Florida Agency for Health Care Administration

Legislative Budget Request
Fiscal Year 2021-2022

Ron DeSantis, Governor

RON DESANTIS
GOVERNOR

LEGISLATIVE BUDGET REQUEST

Agency for Health Care Administration

Tallahassee, Florida 32308

October 15, 2020

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

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

Tim Sadberry, 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 2021-2022 Fiscal Year. This submission was approved by James C. Miller, Chief Strategic Officer.

Sincerely,

James C. Miller
Chief Strategic Officer

/lka

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RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

Temporary Special Duty – General Pay Additives Implementation Plan for Fiscal Year 2021-2022

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 1130.5 Career Service position incumbents statewide.

6. Historical Data: Last fiscal year, a total of six (6) 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 three (3) 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:

Average Min. Annual Salaries	X 10% of Min. Annual Salaries	# of FTEs
$35,248.59	$3,524.86	6

Based on the average estimated salaries stated above, the estimated calculation is as follows: $1,491.29 X 6 = $8,947.74. **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 2020-2021 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

Ron DeSantis, Governor

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:	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 1st DCA and parties are working to dismiss case. FO 04/29/20. New Petition filed 05/04/20.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	x	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

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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 1st DCA and parties are working to dismiss case. FO 04/29/20. New Petition filed 05/04/20.	
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
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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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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.	x	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A

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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 1st DCA and parties are working to dismiss case. FO issued 05/12/20.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	x	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A

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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 1st DCA and parties are working to dismiss case. FO issued 05/12/20.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	x	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A

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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 - $5,010,317.00	
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.	x	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A

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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:	$56,949,051.00	
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.	x	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A

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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:	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. The overpayment and fine amounts were revised to $513,246.91 and $102,649.38, respectively, post-complaint.	
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. Case at DOAH. Hearing held May 29, 2020.	
	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
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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. Hearing set for Dec. 7-10, 2020.	
	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).		

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Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Advanced Options, LLC
Court with Jurisdiction:	N/A
Case Number:	2018-0011310
Summary of the Complaint:	Overpayment of Services
Amount of the Claim:	$652,445.85
Specific Statutes or Laws (including GAA) Challenged:	

Status of the Case:	Settlement reached. FO issued 06/02/20.	
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).		

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Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Bett-er Support and Service, Inc.
Court with Jurisdiction:	DOAH
Case Number:	19-6386MPI
Summary of the Complaint:	Overpayment of Behavior Analysis Services
Amount of the Claim:	$961,369.45

Specific Statutes or Laws (including GAA) Challenged:		
Status of the Case:	DOAH Hearing scheduled for July 13-16, 2020. Case relinquished back to AHCA on 07/08/20.	
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
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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.)	St. Joseph's Hospital (100978) v. AHCA (54)
Court with Jurisdiction:	Agency for Health Care Administration
Case Number:	AHCA Case No. 20170004078
Summary of the Complaint:	Hospital challenging the Medicaid Inpatient and Outpatient Hospital Reimbursement Rates.
Amount of the Claim:	$7,024,842.13
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.		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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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.)	Hour Bliss Inc.
Court with Jurisdiction:	DOAH
Case Number:	19-6584MPI
Summary of the Complaint:	Overpayment of Services.
Amount of the Claim:	$909,618.36
Specific Statutes or Laws (including GAA) Challenged:	

Status of the Case:	Final Order issued on June 9, 2020 directing Hour Bliss, Inc. to pay $237,802.50 in overpayments to AHCA. Case Closed.	
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).		

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Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Munroe Regional Medical Center v. AHCA
Court with Jurisdiction:	AHCA
Case Number:	15-070MPF (DOAH Case #15-1516)
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates on or after July1, 2001 pursuant to AHCA's February 13, 2015 letter of determination.
Amount of the Claim:	($2,450,987.27)
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).		

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Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Peace River Regional Medical Center (100285) v. AHCA
Court with Jurisdiction:	AHCA
Case Number:	15-025MPF (DOAH Case #15-1547)
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates on or after July1, 2001 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. [Not on JMG to do list, but in pleadings and documents]	
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).		

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Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Shands Lake Shore Regional Medical Center v. AHCA		
Court with Jurisdiction:	AHCA		
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
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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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Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Venice Regional Medical Center v. AHCA (50)
Court with Jurisdiction:	AHCA
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:	$829,477.66

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	Counsel working toward resolution of issues on rates in order to proceed with settlement.	
Who is representing (of record) the state in this lawsuit? Check all that apply.		Agency Counsel
		Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

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Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Wellington Regional Medical Center v. AHCA
Court with Jurisdiction:	AHCA
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. [not on JMG to do list]
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
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Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Wuesthoff Health System (Rockledge) (CHS) (100111) v. AHCA (61)
Court with Jurisdiction:	AHCA
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:	($976,660.91)	
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

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.)	Rate Petition Cases where primary issue is resolution of the Medicaid Trend Adjustment (MTA): **Bartow** **Pasco Regional Medical Center, LLC dba Bayfront Health –Dade City** **Bayfront Health Brooksville** **Bayfront HMA Medical Center LLC dba Bayfront Health - St Petersburg (71)** **Bayfront HMA Medical Center LLC dba Bayfront Health - St Petersburg (78)** **Cape Canaveral** **Haines City dba Heart of Florida Regional Medical Center** **Sebring Hospital Management Associates, LLC dba Highlands Regional Medical Center** **Holmes Regional Medical Center Palm Bay (65)** **Key West HMA** **Larkin Community Hospital** **Lehigh Regional Medical Center** **Melbourne HMA, LLC** **Munroe Reginal Medical Center** **Crestview Hospital Corporation d/b/a North Okaloosa Medical Center**

	Naples HMA, LLC dba Physicians Regional Medical Center – Pine Ridge **Punta Gorda Bayfront Health (73)** **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 Baptist Medical Center (69)** **Osceola SC, LLC dba St. Cloud Regional Medical Center** **Variety - Nicklaus Children's Hospital (66)** **Viera Hospital (64)**
Court with Jurisdiction:	Agency for Healthcare Administration
Case Number:	2018-004944 (Pasco Regional Medical Center, LLC dba Bayfront Health –Dade City) 2018-007540 (Bayfront Health Brooksville) 2018-007149 (Cape Canaveral) 2018-003840 (Haines City dba Heart of Florida Regional Medical Center) 2018-003841 (Bayfront Health St. Petersburg) 2018-003844 (Sebring Hospital Management Associates, LLC dba Highlands Regional Medical Center) 2018-010070 (Holmes Regional Medical Center Palm Bay) 2017-007712 (Key West HMA) 2018-005246 (Larkin Community Hospital) 2018-004778 (Lehigh Regional Medical Center) 2018-007990 (Melbourne HMA, LLC) 2018-004860 (Munroe) 2018-007734 (Crestview Hospital Corporation d/b/a North Okaloosa Medical Center) 2018-007988 (Naples HMA, LLC dba Physicians Regional Medical Center – Pine Ridge) 2018-010066 (Rockledge) 2018-006936 (Santa Rosa Medical Center) 2018-005114 (Sebastian River Medical Center) 2018-005042 (Shands Live Oak Regional Medical Center) 2018-005895 (Shands Starke Regional Medical Center) 2018-016318 (Southern Baptist Hospital of Florida Baptist Medical Center) 2018-016319 (Variety - Nicklaus Children's Hospital (66)) 2018-004982 (Osceola SC, LLC dba St. Cloud Regional Medical Center) 2018-010057 (Viera Hospital) 2019-001758 2019-004455 (Bartow)

	2019-004482 (Bayfront Health Punta Gorda) 2019-003948 2019-002135 2019-00757 (Bayfront HMA Medical Center LLC dba Bayfront Health - St Petersburg)	
Summary of the Complaint:	Providers brought action to challenge the administrative rule as to rate setting for the Medicaid Trend Adjustment (MTA) and Unit Cost Cap. 1st DCA held rule invalid, but did not rule on merits of claim that AHCA had to revise the MTA to consider the transition from fee for service to managed Medicaid. In addition to the rule case, numerous providers have pending and additionally filed rate petition cases where the only issue or primary issue is application of the MTA	
Amount of the Claim:	Undetermined but estimates range from $133MM to $157MM	
Specific Statutes or Laws (including GAA) Challenged:	Rule 59G-6.030, Florida Administrative Code as it relates to application of MTA	
Status of the Case:	Following reversal of rule case, providers have suggested a potential resolution. AHCA reviewing resolution and determining fiscal impact.	
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

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Agency for Health Care Administration

Stefan R. Grow, General Counsel	Phone Number:	(850) 412-3669

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. St. Joseph's Hospital	
Court with Jurisdiction:	Agency for Health Care Administration	
Case Number:	15-054-MPF	
Summary of the Complaint:	Hospital challenging the Medicaid Inpatient and Outpatient Hospital Reimbursement Rates	
Amount of the Claim:	$7,024,842.13	
Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	Case is currently under an abeyance order by the Agency Clerk until October 7, 2020 as parties work towards resolution.	
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

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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.)	Broward Health Imperial Point (North Broward)	
Court with Jurisdiction:	Agency for Health Care Administration	
Case Number:	15-179MPF	
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from July 1, 2008 through June 30, 2011 pursuant to AHCA's February 13, 2015 letter of determination.	
Amount of the Claim:	$1,751,495.57	
Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	AHCA and provider have agreed to settlement. Draft settlement agreement has been sent to counsel for provider for execution on November 13, 2019. Parties are still in the process of 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.)	Halifax Medical Center v. AHCA	
Court with Jurisdiction:	Agency for Health Care Administration	
Case Number:	15-109MPF (DOAH 15-1429)	
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.	
Amount of the Claim:	$2,649,986.16	
Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	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

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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.)	Martin Memorial Hospital v. AHCA (24)	
Court with Jurisdiction:	Agency for Health Care Administration	
Case Number:	15-071MPF (DOAH 15-1543)	
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.	
Amount of the Claim:	($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.		Agency Counsel
		Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel
f 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,	Phone Number:	(850) 412-3669

	General Counsel		
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	North Broward Hospital District (Imperial Point) (26)		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-179MPF (DOAH 15-1515)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from July 1, 2008 through June 30, 2011 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	$1,813,454.45		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	AHCA and provider have agreed to settlement. Draft settlement agreement has been sent to counsel for review and execution.		
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.)	North Broward Hospital District, Mount Sinai Medical Center of Florida, Inc., and Naples Community Hospital, Inc., on behalf of themselves and all others similarly situated, v. State of Florida, Agency for Health Care Administration
Court with Jurisdiction:	Second Judicial Circuit, Leon County, Florida
Case Number:	2019-CA-002677
Summary of the Complaint:	Recoupment of payments made by Plaintiffs and class members for prior-authorized claims for in-patient services rendered to Medicaid-eligible undocumented aliens; breach of contract by AHCA. Three Plaintiffs – North Broward Hospital District (North Broward), Mount Sinai Medical Center of Florida, Inc. (Mount Sinai), and Naples Community Hospital, Inc. (Naples) – filed a putative class action complaint against the Agency in December 2019 alleging breach of contract. The Plaintiffs' claims relate to the Agency's retrospective audits of inpatient hospital claims for emergency services provided to undocumented aliens ("Alien Audits"). Through these audits, the Agency recouped overpayments from the Plaintiffs: approximately $2.77 million from North Broward, approximately $575,000 from Mount Sinai, and approximately $557,000 from Naples. The Agency also conducted Alien Audits on, and recouped overpayments from, numerous other hospitals. The putative class includes all hospitals from whom the Agency recouped overpayments as a result of Alien Audits.
Amount of the Claim:	Undetermined at this time, however, recalculation amounts would run over $500,000.00.
Specific Statutes or Laws (including GAA) Challenged:	409.905(5)(a)
Status of the Case:	Second Amended Complaint filed by Plaintiffs on December 23, 2019. Parties have begun discovery. The Agency filed its Answer and Affirmative Defenses on January 22, 2020, raising numerous affirmative defenses including res judicata, collateral estoppel, equitable estoppel, release, waiver, accord and satisfaction, failure to exhaust administrative remedies, and administrative finality

	Plaintiffs filed their motion for class certification on April 2, 2020, and AHCA filed its Response in Opposition on May 26.	
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).	Action has not been certified. Plaintiff's counsel: **DUANE MORRIS LLP** Alvin D. Lodish Joanne Erde Julian A. Jackson-Fannin	

Schedule VII: Agency Litigation Inventory

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Agency for Health Care Administration

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:	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." 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.	
Amount of the Claim:	Unable to determine fiscal impact at this time.	
Specific Statutes or Laws (including GAA) Challenged:	2019 GAA Proviso Language	
Status of the Case:	Pending Plaintiff's motion for preliminary injunction was denied.	
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	

Schedule VII: Agency Litigation Inventory

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Agency:	**Agency for Health Care Administration**		
Contact Person:	Stefan R. Grow, General Counsel	Phone Number:	(850) 412-3669
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Senior Care Group Chapter 11 bankruptcy cases (7 related entities): • Senior Care Group, Inc. • SCG Baywood, LLC • SCG Gracewood, LLC • SCG Habourwood, 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.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	x	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A

Schedule VII: Agency Litigation Inventory

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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.)	United States v. State of Florida; now consolidated with C.V., above, and captioned: *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,* Filed July 2013. Cases were consolidated December 2013; discovery closed April 30, 2016.
Court with Jurisdiction:	Southern District of Florida
Case Number:	Case No. 0:12-cv-60460-RSR; Judge Zloch.
Summary of the Complaint:	The United States asserts that the State of Florida, through AHCA, the Department of Health, the Department of Children and Families, and the Agency for Persons With Disabilities, violates Title II of the Americans With Disabilities Act (the "ADA") by unlawfully segregating children under the age of 21 in nursing facilities ("NF") and by placing children under the age of 21 who live in the community at risk of unlawful institutionalization.
Amount of the Claim:	The United States seeks compensatory damages for pain and suffering of 182 (or more) Medicaid recipients under the age of 21 who are or were in NFs, plus injunctive relief. The amount of compensatory damages is unknown but could be large. In addition, the monetary impact of injunctive relief could exceed $25,000,000

	annually in additional Medicaid payments if the United States were to be successful.	
Specific Statutes or Laws (including GAA) Challenged:	Americans With Disabilities Act, as amended	
Status of the Case:	The United States' claim was dismissed for lack of standing. The United States filed its notice of appeal on August 7, 2017. Oral argument was held at the Eleventh Circuit in October 2018. On September 17, 2019, the Eleventh Circuit issued an Opinion reversing and remanding the District Court's dismissal. The State petitioned for rehearing en banc, and the petition is 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
	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

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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.)	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.	x	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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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.)	Victor Manuel Triggiano Hernandez and Daniela Villamizar, Plaintiffs, v. Jackson Memorial Hospital Public Health Trust / Jackson Health System, a Florida entity, and Florida Agency for Health Care Administration, Defendants.
Court with Jurisdiction:	In the Circuit Court of the Eleventh Judicial Ciruit, in and for Miami-Dade County, Florida
Case Number:	Case No. 2019-011599-CA-01

Summary of the Complaint:	Plaintiffs bring a breach of contract claim and equitable estoppel claim against the hospital. The breach of contract claim includes an "in the alternative" claim that AHCA has a contractual duty (though it does not allege a breach by AHCA).	
Amount of the Claim:	$500,000	
Specific Statutes or Laws (including GAA) Challenged:	None.	
Status of the Case:	AHCA filed a motion to dismiss.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	x	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

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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.)	Children First Consultants, Inc., v. AHCA
Court with Jurisdiction:	Bankruptcy Court for the Southern District of Florida
Case Number:	20-01232-RAM

Summary of the Complaint:	Plaintiff seeks "turnover" under Bankruptcy Code of payments for claims that have been denied and suspended.	
Amount of the Claim:	Approximately $1.5 million	
Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	Pending. AHCA filed a motion to dismiss.	
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).		

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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.)	Wuesthoff Health System (Melbourne) (CHS) (103209v. AHCA (60)
Court with Jurisdiction:	AHCA
Case Number:	15-155MPF (DOAH Case #15-1605)

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:	$823,380	
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).		

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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.)	Heart of Florida (CHS) (102288) v. AHCA (27)
Court with Jurisdiction:	AHCA
Case Number:	DOAH 15-1607

Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2005 to 2014	
Amount of the Claim:	($7,489,227.89) plus to be determined amount	
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

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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.)	Hernando HMA, LLC d/b/a Bayfront Health Brooksville (CHS) (100871) v. AHCA (39)
Court with Jurisdiction:	Agency for Health Care Administration
Case Number:	15-050-MPF (DOAH 15-1433)

Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2007 to 2016	
Amount of the Claim:	$1,125,907.85 plus to be determined amount	
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.		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

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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.)	Key West HMA LLC dba Lower Keys Medical (CHS) (101192) v. AHCA (59)	
Court with Jurisdiction:	Agency for Health Care Administration	
Case Number:	(DOAH 15-1517)	
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2007 to 2016	
Amount of the Claim:	$1,125,907.85 plus to be determined amount	
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.		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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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.)	UF Shands Hospital (Gainesville) (100030) v. AHCA (58)	
Court with Jurisdiction:	Agency for Health Care Administration	
Case Number:	AHCA NO.: 15-1574	
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2003, 2004, 2010, and 2011	
Amount of the Claim:	$2,418,123.98	
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.		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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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.)	Variety Children's Hospital (Nicklaus) (100609) v. AHCA (2)	
Court with Jurisdiction:	Agency for Health Care Administration	
Case Number:	DOAH 15-6899	
Summary of the Complaint:	Provider contends that AHCA cannot revise unaudited rates after entry of a Final Order that included audited and unaudited rates as to years 2007-2009	
Amount of the Claim:	$2,510,765.00	
Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	Parties are working on draft stipulation for an informal hearing before an AHCA Hearing Officer	
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	

AGENCY FOR HEALTH CARE ADMINISTRATION

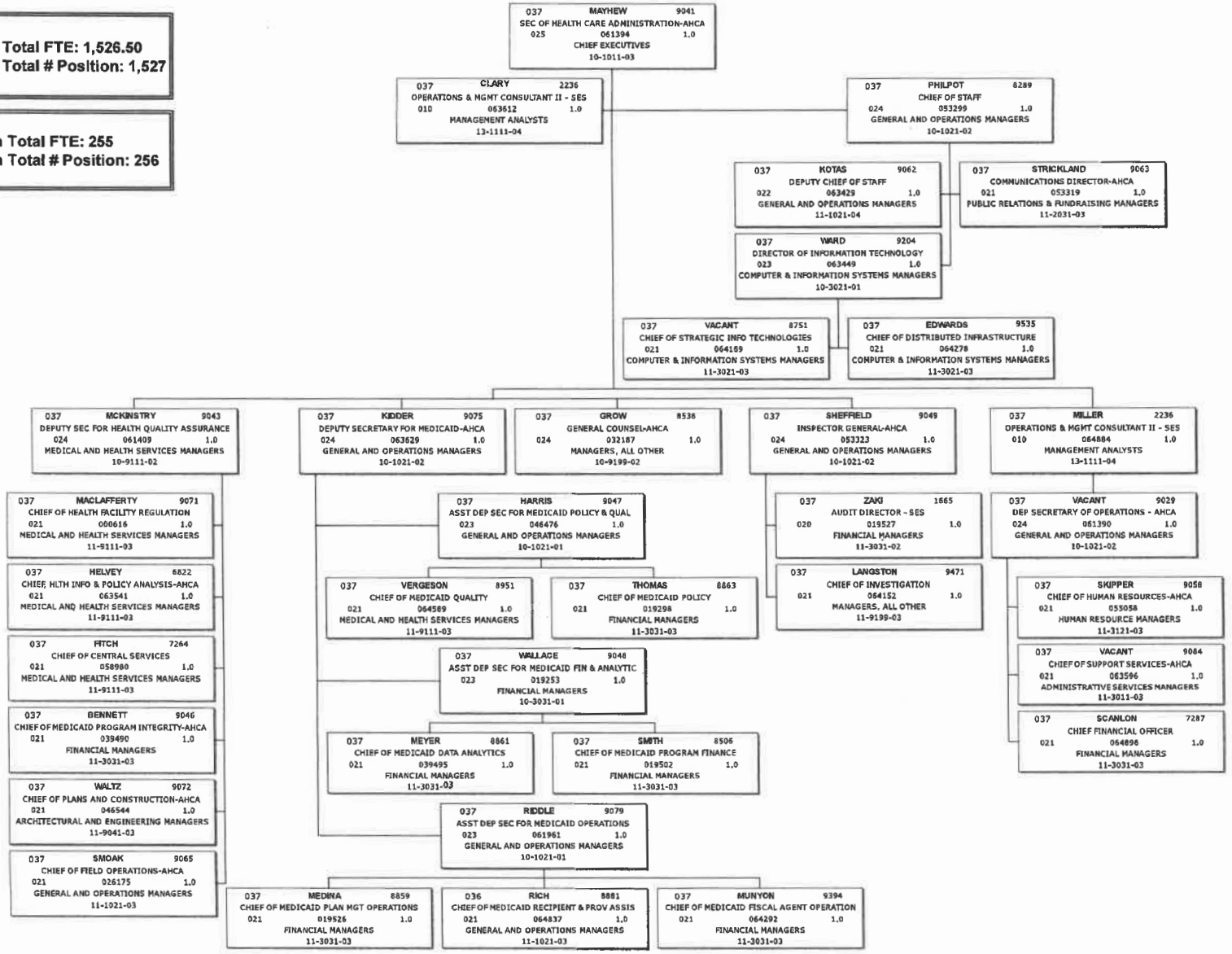
Executive Direction

Secretary's Office

Effective Date: July 1, 2020
Org. Level:68-10-00-00-000
FTEs: 2 Positions: 2

Agency Total FTE: 1,526.50
Agency Total # Position: 1,527

Division Total FTE: 255
Division Total # Position: 256

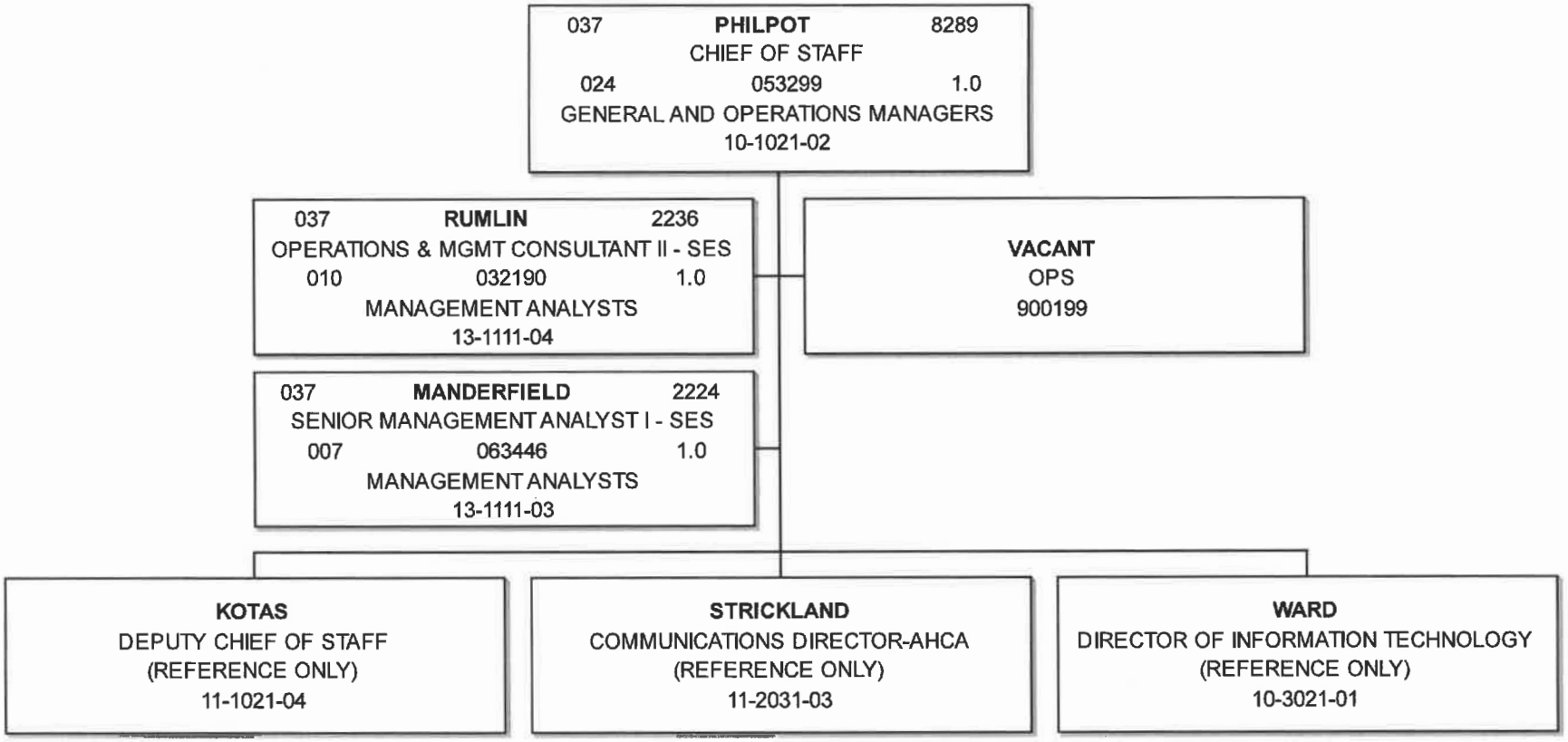


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff

Effective Date: July 1, 2020
Org. Level: 68-10-10-00-000
FTEs: 3 Positions : 3

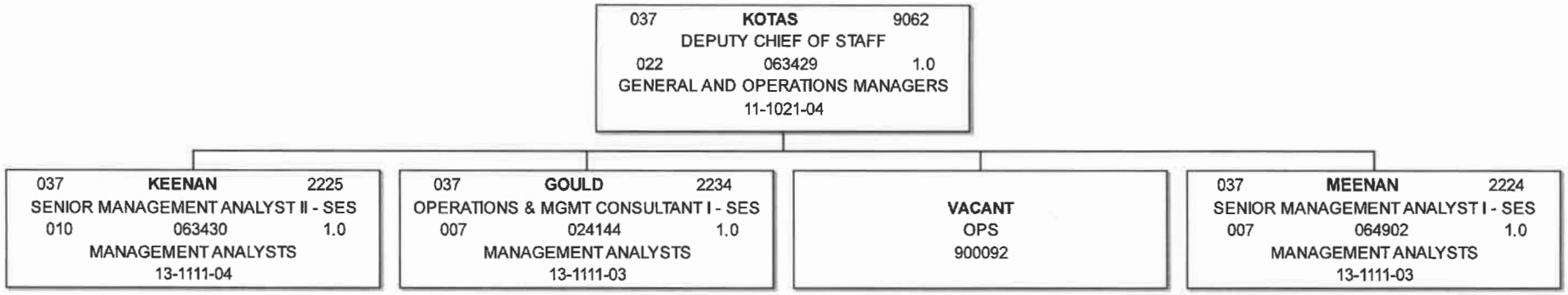


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Deputy Chief of Staff

Effective Date: July 1, 2020
Org. Level: 68-10-10-00-001
FTEs: 4 Positions : 4



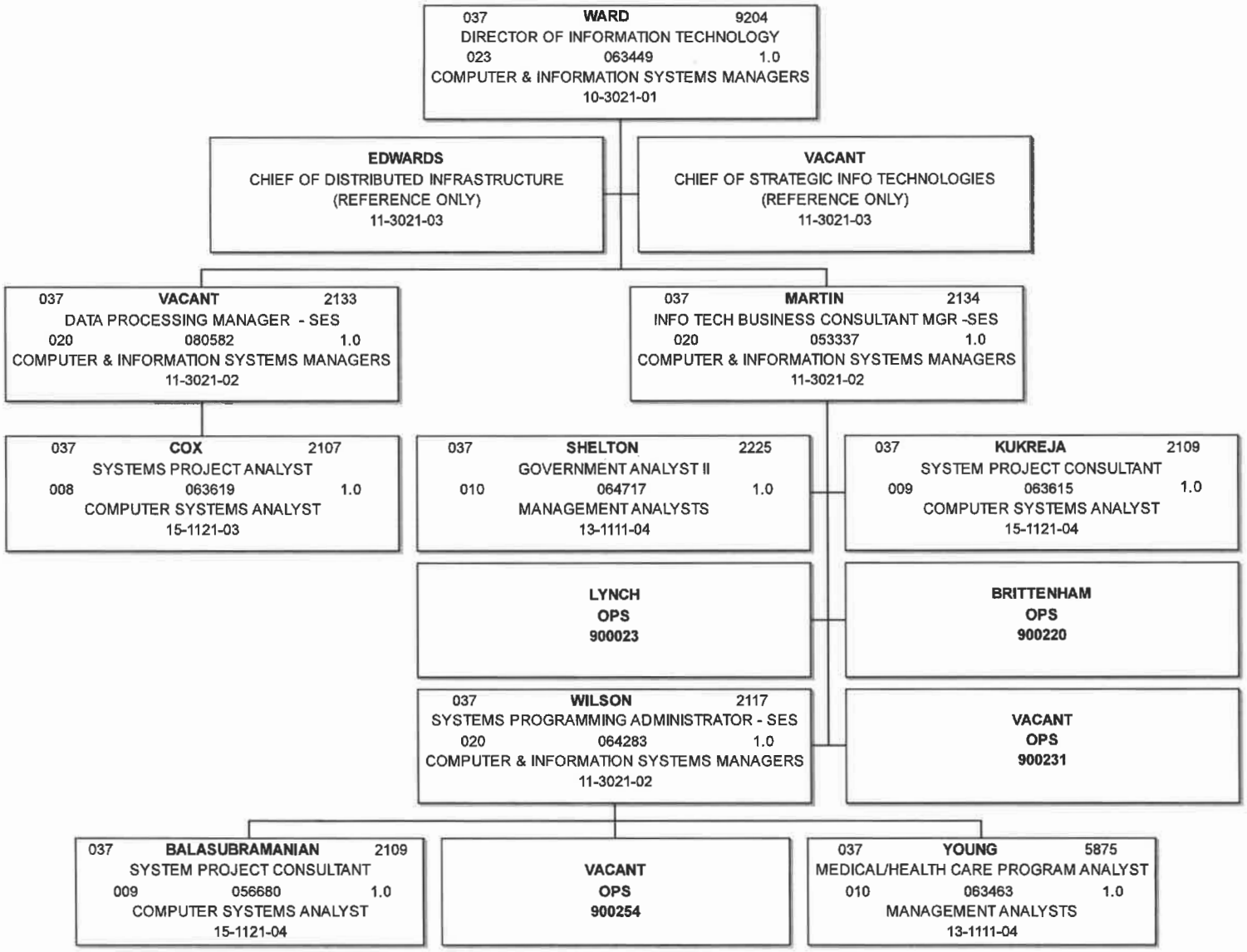
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff - Division of Information Technology

Director's Office

Effective Date: July 1, 2020
Org. Level: 68-10-10-40-000
FTEs: 10 Positions : 10



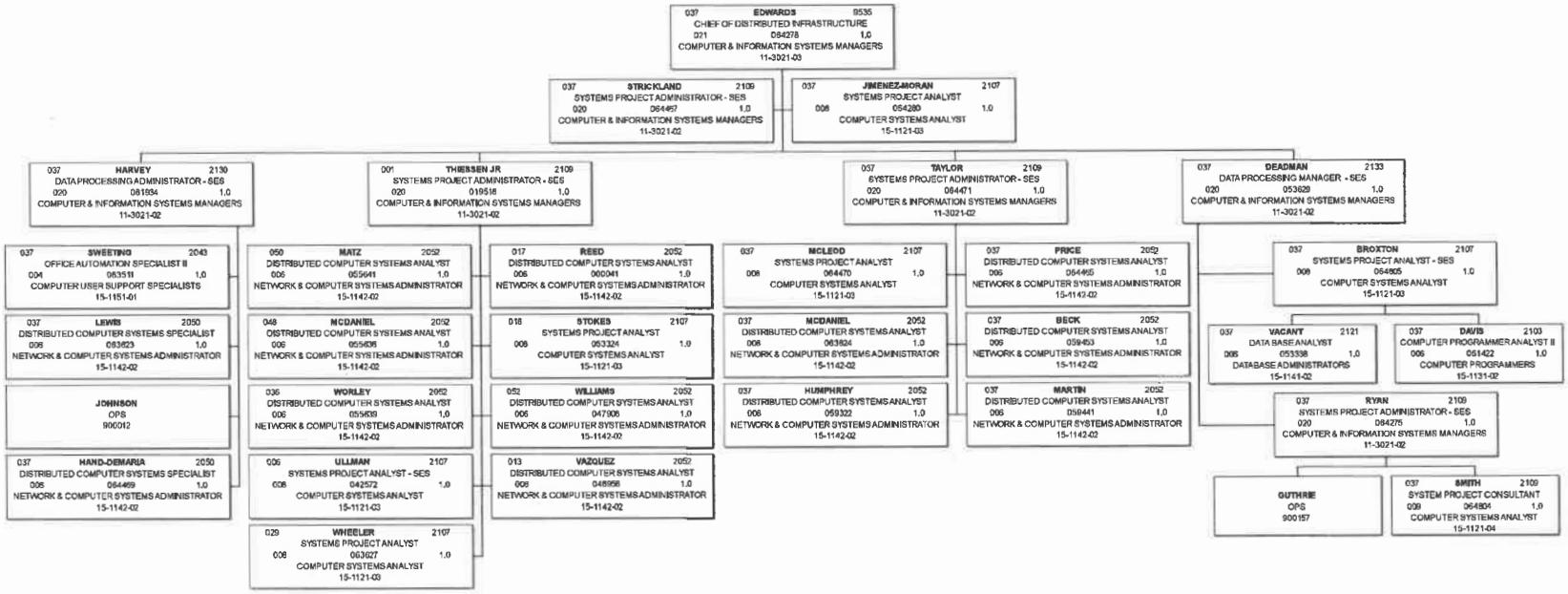
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff - Division of Information Technology

Bureau of Distributed Infrastructure

Effective Date: July 1, 2020
Org. Level: 68-10-10-40-002
FTEs: 29 Positions : 29



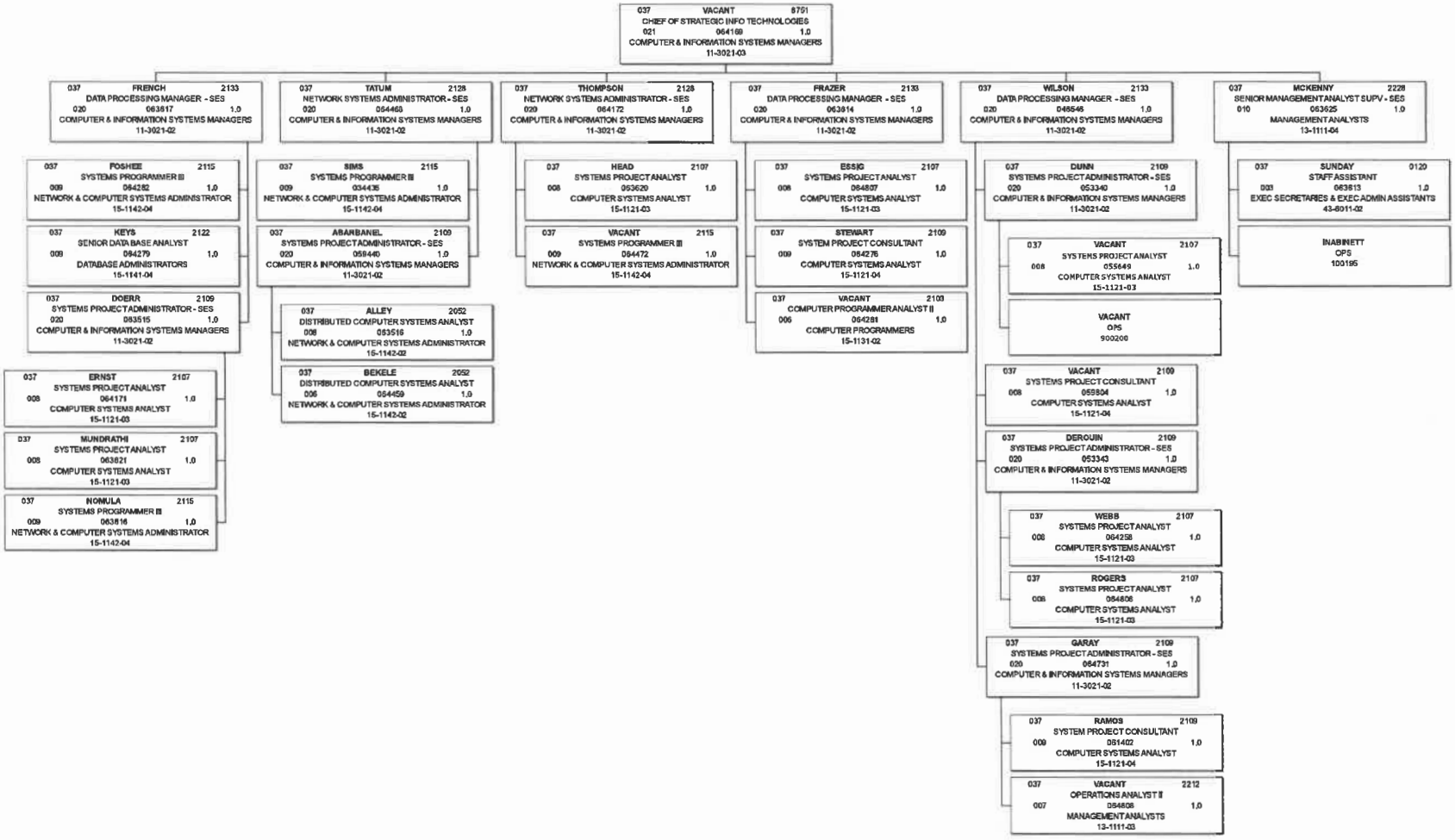
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff - Division of Information Technology

Bureau of Strategic Info Technologies

Effective Date: July 1, 2020
Org. Level: 68-10-10-40-003
FTEs: 31 Positions : 31

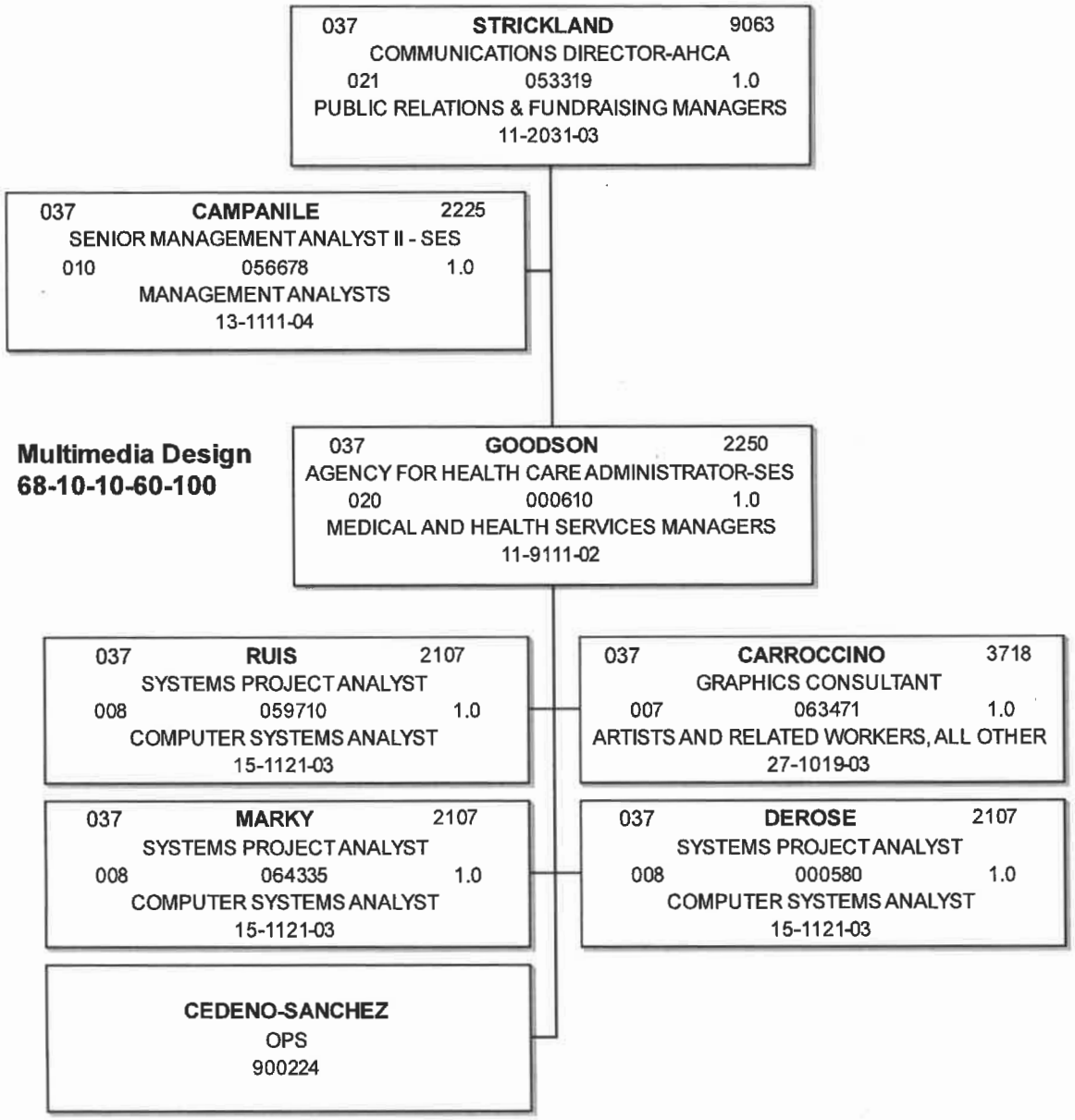


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Communications Office

Effective Date: July 1, 2020
Org. Level: 68-10-10-60-000
FTEs: 8 Positions : 8

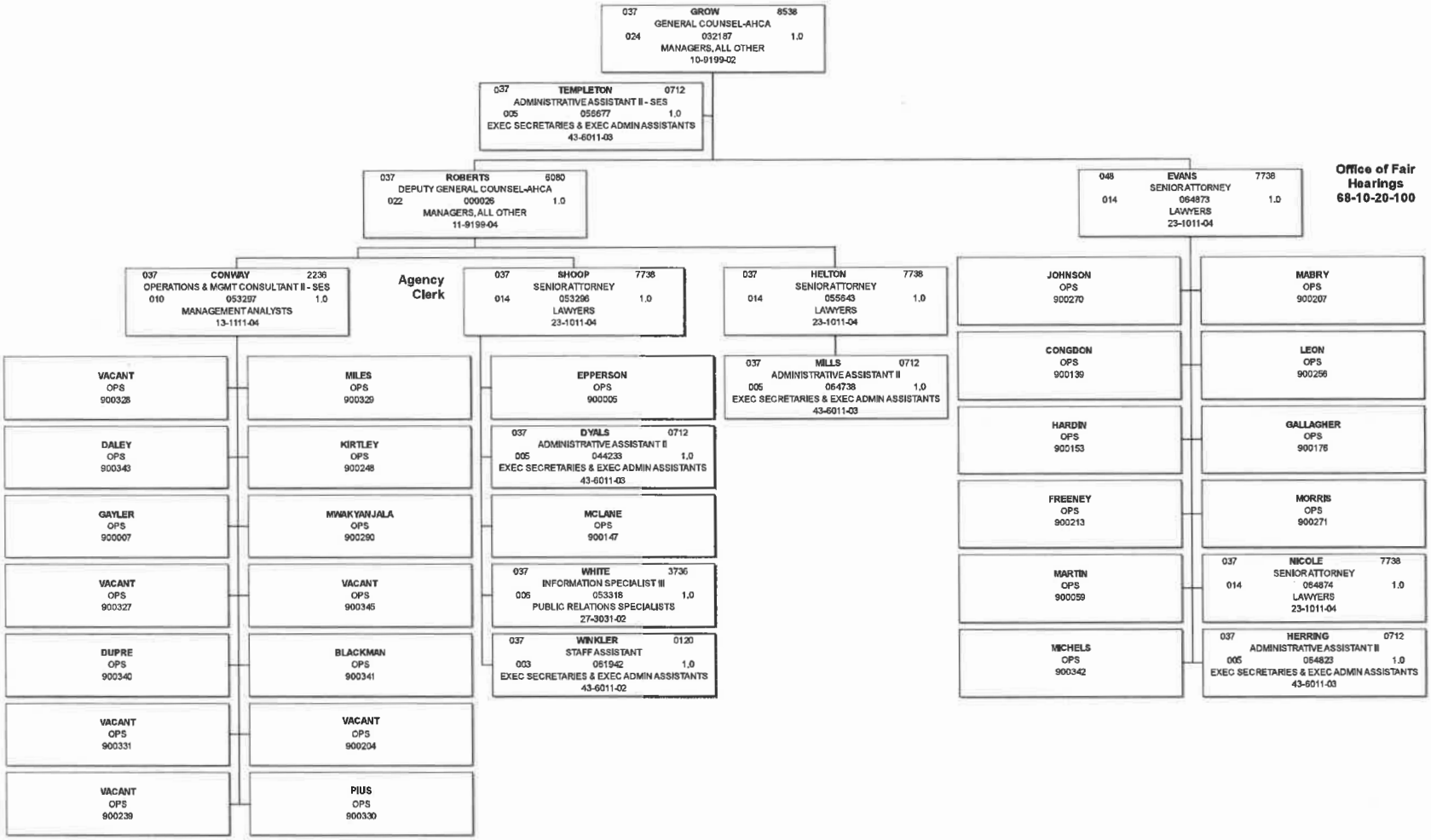


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

General Counsel

Effective Date: July 1, 2020
Org. Level: 68-10-20-00-000
FTEs: 65.5 Positions : 66

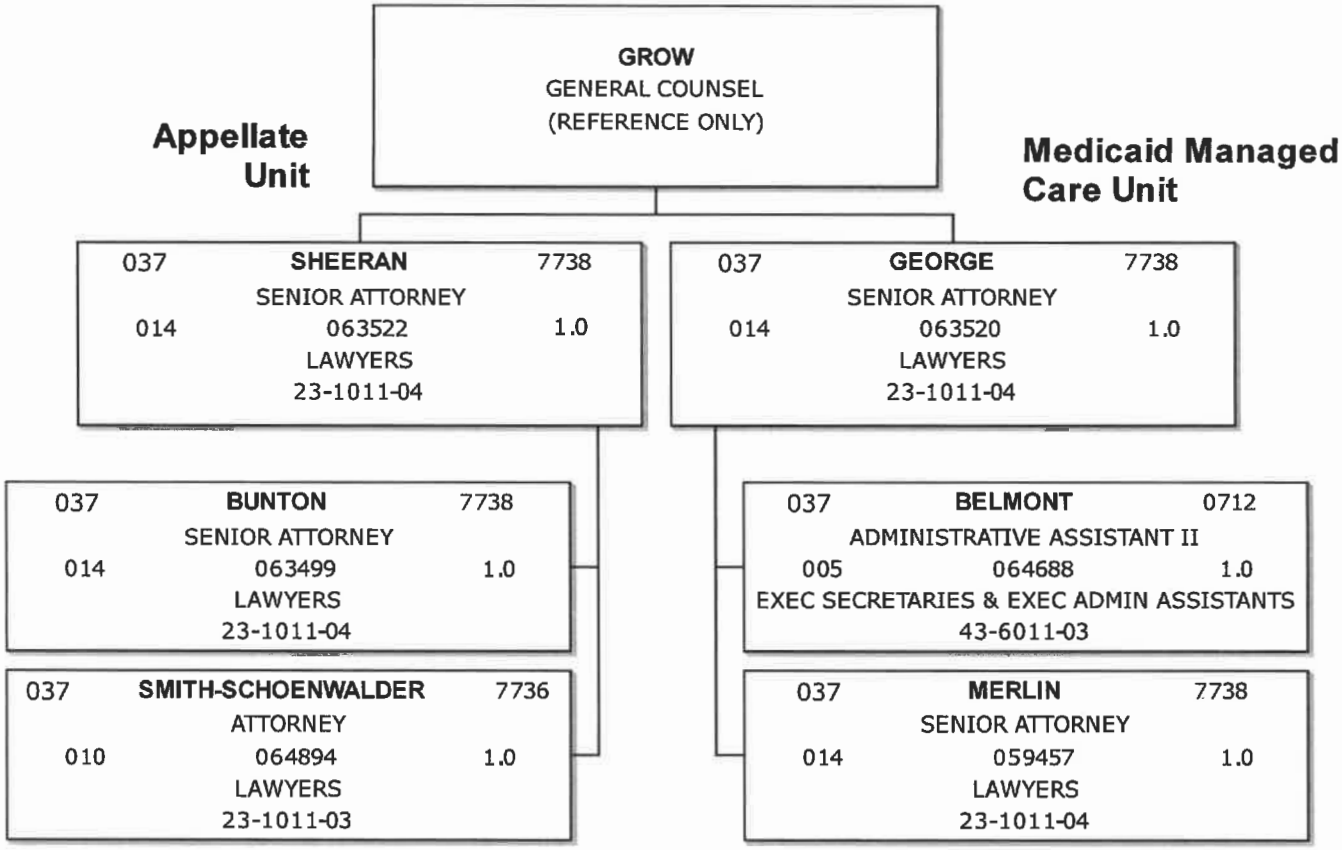


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

General Counsel

Effective Date: July 1, 2020
Org. Level: 68-10-20-00-000
FTEs: 65.5 Positions: 66

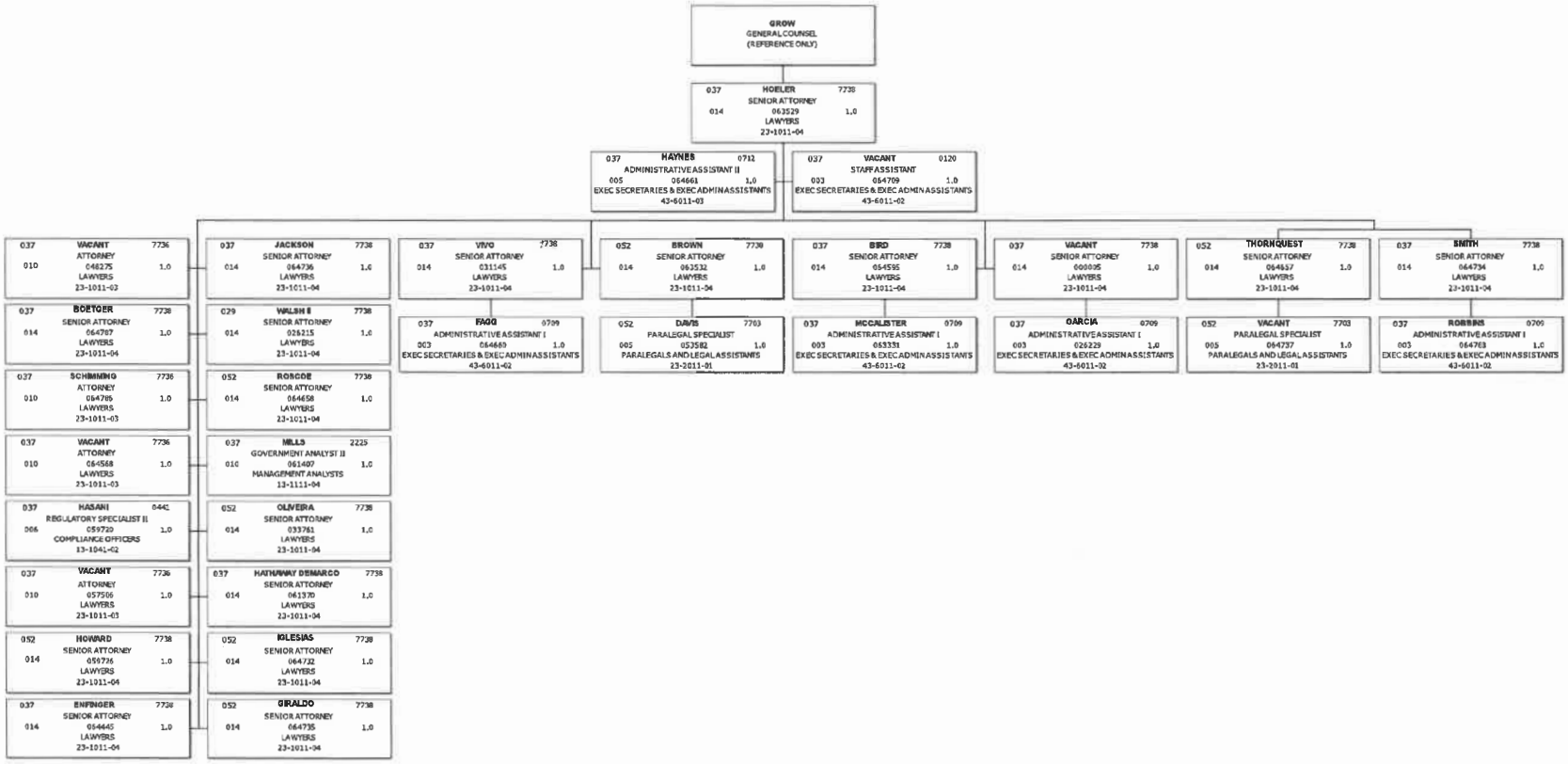


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

General Counsel - Facilities Legal

Effective Date: July 1, 2020
Org. Level: 68-10-20-00-000
FTEs: 65.5 Positions: 66

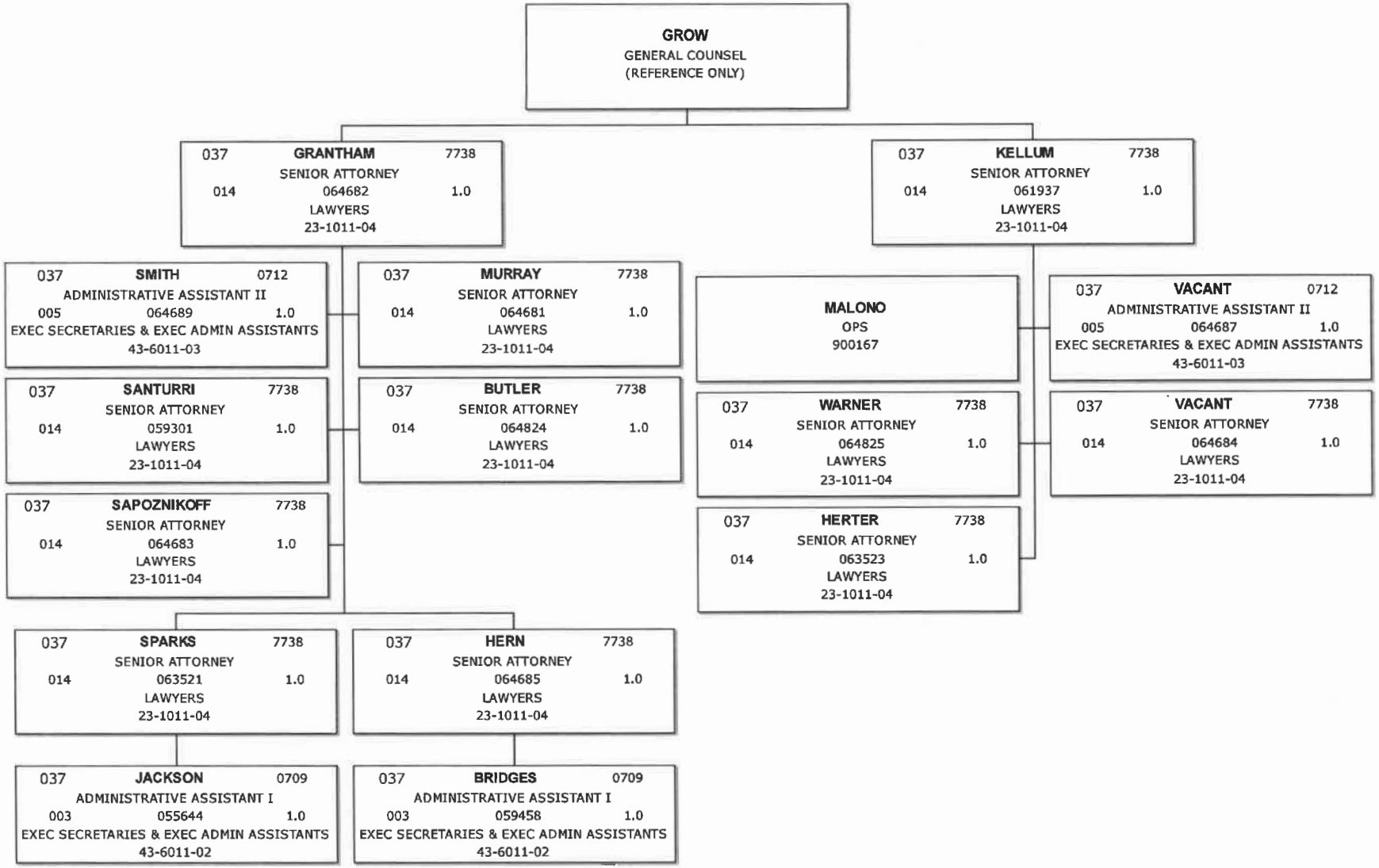


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

General Counsel - Medicaid Legal

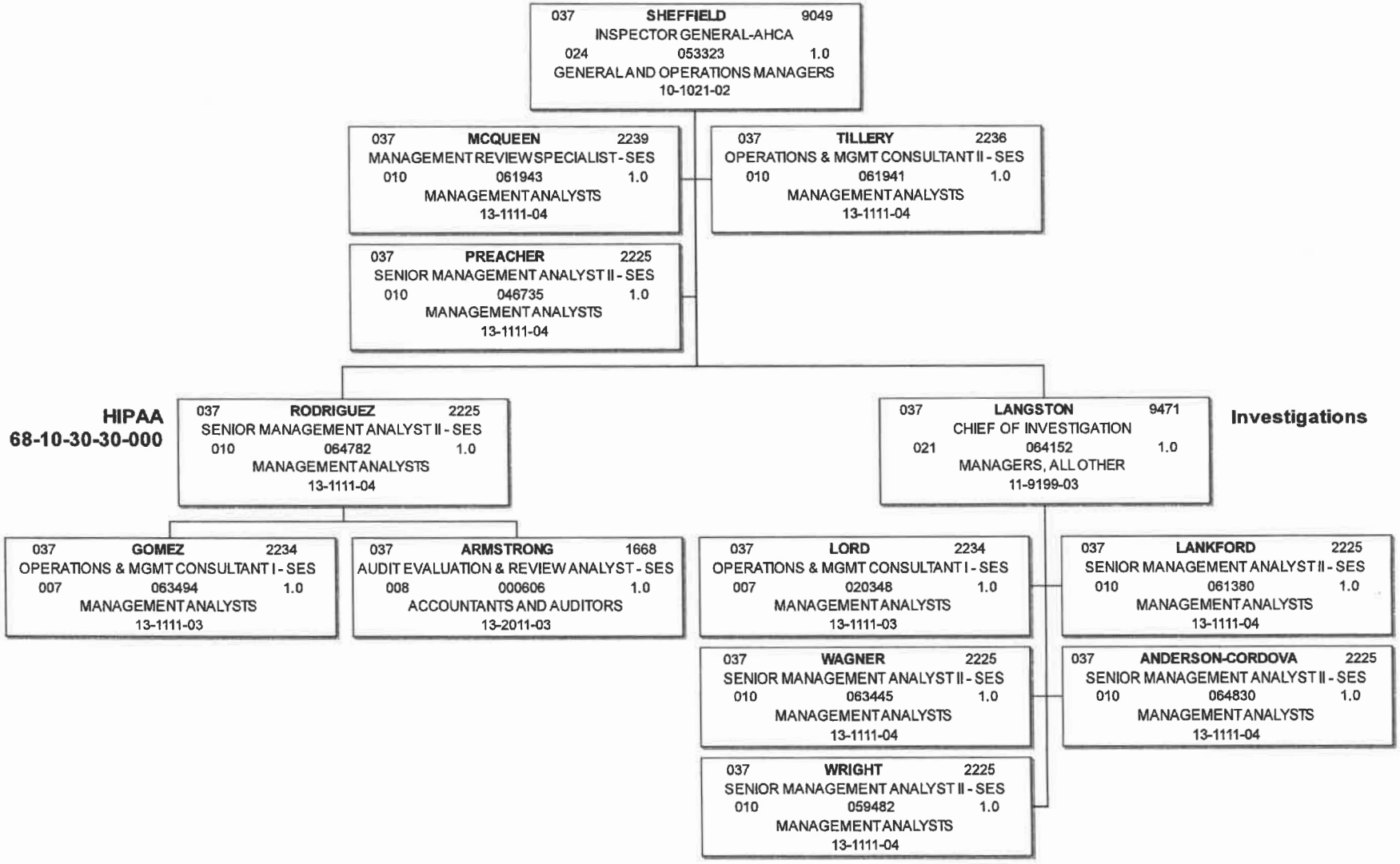
Effective Date: July 1, 2020
Org. Level: 68-10-20-00-000
FTEs: 65.5 Positions : 66



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction
Inspector General

Effective Date: July 1, 2020
Org. Level: 68-10-30-00-000
FTEs: 11 Positions: 11

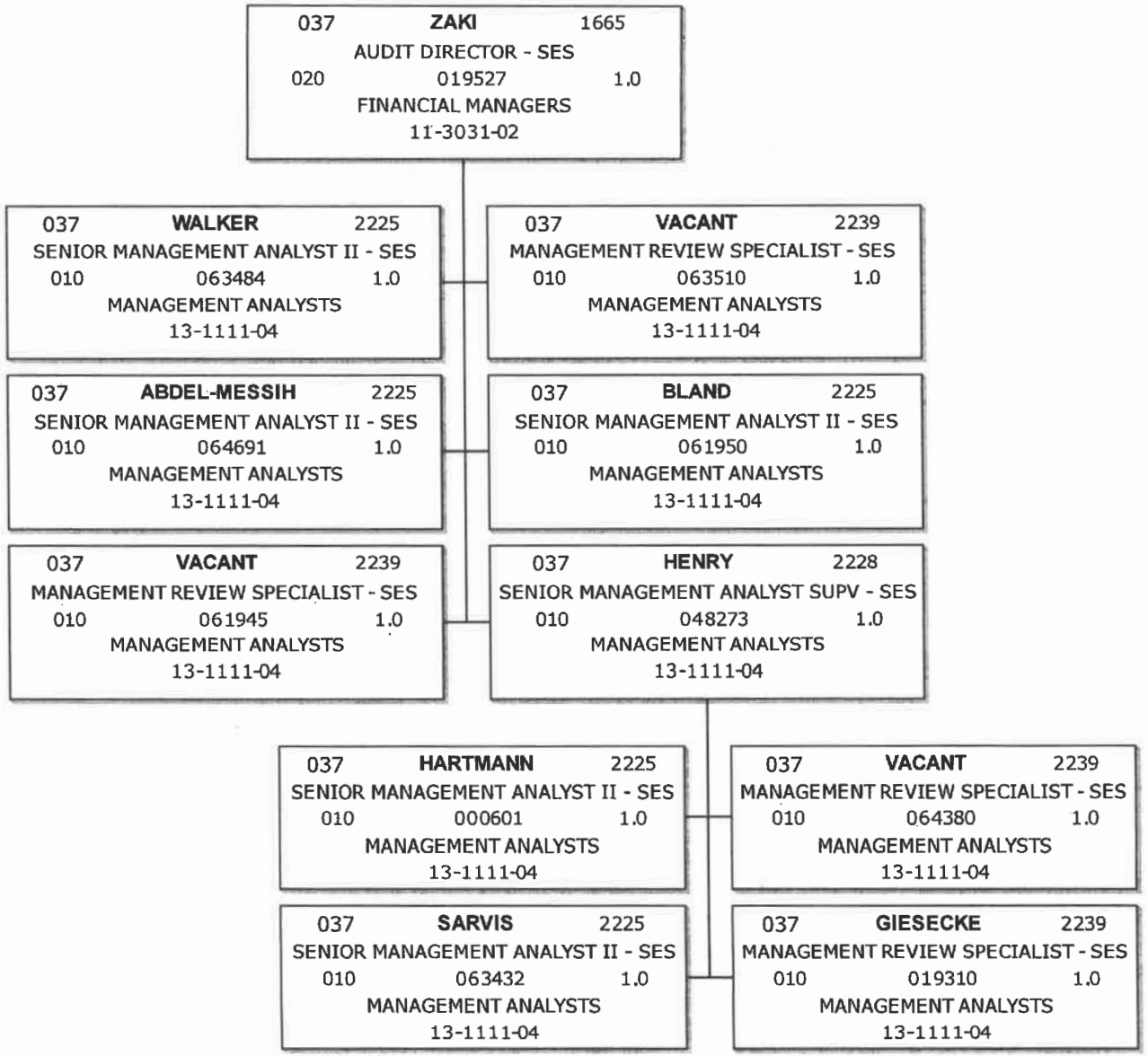


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Inspector General - Internal Audit

