



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

LEGISLATIVE BUDGET REQUEST

Agency for Health Care Administration

Tallahassee, Florida 32308

September 15, 2023

Chris Spencer, Director
Office of Policy and Budget
Executive Office of the Governor
1702 Capitol
Tallahassee, Florida 32399-0001

J. 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 2024-2025 Fiscal Year. I have approved this submission.

Sincerely,

Jason Weida
Secretary





RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

Temporary Special Duty – General Pay Additives Implementation Plan for Fiscal Year 2024-2025

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

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

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

Temporary Special Duties – General Pay Additive

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

1. Justification and Description:

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

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



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

4. The amount of each type of additive: General Pay Additives will commonly be between 3 to 10 percent, but may range up to 20 percent over the employee’s current salary and will be applied accordingly after proper evaluation. Any pay additive over 10 percent is subject to the review and approval of the Agency Head or their delegate. These additives will be provided to positions that have been deemed “mission critical” and that fall into one of the justifications/descriptions stated above. In order to arrive at the total additive to be applied AHCA will use the below formula:

Based on the allotted 90 days (or a total of 18 cumulative weeks) which will total 720 work hours, we will use the current salary and then calculate the adjusted temporary salary by multiplying by our percentile increase. These two totals will be subtracted to get the difference, that difference will be multiplied by the 720 available hours to get the final additive amount. (See example below)

Current Position - PG 024 = \$45,308.75, hourly rate
\$21.79 With 10% additive - \$45,308.75 X .10 = \$4,530.88
Anticipated Salary - \$45,308.75 + \$4,530.88 = \$49,839.63
New Hourly Rate - \$23.96, difference in hourly rate - \$23.96 - \$21.79 = \$2.17
Projected Additive Total – 720 hours X \$2.17 = \$1,562.40 is the 90-day difference

5. Classes and number of positions affected: This pay additive could potentially affect any of our current 1151 Career Service position incumbents statewide.

6. Historical Data: Last fiscal year, a total of four (4) 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:

<u>Average Min. Annual Salaries</u>	<u>X 10% of Min. Annual Salaries</u>	<u># of FTEs</u>
\$42,435.02	\$4,243.50	4

Based on the average estimated salaries stated above, the estimated calculation is as follows: **\$1,632.12 X 4 = \$6,528.48.** **The agency is not requesting any additional rate or appropriations for this additive.**

8. Additional Information: The classes included in this plan are represented by AFSCME Council

79. The relevant collective bargaining agreement language states as follows: "Increases to base rate of pay and salary additives shall be in accordance with state law and the Fiscal Year 2024-2025 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
Jason Weida, 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:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration v. Baker County Medical Services, Inc., d/b/a Ed Fraser Memorial Hospital		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	DSH-1006		
Summary of the Complaint:	Agency seeks reimbursement of overpayment pursuant to Disproportionate Share Hospital (DSH) audit.		
Amount of the Claim:	\$658,492.00		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on September 18, 2023, at which time the parties must notify the Clerk of the status of the case.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel Joseph Hern	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A		

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Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration v. North Broward Hospital District, d/b/a 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:	\$2,201,313.00		
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:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on September 18, 2023, at which time the parties must notify the Clerk of the status of the case.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel Joseph Hern	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A		

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Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration 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:	A Final Order was issued on August 11, 2022, closing the file. Case Closed.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel Joseph Hern	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A		

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Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration v. Alfred Ivan Murciano		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	18-2699MPI – now 19-3662MPI		
Summary of the Complaint:	Agency claims overpayment based upon coding errors, level of service issues, and medical necessity.		
Amount of the Claim:	\$1,834,138.10 plus fines and costs		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	A Final Hearing was held on April 13, 2022 and Proposed Recommended Orders were filed on July 13, 2022. The Agency received a partial final order on November 22, 2022. This case is now on Appeal.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel Tracy George	
		Office of the Attorney General or Division of Risk Management	
		Outside Contract Counsel	

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Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	St. Joseph's Hospital (100978) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	AHCA Case No. 20170004078		
Summary of the Complaint:	Hospital challenging the Medicaid Inpatient and Outpatient Hospital Reimbursement Rates.		
Amount of the Claim:	\$457,054.00 plus reprocessed amount for several years		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 9, 2022, at which time the parties must notify the Clerk of the status of the case. A Final Order was issued on August 29, 2022. Case Closed.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)	
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:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Peace River Regional Medical Center (100285) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-025MPF (DOAH Case #15-1547)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates on or after July 1, 2001 pursuant to AHCA's February 13, 2015, letter of determination.		
Amount of the Claim:	Provider owes AHCA \$158,906.24		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 21, 2022, at which time the parties must notify the Clerk of the status of the case. A Final Order was issued on June 23, 2023. Case Closed.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)	
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:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Venice Regional Medical Center v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-201MPF (DOAH Case #15-1579)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	AHCA owes Provider \$829,477.66		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 21, 2022, at which time the parties must notify the Clerk of the status of the case. Settlement agreement and final order are currently routing. Awaiting execution.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)	

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:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Wuesthoff Health System (Rockledge) (CHS) (100111) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-019MPF (DOAH Case #15-1604) and 2018010066		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985 through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	Provider owes AHCA \$164,126.91 and undetermined amount		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 21, 2022, at which time the parties must notify the Clerk of the status of the case. The case is still in abatement.		
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, Shutts)	

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Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
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 Regional 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) v. Agency for Health Care Administration		
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)		

	<p>2018-003840 (Haines City dba Heart of Florida Regional Medical Center)</p> <p>2018-003841 (Bayfront Health St. Petersburg)</p> <p>2018-003844 (Sebring Hospital Management Associates, LLC dba Highlands Regional Medical Center)</p> <p>2018-010070 (Holmes Regional Medical Center Palm Bay)</p> <p>2017-007712 (Key West HMA)</p> <p>2018-005246 (Larkin Community Hospital)</p> <p>2018-004778 (Lehigh Regional Medical Center)</p> <p>2018-007990 (Melbourne HMA, LLC)</p> <p>2018-004860 (Munroe)</p> <p>2018-007734 (Crestview Hospital Corporation d/b/a North Okaloosa Medical Center)</p> <p>2018-007988 (Naples HMA, LLC dba Physicians Regional Medical Center – Pine Ridge)</p> <p>2018-010066 (Rockledge)</p> <p>2018-006936 (Santa Rosa Medical Center)</p> <p>2018-005114 (Sebastian River Medical Center)</p> <p>2018-005042 (Shands Live Oak Regional Medical Center)</p> <p>2018-005895 (Shands Starke Regional Medical Center)</p> <p>2018-016318 (Southern Baptist Hospital of Florida Baptist Medical Center)</p> <p>2018-016319 (Variety - Nicklaus Children’s Hospital (66))</p> <p>2018-004982 (Osceola SC, LLC dba St. Cloud Regional Medical Center)</p> <p>2018-010057 (Viera Hospital)</p> <p>2019-001758</p> <p>2019-004455 (Bartow)</p> <p>2019-004482 (Bayfront Health Punta Gorda)</p> <p>2019-003948</p> <p>2019-002135</p> <p>2019-00757 (Bayfront HMA Medical Center LLC dba Bayfront Health - St Petersburg)</p>
<p>Summary of the Complaint:</p>	<p>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</p>
<p>Amount of the Claim:</p>	<p>Undetermined but estimates range from \$133M to \$157M.</p>
<p>Specific Statutes or Laws (including GAA) Challenged:</p>	<p>Rule 59G-6.030, Florida Administrative Code as it relates to application of MTA</p>

Status of the Case:	Following reversal of rule case, providers have suggested a potential resolution. AHCA reviewing resolution and determining fiscal impact, but have not heard from providers as to resolution for several years.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
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:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Halifax Medical Center v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-109MPF (DOAH 15-1429)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985, through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	Allegedly \$2,649,986.16		

Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 21, 2022, at which time the parties must notify the Clerk of the status of the case. A Final Order was issued on June 23, 2023. Case Closed.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)	
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:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Martin Memorial Hospital v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-071MPF (DOAH 15-1543)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985, through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		
Amount of the Claim:	Provider owes AHCA \$1,864,509.10		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 21, 2022, at which time the parties must notify the Clerk of the status of the case. Settlement agreement and final order routing. Awaiting execution.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
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:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	North Broward Hospital District (Broward Health North) (100218) (15) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	AHCA 15-024MP/DOAH 15-1544		

Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 1984 to 2014.	
Amount of the Claim:	AHCA owes \$2,109,752.36	
Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	AHCA and the provider are currently negotiating a settlement as the case is placed in abeyance.	
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, Shutts)
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:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
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. Agency for Health Care Administration		

Court with Jurisdiction:	1 st DCA		
Case Number:	1D21-2485 (L.T. No. 2019-CA-2677)		
Summary of the Complaint:	Recoupment of payments made by Plaintiffs and class members for prior-authorized claims for in-patient services rendered to Medicaid-eligible undocumented aliens; breach of contract by AHCA.		
Amount of the Claim:	\$2,722,952.98 sought by the 3 named plaintiffs. Estimated total amount that includes unnamed plaintiffs equals approximately \$44M.		
Specific Statutes or Laws (including GAA) Challenged:	409.905(5)(a)		
Status of the Case:	Trial Court granted final summary judgment for AHCA.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)	
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).	Certification denied, and Plaintiffs did not appeal that portion of case Plaintiff's counsel: DUANE MORRIS LLP Alvin D. Lodish Joanne Erde Julian A. Jackson-Fannin		

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Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	South Broward Hospital District, d/b/a Memorial Hospital Miramar (103454) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	AHCA 15-163MPF/DOAH 15-1575 and AHCA Case No. 2018012735		
Summary of the Complaint:	Challenging reimbursement rates for January 2005 through June 30, 2014, and January 2011 through July 2016.		
Amount of the Claim:	Not determined		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on September 13, 2022, at which time the parties must notify the Clerk of the status of the case. Case is currently in abeyance until September 1, 2023.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)	
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Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	South Broward Hospital District, d/b/a Memorial Hospital West (102521) v. Agency for Health Care Administration	
Court with Jurisdiction:	Agency for Health Care Administration	
Case Number:	AHCA 15-141MPF/DOAH 15-1609, AHCA 2016-6618, and AHCA 2018-012736	
Summary of the Complaint:	Challenging inpatient and outpatient reimbursement rates.	
Amount of the Claim:	Not determined	
Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 19, 2022, at which time the parties must notify the Clerk of the status of the case. Case is currently in abeyance until September 11, 2023.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		
Schedule VII: Agency Litigation Inventory		
<i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.</i>		
Agency:	Agency for Health Care Administration	

Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	South Broward Hospital District, d/b/a Memorial Regional Hospital (100200) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	AHCA 15-023-MPF/DOAH 15-1603, AHCA 2018012739, and AHCA 2018017099		
Summary of the Complaint:	Challenging reimbursement rates		
Amount of the Claim:	Not determined		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 9, 2022, at which time the parties must notify the Clerk of the status of the case. This case is currently in abeyance.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			
Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.</i>			

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	South Broward Hospital District, d/b/a Memorial Hospital Pembroke (102229) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	AHCA 15-132MPF/DOAH 15-1608 and 2018009454		
Summary of the Complaint:	Challenging reimbursement rates		
Amount of the Claim:	Not determined		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on August 24, 2022, at which time the parties must notify the Clerk of the status of the case. Case currently in abeyance until August 29, 2023.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Sebastian River Medical Center (CHS) (120014) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-215-MPF (DOAH 15-1551) and 2018-005114		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2003 to 2015.		
Amount of the Claim:	AHCA owes Provider \$268,703.76 plus an undetermined amount		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 11, 2022, at which time the parties must notify the Clerk of the status of the case. Case currently in abeyance until October 9, 2023.		
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, Shutts)	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Lake Wales Hospital Association (CHS) (101664) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-096-MPF (DOAH 15-1519)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2006 to 2017		
Amount of the Claim:	Provider owes AHCA \$17,844.03		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. This case is still in abatement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Seven Rivers Regional Medical (CHS) (119989) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-213-MPF (DOAH 15-1552) and AHCA Case No. 2018004778		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2006 to 2013		
Amount of the Claim:	Provider owes \$1,142,636.20 plus to be determined amount		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 9, 2022, at which time the parties must notify the Clerk of the status of the case. Final Order issued on June 23, 2023. Case Closed.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)	

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	
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Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration
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Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
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Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Highlands Regional Medical Center (CHS) (100897) v. Agency for Health Care Administration
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Court with Jurisdiction:	Agency for Health Care Administration
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Case Number:	15-107-MPF (DOAH 15-1521) and AHCA 2018003844
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Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2004 to 2015
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Amount of the Claim:	Provider owes \$51,423.00 plus an undetermined amount
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Specific Statutes or Laws (including GAA) Challenged:	N/A
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Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. This case is still in abatement.
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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, Shutts)

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			
Schedule VII: Agency Litigation Inventory <i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Pasco Regional Medical Center (Bayfront Health Dade City) (CHS) (109592) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-082MPF / DOAH 15-1546 and AHCA 2018004944		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2007 to 2014.		
Amount of the Claim:	AHCA owes provider \$82,817.62 plus an undetermined amount		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 19, 2022, at which time the parties must notify the Clerk of the status of the case. This case is still currently in abeyance.		
Who is representing (of record) the state in this		Agency Counsel	
		Office of the Attorney General or Division of Risk Management	

lawsuit? Check all that apply.	X	Outside Contract Counsel (Joe Goldstein, Shutts)	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			
Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Starke HMA, LLC., d/b/a Shands Starke Medical Center (CHS) (100072) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-015-MPF (DOAH 15-1582) and AHCA 2018005895		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2009 to 2015		
Amount of the Claim:	Provider owes AHCA \$699,826.37 plus to be determined amount		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 11, 2022, at which time the parties must notify the Clerk of the status of the case. Case in abeyance until October 9, 2023.		
		Agency Counsel	

Who is representing (of record) the state in this lawsuit? Check all that apply.		Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Santa Rosa Hospital (CHS) (101745) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-101-MPF (DOAH 15-1549) and AHCA 2018006936		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2006 to 2015 and July 1, 2015, through June 30, 2017.		
Amount of the Claim:	AHCA working on update but initially owed an estimated \$304,567.51 plus an undetermined amount		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 21, 2022, at which time the parties must notify the Clerk of the status of the case. Settlement agreement and final order currently routing.		

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, Shutts)

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:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Lehigh Regional Medical Center (CHS) (101117) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-065-MPF/DOAH 15-1518 and 2018004778		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2003 to 2015.		
Amount of the Claim:	Provider owes \$228,717.51 plus an undetermined amount		
Specific Statutes or Laws (including GAA) Challenged:	N/A		

Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 11, 2022, at which time the parties must notify the Clerk of the status of the case. Case in abeyance until October 9, 2023.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			
Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Live Oak HMA, LLC., d/b/a Shands Live Oak Regional Medical Center (CHS) (101796) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-105-MPF (DOAH 15-1573) and 2018005042		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2007 to 2016.		
Amount of the Claim:	Provider owes \$522,952.94 plus an undetermined amount		

Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 19, 2022, at which time the parties must notify the Clerk of the status of the case. Case in abeyance until October 9, 2023.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

Schedule VII: Agency Litigation Inventory

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Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Wuesthoff Health System (Steward Melbourne Hospital) (CHS) (103209 v. Agency for Health Care Administration)		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-155MPF (DOAH Case #15-1605) and 2018007990		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from January 1, 1985, through June 30, 2014 pursuant to AHCA's February 13, 2015 letter of determination.		

Amount of the Claim:	AHCA owes \$863,572.38 and an undetermined amount		
Specific Statutes or Laws (including GAA) Challenged:	N/A		
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. This case is still in abatement.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			
Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Heart of Florida Regional Medical Center (CHS) (102288) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-134-MPF / DOAH 15-1607 and AHCA 2018003840		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2005 to 2014.		

Amount of the Claim:	Provider owes AHCA \$8,494,660.36 plus an undetermined amount	
Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. This case is still in abatement.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Schedule VII: Agency Litigation Inventory

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Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Hernando HMA, LLC., d/b/a Bayfront Health Brooksville Medical Center (CHS) (100871) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-050-MPF (DOAH 15-1433)		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2007 to 2016.		
Amount of the Claim:	Provider owes \$845,920.12 plus an undetermined amount		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 11, 2022, at which time the parties must notify the Clerk of the status of the case. Case in abeyance until July 9, 2023. Settlement agreement and Final Order currently routing.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Governor's website.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Key West HMA LLC., d/b/a Lower Keys Medical Center (CHS) (101192) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	AHCA 15-072MPF (DOAH 15-1517) and AHCA 201707712		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2007 to 2016.		
Amount of the Claim:	AHCA owes \$1,177,236.00 plus an undetermined amount		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on September 5, 2022, at which time the parties must notify the Clerk of the status of the case. Case in abeyance until August 29, 2023.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Baptist Hospital Pensacola (100749) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	AHCA 2018012484		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2011 to 2017.		
Amount of the Claim:	Provider owes AHCA \$19,397.50		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 19, 2022, at which time the parties must notify the Clerk of the status of the case. Settlement agreement and Final Order routing.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Morton Plant Hospital (101583) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	AHCA 20167217		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2006 to 2008.		
Amount of the Claim:	AHCA owes provider \$2,000,723.68		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 19, 2022, at which time the parties must notify the Clerk of the status of the case. Final Order issued August 29, 2022. Case Closed.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	UF Shands Hospital (Gainesville) (100030) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	AHCA NO.: 15-1574 / 2018017101		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2011-2013.		
Amount of the Claim:	Undetermined		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on August 24, 2022, at which time the parties must notify the Clerk of the status of the case. Case in abeyance until August 24, 2023.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Citrus Memorial Hospital (102199) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2016013781		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from various years.		
Amount of the Claim:	Undetermined		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. This case is still in abatement.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Florida Baptist Medical Center (100609) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	AHCA 15-042MPF/DOAH 15-1576, AHCA 2018016319, and AHCA Case No. 2019003948		
Summary of the Complaint:	Provider contends that Request for recalculation of Provider's inpatient and outpatient rates for 1985 to 2014, July 1, 2012, and July 1, 2013, to July 1, 2016.		
Amount of the Claim:	Undetermined		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 19, 2022, at which time the parties must notify the Clerk of the status of the case. Case in abeyance until August 1, 2023.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Naples HMA, LLC., d/b/a Physicians Regional Medical Center – Pine Ridge (103144) (112) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	AHCA 15-153MPF/DOAH 15-1548 and AHCA 2018007988		
Summary of the Complaint:	Provider contends that Request for recalculation of Provider's inpatient and outpatient rates for 2005 to 2016.		
Amount of the Claim:	Provider owes AHCA \$818,124.00 plus unprocessed amount		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on August 30, 2022, at which time the parties must notify the Clerk of the status of the case. Settlement agreement and Final Order routing.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Osceola SC, LLC., d/b/a St. Cloud Regional Medical Center (103462) (114) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	AHCA MPF 15-164/DOAH 15-1577 and AHCA 2018004982		
Summary of the Complaint:	Provider contends that Request for recalculation of Provider's inpatient and outpatient rates.		
Amount of the Claim:	\$275,955.10 plus lump sum for years to be re-processed		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 11, 2022, at which time the parties must notify the Clerk of the status of the case. Case in abeyance until October 9, 2023.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Larkin Community Hospital (120057) (103) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	AHCA Case No. 2018005246		
Summary of the Complaint:	Provider contends that request for recalculation of Provider's inpatient and outpatient rates.		
Amount of the Claim:	Provider owes AHCA \$16,197.78 plus an undetermined amount		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 5, 2022, at which time the parties must notify the Clerk of the status of the case. Case in abeyance until October 9, 2023.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	North Okaloosa Medical Center (101265) (110) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	MPF 15-077 / (DOAH 15-1522) and AHCA 2018007734		
Summary of the Complaint:	Provider contends that Request for recalculation of Provider's inpatient and outpatient rates for July 2011 rates.		
Amount of the Claim:	AHCA owes provider \$2,890,626.86 plus an undetermined amount		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The case has been placed in abeyance via an Order issued by the Agency Clerk. The abatement expires on October 11, 2022, at which time the parties must notify the Clerk of the status of the case. Settlement agreement and Final Order.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input checked="" type="checkbox"/>	Outside Contract Counsel (Joe Goldstein, Shutts)
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Variety Children's Hospital (Nicklaus) (100609) v. Agency for Health Care Administration		
Court with Jurisdiction:	3 rd District Court of Appeal		
Case Number:	DCA Case No. 3D21-1441 (Lower Case No. 21-112PH, AHCA Case No. 15-04OM)		
Summary of the Complaint:	Provider contends that AHCA cannot revise unaudited rates after entry of a Final Order that included audited and unaudited rates as to years 2007-2009.		
Amount of the Claim:	\$2,510,765.00		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	A Final Order was entered on April 5, 2022, closing the case. Case Closed.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel Tracy George
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input type="checkbox"/>	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	850/412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration v. Care Around the Clock Health and Human Services, Inc., dba Wright Choices		
Court with Jurisdiction:	Division of Administrative Hearings		
Case Number:	MPI No. 2020-0019545 / DOAH No. 22-2343MPI		
Summary of the Complaint:	Overpayment amount, including fines and costs.		
Amount of the Claim:	\$636,258.90		

Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	This case has been referred to the Division of Administrative Hearings for a final hearing. Final Order issued July 5, 2023. Case Closed.	
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	

Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Florida Fiscal Portal.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	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		
Court with Jurisdiction:	U.S. District Court for the Southern District of Florida; HHS Departmental Appeals Board		
Case Numbers:	21-cv-21616-BB; FL/16/002/MAP; FL/2022/001/MAP; FL/2022/002/MAP (all inter-related)		

<p>Summary of the Complaints:</p>	<p>21-cv-21616-BB: 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.</p> <p>FL/16/002/MAP: CMS alleged unallowable payments of \$63,233,036 for state fiscal years ended July 1, 2006, through June 30, 2009. AHCA appealed. HHS Department Appeals Board (DAB) rendered Decision No. 3032 upholding the disallowance except as related to Jackson Memorial costs, but otherwise remanding.</p> <p>FL/2022/001/MAP: In follow-up to OIG Audit A-04-17-04058, CMS issued a disallowance letter asserting a \$270,896,331 overpayment (down from \$411,932,576, based on AHCA’s challenge) for alleged unallowable payments to Jackson Memorial Hospital under its LIP program for July 1, 2009, through June 30, 2014 (SFY 2010 through SFY 2014).</p> <p>FL/2022/002/MAP: On June 10, 2022, CMS issued a disallowance letter asserting an overpayment of \$150,325,421 FFP for alleged unallowable payment to hospital and non-hospital [federal qualified health center (FQHC) and county health department (DHC) providers] under its LIP program for June 30, 2014, through June 30, 2018 (DY 8-12). CMS had previously contacted the Agency and advised it was going to skip the demand letter for DY 8-12, and go straight to the disallowance. This would allow settlement discussions to begin.</p>	
<p>Amount of the Claim:</p>	<p>21-cv-21616-BB: \$97,570,183.00 FL/16/002/MAP: \$63,233,036.00 FL/2022/001/MAP: \$270,896,331.00 FL/2022/002/MAP: \$150,325,421.00</p>	
<p>Specific Statutes or Laws (including GAA) Challenged:</p>	<p>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)</p>	
<p>Status of the Case:</p>	<p>All cases are abated pending settlement negotiations.</p>	
<p>Who is representing (of record) the state in this lawsuit? Check all that apply.</p>	<p>X</p>	<p>Agency Counsel: Tracey George, Esq. and Shena Grantham, Esq.</p>
		<p>Office of the Attorney General or Division of Risk Management</p>
	<p>X</p>	<p>Outside Contract Counsel: Caroline M. Brown, Esq. and Julia Siegenberg, Esq.</p>

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

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Florida Fiscal Portal.

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration vs. New Life Medical Institute, Inc.		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2016-0006604		
Summary of the Complaint:	Medicaid Program Integrity audit resulted in an overpayment and sanctions to the Provider for a total amount of \$2,791,236.83 which the Agency seeks to recover.		
Amount of the Claim:	\$2,791,236.83		
Specific Statutes or Laws (including GAA) Challenged:	409.913		
Status of the Case:	A settlement agreement was executed by the parties and adopted via Final Agency Order on October 8, 2019. An Amended Settlement agreement was adopted and Final Order issued on June 2, 2023. Case Closed.		
Who is representing (of record) the state in this	X	Agency Counsel Bradley Butler	
		Office of the Attorney General or Division of Risk Management	

lawsuit? Check all that apply.		Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			
Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Florida Fiscal Portal.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration vs. South Broward Hospital District, dba Memorial Healthcare System		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2022-0022329		
Summary of the Complaint:	Medicaid Program Integrity audit resulted in an overpayment and sanctions to the Provider for a total amount of \$777,490.96 which the Agency seeks to recover.		
Amount of the Claim:	\$777,490.96		
Specific Statutes or Laws (including GAA) Challenged:	409.913		
Status of the Case:	This case is currently in abeyance until August 6, 2023.		
Who is representing (of record) the state in this	X	Agency Counsel Joseph Hern	
		Office of the Attorney General or Division of Risk Management	

lawsuit? Check all that apply.		Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			
Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Florida Fiscal Portal.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration vs. St. Joseph's Hospital		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2022-0022395		
Summary of the Complaint:	Medicaid Program Integrity audit resulted in an overpayment and sanctions to the Provider for a total amount of \$777,490.96 which the Agency seeks to recover.		
Amount of the Claim:	\$777,490.96		
Specific Statutes or Laws (including GAA) Challenged:			
Status of the Case:	This case is currently in abeyance until August 14, 2023.		
Who is representing (of record) the state in this	X	Agency Counsel Bradley Butler	
		Office of the Attorney General or Division of Risk Management	

lawsuit? Check all that apply.		Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			
Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Florida Fiscal Portal.</i>			
Agency:	Agency for Health Care Administration		
Contact Person:	Andrew Sheeran, General Counsel	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Agency for Health Care Administration vs. South Florida Baptist Hospital, Inc.		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	2022-0022432		
Summary of the Complaint:	Medicaid Program Integrity audit resulted in an overpayment and sanctions to the Provider for a total amount of \$772,265.58 which the Agency seeks to recover.		
Amount of the Claim:	\$772,265.58		
Specific Statutes or Laws (including GAA) Challenged:	409.913		
Status of the Case:	This case is currently in abeyance until August 25, 2023.		
Who is representing (of record) the state in this	X	Agency Counsel Joseph Hern	
		Office of the Attorney General or Division of Risk Management	

lawsuit? Check all that apply.		Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			
Schedule VII: Agency Litigation Inventory			
<i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Florida Fiscal Portal.</i>			
Agency for Health Care Administration			
Agency Contact:	Andrew Sheeran, General Counsel	Phone Number:	850-412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	United States v. State of Florida		
Court with Jurisdiction:	U.S. District Court for the Southern District of Florida, 11 th Circuit Court of Appeals		
Case Number:	0:12-cv-60460-DMM		
Summary of the Complaint:	In the Amended Complaint (Docket Entry 700, filed June 15, 2022), the United States alleges that the State of Florida discriminates against children under the age of twenty-one in violation of Title II of the Americans with Disabilities Act by failing to administer its services in the most integrated setting appropriate to their needs.		
Amount of the Claim:	The United States seeks declaratory and injunctive relief.		
Specific Statutes or Laws (including GAA) Challenged:	This action does not challenge specific statutes or laws. It is brought under Title II of the Americans with Disabilities Act.		
Status of the Case:	The United States' original complaint (filed in 2013) was dismissed for lack of standing in 2016. 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 was denied on December 22, 2021. The State filed a petition for writ of certiorari to the U.S. Supreme Court, which was denied. On remand, The United States		

filed an Amended Complaint. The State filed a motion to dismiss, which was also denied.

At the conclusion of discovery, the State filed a motion for summary judgment which was granted in part and denied in part on May 5, 2023, and the matter then went to trial from May 8 and May 19, 2023, in West Palm Beach, Florida.

The Court issued its Order for Injunction against AHCA on July 14, 2023. The injunction has several provisions regarding Care Coordination, NF Admissions, Transition Planning, and Data Collection, but paramount are the directives on Private Duty Nursing (PDN) and the appointment of a monitor. Specifically, the injunction requires the State to achieve a 90% utilization rate for PDN for 100% of eligible recipients by an as yet unset date. The designation of a monitor has also been ordered (to be paid for by the State), with the parties to confer on the appointment. If the parties can't agree on a specific monitor by September 1, 2023, the Court will appoint one from three proposed choices provided by each side.

A Notice of Appeal was filed with the U.S. 11th Circuit Court of Appeals on July 20, 2023, and a motion to stay the order was filed with the district court on July 21, 2023. If the stay is denied by the district court (or no decision is made), the State will seek a stay from the 11th Circuit.

Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel – Andrew Sheeran
		Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel – Andy Bardos, Ashley Lukis, and Tim Moore of Gray Robinson

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Florida Fiscal Portal.

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew T. Sheeran, General Counsel	Phone Number:	850-412-3670

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	FAMILY HEALTH CENTERS OF SOUTHWEST FLORIDA, INC., a Florida non-profit corporation, Plaintiff, v. JASON WEIDA, Secretary, Florida Agency for Health Care Administration, in his official capacity, Defendant.
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Court with Jurisdiction:	U.S. District Court for the Middle District of Florida
Case Number:	2:21-cv-00278-SPC-NPM
Summary of the Complaint:	<p>On April 1, 2021, Plaintiff, a federally qualified health center (“FQHC”), filed its Complaint for Injunctive and Declaratory Relief. AHCA was served on April 5, 2021. Plaintiff alleges that AHCA’s reimbursement plan for FQHCs is inconsistent with the requirements of 42 U.S.C. § 1396a(bb)(3). This provision requires that the amount paid to a FQHC be “adjusted to take into account any increase or decrease in the scope of services furnished by the center or clinic during that fiscal year.” 42 U.S.C. § 1396a(bb)(3)(B). Plaintiff contends that guidance issued by the federal Centers for Medicare and Medicaid Services (“CMS”) in 2001 and 2010 constitute binding interpretations of this provision which define a change in the “scope of services” to mean “a change in the type, intensity, duration and/or amount of services.” Plaintiff alleges that AHCA’s reimbursement plan for FQHCs, contained in State Plan Amendment (“SPA”) 2014-012, defines a “change in scope of services”¹ too narrowly, failing to take into account changes Plaintiff has made – changes which, Plaintiff alleges, would qualify as changes “in the type, intensity, duration and/or amount of services” under CMS guidance. Plaintiff contends that CMS’s approval of SPA 2014-012 violates the federal Administrative Procedure Act (“APA”) and that AHCA’s application of SPA 2014-012 violates the Medicaid Act. Plaintiff alleges that it has been harmed because its costs have significantly increased while its Medicaid reimbursements have not.</p> <p>Plaintiff seeks an order declaring SPA 2014-012 invalid under the APA and the Medicaid Act and enjoining AHCA from implementing SPA 2014-012 with respect to payment adjustments related to changes in scope of services. Plaintiff further seeks an order requiring AHCA to submit a new state plan amendment that aligns with its preferred definition of changes in scope of services.</p> <p>AHCA submitted its motion for summary judgment on July 29, 2022; Plaintiff filed its motion for summary judgment on July 28, 2022. The Court granted Plaintiff’s motion for summary judgment on February 28, 2023, and issued an order requiring AHCA submit an SPA that expanded Florida’s definition of “scope of services” to be consistent with federal law. AHCA filed its notice of appeal on March 24, 2023, and subsequently sought a stay of the order on July 7, 2023, pending</p>

¹ SPA 2014-012 defines “a change in scope of service(s)” as either [t]he addition of a new service not previously provided by the FQHC” or [t]he elimination of an existing service provided by the FQHC.”

	<p>the outcome of the appeal. Plaintiff filed its own motion on June 23, 2023, seeking enforcement of the court’s previously issued order which we responded to in our motion to stay. Plaintiff has since filed a response to AHCAs stay request and AHCA is considering seeking leave to file a reply.</p> <p>ASG Christopher Baum filed AHCA’s Appellate Brief on July 24, 2023.</p>		
Amount of the Claim:	Plaintiff seeks declaratory and injunctive relief. The financial impact of the proposed change to the Rule to AHCA could exceed \$250 million per year.		
Specific Statutes or Laws (including GAA) Challenged:	Plaintiff challenges a provision of Florida’s Medicaid State Plan defining change in scope of services.		
Status of the Case:	The court has issued an Injunction Order against AHCA, and we have requested a stay and filed an appeal.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel	
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			
<p>Schedule VII: Agency Litigation Inventory</p> <p><i>For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Florida Fiscal Portal.</i></p>			
Agency:	Agency for Health Care Administration		
Contact Person:	Andrew T. Sheeran, General Counsel	Phone Number:	850-412-3670

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	BLANCA MEZA, by and through her Guardian, Aide Hernandez; DESTINY BELANGER, by and through her Guardian, Julie Belanger; on behalf of themselves and all others similarly situated; and DISABILITY RIGHTS FLORIDA, Plaintiffs, v. JASON WEDIA, in his official capacity as Secretary for the FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, Defendant.
Court with Jurisdiction:	U.S. District Court for the Middle District of Florida
Case Number:	3:22-cv-00783-MMH-LLL
Summary of the Complaint:	<p>According to the Complaint, Plaintiffs are medically fragile adult Medicaid recipients with bladder and bowel incontinence. Plaintiffs allege that they have been prescribed incontinence supplies, including briefs and underpads, but that Florida’s Medicaid program does not cover such supplies for adults unless the individual (1) has been diagnosed with AIDS and has a history of AIDS-related infection; (2) resides in a nursing facility; or (3) is enrolled in a home and community-based services Medicaid waiver program. Plaintiffs contend that the coverage of adult incontinence supplies is required by the federal Medicaid Act and that AHCA’s coverage policy violates the Medicaid Act, Title II of the Americans with Disabilities Act, and Section 504 of the Rehabilitation Act. Plaintiffs seek declaratory and injunctive relief requiring coverage of adult incontinence supplies for themselves and all similarly situated Medicaid recipients. Plaintiffs seek certification of the following class:</p> <p style="text-align: center;">All Florida Medicaid recipients whose prescription for incontinence supplies has been or will be denied Medicaid coverage based on Defendant’s exclusion of those supplies for recipients aged 21 and older.</p>
Amount of the Claim:	Plaintiffs seek declaratory and injunctive relief
Specific Statutes or Laws (including GAA) Challenged:	
Status of the Case:	<p>In addition to the Complaint, Plaintiffs filed a motion for preliminary injunction on behalf of Plaintiff Meza and motion for class certification. Plaintiff Meza withdrew her motion for preliminary injunction after AHCA agreed to provide Plaintiff’s incontinence supplies on an interim basis.</p> <p>The matter went to mediation on June 7, 2023. The parties agreed to continue the mediation and a tentative settlement reached on July 24,</p>

	2023. The settlement requires AHCA to amend its policies and rules to extend coverage of medically-necessary incontinence supplies to Medicaid recipients over 21 years of age. The settlement will also seek a court-ordered stay of litigation pending revision of state rules to reflect the settlement agreement. Upon successful revision of the rules, the parties will jointly move to dismiss the complaint with prejudice and AHCA will pay Plaintiff's counsel \$50k in fees and costs.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel – Andrew Sheeran monitoring
		Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel – Rick Figlio and Alexandra Akre of Ausley McMullen
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).	Katy DeBriere of the Florida Health Justice Project Alison DeBelder and Liam Joseph McGivern of Disability Rights Florida Lewis Golinker	

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Florida Fiscal Portal.

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew T. Sheeran, General Counsel	Phone Number:	850-412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	MHB CONSULTANTS, INC., a dissolved Florida Corporation, Plaintiff, v. FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION, Defendant.		
Court with Jurisdiction:	Circuit Court of the Second Judicial Circuit in and for Leon County, Florida		
Case Number:	2021 CA 001923		

Summary of the Complaint:	On November 9, 2021, Plaintiff MHB Consultants, Inc., Inc., filed its Complaint against AHCA alleging breach of contract. The Complaint was served on AHCA on December 8, 2021. Plaintiff alleges that AHCA wrongfully either denied or otherwise failed to pay \$2,052,135.85 worth of Medicaid claims for services provided between March and May 2018. Plaintiff sought general compensatory damages (“including consequential damages”), “special damages equivalent to the going marked value of Plaintiff’s entire business at the time AHCA destroyed it,” costs of suit, and prejudgment and post-judgment interest. The parties entered into a settlement and the case was voluntarily dismissed. Case Closed.	
Amount of the Claim:	\$2,052,135.85	
Specific Statutes or Laws (including GAA) Challenged:	Plaintiff is not challenging any statute or law.	
Status of the Case:	Discovery is ongoing.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel – Andrew Sheeran
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input type="checkbox"/>	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		

Schedule VII: Agency Litigation Inventory		
<i>For directions on completing this schedule, please see the “Legislative Budget Request (LBR) Instructions” located on the Florida Fiscal Portal.</i>		
Agency for Health Care Administration		
Andrew T. Sheeran, General Counsel	Phone Number:	850-412-3670

Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	PLANNED PARENTHOOD OF SOUTHWEST AND CENTRAL FLORIDA, <i>et al.</i> , Plaintiffs, v. STATE OF FLORIDA, <i>et al.</i> , Defendants.	
Court with Jurisdiction:	Circuit Court of the Second Judicial Circuit in and for Leon County; First District Court of Appeal	
Case Number:	Circuit Court: 2022-CA-912 1st DCA: 1D22-2034	
Summary of the Complaint:	Plaintiffs challenge HB 5's prohibition of abortions after 15 weeks of gestation (and related definitions) as violative of the right to privacy in Art. I, § 23 of the Florida Constitution.	
Amount of the Claim:	Plaintiffs seek declaratory and injunctive relief.	
Specific Statutes or Laws (including GAA) Challenged:	HB 5 amends chapter 390, Florida Statutes.	
Status of the Case:	<p>On July 5, 2022, the Circuit Court entered a preliminary injunction enjoining the enforcement of HB 5. On the same day, Defendants filed their notice of appeal of the court's order. Pursuant to Florida Rule of Appellate Procedure 9.310, this resulted in an automatic stay of the court's order. Plaintiffs filed an emergency motion to vacate the automatic stay in the circuit court, which the circuit court denied on July 12, 2022. Defendants filed their answer to the Complaint on July 18, 2022.</p> <p>On July 5, 2022, Defendants filed a motion with the 1st DCA to certify to the Florida Supreme Court. On July 13, 2022, Plaintiffs filed an emergency motion to vacate the automatic stay with the district court of appeal. On July 21, 2022, the 1st DCA issued its Order denying Plaintiffs' motion to vacate the automatic stay and rejecting Defendants' suggestions for certification to the Florida Supreme Court.</p>	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input type="checkbox"/>	Agency Counsel
	<input checked="" type="checkbox"/>	Office of the Attorney General or Division of Risk Management – James Percival
	<input type="checkbox"/>	Outside Contract Counsel

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).		
Schedule VII: Agency Litigation Inventory <i>For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the Florida Fiscal Portal.</i>		
Agency for Health Care Administration		
Andrew T. Sheeran, General Counsel	Phone Number:	850-412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	W.B., by and through his father and legal guardian, David B., and A.W., by and through her mother and legal guardian, Brittany C. on behalf of themselves and all others similarly situated, Plaintiffs, v. JASON WEIDA , in his official capacity as Secretary for the Florida Agency for Health Care Administration, Defendant.	
Court with Jurisdiction:	U.S. District Court for the Middle District of Florida	
Case Number:	3:21-cv-00771-MMH-PDB	
Summary of the Complaint:	<p>Plaintiffs generally allege that AHCA’s definition of “medical necessity,” as set forth in Rule 59G-1.010, Florida Administrative Code, is more restrictive than what is permitted by federal law for Medicaid recipients under the age of 21. Specifically, Plaintiffs allege that the “early and periodic screening, diagnostic, and treatment services” (“EPSDT”) provisions of the federal Medicaid Act require the coverage of all Medicaid services necessary “to correct or ameliorate” the physical or mental conditions of Medicaid recipients under the age of 21. 42 U.S.C. § 1396d(r)(5). Plaintiffs further allege that AHCA’s medical necessity standard, by imposing requirements that services be, among other things, “necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain,” and “[b]e furnished in a manner not primarily intended for the convenience of the recipient, the recipient’s caretaker, or the provider,” results in the denial of services that must be covered under federal law. <i>See</i> Rule 59G-1.010, Florida Administrative Code. Plaintiffs contend that, as a result of the application of these allegedly unlawful requirements, W.B. was wrongfully denied coverage of services at a specialty treatment center in Cincinnati, Ohio, by the Children’s Medical Services Health Plan, and A.W. was denied authorization of a specialty hospital bed by EQ Health.</p>	

Amount of the Claim:	Plaintiffs seek declaratory and injunctive relief.	
Specific Statutes or Laws (including GAA) Challenged:	Rule 59G-1.010, Florida Administrative Code	
Status of the Case:	<p>AHCA filed a motion to dismiss and response in opposition to Plaintiffs' motion for class certification. Both AHCA's motion to dismiss and Plaintiffs' motion for class certification remain pending.</p> <p>The case is currently stayed until August 18, 2023, while settlement negotiations on Plaintiff's proposed changes to Rule 59G-1.010 and legal fees are ongoing.</p>	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel – Andrew Sheeran
	N/A	Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel – Rick Figlio and Alexandra Akre of Ausley McMullen
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).	Plaintiffs are represented by Katy DeBriere of the Florida Health Justice Project, Joshua H. Norris of the Law Office of Joshua H. Norris, and Sarah Somers and Miriam D. Heard of the National Health Law Program.	

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 for Health Care Administration

Andrew T. Sheeran, General Counsel	Phone Number:	(850) 412-3670
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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 \$3M and \$6M.	
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. Debtor's plan of liquidation was confirmed.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input type="checkbox"/>	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency:	Agency for Health Care Administration		
Contact Person:	Andrew T. Sheeran, General Counsel	Phone Number:	(850) 412-3670
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 Circuit, 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:	\$500,000.00	
Specific Statutes or Laws (including GAA) Challenged:	None.	
Status of the Case:	AHCA filed a motion to dismiss. Plaintiff filed an amended complaint which did not name AHCA as a defendant. This matter is closed with respect to AHCA.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management
	<input type="checkbox"/>	Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency for Health Care Administration

Andrew T. Sheeran, General Counsel	Phone Number:	(850) 412-3670
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Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Children First Consultants, Inc., v. AHCA
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Court(s) with Jurisdiction:	Second Judicial Circuit in and for Leon County, Florida
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Case Number:	2020 CA 001774
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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 \$1.5M	
Specific Statutes or Laws (including GAA) Challenged:	N/A	
Status of the Case:	The parties entered into a settlement agreement. This case is now closed.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel

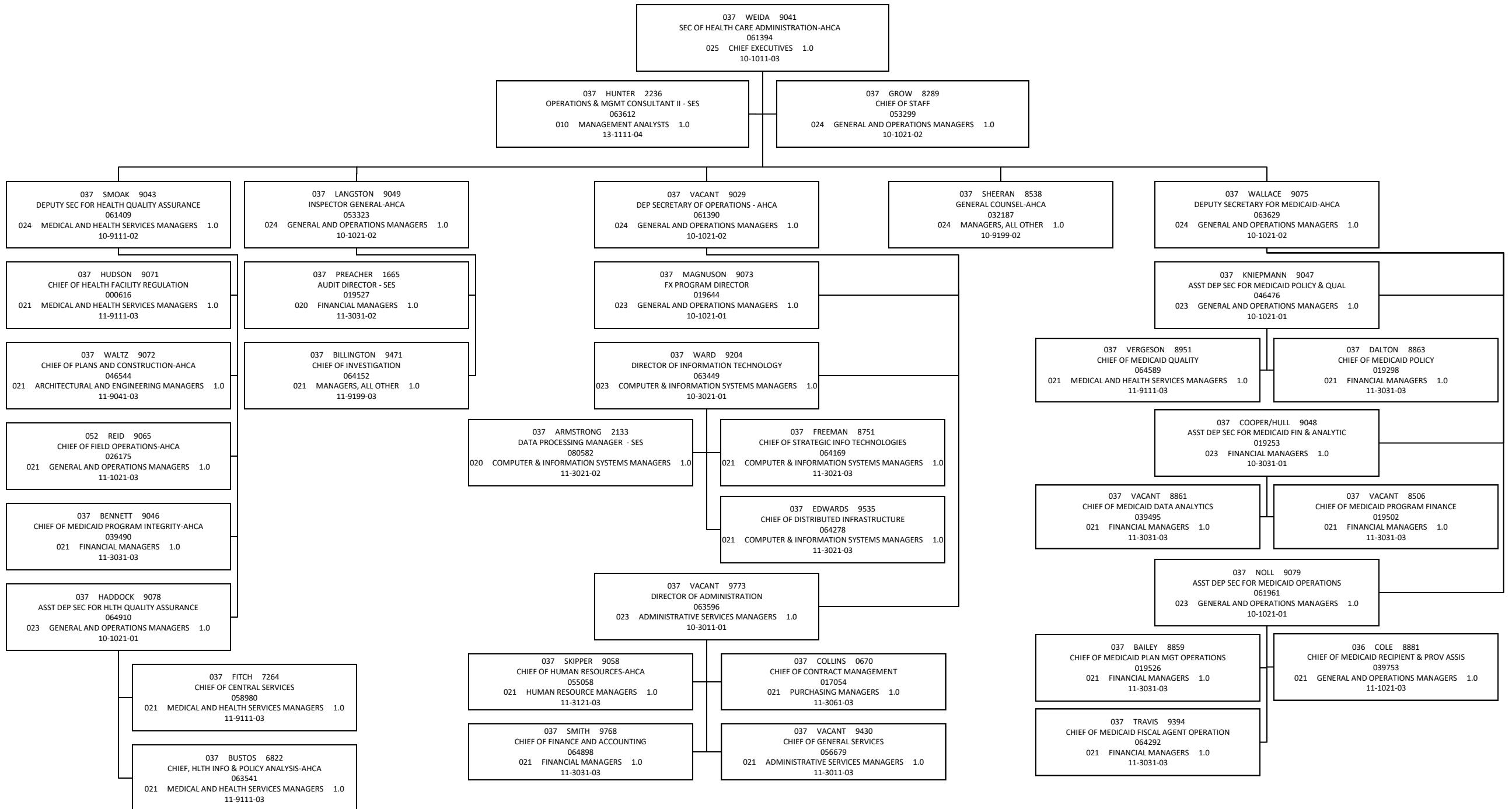
AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

Secretary's Office

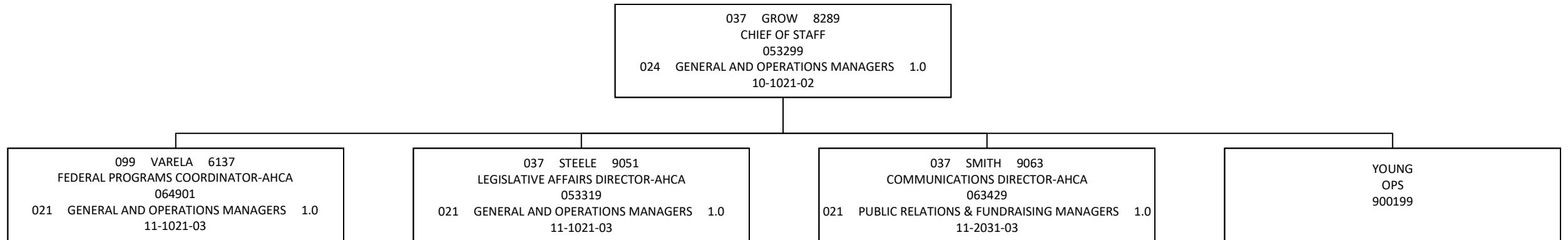
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Agency Total FTE's: 1,543.50



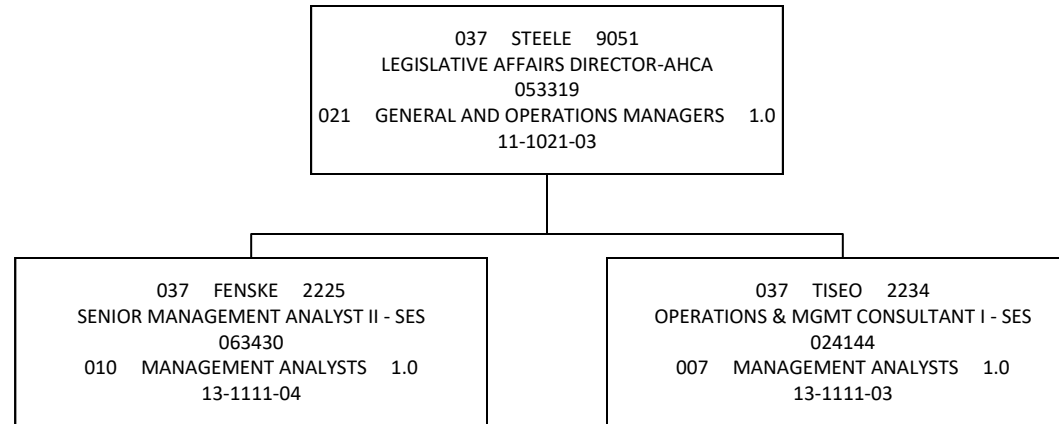
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Chief of Staff

Effective Date: July 1, 2023



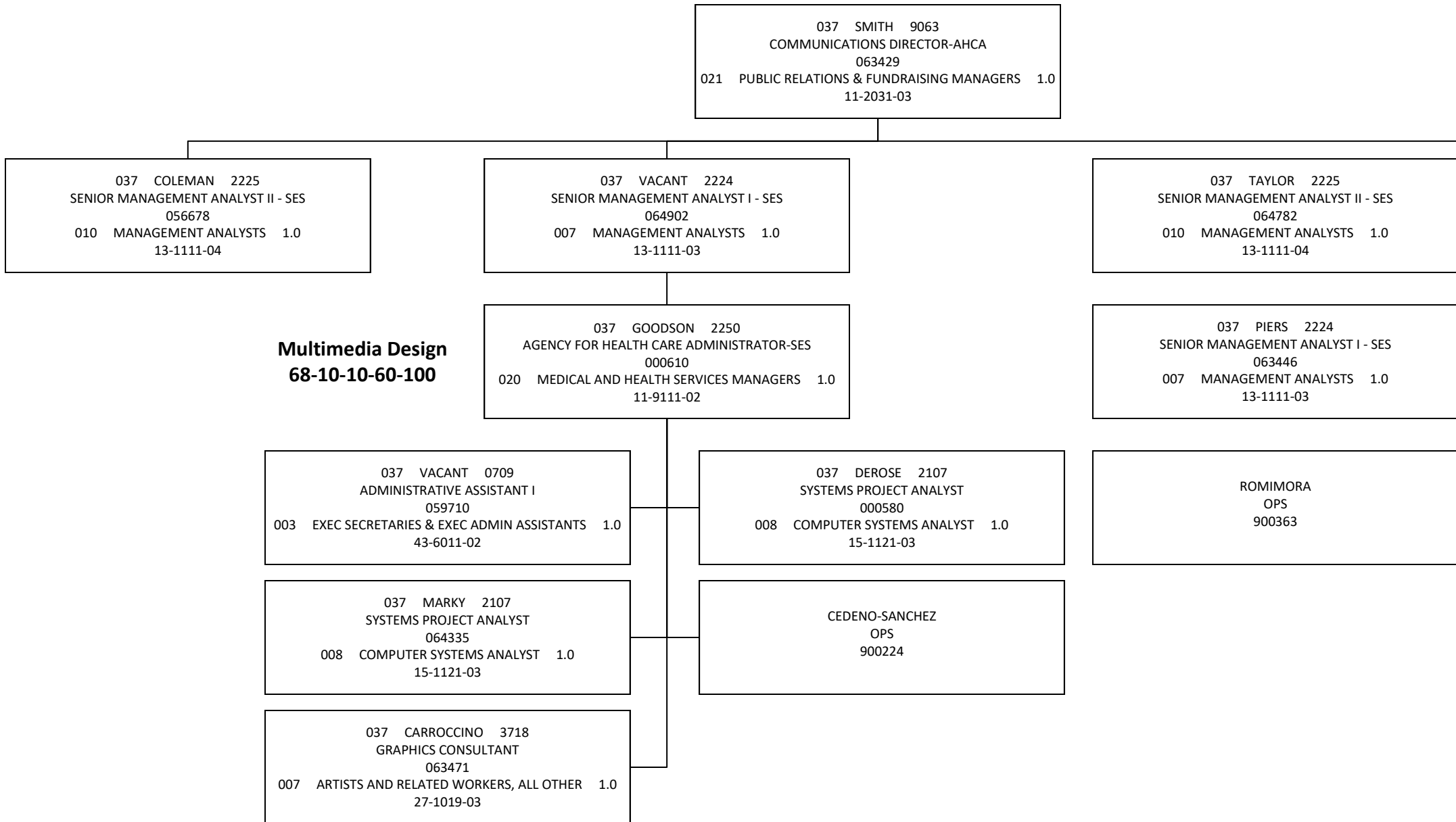
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Legislative Affairs

Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Communications Office

Effective Date: July 1, 2023

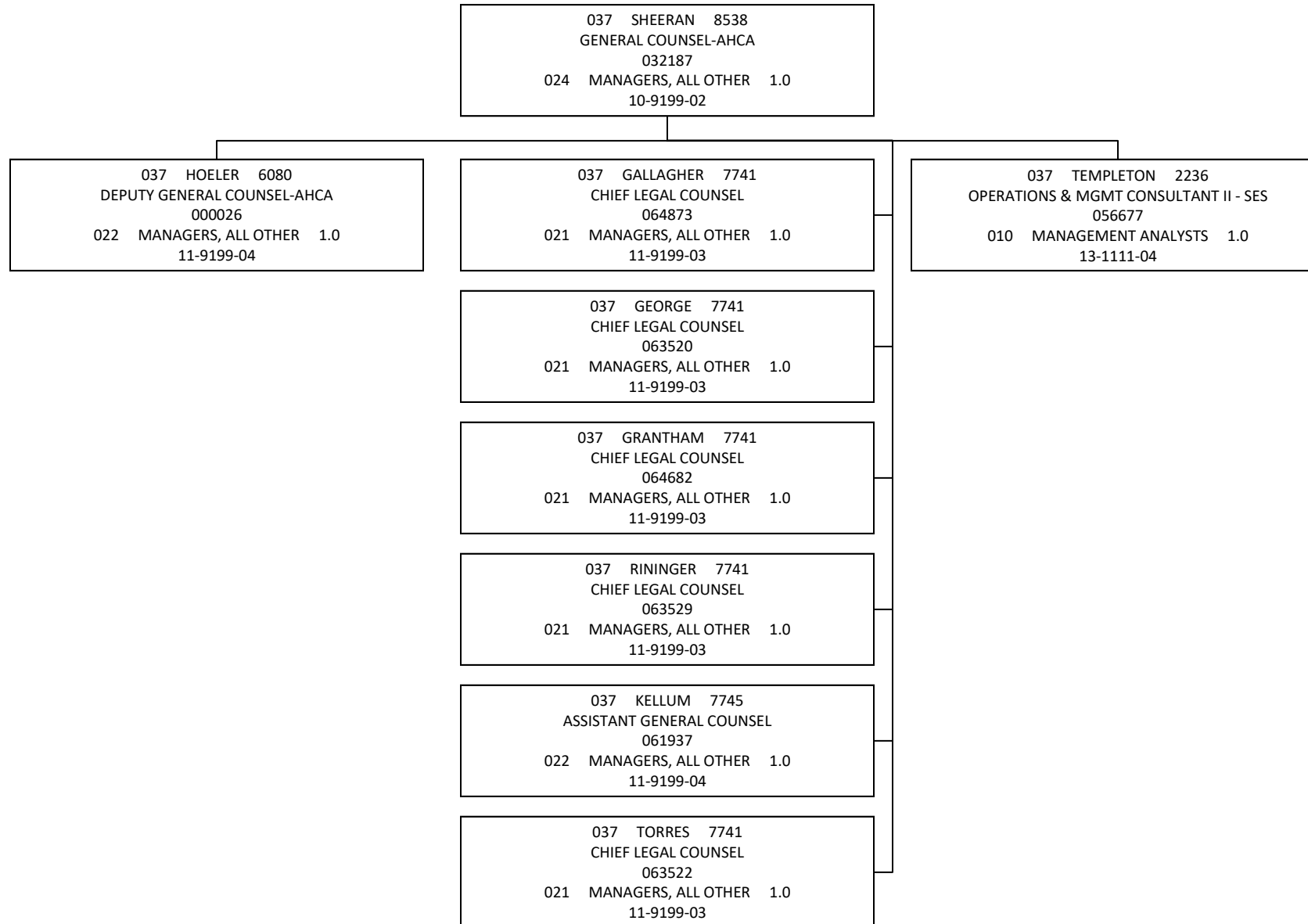


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AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
General Counsel

Effective Date: July 1, 2023

Tallahassee (Headquarters)



AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Deputy General Counsel

Effective Date: July 1, 2023

037 HOELER 6080
DEPUTY GENERAL COUNSEL-AHCA
000026
022 MANAGERS, ALL OTHER 1.0
11-9199-04

STREET
OPS
900167

VACANT
OPS
900203

037 SHOOP 7738
SENIOR ATTORNEY
053296
014 LAWYERS 1.0
23-1011-04

037 HELTON 7741
CHIEF LEGAL COUNSEL
055643
021 MANAGERS, ALL OTHER 1.0
11-9199-03

037 HAIRE 2236
OPERATIONS & MGMT CONSULTANT II - SES
053297
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 DYALS 0712
ADMINISTRATIVE ASSISTANT II
044233
005 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
43-6011-03

037 VACANT 0712
ADMINISTRATIVE ASSISTANT II
064738
005 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
43-6011-03

037 COLSON 3736
INFORMATION SPECIALIST III
053318
006 PUBLIC RELATIONS SPECIALISTS 1.0
27-3031-02

037 MCLANE 0712
ADMINISTRATIVE ASSISTANT II
061942
005 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
43-6011-03

BATTLES
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VACANT
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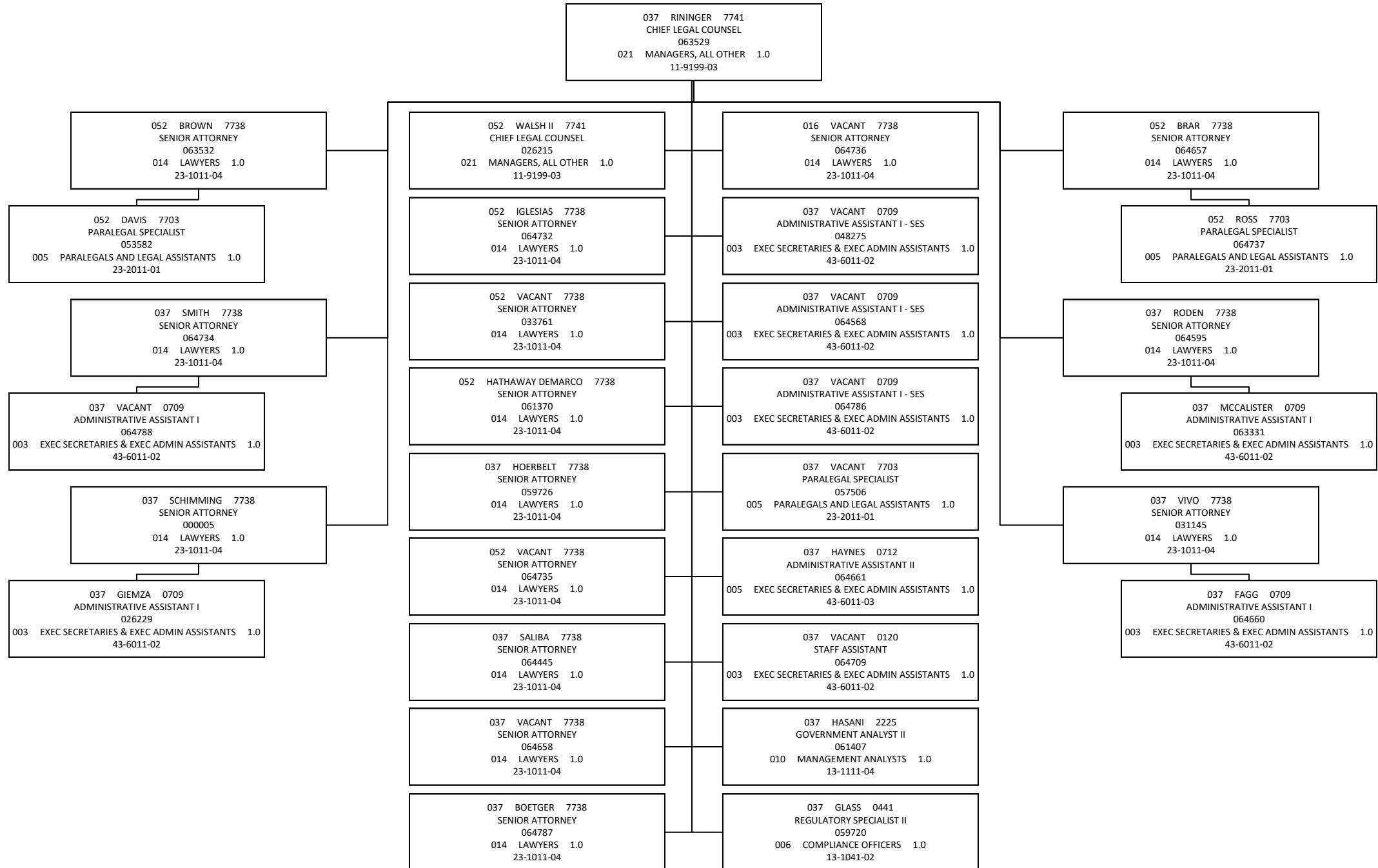
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RODRIGUEZ
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AGENCY FOR HEALTH CARE ADMINISTRATION

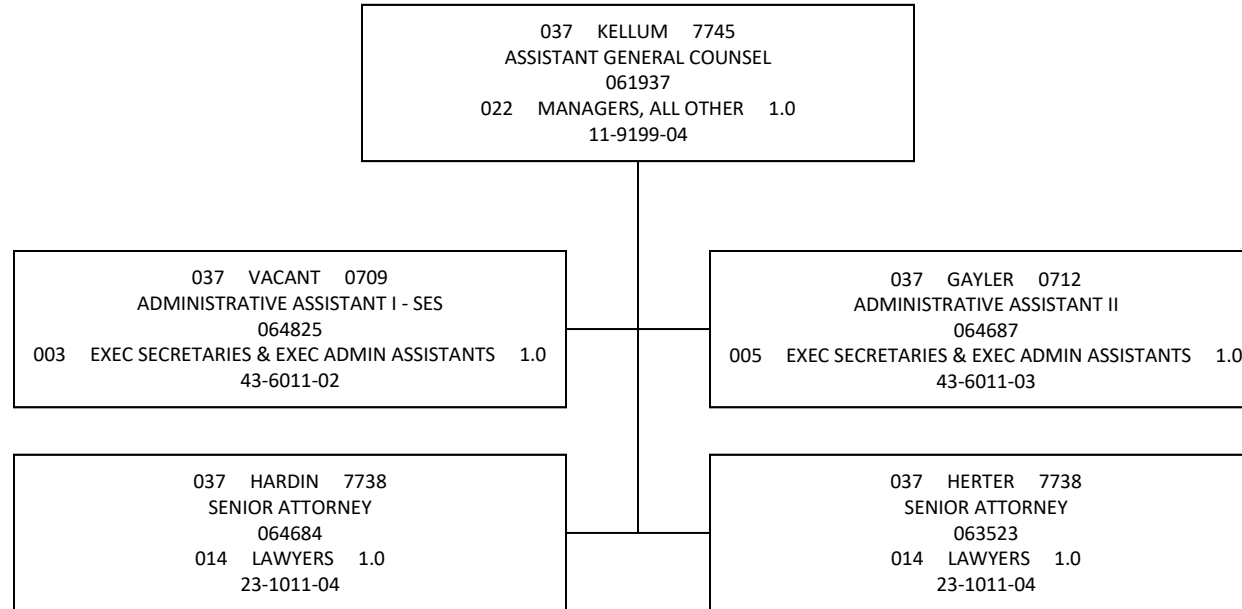
Executive Direction Chief Facilities Counsel

Effective Date: July 1, 2023



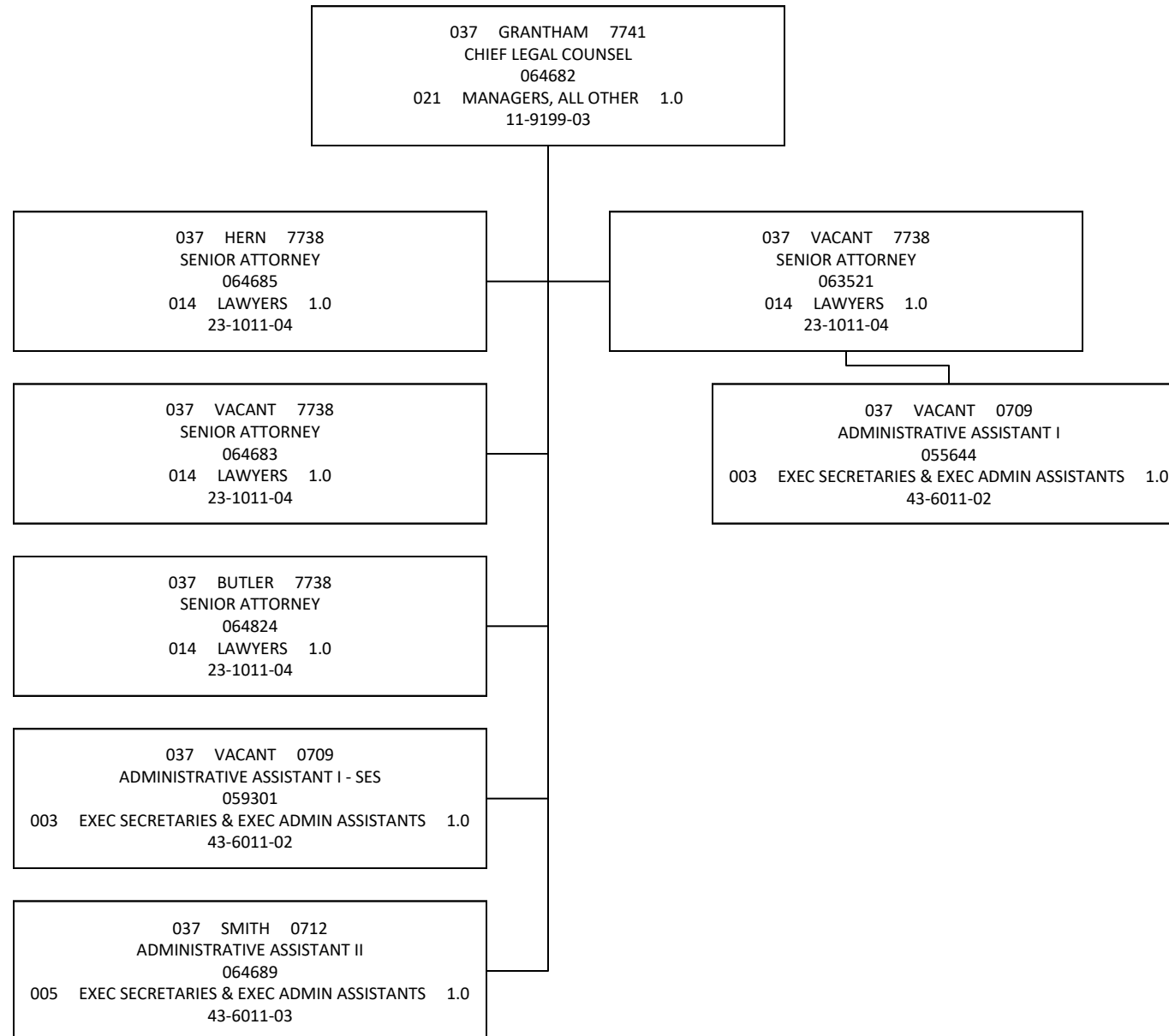
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Chief Medicaid Policy Counsel

Effective Date: July 1, 2023



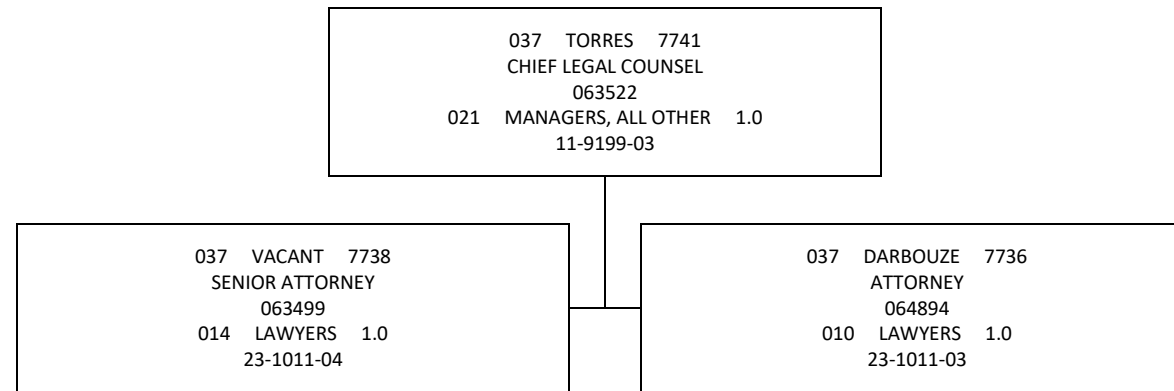
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Executive Direction
Chief Medicaid Litigation/Rules Counsel

Effective Date: July 1, 2023



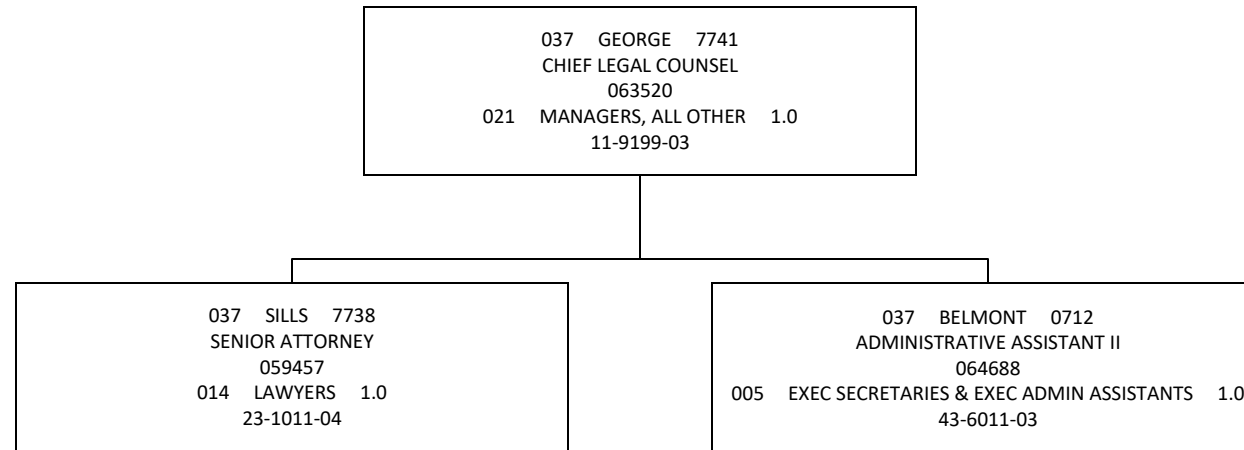
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Chief of State/Federal Litigation Counsel

Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Chief Appellate Counsel

Effective Date: July 1, 2023

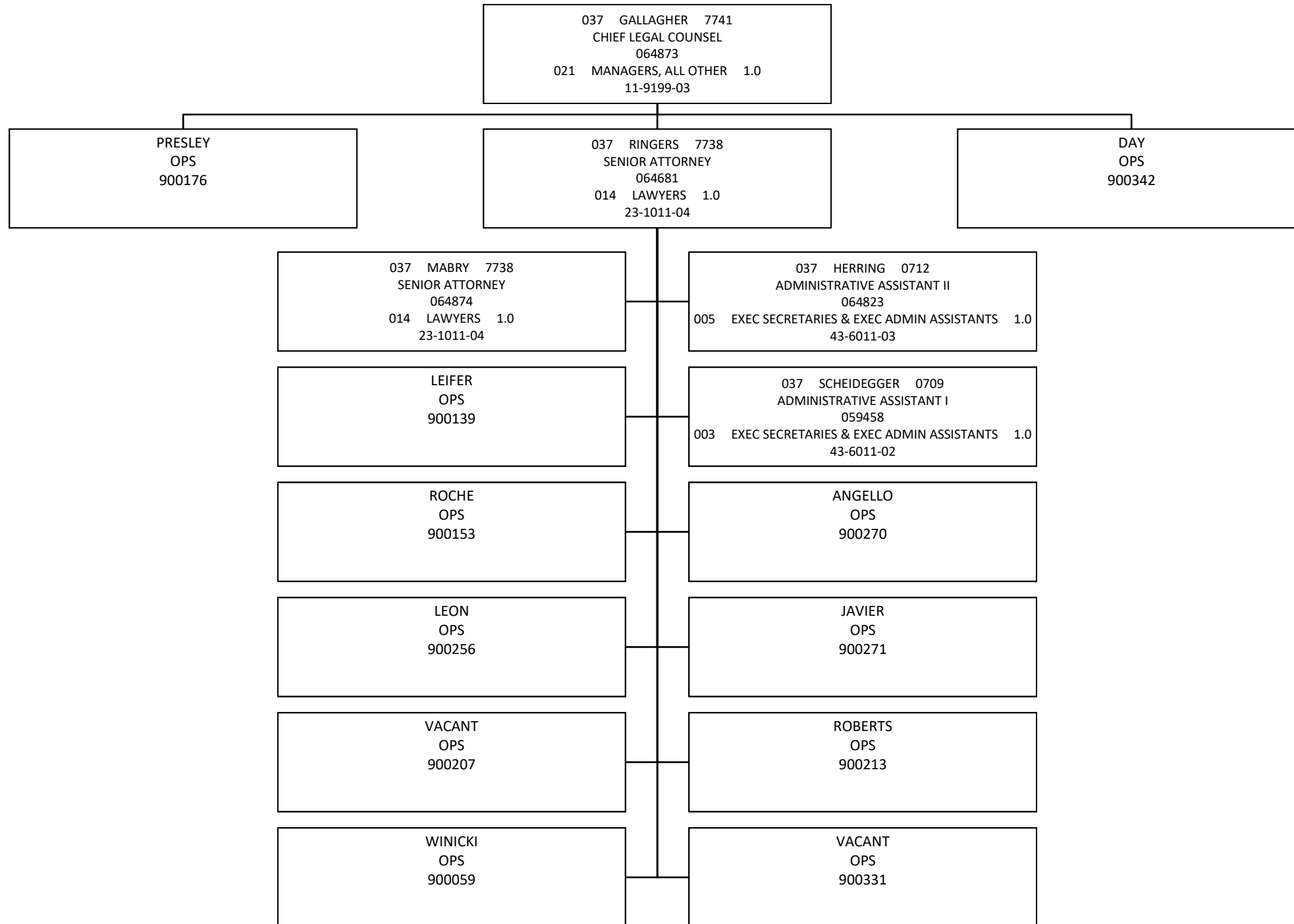


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

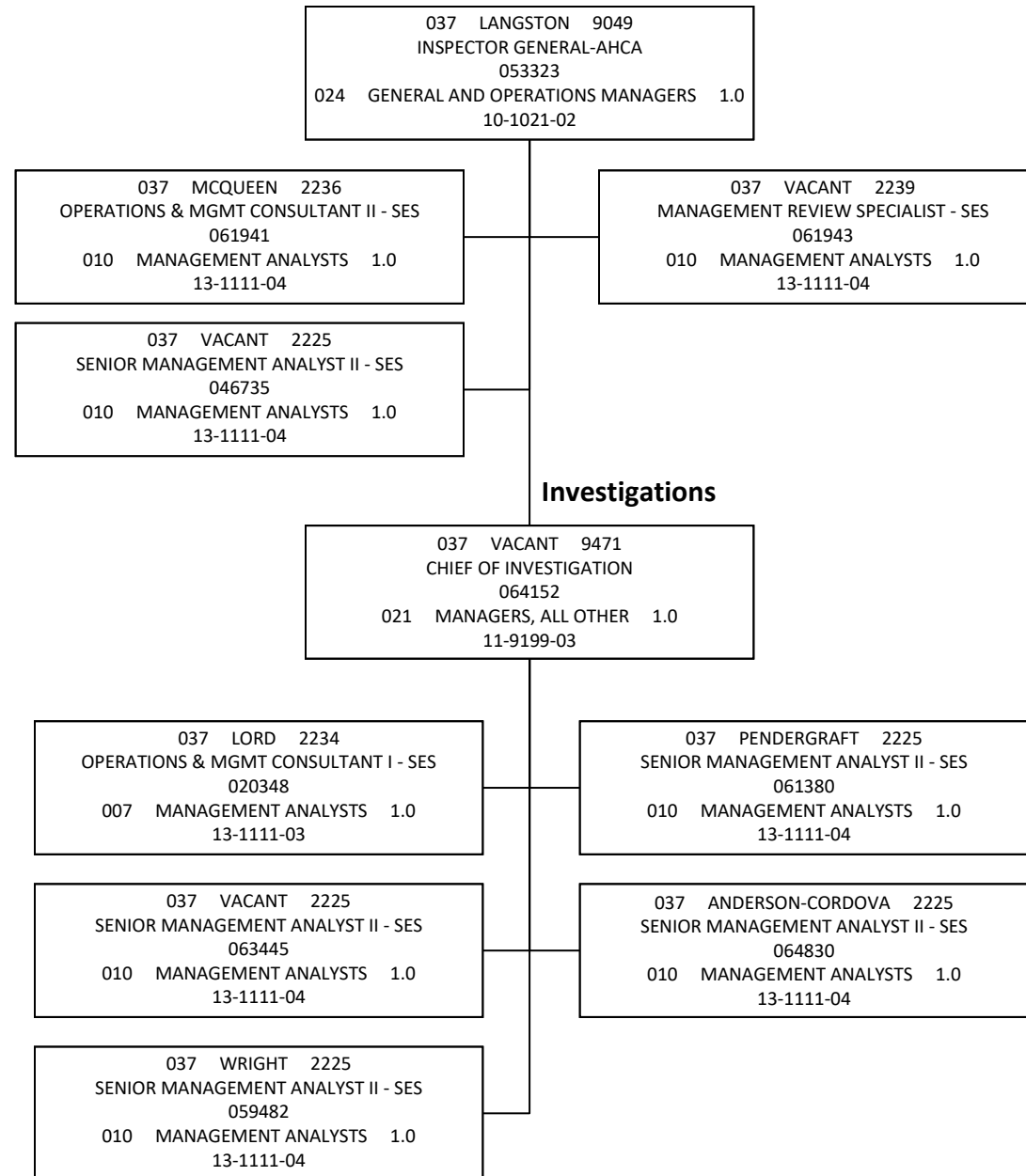
General Counsel Fair Hearings

Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Inspector General

Effective Date: July 1, 2023

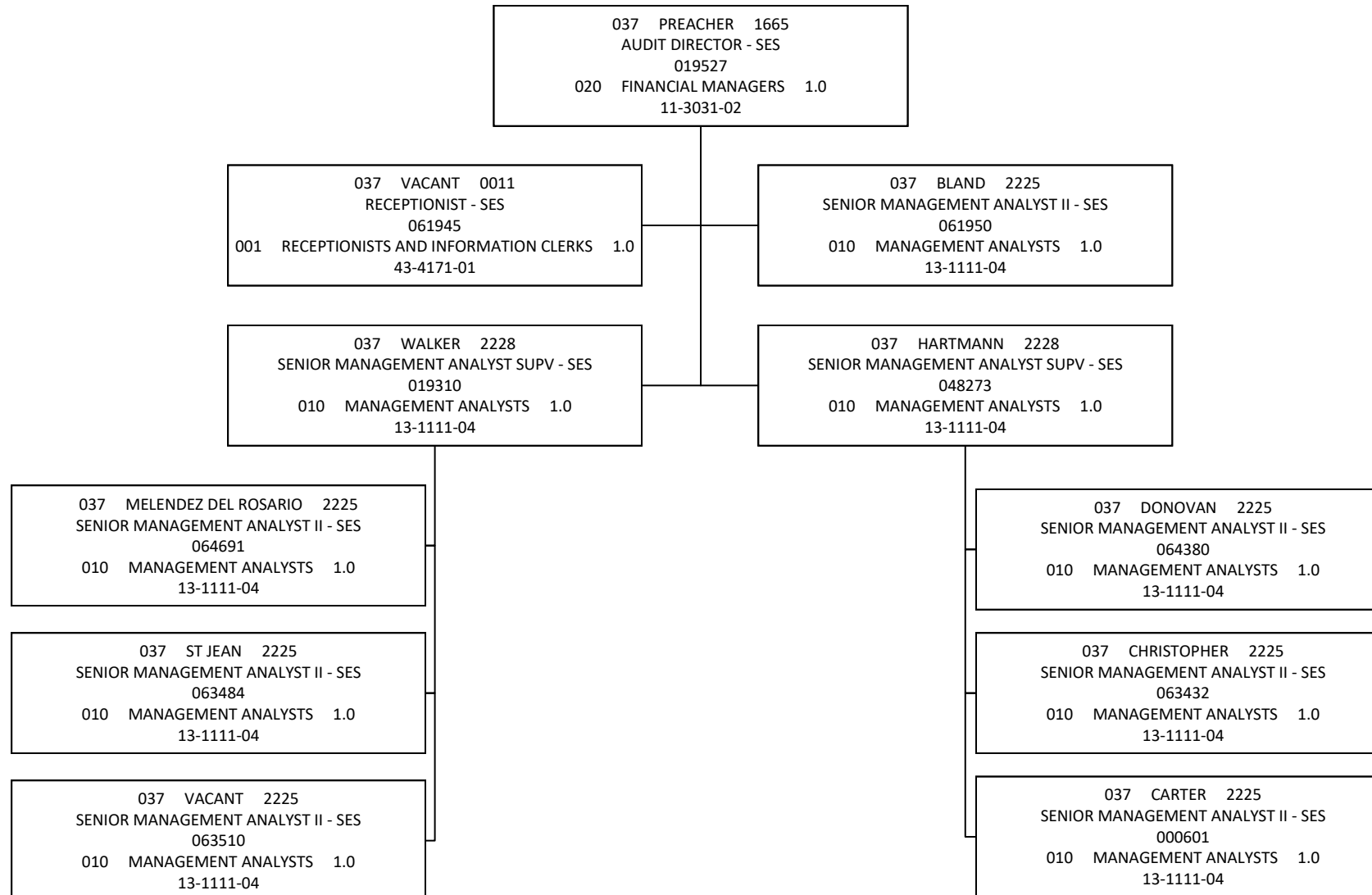


AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction

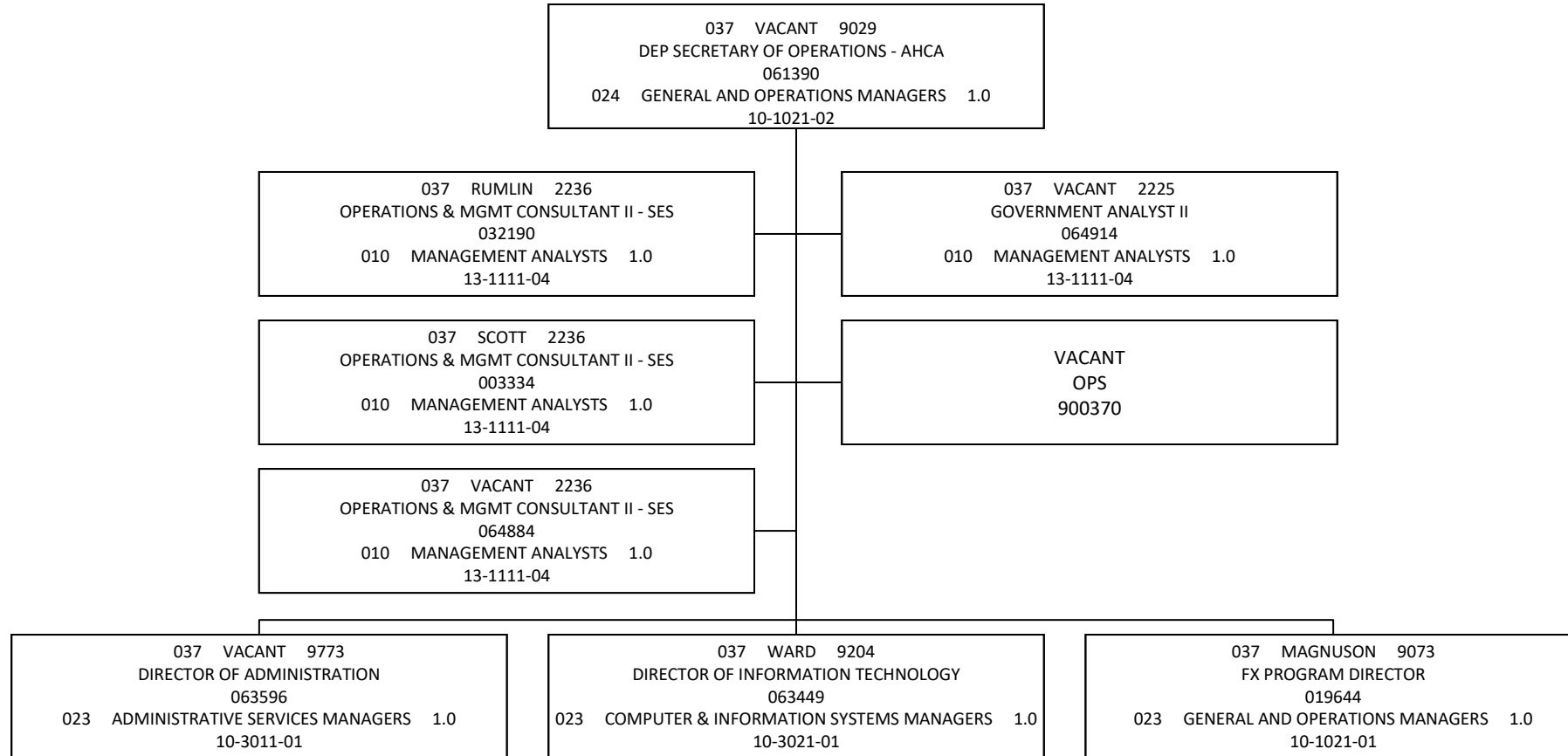
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Effective Date: July 1, 2023



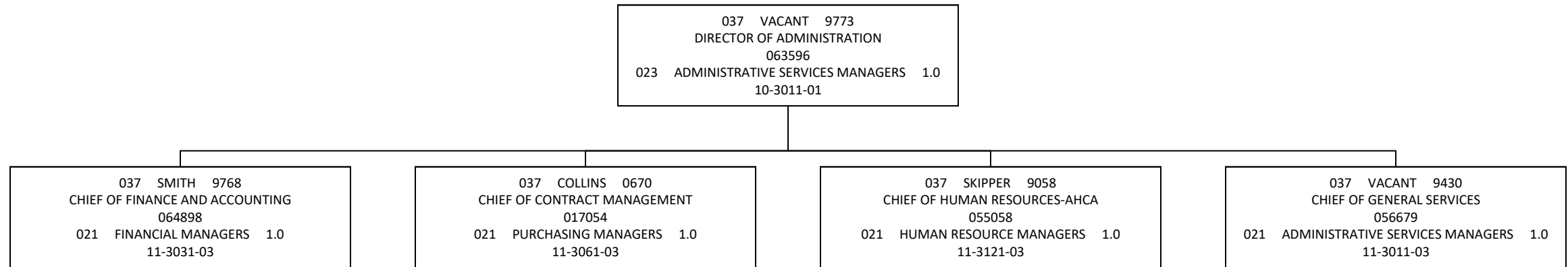
AGENCY FOR HEALTH CARE ADMINISTRATION
Deputy Secretary of Operations
Secretary's Office

Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION
Deputy Secretary of Operations
Division of Administration

Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION

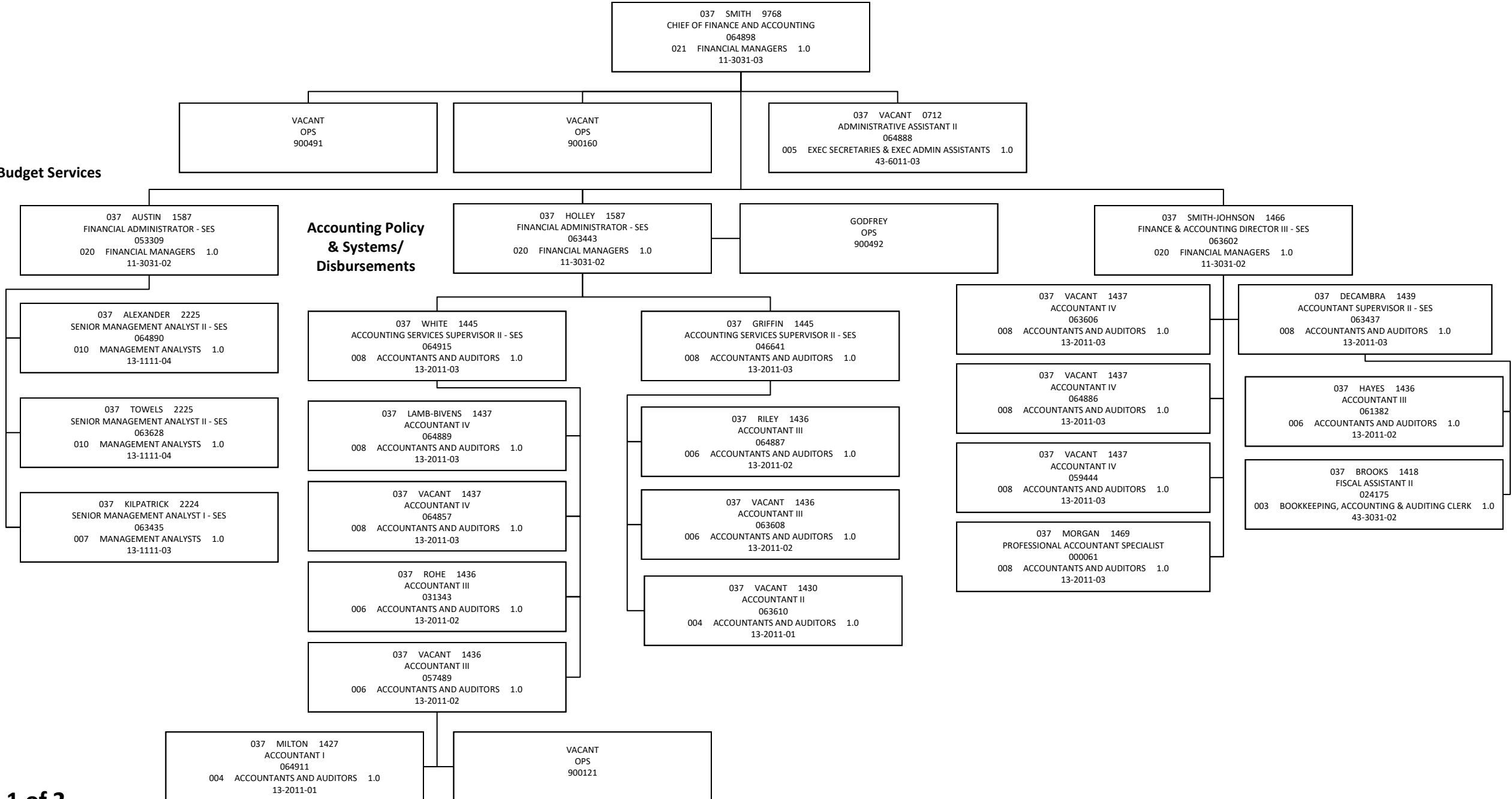
Deputy Secretary of Operations

Division of Administration

Bureau of Financial Services

Effective Date: July 1, 2023

Budget Services



AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations

Division of Administration

Bureau of Financial Services

Effective Date: July 1, 2023

Grants Reporting, Revenue Management, & MAR

037 SMITH 9768
CHIEF OF FINANCE AND ACCOUNTING
064898
021 FINANCIAL MANAGERS 1.0
11-3031-03

037 SIMS 1587
FINANCIAL ADMINISTRATOR - SES
026178
020 FINANCIAL MANAGERS 1.0
11-3031-02

037 SUTTON 2228
SENIOR MANAGEMENT ANALYST SUPV - SES
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010 MANAGEMENT ANALYSTS 1.0
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037 DERICO-HARRIS 1460
FINANCE & ACCOUNTING DIRECTOR I - SES
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020 FINANCIAL MANAGERS 1.0
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037 JORDAN 2238
OPERATIONS & MGMT CONSULTANT MGR - SES
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020 GENERAL AND OPERATIONS MANAGERS 1.0
11-1021-02

037 WILSON 2225
GOVERNMENT ANALYST II
064900
010 MANAGEMENT ANALYSTS 1.0
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VACANT
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037 MCCLLOUD 1445
ACCOUNTING SERVICES SUPERVISOR II - SES
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037 VACANT 1445
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037 WILKINS 1436
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037 TALLENT 1430
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WILLIAMS
OPS
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037 MACY 2236
GOVERNMENT OPERATIONS CONSULTANT II
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13-1111-04

037 HOLMES 2236
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13-1111-04

037 VACANT 1469
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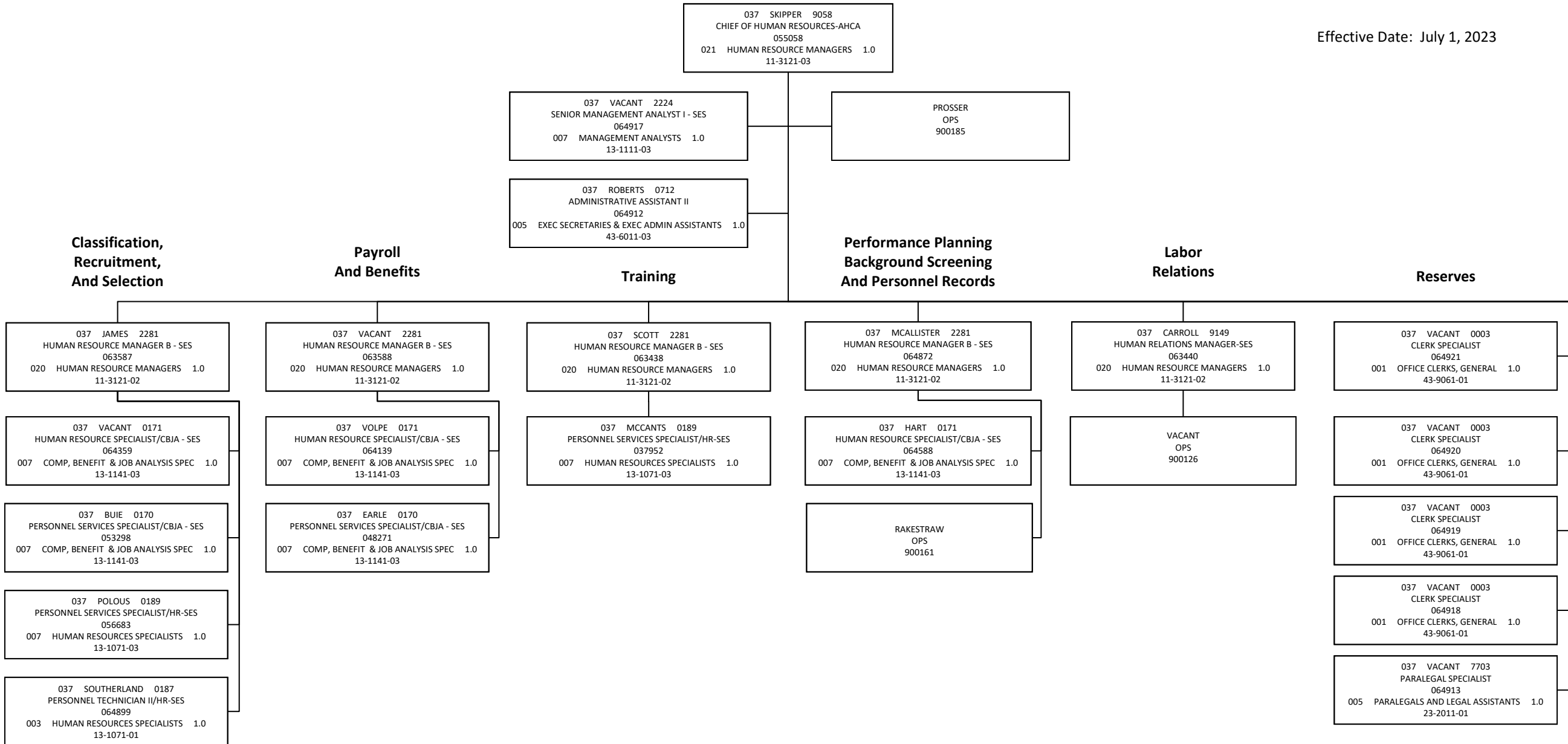
AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations

Division of Administration

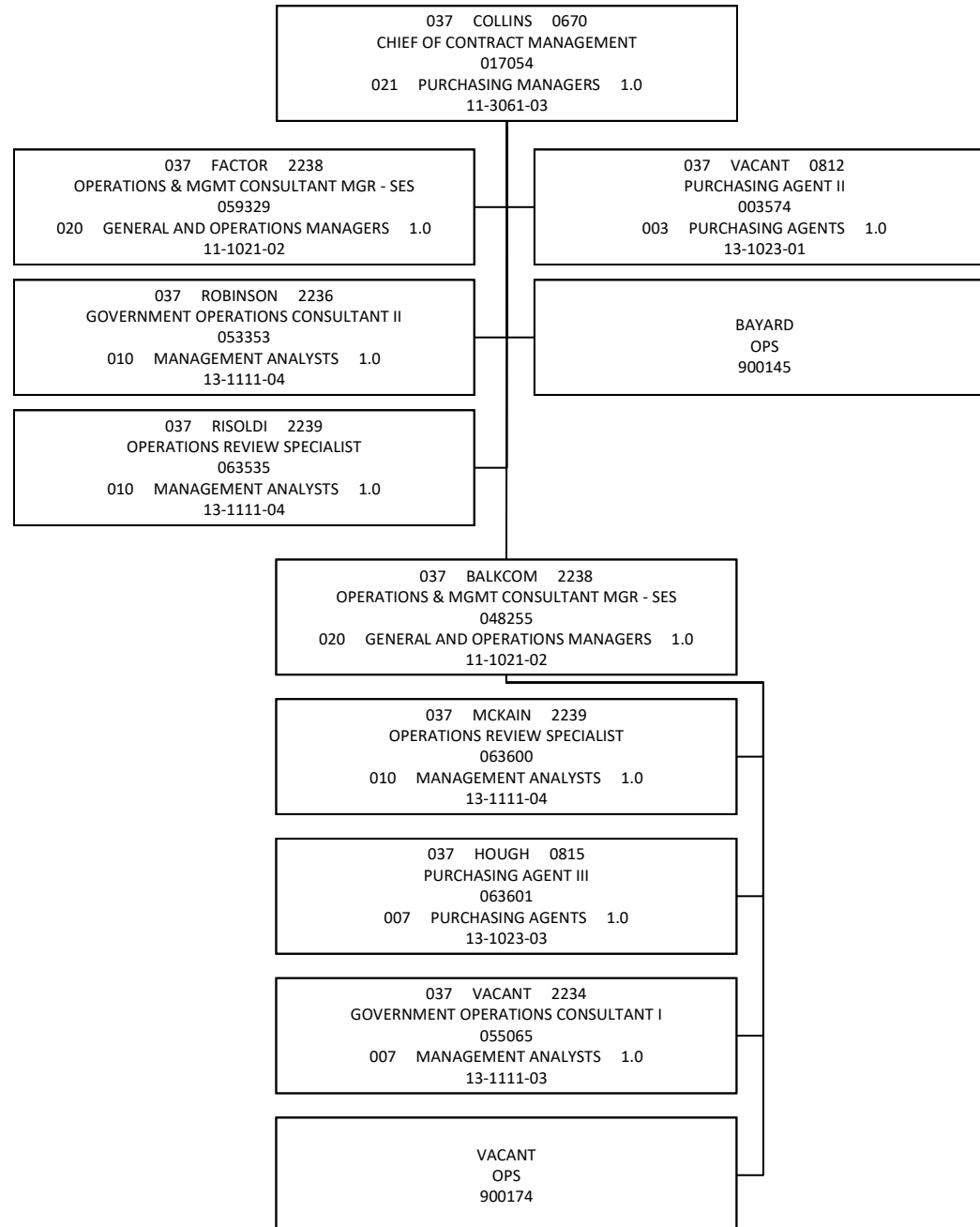
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Effective Date: July 1, 2023



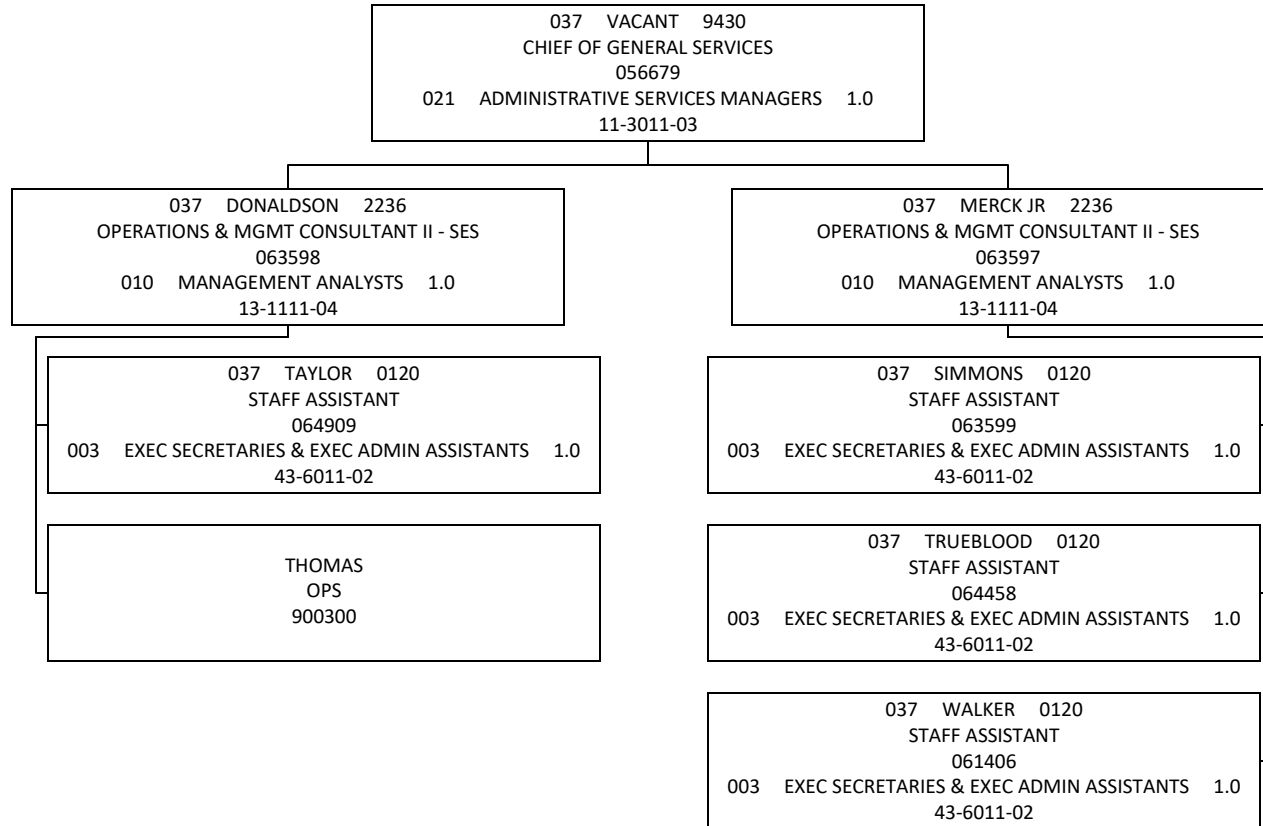
AGENCY FOR HEALTH CARE ADMINISTRATION
Deputy Secretary of Operations
Division of Administration
Bureau of Purchasing & Contract Administration

Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION
Deputy Secretary of Operations
Division of Administration
Bureau of General Services

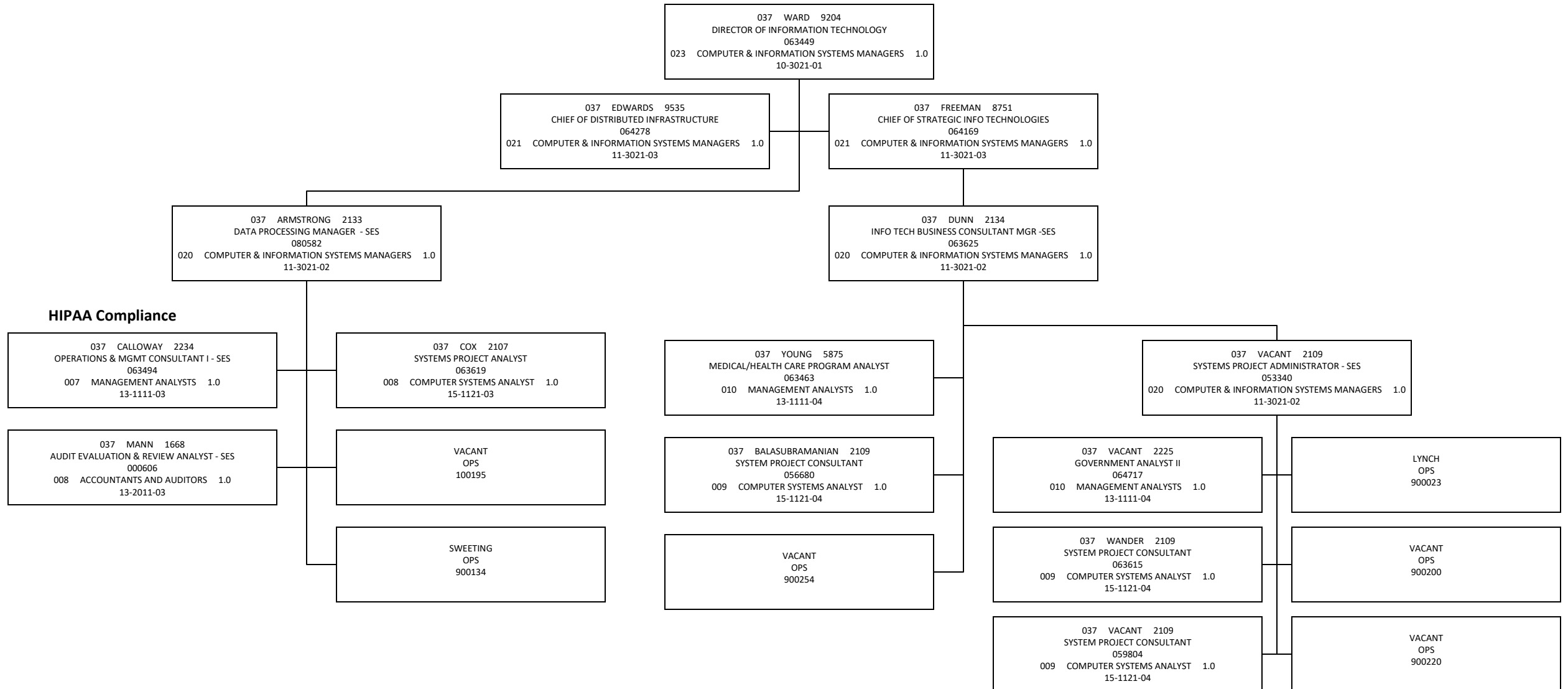
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AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations Division of Information Technology Director's Office

Effective Date: July 1, 2023



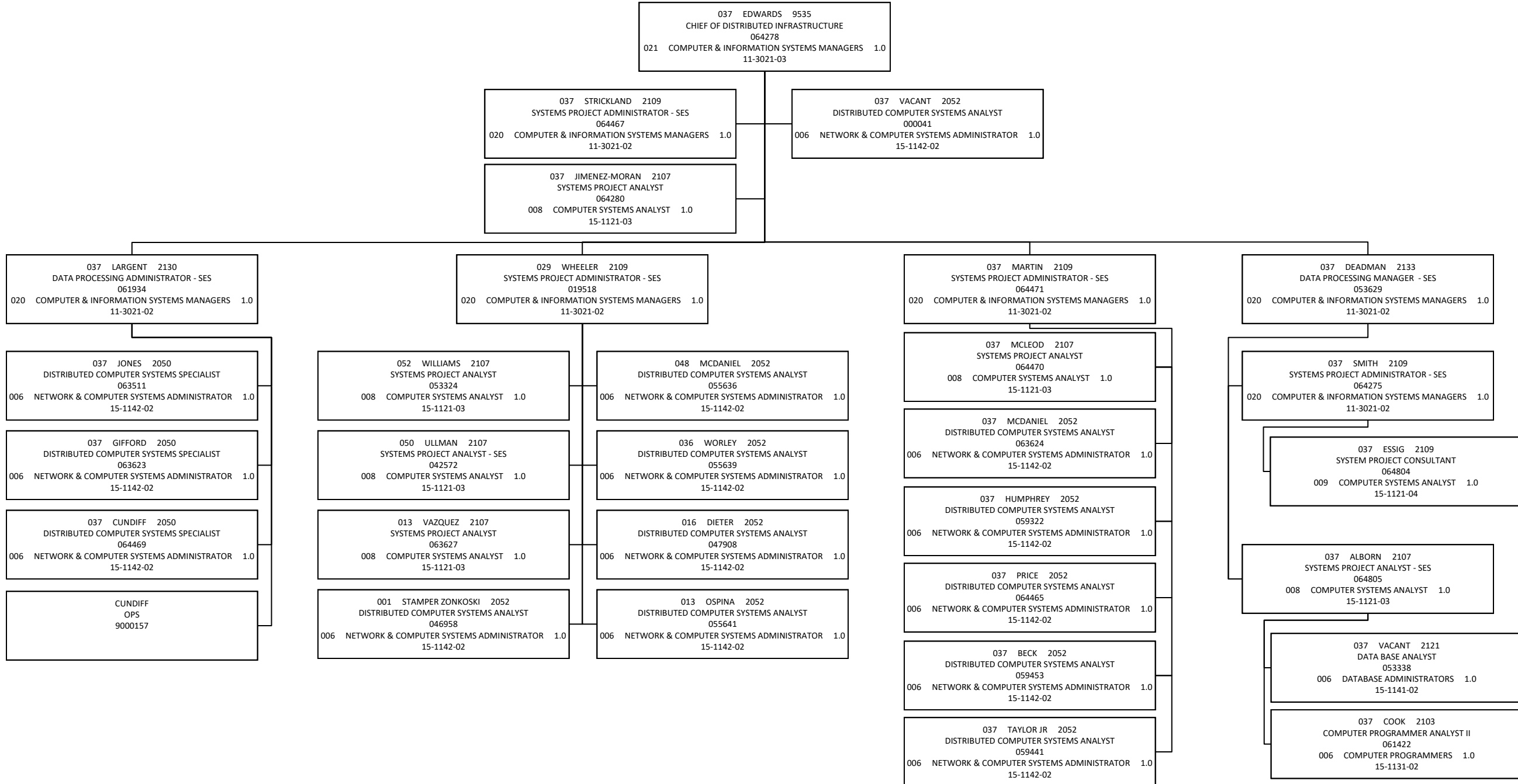
AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations

Division of Information Technology

Bureau of Distributed Infrastructure

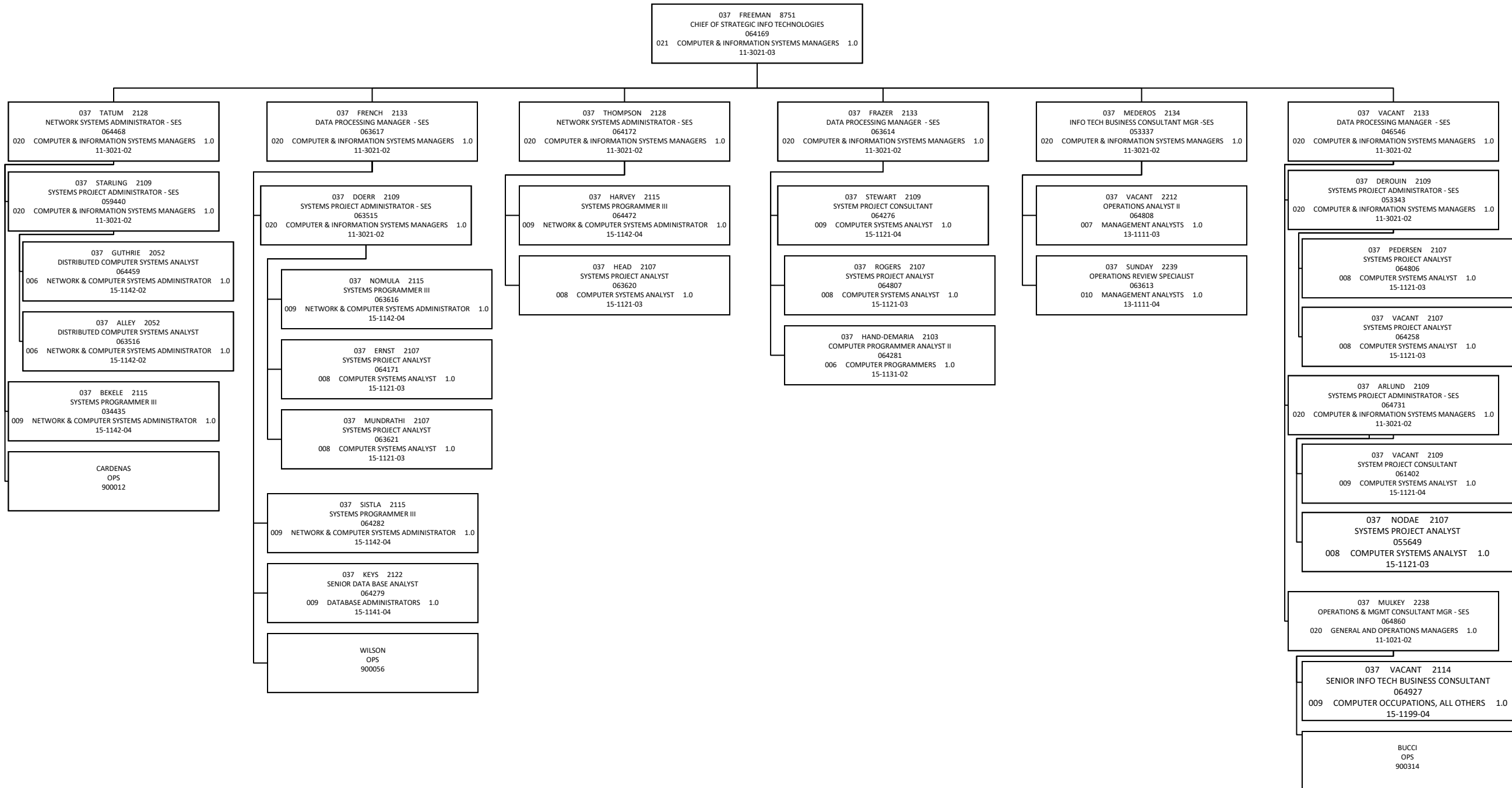
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AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations Division of Information Technology Bureau of Strategic Info Technologies

Effective Date: July 1, 2023

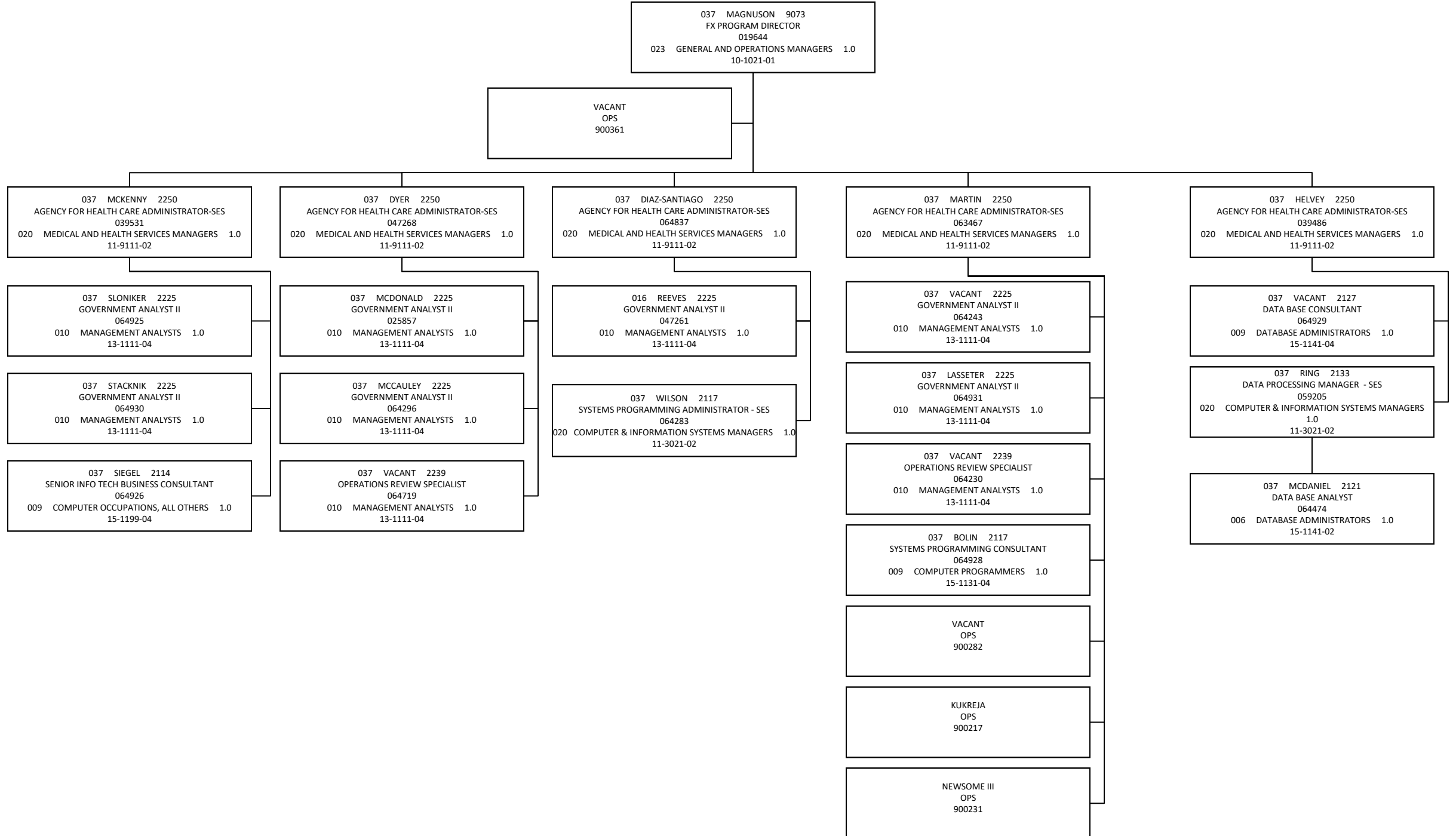


AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations

Division of FX Program Administration

Effective Date: July 1, 2023

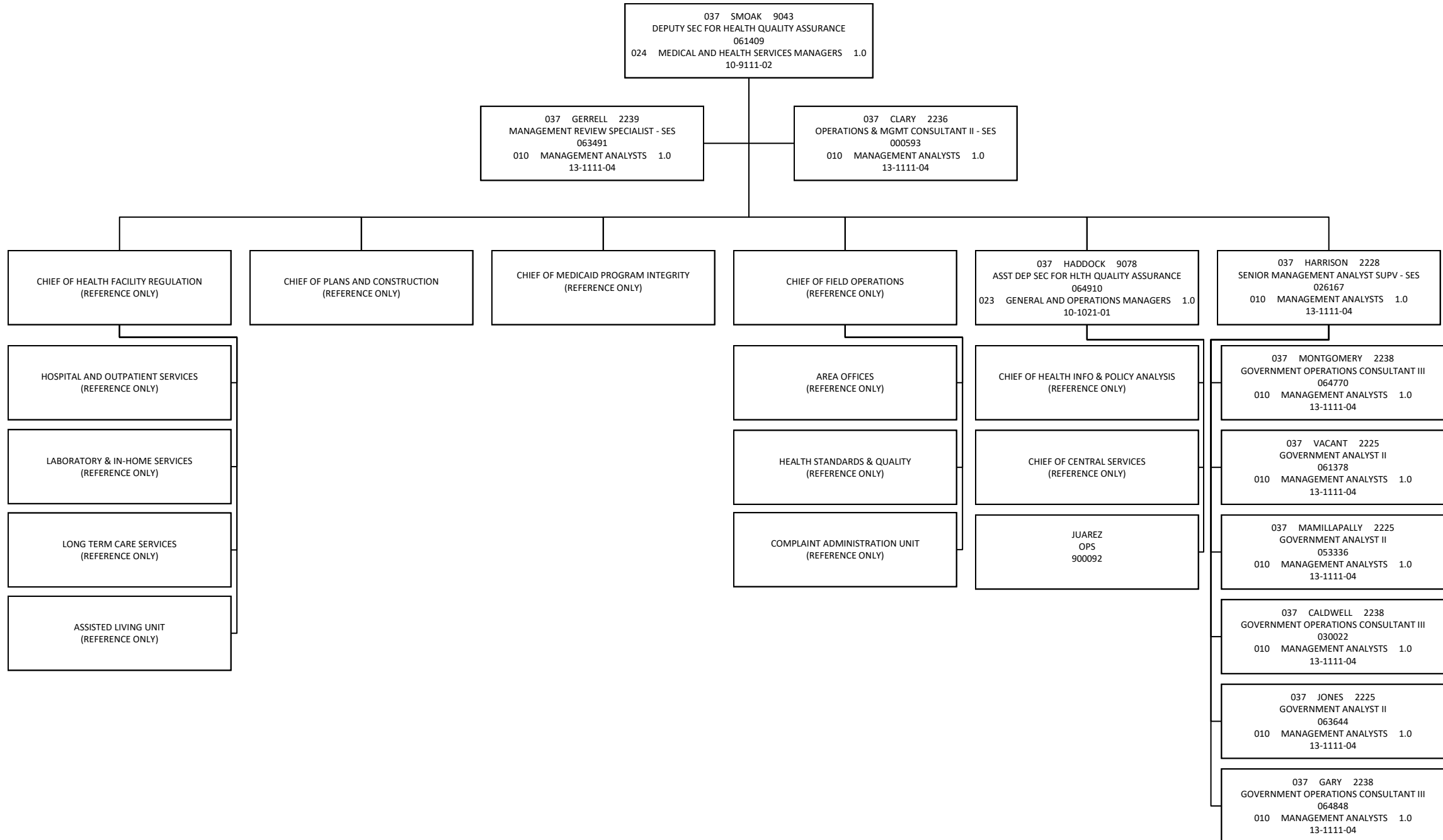


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Deputy Secretary's Office

Effective Date: July 1, 2023

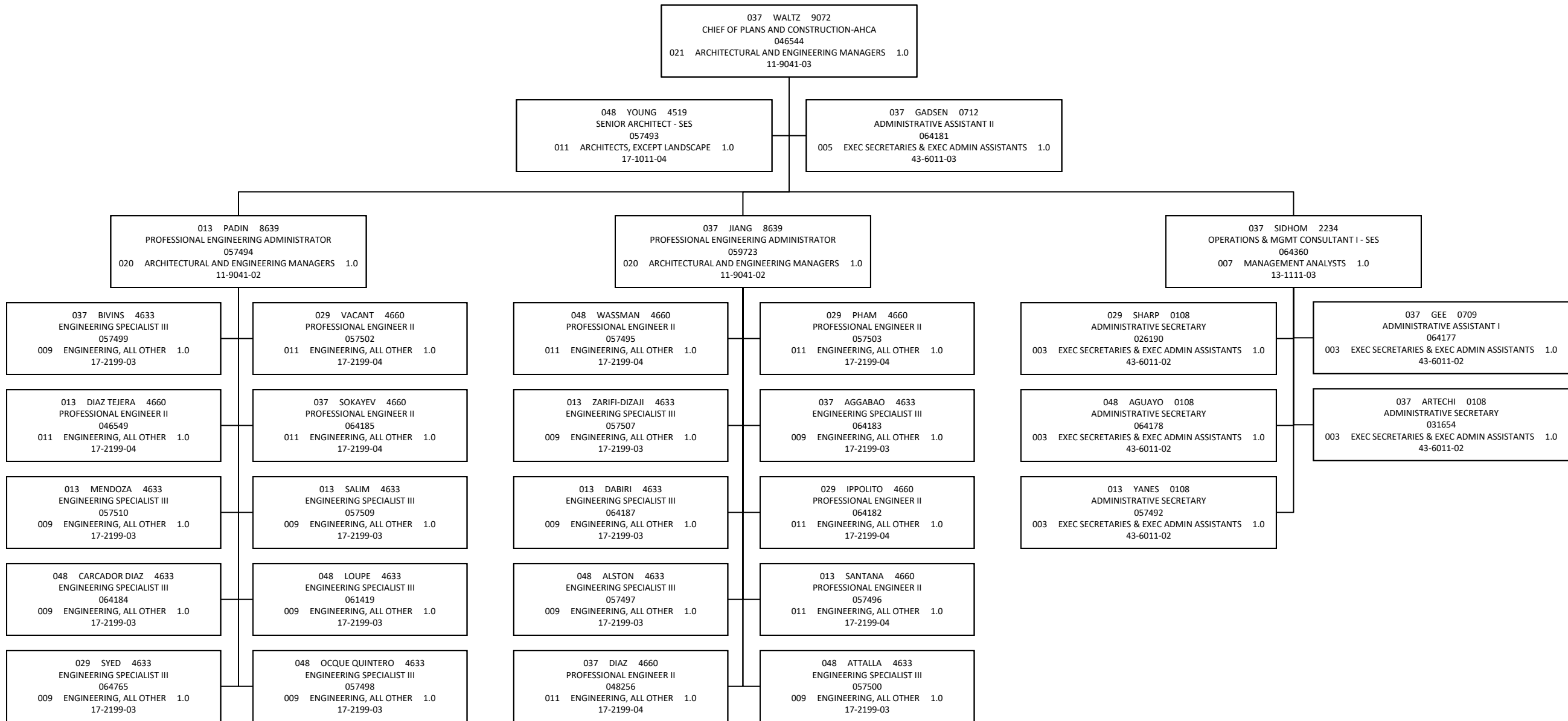


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

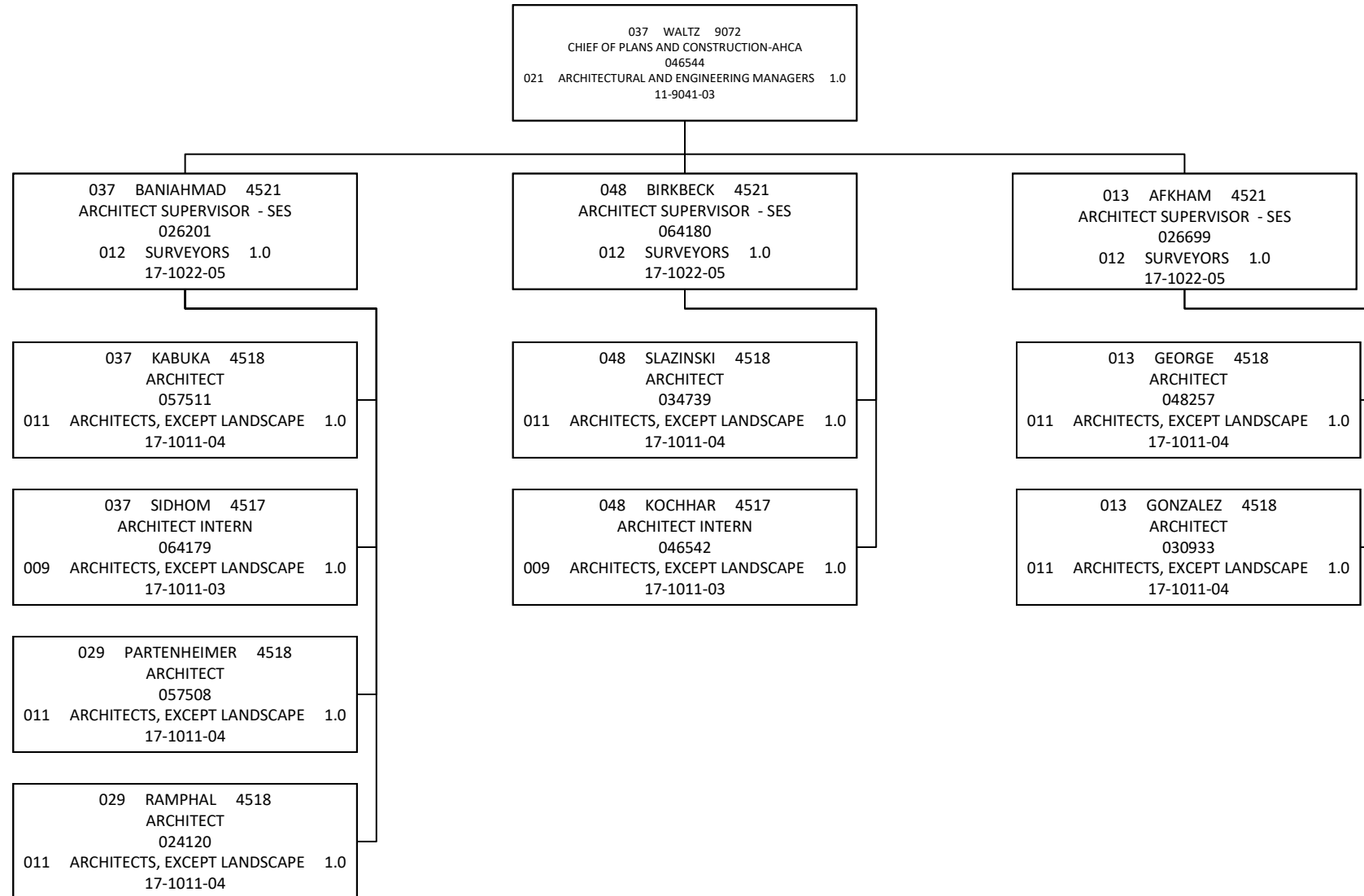
Bureau of Plans and Construction

Effective Date: July 1, 2023



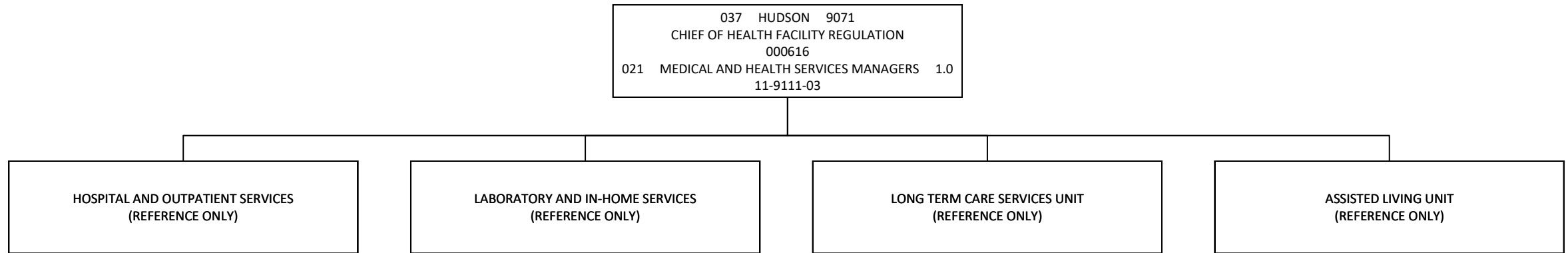
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Plans and Construction

Effective Date: July 1, 2023



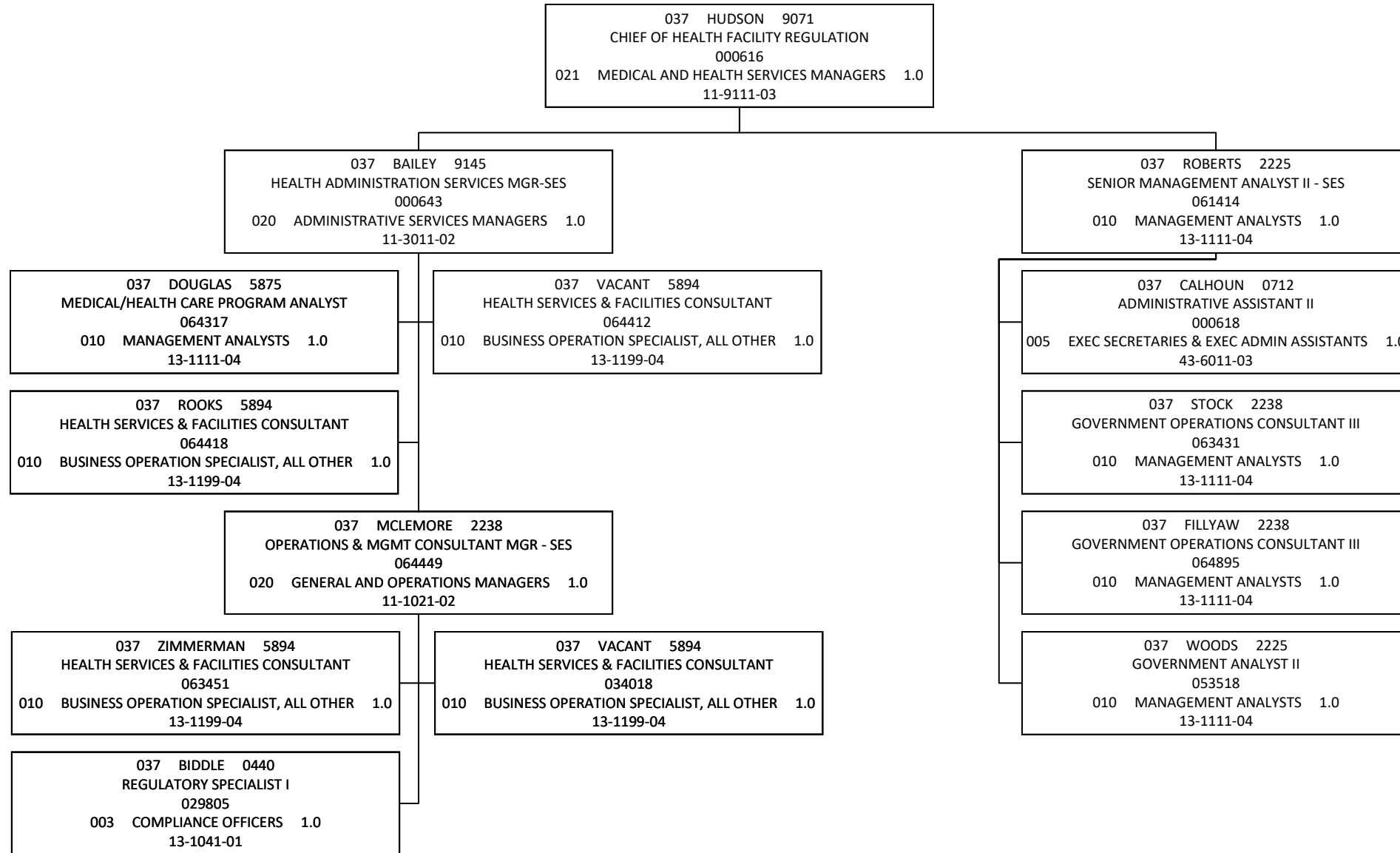
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Health Facility Regulation

Effective Date: July 1, 2023



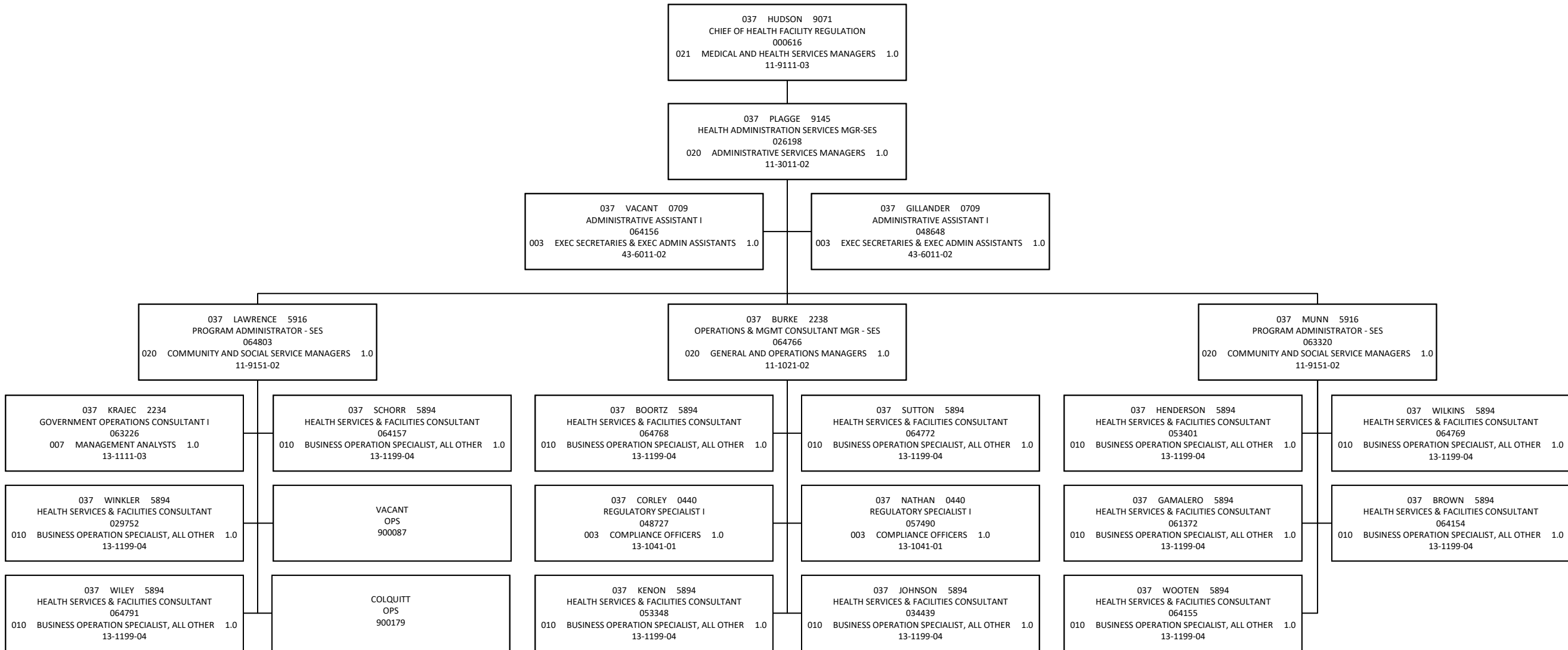
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Health Facility Regulation

Effective Date: July 1, 2023



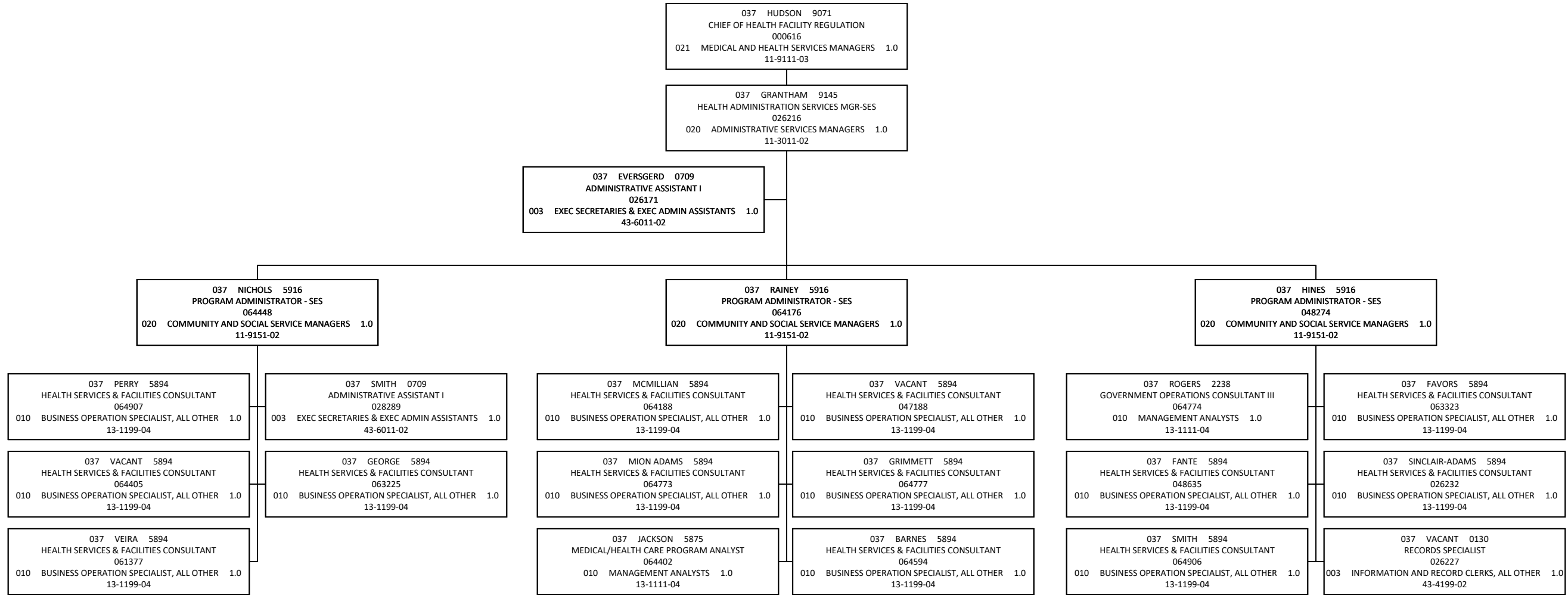
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Health Facility Regulation
Hospital & Outpatient Services

Effective Date: July 1, 2023



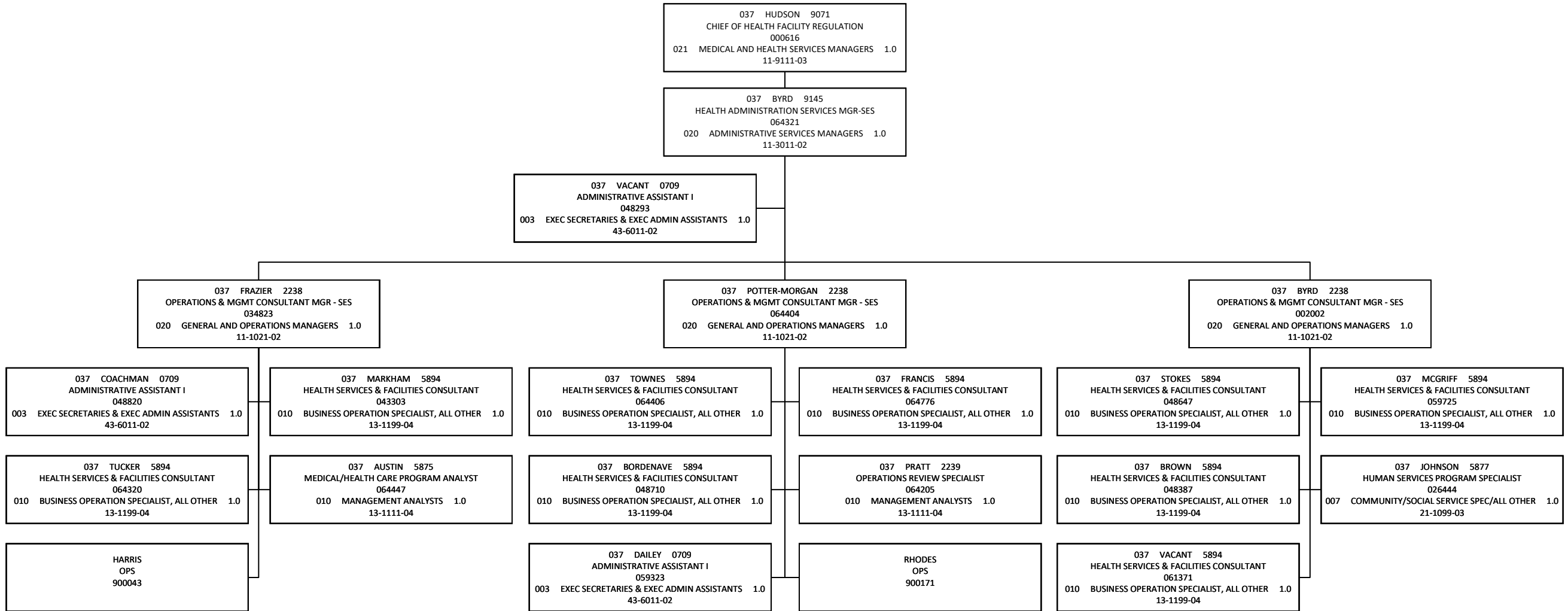
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Health Facility Regulation
Laboratory & In-Home Services

Effective Date: July 1, 2023



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

Effective Date: July 1, 2023



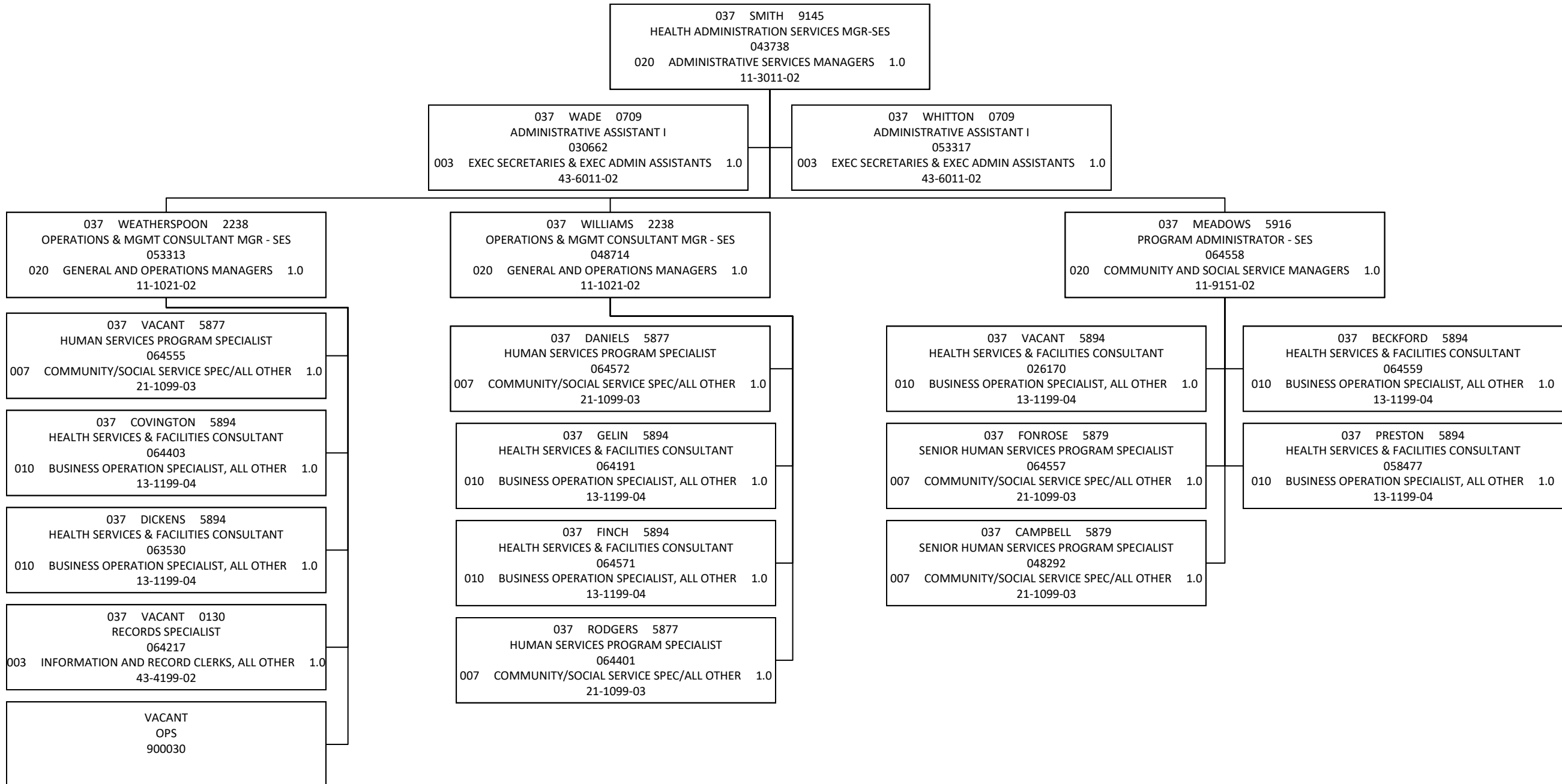
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Health Facility Regulation

