



RON DESANTIS
GOVERNOR

JASON WEIDA
SECRETARY

LEGISLATIVE BUDGET REQUEST

Agency for Health Care Administration

Tallahassee, Florida 32308

October 15, 2024

Brandi Gunter, Deputy Budget 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 2025-2026 Fiscal Year. I have approved this submission.

Sincerely,

Jason Weida
Secretary





RON DESANTIS
GOVERNOR

JASON WEIDA
INTERIM SECRETARY

Temporary Special Duty – General Pay Additives Implementation Plan for Fiscal Year 2025-2026

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, the 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: The 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 (6) 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 = \$46,668.01, hourly rate
 \$22.44 With 10% additive - \$46,668.01 X .10 = \$4,666.80
 Anticipated Salary - \$46,668.01 + \$4,666.80 = \$51,334.81
 New Hourly Rate - \$22.44, difference in hourly rate - \$24.68 - \$22.44 = \$2.24
 Projected Additive Total – 720 hours X \$2.24 = \$1,612.80 is the 90-day difference

5. Classes and number of positions affected: This pay additive could potentially affect any of our current 1234 Career Service position incumbents statewide.

6. Historical Data: Last fiscal year, a total of one (1) full time equivalent (FTE) career service position 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.

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>
\$33,760.00	\$3,376.00	1

Based on the average estimated salaries stated above, the estimated calculation is as follows:
\$1,298.46 X 1 = \$1,298.46. **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 23, 2024, 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 Goldstein	
	<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. 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 19, 2024, 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 Goldstein	
	<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. This case transferred back to DOAH on March 20, 2024.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel Glenn Rininger	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract Counsel	

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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. Final Order issued July 20, 2023, case closed.		
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).	
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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 (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. Final Order was issued on January 24, 2024, case closed.		
		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)

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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 Reginal Medical Center Crestview Hospital Corporation d/b/a North Okaloosa Medical Center Naples HMA, LLC dba Physicians Regional Medical Center – Pine Ridge Punta Gorda Bayfront Health (73) Rockledge HMA, LLC Santa Rosa Medical Center Sebastian River Medical Center Shands Live Oak Regional Medical Center Shands Starke Regional Medical Center Southern Baptist Hospital of Florida Baptist Medical Center (69) Osceola SC, LLC dba St. Cloud Regional Medical Center Variety - Nicklaus Children's Hospital (66) Viera Hospital (64) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Healthcare Administration		

Case Number:	<p>2018-004944 (Pasco Regional Medical Center, LLC dba Bayfront Health –Dade City)</p> <p>2018-007540 (Bayfront Health Brooksville)</p> <p>2018-007149 (Cape Canaveral)</p> <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>
Summary of the Complaint:	<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>
Amount of the Claim:	<p>Undetermined but estimates range from \$133M to \$157M.</p>

Specific Statutes or Laws (including GAA) Challenged:	Rule 59G-6.030, Florida Administrative Code as it relates to application of MTA	
Status of the Case:	Following reversal of rule case, providers have suggested a potential resolution. AHCA reviewing resolution and determining fiscal impact, but have not heard from providers as to resolution for several years. All of these have Final Orders (between July 2023 – March 2024). Cases 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.)	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. Final Order issued March 7, 2024, case closed.	
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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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 19, 2024.	
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.)	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 19, 2024.		
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.)	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 until October 6, 2024..	
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.)	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 26, 2024.		
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.)	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. Final Order issued January 24, 2024, 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.)	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. Final Order issued February 6, 2024, case closed.		
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).		

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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.)	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.		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.)	Highlands Regional Medical Center (CHS) (100897) v. Agency for Health Care Administration		
Court with Jurisdiction:	Agency for Health Care Administration		
Case Number:	15-107-MPF (DOAH 15-1521) and AHCA 2018003844		
Summary of the Complaint:	Request for recalculation of Provider's inpatient and outpatient rates from 2004 to 2015		
Amount of the Claim:	Provider owes \$51,423.00 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. This case is still in abatement. Final Order issued January 24, 2024, 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).		

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. Final Order issued January 22, 2024.	
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.)	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. Final Order issued January 22, 2024, 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).			

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. Final Order issued July 21, 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)	

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. Final Order issued January 24, 2024, 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).		

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.)	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. Final Order issued February 6, 2024, 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).			

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.)	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. Final Order issued January 22, 2014, 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).			

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.)	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. Final Order issued January 24, 2024, 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).			

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.)	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. Final Order issued July 20, 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		

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.)	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. Final Order issued on July 21, 2023, case closed.		
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		

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. Final Order issued on October 5, 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		

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. Final Order issued November 14, 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		

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 5, 2024.		
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. Final Order issued on July 21, 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		

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. Final Order issued on February 5, 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		

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 15, 2024.		
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		

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. Final Order issued July 21, 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		

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.)	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)		
Summary of the Complaints:	<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</p>		

	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.	
Amount of the Claim:	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	
Specific Statutes or Laws (including GAA) Challenged:	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)	
Status of the Case:	All cases are abated pending settlement negotiations. Signed SA on September 28, 2023, case closed on October 6, 2023.	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel: Tracey George, Esq. and Shena Grantham, Esq.
		Office of the Attorney General or Division of Risk Management
	X	Outside Contract Counsel: Caroline M. Brown, Esq. and Julia Siegenberg, Esq.
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 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 lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel Bradley Butler	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

Schedule VII: Agency Litigation Inventory

For directions on completing this schedule, please see the "Legislative Budget Request (LBR) Instructions" located on the 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. 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. This case is set for Hearing on October 14, 2024.		
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: Chris Lunny	
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.)	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. Final Order issued on February 27, 2024, case closed.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	<input checked="" type="checkbox"/>	Agency Counsel Bradley Butler	
	<input type="checkbox"/>	Office of the Attorney General or Division of Risk Management	
	<input type="checkbox"/>	Outside Contract Counsel	
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).			

Schedule VII: Agency Litigation Inventory

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Agency:	Agency for Health Care Administration		
Contact Person:	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. Final Order issued on February 27, 2024, 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).			

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 for Health Care Administration

Agency Contact:	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.)	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.

	<p>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.</p> <p>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.</p> <p>The appeal was fully briefed at the Eleventh Circuit in December 2023. Oral argument was held in January 2024. In February 2024, the Eleventh Circuit issued a partial stay of the District Court's Injunction, staying significant portions of the trial court's order. The appeal remains pending at the Eleventh Circuit.</p>		
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	

<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.)	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.
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>

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>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 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. The district court granted the motion for stay on August 10, 2023.</p> <p>ASG Christopher Baum filed AHCA’s Appellate Brief on July 24, 2023. Oral argument was held at the Eleventh Circuit in June 2024.</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:	<p>The court granted summary judgment against AHCA, and later issued an order granting AHCA’s motion to stay.</p> <p>Appellant’s Brief was filed on 7/24/2024.</p> <p>Appellee requested an extension for their brief. Granted and due on 09/22/2023. Appellee’s Response Brief was filed 9/22/2023.</p> <p>Appellant’s Reply Brief was filed 10/13/2023.</p> <p>Oral argument was held in June 2024.</p>	
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel
	X	Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel

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

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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.
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Court with Jurisdiction:	U.S. District Court for the Middle District of Florida
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Case Number:	3:22-cv-00783-MMH-LLL
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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</p>
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	coverage based on Defendant’s exclusion of those supplies for recipients aged 21 and older.	
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. The matter went to mediation on June 7, 2023. The parties agreed to continue the mediation and a tentative settlement reached on July 24, 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.</p> <p>A Joint Motion to Stay Proceedings was filed on 1/17/2024. The parties requested the order staying these proceedings while they finalize their settlement. This case is Stayed until further Order of the Court -- filed 1/22/2024</p>	
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).	<p>Katy DeBriere of the Florida Health Justice Project</p> <p>Alison DeBelder and Liam Joseph McGivern of Disability Rights Florida</p> <p>Lewis Golinker</p>	

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. The parties entered into a settlement and the case was voluntarily dismissed. Case Closed 5/14/23.		
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	
		Outside Contract Counsel	

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

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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:	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

	<p>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> <p>No update</p>						
Who is representing (of record) the state in this lawsuit? Check all that apply.	<table border="1"> <tr> <td></td> <td>Agency Counsel</td> </tr> <tr> <td>X</td> <td>Office of the Attorney General or Division of Risk Management – James Percival</td> </tr> <tr> <td></td> <td>Outside Contract Counsel</td> </tr> </table>		Agency Counsel	X	Office of the Attorney General or Division of Risk Management – James Percival		Outside Contract Counsel
	Agency Counsel						
X	Office of the Attorney General or Division of Risk Management – James Percival						
	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	

<p>Summary of the Complaint:</p>	<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>
<p>Amount of the Claim:</p>	<p>Plaintiffs seek declaratory and injunctive relief.</p>
<p>Specific Statutes or Laws (including GAA) Challenged:</p>	<p>Rule 59G-1.010, Florida Administrative Code</p>
<p>Status of the Case:</p>	<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> <p>The stay was extended until October, 2023, so that the settlement negotiations could continue. The case was again extended no later than January 10, 2024.</p> <p><u>An Endorsed Order granting Joint Status Report and Motion to Extend</u> Stay was filed. This case remains stayed and administratively closed. No later than October 1, 2024, the parties shall file a joint notice advising the Court of the status of this matter.</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)
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Court with Jurisdiction:	U.S. Bankruptcy Court for the Northern District of Florida
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Case Number:	Case No. 17-40185-KKS
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Summary of the Complaint:	This is a Chapter 11 bankruptcy in which AHCA will prepared and filed a proof of claim.
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Amount of the Claim:	Unknown. Estimated between \$3M and \$6M.
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Specific Statutes or Laws (including GAA) Challenged:	Bankruptcy Code (Title 11 of the U.S. Code)
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Status of the Case:	AHCA filed a proof of claim. Debtor’s plan of liquidation was confirmed. Plan was confirmed on 11/5/2018.
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	6/13/2024 – Order Granting Liquidating Trustee’s Fourth Motion to Extend the Terminated Date of the Liquidating Trust Agreement.	
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.	x	Agency Counsel
		Office of the Attorney General or Division of Risk Management
		Outside Contract Counsel
If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A	

Schedule VII: Agency Litigation Inventory

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

Agency 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
Court(s) with Jurisdiction:	Second Judicial Circuit in and for Leon County, Florida
Case Number:	2020 CA 001774
Summary of the Complaint:	Plaintiff claims that AHCA's denial of approximately \$770,000 of claims and suspension of an additional approximate \$831,000 of claims constituted breach of the Medicaid provider agreement
Amount of the Claim:	Approximately \$1.5M
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

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	Phone Number:	(850) 412-3670
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Naples Community Hospital v. AHCA		
Court with Jurisdiction:	AHCA		
Case Number:	2023-000021114		
Summary of the Complaint:	Petition filed for formal hearing to dispute the FAR overpayment of \$626,915.11		
Amount of the Claim:	\$626,915.11		
Specific Statutes or Laws (including GAA) Challenged:	None		
Status of the Case:	Case is currently in abeyance pending settlement negotiations, until August 9, 2024.		
Who is representing (of record) the state in this lawsuit? Check all that apply.	X	Agency Counsel – Cary Torres	
		Office of the Attorney General or Division of Risk Management	
		Outside Contract Counsel	

If the lawsuit is a class action (whether the class is certified or not), provide the name of the firm or firms representing the plaintiff(s).	N/A
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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	Phone Number:	(850) 412-3670	
Names of the Case: (If no case name, list the names of the plaintiff and defendant.)	Chianne D.; C.D., by and through her mother and Next Friend, Chianne D.; and A.V., by and through her mother and Next Friend, Jennifer V. v. Jason Weida, in his official capacity as Secretary for the Florida Agency for Health Care Administration, and Shevaun Harris, in her official capacity as Secretary for the Florida Department of Children and Families		
Court with Jurisdiction:	United States District Court Middle District of Florida, Jacksonville Division		
Case Number:	3:23-cv-00985		
Summary of the Complaint:	<p>Five individual plaintiffs claim the notices that Florida provides to Medicaid recipients who are determined to be ineligible for Medicaid because of their income violate the federal Medicaid Act and the Due Process Clause of the United States Constitution.</p> <p>In particular, the plaintiffs allege that the State's notices omit specific items of information that the plaintiffs contend must be included in Medicaid termination notices when recipients are determined to be ineligible because of income: (1) the income limit the State applied to the recipient; (2) the income amount the State attributed to the recipient; and (3) the household size the State employed when calculating the recipient's income limit. The plaintiffs also allege that the "reason code" the State places on the notices does not inform recipients that income is the reason they were determined to be ineligible.</p> <p>The plaintiffs sued the Secretary of Health Care Administration and the Secretary of Children and Families in their official capacities. The action is pending in federal court in the Middle District of Florida. The plaintiffs initially sought a preliminary injunction, which the district court denied as moot when the plaintiffs amended their</p>		

	complaint. The plaintiffs also moved for class certification. The district court certified both a class and a subclass. The certified class consists of approximately 500,000 people. The plaintiffs seek only prospective injunctive relief. Specifically, the plaintiffs have asked the court to reinstate all class members to Medicaid on a prospective basis and to prohibit all future redeterminations of Medicaid eligibility until the State modifies its Medicaid termination notices	
Amount of the Claim:	Estimated more than \$150,000,000.00 per month plus attorney's fees and costs if the Agency receives an unfavorable outcome.	
Specific Statutes or Laws (including GAA) Challenged:		
Status of the Case:	The trial began on July 11, 2024, and resumed on July 29, 2024.	
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 – Gray Robinson
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).	Florida Health Justice Project National Health Law Program	

Agency Total FTE's: 1,636
Agency Total # Positions: 1,641

Division Total FTE's: 271
Division Total # Positions: 272

AGENCY FOR HEALTH CARE ADMINISTRATION

Executive Direction Secretary's Office

Effective Date: July 01, 2024
Org. Level: 68-10-00-00-000
FTE's: 2 Positions: 2

037 WEIDA 9041
SEC OF HEALTH CARE ADMINISTRATION-AHCA
061394
025 CHIEF EXECUTIVES 1.0
10-1011-03

037 HUNTER 2236
OPERATIONS & MGMT CONSULTANT II - SES
063612
010 MANAGEMENT ANALYSTS 1.0
13-1111-04

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

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

037 WALTZ 9072
CHIEF OF PLANS AND CONSTRUCTION-AHCA
046544
021 ARCHITECTURAL AND ENGINEERING MANAGERS 1.0
11-9041-03

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

037 BENNETT 9046
CHIEF OF MEDICAID PROGRAM INTEGRITY-AHCA
039490
021 FINANCIAL MANAGERS 1.0
11-3031-03

037 BUSTOS 6822
CHIEF, HLTH INFO & POLICY ANALYSIS-AHCA
063541
021 MEDICAL AND HEALTH SERVICES MANAGERS 1.0
11-9111-03

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

037 VACANT 7264
CHIEF OF CENTRAL SERVICES
058980
021 MEDICAL AND HEALTH SERVICES MANAGERS 1.0
11-9111-03

037 LANGSTON 9049
INSPECTOR GENERAL-AHCA
053323
024 GENERAL AND OPERATIONS MANAGERS 1.0
10-1021-02

037 PREACHER 1665
AUDIT DIRECTOR - SES
019527
020 FINANCIAL MANAGERS 1.0
11-3031-02

037 BILLINGTON 9471
CHIEF OF INVESTIGATION
064152
021 MANAGERS, ALL OTHER 1.0
11-9199-03

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

037 MAGNUSON 9073
FX PROGRAM DIRECTOR
019644
023 GENERAL AND OPERATIONS MANAGERS 1.0
10-1021-01

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

037 FORD 8861
CHIEF OF MEDICAID DATA ANALYTICS
039495
021 FINANCIAL MANAGERS 1.0
11-3031-03

037 VACANT 8506
CHIEF OF MEDICAID PROGRAM FINANCE
019502
021 FINANCIAL MANAGERS 1.0
11-3031-03

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

037 TRAVIS 9394
CHIEF OF MEDICAID FISCAL AGENT OPERATION
064292
021 FINANCIAL MANAGERS 1.0
11-3031-03

037 SHEERAN 8538
GENERAL COUNSEL-AHCA
032187
024 MANAGERS, ALL OTHER 1.0
10-9199-02

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

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

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

037 FREEMAN 8751
CHIEF OF STRATEGIC INFO TECHNOLOGIES
064169
021 COMPUTER & INFORMATION SYSTEMS MANAGERS 1.0
11-3021-03

037 EDWARDS 9535
CHIEF OF DISTRIBUTED INFRASTRUCTURE
064278
021 COMPUTER & INFORMATION SYSTEMS MANAGERS 1.0
11-3021-03

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

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

037 SKIPPER 9058
CHIEF OF HUMAN RESOURCES-AHCA
055058
021 HUMAN RESOURCE MANAGERS 1.0
11-3121-03

037 VACANT 9430
CHIEF OF GENERAL SERVICES
056679
021 ADMINISTRATIVE SERVICES MANAGERS 1.0
11-3011-03

037 COLLINS 0670
CHIEF OF CONTRACT MANAGEMENT
017054
021 PURCHASING MANAGERS 1.0
11-3061-03

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

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

037 BAILEY 8859
CHIEF OF MEDICAID PLAN MGT OPERATIONS
019526
021 FINANCIAL MANAGERS 1.0
11-3031-03

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

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

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

AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Chief of Staff

Effective Date: July 01, 2024
Org. Level: 68-10-00-00-000
FTE's: 3 Positions: 3

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

099 VARELA 6137
FEDERAL PROGRAMS COORDINATOR-AHCA
064901
021 GENERAL AND OPERATIONS MANAGERS 1.0
11-1021-03

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

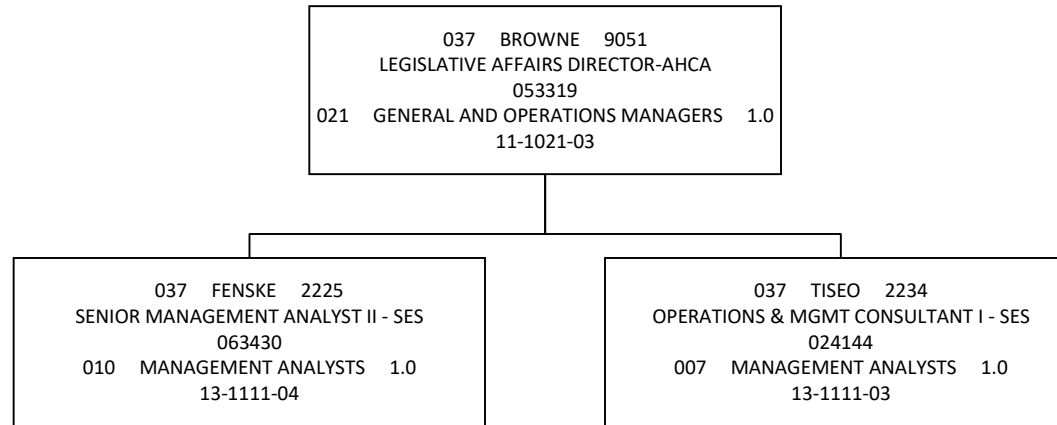
037 COLLINS 9063
COMMUNICATIONS DIRECTOR-AHCA
063429
021 PUBLIC RELATIONS & FUNDRAISING MANAGERS 1.0
11-2031-03

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

VACANT
OPS
900199

AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Legislative Affairs

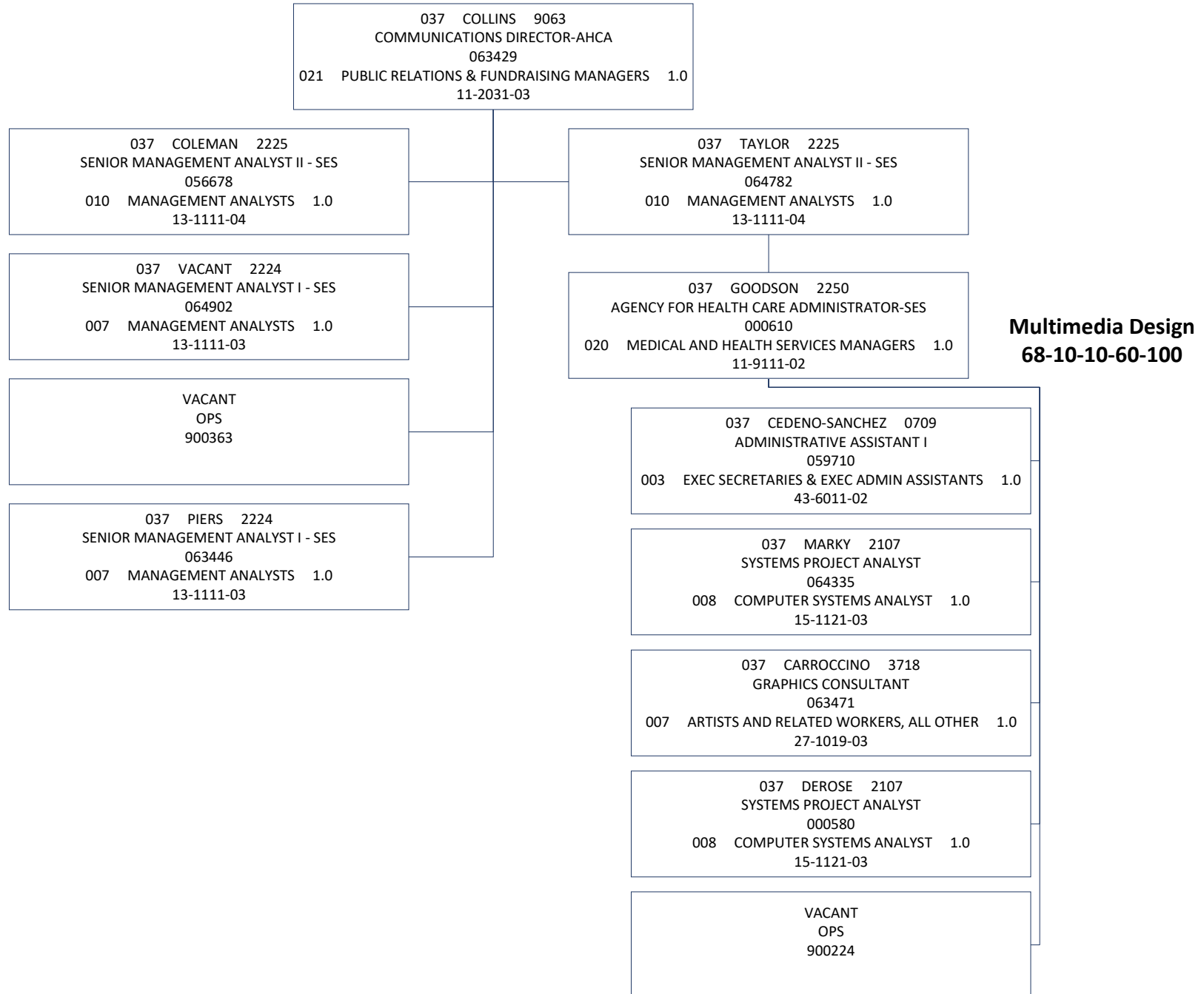
Effective Date: July 01, 2024
Org. Level: 68-10-10-00-001
FTE's: 2 Positions: 2



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Communications Office

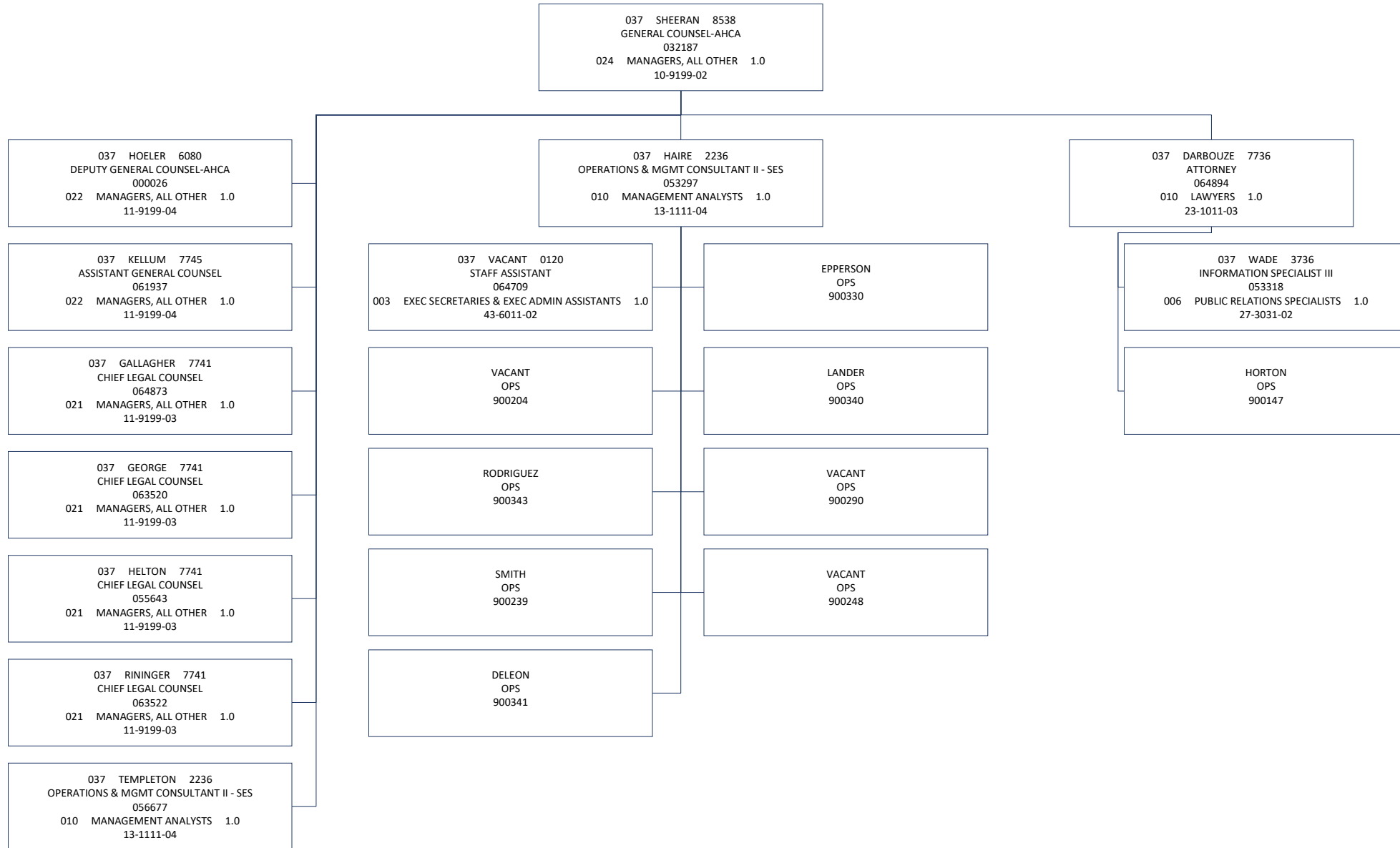
Effective Date: July 01, 2024
 Org. Level: 68-10-10-60-000
 FTE's: 5 Positions: 5

Org. Level: 68-10-10-60-100
 FTE's: 5 Positions: 5



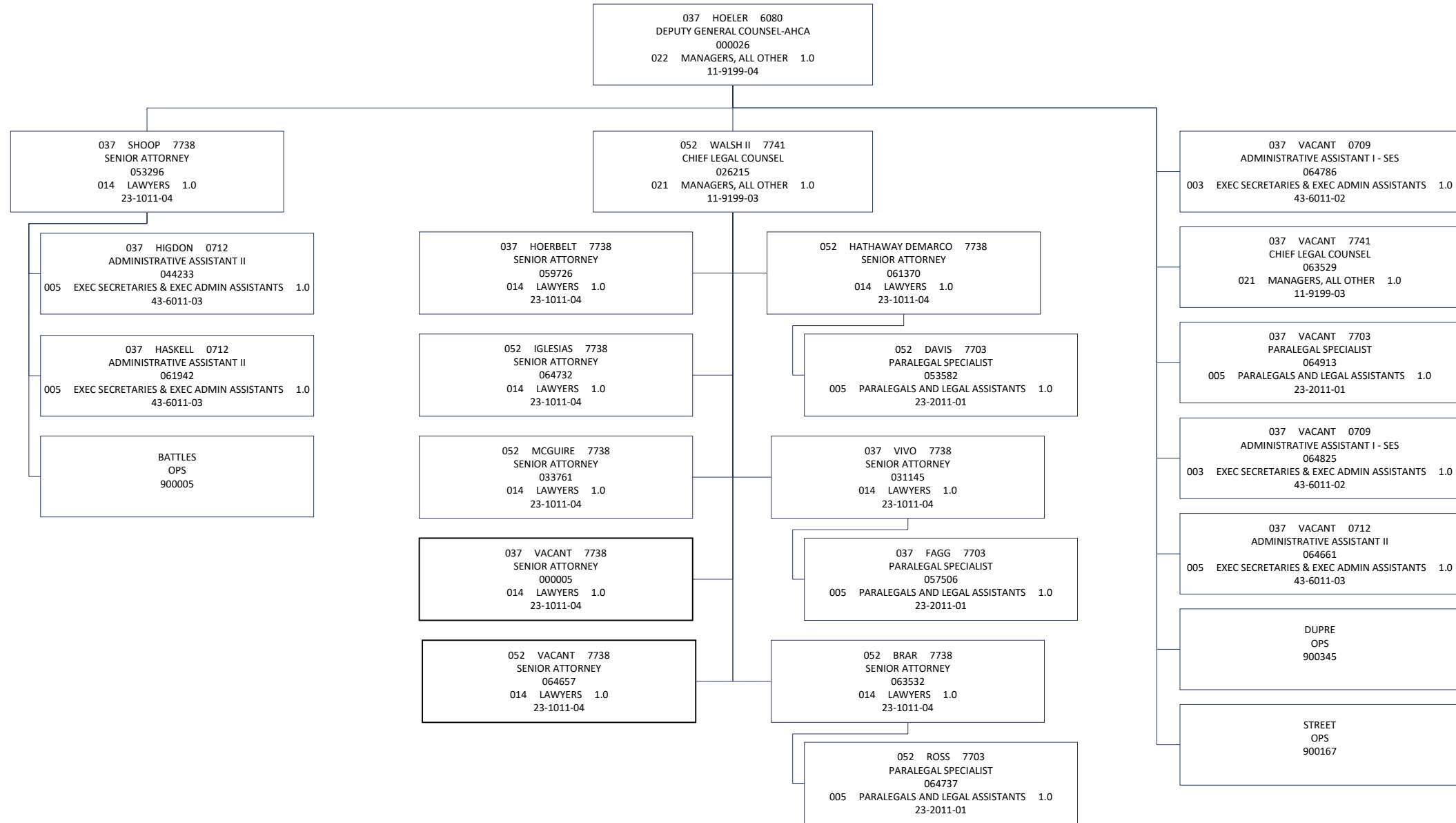
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
General Counsel
Tallahassee (Headquarters)

Effective Date: July 01, 2024
 Org. Level: 68-10-20-00-000
 FTE's: 56 Positions: 56

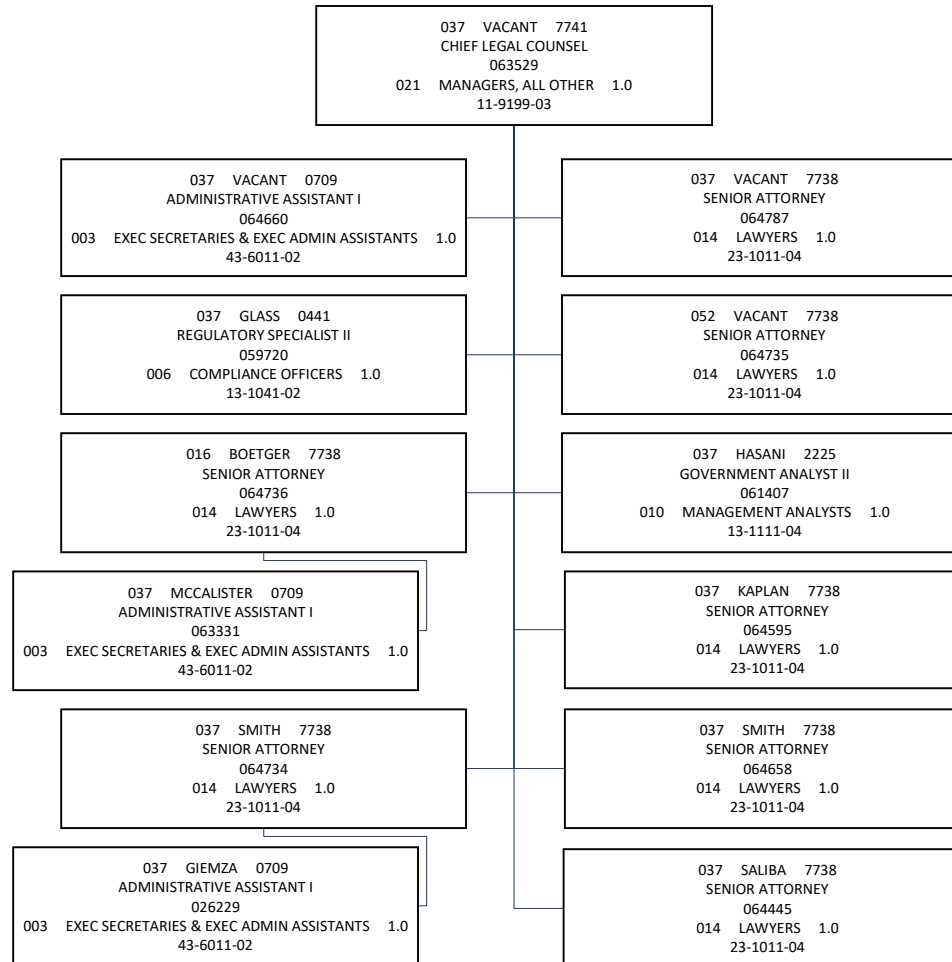


AGENCY FOR HEALTH CARE ADMINISTRATION

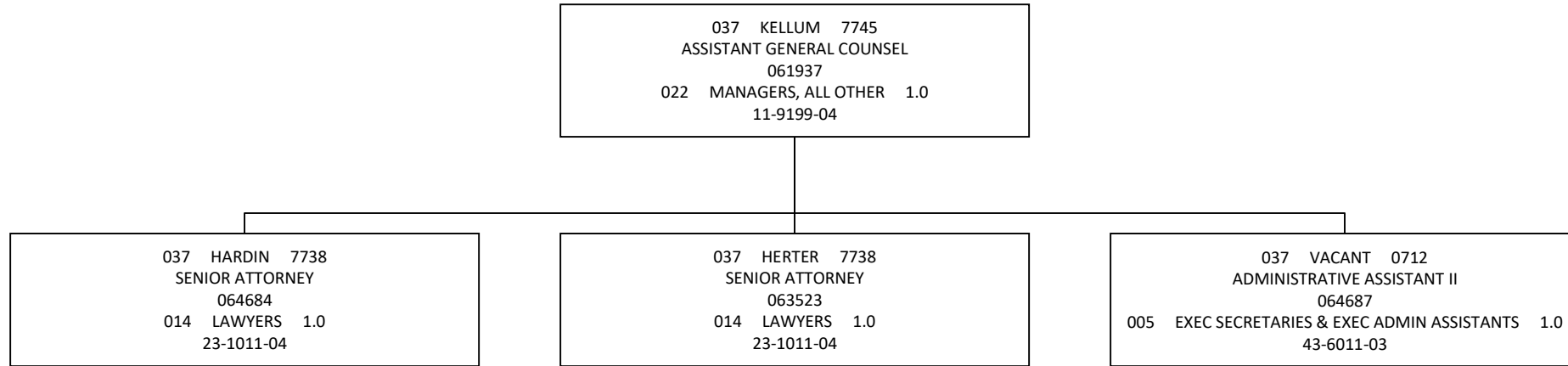
Executive Direction Deputy General Counsel



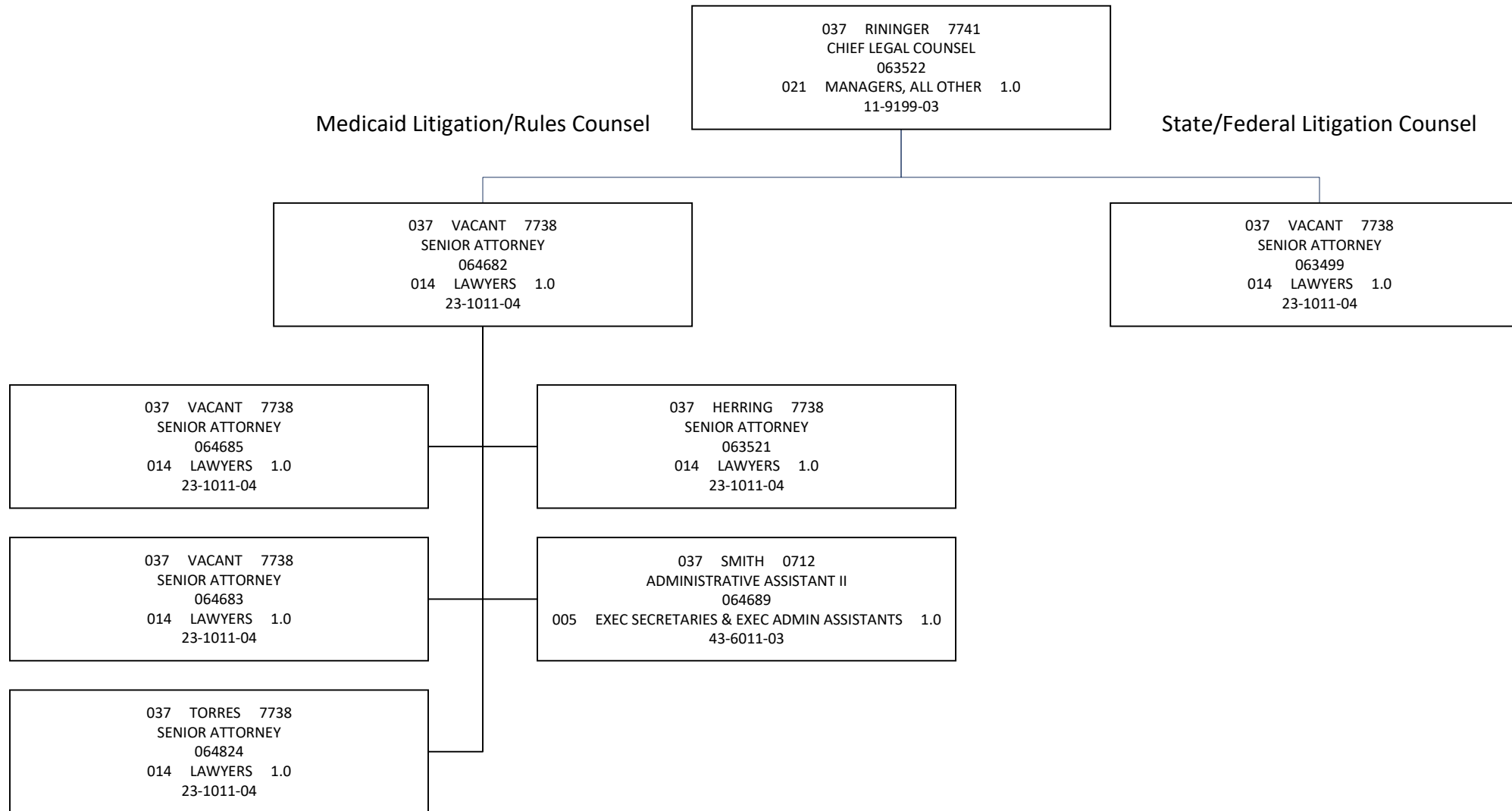
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Chief Facilities Counsel



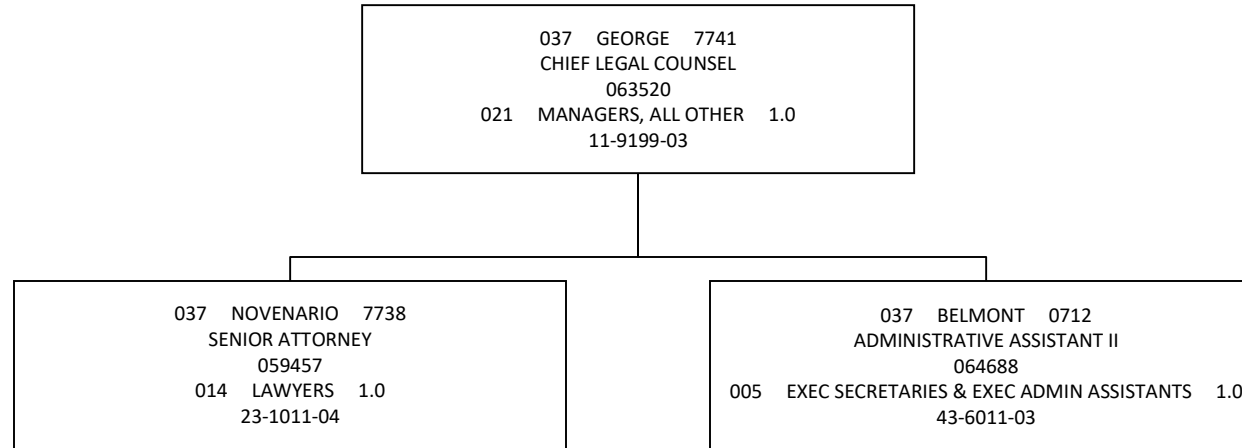
AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Chief Medicaid Policy Counsel



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Chief Litigation/Rules Counsel



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Chief Appellate Counsel



AGENCY FOR HEALTH CARE ADMINISTRATION

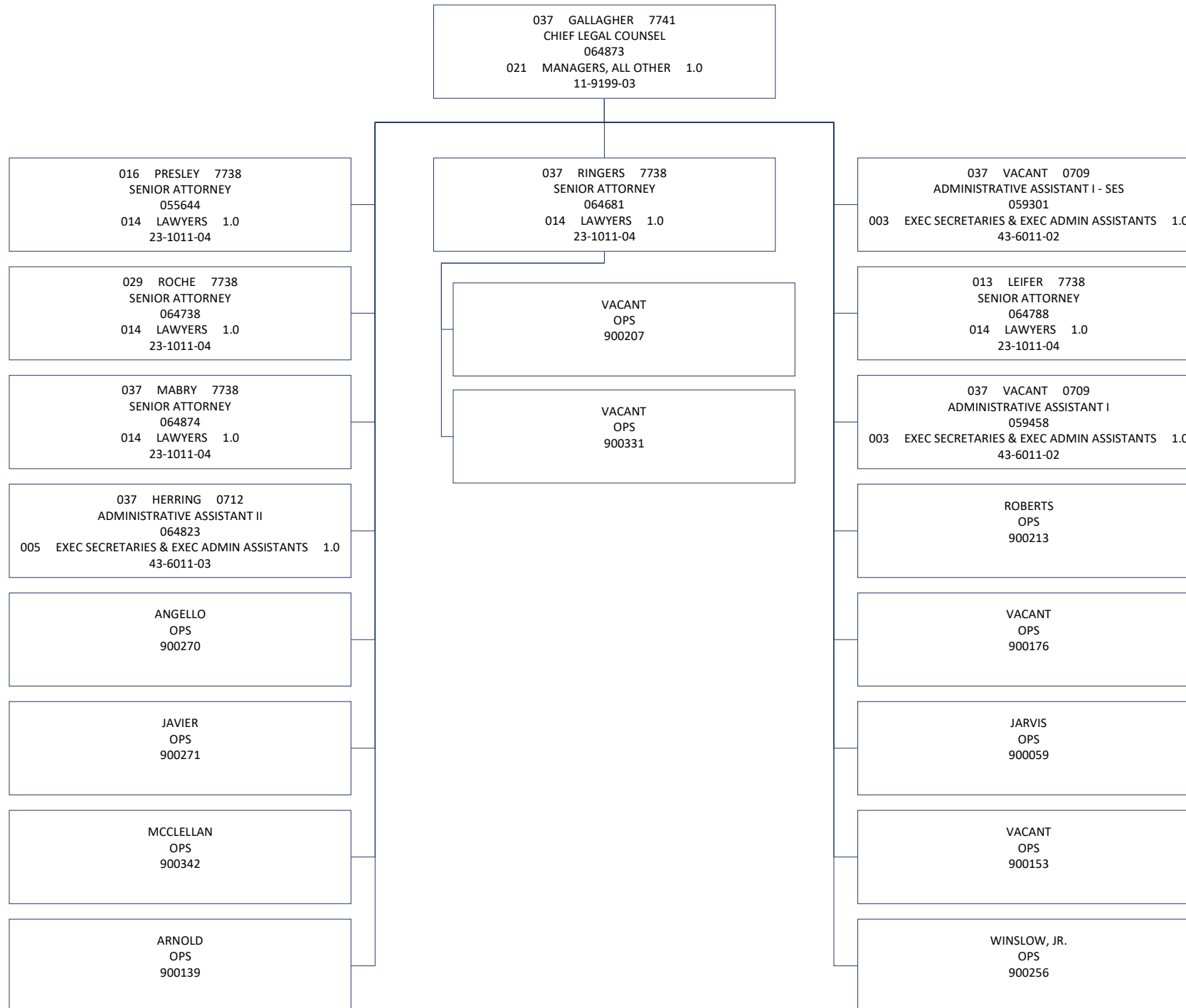
Executive Direction

General Counsel Fair Hearings

Effective Date: July 01, 2024

Org. Level: 68-10-20-10-000

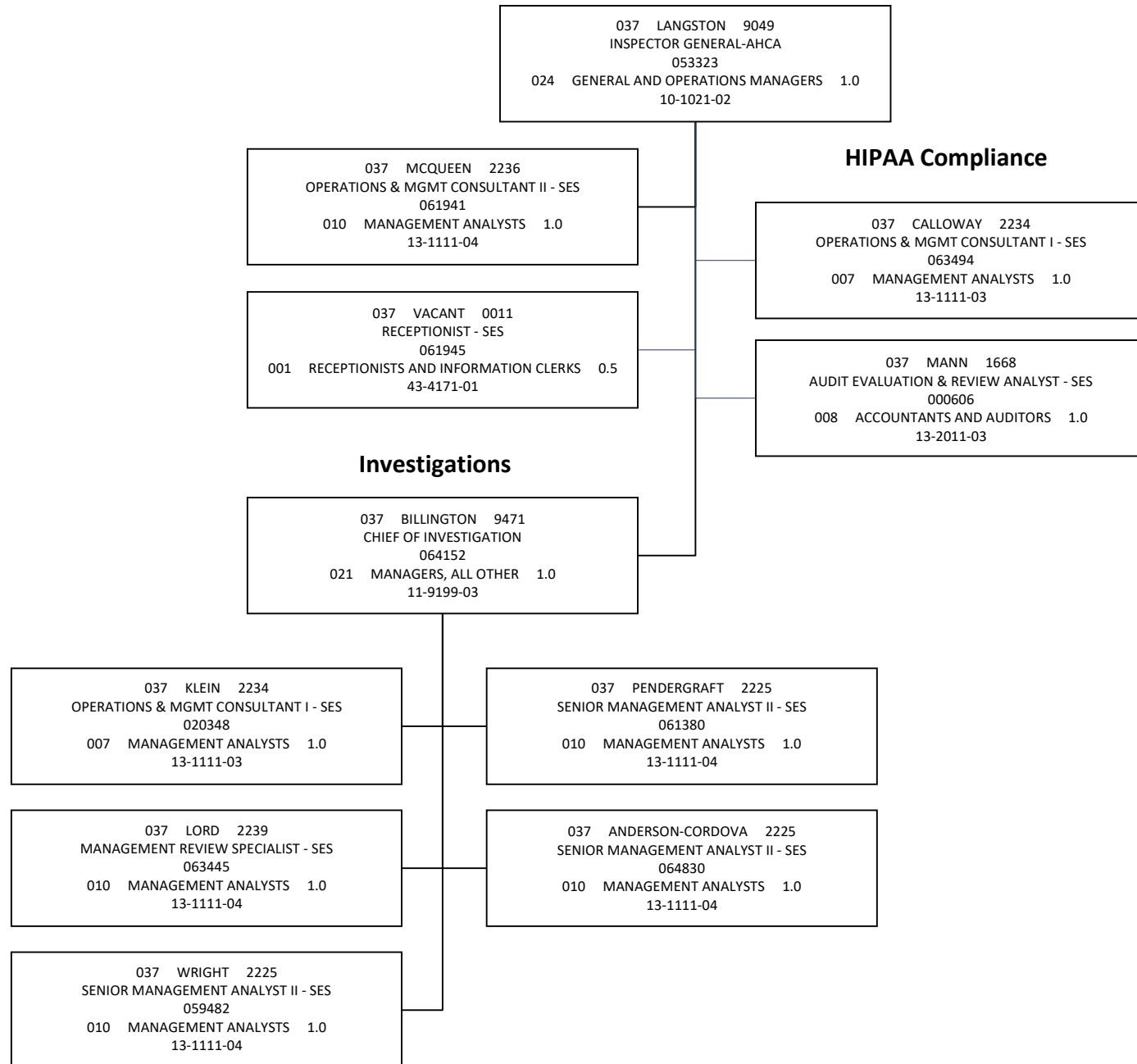
FTE's: 8 Positions: 8



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Inspector General

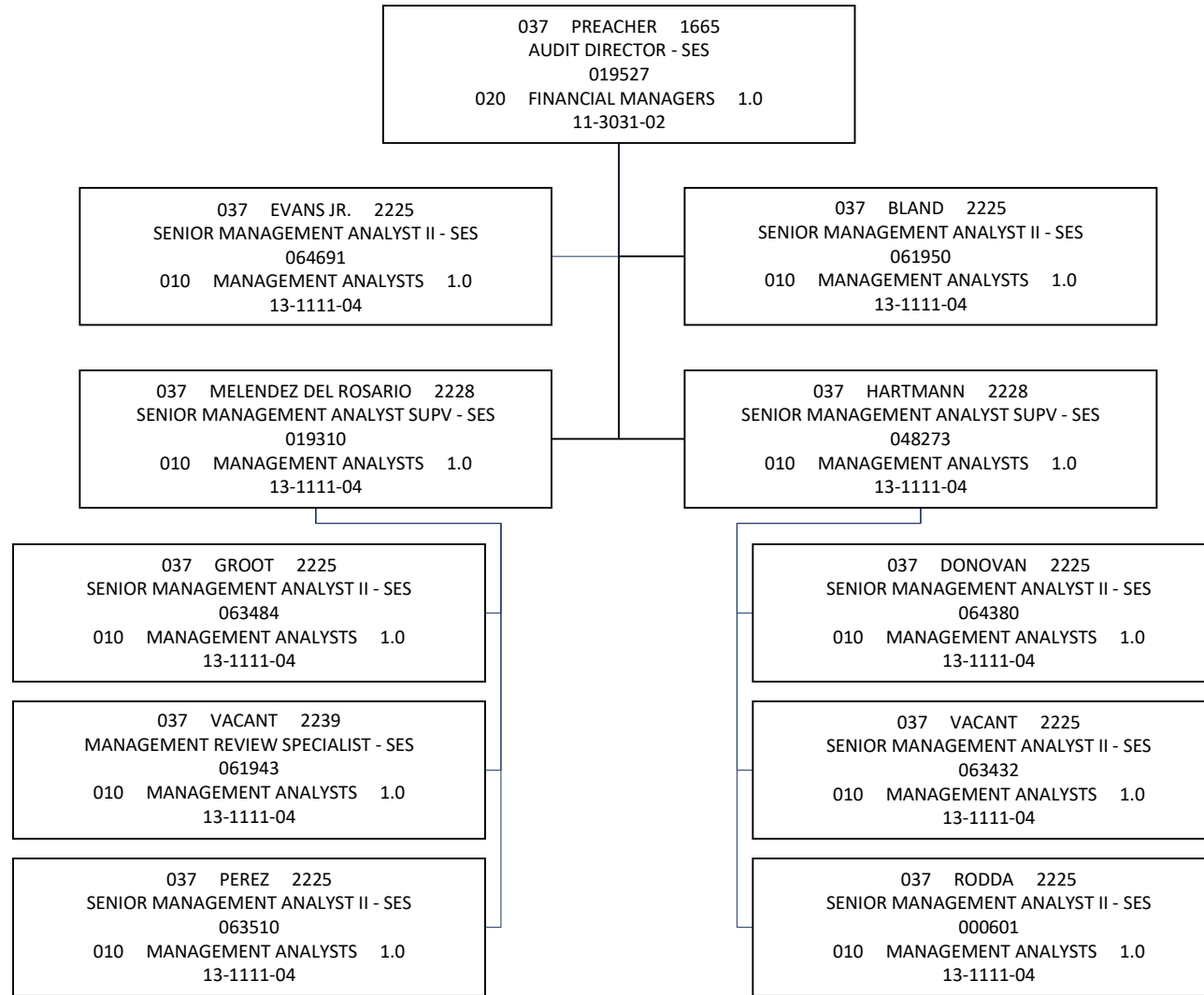
Effective Date: July 01, 2024
 Org. Level: 68-10-30-00-000
 FTE's: 9.5 Positions: 10

Org. Level: 68-10-30-30-000
 FTE's: 2 Positions: 2



AGENCY FOR HEALTH CARE ADMINISTRATION
Executive Direction
Inspector General – Internal Audit

Effective Date: July 01, 2024
 Org. Level: 68-10-30-20-000
 FTE's: 11 Positions: 11



AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations

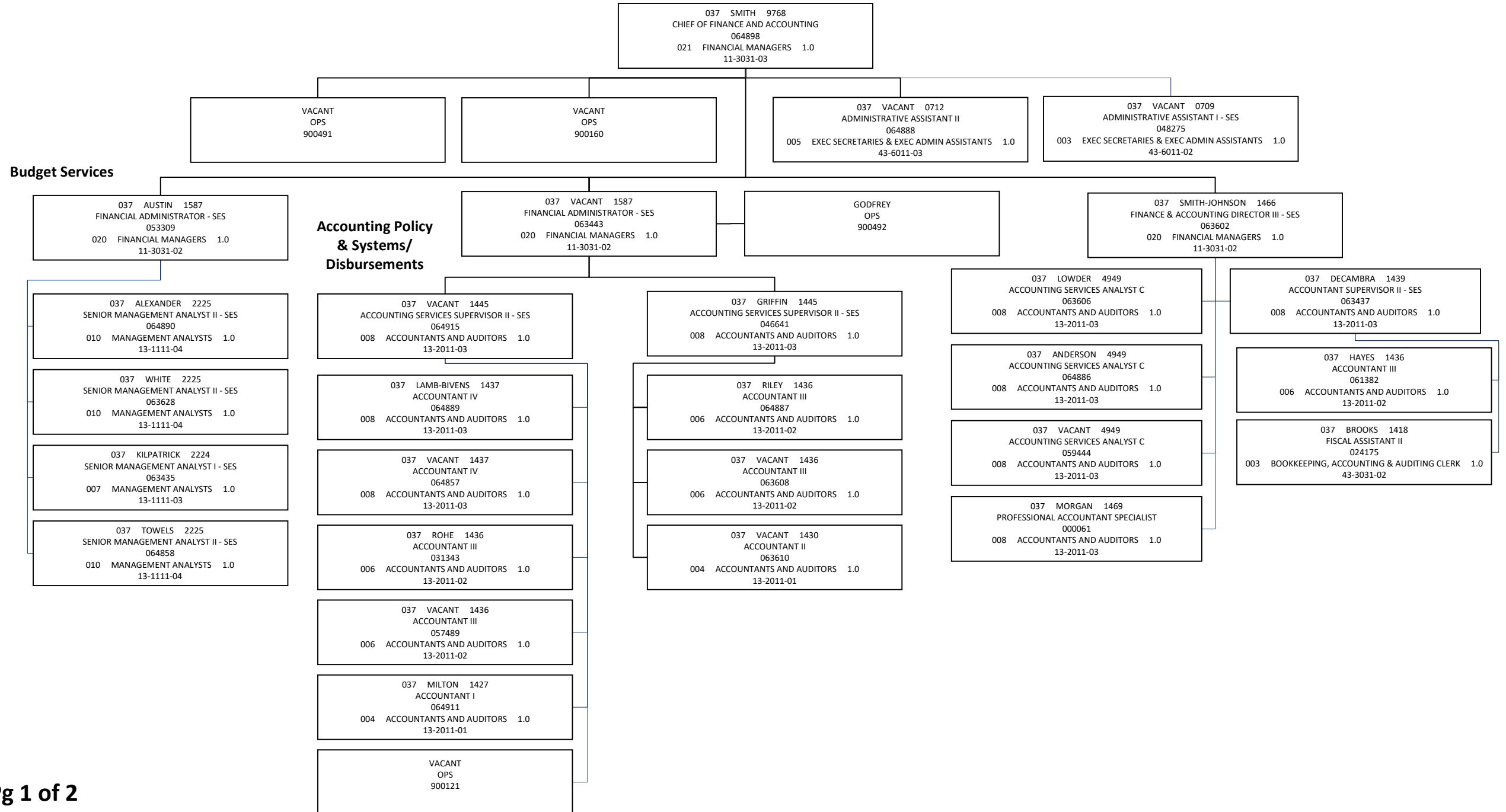
Division of Administration

Bureau of Financial Services

Effective Date: July 01, 2024

Org. Level: 68-20-15-00-000

FTE's: 45 Positions: 45

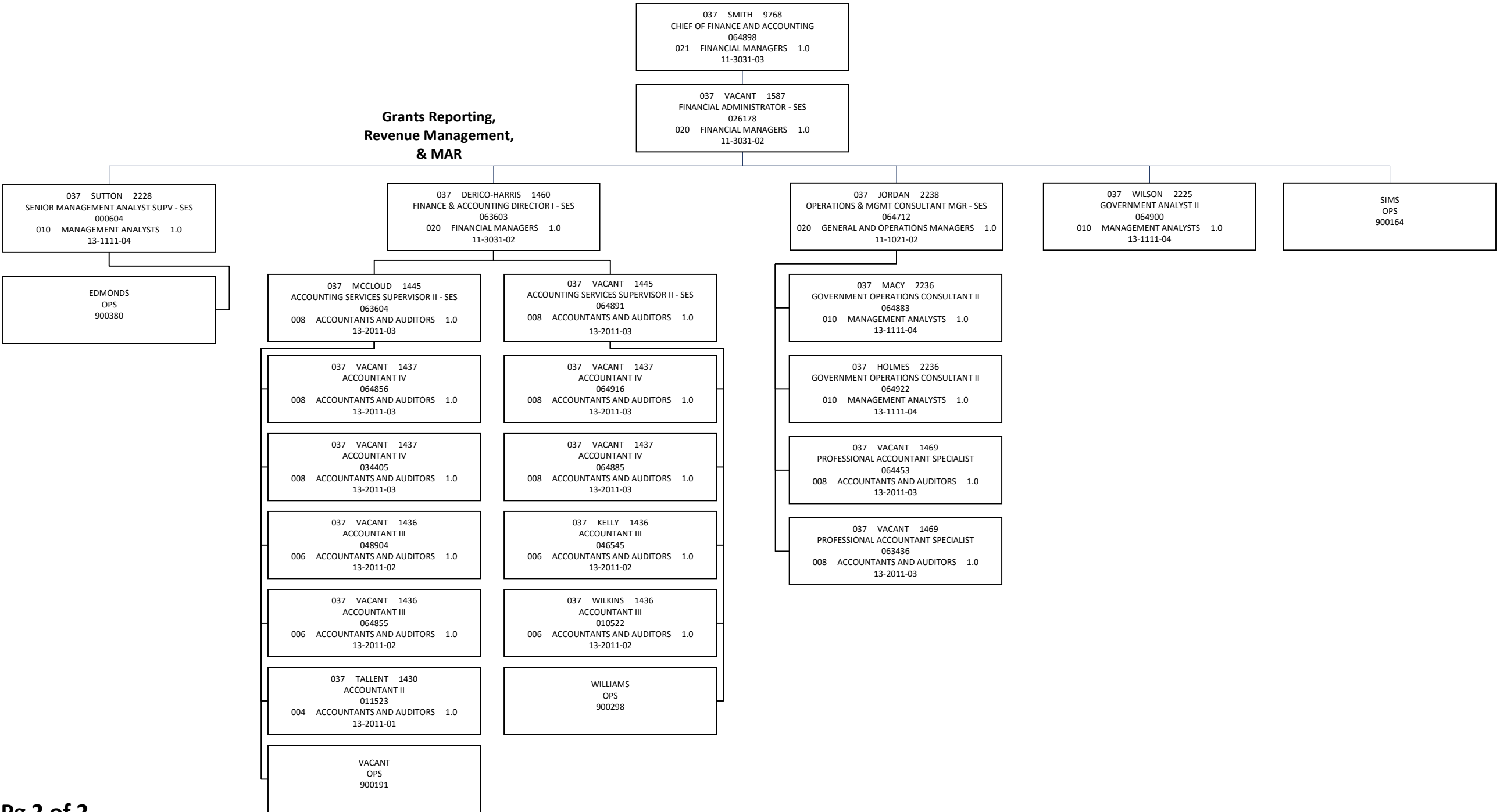


AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations

Division of Administration

Bureau of Financial Services



AGENCY FOR HEALTH CARE ADMINISTRATION
Deputy Secretary of Operations
Division of Administration
Bureau of Human Resources

Effective Date: July 01, 2024
 Org. Level: 68-20-20-00-000
 FTE's: 19 Positions: 19

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

037 SKIPPER 9058
 CHIEF OF HUMAN RESOURCES-AHCA
 055058
 021 HUMAN RESOURCE MANAGERS 1.0
 11-3121-03

037 ROBERTS 0712
 ADMINISTRATIVE ASSISTANT II
 064912
 005 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
 43-6011-03

037 PROSSER 0170
 PERSONNEL SERVICES SPECIALIST/CBJA - SES
 053298
 007 COMP, BENEFIT & JOB ANALYSIS SPEC 1.0
 13-1141-03

037 YOUNG 4005
 CONSUMER SERVICE ANALYST
 044433
 003 COMPLIANCE OFFICERS 1.0
 13-1041-01

037 SMITH 2225
 GOVERNMENT ANALYST II
 064254
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

JUAREZ
 OPS
 900092

VACANT
 OPS
 900203

**Classification,
 Recruitment,
 And Selection**

**Performance Planning,
 Background Screening,
 And Personnel Records**

Payroll And Benefits

Training

Labor Relations

Reserves

037 JAMES 2281
 HUMAN RESOURCE MANAGER B - SES
 063587
 020 HUMAN RESOURCE MANAGERS 1.0
 11-3121-02

037 MCALLISTER 2281
 HUMAN RESOURCE MANAGER B - SES
 064872
 020 HUMAN RESOURCE MANAGERS 1.0
 11-3121-02

037 VOLPE 0174
 HUMAN RESOURCE CONSULTANT/CBJA - SES
 064139
 010 COMP, BENEFIT & JOB ANALYSIS SPEC 1.0
 13-1141-04

037 SCOTT 2281
 HUMAN RESOURCE MANAGER B - SES
 063438
 020 HUMAN RESOURCE MANAGERS 1.0
 11-3121-02

037 CARROLL 9149
 HUMAN RELATIONS MANAGER-SES
 063440
 020 HUMAN RESOURCE MANAGERS 1.0
 11-3121-02

037 VACANT 0003
 CLERK SPECIALIST
 064921
 001 OFFICE CLERKS, GENERAL 1.0
 43-9061-01

037 BUJE 0171
 HUMAN RESOURCE SPECIALIST/CBJA - SES
 064359
 007 COMP, BENEFIT & JOB ANALYSIS SPEC 1.0
 13-1141-03

037 HART 0171
 HUMAN RESOURCE SPECIALIST/CBJA - SES
 064588
 007 COMP, BENEFIT & JOB ANALYSIS SPEC 1.0
 13-1141-03

037 POLOUS 0171
 HUMAN RESOURCE SPECIALIST/CBJA - SES
 063588
 007 COMP, BENEFIT & JOB ANALYSIS SPEC 1.0
 13-1141-03

037 RAKESTRAW 0189
 PERSONNEL SERVICES SPECIALIST/HR-SES
 037952
 007 HUMAN RESOURCES SPECIALISTS 1.0
 13-1071-03

037 VACANT 2225
 SENIOR MANAGEMENT ANALYST II - SES
 046735
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

037 VACANT 0003
 CLERK SPECIALIST
 064919
 001 OFFICE CLERKS, GENERAL 1.0
 43-9061-01

037 CAMPBELL 0174
 HUMAN RESOURCE CONSULTANT/CBJA - SES
 064139
 010 COMP, BENEFIT & JOB ANALYSIS SPEC 1.0
 13-1141-04

VACANT
 OPS
 900161

037 EARLE 0170
 PERSONNEL SERVICES SPECIALIST/CBJA - SES
 048271
 007 COMP, BENEFIT & JOB ANALYSIS SPEC 1.0
 13-1141-03

VACANT
 OPS
 900185

037 VACANT 2224
 SENIOR MANAGEMENT ANALYST I - SES
 064917
 007 MANAGEMENT ANALYSTS 1.0
 13-1111-03

037 VACANT 0003
 CLERK SPECIALIST
 064918
 001 OFFICE CLERKS, GENERAL 1.0
 43-9061-01

037 SOUTHERLAND 0189
 PERSONNEL SERVICES SPECIALIST/HR-SES
 056683
 007 HUMAN RESOURCES SPECIALISTS 1.0
 13-1071-03

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

037 VACANT 0709
 ADMINISTRATIVE ASSISTANT I - SES
 064568
 003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
 43-6011-02

037 VACANT 0187
 PERSONNEL TECHNICIAN II/HR-SES
 064899
 003 HUMAN RESOURCES SPECIALISTS 1.0
 13-1071-01

AGENCY FOR HEALTH CARE ADMINISTRATION

Deputy Secretary of Operations

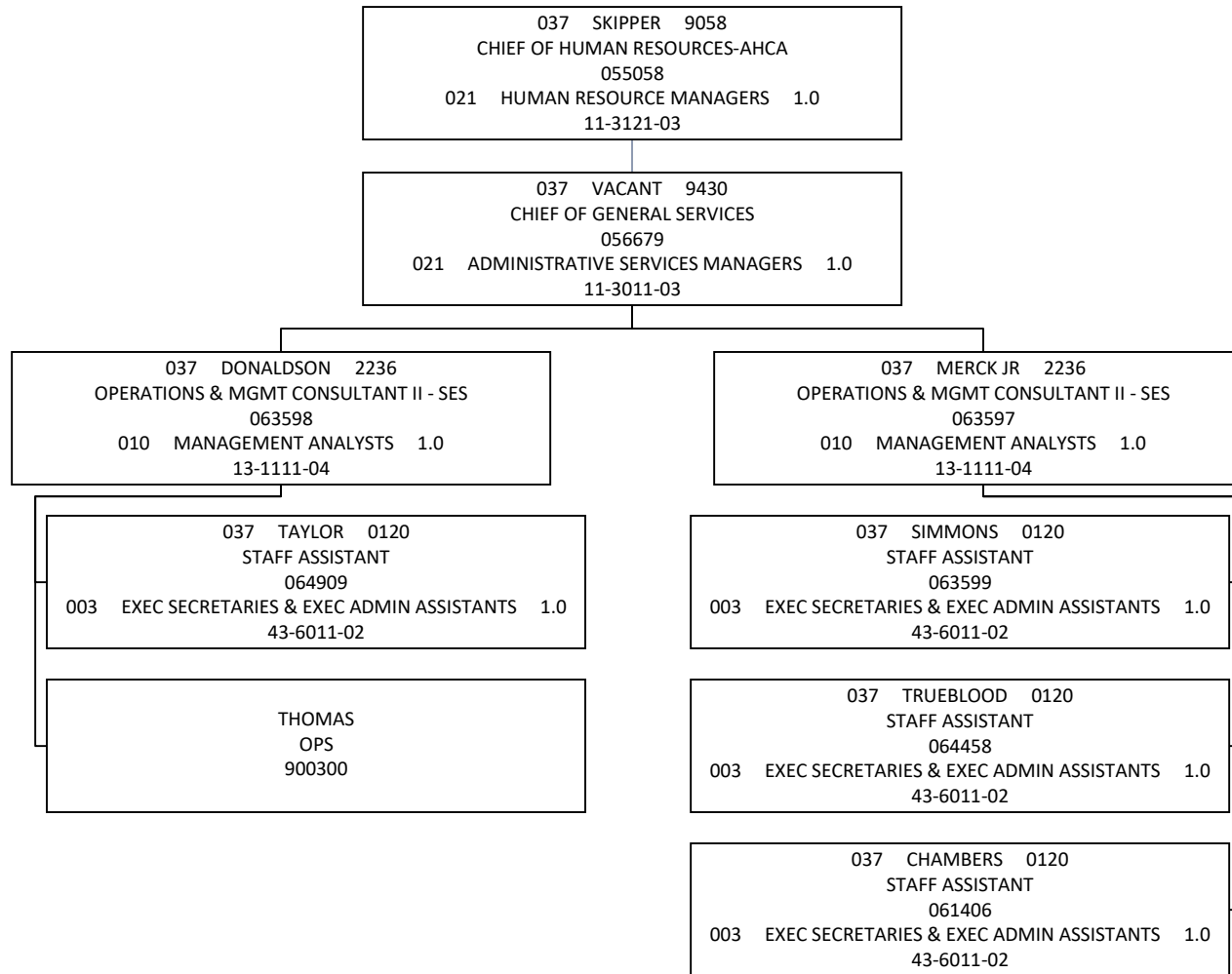
Division of Administration

Bureau of General Services

Effective Date: July 01, 2024

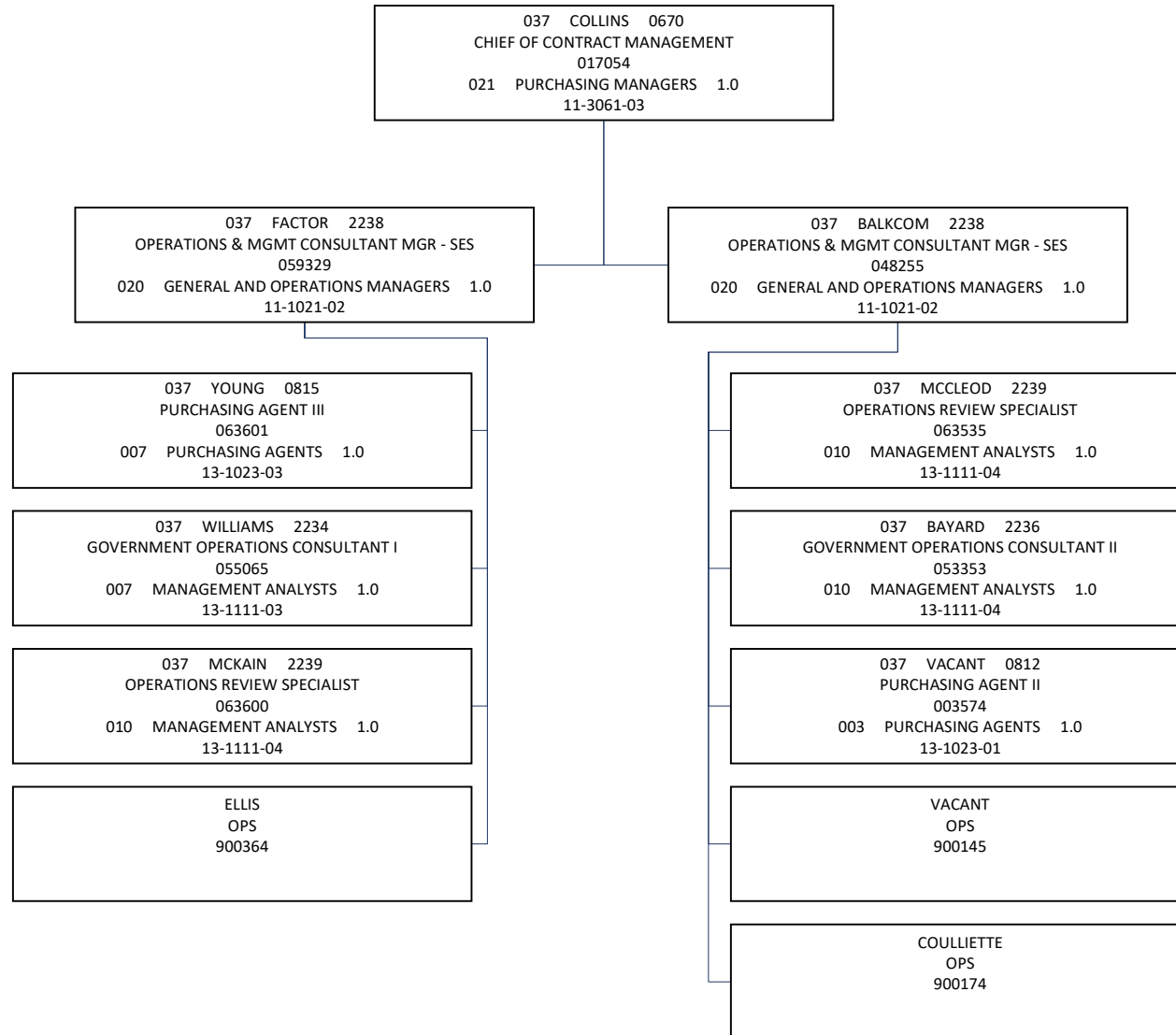
Org. Level: 68-20-40-00-000

FTE's: 7 Positions: 7



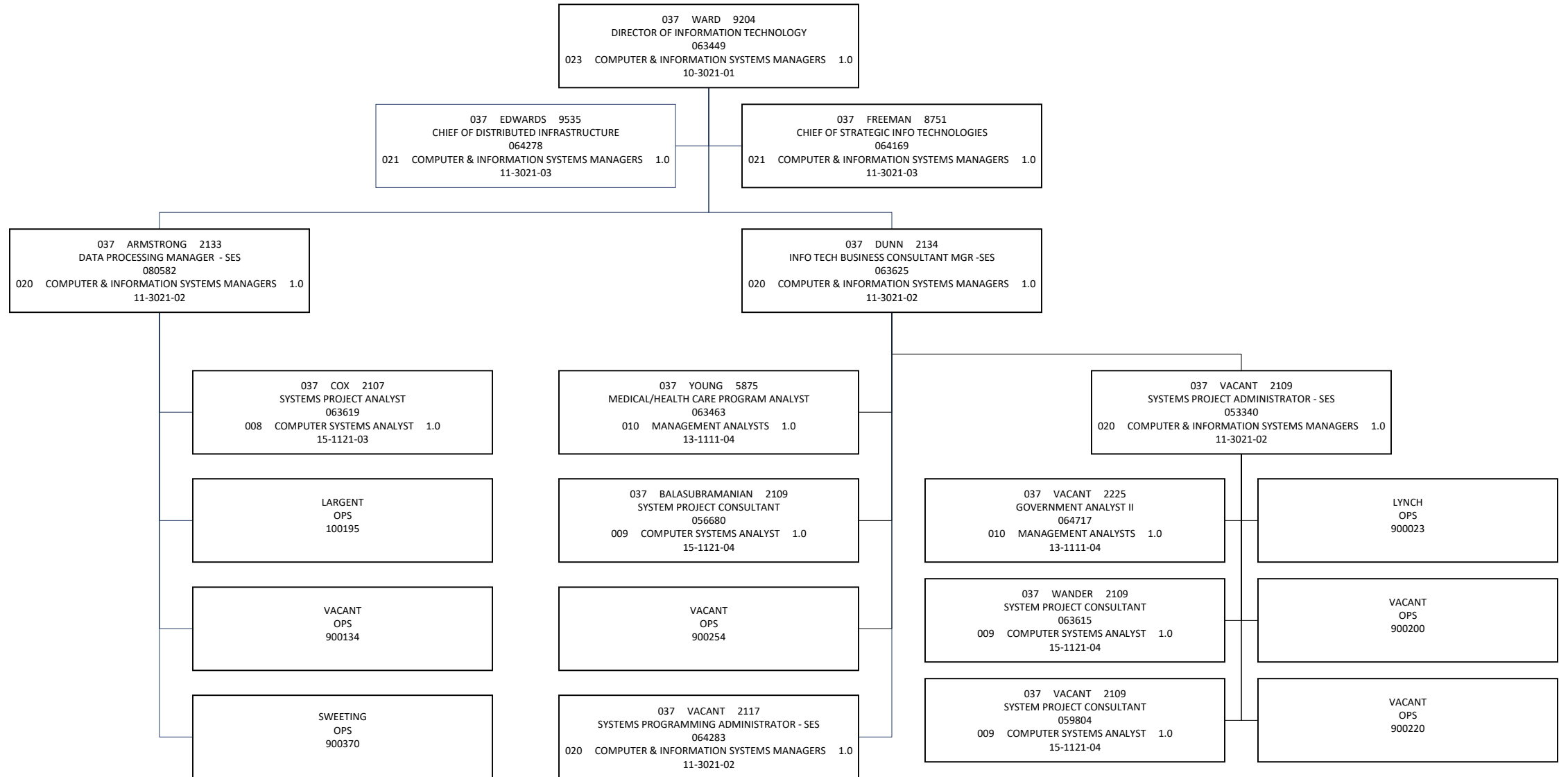
AGENCY FOR HEALTH CARE ADMINISTRATION
Deputy Secretary of Operations
Division of Administration
Bureau of Purchasing & Contract Administration

