Florida Agency for Health Care Administration

Legislative Budget Request
Fiscal Year 2022-2023

Ron DeSantis, Governor
Simone Marstiller, Secretary

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

LEGISLATIVE BUDGET REQUEST

Agency for Health Care Administration

Tallahassee, Florida 32308

September 15, 2021

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 2022-2023 Fiscal Year. This submission was approved by Simone Marstiller, Secretary.

Sincerely,

Simone Marstiller
Secretary

/lka

2727 Mahan Drive • Mail Stop #1
Tallahassee, FL 32308
AHCA.MyFlorida.com

Facebook.com/AHCAFlorida
Twitter.com/AHCA_FL

RON DESANTIS
GOVERNOR

SIMONE MARSTILLER
SECRETARY

Temporary Special Duty – General Pay Additives Implementation Plan for Fiscal Year 2022-2023

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.

<u>Temporary Special Duties – General Pay Additive</u>

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 and the difference will be multiplied by the 720 available hours to get the final additive amount.

5. Classes and number of positions affected: This pay additive could potentially affect any of our current 1144 Career Service position incumbents statewide.

6. Historical Data: Last fiscal year, a total of five (5) full time equivalent (FTE) career service positions received general pay additives for performing the duties of a vacant position, each position was considered "mission critical" and played a key role in carrying out the Agency's day-to-day operations. All additives were in effect for the allotted 90 days with one (1) being extended to 180 days and one (1) being extended to 270 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
$42,976.65	$4,297.67	5

Based on the average estimated salaries stated above, the estimated calculation is as follows: $1,818.24 X 5 = $9,091.20. **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

9. 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 2022-2023 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
Simone Marstiller, Secretary

Schedule VII: Agency Litigation Inventory

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

Agency:	**Agency for Health Care Administration**		
Contact Person:	William H. Roberts, Acting General Counsel	Phone Number:	(850) 412-3664

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. North Broward Hospital District dba Broward Health Medical Center, Broward Health North, Broward Health Imperial Point, and Broward Health Coral Springs	
Court with Jurisdiction:	Agency for Health Care Administration	
Case Number:	DSH-1002, 1005, 1007, and 1010	
Summary of the Complaint:	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. **Abeyance until August 10.**	
Who is representing (of record) the state in this lawsuit? Check all that apply.	x	Agency Counsel (Joe Hern)
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel

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

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Contact Person:	William H. Roberts, Acting General Counsel	Phone Number:	(850) 412-3664

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	AHCA v. The Public Health Trust of Miami-Dade County	
Court with Jurisdiction:	Agency for Health Care Administration	
Case Number:	DSH-1009	
Summary of the Complaint:	Agency seeks reimbursement of overpayment pursuant to Disproportionate Share Hospital (DSH) audit.	
Amount of the Claim:	$56,949,051.00	
Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	Case is currently under an abeyance order. **Abeyance until August 1.**	
Who is representing (of record) the state in this lawsuit? Check all that apply.	x	Agency Counsel (Joe Hern)
		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

Office of Policy and Budget – June 2021

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Contact Person:	William H. Roberts, Acting General Counsel	Phone Number:	(850) 412-3664

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 (Joe Goldstein)
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:	William H. Roberts, Acting General Counsel	Phone Number:	(850) 412-3664

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	North Broward 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

<table>
<tr><td>Case Number:</td><td colspan="2">2019-CA-002677</td></tr>
<tr><td>Summary of the Complaint:</td><td colspan="2">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.</td></tr>
<tr><td>Amount of the Claim:</td><td colspan="2">Undetermined at this time, however, recalculation amounts would run over $500,000.00.</td></tr>
<tr><td>Specific Statutes or Laws (including GAA) Challenged:</td><td colspan="2">409.905(5)(a)</td></tr>
<tr><td>Status of the Case:</td><td colspan="2">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.
On July 21, 2021, the Court granted summary judgment in favor of AHCA. Plaintiffs are expected to appeal.</td></tr>
<tr><td rowspan="3">Who is representing (of record) the state in this lawsuit? Check all that apply.</td><td></td><td>Agency Counsel</td></tr>
<tr><td></td><td>Office of the Attorney General or Division of Risk Management</td></tr>
<tr><td>x</td><td>Outside Contract Counsel</td></tr>
</table>

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

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Agency for Health Care Administration

William H. Roberts, Acting General Counsel	Phone Number:	(850) 412-3664

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. This case was voluntarily dismissed on November 23, 2020.
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	

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Contact Person:	William H. Roberts, Acting General Counsel	Phone Number:	(850) 412-3664

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Senior Care Group Chapter 11 bankruptcy cases (7 related entities): • 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. **AHCA's claims for Medicaid overpayment against Gracewood and Laurellwood remain pending (total claims of approximately $800,000). AHCA is currently in negotiations with counsel for Liquidating Trustee. The most that AHCA could recover on a pro-rata basis would be approximately $60,000.**
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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Contact Person:	William H. Roberts, Acting General Counsel	Phone Number:	(850) 412-3664

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	United States v. State of Florida; now consolidated with C.V., above, and captioned: *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. As of July 30, 2021, the State's Petition for Rehearing En Banc remains 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.

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Agency:	**Agency for Health Care Administration**		
Contact Person:	William H. Roberts, Acting General Counsel	Phone Number:	(850) 412-3664

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Campbellton-Graceville Hospital Corporation Bankruptcy (Chapter 11)	
Court with Jurisdiction:	U.S. Bankruptcy Court for the Northern District of Florida	
Case Number:	Case No. 17-40185-KKS	
Summary of the Complaint:	This is a Chapter 11 bankruptcy in which AHCA will prepare and file a proof of claim.	
Amount of the Claim:	Unknown. Estimated between $3,000,000 and $6,000,000.	
Specific Statutes or Laws (including GAA) Challenged:	Bankruptcy Code (Title 11 of the U.S. Code)	
Status of the Case:	AHCA 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

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Contact Person:	William H. Roberts, Acting General Counsel	Phone Number:	(850) 412-3664

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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Contact Person:	William H. Roberts, Acting General Counsel	Phone Number:	(850) 412-3664

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Children First Consultants, Inc., v. AHCA	
Court(s) 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. Court granted AHCA's motion to dismiss. In response, Plaintiff filed a petition in Circuit Court for breach of contract (see below).	
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:	William H. Roberts, Acting General Counsel	Phone Number:	(850) 412-3664

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Children First Consultants, Inc., v. AHCA	
Court(s) with Jurisdiction:	Second Judicial Circuit in and for Leon County, Florida	
Case Number:	2020 CA 001774	
Summary of the Complaint:	Plaintiff claims that AHCA's denial of approximately $770,000 of claims and suspension of an additional approximate $831,000 of claims constituted breach of the Medicaid provider agreement	
Amount of the Claim:	Approximately $1.5 million	
Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	Pending. Discovery is ongoing. The parties have been ordered to mediation.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel

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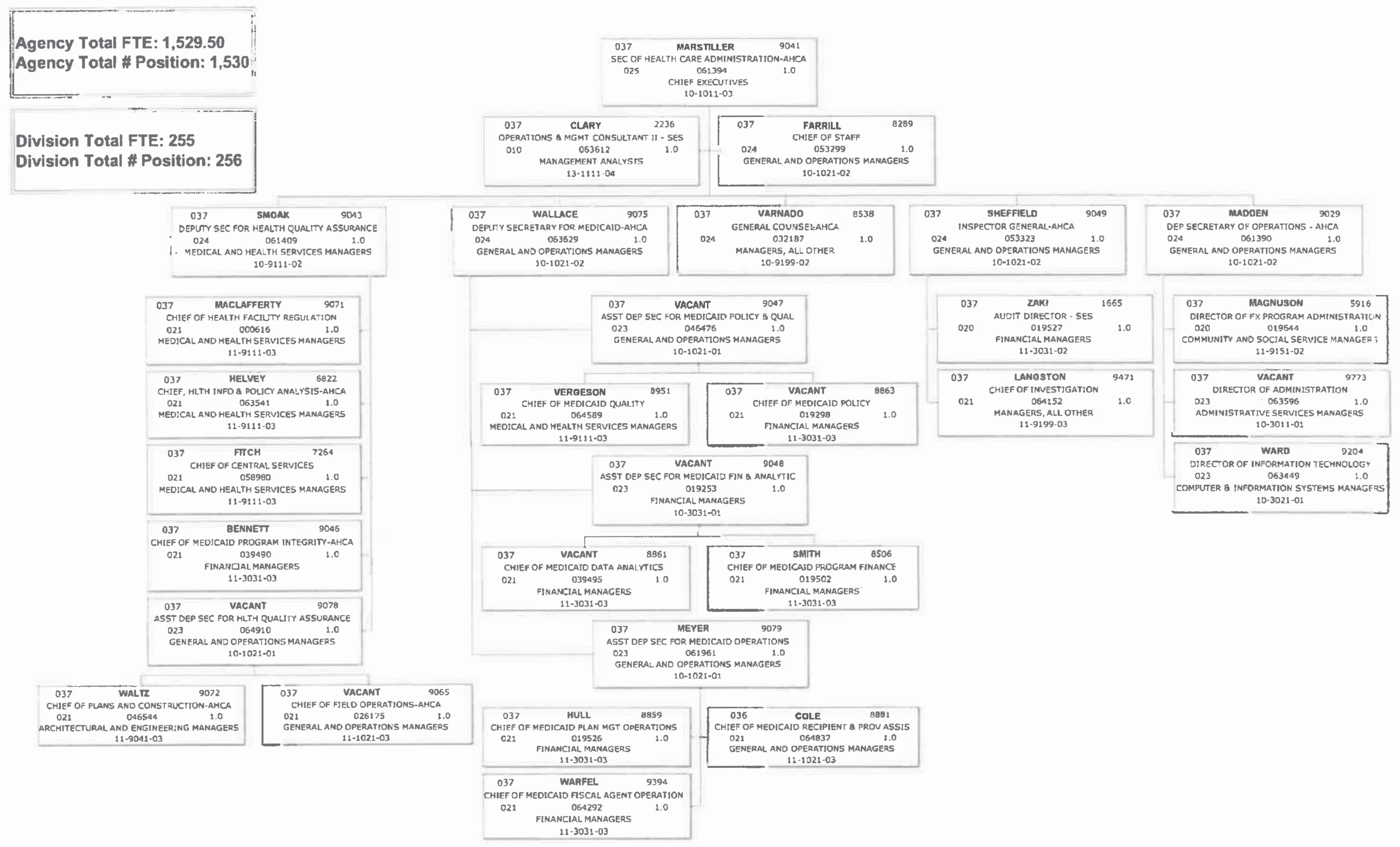
<tr><td>Agency:</td><td colspan="3">Agency for Health Care Administration</td></tr>
<tr><td>Contact Person:</td><td>William H. Roberts, Esq.
Acting General Counsel</td><td>Phone Number:</td><td>(850) 412-3664</td></tr>
<tr><td colspan="4"></td></tr>
</table>

<table>
<tr><td>Names of the Case: (If no case name, list the names of the plaintiff and defendant.)</td><td colspan="2">Florida Agency for Health Care Administration, Plaintiff,
and
Jackson Health System, Intervenor Plaintiff,
v.
United States Department of Health and Human Services and Xavier Becerra, Secretary of the United States Department of Health and Human Services, in his official capacity, Defendants</td></tr>
<tr><td>Court with Jurisdiction:</td><td colspan="2">U.S. District Court for the Southern District of Florida</td></tr>
<tr><td>Case Number:</td><td colspan="2">1:21-cv-21616-BB</td></tr>
<tr><td>Summary of the Complaint:</td><td colspan="2">Appeal of the final administrative decision of U.S. Department of HHS Departmental Appeals Board disallowing federal reimbursement for certain Medicaid payments (Low-Income Pool) made by the State to hospitals and medical providers from 7/1/06 – 6/30/13. In particular, the State is challenging HHS's methodology for calculating and including uncompensated costs.</td></tr>
<tr><td>Amount of the Claim:</td><td colspan="2">$97,570,183.00</td></tr>
<tr><td>Specific Statutes or Laws (including GAA) Challenged:</td><td colspan="2">Special terms and conditions of Florida's "demonstration project" or "waiver,", effective 2006, pursuant to Section 1115 of the Social Security Act, 42 U.S.C. § 1316; Section 1905(a) of the Social Security Act, 42 U.S.C. § 1316; 42 U.S.C. § 1396a-b; 42 C.F.R. § 400.203; 42 C.F.R. § 447.299(c)(16)</td></tr>
<tr><td>Status of the Case:</td><td colspan="2">In abeyance until November 23, 2021. The State has already refunded the amount sought.</td></tr>
<tr><td rowspan="3">Who is representing (of record) the state in this lawsuit? Check all that apply.</td><td>X</td><td>Agency Counsel (Tracey George, Esq. and Shena Grantham, Esq.)</td></tr>
<tr><td></td><td>Office of the Attorney General or Division of Risk Management</td></tr>
<tr><td>X</td><td>Outside Contract Counsel (Caroline M. Brown, Esq. and Julia Siegenberg, Esq.)</td></tr>
<tr><td>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).</td><td colspan="2">N/A</td></tr>
</table>

AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Secretary's Office

Effective Date: July 1, 2021
Org. Level:68-10-00-00-000
FTEs: 2 Positions: 2



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction
Chief of Staff

Effective Date: July 1, 2021
Org. Level: 68-10-10-00-000
FTEs: 2 Positions : 2

037 **FARRILL** 8289
CHIEF OF STAFF
024 053299 1.0
GENERAL AND OPERATIONS MANAGERS
10-1021-02

ZANDER
LEGISLATIVE AFFAIRS DIRECTOR-AHCA
(REFERENCE ONLY)

VAUSE
DEPUTY CHIEF OF STAFF
(REFERENCE ONLY)

VACANT
OPS
900199

037 **RUMLIN** 2236
OPERATIONS & MGMT CONSULTANT II - SES
010 032190 1.0
MANAGEMENT ANALYSTS
13-1111-04

AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Deputy Chief of Staff

Effective Date: July 1, 2021
Org. Level: 68-10-10-00-001
FTEs: 4 Positions : 4

037 **ZANDER** 9051
LEGISLATIVE AFFAIRS DIRECTOR-AHCA
021 053319 1.0
GENERAL AND OPERATIONS MANAGERS
11-1021-03

037 **STEELE** 2225
SENIOR MANAGEMENT ANALYST II - SES
010 063430 1.0
MANAGEMENT ANALYSTS
13-1111-04

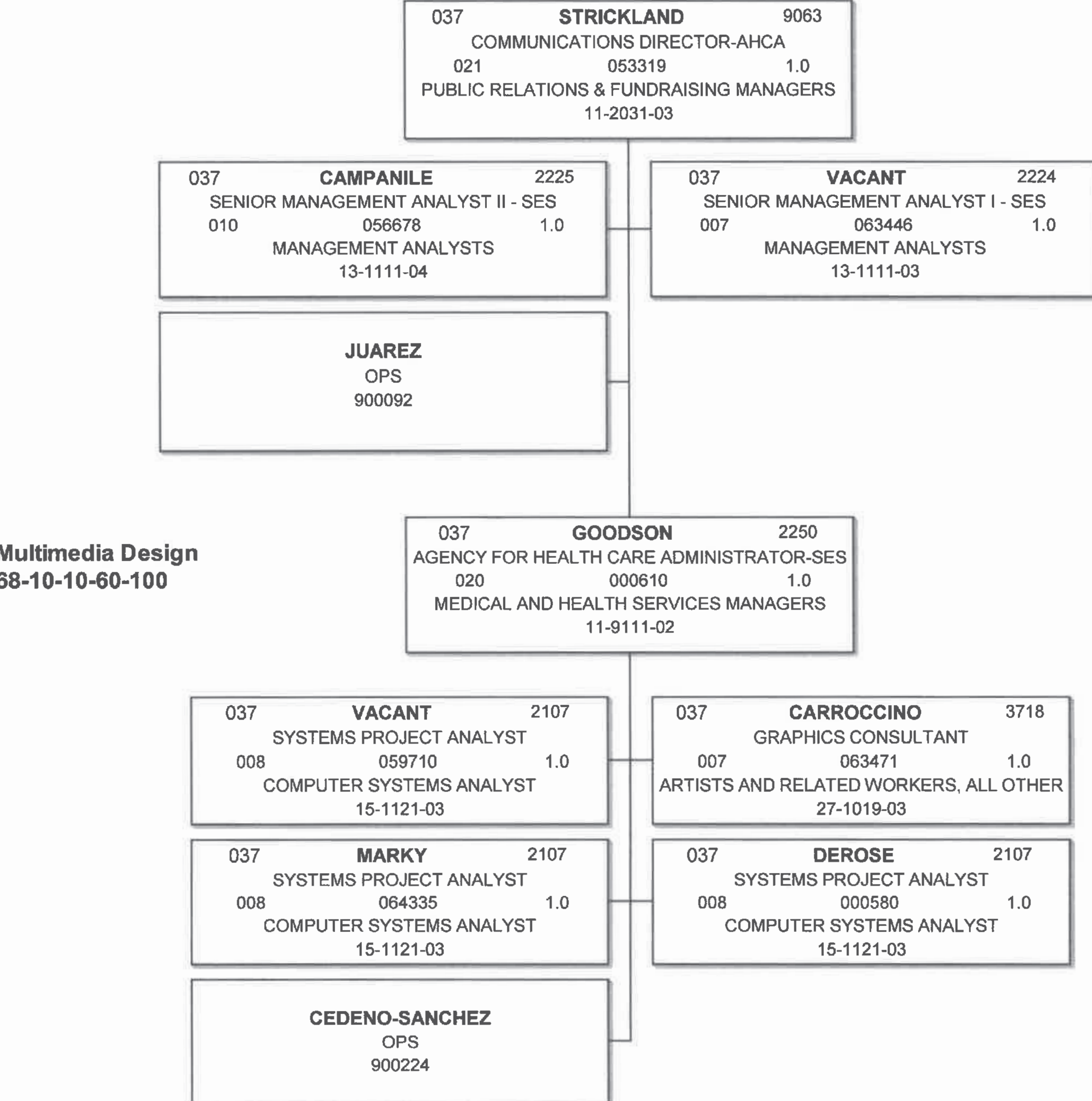
037 **GOULD** 2234
OPERATIONS & MGMT CONSULTANT I - SES
007 024144 1.0
MANAGEMENT ANALYSTS
13-1111-03

037 **VACANT** 2224
SENIOR MANAGEMENT ANALYST I - SES
007 064902 1.0
MANAGEMENT ANALYSTS
13-1111-03

AGENCY FOR HEALTH CARE ADMINISTRATION

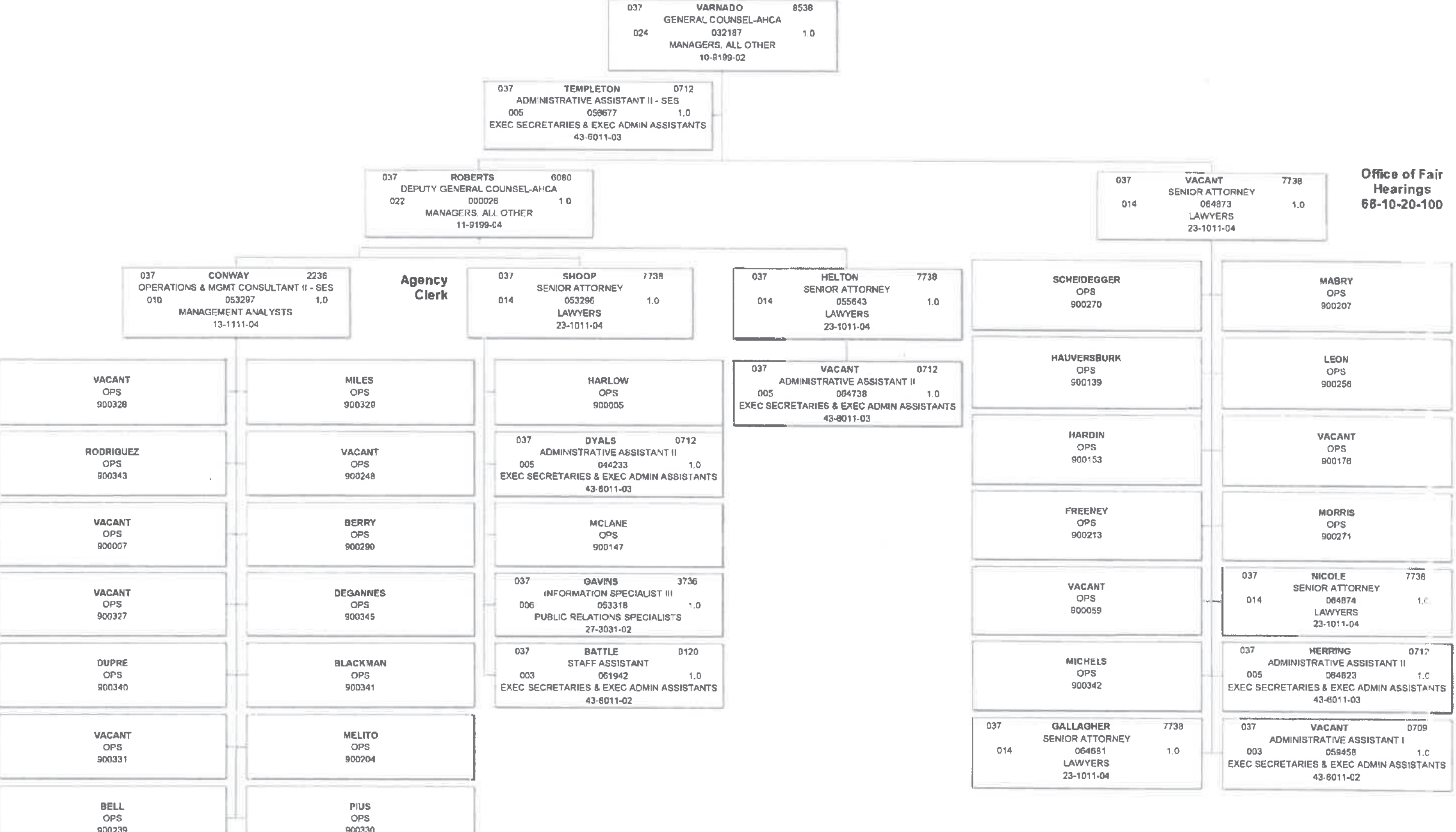
Executive Direction
Communications Office

Effective Date: July 1, 2021
Org. Level: 68-10-10-60-000
FTEs: 8 Positions : 8



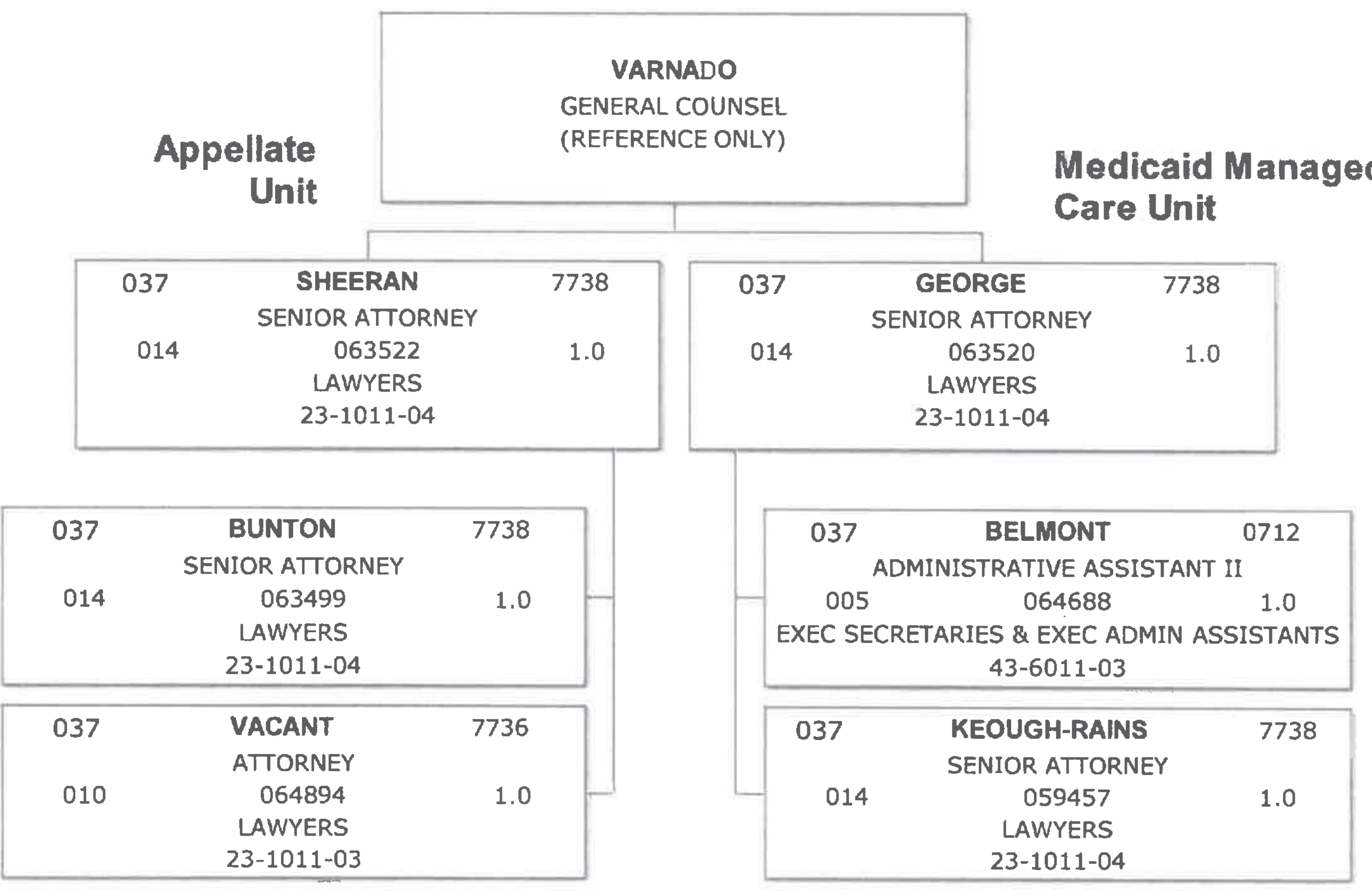
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
General Counsel

Effective Date: July 1, 2021
Org. Level: 68-10-20-00-000
FTEs: 64.5 Positions : 65



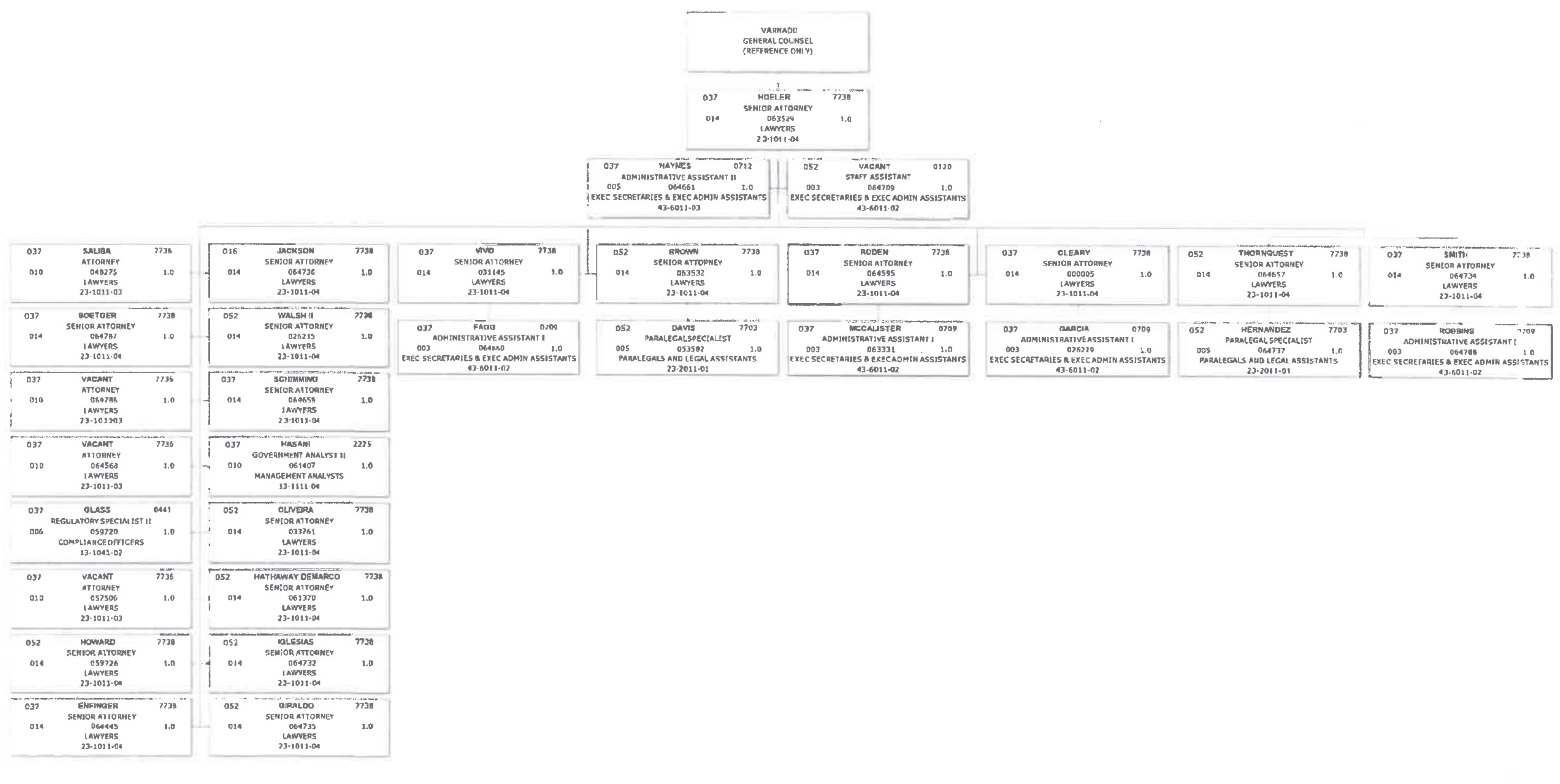
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
General Counsel

Effective Date: July 1, 2021
Org. Level: 68-10-20-00-000
FTEs: 64.5 Positions: 65



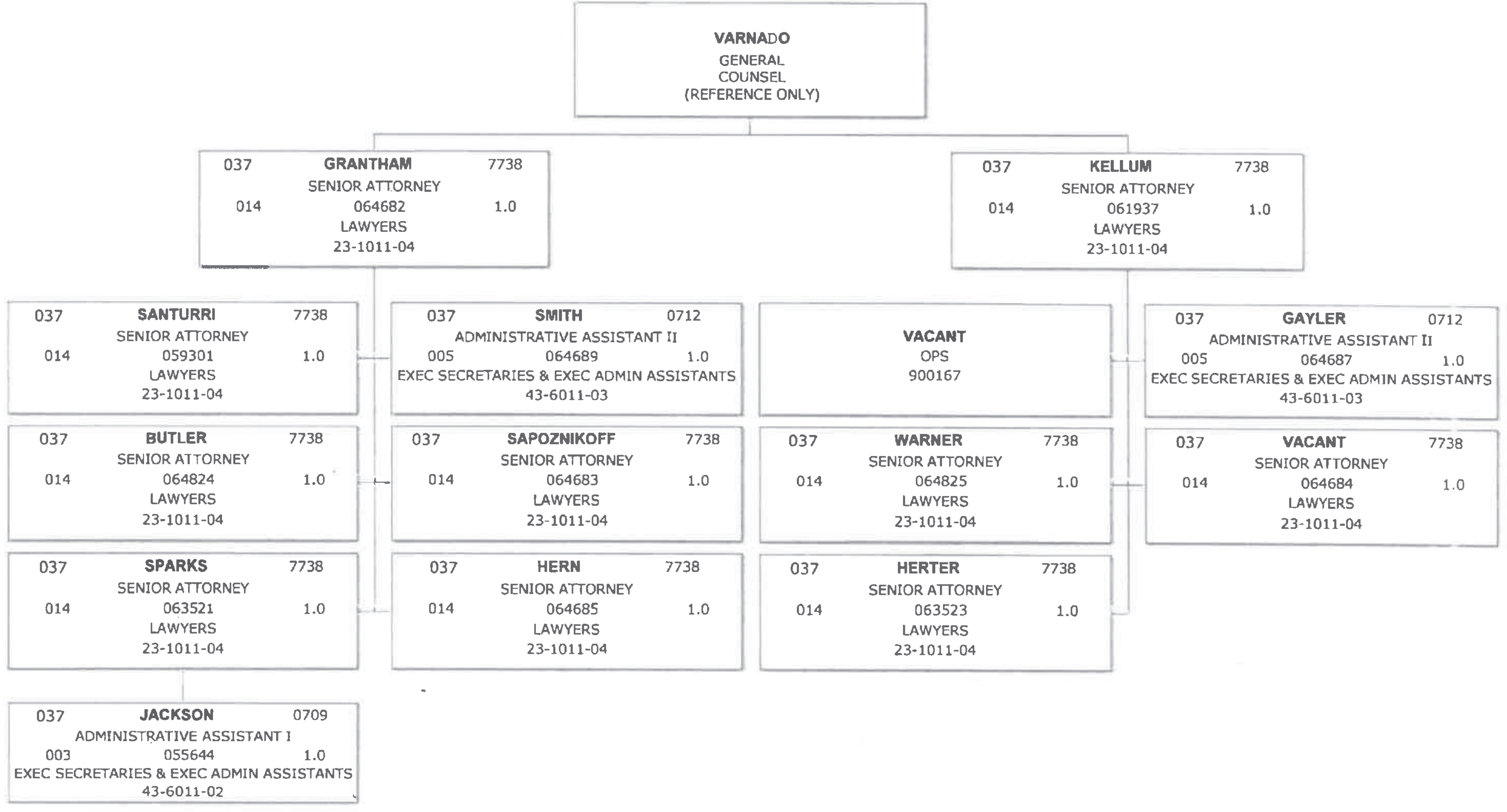
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
General Counsel - Facilities Legal

Effective Date: July 1, 2021
Org. Level: 68-10-20-00-000
FTEs: 64.5 Positions: 65



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
General Counsel - Medicaid Legal

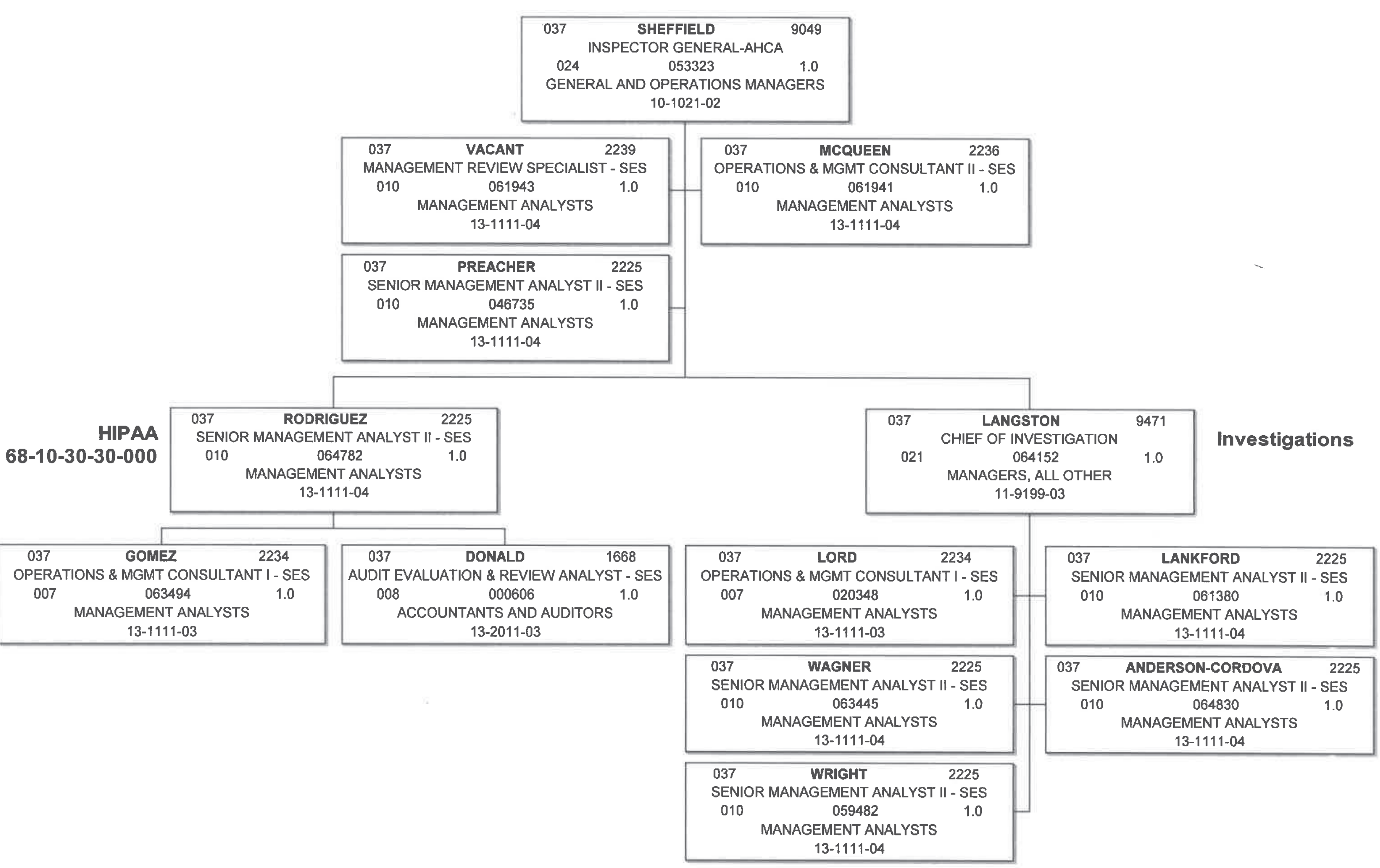
Effective Date: July 1, 2021
Org. Level: 68-10-20-00-000
FTEs: 64.5 Positions : 65



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction
Inspector General

Effective Date: July 1, 2021
Org. Level: 68-10-30-00-000
FTEs: 11 Positions: 11

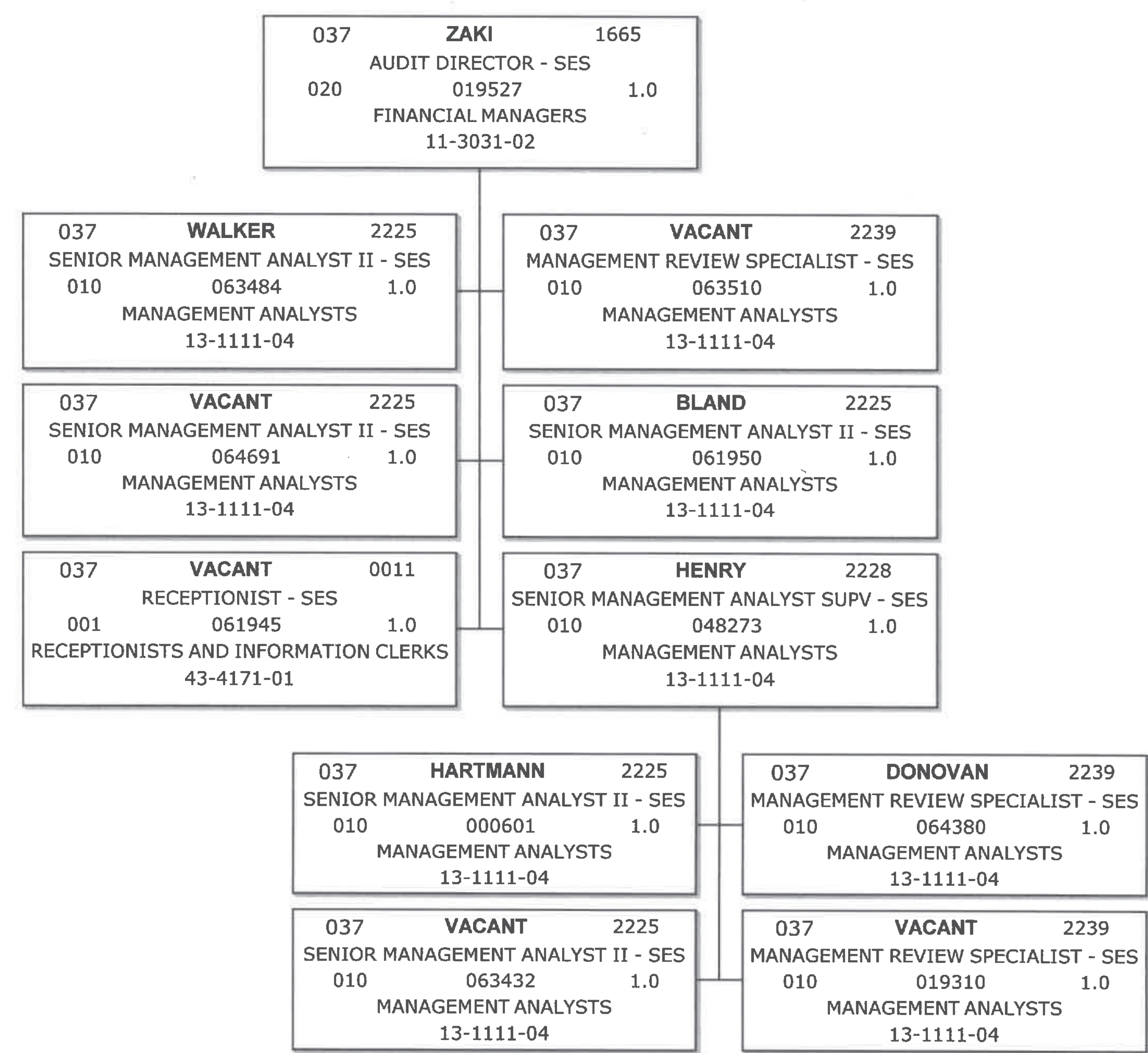


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Inspector General - Internal Audit

Effective Date: July 1, 2021
Org. Level: 68-10-30-20-000
FTEs: 10.5 Positions: 11



AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations

Secretary's Office

Effective Date: July 1, 2021
Org. Level: 68-20-00-00-000
FTEs: 2 Positions: 2

Division of Operations FTE: 150
Division of Operations # Positions: 150

037 **MADDEN** 9029
DEP SECRETARY OF OPERATIONS - AHCA
024 061390 1.0
GENERAL AND OPERATIONS MANAGERS
10-1021-02

037 **VACANT** 2236
OPERATIONS & MGMT CONSULTANT II - SES
010 064884 1.0
MANAGEMENT ANALYSTS
13-1111-04

037 **KNIGHT** 2236
OPERATIONS & MGMT CONSULTANT II - SES
010 003334 1.0
MANAGEMENT ANALYSTS
13-1111-04

037 **VACANT** 9773
DIRECTOR OF ADMINISTRATION
023 063596 1.0
(FOR REFERENCE ONLY)
10-3011-01

037 **WARD** 9204
DIRECTOR OF INFORMATION TECHNOLOGY
023 063449 1.0
(FOR REFERENCE ONLY)
10-3021-01

037 **MAGNUSON** 5916
PROGRAM ADMINISTRATOR - SES
020 019644 1.0
(FOR REFERENCE ONLY)
11-9151-02

AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations

Division of Administration

Effective Date: July 1, 2021
Org. Level: 68-20-10-00-000
FTEs: 1 Positions : 1

037 **VACANT** 9773
DIRECTOR OF ADMINISTRATION
023 063596 1.0
ADMINISTRATIVE SERVICES MANAGERS
10-3011-01

037 **LIN** 9768
CHIEF OF FINANCE AND ACCOUNTING
021 064898 1.0
(REFERENCE ONLY)
11-3031-03

037 **COLLINS** 0670
CHIEF OF CONTRACT MANAGEMENT
021 017054 1.0
(REFERENCE ONLY)
11-3061-03

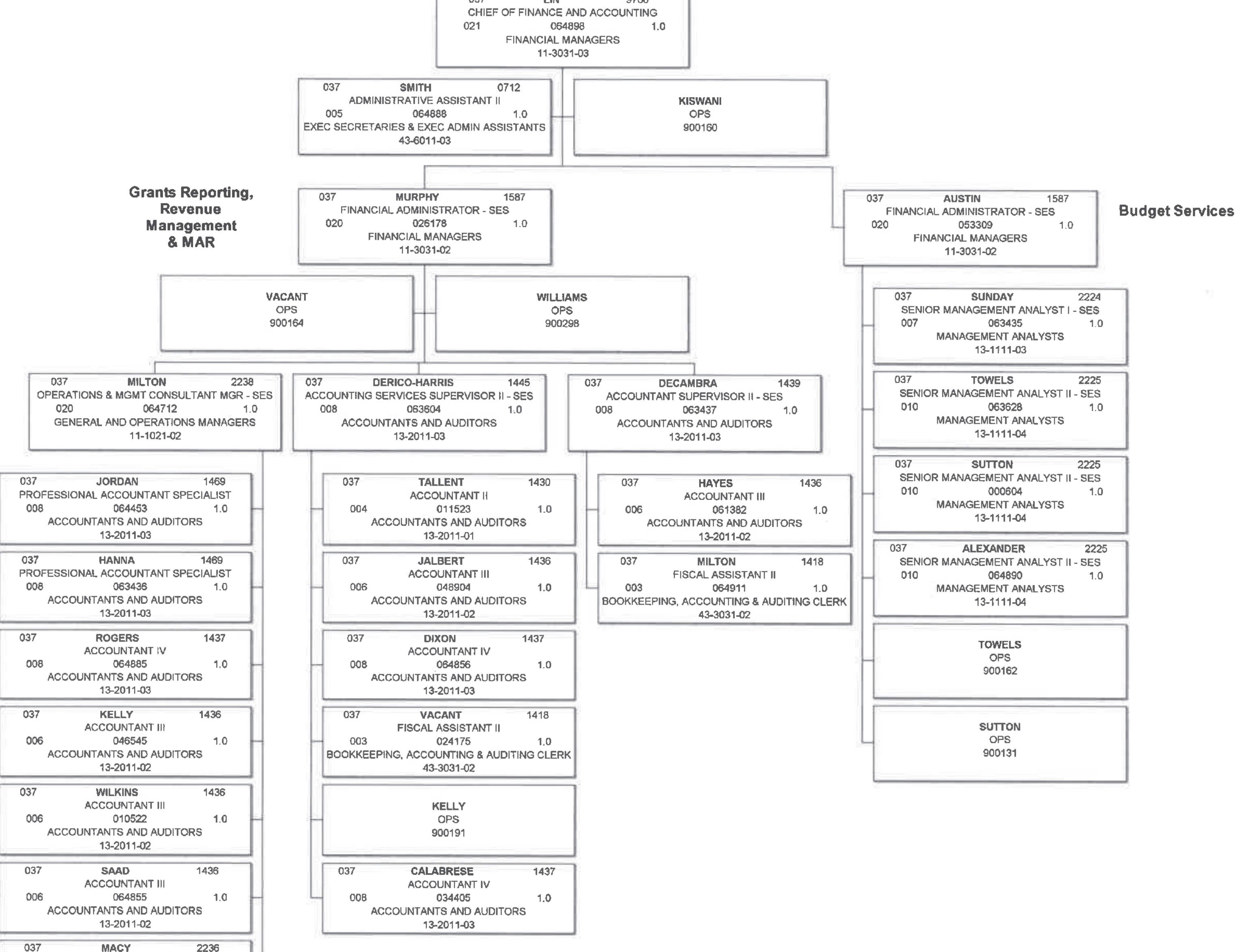
037 **SKIPPER** 9058
CHIEF OF HUMAN RESOURCES-AHCA
021 055058 1.0
(REFERENCE ONLY)
11-3121-03

037 **KENYON** 9430
CHIEF OF GENERAL SERVICES
021 056679 1.0
(REFERENCE ONLY)
11-3011-03

AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations
Division of Administration
Bureau of Financial Services

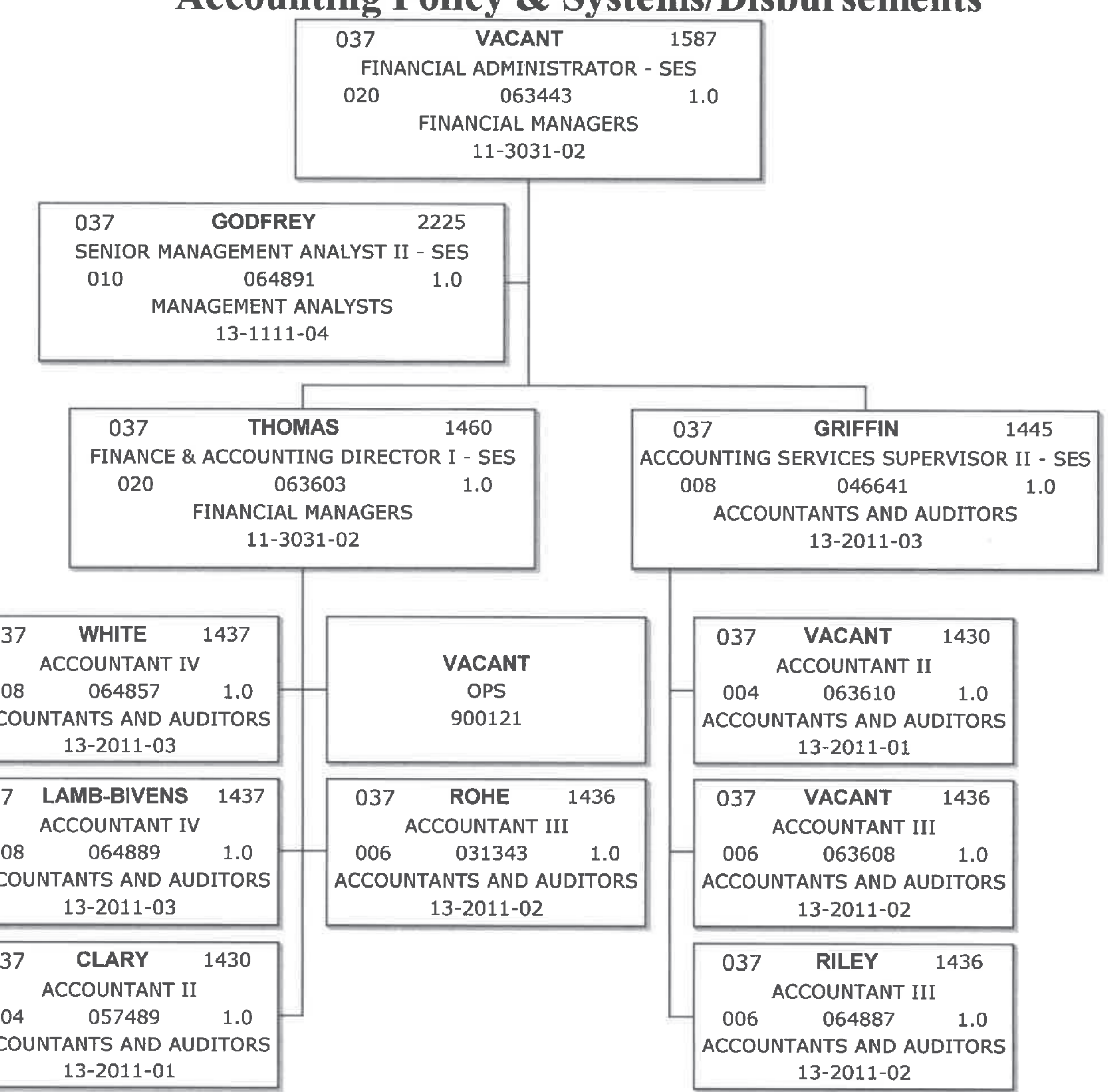
Effective Date: July 1, 2021
Org. Level: 68-20-15-00-000
FTEs: 41 Positions: 41



AGENCY FOR HEALTH CARE ADMINISTRATION

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

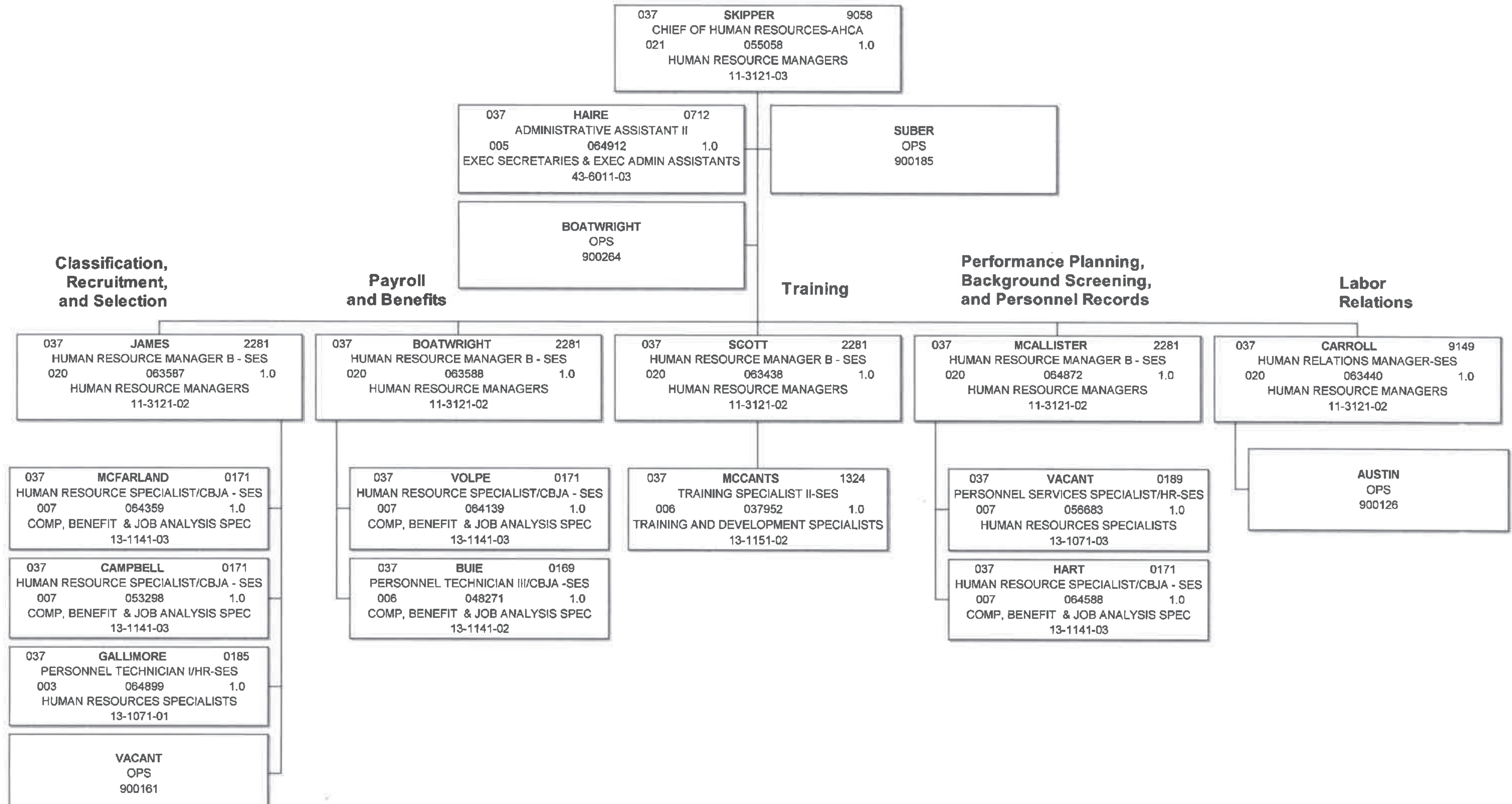
Effective Date: July 1, 2021
Org. Level: 68-20-15-00-000
FTEs: 41 Positions: 41



AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations
Division of Administration
Bureau of Human Resources

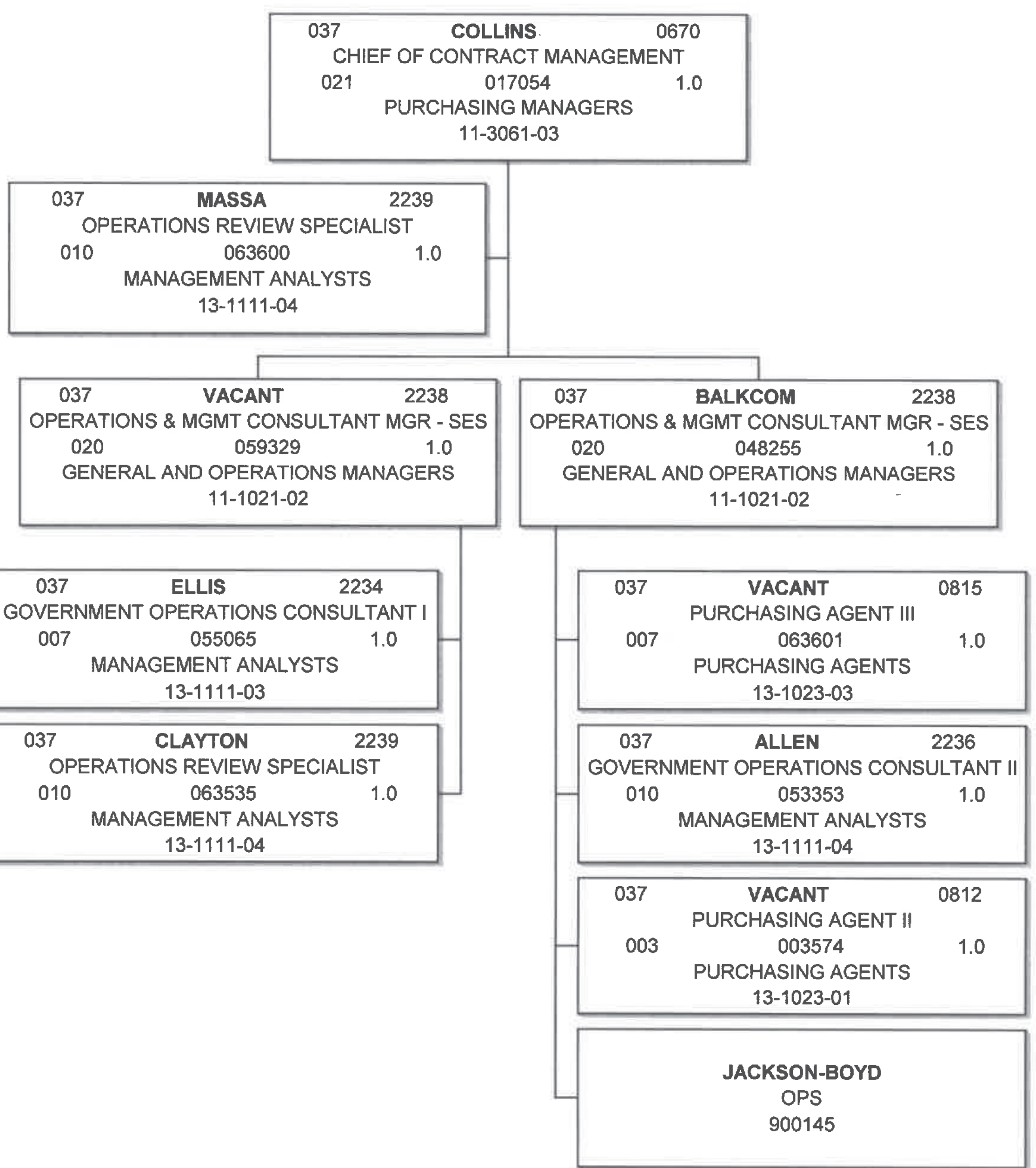
Effective Date: July 1, 2021
Org. Level: 68-20-20-00-000
FTEs: 16 Positions: 16



AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations
Division of Administration
Bureau of Purchasing & Contract Administration

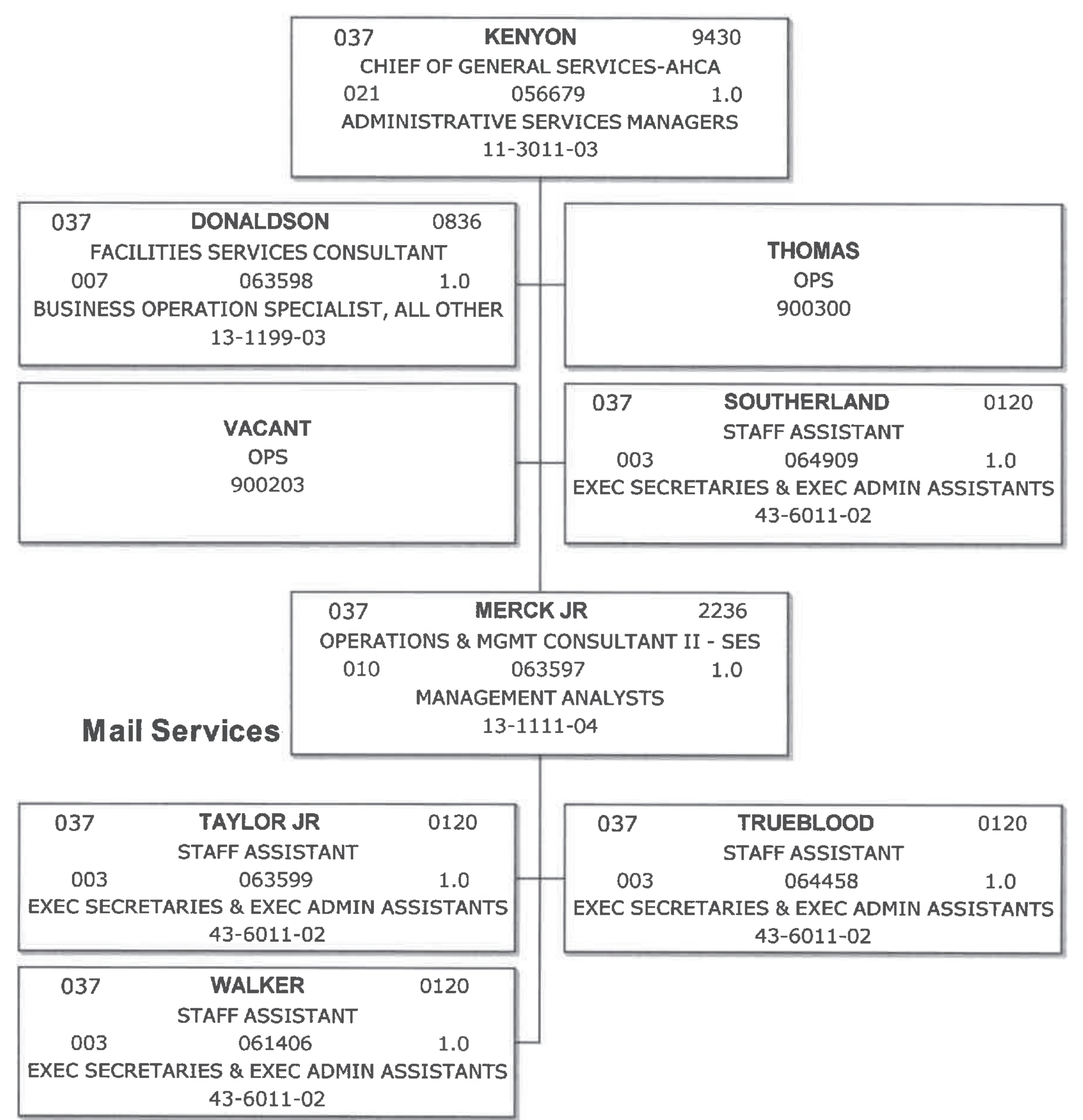
Effective Date: July 1, 2021
Org. Level: 68-20-30-00-000
FTEs: 9 Positions: 9



AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations
Division of Administration
Bureau of General Services

Effective Date: July 1, 2021
Org. Level: 68-20-40-00-000
FTEs: 7 Positions: 7



AGENCY FOR HEALTH CARE ADMINISTRATION
DEPUTY SECRETARY OF OPERATIONS
Division of Information Technology
Director's Office

Effective Date: July 1, 2021
Org. Level: 68-20-60-00-000
FTEs: 4 Positions : 4

037 **WARD** 9204
DIRECTOR OF INFORMATION TECHNOLOGY
023 063449 1.0
COMPUTER & INFORMATION SYSTEMS MANAGERS
10-3021-01

EDWARDS
CHIEF OF DISTRIBUTED INFRASTRUCTURE
(REFERENCE ONLY)
11-3021-03

VACANT
CHIEF OF STRATEGIC INFO TECHNOLOGIES
(REFERENCE ONLY)
11-3021-03

037 **ARMSTRONG** 2133
DATA PROCESSING MANAGER - SES
020 080582 1.0
COMPUTER & INFORMATION SYSTEMS MANAGERS
11-3021-02

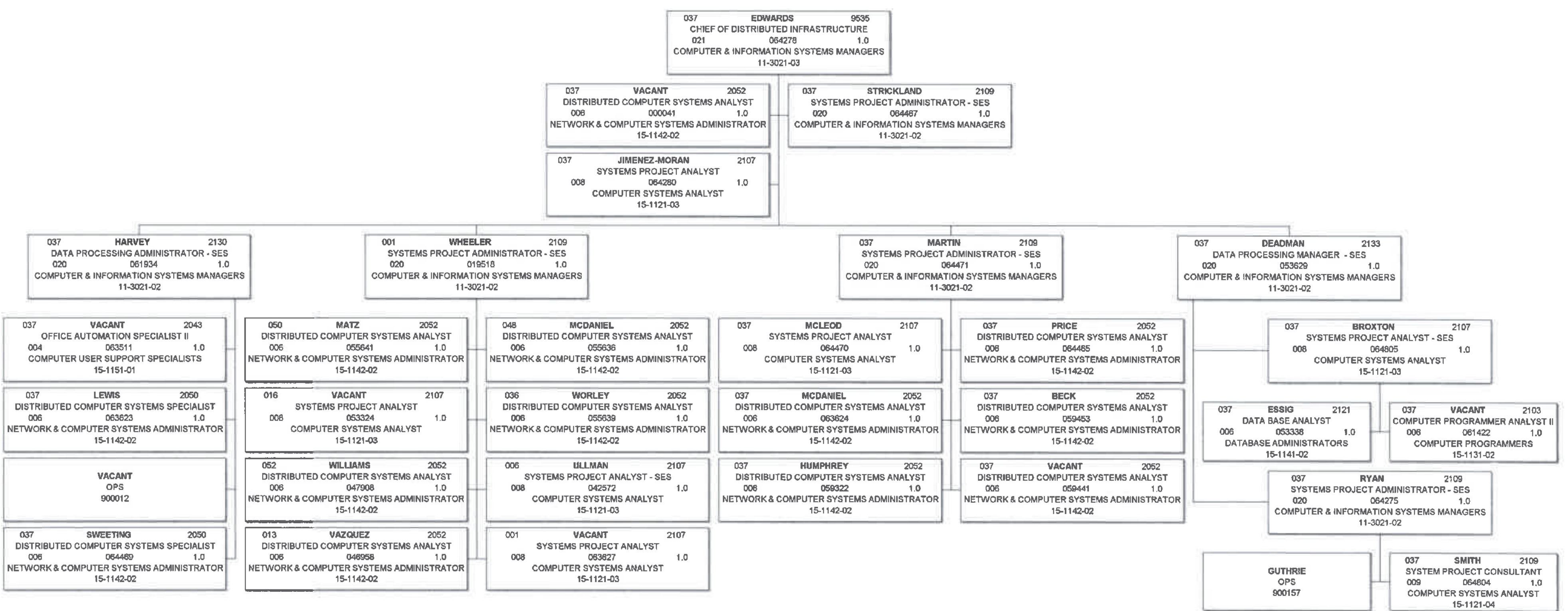
037 **COX** 2107
SYSTEMS PROJECT ANALYST
008 063619 1.0
COMPUTER SYSTEMS ANALYST
15-1121-03

CALLOWAY
OPS
100195

VACANT
OPS
900134

AGENCY FOR HEALTH CARE ADMINISTRATION
DEPUTY SECRETARY OF OPERATIONS
Division of Information Technology
Bureau of Distributed Infrastructure

Effective Date: July 1, 2021
Org. Level: 68-20-60-00-100
FTEs: 30 Positions : 30



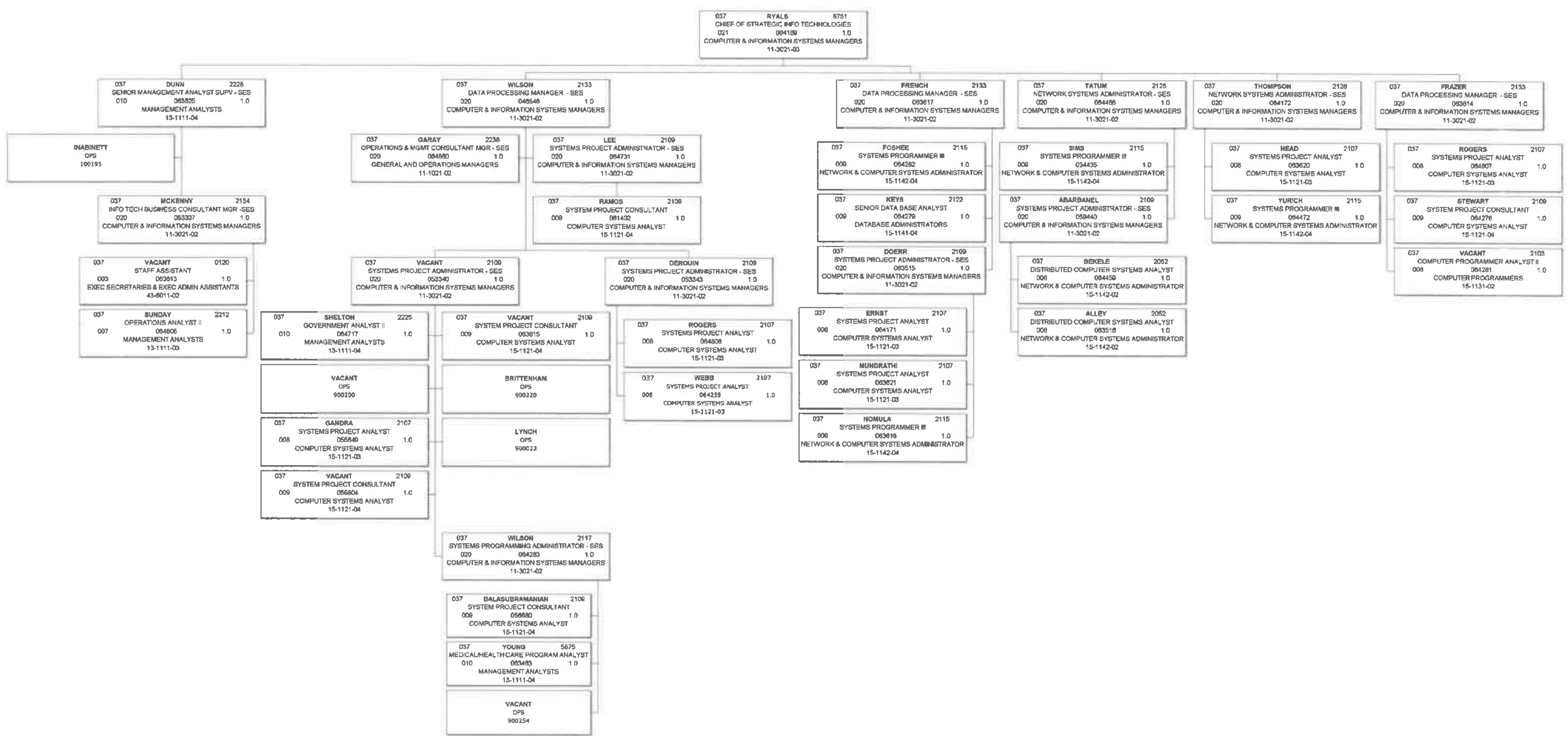
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Chief of Staff - Division of Information Technology

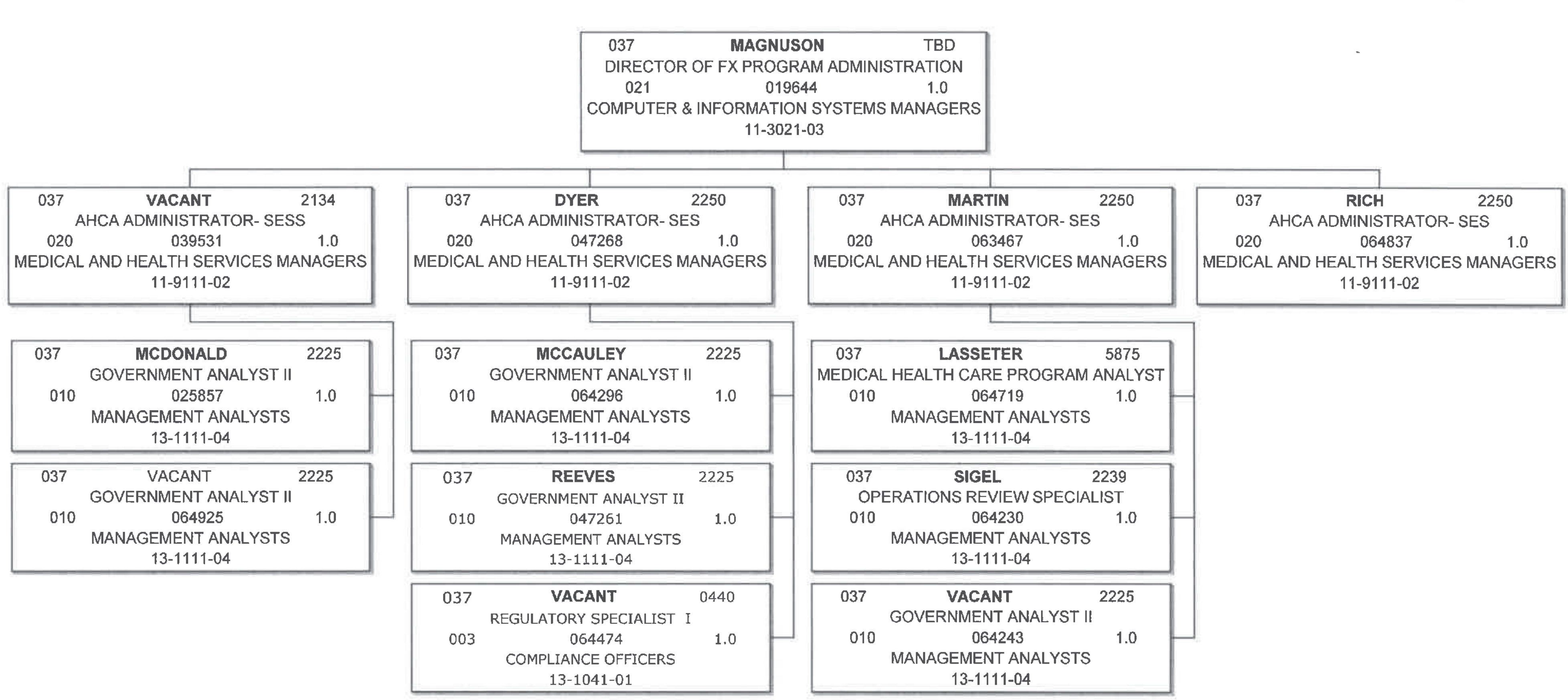
Bureau of Strategic Info Technologies

Effective Date: July 1, 2021
Org. Level: 68-20-60-00-200
FTEs: 30 Positions : 30



AGENCY FOR HEALTH CARE ADMINISTRATION
Deputy Secretary of Operations
Office of Health Care Connections (FX) Program Administration

Effective Date: July 1, 2021
Org. Level: 68-40-70-00-000
FTEs: 13 Positions: 13



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Deputy Secretary's Office

Effective Date: July 1, 2021
Org. Level: 68-30-00-00-000
FTEs: 7 Positions: 7

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

037 **SMOAK** 9043
DEPUTY SEC FOR HEALTH QUALITY ASSURANCE
024 061409 1.0
MEDICAL AND HEALTH SERVICES MANAGERS
10-9111-02

CHIEF OF CENTRAL SERVICES
(REFERENCE ONLY)

CHIEF OF HEALTH INFO & POLICY ANALYSIS
(REFERENCE ONLY)

037 **VACANT** 9078
ASST DEP SEC FOR HLTH QUALITY ASSURANCE
023 064910 1.0
GENERAL AND OPERATIONS MANAGERS
10-1021-01

037 **GIBSON** 2228
SENIOR MANAGEMENT ANALYST SUPV - SES
010 026167 1.0
MANAGEMENT ANALYSTS
13-1111-04

037 **ANDRADE** 2238
GOVERNMENT OPERATIONS CONSULTANT III
010 064770 1.0
MANAGEMENT ANALYSTS
13-1111-04

037 **HOWARD** 2234
OPERATIONS & MGMT CONSULTANT I - SES
007 030022 1.0
MANAGEMENT ANALYSTS
13-1111-03

037 **EVANS** 2225
GOVERNMENT ANALYST II
010 061378 1.0
MANAGEMENT ANALYSTS
13-1111-04

037 **TRIVETT** 2225
GOVERNMENT ANALYST II
010 063644 1.0
MANAGEMENT ANALYSTS
13-1111-04

037 **COOK** 2225
GOVERNMENT ANALYST II
010 053336 1.0
MANAGEMENT ANALYSTS
13-1111-04

037 **VACANT** 2238
GOVERNMENT OPERATIONS CONSULTANT III
010 064848 1.0
MANAGEMENT ANALYSTS
13-1111-04

CHIEF OF HEALTH FACILITY REGULATION
(REFERENCE ONLY)

HOSPITAL AND OUTPATIENT SERVICES
(REFERENCE ONLY)

LABORATORY & IN-HOME SERVICES
(REFERENCE ONLY)

LONG TERM CARE SERVICES
(REFERENCE ONLY)

ASSISTED LIVING UNIT
(REFERENCE ONLY)

CHIEF OF FIELD OPERATIONS
(REFERENCE ONLY)

AREA OFFICES
(REFERENCE ONLY)

HEALTH STANDARDS & QUALITY
(REFERENCE ONLY)

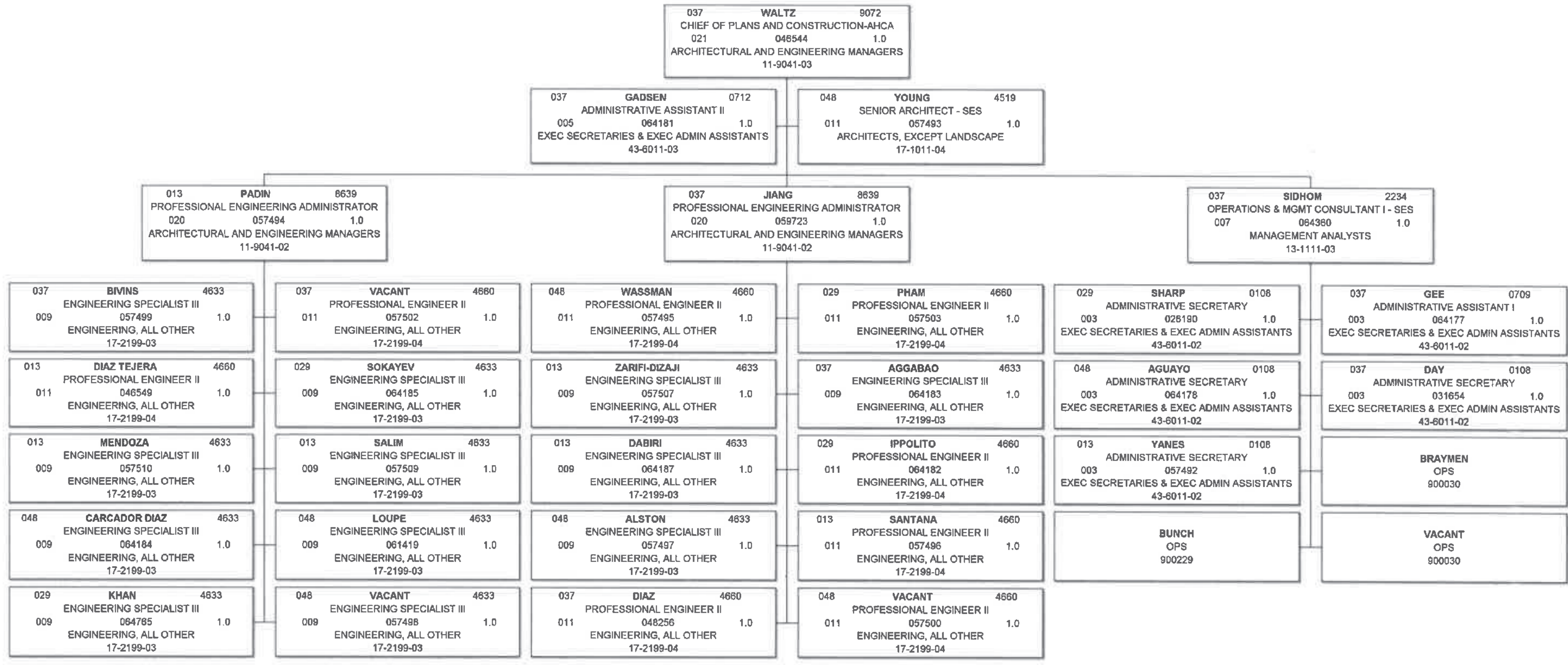
COMPLAINT ADMINISTRATION UNIT
(REFERENCE ONLY)

AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

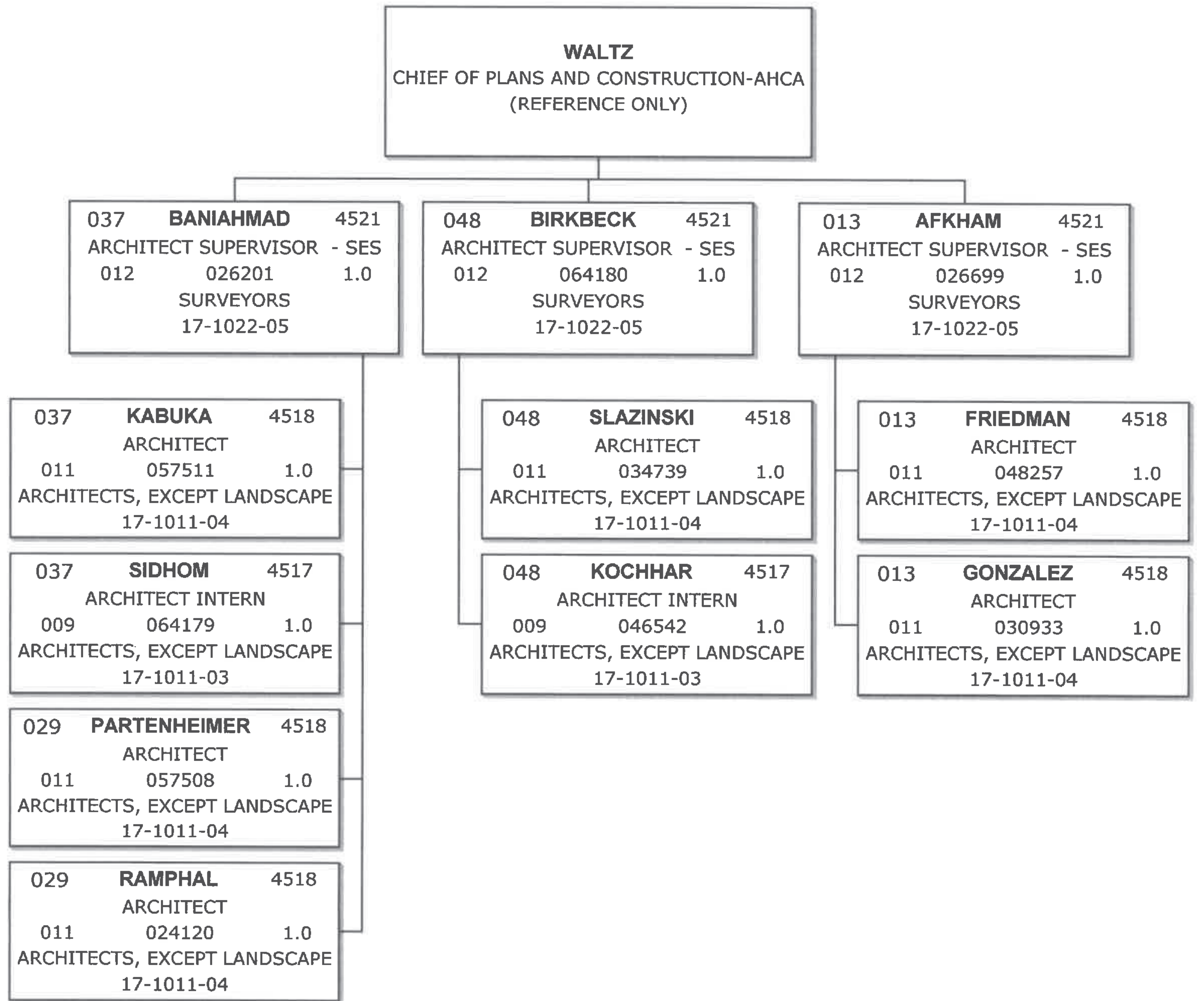
Bureau of Plans and Construction

Effective Date: July 1, 2021
Org. Level: 68-30-10-00-000
FTEs: 42 Positions: 42



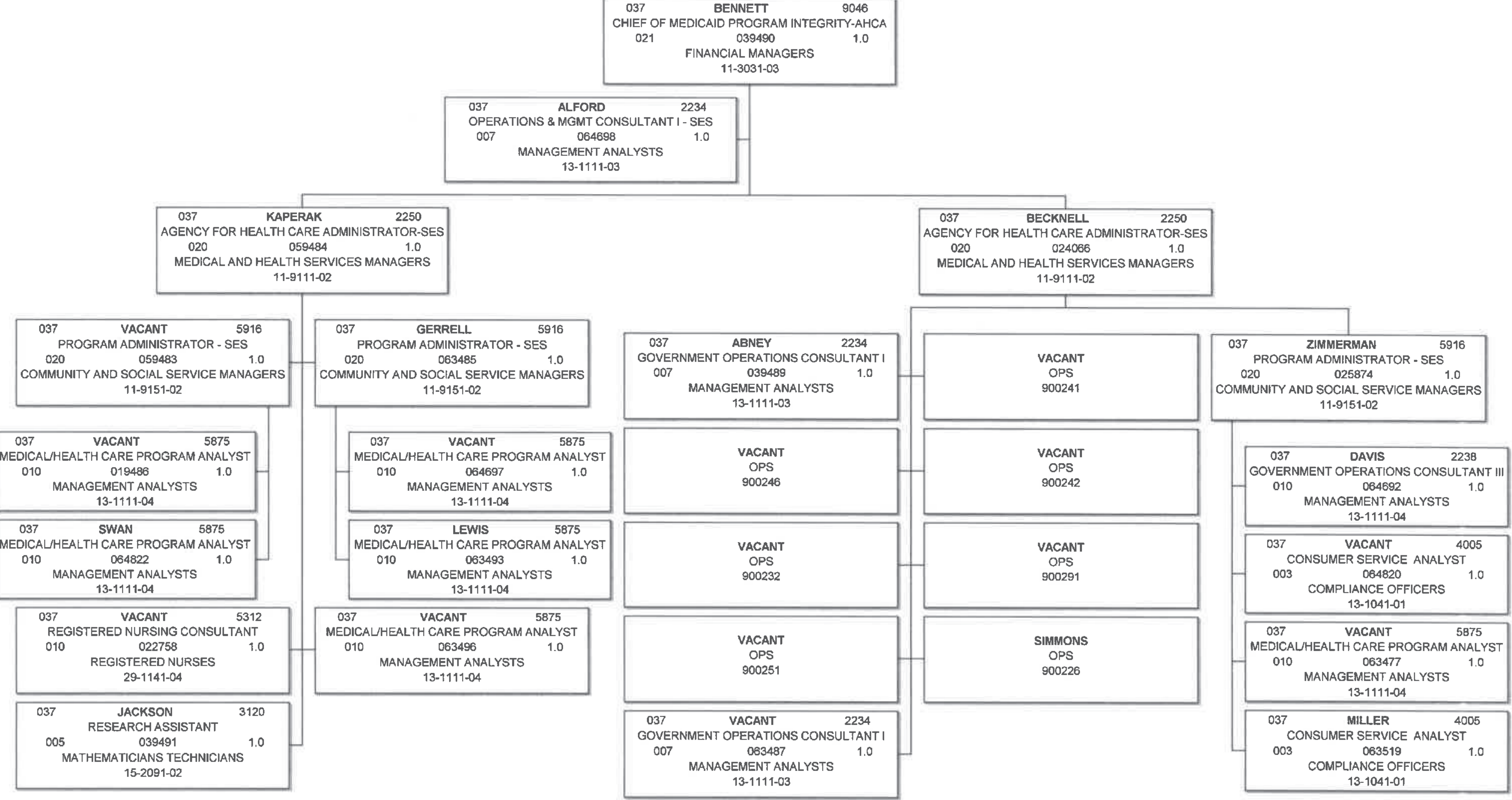
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Plans and Construction

Effective Date: July 1, 2021
Org. Level: 68-30-10-00-000
FTEs: 42 Positions: 42



AGENCY FOR HEALTH CARE ADMINISTRATION
Health Quality Assurance
Bureau of Medicaid Program Integrity

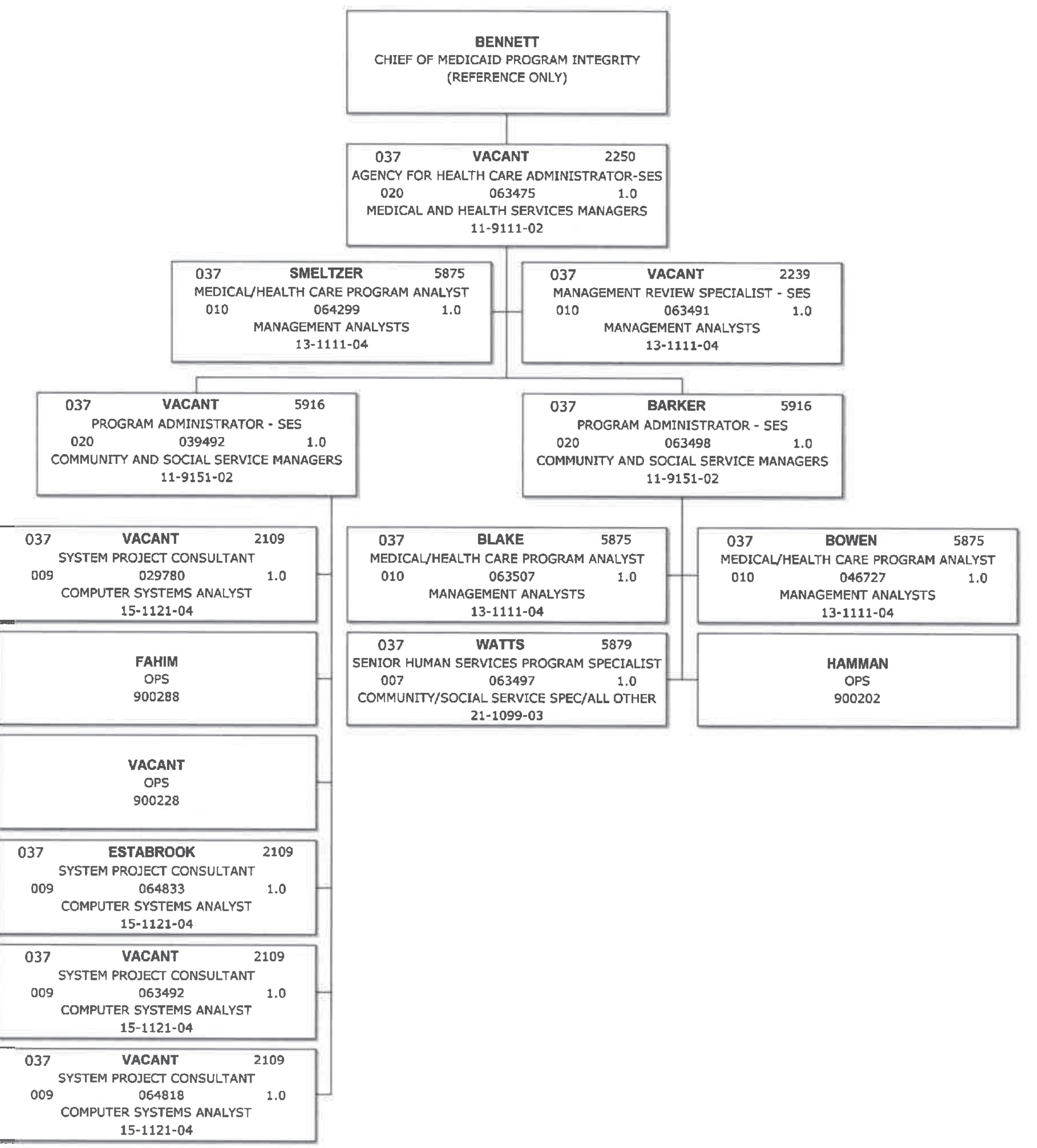
Effective Date: July 1, 2021
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74



AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance
Bureau of Medicaid Program Integrity
Data Analysis Unit

Effective Date: July 1, 2021
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74

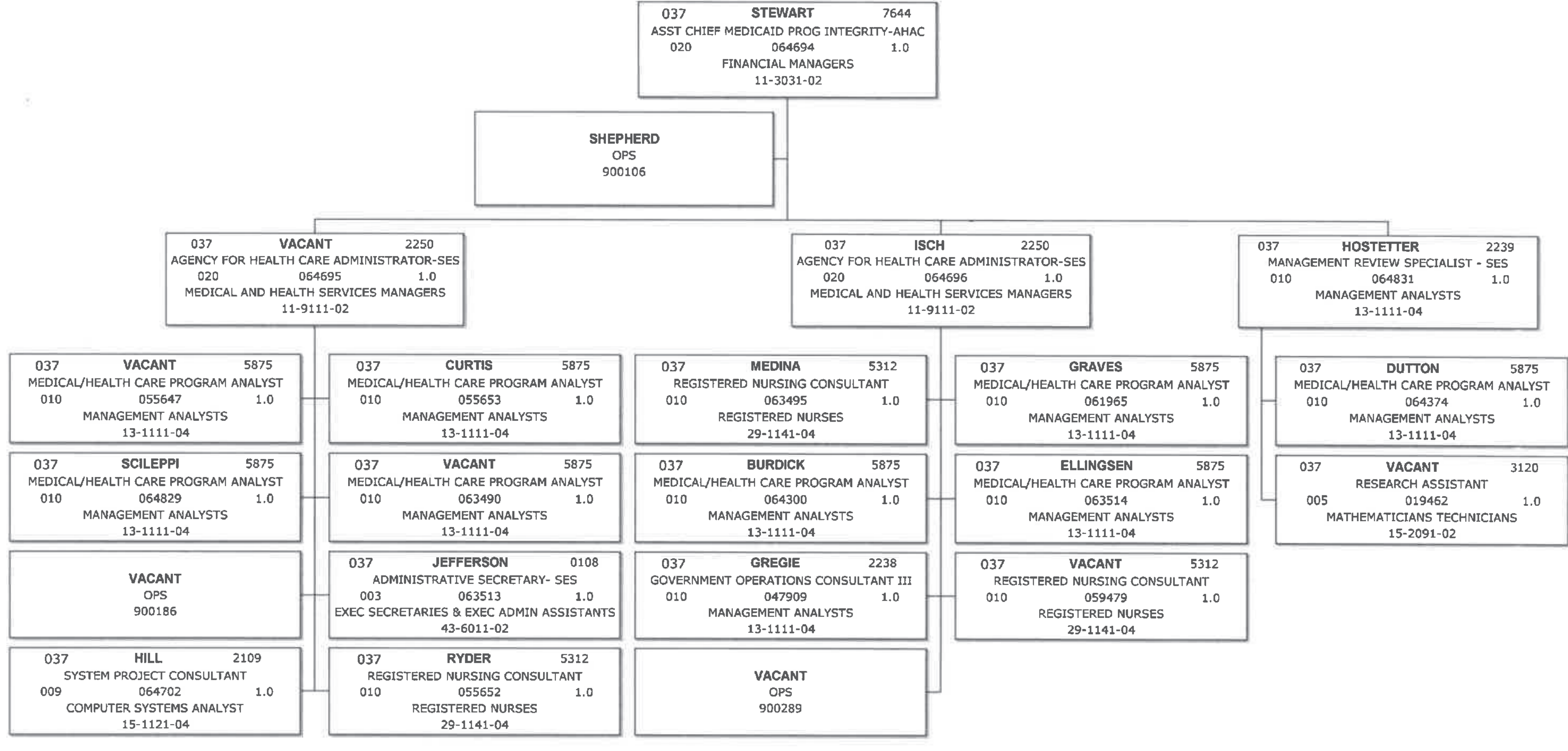


AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance

Bureau of Medicaid Program Integrity

Effective Date: July 1, 2021
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74

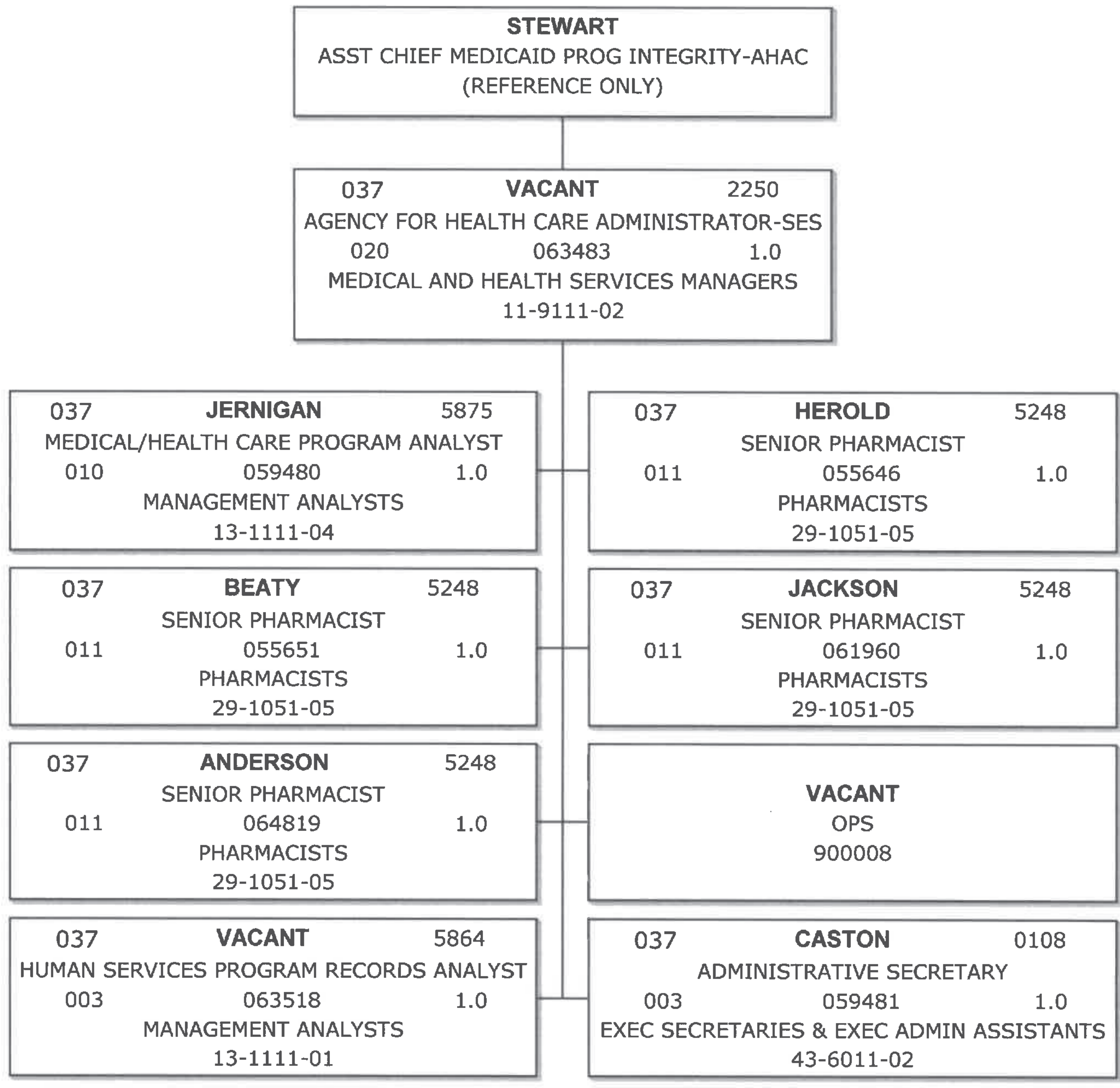


AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance

Bureau of Medicaid Program Integrity

Effective Date: July 1, 2021
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74

