42 Positions: 42

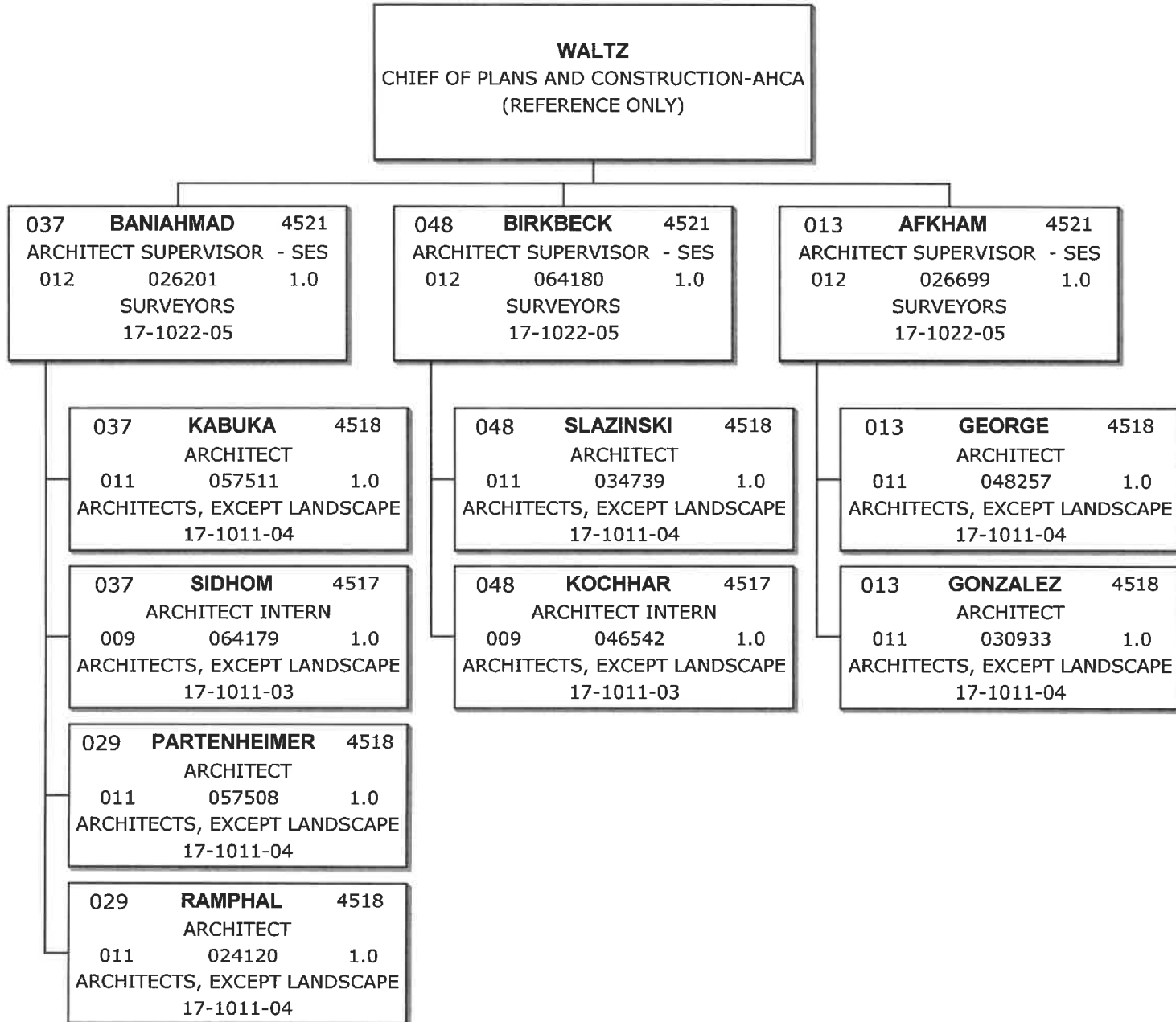


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Plans and Construction

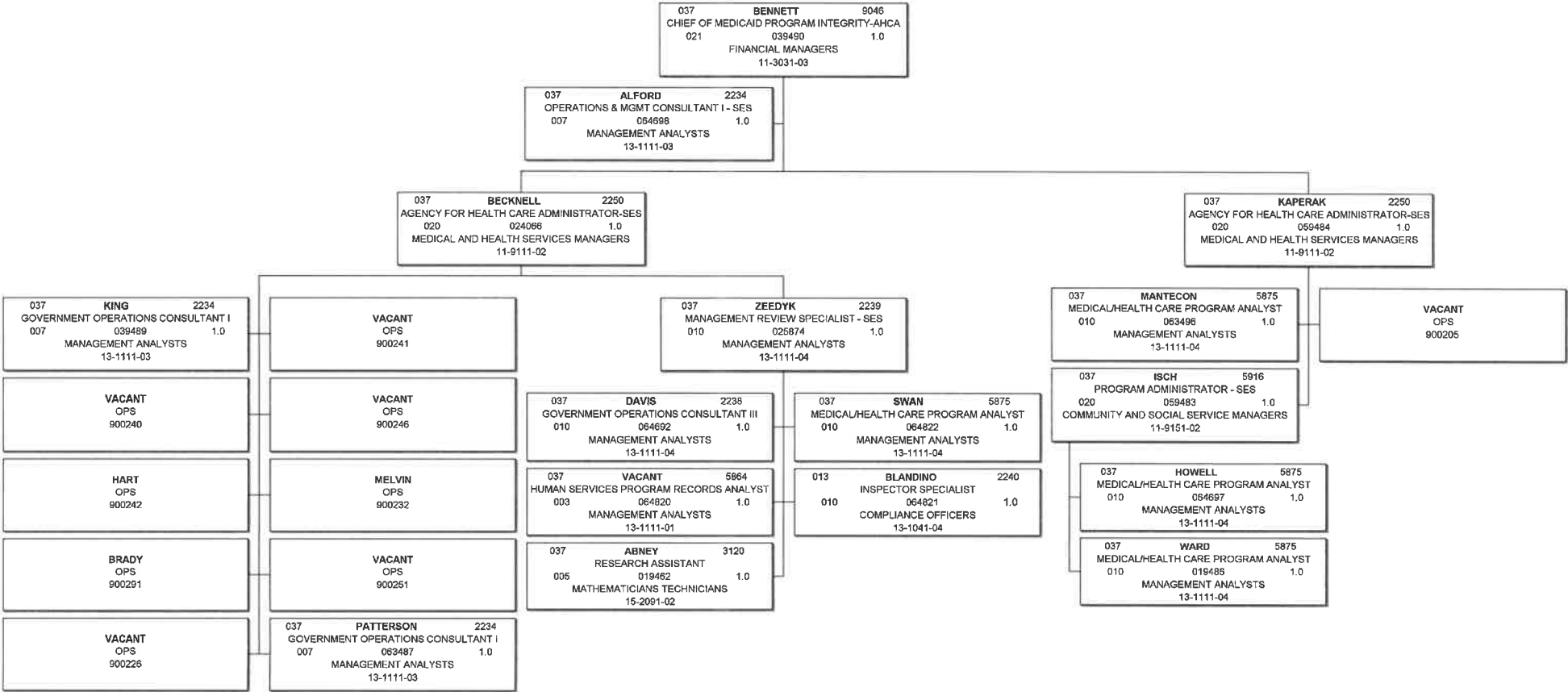
Effective Date: July 1, 2019
 Org. Level: 68-30-10-00-000
 FTEs: 42 Positions: 42



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance Bureau of Medicaid Program Integrity

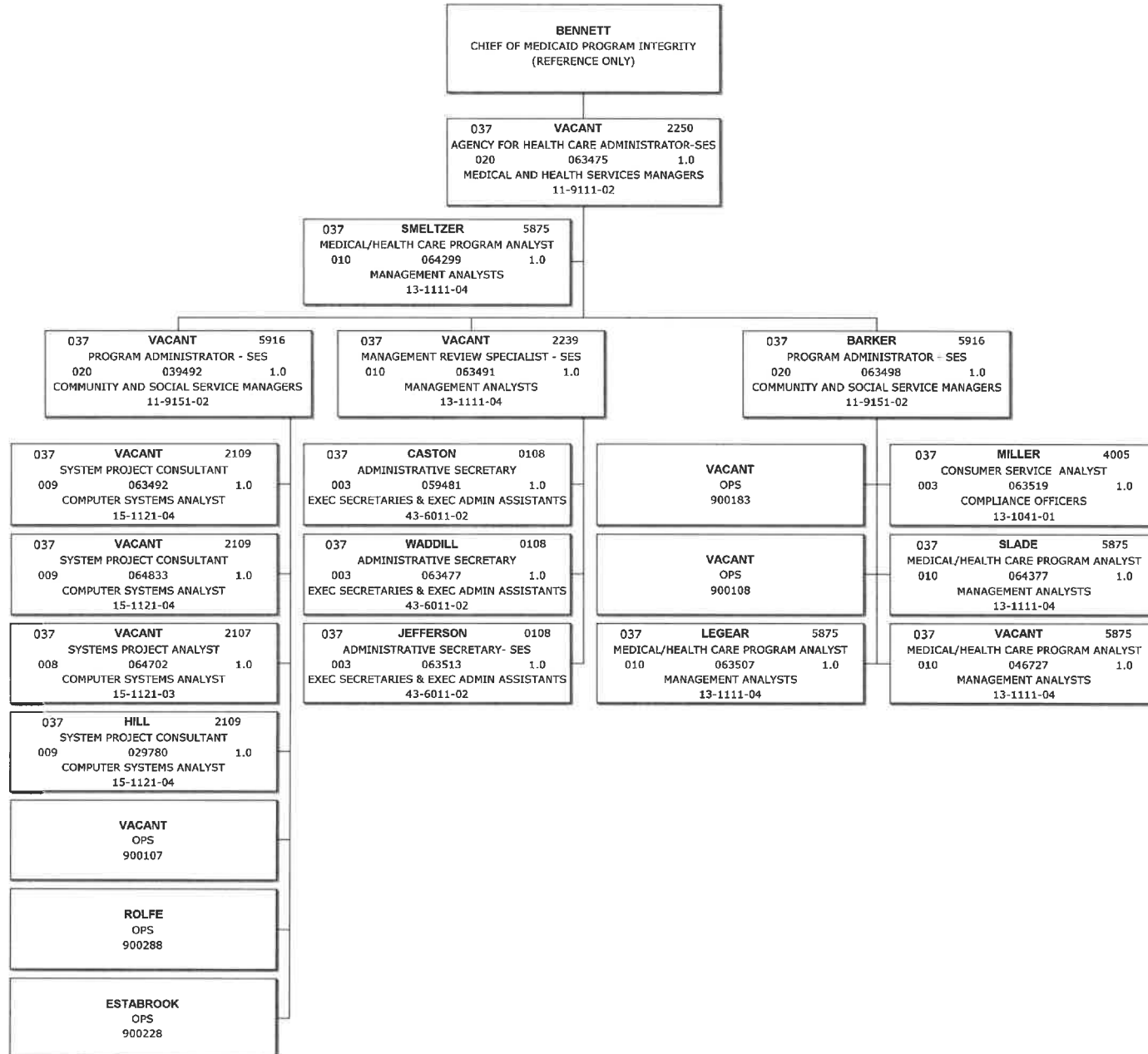
Effective Date: July 1, 2019
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance Bureau of Medicaid Program Integrity Data Analysis Unit

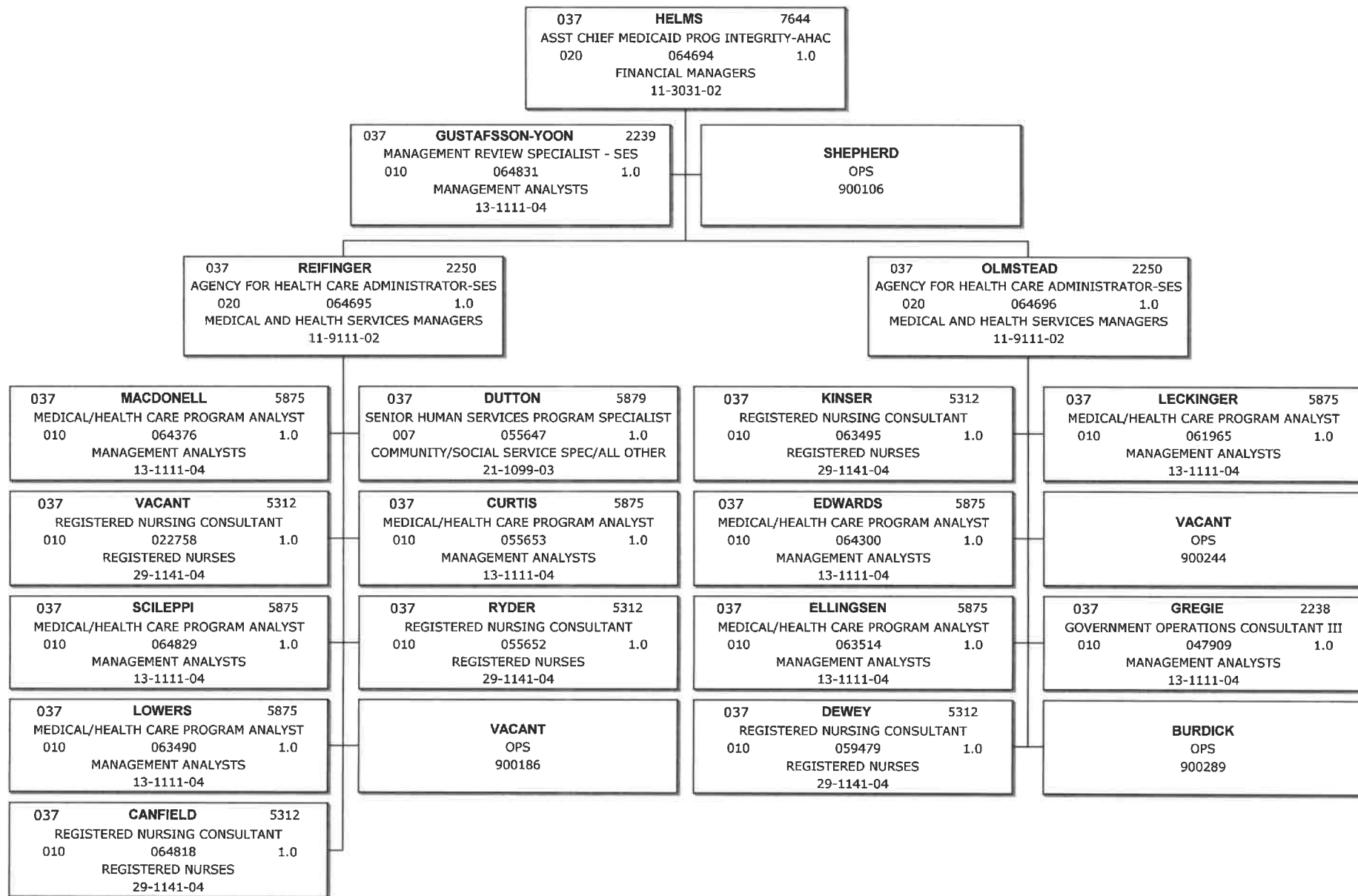
Effective Date: July 1, 2019
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance Bureau of Medicaid Program Integrity

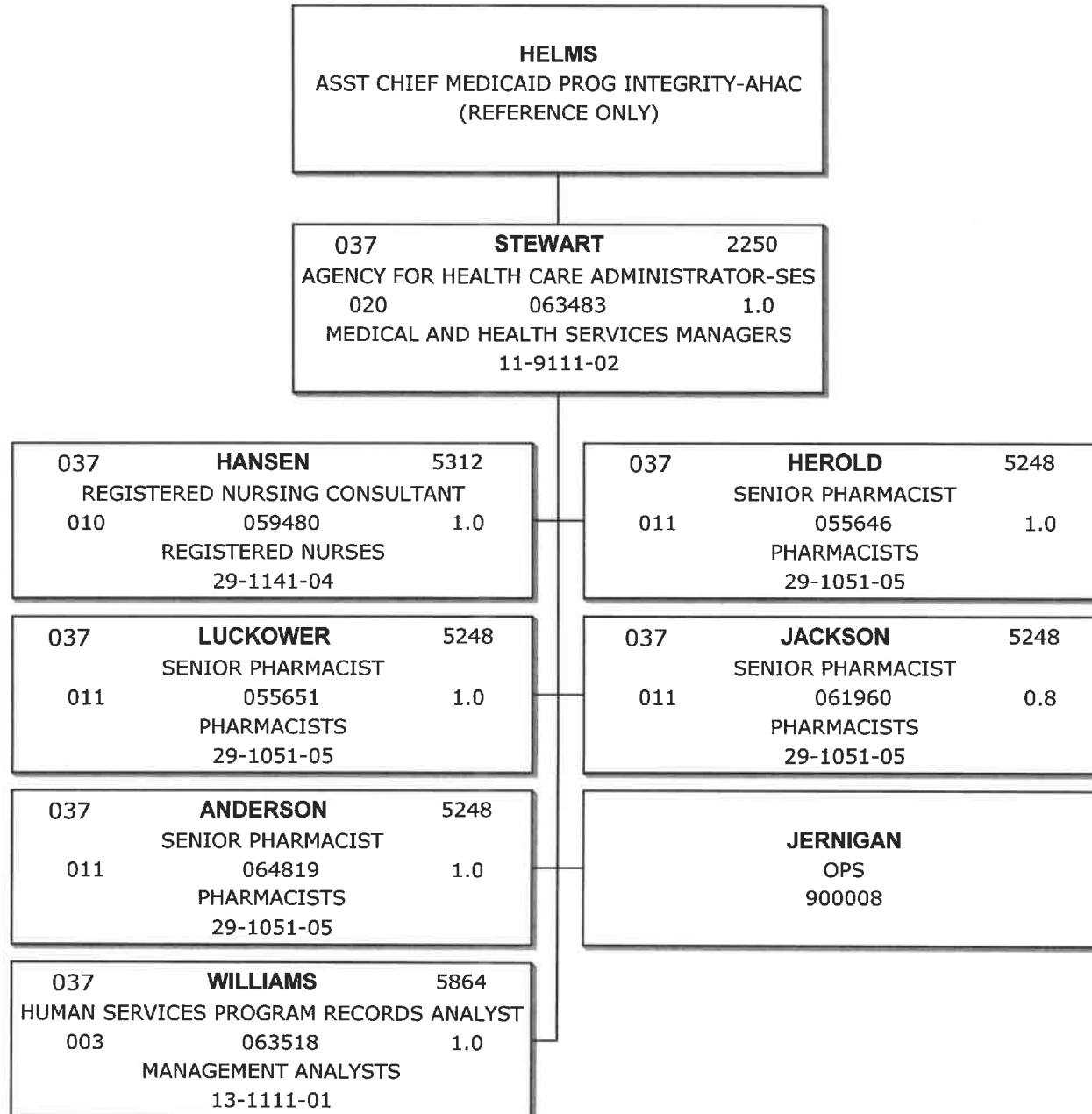
Effective Date: July 1, 2019
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance Bureau of Medicaid Program Integrity

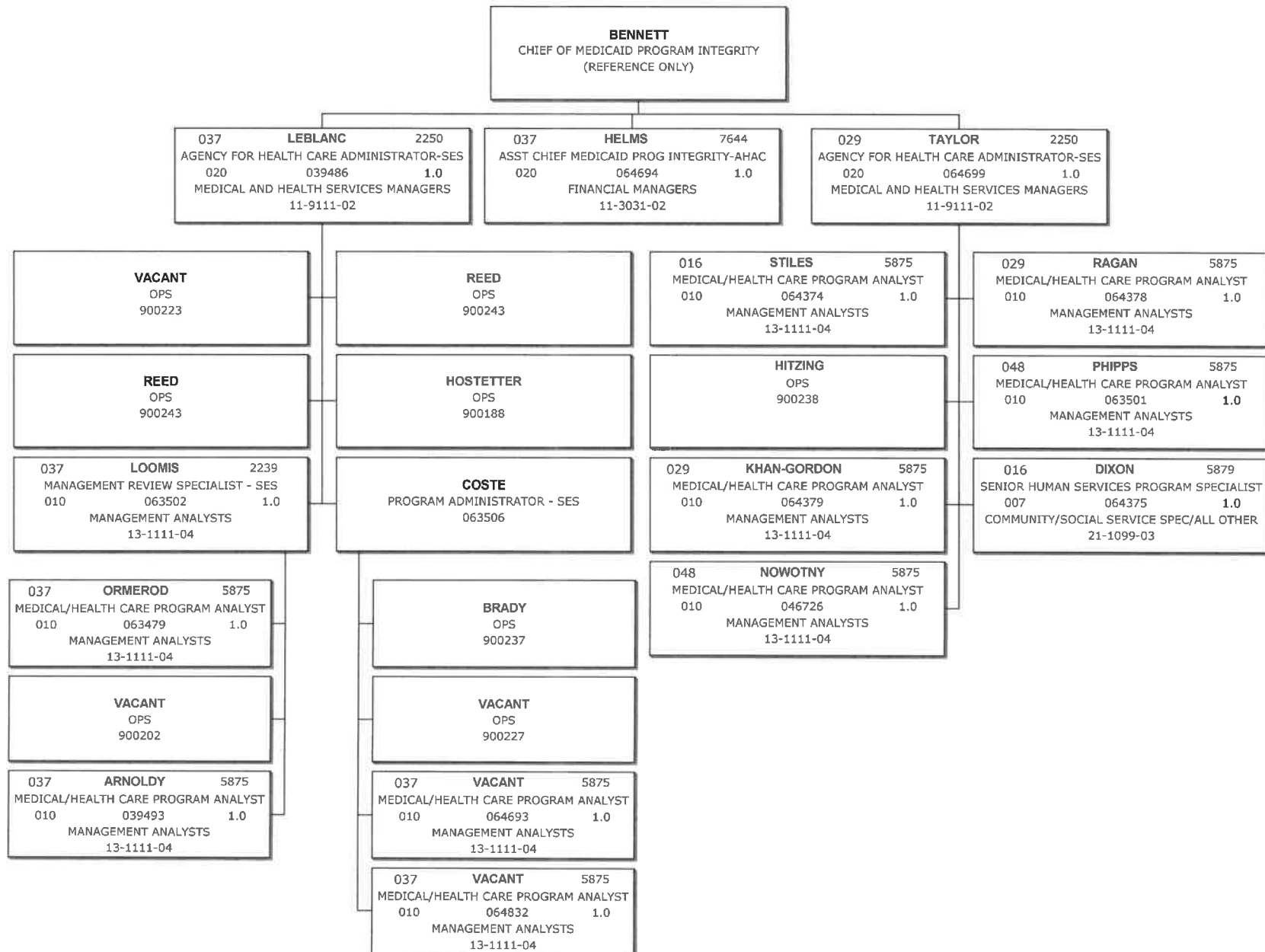
Effective Date: July 1, 2019
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance Bureau of Medicaid Program Integrity

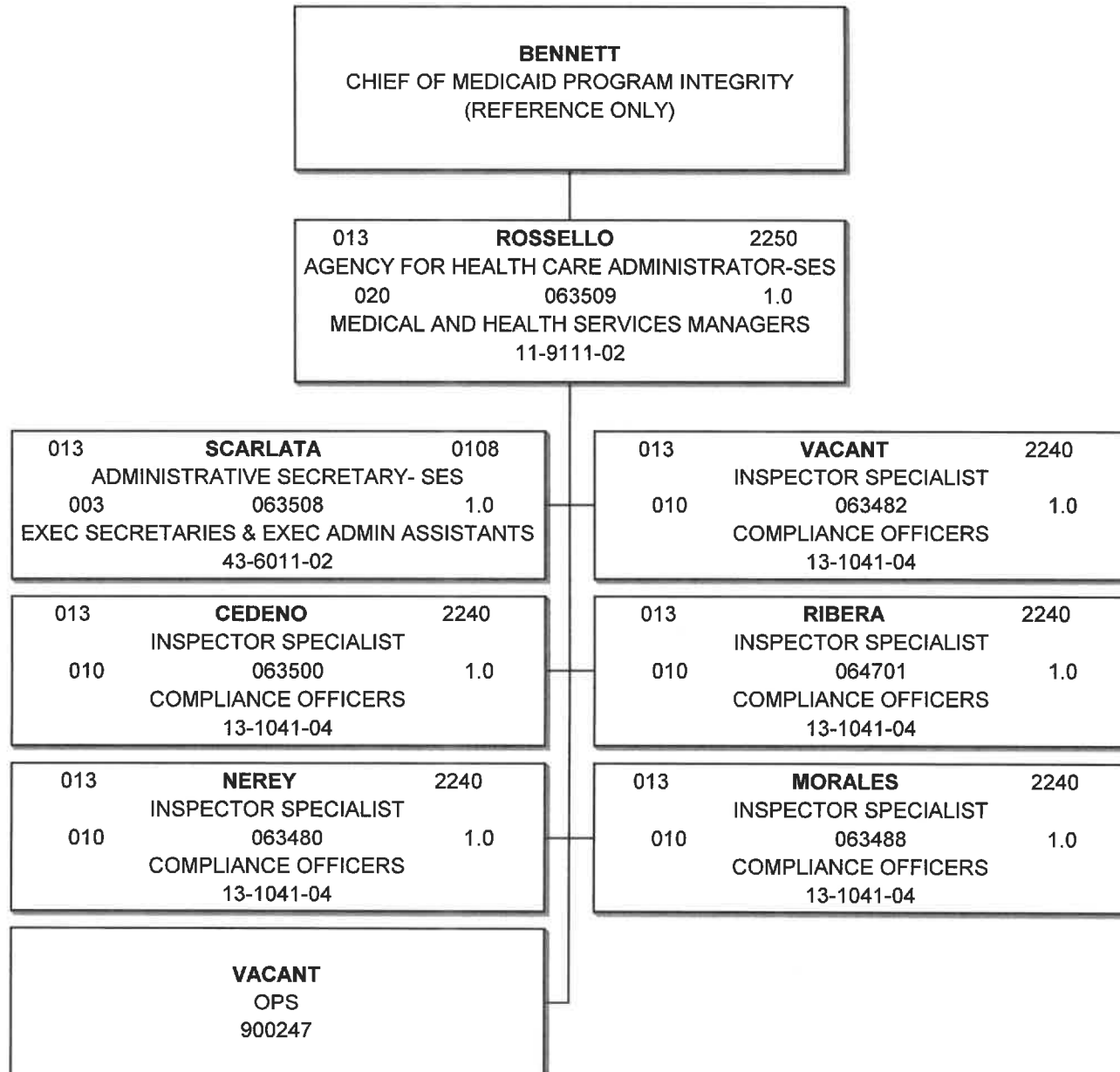
Effective Date: July 1, 2019
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance Bureau of Medicaid Program Integrity Field Operations Miami

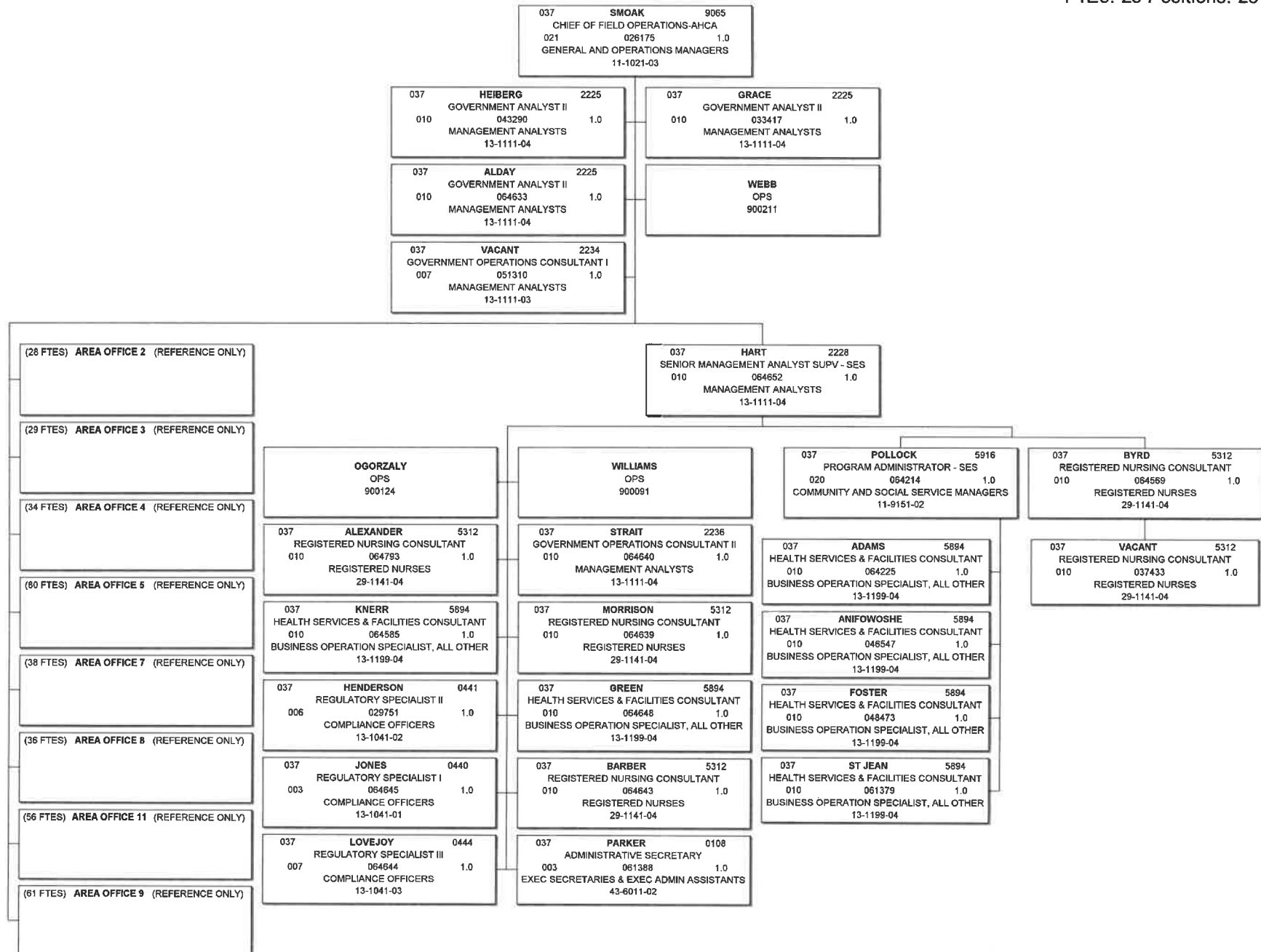
Effective Date: July 1, 2019
Org. Level: 68-10-30-10-011
FTEs: 8 Positions: 8



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Field Operations

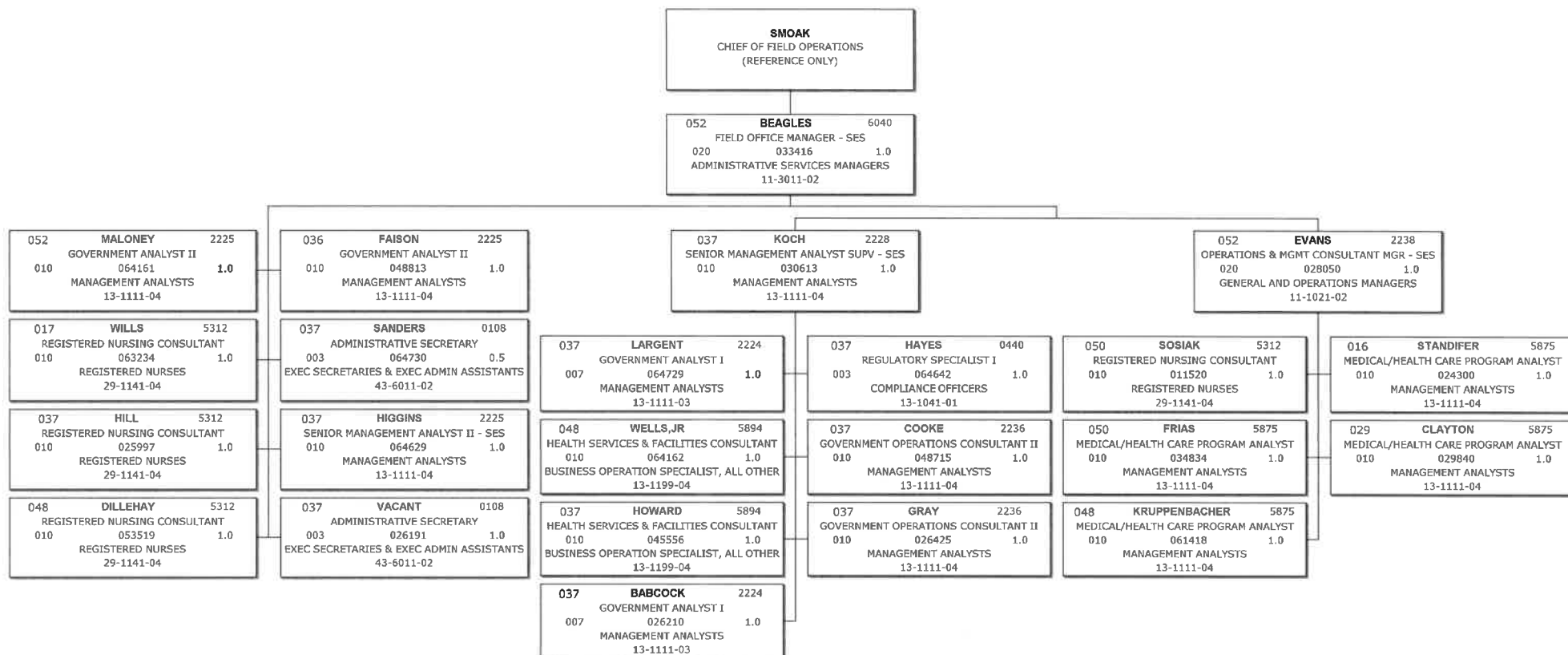
Effective Date: July 1, 2019
Org. Level: 68-30-30-00-000
FTEs: 23 Positions: 23



AGENCY FOR HEALTH CARE ADMINISTRATION

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

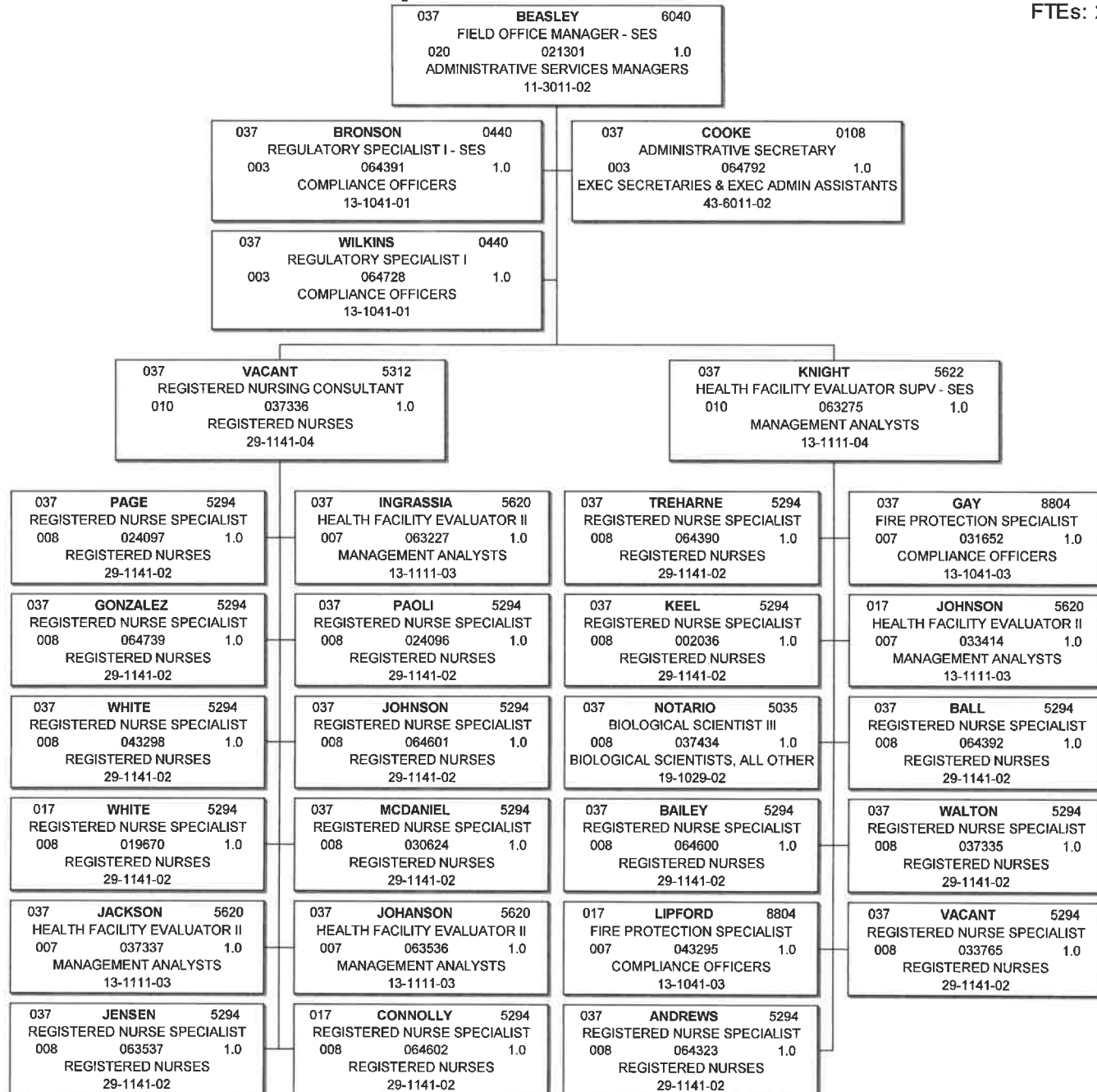
Effective Date: July 1, 2019
Org. Level: 68-30-30-000
FTEs: 22.5 Positions: 23



AGENCY FOR HEALTH CARE ADMINISTRATION

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

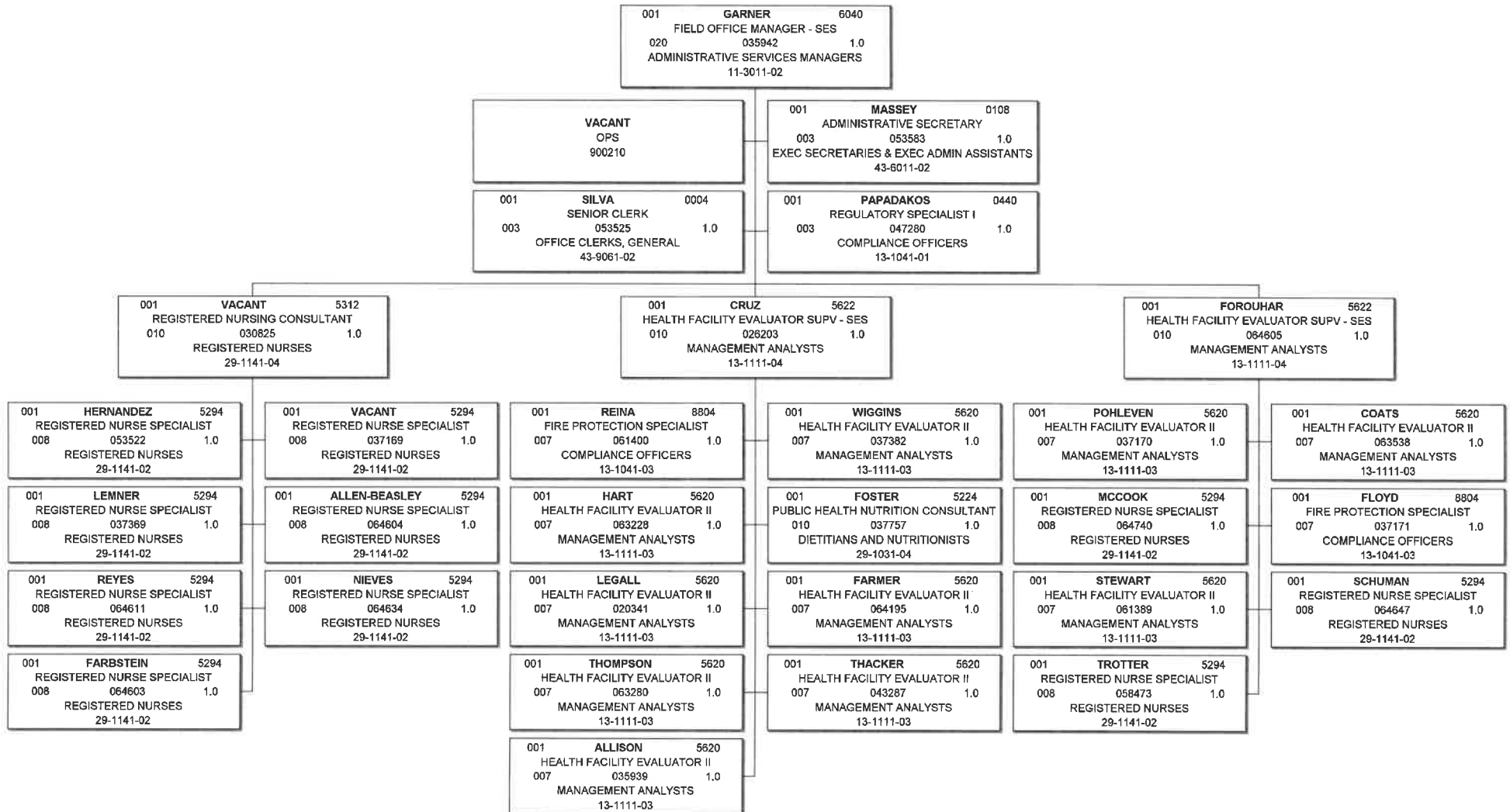
Effective Date: July 1, 2019
Org. Level: 68-30-30-02-000
FTEs: 29 Positions: 29