Effective Date: July 01, 2024
 Org. Level: 68-20-30-00-000
 FTE's: 9 Positions: 9



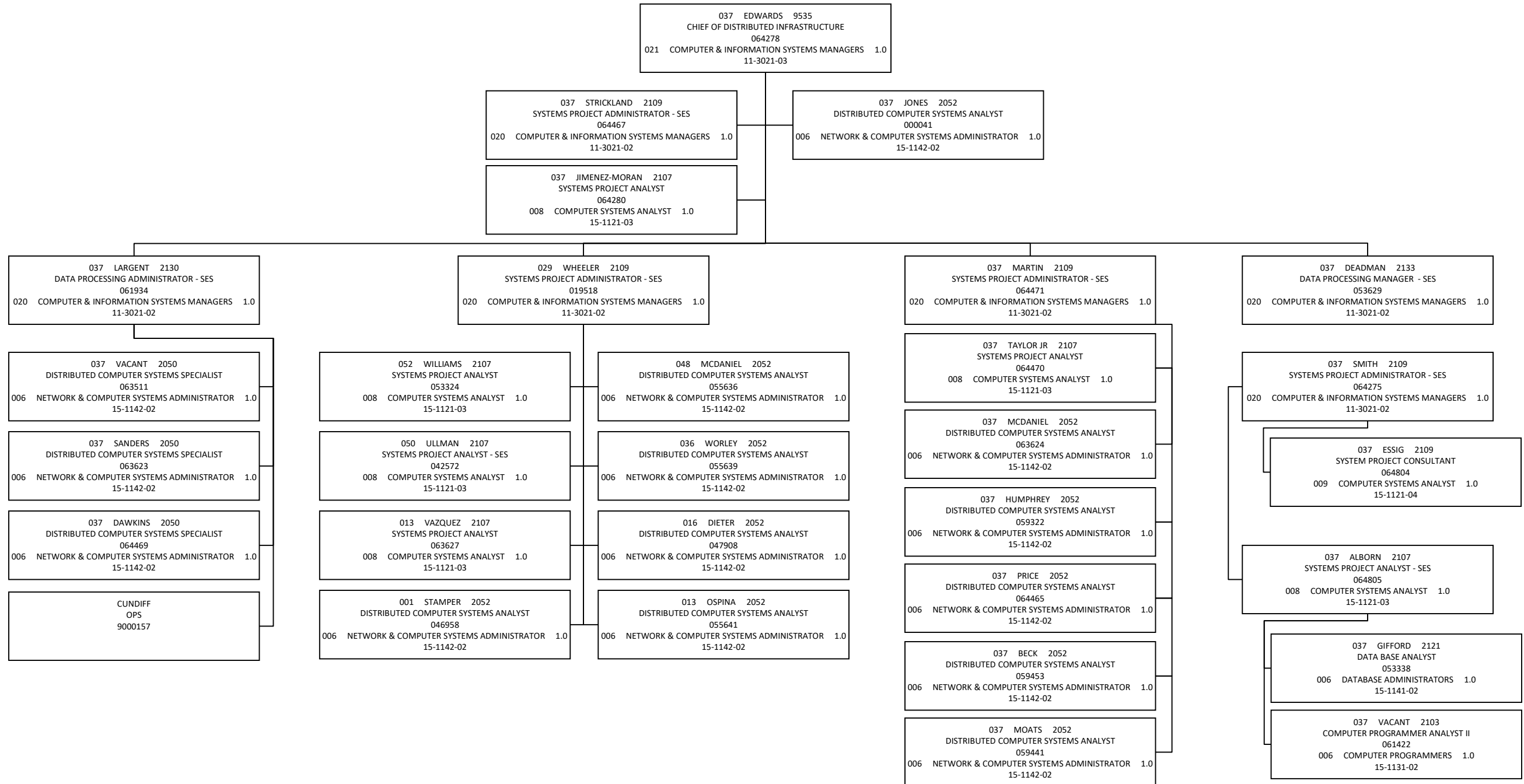
AGENCY FOR HEALTH CARE ADMINISTRATION
Deputy Secretary of Operations
Division of Information Technology
Director's Office

Effective Date: July 01, 2024
 Org. Level: 68-20-60-00-000
 FTE's: 12 Positions: 12



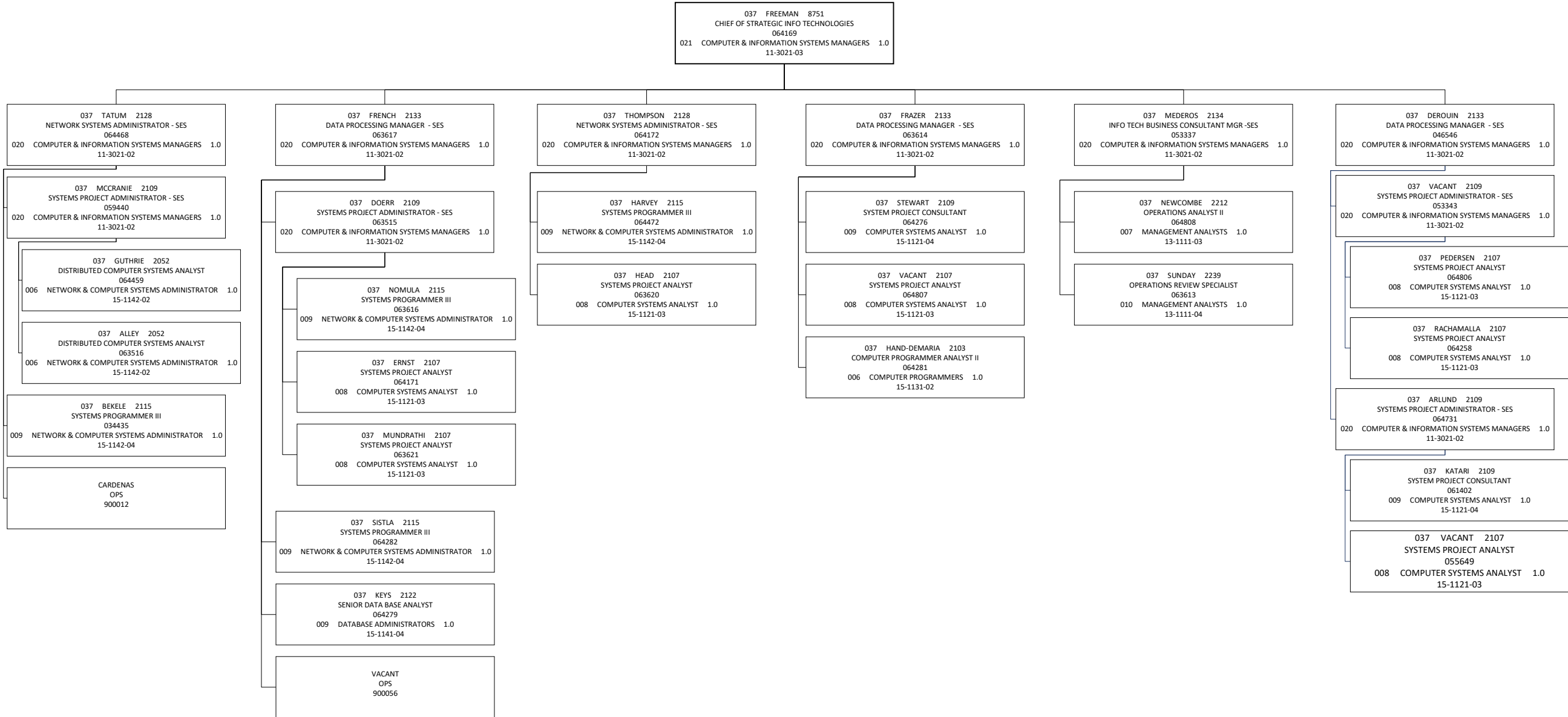
AGENCY FOR HEALTH CARE ADMINISTRATION
Deputy Secretary of Operations
Division of Information Technology
Bureau of Distributed Infrastructure

Effective Date: July 01, 2024
 Org. Level: 68-20-60-00-100
 FTE's: 30 Positions: 30



AGENCY FOR HEALTH CARE ADMINISTRATION
Deputy Secretary of Operations
Division of Information Technology
Bureau of Strategic Info Technologies

Effective Date: July 01, 2024
 Org. Level: 68-20-60-00-200
 FTE's: 28 Positions: 28



AGENCY FOR HEALTH CARE ADMINISTRATION

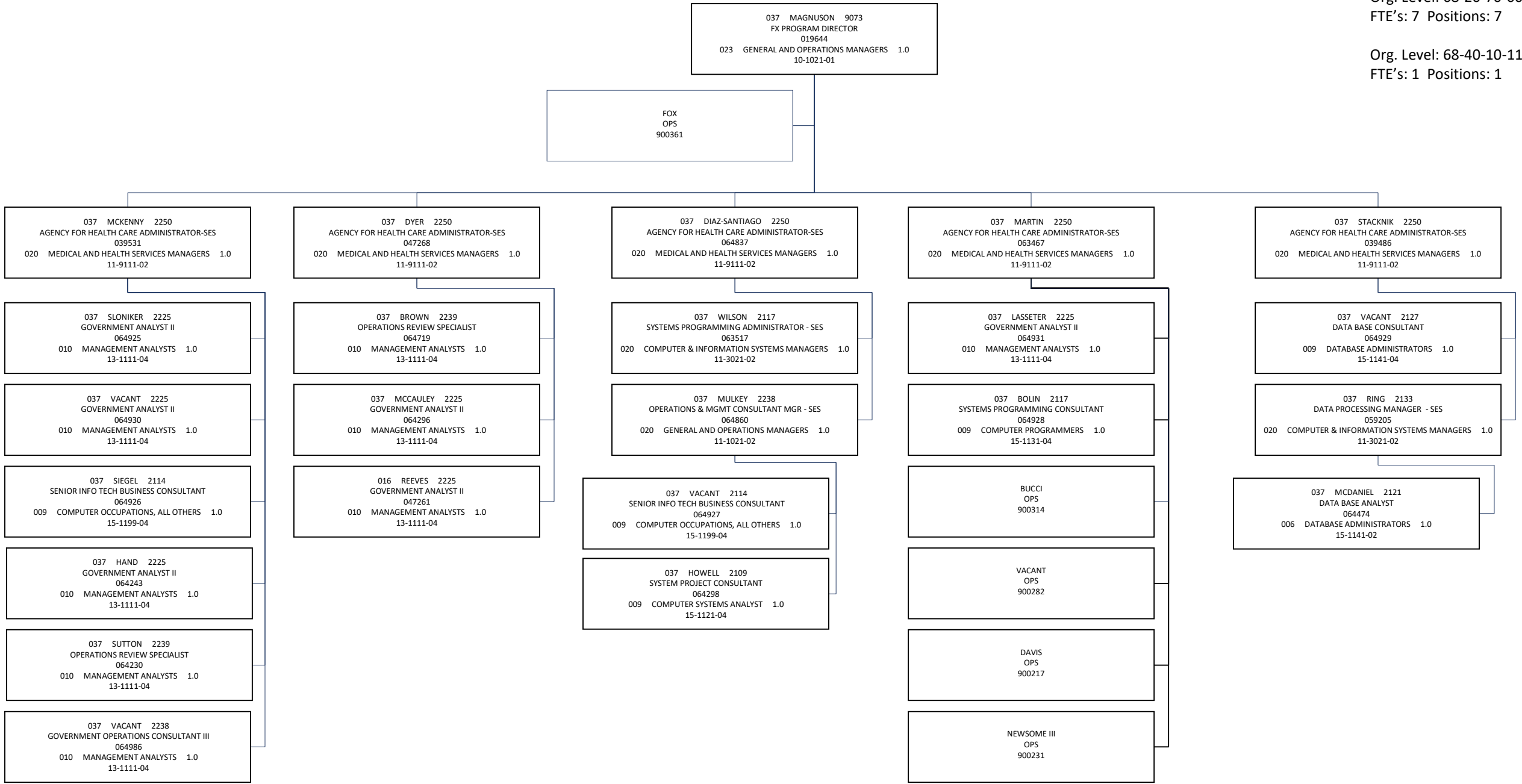
Deputy Secretary of Operations

Division of FX Program Administration

Effective Date: July 01, 2024
 Org. Level: 68-40-70-00-000
 FTE's: 16 Positions: 16

Org. Level: 68-20-70-00-000
 FTE's: 7 Positions: 7

Org. Level: 68-40-10-11-000
 FTE's: 1 Positions: 1



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

Effective Date: July 01, 2024
 Org. Level: 68-40-70-00-000
 FTE's: 37 Positions: 37

Org. Level: 68-20-70-00-000
 FTE's: 9 Positions: 9



Division Total FTE's: 693.50
 Division Total # Positions: 695

AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Health Quality Assurance

Deputy Secretary's Office

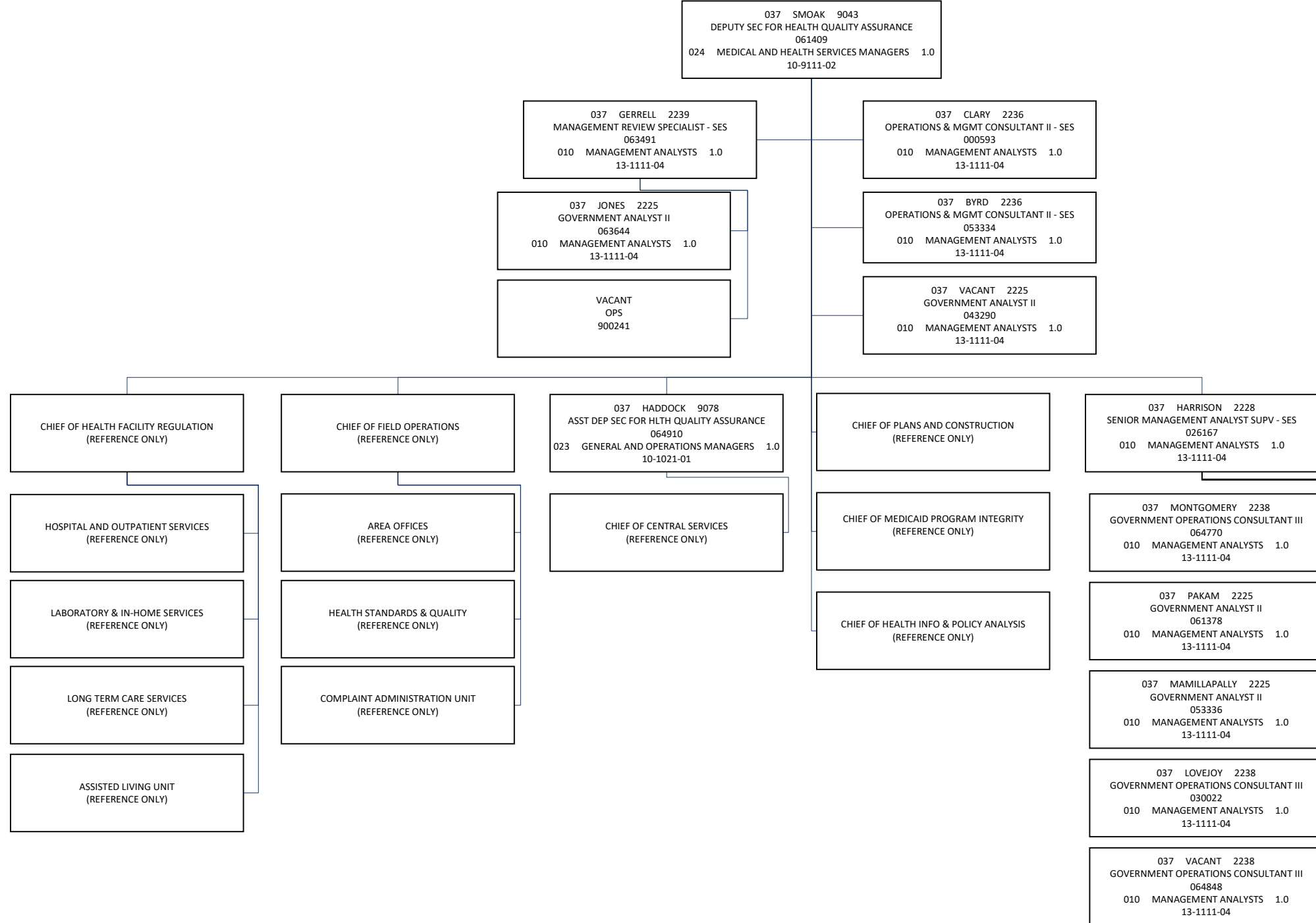
Effective Date: July 01, 2024
 Org. Level: 68-30-00-00-000
 FTE's: 7 Positions: 7

Org. Level: 68-30-30-00-000
 FTE's: 1 Positions: 1

Org. Level: 68-10-30-10-000
 FTE's: 1 Positions: 1

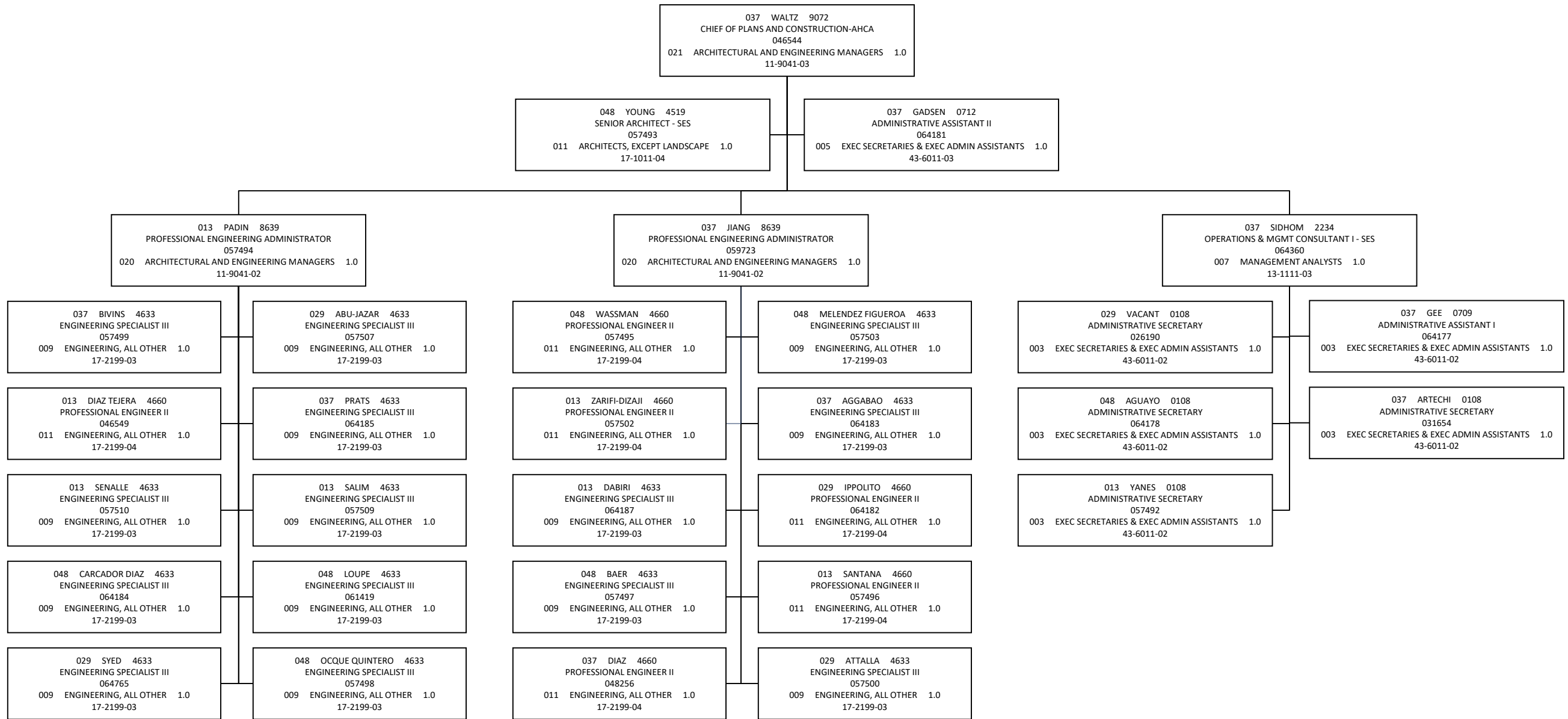
Org. Level: 68-30-30-09-000
 FTE's: 1 Positions: 1

Org. Level: 68-30-70-00-000
 FTE's: 4 Positions: 4



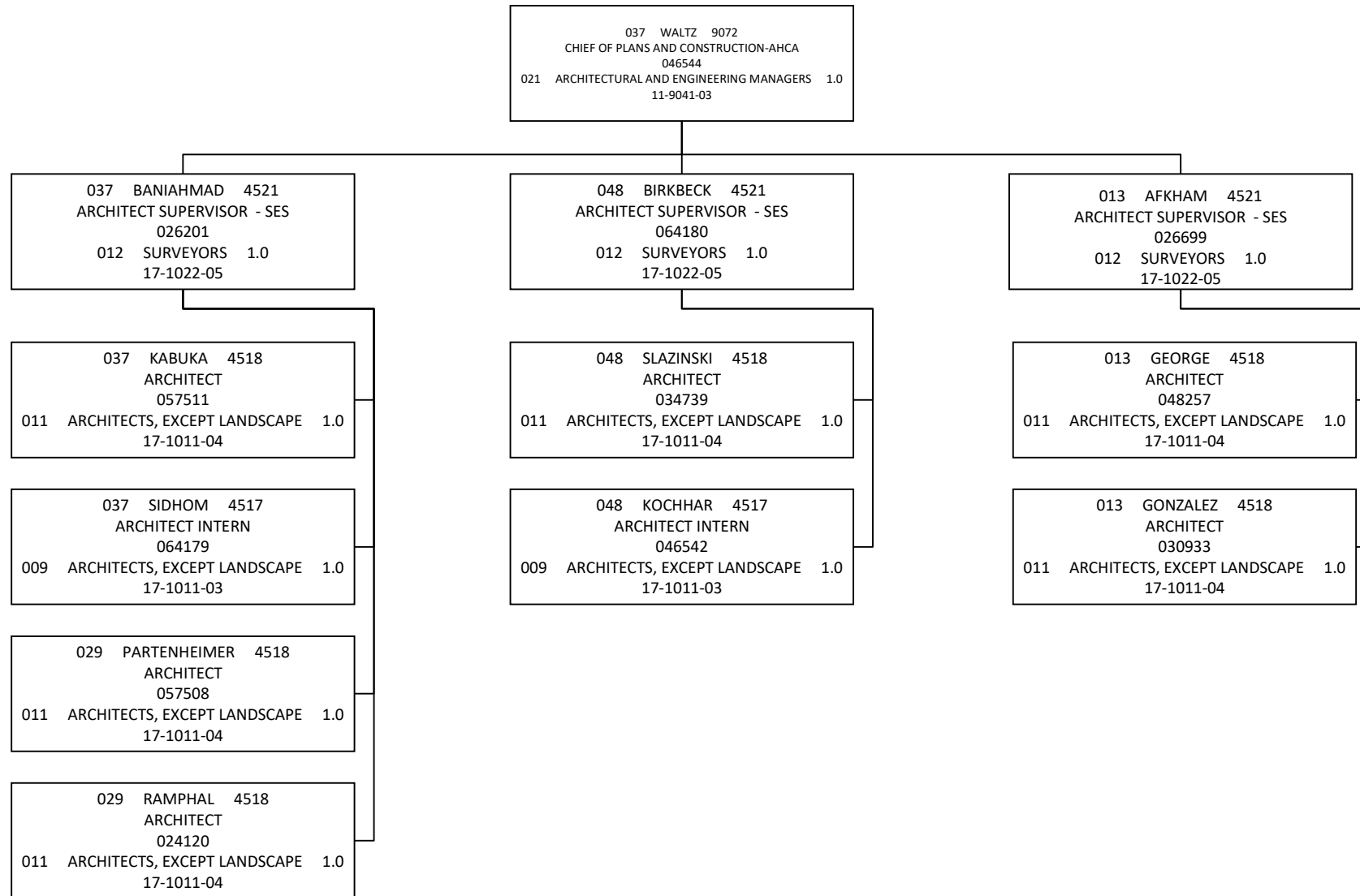
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Plans and Construction

Effective Date: July 01, 2024
 Org. Level: 68-30-10-00-000
 FTE's: 42 Positions: 42



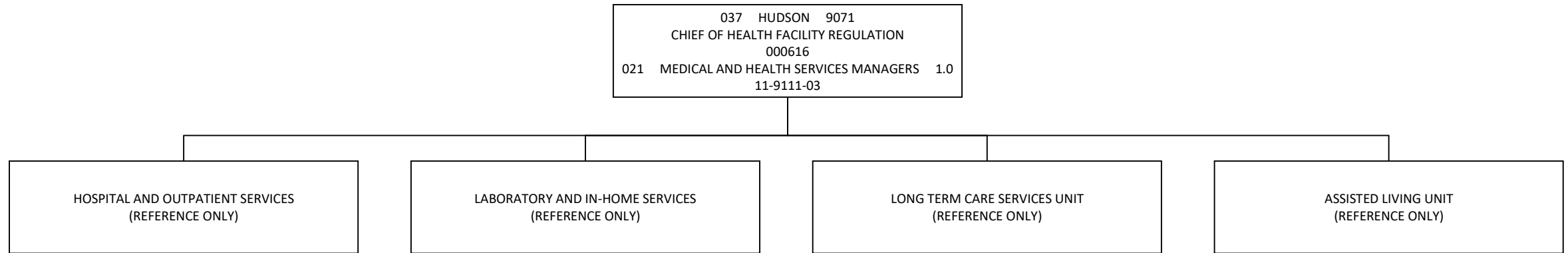
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Plans and Construction

Effective Date: July 01, 2024
 Org. Level: 68-30-10-00-000
 FTE's: 42 Positions: 42



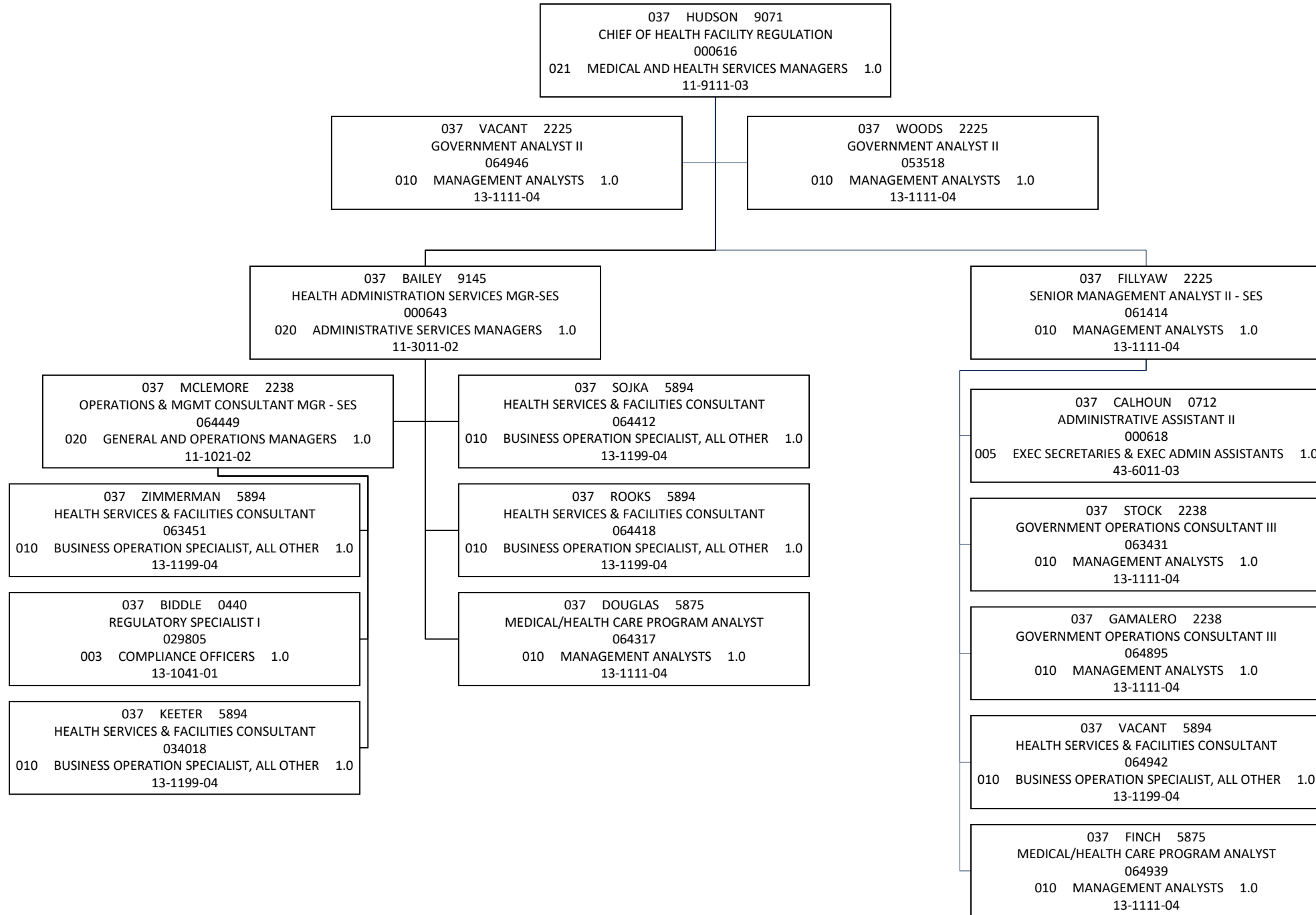
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Health Facility Regulation

Effective Date: July 01, 2024
Org. Level: 68-30-20-00-000
FTE's: 1 Positions: 1



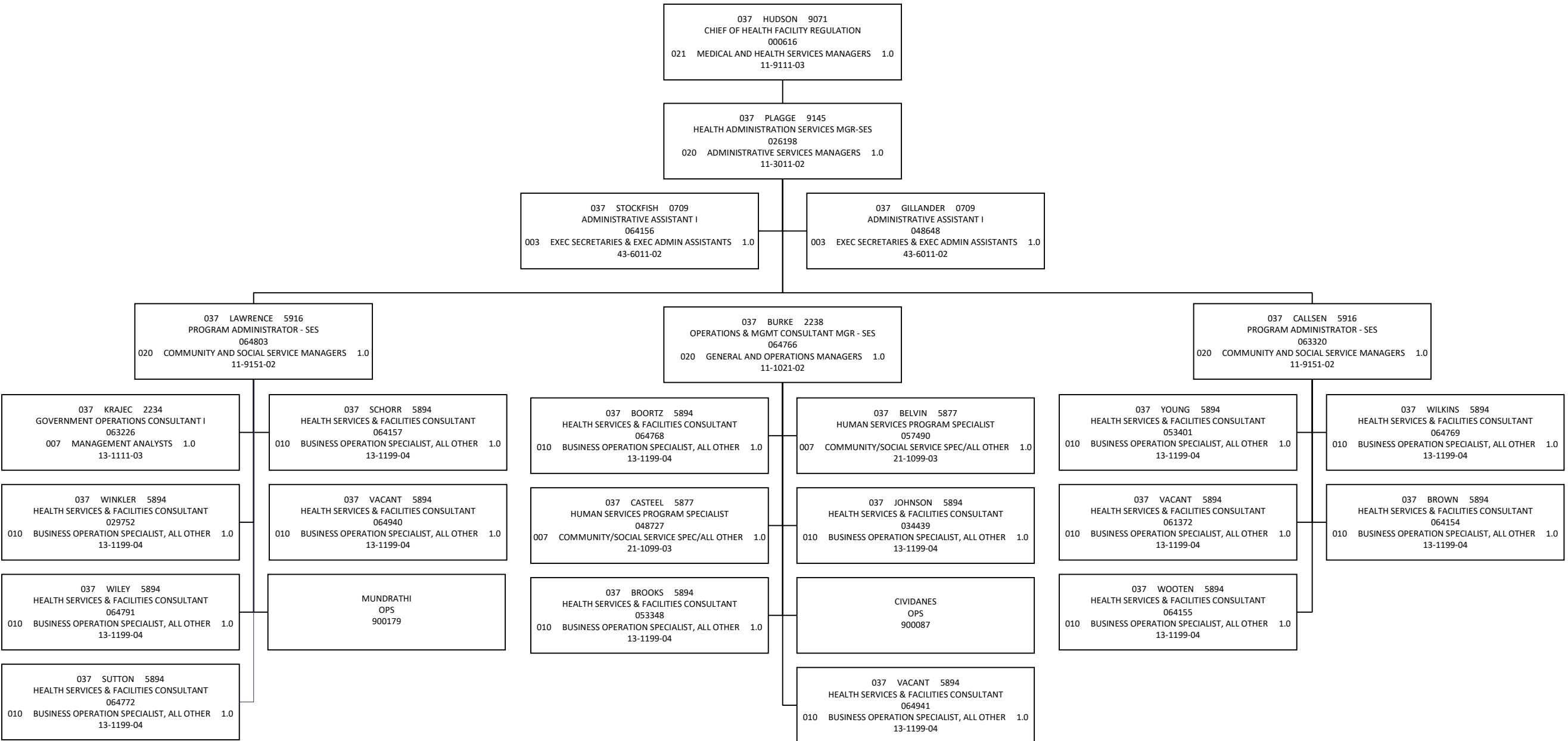
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Health Facility Regulation

Effective Date: July 01, 2024
 Org. Level: 68-30-20-00-000
 FTE's: 16 Positions: 16



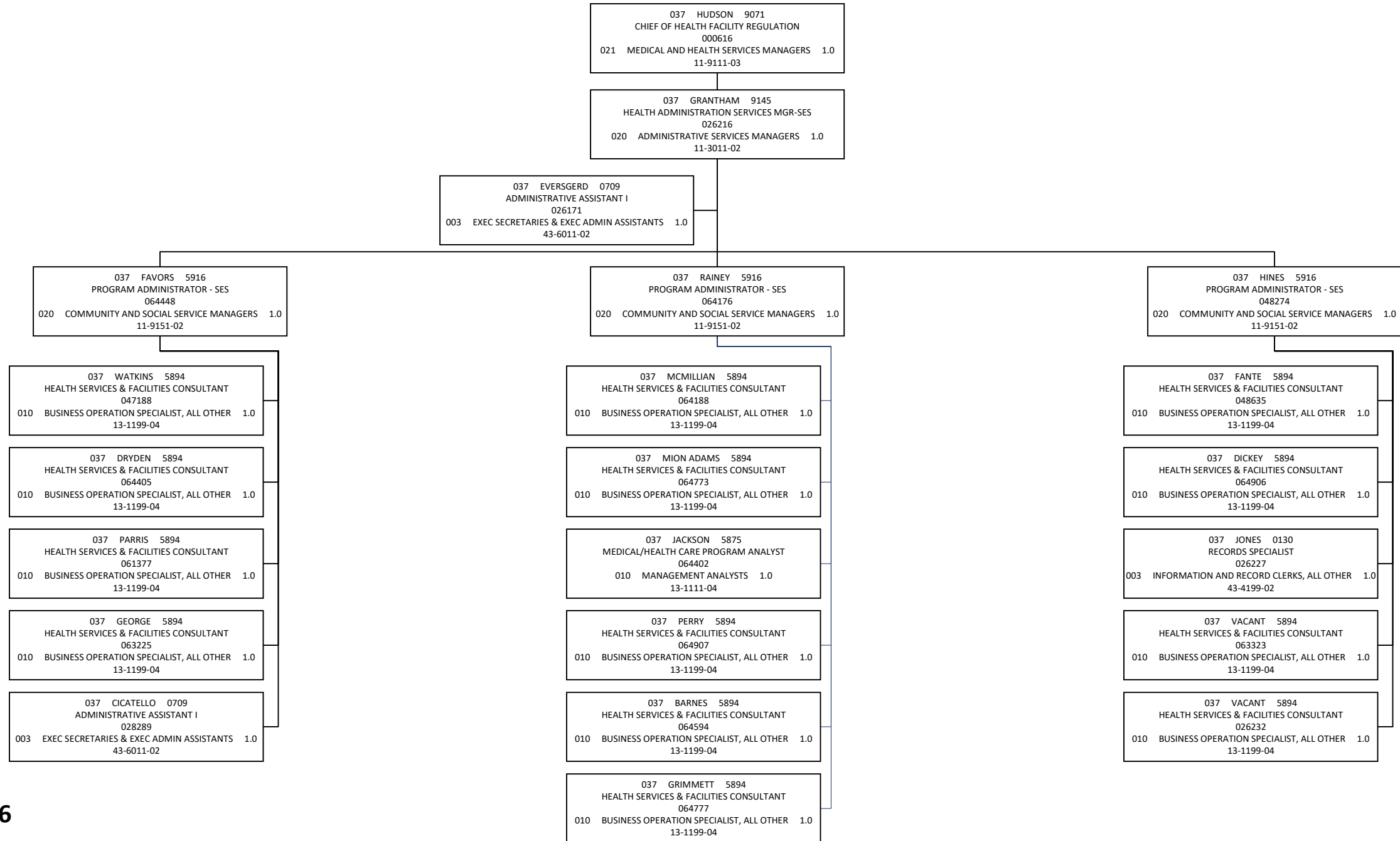
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Health Facility Regulation
Hospital & Outpatient Services

Effective Date: July 01, 2024
 Org. Level: 68-30-20-20-000
 FTE's: 23 Positions: 23



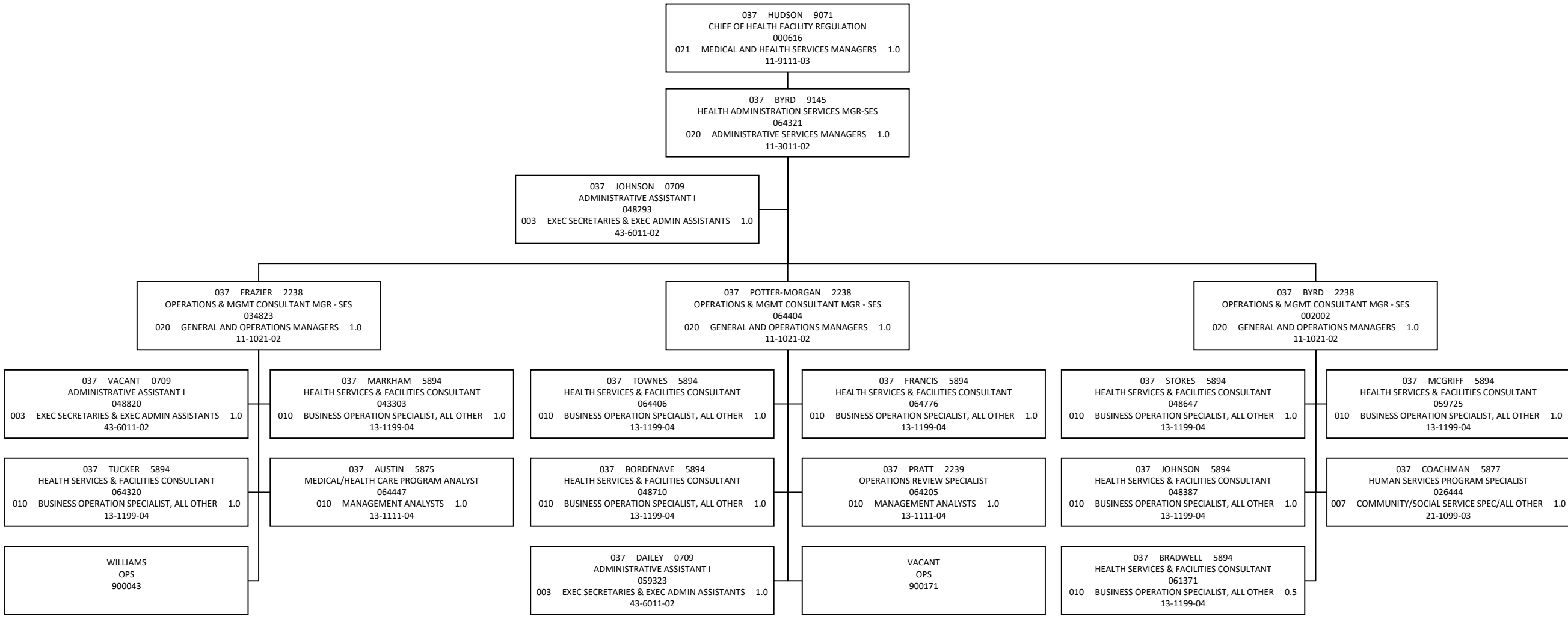
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Health Facility Regulation
Laboratory & In-Home Services

Effective Date: July 01, 2024
 Org. Level: 68-30-20-35-000
 FTE's: 21 Positions: 21



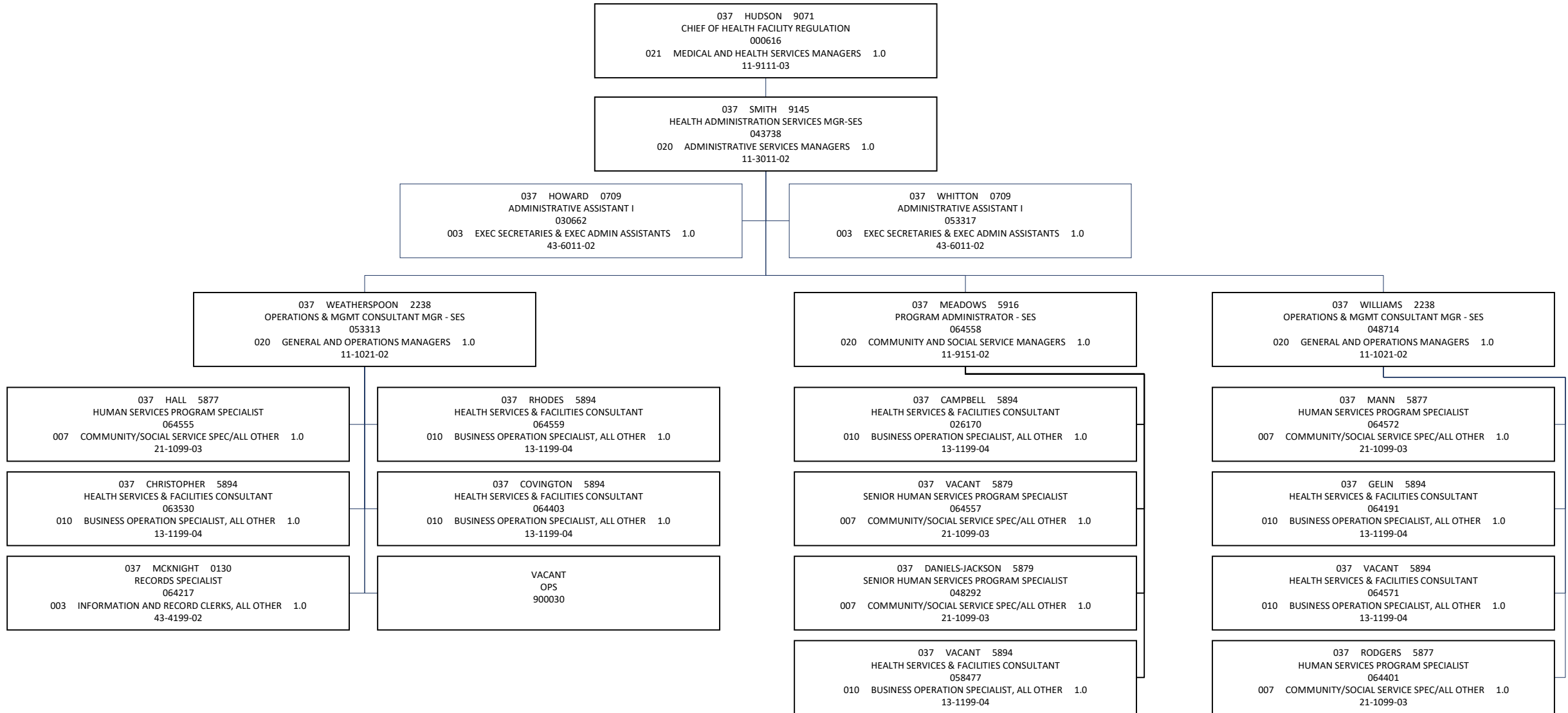
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Health Facility Regulation
Assisted Living Unit

Effective Date: July 01, 2024
 Org. Level: 68-30-20-40-000
 FTE's: 19 Positions: 19



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Health Facility Regulation
Long Term Care Services Unit

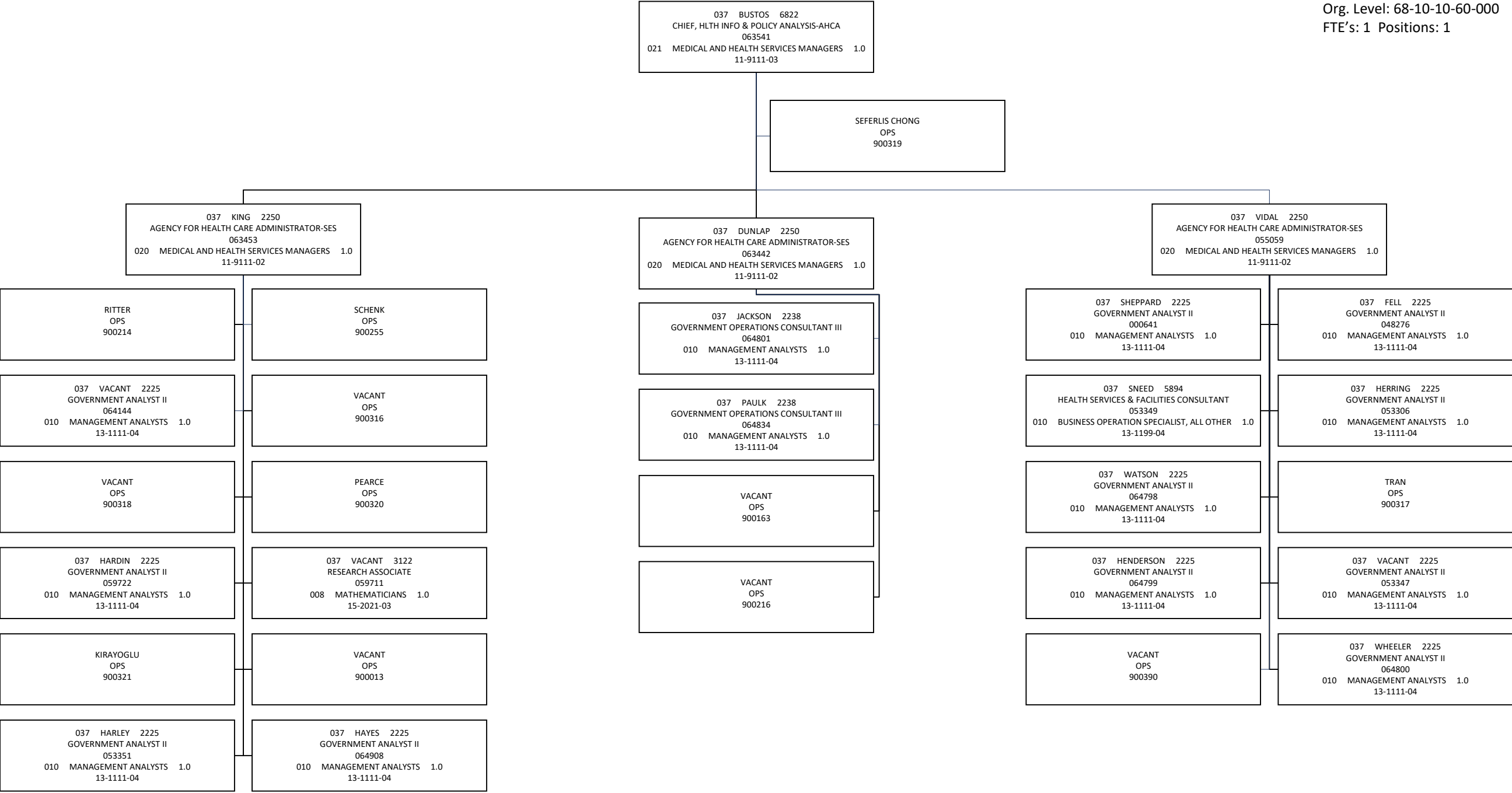
Effective Date: July 01, 2024
 Org. Level: 68-30-20-65-000
 FTE's: 19 Positions: 19



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

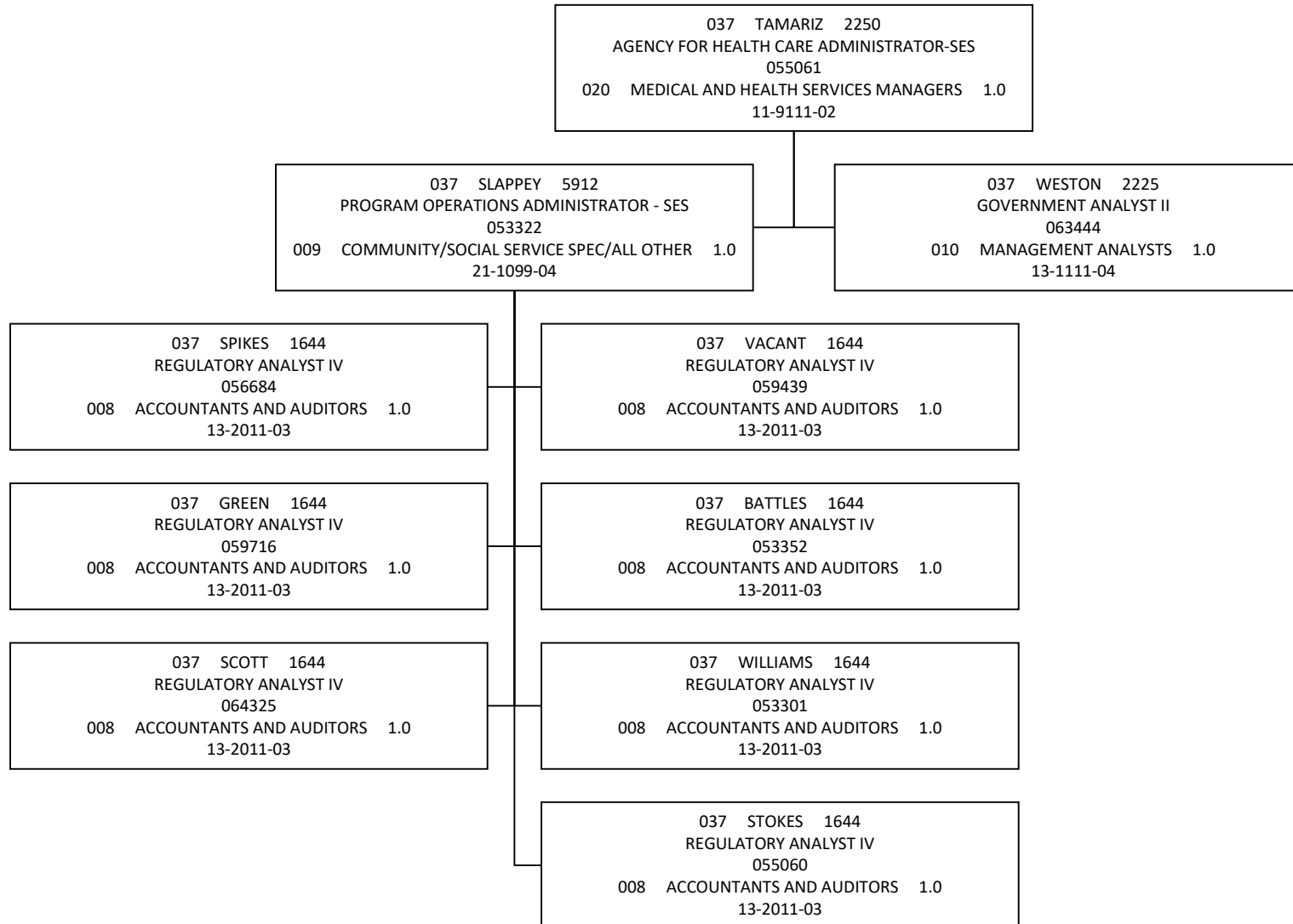
Effective Date: July 01, 2024
 Org. Level: 68-30-70-00-000
 FTE's: 19 Positions: 19

Org. Level: 68-10-10-60-000
 FTE's: 1 Positions: 1



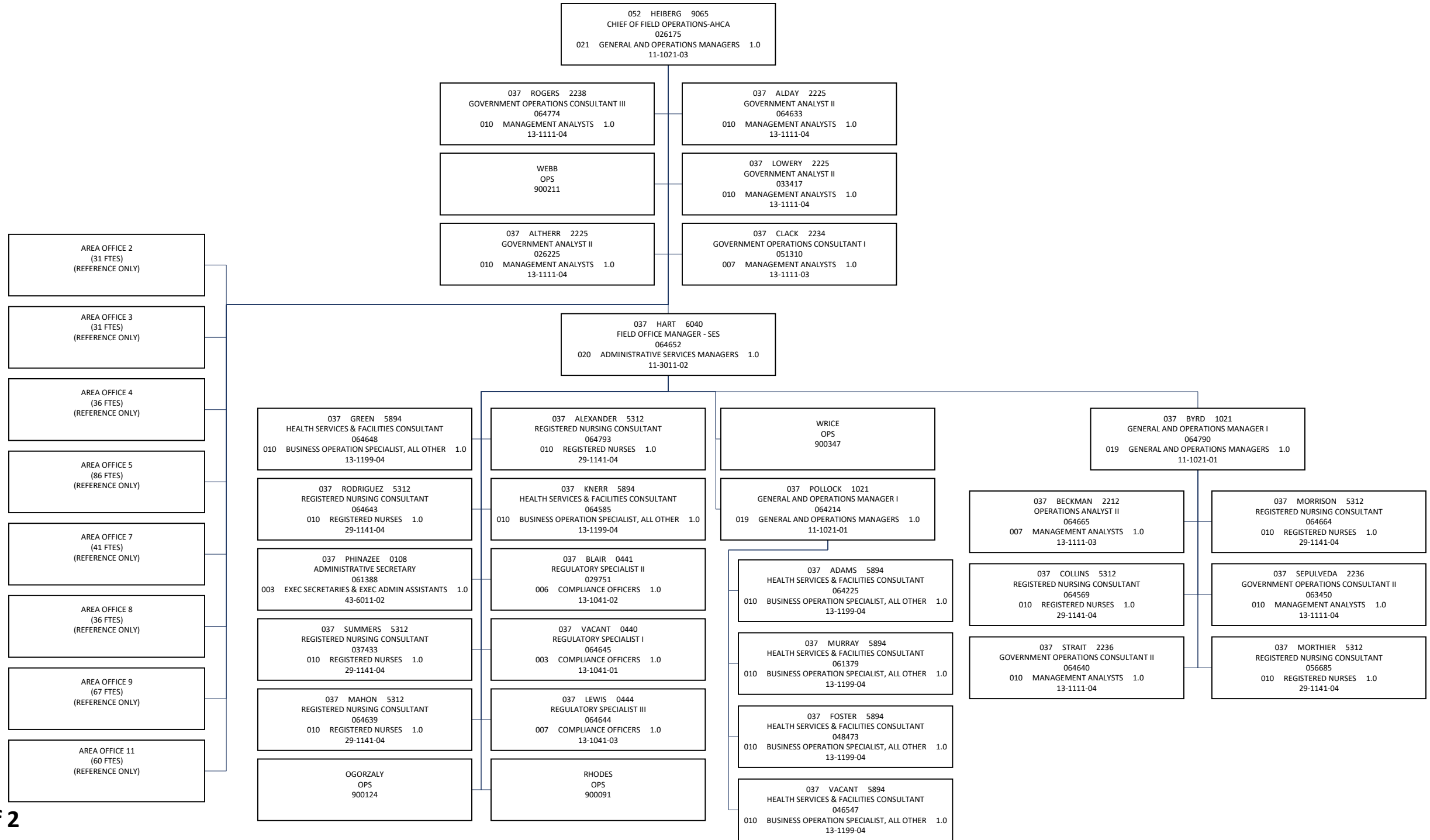
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of FL Center for Health Information & Transparency

Effective Date: July 01, 2024
 Org. Level: 68-30-70-00-000
 FTE's: 10 Positions: 10



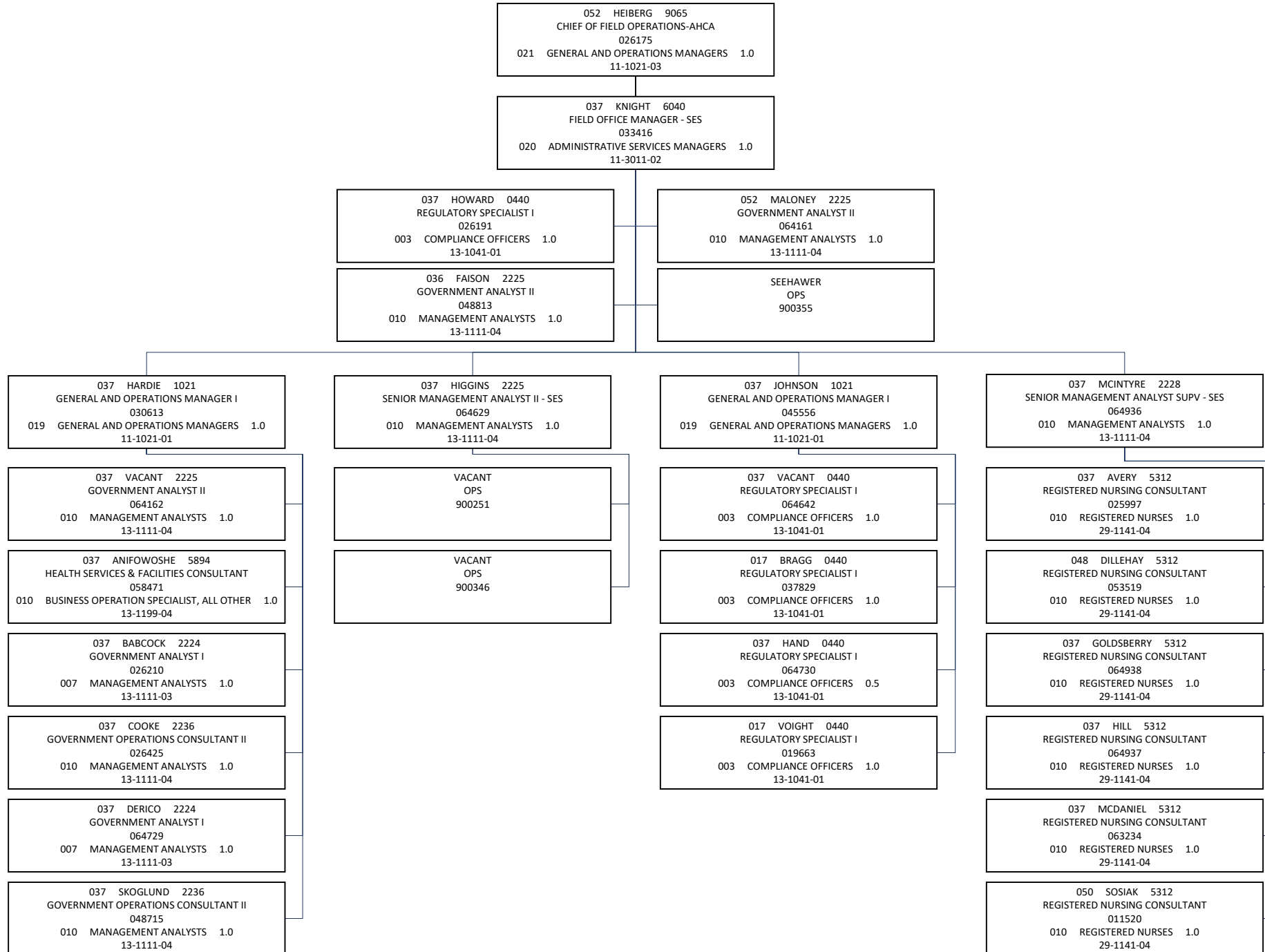
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations

Effective Date: July 01, 2024
 Org. Level: 68-30-30-00-000
 FTE's: 29 Positions: 29



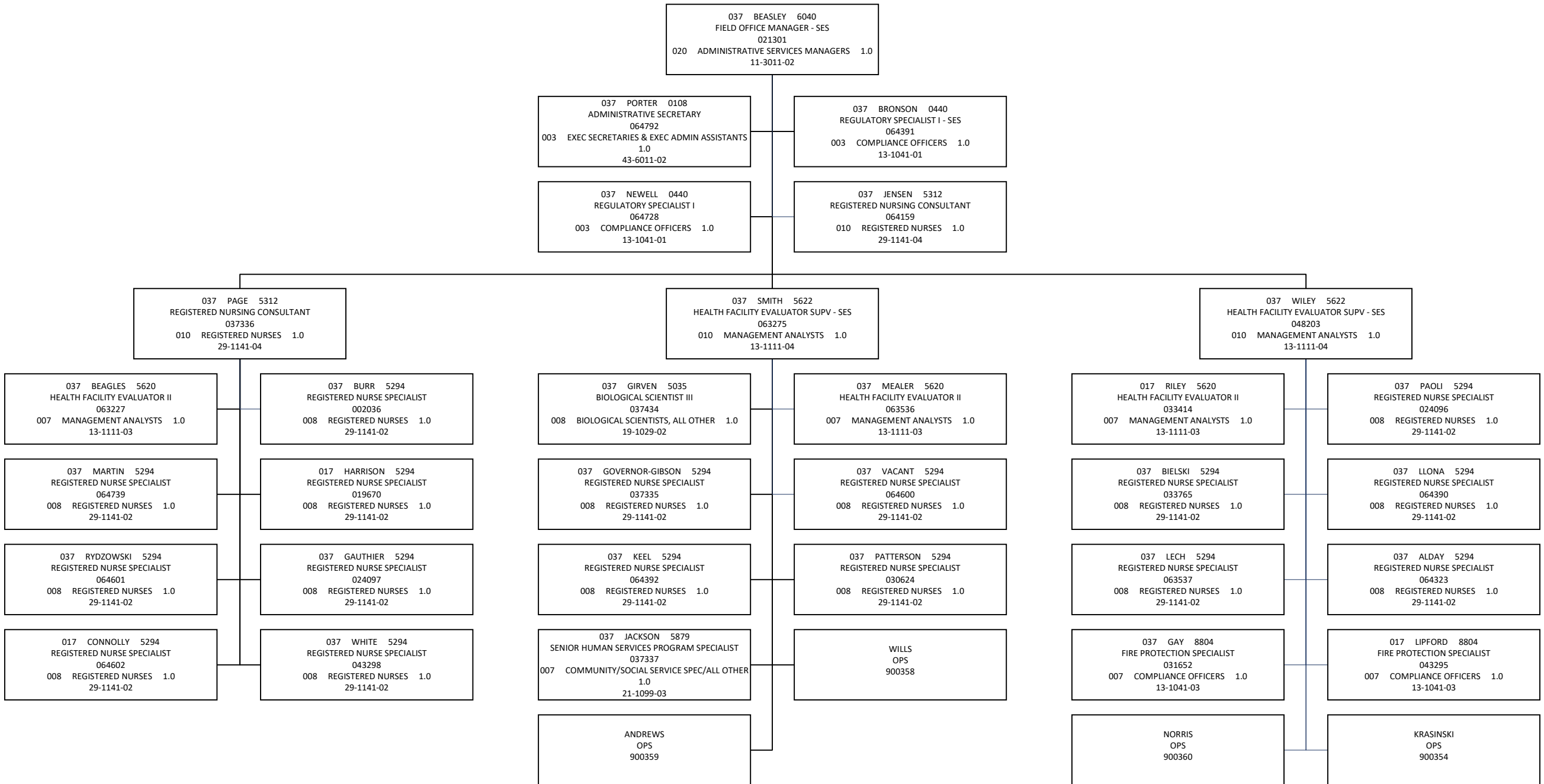
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Health Standards & Quality
Survey & Certification Support Branch

Effective Date: July 01, 2024
 Org. Level: 68-30-30-000
 FTE's: 24 Positions: 24



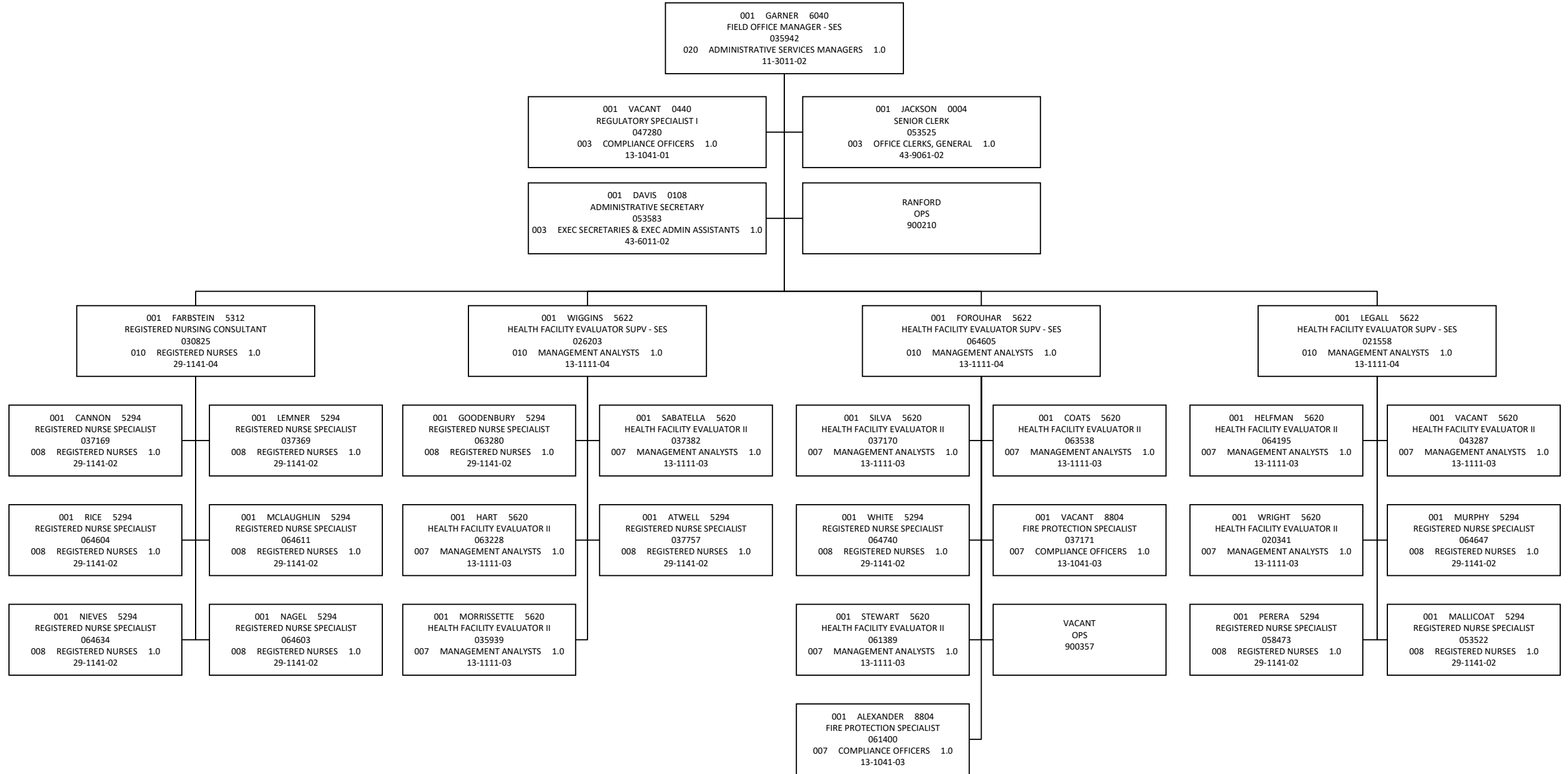
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 2 - Tallahassee

Effective Date: July 01, 2024
 Org. Level: 68-30-30-02-000
 FTE's: 31 Positions: 31



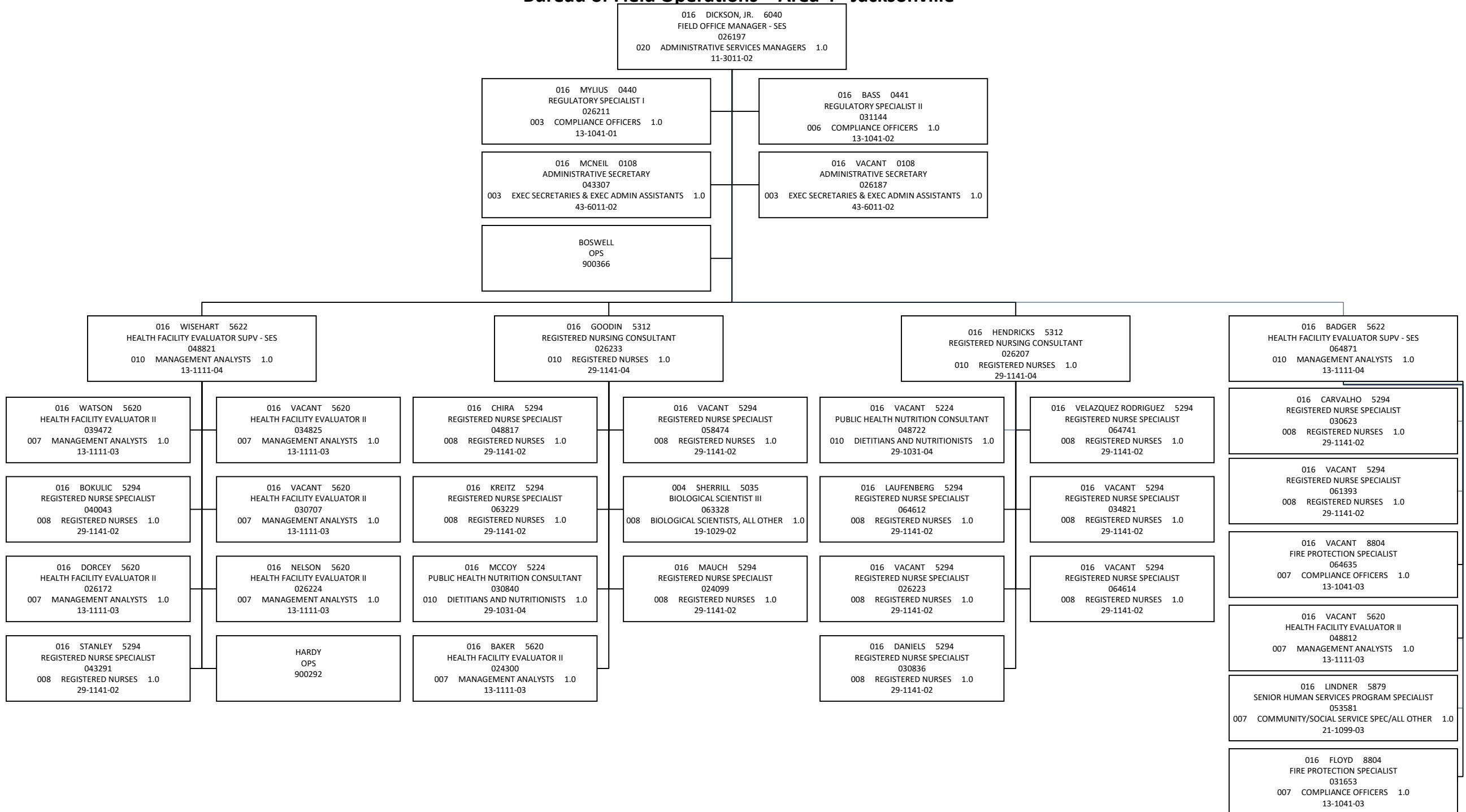
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 3 - Alachua

Effective Date: July 01, 2024
 Org. Level: 68-30-30-03-000
 FTE's: 31 Positions: 31



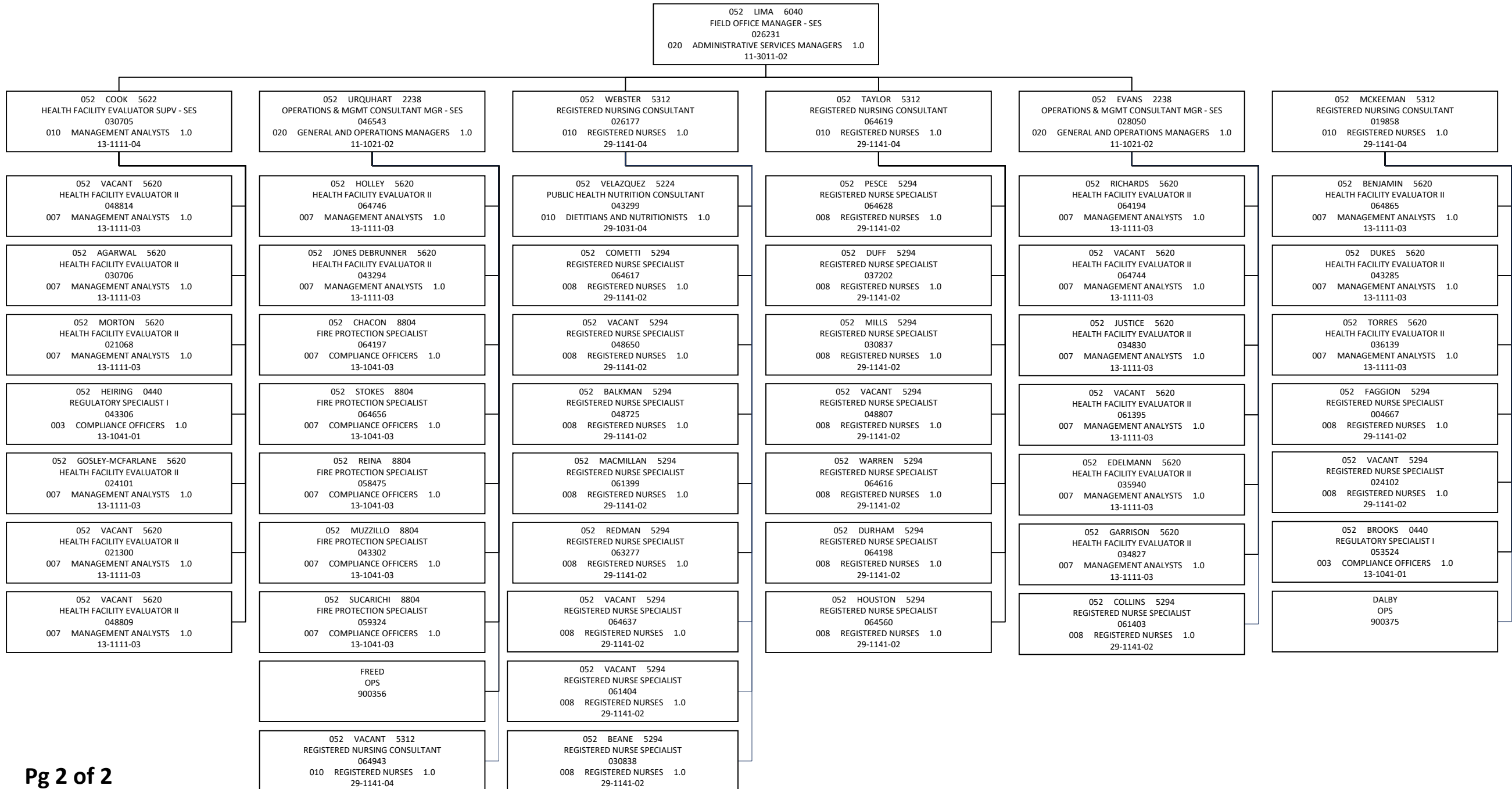
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 4 - Jacksonville

Effective Date: July 01, 2024
 Org. Level: 68-30-30-04-000
 FTE's: 36 Positions: 36