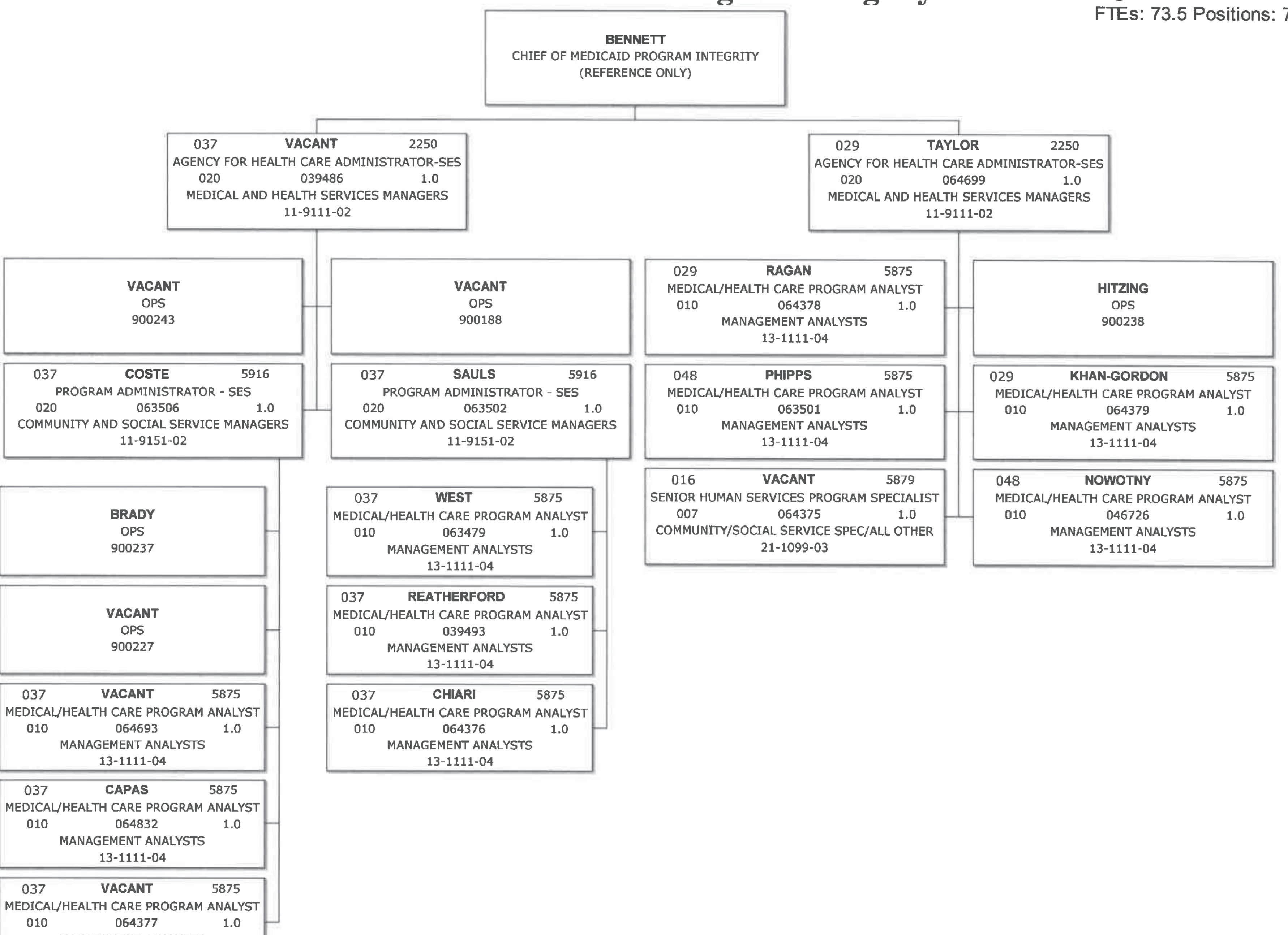


AGENCY FOR HEALTH CARE ADMINISTRATION

Health Quality Assurance

Bureau of Medicaid Program Integrity

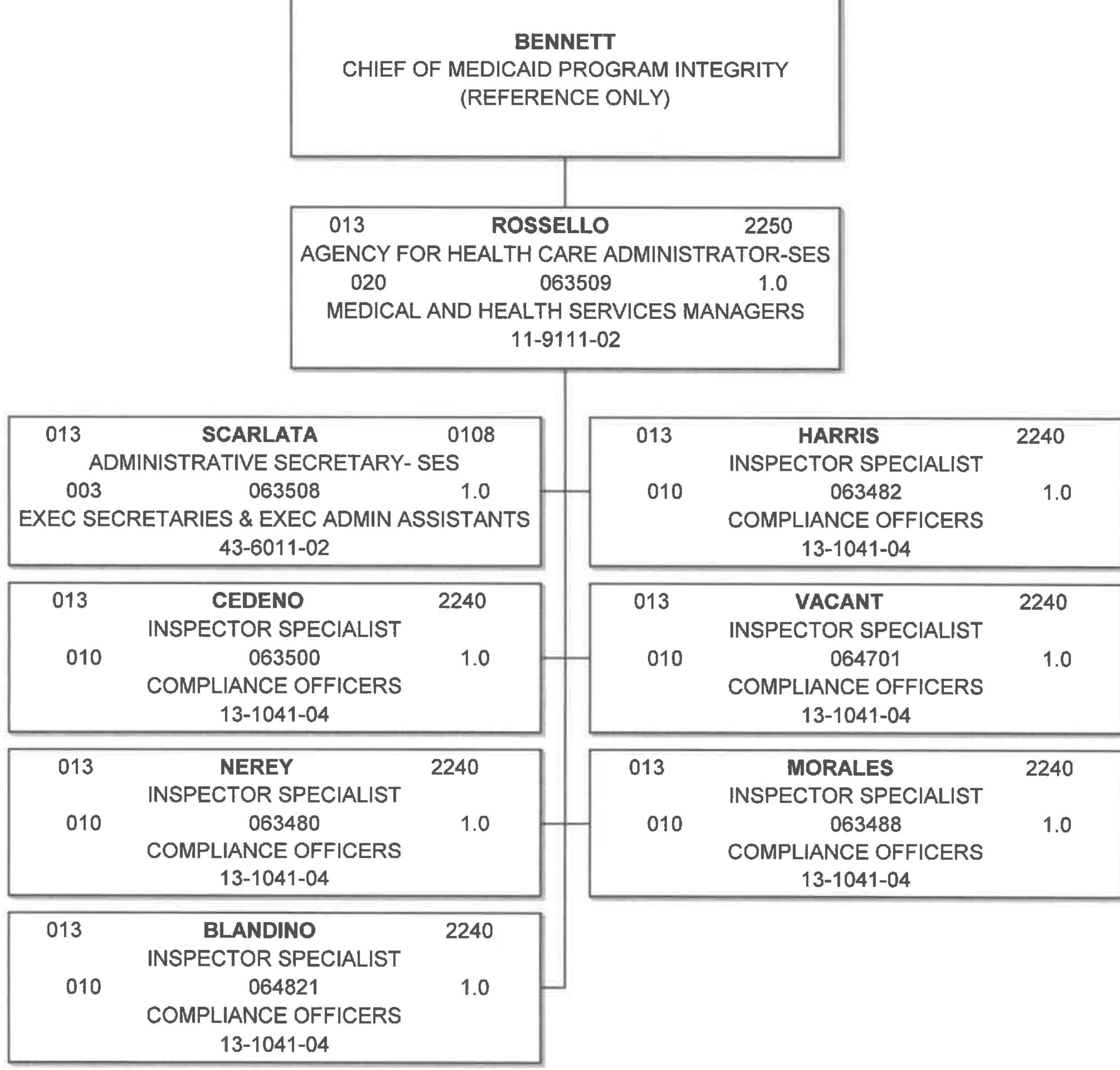
Effective Date: July 1, 2021
Org. Level: 68-10-30-10-000
FTEs: 73.5 Positions: 74



AGENCY FOR HEALTH CARE ADMINISTRATION

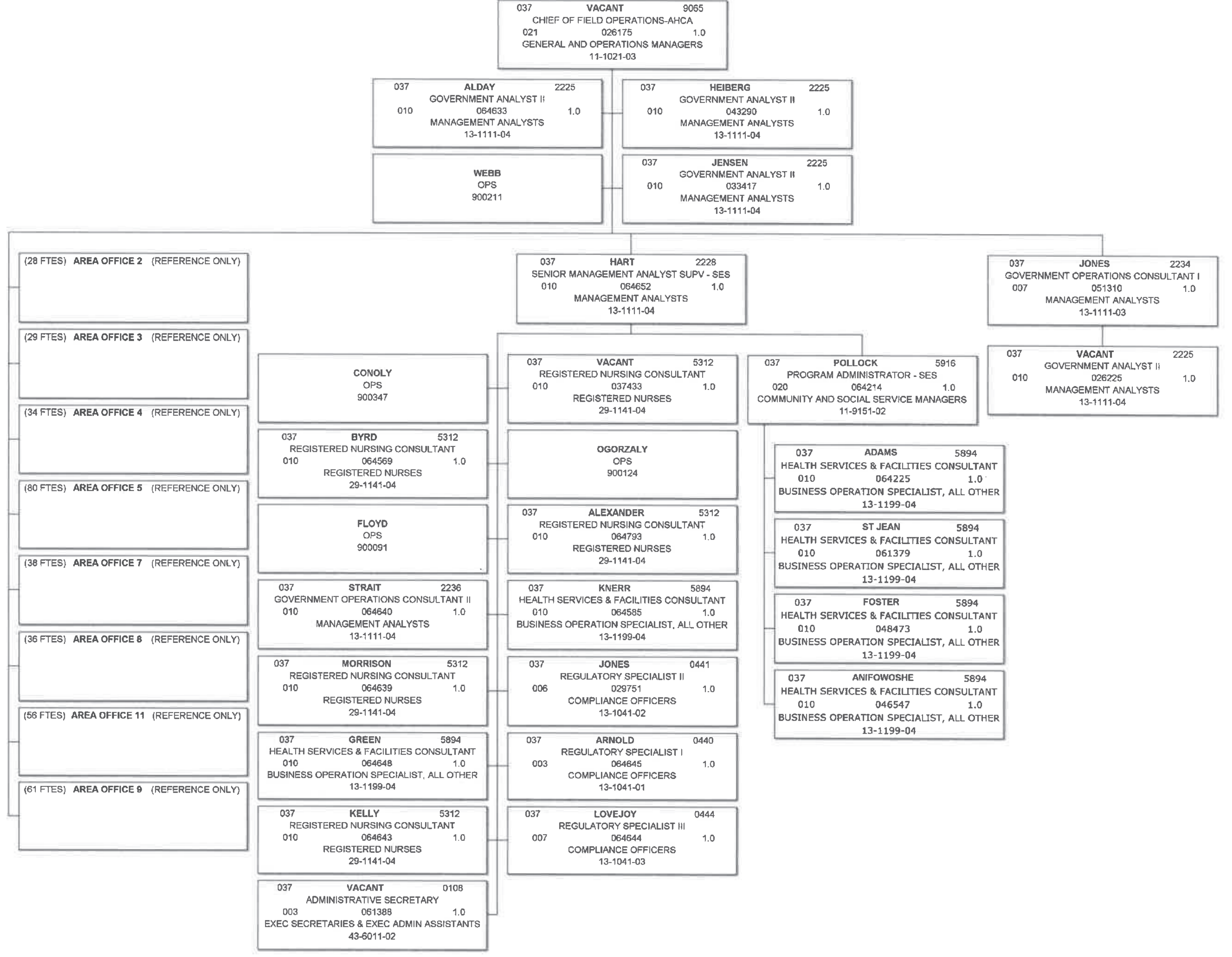
Health Quality Assurance
Bureau of Medicaid Program Integrity
Field Operations Miami

Effective Date: July 1, 2021
Org. Level: 68-10-30-10-011
FTEs: 8 Positions: 8



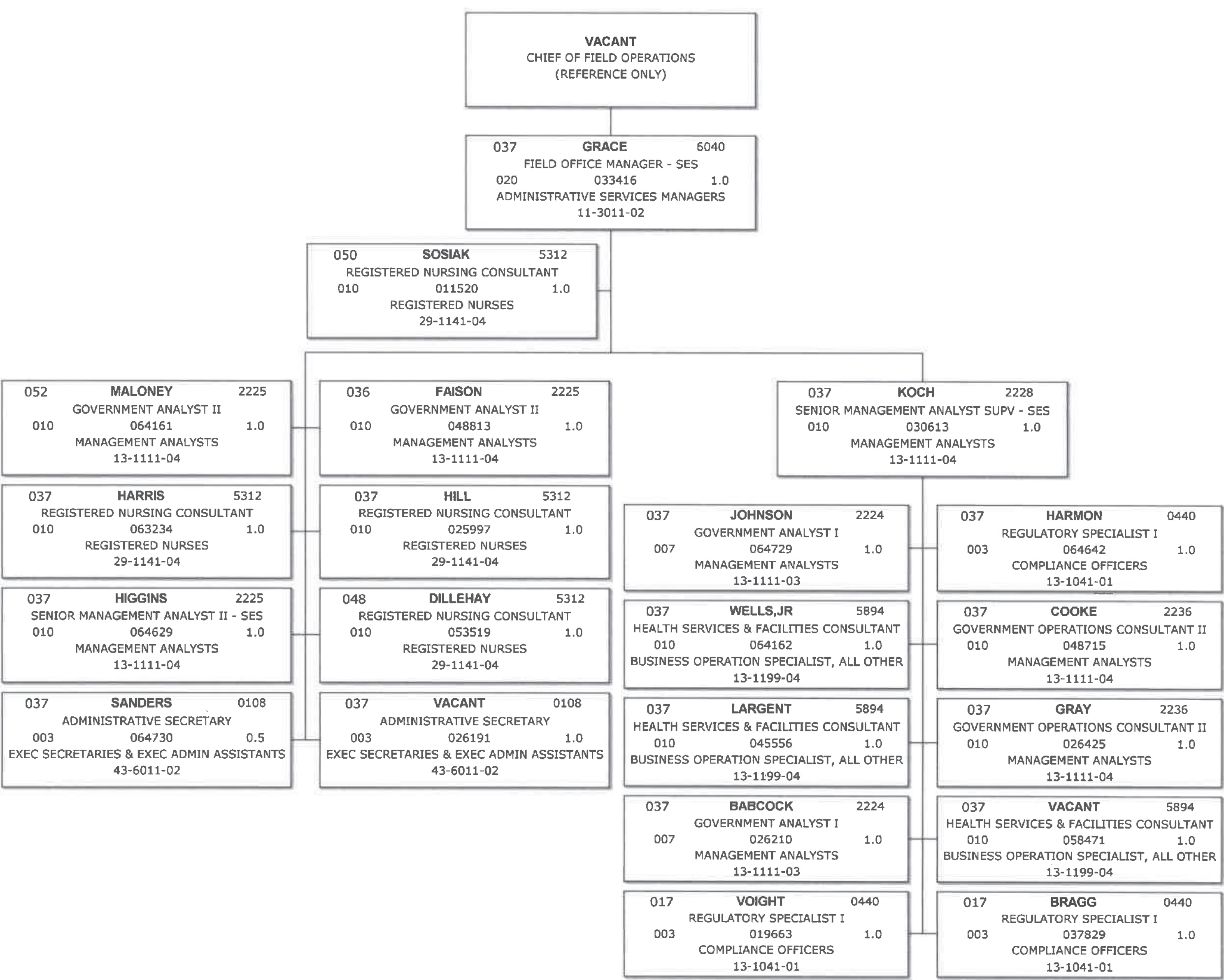
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations

Effective Date: July 1, 2021
Org. Level: 68-30-30-00-000
FTEs: 24 Positions: 24



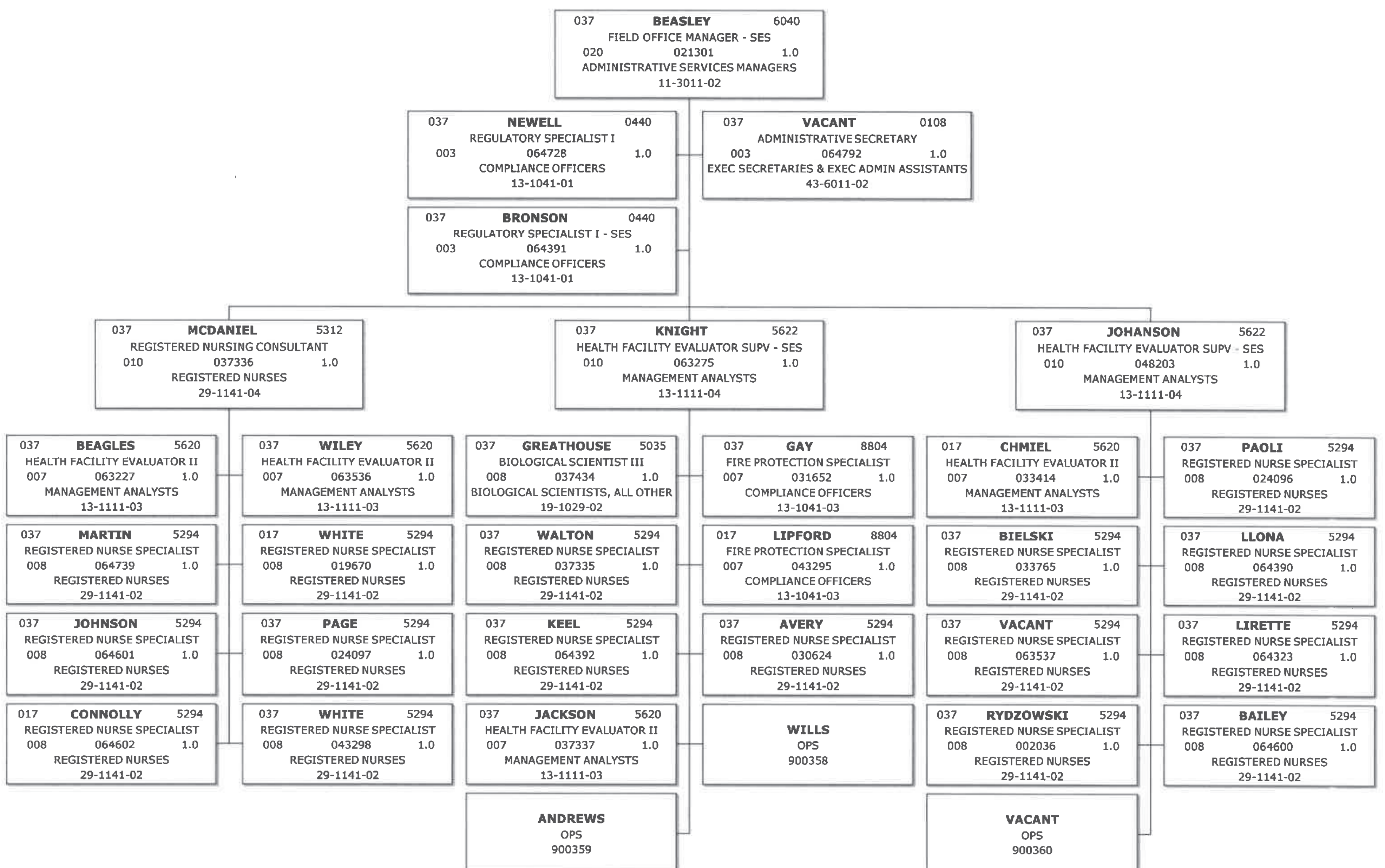
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations - Health Standards & Quality
Survey & Certification Support Branch

Effective Date: July 1, 2021
Org. Level: 68-30-30-30-000
FTEs: 18.5 Positions: 19



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations - Area 2 - Tallahassee

Effective Date: July 1, 2021
Org. Level: 68-30-30-02-000
FTEs: 30 Positions: 30

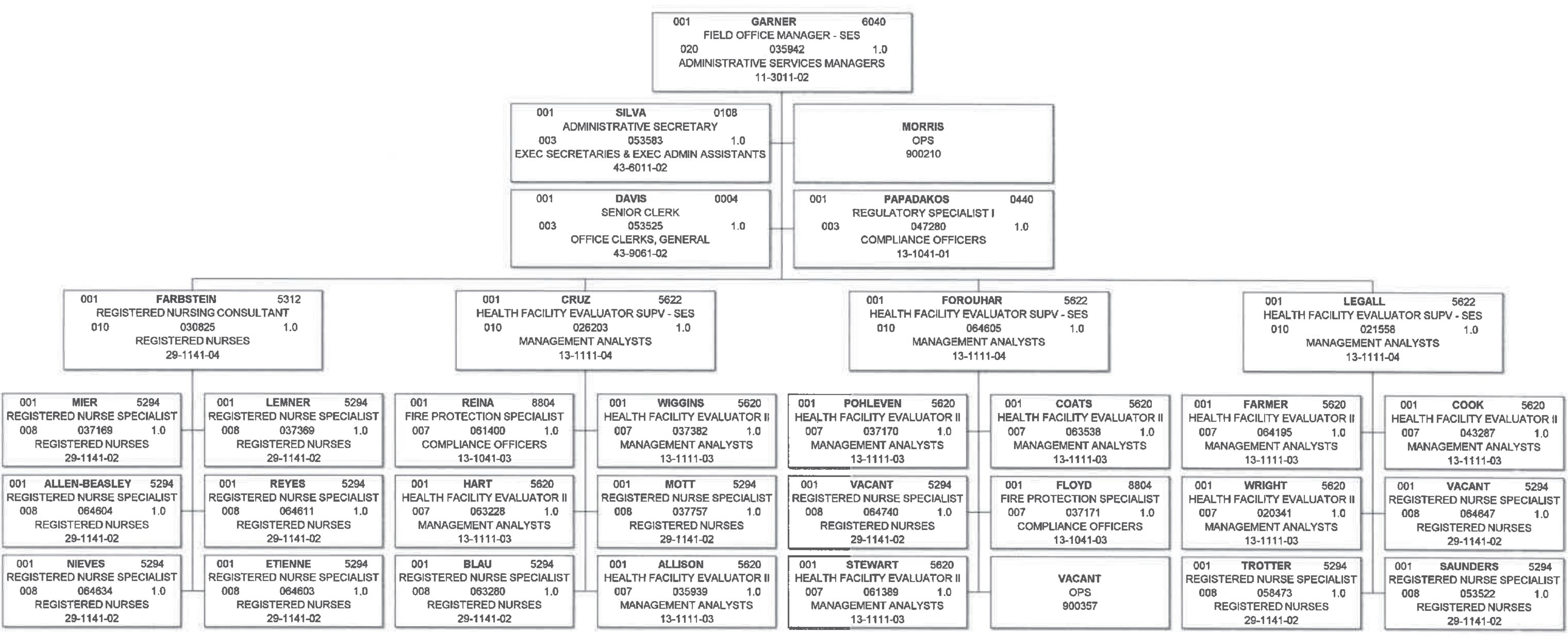


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 3 - Alachua

Effective Date: July 1,2021
Org. Level: 68-30-30-03-000
FTEs: 31 Positions: 31

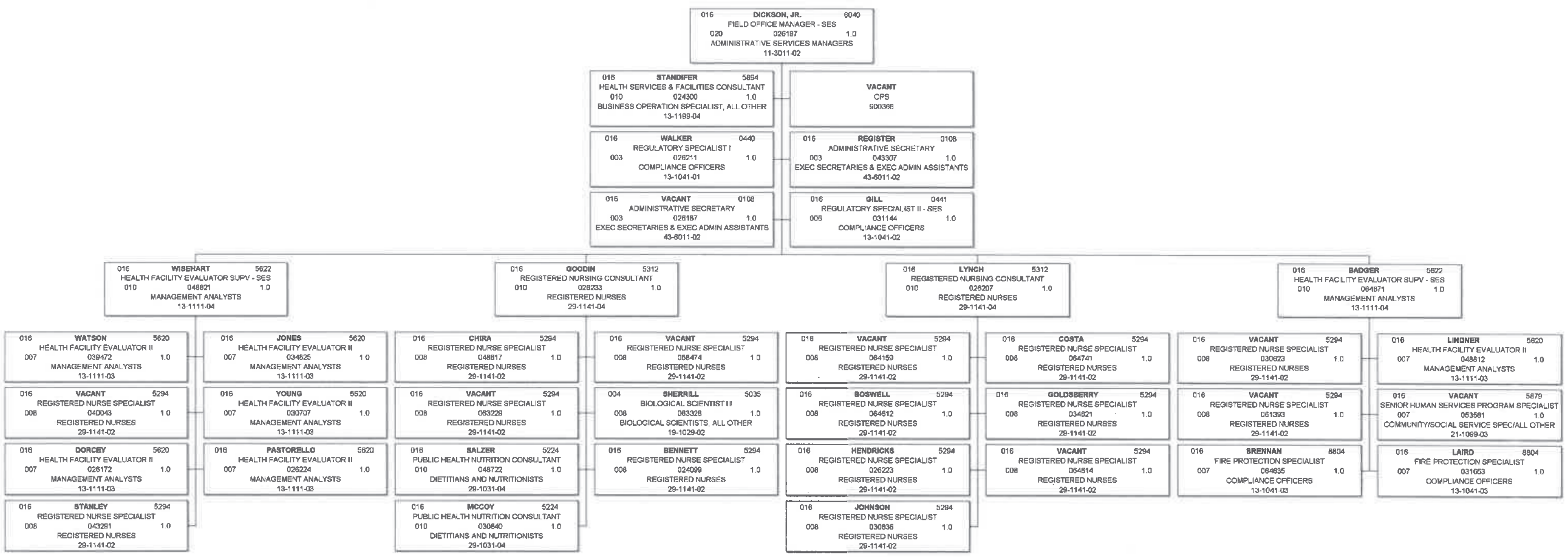


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

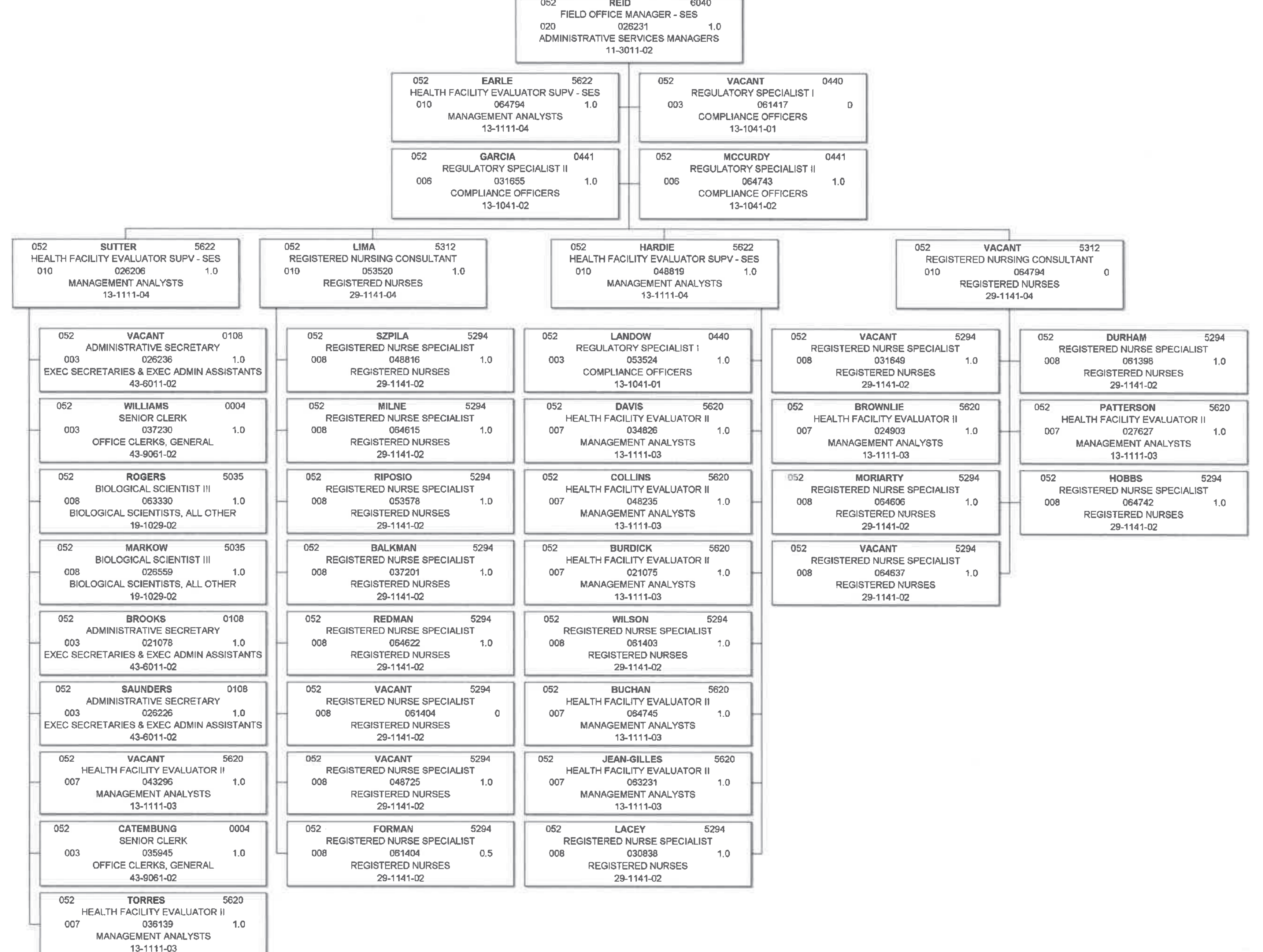
Bureau of Field Operations - Area 4 - Jacksonville

Effective Date: July 1, 2021
Org. Level: 68-30-30-04-000
FTEs: 37 Positions: 37



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations - Area 5 - St. Petersburg

Effective Date: July 1, 2021
Org. Level: 68-30-30-05-000
FTEs: 84 Positions: 84

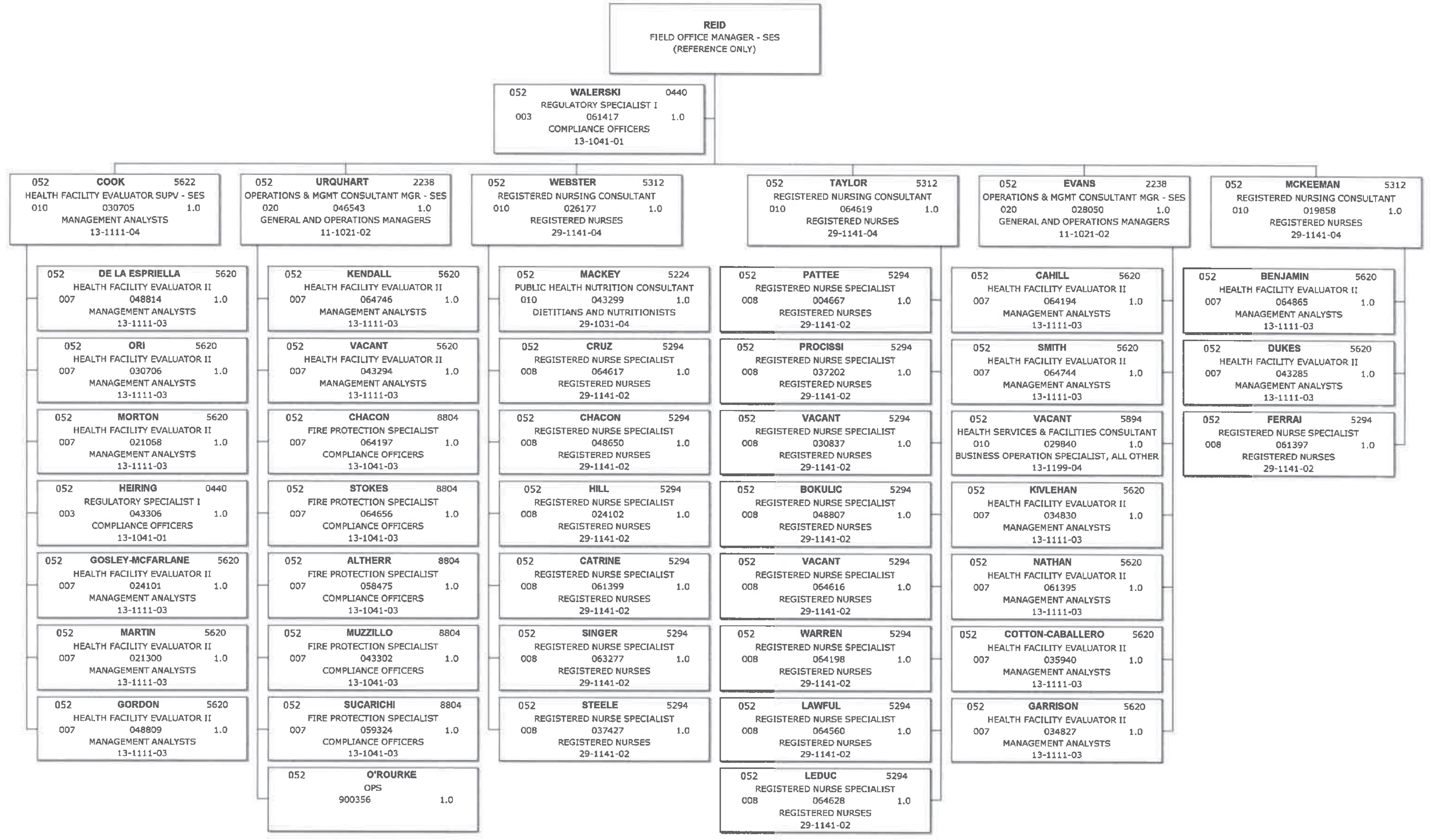


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

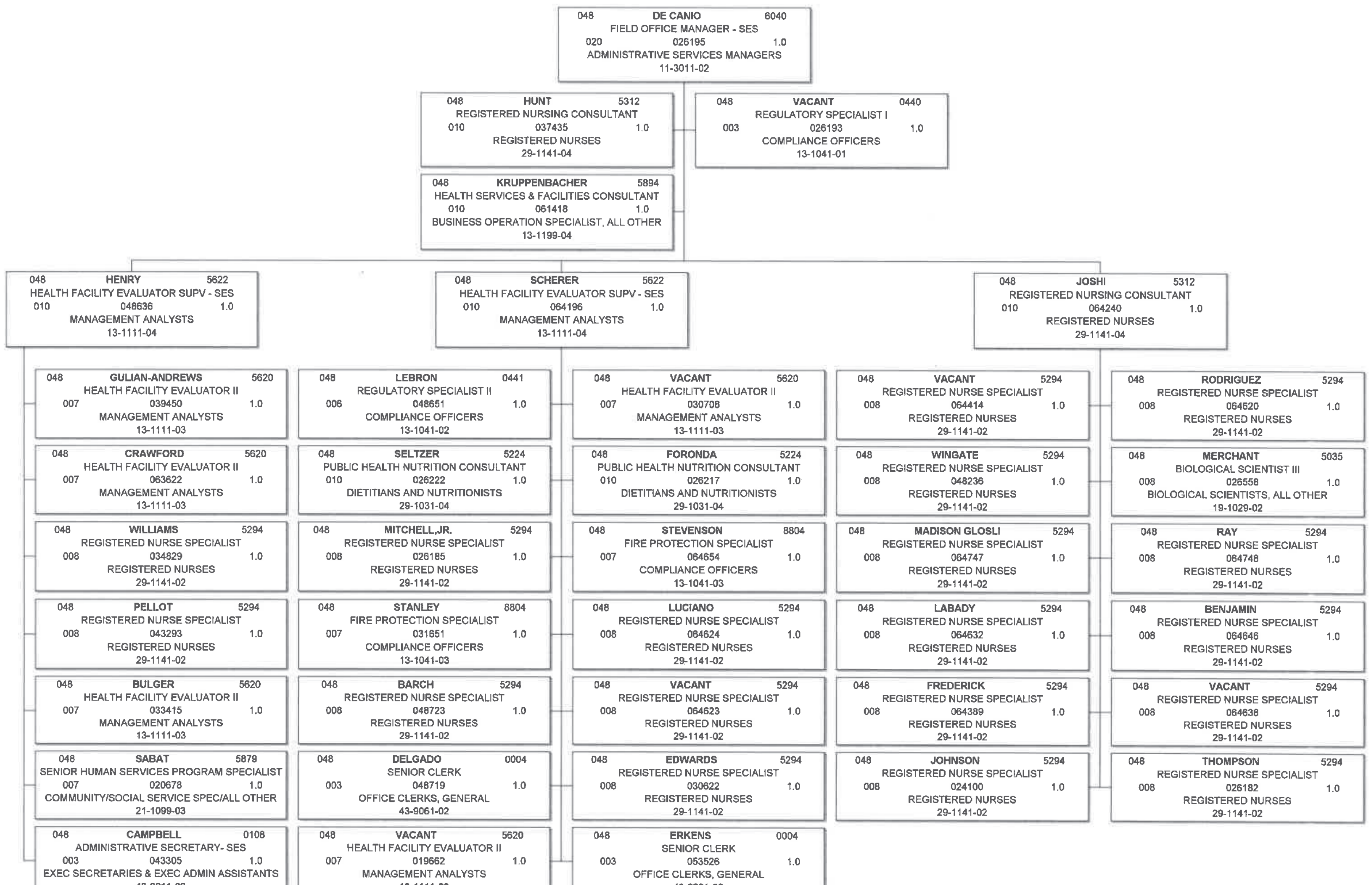
Bureau of Field Operations - Area 5 - St. Petersburg

Effective Date: July 1, 2021
Org. Level: 68-30-30-05-000
FTEs: 84 Positions: 84



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations - Area 7 - Orlando

Effective Date: July 1, 2021
Org. Level: 68-30-30-07-000
FTEs: 40 Positions: 40

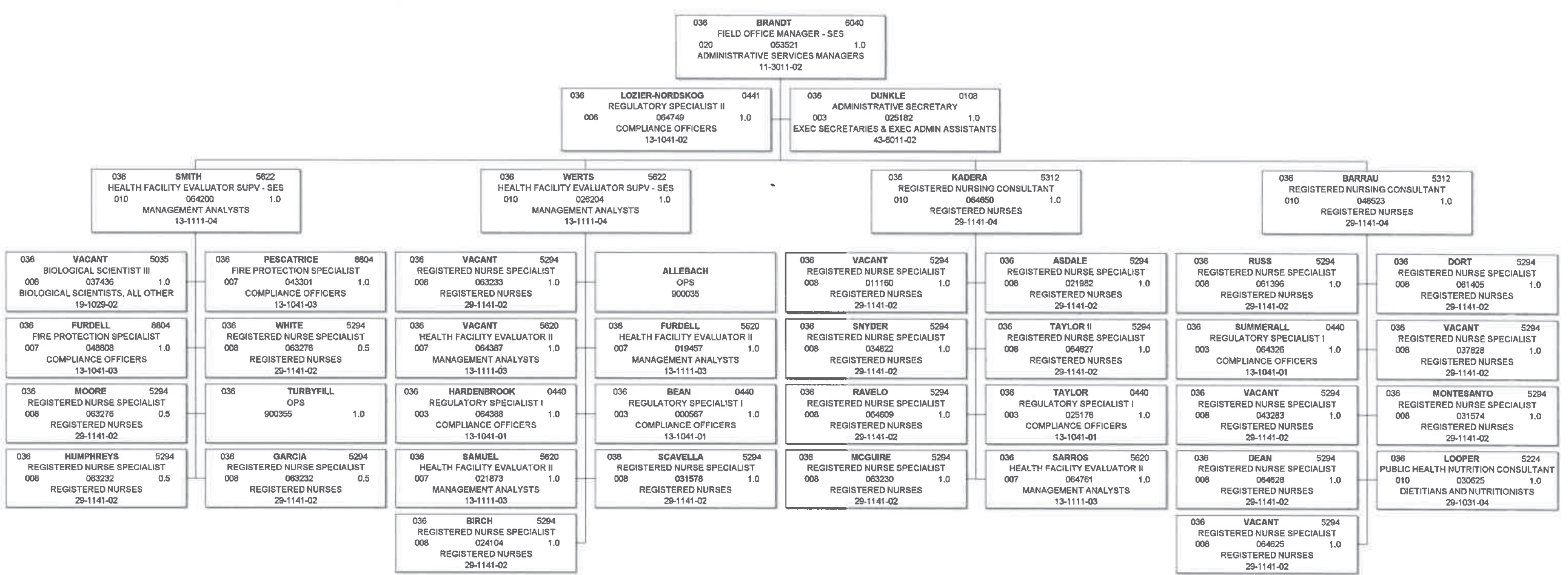


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations - Area 8 - Ft. Myers

Effective Date:July 1, 2021
Org. Level: 68-30-30-08-000
FTEs: 37 Positions: 37

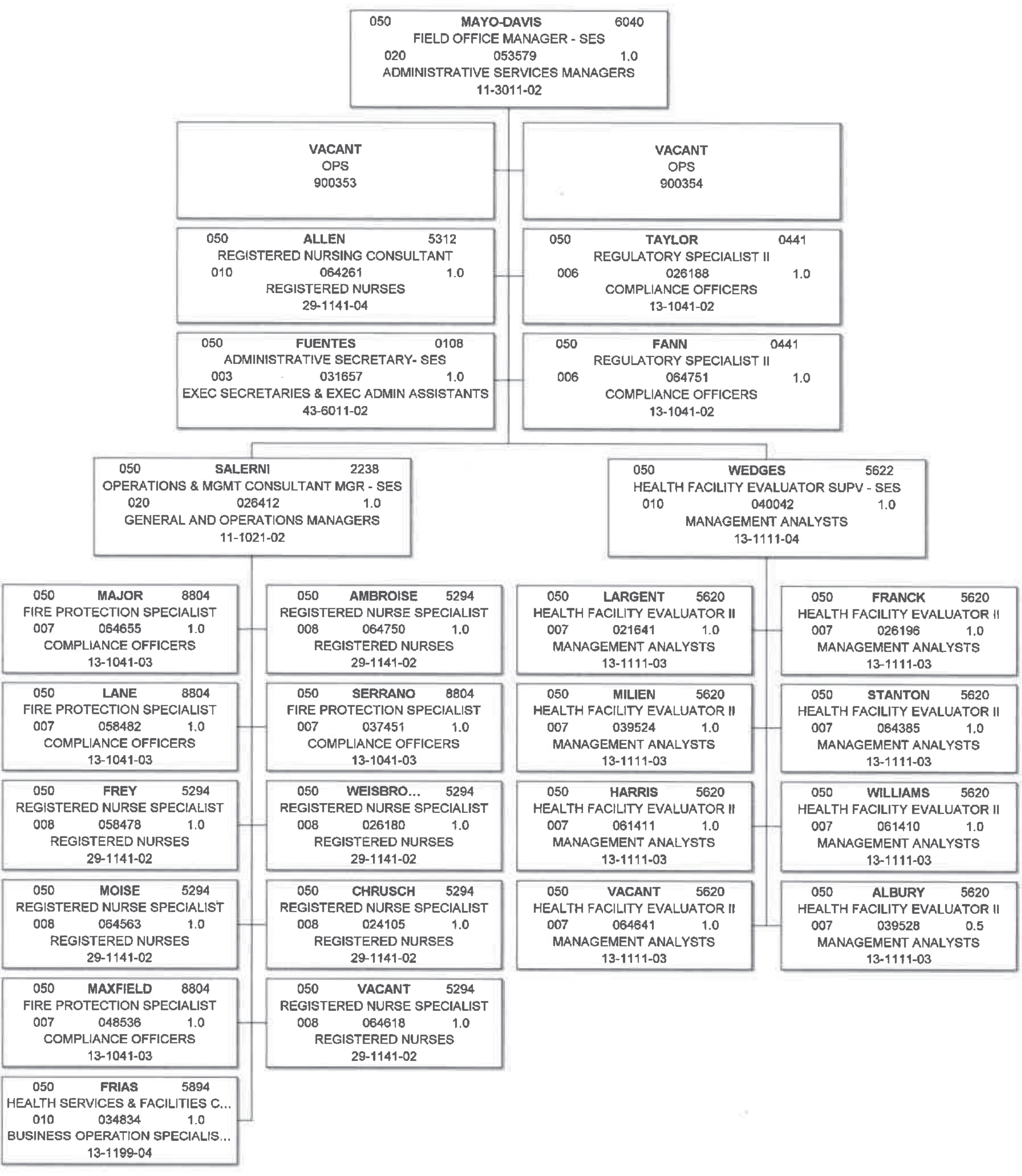


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

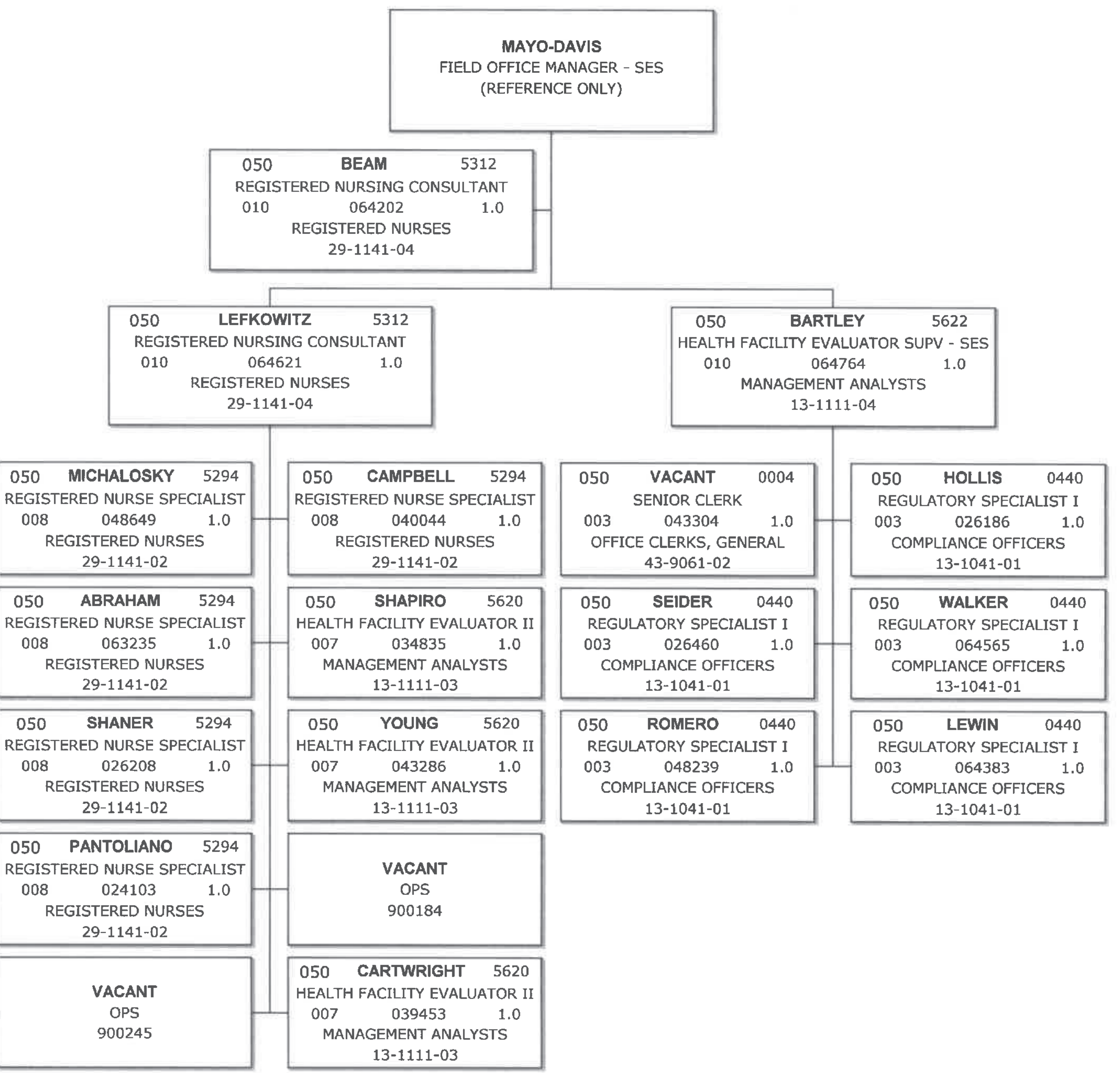
Bureau of Field Operations - Area 9 Delray Beach

Effective Date:July 1, 2021
Org. Level: 68-30-30-09-000
FTEs: 65 Positions: 65



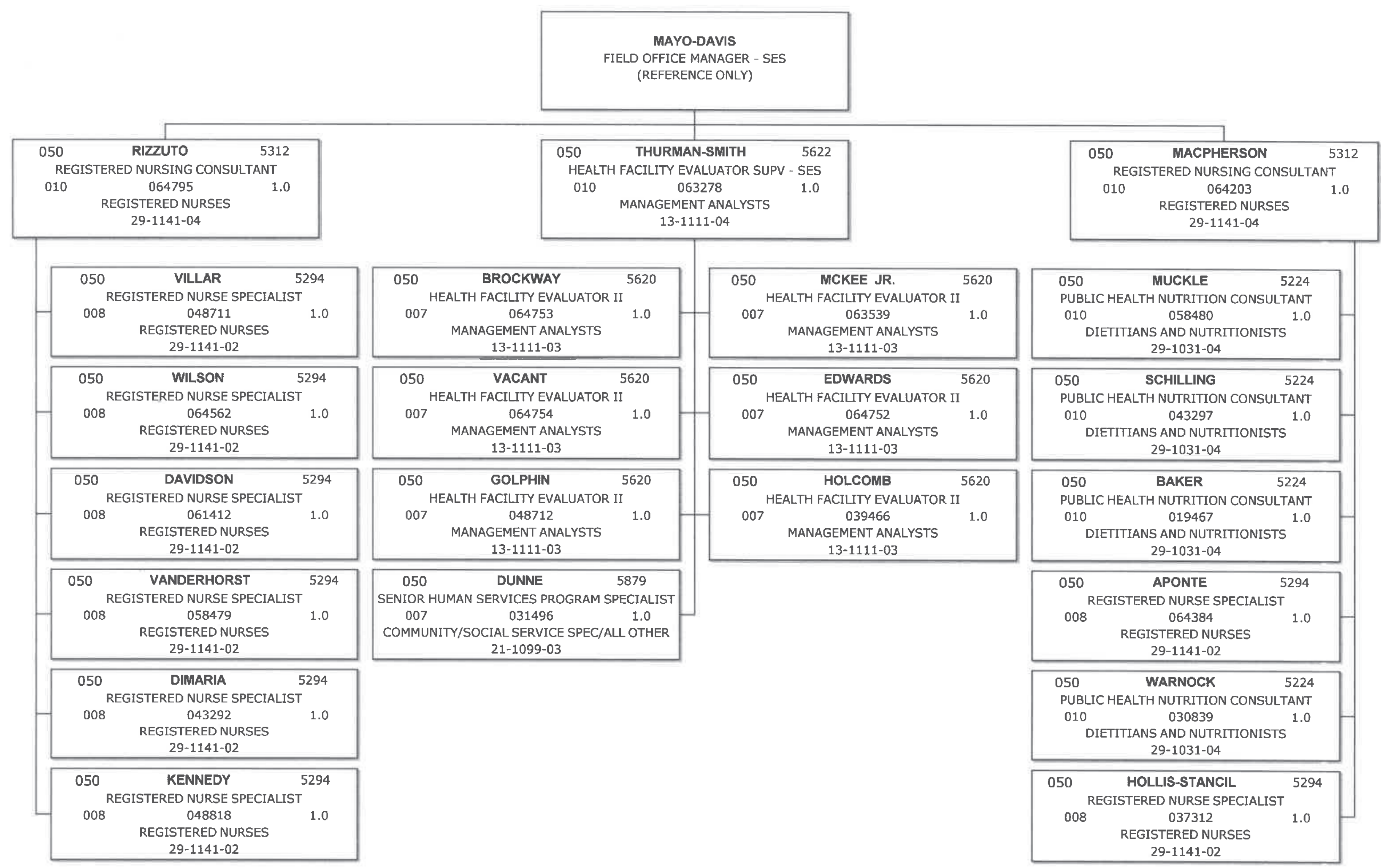
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations - Area 9 - Delray Beach

Effective Date: July 1, 2021
Org. Level: 68-30-30-09-000
FTEs: 65 Positions: 65



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations - Area 9 - Delray Beach

Effective Date: July 1, 2021
Org. Level: 68-30-30-09-000
FTEs: 65 Positions: 65

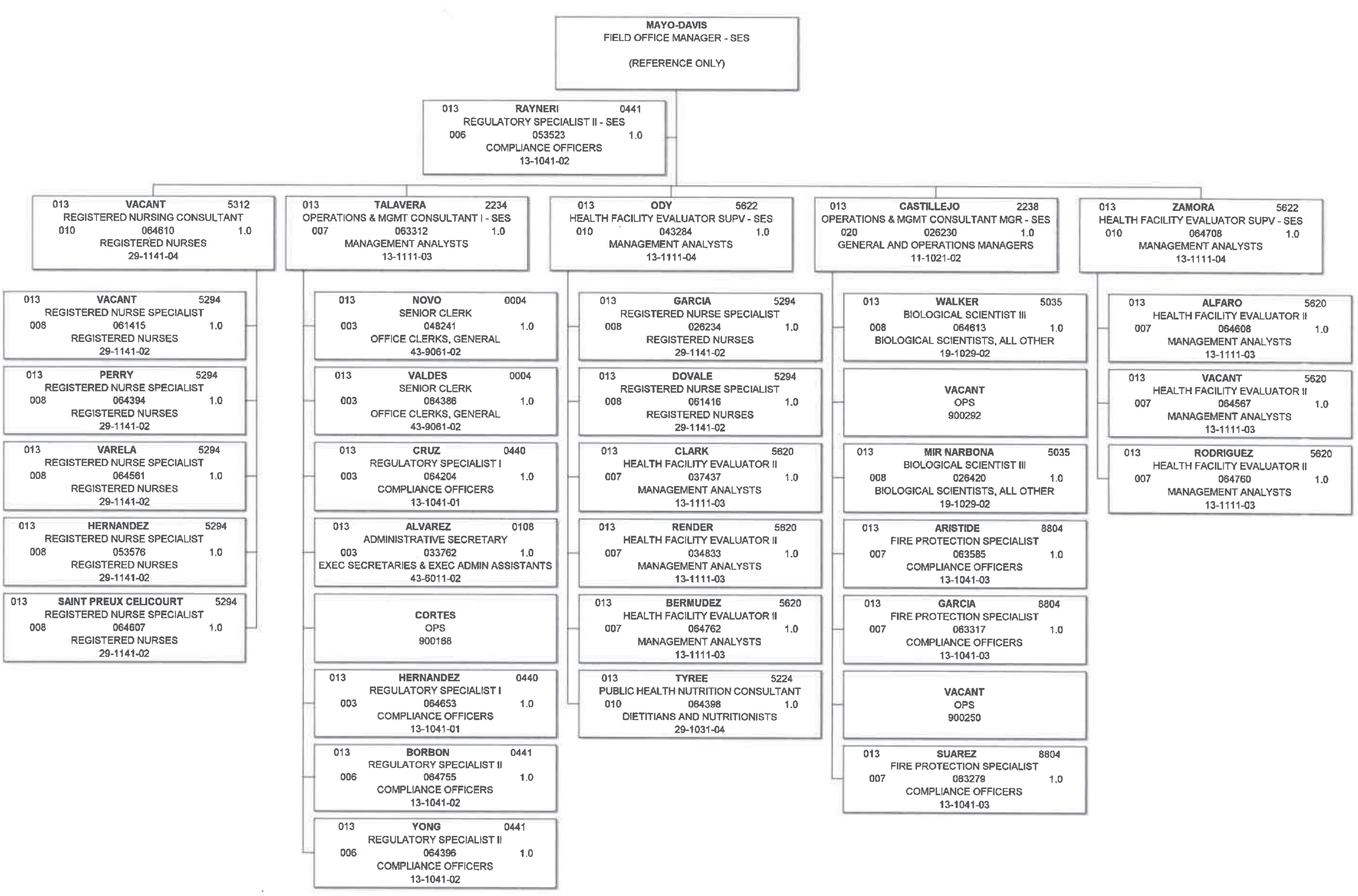


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

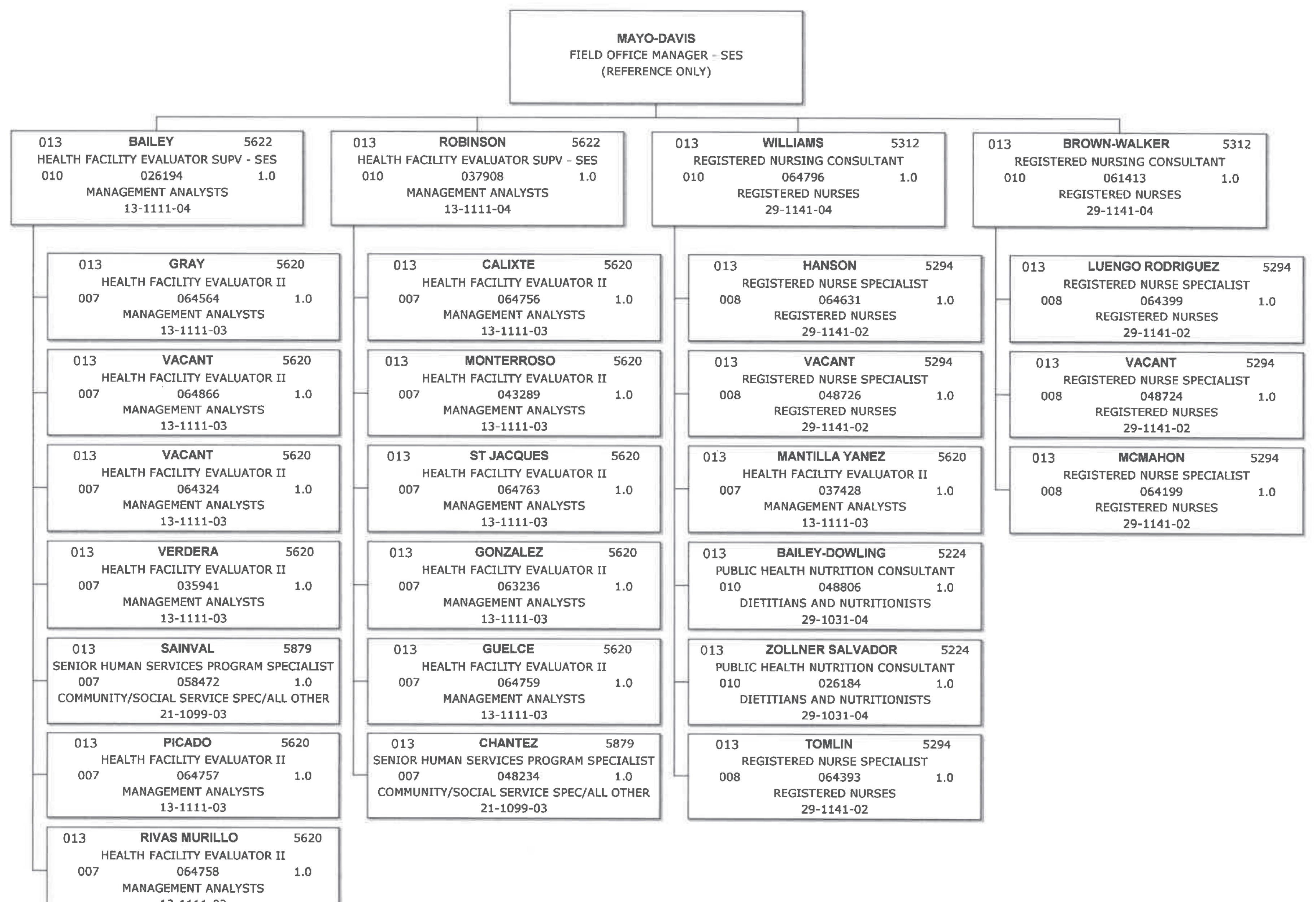
Bureau of Field Operations - Area 11 - Miami

Effective Date: July 1, 2021
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, 2021
Org. Level: 68-30-30-11-000
FTEs: 58 Positions: 58



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

Effective Date: July 1, 2021
Org. Level: 68-30-20-00-000
FTEs: 95.5 Positions: 96

037 **MACLAFFERTY** 9071
CHIEF OF HEALTH FACILITY REGULATION
021 000616 1.0
MEDICAL AND HEALTH SERVICES MANAGERS
11-9111-03

HOSPITAL AND OUTPATIENT SERVICES
(REFERENCE ONLY)

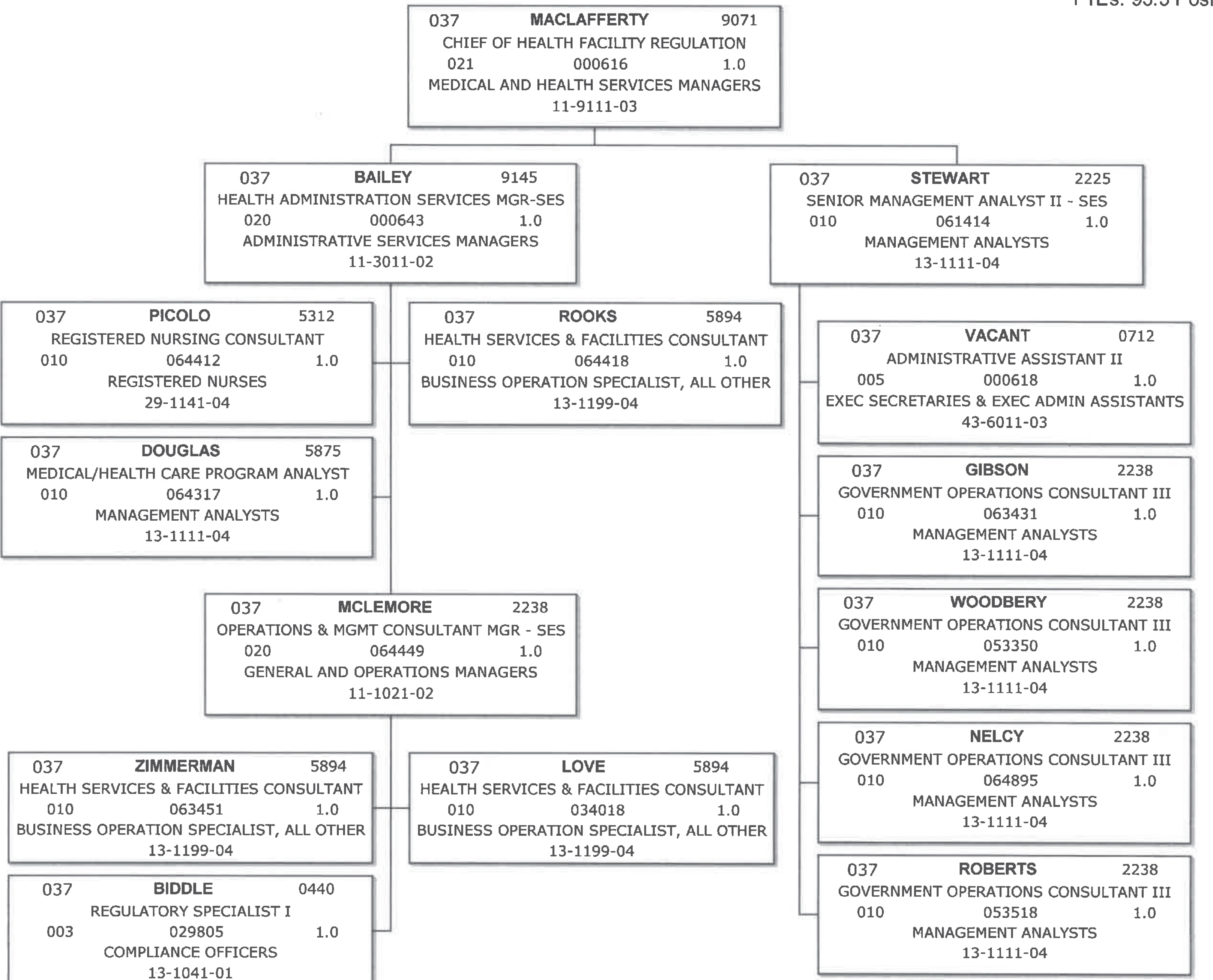
LABORATORY AND IN-HOME SERVICES
(REFERENCE ONLY)

LONG TERM CARE SERVICES UNIT
(REFERENCE ONLY)

ASSISTED LIVING UNIT
(REFERENCE ONLY)

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

Effective Date: July 1, 2021
Org. Level: 68-30-20-00-000
FTEs: 95.5 Positions: 96



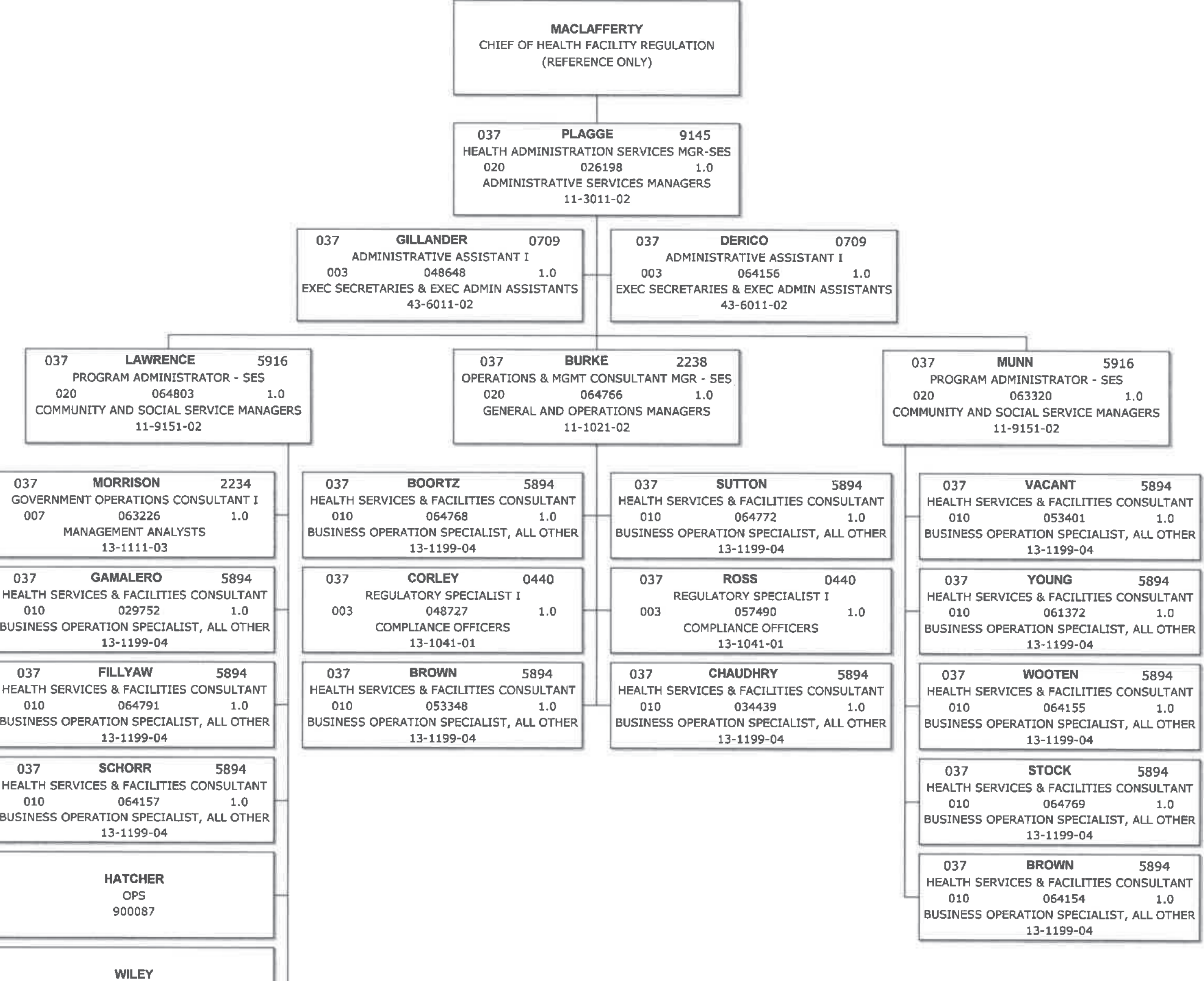
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

Hospital & Outpatient Services

Effective Date: July 1, 2021
Org. Level: 68-30-20-20-000
FTEs: 21 Positions: 21



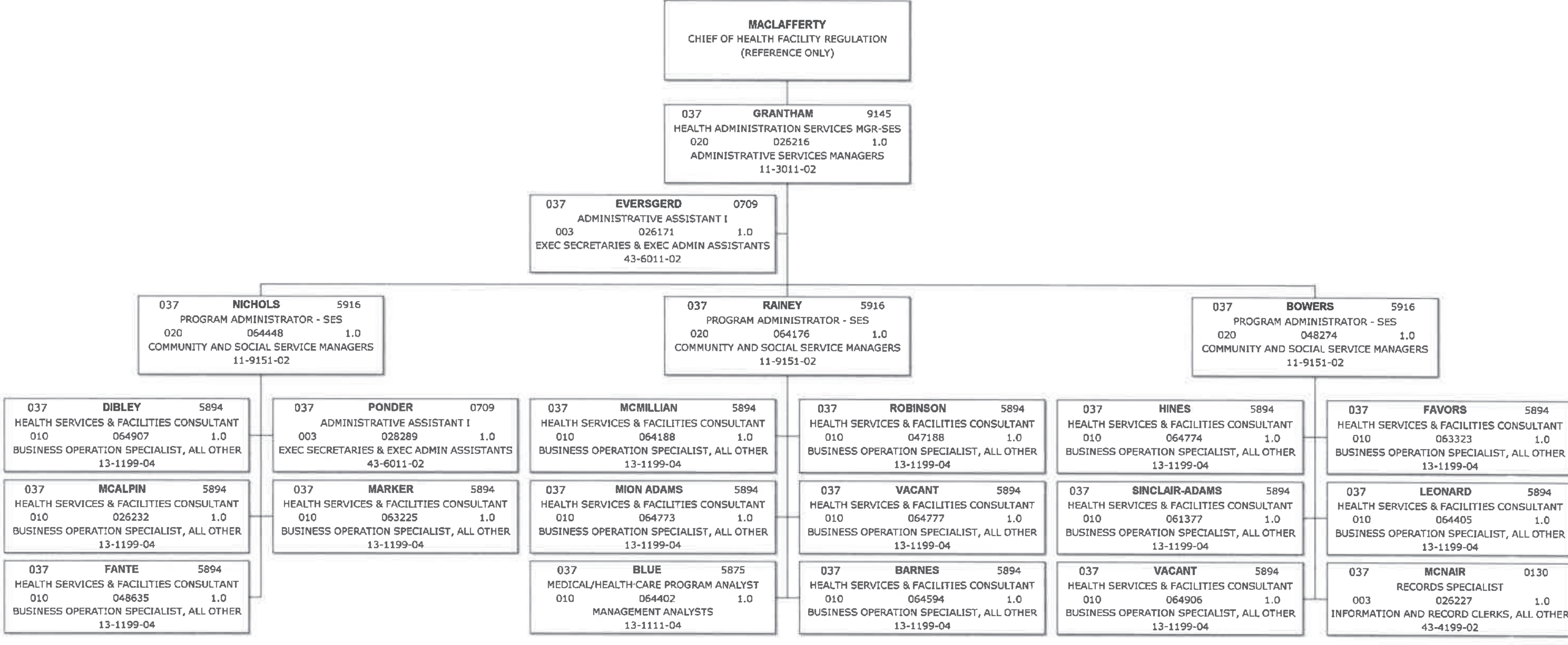
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

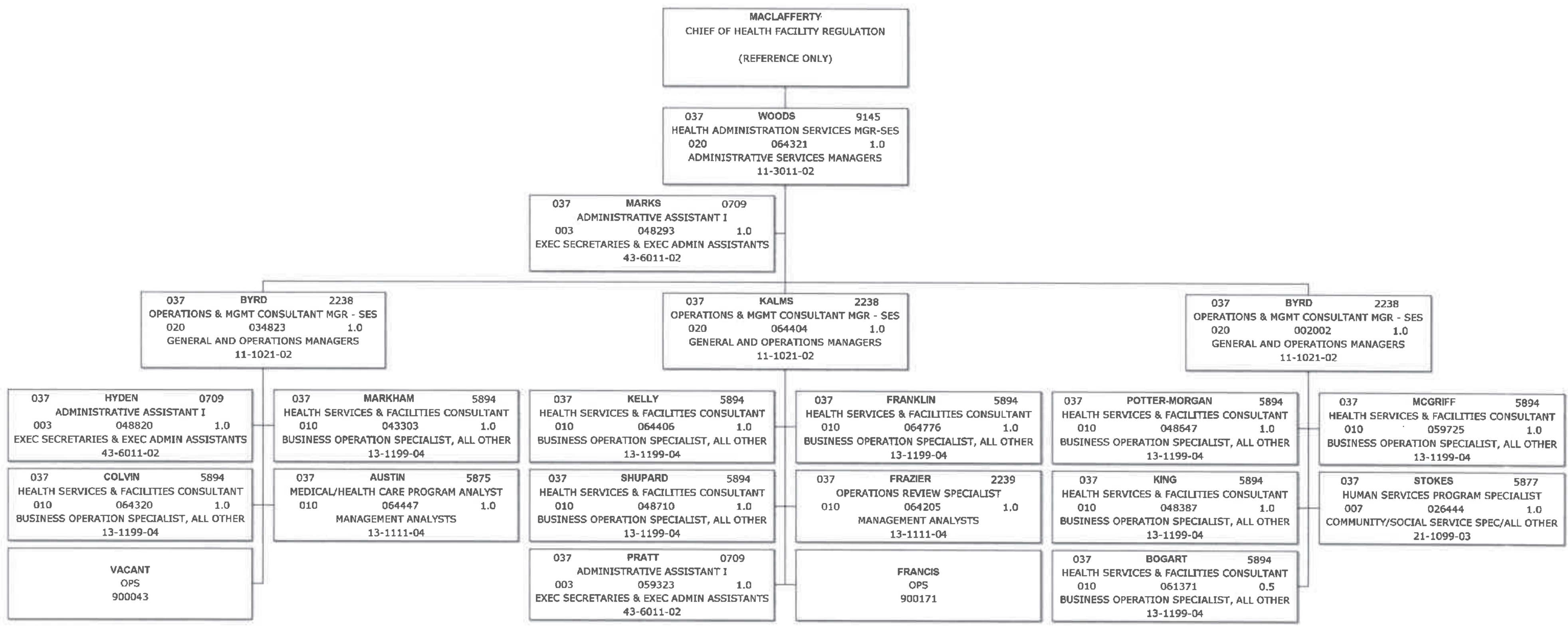
Laboratory & In-Home Services

Effective Date: July 1, 2021
Org. Level: 68-30-20-35-000
FTEs: 22 Positions: 22



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Health Facility Regulation
Assisted Living Unit

Effective Date: July 1, 2021
Org. Level: 68-30-20-40-000
FTEs: 18.50 Positions: 19



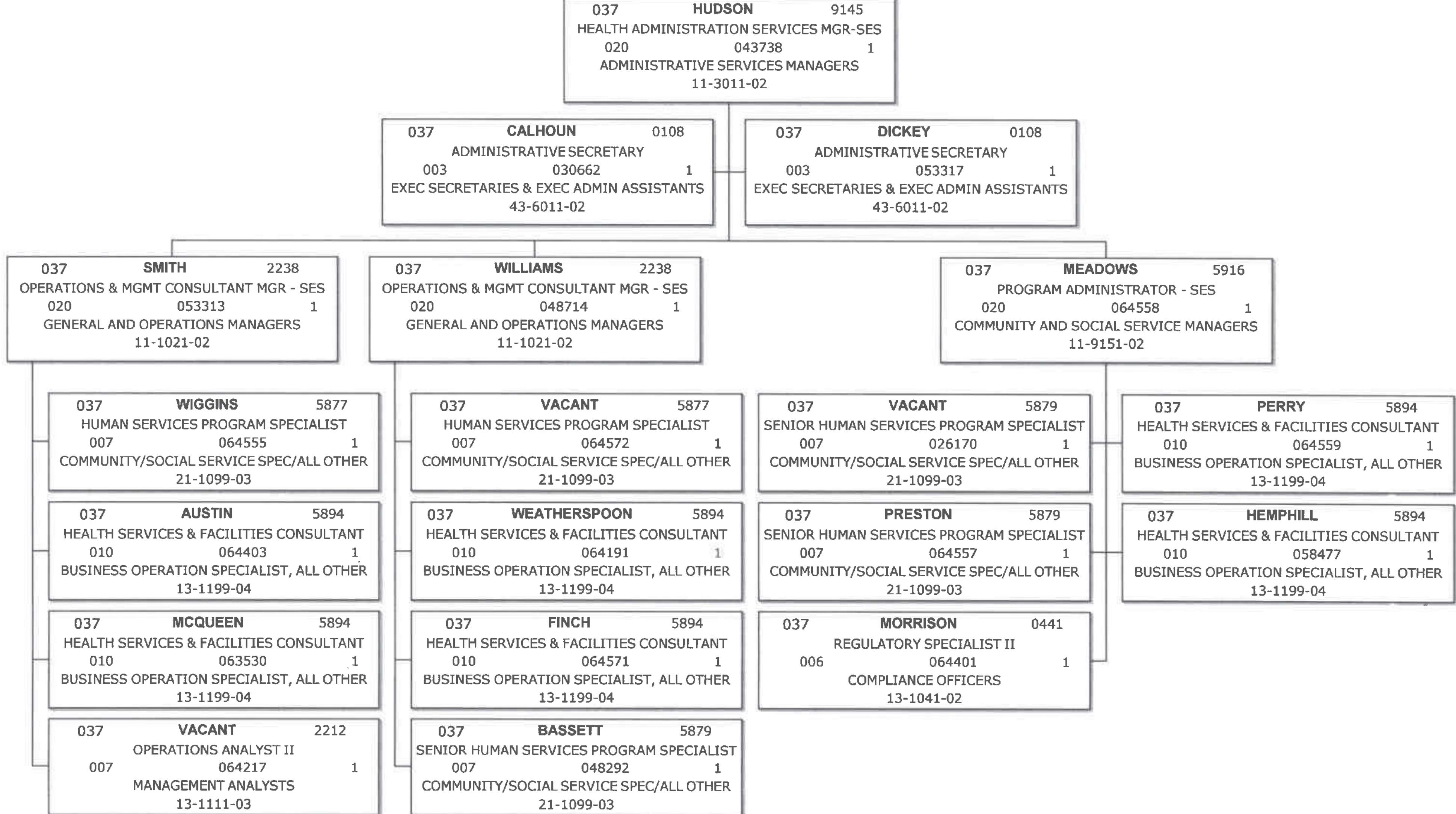
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

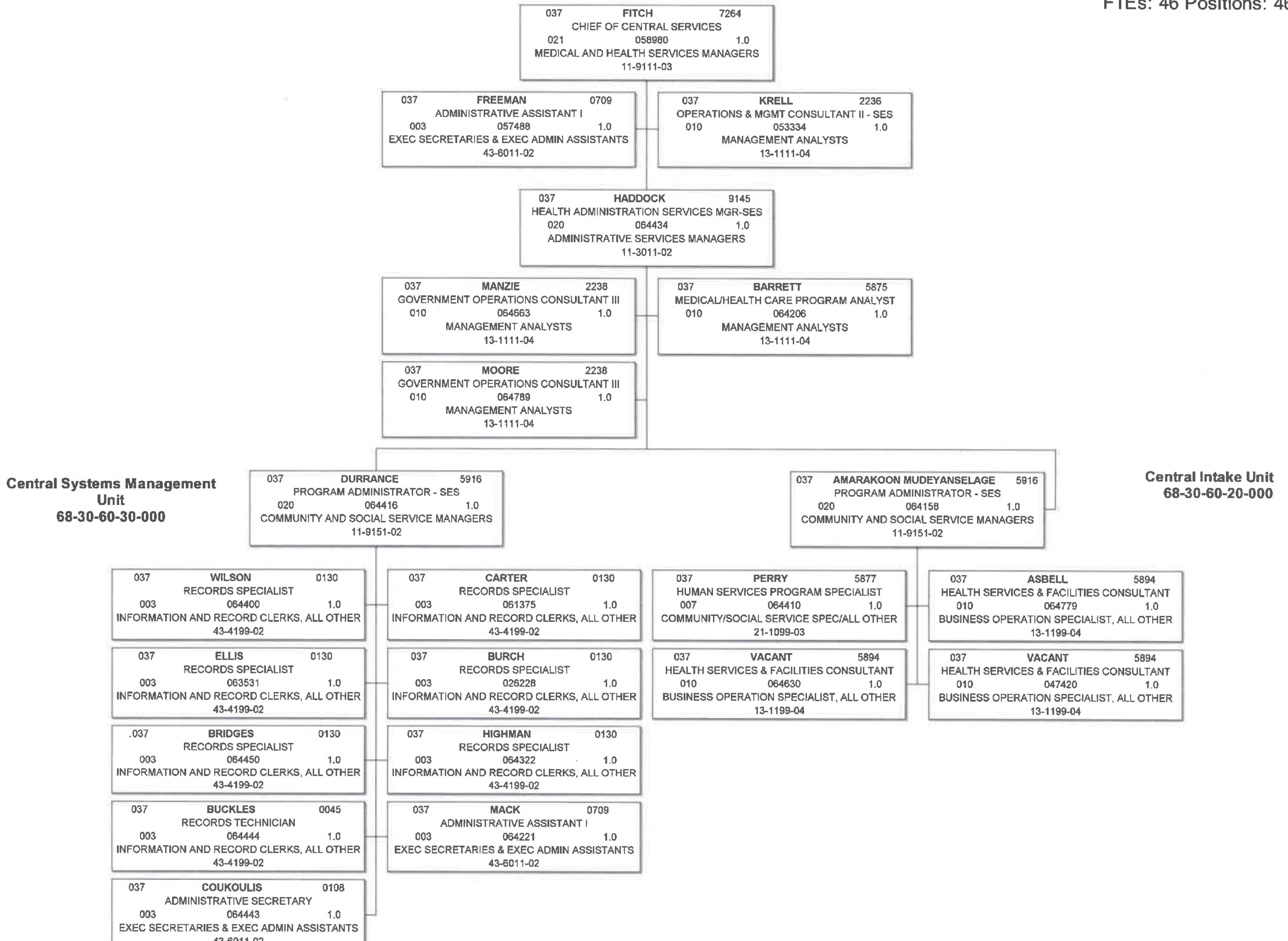
Long Term Care Servics Unit

Effective Date: July 1, 2021
Org. Level: 68-30-20-65-000
FTEs: 19 Positions: 19



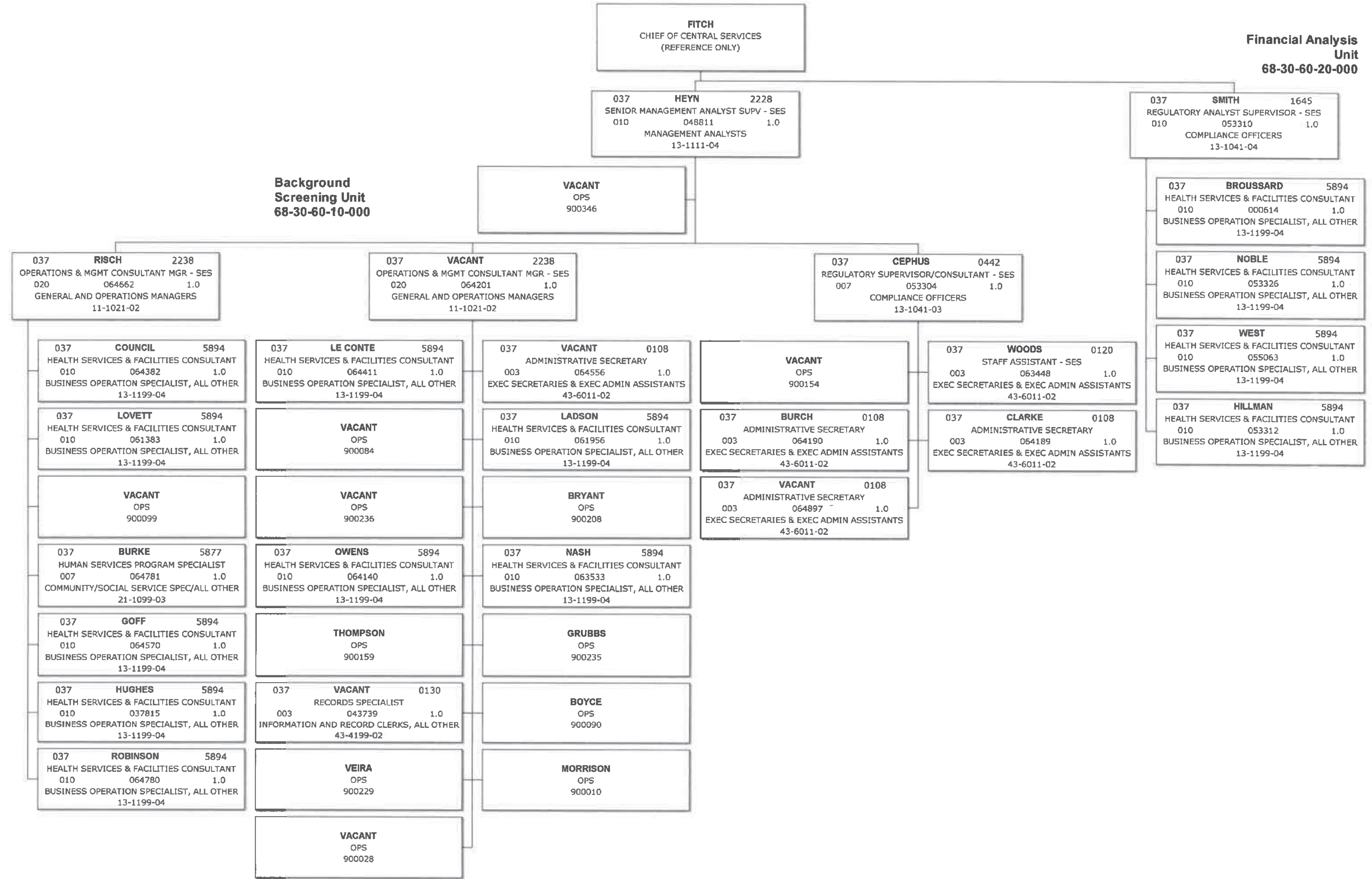
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Central Services

Effective Date: July 1,2021
Org. Level: 68-30-60-00-000
FTEs: 46 Positions: 46



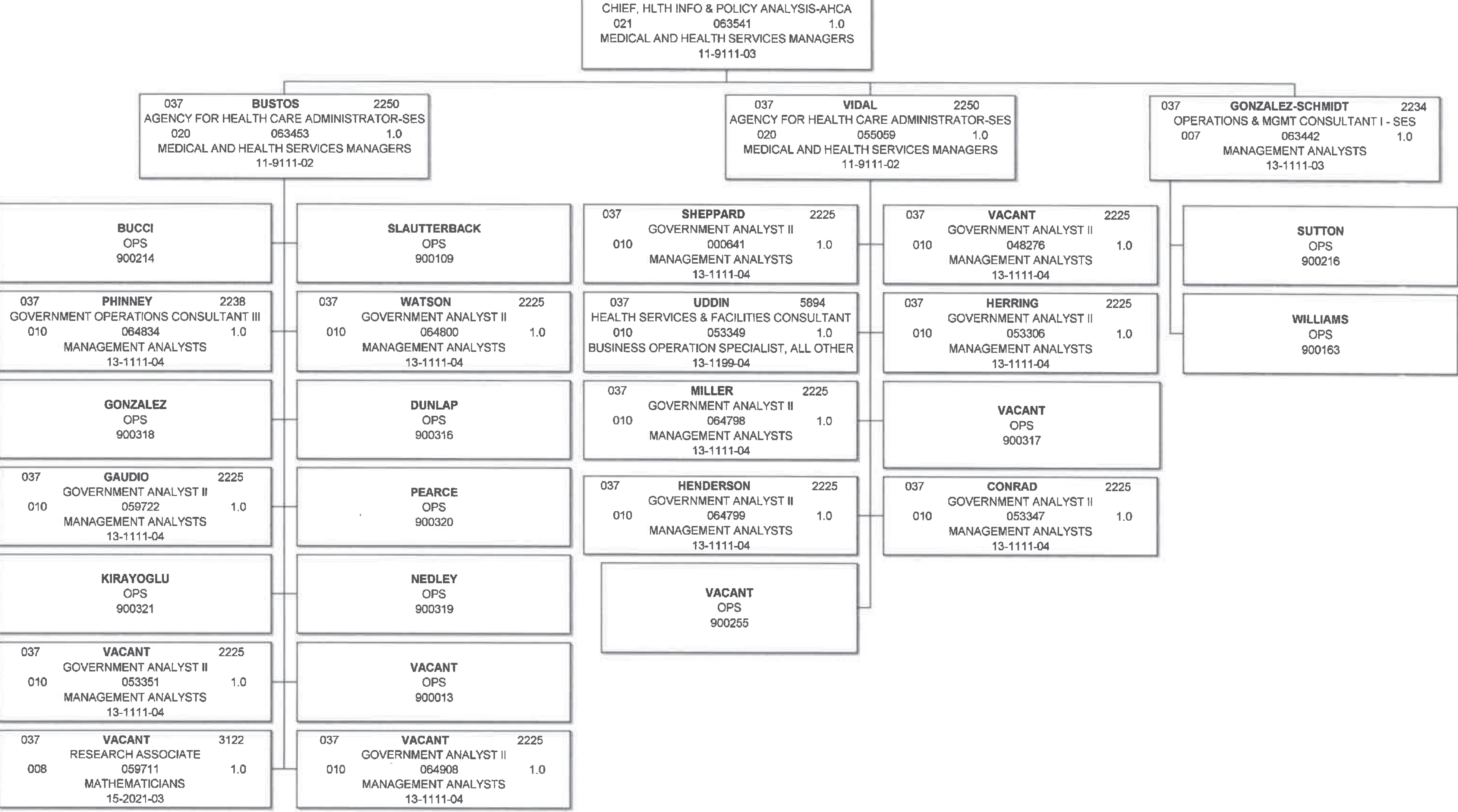
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Central Services

Effective Date: July 1, 2021
Org. Level: 68-30-60-00-000
FTEs: 46 Positions: 46



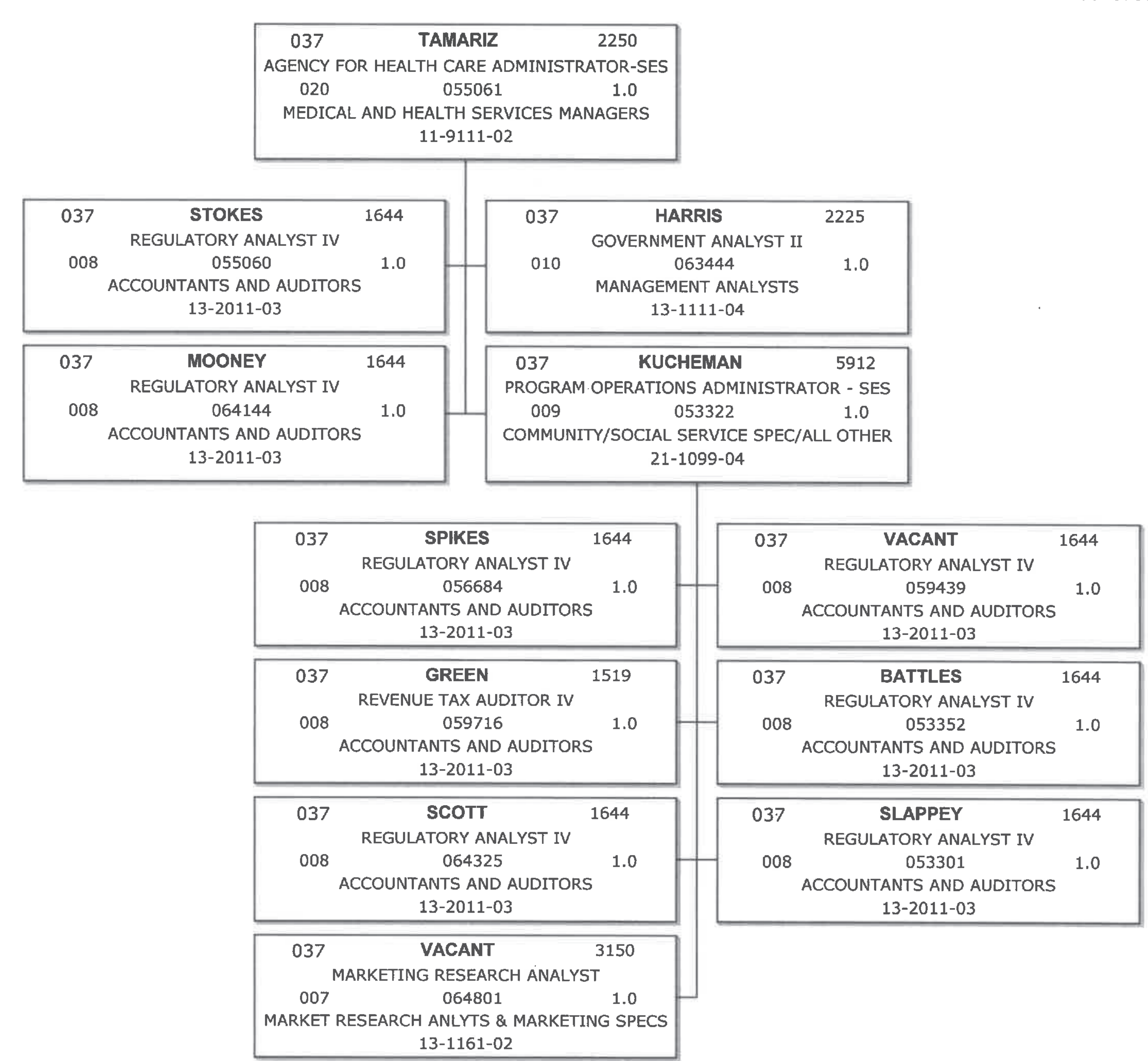
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of FL Center For Health Information & Transparency

Effective Date: July 1, 2021
Org. Level: 68-30-70-00-000
FTEs: 38 Positions: 38



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of FL Center For Health Information & Transparency

Effective Date: July 1, 2021
Org. Level: 68-30-70-00-000
FTEs: 38 Positions: 38



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Deputy Secretary's Office

Effective Date: July 1, 2021
Org. Level: 68-40-00-00-000
FTEs: 27 Positions: 27

Division of Medicaid FTE: 621
Division Total # Position: 621

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

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

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

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

- BUREAU OF MEDICAID DATA ANALYTICS (REFERENCE ONLY)
- BUREAU OF MEDICAID PROGRAM FINANCE (REFERENCE ONLY)
- BUREAU OF THIRD PARTY LIABILITY (REFERENCE ONLY)
- 037 GABRIC 2250
  AGENCY FOR HEALTH CARE ADMINISTRATOR-SES
  020 064251 1.0
  MEDICAL AND HEALTH SERVICES MANAGERS
  11-9111-02

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

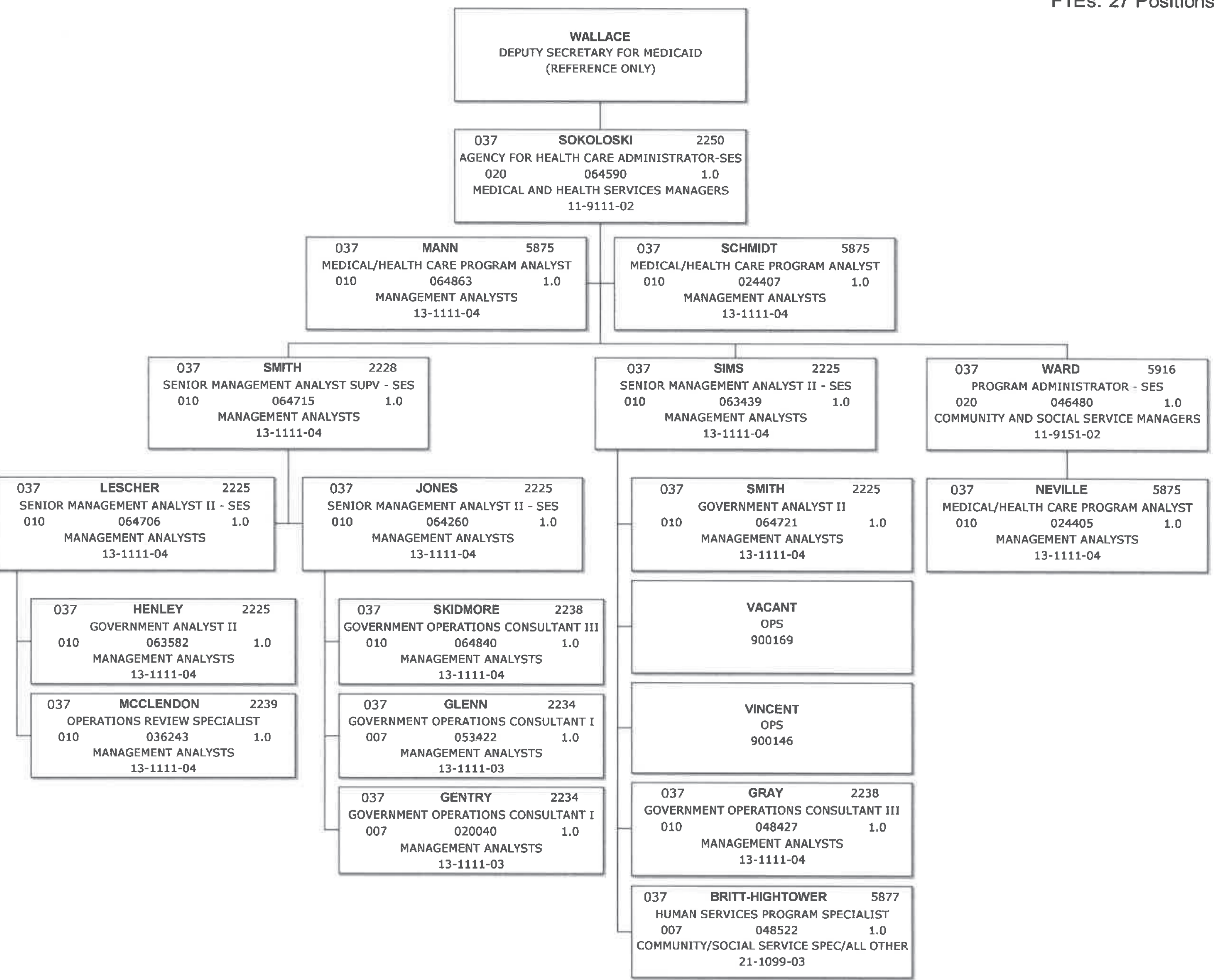
- 037 VACANT 2234
  OPERATIONS & MGMT CONSULTANT I - SES
  007 064227 1.0
  MANAGEMENT ANALYSTS
  13-1111-03
- VACANT
  OPS
  900303
- BUREAU OF MEDICAID QUALITY (REFERENCE ONLY)
- BUREAU OF MEDICAID POLICY (REFERENCE ONLY)

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

- 037 SMITH 2234
  OPERATIONS & MGMT CONSULTANT I - SES
  007 064241 1.0
  MANAGEMENT ANALYSTS
  13-1111-03
- BUREAU OF MEDICAID PLAN MANAGEMENT OPERATIONS (REFERENCE ONLY)
- BUREAU OF MEDICAID FISCAL AGENT OPERATIONS (REFERENCE ONLY)
- BUREAU OF MEDICAID RECIPIENT & PROVIDER ASSISTANCE (AREA OFFICES) (REFERENCE ONLY)