Effective Date: July 1, 2020
Org. Level: 68-10-30-20-000
FTEs: 10.5 Positions: 11



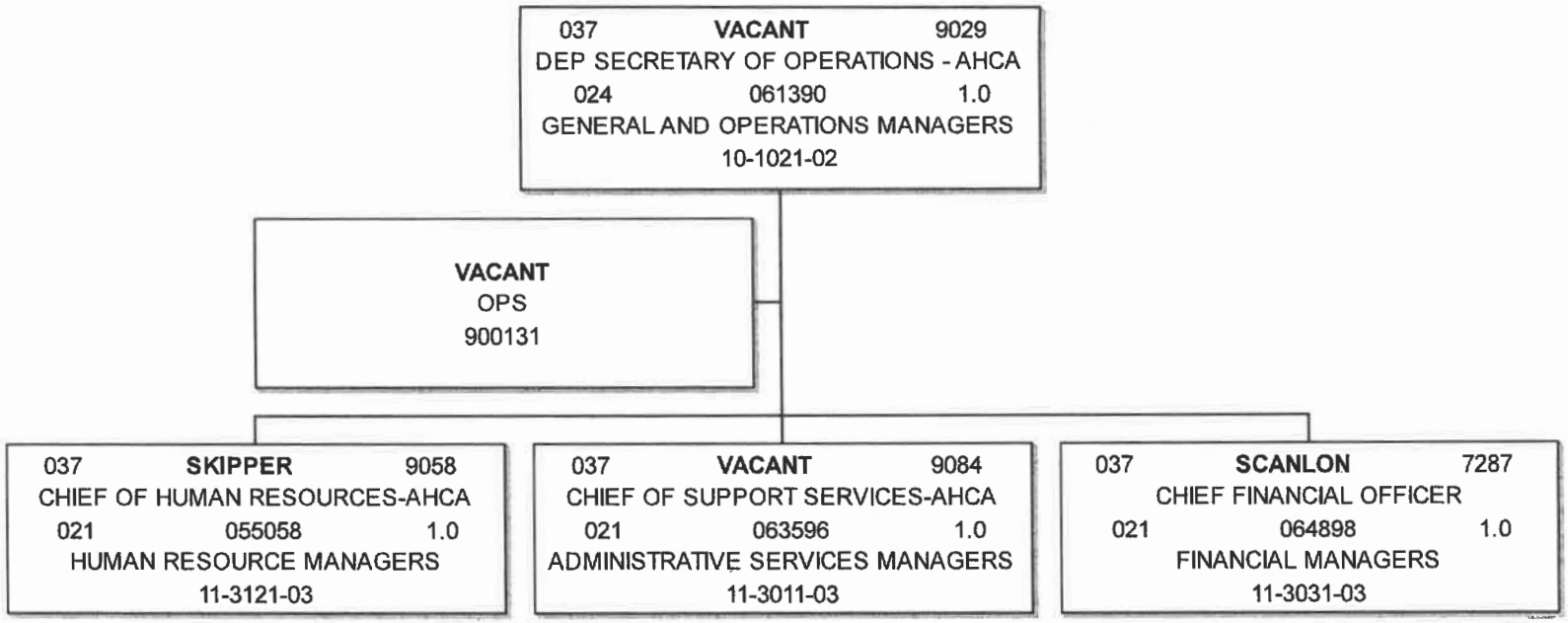
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations

Deputy Secretary's Office

Effective Date: July 1, 2020
Org. Level: 68-20-00-00-000
FTEs: 1 Positions: 1

Division of Operations FTE: 78
Division of Operations # Positions: 78

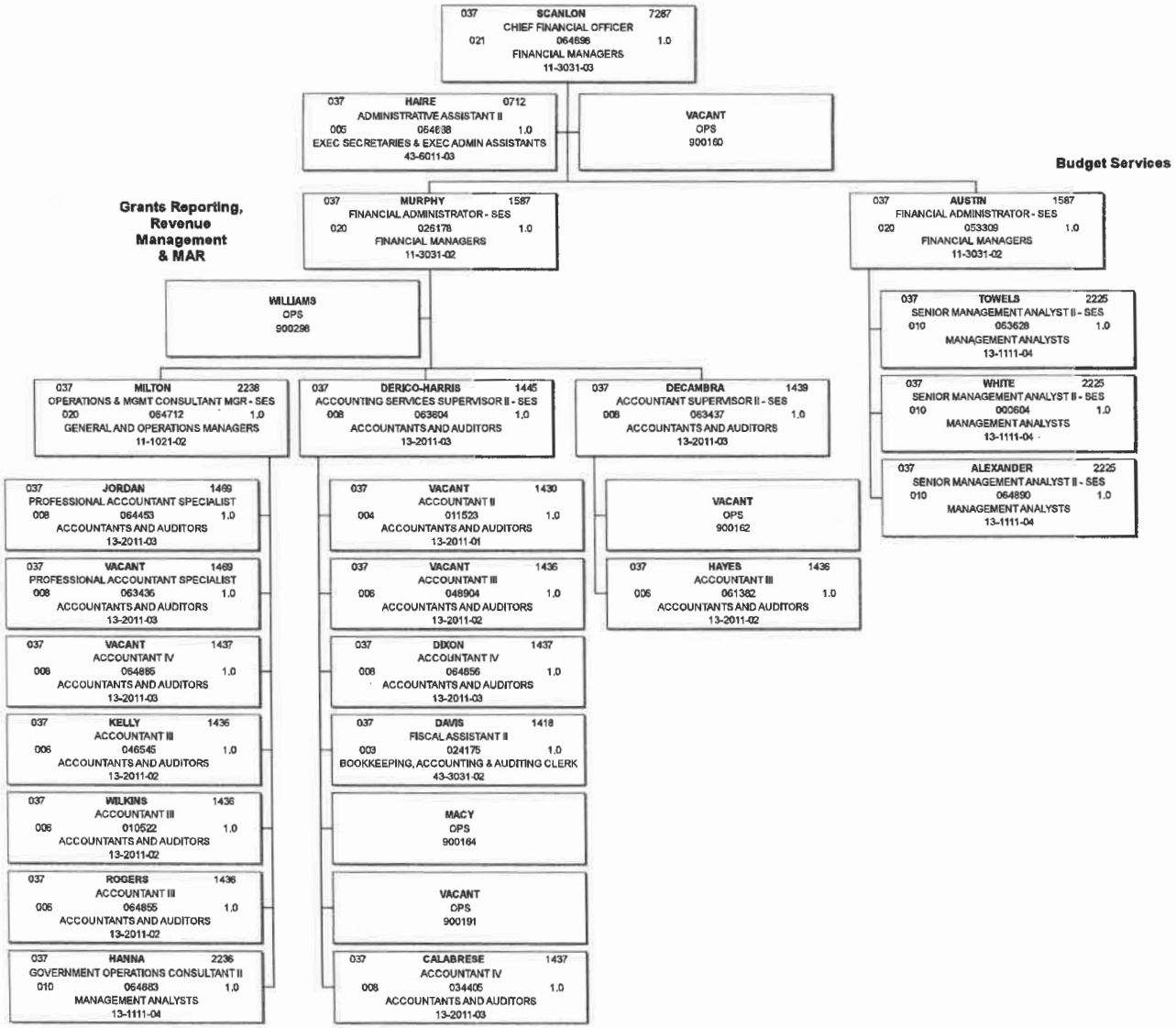


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations

Bureau of Financial Services

Effective Date: July 1, 2020
Org. Level: 68-20-15-00-000
FTEs: 46 Positions: 46



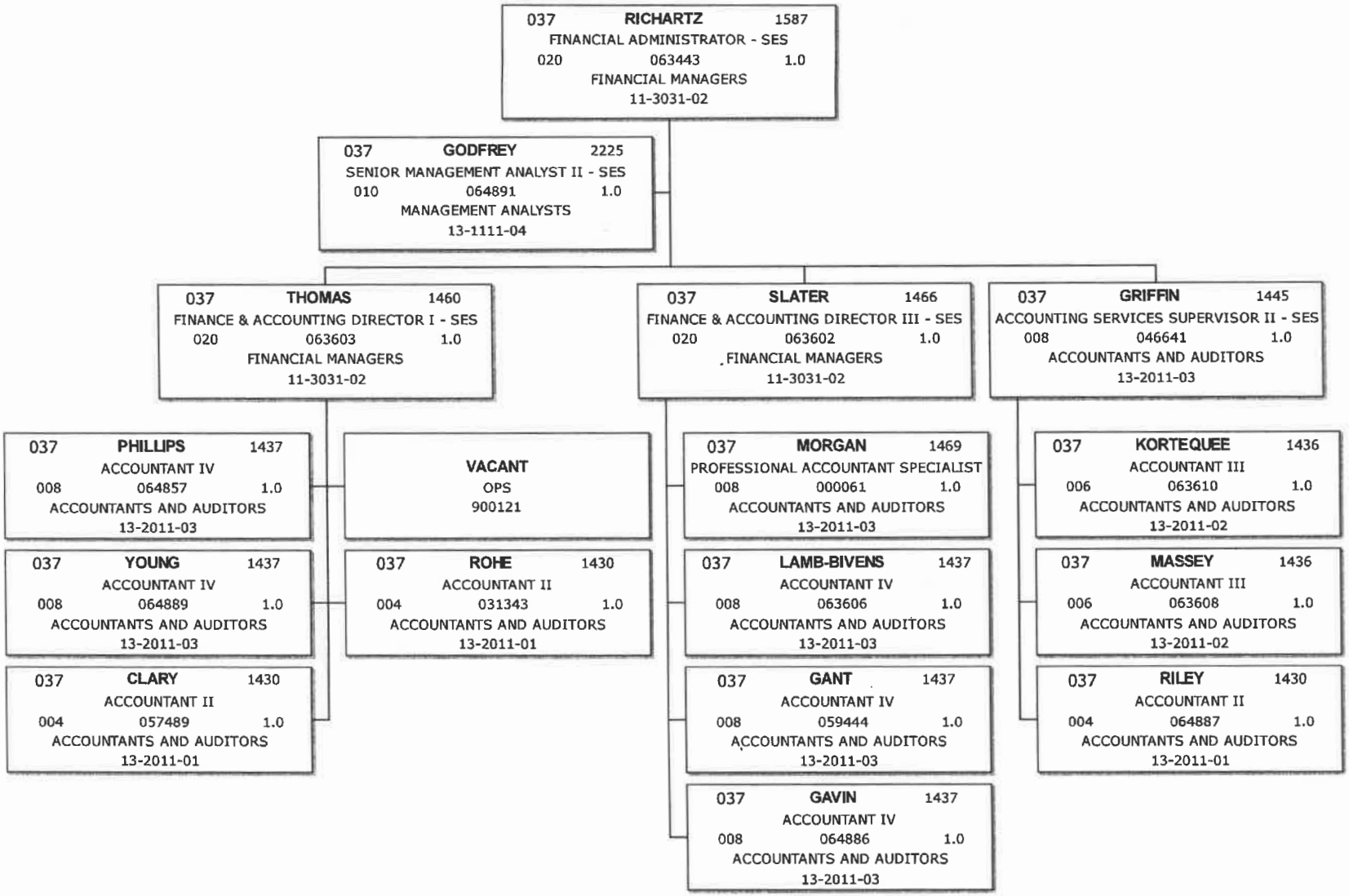
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations

Bureau of Financial Services

Accounting Policy & Systems/Disbursements

Effective Date: July 1, 2020
Org. Level: 68-20-15-00-000
FTEs: 46 Positions: 46

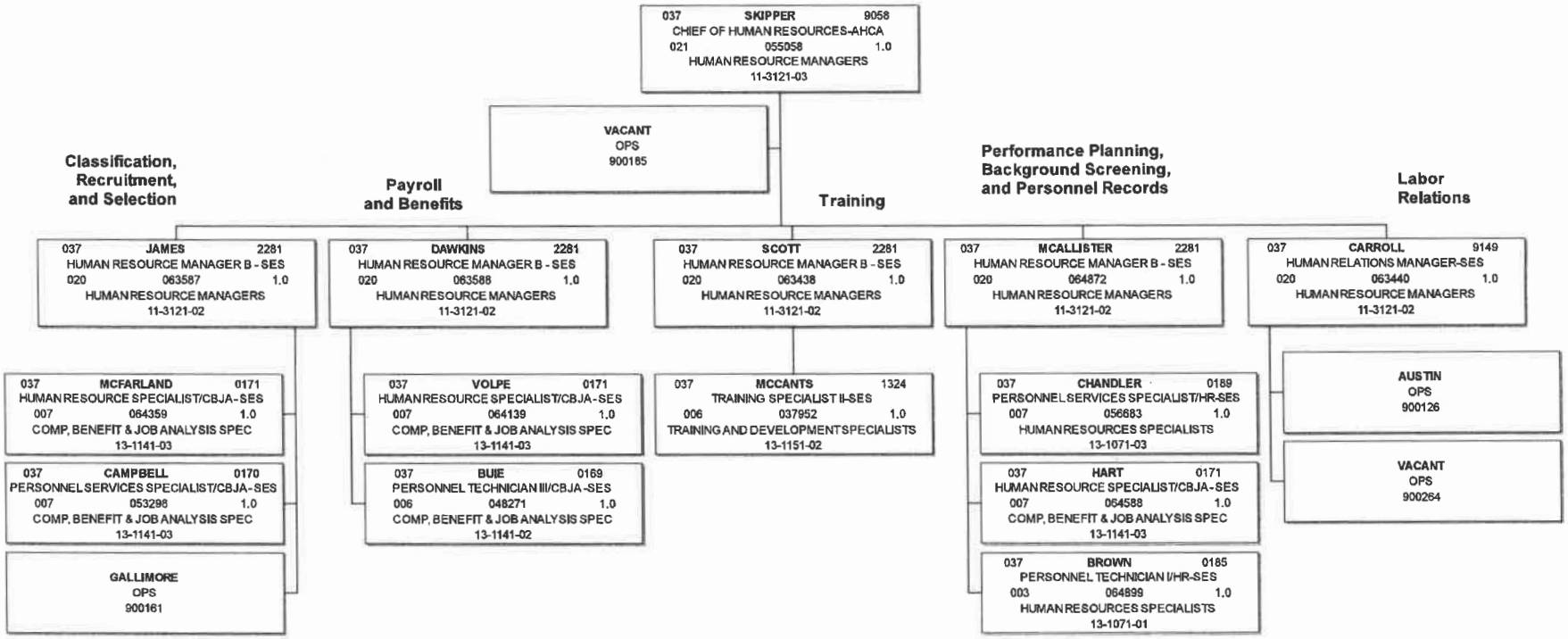


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations

Bureau of Human Resources

Effective Date: July 1, 2020
Org. Level: 68-20-20-00-000
FTEs: 15 Positions: 15



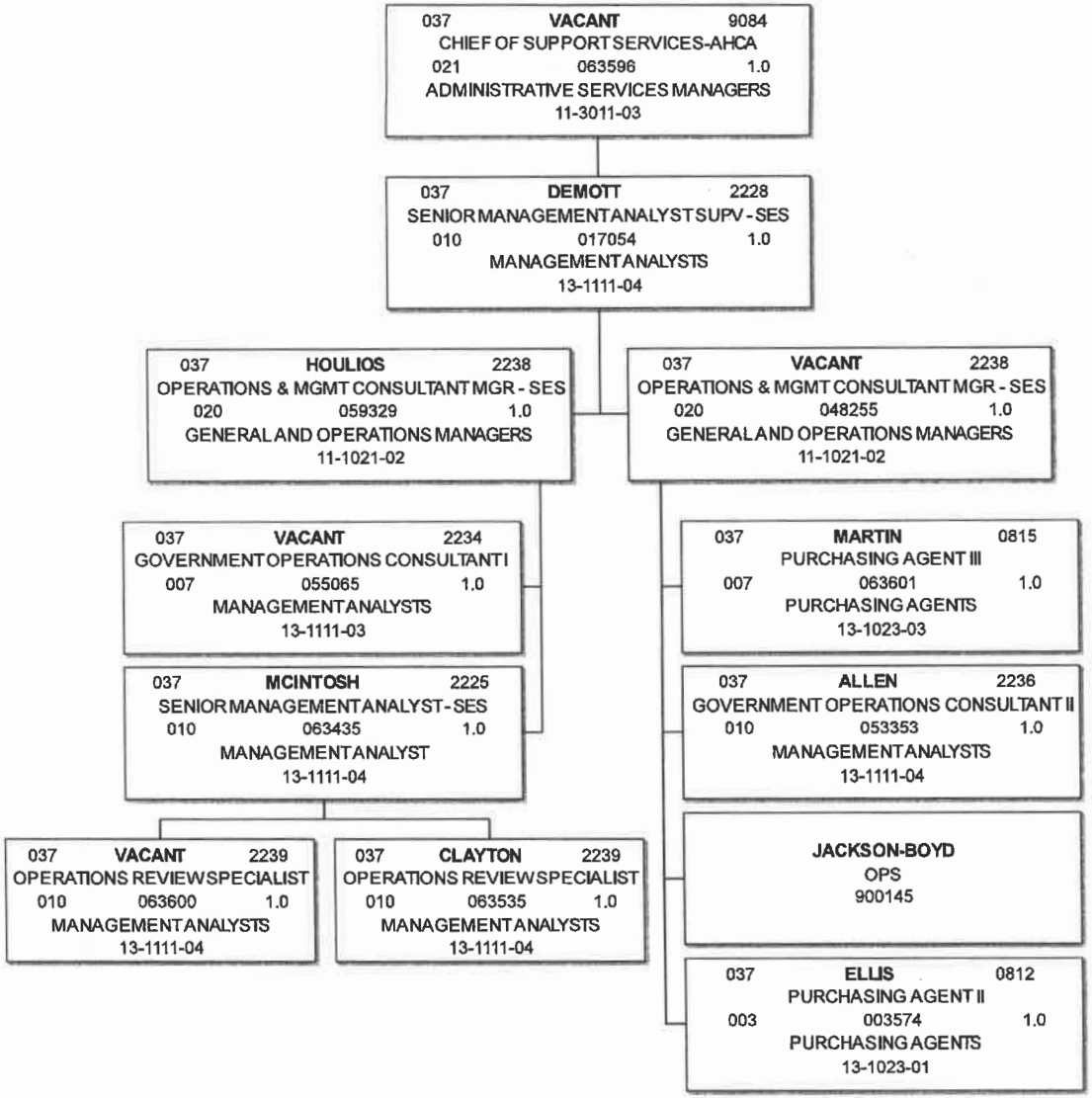
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations

Bureau of Support Services

Purchasing & Contract Administration

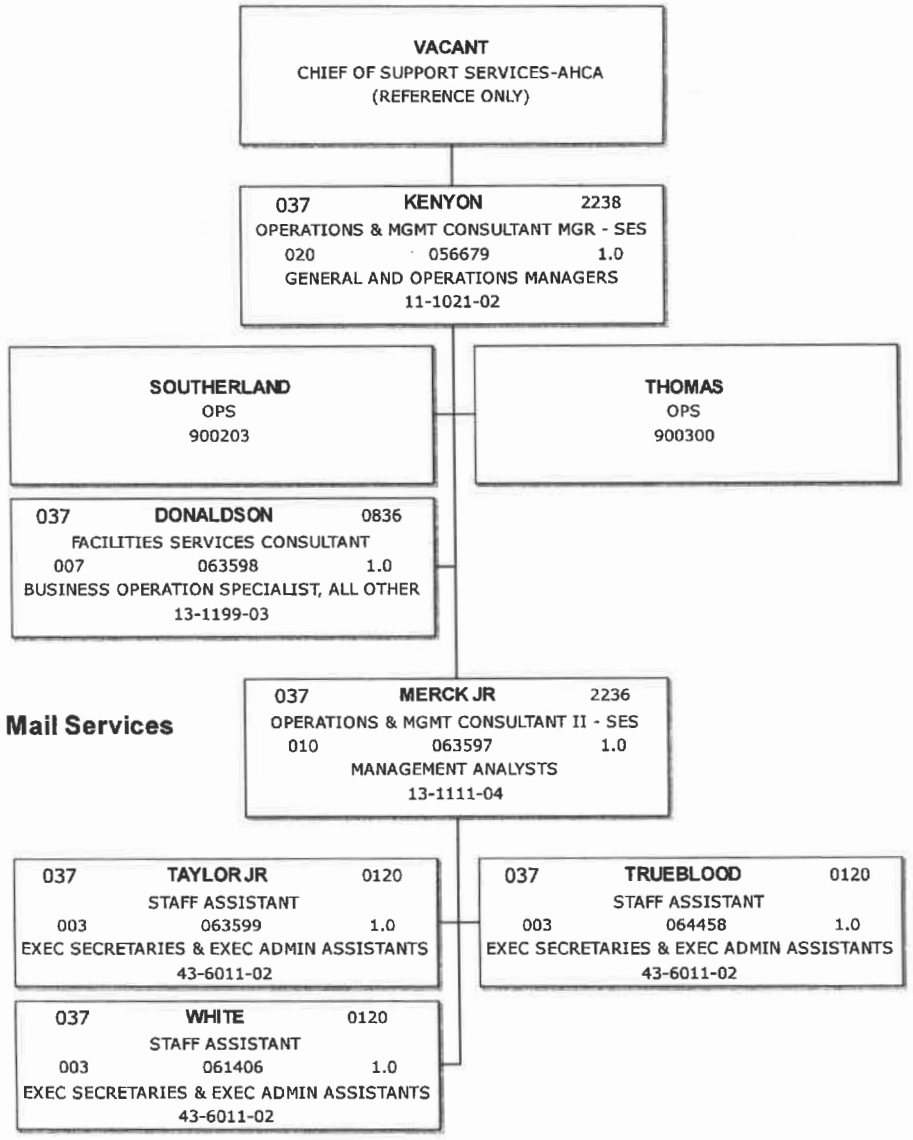
Effective Date: July 1, 2020
Org. Level: 68-20-40-00-000
FTEs: 16 Positions: 16



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Operations
Bureau of Support Services
Facilities Management

Effective Date: July 1, 2020
Org. Level: 68-20-40-00-000
FTEs: 16 Positions: 16



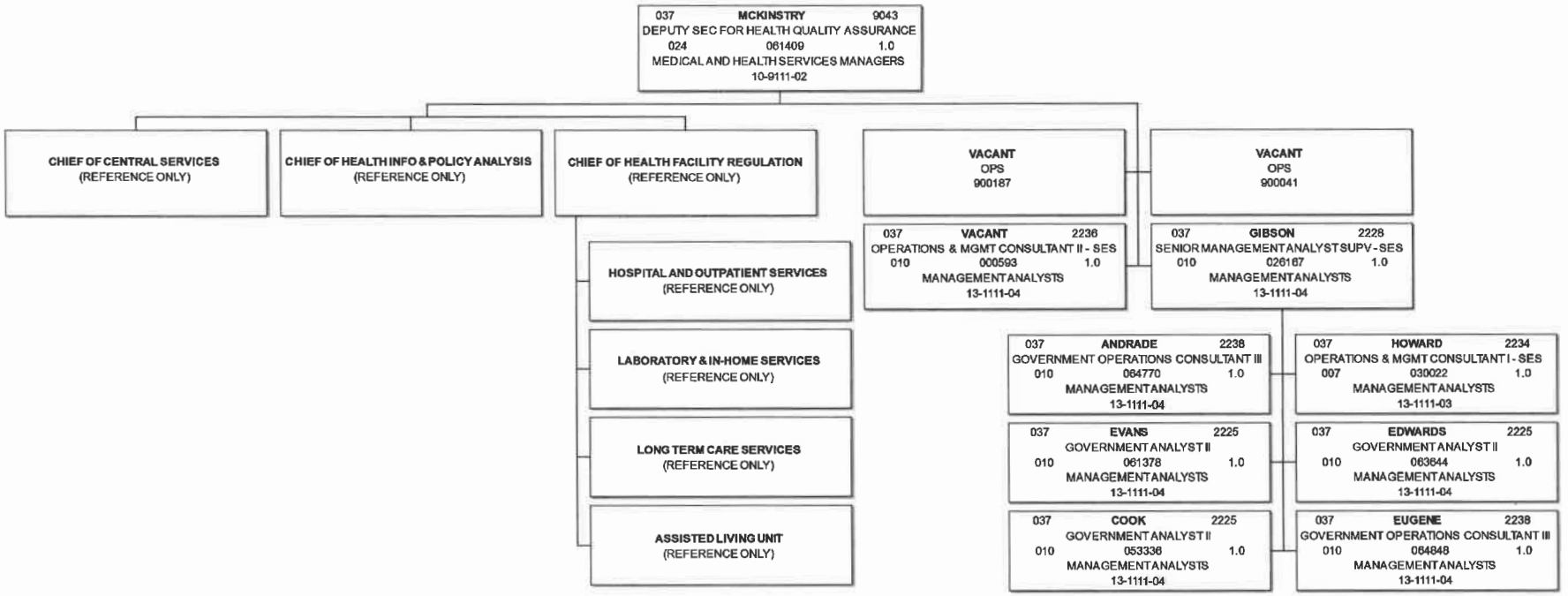
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Deputy Secretary's Office

Effective Date: July 1, 2020
Org. Level: 68-30-00-00-000
FTEs: 7 Positions: 7

Division of HQA FTE: 653.50
Division of HQA # Positions: 654

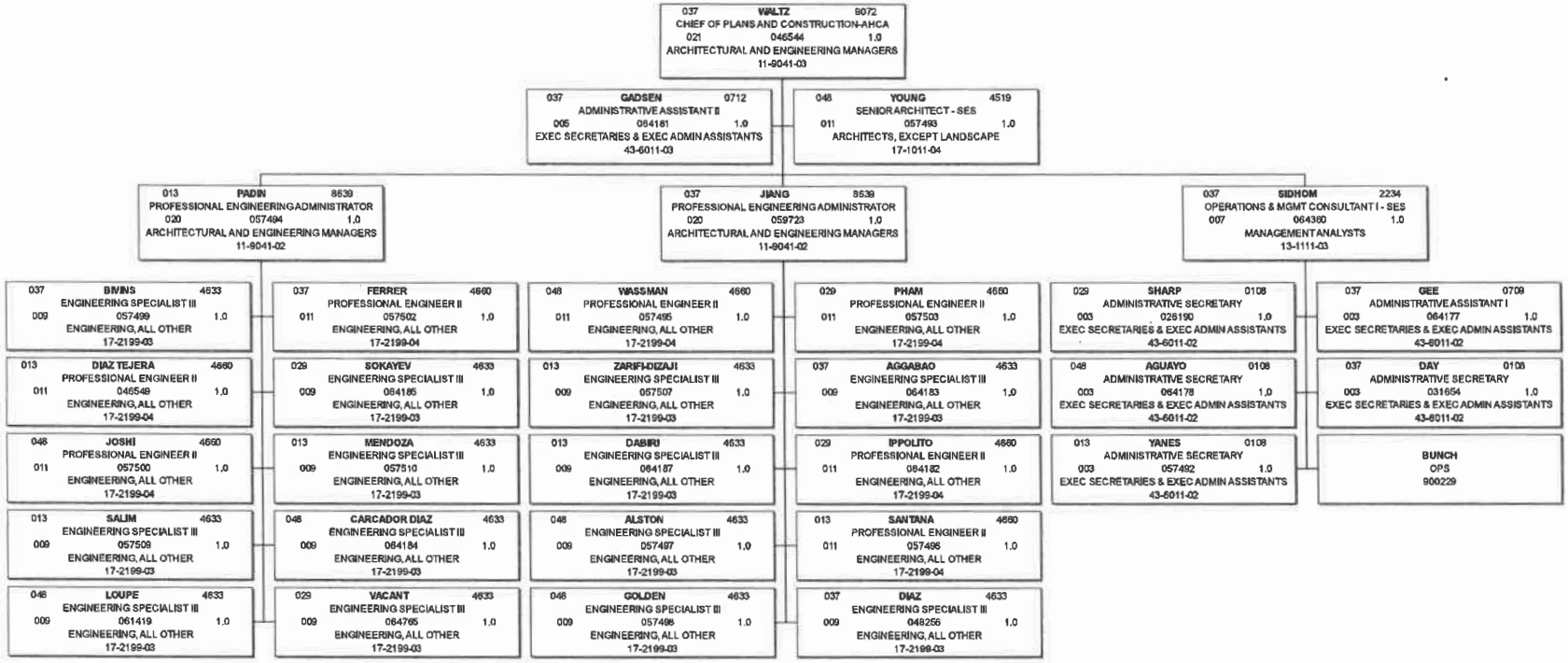


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Plans and Construction

Effective Date: July 1, 2020
Org. Level: 68-30-10-00-000
FTEs: 42 Positions: 42

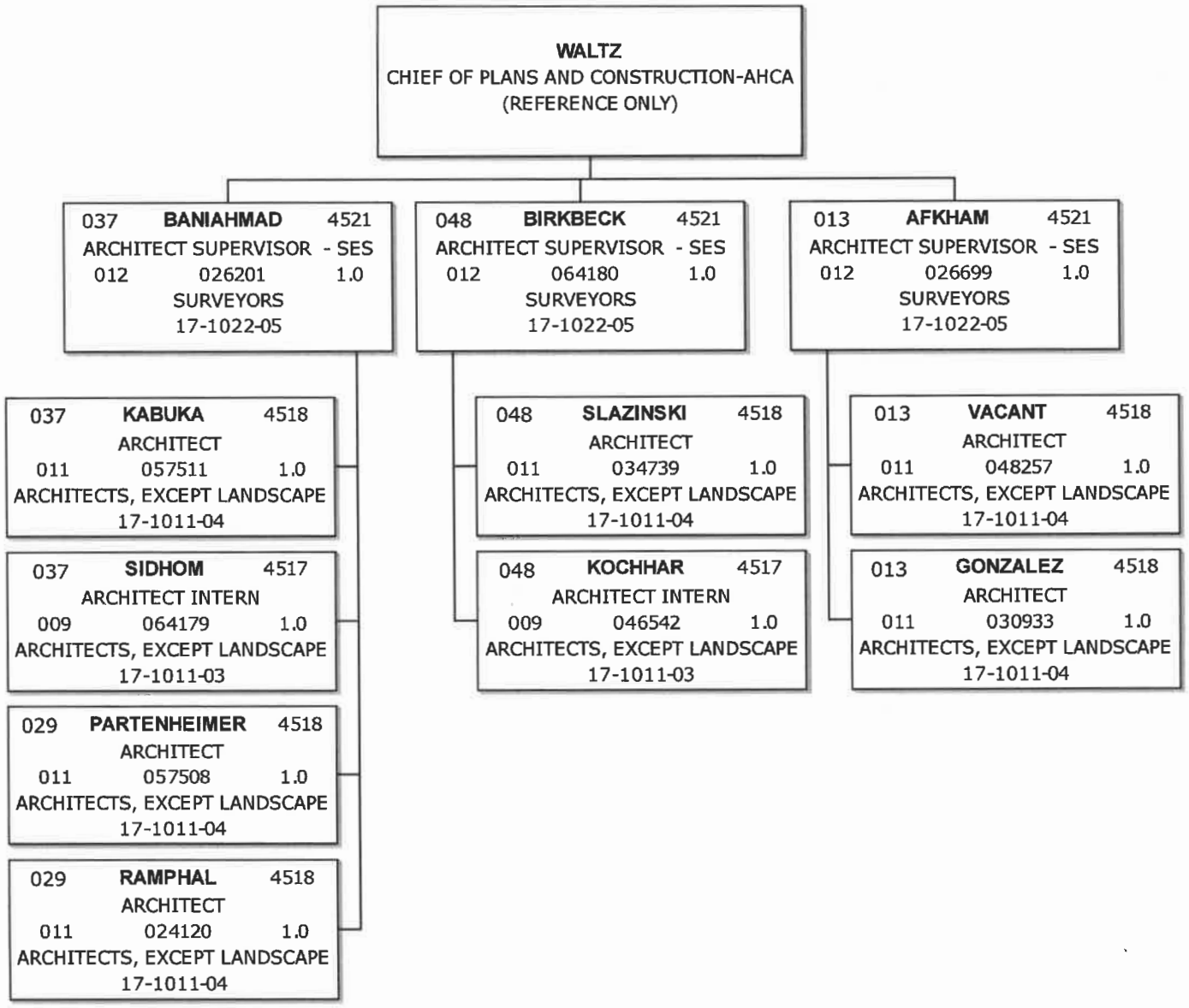


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Plans and Construction

Effective Date: July 1, 2020
Org. Level: 68-30-10-00-000
FTEs: 42 Positions: 42

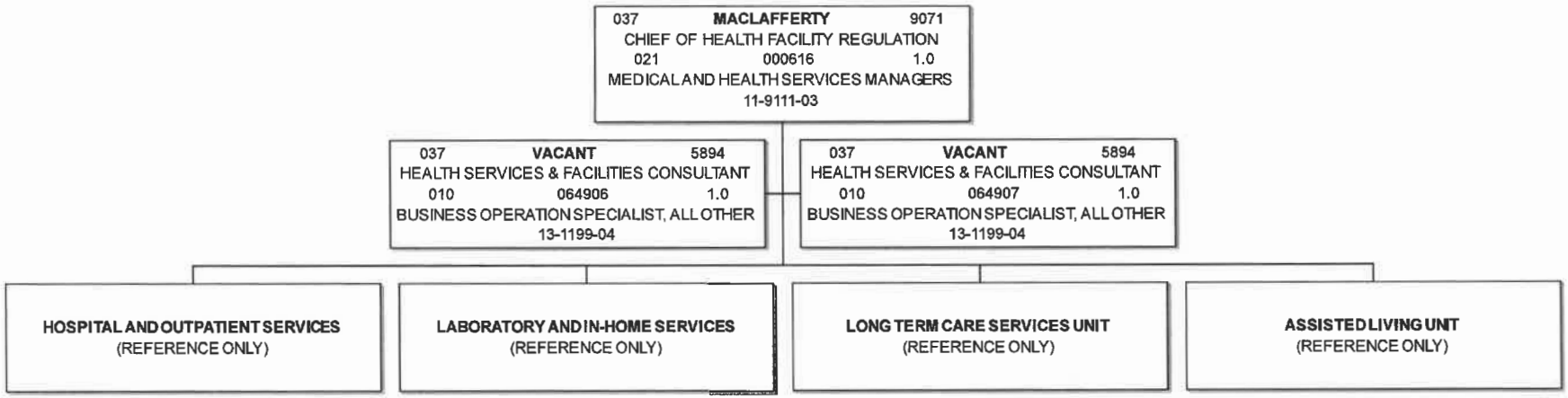


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

Effective Date: July 1, 2020
Org. Level: 68-30-20-00-000
FTEs: 96.5 Positions: 97

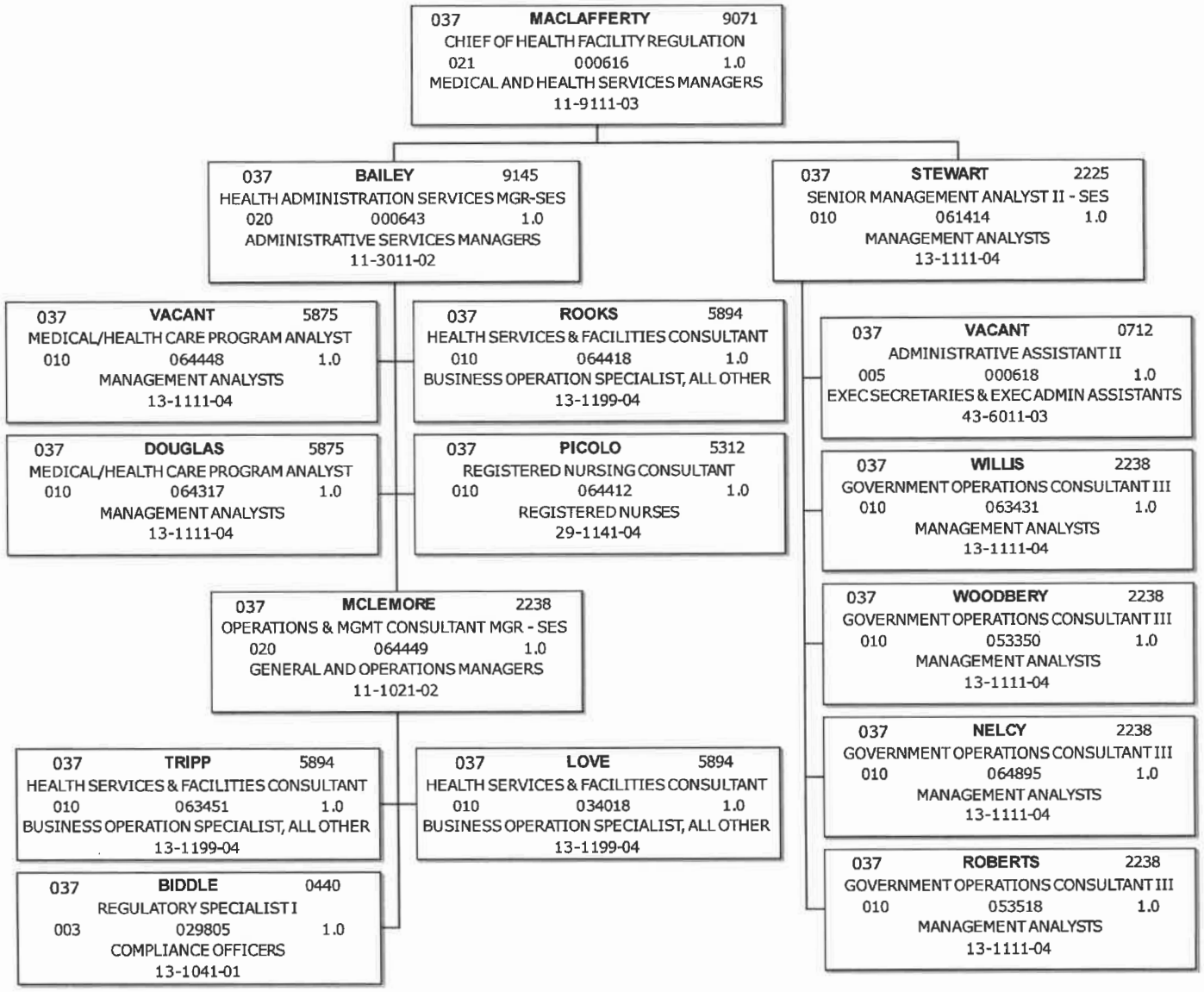


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

Effective Date: July 1, 2020
Org. Level: 68-30-20-00-000
FTEs: 96.5 Positions: 97



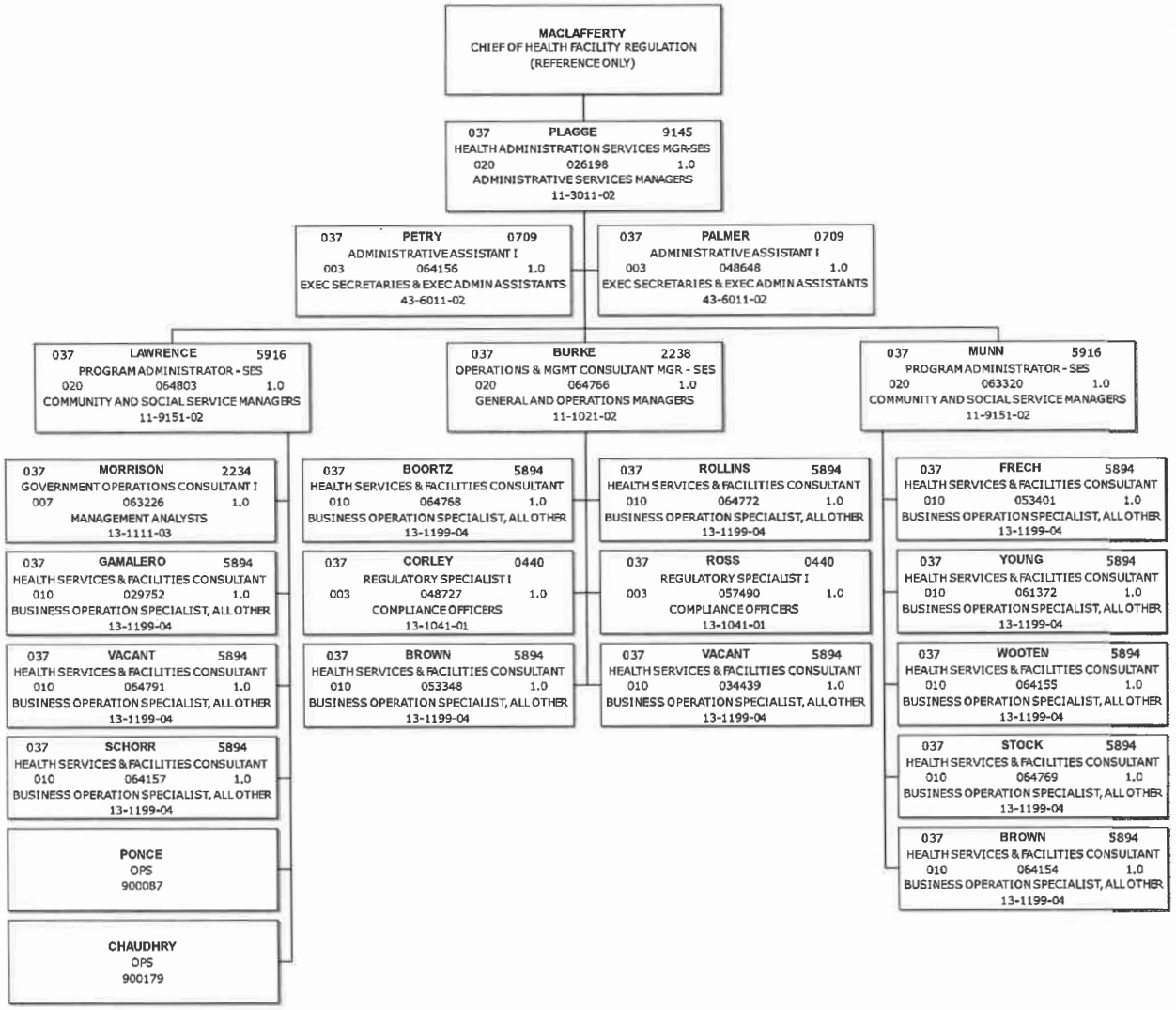
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

Hospital & Outpatient Services

Effective Date: July 1, 2020
Org. Level: 68-30-20-20-000
FTEs: 21 Positions: 21



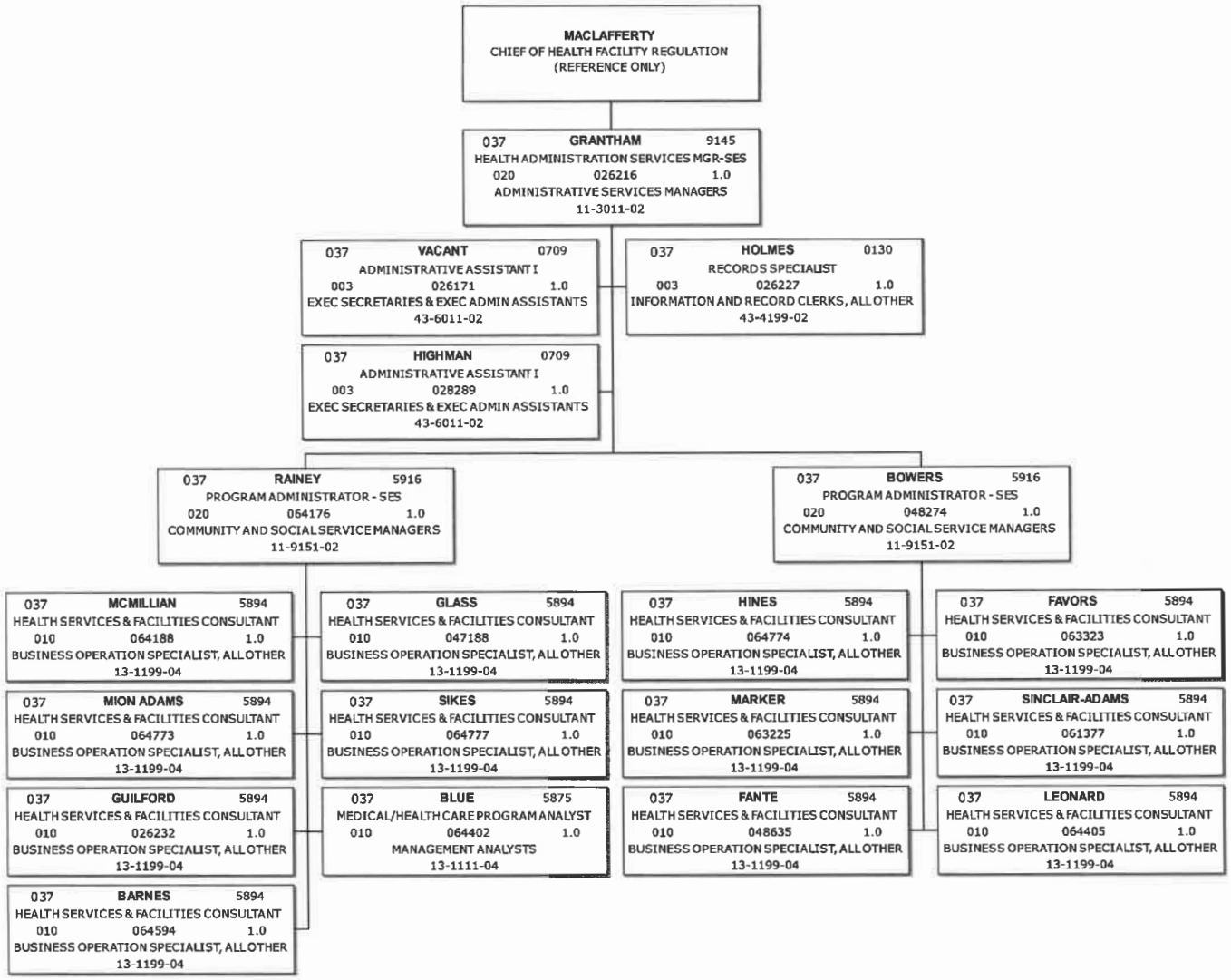
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

Laboratory & In-Home Services

Effective Date: July 1, 2020
Org. Level: 68-30-20-35-000
FTEs: 21 Positions: 21



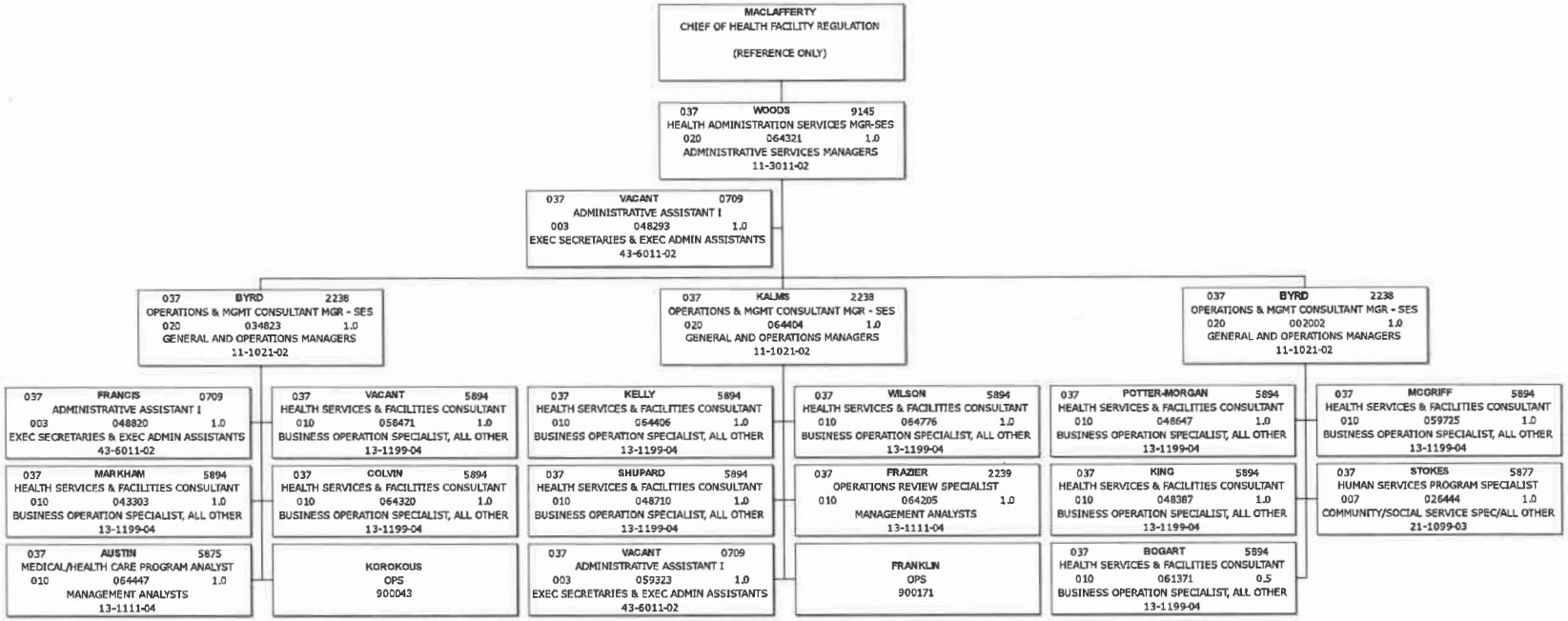
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

Assisted Living Unit

Effective Date: July 1, 2020
Org. Level: 68-30-20-40-000
FTEs: 19.50 Positions: 20



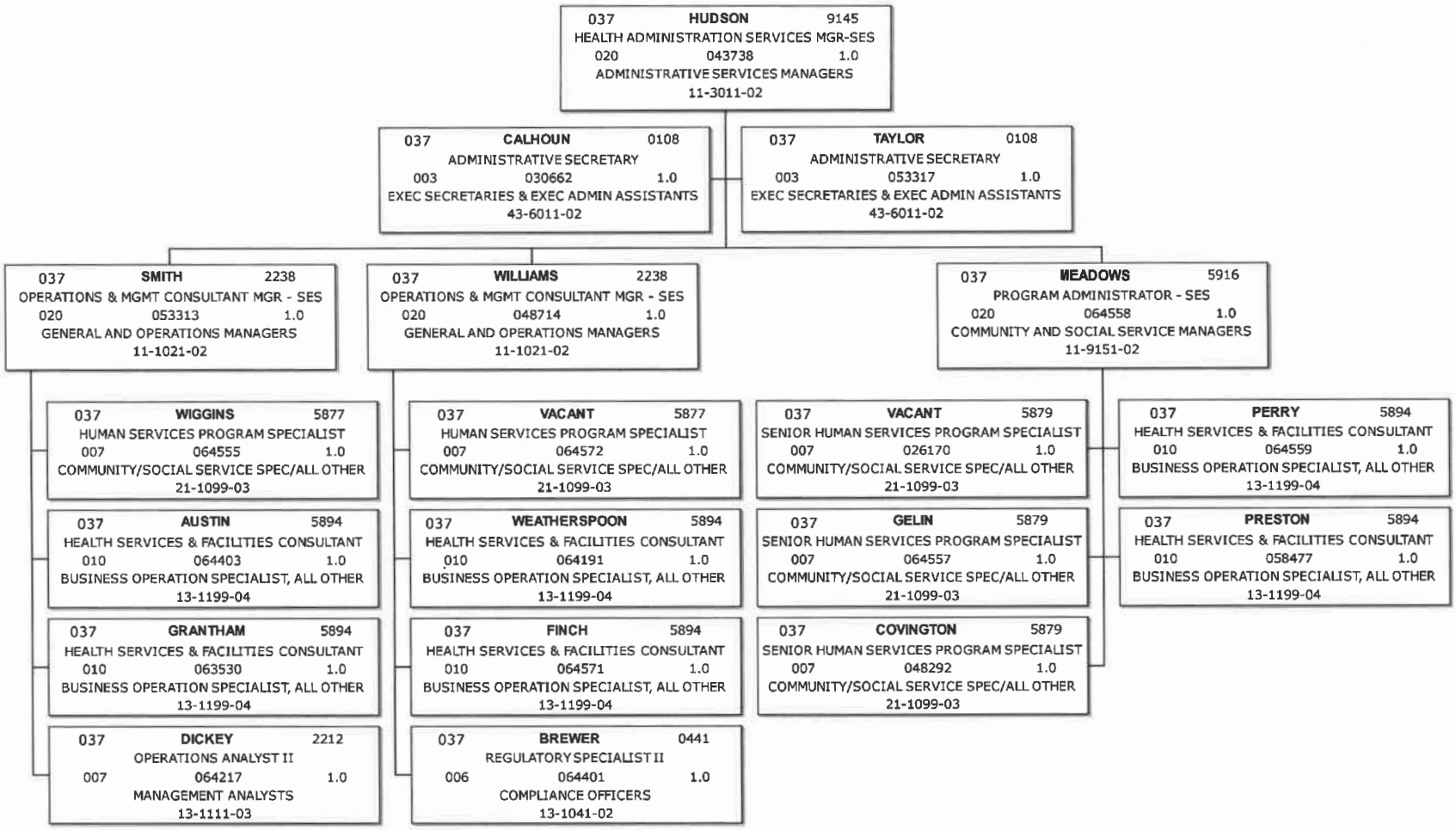
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