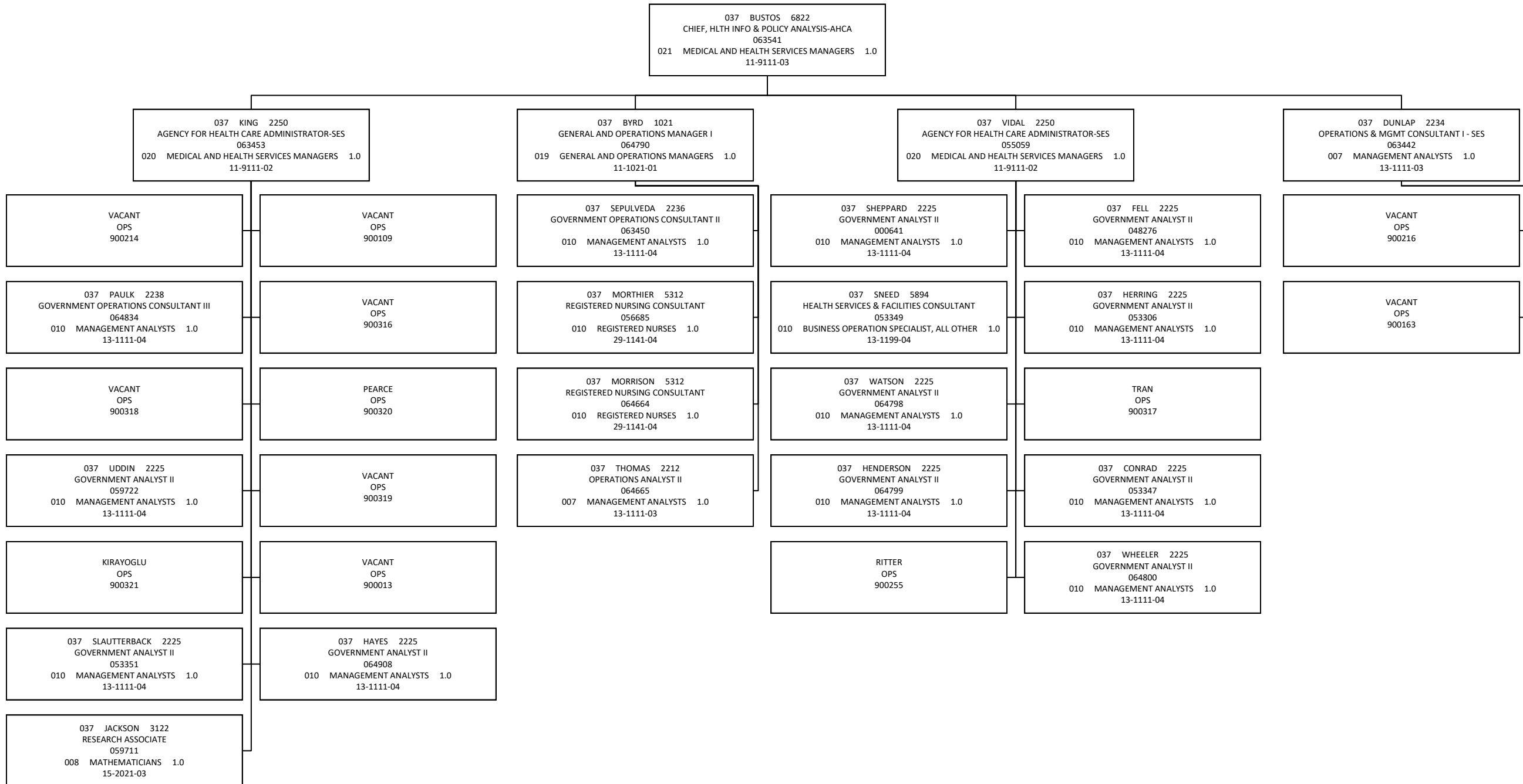
Long Term Care Services Unit

Effective Date: July 1, 2023



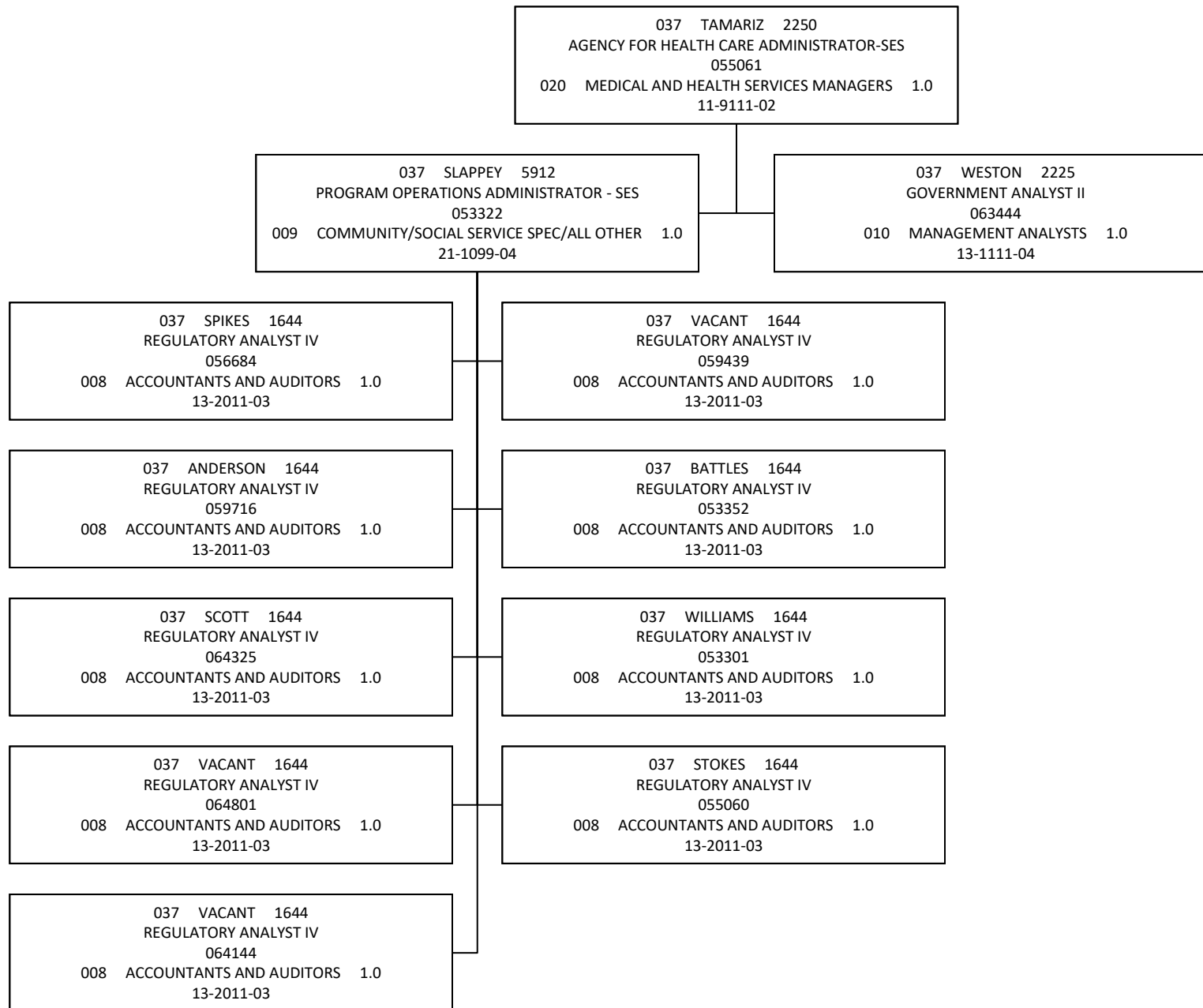
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of FL Center for Health Information & Transparency

Effective Date: July 1, 2023



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

Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations

Effective Date: July 1, 2023

2225
052 REID 9065
CHIEF OF FIELD OPERATIONS-AHCA
026175
021 GENERAL AND OPERATIONS MANAGERS 1.0
11-1021-03

037 HEIBERG 2225
GOVERNMENT ANALYST II
043290
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 ALDAY 2225
GOVERNMENT ANALYST II
064633
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

WEBB
OPS
900211

037 HARRIS 2225
GOVERNMENT ANALYST II
033417
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 ALTHERR 2225
GOVERNMENT ANALYST II
026225
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 VACANT 2234
GOVERNMENT OPERATIONS CONSULTANT I
051310
007 MANAGEMENT ANALYSTS 1.0
13-1111-03

037 HART 6040
FIELD OFFICE MANAGER - SES
064652
020 ADMINISTRATIVE SERVICES MANAGERS 1.0
11-3011-02

AREA OFFICE 2
(28 FTES)
(REFERENCE ONLY)

AREA OFFICE 7
(38 FTES)
(REFERENCE ONLY)

AREA OFFICE 3
(29 FTES)
(REFERENCE ONLY)

AREA OFFICE 8
(36 FTES)
(REFERENCE ONLY)

AREA OFFICE 4
(34 FTES)
(REFERENCE ONLY)

AREA OFFICE 9
(61 FTES)
(REFERENCE ONLY)

AREA OFFICE 5
(80 FTES)
(REFERENCE ONLY)

AREA OFFICE 11
(56 FTES)
(REFERENCE ONLY)

WRICE
OPS
900347

037 GREEN 5894
HEALTH SERVICES & FACILITIES CONSULTANT
064648
010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
13-1199-04

037 ALEXANDER 5312
REGISTERED NURSING CONSULTANT
064793
010 REGISTERED NURSES 1.0
29-1141-04

037 POLLOCK 1021
GENERAL AND OPERATIONS MANAGER I
064214
019 GENERAL AND OPERATIONS MANAGERS 1.0
11-1021-01

037 JONES 5312
REGISTERED NURSING CONSULTANT
064569
010 REGISTERED NURSES 1.0
29-1141-04

037 KELLY 5312
REGISTERED NURSING CONSULTANT
064643
010 REGISTERED NURSES 1.0
29-1141-04

037 KNERR 5894
HEALTH SERVICES & FACILITIES CONSULTANT
064585
010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
13-1199-04

037 ADAMS 5894
HEALTH SERVICES & FACILITIES CONSULTANT
064225
010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
13-1199-04

VACANT
OPS
900091

037 PHINAZEE 0108
ADMINISTRATIVE SECRETARY
061388
003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
43-6011-02

037 BLAIR 0441
REGULATORY SPECIALIST II
029751
006 COMPLIANCE OFFICERS 1.0
13-1041-02

037 MURRAY 5894
HEALTH SERVICES & FACILITIES CONSULTANT
061379
010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
13-1199-04

037 STRAIT 2236
GOVERNMENT OPERATIONS CONSULTANT II
064640
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 COLLINS 5312
REGISTERED NURSING CONSULTANT
037433
010 REGISTERED NURSES 1.0
29-1141-04

037 EDWARDS 0440
REGULATORY SPECIALIST I
064645
003 COMPLIANCE OFFICERS 1.0
13-1041-01

037 FOSTER 5894
HEALTH SERVICES & FACILITIES CONSULTANT
048473
010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
13-1199-04

037 THOMPSON 5312
REGISTERED NURSING CONSULTANT
064639
010 REGISTERED NURSES 1.0
29-1141-04

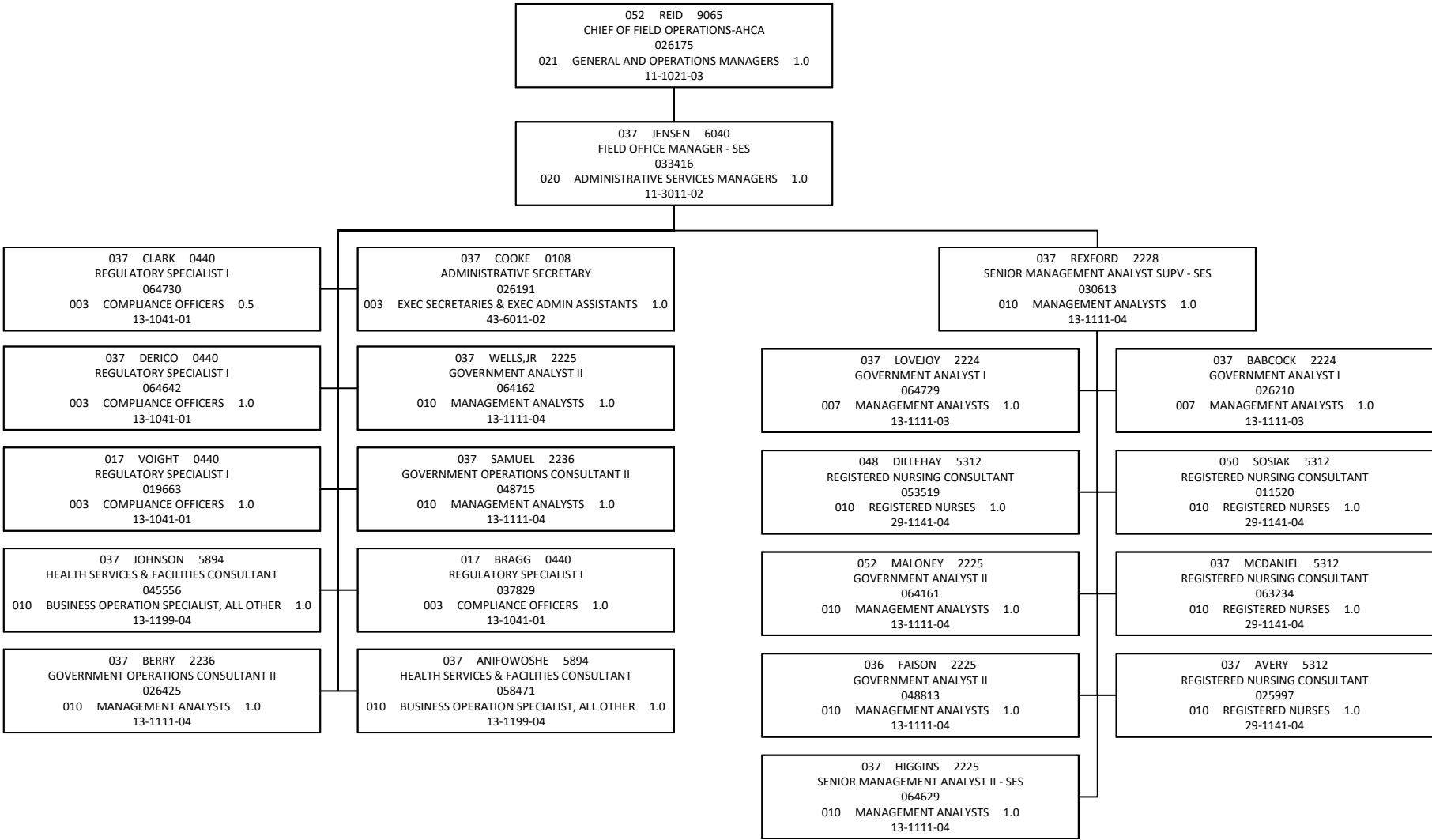
OGORZALY
OPS
900124

037 LEWIS 0444
REGULATORY SPECIALIST III
064644
007 COMPLIANCE OFFICERS 1.0
13-1041-03

037 REED 5894
HEALTH SERVICES & FACILITIES CONSULTANT
046547
010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
13-1199-04

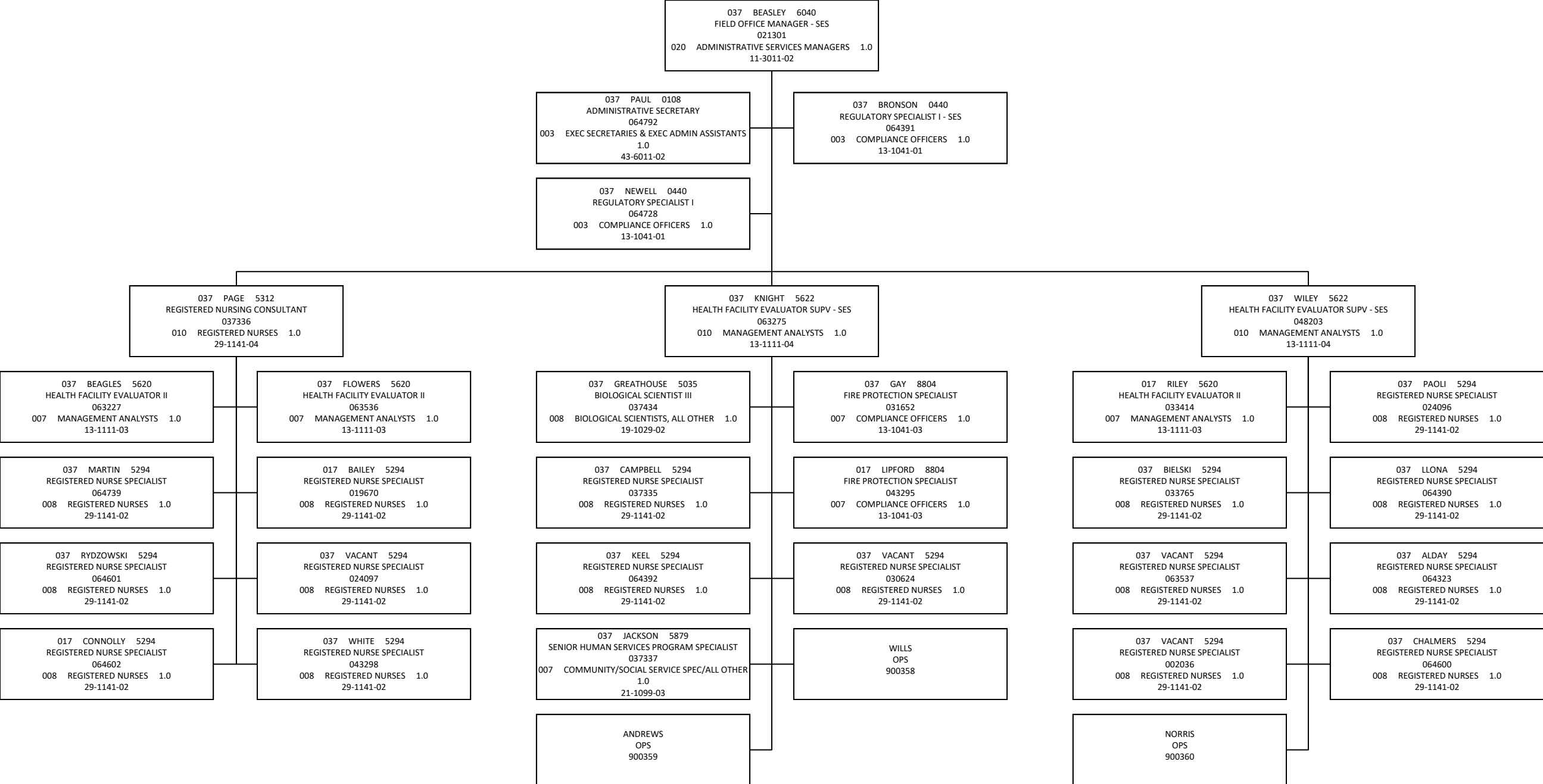
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Health Standards & Quality
Survey & Certification Support Branch

Effective Date: July 1, 2023



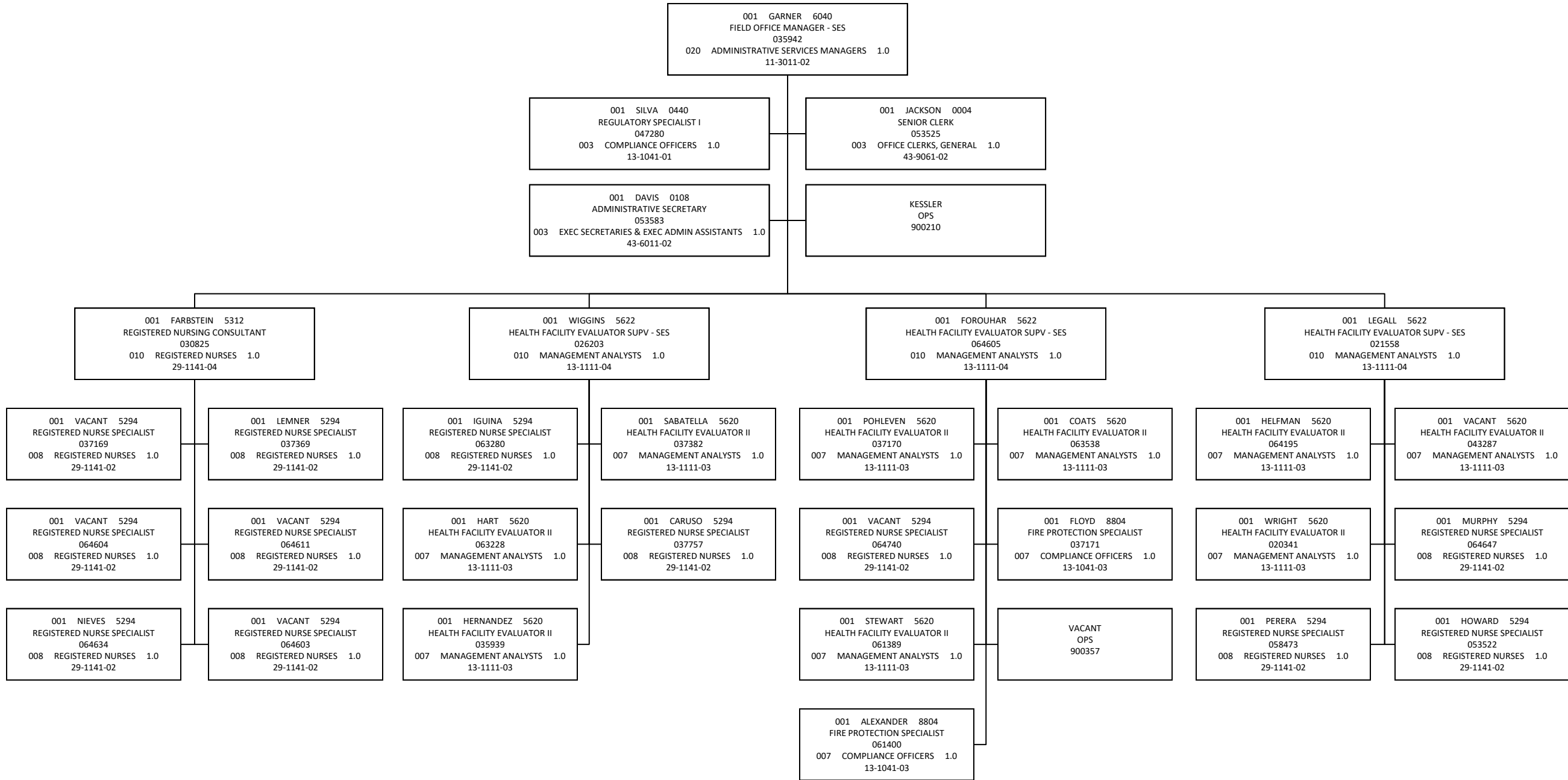
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 2 - Tallahassee

Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 3 - Alachua

Effective Date: July 1, 2023

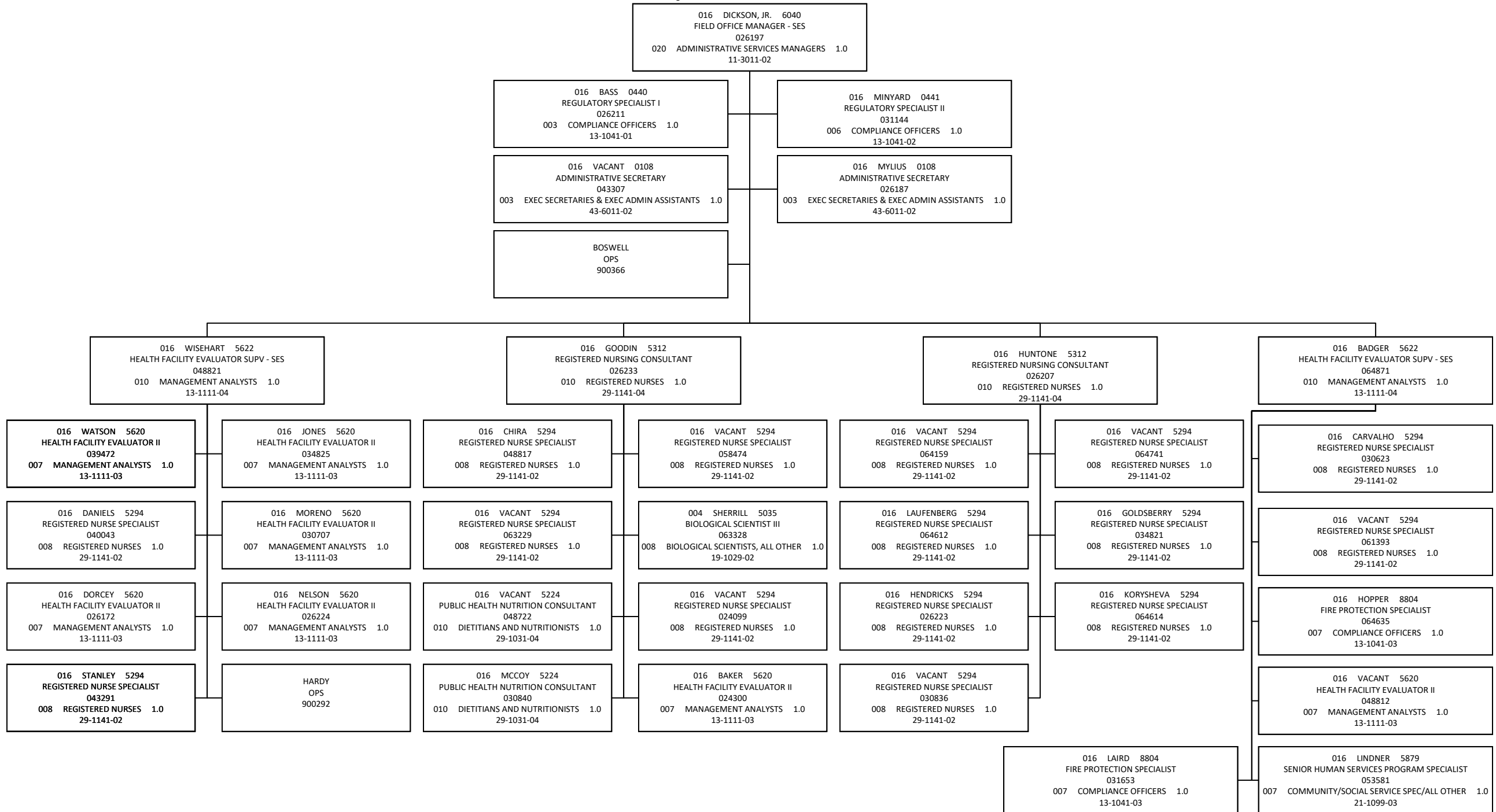


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

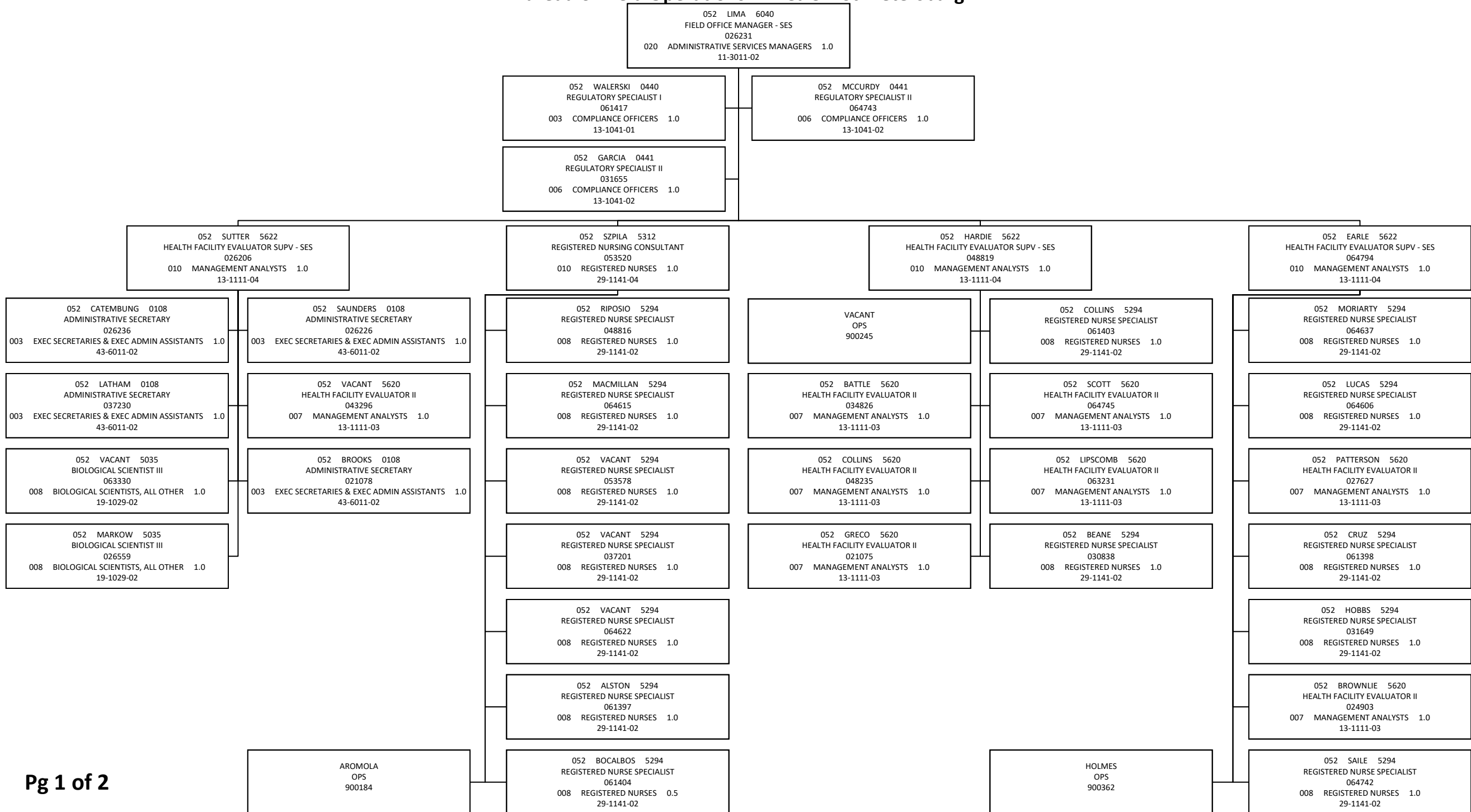
Bureau of Field Operations – Area 4 - Jacksonville

Effective Date: July 1, 2023



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

Effective Date: July 1, 2023

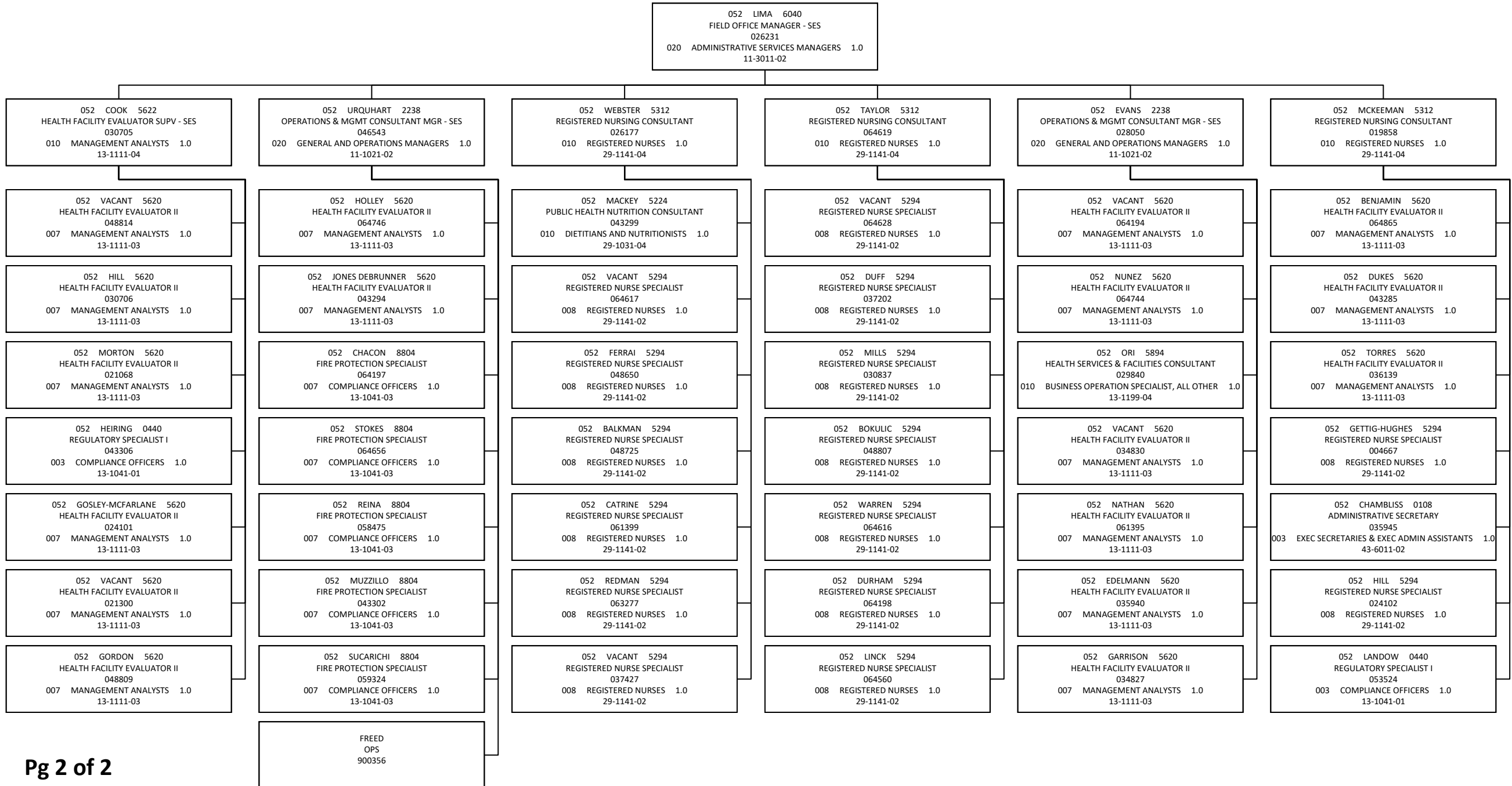


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Field Operations – Area 5 – St. Petersburg

Effective Date: July 1, 2023



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

Effective Date: July 1, 2023

048 DE CANIO 6040
 FIELD OFFICE MANAGER - SES
 026195
 020 ADMINISTRATIVE SERVICES MANAGERS 1.0
 11-3011-02

048 CAMPBELL 0440
 REGULATORY SPECIALIST I
 026193
 003 COMPLIANCE OFFICERS 1.0
 13-1041-01

048 DANIELS 5894
 HEALTH SERVICES & FACILITIES CONSULTANT
 061418
 010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
 13-1199-04

048 HUNT 5312
 REGISTERED NURSING CONSULTANT
 037435
 010 REGISTERED NURSES 1.0
 29-1141-04

048 HENRY 5622
 HEALTH FACILITY EVALUATOR SUPV - SES
 048636
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

048 SCHERER 5622
 HEALTH FACILITY EVALUATOR SUPV - SES
 064196
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

048 JOSHI 5312
 REGISTERED NURSING CONSULTANT
 064240
 010 REGISTERED NURSES 1.0
 29-1141-04

048 CENTENO 5620
 HEALTH FACILITY EVALUATOR II
 039450
 007 MANAGEMENT ANALYSTS 1.0
 13-1111-03

048 LEBRON 0441
 REGULATORY SPECIALIST II
 048651
 006 COMPLIANCE OFFICERS 1.0
 13-1041-02

048 VACANT 5620
 HEALTH FACILITY EVALUATOR II
 030708
 007 MANAGEMENT ANALYSTS 1.0
 13-1111-03

048 SHROYER 5294
 REGISTERED NURSE SPECIALIST
 064414
 008 REGISTERED NURSES 1.0
 29-1141-02

048 RODRIGUEZ 5294
 REGISTERED NURSE SPECIALIST
 064620
 008 REGISTERED NURSES 1.0
 29-1141-02

048 CRAWFORD 5620
 HEALTH FACILITY EVALUATOR II
 063622
 007 MANAGEMENT ANALYSTS 1.0
 13-1111-03

048 VACANT 5224
 PUBLIC HEALTH NUTRITION CONSULTANT
 026222
 010 DIETITIANS AND NUTRITIONISTS 1.0
 29-1031-04

048 FORONDA 5224
 PUBLIC HEALTH NUTRITION CONSULTANT
 026217
 010 DIETITIANS AND NUTRITIONISTS 1.0
 29-1031-04

048 WINGATE 5294
 REGISTERED NURSE SPECIALIST
 048236
 008 REGISTERED NURSES 1.0
 29-1141-02

048 MERCHANT 5035
 BIOLOGICAL SCIENTIST III
 026558
 008 BIOLOGICAL SCIENTISTS, ALL OTHER 1.0
 19-1029-02

048 WILLIAMS 5294
 REGISTERED NURSE SPECIALIST
 034829
 008 REGISTERED NURSES 1.0
 29-1141-02

048 MITCHELL, JR. 5294
 REGISTERED NURSE SPECIALIST
 026185
 008 REGISTERED NURSES 1.0
 29-1141-02

048 VACANT 8804
 FIRE PROTECTION SPECIALIST
 064654
 007 COMPLIANCE OFFICERS 1.0
 13-1041-03

048 MADISON GLOSLI 5294
 REGISTERED NURSE SPECIALIST
 064747
 008 REGISTERED NURSES 1.0
 29-1141-02

048 RAY 5294
 REGISTERED NURSE SPECIALIST
 064748
 008 REGISTERED NURSES 1.0
 29-1141-02

048 IZZO 5294
 REGISTERED NURSE SPECIALIST
 043293
 008 REGISTERED NURSES 1.0
 29-1141-02

048 STANLEY 8804
 FIRE PROTECTION SPECIALIST
 031651
 007 COMPLIANCE OFFICERS 1.0
 13-1041-03

048 VACANT 5294
 REGISTERED NURSE SPECIALIST
 064624
 008 REGISTERED NURSES 1.0
 29-1141-02

048 LABADY 5294
 REGISTERED NURSE SPECIALIST
 064632
 008 REGISTERED NURSES 1.0
 29-1141-02

048 BENJAMIN 5294
 REGISTERED NURSE SPECIALIST
 064646
 008 REGISTERED NURSES 1.0
 29-1141-02

048 UPSON 5620
 HEALTH FACILITY EVALUATOR II
 033415
 007 MANAGEMENT ANALYSTS 1.0
 13-1111-03

048 FOLSOM 5294
 REGISTERED NURSE SPECIALIST
 048723
 008 REGISTERED NURSES 1.0
 29-1141-02

048 STEELE 5294
 REGISTERED NURSE SPECIALIST
 064623
 008 REGISTERED NURSES 1.0
 29-1141-02

048 VACANT 5294
 REGISTERED NURSE SPECIALIST
 064389
 008 REGISTERED NURSES 1.0
 29-1141-02

048 WHISNANT 5294
 REGISTERED NURSE SPECIALIST
 064638
 008 REGISTERED NURSES 1.0
 29-1141-02

048 SABAT 5879
 SENIOR HUMAN SERVICES PROGRAM SPECIALIST
 020678
 007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
 21-1099-03

048 VACANT 0108
 ADMINISTRATIVE SECRETARY
 048719
 003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
 43-6011-02

048 EDWARDS 5294
 REGISTERED NURSE SPECIALIST
 030622
 008 REGISTERED NURSES 1.0
 29-1141-02

048 JOHNSON 5294
 REGISTERED NURSE SPECIALIST
 024100
 008 REGISTERED NURSES 1.0
 29-1141-02

048 THOMPSON 5294
 REGISTERED NURSE SPECIALIST
 026182
 008 REGISTERED NURSES 1.0
 29-1141-02

048 CAMPBELL 0108
 ADMINISTRATIVE SECRETARY - SES
 043305
 003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
 43-6011-02

048 VACANT 5620
 HEALTH FACILITY EVALUATOR II
 019662
 007 MANAGEMENT ANALYSTS 1.0
 13-1111-03

048 VACANT 0108
 ADMINISTRATIVE SECRETARY
 053526
 003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
 43-6011-02

AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 8 – Ft. Myers

Effective Date: July 1, 2023

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

036 SUMMERALL 0441
 REGULATORY SPECIALIST II
 025182
 006 COMPLIANCE OFFICERS 1.0
 13-1041-02

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

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

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

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

036 BARRAU 5312
 REGISTERED NURSING CONSULTANT
 048523
 010 REGISTERED NURSES 1.0
 29-1141-04

036 VACANT 5294
 REGISTERED NURSE SPECIALIST
 063276
 008 REGISTERED NURSES 1.0
 29-1141-02

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

VACANT
 OPS
 900355

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

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

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

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

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

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

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

ALLEBACH
 OPS
 900035

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

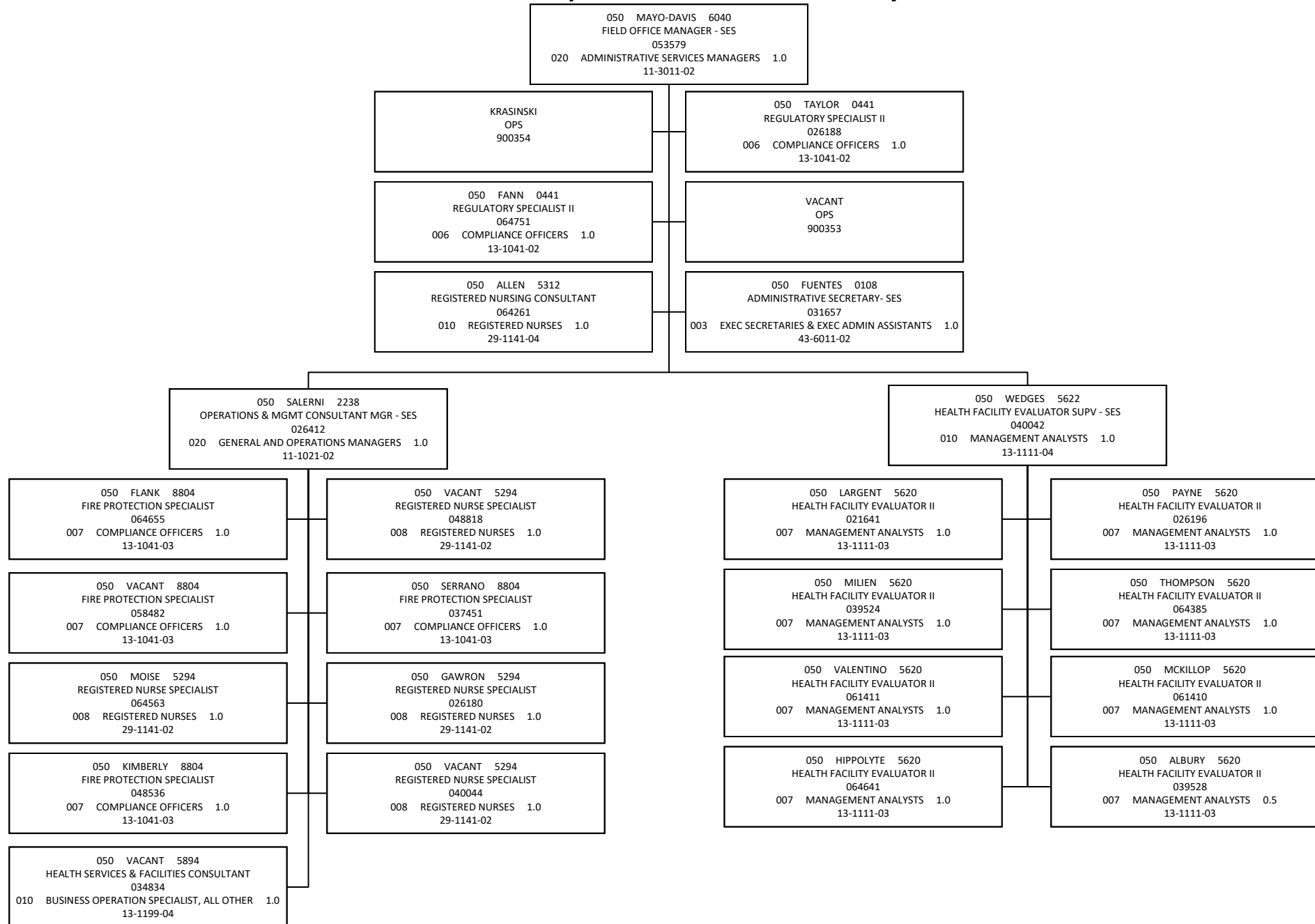
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 REGISTERED NURSE SPECIALIST
 037828
 008 REGISTERED NURSES 1.0
 29-1141-02

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

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

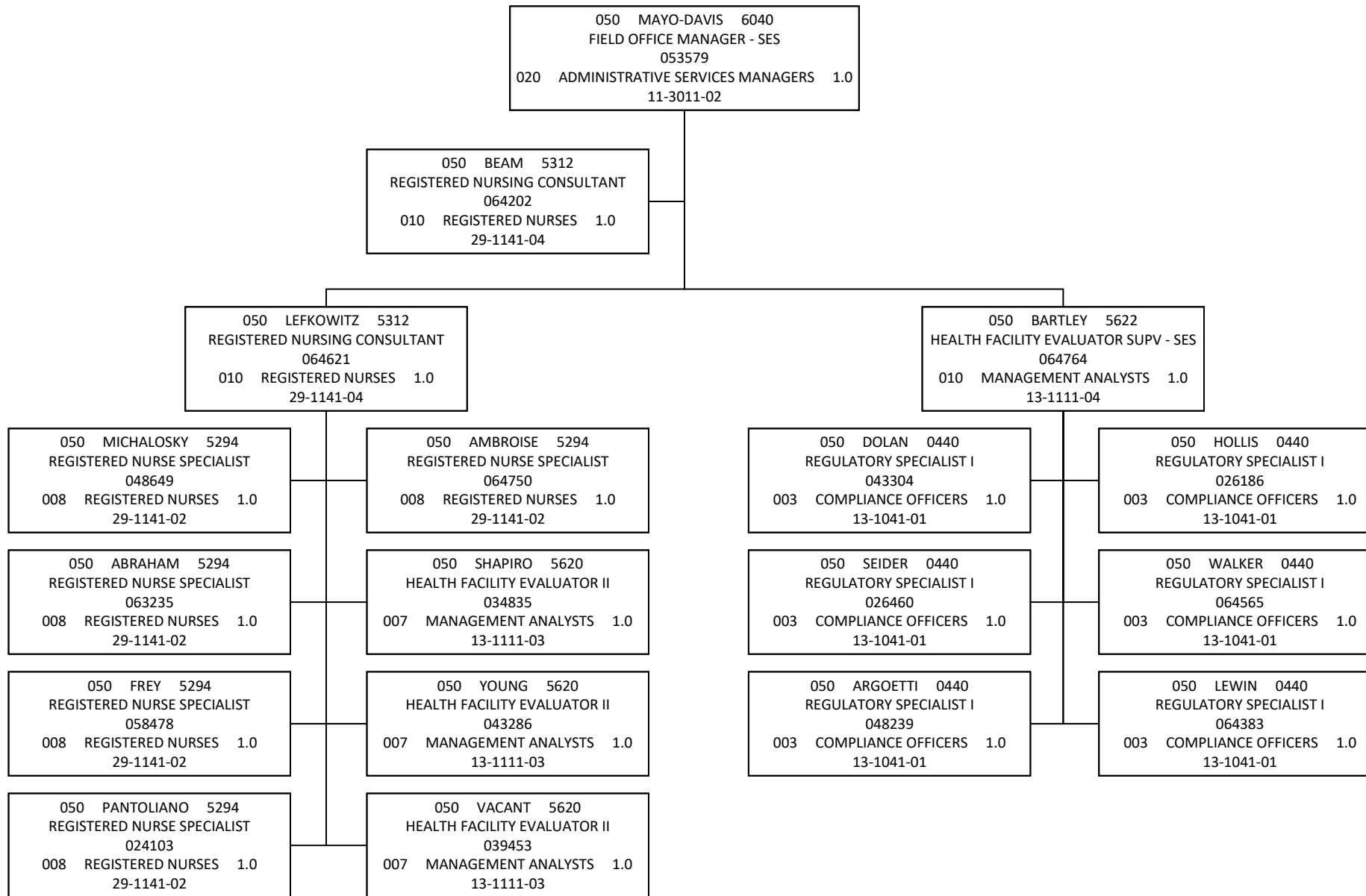
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 9 – Delray Beach

Effective Date: July 1, 2023



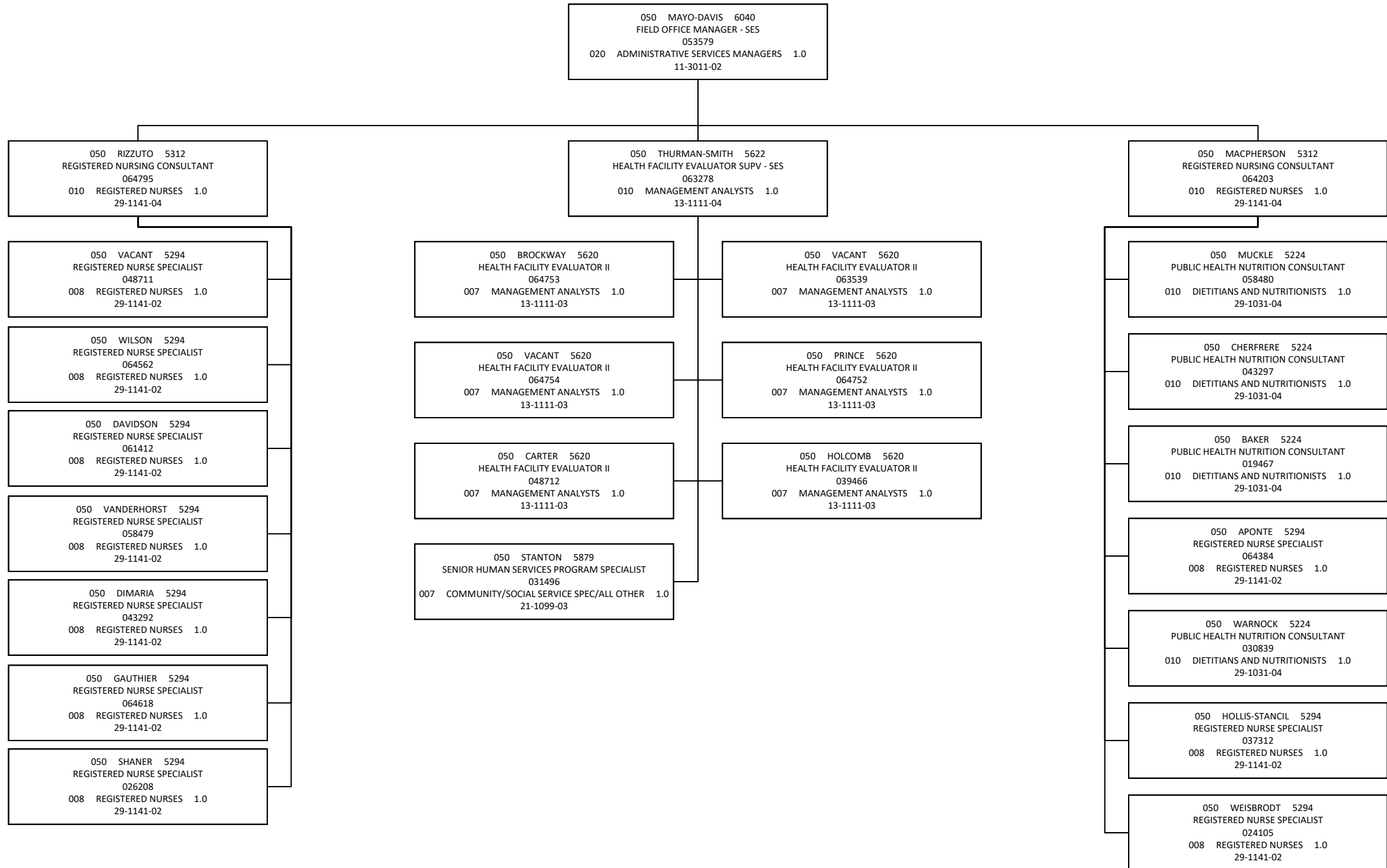
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 9 – Delray Beach

Effective Date: July 1, 2023



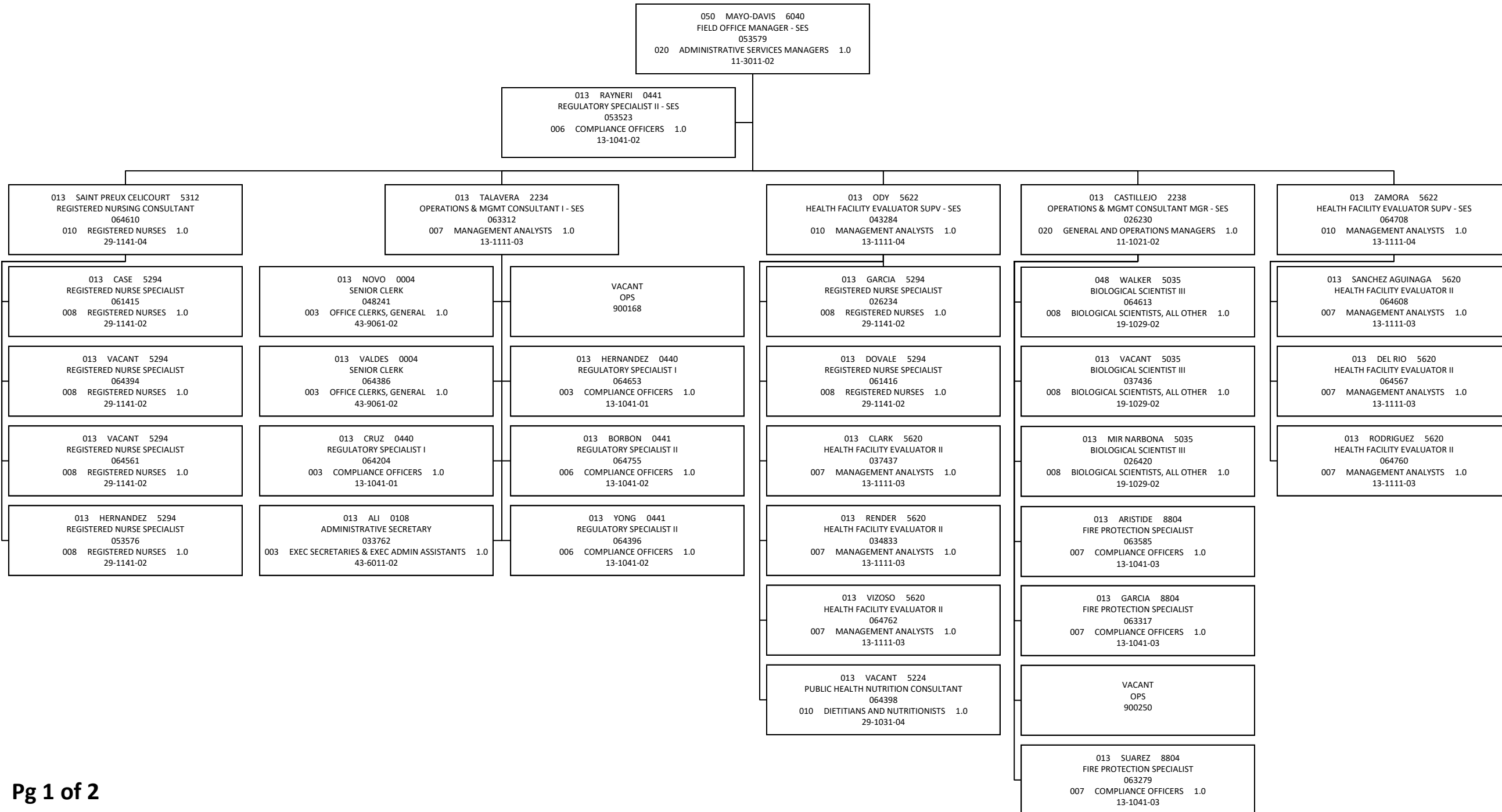
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 9 – Delray Beach

Effective Date: July 1, 2023



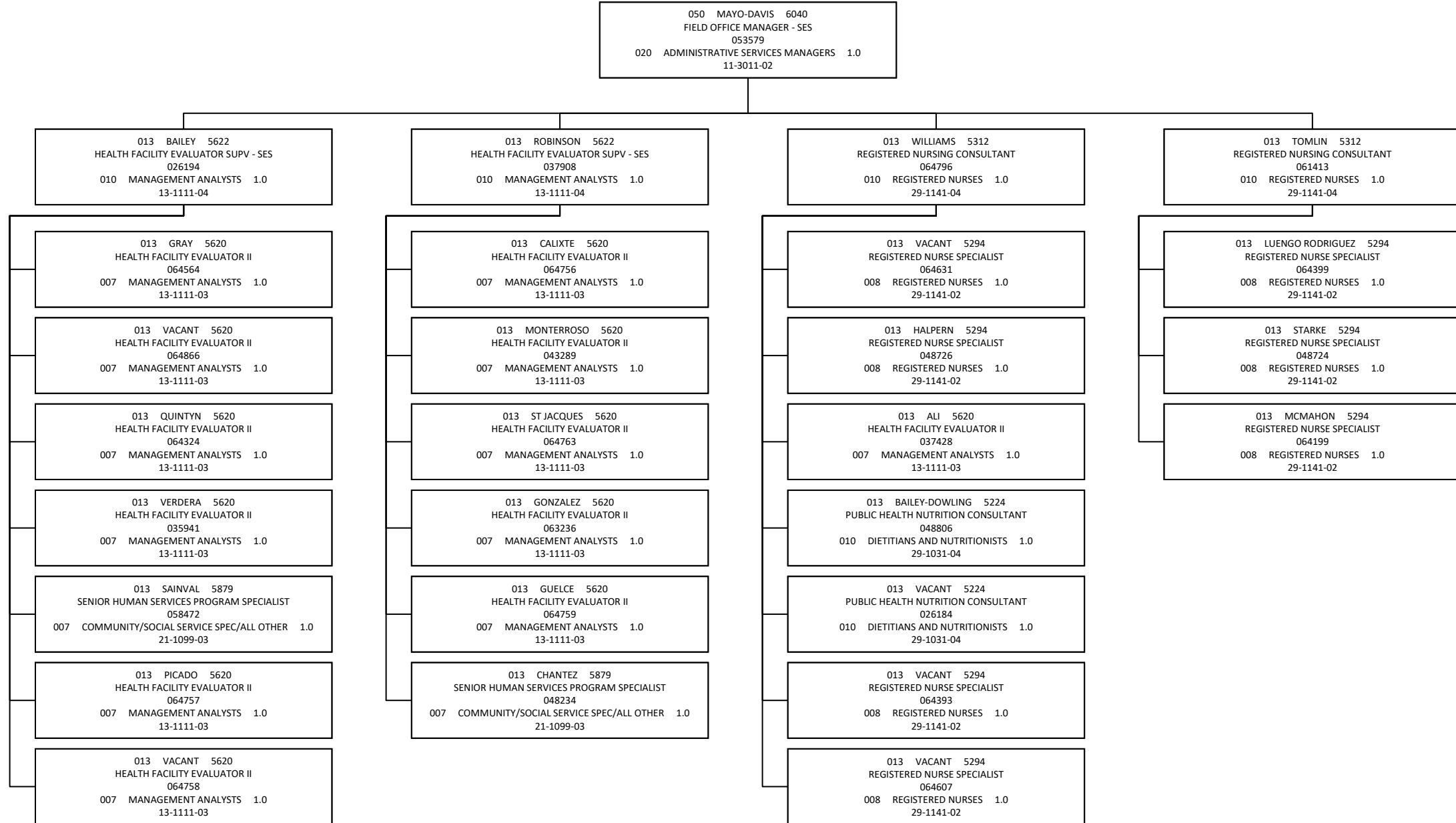
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 11 – Miami

Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 11 – Miami

Effective Date: July 1, 2023

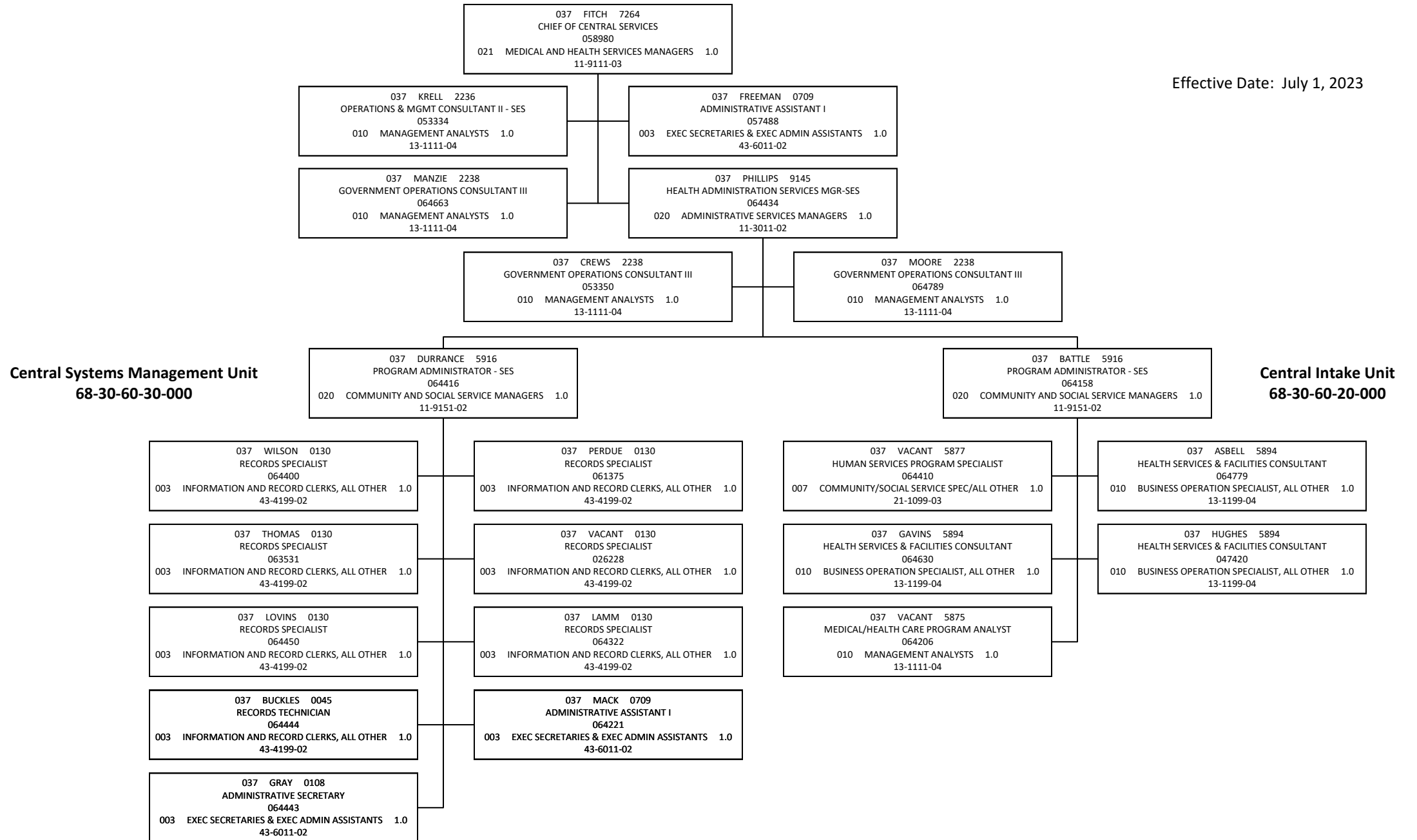


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Bureau of Central Services

Effective Date: July 1, 2023



Central Systems Management Unit
68-30-60-30-000

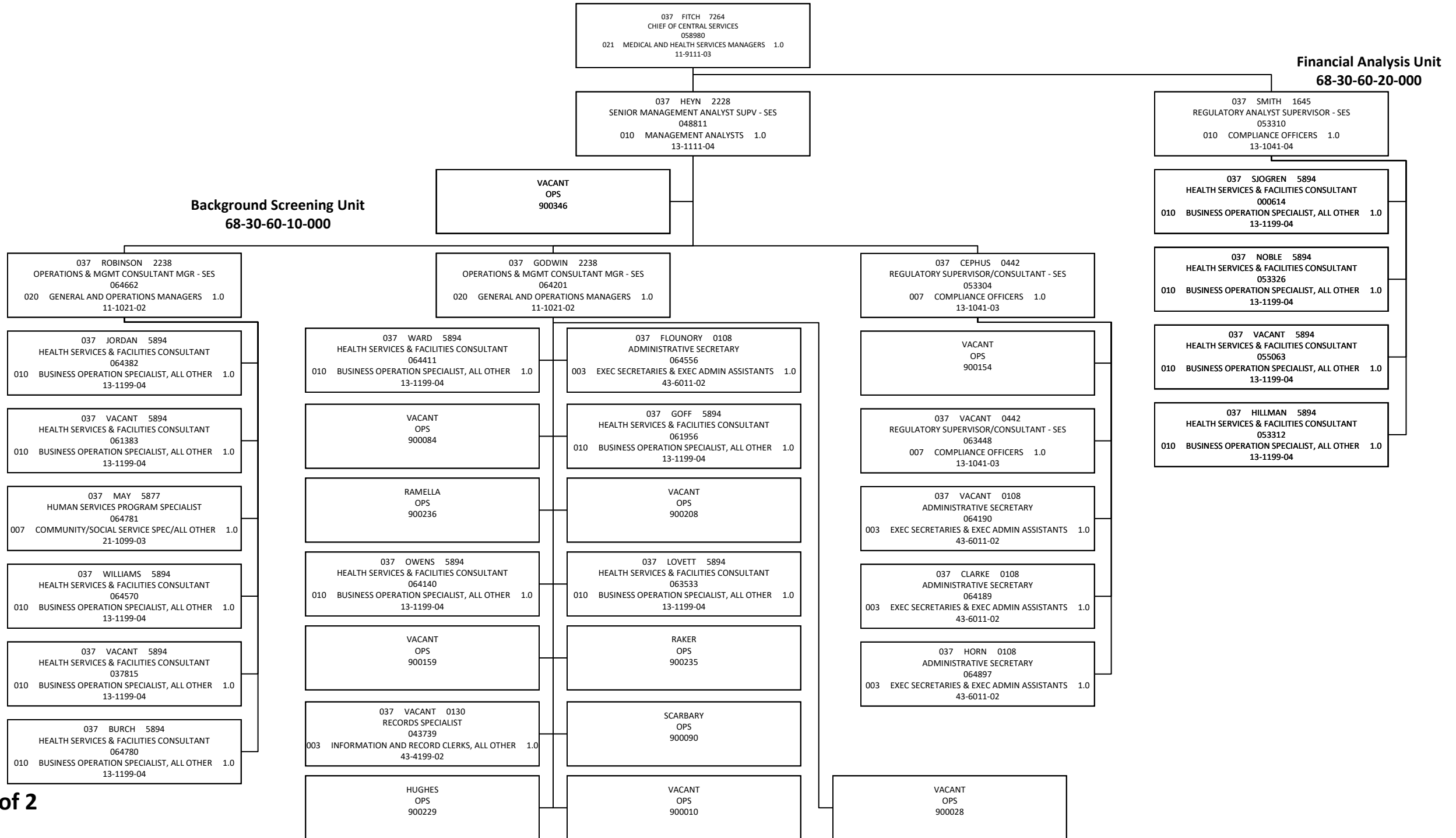
Central Intake Unit
68-30-60-20-000

AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

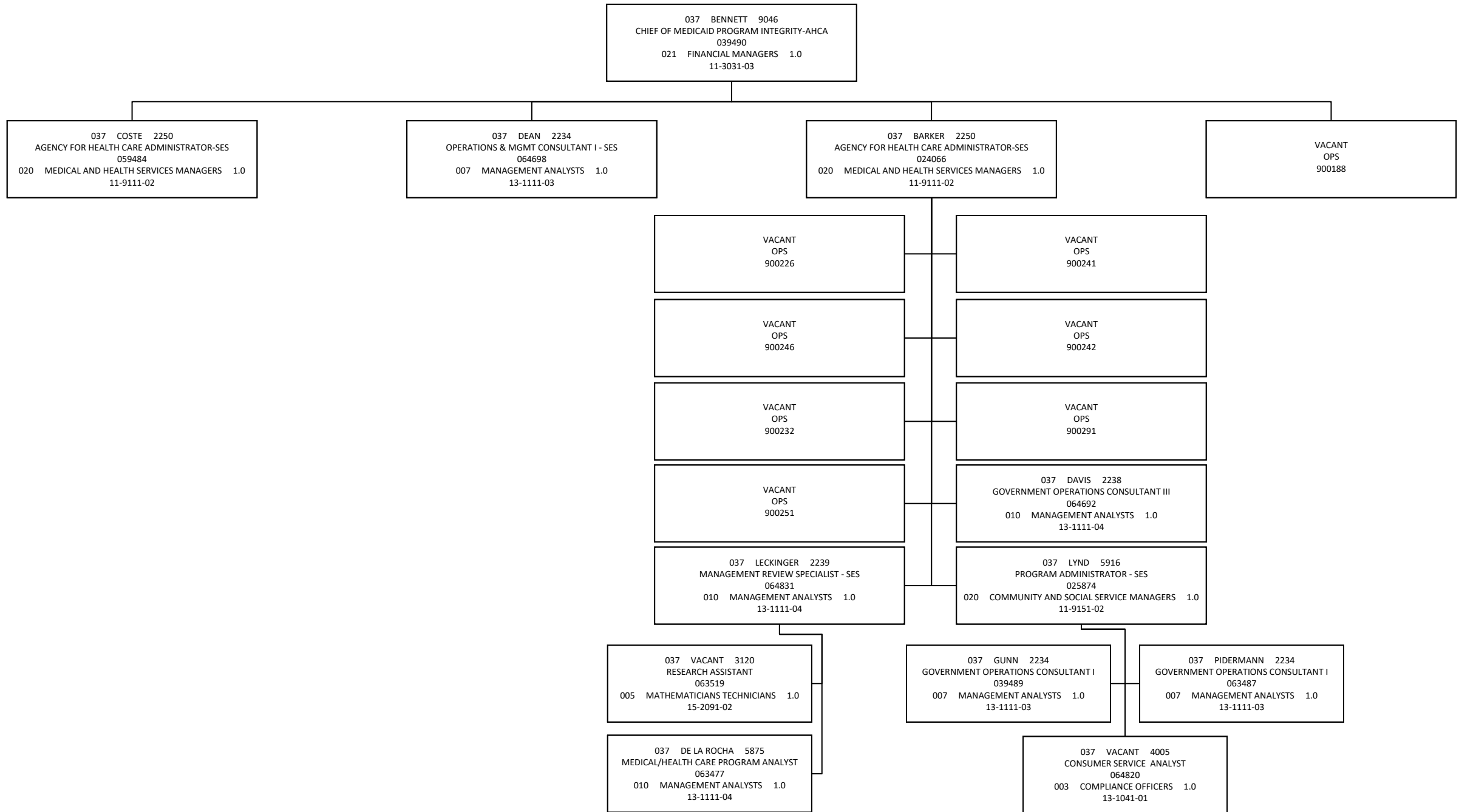
Bureau of Central Services

Effective Date: July 1, 2023



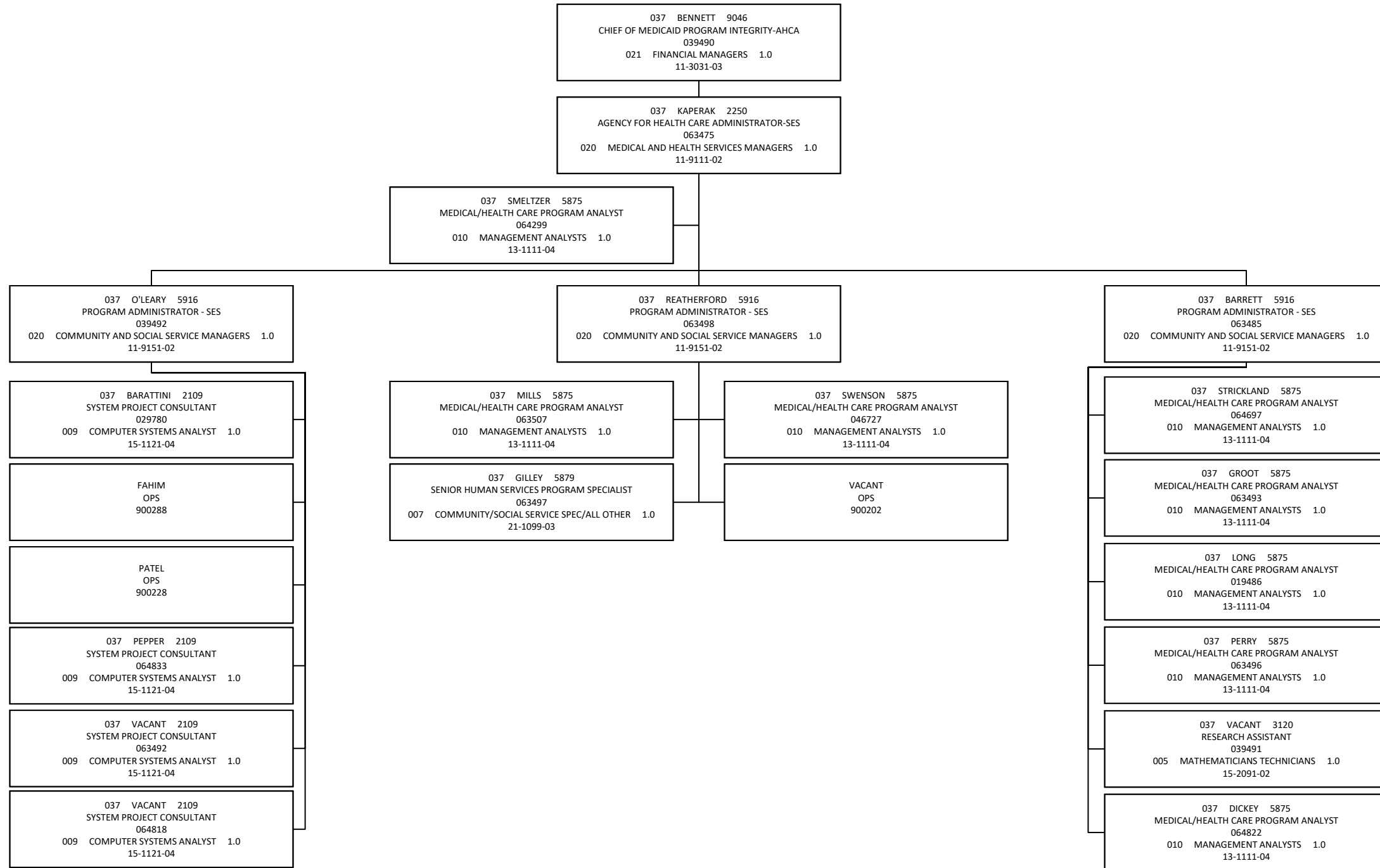
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Medicaid Program Integrity