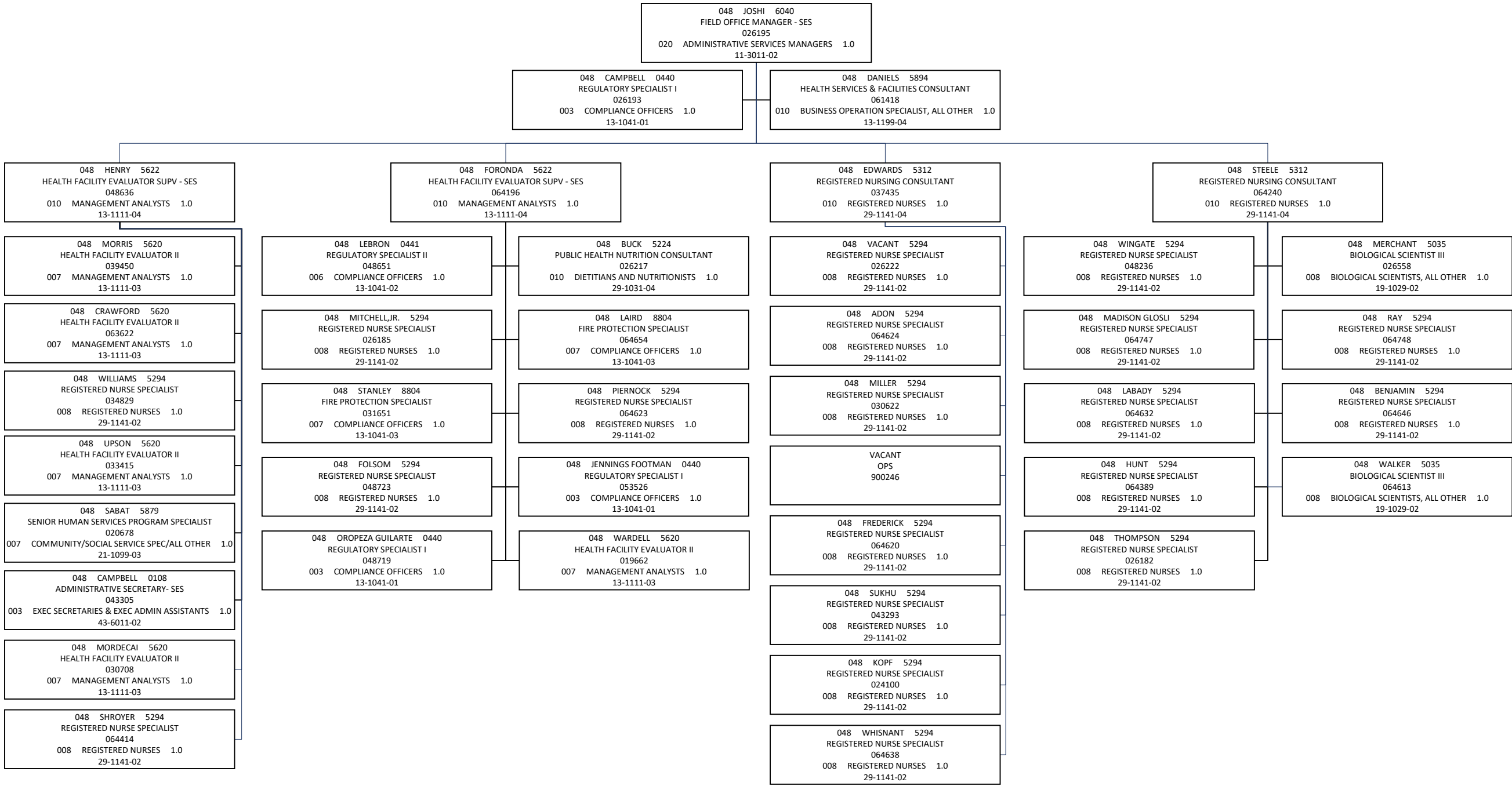
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 5 – St. Petersburg

Effective Date: July 01, 2024
 Org. Level: 68-30-30-05-000
 FTE's: 86 Positions: 86



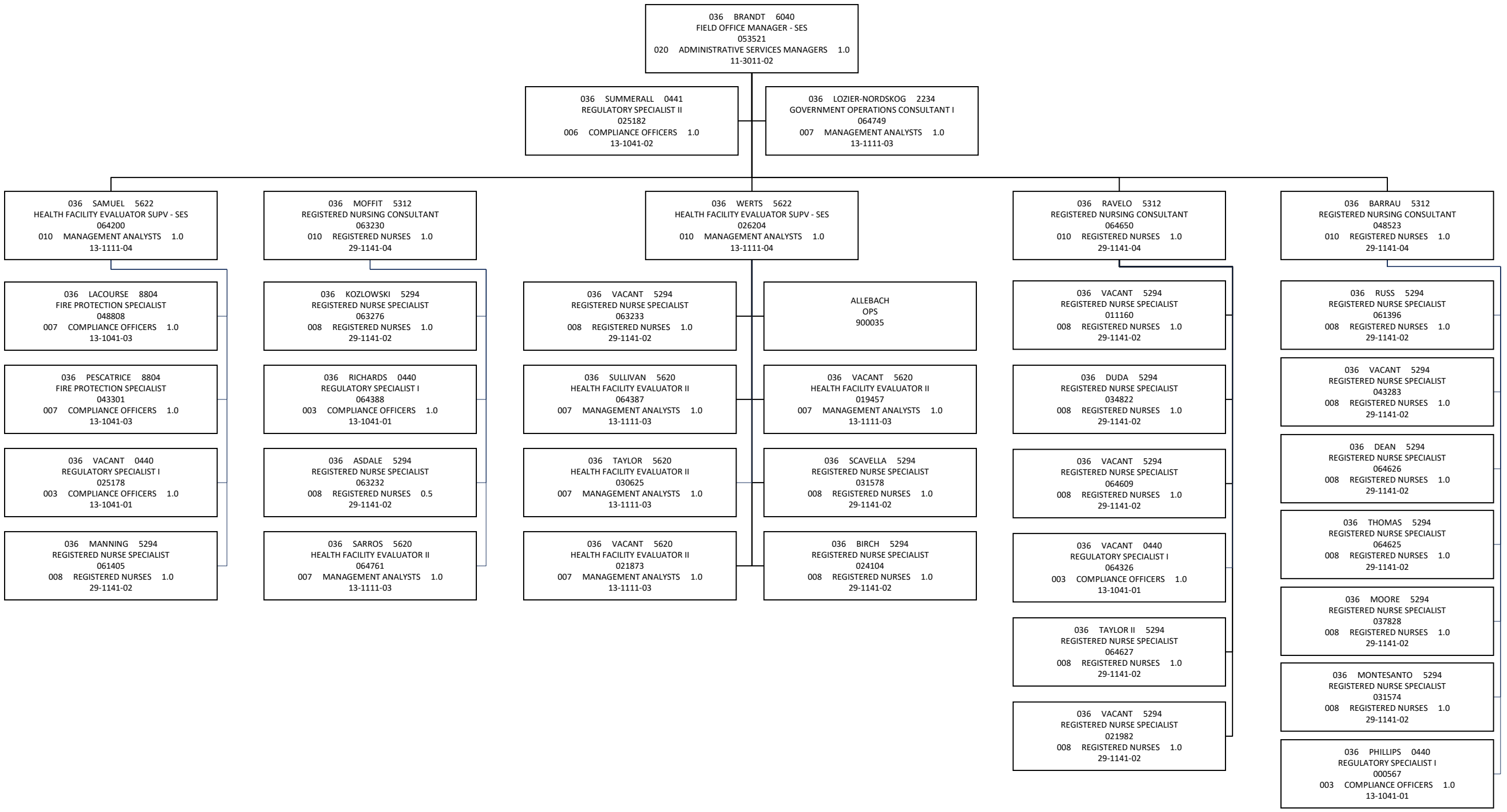
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 7 – Orlando

Effective Date: July 01, 2024
 Org. Level: 68-30-30-07-000
 FTE's: 41 Positions: 41



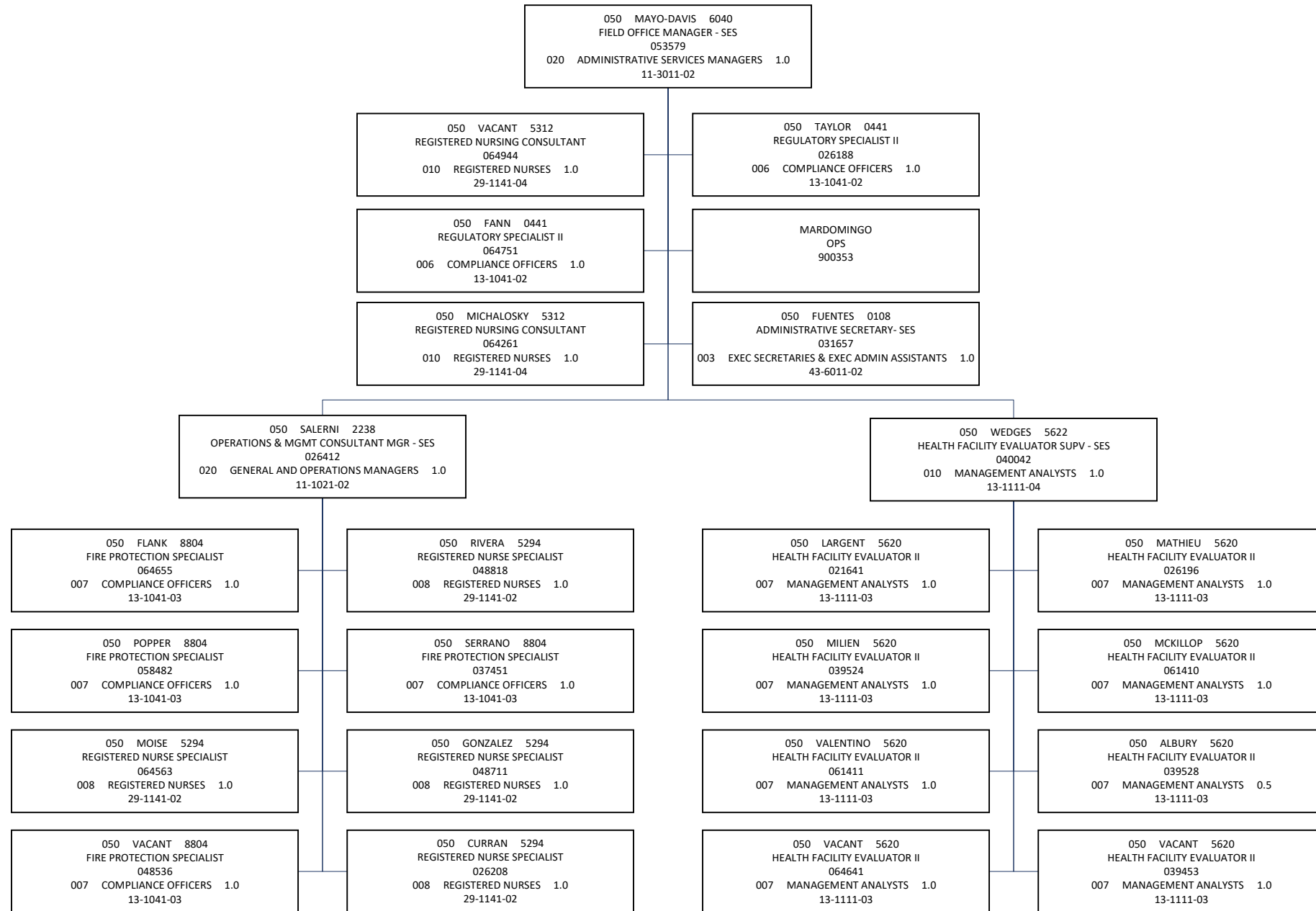
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 8 – Ft. Myers

Effective Date: July 01, 2024
 Org. Level: 68-30-30-08-000
 FTE's: 36 Positions: 36



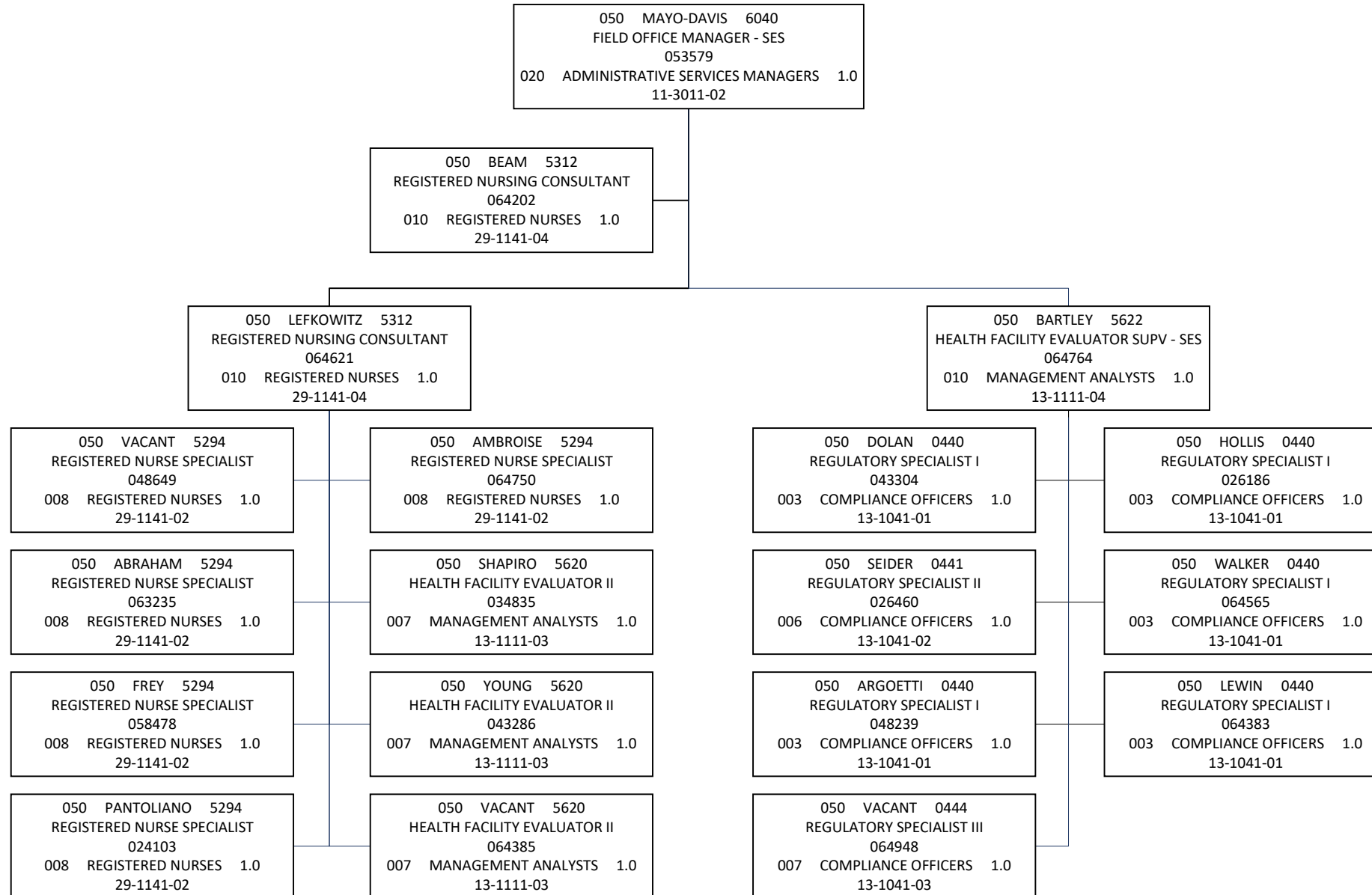
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 9 – Delray Beach

Effective Date: July 01, 2024
 Org. Level: 68-30-30-09-000
 FTE's: 67 Positions: 67



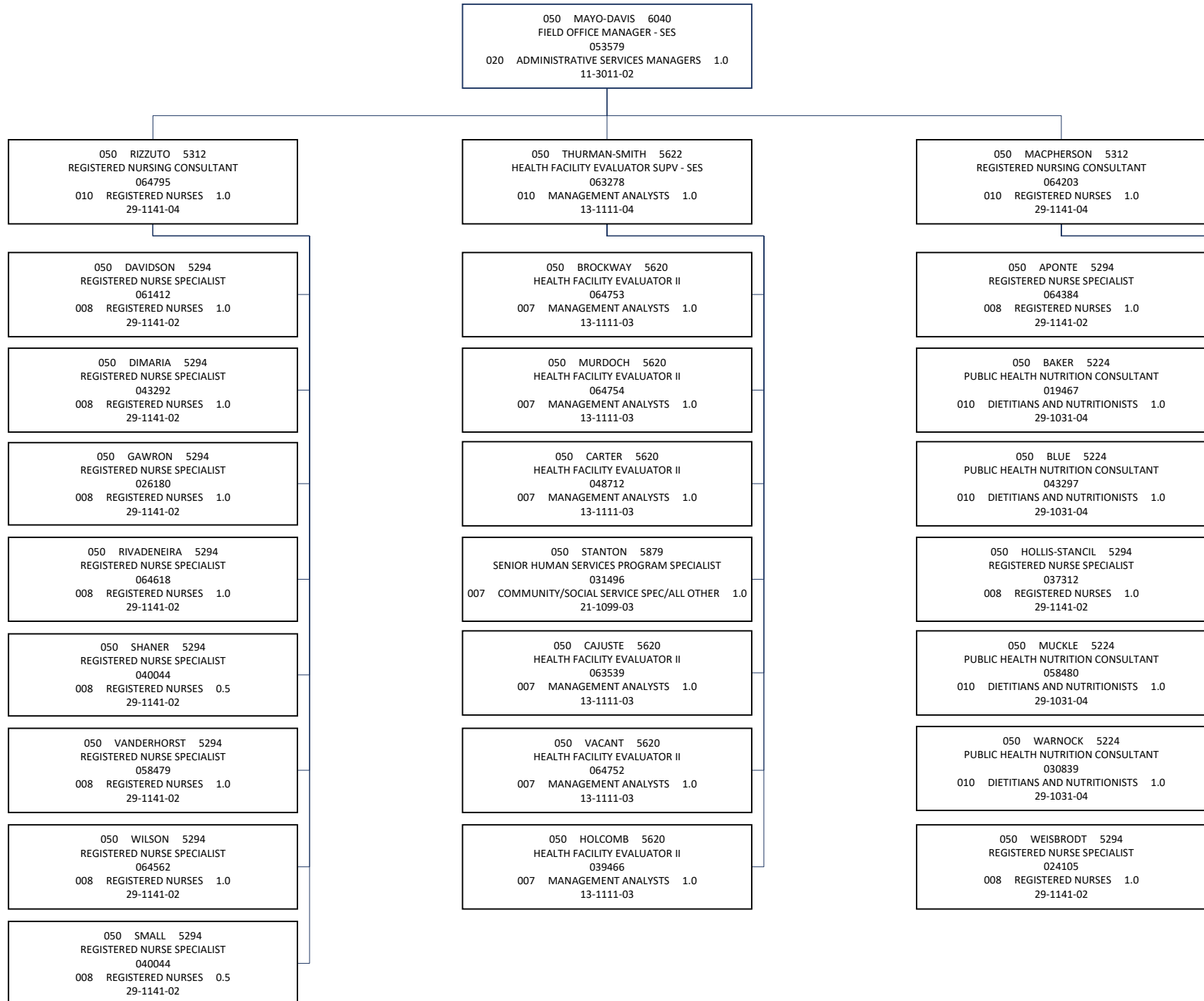
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 9 – Delray Beach

Effective Date: July 01, 2024
 Org. Level: 68-30-30-09-000
 FTE's: 67 Positions: 67



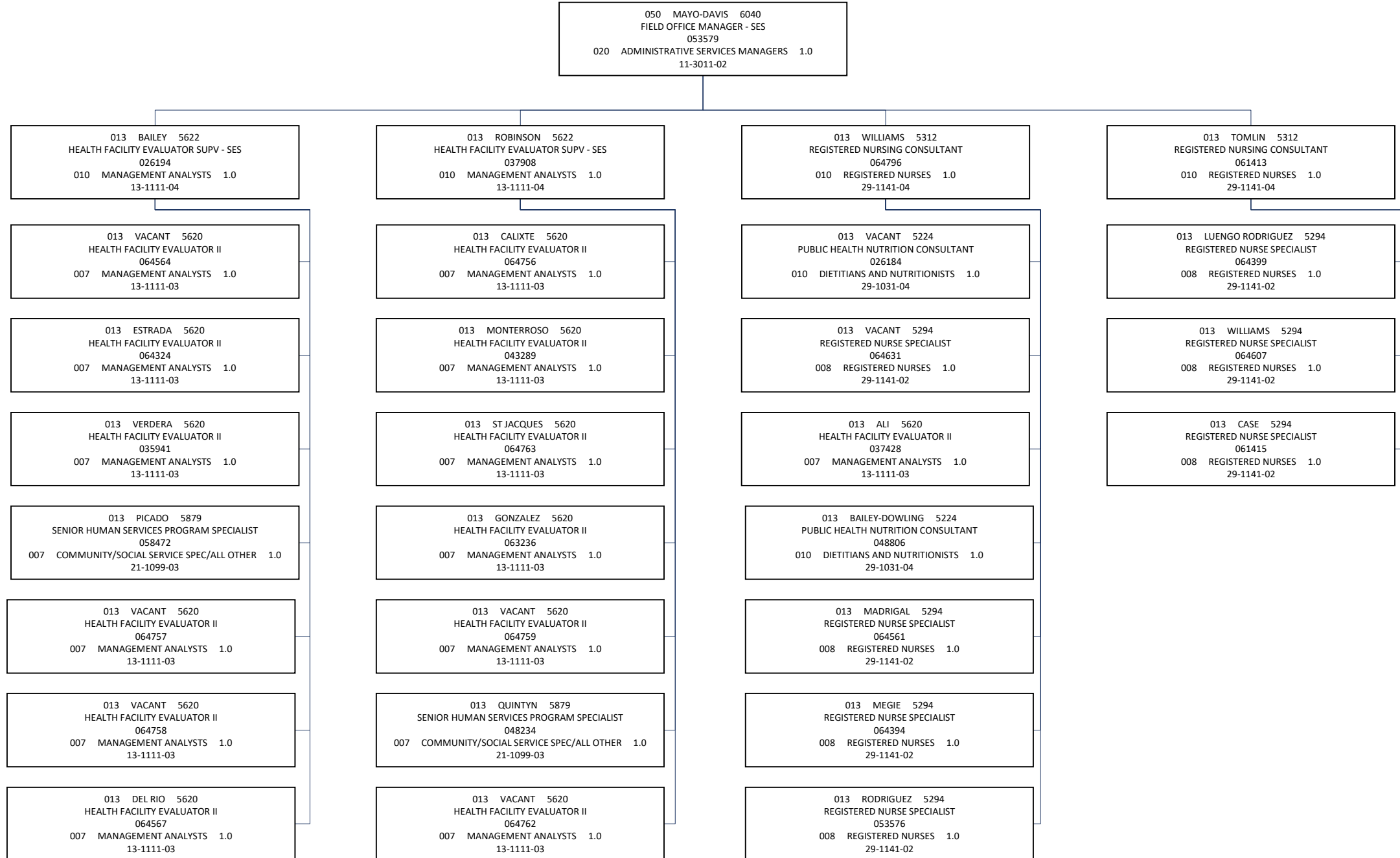
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Health Quality Assurance
Bureau of Field Operations – Area 9 – Delray Beach

Effective Date: July 01, 2024
 Org. Level: 68-30-30-09-000
 FTE's: 67 Positions: 67



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

Effective Date: July 01, 2024
 Org. Level: 68-30-30-11-000
 FTE's: 60 Positions: 60



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

Effective Date: July 01, 2024
 Org. Level: 68-30-60-00-000
 FTE's: 15 Positions: 15

Org. Level: 68-30-60-10-000
 FTE's: 38 Positions: 38

Org. Level: 68-30-60-20-000
 FTE's: 15 Positions: 15

Org. Level: 68-30-60-30-000
 FTE's: 3 Positions: 3

037 VACANT 7264
 CHIEF OF CENTRAL SERVICES
 058980
 021 MEDICAL AND HEALTH SERVICES MANAGERS 1.0
 11-9111-03

037 MANZIE 2238
 GOVERNMENT OPERATIONS CONSULTANT III
 064663
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

037 FREEMAN 0709
 ADMINISTRATIVE ASSISTANT I
 057488
 003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
 43-6011-02

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

037 FITCH 1645
 REGULATORY ANALYST SUPERVISOR - SES
 053310
 010 COMPLIANCE OFFICERS 1.0
 13-1041-04

037 PHILLIPS 9145
 HEALTH ADMINISTRATION SERVICES MGR-SES
 064434
 020 ADMINISTRATIVE SERVICES MANAGERS 1.0
 11-3011-02

037 VACANT 5894
 HEALTH SERVICES & FACILITIES CONSULTANT
 000614
 010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
 13-1199-04

037 VACANT 3215
 ECONOMIC ANALYST
 064971
 008 ECONOMISTS 1.0
 19-3011-03

037 NOBLE 5894
 HEALTH SERVICES & FACILITIES CONSULTANT
 053326
 010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
 13-1199-04

037 VACANT 3215
 ECONOMIC ANALYST
 064970
 008 ECONOMISTS 1.0
 19-3011-03

037 MILLIGAN 5894
 HEALTH SERVICES & FACILITIES CONSULTANT
 055063
 010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
 13-1199-04

037 VACANT 5894
 HEALTH SERVICES & FACILITIES CONSULTANT
 064972
 010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
 13-1199-04

037 HILLMAN 5894
 HEALTH SERVICES & FACILITIES CONSULTANT
 053312
 010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
 13-1199-04

037 VACANT 5894
 HEALTH SERVICES & FACILITIES CONSULTANT
 064973
 010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
 13-1199-04

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

037 CREWS 2238
 GOVERNMENT OPERATIONS CONSULTANT III
 053350
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

037 MOORE 2238
 GOVERNMENT OPERATIONS CONSULTANT III
 064789
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

037 DURRANCE 5916
 PROGRAM ADMINISTRATOR - SES
 064416
 020 COMMUNITY AND SOCIAL SERVICE MANAGERS 1.0
 11-9151-02

037 BATTLE 5916
 PROGRAM ADMINISTRATOR - SES
 064158
 020 COMMUNITY AND SOCIAL SERVICE MANAGERS 1.0
 11-9151-02

037 WILSON 0130
 RECORDS SPECIALIST
 064400
 003 INFORMATION AND RECORD CLERKS, ALL OTHER 1.0
 43-4199-02

037 VACANT 0130
 RECORDS SPECIALIST
 061375
 003 INFORMATION AND RECORD CLERKS, ALL OTHER 1.0
 43-4199-02

037 VACANT 5877
 HUMAN SERVICES PROGRAM SPECIALIST
 064410
 007 COMMUNITY/SOCIAL SERVICE SPEC/ALL OTHER 1.0
 21-1099-03

037 THOMAS 0130
 RECORDS SPECIALIST
 063531
 003 INFORMATION AND RECORD CLERKS, ALL OTHER 1.0
 43-4199-02

037 GRAY 0108
 ADMINISTRATIVE SECRETARY
 064443
 003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
 43-6011-02

037 GAVINS 5894
 HEALTH SERVICES & FACILITIES CONSULTANT
 064630
 010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
 13-1199-04

037 LOVINS 0130
 RECORDS SPECIALIST
 064450
 003 INFORMATION AND RECORD CLERKS, ALL OTHER 1.0
 43-4199-02

037 LAMM 0130
 RECORDS SPECIALIST
 064322
 003 INFORMATION AND RECORD CLERKS, ALL OTHER 1.0
 43-4199-02

037 MCLANE 5875
 MEDICAL/HEALTH CARE PROGRAM ANALYST
 064206
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

037 BUCKLES 0045
 RECORDS TECHNICIAN
 064444
 003 INFORMATION AND RECORD CLERKS, ALL OTHER 1.0
 43-4199-02

037 MACK 0709
 ADMINISTRATIVE ASSISTANT I
 064221
 003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
 43-6011-02

037 ASBELL 5894
 HEALTH SERVICES & FACILITIES CONSULTANT
 064779
 010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
 13-1199-04

037 HUGHES 5894
 HEALTH SERVICES & FACILITIES CONSULTANT
 047420
 010 BUSINESS OPERATION SPECIALIST, ALL OTHER 1.0
 13-1199-04

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 01, 2024
 Org. Level: 68-30-60-00-00
 FTE's: 15 Positions: 15

Org. Level: 68-30-60-10-000
 FTE's: 38 Positions: 38

Org. Level: 68-30-60-20-000
 FTE's: 15 Positions: 15

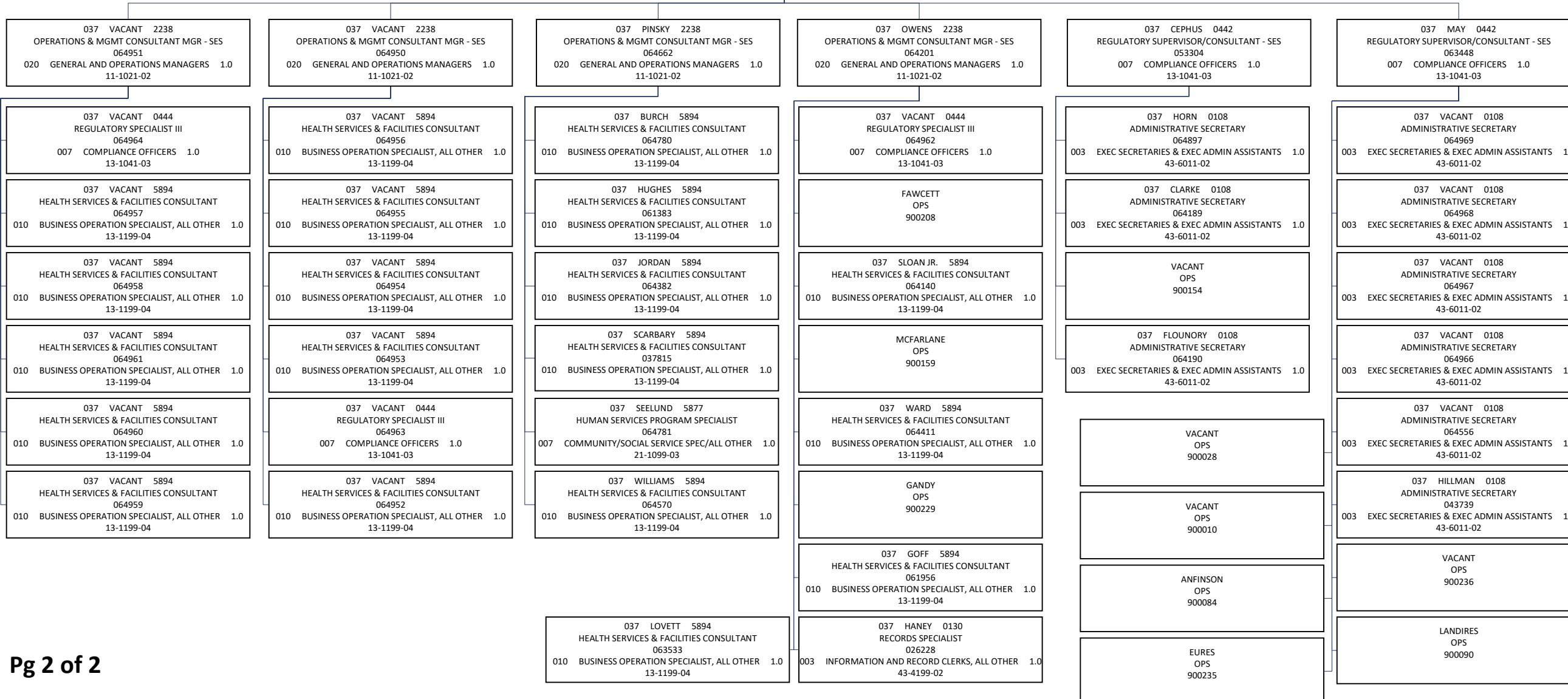
Org. Level: 68-30-60-30-000
 FTE's: 3 Positions: 3

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

037 VACANT 7264
 CHIEF OF CENTRAL SERVICES
 058980
 021 MEDICAL AND HEALTH SERVICES MANAGERS 1.0
 11-9111-03

037 SHANAHAN 2228
 SENIOR MANAGEMENT ANALYST SUPV - SES
 048811
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

037 VACANT 0444
 REGULATORY SPECIALIST III
 053304
 064965
 007 COMPLIANCE OFFICERS 1.0
 13-1041-03

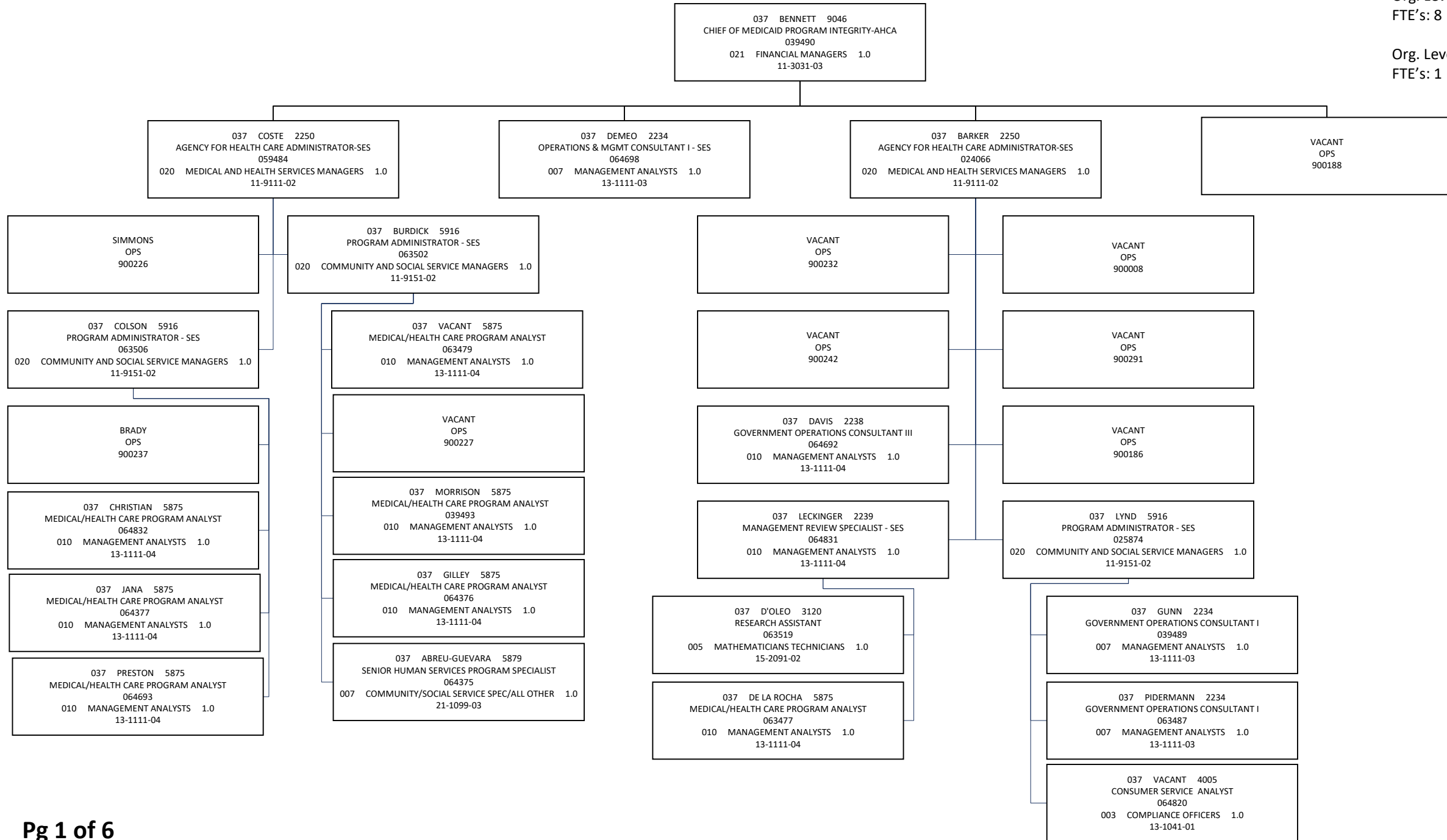


AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Program Integrity

Effective Date: July 01, 2024
 Org. Level: 68-10-30-10-000
 FTE's: 71 Positions: 71

Org. Level: 68-10-30-10-011
 FTE's: 8 Positions: 8

Org. Level: 68-90-40-00-000
 FTE's: 1 Positions: 1

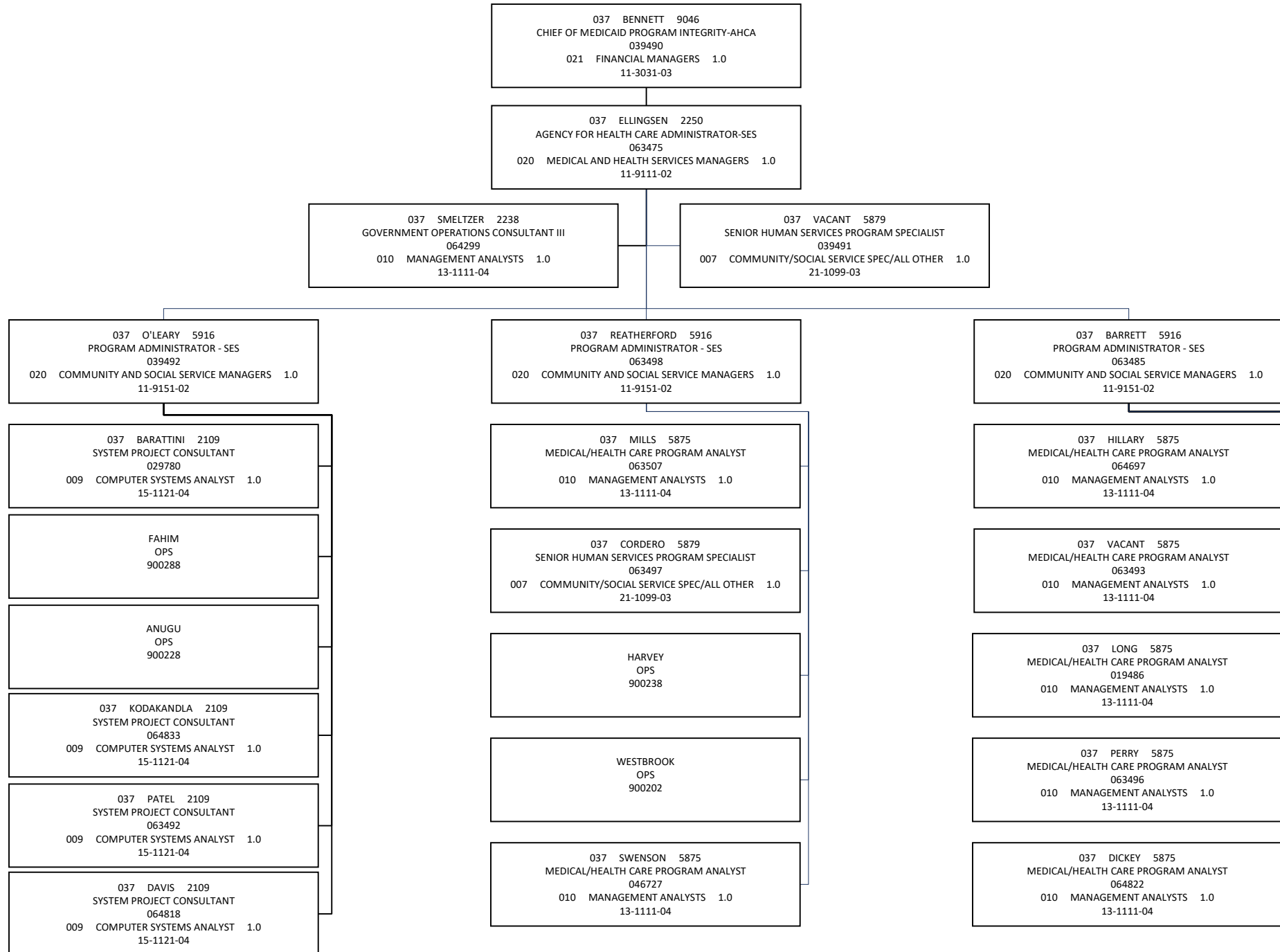


AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Program Integrity
Data Analysis Unit

Effective Date: July 01, 2024
 Org. Level: 68-10-30-10-000
 FTE's: 71 Positions: 71

Org. Level: 68-10-30-10-011
 FTE's: 8 Positions: 8

Org. Level: 68-90-40-00-000
 FTE's: 1 Positions: 1

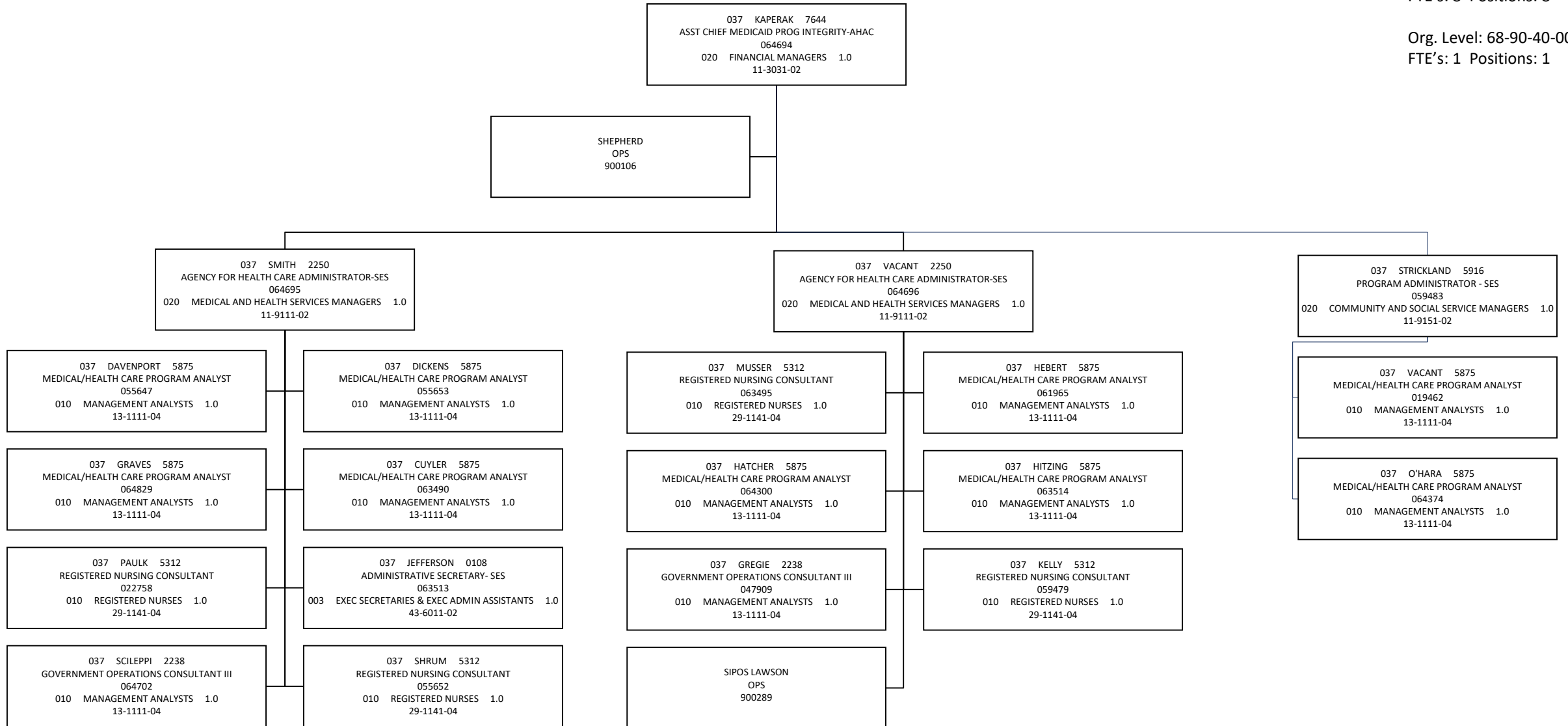


AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Program Integrity

Effective Date: July 01, 2024
 Org. Level: 68-10-30-10-000
 FTE's: 71 Positions: 71

Org. Level: 68-10-30-10-011
 FTE's: 8 Positions: 8

Org. Level: 68-90-40-00-000
 FTE's: 1 Positions: 1

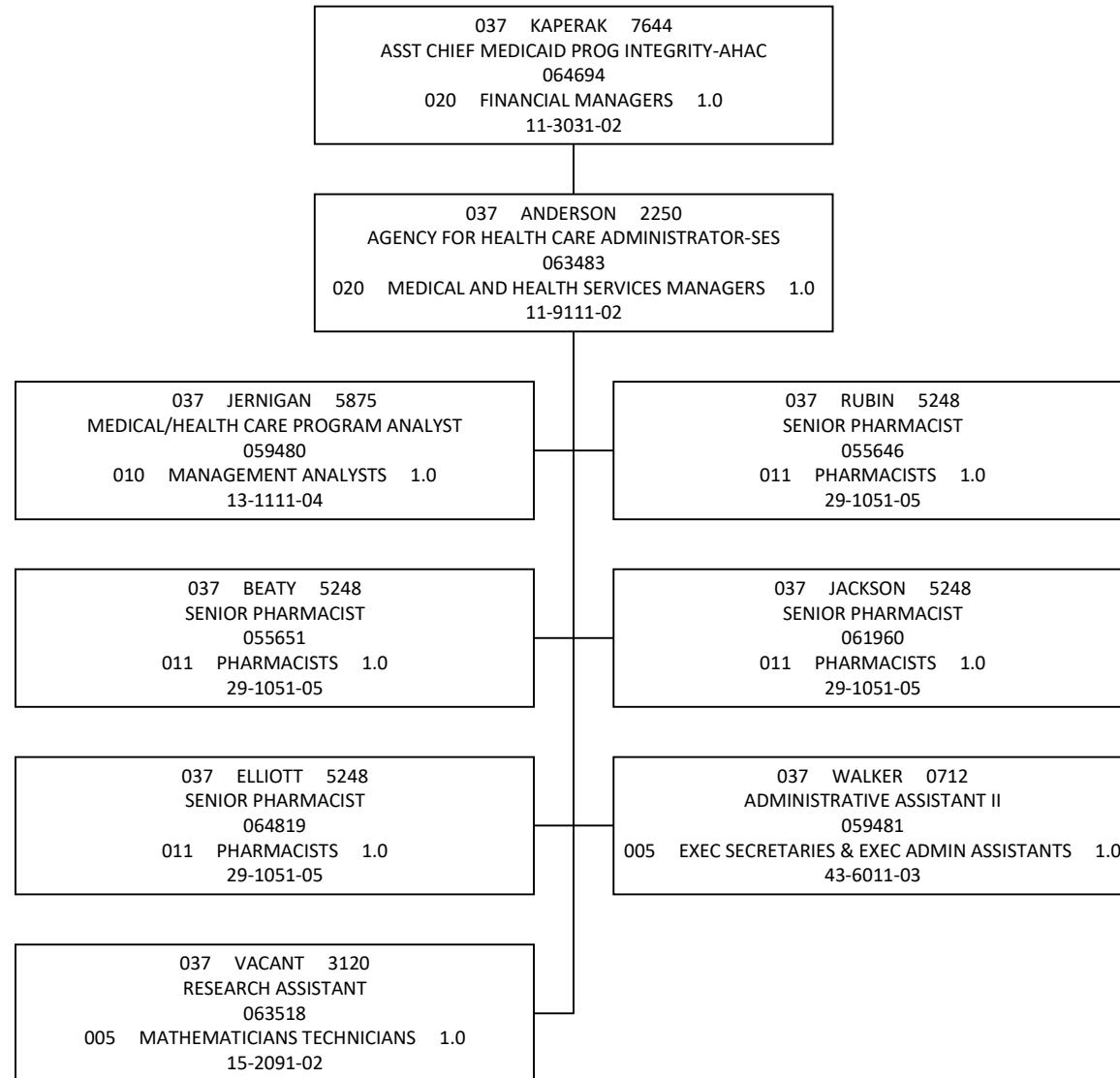


AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Program Integrity

Effective Date: July 01, 2024
 Org. Level: 68-10-30-10-000
 FTE's: 71 Positions: 71

Org. Level: 68-10-30-10-011
 FTE's: 8 Positions: 8

Org. Level: 68-90-40-00-000
 FTE's: 1 Positions: 1

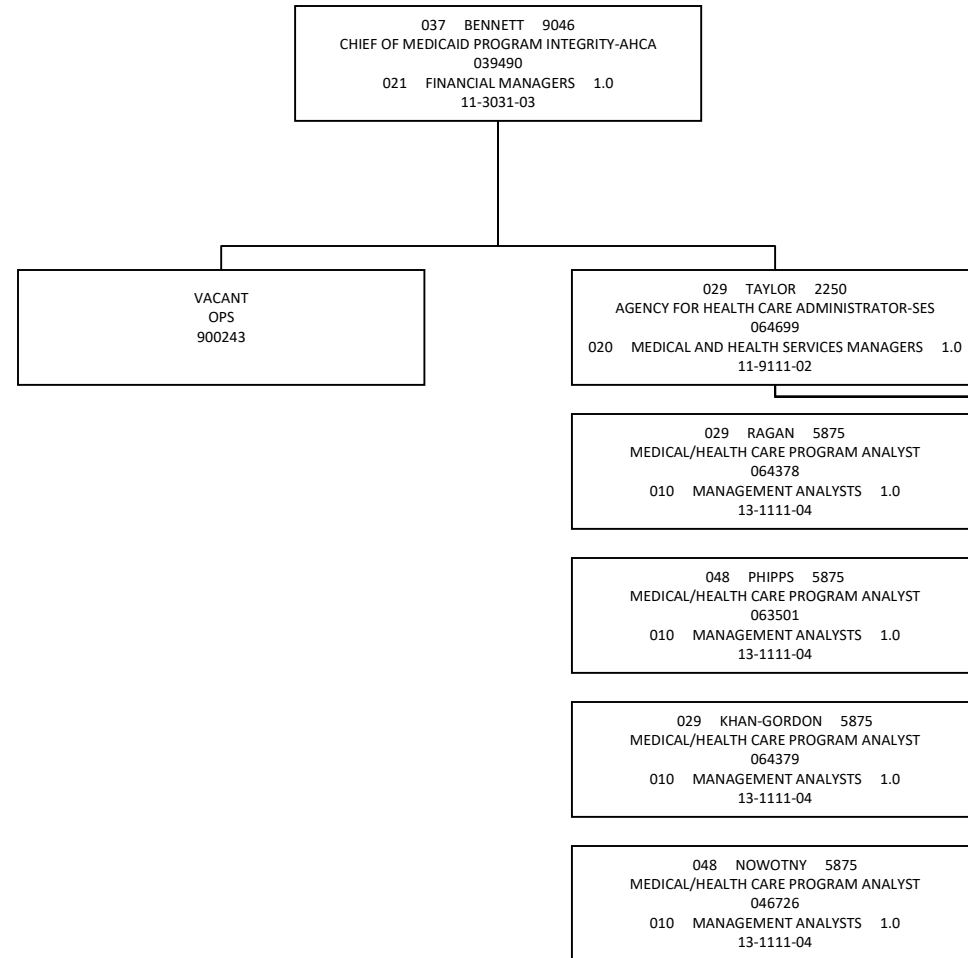


AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Program Integrity

Effective Date: July 01, 2024
 Org. Level: 68-10-30-10-000
 FTE's: 71 Positions: 71

Org. Level: 68-10-30-10-011
 FTE's: 8 Positions: 8

Org. Level: 68-90-40-00-000
 FTE's: 1 Positions: 1

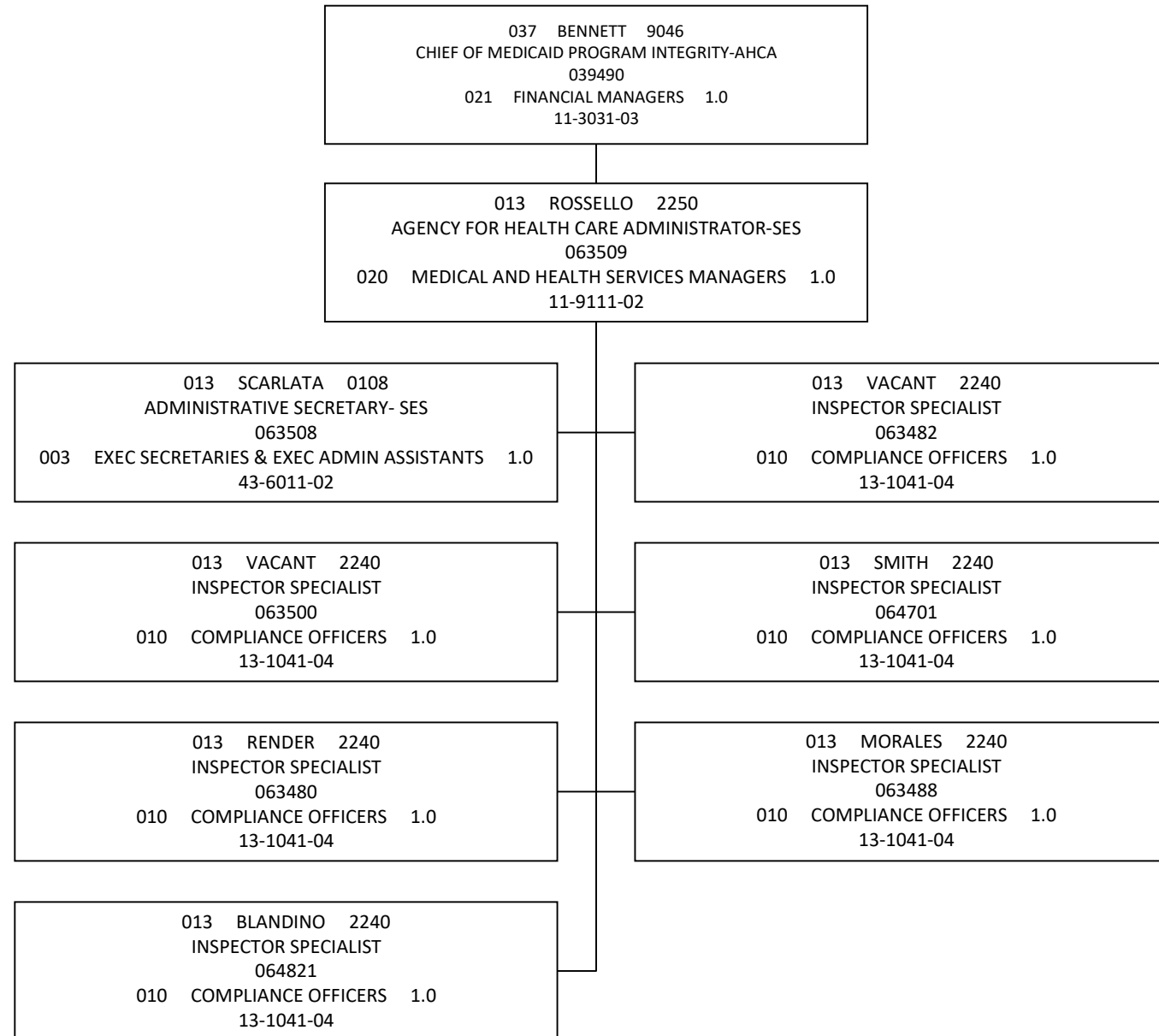


AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Program Integrity
Field Operations Miami

Effective Date: July 01, 2024
 Org. Level: 68-10-30-10-000
 FTE's: 71 Positions: 71

Org. Level: 68-10-30-10-011
 FTE's: 8 Positions: 8

Org. Level: 68-90-40-00-000
 FTE's: 1 Positions: 1



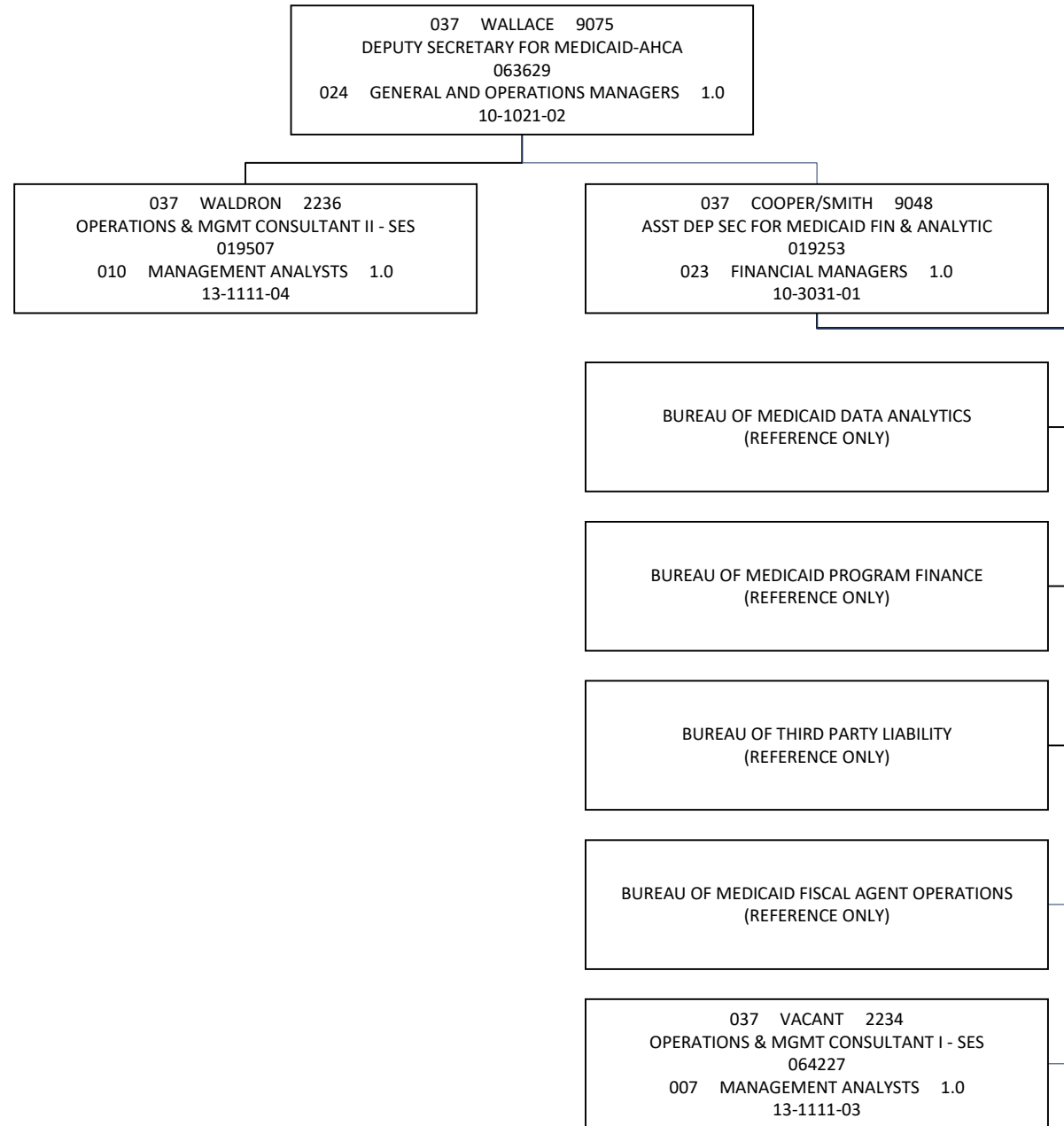
Division Total FTE's: 674
Division Total # Positions: 671.50

AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Deputy Secretary's Office

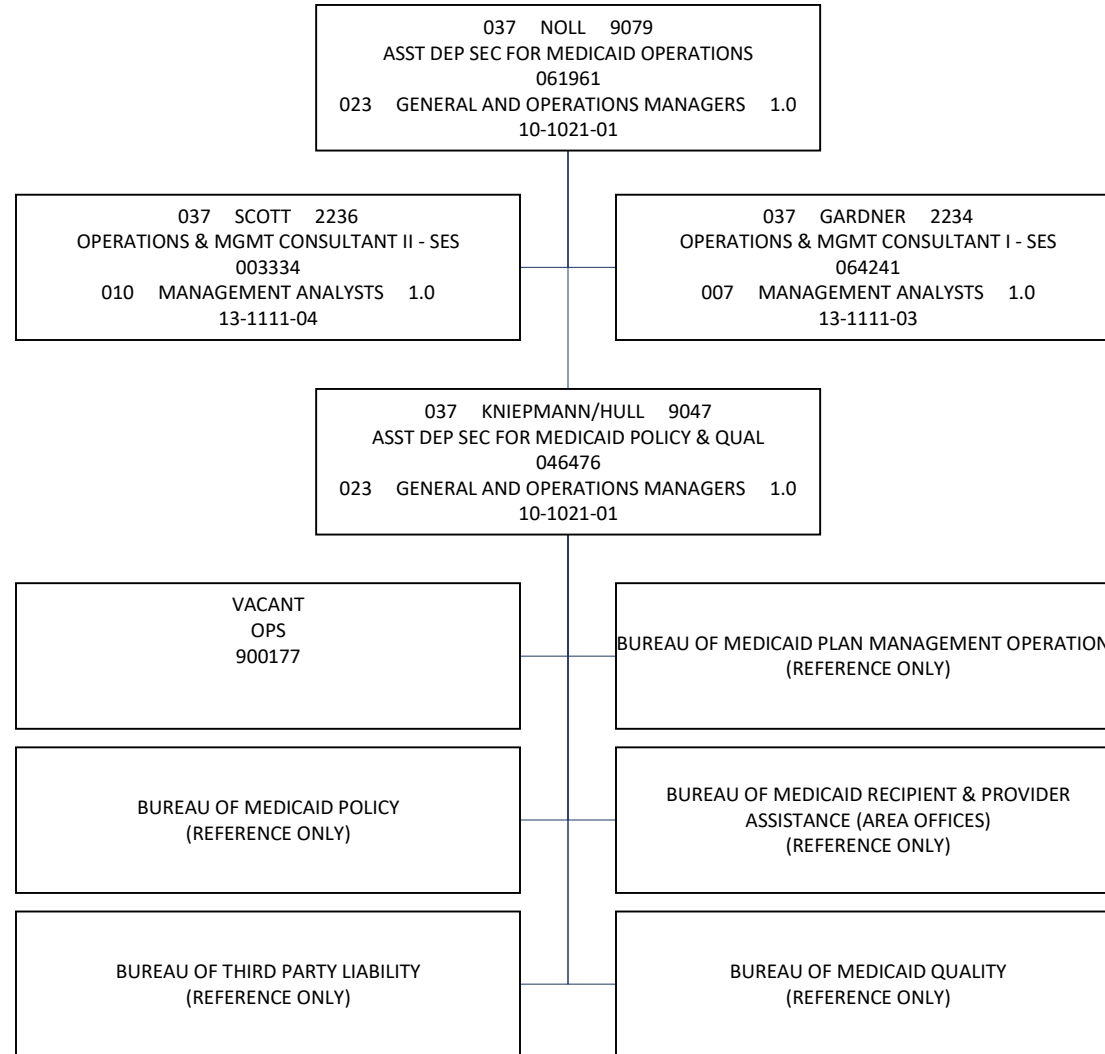
Effective Date: July 01, 2024
Org. Level: 68-40-00-00-000
FTE's: 40 Positions: 40



AGENCY FOR HEALTH CARE ADMINISTRATION

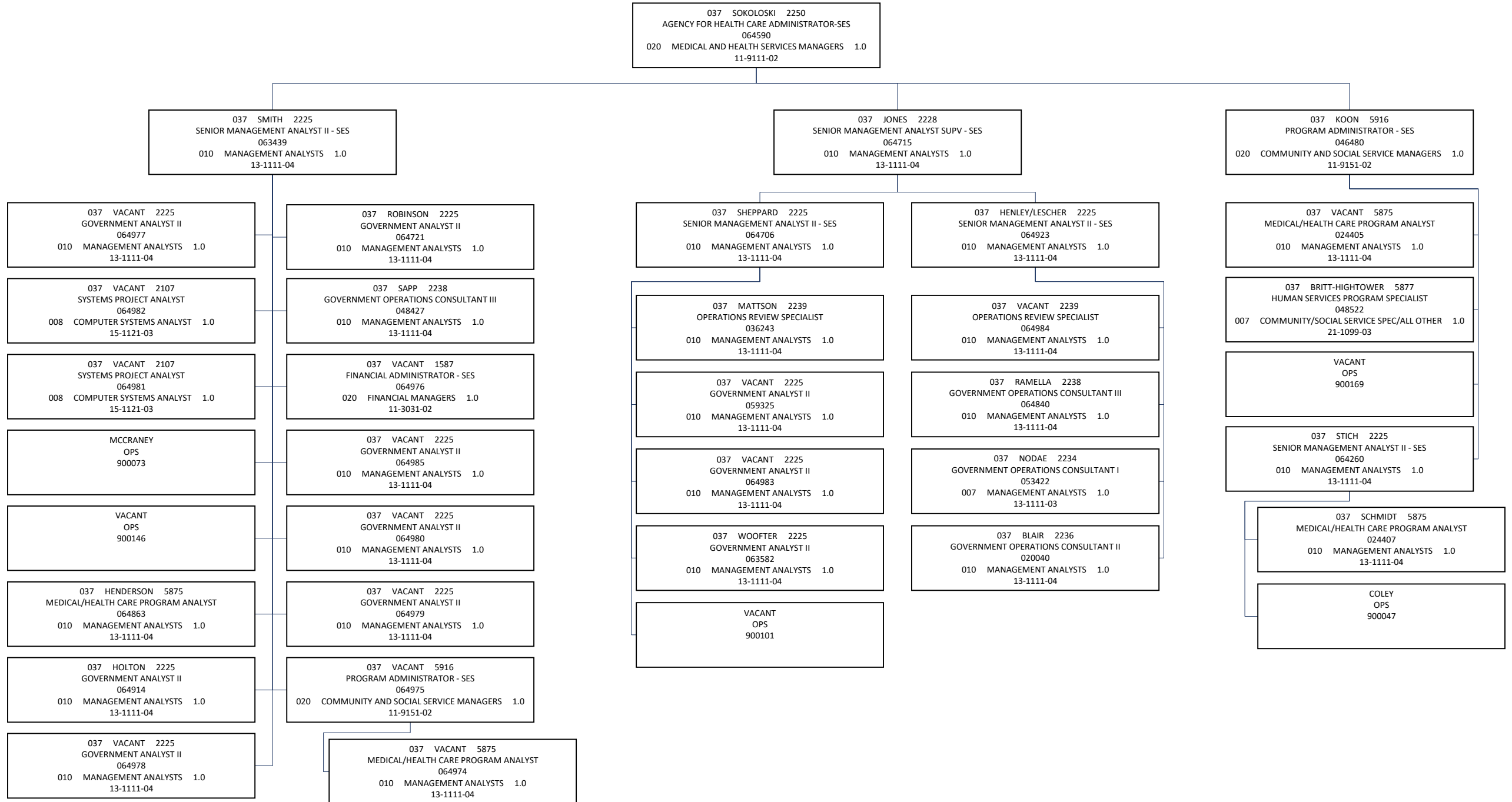
Division of Medicaid

Deputy Secretary's Office



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

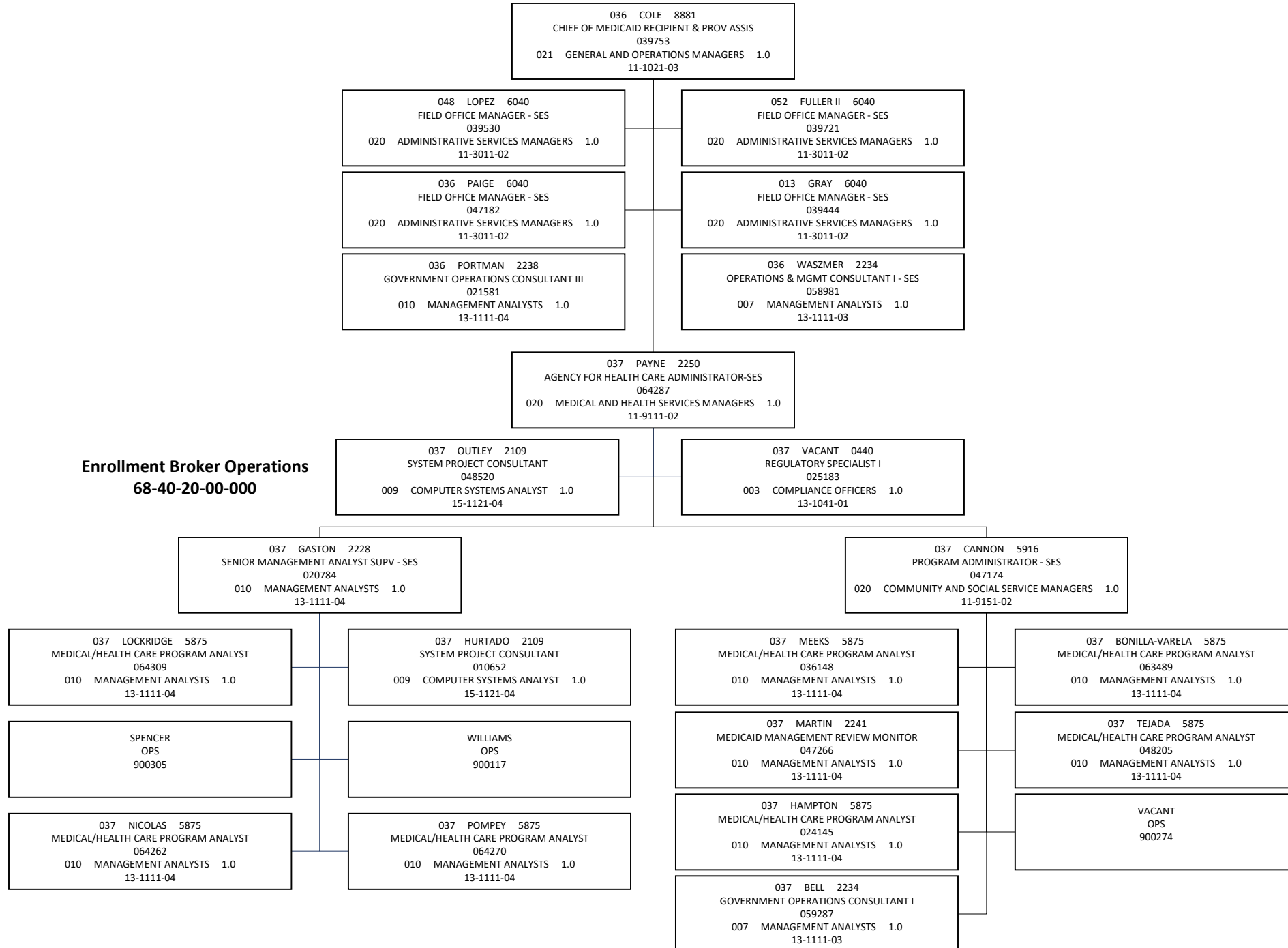
Effective Date: July 01, 2024
 Org. Level: 68-40-00-00-000
 FTE's: 37 Positions: 37



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

Effective Date: July 01, 2024
 Org. Level: 68-40-10-00-000
 FTE's: 4 Positions: 4

Org. Level: 68-40-20-00-000
 FTE's: 14 Positions: 14

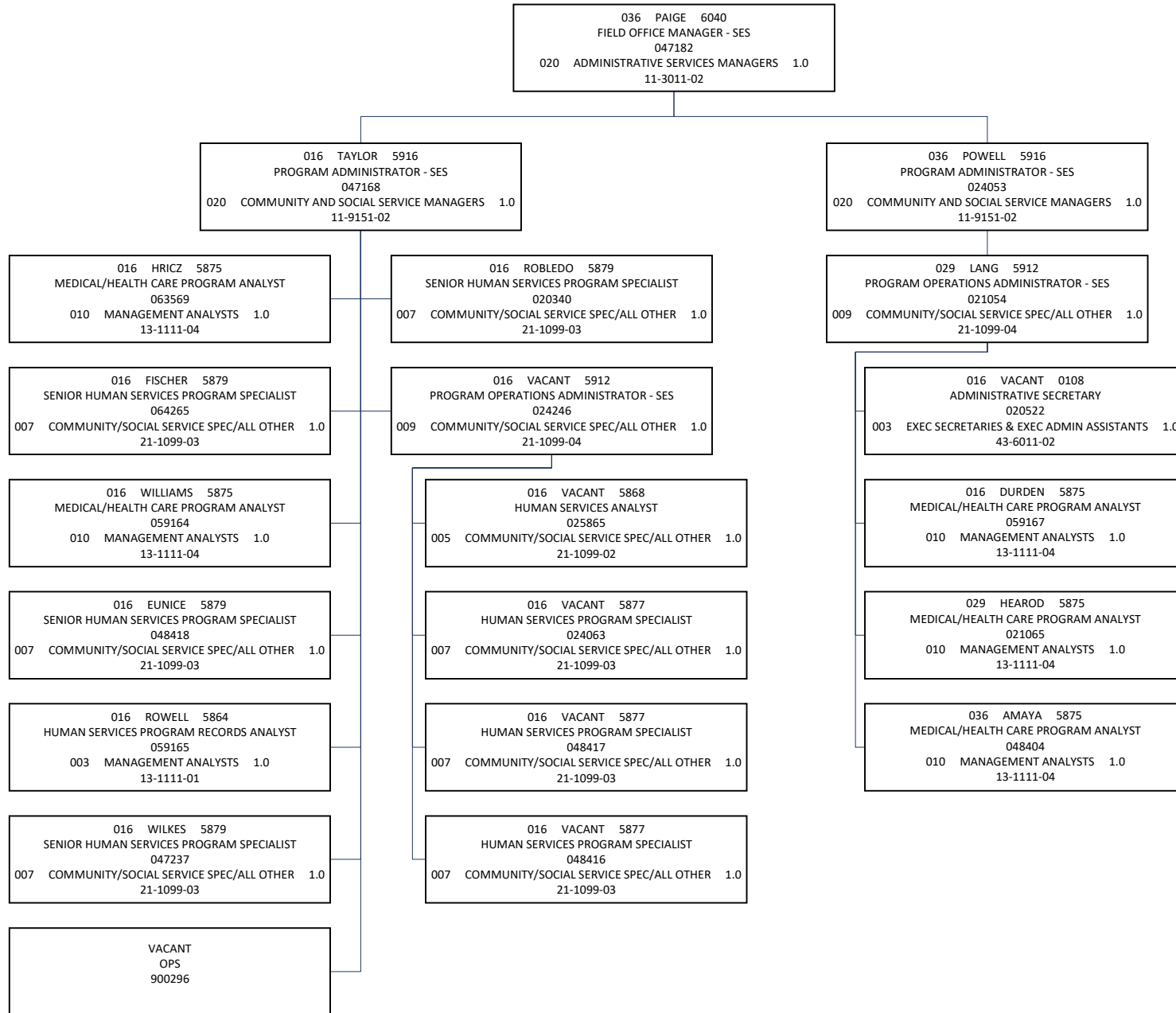


AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Recipient and Provider Assistance - Jacksonville

Effective Date: July 01, 2024
 Org. Level: 68-40-10-04-000
 FTE's: 14 Positions: 14

Org. Level: 68-40-10-08-000
 FTE's: 3 Positions: 3

Org. Level: 68-40-10-05-000
 FTE's: 1 Positions: 1



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Recipient and Provider Assistance – St. Petersburg

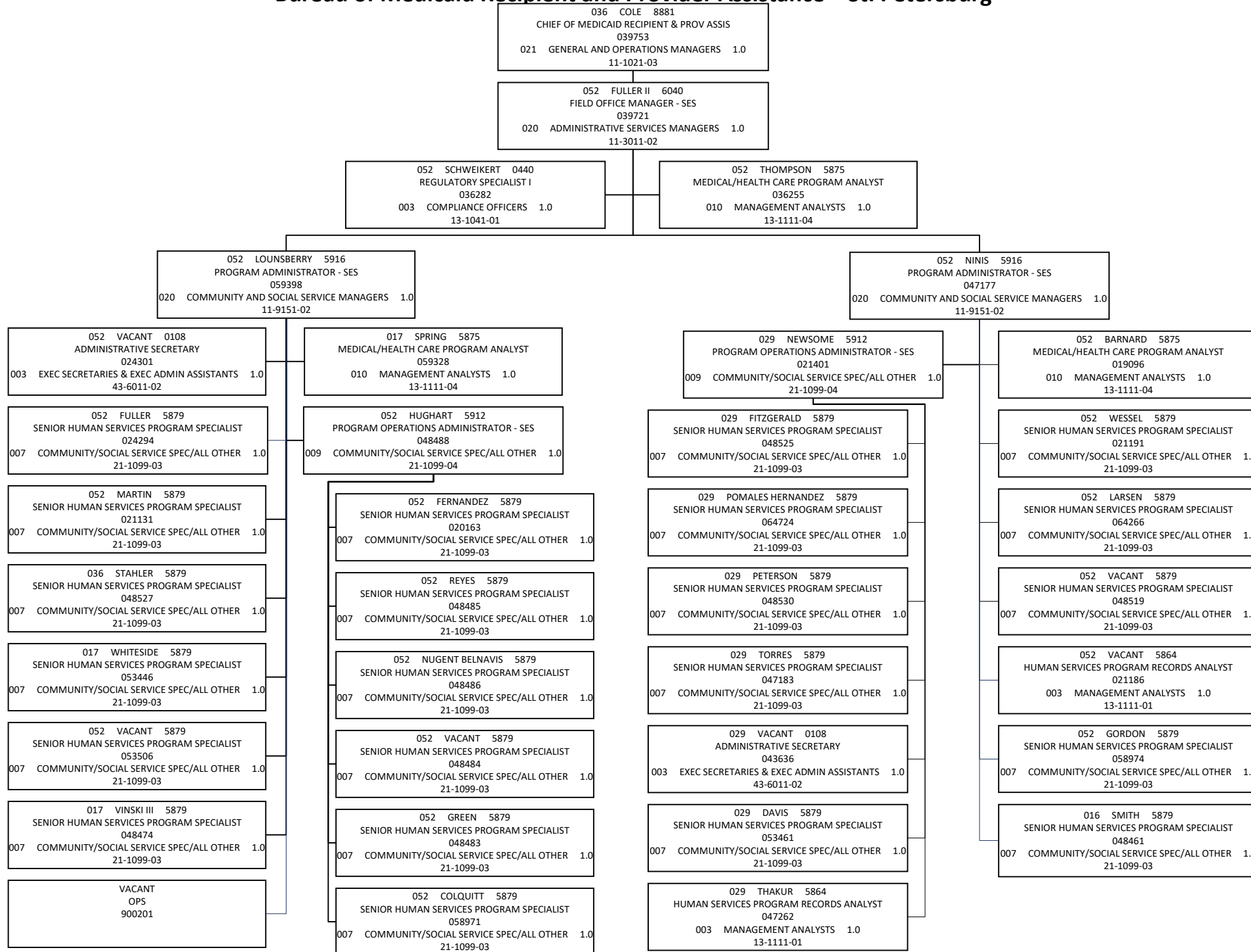
Effective Date: July 01, 2024
 Org. Level: 68-40-10-05-000
 FTE's: 34 Positions: 34