Long Term Care Servics Unit

Effective Date: July 1, 2020
Org. Level: 68-30-20-65-000
FTEs: 19 Positions: 19

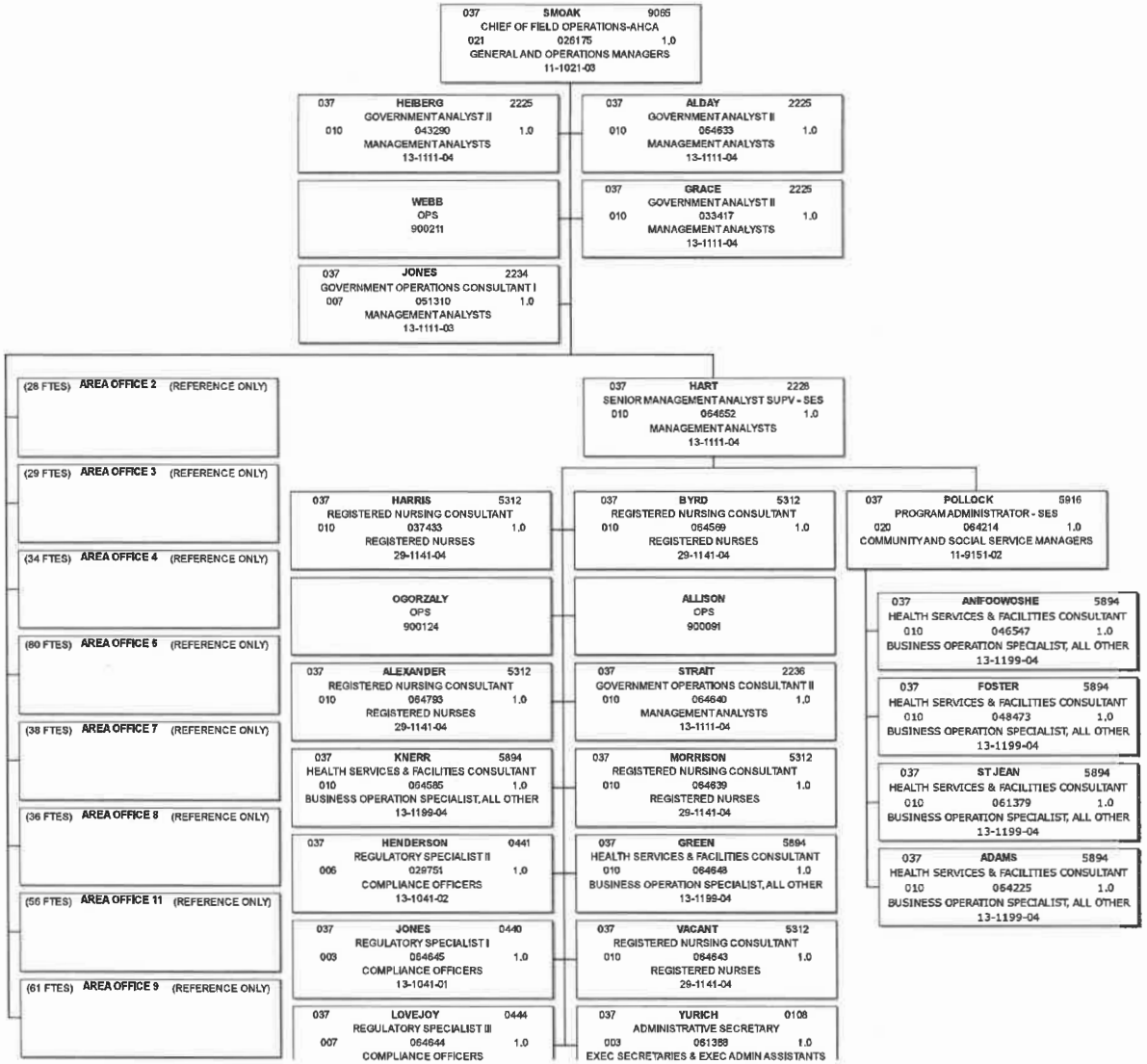


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations

Effective Date: July 1, 2020
Org. Level: 68-30-30-00-000
FTEs: 23 Positions: 23

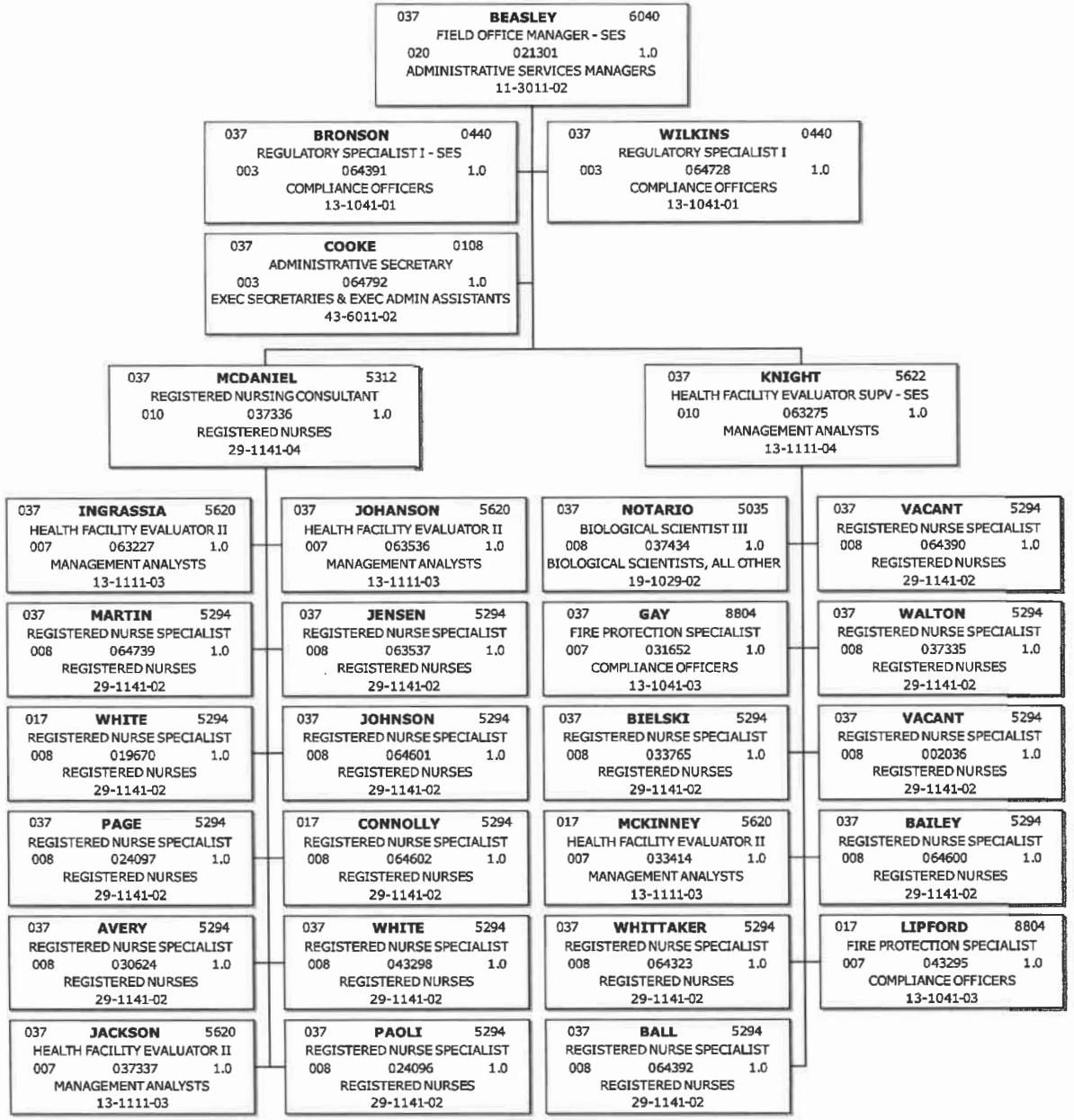


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 2 - Tallahassee

Effective Date: July 1, 2020
Org. Level: 68-30-30-02-000
FTEs: 30 Positions: 30

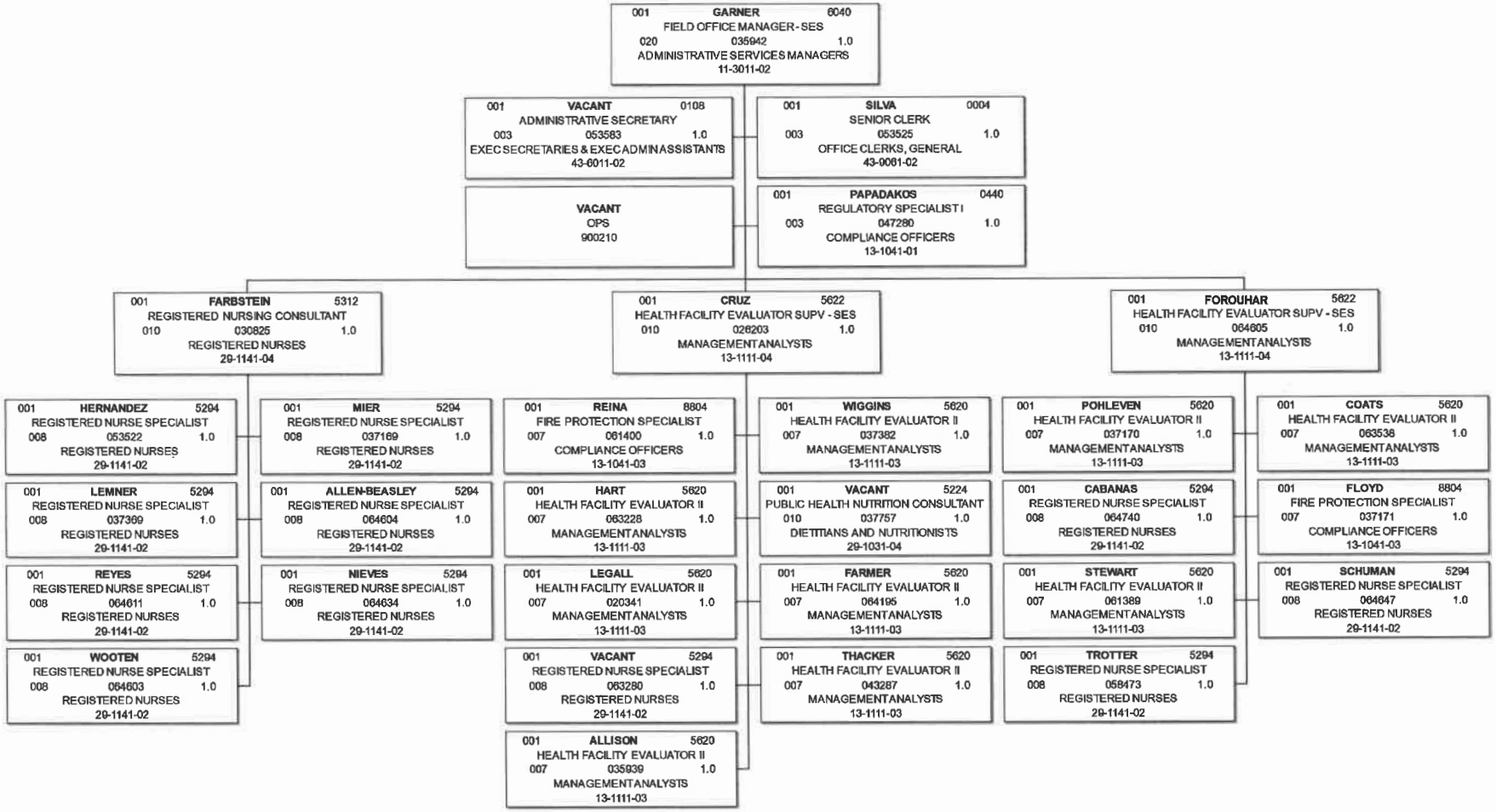


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 3 - Alachua

Effective Date: July 1, 2020
Org. Level: 68-30-30-03-000
FTEs: 31 Positions: 31

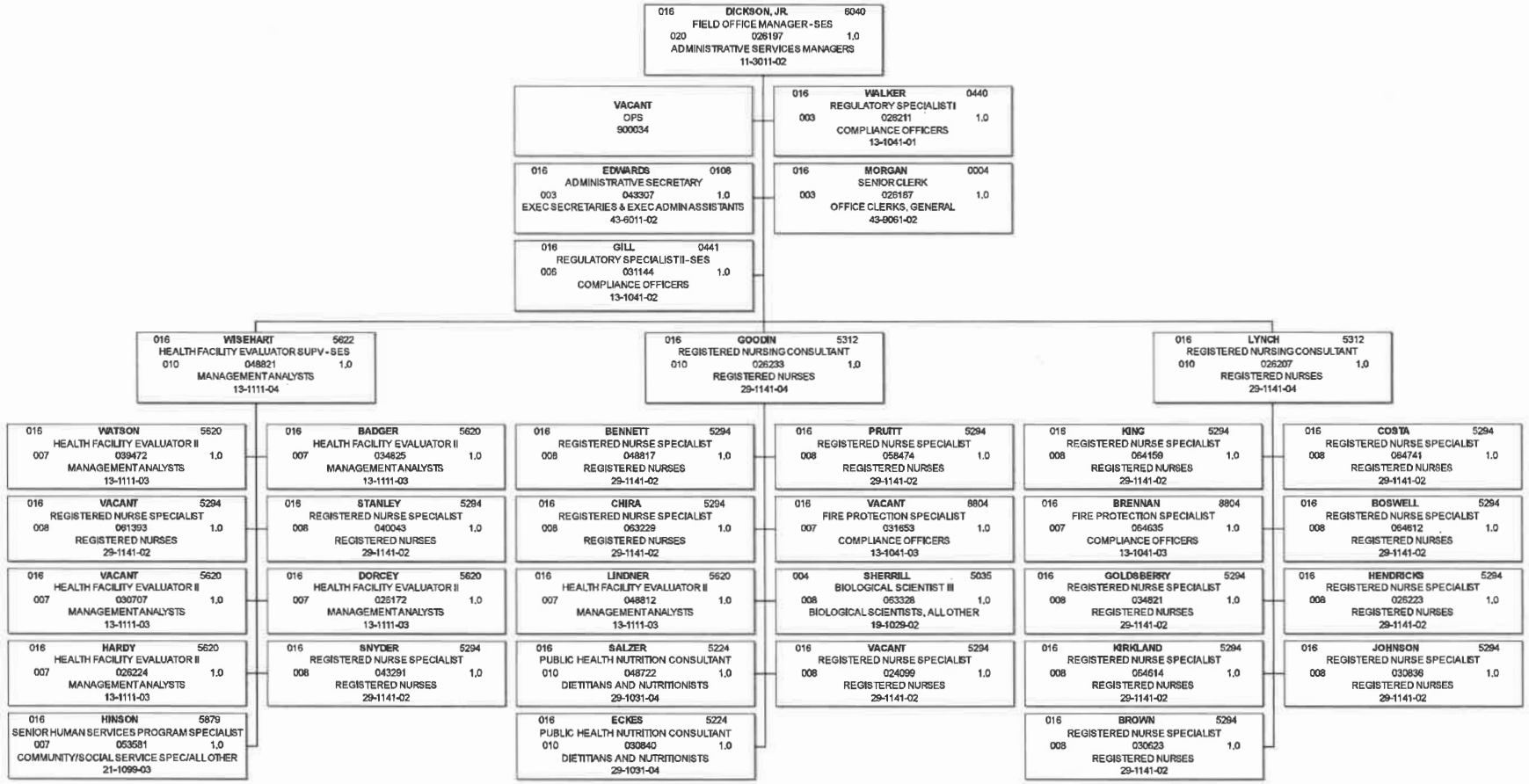


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 4 - Jacksonville

Effective Date: July 1, 2020
Org. Level: 68-30-30-04-000
FTEs: 36 Positions: 36

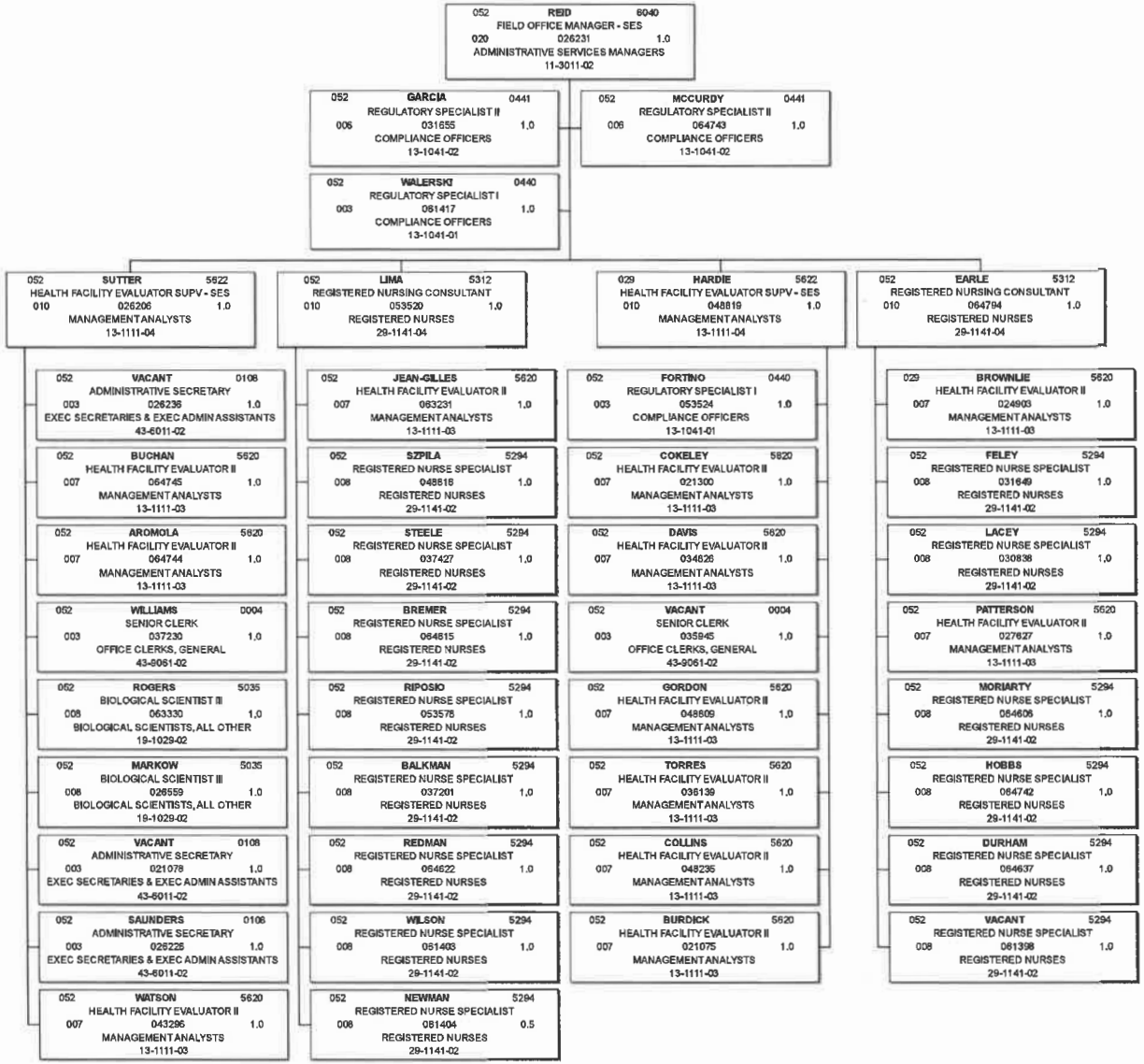


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 5 - St. Petersburg

Effective Date: July 1, 2020
Org. Level: 68-30-30-05-000
FTEs: 82 Positions: 82

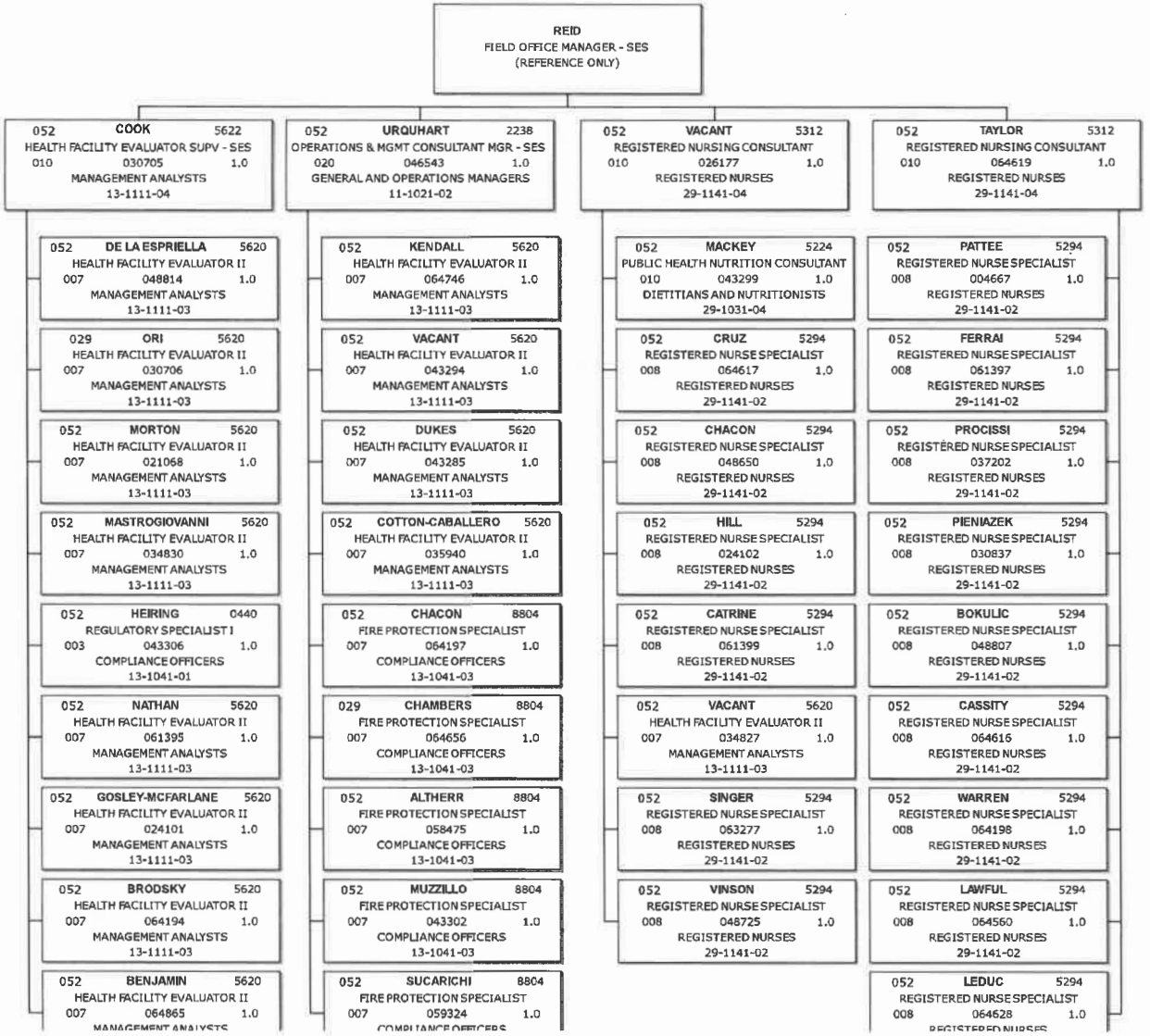


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 5 - St. Petersburg

Effective Date: July 1, 2020
Org. Level: 68-30-30-05-000
FTEs: 82 Positions: 82

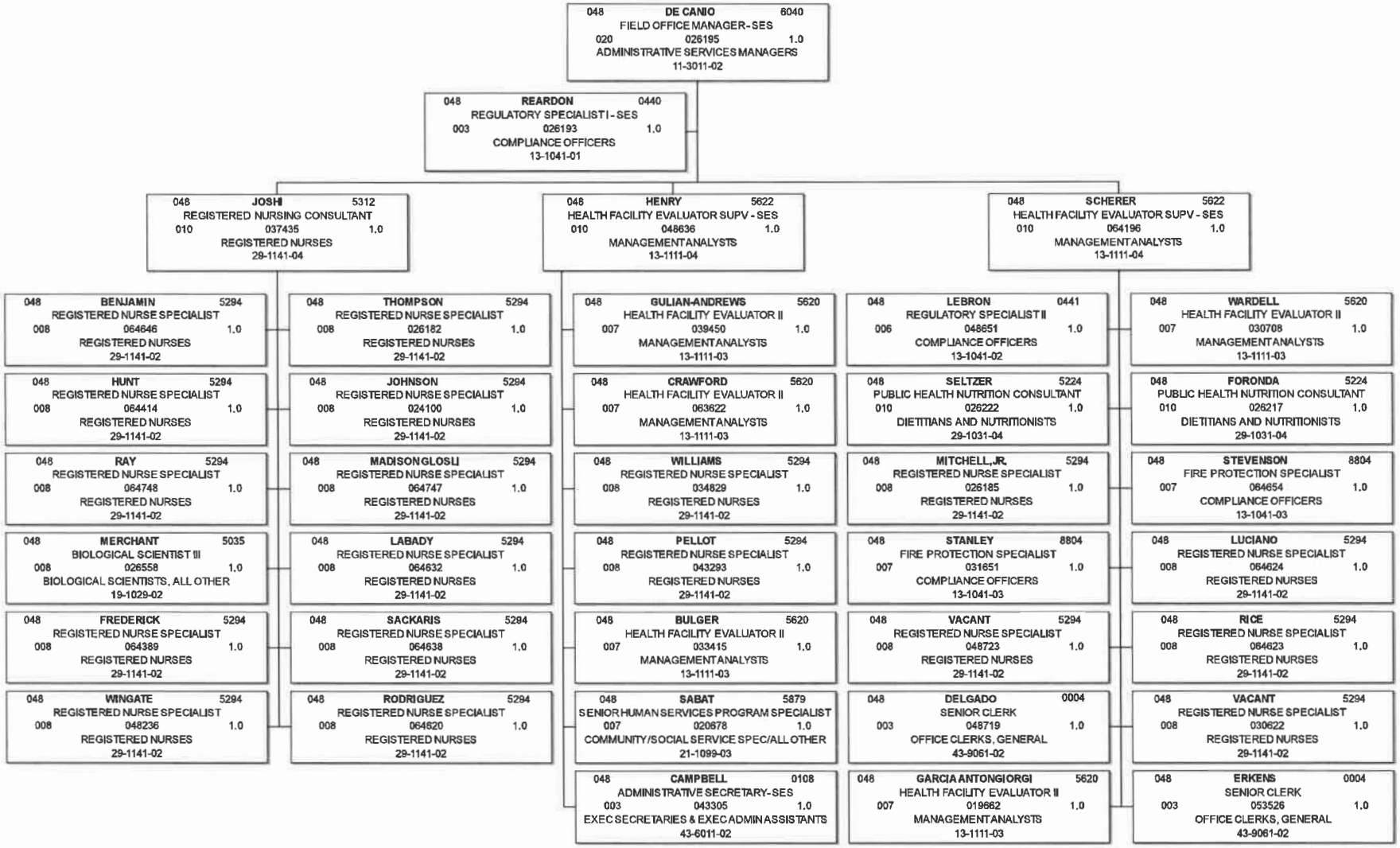


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 7 - Orlando

Effective Date: July 1, 2020
Org. Level: 68-30-30-07-000
FTEs: 39 Positions: 39

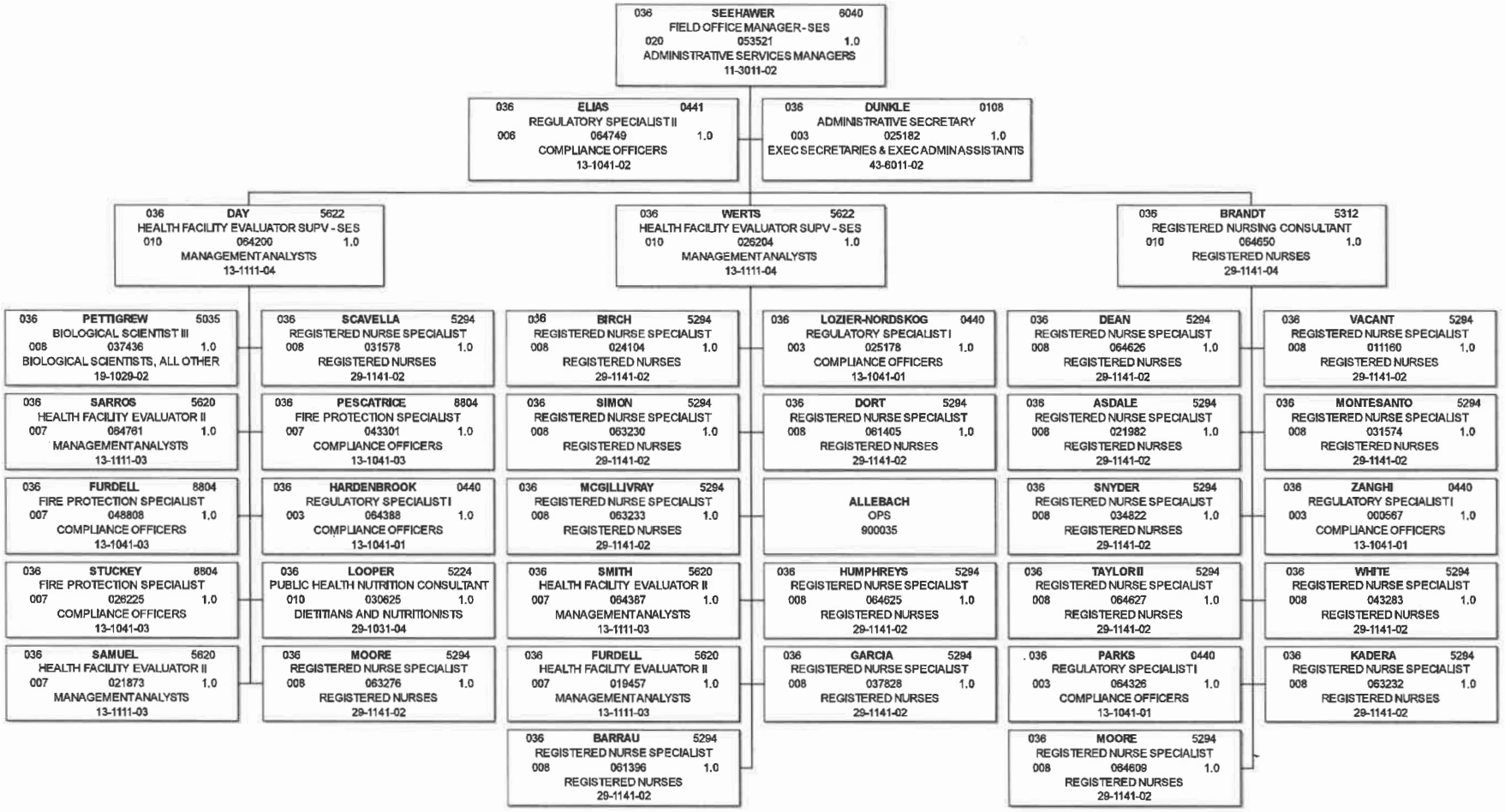


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 8 - Ft. Myers

Effective Date: July 1, 2020
Org. Level: 68-30-30-08-000
FTEs: 38 Positions: 38

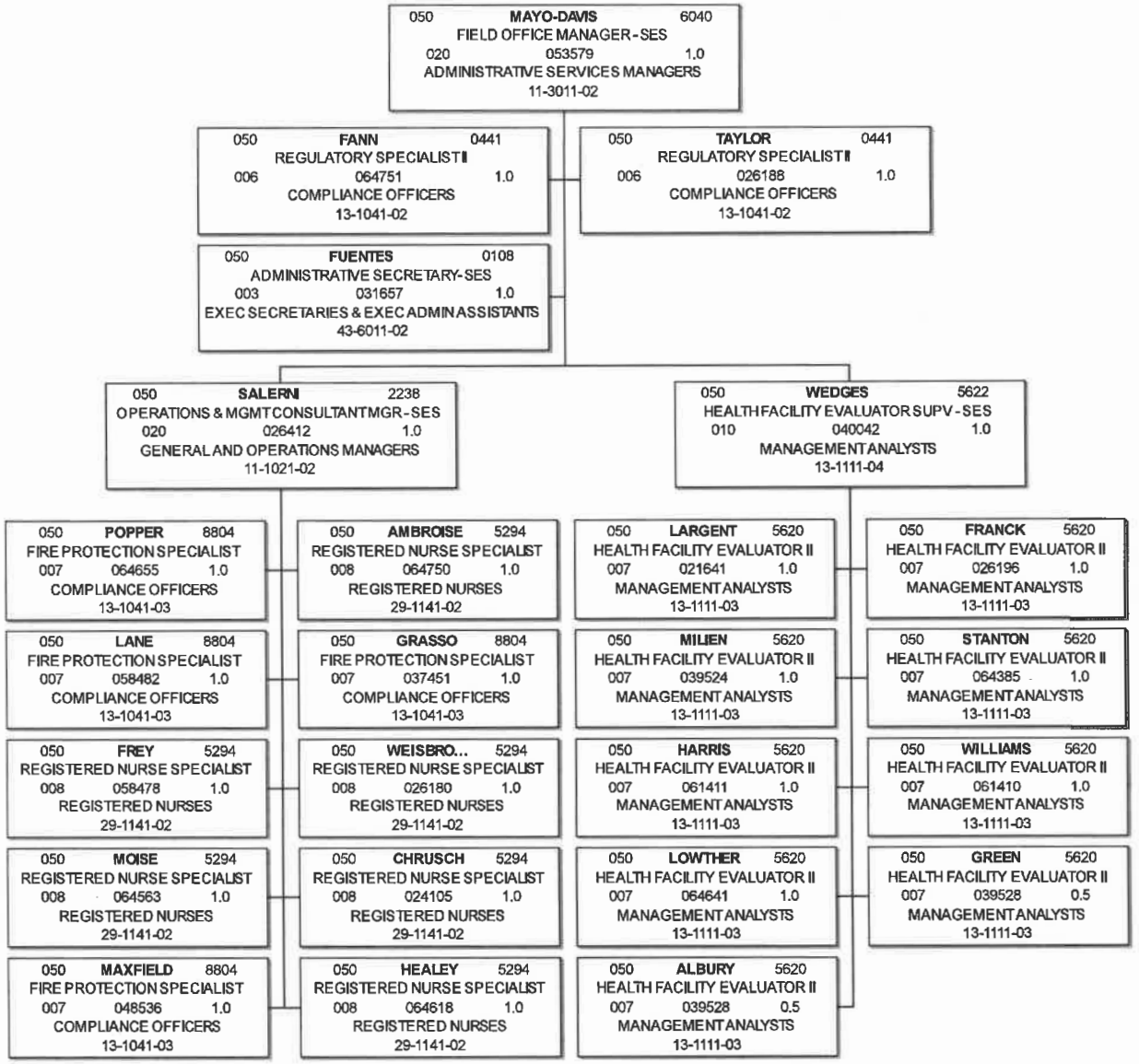


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 9 Delray Beach

Effective Date: July 1, 2020
Org. Level: 68-30-30-09-000
FTEs: 64 Positions: 64

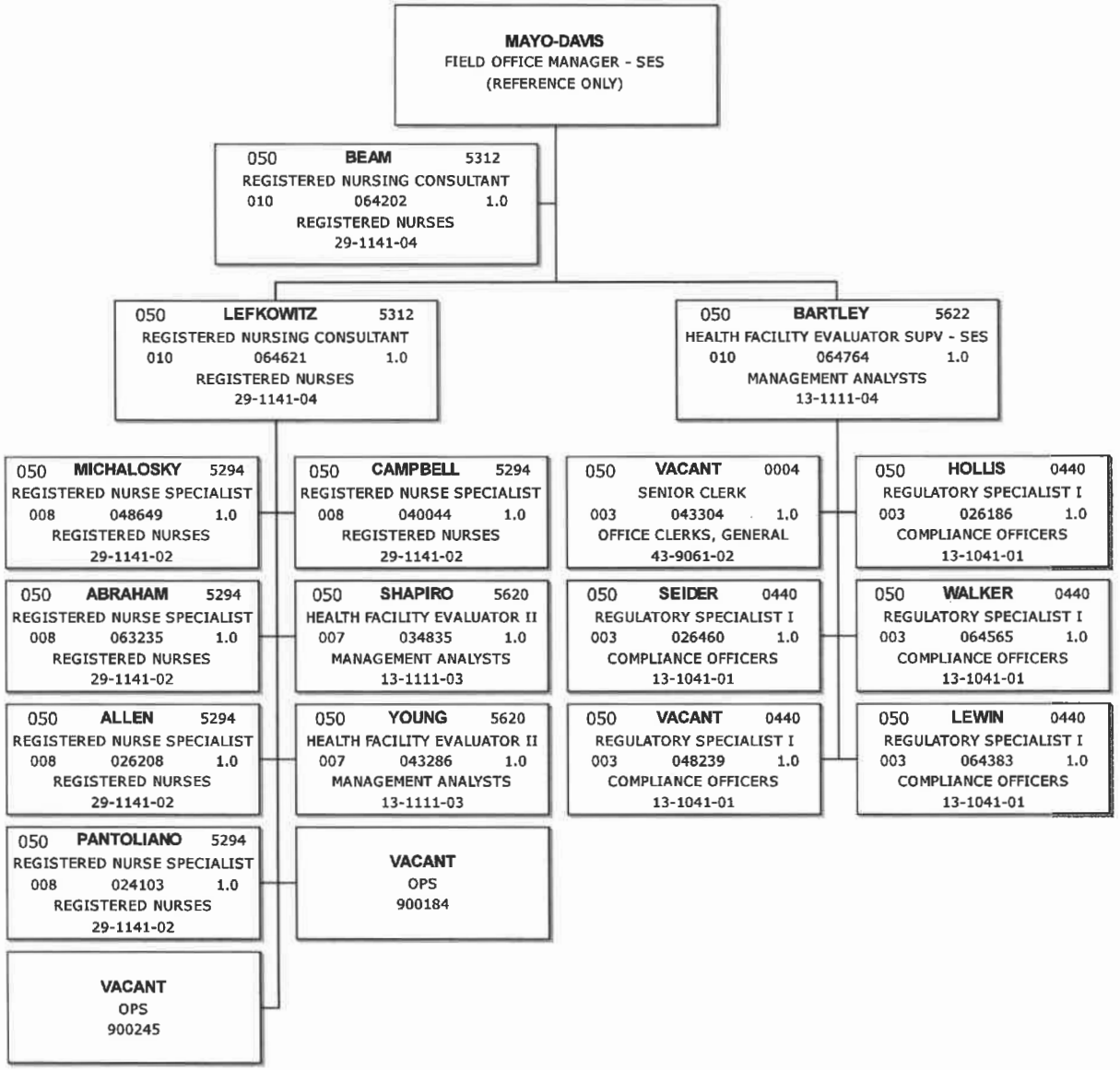


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 9 - Delray Beach

Effective Date: July 1, 2020
Org. Level: 68-30-30-09-000
FTEs: 64 Positions: 64

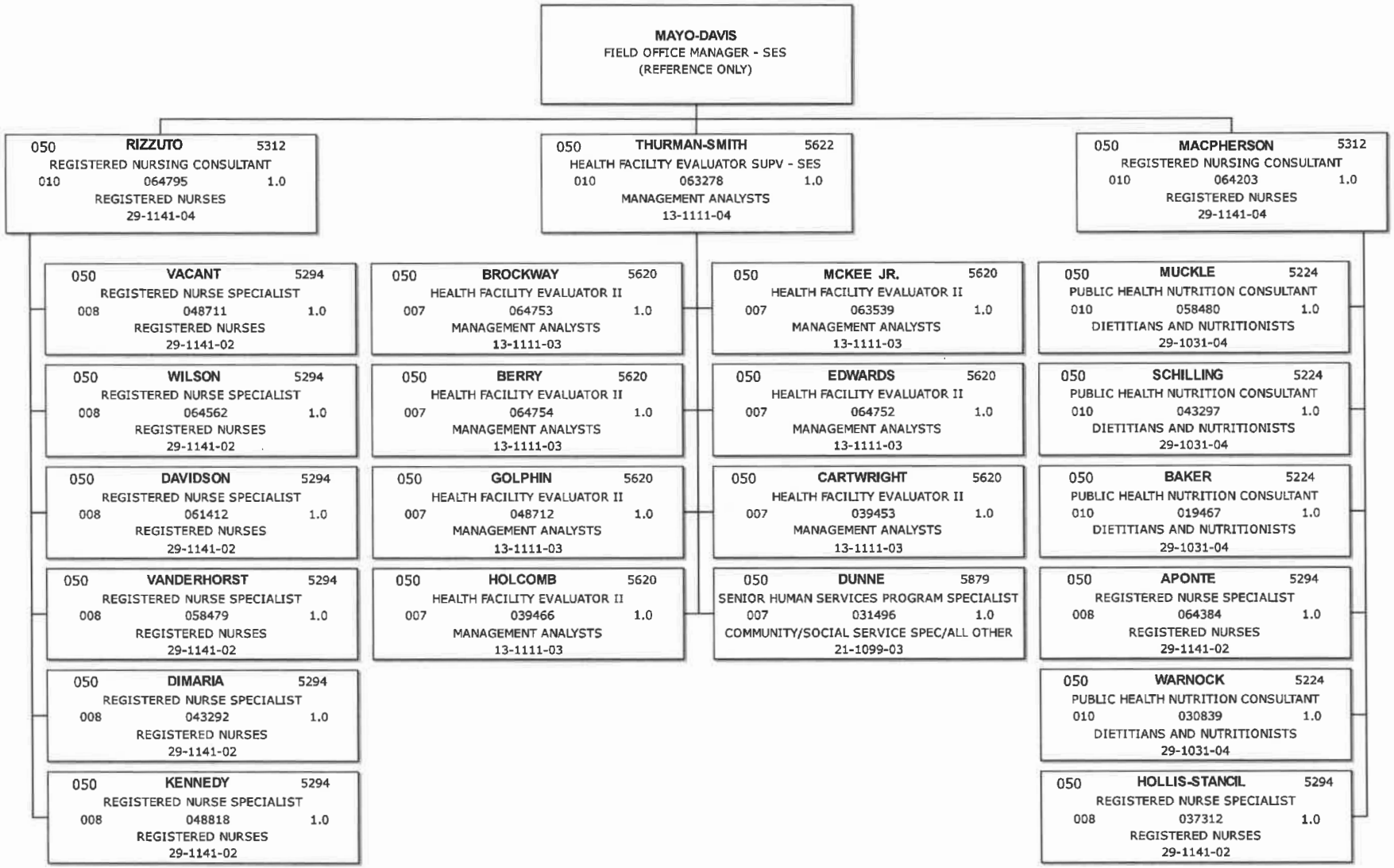


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 9 - Delray Beach

Effective Date: July 1, 2020
Org. Level: 68-30-30-09-000
FTEs: 64 Positions: 64

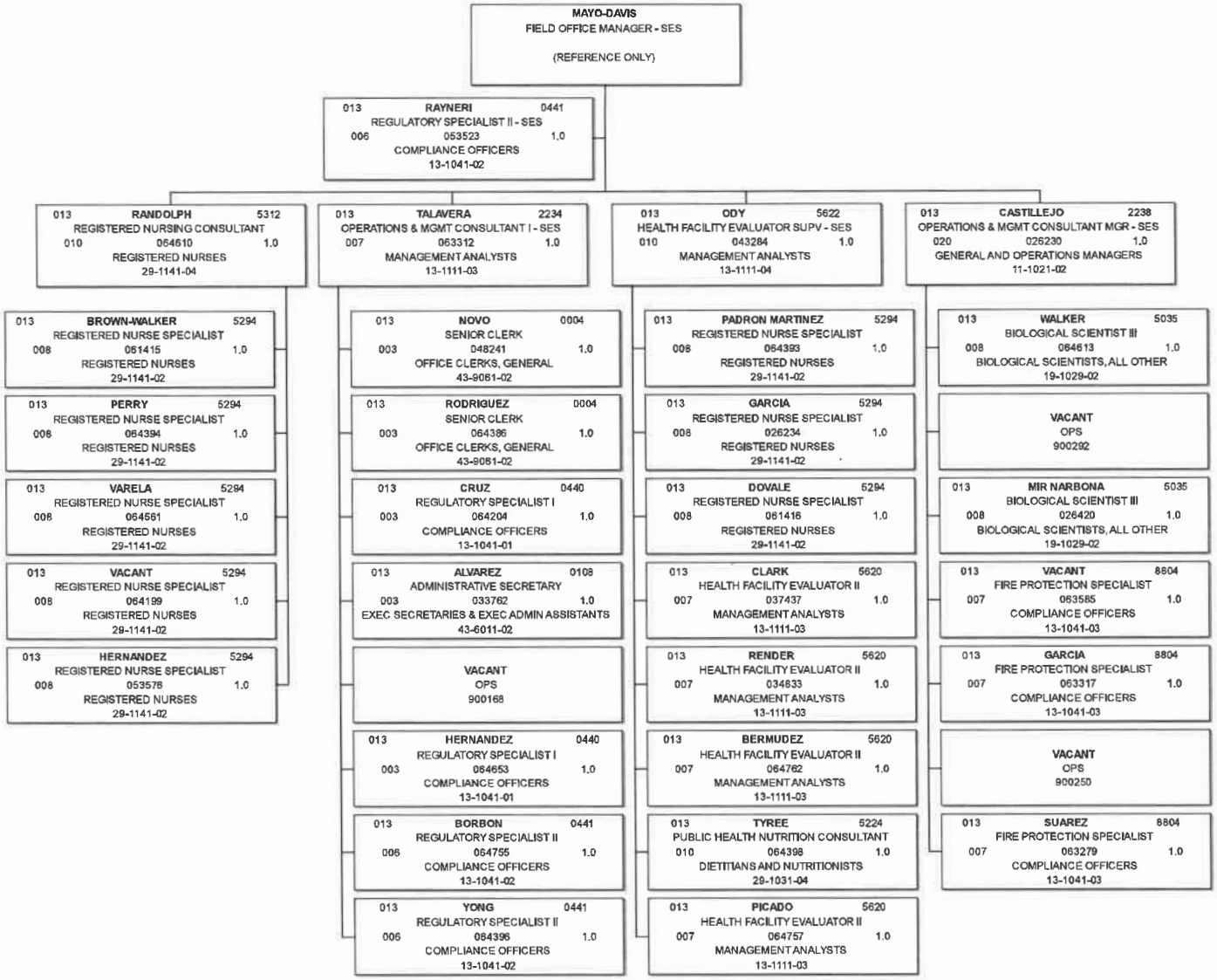


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 11 - Miami

Effective Date: July 1, 2020
Org. Level: 68-30-30-11-000
FTEs: 58 Positions: 58

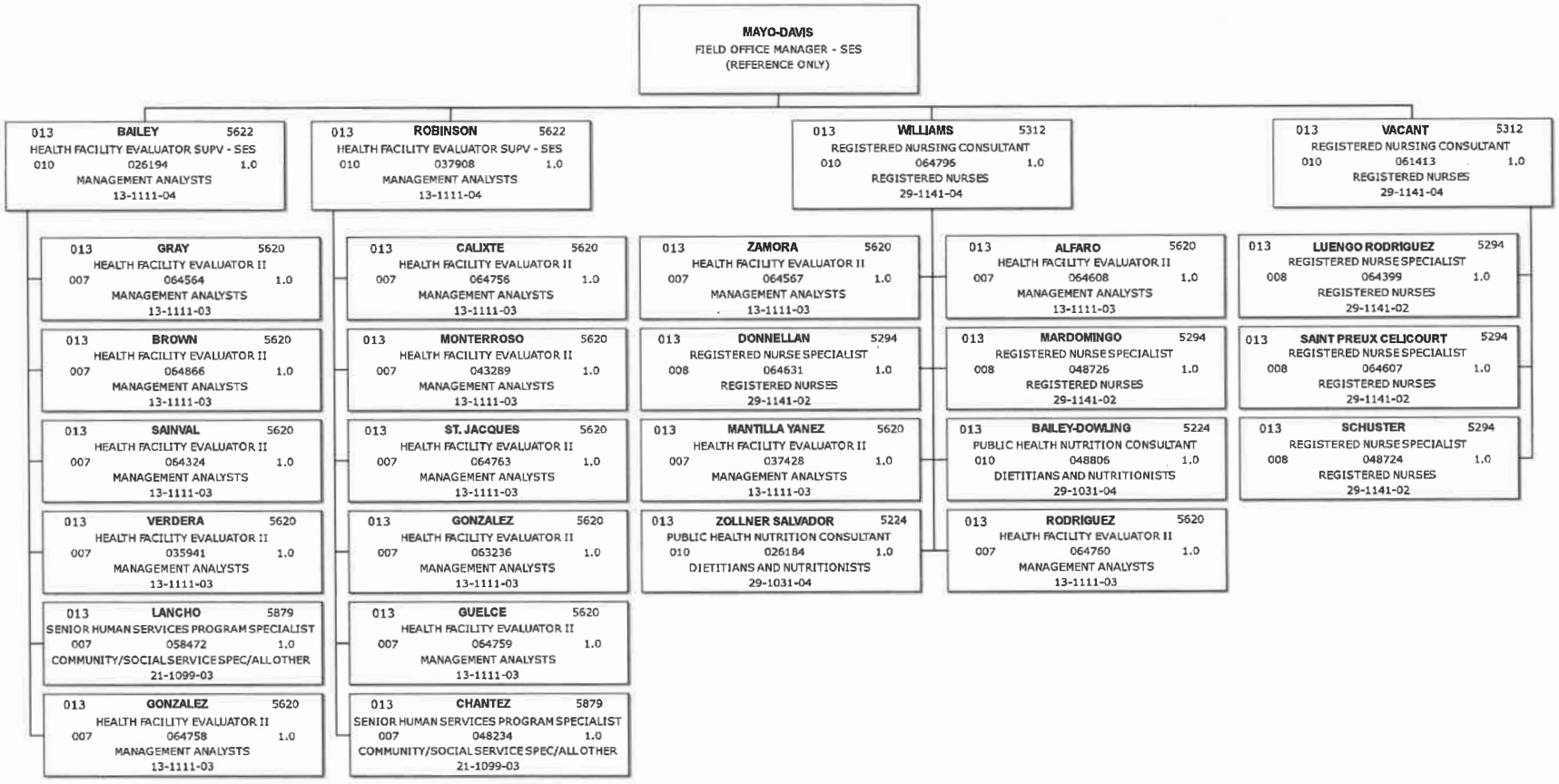


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 11 - Miami

Effective Date: July 1, 2020
Org. Level: 68-30-30-11-000
FTEs: 58 Positions: 58



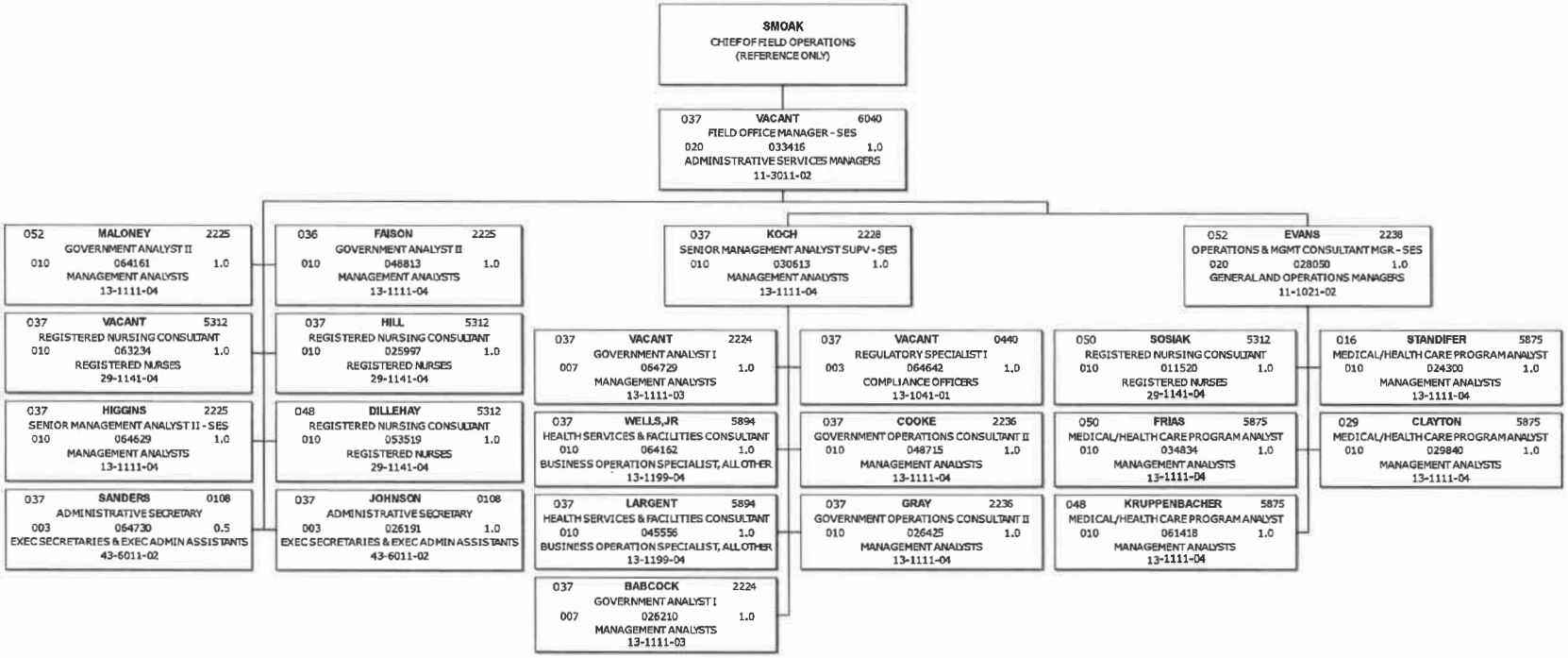
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Health Standards & Quality

Survey & Certification Support Branch

Effective Date: July 1, 2020
Org. Level: 68-30-30-30-000
FTEs: 22.5 Positions: 23

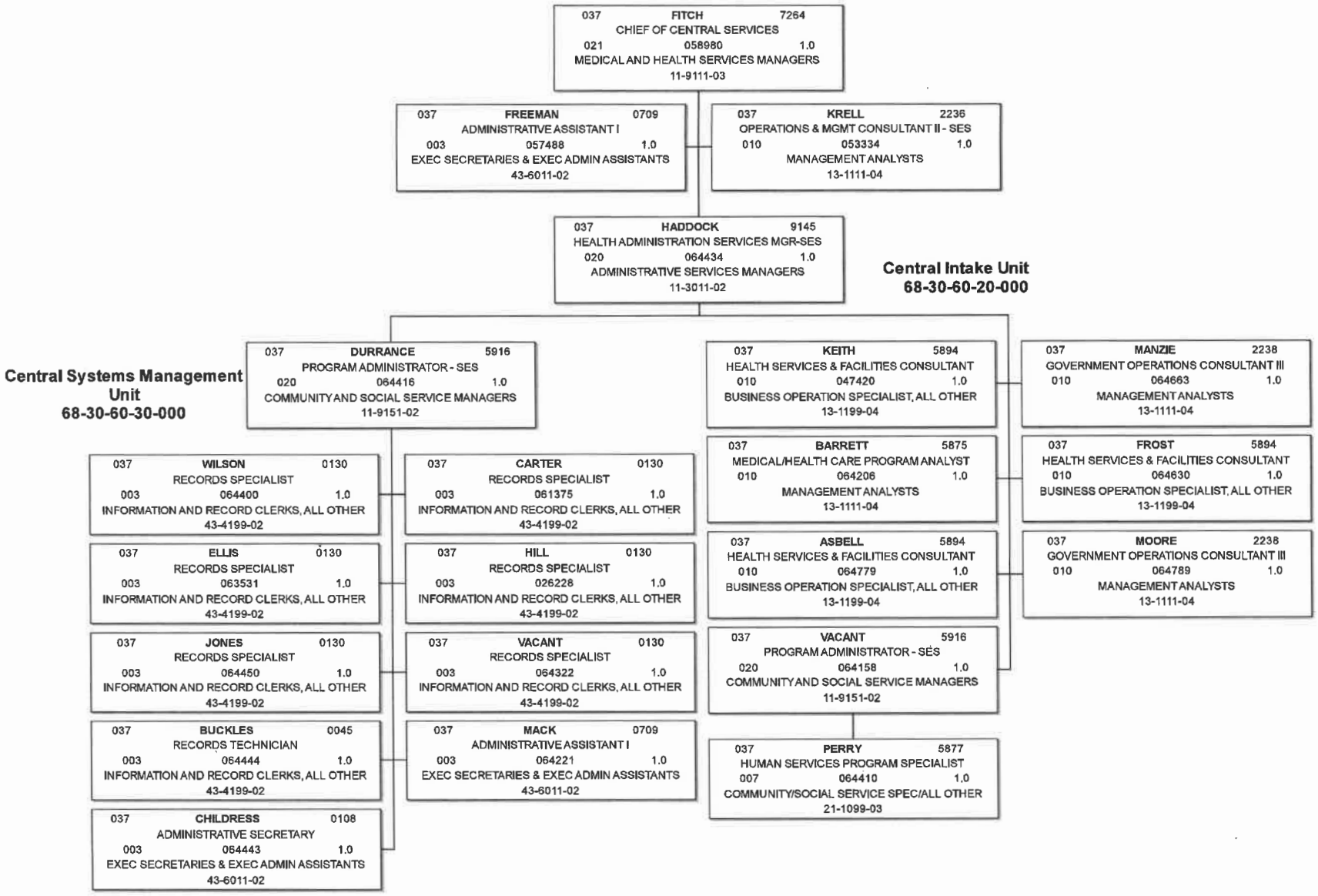


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Central Services

Effective Date: July 1,2020
Org. Level: 68-30-60-00-000
FTEs: 46 Positions: 46

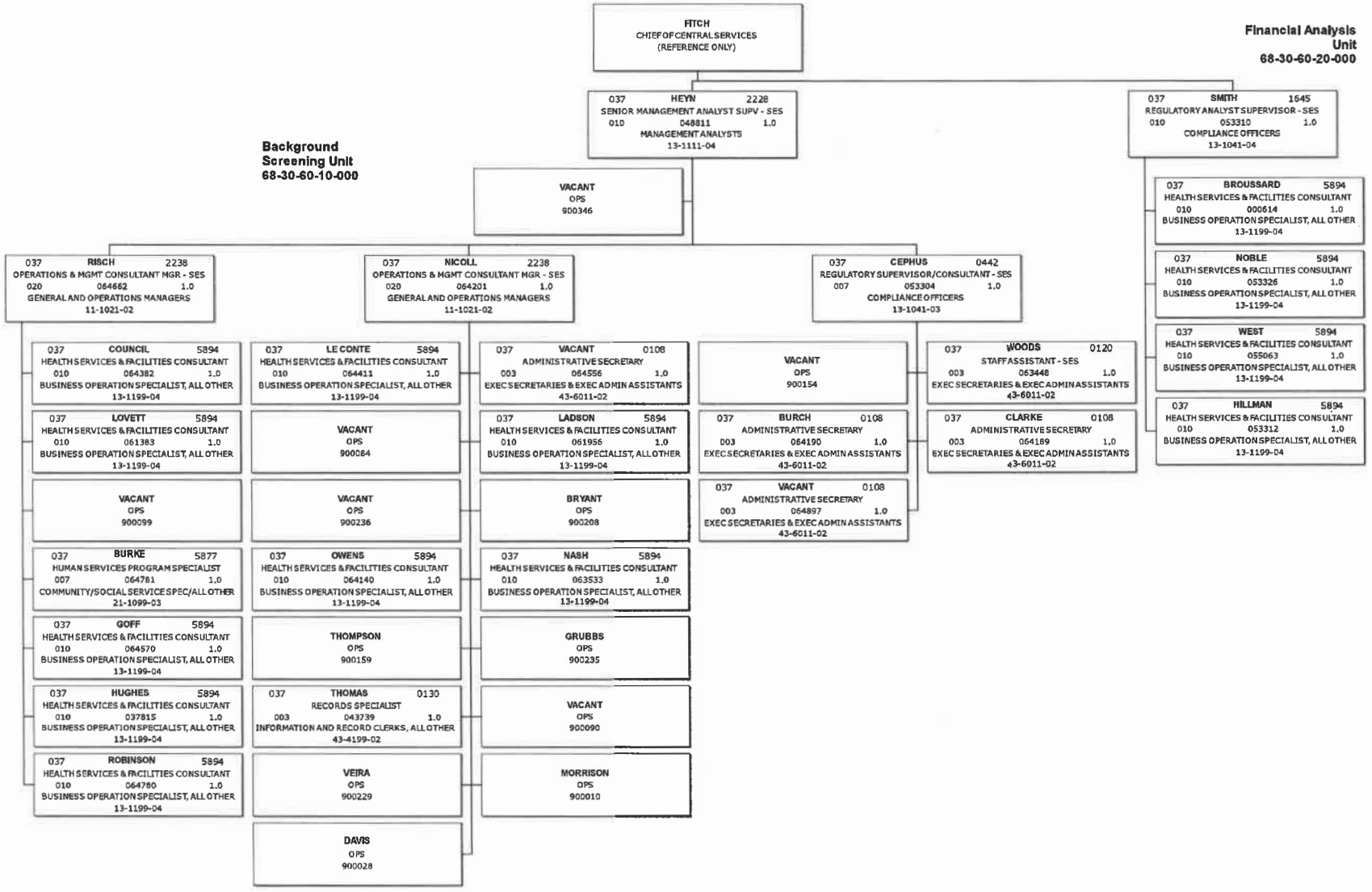


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Central Services

Effective Date: July 1, 2020
Org. Level: 68-30-60-00-000
FTEs: 46 Positions: 46

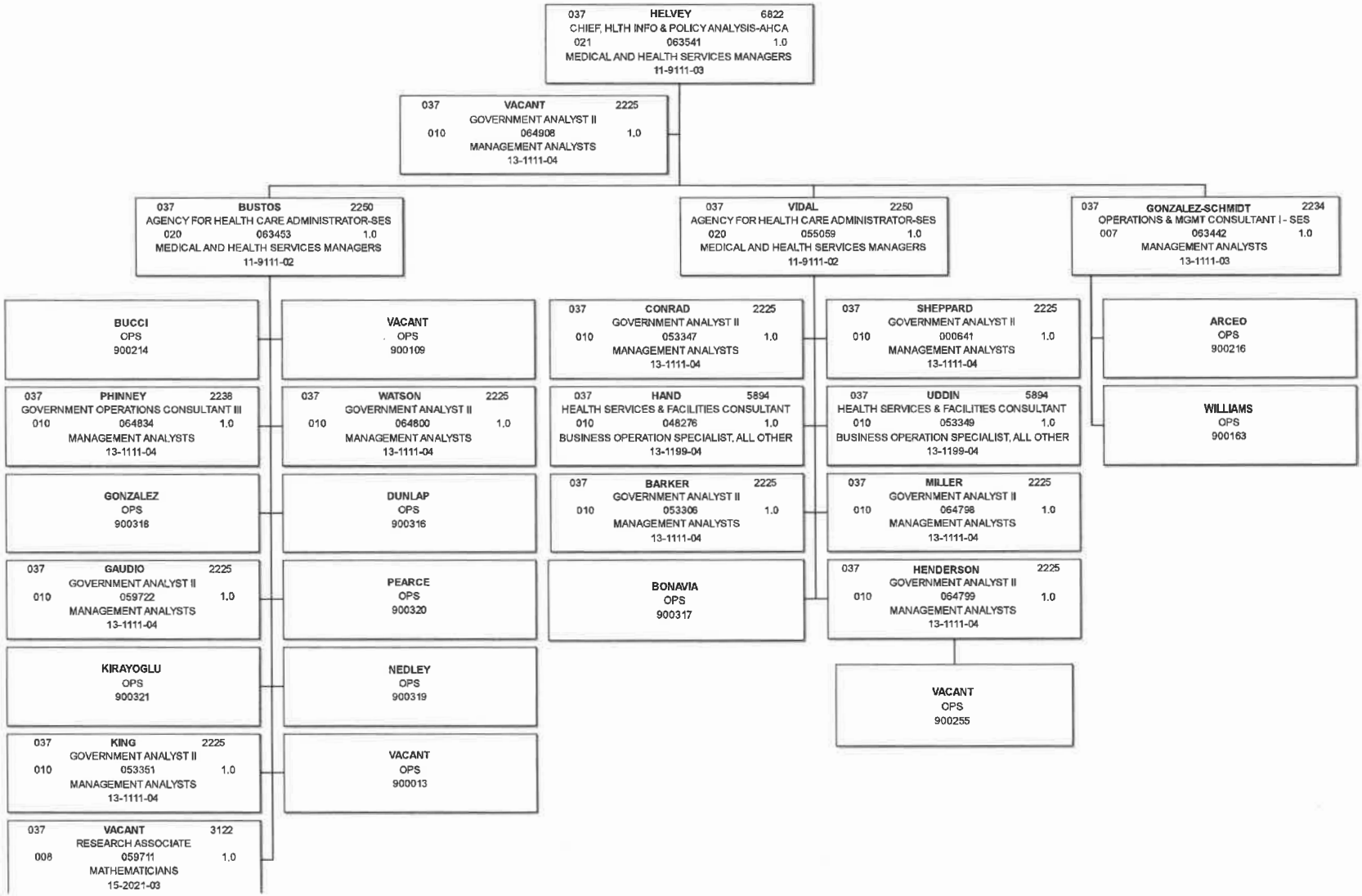


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of FL Center For Health Information & Transparency

Effective Date: July 1, 2020
Org. Level: 68-30-70-00-000
FTEs: 38.5 Positions: 39

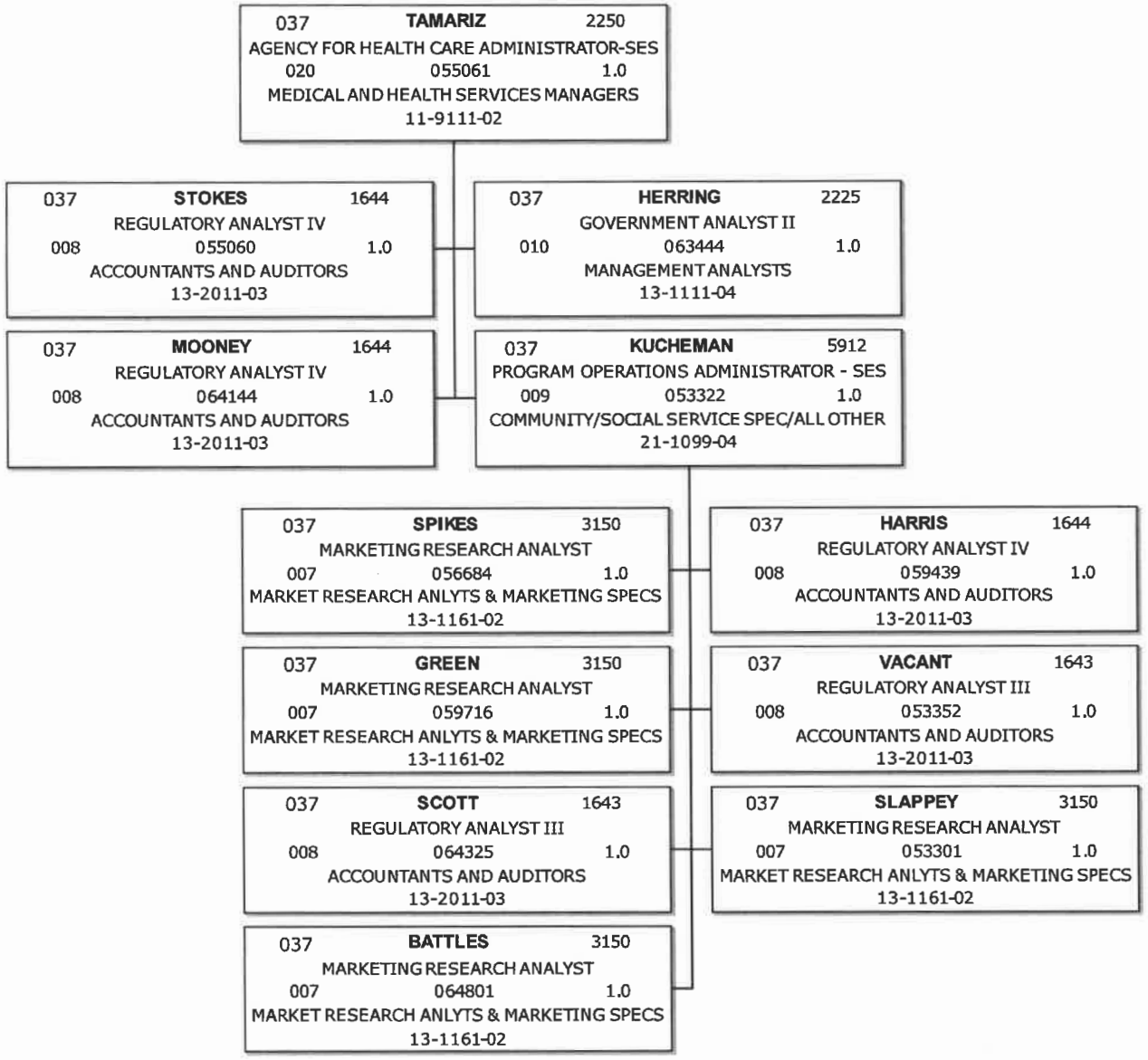


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of FL Center For Health Information & Transparency

Effective Date: July 1, 2020
Org. Level: 68-30-70-00-000
FTEs: 38.5 Positions: 39

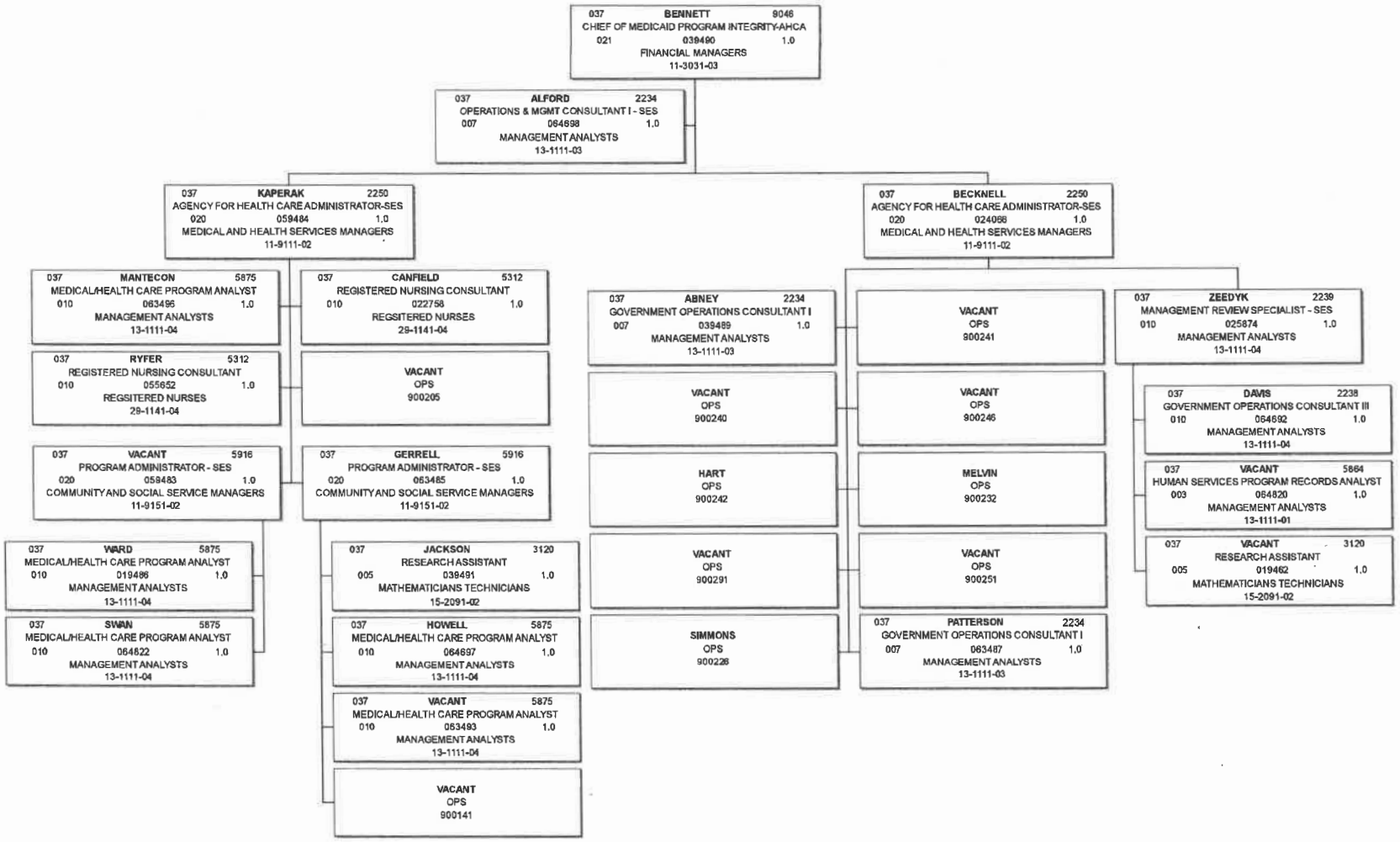


AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance

Bureau of Medicaid Program Integrity

Effective Date: July 1, 2020
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74



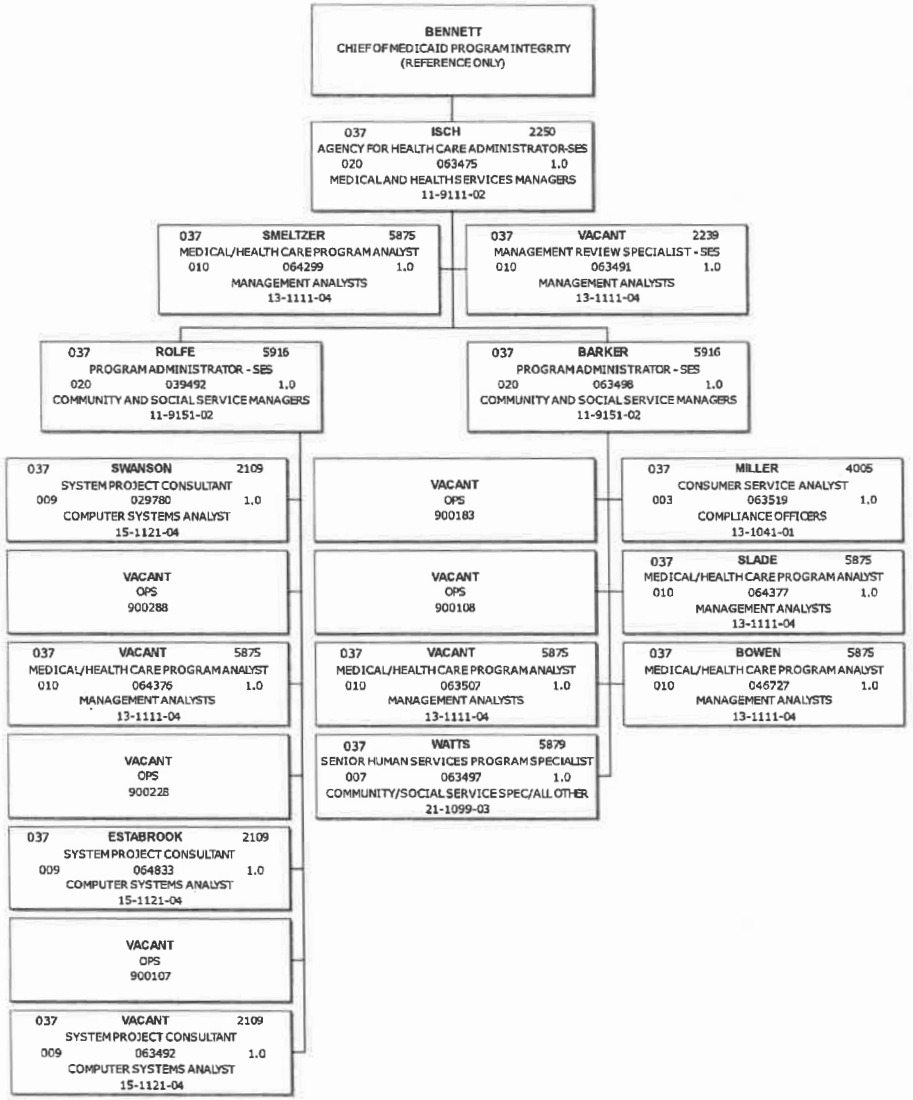
AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance

Bureau of Medicaid Program Integrity

Data Analysis Unit

Effective Date: July 1, 2020
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74

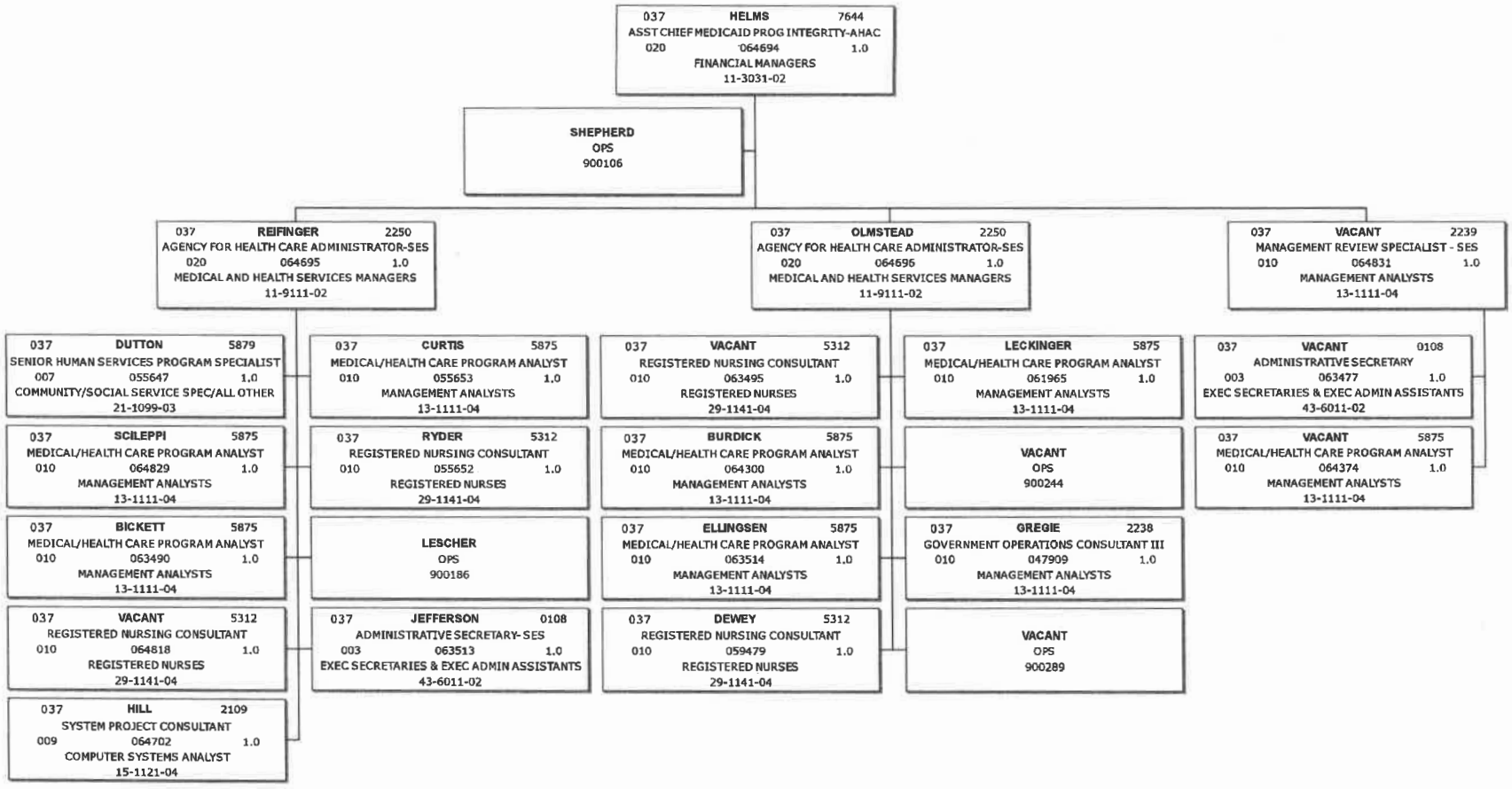


AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance

Bureau of Medicaid Program Integrity

Effective Date: July 1, 2020
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74

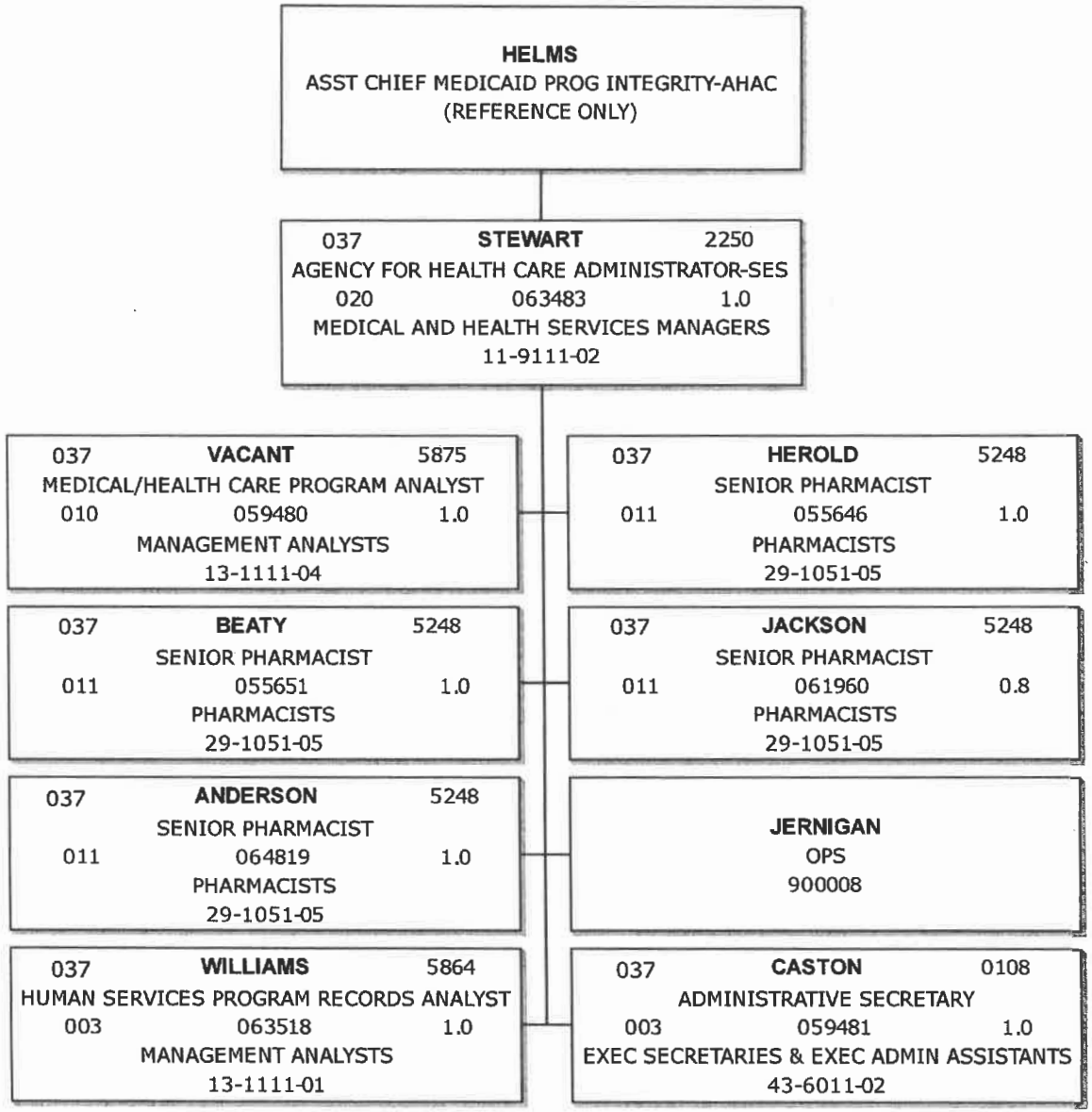


AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance

Bureau of Medicaid Program Integrity

Effective Date: July 1, 2020
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74

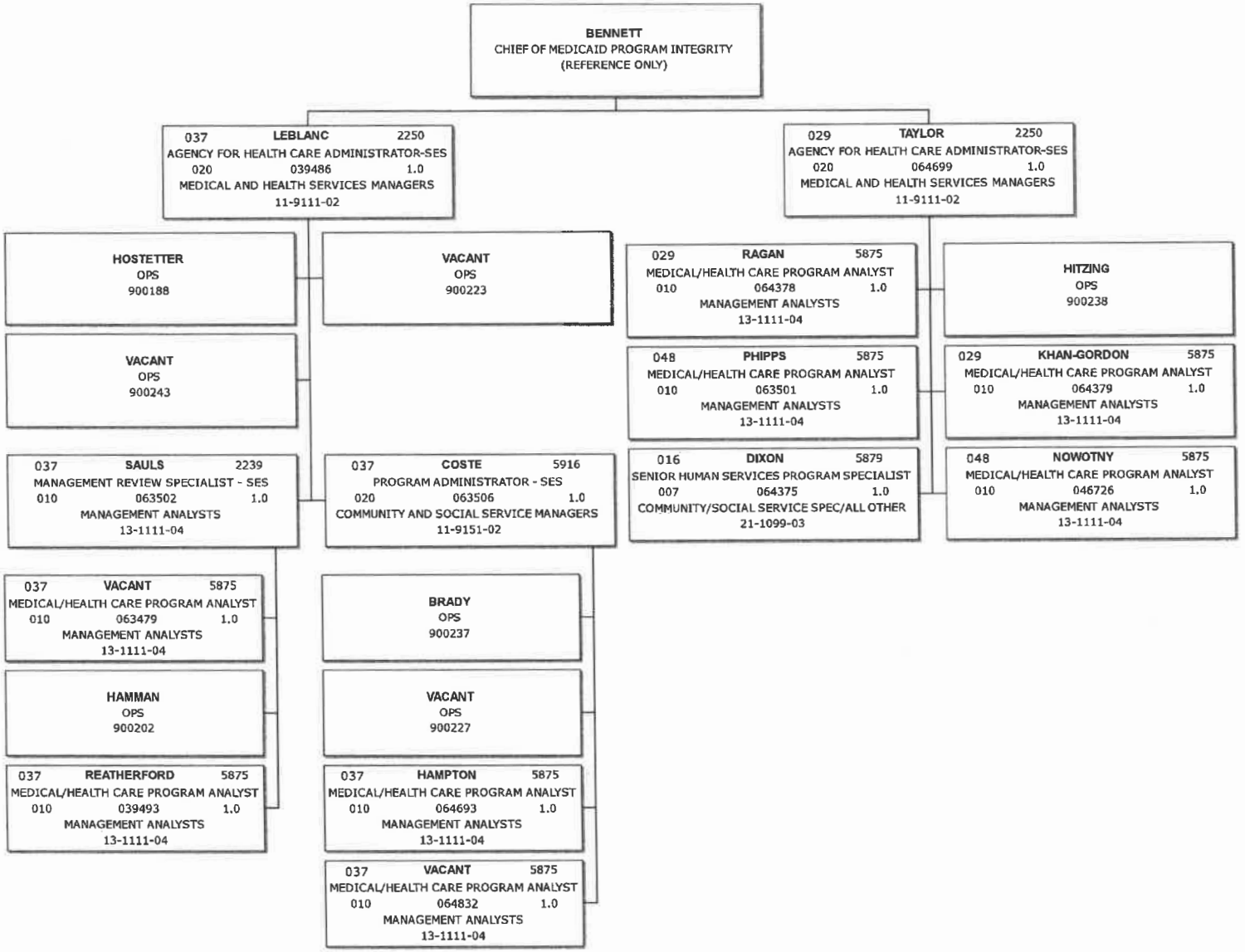


AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance

Bureau of Medicaid Program Integrity

Effective Date: July 1, 2020
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74



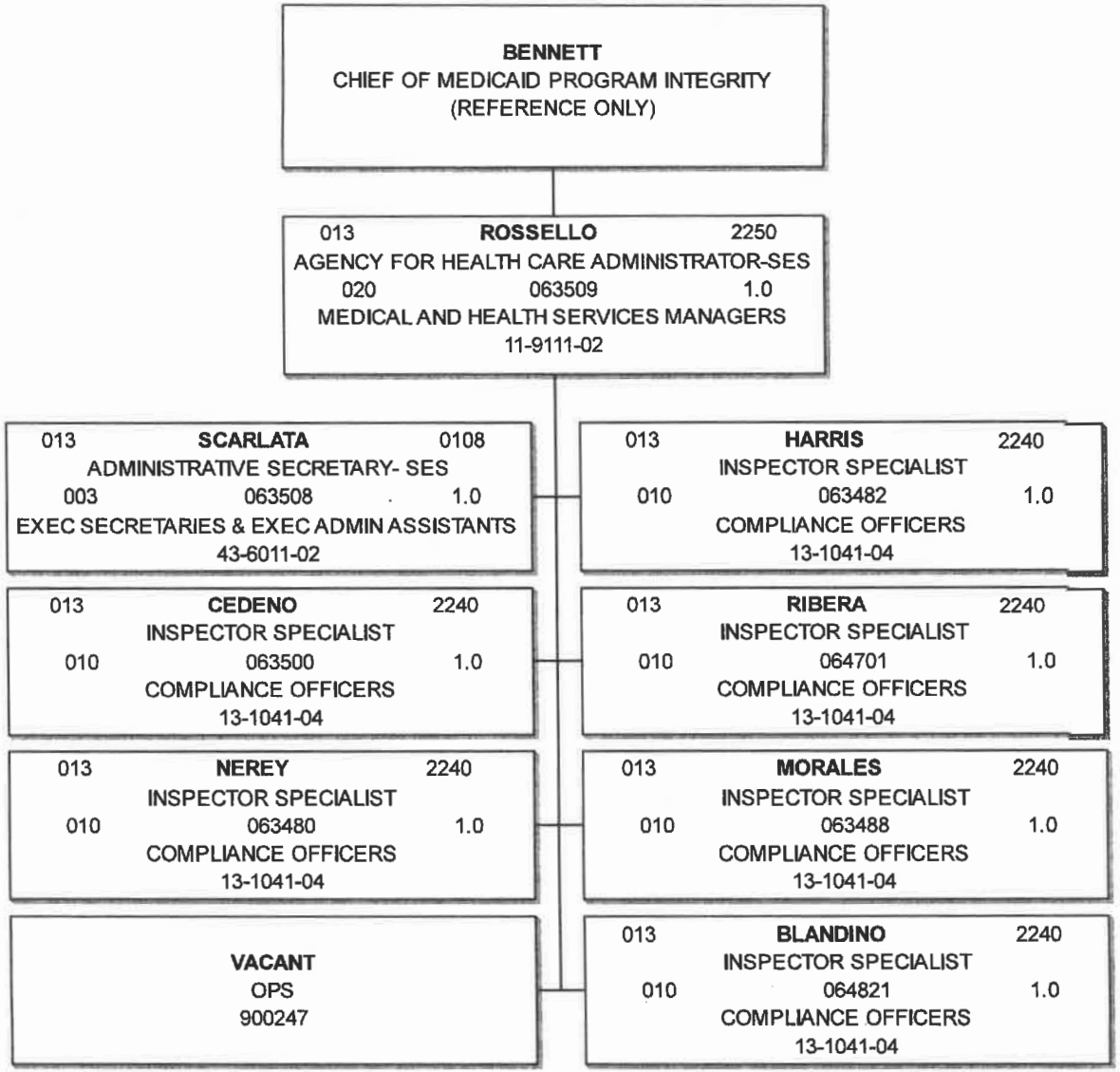
AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance

Bureau of Medicaid Program Integrity

Field Operations Miami

Effective Date: July 1, 2020
Org. Level: 68-10-30-10-011
FTEs: 8 Positions: 8



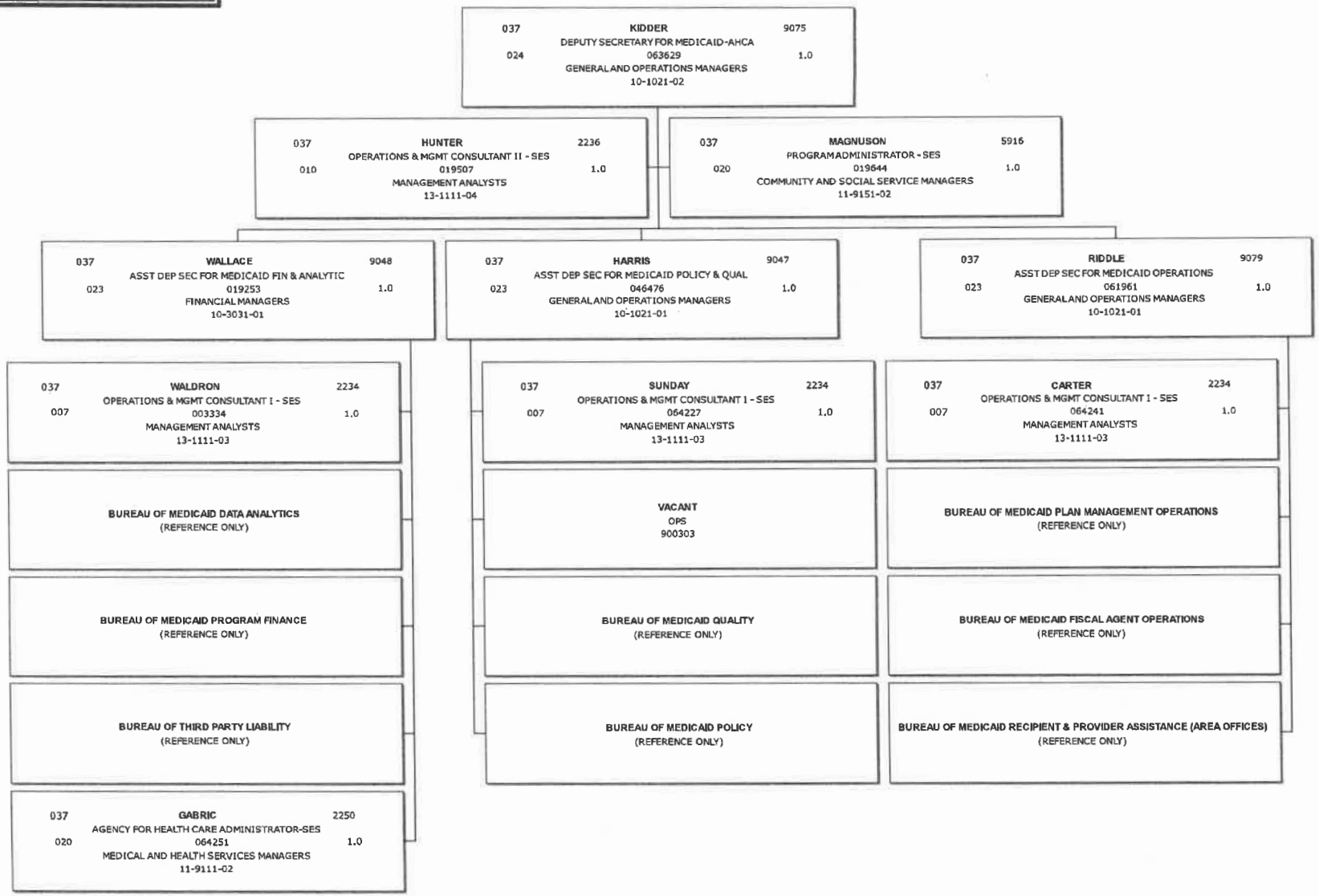
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Deputy Secretary's Office

Effective Date: July 1, 2020
Org. Level: 68-40-00-00-000
FTEs: 27 Positions: 27

Division of Medicaid FTE: 537.5
Division Total # Position: 538

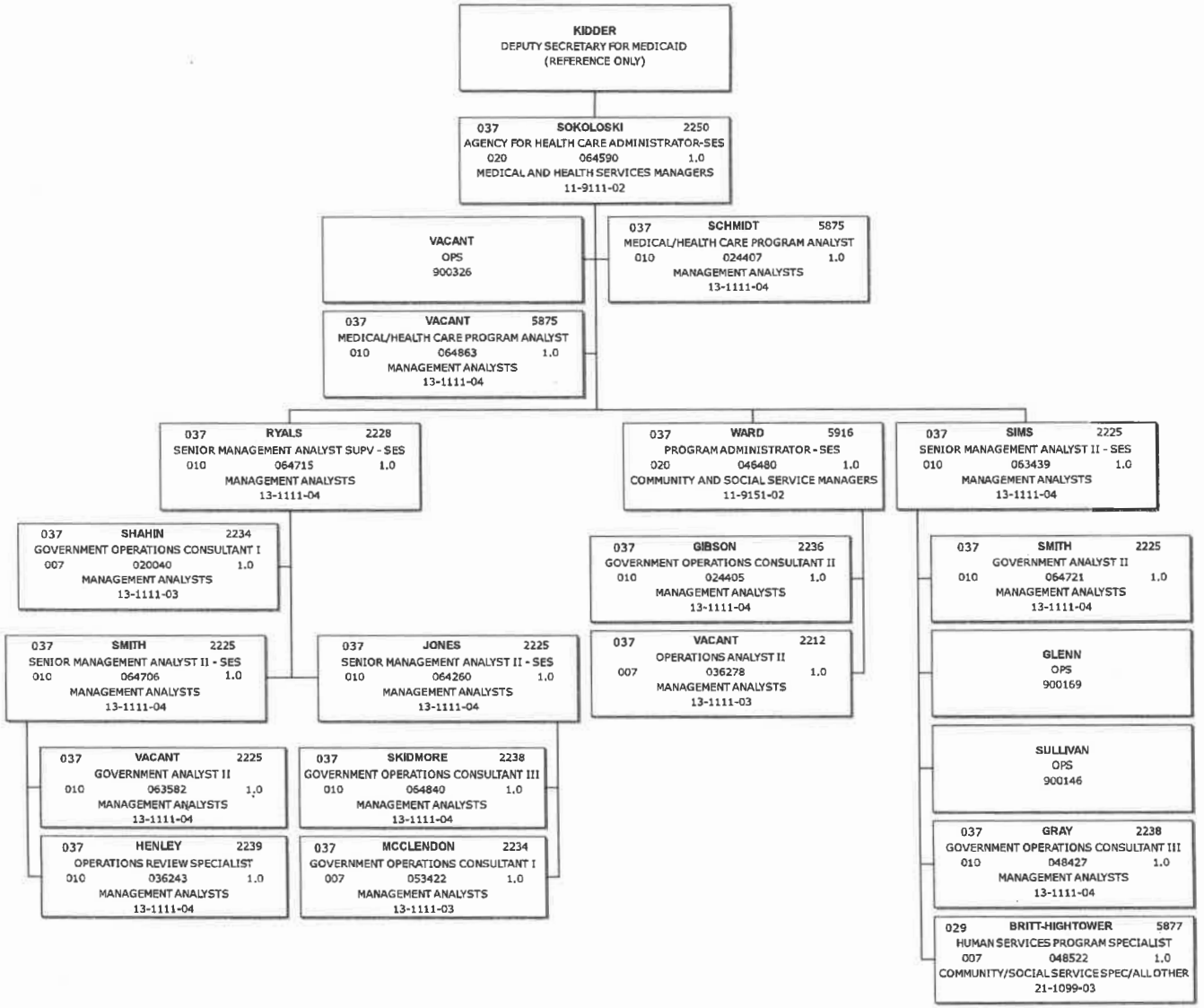


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Deputy Secretary's Office

Effective Date: July 1, 2020
Org. Level: 68-40-00-00-00
FTEs: 27 Positions: 27

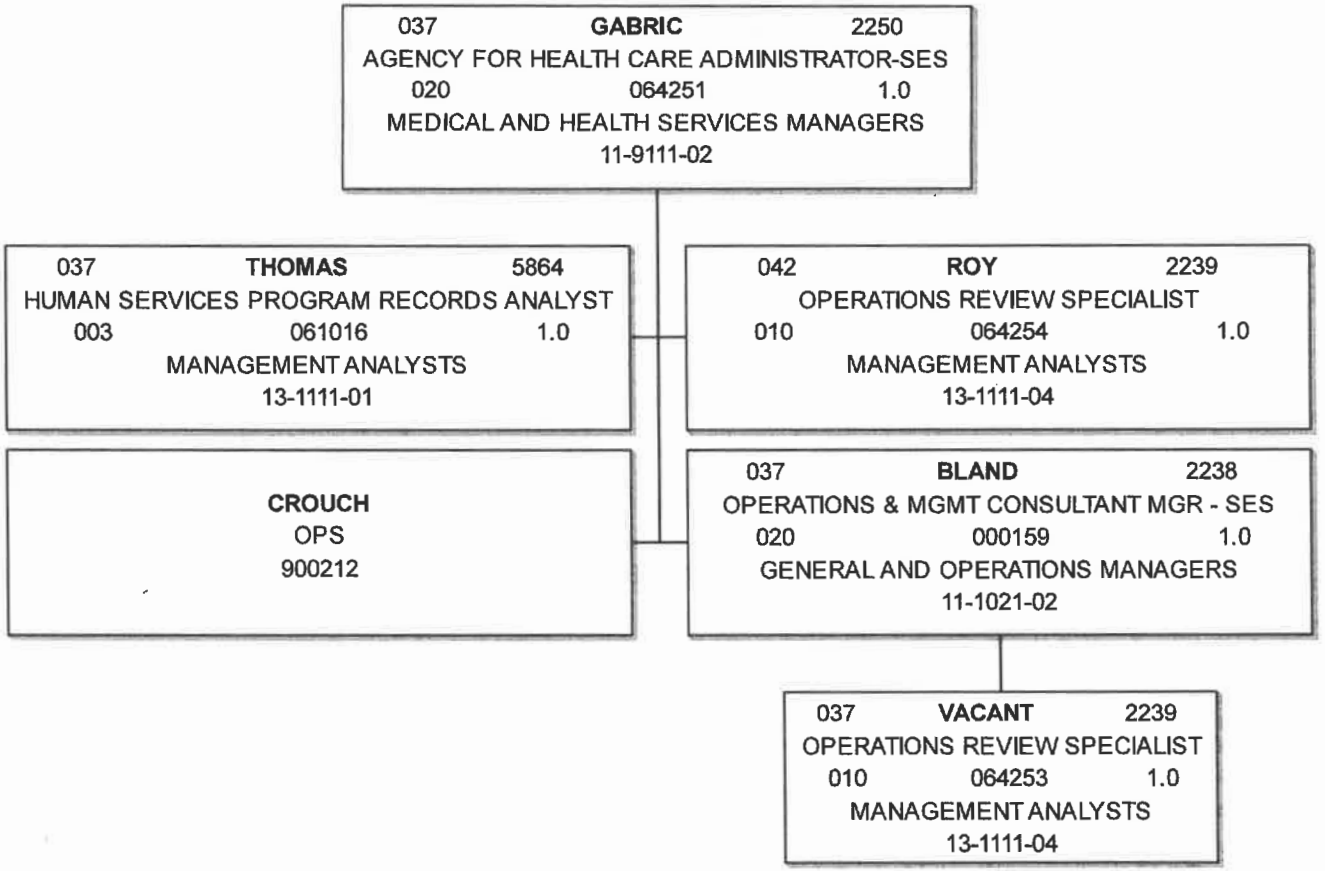


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Medicaid Third Party Liability

Effective Date: May 1, 2020
Org. Level: 68-40-00-00-001
FTEs: 5 Positions: 5

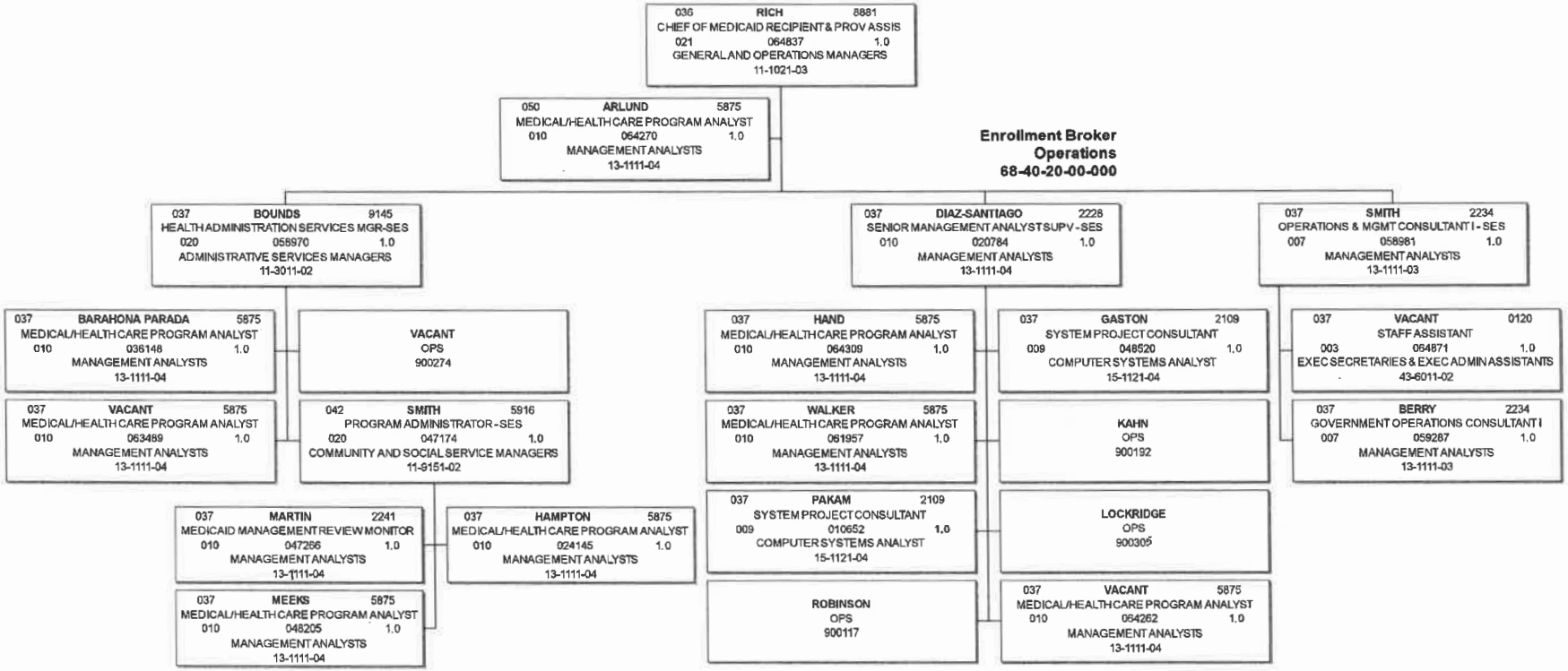


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Recipient and Provider Assistance

Effective Date: July 1, 2020
Org. Level: 68-40-10-00-000
FTEs: 18 Positions: 18



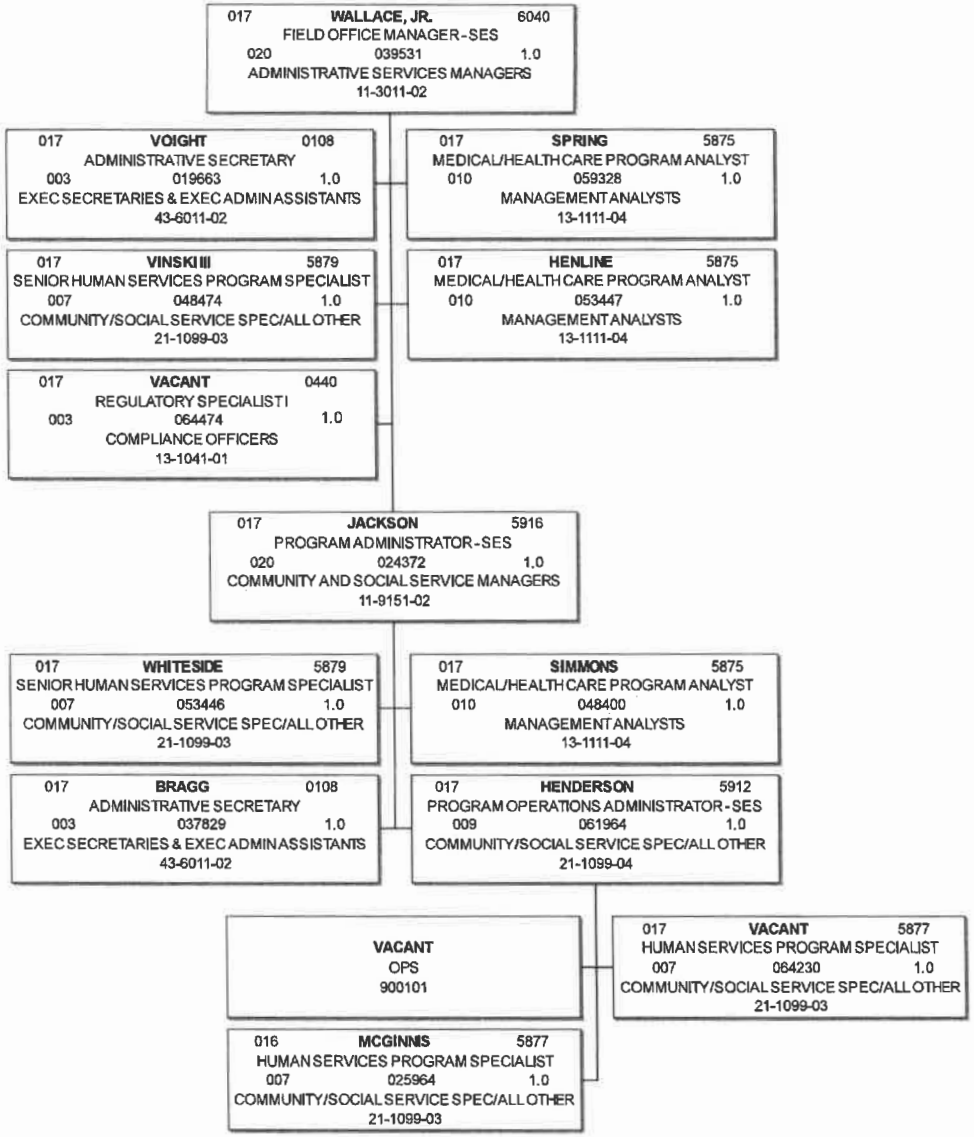
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Pensacola

Effective Date: July 1, 2020
Org. Level: 68-40-10-01-000
FTEs: 13 Positions: 13



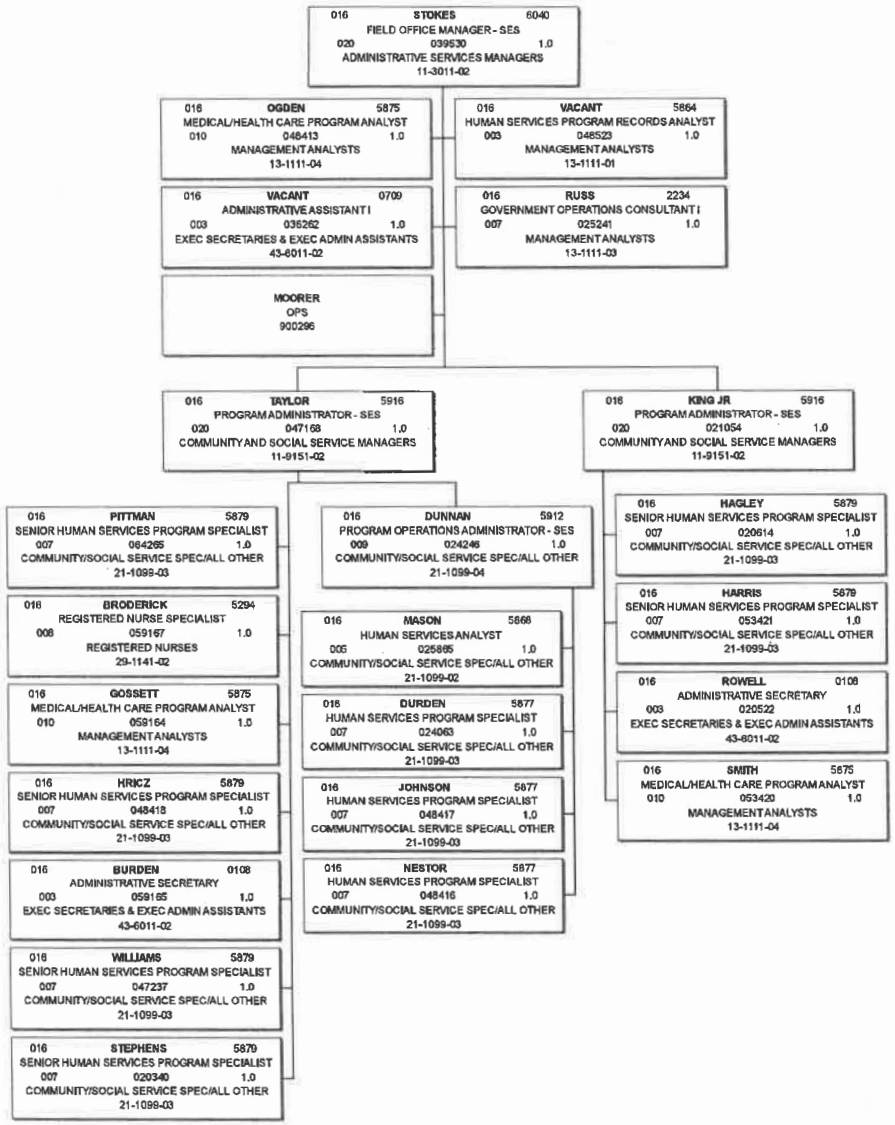
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Jacksonville

Effective Date: July 1, 2020
Org. Level: 68-40-10-04-000
FTEs: 22 Positions: 22



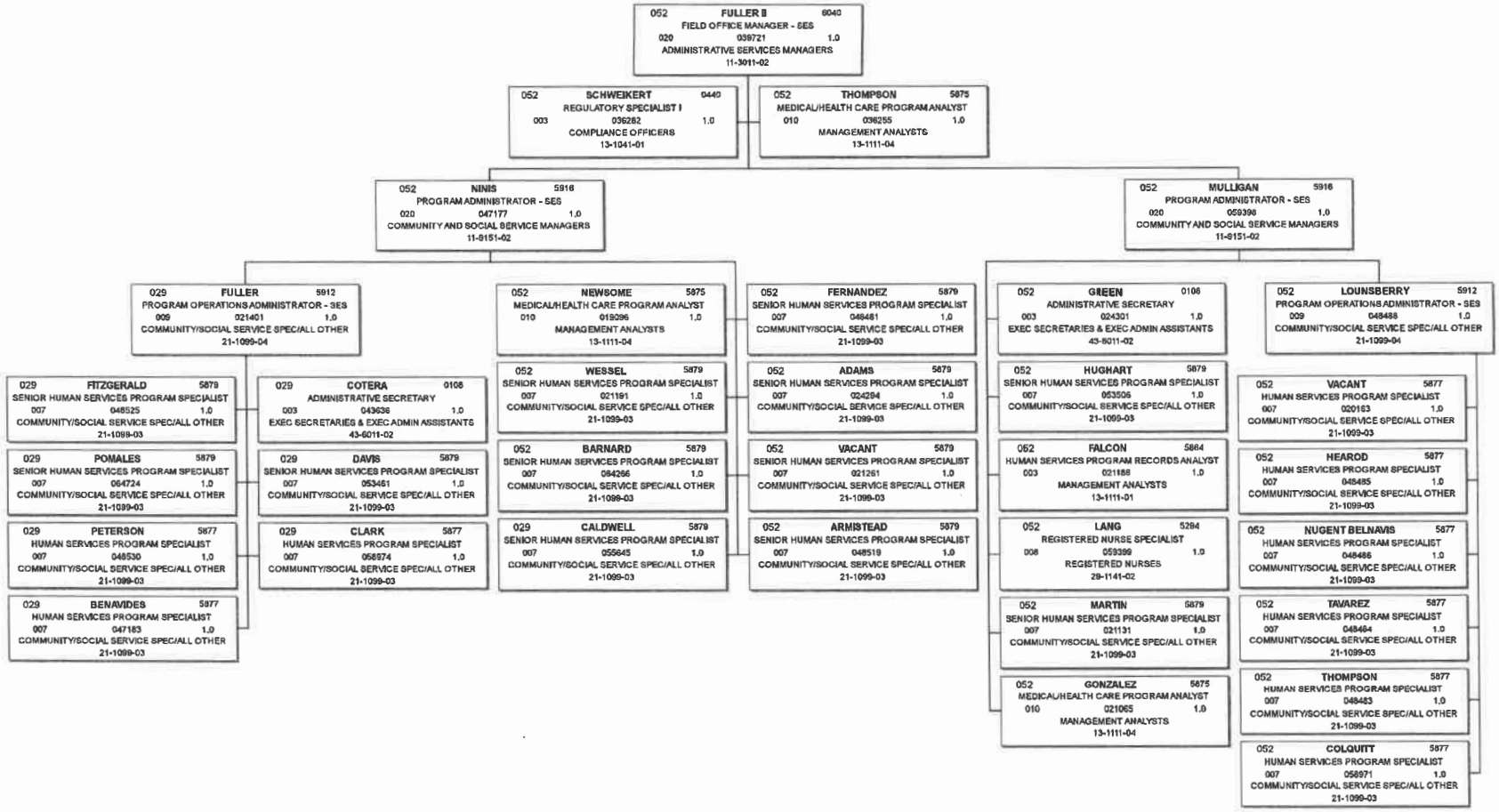
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

St. Petersburg

Effective Date: July 1, 2020
Org. Level: 68-40-10-05-000
FTEs: 34 Positions: 34



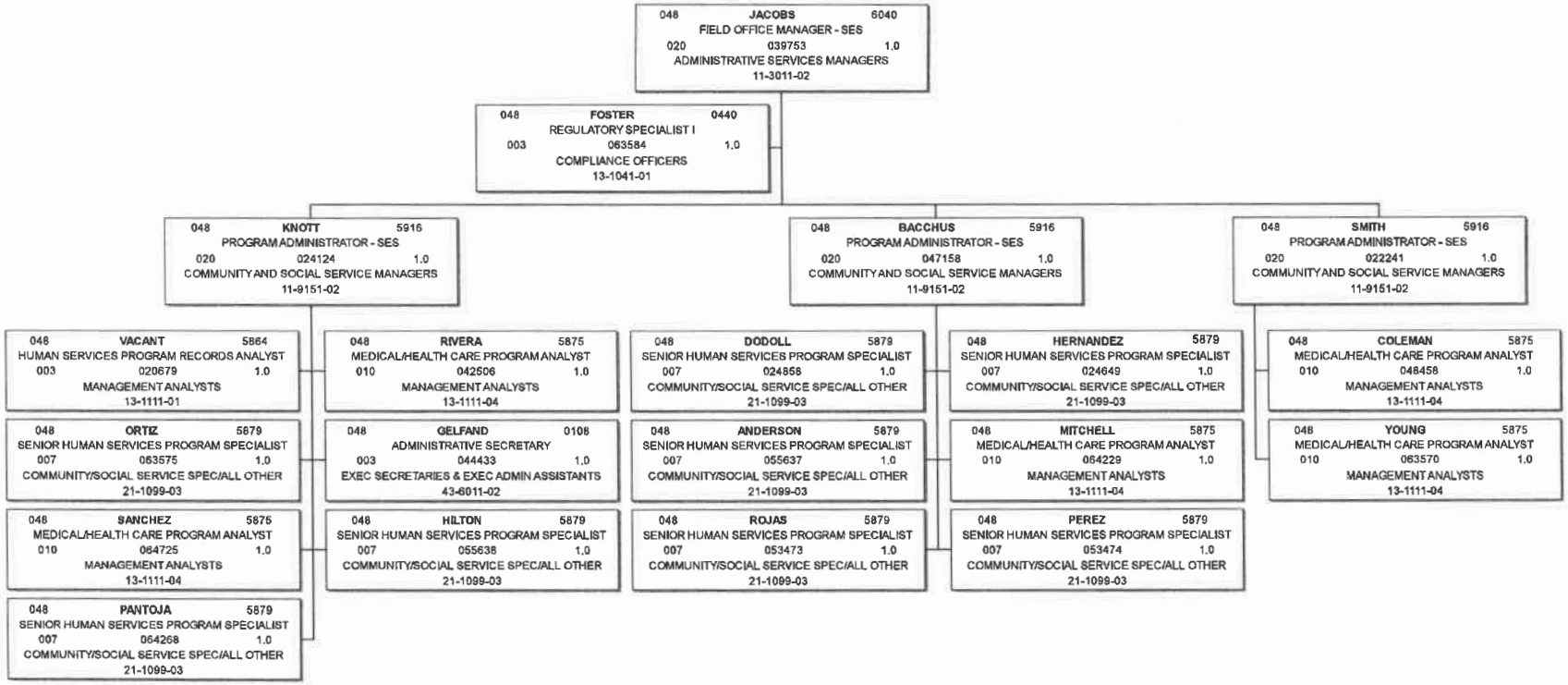
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Orlando

Effective Date: July 1, 2020
Org. Level: 68-40-10-07-000
FTEs: 20 Positions: 20



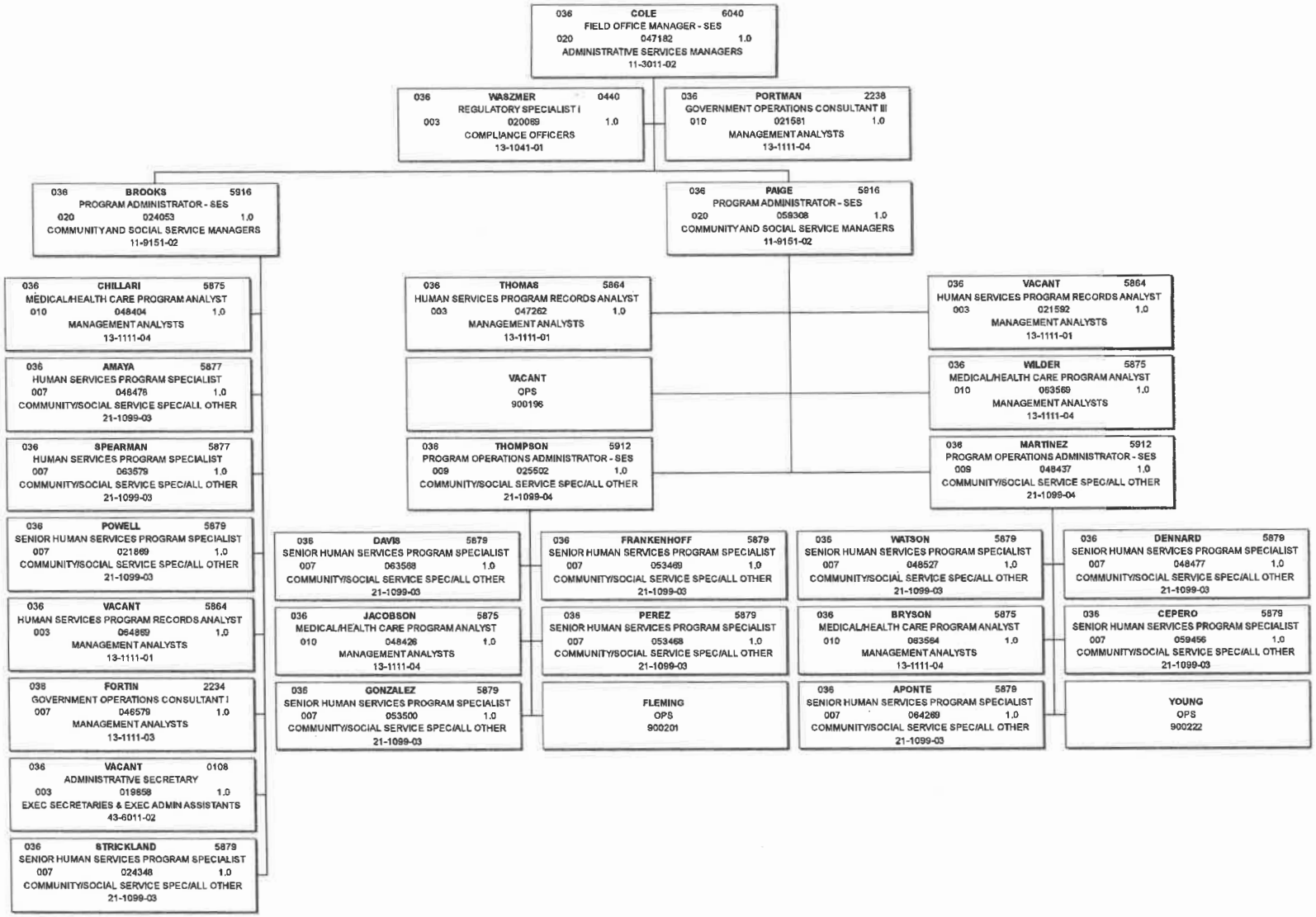
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Ft. Myers

Effective Date: July 1, 2020
Org. Level: 68-40-10-08-000
FTEs: 27 Positions: 27



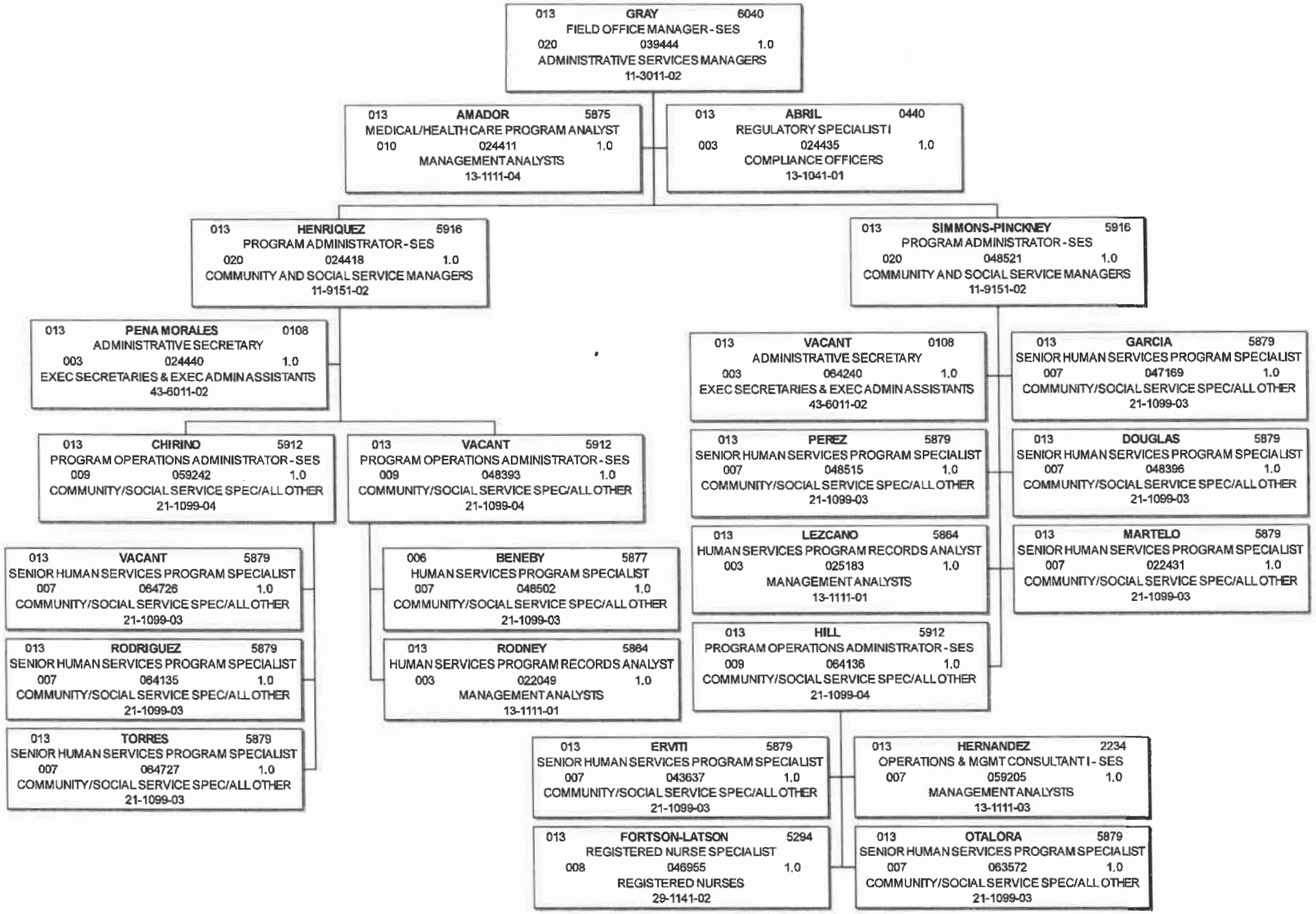
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Miami

Effective Date: July 1, 2020
Org. Level: 68-40-10-11-000
FTEs: 22 Positions: 22



AGENCY FOR HEALTH CARE ADMINISTRATION

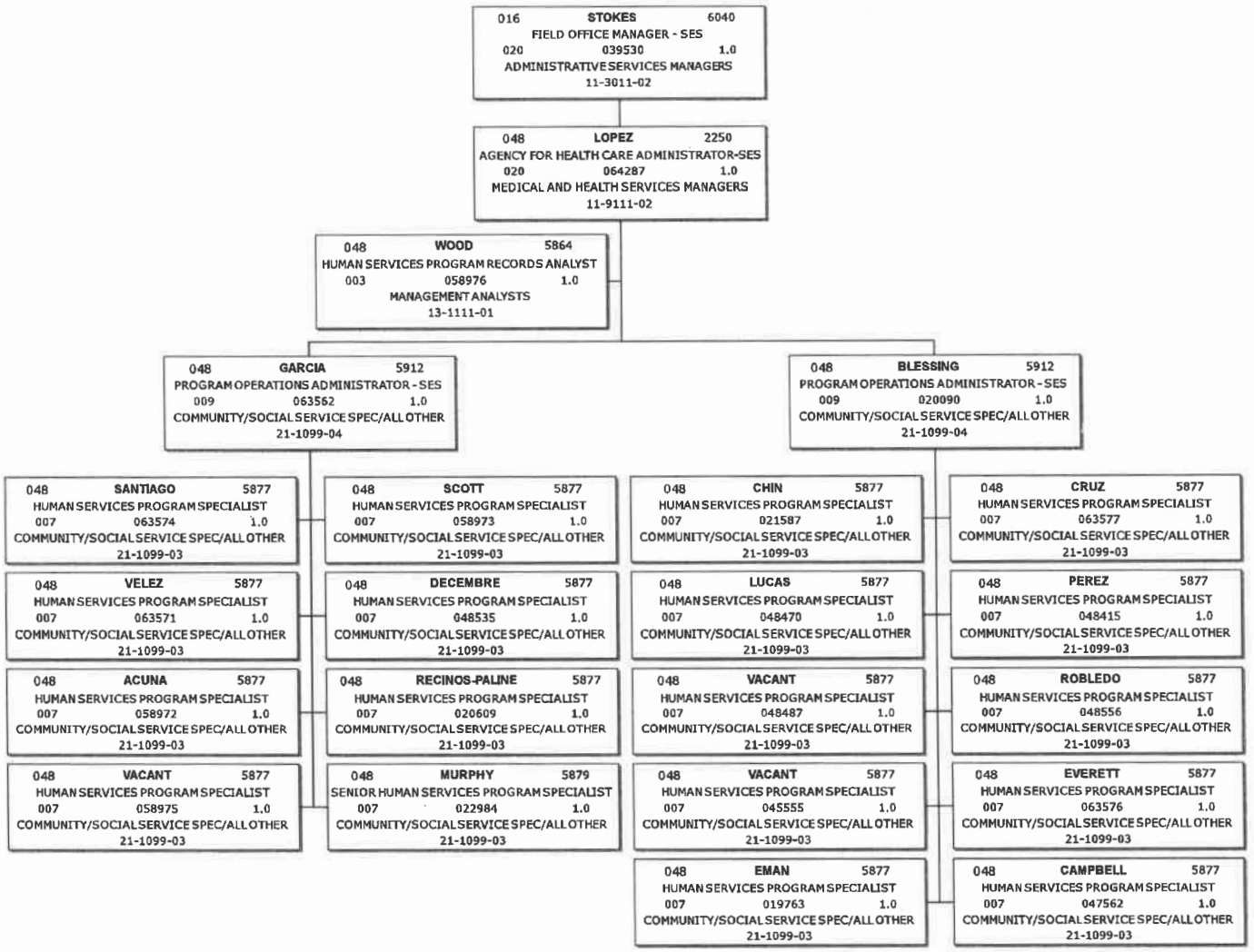
Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Enrollment Broker Operations

Contact Center Orlando

Effective Date: July 1, 2020
Org. Level: 68-40-20-07-000
FTEs: 22 Positions: 22



AGENCY FOR HEALTH CARE ADMINISTRATION

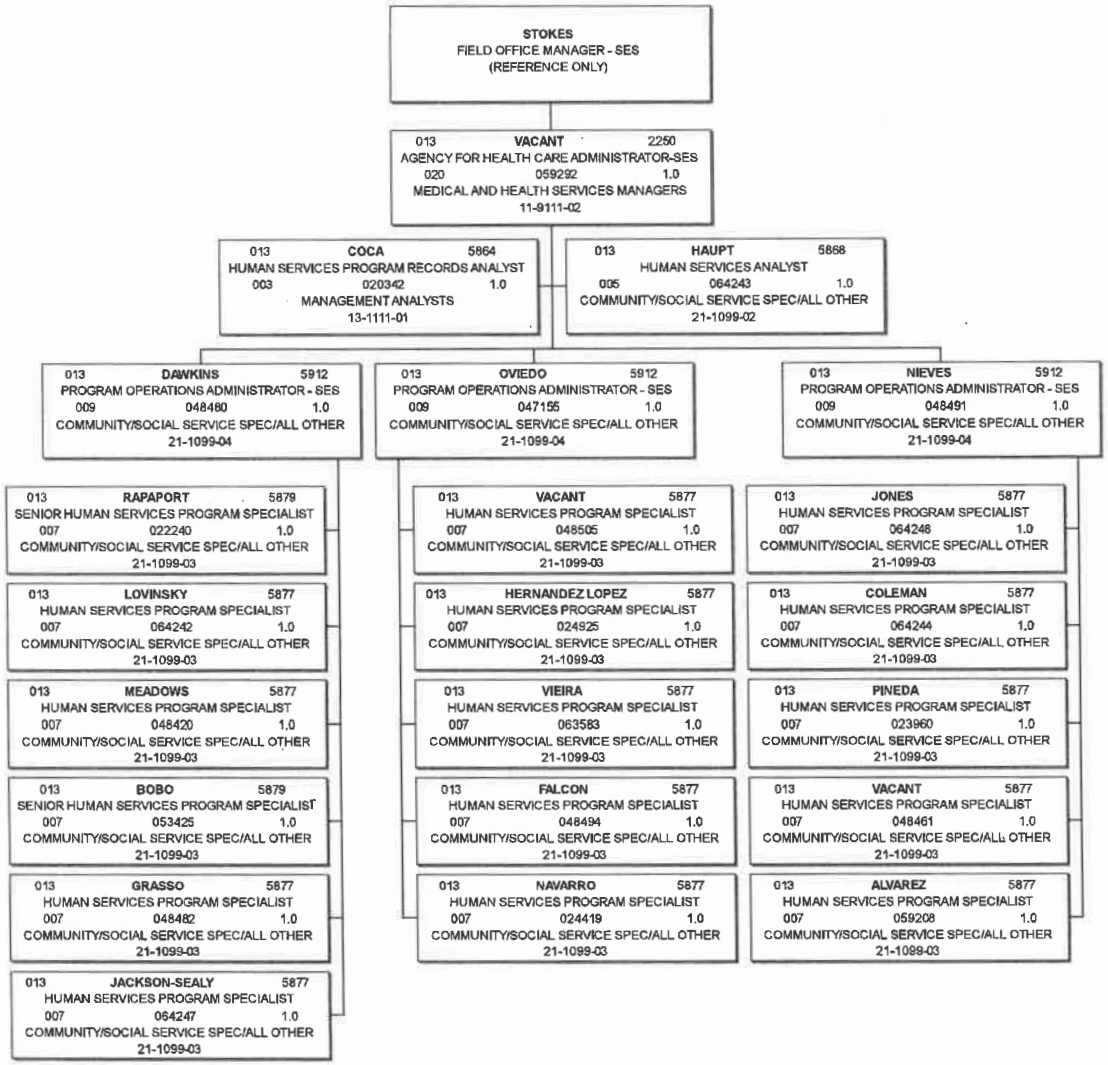
Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Enrollment Broker Operations