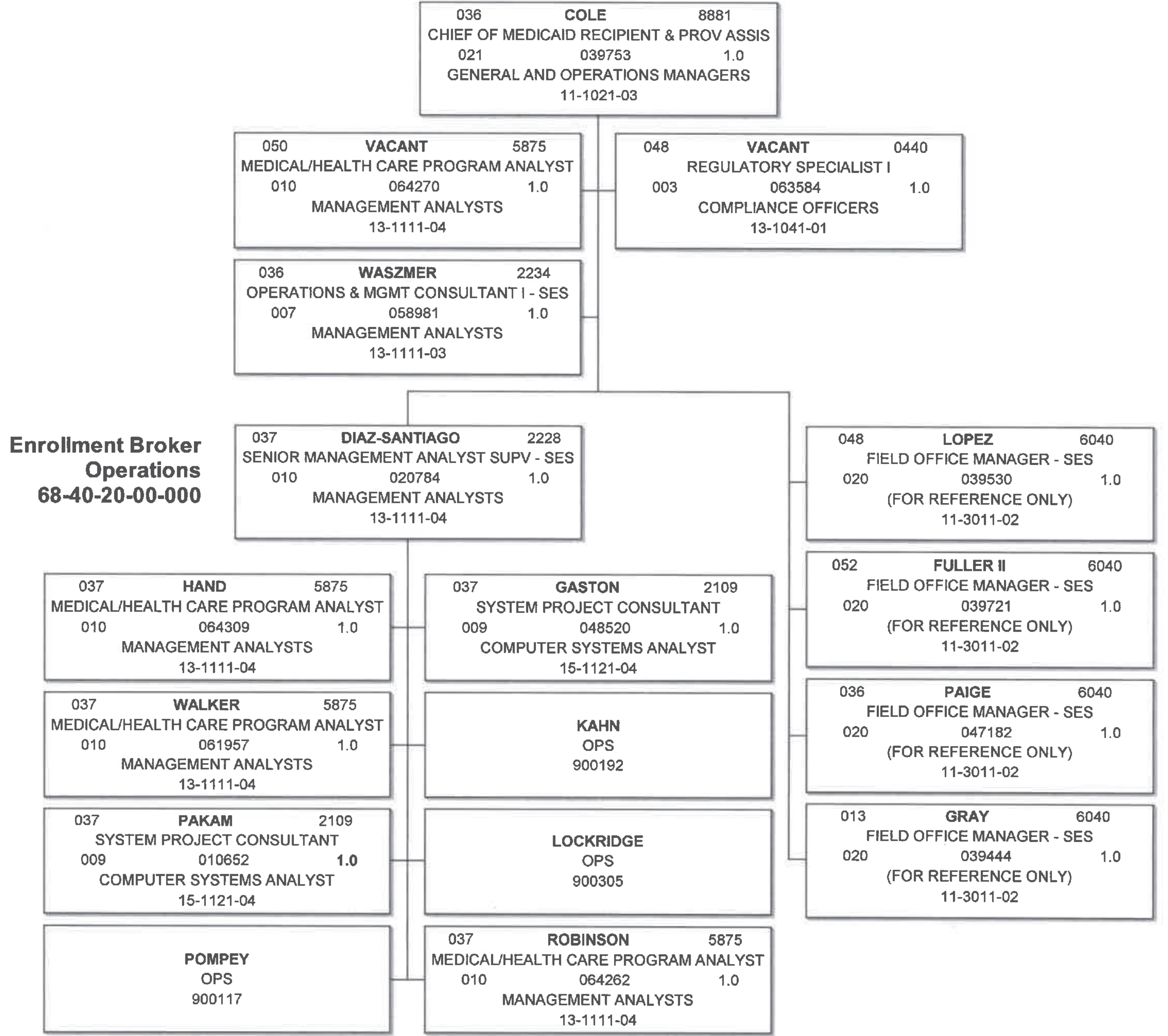
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Deputy Secretary's Office

Effective Date: July 1, 2021
Org. Level: 68-40-00-00-00
FTEs: 27 Positions: 27



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Recipient and Provider Assistance

Effective Date: July 1, 2021
Org. Level: 68-40-10-00-000
FTEs: 16 Positions: 16



AGENCY FOR HEALTH CARE ADMINISTRATION

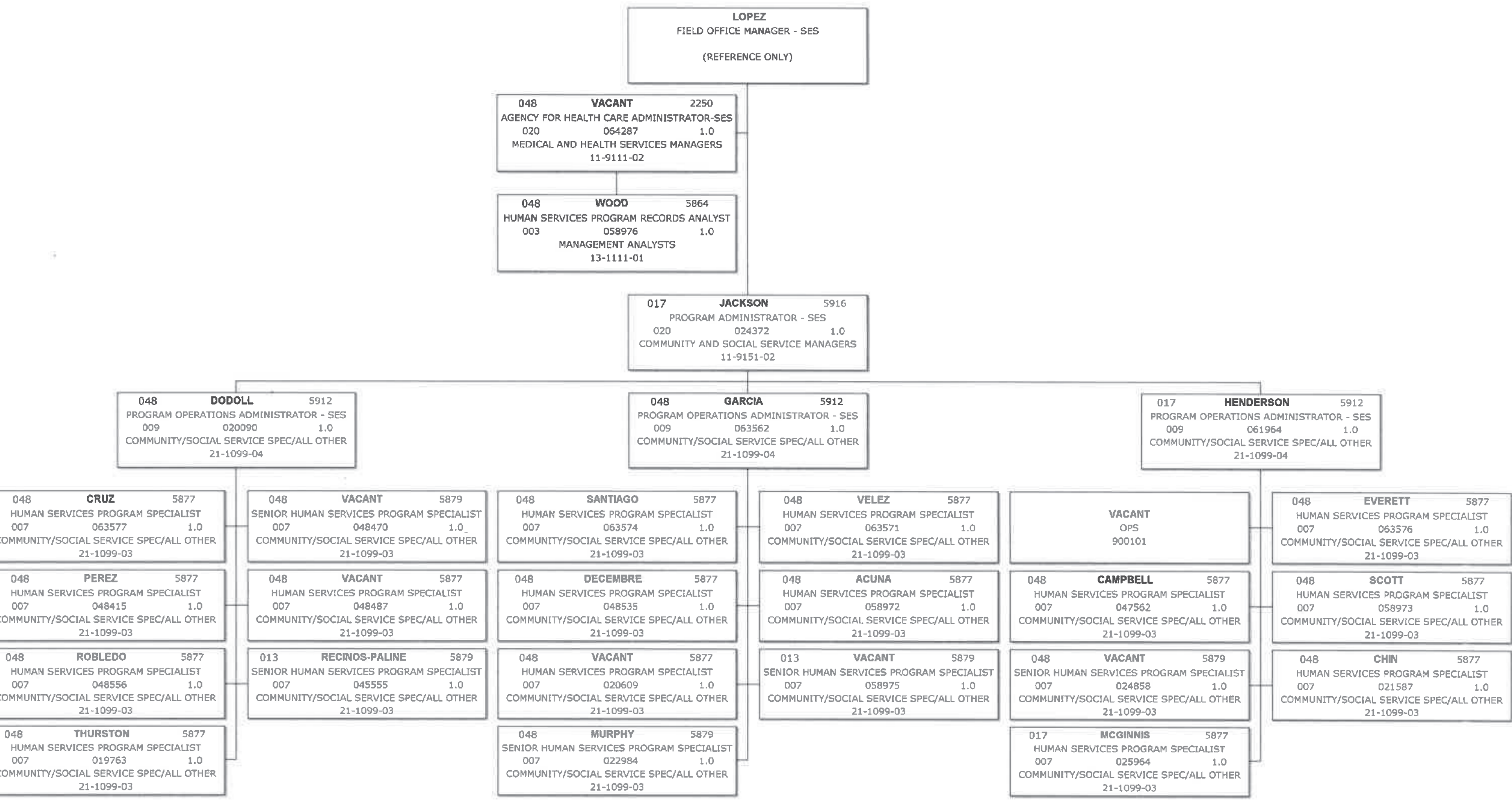
Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

Enrollment Broker Operations

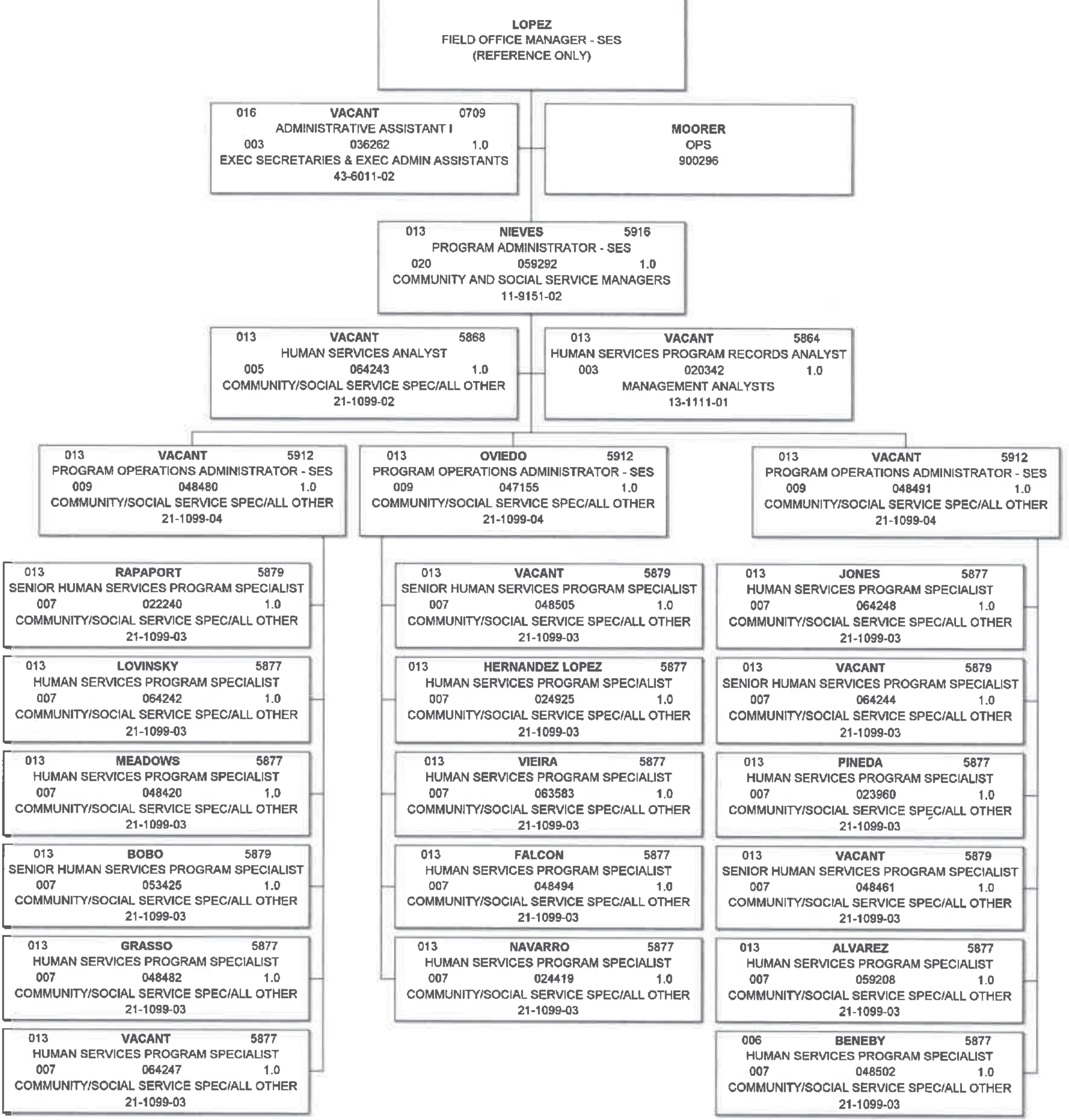
Contact Center Orlando

Effective Date: July 1, 2021
Org. Level: 68-40-20-07-000
FTEs: 26 Positions: 26



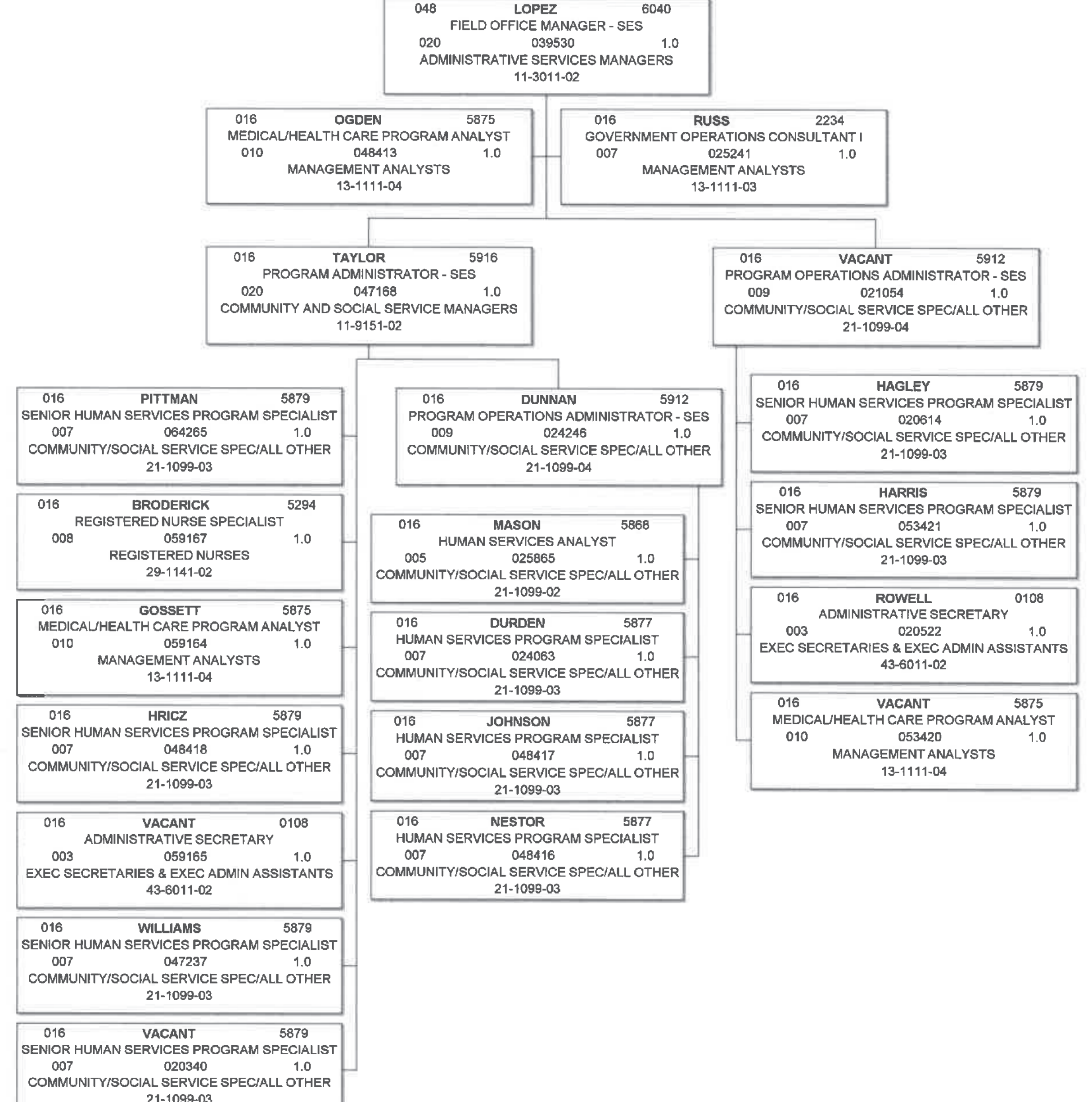
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Recipient and Provider Assistance
Enrollment Broker Operations
Contact Center Miami

Effective Date: July 1, 2021
Org. Level: 68-40-20-11-000
FTEs: 23 Positions: 23



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Recipient and Provider Assistance
Jacksonville

Effective Date: July 1, 2021
Org. Level: 68-40-10-04-000
FTEs: 22 Positions: 22



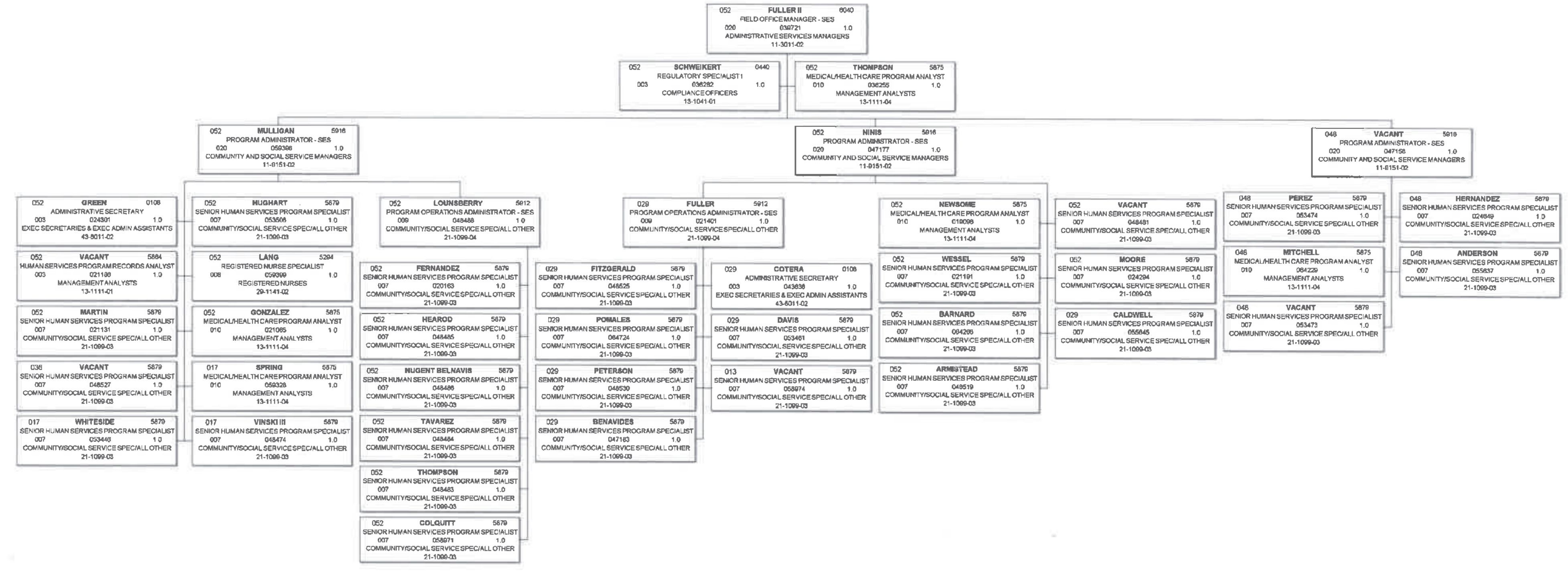
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance

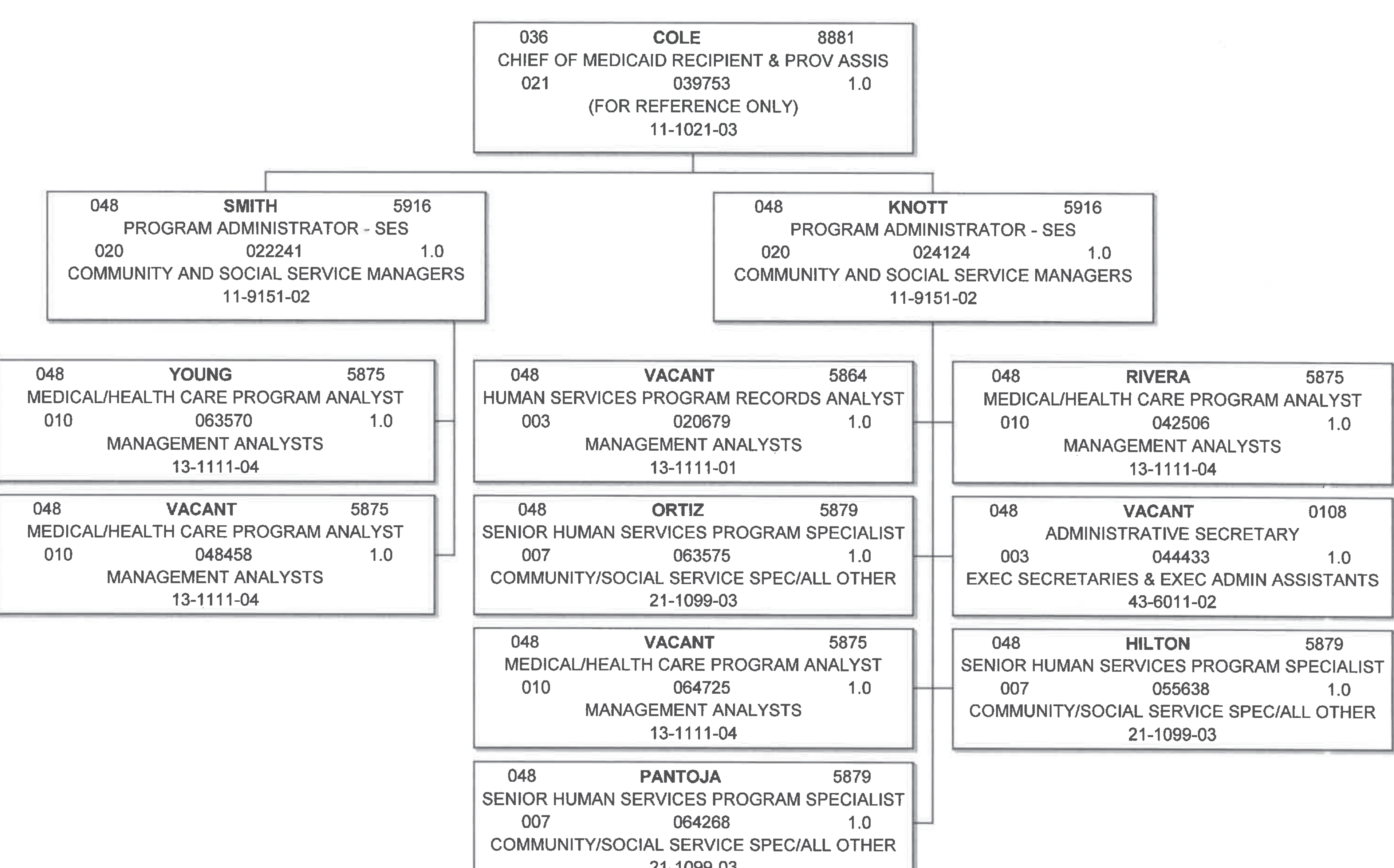
St. Petersburg

Effective Date: July 1, 2021
Org. Level: 68-40-10-05-000
FTEs: 36 Positions: 36



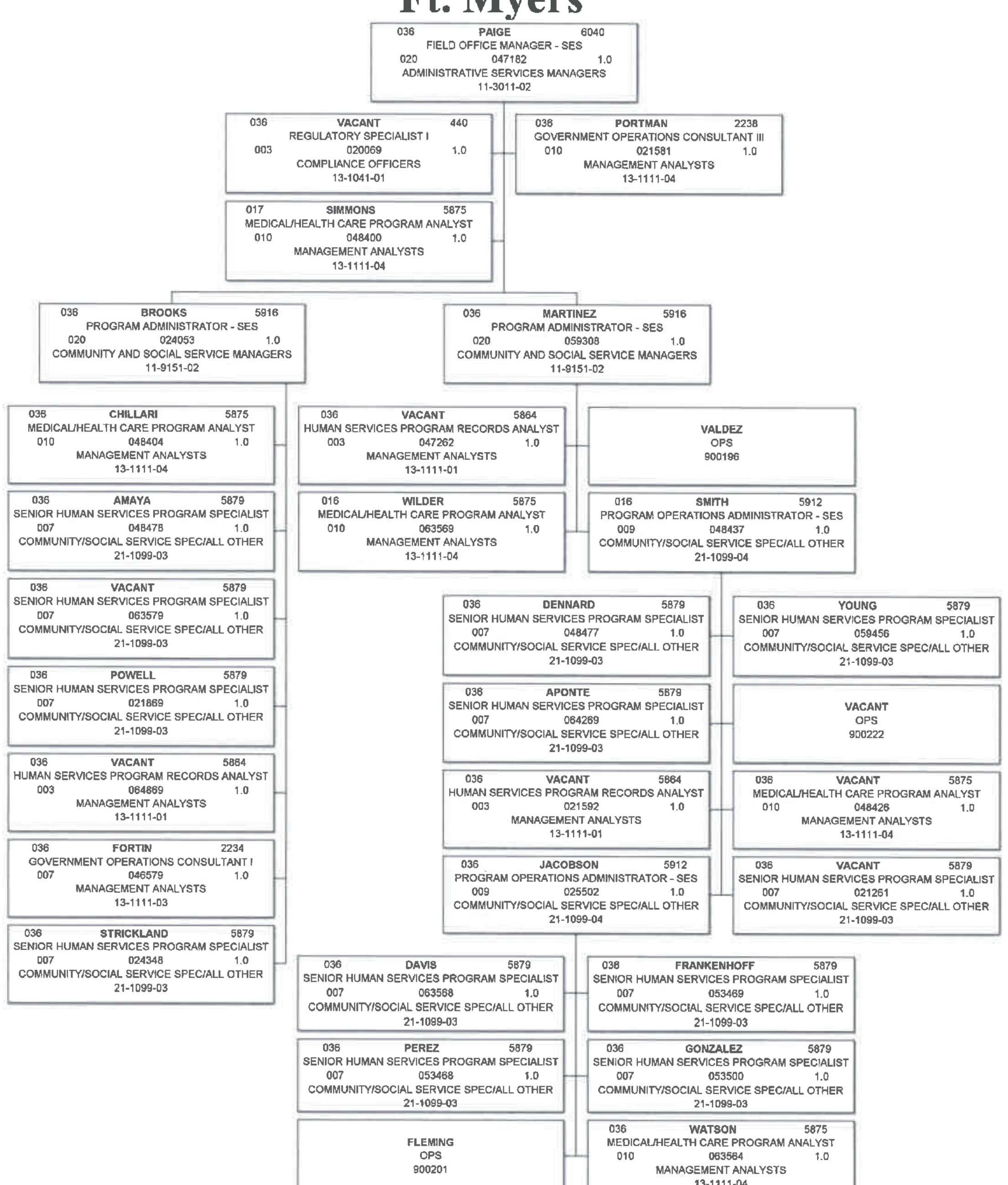
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Recipient and Provider Assistance
Orlando

Effective Date: July 1, 2021
Org. Level: 68-40-10-07-000
FTEs: 19 Positions: 19



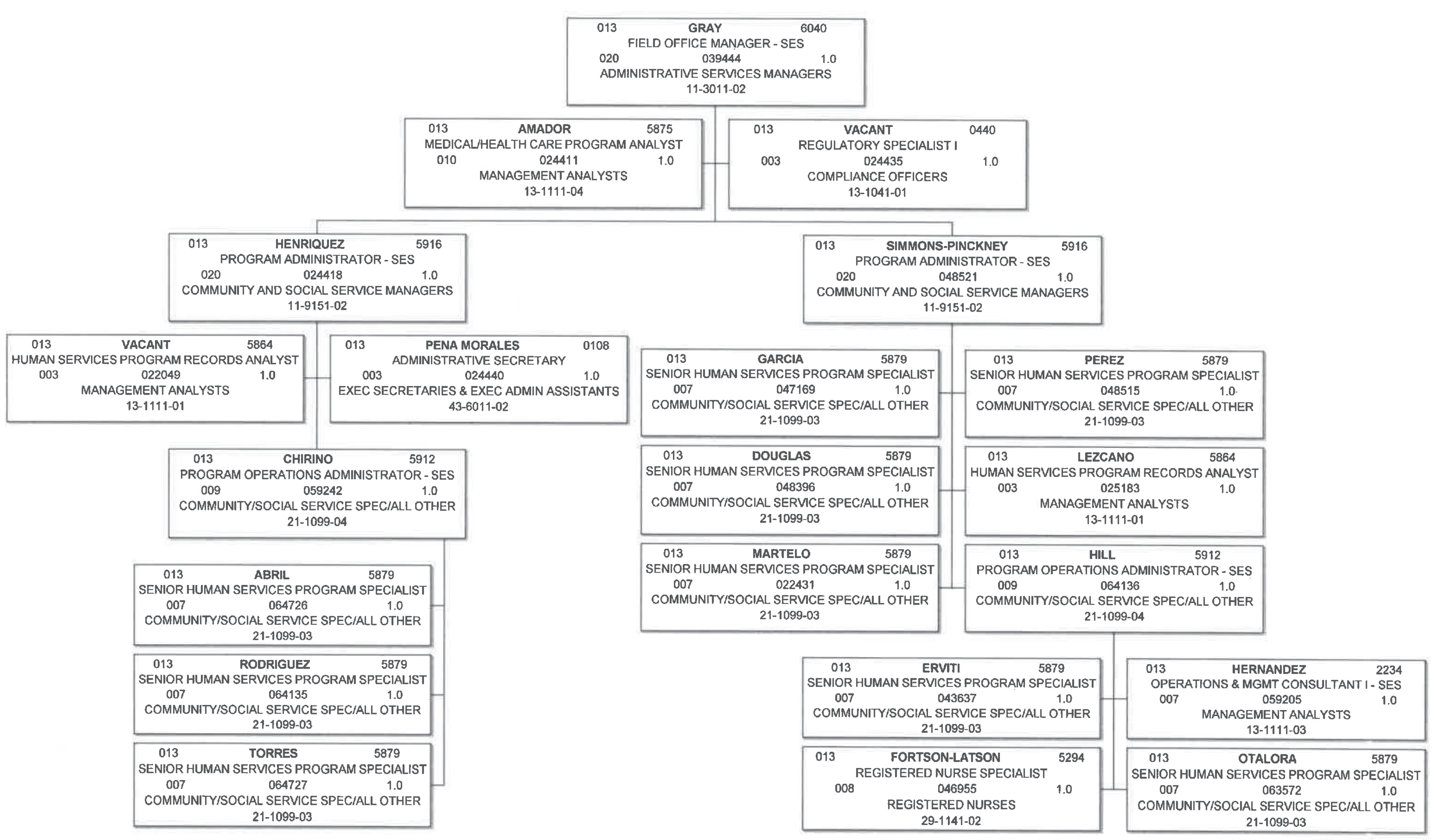
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Recipient and Provider Assistance
Ft. Myers

Effective Date: July 1, 2021
Org. Level: 68-40-10-08-000
FTEs: 33 Positions: 33



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Recipient and Provider Assistance
Miami

Effective Date: July 1, 2021
Org. Level: 68-40-10-11-000
FTEs: 21 Positions: 21

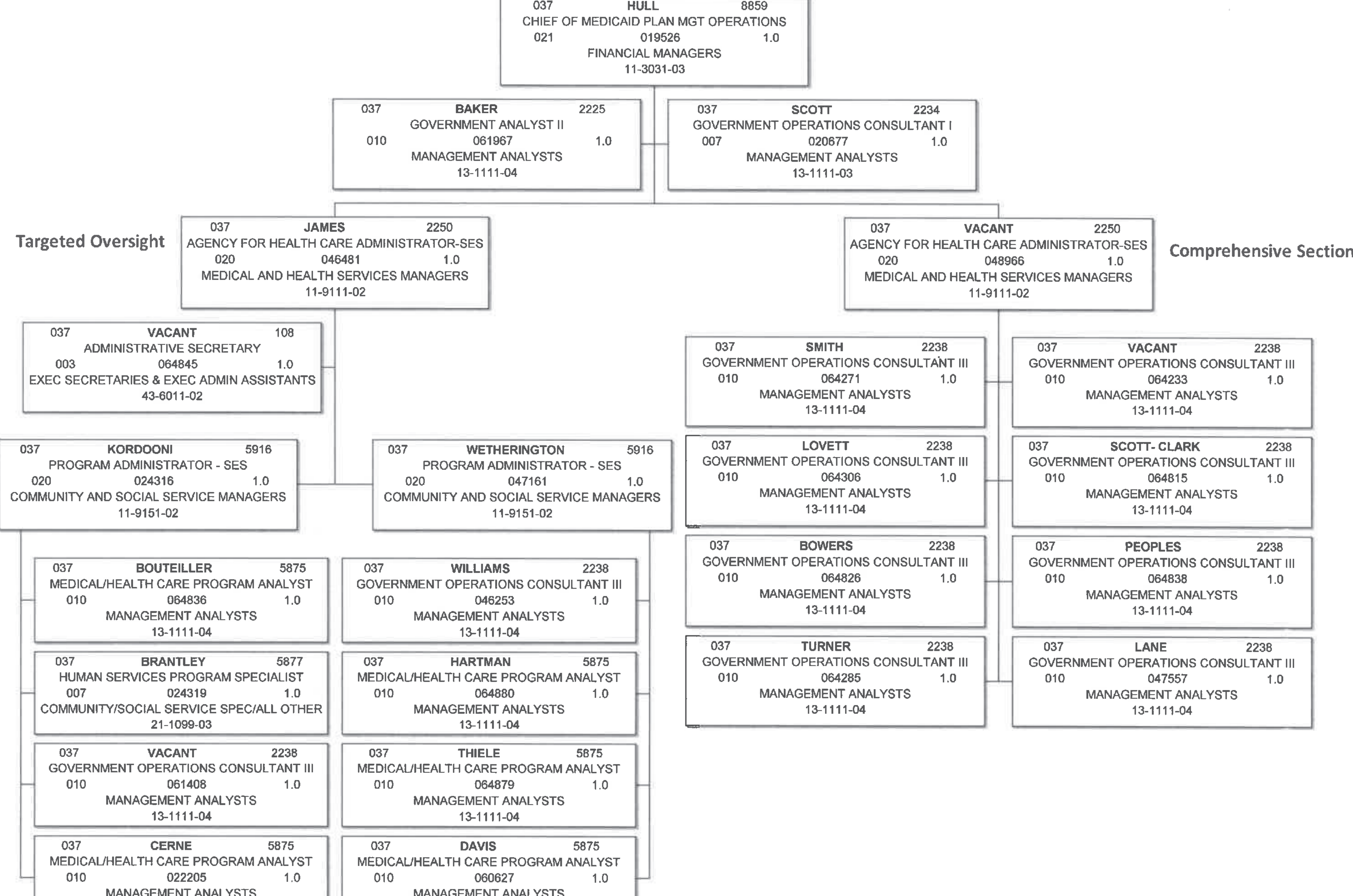


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

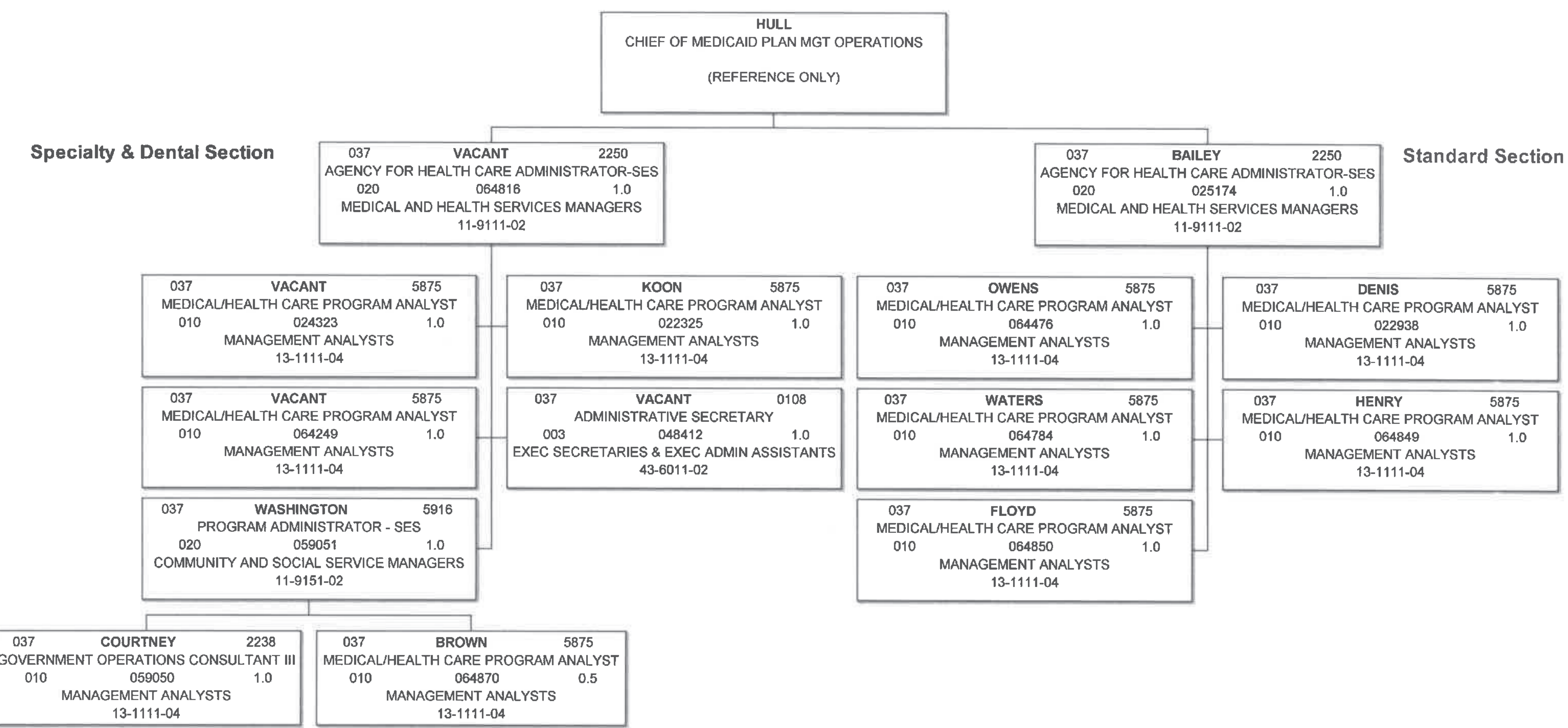
Bureau of Medicaid Plan Management Operations

Effective Date: July 1, 2021
Org. Level: 68-40-30-00-000
FTEs: 43 Positions: 43



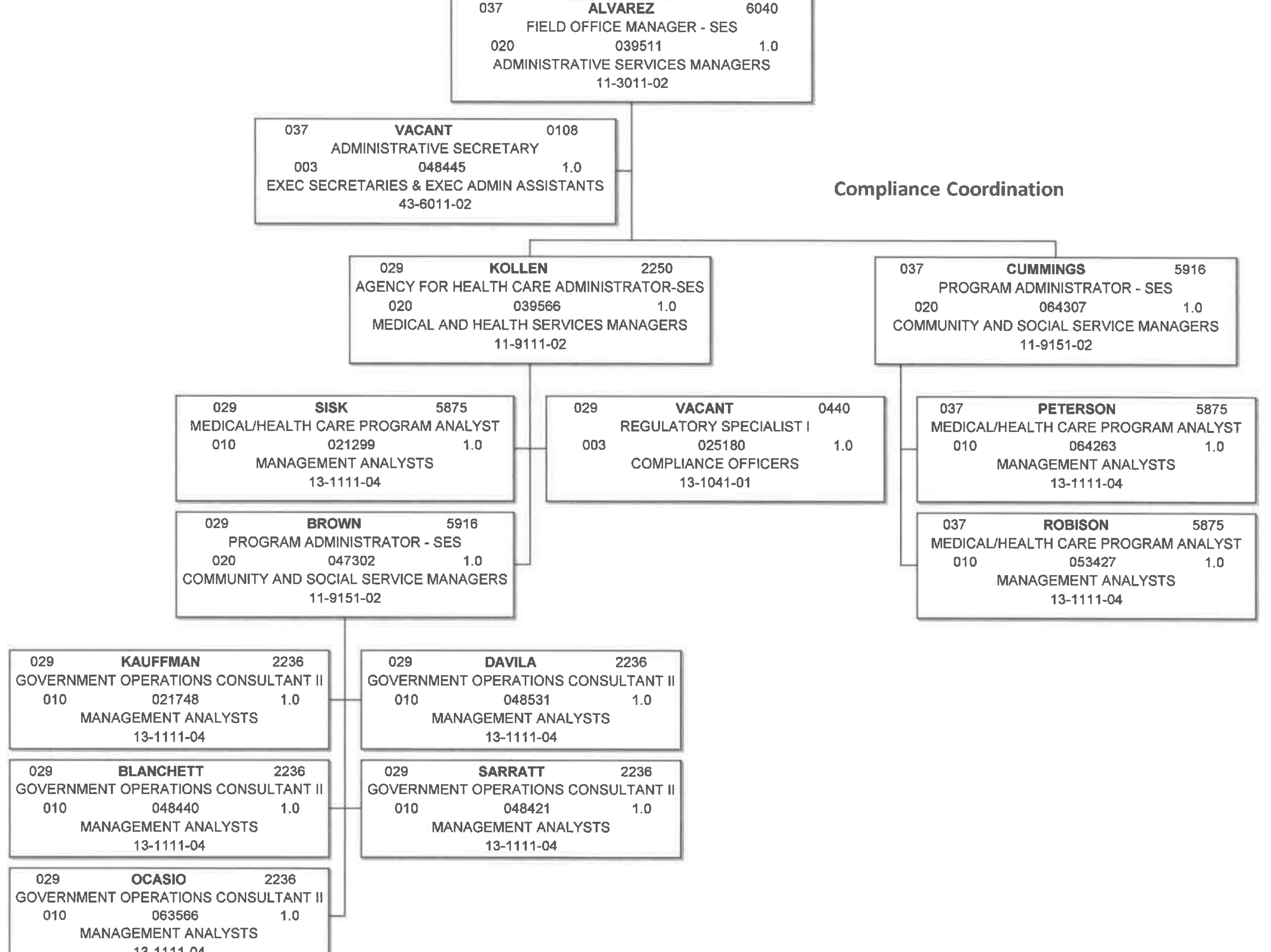
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Plan Management Operations

Effective Date: July 1, 2021
Org. Level: 68-40-30-00-000
FTEs: 43 Positions: 43



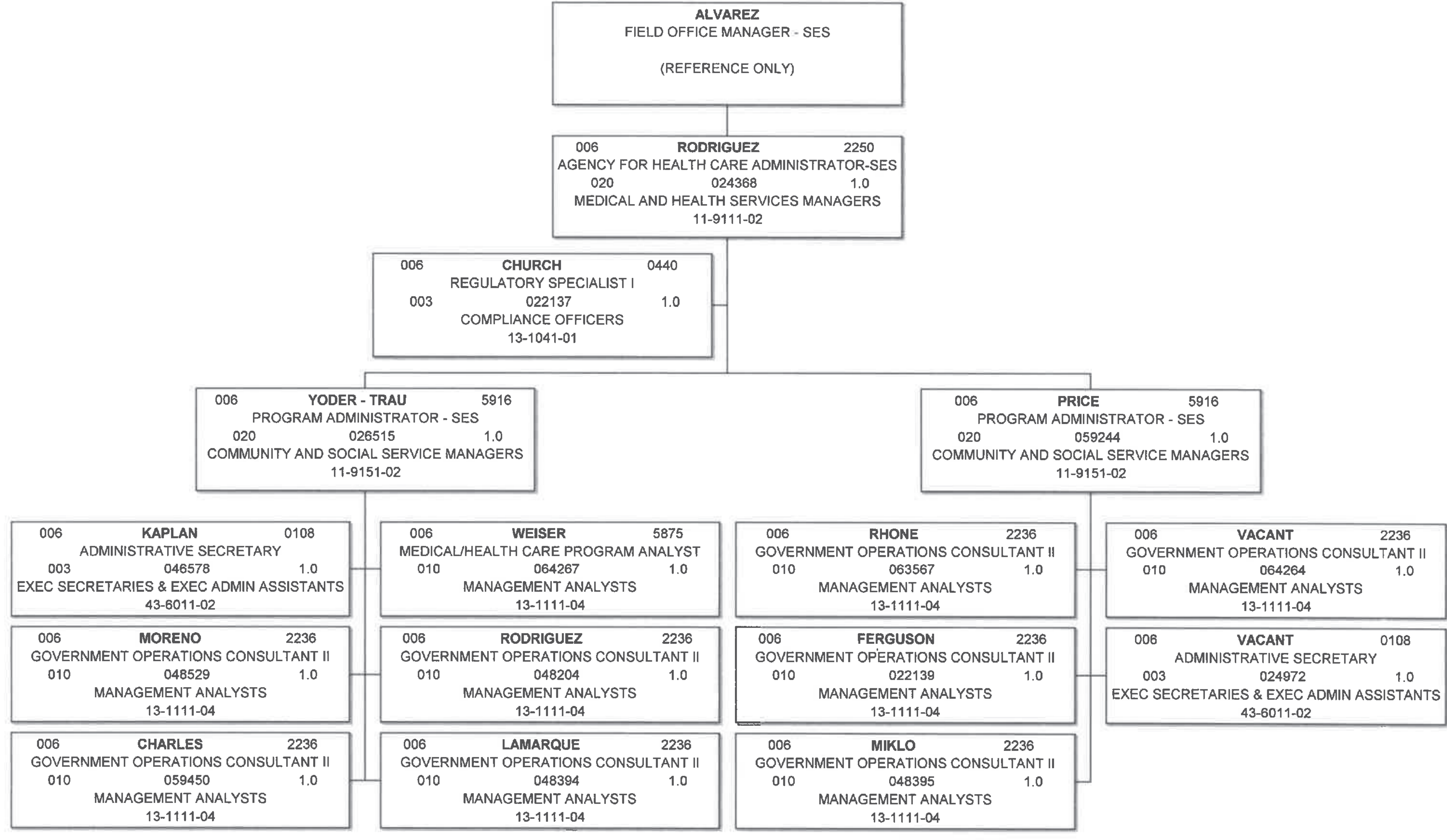
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Plan Management Operations
Tampa

Effective Date: July 1, 2021
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, 2021
Org. Level: 68-40-30-10-000
FTEs: 15 Positions: 15

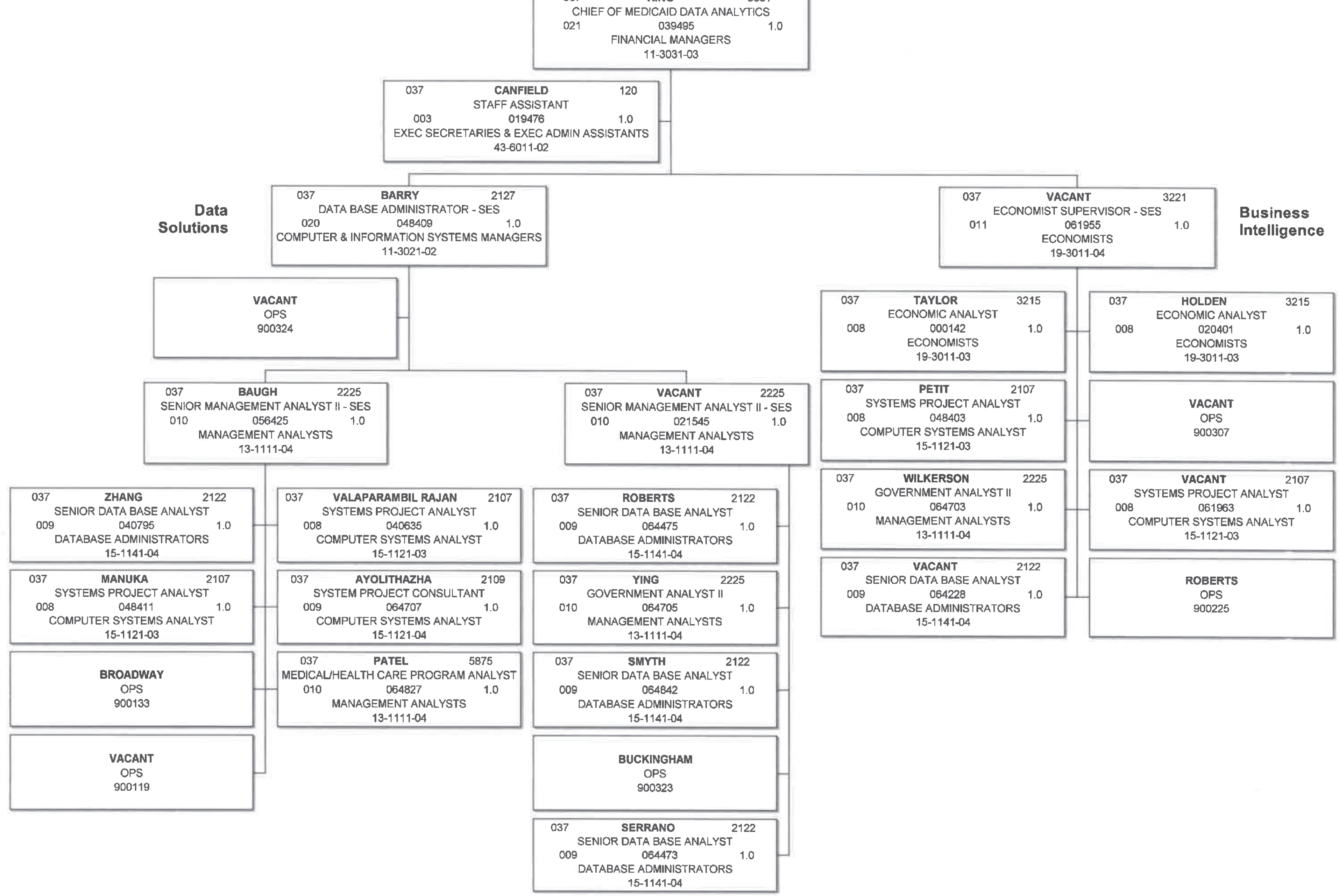


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

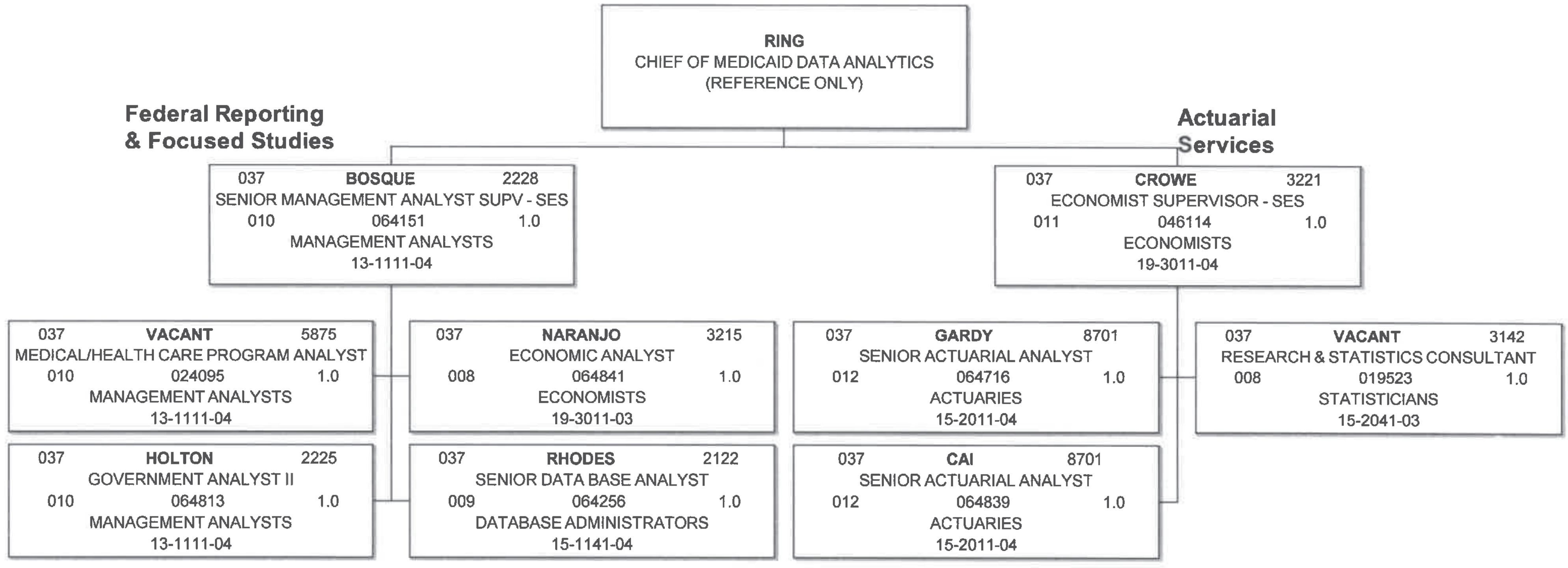
Bureau of Medicaid Data Analytics

Effective Date: July 1, 2021
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, 2021
Org. Level: 68-40-40-00-000
FTEs: 30 Positions: 30

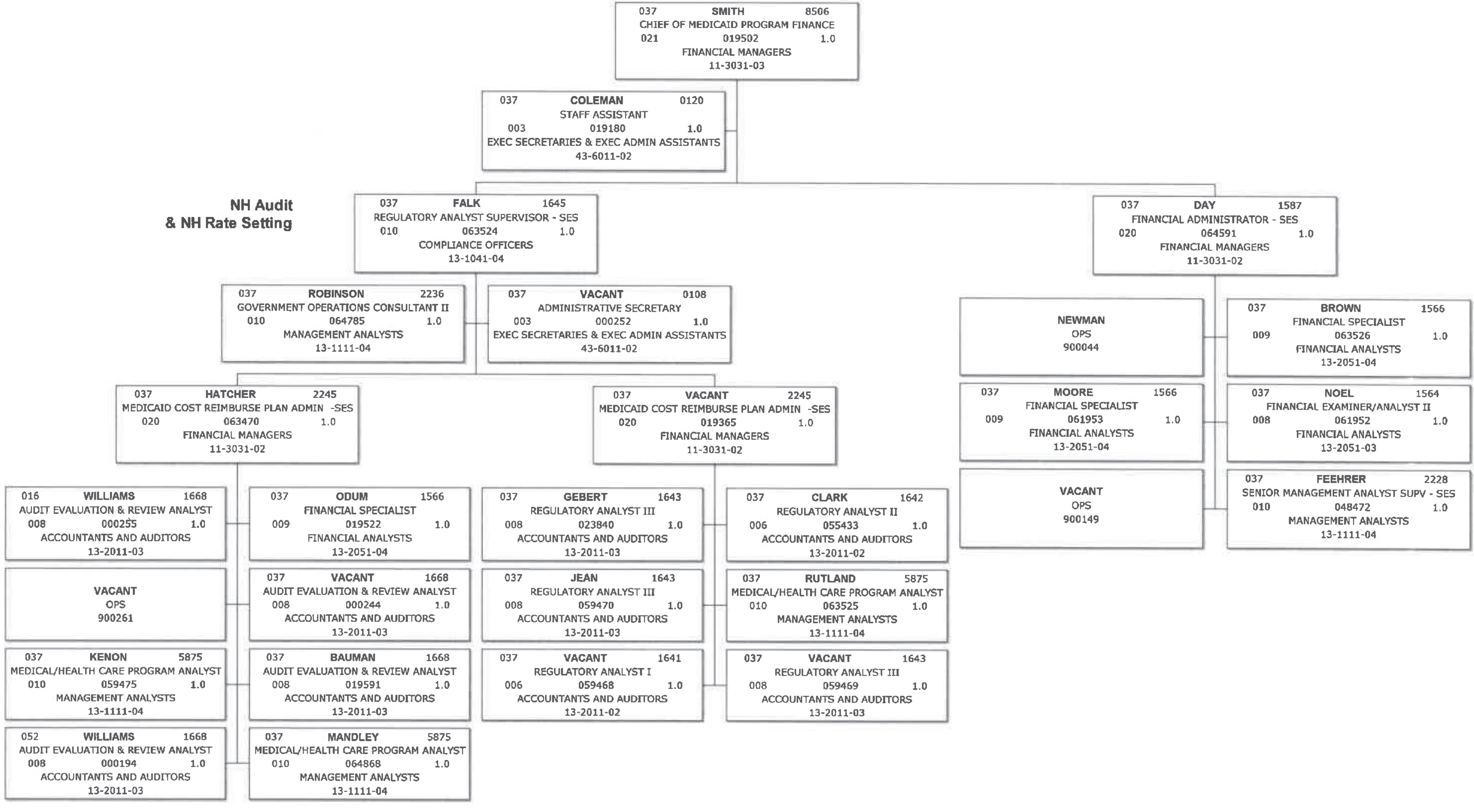


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Program Finance

Effective Date: July 1, 2021
Org. Level: 68-40-50-00-000
FTEs: 48 Positions: 48

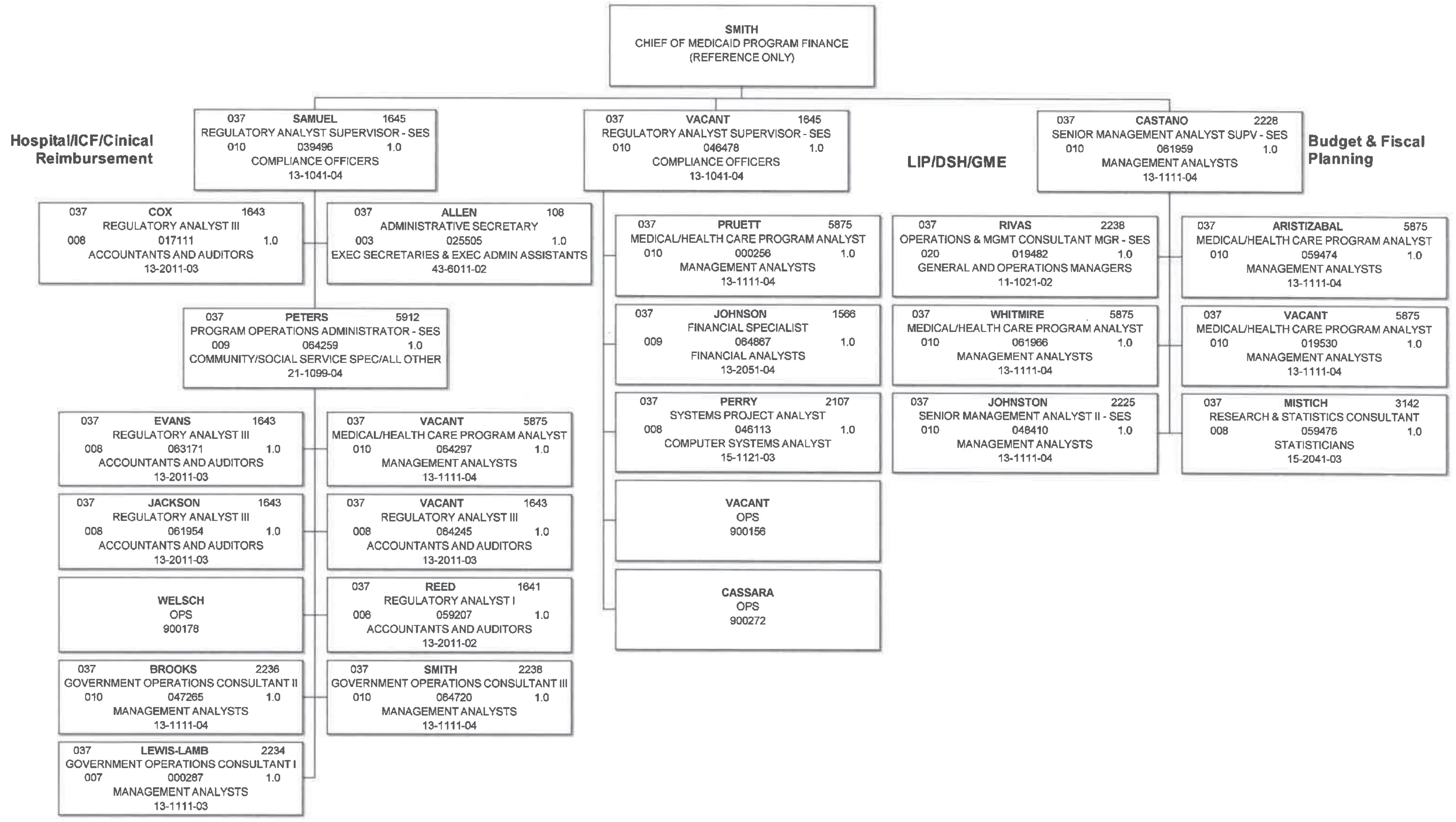


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

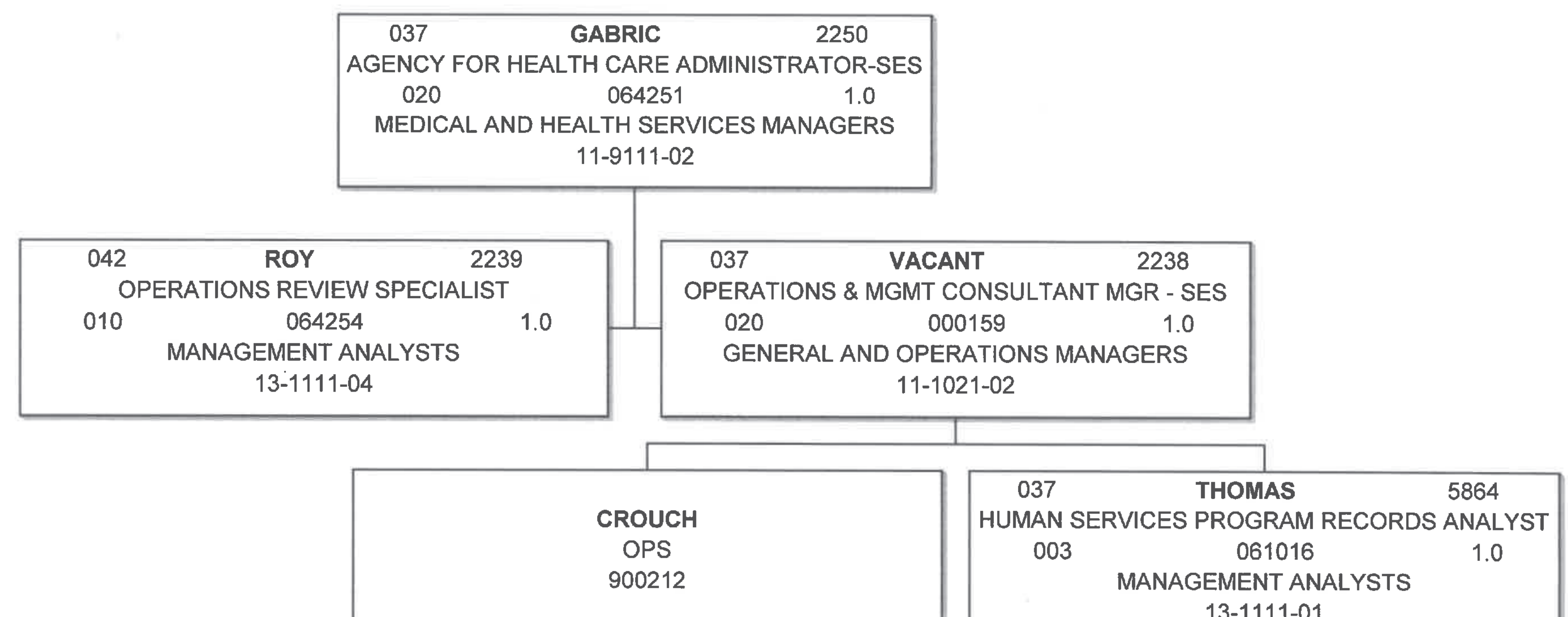
Bureau of Medicaid Program Finance

Effective Date: July 1, 2021
Org. Level: 68-40-50-00-000
FTEs: 48 Positions: 48



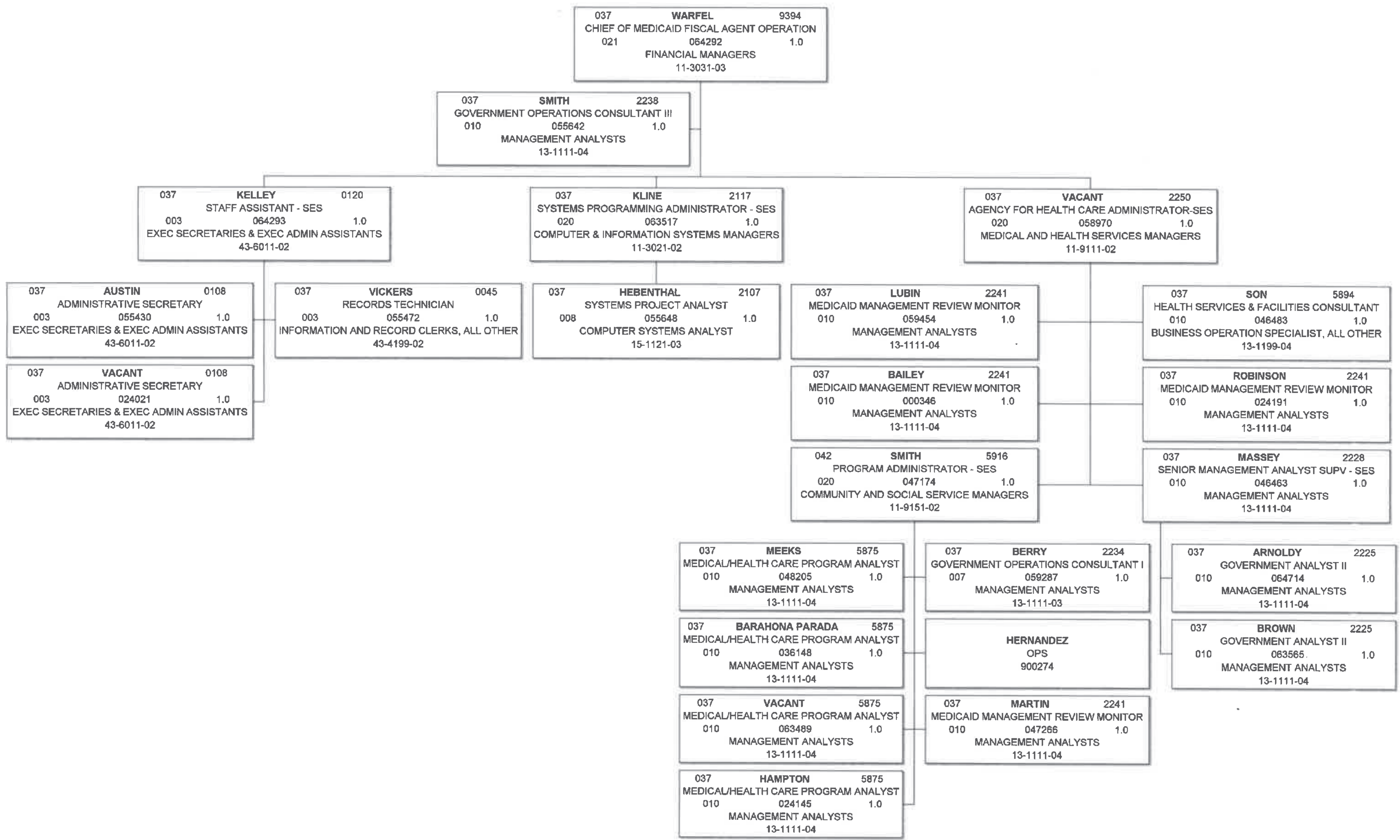
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Medicaid Third Party Liability

Effective Date: July 1, 2021
Org. Level: 68-40-00-00-001
FTEs: 4 Positions: 4



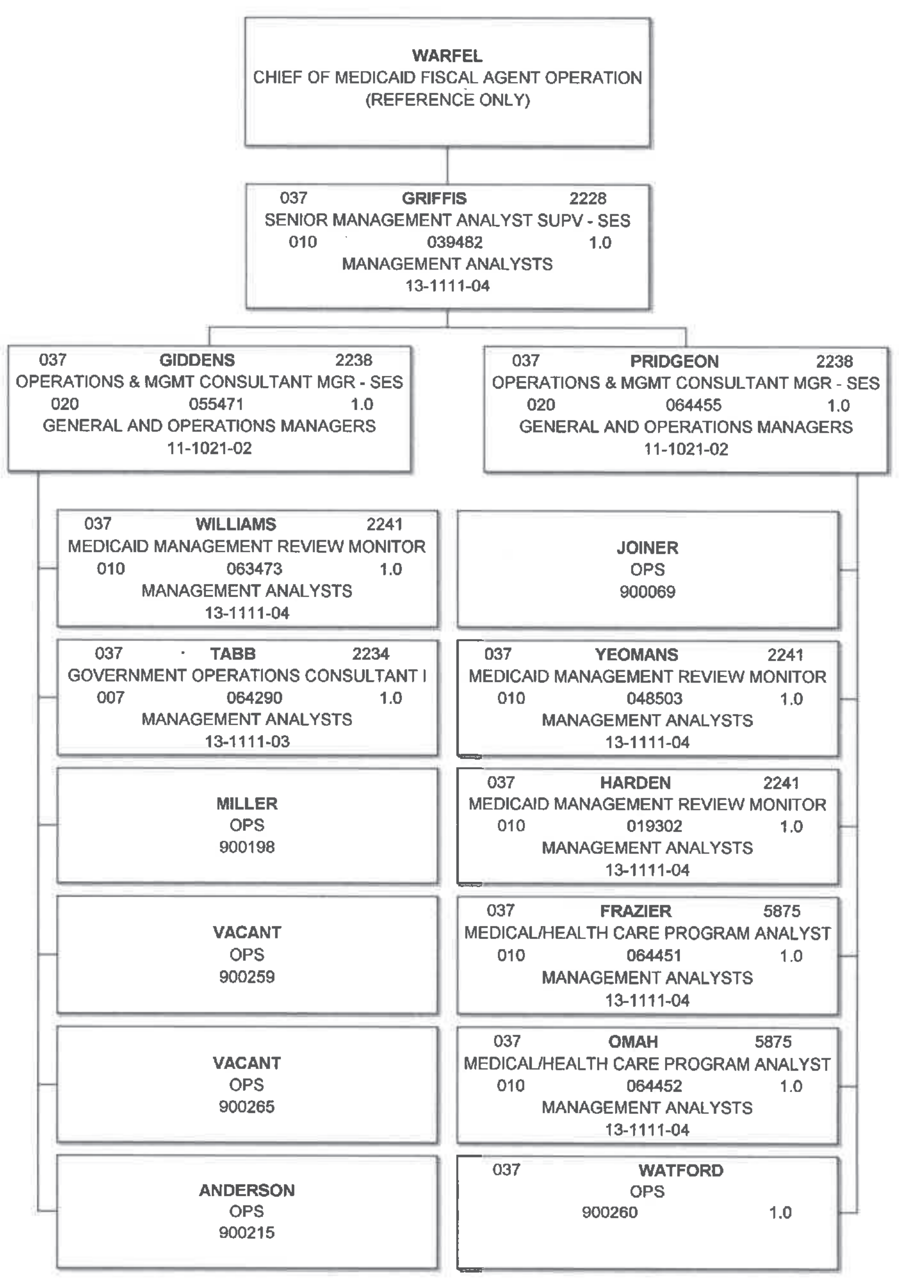
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Fiscal Agent Operations

Effective Date: July 1, 2021
Org. Level: 68-40-70-00-000
FTEs: 51 Positions: 51



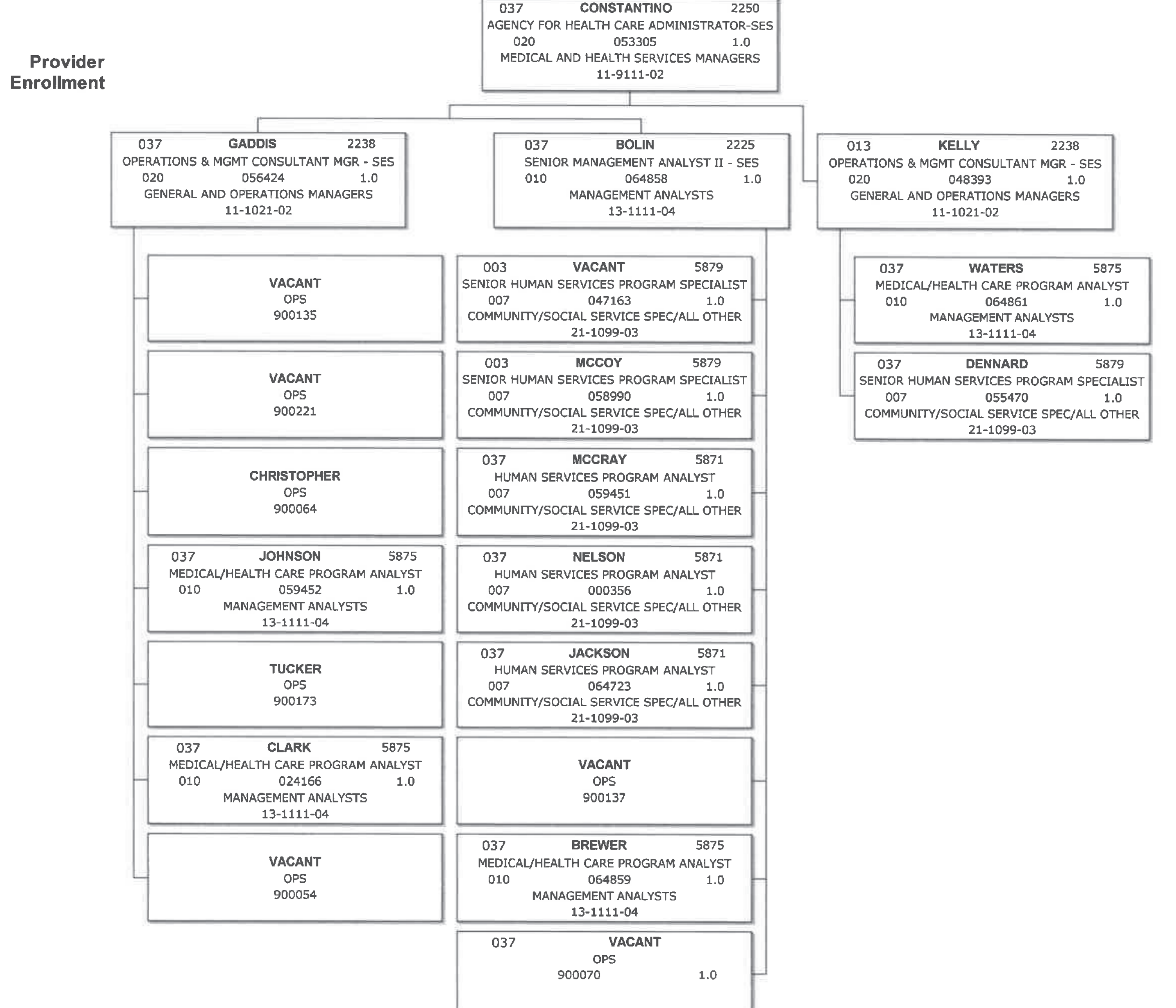
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Fiscal Agent Operations
Recipient File Management

Effective Date: July 1, 2021
Org. Level: 68-40-70-00-000
FTEs: 51 Positions: 51



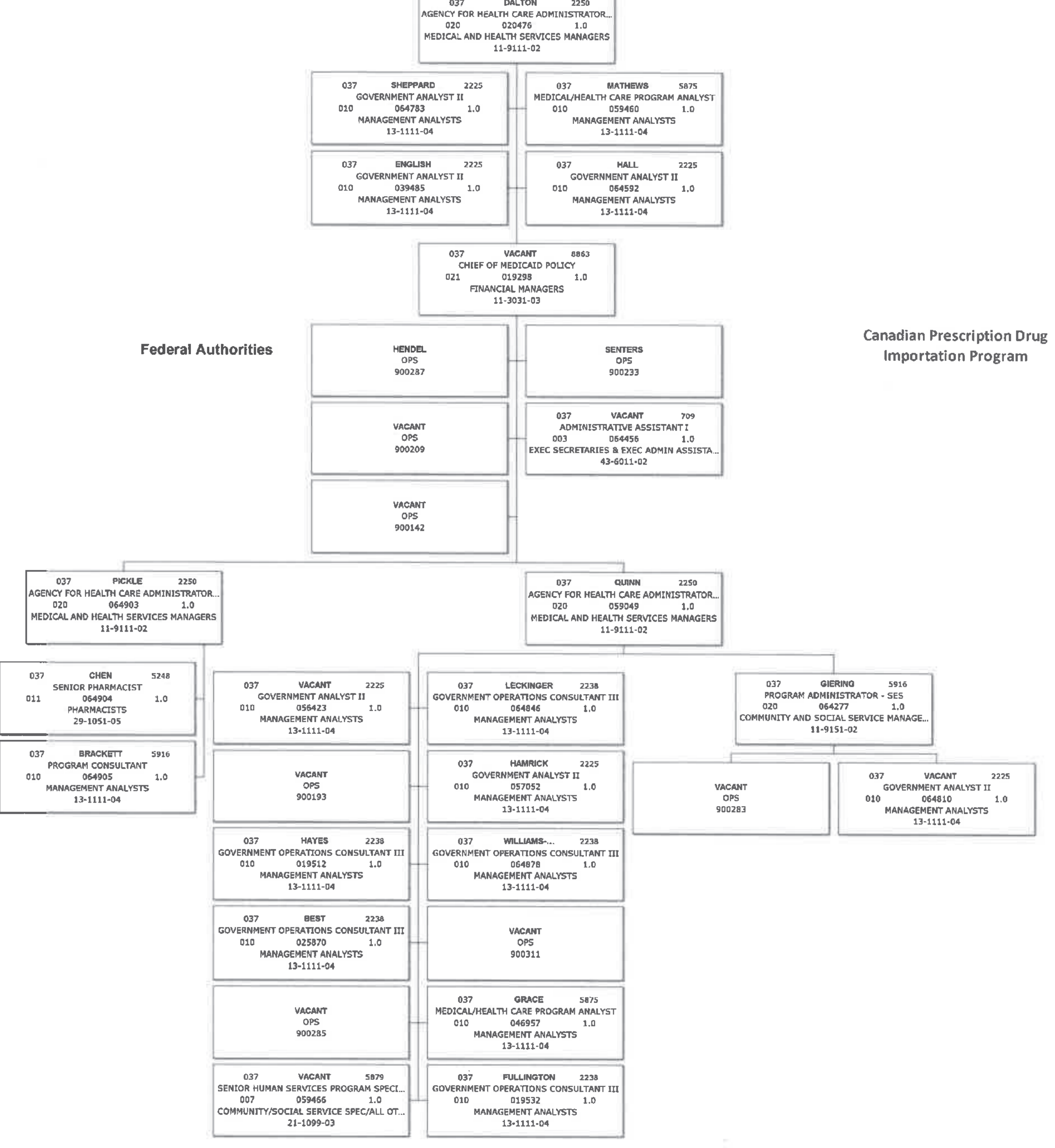
AGENCY FOR HEALTH CARE ADMINISTRATION
Divsion of Medicaid
Bureau of Medicaid Fiscal Agent Operations

Effective Date: July 1, 2021
Org. Level: 68-40-70-00-000
FTEs: 51 Positions: 51



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Policy

Effective Date: July 1, 2021
Org. Level: 68-40-60-00-000
FTEs:63 Positions: 63



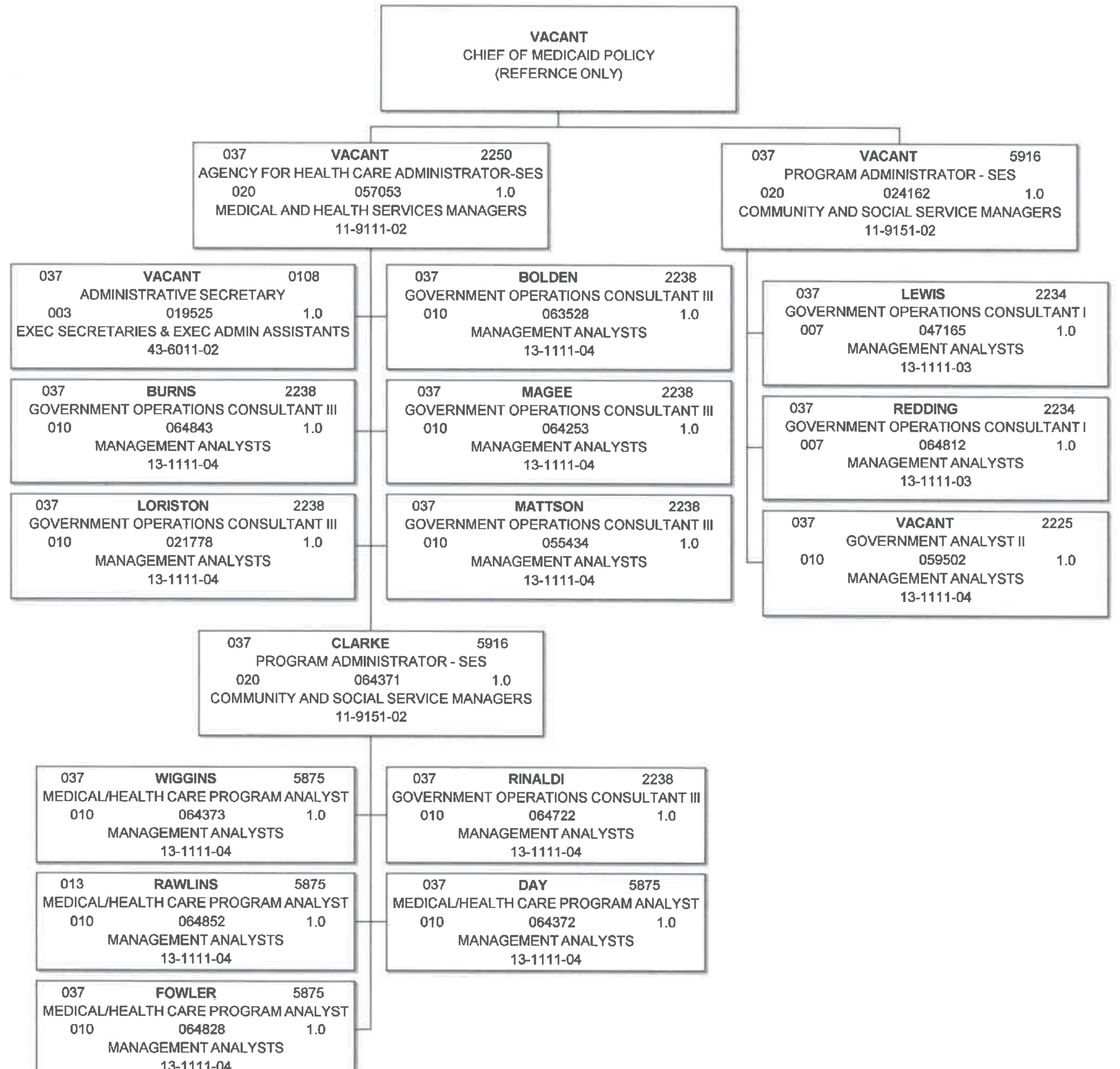
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Policy

Managed Care and Policy Contracts

Effective Date: July 1, 2021
Org. Level: 68-40-60-00-000
FTEs: 63 Positions: 63



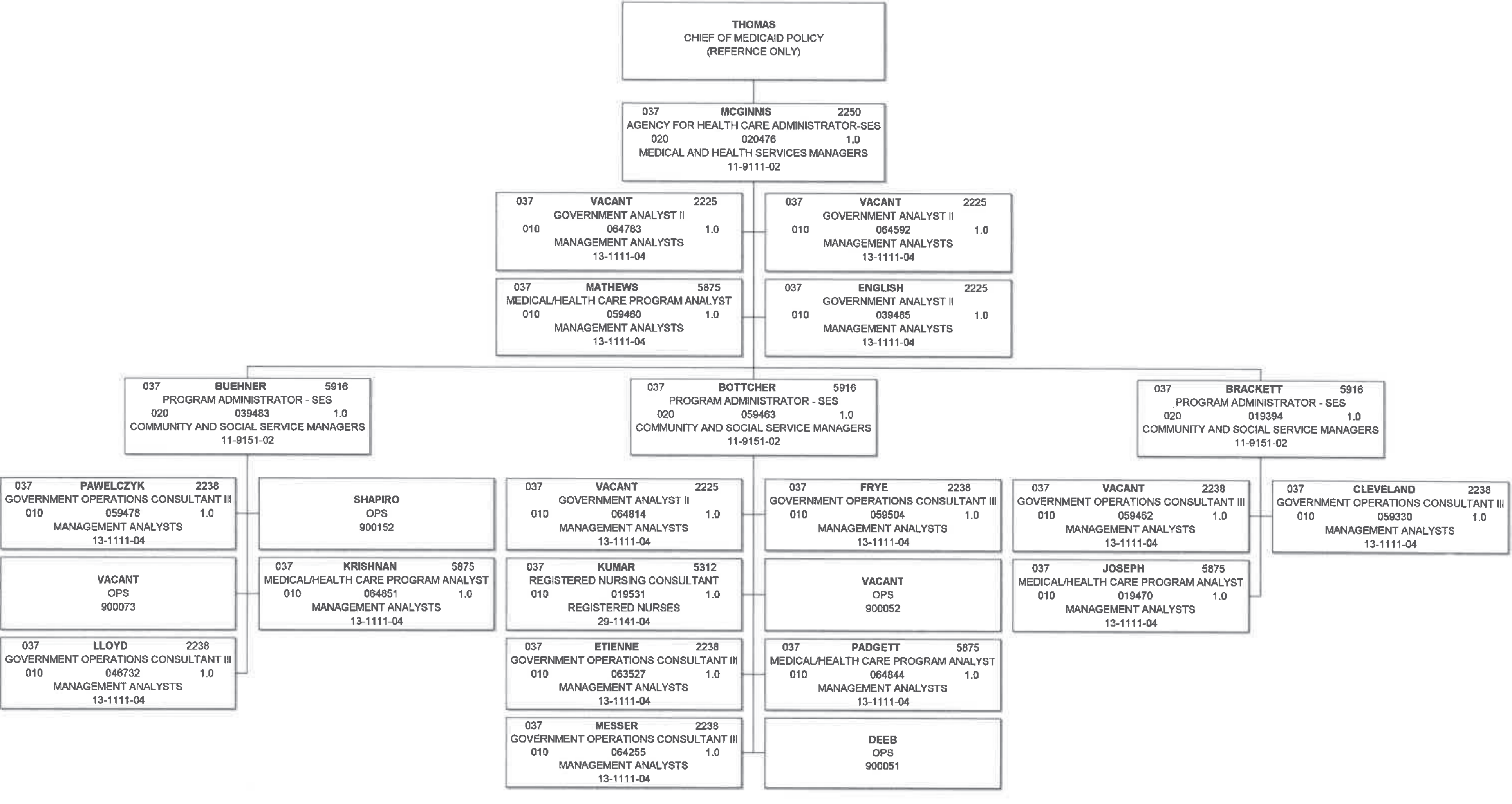
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Policy

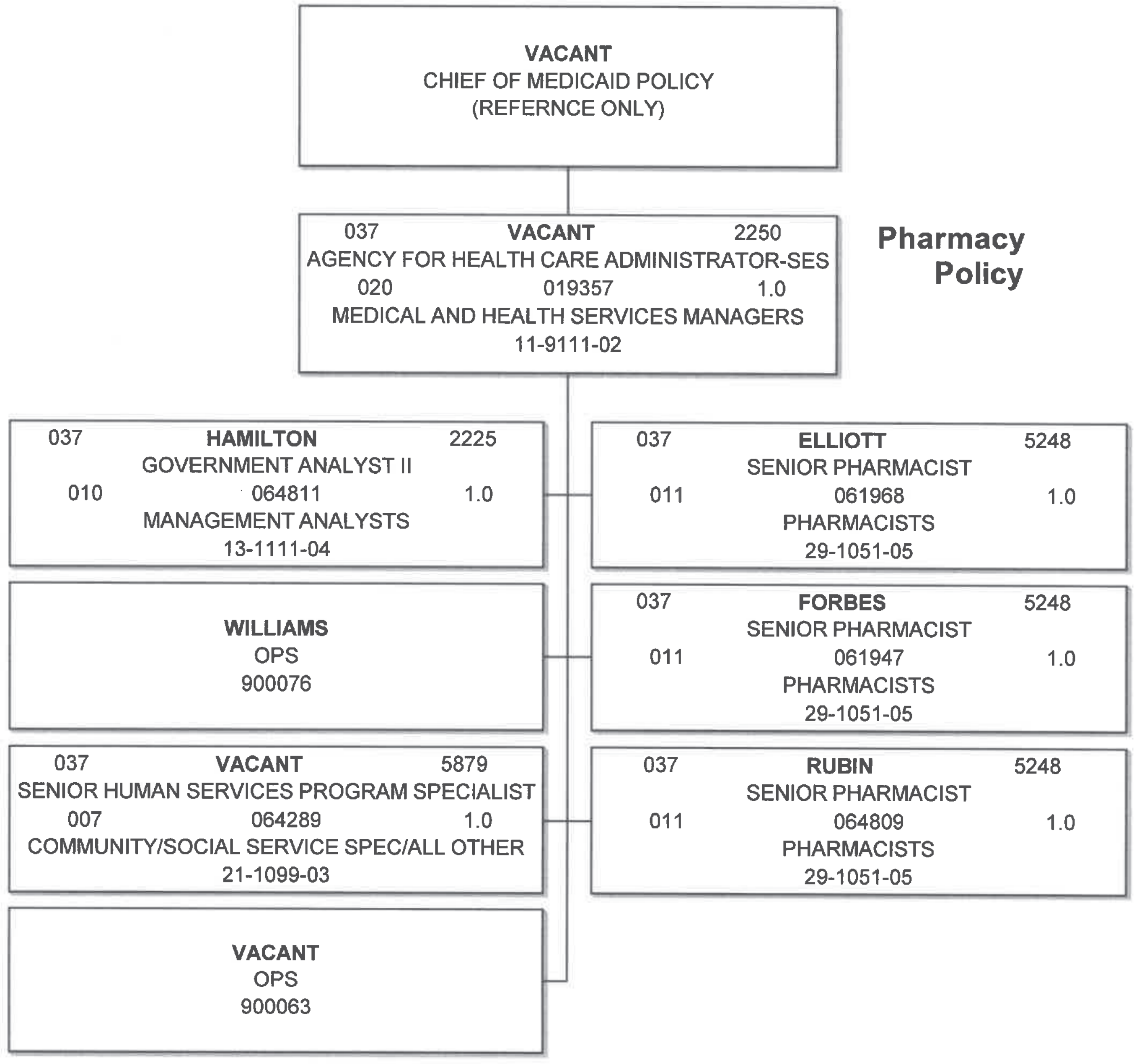
Medical and Behavioral Health Care Policy

Effective Date: July 1, 2021
Org. Level: 68-40-60-00-000
FTEs: 63 Positions: 63



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Policy

Effective Date: July 1, 2021
Org. Level: 68-40-60-00-000
FTEs: 63 Positions: 63

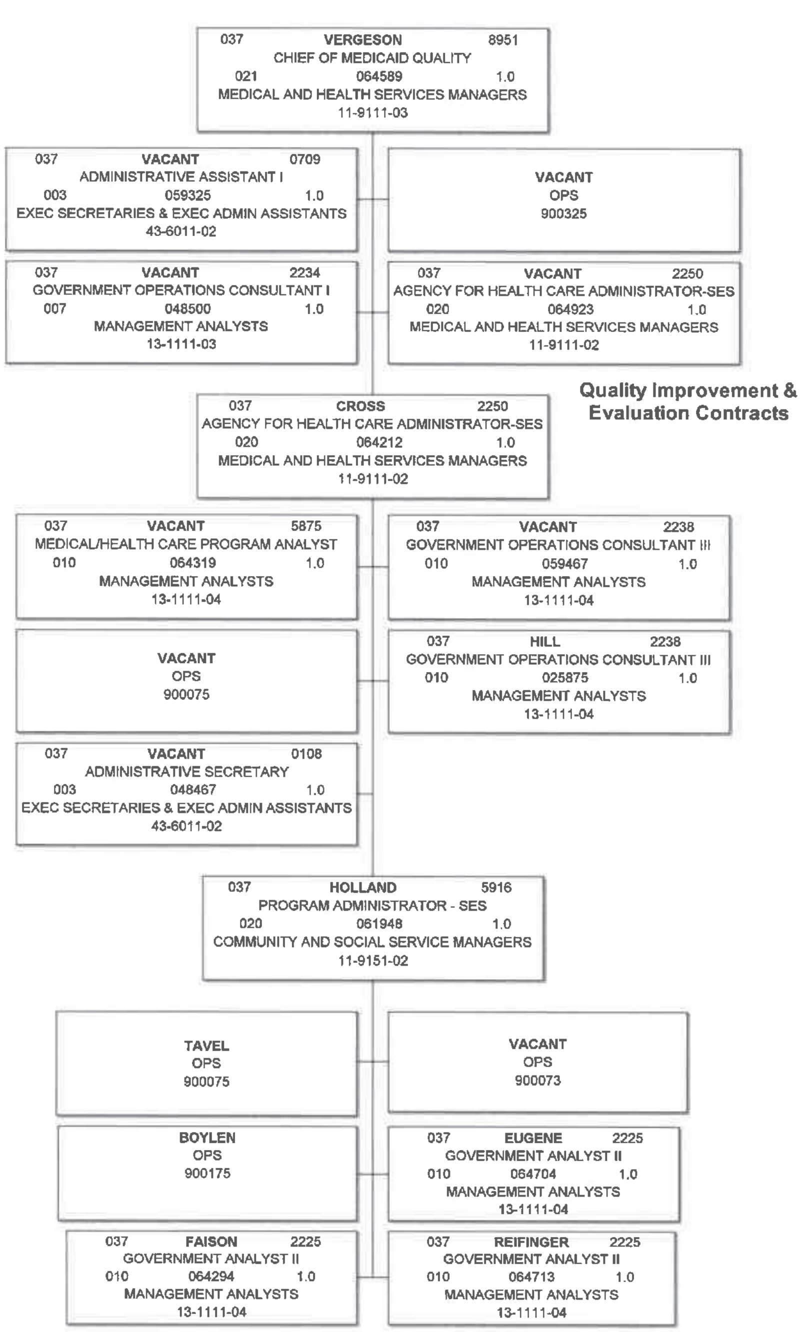


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Quality

Effective Date: July 1, 2021
Org. Level: 68-40-80-00-000
FTEs: 43.5 Positions: 44

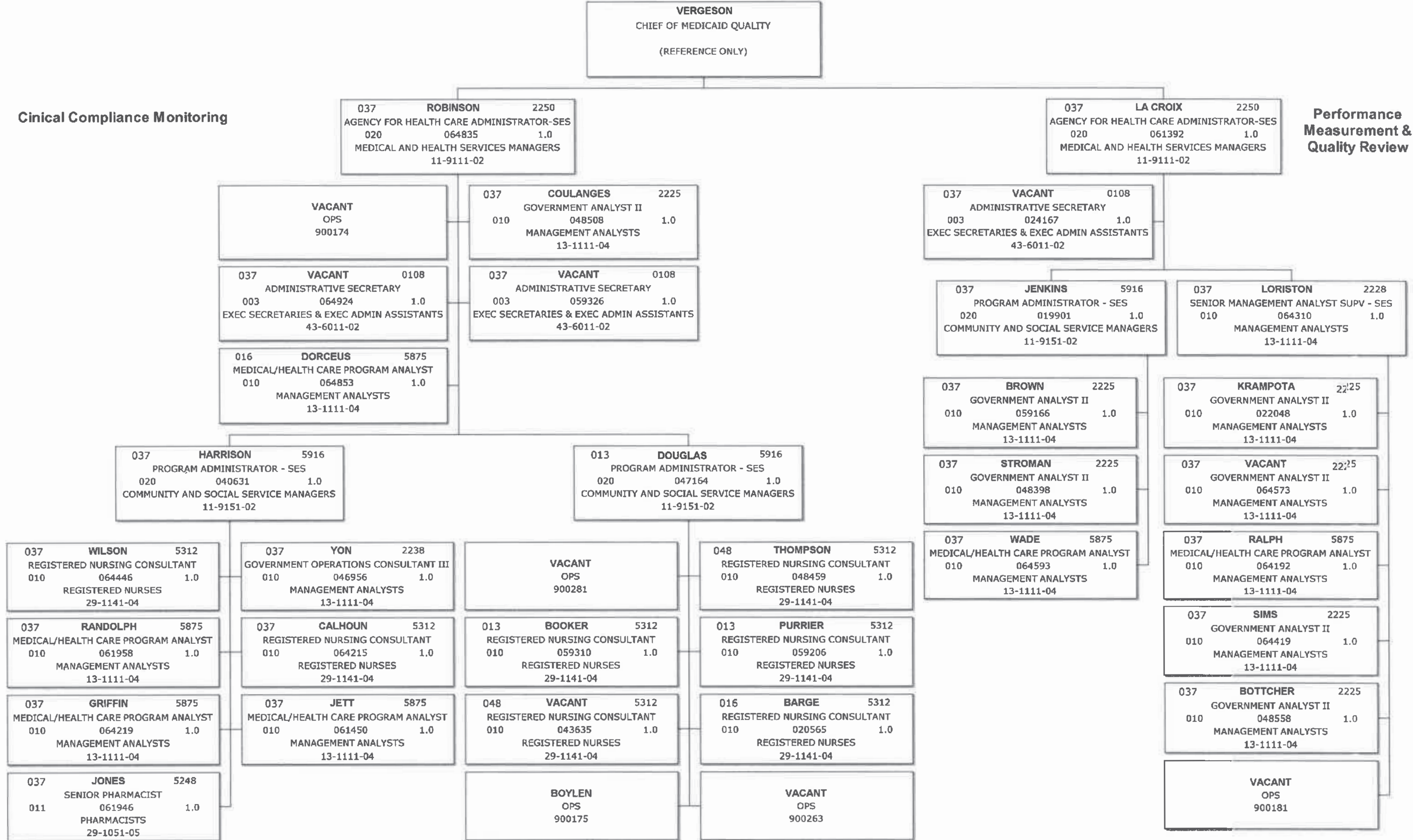


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Quality

Effective Date: July 1, 2021
Org. Level: 68-40-80-00-000
FTEs: 43.5 Positions: 44



AGENCY FOR HEALTH CARE ADMINISTRATION

SECTION I: BUDGET	FISCAL YEAR 2020-21 OPERATING	FIXED CAPITAL OUTLAY
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT	30,774,772,866	3,000,000
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)	136,694,474	-3,000,000
FINAL BUDGET FOR AGENCY	30,911,467,340	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
Elderly And Disabled/Fee For Service/Medipass - Hospital Inpatient * **Number of case months Medicaid program services purchased**	22,529	20,904.12	470,948,857	
Elderly And Disabled/Fee For Service/Medipass - Prescribed Medicines * **Number of case months Medicaid program services purchased**	88,739	2,881.74	255,722,544	
Elderly And Disabled/Fee For Service/Medipass - Physician Services * **Number of case months Medicaid program services purchased**	155,646	1,876.61	292,086,234	
Elderly And Disabled/Fee For Service/Medipass - Hospital Outpatient * **Number of case months Medicaid program services purchased**	155,646	520.08	80,949,067	
Elderly And Disabled/Fee For Service/Medipass - Supplemental Medical Insurance * **Number of case months Medicaid program services purchased**	1,720,299	1,046.69	1,800,620,776	
Elderly And Disabled/Fee For Service/Medipass - Case Management * **Number of case months Medicaid program services purchased**	846,169	0.13	108,932	
Elderly And Disabled/Fee For Service/Medipass - Hospital Insurance Benefit * **Number of case months Medicaid program services purchased**	142,099	30.70	4,361,857	
Elderly And Disabled/Fee For Service/Medipass - Other * **Number of case months Medicaid program services purchased**	82,749	27,739.06	2,295,379,338	
Women And Children/Fee For Service/Medipass - Hospital Inpatient * **Number of case months Medicaid program services purchased**	250,110	1,401.73	350,587,479	
Women And Children/Fee For Service/Medipass - Prescribed Medicines * **Number of case months Medicaid program services purchased**	429,174	176.14	75,594,086	
Women And Children/Fee For Service / Medipass - Hospital Outpatient * **Number of case months Medicaid program services purchased**	845,738	130.22	110,128,472	
Women And Children/Fee For Service / Medipass - Supplemental Medical Insurance * **Number of case months Medicaid program services purchased**	7,403,294	44.45	329,039,844	
Women And Children/Fee For Service / Medipass - Case Management * **Number of case months Medicaid program services purchased**	3,678,530	0.00	13,258	
Women And Children/Fee For Service / Medipass - Other * **Number of case months Medicaid program services purchased**	918,635	262.66	241,288,700	
Medically Needy - Hospital Inpatient * **Number of case months Medicaid program services purchased**	85,724	815.31	69,891,765	
Medically Needy - Prescribed Medicines * **Number of case months Medicaid program services purchased**	111,020	297.92	33,074,544	
Medically Needy - Hospital Outpatient * **Number of case months Medicaid program services purchased**	111,020	138.73	15,402,304	
Medically Needy - Supplemental Medical Insurance * **Number of case months Medicaid program services purchased**	222,040	50.14	11,132,122	
Medically Needy - Case Management * **Number of case months Medicaid program services purchased**	111,020	0.02	1,949	
Medically Needy - Other * **Number of case months Medicaid program services purchased**	111,020	11,554.90	1,282,824,447	
Refugees - Hospital Inpatient * **Number of case months Medicaid program services purchased**	966	310.97	300,396	
Refugees - Prescribed Medicines * **Number of case months Medicaid program services purchased**	966	638,909.22	617,186,304	
Refugees - Hospital Outpatient * **Number of case months Medicaid program services purchased**	966	121.74	117,597	
Nursing Home Care *	47,606	79,549.94	3,787,054,594	
Home And Community Based Services *	71,575	21,884.96	1,566,415,856	
Intermediate Care Facilities For The Developmentally Disabled - Sunland Centers *	492	721,373.27	354,915,647	
Purchase Medikids Program Services * **Number of case months Medicaid Program services purchased**	26,152	2,967.43	77,604,221	
Purchase Children's Medical Services Network Services * **Number of case months**	11,875	14,489.48	172,062,633	
Purchase Florida Healthy Kids Corporation Services * **Number of case months**	169,753	1,539.15	261,274,506	
Certificate Of Need/Financial Analysis * **Number of certificate of need (CON) requests/financial reviews conducted**	3,211	1,107.44	3,555,979	
Health Facility Regulation (compliance, Licensure, Complaints) - Tallahassee * **Number of licensure/certification applications**	26,057	923.75	24,070,076	
Facility Field Operations (compliance, Complaints) - Field Offices Survey Staff * **Number of surveys and complaint investigations**	19,794	4,197.92	83,093,565	
Health Standards And Quality * **Number of transactions**	2,734,820	2.50	6,825,215	
Plans And Construction * **Number of reviews performed**	3,360	2,910.67	9,779,857	
Background Screening * **Number of requests for screenings**	443,636	2.21	981,837	
TOTAL			14,684,394,858	

SECTION III: RECONCILIATION TO BUDGET		
PASS THROUGHS		
TRANSFER - STATE AGENCIES		
AID TO LOCAL GOVERNMENTS		
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS		
OTHER	16,162,158,331	
REVERSIONS	64,914,194	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)	30,911,467,383	

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 2021 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 2022-2023 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 2022-2023 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Medicaid Price Level Workload		1434.5	1434.5
b	KidCare		53.9	53.9
c	Medicaid Waivers		64.2	0
d				
e				
f				
g				
h				
i				
j				

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. Variance is due Medicaid Waivers being a part of the base budget.