AGENCY FOR HEALTH CARE ADMINISTRATION

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

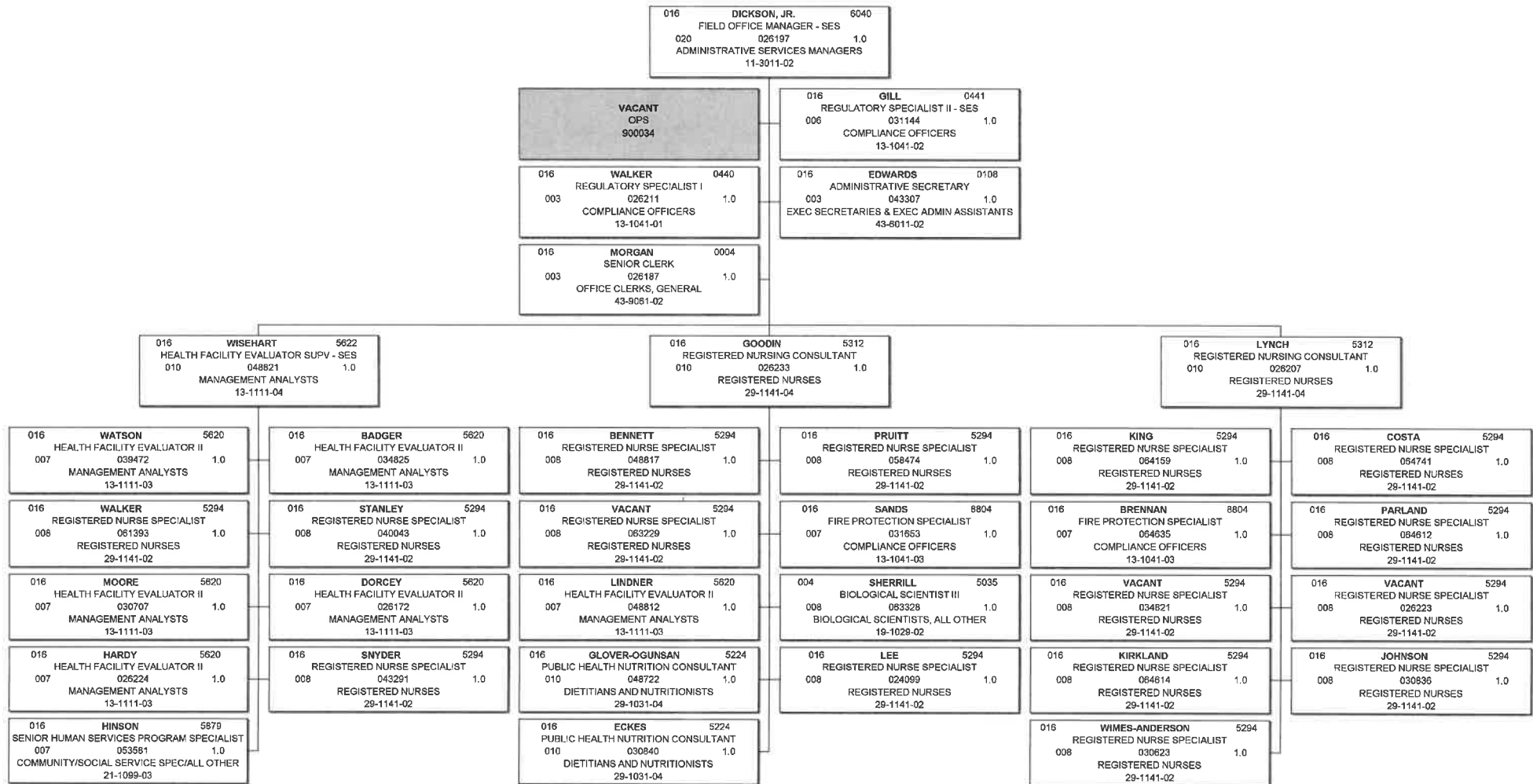
Effective Date: July 1, 2019
Org. Level: 68-30-30-03-000
FTEs: 30 Positions: 30



AGENCY FOR HEALTH CARE ADMINISTRATION

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

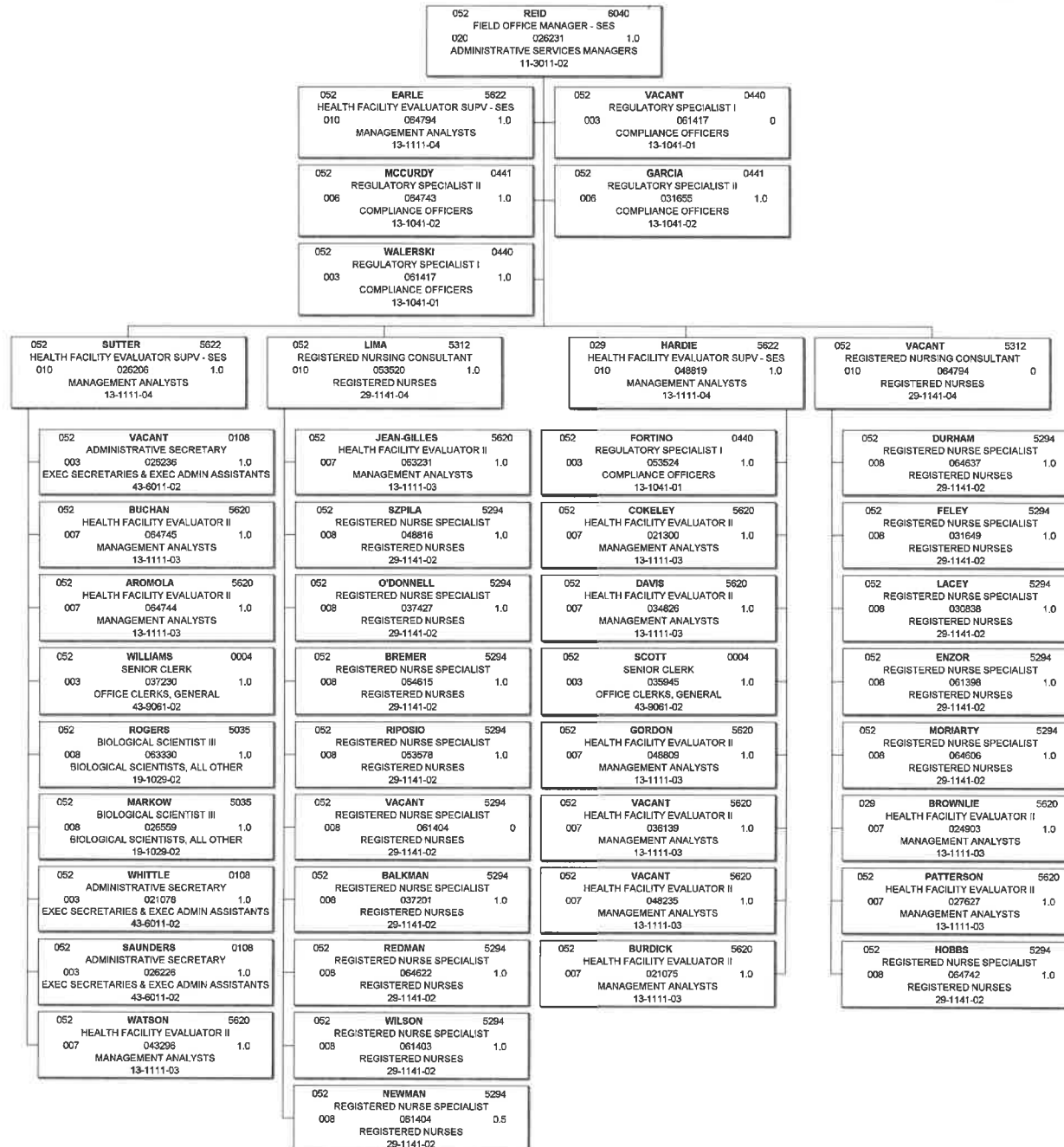
Effective Date: July 1, 2019
Org. Level: 68-30-30-04-000
FTEs: 35 Positions: 35



AGENCY FOR HEALTH CARE ADMINISTRATION

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

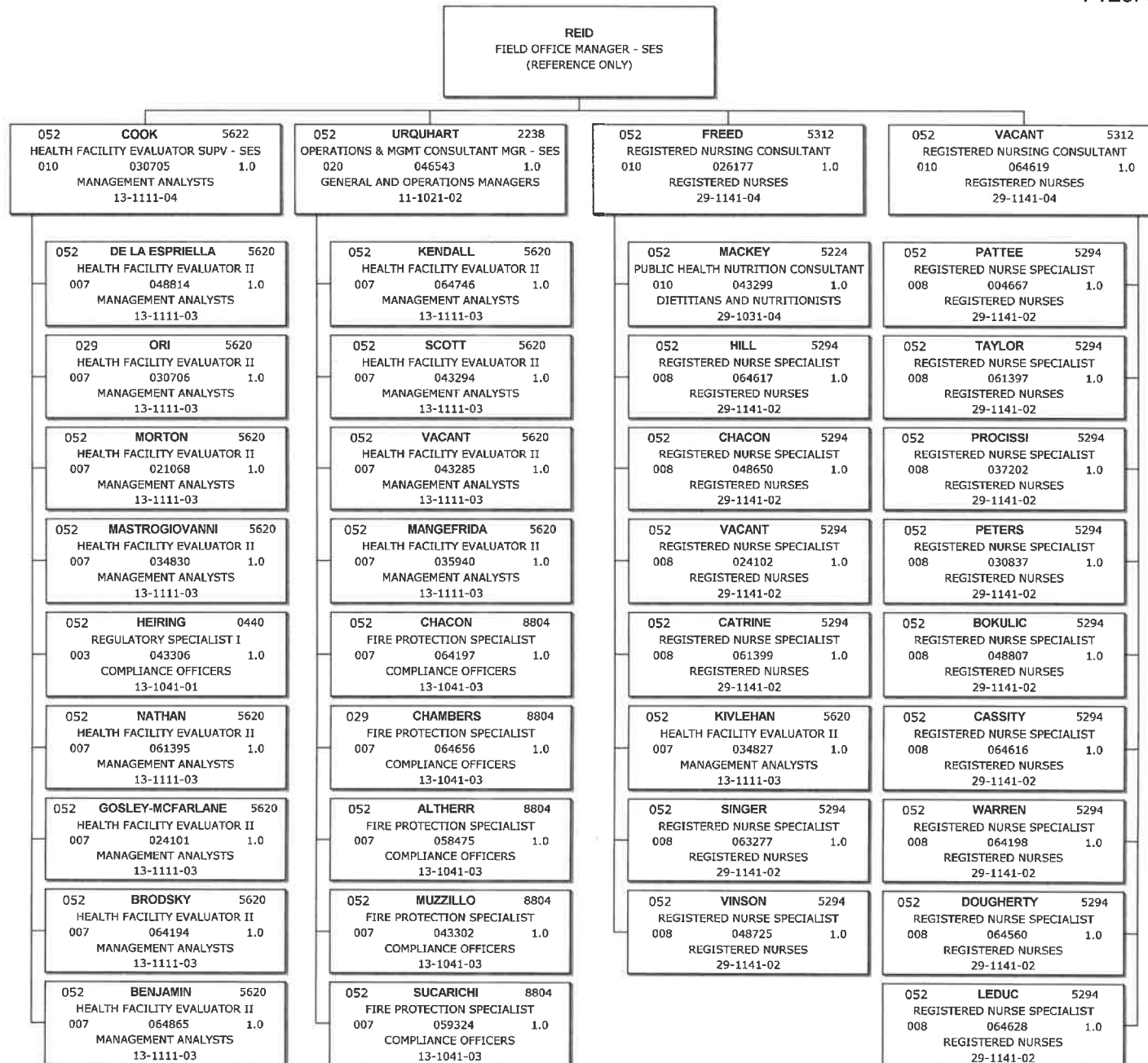
Effective Date: July 1, 2019
Org. Level: 68-30-30-05-000
FTEs: 81 Positions: 81



AGENCY FOR HEALTH CARE ADMINISTRATION

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

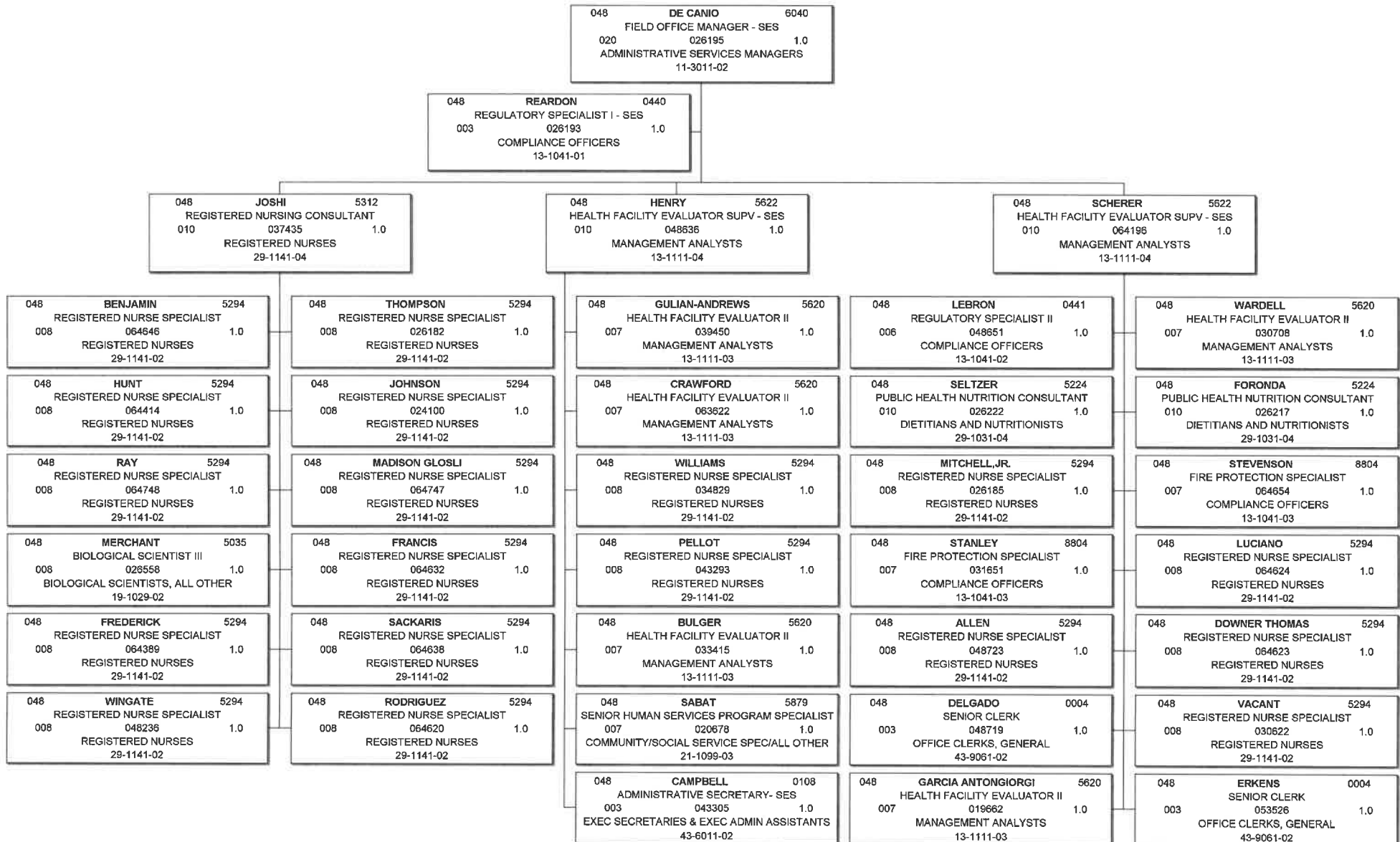
Effective Date: July 1, 2019
Org. Level: 68-30-30-05-000
FTEs: 81 Positions: 81



AGENCY FOR HEALTH CARE ADMINISTRATION

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

Effective Date: July 1, 2019
Org. Level: 68-30-30-07-000
FTEs: 38 Positions: 38



AGENCY FOR HEALTH CARE ADMINISTRATION

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

Effective Date: July 1, 2019
Org. Level: 68-30-30-08-000
FTEs: 37 Positions: 37

036 SEEHAWER 6040
FIELD OFFICE MANAGER - SES
020 053521 1.0
ADMINISTRATIVE SERVICES MANAGERS
11-3011-02

036 DUNKLE 0108
ADMINISTRATIVE SECRETARY
003 025182 1.0
EXEC SECRETARIES & EXEC ADMIN ASSISTANTS
43-6011-02

036 BELLOT 0441
REGULATORY SPECIALIST II
006 064749 1.0
COMPLIANCE OFFICERS
13-1041-02

036 DAY 5622
HEALTH FACILITY EVALUATOR SUPV - SES
010 064200 1.0
MANAGEMENT ANALYSTS
13-1111-04

036 WERTS 5622
HEALTH FACILITY EVALUATOR SUPV - SES
010 026204 1.0
MANAGEMENT ANALYSTS
13-1111-04

036 BRANDT 5312
REGISTERED NURSING CONSULTANT
010 064650 1.0
REGISTERED NURSES
29-1141-04

036 PETTIGREW 5035
BIOLOGICAL SCIENTIST III
008 037436 1.0
BIOLOGICAL SCIENTISTS, ALL OTHER
19-1029-02

036 LIENERT 5294
REGISTERED NURSE SPECIALIST
008 063276 0.5
REGISTERED NURSES
29-1141-02

036 BIRCH 5294
REGISTERED NURSE SPECIALIST
008 024104 1.0
REGISTERED NURSES
29-1141-02

036 VACANT 0440
REGULATORY SPECIALIST I
003 025178 1.0
COMPLIANCE OFFICERS
13-1041-01

036 DEAN 5294
REGISTERED NURSE SPECIALIST
008 064626 1.0
REGISTERED NURSES
29-1141-02

036 GUMPert 5294
REGISTERED NURSE SPECIALIST
008 011160 1.0
REGISTERED NURSES
29-1141-02

036 TURBYFILL 5294
REGISTERED NURSE SPECIALIST
008 063276 0.5
REGISTERED NURSES
29-1141-02

036 SCAVELLA 5294
REGISTERED NURSE SPECIALIST
008 031578 1.0
REGISTERED NURSES
29-1141-02

036 MOZEN 5294
REGISTERED NURSE SPECIALIST
008 063230 1.0
REGISTERED NURSES
29-1141-02

036 VACANT 5294
REGISTERED NURSE SPECIALIST
008 061405 1.0
REGISTERED NURSES
29-1141-02

036 ASDALE 5294
REGISTERED NURSE SPECIALIST
008 021982 1.0
REGISTERED NURSES
29-1141-02

036 MONTESANTO 5294
REGISTERED NURSE SPECIALIST
008 031574 1.0
REGISTERED NURSES
29-1141-02

036 SARROS 5620
HEALTH FACILITY EVALUATOR II
007 064761 1.0
MANAGEMENT ANALYSTS
13-1111-03

036 PESCATRICE 8804
FIRE PROTECTION SPECIALIST
007 043301 1.0
COMPLIANCE OFFICERS
13-1041-03

036 MCGILLIVRAY 5294
REGISTERED NURSE SPECIALIST
008 063233 1.0
REGISTERED NURSES
29-1141-02

ALLEBACH
OPS
900035

036 SNYDER 5294
REGISTERED NURSE SPECIALIST
008 034822 1.0
REGISTERED NURSES
29-1141-02

036 LEAPHART 0440
REGULATORY SPECIALIST I
003 000567 1.0
COMPLIANCE OFFICERS
13-1041-01

036 FURDELL 8804
FIRE PROTECTION SPECIALIST
007 048808 1.0
COMPLIANCE OFFICERS
13-1041-03

036 HARDENBROOK 0440
REGULATORY SPECIALIST I
003 064388 1.0
COMPLIANCE OFFICERS
13-1041-01

036 SMITH 5620
HEALTH FACILITY EVALUATOR II
007 064387 1.0
MANAGEMENT ANALYSTS
13-1111-03

036 HUMPHREYS 5294
REGISTERED NURSE SPECIALIST
008 064625 1.0
REGISTERED NURSES
29-1141-02

036 TAYLOR II 5294
REGISTERED NURSE SPECIALIST
008 064627 1.0
REGISTERED NURSES
29-1141-02

036 WHITE 5294
REGISTERED NURSE SPECIALIST
008 043283 1.0
REGISTERED NURSES
29-1141-02

036 STUCKEY 8804
FIRE PROTECTION SPECIALIST
007 026225 1.0
COMPLIANCE OFFICERS
13-1041-03

036 LOOPER 5224
PUBLIC HEALTH NUTRITION CONSULTANT
010 030625 1.0
DIETITIANS AND NUTRITIONISTS
29-1031-04

036 FURDELL 5620
HEALTH FACILITY EVALUATOR II
007 019457 1.0
MANAGEMENT ANALYSTS
13-1111-03

036 GARCIA 5294
REGISTERED NURSE SPECIALIST
008 037828 1.0
REGISTERED NURSES
29-1141-02

036 ELIAS 0440
REGULATORY SPECIALIST I
003 064326 1.0
COMPLIANCE OFFICERS
13-1041-01

036 KADERA 5294
REGISTERED NURSE SPECIALIST
008 063232 1.0
REGISTERED NURSES
29-1141-02

036 SAMUEL 5620
HEALTH FACILITY EVALUATOR II
007 021873 1.0
MANAGEMENT ANALYSTS
13-1111-03

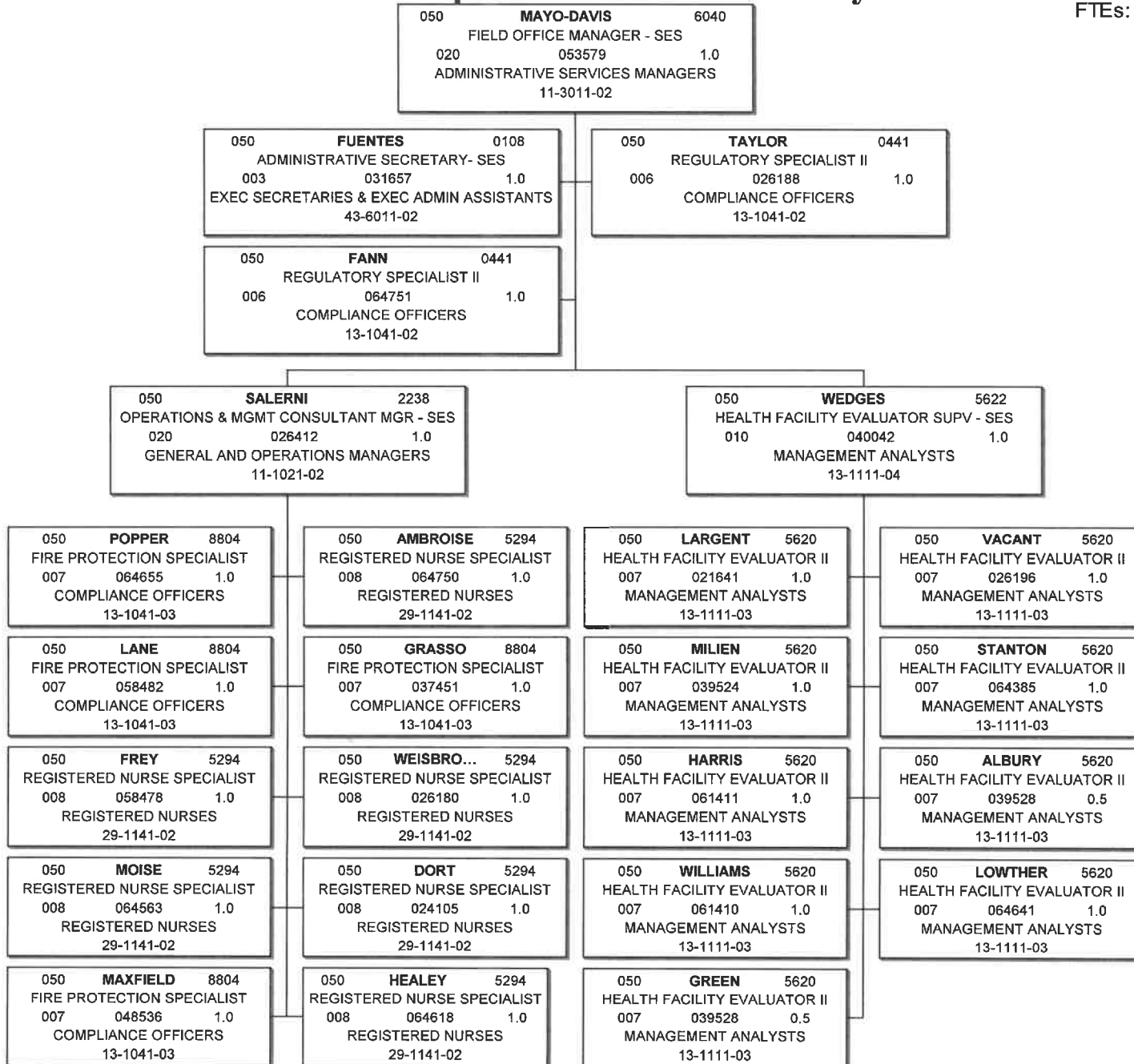
036 BARRAU 5294
REGISTERED NURSE SPECIALIST
008 061396 1.0
REGISTERED NURSES
29-1141-02

036 MOORE 5294
REGISTERED NURSE SPECIALIST
008 064609 1.0
REGISTERED NURSES
29-1141-02

AGENCY FOR HEALTH CARE ADMINISTRATION

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

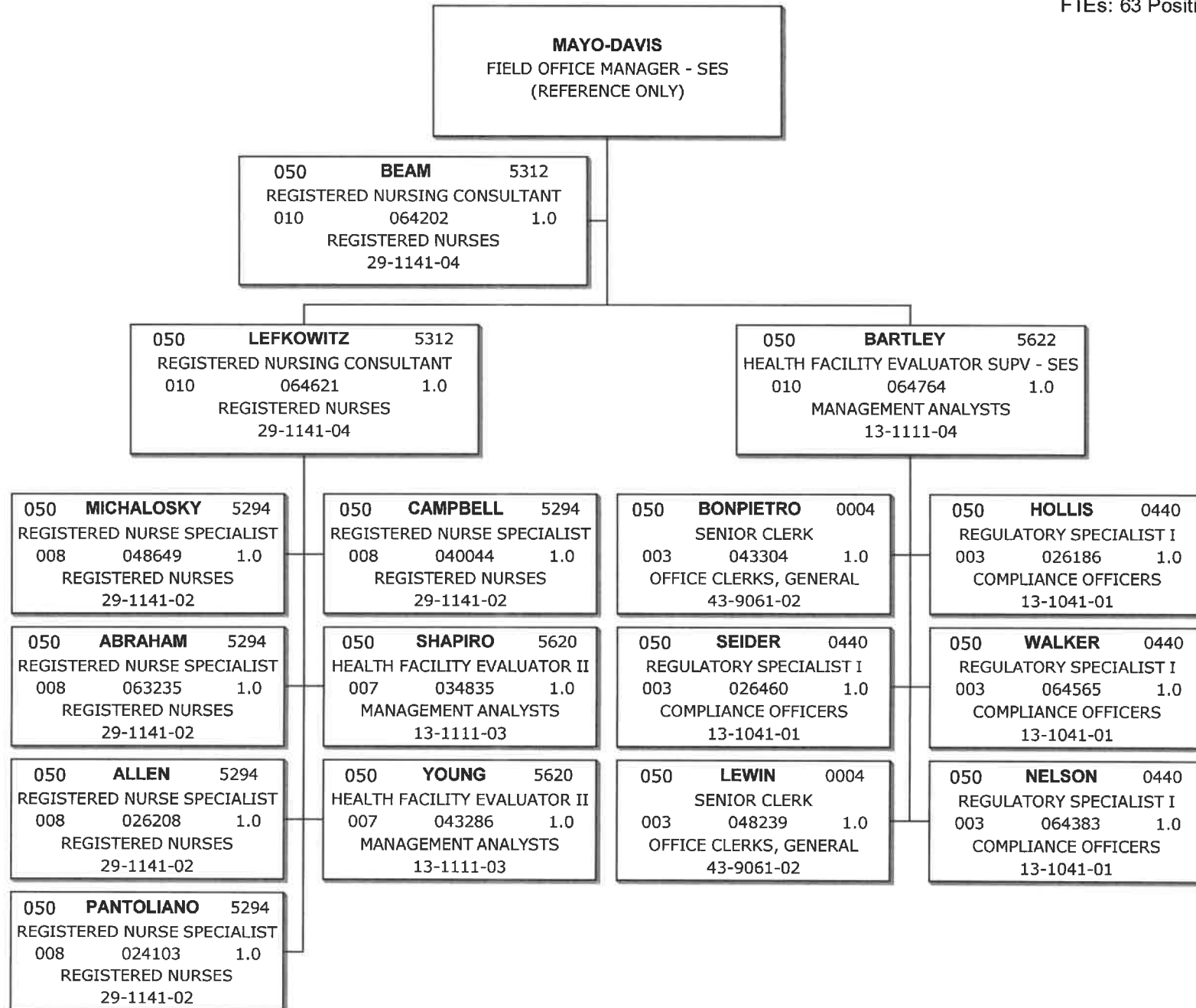
Effective Date: July 1, 2019
Org. Level: 68-30-30-09-000
FTEs: 63 Positions: 63



AGENCY FOR HEALTH CARE ADMINISTRATION

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

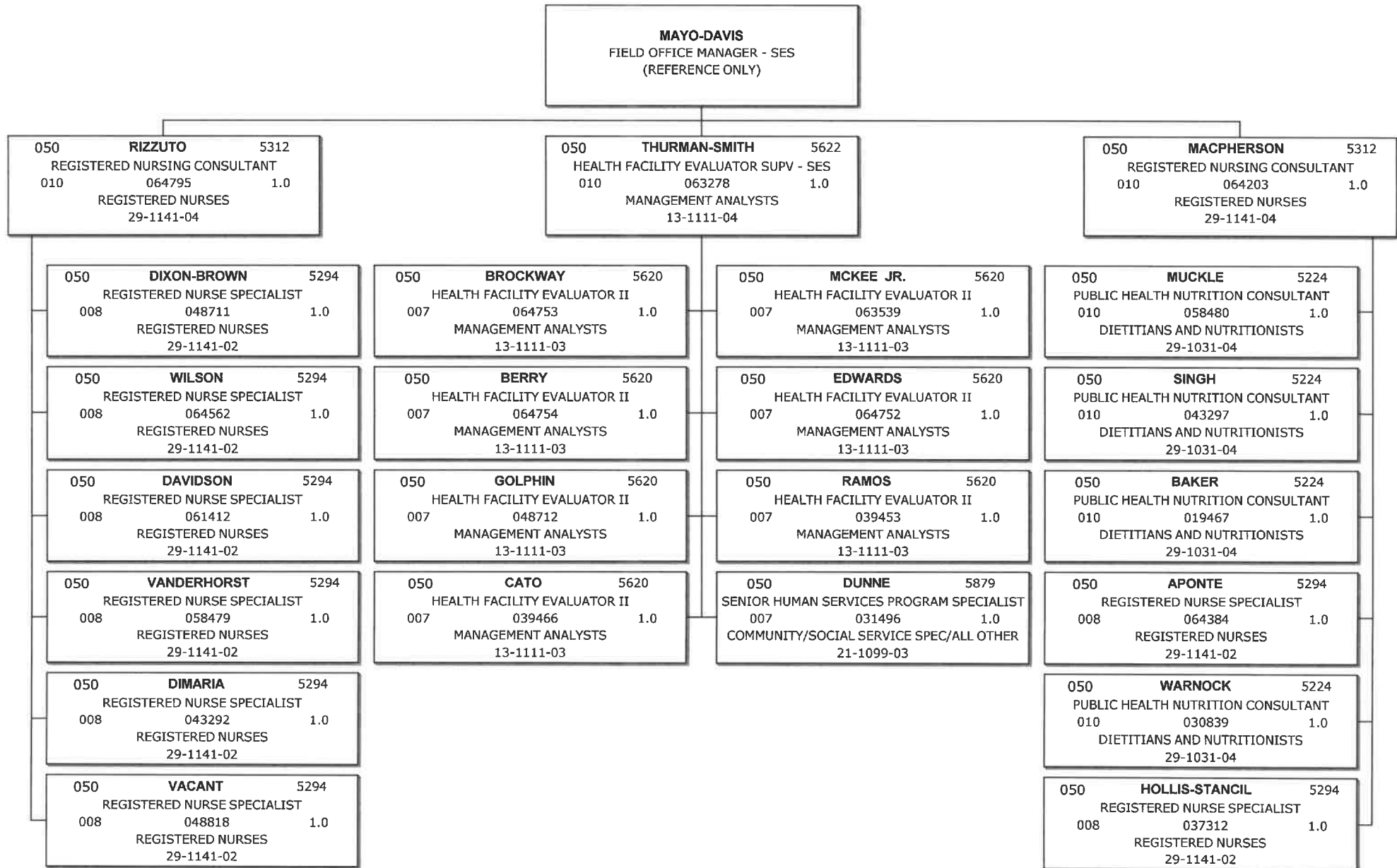
Effective Date: April 1, 2019
Org. Level: 68-30-30-09-000
FTEs: 63 Positions: 63



AGENCY FOR HEALTH CARE ADMINISTRATION

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

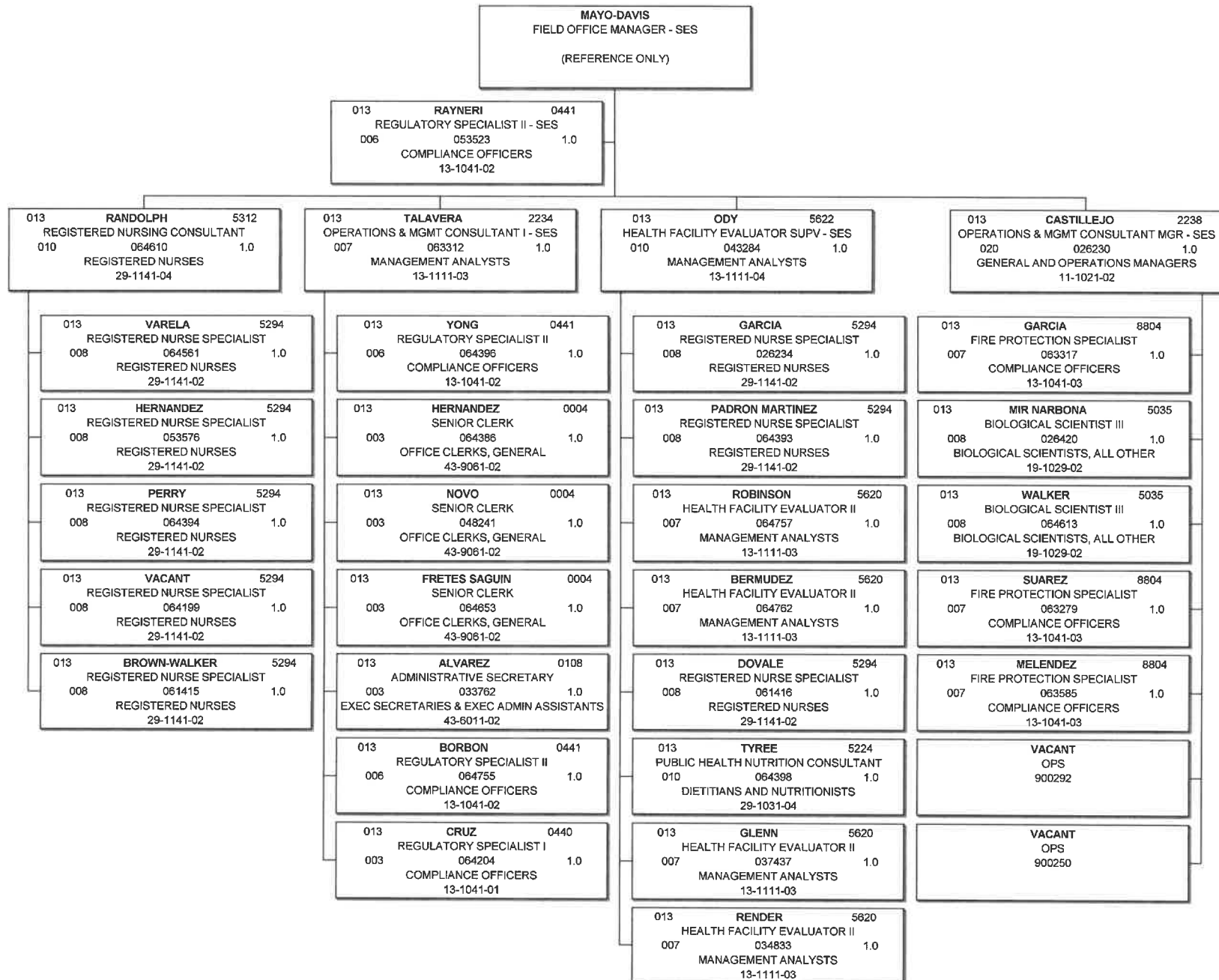
Effective Date: July 1, 2019
Org. Level: 68-30-30-09-000
FTEs: 63 Positions: 63



AGENCY FOR HEALTH CARE ADMINISTRATION

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

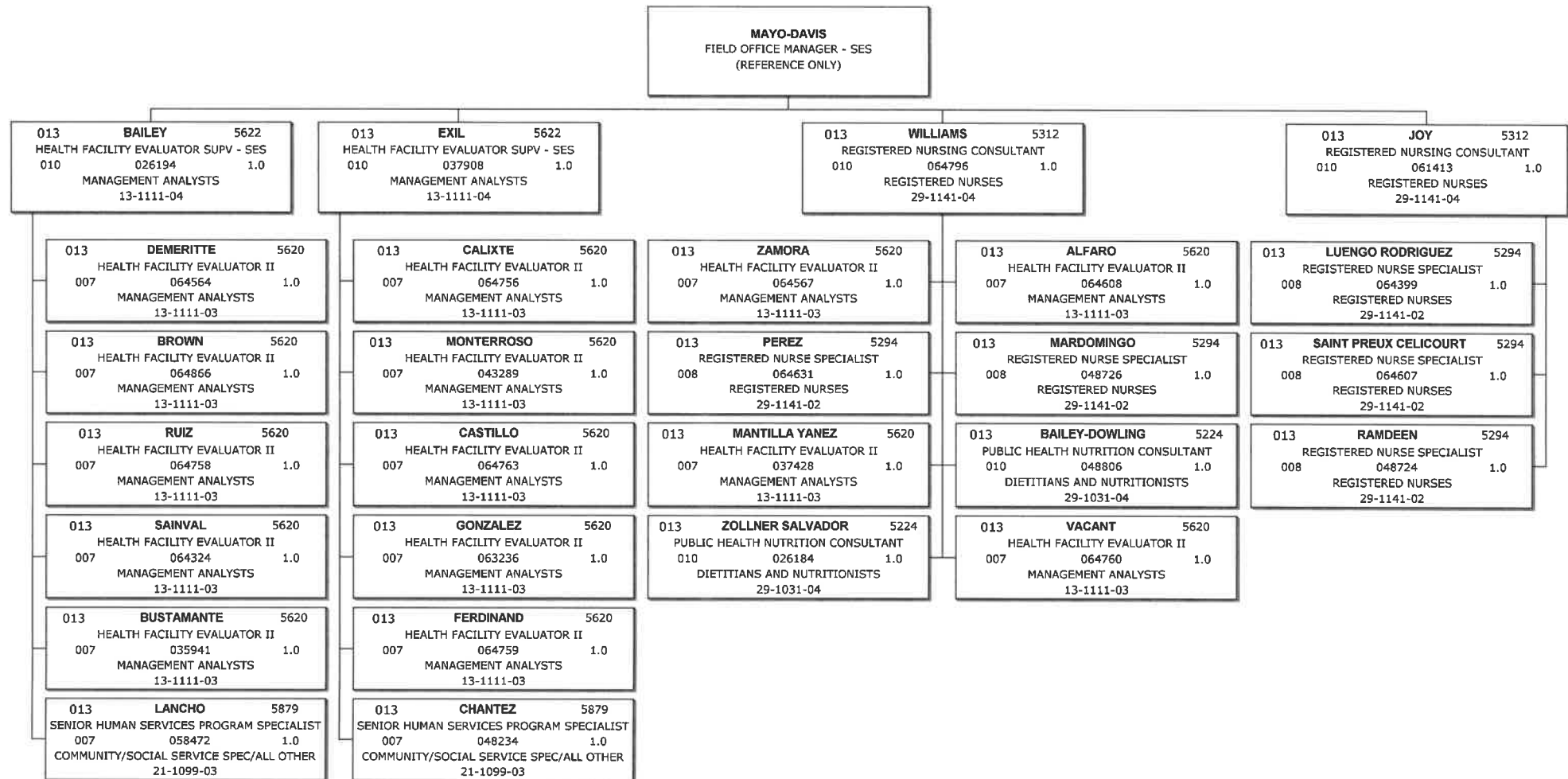
Effective Date: July 1, 2019
Org. Level: 68-30-30-11-000
FTEs: 57 Positions: 57



AGENCY FOR HEALTH CARE ADMINISTRATION

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

Effective Date: July 1, 2019
Org. Level: 68-30-30-11-000
FTEs: 57 Positions: 57

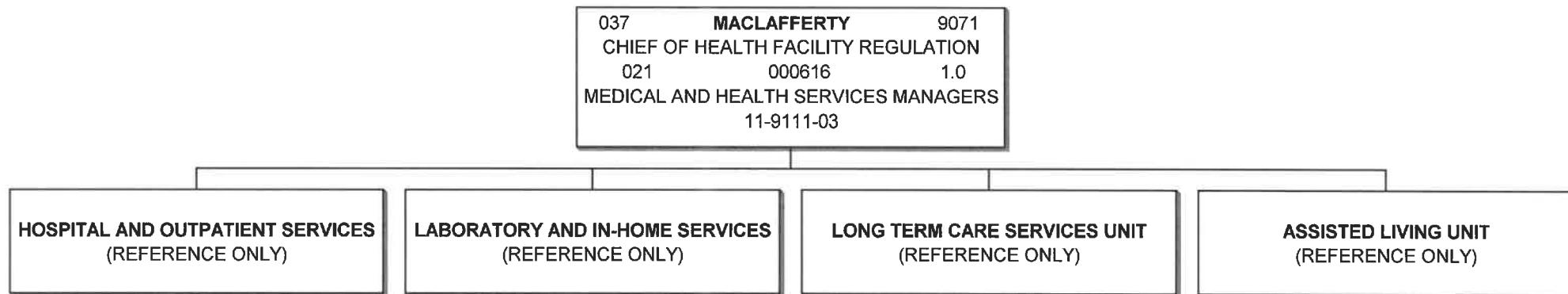


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

Effective Date: July 1, 2019
Org. Level: 68-30-20-00-000
FTEs: 94.5 Positions: 95