Org. Level: 68-40-10-00-000
 FTE's: 2 Positions: 2

Org. Level: 68-40-10-04-000
 FTE's: 3 Positions: 3

Org. Level: 68-40-10-07-000
 FTE's: 6 Positions: 6

Org. Level: 68-40-10-11-000
 FTE's: 12 Positions: 12



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Recipient and Provider Assistance – St. Petersburg

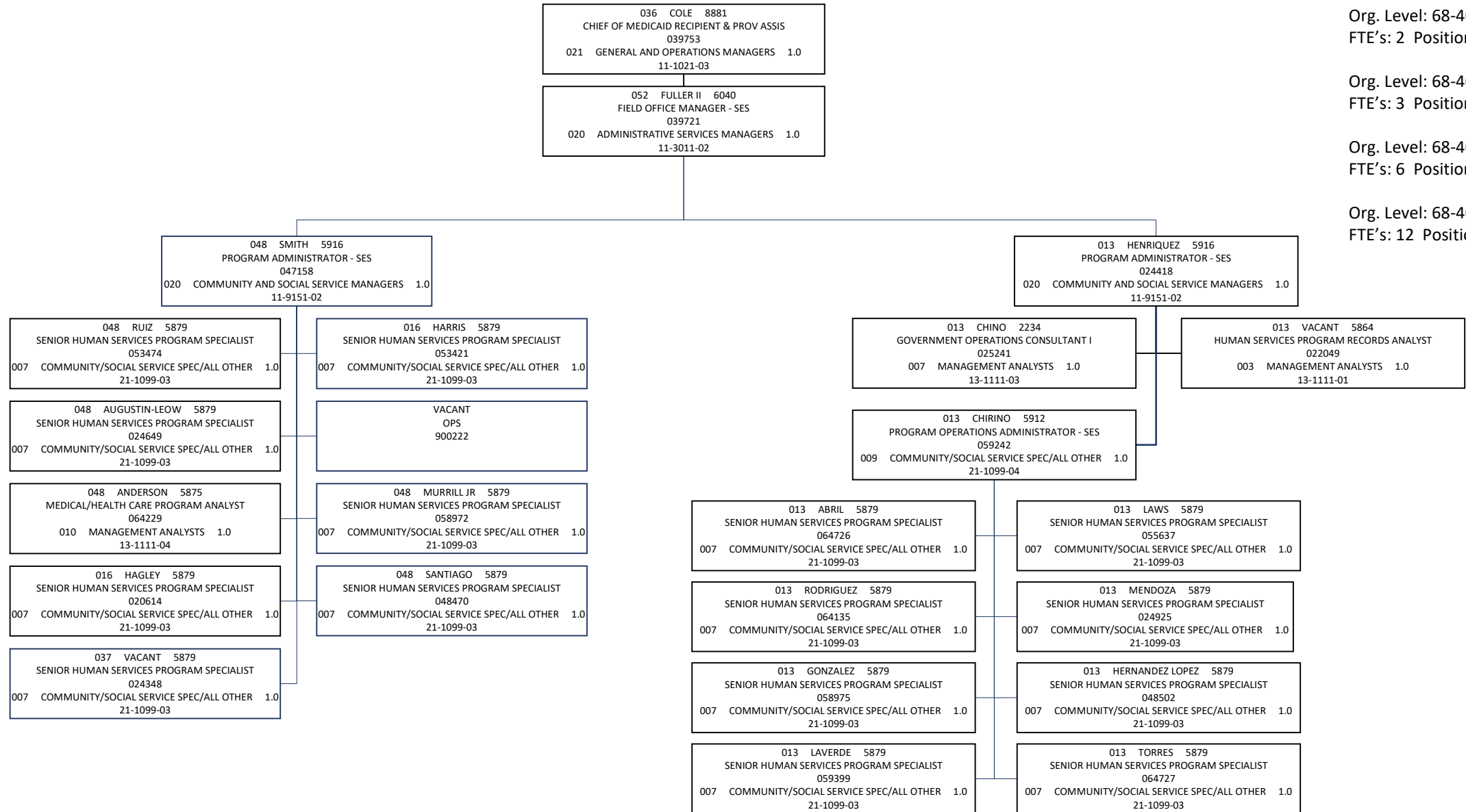
Effective Date: July 01, 2024
 Org. Level: 68-40-10-05-000
 FTE's: 34 Positions: 34

Org. Level: 68-40-10-00-000
 FTE's: 2 Positions: 2

Org. Level: 68-40-10-04-000
 FTE's: 3 Positions: 3

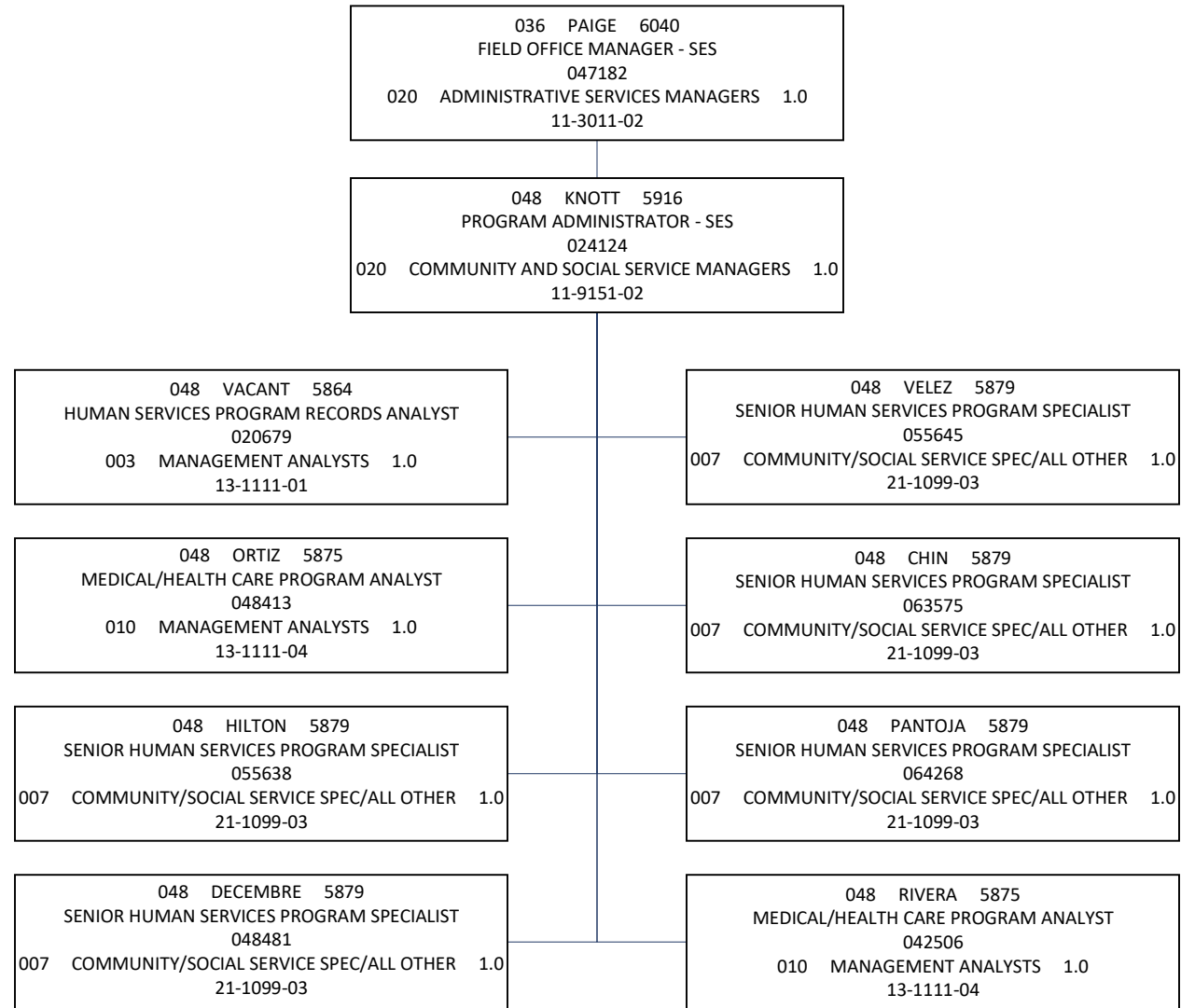
Org. Level: 68-40-10-07-000
 FTE's: 6 Positions: 6

Org. Level: 68-40-10-11-000
 FTE's: 12 Positions: 12



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

Effective Date: July 01, 2024
 Org. Level: 68-40-10-07-000
 FTE's: 9 Positions: 9

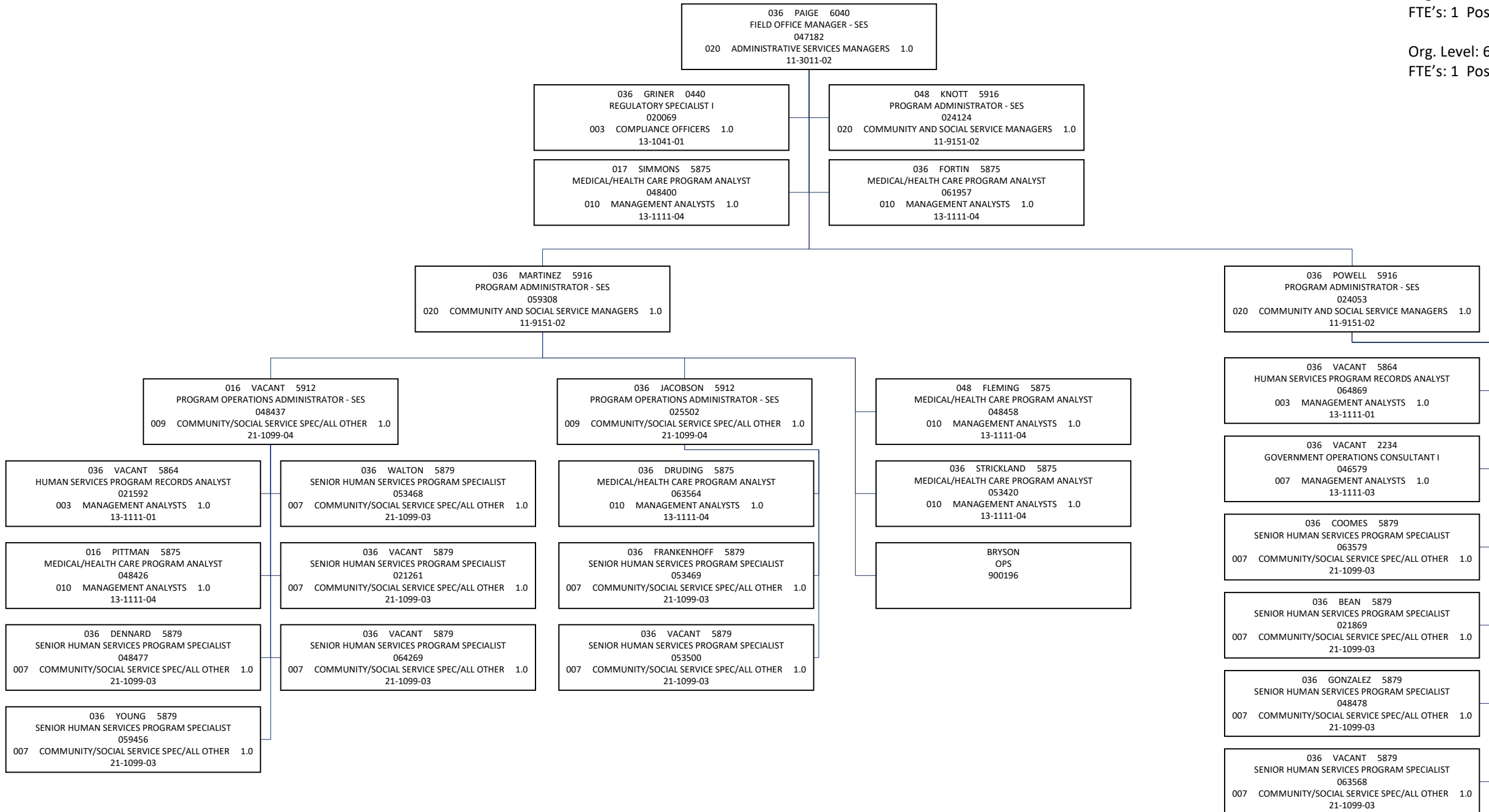


AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Recipient and Provider Assistance – Ft. Myers

Effective Date: July 01, 2024
 Org. Level: 68-40-10-08-000
 FTE's: 25 Positions: 25

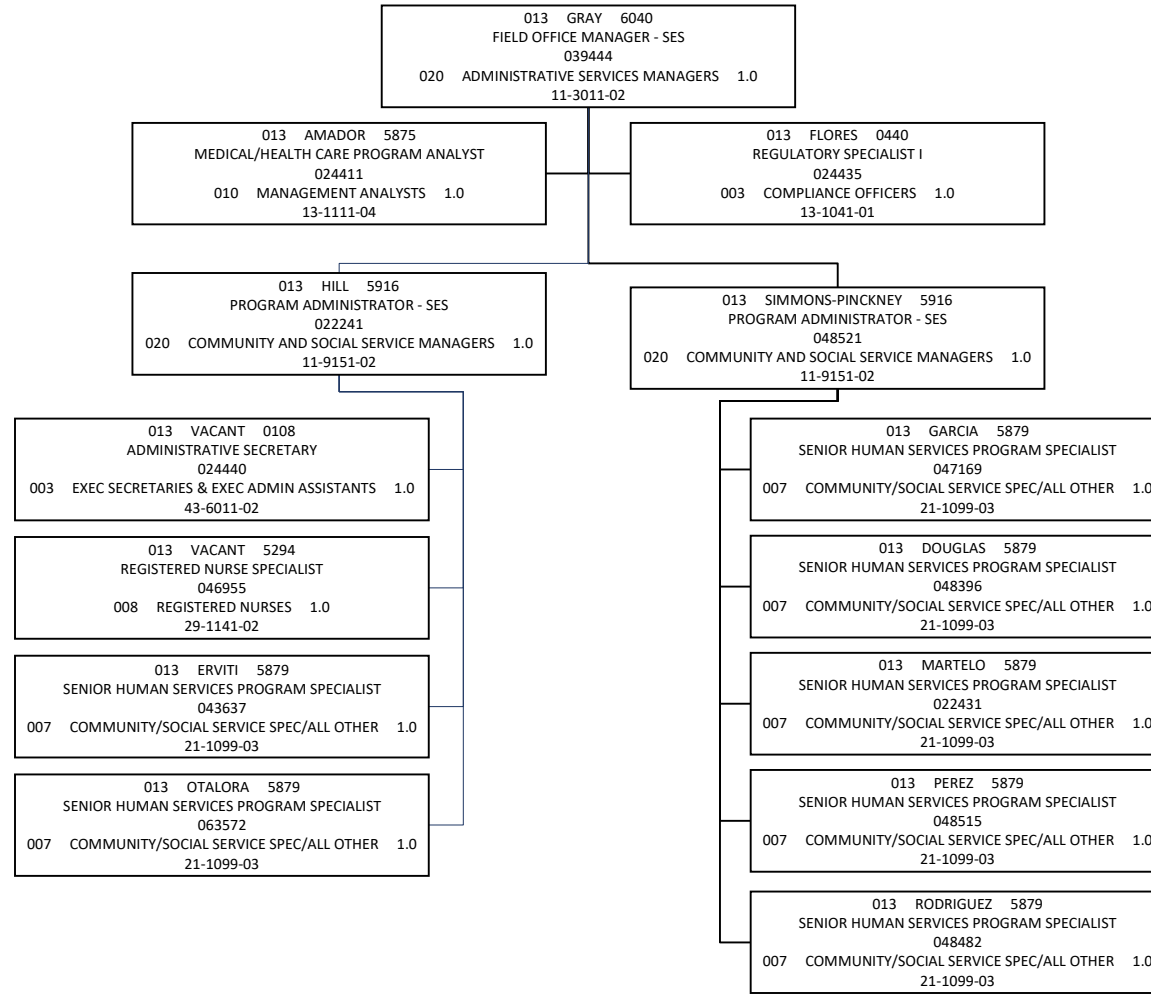
Org. Level: 68-40-10-05-000
 FTE's: 1 Positions: 1

Org. Level: 68-40-10-04-000
 FTE's: 1 Positions: 1



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

Effective Date: July 01, 2024
 Org. Level: 68-40-10-11-000
 FTE's: 14 Positions: 14



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

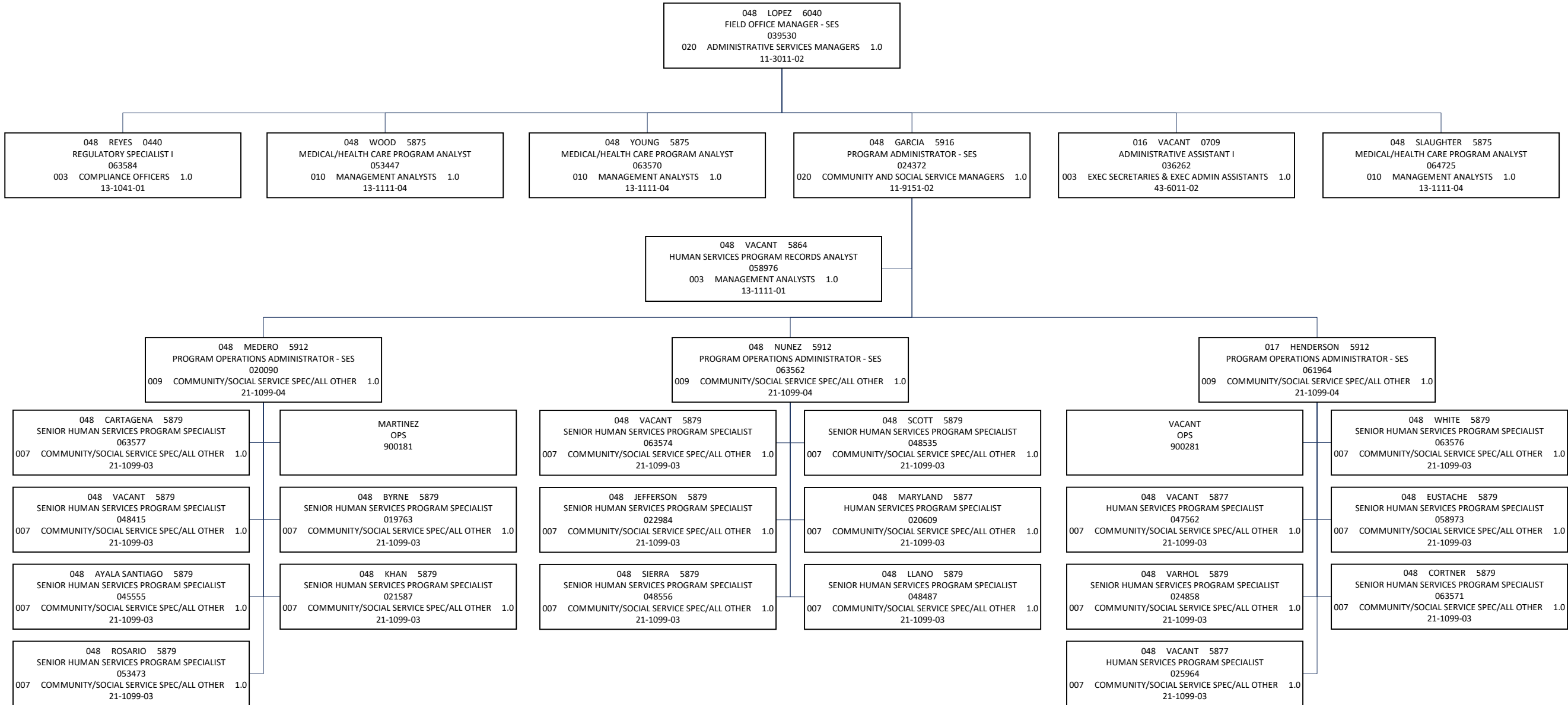
Effective Date: July 01, 2024

Org. Level: 68-40-20-07-000

FTE's: 28 Positions: 28

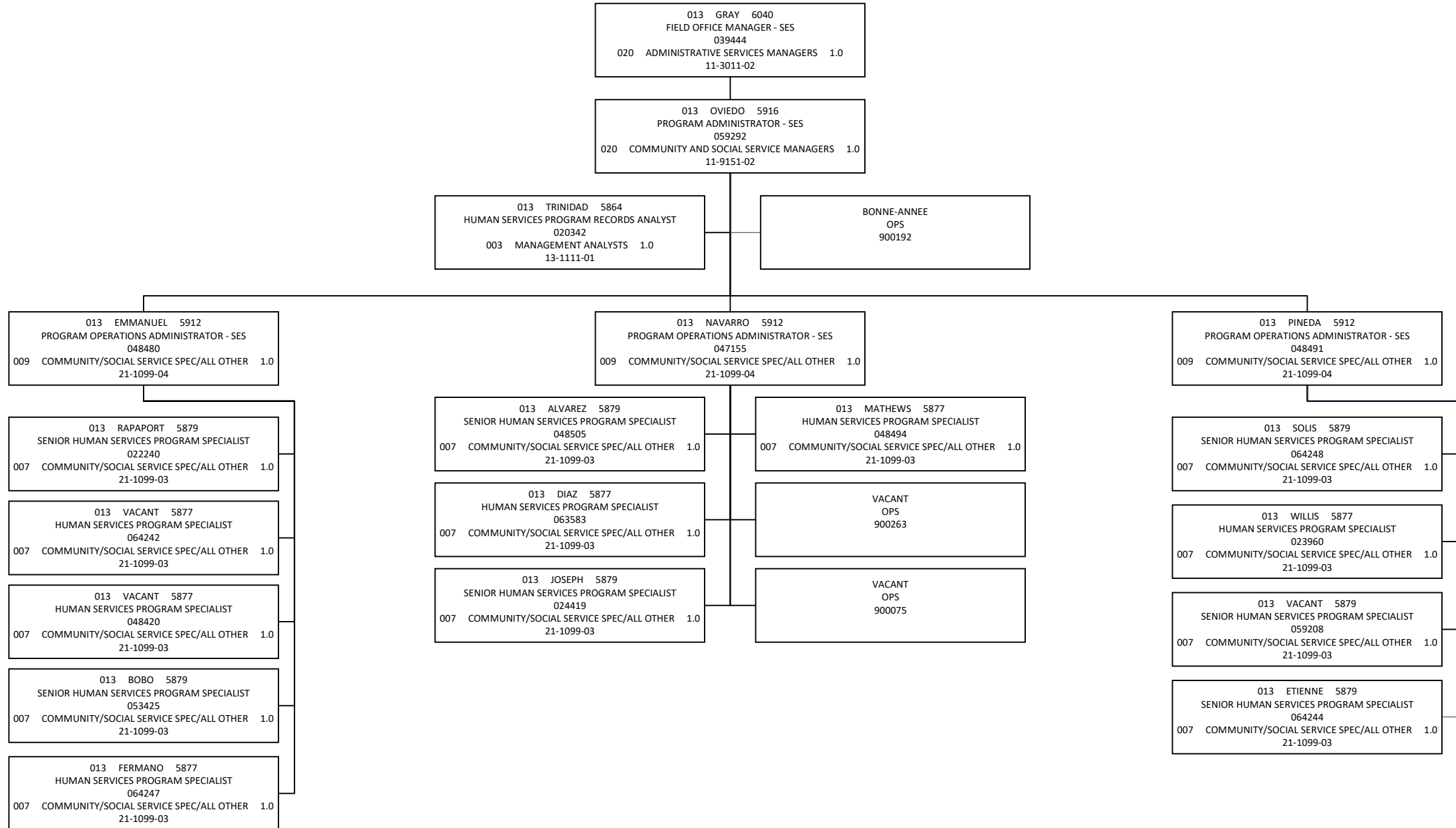
Org. Level: 68-40-10-04-000

FTE's: 1 Positions: 1



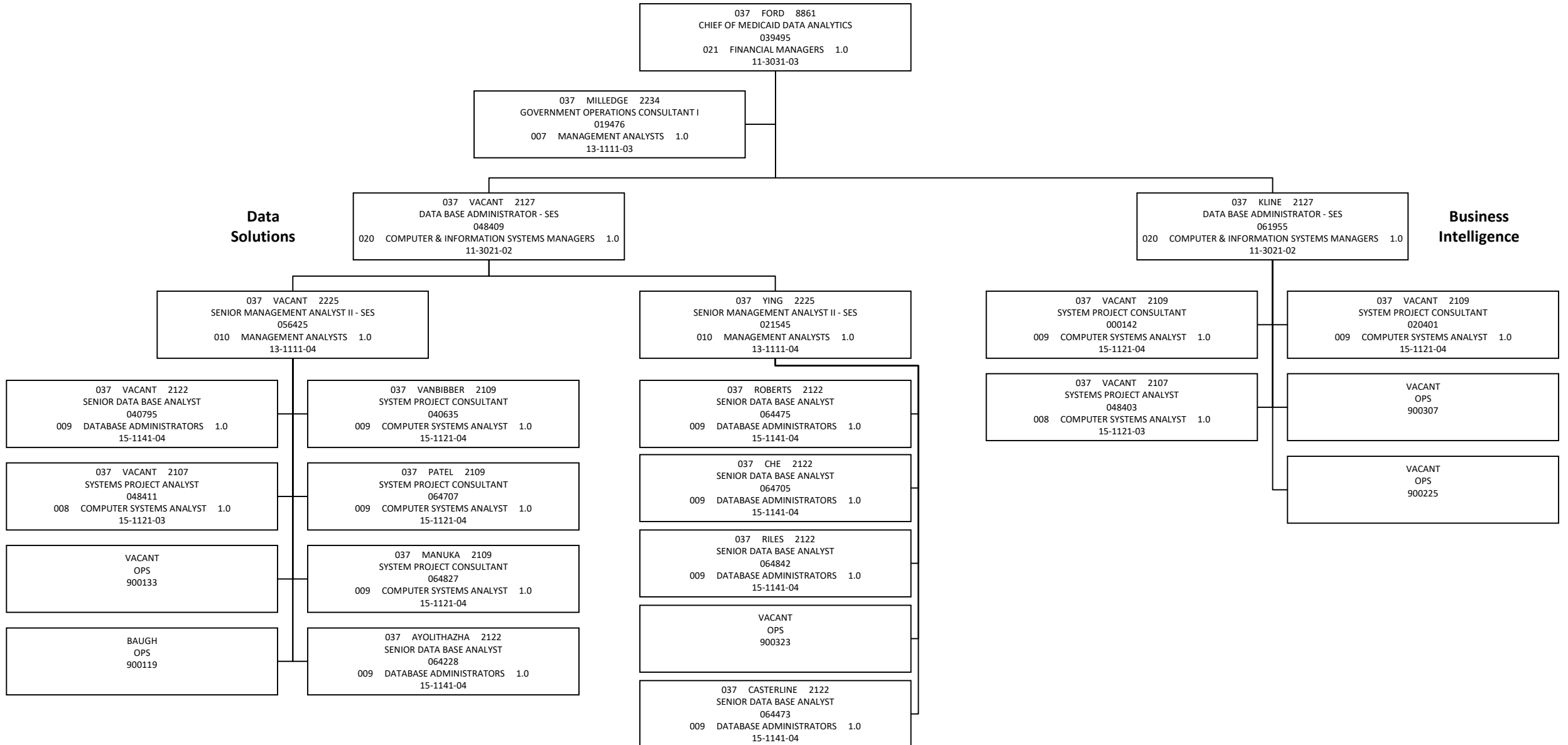
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Recipient and Provider Assistance
Enrollment Broker Operations – Contact Center Miami

Effective Date: July 01, 2024
 Org. Level: 68-40-10-11-000
 FTE's: 18 Positions: 18



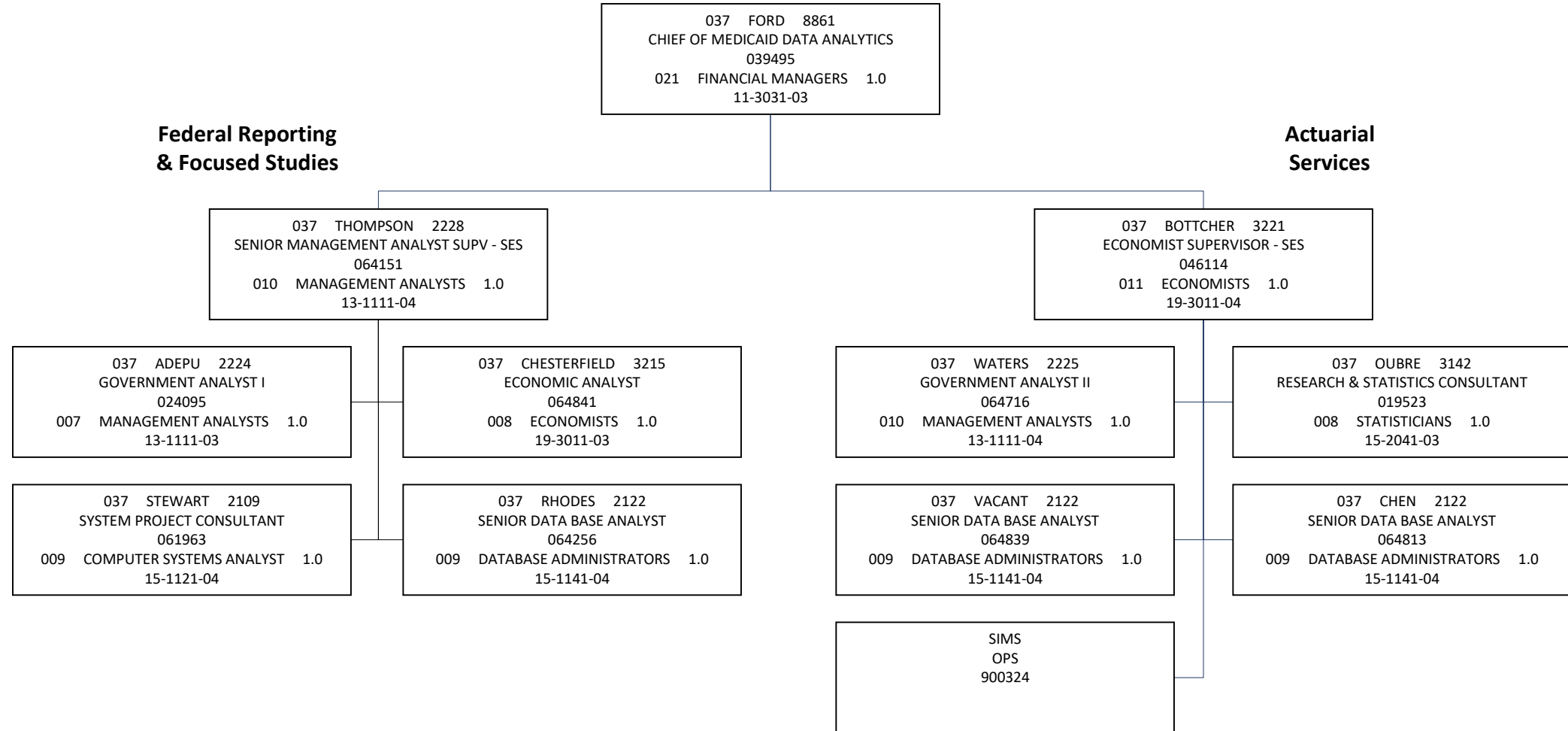
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Data Analytics

Effective Date: July 01, 2024
 Org. Level: 68-40-40-00-000
 FTE's: 29 Positions: 29



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

Effective Date: July 01, 2024
 Org. Level: 68-40-40-00-000
 FTE's: 29 Positions: 29



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Program Finance

Effective Date: July 01, 2024
 Org. Level: 68-40-50-00-000
 FTE's: 50 Positions: 50

**NH Audit
& NH Rate Setting**

037 VACANT 8506
 CHIEF OF MEDICAID PROGRAM FINANCE
 019502
 021 FINANCIAL MANAGERS 1.0
 11-3031-03

VACANT
 OPS
 900303

037 VACANT 2234
 GOVERNMENT OPERATIONS CONSULTANT I
 019180
 007 MANAGEMENT ANALYSTS 1.0
 13-1111-03

037 RUTLAND 1645
 REGULATORY ANALYST SUPERVISOR - SES
 063524
 010 COMPLIANCE OFFICERS 1.0
 13-1041-04

037 HATCHER 2228
 SENIOR MANAGEMENT ANALYST SUPV - SES
 048472
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

037 WALKER 1587
 FINANCIAL ADMINISTRATOR - SES
 064591
 020 FINANCIAL MANAGERS 1.0
 11-3031-02

037 GHENT 0108
 ADMINISTRATIVE SECRETARY
 000252
 003 EXEC SECRETARIES & EXEC ADMIN ASSISTANTS 1.0
 43-6011-02

037 ODUM 2245
 MEDICAID COST REIMBURSE PLAN ADMIN -SES
 063470
 020 FINANCIAL MANAGERS 1.0
 11-3031-02

037 ROBINSON 2245
 MEDICAID COST REIMBURSE PLAN ADMIN -SES
 019365
 020 FINANCIAL MANAGERS 1.0
 11-3031-02

037 WELSCH 1566
 FINANCIAL SPECIALIST
 059207
 009 FINANCIAL ANALYSTS 1.0
 13-2051-04

VACANT
 OPS
 900044

052 JEDIAN 1566
 FINANCIAL SPECIALIST
 063171
 009 FINANCIAL ANALYSTS 1.0
 13-2051-04

037 MOORE 1566
 FINANCIAL SPECIALIST
 061953
 009 FINANCIAL ANALYSTS 1.0
 13-2051-04

VACANT
 OPS
 900178

VACANT
 OPS
 900149

037 VACANT 1566
 FINANCIAL SPECIALIST
 064245
 009 FINANCIAL ANALYSTS 1.0
 13-2051-04

037 WHITE-HORNE 1566
 FINANCIAL SPECIALIST
 063526
 009 FINANCIAL ANALYSTS 1.0
 13-2051-04

037 ABDUL 1564
 FINANCIAL EXAMINER/ANALYST II
 061952
 008 FINANCIAL ANALYSTS 1.0
 13-2051-03

016 VACANT 1668
 AUDIT EVALUATION & REVIEW ANALYST
 000255
 008 ACCOUNTANTS AND AUDITORS 1.0
 13-2011-03

037 BAUMAN 1566
 FINANCIAL SPECIALIST
 019522
 009 FINANCIAL ANALYSTS 1.0
 13-2051-04

037 VACANT 1566
 FINANCIAL SPECIALIST
 023840
 009 FINANCIAL ANALYSTS 1.0
 13-2051-04

037 SENIOR 1566
 FINANCIAL SPECIALIST
 055433
 009 FINANCIAL ANALYSTS 1.0
 13-2051-04

BIVENS
 OPS
 900261

037 KENON 1668
 AUDIT EVALUATION & REVIEW ANALYST
 000244
 008 ACCOUNTANTS AND AUDITORS 1.0
 13-2011-03

037 SEAY 1566
 FINANCIAL SPECIALIST
 059470
 009 FINANCIAL ANALYSTS 1.0
 13-2051-04

037 HILL 5875
 MEDICAL/HEALTH CARE PROGRAM ANALYST
 063525
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

037 BOOKER 5875
 MEDICAL/HEALTH CARE PROGRAM ANALYST
 059475
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

037 MCMILLAN 1668
 AUDIT EVALUATION & REVIEW ANALYST
 019591
 008 ACCOUNTANTS AND AUDITORS 1.0
 13-2011-03

037 MCQUEEN 1566
 FINANCIAL SPECIALIST
 059468
 009 FINANCIAL ANALYSTS 1.0
 13-2051-04

037 SPENCER 1566
 FINANCIAL SPECIALIST
 059469
 009 FINANCIAL ANALYSTS 1.0
 13-2051-04

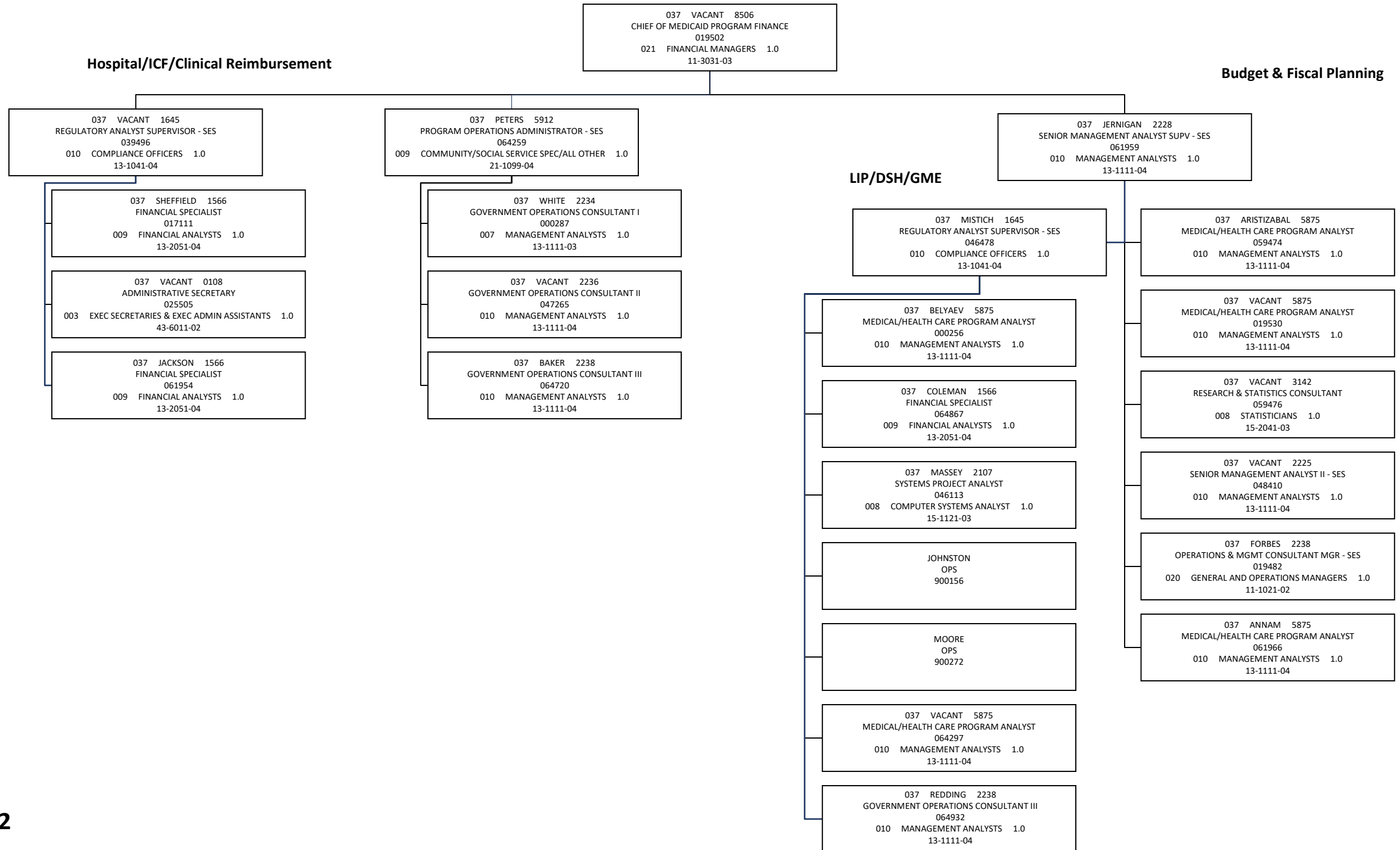
052 VACANT 1668
 AUDIT EVALUATION & REVIEW ANALYST
 000194
 008 ACCOUNTANTS AND AUDITORS 1.0
 13-2011-03

037 WALKER 5875
 MEDICAL/HEALTH CARE PROGRAM ANALYST
 064868
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

037 VACANT 2236
 GOVERNMENT OPERATIONS CONSULTANT II
 064785
 010 MANAGEMENT ANALYSTS 1.0
 13-1111-04

AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Program Finance

Effective Date: July 01, 2024
 Org. Level: 68-40-50-00-000
 FTE's: 50 Positions: 50



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

Effective Date: July 01, 2024
Org. Level: 68-40-00-00-001
FTE's: 3 Positions: 3

037 GABRIC 2250
AGENCY FOR HEALTH CARE ADMINISTRATOR-SES
064251
020 MEDICAL AND HEALTH SERVICES MANAGERS 1.0
11-9111-02

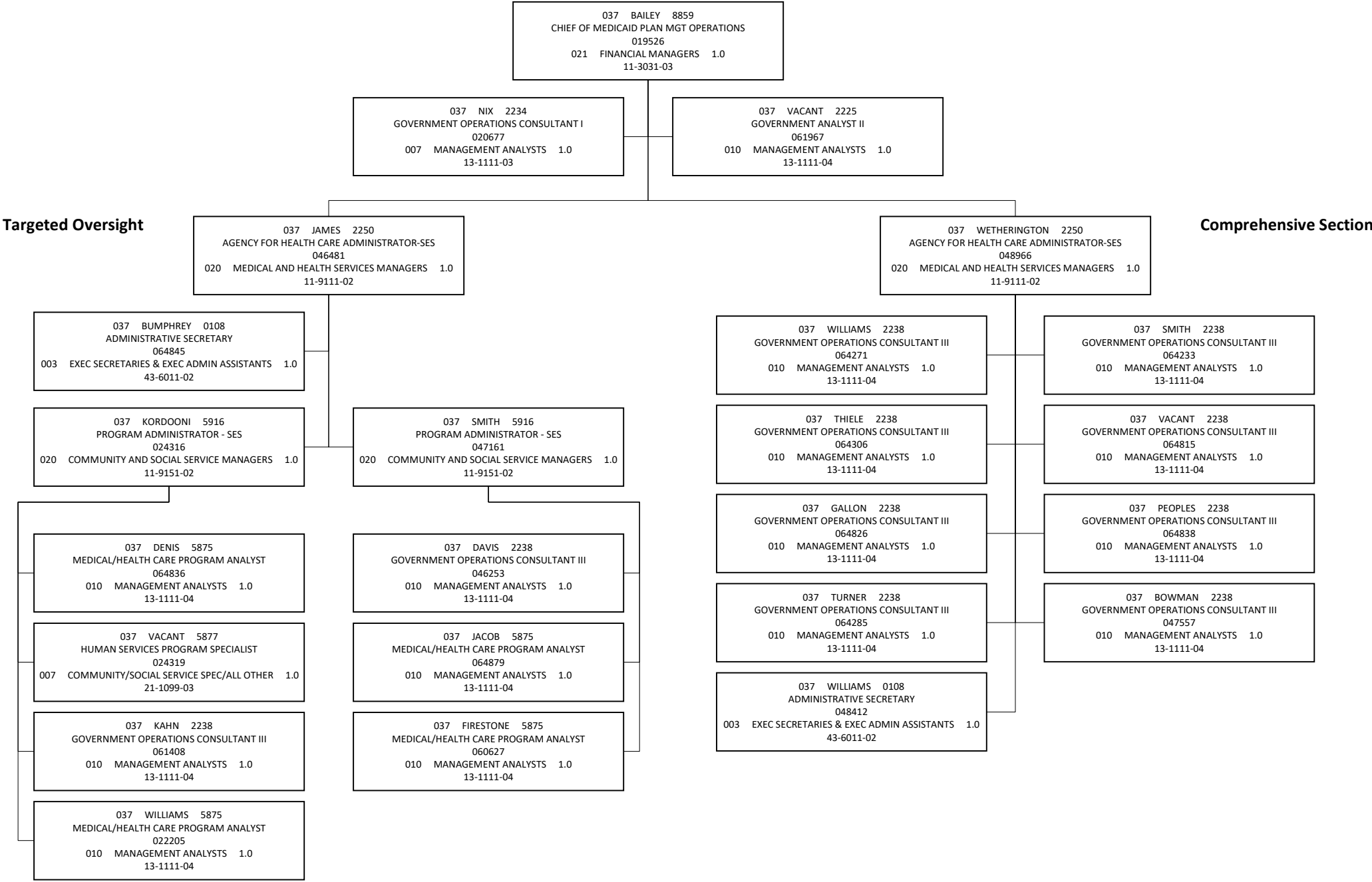
037 WASHINGTON NORTON 2238
OPERATIONS & MGMT CONSULTANT MGR - SES
000159
020 GENERAL AND OPERATIONS MANAGERS 1.0
11-1021-02

037 CROUCH 2234
GOVERNMENT OPERATIONS CONSULTANT I
061016
007 MANAGEMENT ANALYSTS 1.0
13-1111-03

VACANT
OPS
900212

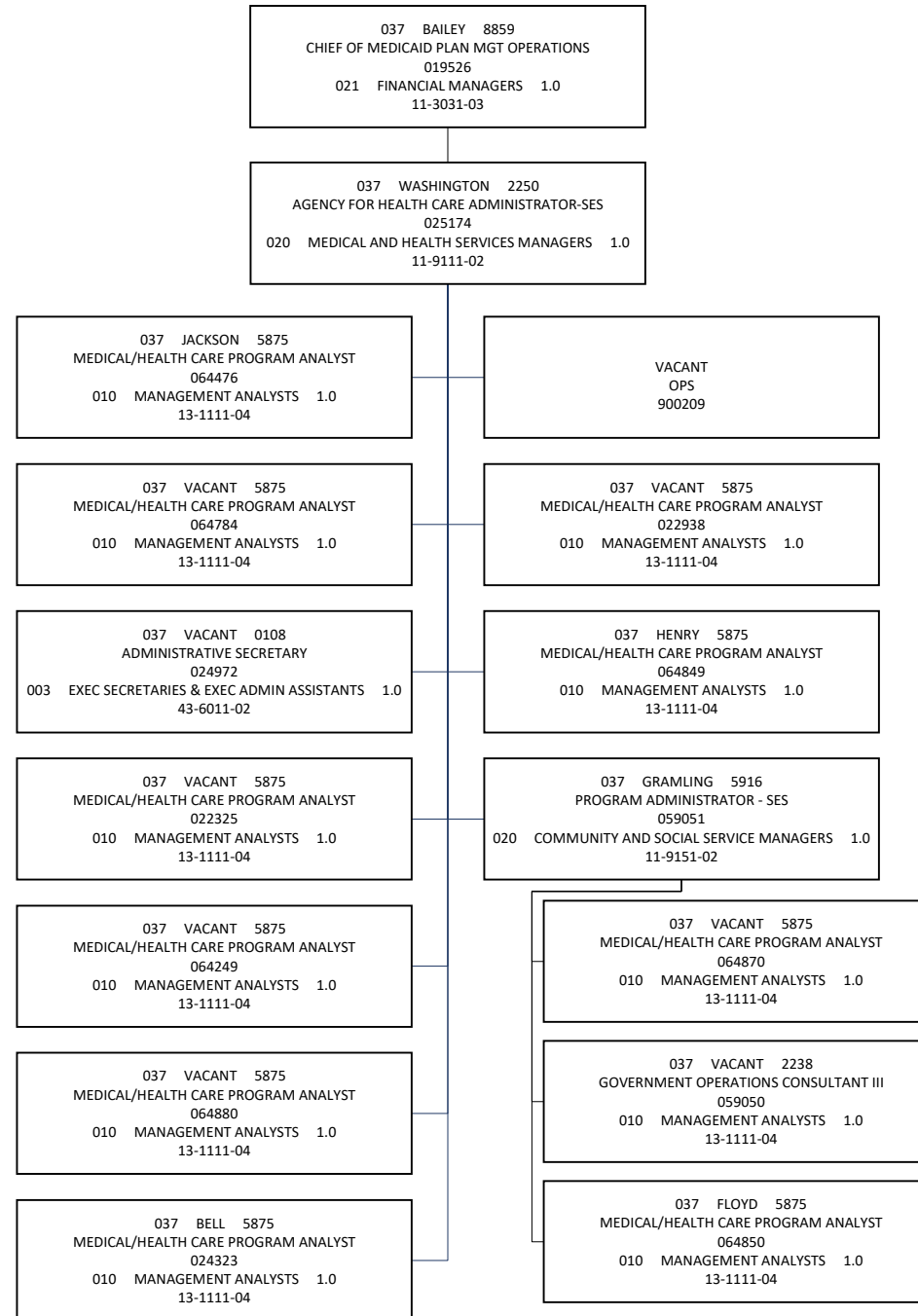
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Plan Management Operations

Effective Date: July 01, 2024
 Org. Level: 68-40-30-00-000
 FTE's: 39 Positions: 39



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

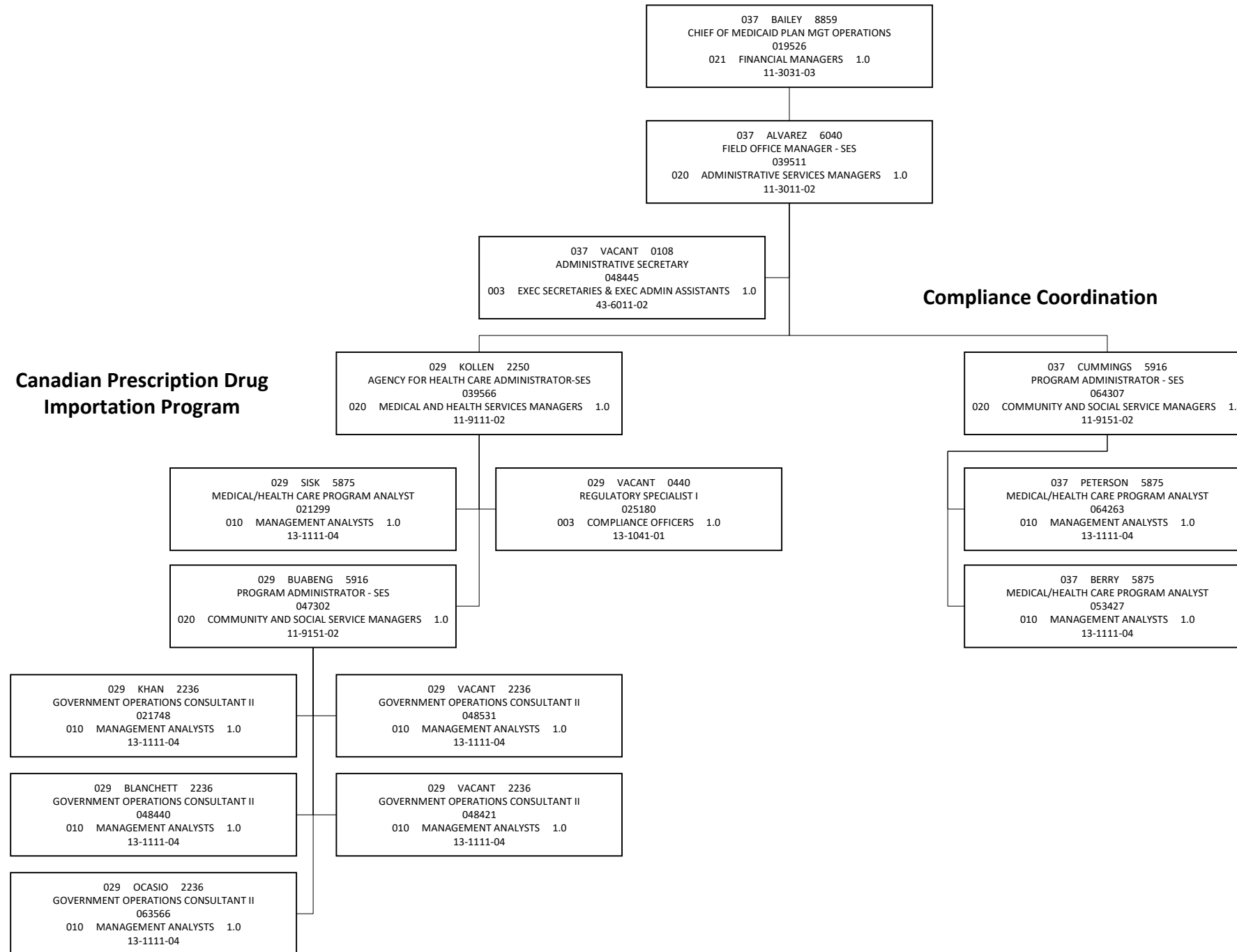
Effective Date: July 01, 2024
 Org. Level: 68-40-30-00-000
 FTE's: 38 Positions: 38



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

Effective Date: July 01, 2024
 Org. Level: 68-40-30-00-000
 FTE's: 5 Positions: 5

Org. Level: 68-40-30-06-000
 FTE's: 9 Positions: 9

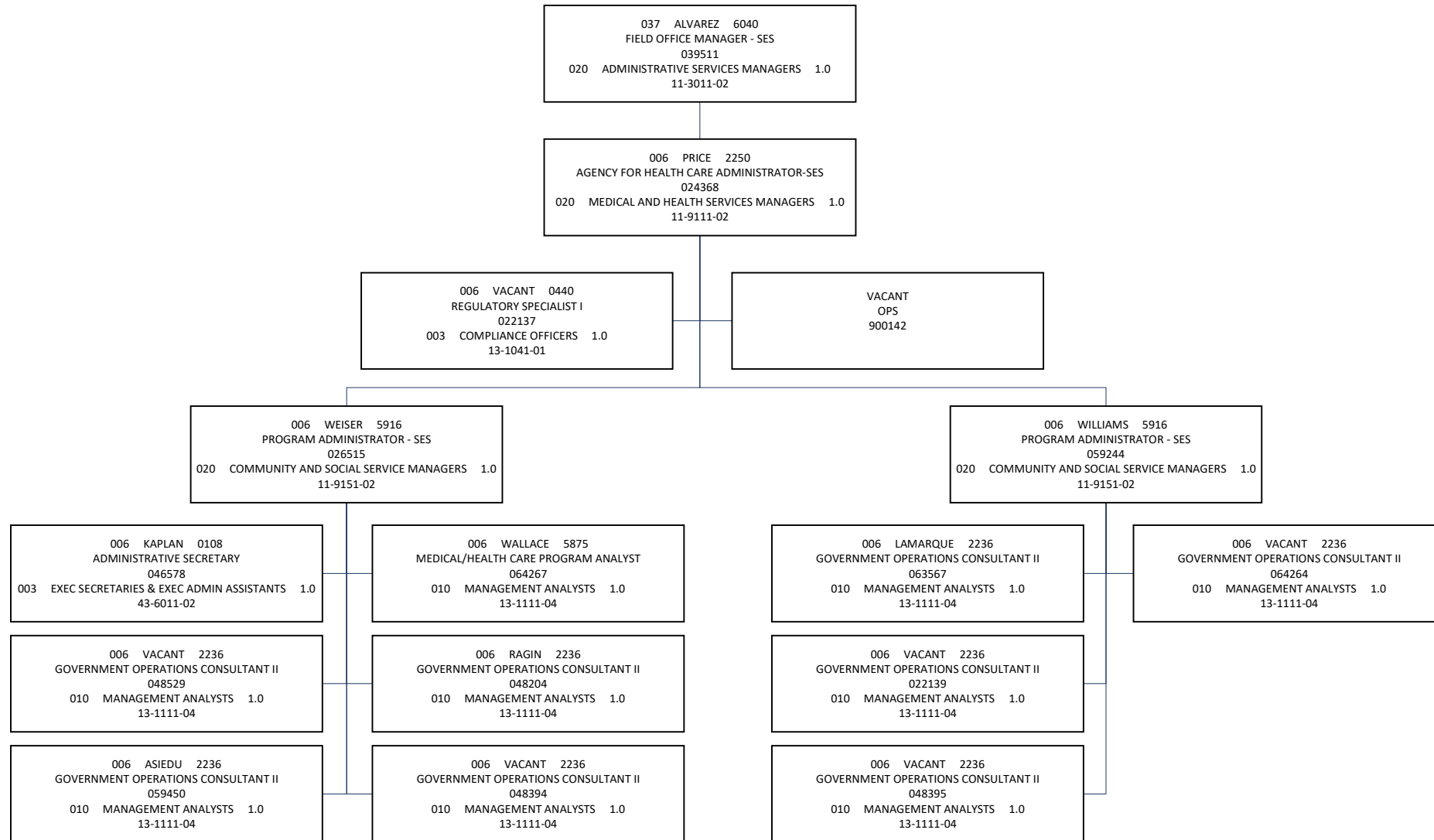


**Canadian Prescription Drug
 Importation Program**

Compliance Coordination

AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Plan Management Operations – Ft. Lauderdale

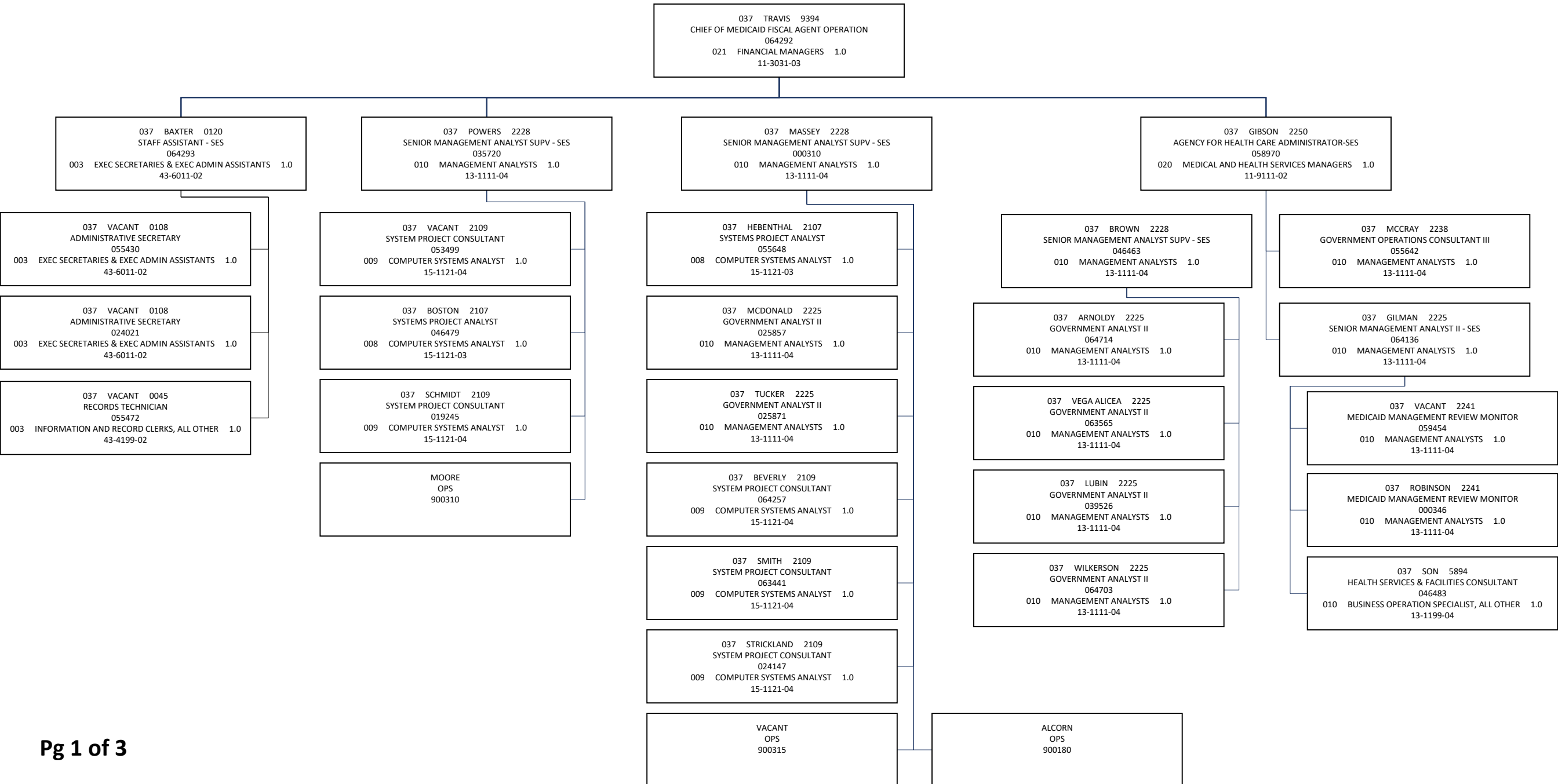
Effective Date: July 01, 2024
 Org. Level: 68-40-30-10-000
 FTE's: 14 Positions: 14



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

Effective Date: July 01, 2024
 Org. Level: 68-40-70-00-000
 FTE's: 49 Positions: 49

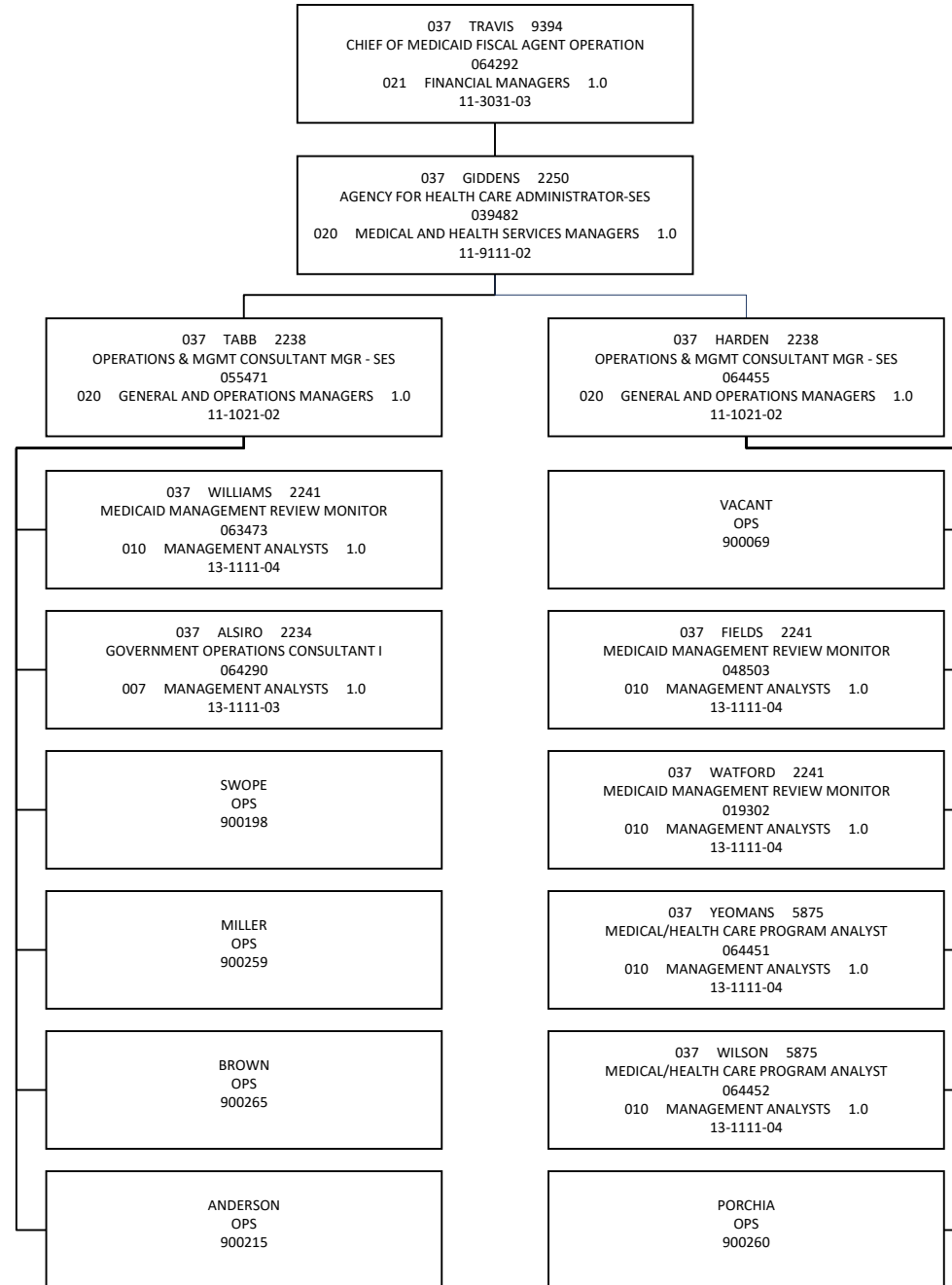
Org. Level: 68-40-00-00-000
 FTE's: 1 Positions: 1



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

Effective Date: July 01, 2024
 Org. Level: 68-40-70-00-000
 FTE's: 49 Positions: 49

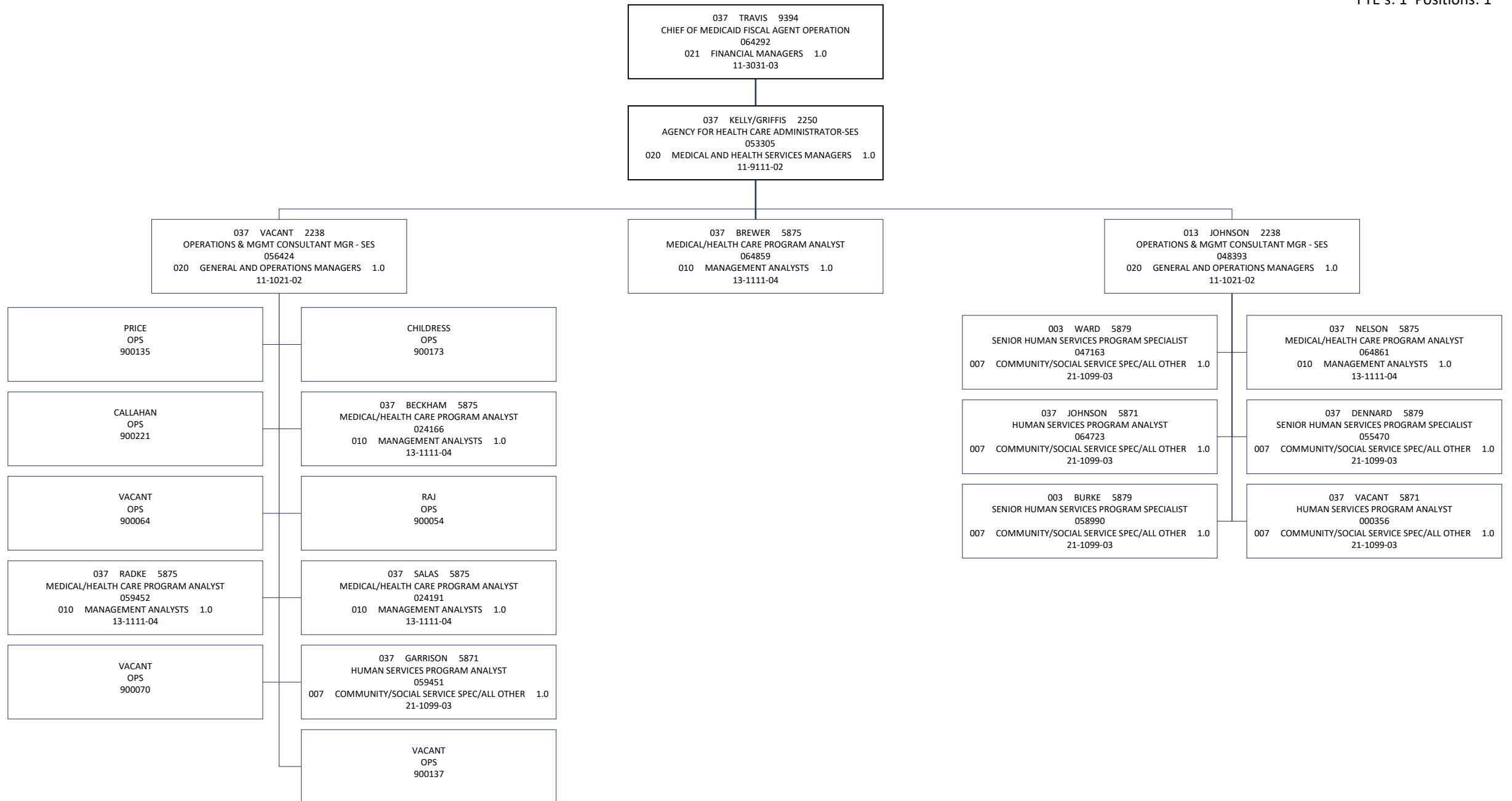
Org. Level: 68-40-00-00-000
 FTE's: 1 Positions: 1



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

Effective Date: July 01, 2024
 Org. Level: 68-40-70-00-000
 FTE's: 49 Positions: 49

Org. Level: 68-40-00-00-000
 FTE's: 1 Positions: 1



AGENCY FOR HEALTH CARE ADMINISTRATION

Division of Medicaid

Bureau of Medicaid Policy

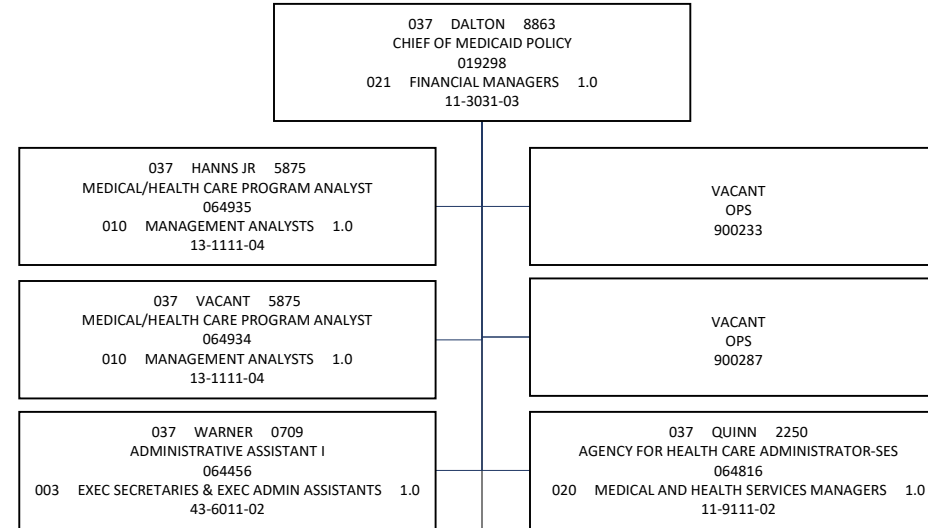
Effective Date: July 01, 2024

Org. Level: 68-40-60-00-000

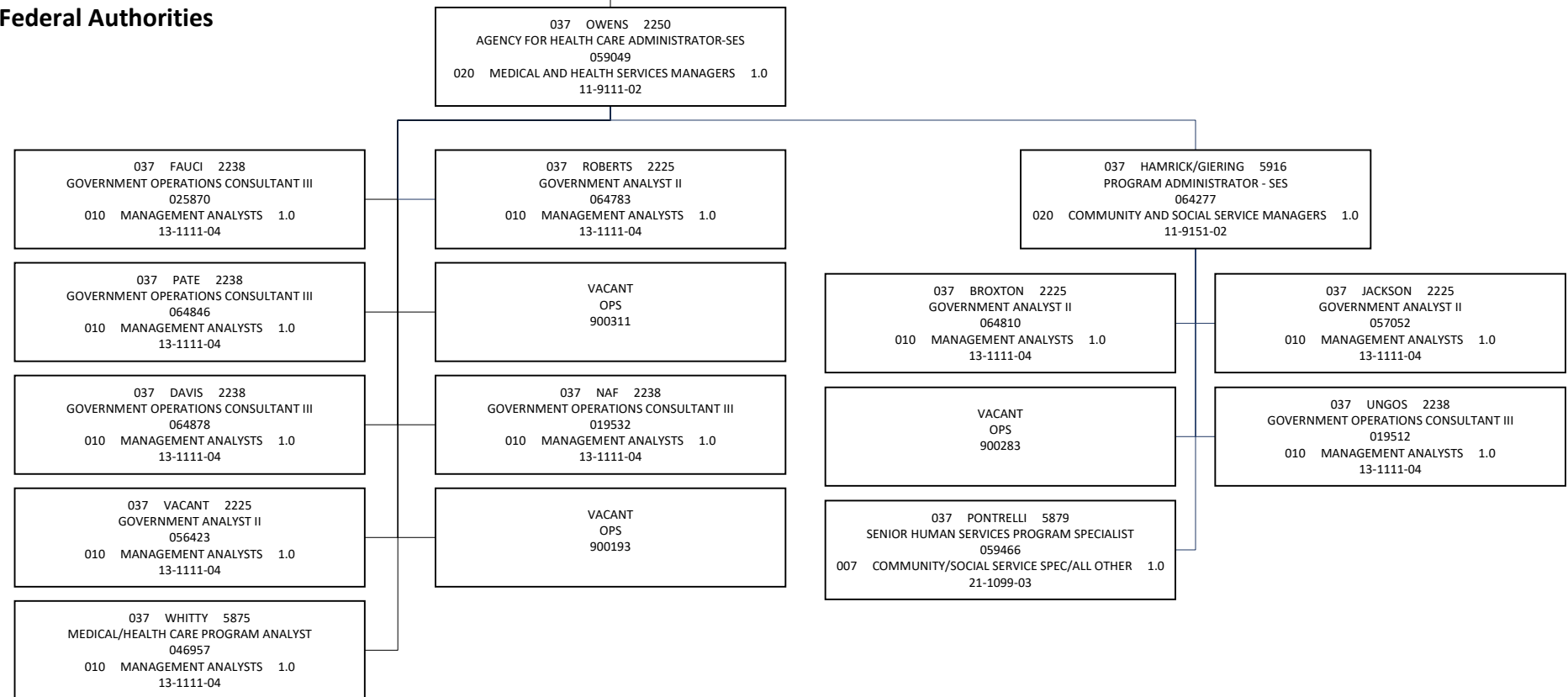
FTE's: 64 Positions: 64

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

FTE's: 1 Positions: 1



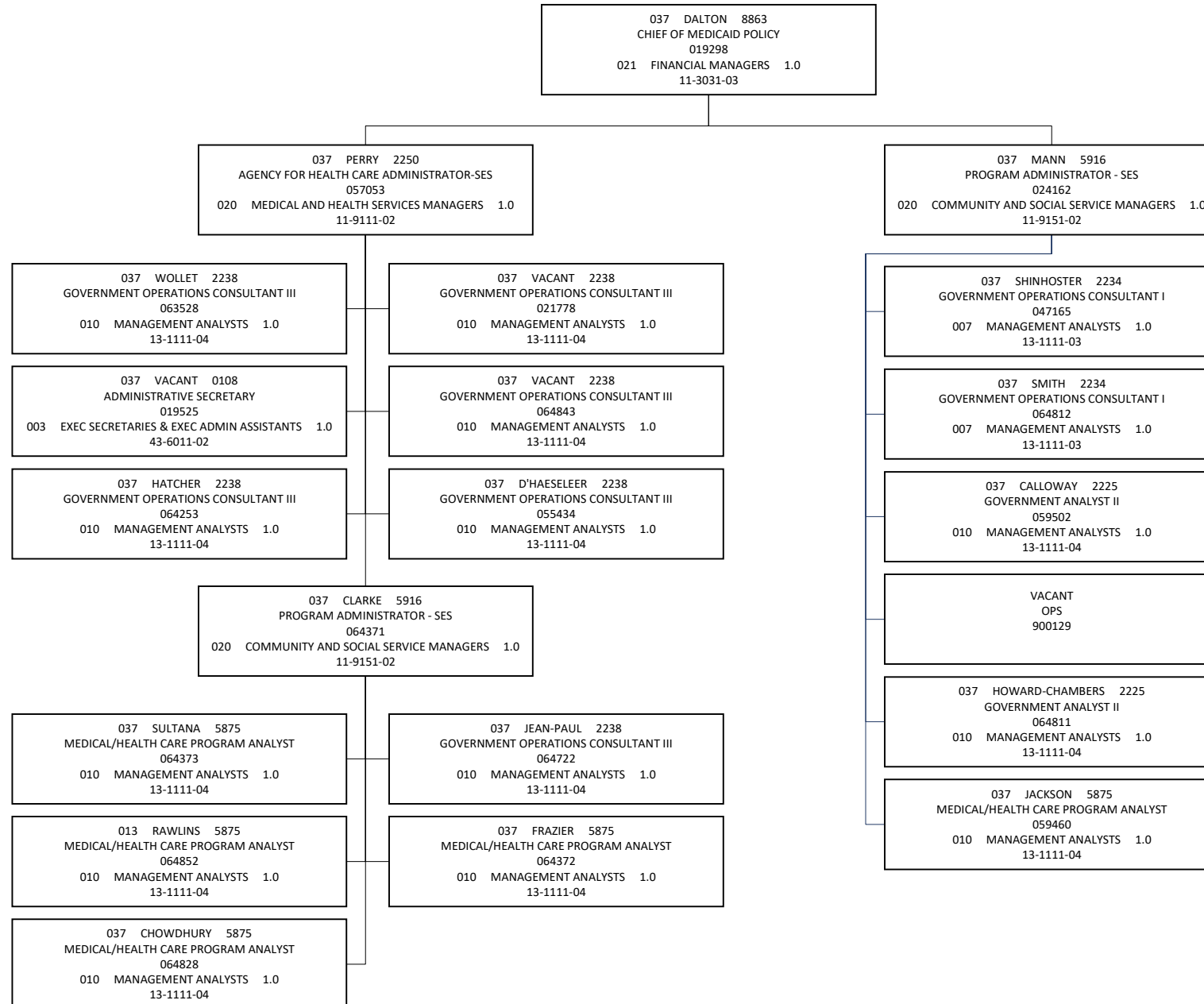
Federal Authorities



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Policy
Managed Care and Policy Contracts