Contact Center Miami

Effective Date: July 1, 2020
Org. Level: 68-40-20-11-000
FTEs: 22 Positions: 22

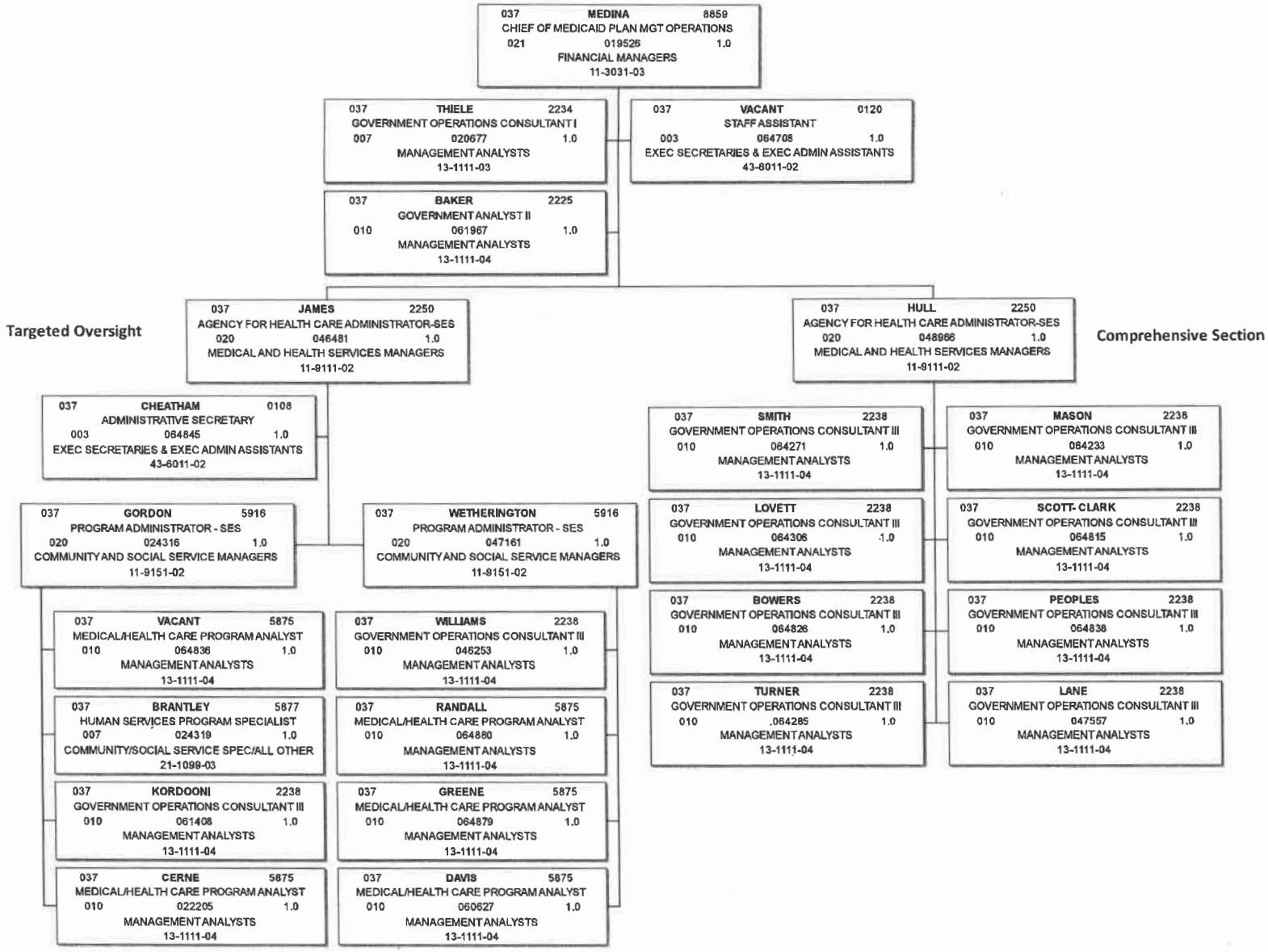


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Plan Management Operations

Effective Date: July 1, 2020
Org. Level: 68-40-30-00-000
FTEs: 43 Positions: 43

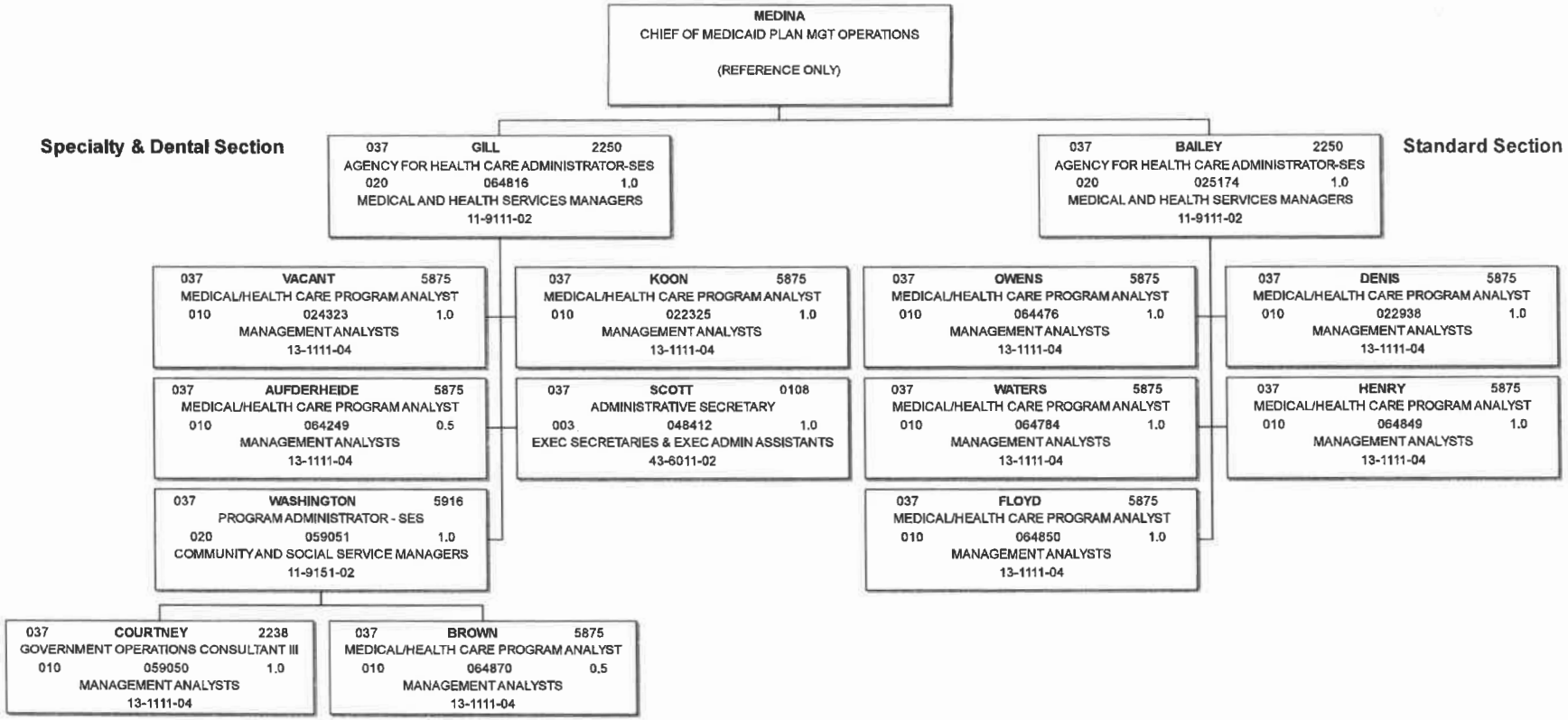


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Plan Management Operations

Effective Date: July 1, 2020
Org. Level: 68-40-30-00-000
FTEs: 43 Positions: 43



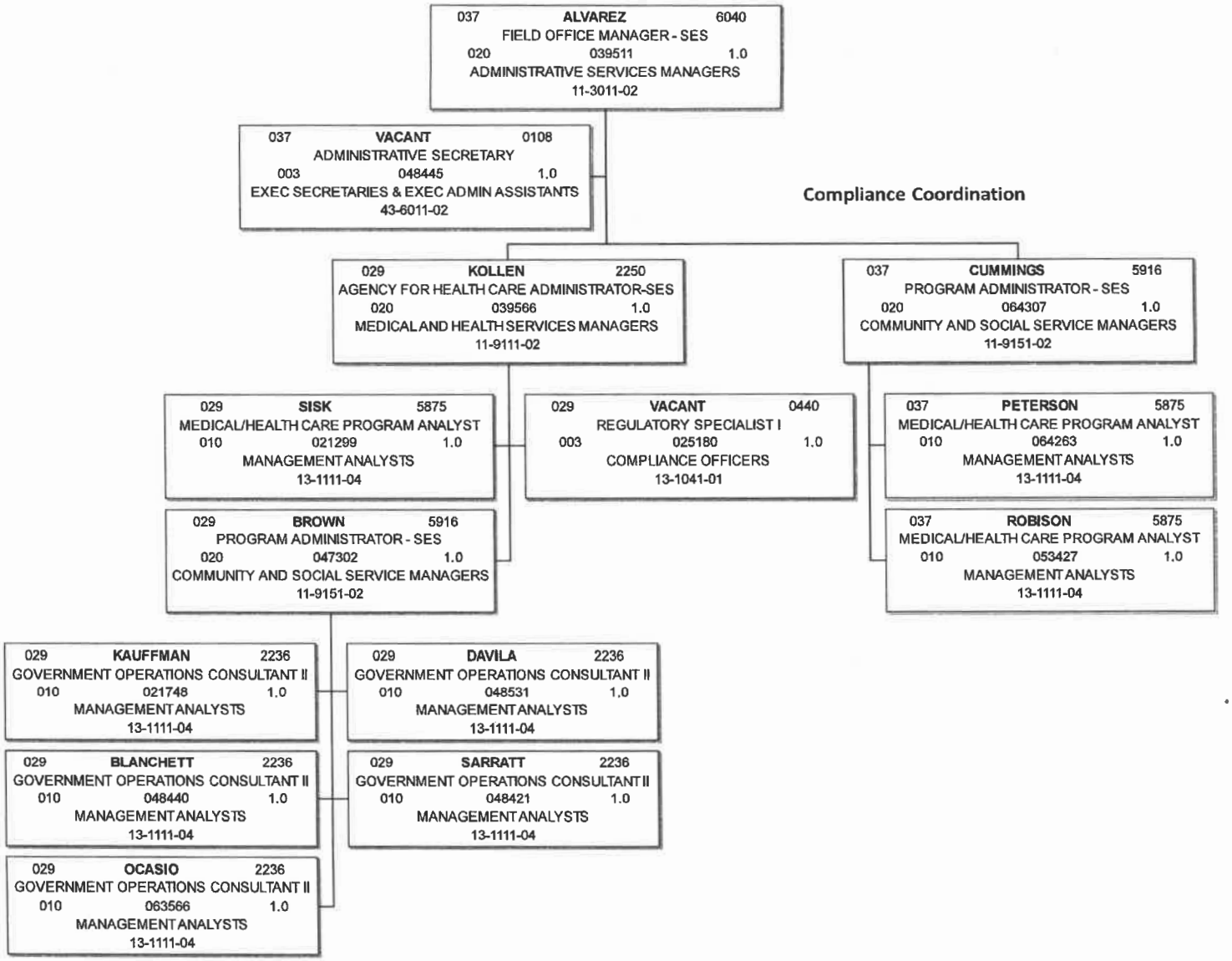
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Plan Management Operations

Tampa

Effective Date: July 1, 2020
Org. Level: 68-40-30-06-000
FTEs: 9 Positions: 9



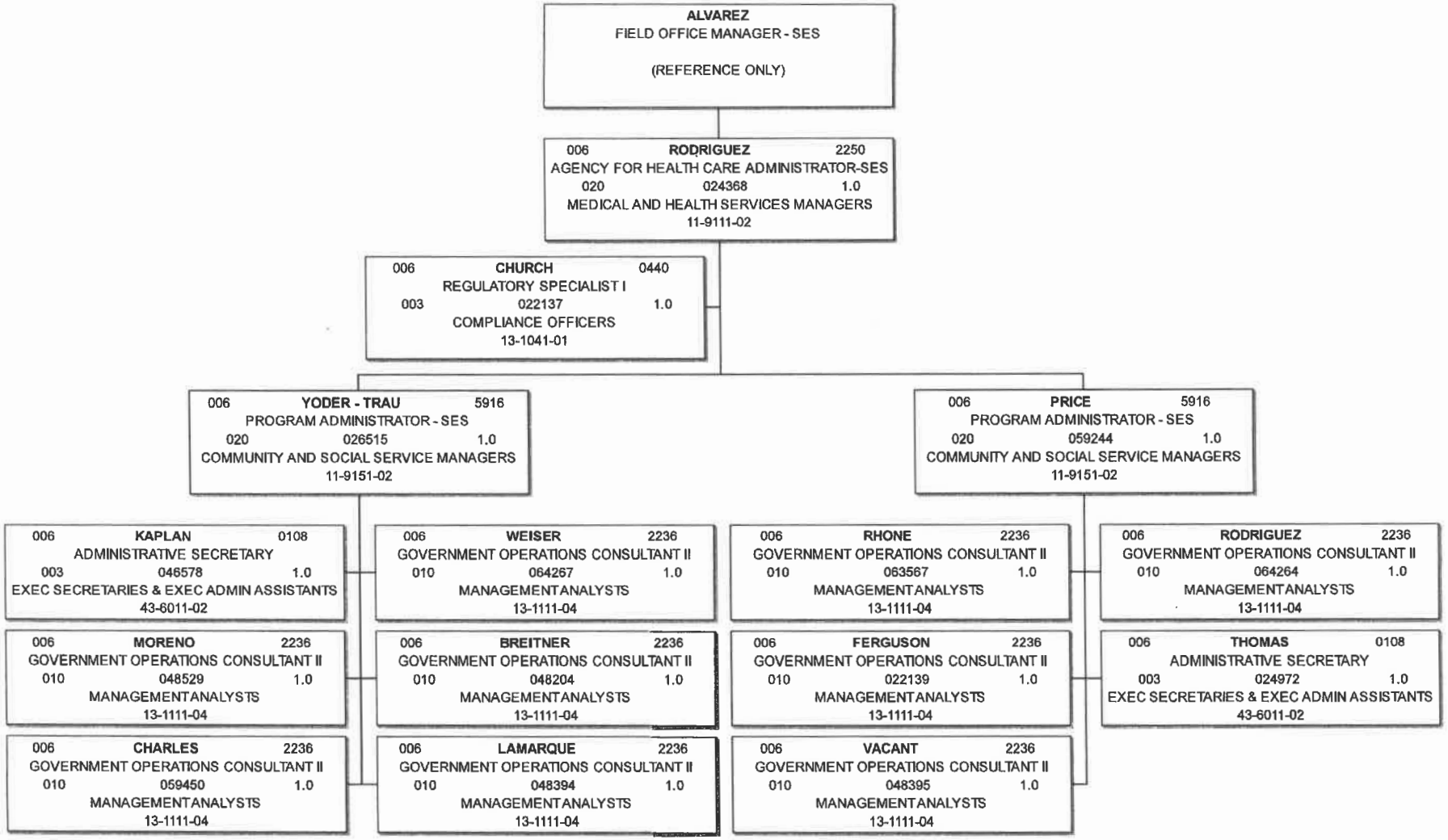
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Plan Management Operations

Ft. Lauderdale

Effective Date: July 1, 2020
Org. Level: 68-40-30-10-000
FTEs: 15 Positions: 15

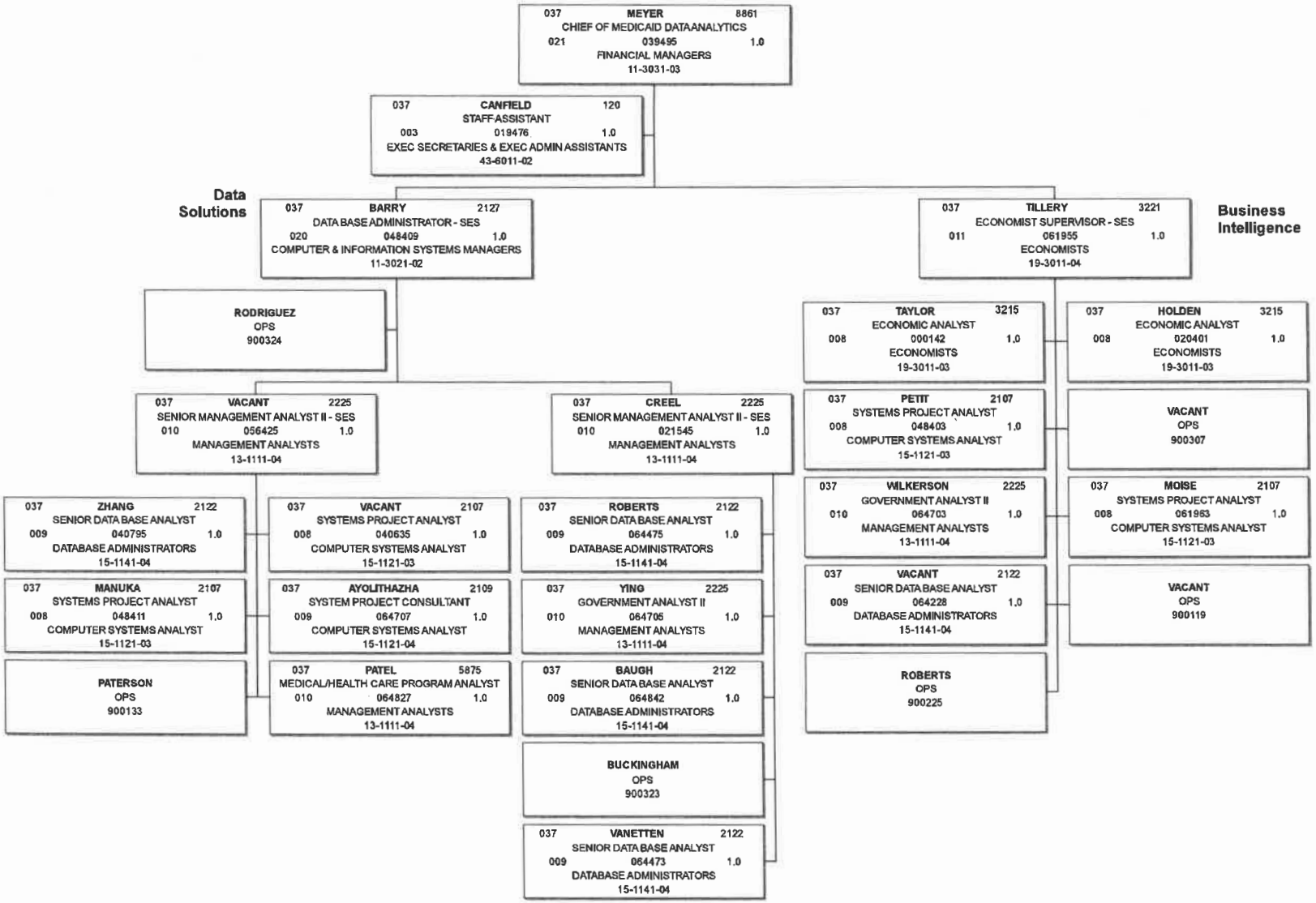


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Data Analytics

Effective Date: July 1, 2020
Org. Level: 68-40-40-00-000
FTEs: 30 Positions: 30

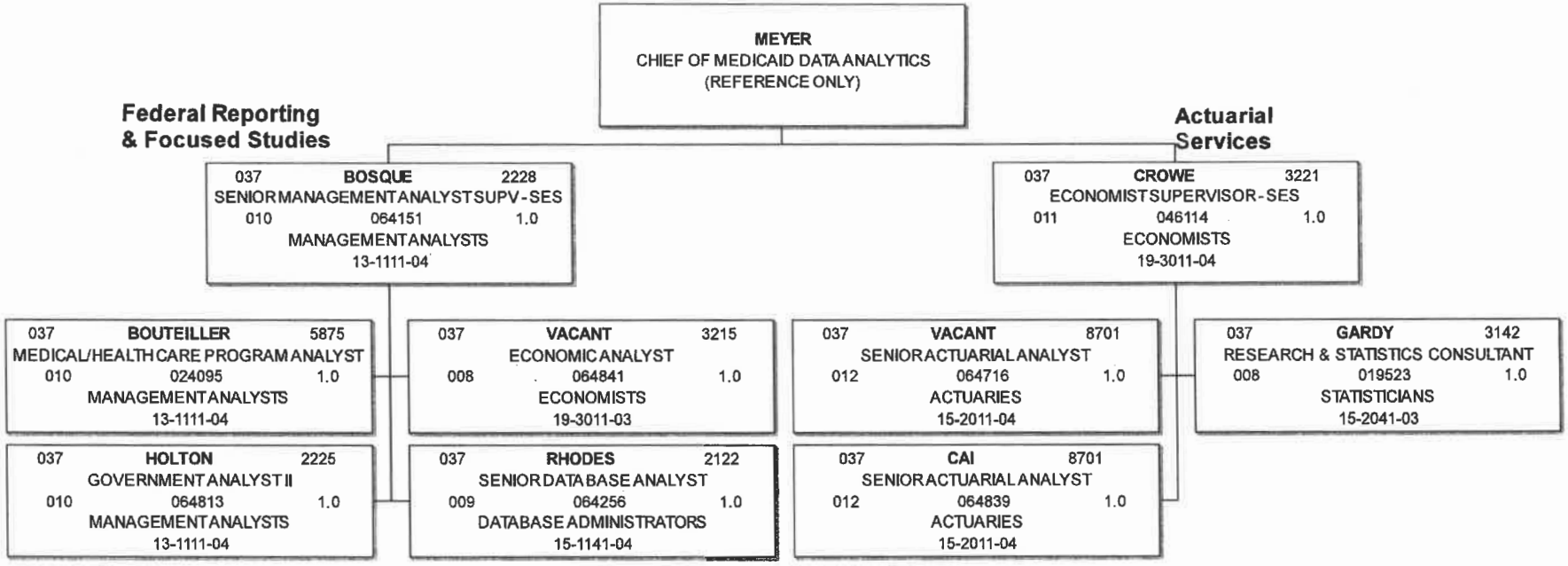


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Data Analytics

Effective Date: July 1, 2020
Org. Level: 68-40-40-00-000
FTEs: 30 Positions: 30

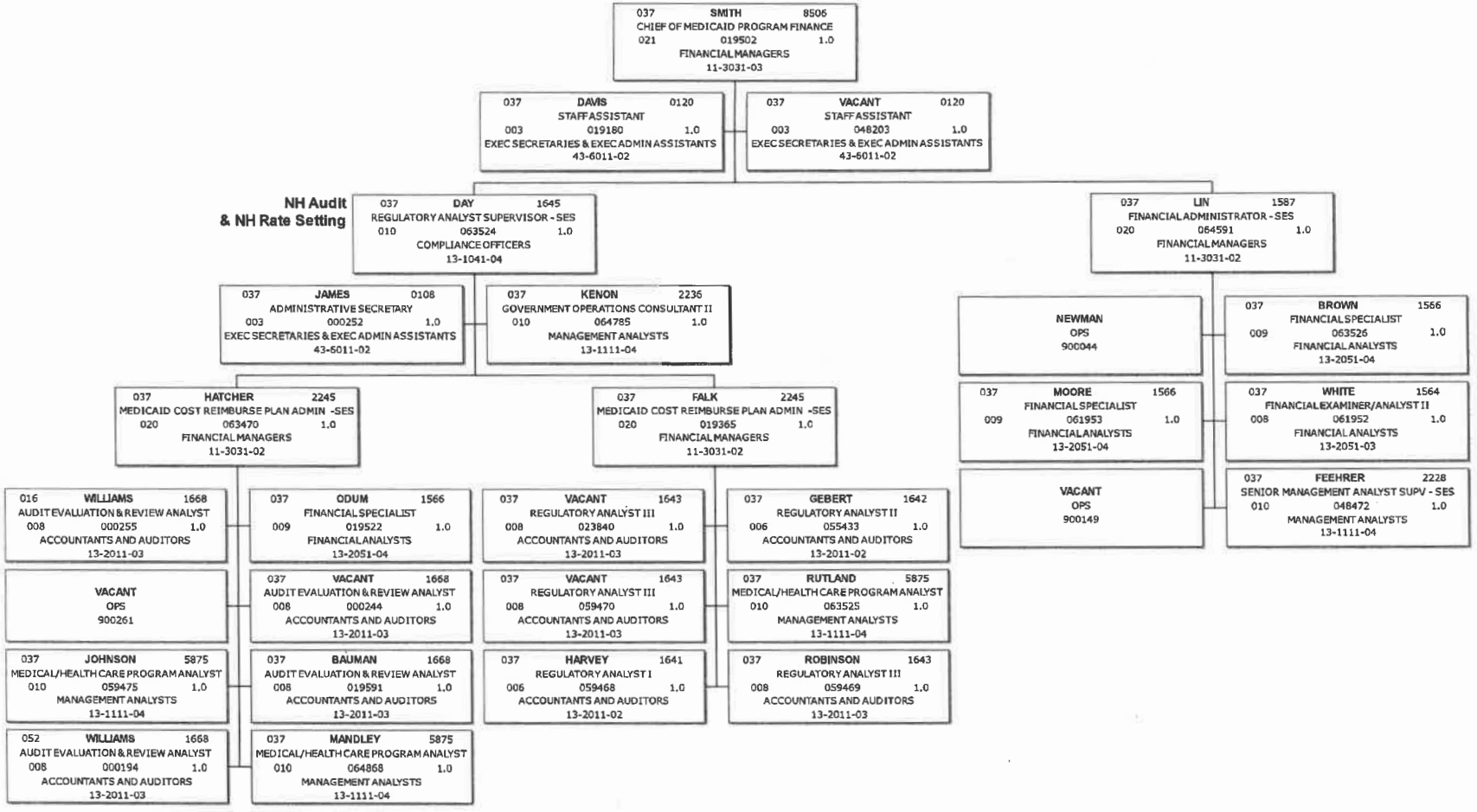


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Program Finance

Effective Date: July 1, 2020
Org. Level: 68-40-50-00-000
FTEs: 48 Positions: 48

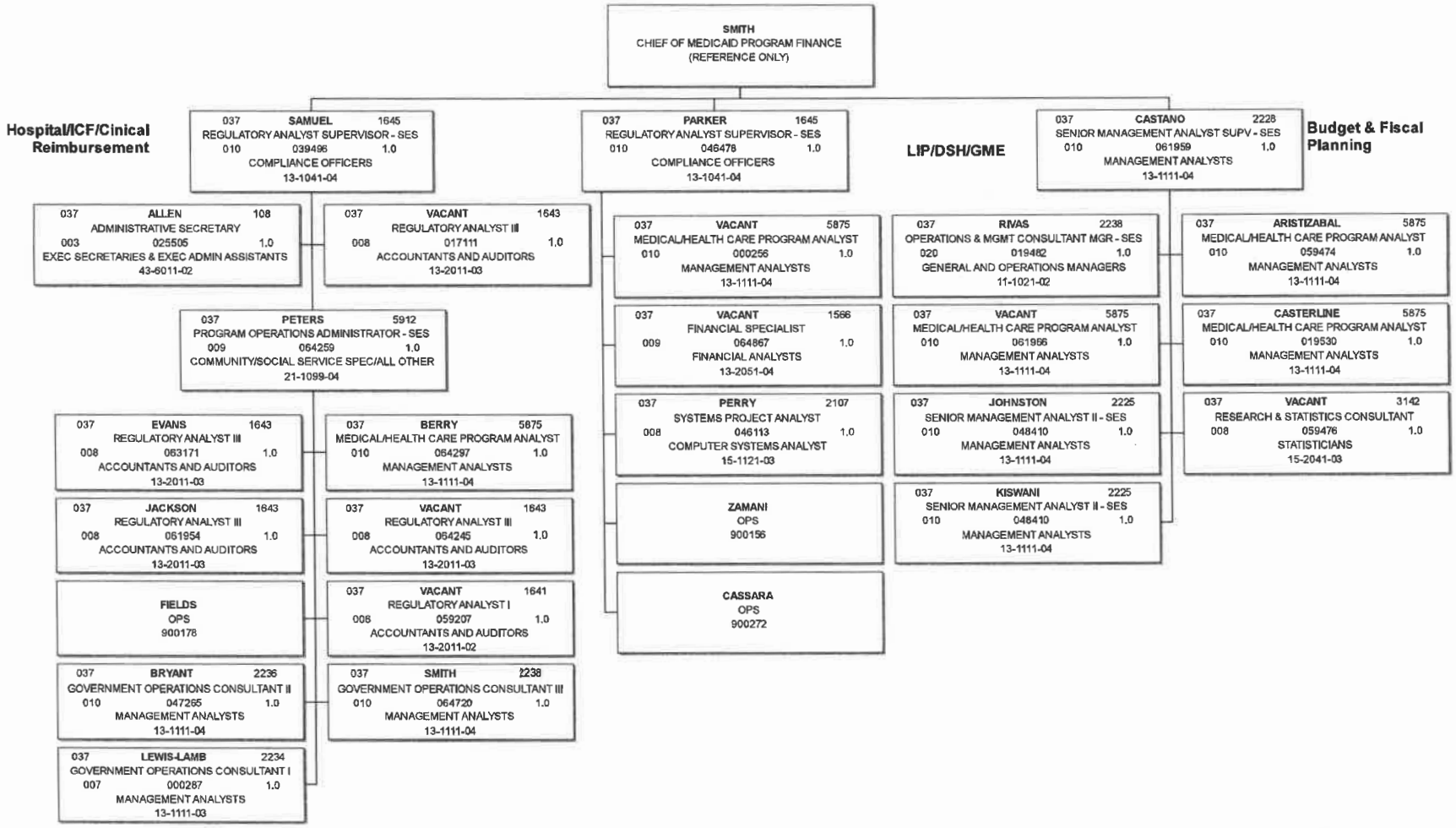


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Program Finance

Effective Date: July 1, 2020
Org. Level: 68-40-50-00-000
FTEs: 48 Positions: 48

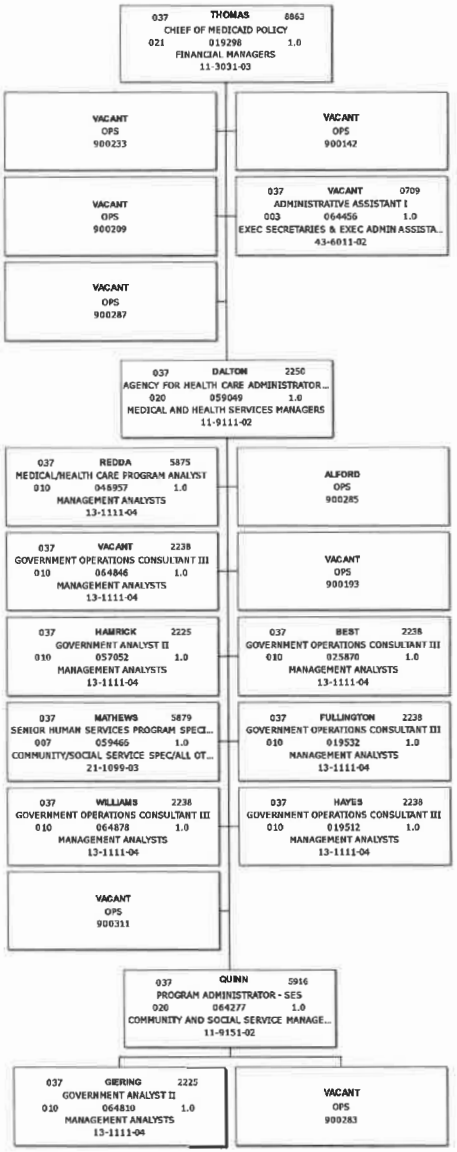


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Policy

Effective Date: July 1, 2020
Org. Level: 68-40-60-00-000
FTEs:59 Positions: 59



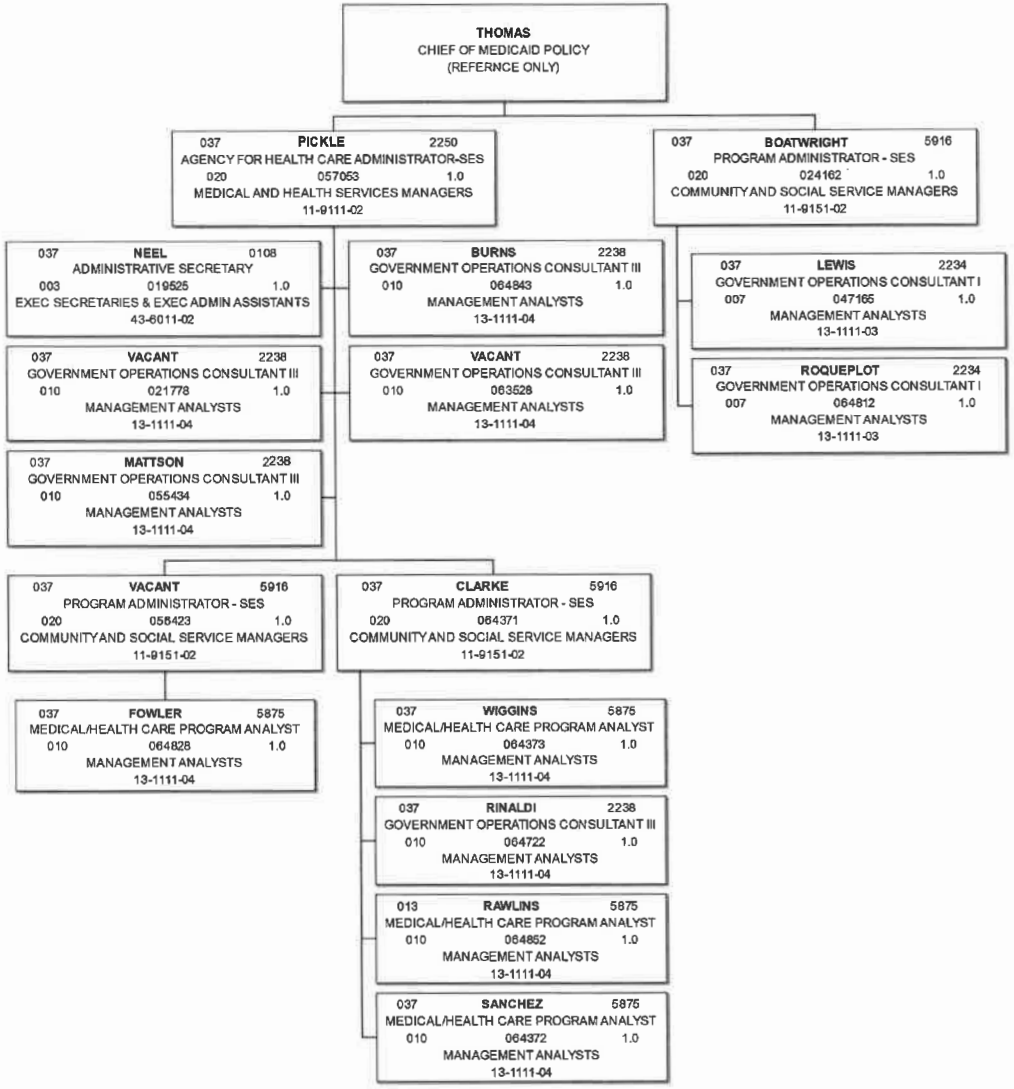
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Policy

Managed Care and Policy Contracts

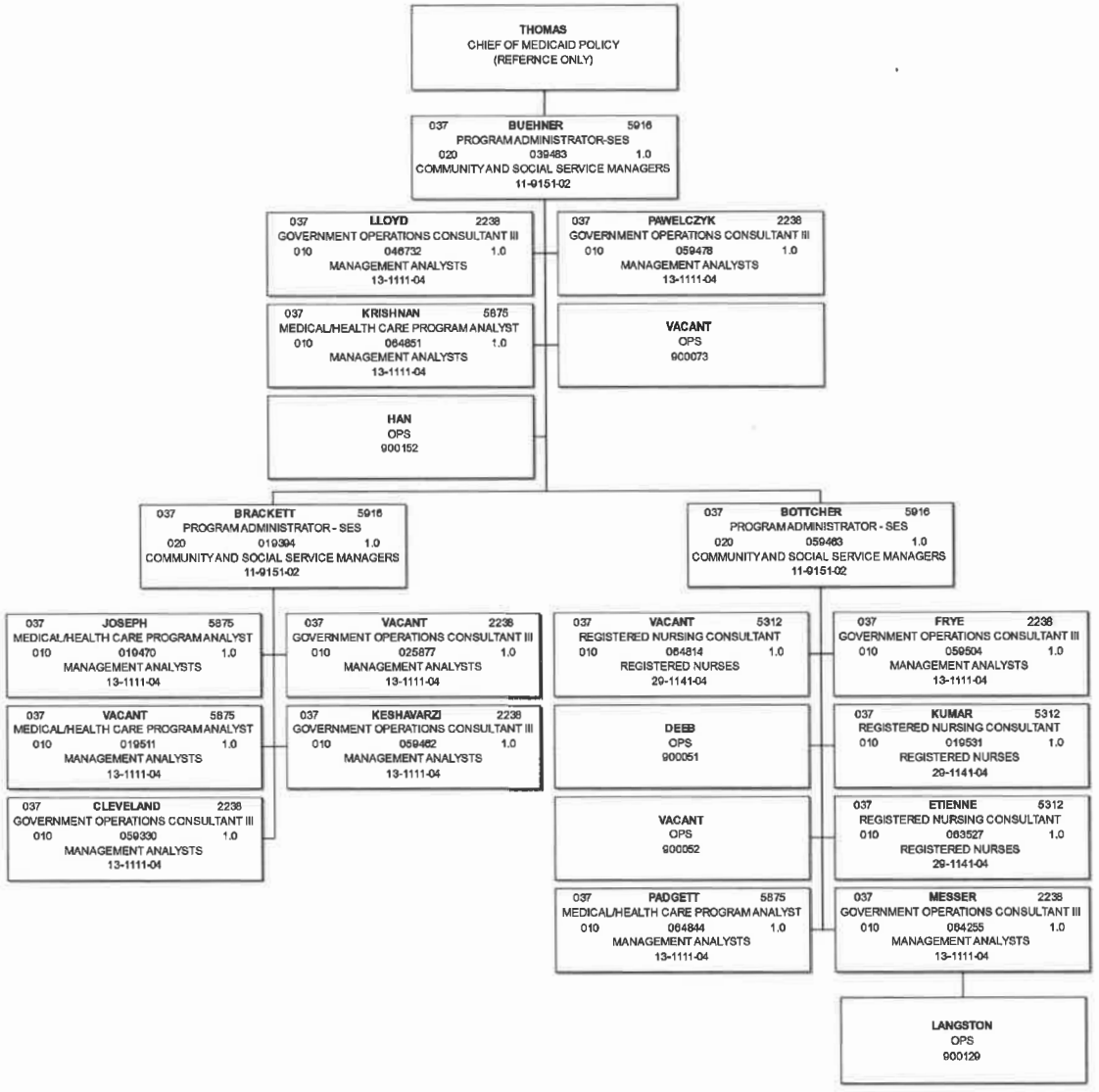
Effective Date: July 1, 2020
Org. Level: 68-40-60-00-000
FTEs: 59 Positions: 59



AGENCY FOR HEALTH CARE ADMINISTRATION

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

Effective Date: July 1, 2020
Org. Level: 68-40-60-00-000
FTEs: 59 Positions: 59

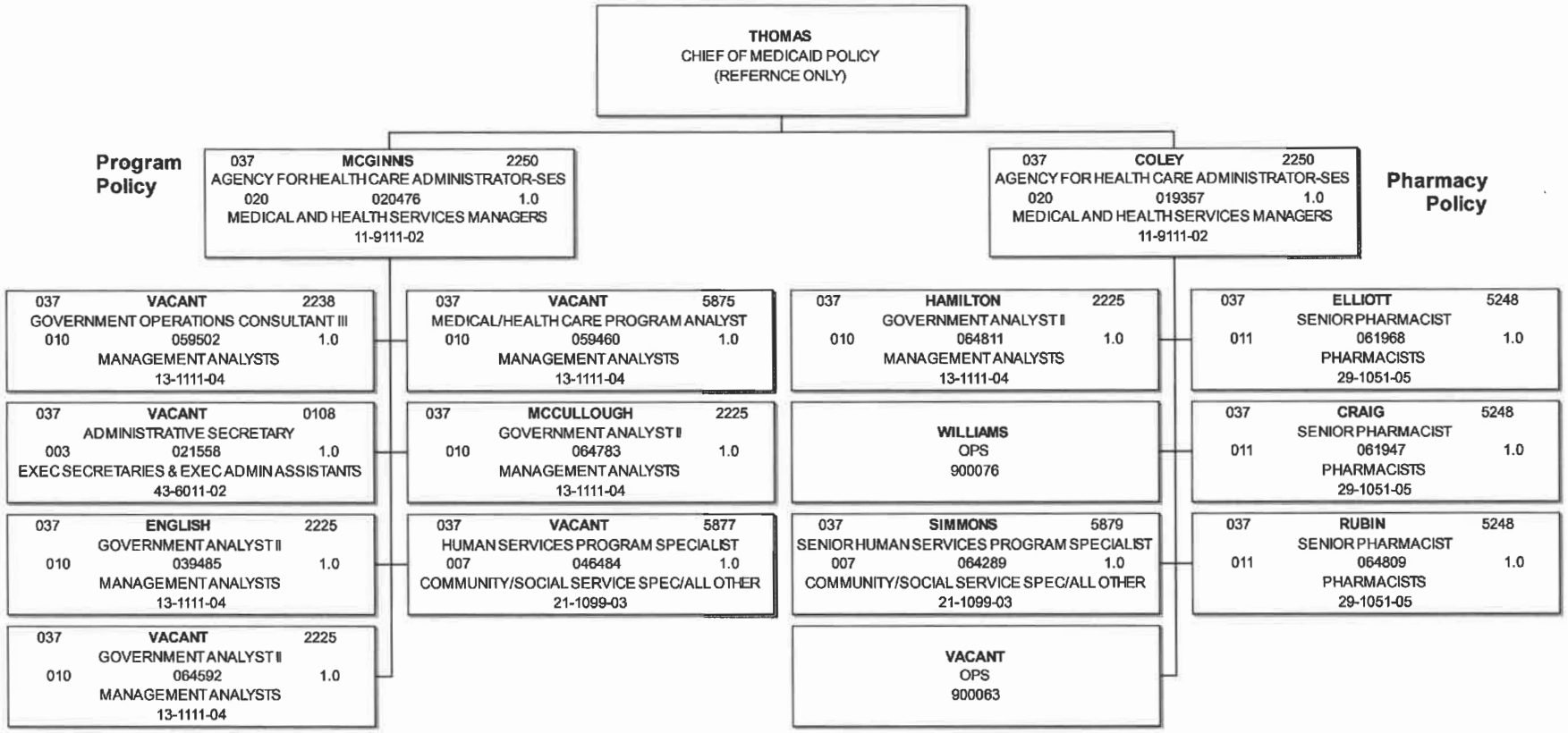


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Policy

Effective Date: July 1, 2020
Org. Level: 68-40-60-00-000
FTEs: 59 Positions: 59

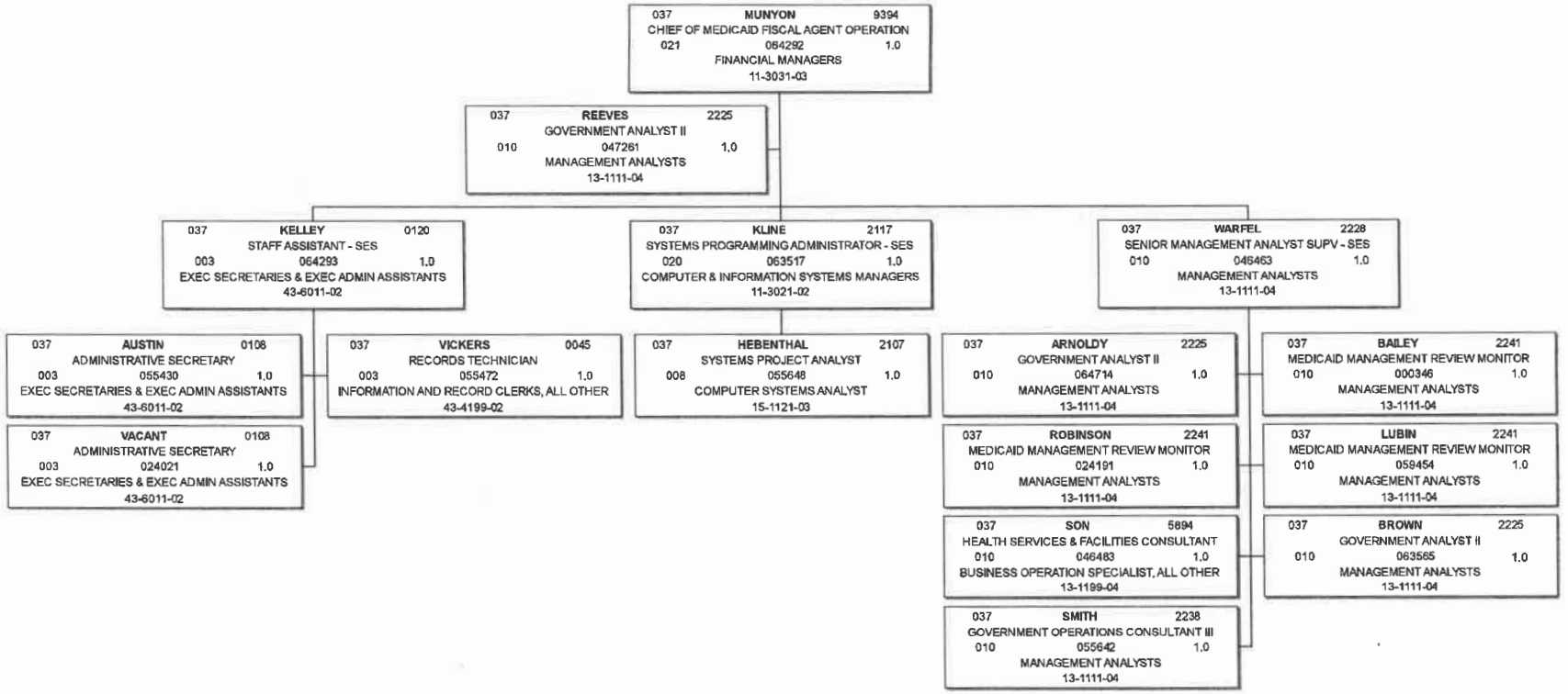


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Fiscal Agent Operations

Effective Date: July 1, 2020
Org. Level: 68-40-70-00-000
FTEs: 50 Positions: 50



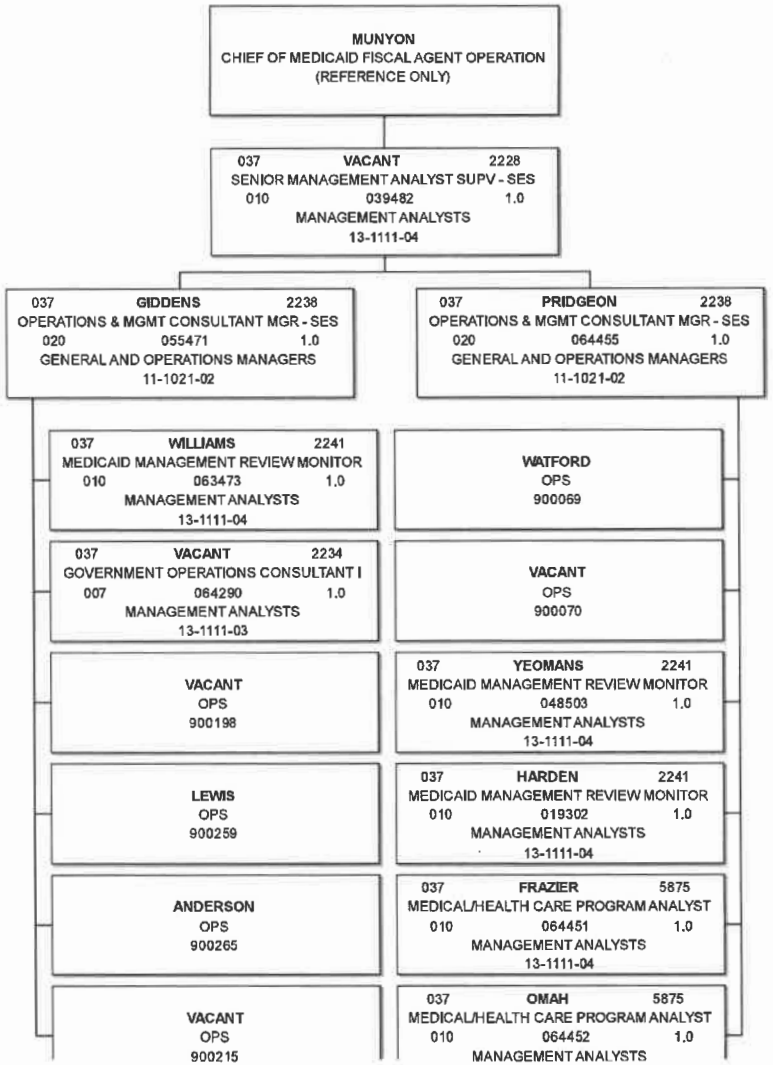
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Fiscal Agent Operations

Recipient File Management

Effective Date: July 1, 2020
Org. Level: 68-40-70-00-000
FTEs: 50 Positions: 50

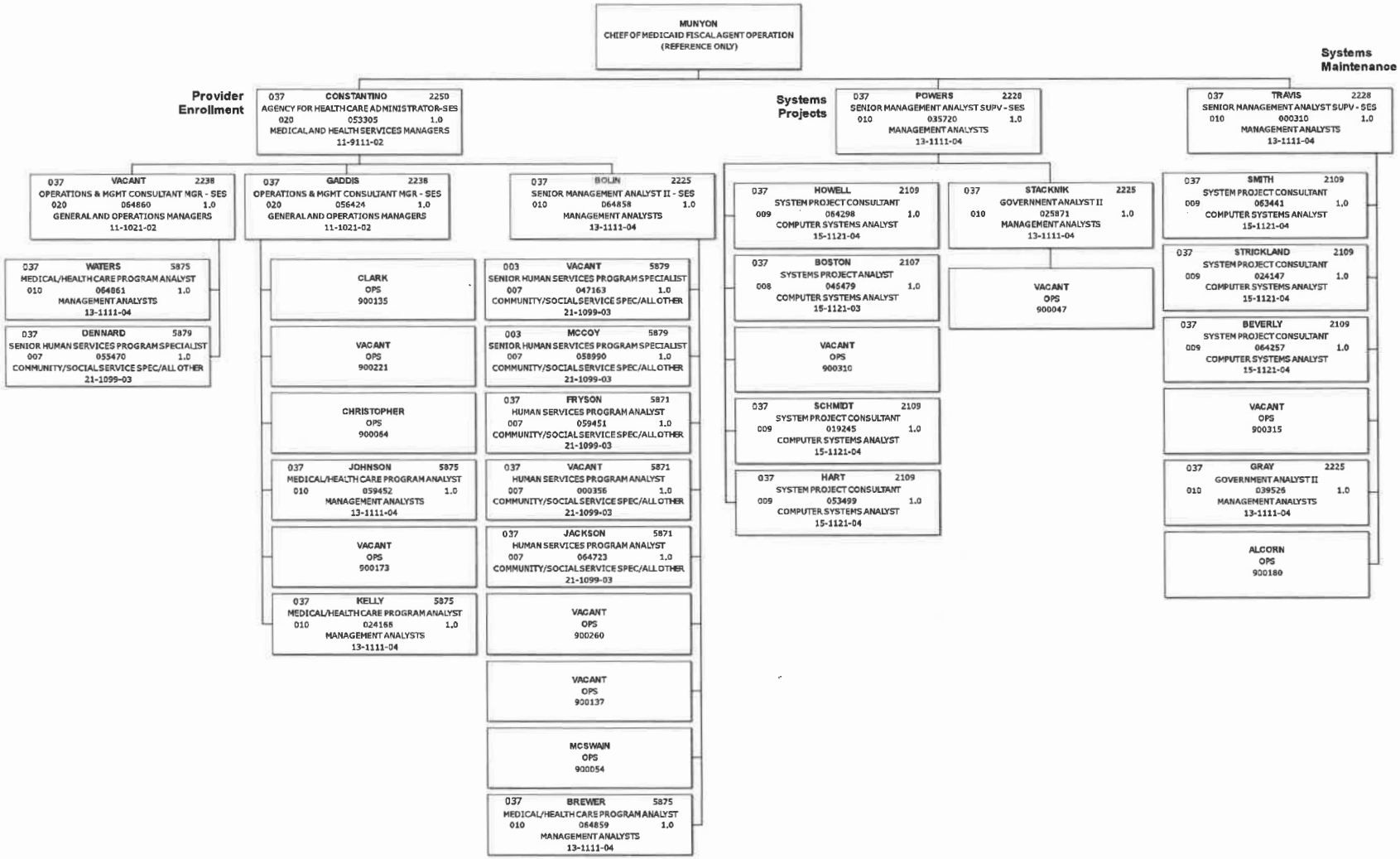


AGENCY FOR HEALTH CARE ADMINISTRATION

Divsion of Medicaid

Bureau of Medicaid Fiscal Agent Operations

Effective Date: July 1, 2020
Org. Level: 68-40-70-00-000
FTEs: 50 Positions: 50



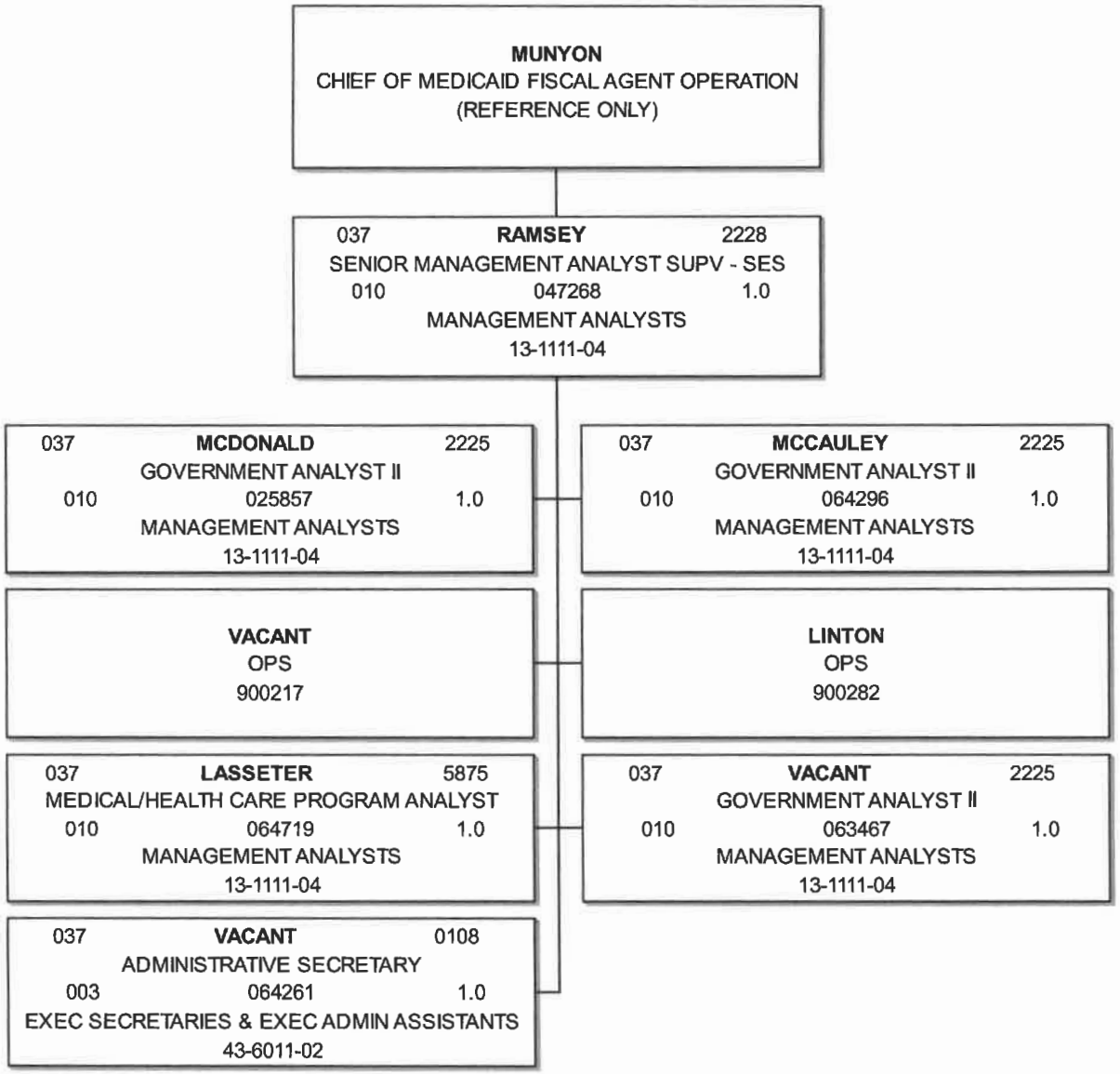
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Fiscal Agent Operations

Procurement

Effective Date: July 1, 2020
Org. Level: 68-40-70-15-000
FTEs: 5 Positions: 5

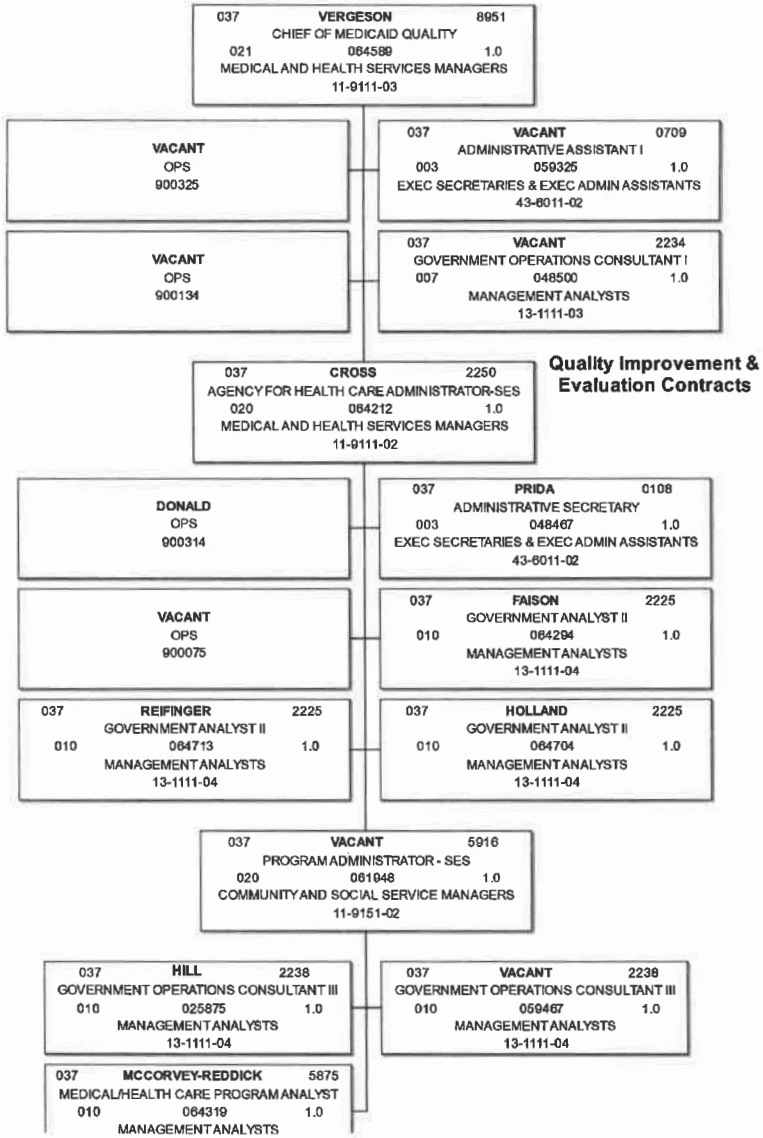


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Quality

Effective Date: July 1, 2020
Org. Level: 68-40-80-00-000
FTEs: 43.5 Positions: 44

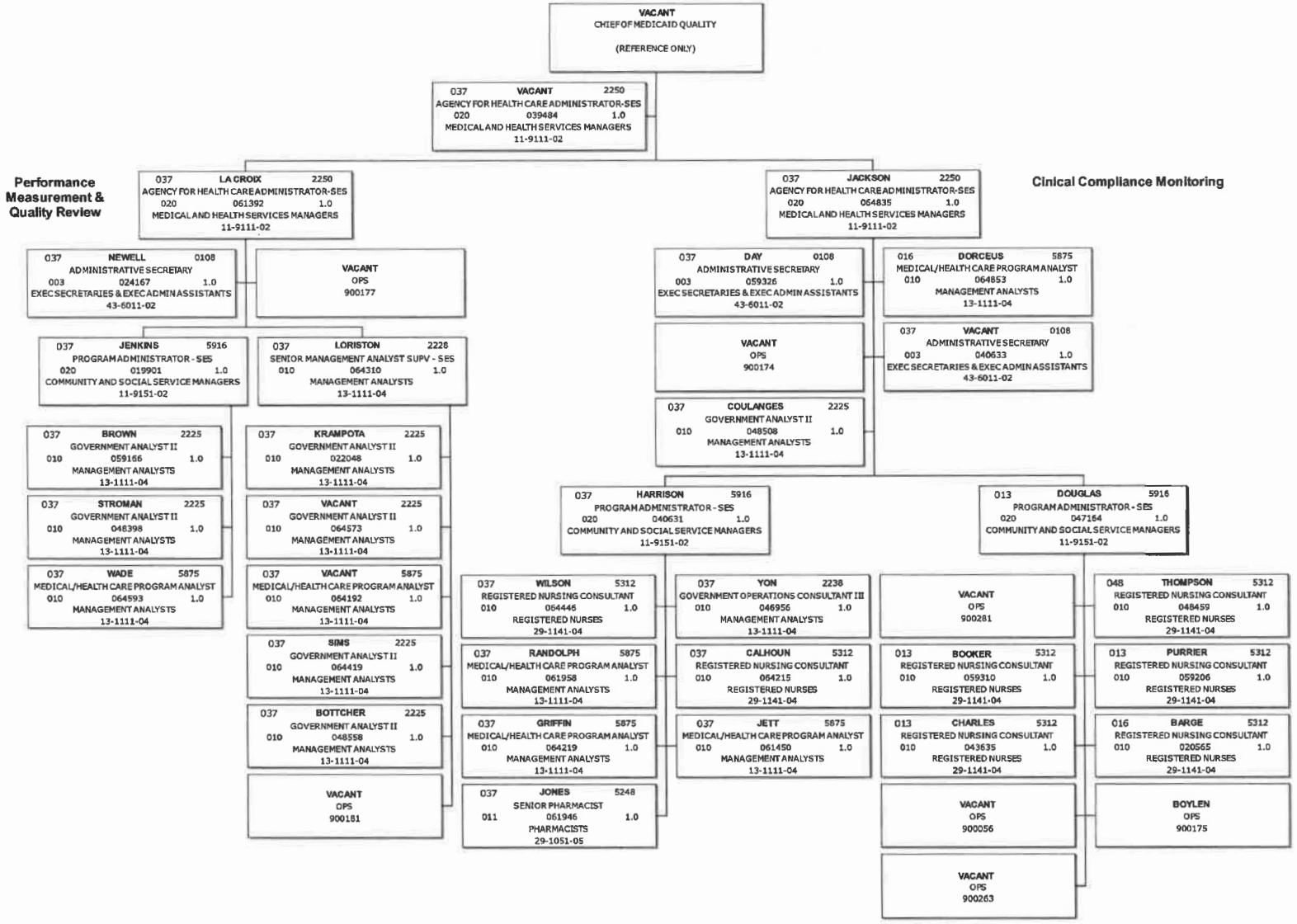


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Quality

Effective Date: July 1, 2020
Org. Level: 68-40-80-00-000
FTEs: 43.5 Positions: 44



AGENCY FOR HEALTH CARE ADMINISTRATION

SECTION I: BUDGET	FISCAL YEAR 2018-19 OPERATING	FIXED CAPITAL OUTLAY
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT	29,418,002,759	0
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)	-1,485,330,655	0
FINAL BUDGET FOR AGENCY	27,932,672,104	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 *	229,362	32,792.38	7,521,326,846	
Prepaid Health Plans - Families *	2,787,399	1,842.55	5,135,924,511	
Elderly And Disabled/Fee For Service/Medipass - Hospital Inpatient * **Number of case months Medicaid program services purchased**	21,707	20,593.88	447,031,449	
Elderly And Disabled/Fee For Service/Medipass - Prescribed Medicines * **Number of case months Medicaid program services purchased**	57,840	4,003.85	231,582,740	
Elderly And Disabled/Fee For Service/Medipass - Physician Services * **Number of case months Medicaid program services purchased**	134,120	2,256.72	302,671,836	
Elderly And Disabled/Fee For Service/Medipass - Hospital Outpatient * **Number of case months Medicaid program services purchased**	134,120	638.59	85,647,407	
Elderly And Disabled/Fee For Service/Medipass - Supplemental Medical Insurance * **Number of case months Medicaid program services purchased**	1,448,797	1,112.74	1,612,141,209	
Elderly And Disabled/Fee For Service/Medipass - Case Management * **Number of case months Medicaid program services purchased**	713,744	0.15	110,172	
Elderly And Disabled/Fee For Service/Medipass - Hospital Insurance Benefit * **Number of case months Medicaid program services purchased**	127,321	265.74	33,834,886	
Elderly And Disabled/Fee For Service/Medipass - Other * **Number of case months Medicaid program services purchased**	71,305	24,147.98	1,721,871,626	
Women And Children/Fee For Service/Medipass - Hospital Inpatient * **Number of case months Medicaid program services purchased**	240,983	1,384.41	333,618,324	
Women And Children/Fee For Service/Medipass - Prescribed Medicines * **Number of case months Medicaid program services purchased**	279,737	242.15	67,738,818	
Women And Children/Fee For Service / Medipass - Hospital Outpatient * **Number of case months Medicaid program services purchased**	728,774	159.48	116,225,393	
Women And Children/Fee For Service / Medipass - Supplemental Medical Insurance * **Number of case months Medicaid program services purchased**	6,234,889	47.25	294,597,674	
Women And Children/Fee For Service / Medipass - Case Management * **Number of case months Medicaid program services purchased**	3,102,844	0.00	13,409	
Women And Children/Fee For Service / Medipass - Other * **Number of case months Medicaid program services purchased**	791,589	254.87	201,751,545	
Medically Needy - Hospital Inpatient * **Number of case months Medicaid program services purchased**	24,654	2,707.13	66,741,617	
Medically Needy - Prescribed Medicines * **Number of case months Medicaid program services purchased**	32,554	910.41	29,637,643	
Medically Needy - Hospital Outpatient * **Number of case months Medicaid program services purchased**	32,554	502.24	16,349,957	
Medically Needy - Supplemental Medical Insurance * **Number of case months Medicaid program services purchased**	65,109	153.08	9,966,870	
Medically Needy - Case Management * **Number of case months Medicaid program services purchased**	32,554	0.06	1,971	
Medically Needy - Other * **Number of case months Medicaid program services purchased**	32,554	36,663.97	1,193,558,857	
Refugees - Hospital Inpatient * **Number of case months Medicaid program services purchased**	1,811	132.13	239,296	
Refugees - Prescribed Medicines * **Number of case months Medicaid program services purchased**	1,811	363,685.59	658,634,606	
Refugees - Hospital Outpatient * **Number of case months Medicaid program services purchased**	1,811	78.26	141,723	
Nursing Home Care *	50,615	73,558.86	3,723,181,909	
Home And Community Based Services *	65,295	25,232.71	1,647,569,819	
Intermediate Care Facilities For The Developmentally Disabled - Sunland Centers *	512	683,824.15	350,117,963	
Purchase Medikids Program Services * **Number of case months Medicaid Program services purchased**	39,638	2,249.56	89,168,106	
Purchase Children's Medical Services Network Services * **Number of case months**	13,537	12,746.33	172,547,053	
Purchase Florida Healthy Kids Corporation Services * **Number of case months**	210,407	1,538.78	323,770,471	
Certificate Of Need/Financial Analysis * **Number of certificate of need (CON) requests/financial reviews conducted**	1,058	3,250.69	3,439,225	
Health Facility Regulation (compliance, Licensure, Complaints) - Tallahassee * **Number of licensure/certification applications**	22,691	1,024.84	23,254,532	
Facility Field Operations (compliance, Complaints) - Field Offices Survey Staff * **Number of surveys and complaint investigations**	20,685	3,798.14	78,564,431	
Health Standards And Quality * **Number of transactions**	2,753,587	2.26	6,213,069	
Plans And Construction * **Number of reviews performed**	5,013	1,896.57	9,507,509	
Background Screening * **Number of requests for screenings**	394,542	2.48	978,071	
TOTAL			26,509,672,543	

SECTION III: RECONCILIATION TO BUDGET	
PASS THROUGHS	
TRANSFER - STATE AGENCIES	
AID TO LOCAL GOVERNMENTS	
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS	
OTHER	1,383,992,481
REVERSIONS	39,007,147
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)	27,932,672,171

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 2020 contain revenue or expenditure estimates related to your agency?