AGENCY FOR HEALTH CARE ADMINISTRATION

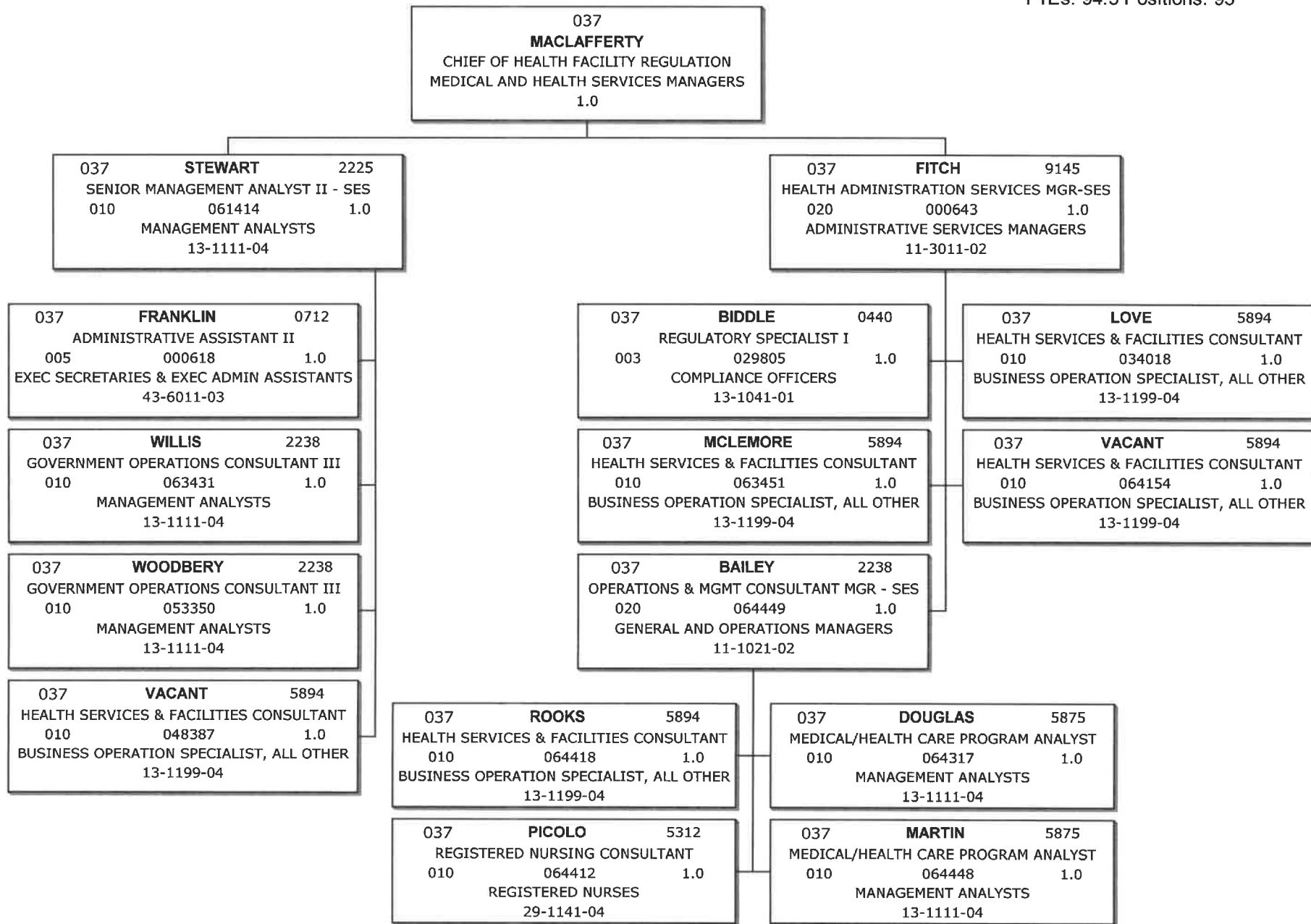
Division of Health Quality Assurance

Bureau of Health Facility Regulation

Effective Date: July 1, 2019

Org. Level: 68-30-20-00-000

FTEs: 94.5 Positions: 95



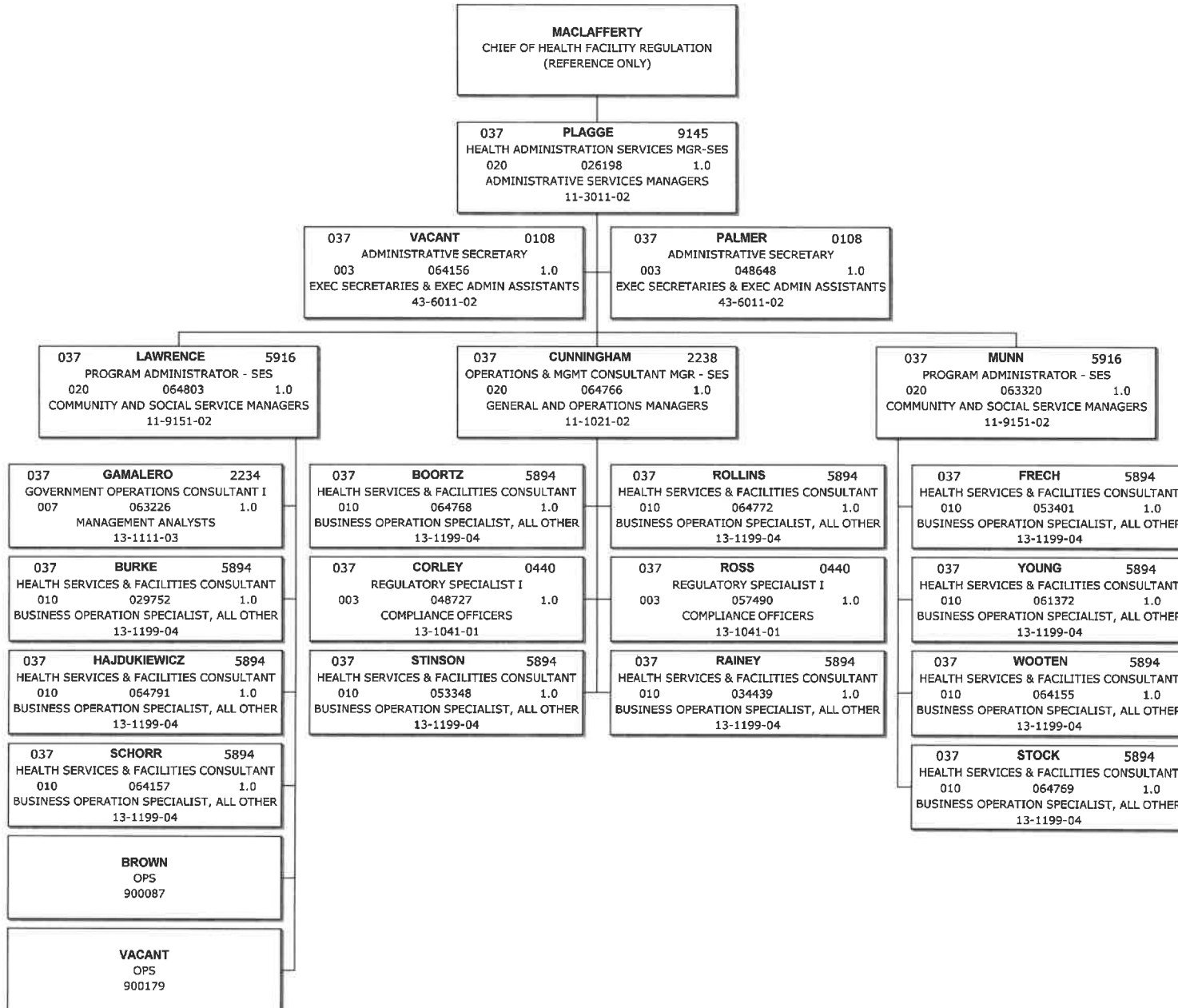
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

Hospital & Outpatient Services

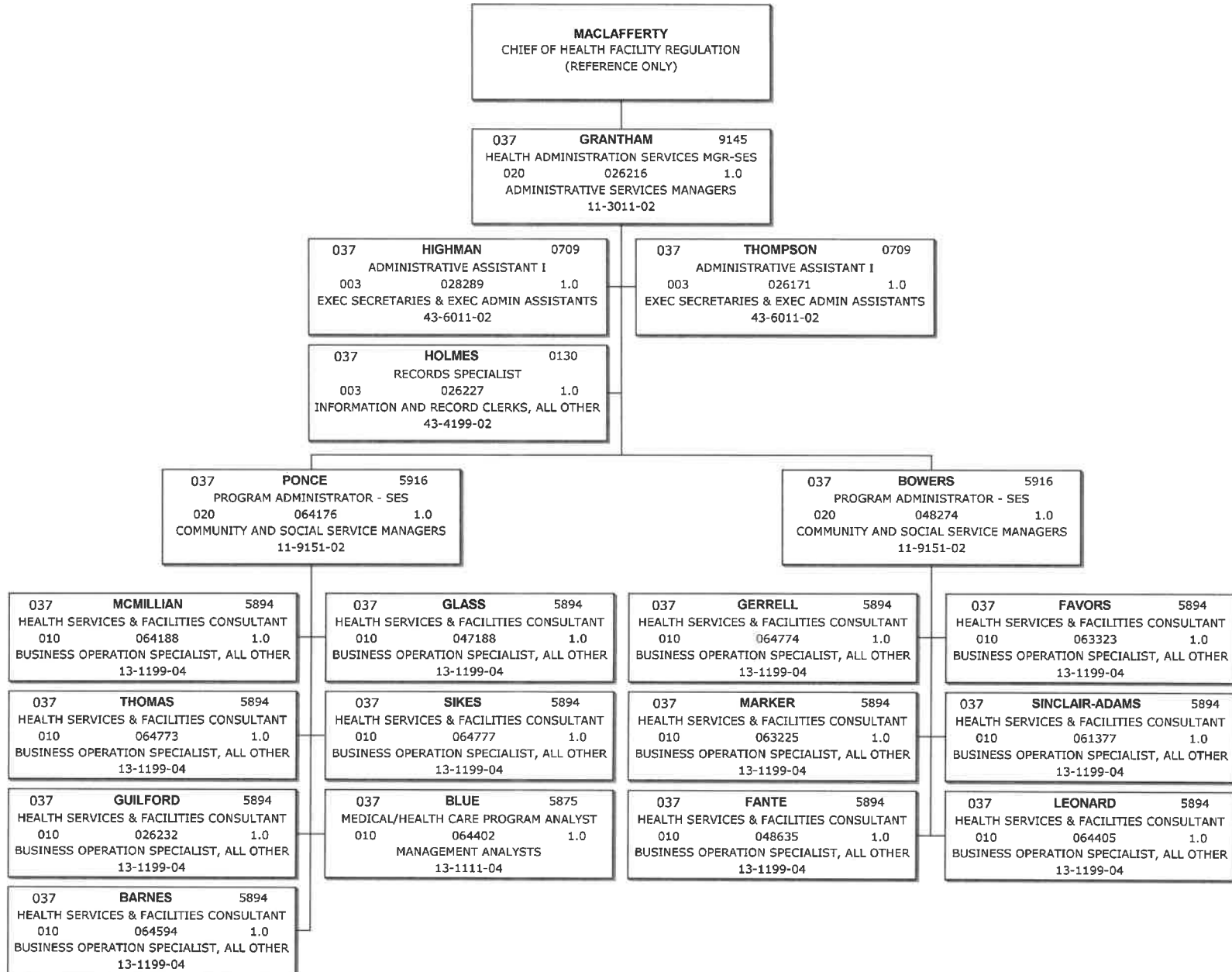
Effective Date: July 1, 2019
 Org. Level: 68-30-20-20-000
 FTEs: 20 Positions: 20



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance Bureau of Health Facility Regulation Laboratory & In-Home Services

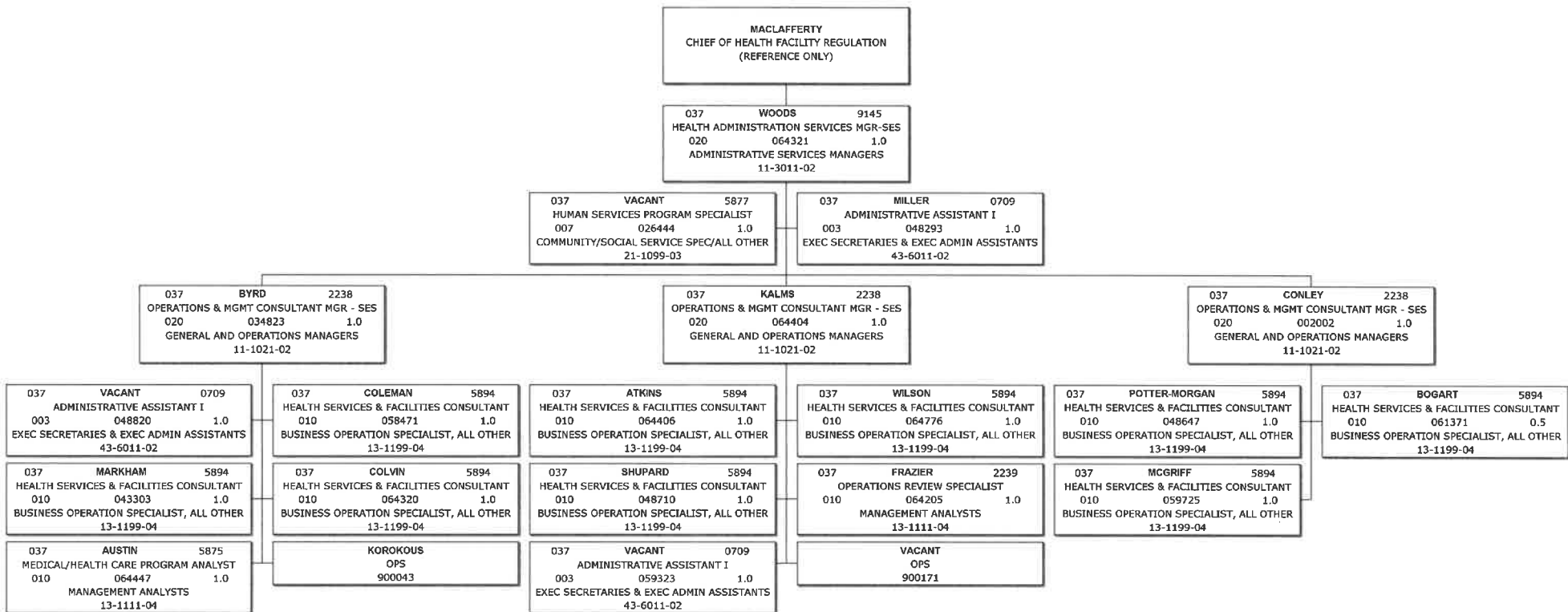
Effective Date: July 1, 2019
Org. Level: 68-30-20-30-000
FTEs: 19 Positions: 19



AGENCY FOR HEALTH CARE ADMINISTRATION

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

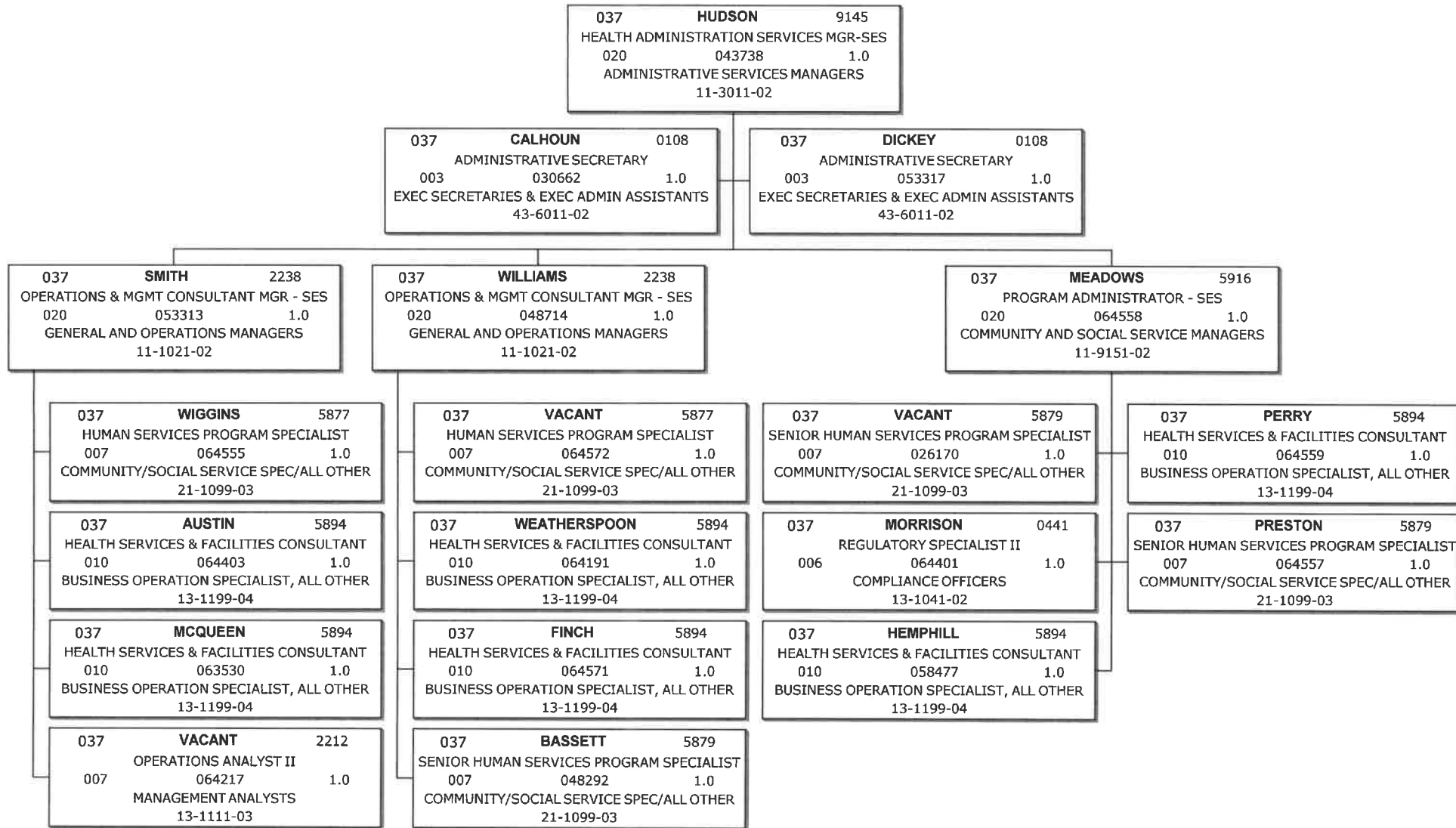
Effective Date: July 1, 2019
Org. Level: 68-30-20-40-000
FTEs: 19.50 Positions: 20



AGENCY FOR HEALTH CARE ADMINISTRATION

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

Effective Date: July 1, 2019
Org. Level: 68-30-20-60-000
FTEs: 19 Positions: 19

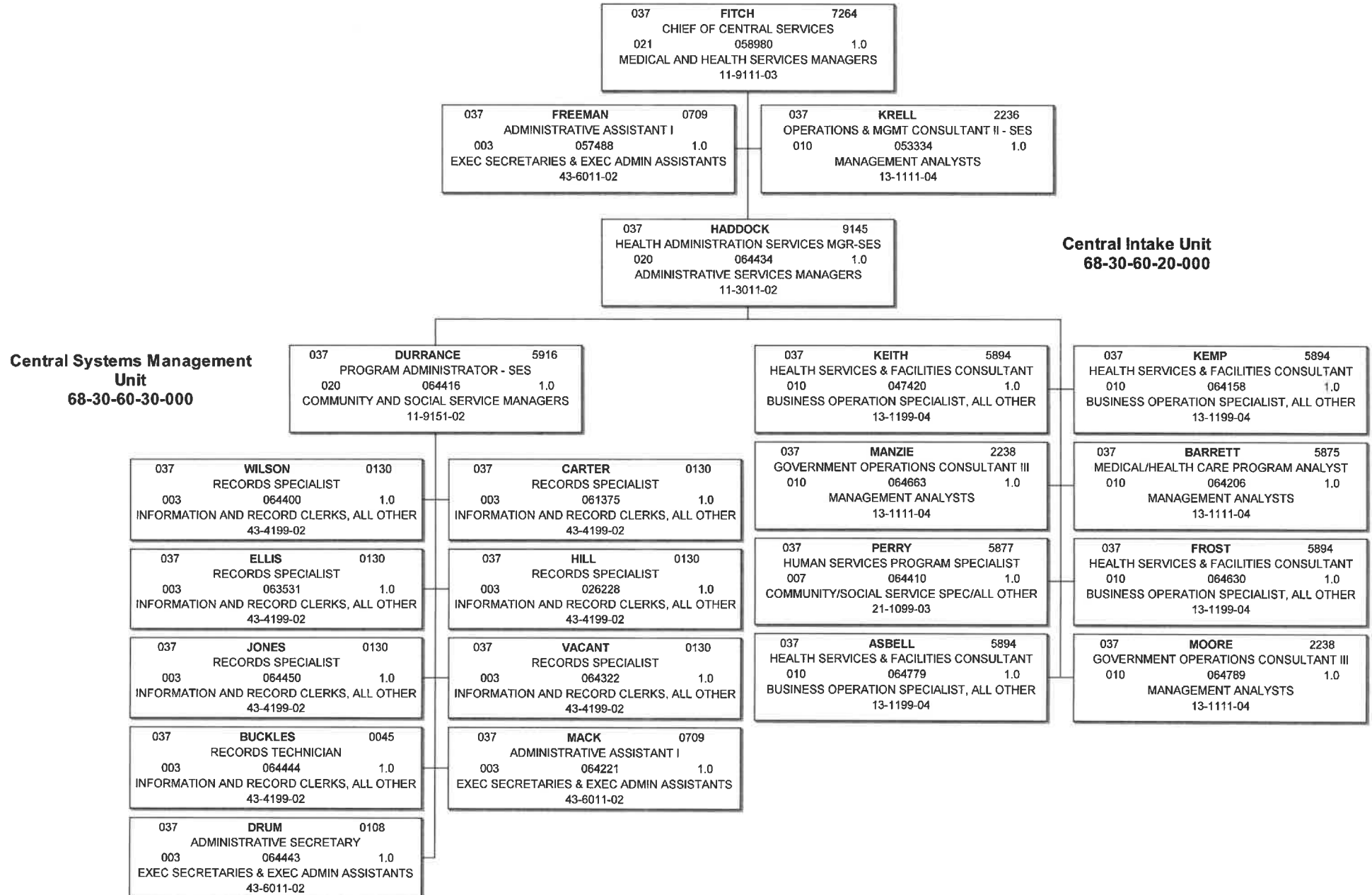


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Central Services

Effective Date: July 1, 2019
 Org. Level: 68-30-60-00-000
 FTEs: 46 Positions: 46

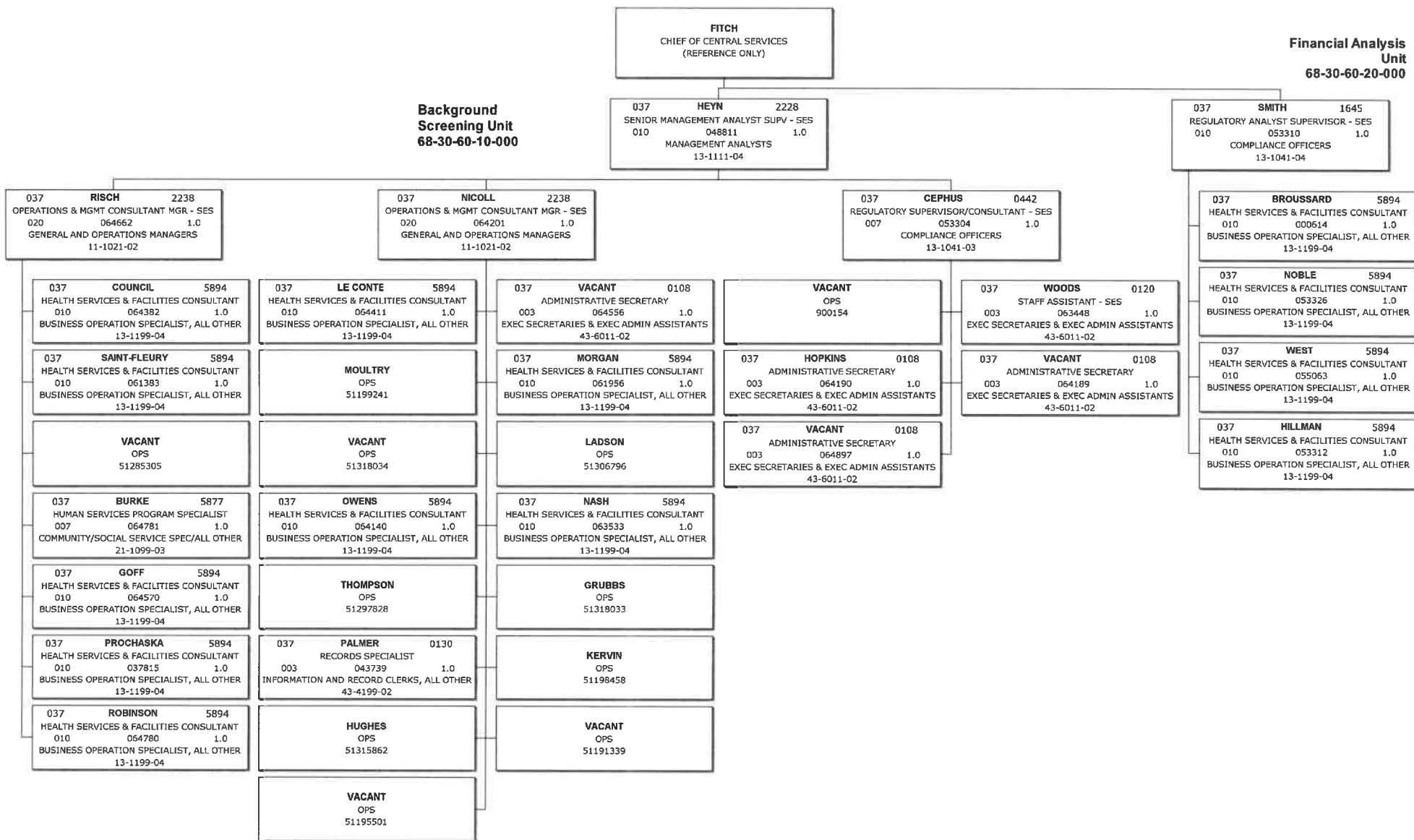


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Central Services

Effective Date: July 1, 2019
 Org. Level: 68-30-60-00-000
 FTEs: 46 Positions: 46

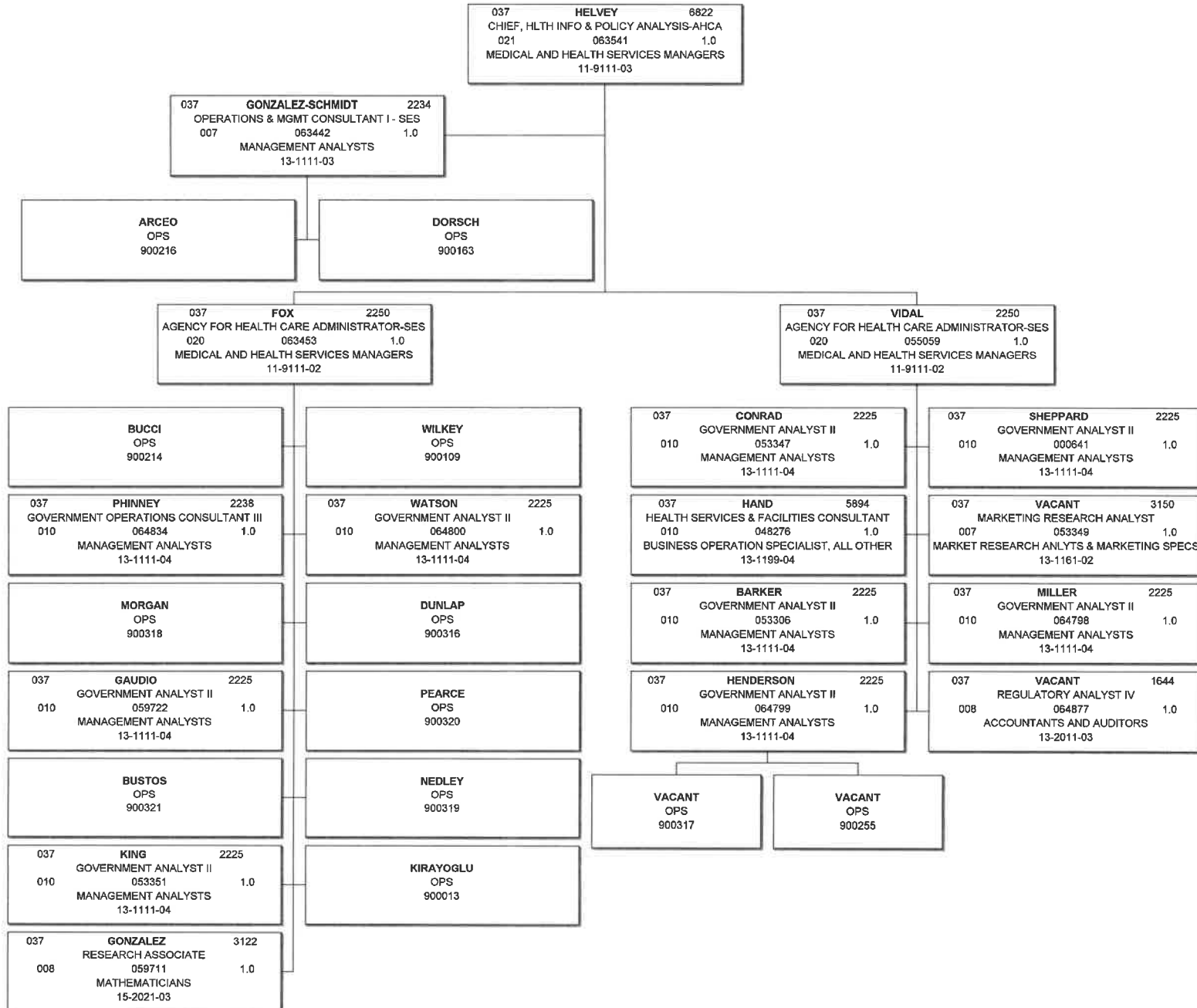


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of FL Center For Health Information & Transparency

Effective Date: July 1, 2019
 Org. Level: 68-30-70-00-000
 FTEs: 37.5 Positions: 38

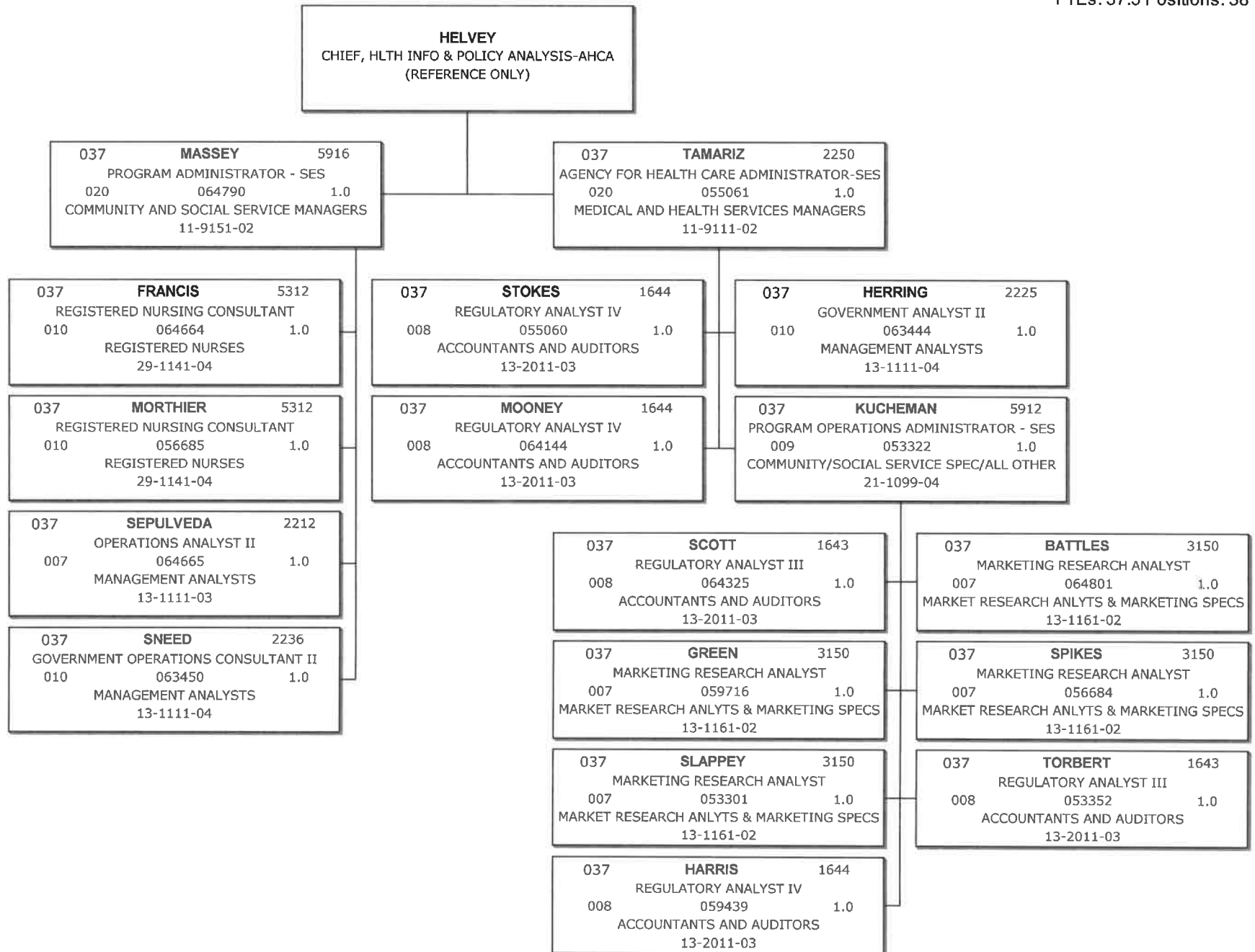


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of FL Center For Health Information & Transparency

Effective Date: July 1, 2019
 Org. Level: 68-30-70-00-000
 FTEs: 37.5 Positions: 38

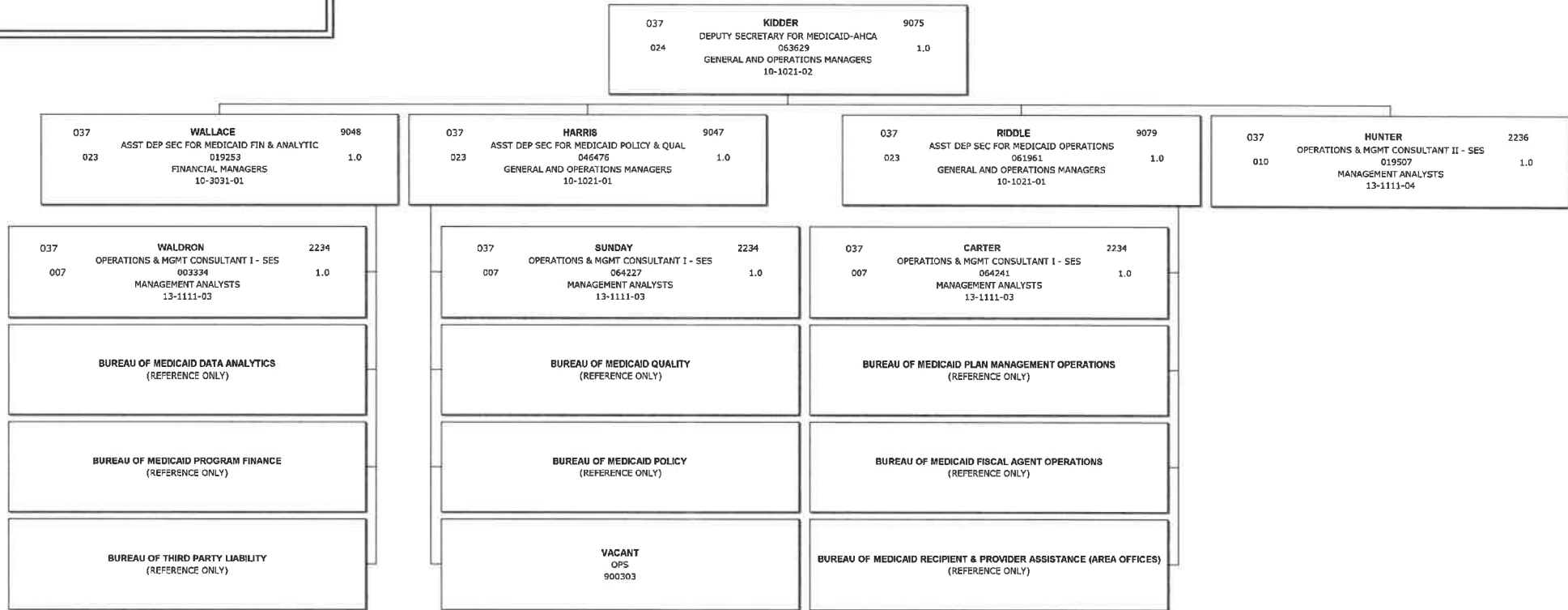


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Deputy Secretary's Office

Effective Date: July 1, 2019
Org. Level: 68-40-00-00-000
FTEs: 26 Positions: 26

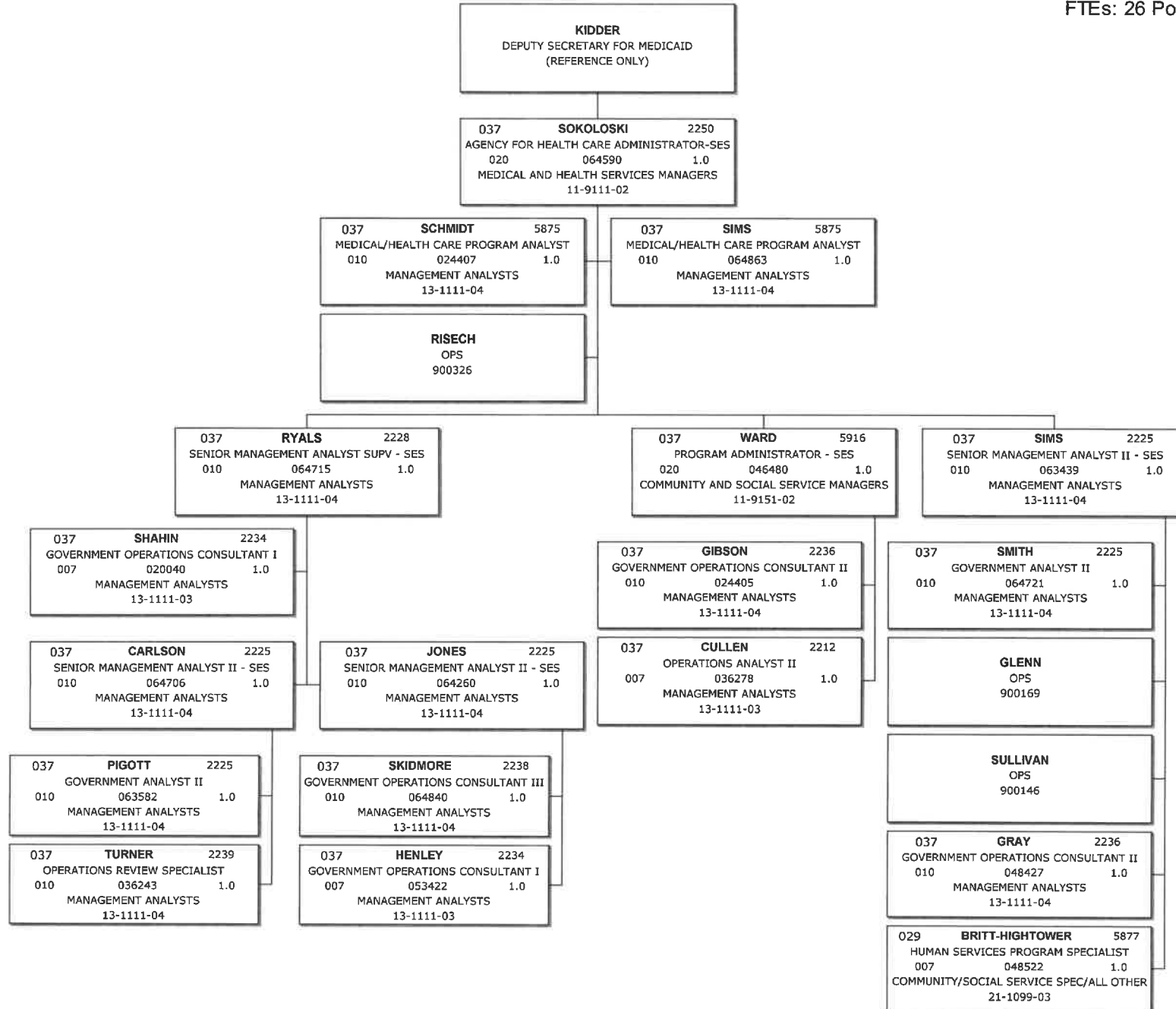
Division of Medicaid FTE: 542.5
Division Total # Position: 543