Effective Date: July 01, 2024
 Org. Level: 68-40-60-00-000
 FTE's: 64 Positions: 64

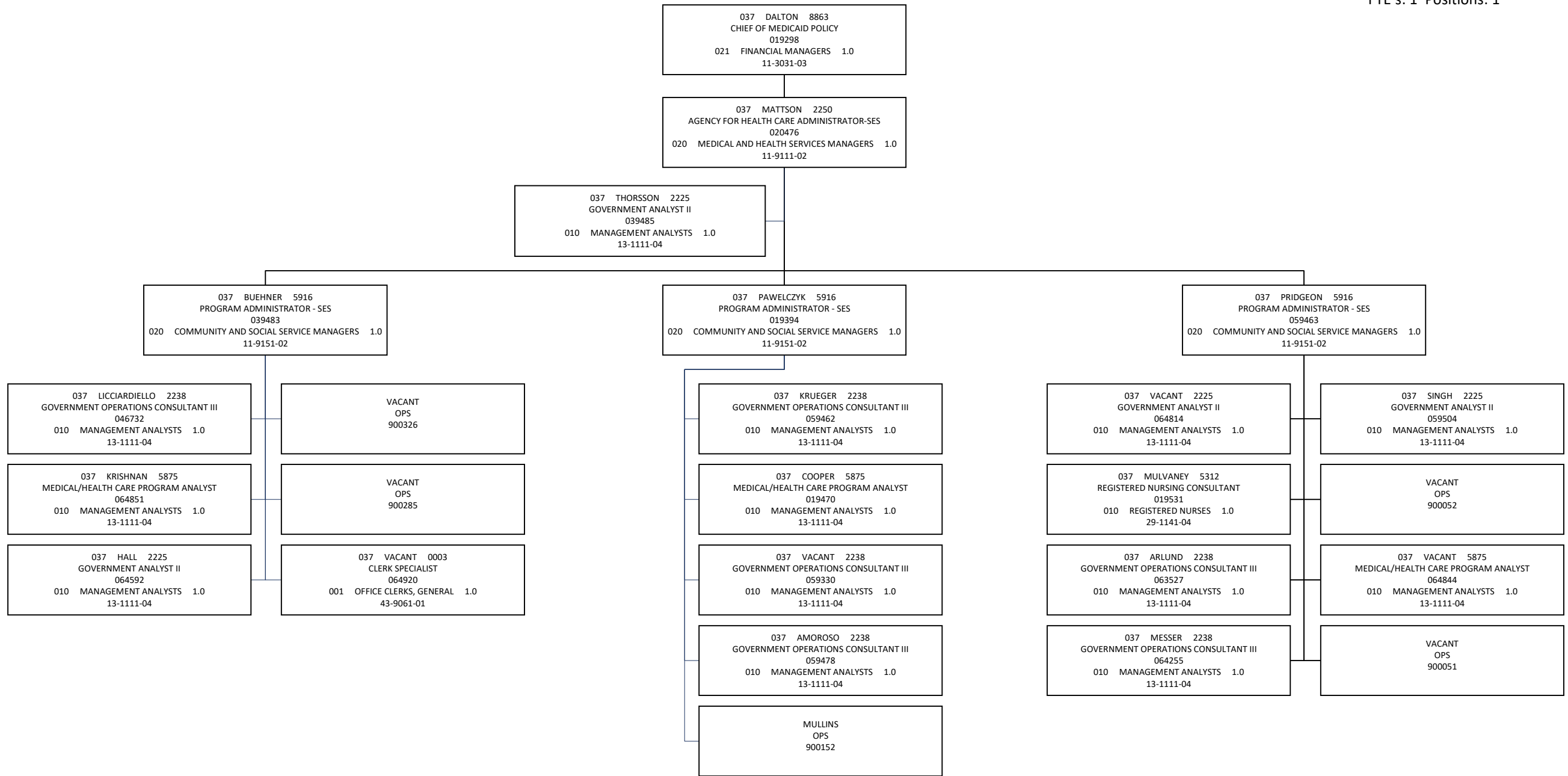
Org. Level: 68-40-30-00-000
 FTE's: 1 Positions: 1



AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Policy
Medical and Behavioral Health Care Policy

Effective Date: July 01, 2024
 Org. Level: 68-40-60-00-000
 FTE's: 64 Positions: 64

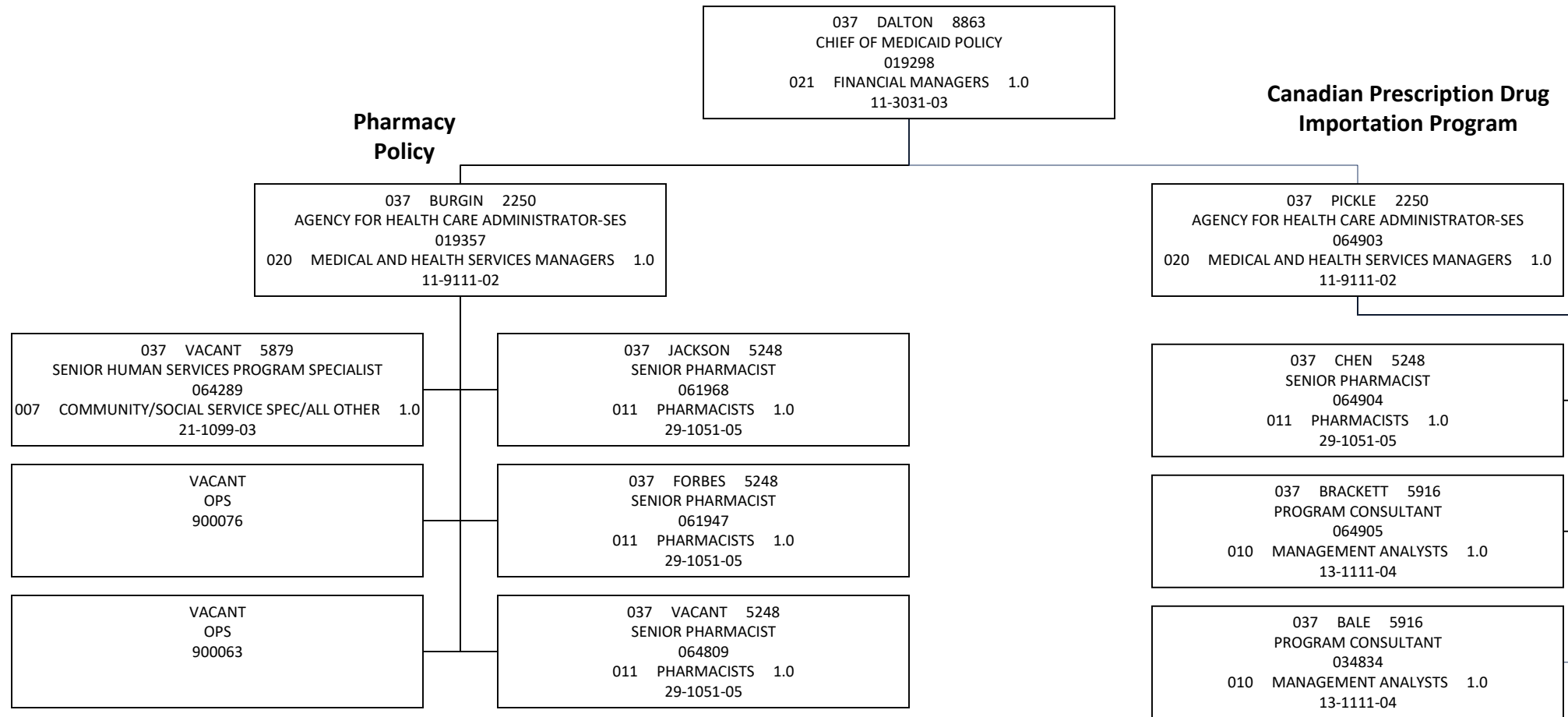
Org. Level: 68-40-30-00-000
 FTE's: 1 Positions: 1



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

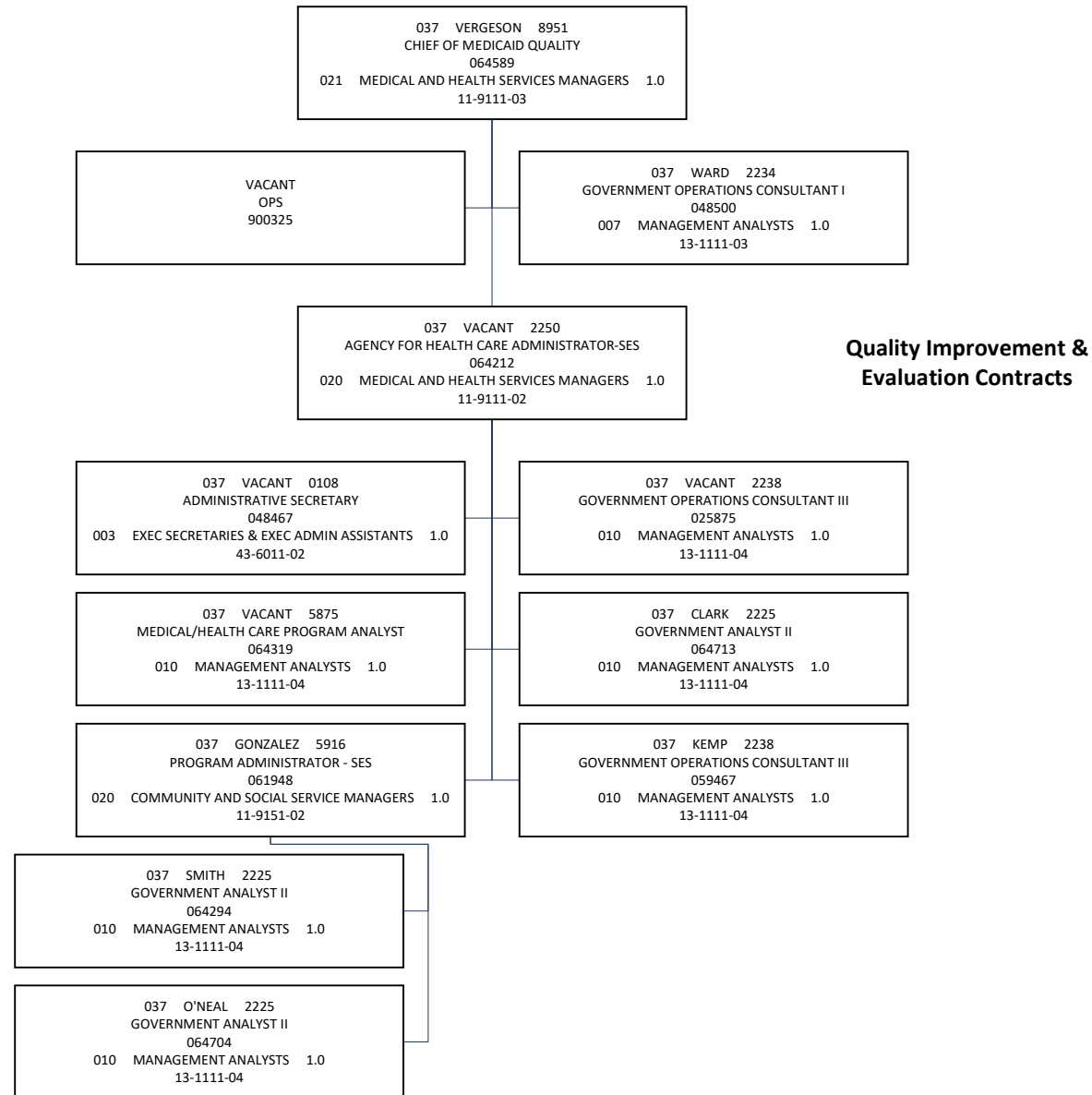
Effective Date: July 01, 2024
 Org. Level: 68-40-60-00-000
 FTE's: 64 Positions: 64

Org. Level: 68-40-30-00-000
 FTE's: 1 Positions: 1



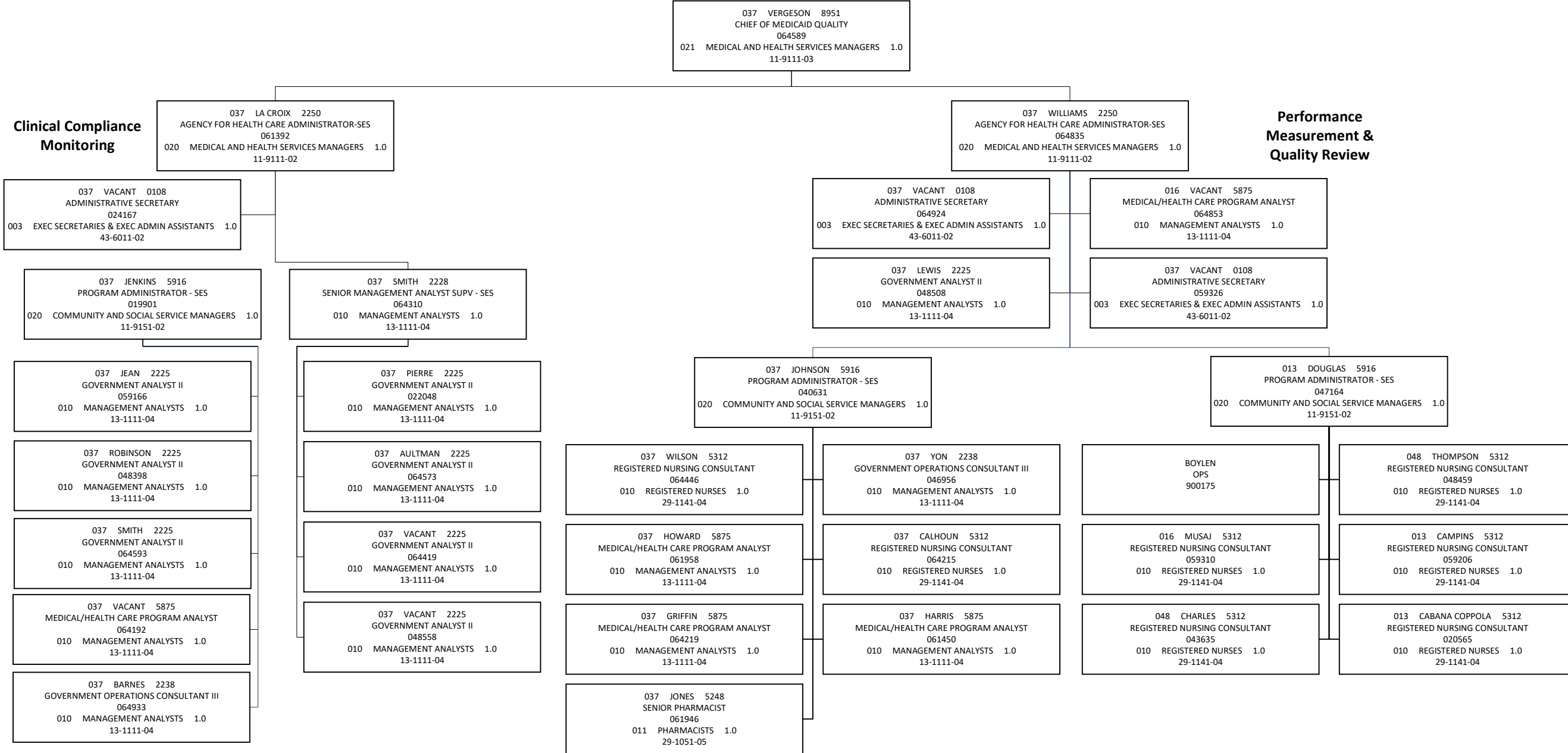
AGENCY FOR HEALTH CARE ADMINISTRATION
Division of Medicaid
Bureau of Medicaid Quality

Effective Date: July 01, 2024
 Org. Level: 68-40-80-00-000
 FTE's: 42 Positions: 42



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

Effective Date: July 01, 2024
 Org. Level: 68-40-80-00-000
 FTE's: 42 Positions: 42



AGENCY FOR HEALTH CARE ADMINISTRATION		FISCAL YEAR 2023-24					
SECTION I: BUDGET		OPERATING			FIXED CAPITAL OUTLAY		
TOTAL ALL FUNDS GENERAL APPROPRIATIONS ACT					35,597,930,510	0	
ADJUSTMENTS TO GENERAL APPROPRIATIONS ACT (Supplementals, Vetoes, Budget Amendments, etc.)					4,537,170,439	0	
FINAL BUDGET FOR AGENCY					40,135,100,949	0	
SECTION II: ACTIVITIES * MEASURES		FTE	Number of Units	(1) Unit Cost	Expenditures	(2) Expenditures (Allocated)	(3) FCO
Executive Direction, Administrative Support and Information Technology (2)		271.00			155,805,911		0
Elderly And Disabled/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased		0.00	23,718	49,471.81	1,173,372,416	1,173,372,416	
Elderly And Disabled/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		0.00	93,100	6,949.64	647,011,319	647,011,319	
Elderly And Disabled/Fee For Service/Medipass - Physician Services * Number of case months Medicaid program services purchased		0.00	153,592	4,863.29	746,963,109	746,963,109	
Elderly And Disabled/Fee For Service/Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		0.00	153,592	1,442.44	221,547,619	221,547,619	
Elderly And Disabled/Fee For Service/Medipass - Supplemental Medical Insurance * Number of case months Medicaid Program services purchased		0.00	1,737,687	5,127.14	8,909,365,154	8,909,365,154	
Elderly And Disabled/Fee For Service/Medipass - Case Management * Number of case months Medicaid program services purchased		0.00	855,352	0.26	226,649	226,649	
Elderly And Disabled/Fee For Service/Medipass - Hospital Insurance Benefit * Number of case months Medicaid program services purchased		0.00	136,158	64.13	8,731,927	8,731,927	
Elderly And Disabled/Fee For Service/Medipass - Other * Number of case months Medicaid program services purchased		0.00	3,588,910	2,072.61	7,438,398,223	7,438,398,223	
Women And Children/Fee For Service/Medipass - Hospital Inpatient * Number of case months Medicaid program services purchased		0.00	263,302	7,899.86	2,080,050,103	2,080,050,103	
Women And Children/Fee For Service/Medipass - Prescribed Medicines * Number of case months Medicaid program services purchased		0.00	450,266	1,018.43	458,565,759	458,565,759	
Women And Children/Fee For Service / Medipass - Hospital Outpatient * Number of case months Medicaid program services purchased		0.00	834,579	879.06	733,645,256	733,645,256	
Women And Children/Fee For Service / Medipass - Supplemental Medical Insurance * Number of case months Medicaid Program services purchased		0.00	7,478,127	315.30	2,357,865,988	2,357,865,988	
Women And Children/Fee For Service / Medipass - Case Management * Number of case months Medicaid Program services purchased		0.00	3,718,453	0.02	75,744	75,744	
Women And Children/Fee For Service / Medipass - Other * Number of case months Medicaid Program services purchased		0.00	2,232,524	855.23	1,909,318,781	1,909,318,781	
Medically Needy - Hospital Inpatient * Number of case months Medicaid Program services purchased		0.00	105,918	537.06	56,884,821	56,884,821	
Medically Needy - Prescribed Medicines * Number of case months Medicaid Program services purchased		0.00	148,365	171.16	25,394,492	25,394,492	
Medically Needy - Hospital Outpatient * Number of case months Medicaid Program services purchased		0.00	148,365	82.20	12,195,655	12,195,655	
Medically Needy - Supplemental Medical Insurance * Number of case months Medicaid Program services purchased		0.00	296,730	46.01	13,654,024	13,654,024	
Medically Needy - Case Management * Number of case months Medicaid Program services purchased		0.00	148,365	0.00	626	626	
Medically Needy - Other * Number of case months Medicaid program services purchased		0.00	296,730	5,797.19	1,720,200,761	1,720,200,761	
Refugees - Hospital Inpatient * Number of case months Medicaid Program services purchased		0.00	186,736	50.23	9,379,118	9,379,118	
Refugees - Prescribed Medicines * Number of case months Medicaid program services purchased		0.00	46,684	22,757.35	1,062,404,118	1,062,404,118	
Refugees - Hospital Outpatient * Number of case months Medicaid Program services purchased		0.00	46,684	82.94	3,871,808	3,871,808	
Nursing Home Care * Number of case months Medicaid Program services purchased		0.00	47,404	121,386.69	5,754,214,720	5,754,214,720	
Home And Community Based Services * Number of case months Medicaid program services purchased		0.00	88,195	26,939.39	2,375,919,244	2,375,919,244	
Intermediate Care Facilities For The Developmentally Disabled - Sunland Centers * Number of case months Medicaid Program services purchased		0.00	411	1,359,517.34	558,761,626	558,761,626	
Long Term Care - Other * Number of case months Medicaid Program services purchased		0.00	135,599	6,057.06	821,331,429	821,331,429	
Purchase Medicaid Program Services * Number of case months Medicaid Program services purchased		0.00	15,384	3,781.84	58,179,781	58,179,781	
Purchase Children's Medical Services Network Services * Number of case months		0.00	9,225	22,284.17	205,571,428	205,571,428	
Purchase Florida Healthy Kids Corporation Services * Number of case months		0.00	134,771	1,872.26	252,326,114	252,326,114	
Health Facility Regulation (compliance, Licensure, Complaints) - Tallahassee * Number of licensure/certification applications		120.00	30,996	1,438.90	11,567,151	44,600,206	
Facility Field Operations (compliance, Complaints) - Field Offices Survey Staff * Number of surveys and complaint investigations		406.00	17,329	8,655.81	38,234,750	149,996,587	
Plans And Construction * Number of reviews performed		40.00	4,047	4,050.50	5,381,361	16,392,379	
Background Screening * Number of requests for screenings		0.00	653,192	2.21	1,444,671	1,444,672	
TOTAL		837.00			39,827,861,656	39,827,861,656	
SECTION III: RECONCILIATION TO BUDGET							
PASS THROUGHS							
TRANSFER - STATE AGENCIES							
AID TO LOCAL GOVERNMENTS							
PAYMENT OF PENSIONS, BENEFITS AND CLAIMS							
OTHER						241,365,011	
REVERSIONS						65,874,347	
TOTAL BUDGET FOR AGENCY (Total Activities + Pass Throughs + Reversions) - Should equal Section I above. (4)						40,135,101,014	

SCHEDULE XI/EXHIBIT VI: AGENCY-LEVEL UNIT COST SUMMARY

- (1) Some activity unit costs may be overstated due to the allocation of double budgeted items.
- (2) Expenditures associated with Executive Direction, Administrative Support and Information Technology have been allocated based on FTE. Other allocation methodologies could result in significantly different unit costs per activity.
- (3) Information for FCO depicts amounts for current year appropriations only. Additional information and systems are needed to develop meaningful FCO unit costs.
- (4) Final Budget for Agency and Total Budget for Agency may not equal due to rounding.

Schedule XIV
Variance from Long Range Financial Outlook

Agency: Agency for Health Care Administration

Contact: La-Shonna K. Austin, Financial Administrator

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 2024 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 2025-2026 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 2025-2026 Estimate/Request Amount	
			Long Range Financial Outlook	Legislative Budget Request
a	Medicaid Services Price Level / Workload	B	767.8	767.8
b	KidCare Workload	B	-15.1	-15.1
c	Medicaid Waiver Slots and Provider Rate Increases	B	671.6	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 Graduate Medical Education, Medicaid Waiver slots and Medicaid 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: Agency for Health Care Administration Budget Period: 2025-26
Program: Health Care Regulation (68700700)
Fund: Health Care Trust 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.)

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

SECTION I - FEE COLLECTION

ACTUAL ESTIMATED REQUEST
FY 2023-24 FY 2024-25 FY 2025-26

Receipts:

ABORTION CLINIC	357,689	357,689	357,689
ADULT DAY CARE CENTER	62,379	62,379	62,379
ADULT FAMILY CARE HOME	38,483	38,483	38,483
AMBULATORY SURGICAL CENTER	749,958	749,958	749,958
ASSISTED LIVING FACILITY	7,732,987	7,732,987	7,732,987
BIRTH CENTER	14,145	14,145	14,145
CRISIS STABILIZATION UNIT	144,798	144,798	144,798
FORENSIC TOXICOLOGY LABORATORY	132,977	132,977	132,977
HCC - EXEMPTIONS	312,038	312,038	312,038
HEALTH CARE CLINICS	4,045,104	4,045,104	4,045,104
HEALTH CARE SERVICES POOL	356,095	356,095	356,095
HOME HEALTH AGENCY	3,323,055	3,323,055	3,323,055
HOME MEDICAL EQUIPMENT PROVIDERS	369,839	369,839	369,839
HOMEMAKER & COMPANION SERVICES	130,858	130,858	130,858
HOMES FOR SPECIAL SERVICES			
HOSPICE	60,788	60,788	60,788
HOSPITAL	2,275,757	2,275,757	2,275,757
INTERM CARE FAC DEVELOPMENTALLY DISABLED	289,391	289,391	289,391
NURSE REGISTRY	1,568,783	1,568,783	1,568,783
NURSING HOME	8,316,683	8,316,683	8,316,683
PRESCRIBED PED EXTENDED CARE CNTR	173,935	173,935	173,935
RESIDENTIAL TREATMENT CENTER	113,350	113,350	113,350

SECTION I - FEE COLLECTION

**ACTUAL
FY 2023-24**

**ESTIMATED
FY 2024-25**

**REQUEST
FY 2025-26**

Receipts:

RESIDENTIAL TREATMENT FACILITY	441,035	491,383	491,383
TRANSITIONAL LIVING FACILITY	51,914	84,551	84,551
HOME HEALTH AGENCY EXEMPTIONS	23,229	28,031	28,031
MANAGED CARE UNIT	234,010	273,491	273,491

Total Fee Collection to Line (A) - Section III

31,319,280

31,446,548

31,446,548

SECTION II - FULL COSTS

Direct Costs:

Salaries and Benefits	45,363,880	54,006,993	54,006,993
Other Personal Services	1,166,283	1,994,646	1,994,646
Expenses	6,396,367	7,546,735	7,546,735
Operating Capital Outlay	-		
Contracted Services	9,641,314	15,635,132	15,635,132
Lease Purchase Equipment	63,553	140,269	140,269
Service Charge to General Revenue	4,914,856	5,062,672	5,062,672
Refunds	174,893	175,000	175,000

Total Full Costs to Line (B) - Section III

67,721,146

84,561,447

84,561,447

Basis Used:

SECTION III - SUMMARY

TOTAL SECTION I	(A)	31,319,280	31,446,548	31,446,548
TOTAL SECTION II	(B)	67,721,146	84,561,447	84,561,447
TOTAL - Surplus/Deficit	(C)	(36,401,866)	(53,114,899)	(53,114,899)

EXPLANATION of LINE C:

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

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

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	248,021,531.98	(A)		248,021,531.98
ADD: Other Cash (See Instructions)	502,214.25	(B)		502,214.25
ADD: Investments	-	(C)		-
ADD: Outstanding Accounts Receivable	99,979,703.39	(D)	883.48	99,980,586.87
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	348,503,449.62	(F)	883.48	348,504,333.10
LESS Allowances for Uncollectibles	4,474,941.77	(G)		4,474,941.77
LESS Approved "A" Certified Forwards	201,031,820.75	(H)		201,031,820.75
Approved "B" Certified Forwards	1,672,251.72	(H)		1,672,251.72
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)	3,383,908.67	(I)		3,383,908.67
LESS: Deferred Inflows	9,652,951.68	(J)		9,652,951.68
Unreserved Fund Balance, 07/01/24	128,287,575.03	(K)	883.48	128,288,458.51 **

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: 2025 - 2026

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, 07/01/24

Total all GLC's 5XXXX for governmental funds;	129,798,430.17	(A)
GLC 539XX for proprietary and fiduciary funds		

Subtract Nonspendable Fund Balance (GLC 56XXX)	8,150.75	(B)
---	----------	-----

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment #B680004; Due to the Department of Highway Safety and Motor Vehicle	(883.48)	(C)
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SWFS Adjustment # and Description		(C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	1,672,251.72	(D)
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Approved FCO Certified Forward per LAS/PBS	0.00	(D)
--	------	-----

A/P not C/F-Operating Categories (GLC 38600)	(164,307.64)	(D)
--	--------------	-----

Approved Certified Forward Payables - (Not recorded in FLAIR)	0.00	(D)
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A/P not C/F-Operating Categories (GLC 35300)	(20,239.69)	(D)
--	-------------	-----

Advances to Other Funds within Department (GLC 25700)	15,000.00	(D)
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ADJUSTED BEGINNING TRIAL BALANCE:	128,288,458.51	(E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	128,288,458.51	(F)
--	-----------------------	-----

DIFFERENCE:	0.00	(G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
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 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,597,707,683.84	(A)		1,597,707,683.84
ADD: Other Cash (See Instructions)	-	(B)		-
ADD: Investments	-	(C)		-
ADD: Outstanding Accounts Receivable	77,700,252.49	(D)		77,700,252.49
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	1,675,407,936.33	(F)	-	1,675,407,936.33
LESS Allowances for Uncollectibles	-	(G)		-
LESS Approved "A" Certified Forwards	8,981,484.30	(H)		8,981,484.30
Approved "B" Certified Forwards	-	(H)		-
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)		(I)		-
Budget Entity to Budget Entity Cash				
LESS: Transfer - 68501500	1,605,761,943.00	(J)	-	1,605,761,943.00
Unreserved Fund Balance, 07/01/24	60,664,509.03	(K)	-	60,664,509.03 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<input type="text" value="1,666,426,452.03"/> (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	<input type="text" value="0.00"/> (B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	<input type="text"/> (C)
SWFS Adjustment # and Description	<input type="text"/> (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)
A/P not C/F-Operating Categories	<input type="text" value="0.00"/> (D)
Approved Certified Forward Payables - (Not recorded in FLAIR)	<input type="text" value="0.00"/> (D)
Budget Entity to Budget Entity Cash Transfer - 68501500	<input type="text" value="1,605,761,943.00"/> (D)
	<input type="text" value="0.00"/> (D)
ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="60,664,509.03"/> (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	<input type="text" value="60,664,509.03"/> (F)
DIFFERENCE:	<input type="text" value="0.00"/> (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Health Care Trust Fund
LAS/PBS Fund Number:	Medicaid Long Term Care (68501500)
	2003

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(1,415,215,653.77)	(A)		(1,415,215,653.77)
ADD: Other Cash (See Instructions)	-	(B)		-
ADD: Investments	-	(C)		-
ADD: Outstanding Accounts Receivable	-	(D)		-
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	(1,415,215,653.77)	(F)	-	(1,415,215,653.77)
LESS Allowances for Uncollectibles	-	(G)		-
LESS Approved "A" Certified Forwards	190,546,288.71	(H)		190,546,288.71
Approved "B" Certified Forwards	-	(H)		-
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)		(I)		-
Budget Entity to Budget Entity Cash				
LESS: Transfer - 68501400	(1,605,761,943.00)	(J)		(1,605,761,943.00)
Unreserved Fund Balance, 07/01/24	0.52	(K)	-	0.52 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<input type="text" value="(1,605,761,942.48)"/> (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	<input type="text" value="0.00"/> (B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	<input type="text"/> (C)
SWFS Adjustment # and Description	<input type="text"/> (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)
A/P not C/F-Operating Categories	<input type="text" value="0.00"/> (D)
Approved Certified Forward Payables - (Not recorded in FLAIR)	<input type="text" value="0.00"/> (D)
Budget Entity to Budget Entity Cash Transfer - 68501400	<input type="text" value="(1,605,761,943.00)"/> (D)
	<input type="text" value="0.00"/> (D)
ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="0.52"/> (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	<input type="text" value="0.52"/> (F)
DIFFERENCE:	<input type="text" value="0.00"/> (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Health Care Trust Fund
LAS/PBS Fund Number:	Health Care Regulation (68700700)
	2003

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	65,529,501.91	(A)		65,529,501.91
ADD: Other Cash (See Instructions)	502,214.25	(B)		502,214.25
ADD: Investments	-	(C)		-
ADD: Outstanding Accounts Receivable	22,279,450.90	(D)	883.48	22,280,334.38
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	88,311,167.06	(F)	883.48	88,312,050.54
LESS Allowances for Uncollectibles	4,474,941.77	(G)		4,474,941.77
LESS Approved "A" Certified Forwards	1,504,047.74	(H)		1,504,047.74
Approved "B" Certified Forwards	1,672,251.72	(H)		1,672,251.72
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)	3,383,908.67	(I)		3,383,908.67
LESS: Deferred Inflows	9,652,951.68	(J)		9,652,951.68
Unreserved Fund Balance, 07/01/24	67,623,065.48	(K)	883.48	67,623,948.96 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24

Total all GLC's 5XXXX for governmental funds; 69,133,920.62 (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) 8,150.75 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment #B680004; Due to the Department of Highway Safety and Motor Vehicle (883.48) (C)

SWFS Adjustment # and Description (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS 1,672,251.72 (D)

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

A/P not C/F-Operating Categories (GLC 38600) (164,307.64) (D)

Approved Certified Forward Payables - (Not recorded in FLAIR) 0.00 (D)

A/P not C/F-Operating Categories (GLC 35300) (20,239.69) (D)

Advances to Other Funds within Department (GLC 25700) 15,000.00 (D)

ADJUSTED BEGINNING TRIAL BALANCE: 67,623,948.96 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 67,623,948.96 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Administrative Trust Fund
LAS/PBS Fund Number:	Departmental and Administration and Support (68200000)
	2021

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	988,055.71	(A)		988,055.71
ADD: Other Cash (See Instructions)	-	(B)		-
ADD: Investments	-	(C)		-
ADD: Outstanding Accounts Receivable	1,795,856.24	(D)	244.65	1,796,100.89
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	2,783,911.95	(F)	244.65	2,784,156.60
LESS Allowances for Uncollectibles	-	(G)		-
LESS Approved "A" Certified Forwards	477,000.21	(H)		477,000.21
Approved "B" Certified Forwards	1,458,841.25	(H)		1,458,841.25
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)	-	(I)		-
LESS: _____		(J)		-
Unreserved Fund Balance, 07/01/24	848,070.49	(K)	244.65	848,315.14 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2025 - 2026

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, 07/01/24

Total all GLC's 5XXXX for governmental funds; 2,233,515.54 (A)
GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) 33,102.50 (B)

Add/Subtract Statewide Financial Statement (SWFS)Adjustments :

B6800003 Reduce receivable due from DBPR 15.00 (C)

B6800006 Increase receivable due from (259.65) (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS 1,458,841.25 (D)

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

A/P not C/F-Operating Categories - Expenses (GLC 35300) (34,282.58) (D)

A/P not C/F-Operating Categories - Contracted Services (GLC 35300) (1,994.26) (D)

A/P not C/F-Operating Categories - Salaries and Benefits (GLC 38600) (70,221.86) (D)

0.00 (D)

ADJUSTED BEGINNING TRIAL BALANCE: 848,315.14 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 848,315.14 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
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 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	-	(A)		-
ADD: Other Cash (See Instructions)	-	(B)		-
ADD: Investments	-	(C)		-
ADD: Outstanding Accounts Receivable	-	(D)		-
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	-	(F)	-	-
LESS Allowances for Uncollectibles	-	(G)		-
LESS Approved "A" Certified Forwards	-	(H)		-
Approved "B" Certified Forwards	-	(H)		-
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)		(I)		-
LESS: _____		(J)		-
Unreserved Fund Balance, 07/01/24	-	(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: 2025 - 2026

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, 07/01/24

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: 2025 - 2026
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 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	38,003,712.64	(A)		38,003,712.64
ADD: Other Cash (See Instructions)	249,888.75	(B)		249,888.75
ADD: Investments	-	(C)		-
ADD: Outstanding Accounts Receivable	-	(D)		-
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	38,253,601.39	(F)	-	38,253,601.39
LESS Allowances for Uncollectibles	-	(G)		-
LESS Approved "A" Certified Forwards	78,432.57	(H)		78,432.57
Approved "B" Certified Forwards	264,868.76	(H)		264,868.76
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)		(I)		-
LESS: _____		(J)		-
Unreserved Fund Balance, 07/01/24	37,910,300.06	(K)	-	37,910,300.06 **

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: 2025 - 2026

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, 07/01/24	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	37,396,850.13 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	0.00 (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	264,868.76 (D)
Approved FCO Certified Forward per LAS/PBS	0.00 (D)
A/P not C/F-Operating Categories - Contracted Services (GLC 31100	(778,318.69) (D)
	0.00 (D)
	0.00 (D)
	0.00 (D)
ADJUSTED BEGINNING TRIAL BALANCE:	37,910,300.06 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	37,910,300.06 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Grants and Donations Trust Fund
LAS/PBS Fund Number:	Departmental
	2339

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,262,511,683.61	(A)		1,262,511,683.61
ADD: Other Cash (See Instructions)	112,201,168.57	(B)		112,201,168.57
ADD: Investments	-	(C)		-
ADD: Outstanding Accounts Receivable	501,969,368.43	(D)		501,969,368.43
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	1,876,682,220.61	(F)	-	1,876,682,220.61
LESS Allowances for Uncollectibles	9,897,434.33	(G)		9,897,434.33
LESS Approved "A" Certified Forwards	955,803,935.24	(H)		955,803,935.24
Approved "B" Certified Forwards	2,810,691.31	(H)		2,810,691.31
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)	229,159,821.60	(I)	2,021,085.72	231,180,907.32
LESS: Deferred Inflows	79,959,206.01	(J)		79,959,206.01
Unreserved Fund Balance, 07/01/24	599,051,132.12	(K)	(2,021,085.72)	597,030,046.40 **

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: 2025 - 2026

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, 07/01/24

Total all GLC's 5XXXX for governmental funds; 820,600,664.26 (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 B6800008 andDue to Department of Health 1,097,250.14 (C)

SWFS Adjustment B6800008 andDue to Department of Health 923,835.58 (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS 2,810,691.31 (D)

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

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

Approved Certified Forward Payables - (Not recorded in FLAIR) 218,131,953.51 (D)

Other Loans and Notes Receivable -(GLC 25400) 674,319.25 (D)

Allowance for Uncollectibles - (GLC 25900) (67,431.93) (D)

ADJUSTED BEGINNING TRIAL BALANCE: 597,030,046.40 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 597,030,046.40 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Grants and Donations Trust Fund
LAS/PBS Fund Number:	Children's Special Health Care (68500100)
	2339

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	16,063,987.65	(A)	-	16,063,987.65
ADD: Other Cash (See Instructions)	-	(B)	-	-
ADD: Investments	-	(C)	-	-
ADD: Outstanding Accounts Receivable	-	(D)	-	-
ADD: _____	-	(E)	-	-
Total Cash plus Accounts Receivable	16,063,987.65	(F)	-	16,063,987.65
LESS Allowances for Uncollectibles	-	(G)	-	-
LESS Approved "A" Certified Forwards	1,835,841.45	(H)	-	1,835,841.45
Approved "B" Certified Forwards	84,254.00	(H)	-	84,254.00
Approved "FCO" Certified Forwards	-	(H)	-	-
LESS: Other Accounts Payable (Nonoperating)	-	(I)	-	-
LESS: _____	-	(J)	-	-
Unreserved Fund Balance, 07/01/24	14,143,892.20	(K)	-	14,143,892.20 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<input type="text" value="15,131,946.20"/> (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	<input type="text" value="0.00"/> (B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # and Description	<input type="text"/> (C)
SWFS Adjustment # and Description	<input type="text"/> (C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text" value="84,254.00"/> (D)
Approved FCO Certified Forward per LAS/PBS	<input type="text" value="0.00"/> (D)
A/P not C/F-Operating Categories	<input type="text" value="0.00"/> (D)
Approved Certified Forward Payables - (Not recorded in FLAIR)	<input type="text" value="903,800.00"/> (D)
	<input type="text" value="0.00"/> (D)
	<input type="text" value="0.00"/> (D)
ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="14,143,892.20"/> (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	<input type="text" value="14,143,892.20"/> (F)
DIFFERENCE:	<input type="text" value="0.00"/> (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Grants and Donations Trust Fund
LAS/PBS Fund Number:	Executive Direction/Support Services (68500200)
	2339

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	3,122,354.70	(A)		3,122,354.70
ADD: Other Cash (See Instructions)	-	(B)		-
ADD: Investments	-	(C)		-
ADD: Outstanding Accounts Receivable	-	(D)		-
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	3,122,354.70	(F)	-	3,122,354.70
LESS Allowances for Uncollectibles	-	(G)		-
LESS Approved "A" Certified Forwards	237,021.31	(H)		237,021.31
Approved "B" Certified Forwards	2,726,437.31	(H)		2,726,437.31
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)		(I)		-
LESS: BE Cash Transfer - 68501400	(1,977,942.00)	(J)		(1,977,942.00)
Unreserved Fund Balance, 07/01/24	2,136,838.08	(K)	-	2,136,838.08 **

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: 2025 - 2026

Department Title: Agency for Health Care Administration
Trust Fund Title: Grants and Donations Trust Fund / Exec Direction/Support Svcs (68500200)
LAS/PBS Fund Number: 2339

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24	
Total all GLC's 5XXXX for governmental funds;	2,885,333.39 (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	(C)
SWFS Adjustment # and Description	(C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	2,726,437.31 (D)
Approved FCO Certified Forward per LAS/PBS	0.00 (D)
A/P not C/F-Operating Categories	0.00 (D)
Approved Certified Forward Payables - (Not recorded in FLAIR)	0.00 (D)
BE Cash Transfer - Medicaid Services for Individuals (68501400)	(1,977,942.00) (D)
	0.00 (D)
ADJUSTED BEGINNING TRIAL BALANCE:	2,136,838.08 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	2,136,838.08 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Grants and Donations Trust Fund
LAS/PBS Fund Number:	Medicaid Services to Individuals (68501400)
	2339

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	1,130,164,240.14	(A)	-	1,130,164,240.14
ADD: Other Cash (See Instructions)	108,577,740.94	(B)	-	108,577,740.94
ADD: Investments	-	(C)	-	-
ADD: Outstanding Accounts Receivable	440,615,846.26	(D)	-	440,615,846.26
ADD: _____	-	(E)	-	-
Total Cash plus Accounts Receivable	1,679,357,827.34	(F)	-	1,679,357,827.34
LESS Allowances for Uncollectibles	3,245,988.43	(G)		3,245,988.43
LESS Approved "A" Certified Forwards	950,085,742.97	(H)	-	950,085,742.97
Approved "B" Certified Forwards	-	(H)	-	-
Approved "FCO" Certified Forwards	-	(H)	-	-
LESS: Other Accounts Payable (Nonoperating)	229,159,821.60	(I)	2,021,085.72	231,180,907.32
LESS: Deferred Inflows	30,907,395.17	(J)	-	30,907,395.17
LESS: BE Cash Transfers - 68501400	1,977,942.00	(J)	-	1,977,942.00
Unreserved Fund Balance, 07/01/24	463,980,937.17	(K)	(2,021,085.72)	461,959,851.45 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24

Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	680,148,590.49 (A)
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Subtract Nonspendable Fund Balance (GLC 56XXX)	0.00 (B)
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Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment B6800008 - Due to Department of Health	1,097,250.14 (C)
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SWFS Adjustment B6800008 - Due to Department of Health	923,835.58 (C)
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Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS	0.00 (D)
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Approved FCO Certified Forward per LAS/PBS	0.00 (D)
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Approved Certified Forward Payables - (Not recorded in FLAIR)	213,582,824.00 (D)
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Other Loans and Notes Receivable -(GLC 25400)	674,319.25 (D)
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Allowance for Uncollectibles - (GLC 25900)	(67,431.93) (D)
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Allowance for Uncollectibles - (GLC 25900)	1,977,942.00 (D)
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ADJUSTED BEGINNING TRIAL BALANCE:	461,959,851.45 (E)
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UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	461,959,851.45 (F)
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DIFFERENCE:	0.00 (G)*
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***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
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 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	113,161,101.12	(A)	-	113,161,101.12
ADD: Other Cash (See Instructions)	3,623,427.63	(B)	-	3,623,427.63
ADD: Investments	-	(C)	-	-
ADD: Outstanding Accounts Receivable	61,353,522.17	(D)	-	61,353,522.17
ADD: _____	-	(E)	-	-
Total Cash plus Accounts Receivable	178,138,050.92	(F)	-	178,138,050.92
LESS Allowances for Uncollectibles	6,651,445.90	(G)	-	6,651,445.90
LESS Approved "A" Certified Forwards	3,645,329.51	(H)	-	3,645,329.51
Approved "B" Certified Forwards	-	(H)	-	-
Approved "FCO" Certified Forwards	-	(H)	-	-
LESS: Other Accounts Payable (Nonoperating)	-	(I)	-	-
LESS: Deferred Inflows	49,051,810.84	(J)	-	49,051,810.84
Unreserved Fund Balance, 07/01/24	118,789,464.67	(K)	-	118,789,464.67 **

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: 2025 - 2026

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, 07/01/24

Total all GLC's 5XXXX for governmental funds; 122,434,794.18 (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 (C)

SWFS Adjustment # and Description (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)

Approved Certified Forward Payable-ICF/DD Community 3,645,329.51 (D)

0.00

0.00

ADJUSTED BEGINNING TRIAL BALANCE: 118,789,464.67 (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) 118,789,464.67 (F)

DIFFERENCE: 0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Medical Care Trust Fund
LAS/PBS Fund Number:	Departmental
	2474

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	25,111,858.38	(A)		25,111,858.38
ADD: Other Cash (See Instructions)	144,457.33	(B)		144,457.33
ADD: Investments	5,962,289.61	(C)		5,962,289.61
ADD: Outstanding Accounts Receivable	3,488,326,956.54	(D)		3,488,326,956.54
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	3,519,545,561.86	(F)	-	3,519,545,561.86
LESS Allowances for Uncollectibles	13,945,706.43	(G)		13,945,706.43
LESS Approved "A" Certified Forwards	2,131,865,462.66	(H)		2,131,865,462.66
Approved "B" Certified Forwards	52,531,808.78	(H)		52,531,808.78
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)	124,402,332.82	(I)		124,402,332.82
LESS: Deferred Inflows	1,200,710,615.01	(J)		1,200,710,615.01
Unreserved Fund Balance, 07/01/24	(3,910,363.84)	(K)	-	(3,910,363.84)**

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: 2025 - 2026

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, 07/01/24
 Total all GLC's 5XXXX for governmental funds; 52,078,625.87 (A)
 GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) 1,761.00 (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 52,531,808.78 (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 (GLC 38600) (148,246.97) (D)

A/P not C/F-Operating Categories (GLC 31500) 693,412.71 (D)

A/P not C/F-Operating Categories (GLC 35300) (33,065.69) (D)

Approved Certified Forward Payables - (Not recorded in FLAIR) 9,703,283.20 (D)

Other Loans and Notes Receivable -(GLC 25400) 1,604,851.15 (D)

Allowance for Uncollectibles - (GLC 25900) (160,485.12) (D)

ADJUSTED BEGINNING TRIAL BALANCE: **(3,910,363.84) (E)**

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) **(3,910,363.84) (F)**

DIFFERENCE: **(0.00) (G)***

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
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 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	375,884,925.39	(A)		375,884,925.39
ADD: Other Cash (See Instructions)	-	(B)		-
ADD: Investments	-	(C)		-
ADD: Outstanding Accounts Receivable	-	(D)		-
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	375,884,925.39	(F)	-	375,884,925.39
LESS Allowances for Uncollectibles	-	(G)		-
LESS Approved "A" Certified Forwards	8,659,907.88	(H)		8,659,907.88
Approved "B" Certified Forwards	14,974,512.03	(H)		14,974,512.03
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)	886,784.90	(I)		886,784.90
LESS: BE Cash Transfer to 68501500	301,519,243.00	(J)		301,519,243.00
Unreserved Fund Balance, 07/01/24	49,844,477.58	(K)	-	49,844,477.58 **

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: 2025 - 2026

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, 07/01/24	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	373,893,415.61 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	0.00 (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	14,974,512.03 (D)
Approved FCO Certified Forward per LAS/PBS	0.00 (D)
A/P not C/F-Operating Categories	0.00 (D)
Approved Certified Forward Payables - (Not recorded in FLAIR)	7,555,183.00 (D)
BE Cash Transfer to 68501500	301,519,243.00 (D)
	0.00 (D)
ADJUSTED BEGINNING TRIAL BALANCE:	49,844,477.58 (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	49,844,477.58 (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Medical Care Trust Fund
LAS/PBS Fund Number:	Executive Direction/Support Services (68500200)
	2474

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	483,494,568.32	(A)		483,494,568.32
ADD: Other Cash (See Instructions)	-	(B)		-
ADD: Investments	-	(C)		-
ADD: Outstanding Accounts Receivable	25,786,537.64	(D)		25,786,537.64
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	509,281,105.96	(F)	-	509,281,105.96
LESS Allowances for Uncollectibles	-	(G)		-
LESS Approved "A" Certified Forwards	20,874,239.26	(H)		20,874,239.26
Approved "B" Certified Forwards	31,697,462.39	(H)		31,697,462.39
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)	25,526,057.48	(I)	0.27	25,526,057.75
LESS: Deferred Inflows	8,767,422.80	(J)		8,767,422.80
LESS: BE Cash Transfer to 68501500	422,415,924.00	(J)		422,415,924.00
Unreserved Fund Balance, 07/01/24	0.03	(K)	(0.27)	(0.24)**

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: 2025 - 2026

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, 07/01/24	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	453,898,488.56 (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	0.00 (B)
Add/Subtract Statewide Financial Statement (SWFS) Adjustments :	
SWFS Adjustment # B680005 Due to Department of Elder Affairs	0.27 (C)
SWFS Adjustment # and Description	
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	31,697,462.39 (D)
Approved FCO Certified Forward per LAS/PBS	0.00 (D)
A/P not C/F-Operating Cat: (GLC 38600)	(148,246.97) (D)
Approved Certified Forward Payables - (cat:102085 reduction)	(277,061.60) (D)
A/P not C/F-Operating Categories (GLC 35300)	(32,585.09) (D)
Approved Certified Forward Payables - (Not recorded in FLAIR)	242,995.80 (D)
BE Cash Transfer to 68501500	422,415,924.00 (D)
ADJUSTED BEGINNING TRIAL BALANCE:	(0.24) (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	(0.24) (F)
DIFFERENCE:	0.00 (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Medical Care Trust Fund
LAS/PBS Fund Number:	Medicaid Services to Individuals (68501400)
	2474

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	295,566,407.66	(A)		295,566,407.66
ADD: Other Cash (See Instructions)	144,457.33	(B)		144,457.33
ADD: Investments	5,962,289.61	(C)		5,962,289.61
ADD: Outstanding Accounts Receivable	3,456,001,763.19	(D)	9,895,294.82	3,465,897,058.01
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	3,757,674,917.79	(F)	9,895,294.82	3,767,570,212.61
LESS Allowances for Uncollectibles	13,945,706.43	(G)		13,945,706.43
LESS Approved "A" Certified Forwards	1,485,940,874.04	(H)		1,485,940,874.04
Approved "B" Certified Forwards	-	(H)		-
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)	97,989,490.44	(I)	9,895,294.82	107,884,785.26
LESS: Deferred Inflows	1,191,943,192.21	(J)		1,191,943,192.21
LESS: BE Cash Transfer to 68501500	967,855,654.00	(J)		967,855,654.00
Unreserved Fund Balance, 07/01/24	0.67	(K)	-	0.67 **

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: 2025 - 2026

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, 07/01/24
 Total all GLC's 5XXXX for governmental funds; **961,790,384.46** (A)
 GLC 539XX for proprietary and fiduciary funds

Subtract Nonspendable Fund Balance (GLC 56XXX) 1,761.00 (B)

Add/Subtract Statewide Financial Statement (SWFS) Adjustments :

SWFS Adjustment # B6800007 Due to Department of Health 6,897,236.20 (C)

SWFS Adjustment # B6800007 Due from Federal Government (6,897,236.20) (C)

SWFS Adjustment # B6800001 Due to Agency for Persons with Dis 2,998,058.62 (C)

SWFS Adjustment # B6800005 Due from Federal Government (2,998,058.62) (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 (GLC 31100) (8,204,329.35) (D)

A/P not C/F-Operating Categories (GLC 31500) 693,412.71 (D)

A/P not C/F-Operating Categories (GLC 35300) (480.60) (D)

Other Loans and Notes Receivable -(GLC 25400) 1,604,851.15 (D)

Allowance for Uncollectibles - (GLC 25900) (160,485.12) (D)

BE Cash Transfer to 68501500 967,855,654.00 (D)

ADJUSTED BEGINNING TRIAL BALANCE: **0.67** (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) **0.67** (F)

DIFFERENCE: **0.00** (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
Trust Fund Title:	Agency for Health Care Administration
Budget Entity:	Medical Care Trust Fund
LAS/PBS Fund Number:	Medicaid Long Term Care (68501500)
	2474

	Balance as of 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	(1,129,834,042.99)	(A)		(1,129,834,042.99)
ADD: Other Cash (See Instructions)	-	(B)		-
ADD: Investments	-	(C)		-
ADD: Outstanding Accounts Receivable	6,538,655.71	(D)		6,538,655.71
ADD: _____	-	(E)		-
Total Cash plus Accounts Receivable	(1,123,295,387.28)	(F)	-	(1,123,295,387.28)
LESS Allowances for Uncollectibles	-	(G)		-
LESS Approved "A" Certified Forwards	616,390,441.48	(H)		616,390,441.48
Approved "B" Certified Forwards	5,859,834.36	(H)		5,859,834.36
Approved "FCO" Certified Forwards	-	(H)		-
LESS: Other Accounts Payable (Nonoperating)	-	(I)	(53,754,842.48)	(53,754,842.48)
LESS: BE Cash Transfer from 68500100	(301,519,243.00)	(J)		(301,519,243.00)
LESS: BE Cash Transfer from 68500200	(422,415,924.00)	(J)		(422,415,924.00)
LESS: BE Cash Transfer from 68501400	(967,855,654.00)	(J)		(967,855,654.00)
Unreserved Fund Balance, 07/01/24	(53,754,842.12)	(K)	53,754,842.48	0.36 **

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: 2025 - 2026

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

BEGINNING TRIAL BALANCE:

Total Fund Balance Per FLAIR Trial Balance, 07/01/24

Total all GLC's 5XXXX for governmental funds; [(1,737,503,662.76)] (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 # B6800001 Due from Agency for Persons with [(53,754,842.48)] (C)
 Disabilities

SWFS Adjustment # and Description [] (C)

Add/Subtract Other Adjustment(s):

Approved "B" Carry Forward (Encumbrances) per LAS/PBS [5,859,834.36] (D)

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

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

Approved Certified Forward Payables - Not recorded in FLAIR [2,182,166.00] (D)

BE Cash Transfer from 68500100 [(301,519,243.00)] (D)

BE Cash Transfer from 68500200 [(422,415,924.00)] (D)

BE Cash Transfer from 68501400 [(967,855,654.00)] (D)

ADJUSTED BEGINNING TRIAL BALANCE: [0.36] (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) [0.36] (F)

DIFFERENCE: [0.00] (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
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 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	239,151,295.09	(A)	-	239,151,295.09
ADD: Other Cash (See Instructions)	16,329,283.00	(B)	-	16,329,283.00
ADD: Investments	-	(C)	-	-
ADD: Outstanding Accounts Receivable	150,648,754.60	(D)	-	150,648,754.60
ADD: _____	-	(E)	-	-
Total Cash plus Accounts Receivable	406,129,332.69	(F)	-	406,129,332.69
LESS Allowances for Uncollectibles	46,317,804.59	(G)	-	46,317,804.59
LESS Approved "A" Certified Forwards	94,736.99	(H)	-	94,736.99
Approved "B" Certified Forwards	-	(H)	-	-
Approved "FCO" Certified Forwards	-	(H)	-	-
LESS: Other Accounts Payable (Nonoperating)	-	(I)	-	-
LESS: Deferred Inflows	58,201,080.36	(J)	-	58,201,080.36
Unreserved Fund Balance, 07/01/24	301,515,710.75	(K)	-	301,515,710.75 **

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: 2025 - 2026

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, 07/01/24

Total all GLC's 5XXXX for governmental funds; **301,515,710.75** (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 (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 **0.00** (D)

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

0.00 (D)

0.00 (D)

0.00 (D)

ADJUSTED BEGINNING TRIAL BALANCE: **301,515,710.75** (E)

UNRESERVED FUND BALANCE, SCHEDULE IC (Line K) **301,515,710.75** (F)

DIFFERENCE: **0.00** (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IC: RECONCILIATION OF UNRESERVED FUND BALANCE

Department Title:	Budget Period: 2025 - 2026
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 6/30/2024		SWFS* Adjustments	Adjusted Balance
Chief Financial Officer's (CFO) Cash Balance	63,950,252.15	(A)	-	63,950,252.15
ADD: Other Cash (See Instructions)	-	(B)	-	-
ADD: Investments	-	(C)	-	-
ADD: Outstanding Accounts Receivable	49,496,772.00	(D)	-	49,496,772.00
ADD: _____	-	(E)	-	-
Total Cash plus Accounts Receivable	113,447,024.15	(F)	-	113,447,024.15
LESS Allowances for Uncollectibles	-	(G)	-	-
LESS Approved "A" Certified Forwards	32,517,683.01	(H)	-	32,517,683.01
Approved "B" Certified Forwards	-	(H)	-	-
Approved "FCO" Certified Forwards	-	(H)	-	-
LESS: Other Accounts Payable (Nonoperating)	-	(I)	-	-
LESS: _____	-	(J)	-	-
Unreserved Fund Balance, 07/01/24	80,929,341.14	(K)	-	80,929,341.14 **

Notes:

*SWFS = Statewide Financial Statement

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

RECONCILIATION: BEGINNING TRIAL BALANCE TO SCHEDULE I and IC

Budget Period: 2025 - 2026

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, 07/01/24	
Total all GLC's 5XXXX for governmental funds; GLC 539XX for proprietary and fiduciary funds	<input type="text" value="80,944,999.14"/> (A)
Subtract Nonspendable Fund Balance (GLC 56XXX)	<input type="text" value="0.00"/> (B)
Add/Subtract Statewide Financial Statement (SWFS)Adjustments :	
SWFS Adjustment # and Description	<input type="text"/> (C)
SWFS Adjustment # and Description	<input type="text"/> (C)
Add/Subtract Other Adjustment(s):	
Approved "B" Carry Forward (Encumbrances) per LAS/PBS	<input type="text"/> (D)
Approved FCO Certified Forward per LAS/PBS	<input type="text" value="0.00"/> (D)
A/P not C/F-Operating Categories (GLC 31500)	<input type="text" value="15,658.00"/> (D)
	<input type="text" value="0.00"/> (D)
	<input type="text" value="0.00"/> (D)
	<input type="text" value="0.00"/> (D)
ADJUSTED BEGINNING TRIAL BALANCE:	<input type="text" value="80,929,341.14"/> (E)
UNRESERVED FUND BALANCE, SCHEDULE IC (Line K)	<input type="text" value="80,929,341.14"/> (F)
DIFFERENCE:	<input type="text" value="0.00"/> (G)*

***SHOULD EQUAL ZERO.**

SCHEDULE IV-B FOR BACKGROUND SCREENING CLEARINGHOUSE

For Fiscal Year 2025-26



Fiscal Year 2025-26


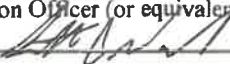



AGENCY FOR HEALTH CARE ADMINISTRATION

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SCHEDULE IV-B FOR BACKGROUND SCREENING CLEARINGHOUSE

Schedule IV-B Cover Sheet

Schedule IV-B Cover Sheet and Agency Project Approval	
Agency: Agency for Health Care Administration	Schedule IV-B Submission Date: 10/15/2024
Project Name: Background Screening Clearinghouse	Is this project included in the Agency's LRPP? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
FY 2025-26 LBR Issue Code: 36306C0	FY 202526 LBR Issue Title: 36306C0: BACKGROUND SCREENING CLEARINGHOUSE
Agency Contact for Schedule IV-B (Name, Phone #, and E-mail address): Taylor Haddock, (850) 228-6437, taylor.haddock@ahca.myflorida.com	
AGENCY APPROVAL SIGNATURES	
I am submitting the attached Schedule IV-B in support of our legislative budget request. I have reviewed the estimated costs and benefits documented in the Schedule IV-B and believe the proposed solution can be delivered within the estimated time for the estimated costs to achieve the described benefits. I agree with the information in the attached Schedule IV-B.	
Agency Head: 	Date: 10/14/2024
Printed Name: Secretary Jason Weida	
Agency Chief Information Officer (or equivalent): 	Date: 10-10-2024
Printed Name: Scott Ward	
Budget Officer: 	Date: 10/11/24
Printed Name: La-Shonna Austin	
Planning Officer: 	Date: 10/10/2024
Printed Name: Taylor Haddock	
Project Sponsor: 	Date: 10/11/2024
Printed Name: Kim Smoak	
Schedule IV-B Preparers (Name, Phone #, and E-mail address):	
Business Need:	Taylor Haddock, 850-228-6437, taylor.haddock@ahca.myflorida.com
Cost Benefit Analysis:	Taylor Haddock, 850-228-6437, taylor.haddock@ahca.myflorida.com
Risk Analysis:	Taylor Haddock, 850-228-6437, taylor.haddock@ahca.myflorida.com
Technology Planning:	Taylor Haddock, 850-228-6437, taylor.haddock@ahca.myflorida.com
Project Planning:	Taylor Haddock, 850-228-6437, taylor.haddock@ahca.myflorida.com

General Guidelines

The Schedule IV-B contains more detailed information on information technology (IT) projects than is included in the D-3A issue narrative submitted with an agency's Legislative Budget Request (LBR). Schedule IV-B compiles the analyses and data developed by the agency during the initiation and planning phases of the proposed IT project. Schedule IV-B must be completed for all IT projects when the total cost (all years) of the project is \$1 million or more.

Schedule IV-B is not required for requests to:

- Continue existing hardware and software maintenance agreements,
- Renew existing software licensing agreements that are similar to the service level agreements currently in use, or
- Replace desktop units ("refresh") with new technology that is similar to the technology currently in use.
- Contract only for the completion of a business case or feasibility study for the replacement or remediation of an existing IT system or the development of a new IT system.

Documentation Requirements

The type and complexity of an IT project determines the level of detail an agency should submit for the following documentation requirements:

- Background and Strategic Needs Assessment
- Baseline Analysis
- Proposed Business Process Requirements
- Functional and Technical Requirements
- Success Criteria
- Benefits Realization
- Cost Benefit Analysis
- Major Project Risk Assessment
- Risk Assessment Summary
- Current Information Technology Environment
- Current Hardware/Software Inventory
- Proposed Technical Solution
- Proposed Solution Description
- Project Management Planning

Compliance with s. 216.023(4)(a)10, F.S. is also required if the total cost for all years of the project is \$10 million or more.

A description of each IV-B component is provided within this general template for the benefit of the Schedule IV-B authors. These descriptions and this guidelines section should be removed prior to the submission of the document.

Sections of the Schedule IV-B may be authored in software applications other than MS Word, such as MS Project and Visio. Submission of these documents in their native file formats is encouraged for proper analysis.

The Schedule IV-B includes two required templates, the Cost Benefit Analysis and Major Project Risk Assessment workbooks. For all other components of the Schedule IV-B, agencies should submit their own planning documents and tools to demonstrate their level of readiness to implement the proposed IT project. It is also necessary to assemble all Schedule IV-B components into one PDF file for submission to the Florida Fiscal Portal and to ensure that all personnel can open component files and that no component of the Schedule has been omitted.

Submit all component files of the agency's Schedule IV-B in their native file formats to the Office of Policy and Budget and the Legislature at IT@LASPBS.STATE.FL.US. Reference the D-3A issue code and title in the subject line.

I. Schedule IV-B Business Case – Strategic Needs Assessment

A. Background and Strategic Needs Assessment

1. Business Need

The Florida Care Provider Background Screening Clearinghouse (Clearinghouse) represents a pioneering national enterprise system that delivered significant cost savings of \$20.2 million during the last fiscal year, accumulating \$143.9 million since its inception. Situated under the Agency for Health Care Administration (AHCA), this system initially drew inspiration from an existing AHCA application. It underwent an expansion to evolve into an all-encompassing enterprise system, allowing seven designated agencies as outlined in the statute (AHCA, DOH, DOEA, DCF, APD, DJJ, DOE) to collaborate in sharing criminal history results to determine eligibility for both providers and their staff, by statutory regulations.

Chapter Law 2023-220, Section 435.12, F.S., added the requirement for the Department of Education (DOE) (all instructional and non-instructional employees and contractors, student teachers, and persons participating in a field experience of any district school system or university lab school, the Florida School for the Deaf and the Blind, the Florida Virtual School/virtual instruction programs, Charter schools, School of Hope, Alternative schools, and Early Learning Coalitions) and Qualified Entities to initiate screenings and maintain an employee roster through the Clearinghouse. Qualified Entities are a business or organization, whether public, private, operated for profit, operated not for profit, or voluntary, which provides care or care placement services, including a business or organization that licenses or certifies others to provide care or care placement services. DOE entities are expected to be implemented in the Clearinghouse January 1, 2025, and Qualified Entities by January 1, 2026. There are over 10,000 Qualified Entities that may utilize the Clearinghouse submitting over 230,000 screenings annually and the Chapter Law 2023-220 was passed with no appropriation added for AHCA to be able to implement Qualified Entities into the Clearinghouse.

In addition to implementing Qualified Entities, the Clearinghouse is required by law to begin retention of fingerprints by the Federal Bureau of Investigation in the national retained print arrest notification program (National Rap Back) as soon as the Department of Law Enforcement (FDLE) begins participation in such program. Arrest prints will be searched against retained prints at the Federal Bureau of Investigation and notification of arrests from out of state will be reported to the AHCA for inclusion in the Clearinghouse. It is expected that FDLE will be ready to implement National Rap Back in the Clearinghouse in Fiscal Year 2025.

2. Business Objectives

- **Enhance Cost Savings:** Continuously improve the efficiency of the Clearinghouse system to achieve additional cost savings for taxpayers and businesses. Aim to surpass the previous fiscal year's savings of \$20 million and increase the cumulative savings since inception, currently at \$143.9 million.
- **Streamline Provider Renewals:** Further, streamline the renewal process for providers by optimizing the Clearinghouse system. Aim to reduce processing time and paperwork, improving the user experience for providers.
- **Ensure Compliance:** Ensure strict adherence to Chapter Law 2023-220, Section 435.12, F.S., by consistently and accurately determining the eligibility of Qualified Entity employees and other specified positions requiring background checks.
- **Expand Agency Participation:** Facilitate the participation of Qualified Entities in sharing criminal history results via the Clearinghouse. Work towards making the system genuinely enterprise wide.
- **Improve Data Sharing:** Continuously enhance the data-sharing capabilities of the Clearinghouse system to provide timely and accurate criminal history results to the participating agencies. Aim to reduce processing times and improve data accuracy.
- **Enhance User Experience:** Focus on improving the user experience for both agencies and providers utilizing the Clearinghouse system. This includes providing user-friendly interfaces, clear communication, and responsive customer support.
- **Expand Eligibility Determination:** Explore opportunities to expand the eligibility determination

services beyond the specified agencies and positions outlined in Chapter 2023-220, Section 435.12, F.S., to potentially include other roles that require background checks for the safety and well-being of the community. Connect with the Florida Department of Law Enforcement to implement the National Rap Back program to all agencies in the Clearinghouse.

- **Increase System Security:** Continuously enhance the security measures of the Clearinghouse system to safeguard sensitive personal information and criminal history data, ensuring compliance with data privacy regulations.
- **Measure and Report Performance:** Implement key performance indicators (KPIs) to measure the effectiveness and efficiency of the Clearinghouse system regularly. Produce reports and assessments to demonstrate the system's value and impact.
- **Legal Compliance:** Stay updated with changes in relevant statutes and regulations, ensuring that the Clearinghouse system remains fully compliant with all legal requirements and adapts to any changes promptly.
- **Training and Education:** Develop and deliver training programs and educational resources for agency personnel and providers to ensure they understand the Clearinghouse system's processes and requirements.

B. Baseline Analysis

1. Current Business Process(es)

The NASCIO award-winning Florida Care Provider Background Screening Clearinghouse (Clearinghouse) is a first-in-the-nation enterprise system established by law in 2012 to be a single data source for background screening results of persons required by law to undergo screening for employment in positions that provide services to vulnerable populations. The Clearinghouse allows the results of criminal history checks to be shared among seven specified agencies when a person has applied to volunteer, be employed, be licensed, or enter a contract requiring a state and national fingerprint-based criminal history check. The Clearinghouse is housed and managed by the Agency for Health Care Administration (AHCA) and is used by seven other state agencies, listed below:

- Department of Health (DOH)
- Department of Children and Families (DCF)
- Agency for Persons with Disabilities (ADP)
- Department of Elder Affairs (DOEA)
- Department of Juvenile Justice (DJJ)
- Department of Education - Division of Vocational Rehabilitation (VR)
- Florida Medicaid (MED)
- Florida Department of Education (DOE) (ongoing project)

Since implementation, Clearinghouse has processed over 7.5 million background screenings, over 350,000 arrests (rap backs), and saved providers over \$145 million in duplicative screenings.

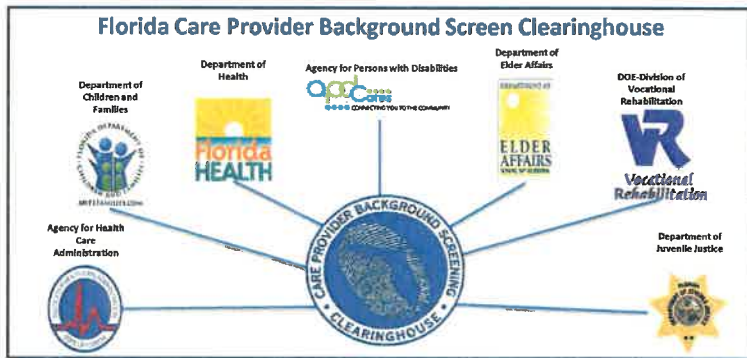


Figure 1: Clearinghouse - Agencies Model

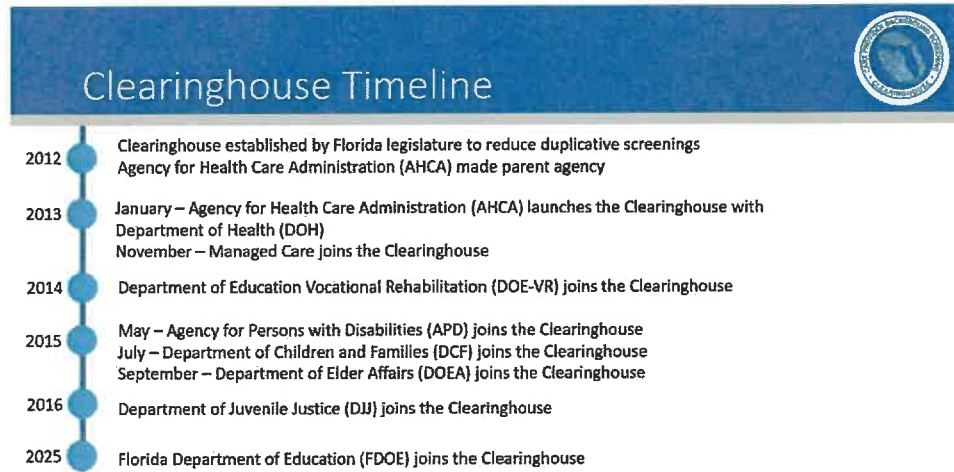


Figure 2: Clearinghouse – Historical Timeline

CHAI Processes:

The Clearinghouse Applicant Initiated Website (CHAI) is a self-service web application for applicants to renew their fingerprints without a provider involved. This application is only available to applicants using a Department of Health Originating Agency Identifier (ORI). The CHAI application allows users to create accounts to request and pay for renewal or initiate a new screening.

SCHEDULE IV-B FOR BACKGROUND SCREENING CLEARINGHOUSE

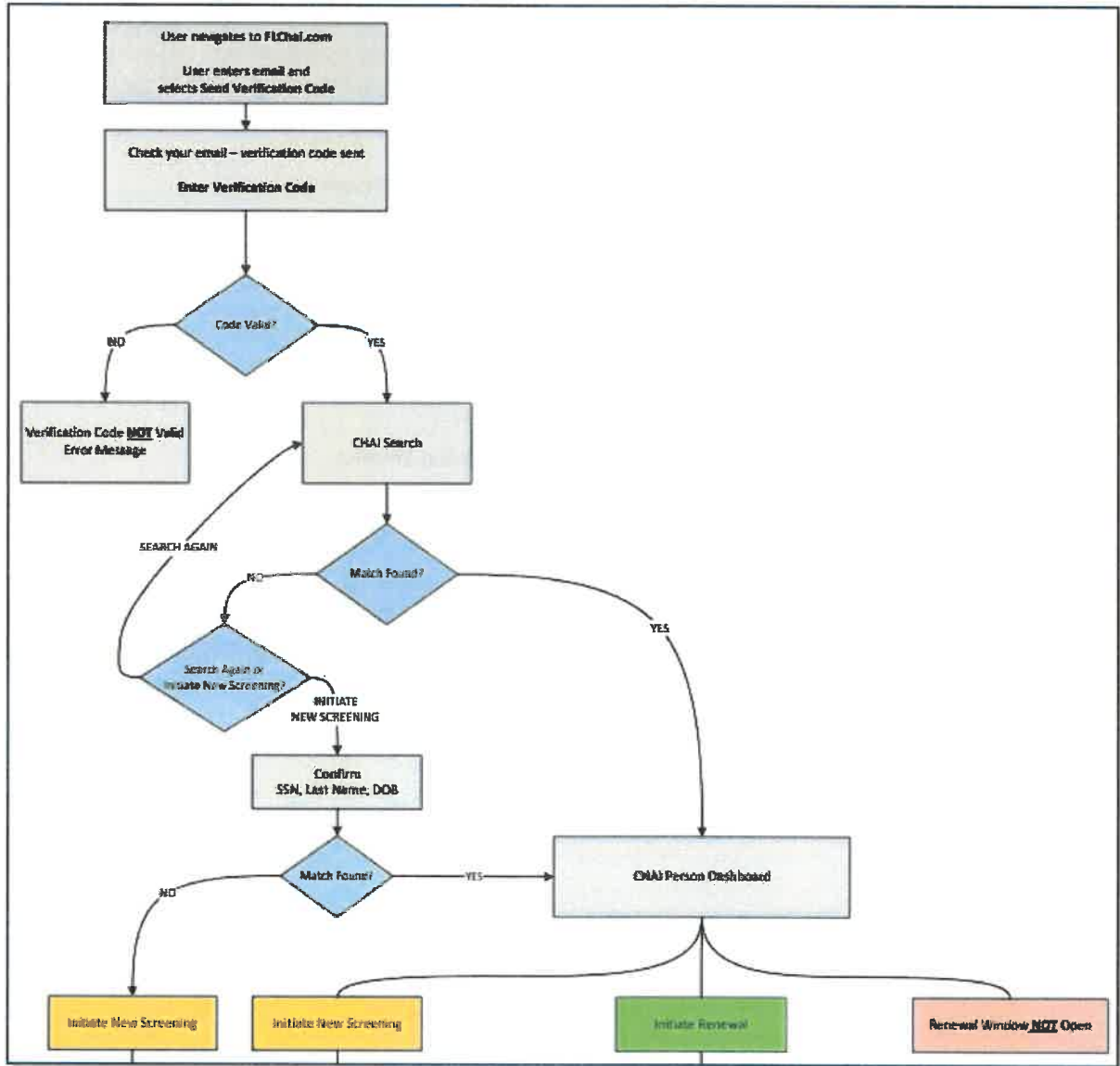


Figure 3: CHAI Processes - Part I

SCHEDULE IV-B FOR BACKGROUND SCREENING CLEARINGHOUSE

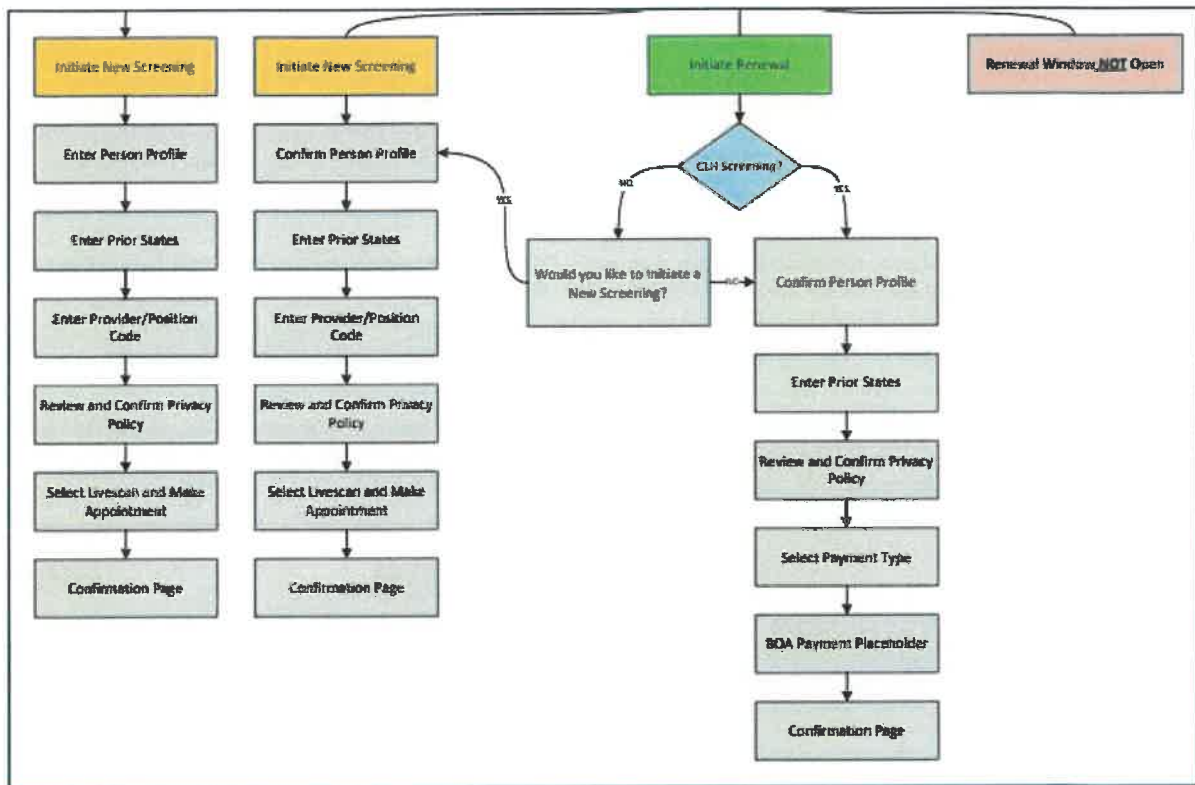


Figure 4: CHAI Processes - Part II

SCHEDULE IV-B FOR BACKGROUND SCREENING CLEARINGHOUSE

CRW Processes:

The Clearinghouse Results Website (CRW) process is a web-based process for healthcare providers in Florida to initiate and track background screenings for their employees and contractors. The process begins with the provider creating a personal profile for each employee or contractor. Once the person profile is created, the provider can initiate a background screening by selecting the appropriate screening type and provider/position. The provider must also confirm the person's privacy policy before proceeding.