Effective Date: July 1, 2023



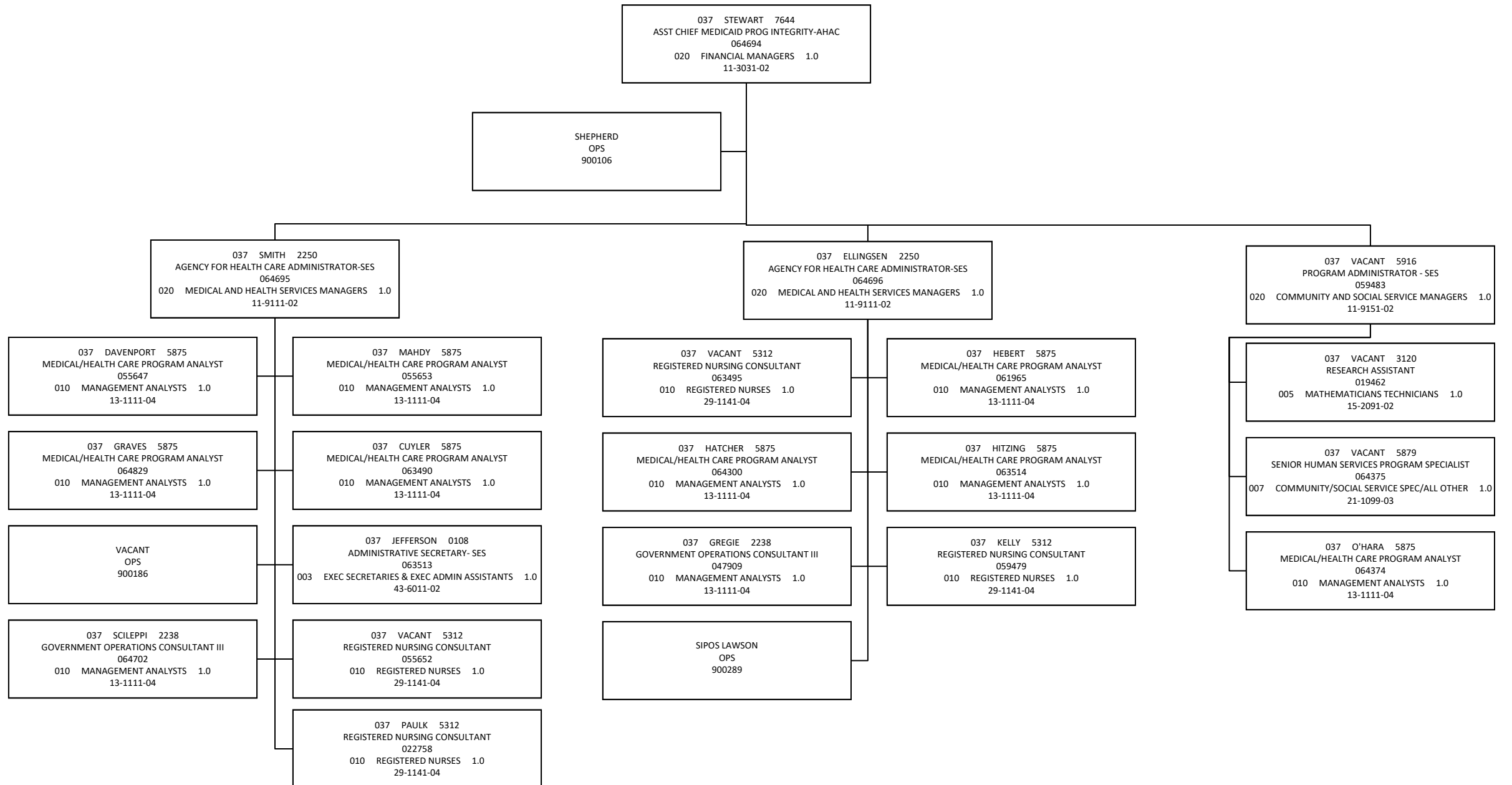
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Medicaid Program Integrity
Data Analysis Unit

Effective Date: July 1, 2023



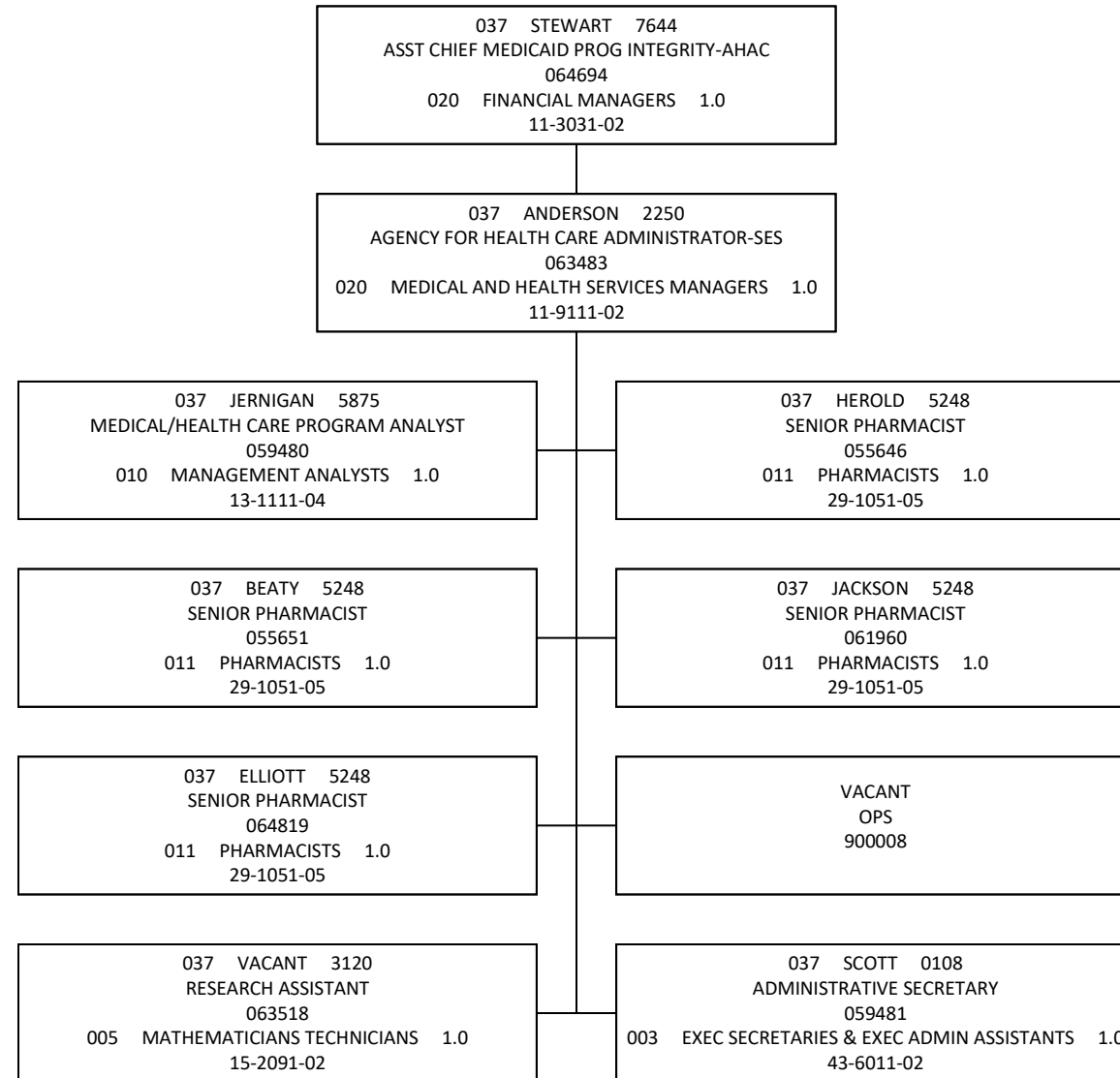
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Medicaid Program Integrity

Effective Date: July 1, 2023



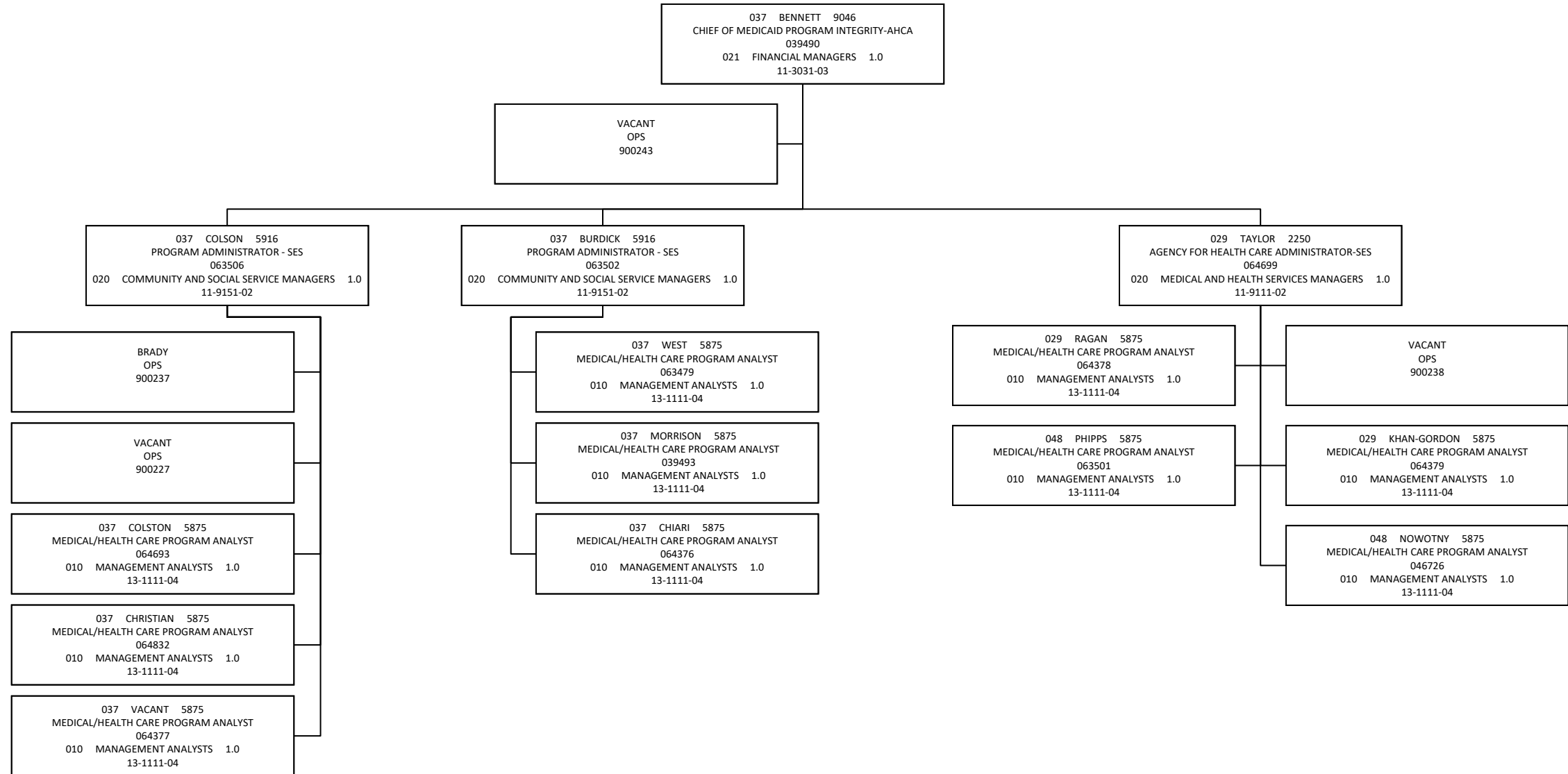
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Medicaid Program Integrity

Effective Date: July 1, 2023



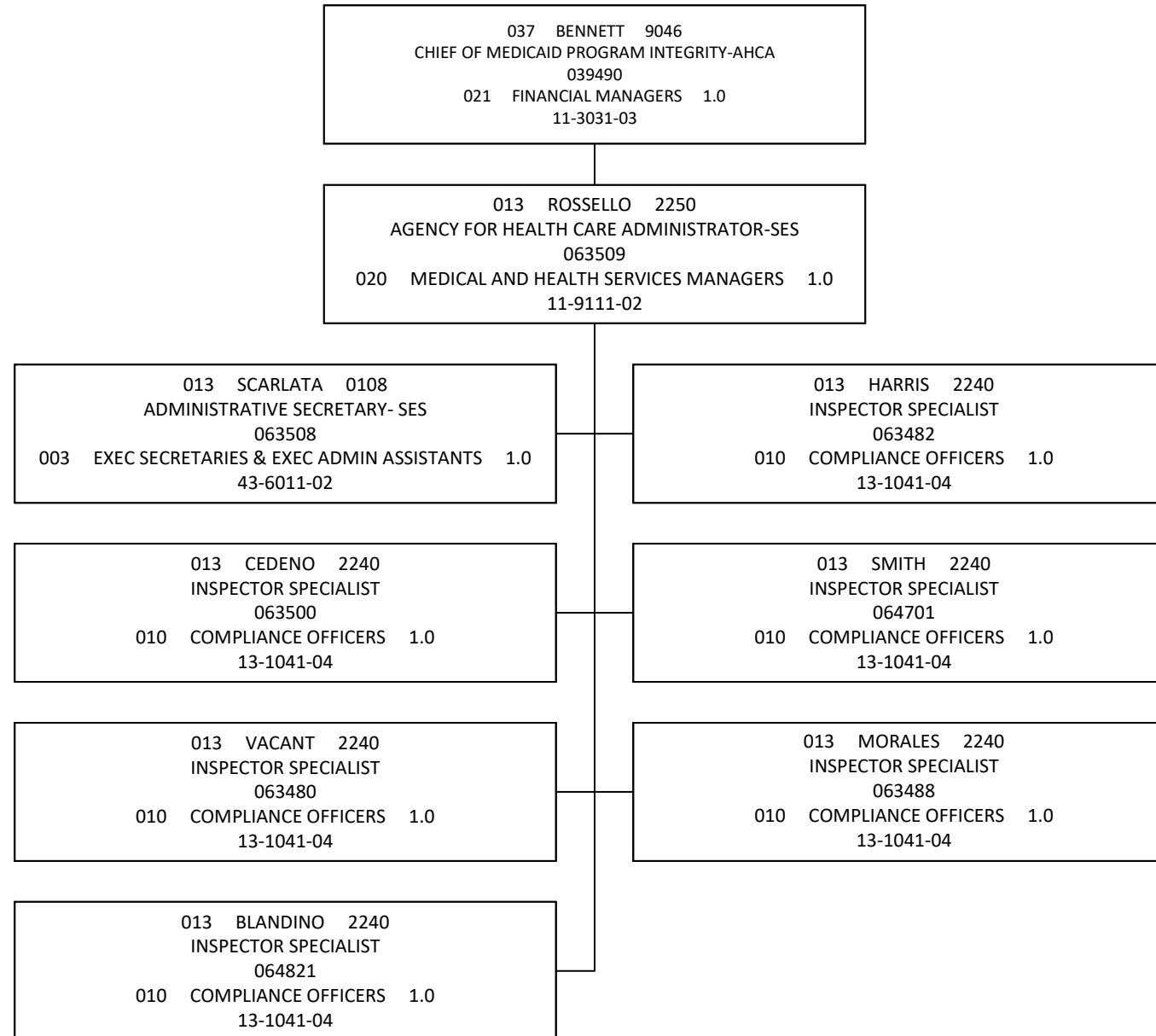
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Medicaid Program Integrity

Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Medicaid Program Integrity
Field Operations Miami

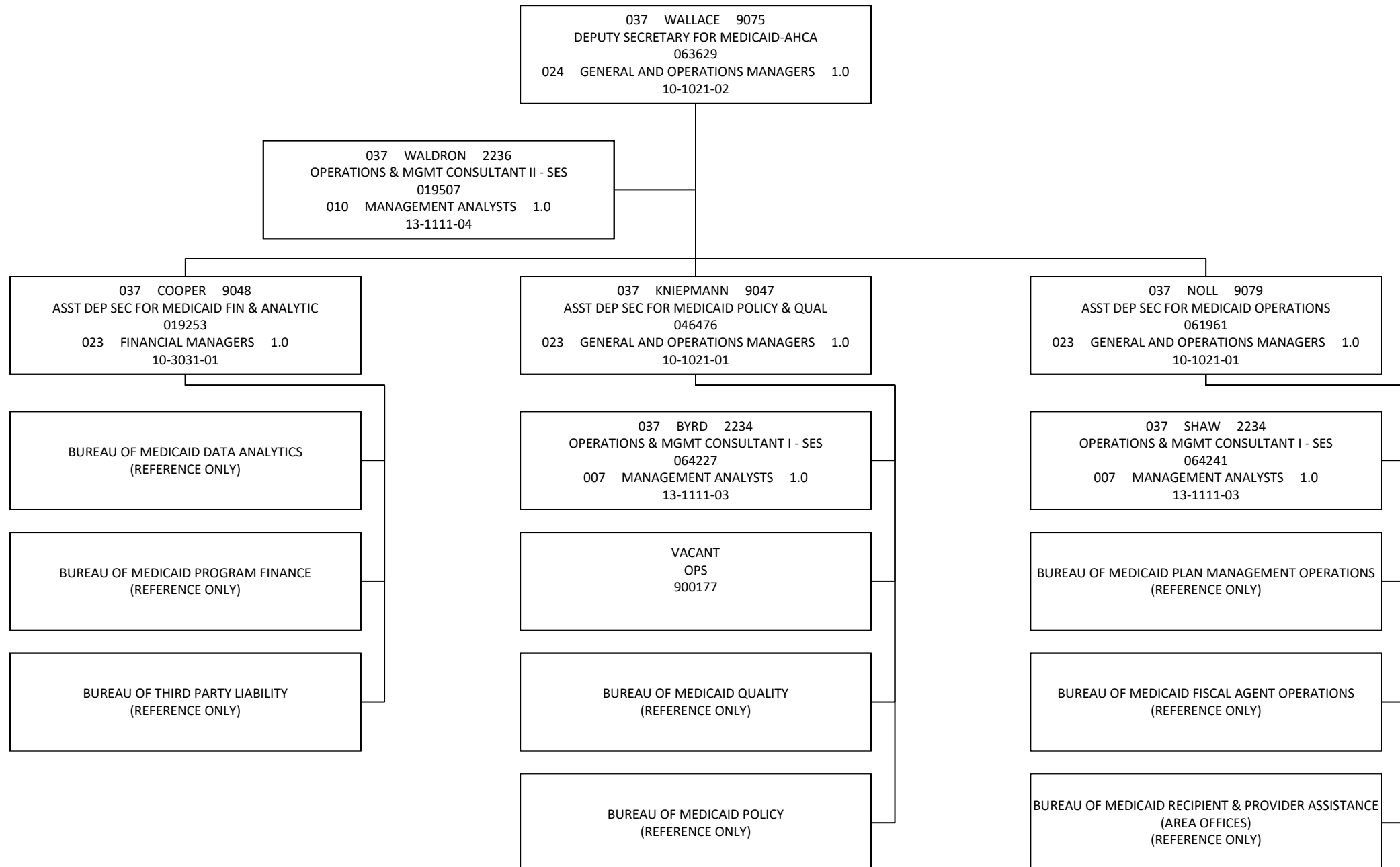
Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Deputy Secretary's Office

Effective Date: July 1, 2023

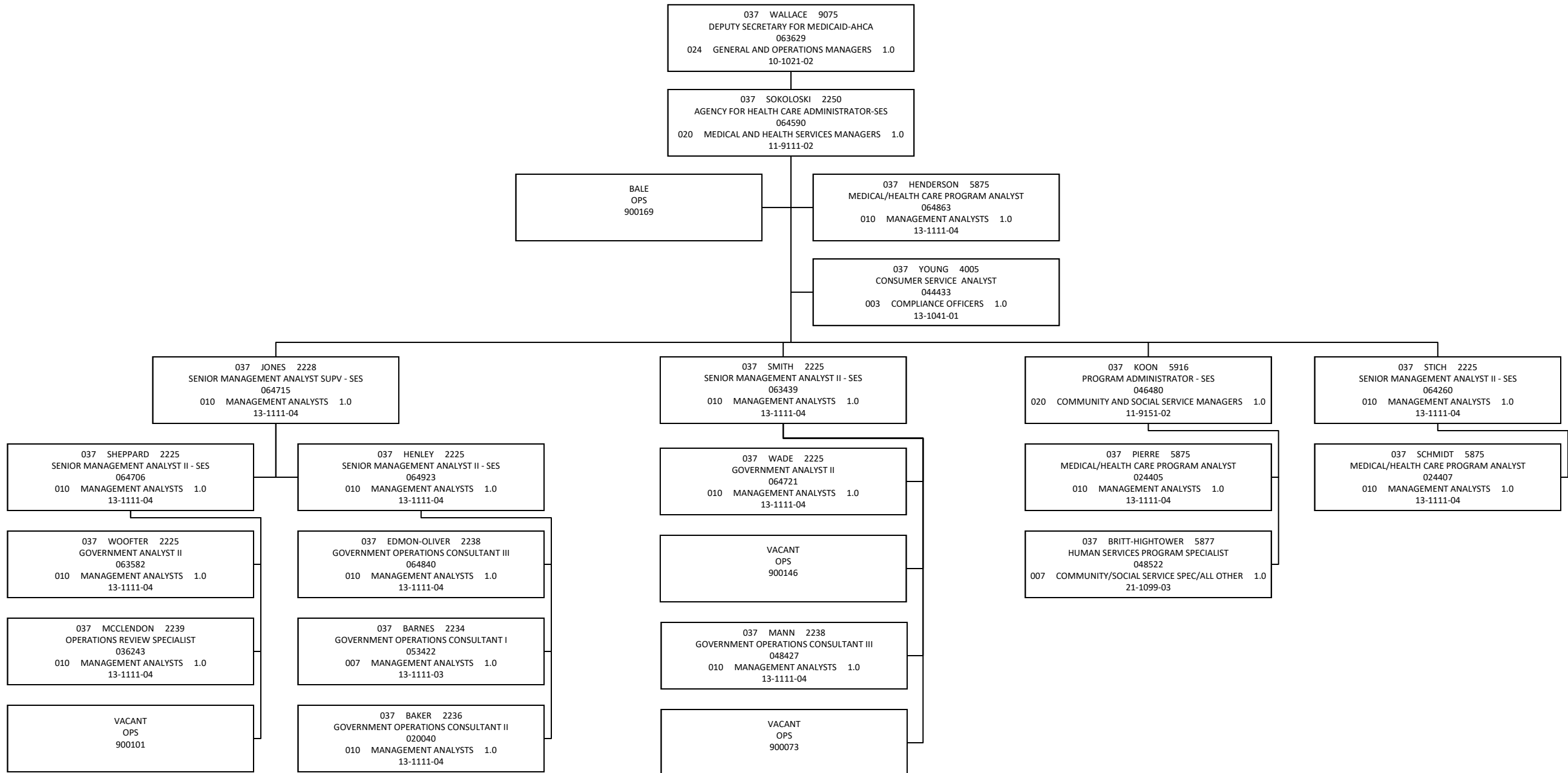


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Deputy Secretary's Office

Effective Date: July 1, 2023

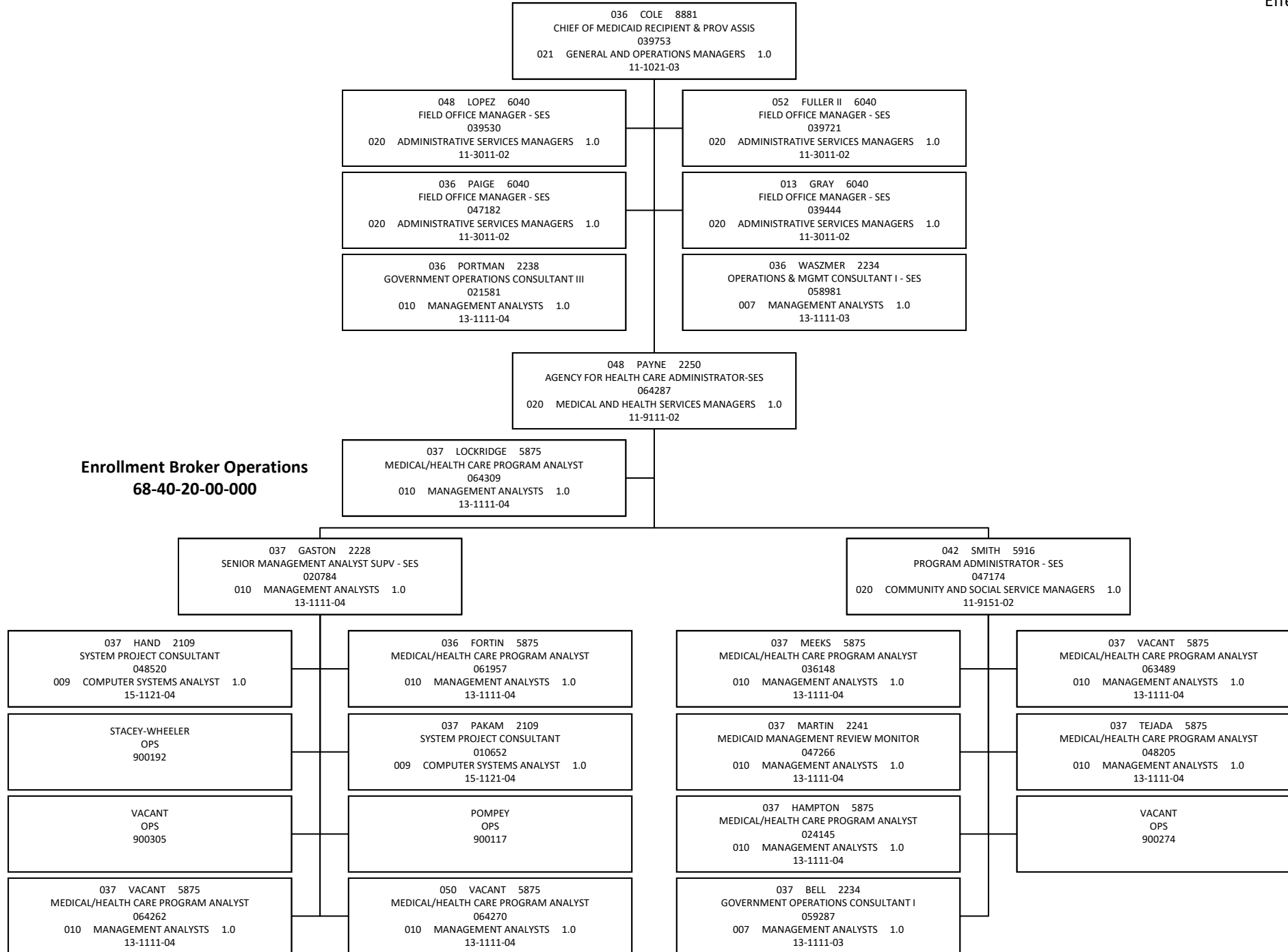


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Recipient and Provider Assistance

Effective Date: July 1, 2023



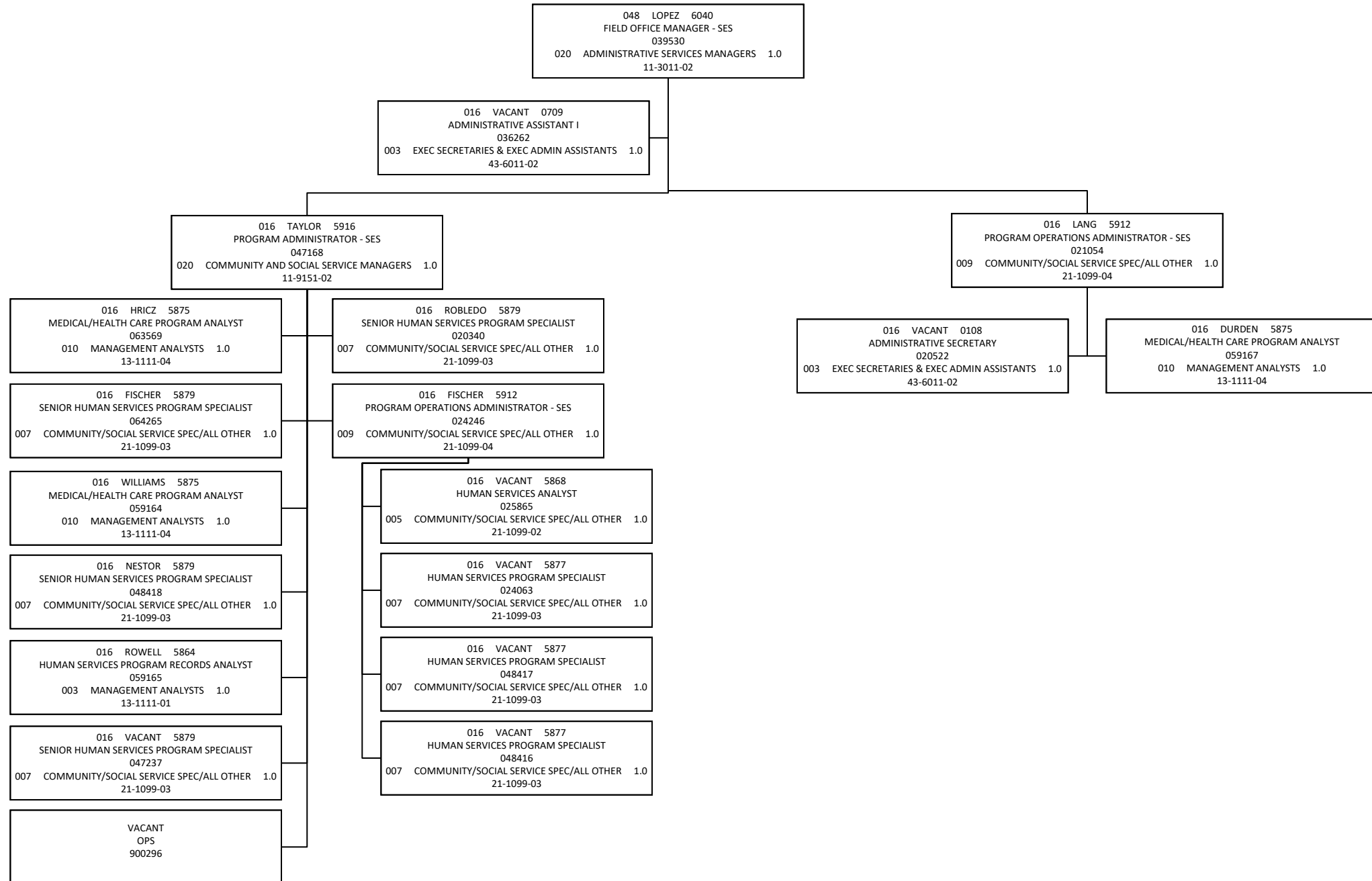
**Enrollment Broker Operations
68-40-20-00-000**

AGENCY FOR HEALTH CARE ADMINISTRATION

Effective Date: July 1, 2023

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance - Jacksonville



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance – St. Petersburg

Effective Date: July 1, 2023

036 COLE 8881
CHIEF OF MEDICAID RECIPIENT & PROV ASSIS
039753
021 GENERAL AND OPERATIONS MANAGERS 1.0
11-1021-03

052 FULLER II 6040
FIELD OFFICE MANAGER - SES
039721
020 ADMINISTRATIVE SERVICES MANAGERS 1.0
11-3011-02

052 SCHWEIKERT 0440
REGULATORY SPECIALIST I
036282
003 COMPLIANCE OFFICERS 1.0
13-1041-01

052 THOMPSON 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
036255
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

052 LOUNSBERRY 5916
PROGRAM ADMINISTRATOR - SES
059398
020 COMMUNITY AND SOCIAL SERVICE MANAGERS 1.0
11-9151-02

052 NINIS 5916
PROGRAM ADMINISTRATOR - SES
047177
020 COMMUNITY AND SOCIAL SERVICE MANAGERS 1.0
11-9151-02

048 SMITH 5916
PROGRAM ADMINISTRATOR - SES
047158
020 COMMUNITY AND SOCIAL SERVICE MANAGERS 1.0
11-9151-02

052 VACANT 0108
ADMINISTRATIVE SECRETARY
024301
003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
43-6011-02

017 SPRING 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
059328
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

029 FULLER 5912
PROGRAM OPERATIONS ADMINISTRATOR - SES
021401
009 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-04

052 NEWSOME 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
019096
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

048 PEREZ 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
053474
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

052 GREEN 5864
HUMAN SERVICES PROGRAM RECORDS ANALYST
021186
003 MANAGEMENT ANALYSTS 1.0
13-1111-01

052 HUGHART 5912
PROGRAM OPERATIONS ADMINISTRATOR - SES
048488
009 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-04

029 FITZGERALD 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
048525
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

052 WESSEL 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
021191
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

048 VACANT 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
024649
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

052 MARTIN 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
021131
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

052 FERNANDEZ 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
020163
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

029 POMALES HERNANDEZ 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
064724
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

052 BARNARD 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
064266
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

048 ANDERSON 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
064229
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

036 STAHLER 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
048527
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

052 VACANT 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
048485
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

029 PETERSON 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
048530
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

052 ARMISTEAD 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
048519
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

016 HAGLEY 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
020614
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

017 WHITESIDE 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
053446
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

052 NUGENT BELNAVIS 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
048486
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

029 BENAVIDES 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
047183
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

052 MOORE 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
024294
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

016 HARRIS 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
053421
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

052 VACANT 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
053506
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

052 TAVAREZ 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
048484
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

029 VACANT 0108
ADMINISTRATIVE SECRETARY
043636
003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
43-6011-02

017 VINSKI III 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
048474
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

052 VACANT 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
048483
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

029 DAVIS 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
053461
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21-1099-03

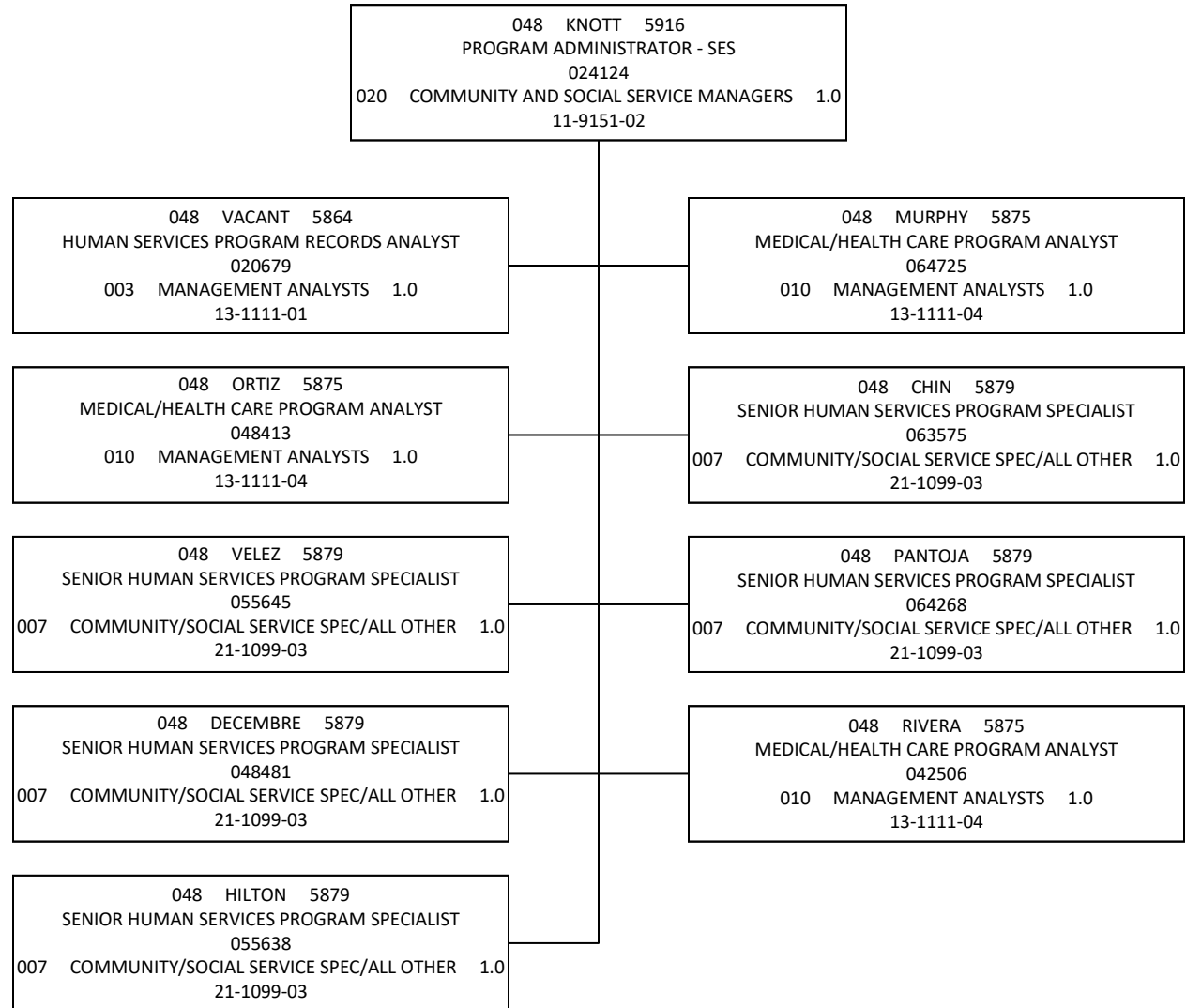
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MEDICAL/HEALTH CARE PROGRAM ANALYST
021065
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

052 COLQUITT 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
058971
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

029 VACANT 5864
HUMAN SERVICES PROGRAM RECORDS ANALYST
047262
003 MANAGEMENT ANALYSTS 1.0
13-1111-01

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

Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION

Effective Date: July 1, 2023

Division of Medicaid

Bureau of Medicaid Recipient and Provider Assistance – Ft. Myers

036 PAIGE 6040
FIELD OFFICE MANAGER - SES
047182
020 ADMINISTRATIVE SERVICES MANAGERS 1.0
11-3011-02

036 BEAN 0440
REGULATORY SPECIALIST I
020069
003 COMPLIANCE OFFICERS 1.0
13-1041-01

048 KNOTT 5916
PROGRAM ADMINISTRATOR - SES
024124
020 COMMUNITY AND SOCIAL SERVICE MANAGERS 1.0
11-9151-02

017 SIMMONS 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
048400
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

036 MARTINEZ 5916
PROGRAM ADMINISTRATOR - SES
059308
020 COMMUNITY AND SOCIAL SERVICE MANAGERS 1.0
11-9151-02

036 POWELL 5916
PROGRAM ADMINISTRATOR - SES
024053
020 COMMUNITY AND SOCIAL SERVICE MANAGERS 1.0
11-9151-02

016 VACANT 5912
PROGRAM OPERATIONS ADMINISTRATOR - SES
048437
009 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-04

036 JACOBSON 5912
PROGRAM OPERATIONS ADMINISTRATOR - SES
025502
009 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-04

048 FLEMING 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
048458
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

036 VACANT 5864
HUMAN SERVICES PROGRAM RECORDS ANALYST
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003 MANAGEMENT ANALYSTS 1.0
13-1111-01

036 CHILLARI 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
048404
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

036 VACANT 2234
GOVERNMENT OPERATIONS CONSULTANT I
046579
007 MANAGEMENT ANALYSTS 1.0
13-1111-03

036 AMAYA 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
048478
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

036 VACANT 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
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007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

036 WEAVER 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
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007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

036 VACANT 5912
PROGRAM OPERATIONS ADMINISTRATOR - SES
064136
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21-1099-04

036 VACANT 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
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21-1099-03

036 VACANT 5864
HUMAN SERVICES PROGRAM RECORDS ANALYST
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003 MANAGEMENT ANALYSTS 1.0
13-1111-01

036 WALTON 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
053468
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

VACANT
OPS
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036 STRICKLAND 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
053420
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

016 PITTMAN 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
048426
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

036 VACANT 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
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007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

036 VACANT 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
063568
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

BRYSON
OPS
900196

VACANT
OPS
900222

036 WILKES 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
064269
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21-1099-03

036 FRANKENHOFF 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
053469
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
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036 DENNARD 5879
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21-1099-03

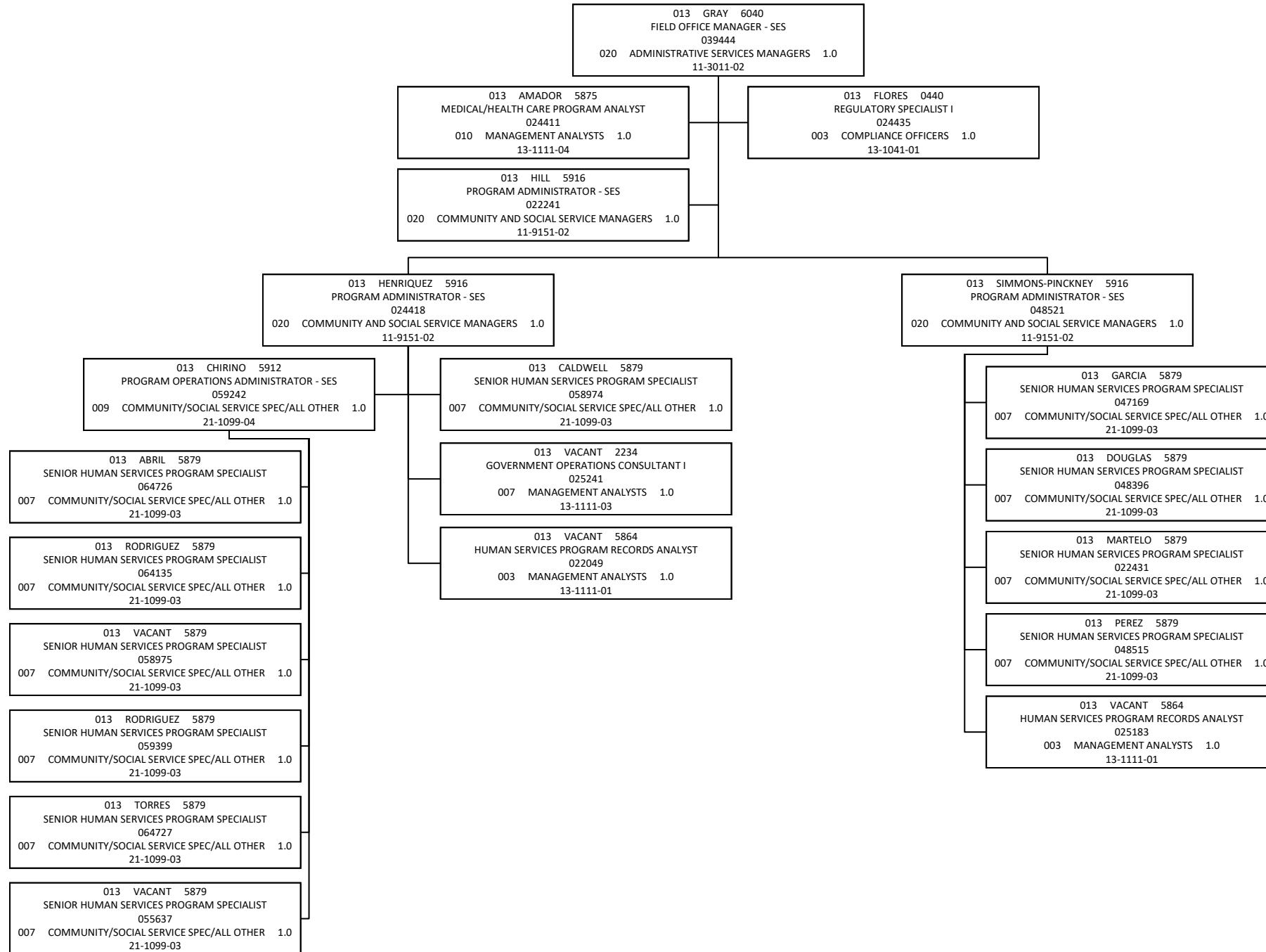
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SENIOR HUMAN SERVICES PROGRAM SPECIALIST
059456
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036 GONZALEZ 5879
SENIOR HUMAN SERVICES PROGRAM SPECIALIST
053500
007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

036 WATSON 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
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010 MANAGEMENT ANALYSTS 1.0
13-1111-04

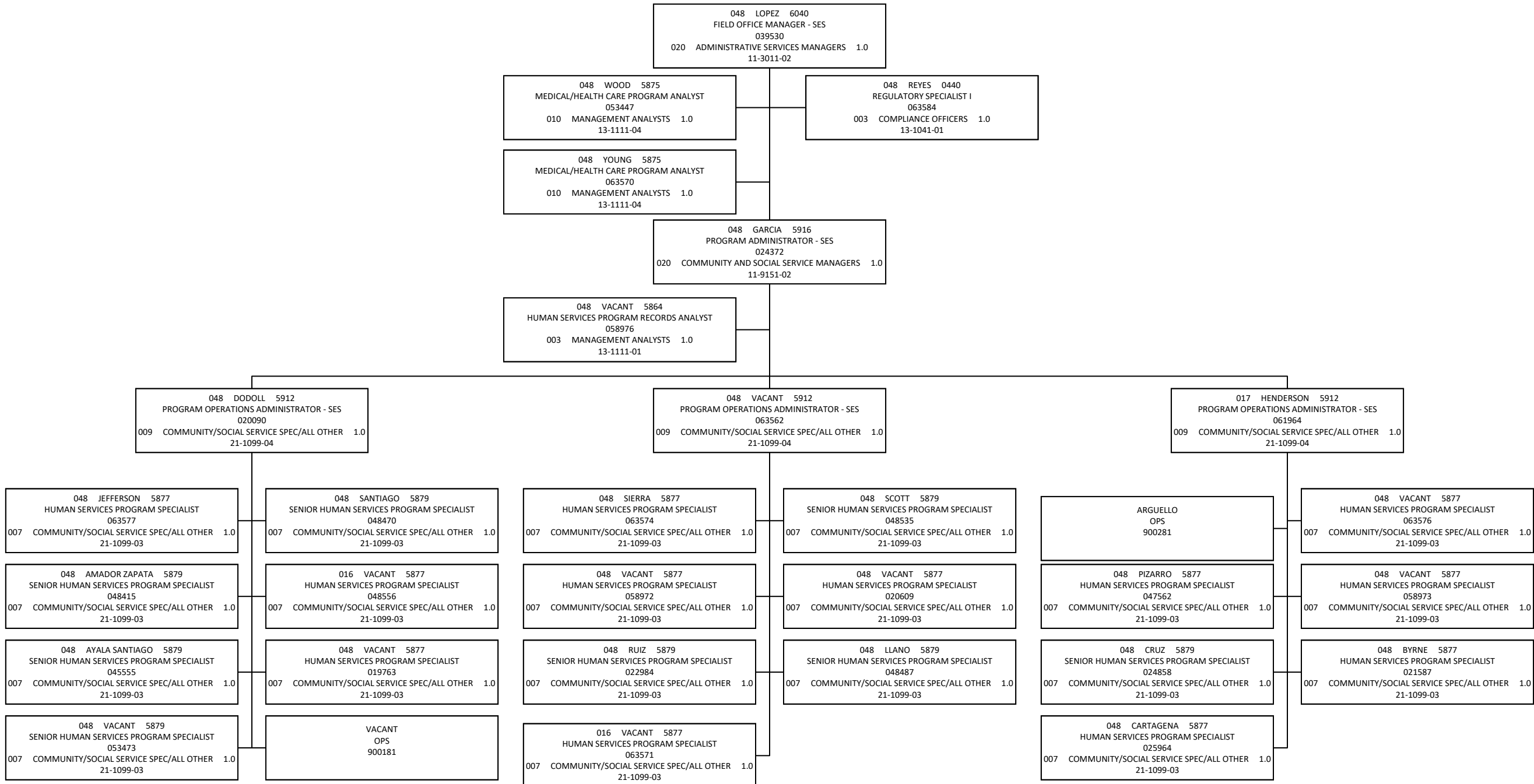
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Recipient and Provider Assistance – Miami

Effective Date: July 1, 2023



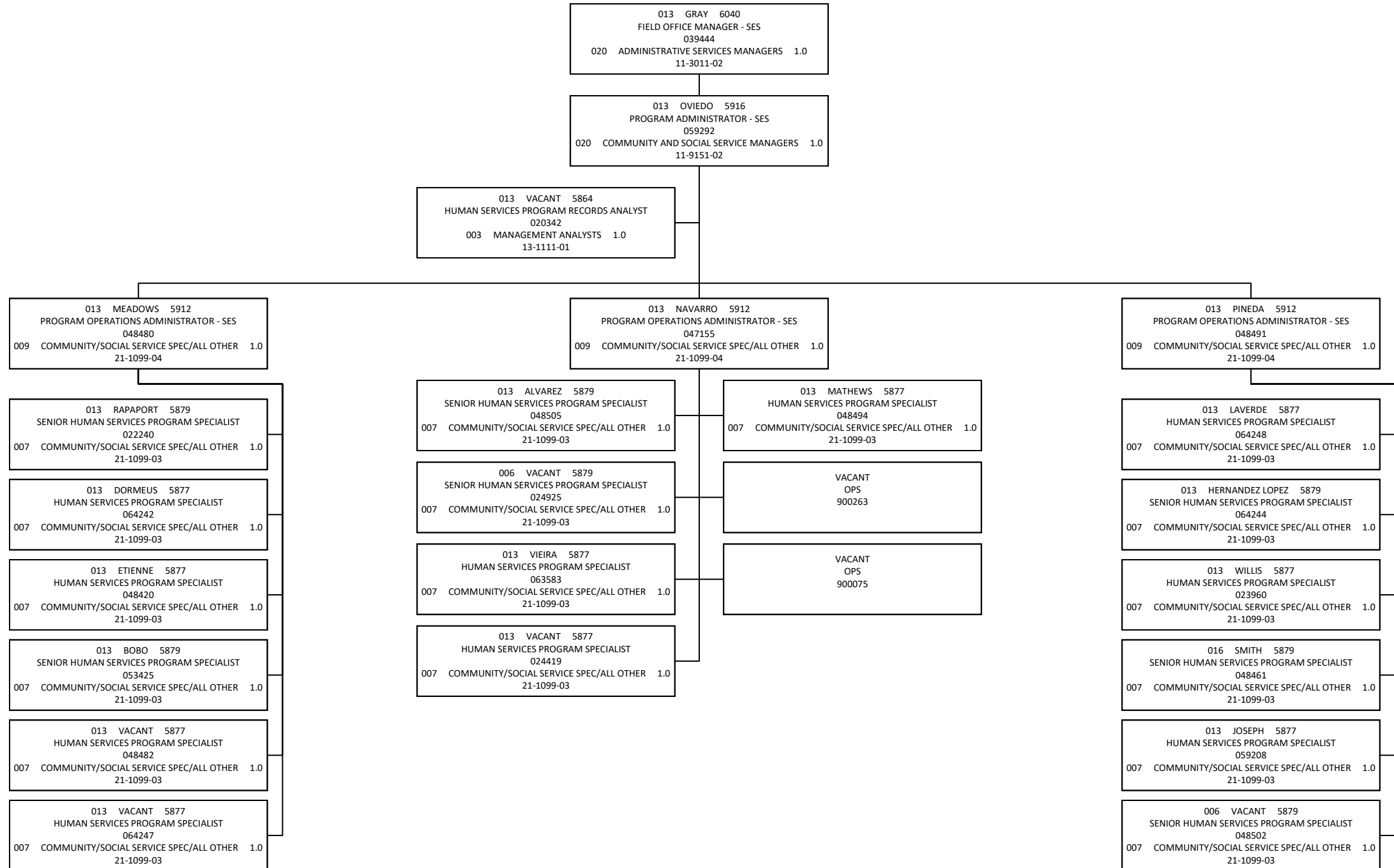
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Recipient and Provider Assistance
Enrollment Broker Operations – Contact Center Orlando

Effective Date: July 1, 2023



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

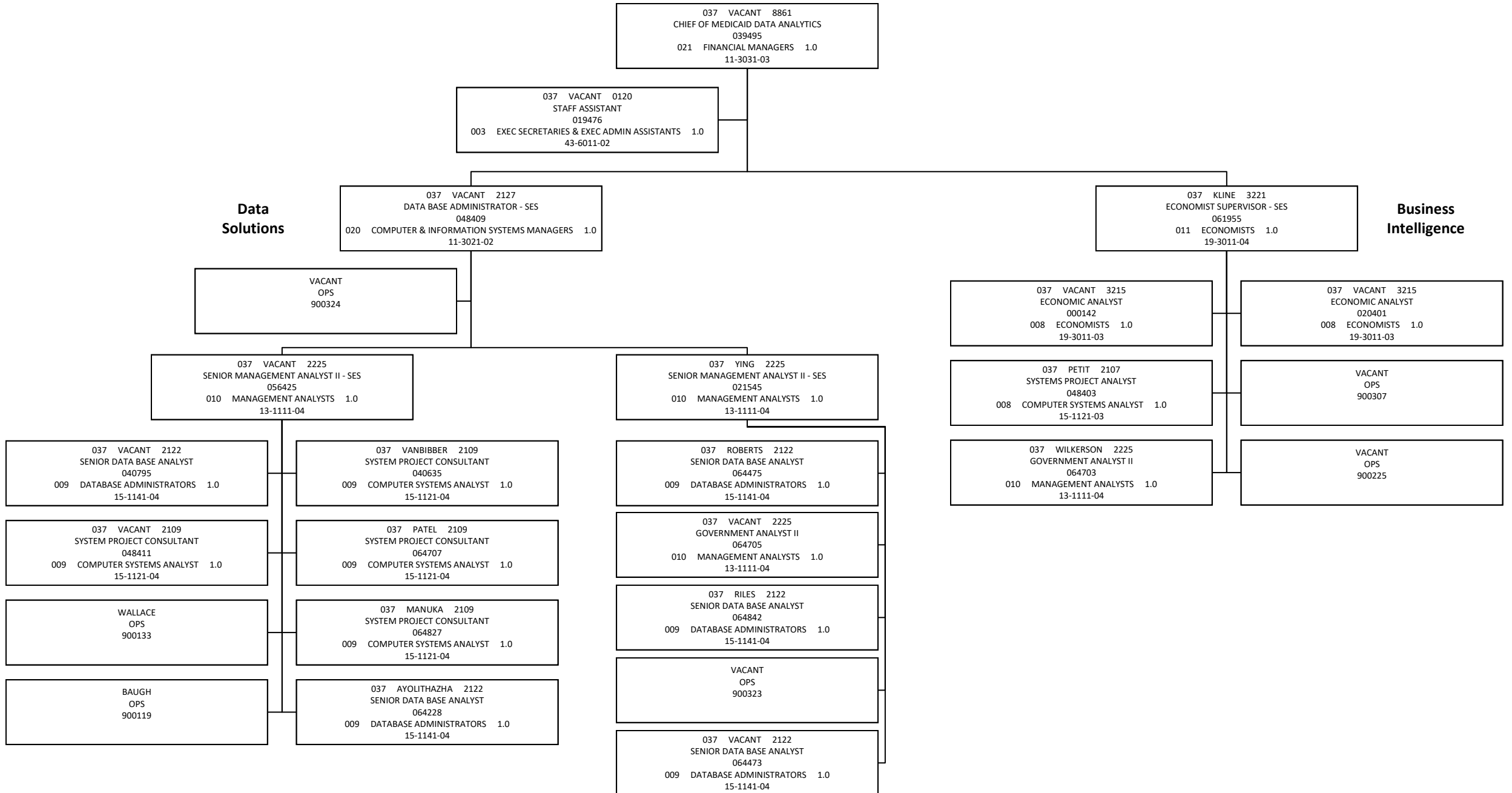
Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION

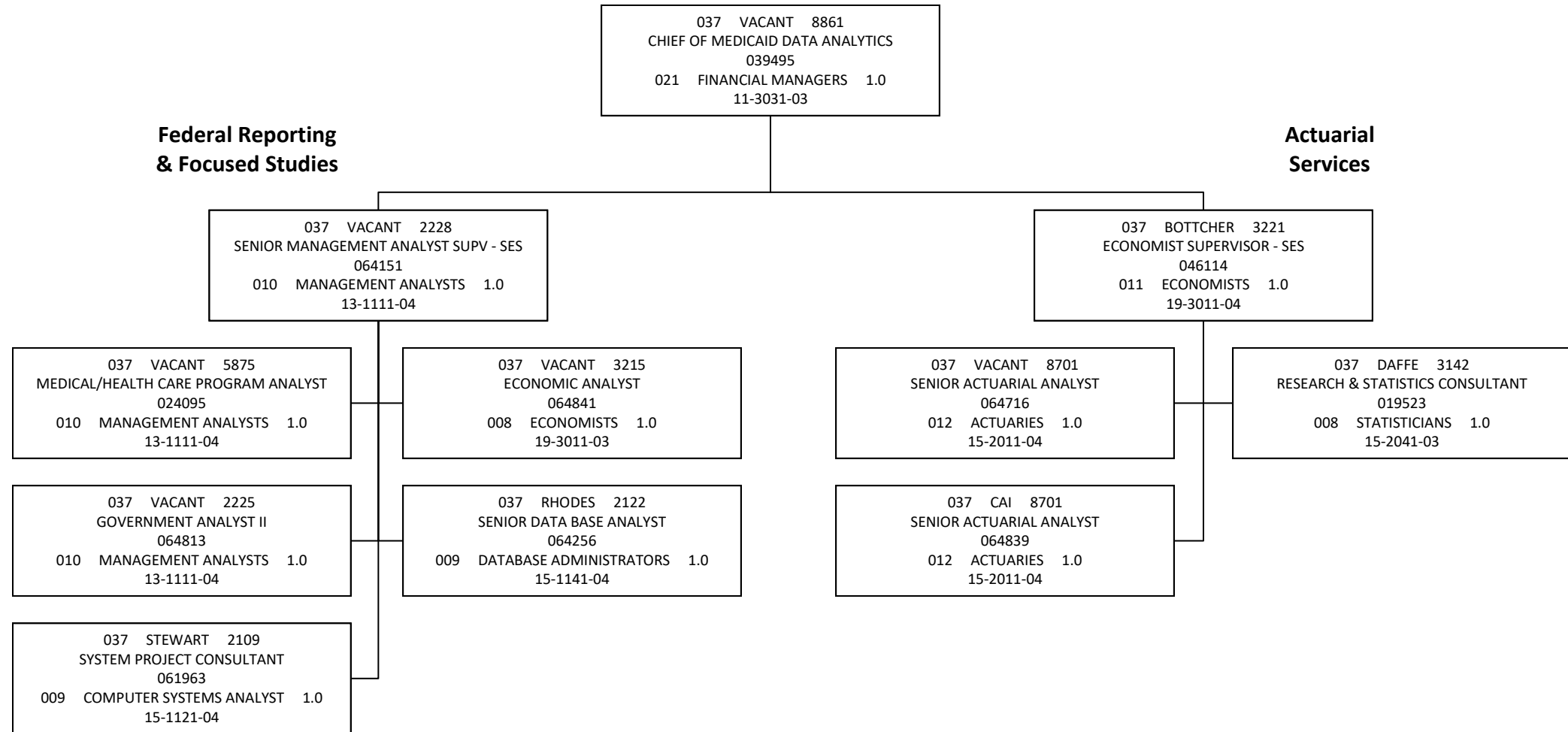
Effective Date: July 1, 2023

Division of Medicaid Bureau of Medicaid Data Analytics



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Data Analytics

Effective Date: July 1, 2023



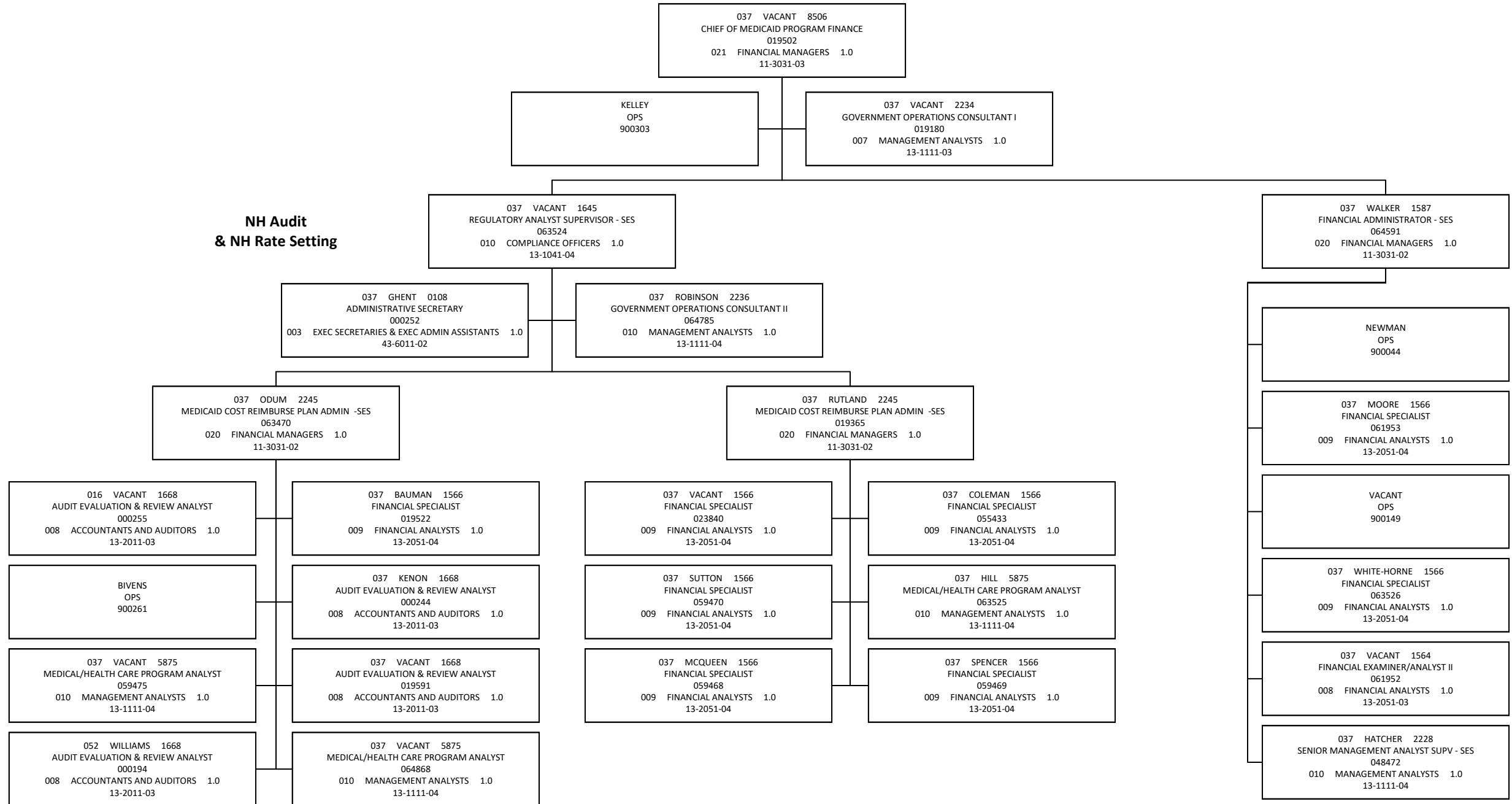
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Program Finance

Effective Date: July 1, 2023

NH Audit & NH Rate Setting

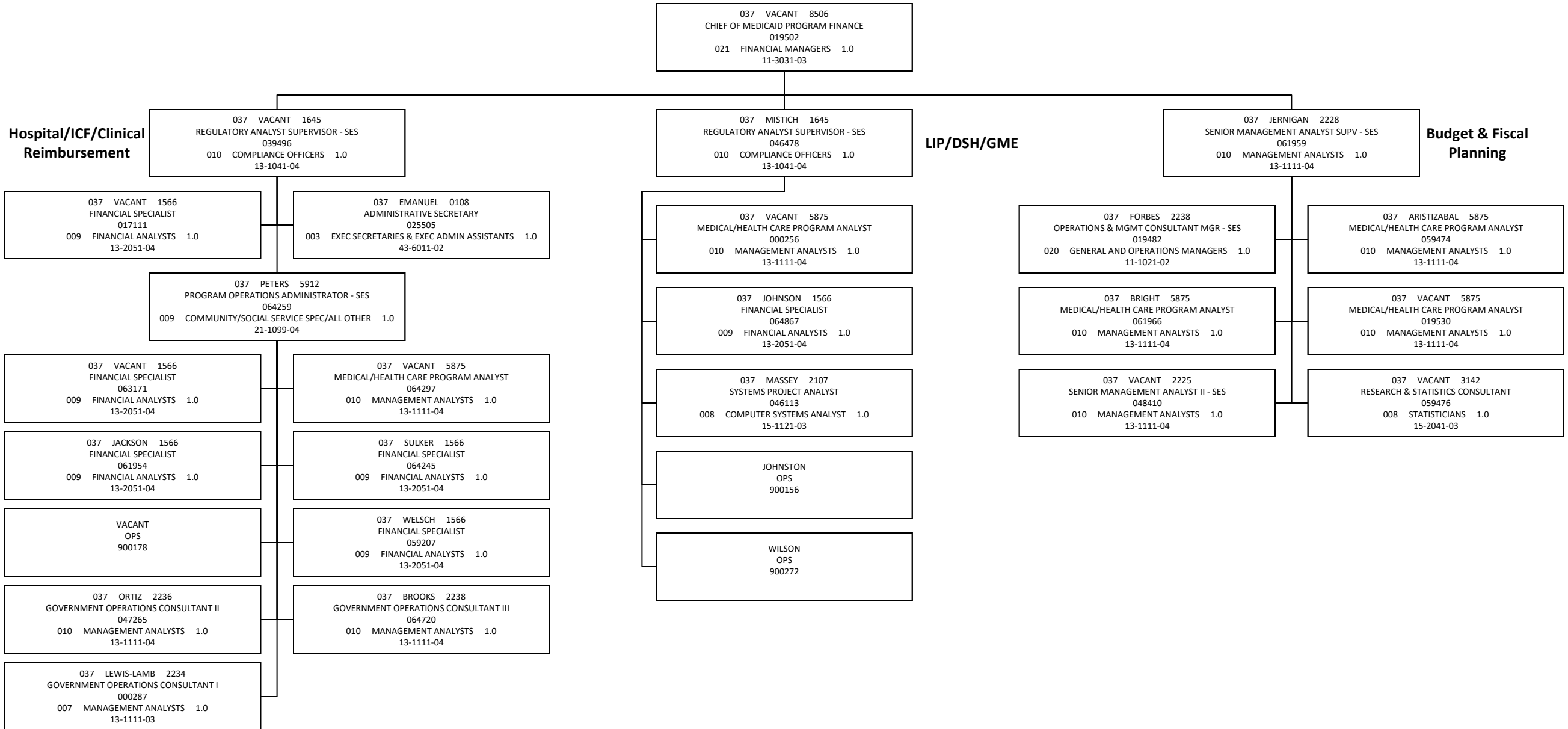


AGENCY FOR HEALTH CARE ADMINISTRATION

Effective Date: July 1, 2023

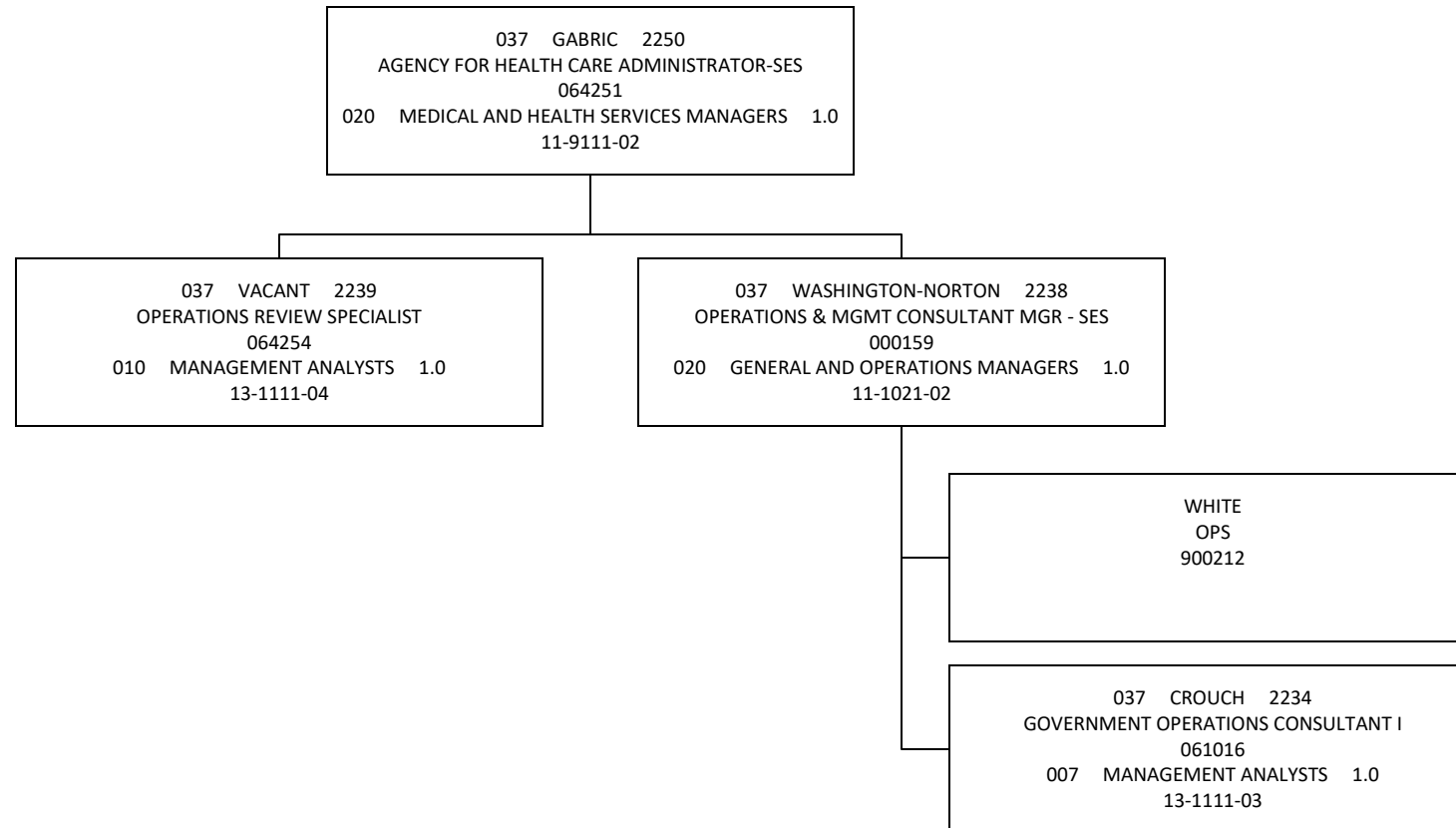
Division of Medicaid

Bureau of Medicaid Program Finance



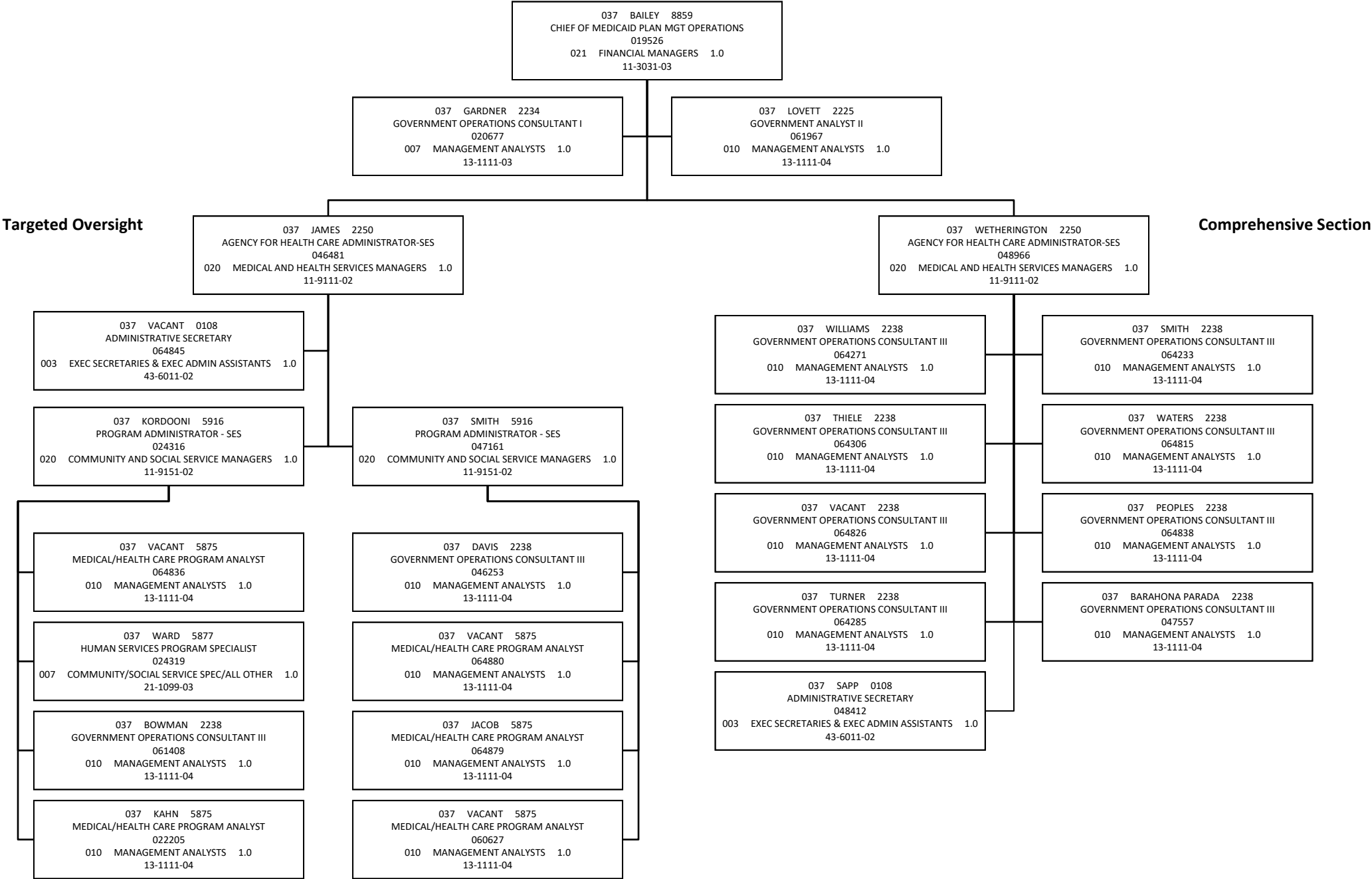
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Third Party Liability