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Deputy Secretary's Office

Effective Date: July 1, 2019
Org. Level: 68-40-00-00-00
FTEs: 26 Positions: 26

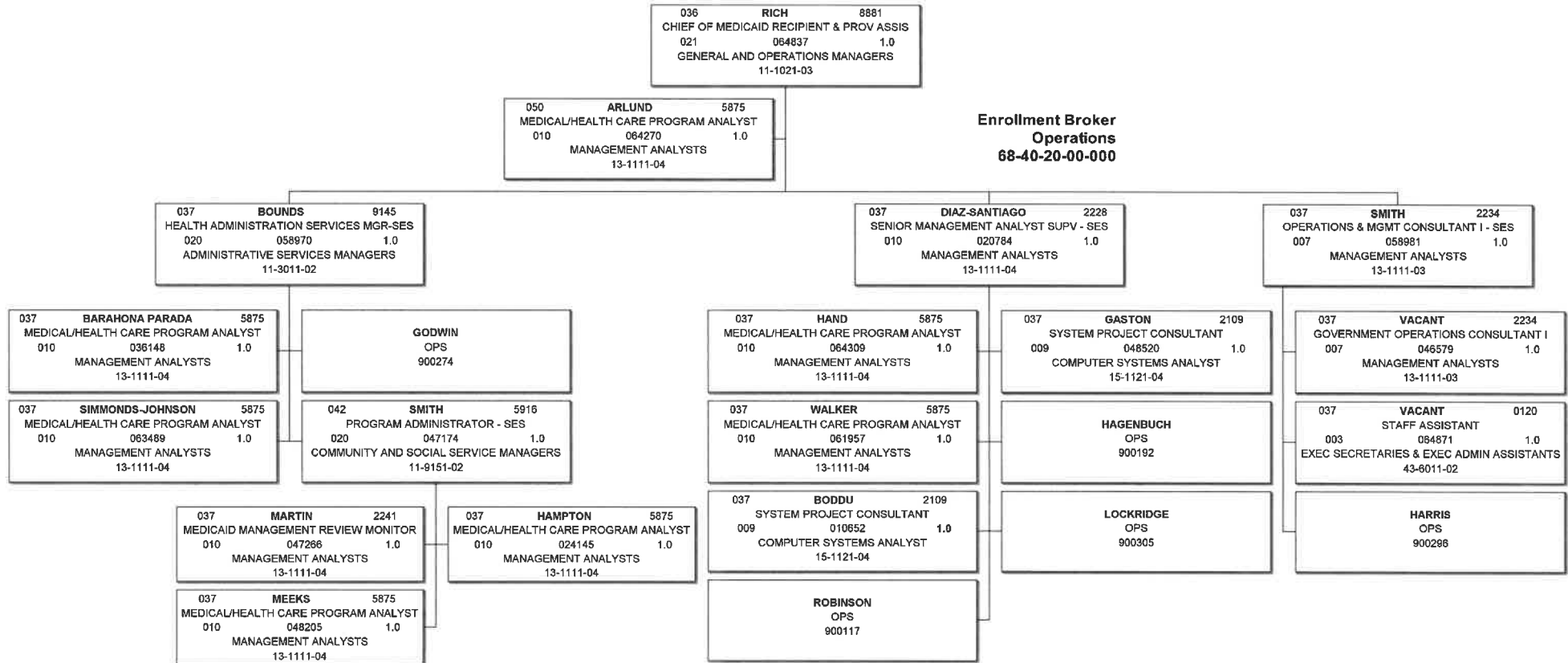


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Recipient and Provider Assistance

Effective Date: July 1, 2019
 Org. Level: 68-40-10-00-000
 FTEs: 18 Positions: 18



AGENCY FOR HEALTH CARE ADMINISTRATION

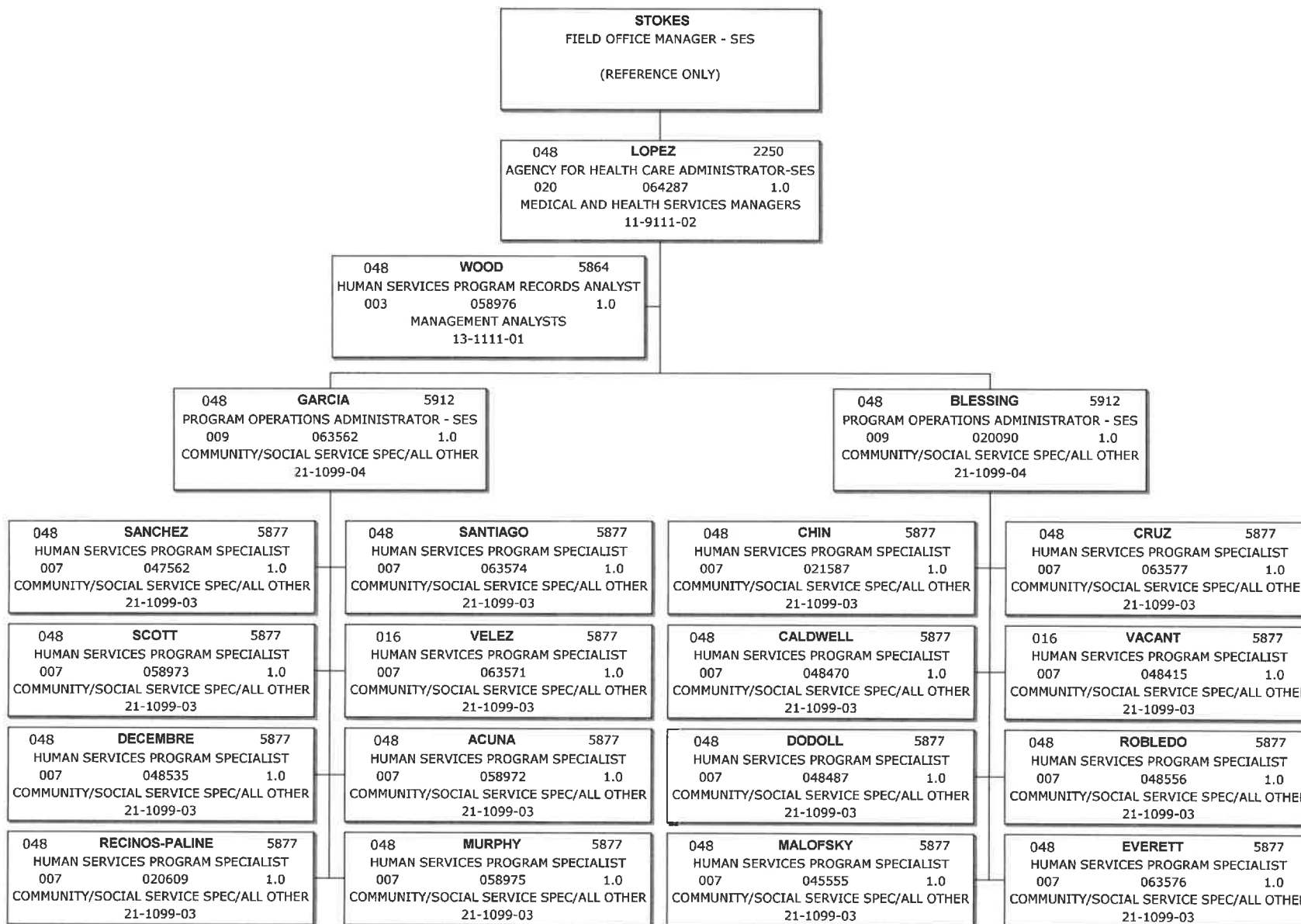
Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Enrollment Broker Operations

Contact Center Orlando

Effective Date: July 1, 2019
 Org. Level: 68-40-20-07-000
 FTEs: 20 Positions: 20



AGENCY FOR HEALTH CARE ADMINISTRATION

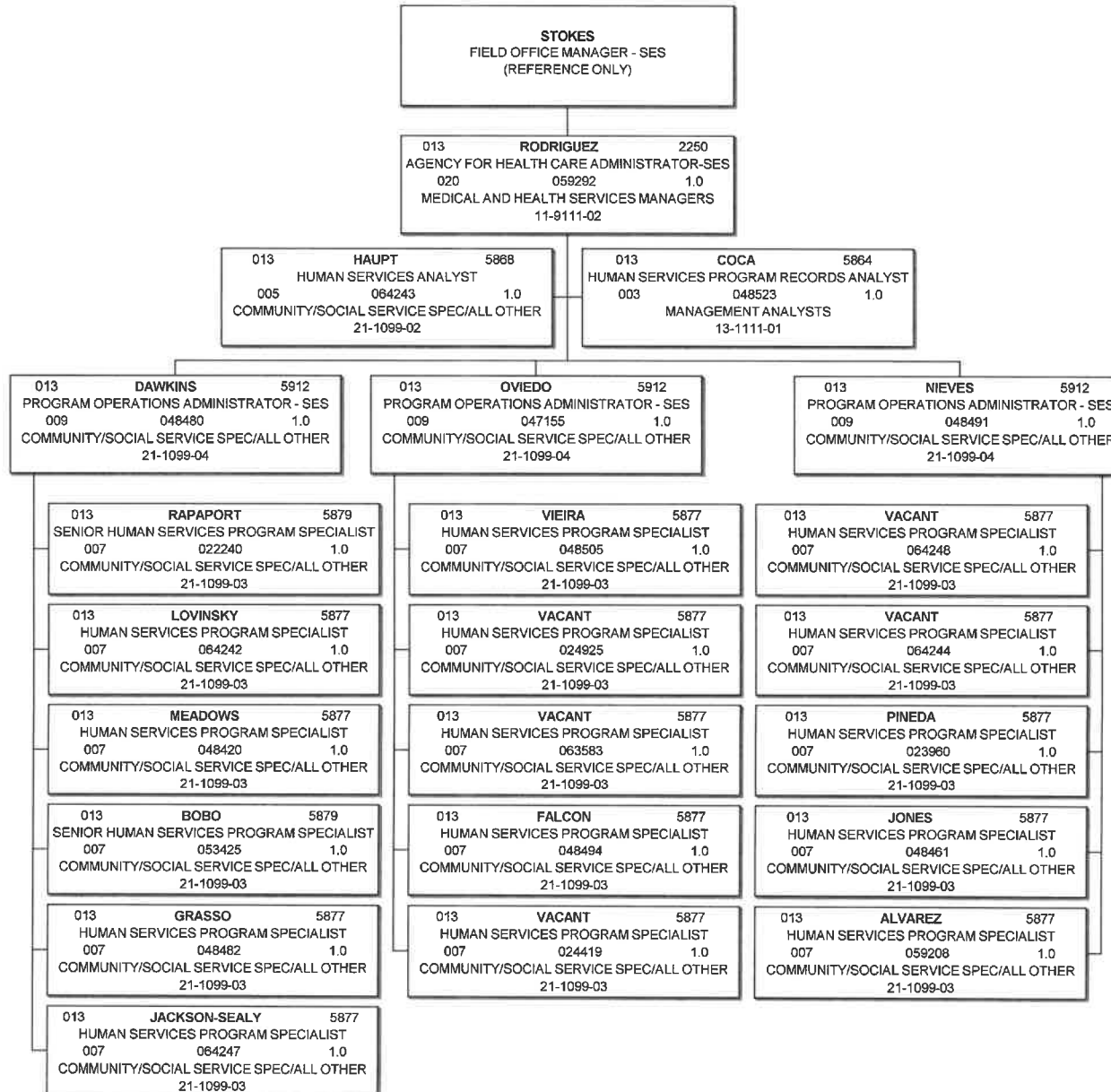
Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Enrollment Broker Operations

Contact Center Miami

Effective Date: July 1, 2019
 Org. Level: 68-40-20-11-000
 FTEs: 22 Positions: 22

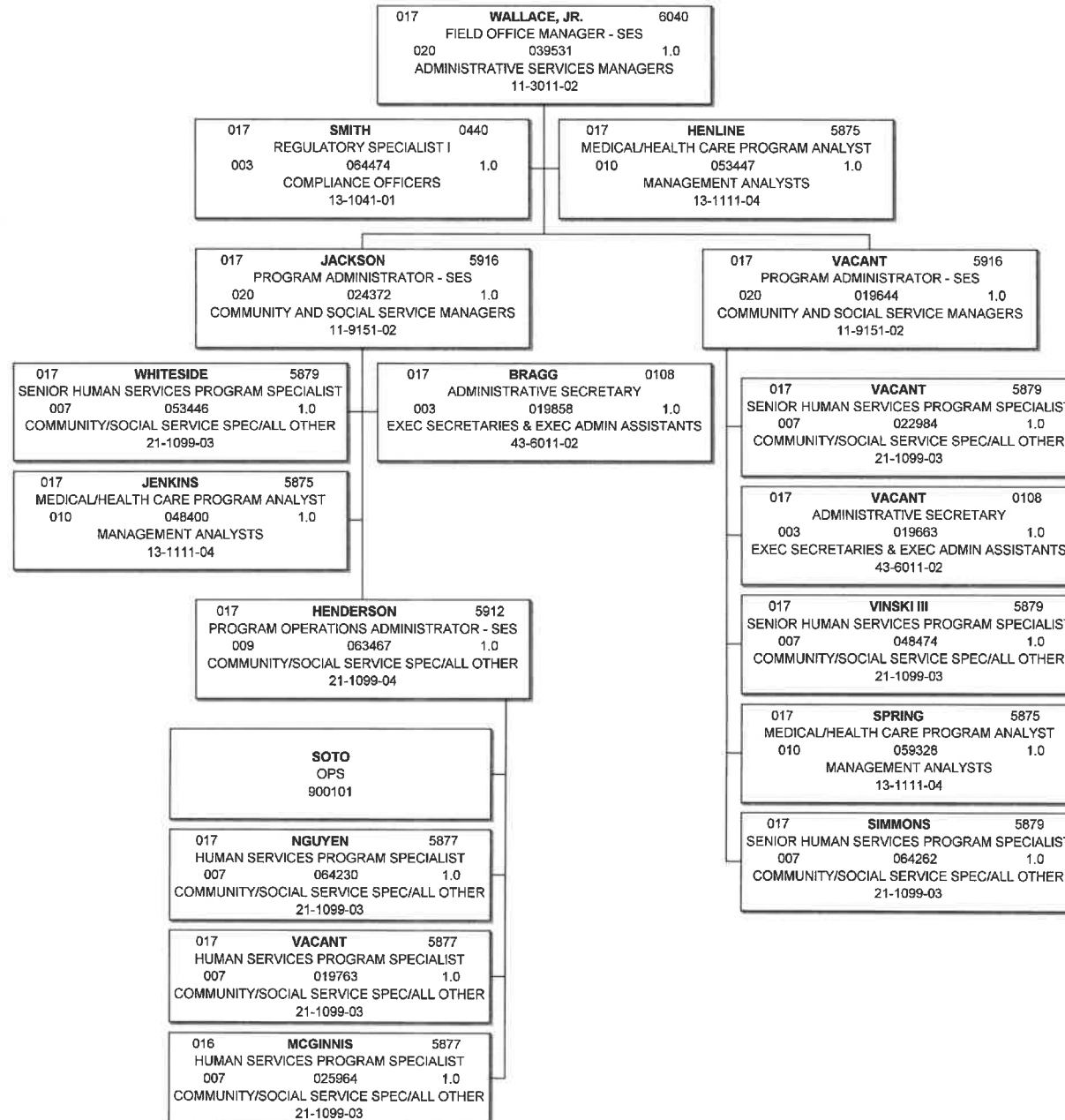


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance Pensacola

Effective Date: July 1, 2019
Org. Level: 68-40-10-01-000
FTEs: 17 Positions: 17

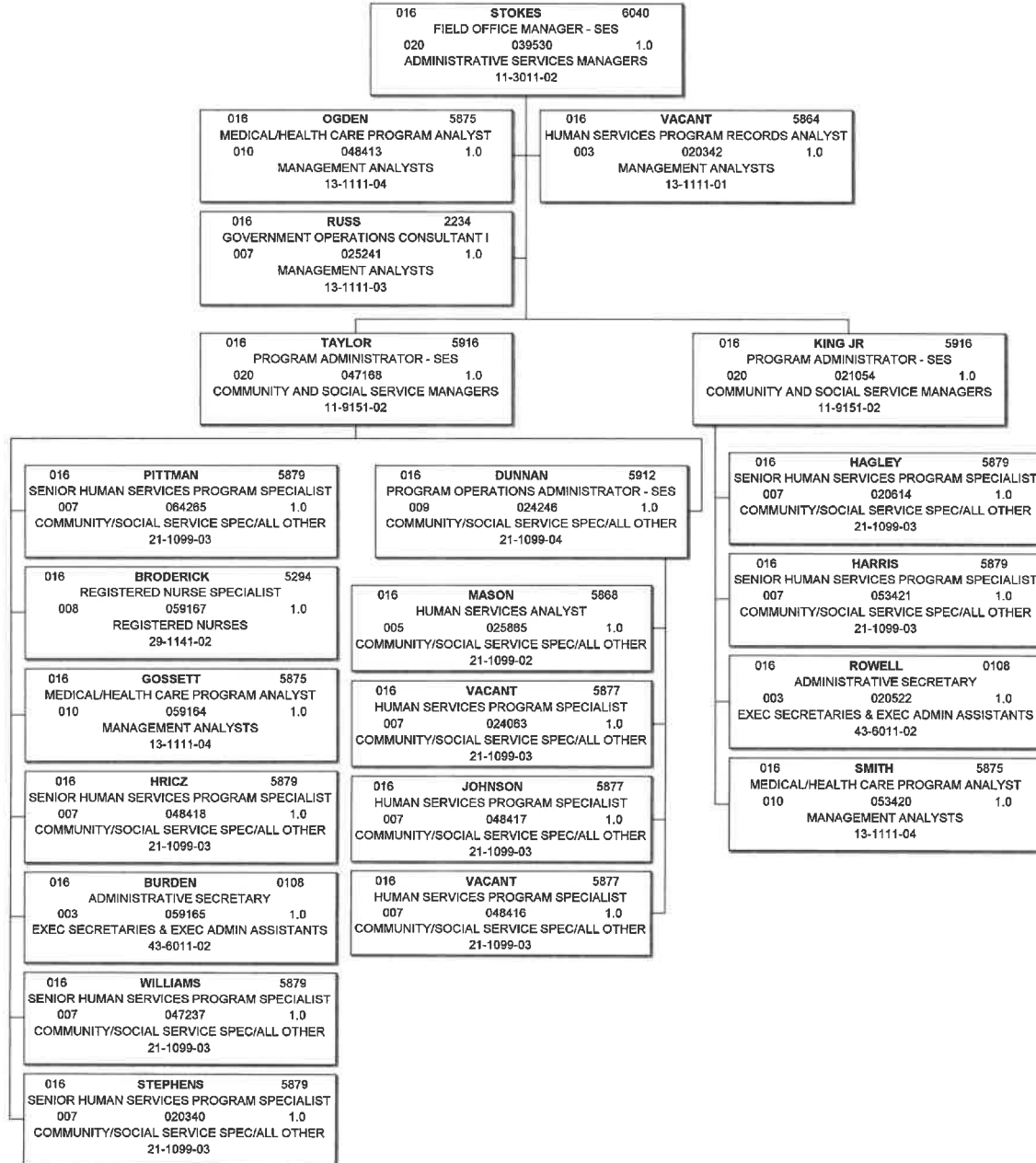


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance Jacksonville

Effective Date: July 1, 2019
Org. Level: 68-40-10-04-000
FTEs: 22 Positions: 22



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

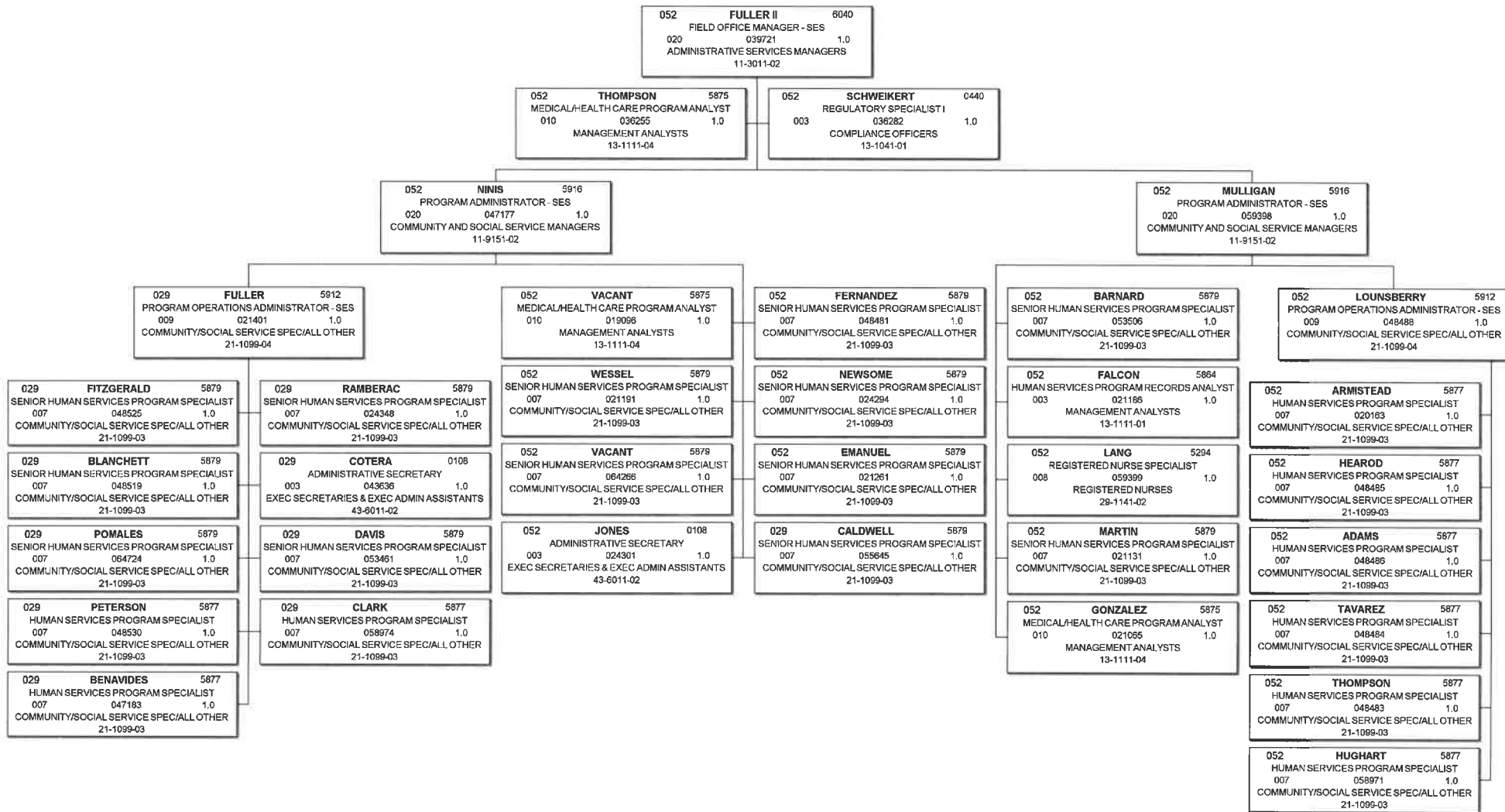
Bureau of Medicaid Recipient and Provider Assistance

St. Petersburg

Effective Date: July 1, 2019

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

FTEs: 35 Positions: 35



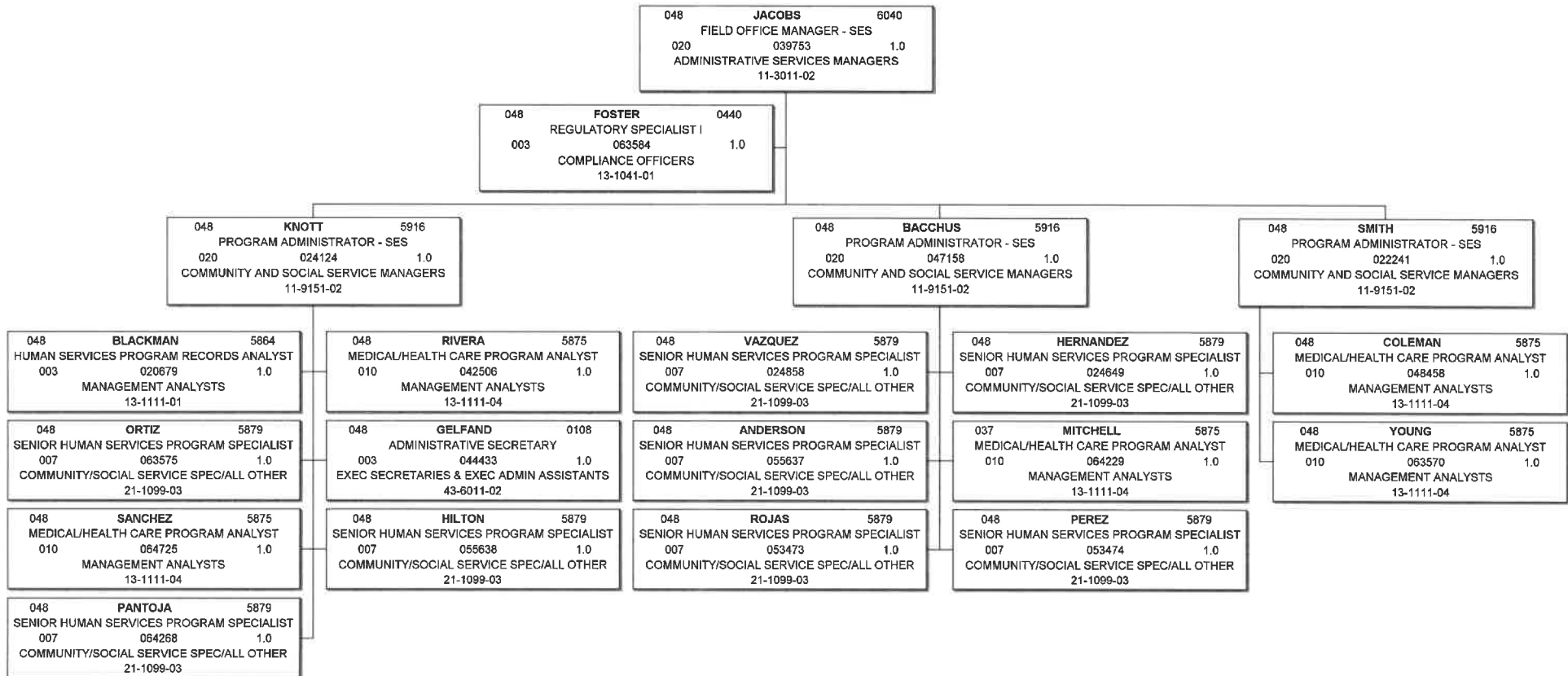
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Orlando

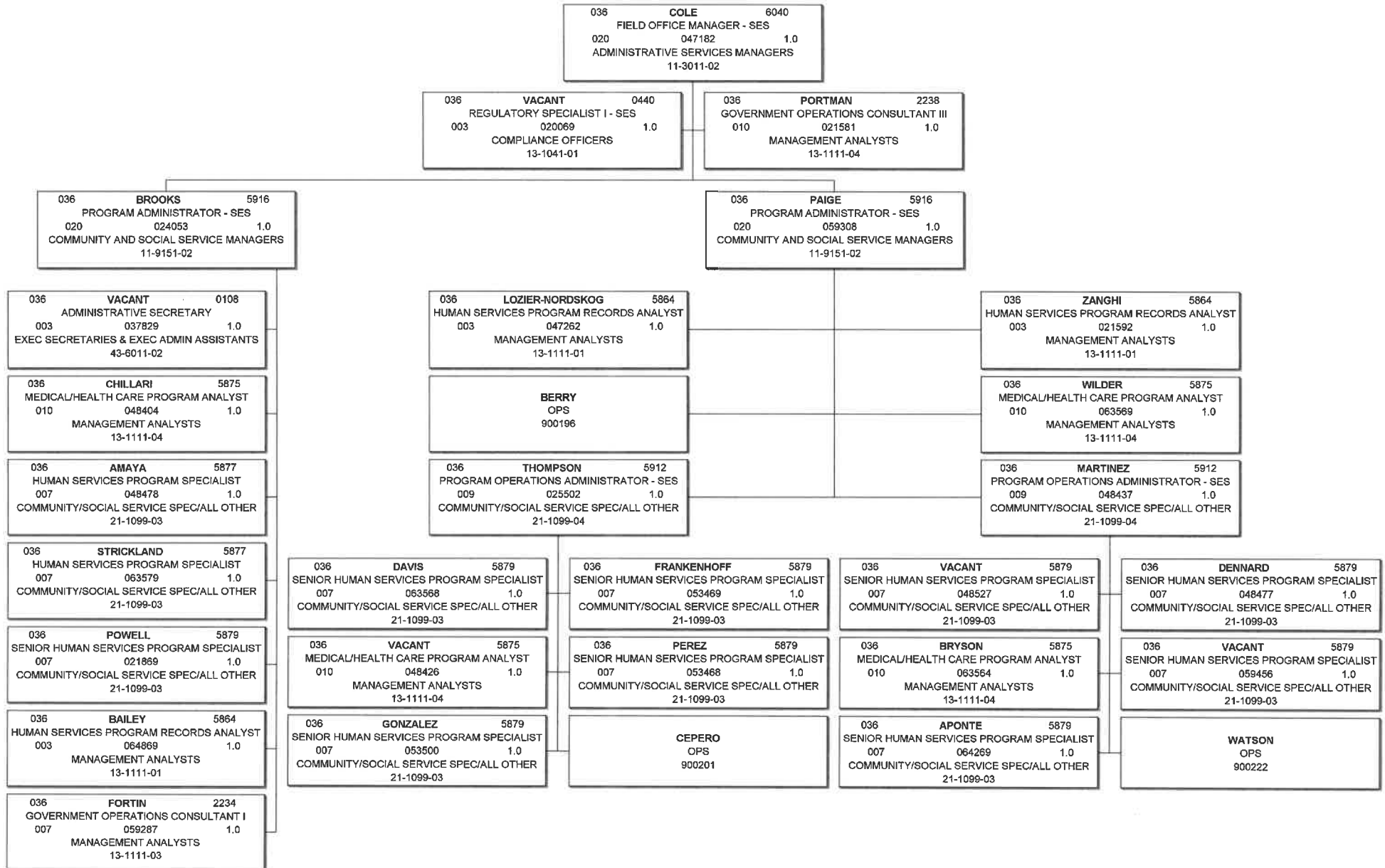
Effective Date: July 1, 2019
 Org. Level: 68-40-10-07-000
 FTEs: 20 Positions: 20



AGENCY FOR HEALTH CARE ADMINISTRATION

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

Effective Date: July 1, 2019
Org. Level: 68-40-10-08-000
FTEs: 27 Positions: 27

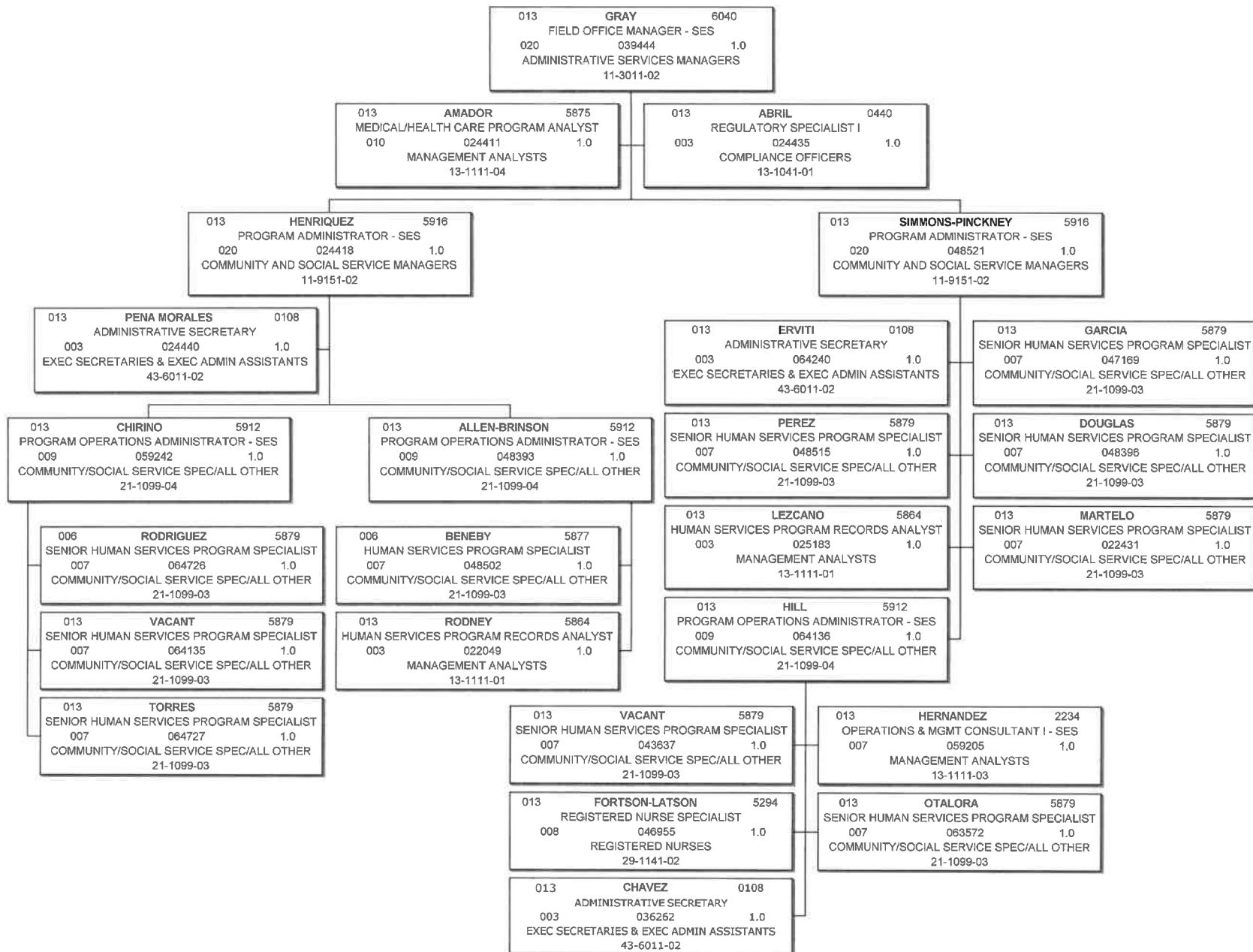


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance Miami

Effective Date: July 1, 2019
Org. Level: 68-40-10-11-000
FTEs: 24 Positions: 24

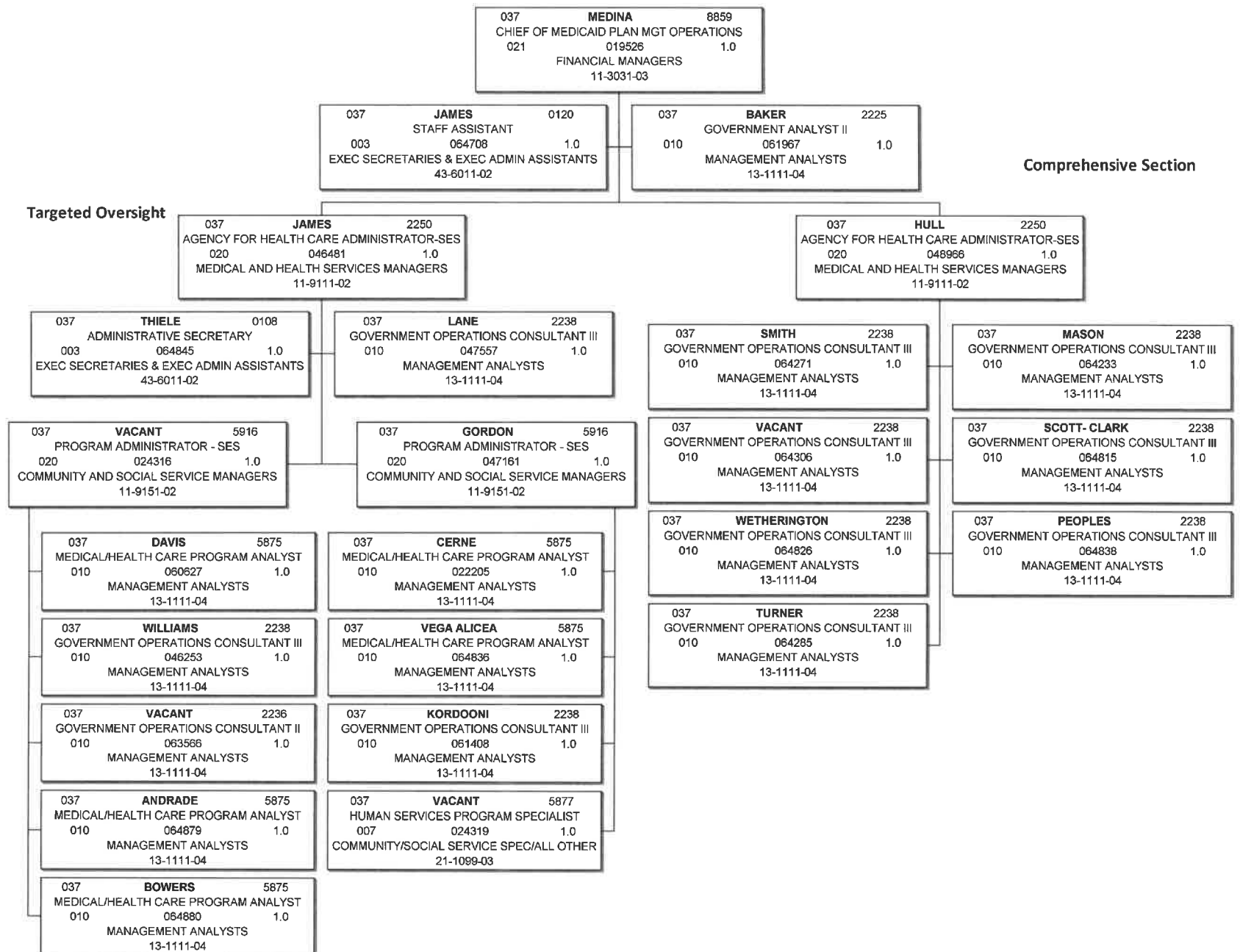


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Plan Management Operations

Effective Date: July 1, 2019
 Org. Level: 68-40-30-00-00
 FTEs: 44 Positions: 44

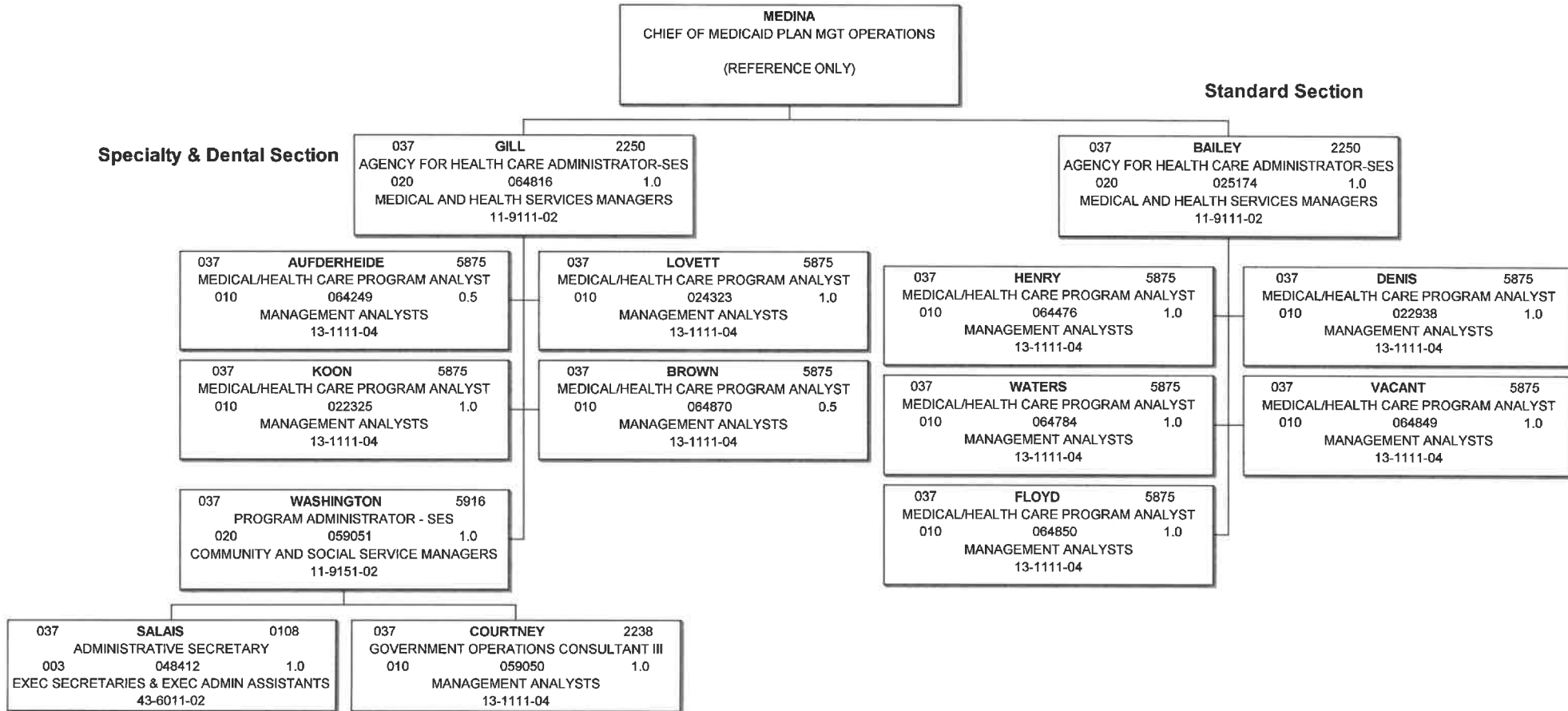


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Plan Management Operations

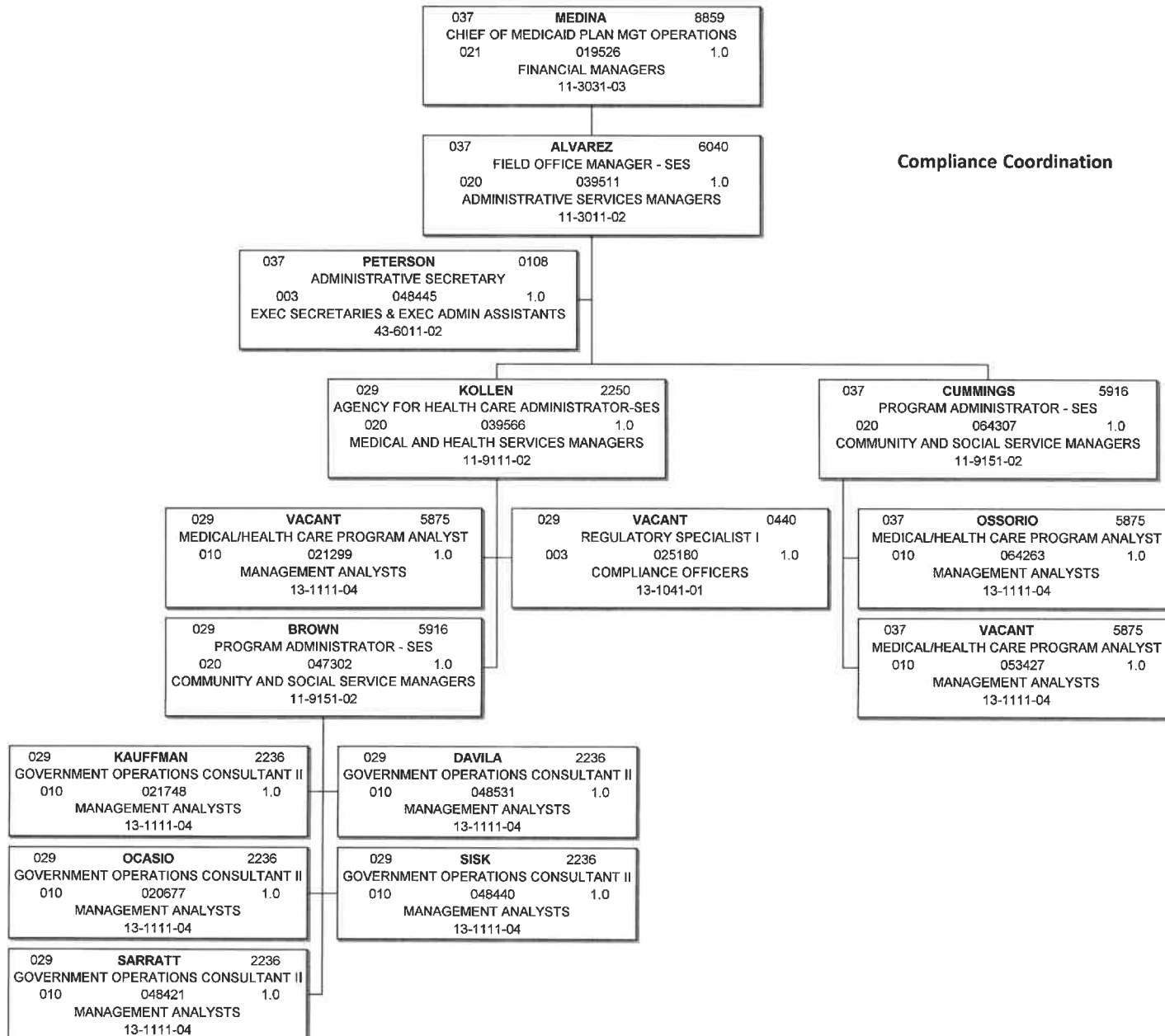
Effective Date: July 1, 2019
 Org. Level: 68-40-30-00-000
 FTEs: 44 Positions: 44