The CRW process then checks the person's name against the Office of the Inspector General (OIG) Exclusion List to ensure that they are not ineligible for healthcare employment. If the person is not on the OIG Exclusion List, the CRW process will then submit the person's fingerprints to the Florida Department of Law Enforcement (FDLE). The FDLE will then forward the fingerprints to the Federal Bureau of Investigation (FBI) for a criminal history background check.

Once the FBI has completed the criminal history background check, the results will be sent back to the FDLE and then to the CRW. The CRW will then notify the provider of the results of the background screening. The provider can then review the results and decide whether to hire the employee or contractor.

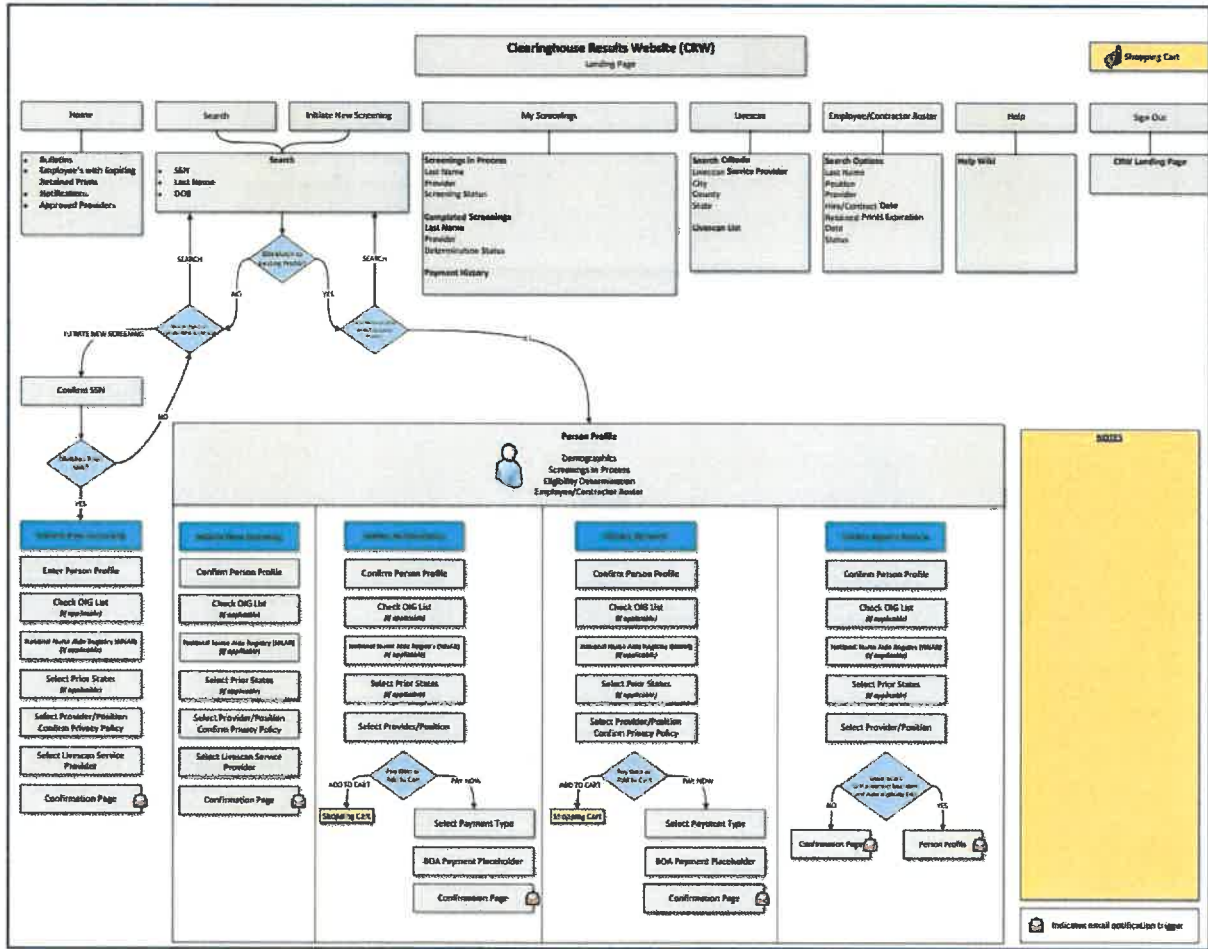


Figure 5: CRW Processes

SCHEDULE IV-B FOR BACKGROUND SCREENING CLEARINGHOUSE

CSMS Processes:

The Clearinghouse Screening Management System (CSMS) is an enterprise secured web application which allows Background Screening (BGS) Analysts the ability to process and maintain the results of criminal history checks. CSMS allows work items to be assigned to analysts or escalated to a supervisor, enables exemption applications and exchange of correspondence relating to an applicant’s eligibility, and allows analysts to view the raw results data of screening results for an individual and make eligibility determinations.

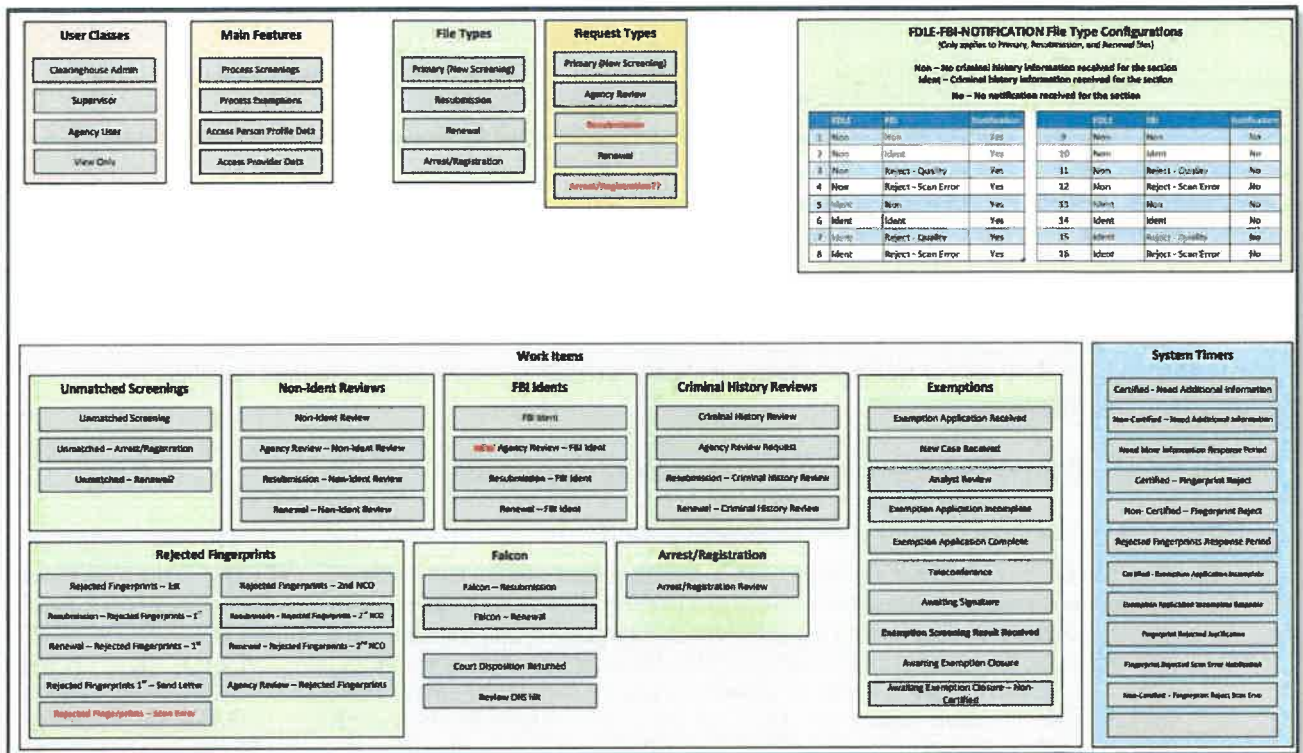


Figure 6: CSMS Processes

2. Assumptions and Constraints

This project is dependent upon a wide range of assumptions and constraints. Assumptions refer to things which are based on functional, technical, statutory, and/or best practices, believed to have potential impact on the overall goals of the project. Constraints are defined as things that are known to prevail today or will be required in the future, which limit or influence subsequent functionality, the technical environment, budgets, implementation planning, project execution, and operations and maintenance activities.

Assumptions

- There will be commitment to the Project goals from all stakeholders.
- The Project budget will be fully funded and in no jeopardy of being refunded.
- The Project schedule will be used to establish and monitor scope and progress of tasks supporting defined milestones and deliverables.
- Revisions to the Project schedule will follow the established Project Management Professional (PMP) change management process.
- All core functionality to be included in the solution will be identified as part of the requirements gathering.

SCHEDULE IV-B FOR BACKGROUND SCREENING CLEARINGHOUSE

- Any significant Legislative, business requirement, or policy changes during the Project that materially impact the Project will follow the change control process as defined in the PMP.
- Agency-specific software customization will be minimal.
- The project will use the latest version of the background screening systems (CSMS, CRW, CHAI).
- Resources will be available to support the agreed upon schedule.
- The project will comply with Chapter 60GG-1, F.A.C., Florida Information Technology Project Management and Oversight Standards.
- The Clearinghouse team has sufficient knowledge to manage screenings for Qualified Entities.
- The Clearinghouse team has expertise in managing the National Rap Back program.
- The proposed solution will be compliant with all applicable laws and regulations.
- The Clearinghouse can handle the increased volume of background screenings that would result from the addition of the screening of Qualified Entities and National Rap Back
- There will be sufficient and adequate responses from the vendor community regarding contracted services.

Constraints:

- Project activities, schedules, and milestones depend on the appropriate funding.
- State statutory changes, changes in administrative rules, and Agency policy changes could affect the project.
- There is a limit to the workload that Agency staff can dedicate to the Qualified Entities and National Rap Back project.
- System downtime or technical glitches could disrupt background screening processes and eligibility determinations.

C. Proposed Business Process Requirements

1. Proposed Business Process Requirements

We are in the process of adding the Volunteer Employment Criminal History System (VECHS) to the Care Provider Background Screening Clearinghouse once permitted by the Florida Department of Law Enforcement (FDLE). The VECHS program was implemented in 1999 and is authorized by the National Child Protection Act (NCPA) (1993), as amended, and Florida Statute 943.0542 (1999). National Rap Back is a subscription service that allows authorized agencies to be notified immediately of national based (not limited to Florida) criminal activity involving individuals working with vulnerable populations. However, we do not yet have the Proposed Business Process Requirements (PBPRs) in place. The PBPRs will define the specific steps and procedures that the VECHS, National Rap Back, and the Clearinghouse will need to follow to exchange criminal history information. Once the PBPRs are developed and approved, we will be able to begin the process of implementing the necessary changes to the Clearinghouse system. We anticipate that this process will take several months to complete for the VECHS implementation. It is currently unknown at this time, based on FDLE's progression with the National Rap Back system on when it will be able to be completed and implemented in the Clearinghouse system.

2. Rationale for Selection

- The Clearinghouse is a proven and successful system that is already being used by seven other state agencies to share criminal history information.
- The Clearinghouse is scalable and can be easily adapted to accommodate the needs of screening of Qualified Entities and include National Rap Back program.
- The Clearinghouse is compliant with all applicable laws and regulations, including Chapter Law 2023-220, Section 435.12, F.S. which requires the Agency for Health Care Administration (AHCA) to determine the eligibility of Qualified Entities employees. In addition, using the Clearinghouse will save taxpayers money by avoiding duplicative screenings and streamlining renewals. It will also help to protect the public by ensuring that volunteers or employees have a clean criminal history record.

Finally, the Clearinghouse is the only solution that can be used to meet the VECHS and National Rap Back program specific requirements. For example, the agencies needs to be able to share criminal history information with other state entities. The Clearinghouse is already integrated with the National Fingerprint File (NFF), which means that the agencies will be able to share information with other states through the Clearinghouse.

3. Recommended Business Solution

The recommended business solution for screening Qualified Entities and onboarding National Rap Back to Clearinghouse is to use the existing Clearinghouse system. The Clearinghouse is a proven and successful system that is already being used by seven other state agencies to share criminal history information. It is scalable and can be adapted to accommodate the needs as stated in Chapter Law 2023-220, Section 435.12, F.S.

In addition, using the Clearinghouse will save taxpayers money by avoiding duplicative screenings and streamlining renewals. It will also help to protect the public by ensuring that volunteers and employees serving the State of Florida have a clean criminal history record.

To add the VECHS and National Rap Back program results to the Clearinghouse, the following step will need to be taken:

- The AHCA will need to make the necessary changes to the Clearinghouse system to accommodate the VECHS and National Rap Back results.

D. Functional and Technical Requirements

- The system should allow screening and determine eligibility for employees, volunteers, and people applying to be employees or volunteers.
- The system should maintain and provide national criminal history data to qualified entities, which can use this data solely to screen employees, volunteers, or applicants for such positions.
- The system should store data for registered qualified entities and provide this information free of charge to all registered qualified entities. The database must include, at a minimum, the name, address, and phone number of each qualified entity.
- AHCA will use the disqualifying offenses in s. 435.04(2),F.S., for the eligibility determinations.
- Beginning January 1, 2026, or a later date determined by the Agency:
 - Athletic coaches and their independent sanctioning authorities *MAY* participate in the Clearinghouse.
 - Those screenings will be disqualified based on s. 435.04,F.S., **AND** must complete an exemption if needed.
 - The Clearinghouse *MAY* provide the entire criminal history to the qualified entity only if the person challenges the record or requests an exemption.
- Any delinquent act committed in this state, or any delinquent or criminal act committed in another state or under federal law which, if committed in this state, qualifies an individual for inclusion on the Registered Juvenile Sex Offender List under s. 943.0435(1)(h)1. d,F.S.
- Tracks screenings from the time the screening request is initiated in the Clearinghouse until a determination is made.
- Provides email notification to the provider user regarding status updates to each request initiated.
- The system should allow the providers to search for live scan Service Providers by entering certain criteria (country, name, etc.) and connect to the fingerprint service provider's website to make appointments.
- The system should allow providers access to the Public Record version of the State criminal history record for review by the provider initiating the original screening; and
- The system should maintain an employee roster by entering hire and separation dates for each employee. This facilitates a notification to the employer if the eligibility status of an employee changes.

II. Success Criteria

SUCCESS CRITERIA TABLE				
#	Description of Criteria	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
1	Cost savings - The Background Screening Clearinghouse will save taxpayers and businesses money by avoiding duplicative screenings and streamlining renewals.	The cost savings will be measured by comparing the cost of the Clearinghouse system to the cost of the previous system used by the AHCA and the other participating agencies.	Providers and Agencies	06/27
2	Efficiency - The Background Screening Clearinghouse will streamline the background screening process and make it more efficient for both providers and agencies.	The efficiency of the Clearinghouse system will be measured by comparing the time it takes to complete a background screening using the Clearinghouse system to the time it took to complete a background screening using the previous system.	Providers and Agencies	01/25
3	Accuracy - The Background Screening Clearinghouse will provide accurate and reliable criminal history information to agencies in the State of Florida.	The accuracy of the Clearinghouse system will be measured by comparing the criminal history information provided by the Clearinghouse system to the criminal history information provided by the Florida Department of Law Enforcement.	Providers and Agencies	01/25
4	Compliance - The Background Screening Clearinghouse will comply with all applicable laws and regulations, including Senate Bill 676 section 435.12, F.S., which requires the AHCA to determine the eligibility of employees and volunteers in the State of Florida.	The compliance of the Clearinghouse system will be assessed by conducting a legal review of the system and its procedures.	Providers and Agencies	01/25

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

A. Benefits Realization Table

For each tangible benefit, identify the recipient of the benefit, how and when it is realized, how the realization will be measured, and how the benefit will be measured to include estimates of tangible benefit amounts.

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Date (MM/YY)
1	Sharing of screening results due to not having to pay for duplicate screenings.	Agencies and VECHS providers	Previously beneficiaries would have to pay for a new screening whenever they moved from one district to another or from public to private. Now they original screening can be shared instead of paying for a new screening.	Estimated cost of \$75 per screening that does not need to be paid for times the number of requests to share a screening. Existing Clearinghouse providers have saved \$19 million a year in the last two years and \$145 million total since inception in 2013.	01/25 cost benefit analysis assumes a quarter of the savings being realized increasing to full realization in year 4 to be conservative.
2	Notification of arrests for disqualifying offenses	Agencies, and VECHS providers	Beneficiaries will receive notice of Florida arrests and whether or not that arrest makes an individual not eligible to work based on their criminal history thus helping to ensure the health safety and welfare of the student and vulnerable populations in Florida.	Number of arrest notices that result in a change in eligibility	01/25

B. Cost Benefit Analysis (CBA)

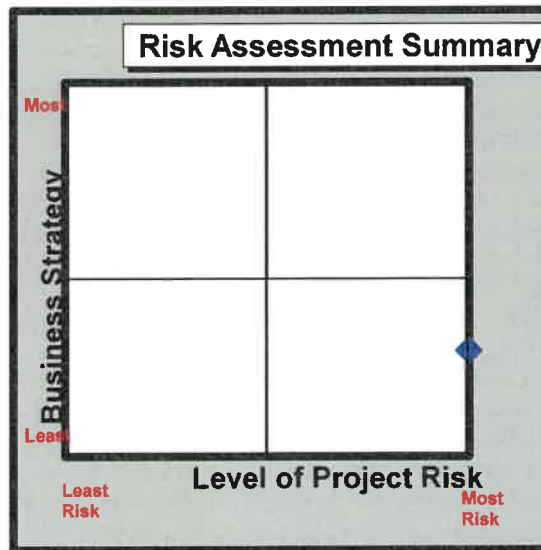
The chart below summarizes the required CBA Forms which are included as Appendix A on the Florida Fiscal Portal and must be completed and submitted with the Schedule IV-B.

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 2 - Project Cost Analysis	<p>Baseline Project Budget: Estimated project costs.</p> <p>Project Funding Sources: Identifies the planned sources of project funds, e.g., General Revenue, Trust Fund, Grants.</p> <p>Characterization of Project Cost Estimate.</p>
CBA Form 3 - Project Investment Summary	<p>Investment Summary Calculations: Summarizes total project costs and net tangible benefits and automatically calculates:</p> <ul style="list-style-type: none"> • Return on Investment • Payback Period • Breakeven Fiscal Year • Net Present Value • Internal Rate of Return

IV. Schedule IV-B Major Project Risk Assessment

The overall risk assessment of the project is rated as “High” based on the risk assessment tool. This rating reflects assessment ratings of “Medium” in two of the eight assessment areas and “High” in all eight areas. As would be expected at this early stage, the project carries some risk. It is expected that overall project risk will diminish significantly once details requirements are captured, and technology elements have been identified.

The overall risk assessment rating aligns with expectations for a project of this scope and type regardless of solution or approach. The areas where risks classified as “High” do exist, the risks are manageable and unlikely to undermine expected success or benefits of the program. Many of the areas with high classification risks will see a reduction within months of project start when a formal project management program, stakeholder sign-off, and requirements are identified. Until project scope and funding is approved, additional effort to reduce identified risks would be speculative at best.



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

V. Schedule IV-B Technology Planning

A. Current Information Technology Environment

1. Current System

- **BGS.ExternalWeb (BGS CRW) - Web application:** The BGS Clearinghouse Results web application (CRW) is deployed to the internet and is accessed through the AHCA single sign-on web portal. The CRW application used to be referred to as the external app, because it is the application used by the agency's licensed providers served through the Clearinghouse. CRW allows a user to search existing screenings, initiate a new screening, renew an expiring screening, locate a Livescan service provider, track and review screening results requested, and maintain employment statuses of facility applicants/employees.
- **BGS.InternalWeb (BGS CSMS) - Web application:** The Clearinghouse Screening Management System (CSMS) is the enterprise secured web application which allows BGS Analysts the ability to process and maintain the results of criminal history checks. CSMS allows work items to be assigned to analysts or escalated to a supervisor, enables exemption applications and exchange of correspondence relating to an applicant's eligibility, and allows analysts to view the raw results data of screening results for an individual and make eligibility determinations.
- **Chai.Web.Website - Web application:** The Clearinghouse Applicant Initiated Website (CHAI) is the self-service web application for applicants to renew their own fingerprints without a provider involved. Currently this application is only available to applicants who are using a Department of Health ORI. The CHAI application allows users to create their own account in order to request and pay for a renewal or initiate a new screening.
- **BGS.Clearinghouse.API:** The Clearinghouse API is a web service application to push and pull screening results to DOH via DOH web services.
- **BGS.LiveScan.Wcf WCF web service application:** The LiveScan Wcf is a web service application used by LiveScan service providers to upload photos to the AHCA file server, and to retrieve applicant and fingerprint appointment data.
- **BGS.LiveScan.CSV Console application:** The LiveScan Csv is a console application that runs on a scheduled job to process Service Provider Location files that have been uploaded to the AHCA FTP server by LiveScan Vendors.
- **BGS.Notification - Console application:** The Notification app is a console application that runs on a scheduled job to send email notifications regarding screening results. Its two primary functions:
 - create_notifications.bat
 - send_notifications.bat
- **BGS.Utility - Console application:** The Utility app is a console system responsible for running at least five different processes for importing, exporting as well as other data processing jobs.
 - court_dispositions.bat
 - process_rapback_files.bat
 - process_renewals_export.bat
 - process_result_files.bat
 - timer_job.bat
- **BGS.Clearinghouse.Wcf - WCF web service application:** The Clearinghouse Wcf is a web service application used by the SSO Provider Portal to look up provider information and coordinate provider data between SSO and the CRW application.
- **Verify.BGS.Eligibility - WCF web service application:** The Verify Eligibility Wcf is a web service application used by Online Licensing to verify eligibility and roster participation of provider staff.

a. Description of Current System

- Established by law in 2012 to reduce duplicative screenings.
- Provides a single data source for background screening results of persons required to be screened by law for employment in positions that provide services to children, the elderly, and disabled individuals.
- Allows the results of criminal history checks to be shared among specified agencies when a person has applied to volunteer, be employed, be licensed, or enter a contract that requires a state and national fingerprint-based criminal history check.

SCHEDULE IV-B FOR BACKGROUND SCREENING CLEARINGHOUSE

- Seven total state agencies participate in the Clearinghouse.

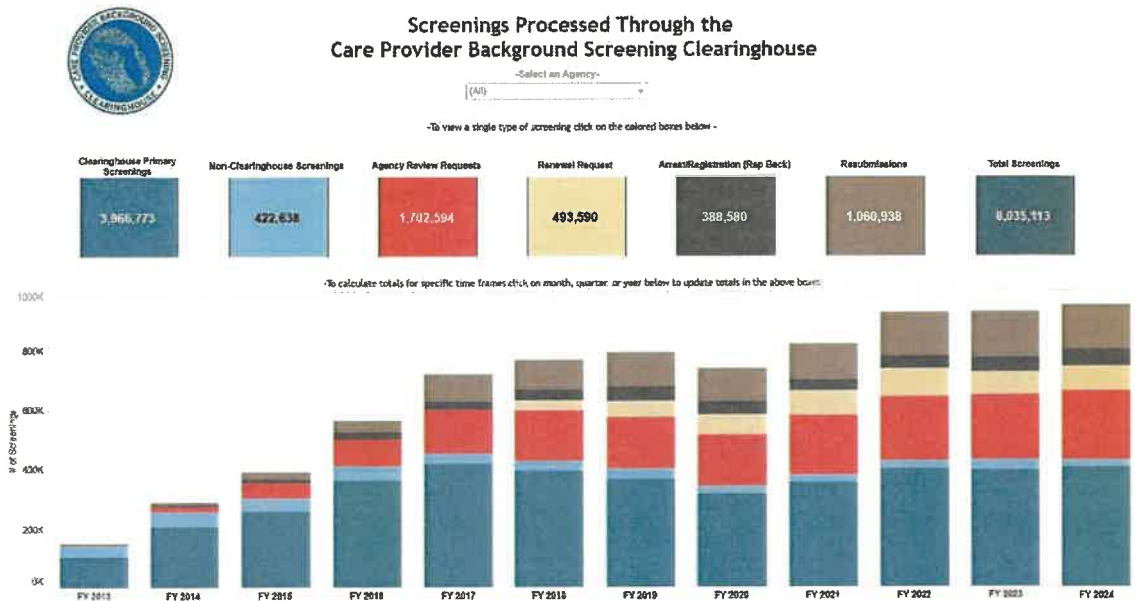


Figure 7 Clearinghouse Volume Data

b. Current System Resource Requirements

Resources Available:

- Project Manager (1)
- Business Analysts (3)
- Full Time Developers (3)
- Part Time Developers (1)
- FTE as BA (2)

c. Current System Performance

The Clearinghouse applications servers are in a secure area at Northwest Regional Data Center – Southwood Data Center (NWRDC-SDC) in Southwood, Tallahassee. Formal service level agreements exist in availability (network, application, and data), backups, and disaster recovery. Server and database performance are monitored daily to ensure adequate performance.

The clearinghouse application is a critical business system supporting current and project workloads. It is a mature, stable, and highly available application with few unplanned outages. However, the storage capacity of the current system is limited. Adding a new agency to the clearinghouse requires expanding the database, but the existing system architecture is robust enough to accommodate new agencies with minimal changes.

In other words, the clearinghouse application is a reliable and efficient system well-suited for handling current and future workloads. However, the system's storage capacity is limited, so it must be expanded to accommodate new agencies. The system architecture is flexible enough to allow this expansion with minimal changes.

The systems adhere to standards and guidelines published by the Florida Department of Management Services (DMS), including those listed below.

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

SCHEDULE IV-B FOR BACKGROUND SCREENING CLEARINGHOUSE

- Florida Cybersecurity Standards described in Florida Administrative Rule 60GG-2.001 through 60GG2.006, F.A.C.
- Information Technology Architecture Standards described in Florida Administrative Rule 60GG-5, F.A.C.

B. Current Hardware and/or Software Inventory

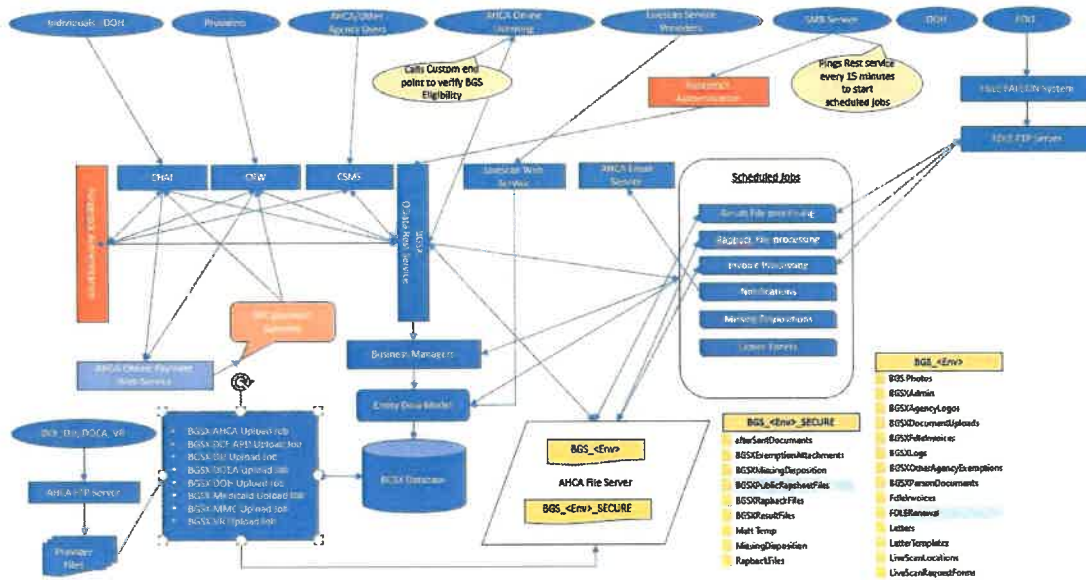


Figure 8: Clearinghouse Inventory

C. Proposed Technical Solution

This project does not propose to replace the current hardware and/or software of the Clearinghouse systems. Instead, this project requires us to incorporate VECHS and the National Rap Back Program into the existing Clearinghouse systems.

1. Technical Solution Alternatives

There are no other alternatives according to SB 676 Section 435.12, F.S., Agency for Health Care Administration is required to determine the eligibility of Florida Department of Education employees in any position that requires direct contact with students in:

- District schools
- Charter schools
- Private schools
- Noninstructional contractors in these schools.
- Florida High School Athletic Association officials.
- Persons seeking certification under 1012.56.

2. Rationale for Selection

No Applicable.

3. Recommended Technical Solution

Clearinghouse System as described in Figure 8: Clearinghouse Inventory above.

D. Proposed Solution Description

1. Summary Description of Proposed System

The current system has most of the functionality required to include the VECHS and National Rap Back. This means the overall architecture and the core functionality will remain the same. Currently VECHS processes over 233,865 submissions. The upgraded system will be able to process more data as the database expands.

This approach is often used when developing new versions of existing systems. It can save money, as the development team does not have to start from scratch. New functionality can be added without changing the overall architecture.

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

Legislative Budget for Fiscal Year 2025-2026

Title/Role	Number of Resources	Number of Hours	IT-SA Rate (Estimate)	Cost (Estimate)
Architect & Technical Lead	1	2,000	\$158.12	\$316,240.00
Business Process Consultant	4	8,000	\$113.29	\$906,320.00
Project Manager	1	2,000	\$145.00	\$290,000.00
Developers	4	8,000	\$123.43	\$987,440.00
Hardware and Software				\$150,000.00
Total		20,000		\$2,650,000.00

SCHEDULE IV-B FOR BACKGROUND SCREENING CLEARINGHOUSE

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

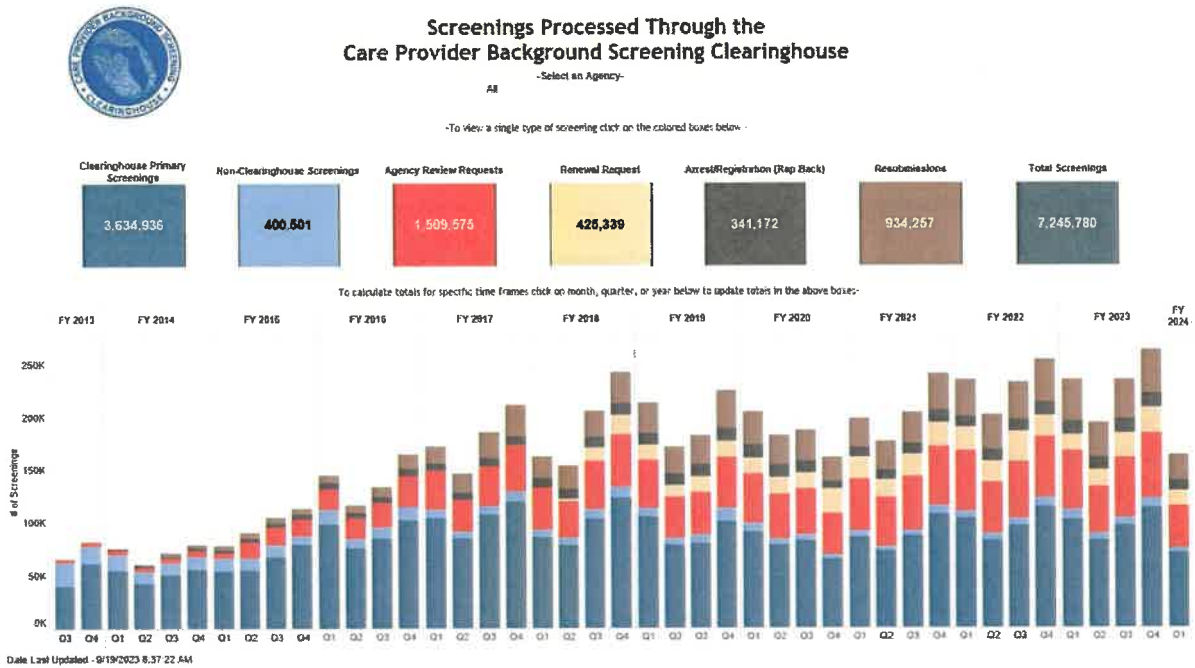


Figure 9: Actual Screenings Processed

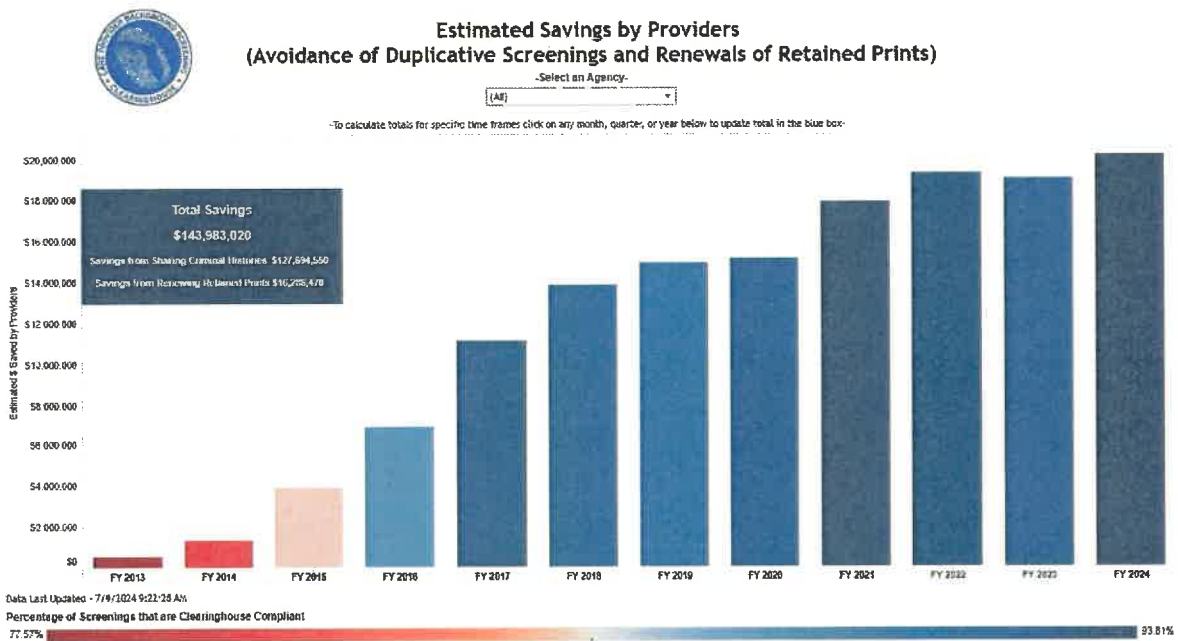


Figure 10: Estimated Savings

SCHEDULE IV-B FOR BACKGROUND SCREENING CLEARINGHOUSE

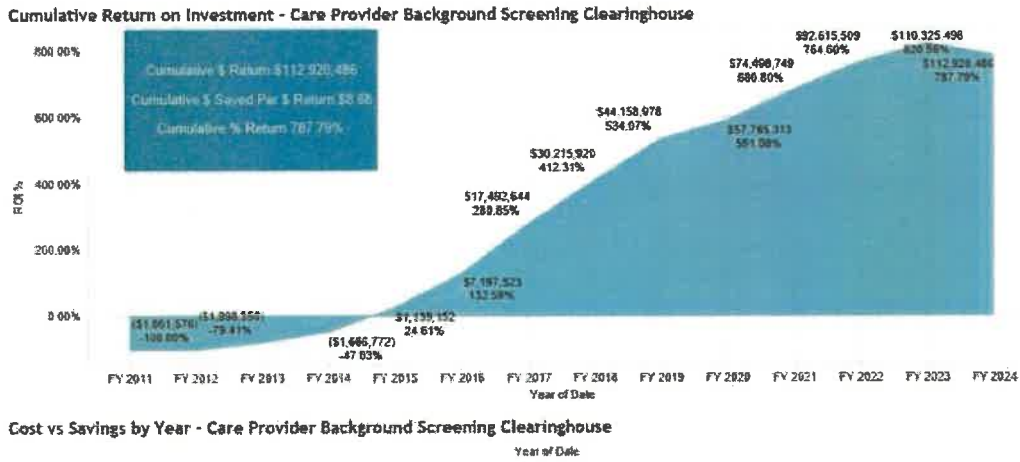
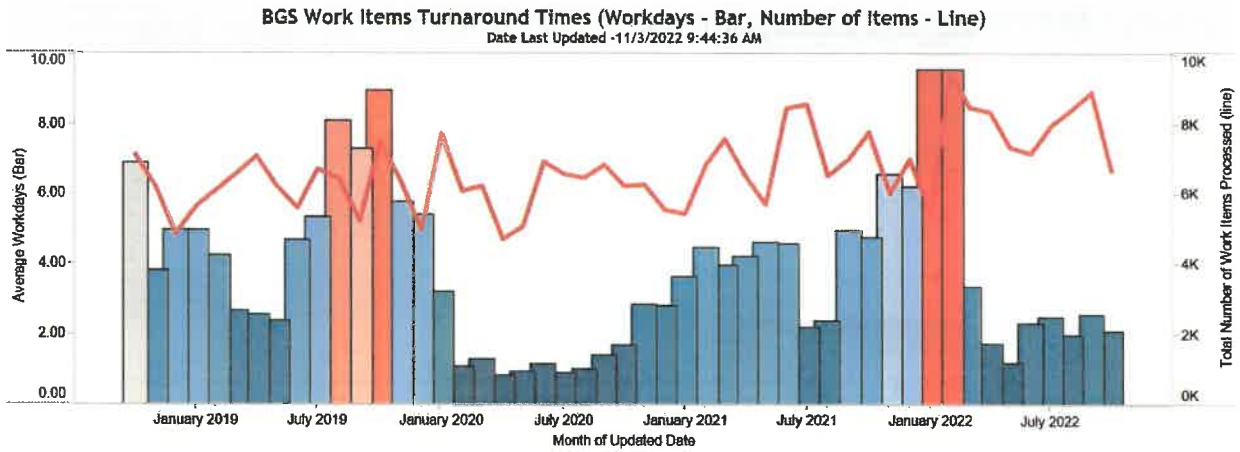


Figure 11: ROI and Cost vs Benefits

SCHEDULE IV-B FOR BACKGROUND SCREENING CLEARINGHOUSE



Select - Agency: AHCA
 Month of Updated Date: September 2018 to October 2022 and Null values
 Select - Type of Work Item: Multiple values
 Full Name: All

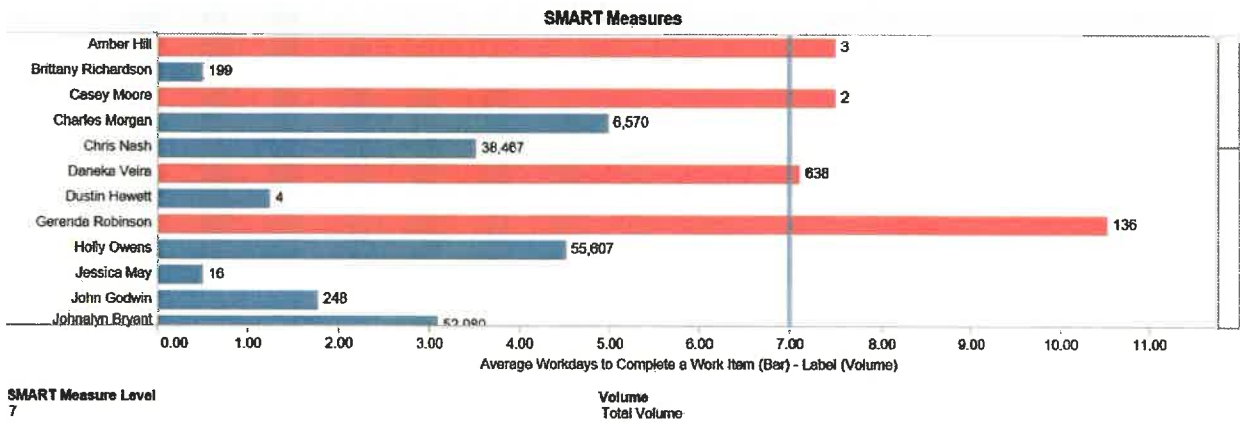


Figure 12: Work Items Turn Around

VI. Schedule IV-B Project Management Planning

The primary project management methodology used by AHCA is based on the Project Management Institute's (PMI) Project Management Framework and complies with Rule 60GG-1, F.A.C., Project Management and Oversight standards. The AHCA Project Management Office will adjust the project management approach and methodology as required.

The following control mechanisms will be applied to all phases of this project, including:

- Project Charter that conveys what will be accomplished by the project, signed, and authorized by the Project Executive Sponsor
- Project contract(s)
- Project Management Plan
- Baseline project schedule
- Project Change Management
- Organizational Change Management
- Quality Management
- Project Issues Log
- Project Risk Log
- Financial Management
- Reporting

The use of the project control framework indicated above, together with application of the Project Management Plan, will assist AHCA project managers in planning, executing, managing, administering, and controlling all phases of the project. Control activities will include, but may not be limited to:

- Monitoring project progress: identifying, documenting, evaluating, and resolving project related problems that may arise.
- Reviewing, evaluating and making decisions regarding proposed changes; Changes to project scope will be tightly controlled according to a documented change request, review and approval process agreed to by all stakeholders.
- Monitoring and taking appropriate actions regarding risks as required by the risk management plan.
- Monitoring and tracking issues as required by a documented issue reporting and management process.
- Monitoring the quality of project deliverables and taking appropriate actions with regard to any project deliverables that are deficient in quality.

VII. Appendices

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

A. Risk Assessment Tool

The Department's detailed responses to the Risk Assessment are in the following embedded document.



DOE Appendix B
Project Risk Assessm

B. Draft Project Schedule and Timeline

SCHEDULE IV-B FOR BACKGROUND SCREENING CLEARINGHOUSE



VECHS-NRB
Timeline.pdf



VECHS-NRB
Schedule MS Project

C. Glossary

Acronym	Description
AHCA	Agency for Health Care Administration
DOE	Department of Education
VECHS	Volunteer & Employee Criminal History System (VECHS)
DOH	Department of Health
DOEA	Department of Elderly Affairs
DCF	Department of Children and Families
APD	Agency for Person with Disability
DJJ	Department of Juvenile Justice
DOE-VR	Department of Education – Vocational Rehabilitation
CRW	Clearinghouse Results Website
CHAI	Clearinghouse Applicant Initiated
CSMS	Clearinghouse Screening Management System
BGS	Background Screening

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

For Fiscal Year 2025-26



SEPTEMBER 2024




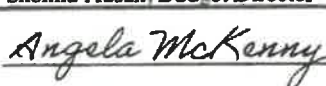
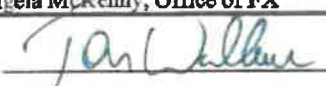
AGENCY FOR HEALTH CARE ADMINISTRATION

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SCHEDULE IV-B FOR FLORIDA HEALTH CARE CONNECTIONS (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:
Project Name: Florida Health Care Connections (FX)	Is this project included in the Agency's LRPP? ✓ Yes ___ No
FY 2025-26 LBR Issue Code:	FY 2025-26 LBR Issue Title: FMMS/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: 10/9/24
Printed Name: Jason Weida, Secretary	
Agency Chief Information Officer (or equivalent): 	Date: 9/5/24
Printed Name: Scott Ward, Chief Information Officer	
Budget Officer: 	Date: 9/17/24
Printed Name: La-Shonna Austin, Budget Director	
Planning Officer: 	Date: 9/5/24
Printed Name: Angela McKenny, Office of FX	
Project Sponsor: 	Date: 9/3/24
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.

I. 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 legacy Florida Medicaid Management Information System (FMMIS), Decision Support System (DSS), and fiscal agent which has been in operation since 2008. Ultimately, Medicaid Enterprise 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 is to transform the Medicaid Enterprise to provide the best value, highest quality health care to Floridians. Exhibit 1 highlights the strategic priorities for the FX Program.

TOP 5 STRATEGIC PRIORITIES 2020


- **Unify communications and business operations** through a Unified Operations Center
- **Reduce risk of integration and cost** to fiscal agent by accelerating 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

2. Business Objectives

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

The business objective of the FX Program is to replace the current FMMIS and fiscal agent operations with a system that is modular, interoperable, and scalable for the Florida Medicaid program that complies with all applicable federal and state laws and requirements. In accordance with Legislative requirements, the FX Program will 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 fiscal agent contract. The FX Program is organized into the four phases 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

The Agency will address the business objectives of the FX Program in SFY 2025-2026 by continuing projects in progress and planned for the year. The Agency will perform procurement activities or continue operating the services funded by the Legislature in Phase 1: Professional Services contracts, Phase 2: FX Infrastructure, and Phase 3: FX Modules to further the FMMIS/DSS/Fiscal Agent Contract Resolution. The Agency will also begin planning and procurement activities for Phase 4: Additional Medicaid Enterprise Systems.

3. 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 2024-2025 through 2028-2029 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.

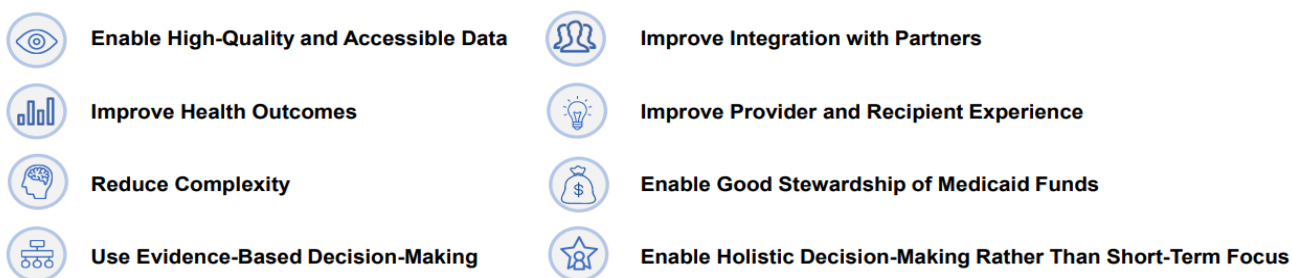


Exhibit 3: FX Guiding Principles

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.

4. **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 FX 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

5. **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. Effective July 1, 2024, and in compliance with the [Implementing the 2024-2025 General Appropriations Act](#), the FX Program governance framework is made up of a governing body, new advisory working groups, and project execution teams. The governance framework is documented in the [FX Governance Plan](#).

The FX Governance framework is divided into three discrete tiers of decision-making. Tier 1 is the FX Program execution level and is comprised of the FX Enterprise Program Management Office, Transformation Enablement Team, Continuing Oversight Teams, and Technology Teams including the Technology Standards Committee, Architecture Review Board, Enterprise Data Governance, and the Enterprise Release Group. Tier 1 enables projects to operate and resolve items independently and escalate decisions, changes, and other governance topics to Tier 2 and Tier 3 for awareness or approval.

The FX Enterprise Program Management Office is responsible for project, program, and portfolio management. 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 FX SharePoint, managing the integrated master program schedule and change, risk, action item, decisions, and lessons learned log, portfolio management, resource and capacity management, and compliance and administration including vendor management and program accountability.

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

The Agency established continuing oversight teams for each FX contract. The teams provide quarterly reports to the FX ESC summarizing the status of the contract, the pace of deliverables, the quality of deliverables, contractor responsiveness, and contractor performance.

The Technology Standards Committee (TSC) serves as a structure to define and communicate FX technology direction and provides approval on technology standard-related decisions. The TSC is responsible for creating specific rules to help identify new technologies and standards, approving or denying new Technology Standards Reference Model and Technology Standards Reference Guide list entries, and reviewing and approving or denying all technology standards.

The Architecture Review Board (ARB) serves as a single team of senior architects from the Agency, contracted staff, the EDW Vendor, the IS/IP Vendor, 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 the 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.

The Enterprise Data Governance (EDG) develops and implements standards, policies, and procedures to facilitate data quality improvement, management, and utilization across the FX Enterprise, proactively manage the enterprise data and analytics portfolio, individual data and information assets, data standards and specifications, and information life cycles, and develop technology standards recommendations and escalate to the TSC.

The Enterprise Release Group (ERG) manages and coordinates the release of software products. This includes planning, testing, and deploying software updates and new versions to various environments, such as development, staging, and production.

Tier 2 of FX Governance consists of two advisory groups, the FX Program Finance and Contracting Working Group, which replaces the previous Tier 2 Program Governance Group, and the FX State Agency Stakeholder Working Group. These working groups are responsible for developing and reviewing recommendations and advising the FX ESC.

The FX Program Finance and Contracting Working Group is chaired by the FX Director and focuses on financial and contractual aspects of FX. This group is responsible for reviewing the program status and all contract and program operations, policies, risks, and issues related to budget, reviewing spending plans and contractual obligations, developing recommendations to

bring to the FX ESC, and reviewing all change requests that impact the program's scope, schedule, or budget related to contract management and vendor payments and submit those recommended for adoption to the FX ESC. Members of this group include the Strategic Roadmap Manager, project managers, risk managers, FX Continuing Oversight Teams, Office of the General Counsel, and contract administration.

The FX State Agency Stakeholder Working Group is chaired by the FX Executive Sponsor and focuses on broader program operations and stakeholder engagement that impact external agencies. The chair is responsible for escalating recommendations developed by the group. The State Agency Stakeholder Working Group is comprised of representation from the FX Executive Sponsor, State Chief Information Officer or designee, Department of Children and Families, Department of Health, Department of Financial Services, Agency for Persons with Disabilities, Department of Elder Affairs, and Florida Healthy Kids Corporation.

Tier 3 of FX Governance is the FX ESC and Agency Secretary. The FX ESC and the Agency Secretary hold decision-making authority for the FX Program. Voting members of the ESC includes the Agency Secretary or FX Executive Sponsor and six representatives from the Agency. The FX ESC has the overall responsibility for ensuring that the program to replace FMMIS and the Medicaid fiscal agent meets its primary objectives and must:

- (1) identify and recommend 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 to standardize, to the fullest extent possible, the state's health care data and business processes;
- (2) review and approve any changes to the program's scope, schedule, and budget;
- (3) review and approve any changes to the program's strategic roadmap;
- (4) review and approve change requests that impact the program's scope, schedule, or budget recommended for adoption by the program finance and contracting working group;
- (5) review recommendations provided by the program working groups;
- (6) review vendor scorecards, reports, and notifications produced by the continuing oversight teams;
- (7) ensure that adequate resources are provided throughout all phases of the project;
- (8) approve all major project deliverables; and
- (9) review and verify that all procurement and contractual documents associated with FX align with the scope, schedule, and anticipated budget for the program.

The FX Governance framework is illustrated in the exhibits below.

Florida Health Care Connections (FX) Executive Steering Committee

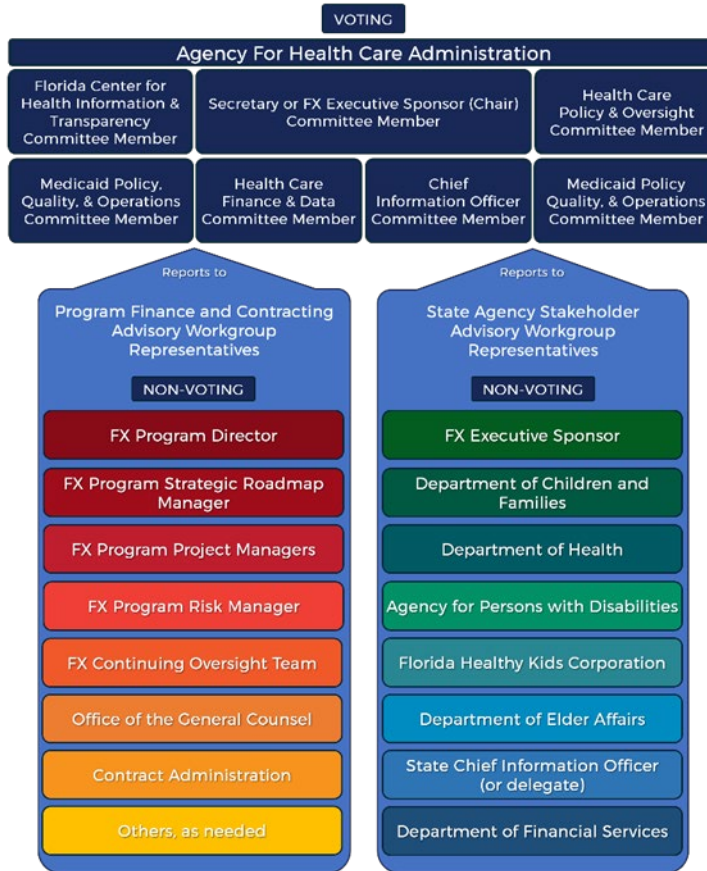


Exhibit 5: FX Executive Steering Committee

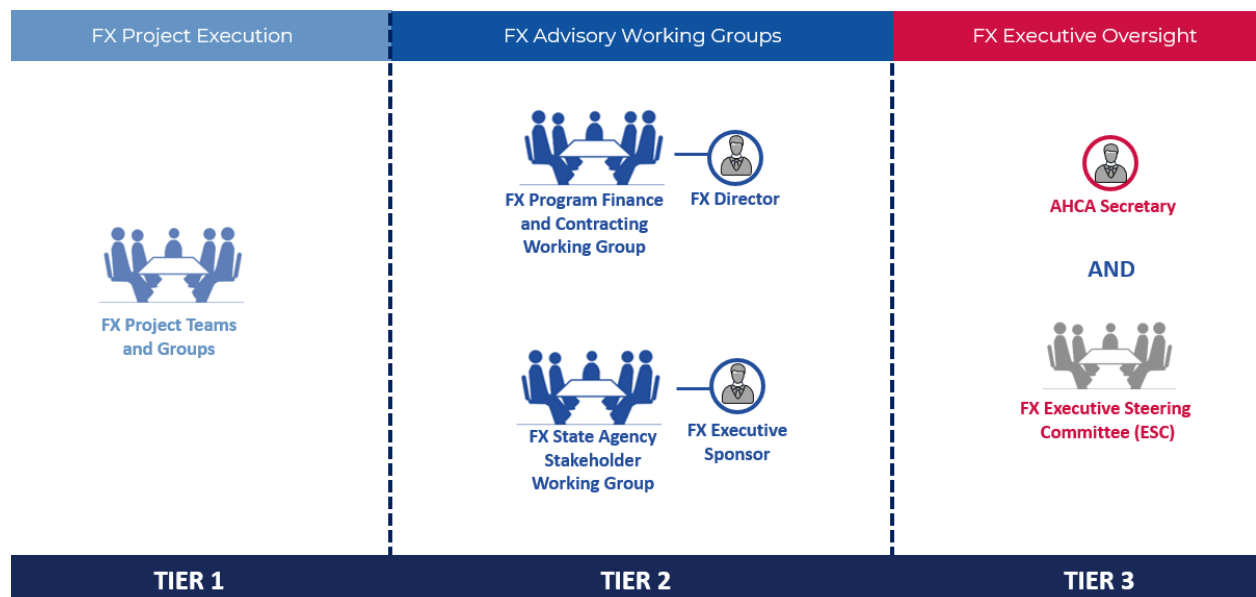


Exhibit 6: FX Governance Operating Structure

The FX Governance framework supports each phase of the FX Program. Each of the phases of the FX Program, illustrated in the above exhibit, 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.

6. 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 funding for the SEAS Vendor was reduced by the Florida Legislature for SFY 2024-2025. As a result, the Agency amended the SEAS Vendor contract to reflect the reduced budget and scope in [Amendment 12](#). The Agency assessed the contract to prioritize the services required from the SEAS Vendor while staying within the appropriated budget. The Agency requires the SEAS Vendor to continue to support strategic planning, financial management, and benefits realization for the FX Program. The Agency transitioned project and program management services, project delivery assurance, quality management, module DDI readiness support, business process analysis, and technical advisory services from the SEAS Vendor to the Agency, staff augmentation resources, and other vendors. The amended SEAS Vendor contract includes the following:

Strategic Planning

- Strategic advisory services for the Agency and executive-level communications support with the FX Executive Steering Committee, Executive Office of the Governor, Office of Policy and Budget, and Florida Legislature.
- Maintenance and revisions to the FX Strategic Plan such as reviewing FX strategic priorities based on federal and state direction, FX transformational progress, and Agency strategic initiatives.
- Maintenance and revisions to the FX Strategic Roadmap including conducting formal elaboration sessions with the Agency and FX vendors.
- FX Summit planning, leadership, and facilitation to promote collaboration, communication, and continuous improvement among FX module vendors.

Financial Management

- Maintain and update the FX Program budget planning tool which contains all historical, actual, and estimated future budget.
- Create budget scenarios based on changes to the FX Strategic Roadmap.
- Provide budget workbooks and cost analyses for planning documents submitted to federal and state entities.
- Provide analyses on proposed legislative budgets and assist with questions related to the FX budget.
- Develop preliminary and initial fiscal year spending plans and review monthly spending plans.

Benefits Realization Support

- Manage and conduct the ongoing benefits realization work within FX module teams.
- Collect and update baseline data as needed.
- Adjust benefit calculations and information based on changes with the FX Program.
- Provide a quarterly Benefits Realization Dashboard for the FX Program.

b. Independent Verification and Validation (IV&V)

The [Purchase Order](#) with NTT Data was renewed through June 30, 2025. 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 Rule [60GG-1 : Department of Management Services Project Management and Oversight - Florida Administrative Rules, Law, Code, Register - FAC, FAR, eRulemaking \(flrules.org\)](#).

In accordance with the (Florida) General Appropriations Act for State Fiscal Year 2024-2025, IV&V services must include (1) oversight of all Agency staff and vendor work needed to implement the project, (2) an annual, comprehensive assessment of the project schedules, and (3) a thorough review of all project budget requests and monthly and quarterly reporting submitted by the Agency to the Legislature.

7. 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).

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 Agency intends to re-procure the integration platform by Request for Quote and re-procure integration services by Request for Quote.

The Integration Platform serves as the centralized communication hub for all FX module communications as the interface through which all FX data is requested and returned. The Integration Platform went live in March 2021. 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. The components of the Integration Platform solution are illustrated in the exhibit below.

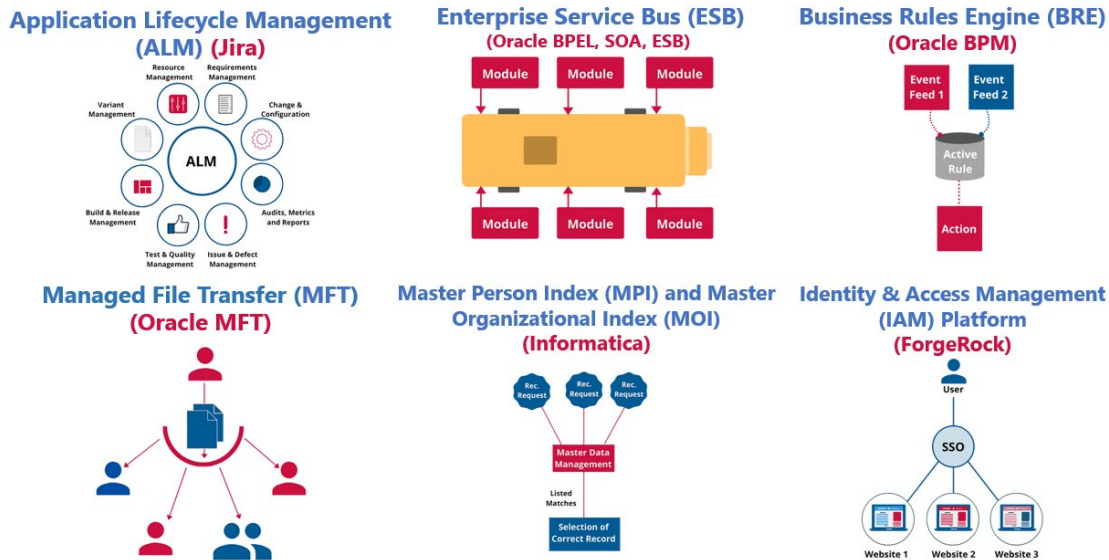


Exhibit 7: Integration Platform Components

The Application Lifecycle Management solution architecture provides a platform with a centralized application lifecycle management capability. The Enterprise Service Bus (ESB) supports various application integration architectures. It provides application connectivity, security checking, messaging and routing, transformation and formatting, and service interaction services. The Business Rules Engine provides consistent advice and policies across channels and business processes. It is a tool used for capturing, managing, deploying and automating legislation, regulations, requirements and other document-based policies.

The Managed File Transfer provides services to manage, monitor, and secure file transfers. It is protected using the standard WebLogic Service Security Roles, Users and Groups with integration to service-oriented architecture / Oracle service bus to extend business process for further orchestration and transformation. The IS/IP Master Organizational Index (MOI) and Master Person Index (MPI) solution architecture provides a platform to facilitate linking the organization and person among various future FX modules or other agency’s systems together. The IS/IP MOI/MPI can receive, cleanse, match, and connect organization and person information from various FX modules. It will also allow these modules to retrieve index information via services connected through the ESB system.

The IS/IP Vendor provides the Identity and Access Management solution, ForgeRock, and the Security Information and Event Management solution, Splunk. The Access Management solution provides a centralized authentication and authorization platform for applications and systems with features such as single sign-on, multifactor authentication, fine grained authorization, external user store, and identity proofing.

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.

During SFY 2025-2026, the IS/IP Vendor will complete module integration for the Provider Services Module, FX Provider Services Release, and FX Recipient Services Release.

b. Enterprise Data Warehouse (EDW)

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

The Agency and EDW Vendor implemented the EDW solution on April 9, 2024. The enterprise data service and analytic capabilities of the EDW solution allows 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 ODS replicates data from the legacy FMMIS in real-time or near real-time, and then transforms the information into the modernized data model and structures to serve the FX Enterprise. 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 implemented 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 the EDW Vendor are preparing for CMS certification of the EDW module. The Agency completed the Operational Readiness Review on March 19, 2024. Certification activities are planned to be completed within SFY 2024-2025.

The Agency and the EDW Vendor are preparing for the transition from legacy systems to the EDW. The EDW Vendor completed a gap analysis of data needs related to the legacy Decision Support System (DSS), the Automated Survey Processing Environment (ASPEN), VERSA Regulation Health Facility Licensing System, and the Background Screening Clearinghouse systems used by the Agency that will be transitioned to the EDW. Upon direction by the Agency, the EDW Vendor operations team will develop a transition strategy plan and roadmap that includes activities and time estimates for transitioning each system. The Agency intends to decommission the DSS during SFY 2024-2025.

The Provider Network Verification (PNV) will be transitioned from the legacy enrollment broker vendor to the EDW Vendor. Health plans submit PNV reports to the Agency for provider network adequacy validation. The EDW Vendor completed the foundation release for PNV in February 2024, which included implementing initial health plan provider network file processing, validation, and reporting; and implementing health plan network adequacy time and distance calculations and reporting. Next steps for the PNV transition will be planned when the activities are funded and prioritized.

Anubis is an SQL server containing extracts of claims, encounter, and eligibility data used by Medicaid Data Analytics to support the analysis and reporting needs of the Agency. Based on an FX assessment, Anubis will be retired with the decommissioning of the DSS and the data needs will be provided by the EDW.

The EDW Vendor supports module integration projects by providing the infrastructure and services associated with the data, content management, and reports integration design, development, and implementation for FX modules. During SFY 2025-2026, the EDW Vendor will support module integration for the Unified Operations Center (UOC) module and the Provider Services Module (PSM).

8. Phase 3: FX FMMIS Resolution

The Agency was authorized to renew the legacy FMMIS contract through December 31, 2027, by the [Implementing the 2024-2025 General Appropriations Act](#). The Agency, guided by the 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.

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. 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 (Core), Provider Services Module (PSM), and Pharmacy Benefits Management (PBM). Each of these modules are described in further detail in the sections that follow.

The implementation of Phase 3 began in SFY 2022-2023 and will be completed when 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%. CMS certification activities begin with preparation for the Operational Readiness Review prior to go-live implementation of a module and ends at least 6 months after implementation with the Certification Review and CMS approval.

During SFY 2024-2025, the FX Program was appropriated funding to continue operating the IS/IP and EDW foundational modules and continue implementation of the UOC and PSM. No funding was provided for Core and PBM. The Agency requests funding to complete Phase 3 module procurements and begin implementation, including Core and PBM, during SFY 2025-2026, to prioritize replacement of the FMMIS/DSS/Fiscal Agent contract as directed by the Legislature.

A visual depiction of the FX implementation strategy, which meets the objective of Phase 3, is provided below in the exhibit below.

FX Strategic Roadmap – Phase 3

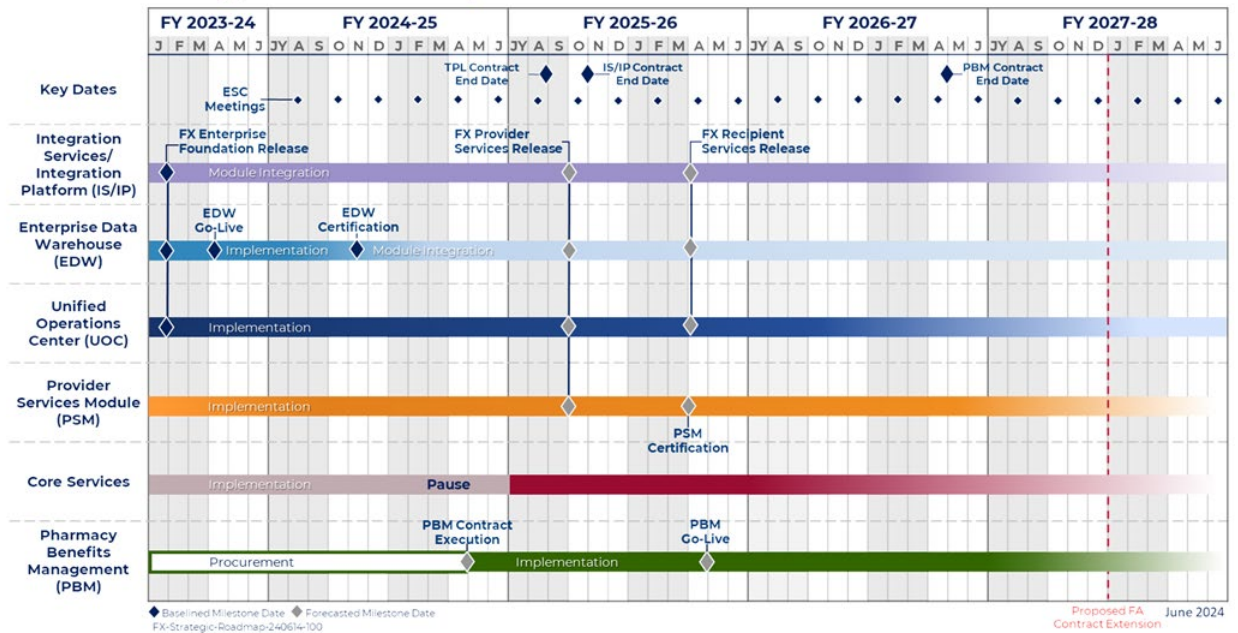


Exhibit 8: FX Strategic Roadmap (revised June 2024)

The Agency, in collaboration with FX module vendors, completed a replanning effort in June 2024 to review and align the FX Strategic Roadmap with the 2024 Florida legislative session outcomes, FX transformation progress, Agency resource capacity, FX Vision, Guiding Principles, and Strategic Priorities, and the Agency Mission, Vision, and priorities. As a result of the collaborative replanning effort, the PSM implementation is moved from October 2024 to October

2025, and the related FX Provider Services Release is aligned with the PSM implementation. The focus on provider services will allow the Agency to achieve the FX strategic priority of improving provider experience and reducing the administrative burden for enrollment, licensure, and credentialing.

The FX Recipient Services Release originally planned for May 2024 is moved to April 2026, and the module integration project for recipient services is aligned to this release. This change avoids the risk of the FX Recipient Services Release overlapping with Statewide Medicaid Managed Care (SMMC) re-procurement implementation. During SMMC implementation recipients will be enrolled in new SMMC plans. In the interim, recipients will continue to receive stable and proven customer service from the legacy enrollment broker.

During SFY 2024-2025 and 2025-2026, the Agency will prioritize project activities related to the following Phase 3 objectives which will bring the Agency closer to the goal of resolving the legacy Fiscal Agent contract:

- Implement the UOC solution for provider and recipient services
- Implement the PSM solution
- Achieve CMS certification of the EDW
- Decommission the legacy Decision Support System

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.

Operational activities which support the Medicaid Enterprise include multiple contact centers for recipients and providers, multiple 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.

The UOC business functions include managing and reconciling recipient information, health plan enrollment, grievances, appeals, communication, and interactions. The UOC will provide recipient outreach to improve program awareness, such as notification of the termination of a health plan, a health benefit, or a provider.

The UOC project is a multi-release implementation that aligns with the implementation of FX modules and business services and supports iterative decommissioning of legacy vendor systems and operations. The FX Enterprise Foundation Release was implemented on February 26, 2024, and established the required UOC infrastructure platform components which are integrated with the IS/IP and EDW infrastructure. An extension of the Foundation Release is an operational Service Desk.

The UOC Service Desk Pilot Release is planned for December 2024, and the operational release is planned for June 2025. The UOC Service Desk will serve as a centralized point of contact where FX system users can seek assistance, guidance, and solutions for their technical issues or inquiries related to an FX application, service, or system. The UOC Service Desk is a module within the Microsoft Dynamics 365-based system that helps organizations manage their IT services by tracking issues and improving technical support processes. The UOC Service Desk will be adopted by FX modules to log and manage incidents and service requests.

The FX Provider Services Release is planned for October 2025 in alignment with the FX Provider Services Module release. This release will transition provider enrollment call center operations from the legacy FMMIS to the UOC. The UOC Vendor will assume responsibility for provider communications, outreach, and training. In addition, the Agency Provider Assistance call center will transition to the UOC platform during this release.

The FX Recipient Services Release is planned for April 2026. This release will transition recipient-related contact centers and operations to the UOC, including the legacy enrollment broker customer service and business operations and the Agency Recipient Assistance call center. The UOC Vendor will assume responsibility for recipient mail operations and recipient outreach and communication activities. In addition, the Agency's IT Help Desk and the Agency's background screening call center and mail operations will transition to the UOC platform during this release.

Additional releases will be planned to coincide with the implementation of the FX Core System and Pharmacy Benefits Management (PBM) modules. The release(s) will include claims support, including provider outreach, communication, training, and on-site support for claims, and PBM customer support activities. Complaints, including recipient grievances, appeals, complaints, and fair hearings will transition to the UOC Vendor. In addition, Agency Complaints Administration will transition to the UOC platform.

Additional Agency business areas may be transitioned to UOC operations or to the UOC platform in the future under FX Phase 4 activities, such as plan management, third party liability, enterprise case management, and contractor management.

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 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.

On December 14, 2023, the FX Executive Steering Committee (ESC) met and voted to pause the FX Core module implementation for at least twelve months until the UOC recipient and provider services releases, and PSM are implemented. The legacy claims and encounter processing functions are stable whereas the services provided by the UOC and PSM vendors will provide needed enhancements for recipient and provider experience. As a result of the FX ESC decision, all deliverables and work in process for the FX Core Systems Module have been paused. The legacy FMMIS Vendor will continue providing Core FMMIS functions via a renewal amendment with the Agency.

The FX Core Pause Impact Analysis and Planning Project was chartered in February 2024 to analyze the business and technology impacts resulting from the decision to pause the Core module implementation, including FX module implementations, and future state options for the services provided by legacy FMMIS. The initial technical assessment was completed at

the end of June 2024. The project team documented the FMMIS current state technical pain points and recommended that the legacy FMMIS Vendor and Agency pursue FMMIS Transition Integration Projects to determine the flexibility of the legacy system and feasibility of modernizing the legacy FMMIS in place.

The results of the FMMIS Transition Integration Projects will inform the decision for the FX Core Project. Options include resuming the FX Core implementation, reprocurring the solution, or issuing a takeover procurement for the legacy FMMIS as the FX Core Systems Module with modernization and modularization requirements.

A complete description of the Core Systems Module components are provided in the following paragraphs.

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 configured 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

Contract no. EXD115 with HHS Technology Group was executed on October 11, 2023, and is effective through September 14, 2030. Refer to [FACTS](#) for contract details. The PSM Vendor completed planning activities in August 2024. Implementation is planned for the second quarter of SFY 2024-25.

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. In December 2023, the FX ESC decided to reduce procurement risks and the resource burden of the PBM module by utilizing a National Association of State Procurement Officials (NASPO) ValuePoint multi-state competitively procured PBM module contract. A conglomerate of other states led by Georgia are currently in the process of developing a NASPO ValuePoint PBM procurement. By participating in this multi-state procurement, Florida will demonstrate compliance with the CMS condition of promoting sharing, leverage, and reuse of Medicaid technologies and systems within and among States. States must comply with this and other CMS conditions to be eligible for enhanced federal funding.

The Agency is requesting funding to implement the FX PBM solution during SFY 2025-2026. In the interim, the legacy PBM Vendor, Magellan, is providing PBM services under a Health Services Exemption contract. The contract term is April 1, 2024, through September

30, 2026, with option to renew to ensure no disruption of PBM services for Florida Medicaid recipients.

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. [CMS Interoperability and Patient Access Rule](#)

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. Project planning and initial implementation was completed during SFY 2022-2023. The implementation included development of Application Programming Interfaces (APIs) to allow recipients access to their patient data as well as access to provider and formulary data through third party applications. Additionally, a workgroup convened to identify policy and documentation related to consent and authorization for various entities to access recipients' health data. The release of the endpoints will occur with the FX Recipient Services Release in April 2026. This release includes launching a recipient portal for Medicaid recipients to establish portal accounts that will support the patient access APIs.

f. [CMS Interoperability and Prior Authorization Rule](#)

On February 8, 2024, CMS published the [CMS Interoperability and Prior Authorization Final Rule](#) to require specified health care programs, including Medicaid and Children's Health Insurance Program fee-for-service and Medicaid managed care plans, to implement by January 1, 2027, and maintain 1) a patient access API for payers to provide information about patients' prior authorization requests and decisions, 2) a provider access API for payers to share patient data with in-network providers, 3) a payer-to-payer API for previous and concurrent payers to provide current payers with patient data, and 4) a prior authorization API for payers to identify whether an item or service requires prior authorization and identify documentation requirements.