Yes [X] No [ ]

2) If yes, please list the estimates for revenues and budget drivers that reflect an estimate for your agency for Fiscal Year 2021-2022 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 2021-2022 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Medicaid Price Level and Workload	B	1876.7	1876.7
b	KidCare	B	-36.1	36.1
c	Medicaid Provider Rate Increases	B	77.1	0.0
d	Medicaid Waivers	B	0.0	0.0
e	Hospital Provider Rate Increases	B	0.0	0.0
f	ICF/DD Provider Rate Increases	B	16.6	0.0
g	Fiscal Agent FMMIS Reprocurement	B	35.2	82.2
h	Facility Regulation IT Issues	B	2.1	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 funding for Medicaid Provider Rate Increases
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 Exhibits or Schedules

Ron DeSantis, Governor

Florida Agency for Health Care Administration

Schedule I Series

Department Level
Manual Related Documents

Administrative Trust Fund (2021)

Ron DeSantis, Governor

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2021 - 2022

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, 07/01/20 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**8,858,994.45**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(40,445.94)	(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	(1,569,643.82)	(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories	29,365.09	(D)
		(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**7,278,269.78**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**7,278,269.78**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency for Health Care Administration
Trust Fund Title: Administrative Trust Fund
Budget Entity: 68200000
LAS/PBS Fund Number: 2021

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	8,035,394.85	(A)		8,035,394.85	
ADD: Other Cash (See Instructions)		(B)		-	
ADD: Investments		(C)		-	
ADD: Outstanding Accounts Receivable	1,414,488.84	(D)		1,414,488.84	
ADD: _____		(E)		-	
Total Cash plus Accounts Receivable	**9,449,883.69**	(F)	**-**	**9,449,883.69**	
LESS Allowances for Uncollectibles		(G)		-	
LESS Approved "A" Certified Forwards	601,970.09	(H)		601,970.09	
Approved "B" Certified Forwards	1,569,643.82	(H)		1,569,643.82	
Approved "FCO" Certified Forwards		(H)		-	
LESS: Other Accounts Payable (Nonoperating)		(I)		-	
LESS: _SWFS #B6800001_____		(J)		-	
Unreserved Fund Balance, 07/01/20	**7,278,269.78**	(K)	**-**	**7,278,269.78**	**

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.**

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

For Fiscal Year 2021-22

July 01, 2021

AGENCY FOR HEALTH CARE ADMINISTRATION

Contents

I. Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Agency for Health Care Administration	Schedule IV-B Submission Date: October 15, 2020
Project Name: Bureau of Financial Services Enterprise Financial System	Is this project included in the Agency's LRPP? ____ Yes __X__ No
FY 2021-22 LBR Issue Code: 36308C0	FY 2021-22 LBR Issue Title: Bureau of Financial Services Enterprise Financial System
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): James C Miller, Chief Strategic Officer, (850-412-3614), james.miller@ahca.myflorida.com	

AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head: Printed Name: Mary C. Mayhew, Secretary	Date: 10/1/20
Agency Chief Information Officer (or equivalent): Printed Name: Scott Ward, Chief Information Officer	Date: 10/1/2020
Budget Officer: Printed Name: La-Shonna K. Austin, Budget Director	Date: 10/15/20
Planning Officer: Printed Name: Stephanie Scanlon, Chief Financial Officer	Date: 10-15-20
Project Sponsor: Printed Name: James C. Miller, Chief Strategic Officer	Date: 10/1/2020

Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	
Cost Benefit Analysis:	
Risk Analysis:	
Technology Planning:	
Project Planning:	

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

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.

This in-house system and software is no longer supported by Microsoft, subject to failure, slow in operation, and is limited with regards to scalability.

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 and,
- Calculate statewide Medicaid assessments and fees.

The Agency is seeking to continue the fifth 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 maintenance and enhancements of existing FoxPro applications in the Enterprise Financial System (Enterprise);
- Provide 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;
- Establish connectivity to the FLAIR replacement system, other external replacement systems, and other internal Agency systems, as needed and requested by the AHCA; and
- Interface with Florida PALM systems.

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 Process(es)

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, due to the age of the unsupported system, made the following improvements to the current system:

- Financial transactions now reconcile with FLAIR and Department of Health Financial Information System (DOH-FIS) which has been replaced internally by AHCA SUNFOCUS FIS (DOH system no longer in operation);
- 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 five 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 quick 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,
- 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

a. Connections/Interfaces to Other Systems

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

2. Assumptions and Constraints

Assumptions

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

- Vendor will deliver the product following a deliverable-based project schedule where the deliverable is pre-defined and a tangible work product.
- AHCA administrative support (management and non-management) will be available to the vendor to help define the business requirements.
- Any business process that needs to be improved will be improved and documented in the to-be process diagram before any code is written.
- Any business process or technical functionality that is already available from another state or federal entity should be utilized and not recreated.
- The new system will compliment and integrate with existing AHCA systems (Versa Regulation, FLMMIS,

OLP, BGS, OL, etc.).

- Required and necessary resources will be available for utilization within a reasonable timeframe and amount.
- The specific appropriation will continue through the projected timeline of the project.
- The replacement is expected to take five (5) fiscal years (ending June 30, 2022) 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, as applicable, will require stakeholders' approval.

C. Proposed Business Process Requirements

1. Proposed Business Process Requirements

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, 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:

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

AHCA has not been able to identify any other state agency that has a modern system that meets AHCA's Business and technical needs.

3. Rationale for Selection

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

4. Recommended Business Solution

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

D. Functional and Technical Requirements

Please see Attached Appendix G – Requirements Traceability Matrix.

(Remainder of page purposefully left blank)

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. (Platform developed – SUNFOCUS.)	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 (SUNFOCUS is web-based platform where modules have/will be added.)	System will be accessible via agency-accepted browser versions	AHCA	TBD
3	Health Care Trust Fund Module (HCTF) will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD

4	Time Validation Module (TVM) will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
5	Medicaid Accounts Receivable Module (MAR) will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
6	Hospital Accounts Receivable Module (HAR) will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	May 2019
7	Automated Journal Transfer (AJT) feature will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	May 2018
8	Administrative Trust Funds (ATF) feature will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	October 2019
9	Overpayment Fraud Recoupment (OFR) will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
10	SunCom feature will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
11	Payroll Module will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
12	Budget Spend Plan feature will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
13	Encumbrances will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
14	Cash Reports will be functional as is in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
15	New web-based system will connect to FLAIR and will be functional as in Enterprise System	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD
16	New web-based system will connect to People First and the queries will be functional as is in	Vendor Testing; User Acceptance Testing (UAT)	Bureau Staff	TBD

	Enterprise System			
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	07/2020
19	80% of deliverables delivered within their established timeframes	Review of Project Plan	Bureau; Vendor	07/2020
20	The project is delivered within 10% of its total agreed-upon budget.	Contract Quotes vs. Invoices & Final Invoice	AHCA	7/2020
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	Ongoing
24	All data from the Enterprise System is accurately transferred to the new web-based system	Vendor Testing	Bureau Staff	Ongoing
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	Ongoing
26	Security roles are accessed, defined, applied and enforced	Vendor; Bureau Testing	Bureau Staff	Ongoing
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	Ongoing
28	System is documented, and documentation will be provided to AHCA IT staff	Bureau Testing	Bureau Staff; SEAS, Medicaid ISIP; Medicaid EDW;	TBD

			DFS PALM	

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

A. Benefits Realization Table

BENEFITS REALIZATION TABLE					
#	**Description of Benefit**	**Who receives the benefit?**	**How is benefit realized?**	**How is the realization of the benefit measured?**	**Realization Date (MM/YY)**
1	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 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.	Project end date

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. Cost Benefit Analysis (CBA)

Please See Attached Appendix A – Cost Benefit Analysis

IV. Schedule IV-B Major Project Risk Assessment

Please See Attached Appendix B – Project Risk Assessment

V. Schedule IV-B Technology Planning

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 Digital Service (FDS), within the Florida Department of Management Services (DMS) 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 Technical Solution

1. Technical Solution Alternatives

- 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. Rationale for Selection

3. Recommended Technical Solution

D. Proposed Solution Description

1. Summary Description of Proposed System

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.~~

Agency is requesting specific appropriation (non-recurring) for year four of this 5-year project. This project is expected to cost around $4.75 million, distributed over a specified timeframe. This "not to exceed" amount will cover the costs of analysis, solution development, implementation and training of staff.

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

A capacity plan is outside of the scope of this document

VI. Schedule IV-B Project Management Planning

Purpose: To require the agency to provide evidence of its thorough project planning and provide the tools the agency will use to carry out and manage the proposed project. These documents adhere to FDS standards, Florida Administrative Code Rule 74-1 Project Management and Oversight and best practices:

VII. 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

FDS	Florida Digital Services
AJT	Automated Journal Transfers - Allows for automatic allocation of funds to the correct funding account
ATF	Administrative Trust Fund
BE	Budget Entity
Bureau	AHCA's Bureau of Financial Services
Cat.dbf	A database file that contains category numbers
Client-Server	Network architecture in which each computer or process on the network is either a client (end user) or a server (where information lives, is accessed from, and saved to). Each of the clients directly connect to the server utilizing a number of connection protocols. In this document, the terminology refers to a centralized server, of which the clients (staff) must directly connect to the server (Enterprise).
CPU	Central Processing Unit - This is the part of the computer that does the thinking
CUR_MAS	Current Master - An extremely important file in Enterprise and is where much of the data is copied from for further analysis and manipulation within Enterprise
Data	A piece of information
Database	An organized collection of data
.dbf	The file extension for database files
DFS	Department of Financial Services
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 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.
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 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, *after* Microsoft had acquired rights to the language.
Fox Pro 9/VFP9	Fox Pro 9 is the final iteration of FoxPro. Microsoft announced that there would be no support for Windows 7, 8, 8.1 or 10. Support for Vista is discontinued as of January 13, 2015.

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS **Budget Period: 2021-22 FY**

Department: Agency for Health Care Administration **Chief Internal Auditor:** Pilar Zaki

Budget Entity: Administrative and Support Services **Phone Number:** (850) 412-3986

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
AUDITS FOR FISCAL YEAR 2019-20					
AHCA-1718-03-A	April 2018 through April 2019	SMMC Capitation Rate Process	**Finding#1** Manual Nature of the Capitation Rate Process. The Capitation Rate process to determine and load capitation rates was not automated, increasing the potential for manual errors and the time needed for calculations, data entry, and formatting.		
			Recommendations 1. We recommend that the Capitation rate process be automated to the extent possible. This would streamline the process, eliminate manual steps and errors, and reduce the time needed for calculations and formatting. This would also facilitate and simplify the review process and provide enhanced reporting to highlight anomalies and errors.	**Management Response** 1. Completed. As of May 2019, the process used to create the capitation rate files for processing in FMMIS by MFAO no longer uses the Excel Build Rates file. Instead, the process uses files received directly from the Agency's contracted actuary, Milliman, and MDA's SQL server to generate the capitation rate file that is provided to MFAO. MDA believes that this new process is as automated as we can currently make it, and is essentially the same process that would be used if the capitation rates were to be calculated by FMMIS.	
			2. We also recommend that review steps of the capitation rate process be designed to ensure revisions are valid and accurate and that proper documentation is maintained documenting the completion of the review and any file changes made.	2. Procedures will be enhanced to ensure that both the review process, and any changes occurring as a result of the review, are adequately documented.	
			Finding#2 Segregation of duties. Certain activities performed within the capitation rate process, such as LTC flagging and Blended Rates calculation, lack adequate segregation of duties and insufficient compensating controls.		
			Recommendations 1. We recommend that the LTC flagging and Blended Rates calculation file be revised to include more than one analyst in the process. Where not practical, separate employees should monitor and perform monthly reviews and document performance of these activities.	**Management Response** 1: MDA considers the monthly process of assigning LTC flags and calculating the blended LTC rates to be part of the same process. Due to this, combined with staffing limitations, MDA does not consider it practical to divide this process across multiple analysts. The current process includes supervisory review of the blended rates file each month by a Data Solutions supervisor along with a monthly review performed by the Actuarial Services unit. This review is in addition to the review of Capitation Rate file described in Finding No.1. As noted in the finding, the health plans are provided a monthly file that includes the flag assignment of each recipient, along with the calculation of the blended rate. MDA will enhance procedures to ensure that the monthly process of assigning flags and calculating blended rates, along with the review of these activities, is documented.	
			2. We recommend that DSU staff document all programming changes, testing, and approvals made during the LTC flagging and Blended Rates calculation files.	2: MDA notes that documentation can take many forms; oftentimes the programming code itself serves as documentation that would allow another analyst to perform the task. MDA will enhance procedures to ensure that any programming changes to the LTC flagging process and/or calculation of the LTC blended rates is sufficiently documented.	
AHCA-17-18-04-A		IT Help Desk	**The report is confidential.**		

Florida Agency for Health Care Administration

Children's Special Health Care Exhibits or Schedules

Ron DeSantis, Governor

Florida Agency for Health Care Administration

Children's Special Health Care Schedule I Series

Department Level Manual Related Documents

Ron DeSantis, Governor

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency for Health Care Administratio
Trust Fund Title: Grants and Donations Trust Fund
Budget Entity: Children's Special Health Care (68500100)
LAS/PBS Fund Number: 2339

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	5,560,052.82	(A)		5,560,052.82	
ADD: Other Cash (See Instructions)		(B)		-	
ADD: Investments		(C)		-	
ADD: Outstanding Accounts Receivable		(D)		-	
ADD: _____		(E)		-	
Total Cash plus Accounts Receivable	**5,560,052.82**	(F)	**-**	**5,560,052.82**	
LESS Allowances for Uncollectibles		(G)		-	
LESS Approved "A" Certified Forwards	307,789.00	(H)		307,789.00	
Approved "B" Certified Forwards	79,140.00	(H)		79,140.00	
Approved "FCO" Certified Forwards		(H)		-	
LESS: Other Accounts Payable (Nonoperating)		(I)		-	
LESS: _____		(J)		-	
Unreserved Fund Balance, 07/01/20	**5,173,123.82**	(K)	**-**	**5,173,123.82**	**

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: 2021 - 2022

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/20 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**5,252,263.82**	(A)
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	(79,140.00)	(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories		(D)
		(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**5,173,123.82**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**5,173,123.82**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2021 - 2022

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, 07/01/20 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**621,083,069.94**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description	(6,694.47)	(C)
SWFS Adjustment # and Description	(29,132.24)	(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(252,864.13)	(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories	11,970,746.54	(D)
TNFR BE to 68501400	(624,923,347.68)	(D)
CF Encumbrance Adjustment	(7,841,777.96)	(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**0.00**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**0.00**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency for Health Care Administratio
Trust Fund Title: Medical Care Trust Fund
Budget Entity: Children's Special Health Care (68500100)
LAS/PBS Fund Number: 2474

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	646,864,743.59	(A)		646,864,743.59	
ADD: Other Cash (See Instructions)	4,412,356.74	(B)		4,412,356.74	
ADD: Investments		(C)		-	
ADD: Outstanding Accounts Receivable	4,412,357.00	(D)		4,412,357.00	
ADD: _____		(E)		-	
Total Cash plus Accounts Receivable	**655,689,457.33**	(F)	**-**	**655,689,457.33**	
LESS Allowances for Uncollectibles		(G)		-	
LESS Approved "A" Certified Forwards	29,578,909.06	(H)		29,578,909.06	
Approved "B" Certified Forwards	252,864.13	(H)		252,864.13	
Approved "FCO" Certified Forwards		(H)		-	
LESS: Other Accounts Payable (Nonoperating)	898,509.75	(I)	35,826.71	934,336.46	
LESS: TNFR BE to 68501400	624,923,347.68	(J)		624,923,347.68	
Unreserved Fund Balance, 07/01/20	**35,826.71**	(K)	**(35,826.71)**	**-**	**

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

Executive Direction and Support Services Exhibits or Schedules

Ron DeSantis, Governor

Florida Agency for Health Care Administration

Executive Direction and Support Services Schedule I Series

Department Level Manual Related Documents

Ron DeSantis, Governor

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency for Health Care Administratio
Trust Fund Title: Grants and Donations Trust Fund
Budget Entity: Executive Direction & Support Services (68500200)
LAS/PBS Fund Number: 2339

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	373,572.71	(A)		373,572.71	
ADD: Other Cash (See Instructions)	2,149.25	(B)		2,149.25	
ADD: Investments		(C)		-	
ADD: Outstanding Accounts Receivable	149,149.32	(D)		149,149.32	
ADD:		(E)		-	
Total Cash plus Accounts Receivable	**524,871.28**	(F)	**-**	**524,871.28**	
LESS Allowances for Uncollectibles		(G)		-	
LESS Approved "A" Certified Forwards	184,792.67	(H)		184,792.67	
Approved "B" Certified Forwards	797,974.06	(H)		797,974.06	
Approved "FCO" Certified Forwards		(H)		-	
LESS: Other Accounts Payable (Nonoperating)		(I)		-	
LESS: TNFR to BE 68501400	(457,895.45)	(J)		(457,895.45)	
Unreserved Fund Balance, 07/01/20	**-**	(K)	**-**	**-**	**

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: 2021 - 2022

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/20 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**340,078.61**	(A)
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	(797,974.06)	(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories		(D)
TNFR BE to 68501400	457,895.45	(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**0.00**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**0.00**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency for Health Care Administratio
Trust Fund Title: Medical Care Trust Fund
Budget Entity: Executive Direction and Support Services (68500200)
LAS/PBS Fund Number: 2474

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	69,913,442.96	(A)		69,913,442.96	
ADD: Other Cash (See Instructions)		(B)		-	
ADD: Investments		(C)		-	
ADD: Outstanding Accounts Receivable	89,842,125.19	(D)	43,930.73	89,886,055.92	
ADD: _____		(E)		-	
Total Cash plus Accounts Receivable	**159,755,568.15**	(F)	**43,930.73**	**159,799,498.88**	
LESS Allowances for Uncollectibles		(G)		-	
LESS Approved "A" Certified Forwards	23,615,695.79	(H)		23,615,695.79	
Approved "B" Certified Forwards	4,032,125.50	(H)		4,032,125.50	
Approved "FCO" Certified Forwards		(H)		-	
LESS: Other Accounts Payable (Nonoperating)	21,320,287.63	(I)	6,604,062.64	27,924,350.27	
LESS: Deferred Inflows	30,547,246.56	(J)	43,930.73	30,591,177.29	
LESS: BE TNFR to 68501400	73,636,150.03	(J)		73,636,150.03	
Unreserved Fund Balance, 07/01/20	**6,604,062.64**	(K)	**(6,604,062.64)**	**-**	**

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: 2021 - 2022

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, 07/01/20 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**84,261,223.73**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description		(C)
SWFS Adjustment # and Description	(6,604,062.64)	(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(4,032,125.50)	(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories	11,114.44	(D)
BE TNFR to 68501400	(73,636,150.03)	(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**0.00**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**0.00**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

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

For Fiscal Year 2021-22

September 2020

AGENCY FOR HEALTH CARE ADMINISTRATION

Contents

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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: 10/15/2020
Project Name: Florida Health Care Connections (FX)	Is this project included in the Agency's LRPP? X Yes _No
FY 2020-21 LBR Issue Code: 685002001602000004100160000000	FY 2021-22 LBR Issue Title: FMMIS/Florida Health Care Connections (FX)
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Michael Magnuson, 850-412-4791, Michael.Magnuson@ahca.myflorida.com	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head: Printed Name: Mary C. Mayhew, Secretary	Date: 10/1/20
Agency Chief Information Officer (or equivalent): Printed Name: Scott Ward, Chief Information Officer	Date: 10/1/2020
Budget Officer: Printed Name: La-Shonna K. Austin, Budget Director	Date: 10/1/20
Planning Officer: Printed Name: Stephanie Scanlon, Chief Financial Officer	Date: 10/1/20
Project Sponsor: Printed Name: James Miller, Chief Strategic Officer	Date: 10/1/2020

Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Michael Magnuson, 850-412-4791, Michael.Magnuson@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

FX Will Accomplish Agency Goals for FX Efficiently and Cost Effectively

FX is a multi-year transformation project that modernizes current Medicaid technology by implementing a phased approach to replace the functions of the Florida Medicaid Management Information System (FMMIS) and ultimately transition to an interoperable, scalable, and unified Medicaid Enterprise where individual processes, modules, sub-systems, and systems work together to support the Medicaid program and improve health care outcomes for Floridians.

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 for Health Care Administration (AHCA or Agency). Such Agency systems include, but are not limited to, the enrollment broker system, third party liability, pharmacy benefits management (PBM), 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 touchpoints 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.

In December 2015, the Centers for Medicare and Medicaid Services (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.

In December 2016, the Agency received approval from CMS to embark on a four-phased approach to meet the Medicaid Information Technology Architecture (MITA) standards of modularity and interoperability.

The specifics of the FX strategy have evolved several times since the initial development in 2016. In January 2020, the Agency completed a purposeful and deliberate exercise to refresh its strategy to focus on the resolution of the fiscal agent contract and continuing operations. The refresh process led to a streamlined set of projects to be completed by December 2024, while allowing additional transformational initiatives to follow in a final FX Phase IV. All four phases of the refreshed FX transformation strategy are covered in detail in Section II. A. 2. of this document.

The FX transformation plan provides the most efficient and cost-effective long-term solution for FX and is essential to meet the CMS guidelines for systems modularization, allowing Florida Medicaid to maintain enhanced levels of federal financial participation throughout the transformation.

Summary of the FX Vision, Guiding Principles, and Strategic Priorities

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 to *Drive transformation of the health care system to increase accountability through improved health outcomes with efficient and effective use of taxpayer resources.*

The Agency's Vision and long-range goals support the Agency's Mission. According to the 2019 Long-Range Program Plan, the Agency's Vision is *A high quality, safe and affordable health care delivery system for all Floridians.* 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 ensure a stronger health care delivery system by getting the incentives in Medicaid right: allowing Florida Medicaid enrollees to choose a health plan based on quality and customer service to ensure Florida enrollees receive the care they need and deserve

Agency executives collaborated with the Strategic Enterprise Advisory Services (SEAS) Vendor to create the FX Vision and the supporting Guiding Principles and Strategic Priorities during a Strategic Visioning Session held on December 13, 2017. The Vision, Guiding Principles, and Strategic Priorities were confirmed and revised as needed during the strategic refresh effort in 2019. 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. These Principles 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' Medicaid Information Technology Architecture (MITA) Goals and Objectives (see Appendix M: *P-1: Revised MITA State Self-Assessment and Update Process,* Exhibit 4-2: Alignment to MITA Goals and Objectives).

The FX Guiding Principles are supported by Strategic Priorities which define the areas of practical importance to achieve the FX Vision. The twelve FX Strategic Priorities are covered below. The first five are the highest priority and most influential in terms of influencing FX decision-making.

1. Reduce risk of integration and cost associated with legacy FMMIS by accelerating procurements to resolve/replace its functionality
2. Improve provider experience by streamlining credentialing and licensing, and developing a Master Person Index, and a Master Organization Index
3. Prioritize high-quality accessible data, analytics, and reporting
4. Prioritize joint efficiencies with interoperability within AHCA

5. Strategically leverage efficient procurement vehicles where possible (e.g., NASPO ValuePoint[1])
6. Maximize staff efficiency
7. Prioritize renegotiating and improving both functionality and technology for large (non-FMMIS) system contracts
8. Prioritize joint efficiencies with interoperability across other Health and Human Services (HHS) agencies
9. Improve recipient visibility and experience through consolidated portal and contact center functionality where possible
10. Maximize accountability for vendor performance
11. Align to CMS modularity to streamline system transformation and modernization
12. Reduce impacts on Agency and staff

The Agency's transformation plan (as described in Appendix C: MITA Concept of Operations Sections 3.1 and 3.2) translates the FX Strategic Priorities into tangible effects on stakeholder roles (see Appendix C: MITA Concept of Operations Section 6) and data exchanges (see Appendix C: MITA Concept of Operations Section 7). **Exhibit II-1: FX Strategic Mandate** below highlights the key focus areas for the FX Program and the overarching goals that FX will achieve.

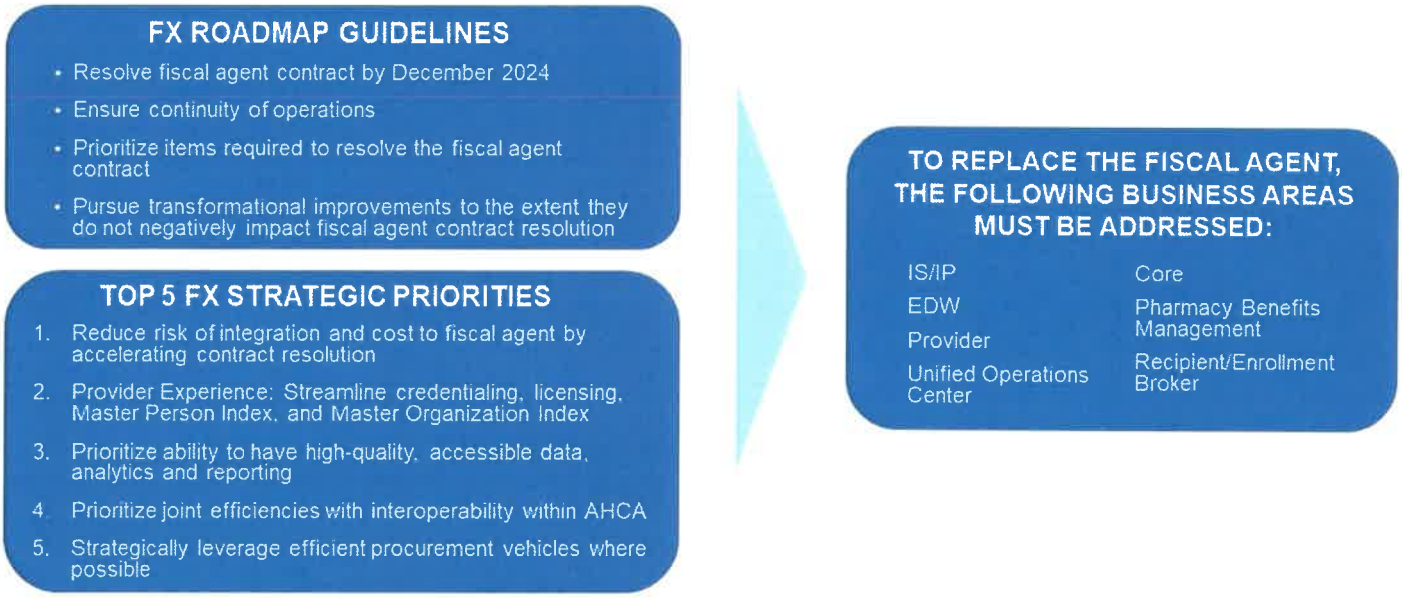

Exhibit II-1: FX Strategic Mandate

To address the business needs, the FX Program includes projects completed, in progress, and planned. In State Fiscal Year (SFY) 2021-2022, the Agency intends to continue efforts in Phase II: FX Infrastructure and Phase III: FX FMMIS Resolution to focus on the resolution of the fiscal agent contract and continuing operations. This effort will require ongoing Phase I professional services, support, and oversight.

[1] NASPO ValuePoint is a cooperative purchasing program facilitating public procurement solicitations and agreements using a lead-state model. States are working together through NASPO ValuePoint to develop CMS approved solicitations for Medicaid Enterprise systems focused on key functionality such as provider management and claims processing. Vendors participate by developing a fixed price proposal for the defined ValuePoint solicitation. Leveraging NASPO ValuePoint streamlines the procurement development process and may provide cost savings for the overall procurement.

STATE OF THE PROGRAM

The Agency completed several significant FX Program milestones and projects in SFY 2019-2020, including the projects listed below. Descriptions of the projects/components, including each of the FX transformation phases, can be found in section II.A.2.

FX Strategy Refresh

As mentioned above, the Agency refreshed the 2017 Florida Medicaid Enterprise Strategic Plan to prioritize the resolution of the fiscal agent contract and continuing operations. The previous strategy laid the groundwork for a focused transformation guided by CMS standards and conditions and the Agency's guiding principles to improve service and outcomes.

Several significant factors have changed since the original strategic plan was created. These include changes in CMS guidance, Florida Legislative guidance, and lessons learned from investment to date in Phase I and II of the FX Program.

The goal of the strategy refresh was to scale the FX Program to align with manageable risk and investments, while ensuring the FX Program and roadmap still align to the mission and guidance of the Governor, Legislature, and Agency executive leadership, and to make the needed modifications to adapt to any variances. The rationale in the development of the refreshed roadmap was to continue to systematically address the pain points with the largest impacts to the Agency, its healthcare providers, and its recipients.

In addition, the MMIS market has evolved since CMS issued its modularity guidance to states in 2015. The Agency's intent is to take advantage of these ongoing innovations, while implementing components and modules of FX. The Agency learned a great deal in the first two years of this transformation and experienced some internal change as well. For example, interoperability with other HHS agencies is more complex to achieve than initially anticipated but still represents enormous potential efficiencies for the state. The Agency also welcomed a new Secretary in 2019 and updated its mission and vision in the most recent Long-Range Program Plan.

To take advantage of new innovations as they become commercially available and to include this new knowledge in the FX Program as it evolves, the 2019 strategy refresh focused on incorporating all of this context into the planning, procurement strategy, and scope of the FX modules, while maintaining the long-term FX Vision to *Transform the Medicaid Enterprise to provide the greatest quality, the best experience, and the highest value in healthcare.*

Program Governance and Executive Steering Committee (ESC)

The Agency revised the *S-1: FX Governance Plan* to include a 15-member Executive Steering Committee (ESC) in July 2020. As directed by the Florida Legislature, the ESC was created to ensure the Agency has the resources necessary to provide better integration with sub-systems supporting Florida's Medicaid program. The ESC is comprised of seven representatives from the Agency, two representatives from the Department of Children and Families, and one representative each from the Department of Health, Department of Financial Services, Agency for Persons with Disabilities, Department of Elder Affairs, Department of Management Services, and Florida Healthy Kids Corporation.

Integration Services and Integration Platform (IS/IP) Contract Execution and DDI Project Commencement (Phase II)

In November 2019, the IS/IP contract was signed with Accenture to provide interoperability of FX in coordination with multiple modules and vendors. This will provide a standards-based integration platform to connect diverse applications and enable a common information exchange process between systems. Upon contract execution, the project team members (AHCA, SEAS Vendor and IS/IP Vendor) began Initiation and Planning stage activities. The project team developed the Project Charter, which was approved by the Agency early December 2019. The IS/IP DDI (design, development, and implementation) project, currently underway, consists of three concurrent workstreams over an approximate 16-month schedule.

Joint Application Design (JAD) sessions for the common infrastructure of the Integration Platform are in process. Deployment of Workstream A functionality (Enterprise Service Bus, Managed File Transfer, Business Rules Engine, Application Lifecycle Management, and Service Management) occurred in August 2020 and Workstreams B and C are in process.

Enterprise Data Warehouse (EDW) Negotiations and Vendor Selection (Phase II)

The EDW Procurement evaluations completed in SFY 2019-2020 and the two top-scoring vendors were selected for contract negotiations. Negotiations were delayed due to resource allocation constraints resulting from the COVID-19 health crisis. A Notice of Intent to Award was issued in August 2020 and contract execution is expected by December 2020. 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.

Data Governance Framework Initiated (Phase II)

A Data Governance framework was initiated in SFY 2019-2020 that establishes data standards including data quality, metadata management, and data architecture and provides new efficiencies for managing data across the program and new opportunities for interoperability across the state. The Agency established a data governance organizational structure (known as the Data Governance Working Group) that is responsible for defining the standards and processes for making business-wide decisions from information assets.

Completed Requirements Gathering for Provider Management Module Procurement (Phase III)

The Provider Management Module Procurement project leveraged the work completed in the Provider Experience Project to create procurement documentation. The project team completed requirements gathering and confirmation for Medicaid Enrollment and Facility Licensure and Credentialing in June 2020. The team met with staff from the Florida Department of Health to explore the possibility of integrating the Individual Licensure process with the Provider Management module. The opportunity of interoperability is dependent on the appropriation of funds and stakeholder prioritization. The project team is exploring alternative solicitation opportunities, including through the National Association of State Procurement Officials (NASPO) ValuePoint for the benefit of the Agency and other stakeholders.

Core Planning and Unified Operations Project Initiated

The Core Planning and Unified Operations Project (CPUO) began in Q4 SFY 2019-2020. The project includes multiple work streams focused on documenting the current state, defining future state scope and options, and developing a procurement strategy including functional and technical requirements for the Core (Claims, Encounters, Financial) and Unified Operations Center (Business Operations and Communications) modules.

The project team has completed the Core current state business process mapping and analysis and future state conceptual model. In addition, a market scan was conducted to explore vendor offerings and other states' modular Core scope. This information is being used to develop the Core scope and procurement options. The Unified Operation Center (UOC) current state analysis and future state module scope, including requirements, is in development. Once capacity is confirmed, this information will be used for procurement development. The CPUO team is reviewing preliminary NASPO ValuePoint vendor solution demonstrations and monitoring the progress of the claims processing solution.

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.

Each of the four phases of the FX Program includes modules with specific objectives tied to business benefits of a more technologically advanced solution to support improved health care. The components of each phase is outlined in **Exhibit II-2: FX Transformation Roadmap Phases** below:

FX TRANSFORMATION ROADMAP PHASES		
#	**Phase**	**Component/Module**
1	Professional Services Procurements	Strategic Enterprise Advisory Services Independent Verification and Validation
2	FX Infrastructure	Integration Services and Integration Platform Enterprise Data Warehouse
3	FX FMMIS Resolution	Unified Operations Center Core (Claims/Encounter/Financial/Reference Management) Provider Management System Recipient/Enrollment Broker Pharmacy Benefit Management
4	Remaining Non-FMMIS Modules	Plan Management Third Party Liability Enterprise Case Management Contractor Management

Exhibit II-2: FX Transformation Roadmap Phases

PHASE I: PROFESSIONAL SERVICES PROCUREMENTS AND SUPPORT

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 and establish a foundation of professional services and support. This phase included operating an interim Project Management Office (PMO) using existing Agency resources in advance of the SEAS Vendor.

Strategic Enterprise Advisory Services (SEAS)

The Agency contracted with North Highland in 2017 to meet the first objective. 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 (summarized in Section I. C. 1.). The SEAS Vendor also collaborated with the Agency to develop and manage FX Governance, manage a Program Management Office 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 provides ongoing strategic project portfolio management including supporting the Agency with the development of Advanced Planning Documents (APDs) required for obtaining enhanced federal funding for individual FX projects. The SEAS Vendor also manages

the Medicaid Enterprise Certification process for FX to support modular system implementation and supports the Agency with early feedback from CMS that may impede certification.

The SEAS Vendor, in collaboration with the Agency, created the *S-4: Strategic Project Portfolio Management Plan* (Portfolio Management) to identify, prioritize, and stage-gate FX projects. The FX Enterprise Program Management Office (EPMO) performs program management activities. Individual FX project teams are comprised of SEAS Vendor team members and Agency stakeholders who work closely together to bring each stage of an FX project to a successful closeout. In summary, the SEAS Vendor provides the expertise to identify solutions that meet current and future business needs in an incremental and efficient way, and provide ongoing strategic, technical, and programmatic advisory services.

Independent Verification and Validation (IV&V)

The IV&V Vendor is tasked with providing an independent and unbiased assessment of deliverables produced by FX vendors, including the SEAS Vendor. The IV&V Vendor also assesses and reports on the FX Program and its component projects. The IV&V Vendor produces monthly progress reports and completes 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 rules 60GG-1.001 through 60GG-1.009, Florida Administrative Code (F.A.C).

PHASE II: FX INFRASTRUCTURE

The objective of Phase II (currently underway) is to establish the technical foundation of the FX modular transformation through the procurement and implementation of IS/IP and EDW. Phase II focuses on the initial infrastructure to ensure standards of reuse and interoperability throughout FX. Summaries of the infrastructure elements required in Phase II are included below:

Integration Services and Integration Platform (IS/IP)

IS/IP serves as the conduit, or interface, through which all FX information is requested and returned. IS/IP services are focused on establishing and maintaining interoperability through the central platform. The Integration Platform will serve as the centralized communication hub and foundation platform upon which all future FX modules will communicate and integrate.

The Implementation Phase of IS/IP is being delivered in three workstreams, as depicted in **Exhibit II-3: IS/IP Workstream Summary**:

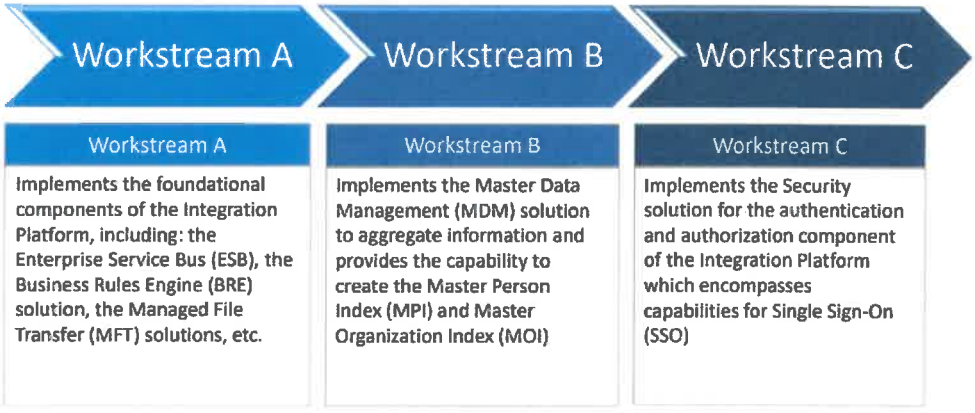

Exhibit II-3: IS/IP Workstream Summary

The IS/IP Vendor is also tasked with developing project-specific Organizational Change Management (OCM) artifacts including a Change Plan, Communications Approach, Communications Plan, Training Approach and Plan, Training Materials, and Training Delivery to identified impacted stakeholders.

Enterprise Data Warehouse (EDW)

The EDW solution 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.

The EDW solution will allow the Agency to conduct complex analysis of program data for many aspects of Medicaid, from health outcome measurement to managed care rate setting. The EDW will be a best-in-class data repository that, along with the enhanced analytical tools and operational services, including an Operational Data Store, will provide:

- A single source of truth to improve data quality, accuracy, and accessibility
- A data management solution for new modular business processing solutions
- Improved timeliness and consistency of data
- Improved predictive modeling and analytic data processing with holistic business unit and personal optimized data marts and tools
- Elimination of duplicated, inconsistent data and processing
- System innovation and simplified system implementation
- Improved data protection and privacy including authorizing and logging of data use
- Minimization of data conversion costs from future system replacements
- Business Intelligence and data analytics tools for decision-making activities and fraud, waste, and abuse detection, prevention, and recoupment

Fiscal Agent (FA) Contract Renewal

Florida must ensure a fully functional and continual operation of FMMIS, FA, DSS, and services to support Medicaid operations during the planning and development periods for the future state of FX. As a result of the 2019 Florida Legislative Session, the Agency was given the opportunity to extend the FA contract through December 31, 2024. This additional time will allow for the transition of FMMIS, the FA and the DSS to functional modules in order to ensure the maintenance and support of Medicaid operations. Tasks and activities for this contract extension including transition components will conclude before December 31, 2024.

PHASE III: FX FMMIS TRANSITION

The primary objective of Phase III is to transition from the current fiscal agent contract, including the systems (primarily FMMIS and Decision Support System (DSS)) and supporting services by the statutory date of December 31, 2024, to enable the modular, integrated business, and IT transformation vision to be realized. Phase III includes activities to procure modules to transform and improve the business processes currently limited to the FMMIS, DSS and the fiscal agent; replacing this functionality with solutions that are interoperable with other systems within FX and eventually within the larger Florida HHS ecosystem, which includes agencies in the Medicaid Enterprise and partner entities such as health plans and providers.

The Agency will complete these procurements using open source solutions, configurable COTS products, and other modular approaches that reduce the reliance on custom development.

Phase III activities started in the fall of 2019 and are being executed concurrently with activities in Phase II. As Phase III is completed, the functions currently performed in the fiscal agent contract will be decommissioned and replaced with IS/IP, EDW, and other modules that will provide greater efficiency and effectiveness in the administration of the Medicaid program.

Phase IV will run concurrently with Phase III and will continue with the implementation of modules not included in the fiscal agent contract.

Included in **Exhibit II-4: Phase III: FX FMMIS Transition** below is a visual depiction of the FX roadmap strategy, including the end of Phase II and all of Phase III, and summaries of the modules required in Phase III to resolve FMMIS.

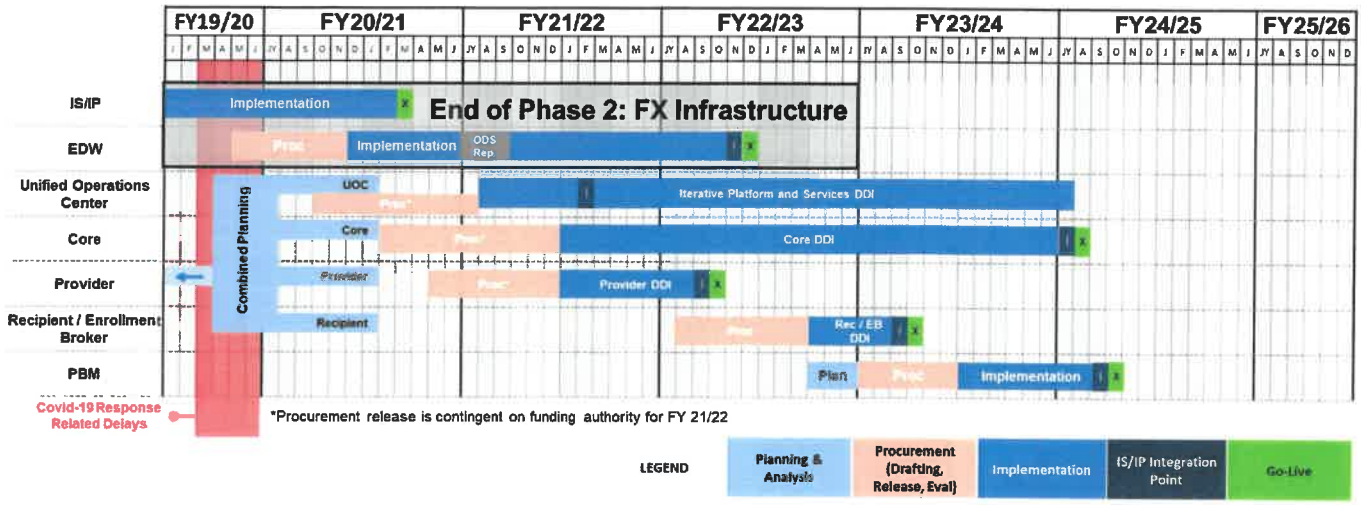

Exhibit II-4: Phase III: FX FMMIS Transition

Unified Operations Center

Operation of the FMMIS and other Agency systems and operational activities (all of which support the Medicaid Enterprise) are fragmented, including multiple contact centers and programmatic service vendors, and their supporting software platforms. There is no unified record of Agency communications between platforms, resulting in a siloed and confusing user experience. In addition, multi-vendor/platform environments create inefficient staffing models and redundant costs, which could be consolidated.

The UOC module enables the Agency to consolidate communications and operational services beginning with the modules replacing the FMMIS/current fiscal agent contract. The UOC module will include the systems and infrastructure, as well as operational services staffing, to support inbound and outbound multi-channel communications between the Agency and its stakeholders across the breadth of FX. This includes the network, telephony, and systems used in contact management. It will support interactions by phone, email, chat, SMS text, social media, voice assistant, internal/external conference, physical mail, and in-person channels. Major components of the module include unified contact distribution and routing, self-service interaction capabilities (e.g., interactive voice response and chatbots), workforce management, quality assurance, contact recording and translation, multi-language support, and contact knowledge management.

Core Systems Technology Module (Claims/Encounters/Enterprise Financial Management)

The Core Systems Technology (Core) module will adjudicate fee-for-service claims for Medicaid reimbursement, process managed care encounter claims, and support all Medicaid financial activity. As the name suggests, this module represents the most fundamental functionality required for Medicaid processing and the most complex functionality within FMMIS. A comprehensive analysis of the existing Core FMMIS functions was recently completed, including Electronic Data Interchange (EDI), claims and encounters transaction processing, banking, and financial processing (including capitation payments for health plans), claims payments, and pharmacy claims payment. Core FMMIS functions also include reference file management for edits and audits, third-party liability, recipient coverage dates, benefit plans and coverage rules, reimbursement rules, diagnosis codes, procedure codes, modifiers, diagnosis-related groupings, revenue codes, and error codes. These functions are interconnected and are planned to be transitioned from the current FMMIS into a Core module with multiple components integrated with FX. Most of the business operations service functions that support Core will be executed by the UOC.

The Agency is currently evaluating multiple procurement strategies, including procuring EDI separately from Claims and combining Third Party Liability and Claims procurement. The resulting procurement could involve a larger combined procurement with a prime vendor with multiple subcontractors. The project team is also reviewing the NASPO ValuePoint procurement vehicle to accelerate the procurement and implementation of this critical component.

Provider Management System Module

The Provider Management System module includes licensure, credentialing, enrollment, and maintenance. The Provider solution will consolidate existing professional and facility licensure, Medicaid enrollment, and health plan credentialing processes into a single source to minimize errors and simplify the process for the provider community. The Provider solution will leverage the Master Person Index and Master Organization Index developed in the Phase II IS/IP implementation to improve provider identity reconciliation.

A Provider Experience Project was completed in April 2019 that identified opportunities to improve the provider experience and reduce the administrative burden for enrollment and credentialing, as well as streamline the overall enrollment process. The Agency leveraged this information to develop the requirements for the Provider Management module procurement and has gathered and confirmed requirements for Medicaid Enrollment and Facility Licensure and Credentialing. The Agency is considering the NASPO ValuePoint procurement vehicle for this module, which would enhance and streamline the procurement process. The business operations and support service functions that support the Provider Management System functions will be executed by the UOC.

The Agency is also exploring new opportunities to expand interoperability with partner agencies and systems that use provider data, such as the Florida Department of Health practitioner licensure system, the Health Quality Assurance facility licensure system, and the Provider Background Screening Clearinghouse. However, such interoperability requires prioritization and the appropriation of funds.

Recipient/Enrollment Broker Module

The Enrollment Broker functionality currently includes the systems, contact center / platform, and operations that allow recipients to evaluate and select a health plan. This scope represents the largest element of the Agency's vision for a future Recipient module that will improve the experience of Medicaid recipients. The current Agency Enrollment Broker contract will exhaust its possible renewal and extension options in SFY 2023-2024, which is a constraint that is driving the planned timing for the Recipient/Enrollment Broker module. Other scope planned for this module include:

- Recipient management functions to maintain recipient information, grievances, appeals, communication, and interactions
- Population and recipient outreach functions to notify recipients about relevant changes or updates to health plans, their benefits, a provider, or other relevant information
- A portal to house required Recipient functionality and communication tools to support a unified and consistent Recipient user experience

Planning for both the UOC and Recipient Management have been aligned to ensure the best communication and stakeholder experiences.

Pharmacy Benefits Management Module

The Pharmacy Benefits Management (PBM) module work will begin SFY 2022-2023. The PBM module will perform designated financial and clinical services for the fee-for-service (FFS) Medicaid population and services that are used in both FFS and managed care (i.e., drug rebate negotiation with manufacturers and maintenance of the preferred drug list). The PBM solution includes a system to process pharmacy claims, e-prescribing functionality, integration with pharmacy point-of-sale systems, pharmacy fee collection, and pharmacy rate negotiation and rebate processing. Prior authorization for specified required drugs is also included in the PBM solution. The PBM Vendor is required to monitor prospective and retrospective drug utilization and oversee preferred drug lists. The PBM Vendor will also provide operational staff to deliver information to providers, pharmacists, and recipients. The PBM module functions are currently included in the FMMIS/fiscal agent contract and are fulfilled through a sub-contract.

PHASE IV: REMAINING NON-FMMIS MODULES

The objective of Phase IV is to implement the remaining functional modules necessary to accomplish the FX vision. This includes modules that are not included in the current fiscal agent contract. **Exhibit II-5: Phase IV: Remaining Non-FMMIS Modules** below is a visual depiction of the final phase of the FX roadmap.

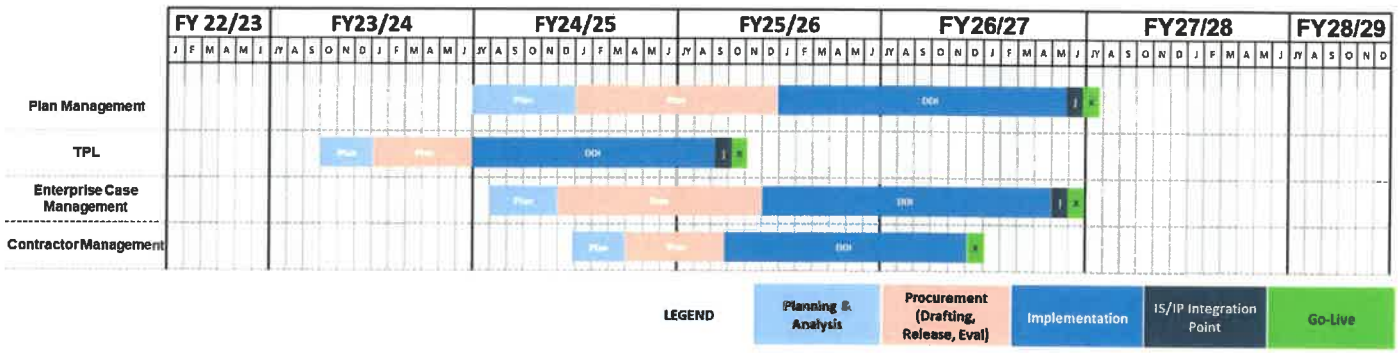

Exhibit II-5: Phase IV: Remaining Non-FMMIS Modules

Plan Management Module

(Work to begin SFY 2024-2025)

Based on the most recent Social Services Estimating Conference numbers, more than 77 percent of Florida's 25+ billion-dollar Medicaid program is covered by the Statewide Medicaid Managed Care (SMMC) plans. That means that these plans administer more than 19 billion dollars annually on behalf of Florida Medicaid. The Plan Management module is a critical transformational step to improve accountability and transparency for that Medicaid investment, and to drive positive health outcomes for recipients.

The Plan Management module will support the collaboration between the Agency and the SMMC plans by: leveraging new EDW capabilities and analytical tools to deliver real-time performance metrics by plan to improve performance on both quality and outcome measures, facilitating bidirectional exchange of information and workflow to track activities and communication occurring between the Agency and the plans, and providing real-time, web-based communication and data visualization tools to improve overall accountability and transparency.

Third Party Liability Module

(Work to begin SFY 2023-2024)

The Third Party Liability (TPL) module includes all systems and operations necessary to determine the legal liability of third parties to pay for care and services that are available under the Medicaid state plan. This module would replace existing legacy systems and introduce new functionality for legal liability, estate recovery, data matching, and post-payment support. The Agency's current TPL solution will be integrated with FX as appropriate in the near term. However, the current vendor contract has a final termination timeframe of Q3 SFY 2025-2026.

Enterprise Case Management Module

(Work to begin SFY 2024-2025)

The Agency plans to procure a solution for case management tracking and integrate the solution into FX. There are several 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, and the reuse of technologies and systems, in accordance with CMS Standards and Conditions (summarized in Section I. C. 1.).

Contractor Management Module

(Work to begin SFY 2024-2025)

A large volume of Agency work depends heavily on the work and management of contractors and partners. The Contract Management module will include a system that manages the Agency's contract life cycle from procurement through contract termination. The system will centralize all contract information, provide an in-depth understanding of contract terms and compliance requirements, and provide customized stakeholder views to help manage compliance and support performance management, accountability, transparency, and automated imposition and collection of liquidated damages.

Currently, the Agency relies on the Contract Administration Tracking System (CATS) for some of these activities and for the transfer of data to the Fraud and Abuse Case Tracking System (FACTS). At a future date, CATS will be evaluated for its potential as a long-term solution.

The Contractor Management module systems and business process operations dedicated to performance management are similarly transformational to the Plan Management module discussed above. This module will radically improve the Agency's ability to manage contract performance on the body of work dependent on contractors meeting their service-level agreements and performance standards. The Contractor Management module system will develop and automate the reports and other mechanisms that the Agency will use to track activity and effectiveness at all levels of monitoring. Business Intelligence analysis (i.e., historical, current, and predictive views of business operations) will measure the performance of contractor activities and programs against widely accepted outcome metrics (e.g., Consumer Assessment of Healthcare Providers and Systems (CAPHS) and Healthcare Effectiveness Data and Information Set (HEDIS) measures). The solution will leverage the EDW tools and infrastructure as appropriate.

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 touchpoints with systems that reside outside the Agency necessary for administration of Agency programs, including Medicaid. The MITA Framework's Business Architecture defines ten 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). The 2019 MITA State Self-Assessment (SS-A) (Appendix M: *P-1: Revised MITA State Self-Assessment and Update Process*) defines ten generalized business areas which are provided below:

- Business Relationship Management
- Care Management
- Contractor Management
- Eligibility and Enrollment Management
- Financial Management
- Member Management
- Operations Management
- Performance Management
- Plan Management
- Provider Management

Through the strategic planning process, the development of the CMS-required MITA State Self-Assessment (SS-A), and the planning for the FX modules, the Agency and the SEAS Vendor documented the known business process challenges to be addressed through the FX initiative. 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 implementing the EDW and 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 2019 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. An assessment was completed in 2020 which determined the next MITA SS-A update will occur once the IS/IP implementation has been completed.

2. Assumptions and Constraints

As described above, the *S-3: FX 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:

- The Agency, FX vendor staff, and other project stakeholders will be available, will actively participate in 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 will be received in a timely manner.
- The Agency and its vendors will provide proper testing environments in all existing systems and future systems to ensure continuity.
- The Agency will suspend non-emergency changes to existing system during the transition projects.
- FX module solicitations (as scoped in each conceptual document) will attract a sufficient pool of qualified vendors.

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.

- Statutory deadline to resolve the FMMIS contract before December 31, 2024.
- Other major re-procurements like the re-procurement of SMMC in SFY 2023-2024 will be competing priorities for Agency resources, placing additional risk on the FX initiative. The legislature can reduce this risk by postponing major re-procurements from SFY 2023-2024 and 2024-2025 out to SFY 2025-2026.
- Changes to the existing FMMIS system will require Agency resources that could be focused on future system development; policy-driven changes to Medicaid that would affect FMMIS operations or require technical changes will create delays in FX system completion.
- 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 FFP for FX modules and components is contingent upon approval of advanced planning documentation and module certifications by the CMS.

- The lengthy Florida procurement process is a constraint relative to the overall project schedule. The Agency will evaluate the use of alternative source contracting and other methods to shorten procurement timelines.
- FX includes business processes and data transfers that rely on the cooperation and integration of outside agencies to maximize the potential benefit of FX.

These assumptions and constraints are documented and managed as part of the *O-2: FX EPMO Charter and Program Management Plan* (PMP) over the life of the program. Any changes to the program constraints will be updated as part of the process of updating the PMP.

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 Florida Medicaid Enterprise requires a comprehensive transformation to fulfill its mission of *Drive[ing] transformation of the health care system to increase accountability through improved health outcomes with efficient and effective use of taxpayer resources*, while meeting evolving federal requirements and standards and responding to a changing healthcare landscape. 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 *S-3: FX Strategic Plan*. Through the SS-A development, the Agency, along with the SEAS Vendor, conducted Requirements 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 EDW and IS/IP, 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, FX module planning and analysis includes reviewing existing processes and defining detailed procurement requirements. Procurement requirements have been defined for the Provider Management System module and requirements analysis and development is in process for the Core and UOC modules.

The SS-A is integrated with the Agency's strategic plan for FX, including a MITA roadmap that identifies the activities and timelines for maturing the Medicaid Enterprise. The SEAS Vendor will update the SS-A iteratively as business areas are addressed to track progress along the MITA roadmap. Building on the 2014 SS-A, 2018 SS-A, and 2019 SS-A update as the baseline, and with iterative 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[2] – 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

As a part of the FX strategy refresh effort conducted in SFY 2019-2020, a comprehensive research effort and market-scan of other state's strategies to modernize their Medicaid program delivery capability was conducted. The Agency reviewed several business solution alternatives for the FX Program and ultimately determined that a *modular incremental cutover approach* was the best transformation approach for FX because it achieves the right balance across the FX strategic priorities identified in Section II. A. 1. The *modular incremental cutover approach* allows the Agency to replace FMMIS with multiple modules and integrate pieces as they are developed. Leveraging this option, the Agency expects to achieve the transformation objectives at the lowest risk and realize benefits more quickly, all while minimizing unnecessary staff impact and maximizing the efficiency of transformation resources. For more detail about the Agency's selection of the *modular incremental cutover approach* see Appendix C: MITA Concept of Operations.

The FX Program includes a phased approach to replace the current functions of FMMIS based on the CMS Standards and Conditions (summarized in Section II. C. 1.) 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 phased approach is detailed in Section II. A. 2. of this document.

The FX Program is currently in Phases II and III, while still requiring ongoing Phase I professional services, support, and oversight. Phase II establishes a foundation of interoperability and data governance, which allows for real-time transmission of data and a single-source-of-truth across the Medicaid Enterprise.

The primary goal of Phase III is to replace the current functions of FMMIS and the responsibilities of the current Medicaid fiscal agent by the December 2024 statutory deadline. Phase III will replace outdated and inefficient legacy systems and processes with modern solutions that provide uniform, consistent and improved access to high-quality data, create interoperability with other state Medicaid systems per the CMS rule, and meet MITA maturity standards.

During the Phase III planning and analysis conducted in the last fiscal year, the Agency reviewed the execution options for Phase III. A thorough research effort and market-scan of other state's strategies for module-specific delivery (Provider, Claims/Encounters, Contact Communications, etc.) revealed that decoupling the customer service functions from the technology scope and allowing common contact and business services to be consolidated across functional areas could provide increased efficiencies and enhance the user experience, while still focusing on the primary goal of replacing the fiscal agent contract by the statutory deadline. This analysis led to the development

[2] CMS recently finalized the *Interoperability and Patient Access final rule* (CMS-9115-F), enforceable July 2021. The new rule establishes policies that enable better patient access to health information and improve interoperability across the health system. The rule requires payers to implement and maintain secure, standards-based Patient Access and Provider Directory APIs, among other changes. Interoperability enhancements are planned in SFY 2021-2022, including modifications to allow acquired modules to be implemented and to interoperate in compliance with the CMS interoperability rule.

of the UOC concept.

The Agency worked with the SEAS team to identify and assess multiple alternatives for delivering this approach including:

Decentralized Customer Service Environment

This alternative combines FX module technology with customer service functions (program operation support, contact management, communication) for *each* distinct FX Program area (e.g., Provider, Claims). Each module vendor manages both technology and communications and business operations for a designated program area. As depicted in **Exhibit II-6: Decentralized Customer Service Environment,** this option aligns services with each functional area, but results in a customer service environment that includes redundant services and infrastructure.

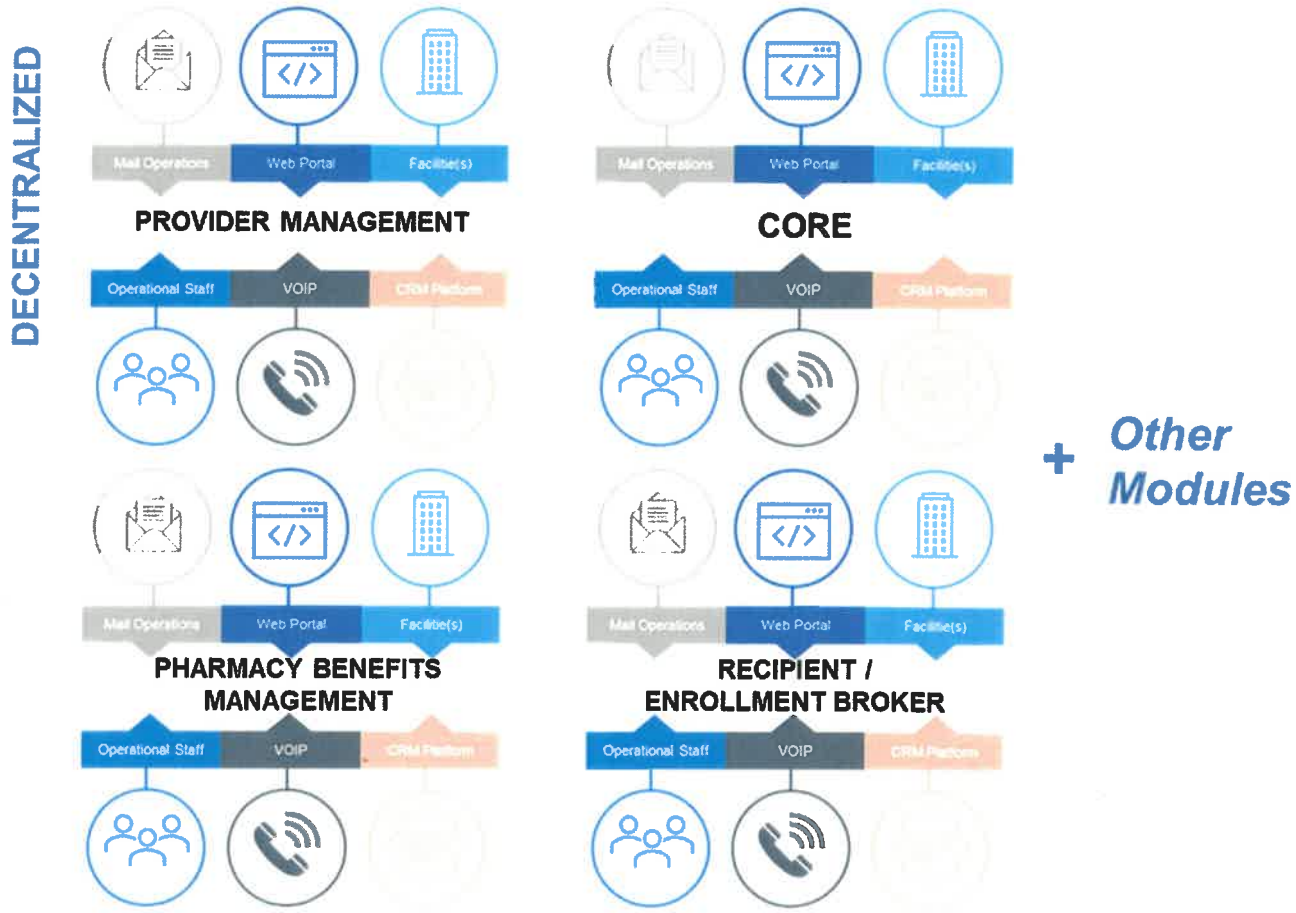

Exhibit II-6 Decentralized Customer Service Environment

Centralized Medicaid Contact and Business Services (Unified Operations Center)

This alternative decouples the customer service options (program operation support, contact management, communication) from the FX module technology and centralizes services across all program areas and contact points to create a Medicaid specific UOC. The scope of this effort would include Medicaid and Agency specific functions (e.g., Provider and Recipient customer service functions, etc.) in Phase III, including all vendor and Agency services that support the Medicaid experience for recipients, providers and Medicaid Staff and other interested stakeholders (e.g., health plans, associations). As depicted in **Exhibit II-7: Centralized Customer Service Environment,** this option streamlines and integrates customer services and infrastructure to enable unified contact and operations support.