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Plan Management Operations Tampa

Effective Date: July 1, 2019
Org. Level: 68-40-30-06-000
FTEs: 9 Positions: 9

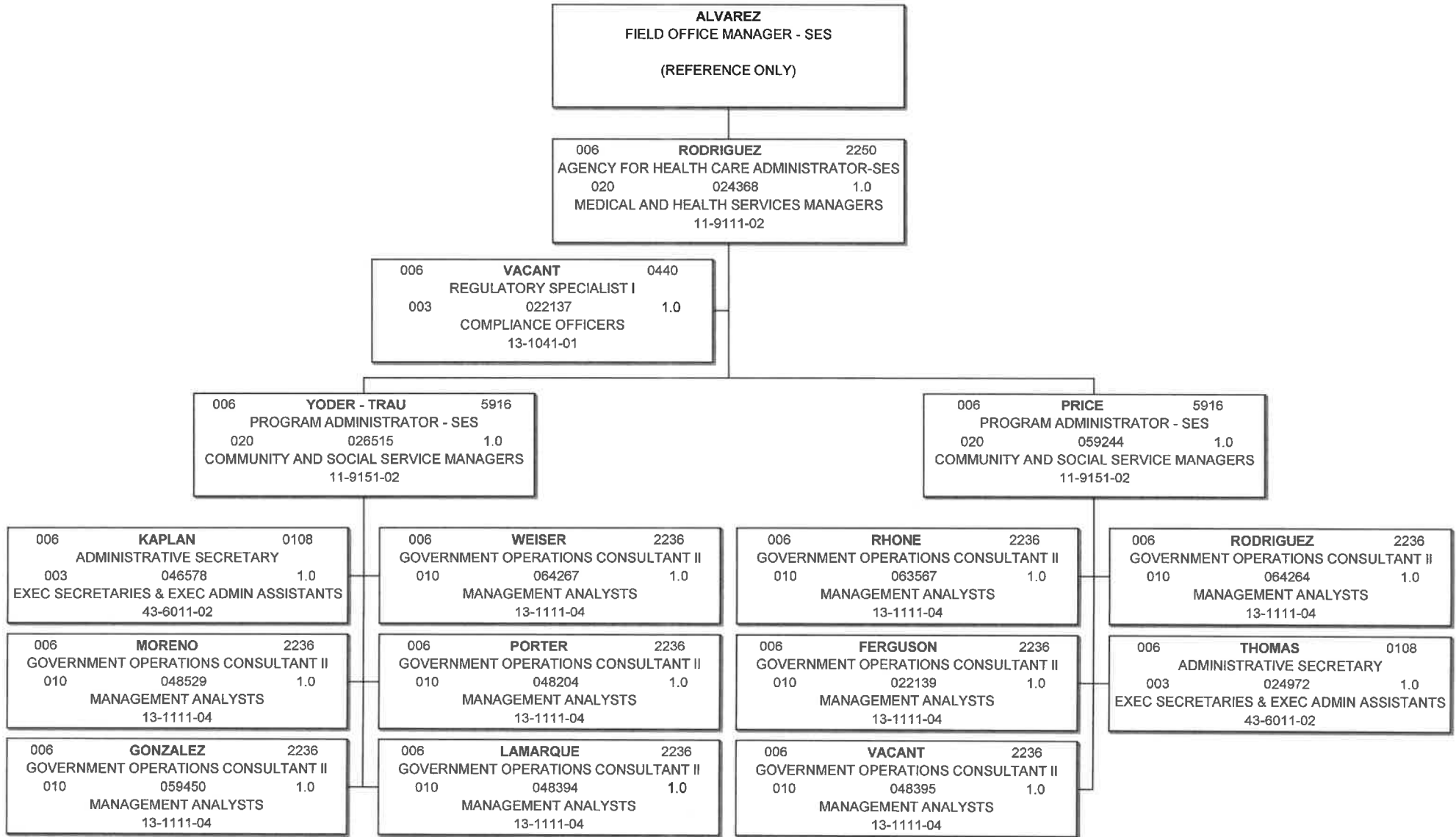


Compliance Coordination

AGENCY FOR HEALTH CARE ADMINISTRATION

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

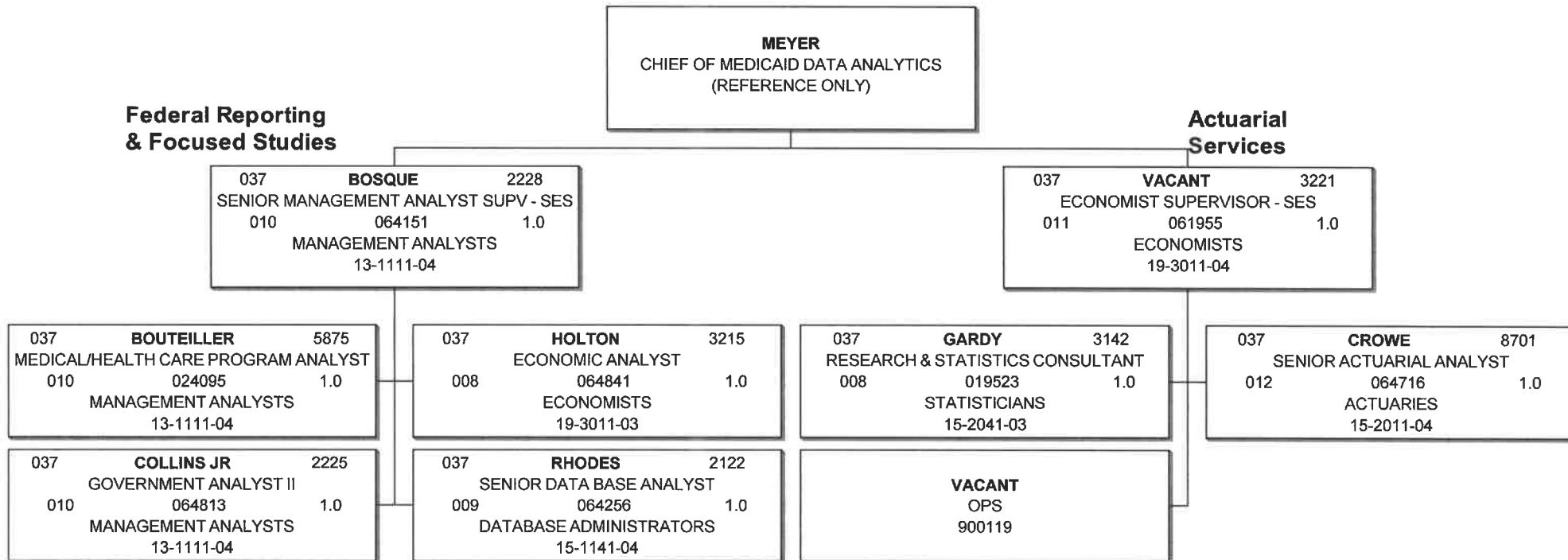
Effective Date: July 1, 2019
Org. Level: 68-40-30-10-000
FTEs: 15 Positions: 15



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Data Analytics

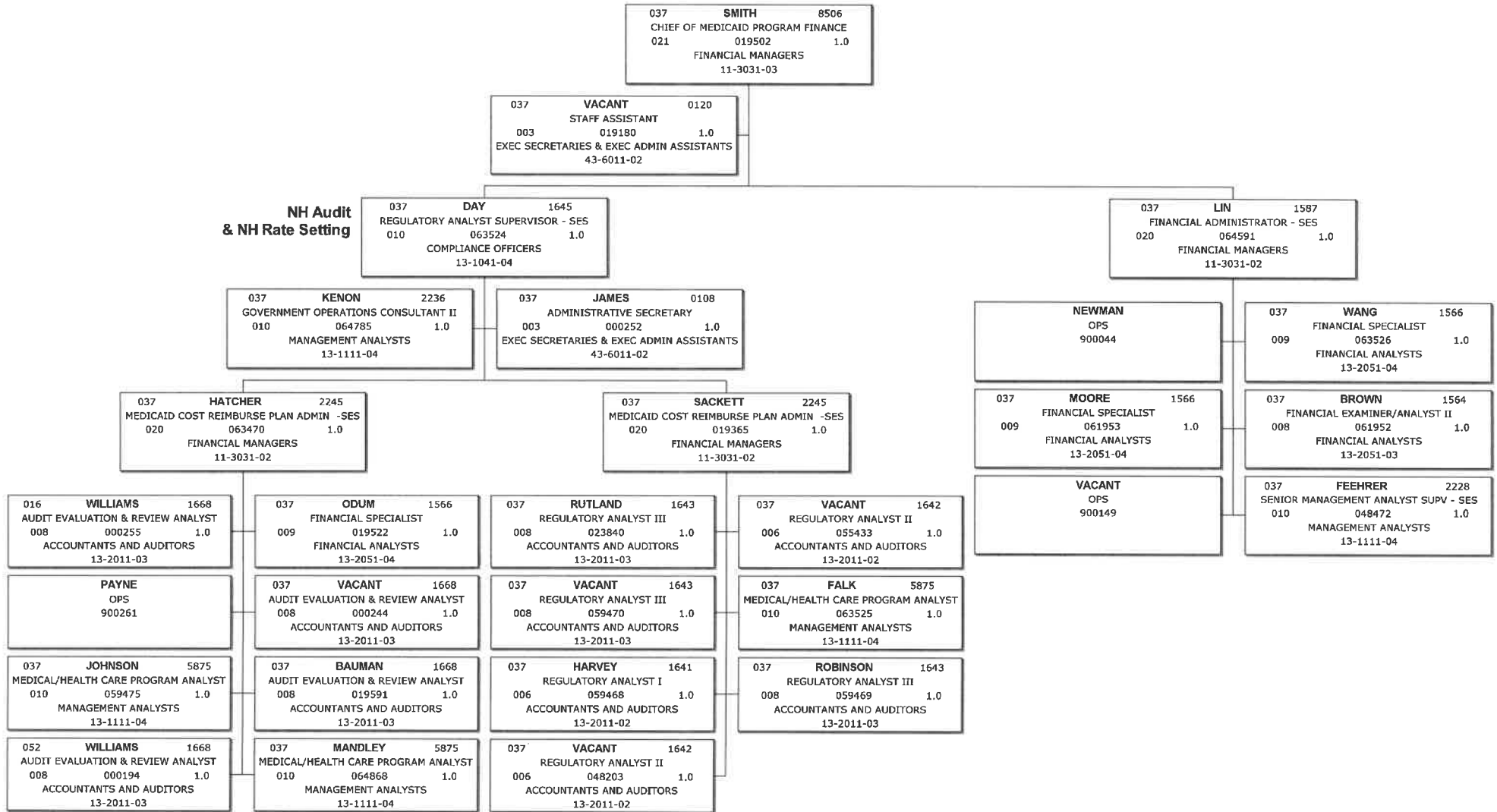
Effective Date: July 1, 2019
Org. Level: 68-40-40-00-000
FTEs: 30 Positions: 30



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Program Finance

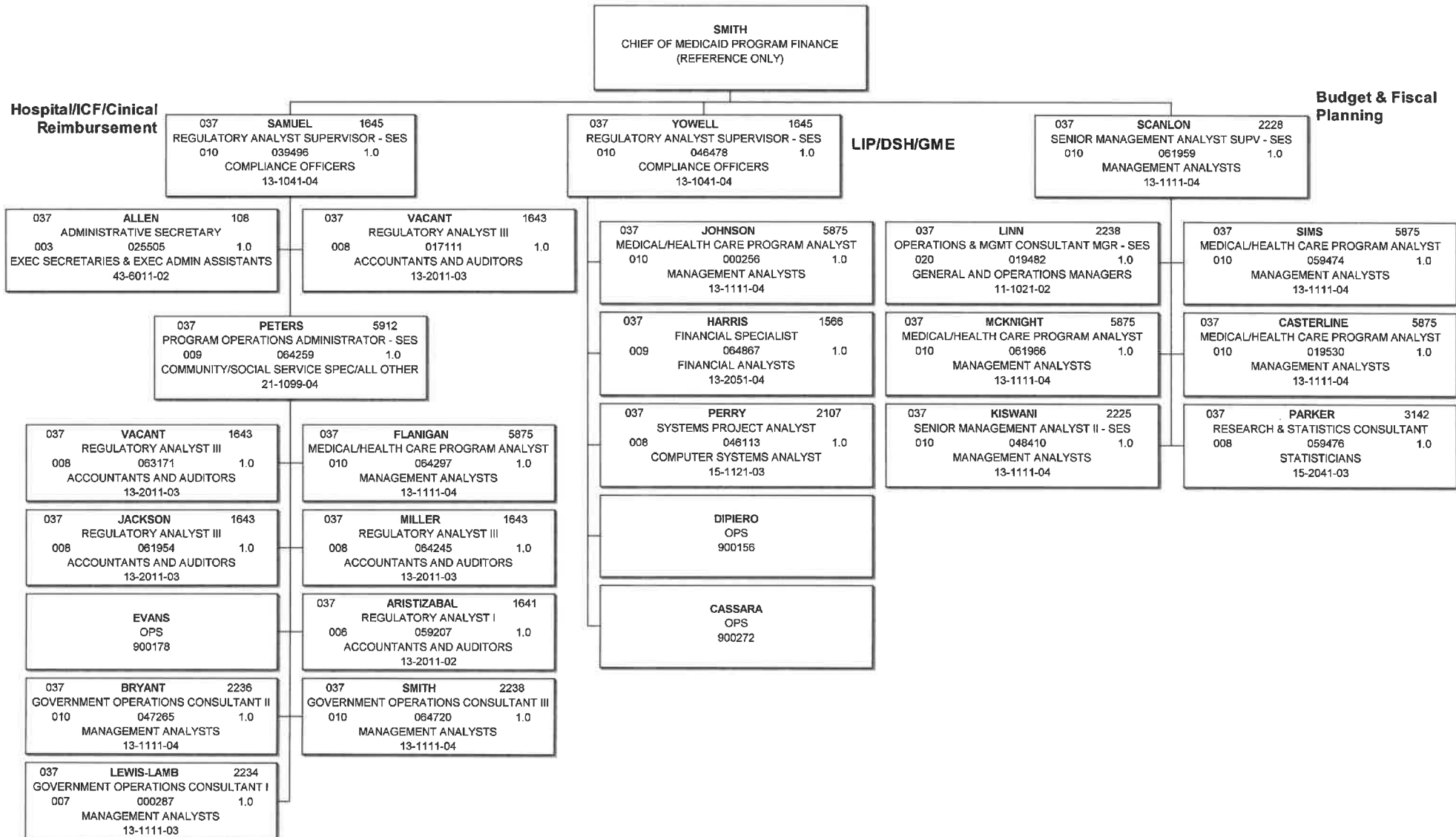
Effective Date: July 1, 2019
Org. Level: 68-40-50-00-000
FTEs: 49 Positions: 49



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Program Finance

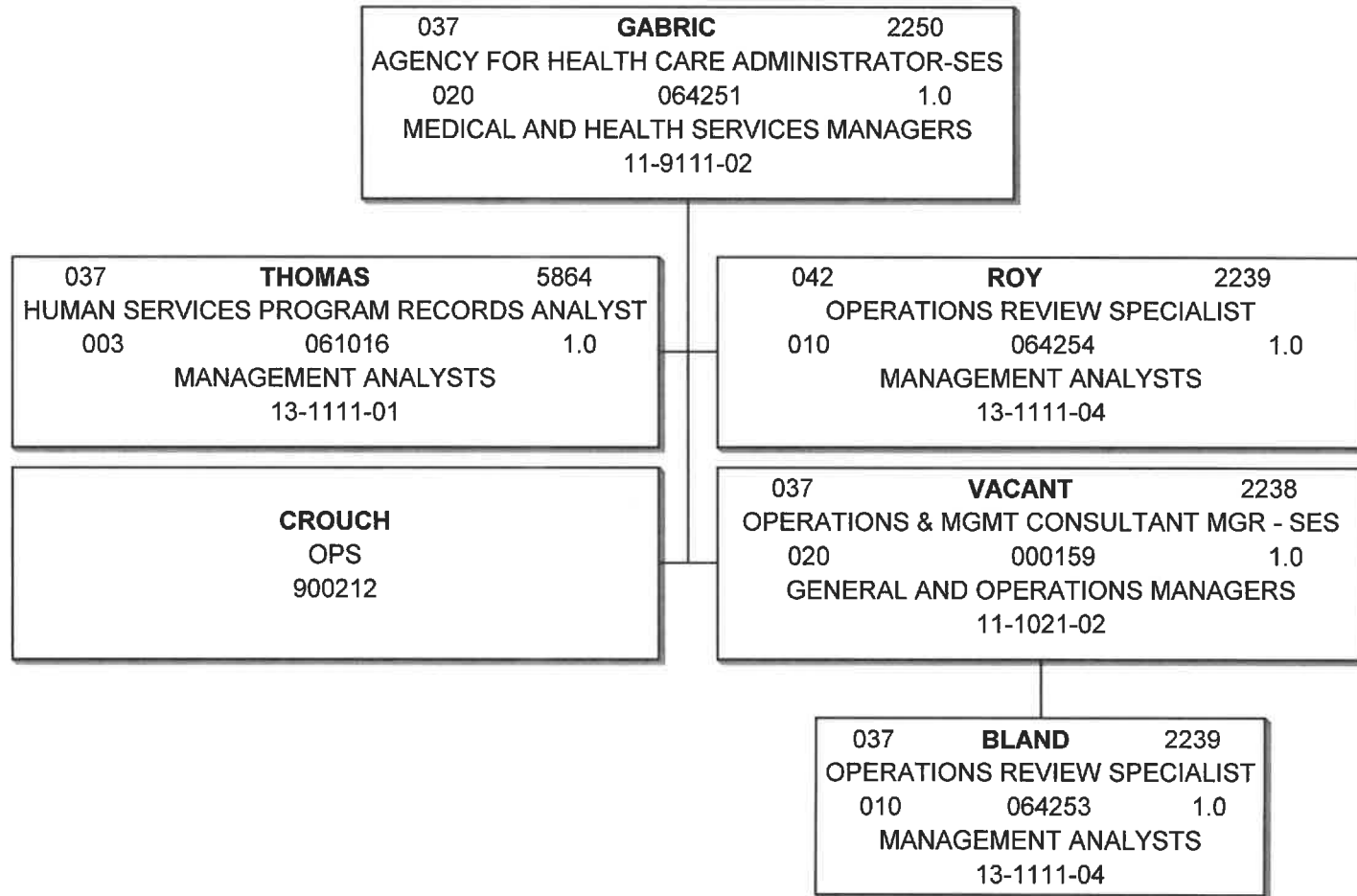
Effective Date: July 1, 2019
Org. Level: 68-40-50-00-000
FTEs: 49 Positions: 49



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Medicaid Third Party Liability

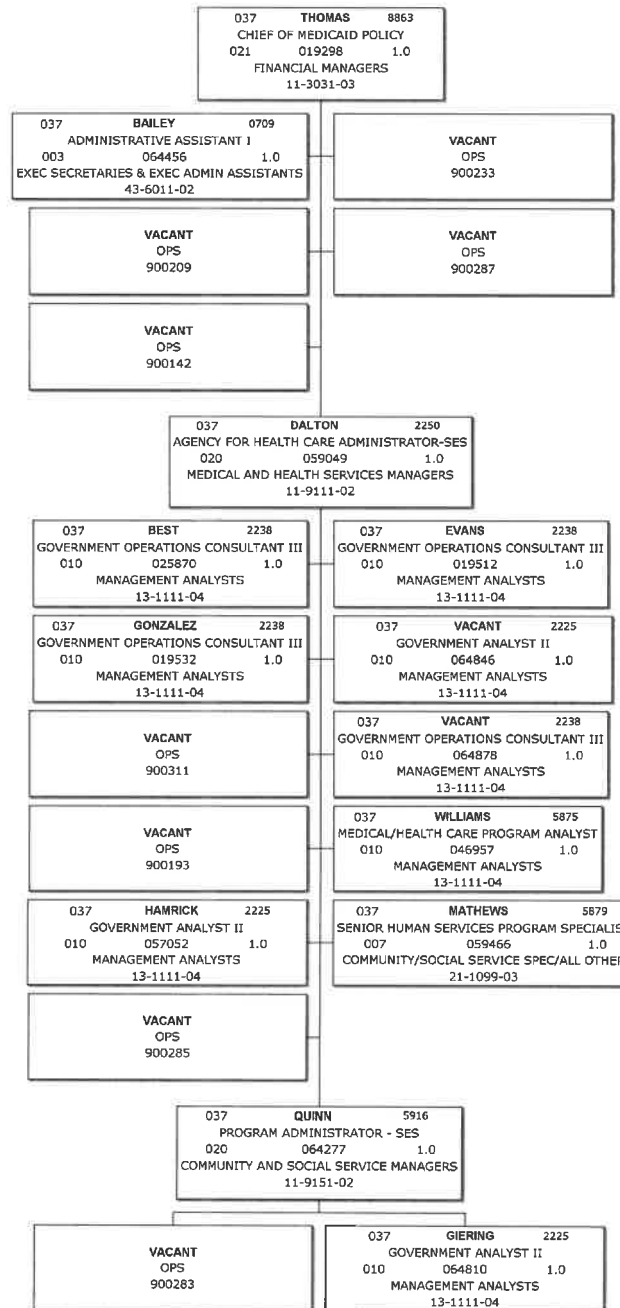
Effective Date: July 1, 2019
Org. Level: 68-40-00-00-001
FTEs: 5 Positions: 5



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Policy

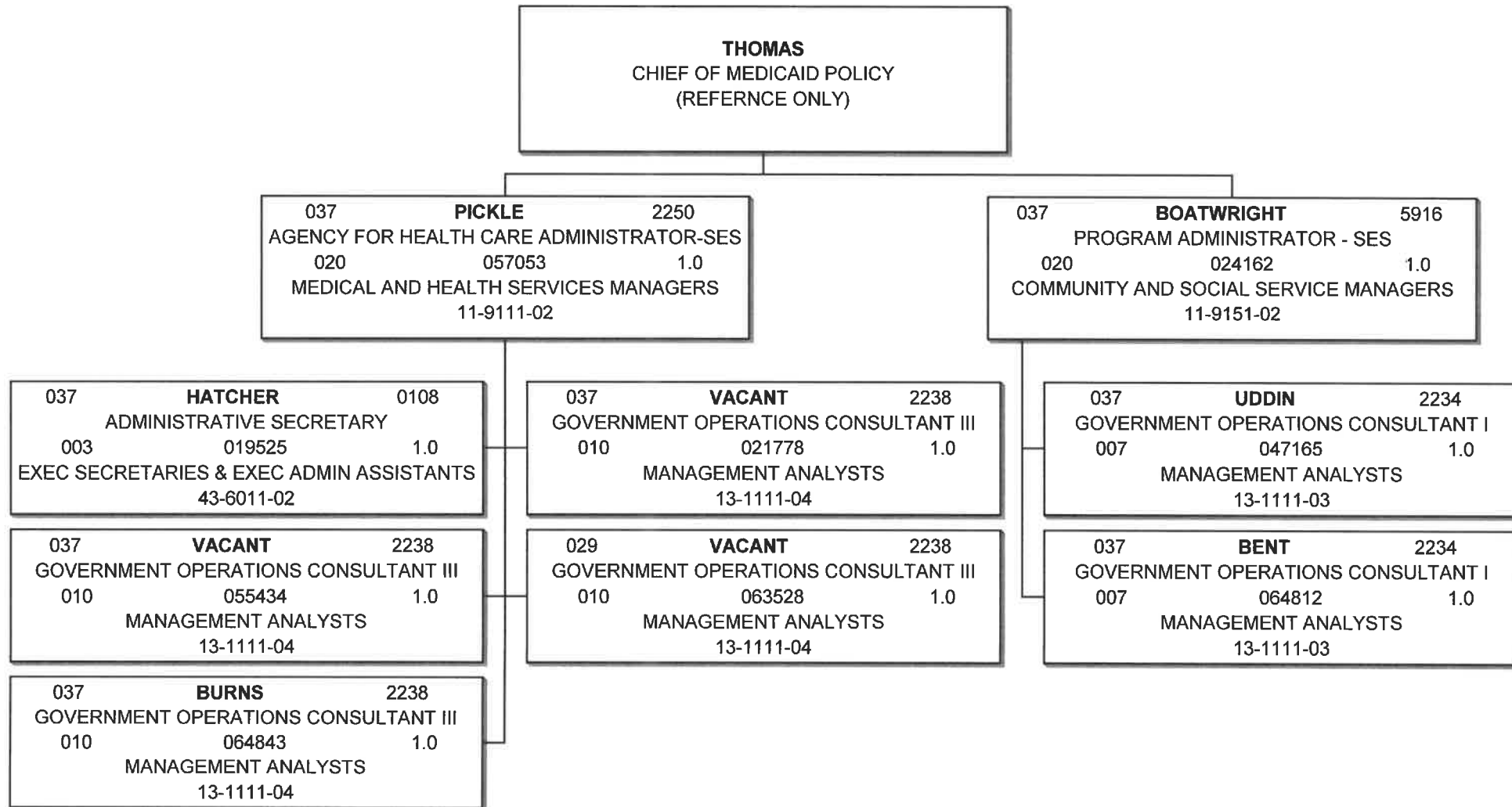
Effective Date: July 1, 2019
Org. Level: 68-40-60-00-000
FTEs:60 Positions: 60



AGENCY FOR HEALTH CARE ADMINISTRATION

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

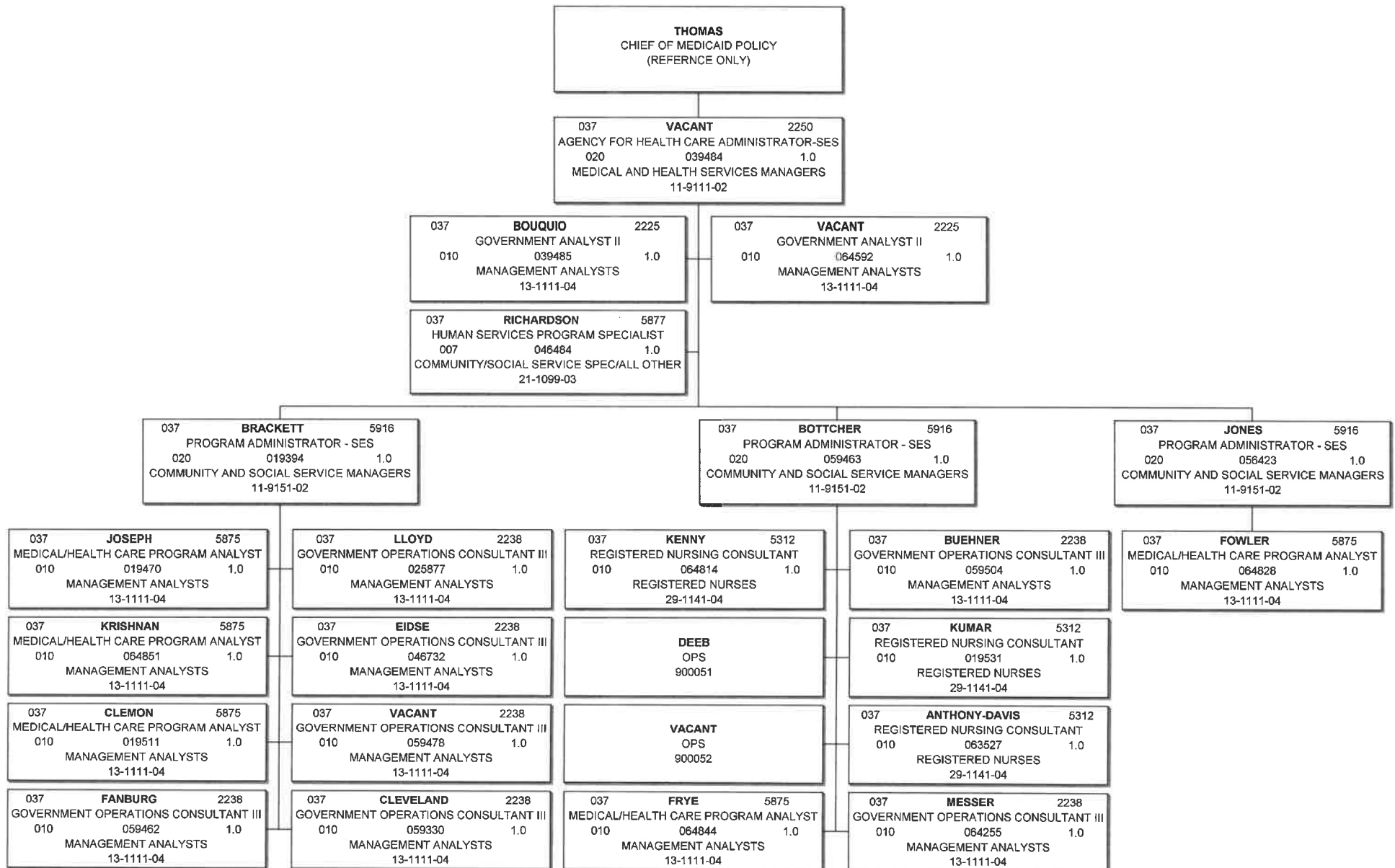
Effective Date: July 1, 2019
Org. Level: 68-40-60-00-000
FTEs: 60 Positions: 60



AGENCY FOR HEALTH CARE ADMINISTRATION

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

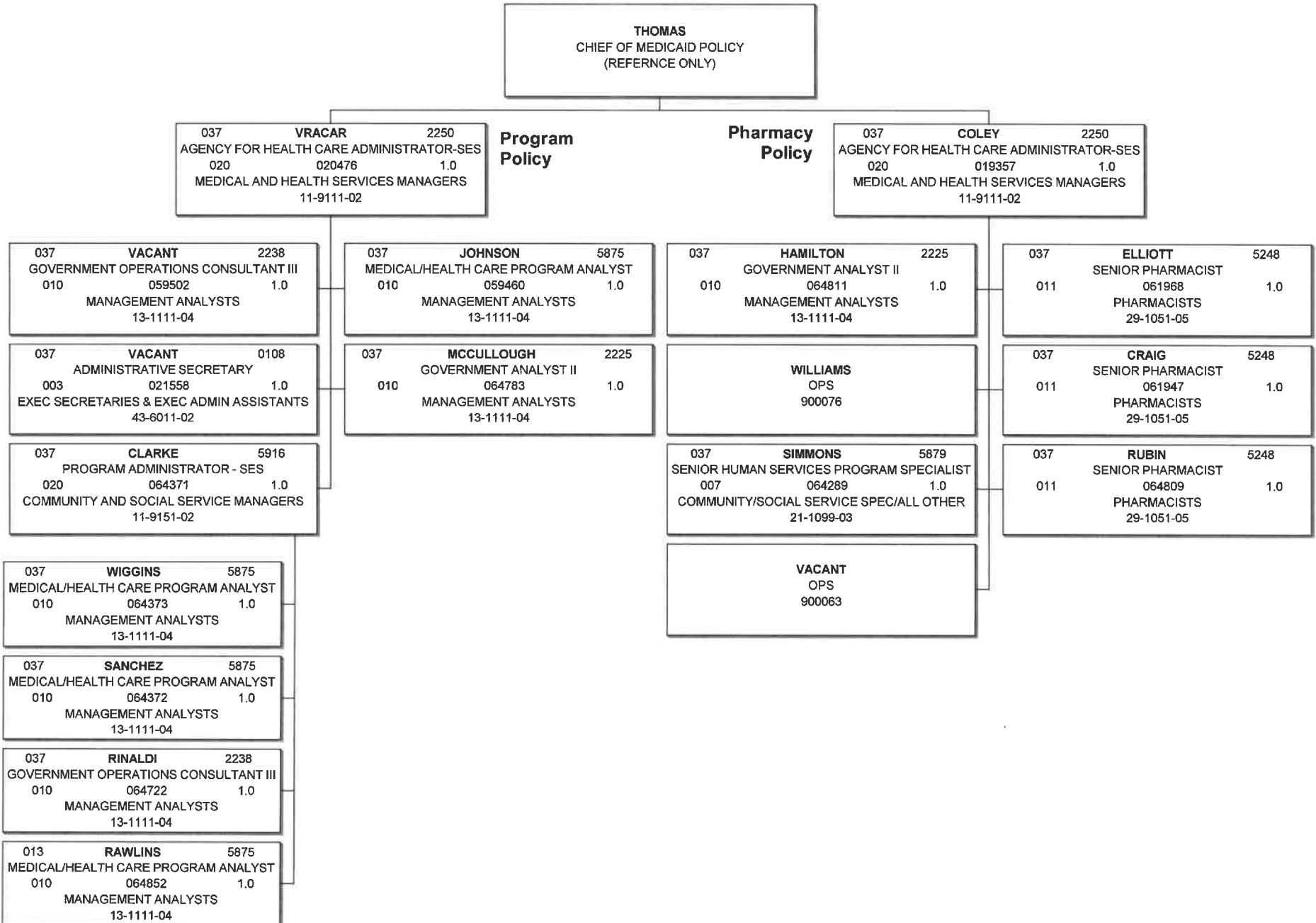
Effective Date: July 1, 2019
Org. Level: 68-40-60-00-000
FTEs: 60 Positions: 60



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Policy

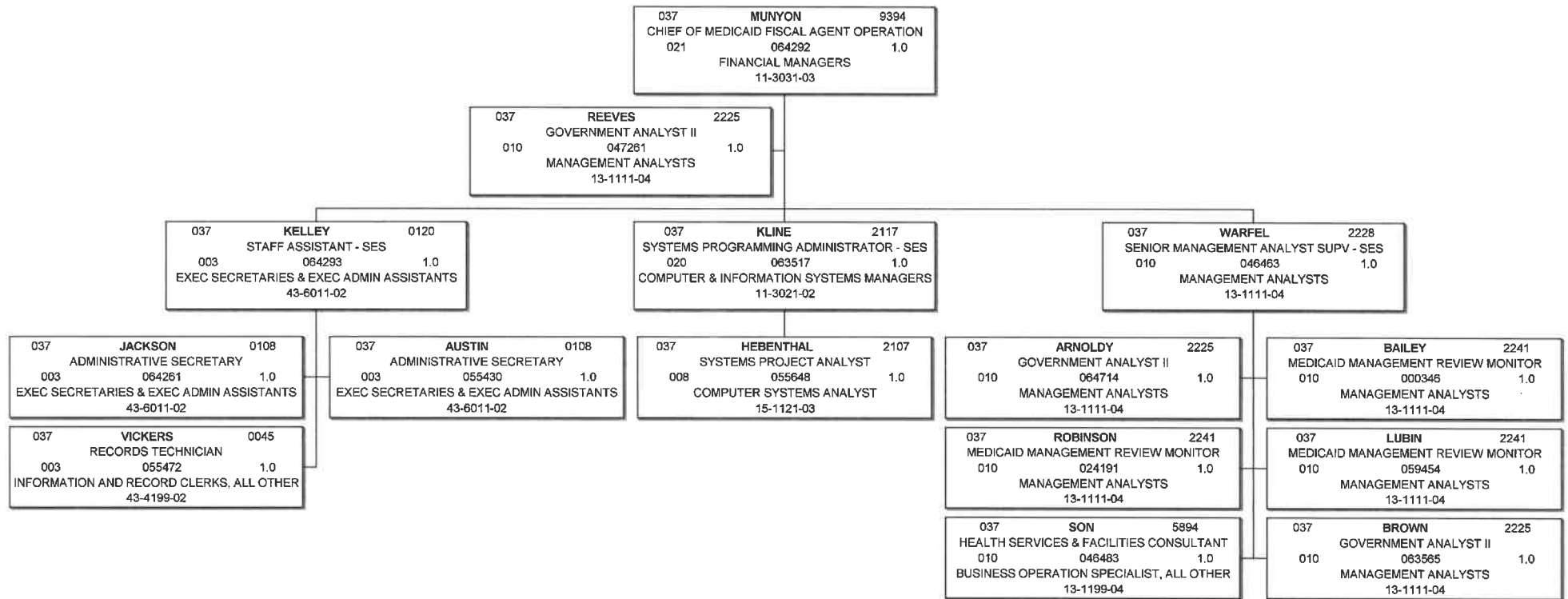
Effective Date: July 1, 2019
Org. Level: 68-40-60-00-000
FTEs: 60 Positions: 60



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Fiscal Agent Operations

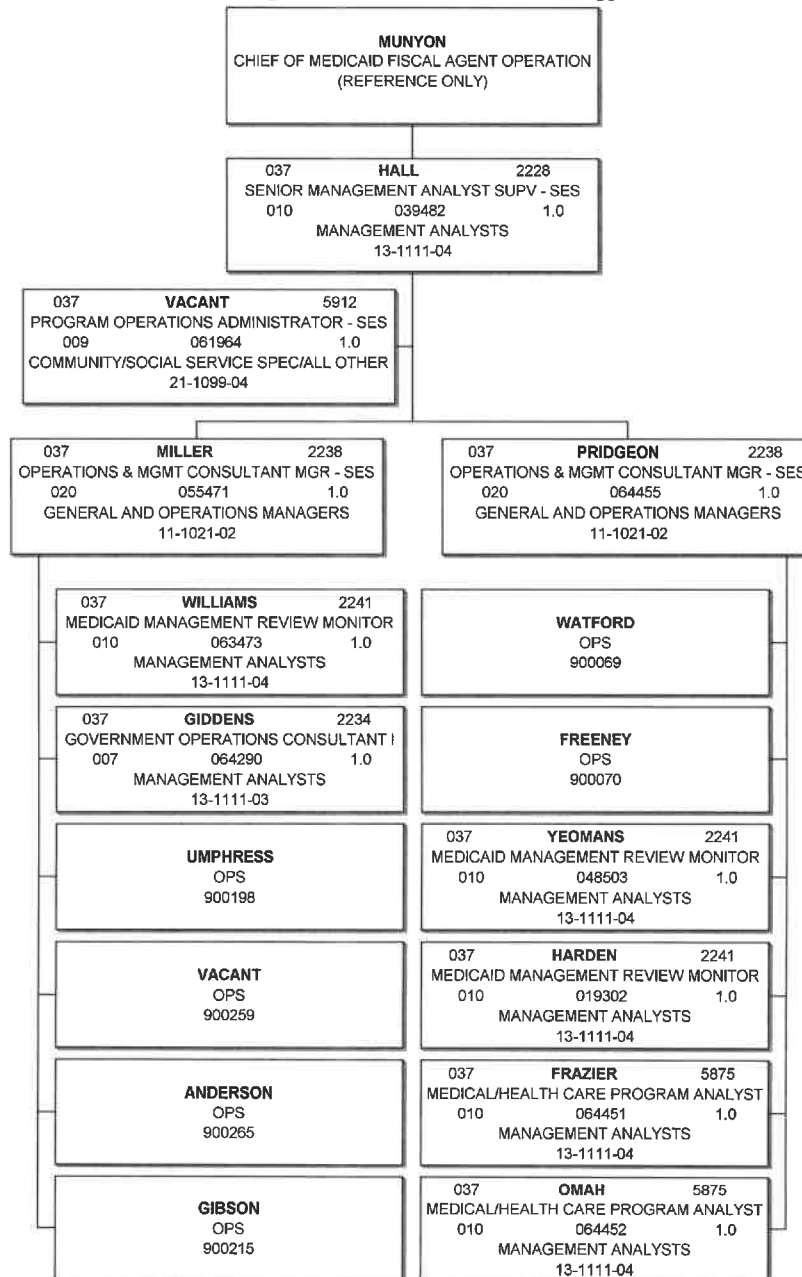
Effective Date: July 1, 2019
Org. Level: 68-40-70-00-000
FTEs: 50 Positions: 50