Effective Date: July 1, 2023



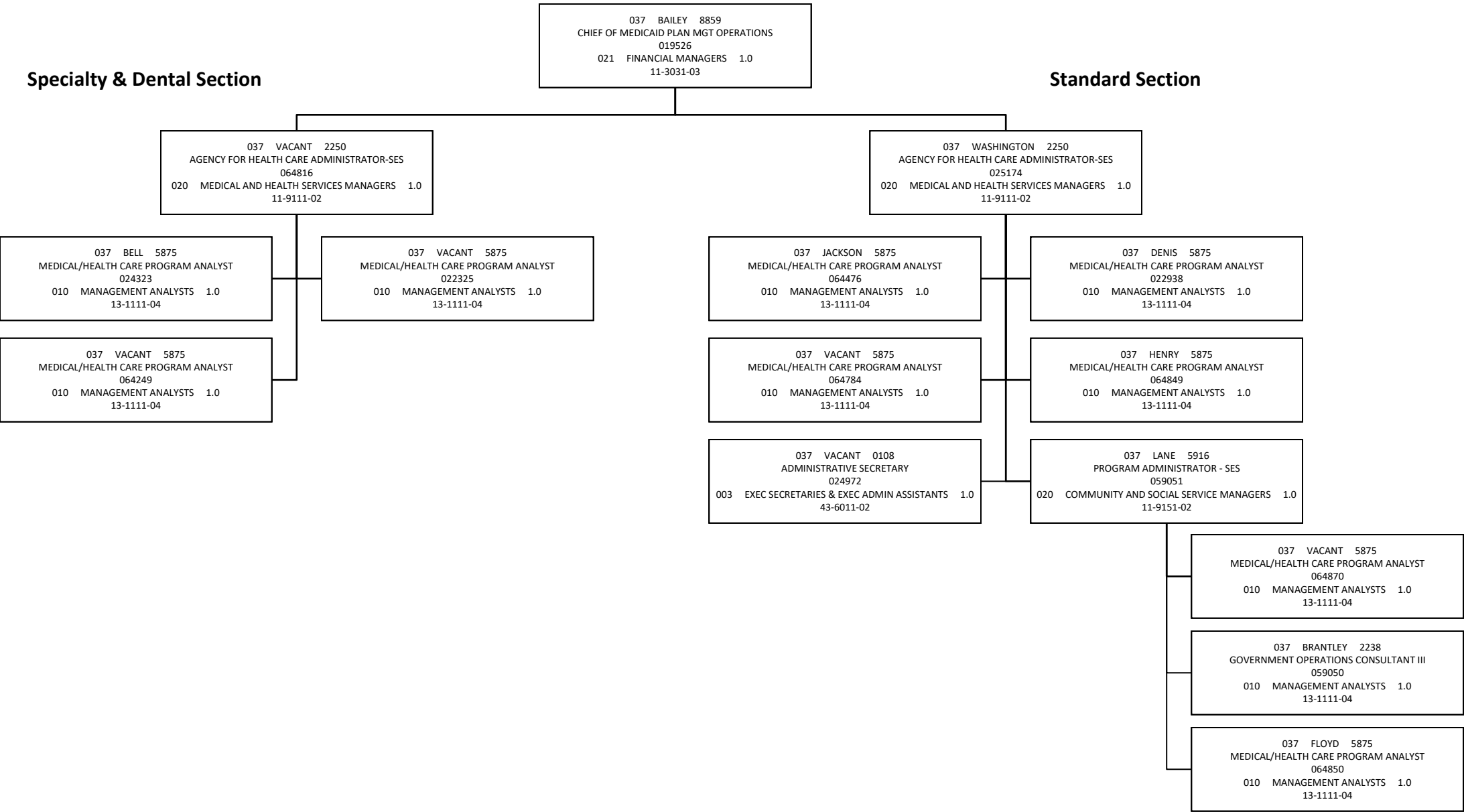
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Plan Management Operations

Effective Date: July 1, 2023



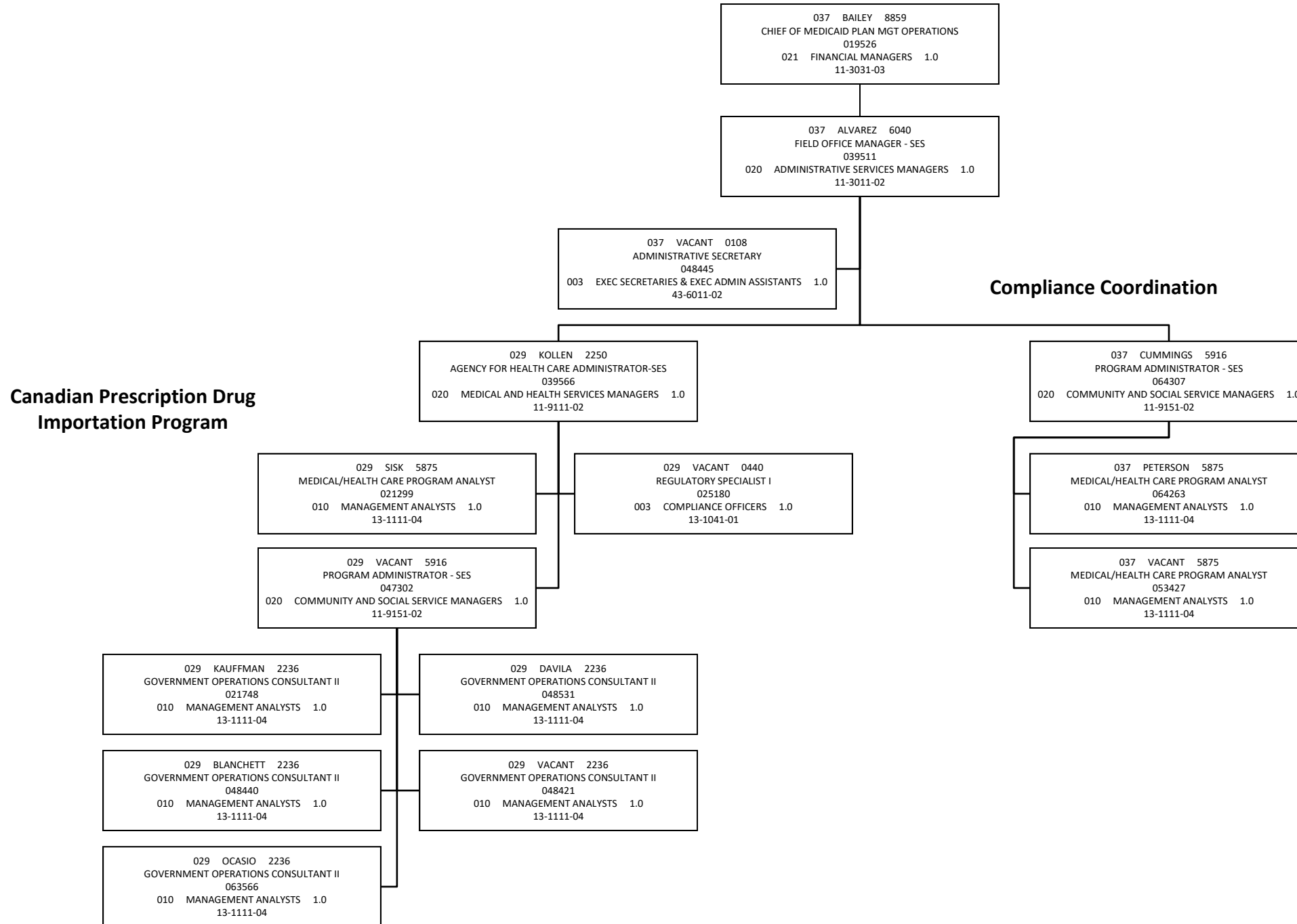
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Plan Management Operations

Effective Date: July 1, 2023



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

Effective Date: July 1, 2023

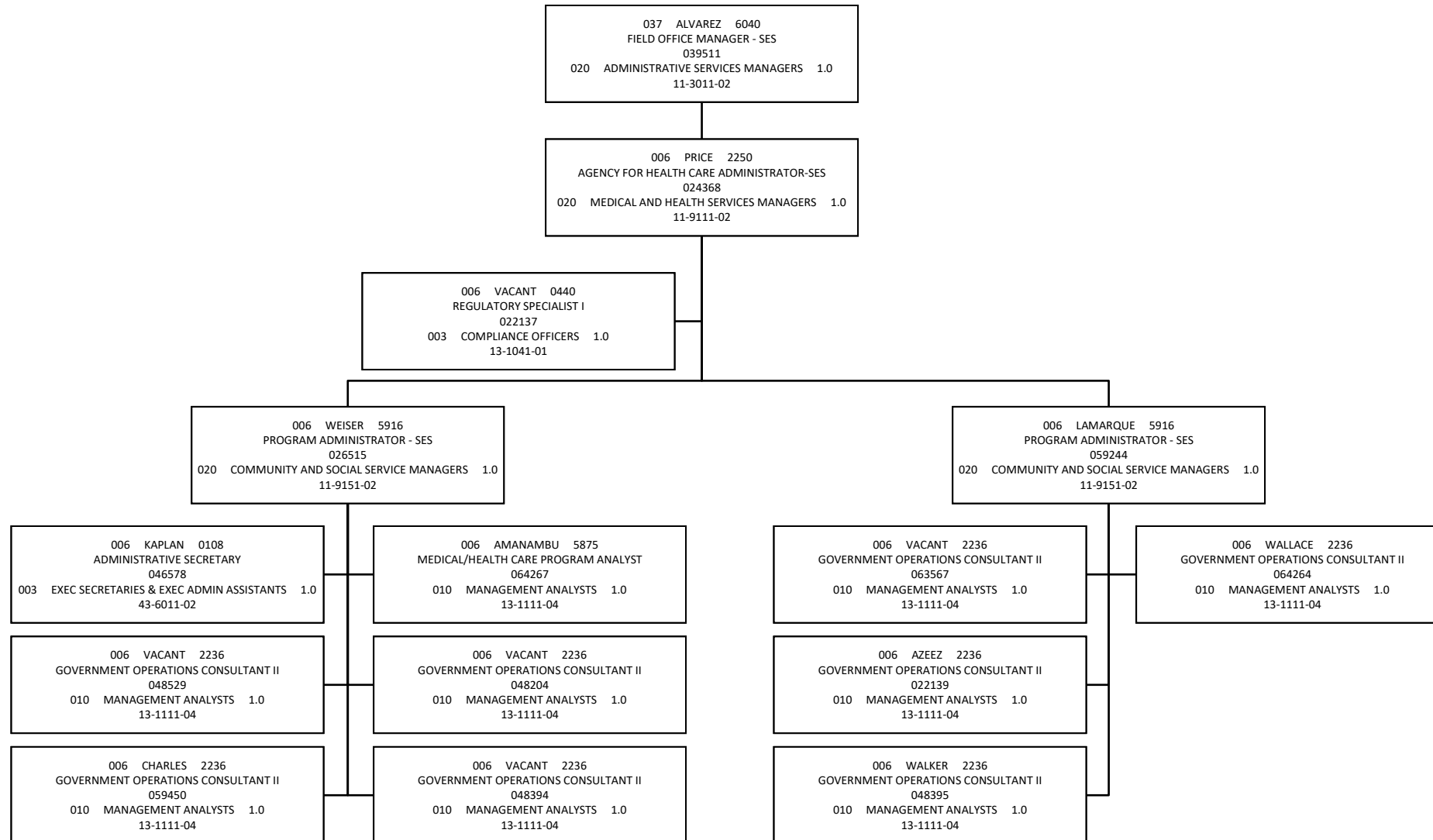


AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

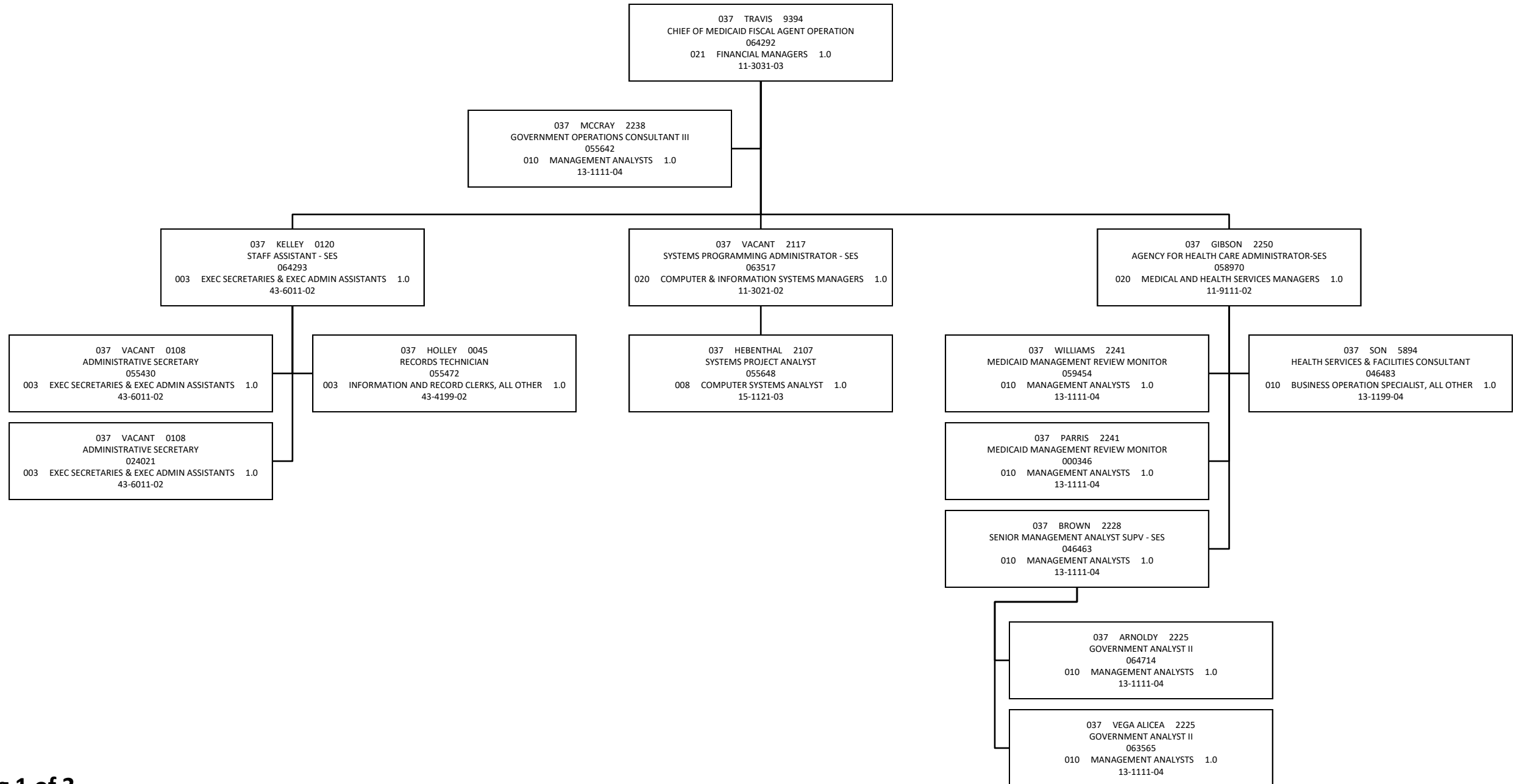
Effective Date: July 1, 2023

Bureau of Medicaid Plan Management Operations – Ft. Lauderdale



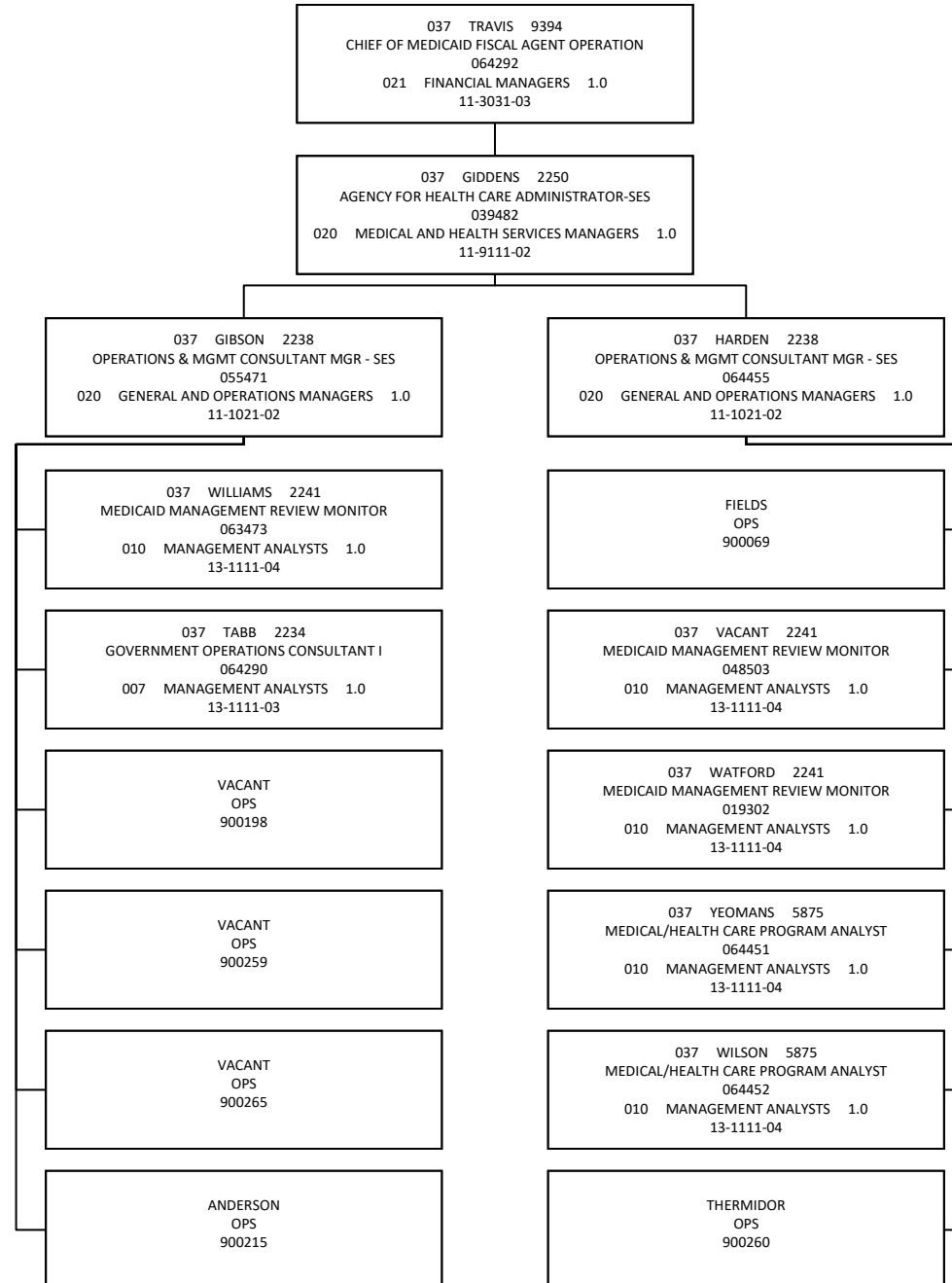
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Fiscal Agent Operations

Effective Date: July 1, 2023



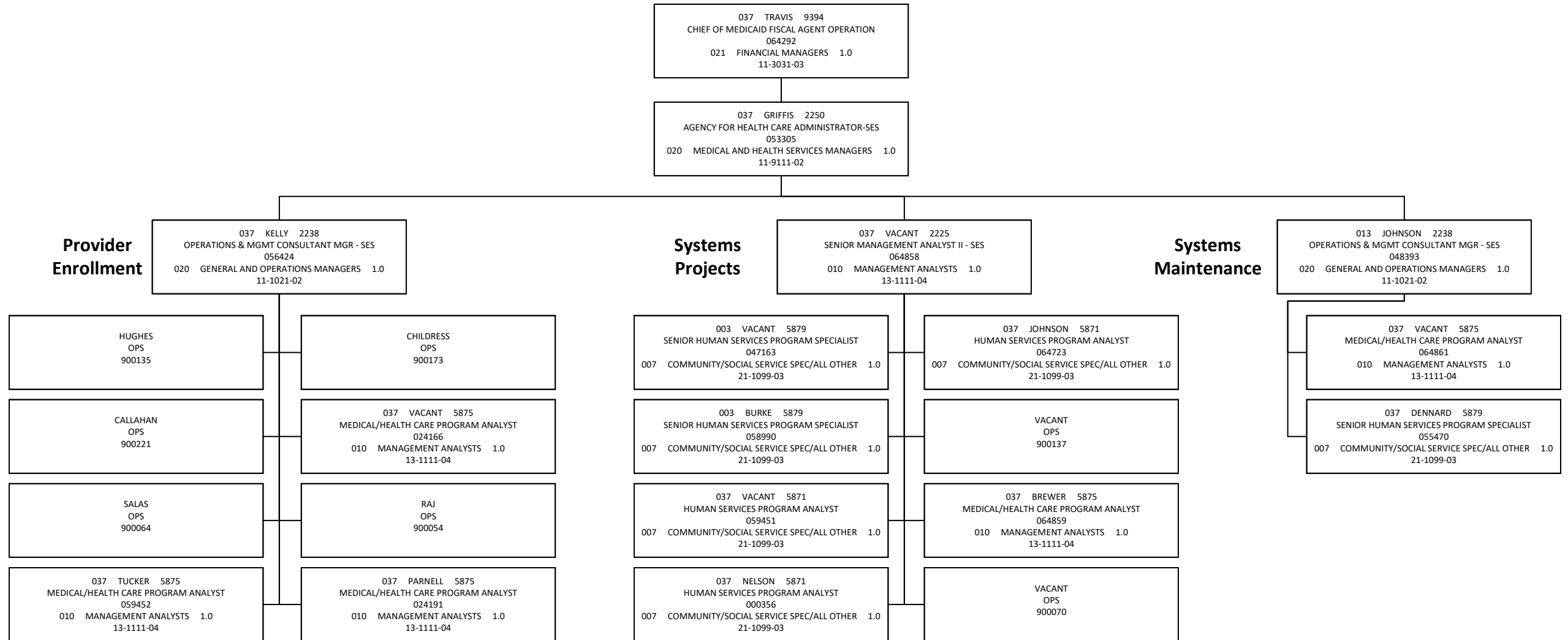
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Fiscal Agent Operations
Recipient File Management

Effective Date: July 1, 2023



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

Effective Date: July 1, 2023



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Policy

Effective Date: July 1, 2023

037 DALTON 8863
CHIEF OF MEDICAID POLICY
019298
021 FINANCIAL MANAGERS 1.0
11-3031-03

037 HANNS JR 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
064935
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

HOWARD-CHAMBERS
OPS
900233

037 NAF 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
064934
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

VACANT
OPS
900209

037 VACANT 0709
ADMINISTRATIVE ASSISTANT I
064456
003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
43-6011-02

VACANT
OPS
900287

LAMARQUE
OPS
900142

Federal Authorities

Canadian Prescription Drug Importation Program

037 VACANT 2250
AGENCY FOR HEALTH CARE ADMINISTRATOR-SES
020476
020 MEDICAL AND HEALTH SERVICES MANAGERS 1.0
11-9111-02

037 MCGRATH 2250
AGENCY FOR HEALTH CARE ADMINISTRATOR-SES
059049
020 MEDICAL AND HEALTH SERVICES MANAGERS 1.0
11-9111-02

037 PICKLE 2250
AGENCY FOR HEALTH CARE ADMINISTRATOR-SES
064903
020 MEDICAL AND HEALTH SERVICES MANAGERS 1.0
11-9111-02

037 VACANT 2225
GOVERNMENT ANALYST II
039485
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 FAUCI 2238
GOVERNMENT OPERATIONS CONSULTANT III
025870
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 VACANT 2238
GOVERNMENT OPERATIONS CONSULTANT III
019512
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 FULLINGTON 2238
GOVERNMENT OPERATIONS CONSULTANT III
019532
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 CHEN 5248
SENIOR PHARMACIST
064904
011 PHARMACISTS 1.0
29-1051-05

037 JACKSON 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
059460
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 PATE 2238
GOVERNMENT OPERATIONS CONSULTANT III
064846
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

VACANT
OPS
900285

VACANT
OPS
900193

037 BRACKETT 5916
PROGRAM CONSULTANT
064905
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 HALL 2225
GOVERNMENT ANALYST II
064592
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 DAVIS 2238
GOVERNMENT OPERATIONS CONSULTANT III
064878
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 VACANT 2225
GOVERNMENT ANALYST II
057052
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 GIERING 5916
PROGRAM ADMINISTRATOR - SES
064277
020 COMMUNITY AND SOCIAL SERVICE MANAGERS 1.0
11-9151-02

037 ROBERTS 2225
GOVERNMENT ANALYST II
064783
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 VACANT 2225
GOVERNMENT ANALYST II
056423
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

VACANT
OPS
900311

037 BROXTON 2225
GOVERNMENT ANALYST II
064810
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 VACANT 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
046957
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 UNGOS 5879
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007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
21-1099-03

VACANT
OPS
900283

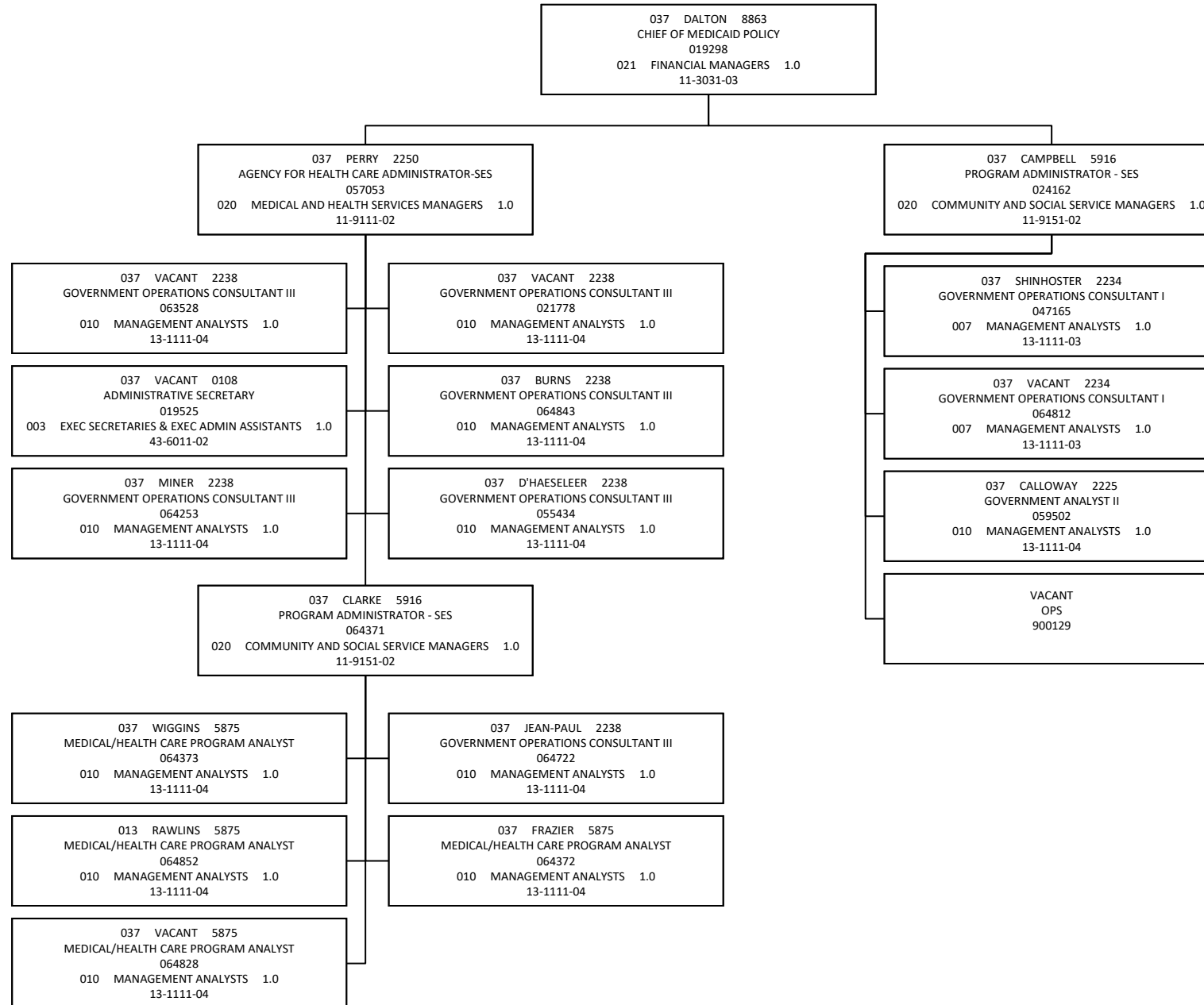
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Policy

Managed Care and Policy Contracts

Effective Date: July 1, 2023



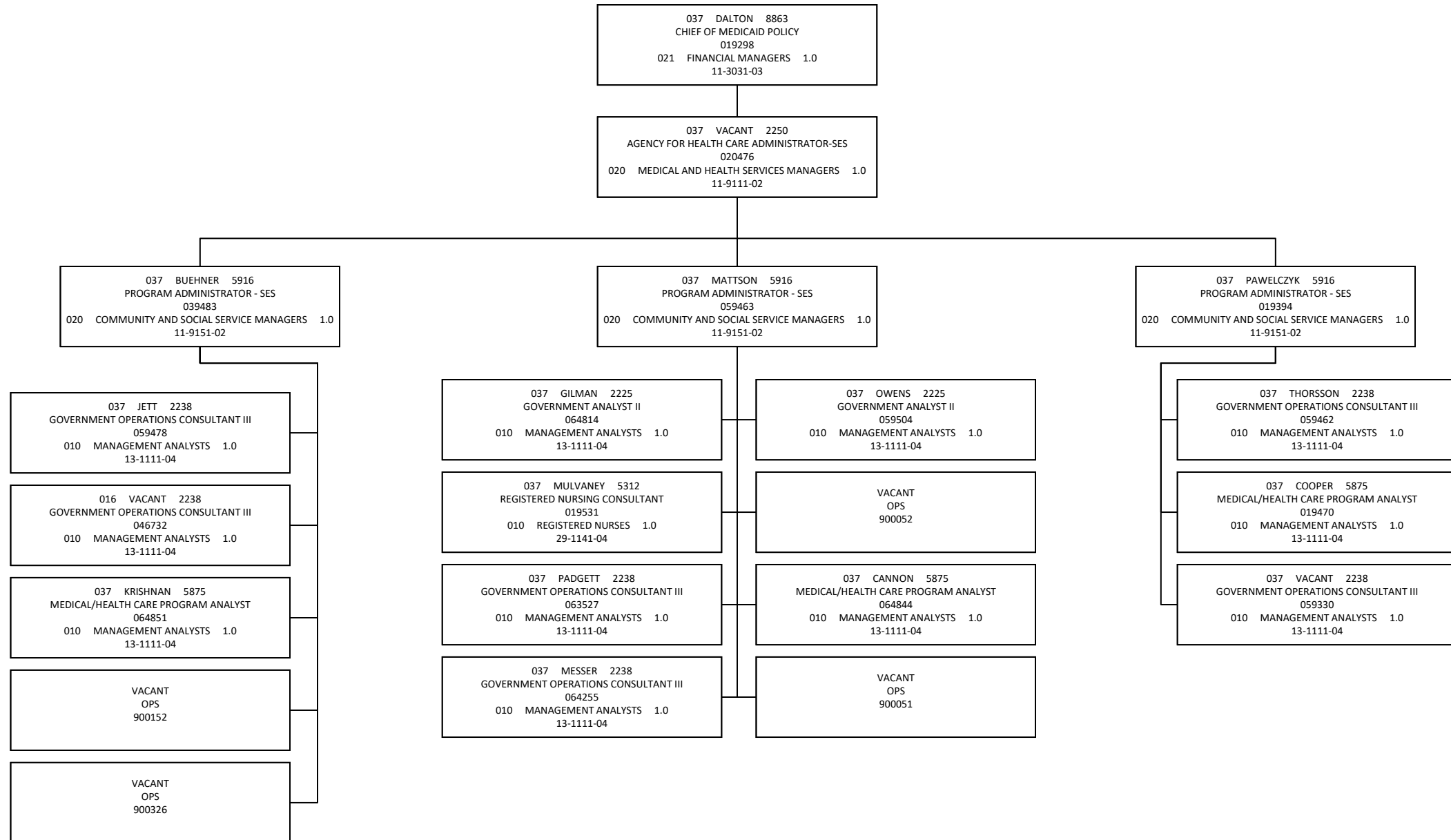
AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Policy

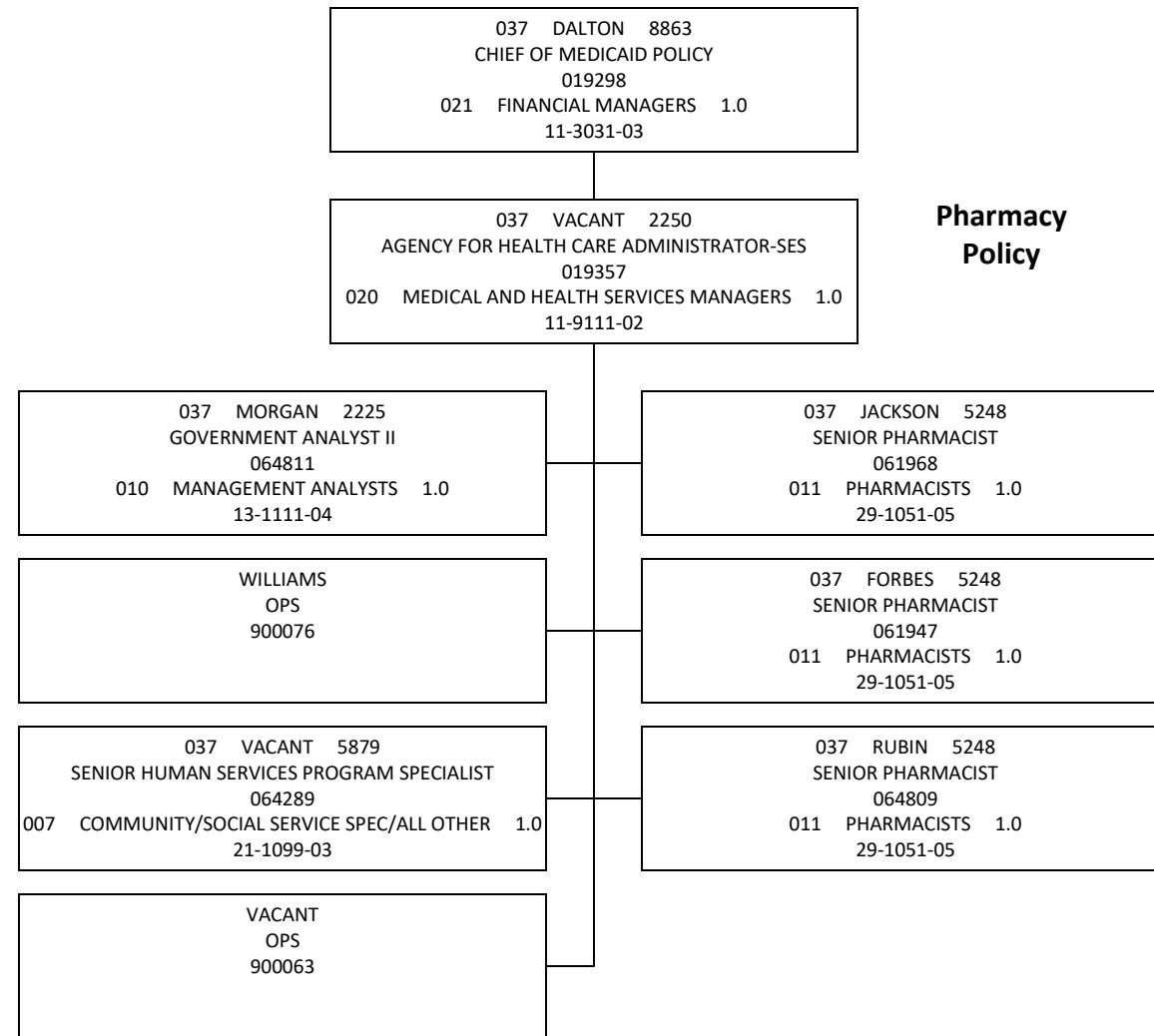
Medical and Behavioral Health Care Policy

Effective Date: July 1, 2023



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

Effective Date: July 1, 2023



**Pharmacy
Policy**

AGENCY FOR HEALTH CARE ADMINISTRATION

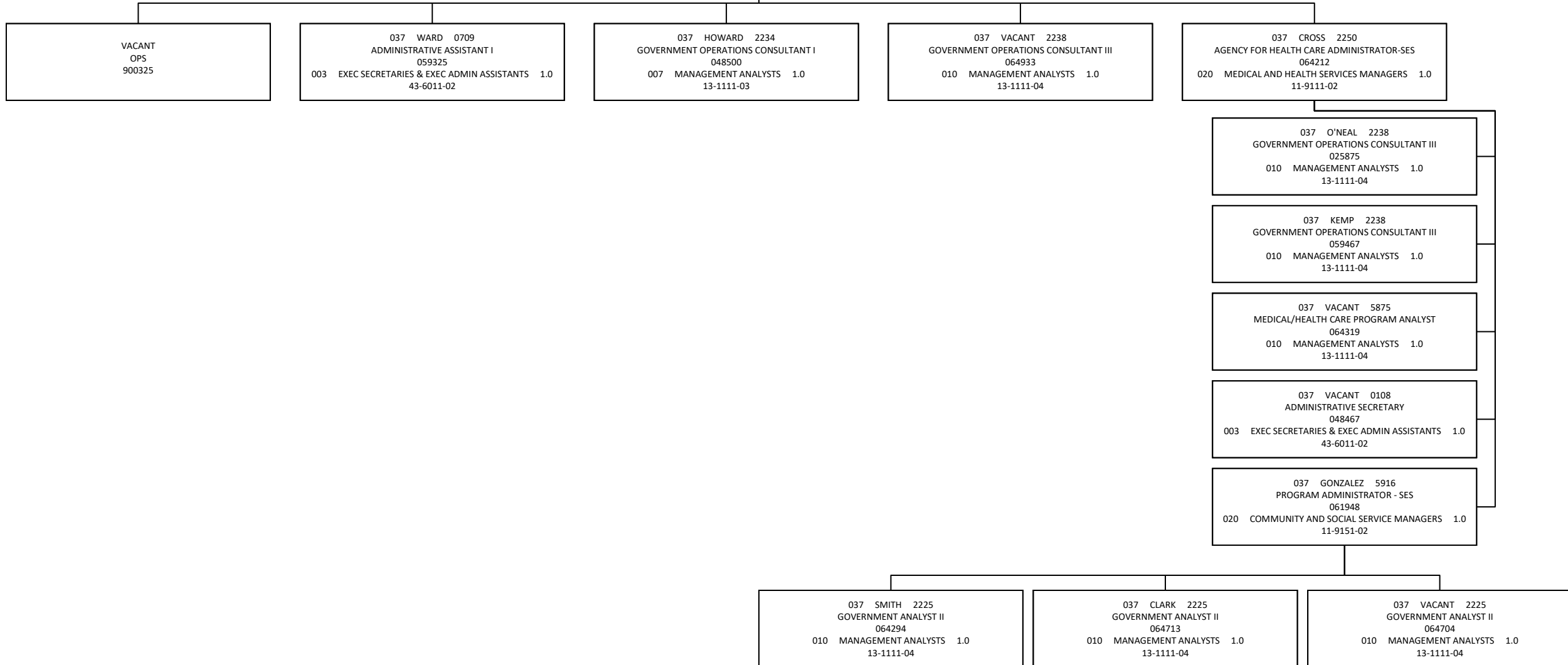
Division of Medicaid

Bureau of Medicaid Quality

Effective Date: July 1, 2023

037 VERGESON 8951
CHIEF OF MEDICAID QUALITY
064589
021 MEDICAL AND HEALTH SERVICES MANAGERS 1.0
11-9111-03

Quality Improvement & Evaluation Contracts



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid Bureau of Medicaid Quality

Effective Date: July 1, 2023

037 VERGESON 8951
CHIEF OF MEDICAID QUALITY
064589
021 MEDICAL AND HEALTH SERVICES MANAGERS 1.0
11-9111-03

Clinical Compliance Monitoring

Performance Measurement & Quality Review

037 LA CROIX 2250
AGENCY FOR HEALTH CARE ADMINISTRATOR-SES
061392
020 MEDICAL AND HEALTH SERVICES MANAGERS 1.0
11-9111-02

037 ROBINSON 2250
AGENCY FOR HEALTH CARE ADMINISTRATOR-SES
064835
020 MEDICAL AND HEALTH SERVICES MANAGERS 1.0
11-9111-02

037 VACANT 0108
ADMINISTRATIVE SECRETARY
024167
003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
43-6011-02

037 VACANT 0108
ADMINISTRATIVE SECRETARY
064924
003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
43-6011-02

016 DORCEUS 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
064853
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 JENKINS 5916
PROGRAM ADMINISTRATOR - SES
019901
020 COMMUNITY AND SOCIAL SERVICE MANAGERS 1.0
11-9151-02

037 VACANT 2228
SENIOR MANAGEMENT ANALYST SUPV - SES
064310
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 COULANGES 2225
GOVERNMENT ANALYST II
048508
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 VACANT 0108
ADMINISTRATIVE SECRETARY
059326
003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
43-6011-02

037 JEAN 2225
GOVERNMENT ANALYST II
059166
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 VACANT 2225
GOVERNMENT ANALYST II
022048
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 JOHNSON 5916
PROGRAM ADMINISTRATOR - SES
040631
020 COMMUNITY AND SOCIAL SERVICE MANAGERS 1.0
11-9151-02

013 DOUGLAS 5916
PROGRAM ADMINISTRATOR - SES
047164
020 COMMUNITY AND SOCIAL SERVICE MANAGERS 1.0
11-9151-02

037 ROBINSON 2225
GOVERNMENT ANALYST II
048398
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 WATERS 2225
GOVERNMENT ANALYST II
064573
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 WILSON 5312
REGISTERED NURSING CONSULTANT
064446
010 REGISTERED NURSES 1.0
29-1141-04

037 YON 2238
GOVERNMENT OPERATIONS CONSULTANT III
046956
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

BOYLEN
OPS
900175

048 THOMPSON 5312
REGISTERED NURSING CONSULTANT
048459
010 REGISTERED NURSES 1.0
29-1141-04

037 SMITH 2225
GOVERNMENT ANALYST II
064593
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 VACANT 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
064192
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 VACANT 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
061958
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 CALHOUN 5312
REGISTERED NURSING CONSULTANT
064215
010 REGISTERED NURSES 1.0
29-1141-04

016 MUSAJ 5312
REGISTERED NURSING CONSULTANT
059310
010 REGISTERED NURSES 1.0
29-1141-04

013 CAMPINS 5312
REGISTERED NURSING CONSULTANT
059206
010 REGISTERED NURSES 1.0
29-1141-04

037 SIMS 2225
GOVERNMENT ANALYST II
064419
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 GRIFFIN 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
064219
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 NEWMAN JR 5875
MEDICAL/HEALTH CARE PROGRAM ANALYST
061450
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

048 CHARLES 5312
REGISTERED NURSING CONSULTANT
043635
010 REGISTERED NURSES 1.0
29-1141-04

013 JUSTINIANO 5312
REGISTERED NURSING CONSULTANT
020565
010 REGISTERED NURSES 1.0
29-1141-04

037 CERNE 2225
GOVERNMENT ANALYST II
048558
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

037 JONES 5248
SENIOR PHARMACIST
061946
011 PHARMACISTS 1.0
29-1051-05

AGENCY FOR HEALTH CARE ADMINISTRATION		FISCAL YEAR 2022-23			
SECTION I: BUDGET		OPERATING		FIXED CAPITAL OUTLAY	
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT		38,612,480,698		0	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)		1,186,494,774		0	
FINAL BUDGET FOR AGENCY		39,798,975,472		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		29,574	43,215.66	1,278,059,811	
Elderly And Disabled/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		116,089	6,863.11	796,731,565	
Elderly And Disabled/Fee For Service/Medipass - Physician Services * Number of case months Medicaid program services purchased		191,518	3,918.23	750,410,704	
Elderly And Disabled/Fee For Service/Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		191,518	1,257.04	240,746,716	
Elderly And Disabled/Fee For Service/Medipass - Supplemental Medical Insurance * Number of case months Medicaid Program services purchased		2,166,765	3,818.61	8,274,037,158	
Elderly And Disabled/Fee For Service/Medipass - Case Management * Number of case months Medicaid program services purchased		1,066,560	0.23	241,805	
Elderly And Disabled/Fee For Service/Medipass - Hospital Insurance Benefit * Number of case months Medicaid program services purchased		169,779	56.82	9,646,367	
Elderly And Disabled/Fee For Service/Medipass - Other * Number of case months Medicaid program services purchased		101,820	70,683.00	7,196,943,391	
Women And Children/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased		328,318	7,531.19	2,472,626,369	
Women And Children/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		561,448	1,026.53	576,342,325	
Women And Children/Fee For Service / Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		1,040,657	838.89	872,997,293	
Women And Children/Fee For Service / Medipass - Supplemental Medical Insurance * Number of case months Medicaid Program services purchased		9,324,660	297.98	2,778,590,888	
Women And Children/Fee For Service / Medipass - Case Management * Number of case months Medicaid Program services purchased		4,636,631	0.02	89,837	
Women And Children/Fee For Service / Medipass - Other * Number of case months Medicaid Program services purchased		1,130,355	1,861.11	2,103,715,334	
Medically Needy - Hospital Inpatient * Number of case months Medicaid Program services purchased		104,441	617.85	64,529,245	
Medically Needy - Prescribed Medicines * Number of case months Medicaid Program services purchased		145,900	271.13	39,557,821	
Medically Needy - Hospital Outpatient * Number of case months Medicaid Program services purchased		145,900	85.72	12,506,327	
Medically Needy - Supplemental Medical Insurance * Number of case months Medicaid Program services purchased		291,800	47.26	13,789,635	
Medically Needy - Case Management * Number of case months Medicaid Program services purchased		145,900	0.00	477	
Medically Needy - Other * Number of case months Medicaid program services purchased		145,900	11,117.63	1,622,062,798	
Refugees - Hospital Inpatient * Number of case months Medicaid Program services purchased		44,414	132.78	5,897,362	
Refugees - Prescribed Medicines * Number of case months Medicaid program services purchased		44,414	17,928.20	796,263,265	
Refugees - Hospital Outpatient * Number of case months Medicaid Program services purchased		44,414	73.99	3,286,013	
Nursing Home Care * Number of case months Medicaid Program services purchased		93,712	53,617.57	5,024,609,471	
Home And Community Based Services * Number of case months Medicaid Program services purchased		161,144	17,735.64	2,857,992,160	
Intermediate Care Facilities For The Developmentally Disabled - Sunland Centers * Number of case months Medicaid Program services purchased		805	609,883.21	490,955,984	
Purchase Medicaid Program Services * Number of case months Medicaid Program services purchased		9,023	3,755.41	33,885,079	
Purchase Children's Medical Services Network Services * Number of case months		7,054	17,071.84	120,424,761	
Purchase Florida Healthy Kids Corporation Services * Number of case months		104,296	1,631.02	170,109,018	
Certificate Of Need/Financial Analysis * Number of certificate of need (CON) requests/financial reviews conducted		2,865	1,461.40	4,186,898	
Health Facility Regulation (compliance, Licensure, Complaints) - Tallahassee * Number of licensure/certification applications		29,261	977.08	28,590,309	
Facility Field Operations (compliance, Complaints) - Field Offices Survey Staff * Number of surveys and complaint investigations		34,548	2,831.43	97,820,306	
Health Standards And Quality * Number of transactions		2,831,071	3.78	10,701,226	
Plans And Construction * Number of reviews performed		5,964	1,888.75	11,264,528	
Background Screening * Number of requests for screenings		502,761	2.06	1,034,706	
TOTAL				38,760,646,952	
SECTION III: RECONCILIATION TO BUDGET					
PASS THROUGHS					
TRANSFER - STATE AGENCIES					
AID TO LOCAL GOVERNMENTS					
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS					
OTHER				839,201,437	
REVERSIONS				57,284,522	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)				39,657,132,911	

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.

Note: The difference of 141,842,561 reflected on the Audit Report is due to the tentative certified forward amount of 141,842,603.82 that was reverted and restored as well as rounding of (42.82).

 SECTION III - PASS THROUGH ACTIVITY ISSUE CODES SELECTED:
 TRANSFER-STATE AGENCIES ACTIVITY ISSUE CODES SELECTED:
 1-8:
 AID TO LOCAL GOVERNMENTS ACTIVITY ISSUE CODES SELECTED:
 1-8:

AUDIT #1: THE FOLLOWING STATEWIDE ACTIVITIES (ACT0010 THROUGH ACT0490) HAVE AN OUTPUT STANDARD (RECORD TYPE 5) AND SHOULD NOT:

*** NO ACTIVITIES FOUND ***

 AUDIT #2: THE FCO ACTIVITY (ACT0210) CONTAINS EXPENDITURES IN AN OPERATING CATEGORY AND SHOULD NOT: (NOTE: THIS ACTIVITY IS ROLLED INTO EXECUTIVE DIRECTION, ADMINISTRATIVE SUPPORT AND INFORMATION TECHNOLOGY)

*** NO OPERATING CATEGORIES FOUND ***

 AUDIT #3: THE ACTIVITIES LISTED IN AUDIT #3 DO NOT HAVE AN ASSOCIATED OUTPUT STANDARD. IN ADDITION, THE ACTIVITIES WERE NOT IDENTIFIED AS A TRANSFER-STATE AGENCIES, AS AID TO LOCAL GOVERNMENTS, OR A PAYMENT OF PENSIONS, BENEFITS AND CLAIMS (ACT0430). ACTIVITIES LISTED HERE SHOULD REPRESENT TRANSFERS/PASS THROUGH 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.

BE	PC	CODE	TITLE	EXPENDITURES	FCO
68700700	1204010000	ACT2170	STATE CENTER FOR HEALTH STATISTICS	7,710,245	
68501500	1303000000	ACT5070	LONG TERM CARE - OTHER	602,580,570	
68500200	1602000000	ACT5210	MEDICAID FIELD OPERATIONS	28,038,169	
68500200	1602000000	ACT5220	MEDICAID PROGRAM ANALYSIS	9,700,445	
68500200	1602000000	ACT5230	MEDICAID PROGRAM DEVELOPMENT	77,296,260	
68500200	1602000000	ACT5240	THIRD PARTY LIABILITY	1,404,615	
68500200	1602000000	ACT5250	MEDICAID CONTRACTING	37,357,975	
68500200	1602000000	ACT5260	FISCAL AGENT CONTRACT	63,075,902	
68500200	1602000000	ACT5270	MEDICAID PROGRAM INTEGRITY	11,277,147	
68500200	1602000000	ACT5280	MEDICAID CHOICE COUNSELING	308,817	
68500200	1602000000	ACT5290	KIDCARE ADMINISTRATION AND SUPPORT	451,292	

 AUDIT #4: TOTALS FROM SECTION I AND SECTIONS II + III:

DEPARTMENT: 68	EXPENDITURES	FCO
FINAL BUDGET FOR AGENCY (SECTION I):	39,798,975,472	
TOTAL BUDGET FOR AGENCY (SECTIONS II + III):	39,657,132,911	
DIFFERENCE:	141,842,561	
(MAY NOT EQUAL DUE TO ROUNDING)	=====	=====

Note: The difference of 141,842,561 reflected on the Audit Report is due to the tentative certified forward amount of 141,842,603.82 that was reverted and restored as well as rounding of (42.82).

Schedule XIV
Variance from Long Range Financial Outlook

Agency: Agency for Health Care Administration

Contact: Sonya Smith, Chief of Financial Services

Article III, section 19(a)3 of the 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 2023 contain revenue or expenditure estimates related to your agency?

Yes No

- 2) If yes, please list the estimates for revenues and budget drivers that reflect an estimate for your agency for Fiscal Year 2024-2025 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 2024-2025 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Medicaid Services Price Level / Workload	B	916.1	916.1
b	KidCare Workload	B	232.6	232.6
c	Medicaid Waiver Slots and Provider Rate Increases	B	325.8	0
d				
e				
f				

- 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 to the Medicaid Waiver slots and Provider rate increases being included in the base budget.

* R/B = Revenue or Budget Driver

Florida Agency for Health Care Administration



Budget Entity Level Exhibits and Schedules

*Ron DeSantis, Governor
Jason Weida, Secretary*

Florida Agency for Health Care Administration



Schedule I Series

Ron DeSantis, Governor
Jason Weida, Secretary

SCHEDULE 1A: DETAIL OF FEES AND RELATED PROGRAM COSTS

Department: 68 Health Care Administration **Budget Period: 2024-25**
Program: 68700700 Health Care Regulation
Fund: 2003

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

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

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

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

SECTION I - FEE COLLECTION

	ACTUAL	ESTIMATED	REQUEST
	FY 2022-23	FY 2023-24	FY 2024-25
<u>Receipts:</u>			
<u>ABORTION CLINIC</u>	69,221	69,221	69,221
<u>ADULT DAY CARE CENTER</u>	45,982	45,982	45,982
<u>ADULT FAMILY CARE HOME</u>	33,541	33,541	33,541
<u>AMBULATORY SURGICAL CENTER</u>	998,204	998,204	998,204
<u>ASSISTED LIVING FACILITY</u>	6,478,021	6,478,021	6,478,021
<u>BIRTH CENTER</u>	16,645	16,645	16,645
<u>CRISIS STABILIZATION UNIT</u>	127,885	127,885	127,885
<u>FORENSIC TOXICOLOGY LABORATORY</u>	16,460	16,460	16,460
<u>HCC - EXEMPTIONS</u>	268,955	268,955	268,955
<u>HEALTH CARE CLINICS</u>	3,804,842	3,804,842	3,804,842
<u>HEALTH CARE SERVICES POOL</u>	349,989	349,989	349,989
<u>HOME HEALTH AGENCY</u>	2,755,178	2,755,178	2,755,178
<u>HOME MEDICAL EQUIPMENT PROVIDERS</u>	321,861	321,861	321,861
<u>HOMEMAKER & COMPANION SERVICES</u>	123,545	123,545	123,545
<u>HOMES FOR SPECIAL SERVICES</u>	873	873	873
<u>HOSPICE</u>	39,380	39,380	39,380
<u>HOSPITAL</u>	2,079,135	2,079,135	2,079,135
<u>INTERM CARE FAC DEVELOPMENTALLY DISABLED</u>	326,833	326,833	326,833
<u>NURSE REGISTRY</u>	1,109,850	1,109,850	1,109,850
<u>NURSING HOME</u>	6,036,361	6,036,361	6,036,361
<u>PRESCRIBED PED EXTENDED CARE CNTR</u>	142,626	142,626	142,626
<u>RESIDENTIAL TREATMENT CENTER</u>	79,752	79,752	79,752

SECTION I - FEE COLLECTION

**ACTUAL
FY 2022-23**

**ESTIMATED
FY 2023-24**

**REQUEST
FY 2024-25**

Receipts:

RESIDENTIAL TREATMENT FACILITY	491,383	491,383	491,383
TRANSITIONAL LIVING FACILITY	84,551	84,551	84,551
HOME HEALTH AGENCY EXEMPTIONS	28,031	28,031	28,031
MANAGED CARE UNIT	273,491	273,491	273,491

Total Fee Collection to Line (A) - Section III

26,102,595

26,102,595

26,102,595

SECTION II - FULL COSTS

Direct Costs:

Salaries and Benefits	4,768,926	5,494,455	5,494,455
Other Personal Services	53,496	79,902	79,902
Expenses	545,715	542,762	542,762
Operating Capital Outlay	-	-	-
Contracted Services	261,537	268,879	268,879
Lease Purchase Equipment	8,167	8,477	8,477
Service Charge to General Revenue	2,088,208	2,088,208	2,088,208
Refunds	168,437	168,437	168,437

Total Full Costs to Line (B) - Section III

7,894,486

8,651,120

8,651,120

Basis Used:

SECTION III - SUMMARY

TOTAL SECTION I	(A)	26,102,595	26,102,595	26,102,595
TOTAL SECTION II	(B)	7,894,486	8,651,120	8,651,120
TOTAL - Surplus/Deficit	(C)	18,208,109	17,451,475	17,451,475

EXPLANATION of LINE C:

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2024 - 2025 Agency for Health Care Administration
Trust Fund Title:	Health Care Trust Fund
Budget Entity:	Departmental
LAS/PBS Fund Number:	2003

	Balance as of 6/30/2023	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	149,472,123.70 (A)	0.00	149,472,123.70
ADD: Other Cash (See Instructions)	475,875.51 (B)	0.00	475,875.51
ADD: Investments	0.00 (C)	0.00	0.00
ADD: Outstanding Accounts Receivable	53,795,748.45 (D)	0.00	53,795,748.45
ADD: Central/Dept FLAIR Cash Adj	0.00 (E)	0.00	0.00
Total Cash plus Accounts Receivable	203,743,747.66 (F)	0.00	203,743,747.66
LESS Allowances for Uncollectibles	2,933,738.65 (G)	0.00	2,933,738.65
LESS Approved "A" Certified Forwards	78,568,581.95 (H)	0.00	78,568,581.95
Approved "B" Certified Forwards	507,389.92 (H)	0.00	507,389.92
Approved "FCO" Certified Forwards	0.00 (H)	0.00	0.00
LESS: Other Accounts Payable (Nonoperatin	1,658,748.92 (I)	1,451,678.44	3,110,427.36
LESS: Deferred Inflows-Unavailable Revenu	7,218,137.11 (J)	0.00	7,218,137.11
Unreserved Fund Balance, 07/01/22	112,857,151.11 (K)	(1,451,678.44)	111,405,472.67 **

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:	2024 - 2025
Department Title:	Agency for Health Care Administration
Trust Fund Title:	Health Care Trust Fund
LAS/PBS Fund Number:	2003

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds;	113,152,669.79 (A)
GLC 539XX for proprietary and fiduciary funds	
Subtract Nonspendable Fund Balance (GLC 56XXX)	4,723.26 (B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment - DUE TO FDLE	1,445,201.50 (C)
SWFS Adjustment - DUE TO DOH	6,476.94 (C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	507,389.92 (D)
Approved FCO Certified Forward per LAS/PBS	0.00 (D)
Advances to Other Funds (25700)	15,000.00 (D)
Central/Dept FLAIR Cash Adj	0.00 (D)
A/P not C/F-Operating Categories (35300) Contracted Services	25,745.34 (D)
A/P not C/F-Operating Categories (38600) Salaries and Benefits	204,145.66 (D)
A/P not C/F-Operating Categories (35300) Expenses	1,703.50 (D)

ADJUSTED BEGINNING TRIAL BALANCE: 111,405,472.67 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 111,405,472.67 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2024 - 2025
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Health Care Trust Fund
LAS/PBS Fund Number:	Medicaid Services to Individuals (68501400)
	2003

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,367,189,925.13	(A)	0.00	1,367,189,925.13
ADD: Other Cash (See Instructions)	0.00	(B)	0.00	0.00
ADD: Investments	0.00	(C)	0.00	0.00
ADD: Outstanding Accounts Receivable	42,115,941.21	(D)	0.00	42,115,941.21
ADD: _____	0.00	(E)	0.00	0.00
Total Cash plus Accounts Receivable	1,409,305,866.34	(F)	0.00	1,409,305,866.34
LESS Allowances for Uncollectibles	0.00	(G)	0.00	0.00
LESS Approved "A" Certified Forwards	14,610,262.99	(H)	0.00	14,610,262.99
Approved "B" Certified Forwards	0.00	(H)	0.00	0.00
Approved "FCO" Certified Forwards	0.00	(H)	0.00	0.00
LESS: Other Accounts Payable (Nonoperatin	0.00	(I)	0.00	0.00
LESS: Budget Entity to Budget Entity Cash Transfer - 68501500	1,334,054,293.97	(J)	0.00	1,334,054,293.97
Unreserved Fund Balance, 07/01/23	60,641,309.38	(K)	0.00	60,641,309.38 **

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: 2024 - 2025

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	1,394,695,603.35 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	0.00 (B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment	0.00 (C)
SWFS Adjustment	0.00 (C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	0.00 (D)
Approved FCO Certified Forward per LAS/PBS	0.00 (D)
Advances to Other Funds (25700)	0.00 (D)
A/P not C/F-Operating Categories	0.00 (D)
Budget Entity to Budget Entity Cash Transfer - 68501500	1,334,054,293.97 (D)
A/P not C/F-Operating Categories (38600) Salaries and Benefits	0.00 (D)
A/P not C/F-Operating Categories (35300) Expenses	0.00 (D)
ADJUSTED BEGINNING TRIAL BALANCE:	60,641,309.38 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	60,641,309.38 (F)
DIFFERENCE:	(0.00) (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Budget Period: 2024 - 2025

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 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,273,877,886.28	(A)	0.00	1,273,877,886.28
ADD: Other Cash (See Instructions)	0.00	(B)	0.00	0.00
ADD: Investments	0.00	(C)	0.00	0.00
ADD: Outstanding Accounts Receivable	0.00	(D)	0.00	0.00
ADD: _____	0.00	(E)	0.00	0.00
Total Cash plus Accounts Receivable	1,273,877,886.28	(F)	0.00	1,273,877,886.28
LESS Allowances for Uncollectibles	0.00	(G)	0.00	0.00
LESS Approved "A" Certified Forwards	60,176,407.69	(H)	0.00	60,176,407.69
Approved "B" Certified Forwards	0.00	(H)	0.00	0.00
Approved "FCO" Certified Forwards	0.00	(H)	0.00	0.00
LESS: Other Accounts Payable (Nonoperatin	0.00	(I)	0.00	0.00
LESS: Budget Entity to Budget Entity Cash Transfer - 68501400	1,334,054,293.97	(J)	0.00	1,334,054,293.97
Unreserved Fund Balance, 07/01/23	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: 2024 - 2025

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<input type="text" value="(1,334,054,293.97)"/> (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	<input type="text" value="0.00"/> (B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment	<input type="text" value="0.00"/> (C)
SWFS Adjustment	<input type="text" value="0.00"/> (C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text" value="0.00"/> (D)
Approved FCO Certified Forward per LAS/PBS	<input type="text" value="0.00"/> (D)
Advances to Other Funds (25700)	<input type="text" value="0.00"/> (D)
A/P not C/F-Operating Categories	<input type="text" value="0.00"/> (D)
Budget Entity to Budget Entity Cash Transfer - 68501400	<input type="text" value="1,334,054,293.97"/> (D)
A/P not C/F-Operating Categories (38600) Salaries and Benefits	<input type="text" value="0.00"/> (D)
A/P not C/F-Operating Categories (35300) Expenses	<input type="text" value="0.00"/> (D)
ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="0.00"/> (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	<input type="text" value="0.00"/> (F)
DIFFERENCE:	<input type="text" value="0.00"/> (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2024 - 2025 Agency for Health Care Administration
Trust Fund Title:	Health Care Trust Fund
Budget Entity:	Health Care Regulation (68700700)
LAS/PBS Fund Number:	2003

	Balance as of 6/30/2023	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	56,160,084.85 (A)	0.00	56,160,084.85
ADD: Other Cash (See Instructions)	475,875.51 (B)	0.00	475,875.51
ADD: Investments	0.00 (C)	0.00	0.00
ADD: Outstanding Accounts Receivable	11,679,807.24 (D)	0.00	11,679,807.24
ADD: _____	0.00 (E)	0.00	0.00
Total Cash plus Accounts Receivable	68,315,767.60 (F)	0.00	68,315,767.60
LESS Allowances for Uncollectibles	2,933,738.65 (G)	0.00	2,933,738.65
LESS Approved "A" Certified Forwards	3,781,911.27 (H)	0.00	3,781,911.27
Approved "B" Certified Forwards	507,389.92 (H)	0.00	507,389.92
Approved "FCO" Certified Forwards	0.00 (H)	0.00	0.00
LESS: Other Accounts Payable (Nonoperatin	1,658,748.92 (I)	1,451,678.44	3,110,427.36
LESS: Deferred Inflows-Unavailable Revenue	7,218,137.11 (J)	0.00	7,218,137.11
Unreserved Fund Balance, 07/01/23	52,215,841.73 (K)	(1,451,678.44)	50,764,163.29 **

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: 2024 - 2025

Department Title: Agency for Health Care Administration
Trust Fund Title: Health Care Trust Fund (68700700)
LAS/PBS Fund Number: 2003

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	52,511,360.41 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	4,723.26 (B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment - DUE TO FDLE	1,445,201.50 (C)
SWFS Adjustment - DUE TO DOH	6,476.94 (C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	507,389.92 (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	0.00 (D)
A/P not C/F-Operating Categories (35300) Contracted Services	25,745.34 (D)
A/P not C/F-Operating Categories (38600) Salaries and Benefits	204,145.66 (D)
A/P not C/F-Operating Categories (35300) Expenses	1,703.50 (D)
ADJUSTED BEGINNING TRIAL BALANCE:	50,764,163.29 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	50,764,163.29 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2024 - 2025 Agency for Health Care Administration
Trust Fund Title:	Administrative Trust Fund
Budget Entity:	Departmental and Admin and Support (68200000)
LAS/PBS Fund Number:	2021

	Balance as of 6/30/2023	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,842,105.01 (A)	0.00	1,842,105.01
ADD: Other Cash (See Instructions)	170.77 (B)	0.00	170.77
ADD: Investments	0.00 (C)	0.00	0.00
ADD: Outstanding Accounts Receivable	1,386,841.64 (D)	0.00	1,386,841.64
ADD: _____	0.00 (E)	0.00	0.00
Total Cash plus Accounts Receivable	3,229,117.42 (F)	0.00	3,229,117.42
LESS Allowances for Uncollectibles	0.00 (G)	0.00	0.00
LESS Approved "A" Certified Forwards	2,154,485.66 (H)	0.00	2,154,485.66
Approved "B" Certified Forwards	271,947.24 (H)	0.00	271,947.24
Approved "FCO" Certified	0.00 (H)	0.00	0.00
LESS: Other Accounts Payable (Nonoperating)	0.00 (I)	0.00	0.00
LESS: Deferred Inflows-Unavailable	0.00 (J)	0.00	0.00
Unreserved Fund Balance, 07/01/23	802,684.52 (K)	0.00	802,684.52 **

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: 2024 - 2025

Department Title: Agency for Health Care Administration

Trust Fund Title: Administrative Trust Fund (68200000)

LAS/PBS Fund Number: 2021

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; 994,225.19 (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) 42,623.06 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :
0.00 (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS 271,947.24 (D)

Approved FCO Certified Forward per LAS/PBS 0.00 (D)

A/P not C/F-Operating Categories - Expenses (GLC35300) 24,242.69 (D)

A/P not C/F-Operating Categories - Contracted Services (GLC 35300) 19,800.74 (D)

A/P not C/F-Operating Categories - Salaries and Benefits (GLC 38600) 78,986.20 (D)

ADJUSTED BEGINNING TRIAL BALANCE: 802,684.52 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 802,684.52 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2024 - 2025
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Tobacco Settlement Trust Fund
LAS/PBS Fund Number:	Departmental and Medicaid Services to Individuals (68501400)
	2122

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	2,965,159.18	(A)	-	2,965,159.18
ADD: Other Cash (See Instructions)	-	(B)	-	-
ADD: Investments	-	(C)	-	-
ADD: Outstanding Accounts Receivable	-	(D)	-	-
ADD: _____	-	(E)	-	-
Total Cash plus Accounts Receivable	2,965,159.18	(F)	-	2,965,159.18
LESS Allowances for Uncollectibles	-	(G)	-	-
LESS Approved "A" Certified Forwards	2,965,159.18	(H)	-	2,965,159.18
Approved "B" Certified Forwards	-	(H)	-	-
Approved "FCO" Certified Forwards	-	(H)	-	-
LESS: Other Accounts Payable (Nonoperating)	-	(I)	-	-
LESS: _____	-	(J)	-	-
Unreserved Fund Balance, 07/01/23	-	(K)	-	-

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2024 - 2025

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

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

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

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description (C)

SWFS Adjustment # and Description (C)

Add/Subtract Other Adjustment(s):

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

Approved FCO Certified Forward per LAS/PBS (D)

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

(D)

(D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE: (E)

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

DIFFERENCE: (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2024 - 2025
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Quality of Long-Term Care Facility Improvement Trust Fund
LAS/PBS Fund Number:	Departmental and Health Care Regulation (68700700)
	2126

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	34,738,203.81	(A)	-	34,738,203.81
ADD: Other Cash (See Instructions)	-	(B)	-	-
ADD: Investments	-	(C)	-	-
ADD: Outstanding Accounts Receivable	-	(D)	-	-
ADD: _____	-	(E)	-	-
Total Cash plus Accounts Receivable	34,738,203.81	(F)	-	34,738,203.81
LESS Allowances for Uncollectibles	-	(G)	-	-
LESS Approved "A" Certified Forwards	2,126,820.09	(H)	-	2,126,820.09
Approved "B" Certified Forwards	17,110.67	(H)	-	17,110.67
Approved "FCO" Certified Forwards	-	(H)	-	-
LESS: Other Accounts Payable (Nonoperating)	-	(I)	-	-
LESS: _____	-	(J)	-	-
Unreserved Fund Balance, 07/01/23	32,594,273.05	(K)	-	32,594,273.05 **

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: 2024 - 2025

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; 32,611,383.72 (A)
 GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) 0.00 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description 0.00 (C)

SWFS Adjustment # and Description 0.00 (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS 17,110.67 (D)

Approved FCO Certified Forward per LAS/PBS 0.00 (D)

A/P not C/F-Operating Categories 0.00 (D)

0.00 (D)

0.00 (D)

0.00 (D)

ADJUSTED BEGINNING TRIAL BALANCE: 32,594,273.05 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 32,594,273.05 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2024 - 2025
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Grants and Donations
LAS/PBS Fund Number:	Departmental
	2339

	Balance as of 6/30/2023		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,076,436,292.35	(A)	0.00		1,076,436,292.35
ADD: Other Cash (See Instructions)	77,908,966.79	(B)	0.00		77,908,966.79
ADD: Investments	0.00	(C)	0.00		0.00
ADD: Outstanding Accounts Receivable	274,753,099.09	(D)	0.00		0.00
ADD: _____	0.00	(E)	0.00		0.00
Total Cash plus Accounts Receivable	1,429,098,358.23	(F)	0.00		1,429,098,358.23
LESS Allowances for Uncollectibles	8,318,193.60	(G)	0.00		8,318,193.60
LESS Approved "A" Certified Forwards	682,864,396.50	(H)	0.00		682,864,396.50
Approved "B" Certified Forwards	63,455.00	(H)	0.00		63,455.00
Approved "FCO" Certified Forwards	0.00	(H)	0.00		0.00
LESS: Other Accounts Payable (Deferred Inflow)	32,528,370.75	(I)	0.00		32,528,370.75
LESS: Other Accounts Payable (Nonoperating)	145,797,287.44	(I)	6,248,676.74		152,045,964.18
LESS: Deferred Inflows-Unavailable	0.00	(J)	0.00		0.00
Unreserved Fund Balance, 07/01/23	559,526,654.94	(K)	(6,248,676.74)		553,277,978.20 **

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: 2024 - 2025

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, 07/01/23

Total all GLC's 5XXXX for governmental funds; 559,741,143.60 (A)
 GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) 0.00 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment - DUE TO DOH (181012) 6,248,676.74 (C)

SWFS Adjustment # and Description 0.00 (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS 63,455.00 (D)

Approved FCO Certified Forward per LAS/PBS 0.00 (D)

Budget Entity to Budget Entity Cash Transfer 0.00 (D)

Other Loans and Notes Receivable (GLC 25400) 167,815.18 (D)

Allowance for Uncollectibles (GLC 25900) 16,781.52 (D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE: 553,277,978.20 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 553,277,978.20 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

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

Budget Period: 2024 - 2025

	Balance as of 6/30/2023	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	15,566,672.33 (A)	0.00	15,566,672.33
ADD: Other Cash (See Instructions)	0.00 (B)	0.00	0.00
ADD: Investments	0.00 (C)	0.00	0.00
ADD: Outstanding Accounts Receivable	0.00 (D)	0.00	0.00
ADD: _____	0.00 (E)	0.00	0.00
Total Cash plus Accounts Receivable	15,566,672.33 (F)	0.00	15,566,672.33
LESS Allowances for Uncollectibles	0.00 (G)	0.00	0.00
LESS Approved "A" Certified Forwards	4,889,874.75 (H)	0.00	4,889,874.75
Approved "B" Certified Forwards	63,455.00 (H)	0.00	63,455.00
Approved "FCO" Certified Forwards	0.00 (H)	0.00	0.00
LESS: Other Accounts Payable (Nonoperatin	0.00 (I)	0.00	0.00
LESS: Deferred Inflows-Unavailable Revenu	0.00 (J)	0.00	0.00
Unreserved Fund Balance, 07/01/23	10,613,342.58 (K)	0.00	10,613,342.58 **

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: 2024 - 2025

Department Title:

Agency for Health Care Administration

Trust Fund Title:

Grants and Donations Trust Fund / Children Special Health Care (68500100)

LAS/PBS Fund Number:

2339

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

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

10,676,797.58 (A)

Subtract Nonspendable Fund Balance (GLC 56XXX)

0.00 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description

0.00 (C)

SWFS Adjustment # and Description

0.00 (C)

Add/Subtract Other Adjustment(s):

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

63,455.00 (D)

Approved FCO Certified Forward per LAS/PBS

0.00 (D)

A/P not C/F-Operating Categories

0.00 (D)

ADJUSTED BEGINNING TRIAL BALANCE:

10,613,342.58 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)

10,613,342.58 (F)

DIFFERENCE:

0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2024 - 2025 Agency for Health Care Administration
Trust Fund Title:	Grants and Donations Trust Fund
Budget Entity:	Executive Direction/Support Services (68500200)
LAS/PBS Fund Number:	2339

	Balance as of 6/30/2023		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	571,672.49	(A)	0.00		571,672.49
ADD: Other Cash (See Instructions)	0.00	(B)	0.00		0.00
ADD: Investments	0.00	(C)	0.00		0.00
ADD: Outstanding Accounts Receivable	0.00	(D)	0.00		0.00
ADD: _____	0.00	(E)	0.00		0.00
Total Cash plus Accounts Receivable	571,672.49	(F)	0.00		571,672.49
LESS Allowances for Uncollectibles	0.00	(G)	0.00		0.00
LESS Approved "A" Certified Forwards	3,849,725.51	(H)	0.00		3,849,725.51
Approved "B" Certified Forwards	0.00	(H)	0.00		0.00
Approved "FCO" Certified Forwards	0.00	(H)	0.00		0.00
LESS: Other Accounts Payable (Nonoperatin	0.00	(I)	0.00		0.00
LESS: Budget Entity to Budget Entity Cash Transfer - 68501400	3,278,053.02	(J)	0.00		3,278,053.02
Unreserved Fund Balance, 07/01/23	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: 2024 - 2025

Department Title:

Agency for Health Care Administration

Trust Fund Title:

Grants and Donations Trust Fund / Executive Dir/Support Svcs (68500200)

LAS/PBS Fund Number:

2339

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

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

3,278,053.02 (A)

Subtract Nonspendable Fund Balance (GLC 56XXX)

0.00 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description

0.00 (C)

SWFS Adjustment # and Description

0.00 (C)

Add/Subtract Other Adjustment(s):

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

0.00 (D)

Approved FCO Certified Forward per LAS/PBS

0.00 (D)

A/P not C/F-Operating Categories

0.00 (D)

TRANSFER BETWEEN BE 68501400

3,278,053.02 (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: 2024 - 2025

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

	Balance as of 6/30/2023	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,044,877,527.81 (A)	0.00	1,044,877,527.81
ADD: Other Cash (See Instructions)	77,848,420.93 (B)	0.00	77,848,420.93
ADD: Investments	0.00 (C)	0.00	0.00
ADD: Outstanding Accounts Receivable	249,727,750.05 (D)	0.00	0.00
ADD: _____	0.00 (E)	0.00	0.00
Total Cash plus Accounts Receivable	1,372,453,698.79 (F)	0.00	1,372,453,698.79
LESS Allowances for Uncollectibles	1,647,960.27 (G)	0.00	1,647,960.27
LESS Approved "A" Certified Forwards	618,247,001.22 (H)	0.00	618,247,001.22
Approved "B" Certified Forwards	0.00 (H)	0.00	0.00
Approved "FCO" Certified Forwards	0.00 (H)	0.00	0.00
LESS: Other Accounts Payable (Deferred Inflow)	15,103,204.69 (I)	0.00	15,103,204.69
LESS: Other Accounts Payable (Nonoperating)	145,797,287.44 (I)	6,248,676.74	152,045,964.18
LESS: Budget Entity to Budget Entity Cash Transfer - 68501500	39,466,879.79 (J)	0.00	39,466,879.79
LESS: Budget Entity to Budget Entity Cash Transfer - 68500200	3,278,053.02 (J)	0.00	3,278,053.02
Unreserved Fund Balance, 07/01/23	548,913,312.36 (K)	(6,248,676.74)	542,664,635.62 **

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: 2024 - 2025

Department Title: Agency for Health Care Administration
Trust Fund Title: Grants and Donations Trust Fund (68501400)
LAS/PBS Fund Number: 2339

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; 591,809,278.83 (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) 0.00 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment - DUE TO DOH (181012) 6,248,676.74 (C)

SWFS Adjustment # and Description 0.00 (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS 0.00 (D)

Other Loans and Notes Receivable - Refunds 001800 (GLC 25400) 167,815.18 (D)

Allowance for Uncollectibles - Refunds 001800 (GLC 25900) 16,781.52 (D)

TRANSFER BETWEEN BE 68500200 3,278,053.02 (D)

TRANSFER BETWEEN BE 68501500 39,466,879.79 (D)

(D)

ADJUSTED BEGINNING TRIAL BALANCE: 542,664,635.62 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 542,664,635.62 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2024 - 2025
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Grants and Donations Trust Fund
LAS/PBS Fund Number:	Medicaid Long Term Care (68501500)
	2339

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	15,420,419.72	(A)	0.00	15,420,419.72
ADD: Other Cash (See Instructions)	60,545.86	(B)	0.00	60,545.86
ADD: Investments	0.00	(C)	0.00	0.00
ADD: Outstanding Accounts Receivable	25,025,349.04	(D)	0.00	25,025,349.04
ADD: _____	0.00	(E)	0.00	0.00
Total Cash plus Accounts Receivable	40,506,314.62	(F)	0.00	40,506,314.62
LESS Allowances for Uncollectibles	6,670,233.33	(G)	0.00	6,670,233.33
LESS Approved "A" Certified Forwards	55,877,795.02	(H)	0.00	55,877,795.02
Approved "B" Certified Forwards	0.00	(H)	0.00	0.00
Approved "FCO" Certified Forwards	0.00	(H)	0.00	0.00
LESS: Other Accounts Payable (Deferred Inflow)	17,425,166.06	(I)	0.00	17,425,166.06
LESS: Other Accounts Payable (Nonoperating)	0.00	(I)	0.00	0.00
LESS: Budget Entity to Budget Entity Cash Transfer - 68501400	39,466,879.79	(J)	0.00	39,466,879.79
Unreserved Fund Balance, 07/01/23	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: 2024 - 2025

Department Title:

Agency for Health Care Administration

Trust Fund Title:

Grants and Donations Trust Fund / Medicaid Long Term Care (68501500)

LAS/PBS Fund Number:

2339

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

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

39,466,879.79 (A)

Subtract Nonspendable Fund Balance (GLC 56XXX)

0.00 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description

0.00 (C)

SWFS Adjustment # and Description

0.00 (C)

Add/Subtract Other Adjustment(s):

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

0.00 (D)

Approved FCO Certified Forward per LAS/PBS

0.00 (D)

Budget Entity to Budget Entity Cash Transfer 68501400

39,466,879.79 (D)

0.00 (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: 2024 - 2025

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

	Balance as of 6/30/2023	SWFS** Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,061,811,137.69 (A)	0.00	1,061,811,137.69
ADD: Other Cash (See Instructions)	250,660.99 (B)	0.00	250,660.99
ADD: Investments	5,067,538.64 (C)	0.00	5,067,538.64
ADD: Outstanding Accounts Receivable	1,469,713,638.51 (D)	0.00	1,469,713,638.51
ADD: _____	0.00 (E)	0.00	0.00
Total Cash plus Accounts Receivable	2,536,842,975.83 (F)	0.00	2,536,842,975.83
LESS: Allowances for Uncollectibles	11,829,943.02 (G)	0.00	11,829,943.02
LESS: Approved "A" Certified Forwards	2,005,612,901.00 (H)	0.00	2,005,612,901.00
Approved "B" Certified Forwards	3,386,516.91 (H)	0.00	3,386,516.91
Approved "FCO" Certified Forwards	0.00 (H)	0.00	0.00
LESS: Other Accounts Payable (Nonoperating)	41,550,791.41 (I)	0.00	41,550,791.41
LESS: Deferred Inflows-Unavailable Revenue	471,592,665.26 (J)	0.00	471,592,665.26 **
Unreserved Fund Balance, 07/01/23	2,870,158.23 (K)	0.00	2,870,158.23

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: 2024 - 2025

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, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	2,727.63 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	2,128.08 (B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	0.00 (C)
SWFS Adjustment # and Description	0.00 (C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	3,386,516.91 (D)
Approved FCO Certified Forward per LAS/PBS	0.00 (D)
A/P not C/F-Operating Categories (GLC 31100)	8,204,329.35 (D)
A/P not C/F-Operating Categories - Salaries and Benefits (GLC 38600)	186,885.42 (D)
A/P not C/F-Operating Categories - Expenses (GLC 35300)	217.38 (D)
A/P not C/F-Operating Categories - Contracted Services (GLC 35300)	4,829.30 (D)
A/P not C/F-Operating Categories - Cont Nrsng Home Aud (GLC 31100)	28,258.74 (D)
A/P not C/F-Operating Categories - Prepaid Health (GLC 31500)	1,588,163.68 (D)
Other Loans and Notes Receivable - Refunds (GLC 25400)	644,756.58 (D)
Allowance for Uncollectibles - Refunds (GLC 25900)	64,475.66 (D)
ADJUSTED BEGINNING TRIAL BALANCE:	2,870,158.23 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	2,870,158.23 (F)
DIFFERENCE:	0.00 (G)*

*SHOULD EQUAL ZERO.