* R/B = Revenue or Budget Driver

Office of Policy and Budget - June 2021

Florida Agency for Health Care Administration

Administration and Support Exhibits or Schedules

Ron DeSantis, Governor

Simone Marstiller, Secretary

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

Departmen	
Trust Fund Title:	**Administration Trust Fund**
Budget Entity:	**Administration & Support (68200000)**
LAS/PBS Fund Number:	

	Balance as of 6/30/2021		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	5,622,371.94	(A)		5,622,371.94	
ADD: Other Cash (See Instructions)		(B)		0.00	
ADD: Investments		(C)		0.00	
ADD: Outstanding Accounts Receivable	3,173,208.94	(D)	121.00	3,173,329.94	
ADD: ______________________		(E)		0.00	
Total Cash plus Accounts Receivable	**8,795,580.88**	(F)	**121.00**	**8,795,701.88**	
LESS Allowances for Uncollectibles		(G)		0.00	
LESS Approved "A" Certified Forwards	460,052.83	(H)		460,052.83	
Approved "B" Certified Forwards	1,810,558.44	(H)		1,810,558.44	
Approved "FCO" Certified Forwards		(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)		(I)	260,122.00	260,122.00	
LESS: ______________________		(J)		0.00	
Unreserved Fund Balance, 07/01/21	**6,524,969.61**	(K)	**(260,001.00)**	**6,264,968.61**	**

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: 2022 - 2023

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/21 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**8,303,476.35**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(40,354.37)	(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description B6800007	121.00	(C)
SWFS Adjustment # and Description B6800007	(260,122.00)	(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(1,810,558.44)	(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories	70,977.57	(D)
Current Compensated Absences Liability	1,428.50	(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**6,264,968.61**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**6,264,968.61**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

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

For Fiscal Year 2022-23

August 2021

AGENCY FOR HEALTH CARE ADMINISTRATION

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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: 09/15/2021
Project Name: Florida Health Care Connections (FX)	Is this project included in the Agency's LRPP? X Yes _No
FY 2022-23 LBR Issue Code:	FY 2022-23 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: DocuSigned by: Simone Marstiller D7DBA2C36BC64B3... Printed Name: Simone Marstiller, Secretary	Date: 9/15/2021
Agency Chief Information Officer (or equivalent): DocuSigned by: Scott C. Ward E35D08FB228841E... Printed Name: Scott Ward, Chief Information Officer	Date: 9/15/2021
Budget Officer: DocuSigned by: La-Shonna Austin 973263D725894BB... Printed Name: La-Shonna Austin, Budget Director	Date: 9/15/2021
Planning Officer: DocuSigned by: 8C0D968B356145B... Printed Name: Cody Farrill, Chief of Staff	Date: 9/15/2021
Project Sponsor: DocuSigned by: 3D2D8B59D3404F0... Printed Name: Julie Madden, Deputy Secretary of Operations	Date: 9/15/2021

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 *Better Health Care for all Floridians*.

The Agency's Vision and long-range goals support the Agency's Mission. According to the FYs 2021-22 through

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2025-26 Long-Range Program Plan, the Agency's Vision is *A health care system that empowers consumers, that rewards personal responsibility and where patients, providers and payers work for better outcomes at the best price.* The Agency's long-range goals, as laid out in its Long-Range Program Plan, also support the Agency's Mission and are as follows:

- To operate an efficient and effective government
- To reduce or eliminate waste, fraud, and abuse
- To 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 best value, highest quality health care to Floridians.* 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 experiences
- Enable 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 modernizes 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])

[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.

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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 the 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). The strategy articulation map below, **Exhibit II-1: FX Strategic Mandate**, 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.

STATE OF THE PROGRAM

FX Strategy Refresh

In 2020 the Agency refreshed the Florida Medicaid Enterprise Strategic Plan to prioritize the resolution of the fiscal agent contract by the December 2024 deadline 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

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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.

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.

To take advantage of new innovations as they became commercially available and to include this new knowledge in the FX Program as it evolves, the FY 2019-20 strategy refresh focused on incorporating 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.* The continued focus of Phase III of the FX program is the resolution of the fiscal agent contract by the December 2024 legislative deadline and this goal motivates the simultaneous implementation activities occurring for UOC, Core, and PSM during SFY 22/23.

FX Implementation Team (FXIT) 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. The Plan articulates an enterprise governance framework for the Agency in two discrete tiers.

- Tier 1 is the FX Implementation Team (FXIT) facilitated by the FX Director.
- Tier 2 is either the Secretary or designee or the FX Executive Sponsor, supported, as needed, by the Project Sponsor Advisors or the ESC.

This tiered process enables effective decision-making based on two separate paths:

- FX Program Execution – The Secretary or the Secretary's designee(s) oversees program implementation and is the final decision maker for non-scoped ESC FX activities.
- FX Program Oversight – ESC oversight and collaboration across the Florida Health and Human Services (HHS) agencies as defined in the implementing bill for scoped ESC FX activities.

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) Operations

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, which completed in March 2021, consisted of three concurrent workstreams over an approximately 16-month schedule.

The Integration Platform is deployed and undertaking projects to integrate FX systems through fixed-price task orders.

Enterprise Data Warehouse (EDW) Implementation (Phase II)

The EDW contract was executed in December 2020. The EDW 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 designed 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

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security and privacy, and strengthened query and analytic capability by building a unified data repository for reporting and analytics. The project team developed the Project Charter, which was approved by the Agency early January 2021. The EDW DDI (design, development, and implementation) project, which is in progress over an approximately 24-month schedule, consists of an Operational Data Store in December 2021 and a final go-live in December 2022.

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. The group's current focus is providing the guidance needed for successful completion of the EDWI project.

Unified Operations Center (Phase III)

The Unified Operations Center (UOC) procurement project and incorporates all the planning and analysis conducted during the Core Planning and Unified Operations (CPUO) project that spanned from March to September 2020. The team facilitated sessions to confirm and finalize business and technical requirements and to determine tiered staffing models to support a diverse array of provider and recipient communications, and other operational elements across the Florida Medicaid program. The team drafted the Invitation to Negotiate (ITN) documents, which was posted to the Vendor Bid System (VBS) on 7/12/2021.

Provider Services Module Procurement (Phase III)

The Provider Services Module (PSM) Procurement project was re-aligned in SFY 2020-21 to leverage the systems and infrastructure identified within the Unified Operation Center module. In Q4 SFY 2020-2021, the project team refined the initial requirements gathered in June 2020 for Medicaid provider enrollment, credentialing, provider maintenance, and facility licensure. Analysis was completed to identify additional opportunities to streamline future-state provider enrollment processing activities including site visits. The team facilitated sessions to confirm and finalize business and technical requirements and to determine staffing models for enrollment, credentialing, maintenance, and potentially facility licensure. The team drafted the Invitation to Negotiate (ITN) documents, which included an iterative review process and met aggressive project timelines. The ITN draft is currently in review with an anticipated posting in October 2021.

Core Systems Module Procurement (Phase III)

The Core Module Procurement project was initiated in February 2021. The Core Module will process managed care encounters, adjudicate fee-for-service claims for Medicaid reimbursement, and support all Medicaid financial activities, including capitation payments. The Core Procurement project builds upon the planning and analysis findings from the CPUO project, including the in-depth analysis of the existing Core FMMIS functions: Electronic Data Interchange (EDI), claims and encounters transaction processing, banking, and financial processing and capitation payments for health plans, claims payments, buy-in, FLORIDA reconciliation, and pharmacy claims payment. 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 FX Unified Operations Center (UOC). The Core Procurement project team conducted working sessions with Agency SMEs to define final scope, and develop, compile, and confirm high-level technical and business requirements for the Core technology platform. The Invitation to Negotiate (ITN) documents were drafted and are currently in review, expected to be complete and ready for posting in October 2021.

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 are 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 (SEAS) Independent Verification and Validation (IV&V)
2	FX Infrastructure	Integration Services and Integration Platform (IS/IP) Enterprise Data Warehouse (EDW)
3	FX FMMIS Resolution	Unified Operations Center (UOC) Core Systems (Claims/Encounter/Financial Management) Provider Services Module (PSM) Pharmacy Benefits Management (PBM)
4	Remaining Non-FMMIS Modules	Plan Management (PM) Third Party Liability (TPL) Enterprise Case Management (ECM) Contractor Management (CM)

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 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

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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.

Operational Strategy for Long-Term Resources and Support

In SFY 2021-2022, the Agency established the Office of FX under the Division of Operations with a structure to support the FX vendors with complimenting state staff. The Office of FX will directly manage the FX contracts through the implementation and certification periods which includes the oversight of the Enterprise Program Management Office.

The Office of FX will work with the divisions of IT and Medicaid to manage the portfolio and change requests working with the SEAS Vendor and other contracted vendors. As the SEAS contract is up for renewal in June 2022, the Agency will seek to continue to build capacity in the Office of FX beginning in SFY 2021-2022 and 2022-2023 through transitions and adding new positions.

Also included in this transition will be to build capacity within the Division of IT to support FX for systems integration and interoperability and support the Agency's Application Lifecycle Management (ALM) platform as well as the enterprise network, disaster recovery coordination, cyber security and job scheduling.

Independent Verification and Validation (IV&V)

The IV&V Vendor is tasked with providing an objective, neutral, and independent assessment of deliverables produced by all FX vendors. The IV&V vendor assesses and reports on the FX Program's organization and planning, procurement, management, technical solution development and implementation, and provides analysis and support 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 IS/IP Vendor provides integration services and works with FX teams to enable system interoperability, to ensure interface integrations through the Integration Platform and to promote legacy system transition and modernization. The IS/IP Vendor is currently engaged with the EDW vendor to ensure module vendor utilization of the Integration Platform continues to grow. This engagement ensures integration points between both modules are properly established. These EDW to IS/IP integration points range from connecting EDW systems to a centralized security platform to enabling enterprise interface connections via a central service bus.

The IS/IP Vendor is also currently engaged with internal Agency staff to integrate the Single Sign-on system as the centralized security platform. The engagement allows for the Agency systems to take advantage modern security capabilities and standards while providing end users with consistent and friendly login experiences.

The IS/IP Vendor is also engaged in supporting the Agency with several legacy system transitions. **Exhibit II-2:**

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Modular Transition Approach illustrates the approach to navigating from the current state of system integrations to a defined future where FX modules and Partners work together seamlessly, securely, and consistently through the Integration Platform.

Modular Transition Approach

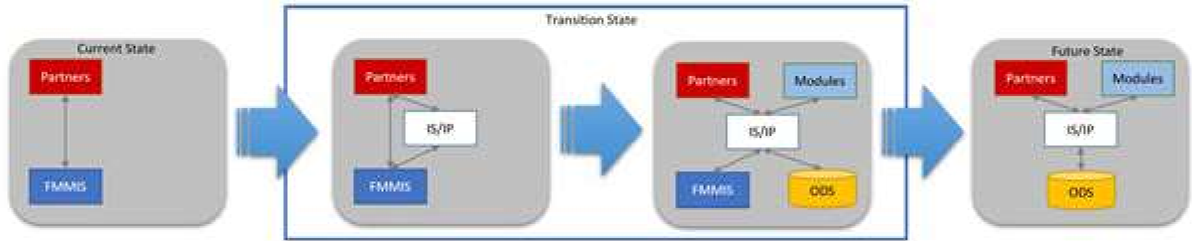

Exhibit II-3: Modular Transition Approach

Enterprise Data Warehouse (EDW)

The EDW contract was executed December 29, 2020. Implementation activities are underway with an anticipated duration of 24 months and consisting of a soft go-live of the Operational Data Store (ODS) in December 2021 and a go-live in December 2022.

The EDW Vendor will provide data management, content management, data warehousing, and data integration capabilities across systems and will replace the current Decision Support System/Data Warehouse (DSS/DW). The Agency designed 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 modern data repository that, along with the enhanced analytical tools and operational services, 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 FX modules to ensure the

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maintenance and support of Medicaid operations. Tasks and activities for this contract extension including transition components will conclude before December 31, 2024.

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 fiscal agent services by the statutory deadline 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 current Fiscal Agent Vendor has been tasked to create a schedule mutually agreed upon by the Agency and the Vendor, including planning, system analysis/design, testing, implementation, and post-implementation activities. A FMMIS transition Project team has been established with resources allotted for the current Fiscal Agent in the FX budget, in addition to Agency and SEAS staff. Tasks planned for Fiscal Agent staff of the FMMIS Transition Project include, but are not limited to:

- Perform project planning and systems analysis to integrate key business areas within the FMMIS to support the FMMIS Transition Project.
- Document all interfaces and FMMIS business rules needed for the FMMIS Transition Project.
- Create, document, and execute a testing plan for the FMMIS Transition Project.
- Coordinate with the Agency, the FX vendors, and the SEAS vendor and implement required tasks to facilitate integration of replacement FX modules.
- Develop and maintain a two-way data replication solution between FMMIS and the EDW Operational Data Store.
- Create an enhanced testing environment to support transition activities.
- Provide training to future FX module vendors as directed by the Agency.
- Support integration activities between the IS/IP vendor's platform and FMMIS.
- Integrate with the FX Single-Sign On solution.
- Make the required modifications to FMMIS, as necessary, to prepare for FX implementation.
- Perform data clean-up to FMMIS, as necessary, to prepare for FX implementation.
- Execute the Iterative Turnover Phase activities.

The Agency will complete these procurements using open-source solutions, configurable COTS products, or 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 Resolution** 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. For clarification purposes when viewing the FX roadmap visuals, a salmon-colored procurement project box focuses on developing the procurement vehicle for procuring the desired solution. Key activities include refining requirements, developing certification artifacts, and finalizing procurement documents prior to posting. The FX team understands that releasing competitive procurement documents for vendor response is contingent on budget authority.

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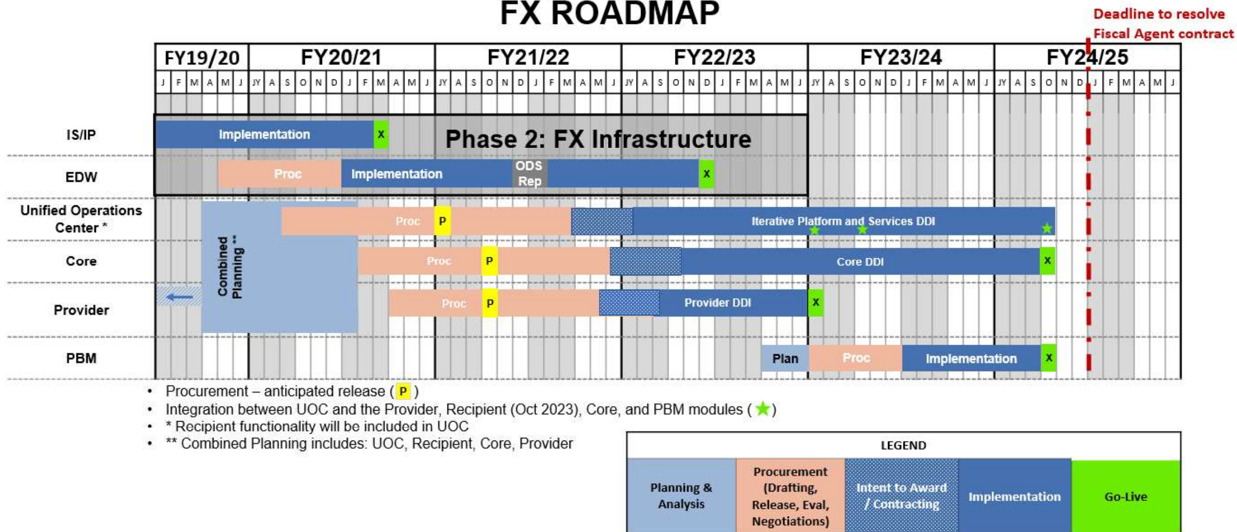

Exhibit II-4: Phase III: FX FMMIS Resolution

Unified Operations Center (UOC)

Current 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 among 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.

The UOC will also include the systems, contact center / platform, and operations that allow recipients to evaluate and select a health plan. Support for these recipient business area process also includes recipient management functions to maintain recipient information, grievances, appeals, communication, and interactions. In addition, the UOC will include population and recipient outreach functions to notify recipients about relevant changes or updates to health plans, their benefits, a provider, or other relevant information.

The UOC ITN was posted to VBS on 7/12/2021. Based on the current schedule, UOC implementation activities will begin in FY 2022-23.

Core Systems (Claims/Encounters/Enterprise Financial Management)

The Core Systems module, a component of the FX Enterprise, will adjudicate fee-for-service claims for Medicaid reimbursement, process managed care encounter claims, and support all Medicaid financial activity, including capitation payments. This approach enables the Agency to advance its goals of enabling high quality and accessible data, interoperability, improving healthcare outcomes for Floridians, reducing complexity, improving customer experience, and transforming to an enterprise, modular and flexible solution. 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 payments. Core FMMIS

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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 developing and confirming the ITN documents for a target posting timeframe of October 2021. Based on the current schedule, Core implementation activities will begin in FY 2022-23.

Provider Services (PSM)

The Provider Services Module (PSM) primarily includes provider Medicaid enrollment, credentialing, and maintenance. The PSM solution will consolidate existing Medicaid enrollment and primary source verification for health plan credentialing into a single process to minimize errors and simplify the process for the provider community. A primary objective of the PSM is to improve the overall provider experience and reduce the administrative burden for enrollment and re-enrollment, as well as streamline the overall process. To meet this objective, the project team developed an Invitation to Negotiate (ITN) for the PSM. The primary focus of the PSM is enrollment, credentialing, and maintenance functionality, though the project team is continuing to explore facility licensure as an additional opportunity to include in the PSM. The Agency envisions a phased and flexible approach where additional functionality and responsibility can be added or defined in future-state operations, and where Agency staff can be supported by PSM Vendor staffing services during times of peak demand.

The PSM system also addresses issues of quality, integration, and interoperability. The Agency intends to leverage the National Committee for Quality Assurance standards for credentialing activities, and the Council for Affordable Quality Healthcare electronic data set. The PSM will also use the Master Person Index and Master Organization Index developed in the Phase II IS/IP implementation to improve provider identity reconciliation. Customer experience documentation, as well as business operations and support service functions, will be provided by the UOC Vendor to integrate provider touchpoints. Future opportunities to expand interoperability with partner agencies and systems that use provider data, such as the Florida Department of Health practitioner licensure system, will require prioritization and the appropriation of funds.

The Agency is currently developing and confirming the ITN documents for a target posting timeframe of October 2021. Based on the current schedule, PSM implementation activities will begin in FY 2022-23.

Pharmacy Benefits Management (PBM)

The Pharmacy Benefits Management (PBM) scope of work is included as an optional response area in the Core module ITN that is currently under development. Depending on vendor responses to that aspect of the ITN the PBM module could be procured with Core or may be developed into a stand-alone procurement. If the stand-alone option is preferable work will begin SFY 2022-2023 with the required planning and analysis to prepare for the procurement. 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.

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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.

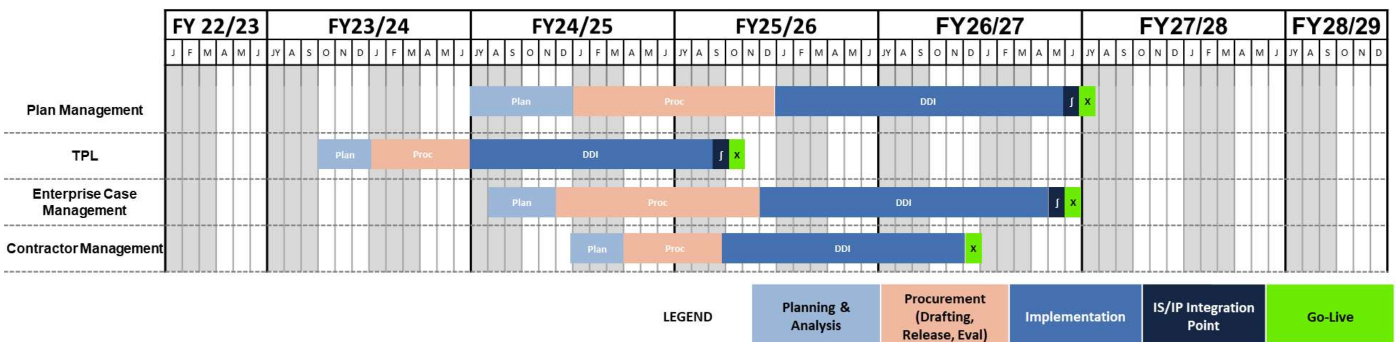

Exhibit II-5: Phase IV: Remaining Non-FMMIS Modules

Plan Management Module

(Work to begin SFY 2024-2025)

Based on the most recent Social Services Estimating Conference numbers, more than 78 percent of Florida's 31+ billion-dollar Medicaid program is covered by the Statewide Medicaid Managed Care (SMMC) plans. That means that these plans administer more than 21 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 managed care 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 health plan 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 and will be reprocured as appropriate to ensure continuity of TPL operations.

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.).

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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 metric-based 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),

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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.
- Agency will continue to evaluate and enforce the FX IT solutions and module vendors to adhere to the standards and guidelines published by the Department of Management Services (DMS).

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.
- 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 Federal Financial Participation (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 where appropriate.

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- 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 *Better Health Care for all Floridians*, 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 strategic priorities of EDW and IS/IP, which has driven 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 developed for the UOC, Provider Services Module, and Core Systems 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

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- 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

The Agency went through a purposeful and deliberate exercise in SFY 19/20 to refresh its strategy to meet the goals of FX in a timely and cost-effective manner with a focus on minimizing risk to the project and continuing operations. As part of that effort the Agency and the SEAS Vendor researched and re-evaluated the business process alternatives for FX.

The to-be FX solution is an integrated collection of systems built from modular components that perform defined business functions allowing improved business agility, reduced dependence on a single vendor, and enablement of improved business outcomes. The to-be FX solution includes the scope to eventually modernize all Agency processes and applications by leveraging the Medicaid infrastructure to improve overall Agency functionality. While the characteristics of this to-be FX solution are consistent with all alternatives, there are multiple approach alternatives available to reach the to-be FX solution.

A thorough research effort and market-scan of other states' (with a bias toward those states further along on their modularity journey than Florida) strategies to modernize their Medicaid program delivery capability identified the following potential alternatives:

Modular Incremental Cutover– To replace FMMIS with multiple modules and integrate pieces as they are developed.

This alternative selects system(s) and operational processing performed for each business area and integrates the replacement modules (systems and operational processing) through incremental implementations or cut overs for business areas or bundles of business areas. With this approach the modular components of the existing system are replaced incrementally as you go until all components of all business areas are modernized. The Medicaid agencies in South Carolina, Tennessee, and Wyoming are pursuing this approach.

Modular Single-Cutover – To build a complete stand-alone modular solution before cutover.

This alternative selects, develops, integrates, and tests modular components and operational processing for all business areas and replaces the current processing through one single end-point implementation or cut-over to the new systems that are made from modular components. The Medicaid agencies in Georgia, Ohio, and Virginia are pursuing this approach.

Takeover to Modular – To have vendor(s) takeover the current FMMIS, then modularize over time.

This alternative has a vendor takeover operations of the existing fiscal agent systems and operational processing responsibilities and requires the takeover vendor to cooperate with replacing this existing solution with multi-vendor modular components over time after completion of the takeover. The Medicaid Agency in Wisconsin is pursuing

[2] CMS promulgated the *Interoperability and Patient Access final rule* (CMS-9115-F), enforceable July 2021. This 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.

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this approach.

Modular Cohort Procurements – To combine business areas into fewer procurements, forcing possible vendor partnerships on larger modules.

This alternative is a variation of the modular incremental cutover approach that attempts to gain synergies by procuring and implementing modular solutions for business areas with significant interdependencies or synergies. The Medicaid Agency in New Mexico is pursuing this approach.

3. Rationale for Selection

The Agency considered the following pros and cons of each business solution alternative:

Approach	Pros	Cons
Modular Incremental-Cutover	▪ Allows states to sunset elements of their current solution more quickly ▪ Allows states to begin realizing the benefits of their transformation more quickly ▪ Smaller integrations are less complex and less risky than larger ones ▪ Less disruption occurs during incremental smaller implementations of each module or group of modules	▪ May lengthen the total transformation timeline ▪ May result in some *throw-away* integration to the legacy MMIS solution
Modular Single-Cutover	▪ Decreases time and effort necessary to integrate with legacy system ▪ Minimizes transformational-related changes to the legacy MMIS solution	▪ Full legacy solution remains live until cutover creating duplicate costs before legacy system resolution ▪ Single large integration carries more complexity and risk
Takeover to Modular	▪ Allows ability to retain select elements of the legacy solution that may be functional ▪ Minimizes disruption with current stakeholders ▪ Provides a longer *runway* for modularity transition because it restarts the contract terms on the legacy system	▪ Reduces ability to leverage improved technology, especially in the short term ▪ Delays realization of the benefits of modularity ▪ Risk of limited vendor response to a takeover procurement ▪ CMS has been less open to takeover procurements in recent years and these efforts may qualify for lower levels of Federal funding participation

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APPROACH	PROS	CONS
Module Cohorts	▪ Fewer procurements could reduce the overall transformation timeline	▪ The vendor community has limited experience responding to these combined procurements ▪ This strategy results in increased dependence on a small number of vendors ▪ Potential for increased risk from complex sub/prime vendor relationships necessitated by the cohorts of business functionality

Agency Selection: Modular Incremental-Cutover Approach

The selection of the *modular incremental* cutover approach for FX is based on alignment to the vision and strategic priorities of the transformation.

Referring specifically to the strategic priorities in Section II. A. 1. on page 7 of this document, the *modular incremental-cutover* approach achieves the right balance across these transformation priorities. Leveraging this option, we expect to achieve the transformation objectives at the lowest risk and realize transformation benefits more quickly, all while minimizing unnecessary staff impact and maximizing the efficiency of transformation resources.

At a broad level, the benefits of FX, that will be accelerated by the modular incremental cutover approach, are:

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

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

4. Recommended Business Solution

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

FX will leverage the *modular incremental* cutover approach to replace the current functions of FMMIS in phases based on the CMS Standards and Conditions to ultimately transition to an interoperable and unified FX where individual processes, modules, sub-systems, and systems work together to support Agency programs. FX will replace large, core aspects of the existing FMMIS and fundamentally improve business processes across multiple stakeholder groups encompassing recipients, providers, and Agency staff. The phased approach is detailed in Section II. A. 2. on pages 11 through 20 of this document. Please reference that material as needed but a summary of the four phases is included below. This phased approach meets the criteria of the modular incremental-cutover approach described above.

From 2015 to 2017 the Agency was working on *Phase I: Professional Services Procurements*. This phase focused on the procurement of professional service partners to support strategic planning and independent evaluation of the FX transformation.

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The recommended business solution for *Phase II: FX Infrastructure* (one of the overlapping current phases of FX) includes procurement, implementation, and integration of the IS/IP and EDW components. Phase II also includes planning and development for additional FX modules.

Phase III: FX FMMIS Resolution is concurrently underway. Phase III of the FX transformation is focused on the procurement and implementation of the modules that will fully replace the FMMIS functionality by the required 2024 contract resolution date. These modules include the UOC, the Provider Services Module, Core Systems, the Unified Operations Center, and Pharmacy Benefit Management.

Phase IV: Remaining Non-FMMIS Modules is focused on the procurement and implementation of the remaining modular components required or necessary for delivering world-class health outcomes in Florida that were not tied to the original FMMIS contract.

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 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
- Leverage 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 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,

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Provider , Core, and UOC modules. These requirements informed the SFY2021-22 procurements.

MODULE	REQUIREMENT
IS/IP	
	Enterprise Service Bus
	Master Person Index/Master Organization Index
	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
	Data Mart and Specialized Data Stores
	Enterprise Content Management
	Information Architecture
	Interfaces and Data Services
	Data Quality Control and Data Standardization
	Change Management
	Operations Testing
	Quality Management
	System and User Documentation
	Workflow Management

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Provider Services Module	
	Provider Enrollment
	Enroll Provider
	Determine Provider Eligibility
	Disenroll Provider
	Inquire Provider Information
Provider Credentialing	
	Provider Information Management
	Terminate Provider
	Manage Provider Information
	Provider Support
	Manage Provider Grievance and Appeal
Core Systems (Claims/Encounters/Financial)	
	Edits, Processing, And Adjustments
	Pricing and Payment
	Benefit and Reference Data Management
	Claims Data and Reporting
	System Administration and Operations
	Service Authorizations
	Fiscal Management
	Federal Reporting
	Financial Reporting
	Capitation Payments
	Correspondence Management
Unified Operations Center	
	Customer Experience Strategy and Methodology

	Enterprise Customer Service Support
	Business Services – Provider Management
	Business Services – Recipient Management
	Enterprise Operations Management

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**
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

Business Process Tables	
Module	**Business Process**
	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

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Business Process Tables	
Module	**Business Process**
	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 (MECL) Certification process, 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	Completed 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

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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	Completed 06/21
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	10/24
6	Successful development of CMS-approved requirements for the Core (Claims/Encounters/Financial) Systems 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	Completed 07/21
7	Successful completion of the design, development, and implementation (DDI) of the Core Systems 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	10/24
8	Successful development of CMS-approved requirements for the Provider Services 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	08/21
9	Successful completion of the design, development, and implementation (DDI) of the Provider Services Module solution.	Provider	Assessed by the Agency's Provider Management team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Providers	07/23

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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 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
11	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
12	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
13	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	07/25
14	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
15	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	04/24

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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 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
17	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	07/25
18	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
19	Successful development of CMS-approved requirements for the Enterprise Case Management 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	05/25
20	Successful completion of the design, development, and implementation (DDI) of the Enterprise Case Management 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

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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

#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Start Date (MM/YY)
4	Reduced enrollment and licensure costs incurred by providers (first time and renewals)	Providers	Implementation of the Provider Services Module	Lower total provider administrative processing cost for Medicaid enrollment and licensure	07/23
5	Reduced enrollment and licensure support costs to AHCA (first time and renewals)	State of Florida Medicaid Enterprise	Implementation of the Provider Services Module	Lower total cost to the Agency for enrollment and licensure support	07/23
6	Reduced enrollment and licensure support costs to AHCA by fiscal agent	State of Florida Medicaid Enterprise	Implementation of the Provider Services Module	Lower fiscal agent cost to the Agency for enrollment and licensure support	07/23
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	10/24
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	10/24
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 Systems module	Fewer inaccurate payments made to individual FFS Providers	12/22 and 10/24

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)**
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
10	Reduced Agency costs resulting from difference and latency in health plan policy implementation	State of Florida Medicaid Enterprise	Implementation of the Core Systems module	Lower Agency cost related to new and changed health plan policies	10/24
11	Reduced claim and encounter administration costs incurred by Agency operation management	State of Florida Medicaid Enterprise	Implementation of the Core Systems module	Lower percentage of encounters rejected and returned to the health plans (current benchmark is 30% returned)	10/24
12	Reduced claims administration costs incurred by providers	Providers	Implementation of the Core Systems module	Lower percentage of claims rejected and returned to providers (current benchmark is 35% returned)	10/24
13	Reduced encounter administration costs incurred by health plans	Health Plans	Implementation of the Core Systems module	Lower percentage of recipients utilizing a call center to make a plan selection	10/24

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)
14	Reduced encounter administration costs incurred by providers	Providers	Implementation of the Core Systems module	Lower total administration costs for providers	10/24
15	Reduced payment administration costs incurred by providers	Providers	Implementation of the Core Systems module	Lower total administration costs for providers	10/24
16	Reduced FFS pharmacy expenditures	State of Florida Medicaid Enterprise	Implementation of Pharmacy Benefit Management module	Lower total FFS pharmacy costs	10/24
17	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
18	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

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#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Start Date (MM/YY)
19	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
20	Reduced Agency case management administration costs	State of Florida Medicaid Enterprise	Implementation of the Enterprise Case Management module	Lower total Agency costs related to enterprise and legal case management	03/27
21	Reduced health plan administration costs for cases with the Agency	Health Plans	Implementation of the Enterprise Case Management module	Lower total cost to health plans for Agency-related cases	03/27
22	Reduced provider administration costs for cases with the Agency	Providers	Implementation of the Enterprise Case Management module	Lower total administration costs for providers	03/27
23	Automated final orders	State of Florida Medicaid Enterprise	Implementation of the Enterprise Case Management module	Lower number and cost of final case orders	03/27
24	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
25	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

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)**
26	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
27	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
28	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
29	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
30	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

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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-3: 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. 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-3: Required CBA Forms

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See the tab entitled “CBAForm1 NetTangibleBenefits” in the CBA file.

Attachment A - Cost Benefit Analysis_FY2(

Exhibit IV-4: Operational Costs & Tangible Benefits

See the tab entitled “CBAForm2A BaselineProjectBudget” in the CBA file (provided above).

Exhibit IV-5: Baseline Project Budget

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CBAForm 2 - Project Cost Analysis

Agency AHCA   Project FX

PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)								TOTAL
	Prior Years' Costs	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
TOTAL PROJECT COSTS (*)	$158,407,429	$98,008,049	$99,122,444	$98,947,267	$30,612,098	$36,288,852	$12,803,306	$0	$534,189,445
CUMULATIVE PROJECT COSTS *(includes Current & Previous Years' Project-Related Costs)*	$158,407,429	$256,415,478	$355,537,922	$454,485,189	$485,097,287	$521,386,139	$534,189,445	$534,189,445	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.									

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B								TOTAL
	Prior Years' Costs	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
General Revenue	$18,309,307	$11,657,138	$12,674,155	$19,663,887	$3,769,593	$5,237,938	$1,317,900	$0	$72,629,918
Trust Fund	$0	$0	$0	$0	$0	$0	$0	$0	$0
Federal Match	$140,098,122	$86,350,911	$86,448,289	$79,283,379	$26,842,505	$31,050,914	$11,485,406	$0	$461,559,527
Grants	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL INVESTMENT	$158,407,429	$98,008,049	$99,122,444	$98,947,267	$30,612,098	$36,288,852	$12,803,306	$0	$534,189,445
CUMULATIVE INVESTMENT	$158,407,429	$256,415,478	$355,537,922	$454,485,189	$485,097,287	$521,386,139	$534,189,445	$534,189,445	

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-6: Project Cost Analysis

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CBAForm 3 - Project Investment Summary

Agency	AHCA	**Project**	FX

	COST BENEFIT ANALYSIS -- CBAForm 3A								
	1	2	3	4	5	6	7	8	
	Prior Years' Costs	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	($158,407,429)	($98,008,049)	($99,122,444)	($98,947,267)	($30,612,098)	($36,288,852)	($12,803,306)	$0	($534,189,445)
Net Tangible Benefits	$0	$6,882,801	$50,994,728	$63,464,479	$145,448,139	$219,855,653	$295,029,209	$295,041,364	$1,076,716,374
Return on Investment	($158,407,429)	($91,125,247)	($48,127,716)	($35,482,787)	$114,836,041	$183,566,801	$282,225,903	$295,041,364	$542,526,929
								NPV =	$378,247,548

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	6.16	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	2027-28	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	$378,247,548	NPV is the present-day value of the project's benefits less costs over the project's life cycle.
Internal Rate of Return (IRR)	21.45%	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%	2.69%	2.90%	3.09%	3.29%	3.48%	3.48%	3.48%

Exhibit IV-7: Investment Summary

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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". This is M&O that occurs in a fiscal year during which implementation is completed; i.e., DDI activity ends 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. Exhibit IV-7 presents an estimated NPV from the project of **$378,247,548**. The NPV calculation includes an estimate of **$1,076,716,374** in total project benefits and total project costs of **$534,189,445***. Because benefits continue after the analysis period, the calculated NPV is conservative, potentially understating benefits of the project to the Agency and Florida stakeholders.

**Of note is that $158,407,429 of the total project cost has been expended prior to SFY 2022-2023. This leaves a balance of $375,782,016 in project costs spread across the remaining project years. Additionally, $321,461,404 of this balance is to be paid through federal match dollars, leaving $54,320,611 to be paid with State of Florida funds.*

a. Project Costs

The estimated total cost of implementing FX is $**534,189,445** over the life of the project.

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b. *Project Financial Return Analysis*

The Agency has computed the following values for FX.

INVESTMENT TERM	COMPUTED VALUE
Total Cost	$534,189,445
Benefits	$1,076,716,374 in total benefits
Payback Period	6.16 years
Payback Date	SFY 2027-2028
	ANALYSIS
Net Tangible Benefits	$542,526,929 (total benefits minus total costs)
Net Present Value (NPV)	$378.3M
Internal Rate of Return (IRR)	21.45%

Exhibit IV-8: Financial Return Analysis

The breakeven year is SFY 2027-2028, meaning that benefits from FX will have fully "paid back" the investment costs of the project by that time. This breakeven indicates a strong project that pays for itself relatively quickly.

- The project NPV is $378.3 million. NPV is the present-day value of the project's benefits less costs over the project's life cycle. By this measure, the FX project is a sound investment.
- The IRR for FX is 21.45 percent. The IRR is an individual project's (such as FX's) rate of return, and serves as a useful comparison when the Florida Legislature is making investment decisions. The Florida Legislature's Office of Economic and Demographic Research (EDR) estimates the cost of capital for investment analysis purposes; for SFY 2022-2023, that rate is 2.69%. The FX project's IRR far exceeds the projected cost of capital, and the project should produce considerable tangible benefits well-beyond the analysis period.

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 2022-2023.

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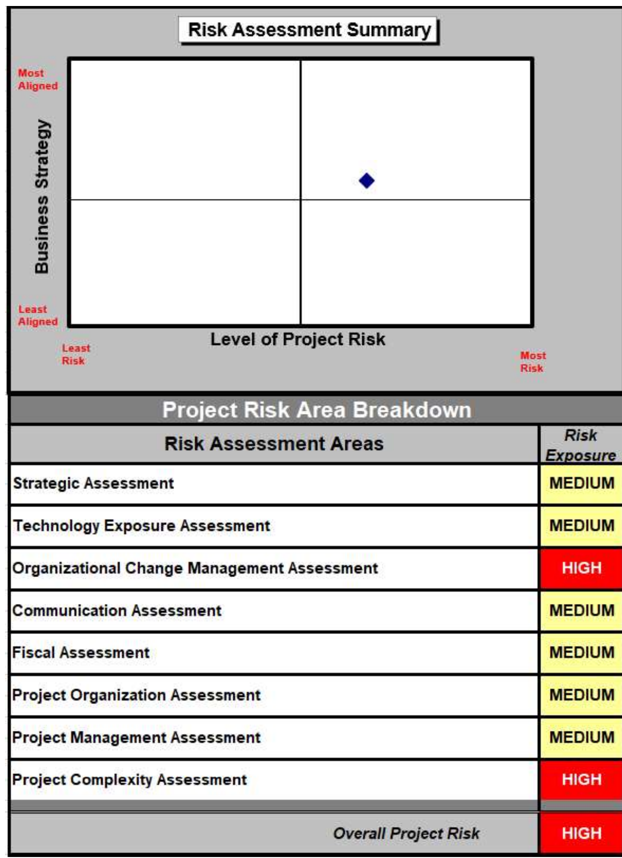
V. Schedule IV-B Major Project Risk Assessment

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	MEDIUM
Technology Exposure Assessment	MEDIUM
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.

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- 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. This was previously answered as *Moderate external use or visibility* with the note visibility will increase as the program evolves and customers (providers, recipients, and other stakeholders) are introduced to new technologies. For FY 2022-23, this is increased to *Extensive external use or visibility* in anticipation of the implementation activities planned to start in FY 2022-23. Implementation will include Organizational Change Management activities, which will likely engage external stakeholders.
- 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, plus the integration platform was implemented in March 2021. Once the Enterprise Data Warehouse is implemented in FY 2022-23, only moderate infrastructure changes will remain.
- 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 3.04 – While the OCM Plan has been approved, it is updated as needed to reflect the evolving needs of FX. As the program progresses, new vendors are contracted, and new stakeholders get engaged.
- 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 contractors 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 message outcomes or success measures are created as key messages are developed.
- 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. 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.

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- Question 5.16 – Procurement selection criteria and outcomes have been clearly identified for current procurements. They have not yet been defined for future procurements.
- Question 5.18 – The procurements require *demos* of bidders' solutions; however, a demo isn't the same as a proof of concept or prototype.
- Question 6.03 – The Agency is responsible for integrating project deliverables into the final solution. The SEAS Vendor and the IS/IP Vendor support the Agency with the strategic, architectural, and technical elements of integration.
- 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, requirements and design specifications have been defined and documented for IS/IP and EDW. Requirements have been documented for the PSM, Core, and UOC modules. However, design specifications for those modules have not yet been documented. 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 2022-2023: Agency staff are located at the Ft. Knox Office Complex. Enrollment Broker Vendor staff, the IS/IP Vendor, the EDW Vendor, and 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.

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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

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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 Electronic Data Interchange (EDI), the MMIS/DSS, interChange User Interface (UI), and the Pharmacy Benefit 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 Extensible Markup Language (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, Gainwell Technologies. 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.

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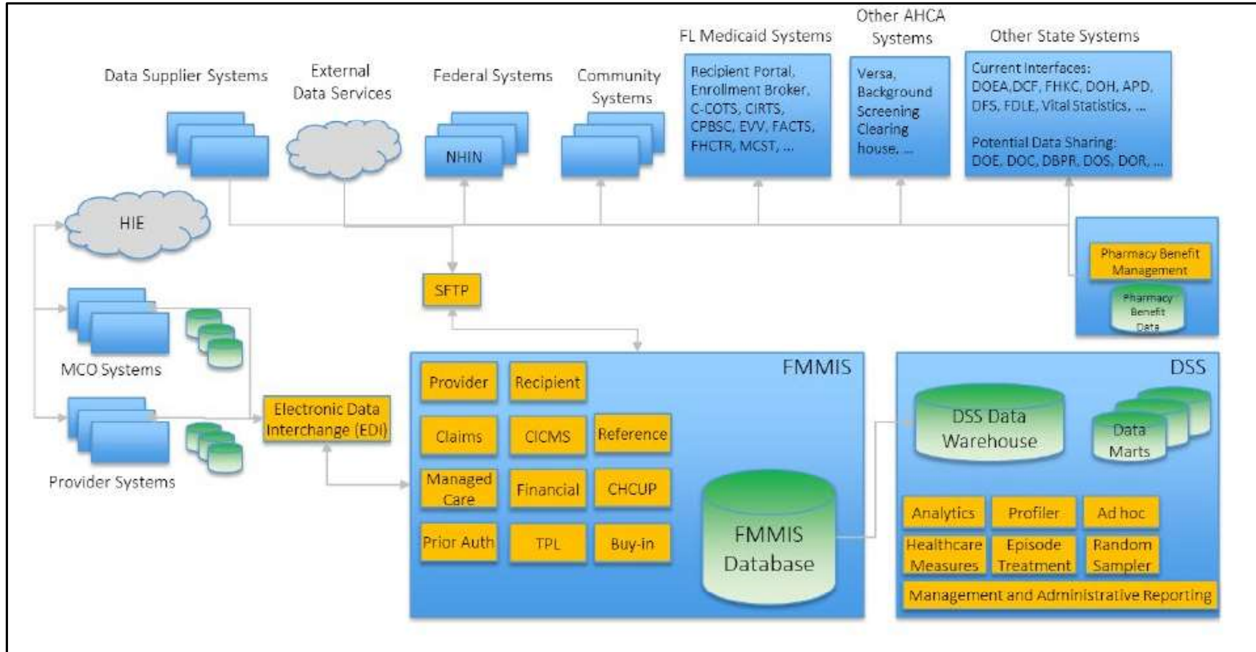

Exhibit VI-2: Current Conceptual Technical Architecture

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

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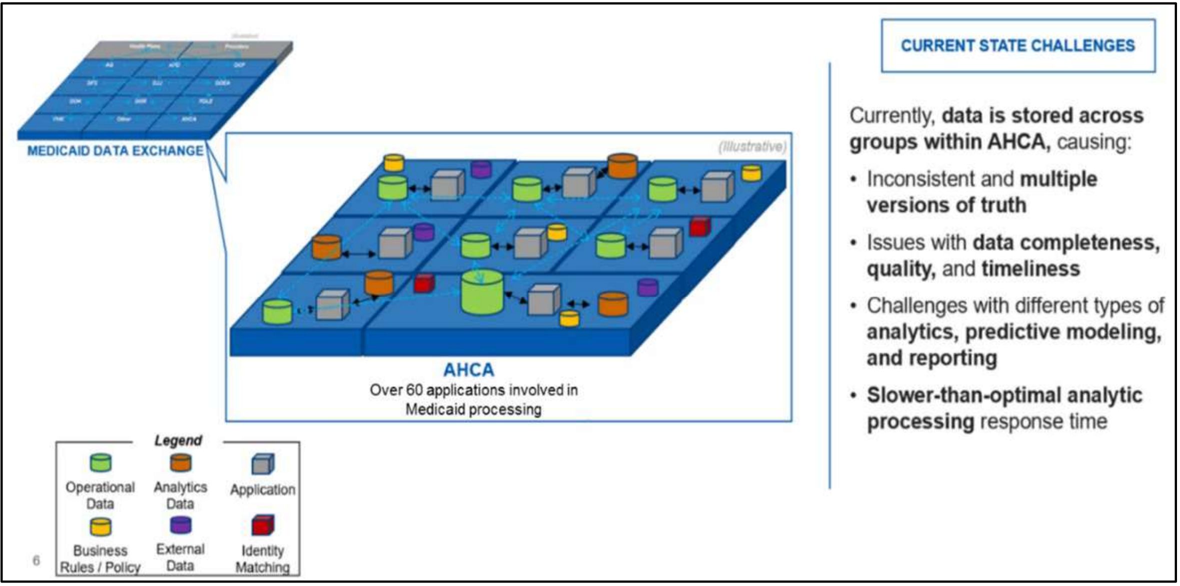

Exhibit VI-3: Current State (Illustrative)

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, Gainwell Technologies, submits system staffing reports. 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, Gainwell Technologies, submits a system performance report card for the largest system in the Medicaid Enterprise.

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.
- Florida Cloud Computing Standards described in Florida Administration Rule 60GG-4.001 through 60GG-2.006, F.A.C.

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- 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)
- T-8: 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.

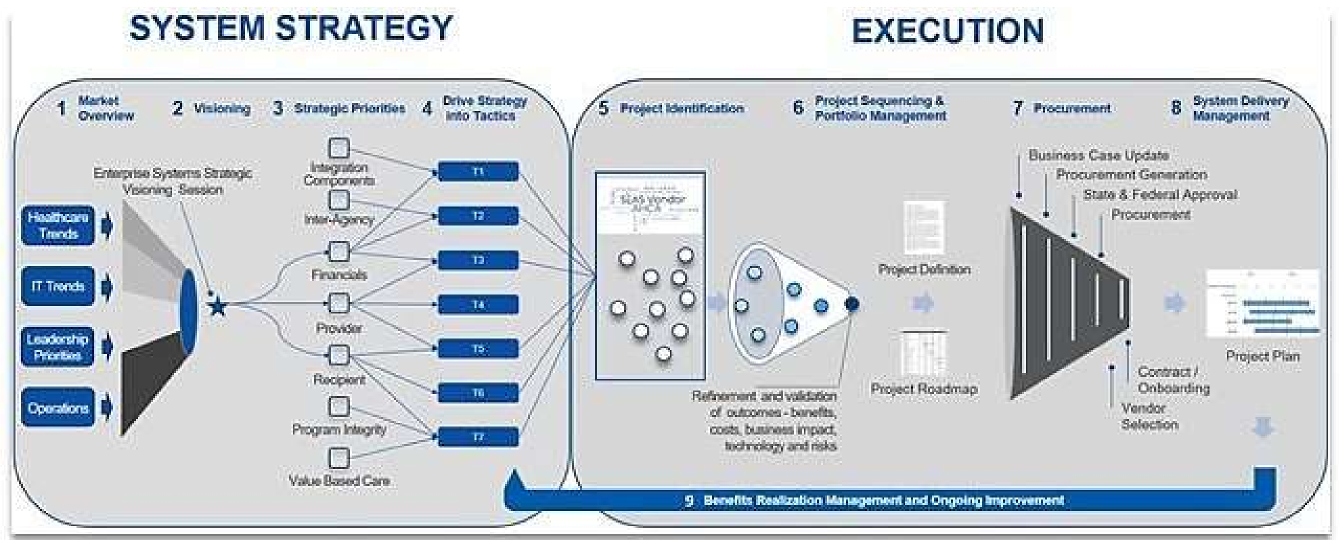


Exhibit VI-4: System Strategy and Portfolio Management Execution Process

B. Current Hardware and/or Software Inventory

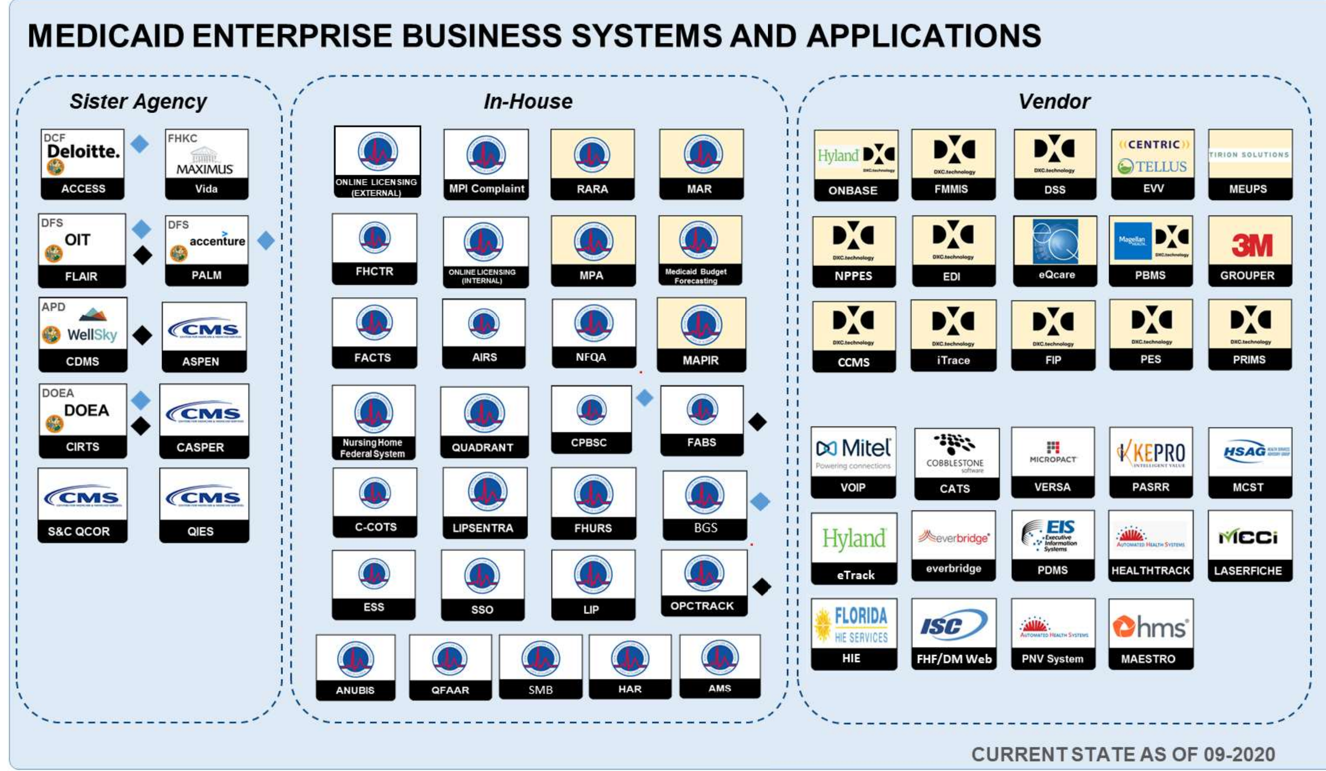
NOTE: Current customers of the state data center would obtain this information from the data center.

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



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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 (2020) Medicaid Business Systems and Applications Portfolio

INTERFACES

The Agency has over two hundred (200) inbound/outbound interfaces between applications.

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
IS/IP	▪ Oracle Exadata

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

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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:

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#	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 Systems (Claims/Encounter/Financial/Reference Management) Provider Services Module 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**.

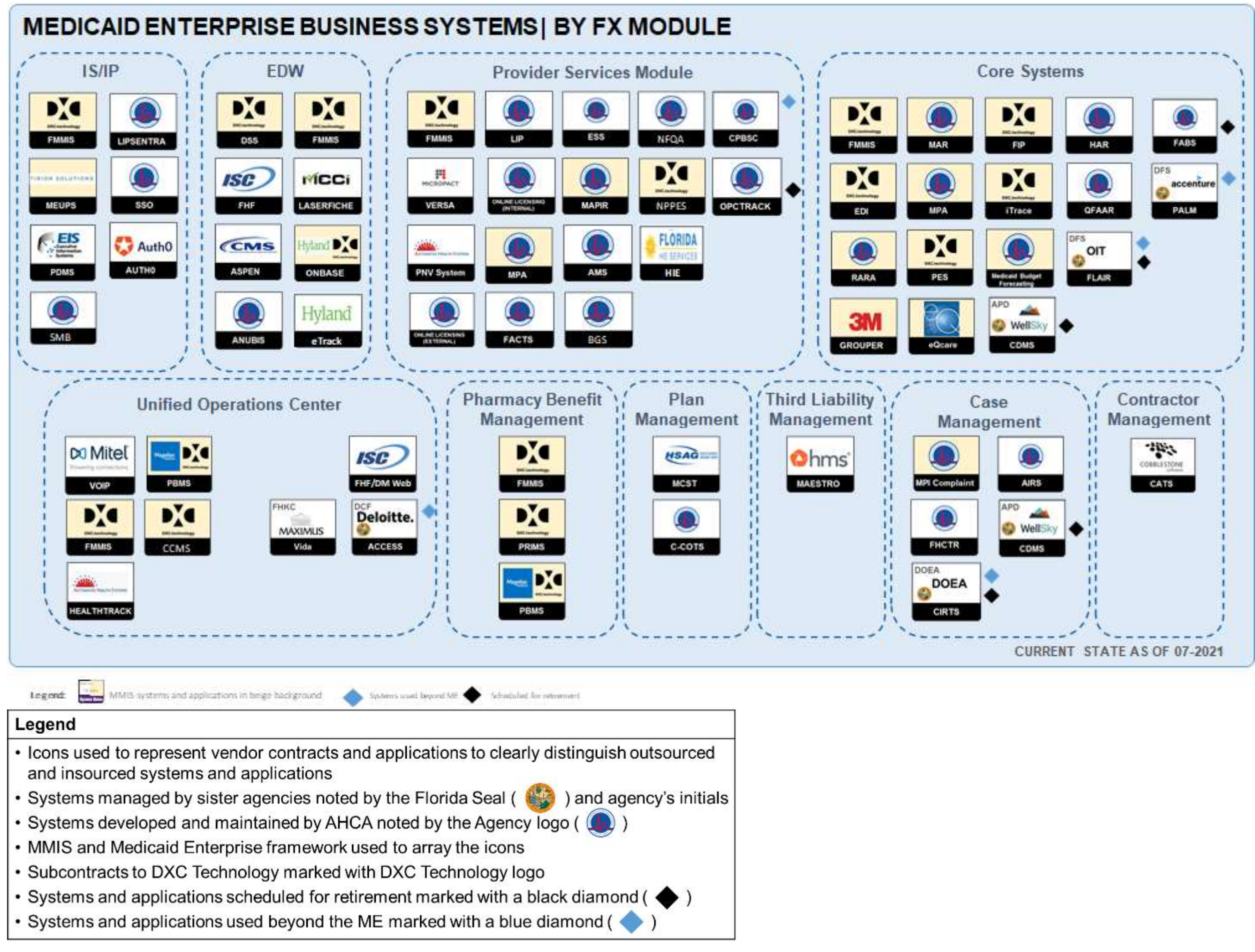

Exhibit VI-9: Medicaid Enterprise Business Systems by FX Module

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)

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- 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 consider using open-competitive solicitations, the NASPO ValuePoint cooperative purchasing program, or other alternative contract sources to procure future FX modules and components. The Agency will adopt the procurement method that best meets the needs of the Agency.

The Agency will leverage the work of the NASPO ValuePoint solutions for Medicaid Systems in the development of procurements when available. 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

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- 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

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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: FX Conceptual Architecture Diagram**.

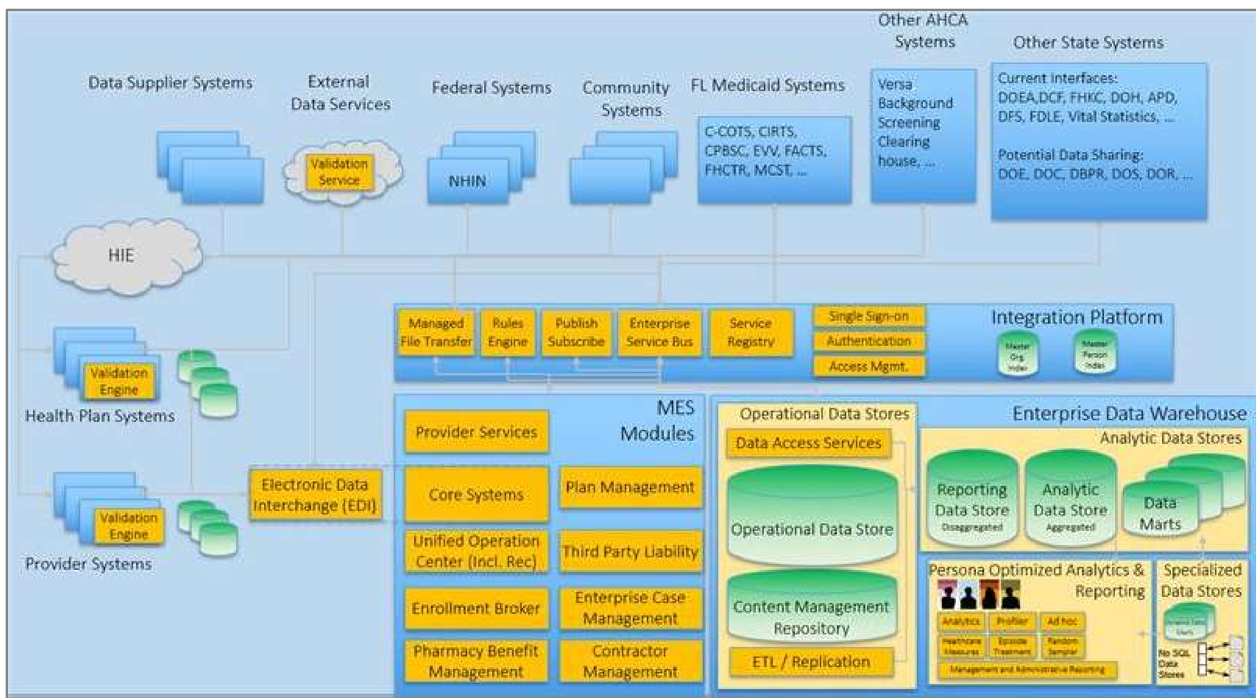

Exhibit VI-9: FX Conceptual Architecture Diagram

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

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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 solution, 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

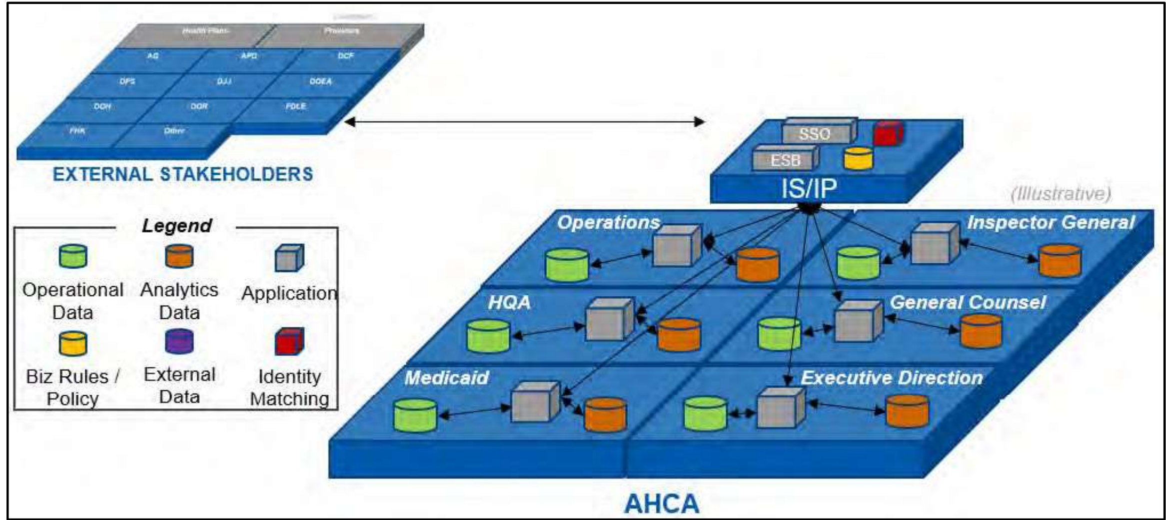

Exhibit VI-10: IS/IP Future State (Illustrative)

The IS/IP Vendor has architected the system to be flexible and capable of supporting future technology integration approaches (e.g., microservices) as well as traditional (legacy) interfaces and protocols. IS/IP will enable the Agency to exchange information with external systems easily and securely to obtain, validate, and manage information

Error! Reference source not found. shows how the IS/IP platform will serve as the connection point between the FX modules (the grey boxes on the right and the blue boxes on the left). The IS/IP platform consists of three key components. At the high-level system, there is an Enterprise Service Bus platform at the top which includes business rules management. The second platform in the lower half is the Master Data Management platform, where the Master Organization Index and Master Person Index (MOI/MPI) will be built. The third platform is the Single Sign-On (SSO) platform built on the Identity and Access management in the yellow color in the middle.

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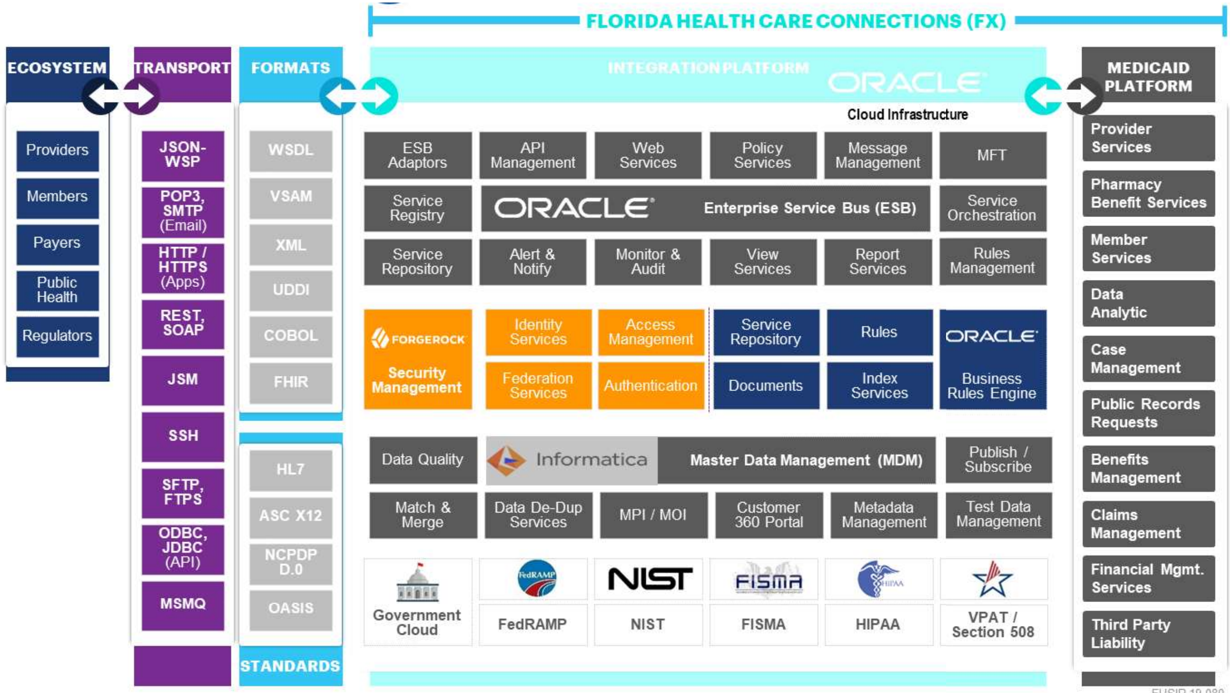

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Future State: Enterprise Data Service (EDW)

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

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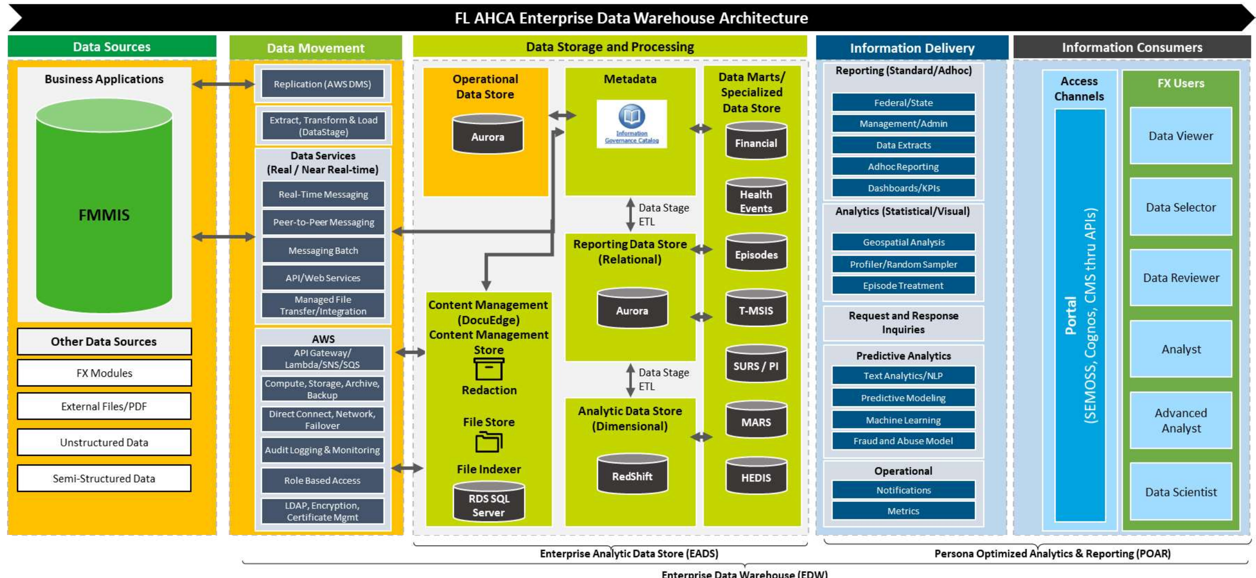

Exhibit VI-12: EDW Future State (Illustrative)

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-13: 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

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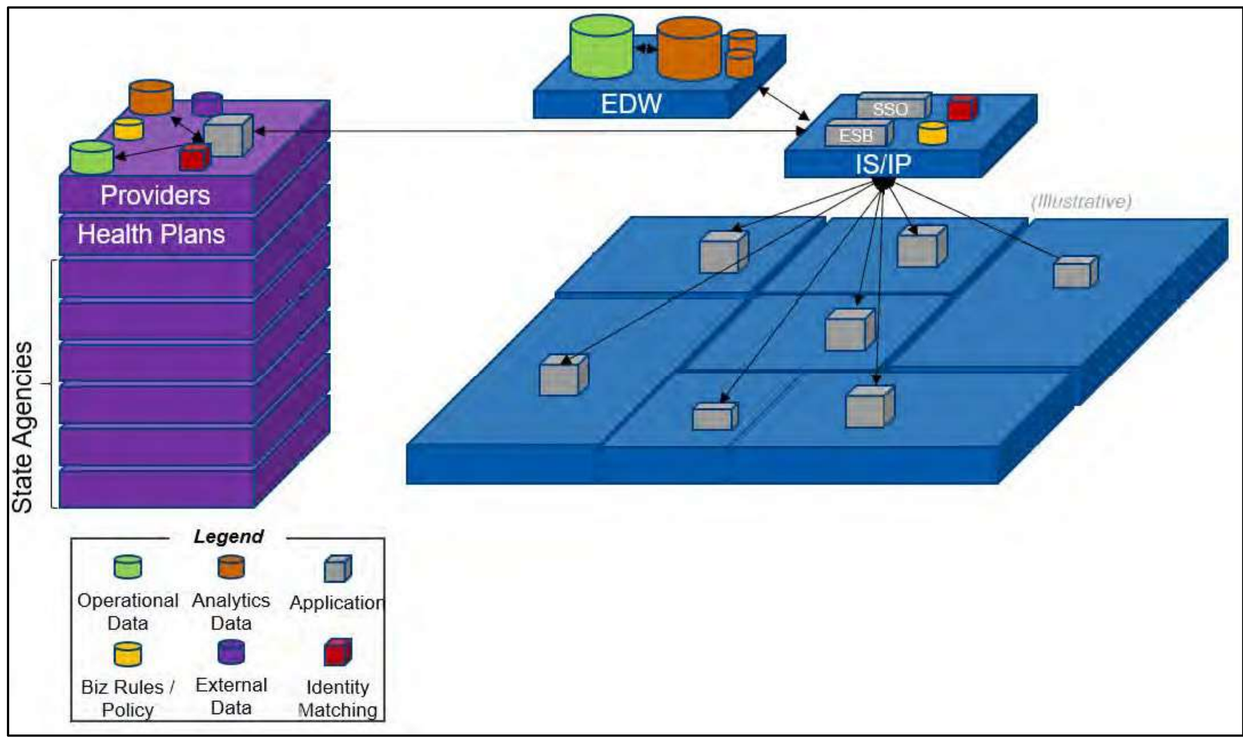

Exhibit VI-13: Modular Future State (Illustrative)

Exhibit VI-14: Data Management Strategy Enabling Capability 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.
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.

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ENABLING CAPABILITY	DESCRIPTION
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.
Data Access Services	Provides decoupled access to data at varying levels of granularity. Data access services will span from elemental data services to module specific data services to composite cross module data services.
Operational Data Store	The data store of transactional data. Access to operational data is through data access services and APIs.
Extract Transform Load (ETL)/Data Replication	Software that transfers information between data stores.
Reporting Data Store	A data store optimized for use by dashboards and reporting and is continuously updated with data from the operational data store.
Analytic Data Store	The data store optimized for analytic analysis. Also referred to as the data warehouse.
Data Marts	Specialized data stores that are structured and optimized for specific types of analysis or used by specific business units.
Dynamic Data Marts	Data stores that are created upon request in an optimized structure for a specific analysis or type of analysis.

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ENABLING CAPABILITY	DESCRIPTION
Not Only SQL (NoSQL) Analytic Data Stores	Analytic data store that is optimized for unstructured data sources and big data analytics.

Exhibit VI-14: Data Management Strategy Enabling Capability

Exhibit VI-15: Data Management Strategy Vision Matrix below maps each data management enabling capability to the pillars of the Data Management Strategy Vision.

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

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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
Operational Data Store				✓		
ETL/Data Replication				✓	✓	
Reporting Data Store			✓	✓	✓	
Analytic Data Store					✓	✓
Data Marts					✓	✓
Dynamic Data Marts					✓	✓
NoSQL Analytic Data Stores					✓	✓

Exhibit VI-15: Data Management Strategy Vision Matrix

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.

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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

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- 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, outlined in **Exhibit VII-1: FX 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.

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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.

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ORGANIZATION, STRATEGIC, PROGRAMMATIC, AND TECHNICAL DOMAINS	
Deliverable	**Description**
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.
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.

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Organization, Strategic, Programmatic, and Technical Domains	
Deliverable	**Description**
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.
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.

Exhibit VII-1: FX Deliverables

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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. O-1: SEAS Management Plan

F. S-1: FX Governance Plan

G. S-2: FX Strategic Planning Training Program

H. S-3: FX Strategic Plan

I. S-4: Strategic Project Portfolio Management Plan

J. P-1: Revised MITA State Self-Assessment and Update Process

K. P-2: FX Project Management Standards

L. P-3: FX Project Management Toolkit

M. P-4: Medicaid Enterprise Certification Management Plan

N. T-1: Data Management Strategy

O. T-2: Information Architecture Documentation

P. T-3: Data Standards

Q. T-4: Technical Management Strategy

R. T-5: Technical Architecture Documentation

S. T-6: Technology Standards

T. T-7: Design and Implementation Management Standards

U. T-8: Enterprise Data Security Plan

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 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. 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
A.b Total Staff	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
A-1.b. State FTEs (#)	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
A-2.b. OPS (#)	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
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
B. Application Maintenance Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-1. Managed Services (Staffing)	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-2. Hardware	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-3. Software	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-4. Other Specify	$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
C-1. Managed Services (Staffing)	$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
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
C-4. Disaster Recovery	$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
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
E. Other Costs	$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
E-2. Travel	$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
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
F. Additional Tangible Benefits:		$0			$6,882,801			$50,994,728	
F-1. EDW		$0			$6,882,801			$16,593,349	
F-2. Provider Management		$0			$0			$34,401,379	
F-3. Unified Operations Center		$0			$0			$0	
F-4. Core (Claims / Encounter / Financial)		$0			$0			$0	
F-5. Pharmacy Benefit Management		$0			$0			$0	
F-6. Plan Management		$0			$0			$0	
F-7. Third Party Liability		$0			$0			$0	
F-8. Case Management		$0			$0			$0	
F-9. Contractor Management		$0			$0			$0	
Total Net Tangible Benefits:		$0			$6,882,801			$50,994,728	

Agency (Recurring Costs Only -- No Project Costs)	FY 2024-25			FY 2025-26			FY 2026-27		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
A. 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
A.b Total Staff	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
A-1.b. State FTEs (#)	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
A-2.b. OPS (#)	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
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
B. Application Maintenance Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-1. Managed Services (Staffing)	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-2. Hardware	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-3. Software	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-4. Other Specify	$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
C-1. Managed Services (Staffing)	$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
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
C-4. Disaster Recovery	$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
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
E. Other Costs	$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
E-2. Travel	$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
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
F. Additional Tangible Benefits:		$63,464,479			$145,448,139			$219,855,653	
F-1. EDW		$8,504,243			$8,721,164			$13,417,630	
F-2. Provider Management		$21,727,187			$21,727,187			$32,590,780	
F-3. Unified Operations Center		$8,129,745			$27,581,983			$41,398,396	
F-4. Core (Claims / Encounter / Financial)		$25,025,793			$85,846,854			$128,951,944	
F-5. Pharmacy Benefit Management		$77,511			$175,253			$280,912	
F-6. Plan Management		$0			$0			$0	
F-7. Third Party Liability		$0			$1,395,700			$2,955,600	
F-8. Case Management		$0			$0			$94,235	
F-9. Contractor Management		$0			$0			$166,155	
Total Net Tangible Benefits:		$63,464,479			$145,448,139			$219,855,653	

Agency (Recurring Costs Only -- No Project Costs)	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. Personnel Costs -- Agency-Managed Staff	$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
A-1.a. State FTEs (Salaries & Benefits)	$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
A-2.a. OPS Staff (Salaries)	$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
A-3.a. Staff Augmentation (Contract Cost)	$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
B. Application Maintenance Costs	$0	$0	$0	$0	$0	$0
B-1. Managed Services (Staffing)	$0	$0	$0	$0	$0	$0
B-2. Hardware	$0	$0	$0	$0	$0	$0
B-3. Software	$0	$0	$0	$0	$0	$0
B-4. Other Specify	$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
C-1. Managed Services (Staffing)	$0	$0	$0	$0	$0	$0
C-2. Infrastructure	$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
C-4. Disaster Recovery	$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
D. Plant & Facility Costs	$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
E-1. Training	$564,928	$0	$564,928	$564,928	$0	$564,928
E-2. Travel	$132,990	$0	$132,990	$132,990	$0	$132,990
E-3. Other Specify	$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
F. Additional Tangible Benefits:		$295,029,209			$295,041,364	
F-1. EDW		$18,352,475			$18,352,475	
F-2. Provider Management		$43,454,373			$43,454,373	
F-3. Unified Operations Center		$55,326,667			$55,326,667	
F-4. Core (Claims / Encounter / Financial)		$172,186,991			$172,186,991	
F-5. Pharmacy Benefit Management		$401,880			$401,880	
F-6. Plan Management		$279,558			$291,712	
F-7. Third Party Liability		$3,940,800			$3,940,800	
F-8. Case Management		$603,106			$603,106	
F-9. Contractor Management		$483,360			$483,360	
Total Net Tangible Benefits:		$295,029,209			$295,041,364	

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

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 2A Baseline Project Budget

Row	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
					$ 158,407,429	FY2022-23	$ 98,008,049		FY2023-24	$ 99,122,444		FY2024-25	$ 98,947,267	
5	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Contractor Management - Project Deliverables - Planning**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 388,800	$ -
6	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Contractor Management - Project Deliverables - Procurement**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 530,400	$ -
7	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Contractor Management - Project Deliverables - DDI**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -
9	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Contractor Management - Maintenance and Operations**	Contracted Services	25%	$ -		$ -	$ -		$ -	$ -		$ -	$ -
11	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Core - Project Deliverables - Procurement**	Contracted Services	10%	$ 1,942,811		$ 390,060	$ -		$ -	$ -		$ -	$ -
12	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Core - Project Deliverables - DDI**	Contracted Services	10%	$ 6,511,315		$ 19,765,204	$ -		$ 30,545,034	$ -		$ 6,492,066	$ -
14	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Core - Maintenance and Operations**	Contracted Services	25%	$ -		$ -	$ -		$ 3,384,267	$ -		$ 21,611,200	$ -
15	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Data Governance - Project Deliverables - DDI**	Contracted Services	10%	$ 385,995		$ 222,000	$ -		$ 222,000	$ -		$ 222,000	$ -
17	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Enterprise Data Warehouse** (EDW) **- Project Deliverables - DDI**	Contracted Services	10%	$ 29,946,663		$ 4,690,847	$ -		$ 3,656,946	$ -		$ -	$ -
19	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%	$ -		$ 11,375,087	$ -		$ -	$ -		$ -	$ -
20	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Enterprise Case Management - Project Deliverables - Planning**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 576,000	$ -
21	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Enterprise Case Management - Project Deliverables - Procurement**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 625,600	$ -
22	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Enterprise Case Management - Project Deliverables - DDI**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -
24	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Enterprise Case Management - Maintenance and Operations**	Contracted Services	25%	$ -		$ -	$ -		$ -	$ -		$ -	$ -
25	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**FMMIS Support - Project Deliverables - DDI**	Contracted Services	10%	$ 10,940,293		$ 9,438,882	$ -		$ 6,213,630	$ -		$ 1,569,662	$ -
27	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**FX Operations**	Contracted Services	10%	$ 48,303,887		$ 13,923,802	$ -		$ 4,318,471	$ -		$ 4,318,471	$ -
28	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%	$ 15,160,710		$ -	$ -		$ -	$ -		$ -	$ -
30	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%	$ 16,329,427		$ -	$ -		$ -	$ -		$ -	$ -
36	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Pharmacy Benefit - Project Deliverables - Planning**	Contracted Services	10%	$ -		$ 439,280	$ -		$ -	$ -		$ -	$ -
37	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Pharmacy Benefit - Procurement**	Contracted Services	10%	$ -		$ -	$ -		$ 1,033,600	$ -		$ -	$ -
38	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Pharmacy Benefit - Project Deliverables - DDI**	Contracted Services	10%	$ -		$ -	$ -		$ 4,050,086	$ -		$ 2,481,178	$ -
40	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Pharmacy Benefit - Maintenance and Operations**	Contracted Services	25%	$ -		$ -	$ -		$ 435,200	$ -		$ 15,074,934	$ -
41	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Plan Management - Project Deliverables - Planning**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 777,600	$ -
42	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Plan Management - Project Deliverables - Procurement**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 1,088,000	$ -
43	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Plan Management - Project Deliverables - DDI**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -
45	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Plan Management - Maintenance and Operations**	Contracted Services	25%	$ -		$ -	$ -		$ -	$ -		$ -	$ -
46	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	$ -
47	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Provider - Project Deliverables - Procurement**	Contracted Services	10%	$ 1,199,167		$ 230,328	$ -		$ -	$ -		$ -	$ -
48	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Provider - Project Deliverables - DDI**	Contracted Services	10%	$ 5,335,748		$ 8,742,975	$ -		$ 2,008,413	$ -		$ 471,688	$ -
50	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Provider - Maintenance and Operations**	Contracted Services	25%	$ -		$ 750,000	$ -		$ 6,200,307	$ -		$ -	$ -
52	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Third Party Liability - Project Deliverables - Planning**	Contracted Services	10%	$ -		$ -	$ -		$ 388,800	$ -		$ -	$ -
53	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Third Party Liability - Project Deliverables - Procurement**	Contracted Services	10%	$ -		$ -	$ -		$ 1,033,600	$ -		$ -	$ -
54	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Third Party Liability - Project Deliverables - DDI**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 3,946,522	$ -
56	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Third Party Liability - Maintenance and Operations**	Contracted Services	25%	$ -		$ -	$ -		$ -	$ -		$ 1,060,800	$ -
57	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Unified Operations Center - Procurement**	Contracted Services	10%	$ 777,697		$ 140,040	$ -		$ -	$ -		$ -	$ -
58	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Unified Operations Center - DDI**	Contracted Services	10%	$ 2,506,184		$ 13,686,075	$ -		$ 16,094,437	$ -		$ 3,852,453	$ -
60	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Unified Operations Center - Maintenance and Operations**	Contracted Services	25%	$ -		$ -	$ -		$ 8,142,498	$ -		$ 27,130,338	$ -
61	Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	**IV&V Vendor**	Contracted Services	10%	$ 13,016,132		$ 3,230,996	$ -		$ 3,230,996	$ -		$ 3,230,996	$ -
63	Other Hardware / Software	**Other Hardware / Software - Microsoft Project Online, Microsoft Power BI Pro, MITA Source Pulse**	OCO / Contracted Services	25%	$ 127,665		$ 250,465	$ -		$ 250,465	$ -		$ 250,465	$ -
66	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**CMS Interoperability - Planning**	Contracted Services	10%	$ 331,469		$ -	$ -		$ -	$ -		$ -	$ -
67	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**CMS Interoperability - Implementation**	Contracted Services	10%	$ 1,632,000		$ 4,614,008	$ -		$ -	$ -		$ -	$ -
68	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**ISIP Task Orders**	Contracted Services	10%	$ 750,600		$ -	$ -		$ -	$ -		$ -	$ -
70	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Module Existing Systems Integration**	Contracted Services	10%	$ 1,843,520		$ 5,118,000	$ -		$ 4,896,000	$ -		$ -	$ -

Row	Project Cost Element	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	TOTAL
		FY2025-26	$ 30,612,098		FY2026-27	$ 36,288,852		FY2027-28	$ 12,803,306		FY2028-29	$ -		$ 534,189,445
5	Contractor Management - Project Deliverables - Planning		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 388,800
6	Contractor Management - Project Deliverables - Procurement		$ 503,200	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 1,033,600
7	Contractor Management - Project Deliverables - DDI		$ 2,900,534	$ -		$ 2,218,810	$ -		$ 269,280	$ -		$ -	$ -	$ 5,388,624
9	Contractor Management - Maintenance and Operations		$ -	$ -		$ 4,465,356	$ -		$ -	$ -		$ -	$ -	$ 4,465,356
11	Core - Project Deliverables - Procurement		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 2,332,871
12	Core - Project Deliverables - DDI		$ 2,500,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 65,813,619
14	Core - Maintenance and Operations		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 24,995,467
15	Data Governance - Project Deliverables - DDI		$ 222,000	$ -		$ 222,000	$ -		$ 222,000	$ -		$ -	$ -	$ 1,717,995
17	Enterprise Data Warehouse (EDW) - Project Deliverables - DDI		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 38,294,455
19	Enterprise Data Warehouse (EDW) - Maintenance and Operations		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 11,375,087
20	Enterprise Case Management - Project Deliverables - Planning		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 576,000
21	Enterprise Case Management - Project Deliverables - Procurement		$ 272,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 897,600
22	Enterprise Case Management - Project Deliverables - DDI		$ 3,685,020	$ -		$ 7,943,940	$ -		$ 707,200	$ -		$ -	$ -	$ 12,336,160
24	Enterprise Case Management - Maintenance and Operations		$ -	$ -		$ 3,889,600	$ -		$ -	$ -		$ -	$ -	$ 3,889,600
25	FMMIS Support - Project Deliverables - DDI		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 28,162,467
27	FX Operations		$ 4,318,471	$ -		$ 4,318,471	$ -		$ 4,318,471	$ -		$ -	$ -	$ 83,820,044
28	Integration Services and Integration Platform (IS/IP) - Project Deliverables - DDI		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 15,160,710
30	Integration Services and Integration Platform (IS/IP) - Maintenance and Operations		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 16,329,427
36	Pharmacy Benefit - Project Deliverables - Planning		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 439,280
37	Pharmacy Benefit - Procurement		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 1,033,600
38	Pharmacy Benefit - Project Deliverables - DDI		$ 391,680	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 6,922,944
40	Pharmacy Benefit - Maintenance and Operations		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 15,510,134
41	Plan Management - Project Deliverables - Planning		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 777,600
42	Plan Management - Project Deliverables - Procurement		$ 734,400	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 1,822,400
43	Plan Management - Project Deliverables - DDI		$ 1,669,440	$ -		$ 4,332,480	$ -		$ 326,400	$ -		$ -	$ -	$ 6,328,320
45	Plan Management - Maintenance and Operations		$ -	$ -		$ 2,121,600	$ -		$ -	$ -		$ -	$ -	$ 2,121,600
46	Prioritized Projects - Project Deliverables - DDI		$ 2,017,694	$ -		$ 2,017,694	$ -		$ 2,017,694	$ -		$ -	$ -	$ 10,088,470
47	Provider - Project Deliverables - Procurement		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 1,429,495
48	Provider - Project Deliverables - DDI		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 16,558,824
50	Provider - Maintenance and Operations		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 6,950,307
52	Third Party Liability - Project Deliverables - Planning		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 388,800
53	Third Party Liability - Project Deliverables - Procurement		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 1,033,600
54	Third Party Liability - Project Deliverables - DDI		$ 1,114,790	$ -		$ 277,440	$ -		$ -	$ -		$ -	$ -	$ 5,338,752
56	Third Party Liability - Maintenance and Operations		$ 4,472,088	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 5,532,888
57	Unified Operations Center - Procurement		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 917,737
58	Unified Operations Center - DDI		$ 1,098,920	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 37,238,069
60	Unified Operations Center - Maintenance and Operations		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 35,272,836
61	IV&V Vendor		$ 3,230,996	$ -		$ 3,230,996	$ -		$ 3,230,996	$ -		$ -	$ -	$ 32,402,108
63	Other Hardware / Software - Microsoft Project Online, Microsoft Power BI Pro, MITA Source Pulse		$ 250,465	$ -		$ 250,465	$ -		$ 250,465	$ -		$ -	$ -	$ 1,630,455
66	CMS Interoperability - Planning		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 331,469
67	CMS Interoperability - Implementation		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 6,246,008
68	ISIP Task Orders		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 750,600
70	Module Existing Systems Integration		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 11,857,520

Row	Project Cost Element	State Match %	Previous Years Project-Related Cost	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	FY2027-28	FY2028-29	FY2029-30	Totals
5	Contractor Management - Project Deliverables - Planning	10%	$ -	$ -	$ -	$ 38,880	$ -	$ -	$ -	$ -	$ -	$ 38,880
6	Contractor Management - Project Deliverables - Procurement	10%	$ -	$ -	$ -	$ 53,040	$ 50,320	$ -	$ -	$ -	$ -	$ 103,360
7	Contractor Management - Project Deliverables - DDI	10%	$ -	$ -	$ -	$ -	$ 290,053	$ 221,881	$ 26,928	$ -	$ -	$ 538,862
9	Contractor Management - Maintenance and Operations	25%	$ -	$ -	$ -	$ -	$ -	$ 1,116,339	$ -	$ -	$ -	$ 1,116,339
11	Core - Project Deliverables - Procurement	10%	$ 194,281	$ 39,006	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 233,287
12	Core - Project Deliverables - DDI	10%	$ 651,132	$ 1,976,520	$ 3,054,503	$ 649,207	$ 250,000	$ -	$ -	$ -	$ -	$ 6,581,362
14	Core - Maintenance and Operations	25%	$ -	$ -	$ 846,067	$ 5,402,800	$ -	$ -	$ -	$ -	$ -	$ 6,248,867
15	Data Governance - Project Deliverables - DDI	10%	$ 38,600	$ 22,200	$ 22,200	$ 22,200	$ 22,200	$ 22,200	$ 22,200	$ -	$ -	$ 171,800
17	Enterprise Data Warehouse (EDW) - Project Deliverables - DDI	10%	$ 2,994,666	$ 469,085	$ 365,695	$ -	$ -	$ -	$ -	$ -	$ -	$ 3,829,446
19	Enterprise Data Warehouse (EDW) - Maintenance and Operations	25%	$ -	$ 2,843,772	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 2,843,772
20	Enterprise Case Management - Project Deliverables - Planning	10%	$ -	$ -	$ -	$ 57,600	$ -	$ -	$ -	$ -	$ -	$ 57,600
21	Enterprise Case Management - Project Deliverables - Procurement	10%	$ -	$ -	$ -	$ 62,560	$ 27,200	$ -	$ -	$ -	$ -	$ 89,760
22	Enterprise Case Management - Project Deliverables - DDI	10%	$ -	$ -	$ -	$ -	$ 368,502	$ 794,394	$ 70,720	$ -	$ -	$ 1,233,616
24	Enterprise Case Management - Maintenance and Operations	25%	$ -	$ -	$ -	$ -	$ -	$ 972,400	$ -	$ -	$ -	$ 972,400
25	FMMIS Support - Project Deliverables - DDI	10%	$ 1,094,029	$ 943,888	$ 621,363	$ 156,966	$ -	$ -	$ -	$ -	$ -	$ 2,816,247
27	FX Operations	10%	$ 4,830,389	$ 1,392,380	$ 431,847	$ 431,847	$ 431,847	$ 431,847	$ 431,847	$ -	$ -	$ 8,382,004
28	Integration Services and Integration Platform (IS/IP) - Project Deliverables - DDI	10%	$ 1,516,071	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,516,071
30	Integration Services and Integration Platform (IS/IP) - Maintenance and Operations	25%	$ 4,082,357	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 4,082,357
36	Pharmacy Benefit - Project Deliverables - Planning	10%	$ -	$ 43,928	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 43,928
37	Pharmacy Benefit - Procurement	10%	$ -	$ -	$ 103,360	$ -	$ -	$ -	$ -	$ -	$ -	$ 103,360
38	Pharmacy Benefit - Project Deliverables - DDI	10%	$ -	$ -	$ 405,009	$ 248,118	$ 39,168	$ -	$ -	$ -	$ -	$ 692,294
40	Pharmacy Benefit - Maintenance and Operations	25%	$ -	$ -	$ 108,800	$ 3,768,734	$ -	$ -	$ -	$ -	$ -	$ 3,877,534
41	Plan Management - Project Deliverables - Planning	10%	$ -	$ -	$ -	$ 77,760	$ -	$ -	$ -	$ -	$ -	$ 77,760
42	Plan Management - Project Deliverables - Procurement	10%	$ -	$ -	$ -	$ 108,800	$ 73,440	$ -	$ -	$ -	$ -	$ 182,240
43	Plan Management - Project Deliverables - DDI	10%	$ -	$ -	$ -	$ -	$ 166,944	$ 433,248	$ 32,640	$ -	$ -	$ 632,832
45	Plan Management - Maintenance and Operations	25%	$ -	$ -	$ -	$ -	$ -	$ 530,400	$ -	$ -	$ -	$ 530,400
46	Prioritized Projects - Project Deliverables - DDI	10%	$ -	$ -	$ 201,769	$ 201,769	$ 201,769	$ 201,769	$ 201,769	$ -	$ -	$ 1,008,847
47	Provider - Project Deliverables - Procurement	10%	$ 119,917	$ 23,033	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 142,950
48	Provider - Project Deliverables - DDI	10%	$ 533,575	$ 874,298	$ 200,841	$ 47,169	$ -	$ -	$ -	$ -	$ -	$ 1,655,882
50	Provider - Maintenance and Operations	25%	$ -	$ 187,500	$ 1,550,077	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,737,577
52	Third Party Liability - Project Deliverables - Planning	10%	$ -	$ -	$ 38,880	$ -	$ -	$ -	$ -	$ -	$ -	$ 38,880
53	Third Party Liability - Project Deliverables - Procurement	10%	$ -	$ -	$ 103,360	$ -	$ -	$ -	$ -	$ -	$ -	$ 103,360
54	Third Party Liability - Project Deliverables - DDI	10%	$ -	$ -	$ -	$ 394,652	$ 111,479	$ 27,744	$ -	$ -	$ -	$ 533,875
56	Third Party Liability - Maintenance and Operations	25%	$ -	$ -	$ -	$ 265,200	$ 1,118,022	$ -	$ -	$ -	$ -	$ 1,383,222
57	Unified Operations Center - Procurement	10%	$ 77,770	$ 14,004	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 91,774
58	Unified Operations Center - DDI	10%	$ 250,618	$ 1,368,608	$ 1,609,444	$ 385,245	$ 109,892	$ -	$ -	$ -	$ -	$ 3,723,807
60	Unified Operations Center - Maintenance and Operations	25%	$ -	$ -	$ 2,035,625	$ 6,782,585	$ -	$ -	$ -	$ -	$ -	$ 8,818,209
61	IV&V Vendor	10%	$ 1,301,613	$ 323,100	$ 323,100	$ 323,100	$ 323,100	$ 323,100	$ 323,100	$ -	$ -	$ 3,240,211
63	Other Hardware / Software - Microsoft Project Online, Microsoft Power BI Pro, MITA Source Pulse	25%	$ 31,916	$ 62,616	$ 62,616	$ 62,616	$ 62,616	$ 62,616	$ 62,616	$ -	$ -	$ 407,614
66	CMS Interoperability - Planning	10%	$ 33,147	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 33,147
67	CMS Interoperability - Implementation	10%	$ 163,200	$ 461,401	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 624,601
68	ISIP Task Orders	10%	$ 75,060	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 75,060
70	Module Existing Systems Integration	10%	$ 184,352	$ 511,800	$ 489,600	$ -	$ -	$ -	$ -	$ -	$ -	$ 1,185,752

Row	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
3					$ 158,407,429		$ 98,008,049	
71	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Certifications - Cohort 1 - Certifications**	Contracted Services	10%	$ -		$ -	$ -
72	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Certifications - Cohort 2 - Certifications**	Contracted Services	10%	$ -		$ -	$ -
73	Professional services - Legal.	**Contracted Services / Legal Support**	Contracted Services	10%	$ 366,145		$ -	$ -
75	Professional services for as-needed procurement-related activities.	**Staff Aug - Procurement Specialists**	Contracted Services	10%	$ 520,000		$ 520,000	$ -
76	Professional services for as-needed project-associated activities.	**Staff Aug - Program Specialists**	Contracted Services	10%	$ 480,000		$ 480,000	$ -
77		Totals			$ 158,407,429	0.00	$ 98,008,049	$ -
79					$ 158,407,429		$ 117,792,779	
80					$ -		$ (19,784,731)	
82							$ 117,792,779	

Row	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
3		$ 99,122,444			$ 98,947,267			$ 30,612,098	
71		$ -	$ -		$ 230,400	$ -		$ 230,400	$ -
72		$ -	$ -		$ -	$ -		$ -	$ -
73		$ -	$ -		$ -	$ -		$ -	$ -
75		$ 520,000	$ -		$ 520,000	$ -		$ 520,000	$ -
76		$ 480,000	$ -		$ 480,000	$ -		$ 480,000	$ -
77	0.00	$ 99,122,444	$ -	0.00	$ 98,947,267	$ -	0.00	$ 30,612,098	$ -
79		$ 120,214,076			$ 125,012,468			$ 120,557,763	
80		$ (21,091,631)			$ (26,065,201)			$ (89,945,665)	
82		$ 120,214,076			$ 125,012,468			$ 120,557,763	

Row	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	TOTAL	
3		$ 36,288,852			$ 12,803,306			$ -		$ 534,189,445	
71		$ -	$ -		$ -	$ -		$ -	$ -	$ 460,800	10%
72		$ -	$ -		$ 460,800	$ -		$ -	$ -	$ 460,800	10%
73		$ -	$ -		$ -	$ -		$ -	$ -	$ 366,145	10%
75		$ 520,000	$ -		$ 520,000	$ -		$ -	$ -	$ 3,640,000	10%
76		$ 480,000	$ -		$ 480,000	$ -		$ -	$ -	$ 3,360,000	10%
77	0.00	$ 36,288,852	$ -	0.00	$ 12,803,306	$ -	0.00	$ -	$ -	$ 534,189,445	
79		$ 130,336,784			$ 117,134,888			$ -		$ 889,456,187	
80		$ (94,047,932)			$ (104,331,582)			$ -		$ (355,266,742)	
81										$ 534,189,445	
82		$ 130,336,784			$ 117,134,888						

Row	Previous Years Project-Related Cost	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	FY2027-28	FY2028-29	FY2029-30	Totals	
71	$ -	$ -	$ -	$ 23,040	$ 23,040	$ -	$ -	$ -	$ -	$ 46,080	
72	$ -	$ -	$ -	$ -	$ -	$ -	$ 46,080	$ -	$ -	$ 46,080	
73	$ 36,614	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 36,614	
75	$ 52,000	$ 52,000	$ 52,000	$ 52,000	$ 52,000	$ 52,000	$ 52,000	$ -	$ -	$ 364,000	
76	$ 48,000	$ 48,000	$ 48,000	$ 48,000	$ 48,000	$ 48,000	$ 48,000	$ -	$ -	$ 336,000	
77	$ 18,309,307	$ 11,657,138	$ 12,674,155	$ 19,663,887	$ 3,769,593	$ 5,237,938	$ 1,317,900	$ -	$ -	$ 72,629,918	
79	11.56%	11.89%	12.79%	19.87%	12.31%	14.43%	10.29%	#DIV/0!	#DIV/0!	86.40%	$534,189,445
80	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%	$461,559,527
81	2.04%	1.70%	0.81%	-6.28%	1.28%	-0.84%	3.30%				
82	$ 3,228,218	$ 1,668,316	$ 802,815	$ (6,210,735)	$ 392,515	$ (304,003)	$ 422,874				

S&B
OPS
Contracted Services
OCO
Data Center Category
Expense

50% $ -

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Cost Benefit Analysis

CBAForm 2 - Project Cost Analysis

Agency AHCA **Project** FX

PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)								TOTAL
	Prior Years' Costs	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
TOTAL PROJECT COSTS (*)	$158,407,429	$98,008,049	$99,122,444	$98,947,267	$30,612,098	$36,288,852	$12,803,306	$0	$534,189,445
CUMULATIVE PROJECT COSTS (includes Current & Previous Years' Project-Related Costs)	$158,407,429	$256,415,478	$355,537,922	$454,485,189	$485,097,287	$521,386,139	$534,189,445	$534,189,445	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.									