AGENCY FOR HEALTH CARE ADMINISTRATION

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

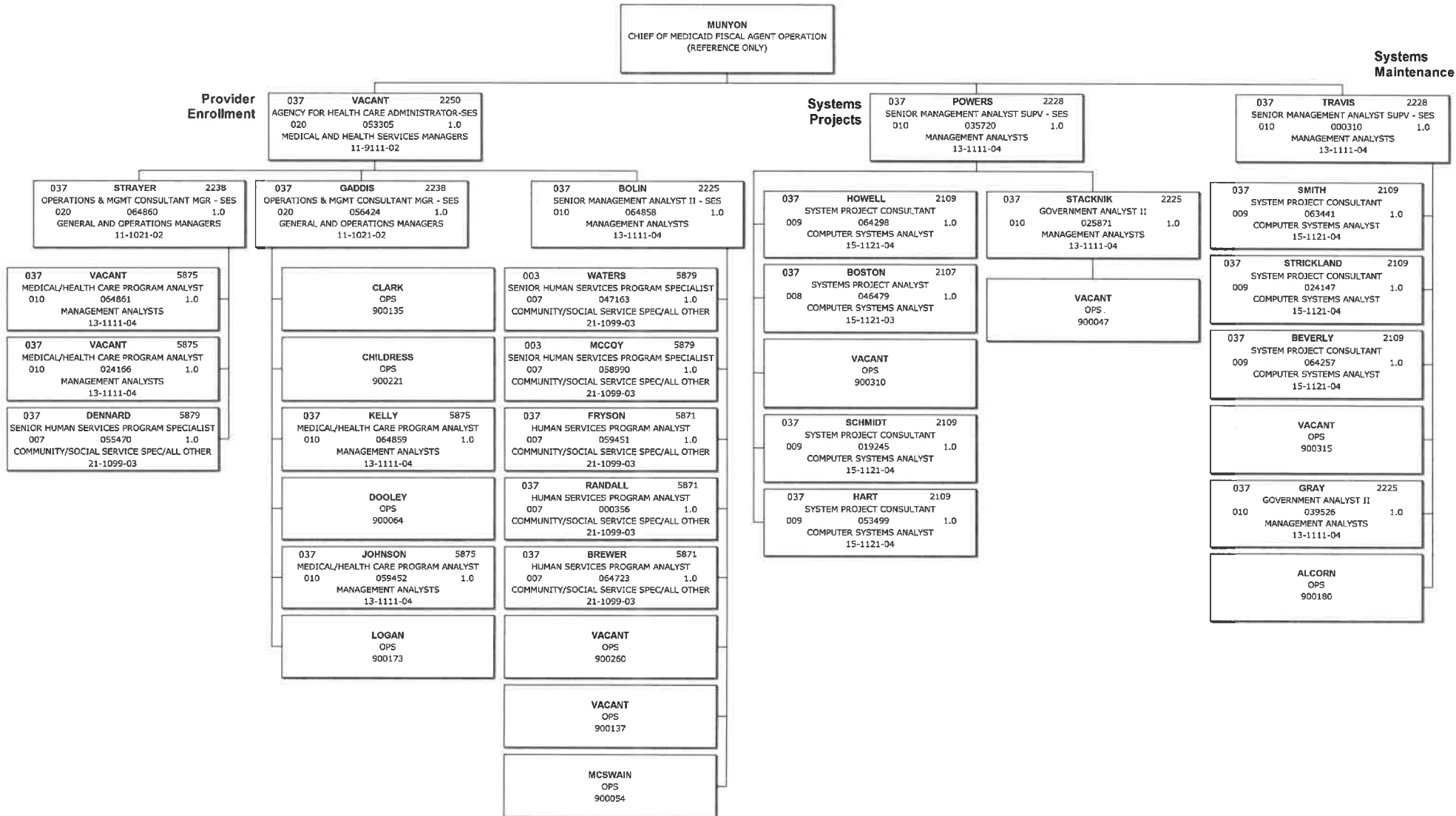
Effective Date: July 1, 2019
Org. Level: 68-40-70-00-000
FTEs: 50 Positions: 50



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Fiscal Agent Operations

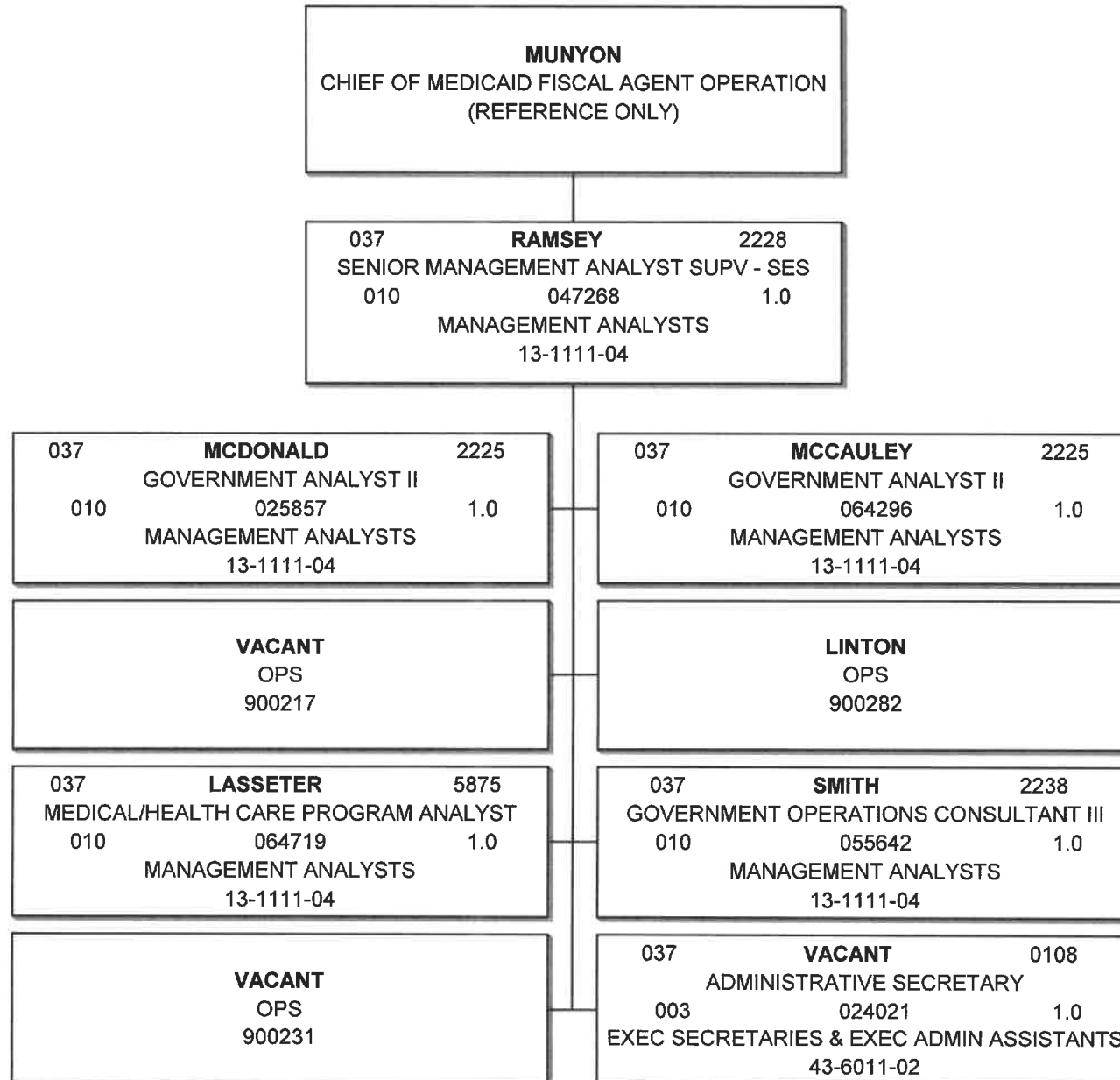
Effective Date: July 1, 2019
Org. Level: 68-40-70-00-000
FTEs: 50 Positions: 50



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Fiscal Agent Operations Procurement

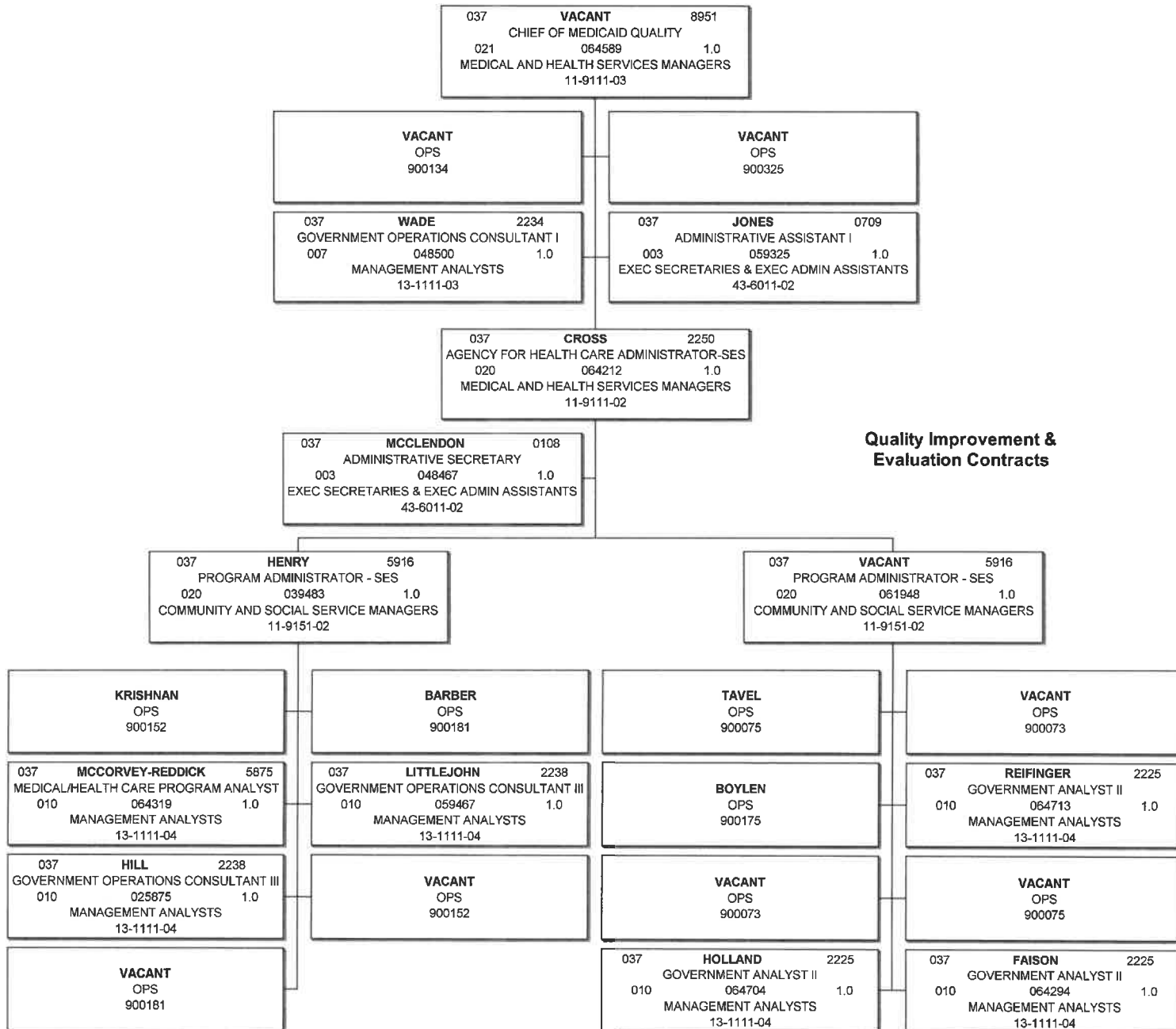
Effective Date: July 1, 2019
Org. Level: 68-40-70-15-000
FTEs: 6 Positions: 6



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Quality

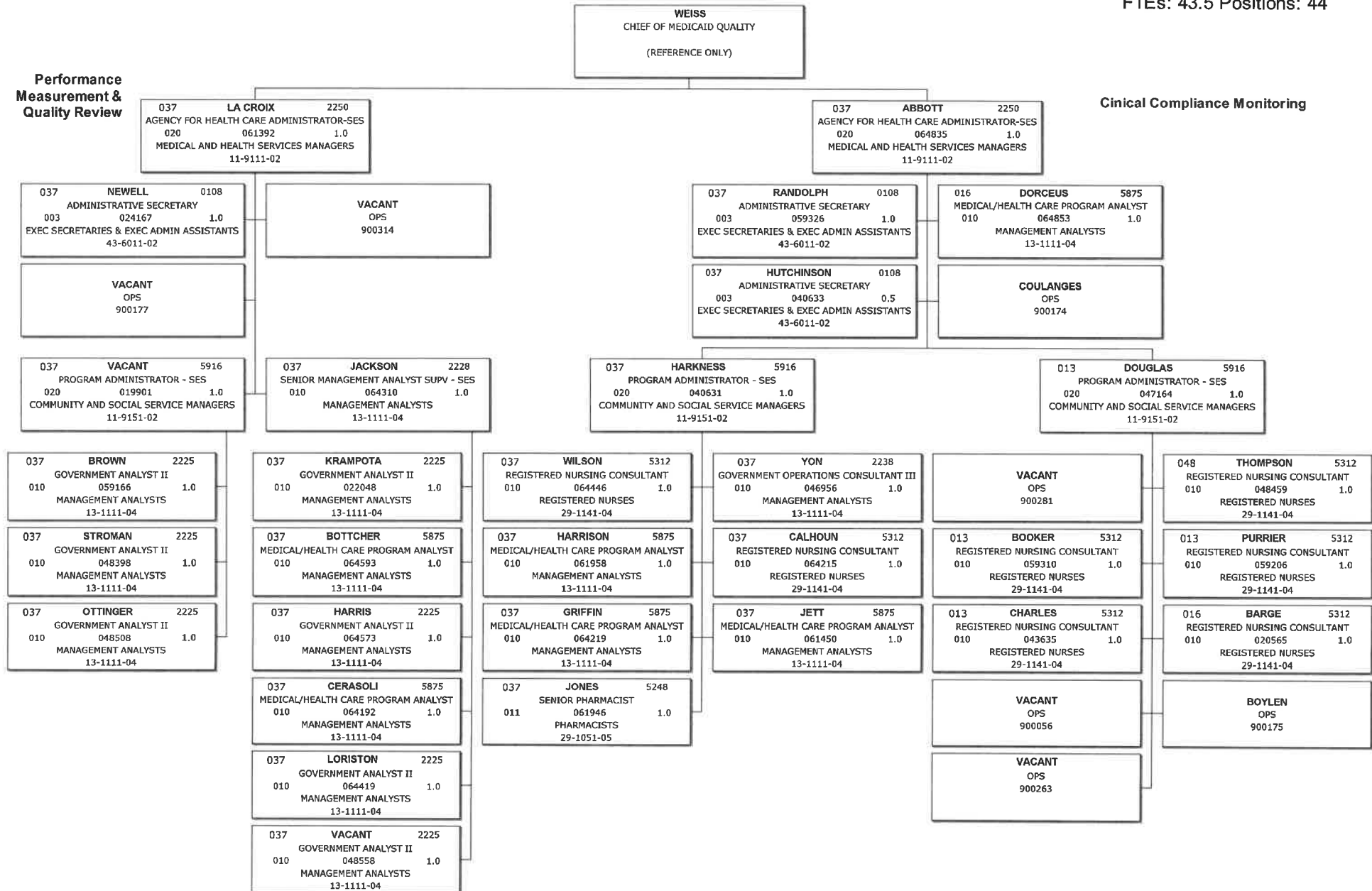
Effective Date: July 1, 2019
Org. Level: 68-40-80-00-000
FTEs: 43.5 Positions: 44



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Quality

Effective Date: July 1, 2019
Org. Level: 68-40-80-00-000
FTEs: 43.5 Positions: 44



AGENCY FOR HEALTH CARE ADMINISTRATION		FISCAL YEAR 2018-19			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		29,204,673,843		0	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		-2,101,411,873		0	
FINAL BUDGET FOR AGENCY		27,103,261,970		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	13,159.66	7,364,434,584	
Prepaid Health Plans - Families *		2,225,878	2,236.85	4,978,944,418	
Elderly And Disabled/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased		15,317	31,262.38	478,845,942	
Elderly And Disabled/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		55,591	5,754.48	319,897,080	
Elderly And Disabled/Fee For Service/Medipass - Physician Services * Number of case months Medicaid program services purchased		128,769	2,193.18	282,413,366	
Elderly And Disabled/Fee For Service/Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		128,769	735.36	94,692,106	
Elderly And Disabled/Fee For Service/Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		1,450,777	1,073.05	1,556,760,133	
Elderly And Disabled/Fee For Service/Medipass - Case Management * Number of case months Medicaid program services purchased		713,029	8.13	5,795,581	
Elderly And Disabled/Fee For Service/Medipass - Hospital Insurance Benefit * Number of case months Medicaid program services purchased		123,659	431.94	53,413,736	
Elderly And Disabled/Fee For Service/Medipass - Other * Number of case months Medicaid program services purchased		68,460	22,523.58	1,541,964,419	
Women And Children/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased		170,037	2,092.06	355,728,426	
Women And Children/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		268,859	358.84	96,476,949	
Women And Children/Fee For Service / Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		699,697	182.88	127,962,478	
Women And Children/Fee For Service / Medipass - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		6,243,411	45.56	284,477,508	
Women And Children/Fee For Service / Medipass - Case Management * Number of case months Medicaid program services purchased		3,099,738	0.23	705,377	
Women And Children/Fee For Service / Medipass - Other * Number of case months Medicaid program services purchased		760,006	260.34	197,858,236	
Medically Needy - Hospital Inpatient * Number of case months Medicaid program services purchased		23,405	3,026.97	70,846,131	
Medically Needy - Prescribed Medicines * Number of case months Medicaid program services purchased		29,106	1,450.26	42,211,385	
Medically Needy - Hospital Outpatient * Number of case months Medicaid program services purchased		29,106	624.42	18,174,269	
Medically Needy - Supplemental Medical Insurance * Number of case months Medicaid program services purchased		58,212	165.34	9,624,483	
Medically Needy - Case Management * Number of case months Medicaid program services purchased		29,106	3.56	103,693	
Medically Needy - Other * Number of case months Medicaid program services purchased		29,106	40,268.87	1,172,065,725	
Refugees - Hospital Inpatient * Number of case months Medicaid program services purchased		1,457	213.42	310,951	
Refugees - Prescribed Medicines * Number of case months Medicaid program services purchased		1,457	419,407.41	611,076,600	
Refugees - Hospital Outpatient * Number of case months Medicaid program services purchased		1,457	130.96	190,815	
Nursing Home Care *		47,157	77,302.50	3,645,353,813	
Home And Community Based Services *		59,715	23,191.65	1,384,889,458	
Intermediate Care Facilities For The Developmentally Disabled - Sunland Centers *		543	646,397.98	350,994,105	
Purchase Medikids Program Services * Number of case months Medicaid Program services purchased		38,077	2,236.15	85,145,713	
Purchase Children's Medical Services Network Services * Number of case months		12,452	12,695.32	158,082,136	
Purchase Florida Healthy Kids Corporation Services * Number of case months		201,193	1,576.29	317,137,882	
Certificate Of Need/Financial Analysis * Number of certificate of need (CON) requests/financial reviews conducted		3,153	867.44	2,735,036	
Health Facility Regulation (compliance, Licensure, Complaints) - Tallahassee * Number of licensure/certification applications		21,379	865.50	18,503,531	
Facility Field Operations (compliance, Complaints) - Field Offices Survey Staff * Number of surveys and complaint investigations		21,825	2,860.17	62,423,273	
Health Standards And Quality * Number of transactions		3,006,976	1.67	5,010,610	
Plans And Construction * Number of reviews performed		5,178	1,517.24	7,856,253	
Background Screening * Number of requests for screenings		411,526	2.26	931,870	
TOTAL				25,704,038,071	
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				1,320,884,067	
REVERSIONS				78,339,893	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				27,103,262,031	

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 XIV
Variance from Long Range Financial Outlook

Agency: Agency for Health Care Administration **Contact:** La-Shonna K. Austin, Budget Director

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 2019 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 2020-2021 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 2020-2021 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Medicaid Price Level and Workload	B	684.8	684.8
b	KidCare	B	71.8	71.8
c	Medicaid Provider Rate Increases	B	52.2	0.0
d	Medicaid Waivers	B	0.0	0.0
e	Hospital Provider Rate Increases	B	45.2	0.0
f	ICF/DD Provider Rate Increases	B	4.7	0.0
g	Fiscal Agent FMMIS Reprocurement	B	22.0	107.7
h	Facility Regulation IT Issues	B	3.0	0.0

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

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

Florida Agency for Health Care Administration

Administration and Support Schedules

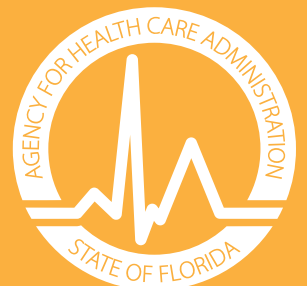
Grants and Donations Trust Fund
2339



Florida Agency for Health Care Administration

Schedule I Series *Department Level* *Manual Related Documents*

Administrative Trust Fund
2021



SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

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

	Balance as of 6/30/2019		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	2,090,631	(A)		2,090,631
ADD: Other Cash (See Instructions)	26	(B)		26
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	1,635,131	(D)		1,635,131
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	3,725,788	(F)	0	3,725,788
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	2,044,136	(H)		2,044,136
Approved "B" Certified Forwards	1,199,408	(H)		1,199,408
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/19	482,244	(K)	0.00	482,244 **

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: 2020 - 2021

Department Title: Agency for Health Care Administration

Trust Fund Title: Administrative Trust Fund

LAS/PBS Fund Number: 2021

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/19

Total all GLC's 5XXXX for governmental funds; 1,676,929 (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) (1,702) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description (C)

SWFS Adjustment # and Description (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (1,199,408) (D)

Approved FCO Certified Forward per LAS/PBS (D)

A/P not C/F-Operating Categories 162 (D)

Carry Forward Encumbrance not on Beg Trial Bal 6,262 (D)

(D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE: 482,244 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 482,244 (F)

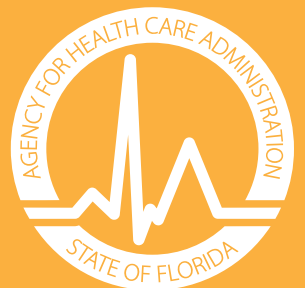
DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

Florida Agency for Health Care Administration

Health Care Services Schedules

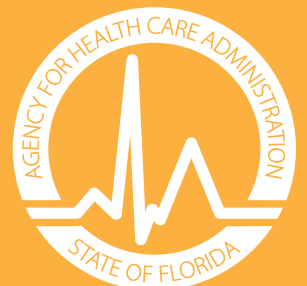
Grants and Donations Trust Fund
2339



Florida Agency for Health Care Administration

Schedule I Series *Department Level* *Manual Related Documents*

Tobacco Settlement Trust Fund
2122



SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2020 - 2021
Trust Fund Title:	Agency for Health Care Administration 680000
Budget Entity:	Tobacco Settlement Trust Fund
LAS/PBS Fund Number:	Departmental
	2122

	Balance as of 6/30/2019		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)		0.00
Approved "B" Certified Forwards		(H)		0.00
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/19	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: 2020 - 2021

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, 07/01/19

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)

Certified Encumbrances reclassified as (D)

Certified Payables after CF Certificate Report (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

Schedule I Series *Department Level* *Manual Related Documents*

Grants and Donations Trust Fund
2339



SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2020 - 2021	
Department Title:	Agency for Health Care Administration
Trust Fund Title:	Grants & Donations Trust Fund
Budget Entity:	Departmental
LAS/PBS Fund Number:	2339

	Balance as of 6/30/2019		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	615,826,835.00	(A)		615,826,835.00
ADD: Other Cash (See Instructions)	5,854,115.00	(B)		5,854,115.00
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	325,787,443.00	(D)	(2,693,640.00)	323,093,803
ADD: TNFR to BE 68501400	432,399.00	(E)		432,399
Total Cash plus Accounts Receivable	947,900,792.00	(F)	(2,693,640.00)	945,207,152
LESS: Allowances for Uncollectibles	12,673,514.00	(G)		12,673,514
LESS: Approved "A" Certified Forwards	288,556,531.00	(H)		288,556,531.00
Approved "B" Certified Forwards	873,348.00	(H)		873,348.00
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)	173,209,750.00	(I)		173,209,750
LESS: TNFR to BE 68500200	432,399.00	(J)		432,399
LESS: Deferred Inflows	29,006,716.00	(J)	(2,760,860.00)	26,245,856
Unreserved Fund Balance, 07/01/19	443,148,534.00	(K)	67,220.00	443,215,754.00 **

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: 2020 - 2021

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/19	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	445,268,541.00 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	0.00 (C)
SWFS Adjustment # and Description	67,220.00 (C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(873,348.00) (D)
Approved FCO Certified Forward per LAS/PBS	
A/P not C/F-Operating Categories	
TNFR to BE 68500200	(432,399.00) (D)
Long Term Receivables Less Allowance for Uncollectibles	(1,246,659.00) (D)
TNFR to BE 68501400	432,399.00 (D)
ADJUSTED BEGINNING TRIAL BALANCE:	443,215,754.00 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	443,215,754.00 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

Florida Agency for Health Care Administration

Schedule I Series *Department Level* *Manual Related Documents*

Medical Care Trust Fund
2474



SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2020 - 2021

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

	Balance as of 6/30/2019		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	441,435,214.00	(A)		441,435,214.00
ADD: Other Cash (See Instructions)	170,077.00	(B)		170,077.00
ADD: Investments	10,687,506.00	(C)		10,687,506.00
ADD: Outstanding Accounts Receivable	424,759,897.00	(D)	10,627,826	435,387,723.00
ADD: Outstanding Accounts Receivable		(E)	696,925,171.00	696,925,171.00
Total Cash plus Accounts Receivable	877,052,694.00	(F)	707,552,997.00	1,584,605,691
LESS: Allowances for Uncollectibles	22,330,346.00	(G)		22,330,346.00
LESS: Approved "A" Certified Forwards	719,389,811.00	(H)		719,389,811.00
Approved "B" Certified Forwards	12,728,894.00	(H)		12,728,894.00
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)	47,514,531.00	(I)	(5,446,371.00)	42,068,160.00
LESS: Deferred Inflows	59,712,428.00	(J)	234,667,565	294,379,993.00
LESS: BE TNFR from 68500100	637,298,498.00	(J)		637,298,498.00
LESS: BE TNFR from 68500200	108,840,081.00	(J)		108,840,081.00
LESS: BE TNFR from 68501500	262,646,791.00	(J)		262,646,791.00
LESS: BE TNFR from 68500100	(637,298,498.00)	(J)		(637,298,498.00)
LESS: BE TNFR from 68500200	(108,840,081.00)	(J)		(108,840,081.00)
LESS: BE TNFR from 68501500	(262,646,791.00)	(J)		(262,646,791.00)
Unreserved Fund Balance, 07/01/19	15,376,684.00	(K)	478,331,803.00	493,708,487.00 **

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: 2020 - 2021

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/19	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	11,511,173.00 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(4,313.00) (B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	707,552,997 (C)
SWFS Adjustment # and Description	(229,221,194) (C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(12,728,894.00) (D)
Approved FCO Certified Forward per LAS/PBS	
A/P not C/F-Operating Categories	18,499,751.00 (D)
Long Term Receivable Less Allowance for Uncollectables	(1,901,032.00) (D)
Rounding	(1.00) (D)
BE TNFR from 2474 68500100	637,298,498.00 (D)
BE TNFR from 2474 68500200	108,840,081.00 (D)
BE TNFR from 2474 68501500	262,646,791.00 (D)
BE TNFR to 2474 68501400	(1,008,785,370.00) (D)
ADJUSTED BEGINNING TRIAL BALANCE:	493,708,487.00 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	493,708,487.00 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

Florida Agency for Health Care Administration

Schedule I Series *Department Level* *Manual Related Documents*

Public Medical Assistance Trust Fund
2565



SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2020 - 2021
Trust Fund Title:	Agency for Health Care Administration 680000
Budget Entity:	Public Medical Assistance Trust Fund
LAS/PBS Fund Number:	Departmental
	2565

	Balance as of 6/30/2019		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	138,389,840	(A)			138,389,840
ADD: Other Cash (See Instructions)	8,719,915	(B)			8,719,915
ADD: Investments		(C)			0
ADD: Outstanding Accounts Receivable	63,516,749	(D)			63,516,749
ADD: _____		(E)			0
Total Cash plus Accounts Receivable	210,626,505	(F)	0		210,626,505
LESS Allowances for Uncollectibles	12,854,324	(G)			12,854,324
LESS Approved "A" Certified Forwards	54,557,300	(H)			54,557,300
Approved "B" Certified Forwards		(H)			0
Approved "FCO" Certified Forwards		(H)			0
LESS: Other Accounts Payable (Nonoperating)		(I)			0
LESS: Deferred Inflows	15,285,391	(J)	-21,722		15,263,669
Unreserved Fund Balance, 07/01/19	127,929,490	(K)	21,722		127,951,212 **

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: 2020 - 2021

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, 07/01/19

Total all GLC's 5XXXX for governmental funds; 127,929,490 (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** 21,722 (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)

Certified Encumbrances reclassified as (D)

Certified Payables after CF Certificate Report (D)

(D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE: 127,951,212 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 127,951,212 (F)

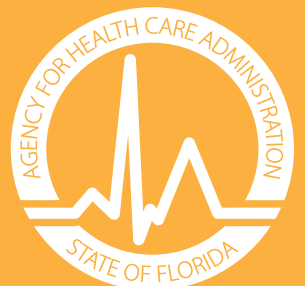
DIFFERENCE: 0 (G)*

***SHOULD EQUAL ZERO.**

Florida Agency for Health Care Administration

Schedule I Series *Department Level* *Manual Related Documents*

Refugee Assistance Trust Fund
2579



RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2020 - 2021

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/19

Total all GLC's 5XXXX for governmental funds; 8,845,043.00 (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 _____ (D)

Approved FCO Certified Forward per LAS/PBS _____ (D)

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

Certified Encumbrances reclassified as _____ (D)

Certified Payables after CF Certificate Report _____ (D)

_____ (D)

ADJUSTED BEGINNING TRIAL BALANCE: 8,845,043.00 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 8,845,043.00 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2020 - 2021
Trust Fund Title:	Agency for Health Care
Budget Entity:	Refugee Assistance Trust Fund
LAS/PBS Fund Number:	Medicaid Service & Individual-685014
	2579

	Balance as of 6/30/2019		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	7,579,609.00	(A)		7,579,609.00
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable	1,476,681.00	(D)		1,476,681.00
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	9,056,290.00	(F)	0	9,056,290.00
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	211,247.00	(H)		211,247.00
Approved "B" Certified Forwards		(H)		0.00
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: _____		(J)		0.00
Unreserved Fund Balance, 07/01/19	8,845,043.00	(K)	0.00	8,845,043.00 **

Notes:

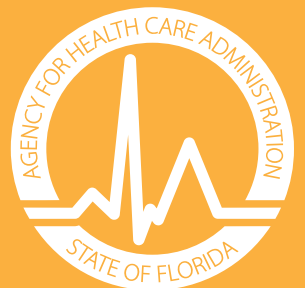
*SWFS = Statewide Financial Statement

** 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.

Florida Agency for Health Care Administration

Health Facility Regulation Schedules

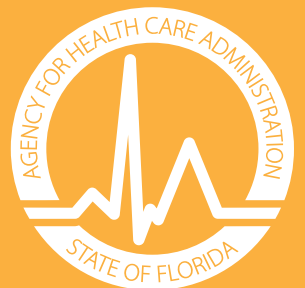
Grants and Donations Trust Fund
2339



Florida Agency for Health Care Administration

Schedule I Series *Department Level* *Manual Related Documents*

Health Care Trust Fund
2003



SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2020 - 2021
Trust Fund Title:	Agency for Health Car
Budget Entity:	Health Care Trust Fund
LAS/PBS Fund Number:	Departmental
	2003

	Balance as of 6/30/2019		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	155,252,574.00	(A)		155,252,574.00
ADD: Other Cash (See Instructions)	288,285.00	(B)		288,285.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	64,228,541.00	(D)		64,228,541.00
ADD: _____		(E)	1,199,312.00	1,199,312.00
ADD: _____		(E)	72.00	72.00
Total Cash plus Accounts Receivable	219,769,400.00	(F)	1,199,384.00	220,968,784.00
LESS Allowances for Uncollectibles	10,249,576.00	(G)		10,249,576.00
LESS Approved "A" Certified Forwards	135,246,190.00	(H)		135,246,190.00
Approved "B" Certified Forwards	2,053,792.00	(H)		2,053,792.00
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)	1,189,280.00	(I)	2,682.00	1,191,962.00
LESS: BE TNFR FROM 68501400	(109,659,750.00)	(I)		(109,659,750.00)
LESS: BE TNFR TO 68501500	109,659,750.00	(I)		109,659,750.00
LESS: Deferred Inflows	2,998,595.00	(J)	407,766.00	3,406,361.00
Unreserved Fund Balance, 07/01/19	68,031,967.00	(K)	788,936.00	68,820,903.00 **

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: 2020 - 2021

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, 07/01/19

Total all GLC's 5XXXX for governmental funds; 69,833,562.00 (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) (2,294.00) (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description: Due to Other Agency 1,199,312.00 (C)

SWFS Adjustment # and Description: Due to Other Agency (2,682.00) (C)

SWFS Adjustment # and Description: Due to Other Agency 72.00 (C)

SWFS Adjustment # and Description: Deferred Inflows (407,766.00) (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS (2,053,792.00) (D)

Approved FCO Certified Forward per LAS/PBS (D)

A/P not C/F-Operating Categories 269,491.00 (D)

(15,000.00) (D)

BE TNFR FROM 68501400 (109,659,750.00) (D)

BE TNFR TO 68501500 109,659,750.00 (D)

ADJUSTED BEGINNING TRIAL BALANCE: 68,820,903.00 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 68,820,903.00 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 68 Health Care Administration **Budget Period: 2020-21**
Program: 68700700 Health Care Regulation
Fund: 2003 Health Care Trust Fund

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

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

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

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

SECTION I - FEE COLLECTION

	ACTUAL	ESTIMATED	REQUEST
	FY 2018 - 19	FY 2019 -20	FY 2020 - 21
<u>Receipts:</u>			
<u>Abortion Clinic</u>	14,904	15,464	15,726
<u>Adult Day Care Family (ADC)</u>	29,153	30,249	30,761
<u>Adult Family Care Home (AFCH)</u>	44,652	46,331	47,115
<u>Amb. Surgical Center</u>	463,346	480,768	488,906
<u>Assist Living Facility (ALF)</u>	4,904,856	5,089,284	5,175,433
<u>Birth Center</u>	9,169	9,514	9,675
<u>Clinical Laboratory</u>	125	130	132
<u>Crisis Stablization Units</u>	138,500	143,708	146,141
<u>Forsenic Lab</u>	16,460	17,079	17,368
<u>HCC Exemptions</u>	170,881	177,306	180,306
<u>Homemaker & Companion Svcs.</u>	71,508	74,197	75,452
<u>Health Care Clinics</u>	3,078,484	3,194,238	3,248,309
<u>Health Care Services Pool</u>	172,689	179,182	182,215
<u>Health Care Risk Manager</u>	52.00	54.00	55.00
<u>Home For Special Services</u>	1,010	1,048	1,066
<u>Home Health Agency</u>	1,495,675	1,551,914	1,578,184
<u>Home Medical Equipment</u>	210,926	218,857	222,561
<u>Hospice</u>	36,915	38,303	38,951
<u>Hospital</u>	1,434,527	1,488,467	1,513,663
<u>ICF/DD</u>	219,692	227,953	231,811
<u>Managed Care</u>	30,000	31,128	31,654
<u>Multiphasic Center</u>	53,338	53,343	56,279

Nurse Registry	690,212	716,165	728,288
Nursing Home	4,229,996	4,391,049	4,465,355
Organ & Tissue Donor	17,495	18,153	18,460
PPECS	92,403	95,878	97,500
Residential Treatment	269,434	279,565	284,297
Residential Treatment for Children	93,451	96,965	96,606
Transitional Living Facility	68,830	71,418	72,627

Total Fee Collection to Line (A) - Section III 18,058,683 18,737,710 19,054,896

SECTION II - FULL COSTS

Direct Costs:

Salaries and Benefits			
Other Personal Services			
Expenses			
Operating Capital Outlay			
Direct Cost Allocation	48,107,965	48,324,786	48,007,599
Indirect Costs Charged to Trust Fund	38,177,828	26,102,456	25,785,268
Total Full Costs to Line (B) - Section III	86,285,793	74,427,242	73,792,867

Basis Used: _____

SECTION III - SUMMARY

TOTAL SECTION I	(A)	18,058,683	18,737,710	19,054,896
TOTAL SECTION II	(B)	86,285,793	74,427,242	73,792,867
TOTAL - Surplus/Deficit	(C)	(68,227,110)	(55,689,532)	(54,737,971)

EXPLANATION of LINE C:

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

Schedule IA - Part I: Examination of Regulatory Fees

Department: Agency for Health Care Administration

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

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

Response: The Care Provider Background Screening Clearinghouse added internal functionality related to arrest notifications. Previously, Clearinghouse staff would have to review and work an arrest notification for all persons in the Clearinghouse even if the person was already not eligible. Now, when a person is not eligible and gets a subsequent arrest the system does not create a work item for staff to review. The data is stored and whenever there is need to review the person's criminal history again for any reason the arrest will show and be considered in the evaluation. This functionality is available to all seven Clearinghouse Specified Agencies and frees up staff time to work on other eligibility determinations. It should be noted that once a status of not eligible exists for a person in the Clearinghouse they cannot be hired or licensed without an exemption, so additional arrests post not eligible status determination would not change the status.

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

Response: The Agency is adding initial applications to its online licensing system. Currently only renewal and change applications are eligible. Based on our current experience online applications are processed anywhere from 4 to 10 days faster than paper applications saving providers time and administrative expense. In addition, online licensing will be required for renewal applications expanding the efficiency to roughly 40% of renewal applicants who currently do not renew online.

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 with the ability to adjust 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
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
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
Exclusive Provider Organizations	Annual Assessment	s. 627.6472(14), FS	0.1% Annual Premiums Collected	Prior to 1997	No	0.00002219607% 2018 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	Yes	\$2,000.00	Health Care Trust Fund
	Exemption Fee	s. 400.9935(6)	\$100.00	2004	Yes	\$100.00	Health Care Trust Fund
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

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	0.00002219607% 2018 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
	Exemption Fee	s. 400.464(6), FS	\$100.00	2018	Yes	\$100.00	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	Yes	\$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
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

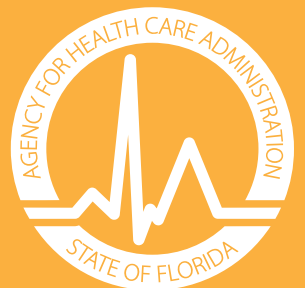
Multiphasic Health Testing Centers	Licensure Fee	s. 483.291(2), F.S.	\$2,000.00	Prior to 1997	Yes	\$652.64	Health Care Trust Fund
Nurse Registries	Licensure Fee	s. 400.506(3), F.S.	\$2,000.00	2005	Yes	\$2,000.00	Health Care Trust Fund
Nursing Homes (Skilled Nursing Facilities)	Licensure Fee	s. 400.062(3), 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
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	0.00002219607% 2018 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
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

Florida Agency for Health Care Administration

Schedule I Series *Department Level* *Manual Related Documents*

Quality Long Term Care Trust Fund
2126





AGENCY FOR HEALTH CARE ADMINISTRATION

2727 MAHAN DRIVE

TALLAHASSEE, FLORIDA 32308

1-88-419-3456

[HTTP://AHCA.MYFLORIDA.COM](http://ahca.myflorida.com)

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2020 - 2021 Agency for Health Care A
Trust Fund Title:	Quality Of Long Term Care
Budget Entity:	Health Care Regulation
LAS/PBS Fund Number:	2126

	Balance as of 6/30/2019	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	27,973,831.00 (A)		27,973,831.00
ADD: Other Cash (See Instructions)			0
ADD: Investments			0
ADD: Outstanding Accounts Receivable			0
ADD: _____			0
Total Cash plus Accounts Receivable	27,973,831.00 (F)	0	27,973,831
LESS: Allowances for Uncollectibles			0
LESS: Approved "A" Certified Forwards	5,250.00 (H)		5,250.00
Approved "B" Certified Forwards	271,840.00 (H)		271,840.00
Approved "FCO" Certified Forwards			0
LESS: Other Accounts Payable (Nonoperating)			0
LESS: _____			0
Unreserved Fund Balance, 07/01/19	27,696,741.00 (K)	0.00	27,696,741.00 **

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: 2020 - 2021

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, 07/01/19

Total all GLC's 5XXXX for governmental funds; 27,968,581.00 (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 (271,840.00) (D)

Approved FCO Certified Forward per LAS/PBS _____ (D)

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

Certified Encumbrances reclassified as _____ (D)

Certified Payables after CF Certificate Report _____ (D)

_____ (D)

ADJUSTED BEGINNING TRIAL BALANCE: 27,696,741.00 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 27,696,741.00 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

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

For Fiscal Year 2020-2021



September 15, 2019

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	9
1.	Proposed	9
a.	Business and Technical Requirements	10
2.	Business Solution Alternatives	11
4.	Recommended Business Solution	12
D.	Functional and Technical Requirements.....	12
III.	Success Criteria	13
IV.	Benefits Realization and Cost Benefit Analysis	16
A.	Benefits Realization Table	16
B.	See Attachment Cost Benefit Analysis	17
V.	Major Project Risk Assessment.....	17
C.	Risk Assessment Summary	17
VI.	Technology Planning.....	17
A.	Current Information Technology Environment	18
1.	Current System	18
2.	Information Technology Standards	19
B.	Current Hardware and/or Software Inventory	20
C.	Proposed Solution Description	21
1.	Summary description of proposed system.....	21
2.	Resource and summary level funding requirements for proposed solution (if known)	22
D.	Capacity Planning (historical and current trends versus projected requirements)	22
VII.	Project Management Planning.....	22
A.	Cost Benefit Analysis.....	22
B.	Risk Management Plan.....	22
VIII.	Appendices	22
A.	Glossary of Terms.....	22

I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Agency for Health Care Administration	Schedule IV-B Submission Date: September 15, 2019
Project Name: Bureau of Financial Services Enterprise Financial System	Is this project included in the Agency's LRPP? <div style="text-align: center;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div>
FY 2020-21 LBR Issue Code: 36308C0	FY 2020-21 LBR Issue Title: Bureau of Financial Service Enterprise Financial System
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Jon Manalo, Deputy Secretary, (850) 412-3602, Jon.Manalo@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:
Printed Name: Mary C. Mayhew, Secretary	_____
Agency Chief Information Officer (or equivalent):	Date:
Printed Name: Scott Ward, Chief Information Officer	_____
Budget Officer:	Date:
Printed Name: La-Shonna Austin, Budget Director	_____
Planning Officer:	Date:
Printed Name: Jon Manalo, Assistant Deputy Secretary for Operations	_____
Project Sponsor:	Date:
Printed Name: _____	_____
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	_____
Cost Benefit Analysis:	_____
Risk Analysis:	_____
Technology Planning:	_____
Project Planning:	_____

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 fourth 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 four 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

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

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>	
--	---	--

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 3 and 4 years based on current funding, the AHCA will ensure that any systems developed will include the ability to integrate, including integration efforts with the Department of Financial Services (DFS) Florida Planning, Accounting and Ledger Management (PALM) initiative.
- 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.
- The vendor will partner with the Agency's Division of IT 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.
- The vendor will comply with Florida Administrative (F.A.C.) Code Rule 74-2 Information Technology Security.
- 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.
- The vendor will follow AHCA Division of IT processes and procedures to review the architecture plan, design, code, and interfaces and comply with Florida Administrative Code

Rule 74-5 IT Architecture Standards.