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2024 - 2025
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Medical Care Trust Fund
LAS/PBS Fund Number:	Children Special Health Care (68500100)
	2474

	Balance as of 6/30/2023		SWFS* Adjustments		Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	345,603,377.98	(A)	0.00		345,603,377.98
ADD: Other Cash (See Instructions)	0.00	(B)	0.00		0.00
ADD: Investments	0.00	(C)	0.00		0.00
ADD: Outstanding Accounts Receivable	0.00	(D)	0.00		0.00
ADD: _____	0.00	(E)	0.00		0.00
Total Cash plus Accounts Receivable	345,603,377.98	(F)	0.00		345,603,377.98
LESS Allowances for Uncollectibles	0.00	(G)	0.00		0.00
LESS Approved "A" Certified Forwards	683,747.20	(H)	0.00		683,747.20
Approved "B" Certified Forwards	0.00	(H)	0.00		0.00
Approved "FCO" Certified Forwards	0.00	(H)	0.00		0.00
LESS: Other Accounts Payable (Nonoperatin	264,774.67	(I)	0.00		264,774.67
LESS: BE Cash Transfer to 68501400	331,094,223.50	(I)	0.00		331,094,223.50
LESS: BE Cash Transfer to 68501500	10,690,474.38	(I)	0.00		10,690,474.38
LESS: Deferred Inflows-Unavailable Revenue	0.00	(J)	0.00		0.00
Unreserved Fund Balance, 07/01/23	2,870,158.23	(K)	0.00		2,870,158.23 **

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: 2024 - 2025

Department Title: Agency for Health Care Administration
Trust Fund Title: Medical Care Trust Fund (68500100)
LAS/PBS Fund Number: 2474

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; 344,654,856.11 (A)
 GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) 0.00 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description 0.00 (C)

SWFS Adjustment # and Description 0.00 (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS 0.00 (D)

Approved FCO Certified Forward per LAS/PBS 0.00 (D)

A/P not C/F-Operating Categories 0.00 (D)

BE Cash Transfer to 68501400 331,094,223.50 (D)

BE Cash Transfer to 68501500 10,690,474.38 (D)

ADJUSTED BEGINNING TRIAL BALANCE: 2,870,158.23 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 2,870,158.23 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

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 6/30/2023	SWFS*	Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	270,609,913.94 (A)	0.00	0.00	270,609,913.94
ADD: Other Cash (See Instructions)	250.00 (B)	0.00	0.00	250.00
ADD: Investments	0.00 (C)	0.00	0.00	0.00
ADD: Outstanding Accounts Receivable	842,092,419.78 (D)	0.00	0.00	842,092,419.78
ADD:	0.00 (E)	854,566.86	854,566.86	854,566.86
Total Cash plus Accounts Receivable	1,112,702,583.72 (F)	854,566.86	854,566.86	1,113,557,150.58
LESS Allowances for Uncollectibles	0.00 (G)	0.00	0.00	0.00
LESS Approved "A" Certified Forwards	35,345,515.91 (H)	0.00	0.00	35,345,515.91
Approved "B" Certified Forwards	3,386,516.91 (H)	0.00	0.00	3,386,516.91
Approved "FCO" Certified Forwards	0.00 (H)	0.00	0.00	0.00
LESS: Other Accounts Payable (Nonoperatin	41,269,153.65 (I)	0.00	0.00	41,269,153.65
LESS: BE Cash Transer to 68501500	1,032,701,397.25 (J)	854,566.86	854,566.86	1,033,555,964.11
Unreserved Fund Balance, 07/01/23	0.00 (K)	0.00	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: 2024 - 2025

Department Title: Agency for Health Care Administration
Trust Fund Title: Medical Care Trust Fund (68500200)
LAS/PBS Fund Number: 2474

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	1,035,867,723.32 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	0.00 (B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment Due from Federal Government	405,677.21 (C)
SWFS Adjustment Due to DOH	405,677.21 (C)
SWFS Adjustment Due from Federal Government	448,889.65 (C)
SWFS Adjustment Due to DOH	448,889.65 (C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	3,386,516.91 (D)
Approved FCO Certified Forward per LAS/PBS	0.00 (D)
A/P not C/F-Operating Categories - Salaries and Benefits (GLC 38600)	186,885.42 (D)
A/P not C/F-Operating Categories - Expenses (GLC 35300)	217.38 (D)
A/P not C/F-Operating Categories - Contracted Services (GLC 35300)	4,829.30 (D)
A/P not C/F-Operating Categories - Cont Nrsng Home Aud (GLC 31100)	28,258.74 (D)
BE Cash Transfer to 68501500	1,032,701,397.25 (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

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

	Balance as of 6/30/2023	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	720,348,931.90 (A)	0.00	720,348,931.90
ADD: Other Cash (See Instructions)	250,410.99 (B)	0.00	250,410.99
ADD: Investments	5,067,538.64 (C)	0.00	5,067,538.64
ADD: Outstanding Accounts Receivable	587,640,947.75 (D)	0.00	587,640,947.75
ADD: _____	0.00 (E)	36,769,082.78	36,769,082.78
Total Cash plus Accounts Receivable	1,313,307,829.28 (F)	36,769,082.78	1,350,076,912.06
LESS Allowances for Uncollectibles	11,829,943.02 (G)	0.00	11,829,943.02
LESS Approved "A" Certified Forwards	1,156,563,005.51 (H)	0.00	1,156,563,005.51
Approved "B" Certified Forwards	0.00 (H)	0.00	0.00
Approved "FCO" Certified Forwards	0.00 (H)	0.00	0.00
LESS: Other Accounts Payable (Nonoperatin	16,863.09 (I)	0.00	16,863.09
LESS: BE Cash Transfer from 68500100	(331,094,223.50) (I)	0.00	(331,094,223.50)
LESS: BE Cash Transfer to 68501500	4,399,575.90 (I)	0.00	4,399,575.90
LESS: Deferred Inflows-Unavailable Revenu	471,592,665.26 (J)	36,769,082.78	508,361,748.04
Unreserved Fund Balance, 07/01/23	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: 2024 - 2025

Department Title: Agency for Health Care Administration
Trust Fund Title: Medical Care Trust Fund (68501400)
LAS/PBS Fund Number: 2474

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	332,728,404.27 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	2,128.08 (B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :	
SWFS Adjustment Due from Federal Government	22,196,775.12 (C)
SWFS Adjustment DOH Payable	22,196,775.12 (C)
SWFS Adjustment DCF Payable	2,942,081.00 (C)
SWFS Adjustment DCF Payable	2,942,081.00 (C)
SWFS Adjustment Due from Federal Government	11,630,226.66 (C)
SWFS Adjustment DOH Payable	11,630,226.66 (C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	0.00 (D)
A/P not C/F-Operating Categories (GLC 31100)	8,204,329.35 (D)
Other Loans and Notes Receivable - Refunds (GLC 25400)	644,756.58 (D)
Allowance for Uncollectibles - Refunds (GLC 25900)	64,475.66 (D)
A/P not C/F-Operating Categories - Prepaid Health Plans (GLC 31500)	1,588,163.68 (D)
BE Cash Transfer from 68500100	331,094,223.50 (D)
BE Cash Transfer to 68501500	4,399,575.90 (D)
ADJUSTED BEGINNING TRIAL BALANCE:	(0.00) (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	(0.00) (F)
DIFFERENCE:	- (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

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 6/30/2023	SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(274,751,086.13) (A)	0.00	(274,751,086.13)
ADD: Other Cash (See Instructions)	0.00 (B)	0.00	0.00
ADD: Investments	0.00 (C)	0.00	0.00
ADD: Outstanding Accounts Receivable	39,980,270.98 (D)	0.00	39,980,270.98
ADD: _____	0.00 (E)	0.00	0.00
Total Cash plus Accounts Receivable	(234,770,815.15) (F)	0.00	(234,770,815.15)
LESS Allowances for Uncollectibles	0.00 (G)	0.00	0.00
LESS Approved "A" Certified Forwards	813,020,632.38 (H)	0.00	813,020,632.38
Approved "B" Certified Forwards	0.00 (H)	0.00	0.00
Approved "FCO" Certified Forwards	0.00 (H)	0.00	0.00
LESS: Other Accounts Payable (Nonoperatin	0.00 (I)	0.00	0.00
LESS: Other	0.00 (I)	0.00	0.00
LESS: BE Cash Transfer from 68500100	(10,690,474.38) (J)	0.00	(10,690,474.38)
LESS: BE Cash Transfer from 68500200	(1,032,701,397.25) (J)	0.00	(1,032,701,397.25)
LESS: BE Cash Transfer from 68501400	(4,399,575.90) (J)	0.00	(4,399,575.90)
Unreserved Fund Balance, 07/01/23	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: 2024 - 2025

Department Title: Agency for Health Care Administration
Trust Fund Title: Medical Care Trust Fund (68501500)
LAS/PBS Fund Number: 2474

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; 1,047,791,447.53 (A)
 GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) 0.00 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description 0.00 (C)

SWFS Adjustment # and Description 0.00 (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS 0.00 (D)

0.00 (D)

BE Cash Transfer from 68500100 10,690,474.38 (D)

BE Cash Transfer from 68500200 1,032,701,397.25 (D)

BE Cash Transfer from 69501400 4,399,575.90 (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

Department Title:	Budget Period: 2024 - 2025
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Public Medical Assistance Trust Fund
LAS/PBS Fund Number:	Departmental and Medicaid Services to Individuals (68501400)
	2565

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	181,903,301.81	(A)	-	181,903,301.81
ADD: Other Cash (See Instructions)	15,688,931.00	(B)	-	15,688,931.00
ADD: Investments	-	(C)	-	-
ADD: Outstanding Accounts Receivable	105,291,913.00	(D)	-	105,291,913.00
ADD: _____	-	(E)	-	-
Total Cash plus Accounts Receivable	302,884,145.81	(F)	-	302,884,145.81
LESS Allowances for Uncollectibles	36,485,103.59	(G)	-	36,485,103.59
LESS Approved "A" Certified Forwards	-	(H)	-	-
Approved "B" Certified Forwards	-	(H)	-	-
Approved "FCO" Certified Forwards	-	(H)	-	-
LESS: Other Accounts Payable (Nonoperating)	-	(I)	-	-
LESS: Deferred Inflows - Unavailable Revenue	64,009,140.00	(J)	-	64,009,140.00
Unreserved Fund Balance, 07/01/23	202,389,902.22	(K)	-	202,389,902.22 **

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: 2024 - 2025

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/23

Total all GLC's 5XXXX for governmental funds; 202,389,902.22 (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) 0.00 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description 0.00 (C)

SWFS Adjustment # and Description 0.00 (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS 0.00 (D)

Approved FCO Certified Forward per LAS/PBS 0.00 (D)

A/P not C/F-Operating Categories 0.00 (D)

0.00 (D)

0.00 (D)

0.00 (D)

ADJUSTED BEGINNING TRIAL BALANCE: 202,389,902.22 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 202,389,902.22 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2024 - 2025
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Refugee Assistance Trust Fund
LAS/PBS Fund Number:	Departmental and Medicaid Services to Individuals (68501400)
	2579

	Balance as of 6/30/2023		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	20,177,721.57	(A)	-	20,177,721.57
ADD: Other Cash (See Instructions)	-	(B)	-	-
ADD: Investments	-	(C)	-	-
ADD: Outstanding Accounts Receivable	49,601,233.11	(D)	-	49,601,233.11
ADD: _____	-	(E)	-	-
Total Cash plus Accounts Receivable	69,778,954.68	(F)	-	69,778,954.68
LESS Allowances for Uncollectibles	-	(G)	-	-
LESS Approved "A" Certified Forwards	8,186,476.39	(H)	-	8,186,476.39
Approved "B" Certified Forwards	-	(H)	-	-
Approved "FCO" Certified Forwards	-	(H)	-	-
LESS: Other Accounts Payable (Nonoperating)	-	(I)	-	-
LESS: _____	-	(J)	-	-
Unreserved Fund Balance, 07/01/23	61,592,478.29	(K)	-	61,592,478.29 **

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: 2024 - 2025

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, 07/01/23

Total all GLC's 5XXXX for governmental funds; 61,592,478.29 (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) 0.00 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # and Description 0.00 (C)

SWFS Adjustment # and Description 0.00 (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS 0.00 (D)

Approved FCO Certified Forward per LAS/PBS 0.00 (D)

A/P not C/F-Operating Categories 0.00 (D)

0.00 (D)

0.00 (D)

0.00 (D)

ADJUSTED BEGINNING TRIAL BALANCE: 61,592,478.29 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 61,592,478.29 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

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

For Fiscal Year 2024-2025



SEPTEMBER 15, 2023

AGENCY FOR HEALTH CARE ADMINISTRATION

Revision History

Date	Version	Description	Author(s)
9/6/2023	Draft 001	Draft State Fiscal Year (SFY) 2024-2025 Schedule IV-B	Suzanne Stacknik, SEAS Vendor
9/12/2023	Final	Final SFY 2024-2025 Schedule IV-B	Suzanne Stacknik, SEAS Vendor





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

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FX 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: 09/12/2023
Project Name: Florida Health Care Connections (FX)	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2024-2025 LBR Issue Code:	FY 2024-2025 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:  _____	Date: 9/14/2023 _____
Printed Name: Jason Weida, Secretary	
Agency Chief Information Officer (or equivalent):  _____ Delegate for Scott Ward	Date: 9/13/2023 _____
Printed Name: Scott Ward, Chief Information Officer	
Budget Officer:  _____	Date: 9/13/2023 _____
Printed Name: La-Shonna Austin, Budget Administrator	
Planning Officer:  _____	Date: 9/13/2023 _____
Printed Name: Angela McKenny, Office of Florida Health Connections	

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

Project Sponsor: <u>Tom Walker</u>		Date: <u>9/14/2023</u>
Printed Name: Tom Wallace, Deputy Secretary for Health Care Finance and Data		
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	

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

Florida Health Care Connections (FX) is a multi-year program to modernize Medicaid technology using a modular approach to improve overall Agency functionality and build better connections to other data sources and programs. The components of FX will replace the current functions of the Florida Medicaid Management Information System (FMMIS), Decision Support System (DSS), and other Medicaid Enterprise Systems (MES). Ultimately, the systems will transition to an interoperable and unified FX where individual processes, modules, and sub-systems work together to support Florida Medicaid.

FX projects adhere to the Centers for Medicare and Medicaid Services (CMS) standards and conditions and are funded with enhanced Federal Financial Participation (FFP). FX projects are funded with 90% FFP during planning, design, development, and implementation phases, and 75% FFP during operations.

The FX vision and guiding principles were described in detail in the Agency’s prior State Fiscal Year (SFY) Schedule IV-B, which may be accessed on the [Florida Fiscal Portal](#). Exhibit 1 highlights the strategic priorities for the FX Program.

STRATEGIC PRIORITIES

- **Unify communications and business operations** through a Unified Operations Center
- **Reduce risk of integration and cost** to fiscal agent by prioritizing contract resolution
- **Provider Experience:** Streamline credentialing, improve provider data, and overall experience
- Prioritize ability to have **high-quality, accessible data**, analytics, and reporting
- Prioritize **interoperability opportunities** between agencies and within the Agency



Exhibit 1: FX Program Strategic Priorities

The Agency will address the business needs of the FX Program in SFY 2024-2025 by completing projects in progress and planned for the year. The Agency will continue operating requirements in the Phase 1: Professional Services contracts, operating the services in Phase 2: FX Infrastructure, completing any outstanding procurement activities and operating the services in the Phase 3: FX Modules to further the FMMIS/DSS/Fiscal Agent Contract Resolution, and will begin planning for Phase 4: Additional Medicaid Enterprise Systems.

For reference, the FX Program is organized into four phases as shown below.

#	Phase	Component/Module
1	Professional Ongoing Services	<ul style="list-style-type: none"> • Strategic Enterprise Advisory Services (SEAS) • Independent Verification and Validation (IV&V) Services
2	FX Infrastructure	<ul style="list-style-type: none"> • Integration Services and Integration Platform (IS/IP) • Enterprise Data Warehouse (EDW)

3	FX Modules to further the FMMIS/DSS/Fiscal Agent Contract Resolution	<ul style="list-style-type: none"> • Unified Operations Center (UOC) • Core (Claims / Encounter / Financial / Reference Management / Recipient Data /Necessary TPL Data) • Provider Services Module (PSM) • Pharmacy Benefits Management (PBM) and Pharmacy Services
4	Additional Medicaid Enterprise Systems	<ul style="list-style-type: none"> • Planning, analysis, and procurement for modules not included in the Fiscal Agent contract, to upgrade, modernize, and replace the functions performed by existing systems within the Medicaid Enterprise

Exhibit 2: FX Phases

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

The FX Vision, guiding principles, and strategic priorities align to the Agency’s [Fiscal Years 2023-2024 through 2027-2028 Long Range Program Plan](#).

The Agency’s Mission is Better Health Care for all Floridians. The Agency goals and objectives include:

- Goal 1: To operate an efficient and effective government.
- Goal 2: To reduce and/or eliminate waste, fraud, and abuse.
- Goal 3: 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.

The Agency’s FX Vision is to “Transform the Medicaid Enterprise to provide the greatest quality, the best experience, and the highest value in health care.” The FX Guiding Principles, identified in the chart below, must be adhered to if the FX Vision is to be achieved.



Exhibit 3: FX Guiding Principles

The FX Guiding Principles also support CMS’ Medicaid Information Technology Architecture (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 FX Strategic Priorities were provided above in Exhibit 1.

B. State of the Program

1. FX Strategy

The [FX Strategic Plan](#) lays the groundwork for a focused transformation guided by CMS standards and conditions and the Agency’s guiding principles to improve service and outcomes. The strategic plan is a living document that is refreshed as needed over the course of the FX program. This allows the Agency to take advantage of new innovations as they became commercially available and to include this new knowledge in the FX Program as it evolves, while maintaining the long-term FX Vision. The FX Strategic Plan was updated in 2022, and finalized in early 2023. The Agency continues to advance the FX

Transformation, focusing on the strategic priorities defined in the FX Strategic Plan. The Agency’s progress on the FX strategic priorities is described below in Exhibit 4.

2020 Strategic Priorities	2022 Progress to Date
Unify communications and business operations through a Unified Operations Center (UOC)	<ul style="list-style-type: none"> ✓ Executed UOC contract with Automated Health Systems 10/2022. DDI in progress. Solution centralizes Recipient and Provider customer service and enterprise business support services
Reduce risk of integration and cost to fiscal agent by accelerating contract resolution	<ul style="list-style-type: none"> ✓ Prioritized LBR to focus only on Phase 3 (FMMIS resolution) activities. FX Strategic Roadmap revised accordingly ✓ Established FX integration platform (IS/IP); Interface design and Module Integration planning and design in progress. ✓ EDW solution DDI in progress ✓ Core contract executed 12/2022. Option to include PBM and ability to absorb FMMIS Core functions not transitioned by 2025 ✓ PSM module procurement in process (intent to award expected 2/2023) ✓ UOC contract awarded 10/2022. DDI in progress
Provider Experience- Streamline credentialing, improve provider data, and overall experience	<ul style="list-style-type: none"> ✓ PSM module solution procurement in process. Solution to include streamlined credentialing, enhanced data access, and improved provider experience
Prioritize ability to have high-quality, accessible data, analytics, and reporting	<ul style="list-style-type: none"> ✓ EDW module solution DDI in process. ✓ Established and initiated a module integration plan that prioritizes data quality, accessibility, real-time analytics and reporting capabilities
Prioritize interoperability opportunities between agencies and within the Agency	<ul style="list-style-type: none"> ✓ Initiated the CMS Interoperability (CMSI) Patient Access Rule Planning Project (CPAR) to produce the patient access and provider directory functions required by rule CMS-9115-F. Involves Agency partners, IS/IP and EDW vendors.

Exhibit 4: Progress on FX Strategic Priorities

2. FX Governance and Executive Steering Committee (ESC)

The FX Governance and Executive Steering Committee (ESC) provides the structure and processes to facilitate the decision-making required for planning, procuring, and implementing FX solutions. A regular, cross-vendor program governance group provides FX stakeholders the opportunity to resolve escalated and priority issues, and strategize, plan, coordinate, and discuss projects, architectural considerations, dependencies, impacts, and legacy system resolutions.

The FX Governance and ESC are documented in the [FX Governance Plan](#). The FX Governance structure has since been refined to better support the governance needs of a maturing multi-vendor implementation program. The FX Governance framework is divided into three discrete tiers.

Tier 1 is the FX Program Execution level and includes chartered FX projects, and the FX Domains, as follows: FX Enterprise Program Management Office, Architecture Review Board, and Transformation Enablement.

- a. The FX Enterprise Program Management Office provides project management standards, project delivery assurance, program and portfolio management, and reporting. The team is responsible for facilitating successful program and project delivery by enforcing, and mentoring teams on, the application of FX Program and project management standards; administering SharePoint for the FX HUB and the Project Web App instance that houses the FX schedules and the change, risk, action item, decisions, and lessons learned log; portfolio management, budget, and resource and capacity management; and compliance and administration including vendor management, deliverable review management, and program accountability.
- b. The FX Architecture Review Board (ARB) serves as a single team of senior architects from the Agency, contracted staff, SEAS, EDW, IS/IP, and FX module vendors. The ARB provides architectural perspectives and deep technical subject matter expertise on architectural issues related to information, integration, application, technology, and security. The ARB ensures technology alignment with business strategy and conformance to all business, information, and technology architectures by monitoring FX vendors’ adherence to the FX technology standards. Architectural designs for components of systems that will become an integrated part of FX must conform to the

program architecture to ensure that all components and technology decisions will lead to highly interoperable systems, components, information, and capabilities.

- c. The FX Transformation Enablement is responsible for organizational change management, program communications, business architecture, and certification. The team provides oversight of and coordination with vendor modules.

Tier 2 is the FX Program Strategy level and is solely comprised of a cross-vendor FX Program Governance Group (PGG), led by the FX Deputy Executive Sponsor, or the FX Director as the designee. The FX PGG is the primary decision-making body for escalating decisions and needs across FX. The FX PGG provides strategic leadership and has decision authority over high priority and high impact items. They maintain an enterprise-level view of FX and Agency priorities, overall Agency business needs, and ensure strategic alignment between vendors, project, program, and IT priorities.

Tier 3 is the Executive Oversight level and includes either the Agency Secretary or designee, or the FX ESC. The FX ESC is comprised of seven representatives from the Agency, the State Chief Information Officer or designee, 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, and Florida Healthy Kids Corporation. The FX ESC is responsible for (1) identifying and recommending to the Executive Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives any statutory changes needed to implement the modular replacement; (2) reviewing and approving any changes to the project’s scope, schedule, and budget; (3) ensuring that adequate resources are provided throughout all phases of the project; (4) approving all major project deliverables; and (5) reviewing and verifying all solicitation-related documents associated with FX.

The three-tiered FX Governance framework is illustrated below in Exhibit 5.

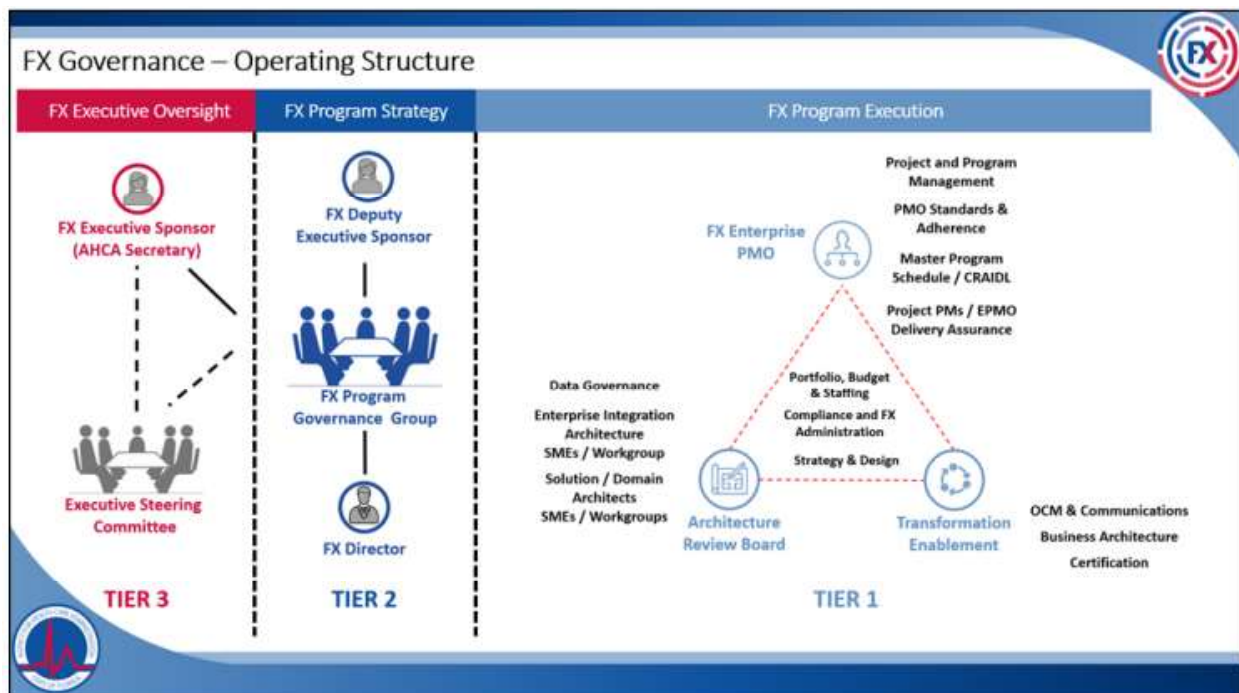


Exhibit 5: FX Governance Operating Structure

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

- a. Project-Based Governance Needs – occurs when a project decision need is defined within a project and by one or more of the FX Domains, and recommendations have been developed.
- b. Program Governance Needs, New Work/Projects, and Other Domain Decisions – occurs when a decision is needed related to a new FX Project, new work, or to an FX standard or strategy. These decisions may also include project changes proposed for existing resources/contracts, or other new work/projects that have a potential impact for the FX Program, which flow through the FX Portfolio process before escalating.

The FX Governance framework supports each phase of the of the FX Program. Each of the phases of the FX Program, illustrated above in Exhibit 2, includes modules with specific objectives tied to business benefits of a more technologically advanced solution to support improved health care. The progress and status of each phase are described in more detail in the sections below.

3. Phase 1: Professional Services

In Phase 1, the Agency procured a Strategic Enterprise Advisory Services (SEAS) Vendor and an Independent Verification and Validation (IV&V) Vendor. Although the procurement activities of Phase 1 are completed, the professional services provided through these contracts will continue for this SFY and beyond.

a. Strategic Enterprise Advisory Services (SEAS)

Contract no. MED191 with The North Highland Company was renewed through April 3, 2027, by Amendment 10. Refer to the [Florida Accountability Contract Tracking System \(FACTS\)](#) for contract details.

The SEAS Vendor provides strategic, programmatic, and technical advisory services to the Agency and is considered an extension of the Agency in the management and oversight of the FX Program and portfolio. The SEAS Vendor operates the FX Enterprise Program Management Office and maintains FX standards and plans to promote consistency across FX’s many vendors and projects. Operating the FX Enterprise Program Management Office entails providing oversight for the Master Program Schedule, facilitating portfolio management, managing the program-level FX Program Change, Risks, Action Items, Issues, Decisions, and Lessons Learned entries, performing monthly reporting, and providing budget forecasting support. The SEAS Vendor brings the relevant experience to guide the Agency toward meeting program objectives. The [SEAS Task Orders](#) provide a description of tasks and activities provided by the SEAS Vendor to support the FX project.

b. Independent Verification and Validation (IV&V)

[Purchase Order](#) with NTT Data renewed through July 31, 2024.

The IV&V Vendor provides a rigorous independent evaluation and review that evaluates adherence to the standards, correctness, and quality of FX Program and projects’ solutions to help the Agency ensure that projects are being developed and managed in accordance with Federal, State, and Agency requirements. IV&V services are recommended by federal regulation [45 CFR 95.626](#) to represent the interests of the Centers for Medicare and Medicaid Services and required pursuant to the Florida Information Technology Project Management and Oversight Standards in Rules [60GG-1.001 through 60GG-1.009](#), Florida Administrative Code. IV&V deliverables and scope of work for SFY 2023-2024 are described in the [IV&V Task Order SFY 2023-2024](#).

4. Phase 2 – FX Infrastructure

Phase 2 established the initial infrastructure to ensure standards of reuse and interoperability throughout FX with two foundational platforms. These foundational platforms are an Integration Services and Integration Platform (IS/IP) and an Enterprise Data Warehouse (EDW). During this phase the Fiscal

Agent contract was extended by contract amendment to ensure the continued fiscal agent services throughout the transition.

a. Integration Services and Integration Platform (IS/IP)

Contract no. MED205 with Accenture was renewed through October 31, 2025, by Amendment 4. Refer to [FACTS](#) for contract details.

The Integration Platform serves as the centralized communication hub for all FX module communications. The IS/IP Vendor is responsible for the Operations and Maintenance (O&M) of the Integration Platform. The ongoing O&M of the Integration Platform is paid at a monthly fixed price and includes upgrading and maintaining software to the most recent versions, performing critical patch updates to systems, implementing new configuration settings and service modifications, maintaining audit logs, programs, and documentation, performing activities necessary to meet performance requirements, and performing annual disaster recovery activities. O&M also includes maintenance of the FX Enterprise Application Lifecycle (ALM) Management suite of tools and administration activities, such as providing access and creating new projects.

The IS/IP Vendor provides a Base Integration Services Team responsible for planning, scheduling, testing, and validating connections to the platform for FX vendors to enable interoperability across the FX modules, as well as other enterprise systems. This team provides prioritized integration services focused on meeting the Agency's needs for interoperability, enterprise integration, and technical coordination of module component implementations for FX, including the integration of health care data from modules, as well as other enterprise system health care programs.

As a part of module integration activities, the IS/IP Vendor is working with partner State of Florida agencies to analyze and classify existing FMMIS interfaces and develop approaches for modernizing the interfaces with automation, improved data quality, and modern technology. Serving as the system integrator requires consistent cross-vendor coordination and communication with FX vendors and the Agency. The IS/IP Vendor has also been tasked with facilitating the transition from the legacy FMMIS to FX modules.

To accommodate the coordination, the Agency procured and maintains a cloud interconnection network, called FXNet to support interconnectivity between the FMMIS, IS/IP, and FX modules. FXNet allows access to FX solutions via the internet, which enables work to be done via disaster recovery periods, allows multi-factor authorization for external users and internal federated users who are logging in from a new location, and provides security information and event management.

The IS/IP Vendor leads module integration projects and manages the FX Integrated Master Project Schedule that includes the necessary module integration tasks and FMMIS transition tasks required for the implementation of the FX Program. The FX Integrated Master Project Schedule includes dependencies from FX module vendor DDI schedules to verify tasks are in sync.

The Agency works with the IS/IP Vendor through [Task Orders](#) for planning, design, development, and implementation activities with specific deliverables and milestones. [IS/IP Task Order 0008](#) is currently in progress for Module Integration (MI) for the Unified Operations Center (UOC) and Core Systems (Core) modules. The scope of this task order includes the design and development phase for UOC MI and the initiation and planning phase for the Core MI. [IS/IP Task Order 0009](#) was executed on June 27, 2023. This task order will document the Core MI requirements. The UOC and Core modules are described in more detail below. Subsequent task orders will address the remaining software development lifecycle phases to complete MI for UOC and Core.

The Agency executed [IS/IP Task Order 0011](#) on September 1, 2023. (Refer to section B.5.f. Testing Center of Excellence, below, for a discussion regarding IS/IP Task Order 0010.) Task order 0011 requires the IS/IP Vendor to manage the Role-Based Access Control process for each release of the

FX Program modules across module vendors, and define and implement the FX Disaster Recovery process across FX modules.

All task orders are reviewed by the IV&V Vendor prior to execution.

b. Enterprise Data Warehouse (EDW)

Contract no. EXD091 with Deloitte Consulting is effective through December 2027. Refer to [FACTS](#) for contract details.

The Agency procured and is in the process of implementing an EDW solution, operational services, and analytical capabilities to meet the Agency's data requirements. The enterprise data service and analytical capabilities of the EDW solution will allow the Agency to conduct complex analyses of program data for many aspects of Medicaid. The EDW solution is comprised of the Operational Data Store (ODS) and the Enterprise Analytic Data Store (EADS) which includes Persona Optimized Analytics and Reporting and Specialized Data Stores. The ODS functions as the single source of truth for all healthcare related data retained and utilized for the FX Enterprise. The ODS centralizes the online transaction processing database of the Medicaid enterprise into a single repository. The EDW Vendor provides professional services for ongoing maintenance, upgrades, and operational support for the ODS, supports future system use of the ODS and ODS data services, and provides data conversion and migration support to modernize existing systems to use ODS data services.

The EDW Vendor will implement the infrastructure, hosting, and software to meet the analytic processing needs of Agency business units. Solution components include a Reporting Data Store (RDS) optimized to provide operational reporting, dashboards, and ad hoc queries, an Analytic Data Store (ADS) optimized to provide analytics, reporting, dashboards, and ad hoc queries, Data Marts optimized for specific business units or types of analysis, Specialized Data Stores (SDS) optimized to produce data structures and data stores to meet specialized needs of the Agency, and the Persona Optimized Analytics and Reporting (POAR) capabilities. The RDS, ADS, Data marts, and SDS will provide rapid and timely access to high quality data captured from the ODS. The POAR component will provide a unified set of tools intended to create consistent analytical, modeling, and reporting processes thereby increasing confidence in the reports and models produced by and for the Agency.

The Agency and EDW Vendor successfully launched the ODS and it is a fully operational component of the EDW. The ODS replicates data from the legacy FMMIS in real-time or near real-time then transforms the information into the modernized data model and structures to serve the FX enterprise. The replication and associated supplemental logging processes are limited to the available processing capacity within the legacy system, which may vary due to various factors such as an approximate 50% increase in recipient enrollment and service utilization during the national Public Health Emergency (PHE) as well as current activities associated with the unwinding of the PHE. Additionally, legacy FMMIS is currently undergoing a necessary upgrade of its operating system, which will require the EDW to limit replication sessions for a period of time during the transition and implementation.

The Agency identified a need to extend the design, development, and implementation stage of the EADS to allow more time to prepare the Operational Readiness Review for CMS certification, perform activities to ensure user adoption, complete the DSS transition gap analysis, and to test and implement incremental application capabilities. This stabilization period will result in multiple, iterative releases of the EADS. The Agency and the EDW Vendor conducted an impact assessment for the schedule change, and a contract amendment is in process. The Agency will continue to use the legacy Decision Support System (DSS) until EADS go-live.

The Agency works with the EDW Vendor through Task Orders for planning, design, development, and implementation activities with specific deliverables and milestones. [EDW Task Order 0005](#) is in progress for the EDW Vendor to provide initiation, planning, requirements, and design for Module Integration (MI) with the UOC module. [EDW Task Order 0007](#) addresses development, testing, implementation, and post implementation for UOC MI. [EDW Task Order 0006](#) is also in progress for phase 1 of the Provider Network Verification (PNV) transition from the legacy Enrollment Broker Vendor to the EDW Vendor. Health plans submit PNV reports to the Agency for provider network adequacy validation. Phase 1 scope of the EDW Task Order 0006 includes implementing initial health plan provider network file processing, validation, and reporting; and implementing health plan network adequacy time and distance calculations and reporting. All task orders are reviewed by the IV&V Vendor prior to execution.

c. CMS Interoperability and Patient Access Rule (CPAR)

The Centers for Medicare and Medicaid Services (CMS) strives to improve the efficiency and effectiveness of the Medicaid Program nationwide. The [CMS Interoperability and Patient Access final rule](#) gives patients access to their health information. The creation of this rule required the Agency to decide whether to invest resources into the legacy FMMIS or build compliance into the implementation of the FX Phase 2 foundation. The Agency decided to implement the CMS requirements under the FX Program through the IS/IP and EDW vendors. Project planning for providing recipient claim, encounter, and formulary data to third party applications for presentation to the recipient population, and providing an online provider directory to recipients was completed in SFY 2022-2023.

The Agency, IS/IP Vendor and EDW Vendor will continue the CPAR project during SFY 2023-2024. The EDW Vendor will be responsible for addressing the data layer requirements of the CMS Rule, and procuring, installing, and configuring required cloud services and software components to support implementation of the data layer of the provider directory Application Programming Interface (API), patient access API, and formulary API. Supplemental data from external sources such as Preferred Drug List formulary data, National Library of Medicine formulary data, and provider data will be integrated into the EDW ODS solution. After testing is complete and the data layer components are installed in the production environment, the solution for the current CMS Rule requirements will be implemented.

5. Phase 3: FX FMMIS Resolution

The Agency, guided by implementing language each year, is directed to prioritize procurements for the replacement of the current functions of FMMIS and the responsibilities of the current Medicaid Fiscal Agent, to minimize the need to extend all or portions of the current FMMIS/DSS/Fiscal Agent contract.

The implementation of Phase 3 began in SFY 2022-2023 and is scheduled to be completed in SFY 2026-2027 after CMS certification of Phase 3 modules is achieved. CMS certification is required to receive the enhanced federal financial participation rate of 75% for operations instead of the regular federal financial participation rate of 50%.

The FMMIS/DSS/Fiscal Agent contract will expire on December 31, 2024. Phase 3 includes procurement, contracting, design, development, and implementation of FX modules to replace, transform, and improve the FMMIS business processes. FMMIS functionality will be replaced with solutions that will be interoperable with other systems within FX and the larger Florida health and human services ecosystem. The Agency requires open-source solutions, configurable commercial off-the-shelf (COTS) products, or other modular approaches to reduce reliance on custom development.

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

The combination of four, fully implemented modules will complete the transformation from all fiscal agent systems and services. These are the Unified Operations Center (UOC), Core Systems Module, Provider Services Module, and Pharmacy Benefits Management (pharmacy claims adjudication and utilization review). The Agency is committed to transferring all fiscal agent systems and services to these new contracts to eliminate the need to extend the current FMMIS/DSS/Fiscal Agent contract beyond December 31, 2024. In accordance with the executed FX Core Vendor contract, in the event the incumbent Fiscal Agent contract is not fully transitioned by December 31, 2024, the FX Core Vendor will assume those existing Core equivalent functions of legacy operations and system not yet transitioned and adhere to the terms of the incumbent Fiscal Agent contract for those services until they are fully transitioned. A visual depiction of the FX implementation strategy, which meets the objective of phase 3, is provided below in Exhibit 6.

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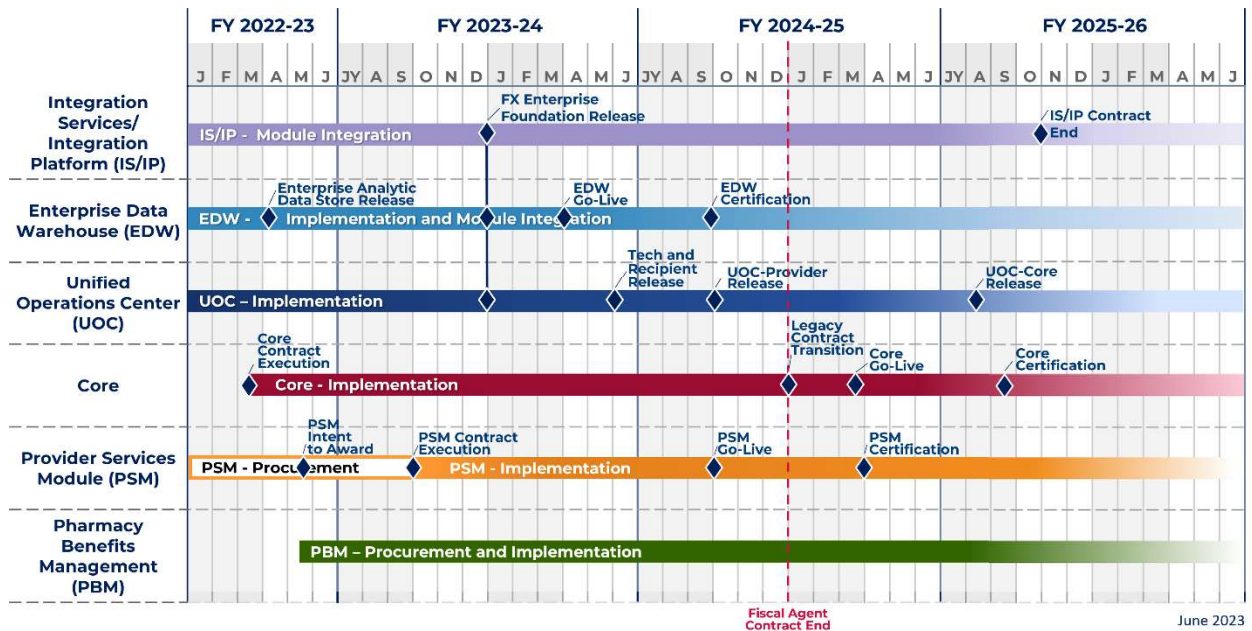


Exhibit 6: FX Roadmap (revised June 2023)

a. Unified Operations Center (UOC)

Contract no. EXD106 with Automated Health Systems (AHS) was executed on October 13, 2022, and is effective through September 2029. Refer to [FACTS](#) for contract details.

Current major Agency systems such as FMMIS and HealthTrack, and operational activities which support the Medicaid Enterprise, include multiple contact centers, vendors, and supporting software platforms. The UOC Module includes the systems and infrastructure to support inbound and outbound multi-channel communications between the Agency and its stakeholders across FX. This enables the Agency to consolidate communications and operational processing tasks beginning with the modules replacing the FMMIS/DSS/Fiscal Agent contract.

The UOC project is a multi-stage implementation that aligns with the implementation of FX modules and business services and supports the iterative decommissioning of current vendor systems. Stage 1 establishes the required UOC infrastructure platform components which will be integrated with the IS/IP and EDW infrastructure. Stage 2 transitions the recipient-related contact centers and operations.

The Stage 2 business services transition includes transition from the enrollment broker customer service and business operations to the UOC, transition the Agency Recipient Assistance call center to the UOC platform, transition the Agency's IT Help Desk to the UOC platform, and transition the Agency's background screening call center and mail operations to the UOC platform. In Stage 2, the UOC Vendor will perform recipient mail operations, and recipient outreach and communication activities.

Stage 3 transitions provider-related contact centers and operations. The UOC Vendor will coordinate the transition of the provider enrollment call center operations with the Fiscal Agent and the FX Provider Services module vendor, and will assume responsibility for provider communications, outreach, and training. In addition, the Agency Provider Assistance call center will transition to the UOC platform during Stage 3.

Stage 4 is planned to coincide with the implementation of the FX Core System and Pharmacy Benefits Management (PBM) Modules. Stage 4 transitions claims support, including provider outreach, communication, training, and on-site support for claims, and PBM customer support activities. The UOC Vendor will also transition all complaints including recipient grievances, appeals, complaints, and fair hearings. The Agency Complaints Administration Unit will transition to the UOC platform during Stage 4.

Stage 5 is planned to begin after Stages 1-4 are completed. Stage 5 includes the transition of future modules or Agency business services such as plan management, third party liability, enterprise case management, and contractor management. As the UOC and Agency operations continue to mature in the future, additional Agency business areas may be identified to transition to the UOC Vendor staff support or to the UOC platform. Stage 5 will be negotiated between the Agency and the UOC Vendor in the future utilizing task orders to authorize work by the UOC Vendor.

b. Core Systems Module (Claims / Encounters / Enterprise Financial Management)

Contract no. EXD110 with Gainwell Technologies was executed on March 15, 2023, and is effective through March 14, 2030. Refer to [FACTS](#) for contract details.

The current Core FMMIS functions include claims/encounters transaction processing, banking, and financial processing (including capitation payments for Statewide Medicaid Managed Care (SMMC) health plans), claims payments, and pharmacy claims payments. Core FMMIS functions also include reference file management for edits and audits, benefit plans, coverage rules, reimbursement rules, diagnosis codes, procedure codes, modifiers, diagnosis related groups, revenue codes, and error codes. As the name "Core" suggests, this module represents the most essential functionality required for Medicaid processing and involves the longest combined timeframe for planning, procurement, and implementation. The Agency executed the contract with Gainwell Technologies on March 15, 2023. The Core contract includes ongoing support of remaining FMMIS and fiscal agent Core services not yet cutover to an FX module by December 31, 2024, thereby resolving the current FA contract. The defined scope of the Core Systems Module includes the following:

Edits, Processing, and Adjustments - The Core Systems Module will adjudicate all claim and encounter transactions and apply edits based on configurable business rules to manage, edit, and audit disposition criteria and disposition status including, but not limited to, duplicates, history, bundling, procedure, service limit(s), diagnosis codes, procedure code relationships, service authorizations, age, gender, eligibility, provider type, specialty, category of service, National Correct Coding Initiative (NCCI) editing, expanded benefits (encounter only), and added benefits (encounter only). The Core Systems Module will perform configurable claim and encounter transaction adjustment and

resubmission processes with automated and ad-hoc functions to support retroactive rate changes/adjustments, procedure or diagnosis code revisions, benefit plan updates, audit activities, or encounter specific rules (including resubmission) established by the Agency.

Pricing and Payment - The Core Systems Module will accurately calculate and price using the appropriate reimbursement methodologies for services including, but not limited to, Fee-for-Service, percent-of-charges, professional claim, transportation, waiver, Regional Perinatal Intensive Care Center (RPICC), Ambulatory Surgical Center (ASC), Enhanced Ambulatory Patient Grouping (EAPG), Child Health Checkup (CHCUP), Long Term Care (LTC), inpatient claim, outpatient claim, Diagnosis Related Groups (DRG), out of state, Medicare Part A and B, capitation, Prospective Payment System (PPS), manual pricing, other deductions (e.g., Copay, Medicare Coinsurance, Medicare Deductibles, Patient Liability, TPL, etc.), and shadow pricing (encounter only).

Benefits and Reference Data Management - The Core Systems Module will store and support a variety of pricing methodologies and provider contracts with the flexibility to support multiple payers and financial management processes. In support of claims adjudication, the Core Systems Module will also process against service authorizations and third-party insurance liability. The Core Systems Module will provide and maintain configurable reference data to support configurable and complex business rules utilized for claim adjudication, provide the most up-to-date and complete NCCI edit definitions with clear descriptions for submitters to resolve issues, and deliver a detailed and efficient User Interface (UI) for the full display and visibility of claims details, including but not limited to, rules processed and claim value associated with the rule.

Claims Data and Reporting - The Core Systems Module will include configurable, automated, and ad-hoc reporting functionality based on current and historical medical and non-medical transaction data including claims (paid, suspended, and denied), encounters, rate updates, and provider payment. These reports and analysis may be used to support State and federal reporting and support the information requirements necessary for the evaluation, comparison, and management of claims. The Core Systems Module reporting functionality will collect, and group data required to support the EDW Vendor's solution in meeting all Agency and federal reporting guidelines, requirements, and periodicity. The Core Vendor shall coordinate with the EDW Vendor to ensure that required data elements which are available are stored in the enterprise ODS for use by the EDW Vendor for report production. The Core Vendor will comply with any new CMS reporting requirements.

System Administration and Operations - The Core Systems Module will act as the Electronic Data Interchange (EDI) gateway to process all inbound and outbound HIPAA mandated X12 compliant transactions and Trading Partner management. The Core Systems Module will provide a self-service portal with enhanced web-based capabilities to support the following:

- On-line, real-time transactions processing and direct data entry for claims.
- Claim status inquiry.
- Batch upload, download, view, and print HIPAA transactions.
- Submission and retrieval of documents.
- Secure messaging.
- EDI help-desk functions.

Service Authorizations - The Core Systems Module will include functionality to interface with the Agency's Utilization Management vendor for service authorizations and referrals. This functionality must be configurable to meet the needs of diverse programs. Service authorizations are used to allow for specific services, track utilization, and monitor outcomes. The Core Systems Module will interface with the Utilization Management vendor's solution to create and update referrals for service

authorizations.

Fiscal Management - The Core Systems Module will allow data required for financial business processes to be entered manually, received from other sources, or automatically generated based on a configurable business rules engine. Data received from other systems will be translated into consistent financial account coding to report back to the Agency's financial and accounting systems and support the Agency's banking vendor. The Core Systems Module will have the capability to translate transactions into summary level and detailed data and will assign financial information to each healthcare claim and financial transaction at the line and header level. The Core Systems Module will generate adjustments to change financial information assigned to a healthcare or financial claim as appropriate without requiring re-adjudication of the to-be adjusted claims.

Federal and State Reporting - The Core Systems Module will carry the source data required for the EDW Vendor to generate all applicable federal and state reports and processes (CMS37.7, CMS64, CMS21E, CMS416, CMS372, MAR, SUR, and TMSIS). The Core Vendor will coordinate with the EDW Vendor for report production. The Core Vendor will be responsible through quality assurance activities for the accuracy of the Core generated data used within the reports and participate in any needed corrective action resulting from report deficiencies.

Financial Reporting - The Core Systems Module will have the capability for a user to view financial transactions related to one payee at the detail level, including remittance advice, accounts receivable, recoupments, and recoveries. Information will be captured and shared for required State and federal processes.

Capitation Payments - The Core Systems Module will calculate and generate payments made to managed care plans on behalf of the Agency for enrolled eligible recipients for approved dates of enrollment, in accordance with the payment rules and policies of the Agency. The Core Systems Module will generate a per-member, per-month capitation, including adjustments, based on calculated rates for each recipient defined by their geographic region, age, eligibility category, benefit plan during the payment period. The Core Systems Module will be configurable to allow for the adjustment of capitation rates that occur due to historical utilization, projected cost, or other risk factors associated with the pool of recipients.

Recipient Management - Recipient Title XIX Medicaid eligibility is determined by the Florida Department of Children and Families (DCF) and the Social Security Administration for Supplemental Security Income (SSI), Florida Healthy Kids (FHK) for Title XXI children, and by CMS for Medicare buy-in eligible recipients. The Core Systems Module will receive eligibility information from these source systems including, but not limited to, identifiers, demographics, aid categories, patient responsibility, Medicare and buy-in information, and third-party insurance coverage. The Core Systems Module will rely on this information to maintain eligibility files for benefit plan assignment, to support claims and encounter processing, eligibility inquiries, calculate provider and plan reimbursement, cost sharing, managed care plan assignment, and to facilitate utilization review and analysis. The Core Systems Module will auto assign mandatory recipients to managed care plans based on defined algorithms. The Core Vendor shall coordinate with the IS/IP Vendor to develop interfaces with internal and external partners and multiple data sources that support the recipient management process. The Core Vendor will maintain the reliability of the recipient data through ongoing reconciliation processes to ensure the integrity of the data and to support other Core business functions that utilize recipient data.

Correspondence Management - The Core Vendor will coordinate with the UOC Vendor to generate enterprise correspondence and coordinate the print and distribution of approved print and mail. The

Core Systems Module will support the capacity to configure, support and maintain correspondence management functionality. The Core Systems Module will leverage the EDW Vendor's Enterprise Content Management (ECM) solution to store all sent and received documents and their meta data.

The Core Vendor will continuously maintain, enhance, and modify its Core Systems Module, as directed by the Agency, to ensure the ability to comply with new federal and State regulations and mandates, healthcare delivery models, and to support interoperability with all other data sharing entities. The goal of the Core Systems Module is to provide scalable, reliable, streamlined, secure claims and encounters processing, financial management and managed care capitation payments, enabling more efficient and effective service delivery for the Medicaid program and improving healthcare outcomes for Floridians.

The objectives of the Core Systems Module are:

- Transition claims, encounters, financial processing, managed care capitation payments, recipient, and reference data from the current Fiscal Agent to the Core Systems Module.
- Reduce the number of claim resubmissions by improving communications of claim status.
- Improve the reliability of health plan encounter data.
- Reduce claim validation processing costs in Agency systems.
- Reduce Agency financial staff time on manual data re-entry and processing.
- Separate business rules, including State and Federal pricing business rules, and edit/audit processing capabilities for claims and encounters.
- Eliminate remaining paper claims and associated manual processes.
- Implement an accessible and efficient UI with enhanced visibility to information, rules and reference sources impacting a claim.
- Improve data quality and management and increase automation to reconcile and update recipient information.

c. **Provider Services Module (PSM) Module**

The [PSM Procurement](#) concluded with the [Notice of Intent to Award](#) to HHS Technology Group, LLC., on May 23, 2023. Contract execution with the awarded vendor is planned for October 2023.

The PSM solution will improve the provider experience and reduce the administrative burden for enrollment, licensure, and credentialing. The PSM solution aims to create a module for Medicaid provider management allowing for concurrent processing of enrollment and plan credentialing activities for both initial enrollment as well as renewals. The PSM will eliminate siloed activities that act as predecessors for additional onboarding tasks. Furthermore, the need for providers to interact and react to requests from multiple entities will be alleviated.

In addition to provider enrollment and credentialing activities, the functions of the PSM include provider account management processes such as name change, address change, change of ownership, and specialty addition or change. The PSM will consist of the following features:

- A simple and seamless provider experience across all interactions and channels.
- An overall provider enrollment and maintenance solution that will accept and process applications through a web-based provider self-service tool.
- A workflow driven solution to allow both internal and external users to follow defined business processes that will ensure the user experience is optimized and established policies are followed.

- An automated screening and monitoring component to complete required screening and monitoring activities for applicants and actively enrolled providers compliant with the 42 CFR 455.436, in addition to state specific requirements and policy.
- The ability to coordinate with the EDW Vendor to develop and publish reports and dashboards on the EDW's Enterprise Reporting Solution.
- A solution with a high degree of configurability.
- A self-service portal including the following minimum functionality:
 - An inbox for providers to receive and respond to messages.
 - A maintenance feature that allows active and inactive providers to update and validate their provider record through direct data entry via the web, based on selected criteria.
 - A provider search feature for both authenticated users and public users to search for providers using a variety of search criteria.
 - Account administration for users to add or remove provider account users and change user roles for all self-service functions.
 - Online resource links to relevant websites and key contact information.
- A recipient eligibility inquiry tool that performs real-time recipient eligibility verification including benefit plan enrollment, care management enrollment, waiver program information, program limits, service limits, and third-party liability information.
- A claim status inquiry function that performs in real-time to allow providers to check the status of their claims.
- A remittance advice inquiry feature that provides authorized user access to provider remittance advice information.
- An upload, download, and view function that provides the ability for authorized users to upload, download, and view Health Insurance Portability and Accountability Act (HIPAA) compliant healthcare transactions.
- Primary source verification based on Credentials Verification Organization National Committee for Quality Assurance standards.
- Account Management.
- Communications.
- Performance management including system performance, user performance, and business process performance.
- Workflow and assignment management.
- Customer care.

The objectives of the PSM Module:

- Medicaid enrollment (re-enrollment and renewal), and plan credentialing into a concurrent process.
- Single source for provider credentialing.
- Streamlined enrollment process with workflow assignment and efficient business processes.
- Reduced administrative burden on Agency staff and providers through automation.
- Reduced time to enroll a Medicaid provider.
- Reduced cost per enrollment for providers.
- Automated account management updates triggered through electronic interfaces or initiated by the provider.
- Single source for providers to report a change.
- Enhanced communication channels with providers.
- Supports enhanced fraud reduction capabilities.
- Quality data and analytics supported by IS/IP and EDW.

d. Pharmacy Benefits Management (PBM) Module

The Agency initiated the PBM procurement project in May 2023. The project team will develop the competitive procurement for the PBM module for release in SFY 2023-2024. The PBM functions are included in the current Fiscal Agent contract and are subcontracted to Magellan. The Agency is considering options for the continuation of PBM services with Magellan until the FX PBM solution is implemented.

The proposed scope for the FX PBM module includes the following:

- Adjudicate fee-for-service (FFS) pharmacy claims submitted by pharmacy providers via their point-of-sale or through integration with e-prescribing systems, and process pharmacy encounters received from Medicaid health plans.
- Integrate Agency reimbursement methodology and incorporate clinical edits and drug limits during the adjudication process.
- Perform clinical reviews of prior authorization for certain required drugs as well as automate prior authorization.
- Monitor prospective and retrospective drug utilization and coordinate clinical reviews for the Drug Utilization Review Board.
- Provide clinical support as requested by the Agency for drug criteria development, edits, and drug limitation recommendations.
- Create and maintain the weekly comprehensive drug list used by all managed care plans to ensure Preferred Drug List compliance.
- Provide support for identification and processing of specifically identified disease management participants.
- Operate a Therapeutic Consultation Call Center to advise drug prescribers on best practices for recipients and to provide prior authorization assistance to prescribers, including operational staff to provide information to providers, pharmacists, and recipients.
- Operate the Pharmacy Ombudsman's Office, staffed by pharmacists, for intervention on behalf of Medicaid recipients to facilitate the timely resolution of claim reimbursement rejections and denials.

e. FMMIS Transition

FMMIS Transition is a collaborative effort between the Agency, FMMIS/DSS/Fiscal Agent Vendor, IS/IP Vendor, and FX module vendors. The IS/IP Vendor provides integration planning and technical services to support the transition of legacy services and components to FX modules. The FMMIS/DSS/Fiscal Agent supports FMMIS Transition by providing resources to participate in technical requirements and business process sessions, respond to information requests, and provide FMMIS interface information.

The FMMIS/DSS/Fiscal Agent Vendor completed a [Master Turnover Plan](#) in August 2022. The Master Turnover Plan communicates the FMMIS/DSS/Fiscal Agent Vendor's contractual requirements and the iterative approach to sunset the FMMIS/DSS in an orderly, controlled manner while minimizing service disruptions for providers, recipients, and system users. The FMMIS/DSS/Fiscal Agent Vendor coordinates with the Agency, IS/IP Vendor, and FX vendors for transition planning activities. The FMMIS/DSS/Fiscal Agent Vendor will provide a project plan for each turnover iteration and provide a supplemental turnover plan specific to the FX module that is replacing the FMMIS functionality in advance of the FX module go-live date, or upon notification from the Agency to begin planning activities.

The FMMIS system was designed to support fiscal agent operations and was not scaled to support new projects like the EDW Implementation Project. The FMMIS Transition activities are selected to mitigate the risk of the Agency needing to choose between the progress of the FX Program and the operations of the current Fiscal Agent. These are enhancements outside the current fixed-price contract and include:

- IS/IP Interfaces: Research, analysis, and documentation of FMMIS interfaces to support IS/IP activities.
- UOC Transition: Documentation of business processes and file layouts, and responses to technical and business questions to support preparation for the future UOC recipient and provider transitions.
- Core Systems Transition: Research and analysis to support the Core Systems transition.

f. Testing Center of Excellence

The IS/IP Vendor is responsible for planning and developing the Testing Center of Excellence (TCoE) framework as described in [IS/IP Task Order 0008](#), and for ongoing TCoE governance and management of testing activities for the FX Program as described in [IS/IP Task Order 0010](#).

The FX TCoE will serve as the overall testing authority for the FX Program by:

- Creating and managing an FX Enterprise Test Management Plan and Framework for the delivery of FX solutions across one or more projects throughout the FX Program life. This management includes alignment with appropriate program standards, technical standards, and CMS certification guidelines.
- Overseeing testing activities across FX phases and milestones, across all FX projects and work efforts, by implementing the proper processes, procedures, and controls across all vendors for proper authorization and approval of testing results and traceability to requirements.
- Coordinating and implementing user acceptance testing from a centralized project and library of test cases and test plans with a dedicated testing team to consult with the Agency as needed.
- Normalizing and centralizing the usage of the FX Program's Application Life Cycle Management (ALM) solutions for testing across all vendors and across all projects and work efforts.

This holistic approach ensures performance, scalability, traceability, risk and issue identification and resolution, quality of service, product and data transference, reliability, and interoperability to satisfy customer requirements before operationalizing. Repeatable methodologies are long term solutions for quality assurance.

The IS/IP Vendor performed the initial planning for the TCoE in SFY 2022-2023 by defining the TCoE governance structure, testing procedures and processes, metrics for testing reporting, and the end-to-end UAT testing methodology. The IS/IP Vendor will continue TCoE management and operations in subsequent state fiscal years.

g. FX Enterprise Vendors

In addition to the Phase 1, 2, and 3 vendors described above, the Agency has determined that the professional services described below are needed to meet the FX strategic priorities, objectives, and outcomes.

1) Medicaid Information Technology Architecture (MITA) Business Architecture and Medicaid Enterprise System (MES) Certification

The Agency plans to procure the services of a MITA Business Architecture and MES Certification vendor. Request for Quote utilizing the State Term Contract for management consulting vendors was released on July 21, 2023. The selected vendor will support the Agency's FX team by leading the MES business architecture and certification workstreams across project teams to plan and achieve MES MITA goals, process improvements, and CMS certification for FX modules. CMS certification is required to maximize enhanced federal financial participation and is a key objective of the FX Program to reduce the financial impact to the state.

Scope includes:

- Develop a project management plan including the staffing plan and project schedule.
- Review and assess FX MES MITA business architecture and certification management current state, conduct a gap analysis, and update standard management processes.
- Review and assess all FX vendor work products and deliverables to meet MES MITA business architecture standards and meet Certification requirements.
- Manage FX Program Certification program and track progress.
- Manage FX MES Certification operational activities.
- Manage MES MITA Business Architecture, standards, and repository.
- Build the CMS Streamlined Modular Monthly Certification report.

2) Penetration Testing vendor

The Agency will procure the services of a Penetration (Pen) Testing vendor during SFY 2023-2024. Network integrity and security are critical to the success of the FX Program. Pen testing will mitigate the risk of potential breaches to protected health information and personally identifiable information maintained within the FX Enterprise by testing IT breach security. FX module vendors are required to perform pen testing by a third party, and pen testing must be performed on the entire FX environment. As a result, the Agency will procure the Pen Testing vendor for providing standardized and consistent services for the FX Enterprise with Agency oversight.

6. Phase 4: Additional Medicaid Enterprise Systems

Phase 4 includes implementation of modules not included in the legacy Fiscal Agent contract to upgrade, modernize, and replace the functions performed by existing systems within the Medicaid Enterprise. Phase 4 will begin during SFY 2024-2025 with planning and analysis for procurements such as third-party liability and enterprise case management as well as the re-procurement of the services performed by the IS/IP Vendor.

C. 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.

1. Operational Strategy for Long-Term Resources and Support

The Agency is currently in the planning or Design, Development, and Implementation (DDI) phases for most FX projects. The Agency continues to prepare for the operational phase for the FX Program. As FX vendor contracts end, the Agency will be in a continual cycle of procurement planning, project planning, DDI, transition, performance monitoring and operations. The Agency has been providing resource for the FX Program by utilizing existing Agency staff, new hires, contracted staff augmentation, and FX vendor resources. Resources throughout the Agency provide subject matter expertise, work oversight, review of work products, recommendations, liaisons with all stakeholder groups, organizational design input,

standards and guidelines toward vendor compliance, oversight of integration across the modules, and documentation of issues, risks and decisions.

The services provided by the SEAS vendor have been realigned so that some responsibilities have been moved from the vendor to the Agency, contracted staff, or to other FX vendors. Refer to [SEAS Task Order 011](#) for services provided by the SEAS vendor during SFY 2023-2024.

The Agency's Office of FX Program Administration (FXPA), under the leadership of the FX Director, administers the FX Program. FXPA is composed of multiple teams. The FXPA Compliance and Administration team manages the FX contracts and FX spend plan, develops funding requests, and performs human resource functions. The FXPA Project and Program Management team operates the Enterprise Program Management Office, performs project schedule and resource management, and manages state and federal project health reporting. The FXPA Solutions and Products team provides technical expertise, performs transition planning and implementation, and manages technical release. The FXPA Transformation team performs organizational change management, manages FX communications, outreach, and stakeholder engagement, administers ESC governance, performs business and MITA alignment, and manages CMS certification for FX modules. The FXPA Data Management team is responsible for data governance, data management, data quality, data policies and procedures, reporting and analytic portfolio management, and content management.

The Agency is building capacity within the Division of IT to support FX for systems integration and interoperability and support the Agency's FXNet and Application Lifecycle Management platform, as well as the enterprise network, disaster recovery coordination, cyber security, and job scheduling. Agency resources who support the FMMIS/DSS/Fiscal Agent contract will support the replacement FX modules as the modules are implemented and operational.

The integration and streamlining of the vendor modules are the processes of joining software and hardware modules into one cohesive infrastructure, enabling all pieces to work as a whole for the end users to experience a holistic approach to service delivery. This is a significant effort and one that continues to deserve attention and substantial work effort. This is a key component of the requirement to ongoing support in operations.

2. 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.

a. 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 10 generalized business areas, which are further broken down into a total of 80 business processes that articulate the complete inventory of business processes carried out by Florida Medicaid and are common to all states.

- 1) Business Relationship Management
- 2) Care Management
- 3) Contractor Management
- 4) Eligibility and Enrollment Management
- 5) Financial Management

- 6) Member Management
- 7) Operations Management
- 8) Performance Management
- 9) Plan Management
- 10) Provider Management

b. Assumptions and Constraints

The [FX Strategic Plan](#) addresses 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:

- 1) 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.
- 2) 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.
- 3) 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.
- 4) Cooperation from stakeholders outside the Agency will be received in a timely manner.
- 5) The Agency and its vendors will provide proper testing environments in all existing systems and future systems to ensure continuity.
- 6) The Agency will suspend non-emergency changes to the existing system during the transition projects.
- 7) FX module solicitations will attract a sufficient pool of qualified vendors.
- 8) 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).
- 9) Budget requests will be appropriated for the amount requested by the Agency in the legislative budget request.

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.

- 1) The current fiscal agent contract supporting FMMIS expires on December 31, 2024.
- 2) Re-procurement of other major contracts within the Agency, including the Statewide Medicaid Managed Care Contracts, are competing priorities for Agency resources.
- 3) Changes to the existing FMMIS system will require Agency resources to focus on FMMIS changes, rather than FX development creating delays in FX system completion.
- 4) 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.

- 5) Enhanced Federal Financial Participation (FFP) for FX modules and components is contingent upon approval of Advance Planning Documents (APDs) and module certifications by the CMS. Changing federal guidance, such as required outcomes and metrics for all contracts, including professional services for project management and IV&V, and delineating FX components into separate APDs, impact the development timeline and complexity for producing required documentation.
- 6) 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.
- 7) FX includes business processes and data transfers that rely on the cooperation and integration of outside agencies to maximize the potential benefit of FX.
- 8) The Agency is authorized to submit quarterly budget amendments to request release of funds held in reserve pursuant to the provisions of Chapter 216, Florida Statutes, and based on the Agency's planned quarterly expenditures. Release is contingent upon approval of a detailed operational work plan and a monthly spending plan that identifies all project work and costs.
- 9) Operational work plans require a spending plan that is updated with incurred expenditures and planned work to calculate an accurate expected spend for a state fiscal year quarter. An accurate, future expected spend that is not dependent on projections or estimates, can only be determined after the state fiscal year quarter is partially complete. This, in addition to the internal and external review cycles, results in a budget amendment request that is submitted when the project has exhausted or has nearly exhausted funds. Due to this timing, the Agency is continually at risk of paying interest on FX vendor invoices until funding is released from reserves.