$375,782,016

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B								TOTAL
	Prior Years' Costs	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
General Revenue	$18,309,307	$11,657,138	$12,674,155	$19,663,887	$3,769,593	$5,237,938	$1,317,900	$0	$72,629,918
Trust Fund	$0	$0	$0	$0	$0	$0	$0	$0	$0
Federal Match	$140,098,122	$86,350,911	$86,448,289	$79,283,379	$26,842,505	$31,050,914	$11,485,406	$0	$461,559,527
Grants	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL INVESTMENT	$158,407,429	$98,008,049	$99,122,444	$98,947,267	$30,612,098	$36,288,852	$12,803,306	$0	$534,189,445
CUMULATIVE INVESTMENT	$158,407,429	$256,415,478	$355,537,922	$454,485,189	$485,097,287	$521,386,139	$534,189,445	$534,189,445	

13.60% $54,320,611

$321,461,404

$0

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	

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Cost Benefit Analysis

CBAForm 3 - Project Investment Summary

Agency AHCA **Project** FX

	COST BENEFIT ANALYSIS -- CBAForm 3A								
	1	2	3	4	5	6	7	8	
	Prior Years' Costs	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	($158,407,429)	($98,008,049)	($99,122,444)	($98,947,267)	($30,612,098)	($36,288,852)	($12,803,306)	$0	($534,189,445)
Net Tangible Benefits	$0	$6,882,801	$50,994,728	$63,464,479	$145,448,139	$219,855,653	$295,029,209	$295,041,364	$1,076,716,374
Return on Investment	($158,407,429)	($91,125,247)	($48,127,716)	($35,482,787)	$114,836,041	$183,566,801	$282,225,903	$295,041,364	$542,526,929
								NPV =	$378,247,548

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	6.16	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	2027-28	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	$378,247,548	NPV is the present-day value of the project's benefits less costs over the project's life cycle.
Internal Rate of Return (IRR)	21.45%	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%	2.69%	2.90%	3.09%	3.29%	3.48%	3.48%	3.48%

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PSM Implementation		
FY 22/23	$ 7,169,655	
FY 23/24	$ 1,792,413	
FY 24/25	$ 471,688	**$ 9,433,756**
UOC Implementation		
FY 22/23	$ 11,411,063	
FY 23/24	$ 13,732,837	
FY 24/25	$ 2,988,453	
FY 25/26	$ 1,098,920	**$ 29,231,273**

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#	Item	Prior Years (thru FY21-22)
1	Project Oversight: IV&V	$ 13,016,132
2	Consultants/Contractors: SEAS Vendor	$ 48,303,887
3	Integration Services and Integration Platform (IS/IP) - Maintenance and Operations	$ 16,329,427
4	Project Deliverables: IS/IP ~~(formerly Systems Integrator and Enterprise Service Bus)~~ Implementation	$ 15,160,710
5	Integration Services and Integration Platform (IS/IP) - Hardware / Software	$ -
6	Project Deliverables: Enterprise Data Warehouse (DDI)	$ 29,946,663
7	Project Deliverables: Enterprise Data Warehouse (HW/SW)	$ -
8	Project Deliverables: ProviderExperience	$ -
9	Provider - Project Deliverables - Procurement	$ 1,199,167
10	Project Deliverables: Recipient Experience	$ -
11	Project Deliverables: FMMIS Support - Integration	$ -
12	Project Deliverables: FMMIS Support - Modular Communication Hub	$ 10,940,293
13	Module Existing Systems Integrations	$ 1,843,520
14	Case Management	$ -
15	ITCO	$ -
16	Other Services: Legal Support / Contracted Services	$ 6,128
17	Provider Management Module - Implementation	$ 5,335,748
18	Core Systems - Procurement	$ 2,992,811
19	Core Systems - Implementation	$ 6,511,315
20	Unified Operations Center - Procurement	$ 777,697
21	Unified Operations Center - Implementation	$ 2,506,184
22	Software Licenses	$ 77,665
23	EDW - Data Governance - Staff Augmentation	$ 385,995
24	EDW - Legal Support	$ 106,091
25	ISIP Task Orders	$ 750,600
26	CMS - Interoperability - Planning	$ 331,469
27	CMS - Interoperability - Implementation	$ 1,632,000
28	Contracted Services	$ 253,926
		$ 158,407,429
		$ 158,407,429
		$ -

Components	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	*TOTALS*
Phase I	**$ 6,952,275**	**$ 13,233,353**	**$ 20,754,237**	**$ 12,830,686**	**$ 7,627,132**	***$ 61,397,683***
Professional Services and Support	**$ 6,952,275**	**$ 13,233,353**	**$ 20,754,237**	**$ 12,830,686**	**$ 7,627,132**	***$ 61,397,683***
Strategic Planning, etc (SEAS)	$ 5,586,679	$ 11,417,970	$ 17,295,140	$ 9,685,628	$ 4,318,471	***$ 48,303,887***
IV&V	$ 1,365,595	$ 1,815,384	$ 3,459,098	$ 3,145,059	$ 3,230,996	***$ 13,016,132***
Software Licenses	$ -	$ -	$ -	$ -	$ 77,665	***$ 77,665***
Phase II	**$ 6,128**	**$ -**	**$ 8,352,085**	**$ 20,770,381**	**$ 32,806,421**	***$ 61,935,014***
Module Implementations	**$ 6,128**	**$ -**	**$ 8,352,085**	**$ 17,017,379**	**$ 20,229,995**	***$ 45,605,587***
IS/IP - Implementation	$ -	$ -	$ 8,352,085	$ 5,876,734	$ 931,892	***$ 15,160,710***
EDW - Implementation	$ -	$ -	$ -	$ 10,870,559	$ 19,076,104	***$ 29,946,663***
EDW - Data Governance - Staff Augmentation	$ -	$ -	$ -	$ 163,995	$ 222,000	***$ 385,995***
EDW - Legal Support	$ -	$ -	$ -	$ 106,091	$ -	***$ 106,091***
Legal Support	$ 6,128	$ -	$ -	$ -	$ -	***$ 6,128***
Module Operations	**$ -**	**$ -**	**$ -**	**$ 3,753,002**	**$ 12,576,425**	***$ 16,329,427***
IS/IP - Operations	$ -	$ -	$ -	$ 3,753,002	$ 12,576,425	***$ 16,329,427***
Phase III	**$ -**	**$ 281,362**	**$ 2,890,316**	**$ 5,243,358**	**$ 26,659,695**	***$ 35,074,731***

Components	FY21-22 "Detail"								
Strategic Planning, etc (SEAS)	$ 4,318,471	$ -	$ -	$ -	$ -	$ -	$ -	**$ 4,318,471**	$ -
IV&V	$ 3,230,996	$ -	$ -	$ -	$ -	$ -	$ -	**$ 3,230,996**	$ -
Software Licenses	$ 50,000	$ 26,654	$ 1,011	$ -	$ -	$ -	$ -	**$ 77,665**	$ -
IS/IP - Implementation	$ 931,892	$ -	$ -	$ -	$ -	$ -	$ -	**$ 931,892**	$ -
EDW - Implementation	$ 19,076,104	$ -	$ -	$ -	$ -	$ -	$ -	**$ 19,076,104**	$ -
EDW - Data Governance - Staff Augmentation	$ 222,000	$ -	$ -	$ -	$ -	$ -	$ -	**$ 222,000**	$ -
IS/IP - Operations	$ 12,576,425	$ -	$ -	$ -			$ -	**$ 12,576,425**	$ -

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Module Implementations	**$ -**	**$ 281,362**	**$ 2,890,316**	**$ 4,492,757**	**$ 22,852,706**	***$ 30,517,142***
Provider Management Module - Procurement	$ -	$ -	$ -	$ 149,995	$ 1,049,173	***$ 1,199,167***
Provider Management Module - Implementation	$ -	$ -	$ -	$ -	$ 5,335,748	***$ 5,335,748***
Core Systems - Procurement	$ -	$ -	$ -	$ 621,334	$ 2,371,477	***$ 2,992,811***
Core Systems - Implementation	$ -	$ -	$ -	$ -	$ 6,511,315	***$ 6,511,315***
Unified Operations Center - Procurement	$ -	$ -	$ -	$ -	$ 777,697	***$ 777,697***
Unified Operations Center - Implementation	$ -	$ -	$ -	$ -	$ 2,506,184	***$ 2,506,184***
FMMIS Support - Modular Communication	$ -	$ 281,362	$ 2,636,390	$ 3,721,428	$ 4,301,113	***$ 10,940,293***
Contracted Services	$ -	$ -	$ 253,926	$ -	$ -	***$ 253,926***
Module Enhancements	**$ -**	**$ -**	**$ -**	**$ 750,600**	**$ 1,963,469**	***$ 2,714,070***
ISIP Task Orders	$ -	$ -	$ -	$ 750,600	$ -	***$ 750,600***
CMS - Interoperability - Planning	$ -	$ -	$ -	$ -	$ 331,469	***$ 331,469***
CMS - Interoperability - Implementation	$ -	$ -	$ -	$ -	$ 1,632,000	***$ 1,632,000***
Module Integrations	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,843,520**	***$ 1,843,520***
Module Existing Systems Integrations	$ -	$ -	$ -	$ -	$ 1,843,520	***$ 1,843,520***
TOTALS	***$ 6,958,402***	***$ 13,514,716***	***$ 31,996,639***	***$ 38,844,425***	***$ 67,093,248***	***$ 158,407,429***

$ 802,976	$ 246,197	$ -	$ -	$ -	$ -	$ -	**$ 1,049,173**	$ -
$ 5,335,748	$ -	$ -	$ -	$ -	$ -	$ -	**$ 5,335,748**	$ -
$ 829,084	$ 260,000	$ 260,000	$ 240,000	$ 240,000	$ 492,393	$ 50,000	**$ 2,371,477**	$ -
$ 6,511,315	$ -	$ -	$ -	$ -	$ -	$ -	**$ 6,511,315**	$ -
$ 531,500	$ 246,197	$ -	$ -	$ -	$ -	$ -	**$ 777,697**	$ -
$ 2,506,184	$ -	$ -	$ -	$ -	$ -	$ -	**$ 2,506,184**	$ -
$ 4,301,113	$ -	$ -	$ -	$ -	$ -	$ -	**$ 4,301,113**	$ -
$ 331,469	$ -	$ -	$ -	$ -	$ -	$ -	**$ 331,469**	$ -
$ 1,632,000	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,632,000**	$ -
$ 1,621,520	$ 222,000	$ -	$ -	$ -	$ -	$ -	**$ 1,843,520**	$ -
							$ 67,093,248	
							$ -	

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FY21-22					
ISIP - Implementation	$ -	$ 931,892			
IS/IP - **UNOBLIGATED**	$ -	$ 2,301,245			
ISIP - Operations	$ -	$ 10,275,180			
Module Existing Systems Integration	$ -	$ 1,621,520			
Enterprise Data Warehouse - Implementation	$ 2,166,299	$ 15,552,444			
Enterprise Data Warehouse - **UNOBLIGATED**	$ -	$ 1,357,360			
Provider Systems and Technology - Procurement	$ 703,976	$ 99,000			
Provider Systems and Technology - Implementation	$ -	$ 2,056,320			
Provider Systems and Technology - **UNOBLIGATED**	$ -	$ 3,279,428			
Core Systems - Procurement	$ 730,084	$ 99,000			
Core Systems - Implementation	$ -	$ 2,569,635			
Core - **UNOBLIGATED**	$ -	$ 3,941,680			
Unified Operations Center - Procurement	$ 432,500	$ 99,000			
Unified Operations Center - Implementation	$ -	$ 1,320,241			
Unified Operations Center - **UNOBLIGATED**	$ -	$ 1,185,943			
SEAS - Program and Project Management	$ 4,318,471	$ -			
FMMIS Support - Modular Communications	$ -	$ 4,301,113			
CMS Interoperability - Planning	$ 331,469	$ -			
CMS Interoperability - Implementation	$ -	$ 1,632,000			
FX Org Alignment and Workforce Transition Support	$ -	$ 984,787	$ 492,393	$ 246,197	25.00%
IV&V	$ -	$ 3,230,849			
IV&V - **UNOBLIGATED**	$ -	$ 147			
SA - EDW - Data Governance	$ -	$ 222,000			
SA - Interface Migrations	$ -	$ 222,000			
SA - Contract and Procurement Specialist #1	$ -	$ 260,000			
SA - Contract and Procurement Specialist #2	$ -	$ 260,000			
SA - Program Specialist #1	$ -	$ 240,000			
SA - Program Specialist #2	$ -	$ 240,000			
SA - Master Consolidated Schedule Transition	$ -	$ 50,000			
SW - Microsoft Project Online	$ -	$ 26,654			
SW - Microsoft Power BI Pro	$ -	$ 1,011			
SW - MITA Source Pulse	$ -	$ 50,000			
Totals	**$ 8,682,799**	**$ 58,410,449**	$ 492,393		
		$ 67,093,248	$ -		
			$ 492,393		
		$ -			
Implementation of an Enterprise Data Warehouse and Data Governance		$ 1,357,360			
Operations and Maintenance of an Integration Platform and Integration Services for Existing Systems and New Modules		$ 2,301,245			
Independent Verification and Validation Services		$ 147			
Core Fiscal Agent Procurement and Implementation		$ 3,941,680			
Provider Module Procurement and Implementation		$ 3,279,428			
Unified Operations Center		$ 1,185,943	$ 12,065,803		
Core Implementation (delayed)		$ -			
Provider Implementation (delayed)		$ -			
UOC Implementation (delayed)		$ -			
EDWI		$ -			
		$ -			
		$ 12,065,803			
		$ (12,065,803)			
Core Imp - Spend Plan	$ (2,569,635.00)				

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Item	Amount	Difference	Total	Notes
Core Imp - Est Wrk Book	$ -			
PSM Imp - Spend Plan	$ (2,056,320.00)			
PSM Imp - Est Wrk Book	$ -			
UOC Imp - Spend Plan	$ (1,320,241.00)			
UOC Imp - Est Wrk Book	$ 890,125.20			
EDWI - Spend Plan	$ (15,552,444.04)			
EDWI - Est Wrk Book	$ 15,928,570.79			includes adjsutement for FY 21/22 BOM not spent in FY 20/21
Difference Between Est Wrk Book and Spend Plan		***$ (4,679,944.05)***		
SUM of Difference Groups			***$ (4,679,944.05)***	***NOT RECONCILED***

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PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USED IMPLEMENTATION DATES)

COST ESTIMATION WORKBOOK

	SEAS	Vendor	TOTAL	SEAS	Vendor	TOTAL	
ISIP - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Operations	$ -	$ 19,722,472	**$ 19,722,472**	$ -	$ 19,722,472	$ 19,722,472	$ -
Module Existing Systems Integration	$ -	$ 4,896,000	**$ 4,896,000**	$ -	$ 4,896,000	$ 4,896,000	$ -
Enterprise Data Warehouse - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Implementation	$ 1,256,000	$ 3,434,847	**$ 4,690,847**	$ 1,256,000	$ 3,434,847	$ 4,690,847	$ -
Enterprise Data Warehouse - Operations	$ -	$ 11,375,087	**$ 11,375,087**	$ -	$ 11,375,087	$ 11,375,087	$ -
Single Source Credentialing - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Procurement	$ 131,328	$ 99,000	**$ 230,328**	$ 131,328	$ 99,000	$ 230,328	$ -
Provider Systems and Technology - Implementation	$ 1,573,320	$ 7,169,655	**$ 8,742,975**	$ 1,573,320	$ 7,169,655	$ 8,742,975	$ -
Provider Systems and Technology - Operations	$ -	$ 750,000	**$ 750,000**	$ -	$ 750,000	$ 750,000	$ -
Enterprise Case Management Tracking - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Procurement	$ 291,060	$ 99,000	**$ 390,060**	$ 291,060	$ 99,000	$ 390,060	$ -
Core Systems - Implementation	$ 2,642,304	$ 17,122,900	**$ 19,765,204**	$ 2,642,304	$ 17,122,900	$ 19,765,204	$ -
Core Systems - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Procurement	$ 41,040	$ 99,000	**$ 140,040**	$ 41,040	$ 99,000	$ 140,040	$ -
Unified Operations Center - Implementation	$ 2,275,012	$ 11,411,063	**$ 13,686,075**	$ 2,275,012	$ 11,411,063	$ 13,686,075	$ -
Unified Operations Center - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Planning	$ 289,280	$ 150,000	**$ 439,280**	$ 289,280	$ 150,000	$ 439,280	$ -
Pharmacy Benefits Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 1	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 2	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SEAS - Program and Project Management	$ 13,923,802	$ -	**$ 13,923,802**	$ 13,923,802	$ -	$ 13,923,802	$ -
SEAS - Non-Project Support	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
FMMIS Support - Modular Communications	$ -	$ 9,438,882	**$ 9,438,882**	$ -	$ 9,438,882	$ 9,438,882	$ -
Prioritized Projects	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
External Agency Projects	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Implementation	$ 1,350,008	$ 3,264,000	**$ 4,614,008**	$ 1,350,008	$ 3,264,000	$ 4,614,008	$ -
FX Org Alignment and Workforce Transition Support	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Security Risk Scoring	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Operational Impact Analysis	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Data Governance - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -

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Data Governance - Operations	$ -	$ -	**$ -**		$ -	$ -	$ -	$ -
ITCO Job Scheduler - Implementation	$ -	$ -	**$ -**		$ -	$ -	$ -	$ -
IV&V	$ -	$ 3,230,996	**$ 3,230,996**		$ -	$ 3,230,996	$ 3,230,996	$ -
SA - Contracted Services FY19/20	$ -	$ -	**$ -**		$ -	$ -	$ -	$ -
SA - EDW - Data Governance	$ -	$ 222,000	**$ 222,000**		$ -	$ 222,000	$ 222,000	$ -
SA - Interface Migrations	$ -	$ 222,000	**$ 222,000**		$ -	$ 222,000	$ 222,000	$ -
SA - Contract and Procurement Specialist #1	$ -	$ 260,000	**$ 260,000**		$ -	$ 260,000	$ 260,000	$ -
SA - Contract and Procurement Specialist #2	$ -	$ 260,000	**$ 260,000**		$ -	$ 260,000	$ 260,000	$ -
SA - Program Specialist #1	$ -	$ 240,000	**$ 240,000**		$ -	$ 240,000	$ 240,000	$ -
SA - Program Specialist #2	$ -	$ 240,000	**$ 240,000**		$ -	$ 240,000	$ 240,000	$ -
SA - ALM Support	$ -	$ 172,800	**$ 172,800**		$ -	$ 172,800	$ 172,800	$ -
SA - Master Consolidated Schedule Transition	$ -	$ -	**$ -**		$ -	$ -	$ -	$ -
SW - Microsoft Project Online	$ -	$ 27,665	**$ 27,665**		$ -	$ 27,665	$ 27,665	$ -
SW - MITA Source Pulse	$ -	$ 50,000	**$ 50,000**		$ -	$ 50,000	$ 50,000	$ -
SW - ITCO Job Scheduler	$ -	$ 62,259	**$ 62,259**		$ -	$ 62,259	$ 62,259	$ -
	$ 23,773,154	**$ 94,019,625**	$ 117,792,779		**$ 23,773,154**	**$ 94,019,625**	**$ 117,792,779**	**$ -**
						$ 112,433,011		
						$ 115,387,885		
						$ 2,954,874		

PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USED IMPLEMENTATION DATES)

COST ESTIMATION WORKBOOK

	SEAS	Vendor	TOTAL	SEAS	Vendor	TOTAL	
ISIP - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Operations	$ -	$ 9,835,551	**$ 9,835,551**	$ -	$ 9,835,551	$ 9,835,551	$ -
Module Existing Systems Integration	$ -	$ 4,896,000	**$ 4,896,000**	$ -	$ 4,896,000	$ 4,896,000	$ -
Enterprise Data Warehouse - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Implementation	$ -	$ 3,656,946	**$ 3,656,946**	$ -	$ 3,656,946	$ 3,656,946	$ -
Enterprise Data Warehouse - Operations	$ -	$ 11,193,821	**$ 11,193,821**	$ -	$ 11,193,821	$ 11,193,821	$ -
Single Source Credentialing - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Implementation	$ 216,000	$ 1,792,413	**$ 2,008,413**	$ 216,000	$ 1,792,413	$ 2,008,413	$ -
Provider Systems and Technology - Operations	$ -	$ 6,200,307	**$ 6,200,307**	$ -	$ 6,200,307	$ 6,200,307	$ -
Enterprise Case Management Tracking - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Implementation	$ 5,709,600	$ 24,835,434	**$ 30,545,034**	$ 5,709,600	$ 24,835,434	$ 30,545,034	$ -
Core Systems - Operations	$ -	$ 3,384,267	**$ 3,384,267**	$ -	$ 3,384,267	$ 3,384,267	$ -
Unified Operations Center - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Implementation	$ 2,361,600	$ 13,732,837	**$ 16,094,437**	$ 2,361,600	$ 13,732,837	$ 16,094,437	$ -
Unified Operations Center - Operations	$ -	$ 8,142,498	**$ 8,142,498**	$ -	$ 8,142,498	$ 8,142,498	$ -
Pharmacy Benefits Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Procurement	$ -	$ 1,033,600	**$ 1,033,600**	$ -	$ 1,033,600	$ 1,033,600	$ -
Pharmacy Benefits Management - Implementation	$ 1,022,400	$ 3,027,686	**$ 4,050,086**	$ 1,022,400	$ 3,027,686	$ 4,050,086	$ -
Pharmacy Benefits Management - Operations	$ -	$ 435,200	**$ 435,200**	$ -	$ 435,200	$ 435,200	$ -
Third Party Liability - Planning	$ 388,800	$ -	**$ 388,800**	$ 388,800	$ -	$ 388,800	$ -
Third Party Liability - Procurement	$ -	$ 1,033,600	**$ 1,033,600**	$ -	$ 1,033,600	$ 1,033,600	$ -
Third Party Liability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 1	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 2	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SEAS - Program and Project Management	$ 4,237,774	$ -	**$ 4,237,774**	$ 4,237,774	$ -	$ 4,237,774	$ -
SEAS - Non-Project Support	$ 80,697	$ -	**$ 80,697**	$ 80,697	$ -	$ 80,697	$ -
FMMIS Support - Modular Communications	$ -	$ 6,213,630	**$ 6,213,630**	$ -	$ 6,213,630	$ 6,213,630	$ -
Prioritized Projects	$ 2,017,694	$ -	**$ 2,017,694**	$ 2,017,694	$ -	$ 2,017,694	$ -
External Agency Projects	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
FX Org Alignment and Workforce Transition Support	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Security Risk Scoring	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Operational Impact Analysis	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -

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Data Governance - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Data Governance - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ITCO Job Scheduler - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
IV&V	$ -	$ 3,230,996	**$ 3,230,996**	$ -	$ 3,230,996	$ 3,230,996	$ -
SA - Contracted Services FY19/20	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - EDW - Data Governance	$ -	$ 222,000	**$ 222,000**	$ -	$ 222,000	$ 222,000	$ -
SA - Interface Migrations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - Contract and Procurement Specialist #1	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Contract and Procurement Specialist #2	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Program Specialist #1	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - Program Specialist #2	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - ALM Support	$ -	$ 172,800	**$ 172,800**	$ -	$ 172,800	$ 172,800	$ -
SA - Master Consolidated Schedule Transition	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SW - Microsoft Project Online	$ -	$ 27,665	**$ 27,665**	$ -	$ 27,665	$ 27,665	$ -
SW - MITA Source Pulse	$ -	$ 50,000	**$ 50,000**	$ -	$ 50,000	$ 50,000	$ -
SW - ITCO Job Scheduler	$ -	$ 62,259	**$ 62,259**	$ -	$ 62,259	$ 62,259	$ -
	$ 16,034,565	**$ 104,179,511**	**$ 120,214,076**	**$ 16,034,565**	**$ 104,179,511**	**$ 120,214,076**	**$ -**
					$ 115,751,677		
					$ 118,811,976		
					$ 3,060,299		

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PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USED IMPLEMENTATION DATES)

COST ESTIMATION WORKBOOK

	SEAS	Vendor	TOTAL	SEAS	Vendor	TOTAL	
ISIP - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Operations	$ -	$ 9,347,141	**$ 9,347,141**	$ -	$ 9,347,141	$ 9,347,141	$ -
Module Existing Systems Integration	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Operations	$ -	$ 10,455,494	**$ 10,455,494**	$ -	$ 10,455,494	$ 10,455,494	$ -
Single Source Credentialing - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Implementation	$ -	$ 471,688	**$ 471,688**	$ -	$ 471,688	$ 471,688	$ -
Provider Systems and Technology - Operations	$ -	$ 6,200,307	**$ 6,200,307**	$ -	$ 6,200,307	$ 6,200,307	$ -
Enterprise Case Management Tracking - Planning	$ 576,000	$ -	**$ 576,000**	$ 576,000	$ -	$ 576,000	$ -
Enterprise Case Management Tracking - Procurement	$ -	$ 625,600	**$ 625,600**	$ -	$ 625,600	$ 625,600	$ -
Enterprise Case Management Tracking - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Implementation	$ 950,400	$ 5,541,666	**$ 6,492,066**	$ 950,400	$ 5,541,666	$ 6,492,066	$ -
Core Systems - Operations	$ -	$ 21,611,200	**$ 21,611,200**	$ -	$ 21,611,200	$ 21,611,200	$ -
Unified Operations Center - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Implementation	$ 864,000	$ 2,988,453	**$ 3,852,453**	$ 864,000	$ 2,988,453	$ 3,852,453	$ -
Unified Operations Center - Operations	$ -	$ 27,130,338	**$ 27,130,338**	$ -	$ 27,130,338	$ 27,130,338	$ -
Pharmacy Benefits Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Implementation	$ 691,200	$ 1,789,978	**$ 2,481,178**	$ 691,200	$ 1,789,978	$ 2,481,178	$ -
Pharmacy Benefits Management - Operations	$ -	$ 15,074,934	**$ 15,074,934**	$ -	$ 15,074,934	$ 15,074,934	$ -
Third Party Liability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Implementation	$ 1,231,200	$ 2,715,322	**$ 3,946,522**	$ 1,231,200	$ 2,715,322	$ 3,946,522	$ -
Third Party Liability - Operations	$ -	$ 1,060,800	**$ 1,060,800**	$ -	$ 1,060,800	$ 1,060,800	$ -
Plan Management - Planning	$ 777,600	$ -	**$ 777,600**	$ 777,600	$ -	$ 777,600	$ -
Plan Management - Procurement	$ -	$ 1,088,000	**$ 1,088,000**	$ -	$ 1,088,000	$ 1,088,000	$ -
Plan Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Planning	$ 388,800	$ -	**$ 388,800**	$ 388,800	$ -	$ 388,800	$ -
Contractor Management - Procurement	$ -	$ 530,400	**$ 530,400**	$ -	$ 530,400	$ 530,400	$ -
Contractor Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 1	$ 230,400	$ -	**$ 230,400**	$ 230,400	$ -	$ 230,400	$ -
Certifications - Cohort 2	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SEAS - Program and Project Management	$ 4,237,774	$ -	**$ 4,237,774**	$ 4,237,774	$ -	$ 4,237,774	$ -
SEAS - Non-Project Support	$ 80,697	$ -	**$ 80,697**	$ 80,697	$ -	$ 80,697	$ -
FMMIS Support - Modular Communications	$ -	$ 1,569,662	**$ 1,569,662**	$ -	$ 1,569,662	$ 1,569,662	$ -
Prioritized Projects	$ 2,017,694	$ -	**$ 2,017,694**	$ 2,017,694	$ -	$ 2,017,694	$ -
External Agency Projects	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
FX Org Alignment and Workforce Transition Support	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Security Risk Scoring	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Operational Impact Analysis	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Data Governance - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -

Item							
Data Governance - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ITCO Job Scheduler - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
IV&V	$ -	$ 3,230,996	**$ 3,230,996**	$ -	$ 3,230,996	$ 3,230,996	$ -
SA - Contracted Services FY19/20	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - EDW - Data Governance	$ -	$ 222,000	**$ 222,000**	$ -	$ 222,000	$ 222,000	$ -
SA - Interface Migrations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - Contract and Procurement Specialist #1	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Contract and Procurement Specialist #2	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Program Specialist #1	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - Program Specialist #2	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - ALM Support	$ -	$ 172,800	**$ 172,800**	$ -	$ 172,800	$ 172,800	$ -
SA - Master Consolidated Schedule Transition	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SW - Microsoft Project Online	$ -	$ 27,665	**$ 27,665**	$ -	$ 27,665	$ 27,665	$ -
SW - MITA Source Pulse	$ -	$ 50,000	**$ 50,000**	$ -	$ 50,000	$ 50,000	$ -
SW - ITCO Job Scheduler	$ -	$ 62,259	**$ 62,259**	$ -	$ 62,259	$ 62,259	$ -
	$ 12,045,765	**$ 112,966,703**	**$ 125,012,468**	**$ 12,045,765**	**$ 112,966,703**	**$ 125,012,468**	**$ -**
					$ 123,937,968		
					$ 125,012,468		
					$ 1,074,500		

PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USED IMPLEMENTATION DATES)

COST ESTIMATION WORKBOOK

	SEAS	Vendor	TOTAL	SEAS	Vendor	TOTAL	
ISIP - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Operations	$ -	$ 9,347,141	**$ 9,347,141**	$ -	$ 9,347,141	$ 9,347,141	$ -
Module Existing Systems Integration	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Operations	$ -	$ 10,519,486	**$ 10,519,486**	$ -	$ 10,519,486	$ 10,519,486	$ -
Single Source Credentialing - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Operations	$ -	$ 6,200,307	**$ 6,200,307**	$ -	$ 6,200,307	$ 6,200,307	$ -
Enterprise Case Management Tracking - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Procurement	$ -	$ 272,000	**$ 272,000**	$ -	$ 272,000	$ 272,000	$ -
Enterprise Case Management Tracking - Implementation	$ 1,195,200	$ 2,489,820	**$ 3,685,020**	$ 1,195,200	$ 2,489,820	$ 3,685,020	$ -
Enterprise Case Management Tracking - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Implementation	$ -	$ 2,500,000	**$ 2,500,000**	$ -	$ 2,500,000	$ 2,500,000	$ -
Core Systems - Operations	$ -	$ 21,611,200	**$ 21,611,200**	$ -	$ 21,611,200	$ 21,611,200	$ -
Unified Operations Center - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Implementation	$ -	$ 1,098,920	**$ 1,098,920**	$ -	$ 1,098,920	$ 1,098,920	$ -
Unified Operations Center - Operations	$ -	$ 27,130,338	**$ 27,130,338**	$ -	$ 27,130,338	$ 27,130,338	$ -
Pharmacy Benefits Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Implementation	$ -	$ 391,680	**$ 391,680**	$ -	$ 391,680	$ 391,680	$ -
Pharmacy Benefits Management - Operations	$ -	$ 15,074,934	**$ 15,074,934**	$ -	$ 15,074,934	$ 15,074,934	$ -
Third Party Liability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Implementation	$ 417,600	$ 697,190	**$ 1,114,790**	$ 417,600	$ 697,190	$ 1,114,790	$ -
Third Party Liability - Operations	$ -	$ 4,472,088	**$ 4,472,088**	$ -	$ 4,472,088	$ 4,472,088	$ -
Plan Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Procurement	$ -	$ 734,400	**$ 734,400**	$ -	$ 734,400	$ 734,400	$ -
Plan Management - Implementation	$ 576,000	$ 1,093,440	**$ 1,669,440**	$ 576,000	$ 1,093,440	$ 1,669,440	$ -
Plan Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Procurement	$ -	$ 503,200	**$ 503,200**	$ -	$ 503,200	$ 503,200	$ -
Contractor Management - Implementation	$ 972,000	$ 1,928,534	**$ 2,900,534**	$ 972,000	$ 1,928,534	$ 2,900,534	$ -
Contractor Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 1	$ 230,400	$ -	**$ 230,400**	$ 230,400	$ -	$ 230,400	$ -
Certifications - Cohort 2	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SEAS - Program and Project Management	$ 4,237,774	$ -	**$ 4,237,774**	$ 4,237,774	$ -	$ 4,237,774	$ -
SEAS - Non-Project Support	$ 80,697	$ -	**$ 80,697**	$ 80,697	$ -	$ 80,697	$ -
FMMIS Support - Modular Communications	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Prioritized Projects	$ 2,017,694	$ -	**$ 2,017,694**	$ 2,017,694	$ -	$ 2,017,694	$ -
External Agency Projects	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
FX Org Alignment and Workforce Transition Support	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Security Risk Scoring	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Operational Impact Analysis	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -

Data Governance - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Data Governance - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ITCO Job Scheduler - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
IV&V	$ -	$ 3,230,996	**$ 3,230,996**	$ -	$ 3,230,996	$ 3,230,996	$ -
SA - Contracted Services FY19/20	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - EDW - Data Governance	$ -	$ 222,000	**$ 222,000**	$ -	$ 222,000	$ 222,000	$ -
SA - Interface Migrations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - Contract and Procurement Specialist #1	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Contract and Procurement Specialist #2	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Program Specialist #1	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - Program Specialist #2	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - ALM Support	$ -	$ 172,800	**$ 172,800**	$ -	$ 172,800	$ 172,800	$ -
SA - Master Consolidated Schedule Transition	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SW - Microsoft Project Online	$ -	$ 27,665	**$ 27,665**	$ -	$ 27,665	$ 27,665	$ -
SW - MITA Source Pulse	$ -	$ 50,000	**$ 50,000**	$ -	$ 50,000	$ 50,000	$ -
SW - ITCO Job Scheduler	$ -	$ 62,259	**$ 62,259**	$ -	$ 62,259	$ 62,259	$ -
	$ 9,727,365	**$ 110,830,398**	**$ 120,557,763**	**$ 9,727,365**	**$ 110,830,398**	**$ 120,557,763**	**$ -**
			$ 120,557,763		$ 120,557,763		

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PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USED IMPLEMENTATION DATES)

COST ESTIMATION WORKBOOK

	SEAS	Vendor	TOTAL	SEAS	Vendor	TOTAL	
ISIP - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Operations	$ -	$ 9,347,141	**$ 9,347,141**	$ -	$ 9,347,141	$ 9,347,141	$ -
Module Existing Systems Integration	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Operations	$ -	$ 10,149,665	**$ 10,149,665**	$ -	$ 10,149,665	$ 10,149,665	$ -
Single Source Credentialing - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Operations	$ -	$ 6,200,307	**$ 6,200,307**	$ -	$ 6,200,307	$ 6,200,307	$ -
Enterprise Case Management Tracking - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Implementation	$ 1,735,200	$ 6,208,740	**$ 7,943,940**	$ 1,735,200	$ 6,208,740	$ 7,943,940	$ -
Enterprise Case Management Tracking - Operations	$ -	$ 3,889,600	**$ 3,889,600**	$ -	$ 3,889,600	$ 3,889,600	$ -
Core Systems - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Operations	$ -	$ 21,611,200	**$ 21,611,200**	$ -	$ 21,611,200	$ 21,611,200	$ -
Unified Operations Center - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Operations	$ -	$ 27,130,338	**$ 27,130,338**	$ -	$ 27,130,338	$ 27,130,338	$ -
Pharmacy Benefits Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Operations	$ -	$ 15,074,934	**$ 15,074,934**	$ -	$ 15,074,934	$ 15,074,934	$ -
Third Party Liability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Implementation	$ -	$ 277,440	**$ 277,440**	$ -	$ 277,440	$ 277,440	$ -
Third Party Liability - Operations	$ -	$ 4,472,088	**$ 4,472,088**	$ -	$ 4,472,088	$ 4,472,088	$ -
Plan Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Implementation	$ 1,411,200	$ 2,921,280	**$ 4,332,480**	$ 1,411,200	$ 2,921,280	$ 4,332,480	$ -
Plan Management - Operations	$ -	$ 2,121,600	**$ 2,121,600**	$ -	$ 2,121,600	$ 2,121,600	$ -
Contractor Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Implementation	$ 835,200	$ 1,383,610	**$ 2,218,810**	$ 835,200	$ 1,383,610	$ 2,218,810	$ -
Contractor Management - Operations	$ -	$ 4,465,356	**$ 4,465,356**	$ -	$ 4,465,356	$ 4,465,356	$ -
Certifications - Cohort 1	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 2	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SEAS - Program and Project Management	$ 4,237,774	$ -	**$ 4,237,774**	$ 4,237,774	$ -	$ 4,237,774	$ -
SEAS - Non-Project Support	$ 80,697	$ -	**$ 80,697**	$ 80,697	$ -	$ 80,697	$ -
FMMIS Support - Modular Communications	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Prioritized Projects	$ 2,017,694	$ -	**$ 2,017,694**	$ 2,017,694	$ -	$ 2,017,694	$ -
External Agency Projects	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
FX Org Alignment and Workforce Transition Support	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Security Risk Scoring	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Operational Impact Analysis	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -

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Data Governance - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Data Governance - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ITCO Job Scheduler - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
IV&V	$ -	$ 3,230,996	**$ 3,230,996**	$ -	$ 3,230,996	$ 3,230,996	$ -
SA - Contracted Services FY19/20	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - EDW - Data Governance	$ -	$ 222,000	**$ 222,000**	$ -	$ 222,000	$ 222,000	$ -
SA - Interface Migrations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - Contract and Procurement Specialist #1	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Contract and Procurement Specialist #2	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Program Specialist #1	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - Program Specialist #2	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - ALM Support	$ -	$ 172,800	**$ 172,800**	$ -	$ 172,800	$ 172,800	$ -
SA - Master Consolidated Schedule Transition	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SW - Microsoft Project Online	$ -	$ 27,665	**$ 27,665**	$ -	$ 27,665	$ 27,665	$ -
SW - MITA Source Pulse	$ -	$ 50,000	**$ 50,000**	$ -	$ 50,000	$ 50,000	$ -
SW - ITCO Job Scheduler	$ -	$ 62,259	**$ 62,259**	$ -	$ 62,259	$ 62,259	$ -
	$ 10,317,765	**$ 120,019,019**	**$ 130,336,784**	**$ 10,317,765**	**$ 120,019,019**	**$ 130,336,784**	**$ -**
			$ 130,336,784		$ 130,336,784		

PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USED IMPLEMENTATION DATES)

COST ESTIMATION WORKBOOK

	SEAS	Vendor	TOTAL	SEAS	Vendor	TOTAL	
ISIP - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Operations	$ -	$ 9,347,141	**$ 9,347,141**	$ -	$ 9,347,141	$ 9,347,141	$ -
Module Existing Systems Integration	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Operations	$ -	$ 6,628,839	**$ 6,628,839**	$ -	$ 6,628,839	$ 6,628,839	$ -
Single Source Credentialing - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Operations	$ -	$ 6,200,307	**$ 6,200,307**	$ -	$ 6,200,307	$ 6,200,307	$ -
Enterprise Case Management Tracking - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Implementation	$ -	$ 707,200	**$ 707,200**	$ -	$ 707,200	$ 707,200	$ -
Enterprise Case Management Tracking - Operations	$ -	$ 4,826,640	**$ 4,826,640**	$ -	$ 4,826,640	$ 4,826,640	$ -
Core Systems - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Operations	$ -	$ 21,611,200	**$ 21,611,200**	$ -	$ 21,611,200	$ 21,611,200	$ -
Unified Operations Center - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Operations	$ -	$ 27,130,338	**$ 27,130,338**	$ -	$ 27,130,338	$ 27,130,338	$ -
Pharmacy Benefits Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Operations	$ -	$ 15,074,934	**$ 15,074,934**	$ -	$ 15,074,934	$ 15,074,934	$ -
Third Party Liability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Operations	$ -	$ 4,472,088	**$ 4,472,088**	$ -	$ 4,472,088	$ 4,472,088	$ -
Plan Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Implementation	$ -	$ 326,400	**$ 326,400**	$ -	$ 326,400	$ 326,400	$ -
Plan Management - Operations	$ -	$ 4,512,480	**$ 4,512,480**	$ -	$ 4,512,480	$ 4,512,480	$ -
Contractor Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Implementation	$ -	$ 269,280	**$ 269,280**	$ -	$ 269,280	$ 269,280	$ -
Contractor Management - Operations	$ -	$ 4,465,356	**$ 4,465,356**	$ -	$ 4,465,356	$ 4,465,356	$ -
Certifications - Cohort 1	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 2	$ 460,800	$ -	**$ 460,800**	$ 460,800	$ -	$ 460,800	$ -
SEAS - Program and Project Management	$ 4,237,774	$ -	**$ 4,237,774**	$ 4,237,774	$ -	$ 4,237,774	$ -
SEAS - Non-Project Support	$ 80,697	$ -	**$ 80,697**	$ 80,697	$ -	$ 80,697	$ -
FMMIS Support - Modular Communications	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Prioritized Projects	$ 2,017,694	$ -	**$ 2,017,694**	$ 2,017,694	$ -	$ 2,017,694	$ -
External Agency Projects	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
FX Org Alignment and Workforce Transition Support	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Security Risk Scoring	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Operational Impact Analysis	$ -	$ -	**$ -**	$ -	$ -	$ -	

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Data Governance - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Data Governance - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ITCO Job Scheduler - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
IV&V	$ -	$ 3,230,996	**$ 3,230,996**	$ -	$ 3,230,996	$ 3,230,996	$ -
SA - Contracted Services FY19/20	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - EDW - Data Governance	$ -	$ 222,000	**$ 222,000**	$ -	$ 222,000	$ 222,000	$ -
SA - Interface Migrations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - Contract and Procurement Specialist #1	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Contract and Procurement Specialist #2	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Program Specialist #1	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - Program Specialist #2	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - ALM Support	$ -	$ 172,800	**$ 172,800**	$ -	$ 172,800	$ 172,800	$ -
SA - Master Consolidated Schedule Transition	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SW - Microsoft Project Online	$ -	$ 27,665	**$ 27,665**	$ -	$ 27,665	$ 27,665	$ -
SW - MITA Source Pulse	$ -	$ 50,000	**$ 50,000**	$ -	$ 50,000	$ 50,000	$ -
SW - ITCO Job Scheduler	$ -	$ 62,259	**$ 62,259**	$ -	$ 62,259	$ 62,259	$ -
	$ 6,796,965	**$ 110,337,923**	**$ 117,134,888**	**$ 6,796,965**	**$ 110,337,923**	**$ 117,134,888**	**$ -**
			$ 117,134,888		$ 117,134,888		

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	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	
	$ -	$ -	$ 14,383,626	$ 49,146,925	$ 130,620,312	$ 292,861,399	$ 294,758,964	$ 296,788,564	$ 1,078,559,791

TAKEN FROM 2/12/20 VERSION OF THE **"FX Business Case Benefits - Basic"** FILE

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	
EDW	$ -	$ -	$ 14,383,626	$ 16,627,944	$ 17,044,640	$ 17,479,648	$ 17,928,698	$ 18,352,475	**$ 101,817,031**
Provider Management	$ -	$ -	$ -	$ 30,780,181	$ 43,454,373	$ 43,454,373	$ 43,454,373	$ 43,454,373	**$ 204,597,674**
Unified Operations Center	$ -	$ -	$ -	$ 1,738,800	$ 1,987,200	$ 1,987,200	$ 1,987,200	$ 1,987,200	**$ 9,687,600**
Core (Claims / Encounter / Financial)	$ -	$ -	$ -	$ -	$ 66,071,076	$ 226,617,673	$ 226,859,891	$ 227,110,956	**$ 746,659,596**
Pharmacy Benefit Management	$ -	$ -	$ -	$ -	$ 155,023	$ 350,505	$ 374,550	$ 401,880	**$ 1,281,958**
Plan Management	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 291,712	**$ 291,712**
Third Party Liability	$ -	$ -	$ -	$ -	$ 1,908,000	$ 2,972,000	$ 3,940,800	$ 3,940,800	**$ 12,761,600**
Case Management	$ -	$ -	$ -	$ -	$ -	$ -	$ 66,592	$ 765,808	**$ 832,400**
Contractor Management	$ -	$ -	$ -	$ -	$ -	$ -	$ 146,860	$ 483,360	**$ 630,220**
TOTALS	**$ -**	**$ -**	**$ 14,383,626**	**$ 49,146,925**	**$ 130,620,312**	**$ 292,861,399**	**$ 294,758,964**	**$ 296,788,564**	**$ 1,078,559,791**

	Prior Years' Benefits	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
EDW	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**
Provider Management	$ -	$ -	$ -	$ 30,780,181	$ 43,454,373	$ 43,454,373	$ 43,454,373	$ 43,454,373	$ 43,454,373	**$ 248,052,047**
Unified Operations Center	$ -	$ -	$ -	$ 1,738,800	$ 1,987,200	$ 1,987,200	$ 1,987,200	$ 1,987,200	$ 1,987,200	**$ 11,674,800**
Core (Claims / Encounter / Financial)	$ -	$ -	$ -	$ -	$ 66,071,076	$ 226,617,673	$ 226,859,891	$ 227,110,956	$ 227,110,956	**$ 973,770,552**
Pharmacy Benefit Management	$ -	$ -	$ -	$ -	$ 155,023	$ 350,505	$ 374,550	$ 401,880	$ 401,880	**$ 1,683,837**
Plan Management	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 291,712	$ 291,712	**$ 583,425**
Third Party Liability	$ -	$ -	$ -	$ -	$ 1,908,000	$ 2,972,000	$ 3,940,800	$ 3,940,800	$ 3,940,800	**$ 16,702,400**
Case Management	$ -	$ -	$ -	$ -	$ -	$ -	$ 66,592	$ 765,808	$ 765,808	**$ 1,598,208**
Contractor Management	$ -	$ -	$ -	$ -	$ -	$ -	$ 146,860	$ 483,360	$ 483,360	**$ 1,113,580**
TOTALS	**$ -**	**$ -**	**$ -**	**$ 32,518,981**	**$ 113,575,672**	**$ 275,381,751**	**$ 276,830,266**	**$ 278,436,089**	**$ 278,436,089**	**$ 1,255,178,849**

$ (176,619,058)

		Prior Years' Benefits	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29			
Dec 2022	EDW	$ -	$ -	$ 6,882,801	$ 16,593,349	$ 8,504,243	$ 8,721,164	$ 13,417,630	$ 18,352,475	$ 18,352,475	**$ 90,824,137**	$ 116,166,584	$ (25,342,448)
July 2023	Provider Management	$ -	$ -	$ -	$ 34,401,379	$ 21,727,187	$ 21,727,187	$ 32,590,780	$ 43,454,373	$ 43,454,373	**$ 197,355,278**	$ 186,039,035	$ 11,316,243
Oct 2024	Unified Operations Center	$ -	$ -	$ -	$ -	$ 8,129,745	$ 27,581,983	$ 41,398,396	$ 55,326,667	$ 55,326,667	**$ 187,763,458**	$ 297,212,293	$ (109,448,835)
Oct 2024	Core (Claims / Encounter / Financial)	$ -	$ -	$ -	$ -	$ 25,025,793	$ 85,846,854	$ 128,951,944	$ 172,186,991	$ 172,186,991	**$ 584,198,573**	$ 738,055,201	$ (153,856,629)
Oct 2024	Pharmacy Benefit Management	$ -	$ -	$ -	$ -	$ 77,511	$ 175,253	$ 280,912	$ 401,880	$ 401,880	**$ 1,337,436**	$ 1,683,837	$ (346,402)
June 2027	Plan Management	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 279,558	$ 291,712	**$ 571,270**	$ 583,425	$ (12,155)
Sept 2025	Third Party Liability	$ -	$ -	$ -	$ -	$ -	$ 1,395,700	$ 2,955,600	$ 3,940,800	$ 3,940,800	**$ 12,232,900**	$ 14,794,400	$ (2,561,500)
Mar 2027	Case Management	$ -	$ -	$ -	$ -	$ -	$ -	$ 94,235	$ 603,106	$ 603,106	**$ 1,300,447**	$ 1,258,656	$ 41,791
Dec 2026	Contractor Management	$ -	$ -	$ -	$ -	$ -	$ -	$ 166,155	$ 483,360	$ 483,360	**$ 1,132,875**	$ 1,113,580	$ 19,295
	TOTALS	**$ -**	**$ -**	**$ 6,882,801**	**$ 50,994,728**	**$ 63,464,479**	**$ 145,448,139**	**$ 219,855,653**	**$ 295,029,209**	**$ 295,041,364**	**$ 1,076,716,374**	$ 1,356,907,012	$ (280,190,638)

FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
		$ 63,464,479	$ 145,448,139	$ 73,285,218			
				$ 282,197,837			
$ 14,739,071	$ 49,423,683	$ 130,909,540	$ 293,159,963	$ 295,067,166	$ 296,788,564	$ 296,788,564	$ 1,376,876,550
$ (7,856,270)	$ 1,571,045	$ (67,445,060)	$ (147,711,824)	$ (75,211,513)	$ (1,759,355)	$ (1,747,200)	$ (300,160,176)
	Removed UOC benefits						

Reductions

FY 2024-25	FY 2025-26	FY 2026-27
50%	50%	25%

Benefits before reduction	$ 1,358,914,211
Reduction	$ 282,197,837
Updated (total) benefits amount	**$ 1,076,716,374**

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	Start	Finish		FY22-23	FY23-24	FY24-25	FY25-26	FY26-27	FY27-28	Totals	
ISIP - Procurement	7/2019	8/2019									
ISIP - Implementation	11/2019	3/2021									
ISIP - Operations	9/2020	6/2028	No M&O starting in FY22-23	$ 19,722,472	$ 9,835,551	$ 9,347,141	$ 9,347,141	$ 9,347,141	$ 9,347,141	**$ 66,946,588**	$ (83,276,015)
Module Existing Systems Integration	7/2021	6/2024									$ (16,329,427)
Enterprise Data Warehouse - Procurement	7/2019	1/2021									
Enterprise Data Warehouse - Implementation	1/2021	12/2022									
Enterprise Data Warehouse - Operations	1/2023	6/2028	No M&O starting in FY23-24	$ -	$ 11,193,821	$ 10,455,494	$ 10,519,486	$10,149,665	$ 6,628,839	**$ 48,947,304**	
Single Source Credentialing - Planning	9/2020	1/2021									
Provider Management - Procurement	8/2019	6/2020									
Provider Systems and Technology - Procurement	5/2021	8/2022									
Provider Systems and Technology - Implementation	9/2022	7/2023									
Provider Systems and Technology - Operations	2/2023	6/2028	No M&O starting in FY24-25	$ -	$ -	$ 6,200,307	$ 6,200,307	$ 6,200,307	$ 6,200,307	**$ 24,801,228**	
Enterprise Case Management Tracking - Planning	8/2024	11/2024									
Enterprise Case Management Tracking - Procurement	12/2024	11/2025									
Enterprise Case Management Tracking - Implementation	12/2025	3/2027									
Enterprise Case Management Tracking - Operations	8/2026	6/2028	No M&O starting in FY27-28	$ -	$ -	$ -	$ -	$ -	$ 4,826,640	**$ 4,826,640**	
Core Systems - Planning	4/2020	10/2020									
Core Systems - Procurement	2/2021	10/2022									
Core Systems - Implementation	11/2022	10/2024									
Core Systems - Operations	5/2024	6/2028	No M&O starting in FY25-26	$ -	$ -	$ -	$ 21,611,200	$21,611,200	$ 21,611,200	**$ 64,833,600**	
Unified Operations Center - Procurement	9/2020	7/2022									
Unified Operations Center - Implementation	8/2022	10/2024									
Unified Operations Center - Operations	4/2024	6/2028	No M&O starting in FY25-26	$ -	$ -	$ -	$ 27,130,338	$27,130,338	$ 27,130,338	**$ 81,391,014**	
Pharmacy Benefits Management - Planning	4/2023	6/2023									
Pharmacy Benefits Management - Procurement	7/2023	12/2023									
Pharmacy Benefits Management - Implementation	1/2024	10/2024									
Pharmacy Benefits Management - Operations	5/2024	6/2028	No M&O starting in FY25-26	$ -	$ -	$ -	$ 15,074,934	$15,074,934	$ 15,074,934	**$ 45,224,802**	
Third Party Liability - Planning	10/2023	12/2023									
Third Party Liability - Procurement	1/2024	6/2024									
Third Party Liability - Implementation	7/2024	9/2025									
Third Party Liability - Operations	4/2025	6/2028	No M&O starting in FY26-27	$ -	$ -	$ -	$ -	$ 4,472,088	$ 4,472,088	**$ 8,944,176**	
Plan Management - Planning	7/2024	12/2024									
Plan Management - Procurement	1/2025	12/2025									
Plan Management - Implementation	1/2026	6/2027									
Plan Management - Operations	1/2027	6/2028	No M&O starting in FY27-28	$ -	$ -	$ -	$ -	$ -	$ 4,512,480	**$ 4,512,480**	
Contractor Management - Planning	1/2025	3/2025									
Contractor Management - Procurement	4/2025	9/2025									
Contractor Management - Implementation	10/2025	12/2026									
Contractor Management - Operations	7/2026	6/2028	No M&O starting in FY27-28	$ -	$ -	$ -	$ -	$ -	$ 4,465,356	**$ 4,465,356**	
Certifications - Cohort 1	5/2025	8/2025									
Certifications - Cohort 2	1/2028	4/2028									
SEAS - Program and Project Management	7/2019	6/2028									
SEAS - Non-Project Support	7/2020	6/2028									
FMMIS Support - Modular Communications	7/2019	12/2024									
Prioritized Projects	7/2020	6/2028									
External Agency Projects	7/2020	6/2021									
CMS Interoperability - Planning	7/2021	10/2021									
CMS Interoperability - Implementation	11/2021	6/2023									
FX Org Alignment and Workforce Transition Support	7/2021	6/2022									
Security Risk Scoring	7/2019	10/2019									
Operational Impact Analysis	7/2019	1/2020									
Data Governance - Implementation	7/2019	10/2020									
Data Governance - Operations	4/2021	6/2021	Not Applicable								
ITCO Job Scheduler - Implementation	7/2019	10/2019									
IV&V	7/2019	6/2028									
SA - Contracted Services FY19/20	7/2019	6/2020									
SA - EDW - Data Governance	7/2020	6/2028									
SA - Interface Migrations	7/2021	6/2022									
SA - Contract and Procurement Specialist #1	7/2020	6/2028									
SA - Contract and Procurement Specialist #2	7/2020	6/2028									
SA - Program Specialist #1	7/2020	6/2028									
SA - Program Specialist #2	7/2020	6/2028									
SA - ALM Support	7/2021	6/2028									
SA - Master Consolidated Schedule Transition	7/2021	6/2022									
SW - Microsoft Project Online	7/2021	6/2028									
SW - MITA Source Pulse	7/2021	6/2028									
SW - ITCO Job Scheduler	7/2022	6/2028		$ 62,259	$ 62,259	$ 62,259	$ 62,259	$ 62,259	$ 62,259	**$ 373,554**	$ (373,554)
										$ 355,266,742	

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$	Amount	Description
$	889,456,186.86	M&O all years included
$	355,266,742.04	M&O removed (EDW and IS/IP M&O **not** removed)
$	**534,189,444.82**	NET
$	582,051,592.00	Project cost - FY21-22 IV-B
$	(47,862,147.18)	DECREASE
$	16,775,520.00	Removal of Recipient as a module
$	4,035,388.03	Reduction in Prioritized Projects
$	48,393,278.70	Reduction in Core implementation costs
$	-	IS/IP M&O **not** removed
$	-	EDW M&O **not** removed
$	**21,342,039.55**	Remaining delta - due to multiple factors, including changes to implementation timing for multiple implementations, additional functionality added (Credentialing), etc.
$	534,189,444.82	

Issues/Points

- M&O adjustment
- Remove FY2023-24 benefits for UOC

FX OUTCOMES TO BENEFITS REALIZATION

			Association				Fiscal Years									
	Type/Level	Description	IS/IP	EDW	PSM	OTHER	FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	TOTALS		OTHER
	1 of 3 Main Categories	**Operational Effectiveness**					$ -	$ 30,031,880	$33,023,880	$ 36,685,588	$ 34,252,254	$ 126,559,947	$ 126,559,947	$ 387,113,495		
	Sub-grouping	Improve People and Process Effectiveness: Service Delivery					$ -	$ 15,027,680	$10,366,347	$ 14,028,054	$ 11,594,721	$ 50,056,259	$ 50,056,259	$ 151,129,320		
	OUTCOME	**Increase People Effectiveness**		X			$ -	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 34,944,000		
1	Driver	*Skill/Cost Alignment*		X			$ -	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 11,648,000		
2	Driver	*Skill Acquisition*		X			$ -	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 11,648,000		
3	Driver	*Skill Retention*		X			$ -	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 11,648,000	$ 34,944,000	
	OUTCOME	**Improve Process Efficiency**		X	X	X	$ -	$ 1,943,680	$ 1,943,680	$ 3,247,441	$ 1,647,441	$ 13,185,902	$ 13,185,902	$ 35,154,047		
4	Driver	*Streamline Processes*		X	X	X	$ -	$ 43,680	$ 43,680	$ 345,201	$ 345,201	$ 4,191,355	$ 4,191,355	$ 9,160,471		$ 3,846,154
5	Driver	*Optimize Process Automation*			X	X	$ -	$ -	$ -	$ 1,002,240	$ 1,002,240	$ 4,848,394	$ 4,848,394	$ 11,701,268		$ 3,846,154
6	Driver	*Enable Operational Innovation*		X		X	$ -	$ 1,900,000	$ 1,900,000	$ 1,900,000	$ 300,000	$ 4,146,154	$ 4,146,154	$ 14,292,308	$ 35,154,047	$ 3,846,154
	OUTCOME	**Enhance Systems Usability**		X		X	$ -	$ -	$ -	$ -	$ -	$ 19,230,769	$ 19,230,769	$ 38,461,538		
7	Driver	*Enhance System Interface*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
8	Driver	*Availability*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
9	Driver	*Minimize Exception Processing*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
10	Driver	*Speed*		X		X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
11	Driver	*Utilize Knowledge & Decision Automation*		X		X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308	$ 38,461,538	$ 3,846,154
	OUTCOME	**Manage Systems Costs**	X	X	X	X	$ -	$ 7,260,000	$ 2,598,667	$ 4,956,613	$ 4,123,280	$ 11,815,588	$ 11,815,588	$ 42,569,735		
12	Driver	*Professional or Contracted Services*		X		X	$ -	$ 600,000	$ 600,000	$ 600,000	$ -	$ 3,846,154	$ 3,846,154	$ 9,492,308		$ 3,846,154
13	Driver	*Software Licensing*		X		X	$ -	$ 600,000	$ 600,000	$ 600,000	$ -	$ 3,846,154	$ 3,846,154	$ 9,492,308		$ 3,846,154
14	Driver	*Hardware/Hosting*		X			$ -	$ 300,000	$ 300,000	$ 300,000	$ -	$ -	$ -	$ 900,000		
15	Driver	*Operations and Maintenance*	X	X	X		$ -	$ 5,760,000	$ 1,098,667	$ 3,456,613	$ 4,123,280	$ 4,123,280	$ 4,123,280	$ 22,685,120	$ 42,569,735	
	OUTCOME	**Align Recipient Populations Served**					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
16	Driver	*Serve Eligible Recipients*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
17	Driver	*Provide Most Appropriate Services for Recipient*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	OUTCOME	**Manage Costs/Enhance Value of Provider Services**	X	X		X	$ -	$ -	$ 5,700,000	$ 5,700,000	$ 5,700,000	$ 36,469,231	$ 36,469,231	$ 90,038,462		
	Sub-grouping	Managed Care Costs					$ -	$ -	$ 5,700,000	$ 5,700,000	$ 5,700,000	$ 24,930,769	$ 24,930,769	$ 66,961,538		
	Sub-grouping	MCO Costs					$ -	$ -	$ 5,700,000	$ 5,700,000	$ 5,700,000	$ 13,392,308	$ 13,392,308	$ 43,884,615		
18	Driver	*MCO Facility, Equipment and Systems*	X			X	$ -	$ -	$ 2,850,000	$ 2,850,000	$ 2,850,000	$ 6,696,154	$ 6,696,154	$ 21,942,308		$ 3,846,154
19	Driver	*MCO Administrative Services*	X			X	$ -	$ -	$ 2,850,000	$ 2,850,000	$ 2,850,000	$ 6,696,154	$ 6,696,154	$ 21,942,308	$ 43,884,615	$ 3,846,154
	Sub-grouping	Contracted Service Provider Costs					$ -	$ -	$ -	$ -	$ -	$ 11,538,462	$ 11,538,462	$ 23,076,923		
20	Driver	*Provider Direct Service Delivery*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
21	Driver	*Provider Facility, Equipment and Systems*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
22	Driver	*Provider Administrative Services*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
23	Driver	*Provider Liability*		X			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 23,076,923	
	Sub-grouping	Fee for Service Costs - Provider Costs					$ -	$ -	$ -	$ -	$ -	$ 11,538,462	$ 11,538,462	$ 23,076,923		
24	Driver	*Provider Direct Service Delivery*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
25	Driver	*Facility, Equipment and Systems*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
26	Driver	*Provider Administrative Services*		X		X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
27	Driver	*Provider Liability*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 23,076,923	
	OUTCOME	**Minimize Error and Fraud**	X	X		X	$ -	$ 15,000,000	$16,953,333	$ 16,953,333	$ 16,953,333	$ 28,491,795	$ 28,491,795	$ 122,843,590		
28	Driver	*Minimize Incorrect Payments*	X	X		X	$ -	$ 7,500,000	$ 9,453,333	$ 9,453,333	$ 9,453,333	$ 13,299,487	$ 13,299,487	$ 62,458,974		$ 3,846,154
29	Driver	*Minimize Time to Payment*		X		X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
30	Driver	*Minimize Fraud*				X	$ -	$ 7,500,000	$ 7,500,000	$ 7,500,000	$ 7,500,000	$ 11,346,154	$ 11,346,154	$ 52,692,308	$ 122,843,590	$ 3,846,154
	OUTCOME	**Ensure Compliance to Standards**		X		X	$ -	$ 4,200	$ 4,200	$ 4,200	$ 4,200	$ 11,542,662	$ 11,542,662	$ 23,102,123		
31	Driver	*Program Standards*		X		X	$ -	$ 4,200	$ 4,200	$ 4,200	$ 4,200	$ 3,850,354	$ 3,850,354	$ 7,717,508		$ 3,846,154
32	Driver	*Contract Standards*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
33	Driver	*Recipient Experience Standards*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308	$ 23,102,123	$ 3,846,154
	2 of 3 Main Categories	**Recipient Experience**					$ -	$ -	$ -	$ -	$ -	$ 15,384,615	$ 15,384,615	$ 30,769,231		
	OUTCOME	**Manage Recipient Expectations**					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
34	Driver	*Application*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
35	Driver	*Enrollment*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
36	Driver	*Service Providers*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
37	Driver	*Wellness Behaviors*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	OUTCOME	**Improve Recipient Service Experience**		X		X	$ -	$ -	$ -	$ -	$ -	$ 15,384,615	$ 15,384,615	$ 30,769,231		
	Sub-grouping	Experience Accessing Services					$ -	$ -	$ -	$ -	$ -	$ 7,692,308	$ 7,692,308	$ 15,384,615		
38	Driver	*Application*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
39	Driver	*Enrollment*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
40	Driver	*Minimize Queue Time to Access Service Provider*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
41	Driver	*Reduce Cost to Get to Service Provider*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		

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FX OUTCOMES TO BENEFITS REALIZATION

			Association				Fiscal Years									
	Type/Level	Description	IS/IP	EDW	PSM	OTHER	FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	TOTALS		OTHER
42	Driver	*Reduce Wait Time at Service Provider*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,384,615	
	Sub-grouping	Service Interactions					$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		
43	Driver	*Streamline Information Gathering and Collection*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
44	Driver	*Enhance Communication with Provider*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
45	Driver	*Improve Interaction Wrap-up*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
46	Driver	*Improve Interaction Follow-up*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,692,308	
	Sub-grouping	Service Effectiveness					$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		
47	Driver	*Optimize Number of Provider Interactions*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
48	Driver	*Improve Impact on Recipient Wellness*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
49	Driver	*Optimize Avoidance of Future Recipient Impact*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
50	Driver	*Utilize Knowledge & Decision Automation*		X		X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308	$ 7,692,308	$ 3,846,154
	3 of 3 Main Categories	**Provider Experience**					$ -	$ -	$ -	$ 127,406,337	$ 127,406,337	$ 169,714,029	$ 169,714,029	$ 594,240,732		
	OUTCOME	**Improve Interactions with State Agencies**	X		X	X	$ -	$ -	$ -	$ 79,453,168	$ 79,453,168	$ 94,837,784	$ 94,837,784	$ 348,581,905		
51	Driver	*Initial Provider Enrollment*			X	X	$ -	$ -	$ -	$ 16,101,584	$ 16,101,584	$ 19,947,738	$ 19,947,738	$ 72,098,645		$ 3,846,154
52	Driver	*Ongoing Provider Certification*			X	X	$ -	$ -	$ -	$ 16,101,584	$ 16,101,584	$ 19,947,738	$ 19,947,738	$ 72,098,645		$ 3,846,154
53	Driver	*Service Authorization*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
54	Driver	*Service Billing and Payment*	X			X	$ -	$ -	$ -	$ 47,250,000	$ 47,250,000	$ 51,096,154	$ 51,096,154	$ 196,692,308	$ 348,581,905	$ 3,846,154
	OUTCOME	**Improve Managed Care Interactions**	X		X	X	$ -	$ -	$ -	$ 47,953,168	$ 47,953,168	$ 63,337,784	$ 63,337,784	$ 222,581,905		
55	Driver	*Initial Provider Enrollment*			X	X	$ -	$ -	$ -	$ 16,101,584	$ 16,101,584	$ 19,947,738	$ 19,947,738	$ 72,098,645		$ 3,846,154
56	Driver	*Ongoing Provider Certification*			X	X	$ -	$ -	$ -	$ 16,101,584	$ 16,101,584	$ 19,947,738	$ 19,947,738	$ 72,098,645		$ 3,846,154
57	Driver	*Service Authorization*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
58	Driver	*Service Billing and Payment*	X			X	$ -	$ -	$ -	$ 15,750,000	$ 15,750,000	$ 19,596,154	$ 19,596,154	$ 70,692,308	$ 222,581,905	$ 3,846,154
	OUTCOME	**Improve Recipient Interactions**				X	$ -	$ -	$ -	$ -	$ -	$ 11,538,462	$ 11,538,462	$ 23,076,923		
59	Driver	*Minimize No Show and Late Recipients*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
60	Driver	*Enable Efficient Access to Complete Accurate Recipient Information*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
61	Driver	*Enable Efficient Pre/Post Service Communication*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
62	Driver	*Maximize Recipient Engagement in Wellness Service Delivery*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
63	Driver	*Utilize Knowledge & Decision Automation*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308	$ 23,076,923	$ 3,846,154
						TOTALS	$ -	$ 30,031,880	$33,023,880	$ 164,091,925	$ 161,658,591	$ 311,658,591	$ 311,658,591	$ 1,012,123,458	$ 1,012,123,458	$ 150,000,000

$1,012,123,459.00

$ 0.93

$ -

Category	FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	
Increase People Effectiveness	$ -	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 5,824,000	
Improve Process Efficiency	$ -	$ 1,943,680	$ 1,943,680	$ 3,247,441	$ 1,647,441	$ 13,185,902	$ 13,185,902	
Enhance Systems Usability	$ -	$ -	$ -	$ -	$ -	$ 19,230,769	$ 19,230,769	
Manage Systems Costs	$ -	$ 7,260,000	$ 2,598,667	$ 4,956,613	$ 4,123,280	$ 11,815,588	$ 11,815,588	
Align Recipient Populations Served	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Manage Costs/Enhance Value of Provider Services	$ -	$ -	$ 5,700,000	$ 5,700,000	$ 5,700,000	$ 36,469,231	$ 36,469,231	
Minimize Error and Fraud	$ -	$ 15,000,000	$16,953,333	$ 16,953,333	$ 16,953,333	$ 28,491,795	$ 28,491,795	
Ensure Compliance to Standards	$ -	$ 4,200	$ 4,200	$ 4,200	$ 4,200	$ 11,542,662	$ 11,542,662	
Manage Recipient Expectations	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Improve Recipient Service Experience	$ -	$ -	$ -	$ -	$ -	$ 15,384,615	$ 15,384,615	
Improve Interactions with State Agencies	$ -	$ -	$ -	$ 79,453,168	$ 79,453,168	$ 94,837,784	$ 94,837,784	
Improve Managed Care Interactions	$ -	$ -	$ -	$ 47,953,168	$ 47,953,168	$ 63,337,784	$ 63,337,784	
Improve Recipient Interactions	$ -	$ -	$ -	$ -	$ -	$ 11,538,462	$ 11,538,462	
	$ -	$ 30,031,880	$33,023,880	$ 164,091,925	$ 161,658,591	$ 311,658,591	$ 311,658,591	$ 1,012,123,458

Category	FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	
Operational Effectiveness	$ -	$ 30,031,880	$33,023,880	$ 36,685,588	$ 34,252,254	$ 126,559,947	$ 126,559,947	
Recipient Experience	$ -	$ -	$ -	$ -	$ -	$ 15,384,615	$ 15,384,615	
Provider Experience	$ -	$ -	$ -	$ 127,406,337	$ 127,406,337	$ 169,714,029	$ 169,714,029	
	$ -	$ 30,031,880	$33,023,880	$ 164,091,925	$ 161,658,591	$ 311,658,591	$ 311,658,591	$ 1,012,123,458

	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	TOTALS
IS/IP	$ 5,760,000	$ 8,085,333	$ 71,085,333	$ 71,085,333	$ 71,085,333	$ 71,085,333	$ 298,186,665.00
EDW	$ 24,271,880	$24,938,547	$ 25,605,213	$ 23,171,880	$ 23,171,880	$ 23,171,880	$ 144,331,280.00

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FX OUTCOMES TO BENEFITS REALIZATION

		Association				Fiscal Years							
Type/Level	Description	IS/IP	EDW	PSM	OTHER	FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	TOTALS
						Provider	$ -	$ -	$ 67,401,378	$ 67,401,378	$ 67,401,378	$ 67,401,378	**$ 269,605,512.00**
												Total (for the 3)	**$ 712,123,457.00**
												IV-B Total	$ 1,012,123,458.07
												Add'l FX Benefits	**$ 300,000,001.07**

OTHER

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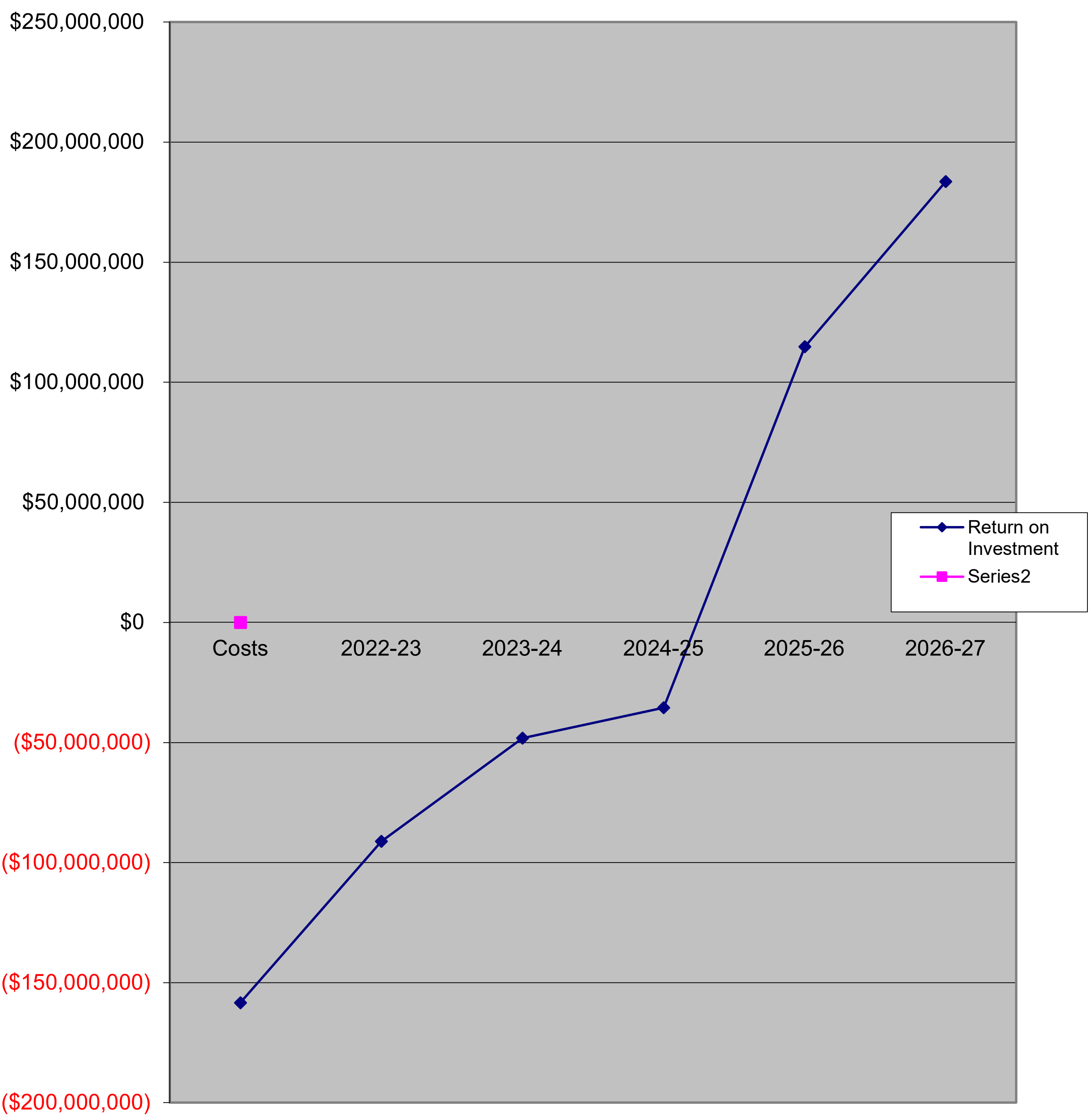

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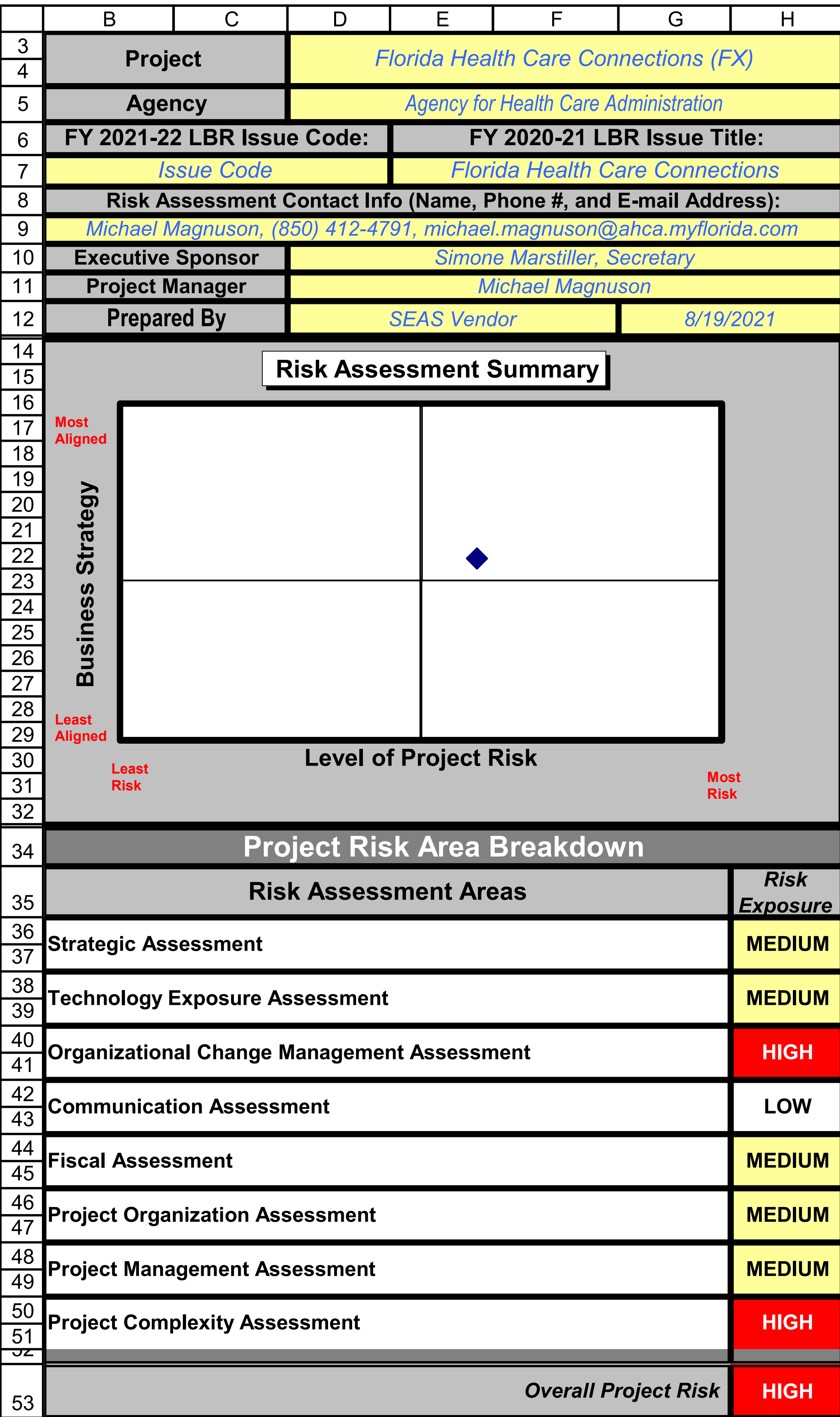

	B	C	D	E	F	G	H
3-4	**Project**		*Florida Health Care Connections (FX)*				
5	**Agency**		*Agency for Health Care Administration*				
6	**FY 2021-22 LBR Issue Code:**			**FY 2020-21 LBR Issue Title:**			
7	*Issue Code*			*Florida Health Care Connections*			
8	**Risk Assessment Contact Info (Name, Phone #, and E-mail Address):**						
9	*Michael Magnuson, (850) 412-4791, michael.magnuson@ahca.myflorida.com*						
10	**Executive Sponsor**		*Simone Marstiller, Secretary*				
11	**Project Manager**		*Michael Magnuson*				
12	**Prepared By**		*SEAS Vendor*			*8/19/2021*	

Risk Assessment Summary

Project Risk Area Breakdown

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

	B	C	D	E
1	Agency: Agency for Health Care Administration			Project: Florida Health Care Connections (FX)
3	Section 1 -- Strategic Area			
4	#	Criteria	Values	Answer
5	1.01	Are project objectives clearly aligned with the agency's legal mission?	0% to 40% -- Few or no objectives aligned	81% to 100% -- All or nearly all objectives aligned
6			41% to 80% -- Some objectives aligned	
7			81% to 100% -- All or nearly all objectives aligned	
8	1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Documented with sign-off by stakeholders
9			Informal agreement by stakeholders	
10			Documented with sign-off by stakeholders	
11	1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Not or rarely involved	Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings
12			Most regularly attend executive steering committee meetings	
13			Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
14	1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is not documented	Vision is completely documented
15			Vision is partially documented	
16			Vision is completely documented	
17	1.05	Have all project business/program area requirements, assumptions, constraints, and priorities been defined and documented?	0% to 40% -- Few or none defined and documented	41% to 80% -- Some defined and documented
18			41% to 80% -- Some defined and documented	
19			81% to 100% -- All or nearly all defined and documented	
20	1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	Changes are identified and documented
21			Changes unknown	
22			Changes are identified in concept only	
23			Changes are identified and documented	
24			Legislation or proposed rule change is drafted	
25	1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	Few or none	Some
26			Some	
27			All or nearly all	
28	1.08	What is the external (e.g. public) visibility of the proposed system or project?	Minimal or no external use or visibility	Extensive external use or visibility
29			Moderate external use or visibility	
30			Extensive external use or visibility	
31	1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility	Multiple agency or state enterprise visibility
32			Single agency-wide use or visibility	
33			Use or visibility at division and/or bureau level only	
34	1.10	Is this a multi-year project?	Greater than 5 years	Greater than 5 years
35			Between 3 and 5 years	
36			Between 1 and 3 years	
37			1 year or less	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Florida Health Care Connections (FX)	
3	Section 2 -- Technology Area			
4	#	Criteria	Values	Answer
5	2.01	Does the agency have experience working with, operating, and supporting the proposed technical solution in a production environment?	Read about only or attended conference and/or vendor presentation	Read about only or attended conference and/or vendor presentation
6			Supported prototype or production system less than 6 months	
7			Supported production system 6 months to 12 months	
8			Supported production system 1 year to 3 years	
9			Installed and supported production system more than 3 years	
10	2.02	Does the agency's internal staff have sufficient knowledge of the proposed technical solution to implement and operate the new system?	External technical resources will be needed for implementation and operations	External technical resources will be needed for implementation and operations
11			External technical resources will be needed through implementation only	
12			Internal resources have sufficient knowledge for implementation and operations	
13	2.03	Have all relevant technical alternatives/ solution options been researched, documented and considered?	No technology alternatives researched	All or nearly all alternatives documented and considered
14			Some alternatives documented and considered	
15			All or nearly all alternatives documented and considered	
16	2.04	Does the proposed technical solution comply with all relevant agency, statewide, or industry technology standards?	No relevant standards have been identified or incorporated into proposed technology	Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards
17			Some relevant standards have been incorporated into the proposed technology	
18			Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards	
19	2.05	Does the proposed technical solution require significant change to the agency's existing technology infrastructure?	Minor or no infrastructure change required	Extensive infrastructure change required
20			Moderate infrastructure change required	
21			Extensive infrastructure change required	
22			Complete infrastructure replacement	
23	2.06	Are detailed hardware and software capacity requirements defined and documented?	Capacity requirements are not understood or defined	Capacity requirements are based on historical data and new system design specifications and performance requirements
24			Capacity requirements are defined only at a conceptual level	
25			Capacity requirements are based on historical data and new system design specifications and performance requirements	

	B	C	D	E
1	**Agency: Agency for Health Care Administration**		**Project: Florida Health Care Connections (FX)**	
3	**Section 3 -- Organizational Change Management Area**			
4	**#**	**Criteria**	**Values**	**Answer**
5	3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Extensive changes to organization structure, staff or business processes
6			Moderate changes to organization structure, staff or business processes	
7			Minimal changes to organization structure, staff or business processes structure	
8	3.02	Will this project impact essential business processes?	Yes	Yes
9			No	
10	3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	0% to 40% -- Few or no process changes defined and documented
11			41% to 80% -- Some process changes defined and documented	
12			81% to 100% -- All or nearly all processes defiined and documented	
13	3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	Yes
14			No	
15	3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	1% to 10% FTE count change
16			1% to 10% FTE count change	
17			Less than 1% FTE count change	
18	3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	Over 10% contractor count change
19			1 to 10% contractor count change	
20			Less than 1% contractor count change	
21	3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Moderate changes
22			Moderate changes	
23			Minor or no changes	
24	3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Moderate changes
25			Moderate changes	
26			Minor or no changes	
27	3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with fewer change requirements
28			Recently completed project with fewer change requirements	
29			Recently completed project with similar change requirements	
30			Recently completed project with greater change requirements	

	B	C	D	E
1	**Agency: Agency Name**			**Project: Project Name**
3	**Section 4 -- Communication Area**			
4	**#**	**Criteria**	**Value Options**	**Answer**
5	4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
6			No	
7	4.02	Does the project Communication Plan promote the collection and use of feedback from management, project team, and business stakeholders (including end users)?	Negligible or no feedback in Plan	Proactive use of feedback in Plan
8			Routine feedback in Plan	
9			Proactive use of feedback in Plan	
10	4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
11			No	
12	4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
13			No	
14	4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages	Some key messages have been developed
15			Some key messages have been developed	
16			All or nearly all messages are documented	
17	4.06	Have desired message outcomes and success measures been identified in the Communication Plan?	Plan does not include desired messages outcomes and success measures	Success measures have been developed for some messages
18			Success measures have been developed for some messages	
19			All or nearly all messages have success measures	
20	4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
21			No	

	B	C	D	E
1	Agency: Agency for Health Care Administration			Project: Florida Health Care Connections (FX)
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
5	5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	No
6			No	
7	5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	81% to 100% -- All or nearly all defined and documented
8			41% to 80% -- Some defined and documented	
9			81% to 100% -- All or nearly all defined and documented	
10	5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Greater than $10 M
11			Greater than $10 M	
12			Between $2 M and $10 M	
13			Between $500K and $1,999,999	
14			Less than $500 K	
15	5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	Yes
16			No	
17	5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within ±10%)	Order of magnitude – estimate could vary between 10-100%
18			Order of magnitude – estimate could vary between 10-100%	
19			Placeholder – actual cost may exceed estimate by more than 100%	
20	5.06	Are funds available within existing agency resources to complete this project?	Yes	No
21			No	
22	5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
23			Funding from local government agencies	
24			Funding from other state agencies	
25	5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Requested and received
26			Requested but not received	
27			Requested and received	
28			Not applicable	
29	5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	Most project benefits have been identified but not validated
30			Some project benefits have been identified but not validated	
31			Most project benefits have been identified but not validated	
32			All or nearly all project benefits have been identified and validated	
33	5.10	What is the benefit payback period that is defined and documented?	Within 1 year	More than 5 years
34			Within 3 years	
35			Within 5 years	
36			More than 5 years	
37			No payback	
38	5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have reviewed and approved the proposed procurement strategy
39			Stakeholders have not been consulted re: procurement strategy	
40			Stakeholders have reviewed and approved the proposed procurement strategy	
41	5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Combination FFP and T&E
42			Firm Fixed Price (FFP)	
43			Combination FFP and T&E	
44	5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of hardware and software is documented in the project schedule
45			Purchase all hardware and software at start of project to take advantage of one-time discounts	
46			Just-in-time purchasing of hardware and software is documented in the project schedule	
47	5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager assigned is not the procurement manager or the project manager
48			Contract manager is the procurement manager	
49			Contract manager is the project manager	
50			Contract manager assigned is not the procurement manager or the project manager	
51	5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
52			No	
53	5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	All or nearly all selection criteria and expected outcomes have been defined and documented
54			Some selection criteria and outcomes have been defined and documented	
55			All or nearly all selection criteria and expected outcomes have been defined and documented	
56	5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
57			Multi-stage evaluation not planned/used for procurement	
58			Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
59	5.18	For projects with total cost exceeding $10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	No, bid response did/will not require proof of concept or prototype
60			No, bid response did/will not require proof of concept or prototype	
61			Yes, bid response did/will include proof of concept or prototype	
62			Not applicable	

	B	C	D	E
1	**Agency: Agency for Health Care Administration**		**Project: Florida Health Care Connections (FX)**	
3	**Section 6 -- Project Organization Area**			
4	**#**	**Criteria**	**Values**	**Answer**
5	6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes	Yes
6			No	
7	6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	None or few have been defined and documented	All or nearly all have been defined and documented
8			Some have been defined and documented	
9			All or nearly all have been defined and documented	
10	6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	Agency
11			Agency	
12			System Integrator (contractor)	
13	6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	3 or more
14			2	
15			1	
16	6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been developed?	Needed staff and skills have not been identified	Some or most staff roles and responsibilities and needed skills have been identified
17			Some or most staff roles and responsibilities and needed skills have been identified	
18			Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
19	6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	Yes, experienced project manager dedicated full-time, 100% to project
20			No, project manager is assigned 50% or less to project	
21			No, project manager assigned more than half-time, but less than full-time to project	
22			Yes, experienced project manager dedicated full-time, 100% to project	
23	6.07	Are qualified project management team members dedicated full-time to the project	None	Yes, business, functional or technical experts dedicated full-time, 100% to project
24			No, business, functional or technical experts dedicated 50% or less to project	
25			No, business, functional or technical experts dedicated more than half-time but less than full-time to project	
26			Yes, business, functional or technical experts dedicated full-time, 100% to project	
27	6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the project team with in-house resources?	Few or no staff from in-house resources	Half of staff from in-house resources
28			Half of staff from in-house resources	
29			Mostly staffed from in-house resources	
30			Completely staffed from in-house resources	
31	6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Minimal or no impact
32			Moderate impact	
33			Extensive impact	
34	6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope, schedule, or cost?	Yes	Yes
35			No	
36	6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established	Yes, all stakeholders are represented by functional manager
37			No, only IT staff are on change review and control board	
38			No, all stakeholders are not represented on the board	
39			Yes, all stakeholders are represented by functional manager	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Florida Health Care Connections (FX)	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
5	7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
6			Project Management team will use the methodology selected by the systems integrator	
7			Yes	
8	7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
9			1-3	
10			More than 3	
11	7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
12			Some	
13			All or nearly all	
14	7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	41 to 80% -- Some have been defined and documented
15			41 to 80% -- Some have been defined and documented	
16			81% to 100% -- All or nearly all have been defined and documented	
17	7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	0% to 40% -- None or few have been defined and documented
18			41 to 80% -- Some have been defined and documented	
19			81% to 100% -- All or nearly all have been defined and documented	
20	7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	41 to 80% -- Some are traceable
21			41 to 80% -- Some are traceable	
22			81% to 100% -- All or nearly all requirements and specifications are traceable	
23	7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	Some deliverables and acceptance criteria have been defined and documented
24			Some deliverables and acceptance criteria have been defined and documented	
25			All or nearly all deliverables and acceptance criteria have been defined and documented	
26	7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
27			Only project manager signs-off	
28			Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
29	7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	41 to 80% -- Some have been defined to the work package level
30			41 to 80% -- Some have been defined to the work package level	
31			81% to 100% -- All or nearly all have been defined to the work package level	
32	7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	No
33			No	
34	7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	Yes
35			No	
36	7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
37			Project team uses formal processes	
38			Project team and executive steering committee use formal status reporting processes	
39	7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
40			Some templates are available	
41			All planning and reporting templates are available	
42	7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
43			No	
44	7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	All known risks and mitigation strategies have been defined
45			Some have been defined and documented	
46			All known risks and mitigation strategies have been defined	
47	7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
48			No	
49	7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
50			No	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Florida Health Care Connections (FX)	
2				
3	Section 8 -- Project Complexity Area			
4	#	Criteria	Values	Answer
5	8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	More complex
6			More complex	
7			Similar complexity	
8			Less complex	
9	8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
10			3 sites or fewer	
11			More than 3 sites	
12	8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
13			3 sites or fewer	
14			More than 3 sites	
15	8.04	How many external contracting or consulting organizations will this project require?	No external organizations	More than 3 external organizations
16			1 to 3 external organizations	
17			More than 3 external organizations	
18	8.05	What is the expected project team size?	Greater than 15	Greater than 15
19			9 to 15	
20			5 to 8	
21			Less than 5	
22	8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	More than 4	More than 4
23			2 to 4	
24			1	
25			None	
26	8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Statewide or multiple agency business process change
27			Agency-wide business process change	
28			Statewide or multiple agency business process change	
29	8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	No
30			No	
31	8.09	What type of project is this?	Infrastructure upgrade	Combination of the above
32			Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
33			Business Process Reengineering	
34			Combination of the above	
35	8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Lesser size and complexity
36			Lesser size and complexity	
37			Similar size and complexity	
38			Greater size and complexity	
39	8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	No recent experience	Lesser size and complexity
40			Lesser size and complexity	
41			Similar size and complexity	
42			Greater size and complexity	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2022-23 FY

Department: Agency for Health Care Administration

Chief Internal Auditor: Pilar Zaki

Budget Entity: Inspector General/Internal Audit

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 2020-21					
AG 2020-013 AG 18-19 Operational Audit - AHCA	*7/1/18 to 1/31/19*	*Analysis of Selected Medicaid Claims Data*	Finding Our audit found that Agency controls could be enhanced to better prevent or detect potential improper Medicaid claims payments. As part of our audit, we analyzed selected Fee-for-Service (FFS) claims adjudicated during the period July, 2017, through March, 2019, and the encounter data for selected Statewide Medicaid Managed Care (SMMC) Program claims billed during the period July, 2017, through March, 2019. The selected claim types included, but were not limited to, those for controlled substances prescriptions, human immunodeficiency virus (HIV) prescriptions, home health care visits, and dental services. Our analysis of the selected Medicaid claim types identified numerous claims, summarized in Table 1, that appeared to be contrary to State or Federal law, Agency rules and/or policies, or other guidelines, and, in some instances, indicative of potential fraud or abuse.		
			Recommendations: We recommend that the Agency's management enhance FMMIS and MCO oversight controls to better prevent or detect potential improper Medicaid claims payments.	Management Response *(See final report and six-month status report for complete response)* Controlled Substances Florida Medicaid maintains a number of safeguards through the utilization management process which includes automated and manual prior authorizations, step-edit criteria, and other system edits (quantity limits, age limits, etc.) to ensure appropriate prescribing practices or use of medication. Regarding the management of controlled substances, refills of OxyContin or any other Schedule II substance is federally prohibited. Federal law requires a new prescription from the physician for OxyContin or Oxycodone to be filled. Consultation with the prescriber is required in these instances. Additionally, statutory exemptions to prescriber enrollment requirements are applied by Florida Medicaid to ensure reimbursement for only medically necessary services.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
				HIV Prescriptions Prior to the 2014 implementation of the SMMC Program, the Agency implemented an automatic prior authorization (auto-PA) process to ensure Medicaid recipients obtaining HIV medications, have an HIV medical claims diagnosis in their history. If the policy rules established by the auto-PA criteria are not met, the submitted claim will deny and trigger a manual prior authorization review process for verification of consultation with a prescriber. Home Health Visits Health plans provided justification on their system edits related to the specific claim samples in question and are conducting audits to identify any home health paid claims during an inpatient admission. The Agency also reviewed claim samples identified by the auditors and does not recommend system changes in the Fee-for-Service delivery system nor through the health plans. Encounter Claims: Twenty (20) of the claims were encounter claims from a recipient enrolled in a Managed Care Plan. The Plans' coverage may be more expansive than the coverage policy. Seven (7) health plans were contacted regarding the 20 encounter claims. Because prior authorization was in place for the home health services, clean claims did pay. Identifying home health claims that were paid for dates of service when a member was in an inpatient facility must be done as a retro-payment review. For the claims identified by the Auditor General (AG), the Plans will be reaching out to the home health providers to request documentation and then take appropriate action. These claims were encounter claims and as such health plans may exceed the limits of the coverage policy. It is likely the home health visit claim was filed prior to the hospital or nursing facility claim being filed with the health plan. Fee-for-Service Claims: Ten claims are fee-for-service claims. Prior authorization is required for home health visits. This is one of the mechanisms the state uses to apply utilization management of home health services. Providers obtain authorization every 60 days. However, when the prior authorization is approved it is not possible to predict health emergencies or natural disasters that may result in an inpatient stay. Dental Services Florida Medicaid dental services are provided through three (3) SMMC Dental Plans. Each plan has the flexibility and responsibility to apply medically appropriate utilization criteria for dental services. Root canal procedures require a prior authorization in FFS Medicaid. The Agency disagrees with the finding that the number of root canals performed in one date of service and the average length of time to perform a root canal are automatically grounds to identify overpayment by Medicaid. Such determinations require clinical review, and the Agency requested an expert analysis of these situations with licensed and practicing dentists within the Department of Health and the Medicaid dental plans.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
				The AG references the American Association of Endodontists as their source for the expected procedural time for a root canal appointment (90 minutes). However, this reference does not detail the various factors that may affect the overall root canal procedure time. These include primary versus permanent teeth, the location of a tooth, root structure, level of decay, compliance of the patient, level of anesthesia, etc. Therefore, the Agency does not find the AG's reference for root canal procedure time to be adequate or accurate, thus system updates are not necessary.	
AG 2021-028 AG 19-20 IT Operational Audit	*September 25, 2020*	*Surplus Computer Hard Drive Disposal Processes*			
			Finding#2 Periodic Review of Physical Access Privileges. The Agency and (DCF) physical access policies and procedures need enhancement to ensure that periodic reviews of physical access privileges to secure IT areas are conducted and the results of such reviews are maintained in agency records.		
			Recommendations We recommend that the Agency and DCF management improve physical access policies and procedures to require periodic physical access privilege reviews of secure IT areas and ensure that documentation of such reviews is maintained in agency records.	Management Response Corrected. The Agency's written Administrative Policy & Procedure (AP&P) #4029 Security and ID Badges (physical access policy) has been revised with a workable form for tracking purposes. This revised policy is awaiting approval from the new Agency Deputy Secretary of Operations who started employment on March 15, 2021. Process implemented: In addition to termination procedures, The Agency's General Services Bureau monitors secure IT areas access rights which are granted through Agency badges. The Agency's Division of IT security team receives monthly logs of access to the Computer Resource Center (CRC) for validation of access privileges.	
			Finding#3 Surplus Computer Hard Drive Sanitization and Disposition Procedures and Documentation. Agency, DCF, and DOE procedures for tracking and maintaining records related to the sanitization and disposition of surplus computer hard drives need improvement.		
			Recommendations We recommend that the Agency, DCF, and DOE management establish comprehensive policies and procedures for the surplus computer hard drive sanitization and disposition process and ensure that agency records appropriately account for and evidence the sanitization and disposition of all surplus computer hard drives.	Management Response Corrected. The Agency's written Administrative Policy & Procedure (AP&P) #4029 Security and ID Badges (physical access policy) has been revised with a workable form for tracking purposes. This revised policy is awaiting approval from the new AHCA Deputy Secretary of Operations who started employment on March 15, 2021. The tracking form is now in use by the Division of IT and General Services Bureau although no items have been surplused since the conclusion of this audit.	
AG 2021-182	FYE 6/30/20	State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards			