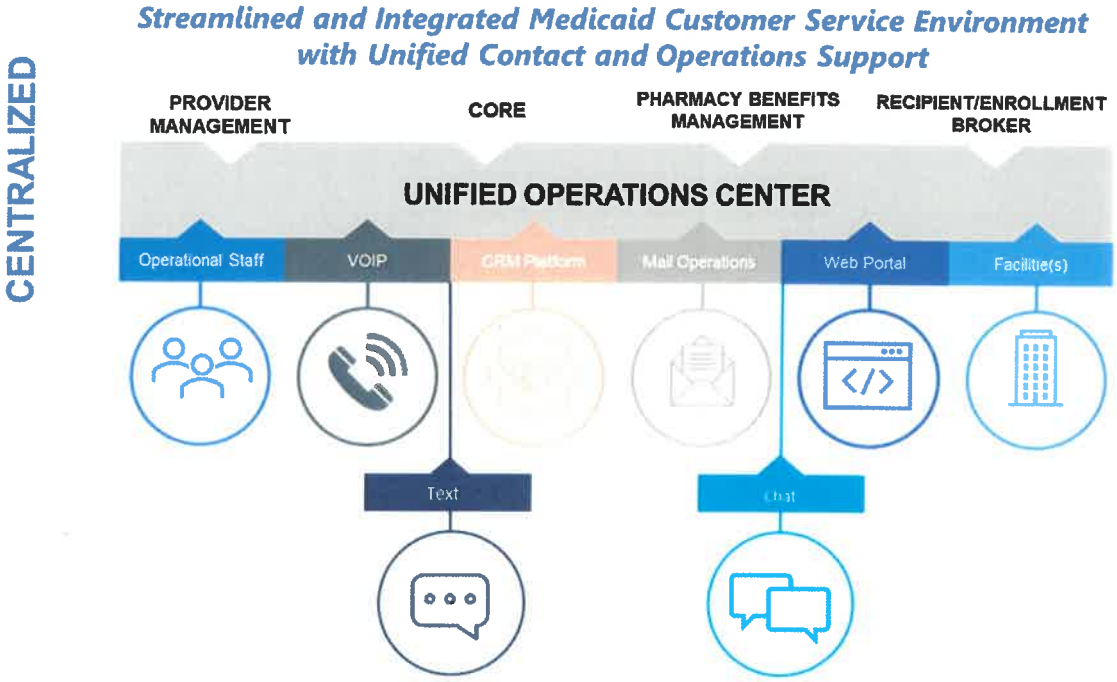

Exhibit II-7 Centralized Customer Service Environment

3. Rationale for Selection

The Agency considered the pros and cons of each customer service business solution alternative in **Exhibit II-8: Customer Service Approach Pros and Cons**:

APPROACH	PROS	CONS
Decentralized Customer Service Environment	▪ Module procurements (bundled services and technology) may be more appealing to vendors (because ongoing services are perceived as lucrative) and may produce a higher number of responses. ▪ Program/module specific business and technology support does not require vendor to vendor collaboration ▪ Simplified cost management/cost allocation process	▪ Multiple vendors executing common processes ▪ Redundant platform and communication systems and costs ▪ Recipient and provider experience may be fragmented and negatively impacted due to multi-vendor support ▪ May not support interoperability across systems or functions ▪ Complex contract management needs (SLAs may differ across vendors) ▪ May be prohibited from leveraging efficiencies across programs due to separate contracts
Centralized Customer Service Environment (Unified Operations Center)	▪ Prioritizes takeover of fiscal agent communications and business support services and follows legislative direction ▪ Provides a consistent, unified, and efficient experience for Medicaid customers ▪ Reduces redundant systems and costs ▪ Supports a more flexible staffing model for communications and business services ▪ Supports unified communications standards and strategy ▪ Scalable to additional program areas and potentially other HHSC agencies ▪ Facilitates integration of Medicaid staff into the processes ▪ Supports data interoperability across the AHCA Medicaid Enterprise ▪ Increases efficiencies across programs due to streamlining services in one contract ▪ Minimizes impact of turnover of knowledgeable staff	▪ Requires tight communication channels between technology vendors and UOC Vendor ▪ May make business area modules less appealing to vendors, possibly reducing competition for those procurements

Exhibit II-8: Customer Service Approach Pros and Cons

Agency Selection: Centralized Customer Service Environment (Unified Operations Center)

The selection of the *Centralized Customer Service Environment (Unified Operations Center)* is based on alignment to the vision and strategic priorities of the transformation. This approach will offer the state increased benefits, a more enhanced user experience for both providers and recipients and should expedite the procurement process for both the Core Systems Technology and Provider Management System modules.

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.

FX proposes the *Centralized Customer Service Environment (Unified Operations Center)* solution for executing FX customer service functions because decoupling the customer service functions from the technology scope and allowing common contact and business services to be consolidated across functional areas will provide increased efficiencies and enhance the user experience, while still focusing on the primary goal to replace the fiscal agent contract by the statutory deadline. The resulting plan is to release three procurements in SFY 2021-2022: the UOC (Customer Service environment supporting Core and Provider), Core Systems Technology, and Provider Management System. In addition:

- The UOC will streamline functionality that currently exists across several systems (FMMIS, Enrollment Broker, Provider, PBM).
- Can be implemented in phases to realize benefits quickly and before the transition of legacy systems.
- Allows for a more flexible staffing model where UOC services vendor staff, specialized business area module staff (e.g., clinical pharmacist call reps for PBM), and Agency staff can all utilize the same platform for different call types. As calls are escalated up agent tiers, the unified platform will allow for warmer hand-offs between agents and result in a dramatically improved stakeholder experience.
- Cross-training Agency and UOC services staff on different call types will reduce the overall number of agents and could bring more agent positions in-house at AHCA (further reducing costs).

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 functional and technical requirements for the FX modules define the processing requirements to accomplish the Agency mission and administration of the Medicaid program. These requirements align with the standard requirements of the healthcare insurance payer industry and include the unique aspects of administration of the Medicaid program. CMS historically has prescribed many functional requirements and provided direction through its documentation of MITA. MITA defines business, information, and technology architecture direction, standards, and processes. Functional and technical requirements are developed in accordance with MITA 3.0, and CMS Standards and Conditions (summarized in Section I. C. 1.). CMS has enforced adherence to defined requirements through the CMS certification process reviews that include checklists of requirements state systems must demonstrate to receive enhanced funding of ongoing operations. CMS actively promotes requirements reuse and interoperability between state system implementations.

The functional and technical requirements for each module use the following sources as input:

- Requirements corresponding to each functional business area that were included in the requirements for State of Florida fiscal agent operations in previous fiscal agent replacement procurements
- Module requirements included in procurements developed by other states
- Module requirements developed by the NASPO ValuePoint consortium of states

- Standard healthcare industry payer requirements
- Requirements included in other recent Florida agency procurements for similar functionality (e.g., licensing and enrollment systems)
- Requirements included in the CMS Medicaid Enterprise Certification Tool (MECT) certification checklists
- Requirements established by the Florida Department of Management Services (DMS)

Requirements included in the scope of services of each module follow a standardized structure to promote consistency. The technical, security, information management, operations and maintenance, and project implementation methodology requirements are largely the same for most modules. The requirements also provide guidance on the desired degree of standardization and reuse of certain technology components used with module processing.

Requirements are defined and used through the phases of the FX Program Life Cycle. During planning, high-level requirements focused on process improvements are defined. During procurement, procurement level requirements that define the scope and expected services of vendors are defined. During project implementation, vendor(s) may validate and elaborate procurement requirements to a more detailed level that are comprehensive and discretely testable. In operations and maintenance, the detailed requirements are used to perform impact analysis and define what types of regression testing are needed when there are changes.

Exhibit II-9: High-Level Requirements is a table of high-level requirements already defined for the IS/IP, EDW, and Provider Management modules Functional and Technical requirements definition for the UOC and Core modules is currently in process. These requirements will inform the procurements planned for SFY 2021-2022.

MODULE	REQUIREMENT
IS/IP	
	Enterprise Service Bus
	Master Data Management
	Managed File Transfer
	Business Rules Engine
	Publish Subscribe Alerting
	Service Registry and Repository
	Single Sign-On
EDW	
	Security
	Reporting and Analytics
	Fraud and Abuse Reporting
	Quality Reporting
	Federal and Financial Reporting

	Operational and Analytical Data Stores
	System and Warehouse Architecture
	Interfaces
	Data Quality Control
	Change Management
	Operations Testing
	Quality Management
	System and User Documentation
	Workflow Management
Provider Management	
	Provider Enrollment
	Enroll Provider
	Determine Provider Eligibility
	Disenroll Provider
	Inquire Provider Information
	Provider Licensure
	Provider Credentialing
	Provider Information Management
	Terminate Provider
	Manage Provider Information
	Provider Support
	Manage Provider Grievance and Appeal

Exhibit II-9: High-Level Requirements

Exhibit II-10: Module Business Processes is an inventory that shows the business processes by module for which functional requirements will be defined.

Business Process Tables	
Module	Business Process

Unified Operations Center	
	Manage Provider Communications
	Perform Provider Outreach
	Manage Applicant and Member Communications
	Perform Population and Member Outreach
	Rx Drug related Communications and Outreach
	Claims Processing related Communications and Outreach
Core (Claims/Encounters/Financial)	
	Accounts Payable Management
	Manage Contractor Payment
	Manage Capitation Payment
	Manage Incentive Payment
	Manage 1099
	Manage Member Financial Participation
	Manage Accounts Payable Information
	Manage Accounts Payable Disbursement
	Accounts Receivable Management
	Manage Cost Settlement
	Manage Provider Recoupment
	Manage Accounts Receivable Funds
	Prepare Member Premium Invoice
	Manage Accounts Receivable Information
	Claims Adjudication
	Calculate Spend-Down Amount
	Apply Mass Adjustment
	Process Claim

	Process Encounter
	Submit Electronic Attachment
	Fiscal Management
	Generate Financial Report
	Payment and Reporting
	Generate Remittance Advice
	Inquire Payment Status
	Manage Data
	Prepare Provider Payment
Recipient (Management/Enrollment Broker)	
	Member Management
	Manage Member Information
	Manage Member Grievance and Appeal
Pharmacy Benefit Management	
	Accounts Receivable Management
	Manage Drug Rebate
Plan Management	
	Compliance Management
	Prepare Recipient Explanation of Medical Benefits (REOMB)
	Identify Utilization Anomalies
	Establish Compliance Incident
	Manage Compliance Incident Information
	Determine Adverse Action Incident
	Health Benefit Administration
	Manage Rate Setting
	Manage Health Benefit Information

	Manage Reference Information
	Health Plan Administration
	Manage Health Plan Information
	Health Plan Management
	Manage Performance Measures
Third Party Liability (TPL)	
	Accounts Receivable Management
	Manage TPL Recovery
	Manage Estate Recovery
Enterprise Case Management	
	Case Management
	Manage Case Information
	Establish Case
Contractor Management	
	Contract Management
	Produce Solicitation
	Close Out Contract
	Award Contract
	Manage Contract
	Contractor Information Management
	Manage Contractor Information
	Inquire Contractor Information
	Contractor Support
	Manage Contractor Communication
	Perform Contractor Outreach
	Manage Contractor Grievance and Appeal

	Standards Management
	Establish Business Relationship
	Manage Business Relationship Information
	Terminate Business Relationship
	Manage Business Relationship Communication

Exhibit II-10: FX Module Business Processes

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**	**Module**	**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.	N/A	Measured and assessed by CMS through the CMS-prescribed certification process	Medicaid Enterprise Florida State Government CMS	Ongoing as modules are operational
2	Successful completion of the design, development, and implementation (DDI) of the IS/IP Vendor's solution.	IS/IP	Assessed by the Agency's IS/IP Implementation team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Florida State Government CMS	03/21
3	Successful completion of the design, development, and implementation (DDI) of the EDW Vendor's solution.	EDW	Assessed by the Agency's EDW Implementation team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise	12/22

Success Criteria Table					
#	Description of Criteria	Module	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
4	Successful development of CMS-approved requirements for the UOC module procurement.	UOC	Assessed by the Agency's Business Process Outsource team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Florida State Government CMS	03/21
5	Successful completion of the design, development, and implementation (DDI) of the UOC solution	UOC	Assessed by the Agency's Business Process Outsource team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Providers Recipients	07/24
6	Successful development of CMS-approved requirements for the Core (Claims/Encounters/Financial) Management module procurement.	Core	Assessed by the Agency's Core team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Florida State Government CMS	07/21
7	Successful completion of the design, development, and implementation (DDI) of the Core Management solution.	Core	Assessed by the Agency's Core team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Providers Recipients Florida State Government CMS	08/24
8	Successful development of CMS-approved requirements for the Provider Management module procurement.	Provider	Assessed by the Agency's Provider Management team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Florida State Government CMS	10/20
9	Successful completion of the design, development, and implementation (DDI) of the Provider Management solution.	Provider	Assessed by the Agency's Provider Management team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Providers	10/22

Success Criteria Table					
#	Description of Criteria	Module	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
10	Successful development of CMS-approved requirements for the Recipient/Enrollment Broker module procurement.	Recipient/ Enrollment Broker	Assessed by the Agency's Recipient team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Florida State Government CMS	12/22
11	Successful completion of the design, development, and implementation (DDI) of the Recipient/Enrollment Broker solution.	Recipient/ Enrollment Broker	Assessed by the Agency's Recipient team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Recipients	10/23
12	Successful development of CMS-approved requirements for the Pharmacy Benefit Management module procurement.	PBM	Assessed by the Agency's team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Florida State Government CMS	10/23
13	Successful completion of the design, development, and implementation (DDI) of the Pharmacy Benefit Management solution.	PBM	Assessed by the Agency's team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Providers Recipients	10/24
14	Fully and successfully implement all Phase III modules in adherence with the statutory deadline to transition from the current FMMIS/DSS/fiscal agent contract.	Phase III	Assessed by the Agency's team comprised of Agency Management and SEAS Support	Medicaid Enterprise Florida State Government	10/24
15	Successful development of CMS-approved requirements for the Plan Management module procurement.	Plan Management	Assessed by the Agency's team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Florida State Government CMS	12/24

Success Criteria Table					
#	Description of Criteria	Module	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
16	Successful completion of the design, development, and implementation (DDI) of the Plan Management solution.	Plan Management	Assessed by the Agency's team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Providers Recipients	06/27
17	Successful development of CMS-approved requirements for the Third Party Liability module procurement.	TPL	Assessed by the Agency's team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Florida State Government CMS	12/23
18	Successful completion of the design, development, and implementation (DDI) of the Third Party Liability solution.	TPL	Assessed by the Agency's team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Providers Recipients	09/25
19	Successful development of CMS-approved requirements for the Contractor Management module procurement.	Contractor Management	Assessed by the Agency's team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Florida State Government CMS	03/25
20	Successful completion of the design, development, and implementation (DDI) of the Contractor Management solution.	Contractor Management	Assessed by the Agency's team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Providers Recipients	12/26
21	Successful development of CMS-approved requirements for the Enterprise Case module procurement.	Enterprise Case Management	Assessed by the Agency's team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Florida State Government CMS	11/24
22	Successful completion of the design, development, and implementation (DDI) of the Legal / Enterprise Case solution.	Enterprise Case Management	Assessed by the Agency's team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Providers Recipients	03/27

Exhibit III-1: Success Criteria

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.

Exhibit IV-1: 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 and project management activities including project schedule development, requirements development, and project planning activities.

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Start Date (MM/YY)
1	Improved analytic staff productivity	State of Florida Medicaid Enterprise	Implementation of EDW	Reduced FTE time spent on analytical and data-related tasks	12/22
2	Improved operational staff productivity via automation of manual tasks	State of Florida Medicaid Enterprise	Implementation of EDW	Reduced FTE time spent on manual tasks	12/22
3	Improved analytic tools, processing speed, and persona-optimized data stores	State of Florida Medicaid Enterprise	Implementation of EDW	Improved fraud identification and recovery processing	12/22
4	Reduced enrollment and licensure costs incurred by providers (first time and renewals)	Providers	Implementation of the Provider Management module	Lower total provider administrative processing cost for Medicaid enrollment and licensure	10/22

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Start Date (MM/YY)
5	Reduced enrollment and licensure support costs to AHCA (first time and renewals)	State of Florida Medicaid Enterprise	Implementation of the Provider Management module	Lower total cost to the Agency for enrollment and licensure support	10/22
6	Reduced enrollment and licensure support costs to AHCA by fiscal agent	State of Florida Medicaid Enterprise	Implementation of the Provider Management module	Lower fiscal agent cost to the Agency for enrollment and licensure support	10/22
7	Reduced contact and interaction management cost to Agency	State of Florida Medicaid Enterprise	Implementation of the UOC	Lower total cost to the Agency for public-facing contact and management	07/24
8	Reduced cost of contact center interaction - recipient time	Recipients State of Florida Medicaid Enterprise	Implementation of the UOC	Reduced recipient time spent per contact	07/24
9	Reduced inaccurate payments (e.g., capitation payments through identity matching of duplicate recipients)	State of Florida Medicaid Enterprise	Implementation of EDW and the Core module	Fewer inaccurate payments made to individual FFS Providers	12/22 and 08/24
10	Eliminated cost of health plan encounter data *special feed* processing	State of Florida Medicaid Enterprise	Implementation of the Core module	Lower cost of data processing related to the need for health plans to submit multiple feeds of data	08/24

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Start Date (MM/YY)
11	Reduced Agency costs resulting from difference and latency in health plan policy implementation	State of Florida Medicaid Enterprise	Implementation of the Core module	Lower Agency cost related to new and changed health plan policies	08/24
12	Reduced claim and encounter administration costs incurred by Agency operation management	State of Florida Medicaid Enterprise	Implementation of the Core module	Lower percentage of encounters rejected and returned to the health plans (current benchmark is 30% returned)	08/24
13	Reduced claims administration costs incurred by providers	Providers	Implementation of the Core module	Lower percentage of claims rejected and returned to providers (current benchmark is 35% returned)	08/24
14	Reduced encounter administration costs incurred by health plans	Health Plans	Implementation of the Core module	Lower percentage of recipients utilizing a call center to make a plan selection	08/24
15	Reduced encounter administration costs incurred by providers	Providers	Implementation of the Core module	Lower total administration costs for providers	08/24
16	Reduced payment administration costs incurred by providers	Providers	Implementation of the Core module	Lower total administration costs for providers	08/24

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Start Date (MM/YY)
17	Reduced FFS pharmacy expenditures	State of Florida Medicaid Enterprise	Implementation of Pharmacy Benefit Management module	Lower total FFS pharmacy costs	10/24
18	Increased health plan contract compliance as a result of imposition of incentives, penalties, and damage	State of Florida Medicaid Enterprise	Implementation of the Plan Management module	Less Agency FTE time spent gathering and analyzing contract compliance data; decreased contract management systems costs; increased number of liquidated damages and/or financial consequences imposed; improved HEDIS scores	06/27
19	Reduced Agency staff costs to manage performance measures and compliance	State of Florida Medicaid Enterprise	Implementation of the Plan Management module	Less Agency FTE time spent monitoring contract performance measures and compliance	06/27
20	Reduced health plan contract compliance cost	State of Florida Medicaid Enterprise	Implementation of the Plan Management module	Less Agency FTE time spent monitoring health plan performance measures and compliance	06/27
21	Reduced Agency case management administration costs	State of Florida Medicaid Enterprise	Implementation of the Case Management module	Lower total Agency costs related to enterprise and legal case management	03/27

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Start Date (MM/YY)
22	Reduced health plan administration costs for cases with the Agency	Health Plans	Implementation of the Case Management module	Lower total cost to health plans for Agency-related cases	03/27
23	Reduced provider administration costs for cases with the Agency	Providers	Implementation of the Case Management module	Lower total administration costs for providers	03/27
24	Automated final orders	State of Florida Medicaid Enterprise	Implementation of the Case Management module	Lower number and cost of final case orders	03/27
25	Increased collection of Medicaid recovery due from deceased recipient estates	State of Florida Medicaid Enterprise	Implementation of the Third Party Liability module	Increased collection of estate recovery funds	09/25
26	Reduced Agency costs to recoup payment of claims that are ultimately determined to be the liability of a third party	State of Florida Medicaid Enterprise	Implementation of the Third Party Liability module	Reduction in TPL pay-and-chase rate and an increase in receipt of TPL information	09/25
27	Reduced costs to providers resulting from third party liability determinations	Providers	Implementation of the Third Party Liability module	Lower total administration costs for providers	09/25
28	Reduced amount of claims paid for which there is third party liability	State of Florida Medicaid Enterprise	Implementation of the Third Party Liability module	Reduction in TPL pay-and-chase rate and an increase in receipt of TPL information	09/25

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Start Date (MM/YY)
29	Increased Agency productivity from consolidation of contract management systems	State of Florida Medicaid Enterprise	Implementation of the Contractor Management module	Fewer contract management manual tasks. Less Agency FTE time spent on contract management	12/26
30	Reduced Agency system costs from consolidation of contract management systems	State of Florida Medicaid Enterprise	Implementation of the Contractor Management module	Lower total Agency contract management system cost	12/26
31	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 roadmap	Measured by the cost reduction in the acquisition of FMMIS replacement modules	TBD

Exhibit IV-1: Benefits Realization Table

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

Exhibit IV-2: Required CBA Forms 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	**Agency Program Cost Elements:** Existing program operational costs versus the expected program operational costs resulting from this project.

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

Exhibit IV-2: Required CBA Forms

CBAForm 1 - Net Tangible Benefits

Agency AHCA Project FX

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

Agency (Recurring Costs Only – No Project Costs)	Prior Years			FY 2021-22			FY 2022-23			FY 2023-24		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
A. 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
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
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
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
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
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
A-3.a. Staff Augmentation (Contract Cost)	$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
B. Application Maintenance Costs	$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
B-2. Hardware	$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
B-4. Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C. Data Center Provider Costs	$56,558,092	$0	$56,558,092	$56,558,092	$0	$56,558,092	$56,558,092	$0	$56,558,092	$56,558,092	$0	$56,558,092
C-1. Managed Services (Staffing)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-2. Infrastructure	$52,342,616	$0	$52,342,616	$52,342,616	$0	$52,342,616	$52,342,616	$0	$52,342,616	$52,342,616	$0	$52,342,616
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
C-4. Disaster Recovery	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-5. Other pass through printing and postage	$2,100,000	$0	$2,100,000	$2,100,000	$0	$2,100,000	$2,100,000	$0	$2,100,000	$2,100,000	$0	$2,100,000
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
E. Other Costs	$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
E-2. Travel	$132,990	$0	$132,990	$132,990	$0	$132,990	$132,990	$0	$132,990	$132,990	$0	$132,990
E-3. Other Specify	$45,993	$0	$45,993	$45,993	$0	$45,993	$45,993	$0	$45,993	$45,993	$0	$45,993
Total of Recurring Operational Costs	$63,894,803	$0	$63,894,803	$63,894,803	$0	$63,894,803	$63,894,803	$0	$63,894,803	$63,894,803	$0	$63,894,803

Agency (Recurring Costs Only – No Project Costs)	FY 2024-25			FY 2025-26			FY 2026-27			FY 2027-28			FY 2028-29		
	(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
A.b Total Staff	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00
A-1.a. State FTEs (Salaries & Benefits)	$3,931,169	$0	$3,931,169	$3,931,169	$0	$3,931,169	$3,931,169	$0	$3,931,169	$3,931,169	$0	$3,931,169	$3,931,169	$0	$3,931,169
A-1.b. State FTEs (#)	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00
A-2.a. OPS Staff (Salaries)	$620,585	$0	$620,585	$620,585	$0	$620,585	$620,585	$0	$620,585	$620,585	$0	$620,585	$620,585	$0	$620,585
A-2.b. OPS (#)	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00
A-3.a. Staff Augmentation (Contract Cost)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
A-3.b. Staff Augmentation (# of Contractors)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B. Application Maintenance Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-1. Managed Services (Staffing)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-2. Hardware	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-3. Software	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-4. Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C. Data Center Provider Costs	$56,558,092	$0	$56,558,092	$56,558,092	$0	$56,558,092	$56,558,092	$0	$56,558,092	$56,558,092	$0	$56,558,092	$56,558,092	$0	$56,558,092
C-1. Managed Services (Staffing)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-2. Infrastructure	$52,342,616	$0	$52,342,616	$52,342,616	$0	$52,342,616	$52,342,616	$0	$52,342,616	$52,342,616	$0	$52,342,616	$52,342,616	$0	$52,342,616
C-3. Network / Hosting Services	$2,115,476	$0	$2,115,476	$2,115,476	$0	$2,115,476	$2,115,476	$0	$2,115,476	$2,115,476	$0	$2,115,476	$2,115,476	$0	$2,115,476
C-4. Disaster Recovery	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-5. Other pass through printing and postage	$2,100,000	$0	$2,100,000	$2,100,000	$0	$2,100,000	$2,100,000	$0	$2,100,000	$2,100,000	$0	$2,100,000	$2,100,000	$0	$2,100,000
D. Plant & Facility Costs	$2,041,046	$0	$2,041,046	$2,041,046	$0	$2,041,046	$2,041,046	$0	$2,041,046	$2,041,046	$0	$2,041,046	$2,041,046	$0	$2,041,046
E. Other Costs	$743,911	$0	$743,911	$743,911	$0	$743,911	$743,911	$0	$743,911	$743,911	$0	$743,911	$743,911	$0	$743,911
E-1. Training	$564,928	$0	$564,928	$564,928	$0	$564,928	$564,928	$0	$564,928	$564,928	$0	$564,928	$564,928	$0	$564,928
E-2. Travel	$132,990	$0	$132,990	$132,990	$0	$132,990	$132,990	$0	$132,990	$132,990	$0	$132,990	$132,990	$0	$132,990
E-3. Other Specify	$45,993	$0	$45,993	$45,993	$0	$45,993	$45,993	$0	$45,993	$45,993	$0	$45,993	$45,993	$0	$45,993
Total of Recurring Operational Costs	$63,894,803	$0	$63,894,803	$63,894,803	$0	$63,894,803	$63,894,803	$0	$63,894,803	$63,894,803	$0	$63,894,803	$63,894,803	$0	$63,894,803

Exhibit IV-3: Operational Costs & Tangible Benefits

F. Additional Tangible Benefits:		$0	$0	$9,207,955	$39,989,838	$128,001,540	$293,159,963	$295,067,166	$296,788,564	$296,788,564
F-1.	EDW	$0	$0	$9,207,955	$16,904,702	$17,333,867	$17,778,212	$18,236,836	$18,352,475	$18,352,475
F-2.	Provider Management	$0	$0	$0	$23,085,136	$32,590,780	$32,590,780	$32,590,780	$32,590,780	$32,590,780
F-3.	Unified Operations Center	$0	$0	$0	$0	$28,870,283	$67,774,759	$67,788,987	$67,937,461	$67,937,461
F-4.	Core (Claims / Encounter / Financial)	$0	$0	$0	$0	$50,051,587	$171,693,708	$171,935,926	$172,186,991	$172,186,991
F-5.	Pharmacy Benefit Management	$0	$0	$0	$0	$155,023	$350,505	$374,550	$401,880	$401,880
F-6.	Plan Management	$0	$0	$0	$0	$0	$0	$0	$291,712	$291,712
F-7.	Third Party Liability	$0	$0	$0	$0	$0	$2,972,000	$3,940,800	$3,940,800	$3,940,800
F-8.	Case Management	$0	$0	$0	$0	$0	$0	$52,444	$603,106	$603,106
F-9.	Contractor Management	$0	$0	$0	$0	$0	$0	$146,660	$483,360	$483,360
Total Net Tangible Benefits:		$0	$0	$9,207,955	$39,989,838	$128,001,540	$293,159,963	$295,067,166	$296,788,564	$296,788,564

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

Exhibit IV-3: Operational Costs & Tangible Benefits (cont'd)

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

					FY2021-22		FY2022-23		FY2023-24		FY2024-25		FY2025-26		FY2026-27		FY2027-28		FY2028-29		TOTAL
					$ 11,795,907		$ 82,218,782		$ 113,686,318		$ 191,574,172		$ 79,668,322		$ 36,763,438		$ 36,763,911		$ 13,278,365		$ -		$ 565,949,113
Item Description (remove guidelines and annotate entries here)	Project Cost Element	Appropriation Category	State Match	Previous Years Project-Related Cost	YR #	YR 1 LBR	YR 1 Base Budget	YR #	YR 2 LBR	YR 2 Base Budget	YR #	YR 3 LBR	YR 3 Base Budget	YR #	YR 4 LBR	YR 4 Base Budget	YR #	YR 5 LBR	YR 5 Base Budget	YR #	YR 6 LBR	YR 6 Base Budget	YR #	YR 7 LBR	YR 7 Base Budget	YR #	YR 8 LBR	YR 8 Base Budget	TOTAL
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Contractor Management - Project Deliverables - Planning	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 388,800	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 388,800
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Contractor Management - Project Deliverables - Procurement	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 530,400	$ -		$ 503,200	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 1,033,600
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Contractor Management - Project Deliverables - DDI	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 2,989,534	$ -		$ 2,218,810	$ -		$ 259,280	$ -		$ -	$ -	$ 5,388,624
Professional services to support transitional system maintenance and operations during the project's DDI phase.	Contractor Management - Maintenance and Operations	Contracted Services	25%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 4,465,356	$ -		$ -	$ -		$ -	$ -	$ 4,465,356
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Core - Project Deliverables - Procurement	Contracted Services	10%	$ -		$ 1,155,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 1,155,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Core - Project Deliverables - DDI	Contracted Services	10%	$ -		$ 12,028,905	$ -		$ 50,136,210	$ -		$ 41,474,610	$ -		$ 3,088,035	$ -		$ 7,711,200	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 114,438,960
Professional services to support transitional system maintenance and operations during the project's DDI phase.	Core - Maintenance and Operations	Contracted Services	25%	$ -		$ -	$ -		$ -	$ -		$ 1,414,460	$ -		$ 10,604,940	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 12,019,340
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Data Governance - Project Deliverables DDI	Contracted Services	10%	$ -		$ 222,000	$ -		$ 222,000	$ -		$ 222,000	$ -		$ 222,000	$ -		$ 222,000	$ -		$ 222,000	$ -		$ 222,000	$ -		$ -	$ -	$ 1,554,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Enterprise Data Warehouse (EDW) - Project Deliverables - DDI	Contracted Services	10%	$ 30,722,400		$ 21,202,680	$ -		$ 5,443,200	$ -		$ 489,600	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 57,857,880
Professional services to support transitional system maintenance and operations during the project's DDI phase.	Enterprise Data Warehouse (EDW) - Maintenance and Operations	Contracted Services	25%	$ -		$ -	$ -		$ 7,931,393	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 7,931,393
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Enterprise Case Management - Project Deliverables - Planning	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 576,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 576,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Enterprise Case Management - Project Deliverables - Procurement	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 272,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 272,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Enterprise Case Management - Project Deliverables - DDI	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 925,560	$ -		$ 9,586,029	$ -		$ 7,943,940	$ -		$ 767,200	$ -		$ -	$ -	$ 12,969,760

Exhibit IV-4: Baseline Project Budget

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.

CBAForm 3A Baseline Project Budget

					FY2021-22		FY2022-23		FY2023-24		FY2024-25		FY2025-26		FY2026-27		FY2027-28		FY2028-29		TOTAL
					$ 111,705,807	$ 62,218,782		$ 113,099,318		$ 101,574,172		$ 70,668,322		$ 36,763,439		$ 36,763,911		$ 13,279,365		$ -	$ 566,059,113
Item Description (remove guidelines and annotate entries here)	Project Cost Element	Appropriation Category	State Match %	Previous Years Project-Related Cost	YR #	YR 1 LBR	YR 1 Base Budget	YR #	YR 2 LBR	YR 2 Base Budget	YR #	YR 3 LBR	YR 3 Base Budget	YR #	YR 4 LBR	YR 4 Base Budget	YR #	YR 5 LBR	YR 5 Base Budget	YR #	YR 6 LBR	YR 6 Base Budget	YR #	YR 7 LBR	YR 7 Base Budget	YR #	YR 8 LBR	YR 8 Base Budget	TOTAL
Professional services to support transitional system maintenance and operations during the project's DDI phase	Enterprise Case Management - Maintenance and Operations	Contracted Services	25%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 3,899,600	$ -		$ -	$ -		$ -	$ -	$ 3,899,600
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	FHMS Support - Project Deliverables - DDI	Contracted Services	10%	$ 4,595,200		$ 2,774,400	$ -		$ 2,774,400	$ -		$ 2,774,600	$ -		$ 1,387,200	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 14,305,800
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	FHMS Support - Hardware / Software	CCO / Contracted Services	25%	$ 2,917,752		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 2,917,752
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	FX Operations	Contracted Services	10%	$ 44,010,189		$ 4,318,471	$ -		$ 4,318,471	$ -		$ 4,318,471	$ -		$ 4,318,471	$ -		$ 4,318,471	$ -		$ 4,318,471	$ -		$ 4,318,471	$ -		$ -	$ -	$ 74,239,486
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	10%	$ 14,715,545		$ 4,266,516	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 18,982,061
Professional services to support transitional system maintenance and operations during the project's DDI phase	Integration Services and Integration Platform (IS/IP) - Maintenance and Operations	Contracted Services	25%	$ 4,503,602		$ 7,441,202	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 11,944,804
Professional services to support transitional system maintenance and operations during the project's DDI phase	IT Common Operations (ITCO) - Job Scheduler - Maintenance and Operations	Contracted Services	25%	$ -		$ 369,659	$ -		$ 369,659	$ -		$ 369,659	$ -		$ 369,659	$ -		$ 369,659	$ -		$ 369,659	$ -		$ 369,659	$ -		$ -	$ -	$ 2,730,813
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Pharmacy Benefit - Project Deliverables - Planning	Contracted Services	10%	$ -		$ -	$ -		$ 369,600	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 369,600
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Pharmacy Benefit - Procurement	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 1,033,600	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 1,033,600
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Pharmacy Benefit - Project Deliverables - DDI	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 4,050,096	$ -		$ 2,481,178	$ -		$ 391,680	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 6,922,944
Professional services to support transitional system maintenance and operations during the project's DDI phase	Pharmacy Benefit - Maintenance and Operations	Contracted Services	25%	$ -		$ -	$ -		$ -	$ -		$ 707,220	$ -		$ 4,566,336	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 5,273,536
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Plan Management - Project Deliverables - Planning	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 777,600	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 777,600
Professional services with fixed-price costs (i.e. software development, installation, project documentation)	Plan Management - Project Deliverables - Procurement	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 1,688,000	$ -		$ 734,400	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 1,822,400

Exhibit IV-4: Baseline Project Budget (cont'd)

AHCA FX

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CBAForm 2A Baseline Project Budget

					FY2021-22		FY2022-23		FY2023-24		FY2024-25		FY2025-26		FY2026-27		FY2027-28		FY2028-29		TOTAL
					$ 111,795,807		$ 82,218,782		$ 113,886,316		$ 101,574,172		$ 78,669,322		$ 36,763,436		$ 36,763,911		$ 13,278,365		$ 566,950,113
Item Description (remove guidelines and annotate entries here)	Project Cost Element	Appropriation Category	State Match	Previous Years Project-Related Cost	YR 1	YR 1 LBR	YR 1 Base Budget	YR 2	YR 2 LBR	YR 2 Base Budget	YR 3	YR 3 LBR	YR 3 Base Budget	YR 4	YR 4 LBR	YR 4 Base Budget	YR 5	YR 5 LBR	YR 5 Base Budget	YR 6	YR 6 LBR	YR 6 Base Budget	YR 7	YR 7 LBR	YR 7 Base Budget	YR 8	YR 8 LBR	YR 8 Base Budget	TOTAL
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Plan Management - Project Deliverables - DDI	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 1,659,440	$ -		$ 4,332,480	$ -		$ 329,400	$ -		$ -	$ -	$ 6,320,320
Professional services to support transitional system maintenance and operations during the project's DDI phase.	Plan Management - Maintenance and Operations	Contracted Services	25%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 2,121,600	$ -		$ -	$ -		$ -	$ -	$ 2,121,600
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Prioritized Projects - Project Deliverables - DDI	Contracted Services	10%	$ -		$ 2,017,694	$ -		$ 2,017,694	$ -		$ 2,017,694	$ -		$ 2,017,694	$ -		$ 2,017,694	$ -		$ 2,017,694	$ -		$ 2,017,694	$ -		$ -	$ -	$ 14,123,858
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Provider - Project Deliverables - Procurement	Contracted Services	10%	$ 150,000		$ 579,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 729,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Provider - Project Deliverables - DDI	Contracted Services	10%	$ -		$ 5,533,920	$ -		$ 4,932,480	$ -		$ 980,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 11,146,400
Professional services to support transitional system maintenance and operations during the project's DDI phase.	Provider - Maintenance and Operations	Contracted Services	25%	$ -		$ 272,000	$ -		$ 4,804,200	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 5,076,200
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Recipient - Project Deliverables - Procurement	Contracted Services	10%	$ -		$ -	$ -		$ 1,299,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 1,299,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Recipient - Project Deliverables - DDI	Contracted Services	10%	$ -		$ -	$ -		$ 4,112,270	$ -		$ 5,291,986	$ -		$ 614,720	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 10,018,976
Professional services to support transitional system maintenance and operations during the project's DDI phase.	Recipient - Maintenance and Operations	Contracted Services	25%	$ -		$ -	$ -		$ 707,200	$ -		$ 4,750,344	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 5,457,544
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Third Party Liability - Project Deliverables - Planning	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 388,800	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 388,800
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Third Party Liability - Project Deliverables - Procurement	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 1,033,800	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 1,033,800
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Third Party Liability - Project Deliverables - DDI	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 3,945,522	$ -		$ 1,114,730	$ -		$ 277,440	$ -		$ -	$ -		$ -	$ -	$ 5,337,752
Professional services to support transitional system maintenance and operations during the project's DDI phase.	Third Party Liability - Maintenance and Operations	Contracted Services	25%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 1,990,800	$ -		$ 4,472,088	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 6,532,888

Exhibit IV-4: Baseline Project Budget (cont'd)

AHCA FX

CBAForm 1A 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.

						FY2021-22			FY2022-23			FY2023-24			FY2024-25			FY2025-26			FY2026-27			FY2027-28			FY2028-29		TOTAL
				$ 111,705,807		$ 82,218,782			$ 113,086,318			$ 101,574,172			$ 70,668,322			$ 36,763,438			$ 36,763,911			$ 13,278,365			$ -		$ 566,059,113
Item Description (remove guidelines and annotate entries here)	Project Cost Element	Appropriation Category	State Match	Previous Years Project-Related Cost	YR #	YR 1 LBR	YR 1 Base Budget	YR #	YR 2 LBR	YR 2 Base Budget	YR #	YR 3 LBR	YR 3 Base Budget	YR #	YR 4 LBR	YR 4 Base Budget	YR #	YR 5 LBR	YR 5 Base Budget	YR #	YR 6 LBR	YR 6 Base Budget	YR #	YR 7 LBR	YR 7 Base Budget	YR #	YR 8 LBR	YR 8 Base Budget	TOTAL
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Unified Operations Center - DDI	Contracted Services	10%	$ -		$ 7,108,073	$ -		$ 9,254,480	$ -		$ 9,235,760	$ -		$ 579,687	$ -		$ 1,564,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 27,742,000
Professional services to support transitional system maintenance and operations during the project's DDI phase.	Unified Operations Center - Maintenance and Operations	Contracted Services	25%	$ -		$ -	$ -		$ -	$ -		$ 11,839,100	$ -		$ 26,607,420	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 38,446,520
Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	IV&V Vendor	Contracted Services	10%	$ 9,871,073		$ 3,230,996	$ -		$ 3,230,996	$ -		$ 3,230,996	$ -		$ 3,230,996	$ -		$ 3,230,996	$ -		$ 3,230,996	$ -		$ 3,230,996	$ -		$ -	$ -	$ 32,488,045
Other Hardware / Software	Other Hardware / Software - Microsoft Project Online, Microsoft Power BI Pro, MITA Source Pulse	OCO / Contracted Services	10%	$ -		$ 77,665	$ -		$ 77,665	$ -		$ 77,665	$ -		$ 77,665	$ -		$ 77,665	$ -		$ 77,665	$ -		$ 77,665	$ -		$ -	$ -	$ 543,655
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	CMS Interoperability - Planning	Contracted Services	10%	$ -		$ 950,400	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 950,400
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	CMS Interoperability - Implementation	Contracted Services	10%	$ -		$ 2,496,000	$ -		$ 4,992,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 7,488,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Module Existing Systems Integration	Contracted Services	10%	$ -		$ 4,896,000	$ -		$ 4,896,000	$ -		$ 4,896,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 14,688,000
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Certifications - Cohort 1 - Certifications	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 230,400	$ -		$ 230,400	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 460,800
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Certifications - Cohort 2 - Certifications	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 460,800	$ -		$ -	$ -	$ 460,800
Professional services - Legal	Contracted Services / Legal Support	Contracted Services	10%	$ 220,046		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 220,046
Professional services related to Security Risk Scoring and Cherwell	Staff Aug - Security Risk Scoring, Cherwell	Contracted Services	10%	$ -		$ 259,200	$ -		$ 259,200	$ -		$ 259,200	$ -		$ 259,200	$ -		$ 259,200	$ -		$ 259,200	$ -		$ 259,200	$ -		$ -	$ -	$ 1,814,400
Professional services for as-needed procurement-related activities.	Staff Aug - Procurement Specialists	Contracted Services	10%	$ -		$ 520,000	$ -		$ 520,000	$ -		$ 520,000	$ -		$ 520,000	$ -		$ 520,000	$ -		$ 520,000	$ -		$ 520,000	$ -		$ -	$ -	$ 3,640,000
Professional services for as-needed project-associated activities.	Staff Aug - Program Specialists	Contracted Services	10%	$ -		$ 480,000	$ -		$ 480,000	$ -		$ 480,000	$ -		$ 480,000	$ -		$ 480,000	$ -		$ 480,000	$ -		$ 480,000	$ -		$ -	$ -	$ 3,360,000
	Totals			$111,705,807		$82,218,782			$113,086,318			$101,574,172			$70,668,322			$36,763,438			$36,763,911			$13,278,365			$-		$566,059,113

Exhibit IV-4: Baseline Project Budget (cont'd)

CBAForm 2 - Project Cost Analysis

Agency AHCA **Project** FX

PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)									TOTAL
	Prior Years' Costs	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
TOTAL PROJECT COSTS (*)	$111,705,807	$82,218,782	$113,086,318	$101,574,172	$70,668,322	$36,763,438	$36,763,911	$13,278,365	$0	$566,059,113
CUMULATIVE PROJECT COSTS (includes Current & Previous Years' Project-Related Costs)	$111,705,807	$193,924,589	$307,010,906	$408,585,078	$479,253,400	$516,016,838	$552,780,748	$566,059,113	$566,059,113	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.										

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B									TOTAL
	Prior Years' Costs	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
General Revenue	$12,821,709	$9,437,157	$13,368,350	$13,022,373	$13,551,055	$4,405,456	$5,306,173	$1,386,135	$0	$73,298,408
Trust Fund	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Federal Match	$98,884,098	$72,781,624	$99,717,968	$88,551,799	$57,117,266	$32,357,982	$31,457,737	$11,892,230	$0	$492,760,705
Grants	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL INVESTMENT	$111,705,807	$82,218,782	$113,086,318	$101,574,172	$70,668,322	$36,763,438	$36,763,911	$13,278,365	$0	$566,059,113
CUMULATIVE INVESTMENT	$111,705,807	$193,924,589	$307,010,906	$408,585,078	$479,253,400	$516,016,838	$552,780,748	$566,059,113	$566,059,113	

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

Exhibit IV-5: Project Cost Analysis

CBAForm 3 - Project Investment Summary

Agency	AHCA	Project	FX

COST BENEFIT ANALYSIS – CBAForm 3A										
	0	1	2	3	4	5	6	7	8	
	Prior Years' Costs	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	TOTAL FOR ALL YEARS
Project Cost	($111,705,807)	($82,218,782)	($113,886,318)	($101,574,172)	($70,668,322)	($36,763,438)	($36,763,911)	($13,278,365)	$0	($566,059,113)
Net Tangible Benefits	$0	$0	$9,207,955	$39,989,838	$129,001,540	$293,159,963	$295,067,166	$296,788,564	$296,788,564	$1,360,003,588
Return on Investment	($111,705,807)	($82,218,782)	($103,678,363)	($61,584,334)	$58,333,218	$256,396,525	$258,303,255	$283,510,199	$296,788,564	$793,944,475
									NPV =	$564,686,889

RETURN ON INVESTMENT ANALYSIS – CBAForm 3B		
Payback Period (years)	6.28	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	2026-27	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	$564,686,889	NPV is the present-day value of the project's benefits less costs over the project's life cycle.
Internal Rate of Return (IRR)	25.83%	IRR is the project's rate of return.

Investment Interest Earning Yield – CBAForm 3C								
Fiscal Year	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
Cost of Capital	3.30%	3.42%	3.51%	3.63%	3.80%	3.80%	3.80%	3.80%

Exhibit IV-6: Investment Summary

2. The Cost Benefit Analysis Results

FX is a multi-year program with costs and benefits estimated throughout the life of the program. The FX Program strategy and roadmap are assessed continually, with estimates being fine-tuned to incorporate new information. As such, cost and benefit amounts may change year-over-year as the FX strategy evolves and planned activities are conducted.

When examining costs for the entire period of FX program expenditures (i.e., through SFY 2027-2028), it is important to understand the treatment of M&O costs in the IV-B. M&O costs are treated as follows:

- The IV-B CBA only carries "transitional M&O". What is meant by "transitional M&O" is M&O that occurs in a fiscal year during which implementation is completed; i.e., DDI activity wraps up during the fiscal year in question. By contrast, NO M&O is present in a fiscal year that follows full implementation (there is no DDI in the year in question). Therefore, for all fiscal years following full implementation, no M&O is presented in the IV-B.

The reason for this treatment is that the IV-B is not a request for ongoing operating funds, which is what M&O in a post-implementation fiscal year is. The IV-B is a request for non-recurring funds, and only transitional M&O (M&O that supports transition to the newly implemented functionality) is therefore included.

The projected net benefits for FX are significant. The estimated NPV from the project over the next eight years is **$564,686,889**. The NPV calculation includes an estimate of **$1,360,003,588** in total project benefits and total project costs of **$566,059,113***. Because benefits continue after the eight-year analysis period, the calculated NPV is conservative, potentially understating benefits of the project to the Agency and Florida stakeholders.

**Of note is that $111,705,807 of the total project cost has been expended prior to SFY 2021-2022. This leaves a balance of $454,353,307 in project costs spread across the remaining project years. Additionally, $393,876,607 of this balance is to be paid through federal match dollars, leaving $60,476,699 to be paid with State of Florida funds.*

a. Project Costs

The estimated total cost of implementing FX is $566,059,113 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	$566,059,113
Benefits	$1,360,003,588 in total benefits
Payback Period	6.28 years
Payback Date	SFY 2026-2027
	ANALYSIS
Net Tangible Benefits	$793,944,475 (total benefits minus total costs)
Net Present Value (NPV)	$564.7M
Internal Rate of Return (IRR)	25.83%

Exhibit IV-7: Financial Return Analysis

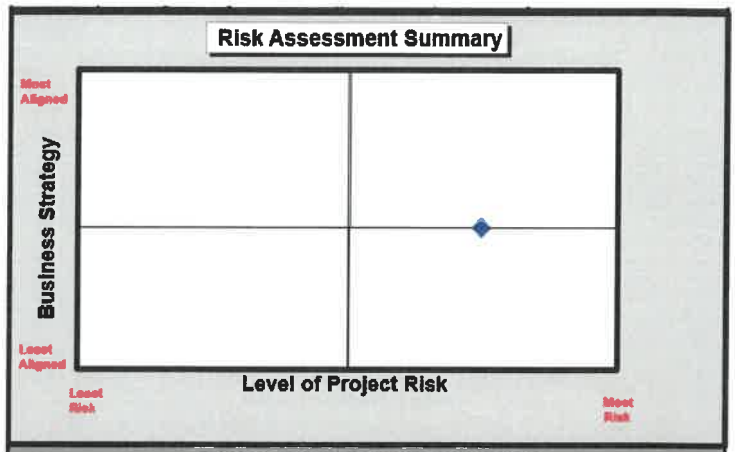
The breakeven year is SFY 2026-2027. This breakeven indicates a strong project that pays for itself relatively quickly.

- The project NPV is $564.7 million. By this measure, the FX project is a sound investment. In addition, this can be considered a conservative estimate of NPV given that benefit realization is delayed (in the analysis) largely to the later project years.
- The IRR is 25.83 percent. The Florida Legislature's Office of Economic and Demographic Research (EDR) estimates the cost of capital for investment analysis purposes; projecting the rate out through the analysis period leads to a 3.80 percent rate. The FX project's IRR exceeds this projected cost of capital. Given that the FX project should produce considerable tangible benefits well-beyond the 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 the FX Program be requested by the Executive Office of the Governor and approved by the Legislature. The Agency is fully focused on successfully implementing the FX Program and has implemented an Outcomes Management Framework designed to help achieve identified benefit targets. The recommended next step is to secure the needed funding for SFY 2021-2022.

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.



Project Risk Area Breakdown

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

Exhibit V-1: Project Risk Assessment Summary

Exhibit V-1: Project Risk Assessment Summary shows a snapshot of the RA Project Assessment Tool Summary Tab. The completed Risk Assessment Tool is Appendix B. 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. Standards and processes exist for project, program, and portfolio risk management. These can be found in the approved *P-2: FX Project Management Standards* (Appendix N), the *O-2: FX EPMO Charter and Program Management Plan* (Appendix D), and the *S-4: Strategic Project Portfolio Management Plan* (Appendix L).

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 *S-3: 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 1.08 – This answer refers to current awareness and knowledge of FX Program. Visibility will increase as the program evolves and customers (providers, recipients, and other stakeholders) are introduced to new technologies.
- Question 2.01 – The risk is mitigated by the SEAS Vendor and other anticipated vendors who have experience with the proposed solutions.
- Question 2.04 – All technology solutions must adhere to the standards and guidelines published by the DMS. All technology decisions must be approved by the FX Technology Standards Committee.
- Question 2.05 – Some minor legacy infrastructure components may be leveraged in the new solution.
- Question 3.03 – Process and policy changes are being documented as a task within each project schedule so they can be assessed at a project level.
- 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 will experience moderate to low impact change that will improve their experience interacting with Medicaid.
- Question 3.09 – The vision for FX is far-reaching with many organizational change requirements. The Agency has not recently undertaken a project with such a far-reaching vision and 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 – FX spans multiple fiscal years and includes plans for many future projects, modules, and activities. A Spending Plan does not exist for the entire program. Spending Plans will be prepared for each fiscal year as work is prioritized and authorized through the portfolio management process. They will include spending needs to support contracts that are fully negotiated and signed. Rough Order of Magnitude estimates have been developed for the FX module roadmap.
- Question 5.02 – Expenditures for the current fiscal year have been documented; planning and estimating have been done for future fiscal years.
- Question 5.09 – Extensive benefits validation has occurred but there may be additional benefits to identify and validate as the program evolves.
- Question 5.10 – The overall measurable payback for FX will be more than five years. Various sub-projects 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 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 the Agency's functional areas are represented in FX Governance either at a senior management level (FX Implementation Team) or executive management level. The 15 member Executive Steering Committee is comprised of seven representatives from the Agency, two representatives from the Department of Children and Families, and one representative from Department of Health, Department of Financial Services, Agency for Persons with Disabilities, Department of Elder Affairs, Department of Management Services, and Florida Healthy Kids Corporation.
- Question 7.04 – As of this writing, specifications have been defined and documented for IS/IP, EDW, and Provider Management System modules. Requirements for the Core and UOC modules are currently in development. Additional modules will be elaborated and documented timely with their procurements.
- Question 7.08 –Major project deliverables are reviewed and approved by the FX Implementation Team and Executive Steering Committee.
- Question 7.10 – A roadmap for the multi-year program including a high-level schedule has been approved.
- Question 7.11 – The FX Program is comprised of multiple projects, all of which have schedules that include all project tasks, milestones, dependencies, 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 is expected team members will be dispersed across more than three locations during SFY 2021-2022: Agency staff are located at the Ft. Knox Office Complex. Enrollment Broker Vendor staff, the IS/IP Vendor, the EDW Vendor, and possibly the SEAS Vendor will be located within five miles of Ft. Knox.

VI. Schedule IV-B Technology Planning

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

A. Current Information Technology Environment

The Medicaid Enterprise System (MES) is a collection of many systems required to operate and maintain the Florida Medicaid program, each with its own platform, systems architecture, and proprietary data stores. The systems in the MES are islands of processing and information. Data exchange provides the bridge between these systems. The current Medicaid Enterprise includes the FMMIS and multiple systems and functions integrated or interfacing with the FMMIS, such as Automated Health Systems (AHS) HealthTrack system, the Health Information Exchange (HIE), and care management organization systems. **Exhibit VI-1: Medicaid Ecosystem** summarizes Florida's MMIS which encompasses mission critical business systems upon which the Medicaid Enterprise and Medicaid ecosystem depend.

This current state can be categorized as follows:

- Providers, health plans, and Agency systems primarily submit information to MMIS through Electronic Data Interchange (EDI) and Secure File Transfer Protocol (SFTP) batch transmissions
- Pharmacy Benefits is operated by an outside vendor, Magellan
- The enrollment broker vendor is Automated Health Systems. AHS operates both the Choice Counseling call center to enroll recipients in health plans and the Provider Network Verification (PNV) system to monitor health plan's provider network adequacy
- Other Florida agencies perform Medicaid processes using replicated Medicaid data; primarily using batch interfaces

- The Decision Support System (DSS) is the data warehouse that supports analytics, ad hoc inquiry and management, and administrative reporting
- The HIE system enables provider-to-provider exchange of information
- The system lacks a 360-degree view of recipient information or alerting of changes in social determinants of health data

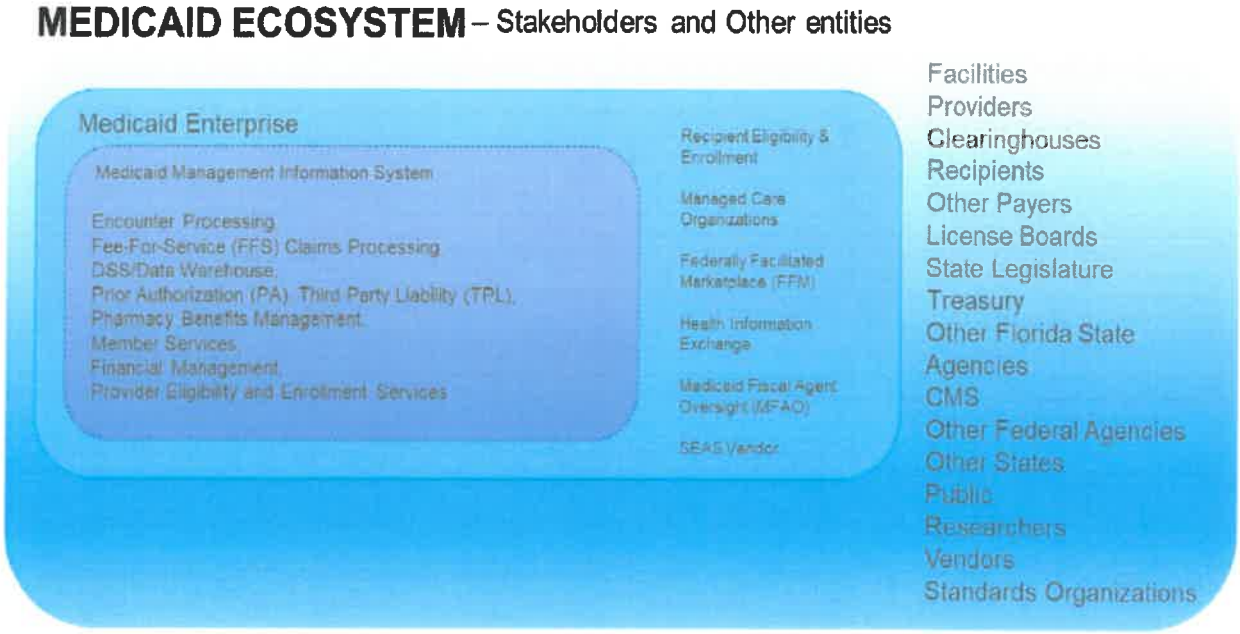


Exhibit VI-1: Medicaid Ecosystem

1. Current System

The information technology that supports the operation of the Medicaid program is distributed across many state agencies, health plans, and provider systems. There are hundreds of state agency computer systems and thousands of provider systems that must work together to deliver healthcare services to the people of Florida. In this highly distributed technology landscape, there is substantial duplication and inconsistencies of information and processing across systems.

Currently ten state agencies, including AHCA, have direct responsibilities for processing or supporting the operation of the Medicaid program. Within the Agency alone, there are more than 140 computer systems or applications in operation. More than 60 of these systems play a direct role supporting the operation of the Medicaid program. A complete list of FMMIS Inbound/Outbound Interfaces can be found in Appendix E.

The current Medicaid Enterprise contains several primary components including EDI, the MMIS/DSS, interChange User Interface (UI), and the Prescription Benefits Management System (PBMS), all of which are built around Service Oriented Architecture (SOA) principles.

EDI manages the flow of the various X12 transactions into and out of the Medicaid Enterprise. EDI utilizes BizTalk and Simple Object Access Protocol (SOAP) servers, mapping X12 transactions into proprietary XML file structures for processing in the FMMIS.

a. Description of Current System

The largest systems in the Medicaid Enterprise are the FMMIS and DSS-DW, currently operated by the fiscal agent,

DXC/Enterprise Systems, LLC. The FMMIS components of the system are comprised primarily of a collection of custom-built software applications used for processing Medicaid claims and encounter transactions. This processing includes the adjudication of claims and encounter transactions via batch processes and online submissions, the processing of financial transactions, producing and distributing payments, the storing and utilization of provider and recipient enrollment and demographic data, and the implementation of business rules and supporting reference data.

The DSS components of the system are comprised of a collection of Extract, Transform, and Load (ETL) programs written in the C programming language, a set of Business Intelligence tools, and an Oracle database. The DSS provides the tools necessary for analytics and reporting.

The technologies utilized in the implementation of the FMMIS/DSS include Windows and HP-UX operating systems, Oracle and SQL Server databases; COTS products such as Business Objects, Crystal Reports, SPSS, and ArcView GIS; programming languages include C, C#, VB.NET, JavaScript, Perl, VBScript, R, and SAS. The FMMIS/DSS system is hosted at a commercial data center in Orlando, Florida.

The interChange User Interface (UI) is a web-based solution developed with Microsoft.NET technologies. The UI allows highly detailed access to all Claims, Provider, Recipient, Financial, and Reference data stored in the FMMIS. Authorized users also have update capabilities to relevant data.

The PBMS is a Point-of-Sale (POS) Pharmacy Claims processing system operated and maintained by Magellan Health Services. Currently the PBMS is comprised of proprietary software running on a UNIX platform with an Oracle Database from a data center in Maryland Heights, Missouri. This system receives and adjudicates Point-of-Sale NCPDP D.0 claims transactions which are subsequently transmitted via SFTP to the MMIS for payment. Users interact with pharmacy data via interChange or by means of FirstRx, a proprietary user interface operated by Magellan Health Services.

The number of agencies and systems that access and manage data used for healthcare delivery is likely to expand significantly. These agencies exert significant effort processing system-to-system interfaces to extract, load, and update information in one system with information from another system. Because of the many systems in operation, there is not a reliable *single source of truth* to make processing, reporting, policy analysis, investigation, or analytic decisions. Differences in data timeliness, data validation, data transformation, and application of policy within systems means reports and data analysis vary depending on which system performs the analysis.

Exhibit VI-2: Current Conceptual Technical Architecture provides a current state overview of the major components of the MMIS/DSS systems and interfaces with those systems.

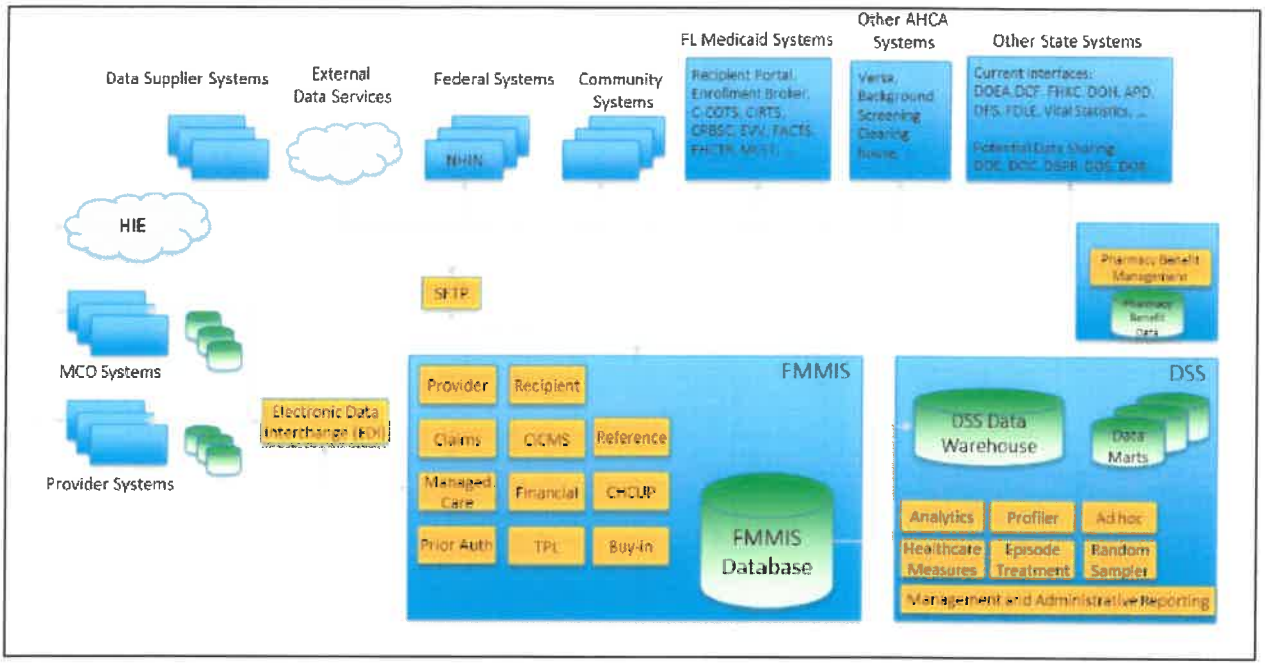


Exhibit VI-2: Current Conceptual Technical Architecture

As evidenced by the descriptions and visual above, Florida's health care delivery relies on highly distributed processing by many agencies and systems. Agency silos often operate with their own version of data, tools, business rules, software, and strategies. The current data architecture is causing many data challenges. There is no *single source of truth* since each agency and system have their own data. This duplication creates challenges in how agencies share data to perform their day-to-day functions. Likewise, there are over sixty (60) applications within the Agency that process Medicaid data—many of which have their own data stores. This is a challenge because the data from one application may not be consistent with the data from another application. As shown in **Exhibit VI-3: Current State (Illustrative)** below, the main challenge is data stored across groups within the Agency, causing the following data integrity and availability issues:

- Multiple and often inconsistent versions of data
- Questions about the completeness, quality, and timeliness of data
- Poor analytic processing response times
- Inconsistent use of analytics, predictive modeling, and reporting capabilities

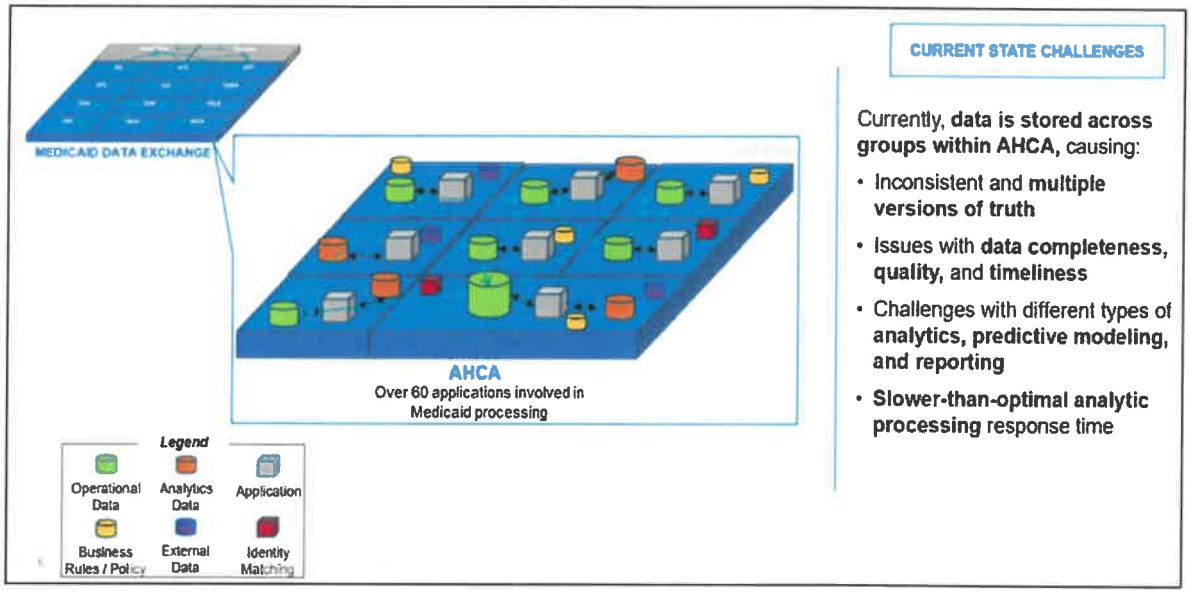


Exhibit VI-3: Current State (Illustrative)

b. Current System Resource Requirements

To support the systems of the Medicaid Enterprise, the Agency includes an Information Technology Office that is responsible for overseeing the Agency's use of existing and emerging technologies in government operations, and its delivery of services to the public. They work to improve the Agency's efficiency through technology by aligning business and technology objectives to deliver effective solutions, and to make communication with the Agency straightforward and clear. Other Agency personnel may be required to provide additional support to the current Medicaid Enterprise systems.