These assumptions and constraints are documented and managed as part of the [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, health plans, and recipients.

The as-is and to-be capabilities for Medicaid business processes are aligned to the overall [FX Strategic Plan](#). Using the MITA framework, requirements analysis and development sessions have been conducted and will be iteratively updated to completely describe the business processes. This process has driven progress toward the Agency's goals of improving data quality, promoting modularity, and enhancing the provider experience.

In terms of performance measures, CMS issued Standards and Conditions that must be met by states to be eligible for enhanced federal funding. These Standards and Conditions include the following:

- a) CMS determines the system will provide a more efficient, economical, and effective administration of the State Plan.

- b) The system meets the system requirements, standards and conditions, and performance standards in Part 11 of the State Medicaid Manual, as periodically amended.
- c) The system is compatible with the claims processing and information retrieval systems used in the administration of Medicare for prompt eligibility verification and for processing claims for persons eligible for both programs.
- d) The system supports the data requirements of quality improvement organizations established under Part B of title XI of the Act.
- e) The State owns any software that is designed, developed, installed, or improved with 90 percent FFP.
- f) The Department has a royalty free, non-exclusive, and irrevocable license to reproduce, publish, or otherwise use and authorize others to use, for Federal Government purposes, software, modifications to software, and documentation that is designed, developed, installed or enhanced with 90 percent FFP.
- g) The costs of the system are determined in accordance with 45 CFR 75, subpart E.
- h) The Medicaid agency agrees in writing to use the system for the period of time specified in the advance planning document approved by CMS or for any shorter period of time that CMS determines justifies the Federal funds invested.
- i) The Medicaid agency agrees in writing that the information in the system will be safeguarded in accordance with 42 CFR 431 subpart F.
- j) The Medicaid agency will use a modular, flexible approach to systems development, including the use of open interfaces and exposed application programming interfaces; the separation of business rules from core programming, available in both human and machine readable formats.
- k) The Medicaid agency will align to, and advance increasingly, in maturity for business, architecture, and data.
- l) The Medicaid agency ensures alignment with, and incorporation of, industry standards adopted by the Office of the National Coordinator for Health IT in accordance with 45 CFR part 170, subpart B: The HIPAA privacy, security and transaction standards; accessibility standards established under section 508 of the Rehabilitation Act, or standards that provide greater accessibility for individuals with disabilities, and compliance with Federal civil rights laws; standards adopted by the Secretary under section 1104 of the Affordable Care Act; and standards and protocols adopted by the Secretary under section 1561 of the Affordable Care Act.
- m) The Medicaid agency will promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States.
- n) The Medicaid agency will support accurate and timely processing and adjudications/eligibility determinations and effective communications with providers, beneficiaries, and the public.
- o) The Medicaid agency will produce transaction data, reports, and performance information that will contribute to program evaluation, continuous improvement in business operations, and transparency and accountability.
- p) The system supports seamless coordination and integration with the Marketplace, the Federal Data Services Hub, and allows interoperability with health information exchanges, public

health agencies, human services programs, and community organizations providing outreach and enrollment assistance services as applicable.

- q) For eligibility and enrollment systems, the State must have delivered acceptable MAGI-based system functionality, demonstrated by performance testing and results based on critical success factors, with limited mitigations and workarounds.
- r) The State must submit plans that contain strategies for reducing the operational consequences of failure to meet applicable requirements for all major milestones and functionality. This should include, but not be limited to, the Disaster Recovery Plan and related Disaster Recovery Test results.
- s) The Medicaid agency, in writing through the APD, must identify key state personnel by name, type and time commitment assigned to each project.
- t) Systems and modules developed, installed or improved with 90 percent match must include documentation of components and procedures such that the systems could be operated by a variety of contractors or other users.
- u) For software systems and modules developed, installed or improved with 90 percent match, the State must consider strategies to minimize the costs and difficulty of operating the software on alternate hardware or operating systems.
- v) The Medicaid agency will comply with other conditions for compliance with existing statutory and regulatory requirements, issued through formal guidance procedures, determined by the Secretary to be necessary to update and ensure proper implementation of those existing requirements.

2) Business Solution Alternatives

The Agency's strategy is 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, business process alternatives for FX were evaluated.

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 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 operation 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 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	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • May lengthen the total transformation timeline • May result in some <i>throw-away</i> integration to the legacy MMIS solution
Modular Single-Cutover	<ul style="list-style-type: none"> • Decreases time and effort necessary to integrate with legacy system • Minimizes transformational-related changes to the legacy MMIS solution 	<ul style="list-style-type: none"> • Full legacy solution remains live until cutover creating duplicate costs before legacy system resolution • Single large integration carries more complexity and risk

Approach	Pros	Cons
Takeover to Modular	<ul style="list-style-type: none"> • Allows ability to retain select elements of the legacy solution that may be functional • Minimizes disruption with current stakeholders • Provides a longer <i>runway</i> for modularity transition because it restarts the contract terms on the legacy system 	<ul style="list-style-type: none"> • 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
Module Cohorts	<ul style="list-style-type: none"> • Fewer procurements could reduce the overall transformation timeline 	<ul style="list-style-type: none"> • 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

Exhibit 7: High-Level Rational

4) 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.

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:

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

The fundamental changes brought about by the Phase 2 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.

5) 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 has leveraged the *modular incremental* cutover approach to replace the current functions of FMMIS/DSS/Fiscal Agent contract in phases. Planning has been 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. A summary of the phases is included below.

- a) Phase 1: Professional Services Procurements. This phase focused on the procurement of professional service partners to support strategic planning and independent evaluation of the FX transformation.
- b) Phase 2: FX Infrastructure includes procurement, implementation, and integration of the IS/IP and EDW components. Phase 2 also includes planning and development for additional FX modules.
- c) Phase 3: FX FMMIS Resolution. Phase 3 of the FX transformation is focused on the procurement and implementation of the modules that will replace the FMMIS functionality. These modules include the Unified Operations Center, the Core Systems, the Provider Services Module, and the Pharmacy Benefit Management Module.
- d) Phase 4: Additional Medicaid Enterprise Systems. Phase 4 includes the planning, analysis, and procurement for modules not included in the Fiscal Agent contract, to upgrade, modernize, and replace the functions performed by existing systems within the Medicaid Enterprise.

6) 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 C.2.c.). 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:

- a) 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.
- b) Module requirements included in procurements developed by other states.
- c) Module requirements developed by the NASPO ValuePoint consortium of states
- d) Standard healthcare industry payer requirements.
- e) Requirements included in other recent Florida agency procurements for similar functionality (e.g., licensing and enrollment systems).
- f) 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.

Below is a table of high-level requirements defined for the IS/IP, EDW, Provider, Core, and UOC modules. These requirements informed the SFY2022 and SFY 2023 procurements.

Requirements by Module
Integration Services/Integration Platform
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
Enterprise Data Warehouse
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
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, Financials)
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
Unified Operations Center
Correspondence Management
Customer Experience Strategy and Methodology
Enterprise Customer Service Support
Business Services – Provider Management
Business Services – Recipient Management
Enterprise Operations Management
Workflow Management

Exhibit 8: High-Level Requirements

The table below provides an inventory that shows the business processes by module for which functional requirements will be defined.

Business Process by Module
Pharmacy Benefit Management
Accounts Receivable Management
Manage Drug Rebate
Plan Management
Compliance Management
Prepare Recipient Explanation of Medical Benefits (REOMB)
Identify Utilization Anomalies
Establish Compliance Incident
Manage Compliance Incident Information
Determine Adverse Action Incident
Health Benefit Administration
Manage Rate Setting
Manage Health Benefit Information
Manage Reference Information

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

Exhibit 9: FX Module Business Processes

7) 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	Successful completion of CMS Certification requirements and receipt of full CMS certification authorization back to day one of operations for each FX module.	EDW, Core, Provider, PBM	Measured and assessed by CMS through the CMS-prescribed certification process	Medicaid Enterprise Florida State Government CMS	Ongoing as modules are operational

Success Criteria Table					
#	Description of Criteria	Module	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
2	Successful completion of the design, development, and implementation (DDI) of the IS/IP Vendor's solution.	IS/IP	Assessed by the Agency's IS/IP Implementation team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Florida State Government CMS	03/21 Completed
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	04/24 In Process
4	Successful development of 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	06/21 Completed
5	Successful completion of the design, development, and implementation (DDI) of the UOC solution for Recipient Transition	UOC	Assessed by the Agency's Business Process Outsource team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Recipients	06/24
6	Successful completion of the design, development, and implementation (DDI) of the UOC solution for Provider Transition	UOC	Assessed by the Agency's Business Process Outsource team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Providers	10/24
7	Successful completion of the design, development, and implementation (DDI) of the UOC solution for Core and PBM Transition	UOC	Assessed by the Agency's Business Process Outsource team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Recipients Providers	08/25

Success Criteria Table					
#	Description of Criteria	Module	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
8	Successful development of 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	07/21 Completed
9	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	09/25
10	Successful development of 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 Completed
11	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	10/24
12	Successful development of 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	04/24
13	Successful completion of the design, development, and implementation (DDI) of the Pharmacy Benefit Management solution.	PBM	Assessed by the Agency's team comprised of Agency Subject Matter Experts and SEAS Support	Medicaid Enterprise Providers Recipients	04/26

Success Criteria Table					
#	Description of Criteria	Module	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
14	Complete the transformation from the legacy FMMIS/DSS/Fiscal Agent contract	Phase 3	Assessed by the Agency’s team comprised of Agency Management and SEAS Support	Medicaid Enterprise Florida State Government	12/24

Exhibit 10: Success Criteria

Schedule IV-B Benefits Realization and Cost Benefit Analysis

A. Benefits Realization Table

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

The table below presents categories of tangible and intangible benefits anticipated through the FX life cycle. Detailed tangible benefit calculations are contained in the Cost Benefit Analysis, and those calculations are conservative estimates of the tangible benefit amounts. Through the ongoing strategic planning and planned updates of FX, additional tangible benefits will be identified and quantified. The Benefits Realization dates will be refined through the strategic project portfolio process and project management activities including project schedule development, requirements development, and project planning activities.

Benefits Realization Table					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Start Date (MM/YY)
1	Improved analytic staff productivity	State of Florida Medicaid Enterprise	Implementation of EDW	Reduced FTE time spent on analytical and data-related tasks	04/24
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	04/24

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)
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	04/24
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	10/24
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	10/24
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	10/24
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	08/25
8	Reduced cost of contact center interaction - recipient time	Recipients State of Florida Medicaid Enterprise	Implementation of the UOC Recipient Transition	Reduced recipient time spent per contact	07/24

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)
9	Reduced cost of contact center interaction – provider time	Providers State of Florida Medicaid Enterprise	Implementation of the UOC Provider Transition	Reduced provider time spent per contact	10/24
10	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	04/24 and 09/25
11	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	09/25
12	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)	09/25
13	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)	09/25
14	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	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)
15	Reduced encounter administration costs incurred by providers	Providers	Implementation of the Core Systems module	Lower total administration costs for providers	09/25
16	Reduced payment administration costs incurred by providers	Providers	Implementation of the Core Systems module	Lower total administration costs for providers	09/25
17	Reduced FFS pharmacy expenditures	State of Florida Medicaid Enterprise	Implementation of Pharmacy Benefit Management module	Lower total FFS pharmacy costs	04/26
18	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	Measured by the cost reduction in the acquisition of FMMIS replacement modules	12/24

Exhibit 11: Benefits Realization Table

Cost Benefit Analysis (CBA)

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

1. The Cost Benefit Analysis (CBA) Forms

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

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

Exhibit 12: Cost Benefit Analysis

- See the tab entitled “CBAForm1 NetTangibleBenefits” in the CBA file in [Attachment A Cost Benefit Analysis for SFY 2024-2025](#).
- See the tab entitled “CBAForm2A BaselineProjectBudget” in the CBA file in [Attachment A Cost Benefit Analysis for SFY 2024-2025](#).

CBAForm 2 - Project Cost Analysis

Agency	AHCA	Project	FX
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PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	Prior Years' Costs	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	
TOTAL PROJECT COSTS (*)	\$351,135,616	\$147,061,691	\$120,571,344	\$1,104,880	\$1,104,880	\$620,978,411
<i>(includes Current & Previous Years' Project-Related Costs)</i>	\$351,135,616	\$498,197,307	\$618,768,651	\$619,873,531	\$620,978,411	

Total Costs are carried forward to CBAForm 3 Project Investment Summary worksheet.

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	Prior Years' Costs	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	
General Revenue	\$38,028,241	\$19,833,283	\$18,733,667	\$160,488	\$160,488	\$76,916,167
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match	\$313,107,375	\$127,228,408	\$101,837,677	\$944,392	\$944,392	\$544,062,244
Grants	\$0	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$351,135,616	\$147,061,691	\$120,571,344	\$1,104,880	\$1,104,880	\$620,978,411
CUMULATIVE INVESTMENT	\$351,135,616	\$498,197,307	\$618,768,651	\$619,873,531	\$620,978,411	

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

Exhibit 13: Project Cost Analysis

CBAForm 3 - Project Investment Summary

Agency AHCA Project FX

COST BENEFIT ANALYSIS -- CBAForm 3A					
1	2	3	4	5	
Prior Years' Costs	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	TOTAL FOR ALL YEARS
Project Cost	(\$351,135,616)	(\$147,061,691)	(\$120,371,344)	(\$1,104,880)	(\$620,978,411)
Net Tangible Benefits	\$0	\$34,995,708	\$155,090,317	\$289,350,204	\$769,229,742
Return on Investment	(\$351,135,616)	(\$112,065,983)	\$34,518,973	\$288,245,324	\$148,251,330
				NPV =	\$81,805,762

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B	
Payback Period (remaining years)	4.51 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)	\$81,805,762 NPV is the present-day value of the project's benefits less costs over the project's life cycle.
Internal Rate of Return (IRR)	9.17% IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C			
Fiscal Year	Prior Years	FY 2024-25	FY 2025-26
Cost of Capital	2.90%	2.90%	3.10%
			FY 2026-27
			3.30%
			FY 2027-28
			3.40%

Exhibit 14: Project Investment Summary

2. The Cost Benefit Analysis Results

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

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

- The IV-B CBA only carries “transitional M&O”. 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 is in a post-implementation fiscal year. 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 14 presents an estimated NPV from the program of **\$81,805,762**. The NPV calculation includes an estimate of **\$769,229,742** in total program benefits and total program costs of **\$620,978,411***. 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 \$351,135,616 of the total program cost has been expended prior to SFY 2024-2025. This leaves a balance of \$269,842,795 in program costs spread across the remaining program years. Additionally, \$230,954,869 of this balance is to be paid through federal match dollars, leaving \$38,887,926 to be paid with State of Florida funds.

a. Program Costs

The estimated total cost of implementing FX is **\$620,978,411** over the life of the program.

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b. Project Financial Return Analysis

The Agency has computed the following values for FX.

Investment Term	Computed Value
Total Cost	\$620,978,411
Benefits	\$769,229,742 in total benefits
Payback Period	4.51 years
Payback Date	SFY 2027-2028
	Analysis
Net Tangible Benefits	\$148.3M (total benefits minus total costs)
Net Present Value (NPV)	\$81.8M
Internal Rate of Return (IRR)	9.17%

Exhibit 15: Project Financial Return Analysis

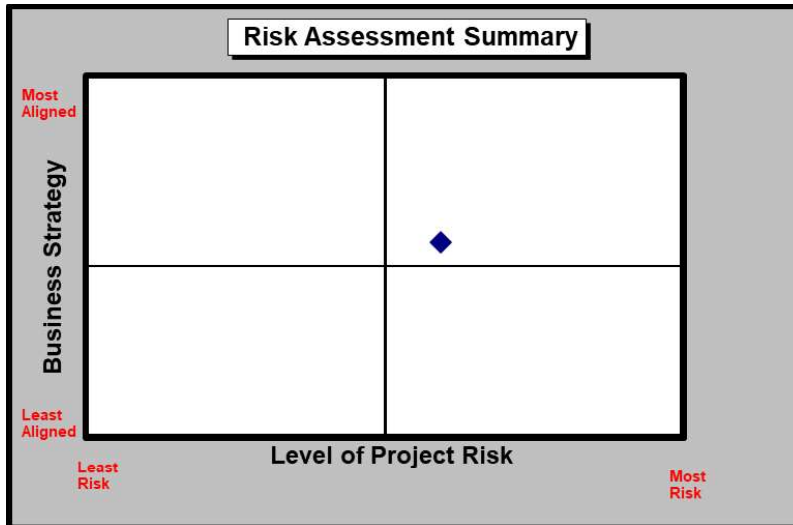
The breakeven year is SFY 2027-2028, meaning that benefits from FX will have fully “paid back” the investment costs of the program by that time. This breakeven indicates a strong program that pays for itself relatively quickly.

- The program NPV is \$81.8 million. NPV is the present-day value of the program's benefits less costs over the program's life cycle. By this measure, the FX program is a sound investment.
- The IRR for FX is 9.17 percent. The IRR is an individual program'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 2024-2025, that rate is 2.90%. The FX program’s IRR far exceeds the projected cost of capital, and the program 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 2024-2025.

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	LOW
Fiscal Assessment	MEDIUM
Project Organization Assessment	MEDIUM
Project Management Assessment	MEDIUM
Project Complexity Assessment	HIGH
Overall Project Risk	HIGH

Exhibit 16: Project Risk Assessment Summary

The above exhibit shows a snapshot of the RA Project Assessment Tool Summary Tab. The completed [Appendix B Project Risk Assessment may be found at this link](#). 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 [FX Project Management Standards](#), the [FX EPMO Charter and Program Management Plan](#), and the [FX](#)

[Strategic Project Portfolio Management Plan.](#)

The following questions in the Risk Assessment Tool were answered with these considerations:

- Question 1.02 – FX is a program in the project management context. FX consists of many projects, which are evaluated, prioritized, and managed using portfolio and program management processes to achieve intended outcomes and benefits. The FX objectives exist in the [FX Strategic Plan](#). The objectives have been socialized with key stakeholder groups.
- Question 1.04 – The vision for how changes to the technology will improve business processes is documented and the approach has been approved by CMS.
- Question 1.07 – Some project phases and milestones are impacted by outside factors such as renewals of existing service contracts and state and federal funding. CMS understands the requirements of a program of this size and complexity.
- Question 1.08 – This answer refers to current awareness and knowledge of FX Program.
- Question 2.01 – The risk is mitigated by the SEAS Vendor and other FX vendors who have experience with the proposed solutions.
- Question 2.04 – All technology solutions must adhere to the standards and guidelines published by DMS and CMS. 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, and the integration platform was implemented in March 2021. Once the Enterprise Data Warehouse is implemented in FY 2023-2024, 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 strategic roadmap.
- Question 5.02 – Expenditures for the current fiscal year have been documented; planning and estimating have been done for future fiscal years.
- Question 5.09 – Extensive benefits validation has occurred but there may be additional benefits to identify and validate as the program evolves.
- Question 5.10 – The overall measurable payback for FX will be more than five years. Various sub-projects may realize payback within five years.
- Question 5.16 – Procurement selection criteria and outcomes have been clearly identified for current

- and completed 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 IS/IP Vendor and contracted staff augmentation 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 experienced project managers to FX with support from experienced project managers from the SEAS Vendor. FX vendors provide experienced, dedicated project managers to the program. IV&V is contracted to oversee the program and assess FX project management.
- 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 by the FX Program Governance Group.
- Questions 7.04 and 7.05 – 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 and design specifications will be documented during SFY 2023-2024. PBM requirements will be elaborated and documented during SFY 2023-2024.
- Question 7.08 –Major project deliverables are reviewed and approved by the FX Program Governance Group.
- 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 – Team members are dispersed across more than three locations: Agency staff are primarily located at the Agency headquarters office in Tallahassee, Florida. FX module vendors are in multiple locations.

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.

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.

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 the Agency for Health Care Administration, have direct responsibilities for processing or supporting the operation of the Medicaid program. Within the Agency alone, there are more than 140 computer systems or applications in operation. More than 60 of these systems play a direct role supporting the operation of the Medicaid program.

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 (PBM) system, 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/Data Warehouse, 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.

The exhibit below provides a current state overview of the major components of the MMIS/DSS systems and interfaces with those systems.

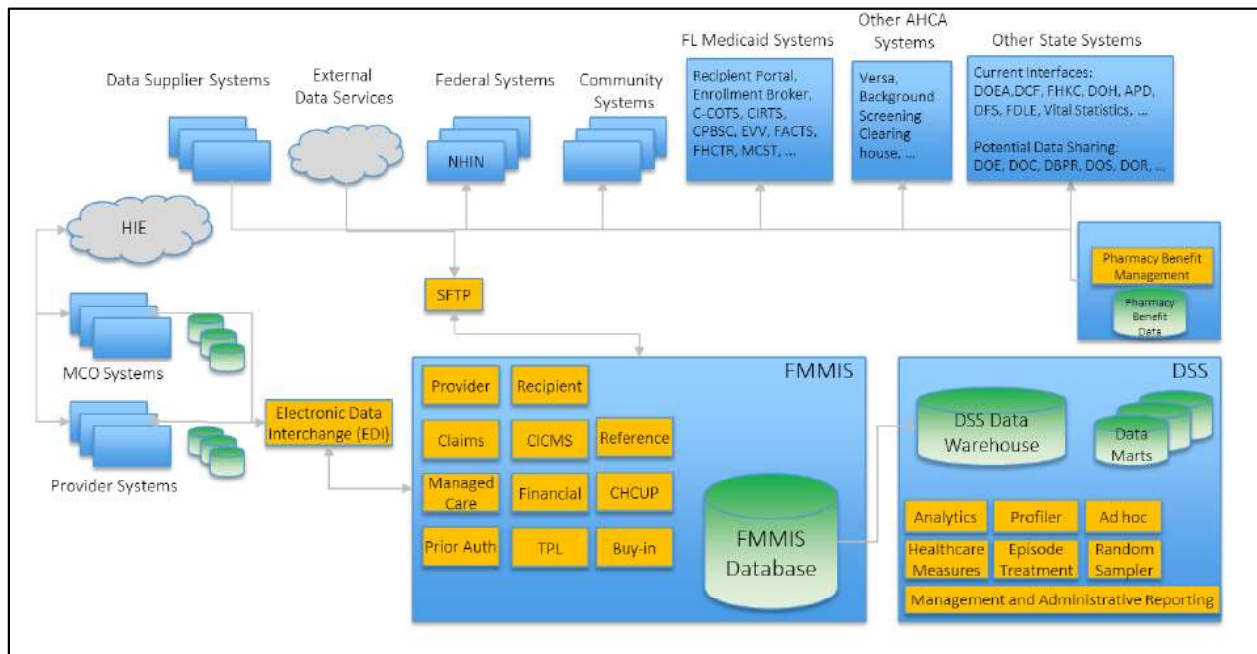


Exhibit 17: Current Conceptual Technical Architecture

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 18 the main challenge is data stored across groups within the Agency, causing the following data integrity and availability issues:

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

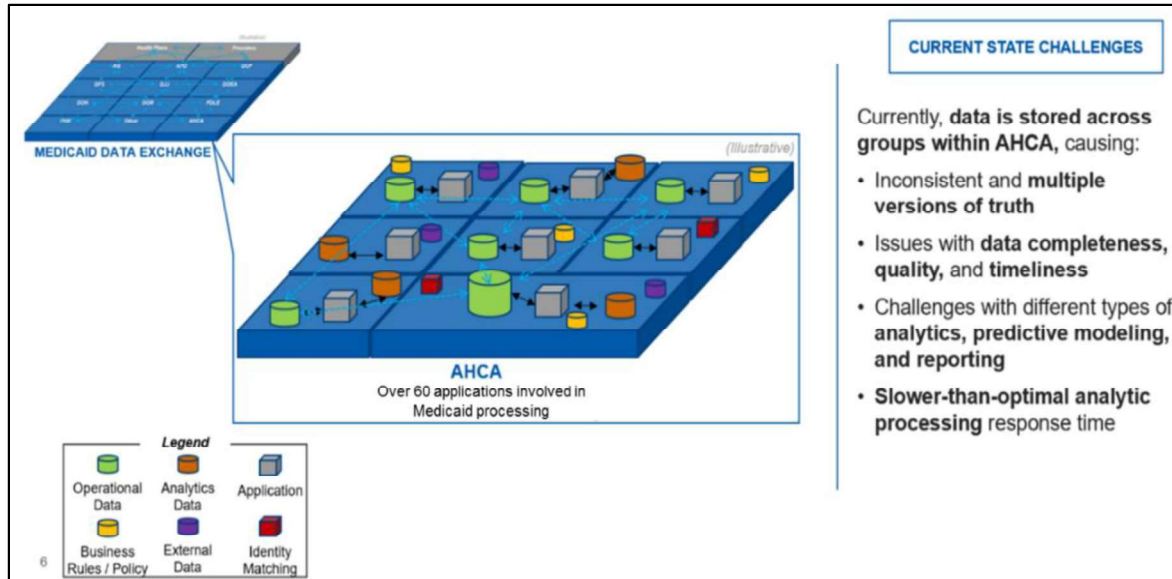


Exhibit 18: Current State

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, provides contractually required staffing documented in 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 Florida 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.
- 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 FX Data Standards](#)
- [T-4 FX Technical Management Strategy](#)
- [T-6 FX Technology Standards](#)
- [T-8 FX Enterprise Data Security Plan](#)

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 19. This image shows the phases of MES System Strategy and Execution activities. The [FX Strategic Plan](#) focuses on the first four phases, while phases five and six of execution are the primary focus of the [FX Strategic Project Portfolio Management Plan](#). The FX 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 [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.

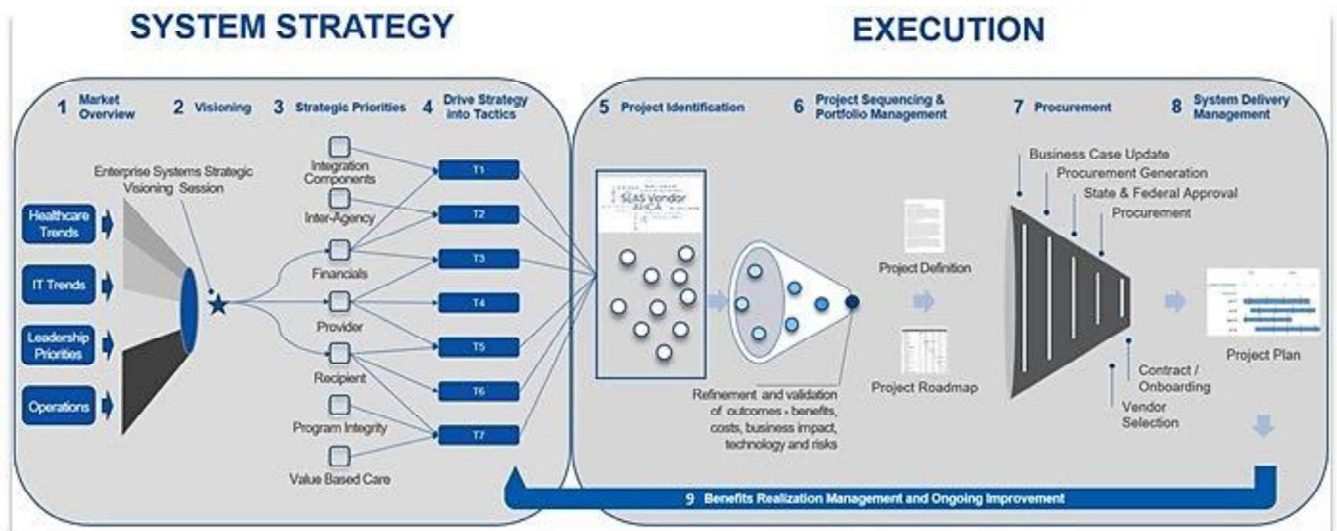


Exhibit 19: System Strategy and Portfolio Management Execution Process

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

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

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 20 and Exhibit 21.

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 20: System/Application Owner Table

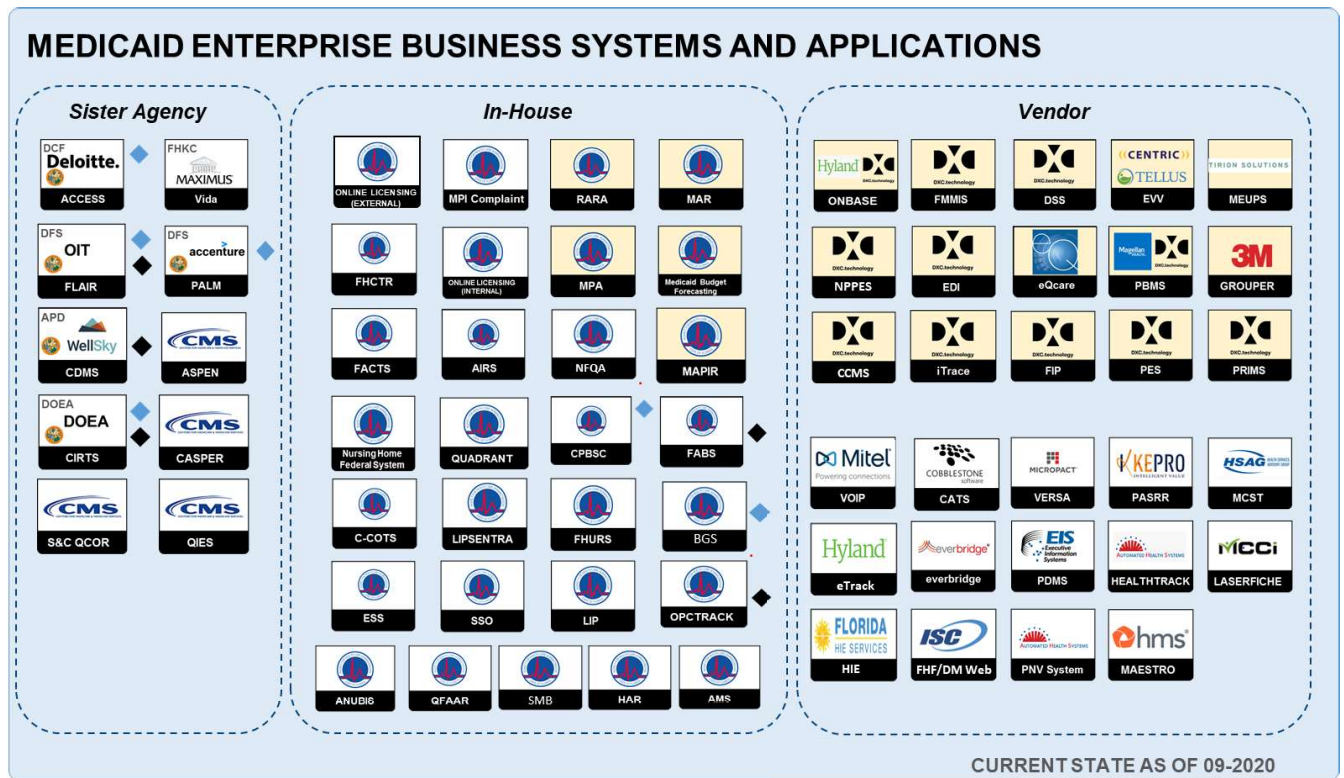


Exhibit 21: AHCA (2020) Medicaid Business Systems and Applications Portfolio

Interfaces

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

Storage

Exhibit 22 includes a summary of the high-level storage use by Agency applications.

Storage Location	Size
Fiscal Agent	<ul style="list-style-type: none"> ▪ 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	<ul style="list-style-type: none"> ▪ 60 TB of SQL Server
AHCA Information Technology (IT)	<ul style="list-style-type: none"> ▪ Primarily SQL Server
IS/IP	<ul style="list-style-type: none"> ▪ Oracle Exadata

Exhibit 22: 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 C. Business Objectives in this document. The FX transformation strategy proposes a phased approach to replace the current functions of the FMMIS and other Medicaid-related systems. These phases are based on the CMS Standards and Conditions (summarized in Section C.2.c.) to ultimately transform Florida’s Medicaid systems to an interoperable and unified enterprise where individual processes, modules, systems, and sub-systems work together to operate the Medicaid program. As mentioned before, the CMS Standards and Conditions must be met for states to qualify for enhanced federal funding. This approach is intended to provide the most efficient and cost-effective long-term solution for the system while complying with federal regulations, achieving federal certification, and obtaining enhanced federal funding. The phases of the FX strategy are as follows:

#	Phase	Component/Module
1	Professional Services Procurements	Strategic Enterprise Advisory Services Independent Verification and Validation
2	FX Infrastructure	Integration Services and Integration Platform Enterprise Data Warehouse
3	FX FMMIS Resolution	Unified Operations Center Core Systems (Claims/Encounter/Financial/Reference Management)

		Provider Services Module Pharmacy Benefit Management
4	Additional Medicaid Enterprise Systems	Additional modules not included in the Fiscal Agent contract, but within the larger Medicaid Enterprise System

Exhibit 23: FX Strategy

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 24.

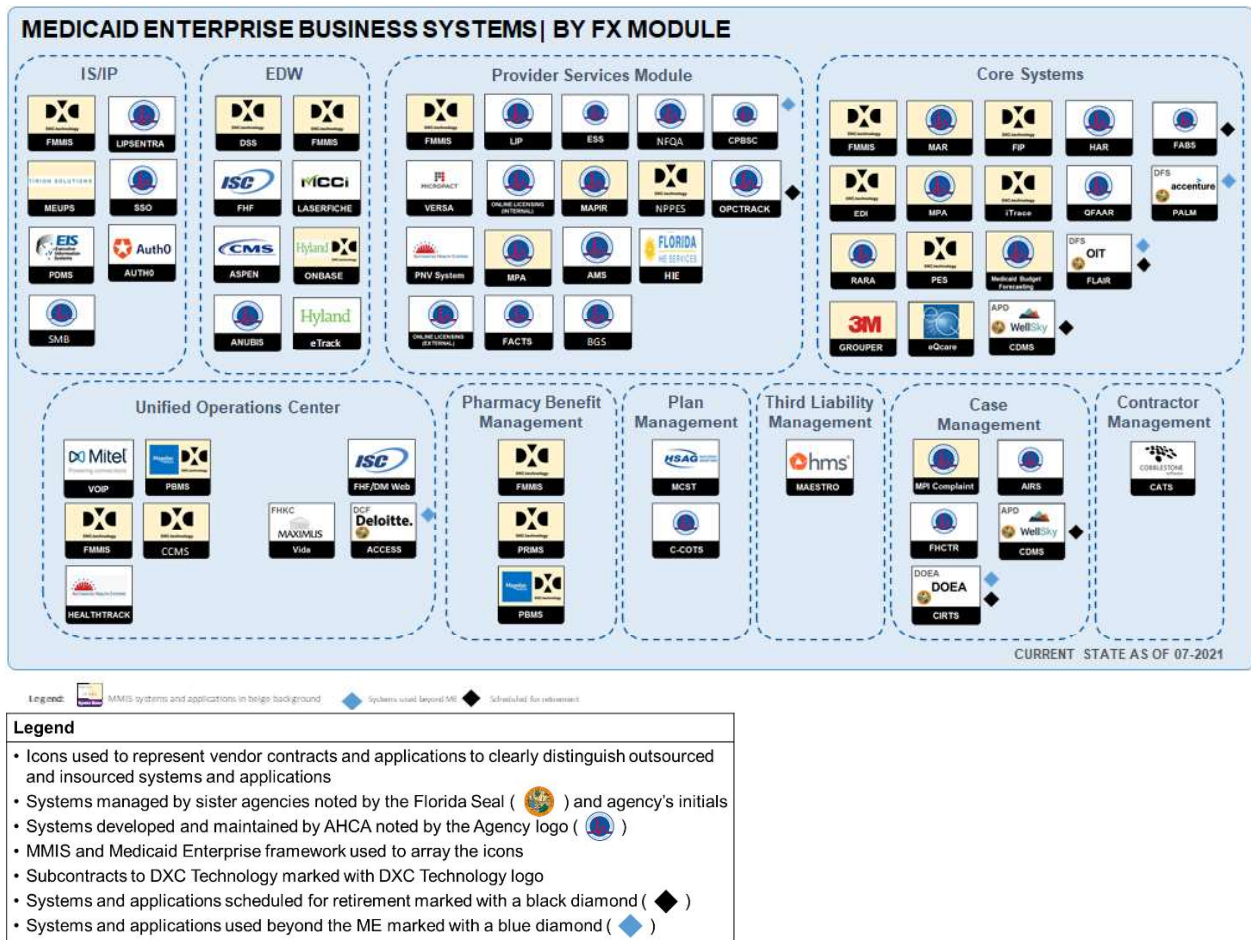


Exhibit 24: Medicaid Enterprise Business Systems by FX Module.

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 are required to adhere to the strategies and standards in their technical solutions.

- a) [T-1 FX Data Management Strategy](#)
- b) [T-2 FX Information Architecture](#)

- c) [T-3 FX Data Standards](#)
- d) [T-4 FX Technical Management Strategy](#)
- e) [T-5 FX Technical Architecture Documentation](#)
- f) [T-6 FX Technology Standards](#)
- g) [T-7 FX Design and Implementation Management Standards](#)
- h) [T-8 FX Enterprise Data Security Plan](#)

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 3 of FX will replace functionality in the current FMMIS. 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 C.2.c.).

The Agency will consider using open-competitive solicitations 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:

- a) Interoperable with other systems within FX
- b) Open-source solutions
- c) 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:

- a) Return on investment and business process improvement impact
- b) Adherence to the Agency's data management and technology strategies
- c) Aligns with expected market evolution in data management
- d) 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 the [FX Data Management Strategy](#) for more detail:

- a) Improve data quality by operating from a single source of truth
- b) Evolve core processing with data validation at the point of business event data collection
- c) Provide seamless access to a real-time, 360-degree (360°) view of recipient and provider information
- d) Decouple data from proprietary systems and application stores
- e) Operate with business area and persona optimized data marts and data analysis tools
- f) Prepare to collect and manage recipient and provider experience and outcome data

D. Proposed Solution Description

1. Summary Description of Proposed System

The proposed solution supporting the six primary strategies mentioned above is the Data Management Strategy Vision To-Be diagram shown in the diagram below.

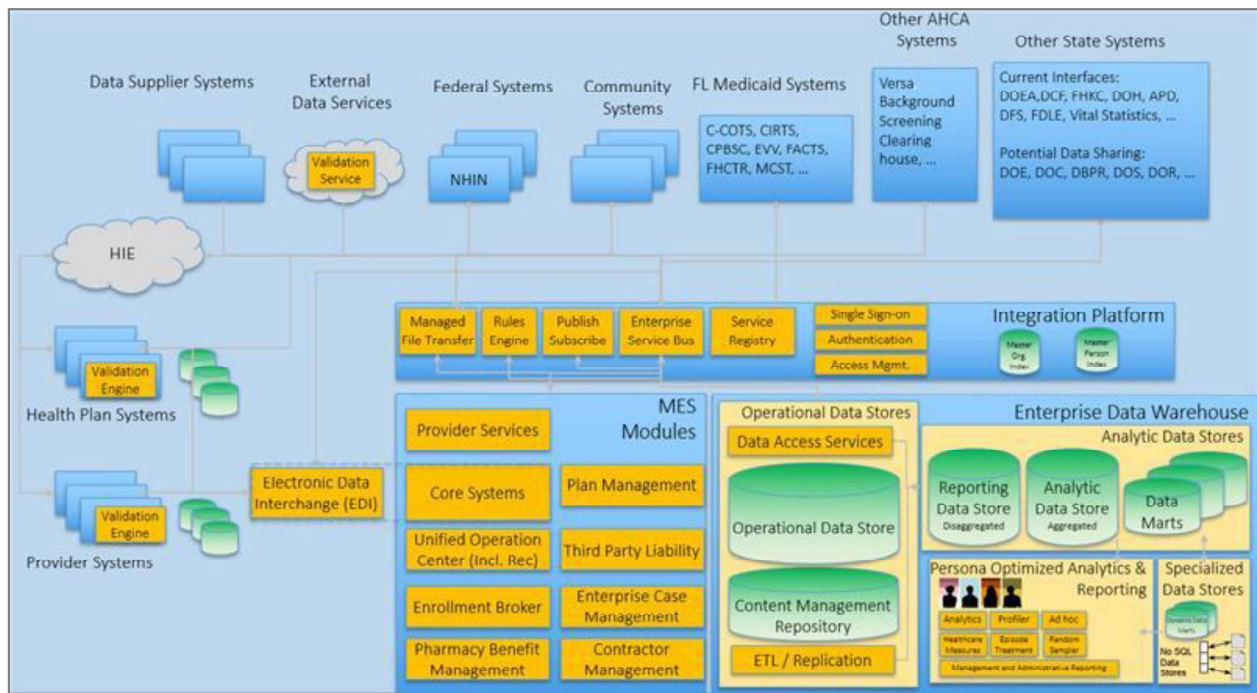


Exhibit 25: FX Conceptual Architecture Diagram.

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:

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

- a) Make data integration efforts within and across agencies more efficient
- b) Support MITA’s guidance for modularized implementation of various healthcare components and easier sharing of data
- c) Provide a common set of processes, tools, and data standards for the Agency’s data solutions
- d) Improve data quality, reduce duplication, and associated frustration and overhead
- e) Comply with state and federal requirements
- f) Reduce technology support and maintenance cost
- g) Manage structured and unstructured, operational, transactional, reporting, and analytic data across the Agency

The first two information systems to leverage the modernized enterprise data platform and processes for the Agency are IS/IP, that includes an Enterprise Service Bus (ESB), and the EDW, both of which are part of the in-process Phase 2: 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 26 enables:

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

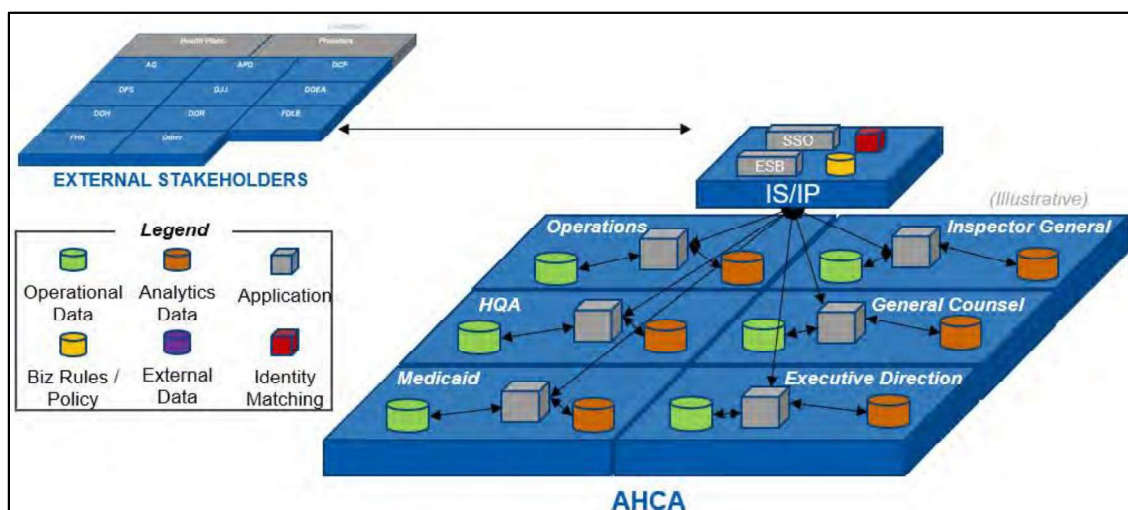


Exhibit 26: IS/IP Future State

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

The exhibit below 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.

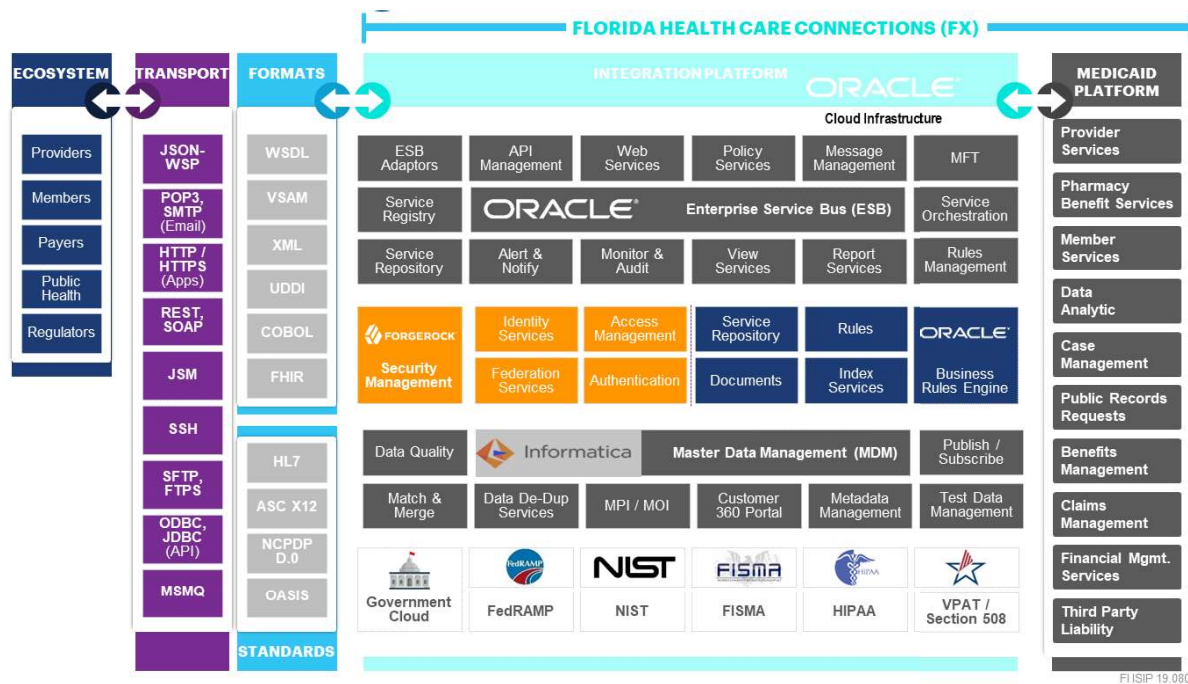


Exhibit 27: IS/IP Connections

2. 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 and consistency for operational data use and analytic processing. The EDW Solution shown in the exhibit below will enable:

- a) Single source of truth to improve data quality, accuracy, and accessibility
- b) Improved timeliness and consistency of data
- c) Improved analytic data processing with business unit and persona optimized Data Marts and tools
- d) System innovation and simplified system implementation
- e) Elimination of inconsistent data and processing

f) Reduction in duplicated data

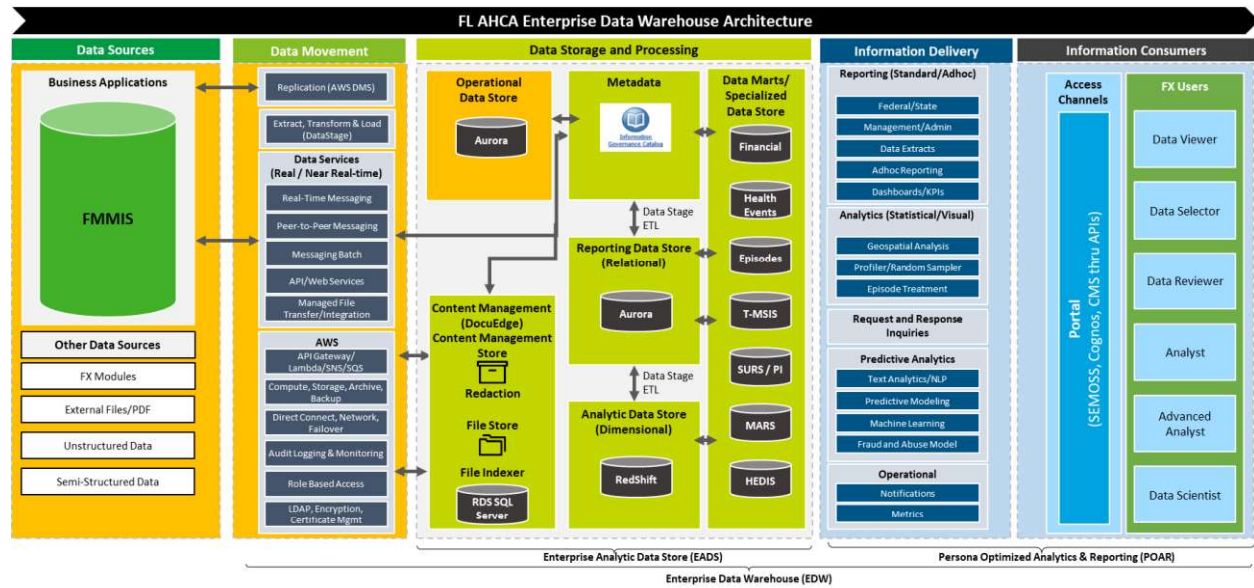


Exhibit 28 Project Future State

3. 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 the exhibit below will:

- a) Support improvements to mature operational business processing capabilities
- b) Standardize business processing (e.g., enrollment, case management) to improve recipient and provider experience
- c) Add new processing power and capabilities without the capacity constraints of a single vendor
- d) Enable use of processing services by external organizations and systems
- e) Enable high-quality and accessible data
- f) Improve integration with external partners
- g) Reduce complexity
- h) Improve focus on and measurement of health care outcomes
- i) Enable holistic decision-making
- j) Use evidence-based processing
- k) Improve analytics
- l) Reduce fraud, waste, and abuse
- m) Improve the ease and accuracy of Provider claims payments
- n) Improve the effectiveness of federal cost reporting to maintain federal funding eligibility

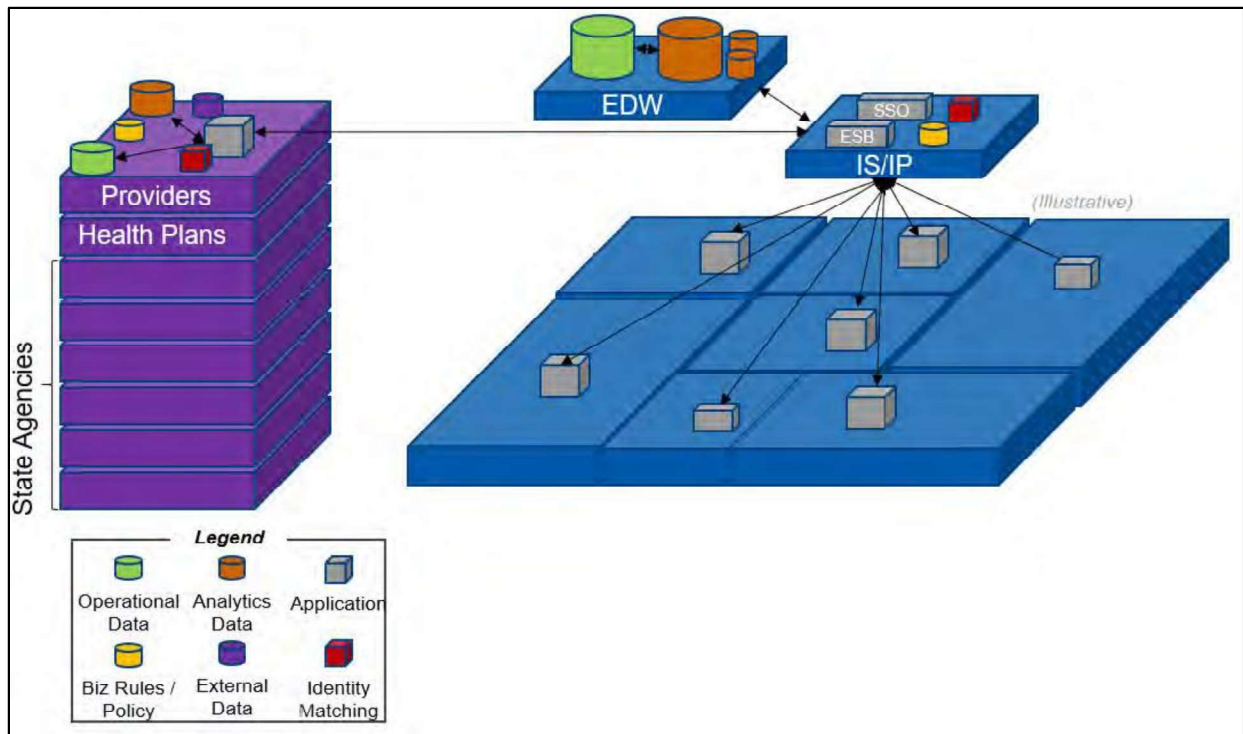


Exhibit 29: Modular Future State

The table below provides a brief description of each Data Management Strategy enabling capability provided through the combined services of the Phase 2 Infrastructure platform (IS/IP and EDW).

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.

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.

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 30: Data Management Strategy Enabling Capability

The table 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	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)			<input type="checkbox"/>			
Rules Engine	<input type="checkbox"/>	<input type="checkbox"/>				
Validation Engine	<input type="checkbox"/>	<input type="checkbox"/>				
Validation Service	<input type="checkbox"/>	<input type="checkbox"/>				
Publish Subscribe			<input type="checkbox"/>			
Enterprise Service Bus			<input type="checkbox"/>			
Service Registry/Repository			<input type="checkbox"/>			
Single Sign-on			<input type="checkbox"/>			
Authentication			<input type="checkbox"/>			
Access Management			<input type="checkbox"/>			
Master Person Index			<input type="checkbox"/>			
Master Organization Index			<input type="checkbox"/>			
Data Access Services		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

ENABLING CAPABILITY	SINGLE SOURCE OF TRUTH POLICY AND EDIT RULES	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				<input type="checkbox"/>		
ETL/Data Replication				<input type="checkbox"/>	<input type="checkbox"/>	
Reporting Data Store				<input type="checkbox"/>	<input type="checkbox"/>	
Analytic Data Store					<input type="checkbox"/>	<input type="checkbox"/>
Data Marts					<input type="checkbox"/>	<input type="checkbox"/>
Dynamic Data Marts					<input type="checkbox"/>	<input type="checkbox"/>
Non-relational Analytic Data Stores					<input type="checkbox"/>	<input type="checkbox"/>

Exhibit 31: Data Management Strategy Vision Matrix

4. Resource and Summary Level Funding Requirements

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

E. Capacity Planning

(Historical and current trends versus projected requirements)

The FX Program prioritizes increasing technology maturity in data sharing, integration, and use of cloud infrastructure. Modular, cloud-based systems are scalable compared to traditional monolithic systems and reduce the need for computer hardware. Traditional hardware-based systems require a dedicated computer server to interface with the network infrastructure, whereas cloud computing may use cloud-based infrastructure for storage, virtualization, and network configuration. Each FX vendor is required by contract to submit an analysis of their planning activities to purchase, install and initialize hardware and software configuration for the FX module project. In addition, each FX vendor is required to submit a bill of materials list of the hardware and software components purchased for the FX module project including

the name of the product, quantity, purchase amount, licensing and support, as well as product vendor name and contact. The bill of materials deliverable includes the Hardware Acquisition and Installation Plan and the Software Acquisition and Installation Plan. Each FX vendor is responsible for procuring, operating, and maintaining hardware, software and services needed to support all components and project tools in use by the FX vendor.

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:

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

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

- a) Growth in recipient population
- b) Increased information used in processing
- c) Reduction in duplication of data across systems

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

- a) Growth in recipient population
- b) Ecosystem wide use of real-time information
- c) Increased information used in processing
- d) Real-time business rules and decision-making
- e) 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:

- a) Increased information used in processing
- b) Growth in recipient population
- c) Increased sophistication of analysis

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

- a) Growth in recipient population
- b) Increased information used in processing

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

- a) Reduced data replication loading and interface processing of bureau specific analytic data stores
- b) Increased information used in processing
- c) The net effect of the projected changes in capacity is:
- d) Processing – very large accelerating increase in cumulative processing capacity needs from current
- e) Storage – very large accelerating increase in cumulative storage capacity needs from current
- f) Network – increase in cumulative network capacity needs from current
- g) To minimize the risk of processing, storage, and network capacity affecting business operations new systems will:
- h) Encourage use of cloud infrastructure that can be dynamically provisioned quickly at low cost
- i) Require proof of ability to scale horizontally allowing transactions processing to occur in parallel
- j) Provide services that allow processing to occur in the health plan, provider, and external systems
- k) 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.

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.

A. Project Management Methodology

Each FX project has an approved project management plan based on a standard template designed to facilitate compliance with the [FX Project Management Standards](#). These standards are based on the best practices and guidelines promoted by the Project Management Institute (PMI) in its Project Management Body of Knowledge (PMBOK®) and PMI’s Standards for Program Management.

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 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 at the project-level, integrated at the program-level, and monitored through project close out. Each project within the FX Portfolio follows the standards and processes documented in the Agency-approved deliverables, which are listed in the table below and can be found on the Agency’s FX Projects Repository.

The FX Enterprise Program Management Office (EPgMO) is considered a controlling style PMO: it provides direction and oversight for approved FX projects and is staffed by a team of experienced project and program managers who establish, maintain, and uphold standards for the management of FX projects. The standards are complemented by process definitions, tools, templates, and mentoring. The monitoring duties of the FX EPgMO include program-wide status reporting; schedule management; change, risk, action item, issue, decision, and lessons learned management; and quality management.

FX Program Standards and Plans	
Standard / Plan	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-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, selection, and prioritization of projects to accomplish the Agency’s FX Program strategies, while balancing conflicting demands by allocating resources based on the Agency’s priorities and capacity.
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 <i>P-2: FX Project Management Standards</i> by providing project management training materials and corresponding tools and templates.
P-4: Medicaid Enterprise Certification Management Plan	Provides an overall plan to manage the MES Certification life cycle for each applicable FX module outlining the steps for the Agency to conduct and comply with the Streamlined Modular Certification process.
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 <i>T-1: Data Management Strategy</i> is the product of discovery, stakeholder input, strategic analysis, program strategy, and direction about techniques and priorities to support overall improvement of FX outcomes.

FX Program Standards and Plans	
Standard / Plan	Description
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 <i>T-3: Data Standards</i> 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 <i>T-4: Technical Management Strategy</i> 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. The Technology Standards Reference Model (TSRM) is the common technology vocabulary that organizes, and groups related technology components standardizing the names and descriptions of those components. The Technology Standards Reference Guide (TSRG) is a repository of standards relevant to technology components that identifies and prioritizes the relevance of specific technology standards in the enterprise
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, Change Management and Implementation activities.

FX Program Standards and Plans	
Standard / Plan	Description
T-8: Enterprise Data Security Plan	Provides the iterative documentation through the implementation of the modularized solution. The primary purpose is to serve as the guiding principles of the enterprise data security for the systems and vendors that are involved in the procurement, implementation, and operation of the FX.
O-2: FX EP MO Charter and Program Management Plan	Charters the FX EP MO and establishes the guidelines and operational processes by which the FX EP MO shall manage and/or monitor FX projects assigned by FX Portfolio Management.

Exhibit 32: FX Program Standards and Plans

B. Organizational Change Management

FX is a large transformational effort where multiple projects and multi-module system releases will incrementally replace systems and services provided by legacy systems and vendors. In planning for the future state, not only a technology modernization is required but also updates and changes to the way staff work and deliver services are required. This involves working with all impacted parties to effectively manage the improvements to the work being done.

Change activities realize the potential business improvements resulting from the transformation, and organizational change management helps enable these changes, shortens the time to stabilization, and helps minimize the disruption of work to each stakeholder group. As such, the Organizational Change Management (OCM) and Business Process Redesign (BPR) work are inextricably intertwined, and they create a framework for managing the effects of change on staff/stakeholders as it plans and implements the new technology, new redesigned business processes, organizational and operating structures, and cultural changes within the enterprise. Simply put, the OCM scope addresses the people side of the changes by keeping impacted stakeholders informed, involved, educated/trained, and supported prior to and throughout the changes. It will promote ongoing employee/stakeholder engagement, effective planning, and reusable tools to assist with successful long-term results. Done correctly, it assists with reducing the level of disruption in organizations from the changes being made while maximizing the positive effects of these changes.

Business process redesign includes the analysis and determination of the work impacted by the changes being made. It identifies those stakeholders being impacted by the new technology and documents the changes in the work. It also identifies best practices and opportunities for improvement. The detailed activities included in OCM and BPR vary in complexity depending on the technology complexity, business impacts, and people resistance, however the work is always complex and nuanced.

The FX is preparing for the Medicaid recipient and provider contact centers and operations transitions to the Unified Operations Center (UOC) Vendor. FX anticipates that very significant transformational changes to the way the Agency conducts its business operations will occur, resulting from the significant changes to the technology changes. These technology changes will therefore include significant BPR and OCM activities to support the changes. Any funding or approval requests to support new positions, resource realignment needs, or role reclassifications will be included in future budget requests.

The Agency developed [FX Organizational Change Management \(OCM\) Standards](#) and published the new standards in November 2022. The OCM Standards represent a repeatable set of processes and templates developed to ensure consistent change management implementations. The Agency OCM Standards are included in FX standards and are to be adhered to by FX vendors and Agency resources. This standardization facilitates integration of OCM with the larger FX program to best facilitate the management of people impacts across FX project implementations. OCM promotes ongoing employee/stakeholder engagement and provides customized change management plans and reusable tools to assist with successful long-term results. It assists with better integration across modules and other FX activities and creates a more standardized approach with acceptance criteria, clearer requirements, and similar expectations on outputs and deliverables across OCM FX.

The scope of FX OCM has the following components:

- **Stakeholder Coordination** - Focuses on working with each impacted stakeholder group – both internal and external to the Agency – to understand and be engaged with the change.
- **Communications** - Supports OCM efforts to build understanding and drive adoption of the changes being made.
- **Training** – Provides the necessary knowledge, skills, and abilities (KSAs) to identified stakeholders to be successful in a new environment.
- **Organizational (Re) Design** - Determines how the structure and workforce will be organized to support business functions in the new environment.
- **Implementation Logistics** - The work associated with this key area entails assessing the business operations' readiness for the impending changes.



The UOC implementation will transform the enterprise Medicaid customer service operations in the State of Florida. Organizational Change Management brings the people, process, and technology together to build and execute the transformational ‘people’ changes in the Unified Operations Center. The UOC Vendor has been working with the Modular Integration team to lead the Agency through work sessions to discover current state, define future state vision, detail end-to-end business processes, and decomposed workflows that describe the customer and provider experience. The UOC Vendor’s OCM resources have begun OCM activity planning and execution for the staged UOC solution project releases. The FX Program OCM team will provide integrated dynamic Organizational Change Management services across the multi-vendor FX software releases to integrate all change impacts, consolidate integrated people, process, and technology training and communication needs across FX module technology stacks for a unified messaging.

CBAForm 1 - Net Tangible Benefits

Agency	AHCA	Project	FX
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Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A															
Agency <i>(Recurring Costs Only -- No Project Costs)</i>	Prior Years			FY 2024-25			FY 2025-26			FY 2026-27			FY 2027-28		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project
A. Personnel Costs -- Agency-Managed Staff	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754
A.b Total Staff	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00
A-1.a. Staff FTEs (Salaries & Benefits)	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169
A-1.b. State FTEs (#)	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00
A-2.a. OPS Staff (Salaries)	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585
A-2.b. OPS (#)	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3.b. Staff Augmentation (# of Contractors)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B. Application Maintenance Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-4. Other <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Data Center Provider Costs	\$56,558,092	\$0	\$56,558,092	\$56,558,092	\$0	\$56,558,092	\$56,558,092	\$0	\$56,558,092	\$56,558,092	\$0	\$56,558,092	\$56,558,092	\$0	\$56,558,092
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Infrastructure	\$52,342,616	\$0	\$52,342,616	\$52,342,616	\$0	\$52,342,616	\$52,342,616	\$0	\$52,342,616	\$52,342,616	\$0	\$52,342,616	\$52,342,616	\$0	\$52,342,616
C-3. Network / Hosting Services	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476	\$2,115,476	\$0	\$2,115,476
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other <i>pass through printing and postage</i>	\$2,100,000	\$0	\$2,100,000	\$2,100,000	\$0	\$2,100,000	\$2,100,000	\$0	\$2,100,000	\$2,100,000	\$0	\$2,100,000	\$2,100,000	\$0	\$2,100,000
D. Plant & Facility Costs	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046	\$2,041,046	\$0	\$2,041,046
E. Other Costs	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911
E-1. Training	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928
E-2. Travel	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990
E-3. Other <i>Specify</i>	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993
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
F. Additional Tangible Benefits:		\$0			\$34,995,708			\$155,090,317			\$289,350,204			\$289,793,513	
F-1. <i>EDW</i>		\$0			\$13,074,510			\$17,432,680			\$17,432,680			\$17,432,680	
F-2. <i>PSM</i>		\$0			\$21,674,473			\$43,348,946			\$43,348,946			\$43,348,946	
F-3. <i>Unified Operations Center</i>		\$0			\$246,725			\$19,149,811			\$45,124,428			\$45,124,428	
F-4. <i>Core (Claims / Encounter / Financial)</i>		\$0			\$0			\$75,158,881			\$183,263,488			\$183,499,683	
F-5. <i>Pharmacy Benefit Management</i>		\$0			\$0			\$0			\$180,662			\$387,776	
F-6.		\$0			\$0			\$0			\$0			\$0	
F-7.		\$0			\$0			\$0			\$0			\$0	
F-8.		\$0			\$0			\$0			\$0			\$0	
F-9.		\$0			\$0			\$0			\$0			\$0	
Total Net Tangible Benefits:		\$0			\$34,995,708			\$155,090,317			\$289,350,204			\$289,793,513	

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

CBAForm 2 - Project Cost Analysis

Agency	AHCA	Project	FX
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PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)					TOTAL
	Prior Years' Costs	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	
TOTAL PROJECT COSTS (*)	\$351,135,616	\$147,061,691	\$120,571,344	\$1,104,880	\$1,104,880	\$620,978,411
CUMULATIVE PROJECT COSTS <i>(includes Current & Previous Years' Project-Related Costs)</i>	\$351,135,616	\$498,197,307	\$618,768,651	\$619,873,531	\$620,978,411	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.						