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AG 19-20 Federal Awards & Financial Statement Audit					
			Finding#2020-040 Agency records did not evidence that periodic reviews of the appropriateness of Florida Medicaid Management Information System (FMMIS) user access privileges were always completed or that access privileges were timely deactivated when access was no longer needed.		
			Recommendations We recommend that the Agency management strengthen controls to ensure that periodic reviews of FMMIS access privileges are adequately performed and documented in Agency records. We also recommend that Agency management enhance controls to ensure that FMMIS user access privileges are deactivated immediately upon a user's separation from the Agency's employement.	Management Response To ensure that documentation for periodic review of the Medicaid Enterprise User Providing System (MEUPS) timely terminations is properly archived: 1.The Agency will re-train Staff on documented procedures. 2.The Agency will add procedures to include a monthly process to verify supporting documentation for log entries is properly archived.	
				To ensure timely deactivation of Agency internal MEUPS user access, the following actions will be taken: 1.The Agency will create a 'New Org/Department Owners' Tip Sheet providing an overview of the provisioning process, links to MEUPS documents and requirements for transfers and access terminations. 2.An Agency IT Help Desk ticket-based task will be assigned to MFAO during the Agency workforce member termination process. 3.The Agency's procedures will be modified to: a)Terminate applicable MEUPS access upon receipt of ticket and b)Follow Agency IT Help Desk Ticket task resolution procedures.	
			Finding#2020-041 Agency records did not evidence that site visits of Medicaid Program providers were conducted in accordance with Federal regulations.		
			Recommendations We recommend that the Agency enhance controls to ensure that providers seeking enrollment in the Florida Medicaid Program receive site visits in accordance with Federal regulations. In addition, we recommend that the Agency revalidate the enrollment of providers in all service locations at least every five (5) years in accordance with Federal regulations.	Management Response For the claims identified in this audit, the Agency's Bureau of Financial Services will report the Prior Period Adjustment (PPA) for the Federal Share (FS) of $32,358.85 on the Q2-2021 CMS-64 Line 10A.	
				Medicaid providers who received renewal prior to State review, is the result of human error, and resulted in the premature activation of the Medicaid providers. The Agency will: 1. Provide re-training to the Agency staff and Fiscal Agent staff who erroneously allowed providers to renew when enrollment/revalidation occurs. 2. Modify the FMMIS user interface to not allow approval of revalidation without proof of State review.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
				There is a Risk Based Screening (RBS) workgroup currently working on re-evaluating the RBS categories for State provider types. Upon completion of their analysis, FMMIS will be modified to correct the risk categories of some Provider Types. Set up a workgroup to evaluate the State's current protocol for revalidating providers with multiple locations. The workgroup will consult with Federal CMS on the requirements, as well as inquire as to how other states handle revalidating providers with multiple locations. Make the appropriate FMMIS system changes, as well as modify operational procedures accordingly.	
			Finding#2020-042 The Agency did not ensure that all External Quality Review (EQR) activities were performed in accordance with Federal requirements.		
			Recommendations We recommend that the Agency ensure that EQR activities, including compliance reviews, are conducted in accordance with Federal regulations.	Management Response The Agency is strongly committed to performing, ongoing and intensive monitoring of its contracted Medicaid Managed Care Plans. The Agency ensures that routine and continuous compliance reviews occur on a more frequent basis than established through the Minimum Managed Care Rule requirements. There are several key areas of the Managed Care Rule that are reviewed on a more frequent basis such as monthly, quarterly, annually, and as needed. In addition, the Agency focuses considerable resources on targeted reviews of areas of emerging concern, which may be identified through review of routine reports and data, complaints and grievances, or other stakeholder feedback. During the timeframe in question, the following are examples of required EQR activities that were reviewed: 1. Enrollee Complaints, Grievances and Appeal Reports – reviewed monthly 2. Provider Network Monitoring (including online provider directory, contractual ratios, time and distance reviews and secret shopper activities) – reviewed monthly and quarterly 3. Encounter Submission Timeliness and Accuracy Reviews – reviewed monthly 4. Utilization Management – Service Authorization Performance Outcome – reviewed monthly 5. Long-Term Care Enrollee Record Reviews – reviewed quarterly 6. Healthcare Effectiveness Data and Information Set Measures – reviewed annually 7. Timely Personal Health Information Disclosures – reviewed as submitted 8. Subcontractor Delegation Changes – reviewed as submitted 9. Medicaid Fair Hearing Compliance Reviews – reviewed as submitted Despite this intensive and comprehensive monitoring, we concur that, in the period prior to 2019, we had not monitored some of the aspects required by the Federal Centers for Medicare and Medicaid Services (CMS). We have studied the requirements and created a plan to complete all mandatory monitoring, in addition to the other comprehensive monitoring we conducted, during the time period December 2018 (the start of the new contracts) - December 2021. We interpreted this as meeting the three (3)year monitoring requirement.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
				Based on discussion with the auditors, we now understand that the three (3) year period will always be a "rolling" three (3) year look-back, and thus our comprehensive monitoring plan will not yield full compliance until the audit that encompasses 2020-2021. Despite this, we are confident that a close review of the Agency's oversight of the Managed Care Plans will show that it is not only comprehensive but that the approach to targeted monitoring yields far higher health plan performance and member outcomes than a monitoring approach that simply adheres to the minimum Federal requirements.	
			Finding#2020-043 The Agency did not ensure that cost report audits were conducted in accordance with the approved Florida Medicaid State Plan and Federal regulations.		
			Recommendations To ensure compliance with Federal regulations and the approved Medicaid State Plan, we recommend that Agency management ensure that cost reports audits are conducted in accordance with Generally Accepted Auditing Standards (GAAS).	Management Response The Generally Accepted Auditing Standards (GAAS) are not an applicable measure of auditing the Medicaid cost reports. The GAAS are utilized when auditing financial statements, not reports that also provide statistical information or other data. The Agency's contracted certified public accounting (CPA) firms utilize AICPA Attestation Standards that allow them to provide an opinion. Attestation standards also allow for assurance of statistical information and other data, which is why these standards are more applicable for auditing Medicaid cost reports. The Federal regulation in 42 CFR 447.202 does not specifically require GAAS to be utilized to audit cost report. It only requires "…appropriate audit of records if payment is based on costs of services…" The Agency will remove all references to GAAS from the applicable state plans in order to align with the examinations and reviews that are conducted by the Agency's contracted CPA firms.	
			Finding#2020-047 Internal controls related to the Pharmaceutical Claims Processing System (PCPS) were not always appropriately designed and operating effectively.		
			Recommendations We recommend that the Agency ensure that the service organization takes timely and appropriate corrective action to resolve the deficiencies noted in the independent service auditor's report.	Management Response The Agency will develop a process to ensure the timely review of the independent service auditor's report and identify and oversee any required corrective action plans. The Agency will: 1. Develop a schedule of expected delivery dates of the independent service auditor's reports. 2. Post schedule to a new SharePoint Calendar 3. Create procedures and processes to send notifications and follow up notifications to the Agency's report reviewers until verification of the review is complete.	
AG 2021-198 AG 19-20 Operational Audit - AHCA	7/1/18 to 1/31/20	MediKids Program Funding and Selected Administrative Activities	Finding#1		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			MediKids Funding. Contrary to State law, amounts collected from families whose children participated in the full-pay portion of the MediKids Program were not sufficient to pay for the full cost of the MediKids Program.		
			Recommendations We recommend that Agency management take steps to ensure that families enrolled in the full-pay portion of Medikids, pay the full cost of the premium in accordance with State law.	Management Response The 2020 Florida Legislature authorized the blending of the MediKids and MediKids Full Pay programs and appropriated $2.6M in General Revenue effective July 1, 2020. The Agency has implemented this blending effective October 1, 2020, and the premiums for full pay increased to about $189 per month. The Agency will continue to monitor and have our actuarial firm perform a yearly analysis to determine potential increases or decreases in the premium to ensure the full cost is covered by the families. In addition, the Bureau of Financial Services has implemented a monthly process to identify the amount of the original full-pay costs, determine the amount of funds to be returned to the Centers for Medicare and Medicaid Services (CMS), transfer cash to original funding sources to account for the original expenditures and notify Medicaid managers of the outcome of the monthly variance analysis between premium cost and premium collection.	
			Finding#2 Accounting and Budgeting Policies and Procedures and Staff Training The Bureau of Financial Services (BFS) had not established sufficiently comprehensive policies and procedures or developed a BFS-specific training program to ensure that staff receive sufficient training related to the Agency's complex accounting and budgeting tasks. A similar finding was noted in prior audit reports, most recently in our report No. 2018-172.		
			Recommendations We recommend that BFS management update policies and procedures to ensure that BFS responsibilities and unique operations are sufficiently addressed. The updated policies and procedures should promote compliance with applicable laws, rules, regulations, and accounting standards, and provide sufficient guidance to ensure consistency in the event of staff turnover. In addition, we again recommend that BFS management develop a staff training program that is specifically tailored to address the complexity of the Agency's financial operations and maintain appropriate documentation demonstrating BFS staff attendance at training activities or why formal training activities were not required.	Management Response Accounting and Budgeting Policies and Procedures BFS agrees with the recommendation. BFS has initiated a project to review all procedures, make improvements, and generate policies and procedures Bureau-wide. BFS will ensure the updated policies and procedures are comprehensive and sufficiently address the recommended elements suggested by the Auditor General. Training Plan BFS has initiated a project to develop a Bureau-wide training plan which will include all staff and incorporate the training needs for the Bureau business processes. The goal of the training program is to provide the knowledge and skills needed for employee's current job and retention of staff long-term.	
			Finding#3 Accounting Transactions BFS controls continue to need enhancement to ensure that accounting transactions are properly reviewed and approved.		
			Recommendations	Management Response	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We recommend that BFS management update review and approval processes to encompass the accounting transactions noted on audit and ensure that Agency records evidence the review and approval of all Agency accounting transactions.	Upon research, the transactions in question, in Finding No.3, are solely related to TR10s which are directly related to the preparations of the Statewide Financial Statements, recording of releases, indirect adjustments and alignment of cash per expenditure within trust fund, Other Cost Accumulators (OCAs) in accordance with the Agency and Department of Financial Services (DFS) guidelines.	
				BFS will enhance current processes by performing the following: •Ensure a second level of review is conducted by a supervisor prior to entering transactional data into the Florida Accounting Information Resource Subsystem (FLAIR.) •The approval will be provided via email. •Approvals will be kept and maintained in a separate folder as supporting documentation for future reference.	
				In addition, BFS will enhance the review and approval controls in different accounting cycles, update the current policy and procedures and maintain the review and approval evidence.	
			Finding#4 Prompt Payments BFS controls need enhancement to ensure that payments are accurately recorded in the Florida Accounting Information Resource Subsystem (FLAIR) and comply with statutory prompt payment requirements. A similar finding was noted in prior audit reports, most recently in our report No. 2018-172.		
			Recommendations We again recommend that BFS management strengthen invoice payment and processing controls to promote compliance with statutory prompt payment requirements.	Management Response BFS does regularly communicate with all team members the importance of not only ensuring that the correct transaction date has been entered during the review process, but also placing emphasis on prompt payment compliance timeframes.	
				BFS designed a report in May, 2020, for the purpose of tracking prompt payment compliance with the goal of remaining at the rate of above 95%. The report is updated on a bi-weekly basis.	
				From April, 2020, through December, 2020, the compliance rate remained above 95% with a quarterly average of 97.51%.	
				BFS will continue to identify additional methods of monitoring as a means of working towards 100% compliance.	
				BFS will conduct a thorough review of procedures while implementing policies along with training materials that incorporate effective controls regarding this finding.	
			Finding#5 Mobile Device Security Controls Security controls over mobile device utilization need improvement to ensure the confidentiality, integrity, and availability of Agency data and information technology (IT) resources.		
			Recommendations	Management Response	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We recommend that Agency management enhance certain security controls related to employee use of mobile devices to ensure the confidentiality, integrity, and availability of Agency data and related IT resources.	The Agency is phasing-out older controls as budget allows. Agency policy requires employees with personally owned mobile devices to take individual responsibility for use of their personal device including patching and anti-virus. The Agency requires Multi-Factor Authentication for Microsoft Outlook Web Access.	
			Finding#6 Property Inventories Agency tangible personal property controls need enhancement to ensure that physical property inventories are timely conducted and the results submitted to the Agency Property Administrator in accordance with established time frames.		
			Recommendations We recommend that Agency management take steps to ensure that physical inventories of tangible personal property are timely performed and the results of the inventories are submitted to the Agency Property Administrator in accordance with established time frames.	Management Response The Agency has revised the Property Management Policy regarding the promptness of submissions and the reporting to management of unaccounted items. After implementing changes, the Fiscal Year 2019-20 inventory response times were much improved, and only one submission was 16 days past due. The Agency will continue to modify policies and procedures as necessary to continue to improve our processes and the timeliness of completion.	
			Finding#7 Property Records Agency controls regarding the accuracy and completeness of the information needed to correctly report and maintain proper accountability over Agency property and demonstrate compliance with applicable Department of Financial Services rules need enhancement.		
			Recommendations We recommend that Agency management enhance controls to promote the complete and accurate recording of all required property information in Agency property records.	Management Response The Agency is revising its procedures for the recording of all required property information into the property module within FLAIR and will be performing a review of all recorded items to ensure that all required data has been entered. The Agency has updated all the property records that did not include manufacturer information, and serial numbers. With the implementation of the new policy, the Agency has been recording the property data in a timely manner and has reduced errors in record entry. With regards to missing voucher numbers, property that cannot be recorded through any other transaction type into FLAIR is completed using a transaction (TR16), which does not produce a voucher number. The Agency will begin to enter the voucher number associated with the recorded entry into the Other Document Number (ODN) Description field within FLAIR.	
			Finding#8 Property Acquisitions As similarly noted in prior audit reports, most recently in our report No. 2018-002, the Agency did not always timely or accurately record tangible personal property acquisitions in Agency property records.		
			Recommendations	Management Response	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We again recommend that Agency management enhance tangible personal property controls to ensure that Agency property records are timely updated for tangible personal property acquisitions and accurately maintained in accordance with DFS rules. Such tangible personal property control enhancements should include a specified time frame for recording tangible personal property acquisitions to Agency property records and guidance addressing the recording of property items at the correct cost.	The Agency has revised the property management policy regarding the promptness of submissions and the reporting to management of unaccounted items. In the fiscal year 2019-20 inventory, response times improved and only one submission was 16 days past due. The Agency will continue to modify policies and procedures as necessary to continue to improve our processes and the timeliness of completion. In addition, BFS and the Bureau of General Services will continue to educate and provide guidance to all Agency team members involved in the process to ensure Property Tags and Property Identification Forms submitted for review and entry into property records are not only correctly coded to reflect accurate allocation of goods and services ordered, but also to place emphasis on the importance of timely submission. A second level review will also be conducted prior to the submission of Property Tags and Property Identification Forms. The Agency will be drafting new instructions and procedures for the recording of property at the correct cost and will include a specified time frame for the completion of the process.	
			Finding#9 Contract Information Reporting The Agency did not post information for all Agency contracts to the Florida Accountability Contract Tracking System (FACTS) as required by State law. A similar finding was noted in our report No. 2019-015.		
			Recommendations We recommend that Agency management enhance controls to ensure that required contract information for all Agency contracts is timely posted to FACTS in accordance with State law.	Management Response The Agency agrees with this recommendation and is working in consultation with DFS to determine how to add the Medicaid Managed Care Contracts to FACTS. Additionally, the Agency will review all contracts in the Agency's Contract Administration Tracking System to ensure that the Agency is in compliance with the requirement to post applicable contracts in FACTS.	
			Finding#10 VERSA Regulation System and Clearinghouse Access Controls As similarly noted in our report No. 2018-172, IT user access controls for the Versa Regulation system and Care Provider Background Screening Clearinghouse need improvement to ensure that periodic reviews of user access privileges are adequately performed and documented and Agency records demonstrate that user access privileges are timely deactivated when access is no longer needed.		
			Recommendations We again recommend that Agency management strengthen controls to ensure that periodic reviews of VERSA Regulation system and Clearinghouse user access privileges are adequately performed and documented in Agency records. We also recommend that Agency management enhance controls to ensure that VERSA Regulation system user access privileges are deactivated immediately upon a user's separation from Agency employment.	Management Response The Agency will be enhancing the VERSA Regulation system access privilege processes. The Division of Operations and Division of IT will be collaborating and leveraging existing scheduled review processes. The Agency Transfer, Promotion & Separation (TPS) procedure will be enhanced to strengthen controls. The Background Screening Clearinghouse regularly scheduled privilege reviews will also be enhanced and scheduled where needed.	
			Finding#11 FLAIR Access Controls Agency controls over employee access to FLAIR continue to need improvement to help prevent and detect any improper or unauthorized use of FLAIR access privileges.		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			Recommendations We recommend that Agency management enhance FLAIR access controls to ensure the appropriate assignment and timely removal of FLAIR user access privileges. Such enhancements should include: •Conducting complete periodic FLAIR access reviews and maintaining appropriate documentation for changes in FLAIR user access privileges necessitated by the reviews.	Management Response BFS monitored FLAIR access controls on a bi-annual basis. BFS will continue to enhance and improve our current FLAIR Access internal controls by implementing the following procedures: •Incorporating a 2nd level review by another FLAIR Administrator to ensure accuracy and timely removal or access adjustment.	
			•Limiting FLAIR user access privileges to promote an appropriate separation of duties and requiring that, where incompatible access privileges are necessary, establishing and documenting compensating controls. •Removing FLAIR user access privileges immediately upon a user's separation from Agency employment.	•BFS will ensure that documentation can be provided via capturing a screenshot of the FLAIR access removal and save in a separate file for future reference due to the FLAIR application purging files or data after a period of time. •Add the TPS separation and internal movement notifications received to the shared Policy & Systems calendar with follow up reminders prior to the employee action effective date. •Existing policies and procedures will also be updated to reflect this chang	
				The Division of IT will be enhancing the system access privilege processes. The Division of Operations and Division of IT will be collaborating and leveraging existing system access scheduled review processes.	
AHCA-1718-02-A	1/1/18 to 12/31/18	HQA Tracking of Final Orders	Finding#1 HQA Tracking and Monitoring of Non-Monetary Compliance Penalties. HQA staff did not consistently monitor and track nonmonetary final orders as required.		
			Recommendations 1. We recommend that HQA follow the provisions set forth in the Protocol in which the Enforcement Unit runs the Open Case Compliance Report monthly and quarterly to effectively monitor all non-monetary compliance items more than 30 or 90 calendar days past due. We further recommend that monitoring be documented.	Management Response HQA Response: 1. Concur. Significant progress has been made to track and monitor non-monetary compliance. As of the monthly report on 6/1/2021, only eleven (11) past-due non-monetary compliance items were outstanding. Currently, there is no SQL rule for non-monetary items, but one is being created as of 6/16/2021. The SQL rule will mirror the one in place for monetary compliance and will force the licensure units to use their leverage over the facility's need to comply with these penalties as well.	
			2. We recommend that HFR and Field Operations follow the provisions set forth in the Protocol requiring staff to reach out to facilities with open non-monetary compliance penalties under their purview. Staff should also enter any notations needed, enter a completion date in VERSA for applicable non-monetary compliance penalties, and save documentation of compliance with these penalties in accordance with the Protocol.	2. Concur. HFR and Field Operations agree with the recommendation to follow the provisions set forth in the Protocol. HFR and Field Operations staff currently review the Open Case Compliance Report for necessary action and update VERSA and as necessary.	
			Finding#2 Financial Services Intake of Final Orders and Collection of Monetary Penalties. Financial Services manual process for the intake of final orders and the collection of final order monetary penalties did not always properly identify final order monetary penalties.		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			Recommendations	Management Response	
			1. We recommend that BFS use the systemgenerated Open Case Compliance Report derived from VERSA to identify any new HQA final orders filed and monitor final orders with outstanding monetary penalties due to the Agency in accordance with the Protocol.	BFS Response: 1. Concur: BFS will use the Open Case Compliance Report to aide in identifying new HQA Final orders and monitor outstanding monetary penalties due on a bi-weekly basis.	
			2. We recommend that BFS follow the provisions in the Administrative Final Orders Processing/Recording procedures which note that CAMS can generate a "Current Delinquencies" aging report for outstanding HQA final order penalties that have not been paid and use CAMS to generate collection letters for past due final order monetary penalties.	BFS Response: 2. Concur: a. Implemented. BFS is using the CAMS Delinquency Aging Report to monitor past due final orders. b. BFS is working with Paul's Consulting firm to enhance the system to print past due collection notices from CAMS. HQA Response: 2. Concur. Since the Protocol was put into place, BFS indicates there are enhancements with a new system, CAMS. HQA will work with BFS to reconcile VERSA and CAMS and update the Protocol to share reports and system access to CAMS to ensure both systems are accurate.	
			Finding#3 Efficiency of Updating Final Order VERSA Payment Information. Different entry points in processing final order monetary penalties in Financial Services and HQA resulted in some delays in posting payment information into VERSA.		
			Recommendations	Management Response	
			1. We recommend that BFS work with HQA to process final order monetary penalty payments more efficiently. In general, payments received should arrive and be processed by HQA Central Intake as the single point of entry for monetary final order payments. Collection letters should be revised to be consistent with the payment address in the initial final order.	BFS Response: 1. Concur: BFS will update the past due collection letters address referenced in the final orders. HQA Response: Concur. HQA Enforcement Unit agrees with recommendations 1 and 2. The Cash Receipts Report does seem to come more frequently (approximately bi-weekly) from BFS, but some errors sometimes do appear in the data.	
			2. For any payments received by BFS, we recommend that BFS provide a bi-weekly report to HQA Enforcement, rather than the monthly report contemplated by the Protocol. This report should include relevant supporting documentation to update VERSA, as required by the Protocol.	BFS Response: 2. Concur: A weekly report will be provided to reflect payments received by BFS to ensure payments are being posted in VERSA in a timely manner. HQA Response: Concur. HQA Enforcement Unit agrees with recommendations 1 and 2. The Cash Receipts Report does seem to come more frequently (approximately bi-weekly) from BFS, but some errors sometimes do appear in the data.	
			Finding#4 VERSA Updates of Monetary Compliance Penalties. Final order monetary compliance penalties were not always updated or closed appropriately in VERSA.		
			Recommendations		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			1. We recommend that, as contemplated by the Protocol, the Final Order Process Workgroup meet monthly to discuss appropriate data entry of final orders in VERSA to include monetary compliance items. The Workgroup should include not only staff referenced in the Protocol - the Office of the Deputy Secretary of HQA, the Enforcement Unit, and OGC, but also include a member of BFS.	HQA Response 1 and 2. As the Protocol was put into place over two (2) years ago when there was a significant list of overdue monetary and nonmonetary compliance items, HQA is in the process of updating the Protocol and proposes that the Final Order Process Workgroup meet only as needed as compliance items are now tracked through reports shared through email. We believe the Workgroup can be handled through email as long as clear communication is kept and staff are clear on their roles.	
			2. We also recommend HQA update the provisions set forth in the Protocol in which the Workgroup facilitator distribute follow-up action items as needed on any identified issues to include representation from BFS and monetary compliance items.	A new report was recently created, the Miscellaneous Sales Payment Revenue Report, to catch these errors. Additionally, the Final Order Compliance Report has been enhanced. HQA Enforcement Unit Plans on using both reports at least monthly to ensure that Final Orders are paid in full and are closed timely. The Protocol specifies that Final Orders with overdue monetary compliance items will be sent to collections approximately 120 days from the payment due date by BFS. HQA Enforcement Unit is working with BFS to receive HAR/CAMS reports to reconcile with VERSA records so discrepancies could be discussed. The report will be provided in the interim while HQA staff are in the process of receiving view access to CAMS.	
			Finding#5 Misidentified Final Order Payments. BFS staff sometimes misidentified and misclassified HQA final order payments.		
			Recommendations We recommend that HQA and OGC work together to create a unique HQA and MPI identifier on the final order that would help distinguish between the various final orders. For example, using the acronyms HQA and MPI as part of the final order number will allow for easier identification of such orders by Cash Room staff.	Management Response BFS and HQA Response: BFS and HQA have worked together and confirmed there is a unique identifier in place between HQA and MPI final orders. A dash after the first four (4) numbers is present in MPI final orders and not present in HQA final orders. BFS has already provided training to staff to identify the differences and we believe the issue has been successfully resolved.	
			Finding#6 Obsolete Compliance Requirements. HQA final orders with certain obsolete compliance requirements were issued by OGC.		
			Recommendations 1. We recommend that both HFR and OGC ensure the "Return License" non-monetary compliance penalty is no longer used in HQA final orders and that final order language is updated to note that the license is null and void and can no longer be used.	Management Response HQA Response: HFR agrees that the return license compliance penalty is obsolete and will work with OGC to ensure it is no longer used. The return license compliance penalty will be closed in VERSA as it is identified on the monthly report as it is no longer applicable. OGC recommends a statutory change in 408.81, F.S. to clarify a provider should notify the Agency of discontinuance of operations instead of surrendering the physical license.	
			2. We also recommend that any current "Return License" compliance penalties be closed in VERSA by HQA staff.		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
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. Implemented on July 1, 2020. The rates file is reviewed independently by the Data Solutions Unit (DSU) and by the Actuarial Services Unit (ASU) and documented via saved emails. Any changes that are required after subsequent reviews will be documented via emails and within the programming code.	
			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. Completed. Implemented on August 1, 2020. Any proposed changes to the LTC flagging process will be discussed with DSU management and MDA Bureau Chief. Any agreed upon changes will be implemented within the code and reviewed by DSU management prior to implementation. All changes will clearly be documented in the programming code. The Blended Rates file will be reviewed independently by the DSU and by the ASU and documented via saved emails. Any changes that are required after subsequent reviews will be documented via emails and within the programming code.	
			2. We recommend that DSU staff document all programming changes, testing, and approvals made during the LTC flagging and Blended Rates calculation files.	2. Completed. Implemented on August 1, 2020. As noted above, changes to the LTC flagging process will be documented within the programming code.	
AHCA-17-18-04-A		IT Help Desk	The report is confidential.		
AG 2020-170	FYE 6/30/19	Compliance and Internal Controls Over Financial Reporting and Federal Awards			

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AG 18-19 Federal Awards and Financial			Finding #2019-033 Fee-for-Service medical claim payments made to providers of Medicaid and REAP services were not always paid in accordance with the established fee schedules.		
			Recommendation We recommend that the Agency implement controls to ensure that all claims are paid for the correct amount and that the Agency review the payment rates programmed in FMMIS to ensure that the payment rates are correct.	Management Response To ensure that future Medicaid Fee Schedules are implemented into the Florida Medicaid Management Information System (FMMIS) correctly, The Agency has developed a Corrective Action Plan (CAP). The CAP has two components. 1. The Agency will document a standard process for tracking the annual Medicaid fee schedule updates. The documentation is being formalized and will be published by July 31, 2021. 2. The Agency will reprocess all Fee-for-Service claims identified in the audit as paying an incorrect rate. The claims were reprocessed as part of the July 2, 2021, claim processing cycle. Reprocessing is complete.	
			Finding #2019-034 The Agency did not adequately ensure that the service organization's internal controls related to the invoicing, collecting, and reporting of drug rebates were operating effectively.		
			Recommendation We recommend that the Agency ensure that the service organization's internal controls related to the invoicing, collecting, and reporting of drug rebates are appropriately designed and operating effectively by obtaining and reviewing a SOC 1 Type 2 report.	Management Response The contract between the Agency and the service organization has been amended. The amendment required the service organization to obtain an SSAE-18 Audit Report to ensure that the service organization internal controls related to invoicing, collecting, and reporting of drug rebates are appropriately designed and operating effectively. The service organization submitted an SSAE-18 Audit Report to the Agency on May 31, 2019, pertaining to the SOC1, Type 1 audit which reported on the design of the vendor's internal controls. The service organization submitted an SSAE-18 audit report to the Agency on August 11, 2020, pertaining to the SOC 1 Type 2 audit which reported on the operating effectiveness of the vendor's controls. The Agency received and reviewed the audit August 11, 2020.	
			Finding #2019-036 The Agency did not ensure that all External Quality Review (EQR) activities were performed in accordance with Federal requirements		
			Recommendation	Management Response	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We recommend that the Agency incorporate the standardized compliance review tool into Agency monitoring activities and take actions to ensure that the three (3) year compliance review and all EQR activities performed by the EQRO are timely conducted in accordance with Federal regulations.	The Agency is on track to complete the three (3) year compliance review. The three (3) year compliance review period began January 2019, and will end January 2022; therefore, this item cannot be “fully corrected” until SFY 2021/2022. The State’s EQRO noted the following in the June 2020, Annual Technical Report to Federal CMS: “As of the writing of this report, the state is on track to complete the three (3) year Comprehensive Compliance Review by the federal deadline.”	
			Finding #2019-037 The FAHCA did not ensure that inpatient hospital cost reports were periodically audited in accordance with the approved Florida Medicaid State Plan and Federal regulations.		
			Recommendation We recommend that Agency management take steps to ensure that inpatient hospital cost reports are obtained and audited in accordance with the approved Medicaid State Plan to help evaluate payment levels within the Medicaid Program and ensure compliance with Federal regulations.	Management Response The approved 2019-2020 State Plan, with an effective date of July 1, 2019, was updated to reflect that only the state mental health hospitals, which are paid on a cost basis, must submit cost reports which will be audited.	
			Finding #2019-038 Agency records did not evidence that site visits of Medicaid Program providers were conducted in accordance with Federal regulations.		
			Recommendation We recommend that the Agency ensure that providers seeking enrollment in the Florida Medicaid Program receive site visits in accordance with Federal regulations. In addition, we recommend that the Agency revalidate the enrollment of providers at least every five (5) years in accordance with Federal regulations.	Management Response THe Agency will initiate an internal workgroup to review and compare Agency’s site visit rules with the applicable Federal regulations. Any deviations will be analyzed and, where appropriate, the Florida Medicaid policy will be modified. The Agency will schedule site visits for the providers identified in the audit. Due to reallocating resources in response to the COVID-19 State of Emergency, the target completion date of December 31, 2020 was been moved to June 30, 2021.	

Fiscal Year 2022-23 LBR Technical Review Checklist

Department/Budget Entity (Service): Agency for Health Care Administration
Agency Budget Officer/OPB Analyst Name: La-Shonna K. Austin/Shenita White

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

	Action	Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
1. GENERAL							
1.1	Are Columns A01, A04, A05, 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	Y	Y
1.2	Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? **(CSDI)**	Y	Y	Y	Y	Y	Y
AUDITS:							
1.3	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	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	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	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 57 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
2.2	Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	Y	Y	Y	Y
2.3	Are the issue codes and titles consistent with *Section 3* of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?	Y	Y	Y	Y	Y	Y
3. EXHIBIT B (EXBR, EXB)							
3.1	Is it apparent that there is a fund shift where an appropriation category's funding source is different between A02 and A03? Were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	Y	Y	Y	Y	Y	Y
AUDITS:							

	Action	Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
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	Y	Y
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? **(EXBR, EXBC - Report should print "Records Selected Net To Zero")**	Y	Y	Y	Y	Y	Y
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.						
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.						
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.						
4. EXHIBIT D (EADR, EXD)							
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 61 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
4.2	Is the program component code and title used correct?	Y	Y	Y	Y	Y	Y
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.						
5. EXHIBIT D-1 (ED1R, EXD1)							
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y	Y	Y	Y	Y	Y
AUDITS:							
5.2	Do the fund totals agree with the object category totals within each appropriation category? **(ED1R, XD1A - Report should print "No Differences Found For This Report")**	Y	Y	Y	Y	Y	Y
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? **(EXBR, EXBB - Negative differences [with a $5,000 allowance] need to be corrected in Column A01.)**	Y	Y	Y	Y	Y	Y
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? **(EXBR, EXBD - Differences [with a $5,000 allowance at the department level] need to be corrected in Column A01.)**	Y	Y	Y	Y	Y	Y
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.						
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.						
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2020-21 approved budget. Amounts should be positive. The $5,000 allowance is necessary for rounding.						

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
TIP If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a $5,000 allowance at the department level.						
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)						
6.1 Are issues appropriately aligned with appropriation categories?	Y	Y	Y	Y	Y	Y
TIP Exhibit D-3 is not required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.						
7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)						
7.1 Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 27 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.2 Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 65 through 68 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.3 Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 67 through 69 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
7.4 Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y	Y	Y	Y	Y	Y
7.5 Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E.4 through E.5 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.6 Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y	Y	Y	Y	Y	Y
7.7 Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 95 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.8 Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y	Y	Y	Y	Y	Y
7.9 Does the issue narrative reference the specific county(ies) where applicable?						
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 #22-001?	N/A	N/A	N/A	N/A	N/A	N/A
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	N/A	N/A
7.12 Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A	N/A	N/A	N/A	N/A	N/A
7.13 Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A	N/A	N/A	N/A	N/A	N/A
7.14 Do the amounts reflect appropriate FSI assignments?	Y	Y	Y	Y	Y	Y

	Action	Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
7.15	Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y	Y	Y	Y	Y	Y
7.16	Do the issue codes relating to special *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 26 and 90 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.17	Do the issues relating to *Information Technology (IT)* have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y	Y	Y	Y	Y	Y
7.18	Are the issues relating to *major audit findings and recommendations* properly coded (4A0XXX0, 4B0XXX0)?	N/A	N/A	N/A	N/A	N/A	N/A
7.19	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y	Y	Y	Y	Y	Y
AUDIT:							
7.20	Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? **(GENR, LBR1)**	Y	Y	Y	Y	Y	Y
7.21	Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? **(GENR, LBR2)**	N/A	N/A	N/A	N/A	N/A	N/A
7.22	Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? **(GENR, LBR3)**	Y	Y	Y	Y	Y	Y
7.23	Have FCO appropriations been entered into the nonrecurring column (A04)? **(GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))**	N/A	N/A	N/A	N/A	N/A	N/A
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	Y	Y
7.25	Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2021-22? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2021-22. 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	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 65 through 70 of the LBR Instructions.						

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
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 2021-22 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.						
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level *or* SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)						
8.1 Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y	Y	Y	Y	Y	Y
8.2 Has a Schedule I and Schedule IB been completed in LAS/PBS for each operating trust fund?	Y	Y	Y	Y	Y	Y
8.3 Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IC, and Reconciliation to Trial Balance)?	Y	Y	Y	Y	Y	Y
8.4 Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y	Y	Y	Y	Y	Y
8.5 Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y	Y	Y	Y	Y	Y
8.6 Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling $100,000 or more for the fiscal year?	Y	Y	Y	Y	Y	Y
8.7 If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A	N/A	N/A	N/A	N/A	N/A
8.8 If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to section 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A	N/A	N/A	N/A	N/A	N/A
8.9 Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)? For non-grant federal revenues, is the correct revenue code identified (codes 000504, 000119, 001270, 001870, 001970)?	Y	Y	Y	Y	Y	Y
8.10 Are the statutory authority references correct?	Y	Y	Y	Y	Y	Y
8.11 Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to section 215.20, Florida Statutes, for appropriate General Revenue Service Charge percentage rates.)	Y	Y	Y	Y	Y	Y
8.12 Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y	Y	Y	Y	Y	Y
8.13 If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y	Y	Y	Y	Y	Y
8.14 Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y	Y	Y	Y	Y	Y

	Action	Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y	Y	Y	Y	Y	Y
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y	Y	Y	Y	Y	Y
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y	Y	Y	Y	Y	Y
8.18	Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y	Y	Y	Y	Y	Y
8.19	Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y	Y	Y	Y	Y	Y
8.20	Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y	Y	Y	Y	Y	Y
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y	Y	Y	Y	Y	Y
8.22	Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling $100,000 or more.)	Y	Y	Y	Y	Y	Y
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y	Y	Y	Y	Y	Y
8.24	Are prior year September operating reversions appropriately shown in column A01, Section III?	Y	Y	Y	Y	Y	Y
8.25	Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	N/A	N/A	N/A	N/A	N/A	N/A
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y	Y	Y	Y	Y	Y
8.27	Has the agency properly accounted for continuing appropriations (category 13XXXX) in column A01, Section III?	Y	Y	Y	Y	Y	Y
8.28	Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y	Y	Y	Y	Y	Y
8.29	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y	Y	Y	Y	Y	Y
AUDITS:							
8.30	Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y	Y	Y	Y	Y	Y
8.31	Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? If a Schedule IB was prepared, do the totals agree with the Schedule I, Line I? **(SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")**	Y	Y	Y	Y	Y	Y
8.32	Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. **(SC1R, DEPT)**	Y	Y	Y	Y	Y	Y
8.33	Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y	Y	Y	Y	Y	Y

	Action	Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
8.34	Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y	Y	Y	Y	Y	Y
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!						
TIP	Determine if the agency is scheduled for trust fund review. (See page 126 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 156 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
10. SCHEDULE III (PSCR, SC3)							
10.1	Is the appropriate lapse amount applied? (See page 88 of the LBR Instructions.)	N/A	N/A	N/A	N/A	N/A	N/A
10.2	Are amounts in *Other Salary Amount* appropriate and fully justified? (See pages 93 through 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use **OADI** or **OADR** to identify agency other salary amounts requested.						
11. SCHEDULE IV (EADR, SC4)							
11.1	Are the correct Information Technology (IT) issue codes used?						
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.	Y	Y	Y	Y	Y	Y
12. SCHEDULE VIIIA (EADR, SC8A)							
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.	Y	Y	Y	Y	Y	Y
13. SCHEDULE VIIIB-1 (EADR, S8B1)							
13.1	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.)	N/A	N/A	N/A	N/A	N/A	N/A
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 nonrecurring portion in Column A92.						
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 100 through 103 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	Y	Y

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
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	N/A	N/A	N/A	N/A	N/A	N/A
15.2 Are the priority narrative explanations adequate and do they follow the guidelines on pages 97 through 103 of the LBR instructions?	N/A	N/A	N/A	N/A	N/A	N/A
15.3 Does the issue narrative in A6 address the following: Does the state have the authority to implement the reprioritization issues independent of other entities (federal and local governments, private donors, etc.)? Are the reprioritization issues an allowable use of the recommended funding source?	N/A	N/A	N/A	N/A	N/A	N/A
AUDIT:						
15.4 Do the issues net to zero at the department level? **(GENR, LBR5)**	Y	Y	Y	Y	Y	Y
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	Y	Y
16.2 Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?	Y	Y	Y	Y	Y	Y
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:						
16.3 Does the FY 2020-21 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? **(GENR, ACT1)**	Y	Y	Y	Y	Y	Y
16.4 None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? **(Audit #1 should print "No Activities Found")**	Y	Y	Y	Y	Y	Y
16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? **(Audit #2 should print "No Operating Categories Found")**	N/A	N/A	N/A	N/A	N/A	N/A
16.6 Has the agency provided the necessary standard (Record Type 5) for all activities which 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	Y	Y
16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? **(Audit #4 should print "No Discrepancies Found")**	Y	Y	Y	Y	Y	Y
TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.						

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
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 52 through 84 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y	Y	Y	Y
17.2 Does manual exhibits tie to LAS/PBS where applicable?	Y	Y	Y	Y	Y	Y
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y	Y	Y	Y	Y	Y
17.4 Does the LBR include a separate Schedule IV-B for each IT project over $1 million (see page 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	Y	Y
17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	N/A	N/A	N/A	N/A	N/A	N/A
AUDITS - GENERAL INFORMATION						
TIP Review *Section 6: Audits* of the LBR Instructions (pages 155-157) for a list of audits and their descriptions.						
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.						
18. CAPITAL IMPROVEMENTS PROGRAM (CIP) (Required to be posted to the Florida Fiscal Portal)						
18.1 Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y	Y	Y	Y	Y	Y
18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A	N/A	N/A	N/A	N/A	N/A
18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y	Y	Y	Y	Y	Y
18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08	N/A	N/A	N/A	N/A	N/A	N/A
18.5 Are the appropriate counties identified in the narrative?	N/A	N/A	N/A	N/A	N/A	N/A
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?	N/A	N/A	N/A	N/A	N/A	N/A
TIP Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.						
19. FLORIDA FISCAL PORTAL						
19.1 Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?	Y	Y	Y	Y	Y	Y

Florida Agency for Health Care Administration

Children's Special Health Care Exhibits or Schedules

Ron DeSantis, Governor

Simone Marstiller, Secretary

Florida Agency for Health Care Administration

Children's Special Health Care Schedule I Series

Department Level Manual Related Documents

Ron DeSantis, Governor

Simone Marstiller, Secretary

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

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

	Balance as of 6/30/2021		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	8,496,045.73	(A)		8,496,045.73	
ADD: Other Cash (See Instructions)		(B)		0.00	
ADD: Investments		(C)		0.00	
ADD: Outstanding Accounts Receivable		(D)		0.00	
ADD: Anticipated Revenue for CF encumbrances		(E)		0.00	
Total Cash plus Accounts Receivable	**8,496,045.73**	(F)	**0.00**	**8,496,045.73**	
LESS Allowances for Uncollectibles		(G)		0.00	
LESS Approved "A" Certified Forwards	2,079,830.69	(H)		2,079,830.69	
Approved "B" Certified Forwards	270,269.00	(H)		270,269.00	
Approved "FCO" Certified Forwards		(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00	
LESS: TNFR BE to 68501400		(J)		0.00	
Unreserved Fund Balance, 07/01/21	**6,145,946.04**	(K)	**0.00**	**6,145,946.04**	**

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: 2022 - 2023

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, 07/01/21 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**6,416,215.04**	(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	(270,269.00)	(D)
Approved FCO Certified Forward per LAS/PBS		(D)
Anticipated Revenue for CE Encumbrances		(D)
		(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**6,145,946.04**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**6,145,946.04**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

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

	Balance as of 6/30/2021		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	916,361,629.75	(A)		916,361,629.75	
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	**916,361,629.75**	(F)	**0.00**	**916,361,629.75**	
LESS Allowances for Uncollectibles		(G)		0.00	
LESS Approved "A" Certified Forwards	11,811,553.38	(H)		11,811,553.38	
Approved "B" Certified Forwards	658,071.46	(H)		658,071.46	
Approved "FCO" Certified Forwards		(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)	1,036,455.84	(I)	1,173.80	1,037,629.64	
LESS: TNFR BE to 68501400	815,850,254.00	(J)		815,850,254.00	
LESS: TNFR BE to 68501500	87,004,121.00	(J)		87,004,121.00	
Unreserved Fund Balance, 07/01/21	**815,851,428.07**	(K)	**(1,173.80)**	**815,850,254.27**	**

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: 2022 - 2023

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, 07/01/21		
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**903,513,620.53**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description	(1,173.80)	(C)
SWFS Adjustment # and Description		(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(658,071.46)	(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories		(D)
TNFR BE to 68501400	(815,850,254.00)	(D)
TNFR BE to 68501500	(87,004,121.00)	(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**0.27**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**815,850,254.27**	(F)
DIFFERENCE:	**(815,850,254.00)**	(G)*

***SHOULD EQUAL ZERO.**

Florida Agency for Health Care Administration

Executive Direction and Support Services Exhibits or Schedules

Ron DeSantis, Governor

Simone Marstiller, Secretary

Florida Agency for Health Care Administration

Executive Direction and Support Services Schedule I Series

Department Level Manual Related Documents

Ron DeSantis, Governor

Simone Marstiller, Secretary

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

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

	Balance as of 6/30/2021		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	534,604.23	(A)		534,604.23
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable		(D)		0.00
ADD: Anticipated Revenue		(E)		0.00
Total Cash plus Accounts Receivable	**534,604.23**	(F)	**0.00**	**534,604.23**
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	1,055,087.09	(H)		1,055,087.09
Approved "B" Certified Forwards	1,190,174.14	(H)		1,190,174.14
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: TNFR BE from 68501400	(1,710,657.00)	(J)		(1,710,657.00)
Unreserved Fund Balance, 07/01/21	**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: 2022 - 2023

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

BEGINNING TRIAL BALANCE:

Item	Amount	
Total Fund Balance Per FLAIR Trial Balance, 07/01/21 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**(520,482.86)**	(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	(1,190,174.14)	(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories		(D)
BE Transfer 68501400	1,710,657.00	(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: 2022 - 2023

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

	Balance as of 6/30/2021		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	72,249,626.60	(A)		72,249,626.60	
ADD: Other Cash (See Instructions)		(B)		0.00	
ADD: Investments		(C)		0.00	
ADD: Outstanding Accounts Receivable	32,748,222.96	(D)		32,748,222.96	
ADD: ______________________		(E)		0.00	
Total Cash plus Accounts Receivable	**104,997,849.56**	(F)	**0.00**	**104,997,849.56**	
LESS Allowances for Uncollectibles		(G)		0.00	
LESS Approved "A" Certified Forwards	11,153,727.18	(H)		11,153,727.18	
Approved "B" Certified Forwards	18,729,587.72	(H)		18,729,587.72	
Approved "FCO" Certified Forwards		(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)	20,979,419.58	(I)	5,091,817.67	26,071,237.25	
LESS: Deferred Inflows	11,123,959.72	(J)		11,123,959.72	
LESS: BE TNFR to 68501400		(J)		0.00	
Unreserved Fund Balance, 07/01/21	**43,011,155.36**	(K)	**(5,091,817.67)**	**37,919,337.69**	**

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: 2022 - 2023

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

BEGINNING TRIAL BALANCE:

Item	Amount	
Total Fund Balance Per FLAIR Trial Balance, 07/01/21 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**61,730,113.94**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description	(5,091,817.67)	(C)
SWFS Adjustment # and Description		(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(18,729,587.72)	(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories	6,190.89	(D)
CF not Captured on Beginning Trial Balance	(50.00)	(D)
Current Compensated Absence Balance Liability	4,488.25	(D)
BE TNFR to 68501400		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**37,919,337.69**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**37,919,337.69**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

Florida Agency for Health Care Administration

Medicaid Services to Individuals
Exhibits or Schedules

Ron DeSantis, Governor
Simone Marstiller, Secretary

Florida Agency for Health Care Administration

Executive Direction and Support Services Schedule I Series

Department Level Manual Related Documents

Ron DeSantis, Governor

Simone Marstiller, Secretary

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

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 6/30/2021		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	820,925,150.23	(A)		820,925,150.23	
ADD: Other Cash (See Instructions)	0.00	(B)		0.00	
ADD: Investments	0.00	(C)		0.00	
ADD: Outstanding Accounts Receivable	17,955,222.89	(D)	48,043,610.72	65,998,833.61	
ADD: ______________________	0.00	(E)		0.00	
Total Cash plus Accounts Receivable	**838,880,373.12**	(F)	**48,043,610.72**	**886,923,983.84**	
LESS Allowances for Uncollectibles	0.00	(G)		0.00	
LESS Approved "A" Certified Forwards	28,221,464.62	(H)		28,221,464.62	
Approved "B" Certified Forwards	0.00	(H)		0.00	
Approved "FCO" Certified Forwards	0.00	(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)	0.00	(I)		0.00	
LESS: BE TRANSFER 68501500	753,020,294.49	(J)		753,020,294.49	
Unreserved Fund Balance, 07/01/21	**57,638,614.01**	(K)	**48,043,610.72**	**105,682,224.73**	**

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: 2022 - 2023

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/21 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**810,658,908.50**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment #B6800001 and Description Transfer due from the Department of Business and	48,043,610.72	(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)
BE TRANSFER 68501500	(753,020,294.49)	(D)
		(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**105,682,224.73**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**105,682,224.73**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

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

	Balance as of 6/30/2021		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	15,898,906.00	(A)		15,898,906.00	
ADD: Other Cash (See Instructions)		(B)		-	
ADD: Investments		(C)		-	
ADD: Outstanding Accounts Receivable		(D)		-	
ADD: ______________________________		(E)		-	
Total Cash plus Accounts Receivable	**15,898,906.00**	(F)	**0**	**15,898,906.00**	
LESS Allowances for Uncollectibles		(G)		-	
LESS Approved "A" Certified Forwards	15,898,906.00	(H)		15,898,906.00	
Approved "B" Certified Forwards		(H)		-	
Approved "FCO" Certified Forwards		(H)		-	
LESS: Other Accounts Payable (Nonoperating)		(I)		-	
LESS: ______________________________		(J)		-	
Unreserved Fund Balance, 07/01/21	**-**	(K)	**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.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

Department Title:	Agency for Health Ca
Trust Fund Title:	Tobacco Settlement Trust Fund
Budget Entity:	Medicaid Services Individuals
LAS/PBS Fund Number:	2122

	Balance as of 6/30/2021		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	15,898,906.00	(A)		15,898,906.00
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	**15,898,906.00**	(F)	**0**	**15,898,906.00**
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	15,898,906.00	(H)		15,898,906.00
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, 07/01/21	**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.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

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

	Balance as of 6/30/2021		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	525,933,100.65	(A)		525,933,100.65	
ADD: Other Cash (See Instructions)	57,139,856.25	(B)		57,139,856.25	
ADD: Investments		(C)		0.00	
ADD: Outstanding Accounts Receivable	355,034,621.60	(D)		355,034,621.60	
ADD: ______________________	0.00	(E)		0.00	
Total Cash plus Accounts Receivable	**938,107,578.50**	(F)	**0.00**	**938,107,578.50**	
LESS Allowances for Uncollectibles	282,597.39	(G)		282,597.39	
LESS Approved "A" Certified Forwards	146,296,560.95	(H)		146,296,560.95	
Approved "B" Certified Forwards	0.00	(H)		0.00	
Approved "FCO" Certified Forwards	0.00	(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)	222,062,065.86	(I)		222,062,065.86	
LESS: Deferred Inflows-Unavailable Revenue	3,811,240.73	(J)		3,811,240.73	
LESS: BE Transfer from 68500200	1,710,657.00	(J)		1,710,657.00	
Unreserved Fund Balance, 07/01/21	**563,944,456.57**	(K)	**0.00**	**563,944,456.57**	**

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: 2022 - 2023

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, 07/01/21 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**566,814,198.08**	(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)
Other Loans and Notes Receivable (25400)	(1,287,871.68)	(D)
Allowance for Uncollectibles (25900)	128,787.17	(D)
BE Transfer from 68500200	1,710,657.00	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**563,944,456.57**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**563,944,456.57**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

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

	Balance as of 6/30/2021		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(872,573,820.04)	(A)		(872,573,820.04)
ADD: Other Cash (See Instructions)	221,269.03	(B)		221,269.03
ADD: Investments	4,140,366.88	(C)	76,930.40	4,217,297.28
ADD: Outstanding Accounts Receivable	894,405,740.79	(D)	125,036.96	894,530,777.75
ADD: Other loans and notes receivable		(E)		0.00
Total Cash plus Accounts Receivable	**26,193,556.66**	(F)	**201,967.36**	**26,395,524.02**
LESS Allowances for Uncollectibles	8,874,206.80	(G)		8,874,206.80
LESS Approved "A" Certified Forwards	624,429,175.31	(H)		624,429,175.31
Approved "B" Certified Forwards		(H)		0.00
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
LESS: Deffered inflows	203,567,074.19	(J)		203,567,074.19
LESS: BE TNFR from 68500100	(902,854,375.27)	(J)	125,036.96	(902,729,338.31)
LESS: BE TNFR from 68500200	(37,919,337.69)	(J)	739.41	(37,918,598.28)
LESS: BE TNFR from 68501500	87,004,121.28	(J)	172,589.15	87,176,710.43
LESS: payables non-operating	29,003,651.24	(J)	10.06	29,003,661.30
LESS:		(J)		0.00
Unreserved Fund Balance, 07/01/21	**14,089,040.80**	(K)	**201,967.36**	**13,992,632.58** **

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: 2022 - 2023

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, 07/01/21		
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**(838,323,684.55)**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(2,257.61)	(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description	(10.06)	(C)
SWFS Adjustment # and Description	76,930.40	(C)
SWFS Adjustment # and Description	(739.41)	(C)
SWFS Adjustment # and Description	(172,589.15)	(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	508,850.67	(D)
Other Loans & Notes Receivables	(2,070,510.43)	(D)
Allowance for Uncollectibles	207,051.04	(D)
TNFR BE from 68500100	902,854,375.27	
TNFR BE from 68500200	37,919,337.69	(D)
TNFR BE from 68501500	(87,004,121.28)	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**13,992,632.58**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**13,992,632.58**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

Departmental Title:	Agency for Health Care Administration
Trust Fund Title:	Public Medical Assistance Trust Fund
Budget Entity:	Medicaid Services - (68501400)
LAS/PBS Fund Number:	2565

	Balance as of 6/30/2021		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	124,854,741.47	(A)		124,854,741.47	
ADD: Other Cash (See Instructions)	6,104,086.00	(B)		6,104,086.00	
ADD: Investments		(C)		-	
ADD: Outstanding Accounts Receivable	36,103,712.66	(D)	4,658,437.30	40,762,149.96	
ADD: ______________________________		(E)		-	
Total Cash plus Accounts Receivable	**167,062,540.13**	(F)	**4,658,437.30**	**171,720,977.43**	
LESS Allowances for Uncollectibles	20,171,610.92	(G)		20,171,610.92	
LESS Approved "A" Certified Forwards	122,612.21	(H)		122,612.21	
Approved "B" Certified Forwards		(H)		-	
Approved "FCO" Certified Forwards		(H)		-	
LESS: Other Accounts Payable (Nonoperating)		(I)		-	
LESS: Deferred Inflows	13,909,264.80	(J)		13,909,264.80	
Unreserved Fund Balance, 07/01/21	**132,859,052.20**	(K)	**4,658,437.30**	**137,517,489.50**	**

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: 2022 - 2023

Department Title:	Agency for Health Care Administration (68501400)
Trust Fund Title:	Public Medical Assisstance Trust Fund
LAS/PBS Fund Number:	2565

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/21 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**132,859,052.20**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	0.00	(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description: InterAgency Transfer	4,658,437.30	(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)
		(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**137,517,489.50**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**137,517,489.50**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

Department Title:	Agency for Health Care Administr
Trust Fund Title:	Refugee Assistance Trust Fund
Budget Entity:	Medicaid Services to Individuaks (68501400)
LAS/PBS Fund Number:	2579

	Balance as of 6/30/2021		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	3,714,812.61	(A)		3,714,812.61
ADD: Other Cash (See Instructions)		(B)		0
ADD: Investments		(C)		0
ADD: Outstanding Accounts Receivable		(D)	261,600.45	261,600.45
ADD: Outstanding Accounts Receivable	3,820,983.08	(D)	919,021.76	4,740,004.84
ADD: ______________________________		(E)		0
Total Cash plus Accounts Receivable	**7,535,795.69**	(F)	**1,180,622.21**	**8,716,417.90**
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	261,600.45	(H)		261,600.45
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, 07/01/21	**7,274,195.24**	(K)	**1,180,622.21**	**8,454,817.45** **

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: 2022 - 2023

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, 07/01/21 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**7,274,195.24**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment #B6800010. Receivable due from DCF	919,021.76	(C)
SWFS Adjustment #B6800025. Receivable due from DCF	261,600.45	(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:	**8,454,817.45**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**8,454,817.45**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

Florida Agency for
Health Care Administration

Medicaid Long Term Care Exhibits or Schedules

Ron DeSantis, Governor

Simone Marstiller, Secretary

Florida Agency for Health Care Administration

Medicaid Long Term Care Schedule I Series

Department Level Manual Related Documents

Ron DeSantis, Governor

Simone Marstiller, Secretary

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

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 6/30/2021		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	(715,046,679.42)	(A)		(715,046,679.42)	
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	**(715,046,679.42)**	(F)	**0.00**	**(715,046,679.42)**	
LESS Allowances for Uncollectibles		(G)		0.00	
LESS Approved "A" Certified Forwards	37,973,615.07	(H)		37,973,615.07	
Approved "B" Certified Forwards		(H)		0.00	
Approved "FCO" Certified Forwards		(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00	
LESS: BE TRANSFER - 68501400	(753,020,294.49)	(J)		(753,020,294.49)	
Unreserved Fund Balance, 07/01/21	**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: 2022 - 2023

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

BEGINNING TRIAL BALANCE:

Item	Amount	Ref
Total Fund Balance Per FLAIR Trial Balance, 07/01/21 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**(753,020,294.49)**	(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)
BE TRANSFER 68501400	753,020,294.49	(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: 2022 - 2023

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

	Balance as of 6/30/2021		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	52,609,953.17	(A)		52,609,953.17	
ADD: Other Cash (See Instructions)		(B)		0.00	
ADD: Investments		(C)		0.00	
ADD: Outstanding Accounts Receivable	14,699,687.83	(D)	0.90	14,699,688.73	
ADD: Anticipated Revenue for CF encumbrances		(E)		0.00	
Total Cash plus Accounts Receivable	**67,309,641.00**	(F)	**0.90**	**67,309,641.90**	
LESS Allowances for Uncollectibles	10,204,373.98	(G)		10,204,373.98	
LESS Approved "A" Certified Forwards	1,008,646.45	(H)		1,008,646.45	
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	3,792,003.27	(J)		3,792,003.27	
Unreserved Fund Balance, 07/01/21	**52,304,617.30**	(K)	**0.90**	**52,304,618.20**	**

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: 2022 - 2023

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, 07/01/21 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**52,304,617.30**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment #B6800003; Increase to unreserved fund balance due to receivable from Department of Veteran Affairs	0.90	(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:	**52,304,618.20**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**52,304,618.20**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

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 6/30/2021		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	142,172,240.31	(A)		142,172,240.31
ADD: Other Cash (See Instructions)		(B)		0.00
ADD: Investments		(C)		0.00
ADD: Outstanding Accounts Receivable	2,024,604.81	(D)	39,267,914.74	41,292,519.55
ADD: ________________		(E)		0.00
Total Cash plus Accounts Receivable	**144,196,845.12**	(F)	**39,267,914.74**	**183,464,759.86**
LESS Allowances for Uncollectibles		(G)		0.00
LESS Approved "A" Certified Forwards	270,468,881.14	(H)		270,468,881.14
Approved "B" Certified Forwards		(H)		0.00
Approved "FCO" Certified Forwards		(H)		0.00
LESS: Other Accounts Payable (Nonoperating)		(I)		0.00
		(J)		0.00
LESS: BE TNFR to 68500100	(87,004,121.28)	(J)		(87,004,121.28)
Unreserved Fund Balance, 07/01/21	**(39,267,914.74)**	(K)	**39,267,914.74**	**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: 2022 - 2023

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, 07/01/21		
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**(126,272,036.02)**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)		(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment # and Description	39,267,914.74	(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 to 68500100	87,004,121.28	(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

Simone Marstiller, Secretary

Florida Agency for Health Care Administration

Health Care Regulation Schedule I Series

Department Level Manual Related Documents

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SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

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

	Balance as of 6/30/2021		SWFS* Adjustments	Adjusted Balance	
Chief Financial Officer's (CFO) Cash Balance	37,993,567.25	(A)		37,993,567.25	
ADD: Other Cash (See Instructions)	198,630.95	(B)		198,630.95	
ADD: Investments	0.00	(C)		0.00	
ADD: Outstanding Accounts Receivable	16,738,652.58	(D)	94,753.00	16,833,405.58	
ADD:	0.00	(E)		0.00	
Total Cash plus Accounts Receivable	**54,930,850.78**	(F)	**94,753.00**	**55,025,603.78**	
LESS Allowances for Uncollectibles	4,950,876.52	(G)		4,950,876.52	
LESS Approved "A" Certified Forwards	1,754,607.87	(H)		1,754,607.87	
Approved "B" Certified Forwards	3,911,494.40	(H)		3,911,494.40	
Approved "FCO" Certified Forwards	0.00	(H)		0.00	
LESS: Other Accounts Payable (Nonoperating)	2,231,092.43	(I)		2,231,092.43	
LESS: Unearned Revenue	1,787,204.51	(J)		1,787,204.51	
Unreserved Fund Balance, 07/01/21	**40,295,575.05**	(K)	**94,753.00**	**40,390,328.05**	**

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: 2022 - 2023

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

BEGINNING TRIAL BALANCE:

Item	Amount	
Total Fund Balance Per FLAIR Trial Balance, 07/01/21 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**44,219,860.42**	(A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	(1,932.83)	(B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :		
SWFS Adjustment #B6800009: Represents an increase to unreswerved fund balance . Receivables from HSMV ($1.00); DCF ($79,292) and APD ($15,460)	94,753.00	(C)
SWFS Adjustment # and Description	0.00	(C)
Add/Subtract Other Adjustment(s):		
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	(3,911,494.40)	(D)
Approved FCO Certified Forward per LAS/PBS	0.00	(D)
Advances to Other Funds (25700)	(15,000.00)	(D)
A/P not C/F-Operating Categories (35300) Salaries and Benefits	852.36	(D)
A/P not C/F-Operating Categories (35300) Expenses	2,060.20	(D)
A/P not C/F-Operating Categories (38600) Salaries and Benefits	2,057.25	(D)
A/P not C/F-Operating Categories (31100) Expenses	(827.95)	(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**40,390,328.05**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**40,390,328.05**	(F)
DIFFERENCE:	**0.00**	(G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2022 - 2023

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 6/30/2021		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	34,440,999.76	(A)		34,440,999.76
ADD: Other Cash (See Instructions)	9,106.50	(B)		9,106.50
ADD: Investments	0	(C)		0
ADD: Outstanding Accounts Receivable		(D)		0.00
ADD: Anticipated Grant Receivable		(E)		0.00
Total Cash plus Accounts Receivable	**34,450,106.26**	(F)	**0**	**34,450,106.26**
LESS Allowances for Uncollectibles		(G)		0
LESS Approved "A" Certified Forwards	15,534.81	(H)		15,534.81
Approved "B" Certified Forwards	799,447.58	(H)		799,447.58
Approved "FCO" Certified Forwards		(H)		0
LESS: Other Accounts Payable (Nonoperating)	0	(I)		0
LESS: ______________________________		(J)		0
Unreserved Fund Balance, 07/01/21	**33,635,123.87**	(K)	**0**	**33,635,123.87** **

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: 2022 - 2023

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/21 Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	**34,434,571.45**	(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	799,447.58	(D)
Approved FCO Certified Forward per LAS/PBS		(D)
A/P not C/F-Operating Categories		(D)
		(D)
		(D)
		(D)
ADJUSTED BEGINNING TRIAL BALANCE:	**33,635,123.87**	(E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	**33,635,123.87**	(F)
DIFFERENCE:	**0**	(G)*

***SHOULD EQUAL ZERO.**

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

For Fiscal Year 2022-23

August 2021

AGENCY FOR HEALTH CARE ADMINISTRATION

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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: 09/15/2021
Project Name: Florida Health Care Connections (FX)	Is this project included in the Agency's LRPP? X Yes _No
FY 2022-23 LBR Issue Code:	FY 2022-23 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: DocuSigned by: Simone Marstiller D7DBA2C36BC64B3... Printed Name: Simone Marstiller, Secretary	Date: 9/15/2021
Agency Chief Information Officer (or equivalent): DocuSigned by: Scott C. Ward E35D08FB228841E... Printed Name: Scott Ward, Chief Information Officer	Date: 9/15/2021
Budget Officer: DocuSigned by: La-Shonna Austin 973263D725894BB... Printed Name: La-Shonna Austin, Budget Director	Date: 9/15/2021
Planning Officer: DocuSigned by: 8C0D968B356145B... Printed Name: Cody Farrill, Chief of Staff	Date: 9/15/2021
Project Sponsor: DocuSigned by: 3D2D8B59D3404F0... Printed Name: Julie Madden, Deputy Secretary of Operations	Date: 9/15/2021

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 *Better Health Care for all Floridians*.

The Agency's Vision and long-range goals support the Agency's Mission. According to the FYs 2021-22 through

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2025-26 Long-Range Program Plan, the Agency's Vision is *A health care system that empowers consumers, that rewards personal responsibility and where patients, providers and payers work for better outcomes at the best price.* The Agency's long-range goals, as laid out in its Long-Range Program Plan, also support the Agency's Mission and are as follows:

- To operate an efficient and effective government
- To reduce or eliminate waste, fraud, and abuse
- To 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 best value, highest quality health care to Floridians.* 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 experiences
- Enable 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 modernizes 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])

[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.

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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 the 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). The strategy articulation map below, **Exhibit II-1: FX Strategic Mandate**, highlights the key focus areas for the FX Program and the overarching goals that FX will achieve.

FX ROADMAP GUIDELINES

- Resolve fiscal agent contract by December 2024
- Ensure continuity of operations
- Prioritize items required to resolve the fiscal agent contract
- Pursue transformational improvements to the extent they do not negatively impact fiscal agent contract resolution

TOP 5 FX STRATEGIC PRIORITIES

1. Reduce risk of integration and cost to fiscal agent by accelerating contract resolution
2. Provider Experience: Streamline credentialing, licensing, Master Person Index, and Master Organization Index
3. Prioritize ability to have high-quality, accessible data, analytics and reporting
4. Prioritize joint efficiencies with interoperability within AHCA
5. Strategically leverage efficient procurement vehicles where possible

TO REPLACE THE FISCAL AGENT, THE FOLLOWING BUSINESS AREAS MUST BE ADDRESSED:

IS/IP
EDW
Provider
Unified Operations Center
Core
Pharmacy Benefits Management
Recipient/Enrollment Broker

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.

STATE OF THE PROGRAM

FX Strategy Refresh

In 2020 the Agency refreshed the Florida Medicaid Enterprise Strategic Plan to prioritize the resolution of the fiscal agent contract by the December 2024 deadline 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

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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.

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.

To take advantage of new innovations as they became commercially available and to include this new knowledge in the FX Program as it evolves, the FY 2019-20 strategy refresh focused on incorporating 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.* The continued focus of Phase III of the FX program is the resolution of the fiscal agent contract by the December 2024 legislative deadline and this goal motivates the simultaneous implementation activities occurring for UOC, Core, and PSM during SFY 22/23.

FX Implementation Team (FXIT) 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. The Plan articulates an enterprise governance framework for the Agency in two discrete tiers.

- Tier 1 is the FX Implementation Team (FXIT) facilitated by the FX Director.
- Tier 2 is either the Secretary or designee or the FX Executive Sponsor, supported, as needed, by the Project Sponsor Advisors or the ESC.

This tiered process enables effective decision-making based on two separate paths:

- FX Program Execution – The Secretary or the Secretary's designee(s) oversees program implementation and is the final decision maker for non-scoped ESC FX activities.
- FX Program Oversight – ESC oversight and collaboration across the Florida Health and Human Services (HHS) agencies as defined in the implementing bill for scoped ESC FX activities.

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) Operations

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, which completed in March 2021, consisted of three concurrent workstreams over an approximately 16-month schedule.

The Integration Platform is deployed and undertaking projects to integrate FX systems through fixed-price task orders.

Enterprise Data Warehouse (EDW) Implementation (Phase II)

The EDW contract was executed in December 2020. The EDW 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 designed 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

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security and privacy, and strengthened query and analytic capability by building a unified data repository for reporting and analytics. The project team developed the Project Charter, which was approved by the Agency early January 2021. The EDW DDI (design, development, and implementation) project, which is in progress over an approximately 24-month schedule, consists of an Operational Data Store in December 2021 and a final go-live in December 2022.

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. The group's current focus is providing the guidance needed for successful completion of the EDWI project.

Unified Operations Center (Phase III)

The Unified Operations Center (UOC) procurement project and incorporates all the planning and analysis conducted during the Core Planning and Unified Operations (CPUO) project that spanned from March to September 2020. The team facilitated sessions to confirm and finalize business and technical requirements and to determine tiered staffing models to support a diverse array of provider and recipient communications, and other operational elements across the Florida Medicaid program. The team drafted the Invitation to Negotiate (ITN) documents, which was posted to the Vendor Bid System (VBS) on 7/12/2021.

Provider Services Module Procurement (Phase III)

The Provider Services Module (PSM) Procurement project was re-aligned in SFY 2020-21 to leverage the systems and infrastructure identified within the Unified Operation Center module. In Q4 SFY 2020-2021, the project team refined the initial requirements gathered in June 2020 for Medicaid provider enrollment, credentialing, provider maintenance, and facility licensure. Analysis was completed to identify additional opportunities to streamline future-state provider enrollment processing activities including site visits. The team facilitated sessions to confirm and finalize business and technical requirements and to determine staffing models for enrollment, credentialing, maintenance, and potentially facility licensure. The team drafted the Invitation to Negotiate (ITN) documents, which included an iterative review process and met aggressive project timelines. The ITN draft is currently in review with an anticipated posting in October 2021.

Core Systems Module Procurement (Phase III)

The Core Module Procurement project was initiated in February 2021. The Core Module will process managed care encounters, adjudicate fee-for-service claims for Medicaid reimbursement, and support all Medicaid financial activities, including capitation payments. The Core Procurement project builds upon the planning and analysis findings from the CPUO project, including the in-depth analysis of the existing Core FMMIS functions: Electronic Data Interchange (EDI), claims and encounters transaction processing, banking, and financial processing and capitation payments for health plans, claims payments, buy-in, FLORIDA reconciliation, and pharmacy claims payment. 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 FX Unified Operations Center (UOC). The Core Procurement project team conducted working sessions with Agency SMEs to define final scope, and develop, compile, and confirm high-level technical and business requirements for the Core technology platform. The Invitation to Negotiate (ITN) documents were drafted and are currently in review, expected to be complete and ready for posting in October 2021.

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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 are 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 (SEAS) Independent Verification and Validation (IV&V)
2	FX Infrastructure	Integration Services and Integration Platform (IS/IP) Enterprise Data Warehouse (EDW)
3	FX FMMIS Resolution	Unified Operations Center (UOC) Core Systems (Claims/Encounter/Financial Management) Provider Services Module (PSM) Pharmacy Benefits Management (PBM)
4	Remaining Non-FMMIS Modules	Plan Management (PM) Third Party Liability (TPL) Enterprise Case Management (ECM) Contractor Management (CM)

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 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

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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.

Operational Strategy for Long-Term Resources and Support

In SFY 2021-2022, the Agency established the Office of FX under the Division of Operations with a structure to support the FX vendors with complimenting state staff. The Office of FX will directly manage the FX contracts through the implementation and certification periods which includes the oversight of the Enterprise Program Management Office.

The Office of FX will work with the divisions of IT and Medicaid to manage the portfolio and change requests working with the SEAS Vendor and other contracted vendors. As the SEAS contract is up for renewal in June 2022, the Agency will seek to continue to build capacity in the Office of FX beginning in SFY 2021-2022 and 2022-2023 through transitions and adding new positions.

Also included in this transition will be to build capacity within the Division of IT to support FX for systems integration and interoperability and support the Agency's Application Lifecycle Management (ALM) platform as well as the enterprise network, disaster recovery coordination, cyber security and job scheduling.

Independent Verification and Validation (IV&V)

The IV&V Vendor is tasked with providing an objective, neutral, and independent assessment of deliverables produced by all FX vendors. The IV&V vendor assesses and reports on the FX Program's organization and planning, procurement, management, technical solution development and implementation, and provides analysis and support 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 IS/IP Vendor provides integration services and works with FX teams to enable system interoperability, to ensure interface integrations through the Integration Platform and to promote legacy system transition and modernization. The IS/IP Vendor is currently engaged with the EDW vendor to ensure module vendor utilization of the Integration Platform continues to grow. This engagement ensures integration points between both modules are properly established. These EDW to IS/IP integration points range from connecting EDW systems to a centralized security platform to enabling enterprise interface connections via a central service bus.

The IS/IP Vendor is also currently engaged with internal Agency staff to integrate the Single Sign-on system as the centralized security platform. The engagement allows for the Agency systems to take advantage modern security capabilities and standards while providing end users with consistent and friendly login experiences.

The IS/IP Vendor is also engaged in supporting the Agency with several legacy system transitions. **Exhibit II-2:**

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Modular Transition Approach illustrates the approach to navigating from the current state of system integrations to a defined future where FX modules and Partners work together seamlessly, securely, and consistently through the Integration Platform.

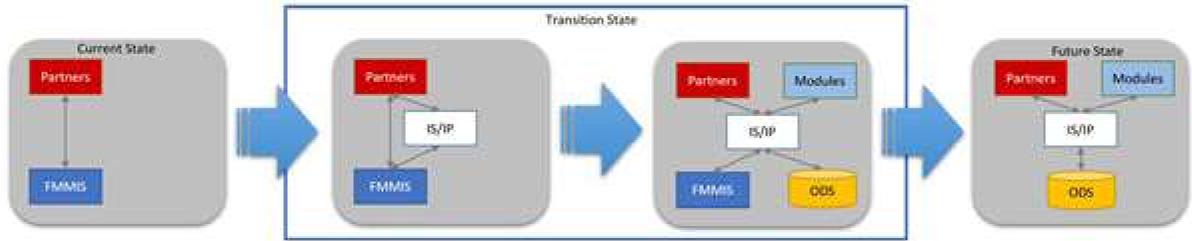

Exhibit II-3: Modular Transition Approach

Enterprise Data Warehouse (EDW)

The EDW contract was executed December 29, 2020. Implementation activities are underway with an anticipated duration of 24 months and consisting of a soft go-live of the Operational Data Store (ODS) in December 2021 and a go-live in December 2022.

The EDW Vendor will provide data management, content management, data warehousing, and data integration capabilities across systems and will replace the current Decision Support System/Data Warehouse (DSS/DW). The Agency designed 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 modern data repository that, along with the enhanced analytical tools and operational services, 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 FX modules to ensure the

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maintenance and support of Medicaid operations. Tasks and activities for this contract extension including transition components will conclude before December 31, 2024.

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 fiscal agent services by the statutory deadline 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 current Fiscal Agent Vendor has been tasked to create a schedule mutually agreed upon by the Agency and the Vendor, including planning, system analysis/design, testing, implementation, and post-implementation activities. A FMMIS transition Project team has been established with resources allotted for the current Fiscal Agent in the FX budget, in addition to Agency and SEAS staff. Tasks planned for Fiscal Agent staff of the FMMIS Transition Project include, but are not limited to:

- Perform project planning and systems analysis to integrate key business areas within the FMMIS to support the FMMIS Transition Project.
- Document all interfaces and FMMIS business rules needed for the FMMIS Transition Project.
- Create, document, and execute a testing plan for the FMMIS Transition Project.
- Coordinate with the Agency, the FX vendors, and the SEAS vendor and implement required tasks to facilitate integration of replacement FX modules.
- Develop and maintain a two-way data replication solution between FMMIS and the EDW Operational Data Store.
- Create an enhanced testing environment to support transition activities.
- Provide training to future FX module vendors as directed by the Agency.
- Support integration activities between the IS/IP vendor's platform and FMMIS.
- Integrate with the FX Single-Sign On solution.
- Make the required modifications to FMMIS, as necessary, to prepare for FX implementation.
- Perform data clean-up to FMMIS, as necessary, to prepare for FX implementation.
- Execute the Iterative Turnover Phase activities.

The Agency will complete these procurements using open-source solutions, configurable COTS products, or 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 Resolution** 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. For clarification purposes when viewing the FX roadmap visuals, a salmon-colored procurement project box focuses on developing the procurement vehicle for procuring the desired solution. Key activities include refining requirements, developing certification artifacts, and finalizing procurement documents prior to posting. The FX team understands that releasing competitive procurement documents for vendor response is contingent on budget authority.

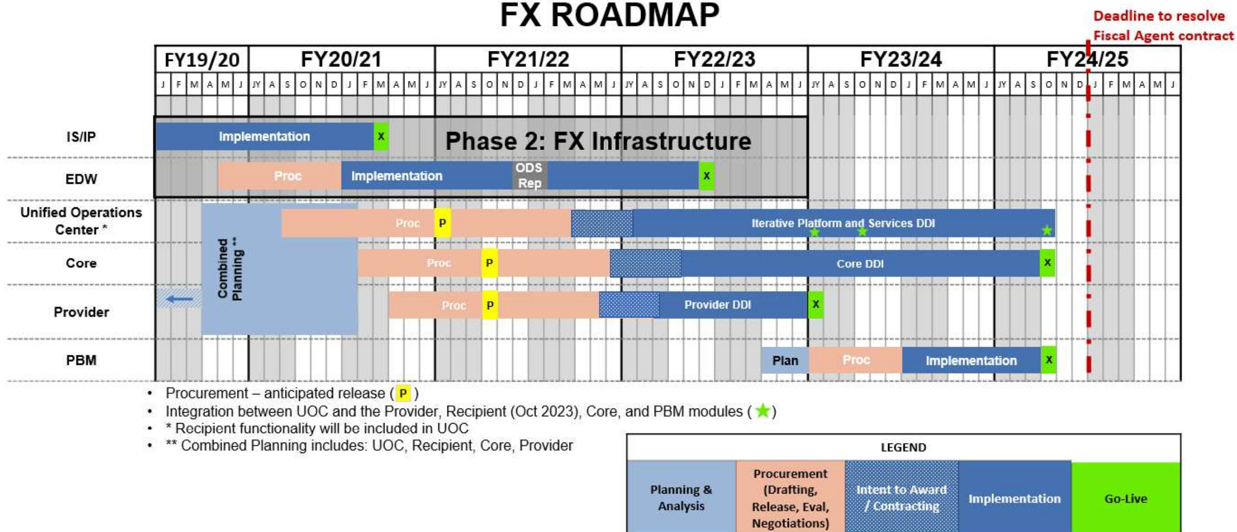

Exhibit II-4: Phase III: FX FMMIS Resolution

Unified Operations Center (UOC)

Current 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 among 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.

The UOC will also include the systems, contact center / platform, and operations that allow recipients to evaluate and select a health plan. Support for these recipient business area process also includes recipient management functions to maintain recipient information, grievances, appeals, communication, and interactions. In addition, the UOC will include population and recipient outreach functions to notify recipients about relevant changes or updates to health plans, their benefits, a provider, or other relevant information.

The UOC ITN was posted to VBS on 7/12/2021. Based on the current schedule, UOC implementation activities will begin in FY 2022-23.

Core Systems (Claims/Encounters/Enterprise Financial Management)

The Core Systems module, a component of the FX Enterprise, will adjudicate fee-for-service claims for Medicaid reimbursement, process managed care encounter claims, and support all Medicaid financial activity, including capitation payments. This approach enables the Agency to advance its goals of enabling high quality and accessible data, interoperability, improving healthcare outcomes for Floridians, reducing complexity, improving customer experience, and transforming to an enterprise, modular and flexible solution. 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 payments. Core FMMIS

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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 developing and confirming the ITN documents for a target posting timeframe of October 2021. Based on the current schedule, Core implementation activities will begin in FY 2022-23.

Provider Services (PSM)

The Provider Services Module (PSM) primarily includes provider Medicaid enrollment, credentialing, and maintenance. The PSM solution will consolidate existing Medicaid enrollment and primary source verification for health plan credentialing into a single process to minimize errors and simplify the process for the provider community. A primary objective of the PSM is to improve the overall provider experience and reduce the administrative burden for enrollment and re-enrollment, as well as streamline the overall process. To meet this objective, the project team developed an Invitation to Negotiate (ITN) for the PSM. The primary focus of the PSM is enrollment, credentialing, and maintenance functionality, though the project team is continuing to explore facility licensure as an additional opportunity to include in the PSM. The Agency envisions a phased and flexible approach where additional functionality and responsibility can be added or defined in future-state operations, and where Agency staff can be supported by PSM Vendor staffing services during times of peak demand.

The PSM system also addresses issues of quality, integration, and interoperability. The Agency intends to leverage the National Committee for Quality Assurance standards for credentialing activities, and the Council for Affordable Quality Healthcare electronic data set. The PSM will also use the Master Person Index and Master Organization Index developed in the Phase II IS/IP implementation to improve provider identity reconciliation. Customer experience documentation, as well as business operations and support service functions, will be provided by the UOC Vendor to integrate provider touchpoints. Future opportunities to expand interoperability with partner agencies and systems that use provider data, such as the Florida Department of Health practitioner licensure system, will require prioritization and the appropriation of funds.

The Agency is currently developing and confirming the ITN documents for a target posting timeframe of October 2021. Based on the current schedule, PSM implementation activities will begin in FY 2022-23.

Pharmacy Benefits Management (PBM)

The Pharmacy Benefits Management (PBM) scope of work is included as an optional response area in the Core module ITN that is currently under development. Depending on vendor responses to that aspect of the ITN the PBM module could be procured with Core or may be developed into a stand-alone procurement. If the stand-alone option is preferable work will begin SFY 2022-2023 with the required planning and analysis to prepare for the procurement. 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.

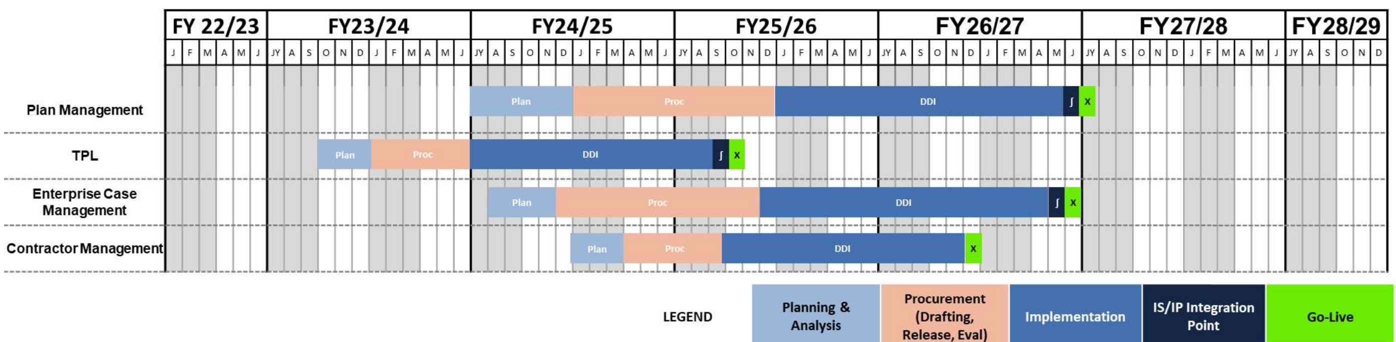

Exhibit II-5: Phase IV: Remaining Non-FMMIS Modules

Plan Management Module

(Work to begin SFY 2024-2025)

Based on the most recent Social Services Estimating Conference numbers, more than 78 percent of Florida's 31+ billion-dollar Medicaid program is covered by the Statewide Medicaid Managed Care (SMMC) plans. That means that these plans administer more than 21 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 managed care 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 health plan 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 and will be reprocured as appropriate to ensure continuity of TPL operations.

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.).

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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 metric-based 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),

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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.
- Agency will continue to evaluate and enforce the FX IT solutions and module vendors to adhere to the standards and guidelines published by the Department of Management Services (DMS).

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.
- 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 Federal Financial Participation (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 where appropriate.

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- 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 *Better Health Care for all Floridians*, 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 strategic priorities of EDW and IS/IP, which has driven 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 developed for the UOC, Provider Services Module, and Core Systems 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

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- 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

The Agency went through a purposeful and deliberate exercise in SFY 19/20 to refresh its strategy to meet the goals of FX in a timely and cost-effective manner with a focus on minimizing risk to the project and continuing operations. As part of that effort the Agency and the SEAS Vendor researched and re-evaluated the business process alternatives for FX.

The to-be FX solution is an integrated collection of systems built from modular components that perform defined business functions allowing improved business agility, reduced dependence on a single vendor, and enablement of improved business outcomes. The to-be FX solution includes the scope to eventually modernize all Agency processes and applications by leveraging the Medicaid infrastructure to improve overall Agency functionality. While the characteristics of this to-be FX solution are consistent with all alternatives, there are multiple approach alternatives available to reach the to-be FX solution.

A thorough research effort and market-scan of other states' (with a bias toward those states further along on their modularity journey than Florida) strategies to modernize their Medicaid program delivery capability identified the following potential alternatives:

Modular Incremental Cutover– To replace FMMIS with multiple modules and integrate pieces as they are developed.

This alternative selects system(s) and operational processing performed for each business area and integrates the replacement modules (systems and operational processing) through incremental implementations or cut overs for business areas or bundles of business areas. With this approach the modular components of the existing system are replaced incrementally as you go until all components of all business areas are modernized. The Medicaid agencies in South Carolina, Tennessee, and Wyoming are pursuing this approach.

Modular Single-Cutover – To build a complete stand-alone modular solution before cutover.

This alternative selects, develops, integrates, and tests modular components and operational processing for all business areas and replaces the current processing through one single end-point implementation or cut-over to the new systems that are made from modular components. The Medicaid agencies in Georgia, Ohio, and Virginia are pursuing this approach.

Takeover to Modular – To have vendor(s) takeover the current FMMIS, then modularize over time.

This alternative has a vendor takeover operations of the existing fiscal agent systems and operational processing responsibilities and requires the takeover vendor to cooperate with replacing this existing solution with multi-vendor modular components over time after completion of the takeover. The Medicaid Agency in Wisconsin is pursuing

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[2] CMS promulgated the *Interoperability and Patient Access final rule* (CMS-9115-F), enforceable July 2021. This 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.

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this approach.

Modular Cohort Procurements – To combine business areas into fewer procurements, forcing possible vendor partnerships on larger modules.

This alternative is a variation of the modular incremental cutover approach that attempts to gain synergies by procuring and implementing modular solutions for business areas with significant interdependencies or synergies. The Medicaid Agency in New Mexico is pursuing this approach.

3. Rationale for Selection

The Agency considered the following pros and cons of each business solution alternative:

APPROACH	PROS	CONS
Modular Incremental-Cutover	▪ Allows states to sunset elements of their current solution more quickly ▪ Allows states to begin realizing the benefits of their transformation more quickly ▪ Smaller integrations are less complex and less risky than larger ones ▪ Less disruption occurs during incremental smaller implementations of each module or group of modules	▪ May lengthen the total transformation timeline ▪ May result in some *throw-away* integration to the legacy MMIS solution
Modular Single-Cutover	▪ Decreases time and effort necessary to integrate with legacy system ▪ Minimizes transformational-related changes to the legacy MMIS solution	▪ Full legacy solution remains live until cutover creating duplicate costs before legacy system resolution ▪ Single large integration carries more complexity and risk
Takeover to Modular	▪ Allows ability to retain select elements of the legacy solution that may be functional ▪ Minimizes disruption with current stakeholders ▪ Provides a longer *runway* for modularity transition because it restarts the contract terms on the legacy system	▪ Reduces ability to leverage improved technology, especially in the short term ▪ Delays realization of the benefits of modularity ▪ Risk of limited vendor response to a takeover procurement ▪ CMS has been less open to takeover procurements in recent years and these efforts may qualify for lower levels of Federal funding participation

Approach	Pros	Cons
Module Cohorts	▪ Fewer procurements could reduce the overall transformation timeline	▪ The vendor community has limited experience responding to these combined procurements ▪ This strategy results in increased dependence on a small number of vendors ▪ Potential for increased risk from complex sub/prime vendor relationships necessitated by the cohorts of business functionality

Agency Selection: Modular Incremental-Cutover Approach

The selection of the *modular incremental* cutover approach for FX is based on alignment to the vision and strategic priorities of the transformation.

Referring specifically to the strategic priorities in Section II. A. 1. on page 7 of this document, the *modular incremental-cutover* approach achieves the right balance across these transformation priorities. Leveraging this option, we expect to achieve the transformation objectives at the lowest risk and realize transformation benefits more quickly, all while minimizing unnecessary staff impact and maximizing the efficiency of transformation resources.

At a broad level, the benefits of FX, that will be accelerated by the modular incremental cutover approach, are:

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

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

4. Recommended Business Solution

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

FX will leverage the *modular incremental* cutover approach to replace the current functions of FMMIS in phases based on the CMS Standards and Conditions to ultimately transition to an interoperable and unified FX where individual processes, modules, sub-systems, and systems work together to support Agency programs. FX will replace large, core aspects of the existing FMMIS and fundamentally improve business processes across multiple stakeholder groups encompassing recipients, providers, and Agency staff. The phased approach is detailed in Section II. A. 2. on pages 11 through 20 of this document. Please reference that material as needed but a summary of the four phases is included below. This phased approach meets the criteria of the modular incremental-cutover approach described above.

From 2015 to 2017 the Agency was working on *Phase I: Professional Services Procurements*. This phase focused on the procurement of professional service partners to support strategic planning and independent evaluation of the FX transformation.

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The recommended business solution for *Phase II: FX Infrastructure* (one of the overlapping current phases of FX) includes procurement, implementation, and integration of the IS/IP and EDW components. Phase II also includes planning and development for additional FX modules.

Phase III: FX FMMIS Resolution is concurrently underway. Phase III of the FX transformation is focused on the procurement and implementation of the modules that will fully replace the FMMIS functionality by the required 2024 contract resolution date. These modules include the UOC, the Provider Services Module, Core Systems, the Unified Operations Center, and Pharmacy Benefit Management.

Phase IV: Remaining Non-FMMIS Modules is focused on the procurement and implementation of the remaining modular components required or necessary for delivering world-class health outcomes in Florida that were not tied to the original FMMIS contract.

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 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
- Leverage 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 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,

Provider , Core, and UOC modules. These requirements informed the SFY2021-22 procurements.

MODULE	REQUIREMENT
IS/IP	
	Enterprise Service Bus
	Master Person Index/Master Organization Index
	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
	Data Mart and Specialized Data Stores
	Enterprise Content Management
	Information Architecture
	Interfaces and Data Services
	Data Quality Control and Data Standardization
	Change Management
	Operations Testing
	Quality Management
	System and User Documentation
	Workflow Management

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Provider Services Module	
	Provider Enrollment
	Enroll Provider
	Determine Provider Eligibility
	Disenroll Provider
	Inquire Provider Information
Provider Credentialing	
	Provider Information Management
	Terminate Provider
	Manage Provider Information
	Provider Support
	Manage Provider Grievance and Appeal
Core Systems (Claims/Encounters/Financial)	
	Edits, Processing, And Adjustments
	Pricing and Payment
	Benefit and Reference Data Management
	Claims Data and Reporting
	System Administration and Operations
	Service Authorizations
	Fiscal Management
	Federal Reporting
	Financial Reporting
	Capitation Payments
	Correspondence Management
Unified Operations Center	
	Customer Experience Strategy and Methodology

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	Enterprise Customer Service Support
	Business Services – Provider Management
	Business Services – Recipient Management
	Enterprise Operations Management

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**
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

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Business Process Tables	
Module	**Business Process**
	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

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Business Process Tables	
Module	**Business Process**
	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 (MECL) Certification process, 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	Completed 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

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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	Completed 06/21
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	10/24
6	Successful development of CMS-approved requirements for the Core (Claims/Encounters/Financial) Systems 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	Completed 07/21
7	Successful completion of the design, development, and implementation (DDI) of the Core Systems 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	10/24
8	Successful development of CMS-approved requirements for the Provider Services 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	08/21
9	Successful completion of the design, development, and implementation (DDI) of the Provider Services Module solution.	Provider	Assessed by the Agency's Provider Management team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Providers	07/23

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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 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
11	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
12	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
13	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	07/25
14	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
15	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	04/24

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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 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
17	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	07/25
18	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
19	Successful development of CMS-approved requirements for the Enterprise Case Management 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	05/25
20	Successful completion of the design, development, and implementation (DDI) of the Enterprise Case Management 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

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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

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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)
4	Reduced enrollment and licensure costs incurred by providers (first time and renewals)	Providers	Implementation of the Provider Services Module	Lower total provider administrative processing cost for Medicaid enrollment and licensure	07/23
5	Reduced enrollment and licensure support costs to AHCA (first time and renewals)	State of Florida Medicaid Enterprise	Implementation of the Provider Services Module	Lower total cost to the Agency for enrollment and licensure support	07/23
6	Reduced enrollment and licensure support costs to AHCA by fiscal agent	State of Florida Medicaid Enterprise	Implementation of the Provider Services Module	Lower fiscal agent cost to the Agency for enrollment and licensure support	07/23
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	10/24
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	10/24
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 Systems module	Fewer inaccurate payments made to individual FFS Providers	12/22 and 10/24

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)
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
10	Reduced Agency costs resulting from difference and latency in health plan policy implementation	State of Florida Medicaid Enterprise	Implementation of the Core Systems module	Lower Agency cost related to new and changed health plan policies	10/24
11	Reduced claim and encounter administration costs incurred by Agency operation management	State of Florida Medicaid Enterprise	Implementation of the Core Systems module	Lower percentage of encounters rejected and returned to the health plans (current benchmark is 30% returned)	10/24
12	Reduced claims administration costs incurred by providers	Providers	Implementation of the Core Systems module	Lower percentage of claims rejected and returned to providers (current benchmark is 35% returned)	10/24
13	Reduced encounter administration costs incurred by health plans	Health Plans	Implementation of the Core Systems module	Lower percentage of recipients utilizing a call center to make a plan selection	10/24

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)**
14	Reduced encounter administration costs incurred by providers	Providers	Implementation of the Core Systems module	Lower total administration costs for providers	10/24
15	Reduced payment administration costs incurred by providers	Providers	Implementation of the Core Systems module	Lower total administration costs for providers	10/24
16	Reduced FFS pharmacy expenditures	State of Florida Medicaid Enterprise	Implementation of Pharmacy Benefit Management module	Lower total FFS pharmacy costs	10/24
17	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
18	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

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)
19	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
20	Reduced Agency case management administration costs	State of Florida Medicaid Enterprise	Implementation of the Enterprise Case Management module	Lower total Agency costs related to enterprise and legal case management	03/27
21	Reduced health plan administration costs for cases with the Agency	Health Plans	Implementation of the Enterprise Case Management module	Lower total cost to health plans for Agency-related cases	03/27
22	Reduced provider administration costs for cases with the Agency	Providers	Implementation of the Enterprise Case Management module	Lower total administratio n costs for providers	03/27
23	Automated final orders	State of Florida Medicaid Enterprise	Implementation of the Enterprise Case Management module	Lower number and cost of final case orders	03/27
24	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
25	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

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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)**
26	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
27	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
28	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
29	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
30	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

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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-3: 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. 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-3: Required CBA Forms

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See the tab entitled “CBAForm1 NetTangibleBenefits” in the CBA file.

Attachment A - Cost
Benefit Analysis_FY2(

Exhibit IV-4: Operational Costs & Tangible Benefits

See the tab entitled “CBAForm2A BaselineProjectBudget” in the CBA file (provided above).

Exhibit IV-5: Baseline Project Budget

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CBAForm 2 - Project Cost Analysis

Agency AHCA **Project** FX

PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)								TOTAL
	Prior Years' Costs	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
TOTAL PROJECT COSTS (*)	$158,407,429	$98,008,049	$99,122,444	$98,947,267	$30,612,098	$36,288,852	$12,803,306	$0	$534,189,445
CUMULATIVE PROJECT COSTS (includes Current & Previous Years' Project-Related Costs)	$158,407,429	$256,415,478	$355,537,922	$454,485,189	$485,097,287	$521,386,139	$534,189,445	$534,189,445	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.									

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B								TOTAL
	Prior Years' Costs	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
General Revenue	$18,309,307	$11,657,138	$12,674,155	$19,663,887	$3,769,593	$5,237,938	$1,317,900	$0	$72,629,918
Trust Fund	$0	$0	$0	$0	$0	$0	$0	$0	$0
Federal Match	$140,098,122	$86,350,911	$86,448,289	$79,283,379	$26,842,505	$31,050,914	$11,485,406	$0	$461,559,527
Grants	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL INVESTMENT	$158,407,429	$98,008,049	$99,122,444	$98,947,267	$30,612,098	$36,288,852	$12,803,306	$0	$534,189,445
CUMULATIVE INVESTMENT	$158,407,429	$256,415,478	$355,537,922	$454,485,189	$485,097,287	$521,386,139	$534,189,445	$534,189,445	

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-6: Project Cost Analysis

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CBAForm 3 - Project Investment Summary

Agency	AHCA	Project	FX

	COST BENEFIT ANALYSIS -- CBAForm 3A								
	1	2	3	4	5	6	7	8	
	Prior Years' Costs	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	($158,407,429)	($98,008,049)	($99,122,444)	($98,947,267)	($30,612,098)	($36,288,852)	($12,803,306)	$0	($534,189,445)
Net Tangible Benefits	$0	$6,882,801	$50,994,728	$63,464,479	$145,448,139	$219,855,653	$295,029,209	$295,041,364	$1,076,716,374
Return on Investment	($158,407,429)	($91,125,247)	($48,127,716)	($35,482,787)	$114,836,041	$183,566,801	$282,225,903	$295,041,364	$542,526,929
								NPV =	$378,247,548

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	6.16	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	2027-28	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	$378,247,548	NPV is the present-day value of the project's benefits less costs over the project's life cycle.
Internal Rate of Return (IRR)	21.45%	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%	2.69%	2.90%	3.09%	3.29%	3.48%	3.48%	3.48%

Exhibit IV-7: Investment Summary

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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". This is M&O that occurs in a fiscal year during which implementation is completed; i.e., DDI activity ends 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. Exhibit IV-7 presents an estimated NPV from the project of **$378,247,548**. The NPV calculation includes an estimate of **$1,076,716,374** in total project benefits and total project costs of **$534,189,445***. Because benefits continue after the analysis period, the calculated NPV is conservative, potentially understating benefits of the project to the Agency and Florida stakeholders.

**Of note is that $158,407,429 of the total project cost has been expended prior to SFY 2022-2023. This leaves a balance of $375,782,016 in project costs spread across the remaining project years. Additionally, $321,461,404 of this balance is to be paid through federal match dollars, leaving $54,320,611 to be paid with State of Florida funds.*

a. Project Costs

The estimated total cost of implementing FX is $**534,189,445** over the life of the project.

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b. *Project Financial Return Analysis*

The Agency has computed the following values for FX.

Investment Term	Computed Value
Total Cost	$534,189,445
Benefits	$1,076,716,374 in total benefits
Payback Period	6.16 years
Payback Date	SFY 2027-2028
	Analysis
Net Tangible Benefits	$542,526,929 (total benefits minus total costs)
Net Present Value (NPV)	$378.3M
Internal Rate of Return (IRR)	21.45%

Exhibit IV-8: Financial Return Analysis

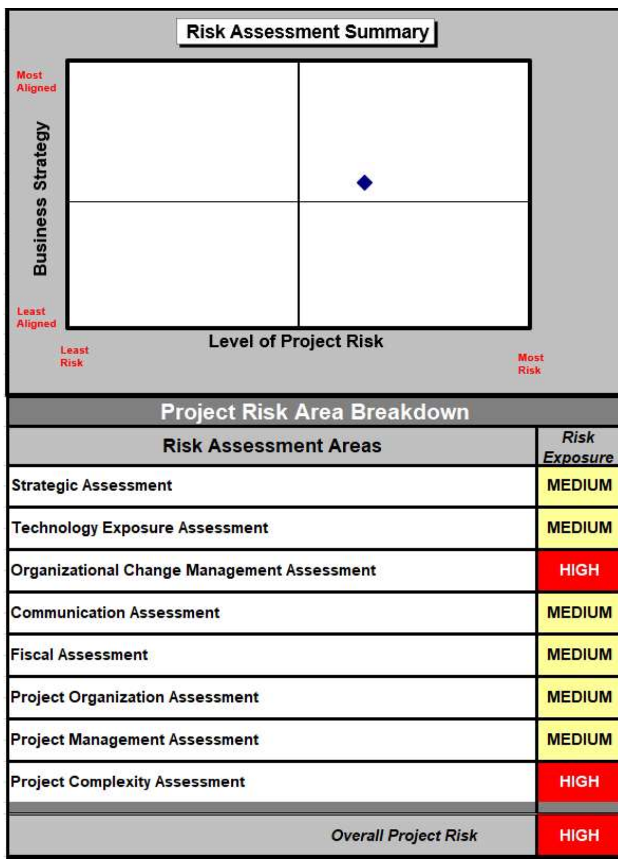
The breakeven year is SFY 2027-2028, meaning that benefits from FX will have fully "paid back" the investment costs of the project by that time. This breakeven indicates a strong project that pays for itself relatively quickly.

- The project NPV is $378.3 million. NPV is the present-day value of the project's benefits less costs over the project's life cycle. By this measure, the FX project is a sound investment.
- The IRR for FX is 21.45 percent. The IRR is an individual project's (such as FX's) rate of return, and serves as a useful comparison when the Florida Legislature is making investment decisions. The Florida Legislature's Office of Economic and Demographic Research (EDR) estimates the cost of capital for investment analysis purposes; for SFY 2022-2023, that rate is 2.69%. The FX project's IRR far exceeds the projected cost of capital, and the project should produce considerable tangible benefits well-beyond the analysis period.

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 2022-2023.

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	MEDIUM
Technology Exposure Assessment	MEDIUM
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.

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- 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. This was previously answered as *Moderate external use or visibility* with the note visibility will increase as the program evolves and customers (providers, recipients, and other stakeholders) are introduced to new technologies. For FY 2022-23, this is increased to *Extensive external use or visibility* in anticipation of the implementation activities planned to start in FY 2022-23. Implementation will include Organizational Change Management activities, which will likely engage external stakeholders.
- 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, plus the integration platform was implemented in March 2021. Once the Enterprise Data Warehouse is implemented in FY 2022-23, only moderate infrastructure changes will remain.
- 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 3.04 – While the OCM Plan has been approved, it is updated as needed to reflect the evolving needs of FX. As the program progresses, new vendors are contracted, and new stakeholders get engaged.
- 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 contractors 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 message outcomes or success measures are created as key messages are developed.
- 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. 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.

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- Question 5.16 – Procurement selection criteria and outcomes have been clearly identified for current procurements. They have not yet been defined for future procurements.
- Question 5.18 – The procurements require *demos* of bidders' solutions; however, a demo isn't the same as a proof of concept or prototype.
- Question 6.03 – The Agency is responsible for integrating project deliverables into the final solution. The SEAS Vendor and the IS/IP Vendor support the Agency with the strategic, architectural, and technical elements of integration.
- 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, requirements and design specifications have been defined and documented for IS/IP and EDW. Requirements have been documented for the PSM, Core, and UOC modules. However, design specifications for those modules have not yet been documented. 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 2022-2023: Agency staff are located at the Ft. Knox Office Complex. Enrollment Broker Vendor staff, the IS/IP Vendor, the EDW Vendor, and 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.