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 the Agency's Bureau of Financial Services staff have approved it in writing.

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

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

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 which began 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; SEAS, Medicaid ISIP vendor; Medicaid FX Enterprise Data Warehouse (EDW); Future DFS PALM	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

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

4	Time Validation Module (TVM) will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
5	Medicaid Accounts Receivable Module (MAR) will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
6	Hospital Accounts Receivable Module (HAR) will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
7	Automated Journal Transfer (AJT) feature will be functional as is in 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	Vendor Testing; User Acceptance Testing	Bureau Staff	TBD

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

	functional as in Enterprise System	(UAT)		
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; SEAS, Medicaid ISIP vendor; Medicaid FX EDW; Future DFS PALM	TBD

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

26	Security roles are accessed, defined, applied and enforced	Vendor; Bureau Testing	Bureau Staff	TBD
27	Data is stable and financial reports, based upon the data, reconcile between the web-based system and the existing Enterprise System	Vendor; Bureau Testing	Bureau; Agency Staff; DFS PALM	TBD
28	System is documented, and documentation will be provided to AHCA IT staff	Bureau Testing	Bureau Staff; SEAS, Medicaid ISIP; Medicaid EDW; DFS PALM	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 FX 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	Project end date

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

				realized in the accuracy of reports and measured in comparison of manual reporting processes and the newly implemented web-based reporting process. As each process is documented, it will become the benchmark for which the Agency will be measured against.	
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 Florida Agency for State Technology (AST) supported server located in the primary State Data Center in the Southwood state office complex. Within the Bureau, standard desktop hardware is a Lenovo ThinkCentre M series with an Intel i5 CPU chip technology. Additionally, some staff use state issued Microsoft Surfaces, which use a Dock to connect users. Most employees, including supervisors, have dual Dell flat panel monitors. The operating system on each computer is Windows 10 Enterprise. The Surface devices all utilize the Windows 10 operating system. As of the writing of this document, bureau computers run Windows 10 operating system, Internet Explorer version 11, Microsoft Edge, and Google Chrome internet browsers. The Microsoft Office 2016 Suite 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 where data can be hosted.

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, People First and DFS PALM needs.
- 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 four 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, Florida Administrative Code Rule 74-1 Project Management and Oversight 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

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

Client-Server	Network architecture in which each computer or process on the network is either a client (end user) or a server (where information lives, is accessed from, and saved to). Each of the clients directly connect to the server utilizing a number of connection protocols. In this document, the terminology refers to a centralized server, of which the clients (staff) must directly connect to the server (Enterprise).
CPU	Central Processing Unit - This is the part of the computer that does the thinking
CUR_MAS	Current Master - An extremely important file in Enterprise and is where much of the data is copied from for further analysis and manipulation within Enterprise
Data	A piece of information
Database	An organized collection of data
.dbf	The file extension for database files
DFS	Department of Financial Services
EDW	A planned Medicaid Enterprise System (MES) Enterprise Data Warehouse (EDW) to be established and integrated through a new FX 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

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

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

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

Integration Services and Integration Platform (ISIP)	Planned professional IT services focused on establishing and maintaining interoperability through the use of an AHCA Medicaid Enterprise System (MES) integration platform.
MAR	Medicaid Accounts Receivable.
MES	The purpose of the Florida Medicaid Enterprise System (MES) Procurement Strategy is to articulate the high-level plans the Florida Agency for Health Care Administration (Agency) has developed to advance the Medicaid Information Technology Architecture (MITA) maturity.
MB	Megabytes - This is a unit of measure for computer memory that is roughly equivalent to 1000 ² Bytes
Medicaid	Medicaid is the medical assistance program that provides access to health care for low-income families and individuals. Medicaid also assists the elderly and disabled with the costs of nursing facility care and other medical and long-term care expenses. In Florida, the Agency for Health Care Administration (Agency) is responsible for 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

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

	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
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

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

	Vista is discontinued as of January 13, 2015.
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SCHEDULE IV-B FOR FLORIDA HEALTH CARE CONNECTIONS (FX)

For Fiscal Year 2020-21



September 13, 2019

AGENCY FOR HEALTH CARE ADMINISTRATION

Contents

I.	Schedule IV-B Cover Sheet.....	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.....	7
B.	Baseline Analysis.....	13
1.	Current Business Process(es)	13
2.	Assumptions and Constraints	14
C.	Proposed Business Process Requirements	14
1.	Proposed Business Process Requirements.....	14
2.	Business Solution Alternatives.....	15
3.	Rationale for Selection	16
4.	Recommended Business Solution	16
D.	Functional and Technical Requirements.....	17
III.	Success Criteria	18
IV.	Schedule IV-B Benefits Realization and Cost Benefit Analysis.....	20
A.	Benefits Realization Table.....	20
B.	Cost Benefit Analysis (CBA).....	22
1.	The Cost-Benefit Analysis (CBA) Forms.....	22
2.	The Cost-Benefit Analysis Results.....	31
V.	Schedule IV-B Major Project Risk Assessment.....	31
VI.	Schedule IV-B Technology Planning	33
A.	Current Information Technology Environment	34
1.	Current System.....	34
2.	Information Technology Standards	34
B.	Current Hardware and/or Software Inventory.....	35
C.	Proposed Technical Solution	41
1.	Technical Solution Alternatives	42
2.	Rationale for Selection	42
3.	Recommended Technical Solution.....	42
D.	Proposed Solution Description	44
1.	Summary Description of Proposed System.....	44
2.	Resource and Summary Level Funding Requirements for Proposed Solution (if known).....	49
E.	Capacity Planning (<i>historical and current trends versus projected requirements</i>).....	49
VII.	Schedule IV-B Project Management Planning	51
VIII.	Appendices	55

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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:
Project Name: Florida Health Care Connections (FX)	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2020-21 LBR Issue Code: 6850020016020000004100160000000	FY 2020-21 LBR Issue Title: FMMIS / Florida Health Care Connections (FX)
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: _____
Printed Name: Mary Mayhew, Secretary	
Agency Chief Information Officer (or equivalent): _____	Date: _____
Printed Name: Scott Ward, Chief Information Officer	
Budget Officer: _____	Date: _____
Printed Name: La-Shonna K. Austin, Budget Director	
Planning Officer: _____	Date: _____
Printed Name: Jon Manalo, Deputy Secretary for Operations	
Project Sponsor: _____	Date: _____
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:	Same as above
Risk Analysis:	Same as above
Technology Planning:	Same as above
Project Planning:	Same as above

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 for Health Care Administration (AHCA or 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, monolithic 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. In July 2018, the Agency rebranded the Florida Medicaid Enterprise System (MES) to Florida Health Care Connections (FX). The current version of the procurement strategy, dated May 2019, 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 FX (formerly MES) Procurement Strategy. The Agency's IAPDU was approved by CMS on December 21, 2016.

As described in the FX Procurement Strategy, the Florida FX 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, functioning 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 Medicaid Enterprise 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 Medicaid Enterprise 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 Corporation, Department of Financial Services, Florida Department of Law Enforcement, and Department of Juvenile Justice.

The FX Procurement Strategy proposed a phased approach to replace the current functions of the FMMIS based on the CMS Standards and Conditions 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 MES while complying with federal regulations, achieving federal certification, and obtaining enhanced federal funding.

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

Over the past year, the Agency was successful in selecting the Integration Services and Integration Platform (IS/IP) Vendor and finalizing and posting the Enterprise Data Warehouse (EDW) Invitation to Negotiate (ITN), both occurring in July 2019. The IS/IP Vendor contract is expected to be executed in September 2019 with project activities to begin shortly thereafter.

Several significant FX projects were completed over the last fiscal year. In addition to the IS/IP and EDW projects, a brief description of other FX projects are outlined below.

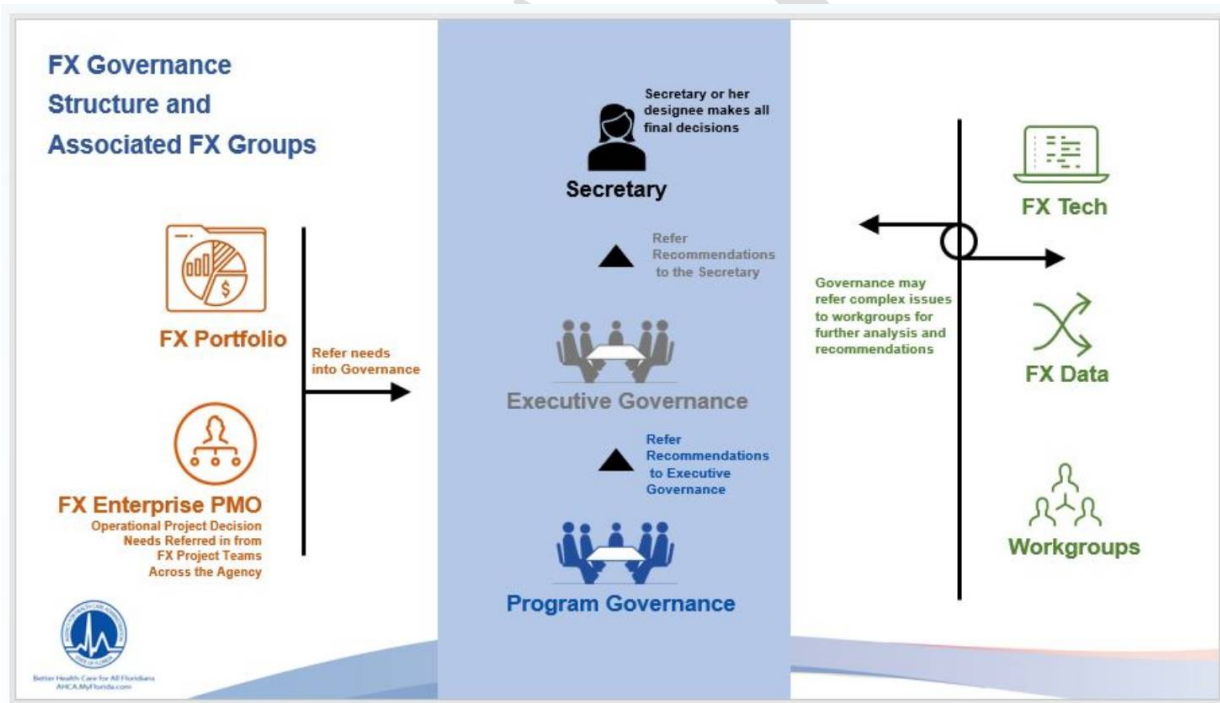
- The Organizational Change Management (OCM) Planning Project was initiated and completed during FY 2018-19. The project produced an OCM Plan to guide the Agency through change management activities for FX projects, including increasing awareness and desire for the upcoming changes. The approach is modeled on industry standard OCM templates and tools and uses a centralized “OCM Services” team that will work with the FX vendors to execute these activities and to support integrated OCM across all FX projects. OCM metrics have been incorporated in project tools for continuous monitoring and improvement. The project also conducted a Change Readiness Assessment in order to set the baseline and inform message development, outreach, and adoption activities.
- The Strategic Project Portfolio Implementation (PPM) Project was initiated and completed during FY 2018-19. The project created the process for tracking projects in the FX Portfolio and established reports for executive management and operational oversight. Aimed at driving the Agency’s strategic priorities, the PPM Project has improved budgeting and project planning processes by exposing competing priorities and dependencies, thus improving decision-making.
- The IT Common Operations (ITCO) Project was initiated and completed last fiscal year. The project included an Agency-wide analysis of IT structures, processes, information, and resources to determine what common operations would bring efficiencies if delivered at an enterprise level. The project team established an inventory of IT components, mapped the Agency’s existing technologies to those components, and conducted workshops to establish guidance on which technologies could be used across the board to leverage economies of scale and reduce duplicative costs of implementation, licensing, operating, and maintenance. Follow-on additional ITCO projects are in the Agency portfolio such as the Job Scheduler and an Application Lifecycle Management (ALM) tools.
- The Provider Experience Project was initiated and completed during the fiscal year yielding recommendations for moving forward with significant enhancements to the interactions and capabilities with providers. The business case, including cost benefit analysis, was completed and FX Governance authorized to begin the Provider Management Module procurement activities.
- Case Management Tracking (CMT) Project was requested by the Office of General Counsel for business process analysis and modeling of the legal case tracking functions, many of which were strictly manual. Over 100 business processes were modeled yielding several opportunities for efficiency gains within this business unit. A cost benefit analysis was also performed to provide return on investment information using estimated project costs and benefits realized as a result of implementing a legal case tracking solution.
- The Federal Financial Management (FFM) Project was initiated and completed during the fiscal year. This project resulted in a Federal Financial Management Plan for capturing Medicaid related costs and claim the costs to the appropriate funding sources with the intent of complying with the funding assumptions approved in the project budget and related federal Advance Planning Documents.

The Strategic Enterprise Advisory Services (SEAS) initial deliverables were updated per the annual refresh cycle, some of which were completed and others currently being revised as needed.

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 streamline the structured and inclusive governance process.

All decision-making authority for FX ultimately rests with the Secretary of the Agency, or with his or her appointed individual designee. Given the volume and subject matter diversity of the decision-needs (items that need decision-making) originating from FX, the goal of the FX Governance structure is to develop an organized flow of analysis and recommendations which equips the Secretary or his or her designee to make holistic and well-informed decisions in a timely manner. FX Governance consists of a two-level recommendation committee structure. The lower tier, FX Program Governance, has responsibility for analysis and recommendations on FX Governance topics at the project level. The upper tier, FX Executive Governance, has responsibility for analysis and recommendations on FX Governance topics at the portfolio level. The two-level structure offers some insulation to the Agency senior leaders on Executive Governance from analysis or consideration of more day-to-day project operations. While exceptions exist, most decision-needs will be referred into FX Governance from two major sources.

The FX Portfolio maintains a master list of potential FX projects and, as appropriate, refers decision-needs to the two FX Governance committees related to FX Portfolio assessments or to project initiation and prioritization. Individual project teams from within the Agency will refer decision-needs from ongoing projects into FX Governance. Several other groups are associated with FX Governance in that they may provide specialized input or analysis on specific topics or recommendations requiring subject matter expertise. As needed, Executive or Program Governance can initiate workgroups of Agency subject matter experts (SMEs) and stakeholders to direct research and analysis concerning any discrete decision-need or topic of relevance to the committee. See diagram below.

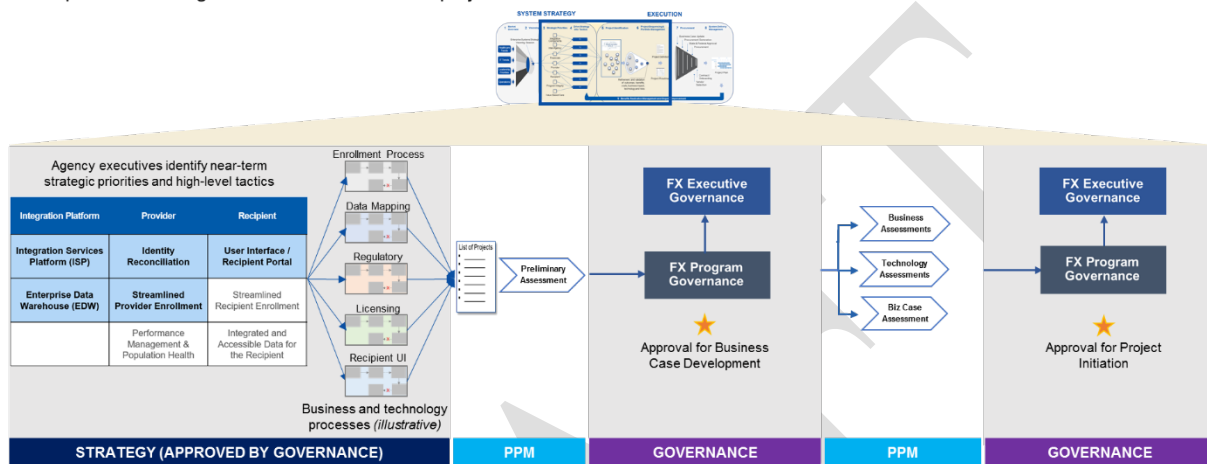


The primary goal of the new governance process is to facilitate more rapid and accountable decision-making and to ensure that the specific levels of the governance structure each have the authority to make precise levels of decisions. This model is critical moving forward as the modular approach of this 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

Each year, Agency executives revise the Strategic Plan and elaborate on near term priorities. SEAS facilitates governance and portfolio management services for each project in the Portfolio.



- Strategy integrates with Project Portfolio Management (PPM) by translating Governance-approved near-term priorities into a list of projects.
- PPM sends vetted list of projects to Governance to seek approval and identify SMEs to help with business and technology assessments.

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 that 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 FX 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 FX 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 FX transition period.

The SEAS Vendor was tasked with providing the consulting expertise needed to develop the strategic plan for FX in accordance with the MITA Framework 3.0 and the CMS Standards and Conditions, 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 FX 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 FX in an incremental and efficient way, and provide ongoing strategic, technical advisory, and programmatic services.

The IV&V Vendor, NTT Data (formally 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 in accordance with Section 287.057, Florida Statutes (F.S.).

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 Agency's 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 Agency's 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 II.A.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 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

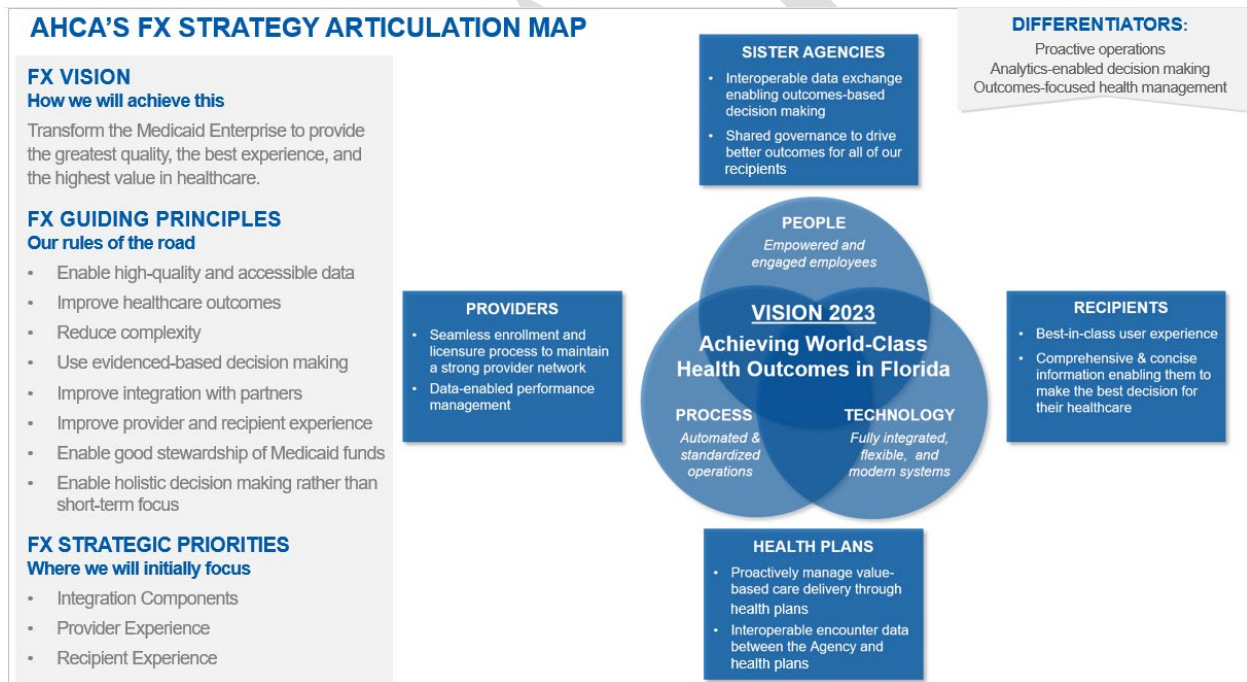
- Enable holistic decision-making rather than short-term focus

The FX Guiding Principles also support CMS’ MITA Goals and Objectives (see MITA Concept of Operations 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 MITA Concept of Operations Sections 3.1 and 3.2) translates the Strategic Priorities into tangible effects on stakeholder roles (see MITA Concept of Operations Section 6) and data exchanges (see MITA Concept of Operations Section 7). The strategy articulation map below highlights the key focus areas for the FX program and the overarching goals that FX will achieve.



Phase II

The objectives of Phase II of FX included procurements of an Integration Services and Integration Platform (IS/IP) and an Enterprise Data Warehouse (EDW). As anticipated, the Agency released both ITNs in 2019. The IS/IP ITN was released in January 2019 and was awarded to Accenture July 2019 to provide the technical expertise to ensure the integrity and interoperability of FX 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 ITN was released July 2019, the selected vendor will provide data management, data warehousing, and

data integration capabilities across systems and will replace the current Decision Support System/Data Warehouse (DSS/DW). The Agency is designing an 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.

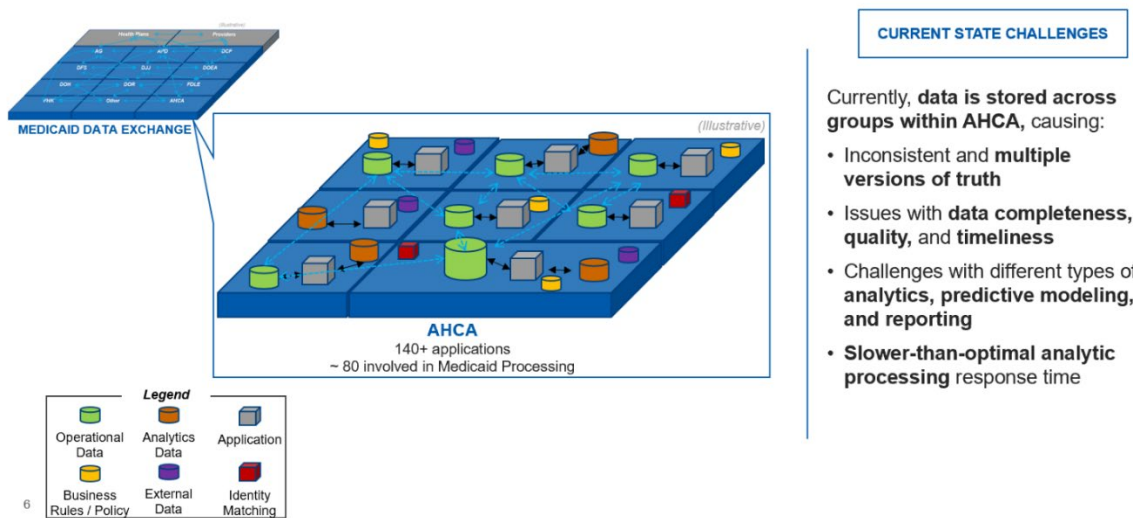
Phase III

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 FX, 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, there are over 140 Agency applications that use multiple data stores across the enterprise.

The IS/IP and EDW procurements in Phase II supports FX to integrate services and systems within the Medicaid Enterprise through and under the direction of the IS/IP Vendor. The systems that currently exist in FX interact through the exchange of data files, mostly 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 platform will act as the communication broker and web services orchestrator to provide data sharing and routing intelligence for FX.

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

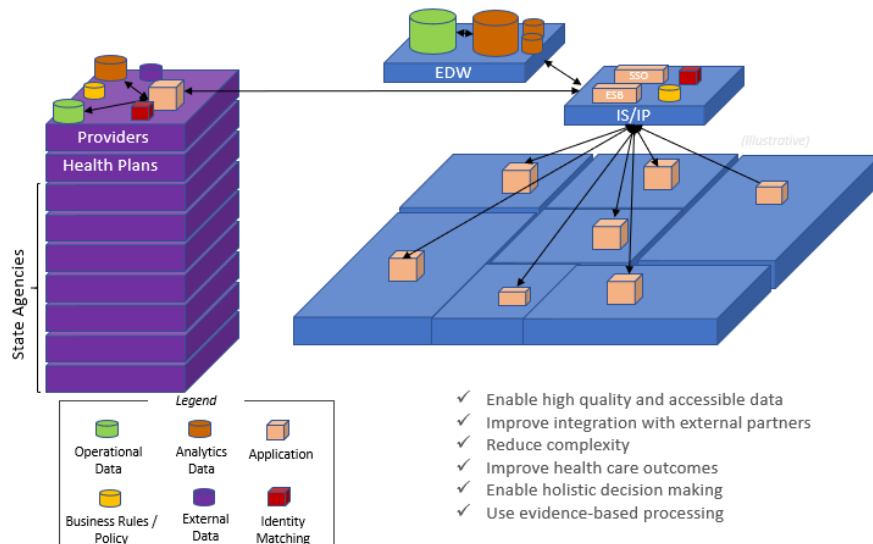
Current State (Illustrative)



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

Future State IS/IP (Illustrative)

The use of modules using the same real or near real-time data with consistent business rules will reshape the application landscape, reducing duplicated applications and inconsistent processing.



MODULE TRANSFORMATION ENABLERS

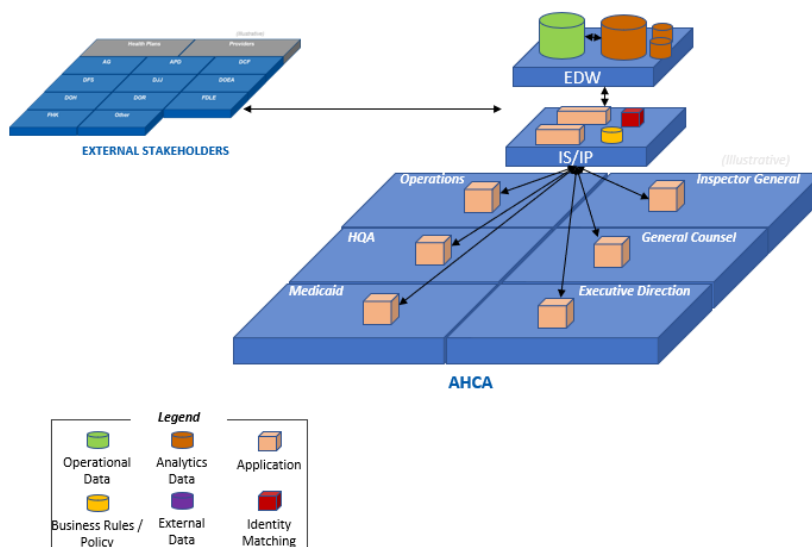
Modular Systems will

- **Retain and improve mature working operational business processing capabilities**
- **Standardize business processing** (e.g. enrollment, case management) to improve recipient and provider experience
- Add new processing capabilities **without the capacity constraints of a single vendor**
- **Enable use of processing services by external organizations and systems**

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 Medicaid 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)

The EDW system will allow the Agency to become a data centric organization and improve data integrity and accuracy.



EDW TRANSFORMATION ENABLERS

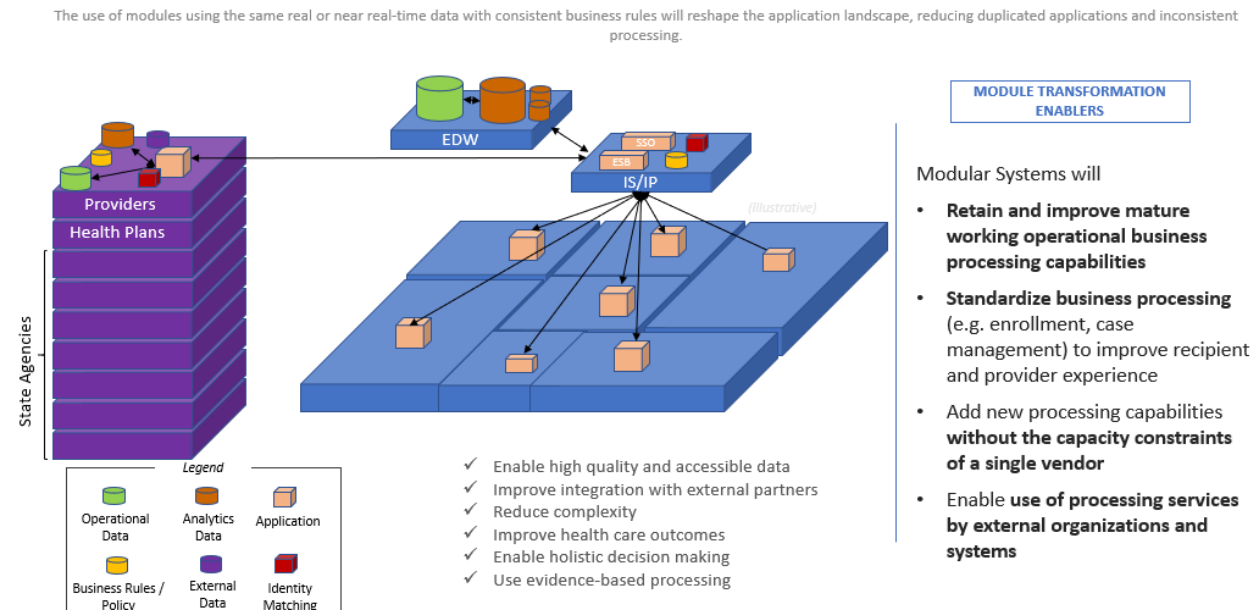
The new EDW solution will enable

- 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 that will provide the Agency a platform to meet its strategic

goals.

Future State Modularity (Illustrative)



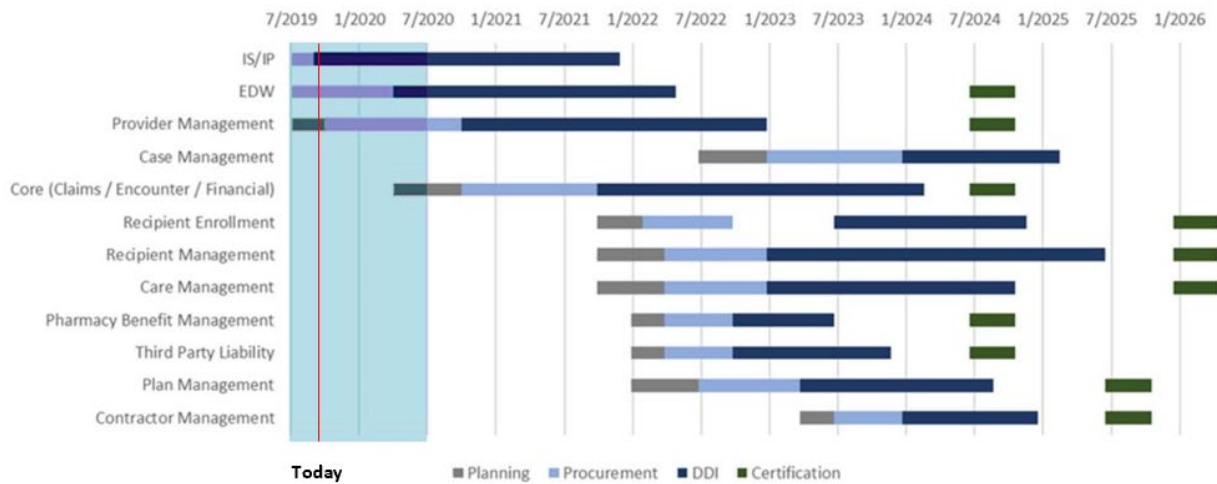
Preliminary modifications to FMMIS must be analyzed, designed, and implemented to prepare the FMMIS for decoupling the key business areas and to be able to receive core information from new modular components outside of the FMMIS. The project will include technical changes to decouple the key business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

Phase IV

The objective of Phase IV of FX is to procure modules and transform the business processes within the FMMIS that are interoperable with other systems within 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 modules that will provide greater efficiency, and assist the Agency in the administration of the Medicaid program.

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

The Agency developed the following modular roadmap showing a timeline for this long-term project to plan appropriately for each phase of the journey. FMMIS functions have been mapped to their targeted modules in the roadmap. The Provider Management Module is the next module to be procured and with the business case approved by FX Governance, procurement project activities started in August 2019.



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

Purpose: To establish a basis for understanding the business processes, stakeholder groups, and current technologies that will be affected by the project and the level of business transformation that will be required for the project to be successful.

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. 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 improve the provider experience. The MITA SS-A provides detail on performance measurement and metrics. One of the performance metrics for FX overall is increased MITA maturity levels due to 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 2019 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 FX, 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, 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 CMS.
- The Florida procurement process is a constraint relative to the overall project schedule.
- FX includes business processes and data transfers with outside agencies; however, the project is being initiated and carried out by the Agency.

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

Purpose: To establish a basis for understanding what business process requirements the proposed solution must meet in order to select an appropriate solution for the project.

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 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.B.1, 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 2019 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 FX 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 FX 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, 2018 SS-A, and 2019 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 Standards and Conditions 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 Standards and Conditions in the Mechanized Claims Processing and Information Retrieval Systems Final Rule (CMS 2392-F). These Standards and Conditions 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 ensure 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 FX 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 FX 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

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

As described earlier in this document, FX proposes a phased approach to replace the current functions of FMMIS based on the CMS Standards and Conditions to ultimately transition to an interoperable and unified FX where individual processes, modules, sub-systems, and systems work together to support Agency programs. FX 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 FX, 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 FX described below based on the modular roadmap depicted in section II.A.1 under Phase IV.

Provider Management: With the increased emphasis on provider enrollment and management resulting from the Affordable Care Act and the Agency's implementation of SMMC, the Agency has a need to increase the technical maturity of the Provider Management business process. The Agency will leverage the Master Person Index and Master Organization Index developed by the Integration Services / Integration Platform Vendor in order to make technology, process, and policy improvements for provider identity reconciliation. Additionally, the provider project will improve the provider experience and reduce the administrative burden for enrollment and credentialing. FX intends to streamline the provider enrollment process, resulting in an improved experience and reduced wait time for provider participation in SMMC health plan provider networks.

The Agency expects that the new FX provider management solution will integrate with other systems that use provider data, such as the Florida Department of Health practitioner licensure system, Care Provider Background Screening Clearinghouse, and the Agency's Division of Health Quality Assurance facility regulation system, VERSA™ Regulation.

Case Management: The Agency plans to procure a solution for case management tracking and integrate the solution into FX. There are a number of disparate case management systems within the Agency, as well as other state agencies, which maintain information on the same entities, providers, and recipients. Streamlining this information into a single system will facilitate the availability of complete and comprehensive information for state agencies, entities, providers and recipients. Existing case tracking systems will be retired as the information and business processes are migrated to the enterprise solution, thereby reducing costs and promoting sharing, leveraging, and the reuse of technologies and systems, in accordance with CMS Standards and Conditions.

Core (Claims / Encounter / Financial / Reference Management): The Agency is evaluating the current core FMMIS

functions that include claims transaction processing, banking and financial processing including capitation payments for SMMC health plans, claims payments, and pharmacy claims payment. Core FMMIS functions also include reference file management for edits and audits, benefit plans, coverage rules, reimbursement rules, diagnosis codes, procedure codes, modifiers, diagnosis related group, revenue codes and error codes. These functions are interconnected and have the potential to be transitioned from the current FMMIS into a single module for integration with FX. The enterprise financial solution will provide financial functions within FX as real-time as appropriate, which will improve the administrative processes and responses. The new FX enterprise financial solution will automate manual processes and process data from all parts of the Agency to reduce duplicate financial systems, as well as establish advanced analytical capabilities.

Recipient Enrollment / Recipient Management: The Agency is planning to improve the recipient experience, develop a Master Person Index, and consolidate recipient information maintained in multiple systems. At the forefront FX is development of a user interface and recipient portal by which recipients can access their health care information including SMMC health plan enrollment, claims data, and eligibility information. Over time, the Agency plans to collaborate with health plans, as well as other state agencies that maintain recipient information, including the Department of Children and Families, Department of Health, Department of Elder Affairs, Agency for Persons with Disabilities, and Florida Healthy Kids Corporation in order to improve care coordination and health care information sharing.

Care Management: Care Management business area/processes as defined by MITA. Some of the items to be considered for inclusion in the module could be treatment plans, waiver association and assignment for eligible recipients, tracking and notification for recipients, etc.

Pharmacy Benefit Management: The PBM solution supports pharmacy services activities including claims processing, clinical call center support, prior authorization, and prospective and retrospective drug utilization review. The Agency continues to have a need for PBM for the fee-for-service Medicaid recipients that are not enrolled in SMMC. PBM is currently a component of the Fiscal Agent contract. The Agency will explore PBM becoming a stand-alone service in FX.

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

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

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

The discussion of MITA is inclusive of Information (i.e., data) and Technical (i.e., functional) Architectures, as well as the expectations for adhering to the Standards and Conditions set by federal regulation. Profiles for these requirements are included in the 2019 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 and sharing data seamlessly across state lines with other state agencies, as well as with CMS. Functional and technical requirements are developed in accordance with MITA 3.0, and CMS Standards and Conditions.

Functional and technical requirements for the IS/IP solution have been finalized and were published with release of the ITN in January 2019. 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.

Functional and technical requirements for the Enterprise Data Warehouse (EDW) solution have been developed and 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 workflow management.

The Agency, in coordination with the SEAS Vendor, has started planning the procurement project for the proposed Provider Management Module. Complete functional and technical requirements will be developed upon funding approval.

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	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 Medicaid Enterprise, • Florida State government, • CMS 	07/19 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 Medicaid Enterprise 	09/19

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
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 Medicaid Enterprise 	12/19
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 Medicaid Enterprise Providers 	01/20
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 Medicaid Enterprise Recipients 	07/20
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 Medicaid Enterprise 	01/21
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 Medicaid Enterprise 	07/21

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

A. Benefits Realization Table

Purpose: To calculate and declare the tangible benefits compared to the total investment of resources needed to support the proposed IT project.

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 FX 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 Standards and Conditions.

The Benefits Realization Table below presents categories of tangible and intangible benefits anticipated through the FX life cycle. Detailed tangible benefit calculations are contained in the Cost Benefit Analysis, and those calculations are conservative estimates of the tangible benefit amounts. Through the ongoing strategic planning and planned updates of FX, 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 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	Leverage and reuse technologies and systems through procurement of configurable COTS technologies and modules that require no custom development	State of Florida Medicaid 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	12/22 and ongoing as modules are operational

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)
2	Improved Provider Experience	State of Florida Medicaid Enterprise Providers	Implementation of the Provider module	Achieved through enhanced credentialing, streamlined provider enrollment and data management among others	12/22
3	Improved Recipient Experience	State of Florida Medicaid Enterprise Recipients	Implementation of the Recipient module	Achieved through enhanced health plan enrollment interaction between agencies, greater access to specialized care, increased understanding of benefits	12/24
4	Enhanced Program Integrity	State of Florida Medicaid Enterprise Providers and Recipients	Implementation of Program Integrity module	Measured by reduction in improper payments	TBD
5	Enhanced Financial Management and Analytics	State of Florida Medicaid Enterprise	Implementation of the Financial Management and Analytics module	Reduction of manual and redundant processes; greater transparency in performance indicators	03/24

B. Cost Benefit Analysis (CBA)

Purpose: To provide a comprehensive financial prospectus specifying the project’s tangible benefits, funding requirements, and proposed source(s) of funding.