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B					TOTAL
	Prior Years' Costs	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	
General Revenue	\$38,028,241	\$19,833,283	\$18,733,667	\$160,488	\$160,488	\$76,916,167
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match	\$313,107,375	\$127,228,408	\$101,837,677	\$944,392	\$944,392	\$544,062,244
Grants	\$0	\$0	\$0	\$0	\$0	\$0
Other Specify	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$351,135,616	\$147,061,691	\$120,571,344	\$1,104,880	\$1,104,880	\$620,978,411
CUMULATIVE INVESTMENT	\$351,135,616	\$498,197,307	\$618,768,651	\$619,873,531	\$620,978,411	

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

CBAForm 3 - Project Investment Summary

Agency	AHCA	Project	FX
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COST BENEFIT ANALYSIS -- CBAForm 3A						
	1	2	3	4	5	
	Prior Years' Costs	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	TOTAL FOR ALL YEARS
Project Cost	(\$351,135,616)	(\$147,061,691)	(\$120,571,344)	(\$1,104,880)	(\$1,104,880)	(\$620,978,411)
Net Tangible Benefits	\$0	\$34,995,708	\$155,090,317	\$289,350,204	\$289,793,513	\$769,229,742
Return on Investment	(\$351,135,616)	(\$112,065,983)	\$34,518,973	\$288,245,324	\$288,688,633	\$148,251,330
					NPV =	\$81,805,762

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (remaining years)	4.51	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)	\$81,805,762	NPV is the present-day value of the project's benefits less costs over the project's life cycle.
Internal Rate of Return (IRR)	9.17%	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C					
Fiscal Year	Prior Years	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28
Cost of Capital	2.90%	2.90%	3.10%	3.30%	3.40%

	Prior Years (thru FY23-24)
Project Oversight: IV&V	\$ 18,768,630
Consultants/Contractors: SEAS Vendor	\$ 74,598,117
Integration Services and Integration Platform (IS/IP) - Maintenance and Operations	\$ 19,551,639
Integration Services and Integration Platform (IS/IP) - Maintenance and Operations BOM	\$ 7,253,821
Project Deliverables: IS/IP Implementation	\$ 15,161,043
EDW - Maintenance and Operations	\$ 576,139
EDW - Maintenance and Operations BOM	\$ -
UOC - Maintenance and Operations	\$ 1,805,410
Project Deliverables: Enterprise Data Warehouse (DDI)	\$ 36,057,047
Project Deliverables: Enterprise Data Warehouse (HW/SW)	\$ 4,823,337
Provider - Project Deliverables - Procurement	\$ 705,716
Project Deliverables: FMMIS Support - Modular Communications	\$ 25,198,884
Project Deliverables: FMMIS Support - Modular Communications BOM	\$ 4,212,344
MESI - Internal Integration: ISIP - ISIP	\$ 19,554,067
MESI - Internal Integration: ISIP - UOC	\$ -
MESI - Internal Integration: ISIP - Core	\$ -
MESI - Internal Integration: ISIP - Provider	\$ -
MESI - Internal Integration: ISIP - PBM	\$ -
MESI - Internal Integration: EDW - EDW	\$ -
MESI - Internal Integration: EDW - UOC	\$ -
MESI - Internal Integration: EDW - Core	\$ -
MESI - Internal Integration: EDW - EDW BOM	\$ -
MESI - Internal Integration: ISIP - ISIP BOM	\$ -
Other Services: Legal Support / Contracted Services	\$ 274,311
Core Systems - Procurement	\$ 1,049,658
Core Systems - Implementation	\$ 19,608,436
Core Systems - Implementation BOM	\$ 3,082,079
Unified Operations Center - Procurement	\$ 363,237

Unified Operations Center - Implementation	\$ 6,951,419
Unified Operations Center - Implementation BOM	\$ 2,599,561
Provider Services Module - Implementation	\$ 6,488,133
Provider Services Module - Implementation BOM	\$ 1,358,975
Software Licenses	\$ 805,424
EDW - Data Governance - Staff Augmentation	\$ 375,735
EDW - Legal Support	\$ 110,085
Staff Aug - Contract and Procurement Specialists (2)	\$ 488,540
Staff Aug - Program Specialists (2)	\$ 343,250
Staff Aug - Interface Migrations	\$ 164,635
Staff Aug - Master Consolidated Schedule Coordinator	\$ 7,560
Staff Aug - EDW	\$ 1,754,887
Staff Aug - ISIP	\$ 421,832
Staff Aug - UOC, PSM, Core, and PBM Support	\$ 5,690,837
Staff Aug - FXPA	\$ 11,900,564
ISIP Task Orders	\$ 6,868,140
ISIP Task Orders BOM	\$ -
EDW Task Orders	\$ 7,528,994
EDW Task Orders BOM	\$ -
Core Task Orders	\$ 16,331,316
UOC Task Orders	\$ 21,355,143
PSM Task Orders	\$ 18,047,609
PBM Task Orders	\$ -
Other Services/Support	\$ 3,114,103
CMS - Interoperability - Planning	\$ 538,480
CMS - Interoperability - Implementation	\$ 791,191
CMS Interoperability - TO EDW-0001 and TO ISIP-0003	\$ -
Contracted Services	\$ 253,926

\$ 366,934,253

IS/IP \$ (15,798,637)
EDW \$ -
PSM \$ -
Core \$ -
UOC \$ -

PBM \$ -

Total Ops	\$ (15,798,637)
Without Ops	\$ 351,135,616
Budget Tab	\$ 351,135,616
Reconciling	\$ -

Components	FY 17/18	FY 18/19	FY 19/20	FY 20/21
Professional Services and Support	\$ 6,952,275	\$ 13,233,353	\$ 20,754,237	\$ 12,830,686
Strategic Planning, etc (SEAS)	\$ 5,586,679	\$ 11,417,970	\$ 17,295,140	\$ 9,685,628
IV&V	\$ 1,365,595	\$ 1,815,384	\$ 3,459,098	\$ 3,145,059
Software Licenses	\$ -	\$ -	\$ -	\$ -
Module Implementations	\$ 6,128	\$ -	\$ 8,352,085	\$ 16,790,603
IS/IP - Implementation	\$ -	\$ -	\$ 8,352,085	\$ 5,876,734
EDW - Implementation	\$ -	\$ -	\$ -	\$ 10,639,789
EDW - Implementation BOM	\$ -	\$ -	\$ -	\$ -
EDW - Data Governance - Staff Augmentation	\$ -	\$ -	\$ -	\$ 163,995
EDW - Legal Support	\$ -	\$ -	\$ -	\$ 110,085
Legal Support	\$ 6,128	\$ -	\$ -	\$ -
Module Operations	\$ -	\$ -	\$ -	\$ 3,753,002
IS/IP - Maintenance and Operations	\$ -	\$ -	\$ -	\$ 3,753,002
IS/IP - Maintenance and Operations BOM	\$ -	\$ -	\$ -	\$ -
EDW - Maintenance and Operations	\$ -	\$ -	\$ -	\$ -
EDW - Maintenance and Operations BOM	\$ -	\$ -	\$ -	\$ -
UOC - Maintenance and Operations	\$ -	\$ -	\$ -	\$ -
Provider Services Module - Maintenance and Operations	\$ -	\$ -	\$ -	\$ -
Staff Aug - Interface Migrations	\$ -	\$ -	\$ -	\$ -
Staff Aug - Master Consolidated Schedule Coordinator	\$ -	\$ -	\$ -	\$ -
ITCO Job Scheduler - Operations	\$ -	\$ -	\$ -	\$ -
Module Implementations	\$ -	\$ 281,362	\$ 2,890,316	\$ 4,492,757
Provider Services Module - Procurement	\$ -	\$ -	\$ -	\$ 149,995
Provider Services Module - Implementation	\$ -	\$ -	\$ -	\$ -
Provider Services Module - Implementation BOM	\$ -	\$ -	\$ -	\$ -

Core Systems - Procurement	\$ -	\$ -	\$ -	\$ 621,334
Core Systems - Implementation	\$ -	\$ -	\$ -	\$ -
Core Systems - Implementation BOM	\$ -	\$ -	\$ -	\$ -
Unified Operations Center - Procurement	\$ -	\$ -	\$ -	\$ -
Unified Operations Center - Implementation	\$ -	\$ -	\$ -	\$ -
Unified Operations Center - Implementation BOM	\$ -	\$ -	\$ -	\$ -
Pharmacy Benefits Management - Procurement and Implementation	\$ -	\$ -	\$ -	\$ -
Staff Aug - Contract and Procurement Specialists (2)	\$ -	\$ -	\$ -	\$ -
Staff Aug - Program Specialists (2)	\$ -	\$ -	\$ -	\$ -
Staff Aug - EDW	\$ -	\$ -	\$ -	\$ -
Staff Aug - ISIP	\$ -	\$ -	\$ -	\$ -
Staff Aug - UOC, PSM, Core, and PBM Support	\$ -	\$ -	\$ -	\$ -
Staff Aug - FXPA	\$ -	\$ -	\$ -	\$ -
FMMIS Support - Modular Communication	\$ -	\$ 281,362	\$ 2,636,390	\$ 3,721,428
FMMIS Support - Modular Communication BOM	\$ -	\$ -	\$ -	\$ -
Support Services	\$ -	\$ -	\$ -	\$ -
Contracted Services	\$ -	\$ -	\$ 253,926	\$ -
Legal Support	\$ -	\$ -	\$ -	\$ -
Module Enhancements	\$ -	\$ -	\$ -	\$ 715,681
ISIP Task Orders	\$ -	\$ -	\$ -	\$ 715,681
ISIP Task Orders BOM	\$ -	\$ -	\$ -	\$ -
EDW Task Orders	\$ -	\$ -	\$ -	\$ -
EDW Task Orders BOM	\$ -	\$ -	\$ -	\$ -
Core Task Orders	\$ -	\$ -	\$ -	\$ -
UOC Task Orders	\$ -	\$ -	\$ -	\$ -
PSM Task Orders	\$ -	\$ -	\$ -	\$ -
PBM Task Orders	\$ -	\$ -	\$ -	\$ -
CMS - Interoperability - Planning	\$ -	\$ -	\$ -	\$ -
CMS - Interoperability - Implementation	\$ -	\$ -	\$ -	\$ -
CMS Interoperability - TO EDW-0001 and TO ISIP-0003	\$ -	\$ -	\$ -	\$ -
Module Integrations	\$ -	\$ -	\$ -	\$ -
MESI - Internal Integration: ISIP - ISIP	\$ -	\$ -	\$ -	\$ -
MESI - Internal Integration: ISIP - UOC	\$ -	\$ -	\$ -	\$ -
MESI - Internal Integration: ISIP - Core	\$ -	\$ -	\$ -	\$ -

MESI - Internal Integration: ISIP - Provider	\$ -	\$ -	\$ -	\$ -
MESI - Internal Integration: ISIP - PBM	\$ -	\$ -	\$ -	\$ -
MESI - Internal Integration: EDW - EDW	\$ -	\$ -	\$ -	\$ -
MESI - Internal Integration: EDW - UOC	\$ -	\$ -	\$ -	\$ -
MESI - Internal Integration: EDW - Core	\$ -	\$ -	\$ -	\$ -
MESI - Internal Integration: EDW - EDW BOM	\$ -	\$ -	\$ -	\$ -
MESI - Internal Integration: ISIP - ISIP BOM	\$ -	\$ -	\$ -	\$ -
TOTALS	\$ 6,958,402	\$ 13,514,716	\$ 31,996,639	\$ 38,582,730

UNOBLIGATED

- SA 191 - Florida Health Care Connection (FX) - Operations and Maintenance
 - SA 191 - Independent Verification and Validation Services
 - SA 192A - Strategic Enterprise Advisory Services
 - SA 192B - Claims And Encounters Processing (Core)
 - SA 192C - Provider Services Module
 - SA 192D - Unified Operations Center
 - SA 192E - Pharmacy Benefits Management
-

SI Task Orders - ISIP	\$ 13,465,990
SI Task Orders - Core	\$ 2,598,565
SI Task Orders - UOC	\$ 10,171,959
	\$ • 42,709,602

SI Task Orders - EDW

MESI - Internal Integration: EDW - EDW	\$ 11,801,480
MESI - Internal Integration: EDW - EDW BOM	\$ 335,000
EDW Task Orders BOM	\$ 136,069

EDW Task Orders	\$ 4,200,539
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SI Task Orders - ISIP

MESI - Internal Integration: ISIP - ISIP	\$ 6,934,553
MESI - Internal Integration: ISIP - ISIP	\$ 4,470,569
MESI - Internal Integration: ISIP - ISIP BOM	\$ 300,000
ISIP Task Orders BOM	\$ 759
ISIP Task Orders	\$ 1,760,108

SI Task Orders - Core

MESI - Internal Integration: ISIP - Core	\$ 502,760
MESI - Internal Integration: EDW - Core	\$ 2,095,805

SI Task Orders - UOC

MESI - Internal Integration: ISIP - UOC	\$ 5,202,496
MESI - Internal Integration: EDW - UOC	\$ 4,969,463

\$ 21,334,598	\$ 32,537,643
\$ 10,171,959	\$ 10,171,959

ISIP Task Orders	\$ 107,235.01	TO-MI	Services - FF	FX Enterprise Secu
ISIP Task Orders	\$ 194,642.69	TO-MI	Services - FF	WS-7: Requireme
ISIP Task Orders	\$ 75,164.20	TO-MI	Services - FF	WS-8: System Des
ISIP Task Orders	\$ 75,164.20	TO-MI	Services - FF	WS-8: System Des
ISIP Task Orders	\$ 125,638.61	TO-MI	Services - FF	WS(A)-11: Interfa
ISIP Task Orders	\$ 322,034.05	TO-MI	Services - FF	FX Enterprise Port
ISIP Task Orders	\$ 322,034.05	TO-MI	Services - FF	FX Enterprise Port
ISIP Task Orders	\$ 242,544.33	TO-MI	Services - FF	FX Enterprise Port
ISIP Task Orders	\$ 242,544.33	TO-MI	Services - FF	FX Enterprise Port
ISIP Task Orders	\$ 242,544.33	TO-MI	Services - FF	FX Enterprise Port
ISIP Task Orders	\$ 242,544.33	TO-MI	Services - FF	FX Enterprise Port

ISIP Task Orders	\$ 37,582.10	TO-MI	Services - FF	FX Enterprise Port
ISIP Task Orders	\$ 37,582.10	TO-MI	Services - FF	FX Enterprise Port
ISIP Task Orders	\$ 37,582.10	TO-MI	Services - FF	FX Enterprise Port
ISIP Task Orders	\$ 142,983.91	TO-MI	Services - FF	Enterprise Migrat
ISIP Task Orders	\$ 245,600.00	TO-MI	Services - FF	MOI MPI Strategy
ISIP Task Orders	\$ 125,638.61	TO-MI	Services - FF	WS(A)-11: Interfa
ISIP Task Orders	\$ 55,665.09	TO-MI	Services - FF	FX Enterprise Secu
ISIP Task Orders	\$ 107,235.01	TO-MI	Services - FF	FX Enterprise Acc
ISIP Task Orders	\$ 37,582.10	TO-MI	Services - FF	WS-12: Test Plan
ISIP Task Orders	\$ 112,746.30	TO-MI	Services - FF	WS-13: Environm
ISIP Task Orders	\$ 112,746.30	TO-MI	Services - FF	WS-14: Implemen
ISIP Task Orders	\$ 37,582.10	TO-MI	Services - FF	WS-16: Operation
ISIP Task Orders	\$ 112,746.30	TO-MI	Services - FF	WS-17: Productio
ISIP Task Orders	\$ 75,164.20	TO-MI	Services - FF	WS-18: Post Impl
ISIP Task Orders	\$ 40,000.00	TO-MI	Services - FF	Bill of Materials (E
ISIP Task Orders	\$ 214,383.00	TO-MI	Services - FF	Bill of Materials (E
ISIP Task Orders	\$ 135,110.00	TO-MI	Services - FF	Weekly Status Rej
ISIP Task Orders	\$ 135,110.00	TO-MI	Services - FF	Weekly Status Rej
ISIP Task Orders	\$ 135,110.00	TO-MI	Services - FF	Weekly Status Rej
ISIP Task Orders	\$ 135,110.00	TO-MI	Services - FF	Weekly Status Rej
	\$ 4,265,349.35			

FY 21/22	FY 22/23	FY 23/24	TOTALS
\$ 13,931,309	\$ 12,815,161	\$ 13,655,150	\$ 94,172,171
\$ 11,123,059	\$ 9,742,980	\$ 9,746,662	\$ 74,598,117
\$ 2,758,250	\$ 2,994,248	\$ 3,230,996	\$ 18,768,630
\$ 50,000	\$ 77,932	\$ 677,492	\$ 805,424
\$ 13,349,066	\$ 7,236,639	\$ 10,798,855	\$ 56,533,375
\$ 932,224	\$ -	\$ -	\$ 15,161,043
\$ 12,205,101	\$ 4,738,831	\$ 8,473,325	\$ 36,057,047
\$ -	\$ 2,497,807	\$ 2,325,530	\$ 4,823,337
\$ 211,740	\$ -	\$ -	\$ 375,735
\$ -	\$ -	\$ -	\$ 110,085
\$ -	\$ -	\$ -	\$ 6,128
\$ 7,268,763	\$ 8,249,827	\$ 10,087,612	\$ 29,359,204
\$ 7,096,568	\$ 4,244,414	\$ 4,457,654	\$ 19,551,639
\$ -	\$ 4,005,412	\$ 3,248,409	\$ 7,253,821
\$ -	\$ -	\$ 576,139	\$ 576,139
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ 1,805,410	\$ 1,805,410
\$ -	\$ -	\$ -	\$ -
\$ 164,635	\$ -	\$ -	\$ 164,635
\$ 7,560	\$ -	\$ -	\$ 7,560
\$ -	\$ -	\$ -	\$ -
\$ 8,156,681	\$ 16,881,643	\$ 60,037,701	\$ 92,740,460
\$ 555,721	\$ -	\$ -	\$ 705,716
\$ -	\$ -	\$ 6,488,133	\$ 6,488,133
\$ -	\$ -	\$ 1,358,975	\$ 1,358,975

\$ 428,324	\$ -	\$ -	\$ 1,049,658
\$ -	\$ 3,765,454	\$ 15,842,982	\$ 19,608,436
\$ -	\$ -	\$ 3,082,079	\$ 3,082,079
\$ 363,237	\$ -	\$ -	\$ 363,237
\$ -	\$ 1,024,956	\$ 5,926,463	\$ 6,951,419
\$ -	\$ 399,561	\$ 2,200,000	\$ 2,599,561
\$ -	\$ -	\$ -	\$ -
\$ 488,540	\$ -	\$ -	\$ 488,540
\$ 343,250	\$ -	\$ -	\$ 343,250
\$ -	\$ 1,754,887	\$ -	\$ 1,754,887
\$ -	\$ 421,832	\$ -	\$ 421,832
\$ -	\$ 2,422,397	\$ 3,268,440	\$ 5,690,837
\$ -	\$ -	\$ 11,900,564	\$ 11,900,564
\$ 5,825,241	\$ 5,022,561	\$ 7,711,902	\$ 25,198,884
\$ -	\$ 1,954,180	\$ 2,258,164	\$ 4,212,344
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ 253,926
\$ 152,369	\$ 115,815	\$ -	\$ 268,184
\$ 3,134,138	\$ 13,369,410	\$ 57,355,747	\$ 74,574,976
\$ 1,804,466	\$ 1,844,818	\$ 2,503,175	\$ 6,868,140
\$ -	\$ -	\$ -	\$ -
\$ -	\$ 6,423,574	\$ 1,105,420	\$ 7,528,994
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ 16,331,316	\$ 16,331,316
\$ -	\$ 5,101,018	\$ 16,254,125	\$ 21,355,143
\$ -	\$ -	\$ 18,047,609	\$ 18,047,609
\$ -	\$ -	\$ 3,114,103	\$ 3,114,103
\$ 538,480	\$ -	\$ -	\$ 538,480
\$ 791,191	\$ -	\$ -	\$ 791,191
\$ -	\$ -	\$ -	\$ -
\$ -	\$ 8,686,963	\$ 10,867,104	\$ 19,554,067
\$ -	\$ 8,686,963	\$ 10,867,104	\$ 19,554,067
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -

\$ -	\$ -	\$ -	\$ -
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\$ -	\$ -	\$ -	\$ -
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\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ -	\$ -	\$ -	\$ -
\$ 45,839,957	\$ 67,239,642	\$ 162,802,168	\$ 366,934,253

\$ 45,839,957 \$ 67,239,642 \$ 182,611,993 \$ 386,744,078

\$ - \$ - \$ 19,809,825 \$ 19,809,825

\$ 1,356

\$ 57,267

\$ -

\$ -

\$ 1,100,733

\$ 6,507,779

\$ 6,974,716

\$ 5,170,687

\$ 19,811,181

PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USE IMPLEM

COST ESTIMATION WORKBOOK

	SEAS	Vendor
IS/IP - Procurement	\$ -	\$ -
IS/IP - Implementation	\$ -	\$ -
IS/IP - Operations	\$ -	\$ 6,413,763
Integration Services and Integration Platform (IS/IP) - Task Orders	\$ -	\$ -
Module Existing Systems Integration (MESI) - Support Svcs	\$ -	\$ -
Module Existing Systems Integration (MESI) - HW/SW	\$ -	\$ -
MESI - Internal Integration: ISIP - ISIP	\$ -	\$ 7,281,218
MESI - Internal Integration: ISIP - UOC	\$ -	\$ -
MESI - Internal Integration: ISIP - Core	\$ -	\$ 14,493,987
MESI - Internal Integration: ISIP - Provider	\$ -	\$ 5,069,469
MESI - Internal Integration: ISIP - PBM	\$ -	\$ 1,577,411
MESI - Internal Integration: EDW - EDW	\$ -	\$ -
MESI - Internal Integration: EDW - UOC	\$ -	\$ 2,493,990
MESI - Internal Integration: EDW - Core	\$ -	\$ 8,984,528
MESI - Internal Integration: EDW - Provider	\$ -	\$ -
MESI - Internal Integration: EDW - PBM	\$ -	\$ 3,500,070
MESI - External Integration	\$ -	\$ -
Module Task Orders	\$ -	\$ -
Enterprise Data Warehouse - Procurement	\$ -	\$ -
Enterprise Data Warehouse - Implementation	\$ -	\$ 4,307,634
Enterprise Data Warehouse - Operations	\$ -	\$ 16,935,160
Enterprise Data Warehouse (EDW) - Task Orders	\$ -	\$ 4,291,811
Single Source Credentialing - Planning	\$ -	\$ -
Provider Management - Procurement	\$ -	\$ -
Provider Systems and Technology - Procurement	\$ -	\$ -
Provider Systems and Technology - Implementation	\$ -	\$ 3,433,540
Provider Systems and Technology - Operations	\$ -	\$ 9,199,562
Provider - Task Orders	\$ -	\$ -
Core Systems - Planning	\$ -	\$ -
Core Systems - Procurement	\$ -	\$ -
Core Systems - Implementation	\$ -	\$ 15,946,288
Core Systems - Operations	\$ -	\$ -
Core - Task Orders	\$ -	\$ -
Unified Operations Center - Procurement	\$ -	\$ -
Unified Operations Center - Implementation	\$ -	\$ 3,255,178
Unified Operations Center - Operations	\$ -	\$ 23,979,158
Unified Operations Center - Task Orders	\$ -	\$ -
Pharmacy Benefits Management - Procurement	\$ -	\$ -
Pharmacy Benefits Management - Implementation	\$ -	\$ 1,498,095
Pharmacy Benefits Management - Operations	\$ -	\$ -
Pharmacy Benefit Management - Task Orders	\$ -	\$ -
SEAS - Program and Project Management	\$ 9,746,661	\$ -
SEAS - Non-Project Support	\$ -	\$ -
FMMIS Support - Modular Communications	\$ -	\$ 6,870,000
CMS Interoperability - Planning	\$ -	\$ -
CMS Interoperability - Implementation	\$ -	\$ -
Operational Impact Analysis	\$ -	\$ -
Data Governance - Implementation	\$ -	\$ -
Legal Support	\$ -	\$ 135,000
IV&V	\$ -	\$ 3,230,996

Phase 4 Procurements - Support Services	\$	-	\$ 979,880.00
Phase 4 Procurements - Legal Support Services	\$	-	\$ 125,000.00
SW - Enterprise Software (Initial)	\$	-	\$ 150,000
25% SW - Enterprise Software (Renewal)	\$	-	\$ 283,703
25% PS - Enterprise Software Support (Renewal)	\$	-	\$ 25,000
Enterprise Consulting Services	\$	-	\$ 16,203,512

TOTALS	\$	9,746,661	\$ 160,663,953
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IS/IP
EDW
PSM
Core
UOC
PBM

Total Ops
Without Ops
Budget Tab
Reconciling

MENTATION DATES)

TOTAL	
\$	-
\$	-
\$	6,413,763
\$	-
\$	-
\$	-
\$	7,281,218
\$	-
\$	14,493,987
\$	5,069,469
\$	1,577,411
\$	-
\$	2,493,990
\$	8,984,528
\$	-
\$	3,500,070
\$	-
\$	-
\$	4,307,634
\$	16,935,160
\$	4,291,811
\$	-
\$	-
\$	-
\$	3,433,540
\$	9,199,562
\$	-
\$	-
\$	-
\$	15,946,288
\$	-
\$	-
\$	-
\$	3,255,178
\$	23,979,158
\$	-
\$	-
\$	1,498,095
\$	-
\$	-
\$	9,746,661
\$	-
\$	6,870,000
\$	-
\$	-
\$	-
\$	-
\$	135,000
\$	3,230,996

\$	979,880
\$	125,000
\$	150,000
\$	283,703
\$	25,000
\$	16,203,512
\$	170,410,614
\$	(6,413,763)
\$	(16,935,160)
\$	-
\$	-
\$	-
\$	-
\$	(23,348,923)
\$	147,061,691
\$	147,061,691
\$	-

PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USE IMPL)

COST ESTIMATION WORKBOOK

	SEAS	Vendor
IS/IP - Procurement	\$ -	\$ -
IS/IP - Implementation	\$ -	\$ -
IS/IP - Operations	\$ -	\$ 6,413,764
Integration Services and Integration Platform (IS/IP) - Task Orders	\$ -	\$ 7,500,000
Module Existing Systems Integration (MESI) - Support Svcs	\$ -	\$ -
Module Existing Systems Integration (MESI) - HW/SW	\$ -	\$ -
MESI - Internal Integration: ISIP - ISIP	\$ -	\$ 777,504
MESI - Internal Integration: ISIP - UOC	\$ -	\$ -
MESI - Internal Integration: ISIP - Core	\$ -	\$ 1,481,185
MESI - Internal Integration: ISIP - Provider	\$ -	\$ -
MESI - Internal Integration: ISIP - PBM	\$ -	\$ -
MESI - Internal Integration: EDW - EDW	\$ -	\$ -
MESI - Internal Integration: EDW - UOC	\$ -	\$ -
MESI - Internal Integration: EDW - Core	\$ -	\$ 4,184,528
MESI - Internal Integration: EDW - Provider	\$ -	\$ -
MESI - Internal Integration: EDW - PBM	\$ -	\$ 1,333,380
MESI - External Integration	\$ -	\$ -
Module Task Orders	\$ -	\$ -
Enterprise Data Warehouse - Procurement	\$ -	\$ -
Enterprise Data Warehouse - Implementation	\$ -	\$ -
Enterprise Data Warehouse - Operations	\$ -	\$ 9,611,725
Enterprise Data Warehouse (EDW) - Task Orders	\$ -	\$ 7,500,000
Single Source Credentialing - Planning	\$ -	\$ -
Provider Management - Procurement	\$ -	\$ -
Provider Systems and Technology - Procurement	\$ -	\$ -
Provider Systems and Technology - Implementation	\$ -	\$ 385,222
Provider Systems and Technology - Operations	\$ -	\$ 8,754,986
Provider - Task Orders	\$ -	\$ 2,611,200
Core Systems - Planning	\$ -	\$ -
Core Systems - Procurement	\$ -	\$ -
Core Systems - Implementation	\$ -	\$ 3,260,070
Core Systems - Operations	\$ -	\$ 17,855,160
Core - Task Orders	\$ -	\$ 2,611,200
Unified Operations Center - Procurement	\$ -	\$ -
Unified Operations Center - Implementation	\$ -	\$ 506,124
Unified Operations Center - Operations	\$ -	\$ 23,645,152
Unified Operations Center - Task Orders	\$ -	\$ 2,611,200
Pharmacy Benefits Management - Procurement	\$ -	\$ -
Pharmacy Benefits Management - Implementation	\$ -	\$ 8,735,595
Pharmacy Benefits Management - Operations	\$ -	\$ 2,239,872
Pharmacy Benefit Management - Task Orders	\$ -	\$ 2,611,200
SEAS - Program and Project Management	\$ 9,746,661	\$ -
SEAS - Non-Project Support	\$ -	\$ -
FMMIS Support - Modular Communications	\$ -	\$ -
CMS Interoperability - Planning	\$ -	\$ -
CMS Interoperability - Implementation	\$ -	\$ -
Operational Impact Analysis	\$ -	\$ -
Data Governance - Implementation	\$ -	\$ -
Legal Support	\$ -	\$ -
IV&V	\$ -	\$ 3,230,996

Phase 4 Procurements - Support Services	\$	-	\$ 979,880.00
Phase 4 Procurements - Legal Support Services	\$	-	\$ 125,000.00
SW - Enterprise Software (Initial)	\$	-	\$ -
25% SW - Enterprise Software (Renewal)	\$	-	\$ 411,703
25% PS - Enterprise Software Support (Renewal)	\$	-	\$ 25,000
Enterprise Consulting Services	\$	-	\$ 16,203,512

TOTALS	\$	9,746,661	\$ 135,605,158
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IS/IP
EDW
PSM
Core
UOC
PBM

Total Ops
Without Ops
Budget Tab
Reconciling

\$	979,880
\$	125,000
\$	-
\$	411,703
\$	25,000
\$	16,203,512
\$	145,351,819
\$	(6,413,764)
\$	(9,611,725)
\$	(8,754,986)
\$	-
\$	-
\$	-
\$	(24,780,475)
\$	120,571,344
\$	120,571,344
\$	-

PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USE IMPL)

COST ESTIMATION WORKBOOK

	SEAS		Vendor
IS/IP - Procurement	\$	-	\$ -
IS/IP - Implementation	\$	-	\$ -
IS/IP - Operations	\$	-	\$ 6,413,764
Integration Services and Integration Platform (IS/IP) - Task Orders	\$	-	\$ 7,500,000
Module Existing Systems Integration (MESI) - Support Svcs	\$	-	\$ -
Module Existing Systems Integration (MESI) - HW/SW	\$	-	\$ -
MESI - Internal Integration: ISIP - ISIP	\$	-	\$ -
MESI - Internal Integration: ISIP - UOC	\$	-	\$ -
MESI - Internal Integration: ISIP - Core	\$	-	\$ -
MESI - Internal Integration: ISIP - Provider	\$	-	\$ -
MESI - Internal Integration: ISIP - PBM	\$	-	\$ -
MESI - Internal Integration: EDW - EDW	\$	-	\$ -
MESI - Internal Integration: EDW - UOC	\$	-	\$ -
MESI - Internal Integration: EDW - Core	\$	-	\$ -
MESI - Internal Integration: EDW - Provider	\$	-	\$ -
MESI - Internal Integration: EDW - PBM	\$	-	\$ -
MESI - External Integration	\$	-	\$ -
Module Task Orders	\$	-	\$ -
Enterprise Data Warehouse - Procurement	\$	-	\$ -
Enterprise Data Warehouse - Implementation	\$	-	\$ -
Enterprise Data Warehouse - Operations	\$	-	\$ 9,203,340
Enterprise Data Warehouse (EDW) - Task Orders	\$	-	\$ 7,500,000
Single Source Credentialing - Planning	\$	-	\$ -
Provider Management - Procurement	\$	-	\$ -
Provider Systems and Technology - Procurement	\$	-	\$ -
Provider Systems and Technology - Implementation	\$	-	\$ -
Provider Systems and Technology - Operations	\$	-	\$ 7,188,088
Provider - Task Orders	\$	-	\$ 2,611,200
Core Systems - Planning	\$	-	\$ -
Core Systems - Procurement	\$	-	\$ -
Core Systems - Implementation	\$	-	\$ 2,907,025
Core Systems - Operations	\$	-	\$ 22,610,616
Core - Task Orders	\$	-	\$ 2,611,200
Unified Operations Center - Procurement	\$	-	\$ -
Unified Operations Center - Implementation	\$	-	\$ -
Unified Operations Center - Operations	\$	-	\$ 23,645,152
Unified Operations Center - Task Orders	\$	-	\$ 2,611,200
Pharmacy Benefits Management - Procurement	\$	-	\$ -
Pharmacy Benefits Management - Implementation	\$	-	\$ 154,969
Pharmacy Benefits Management - Operations	\$	-	\$ 12,939,292
Pharmacy Benefit Management - Task Orders	\$	-	\$ 2,611,200
SEAS - Program and Project Management	\$	-	\$ -
SEAS - Non-Project Support	\$	-	\$ -
FMMIS Support - Modular Communications	\$	-	\$ -
CMS Interoperability - Planning	\$	-	\$ -
CMS Interoperability - Implementation	\$	-	\$ -
Operational Impact Analysis	\$	-	\$ -
Data Governance - Implementation	\$	-	\$ -
Legal Support	\$	-	\$ -
IV&V	\$	-	\$ -

Phase 4 Procurements - Support Services	\$	-	\$	979,880.00
Phase 4 Procurements - Legal Support Services	\$	-	\$	125,000.00
SW - Enterprise Software (Initial)	\$	-	\$	-
25% SW - Enterprise Software (Renewal)	\$	-	\$	411,703
25% PS - Enterprise Software Support (Renewal)	\$	-	\$	25,000
Enterprise Consulting Services	\$	-	\$	16,203,512
TOTALS				
	\$	-	\$	128,252,141

IS/IP
EDW
PSM
Core
UOC
PBM

Total Ops
W/out Ops
Less Other Costs
Remaining
Budget Tab
Reconciling

\$	979,880
\$	125,000
\$	-
\$	411,703
\$	25,000
\$	16,203,512
\$	128,252,141
\$	(6,413,764)
\$	(9,203,340)
\$	(7,188,088)
\$	(22,610,616)
\$	(23,645,152)
\$	(12,939,292)
\$	(82,000,252)
\$	46,251,889
\$	45,147,009
\$	1,104,880
\$	1,104,880
\$	0

This fiscal

PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USE IMPLEME

COST ESTIMATION WORKBOOK

	SEAS		Vendor
IS/IP - Procurement	\$	-	\$ -
IS/IP - Implementation	\$	-	\$ -
IS/IP - Operations	\$	-	\$ 6,413,764
Integration Services and Integration Platform (IS/IP) - Task Orders	\$	-	\$ 7,500,000
Module Existing Systems Integration (MESI) - Support Svcs	\$	-	\$ -
Module Existing Systems Integration (MESI) - HW/SW	\$	-	\$ -
MESI - Internal Integration: ISIP - ISIP	\$	-	\$ -
MESI - Internal Integration: ISIP - UOC	\$	-	\$ -
MESI - Internal Integration: ISIP - Core	\$	-	\$ -
MESI - Internal Integration: ISIP - Provider	\$	-	\$ -
MESI - Internal Integration: ISIP - PBM	\$	-	\$ -
MESI - Internal Integration: EDW - EDW	\$	-	\$ -
MESI - Internal Integration: EDW - UOC	\$	-	\$ -
MESI - Internal Integration: EDW - Core	\$	-	\$ -
MESI - Internal Integration: EDW - Provider	\$	-	\$ -
MESI - Internal Integration: EDW - PBM	\$	-	\$ -
MESI - External Integration	\$	-	\$ -
Module Task Orders	\$	-	\$ -
Enterprise Data Warehouse - Procurement	\$	-	\$ -
Enterprise Data Warehouse - Implementation	\$	-	\$ -
Enterprise Data Warehouse - Operations	\$	-	\$ 9,332,855
Enterprise Data Warehouse (EDW) - Task Orders	\$	-	\$ 7,500,000
Single Source Credentialing - Planning	\$	-	\$ -
Provider Management - Procurement	\$	-	\$ -
Provider Systems and Technology - Procurement	\$	-	\$ -
Provider Systems and Technology - Implementation	\$	-	\$ -
Provider Systems and Technology - Operations	\$	-	\$ 6,148,059
Provider - Task Orders	\$	-	\$ 2,611,200
Core Systems - Planning	\$	-	\$ -
Core Systems - Procurement	\$	-	\$ -
Core Systems - Implementation	\$	-	\$ -
Core Systems - Operations	\$	-	\$ 22,211,862
Core - Task Orders	\$	-	\$ 2,611,200
Unified Operations Center - Procurement	\$	-	\$ -
Unified Operations Center - Implementation	\$	-	\$ -
Unified Operations Center - Operations	\$	-	\$ 23,645,152
Unified Operations Center - Task Orders	\$	-	\$ 2,611,200
Pharmacy Benefits Management - Procurement	\$	-	\$ -
Pharmacy Benefits Management - Implementation	\$	-	\$ -
Pharmacy Benefits Management - Operations	\$	-	\$ 12,839,304
Pharmacy Benefit Management - Task Orders	\$	-	\$ 2,611,200
SEAS - Program and Project Management	\$	-	\$ -
SEAS - Non-Project Support	\$	-	\$ -
FMMIS Support - Modular Communications	\$	-	\$ -
CMS Interoperability - Planning	\$	-	\$ -
CMS Interoperability - Implementation	\$	-	\$ -
Operational Impact Analysis	\$	-	\$ -
Data Governance - Implementation	\$	-	\$ -
Legal Support	\$	-	\$ -
IV&V	\$	-	\$ -

Phase 4 Procurements - Support Services	\$	-	\$	979,880.00
Phase 4 Procurements - Legal Support Services	\$	-	\$	125,000.00
SW - Enterprise Software (Initial)	\$	-	\$	-
25% SW - Enterprise Software (Renewal)	\$	-	\$	411,703
25% PS - Enterprise Software Support (Renewal)	\$	-	\$	25,000
Enterprise Consulting Services	\$	-	\$	13,203,512
TOTALS				
	\$	-	\$	120,780,890

IS/IP
EDW
PSM
Core
UOC
PBM

Total Ops
Without Ops
Less Other Costs
Remaining
Budget Tab
Reconciling



\$	979,880
\$	125,000
\$	-
\$	411,703
\$	25,000
\$	13,203,512
\$	120,780,890
\$	(6,413,764)
\$	(9,332,855)
\$	(6,148,059)
\$	(22,211,862)
\$	(23,645,152)
\$	(12,839,304)
\$	(80,590,995)
\$	40,189,895
\$	39,085,015
\$	1,104,880
\$	1,104,880
\$	-

ical year is post Phase 3.

PAY ATTENTION TO HOLDBACKS IN DETERMINING WHEN IMPLEMENTATION IS DONE - NA (USE IMF

COST ESTIMATION WORKBOOK

	SEAS	Vendor
IS/IP - Procurement	\$ -	\$ -
IS/IP - Implementation	\$ -	\$ -
IS/IP - Operations	\$ -	\$ -
Integration Services and Integration Platform (IS/IP) - Task Orders	\$ -	\$ -
Module Existing Systems Integration (MESI) - Support Svcs	\$ -	\$ -
Module Existing Systems Integration (MESI) - HW/SW	\$ -	\$ -
MESI - Internal Integration: ISIP - ISIP	\$ -	\$ -
MESI - Internal Integration: ISIP - UOC	\$ -	\$ -
MESI - Internal Integration: ISIP - Core	\$ -	\$ -
MESI - Internal Integration: ISIP - Provider	\$ -	\$ -
MESI - Internal Integration: ISIP - PBM	\$ -	\$ -
MESI - Internal Integration: EDW - EDW	\$ -	\$ -
MESI - Internal Integration: EDW - UOC	\$ -	\$ -
MESI - Internal Integration: EDW - Core	\$ -	\$ -
MESI - Internal Integration: EDW - Provider	\$ -	\$ -
MESI - Internal Integration: EDW - PBM	\$ -	\$ -
MESI - External Integration	\$ -	\$ -
Module Task Orders	\$ -	\$ -
Enterprise Data Warehouse - Procurement	\$ -	\$ -
Enterprise Data Warehouse - Implementation	\$ -	\$ -
Enterprise Data Warehouse - Operations	\$ -	\$ -
Enterprise Data Warehouse (EDW) - Task Orders	\$ -	\$ -
Single Source Credentialing - Planning	\$ -	\$ -
Provider Management - Procurement	\$ -	\$ -
Provider Systems and Technology - Procurement	\$ -	\$ -
Provider Systems and Technology - Implementation	\$ -	\$ -
Provider Systems and Technology - Operations	\$ -	\$ -
Provider - Task Orders	\$ -	\$ -
Core Systems - Planning	\$ -	\$ -
Core Systems - Procurement	\$ -	\$ -
Core Systems - Implementation	\$ -	\$ -
Core Systems - Operations	\$ -	\$ -
Core - Task Orders	\$ -	\$ -
Unified Operations Center - Procurement	\$ -	\$ -
Unified Operations Center - Implementation	\$ -	\$ -
Unified Operations Center - Operations	\$ -	\$ -
Unified Operations Center - Task Orders	\$ -	\$ -
Pharmacy Benefits Management - Procurement	\$ -	\$ -
Pharmacy Benefits Management - Implementation	\$ -	\$ -
Pharmacy Benefits Management - Operations	\$ -	\$ -
Pharmacy Benefit Management - Task Orders	\$ -	\$ -
SEAS - Program and Project Management	\$ -	\$ -
SEAS - Non-Project Support	\$ -	\$ -
FMMIS Support - Modular Communications	\$ -	\$ -
CMS Interoperability - Planning	\$ -	\$ -
CMS Interoperability - Implementation	\$ -	\$ -
Operational Impact Analysis	\$ -	\$ -
Data Governance - Implementation	\$ -	\$ -
Legal Support	\$ -	\$ -
IV&V	\$ -	\$ -

Phase 4 Procurements	\$	-	\$	-
SW - Enterprise Software (Initial)	\$	-	\$	-
25% SW - Enterprise Software (Renewal)	\$	-	\$	-
25% PS - Enterprise Software Support (Renewal)	\$	-	\$	-
Enterprise Consulting Services	\$	-	\$	-
	<hr/>			
TOTALS	\$	-	\$	-
	<hr/> <hr/>			

REMOVAL OF M&O IN OUT YEARS (I.E., POST MODULE IMPLEMENTATION)

Current &
Previous Years
Project-Related

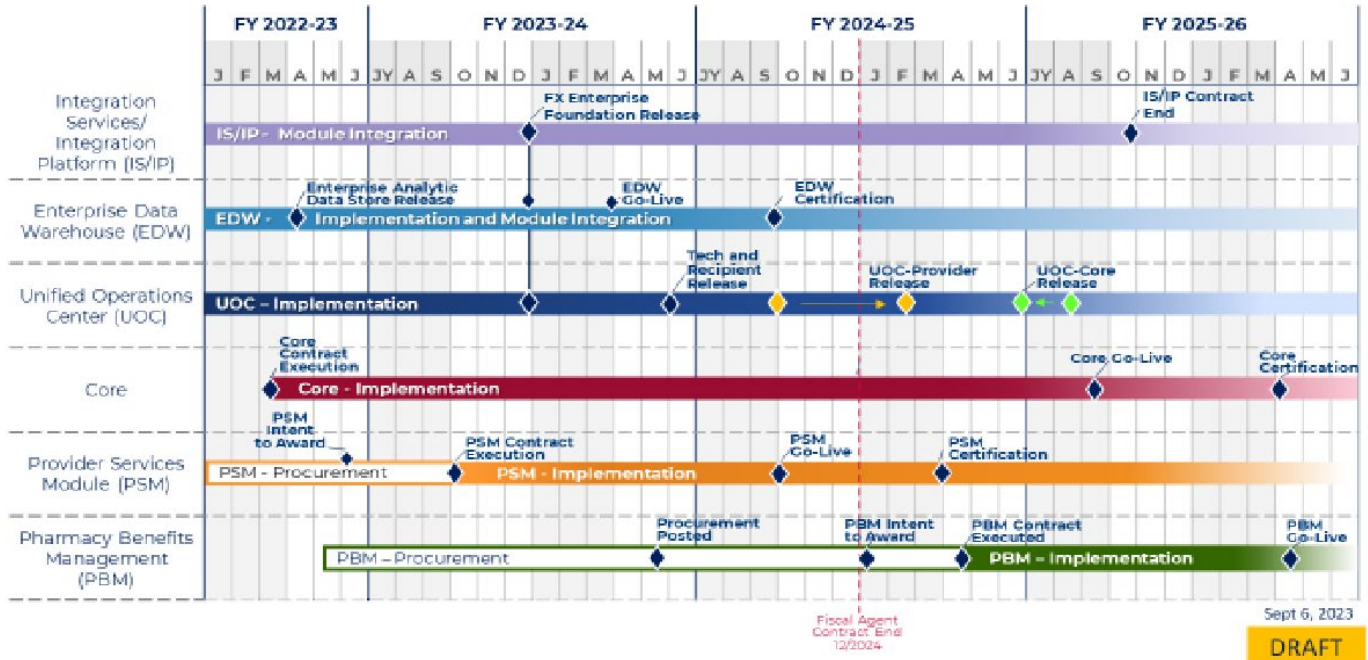
	Cost	FY24-25	FY25-26	FY26-27	FY27-28	FY28-29
IS/IP - Operations	\$ 15,798,637	\$ 6,413,763	\$ 6,413,764	\$ 6,413,764	\$ 6,413,764	\$ -
Enterprise Data Warehouse - Operations	\$ -	\$ 16,935,160	\$ 9,611,725	\$ 9,203,340	\$ 9,332,855	\$ -
PSM - Operations	\$ -	\$ -	\$ 8,754,986	\$ 7,188,088	\$ 6,148,059	\$ -
Core Systems - Operations	\$ -	\$ -	\$ -	\$ 22,610,616	\$ 22,211,862	\$ -
Unified Operations Center - Operations	\$ -	\$ -	\$ -	\$ 23,645,152	\$ 23,645,152	\$ -
Pharmacy Benefits Management - Operations	\$ -	\$ -	\$ -	\$ 12,939,292	\$ 12,839,304	\$ -
	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	\$ 15,798,637	\$ 23,348,923	\$ 24,780,475	\$ 82,000,252	\$ 80,590,995	\$ -

Totals

\$ 41,453,692
\$ 45,083,080
\$ 22,091,132
\$ 44,822,478
\$ 47,290,304
\$ 25,778,596
\$ -
\$ 226,519,282

FX Strategic Roadmap – Phase 3

For Internal Purposes Only



Here are the dates for UOC-- go with Baselined for now. UOC- Did not update on Roadmap as more follow-up is needed with MI and UOC vendors (John Howard)

- UOCI Recipient Release – 7/18/24 (5/31/24 Baselined)
- UOCI Provider Release - 1/3/25 (2/26/25 Baselined)
- UOCI Core Release - 5/14/25 (6/23/25 Baselined)

	Prior Years' Benefits	FY 2024-25	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29
EDW	\$ -	\$ 13,074,510	\$ 17,432,680	\$ 17,432,680	\$ 17,432,680	\$ 17,432,680
PSM	\$ -	\$ 21,674,473	\$ 43,348,946	\$ 43,348,946	\$ 43,348,946	\$ 43,348,946
Unified Operations Center	\$ -	\$ 246,725	\$ 19,149,811	\$ 45,124,428	\$ 45,124,428	\$ 45,124,428
Core (Claims / Encounter / Financial)	\$ -	\$ -	\$ 75,158,881	\$ 183,263,488	\$ 183,499,683	\$ 183,744,103
Pharmacy Benefit Management	\$ -	\$ -	\$ -	\$ 180,662	\$ 387,776	\$ 415,983
TOTALS	\$ -	\$ 34,995,708	\$ 155,090,317	\$ 289,350,204	\$ 289,793,513	\$ 290,066,140
		\$ 34,995,708	\$ 155,090,317	\$ 289,350,204	\$ 289,793,513	\$ 290,066,140

FY 2029-30	FY 2030-31	Totals	
\$ 17,432,680	\$ -	\$ 100,237,908	\$ 82,805,229
\$ 43,348,946	\$ -	\$ 238,419,202	\$ 195,070,257
\$ 45,124,428	\$ -	\$ 199,894,248	\$ 154,769,820
\$ 183,744,103	\$ -	\$ 809,410,258	\$ 625,666,155
\$ 446,010	\$ -	\$ 1,430,432	\$ 984,421
\$ 290,096,167	\$ -	\$ 1,349,392,049	\$ 1,059,295,882

\$ 290,096,167

\$ 1,349,392,049

Cash Flow vs Funding



	B	C	D	E	F	G	H						
3	Project		<i>Florida Health Care Connections (FX)</i>										
4													
5	Agency		<i>Agency for Health Care Administration</i>										
6	FY 2024-25 LBR Issue Code:			FY 2024-25 LBR Issue Title:									
7	<i>Issue Code</i>			<i>Florida Health Care Connections</i>									
8	Risk Assessment Contact Info (Name, Phone #, and E-mail Address):												
9	<i>Michael Magnuson, (850) 412-4791, Michael.Magnuson@ahca.myflorida.com</i>												
10	Executive Sponsor		<i>Jason Weida, Secretary</i>										
11	Project Manager		<i>Michael Magnuson</i>										
12	Prepared By		<i>Office of the FX Program</i>			<i>7/18/2023</i>							
14	Risk Assessment Summary												
15													
16	Business Strategy	Level of Project Risk											
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
34	Project Risk Area Breakdown												
35	Risk Assessment Areas						<i>Risk Exposure</i>						
36	Strategic Assessment						MEDIUM						
37													
38	Technology Exposure Assessment						MEDIUM						
39													
40	Organizational Change Management Assessment						HIGH						
41													
42	Communication Assessment						LOW						
43													
44	Fiscal Assessment						MEDIUM						
45													
46	Project Organization Assessment						MEDIUM						
47													
48	Project Management Assessment						MEDIUM						
49													
50	Project Complexity Assessment						HIGH						
51													
52													
53	Overall Project Risk						HIGH						

	B	C	D	E
1	Agency: Agency for Health Care Administration		Project: Florida Health Care Connections (FX)	
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 defined and documented	
13	3.04	Has an Organizational Change Management Plan been approved for this project?	Yes	Yes
14			No	
15	3.05	Will the agency's anticipated FTE count change as a result of implementing the project?	Over 10% FTE count change	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: 2024-25 FY

Department: Agency for Health Care Administration

Acting Chief Internal Auditor: Karen Preacher

Budget Entity: Administration and Support (68200000)

Phone Number: (850) 412-3968

(1) REPORT NUMBER	(2) PERIOD ENDING	(3) UNIT/AREA	(4) SUMMARY OF FINDINGS AND RECOMMENDATIONS	(5) SUMMARY OF CORRECTIVE ACTION TAKEN	(6) ISSUE CODE
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AUDITS FOR FISCAL YEAR 2022-23

<p>AG 2023-174 AG 21-22 Federal Awards & Financial Statement Audit</p>	<p>FYE 6/30/22</p>	<p><i>State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards</i></p>	<p>Finding#2022-035 Certain security controls related to user authentication for the Florida Medicaid Management Information System (FMMIS) need improvement to ensure the confidentiality, integrity, and availability of FMMIS data and related information technology (IT) resources.</p>	<p>Management Response The AHCA concurs that appropriate user authentication controls for FMMIS are necessary to decrease the risk that unauthorized individuals may gain access to the system and compromise the confidentiality, integrity, and availability of FMMIS data and related IT resources.</p>	
			<p>Recommendations We recommend that AHCA management improve certain security controls related to FMMIS user authentication to ensure the confidentiality, integrity, and availability of FMMIS data and related IT resources.</p>		
			<p>Finding#2022-049 The AHCA did not provide required subaward information to its subrecipient or report subaward information required by the Federal Funding Accountability and Transparency Act (FFATA) in the FFATA Subaward Reporting System (FSRS).</p>	<p>Management Response The AHCA is in concurrence. The Grants Management Section within the Bureau of Financial Services has added the FFATA reporting process to the calendar of events to ensure that the required subaward information is provided to the subrecipient. In addition, the Projects and Process Improvement Unit within the Bureau of Medicaid Policy is currently updating the CHIP Federal Subaward process which will ensure that the applicable subaward is reported in the FSRS in accordance with federal regulations.</p>	
			<p>Recommendations We recommend that AHCA management ensure that required subaward information is provided to the subrecipient and that all applicable CHIP subawards are reported in the FSRS in accordance with Federal regulations.</p>		
			<p>Finding#2022-051 The AHCA did not check all required Federal databases to confirm the identity of providers upon enrollment and reenrollment.</p>	<p>Management Response The AHCA concurs that the FMMIS must be configured to check the SSA DMF and NPPES upon provider enrollment and reenrollment in accordance with Federal regulations.</p>	
			<p>Recommendations We recommend that the AHCA configure FMMIS to check the SSA DMF and NPPES upon provider enrollment and reenrollment in accordance with Federal regulations.</p>		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding#2022-053 AHCA State match contributions were not always supported by appropriate records, nor were related calculations always accurate or reviewed by management.</p>	<p>Management Response The AHCA concurs with the recommendation. The Grants Management Section within the Bureau of Financial Services will update the current procedures by incorporating procedural changes and a supervisory review. In addition, the desktop procedures will be updated to include the appropriate file location and naming convention for all relative supporting documentation so it can be easily located and provided to requestors as well as for research purposes.</p>	
			<p>Recommendations We recommend that AHCA management enhance policies and procedures to ensure that all matching contribution calculations and amounts are subject to supervisory review and supported by appropriate documentation.</p>		
			<p>Finding#2022-054 The AHCA did not ensure that all external quality review activities were performed in accordance with Federal requirements.</p>	<p>Management Response The AHCA is in concurrence. The final federal compliance review tools and the draft timeline was submitted to CMS on February 7, 2023. The AHCA agrees to continue efforts to ensure compliance and is on track to complete the three-year compliance review by the end of the review period. The three-year compliance review period began in January 2022 and will end in December 2024.</p>	
			<p>Recommendations We recommend that the AHCA continue efforts to complete the 3-year comprehensive compliance review by the end of the established review period to ensure compliance with Federal regulations.</p>		
			<p>Finding#2022-055 The AHCA did not always ensure that an independent audit of the accuracy, truthfulness, and completeness of encounter data for each health plan was conducted at least once every 3 years nor post the results of financial audits to its Web site.</p>	<p>Management Response The AHCA is in concurrence. AHCA is working internally on developing the policies and procedures to ensure that the accuracy, truthfulness, and completeness of encounter data is validated at least once every three years for each plan, during the next three-year cycle (SFY 22/23 - SFY 24/25).</p>	
			<p>Recommendations We recommend that AHCA management establish policies and procedures requiring an EDV study for each health plan at least every 3 years to ensure the accuracy, truthfulness, and completeness of encounter data and post the results of financial audits on its Web site.</p>		
			<p>Finding#2022-056 The AHCA did not obtain from health plans a report that included all MLR information required by Federal regulations.</p>	<p>Management Response</p>	
			<p>Recommendations</p>		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AHCA-2223-01-A	1/1/22 through 10/31/22	Contract Monitoring Process	<p>We recommend that the AHCA update the ASR Financial Report template to ensure that the ASR Financial Report obtained from each MCO, PIHP, and PAHP includes all the MLR information required by Federal regulations.</p> <p>Finding#2022-057 The AHCA's confidentiality agreement with its fiscal agent did not include required elements in accordance with the NCCI Technical Guidance Manual for Medicaid Services.</p> <p>Recommendations We again recommend that the AHCA amend its current fiscal agent contract confidentiality agreement to include the elements required by the NCCI Technical Guidance Manual for Medicaid Services.</p> <p>Finding#1 The Bureau of Medicaid Policy could not provide supporting documentation for the payment of invoices for one of the reviewed contracts.</p> <p>Recommendations We recommend all supporting documentation for the payment of invoices, and the Payment Tracking Log be saved in the required electronic Contract Monitoring folder in the Program Area's share drive.</p> <p>We also recommend all Contract Managers follow AHCA Policy and Procedure 4006, Procurement of Goods and Services, the AHCA Contract Monitoring Reference Series, and the Division of Medicaid Playbook, including how to set up, organize and use the required electronic contract file.</p> <p>Finding#2 The Bureau of Purchasing and Contract Administration annual reviews of Contract Manager files were not completed.</p> <p>Recommendations We recommend Procurement follows through with reinstating the review of the Contract Manger's contract files once every state fiscal year.</p> <p>We also recommend the Contract Manger Supervisors regularly review the contract file for all appropriate documents.</p>	<p>The AHCA is in concurrence. The Bureau of Medicaid Program Finance (MPF) Financial Monitoring section oversees the reporting of the MLR by contracted plans as well as the Achieved Savings Rebate (ASR). The Agency does not have a standalone Medical Loss Ratio (MLR) report; however, it does have an ASR Financial Report which includes MLR information. Quarterly ASR reports, which contain a tab dedicated to the reporting of the MLR, are submitted to the Agency by the contracted health plans. The Financial Monitoring section analyzes the information provided and creates an annual report. The annual report is submitted to Medicaid Policy management for review prior to submission to CMS. ASR Financial Reports are completed on a calendar year basis.</p> <p>Management Response The AHCA concurs that AHCA's confidentiality agreement with our fiscal agent did not include required elements in accordance with the NCCI Technical Guidance Manual for Medicaid Services.</p> <p>Management Response Management has taken additional steps to ensure that documentation is regularly and routinely saved in the proper electronic folders.</p> <p>Management is providing training to new and existing staff to insure familiarity with AHCA policies.</p> <p>Management Response Bureau of Purchasing and Contract Administration agrees with the finding and plans to resume conducting contract file reviews in Fiscal Year 2023-2024.</p> <p>Bureau of Purchasing and Contract Administration agrees with the finding and plans to resume conducting contract file reviews in Fiscal Year 2023-2024.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AHCA-2223-04-A	n/a	<p><i>Information Technology Audit: Enterprise Cybersecurity Audit of Identity Management, Authentication, and Access Controls.</i></p>	<p>This information technology audit was released as a confidential report pursuant to Section 282.318, Florida Statutes, and is therefore not available for public distribution.</p>		
AHCA-2122-02-A	10/1/21 through 3/31/22	<p><i>Public Records Process Audit</i></p>	<p>Finding#1 The Agency does not consult uniform guidance for redacting records for public records requests, which led to the Agency releasing records with unredacted confidential and protected information.</p> <p>Recommendations We recommend the Public Records Office update AHCA Policy #99-Ex-1 to identify guidance resource information for all categories of confidential and protected information.</p> <p>We recommend the Public Records Office create a public records page on the Agency’s internal website to include redaction guidance for Agency staff to consult.</p> <p>We recommend the Public Records Office implement ongoing periodic training for Agency staff involved in the public records process to include identifying all categories of confidential and protected information.</p> <p>Additionally, we recommend the Public Records Office implement the requirement for a secondary review of records responsive to public records request prior to release and to codify the requirement in policy.</p> <p>Finding#2 Access to the Agency’s correspondence tracking system and controls for emails with confidential and protected information need improvements.</p> <p>Recommendations</p>	<p>Management Response The OGC/Public Records Office will create an updated version of AHCA Policy #99-Ex-1 (“Updated Policy”) that states that AHCA employees should consult the guidance and training resources that are posted and available on the Public Records Office intranet page when responding to public records requests.</p> <p><i>(See Report# AHCA-2122-02-A for complete response)</i></p> <p>The OGC/Public Records Office will work with IT to create a Public Records Office intranet page, include and/or provide links to appropriate guidance and training resources on the page (as discussed above), and periodically update the page with additional or updated guidance and training resources when identified or created (as discussed above).</p> <p>The OGC/Public Records Office already provides public records and records retention training to Agency staff during New Employee Orientation (in person) and as part of the yearly Keep Informed Training (via computer).</p> <p><i>(See Report# AHCA-2122-02-A for complete response)</i></p> <p>The OGC/Public Records Office currently lacks the resources, including staff, to provide secondary review of the records provided to it in response to public records requests prior to their release. Currently, records that have been identified by an attorney or by an Agency unit as requiring attorney review prior to their release are assigned to an OGC attorney for review before being sent to the requestor.</p> <p><i>(See Report# AHCA-2122-02-A for complete response)</i></p> <p>Management Response</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>We recommend the Public Records Office implement ongoing periodic training for Agency staff involved in the public records process to include email and technical safeguards to which staff must adhere.</p> <p>We recommend the Public Records Office work with the Division of Information Technology to implement single sign-on and multifactor authentication for the correspondence tracking system.</p> <p>We recommend the Public Records Office utilize and implement the correspondence tracking system's allowable restrictions.</p> <p>Additionally, we recommend the Agency implement ongoing periodic reviews of access privileges for the correspondence tracking system.</p> <p>Finding#3 The Agency does not have a consistent formula for assessing fees for public records requests.</p> <p>Recommendations We recommend the Public Records Office develop a comprehensive fee structure for all public records requests, and to update AHCA Policy #99-Ex-1 to include the comprehensive fee structure.</p> <p>Additionally, we recommend the Public Records Office develop a template for estimating the cost estimates for public records requests, and to require Agency staff to use the template.</p>	<p>All Agency employees currently receive training at New Employee Orientation and as part of the annual Keep Informed Training regarding technical safeguards for email, discs, drives, etc., to which all employees must adhere. However, the OGC/Public Records Office will include a reminder in the computer-based training that it intends to create for persons involved in the public records process (as discussed above) that these technical safeguards are equally applicable in the public records context when the records that have been requested and are being produced contain confidential information.</p> <p><i>(See Report# AHCA-2122-02-A for complete response)</i></p> <p>The OGC/Public Records Office does not oversee the communications tracking system for public records but will recommend to the Office of Communications that this recommendation be implemented.</p> <p>The OGC/Public Records Office does not oversee the communications tracking system for public records but will recommend to the Office of Communications that this recommendation be implemented.</p> <p>The OGC/Public Records Office does not oversee the communications tracking system for public records but will recommend to the Office of Communications that this recommendation be implemented.</p> <p>Management Response Chapter 119, Florida Statutes, and case law provide the governing fee structure for public records requests. This fee structure is reflected in the existing version AHCA Policy #99-Ex-1. The OGC/Public Records Office does not have the authority to set a fee structure different than provided by law.</p> <p><i>(See Report# AHCA-2122-02-A for complete response)</i></p> <p>The OGC/Public Records Office has developed a draft cost estimate worksheet for Agency personnel to use as guidance when calculating fees to better implement the fee structure mandated by law and the existing Policy, which has already been provided to the OIG. The OGC/Public Records Office will work towards finalizing the draft.</p> <p><i>(See Report# AHCA-2122-02-A for complete response)</i></p>	
AHCA-2122-05-A	7/1/21 through 5/31/22	Pcard Program Transaction Audit	<p>Finding Based on our review, the Agency PCards are generally being used in compliance with, Chapter 287, F.S., Chapter 60A-1.002, F.A.C., and Agency PCard Program training with some documentation exception. We noted inconsistencies in supporting documentation involving purchasing from third-party vendors.</p>		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AHCA-2122-01-A	7/1/21 through 10/18/22	<p style="text-align: center;"><i>Pcard Program Administration Audit</i></p>	<p>Recommendations We recommend internal policies be updated to reflect the use of third-party vendors is discouraged, but exceptions can be made when necessary. Guidance should explain circumstances allowing for use of a third-party vendor and documentation requirements when utilizing a third-party vendor to ensure appropriate purchasing requirements are followed.</p> <p>Finding PCard cancellations by the Agency are not always timely.</p> <p>Recommendations We recommend the Agency review their processes and controls to ensure timely cancellation of PCard upon employee separation.</p>	<p>The Policy & Systems Section within the Bureau of Financial Services will update the PCard Plan to clarify that payments to third-party vendors are allowable as long as documentation to support the use of the vendors is provided. In addition, the on-line training material will be updated to include the changes for the third-party vendors so all PCard users are aware of the allowable transactions.</p> <p>Due to the Accountant IV position (Assistant PCard Administrator) being vacant in the Policy & Systems Section within the Bureau of Financial Services, there was a delay by the PCard Administrator of cancelling the PCards for the three former Agency employees who were identified during the audit.</p> <p>Staff in the Policy & Systems Section have limited access to PCards and oversight of them due to internal control measures. In addition, the Agency's policies and procedures indicate that Administrators, both the PCard Administrator and Assistant PCard Administrator, will deactivate profiles within five business days of the separation date to ensure there are no unauthorized charges.</p>	
AUDITS FOR FISCAL YEAR 2021-22					
<p>AG 2022-200 AG 20-21 Operational Audit - Multi Agency</p>	<p style="text-align: center;"><i>March to August 2020</i></p>	<p style="text-align: center;"><i>COVID-19 Data Collection and Reporting at Selected State Entities</i></p>	<p>Finding#5 Monitoring of Health Facility Data Reporting. Agency records did not evidence the evaluation of the accuracy of COVID-19 data reported by hospitals, nursing homes, and assisted living facilities and such facilities did not always report required information.</p> <p>Recommendations We recommend that Agency management take steps to promote the accurate reporting by health facilities of all data required by Agency guidelines.</p> <p>Finding#7</p>	<p>Management Response As part of the \$340,000 funding received to modernize ESS, the Agency was required to expand the ESS system and rebrand it the Health Facility Reporting System (HFRS). This was completed in mid-August 2022. HFRS was utilized during hurricane Ian to collect critical facility information pre and post storm impact. The Agency is currently evaluating improvements to its response to the storm (as it does after every event) and will incorporate those changes into the HFRS system. An overall reevaluation of the reporting function is part of that evaluation as well as ideas to increase enforcement of facility response and reporting. This will include the previously stated goals of: - Standardizing the reporting naming convention so that reports can be easily reviewed to determine their purpose. - Developing a Quality Assurance (QA) process for data which would include QA reports and system modifications to reduce data entry errors. - Determining measures to ensure compliance with reporting requirements.</p>	<p style="text-align: right;"><i>fr 2022-200 6mo status</i></p>

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AG 2022-189 AG 20-21 Federal Awards & Financial Statement Audit	FYE 6/30/21	<i>State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards</i>	ESS Access Controls. Agency user access privilege controls for the Emergency Status System (ESS) need enhancement to better prevent and detect inappropriate access to the ESS.	<p>Management Response</p> No further updates. Solutions are still active and are in place with Active Directory/People First.	<i>fr 2022-200 6mo status</i>
			<p>Recommendations</p> We recommend that Agency management strengthen IT access controls to ensure that ESS user access privileges are limited to the minimum necessary for a user to perform their current job duties and deactivated immediately upon separation from Agency employment. We also recommend that Agency management perform and document periodic reviews of ESS user access privileges.		
			<p>Finding#2021-077</p> AHCA records did not evidence that Florida Medicaid Management Information System (FMMIS) user access privileges were timely deactivated when access was no longer needed.	<p>Management Response</p> The AHCA has implemented employment separation notification controls to ensure the immediate deactivation of FMMIS user access privileges upon separation from AHCA employment. The State has completed implementation of all employment separation notification controls, and they are working as anticipated. In addition, policies and procedures have been updated to reflect the new controls.	<i>fr 2022-189 6mo status</i>
			<p>Recommendations</p> We recommend that AHCA management enhance employment separation notification controls to ensure that FMMIS user access privileges are deactivated immediately upon a user's separation from AHCA employment.	<p>Management Response</p> The AHCA has implemented employment separation notification controls to ensure the immediate deactivation of FMMIS user access privileges upon separation from AHCA employment. The State has completed implementation of all employment separation notification controls, and they are working as anticipated. In addition, policies and procedures have been updated to reflect the new controls.	<i>fr 2022-189 6mo status</i>
			<p>Finding#2021-078</p> Certain security controls related to user authentication for the Florida Medicaid Management Information System (FMMIS) need improvement to ensure the confidentiality, integrity, and availability of FMMIS data and related information technology (IT) resources.	<p>Management Response</p> The recommended functionality is not supported by the current FMMIS provisioning system. However, in order to access the FMMIS, State users must access the State's network, which does contain the recommended security controls. Current State procurements include the recommended functionality requirements. The recommended security controls are requirements of the Agency's new Florida Health Care Connection (FX) System and Single Sign On platform. Procurement is in process and Integration is still expected to start mid-2023 and complete by the end of 2024.	<i>fr 2022-189 6mo status</i>
			<p>Finding#2021-080</p> The AHCA did not always ensure that an independent audit of the accuracy, truthfulness, and completeness of encounter data for each health plan was conducted at least once every 3 years nor post the results of financial audits to its Web site.		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Recommendations</p> <p>We recommend that AHCA management establish policies and procedures requiring an EDV study for each health plan at least every 3 years to ensure the accuracy, truthfulness, and completeness of encounter data and post the results of financial audits on its Web site.</p>	<p>Management Response</p> <p>The AHCA is on track to develop the policies and procedures by September 30, 2022. The policies and procedures will describe the state's process for ensuring the accuracy, truthfulness, and completeness of encounter data is validated at least once every three years for each plan and the process to ensure that the results of financial audits are posted on its website.</p>	<i>fr 2022-189 6mo status</i>
			<p>Finding#2021-081</p> <p>The AHCA did not obtain from health plans a report that included all MLR information required by Federal regulations.</p>		
			<p>Recommendations</p> <p>We recommend that the AHCA ensure that the ASR Financial Report obtained from each MCO, PIHP, and PAHP includes all the MLR information required by Federal regulations.</p>	<p>Management Response</p> <p>The AHCA continues to work on the previously reported corrective actions. This has not been completed due to staff turnover. The estimated completion date remains December 31, 2022.</p>	<i>fr 2022-189 6mo status</i>
			<p>Finding#2021-082</p> <p>The AHCA's confidentiality agreement with its fiscal agent did not include required elements in accordance with the NCCI Technical Guidance Manual for Medicaid Services.</p>		
			<p>Recommendations</p> <p>We recommend that the AHCA amend its fiscal agent contract confidentiality agreement to include the elements required by the NCCI Technical Guidance Manual for Medicaid Services.</p>	<p>Management Response</p> <p>The AHCA is currently involved in an active procurement of the Florida Health Care Connections (FX) Core which will process Medicaid Fee-For-Service Claims and Managed Care Encounters and will contain reference file information such as NCCI Edits. The recommendations will be included in the new FX Core contract, which is expected to be awarded by the end of 2022, and will go live by the end of 2024.</p>	<i>fr 2022-189 6mo status</i>
				<p>AHCA's Legal and HIPAA Compliance Offices are reviewing the FX Core contract language for inclusion of NCCI confidentiality agreement elements required by the NCCI Technical Guidance Manual for Medicaid Services.</p>	
			<p>Finding#2021-083</p> <p>The AHCA did not ensure that all external quality review activities were performed in accordance with Federal requirements.</p>		
			<p>Recommendations</p> <p>We recommend that the AHCA ensure that EQR activities, including compliance reviews, are conducted in accordance with Federal regulations.</p>	<p>Management Response</p> <p>The AHCA's three-year compliance review period began in January 2022 and will end in December 2024. The AHCA will then submit compliance review documentation to its EQRO in January 2025 so that the EQRO can begin conducting a review to validate the state's compliance with the compliance review activity.</p>	<i>fr 2022-189 6mo status</i>
				<p>The AHCA is on track to complete the compliance review; however, this requirement cannot be considered fully corrected until the EQRO reports its findings in the EQR Annual Technical Report that is due to the Centers for Medicare & Medicaid Services (CMS) in April 2026.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding#2021-084 Internal controls related to the Pharmaceutical Claims Processing System (PCPS) were not always appropriately designed and operating effectively.</p> <p>Recommendations We recommend that the AHCA ensure that the service organization takes timely and appropriate corrective action to resolve the deficiencies noted in the independent service auditor's report.</p>	<p>Management Response The AHCA reviewed and confirmed Magellan CAPs completed as of February 14, 2022.</p>	<p><i>fr 2022-189 6mo status</i></p>
			<p>Finding#2021-085 The AHCA did not ensure that the subservice organization's internal controls related to the Pharmaceutical Rebate Information Management System (PRIMS) were appropriately designed and operating effectively.</p> <p>Recommendations We recommend that, as applicable, AHCA management make or obtain independent and periodic assessments of the effectiveness of subservice organization controls relevant to PRIMs, such as through the timely and documented review of service auditor reports.</p>	<p>Management Response For the first part of the audit period, PRIMs was housed at the New Mexico Data Center (NMDC). Gainwell, the fiscal agent, moved their hosting services from the NMDC to Amazon Web Service (AWS). Since Gainwell canceled their contract with NMDC, NMDC did not perform a SOC audit for PRIMs which would provide evidence of the effectiveness of relevant services organization controls. The AWS SOC report was submitted to the auditors, which covered the last three months of the audit period.</p> <p>The PRIMs is no longer housed at the NMDC and is now hosted by AWS. The Agency will retrieve the SOC reports from the AWS public website upon request.</p> <p>A copy of the AWS SOC Report from the AWS Website was retrieved for the time that the NMDC Contract ended (February 5, 2021) to the end of the audit period (June 3, 2021) A copy of the SOC Report was provided to the auditor. The Agency began retrieving the AWS reports November 9, 2021.</p>	<p><i>fr 2022-189 6mo status</i></p>
			<p>Finding#2021-086 The list used by the AHCA to conduct periodic Fraud and Abuse Case Tracking System (FACTS) system user access privilege reviews did not promote an effective review of the appropriateness of all user accounts.</p> <p>Recommendations We recommend that AHCA management complete periodic reviews of the appropriateness of FACTS user access privileges using system-generated lists of user accounts.</p>	<p>Management Response Fully corrected.</p>	<p><i>fr 2022-189 6mo status</i></p>
			<p>Finding#AM 2021-05 AHCA procedures for preparing the Schedule of Expenditures of Federal Awards (SEFA) data form were not sufficient to ensure the accuracy of reported amounts. As a result, prior to audit adjustment, amounts reported on the State's SEFA were incorrect.</p> <p>Recommendations We recommend that the AHCA enhance procedures to ensure that the data used to prepare the SEFA is correct and the information reported on the SEFA data form is reviewed by management for accuracy and completeness prior to submission to the FDFS.</p>	<p>Management Response Due to staff turnover, the SEFA reporting procedures have not been completely modified. The anticipated completion date is December 31, 2022. The revised procedures will improve the reporting process, will be more informative, and will be sufficient for accurate and complete reporting purposes.</p>	<p><i>fr 2022-189 6mo status</i></p>

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AHCA-2122-03-A	FY 2018 -19 through FY 2020-21	Enterprise Audit for House Bill 1079	<p data-bbox="638 412 1184 505">Finding#1 Agency contracts were not always entered timely (within 30-days) or accurately into the Florida Accountability Contract Tracking System (FACTS), as required by Section 215.985(14)(a), F.S.</p> <p data-bbox="638 537 1184 607">Recommendations Our Office recommends the Agency ensure contract data and documents are accurately entered into FACTS within the statutory 30-day deadline.</p> <p data-bbox="638 678 1184 743">We also recommend that the Agency ensure that contracts/grant disbursements with inactive vendors and past end dates are identified in FACTS and corrected.</p> <p data-bbox="638 813 1184 878">Finding#2 Agency procurement policies, procedures, and quality assurance processes need to be updated and revised.</p> <p data-bbox="638 906 1184 976">Recommendations Our Office recommends the Agency revise and update relevant internal procurement policies and procedures.</p> <p data-bbox="638 1060 1184 1125">We also recommend the Agency institute additional quality assurance processes over the entry of contracts into FACTS to ensure greater accuracy of the data in FACTS.</p> <p data-bbox="638 1190 1184 1255">Finding#3 Agency procurement processes relevant to conflict-of-interest documentation need improvement.</p> <p data-bbox="638 1295 1184 1385">Recommendations Our Office recommends the AHCA Procurement Office implement relevant quality assurance processes to ensure that conflict-of-interest questionnaire forms are completed and included for all executed contracts.</p> <p data-bbox="638 1479 1184 1547">We also recommend the internal conflict-of-interest questionnaire form be updated to specifically note the five-year previous vendor employment prohibition for Agency contract managers.</p>	<p data-bbox="1184 237 1858 326">The Bureau hired a new Financial Administrator in July 2022. Since that time, staff in the Grants Section as well as the Financial Administrator have reviewed steps in the current SEFA process, noted steps used for the September 2022 SEFA submission, and determined the process for monitoring/error tools.</p> <p data-bbox="1184 537 1858 607">Management Response We concur and will follow current procedures to ensure all applicable contracts are automatically entered into FACTS within the statutory 30-day deadline.</p> <p data-bbox="1184 678 1858 743">We concur and will ensure inactive vendors are notified to update their MFMP registrations or take related measures. We will also update any contracts in FACTS that no longer need to remain open for invoicing/payment purposes</p> <p data-bbox="1184 906 1858 995">Management Response We concur and will update policy and procedures to reflect new statutory requirements that resulted from HB 1079 and other processes that have changed since the current policy was updated in 2015.</p> <p data-bbox="1184 1060 1858 1109">We concur and will update quality assurance review processes to verify the timeliness and accuracy of the contract data and documents entered in FACTS.</p> <p data-bbox="1184 1295 1858 1365">Management Response We concur and will revise quality assurance review processes to ensure conflict of interest questionnaire forms are completed before executing a contract.</p> <p data-bbox="1184 1479 1858 1523">We concur and are in the process of updating our conflict-of-interest form to address the new statutory requirement.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AHCA-2122-04-A	n/a	<i>Information Technology Audit: Enterprise Audit of Cybersecurity Continuous Monitoring</i>	This information technology audit was released as a confidential report pursuant to Section 282.318, Florida Statutes, and is therefore not available for public distribution.		

Fiscal Year 2024-25 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.						
	Program or Service (Budget Entity Codes)					
Action	68200000	68500100	68500200	68501400	68501500	68700700

AUDITS:						
3.2	Negative Appropriation Category Audit for Agency Request (Columns A03 and A04): Are all appropriation categories positive by budget entity and program component at the FSI level? Are all nonrecurring amounts less than requested amounts? (NACR, NAC - Report should print "No Negative Appropriation Categories Found")	Y	Y	Y	Y	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
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 60 of the LBR Instructions?	Y	Y	Y	Y	Y
4.2	Is the program component code and title used correct?	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

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
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
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

Fiscal Year 2024-25 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

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 2022-23 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for rounding.	
TIP	If B08 is not equal to A01, check the following: 1) the initial FLAIR disbursements or carry forward data load was corrected appropriately in A01; 2) the disbursement data from departmental FLAIR was reconciled to State Accounts; and 3) the FLAIR disbursements did not change after Column B08 was created. Note that there is a \$5,000 allowance at the department level.	

6. EXHIBIT D-3 (ED3R, ED3) (Not required in the LBR - for analytical purposes only.)

6.1	Are issues appropriately aligned with appropriation categories?	Y	Y	Y	Y	Y	Y
TIP	Exhibit D-3 is not required in the budget submission but may be needed for this particular appropriation category/issue sort. Exhibit D-3 is also a useful report when identifying negative appropriation category problems.						

7. EXHIBIT D-3A (EADR, ED3A) (Required to be posted to the Florida Fiscal Portal)

7.1	Are the issue titles correct and do they clearly identify the issue? (See pages 15 through 28 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 63 through 70 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 70 of the LBR Instructions?	Y	N/A	Y	N/A	N/A	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	N/A	Y	N/A	N/A	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.)	N/A	N/A	N/A	N/A	N/A	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	N/A	Y	N/A	N/A	Y
7.7	Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OAD/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	N/A	Y	N/A	N/A	Y

Fiscal Year 2024-25 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.						
		Program or Service (Budget Entity Codes)				
Action		68200000	68500100	68500200	68501400	68501500 68700700
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
8.20	Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y	Y	Y	Y	Y
8.21	Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	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
8.23	Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	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
8.25	Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	Y	Y	Y	Y	Y
8.26	Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y	Y	Y	Y	Y
8.27	Has the agency analyzed for continuing appropriations (category 13XXXX) and properly accounted for in the appropriate column(s) in Section III?	N/A	N/A	N/A	N/A	N/A
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
8.29	Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	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
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
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
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
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

Fiscal Year 2024-25 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					
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 pages 121 through 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 <i>Base Rate Audit</i> on page 156 of the LBR Instructions.)					Y	N/A	Y	N/A	N/A	Y
10. SCHEDULE III (PSCR, SC3)											
10.1	Is the appropriate lapse amount applied? (See page 91 of the LBR Instructions.)					N/A	N/A	N/A	N/A	N/A	N/A
10.2	Are amounts in <i>Other Salary Amount</i> appropriate and fully justified? (See pages 94 and 95 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts requested.					Y	N/A	Y	N/A	N/A	Y
11. SCHEDULE IV (EADR, SC4)											
11.1	Are the correct Information Technology (IT) issue codes used?					Y	N/A	Y	N/A	N/A	Y
TIP	If IT issues are not coded (with "C" in 6th position or within a program component of 1603000000), they will not appear in the Schedule IV.										
12. SCHEDULE VIIIA (EADR, SC8A)											
12.1	Is there only one #1 priority, one #2 priority, one #3 priority, etc. reported on the Schedule VIII-A? Are the priority narrative explanations adequate? Note: FCO issues can be included in the priority listing.					Y	Y	Y	Y	Y	Y
13. SCHEDULE VIIIB-1 (EADR, S8B1)											
13.1	NOT REQUIRED FOR THIS YEAR										
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.)					N/A	N/A	N/A	Y	Y	N/A

Fiscal Year 2024-25 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

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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 VIII C (EADR, S8C) (NO LONGER REQUIRED)

16. SCHEDULE XI (UCSR, SCXI) (LAS/PBS Web - see pages 105-109 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 2022-23 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	N/A	Y	N/A	N/A	Y
16.5 Does the Fixed Capital Outlay (FCO) statewide activity (ACT0210) only contain 08XXXX or 14XXXX appropriation categories? (Audit #2 should print "No Operating Categories Found")	N/A	N/A	N/A	N/A	N/A	N/A
16.6 Has the agency provided the necessary standard (Record Type 5) for all activities which <u>should</u> appear in Section II? (Note: The activities listed in Audit #3 do not have an associated output standard. In addition, the activities were not identified as a Transfer to a State Agency, as Aid to Local Government, or a Payment of Pensions, Benefits and Claims. Activities listed here should represent transfers/pass-throughs that are not represented by those above or administrative costs that are unique to the agency and are not appropriate to be allocated to all other activities.)	Y	Y	Y	Y	Y	Y
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	N/J	Y	N/J	N/J	Y
<i>Note: There is a total difference of \$141,842,561 when comparing the sections. \$141,842,603.82 is the tentative certified forward amount that was reverted and restored. The remaining amount of (\$42.82) is due to rounding.</i>						

TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.

Fiscal Year 2024-25 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						
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	Program or Service (Budget Entity Codes)					
Action	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 53 through 109 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y	Y	Y
17.2	Does manual exhibits tie to LAS/PBS where applicable?	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
17.4	Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 129 and 130 of the LBR instructions for exceptions to this rule)? Have all IV-Bs been emailed to: IT@LASPBS.STATE.FL.US?	N/A	N/A	Y	N/A	N/A
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

AUDITS - GENERAL INFORMATION						
TIP	Review <i>Section 6: Audits</i> of the LBR Instructions (pages 155 through 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
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
18.3	Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y	Y	Y	Y	Y
18.4	Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	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
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
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