The Agency requests funding for SFY 2025-2026 for the FX Program to develop and implement the patient, provider, and payer-to-payer APIs in coordination with the Medicaid fee-for-service prior authorization vendor, EQHealth Solutions / Acentra, and the Agency for Persons with Disabilities for prior authorization information for waiver services. The IS/IP, EDW, and UOC Vendors will perform the required planning, design, development, and implementation.

g. Medicaid Program Integrity Sampling Calculation Extrapolation System (PISCES)

Medicaid Program Integrity’s (MPI) legacy claim sampling and extrapolation tool is no longer functioning and is obsolete. The purpose of PISCES is to identify and subsequently recover Medicaid provider overpayments. A modernized replacement PISCES that is well-supported is critical for fraud and abuse detection and recovery. Lack of a functioning PISCES for any length of time places the state at risk for overpayments and non-compliance with s. 409.913 and 42 CFR 455. The Agency proposes to utilize the EDW data from the Analytical Data Store claims database and implement Deloitte Pallium’s PISCES framework using MPI’s existing sampling algorithm. The new PISCES solution will be well-supported and less costly to maintain which will increase efficiencies and reduce expenses while creating a return on investment through overpayment recovery.

h. 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 Transition team maintains the replication solution between FMMIS and the EDW Operational Data Store and maintains the enhanced testing environment created to support transition activities until the legacy FMMIS is sunset. Maintenance includes the annual or ongoing purchase of hardware and software such as storage area network (SAN), backup and recovery, and Oracle.

During SFY 2024-2025, FMMIS Transition activities include supporting FX module vendor requests for technical and business information regarding the legacy FMMIS and project activities for the FMMIS Transition Integration Projects (projects). The proposed projects have been identified based on value and level of effort. The projects will resolve technical pain points within the legacy FMMIS, support data exchange and integration with FX modules for the duration of the legacy FMMIS contract and support the FX Provider Services Release. The Agency and the FMMIS Vendor are targeting an October 2025 implementation for each of the projects.

FMMIS Transition Integration Projects	Value	Effort
Implement API integration framework	High	Moderate
Sunset legacy MEUPS* and integrate with the FX SSO (ForgeRock)	High	Moderate
Cloud migration discovery	High	High
Integrate with the FX Enterprise Disaster Recovery process	High	Low

*Medicaid Enterprise User Provisioning System

The Agency requires fixed-priced deliverables for each project including a project schedule, requirements management plan, system design plan, test plan, training plan, implementation plan, and warranty plan. The FMMIS Transition Project team is required to comply with the FX Project Management Standards and FX Project Standards for deliverables and project documentation. Additionally, the FMMIS Vendor is required to designate key personnel for the FMMIS Transition Integration Projects to facilitate successful project implementation.

The API integration framework is required to facilitate system-to-system interactions between FMMIS and the FX modules. The integration framework will provide secure communication, data transformation, logging and monitoring capabilities, and secure Application Programming Interface (API) endpoints that can be invoked by the FX integration platform and other FX modules to send data back to FMMIS.

ForgeRock is the Agency's approved FX enterprise solution for authentication, Single Sign-On (SSO), and authorization. The FMMIS interChange application is currently accessed from MEUPS for authentication and authorization. Upon completion of testing and integration with ForgeRock, MEUPS will sunset, and all FMMIS applications will be authenticated through ForgeRock.

The cloud migration discovery project will include research, analysis, and development of plans to migrate the legacy data center to the cloud. The FMMIS Vendor will perform tasks to assess application readiness for the cloud, identify immediate, short-term, and long-term opportunities to leverage cloud services over legacy hosting services to reduce costs and complexity, identify regional and secondary cloud placement, and define the overall architecture.

Integration with the FX Disaster Recovery process is a quick win to align the legacy FMMIS to the FX standards and procedures to recover and protect FX systems in the event of a disaster. The FMMIS Vendor will align to the FX failover plan, testing schedule, and business continuity plans.

i. Testing Center of Excellence

The Testing Center of Excellence (TCoE) Vendor is responsible for updating and maintaining the TCoE framework, and for ongoing TCoE governance, coordination, and management of multi-vendor testing activities for the FX Program.

The FX TCoE serves 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 TCoE 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 testing methodology. The TCoE Vendor continued TCoE management and operations in SFY 2023-2024. The Agency plans to transition TCoE to a new contract as described in the FX Support Services Vendor section below.

j. FX Enterprise Support

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

FX Enterprise Software Licenses

Software tools and associated support services are necessary for the effective operation of the FX Program. Software tools include licensing for program and project management, certification, MITA business architecture, information architecture, technical architecture, job scheduling, and automated testing software. FX Enterprise software may include, but is not limited to, Microsoft Project online and Power BI (business intelligence), Hammerhead reporting tool, enterprise job scheduler, MITA Source Pulse, Microsoft Azure, Equinix, Palo Alto Next-Generation firewall, and Sharegate migration and governance solution for Microsoft.

FX Enterprise Staff Augmentation Resources and Equipment

Staff augmentation resources are competitively procured via the State Term Contract to assist the FX Program with planning and DDI activities. Computer hardware and software licenses are purchased from the FX Program budget for use by staff augmentation resources who are contracted and dedicated to the FX Program. Ownership of the computer equipment and software licenses are retained by the state and are returned to the state upon contract termination.

Security and Privacy Assessments (SAPA) vendor

The Agency released a Request for Quote in March 2024, and executed a [Purchase Order](#) with the selected vendor, RSM US LLP on July 16, 2024.

Network integrity and security are critical to the success of the FX Program. SAPA activities will mitigate the risk of potential breaches to protected health information and personally identifiable information maintained within the FX Enterprise by performing independent and autonomous penetration testing and security assessments of the FX Enterprise and all FX modules. The SAPA Vendor is responsible for providing standardized and consistent services for the FX Enterprise with Agency oversight and providing independent assessment of the security and privacy of the FX Enterprise and each of the modules, as defined by CMS Streamlined Modular Certification for Medicaid Enterprise Systems Certification Guidance, Appendix D: Framework for the Independent Third-Party Security and Privacy Assessment.

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

The Agency released a Request for Quote to procure the services of a MITA Business Architecture and MES Certification vendor on July 21, 2023. The [Purchase Order](#) with the selected vendor, Public Consulting Group, LLC, was executed on November 2, 2023, and renewed through June 30, 2025. The vendor supports 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. The vendor successfully completed the EDW Operational Readiness Review in coordination with the Agency and is on track to complete EDW certification activities within SFY 2024-2025.

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 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.

The Agency intends to reprocur MITA Business Architecture and MES Certification services via the FX Support Services procurement described below.

FX Support Services Vendor

The Agency issued a [Request for Quote](#) on July 12, 2024, to procure one or more qualified vendors from the Florida State Term Contract for Managing Consulting Services to replace the services previously provided by the SEAS Vendor, and to replace the services currently provided by the Testing Center of Excellence Vendor and the MITA Business Architecture and MES Certification Vendor. As of October 2024, purchase orders are in the process of being issued to the selected vendors. Required services include the following:

- 1) Delivery Assurance and CRAIDL Management Support
- 2) FX Enterprise Program Management Office Support
- 3) FX Reporting Support
- 4) FX Program Organizational Change Management (OCM) Center of Excellence
- 5) Testing Center of Excellence (TCoE)
- 6) MITA and Certification Support

Delivery Assurance includes providing guidance to FX project teams to help address issues and improve project delivery. The vendor will facilitate the identification, remediation, and communication of items that have program level impacts. The vendor will engage FX project teams to ensure schedule, narrative, and CRAIDL (Change Requests, Risks, Action Items, Issues, Decisions, and Lessons Learned) data used to populate reports is accurate, adheres to FX Standards and associated process definitions and artifacts, and is appropriate for the report’s audience. The vendor will provide escalation narratives and supporting documentation for corrective action plans, and support, monitor, report on, and make

recommendations for adherence to compliance with FX Standards and associated process definitions, artifacts, and best practices.

FX Enterprise Program Management Office Support includes providing centralized oversight and support for executing project management across the FX Program, including assuring quality and consistency with project and program schedules. Enterprise Program Management enhances cross-functional collaboration across FX vendors and promotes the standardization of project management practices across the FX Enterprise. The vendor will facilitate ongoing alignment of the program with strategic objectives and escalate appropriate items, including CRAIDL items to governance. The vendor will provide consultative support to the Agency on improving standards and processes for assessing and reporting on the performance of the FX Program and projects, including performance metrics, escalation procedures, and recommending corrective actions. The vendor will provide or support preparation of formal communications about the FX Program, make updates to FX Standards, provide responses to assessment recommendations and findings, facilitate FX vendor awareness and education regarding FX project management standards, conduct deliverable review meetings, and provide draft program status narrative for reports.

FX Reporting Support includes coordinating and facilitating biweekly and monthly project reporting. The vendor will provide program-level narrative and finalize executive reports about project status. The vendor will provide quality assurance for content and verbiage, coordinate with delivery assurance staff to ensure deficiencies in reports are remediated, ensure reports are produced timely, and streamline reporting processes.

The OCM Center of Excellence will advance OCM maturity for the FX Program by integrating disparate FX module vendor OCM activities into a unified model. The selected vendor will develop an FX Program OCM Transformation Strategy and Roadmap to User Adoption Plan to supplement the FX Strategic Plan and provide elaborated focus on the business services and people who will experience changes based on change events in the FX Roadmap. The vendor will define and perform operational services across the FX Program to keep all stakeholders informed and engaged, provide stakeholders with timely business services transformation information and guidance to aid operations and decision-making, and ensure FX change champions and stakeholders are provided with unified and integrated communications. The vendor will identify areas of stakeholder resistance and develop mitigation strategies, and the vendor will develop a culture receptive to change. The vendor will lead integrated OCM, communications and oversee integrated training activities across FX multi-module vendor releases.

TCoE includes the services described above in Section 8.i. In sum, the vendor will collaborate with FX module vendor test leads on milestones and critical path for testing within the project schedule, collaborate with the enterprise schedule manager to define testing tasks, the testing plan and the testing schedule, map testing processes to Jira features, and provide testing outcomes. The vendor will maintain the testing tool architecture, manage cross module defect management, test planning, execution status, and reporting.

MITA and Certification Support includes the services described above. In summary, the vendor will plan and achieve MITA goals, process improvements, and CMS certification of FX modules. The vendor will manage FX Program certification activities, coordinate with FX vendors, track progress, and develop the monthly certification project status reports. The vendor will manage federal and state outcome metrics development and validation, and maintain the FX Program master outcomes, metrics, and benefits tool.

9. Phase 4: Additional Medicaid Enterprise Systems

Phase 4 includes implementation and integration 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 (TPL) and enterprise case management as well as the re-procurement of the services performed by the IS/IP Vendor. The Agency must continue these activities to replace the TPL services contract, which expires on August 31, 2025.

B. Baseline Analysis

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

1. Current Business Process(es)

NOTE: If an agency has completed a workflow analysis, include through file insertion or attachment the analyses documentation developed and completed by the agency.

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

2. 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 that meet FX Standards for all existing systems and future systems to achieve continuity.
- 6) The Agency will only allow emergency changes or high-priority changes (CMS or legislative mandates) to legacy systems during the transition projects.
- 7) FX module solicitations will attract a sufficient pool of qualified vendors.
- 8) The Agency will continue to require FX IT solutions and module vendors to adhere to the FX Standards and guidelines published by the Department of Management Services.
- 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 will be renewed to expire on December 31, 2027.
- 2) Procurement of other major contracts within the Agency are competing priorities for Agency resources.
- 3) Changes to the existing FMMIS system, included those required by legislation, 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 for FX modules and components is contingent upon approval of Advance Planning Documents 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, 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 (1) executed contract amendments that demonstrate detailed long-term planning through the use of fixed price deliverables with no provision for the use of task orders, (2) submission of current monthly project status reports, and (3) approval of a detailed operational work plan and a monthly spending plan that identifies all project work and costs budgeted for SFY 2024-2025 for each project component. The operational work plan must include project activities needed to address all findings within the 2024 Special Assessment Report.

- 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 EPgMO Charter and Program Management Plan](#) 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.

- **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:

- 1) CMS determines the system will provide a more efficient, economical, and effective administration of the State Plan.
- 2) The system meets the system requirements, standards and conditions, and performance standards in Part 11 of the State Medicaid Manual, as periodically amended.
- 3) 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.
- 4) The system supports the data requirements of quality improvement organizations established under Part B of title XI of the Act.

- 5) The State owns any software that is designed, developed, installed, or improved with 90 percent FFP.
- 6) 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.
- 7) The costs of the system are determined in accordance with 45 CFR 75, subpart E.
- 8) 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.
- 9) The Medicaid agency agrees in writing that the information in the system will be safeguarded in accordance with 42 CFR 431 subpart F.
- 10) 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.
- 11) The Medicaid agency will align to, and advance increasingly, in MITA maturity for business, architecture, and data.
- 12) The Medicaid agency ensures alignment with, and incorporation of, standards and implementation specifications for health information technology adopted by the Office of the National Coordinator for Health IT in accordance with 45 CFR part 170, subpart B. The Agency also ensures alignment with the HIPAA privacy, security, breach notification and enforcement regulations in 45 CFR parts 160 and 164; and transaction standards and operating rules under HIPAA and/or section 1104 of the Affordable Care Act; 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 1561 of the Affordable Care Act; and standards and protocols for reporting on the Child and Adult Core Sets and Health Home Care Sets.
- 13) The Medicaid agency will promote sharing, leverage, and reuse of Medicaid technologies and systems within and among States.
- 14) The Medicaid agency will support accurate and timely processing and adjudications/eligibility determinations and effective communications with providers, beneficiaries, and the public.
- 15) 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.
- 16) 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.
- 17) 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.

- 18) 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.
- 19) The Medicaid agency, in writing through the APD, must identify key state personnel by name, type and time commitment assigned to each project.
- 20) 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.
- 21) 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.
- 22) 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.

- **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.

- **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 9: High-Level Rational

• **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 section 216.023(4) (a) 10, Florida Statutes.

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:

- 1) Integrated systems that can interoperate and communicate without relying on a common platform or technology
- 2) The ability to leverage technologies and systems for multiple functions in the FX Enterprise through procurement of modules and COTS technologies

3) 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 supports a single source of truth for data and will enable improvements to key business process areas with Phase 3 projects.

The Agency is considering utilizing the Takeover to Modular Approach for the FX Core Systems Module solution. The Agency and the legacy FMMIS Vendor have selected FMMIS Transition Integration Projects to initiate based on level of effort and value. The results of these projects will inform the decision for the FX Core Project. Options include resuming the FX Core implementation, reprocurring the solution, or issuing a takeover procurement for the legacy FMMIS as the FX Core Systems Module with modernization and modularization requirements.

D. Functional and Technical Requirements

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

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

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

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

- 1) 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.
- 2) Module requirements included in procurements developed by other states.
- 3) Module requirements developed by the NASPO ValuePoint consortium of states
- 4) Standard healthcare industry payer requirements.
- 5) Requirements included in other recent Florida agency procurements for similar functionality (e.g., licensing and enrollment systems).
- 6) 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 contract 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 are the high-level requirements defined for the IS/IP, EDW, Provider, Core, UOC, and PBM modules.

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
- Determine Provider Eligibility
- Disenroll Provider
- Inquire Provider Information
- Provider Credentialing
- Provider Information Management
- Terminate Provider
- Provider Support
- Manage Provider Grievance and Appeal

Core Systems Module (Claims, Encounters, Financials)

- Claims 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

Pharmacy Benefits Management

- Claims and Encounter Processing
- Clinical Reviews and Support
- Drug Utilization Review Board
- Therapeutic Consultation Call Center
- Pharmacy Ombudsman Office

Below are the high-level requirements for future Phase 4 modules.

Plan Management

- Compliance Management
- Prepare Recipient Explanation of Medical Benefits
- Identify Utilization Anomalies
- Manage Compliance Incident Information
- Determine Adverse Action Incident
- Health Benefit Administration
- Manage Rate Setting
- Manage Reference Information
- Health Plan Administration and Management
- Manage Performance Measures

Third-Party Liability

- Accounts Receivable Management
- Manage TPL Recovery
- Manage Estate Recovery

Enterprise Case Management

- Case Management
- Manage Case Information
- Establish Case

II. Success Criteria

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

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

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
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 Completed
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 Recipient Services Release	UOC	Assessed by the Agency's UOC Implementation team comprised of Agency Subject Matter Experts	Medicaid Enterprise Recipients	04/26
6	Successful completion of the design, development, and implementation (DDI) of the Provider Services Release	UOC	Assessed by the Agency's UOC Implementation team comprised of Agency Subject Matter Experts	Medicaid Enterprise Providers	10/25

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

Success Criteria Table					
#	Description of Criteria	Module	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
7	Successful completion of the design, development, and implementation (DDI) of the Core Release	UOC	Assessed by the Agency’s UOC Implementation team comprised of Agency Subject Matter Experts	Medicaid Enterprise Recipients Providers	TBD – Core is on hold
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	Medicaid Enterprise Providers Recipients Florida State Government CMS	TBD – Core is on hold
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	Medicaid Enterprise Providers	10/25
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	Medicaid Enterprise Florida State Government CMS	04/25

Success Criteria Table					
#	Description of Criteria	Module	How will the Criteria be measured/assessed?	Who benefits?	Realization Date (MM/YY)
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	Medicaid Enterprise Providers Recipients	05/26
14	Complete the transformation from the legacy FMMIS/DSS/Fiscal Agent contract	Phase 3	Assessed by the Agency’s team comprised of Agency Subject Matter Experts	Medicaid Enterprise Florida State Government	12/27

Exhibit 10: Success Criteria

III. 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.

For each tangible benefit, identify the recipient of the benefit, how and when it is realized, how the realization will be measured, and how the benefit will be measured to include estimates of tangible benefit amounts.

BENEFITS REALIZATION TABLE					
#	Description of Benefit	Who receives the benefit?	How is benefit realized?	How is the realization of the benefit measured?	Realization Date (MM/YY)
1	Improved analytic staff productivity	State of Florida Medicaid Enterprise	Implementation & CMS certification of EDW & cutover from legacy DSS	Reduced FTE time spent on analytical and data-related tasks	01/25
2	Improved operational staff productivity via automation of manual tasks	State of Florida Medicaid Enterprise	Implementation & CMS certification of EDW & cutover from legacy DSS	Reduced FTE time spent on manual tasks	01/25
3	Improved	State of	Implementation	Improved	01/25

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

BENEFITS REALIZATION TABLE					
	analytic tools, processing speed, and persona-optimized data stores	Florida Medicaid Enterprise	& CMS certification of EDW & cutover from legacy DSS	fraud identification and recovery processing	
4	Reduced enrollment costs incurred by providers (first time and renewals)	Providers	Implementation & CMS Certification of the Provider Services Module & cutover from legacy FMMIS	Lower total provider administrative processing cost for Medicaid enrollment	04/26
5	Reduced enrollment support costs to AHCA (first time and renewals)	State of Florida Medicaid Enterprise	Implementation & CMS Certification of the Provider Services Module & cutover from legacy FMMIS	Lower total cost to the Agency for enrollment support	04/26
6	Reduced enrollment support costs to AHCA by fiscal agent	State of Florida Medicaid Enterprise	Implementation & CMS Certification of the Provider Services Module & cutover from legacy FMMIS	Lower fiscal agent cost to the Agency for enrollment support	04/26
7	Reduced contact and interaction management cost to Agency	State of Florida Medicaid Enterprise	Implementation of the Provider Services and Recipient Services releases	Lower total cost to the Agency for public-facing contact and management	04/26
8	Reduced cost of contact center interaction - recipient time	Recipients State of Florida Medicaid Enterprise	Implementation of the Recipient Services Release	Reduced recipient time spent per contact	04/26
9	Reduced cost	Providers	Implementation	Reduced	10/25

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

BENEFITS REALIZATION TABLE					
	of contact center interaction – provider time	State of Florida Medicaid Enterprise	of the Provider Services Release	provider time spent per contact	
10	Reduced capitation payments through identity matching of duplicate recipients	State of Florida Medicaid Enterprise	Implementation & CMS certification of EDW and Core & cutover from legacy systems	Fewer inaccurate payments made to individual FFS Providers	TBD
11	Reduced Agency costs resulting from difference and latency in health plan policy implementation	State of Florida Medicaid Enterprise	Implementation & CMS certification of the Core Systems module & cutover from legacy FMMIS	Lower Agency cost related to new and changed health plan policies	TBD
12	Reduced claim and encounter administration costs incurred by Agency operation management	State of Florida Medicaid Enterprise	Implementation & CMS certification of the Core Systems module & cutover from legacy FMMIS	Lower percentage of encounters rejected and returned to the health plans (current benchmark is 30% returned)	TBD
13	Reduced claims administration costs incurred by providers	Providers	Implementation & CMS certification of the Core Systems module & cutover from legacy FMMIS	Lower percentage of claims rejected and returned to providers (current benchmark is 35% returned)	TBD
14	Reduced encounter administration costs incurred by health plans	Health Plans	Implementation & CMS certification of the Core Systems module	Lower percentage of recipients utilizing a call center to	TBD

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

BENEFITS REALIZATION TABLE					
			& cutover from legacy FMMIS	make a plan selection	
15	Reduced encounter administration costs incurred by providers	Providers	Implementation & CMS certification of the Core Systems module & cutover from legacy FMMIS	Lower total administration costs for providers	TBD
16	Reduced payment administration costs incurred by providers	Providers	Implementation & CMS certification of the Core Systems module & cutover from legacy FMMIS	Lower total administration costs for providers	TBD
17	Reduced FFS pharmacy expenditures	State of Florida Medicaid Enterprise	Implementation & CMS certification of PBM module & cutover from legacy PBM	Lower total FFS pharmacy costs	05/26
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	12/27

Exhibit 11: Benefits Realization Table

B. Cost Benefit Analysis (CBA)

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

The chart 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 2 - Project Cost Analysis	<p>Baseline Project Budget: Estimated project costs.</p> <p>Project Funding Sources: Identifies the planned sources of project funds, e.g., General Revenue, Trust Fund, Grants.</p> <p>Characterization of Project Cost Estimate.</p>
CBA Form 3 - Project Investment Summary	<p>Investment Summary Calculations: Summarizes total project costs and net tangible benefits and automatically calculates:</p> <ul style="list-style-type: none"> • Return on Investment • Payback Period • Breakeven Fiscal Year • Net Present Value • Internal Rate of Return

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

CBAForm 1 - Net Tangible Benefits

Agency AHCA Project FX

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 2025-26			FY 2026-27		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project
A. Personnel Costs -- Agency-Managed Staff	\$36,414,032	\$0	\$36,414,032	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754
A.b Total Staff	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00
A-1.a. State FTEs (Salaries & Benefits)	\$31,449,352	\$0	\$31,449,352	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169
A-1.b. State FTEs (#)	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00
A-2.a. OPS Staff (Salaries)	\$4,964,680	\$0	\$4,964,680	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585
A-2.b. OPS Staff (#)	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3.b. Staff Augmentation (# of Contractors)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B. Application Maintenance Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-4. Other <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Data Center Provider Costs	\$510,888,791	\$61,863,741	\$572,752,532	\$61,819,985	\$46,543,077	\$108,363,063	\$61,819,985	\$57,717,159	\$119,537,144
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Infrastructure	\$483,267,343	\$31,159,525	\$514,426,868	\$58,824,981	\$37,358,866	\$96,183,847	\$58,824,981	\$48,482,948	\$107,307,929
C-3. Network / Hosting Services	\$21,321,448	\$30,704,216	\$52,025,664	\$2,995,004	\$9,184,211	\$12,179,215	\$2,995,004	\$9,234,211	\$12,229,215
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other <i>pass through printing and postage</i>	\$6,300,000	\$0	\$6,300,000	\$0	\$0	\$0	\$0	\$0	\$0
D. Plant & Facility Costs	\$16,328,368	\$0	\$16,328,368	\$2,041,046	\$0	\$2,041,046	\$2,041,046	-\$1,530,785	\$510,262
E. Other Costs	\$5,951,288	\$0	\$5,951,288	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911
E-1. Training	\$4,519,424	\$0	\$4,519,424	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928
E-2. Travel	\$1,063,920	\$0	\$1,063,920	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990
E-3. Other <i>Specify</i>	\$367,944	\$0	\$367,944	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993
Total of Recurring Operational Costs	\$569,582,479	\$61,863,741	\$631,446,220	\$69,156,696	\$46,543,077	\$115,699,774	\$69,156,696	\$56,186,374	\$125,343,071

Exhibit 12: Net Tangible Benefits

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

CBAForm 1 - Net Tangible Benefits

<i>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</i>												
Agency <i>(Recurring Costs Only -- No Project Costs)</i>	FY 2027-28			FY 2028-29			FY 2029-30			FY 2030-31		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project
A. Personnel Costs -- Agency-Managed Staff	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754
A.b Total Staff	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00
A-1.a. State FTEs (Salaries & Benefits)	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169
A-1.b. State FTEs (#)	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00
A-2.a. OPS Staff (Salaries)	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585
A-2.b. OPS Staff (#)	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3.b. Staff Augmentation (# of Contractors)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B. Application Maintenance Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-4. Other <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Data Center Provider Costs	\$61,819,985	\$48,916,987	\$110,736,973	\$61,819,985	\$28,916,494	\$90,736,480	\$61,819,985	\$28,916,494	\$90,736,480	\$61,819,985	\$28,916,494	\$90,736,480
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Infrastructure	\$58,824,981	\$41,180,278	\$100,005,260	\$58,824,981	\$22,677,287	\$81,502,268	\$58,824,981	\$22,677,287	\$81,502,268	\$58,824,981	\$22,677,287	\$81,502,268
C-3. Network / Hosting Services	\$2,995,004	\$7,736,709	\$10,731,713	\$2,995,004	\$6,239,207	\$9,234,211	\$2,995,004	\$6,239,207	\$9,234,211	\$2,995,004	\$6,239,207	\$9,234,211
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other <i>pass through printing and postage</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Plant & Facility Costs	\$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
E. Other Costs	\$743,911	-\$371,956	\$371,956	\$743,911	-\$743,911	\$0	\$743,911	-\$743,911	\$0	\$743,911	-\$743,911	\$0
E-1. Training	\$564,928	-\$282,464	\$282,464	\$564,928	-\$564,928	\$0	\$564,928	-\$564,928	\$0	\$564,928	-\$564,928	\$0
E-2. Travel	\$132,990	-\$66,495	\$66,495	\$132,990	-\$132,990	\$0	\$132,990	-\$132,990	\$0	\$132,990	-\$132,990	\$0
E-3. Other <i>Specify</i>	\$45,993	-\$22,997	\$22,997	\$45,993	-\$45,993	\$0	\$45,993	-\$45,993	\$0	\$45,993	-\$45,993	\$0
Total of Recurring Operational Costs	\$69,156,696	\$46,503,986	\$115,660,682	\$69,156,696	\$26,131,537	\$95,288,234	\$69,156,696	\$26,131,537	\$95,288,234	\$69,156,696	\$26,131,537	\$95,288,234

Exhibit 12: Net Tangible Benefits (cont'd)

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

CBAForm 1 - Net Tangible Benefits

Agency **AHCA** Project **FX**

Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A									
Agency <i>(Recurring Costs Only -- No Project Costs)</i>	Prior Years			FY 2025-26			FY 2026-27		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project
F. Additional Tangible Benefits:		\$0			\$13,639,871			\$20,544,882	
F-1. EDW		\$0			\$13,074,510			\$17,432,680	
F-2. PSM		\$0			\$353,883			\$1,887,374	
F-3. Unified Operations Center		\$0			\$211,478			\$1,127,885	
F-4. Core (Claims / Encounter / Financial)		\$0			\$0			\$0	
F-5. Pharmacy Benefit Management		\$0			\$0			\$96,944	
F-6.		\$0			\$0			\$0	
F-7.		\$0			\$0			\$0	
Total Net Tangible Benefits:		(\$61,863,741)			(\$32,903,206)			(\$35,641,492)	

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

Exhibit 12: Net Tangible Benefits (cont'd)

CBAForm 1 - Net Tangible Benefits

Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits -- CBAForm 1A												
Agency <i>(Recurring Costs Only -- No Project Costs)</i>	FY 2027-28			FY 2028-29			FY 2029-30			FY 2030-31		
	(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
F. Additional Tangible Benefits:		\$20,849,818			\$24,191,706			\$28,616,549			\$29,130,519	
F-1. EDW		\$17,432,680			\$17,432,680			\$17,432,680			\$17,432,680	
F-2. PSM		\$1,887,374			\$1,887,374			\$1,887,374			\$1,887,374	
F-3. Unified Operations Center		\$1,127,885			\$1,170,804			\$1,213,722			\$1,213,722	
F-4. Core (Claims / Encounter / Financial)		\$0			\$3,269,852			\$7,620,665			\$8,101,279	
F-5. Pharmacy Benefit Management		\$401,880			\$430,997			\$462,108			\$495,464	
F-6.		\$0			\$0			\$0			\$0	
F-7.		\$0			\$0			\$0			\$0	
Total Net Tangible Benefits:		(\$25,654,168)			(\$1,939,931)			\$2,485,011			\$2,998,982	

Exhibit 12: Net Tangible Benefits (cont'd)

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

AHCA		FX		CBA Form 2A Baseline Project Budget											
<i>Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.</i>							FY2025-26			FY2026-27			FY2027-28		
				\$ 346,550,251			\$ 143,380,577			\$ 88,481,877			\$ 74,382,976		
Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	State Match %	Current & Previous Years Project-Related Cost	YR 1		YR 2 Base		YR 3		YR 3 Base				
					#	YR 1 LBR	YR 1 Base Budget	YR 2 #	YR 2 LBR	YR 2 Base Budget	YR 3 #	YR 3 LBR	YR 3 Base Budget		
Professional services for a defined set of services as well as-needed project-related activities.	Core Systems - Planning Support Services	Contracted Services	10%	\$ 1,876,076	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Core Systems - Procurement Project Services	Contracted Services	10%	\$ 494,895	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services for a defined set of services as well as-needed project-related activities.	Core Systems - Procurement Support Services	Contracted Services	10%	\$ 945,550	\$ 926,045	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Core - Project Deliverables - DDI	Contracted Services	10%	\$ 13,532,830	\$ 12,408,548	\$ -	\$ 11,941,864	\$ -	\$ 3,203,417	\$ -	\$ -	\$ -			
Professional services for a defined set of services as well as-needed project-related activities.	Data Governance - Implementation Support Services	Contracted Services	10%	\$ 1,075,074	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services for a defined set of services as well as-needed project-related activities.	Operational Impact Analysis Support Services	Contracted Services	10%	\$ 482,199	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services for a defined set of services as well as-needed project-related activities.	ITCO Job Scheduler - Implementation Support Services	Contracted Services	10%	\$ 134,471	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services for a defined set of services as well as-needed project-related activities.	Single Source Credentialing - Planning Support Services	Contracted Services	10%	\$ 45,314	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services for a defined set of services as well as-needed project-related activities.	EDW - Procurement Support Services	Contracted Services	10%	\$ 917,819	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Enterprise Data Warehouse (EDW) - Project Deliverables - DDI	Contracted Services	10%	\$ 38,161,266	\$ 9,497,319	\$ -	\$ 9,497,319	\$ -	\$ 9,497,319	\$ -	\$ -	\$ -			
Professional services for a defined set of services as well as-needed project-related activities.	EDW - Implementation Support Services	Contracted Services	10%	\$ 3,682,226	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	EDW - Implementation BOM Initial	Contracted Services	10%	\$ 2,410,154	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Enterprise Data Warehouse (EDW) - Hardware / Software	OCO / Contracted Services	10%	\$ 1,099	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services for a defined set of services as well as-needed project-related activities.	FMMIS Transition Support - Initial Support Services	OCO / Contracted Services	10%	\$ 81,600	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	FMMIS Support - Project Deliverables - DDI	Contracted Services	10%	\$ 28,161,664	\$ 7,428,943	\$ -	\$ 7,428,943	\$ -	\$ 7,428,943	\$ -	\$ -	\$ -			

Exhibit 13: Baseline Project Budget

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

AHCA		FX		CBA Form 2A Baseline Project Budget									
<i>Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.</i>					FY2025-26			FY2026-27			FY2027-28		
				\$ 346,550,251	\$ 143,380,577	\$ 88,481,877	\$ 74,382,976						
Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	State Match %	Current & Previous Years Project-Related Cost	YR 1		YR 2		YR 3				
					#	YR 1 LBR	YR 1 Base Budget	#	YR 2 LBR	YR 2 Base Budget	#	YR 3 LBR	YR 3 Base Budget
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	FMMS Transition Support - BOM Initial	Contracted Services	10%	\$ 972,195	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	FX Operations	Contracted Services	10%	\$ 63,143,652	\$ 2,000,000	\$ -	\$ 2,000,000	\$ -	\$ 2,000,000	\$ -			
Professional services for a defined set of services as well as-needed project-related activities.	ISIP - Procurement Support Services	Contracted Services	10%	\$ 54,400	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services for a defined set of services as well as-needed project-related activities.	ISIP - Implementation Support Services	Contracted Services	10%	\$ 2,392,965	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Integration Services and Integration Platform (ISIP) - Project Deliverables - DDI	Contracted Services	10%	\$ 9,879,236	\$ 5,000,000	\$ -	\$ 5,000,000	\$ -	\$ 5,000,000	\$ -			
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	ISIP - Implementation BOM Initial	Contracted Services	10%	\$ 5,281,807	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Pharmacy Benefit Management - Project Deliverables - DDI	Contracted Services	10%	\$ -	\$ 10,233,690	\$ -	\$ 3,154,969	\$ -	\$ 3,000,000	\$ -			
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Pharmacy Benefit Management - Hardware / Software - Implementation BOM (Initial)	OCO/ Contracted Services	10%	\$ -	\$ 55,400	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services for a defined set of services as well as-needed project-related activities.	Contracted Services	Contracted Services	10%	\$ 253,926	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services for a defined set of services as well as-needed project-related activities.	Provider Services Module - Procurement Support Services	Contracted Services	10%	\$ 1,877,706	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Provider - Project Deliverables - DDI	Contracted Services	10%	\$ 6,777,946	\$ 3,070,409	\$ -	\$ 3,644,497	\$ -	\$ 3,000,000	\$ -			
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Provider - Hardware / Software - Implementation BOM (Initial)	OCO/ Contracted Services	10%	\$ 3,197,727	\$ 2,804,906	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services for a defined set of services as well as-needed project-related activities.	Unified Operations Center - Procurement Support Services	Contracted Services	10%	\$ 1,518,906	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -			
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Unified Operations Center - DDI	Contracted Services	10%	\$ 8,319,911	\$ 10,288,203	\$ -	\$ 3,000,000	\$ -	\$ 3,000,000	\$ -			

Exhibit 13: Baseline Project Budget (cont'd)

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

AHCA		FX			CBA Form 2A Baseline Project Budget											
Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.					\$ 346,550,251			FY2025-26			FY2026-27			FY2027-28		
					\$ 143,380,577			\$ 88,481,877			\$ 74,382,976					
Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	State Match %	Current & Previous Years Project-Related Cost	YR 1		YR 2		YR 3							
					#	YR 1 LBR	#	YR 2 LBR	#	YR 3 LBR						
					YR 1 Base Budget	YR 2 Base Budget	YR 3 Base Budget									
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Unified Operations Center - Hardware / Software - Implementation BOM (Initial)	OCO/ Contracted Services	10%	\$ 3,672,425	\$ 2,269,996	\$ -	\$ -	\$ -	\$ -	\$ -						
Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	IV&V Vendor	Contracted Services	10%	\$ 21,999,613	\$ 3,230,996	\$ -	\$ 3,230,996	\$ -	\$ 3,230,996	\$ -						
Other Hardware / Software	FX Enterprise Software Licenses - Microsoft Project Online (PWA) & Power BI, Microsoft Azure G for FX, Sharegate, Enterprise Contract Management Software, AHCA Microsoft Azure G for FX, Testing Center of Excellence, Palo Alto Next-Generation Firewall Support, MITA Source	OCO/ Contracted Services	10%	\$ 266,708	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
Professional services for a defined set of services as well as-needed project-related activities.	FX Enterprise Software Services Support - Initial	Contracted Services	10%	\$ 258,517	\$ 112,830	\$ -	\$ 62,830	\$ -	\$ 62,830	\$ -						
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MC - FX Security and Privacy Assessments	Contracted Services	10%	\$ 309,800	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	CMS Interoperability - Planning Project Services	Contracted Services	10%	\$ 538,480	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
Professional services for a defined set of services as well as-needed project-related activities.	CMS Interoperability - Planning Support Services	Contracted Services	10%	\$ 576,872	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	CMS Interoperability - Implementation Project Services	Contracted Services	10%	\$ 6,561,667	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -						
Professional services for a defined set of services as well as-needed project-related activities.	CMS Interoperability - Implementation Support Services	Contracted Services	10%	\$ 214,319	\$ 5,095,000	\$ -	\$ -	\$ -	\$ -	\$ -						
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	PISCES - Implementation - Project Services	Contracted Services	10%	\$ -	\$ 2,115,000	\$ -	\$ -	\$ -	\$ -	\$ -						
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	PISCES - Implementation - BOM Initial	Contracted Services	10%	\$ -	\$ 985,000	\$ -	\$ -	\$ -	\$ -	\$ -						

Exhibit 13: Baseline Project Budget (cont'd)

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

AHCA		FX		CBA Form 2A Baseline Project Budget								
<i>Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.</i>				FY2025-26 \$ 346,550,251			FY2026-27 \$ 88,481,877			FY2027-28 \$ 74,382,976		
Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	State Match %	Current & Previous Years Project-Related Cost	YR 1		YR 2		YR 3			
					#	YR 1 LBR	#	YR 2 LBR	#	YR 3 LBR		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	Integration Services and Integration Platform (ISIP) - Task Orders	Contracted Services	10%	\$ 4,040,801	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	Enterprise Data Warehouse (EDW) - Task Orders	Contracted Services	10%	\$ 3,269,419	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: ISIP - ISIP	Contracted Services	10%	\$ 31,210,084	\$ 11,423,496	\$ -	\$ 11,423,496	\$ -	\$ 11,423,496	\$ -		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: ISIP - UOC	Contracted Services	10%	\$ 11,012,139	\$ 1,199,103	\$ -	\$ -	\$ -	\$ -	\$ -		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: ISIP - Core	Contracted Services	10%	\$ 491,291	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: ISIP - Provider	Contracted Services	10%	\$ 11,092,169	\$ 972,122	\$ -	\$ -	\$ -	\$ -	\$ -		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: ISIP - PBM	Contracted Services	10%	\$ -	\$ 2,500,000	\$ -	\$ -	\$ -	\$ -	\$ -		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: EDW - EDW	Contracted Services	10%	\$ 2,619,418	\$ 3,929,127	\$ -	\$ 3,929,127	\$ -	\$ 3,929,127	\$ -		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: EDW - UOC	Contracted Services	10%	\$ 9,260,916	\$ 7,964,292	\$ -	\$ 519,173	\$ -	\$ -	\$ -		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: EDW - Core	Contracted Services	10%	\$ 2,265,300	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: EDW - Provider	Contracted Services	10%	\$ 7,613,924	\$ 7,411,953	\$ -	\$ 390,103	\$ -	\$ -	\$ -		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: EDW - PBM	Contracted Services	10%	\$ -	\$ 2,500,000	\$ -	\$ -	\$ -	\$ -	\$ -		

Exhibit 13: Baseline Project Budget (cont'd)

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

AHCA		FX		CBA Form 2A Baseline Project Budget									
Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.					FY2025-26		FY2026-27		FY2027-28				
				\$ 346,550,251	\$ 143,380,577		\$ 88,481,877		\$ 74,382,976				
Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	State Match %	Current & Previous Years Project-Related Cost	YR 1		YR 2 Base		YR 3				
					#	YR 1 LBR	YR 1 Base Budget	YR 2 #	YR 2 LBR	YR 2 Base Budget	YR 3 #	YR 3 LBR	YR 3 Base Budget
Professional services - Legal.	Contracted Services / Legal Support	Contracted Services	50%	\$ 395,849	\$	135,000	\$	-	\$	-	\$	-	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	Contingency	Contracted Services	10%	\$ -	\$	5,000,000	\$	-	\$	5,000,000	\$	-	
Professional services for a defined set of services as well as-needed project-related activities.	MC - FX Enterprise Management Consulting Support Services	Contracted Services	10%	\$ 6,458,898	\$	22,823,200	\$	-	\$	18,258,560	\$	-	
Professional services for a defined set of services as well as-needed project-related activities.	SA - FX Staff Aug SME and Support Services	Contracted Services	10%	\$ 22,952,964	\$	-	\$	-	\$	-	\$	-	
Professional services for a defined set of services as well as-needed project-related activities specific to the MITA Business Architecture and MES Certification Support.	MC - MITA Business Architecture and MES Module Certification Support	Contracted Services	10%	\$ 3,796,162	\$	-	\$	-	\$	-	\$	-	
Totals				\$ 346,550,251	0.00	\$ 143,380,577	\$ -	0.00	\$ 88,481,877	\$ -	0.00	\$ 74,382,976	\$ -

Exhibit 13: Baseline Project Budget (cont'd)

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

		AHCA	FX	CBA Form 2A Baseline Project Budget						
<i>Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.</i>				FY2028-29		FY2029-30		TOTAL		
				\$ 42,764,566		\$ -		\$ 695,560,247		
Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	State Match %	YR 4		YR 5		TOTAL		
				#	YR 4 LBR	#	YR 5 LBR			
				YR 4 Base Budget	YR 5 Base Budget					
Professional services for a defined set of services as well as-needed project-related activities.	Core Systems - Planning Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 1,876,076		
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Core Systems - Procurement Project Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 494,895		
Professional services for a defined set of services as well as-needed project-related activities.	Core Systems - Procurement Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 1,871,595		
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Core - Project Deliverables - DDI	Contracted Services	10%	\$ 5,518,939	\$ -	\$ -	\$ -	\$ 46,605,597		
Professional services for a defined set of services as well as-needed project-related activities.	Data Governance - Implementation Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 1,075,074		
Professional services for a defined set of services as well as-needed project-related activities.	Operational Impact Analysis Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 482,199		
Professional services for a defined set of services as well as-needed project-related activities.	ITCO Job Scheduler - Implementation Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 134,471		
Professional services for a defined set of services as well as-needed project-related activities.	Single Source Credentialing - Planning Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 45,314		
Professional services for a defined set of services as well as-needed project-related activities.	EDW - Procurement Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 917,819		
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Enterprise Data Warehouse (EDW) - Project Deliverables - DDI	Contracted Services	10%	\$ 9,497,319	\$ -	\$ -	\$ -	\$ 76,150,542		
Professional services for a defined set of services as well as-needed project-related activities.	EDW - Implementation Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 3,682,226		
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	EDW - Implementation BOM Initial	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 2,410,154		
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Enterprise Data Warehouse (EDW) - Hardware / Software	OCO / Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 1,099		
Professional services for a defined set of services as well as-needed project-related activities.	FMMIS Transition Support - Initial Support Services	OCO / Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 81,600		
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	FMMIS Support - Project Deliverables - DDI	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 50,448,493		

Exhibit 13: Baseline Project Budget (cont'd)

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

AHCA		FX		CBA Form 2A Baseline Project Budget					
<i>Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.</i>				FY2028-29		FY2029-30		TOTAL	
				\$ 42,764,566		\$ -		\$ 695,560,247	
Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	State Match %	YR 4	YR 4 Base	YR 5	YR 5 Base	TOTAL	
				#	LBR	Budget	#		LBR
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	FMMIS Transition Support - BOM Initial	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 972,195	
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	FX Operations	Contracted Services	10%	\$ 2,000,000	\$ -	\$ -	\$ -	\$ 71,143,652	
Professional services for a defined set of services as well as-needed project-related activities.	IS/ITP - Procurement Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 54,400	
Professional services for a defined set of services as well as-needed project-related activities.	IS/ITP - Implementation Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 2,392,865	
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Integration Services and Integration Platform (IS/ITP) - Project Deliverables - DDI	Contracted Services	10%	\$ 5,000,000	\$ -	\$ -	\$ -	\$ 29,879,236	
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	IS/ITP - Implementation BOM Initial	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 5,281,807	
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Pharmacy Benefit Management - Project Deliverables - DDI	Contracted Services	10%	\$ 3,000,000	\$ -	\$ -	\$ -	\$ 19,388,659	
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Pharmacy Benefit Management - Hardware / Software - Implementation BOM (Initial)	OCO/ Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 55,400	
Professional services for a defined set of services as well as-needed project-related activities.	Contracted Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 253,926	
Professional services for a defined set of services as well as-needed project-related activities.	Provider Services Module - Procurement Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 1,877,706	
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Provider - Project Deliverables - DDI	Contracted Services	10%	\$ 3,000,000	\$ -	\$ -	\$ -	\$ 19,492,852	
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Provider - Hardware / Software - Implementation BOM (Initial)	OCO/ Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 6,002,634	
Professional services for a defined set of services as well as-needed project-related activities.	Unified Operations Center - Procurement Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 1,518,906	
Professional services with fixed-price costs (i.e. software development, installation, project documentation).	Unified Operations Center - DDI	Contracted Services	10%	\$ 3,000,000	\$ -	\$ -	\$ -	\$ 27,608,114	

Exhibit 13: Baseline Project Budget (cont'd)

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

		AHCA	FX	CBA Form 2A Baseline Project Budget					
<i>Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.</i>				FY2028-29		FY2029-30		TOTAL	
				\$ 42,764,566		\$ -		\$ 695,560,247	
Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	State Match %	YR 4		YR 5		TOTAL	
				\$	YR 4 LBR	YR 4 Base Budget	\$		YR 5 LBR
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	Unified Operations Center - Hardware / Software - Implementation BOM (Initial)	OCO / Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 5,942,420	
Project oversight to include Independent Verification & Validation (IV&V) personnel and related deliverables.	IV&V Vendor	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 31,692,601	
Other Hardware / Software	FX Enterprise Software Licenses - Microsoft Project Online (PWA) & Power BI, Microsoft Azure G for FX, Sharegate, Enterprise Contract Management Software, AHCA Microsoft Azure G for FX, Testing Center of Excellence, Palo Alto Next-Generation Firewall Support, MITA Source	OCO / Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 266,708	
Professional services for a defined set of services as well as-needed project-related activities.	FX Enterprise Software Services Support - Initial	Contracted Services	10%	\$ 62,830	\$ -	\$ -	\$ -	\$ 559,837	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MC - FX Security and Privacy Assessments	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 309,800	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	CMS Interoperability - Planning Project Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 538,480	
Professional services for a defined set of services as well as-needed project-related activities.	CMS Interoperability - Planning Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 576,872	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	CMS Interoperability - Implementation Project Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 6,561,667	
Professional services for a defined set of services as well as-needed project-related activities.	CMS Interoperability - Implementation Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 5,309,319	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	PISCES - Implementation - Project Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 2,115,000	
Hardware purchases not included in data center services. Commercial software purchases and licensing costs.	PISCES - Implementation - BOM Initial	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 985,000	

Exhibit 13: Baseline Project Budget (cont'd)

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

AHCA		FX		CBA Form 2A Baseline Project Budget					
Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.				FY2028-29		FY2029-30		TOTAL	
				\$ 42,764,566		\$ -		\$ 695,560,247	
Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	State Match %	YR 4		YR 5		TOTAL	
				#	YR 4 LBR	#	YR 5 LBR		
					YR 4 Base Budget		YR 5 Base Budget		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	Integration Services and Integration Platform (ISIP) - Task Orders	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 4,040,801	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	Enterprise Data Warehouse (EDW) - Task Orders	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 3,269,419	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: ISIP - ISIP	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 65,480,572	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: ISIP - UOC	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 12,211,242	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: ISIP - Core	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 491,291	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: ISIP - Provider	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 12,064,291	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: ISIP - PBM	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 2,500,000	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: EDW - EDW	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 14,406,800	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: EDW - UOC	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 17,744,381	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: EDW - Core	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 2,265,300	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: EDW - Provider	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 15,415,980	
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	MESI - Internal Integration: EDW - PBM	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 2,500,000	

Exhibit 13: Baseline Project Budget (cont'd)

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

AHCA		FX		CBA Form 2A Baseline Project Budget						
<i>Costs entered into each row are mutually exclusive. Insert rows for detail and modify appropriation categories as necessary, but do not remove any of the provided project cost elements. Reference vendor quotes in the Item Description where applicable. Include only one-time project costs in this table. Include any recurring costs in CBA Form 1A.</i>				FY2028-29		FY2029-30		TOTAL		
				\$ 42,764,566		\$ -		\$ 695,560,247		
Item Description <i>(remove guidelines and annotate entries here)</i>	Project Cost Element	Appropriation Category	State Match %	YR 4		YR 5		TOTAL		
				\$	YR 4 LBR	YR 4 Base Budget	\$		YR 5 LBR	YR 5 Base Budget
Professional services - Legal.	Contracted Services / Legal Support	Contracted Services	50%	\$ -	\$ -	\$ -	\$ -	\$ 530,849		
Professional services with fixed-price costs (i.e., software development, installation, project documentation).	Contingency	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 15,000,000		
Professional services for a defined set of services as well as-needed project-related activities.	MC - FX Enterprise Management Consulting Support Services	Contracted Services	10%	\$ 11,685,478	\$ -	\$ -	\$ -	\$ 73,832,984		
Professional services for a defined set of services as well as-needed project-related activities.	SA - FX Staff Aug SME and Support Services	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 22,952,964		
Professional services for a defined set of services as well as-needed project-related activities specific to the MITA Business Architecture and MES Certification Support.	MC - MITA Business Architecture and MES Module Certification Support	Contracted Services	10%	\$ -	\$ -	\$ -	\$ -	\$ 3,796,162		
Totals				0.00	\$ 42,764,566	\$ -	0.00	\$ -	\$ 695,560,247	

Exhibit 13: Baseline Project Budget (cont'd)

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

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 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	
TOTAL PROJECT COSTS (*)	\$346,550,251	\$143,380,577	\$88,481,877	\$74,382,976	\$42,764,566	\$0	\$695,560,247
CUMULATIVE PROJECT COSTS <i>(includes Current & Previous Years' Project-Related Costs)</i>	\$346,550,251	\$489,930,828	\$578,412,705	\$652,795,681	\$695,560,247	\$695,560,247	

Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B						TOTAL
	Prior Years' Costs	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	
General Revenue	\$34,813,365	\$14,392,058	\$8,848,188	\$7,438,298	\$4,276,457	\$0	\$69,768,364
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match	\$311,736,886	\$128,988,519	\$79,633,689	\$66,944,679	\$38,488,109	\$0	\$625,791,883
Grants	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$346,550,251	\$143,380,577	\$88,481,877	\$74,382,976	\$42,764,566	\$0	\$695,560,247
CUMULATIVE INVESTMENT	\$346,550,251	\$489,930,828	\$578,412,705	\$652,795,681	\$695,560,247	\$695,560,247	

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 14: Project Cost Analysis

CBAForm 3 - Project Investment Summary

Agency	AHCA	Project	FX
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	COST BENEFIT ANALYSIS -- CBAForm 3A							TOTAL FOR ALL YEARS
	1 Prior Years' Costs	2 FY 2025-26	3 FY 2026-27	4 FY 2027-28	5 FY 2028-29	6 FY 2029-30	7 FY 2030-31	
Project Cost	(\$346,550,251)	(\$143,380,577)	(\$88,481,877)	(\$74,382,976)	(\$42,764,566)	\$0	\$0	(\$695,560,247)
Net Tangible Benefits	(\$61,863,741)	(\$32,903,206)	(\$35,641,492)	(\$25,654,168)	(\$1,939,831)	\$2,485,011	\$2,998,982	(\$152,518,445)
Return on Investment	(\$408,413,992)	(\$176,283,783)	(\$124,123,369)	(\$100,037,144)	(\$44,704,397)	\$2,485,011	\$2,998,982	(\$848,078,692)
							NPV =	(\$797,948,760)

RETURN ON INVESTMENT ANALYSIS -- CBAForm 3B		
Payback Period (remaining years)	Does not Payback in 7 Years	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	Does not Breakeven in 7 Years	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	(\$797,948,760)	NPV is the present-day value of the project's benefits less costs over the project's life cycle.
Internal Rate of Return (IRR)	No IRR	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBAForm 3C							
Fiscal Year	Prior Years	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31
Cost of Capital	2.90%	2.90%	3.10%	3.30%	3.40%	3.50%	3.50%

Exhibit 15: Project Investment Summary

1. 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.

In addition to the benefits internal to the Agency that are factored into the investment analysis, the Agency sees numerous benefits accruing to entities outside the Agency such as providers and managed care plans. For example, reduced enrollment and credentialing costs incurred by providers (first time and renewals); and reduced FFS claims administration costs incurred by providers. While not reflected in this analysis, benefits external to the Agency such as these make the investment in FX a positive one for Florida’s Medicaid enterprise.

Given that the investment analysis only considers benefits internal to the Agency, projected net benefits for FX are **(\$152,518,445)**. Exhibit 16 presents an estimated NPV from the program of **(\$797,948,760)**. The NPV calculation includes an estimate of **\$136,973,345** in total (not net) program benefits and total program costs of **\$695,560,247**.

*Of note is that **\$346,550,251** of the total program cost has been expended prior to SFY 2025-2026, leaving a balance of **\$349,009,997** in program costs spread across the remaining program years. Additionally, **\$314,054,997** of this balance is to be paid through federal match dollars, leaving **\$34,955,000** to be paid with State of Florida funds.

2. Program Costs

The estimated total program cost of implementing FX is **\$695,560,247** through SFY 2028-2029.

3. Project Financial Return Analysis

The Agency has computed the following values for FX.

Investment Term	Computed Value
Total Cost	\$695,560,247
Benefits	\$136,973,345 in total benefits*
Payback Period	Does not Payback in 7 Years
Payback Date	Does not Breakeven in 7 Years
	Analysis
Net Tangible Benefits	(\$848.1M) (net benefits minus total costs)
Net Present Value (NPV)	(\$798.0M)
Internal Rate of Return (IRR)	No IRR

Exhibit 16: Project Financial Return Analysis

**See previous narrative regarding the full scope of expected FX benefits.*

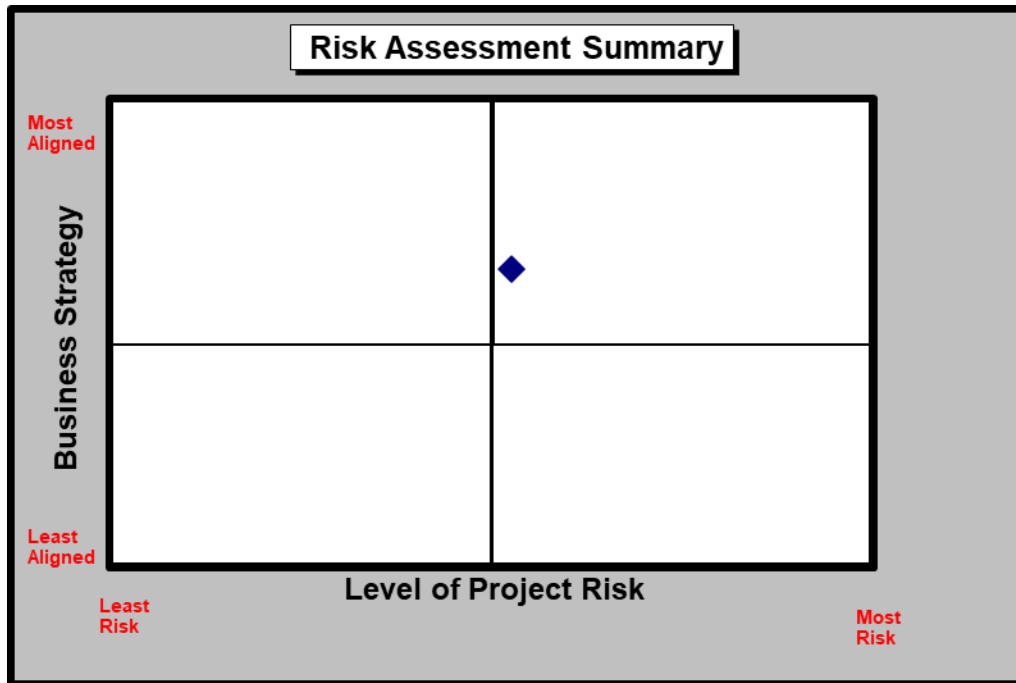
Given that only benefits internal to the Agency are included in the calculation of these financial metrics, the results are not truly indicative of the value that FX brings. Therefore, the Agency recommends that funding for continuation of the FX Program be requested by the Executive Office of the Governor 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 2025-2026.

IV. 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.

NOTE: All multi-year projects must update the Risk Assessment Component of the Schedule IV-B along with any other components that have been changed from the original Feasibility Study.

The Risk Assessment Tool and Risk Assessment Summary are included in Appendix B on the Florida Fiscal Portal and must be completed and submitted with the agency's Schedule IV-B. After answering the questions on the Risk Assessment Tool, the Risk Assessment Summary is automatically populated.



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	LOW
Project Complexity Assessment	HIGH
Overall Project Risk	MEDIUM

Exhibit 17: Project Risk Assessment Summary

The above exhibit shows a snapshot of the RA Project Assessment Tool Summary Tab from [Appendix B - Project Risk Assessment SFY 2025-2026](#). 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 EPgMO 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 contracted staff augmentation resources and 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.

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- Question 2.05 – Some minor legacy infrastructure components may be leveraged in the new solution. Now that the integration platform was implemented in March 2021, and the Enterprise Data Warehouse was implemented in April 2024, only moderate infrastructure changes 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 contracted staff augmentation resources. 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 Executive Steering Committee.
- Questions 7.04 and 7.05 – Requirements and design specifications have been defined and documented for IS/IP, EDW, PSM, Core, and UOC modules. PBM requirements will be elaborated and documented during SFY 2024-2025.
- Question 7.08 – Major project deliverables are reviewed and approved by the FX Executive Steering Committee.

- Question 7.10 – A roadmap for the multi-year program including a high-level schedule has been approved.
- Question 7.11 – The FX Program is comprised of multiple projects, all of which have schedules that include all project tasks, milestones, dependencies, and resources. Anticipated projects have been identified in the FX Portfolio. Their tasks will be elaborated when FX Governance authorizes the project.
- Question 8.03 – 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.

V. 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 FMMIS 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 Health Information Exchange 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 FMMIS/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 PBM is a Point-of-Sale (POS) Pharmacy Claims processing system operated and maintained by Magellan Health Services. Currently the PBM 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 FMMIS 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 FMMIS/DSS

systems and interfaces with those systems.

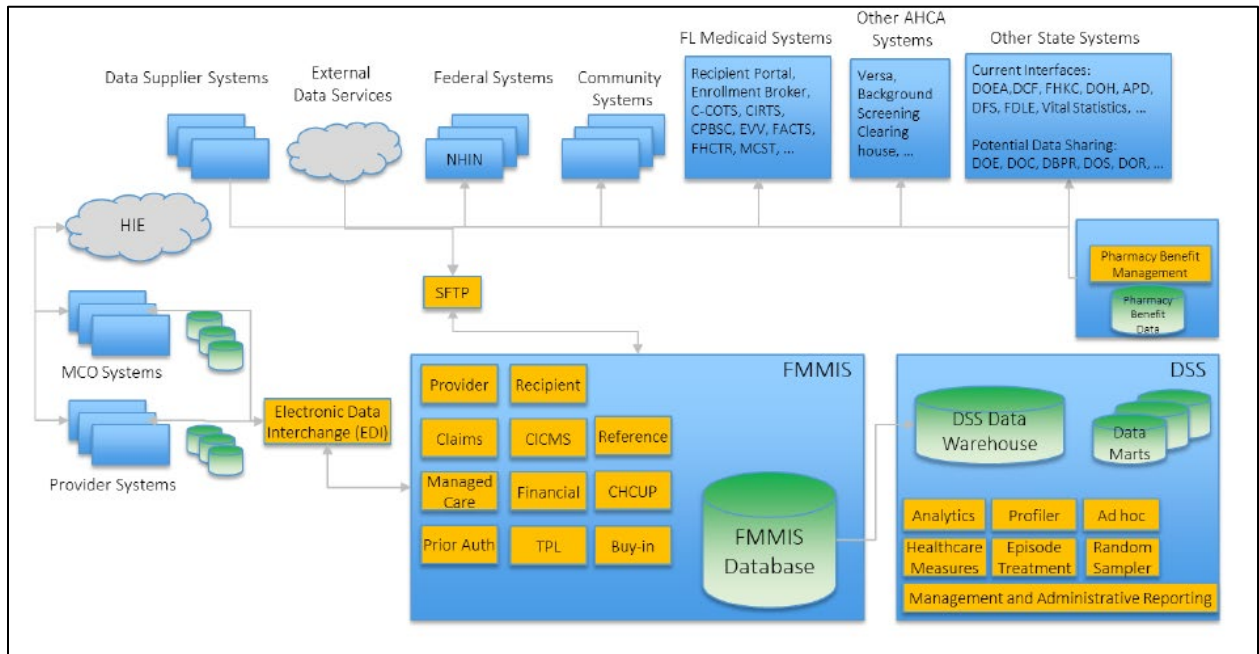


Exhibit 18: Current Conceptual Technical Architecture

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

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

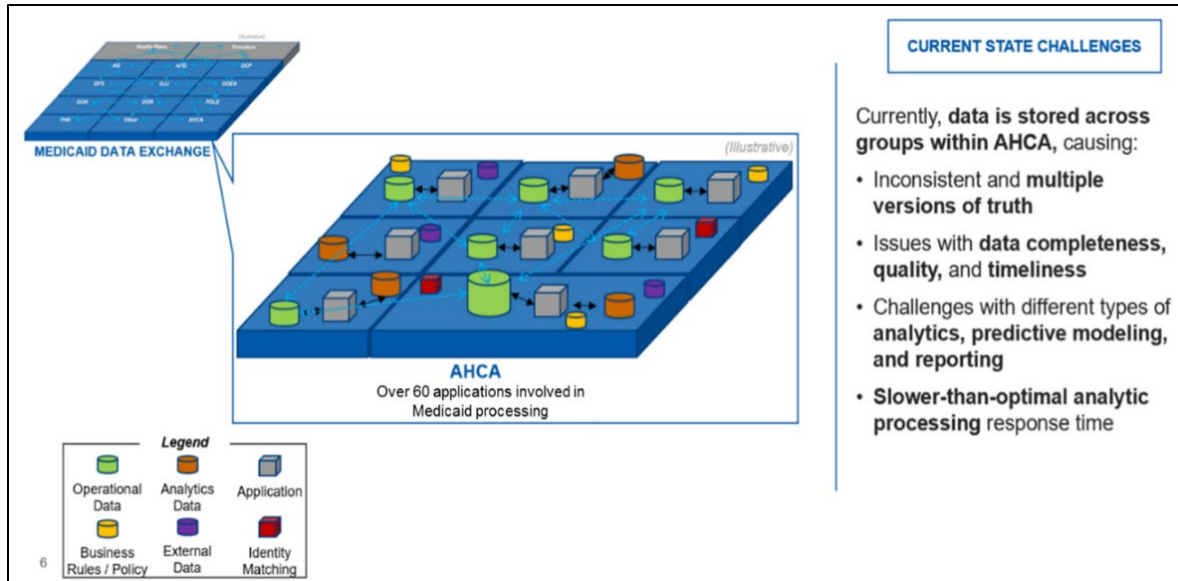


Exhibit 19: Current State

b. Current System Resource Requirements

To support the systems of the Medicaid Enterprise, the Agency has 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 following FX standards:

- [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 the exhibit below. 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.

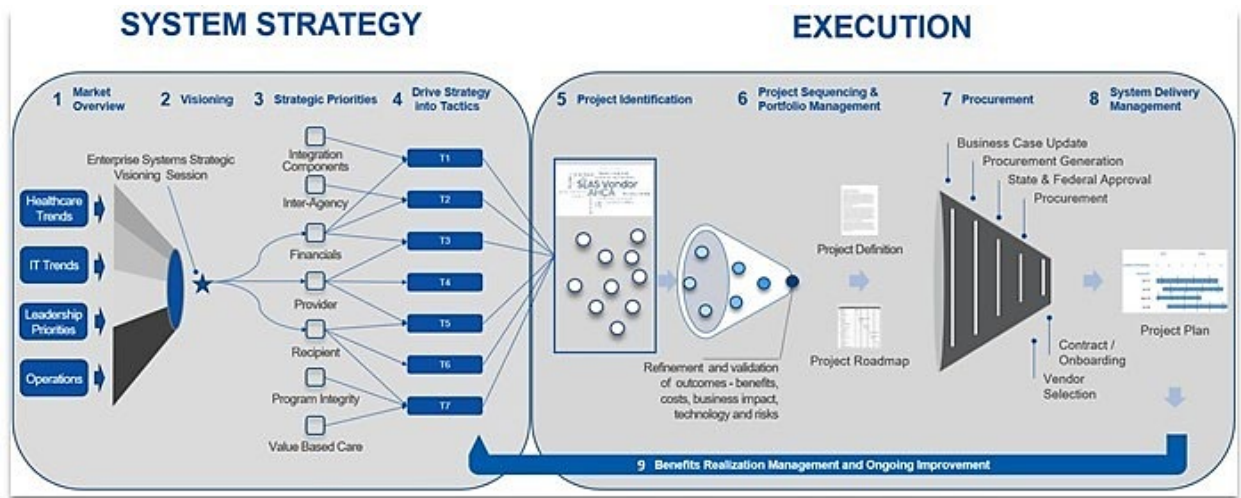


Exhibit 20: System Strategy and Portfolio Management Execution Process

B. Current Hardware and/or Software Inventory

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

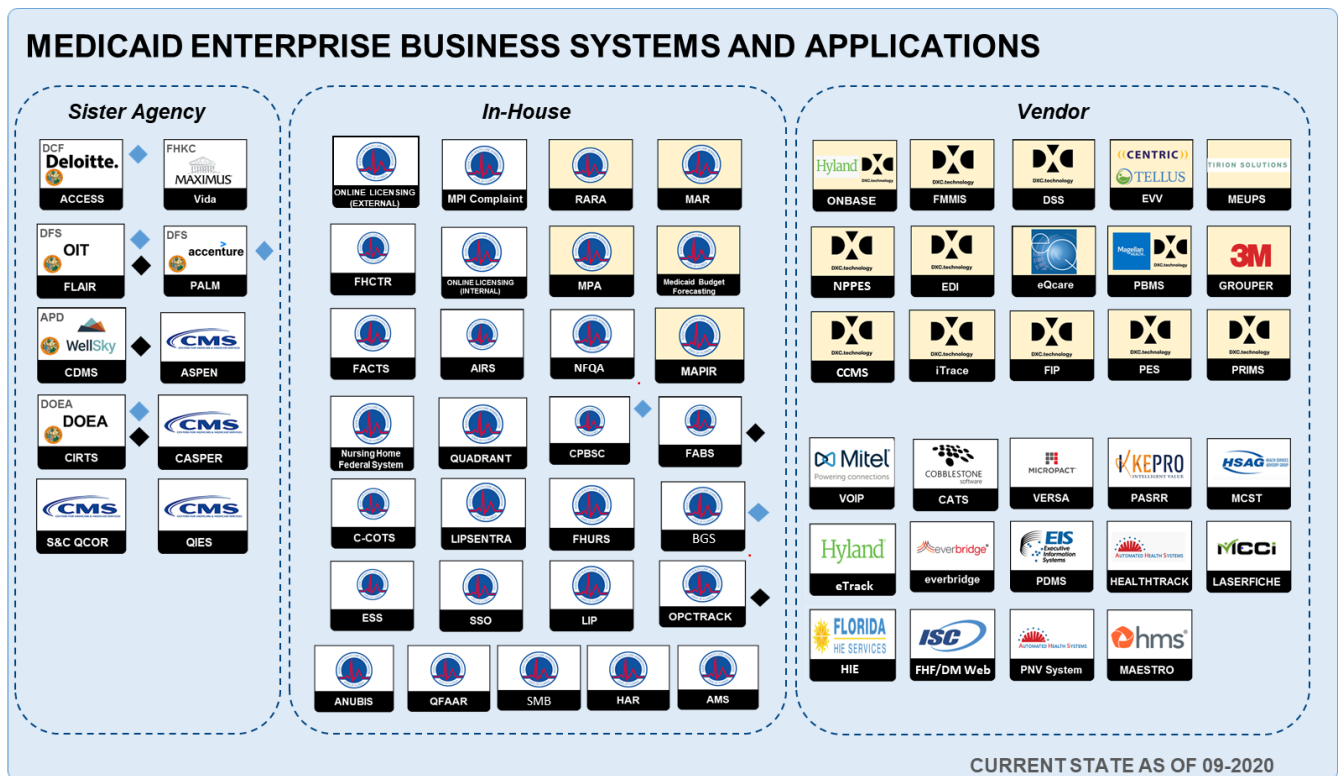
Applications/Software

The State of Florida Medicaid Enterprise is supported by a large, complex portfolio of systems and applications, totaling over sixty (60) systems and applications. Notably, the FMMIS includes

thirteen (13) contracted business systems and five (5) internal applications, relying on two support applications for procurement and contract management services and forty-three (43) other business systems and applications that interact with or support FMMIS and Medicaid. These applications/systems are provided in the following exhibits.

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 21: System/Application Owner Table



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

Exhibit 22: AHCA (2020) Medicaid Business Systems and Applications Portfolio

Interfaces

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

Storage

The exhibit below 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 23: Storage Use by Agency Applications

C. Proposed Technical Solution

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

To support this transformation, the Agency has developed the FX procurement strategy articulated in Section II.A.2. Business Objectives in this document. The FX transformation strategy proposes a 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 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

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		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 24: FX Strategy

The modules of the proposed to-be technical solution include sunsetting current Medicaid Enterprise business systems, such as DSS and FMMIS. A visual of the Medicaid Enterprise systems mapped by module is provided in the exhibit below.

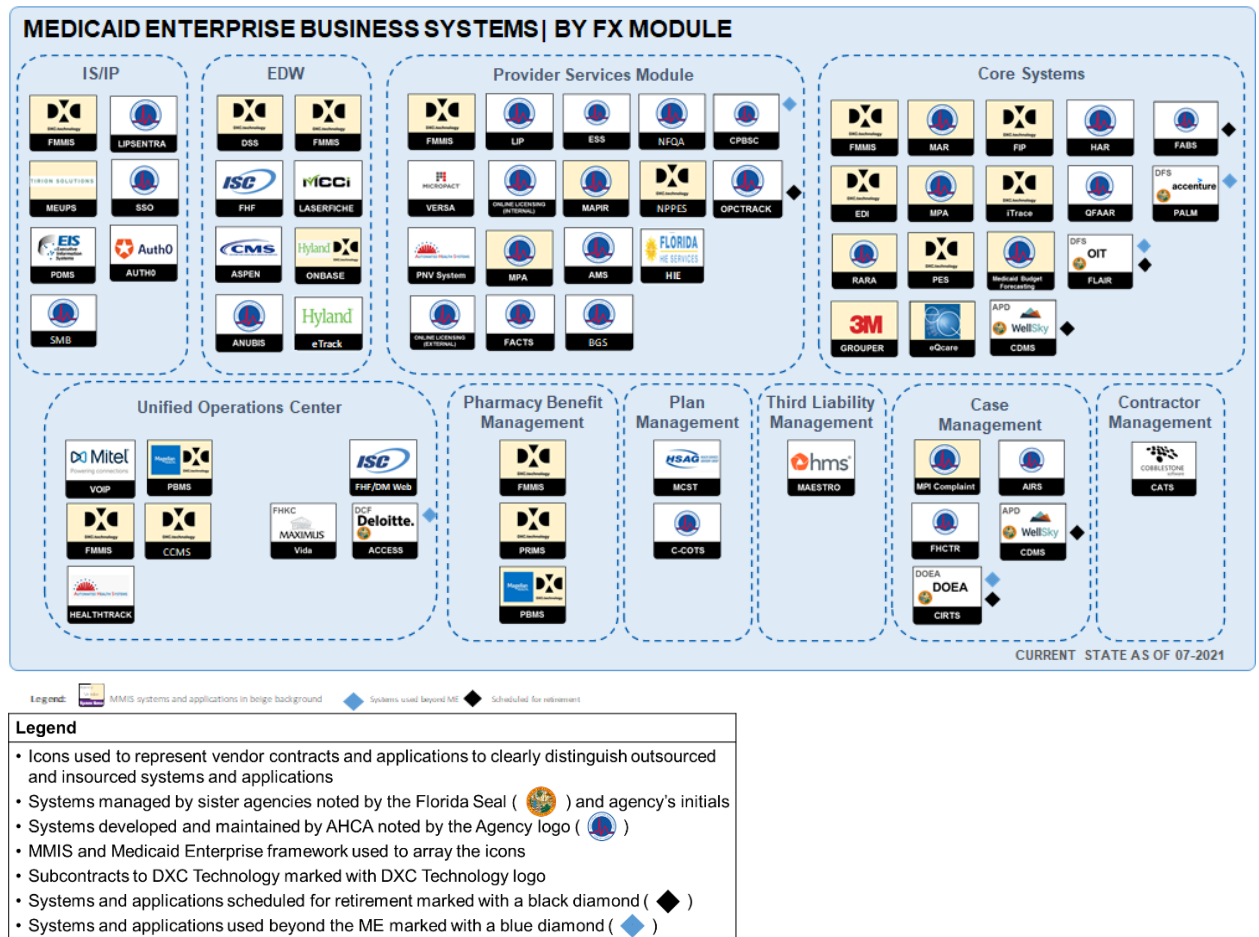


Exhibit 25: Medicaid Enterprise Business Systems by FX Module.

The FX technical standards define 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.

- 1) [T-1 FX Data Management Strategy](#)
- 2) [T-2 FX Information Architecture](#)
- 3) [T-3 FX Data Standards](#)
- 4) [T-4 FX Technical Management Strategy](#)
- 5) [T-5 FX Technical Architecture Documentation](#)
- 6) [T-6 FX Technology Standards](#)
- 7) [T-7 FX Design and Implementation Management Standards](#)
- 8) [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 Agency will also identify opportunities to reuse technologies and systems across the FX Enterprise, in accordance with the CMS Standards and Conditions.

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:

- 1) Interoperable with other systems within FX
- 2) Open-source solutions
- 3) 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:

- 1) Return on investment and business process improvement impact
- 2) Adherence to the Agency's data management and technology strategies
- 3) Aligns with expected market evolution in data management

- 4) 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:

- 1) Improve data quality by operating from a consolidated and comprehensive view of information
- 2) Evolve core processing with data validation at the point of business event data collection
- 3) Provide seamless access to a real-time, 360-degree (360°) view of recipient and provider information
- 4) Decouple data from proprietary systems and application stores
- 5) Operate with business area and persona optimized data marts and data analysis tools
- 6) 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.

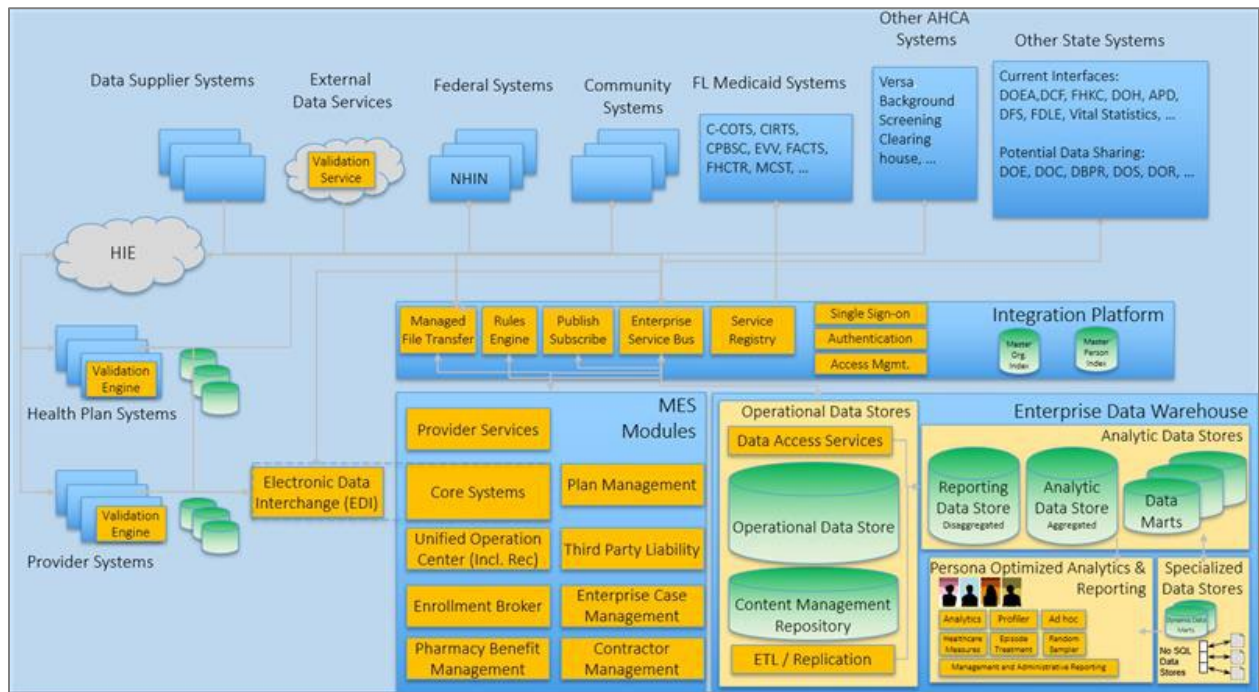


Exhibit 26: FX Conceptual Architecture Diagram.