To support the largest system in the Medicaid Enterprise, the fiscal agent, DXC/Enterprise Systems, LLC, submits system staffing reports. The July 2020 report is provided as Appendix F. In addition, the Bureau of Medicaid Fiscal Agent Operations within the Medicaid Division has oversight responsibilities for the fiscal agent provider enrollment, claims processing and payment, management of the FMMIS, and the DSS.

c. Current System Performance

The fiscal agent, DXC/Enterprise Systems, LLC, submits a system performance report card for the largest system in the Medicaid Enterprise. The April 2020 report is provided as Appendix G. Other system performance reports are unavailable.

2. Information Technology Standards

FX IT solutions and module vendors must adhere to the standards and guidelines published by the Department of Management Services (DMS):

- Florida Information Technology Project Management and Oversight Standards described in Florida Administrative Rule 60GG-1.001 through 60GG-1.009, 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.

All technology decisions must be approved by the FX Technology Standards Committee. FX IT solutions and module vendors must also adhere to the standards developed by the Agency's SEAS Vendor:

- T-3: Data Standards (Appendix S)
- T-4: Technical Management Strategy (Appendix T)
- T-6: Technology Standards (Appendix V)
- T8: Enterprise Data Security Plan (Appendix X)

The Agency has adopted the FX Project Life Cycle to support consistent system development and project management methodologies. The FX Project Life Cycle is 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.

The FX Project Life Cycle is shown in **Exhibit VI-4: System Strategy and Portfolio Management Execution Process**. This image shows the phases of MES System Strategy and Execution activities. The *S-3: FX Strategic Plan* focuses on the first four phases, while phases five and six of execution are the primary focus of this *S-4: Strategic Project Portfolio Management Plan*. This *S-4: Strategic Project Portfolio Management Plan* provides inputs and monitoring for the remaining three phases seven, eight, and nine. The decision-making authority throughout the strategy and portfolio management is defined in the *S-1: FX Governance Plan*. The Portfolio Management Process enables the system strategy, defines activities in execution phases activities, and provides guidance on key decisions for each phase.

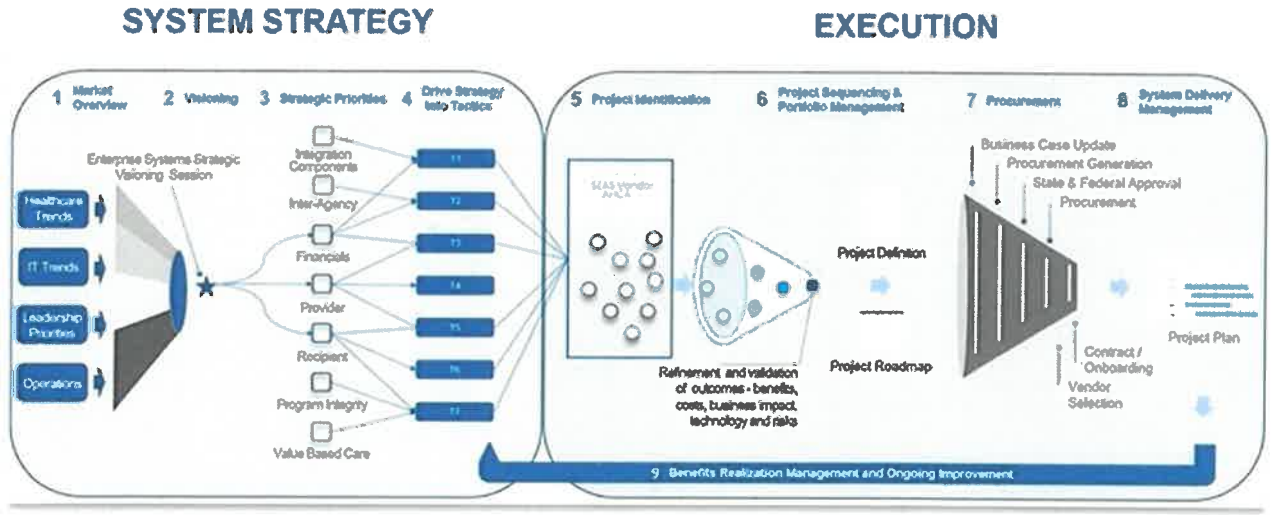


Exhibit VI-4: System Strategy and Portfolio Management Execution Process

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 (summarized in Section I. C. 1.):

- 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

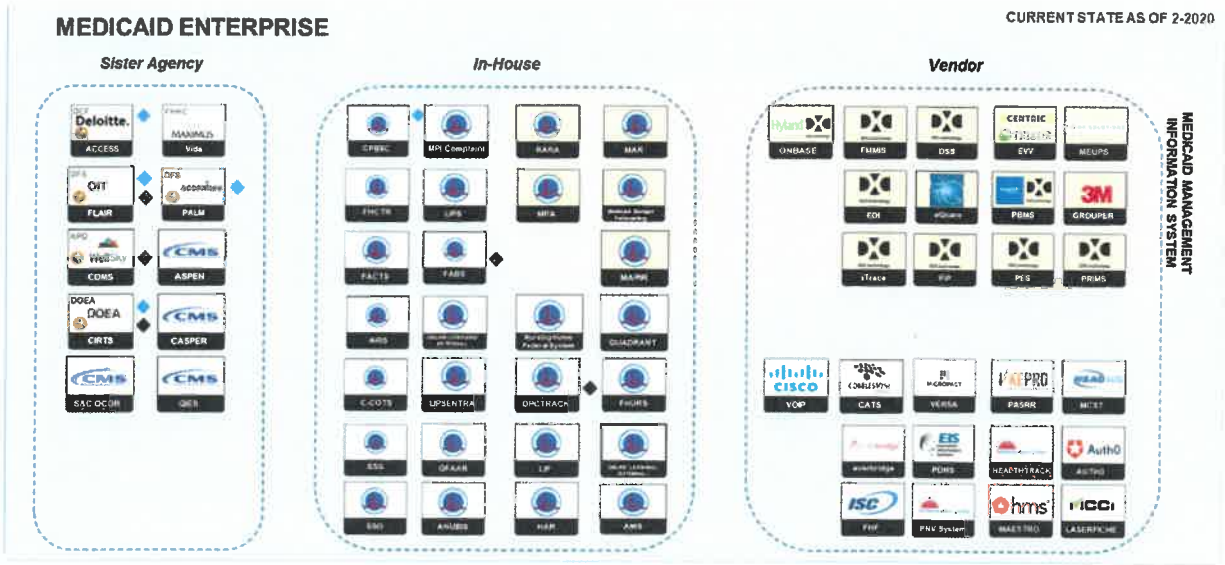
NOTE: Current customers of the state data center would obtain this information from the data center.

APPLICATIONS/SOFTWARE

The State of Florida Medicaid Enterprise is supported by a large, complex portfolio of systems and applications, totaling over sixty (60) systems and applications. Notably, the FMMIS includes thirteen (13) contracted business systems and five (5) internal applications, relying on two support applications for procurement and contract management services and forty-three (43) other business systems and applications that interact with or support FMMIS and Medicaid. These applications/systems are provided in **Exhibit VI-5: System/Application Owner Table** and **Exhibit IV-6: AHCA Medicaid Business Systems and Applications Portfolio**.

APPLICATION OWNER	DESCRIPTION
AHCA (In-house)	▪ At least 27 systems/applications
Partner/Sister Agency	▪ At least 10 systems/applications
External Services (Vendor)	▪ At least 26 systems/applications

Exhibit VI-5: System/Application Owner Table



Legend
• Icons used to represent vendor contracts and applications to clearly distinguish outsourced and insourced systems and applications • Systems managed by sister agencies noted by the Florida Seal ( ) and agency's initials • Systems developed and maintained by AHCA noted by the Agency logo ( ) • MMIS and Medicaid Enterprise framework used to array the icons • Subcontracts to DXC Technology marked with DXC Technology logo • Systems and applications scheduled for retirement marked with a black diamond ( ) • Systems and applications used beyond the ME marked with a blue diamond ( )

Exhibit VI-6: AHCA Medicaid Business Systems and Applications Portfolio

INTERFACES

The Agency has over two hundred (200) inbound/outbound interfaces between applications. A list of inbound/outbound interfaces with FMMIS/DSS are provided in Appendix E: FMMIS Inbound/Outbound Interfaces.

STORAGE

Exhibit IV-7: Storage Use by Agency Applications includes a summary of the high-level storage use by Agency applications.

STORAGE LOCATION	SIZE
Fiscal Agent	▪ 30 Terabytes (TB) of 8 Online Transaction Processing (OLTP) databases (8 total) ▪ 16 TB Decision Support Systems (DSS) (3 total) ▪ 41 TB of Content Management System (1 total) ▪ 4 Data Marts
Medicaid Data Analytics	▪ 60 TB of SQL Server
AHCA Information Technology (IT)	▪ Primarily SQL Server

Exhibit VI-7: Storage Use by Agency Applications

C. Proposed Technical Solution

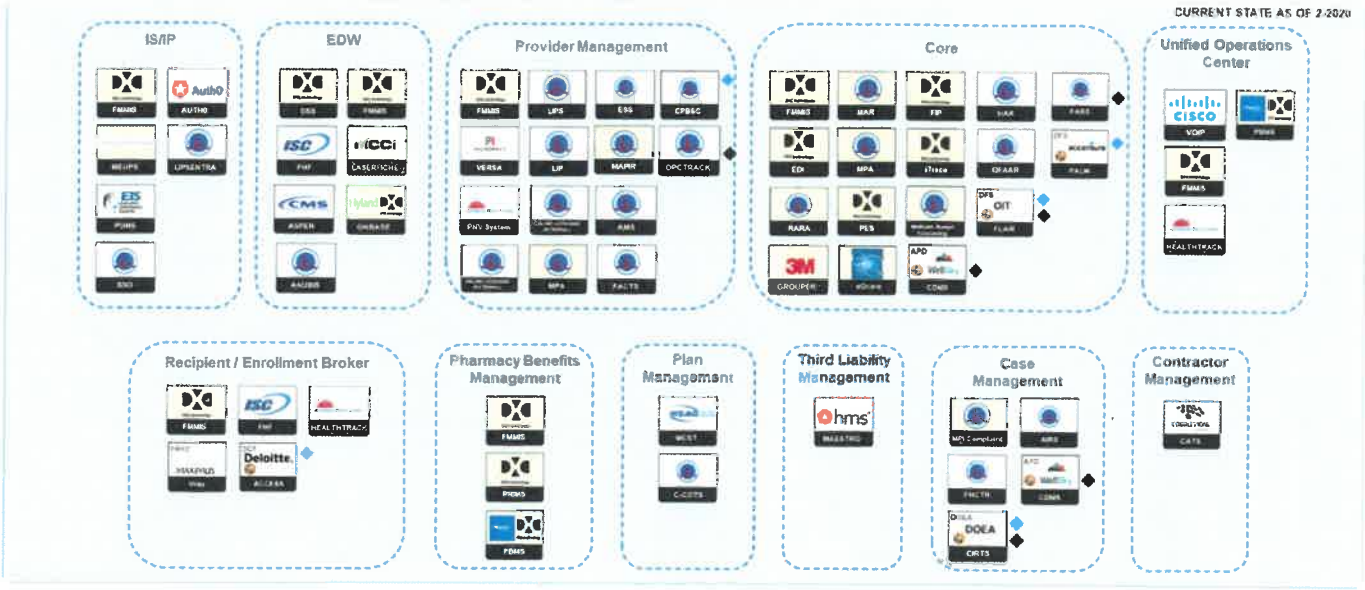
To enable effective and responsive delivery of health-related services, the Agency is pursuing modular technology and processing solutions that work together seamlessly. Using modular solutions provides processing and operational agility to support the needs of organizations in Florida that deliver health services. A modular approach increases the opportunity to select the best technology and services from vendors while simultaneously avoiding vendor lock-in and the risks associated with a single solution.

To support this transformation, the Agency has developed the FX procurement strategy articulated in Section II A. 2, Business Objectives in this document. The FX transformation strategy proposes a four-phased approach to replace the current functions of the FMMIS and other Medicaid-related systems. These four phases are based on the CMS Standards and Conditions (summarized in Section I. C. 1.) to ultimately transform Florida's Medicaid systems to an interoperable and unified enterprise where individual processes, modules, systems, and sub-systems work together to operate the Medicaid program. As mentioned before, the CMS Standards and Conditions must be met for states to qualify for enhanced federal funding. This approach is intended to provide the most efficient and cost-effective long-term solution for the system while complying with federal regulations, achieving federal certification, and obtaining enhanced federal funding. The four (4) phases of the FX strategy are as follows:

#	PHASE	COMPONENT/MODULE
1	Professional Services Procurements	Strategic Enterprise Advisory Services Independent Verification and Validation
2	FX Infrastructure	Integration Services and Integration Platform Enterprise Data Warehouse
3	FX FMMIS Resolution	Unified Operations Center Core (Claims/Encounter/Financial/Reference Management) Provider Management Recipient/Enrollment Broker Pharmacy Benefit Management
4	Remaining Non-FMMIS Modules	Plan Management Third Party Liability Enterprise Case Management Contractor Management

Exhibit IV-8: FX Transformation Roadmap Phases

The modules of the proposed to-be technical solution include sunsetting current Medicaid Enterprise business systems, starting with the FMMIS. A visual of the Medicaid Enterprise systems mapped by module is provided in **Exhibit VI-9: Medicaid Enterprise Business Systems by FX Module**.



Legend
• Icons used to represent vendor contracts and applications to clearly distinguish outsourced and insourced systems and applications • Systems managed by sister agencies noted by the Florida Seal ( ) and agency's initials • Systems developed and maintained by AHCA noted by the Agency logo ( ) • MMIS and Medicaid Enterprise framework used to array the icons • Subcontracts to DXC Technology marked with DXC Technology logo • Systems and applications scheduled for retirement marked with a black diamond ( ) • Systems and applications used beyond the ME marked with a blue diamond ( )

Exhibit VI-9: Medicaid Enterprise Business Systems by FX Module

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 the strategies and standards in their proposed technical solutions in response to competitive solicitations.

- T-1: Data Management Strategy (Appendix Q)
- T-2: Information Architecture Documentation (Appendix R)
- T-3: Data Standards (Appendix S)
- T-4: Technical Management Strategy (Appendix T)
- T-5: Technical Architecture Documentation (Appendix U)
- T-6: Technology Standards (Appendix V)
- T-7: Design and Implementation Management Standards (Appendix W)
- T-8: Enterprise Data Security Plan (Appendix X)

1. Technical Solution Alternatives

The Agency, with the assistance of 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 III 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 reuse technologies and systems across the FX Enterprise, in accordance with the CMS Standards and Conditions (summarized in Section I. C. 1.).

The Agency will use the Invitation to Negotiate (ITN) competitive solicitation process, the NASPO ValuePoint cooperative purchasing program, or other alternative contract sources to procure FX modules and components and will use the method that best meet the needs of the Agency.

- The ITN solicitation response criteria allow vendors to propose alternative and best-in-breed IT solutions. The Agency will review vendor proposals and evaluate the technical solution alternatives provided by vendors 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.
- The Agency will consider using the NASPO ValuePoint option when applicable to streamline the procurement development process and achieve efficiencies in the overall procurement process.

All FX modules encompass business processes contracted under the current fiscal agent contract and those that relate to important Medicaid business processes performed by the Agency or contracted by vendors other than the current fiscal agent. All procured modules are to be:

- Interoperable with other systems within FX
- Open source solutions
- Configurable COTS products, or other modular approaches that reduce the need for custom development

2. Rationale for Selection

FX module solutions will be selected based on the specific technical requirements and evaluation criteria described in each solicitation, utilizing the IS/IP and EDW as the foundational solutions to meet the Agency's strategic priorities. The Agency's strategy includes a plan to assimilate modular solutions to replace current functional systems or sub-systems quickly and efficiently as technology evolves. 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
- Enables a higher level of business agility and reduces costs to convert proprietary vendor data

3. Recommended Technical Solution

The recommended technical solution for the future of FX is a modular collection of systems enabled by the critical infrastructure elements of IS/IP, EDW and UOC. Any future module must align to the FX Vision, FX Guiding Principles, and FX Strategic Priorities and adhere to the FX Data Management vision and primary strategies. These six strategies are provided below and can be referenced in Appendix Q – *T-1: Data Management Strategy* for more detail:

- 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

D. Proposed Solution Description

1. Summary Description of Proposed System

The Proposed Solution supporting the six primary strategies mentioned above, is the Data Management Strategy Vision To-Be diagram shown in **Exhibit VI-9: Data Management Strategy Vision To-Be Diagram.**

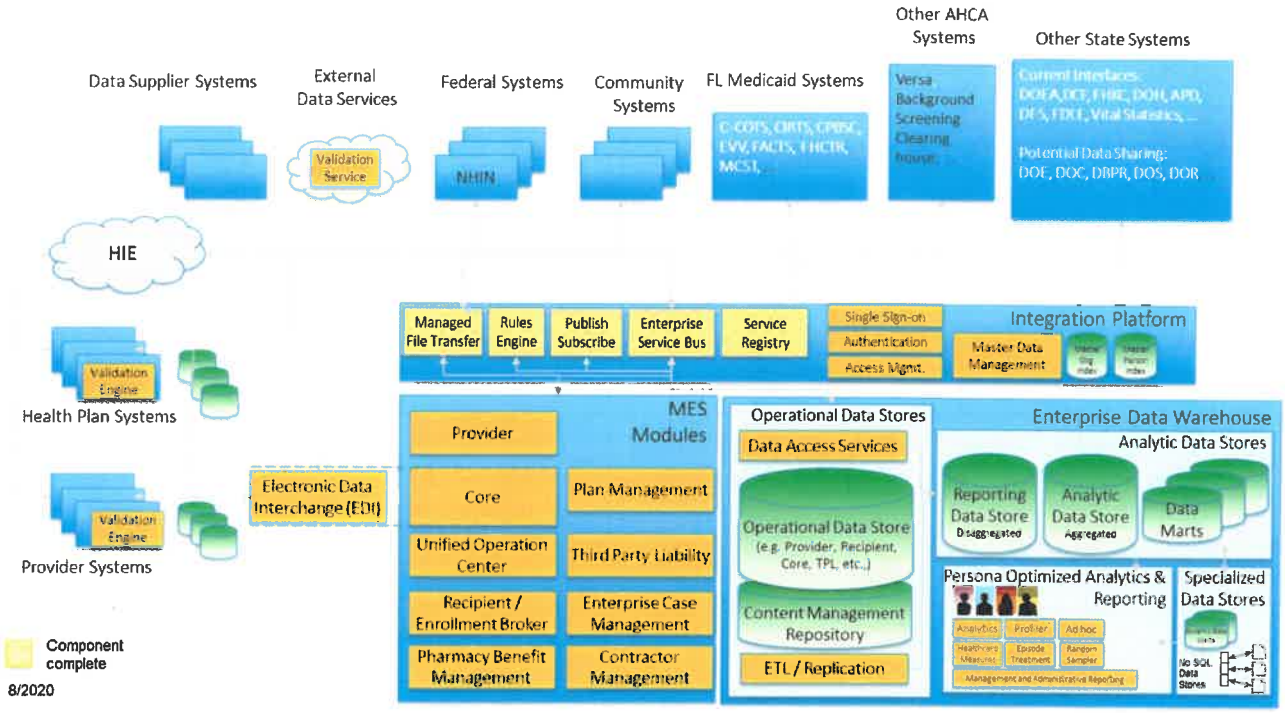


Exhibit VI-9: Data Management Strategy Vision To-Be Diagram

The *T-1: Data Management Strategy* 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 *T-1: Data Management Strategy* will incrementally evolve to refine and provide additional guidance on data management strategic topics that benefit FX.

The *T-1: 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 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 are IS/IP, that includes an Enterprise Service Bus (ESB), and the EDW, both of which are part of the in-process *Phase II: FX Infrastructure* in the FX roadmap. These platforms provide the foundation for transforming the Agency into a data-driven organization and improving data quality, performance, and information accessibility.

Future State: Integration Services and Integration Platform (IS/IP)

The enterprise integration capabilities of the IS/IP solution allow Agency systems to be much more efficient in sharing data and services between systems within the Agency, with other agencies, and with partners. Two major goals of the integration platform are (1) reduced duplication of data across systems, and (2) improved data consistency and communication of data changes between systems when there is a business need for data to be duplicated.

The IS/IP Future State, as depicted below in **Exhibit VI-10: IS/IP Future State (Illustrative)** below, enables:

- Near real-time data processing access and sharing between different organizations and systems, reducing the propagation of duplicated and inconsistent data
- A 360-degree (360°) view of information by linking data about recipients and providers
- Application of consistent business rules and policy
- Single sign-on and securing data in transit

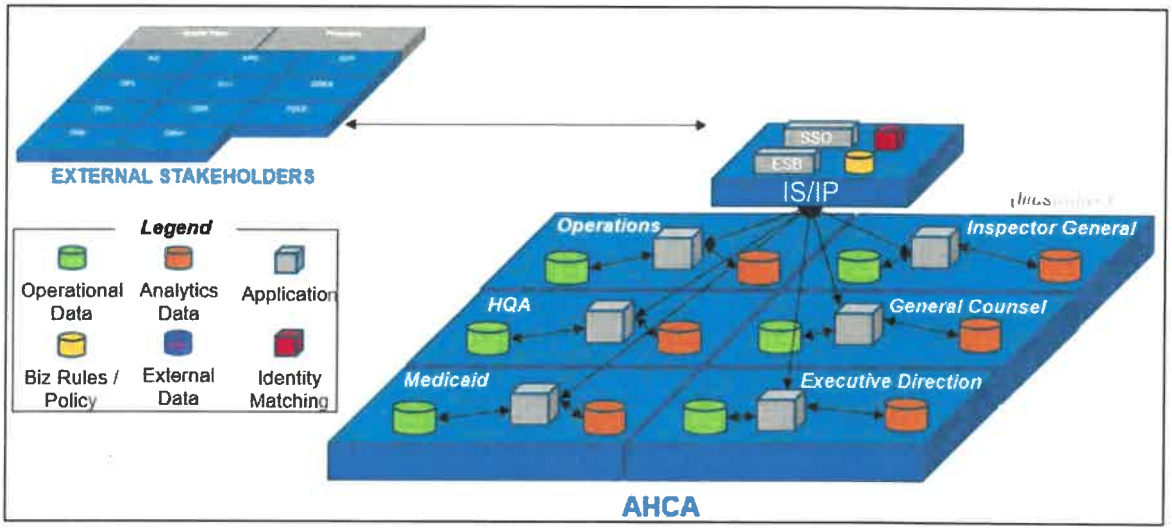


Exhibit VI-10: IS/IP Future State (Illustrative)

As stated in section II.2, the IS/IP DDI project is underway, with foundational components of workstream A completed in August 2020.

Future State: Enterprise Data Service (EDW)

The enterprise data service and analytic capabilities of the EDW Solution will provide Agency stakeholders with

enhanced data management and analytics capabilities. The EDW creates a model that promotes having a *single source of truth* for applications to access data from this central source (rather than keeping data within each application). The implementation of the EDW project will facilitate the decoupling of systems and data to make data available and consistent throughout the ecosystem, which will improve data quality, consistency, and tools for operational data use and analytic processing. The EDW Solution shown in **Exhibit VI-11: EDW Project Future State (Illustrative)** below, will enable:

- 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
- Elimination of inconsistent data and processing
- Reduction in duplicated data

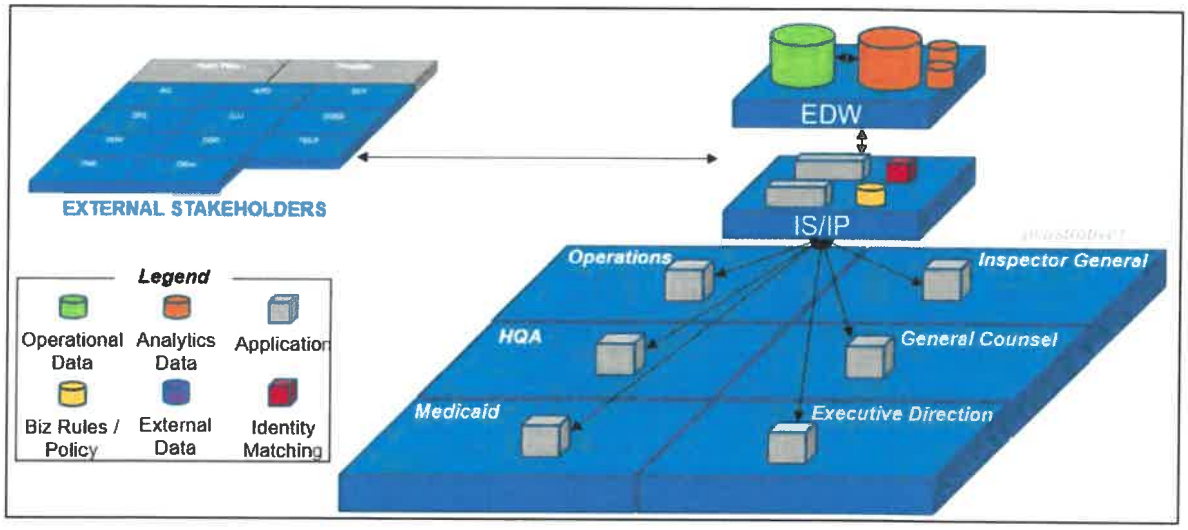


Exhibit VI-11: EDW Future State (Illustrative)

Future State: Modular Processing Systems and Services

The use of modular processing systems and service capabilities using the real or near real-time data provided by the EDW Solution and applying consistent business rules, will reshape the application landscape, reducing duplicated applications and inconsistent processing. The implementation of Modular Systems shown in **Exhibit VI-12: Modular Future State (Illustrative)** below, will:

- Identify and propose improvements to mature operational business processing capabilities
- Standardize business processing (e.g., enrollment, case management) to improve recipient and provider experience
- Add new processing power and capabilities without the capacity constraints of a single vendor
- Enable use of processing services by external organizations and systems
- Enable high-quality and accessible data
- Improve integration with external partners
- Reduce complexity

- Improve focus on and measurement of health care outcomes
- Enable holistic decision-making
- Use evidence-based processing
- Improve analytics
- Reduce fraud, waste, and abuse
- Improve the ease and accuracy of Provider claims payments
- Improve the effectiveness of federal cost reporting to maintain federal funding eligibility

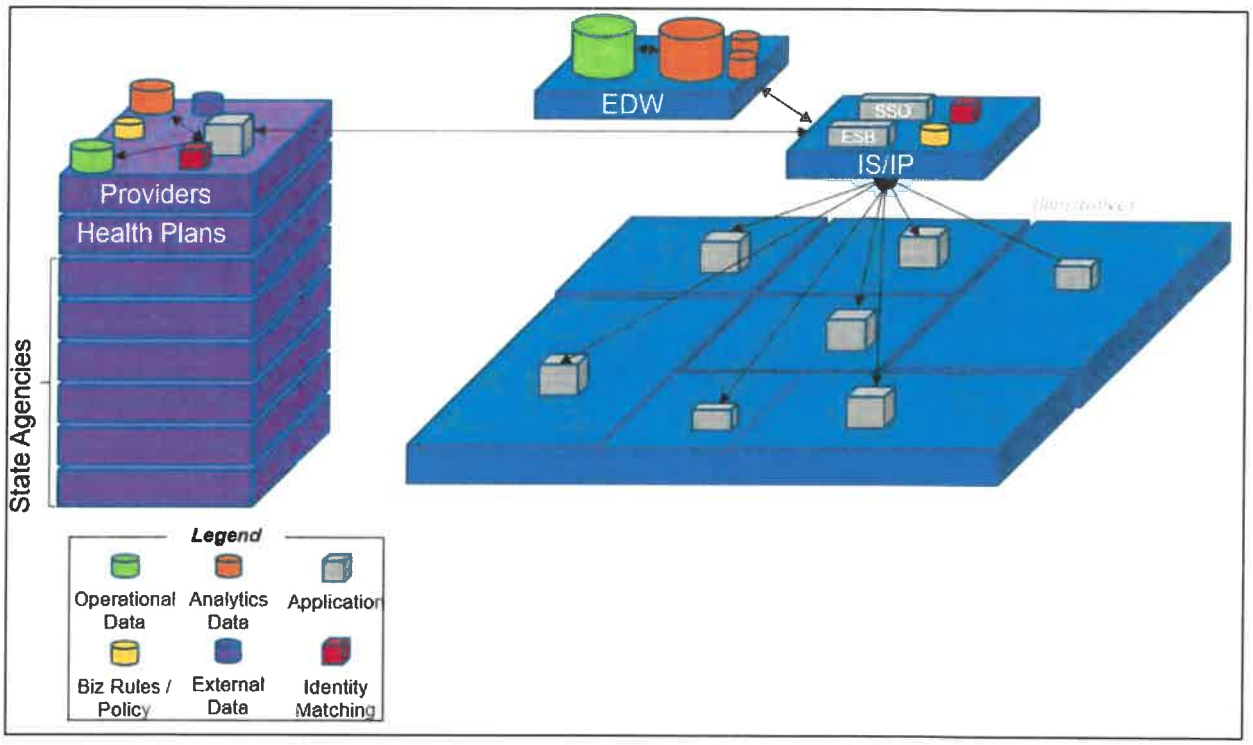


Exhibit VI-12: Modular Future State (Illustrative)

The table below provides a brief description of each Data Management Strategy enabling capability provided through the combined services of the Phase II Infrastructure platform (IS/IP and EDW), which as depicted on Exhibit VI-9: Data Management Strategy Vision To-Be Diagram.

ENABLING CAPABILITY	DESCRIPTION
Managed File Transfer (MFT)	Enables fast and secure transmission of files between systems, audit trail, and archival of files.
Rules Engine	Provides decisions based on edit rules, policy, and datasets.

ENABLING CAPABILITY	DESCRIPTION
Validation Service	Public or third party service that validates pre-authorizations, claims, and encounter transactions.
Validation Engine	Processing engine within distributed plan and provider systems that validates and makes pre-authorization, claims, and encounter acceptance decisions using rules and policy distributed by the Agency.
Publish Subscribe	Notifies subscribers/designated systems of information updates about a recipient or provider.
Enterprise Service Bus	Connects any approved request for data or processing to the data or processing service provider in real or near real-time. Real-time processing is continuous and typically happens in seconds. Near real-time processing may not be continuous and typically happens in minutes rather than seconds. In addition, real-time processing is synchronous, which simplifies the request response process. Near real-time processing implies asynchronous processing, which adds the complexity of input queuing and accepting asynchronous responses.
Service Registry/Repository	Tracks web services and usage information.
Single Sign-on	Allows users to authenticate to multiple systems using the same user ID across multiple systems.
Authentication	Common framework that authenticates user access with modules and applications.
Access Management	Common framework that manages role-based access control within modules and applications.
Master Person Index	Processing that identifies records about the same person within a system or found in other systems
Master Organization Index	Processing that identifies records about the same organization within a system or found in other systems.
Master Data Management	System or rules to evaluate conflicting data about a person or organization to present the best representation of data, 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.

ENABLING CAPABILITY	DESCRIPTION
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.

The table below maps each data management strategy 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			✓			

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
Authentication			✓			
Access Management			✓			
Master Person Index			✓			✓
Master Organization Index			✓			✓
Master Data Management			✓			✓
Data Access Services		✓	✓	✓		
Operational Data Store				✓		
ETL/Data Replication				✓	✓	
Reporting Data Store			✓	✓	✓	
Analytic Data Store					✓	✓
Data Marts					✓	✓
Dynamic Data Marts					✓	✓
NoSQL Analytic Data Stores					✓	✓

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.

Capacity requirements are based on historical data and new system design specifications and performance requirements. Technology planning has identified the factors that will drive relative changes from the current state processing, storage, and network capacity to support the business of the Agency.

Operational Data Processing Capacity – Operational data processing is the transaction processing performed with Agency systems. Operational data processing examples include interactive systems, e.g., interChange, provider enrollments, batch fee-for-service transactions, and batch encounter transactions.

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

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

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

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

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

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

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

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

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

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

- Growth in recipient population

- Increased information used in processing

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

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

The net effect of the projected changes in capacity is:

- Processing – very large accelerating increase in cumulative processing capacity needs from current
- Storage – very large accelerating increase in cumulative storage capacity needs from current
- Network – increase in cumulative network capacity needs from current

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

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

External Systems Capacity

External systems that are the *source of truth* for information external to the Agency systems will experience a change in processing, storage, and network usage profile and capacity needs. The new Agency systems will use integration technologies that allow transactional near real-time access to information in external systems. This change will shift processing from high-volume batch processes and files replication to use of direct access by small real-time web services and APIs. External systems should use less storage for interface files and interface file archives. The external systems would likely experience increased processing use and change in processing usage patterns to service requests 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 SFYs 2017-2020, the SEAS Vendor developed 18 standards-setting deliverables and established an Enterprise Program Management Office (EPMO). The deliverables establish plans and standards for projects within FX and are kept pertinent through, at a minimum, annual reviews and refreshes.

The FX Program uses a portfolio management process through which projects are evaluated and prioritized for their ability to achieve the strategic objectives of FX. The *S-3: FX Strategic Plan* identifies the strategy for the Medicaid Enterprise System transformation. The FX Governance structure facilitates portfolio and escalated project decision-making at the most appropriate level of management. As FX Governance approves projects identified to achieve the FX strategy, they are managed and/or monitored by the FX 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 process definitions, tools, templates, and mentoring. The monitoring duties of the FX EPMO include program-wide status reporting; schedule management; change, risk, action item, issue, decision, and lessons learned management; configuration management; performance monitoring; and quality management.

ORGANIZATION, STRATEGIC, PROGRAMMATIC, AND TECHNICAL DOMAINS	
Deliverable	**Description**
O-1: SEAS Management Plan	Outlines how the SEAS Vendor will perform its contractually required duties.
S-1: FX Governance Plan	Defines the governance structure and processes to enable effective and efficient advancement of FX.
S-2: FX Strategic Planning Training Program	Defines the processes and procedures used to develop the *S-2: FX 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.
S-3: FX Strategic Plan	Serves as an iterative strategy and concept of operations that will continually guide the Agency's transition to a modular technical environment.
S-4: Strategic Project Portfolio Management Plan	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.
P-1: Revised MITA State Self-Assessment and Update Process	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.
P-2: FX Project Management Standards	Establishes the standards for management of FX projects, leveraging the existing Agency, state, and industry standard project management standards and tools.
P-3: FX Project Management Toolkit	Complements the *P-2: FX Project Management Standards* by providing project management training materials and corresponding tools and templates.
P-4: Medicaid Enterprise Certification Management Plan	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.

ORGANIZATION, STRATEGIC, PROGRAMMATIC, AND TECHNICAL DOMAINS	
Deliverable	**Description**
T-1: Data Management Strategy	Develops and establishes the Data Management Strategy that aligns with the approach defined in the MITA 3.0 Part II Information Architecture – Chapter 2 Data Management Strategy. The *T-1: 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.
T-2: Information Architecture Documentation	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.
T-3: Data Standards	Develops and establishes the Data Standards as per MITA 3.0 Part II Information Architecture – Chapter 5 Data Standards. The *T-3: 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.
T-4: Technical Management Strategy	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 *T-4: 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.
T-5: Technical Architecture Documentation	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.
T-6: Technology Standards	Establishes the Technology Standards Reference Model (TSRM) and the Technology Standards Reference Guide (TSRG) for the enterprise per MITA 3.0 standards.
T-7: Design and Implementation Management Standards	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.

ORGANIZATION, STRATEGIC, PROGRAMMATIC, AND TECHNICAL DOMAINS	
Deliverable	**Description**
T-8: Enterprise Data Security Plan	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.
O-2: FX EPMO Charter and Program Management Plan	Charters the FX EPMO and establishes the guidelines and operational processes by which the FX EPMO shall manage and/or monitor FX projects assigned by FX Portfolio Management.

VIII. Appendices

All deliverables establish plans and standards for projects within FX and are kept pertinent through, at a minimum, annual reviews and refreshes. Due to this timing, some attached deliverables may include information that does not reflect the most up-to-date information yet.

A. Cost-Benefit Analysis
B. Project Risk Assessment
C. MITA Concept of Operations
D. O-2: FX EPMO Charter and Program Management Plan
E. FMMIS Inbound-Outbound Interfaces
F. DXC/Enterprise Systems, LLC Staffing Report (July 2020)
G. FMMIS/DSS System Performance Report Card (April 2020)
H. O-1: SEAS Management Plan
I. S-1: FX Governance Plan
J. S-2: FX Strategic Planning Training Program
K. S-3: FX Strategic Plan
L. S-4: Strategic Project Portfolio Management Plan
M. P-1: Revised MITA State Self-Assessment and Update Process
N. P-2: FX Project Management Standards
O. P-3: FX Project Management Toolkit
P. P-4: Medicaid Enterprise Certification Management Plan
Q. T-1: Data Management Strategy
R. T-2: Information Architecture Documentation
S. T-3: Data Standards
T. T-4: Technical Management Strategy
U. T-5: Technical Architecture Documentation
V. T-6: Technology Standards
W. T-7: Design and Implementation Management Standards
X. T-8: Enterprise Data Security Plan

Florida Agency for Health Care Administration

Medicaid Services to Individuals Exhibits or Schedules

Ron DeSantis, Governor

Florida Agency for Health Care Administration

Medicaid Services to Individuals Schedule I Series

Department Level Manual Related Documents

Ron DeSantis, Governor

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency For Health Care Administration
Trust Fund Title: Health Care Trust Fund
Budget Entity: Medicaid Services To Individuals (68501400)
LAS/PBS Fund Number: 2003

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	523,616,971.02	(A)		523,616,971.02	
ADD: Other Cash (See Instructions)		(B)		0.00	
ADD: Investments		(C)		0.00	
ADD: Outstanding Accounts Receivable	50,772,538.04	(D)		50,772,538.04	
ADD: _____		(E)		0.00	
Total Cash plus Accounts Receivable	**574,389,509.06**	(F)	**0.00**	**574,389,509.06**	
LESS: Allowances for Uncollectibles		(G)		0.00	
LESS: Approved "A" Certified Forwards	43,440,246.95	(H)		43,440,246.95	
Approved "B" Certified Forwards		(H)		0.00	
Approved "FCO" Certified Forwards		(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00	
LESS: TNFR TO 68501500	434,489,625.00	(J)		434,489,625.00	
Unreserved Fund Balance, 07/01/20	**96,459,637.11**	(K)	**0.00**	**96,459,637.11**	**

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: 2021 - 2022

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, 07/01/20 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**530,949,262.11**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description		(C)
SWFS Adjustment # and Description		(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS		(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories		(D)
		(D)
BE TNFR TO 68501500	(434,489,625.00)	(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**96,459,637.11**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**96,459,637.11**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency for Health Care Administration
Trust Fund Title: Tobacco Settlement Trust Fund
Budget Entity: 68501400
LAS/PBS Fund Number: 2122

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	0	(A)		0
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)		0
ADD: _____		(E)		0
Total Cash plus Accounts Receivable	**0**	(F)	**0**	**0**
LESS: Allowances for Uncollectibles		(G)		0
LESS: Approved "A" Certified Forwards		(H)		0
Approved "B" Certified Forwards		(H)		0
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)		(I)		0
LESS: _____		(J)		0
Unreserved Fund Balance, 07/01/20	**0**	(K)	**0**	**0** **

Notes:

***SWFS = Statewide Financial Statement**

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2021 - 2022

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, 07/01/20 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**0.00**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description		(C)
SWFS Adjustment # and Description		(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS		(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories		(D)
		(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**0.00**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**0.00**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency for Health Care Administratio
Trust Fund Title: Grants and Donations Trust Fund
Budget Entity: Medicaid Services for Individuals (68501400)
LAS/PBS Fund Number: 2339

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	524,723,679.36	(A)		524,723,679.36	
ADD: Other Cash (See Instructions)	36,504,705.53	(B)		36,504,705.53	
ADD: Investments		(C)		-	
ADD: Outstanding Accounts Receivable	298,736,523.96	(D)		298,736,523.96	
ADD:	-	(E)		-	
Total Cash plus Accounts Receivable	**859,964,908.85**	(F)	**-**	**859,964,908.85**	
LESS Allowances for Uncollectibles	2,050,121.20	(G)		2,050,121.20	
LESS Approved "A" Certified Forwards	90,159,674.11	(H)		90,159,674.11	
Approved "B" Certified Forwards	-	(H)		-	
Approved "FCO" Certified Forwards		(H)		-	
LESS: Other Accounts Payable (Nonoperating)	191,863,872.81	(I)		191,863,872.81	
LESS: TNFR BE from 68500200	457,895.45	(J)		457,895.45	
LESS: Deferred Inflows	20,637,808.09	(J)		20,637,808.09	
Unreserved Fund Balance, 07/01/20	**554,795,537.19**	(K)	**-**	**554,795,537.19**	**

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: 2021 - 2022

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/20 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**556,547,123.67**	(A)
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)
Long Term Receivables Less Allowance for Uncollectables	(1,293,691.03)	(D)
TNFR BE from 68500200	(457,895.45)	(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**554,795,537.19**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**554,795,537.19**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency for Health Care Administratio
Trust Fund Title: Medical Care Trust Fund
Budget Entity: Medicaid Services to Individuals (68501400)
LAS/PBS Fund Number: 2474

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	(760,896,787.60)	(A)		(760,896,787.60)	
ADD: Other Cash (See Instructions)	181,726.39	(B)		181,726.39	
ADD: Investments	4,801,886.77	(C)		4,801,886.77	
ADD: Outstanding Accounts Receivable	1,007,656,680.64	(D)	6,607,374.89	1,014,264,055.53	
ADD: BE TNFR to 68501500	(42,488,491.18)	(E)		(42,488,491.18)	
Total Cash plus Accounts Receivable	**209,255,015.02**	(F)	**6,607,374.89**	**215,862,389.91**	
LESS: Allowances for Uncollectibles	16,257,080.13	(G)		16,257,080.13	
LESS: Approved "A" Certified Forwards	413,454,109.28	(H)		413,454,109.28	
Approved "B" Certified Forwards		(H)		-	
Approved "FCO" Certified Forwards		(H)		-	
LESS: Other Accounts Payable (Nonoperating)	46,792,194.71	(I)	594.32	46,792,789.03	
LESS: Deferred Inflows	312,068,357.08	(J)	6,595,958.62	318,664,315.70	
LESS: BE TNFR from 68500100	(624,923,348.00)	(J)		(624,923,348.00)	
LESS: BE TNFR from 68500200	(73,636,150.00)	(J)		(73,636,150.00)	
LESS: BE TNFR from 68501500		(J)		-	
Unreserved Fund Balance, 07/01/20	**119,242,771.82**	(K)	**10,821.95**	**119,253,593.77**	**

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: 2021 - 2022

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, 07/01/20		
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**(535,996,936.10)**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(2,960.51)	(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment #B68000005 and Description	11,416.27	(C)
SWFS Adjustment #B68000005 and Description	(594.32)	(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	1,170,370.56	(D)
BE TNFR from 68500100	624,923,348.00	(D)
BE TNFR from 68500200	73,636,150.00	(D)
BE TNFR to 68501500	(42,488,491.18)	(D)
Long Term Receivables Less Allowance for Uncollectables	(1,998,708.95)	(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**119,253,593.77**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**119,253,593.77**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency for Health Care Administrat
Trust Fund Title: Public Medical Assistance Trust Fund
Budget Entity: 68501400
LAS/PBS Fund Number: 2565

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	129,318,163.39	(A)		129,318,163.39	
ADD: Other Cash (See Instructions)	22,372,492.00	(B)		22,372,492.00	
ADD: Investments		(C)		0.00	
ADD: Outstanding Accounts Receivable	4,864,826.97	(D)		4,864,826.97	
ADD: _____		(E)	25,343,549.00	25,343,549.00	
Total Cash plus Accounts Receivable	**156,555,482.36**	(F)	**25,343,549.00**	**181,899,031.36**	
LESS Allowances for Uncollectibles		(G)		0.00	
LESS Approved "A" Certified Forwards	44,282,742.65	(H)		44,282,742.65	
Approved "B" Certified Forwards		(H)		0.00	
Approved "FCO" Certified Forwards		(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00	
LESS: __Deferred Inflows_____		(J)		0.00	
Unreserved Fund Balance, 07/01/20	**112,272,739.71**	(K)	**25,343,549.00**	**137,616,288.71**	**

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: 2021 - 2022

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, 07/01/20		
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**112,272,739.71**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description	25,343,549.00	(C)
SWFS Adjustment # and Description	0.00	(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)
	0.00	(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**137,616,288.71**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**137,616,288.71**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency for Health Care Administration
Trust Fund Title: Refugee Assistance Trust Fund
Budget Entity: Medicaid Services To Individuals (68501400)
LAS/PBS Fund Number: 2579

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	2,625,945.75	(A)		2,625,945.75	
ADD: Other Cash (See Instructions)		(B)		0.00	
ADD: Investments		(C)		0.00	
ADD: Outstanding Accounts Receivable	5,799,526.58	(D)		5,799,526.58	
ADD: _____		(E)		0.00	
Total Cash plus Accounts Receivable	**8,425,472.33**	(F)	**0.00**	**8,425,472.33**	
LESS Allowances for Uncollectibles		(G)		0.00	
LESS Approved "A" Certified Forwards	3,820,983.08	(H)		3,820,983.08	
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, 07/01/20	**4,604,489.25**	(K)	**0.00**	**4,604,489.25**	**

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: 2021 - 2022

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/20 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**4,604,489.25**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description		(C)
SWFS Adjustment # and Description		(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS		(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories		(D)
		(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**4,604,489.25**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**4,604,489.25**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

Florida Agency for Health Care Administration

Medicaid Long-Term Care Exhibits or Schedules

Ron DeSantis, Governor

Florida Agency for Health Care Administration

Medicaid Long Term Care Schedule I Series

Department Level Manual Related Documents

Ron DeSantis, Governor

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency For Health Care Administration
Trust Fund Title: Health Care Trust Fund
Budget Entity: Medicaid Long Term Care (68501500)
LAS/PBS Fund Number: 2003

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	(432,233,978.81)	(A)		(432,233,978.81)	
ADD: Other Cash (See Instructions)		(B)		0.00	
ADD: Investments		(C)		0.00	
ADD: Outstanding Accounts Receivable		(D)		0.00	
ADD: _____		(E)		0.00	
Total Cash plus Accounts Receivable	**(432,233,978.81)**	(F)	**0.00**	**(432,233,978.81)**	
LESS Allowances for Uncollectibles		(G)		0.00	
LESS Approved "A" Certified Forwards	2,255,646.19	(H)		2,255,646.19	
Approved "B" Certified Forwards		(H)		0.00	
Approved "FCO" Certified Forwards		(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00	
LESS: BE TNFR FROM 68501400	(434,489,625.00)	(J)		(434,489,625.00)	
Unreserved Fund Balance, 07/01/20	**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: 2021 - 2022

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, 07/01/20 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**(434,489,625.00)**	(A)
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)
BE TNFR FROM 68501400	434,489,625.00	(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**0.00**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**0.00**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency for Health Care Administratio
Trust Fund Title: Grants and Donations Trust Fund
Budget Entity: Medicaid Long Term Care (68501500)
LAS/PBS Fund Number: 2339

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	79,721,524.76	(A)		79,721,524.76	
ADD: Other Cash (See Instructions)		(B)		-	
ADD: Investments		(C)		-	
ADD: Outstanding Accounts Receivable	16,071,962.52	(D)		16,071,962.52	
ADD:		(E)		-	
Total Cash plus Accounts Receivable	**95,793,487.28**	(F)	**-**	**95,793,487.28**	
LESS Allowances for Uncollectible		(G)		-	
LESS Approved "A" Certified Forwards	60,803,561.01	(H)		60,803,561.01	
Approved "B" Certified Forwards	-	(H)		-	
Approved "FCO" Certified Forwards		(H)		-	
LESS: Other Accounts Payable (Nonoperating)		(I)		-	
LESS: Deferred Inflows	15,636,089.80	(J)		15,636,089.80	
LESS:		(J)		-	
Unreserved Fund Balance, 07/01/20	**19,353,836.47**	(K)	**-**	**19,353,836.47**	**

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: 2021 - 2022

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/20 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**19,353,836.47**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description		(C)
SWFS Adjustment # and Description		(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS		(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories		(D)
		(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**19,353,836.47**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**19,353,836.47**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency for Health Care Administration
Trust Fund Title: Medical Care Trust Fund
Budget Entity: Medicaid Long Term Care (68501500)
LAS/PBS Fund Number: 2474

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	124,344,967.81	(A)		124,344,967.81	
ADD: Other Cash (See Instructions)	376,475.85	(B)		376,475.85	
ADD: Investments		(C)		-	
ADD: Outstanding Accounts Receivable	75,473,281.42	(D)		75,473,281.42	
ADD:		(E)		-	
Total Cash plus Accounts Receivable	**200,194,725.08**	(F)	**-**	**200,194,725.08**	
LESS Allowances for Uncollectibles		(G)		-	
LESS Approved "A" Certified Forwards	242,683,216.26	(H)		242,683,216.26	
Approved "B" Certified Forwards		(H)		-	
Approved "FCO" Certified Forwards		(H)		-	
LESS: Other Accounts Payable (Nonoperating)		(I)		-	
LESS: Deferred Inflows		(J)		-	
LESS: BE TNFR from 68501400	(42,488,491.18)	(J)		(42,488,491.18)	
Unreserved Fund Balance, 07/01/20	**-**	(K)	**-**	**-**	**

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: 2021 - 2022

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, 07/01/20 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**(42,488,491.18)**	(A)
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)
BE TNFR from 68501400	42,488,491.18	(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**0.00**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**0.00**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

Florida Agency for Health Care Administration

Health Care Regulation Exhibits or Schedules

Ron DeSantis, Governor

Florida Agency for Health Care Administration

Health Care Regulation

Schedule I Series

Department Level Manual Related Documents

Ron DeSantis, Governor

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 68 Health Care Administration **Budget Period: 2021-22**
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.)

X	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.)
	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 FY 2019 - 20**	**ESTIMATED FY 2020 -21**	**REQUEST FY 2021 - 22**
Receipts:			
Abortion Clinic	16,139	13,662	13,894
Adult Day Care Family (ADC)	34,009	28,790	29,278
Adult Family Care Home (AFCH)	36,615	30,997	31,522
Amb. Surgical Center	357,717	302,826	307,952
Assist Living Facility (ALF)	4,514,672	3,821,903	3,886,599
Birth Center	11,870	10,048	10,218
Crisis Stablization Units	117,244	99,253	100,933
Forsenic Lab	131,480	111,305	113,189
HCC Exemptions	202,275	171,236	174,135
Health Care Clinics	2,828,465	2,394,441	2,434,974
Homemaker & Companion Svcs.	80,851	68,445	69,603
Health Care Services Pool	182,588	154,570	157,187
Home Health Agency Exemption	9,350	7,915	8,049
Home Health Agency	2,134,865	1,807,273	1,837,866
Home Medical Equipment	213,983	181,148	184,214
Hospice	34,279	29,019	29,510
Hospital	755,768	639,797	650,627
ICF/DD	436,063	369,150	375,399
Managed Care	44,000	37,248	37,879
Multiphasic Center	68,324	57,840	58,819
Nurse Registry	783,475	663,252	674,479
Nursing Home	5,346,723	4,526,276	4,602,895

Organ & Tissue Donor	28,590	24,203	24,613
PPECS	92,378	78,203	79,527
Residential Treatment	215,533	182,460	185,549
Residential Treatment for Children	67,102	56,805	57,767
Transitional Living Facility	60,718	51,401	52,271
Total Fee Collection to Line (A) - Section III	18,805,076	15,919,466	16,188,948

SECTION II - FULL COSTS

Direct Costs:			
Salaries and Benefits			
Other Personal Services			
Expenses			
Operating Capital Outlay			
Direct Cost Allocation	49,150,050	51,751,457	51,481,978
Indirect Costs Charged to Trust Fund	26,957,512	22,519,135	22,249,656
Total Full Costs to Line (B) - Section III	76,107,562	74,270,592	73,731,634

Basis Used:

SECTION III - SUMMARY

TOTAL SECTION I	(A)	18,805,076	15,919,466	16,188,948
TOTAL SECTION II	(B)	76,107,562	74,270,592	73,731,634
TOTAL - Surplus/Deficit	(C)	(57,302,486)	(58,351,126)	(57,542,686)

EXPLANATION of LINE C:

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

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency For Health Care Administration
Trust Fund Title: Health Care Trust Fund
Budget Entity: Health Care Regulation (68700700)
LAS/PBS Fund Number: 2003

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	32,135,385.33	(A)		32,135,385.33	
ADD: Other Cash (See Instructions)	697,372.41	(B)		697,372.41	
ADD: Investments		(C)		0.00	
ADD: Outstanding Accounts Receivable	30,696,966.38	(D)	21,749.25	30,718,715.63	
ADD: _____		(E)		0.00	
Total Cash plus Accounts Receivable	**63,529,724.12**	(F)	**21,749.25**	**63,551,473.37**	
LESS: Allowances for Uncollectibles	7,357,081.37	(G)		7,357,081.37	
LESS: Approved "A" Certified Forwards	19,975,060.01	(H)		19,975,060.01	
Approved "B" Certified Forwards	2,662,309.95	(H)		2,662,309.95	
Approved "FCO" Certified Forwards		(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)	1,749,464.14	(I)		1,749,464.14	
LESS: Deferred Inflows	8,369,533.24	(J)	409,026.00	8,778,559.24	
Unreserved Fund Balance, 07/01/20	**23,416,275.41**	(K)	**(387,276.75)**	**23,028,998.66**	**

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: 2021 - 2022

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, 07/01/20		
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**26,088,460.96**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(1,450.48)	(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description	21,749.25	(C)
SWFS Adjustment # and Description	(409,026.00)	(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(2,662,309.95)	(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories	6,574.88	(D)
Advance From Other Funds	(15,000.00)	(D)
Less: Deferred Inflows		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**23,028,998.66**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**23,028,998.66**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2021 - 2022

Department Title: Agency for Health Care Administration
Trust Fund Title: Quality of Long Term Care Facility Improvement Trust Fund
Budget Entity: Health Care Regulation (68700700)
LAS/PBS Fund Number: 2126

	Balance as of 6/30/2020		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	32,938,534.05	(A)		32,938,534.05	
ADD: Other Cash (See Instructions)		(B)		0.00	
ADD: Investments		(C)		0.00	
ADD: Outstanding Accounts Receivable		(D)		0.00	
ADD: _____		(E)		0.00	
Total Cash plus Accounts Receivable	**32,938,534.05**	(F)	**0.00**	**32,938,534.05**	
LESS: Allowances for Uncollectibles		(G)		0.00	
LESS: Approved "A" Certified Forwards	64,253.22	(H)		64,253.22	
Approved "B" Certified Forwards	810,467.69	(H)		810,467.69	
Approved "FCO" Certified Forwards		(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00	
LESS: _____		(J)		0.00	
Unreserved Fund Balance, 07/01/20	**32,063,813.14**	(K)	**0.00**	**32,063,813.14**	**

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: 2021 - 2022

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, 07/01/20 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**32,874,280.83**	(A)
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	(810,467.69)	(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories		(D)
		(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**32,063,813.14**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**32,063,813.14**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

Fiscal Year 2021-22 LBR Technical Review Checklist

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

Agency Budget Officer/OPB Analyst Name: La-Shonna Austin/Shenita White

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification (add sheets can be used as necessary), and "TIPS" are other areas to consider.

		Program or Service (Budget Entity Co			
	Action	68200000	68500100	68500200	68501400
1. GENERAL					
1.1	Are Columns A01, A04, A05, A91, A92, A93, A94, A95, A96, A36, A10, IA1, IA4, IA5, IA6, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? **(CSDI or Web LBR Column Security)**	Y	Y	Y	Y
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? **(CSDI)**	Y	Y	Y	Y
AUDITS:					
1.3	Have Column A03 budget files been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. **(EXBR, EXBA)**	Y	Y	Y	Y
1.4	Have Column A03 trust fund files been copied to Column A12? Run Schedule I **(SC1R, SC1 or SC1R, SC1D adding column A12**) to verify.	Y	Y	Y	Y
1.5	Has Column A12 security been set correctly to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? **(CSDR, CSA)**	Y	Y	Y	Y
TIP	The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. A security control feature included in the LAS/PBS Web upload process requires columns to be in the proper status before uploading to the portal.				
2. EXHIBIT A (EADR, EXA)					
2.1	Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 58 of the LBR Instructions?	Y	Y	Y	Y
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	Y	Y
2.3	Are the issue codes and titles consistent with *Section 3* of the LBR Instructions (pages 15 through 28)? Do they clearly describe the issue?	Y	Y	Y	Y
3. EXHIBIT B (EXBR, EXB)					

	Action	Program or Service (Budget Entity C			
		68200000	68500100	68500200	68501400
3.1	Is it apparent that there is a fund shift where an appropriation category's funding source is different between A02 and A03? Were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	Y	Y	Y	Y
AUDITS:					
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity and program component at the FSI level? Are all nonrecurring amounts less than requested amounts? **(NACR, NAC - Report should print "No Negative Appropriation Categories Found")**	Y	Y	Y	Y
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
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
4.2	Is the program component code and title used correct?	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
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
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
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

	Action	Program or Service (Budget Entity C			
		68200000	68500100	68500200	68501400
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 2019-20 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
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
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
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
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
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
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
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 page 95 of the LBR Instructions.)	Y	Y	Y	Y
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	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

	Action	Program or Service (Budget Entity C			
		68200000	68500100	68500200	68501400
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 #21-001?	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 not be deleted. **(PLRR, PLMO)**	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
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
7.14	Do the amounts reflect appropriate FSI assignments?				
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.	N/A	N/A	N/A	N/A
7.16	Do the issue codes relating to special *salary and benefits* 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.)	N/A	N/A	N/A	N/A
7.17	Do the issues relating to *Information Technology (IT)* have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y	Y	Y	Y
7.18	Are the issues relating to *major audit findings and recommendations* properly coded (4A0XXX0, 4B0XXX0)?	N/A	N/A	N/A	N/A
7.19	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y	Y	Y	Y
AUDIT:					
7.20	Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? **(GENR, LBR1)**	Y	Y	Y	Y
7.21	Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? **(GENR, LBR2)**	Y	Y	Y	Y
7.22	Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? **(GENR, LBR3)**	Y	Y	Y	Y
7.23	Have FCO appropriations been entered into the nonrecurring column (A04)? **(GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))**	Y	Y	Y	Y
7.24	Has narrative been entered for all issues requested by the agency? Agencies do not need to include narrative for startup issues (1001000, 2103XXX, etc.) that were not input by the agency. **(NAAR, BSNR)**	Y	Y	Y	Y

	Action	Program or Service (Budget Entity C			
		68200000	68500100	68500200	68501400
7.25	Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2020-21? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2020-21. Do not add annualization issues for pay and benefit distribution issues, as those annualization issues (26AXXXX) have already been added to A03.	N/A	N/A	N/A	N/A
TIP	Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run **OADA/OADR** from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.				
TIP	The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 66 through 70 of the LBR Instructions.				
TIP	Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.				
TIP	If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).				
TIP	If an appropriation made in the FY 2020-21 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.				
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level *or* SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)					
8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y	Y	Y	Y
8.2	Has a Schedule I and Schedule IB been completed in LAS/PBS for each operating trust fund?	Y	Y	Y	Y
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IC, and Reconciliation to Trial Balance)?	Y	Y	Y	Y
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y	Y	Y	Y
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
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

	Action	Program or Service (Budget Entity C			
		68200000	68500100	68500200	68501400
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
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
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
8.10	Are the statutory authority references correct?	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
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	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
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
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	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
8.17	If applicable, are nonrecurring revenues entered into Column A04?	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
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
8.20	Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y	Y	Y	Y
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	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
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y	Y	Y	Y
8.24	Are prior year September operating reversions appropriately shown in column A01, Section III?	Y	Y	Y	Y

	Action	Program or Service (Budget Entity C			
		68200000	68500100	68500200	68501400
8.25	Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	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
8.27	Has the agency properly accounted for continuing appropriations (category 13XXXX) in column A01, Section III?	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
8.29	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	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
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
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
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
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
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 132 of the LBR Instructions.) Transaction DFTR in LAS/PBS is also available and provides an LBR review date for each trust fund.				
TIP	Review the unreserved fund balances and compare revenue totals to expenditure totals to determine and understand the trust fund status.				
TIP	Typically nonoperating expenditures and revenues should not be a negative number. Any negative numbers must be fully justified.				
9. SCHEDULE II (PSCR, SC2)					
AUDIT:					
9.1	Is the pay grade minimum for salary rate utilized for positions in segments 2 and 3? **(BRAR, BRAA - Report should print "No Records Selected For This Request")** Note: Amounts other than the pay grade minimum should be fully justified in the D-3A issue narrative. (See *Base Rate Audit* on page 163 of the LBR Instructions.)	Y	Y	Y	Y

	Action	Program or Service (Budget Entity C			
		68200000	68500100	68500200	68501400
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
10.2	Are amounts in *Other Salary Amount* 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
11. SCHEDULE IV (EADR, SC4)					
11.1	Are the correct Information Technology (IT) issue codes used?	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
13. SCHEDULE VIIIB-1 (EADR, S8B1)					
13.1	Do the reductions comply with the instructions provided on pages 100 through 103 of the LBR Instructions regarding an 8.5% reduction in 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
TIP	If all or a portion of an issue is intended to be reduced on a nonrecurring basis, include the total reduction amount in Column A91 and the				
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 104 through 107 of the LBR Instructions regarding a 10% reduction in 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
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.				
TIP	If all or a portion of an issue is intended to be reduced on a nonrecurring basis, in the absence of a nonrecurring column, include that intent in narrative.				
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
15.2	Are the priority narrative explanations adequate and do they follow the guidelines on pages 108 through 110 of the LBR instructions?	N/A	N/A	N/A	N/A

	Action	Program or Service (Budget Entity C			
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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
AUDIT:					
15.4	Do the issues net to zero at the department level? **(GENR, LBR5)**	N/A	N/A	N/A	N/A
16. SCHEDULE XI (UCSR,SCXI) (LAS/PBS Web - see pages 111-115 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
16.2	Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?	Y	Y	Y	Y
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:					
16.3	Does the FY 2019-20 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? (**GENR, ACT1)**	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
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
16.6	Has the agency provided the necessary standard (Record Type 5) for all activities which should 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
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
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 116 through 160 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y	Y
17.2	Does manual exhibits tie to LAS/PBS where applicable?	Y	Y	Y	Y
17.3	Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y	Y	Y	Y

	Action	Program or Service (Budget Entity C			
		68200000	68500100	68500200	68501400
17.4	Does the LBR include a separate Schedule IV-B for each IT project over $1 million (see page 136 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
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
AUDITS - GENERAL INFORMATION					
TIP	Review *Section 6: Audits* of the LBR Instructions (pages 162-164) 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
18.2	Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	Y	Y	Y	Y
18.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	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
18.5	Are the appropriate counties identified in the narrative?	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
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

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