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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

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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 Electronic Data Interchange (EDI), the MMIS/DSS, interChange User Interface (UI), and the Pharmacy Benefit 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 Extensible Markup Language (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, Gainwell Technologies. 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.

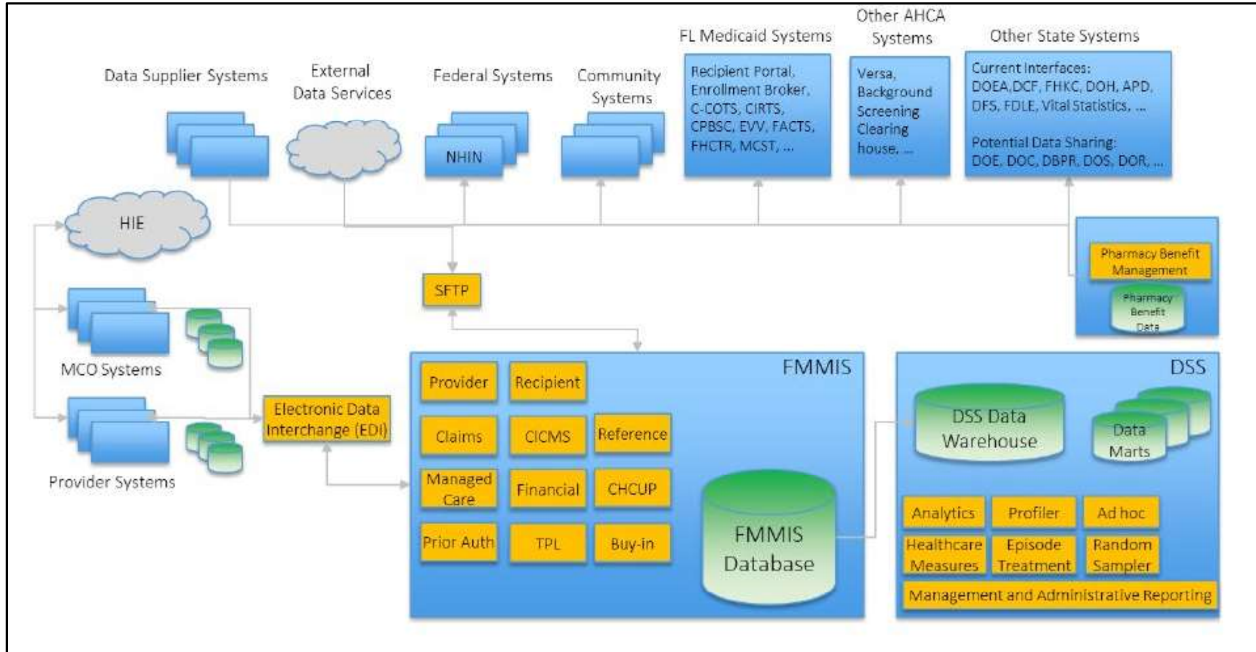

Exhibit VI-2: Current Conceptual Technical Architecture

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

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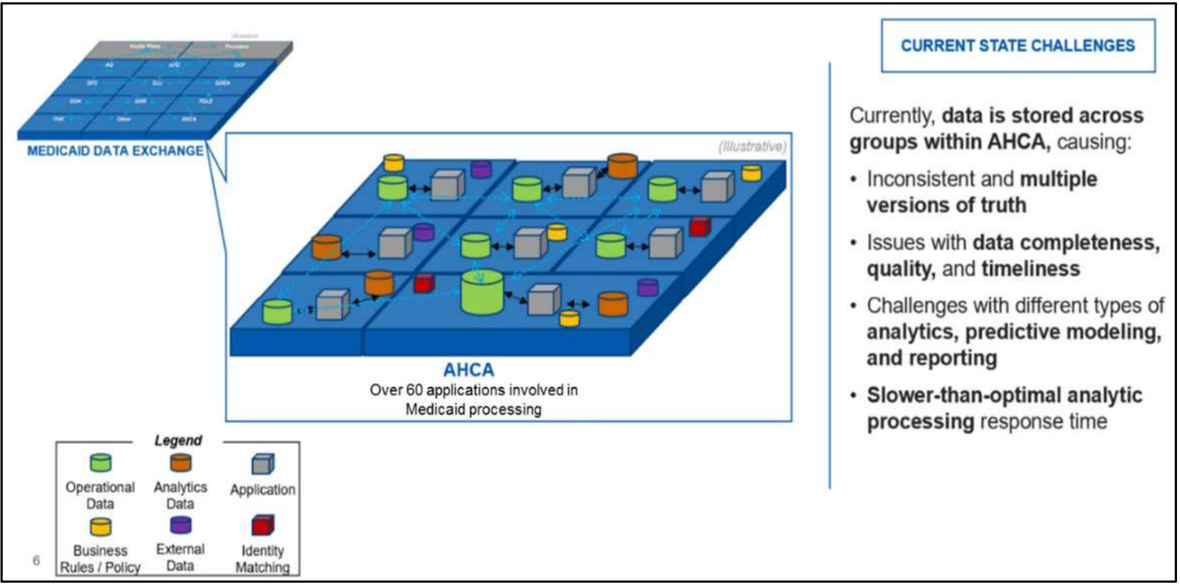

Exhibit VI-3: Current State (Illustrative)

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, Gainwell Technologies, submits system staffing reports. 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, Gainwell Technologies, submits a system performance report card for the largest system in the Medicaid Enterprise.

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.
- Florida Cloud Computing Standards described in Florida Administration Rule 60GG-4.001 through 60GG-2.006, F.A.C.

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- 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)
- T-8: 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.

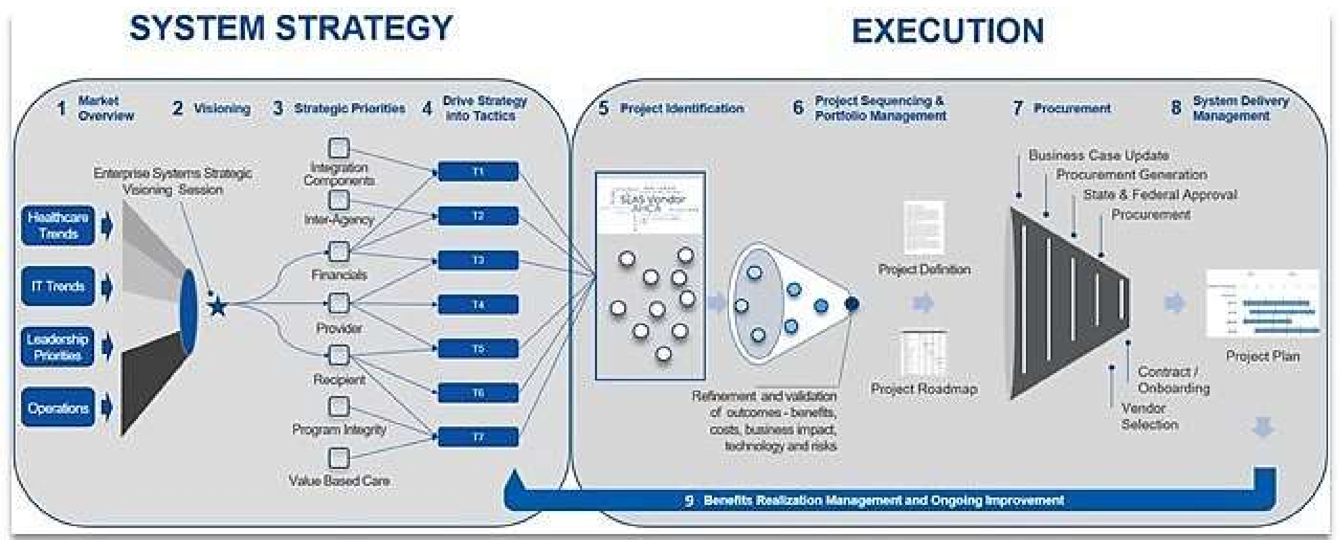

Exhibit VI-4: System Strategy and Portfolio Management Execution Process

-

B. Current Hardware and/or Software Inventory

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

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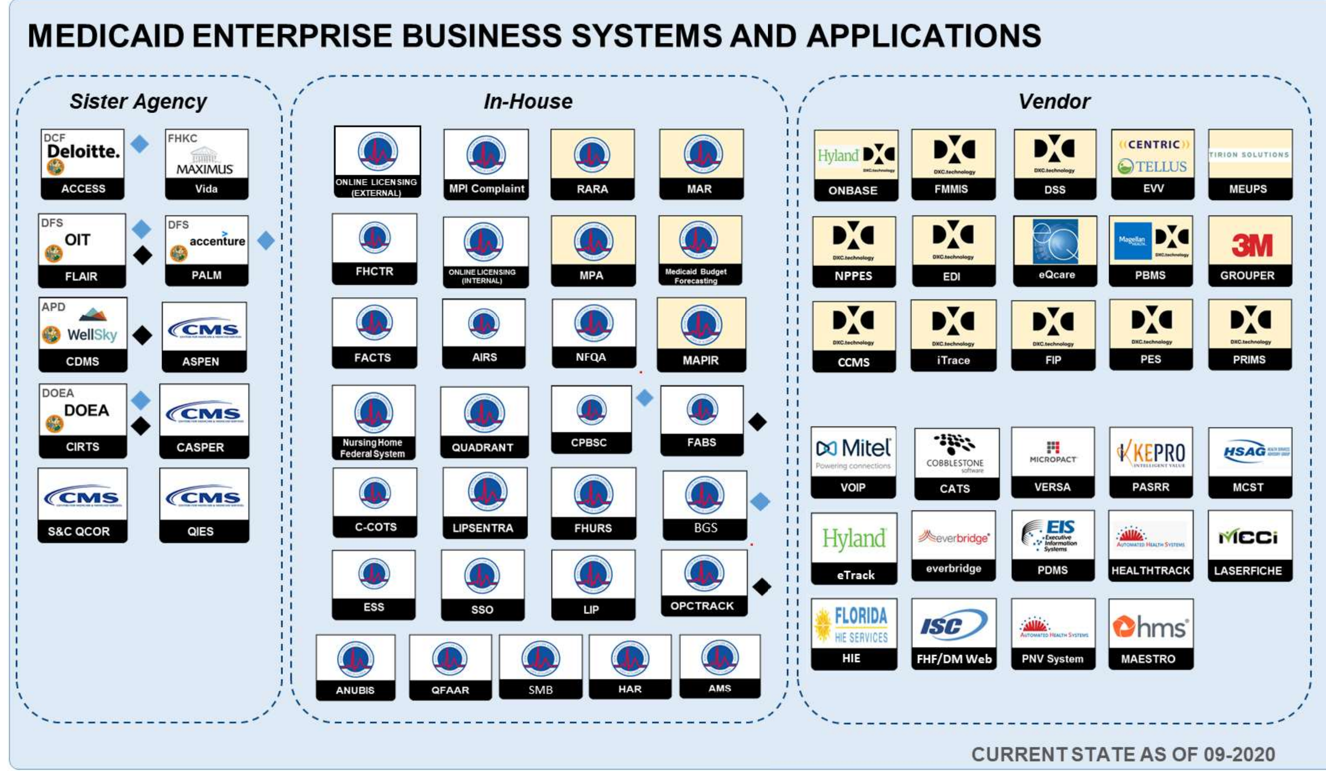
APPLICATIONS/SOFTWARE

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



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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 (2020) Medicaid Business Systems and Applications Portfolio

INTERFACES

The Agency has over two hundred (200) inbound/outbound interfaces between applications.

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
IS/IP	▪ Oracle Exadata

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

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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:

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#	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 Systems (Claims/Encounter/Financial/Reference Management) Provider Services Module 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**.

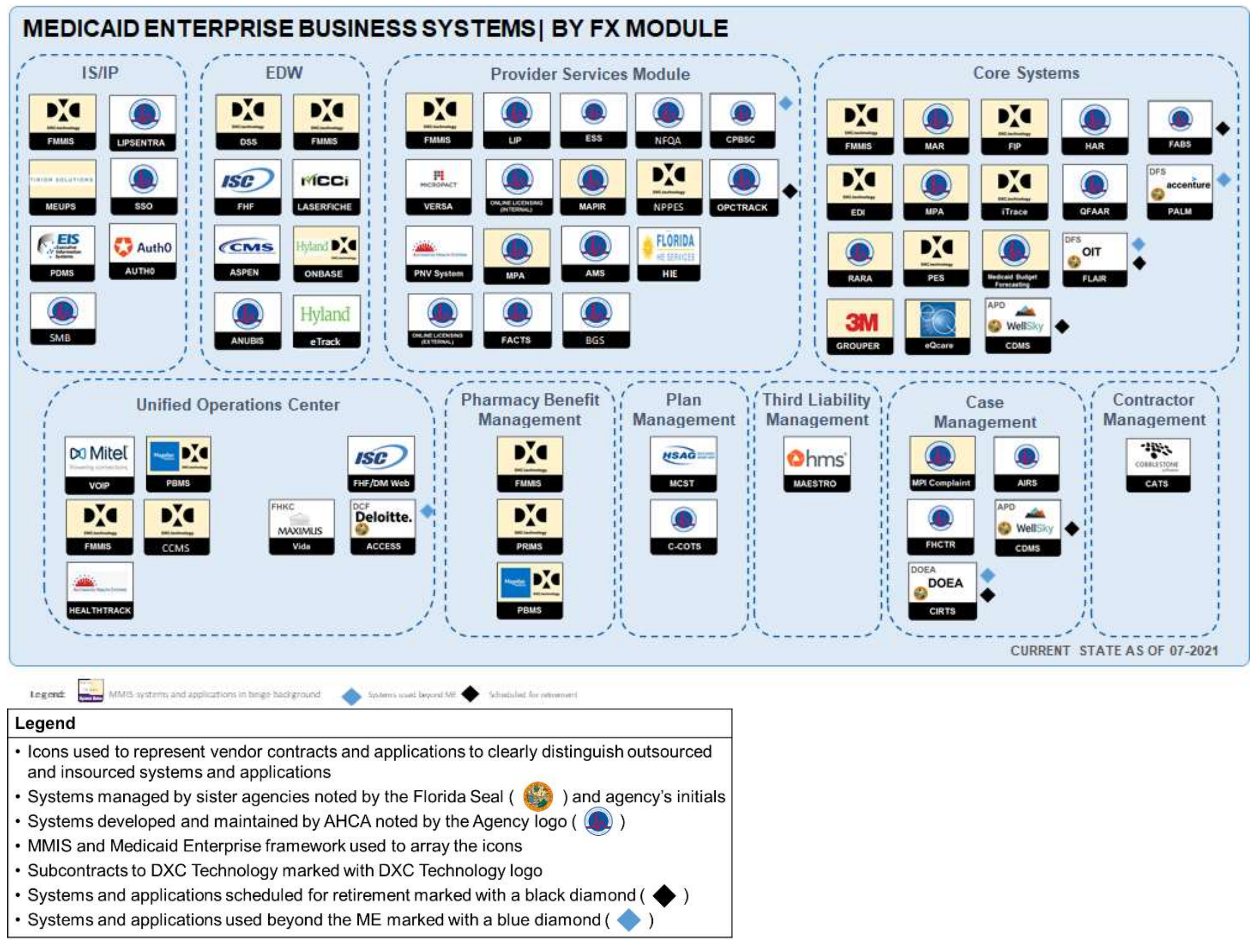

Exhibit VI-9: Medicaid Enterprise Business Systems by FX Module

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)

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- 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 consider using open-competitive solicitations, the NASPO ValuePoint cooperative purchasing program, or other alternative contract sources to procure future FX modules and components. The Agency will adopt the procurement method that best meets the needs of the Agency.

The Agency will leverage the work of the NASPO ValuePoint solutions for Medicaid Systems in the development of procurements when available. 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

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- 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

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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: FX Conceptual Architecture Diagram**.

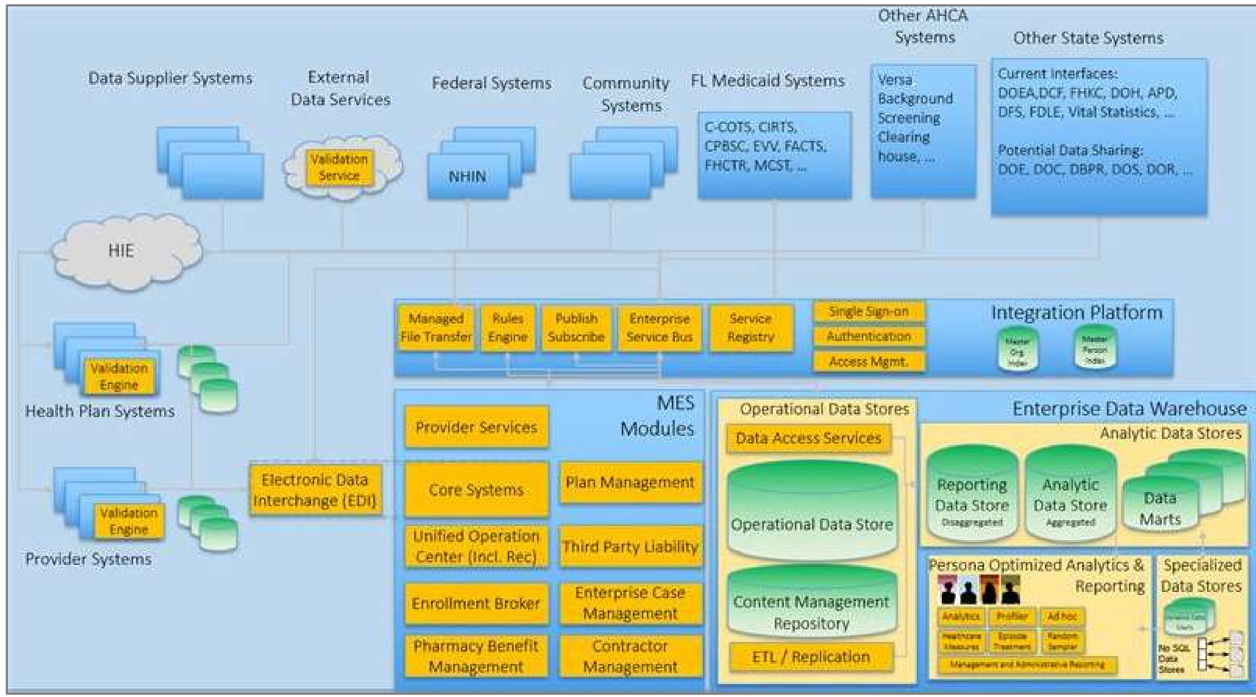

Exhibit VI-9: FX Conceptual Architecture Diagram

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

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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 solution, 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

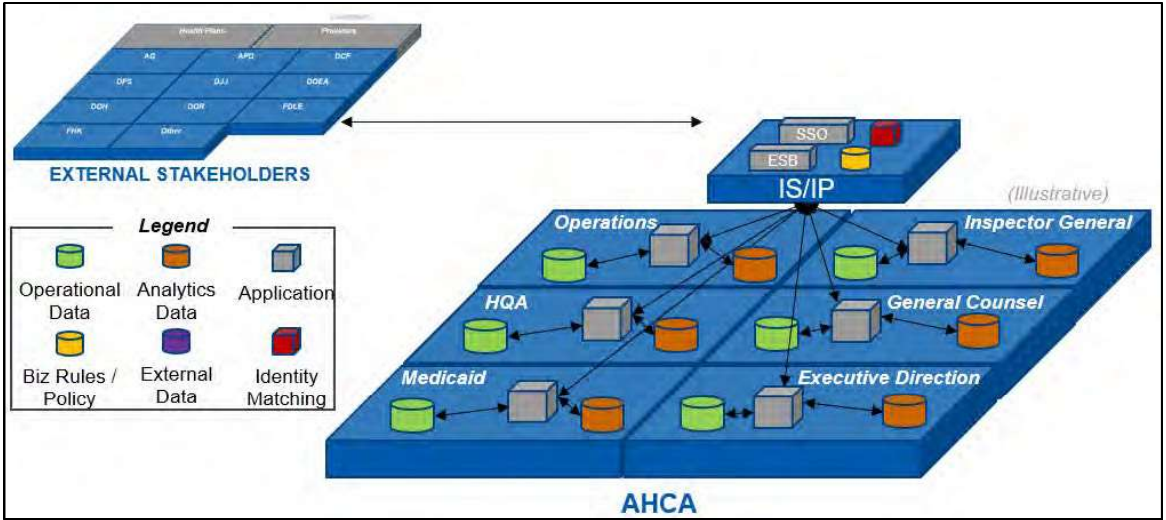

Exhibit VI-10: IS/IP Future State (Illustrative)

The IS/IP Vendor has architected the system to be flexible and capable of supporting future technology integration approaches (e.g., microservices) as well as traditional (legacy) interfaces and protocols. IS/IP will enable the Agency to exchange information with external systems easily and securely to obtain, validate, and manage information

Error! Reference source not found. shows how the IS/IP platform will serve as the connection point between the FX modules (the grey boxes on the right and the blue boxes on the left). The IS/IP platform consists of three key components. At the high-level system, there is an Enterprise Service Bus platform at the top which includes business rules management. The second platform in the lower half is the Master Data Management platform, where the Master Organization Index and Master Person Index (MOI/MPI) will be built. The third platform is the Single Sign-On (SSO) platform built on the Identity and Access management in the yellow color in the middle.

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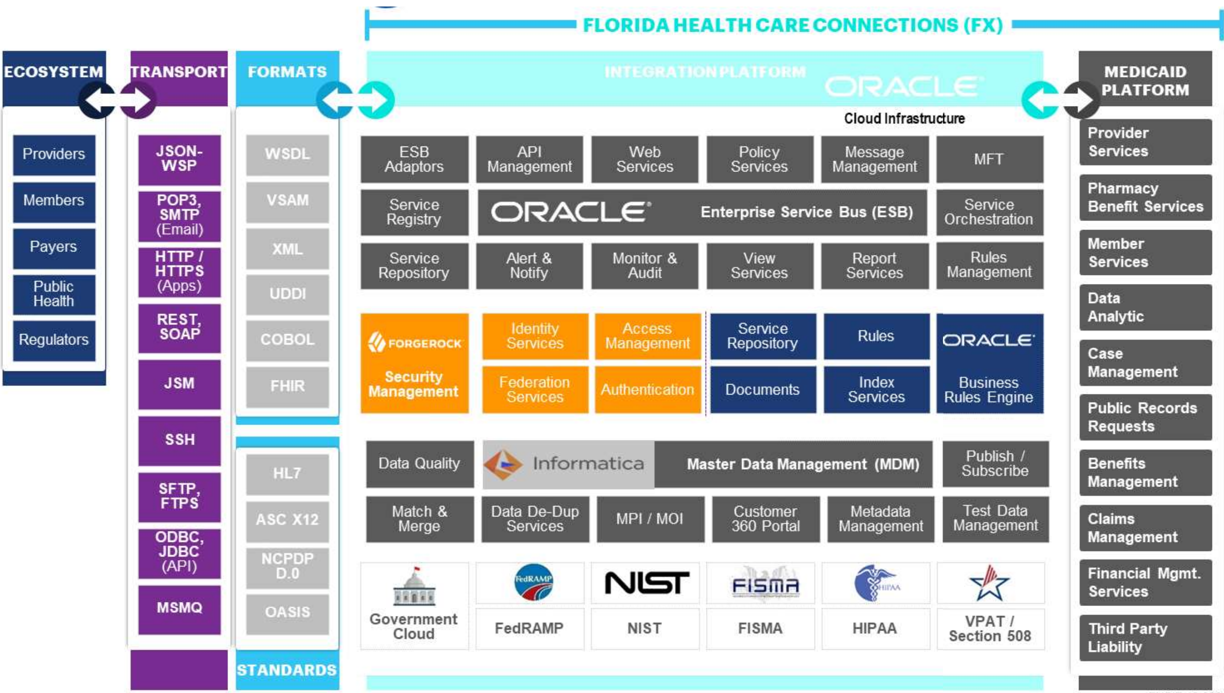

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Future State: Enterprise Data Service (EDW)

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

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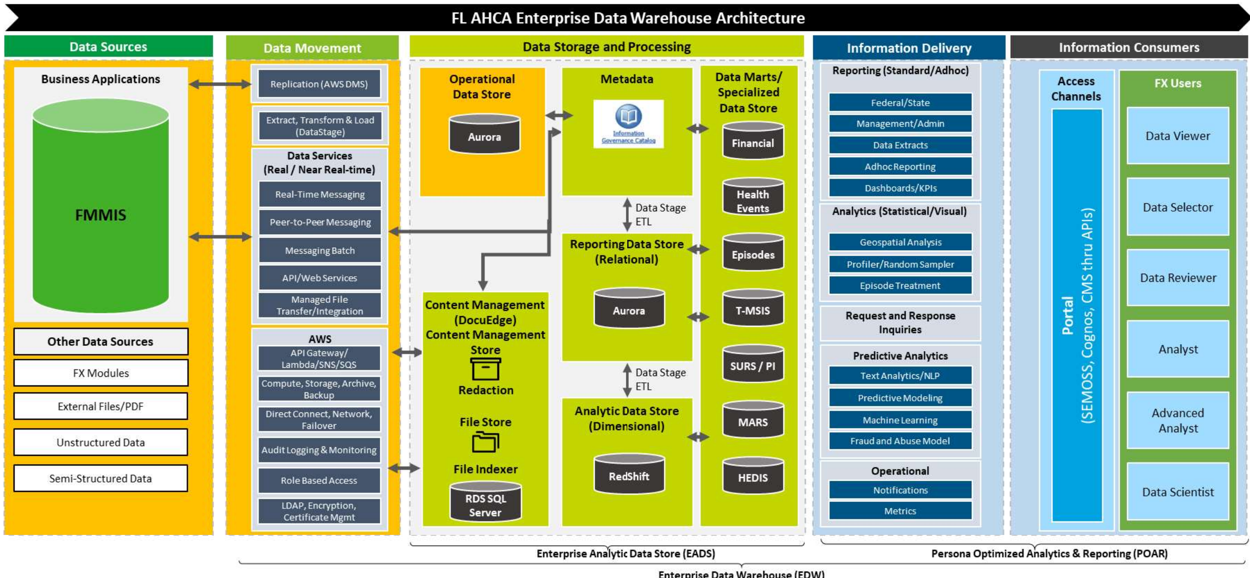

Exhibit VI-12: EDW Future State (Illustrative)

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-13: 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

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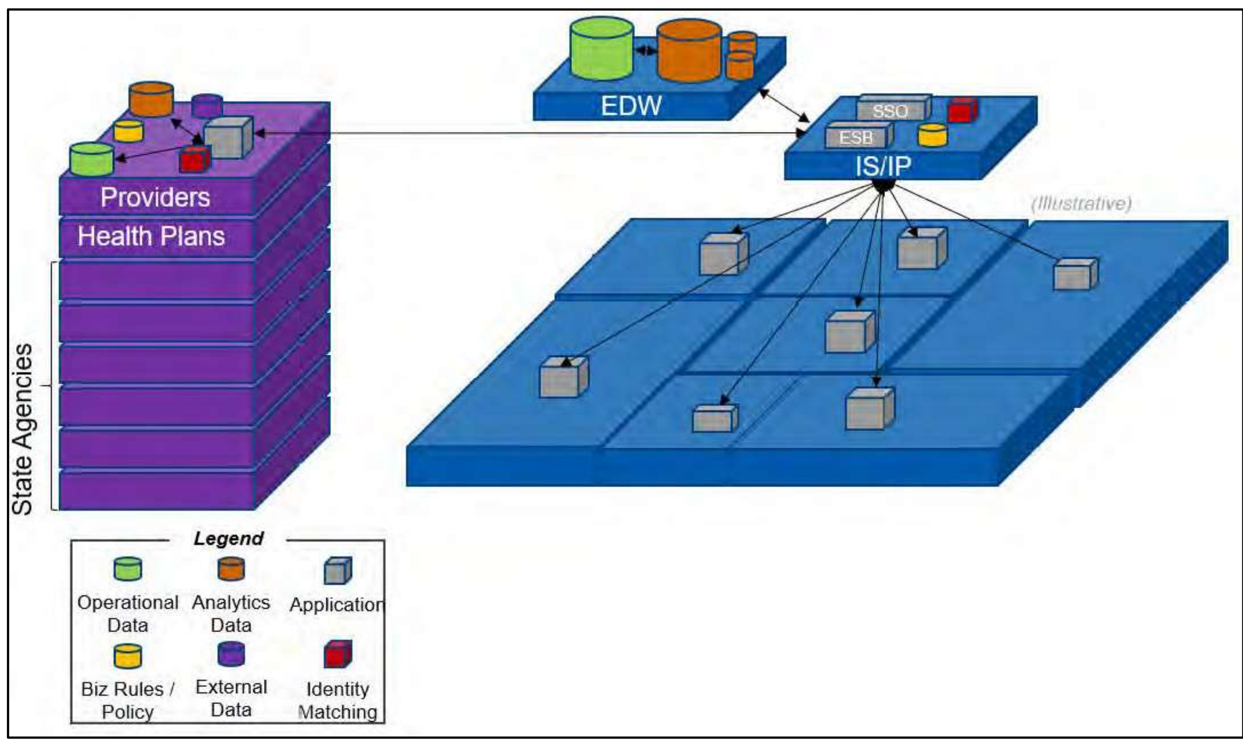

Exhibit VI-13: Modular Future State (Illustrative)

Exhibit VI-14: Data Management Strategy Enabling Capability 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.
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.

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ENABLING CAPABILITY	DESCRIPTION
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.
Data Access Services	Provides decoupled access to data at varying levels of granularity. Data access services will span from elemental data services to module specific data services to composite cross module data services.
Operational Data Store	The data store of transactional data. Access to operational data is through data access services and APIs.
Extract Transform Load (ETL)/Data Replication	Software that transfers information between data stores.
Reporting Data Store	A data store optimized for use by dashboards and reporting and is continuously updated with data from the operational data store.
Analytic Data Store	The data store optimized for analytic analysis. Also referred to as the data warehouse.
Data Marts	Specialized data stores that are structured and optimized for specific types of analysis or used by specific business units.
Dynamic Data Marts	Data stores that are created upon request in an optimized structure for a specific analysis or type of analysis.

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ENABLING CAPABILITY	DESCRIPTION
Not Only SQL (NoSQL) Analytic Data Stores	Analytic data store that is optimized for unstructured data sources and big data analytics.

Exhibit VI-14: Data Management Strategy Enabling Capability

Exhibit VI-15: Data Management Strategy Vision Matrix below maps each data management enabling capability to the pillars of the Data Management Strategy Vision.

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

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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
Operational Data Store				✓		
ETL/Data Replication				✓	✓	
Reporting Data Store			✓	✓	✓	
Analytic Data Store					✓	✓
Data Marts					✓	✓
Dynamic Data Marts					✓	✓
NoSQL Analytic Data Stores					✓	✓

Exhibit VI-15: Data Management Strategy Vision Matrix

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.

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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

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- 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, outlined in **Exhibit VII-1: FX 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.

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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.

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ORGANIZATION, STRATEGIC, PROGRAMMATIC, AND TECHNICAL DOMAINS	
Deliverable	**Description**
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.
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.

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Organization, Strategic, Programmatic, and Technical Domains	
Deliverable	**Description**
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.
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.

Exhibit VII-1: FX Deliverables

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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. O-1: SEAS Management Plan

F. S-1: FX Governance Plan

G. S-2: FX Strategic Planning Training Program

H. S-3: FX Strategic Plan

I. S-4: Strategic Project Portfolio Management Plan

J. P-1: Revised MITA State Self-Assessment and Update Process

K. P-2: FX Project Management Standards

L. P-3: FX Project Management Toolkit

M. P-4: Medicaid Enterprise Certification Management Plan

N. T-1: Data Management Strategy

O. T-2: Information Architecture Documentation

P. T-3: Data Standards

Q. T-4: Technical Management Strategy

R. T-5: Technical Architecture Documentation

S. T-6: Technology Standards

T. T-7: Design and Implementation Management Standards

U. T-8: Enterprise Data Security Plan

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State of Florida
Cost Benefit Analysis

APPENDIX A

Fiscal Year 2020-21

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	Prior Years			FY 2022-23			FY 2023-24			FY 2024-25			FY 2025-26			FY 2026-27			FY 2027-28			FY 2028-29		
(Recurring Costs Only -- No Project Costs)	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs resulting from Proposed Project
A. Personnel Costs -- Agency-Managed Staff	$4,551,754	$0	$4,551,754	$4,551,754	$0	$4,551,754	$4,551,754	$0	$4,551,754	$4,551,754	$0	$4,551,754	$4,551,754	$0	$4,551,754	$4,551,754	$0	$4,551,754	$4,551,754	$0	$4,551,754	$4,551,754	$0	$4,551,754
A.b Total Staff	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00
A-1.a. State FTEs (Salaries & Benefits)	$3,931,169	$0	$3,931,169	$3,931,169	$0	$3,931,169	$3,931,169	$0	$3,931,169	$3,931,169	$0	$3,931,169	$3,931,169	$0	$3,931,169	$3,931,169	$0	$3,931,169	$3,931,169	$0	$3,931,169	$3,931,169	$0	$3,931,169
A-1.b. State FTEs (#)	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00
A-2.a. OPS Staff (Salaries)	$620,585	$0	$620,585	$620,585	$0	$620,585	$620,585	$0	$620,585	$620,585	$0	$620,585	$620,585	$0	$620,585	$620,585	$0	$620,585	$620,585	$0	$620,585	$620,585	$0	$620,585
A-2.b. OPS (#)	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00
A-3.a. Staff Augmentation (Contract Cost)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
A-3.b. Staff Augmentation (# of Contractors)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B. Application Maintenance Costs	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-1. Managed Services (Staffing)	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-2. Hardware	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-3. Software	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
B-4. Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C. Data Center Provider Costs	$56,558,092	$0	$56,558,092	$56,558,092	$0	$56,558,092	$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	$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	$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	$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	$2,115,476	$0	$2,115,476	$2,115,476	$0	$2,115,476	$2,115,476	$0	$2,115,476
C-4. Disaster Recovery	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0	$0
C-5. Other 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	$2,100,000	$0	$2,100,000	$2,100,000	$0	$2,100,000	$2,100,000	$0	$2,100,000
D. Plant & Facility Costs	$2,041,046	$0	$2,041,046	$2,041,046	$0	$2,041,046	$2,041,046	$0	$2,041,046	$2,041,046	$0	$2,041,046	$2,041,046	$0	$2,041,046	$2,041,046	$0	$2,041,046	$2,041,046	$0	$2,041,046	$2,041,046	$0	$2,041,046
E. Other Costs	$743,911	$0	$743,911	$743,911	$0	$743,911	$743,911	$0	$743,911	$743,911	$0	$743,911	$743,911	$0	$743,911	$743,911	$0	$743,911	$743,911	$0	$743,911	$743,911	$0	$743,911
E-1. Training	$564,928	$0	$564,928	$564,928	$0	$564,928	$564,928	$0	$564,928	$564,928	$0	$564,928	$564,928	$0	$564,928	$564,928	$0	$564,928	$564,928	$0	$564,928	$564,928	$0	$564,928
E-2. Travel	$132,990	$0	$132,990	$132,990	$0	$132,990	$132,990	$0	$132,990	$132,990	$0	$132,990	$132,990	$0	$132,990	$132,990	$0	$132,990	$132,990	$0	$132,990	$132,990	$0	$132,990
E-3. Other 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	$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	$63,894,803	$0	$63,894,803	$63,894,803	$0	$63,894,803	$63,894,803	$0	$63,894,803
F. Additional Tangible Benefits:		$0			$6,882,801			$50,994,728			$63,464,479			$145,448,139			$219,855,653			$295,029,209			$295,041,364	
F-1. EDW		$0			$6,882,801			$16,593,349			$8,504,243			$8,721,164			$13,417,630			$18,352,475			$18,352,475	
F-2. Provider Management		$0			$0			$34,401,379			$21,727,187			$21,727,187			$32,590,780			$43,454,373			$43,454,373	
F-3. Unified Operations Center		$0			$0			$0			$8,129,745			$27,581,983			$41,398,396			$55,326,667			$55,326,667	
F-4. Core (Claims / Encounter / Financial)		$0			$0			$0			$25,025,793			$85,846,854			$128,951,944			$172,186,991			$172,186,991	
F-5. Pharmacy Benefit Management		$0			$0			$0			$77,511			$175,253			$280,912			$401,880			$401,880	
F-6. Plan Management		$0			$0			$0			$0			$0			$0			$279,558			$291,712	
F-7. Third Party Liability		$0			$0			$0			$0			$1,395,700			$2,955,600			$3,940,800			$3,940,800	
F-8. Case Management		$0			$0			$0			$0			$0			$94,235			$603,106			$603,106	
F-9. Contractor Management		$0			$0			$0			$0			$0			$166,155			$483,360			$483,360	
Total Net Tangible Benefits:		$0			$6,882,801			$50,994,728			$63,464,479			$145,448,139			$219,855,653			$295,029,209			$295,041,364	

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

AHCA FX

CBAForm 2A Baseline Project Budget

Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. ***Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.***

							FY2022-23			FY2023-24			FY2024-25			FY2025-26			FY2026-27			FY2027-28			FY2028-29		TOTAL
3					$ 158,407,429		$ 98,008,049			$ 99,122,444			$ 98,947,267			$ 30,612,098			$ 36,288,852			$ 12,803,306			$ -		$ 534,189,445
4	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	TOTAL
5	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**
6	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**
7	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Contractor Management - Project Deliverables - DDI**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 2,900,534	$ -		$ 2,218,810	$ -		$ 269,280	$ -		$ -	$ -	**$ 5,388,624**
9	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**
11	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Core - Project Deliverables - Procurement**	Contracted Services	10%	$ 1,942,811		$ 390,060	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 2,332,871**
12	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Core - Project Deliverables - DDI**	Contracted Services	10%	$ 6,511,315		$ 19,765,204	$ -		$ 30,545,034	$ -		$ 6,492,066	$ -		$ 2,500,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 65,813,619**
14	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Core - Maintenance and Operations**	Contracted Services	25%	$ -		$ -	$ -		$ 3,384,267	$ -		$ 21,611,200	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 24,995,467**
15	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Data Governance - Project Deliverables - DDI**	Contracted Services	10%	$ 385,995		$ 222,000	$ -		$ 222,000	$ -		$ 222,000	$ -		$ 222,000	$ -		$ 222,000	$ -		$ 222,000	$ -		$ -	$ -	**$ 1,717,995**
17	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Enterprise Data Warehouse (EDW) - Project Deliverables - DDI**	Contracted Services	10%	$ 29,946,663		$ 4,690,847	$ -		$ 3,656,946	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 38,294,455**
19	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%	$ -		$ 11,375,087	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 11,375,087**
20	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**
21	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Enterprise Case Management - Project Deliverables - Procurement**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 625,600	$ -		$ 272,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 897,600**
22	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Enterprise Case Management - Project Deliverables - DDI**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 3,685,020	$ -		$ 7,943,940	$ -		$ 707,200	$ -		$ -	$ -	**$ 12,336,160**
24	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Enterprise Case Management - Maintenance and Operations**	Contracted Services	25%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 3,889,600	$ -		$ -	$ -		$ -	$ -	**$ 3,889,600**
25	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**FMMIS Support - Project Deliverables - DDI**	Contracted Services	10%	$ 10,940,293		$ 9,438,882	$ -		$ 6,213,630	$ -		$ 1,569,662	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 28,162,467**
27	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**FX Operations**	Contracted Services	10%	$ 48,303,887		$ 13,923,802	$ -		$ 4,318,471	$ -		$ 4,318,471	$ -		$ 4,318,471	$ -		$ 4,318,471	$ -		$ 4,318,471	$ -		$ -	$ -	**$ 83,820,044**
28	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%	$ 15,160,710		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 15,160,710**
30	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%	$ 16,329,427		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 16,329,427**
36	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Pharmacy Benefit - Project Deliverables - Planning**	Contracted Services	10%	$ -		$ 439,280	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 439,280**
37	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**
38	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Pharmacy Benefit - Project Deliverables - DDI**	Contracted Services	10%	$ -		$ -	$ -		$ 4,050,086	$ -		$ 2,481,178	$ -		$ 391,680	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 6,922,944**
40	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Pharmacy Benefit - Maintenance and Operations**	Contracted Services	25%	$ -		$ -	$ -		$ 435,200	$ -		$ 15,074,934	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 15,510,134**
41	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**
42	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Plan Management - Project Deliverables - Procurement**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 1,088,000	$ -		$ 734,400	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 1,822,400**
43	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Plan Management - Project Deliverables - DDI**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ 1,669,440	$ -		$ 4,332,480	$ -		$ 326,400	$ -		$ -	$ -	**$ 6,328,320**
45	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**
46	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	$ -		$ -	$ -	**$ 10,088,470**
47	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Provider - Project Deliverables - Procurement**	Contracted Services	10%	$ 1,199,167		$ 230,328	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 1,429,495**
48	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Provider - Project Deliverables - DDI**	Contracted Services	10%	$ 5,335,748		$ 8,742,975	$ -		$ 2,008,413	$ -		$ 471,688	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 16,558,824**
50	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Provider - Maintenance and Operations**	Contracted Services	25%	$ -		$ 750,000	$ -		$ 6,200,307	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 6,950,307**
52	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**
53	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Third Party Liability - Project Deliverables - Procurement**	Contracted Services	10%	$ -		$ -	$ -		$ 1,033,600	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 1,033,600**
54	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Third Party Liability - Project Deliverables - DDI**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -		$ 3,946,522	$ -		$ 1,114,790	$ -		$ 277,440	$ -		$ -	$ -		$ -	$ -	**$ 5,338,752**
56	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Third Party Liability - Maintenance and Operations**	Contracted Services	25%	$ -		$ -	$ -		$ -	$ -		$ 1,060,800	$ -		$ 4,472,088	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 5,532,888**
57	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Unified Operations Center - Procurement**	Contracted Services	10%	$ 777,697		$ 140,040	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 917,737**
58	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Unified Operations Center - DDI**	Contracted Services	10%	$ 2,506,184		$ 13,686,075	$ -		$ 16,094,437	$ -		$ 3,852,453	$ -		$ 1,098,920	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 37,238,069**
60	Professional services to support transitional system maintenance and operations during the project's DDI phase.	**Unified Operations Center - Maintenance and Operations**	Contracted Services	25%	$ -		$ -	$ -		$ 8,142,498	$ -		$ 27,130,338	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 35,272,836**
61	Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	**IV&V Vendor**	Contracted Services	10%	$ 13,016,132		$ 3,230,996	$ -		$ 3,230,996	$ -		$ 3,230,996	$ -		$ 3,230,996	$ -		$ 3,230,996	$ -		$ 3,230,996	$ -		$ -	$ -	**$ 32,402,108**
63	Other Hardware / Software	**Other Hardware / Software - Microsoft Project Online, Microsoft Power BI Pro, MITA Source Pulse**	OCO / Contracted Services	25%	$ 127,665		$ 250,465	$ -		$ 250,465	$ -		$ 250,465	$ -		$ 250,465	$ -		$ 250,465	$ -		$ 250,465	$ -		$ -	$ -	**$ 1,630,455**
66	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**CMS Interoperability - Planning**	Contracted Services	10%	$ 331,469		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 331,469**
67	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**CMS Interoperability - Implementation**	Contracted Services	10%	$ 1,632,000		$ 4,614,008	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 6,246,008**
68	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**ISIP Task Orders**	Contracted Services	10%	$ 750,600		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 750,600**
70	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Module Existing Systems Integration**	Contracted Services	10%	$ 1,843,520		$ 5,118,000	$ -		$ 4,896,000	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	**$ 11,857,520**

Row	Project Cost Element	State Match %	Previous Years Project-Related Cost	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	FY2027-28	FY2028-29	FY2029-30	Totals
5	Contractor Management - Project Deliverables - Planning	10%	$ -	$ -	$ -	$ 38,880	$ -	$ -	$ -	$ -	$ -	**$ 38,880**
6	Contractor Management - Project Deliverables - Procurement	10%	$ -	$ -	$ -	$ 53,040	$ 50,320	$ -	$ -	$ -	$ -	**$ 103,360**
7	Contractor Management - Project Deliverables - DDI	10%	$ -	$ -	$ -	$ -	$ 290,053	$ 221,881	$ 26,928	$ -	$ -	**$ 538,862**
9	Contractor Management - Maintenance and Operations	25%	$ -	$ -	$ -	$ -	$ -	$ 1,116,339	$ -	$ -	$ -	**$ 1,116,339**
11	Core - Project Deliverables - Procurement	10%	$ 194,281	$ 39,006	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 233,287**
12	Core - Project Deliverables - DDI	10%	$ 651,132	$ 1,976,520	$ 3,054,503	$ 649,207	$ 250,000	$ -	$ -	$ -	$ -	**$ 6,581,362**
14	Core - Maintenance and Operations	25%	$ -	$ -	$ 846,067	$ 5,402,800	$ -	$ -	$ -	$ -	$ -	**$ 6,248,867**
15	Data Governance - Project Deliverables - DDI	10%	$ 38,600	$ 22,200	$ 22,200	$ 22,200	$ 22,200	$ 22,200	$ 22,200	$ -	$ -	**$ 171,800**
17	Enterprise Data Warehouse (EDW) - Project Deliverables - DDI	10%	$ 2,994,666	$ 469,085	$ 365,695	$ -	$ -	$ -	$ -	$ -	$ -	**$ 3,829,446**
19	Enterprise Data Warehouse (EDW) - Maintenance and Operations	25%	$ -	$ 2,843,772	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 2,843,772**
20	Enterprise Case Management - Project Deliverables - Planning	10%	$ -	$ -	$ -	$ 57,600	$ -	$ -	$ -	$ -	$ -	**$ 57,600**
21	Enterprise Case Management - Project Deliverables - Procurement	10%	$ -	$ -	$ -	$ 62,560	$ 27,200	$ -	$ -	$ -	$ -	**$ 89,760**
22	Enterprise Case Management - Project Deliverables - DDI	10%	$ -	$ -	$ -	$ -	$ 368,502	$ 794,394	$ 70,720	$ -	$ -	**$ 1,233,616**
24	Enterprise Case Management - Maintenance and Operations	25%	$ -	$ -	$ -	$ -	$ -	$ 972,400	$ -	$ -	$ -	**$ 972,400**
25	FMMIS Support - Project Deliverables - DDI	10%	$ 1,094,029	$ 943,888	$ 621,363	$ 156,966	$ -	$ -	$ -	$ -	$ -	**$ 2,816,247**
27	FX Operations	10%	$ 4,830,389	$ 1,392,380	$ 431,847	$ 431,847	$ 431,847	$ 431,847	$ 431,847	$ -	$ -	**$ 8,382,004**
28	Integration Services and Integration Platform (IS/IP) - Project Deliverables - DDI	10%	$ 1,516,071	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,516,071**
30	Integration Services and Integration Platform (IS/IP) - Maintenance and Operations	25%	$ 4,082,357	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 4,082,357**
36	Pharmacy Benefit - Project Deliverables - Planning	10%	$ -	$ 43,928	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 43,928**
37	Pharmacy Benefit - Procurement	10%	$ -	$ -	$ 103,360	$ -	$ -	$ -	$ -	$ -	$ -	**$ 103,360**
38	Pharmacy Benefit - Project Deliverables - DDI	10%	$ -	$ -	$ 405,009	$ 248,118	$ 39,168	$ -	$ -	$ -	$ -	**$ 692,294**
40	Pharmacy Benefit - Maintenance and Operations	25%	$ -	$ -	$ 108,800	$ 3,768,734	$ -	$ -	$ -	$ -	$ -	**$ 3,877,534**
41	Plan Management - Project Deliverables - Planning	10%	$ -	$ -	$ -	$ 77,760	$ -	$ -	$ -	$ -	$ -	**$ 77,760**
42	Plan Management - Project Deliverables - Procurement	10%	$ -	$ -	$ -	$ 108,800	$ 73,440	$ -	$ -	$ -	$ -	**$ 182,240**
43	Plan Management - Project Deliverables - DDI	10%	$ -	$ -	$ -	$ -	$ 166,944	$ 433,248	$ 32,640	$ -	$ -	**$ 632,832**
45	Plan Management - Maintenance and Operations	25%	$ -	$ -	$ -	$ -	$ -	$ 530,400	$ -	$ -	$ -	**$ 530,400**
46	Prioritized Projects - Project Deliverables - DDI	10%	$ -	$ -	$ 201,769	$ 201,769	$ 201,769	$ 201,769	$ 201,769	$ -	$ -	**$ 1,008,847**
47	Provider - Project Deliverables - Procurement	10%	$ 119,917	$ 23,033	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 142,950**
48	Provider - Project Deliverables - DDI	10%	$ 533,575	$ 874,298	$ 200,841	$ 47,169	$ -	$ -	$ -	$ -	$ -	**$ 1,655,882**
50	Provider - Maintenance and Operations	25%	$ -	$ 187,500	$ 1,550,077	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,737,577**
52	Third Party Liability - Project Deliverables - Planning	10%	$ -	$ -	$ 38,880	$ -	$ -	$ -	$ -	$ -	$ -	**$ 38,880**
53	Third Party Liability - Project Deliverables - Procurement	10%	$ -	$ -	$ 103,360	$ -	$ -	$ -	$ -	$ -	$ -	**$ 103,360**
54	Third Party Liability - Project Deliverables - DDI	10%	$ -	$ -	$ -	$ 394,652	$ 111,479	$ 27,744	$ -	$ -	$ -	**$ 533,875**
56	Third Party Liability - Maintenance and Operations	25%	$ -	$ -	$ -	$ 265,200	$ 1,118,022	$ -	$ -	$ -	$ -	**$ 1,383,222**
57	Unified Operations Center - Procurement	10%	$ 77,770	$ 14,004	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 91,774**
58	Unified Operations Center - DDI	10%	$ 250,618	$ 1,368,608	$ 1,609,444	$ 385,245	$ 109,892	$ -	$ -	$ -	$ -	**$ 3,723,807**
60	Unified Operations Center - Maintenance and Operations	25%	$ -	$ -	$ 2,035,625	$ 6,782,585	$ -	$ -	$ -	$ -	$ -	**$ 8,818,209**
61	IV&V Vendor	10%	$ 1,301,613	$ 323,100	$ 323,100	$ 323,100	$ 323,100	$ 323,100	$ 323,100	$ -	$ -	**$ 3,240,211**
63	Other Hardware / Software - Microsoft Project Online, Microsoft Power BI Pro, MITA Source Pulse	25%	$ 31,916	$ 62,616	$ 62,616	$ 62,616	$ 62,616	$ 62,616	$ 62,616	$ -	$ -	**$ 407,614**
66	CMS Interoperability - Planning	10%	$ 33,147	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 33,147**
67	CMS Interoperability - Implementation	10%	$ 163,200	$ 461,401	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 624,601**
68	ISIP Task Orders	10%	$ 75,060	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ 75,060**
70	Module Existing Systems Integration	10%	$ 184,352	$ 511,800	$ 489,600	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,185,752**

Row	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
3					$ 158,407,429		$ 98,008,049			$ 99,122,444	
71	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Certifications - Cohort 1 - Certifications**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -
72	Professional services with fixed-price costs (i.e. software development, installation, project documentation).	**Certifications - Cohort 2 - Certifications**	Contracted Services	10%	$ -		$ -	$ -		$ -	$ -
73	Professional services - Legal.	**Contracted Services / Legal Support**	Contracted Services	10%	$ 366,145		$ -	$ -		$ -	$ -
75	Professional services for as-needed procurement-related activities.	**Staff Aug - Procurement Specialists**	Contracted Services	10%	$ 520,000		$ 520,000	$ -		$ 520,000	$ -
76	Professional services for as-needed project-associated activities.	**Staff Aug - Program Specialists**	Contracted Services	10%	$ 480,000		$ 480,000	$ -		$ 480,000	$ -
77		Totals			$ 158,407,429	0.00	$ 98,008,049	$ -	0.00	$ 99,122,444	$ -
79					$ 158,407,429		$ 117,792,779			$ 120,214,076	
80					$ -		$ (19,784,731)			$ (21,091,631)	
82							$ 117,792,779			$ 120,214,076	

Row	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	TOTAL
3		$ 98,947,267			$ 30,612,098			$ 36,288,852			$ 12,803,306			$ -		$ 534,189,445
71		$ 230,400	$ -		$ 230,400	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 460,800
72		$ -	$ -		$ -	$ -		$ -	$ -		$ 460,800	$ -		$ -	$ -	$ 460,800
73		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -		$ -	$ -	$ 366,145
75		$ 520,000	$ -		$ 520,000	$ -		$ 520,000	$ -		$ 520,000	$ -		$ -	$ -	$ 3,640,000
76		$ 480,000	$ -		$ 480,000	$ -		$ 480,000	$ -		$ 480,000	$ -		$ -	$ -	$ 3,360,000
77	0.00	$ 98,947,267	$ -	0.00	$ 30,612,098	$ -	0.00	$ 36,288,852	$ -	0.00	$ 12,803,306	$ -	0.00	$ -	$ -	$ 534,189,445
79		$ 125,012,468			$ 120,557,763			$ 130,336,784			$ 117,134,888			$ -		$ 889,456,187
80		$ (26,065,201)			$ (89,945,665)			$ (94,047,932)			$ (104,331,582)			$ -		$ (355,266,742)
81																$ 534,189,445
82		$ 125,012,468			$ 120,557,763			$ 130,336,784			$ 117,134,888					

Row	State Match %	Previous Years Project-Related Cost	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	FY2027-28	FY2028-29	FY2029-30	Totals	
71	10%	$ -	$ -	$ -	$ 23,040	$ 23,040	$ -	$ -	$ -	$ -	$ 46,080	
72	10%	$ -	$ -	$ -	$ -	$ -	$ -	$ 46,080	$ -	$ -	$ 46,080	
73	10%	$ 36,614	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 36,614	
75	10%	$ 52,000	$ 52,000	$ 52,000	$ 52,000	$ 52,000	$ 52,000	$ 52,000	$ -	$ -	$ 364,000	
76	10%	$ 48,000	$ 48,000	$ 48,000	$ 48,000	$ 48,000	$ 48,000	$ 48,000	$ -	$ -	$ 336,000	
77		$ 18,309,307	$ 11,657,138	$ 12,674,155	$ 19,663,887	$ 3,769,593	$ 5,237,938	$ 1,317,900	$ -	$ -	$ 72,629,918	
79		11.56%	11.89%	12.79%	19.87%	12.31%	14.43%	10.29%	#DIV/0!	#DIV/0!	86.40%	$ 534,189,445
80		13.60%	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%	$ 461,559,527
81		**2.04%**	**1.70%**	**0.81%**	**-6.28%**	**1.28%**	**-0.84%**	**3.30%**				
82		$ 3,228,218	$ 1,668,316	$ 802,815	$ (6,210,735)	$ 392,515	$ (304,003)	$ 422,874				

S&B
OPS
Contracted Services
OCO
Data Center Category
Expense

50% $ -

CBAForm 2 - Project Cost Analysis

Agency AHCA **Project** FX

PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)								TOTAL
	Prior Years' Costs	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
TOTAL PROJECT COSTS (*)	$158,407,429	$98,008,049	$99,122,444	$98,947,267	$30,612,098	$36,288,852	$12,803,306	$0	$534,189,445
CUMULATIVE PROJECT COSTS (includes Current & Previous Years' Project-Related Costs)	$158,407,429	$256,415,478	$355,537,922	$454,485,189	$485,097,287	$521,386,139	$534,189,445	$534,189,445	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.									

$375,782,016

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B								TOTAL
	Prior Years' Costs	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
General Revenue	$18,309,307	$11,657,138	$12,674,155	$19,663,887	$3,769,593	$5,237,938	$1,317,900	$0	$72,629,918
Trust Fund	$0	$0	$0	$0	$0	$0	$0	$0	$0
Federal Match	$140,098,122	$86,350,911	$86,448,289	$79,283,379	$26,842,505	$31,050,914	$11,485,406	$0	$461,559,527
Grants	$0	$0	$0	$0	$0	$0	$0	$0	$0
Other Specify	$0	$0	$0	$0	$0	$0	$0	$0	$0
TOTAL INVESTMENT	$158,407,429	$98,008,049	$99,122,444	$98,947,267	$30,612,098	$36,288,852	$12,803,306	$0	$534,189,445
CUMULATIVE INVESTMENT	$158,407,429	$256,415,478	$355,537,922	$454,485,189	$485,097,287	$521,386,139	$534,189,445	$534,189,445	

13.60% $54,320,611

$321,461,404

$0

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	

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Cost Benefit Analysis

CBAForm 3 - Project Investment Summary

Agency AHCA **Project** FX

	COST BENEFIT ANALYSIS -- CBAForm 3A								
	1	2	3	4	5	6	7	8	
	Prior Years' Costs	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	($158,407,429)	($98,008,049)	($99,122,444)	($98,947,267)	($30,612,098)	($36,288,852)	($12,803,306)	$0	($534,189,445)
Net Tangible Benefits	$0	$6,882,801	$50,994,728	$63,464,479	$145,448,139	$219,855,653	$295,029,209	$295,041,364	$1,076,716,374
Return on Investment	($158,407,429)	($91,125,247)	($48,127,716)	($35,482,787)	$114,836,041	$183,566,801	$282,225,903	$295,041,364	$542,526,929
								NPV =	$378,247,548

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (years)	6.16	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	2027-28	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	$378,247,548	NPV is the present-day value of the project's benefits less costs over the project's life cycle.
Internal Rate of Return (IRR)	21.45%	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%	2.69%	2.90%	3.09%	3.29%	3.48%	3.48%	3.48%

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PSM Implementation		
FY 22/23	$ 7,169,655	
FY 23/24	$ 1,792,413	
FY 24/25	$ 471,688	**$ 9,433,756**
UOC Implementation		
FY 22/23	$ 11,411,063	
FY 23/24	$ 13,732,837	
FY 24/25	$ 2,988,453	
FY 25/26	$ 1,098,920	**$ 29,231,273**

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#	Item	Prior Years (thru FY21-22)
1	Project Oversight: IV&V	$ 13,016,132
2	Consultants/Contractors: SEAS Vendor	$ 48,303,887
3	Integration Services and Integration Platform (IS/IP) - Maintenance and Operations	$ 16,329,427
4	Project Deliverables: IS/IP ~~(formerly Systems Integrator and Enterprise Service Bus)~~ Implementation	$ 15,160,710
5	Integration Services and Integration Platform (IS/IP) - Hardware / Software	$ -
6	Project Deliverables: Enterprise Data Warehouse (DDI)	$ 29,946,663
7	Project Deliverables: Enterprise Data Warehouse (HW/SW)	$ -
8	Project Deliverables: ProviderExperience	$ -
9	Provider - Project Deliverables - Procurement	$ 1,199,167
10	Project Deliverables: Recipient Experience	$ -
11	Project Deliverables: FMMIS Support - Integration	$ -
12	Project Deliverables: FMMIS Support - Modular Communication Hub	$ 10,940,293
13	Module Existing Systems Integrations	$ 1,843,520
14	Case Management	$ -
15	ITCO	$ -
16	Other Services: Legal Support / Contracted Services	$ 6,128
17	Provider Management Module - Implementation	$ 5,335,748
18	Core Systems - Procurement	$ 2,992,811
19	Core Systems - Implementation	$ 6,511,315
20	Unified Operations Center - Procurement	$ 777,697
21	Unified Operations Center - Implementation	$ 2,506,184
22	Software Licenses	$ 77,665
23	EDW - Data Governance - Staff Augmentation	$ 385,995
24	EDW - Legal Support	$ 106,091
25	ISIP Task Orders	$ 750,600
26	CMS - Interoperability - Planning	$ 331,469
27	CMS - Interoperability - Implementation	$ 1,632,000
28	Contracted Services	$ 253,926
		$ 158,407,429
		$ 158,407,429
		$ -

Components	FY 17/18	FY 18/19	FY 19/20	FY 20/21	FY 21/22	*TOTALS*	FY21-22 "Detail"								
Phase I	**$ 6,952,275**	**$ 13,233,353**	**$ 20,754,237**	**$ 12,830,686**	**$ 7,627,132**	***$ 61,397,683***									
Professional Services and Support	**$ 6,952,275**	**$ 13,233,353**	**$ 20,754,237**	**$ 12,830,686**	**$ 7,627,132**	***$ 61,397,683***									
Strategic Planning, etc (SEAS)	$ 5,586,679	$ 11,417,970	$ 17,295,140	$ 9,685,628	$ 4,318,471	***$ 48,303,887***	$ 4,318,471	$ -	$ -	$ -	$ -	$ -	$ -	**$ 4,318,471**	$ -
IV&V	$ 1,365,595	$ 1,815,384	$ 3,459,098	$ 3,145,059	$ 3,230,996	***$ 13,016,132***	$ 3,230,996	$ -	$ -	$ -	$ -	$ -	$ -	**$ 3,230,996**	$ -
Software Licenses	$ -	$ -	$ -	$ -	$ 77,665	***$ 77,665***	$ 50,000	$ 26,654	$ 1,011	$ -	$ -	$ -	$ -	**$ 77,665**	$ -
Phase II	**$ 6,128**	**$ -**	**$ 8,352,085**	**$ 20,770,381**	**$ 32,806,421**	***$ 61,935,014***									
Module Implementations	**$ 6,128**	**$ -**	**$ 8,352,085**	**$ 17,017,379**	**$ 20,229,995**	***$ 45,605,587***									
IS/IP - Implementation	$ -	$ -	$ 8,352,085	$ 5,876,734	$ 931,892	***$ 15,160,710***	$ 931,892	$ -	$ -	$ -	$ -	$ -	$ -	**$ 931,892**	$ -
EDW - Implementation	$ -	$ -	$ -	$ 10,870,559	$ 19,076,104	***$ 29,946,663***	$ 19,076,104	$ -	$ -	$ -	$ -	$ -	$ -	**$ 19,076,104**	$ -
EDW - Data Governance - Staff Augmentation	$ -	$ -	$ -	$ 163,995	$ 222,000	***$ 385,995***	$ 222,000	$ -	$ -	$ -	$ -	$ -	$ -	**$ 222,000**	$ -
EDW - Legal Support	$ -	$ -	$ -	$ 106,091	$ -	***$ 106,091***									
Legal Support	$ 6,128	$ -	$ -	$ -	$ -	***$ 6,128***									
Module Operations	**$ -**	**$ -**	**$ -**	**$ 3,753,002**	**$ 12,576,425**	***$ 16,329,427***									
IS/IP - Operations	$ -	$ -	$ -	$ 3,753,002	$ 12,576,425	***$ 16,329,427***	$ 12,576,425	$ -	$ -	$ -			$ -	**$ 12,576,425**	$ -
Phase III	**$ -**	**$ 281,362**	**$ 2,890,316**	**$ 5,243,358**	**$ 26,659,695**	***$ 35,074,731***									

Module Implementations	**$ -**	**$ 281,362**	**$ 2,890,316**	**$ 4,492,757**	**$ 22,852,706**	***$ 30,517,142***									
Provider Management Module - Procurement	$ -	$ -	$ -	$ 149,995	$ 1,049,173	***$ 1,199,167***	$ 802,976	$ 246,197	$ -	$ -	$ -	$ -	$ -	**$ 1,049,173**	$ -
Provider Management Module - Implementation	$ -	$ -	$ -	$ -	$ 5,335,748	***$ 5,335,748***	$ 5,335,748	$ -	$ -	$ -	$ -	$ -	$ -	**$ 5,335,748**	$ -
Core Systems - Procurement	$ -	$ -	$ -	$ 621,334	$ 2,371,477	***$ 2,992,811***	$ 829,084	$ 260,000	$ 260,000	$ 240,000	$ 240,000	$ 492,393	$ 50,000	**$ 2,371,477**	$ -
Core Systems - Implementation	$ -	$ -	$ -	$ -	$ 6,511,315	***$ 6,511,315***	$ 6,511,315	$ -	$ -	$ -	$ -	$ -	$ -	**$ 6,511,315**	$ -
Unified Operations Center - Procurement	$ -	$ -	$ -	$ -	$ 777,697	***$ 777,697***	$ 531,500	$ 246,197	$ -	$ -	$ -	$ -	$ -	**$ 777,697**	$ -
Unified Operations Center - Implementation	$ -	$ -	$ -	$ -	$ 2,506,184	***$ 2,506,184***	$ 2,506,184	$ -	$ -	$ -	$ -	$ -	$ -	**$ 2,506,184**	$ -
FMMIS Support - Modular Communication	$ -	$ 281,362	$ 2,636,390	$ 3,721,428	$ 4,301,113	***$ 10,940,293***	$ 4,301,113	$ -	$ -	$ -	$ -	$ -	$ -	**$ 4,301,113**	$ -
Contracted Services	$ -	$ -	$ 253,926	$ -	$ -	***$ 253,926***									
Module Enhancements	**$ -**	**$ -**	**$ -**	**$ 750,600**	**$ 1,963,469**	***$ 2,714,070***									
ISIP Task Orders	$ -	$ -	$ -	$ 750,600	$ -	***$ 750,600***									
CMS - Interoperability - Planning	$ -	$ -	$ -	$ -	$ 331,469	***$ 331,469***	$ 331,469	$ -	$ -	$ -	$ -	$ -	$ -	**$ 331,469**	$ -
CMS - Interoperability - Implementation	$ -	$ -	$ -	$ -	$ 1,632,000	***$ 1,632,000***	$ 1,632,000	$ -	$ -	$ -	$ -	$ -	$ -	**$ 1,632,000**	$ -
Module Integrations	**$ -**	**$ -**	**$ -**	**$ -**	**$ 1,843,520**	***$ 1,843,520***									
Module Existing Systems Integrations	$ -	$ -	$ -	$ -	$ 1,843,520	***$ 1,843,520***	$ 1,621,520	$ 222,000	$ -	$ -	$ -	$ -	$ -	**$ 1,843,520**	$ -
TOTALS	***$ 6,958,402***	***$ 13,514,716***	***$ 31,996,639***	***$ 38,844,425***	***$ 67,093,248***	***$ 158,407,429***								**$ 67,093,248**	
														$ -	

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FY21-22				
ISIP - Implementation	$ -	$ 931,892		
IS/IP - **UNOBLIGATED**	$ -	$ 2,301,245		
ISIP - Operations	$ -	$ 10,275,180		
Module Existing Systems Integration	$ -	$ 1,621,520		
Enterprise Data Warehouse - Implementation	$ 2,166,299	$ 15,552,444		
Enterprise Data Warehouse - **UNOBLIGATED**	$ -	$ 1,357,360		
Provider Systems and Technology - Procurement	$ 703,976	$ 99,000		
Provider Systems and Technology - Implementation	$ -	$ 2,056,320		
Provider Systems and Technology - **UNOBLIGATED**	$ -	$ 3,279,428		
Core Systems - Procurement	$ 730,084	$ 99,000		
Core Systems - Implementation	$ -	$ 2,569,635		
Core - **UNOBLIGATED**	$ -	$ 3,941,680		
Unified Operations Center - Procurement	$ 432,500	$ 99,000		
Unified Operations Center - Implementation	$ -	$ 1,320,241		
Unified Operations Center - **UNOBLIGATED**	$ -	$ 1,185,943		
SEAS - Program and Project Management	$ 4,318,471	$ -		
FMMIS Support - Modular Communications	$ -	$ 4,301,113		
CMS Interoperability - Planning	$ 331,469	$ -		
CMS Interoperability - Implementation	$ -	$ 1,632,000		
FX Org Alignment and Workforce Transition Support	$ -	$ 984,787	$ 492,393	$ 246,197 25.00%
IV&V	$ -	$ 3,230,849		
IV&V - **UNOBLIGATED**	$ -	$ 147		
SA - EDW - Data Governance	$ -	$ 222,000		
SA - Interface Migrations	$ -	$ 222,000		
SA - Contract and Procurement Specialist #1	$ -	$ 260,000		
SA - Contract and Procurement Specialist #2	$ -	$ 260,000		
SA - Program Specialist #1	$ -	$ 240,000		
SA - Program Specialist #2	$ -	$ 240,000		
SA - Master Consolidated Schedule Transition	$ -	$ 50,000		
SW - Microsoft Project Online	$ -	$ 26,654		
SW - Microsoft Power BI Pro	$ -	$ 1,011		
SW - MITA Source Pulse	$ -	$ 50,000		
Totals	**$ 8,682,799**	**$ 58,410,449**	$ 492,393	
		$ 67,093,248	$ -	
			$ 492,393	
		$ -		

Implementation of an Enterprise Data Warehouse and Data Governance	$ 1,357,360	
Operations and Maintenance of an Integration Platform and Integration Services for Existing Systems and New Modules	$ 2,301,245	
Independent Verification and Validation Services	$ 147	
Core Fiscal Agent Procurement and Implementation	$ 3,941,680	
Provider Module Procurement and Implementation	$ 3,279,428	
Unified Operations Center	$ 1,185,943	$ 12,065,803
Core Implementation (delayed)	$ -	
Provider Implementation (delayed)	$ -	
UOC Implementation (delayed)	$ -	
EDWI	$ -	
	$ -	
	$ 12,065,803	
	$ (12,065,803)	

Core Imp - Spend Plan	$ (2,569,635.00)

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Item	Amount	Difference	Sum	Note
Core Imp - Est Wrk Book	$ -			
PSM Imp - Spend Plan	$ (2,056,320.00)			
PSM Imp - Est Wrk Book	$ -			
UOC Imp - Spend Plan	$ (1,320,241.00)			
UOC Imp - Est Wrk Book	$ 890,125.20			
EDWI - Spend Plan	$ (15,552,444.04)			
EDWI - Est Wrk Book	$ 15,928,570.79			includes adjsutement for FY 21/22 BOM not spent in FY 20/21
Difference Between Est Wrk Book and Spend Plan		***$ (4,679,944.05)***		
SUM of Difference Groups			***$ (4,679,944.05)***	***NOT RECONCILED***

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PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USED IMPLEMENTATION DATES)

COST ESTIMATION WORKBOOK

	SEAS	Vendor	TOTAL	SEAS	Vendor	TOTAL	
ISIP - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Operations	$ -	$ 19,722,472	**$ 19,722,472**	$ -	$ 19,722,472	$ 19,722,472	$ -
Module Existing Systems Integration	$ -	$ 4,896,000	**$ 4,896,000**	$ -	$ 4,896,000	$ 4,896,000	$ -
Enterprise Data Warehouse - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Implementation	$ 1,256,000	$ 3,434,847	**$ 4,690,847**	$ 1,256,000	$ 3,434,847	$ 4,690,847	$ -
Enterprise Data Warehouse - Operations	$ -	$ 11,375,087	**$ 11,375,087**	$ -	$ 11,375,087	$ 11,375,087	$ -
Single Source Credentialing - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Procurement	$ 131,328	$ 99,000	**$ 230,328**	$ 131,328	$ 99,000	$ 230,328	$ -
Provider Systems and Technology - Implementation	$ 1,573,320	$ 7,169,655	**$ 8,742,975**	$ 1,573,320	$ 7,169,655	$ 8,742,975	$ -
Provider Systems and Technology - Operations	$ -	$ 750,000	**$ 750,000**	$ -	$ 750,000	$ 750,000	$ -
Enterprise Case Management Tracking - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Procurement	$ 291,060	$ 99,000	**$ 390,060**	$ 291,060	$ 99,000	$ 390,060	$ -
Core Systems - Implementation	$ 2,642,304	$ 17,122,900	**$ 19,765,204**	$ 2,642,304	$ 17,122,900	$ 19,765,204	$ -
Core Systems - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Procurement	$ 41,040	$ 99,000	**$ 140,040**	$ 41,040	$ 99,000	$ 140,040	$ -
Unified Operations Center - Implementation	$ 2,275,012	$ 11,411,063	**$ 13,686,075**	$ 2,275,012	$ 11,411,063	$ 13,686,075	$ -
Unified Operations Center - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Planning	$ 289,280	$ 150,000	**$ 439,280**	$ 289,280	$ 150,000	$ 439,280	$ -
Pharmacy Benefits Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 1	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 2	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SEAS - Program and Project Management	$ 13,923,802	$ -	**$ 13,923,802**	$ 13,923,802	$ -	$ 13,923,802	$ -
SEAS - Non-Project Support	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
FMMIS Support - Modular Communications	$ -	$ 9,438,882	**$ 9,438,882**	$ -	$ 9,438,882	$ 9,438,882	$ -
Prioritized Projects	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
External Agency Projects	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Implementation	$ 1,350,008	$ 3,264,000	**$ 4,614,008**	$ 1,350,008	$ 3,264,000	$ 4,614,008	$ -
FX Org Alignment and Workforce Transition Support	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Security Risk Scoring	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Operational Impact Analysis	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Data Governance - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -

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Data Governance - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ITCO Job Scheduler - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
IV&V	$ -	$ 3,230,996	**$ 3,230,996**	$ -	$ 3,230,996	$ 3,230,996	$ -
SA - Contracted Services FY19/20	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - EDW - Data Governance	$ -	$ 222,000	**$ 222,000**	$ -	$ 222,000	$ 222,000	$ -
SA - Interface Migrations	$ -	$ 222,000	**$ 222,000**	$ -	$ 222,000	$ 222,000	$ -
SA - Contract and Procurement Specialist #1	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Contract and Procurement Specialist #2	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Program Specialist #1	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - Program Specialist #2	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - ALM Support	$ -	$ 172,800	**$ 172,800**	$ -	$ 172,800	$ 172,800	$ -
SA - Master Consolidated Schedule Transition	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SW - Microsoft Project Online	$ -	$ 27,665	**$ 27,665**	$ -	$ 27,665	$ 27,665	$ -
SW - MITA Source Pulse	$ -	$ 50,000	**$ 50,000**	$ -	$ 50,000	$ 50,000	$ -
SW - ITCO Job Scheduler	$ -	$ 62,259	**$ 62,259**	$ -	$ 62,259	$ 62,259	$ -
	$ 23,773,154	**$ 94,019,625**	**$ 117,792,779**	**$ 23,773,154**	**$ 94,019,625**	**$ 117,792,779**	**$ -**
					$ 112,433,011		
					$ 115,387,885		
					$ 2,954,874		

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PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USED IMPLEMENTATION DATES)

COST ESTIMATION WORKBOOK

	SEAS	Vendor	TOTAL	SEAS	Vendor	TOTAL	
ISIP - Procurement	$ -	$ -	$ -	$ -	$ -	$ -	$ -
ISIP - Implementation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
ISIP - Operations	$ -	$ 9,835,551	**$ 9,835,551**	$ -	$ 9,835,551	$ 9,835,551	$ -
Module Existing Systems Integration	$ -	$ 4,896,000	**$ 4,896,000**	$ -	$ 4,896,000	$ 4,896,000	$ -
Enterprise Data Warehouse - Procurement	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Implementation	$ -	$ 3,656,946	**$ 3,656,946**	$ -	$ 3,656,946	$ 3,656,946	$ -
Enterprise Data Warehouse - Operations	$ -	$ 11,193,821	**$ 11,193,821**	$ -	$ 11,193,821	$ 11,193,821	$ -
Single Source Credentialing - Planning	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Provider Management - Procurement	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Provider Systems and Technology - Procurement	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Provider Systems and Technology - Implementation	$ 216,000	$ 1,792,413	**$ 2,008,413**	$ 216,000	$ 1,792,413	$ 2,008,413	$ -
Provider Systems and Technology - Operations	$ -	$ 6,200,307	**$ 6,200,307**	$ -	$ 6,200,307	$ 6,200,307	$ -
Enterprise Case Management Tracking - Planning	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Procurement	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Implementation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Operations	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Core Systems - Planning	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Core Systems - Procurement	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Core Systems - Implementation	$ 5,709,600	$ 24,835,434	**$ 30,545,034**	$ 5,709,600	$ 24,835,434	$ 30,545,034	$ -
Core Systems - Operations	$ -	$ 3,384,267	**$ 3,384,267**	$ -	$ 3,384,267	$ 3,384,267	$ -
Unified Operations Center - Procurement	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Unified Operations Center - Implementation	$ 2,361,600	$ 13,732,837	**$ 16,094,437**	$ 2,361,600	$ 13,732,837	$ 16,094,437	$ -
Unified Operations Center - Operations	$ -	$ 8,142,498	**$ 8,142,498**	$ -	$ 8,142,498	$ 8,142,498	$ -
Pharmacy Benefits Management - Planning	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Procurement	$ -	$ 1,033,600	**$ 1,033,600**	$ -	$ 1,033,600	$ 1,033,600	$ -
Pharmacy Benefits Management - Implementation	$ 1,022,400	$ 3,027,686	**$ 4,050,086**	$ 1,022,400	$ 3,027,686	$ 4,050,086	$ -
Pharmacy Benefits Management - Operations	$ -	$ 435,200	**$ 435,200**	$ -	$ 435,200	$ 435,200	$ -
Third Party Liability - Planning	$ 388,800	$ -	**$ 388,800**	$ 388,800	$ -	$ 388,800	$ -
Third Party Liability - Procurement	$ -	$ 1,033,600	**$ 1,033,600**	$ -	$ 1,033,600	$ 1,033,600	$ -
Third Party Liability - Implementation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Third Party Liability - Operations	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan Management - Planning	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan Management - Procurement	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan Management - Implementation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Plan Management - Operations	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Contractor Management - Planning	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Contractor Management - Procurement	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Contractor Management - Implementation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Contractor Management - Operations	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Certifications - Cohort 1	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Certifications - Cohort 2	$ -	$ -	$ -	$ -	$ -	$ -	$ -
SEAS - Program and Project Management	$ 4,237,774	$ -	**$ 4,237,774**	$ 4,237,774	$ -	$ 4,237,774	$ -
SEAS - Non-Project Support	$ 80,697	$ -	**$ 80,697**	$ 80,697	$ -	$ 80,697	$ -
FMMIS Support - Modular Communications	$ -	$ 6,213,630	**$ 6,213,630**	$ -	$ 6,213,630	$ 6,213,630	$ -
Prioritized Projects	$ 2,017,694	$ -	**$ 2,017,694**	$ 2,017,694	$ -	$ 2,017,694	$ -
External Agency Projects	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CMS Interoperability - Planning	$ -	$ -	$ -	$ -	$ -	$ -	$ -
CMS Interoperability - Implementation	$ -	$ -	$ -	$ -	$ -	$ -	$ -
FX Org Alignment and Workforce Transition Support	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Security Risk Scoring	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Operational Impact Analysis	$ -	$ -	$ -	$ -	$ -	$ -	$ -

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Data Governance - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Data Governance - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ITCO Job Scheduler - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
IV&V	$ -	$ 3,230,996	**$ 3,230,996**	$ -	$ 3,230,996	$ 3,230,996	$ -
SA - Contracted Services FY19/20	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - EDW - Data Governance	$ -	$ 222,000	**$ 222,000**	$ -	$ 222,000	$ 222,000	$ -
SA - Interface Migrations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - Contract and Procurement Specialist #1	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Contract and Procurement Specialist #2	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Program Specialist #1	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - Program Specialist #2	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - ALM Support	$ -	$ 172,800	**$ 172,800**	$ -	$ 172,800	$ 172,800	$ -
SA - Master Consolidated Schedule Transition	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SW - Microsoft Project Online	$ -	$ 27,665	**$ 27,665**	$ -	$ 27,665	$ 27,665	$ -
SW - MITA Source Pulse	$ -	$ 50,000	**$ 50,000**	$ -	$ 50,000	$ 50,000	$ -
SW - ITCO Job Scheduler	$ -	$ 62,259	**$ 62,259**	$ -	$ 62,259	$ 62,259	$ -
	$ 16,034,565	**$ 104,179,511**	**$ 120,214,076**	**$ 16,034,565**	**$ 104,179,511**	**$ 120,214,076**	**$ -**
					$ 115,751,677		
					$ 118,811,976		
					$ 3,060,299		

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PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USED IMPLEMENTATION DATES)

COST ESTIMATION WORKBOOK

	SEAS	Vendor	TOTAL	SEAS	Vendor	TOTAL	
ISIP - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Operations	$ -	$ 9,347,141	**$ 9,347,141**	$ -	$ 9,347,141	$ 9,347,141	$ -
Module Existing Systems Integration	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Operations	$ -	$ 10,455,494	**$ 10,455,494**	$ -	$ 10,455,494	$ 10,455,494	$ -
Single Source Credentialing - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Implementation	$ -	$ 471,688	**$ 471,688**	$ -	$ 471,688	$ 471,688	$ -
Provider Systems and Technology - Operations	$ -	$ 6,200,307	**$ 6,200,307**	$ -	$ 6,200,307	$ 6,200,307	$ -
Enterprise Case Management Tracking - Planning	$ 576,000	$ -	**$ 576,000**	$ 576,000	$ -	$ 576,000	$ -
Enterprise Case Management Tracking - Procurement	$ -	$ 625,600	**$ 625,600**	$ -	$ 625,600	$ 625,600	$ -
Enterprise Case Management Tracking - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Implementation	$ 950,400	$ 5,541,666	**$ 6,492,066**	$ 950,400	$ 5,541,666	$ 6,492,066	$ -
Core Systems - Operations	$ -	$ 21,611,200	**$ 21,611,200**	$ -	$ 21,611,200	$ 21,611,200	$ -
Unified Operations Center - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Implementation	$ 864,000	$ 2,988,453	**$ 3,852,453**	$ 864,000	$ 2,988,453	$ 3,852,453	$ -
Unified Operations Center - Operations	$ -	$ 27,130,338	**$ 27,130,338**	$ -	$ 27,130,338	$ 27,130,338	$ -
Pharmacy Benefits Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Implementation	$ 691,200	$ 1,789,978	**$ 2,481,178**	$ 691,200	$ 1,789,978	$ 2,481,178	$ -
Pharmacy Benefits Management - Operations	$ -	$ 15,074,934	**$ 15,074,934**	$ -	$ 15,074,934	$ 15,074,934	$ -
Third Party Liability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Implementation	$ 1,231,200	$ 2,715,322	**$ 3,946,522**	$ 1,231,200	$ 2,715,322	$ 3,946,522	$ -
Third Party Liability - Operations	$ -	$ 1,060,800	**$ 1,060,800**	$ -	$ 1,060,800	$ 1,060,800	$ -
Plan Management - Planning	$ 777,600	$ -	**$ 777,600**	$ 777,600	$ -	$ 777,600	$ -
Plan Management - Procurement	$ -	$ 1,088,000	**$ 1,088,000**	$ -	$ 1,088,000	$ 1,088,000	$ -
Plan Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Planning	$ 388,800	$ -	**$ 388,800**	$ 388,800	$ -	$ 388,800	$ -
Contractor Management - Procurement	$ -	$ 530,400	**$ 530,400**	$ -	$ 530,400	$ 530,400	$ -
Contractor Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 1	$ 230,400	$ -	**$ 230,400**	$ 230,400	$ -	$ 230,400	$ -
Certifications - Cohort 2	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SEAS - Program and Project Management	$ 4,237,774	$ -	**$ 4,237,774**	$ 4,237,774	$ -	$ 4,237,774	$ -
SEAS - Non-Project Support	$ 80,697	$ -	**$ 80,697**	$ 80,697	$ -	$ 80,697	$ -
FMMIS Support - Modular Communications	$ -	$ 1,569,662	**$ 1,569,662**	$ -	$ 1,569,662	$ 1,569,662	$ -
Prioritized Projects	$ 2,017,694	$ -	**$ 2,017,694**	$ 2,017,694	$ -	$ 2,017,694	$ -
External Agency Projects	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
FX Org Alignment and Workforce Transition Support	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Security Risk Scoring	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Operational Impact Analysis	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Data Governance - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -

Data Governance - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ITCO Job Scheduler - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
IV&V	$ -	$ 3,230,996	**$ 3,230,996**	$ -	$ 3,230,996	$ 3,230,996	$ -
SA - Contracted Services FY19/20	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - EDW - Data Governance	$ -	$ 222,000	**$ 222,000**	$ -	$ 222,000	$ 222,000	$ -
SA - Interface Migrations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - Contract and Procurement Specialist #1	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Contract and Procurement Specialist #2	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Program Specialist #1	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - Program Specialist #2	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - ALM Support	$ -	$ 172,800	**$ 172,800**	$ -	$ 172,800	$ 172,800	$ -
SA - Master Consolidated Schedule Transition	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SW - Microsoft Project Online	$ -	$ 27,665	**$ 27,665**	$ -	$ 27,665	$ 27,665	$ -
SW - MITA Source Pulse	$ -	$ 50,000	**$ 50,000**	$ -	$ 50,000	$ 50,000	$ -
SW - ITCO Job Scheduler	$ -	$ 62,259	**$ 62,259**	$ -	$ 62,259	$ 62,259	$ -
	$ 12,045,765	**$ 112,966,703**	**$ 125,012,468**	**$ 12,045,765**	**$ 112,966,703**	**$ 125,012,468**	**$ -**
					$ 123,937,968		
					$ 125,012,468		
					$ 1,074,500		

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PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USED IMPLEMENTATION DATES)

COST ESTIMATION WORKBOOK

	SEAS	Vendor	TOTAL	SEAS	Vendor	TOTAL	
ISIP - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Operations	$ -	$ 9,347,141	**$ 9,347,141**	$ -	$ 9,347,141	$ 9,347,141	$ -
Module Existing Systems Integration	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Operations	$ -	$ 10,519,486	**$ 10,519,486**	$ -	$ 10,519,486	$ 10,519,486	$ -
Single Source Credentialing - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Operations	$ -	$ 6,200,307	**$ 6,200,307**	$ -	$ 6,200,307	$ 6,200,307	$ -
Enterprise Case Management Tracking - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Procurement	$ -	$ 272,000	**$ 272,000**	$ -	$ 272,000	$ 272,000	$ -
Enterprise Case Management Tracking - Implementation	$ 1,195,200	$ 2,489,820	**$ 3,685,020**	$ 1,195,200	$ 2,489,820	$ 3,685,020	$ -
Enterprise Case Management Tracking - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Implementation	$ -	$ 2,500,000	**$ 2,500,000**	$ -	$ 2,500,000	$ 2,500,000	$ -
Core Systems - Operations	$ -	$ 21,611,200	**$ 21,611,200**	$ -	$ 21,611,200	$ 21,611,200	$ -
Unified Operations Center - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Implementation	$ -	$ 1,098,920	**$ 1,098,920**	$ -	$ 1,098,920	$ 1,098,920	$ -
Unified Operations Center - Operations	$ -	$ 27,130,338	**$ 27,130,338**	$ -	$ 27,130,338	$ 27,130,338	$ -
Pharmacy Benefits Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Implementation	$ -	$ 391,680	**$ 391,680**	$ -	$ 391,680	$ 391,680	$ -
Pharmacy Benefits Management - Operations	$ -	$ 15,074,934	**$ 15,074,934**	$ -	$ 15,074,934	$ 15,074,934	$ -
Third Party Liability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Implementation	$ 417,600	$ 697,190	**$ 1,114,790**	$ 417,600	$ 697,190	$ 1,114,790	$ -
Third Party Liability - Operations	$ -	$ 4,472,088	**$ 4,472,088**	$ -	$ 4,472,088	$ 4,472,088	$ -
Plan Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Procurement	$ -	$ 734,400	**$ 734,400**	$ -	$ 734,400	$ 734,400	$ -
Plan Management - Implementation	$ 576,000	$ 1,093,440	**$ 1,669,440**	$ 576,000	$ 1,093,440	$ 1,669,440	$ -
Plan Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Procurement	$ -	$ 503,200	**$ 503,200**	$ -	$ 503,200	$ 503,200	$ -
Contractor Management - Implementation	$ 972,000	$ 1,928,534	**$ 2,900,534**	$ 972,000	$ 1,928,534	$ 2,900,534	$ -
Contractor Management - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 1	$ 230,400	$ -	**$ 230,400**	$ 230,400	$ -	$ 230,400	$ -
Certifications - Cohort 2	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SEAS - Program and Project Management	$ 4,237,774	$ -	**$ 4,237,774**	$ 4,237,774	$ -	$ 4,237,774	$ -
SEAS - Non-Project Support	$ 80,697	$ -	**$ 80,697**	$ 80,697	$ -	$ 80,697	$ -
FMMIS Support - Modular Communications	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Prioritized Projects	$ 2,017,694	$ -	**$ 2,017,694**	$ 2,017,694	$ -	$ 2,017,694	$ -
External Agency Projects	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
FX Org Alignment and Workforce Transition Support	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Security Risk Scoring	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Operational Impact Analysis	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -

Data Governance - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Data Governance - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ITCO Job Scheduler - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
IV&V	$ -	$ 3,230,996	**$ 3,230,996**	$ -	$ 3,230,996	$ 3,230,996	$ -
SA - Contracted Services FY19/20	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - EDW - Data Governance	$ -	$ 222,000	**$ 222,000**	$ -	$ 222,000	$ 222,000	$ -
SA - Interface Migrations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - Contract and Procurement Specialist #1	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Contract and Procurement Specialist #2	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Program Specialist #1	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - Program Specialist #2	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - ALM Support	$ -	$ 172,800	**$ 172,800**	$ -	$ 172,800	$ 172,800	$ -
SA - Master Consolidated Schedule Transition	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SW - Microsoft Project Online	$ -	$ 27,665	**$ 27,665**	$ -	$ 27,665	$ 27,665	$ -
SW - MITA Source Pulse	$ -	$ 50,000	**$ 50,000**	$ -	$ 50,000	$ 50,000	$ -
SW - ITCO Job Scheduler	$ -	$ 62,259	**$ 62,259**	$ -	$ 62,259	$ 62,259	$ -
	$ 9,727,365	**$ 110,830,398**	**$ 120,557,763**	**$ 9,727,365**	**$ 110,830,398**	**$ 120,557,763**	**$ -**
			$ 120,557,763		$ 120,557,763		

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PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USED IMPLEMENTATION DATES)

COST ESTIMATION WORKBOOK

	SEAS	Vendor	TOTAL	SEAS	Vendor	TOTAL	
ISIP - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Operations	$ -	$ 9,347,141	**$ 9,347,141**	$ -	$ 9,347,141	$ 9,347,141	$ -
Module Existing Systems Integration	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Operations	$ -	$ 10,149,665	**$ 10,149,665**	$ -	$ 10,149,665	$ 10,149,665	$ -
Single Source Credentialing - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Operations	$ -	$ 6,200,307	**$ 6,200,307**	$ -	$ 6,200,307	$ 6,200,307	$ -
Enterprise Case Management Tracking - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Implementation	$ 1,735,200	$ 6,208,740	**$ 7,943,940**	$ 1,735,200	$ 6,208,740	$ 7,943,940	$ -
Enterprise Case Management Tracking - Operations	$ -	$ 3,889,600	**$ 3,889,600**	$ -	$ 3,889,600	$ 3,889,600	$ -
Core Systems - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Operations	$ -	$ 21,611,200	**$ 21,611,200**	$ -	$ 21,611,200	$ 21,611,200	$ -
Unified Operations Center - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Operations	$ -	$ 27,130,338	**$ 27,130,338**	$ -	$ 27,130,338	$ 27,130,338	$ -
Pharmacy Benefits Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Operations	$ -	$ 15,074,934	**$ 15,074,934**	$ -	$ 15,074,934	$ 15,074,934	$ -
Third Party Liability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Implementation	$ -	$ 277,440	**$ 277,440**	$ -	$ 277,440	$ 277,440	$ -
Third Party Liability - Operations	$ -	$ 4,472,088	**$ 4,472,088**	$ -	$ 4,472,088	$ 4,472,088	$ -
Plan Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Implementation	$ 1,411,200	$ 2,921,280	**$ 4,332,480**	$ 1,411,200	$ 2,921,280	$ 4,332,480	$ -
Plan Management - Operations	$ -	$ 2,121,600	**$ 2,121,600**	$ -	$ 2,121,600	$ 2,121,600	$ -
Contractor Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Implementation	$ 835,200	$ 1,383,610	**$ 2,218,810**	$ 835,200	$ 1,383,610	$ 2,218,810	$ -
Contractor Management - Operations	$ -	$ 4,465,356	**$ 4,465,356**	$ -	$ 4,465,356	$ 4,465,356	$ -
Certifications - Cohort 1	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 2	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SEAS - Program and Project Management	$ 4,237,774	$ -	**$ 4,237,774**	$ 4,237,774	$ -	$ 4,237,774	$ -
SEAS - Non-Project Support	$ 80,697	$ -	**$ 80,697**	$ 80,697	$ -	$ 80,697	$ -
FMMIS Support - Modular Communications	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Prioritized Projects	$ 2,017,694	$ -	**$ 2,017,694**	$ 2,017,694	$ -	$ 2,017,694	$ -
External Agency Projects	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
FX Org Alignment and Workforce Transition Support	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Security Risk Scoring	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Operational Impact Analysis	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -

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Data Governance - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Data Governance - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ITCO Job Scheduler - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
IV&V	$ -	$ 3,230,996	**$ 3,230,996**	$ -	$ 3,230,996	$ 3,230,996	$ -
SA - Contracted Services FY19/20	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - EDW - Data Governance	$ -	$ 222,000	**$ 222,000**	$ -	$ 222,000	$ 222,000	$ -
SA - Interface Migrations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - Contract and Procurement Specialist #1	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Contract and Procurement Specialist #2	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Program Specialist #1	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - Program Specialist #2	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - ALM Support	$ -	$ 172,800	**$ 172,800**	$ -	$ 172,800	$ 172,800	$ -
SA - Master Consolidated Schedule Transition	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SW - Microsoft Project Online	$ -	$ 27,665	**$ 27,665**	$ -	$ 27,665	$ 27,665	$ -
SW - MITA Source Pulse	$ -	$ 50,000	**$ 50,000**	$ -	$ 50,000	$ 50,000	$ -
SW - ITCO Job Scheduler	$ -	$ 62,259	**$ 62,259**	$ -	$ 62,259	$ 62,259	$ -
	$ 10,317,765	**$ 120,019,019**	**$ 130,336,784**	**$ 10,317,765**	**$ 120,019,019**	**$ 130,336,784**	**$ -**
			$ 130,336,784		$ 130,336,784		

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PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USED IMPLEMENTATION DATES)

COST ESTIMATION WORKBOOK

	SEAS	Vendor	TOTAL	SEAS	Vendor	TOTAL	
ISIP - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ISIP - Operations	$ -	$ 9,347,141	**$ 9,347,141**	$ -	$ 9,347,141	$ 9,347,141	$ -
Module Existing Systems Integration	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Data Warehouse - Operations	$ -	$ 6,628,839	**$ 6,628,839**	$ -	$ 6,628,839	$ 6,628,839	$ -
Single Source Credentialing - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Provider Systems and Technology - Operations	$ -	$ 6,200,307	**$ 6,200,307**	$ -	$ 6,200,307	$ 6,200,307	$ -
Enterprise Case Management Tracking - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Enterprise Case Management Tracking - Implementation	$ -	$ 707,200	**$ 707,200**	$ -	$ 707,200	$ 707,200	$ -
Enterprise Case Management Tracking - Operations	$ -	$ 4,826,640	**$ 4,826,640**	$ -	$ 4,826,640	$ 4,826,640	$ -
Core Systems - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Core Systems - Operations	$ -	$ 21,611,200	**$ 21,611,200**	$ -	$ 21,611,200	$ 21,611,200	$ -
Unified Operations Center - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Unified Operations Center - Operations	$ -	$ 27,130,338	**$ 27,130,338**	$ -	$ 27,130,338	$ 27,130,338	$ -
Pharmacy Benefits Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Pharmacy Benefits Management - Operations	$ -	$ 15,074,934	**$ 15,074,934**	$ -	$ 15,074,934	$ 15,074,934	$ -
Third Party Liability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Third Party Liability - Operations	$ -	$ 4,472,088	**$ 4,472,088**	$ -	$ 4,472,088	$ 4,472,088	$ -
Plan Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Plan Management - Implementation	$ -	$ 326,400	**$ 326,400**	$ -	$ 326,400	$ 326,400	$ -
Plan Management - Operations	$ -	$ 4,512,480	**$ 4,512,480**	$ -	$ 4,512,480	$ 4,512,480	$ -
Contractor Management - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Procurement	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Contractor Management - Implementation	$ -	$ 269,280	**$ 269,280**	$ -	$ 269,280	$ 269,280	$ -
Contractor Management - Operations	$ -	$ 4,465,356	**$ 4,465,356**	$ -	$ 4,465,356	$ 4,465,356	$ -
Certifications - Cohort 1	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Certifications - Cohort 2	$ 460,800	$ -	**$ 460,800**	$ 460,800	$ -	$ 460,800	$ -
SEAS - Program and Project Management	$ 4,237,774	$ -	**$ 4,237,774**	$ 4,237,774	$ -	$ 4,237,774	$ -
SEAS - Non-Project Support	$ 80,697	$ -	**$ 80,697**	$ 80,697	$ -	$ 80,697	$ -
FMMIS Support - Modular Communications	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Prioritized Projects	$ 2,017,694	$ -	**$ 2,017,694**	$ 2,017,694	$ -	$ 2,017,694	$ -
External Agency Projects	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Planning	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
CMS Interoperability - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
FX Org Alignment and Workforce Transition Support	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Security Risk Scoring	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Operational Impact Analysis	$ -	$ -	**$ -**	$ -	$ -	$ -	$

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Data Governance - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
Data Governance - Operations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
ITCO Job Scheduler - Implementation	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
IV&V	$ -	$ 3,230,996	**$ 3,230,996**	$ -	$ 3,230,996	$ 3,230,996	$ -
SA - Contracted Services FY19/20	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - EDW - Data Governance	$ -	$ 222,000	**$ 222,000**	$ -	$ 222,000	$ 222,000	$ -
SA - Interface Migrations	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SA - Contract and Procurement Specialist #1	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Contract and Procurement Specialist #2	$ -	$ 260,000	**$ 260,000**	$ -	$ 260,000	$ 260,000	$ -
SA - Program Specialist #1	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - Program Specialist #2	$ -	$ 240,000	**$ 240,000**	$ -	$ 240,000	$ 240,000	$ -
SA - ALM Support	$ -	$ 172,800	**$ 172,800**	$ -	$ 172,800	$ 172,800	$ -
SA - Master Consolidated Schedule Transition	$ -	$ -	**$ -**	$ -	$ -	$ -	$ -
SW - Microsoft Project Online	$ -	$ 27,665	**$ 27,665**	$ -	$ 27,665	$ 27,665	$ -
SW - MITA Source Pulse	$ -	$ 50,000	**$ 50,000**	$ -	$ 50,000	$ 50,000	$ -
SW - ITCO Job Scheduler	$ -	$ 62,259	**$ 62,259**	$ -	$ 62,259	$ 62,259	$ -
	$ 6,796,965	**$ 110,337,923**	**$ 117,134,888**	**$ 6,796,965**	**$ 110,337,923**	**$ 117,134,888**	**$ -**
			$ 117,134,888		$ 117,134,888		

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FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	
$ -	**$ -**	**$ 14,383,626**	**$ 49,146,925**	**$ 130,620,312**	**$ 292,861,399**	**$ 294,758,964**	**$ 296,788,564**	$ 1,078,559,791

TAKEN FROM 2/12/20 VERSION OF THE **"FX Business Case Benefits - Basic"** FILE

	FY 2020-21	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	
EDW	$ -	$ -	$ 14,383,626	$ 16,627,944	$ 17,044,640	$ 17,479,648	$ 17,928,698	$ 18,352,475	**$ 101,817,031**
Provider Management	$ -	$ -	$ -	$ 30,780,181	$ 43,454,373	$ 43,454,373	$ 43,454,373	$ 43,454,373	**$ 204,597,674**
Unified Operations Center	$ -	$ -	$ -	$ 1,738,800	$ 1,987,200	$ 1,987,200	$ 1,987,200	$ 1,987,200	**$ 9,687,600**
Core (Claims / Encounter / Financial)	$ -	$ -	$ -	$ -	$ 66,071,076	$ 226,617,673	$ 226,859,891	$ 227,110,956	**$ 746,659,596**
Pharmacy Benefit Management	$ -	$ -	$ -	$ -	$ 155,023	$ 350,505	$ 374,550	$ 401,880	**$ 1,281,958**
Plan Management	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 291,712	**$ 291,712**
Third Party Liability	$ -	$ -	$ -	$ -	$ 1,908,000	$ 2,972,000	$ 3,940,800	$ 3,940,800	**$ 12,761,600**
Case Management	$ -	$ -	$ -	$ -	$ -	$ -	$ 66,592	$ 765,808	**$ 832,400**
Contractor Management	$ -	$ -	$ -	$ -	$ -	$ -	$ 146,860	$ 483,360	**$ 630,220**
TOTALS	**$ -**	**$ -**	**$ 14,383,626**	**$ 49,146,925**	**$ 130,620,312**	**$ 292,861,399**	**$ 294,758,964**	**$ 296,788,564**	**$ 1,078,559,791**