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:

- 1) Make data integration efforts within and across agencies more efficient
- 2) Support MITA's guidance for modularized implementation of various healthcare components and easier sharing of data
- 3) Provide a common set of processes, tools, and data standards for the Agency's data solutions
- 4) Improve data quality, reduce duplication, and associated overhead
- 5) Comply with state and federal requirements
- 6) Reduce technology support and maintenance cost
- 7) 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 Phase 2: FX Infrastructure. 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 in the exhibit below, enables:

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

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

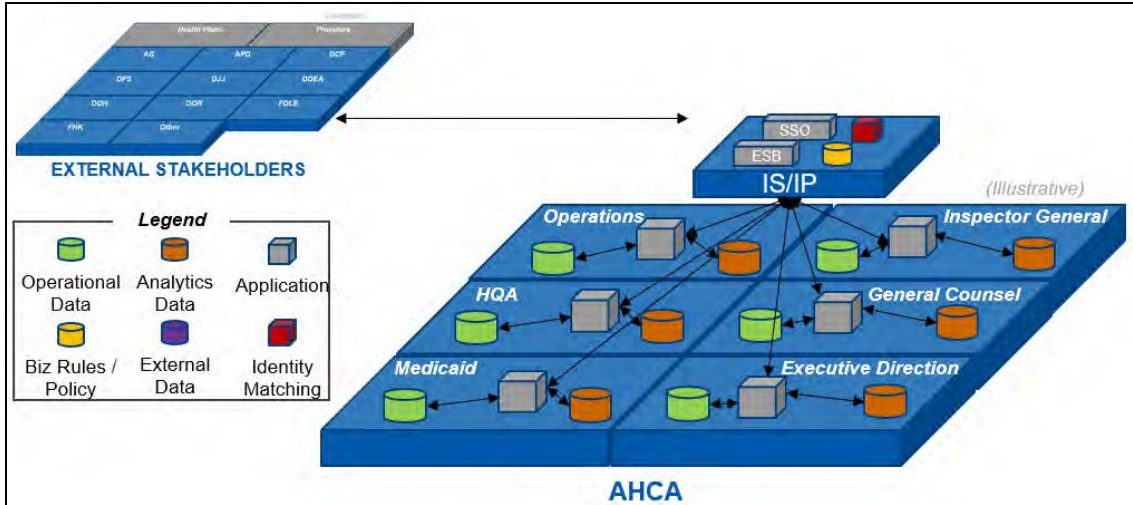


Exhibit 27: IS/IP Future State

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) are 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.

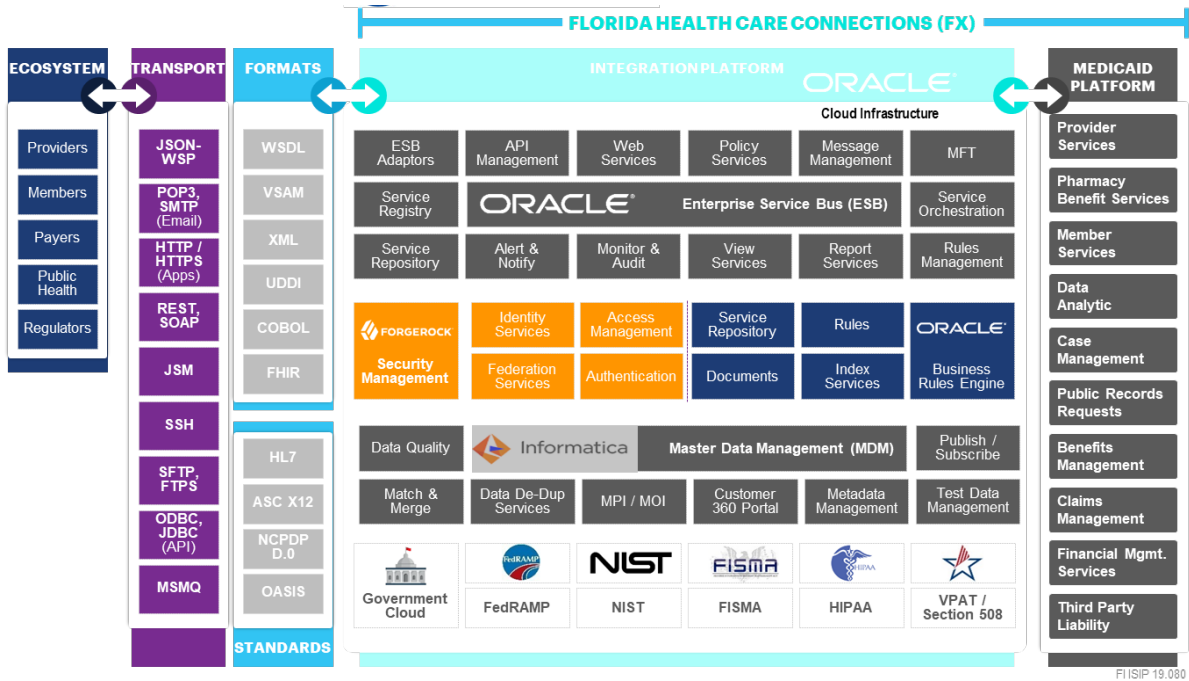


Exhibit 28: IS/IP Connections

Future State: Enterprise Data Warehouse (EDW)

The enterprise data service and analytic capabilities of the EDW Solution 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 facilitates the decoupling of systems and data to make data available and consistent throughout the ecosystem, which improves data quality and consistency for operational data use and analytic processing. The EDW Solution shown in the exhibit below enables:

- 1) Single source of truth to improve data quality, accuracy, and accessibility
- 2) Improved timeliness and consistency of data
- 3) Improved analytic data processing with business unit and persona optimized Data Marts and tools
- 4) System innovation and simplified system implementation
- 5) Elimination of inconsistent data and processing
- 6) Reduction in duplicated data

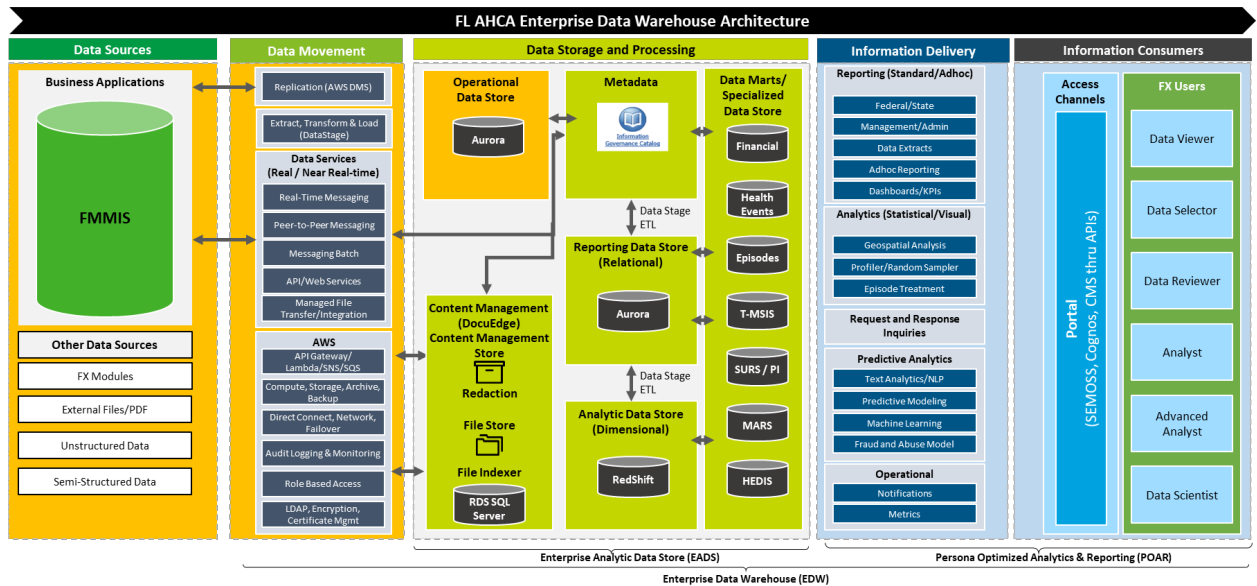


Exhibit 29: Project Future State

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:

- 1) Support improvements to mature operational business processing capabilities
- 2) Standardize business processing (e.g., enrollment, case management) to improve recipient and provider experience

- 3) Add new processing power and capabilities without the capacity constraints of a single vendor
- 4) Enable use of processing services by external organizations and systems
- 5) Enable high-quality and accessible data
- 6) Improve integration with external partners
- 7) Reduce complexity
- 8) Improve focus on and measurement of health care outcomes
- 9) Enable holistic decision-making
- 10) Use evidence-based processing
- 11) Improve analytics
- 12) Reduce fraud, waste, and abuse
- 13) Improve the ease and accuracy of provider claims payments
- 14) Improve the effectiveness of federal cost reporting to maintain federal funding eligibility

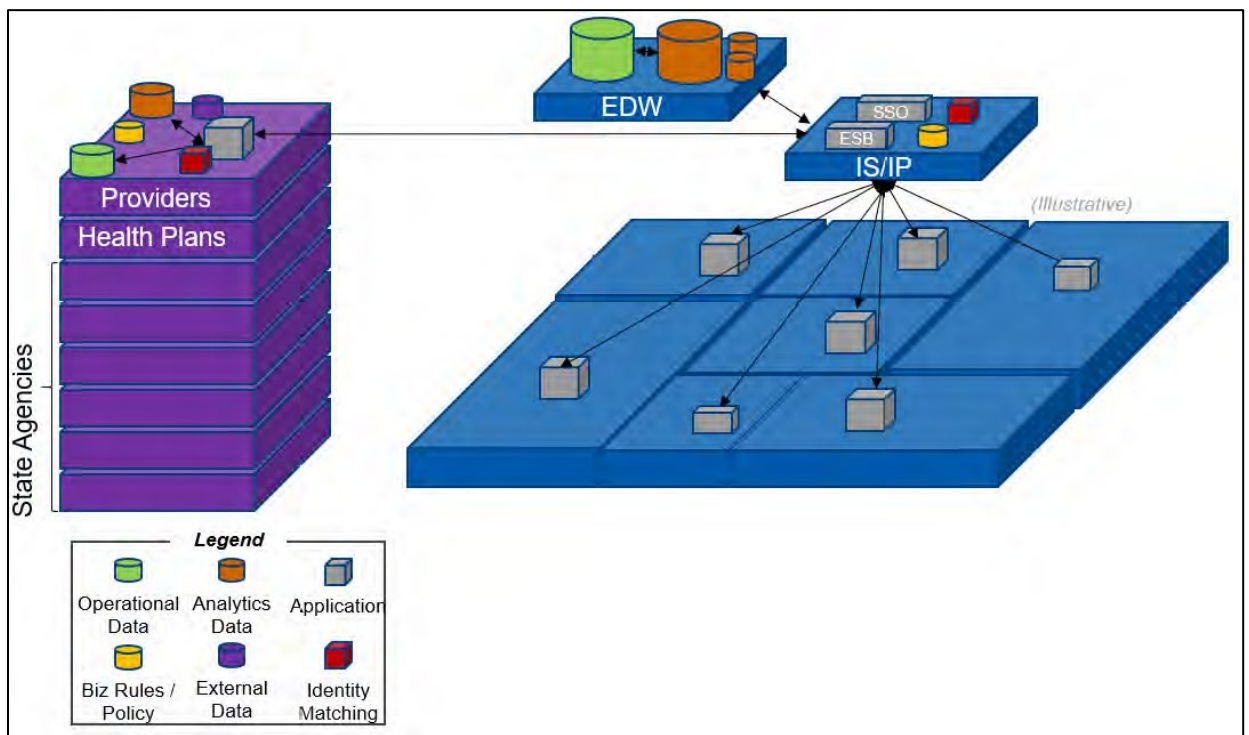


Exhibit 30: Modular Future State

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).

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

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

Enabling Capability	Description
Extract Transform Load (ETL)/Data Replication	Software that transfers information between data stores.
Reporting Data Store	A data store optimized for use by dashboards and reporting and is continuously updated with data from the operational data store.
Analytic Data Store	The data store optimized for analytic analysis. Also referred to as the data warehouse.
Data Marts	Specialized data stores that are structured and optimized for specific types of analysis or used by specific business units.
Dynamic Data Marts	Data stores that are created upon request in an optimized structure for a specific analysis or type of analysis.
Non-relational (NoSQL) Analytic Data Stores	Analytic data store that is optimized for unstructured data sources and big data analytics.

Exhibit 31: 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"/>			

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
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"/>		
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 32: Data Management Strategy Vision Matrix

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

The resource and summary funding level requirements for the proposed solution are unknown currently. The program is using outcome based and net present value (NPV) business cases to define, select, and approve specific projects. The impact of specific projects on resources and

funding levels will be documented in the project definition, selection, and approval process. Because the number of recipients, providers, claims, and encounters and other transactions is very large, even small changes in processing that improve data quality, improve data timeliness, reduce errors, reduce fraud, improper payments, reduce manual processing, and prevent avoidable costs can have large net benefits even if processing resources and processing costs increase.

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:

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

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

- 1) Growth in recipient population
- 2) Increased information used in processing
- 3) Reduction in duplication of data across systems

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

- 1) Growth in recipient population
- 2) Ecosystem wide use of real-time information
- 3) Increased information used in processing
- 4) Real-time business rules and decision-making
- 5) 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:

- 1) Increased information used in processing
- 2) Growth in recipient population
- 3) Increased sophistication of analysis

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

- 1) Growth in recipient population
- 2) Increased information used in processing

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

- 1) Reduced data replication loading and interface processing of bureau specific analytic data stores
- 2) Increased information used in processing
- 3) The net effect of the projected changes in capacity is:
- 4) Processing – very large accelerating increase in cumulative processing capacity needs from current
- 5) Storage – very large accelerating increase in cumulative storage capacity needs from current
- 6) Network – increase in cumulative network capacity needs from current
- 7) To minimize the risk of processing, storage, and network capacity affecting business operations new systems will:
- 8) Encourage use of cloud infrastructure that can be dynamically provisioned quickly at low cost
- 9) Require proof of ability to scale horizontally allowing transactions processing to occur in parallel
- 10) Provide services that allow processing to occur in the health plan, provider, and external systems
- 11) 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.

VI. Schedule IV-B Project Management Planning

Purpose: To require the agency to provide evidence of its thorough project planning and provide the tools the agency will use to carry out and manage the proposed project. The level of detail must be appropriate for the project's scope and complexity.

Include through file insertion or attachment the agency's project management plan and any associated planning tools/documents.

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

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 contractual required duties.
S-1: FX Governance Plan	Defines the governance structure and processes to enable effective and efficient advancement of FX.

FX Program Standards and Plans	
Standard / Plan	Description
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.
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.

FX Program Standards and Plans	
Standard / Plan	Description
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.
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 EPgMO Charter and Program Management Plan	Charters the FX EPgMO and establishes the guidelines and operational processes by which the FX EPgMO shall manage and/or monitor FX projects assigned by FX Portfolio Management.

Exhibit 33: 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.

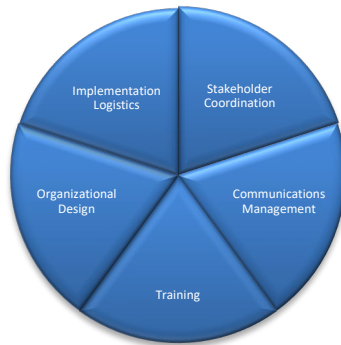
Change activities realize the potential business improvements resulting from the transformation, and organizational change management helps enable these changes, shortens the time to stabilization, and helps minimize the disruption of work to each stakeholder group. The OCM scope addresses the people side of the changes by keeping impacted stakeholders informed, involved, educated/trained, and supported prior to and throughout the changes. It promotes 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.

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 business process redesign and OCM activities to support the changes.

The Agency developed [FX Organizational Change Management \(OCM\) Standards](#) and published the 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 FX OCM.

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 FX Program OCM team facilitates 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.

VII. Appendices

[Attachment A Cost Benefit Analysis FY25-26 v100.xlsx](#)

[Appendix B - Project Risk Assessment 25_26 LBR.xlsx](#)

CBAForm 1 - Net Tangible Benefits

Agency **AHCA** Project **FX**

Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits - CBAForm 1A																					
Agency (Recurring Costs Only - No Project Costs)	Prior Years			FY 2025-26			FY 2026-27			FY 2027-28			FY 2028-29			FY 2029-30			FY 2030-31		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project
A. Personnel Costs -- Agency-Managed Staff	\$36,414,032	\$0	\$36,414,032	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754
A.b Total Staff	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00
A-1.a. State FTEs (Salaries & Benefits)	\$31,449,352	\$0	\$31,449,352	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169
A-1.b. State FTEs (#)	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00
A-2.a. OPS Staff (Salaries)	\$4,964,680	\$0	\$4,964,680	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585
A-2.b. OPS (#)	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3.b. Staff Augmentation (# of Contractors)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B. Application Maintenance Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-4. Other Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Data Center Provider Costs	\$510,888,791	\$61,863,741	\$572,752,532	\$61,819,985	\$46,543,077	\$108,363,063	\$61,819,985	\$57,717,159	\$119,537,144	\$61,819,985	\$48,916,987	\$110,736,973	\$61,819,985	\$28,916,494	\$90,736,480	\$61,819,985	\$28,916,494	\$90,736,480	\$61,819,985	\$28,916,494	\$90,736,480
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Infrastructure	\$483,267,343	\$31,159,525	\$514,426,868	\$58,824,981	\$37,358,866	\$96,183,847	\$58,824,981	\$48,482,948	\$107,307,929	\$58,824,981	\$41,180,278	\$100,005,260	\$58,824,981	\$22,677,287	\$81,502,268	\$58,824,981	\$22,677,287	\$81,502,268	\$58,824,981	\$22,677,287	\$81,502,268
C-3. Network / Hosting Services	\$21,321,448	\$30,704,216	\$52,025,664	\$2,995,004	\$9,184,211	\$12,179,215	\$2,995,004	\$9,234,211	\$12,229,215	\$2,995,004	\$7,736,709	\$10,731,713	\$2,995,004	\$6,239,207	\$9,234,211	\$2,995,004	\$6,239,207	\$9,234,211	\$2,995,004	\$6,239,207	\$9,234,211
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other pass through printing and postage	\$6,300,000	\$0	\$6,300,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Plant & Facility Costs	\$16,328,368	\$0	\$16,328,368	\$2,041,046	\$0	\$2,041,046	\$2,041,046	-\$1,530,785	\$510,262	\$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
E. Other Costs	\$5,951,288	\$0	\$5,951,288	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	-\$371,956	\$371,956	\$743,911	-\$743,911	\$0	\$743,911	-\$743,911	\$0	\$743,911	-\$743,911	\$0
E-1. Training	\$4,519,424	\$0	\$4,519,424	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	-\$282,464	\$282,464	\$564,928	-\$564,928	\$0	\$564,928	-\$564,928	\$0	\$564,928	-\$564,928	\$0
E-2. Travel	\$1,063,920	\$0	\$1,063,920	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	-\$66,495	\$66,495	\$132,990	-\$132,990	\$0	\$132,990	-\$132,990	\$0	\$132,990	-\$132,990	\$0
E-3. Other Specify	\$367,944	\$0	\$367,944	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	-\$22,997	\$22,997	\$45,993	-\$45,993	\$0	\$45,993	-\$45,993	\$0	\$45,993	-\$45,993	\$0
Total of Recurring Operational Costs	\$569,582,479	\$61,863,741	\$631,446,220	\$69,156,696	\$46,543,077	\$115,699,774	\$69,156,696	\$56,186,374	\$125,343,071	\$69,156,696	\$46,503,986	\$115,660,682	\$69,156,696	\$26,131,537	\$95,288,234	\$69,156,696	\$26,131,537	\$95,288,234	\$69,156,696	\$26,131,537	\$95,288,234
F. Additional Tangible Benefits:		\$0		\$13,639,871				\$20,544,882			\$20,849,818			\$24,191,706			\$28,616,549			\$29,130,519	
F-1. EDW		\$0		\$13,074,510				\$17,432,680			\$17,432,680			\$17,432,680			\$17,432,680			\$17,432,680	
F-2. PSM		\$0		\$353,883				\$1,887,374			\$1,887,374			\$1,887,374			\$1,887,374			\$1,887,374	
F-3. Unified Operations Center		\$0		\$211,478				\$1,127,885			\$1,127,885			\$1,170,804			\$1,213,722			\$1,213,722	
F-4. Core (Claims / Encounter / Financial)		\$0		\$0				\$0			\$0			\$3,269,852			\$7,620,665			\$8,101,279	
F-5. Pharmacy Benefit Management		\$0		\$0				\$96,944			\$401,880			\$430,997			\$462,108			\$495,464	
F-6.		\$0		\$0				\$0			\$0			\$0			\$0			\$0	
F-7.		\$0		\$0				\$0			\$0			\$0			\$0			\$0	
Total Net Tangible Benefits:		(\$61,863,741)		(\$32,903,206)				(\$35,641,492)			(\$25,654,168)			(\$1,938,831)			\$2,485,011			\$2,998,982	

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 <u> AHCA </u>	Project <u> FX </u>
--	---------------------------------------

PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)						TOTAL
	Prior Years' Costs	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	
TOTAL PROJECT COSTS (*)	\$346,550,251	\$143,380,577	\$88,481,877	\$74,382,976	\$42,764,566	\$0	\$695,560,247
CUMULATIVE PROJECT COSTS <i>(includes Current & Previous Years' Project-Related Costs)</i>	\$346,550,251	\$489,930,828	\$578,412,705	\$652,795,681	\$695,560,247	\$695,560,247	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.							

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B						TOTAL
	Prior Years' Costs	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	
General Revenue	\$34,813,365	\$14,392,058	\$8,848,188	\$7,438,298	\$4,276,457	\$0	\$69,768,364
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match	\$311,736,886	\$128,988,519	\$79,633,689	\$66,944,679	\$38,488,109	\$0	\$625,791,883
Grants	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other <i>Specify</i>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$346,550,251	\$143,380,577	\$88,481,877	\$74,382,976	\$42,764,566	\$0	\$695,560,247
CUMULATIVE INVESTMENT	\$346,550,251	\$489,930,828	\$578,412,705	\$652,795,681	\$695,560,247	\$695,560,247	

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	

Agency AHCA Project FX

COST BENEFIT ANALYSIS -- CBA Form 3A

	1	2	3	4	5	6	7	
	Prior Years' Costs	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31	TOTAL FOR ALL YEARS
Project Cost	(\$346,550,251)	(\$143,380,577)	(\$88,481,877)	(\$74,382,976)	(\$42,764,566)	\$0	\$0	(\$695,560,247)
Net Tangible Benefits	(\$61,863,741)	(\$32,903,206)	(\$35,641,492)	(\$25,654,168)	(\$1,939,831)	\$2,485,011	\$2,998,982	(\$152,518,445)
Return on Investment	(\$408,413,992)	(\$176,283,783)	(\$124,123,369)	(\$100,037,144)	(\$44,704,397)	\$2,485,011	\$2,998,982	(\$848,078,692)
							NPV =	(\$797,948,760)

RETURN ON INVESTMENT ANALYSIS -- CBA Form 3B

Payback Period (remaining years)	Does not Payback in 7 Years	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	Does not Breakeven in 7 Years	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	(\$797,948,760)	NPV is the present-day value of the project's benefits less costs over the project's life cycle.
Internal Rate of Return (IRR)	No IRR	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBA Form 3C

Fiscal Year	Prior Years	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31
Cost of Capital	2.90%	2.90%	3.10%	3.30%	3.40%	3.50%	3.50%

	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 2025-26 LBR Issue Code:			FY 2025-26 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>Tom Wallace, Deputy Secretary</i>								
11	Project Manager		<i>Michael Magnuson, FX Director</i>								
12	Prepared By		<i>Office of the FX Program</i>			<i>7/16/2024</i>					
14	Risk Assessment Summary										
15											
16	<div style="display: flex; align-items: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">Business Strategy</div> <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 50%;"></td> <td style="width: 50%; height: 50%;"></td> </tr> <tr> <td style="width: 50%; height: 50%;"></td> <td style="width: 50%; height: 50%;"></td> </tr> </table> </div>										
17								Most Aligned			
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25											
26											
27											
28	Least Aligned										
29											
30	Level of Project Risk										
31	Least Risk					Most Risk					
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						LOW				
49											
50	Project Complexity Assessment						HIGH				
51											
52											
53	Overall Project Risk						MEDIUM				

	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	81% to 100% -- All or nearly all defined and documented
18			41% to 80% -- Some defined and documented	
19			81% to 100% -- All or nearly all defined and documented	
20	1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	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)	Firm Fixed Price (FFP)
42			Firm Fixed Price (FFP)	
43			Combination FFP and T&E	
44	5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	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	Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented
17			Some or most staff roles and responsibilities and needed skills have been identified	
18			Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
19	6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	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	81% to 100% -- All or nearly all have been defined and documented
15			41 to 80% -- Some have been defined and documented	
16			81% to 100% -- All or nearly all have been defined and documented	
17	7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
18			41 to 80% -- Some have been defined and documented	
19			81% to 100% -- All or nearly all have been defined and documented	
20	7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	81% to 100% -- All or nearly all requirements and specifications are traceable
21			41 to 80% -- Some are traceable	
22			81% to 100% -- All or nearly all requirements and specifications are traceable	
23	7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	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	

CBAForm 1 - Net Tangible Benefits

Agency **AHCA** Project **FX**

Net Tangible Benefits - Operational Cost Changes (Costs of Current Operations versus Proposed Operations as a Result of the Project) and Additional Tangible Benefits - CBAForm 1A																					
Agency (Recurring Costs Only - No Project Costs)	Prior Years			FY 2025-26			FY 2026-27			FY 2027-28			FY 2028-29			FY 2029-30			FY 2030-31		
	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a)+(b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project	(a) Existing Program Costs	(b) Operational Cost Change	(c) = (a) + (b) New Program Costs Resulting from Proposed Project
A. Personnel Costs -- Agency-Managed Staff	\$36,414,032	\$0	\$36,414,032	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754	\$4,551,754	\$0	\$4,551,754
A.b Total Staff	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00	76.00	0.00	76.00
A-1.a. State FTEs (Salaries & Benefits)	\$31,449,352	\$0	\$31,449,352	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169	\$3,931,169	\$0	\$3,931,169
A-1.b. State FTEs (#)	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00	61.00	0.00	61.00
A-2.a. OPS Staff (Salaries)	\$4,964,680	\$0	\$4,964,680	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585	\$620,585	\$0	\$620,585
A-2.b. OPS (#)	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00	15.00	0.00	15.00
A-3.a. Staff Augmentation (Contract Cost)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
A-3.b. Staff Augmentation (# of Contractors)	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
B. Application Maintenance Costs	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-2. Hardware	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-3. Software	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
B-4. Other Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C. Data Center Provider Costs	\$510,888,791	\$61,863,741	\$572,752,532	\$61,819,985	\$46,543,077	\$108,363,063	\$61,819,985	\$57,717,159	\$119,537,144	\$61,819,985	\$48,916,987	\$110,736,973	\$61,819,985	\$28,916,494	\$90,736,480	\$61,819,985	\$28,916,494	\$90,736,480	\$61,819,985	\$28,916,494	\$90,736,480
C-1. Managed Services (Staffing)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-2. Infrastructure	\$483,267,343	\$31,159,525	\$514,426,868	\$58,824,981	\$37,358,866	\$96,183,847	\$58,824,981	\$48,482,948	\$107,307,929	\$58,824,981	\$41,180,278	\$100,005,260	\$58,824,981	\$22,677,287	\$81,502,268	\$58,824,981	\$22,677,287	\$81,502,268	\$58,824,981	\$22,677,287	\$81,502,268
C-3. Network / Hosting Services	\$21,321,448	\$30,704,216	\$52,025,664	\$2,995,004	\$9,184,211	\$12,179,215	\$2,995,004	\$9,234,211	\$12,229,215	\$2,995,004	\$7,736,709	\$10,731,713	\$2,995,004	\$6,239,207	\$9,234,211	\$2,995,004	\$6,239,207	\$9,234,211	\$2,995,004	\$6,239,207	\$9,234,211
C-4. Disaster Recovery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
C-5. Other pass through printing and postage	\$6,300,000	\$0	\$6,300,000	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
D. Plant & Facility Costs	\$16,328,368	\$0	\$16,328,368	\$2,041,046	\$0	\$2,041,046	\$2,041,046	-\$1,530,785	\$510,262	\$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
E. Other Costs	\$5,951,288	\$0	\$5,951,288	\$743,911	\$0	\$743,911	\$743,911	\$0	\$743,911	\$743,911	-\$371,956	\$371,956	\$743,911	-\$743,911	\$0	\$743,911	-\$743,911	\$0	\$743,911	-\$743,911	\$0
E-1. Training	\$4,519,424	\$0	\$4,519,424	\$564,928	\$0	\$564,928	\$564,928	\$0	\$564,928	\$564,928	-\$282,464	\$282,464	\$564,928	-\$564,928	\$0	\$564,928	-\$564,928	\$0	\$564,928	-\$564,928	\$0
E-2. Travel	\$1,063,920	\$0	\$1,063,920	\$132,990	\$0	\$132,990	\$132,990	\$0	\$132,990	\$132,990	-\$66,495	\$66,495	\$132,990	-\$132,990	\$0	\$132,990	-\$132,990	\$0	\$132,990	-\$132,990	\$0
E-3. Other Specify	\$367,944	\$0	\$367,944	\$45,993	\$0	\$45,993	\$45,993	\$0	\$45,993	\$45,993	-\$22,997	\$22,997	\$45,993	-\$45,993	\$0	\$45,993	-\$45,993	\$0	\$45,993	-\$45,993	\$0
Total of Recurring Operational Costs	\$569,582,479	\$61,863,741	\$631,446,220	\$69,156,696	\$46,543,077	\$115,699,774	\$69,156,696	\$56,186,374	\$125,343,071	\$69,156,696	\$46,503,986	\$115,660,682	\$69,156,696	\$26,131,537	\$95,288,234	\$69,156,696	\$26,131,537	\$95,288,234	\$69,156,696	\$26,131,537	\$95,288,234
F. Additional Tangible Benefits:		\$0		\$13,639,871				\$20,544,882			\$20,849,818			\$24,191,706			\$28,616,549			\$29,130,519	
F-1. EDW		\$0		\$13,074,510				\$17,432,680			\$17,432,680			\$17,432,680			\$17,432,680			\$17,432,680	
F-2. PSM		\$0		\$353,883				\$1,887,374			\$1,887,374			\$1,887,374			\$1,887,374			\$1,887,374	
F-3. Unified Operations Center		\$0		\$211,478				\$1,127,885			\$1,127,885			\$1,170,804			\$1,213,722			\$1,213,722	
F-4. Core (Claims / Encounter / Financial)		\$0		\$0				\$0			\$0			\$3,269,852			\$7,620,665			\$8,101,279	
F-5. Pharmacy Benefit Management		\$0		\$0				\$96,944			\$401,880			\$430,997			\$462,108			\$495,464	
F-6.		\$0		\$0				\$0			\$0			\$0			\$0			\$0	
F-7.		\$0		\$0				\$0			\$0			\$0			\$0			\$0	
Total Net Tangible Benefits:		(\$61,863,741)		(\$32,903,206)				(\$35,641,492)			(\$25,654,168)			(\$1,938,831)			\$2,485,011			\$2,998,982	

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 <u> AHCA </u>	Project <u> FX </u>
--	---------------------------------------

PROJECT COST SUMMARY	PROJECT COST SUMMARY (from CBAForm 2A)						TOTAL
	Prior Years' Costs	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	
TOTAL PROJECT COSTS (*)	\$346,550,251	\$143,380,577	\$88,481,877	\$74,382,976	\$42,764,566	\$0	\$695,560,247
CUMULATIVE PROJECT COSTS <i>(includes Current & Previous Years' Project-Related Costs)</i>	\$346,550,251	\$489,930,828	\$578,412,705	\$652,795,681	\$695,560,247	\$695,560,247	
Total Costs are carried forward to CBAForm3 Project Investment Summary worksheet.							

PROJECT FUNDING SOURCES	PROJECT FUNDING SOURCES - CBAForm 2B						TOTAL
	Prior Years' Costs	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	
General Revenue	\$34,813,365	\$14,392,058	\$8,848,188	\$7,438,298	\$4,276,457	\$0	\$69,768,364
Trust Fund	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Federal Match	\$311,736,886	\$128,988,519	\$79,633,689	\$66,944,679	\$38,488,109	\$0	\$625,791,883
Grants	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other Specify	\$0	\$0	\$0	\$0	\$0	\$0	\$0
TOTAL INVESTMENT	\$346,550,251	\$143,380,577	\$88,481,877	\$74,382,976	\$42,764,566	\$0	\$695,560,247
CUMULATIVE INVESTMENT	\$346,550,251	\$489,930,828	\$578,412,705	\$652,795,681	\$695,560,247	\$695,560,247	

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	

Agency AHCA Project FX

COST BENEFIT ANALYSIS -- CBA Form 3A

	1	2	3	4	5	6	7	
	Prior Years' Costs	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31	TOTAL FOR ALL YEARS
Project Cost	(\$346,550,251)	(\$143,380,577)	(\$88,481,877)	(\$74,382,976)	(\$42,764,566)	\$0	\$0	(\$695,560,247)
Net Tangible Benefits	(\$61,863,741)	(\$32,903,206)	(\$35,641,492)	(\$25,654,168)	(\$1,939,831)	\$2,485,011	\$2,998,982	(\$152,518,445)
Return on Investment	(\$408,413,992)	(\$176,283,783)	(\$124,123,369)	(\$100,037,144)	(\$44,704,397)	\$2,485,011	\$2,998,982	(\$848,078,692)
							NPV =	(\$797,948,760)

RETURN ON INVESTMENT ANALYSIS -- CBA Form 3B

Payback Period (remaining years)	Does not Payback in 7 Years	Payback Period is the time required to recover the investment costs of the project.
Breakeven Fiscal Year	Does not Breakeven in 7 Years	Fiscal Year during which the project's investment costs are recovered.
Net Present Value (NPV)	(\$797,948,760)	NPV is the present-day value of the project's benefits less costs over the project's life cycle.
Internal Rate of Return (IRR)	No IRR	IRR is the project's rate of return.

Investment Interest Earning Yield -- CBA Form 3C

Fiscal Year	Prior Years	FY 2025-26	FY 2026-27	FY 2027-28	FY 2028-29	FY 2029-30	FY 2030-31
Cost of Capital	2.90%	2.90%	3.10%	3.30%	3.40%	3.50%	3.50%

	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 2025-26 LBR Issue Code:			FY 2025-26 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>Tom Wallace, Deputy Secretary</i>								
11	Project Manager		<i>Michael Magnuson, FX Director</i>								
12	Prepared By		<i>Office of the FX Program</i>			<i>7/16/2024</i>					
14	Risk Assessment Summary										
15											
16	<div style="display: flex; align-items: center; justify-content: center;"> <div style="writing-mode: vertical-rl; transform: rotate(180deg); font-weight: bold; margin-right: 10px;">Business Strategy</div> <table border="1" style="border-collapse: collapse; width: 100%; height: 100%;"> <tr> <td style="width: 50%; height: 50%;"></td> <td style="width: 50%; height: 50%;"></td> </tr> <tr> <td style="width: 50%; height: 50%;"></td> <td style="width: 50%; height: 50%;"></td> </tr> </table> </div>										
17								Most Aligned			
18											
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20											
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22											
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24											
25											
26											
27											
28	Least Aligned										
29											
30	Level of Project Risk										
31	Least Risk					Most Risk					
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						LOW				
49											
50	Project Complexity Assessment						HIGH				
51											
52											
53	<i>Overall Project Risk</i>						MEDIUM				

	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	81% to 100% -- All or nearly all defined and documented
18			41% to 80% -- Some defined and documented	
19			81% to 100% -- All or nearly all defined and documented	
20	1.06	Are all needed changes in law, rule, or policy identified and documented?	No changes needed	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)	Firm Fixed Price (FFP)
42			Firm Fixed Price (FFP)	
43			Combination FFP and T&E	
44	5.13	What is the planned approach for procuring hardware and software for the project?	Timing of major hardware and software purchases has not yet been determined	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	Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented
17			Some or most staff roles and responsibilities and needed skills have been identified	
18			Staffing plan identifying all staff roles, responsibilities, and skill levels have been documented	
19	6.06	Is an experienced project manager dedicated fulltime to the project?	No experienced project manager assigned	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	81% to 100% -- All or nearly all have been defined and documented
15			41 to 80% -- Some have been defined and documented	
16			81% to 100% -- All or nearly all have been defined and documented	
17	7.05	Have all design specifications been unambiguously defined and documented?	0% to 40% -- None or few have been defined and documented	81% to 100% -- All or nearly all have been defined and documented
18			41 to 80% -- Some have been defined and documented	
19			81% to 100% -- All or nearly all have been defined and documented	
20	7.06	Are all requirements and design specifications traceable to specific business rules?	0% to 40% -- None or few are traceable	81% to 100% -- All or nearly all requirements and specifications are traceable
21			41 to 80% -- Some are traceable	
22			81% to 100% -- All or nearly all requirements and specifications are traceable	
23	7.07	Have all project deliverables/services and acceptance criteria been clearly defined and documented?	None or few have been defined and documented	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: FY 2025-26

Department: Agency for Health Care Administration

Chief Internal Auditor: Karen Preacher

Budget Entity: Inspector General/Internal Audit

Phone Number: (850) 412-3968

(1)	(2)	(3)	(4)	(5)	(6)
REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE

AUDITS FOR FISCAL YEAR 2023-24

AG 2024-174 *State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards*
 FYE 6/30/23

Finding#2023-045

The FAHCA did not always report or timely and accurately report subaward information required by the Federal Funding Accountability and Transparency Act (FFATA) in the Federal Funding Accountability and Transparency Act Subaward Reporting System (FSRS).

Recommendations

We recommend that the FAHCA enhance FFATA reporting controls to ensure that all required subaward information is timely and accurately reported in the FSRS for all subawards.

Management Response

The FAHCA concurs with the recommendation. The Grants Management Section within the Bureau of Financial Services will update its FFATA procedures to follow the federal regulations of reporting by the end of the month after the month in which a subaward is received.

Finding#2023-046

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.

Recommendations

We recommend that FAHCA management improve certain security controls related to FMMIS user authentication to ensure the confidentiality, integrity, and availability of FMMIS data and related IT resources.

Management Response

The FAHCA 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.

Finding#2023-048

FAHCA State match calculations were not always accurate or reviewed by management.

Recommendations

We recommend that FAHCA management enhance policies and procedures to ensure that all matching contribution calculations and amounts are subject to supervisory review.

Management Response

The FAHCA concurs with the recommendation. The Grants Management Section within the Bureau of Financial Services has begun updating its procedures to ensure that the calculations capture the correct FMAP rates for each quarter and that there is supervisory review in the process.

Finding#2023-049

The FAHCA did not ensure that State mental health hospital cost report audits were timely reviewed in accordance with the approved Medicaid State Plan and Federal regulations.

Recommendations

We recommend that FAHCA management ensure that desk audits of cost report audits are timely conducted in accordance with the approved Medicaid State Plan and Federal regulations.

Management Response

The FAHCA acknowledges the importance of completing the cost report audits within a 12 month period after receipt from FAHCA's designated contractor. FAHCA management will ensure that desk audits are completed timely.

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding#2023-050 The FAHCA did not always conduct health and life safety surveys in accordance with Federal regulations and established procedures.</p>	<p>Management Response Since the initiation of the public health emergency (PHE) in 2020, the State Agency (SA) workload has grown for a number of reasons. Foremost, on March 4, 2020 the Centers for Medicare and Medicaid Services (CMS) suspended routine survey activity not related to immediate jeopardy (IJ) complaints and infection control relating to IJ complaints. On August 17, 2020, CMS authorized the return to additional survey activities, as states are ready for re-opening activities; this was not a hard return to survey activity date, dependent on the public health situation in any given state and region within a state. This minimum five and a half month mandated pause on most survey workload caused the SA to be delayed in completing routine surveys. CMS did not stop the clock while surveys were on hold, rather the timeframes kept running, as though we were able to survey, which we were not. This delay would cause a facility that was already at 11 months (ICF or SNF) at the point of the suspension of survey activities to be late as soon as we were able to resume a normal workload. Understandably, this caused a "snowball effect" causing delays in all survey activity which still impacts the Agency today. There is no way to compensate for this time taken from us with no accommodations.</p> <p>In addition, through federal fiscal year (FFY) 2022-2023, CMS mandated a new type of survey, not accounted for in the federal workload. This was a focused infection control (FIC) survey. During the FFY for this review period, there were 188 of these mandatory FIC surveys, taking away resources from routine survey work with mandatory timeframes. CMS continuously stated in meetings with state leadership from across the country that the FIC surveys and high priority complaints were to take precedence over routine survey work, understanding state survey agencies were all struggling with increased workload and the unintended consequences of a federal mandate to halt workload.</p> <p>As a result of the pausing of survey activity, newly hired staff could not receive coaching in the field as part of their orientation. This caused another delay in training staff to be able to survey, further exacerbating the negative impact on the poorly thought-out federal plan to continue the clock on surveys while mandating they all cease most survey activity. Training for surveyors can take upwards of a year when surveys are being conducted without a pause. This would add at least another six months to any orientation period for staff, given there was no option for field experience for routine survey activity, which is a critical element of training new staff so they may become fully functioning team members.</p> <p>In addition, a loss of productivity occurred with office closures related to storm activity (Hurricane Ian) and additional holidays resulted in a loss of 12 working days during FFY2022, a reduction of 4.6% of available days for staff to survey. As part of our federal work requirements, as outlined in the CMS Mission & Priority Document state agencies are obligated to prioritize emergency management activities. For Hurricane Ian, our staff conducted 837 post incident assessment surveys in impacted areas, significantly impacting our ability to conduct routine survey activity. In anticipation of hurricane season, our staff also conducted 727 nursing home generator monitoring visits in nursing homes between May – end of September 2022, in order to ensure safety of nursing home residents during the time of a storm. These emergency management activities greatly impact routine workload yet ensure the safety of Florida's most vulnerable citizens.</p> <p>We have been working with our field offices to address late survey workload, including those areas mentioned in the report. In our November 2023 meeting we worked on ideas to address some nursing home surveys with the longest timeframes since recertification. Multiple teams from throughout the state were sent to our Clearwater office to address this concern.</p> <p>Regarding not sending survey letters timely, staff will be reminded to use our report "Current Surveys That Do Not Have an SOD (Statement of Deficiencies) Sent Date" in Tableau to monitor. With that said, delays in sending reports generally occur because supervisory staff require additional information from surveyors upon reading of the draft report. This is a necessary delay to ensure a fair and thorough report is provided. Although we will continue to strive to meet the ten business day target, ensuring a quality report will remain a priority over timely sending a report that does not meet quality standards.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding#2023-051 The FAHCA did not always refund to the U.S. Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS), the Federal share of Medicaid overpayments made to providers in accordance with Federal regulations.</p>	<p>Management Response The FAHCA concurs with the recommendation. Medicaid Accounts Receivable (MAR) #36035 was not reported within 60 days of the final order. However, the adjustments were made pursuant to the final order and the overpayment was reported on the CMS-64 Report for Quarter Ending 12/31/2023. A spreadsheet reflecting the MAR CMS-64 Report for Quarter Ending 12/31/2023 has been provided as supporting documentation. The lines which correspond to MAR #36035 have been highlighted in yellow on the related tabs. Moving forward, the MAR Unit Supervisor will perform periodic checks to ensure that final orders have been entered into the MAR Module within the SunFocus System.</p>	
			<p>Recommendations We recommend that FAHCA management enhance controls to ensure that all identified overpayments are timely reported to CMS on Form CMS-64 in accordance with Federal regulations.</p>		
			<p>Finding#2023-052 The FAHCA did not check all required Federal databases to confirm the identity of providers upon enrollment and reenrollment nor screen, enroll, or periodically revalidate all network providers of Managed Care Organizations (MCOs), Prepaid Inpatient Health Plans (PIHPs), and Prepaid Ambulatory Health Plans (PAHPs) in accordance with Federal regulations.</p>	<p>Management Response The FAHCA concurs that the FMMIS must be configured to check the SSA DMF and NPPES upon provider enrollment and reenrollment and continue efforts to enroll, screen, and revalidate all network providers in accordance with Federal regulations.</p>	
			<p>Recommendations We recommend that the FAHCA configure FMMIS to check the SSA DMF and NPPES upon provider enrollment and reenrollment and continue efforts to enroll, screen, and revalidate all network providers in accordance with Federal regulations.</p>		
			<p>Finding#2023-054 The FAHCA 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 FAHCA is in concurrence. FAHCA developed 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, SFY23/24, SFY 24/25). For the SFY 22-23 encounter validation (EDV) study, the External Quality Review Organization (EQRO) evaluated the FAHCA long-term care (LTC) encounter data for truthfulness, completeness and accuracy by conducting a comparative analysis and LTC record and plan of care document review. The FAHCA posted the results of the 2022 financial audits to its Website on September 14, 2023.</p>	
			<p>Recommendations We recommend that FAHCA management follow established policies and procedures to ensure that an EDV study of each health plan's encounter data is conducted at least once every 3 years and post the results of financial audits on its Web site.</p>		
			<p>Finding#2023-055 The FAHCA did not obtain from health plans a report that included all MLR information required by Federal regulations.</p>	<p>Management Response FAHCA has worked with CMS and other states to become compliant with 42 CFR 438.8(k) and created the compliant template and it will be implemented June 1, 2024.</p>	
			<p>Recommendations We recommend that the FAHCA update the ASR Financial Report template to ensure that the ASR Financial Report obtained from each MCO, PIHP, and PAHP includes a comparison of the reported MLR information to the audited financial report in accordance with Federal regulations.</p>		
			<p>Finding#2023-056</p>		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AG 2024-030	February 2023 through July 2023	<p align="center"><i>Medicaid Managed Care Contract Monitoring Follow-Up and Oversight of Health Plan Complaint and Grievance Handling</i></p>	<p>The FAHCA 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 FAHCA 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#AM 2023-03</p> <p>FAHCA 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</p> <p>We recommend that the FAHCA enhance procedures to ensure that amounts are accurately reported on the State's SEFA.</p>	<p>Management Response</p> <p>Using a standardized tool developed by our contracted EQRO, the FAHCA completed a full compliance review of all health plans on June 27, 2023. A combination of desk reviews, interviews, and virtual site visits were used. Plan specific results will be provided to the EQRO for inclusion in the upcoming Annual Technical Report. In addition, the FAHCA will continue routine monitoring to ensure any deficiencies are corrected with each plan. The FAHCA agrees to continue efforts to ensure compliance.</p> <p>Management Response</p> <p>The FAHCA concurs with the recommendation. The Grants Management Section within the Bureau of Financial Services will update the procedures to ensure accurate and complete reporting. The revisions will also include a second-level review of data input into the SEFA form before submission.</p>	
			<p>Finding#1</p> <p>Enrollee Complaint, Grievance, and Appeal Reports. Agency controls over Medicaid Managed Care health plan complaint, grievance, and appeal data reports and the preparation of compliance action forms need improvement.</p> <p>Recommendations</p> <p>We recommend that Agency management enhance policies and procedures to require that Agency records evidence supervisory review of ECGA Data Summary Reports and take steps to ensure that Compliance Action forms are prepared for all noncompliance issues noted in accordance with Agency policies and procedures.</p>	<p align="right"><i>(See 2024-030 6-month Status Report)</i></p> <p>Management Response</p> <p>The supervisor's signature, indicating review and approval, was added to the Data Summary sheet beginning with August 2023 reviews. The process and procedures have also been updated to include the supervisor review and approval of the Data Summary.</p> <p>Completed May 2023 for effective date August 2023.</p>	
AHCA-2223-02-A	7/1/21 to 7/31/22	<p align="center"><i>Audit of Agency Cash Collection Processes</i></p>	<p>Finding#1</p> <p>The Agency lacks a comprehensive uniform policy and procedure for cash collection.</p> <p>Recommendations</p> <p>We recommend the Bureau of Financial Services update applicable policies and procedures to include a uniform process for collecting cash and transporting cash from area to area, and from area to the Cash Room.</p>	<p align="right"><i>(See Report No. AHCA-2223-02-S6)</i></p> <p>Management Response</p> <p>During the workgroup meeting held on September 12, 2023, the Check Custodian memo was discussed because it had to be updated and provided to the appropriate staff. In addition, BFS staff reminded everyone to endorse the back of the checks.</p> <p>The Check Custodian memo has been updated, signed, and distributed to the appropriate Agency staff. The memo, which has been inserted in this response and attached along with this Management Response Table, is addressed to all program areas in which checks are received as well as how checks and check batches should be delivered to the Cash Room.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>We recommend the Bureau of Financial Services periodically monitor compliance with the updated policies and procedures.</p>	<p>The Check Custodian memo, which is dated March 1, 2024, has been updated, signed, and distributed to the Agency staff in the program areas in which checks are received. Since the memo was distributed in March 2024, BFS will periodically monitor compliance in the future and will advise the staff/program area(s) if any corrective action is necessary.</p>	
			<p>Finding#2 The Agency is not adequately safeguarding cash.</p>		
			<p>Recommendations We recommend the Bureau of Financial Services update applicable policies and procedures to include a uniform process for collecting cash and transporting cash from area to area, and from area to the Cash Room.</p>	<p>Management Response BFS will update the Check and Payment Processing procedures which include safeguarding cash and financial information. The last revision was made in July 2022. After updating the procedures, they will be provided to all staff who are responsible for handling and processing checks and other payments received in the Agency.</p>	
			<p>Finding#3 The Agency is not adequately safeguarding financial information.</p>		
			<p>Recommendations We recommend the Agency safeguard physical confidential financial information under lock and key when not in use.</p>	<p>Management Response BFS will update the Check and Payment Processing procedures which include safeguarding cash and financial information. The last revision was made in July 2022. After updating the procedures, they will be provided to all staff who are responsible for handling and processing checks and other payments received in the Agency.</p>	
			<p>We recommend the Bureau of Financial Services establish the requirements in the uniform policy and procedure referenced in the recommendations in Finding 1 of this audit to safeguard physical confidential financial information in locked rooms or filing cabinets and secure the keys for those rooms or cabinets, and to periodically verify compliance with those requirements.</p>	<p>BFS will update the Check and Payment Processing procedures which include safeguarding cash and financial information. The last revision was made in July 2022. After updating the procedures, they will be provided to all staff who are responsible for handling and processing checks and other payments received in the Agency.</p>	
			<p>Finding#4 Agency is not disposing of records which have met their retention schedule.</p>		
			<p>Recommendations We recommend the Agency, in consultation with the Office of General Counsel, identify the physical and electronic records which: may contain confidential financial information; have met their retention schedule; and are ready for final disposition. Furthermore, we recommend the Agency implement an annual requirement in policy for the final disposition of those records, in compliance with applicable laws and regulations. This process should apply to all areas of the Agency, as well as contracted entities.</p>	<p>Management Response Based on meetings held on July 21, 2023, and September 12, 2023, Richard Shoop will be contacted for advice on the redaction and disposal processes since these processes fall under the purview of the Agency Clerk, the processes are related to records management, and multiple sections within the Agency collect funds for various purposes.</p>	
			<p>We recommend the Agency monitor the retention and disposal processes.</p>	<p>Based on meetings held on July 21, 2023, and September 12, 2023, Richard Shoop will be contacted for advice on the redaction and disposal processes since these processes fall under the purview of the Agency Clerk, the processes are related to records management, and multiple sections within the Agency collect funds for various purposes.</p>	
			<p>We recommend the Agency dispose of physical duplicates of all records which may have confidential financial information in a timely manner if the electronic copy has been quality-assured and secured.</p>	<p>Based on meetings held on July 21, 2023, and September 12, 2023, Richard Shoop will be contacted for advice on the redaction and disposal processes since these processes fall under the purview of the Agency Clerk, the processes are related to records management, and multiple sections within the Agency collect funds for various purposes.</p>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
AHCA-2324-00004-A		<i>Audit of Health Care Policy & Oversight Responses to Federal Audits</i>	<p>Finding HCPO did not amend 59A-4, F.A.C. in accordance with the Agency response to federal audit A-04-17-08058 regarding State Emergency Plans. HCPO did not schedule rule workshop within six months as stated in the Agency response to federal audit A-04-17-08058 regarding State Emergency Plan requirements.</p> <p>Recommendations We recommend HCPO begin the process to update 59A-4 F.A.C., Minimum Standards for Nursing Homes regarding emergency plans.</p>	<p style="text-align: right;"><i>(See AHCA-2324-04-S6)</i></p> <p>Management Response Health Care Policy & Oversight (HCPO) is finalizing updates to rule language and the nursing home Comprehensive Emergency Management Plan (CEMP) to align the criteria and format with the new template for Assisted Living Facilities CEMPs adopted November 2023. A standard template is necessary to make updates as the emergency plan criteria for residential providers are complex. The new template was created in coordination with the Florida Emergency Preparedness Association, Florida Health Care Association, Florida Senior Living Association, and other groups with a stake in residential health care. HCPO anticipates publishing a notice of rule development to include a workshop date by October 1, 2024</p>	
AHCA-2324-00003-A	n/a	Enterprise Audit of Agency Cybersecurity	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.		
AUDITS FOR FISCAL YEAR 2022-23					
AG 2023-174 AG 21-22 Federal Awards & Financial Statement Audit	FYE 6/30/22	<i>State of Florida Compliance and Internal Controls Over Financial Reporting and Federal Awards</i>	<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>Recommendations We recommend that FAHCA 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 FAHCA 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>Recommendations We recommend that FAHCA 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>Management Response The FAHCA 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>Management Response The FAHCA 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>	

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<p>Finding#2022-051 The FAHCA did not check all required Federal databases to confirm the identity of providers upon enrollment and reenrollment.</p> <p>Recommendations We recommend that the FAHCA configure FMMIS to check the SSA DMF and NPPES upon provider enrollment and reenrollment in accordance with Federal regulations.</p>	<p>Management Response The FAHCA 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>Finding#2022-053 FAHCA State match contributions were not always supported by appropriate records, nor were related calculations always accurate or reviewed by management.</p> <p>Recommendations We recommend that FAHCA 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>Management Response The FAHCA 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</p>	
			<p>Finding#2022-054 The FAHCA did not ensure that all external quality review activities were performed in accordance with Federal requirements.</p> <p>Recommendations We recommend that the FAHCA 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>Management Response The FAHCA is in concurrence. The final federal compliance review tools and the draft timeline was submitted to CMS on February 7, 2023. The FAHCA 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>Finding#2022-055 The FAHCA 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>Recommendations We recommend that FAHCA 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 The FAHCA is in concurrence. FAHCA 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>Finding#2022-056 The FAHCA did not obtain from health plans a report that included all MLR information required by Federal regulations.</p> <p>Recommendations We recommend that the FAHCA 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>Management Response The FAHCA 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>	

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	<i>Contract Monitoring Process</i>	<p>Finding#2022-057 The FAHCA'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 FAHCA 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>Management Response The FAHCA concurs that FAHCA'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>	
AHCA-2223-04-A	n/a	<i>Information Technology Audit: Enterprise Cybersecurity Audit of Identity Management, Authentication, and Access Controls.</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.		
AHCA-2122-02-A	10/1/21 through 3/31/22	<i>Public Records Process Audit</i>	<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>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>	

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 create a public records page on the Agency's internal website to include redaction guidance for Agency staff to consult.</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>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>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). (See Report# AHCA-2122-02-A for complete response)</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>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. (See Report# AHCA-2122-02-A for complete response)</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>Management Response 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. (See Report# AHCA-2122-02-A for complete response)</p>	
			<p>Recommendations 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>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>We recommend the Public Records Office utilize and implement the correspondence tracking system's allowable restrictions.</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>Additionally, we recommend the Agency implement ongoing periodic reviews of access privileges for the correspondence tracking system.</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>Finding#3 The Agency does not have a consistent formula for assessing fees for public records requests.</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. (See Report# AHCA-2122-02-A for complete response)</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>		

REPORT NUMBER	PERIOD ENDING	UNIT/AREA	SUMMARY OF FINDINGS AND RECOMMENDATIONS	SUMMARY OF CORRECTIVE ACTION TAKEN	ISSUE CODE
			<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>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	<i>Pcard Program Transaction Audit</i>	<p>Finding</p> <p>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> <p>Recommendations</p> <p>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>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>	
AHCA-2122-01-A	7/1/21 through 10/18/22	<i>Pcard Program Administration Audit</i>	<p>Finding</p> <p>PCard cancellations by the Agency are not always timely.</p> <p>Recommendations</p> <p>We recommend the Agency review their processes and controls to ensure timely cancellation of PCard upon employee separation.</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>	

Fiscal Year 2025-26 LBR Technical Review Checklist

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

Agency Budget Officer/OPB Analyst Name: La-Shonna K. Austin/John Peters

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification

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

1. GENERAL

1.1 Are Columns A01, A04, A05, A91, A92, A93, A36, A10, IA1, IA4, IA5, IP1, IV1, IV3 and NV1 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for both the Budget and Trust Fund columns (no trust fund files for narrative columns)? Is Column A02 set to TRANSFER CONTROL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for the Trust Fund Files (the Budget Files should already be on TRANSFER CONTROL for DISPLAY and MANAGEMENT CONTROL for UPDATE)? Are Columns A06, A07, A08 and A09 for Fixed Capital Outlay (FCO) set to TRANSFER CONTROL for DISPLAY status only (UPDATE status remains on OWNER)? (CSDI or Web LBR Column Security)	Y	Y	Y	Y	Y	Y
1.2 Is Column A03 set to TRANSFER CONTROL for DISPLAY and UPDATE status for both the Budget and Trust Fund columns? (CSDI)	Y	Y	Y	Y	Y	Y

AUDITS:

1.3 Have Column A03 budget files been copied to Column A12? Run the Exhibit B Audit Comparison Report to verify. (EXBR, EXBA)	Y	Y	Y	Y	Y	Y
1.4 Have Column A03 trust fund files been copied to Column A12? Run Schedule I (SC1R, SC1 or SC1R, SC1D adding column A12) to verify.	Y	Y	Y	Y	Y	Y
1.5 Has Column A12 security been set correctly to ALL for DISPLAY status and MANAGEMENT CONTROL for UPDATE status for Budget and Trust Fund files? (CSDR, CSA)	Y	Y	Y	Y	Y	Y
TIP The agency should prepare the budget request for submission in this order: 1) Copy Column A03 to Column A12, and 2) Lock columns as described above. A security control feature included in the LAS/PBS Web upload process requires columns to be in the proper status before uploading to the portal.						

2. EXHIBIT A (EADR, EXA)

2.1 Is the budget entity authority and description consistent with the agency's LRPP and does it conform to the directives provided on page 56 of the LBR	Y	Y	Y	Y	Y	Y
2.2 Are the statewide issues generated systematically (estimated expenditures, nonrecurring expenditures, etc.) included?	Y	Y	Y	Y	Y	Y
2.3 Are the issue codes and titles consistent with <i>Section 3</i> of the LBR Instructions (pages 14 through 27)? Do they clearly describe the issue?	Y	Y	Y	Y	Y	Y

3. EXHIBIT B (EXBR, EXB)

3.1 Is it apparent that there is a fund shift where an appropriation category's funding source is different between A02 and A03? Were the issues entered into LAS/PBS correctly? Check D-3A funding shift issue 340XXX0 - a unique deduct and unique add back issue should be used to ensure fund shifts display correctly on the LBR exhibits.	Y	Y	Y	Y	Y	Y
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AUDITS:

Fiscal Year 2025-26 LBR Technical Review Checklist

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

<p>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")</p> <p style="color: red;">Justification: Fund shift issue caused a negative appropriation in category the Other Personal Services appropriation category in program component 1603000000. This negative is not related to audit purpose for this report.</p>	N/J	Y	Y	Y	Y	Y
<p>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")</p>	Y	Y	Y	Y	Y	Y
<p>TIP Generally look for and be able to fully explain significant differences between A02 and A03.</p>						
<p>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.</p>						
<p>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.</p>						
4. EXHIBIT D (EADR, EXD)						
<p>4.1 Is the program component objective statement consistent with the agency LRPP, and does it conform to the directives provided on page 59 of the LBR</p>	Y	Y	Y	Y	Y	Y
<p>4.2 Is the program component code and title used correct?</p>	Y	Y	Y	Y	Y	Y
<p>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.</p>						
5. EXHIBIT D-1 (ED1R, EXD1)						
<p>5.1 Are all object of expenditures positive amounts? (This is a manual check.)</p>	Y	Y	Y	Y	Y	Y
AUDITS:						
<p>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")</p>	Y	Y	Y	Y	Y	Y
<p>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.)</p>	Y	Y	Y	Y	Y	Y

Fiscal Year 2025-26 LBR Technical Review Checklist

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

Agency Budget Officer/OPB Analyst Name: La-Shonna K. Austin/John Peters

A "Y" indicates "YES" and is acceptable, an "N/J" indicates "NO/Justification Provided" - these require further explanation/justification

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

5.4	A01/State Accounts Disbursements and Carry Forward Comparison Report: Does Column A01 equal Column B08? (EXBR, EXBD - Differences [with a \$5,000 allowance at the department level] need to be corrected in Column A01.)	Y	Y	Y	Y	Y	Y
TIP	If objects are negative amounts, the agency must make adjustments to Column A01 to correct the object amounts. In addition, the fund totals must be adjusted to reflect the adjustment made to the object data.						
TIP	If fund totals and object totals do not agree or negative object amounts exist, the agency must adjust Column A01.						
TIP	Exhibit B - A01 less than B04: This audit is to ensure that the disbursements and carry/certifications forward in A01 are less than FY 2023-24 approved budget. Amounts should be positive. The \$5,000 allowance is necessary for						
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 14 through 27 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.2	Does the issue narrative adequately explain the agency's request and is the explanation consistent with the LRPP? (See pages 64 through 69 of the LBR Instructions.)	Y	Y	Y	Y	Y	Y
7.3	Does the narrative for Information Technology (IT) issue follow the additional narrative requirements described on pages 66 through 69 of the LBR	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.7 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

Fiscal Year 2025-26 LBR Technical Review Checklist

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

7.7 Does the issue narrative thoroughly explain/justify all Salaries and Benefits amounts entered into the Other Salary Amounts transactions (OADAC)? Amounts entered into OAD are reflected in the Position Detail of Salaries and Benefits section of the Exhibit D-3A. (See pages 93 through 94 of the LBR	Y	N/A	Y	N/A	N/A	Y
7.8 Does the issue narrative include the Consensus Estimating Conference forecast, where appropriate?	N/A	N/A	N/A	Y	Y	N/A
7.9 Does the issue narrative reference the specific county(ies) where applicable?	N/A	N/A	N/A	N/A	N/A	N/A
7.10 Do the 160XXX0 issues reflect budget amendments that have been approved (or in the process of being approved) and that have a recurring impact (including Lump Sums)? Have the approved budget amendments been entered in Column A18 as instructed in Memo #24-040?	N/A	N/A	N/A	N/A	N/A	N/A
7.11 When appropriate are there any 160XXX0 issues included to delete positions placed in reserve in the LAS/PBS Position and Rate Ledger (e.g. unfunded grants)? Note: Lump sum appropriations not yet allocated should <u>not</u> be	N/A	N/A	N/A	N/A	N/A	N/A
7.12 Does the issue narrative include plans to satisfy additional space requirements when requesting additional positions?	N/A	N/A	N/A	N/A	N/A	N/A
7.13 Has the agency included a 160XXX0 issue and 210XXXX and 260XXX0 issues as required for lump sum distributions?	N/A	N/A	N/A	N/A	N/A	N/A
7.14 Do the amounts reflect appropriate FSI assignments?	Y	Y	Y	Y	Y	Y
7.15 Are the 33XXXX0 issues negative amounts only and do not restore nonrecurring cuts from a prior year or fund any issues that net to a positive or zero amount? Check D-3A issues 33XXXX0 - a unique issue should be used for issues that net to zero or a positive amount.	N/A	N/A	N/A	Y	Y	N/A
7.16 Do the issue codes relating to special <i>Salaries and Benefits</i> issues (e.g., position reclassification, pay grade adjustment, overtime/on-call pay, etc.) have an "A" in the fifth position of the issue code (XXXXAXX) and are they self-contained (not combined with other issues)? (See pages 26 and 27 of the LBR Instructions.)	Y	N/A	Y	N/A	N/A	Y
7.17 Do the issues relating to <i>Information Technology (IT)</i> have a "C" in the sixth position of the issue code (36XXXXCX) and are the correct issue codes used (361XXC0, 362XXC0, 363XXC0, 24010C0, 30010C0, 33011C0, 160E470, or 160E480)?	Y	N/A	Y	N/A	N/A	Y
7.18 Are the issues relating to <i>Major Audit Findings and Recommendations</i> properly coded (4A0XXX0, 4B0XXX0)?	N/A	N/A	N/A	N/A	N/A	N/A
7.19 Does the issue narrative identify the strategy or strategies in the Five Year Statewide Strategic Plan for Economic Development?	Y	Y	Y	Y	Y	Y
AUDIT:						
7.20 Does the General Revenue for 160XXXX (Adjustments to Current Year Expenditures) issues net to zero? (GENR, LBR1)	Y	N/A	Y	N/A	N/A	N/A

Fiscal Year 2025-26 LBR Technical Review Checklist

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

7.21 Does the General Revenue for 180XXXX (Intra-Agency Reorganizations) issues net to zero? (GENR, LBR2)	N/A	N/A	N/A	N/A	N/A	N/A
7.22 Does the General Revenue for 200XXXX (Estimated Expenditures Realignment) issues net to zero? (GENR, LBR3)	Y	N/A	N/A	N/A	N/A	N/A
7.23 Have FCO appropriations been entered into the nonrecurring column (A04)? (GENR, LBR4 - Report should print "No Records Selected For Reporting" or a listing of D-3A issue(s) assigned to Debt Service (IOE N) or in some cases State Capital Outlay - Public Education Capital Outlay (IOE L)	N/A	N/A	N/A	N/A	N/A	N/A
7.24 Has narrative been entered for all issues requested by the agency? Agencies do not need to include narrative for startup issues (1001000, 2103XXX, etc.) that were not input by the agency. (NAAR, BSNR)	Y	Y	Y	Y	Y	Y
7.25 Has the agency entered annualization issues (260XXX0) for any issue that was partially funded in Fiscal Year 2024-25? Review Column G66 to determine whether any incremental amounts are needed to fully fund an issue that was initially appropriated in Fiscal Year 2024-25. Do not add annualization issues for pay and benefit distribution issues, as those annualization issues (26AXXXX) have already been added to A03.	N/A	N/A	N/A	Y	Y	N/A
TIP Salaries and Benefits amounts entered using the OADA/C transactions must be thoroughly justified in the D-3A issue narrative. Agencies can run OADA/OADR from STAM to identify the amounts entered into OAD and ensure these entries have been thoroughly explained in the D-3A issue narrative.						
TIP The issue narrative must completely and thoroughly explain and justify each D-3A issue. Agencies must ensure it provides the information necessary for the OPB and legislative analysts to have a complete understanding of the issue submitted. Thoroughly review pages 64 through 69 of the LBR Instructions.						
TIP Check BAPS to verify status of budget amendments. Check for reapprovals not picked up in the General Appropriations Act. Verify that Lump Sum appropriations in Column A02 do not appear in Column A03. Review budget amendments to verify that 160XXX0 issue amounts correspond accurately and net to zero for General Revenue funds.						
TIP If an agency is receiving federal funds from another agency the FSI should = 9 (Transfer - Recipient of Federal Funds). The agency that originally receives the funds directly from the federal agency should use FSI = 3 (Federal Funds).						
TIP If an appropriation made in the FY 2024-25 General Appropriations Act duplicates an appropriation made in substantive legislation, the agency must create a unique deduct nonrecurring issue to eliminate the duplicated appropriation. Normally this is taken care of through line item veto.						

8. SCHEDULE I & RELATED DOCUMENTS (SC1R, SC1 - Budget Entity Level or SC1R, SC1D - Department Level)

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

8.1	Has a separate department level Schedule I and supporting documents package been submitted by the agency?	Y	Y	Y	Y	Y	Y
8.2	Has a Schedule I and Schedule IB been completed in LAS/PBS for each operating trust fund?	Y	Y	Y	Y	Y	Y
8.3	Have the appropriate Schedule I supporting documents been included for the trust funds (Schedule IA, Schedule IC, and Reconciliation to Trial Balance)?	Y	Y	Y	Y	Y	Y
8.4	Have the Examination of Regulatory Fees Part I and Part II forms been included for the applicable regulatory programs?	N/A	N/A	N/A	N/A	N/A	Y
8.5	Have the required detailed narratives been provided (5% trust fund reserve narrative; method for computing the distribution of cost for general management and administrative services narrative; adjustments narrative; revenue estimating methodology narrative; fixed capital outlay adjustment narrative)?	Y	Y	Y	Y	Y	Y
8.6	Has the Inter-Agency Transfers Reported on Schedule I form been included as applicable for transfers totaling \$100,000 or more for the fiscal year?	Y	Y	Y	Y	Y	Y
8.7	If the agency is scheduled for the annual trust fund review this year, have the Schedule ID and applicable draft legislation been included for recreation, modification or termination of existing trust funds?	Y	Y	Y	Y	Y	Y
8.8	If the agency is scheduled for the annual trust fund review this year, have the necessary trust funds been requested for creation pursuant to section 215.32(2)(b), Florida Statutes - including the Schedule ID and applicable	N/A	N/A	N/A	N/A	N/A	N/A
8.9	Are the revenue codes correct? In the case of federal revenues, has the agency appropriately identified direct versus indirect receipts (object codes 000700, 000750, 000799, 001510 and 001599)? For non-grant federal revenues, is the correct revenue code identified (codes 000504, 000119, 001270, 001870, 001970)?	Y	Y	Y	Y	Y	Y
8.10	Are the statutory authority references correct?	Y	Y	Y	Y	Y	Y
8.11	Are the General Revenue Service Charge percentage rates used for each revenue source correct? (Refer to section 215.20, Florida Statutes, for appropriate General Revenue Service Charge percentage rates.)	Y	Y	Y	Y	Y	Y
8.12	Is this an accurate representation of revenues based on the most recent Consensus Estimating Conference forecasts?	Y	Y	Y	Y	Y	Y
8.13	If there is no Consensus Estimating Conference forecast available, do the revenue estimates appear to be reasonable?	Y	Y	Y	Y	Y	Y
8.14	Are the federal funds revenues reported in Section I broken out by individual grant? Are the correct CFDA codes used?	Y	Y	Y	Y	Y	Y
8.15	Are anticipated grants included and based on the state fiscal year (rather than federal fiscal year)?	Y	Y	Y	Y	Y	Y
8.16	Are the Schedule I revenues consistent with the FSI's reported in the Exhibit D-	Y	Y	Y	Y	Y	Y
8.17	If applicable, are nonrecurring revenues entered into Column A04?	Y	N/A	Y	N/A	N/A	Y

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	Program or Service (Budget Entity Codes)					
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8.18 Has the agency certified the revenue estimates in columns A02 and A03 to be the latest and most accurate available? Does the certification include a statement that the agency will notify OPB of any significant changes in revenue estimates that occur prior to the Governor's Budget Recommendations being	Y	Y	Y	Y	Y	Y
8.19 Is a 5% trust fund reserve reflected in Section II? If not, is sufficient justification provided for exemption? Are the additional narrative requirements	Y	Y	Y	Y	Y	Y
8.20 Are appropriate General Revenue Service Charge nonoperating amounts included in Section II?	Y	Y	Y	Y	Y	Y
8.21 Are nonoperating expenditures to other budget entities/departments cross-referenced accurately?	Y	Y	Y	Y	Y	Y
8.22 Do transfers balance between funds (within the agency as well as between agencies)? (See also 8.6 for required transfer confirmation of amounts totaling \$100,000 or more.)	Y	Y	Y	Y	Y	Y
8.23 Are nonoperating expenditures recorded in Section II and adjustments recorded in Section III?	Y	Y	Y	Y	Y	Y
8.24 Are prior year September operating reversions appropriately shown in column A01, Section III?	Y	Y	Y	Y	Y	Y
8.25 Are current year September operating reversions (if available) appropriately shown in column A02, Section III?	Y	Y	Y	Y	Y	Y
8.26 Does the Schedule IC properly reflect the unreserved fund balance for each trust fund as defined by the LBR Instructions, and is it reconciled to the agency accounting records?	Y	Y	Y	Y	Y	Y
8.27 Has the agency 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	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	Y
8.29 Does Line I of Column A01 (Schedule I) equal Line K of the Schedule IC?	Y	Y	Y	Y	Y	Y
AUDITS:						
8.30 Is Line I a positive number? (If not, the agency must adjust the budget request to eliminate the deficit).	Y	Y	Y	Y	Y	Y
8.31 Is the June 30 Adjusted Unreserved Fund Balance (Line I) equal to the July 1 Unreserved Fund Balance (Line A) of the following year? If a Schedule IB was prepared, do the totals agree with the Schedule I, Line I? (SC1R, SC1A - Report should print "No Discrepancies Exist For This Report")	Y	Y	Y	Y	Y	Y
8.32 Has a Department Level Reconciliation been provided for each trust fund and does Line A of the Schedule I equal the CFO amount? If not, the agency must correct Line A. (SC1R, DEPT)	Y	Y	Y	Y	Y	Y

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8.33	Has a Schedule IB been provided for ALL trust funds having an unreserved fund balance in columns A01, A02 and/or A03, and if so, does each column's total agree with line I of the Schedule I?	Y	Y	Y	Y	Y	Y
8.34	Have A/R been properly analyzed and any allowances for doubtful accounts been properly recorded on the Schedule IC?	Y	Y	Y	Y	Y	Y
TIP	The Schedule I is the most reliable source of data concerning the trust funds. It is very important that this schedule is as accurate as possible!						
TIP	Determine if the agency is scheduled for trust fund review. (See page 124 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 155 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 90 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 93 and 94 of the LBR Instructions for appropriate use of the OAD transaction.) Use OADI or OADR to identify agency other salary amounts	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
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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.						

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

14. SCHEDULE VIII B-2 (EADR, S8B2) (Required to be posted to the Florida Fiscal Portal)						
14.1 Do the reductions comply with the instructions provided on pages 99 through 102 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
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 104-108 of the LBR Instructions for detailed instructions)

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 (if submitting) and LBR match?	Y	Y	Y	Y	Y	Y

AUDITS INCLUDED IN THE SCHEDULE XI REPORT:

16.3 Does the FY 2023-24 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

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16.7 Does Section I (Final Budget for Agency) and Section III (Total Budget for Agency) equal? (Audit #4 should print "No Discrepancies Found") Note: The remaining amount of (\$65.00) is due to rounding.	Y	N/J	Y	N/J	N/J	Y
TIP If Section I and Section III have a small difference, it may be due to rounding and therefore will be acceptable.						

17. MANUALLY PREPARED EXHIBITS & SCHEDULES (Required to be posted to the Florida Fiscal Portal)

17.1 Do exhibits and schedules comply with LBR Instructions (pages 52 through 152 of the LBR Instructions), and are they accurate and complete?	Y	Y	Y	Y	Y	Y
17.2 Does manual exhibits tie to LAS/PBS where applicable?	Y	Y	Y	Y	Y	Y
17.3 Are agency organization charts (Schedule X) provided and at the appropriate level of detail?	Y	Y	Y	Y	Y	Y
17.4 Does the LBR include a separate Schedule IV-B for each IT project over \$1 million (see page 128 and 129 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	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	N/A

AUDITS - GENERAL INFORMATION

TIP Review <i>Section 6: Audits</i> of the LBR Instructions (pages 154 through 156) for a list of audits and their descriptions.						
TIP Reorganizations may cause audit errors. Agencies must indicate that these errors are due to an agency reorganization to justify the audit error.						

18. CAPITAL IMPROVEMENTS PROGRAM (CIP) (Required to be posted to the Florida Fiscal Portal)

18.1 Are the CIP-2, CIP-3, CIP-A and CIP-B forms included?	Y	Y	Y	Y	Y	Y
18.2 Are the CIP-4 and CIP-5 forms submitted when applicable (see CIP Instructions)?	N/A	N/A	N/A	N/A	N/A	N/A
18.3 Do all CIP forms comply with CIP Instructions where applicable (see CIP Instructions)?	Y	Y	Y	Y	Y	Y
18.4 Does the agency request include 5 year projections (Columns A03, A06, A07, A08 and A09)?	N/A	N/A	N/A	N/A	N/A	N/A
18.5 Are the appropriate counties identified in the narrative?	N/A	N/A	N/A	N/A	N/A	N/A
18.6 Has the CIP-2 form (Exhibit B) been modified to include the agency priority for each project and the modified form saved as a PDF document?	N/A	N/A	N/A	N/A	N/A	N/A

TIP Requests for Fixed Capital Outlay appropriations which are Grants and Aids to Local Governments and Non-Profit Organizations must use the Grants and Aids to Local Governments and Non-Profit Organizations - Fixed Capital Outlay major appropriation category (140XXX) and include the sub-title "Grants and Aids". These appropriations utilize a CIP-B form as justification.						
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19. FLORIDA FISCAL PORTAL

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Action	68200000	68500100	68500200	68501400	68501500	68700700

19.1 Have all files been assembled correctly and posted to the Florida Fiscal Portal as outlined in the Florida Fiscal Portal Submittal Process?	Y	Y	Y	Y	Y	Y
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