1. The Cost-Benefit Analysis (CBA) Forms

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

Cost Benefit Analysis	
Form	Description of Data Captured
CBA Form 1 – Net Tangible Benefits	<p>Agency Program Cost Elements: Existing program operational costs versus the expected program operational costs resulting from this project. The Agency needs to identify the expected changes in operational costs for the program(s) that will be impacted by the proposed project.</p> <p>Tangible Benefits: Estimates for tangible benefits resulting from implementation of the proposed IT project, which correspond to the benefits identified in the Benefits Realization Table. These estimates appear in the year the benefits will be realized.</p>
CBA Form 2A – Baseline Project Budget	<p>Baseline Project Budget: Estimated project cost detail presented by expenditure category for each fiscal year.</p>
CBA Forms 2B & C – Project Cost Analysis	<p>Project Cost Summary: Estimated project costs presented in aggregate for each fiscal year.</p> <p>Project Funding Sources: Identifies the planned sources of project funds, e.g., General Revenue, Trust Fund, Grants.</p> <p>Characterization of Project Cost Estimate.</p>
CBA Form 3 – Project Investment Summary	<p>Investment Summary Calculations: Summarizes total project costs and net tangible benefits and automatically calculates:</p> <ul style="list-style-type: none"> • Payback Period • Breakeven Fiscal Year • Net Present Value • Internal Rate of Return

Schedule IV-B for Florida Health Care Connections (FX)

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>	Prior Years			FY 2020-21			FY 2021-22			FY 2022-23			FY 2023-24			FY 2024-25			FY 2025-26			FY 2026-27		
	(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) 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	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754
A.b Total Staff	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00
A-1.a. State FTEs (Salaries & Benefits)	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169
A-1.b. State FTEs (#)	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00
A-2.a. OPS Staff (Salaries)	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585
A-2.b. OPS (#)	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	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	\$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	\$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	\$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	\$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	\$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	\$48,968,414	\$0	\$48,968,414	\$48,968,414	\$0	\$48,968,414	\$48,968,414	\$0	\$48,968,414	\$48,968,414	\$0	\$48,968,414
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$44,752,938	\$0	\$44,752,938	\$44,752,938	\$0	\$44,752,938	\$44,752,938	\$0	\$44,752,938	\$44,752,938	\$0	\$44,752,938
C-3. Network / Hosting Services	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$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	\$2,100,000	\$0	\$2,100,000	\$2,100,000	\$0	\$2,100,000	\$2,100,000	\$0	\$2,100,000	\$2,100,000	\$0	\$2,100,000
D. Plant & Facility Costs	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046
E. Other Costs	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911
E-1. Training	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928
E-2. Travel	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990
E-3. Other <i>Specify</i>	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993
Total of Recurring Operational Costs	\$63,894,803	\$0	\$63,894,803	\$63,894,803	\$0	\$63,894,803	\$61,277,673	\$0	\$61,277,673	\$56,305,125	\$0	\$56,305,125	\$56,305,125	\$0	\$56,305,125	\$56,305,125	\$0	\$56,305,125	\$56,305,125	\$0	\$56,305,125	\$56,305,125	\$0	\$56,305,125

Exhibit IV-1: Operational Costs & Tangible Benefits

Schedule IV-B for Florida Health Care Connections (FX)

F. Additional Tangible Benefits:		\$0		\$0		\$30,031,880		\$33,023,880		\$164,091,925		\$161,658,591		\$311,658,591		\$311,658,591
F-1. Increase People Effectiveness		\$0		\$0		\$5,824,000		\$5,824,000		\$5,824,000		\$5,824,000		\$5,824,000		\$5,824,000
F-2. Improve Process Efficiency		\$0		\$0		\$1,943,680		\$1,943,680		\$3,247,441		\$1,647,441		\$13,185,902		\$13,185,902
F-3. Enhance Systems Usability		\$0		\$0		\$0		\$0		\$0		\$0		\$19,230,769		\$19,230,769
F-4. Manage Systems Costs		\$0		\$0		\$7,260,000		\$2,598,667		\$4,956,613		\$4,123,280		\$11,815,588		\$11,815,588
F-5. Align Recipient Populations Served		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
F-6. Manage Costs/Enhance Value of Provider Services		\$0		\$0		\$0		\$5,700,000		\$5,700,000		\$5,700,000		\$36,469,231		\$36,469,231
F-7. Minimize Error and Fraud		\$0		\$0		\$15,000,000		\$16,953,333		\$16,953,333		\$16,953,333		\$28,491,795		\$28,491,795
F-8. Ensure Compliance to Standards		\$0		\$0		\$4,200		\$4,200		\$4,200		\$4,200		\$11,542,662		\$11,542,662
F-9. Manage Recipient Expectations		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
F-10. Improve Recipient Service Experience		\$0		\$0		\$0		\$0		\$0		\$0		\$15,384,615		\$15,384,615
F-11. Improve Interactions with State Agencies		\$0		\$0		\$0		\$0		\$79,453,168		\$79,453,168		\$94,837,784		\$94,837,784
F-12. Improve Managed Care Interactions		\$0		\$0		\$0		\$0		\$47,953,168		\$47,953,168		\$63,337,784		\$63,337,784
F-13. Improve Recipient Interactions		\$0		\$0		\$0		\$0		\$0		\$0		\$11,538,462		\$11,538,462
F-14.		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
F-15.		\$0		\$0		\$0		\$0		\$0		\$0		\$0		\$0
Total Net Tangible Benefits:		\$0		\$0		\$30,031,880		\$33,023,880		\$164,091,925		\$161,658,591		\$311,658,591		\$311,658,591

CHARACTERIZATION OF PROJECT BENEFIT ESTIMATE - CBA Form 1B			
Choose Type		Estimate Confidence	Enter % (+/-)
Detailed/Rigorous		Confidence Level	5%
Order of Magnitude		Confidence Level	15%
Placeholder		Confidence Level	25%

Exhibit IV-1: Operational Costs & Tangible Benefits (cont'd)

Schedule IV-B for Florida Health Care Connections (FX)

AHCA

FX

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.

Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	CBAForm 2A Baseline Project Budget							TOTAL	
			FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27		
			\$ 66,539,080	\$ 107,769,316	\$ 126,969,965	\$ 170,625,596	\$ 172,390,429	\$ 139,722,463	\$ 15,476,800	\$ 14,524,800	\$ 814,018,449
			Current & Previous Years Project-Related Cost	YR 1 LBR	YR 2 LBR	YR 3 LBR	YR 4 LBR	YR 5 LBR	YR 6 LBR	YR 7 LBR	TOTAL
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Care Management - Project Deliverables - DDI	Contracted Services	\$ -	\$ -	\$ 1,332,800	\$ 856,800	\$ 8,714,400	\$ 2,284,800	\$ -	\$ -	\$ 13,188,800
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Care Management - Hardware / Software	OCO / Contracted Services	\$ -	\$ -	\$ -	\$ 1,500,000	\$ 583,333	\$ 500,000	\$ -	\$ -	\$ 2,583,333
	Care Management - Maintenance and Operations		\$ -	\$ -	\$ -	\$ 2,203,200	\$ 751,200	\$ 7,507,200	\$ -	\$ -	\$ 10,461,600
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Contractor Management - Project Deliverables - DDI	Contracted Services	\$ -	\$ -	\$ 897,600	\$ 2,971,600	\$ 1,577,600	\$ -	\$ -	\$ -	\$ 5,446,800
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Contractor Management - Hardware / Software	OCO / Contracted Services	\$ -	\$ -	\$ -	\$ 600,000	\$ 87,500	\$ 150,000	\$ -	\$ -	\$ 837,500
	Contractor Management - Maintenance and Operations		\$ -	\$ -	\$ -	\$ -	\$ 2,475,200	\$ 4,243,200	\$ -	\$ -	\$ 6,718,400
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Core - Project Deliverables - DDI	Contracted Services	\$ -	\$ 2,407,200	\$ 21,977,600	\$ 53,584,000	\$ 28,233,600	\$ -	\$ -	\$ -	\$ 106,202,400
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Core - Hardware / Software	OCO / Contracted Services	\$ -	\$ -	\$ 10,000,000	\$ 10,000,000	\$ 9,000,000	\$ 6,000,000	\$ -	\$ -	\$ 35,000,000
	Core - Maintenance and Operations		\$ -	\$ -	\$ -	\$ -	\$ 11,696,000	\$ 14,035,200	\$ -	\$ -	\$ 25,731,200
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Data Governance - Project Deliverables - DDI	Contracted Services	\$ -	\$ 856,800	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 856,800
	Data Governance - Maintenance and Operations		\$ -	\$ 40,800	\$ 163,200	\$ 163,200	\$ 163,200	\$ 163,200	\$ -	\$ -	\$ 693,600
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Enterprise Data Warehouse (EDW) - Project Deliverables - DDI	Contracted Services	\$ -	\$ 29,988,000	\$ 12,267,200	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 42,255,200

Exhibit IV-2: Baseline Project Budget

Schedule IV-B for Florida Health Care Connections (FX)

AHCA

FX

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.

CBA Form 2A Baseline Project Budget

			FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	TOTAL	
			\$ 66,539,080	\$ 107,769,316	\$ 126,969,965	\$ 170,625,596	\$ 172,390,429	\$ 139,722,463	\$ 15,476,800	\$ 14,524,800	\$ 814,018,449
Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	Current & Previous								TOTAL
			Years Project-Related Cost	YR 1 LBR	YR 2 LBR	YR 3 LBR	YR 4 LBR	YR 5 LBR	YR 6 LBR	YR 7 LBR	
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Enterprise Data Warehouse (EDW) - Hardware / Software	OCO / Contracted Services	\$ -	\$ -	\$ 3,699,200	\$ 6,375,000	\$ 6,375,000	\$ 6,375,000	\$ -	\$ -	\$ 22,824,200
	Enterprise Data Warehouse (EDW) - Maintenance and Operations		\$ -	\$ 15,300,000	\$ 13,918,750	\$ 5,548,800	\$ 5,548,800	\$ 5,548,800	\$ -	\$ -	\$ 45,865,150
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Enterprise Case Management - Project Deliverables - DDI	Contracted Services	\$ 10,776,984	\$ -	\$ 1,200,686	\$ 5,127,200	\$ 4,936,800	\$ -	\$ -	\$ -	\$ 22,041,670
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Enterprise Case Management - Hardware / Software	OCO / Contracted Services	\$ -	\$ -	\$ 208,333	\$ 2,125,000	\$ 1,625,000	\$ 625,000	\$ -	\$ -	\$ 4,583,333
	Enterprise Case Management - Maintenance and Operations		\$ -	\$ -	\$ 1,414,400	\$ 4,243,200	\$ 4,243,200	\$ 4,243,200	\$ -	\$ -	\$ 14,144,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	FMMIS Support - Project Deliverables - DDI	Contracted Services	\$ 4,129,662	\$ 2,856,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 6,985,662
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	FMMIS Support - Hardware / Software	OCO / Contracted Services	\$ -	\$ 420,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 420,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	FX Operations		\$ 35,653,909	\$ 9,710,400	\$ 11,587,200	\$ 11,587,200	\$ 11,587,200	\$ 11,587,200	\$ 11,587,200	\$ 11,587,200	\$ 114,887,509
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Integration Services and Integration Platform (IS/IP) - Project Deliverables - DDI	Contracted Services	\$ 6,726,061	\$ 25,571,520	\$ 3,658,400	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 35,955,981
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Integration Services and Integration Platform (IS/IP) - Hardware / Software	OCO / Contracted Services	\$ -	\$ 3,416,000	\$ 1,200,000	\$ 1,200,000	\$ 1,200,000	\$ 1,200,000	\$ -	\$ -	\$ 8,216,000
	Integration Services and Integration Platform (IS/IP) - Maintenance and Operations		\$ -	\$ -	\$ 10,118,400	\$ 10,118,400	\$ 10,118,400	\$ 10,118,400	\$ -	\$ -	\$ 40,473,600
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	IT Common Operations (ITCO) - Project Deliverables - DDI	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	IT Common Operations (ITCO) - Maintenance and Operations		\$ -	\$ 1,958,400	\$ 816,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,774,400
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	ITCO Prioritized Procurement - Project Deliverables - DDI	Contracted Services	\$ -	\$ -	\$ 1,870,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,870,000

Exhibit IV-2: Baseline Project Budget (cont'd)

Schedule IV-B for Florida Health Care Connections (FX)

AHCA

FX

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.**

CBA Form 2A Baseline Project Budget

Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	Current & Previous Years Project-Related Cost	CBA Form 2A Baseline Project Budget							TOTAL
				FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	
			\$ 66,539,080	\$ 107,769,316	\$ 126,969,965	\$ 170,625,596	\$ 172,390,429	\$ 139,722,463	\$ 15,476,800	\$ 14,524,800	\$ 814,018,449
				YR 1 LBR	YR 2 LBR	YR 3 LBR	YR 4 LBR	YR 5 LBR	YR 6 LBR	YR 7 LBR	TOTAL
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Legal Case Management - Project Deliverables - DDI	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	Legal Case Management - Maintenance and Operations		\$ -	\$ 326,400	\$ 326,400	\$ 326,400	\$ 326,400	\$ 326,400	\$ -	\$ -	\$ 1,632,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Module Integration - Project Deliverables - DDI	Contracted Services	\$ -	\$ 1,500,000	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,500,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Operational Impact Analysis (OIA) - Project Deliverables - DDI	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Other Agency Projects - Project Deliverables - DDI	Contracted Services	\$ -	\$ 1,958,400	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,958,400
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Pharmacy Benefit - Project Deliverables - DDI	Contracted Services	\$ -	\$ -	\$ 897,600	\$ 5,997,600	\$ -	\$ -	\$ -	\$ -	\$ 6,895,200
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Pharmacy Benefit - Hardware / Software	OCO / Contracted Services	\$ -	\$ -	\$ -	\$ 1,000,000	\$ 250,000	\$ 250,000	\$ -	\$ -	\$ 1,500,000
	Pharmacy Benefit - Maintenance and Operations		\$ -	\$ -	\$ -	\$ -	\$ 14,688,000	\$ 14,688,000	\$ -	\$ -	\$ 29,376,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Plan Management - Project Deliverables - DDI	Contracted Services	\$ -	\$ -	\$ 734,400	\$ 1,822,400	\$ 3,447,600	\$ 598,400	\$ -	\$ -	\$ 6,602,800
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Plan Management - Hardware / Software	OCO / Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ 687,500	\$ 150,000	\$ -	\$ -	\$ 837,500
	Plan Management - Maintenance and Operations		\$ -	\$ -	\$ -	\$ -	\$ 2,475,200	\$ 4,243,200	\$ -	\$ -	\$ 6,718,400
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Prioritized Projects - Project Deliverables - DDI	Contracted Services	\$ -	\$ 2,937,600	\$ 2,937,600	\$ 2,937,600	\$ 2,937,600	\$ 2,937,600	\$ 2,937,600	\$ 2,937,600	\$ 20,563,200

Exhibit IV-2: Baseline Project Budget (cont'd)

Schedule IV-B for Florida Health Care Connections (FX)

AHCA

FX

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.

CBA Form 2A Baseline Project Budget

			FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	TOTAL	
			\$ 66,539,080	\$ 107,769,316	\$ 126,969,965	\$ 170,625,596	\$ 172,390,429	\$ 139,722,463	\$ 15,476,800	\$ 14,524,800	\$ 814,018,449
Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	Current & Previous								TOTAL
			Years Project-Related Cost	YR 1 LBR	YR 2 LBR	YR 3 LBR	YR 4 LBR	YR 5 LBR	YR 6 LBR	YR 7 LBR	
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Provider - Project Deliverables - DDI	Contracted Services	\$ 2,351,770	\$ 4,052,800	\$ 16,483,200	\$ 14,851,200	\$ -	\$ -	\$ -	\$ -	\$ 37,738,970
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Provider - Hardware / Software	OCO / Contracted Services	\$ -	\$ 1,088,000	\$ 3,500,000	\$ 4,511,000	\$ 2,022,000	\$ 2,022,000	\$ -	\$ -	\$ 13,143,000
	Provider - Maintenance and Operations		\$ -	\$ -	\$ -	\$ 6,201,600	\$ 12,403,200	\$ 12,403,200	\$ -	\$ -	\$ 31,008,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Recipient - Project Deliverables - DDI	Contracted Services	\$ 58,794	\$ -	\$ 1,482,400	\$ 3,930,400	\$ 14,715,200	\$ 16,333,867	\$ 952,000	\$ -	\$ 37,472,661
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Recipient - Hardware / Software	OCO / Contracted Services	\$ -	\$ -	\$ -	\$ 4,000,000	\$ 2,000,000	\$ 2,000,000	\$ -	\$ -	\$ 8,000,000
	Recipient - Maintenance and Operations		\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,414,400	\$ -	\$ -	\$ 1,414,400
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Security Risk Scoring - Project Deliverables - DDI	Contracted Services	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Third Party Liability - Project Deliverables - DDI	Contracted Services	\$ -	\$ -	\$ 897,600	\$ 2,862,800	\$ 1,577,600	\$ -	\$ -	\$ -	\$ 5,338,000
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Third Party Liability - Hardware / Software	OCO / Contracted Services	\$ -	\$ -	\$ -	\$ 600,000	\$ 87,500	\$ 150,000	\$ -	\$ -	\$ 837,500
	Third Party Liability - Maintenance and Operations		\$ -	\$ -	\$ -	\$ -	\$ 2,475,200	\$ 4,243,200	\$ -	\$ -	\$ 6,718,400
Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	IV&V Vendor	Contracted Services	\$ 6,591,900	\$ 3,230,996	\$ 3,230,996	\$ 3,230,996	\$ 3,230,996	\$ 3,230,996	\$ -	\$ -	\$ 22,746,880
	Outside Counsel	Contracted Services	\$ 250,000	\$ 150,000	\$ 150,000	\$ 150,000	\$ 150,000	\$ 150,000	\$ -	\$ -	\$ 1,000,000
Total			\$66,539,080	\$107,769,316	\$126,969,965	\$170,625,596	\$172,390,429	\$139,722,463	\$15,476,800	\$14,524,800	\$814,018,449

Exhibit IV-2: Baseline Project Budget (cont'd)

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 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	
TOTAL PROJECT COSTS (*)	\$107,769,316	\$126,969,965	\$170,625,596	\$172,390,429	\$139,722,463	\$15,476,800	\$14,524,800	\$814,018,449
CUMULATIVE PROJECT COSTS <i>(includes Current & Previous Years' Project-Related Costs)</i>	\$174,308,396	\$301,278,361	\$471,903,957	\$644,294,386	\$784,016,849	\$799,493,649	\$814,018,449	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.								

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B							TOTAL
	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	
General Revenue	\$15,658,674	\$18,448,491	\$24,791,570	\$25,047,997	\$20,301,404	\$2,248,749	\$2,110,425	\$108,607,309
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match	\$92,110,642	\$108,521,474	\$145,834,026	\$147,342,432	\$119,421,059	\$13,228,051	\$12,414,375	\$638,872,059
Grants	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$107,769,316	\$126,969,965	\$170,625,596	\$172,390,429	\$139,722,463	\$15,476,800	\$14,524,800	\$814,018,449
CUMULATIVE INVESTMENT	\$174,308,396	\$301,278,361	\$471,903,957	\$644,294,386	\$784,016,849	\$799,493,649	\$814,018,449	

Characterization of Project Cost Estimate - CBAForm 2C			
Choose Type	Estimate Confidence	Enter % (+/-)	
Detailed/Rigorous	Confidence Level	5%	
Order of Magnitude	Confidence Level	15%	
Placeholder	Confidence Level	25%	

Exhibit IV-3: Project Cost Analysis

CBAForm 3 - Project Investment Summary

Agency <u> AHCA </u>	Project <u> FX </u>
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COST BENEFIT ANALYSIS -- CBAForm 3A									
	0	1	2	3	4	5	6	7	
	Prior Years' Costs	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	TOTAL FOR ALL YEARS
Project Cost	(\$66,539,080)	(\$107,769,316)	(\$126,969,965)	(\$170,625,596)	(\$172,390,429)	(\$139,722,463)	(\$15,476,800)	(\$14,524,800)	(\$814,018,449)
Net Tangible Benefits	\$0	\$0	\$30,031,880	\$33,023,880	\$164,091,925	\$161,658,591	\$311,658,591	\$311,658,591	\$1,012,123,458
Return on Investment	(\$66,539,080)	(\$107,769,316)	(\$96,938,085)	(\$137,601,716)	(\$8,298,504)	\$21,936,129	\$296,181,791	\$297,133,791	\$198,105,009

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B	
Payback Period (years)	6.18 Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	2025-26 Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	\$56,015,231 NPV is the present-day value of the project's benefits less costs over the project's life cycle.
Internal Rate of Return (IRR)	8.63% IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C							
Fiscal Year	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27
Cost of Capital	1.94%	2.07%	3.18%	4.32%	4.85%	4.85%	4.85%

Exhibit IV-4: Investment Summary

2. The Cost-Benefit Analysis Results

The projected net benefits for FX are significant. The estimated NPV from the project through FY2026-27 is **\$56,015,231**. The NPV calculation includes an estimate of **\$1,012,123,458** in total project benefits and total project costs of **\$814,018,449***. Because benefits continue after FY2026-27, the calculated NPV is conservative, potentially understating benefits of the project to the Agency and Florida stakeholders.

**Of note is that \$66,539,080 of the total project cost has been expended prior to FY2020-21. This leaves a balance of \$747,479,369 in project costs spread across the remaining project years. Additionally, \$638,872,059 of this balance is to be paid through federal match dollars leaving \$108,607,309 to be paid with State of Florida funds.*

a. Project Costs

The estimated total cost of implementing FX is \$814,018,449 over the life of the project.

b. Project Financial Return Analysis

The Agency has computed the following values for FX.

Investment Term	Computed Value
Total Cost	\$814,018,449 distributed over 10 fiscal years
Benefits	\$1,012,123,458 in total benefits
Payback Period	6.18 years
Payback Date	SFY2025-26
Project Life Analysis	
Net Tangible Benefits	\$198,105,009 (total benefits minus total costs)
NPV	\$56.015 M
IRR	8.63%

Exhibit IV-5: Financial Return Analysis

The breakeven year is FY 2025-26. This breakeven indicates a strong project that pays for itself relatively quickly.

- The project’s NPV is \$56.015 Million. By this measure, FX is a very sound investment. In addition, this can be considered a conservative estimate of NPV given that benefit realization is delayed (in the analysis) to the later project years.
- The IRR is 8.63 percent. The Florida Legislature’s Office of Economic and Demographic Research (EDR) estimates the cost of capital for investment analysis purposes. FX’s IRR exceeds this projected cost of capital. Given that FX should produce considerable tangible benefits well-beyond the 10-year analysis period, the project’s longer-term IRR should reflect a positive impact to the Agency’s financial position.

The Agency recommends that funding for continuation of FX be requested by the Executive Office of the Governor and approved by the Legislature. The Agency is fully focused on successfully implementing FX and has implemented an Outcomes Management Framework designed to support the Agency in achieving identified benefit targets. The recommended next step is to secure the needed funding for FY2020-21.

V. Schedule IV-B Major Project Risk Assessment

Purpose: To provide an initial high-level assessment of overall risk incurred by the project to enable appropriate risk mitigation and oversight and to improve the likelihood of project success. The risk assessment summary identifies the overall level of risk associated with the project and provides an assessment of the project’s

alignment with business objectives.

The completed Risk Assessment Tool is Appendix B. The following questions in the Risk Assessment Tool were answered with these considerations:

- Question 1.02 – FX is a program in the project management context. FX consists of many projects, which are evaluated, prioritized, and managed using portfolio and program management processes to achieve intended outcomes and benefits. The FX objectives exist in the FX Strategic Plan. The objectives have been socialized with key stakeholder groups.
- Question 1.04 – The vision for how changes to the technology will improve business processes is documented and the approach has been approved by CMS.
- Question 1.07 – Some project phases and milestones are impacted by outside factors such as renewals of existing service contracts and State and federal funding. CMS understands the requirements of a program of this size and complexity.
- Question 2.01 – The risk is mitigated by the SEAS Vendor and other anticipated vendors who have experience with the proposed solutions.
- Question 3.06 – During the course of FX, more than 10% growth in the number of contractors is expected during design, development, and implementation activities. Once FX meets its objectives and transitions to operations, the change in the number of contracts is expected to decrease to 1% - 10%.
- Question 3.07 – It is expected that Medicaid Providers will experience changes in the way they exchange data with the Agency. It is anticipated Medicaid Recipients won't experience much change.
- Question 3.09 – The vision for FX is far-reaching with many organizational change requirements.
- Question 4.05 – Additional messages are developed to meet the needs of the evolving program.
- Question 4.06 – Key messages exist, and we are working on desired message outcomes or success measures.
- Question 5.01 – Rough order of magnitude estimates have been developed for the FX Module Roadmap. A *Spending Plan* does not exist for the entire program. Spending Plans are prepared by fiscal year as work is prioritized and authorized through the portfolio management process.
- Question 5.02 – Expenditures for the current fiscal year have been documented; planning and estimating have been done for future fiscal years.
- Question 5.10 – The overall measurable payback for FX will be more than five years. Various subprojects may realize payback within five years.
- Question 6.06 – This risk is mitigated in multiple ways. The Agency has assigned an experienced project manager to FX. The SEAS Vendor also has experience, and dedicated project managers assigned to the program and to the FX Enterprise Program Management Office (EPMO). Future FX vendors will also bring experienced, dedicated project managers to the program. IV&V is also contracted to oversee the program.
- Question 6.11 – Changes of a certain threshold are brought to FX Governance for consideration and authorization. All of the Agency's functional areas are represented in FX Governance either at a senior management level (Program Governance) or the executive management level (Executive Governance).
- Question 7.04 – As of this writing, specifications have been defined and documented for IS/IP, EDW, and Provider Management. Requirements for other modules will be elaborated and documented timely with their procurements.
- Question 7.08 – Certain project deliverables are reviewed by FX Governance for approval.

- Question 7.11 – The FX Program is comprised of multiple projects, all of which have schedules that include all project tasks, milestones, and resources. Anticipated projects have been identified in the FX Portfolio. Their tasks will be elaborated when FX Governance authorizes the project.
- Question 8.03 – It's expected team members will be dispersed across more than three locations during FY 2020-21: Agency staff are located at the Ft. Knox Office Complex. Enrollment broker staff, the IS/IP Vendor, the EDW Vendor, and possibly the SEAS Vendor will be located within five miles of Ft. Knox.

Standards and processes exist for project, program, and portfolio risk management. These can be found in the approved FX Project Management Standards, the FX EPMO Charter and Program Management Plan, and the Strategic Project Portfolio Management Plan.

VI. Schedule IV-B Technology Planning

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

Quality data, tools, and systems optimized for the Agency workforce are foundational enablers to improve health care 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 FX 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 FX 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 Medicaid Enterprise, as well as existing and proposed IT projects. The Agency will identify opportunities to leverage and reuse systems within the Medicaid Enterprise in order to streamline processes and reduce redundancies. A complete assessment will be available after the IS/IP Vendor contract is executed 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 SS-A summary that is included as Attachment F to this schedule.

b. Current System Resource Requirements

The DXC Technology system staffing report for August 2019 is provided in Attachment H.

The staffing reports for the Integration Services and 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 2019 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 DMS Division of State Technology (DST):

- Florida Information Technology Project Management and Oversight Standards described in Florida Administrative Rule 60GG-1.001 through 60GG-1.009, Florida Administrative Code (F.A.C.)
- Florida Cybersecurity Standards described in Florida Administrative Rule 60GG-2.001 through 60GG-2.006, F.A.C.
- Information Technology Architecture Standards described in Florida Administrative Rule 60GG-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 Standards and Conditions found in 42 CFR § 433.112(b) for states to receive approval for enhanced FFP. CMS has mandated the following Standards and Conditions:

- 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

NOTE: Current customers of the state data center would obtain this information from the data center.

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	MEDICAID ENTERPRISE RELATED
AAATP	
Account Revenue Management System	
Active Directory Federation Services	YES
Wireless Network	YES
Agency Internet (BETA)	
Agency Internet (DEV)	YES
Agency Internet (PROD)	YES

Schedule IV-B for Florida Health Care Connections (FX)

APPLICATION SHORT NAME	MEDICAID ENTERPRISE RELATED
AHCA Travel System	YES
AHCA NuGet Library	
AHCA Licensure	YES
AHCA Licensure Dashboard	YES
AHCA Licensure External	YES
AHCA Licensure Service	YES
AHCAnugetserver	
Patient Data Upload TEST	YES
Adverse Incident Reporting System (External)	YES
Adverse Incident Reporting System (Internal)	YES
Account Management System	YES
Applogs	
Automated Survey Processing Environment System (ASPEN) /Aspen Central Office (ACO)	YES
AHCA SunFocus	YES
Clearinghouse Screening Management System (BGS Internal)	YES
BackGround Screening ClearingHouse Applicant Initiation Portal	
BGSClearingHouseWCF	YES
BGSClearingHouseWcf	YES
BGSLiveScanWcf	YES
Clearinghouse Results Website (BGS External)	YES
CATS (Contract Administration Tracking System)	YES
Claims Administration Unit Contact Center Phones	YES
Certificate of Need (Desktop Application)	YES
CertNeedWeb	YES
Cherwell	
Clearwell	YES
COMPASS	YES

Schedule IV-B for Florida Health Care Connections (FX)

APPLICATION SHORT NAME	MEDICAID ENTERPRISE RELATED
Agency Contact Form	
Clearinghouse Call Center Application	YES
Contact Center - Executive Direction	
Contact Center - General Counsel	
Contact Center - Help Desk	
Contact Center - Home Care Unit	
Contact Center - Medicaid	YES
Contact Center - Medicaid Dir_Office	YES
Contact WebMaster	
AHCACORR	YES
County Billing	YES
Customer Relationship Management	YES
HIPAA - State Law Crosswalk Search Site	
dashboard_internal	YES
DataMartAPI	
Display Error Log	
DM_WEB	YES
DSS	YES
Electronic Filing	YES
Electronic File Administration	YES
Email Notifications	
Email Web Service (External)	
Email Web Service (Internal)	
Employee Forum (Dear Secretary)	
Web Service Emergency Status System Xml Service	YES
Everbridge Mass Notification System	Yes
Finance Accounting Business System (FABS)/Accounts Receivable	Yes

Schedule IV-B for Florida Health Care Connections (FX)

APPLICATION SHORT NAME	MEDICAID ENTERPRISE RELATED
Finance Accounting Business System (FABS)/FLAIR	Yes
Finance Accounting Business System (FABS)/OPC	
Facility Locator Mobile App	YES
Fraud Abuse Case Tracking System (FACTS)	YES
Fraud Abuse Case Tracking System 2.0	YES
Finance and Accounting Portal	YES
Finance Accounting Service (Web Service) feeds	
Fair Hearings Access and Case Tracking (Desktop Application)	YES
Florida Hospital Uniform Reporting System (FHURS) Portal	YES
Florida Hospital Uniform Reporting System (FHURS) - Internal	YES
Florida Health Finder (FHF)	YES
Florida Medicaid Management Information System	YES
FoxPro Financial Application & Reporting systems	YES
Fraud Fighter	YES
general counsel ethics	
HQA Accounts Receivable (HAR)	YES
Health Care Facility Complaint Form	YES
HealthTrack - Choice Counseling-Enrollment Broker	YES
Hospital Commission	
Hospital Commission/Price Gouging	
Human Resources Termination Promotion Separation	YES
Inspector General	YES
Medicaid Program Integrity Complaint Form	YES
Induced Terminations of Pregnancy (Internal)	YES
Induced Terminations of Pregnancy Reporting	YES
Laserfiche	YES

Schedule IV-B for Florida Health Care Connections (FX)

APPLICATION SHORT NAME	MEDICAID ENTERPRISE RELATED
Laserfiche Service	YES
Laserfiche Web	YES
Low Income Pool Program	YES
Low Income Pool (LIPS)	YES
Low Income Pool Internal System	YES
Logging Service	
Exception Log Manager	
Managed Care Survey Tool	YES
Medicaid Accounts Receivables	YES
Medicaid Budget Forecasting	YES
Medicaid DataMart Service	YES
Medicaid Facility Service	YES
Medicaid Reservation System	YES
Medicaid Reservation System Administration	YES
MEUPS	YES
Medicaid Program Analysis (MPA)	YES
Nursing Facility Quality Assessment Fee Tracking (NFQA)	YES
Nursing Home Federal Reports	YES
Office 365	YES
Office 365 Sandbox	YES
Office of the Inspector General Case Tracking System	YES
Office of Inspector General Service	YES
FLAHCA-My	
Online Licensing Application Service	
Online Payments	YES
Online Payments Administration	YES
Office of Plans and Construction Service	YES

Schedule IV-B for Florida Health Care Connections (FX)

APPLICATION SHORT NAME	MEDICAID ENTERPRISE RELATED
Operations Plans and Construction Tracking	YES
Operations Leases	
Oracle Password Change	
Oracle Password Change Service	
Patient Data (Moving Data to Oracle) CRON Jobs	YES
Patient Data Auditor	YES
Patient Data	YES
Patient Data Admin Test Site	YES
Patient Data 2 (Desktop Applications)	YES
Provider Data Management System	YES
Provider Dashboard	YES
Quarterly Fraud and Abuse Activity Report	YES
Quadrant	YES
Revenue and Accounts Receivable	YES
Risk Manager	YES
Self-Serve Password Reset	YES
ServerTest (External)	
Server Test (Internal)	
DataMart	YES
SETUpdate (Desktop Application)	YES
SharePoint 2013 BETA	
SharePoint 2013 PROD	YES
SharePoint Online Dev Site	
SharePoint Online PROD	YES
SingleSignOn Approval	YES
SingleSignOn Approval Admin	YES
SingleSignOnPortal	YES

APPLICATION SHORT NAME	MEDICAID ENTERPRISE RELATED
Statewide Medicaid Managed Care (SMMC) Complaint Form	YES
Support System Service	
Survey and Certification Time Validation System	YES
Service Fair Hearing	
Telehealth	
Team Foundation Server	
United States Postal Service Windows Communication Foundation (WCF) Service	
USPSWcfService	
Verify Background Screening Eligibility Service	YES
Versa Regulation	YES
Watch List Services	
Web Service Facility Locator Service	YES
Web Service Florida Health Services Tracking	YES

Exhibit VI-1: DMS Vision Enabling Capability Descriptions

INTERFACES

The Agency has over 200+ inbound/outbound interfaces between 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 according to modular roadmap with the FMMIS that are interoperable with other systems within FX, using open source solutions, configurable COTS products, or other modular approaches that eliminate the need for custom development. Proposed solutions in the

roadmap include IS/IP, EDW, Provider Management, Case Management, Core (Claims / Encounter / Financial / Reference Management), Recipient Enrollment / Recipient Management, Care Management, and Pharmacy Benefit Management.

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. FX 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 a 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 backend 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, FMMS 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 data analytical software programs 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 FX and identify solutions that meet the current and future business needs of FX. Then, the Agency procured 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.

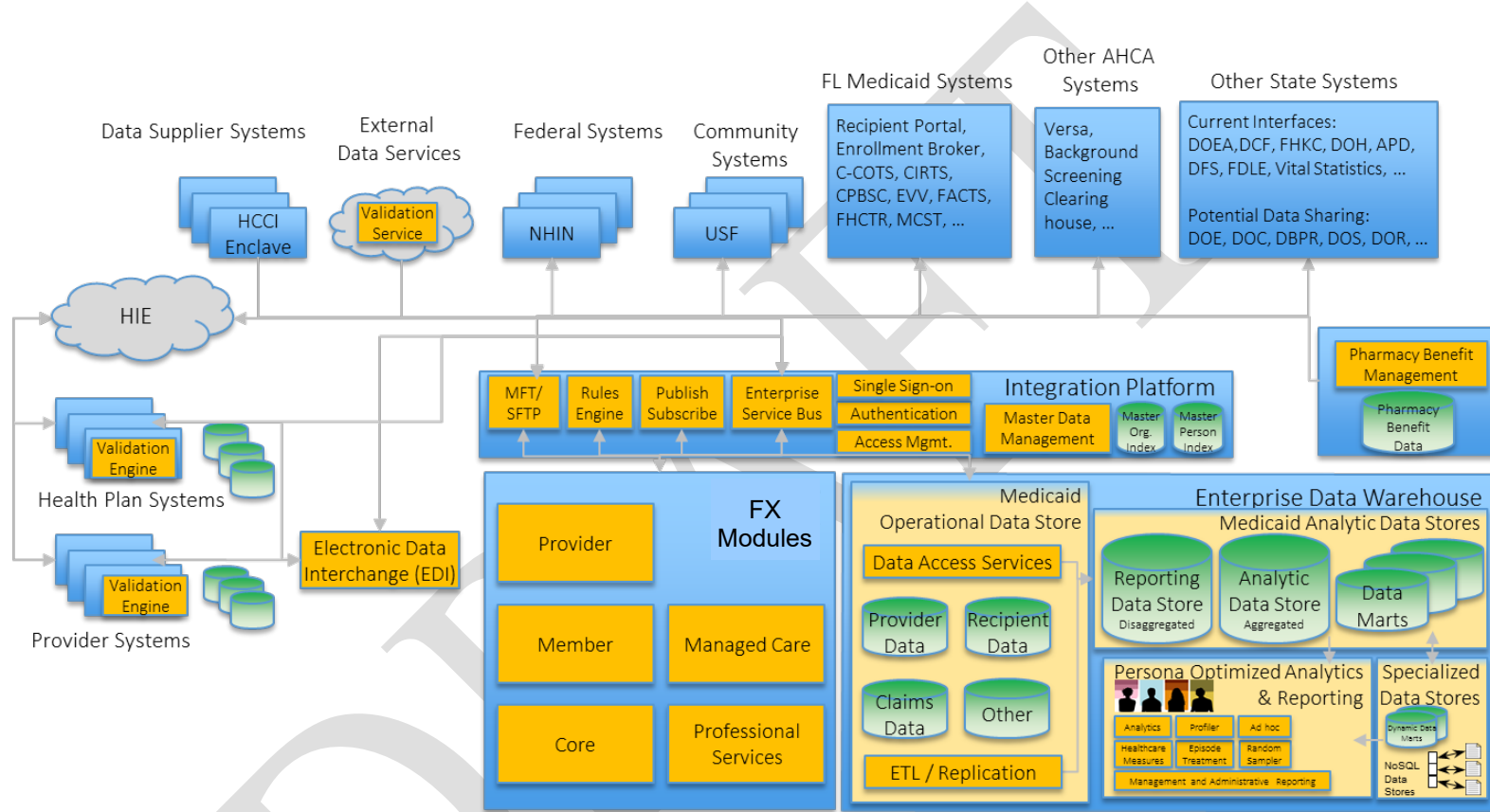


Exhibit VI-1: Data Management Strategy Vision To-Be Diagram

Data Management Strategy

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 FX, the Data Management Strategy will incrementally evolve to refine and provide additional guidance on data management strategic topics that benefit FX.

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 IS/IP that includes an Enterprise Service Bus (ESB) and the 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.

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.

Schedule IV-B for Florida Health Care Connections (FX)

ENABLING CAPABILITY	DESCRIPTION
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 evaluate 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.
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			✓			
Access Management			✓			
Master Person Index			✓			
Master Organization Index			✓			
Master Data Management			✓			
Data Access Services		✓	✓	✓		
Operational Data Store				✓		
ETL / Data Replication				✓	✓	
Reporting Data Store			✓	✓	✓	

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
Analytic Data Store					✓	✓
Data Marts					✓	✓
Dynamic Data Marts					✓	✓
NoSQL Analytic Data Stores					✓	✓

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

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
(historical and current trends versus projected requirements)

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

Schedule IV-B for Florida Health Care Connections (FX)

- 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

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.

During FYs 2017-19, the SEAS Vendor developed 18 standards-setting deliverables and established an enterprise PMO. The deliverables establish plans and standards for projects within FX and are kept pertinent through annual reviews and refreshes.

The Agency and SEAS Vendor use a portfolio management process through which projects are evaluated and prioritized for their ability to achieve the strategic objectives of FX. The FX Strategic Plan identifies the strategy for the Medicaid Enterprise System transformation. The FX Governance structure facilitates “top-down” directions and “bottom-up” recommendations needed for decisions impacting the portfolio. As FX Governance approves projects identified to achieve the FX strategy, they are managed and/or monitored by the FX Enterprise Program Management Office (EPMO) at the project-level, integrated at the program-level, and monitored through project close out. Each project within the FX Portfolio follows the standards and processes documented in the Agency-approved deliverables, which are listed in the table below and can be found on the Agency’s FX Projects Repository.

The FX EPMO is considered a “directive” style PMO: it provides experienced project managers to manage approved FX Projects and is staffed by a team of experienced project and program managers who established, maintain, and uphold standards for the management of FX Projects and sub-programs. The standards are complemented by tools, templates, and mentoring. The monitoring duties of the FX EPMO include program-wide status reporting, configuration management, and enforcing integration and performance management.

Organization, Strategic, Programmatic, and Technical Domains	
Deliverable	Description
SEAS Management Plan: No. O-1	This deliverable outlines how the SEAS Vendor will perform its contractually required duties.
FX Governance Plan: No. S-1	This deliverable designs an enterprise governance structure and processes to enable effective and efficient advancement of FX.
FX 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.
FX 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 FX, 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 Florida MITA SS-A 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 capabilities and maturity.
FX Project Management Standards: No. P-2	This deliverable establishes the standards for management of FX projects, leveraging the existing Agency project management standards and tools.

Organization, Strategic, Programmatic, and Technical Domains	
Deliverable	Description
FX Project Management Toolkit: No. P-3	This deliverable provides project management training materials and corresponding tools and templates.
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 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 outcomes.

Organization, Strategic, Programmatic, and Technical Domains	
Deliverable	Description
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 outcomes.
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.
FX EPMO Charter and Program Management Plan	The purpose of the FX Enterprise Program Management Office (EPMO) Charter and Program Management Plan is to charter the FX EPMO and establish the guidelines and operational processes by which the FX EPMO shall manage and/or monitor FX projects assigned by FX Portfolio Management.

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 5, May 2019

Attachment F MITA SS-A Report Update 2019

Attachment G SEAS Management Plan

Attachment H DXC Staffing

Attachment I System Performance Report Card

Attachment J FX EPMO Charter and Program Management Plan

Action		Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? (EXBR, EXBC - Report should print "Records Selected Net To Zero")	Y	Y	Y	Y	Y	Y
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.						
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.						
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.						
4. EXHIBIT D (EADR, EXD)							
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 61 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
4.2	Is the program component code and title used correct?	Y	Y	Y	Y	Y	Y
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.						
5. EXHIBIT D-1 (ED1R, EXD1)							
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y	Y	Y	Y	Y	Y
AUDITS:							
5.2	Do the fund totals agree with the object category totals within each appropriation category? (ED1R, XD1A - Report should print "No Differences Found For This Report")	Y	Y	Y	Y	Y	Y
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? (EXBR, EXBB - Negative differences [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 2018-19 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

Action		Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
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)							
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 28 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 66 through 68 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 68 through 70 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 94 and 95 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 #20-002?	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 27 and 90 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y

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

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
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
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 159 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 92 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 95 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

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
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
13. SCHEDULE VIIIB-1 (EADR, S8B1)						
13.1 NOT REQUIRED FOR THIS YEAR						
14. SCHEDULE VIIIB-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)						
14.1 Do the reductions comply with the instructions provided on pages 101 through 103 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 VIIIC (EADR, S8C) (This Schedule is optional, but if included it is required to be posted to the Florida Fiscal Portal)						
15.1 Does the schedule display reprioritization issues that are each comprised of two unique issues - a deduct component and an add-back component which net to zero at the department level?	N/A	N/A	N/A	N/A	N/A	N/A
15.2 Are the priority narrative explanations adequate and do they follow the guidelines on pages 104-106 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 107-111 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 2018-19 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

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
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
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 112 through 156 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 132 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 158-160) 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