	Prior Years' Benefits	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
EDW	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	**$ -**
Provider Management	$ -	$ -	$ -	$ 30,780,181	$ 43,454,373	$ 43,454,373	$ 43,454,373	$ 43,454,373	$ 43,454,373	**$ 248,052,047**
Unified Operations Center	$ -	$ -	$ -	$ 1,738,800	$ 1,987,200	$ 1,987,200	$ 1,987,200	$ 1,987,200	$ 1,987,200	**$ 11,674,800**
Core (Claims / Encounter / Financial)	$ -	$ -	$ -	$ -	$ 66,071,076	$ 226,617,673	$ 226,859,891	$ 227,110,956	$ 227,110,956	**$ 973,770,552**
Pharmacy Benefit Management	$ -	$ -	$ -	$ -	$ 155,023	$ 350,505	$ 374,550	$ 401,880	$ 401,880	**$ 1,683,837**
Plan Management	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 291,712	$ 291,712	**$ 583,425**
Third Party Liability	$ -	$ -	$ -	$ -	$ 1,908,000	$ 2,972,000	$ 3,940,800	$ 3,940,800	$ 3,940,800	**$ 16,702,400**
Case Management	$ -	$ -	$ -	$ -	$ -	$ -	$ 66,592	$ 765,808	$ 765,808	**$ 1,598,208**
Contractor Management	$ -	$ -	$ -	$ -	$ -	$ -	$ 146,860	$ 483,360	$ 483,360	**$ 1,113,580**
TOTALS	**$ -**	**$ -**	**$ -**	**$ 32,518,981**	**$ 113,575,672**	**$ 275,381,751**	**$ 276,830,266**	**$ 278,436,089**	**$ 278,436,089**	**$ 1,255,178,849**

$ (176,619,058)

		Prior Years' Benefits	FY 2021-22	FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29			
Dec 2022	EDW	$ -	$ -	$ 6,882,801	$ 16,593,349	$ 8,504,243	$ 8,721,164	$ 13,417,630	$ 18,352,475	$ 18,352,475	**$ 90,824,137**	$ 116,166,584	$ (25,342,448)
July 2023	Provider Management	$ -	$ -	$ -	$ 34,401,379	$ 21,727,187	$ 21,727,187	$ 32,590,780	$ 43,454,373	$ 43,454,373	**$ 197,355,278**	$ 186,039,035	$ 11,316,243
Oct 2024	Unified Operations Center	$ -	$ -	$ -	$ -	$ 8,129,745	$ 27,581,983	$ 41,398,396	$ 55,326,667	$ 55,326,667	**$ 187,763,458**	$ 297,212,293	$ (109,448,835)
Oct 2024	Core (Claims / Encounter / Financial)	$ -	$ -	$ -	$ -	$ 25,025,793	$ 85,846,854	$ 128,951,944	$ 172,186,991	$ 172,186,991	**$ 584,198,573**	$ 738,055,201	$ (153,856,629)
Oct 2024	Pharmacy Benefit Management	$ -	$ -	$ -	$ -	$ 77,511	$ 175,253	$ 280,912	$ 401,880	$ 401,880	**$ 1,337,436**	$ 1,683,837	$ (346,402)
June 2027	Plan Management	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 279,558	$ 291,712	**$ 571,270**	$ 583,425	$ (12,155)
Sept 2025	Third Party Liability	$ -	$ -	$ -	$ -	$ -	$ 1,395,700	$ 2,955,600	$ 3,940,800	$ 3,940,800	**$ 12,232,900**	$ 14,794,400	$ (2,561,500)
Mar 2027	Case Management	$ -	$ -	$ -	$ -	$ -	$ -	$ 94,235	$ 603,106	$ 603,106	**$ 1,300,447**	$ 1,258,656	$ 41,791
Dec 2026	Contractor Management	$ -	$ -	$ -	$ -	$ -	$ -	$ 166,155	$ 483,360	$ 483,360	**$ 1,132,875**	$ 1,113,580	$ 19,295
	TOTALS	**$ -**	**$ -**	**$ 6,882,801**	**$ 50,994,728**	**$ 63,464,479**	**$ 145,448,139**	**$ 219,855,653**	**$ 295,029,209**	**$ 295,041,364**	**$ 1,076,716,374**	$ 1,356,907,012	$ (280,190,638)

FY 2024-25	FY 2025-26	FY 2026-27
$ 63,464,479	$ 145,448,139	$ 73,285,218
		$ 282,197,837

FY 2022-23	FY 2023-24	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	
$ 14,739,071	$ 49,423,683	$ 130,909,540	$ 293,159,963	$ 295,067,166	$ 296,788,564	$ 296,788,564	$ 1,376,876,550
$ (7,856,270)	$ 1,571,045	$ (67,445,060)	$ (147,711,824)	$ (75,211,513)	$ (1,759,355)	$ (1,747,200)	$ (300,160,176)
	Removed UOC benefits						

Reductions

FY 2024-25	FY 2025-26	FY 2026-27
50%	50%	25%

Benefits before reduction	$ 1,358,914,211
Reduction	$ 282,197,837
Updated (total) benefits amount	**$ 1,076,716,374**

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	Start	Finish		FY22-23	FY23-24	FY24-25	FY25-26	FY26-27	FY27-28	Totals	
ISIP - Procurement	7/2019	8/2019									
ISIP - Implementation	11/2019	3/2021									
ISIP - Operations	9/2020	6/2028	No M&O starting in FY22-23	$ 19,722,472	$ 9,835,551	$ 9,347,141	$ 9,347,141	$ 9,347,141	$ 9,347,141	$ 66,946,588	$ (83,276,015)
Module Existing Systems Integration	7/2021	6/2024									$ (16,329,427)
Enterprise Data Warehouse - Procurement	7/2019	1/2021									
Enterprise Data Warehouse - Implementation	1/2021	12/2022									
Enterprise Data Warehouse - Operations	1/2023	6/2028	No M&O starting in FY23-24	$ -	$ 11,193,821	$ 10,455,494	$ 10,519,486	$10,149,665	$ 6,628,839	$ 48,947,304	
Single Source Credentialing - Planning	9/2020	1/2021									
Provider Management - Procurement	8/2019	6/2020									
Provider Systems and Technology - Procurement	5/2021	8/2022									
Provider Systems and Technology - Implementation	9/2022	7/2023									
Provider Systems and Technology - Operations	2/2023	6/2028	No M&O starting in FY24-25	$ -	$ -	$ 6,200,307	$ 6,200,307	$ 6,200,307	$ 6,200,307	$ 24,801,228	
Enterprise Case Management Tracking - Planning	8/2024	11/2024									
Enterprise Case Management Tracking - Procurement	12/2024	11/2025									
Enterprise Case Management Tracking - Implementation	12/2025	3/2027									
Enterprise Case Management Tracking - Operations	8/2026	6/2028	No M&O starting in FY27-28	$ -	$ -	$ -	$ -	$ -	$ 4,826,640	$ 4,826,640	
Core Systems - Planning	4/2020	10/2020									
Core Systems - Procurement	2/2021	10/2022									
Core Systems - Implementation	11/2022	10/2024									
Core Systems - Operations	5/2024	6/2028	No M&O starting in FY25-26	$ -	$ -	$ -	$ 21,611,200	$21,611,200	$ 21,611,200	$ 64,833,600	
Unified Operations Center - Procurement	9/2020	7/2022									
Unified Operations Center - Implementation	8/2022	10/2024									
Unified Operations Center - Operations	4/2024	6/2028	No M&O starting in FY25-26	$ -	$ -	$ -	$ 27,130,338	$27,130,338	$ 27,130,338	$ 81,391,014	
Pharmacy Benefits Management - Planning	4/2023	6/2023									
Pharmacy Benefits Management - Procurement	7/2023	12/2023									
Pharmacy Benefits Management - Implementation	1/2024	10/2024									
Pharmacy Benefits Management - Operations	5/2024	6/2028	No M&O starting in FY25-26	$ -	$ -	$ -	$ 15,074,934	$15,074,934	$ 15,074,934	$ 45,224,802	
Third Party Liability - Planning	10/2023	12/2023									
Third Party Liability - Procurement	1/2024	6/2024									
Third Party Liability - Implementation	7/2024	9/2025									
Third Party Liability - Operations	4/2025	6/2028	No M&O starting in FY26-27	$ -	$ -	$ -	$ -	$ 4,472,088	$ 4,472,088	$ 8,944,176	
Plan Management - Planning	7/2024	12/2024									
Plan Management - Procurement	1/2025	12/2025									
Plan Management - Implementation	1/2026	6/2027									
Plan Management - Operations	1/2027	6/2028	No M&O starting in FY27-28	$ -	$ -	$ -	$ -	$ -	$ 4,512,480	$ 4,512,480	
Contractor Management - Planning	1/2025	3/2025									
Contractor Management - Procurement	4/2025	9/2025									
Contractor Management - Implementation	10/2025	12/2026									
Contractor Management - Operations	7/2026	6/2028	No M&O starting in FY27-28	$ -	$ -	$ -	$ -	$ -	$ 4,465,356	$ 4,465,356	
Certifications - Cohort 1	5/2025	8/2025									
Certifications - Cohort 2	1/2028	4/2028									
SEAS - Program and Project Management	7/2019	6/2028									
SEAS - Non-Project Support	7/2020	6/2028									
FMMIS Support - Modular Communications	7/2019	12/2024									
Prioritized Projects	7/2020	6/2028									
External Agency Projects	7/2020	6/2021									
CMS Interoperability - Planning	7/2021	10/2021									
CMS Interoperability - Implementation	11/2021	6/2023									
FX Org Alignment and Workforce Transition Support	7/2021	6/2022									
Security Risk Scoring	7/2019	10/2019									
Operational Impact Analysis	7/2019	1/2020									
Data Governance - Implementation	7/2019	10/2020									
Data Governance - Operations	4/2021	6/2021	Not Applicable								
ITCO Job Scheduler - Implementation	7/2019	10/2019									
IV&V	7/2019	6/2028									
SA - Contracted Services FY19/20	7/2019	6/2020									
SA - EDW - Data Governance	7/2020	6/2028									
SA - Interface Migrations	7/2021	6/2022									
SA - Contract and Procurement Specialist #1	7/2020	6/2028									
SA - Contract and Procurement Specialist #2	7/2020	6/2028									
SA - Program Specialist #1	7/2020	6/2028									
SA - Program Specialist #2	7/2020	6/2028									
SA - ALM Support	7/2021	6/2028									
SA - Master Consolidated Schedule Transition	7/2021	6/2022									
SW - Microsoft Project Online	7/2021	6/2028									
SW - MITA Source Pulse	7/2021	6/2028									
SW - ITCO Job Scheduler	7/2022	6/2028		$ 62,259	$ 62,259	$ 62,259	$ 62,259	$ 62,259	$ 62,259	$ 373,554	$ (373,554)
										$ 355,266,742	

Amount	Description
$ 889,456,186.86	M&O all years included
$ 355,266,742.04	M&O removed (EDW and IS/IP M&O **not** removed)
$ 534,189,444.82	NET
$ 582,051,592.00	Project cost - FY21-22 IV-B
$ (47,862,147.18)	DECREASE
$ 16,775,520.00	Removal of Recipient as a module
$ 4,035,388.03	Reduction in Prioritized Projects
$ 48,393,278.70	Reduction in Core implementation costs
$ -	IS/IP M&O **not** removed
$ -	EDW M&O **not** removed
$ 21,342,039.55	Remaining delta - due to multiple factors, including changes to implementation timing for multiple implementations, additional functionality added (Credentialing), etc.
$ 534,189,444.82	

Issues/Points
- M&O adjustment
- Remove FY2023-24 benefits for UOC

FX OUTCOMES TO BENEFITS REALIZATION

#	Type/Level	Description	Association: IS/IP	EDW	PSM	OTHER	Fiscal Years: FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	TOTALS		OTHER
	1 of 3 Main Categories	**Operational Effectiveness**					$ -	$ 30,031,880	$33,023,880	$ 36,685,588	$ 34,252,254	$ 126,559,947	$ 126,559,947	$ 387,113,495		
	Sub-grouping	Improve People and Process Effectiveness: Service Delivery					$ -	$ 15,027,680	$10,366,347	$ 14,028,054	$ 11,594,721	$ 50,056,259	$ 50,056,259	$ 151,129,320		
	OUTCOME	**Increase People Effectiveness**		X			$ -	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 34,944,000		
1	Driver	*Skill/Cost Alignment*		X			$ -	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 11,648,000		
2	Driver	*Skill Acquisition*		X			$ -	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 11,648,000		
3	Driver	*Skill Retention*		X			$ -	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 1,941,333	$ 11,648,000	$ 34,944,000	
	OUTCOME	**Improve Process Efficiency**		X	X	X	$ -	$ 1,943,680	$ 1,943,680	$ 3,247,441	$ 1,647,441	$ 13,185,902	$ 13,185,902	$ 35,154,047		
4	Driver	*Streamline Processes*		X	X	X	$ -	$ 43,680	$ 43,680	$ 345,201	$ 345,201	$ 4,191,355	$ 4,191,355	$ 9,160,471		$ 3,846,154
5	Driver	*Optimize Process Automation*			X	X	$ -	$ -	$ -	$ 1,002,240	$ 1,002,240	$ 4,848,394	$ 4,848,394	$ 11,701,268		$ 3,846,154
6	Driver	*Enable Operational Innovation*		X		X	$ -	$ 1,900,000	$ 1,900,000	$ 1,900,000	$ 300,000	$ 4,146,154	$ 4,146,154	$ 14,292,308	$ 35,154,047	$ 3,846,154
	OUTCOME	**Enhance Systems Usability**		X		X	$ -	$ -	$ -	$ -	$ -	$ 19,230,769	$ 19,230,769	$ 38,461,538		
7	Driver	*Enhance System Interface*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
8	Driver	*Availability*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
9	Driver	*Minimize Exception Processing*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
10	Driver	*Speed*		X		X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
11	Driver	*Utilize Knowledge & Decision Automation*		X		X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308	$ 38,461,538	$ 3,846,154
	OUTCOME	**Manage Systems Costs**	X	X	X	X	$ -	$ 7,260,000	$ 2,598,667	$ 4,956,613	$ 4,123,280	$ 11,815,588	$ 11,815,588	$ 42,569,735		
12	Driver	*Professional or Contracted Services*		X		X	$ -	$ 600,000	$ 600,000	$ 600,000	$ -	$ 3,846,154	$ 3,846,154	$ 9,492,308		$ 3,846,154
13	Driver	*Software Licensing*		X		X	$ -	$ 600,000	$ 600,000	$ 600,000	$ -	$ 3,846,154	$ 3,846,154	$ 9,492,308		$ 3,846,154
14	Driver	*Hardware/Hosting*		X			$ -	$ 300,000	$ 300,000	$ 300,000	$ -	$ -	$ -	$ 900,000		
15	Driver	*Operations and Maintenance*	X	X	X		$ -	$ 5,760,000	$ 1,098,667	$ 3,456,613	$ 4,123,280	$ 4,123,280	$ 4,123,280	$ 22,685,120	$ 42,569,735	
	OUTCOME	**Align Recipient Populations Served**					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
16	Driver	*Serve Eligible Recipients*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
17	Driver	*Provide Most Appropriate Services for Recipient*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	OUTCOME	**Manage Costs/Enhance Value of Provider Services**	X	X		X	$ -	$ -	$ 5,700,000	$ 5,700,000	$ 5,700,000	$ 36,469,231	$ 36,469,231	$ 90,038,462		
	Sub-grouping	Managed Care Costs					$ -	$ -	$ 5,700,000	$ 5,700,000	$ 5,700,000	$ 24,930,769	$ 24,930,769	$ 66,961,538		
	Sub-grouping	MCO Costs					$ -	$ -	$ 5,700,000	$ 5,700,000	$ 5,700,000	$ 13,392,308	$ 13,392,308	$ 43,884,615		
18	Driver	*MCO Facility, Equipment and Systems*	X			X	$ -	$ -	$ 2,850,000	$ 2,850,000	$ 2,850,000	$ 6,696,154	$ 6,696,154	$ 21,942,308		$ 3,846,154
19	Driver	*MCO Administrative Services*	X			X	$ -	$ -	$ 2,850,000	$ 2,850,000	$ 2,850,000	$ 6,696,154	$ 6,696,154	$ 21,942,308	$ 43,884,615	$ 3,846,154
	Sub-grouping	Contracted Service Provider Costs					$ -	$ -	$ -	$ -	$ -	$ 11,538,462	$ 11,538,462	$ 23,076,923		
20	Driver	*Provider Direct Service Delivery*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
21	Driver	*Provider Facility, Equipment and Systems*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
22	Driver	*Provider Administrative Services*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
23	Driver	*Provider Liability*		X			$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 23,076,923	
	Sub-grouping	Fee for Service Costs - Provider Costs					$ -	$ -	$ -	$ -	$ -	$ 11,538,462	$ 11,538,462	$ 23,076,923		
24	Driver	*Provider Direct Service Delivery*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
25	Driver	*Facility, Equipment and Systems*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
26	Driver	*Provider Administrative Services*		X		X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
27	Driver	*Provider Liability*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 23,076,923	
	OUTCOME	**Minimize Error and Fraud**	X	X		X	$ -	$ 15,000,000	$16,953,333	$ 16,953,333	$ 16,953,333	$ 28,491,795	$ 28,491,795	$ 122,843,590		
28	Driver	*Minimize Incorrect Payments*	X	X		X	$ -	$ 7,500,000	$ 9,453,333	$ 9,453,333	$ 9,453,333	$ 13,299,487	$ 13,299,487	$ 62,458,974		$ 3,846,154
29	Driver	*Minimize Time to Payment*		X		X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
30	Driver	*Minimize Fraud*				X	$ -	$ 7,500,000	$ 7,500,000	$ 7,500,000	$ 7,500,000	$ 11,346,154	$ 11,346,154	$ 52,692,308	$ 122,843,590	$ 3,846,154
	OUTCOME	**Ensure Compliance to Standards**		X		X	$ -	$ 4,200	$ 4,200	$ 4,200	$ 4,200	$ 11,542,662	$ 11,542,662	$ 23,102,123		
31	Driver	*Program Standards*		X		X	$ -	$ 4,200	$ 4,200	$ 4,200	$ 4,200	$ 3,850,354	$ 3,850,354	$ 7,717,508		$ 3,846,154
32	Driver	*Contract Standards*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
33	Driver	*Recipient Experience Standards*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308	$ 23,102,123	$ 3,846,154
	2 of 3 Main Categories	**Recipient Experience**					$ -	$ -	$ -	$ -	$ -	$ 15,384,615	$ 15,384,615	$ 30,769,231		
	OUTCOME	**Manage Recipient Expectations**					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
34	Driver	*Application*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
35	Driver	*Enrollment*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
36	Driver	*Service Providers*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
37	Driver	*Wellness Behaviors*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
	OUTCOME	**Improve Recipient Service Experience**		X		X	$ -	$ -	$ -	$ -	$ -	$ 15,384,615	$ 15,384,615	$ 30,769,231		
	Sub-grouping	Experience Accessing Services					$ -	$ -	$ -	$ -	$ -	$ 7,692,308	$ 7,692,308	$ 15,384,615		
38	Driver	*Application*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
39	Driver	*Enrollment*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	$ 7,692,308		$ 3,846,154
40	Driver	*Minimize Queue Time to Access Service Provider*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
41	Driver	*Reduce Cost to Get to Service Provider*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		

FX OUTCOMES TO BENEFITS REALIZATION

	Type/Level	Description	Association				Fiscal Years									
			IS/IP	EDW	PSM	OTHER	FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	TOTALS		OTHER
42	Driver	*Reduce Wait Time at Service Provider*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 15,384,615	
	Sub-grouping	Service Interactions					$ -	$ -	$ -	$ -	$ -	**$ 3,846,154**	**$ 3,846,154**	**$ 7,692,308**		
43	Driver	*Streamline Information Gathering and Collection*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	**$ 7,692,308**		$ 3,846,154
44	Driver	*Enhance Communication with Provider*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
45	Driver	*Improve Interaction Wrap-up*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
46	Driver	*Improve Interaction Follow-up*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 7,692,308	
	Sub-grouping	Service Effectiveness					$ -	$ -	$ -	$ -	$ -	**$ 3,846,154**	**$ 3,846,154**	**$ 7,692,308**		
47	Driver	*Optimize Number of Provider Interactions*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
48	Driver	*Improve Impact on Recipient Wellness*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
49	Driver	*Optimize Avoidance of Future Recipient Impact*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
50	Driver	*Utilize Knowledge & Decision Automation*		X		X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	**$ 7,692,308**	$ 7,692,308	$ 3,846,154
	3 of 3 Main Categories	**Provider Experience**					$ -	$ -	$ -	**$ 127,406,337**	**$ 127,406,337**	**$ 169,714,029**	**$ 169,714,029**	**$ 594,240,732**		
	OUTCOME	**Improve Interactions with State Agencies**	X		X	X	$ -	$ -	$ -	**$ 79,453,168**	**$ 79,453,168**	**$ 94,837,784**	**$ 94,837,784**	**$ 348,581,905**		
51	Driver	*Initial Provider Enrollment*			X	X	$ -	$ -	$ -	$ 16,101,584	$ 16,101,584	$ 19,947,738	$ 19,947,738	**$ 72,098,645**		$ 3,846,154
52	Driver	*Ongoing Provider Certification*			X	X	$ -	$ -	$ -	$ 16,101,584	$ 16,101,584	$ 19,947,738	$ 19,947,738	**$ 72,098,645**		$ 3,846,154
53	Driver	*Service Authorization*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	**$ 7,692,308**		$ 3,846,154
54	Driver	*Service Billing and Payment*	X			X	$ -	$ -	$ -	$ 47,250,000	$ 47,250,000	$ 51,096,154	$ 51,096,154	**$ 196,692,308**	$ 348,581,905	$ 3,846,154
	OUTCOME	**Improve Managed Care Interactions**	X		X	X	$ -	$ -	$ -	**$ 47,953,168**	**$ 47,953,168**	**$ 63,337,784**	**$ 63,337,784**	**$ 222,581,905**		
55	Driver	*Initial Provider Enrollment*			X	X	$ -	$ -	$ -	$ 16,101,584	$ 16,101,584	$ 19,947,738	$ 19,947,738	**$ 72,098,645**		$ 3,846,154
56	Driver	*Ongoing Provider Certification*			X	X	$ -	$ -	$ -	$ 16,101,584	$ 16,101,584	$ 19,947,738	$ 19,947,738	**$ 72,098,645**		$ 3,846,154
57	Driver	*Service Authorization*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	**$ 7,692,308**		$ 3,846,154
58	Driver	*Service Billing and Payment*	X			X	$ -	$ -	$ -	$ 15,750,000	$ 15,750,000	$ 19,596,154	$ 19,596,154	**$ 70,692,308**	$ 222,581,905	$ 3,846,154
	OUTCOME	**Improve Recipient Interactions**				X	$ -	$ -	$ -	$ -	$ -	**$ 11,538,462**	**$ 11,538,462**	**$ 23,076,923**		
59	Driver	*Minimize No Show and Late Recipients*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
60	Driver	*Enable Efficient Access to Complete Accurate Recipient Information*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	**$ 7,692,308**		$ 3,846,154
61	Driver	*Enable Efficient Pre/Post Service Communication*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	**$ 7,692,308**		$ 3,846,154
62	Driver	*Maximize Recipient Engagement in Wellness Service Delivery*					$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -		
63	Driver	*Utilize Knowledge & Decision Automation*				X	$ -	$ -	$ -	$ -	$ -	$ 3,846,154	$ 3,846,154	**$ 7,692,308**	$ 23,076,923	$ 3,846,154
						TOTALS	**$ -**	**$ 30,031,880**	**$33,023,880**	**$ 164,091,925**	**$ 161,658,591**	**$ 311,658,591**	**$ 311,658,591**	**$ 1,012,123,458**	**$ 1,012,123,458**	**$ 150,000,000**

$1,012,123,459.00

$ 0.93

$ -

Category	FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	
Increase People Effectiveness	$ -	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 5,824,000	$ 5,824,000	
Improve Process Efficiency	$ -	$ 1,943,680	$ 1,943,680	$ 3,247,441	$ 1,647,441	$ 13,185,902	$ 13,185,902	
Enhance Systems Usability	$ -	$ -	$ -	$ -	$ -	$ 19,230,769	$ 19,230,769	
Manage Systems Costs	$ -	$ 7,260,000	$ 2,598,667	$ 4,956,613	$ 4,123,280	$ 11,815,588	$ 11,815,588	
Align Recipient Populations Served	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Manage Costs/Enhance Value of Provider Services	$ -	$ -	$ 5,700,000	$ 5,700,000	$ 5,700,000	$ 36,469,231	$ 36,469,231	
Minimize Error and Fraud	$ -	$ 15,000,000	$16,953,333	$ 16,953,333	$ 16,953,333	$ 28,491,795	$ 28,491,795	
Ensure Compliance to Standards	$ -	$ 4,200	$ 4,200	$ 4,200	$ 4,200	$ 11,542,662	$ 11,542,662	
Manage Recipient Expectations	$ -	$ -	$ -	$ -	$ -	$ -	$ -	
Improve Recipient Service Experience	$ -	$ -	$ -	$ -	$ -	$ 15,384,615	$ 15,384,615	
Improve Interactions with State Agencies	$ -	$ -	$ -	$ 79,453,168	$ 79,453,168	$ 94,837,784	$ 94,837,784	
Improve Managed Care Interactions	$ -	$ -	$ -	$ 47,953,168	$ 47,953,168	$ 63,337,784	$ 63,337,784	
Improve Recipient Interactions	$ -	$ -	$ -	$ -	$ -	$ 11,538,462	$ 11,538,462	
	$ -	**$ 30,031,880**	**$33,023,880**	**$ 164,091,925**	**$ 161,658,591**	**$ 311,658,591**	**$ 311,658,591**	$ 1,012,123,458

Category	FY2020-21	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	
Operational Effectiveness	$ -	$ 30,031,880	$33,023,880	$ 36,685,588	$ 34,252,254	$ 126,559,947	$ 126,559,947	
Recipient Experience	$ -	$ -	$ -	$ -	$ -	$ 15,384,615	$ 15,384,615	
Provider Experience	$ -	$ -	$ -	$ 127,406,337	$ 127,406,337	$ 169,714,029	$ 169,714,029	
	$ -	**$ 30,031,880**	**$33,023,880**	**$ 164,091,925**	**$ 161,658,591**	**$ 311,658,591**	**$ 311,658,591**	$ 1,012,123,458

	FY2021-22	FY2022-23	FY2023-24	FY2024-25	FY2025-26	FY2026-27	TOTALS
IS/IP	$ 5,760,000	$ 8,085,333	$ 71,085,333	$ 71,085,333	$ 71,085,333	$ 71,085,333	**$ 298,186,665.00**
EDW	$ 24,271,880	$24,938,547	$ 25,605,213	$ 23,171,880	$ 23,171,880	$ 23,171,880	**$ 144,331,280.00**

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FX OUTCOMES TO BENEFITS REALIZATION

		Association				Fiscal Years							
Type/Level	**Description**	**IS/IP**	**EDW**	**PSM**	**OTHER**	**FY2020-21**	**FY2021-22**	**FY2022-23**	**FY2023-24**	**FY2024-25**	**FY2025-26**	**FY2026-27**	**TOTALS**
						Provider	$ -	$ -	$ 67,401,378	$ 67,401,378	$ 67,401,378	$ 67,401,378	**$ 269,605,512.00**
												Total (for the 3)	**$ 712,123,457.00**
												IV-B Total	$ 1,012,123,458.07
												Add'l FX Benefits	**$ 300,000,001.07**

OTHER

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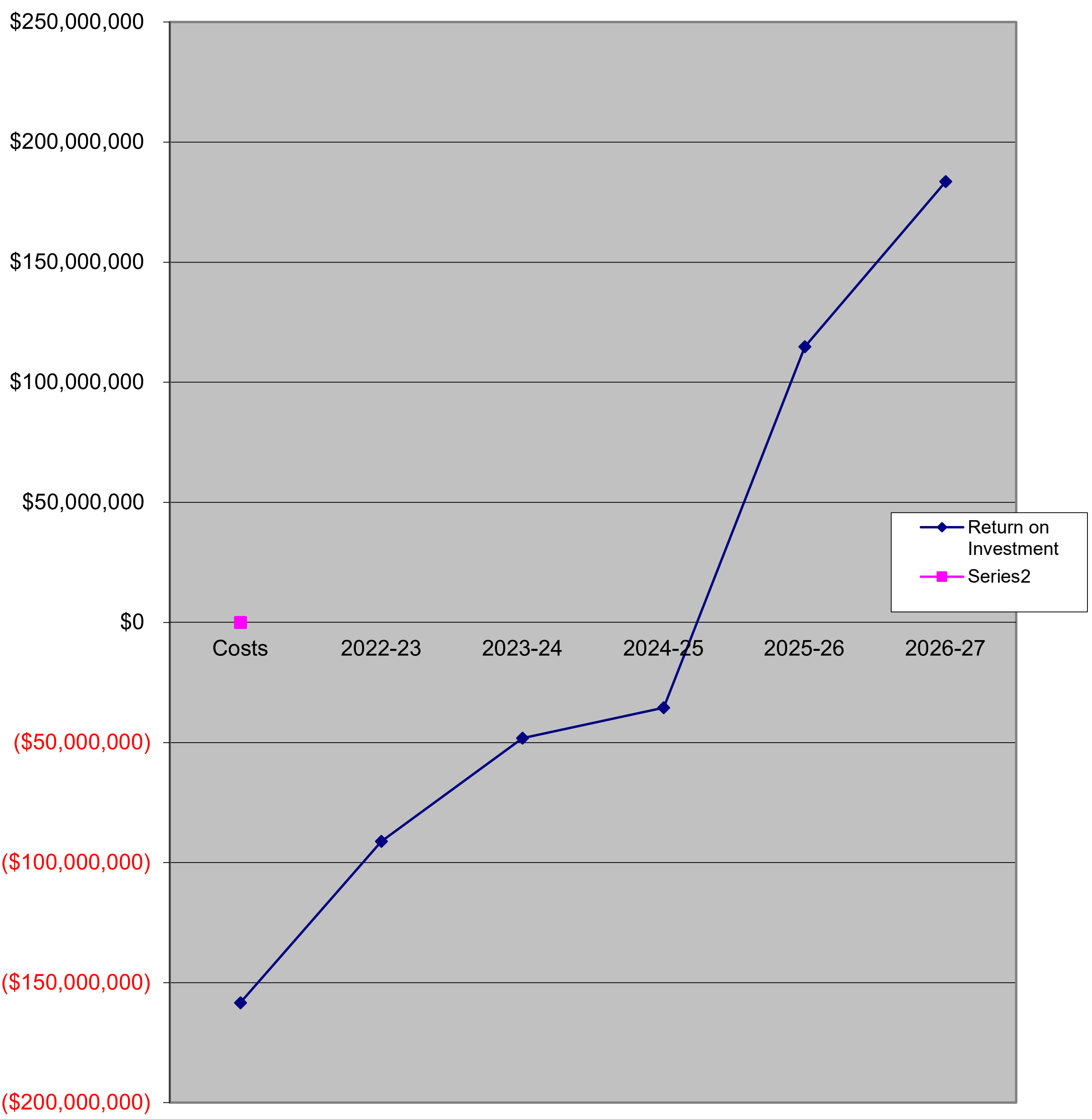

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Project	*Florida Health Care Connections (FX)*
Agency	*Agency for Health Care Administration*
FY 2021-22 LBR Issue Code:	**FY 2020-21 LBR Issue Title:**
Issue Code	*Florida Health Care Connections*
Risk Assessment Contact Info (Name, Phone #, and E-mail Address):	
Michael Magnuson, (850) 412-4791, michael.magnuson@ahca.myflorida.com	
Executive Sponsor	*Simone Marstiller, Secretary*
Project Manager	*Michael Magnuson*
Prepared By	*SEAS Vendor* — *8/19/2021*

Risk Assessment Summary

Most Aligned

Business Strategy

Least Aligned

Level of Project Risk

Least Risk

Most Risk

Project Risk Area Breakdown

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

	B	C	D	E
1	Agency: Agency for Health Care Administration			Project: Florida Health Care Connections (FX)
3	Section 1 -- Strategic Area			
4	#	Criteria	Values	Answer
5	1.01	Are project objectives clearly aligned with the agency's legal mission?	0% to 40% -- Few or no objectives aligned	81% to 100% -- All or nearly all objectives aligned
6			41% to 80% -- Some objectives aligned	
7			81% to 100% -- All or nearly all objectives aligned	
8	1.02	Are project objectives clearly documented and understood by all stakeholder groups?	Not documented or agreed to by stakeholders	Documented with sign-off by stakeholders
9			Informal agreement by stakeholders	
10			Documented with sign-off by stakeholders	
11	1.03	Are the project sponsor, senior management, and other executive stakeholders actively involved in meetings for the review and success of the project?	Not or rarely involved	Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings
12			Most regularly attend executive steering committee meetings	
13			Project charter signed by executive sponsor and executive team actively engaged in steering committee meetings	
14	1.04	Has the agency documented its vision for how changes to the proposed technology will improve its business processes?	Vision is not documented	Vision is completely documented
15			Vision is partially documented	
16			Vision is completely documented	
17	1.05	Have all project business/program area requirements, assumptions, constraints, and priorities been defined and documented?	0% to 40% -- Few or none defined and documented	41% to 80% -- Some defined and documented
18			41% to 80% -- Some defined and documented	
19			81% to 100% -- All or nearly all defined and documented	
20	1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	Changes are identified and documented
21			Changes unknown	
22			Changes are identified in concept only	
23			Changes are identified and documented	
24			Legislation or proposed rule change is drafted	
25	1.07	Are any project phase or milestone completion dates fixed by outside factors, e.g., state or federal law or funding restrictions?	Few or none	Some
26			Some	
27			All or nearly all	
28	1.08	What is the external (e.g. public) visibility of the proposed system or project?	Minimal or no external use or visibility	Extensive external use or visibility
29			Moderate external use or visibility	
30			Extensive external use or visibility	
31	1.09	What is the internal (e.g. state agency) visibility of the proposed system or project?	Multiple agency or state enterprise visibility	Multiple agency or state enterprise visibility
32			Single agency-wide use or visibility	
33			Use or visibility at division and/or bureau level only	
34	1.10	Is this a multi-year project?	Greater than 5 years	Greater than 5 years
35			Between 3 and 5 years	
36			Between 1 and 3 years	
37			1 year or less	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Florida Health Care Connections (FX)	
3	Section 2 -- Technology Area			
4	#	Criteria	Values	Answer
5	2.01	Does the agency have experience working with, operating, and supporting the proposed technical solution in a production environment?	Read about only or attended conference and/or vendor presentation	Read about only or attended conference and/or vendor presentation
6			Supported prototype or production system less than 6 months	
7			Supported production system 6 months to 12 months	
8			Supported production system 1 year to 3 years	
9			Installed and supported production system more than 3 years	
10	2.02	Does the agency's internal staff have sufficient knowledge of the proposed technical solution to implement and operate the new system?	External technical resources will be needed for implementation and operations	External technical resources will be needed for implementation and operations
11			External technical resources will be needed through implementation only	
12			Internal resources have sufficient knowledge for implementation and operations	
13	2.03	Have all relevant technical alternatives/ solution options been researched, documented and considered?	No technology alternatives researched	All or nearly all alternatives documented and considered
14			Some alternatives documented and considered	
15			All or nearly all alternatives documented and considered	
16	2.04	Does the proposed technical solution comply with all relevant agency, statewide, or industry technology standards?	No relevant standards have been identified or incorporated into proposed technology	Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards
17			Some relevant standards have been incorporated into the proposed technology	
18			Proposed technology solution is fully compliant with all relevant agency, statewide, or industry standards	
19	2.05	Does the proposed technical solution require significant change to the agency's existing technology infrastructure?	Minor or no infrastructure change required	Extensive infrastructure change required
20			Moderate infrastructure change required	
21			Extensive infrastructure change required	
22			Complete infrastructure replacement	
23	2.06	Are detailed hardware and software capacity requirements defined and documented?	Capacity requirements are not understood or defined	Capacity requirements are based on historical data and new system design specifications and performance requirements
24			Capacity requirements are defined only at a conceptual level	
25			Capacity requirements are based on historical data and new system design specifications and performance requirements	

	B	C	D	E
1	**Agency: Agency for Health Care Administration**		**Project: Florida Health Care Connections (FX)**	
3	**Section 3 -- Organizational Change Management Area**			
4	**#**	**Criteria**	**Values**	**Answer**
5	3.01	What is the expected level of organizational change that will be imposed within the agency if the project is successfully implemented?	Extensive changes to organization structure, staff or business processes	Extensive changes to organization structure, staff or business processes
6			Moderate changes to organization structure, staff or business processes	
7			Minimal changes to organization structure, staff or business processes structure	
8	3.02	Will this project impact essential business processes?	Yes	Yes
9			No	
10	3.03	Have all business process changes and process interactions been defined and documented?	0% to 40% -- Few or no process changes defined and documented	0% to 40% -- Few or no process changes defined and documented
11			41% to 80% -- Some process changes defined and documented	
12			81% to 100% -- All or nearly all processes defiined and documented	
13	3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	Yes
14			No	
15	3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	1% to 10% FTE count change
16			1% to 10% FTE count change	
17			Less than 1% FTE count change	
18	3.06	Will the number of contractors change as a result of implementing the project?	Over 10% contractor count change	Over 10% contractor count change
19			1 to 10% contractor count change	
20			Less than 1% contractor count change	
21	3.07	What is the expected level of change impact on the citizens of the State of Florida if the project is successfully implemented?	Extensive change or new way of providing/receiving services or information)	Moderate changes
22			Moderate changes	
23			Minor or no changes	
24	3.08	What is the expected change impact on other state or local government agencies as a result of implementing the project?	Extensive change or new way of providing/receiving services or information	Moderate changes
25			Moderate changes	
26			Minor or no changes	
27	3.09	Has the agency successfully completed a project with similar organizational change requirements?	No experience/Not recently (>5 Years)	Recently completed project with fewer change requirements
28			Recently completed project with fewer change requirements	
29			Recently completed project with similar change requirements	
30			Recently completed project with greater change requirements	

	B	C	D	E
1	**Agency: Agency Name**			**Project: Project Name**
3	**Section 4 -- Communication Area**			
4	**#**	**Criteria**	**Value Options**	**Answer**
5	4.01	Has a documented Communication Plan been approved for this project?	Yes	Yes
6			No	
7	4.02	Does the project Communication Plan promote the collection and use of feedback from management, project team, and business stakeholders (including end users)?	Negligible or no feedback in Plan	Proactive use of feedback in Plan
8			Routine feedback in Plan	
9			Proactive use of feedback in Plan	
10	4.03	Have all required communication channels been identified and documented in the Communication Plan?	Yes	Yes
11			No	
12	4.04	Are all affected stakeholders included in the Communication Plan?	Yes	Yes
13			No	
14	4.05	Have all key messages been developed and documented in the Communication Plan?	Plan does not include key messages	Some key messages have been developed
15			Some key messages have been developed	
16			All or nearly all messages are documented	
17	4.06	Have desired message outcomes and success measures been identified in the Communication Plan?	Plan does not include desired messages outcomes and success measures	Success measures have been developed for some messages
18			Success measures have been developed for some messages	
19			All or nearly all messages have success measures	
20	4.07	Does the project Communication Plan identify and assign needed staff and resources?	Yes	Yes
21			No	

	B	C	D	E
1	Agency: Agency for Health Care Administration			Project: Florida Health Care Connections (FX)
3	Section 5 -- Fiscal Area			
4	#	Criteria	Values	Answer
5	5.01	Has a documented Spending Plan been approved for the entire project lifecycle?	Yes	No
6			No	
7	5.02	Have all project expenditures been identified in the Spending Plan?	0% to 40% -- None or few defined and documented	81% to 100% -- All or nearly all defined and documented
8			41% to 80% -- Some defined and documented	
9			81% to 100% -- All or nearly all defined and documented	
10	5.03	What is the estimated total cost of this project over its entire lifecycle?	Unknown	Greater than $10 M
11			Greater than $10 M	
12			Between $2 M and $10 M	
13			Between $500K and $1,999,999	
14			Less than $500 K	
15	5.04	Is the cost estimate for this project based on quantitative analysis using a standards-based estimation model?	Yes	Yes
16			No	
17	5.05	What is the character of the cost estimates for this project?	Detailed and rigorous (accurate within ±10%)	Order of magnitude – estimate could vary between 10-100%
18			Order of magnitude – estimate could vary between 10-100%	
19			Placeholder – actual cost may exceed estimate by more than 100%	
20	5.06	Are funds available within existing agency resources to complete this project?	Yes	No
21			No	
22	5.07	Will/should multiple state or local agencies help fund this project or system?	Funding from single agency	Funding from single agency
23			Funding from local government agencies	
24			Funding from other state agencies	
25	5.08	If federal financial participation is anticipated as a source of funding, has federal approval been requested and received?	Neither requested nor received	Requested and received
26			Requested but not received	
27			Requested and received	
28			Not applicable	
29	5.09	Have all tangible and intangible benefits been identified and validated as reliable and achievable?	Project benefits have not been identified or validated	Most project benefits have been identified but not validated
30			Some project benefits have been identified but not validated	
31			Most project benefits have been identified but not validated	
32			All or nearly all project benefits have been identified and validated	
33	5.10	What is the benefit payback period that is defined and documented?	Within 1 year	More than 5 years
34			Within 3 years	
35			Within 5 years	
36			More than 5 years	
37			No payback	
38	5.11	Has the project procurement strategy been clearly determined and agreed to by affected stakeholders?	Procurement strategy has not been identified and documented	Stakeholders have reviewed and approved the proposed procurement strategy
39			Stakeholders have not been consulted re: procurement strategy	
40			Stakeholders have reviewed and approved the proposed procurement strategy	
41	5.12	What is the planned approach for acquiring necessary products and solution services to successfully complete the project?	Time and Expense (T&E)	Combination FFP and T&E
42			Firm Fixed Price (FFP)	
43			Combination FFP and T&E	
44	5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	Just-in-time purchasing of hardware and software is documented in the project schedule
45			Purchase all hardware and software at start of project to take advantage of one-time discounts	
46			Just-in-time purchasing of hardware and software is documented in the project schedule	
47	5.14	Has a contract manager been assigned to this project?	No contract manager assigned	Contract manager assigned is not the procurement manager or the project manager
48			Contract manager is the procurement manager	
49			Contract manager is the project manager	
50			Contract manager assigned is not the procurement manager or the project manager	
51	5.15	Has equipment leasing been considered for the project's large-scale computing purchases?	Yes	Yes
52			No	
53	5.16	Have all procurement selection criteria and outcomes been clearly identified?	No selection criteria or outcomes have been identified	All or nearly all selection criteria and expected outcomes have been defined and documented
54			Some selection criteria and outcomes have been defined and documented	
55			All or nearly all selection criteria and expected outcomes have been defined and documented	
56	5.17	Does the procurement strategy use a multi-stage evaluation process to progressively narrow the field of prospective vendors to the single, best qualified candidate?	Procurement strategy has not been developed	Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor
57			Multi-stage evaluation not planned/used for procurement	
58			Multi-stage evaluation and proof of concept or prototype planned/used to select best qualified vendor	
59	5.18	For projects with total cost exceeding $10 million, did/will the procurement strategy require a proof of concept or prototype as part of the bid response?	Procurement strategy has not been developed	No, bid response did/will not require proof of concept or prototype
60			No, bid response did/will not require proof of concept or prototype	
61			Yes, bid response did/will include proof of concept or prototype	
62			Not applicable	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Florida Health Care Connections (FX)	
3	Section 6 -- Project Organization Area			
4	#	Criteria	Values	Answer
5	6.01	Is the project organization and governance structure clearly defined and documented within an approved project plan?	Yes	Yes
6			No	
7	6.02	Have all roles and responsibilities for the executive steering committee been clearly identified?	None or few have been defined and documented	All or nearly all have been defined and documented
8			Some have been defined and documented	
9			All or nearly all have been defined and documented	
10	6.03	Who is responsible for integrating project deliverables into the final solution?	Not yet determined	Agency
11			Agency	
12			System Integrator (contractor)	
13	6.04	How many project managers and project directors will be responsible for managing the project?	3 or more	3 or more
14			2	
15			1	
16	6.05	Has a project staffing plan specifying the number of required resources (including project team, program staff, and contractors) and their corresponding roles, responsibilities and needed skill levels been developed?	Needed staff and skills have not been identified	Some or most staff roles and responsibilities and needed skills have been identified
17			Some or most staff roles and responsibilities and needed skills have been identified	
18			Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
19	6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	Yes, experienced project manager dedicated full-time, 100% to project
20			No, project manager is assigned 50% or less to project	
21			No, project manager assigned more than half-time, but less than full-time to project	
22			Yes, experienced project manager dedicated full-time, 100% to project	
23	6.07	Are qualified project management team members dedicated full-time to the project	None	Yes, business, functional or technical experts dedicated full-time, 100% to project
24			No, business, functional or technical experts dedicated 50% or less to project	
25			No, business, functional or technical experts dedicated more than half-time but less than full-time to project	
26			Yes, business, functional or technical experts dedicated full-time, 100% to project	
27	6.08	Does the agency have the necessary knowledge, skills, and abilities to staff the project team with in-house resources?	Few or no staff from in-house resources	Half of staff from in-house resources
28			Half of staff from in-house resources	
29			Mostly staffed from in-house resources	
30			Completely staffed from in-house resources	
31	6.09	Is agency IT personnel turnover expected to significantly impact this project?	Minimal or no impact	Minimal or no impact
32			Moderate impact	
33			Extensive impact	
34	6.10	Does the project governance structure establish a formal change review and control board to address proposed changes in project scope, schedule, or cost?	Yes	Yes
35			No	
36	6.11	Are all affected stakeholders represented by functional manager on the change review and control board?	No board has been established	Yes, all stakeholders are represented by functional manager
37			No, only IT staff are on change review and control board	
38			No, all stakeholders are not represented on the board	
39			Yes, all stakeholders are represented by functional manager	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Florida Health Care Connections (FX)	
3	Section 7 -- Project Management Area			
4	#	Criteria	Values	Answer
5	7.01	Does the project management team use a standard commercially available project management methodology to plan, implement, and control the project?	No	Yes
6			Project Management team will use the methodology selected by the systems integrator	
7			Yes	
8	7.02	For how many projects has the agency successfully used the selected project management methodology?	None	More than 3
9			1-3	
10			More than 3	
11	7.03	How many members of the project team are proficient in the use of the selected project management methodology?	None	All or nearly all
12			Some	
13			All or nearly all	
14	7.04	Have all requirements specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	41 to 80% -- Some have been defined and documented
15			41 to 80% -- Some have been defined and documented	
16			81% to 100% -- All or nearly all have been defined and documented	
17	7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	0% to 40% -- None or few have been defined and documented
18			41 to 80% -- Some have been defined and documented	
19			81% to 100% -- All or nearly all have been defined and documented	
20	7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	41 to 80% -- Some are traceable
21			41 to 80% -- Some are traceable	
22			81% to 100% -- All or nearly all requirements and specifications are traceable	
23	7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	Some deliverables and acceptance criteria have been defined and documented
24			Some deliverables and acceptance criteria have been defined and documented	
25			All or nearly all deliverables and acceptance criteria have been defined and documented	
26	7.08	Is written approval required from executive sponsor, business stakeholders, and project manager for review and sign-off of major project deliverables?	No sign-off required	Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables
27			Only project manager signs-off	
28			Review and sign-off from the executive sponsor, business stakeholder, and project manager are required on all major project deliverables	
29	7.09	Has the Work Breakdown Structure (WBS) been defined to the work package level for all project activities?	0% to 40% -- None or few have been defined to the work package level	41 to 80% -- Some have been defined to the work package level
30			41 to 80% -- Some have been defined to the work package level	
31			81% to 100% -- All or nearly all have been defined to the work package level	
32	7.10	Has a documented project schedule been approved for the entire project lifecycle?	Yes	No
33			No	
34	7.11	Does the project schedule specify all project tasks, go/no-go decision points (checkpoints), critical milestones, and resources?	Yes	Yes
35			No	
36	7.12	Are formal project status reporting processes documented and in place to manage and control this project?	No or informal processes are used for status reporting	Project team and executive steering committee use formal status reporting processes
37			Project team uses formal processes	
38			Project team and executive steering committee use formal status reporting processes	
39	7.13	Are all necessary planning and reporting templates, e.g., work plans, status reports, issues and risk management, available?	No templates are available	All planning and reporting templates are available
40			Some templates are available	
41			All planning and reporting templates are available	
42	7.14	Has a documented Risk Management Plan been approved for this project?	Yes	Yes
43			No	
44	7.15	Have all known project risks and corresponding mitigation strategies been identified?	None or few have been defined and documented	All known risks and mitigation strategies have been defined
45			Some have been defined and documented	
46			All known risks and mitigation strategies have been defined	
47	7.16	Are standard change request, review and approval processes documented and in place for this project?	Yes	Yes
48			No	
49	7.17	Are issue reporting and management processes documented and in place for this project?	Yes	Yes
50			No	

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Florida Health Care Connections (FX)	
2				
3	Section 8 -- Project Complexity Area			
4	#	Criteria	Values	Answer
5	8.01	How complex is the proposed solution compared to the current agency systems?	Unknown at this time	More complex
6			More complex	
7			Similar complexity	
8			Less complex	
9	8.02	Are the business users or end users dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
10			3 sites or fewer	
11			More than 3 sites	
12	8.03	Are the project team members dispersed across multiple cities, counties, districts, or regions?	Single location	More than 3 sites
13			3 sites or fewer	
14			More than 3 sites	
15	8.04	How many external contracting or consulting organizations will this project require?	No external organizations	More than 3 external organizations
16			1 to 3 external organizations	
17			More than 3 external organizations	
18	8.05	What is the expected project team size?	Greater than 15	Greater than 15
19			9 to 15	
20			5 to 8	
21			Less than 5	
22	8.06	How many external entities (e.g., other agencies, community service providers, or local government entities) will be impacted by this project or system?	More than 4	More than 4
23			2 to 4	
24			1	
25			None	
26	8.07	What is the impact of the project on state operations?	Business process change in single division or bureau	Statewide or multiple agency business process change
27			Agency-wide business process change	
28			Statewide or multiple agency business process change	
29	8.08	Has the agency successfully completed a similarly-sized project when acting as Systems Integrator?	Yes	No
30			No	
31	8.09	What type of project is this?	Infrastructure upgrade	Combination of the above
32			Implementation requiring software development or purchasing commercial off the shelf (COTS) software	
33			Business Process Reengineering	
34			Combination of the above	
35	8.10	Has the project manager successfully managed similar projects to completion?	No recent experience	Lesser size and complexity
36			Lesser size and complexity	
37			Similar size and complexity	
38			Greater size and complexity	
39	8.11	Does the agency management have experience governing projects of equal or similar size and complexity to successful completion?	No recent experience	Lesser size and complexity
40			Lesser size and complexity	
41			Similar size and complexity	
42			Greater size and complexity	

SCHEDULE IX: MAJOR AUDIT FINDINGS AND RECOMMENDATIONS

Budget Period: 2022-23 FY

Department: Agency for Health Care Administration

Chief Internal Auditor: Pilar Zaki

Budget Entity: Inspector General/Internal Audit

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 2020-21					
AG 2020-013 AG 18-19 Operational Audit - AHCA	*7/1/18 to 1/31/19*	*Analysis of Selected Medicaid Claims Data*	Finding Our audit found that Agency controls could be enhanced to better prevent or detect potential improper Medicaid claims payments. As part of our audit, we analyzed selected Fee-for-Service (FFS) claims adjudicated during the period July, 2017, through March, 2019, and the encounter data for selected Statewide Medicaid Managed Care (SMMC) Program claims billed during the period July, 2017, through March, 2019. The selected claim types included, but were not limited to, those for controlled substances prescriptions, human immunodeficiency virus (HIV) prescriptions, home health care visits, and dental services. Our analysis of the selected Medicaid claim types identified numerous claims, summarized in Table 1, that appeared to be contrary to State or Federal law, Agency rules and/or policies, or other guidelines, and, in some instances, indicative of potential fraud or abuse.		
			Recommendations: We recommend that the Agency's management enhance FMMIS and MCO oversight controls to better prevent or detect potential improper Medicaid claims payments.	Management Response *(See final report and six-month status report for complete response)* Controlled Substances Florida Medicaid maintains a number of safeguards through the utilization management process which includes automated and manual prior authorizations, step-edit criteria, and other system edits (quantity limits, age limits, etc.) to ensure appropriate prescribing practices or use of medication. Regarding the management of controlled substances, refills of OxyContin or any other Schedule II substance is federally prohibited. Federal law requires a new prescription from the physician for OxyContin or Oxycodone to be filled. Consultation with the prescriber is required in these instances. Additionally, statutory exemptions to prescriber enrollment requirements are applied by Florida Medicaid to ensure reimbursement for only medically necessary services.	

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				HIV Prescriptions Prior to the 2014 implementation of the SMMC Program, the Agency implemented an automatic prior authorization (auto-PA) process to ensure Medicaid recipients obtaining HIV medications, have an HIV medical claims diagnosis in their history. If the policy rules established by the auto-PA criteria are not met, the submitted claim will deny and trigger a manual prior authorization review process for verification of consultation with a prescriber. Home Health Visits Health plans provided justification on their system edits related to the specific claim samples in question and are conducting audits to identify any home health paid claims during an inpatient admission. The Agency also reviewed claim samples identified by the auditors and does not recommend system changes in the Fee-for-Service delivery system nor through the health plans. Encounter Claims: Twenty (20) of the claims were encounter claims from a recipient enrolled in a Managed Care Plan. The Plans' coverage may be more expansive than the coverage policy. Seven (7) health plans were contacted regarding the 20 encounter claims. Because prior authorization was in place for the home health services, clean claims did pay. Identifying home health claims that were paid for dates of service when a member was in an inpatient facility must be done as a retro-payment review. For the claims identified by the Auditor General (AG), the Plans will be reaching out to the home health providers to request documentation and then take appropriate action. These claims were encounter claims and as such health plans may exceed the limits of the coverage policy. It is likely the home health visit claim was filed prior to the hospital or nursing facility claim being filed with the health plan. Fee-for-Service Claims: Ten claims are fee-for-service claims. Prior authorization is required for home health visits. This is one of the mechanisms the state uses to apply utilization management of home health services. Providers obtain authorization every 60 days. However, when the prior authorization is approved it is not possible to predict health emergencies or natural disasters that may result in an inpatient stay. Dental Services Florida Medicaid dental services are provided through three (3) SMMC Dental Plans. Each plan has the flexibility and responsibility to apply medically appropriate utilization criteria for dental services. Root canal procedures require a prior authorization in FFS Medicaid. The Agency disagrees with the finding that the number of root canals performed in one date of service and the average length of time to perform a root canal are automatically grounds to identify overpayment by Medicaid. Such determinations require clinical review, and the Agency requested an expert analysis of these situations with licensed and practicing dentists within the Department of Health and the Medicaid dental plans.	

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				The AG references the American Association of Endodontists as their source for the expected procedural time for a root canal appointment (90 minutes). However, this reference does not detail the various factors that may affect the overall root canal procedure time. These include primary versus permanent teeth, the location of a tooth, root structure, level of decay, compliance of the patient, level of anesthesia, etc. Therefore, the Agency does not find the AG's reference for root canal procedure time to be adequate or accurate, thus system updates are not necessary.	
AG 2021-028 AG 19-20 IT Operational Audit	*September 25, 2020*	*Surplus Computer Hard Drive Disposal Processes*			
			Finding#2 Periodic Review of Physical Access Privileges. The Agency and (DCF) physical access policies and procedures need enhancement to ensure that periodic reviews of physical access privileges to secure IT areas are conducted and the results of such reviews are maintained in agency records.		
			Recommendations We recommend that the Agency and DCF management improve physical access policies and procedures to require periodic physical access privilege reviews of secure IT areas and ensure that documentation of such reviews is maintained in agency records.	Management Response Corrected. The Agency's written Administrative Policy & Procedure (AP&P) #4029 Security and ID Badges (physical access policy) has been revised with a workable form for tracking purposes. This revised policy is awaiting approval from the new Agency Deputy Secretary of Operations who started employment on March 15, 2021. Process implemented: In addition to termination procedures, The Agency's General Services Bureau monitors secure IT areas access rights which are granted through Agency badges. The Agency's Division of IT security team receives monthly logs of access to the Computer Resource Center (CRC) for validation of access privileges.	
			Finding#3 Surplus Computer Hard Drive Sanitization and Disposition Procedures and Documentation. Agency, DCF, and DOE procedures for tracking and maintaining records related to the sanitization and disposition of surplus computer hard drives need improvement.		
			Recommendations We recommend that the Agency, DCF, and DOE management establish comprehensive policies and procedures for the surplus computer hard drive sanitization and disposition process and ensure that agency records appropriately account for and evidence the sanitization and disposition of all surplus computer hard drives.	Management Response Corrected. The Agency's written Administrative Policy & Procedure (AP&P) #4029 Security and ID Badges (physical access policy) has been revised with a workable form for tracking purposes. This revised policy is awaiting approval from the new AHCA Deputy Secretary of Operations who started employment on March 15, 2021. The tracking form is now in use by the Division of IT and General Services Bureau although no items have been surplused since the conclusion of this audit.	
AG 2021-182	FYE 6/30/20	State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards			

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AG 19-20 Federal Awards & Financial Statement Audit					
			Finding#2020-040 Agency records did not evidence that periodic reviews of the appropriateness of Florida Medicaid Management Information System (FMMIS) user access privileges were always completed or that access privileges were timely deactivated when access was no longer needed.		
			Recommendations We recommend that the Agency management strengthen controls to ensure that periodic reviews of FMMIS access privileges are adequately performed and documented in Agency records. We also recommend that Agency management enhance controls to ensure that FMMIS user access privileges are deactivated immediately upon a user's separation from the Agency's employement.	Management Response To ensure that documentation for periodic review of the Medicaid Enterprise User Providing System (MEUPS) timely terminations is properly archived: 1. The Agency will re-train Staff on documented procedures. 2. The Agency will add procedures to include a monthly process to verify supporting documentation for log entries is properly archived.	
				To ensure timely deactivation of Agency internal MEUPS user access, the following actions will be taken: 1. The Agency will create a 'New Org/Department Owners' Tip Sheet providing an overview of the provisioning process, links to MEUPS documents and requirements for transfers and access terminations. 2. An Agency IT Help Desk ticket-based task will be assigned to MFAO during the Agency workforce member termination process. 3. The Agency's procedures will be modified to: a) Terminate applicable MEUPS access upon receipt of ticket and b) Follow Agency IT Help Desk Ticket task resolution procedures.	
			Finding#2020-041 Agency records did not evidence that site visits of Medicaid Program providers were conducted in accordance with Federal regulations.		
			Recommendations We recommend that the Agency enhance controls to ensure that providers seeking enrollment in the Florida Medicaid Program receive site visits in accordance with Federal regulations. In addition, we recommend that the Agency revalidate the enrollment of providers in all service locations at least every five (5) years in accordance with Federal regulations.	Management Response For the claims identified in this audit, the Agency's Bureau of Financial Services will report the Prior Period Adjustment (PPA) for the Federal Share (FS) of $32,358.85 on the Q2-2021 CMS-64 Line 10A.	
				Medicaid providers who received renewal prior to State review, is the result of human error, and resulted in the premature activation of the Medicaid providers. The Agency will: 1. Provide re-training to the Agency staff and Fiscal Agent staff who erroneously allowed providers to renew when enrollment/revalidation occurs. 2. Modify the FMMIS user interface to not allow approval of revalidation without proof of State review.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
				There is a Risk Based Screening (RBS) workgroup currently working on re-evaluating the RBS categories for State provider types. Upon completion of their analysis, FMMIS will be modified to correct the risk categories of some Provider Types. Set up a workgroup to evaluate the State's current protocol for revalidating providers with multiple locations. The workgroup will consult with Federal CMS on the requirements, as well as inquire as to how other states handle revalidating providers with multiple locations. Make the appropriate FMMIS system changes, as well as modify operational procedures accordingly.	
			Finding#2020-042 The Agency did not ensure that all External Quality Review (EQR) activities were performed in accordance with Federal requirements.		
			Recommendations We recommend that the Agency ensure that EQR activities, including compliance reviews, are conducted in accordance with Federal regulations.	Management Response The Agency is strongly committed to performing, ongoing and intensive monitoring of its contracted Medicaid Managed Care Plans. The Agency ensures that routine and continuous compliance reviews occur on a more frequent basis than established through the Minimum Managed Care Rule requirements. There are several key areas of the Managed Care Rule that are reviewed on a more frequent basis such as monthly, quarterly, annually, and as needed. In addition, the Agency focuses considerable resources on targeted reviews of areas of emerging concern, which may be identified through review of routine reports and data, complaints and grievances, or other stakeholder feedback. During the timeframe in question, the following are examples of required EQR activities that were reviewed: 1. Enrollee Complaints, Grievances and Appeal Reports – reviewed monthly 2. Provider Network Monitoring (including online provider directory, contractual ratios, time and distance reviews and secret shopper activities) – reviewed monthly and quarterly 3. Encounter Submission Timeliness and Accuracy Reviews – reviewed monthly 4. Utilization Management – Service Authorization Performance Outcome – reviewed monthly 5. Long-Term Care Enrollee Record Reviews – reviewed quarterly 6. Healthcare Effectiveness Data and Information Set Measures – reviewed annually 7. Timely Personal Health Information Disclosures – reviewed as submitted 8. Subcontractor Delegation Changes – reviewed as submitted 9. Medicaid Fair Hearing Compliance Reviews – reviewed as submitted Despite this intensive and comprehensive monitoring, we concur that, in the period prior to 2019, we had not monitored some of the aspects required by the Federal Centers for Medicare and Medicaid Services (CMS). We have studied the requirements and created a plan to complete all mandatory monitoring, in addition to the other comprehensive monitoring we conducted, during the time period December 2018 (the start of the new contracts) - December 2021. We interpreted this as meeting the three (3)year monitoring requirement.	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
				Based on discussion with the auditors, we now understand that the three (3) year period will always be a "rolling" three (3) year look-back, and thus our comprehensive monitoring plan will not yield full compliance until the audit that encompasses 2020-2021. Despite this, we are confident that a close review of the Agency's oversight of the Managed Care Plans will show that it is not only comprehensive but that the approach to targeted monitoring yields far higher health plan performance and member outcomes than a monitoring approach that simply adheres to the minimum Federal requirements.	
			Finding#2020-043 The Agency did not ensure that cost report audits were conducted in accordance with the approved Florida Medicaid State Plan and Federal regulations.		
			Recommendations To ensure compliance with Federal regulations and the approved Medicaid State Plan, we recommend that Agency management ensure that cost reports audits are conducted in accordance with Generally Accepted Auditing Standards (GAAS).	Management Response The Generally Accepted Auditing Standards (GAAS) are not an applicable measure of auditing the Medicaid cost reports. The GAAS are utilized when auditing financial statements, not reports that also provide statistical information or other data. The Agency's contracted certified public accounting (CPA) firms utilize AICPA Attestation Standards that allow them to provide an opinion. Attestation standards also allow for assurance of statistical information and other data, which is why these standards are more applicable for auditing Medicaid cost reports. The Federal regulation in 42 CFR 447.202 does not specifically require GAAS to be utilized to audit cost report. It only requires "…appropriate audit of records if payment is based on costs of services…" The Agency will remove all references to GAAS from the applicable state plans in order to align with the examinations and reviews that are conducted by the Agency's contracted CPA firms.	
			Finding#2020-047 Internal controls related to the Pharmaceutical Claims Processing System (PCPS) were not always appropriately designed and operating effectively.		
			Recommendations We recommend that the Agency ensure that the service organization takes timely and appropriate corrective action to resolve the deficiencies noted in the independent service auditor's report.	Management Response The Agency will develop a process to ensure the timely review of the independent service auditor's report and identify and oversee any required corrective action plans. The Agency will: 1. Develop a schedule of expected delivery dates of the independent service auditor's reports. 2. Post schedule to a new SharePoint Calendar 3. Create procedures and processes to send notifications and follow up notifications to the Agency's report reviewers until verification of the review is complete.	
AG 2021-198 AG 19-20 Operational Audit - AHCA	7/1/18 to 1/31/20	MediKids Program Funding and Selected Administrative Activities	Finding#1		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			MediKids Funding. Contrary to State law, amounts collected from families whose children participated in the full-pay portion of the MediKids Program were not sufficient to pay for the full cost of the MediKids Program.		
			Recommendations We recommend that Agency management take steps to ensure that families enrolled in the full-pay portion of Medikids, pay the full cost of the premium in accordance with State law.	Management Response The 2020 Florida Legislature authorized the blending of the MediKids and MediKids Full Pay programs and appropriated $2.6M in General Revenue effective July 1, 2020. The Agency has implemented this blending effective October 1, 2020, and the premiums for full pay increased to about $189 per month. The Agency will continue to monitor and have our actuarial firm perform a yearly analysis to determine potential increases or decreases in the premium to ensure the full cost is covered by the families. In addition, the Bureau of Financial Services has implemented a monthly process to identify the amount of the original full-pay costs, determine the amount of funds to be returned to the Centers for Medicare and Medicaid Services (CMS), transfer cash to original funding sources to account for the original expenditures and notify Medicaid managers of the outcome of the monthly variance analysis between premium cost and premium collection.	
			Finding#2 Accounting and Budgeting Policies and Procedures and Staff Training The Bureau of Financial Services (BFS) had not established sufficiently comprehensive policies and procedures or developed a BFS-specific training program to ensure that staff receive sufficient training related to the Agency's complex accounting and budgeting tasks. A similar finding was noted in prior audit reports, most recently in our report No. 2018-172.		
			Recommendations We recommend that BFS management update policies and procedures to ensure that BFS responsibilities and unique operations are sufficiently addressed. The updated policies and procedures should promote compliance with applicable laws, rules, regulations, and accounting standards, and provide sufficient guidance to ensure consistency in the event of staff turnover. In addition, we again recommend that BFS management develop a staff training program that is specifically tailored to address the complexity of the Agency's financial operations and maintain appropriate documentation demonstrating BFS staff attendance at training activities or why formal training activities were not required.	Management Response Accounting and Budgeting Policies and Procedures BFS agrees with the recommendation. BFS has initiated a project to review all procedures, make improvements, and generate policies and procedures Bureau-wide. BFS will ensure the updated policies and procedures are comprehensive and sufficiently address the recommended elements suggested by the Auditor General. Training Plan BFS has initiated a project to develop a Bureau-wide training plan which will include all staff and incorporate the training needs for the Bureau business processes. The goal of the training program is to provide the knowledge and skills needed for employee's current job and retention of staff long-term.	
			Finding#3 Accounting Transactions BFS controls continue to need enhancement to ensure that accounting transactions are properly reviewed and approved.		
			Recommendations	Management Response	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We recommend that BFS management update review and approval processes to encompass the accounting transactions noted on audit and ensure that Agency records evidence the review and approval of all Agency accounting transactions.	Upon research, the transactions in question, in Finding No.3, are solely related to TR10s which are directly related to the preparations of the Statewide Financial Statements, recording of releases, indirect adjustments and alignment of cash per expenditure within trust fund, Other Cost Accumulators (OCAs) in accordance with the Agency and Department of Financial Services (DFS) guidelines. BFS will enhance current processes by performing the following: •Ensure a second level of review is conducted by a supervisor prior to entering transactional data into the Florida Accounting Information Resource Subsystem (FLAIR.) •The approval will be provided via email. •Approvals will be kept and maintained in a separate folder as supporting documentation for future reference. In addition, BFS will enhance the review and approval controls in different accounting cycles, update the current policy and procedures and maintain the review and approval evidence.	
			Finding#4 Prompt Payments BFS controls need enhancement to ensure that payments are accurately recorded in the Florida Accounting Information Resource Subsystem (FLAIR) and comply with statutory prompt payment requirements. A similar finding was noted in prior audit reports, most recently in our report No. 2018-172.		
			Recommendations We again recommend that BFS management strengthen invoice payment and processing controls to promote compliance with statutory prompt payment requirements.	Management Response BFS does regularly communicate with all team members the importance of not only ensuring that the correct transaction date has been entered during the review process, but also placing emphasis on prompt payment compliance timeframes. BFS designed a report in May, 2020, for the purpose of tracking prompt payment compliance with the goal of remaining at the rate of above 95%. The report is updated on a bi-weekly basis. From April, 2020, through December, 2020, the compliance rate remained above 95% with a quarterly average of 97.51%. BFS will continue to identify additional methods of monitoring as a means of working towards 100% compliance. BFS will conduct a thorough review of procedures while implementing policies along with training materials that incorporate effective controls regarding this finding.	
			Finding#5 Mobile Device Security Controls Security controls over mobile device utilization need improvement to ensure the confidentiality, integrity, and availability of Agency data and information technology (IT) resources.		
			Recommendations	Management Response	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We recommend that Agency management enhance certain security controls related to employee use of mobile devices to ensure the confidentiality, integrity, and availability of Agency data and related IT resources.	The Agency is phasing-out older controls as budget allows. Agency policy requires employees with personally owned mobile devices to take individual responsibility for use of their personal device including patching and anti-virus. The Agency requires Multi-Factor Authentication for Microsoft Outlook Web Access.	
			Finding#6 Property Inventories Agency tangible personal property controls need enhancement to ensure that physical property inventories are timely conducted and the results submitted to the Agency Property Administrator in accordance with established time frames.		
			Recommendations We recommend that Agency management take steps to ensure that physical inventories of tangible personal property are timely performed and the results of the inventories are submitted to the Agency Property Administrator in accordance with established time frames.	Management Response The Agency has revised the Property Management Policy regarding the promptness of submissions and the reporting to management of unaccounted items. After implementing changes, the Fiscal Year 2019-20 inventory response times were much improved, and only one submission was 16 days past due. The Agency will continue to modify policies and procedures as necessary to continue to improve our processes and the timeliness of completion.	
			Finding#7 Property Records Agency controls regarding the accuracy and completeness of the information needed to correctly report and maintain proper accountability over Agency property and demonstrate compliance with applicable Department of Financial Services rules need enhancement.		
			Recommendations We recommend that Agency management enhance controls to promote the complete and accurate recording of all required property information in Agency property records.	Management Response The Agency is revising its procedures for the recording of all required property information into the property module within FLAIR and will be performing a review of all recorded items to ensure that all required data has been entered. The Agency has updated all the property records that did not include manufacturer information, and serial numbers. With the implementation of the new policy, the Agency has been recording the property data in a timely manner and has reduced errors in record entry. With regards to missing voucher numbers, property that cannot be recorded through any other transaction type into FLAIR is completed using a transaction (TR16), which does not produce a voucher number. The Agency will begin to enter the voucher number associated with the recorded entry into the Other Document Number (ODN) Description field within FLAIR.	
			Finding#8 Property Acquisitions As similarly noted in prior audit reports, most recently in our report No. 2018-002, the Agency did not always timely or accurately record tangible personal property acquisitions in Agency property records.		
			Recommendations	Management Response	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We again recommend that Agency management enhance tangible personal property controls to ensure that Agency property records are timely updated for tangible personal property acquisitions and accurately maintained in accordance with DFS rules. Such tangible personal property control enhancements should include a specified time frame for recording tangible personal property acquisitions to Agency property records and guidance addressing the recording of property items at the correct cost.	The Agency has revised the property management policy regarding the promptness of submissions and the reporting to management of unaccounted items. In the fiscal year 2019-20 inventory, response times improved and only one submission was 16 days past due. The Agency will continue to modify policies and procedures as necessary to continue to improve our processes and the timeliness of completion. In addition, BFS and the Bureau of General Services will continue to educate and provide guidance to all Agency team members involved in the process to ensure Property Tags and Property Identification Forms submitted for review and entry into property records are not only correctly coded to reflect accurate allocation of goods and services ordered, but also to place emphasis on the importance of timely submission. A second level review will also be conducted prior to the submission of Property Tags and Property Identification Forms. The Agency will be drafting new instructions and procedures for the recording of property at the correct cost and will include a specified time frame for the completion of the process.	
			Finding#9 Contract Information Reporting The Agency did not post information for all Agency contracts to the Florida Accountability Contract Tracking System (FACTS) as required by State law. A similar finding was noted in our report No. 2019-015.		
			Recommendations We recommend that Agency management enhance controls to ensure that required contract information for all Agency contracts is timely posted to FACTS in accordance with State law.	Management Response The Agency agrees with this recommendation and is working in consultation with DFS to determine how to add the Medicaid Managed Care Contracts to FACTS. Additionally, the Agency will review all contracts in the Agency's Contract Administration Tracking System to ensure that the Agency is in compliance with the requirement to post applicable contracts in FACTS.	
			Finding#10 VERSA Regulation System and Clearinghouse Access Controls As similarly noted in our report No. 2018-172, IT user access controls for the Versa Regulation system and Care Provider Background Screening Clearinghouse need improvement to ensure that periodic reviews of user access privileges are adequately performed and documented and Agency records demonstrate that user access privileges are timely deactivated when access is no longer needed.		
			Recommendations We again recommend that Agency management strengthen controls to ensure that periodic reviews of VERSA Regulation system and Clearinghouse user access privileges are adequately performed and documented in Agency records. We also recommend that Agency management enhance controls to ensure that VERSA Regulation system user access privileges are deactivated immediately upon a user's separation from Agency employment.	Management Response The Agency will be enhancing the VERSA Regulation system access privilege processes. The Division of Operations and Division of IT will be collaborating and leveraging existing scheduled review processes. The Agency Transfer, Promotion & Separation (TPS) procedure will be enhanced to strengthen controls. The Background Screening Clearinghouse regularly scheduled privilege reviews will also be enhanced and scheduled where needed.	
			Finding#11 FLAIR Access Controls Agency controls over employee access to FLAIR continue to need improvement to help prevent and detect any improper or unauthorized use of FLAIR access privileges.		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			Recommendations We recommend that Agency management enhance FLAIR access controls to ensure the appropriate assignment and timely removal of FLAIR user access privileges. Such enhancements should include: •Conducting complete periodic FLAIR access reviews and maintaining appropriate documentation for changes in FLAIR user access privileges necessitated by the reviews.	Management Response BFS monitored FLAIR access controls on a bi-annual basis. BFS will continue to enhance and improve our current FLAIR Access internal controls by implementing the following procedures: •Incorporating a 2nd level review by another FLAIR Administrator to ensure accuracy and timely removal or access adjustment.	
			•Limiting FLAIR user access privileges to promote an appropriate separation of duties and requiring that, where incompatible access privileges are necessary, establishing and documenting compensating controls. •Removing FLAIR user access privileges immediately upon a user's separation from Agency employment.	•BFS will ensure that documentation can be provided via capturing a screenshot of the FLAIR access removal and save in a separate file for future reference due to the FLAIR application purging files or data after a period of time. •Add the TPS separation and internal movement notifications received to the shared Policy & Systems calendar with follow up reminders prior to the employee action effective date. •Existing policies and procedures will also be updated to reflect this chang	
				The Division of IT will be enhancing the system access privilege processes. The Division of Operations and Division of IT will be collaborating and leveraging existing system access scheduled review processes.	
AHCA-1718-02-A	1/1/18 to 12/31/18	HQA Tracking of Final Orders	Finding#1 HQA Tracking and Monitoring of Non-Monetary Compliance Penalties. HQA staff did not consistently monitor and track nonmonetary final orders as required.		
			Recommendations 1. We recommend that HQA follow the provisions set forth in the Protocol in which the Enforcement Unit runs the Open Case Compliance Report monthly and quarterly to effectively monitor all non-monetary compliance items more than 30 or 90 calendar days past due. We further recommend that monitoring be documented.	Management Response HQA Response: 1. Concur. Significant progress has been made to track and monitor non-monetary compliance. As of the monthly report on 6/1/2021, only eleven (11) past-due non-monetary compliance items were outstanding. Currently, there is no SQL rule for non-monetary items, but one is being created as of 6/16/2021. The SQL rule will mirror the one in place for monetary compliance and will force the licensure units to use their leverage over the facility's need to comply with these penalties as well.	
			2. We recommend that HFR and Field Operations follow the provisions set forth in the Protocol requiring staff to reach out to facilities with open non-monetary compliance penalties under their purview. Staff should also enter any notations needed, enter a completion date in VERSA for applicable non-monetary compliance penalties, and save documentation of compliance with these penalties in accordance with the Protocol.	2. Concur. HFR and Field Operations agree with the recommendation to follow the provisions set forth in the Protocol. HFR and Field Operations staff currently review the Open Case Compliance Report for necessary action and update VERSA and as necessary.	
			Finding#2 Financial Services Intake of Final Orders and Collection of Monetary Penalties. Financial Services manual process for the intake of final orders and the collection of final order monetary penalties did not always properly identify final order monetary penalties.		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			Recommendations	Management Response	
			1. We recommend that BFS use the systemgenerated Open Case Compliance Report derived from VERSA to identify any new HQA final orders filed and monitor final orders with outstanding monetary penalties due to the Agency in accordance with the Protocol.	BFS Response: 1. Concur: BFS will use the Open Case Compliance Report to aide in identifying new HQA Final orders and monitor outstanding monetary penalties due on a bi-weekly basis.	
			2. We recommend that BFS follow the provisions in the Administrative Final Orders Processing/Recording procedures which note that CAMS can generate a "Current Delinquencies" aging report for outstanding HQA final order penalties that have not been paid and use CAMS to generate collection letters for past due final order monetary penalties.	BFS Response: 2. Concur: a. Implemented. BFS is using the CAMS Delinquency Aging Report to monitor past due final orders. b. BFS is working with Paul's Consulting firm to enhance the system to print past due collection notices from CAMS. HQA Response: 2. Concur. Since the Protocol was put into place, BFS indicates there are enhancements with a new system, CAMS. HQA will work with BFS to reconcile VERSA and CAMS and update the Protocol to share reports and system access to CAMS to ensure both systems are accurate.	
			Finding#3 Efficiency of Updating Final Order VERSA Payment Information. Different entry points in processing final order monetary penalties in Financial Services and HQA resulted in some delays in posting payment information into VERSA.		
			Recommendations	Management Response	
			1. We recommend that BFS work with HQA to process final order monetary penalty payments more efficiently. In general, payments received should arrive and be processed by HQA Central Intake as the single point of entry for monetary final order payments. Collection letters should be revised to be consistent with the payment address in the initial final order.	BFS Response: 1. Concur: BFS will update the past due collection letters address referenced in the final orders. HQA Response: Concur. HQA Enforcement Unit agrees with recommendations 1 and 2. The Cash Receipts Report does seem to come more frequently (approximately bi-weekly) from BFS, but some errors sometimes do appear in the data.	
			2. For any payments received by BFS, we recommend that BFS provide a bi-weekly report to HQA Enforcement, rather than the monthly report contemplated by the Protocol. This report should include relevant supporting documentation to update VERSA, as required by the Protocol.	BFS Response: 2. Concur: A weekly report will be provided to reflect payments received by BFS to ensure payments are being posted in VERSA in a timely manner. HQA Response: Concur. HQA Enforcement Unit agrees with recommendations 1 and 2. The Cash Receipts Report does seem to come more frequently (approximately bi-weekly) from BFS, but some errors sometimes do appear in the data.	
			Finding#4 VERSA Updates of Monetary Compliance Penalties. Final order monetary compliance penalties were not always updated or closed appropriately in VERSA.		
			Recommendations		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			1. We recommend that, as contemplated by the Protocol, the Final Order Process Workgroup meet monthly to discuss appropriate data entry of final orders in VERSA to include monetary compliance items. The Workgroup should include not only staff referenced in the Protocol - the Office of the Deputy Secretary of HQA, the Enforcement Unit, and OGC, but also include a member of BFS.	HQA Response 1 and 2. As the Protocol was put into place over two (2) years ago when there was a significant list of overdue monetary and nonmonetary compliance items, HQA is in the process of updating the Protocol and proposes that the Final Order Process Workgroup meet only as needed as compliance items are now tracked through reports shared through email. We believe the Workgroup can be handled through email as long as clear communication is kept and staff are clear on their roles.	
			2. We also recommend HQA update the provisions set forth in the Protocol in which the Workgroup facilitator distribute follow-up action items as needed on any identified issues to include representation from BFS and monetary compliance items.	A new report was recently created, the Miscellaneous Sales Payment Revenue Report, to catch these errors. Additionally, the Final Order Compliance Report has been enhanced. HQA Enforcement Unit Plans on using both reports at least monthly to ensure that Final Orders are paid in full and are closed timely. The Protocol specifies that Final Orders with overdue monetary compliance items will be sent to collections approximately 120 days from the payment due date by BFS. HQA Enforcement Unit is working with BFS to receive HAR/CAMS reports to reconcile with VERSA records so discrepancies could be discussed. The report will be provided in the interim while HQA staff are in the process of receiving view access to CAMS.	
			Finding#5 Misidentified Final Order Payments. BFS staff sometimes misidentified and misclassified HQA final order payments.		
			Recommendations We recommend that HQA and OGC work together to create a unique HQA and MPI identifier on the final order that would help distinguish between the various final orders. For example, using the acronyms HQA and MPI as part of the final order number will allow for easier identification of such orders by Cash Room staff.	Management Response BFS and HQA Response: BFS and HQA have worked together and confirmed there is a unique identifier in place between HQA and MPI final orders. A dash after the first four (4) numbers is present in MPI final orders and not present in HQA final orders. BFS has already provided training to staff to identify the differences and we believe the issue has been successfully resolved.	
			Finding#6 Obsolete Compliance Requirements. HQA final orders with certain obsolete compliance requirements were issued by OGC.		
			Recommendations 1. We recommend that both HFR and OGC ensure the "Return License" non-monetary compliance penalty is no longer used in HQA final orders and that final order language is updated to note that the license is null and void and can no longer be used.	Management Response HQA Response: HFR agrees that the return license compliance penalty is obsolete and will work with OGC to ensure it is no longer used. The return license compliance penalty will be closed in VERSA as it is identified on the monthly report as it is no longer applicable. OGC recommends a statutory change in 408.81, F.S. to clarify a provider should notify the Agency of discontinuance of operations instead of surrendering the physical license.	
			2. We also recommend that any current "Return License" compliance penalties be closed in VERSA by HQA staff.		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
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. Implemented on July 1, 2020. The rates file is reviewed independently by the Data Solutions Unit (DSU) and by the Actuarial Services Unit (ASU) and documented via saved emails. Any changes that are required after subsequent reviews will be documented via emails and within the programming code.	
			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. Completed. Implemented on August 1, 2020. Any proposed changes to the LTC flagging process will be discussed with DSU management and MDA Bureau Chief. Any agreed upon changes will be implemented within the code and reviewed by DSU management prior to implementation. All changes will clearly be documented in the programming code. The Blended Rates file will be reviewed independently by the DSU and by the ASU and documented via saved emails. Any changes that are required after subsequent reviews will be documented via emails and within the programming code.	
			2. We recommend that DSU staff document all programming changes, testing, and approvals made during the LTC flagging and Blended Rates calculation files.	2. Completed. Implemented on August 1, 2020. As noted above, changes to the LTC flagging process will be documented within the programming code.	
AHCA-17-18-04-A		IT Help Desk	The report is confidential.		
AG 2020-170	FYE 6/30/19	Compliance and Internal Controls Over Financial Reporting and Federal Awards			

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AG 18-19 Federal Awards and Financial Audit			Finding #2019-033 Fee-for-Service medical claim payments made to providers of Medicaid and REAP services were not always paid in accordance with the established fee schedules.		
			Recommendation We recommend that the Agency implement controls to ensure that all claims are paid for the correct amount and that the Agency review the payment rates programmed in FMMIS to ensure that the payment rates are correct.	Management Response To ensure that future Medicaid Fee Schedules are implemented into the Florida Medicaid Management Information System (FMMIS) correctly, The Agency has developed a Corrective Action Plan (CAP). The CAP has two components. 1. The Agency will document a standard process for tracking the annual Medicaid fee schedule updates. The documentation is being formalized and will be published by July 31, 2021. 2. The Agency will reprocess all Fee-for-Service claims identified in the audit as paying an incorrect rate. The claims were reprocessed as part of the July 2, 2021, claim processing cycle. Reprocessing is complete.	
			Finding #2019-034 The Agency did not adequately ensure that the service organization's internal controls related to the invoicing, collecting, and reporting of drug rebates were operating effectively.		
			Recommendation We recommend that the Agency ensure that the service organization's internal controls related to the invoicing, collecting, and reporting of drug rebates are appropriately designed and operating effectively by obtaining and reviewing a SOC 1 Type 2 report.	Management Response The contract between the Agency and the service organization has been amended. The amendment required the service organization to obtain an SSAE-18 Audit Report to ensure that the service organization internal controls related to invoicing, collecting, and reporting of drug rebates are appropriately designed and operating effectively. The service organization submitted an SSAE-18 Audit Report to the Agency on May 31, 2019, pertaining to the SOC1, Type 1 audit which reported on the design of the vendor's internal controls. The service organization submitted an SSAE-18 audit report to the Agency on August 11, 2020, pertaining to the SOC 1 Type 2 audit which reported on the operating effectiveness of the vendor's controls. The Agency received and reviewed the audit August 11, 2020.	
			Finding #2019-036 The Agency did not ensure that all External Quality Review (EQR) activities were performed in accordance with Federal requirements		
			Recommendation	Management Response	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			We recommend that the Agency incorporate the standardized compliance review tool into Agency monitoring activities and take actions to ensure that the three (3) year compliance review and all EQR activities performed by the EQRO are timely conducted in accordance with Federal regulations.	The Agency is on track to complete the three (3) year compliance review. The three (3) year compliance review period began January 2019, and will end January 2022; therefore, this item cannot be "fully corrected" until SFY 2021/2022. The State's EQRO noted the following in the June 2020, Annual Technical Report to Federal CMS: "As of the writing of this report, the state is on track to complete the three (3) year Comprehensive Compliance Review by the federal deadline."	
			Finding #2019-037 The FAHCA did not ensure that inpatient hospital cost reports were periodically audited in accordance with the approved Florida Medicaid State Plan and Federal regulations.		
			Recommendation We recommend that Agency management take steps to ensure that inpatient hospital cost reports are obtained and audited in accordance with the approved Medicaid State Plan to help evaluate payment levels within the Medicaid Program and ensure compliance with Federal regulations.	Management Response The approved 2019-2020 State Plan, with an effective date of July 1, 2019, was updated to reflect that only the state mental health hospitals, which are paid on a cost basis, must submit cost reports which will be audited.	
			Finding #2019-038 Agency records did not evidence that site visits of Medicaid Program providers were conducted in accordance with Federal regulations.		
			Recommendation We recommend that the Agency ensure that providers seeking enrollment in the Florida Medicaid Program receive site visits in accordance with Federal regulations. In addition, we recommend that the Agency revalidate the enrollment of providers at least every five (5) years in accordance with Federal regulations.	Management Response THe Agency will initiate an internal workgroup to review and compare Agency's site visit rules with the applicable Federal regulations. Any deviations will be analyzed and, where appropriate, the Florida Medicaid policy will be modified. The Agency will schedule site visits for the providers identified in the audit. Due to reallocating resources in response to the COVID-19 State of Emergency, the target completion date of December 31, 2020 was been moved to June 30, 2021.	

Fiscal Year 2022-23 LBR Technical Review Checklist

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

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

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

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
1. GENERAL						
1.1 Are Columns A01, A04, A05, 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	Y	Y
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? **(CSDI)**	Y	Y	Y	Y	Y	Y
AUDITS:						
1.3 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	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	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	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 57 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	Y	Y	Y	Y
2.3 Are the issue codes and titles consistent with *Section 3* of the LBR Instructions (pages 15 through 27)? Do they clearly describe the issue?	Y	Y	Y	Y	Y	Y
3. EXHIBIT B (EXBR, EXB)						
3.1 Is it apparent that there is a fund shift where an appropriation category's funding source is different between A02 and A03? Were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	Y	Y	Y	Y	Y	Y
AUDITS:						

	Action	Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
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	Y	Y
3.3	Current Year Estimated Verification Comparison Report: Is Column A02 equal to Column B07? **(EXBR, EXBC - Report should print "Records Selected Net To Zero")**	Y	Y	Y	Y	Y	Y
TIP	Generally look for and be able to fully explain significant differences between A02 and A03.						
TIP	Exhibit B - A02 equal to B07: Compares Current Year Estimated column to a backup of A02. This audit is necessary to ensure that the historical detail records have not been adjusted. Records selected should net to zero.						
TIP	Requests for appropriations which require advance payment authority must use the sub-title "Grants and Aids". For advance payment authority to local units of government, the Aid to Local Government appropriation category (05XXXX) should be used. For advance payment authority to non-profit organizations or other units of state government, a Special Categories appropriation category (10XXXX) should be used.						
4. EXHIBIT D (EADR, EXD)							
4.1	Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 61 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
4.2	Is the program component code and title used correct?	Y	Y	Y	Y	Y	Y
TIP	Fund shifts or transfers of services or activities between program components will be displayed on an Exhibit D whereas it may not be visible on an Exhibit A.						
5. EXHIBIT D-1 (ED1R, EXD1)							
5.1	Are all object of expenditures positive amounts? (This is a manual check.)	Y	Y	Y	Y	Y	Y
AUDITS:							
5.2	Do the fund totals agree with the object category totals within each appropriation category? **(ED1R, XD1A - Report should print "No Differences Found For This Report")**	Y	Y	Y	Y	Y	Y
5.3	FLAIR Expenditure/Appropriation Ledger Comparison Report: Is Column A01 less than Column B04? **(EXBR, EXBB - Negative differences [with a $5,000 allowance] need to be corrected in Column A01.)**	Y	Y	Y	Y	Y	Y
5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? **(EXBR, EXBD - Differences [with a $5,000 allowance at the department level] need to be corrected in Column A01.)**	Y	Y	Y	Y	Y	Y
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.						
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.						
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2020-21 approved budget. Amounts should be positive. The $5,000 allowance is necessary for rounding.						

	Action	Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a $5,000 allowance at the department level.						
6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)							
6.1	Are issues appropriately aligned with appropriation categories?	Y	Y	Y	Y	Y	Y
TIP	Exhibit D-3 is not required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.						
7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)							
7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 27 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 65 through 68 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 67 through 69 of the LBR Instructions?	Y	Y	Y	Y	Y	Y
7.4	Are all issues with an IT component identified with a "Y" in the "IT COMPONENT?" field? If the issue contains an IT component, has that component been identified and documented?	Y	Y	Y	Y	Y	Y
7.5	Does the issue narrative explain any variances from the Standard Expense and Human Resource Services Assessments package? Is the nonrecurring portion in the nonrecurring column? (See pages E.4 through E.5 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.6	Does the salary rate request amount accurately reflect any new requests and are the amounts proportionate to the Salaries and Benefits request? Note: Salary rate should always be annualized.	Y	Y	Y	Y	Y	Y
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADA/C)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 95 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.8	Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	Y	Y	Y	Y	Y	Y
7.9	Does the issue narrative reference the specific county(ies) where applicable?						
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 #22-001?	N/A	N/A	N/A	N/A	N/A	N/A
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	N/A	N/A
7.12	Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A	N/A	N/A	N/A	N/A	N/A
7.13	Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A	N/A	N/A	N/A	N/A	N/A
7.14	Do the amounts reflect appropriate FSI assignments?	Y	Y	Y	Y	Y	Y

	Action	Program or Service (Budget Entity Codes)					
		68200000	68500100	68500200	68501400	68501500	68700700
7.15	Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	Y	Y	Y	Y	Y	Y
7.16	Do the issue codes relating to special *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 26 and 90 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.17	Do the issues relating to *Information Technology (IT)* have a "C" in the sixth position of the issue code (36XXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y	Y	Y	Y	Y	Y
7.18	Are the issues relating to *major audit findings and recommendations* properly coded (4A0XXX0, 4B0XXX0)?	N/A	N/A	N/A	N/A	N/A	N/A
7.19	Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y	Y	Y	Y	Y	Y
AUDIT:							
7.20	Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? **(GENR, LBR1)**	Y	Y	Y	Y	Y	Y
7.21	Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? **(GENR, LBR2)**	N/A	N/A	N/A	N/A	N/A	N/A
7.22	Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? **(GENR, LBR3)**	Y	Y	Y	Y	Y	Y
7.23	Have FCO appropriations been entered into the nonrecurring column (A04)? **(GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L))**	N/A	N/A	N/A	N/A	N/A	N/A
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	Y	Y
7.25	Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2021-22? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2021-22. 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	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 65 through 70 of the LBR Instructions.						

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
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 2021-22 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.						
8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level *or* SC1R, SC1D - Department Level) (Required to be posted to the Florida Fiscal Portal)						
8.1 Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y	Y	Y	Y	Y	Y
8.2 Has a Schedule I and Schedule IB been completed in LAS/PBS for each operating trust fund?	Y	Y	Y	Y	Y	Y
8.3 Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IC, and Reconciliation to Trial Balance)?	Y	Y	Y	Y	Y	Y
8.4 Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	Y	Y	Y	Y	Y	Y
8.5 Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y	Y	Y	Y	Y	Y
8.6 Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling $100,000 or more for the fiscal year?	Y	Y	Y	Y	Y	Y
8.7 If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	N/A	N/A	N/A	N/A	N/A	N/A
8.8 If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to section 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable legislation?	N/A	N/A	N/A	N/A	N/A	N/A
8.9 Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)? For non-grant federal revenues, is the correct revenue code identified (codes 000504, 000119, 001270, 001870, 001970)?	Y	Y	Y	Y	Y	Y
8.10 Are the statutory authority references correct?	Y	Y	Y	Y	Y	Y
8.11 Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to section 215.20, Florida Statutes, for appropriate General Revenue Service Charge percentage rates.)	Y	Y	Y	Y	Y	Y
8.12 Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y	Y	Y	Y	Y	Y
8.13 If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y	Y	Y	Y	Y	Y
8.14 Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y	Y	Y	Y	Y	Y

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
8.15 Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y	Y	Y	Y	Y	Y
8.16 Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-3A?	Y	Y	Y	Y	Y	Y
8.17 If applicable, are nonrecurring revenues entered into Column A04?	Y	Y	Y	Y	Y	Y
8.18 Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being issued?	Y	Y	Y	Y	Y	Y
8.19 Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements provided?	Y	Y	Y	Y	Y	Y
8.20 Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y	Y	Y	Y	Y	Y
8.21 Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y	Y	Y	Y	Y	Y
8.22 Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling $100,000 or more.)	Y	Y	Y	Y	Y	Y
8.23 Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y	Y	Y	Y	Y	Y
8.24 Are prior year September operating reversions appropriately shown in column A01, Section III?	Y	Y	Y	Y	Y	Y
8.25 Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	N/A	N/A	N/A	N/A	N/A	N/A
8.26 Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y	Y	Y	Y	Y	Y
8.27 Has the agency properly accounted for continuing appropriations (category 13XXXX) in column A01, Section III?	Y	Y	Y	Y	Y	Y
8.28 Does Column A01 of the Schedule I accurately represent the actual prior year accounting data as reflected in the agency accounting records, and is it provided in sufficient detail for analysis?	Y	Y	Y	Y	Y	Y
8.29 Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y	Y	Y	Y	Y	Y
AUDITS:						
8.30 Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y	Y	Y	Y	Y	Y
8.31 Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? If a Schedule IB was prepared, do the totals agree with the Schedule I, Line I? **(SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")**	Y	Y	Y	Y	Y	Y
8.32 Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. **(SC1R, DEPT)**	Y	Y	Y	Y	Y	Y
8.33 Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y	Y	Y	Y	Y	Y

	Action	68200000	68500100	68500200	68501400	68501500	68700700
		Program or Service (Budget Entity Codes)					
8.34	Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y	Y	Y	Y	Y	Y
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!						
TIP	Determine if the agency is scheduled for trust fund review. (See page 126 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 156 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
10. SCHEDULE III (PSCR, SC3)							
10.1	Is the appropriate lapse amount applied? (See page 88 of the LBR Instructions.)	N/A	N/A	N/A	N/A	N/A	N/A
10.2	Are amounts in *Other Salary Amount* appropriate and fully justified? (See pages 93 through 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use **OADI** or **OADR** to identify agency other salary amounts requested.						
11. SCHEDULE IV (EADR, SC4)							
11.1	Are the correct Information Technology (IT) issue codes used?						
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.	Y	Y	Y	Y	Y	Y
12. SCHEDULE VIIIA (EADR, SC8A)							
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.	Y	Y	Y	Y	Y	Y
13. SCHEDULE VIIIB-1 (EADR, S8B1)							
13.1	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.)	N/A	N/A	N/A	N/A	N/A	N/A
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 nonrecurring portion in Column A92						
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 100 through 103 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	Y	Y

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
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	N/A	N/A	N/A	N/A	N/A	N/A
15.2 Are the priority narrative explanations adequate and do they follow the guidelines on pages 97 through 103 of the LBR instructions?	N/A	N/A	N/A	N/A	N/A	N/A
15.3 Does the issue narrative in A6 address the following: Does the state have the authority to implement the reprioritization issues independent of other entities (federal and local governments, private donors, etc.)? Are the reprioritization issues an allowable use of the recommended funding source?	N/A	N/A	N/A	N/A	N/A	N/A
AUDIT:						
15.4 Do the issues net to zero at the department level? **(GENR, LBR5)**	Y	Y	Y	Y	Y	Y
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	Y	Y
16.2 Do the PDF files uploaded to the Florida Fiscal Portal for the LRPP and LBR match?	Y	Y	Y	Y	Y	Y
AUDITS INCLUDED IN THE SCHEDULE XI REPORT:						
16.3 Does the FY 2020-21 Actual (prior year) Expenditures in Column A36 reconcile to Column A01? **(GENR, ACT1)**	Y	Y	Y	Y	Y	Y
16.4 None of the executive direction, administrative support and information technology statewide activities (ACT0010 thru ACT0490) have output standards (Record Type 5)? **(Audit #1 should print "No Activities Found")**	Y	Y	Y	Y	Y	Y
16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? **(Audit #2 should print "No Operating Categories Found")**	N/A	N/A	N/A	N/A	N/A	N/A
16.6 Has the agency provided the necessary standard (Record Type 5) for all activities which 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	Y	Y
16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? **(Audit #4 should print "No Discrepancies Found")**	Y	Y	Y	Y	Y	Y
TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.						

Action	Program or Service (Budget Entity Codes)					
	68200000	68500100	68500200	68501400	68501500	68700700
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 52 through 84 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y	Y	Y	Y
17.2 Does manual exhibits tie to LAS/PBS where applicable?	Y	Y	Y	Y	Y	Y
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y	Y	Y	Y	Y	Y
17.4 Does the LBR include a separate Schedule IV-B for each IT project over $1 million (see page 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	Y	Y
17.5 Are all forms relating to Fixed Capital Outlay (FCO) funding requests submitted in the proper form, including a Truth in Bonding statement (if applicable) ?	N/A	N/A	N/A	N/A	N/A	N/A
AUDITS - GENERAL INFORMATION						
TIP Review *Section 6: Audits* of the LBR Instructions (pages 155-157) for a list of audits and their descriptions.						
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.						
18. CAPITAL IMPROVEMENTS PROGRAM (CIP) (Required to be posted to the Florida Fiscal Portal)						
18.1 Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y	Y	Y	Y	Y	Y
18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A	N/A	N/A	N/A	N/A	N/A
18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y	Y	Y	Y	Y	Y
18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08	N/A	N/A	N/A	N/A	N/A	N/A
18.5 Are the appropriate counties identified in the narrative?	N/A	N/A	N/A	N/A	N/A	N/A
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?	N/A	N/A	N/A	N/A	N/A	N/A
TIP Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.						
19. FLORIDA FISCAL PORTAL						
19.1 Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?	Y	Y	Y	Y	Y	Y