

AGENCY FOR HEALTH CARE ADMINISTRATION STATEMENT OF AGENCY ORGANIZATION AND OPERATION

GENERAL DESCRIPTION

The Agency for Health Care Administration is authorized in Section 20.42, Florida Statutes. It is the chief health policy and planning entity for the state. The Agency is responsible for health facilities licensure, inspection, and regulatory enforcement; investigation of consumer complaints related to health care facilities and managed care plans; the implementation of the Certificate of Need program; the operation of the Florida Center for Health Information and Transparency; the administration of the Medicaid program; the administration of the contracts with the Florida Healthy Kids Corporation; the certification of health maintenance organizations and prepaid health clinics; and other duties prescribed by statute or agreement.

The head of the Agency for Health Care Administration is the Secretary, who is appointed by the Governor, subject to confirmation by the Senate.

ORGANIZATIONAL STRUCTURE

The Agency for Health Care Administration is divided into various units and subunits as follows:

Chief of Staff's Office

The Chief of Staff's office coordinates Medicaid and health care regulation policy with other state agencies, the Florida Legislature and the federal government. This office oversees Communications and Legislative Affairs, the Division of Information Technology, and serves as the liaison to the Florida Washington Office.

Communications Office

The Communications Office is the primary resource for promotion and publication of Agency issues, programs, functions and special initiatives, both internally and externally. The Office uses cutting edge technology to create brochures, webinars, training courses and other collateral materials in order to broadcast the Agency's message to stakeholders. These items are then distributed via traditional mail, e-mail, social media and other digital resources to ensure the widest dissemination possible.

Another responsibility of the Communications Office is to serve as the primary gateway for media inquiries coming to the Agency. At times, this response may be in the form of remote or on-site interviews with Agency personnel. The Office makes every effort to respond to each media request as thoroughly, efficiently and timely as possible.

The Communications Office is constantly monitoring media outlets to track, identify and respond to any health care issues that may be of interest to the Agency and its mission of providing "Better Health Care for All Floridians."

Legislative Affairs Office

Legislative Affairs is responsible for advocating the Agency's policy and budget priorities before the Florida Legislature and works to secure their passage. The office serves as the Agency's information resource on legislative matters, provides counsel, information and support to legislators, industry interests, legislative committee staff, the public, and Agency staff. Legislative Affairs works closely with the Governor's Office and other executive agencies throughout the legislative session, coordinates the formulation of the Agency's legislative agenda, and oversees all bill tracking, policy analysis, and matters related to legislative planning throughout the year. The office also serves as the contact point for constituent issues provided by legislators' offices.

Division of Information Technology

Lead by the Agency's Chief Information Officer, the Division of Information Technology (IT) provides Agency enterprise-wide integrated system solutions and high-quality customer service to ensure the efficient utilization of technology resources and investments. IT consists of three business units: the Bureau of Application Development and Support, the Bureau of Customer Service and Support and the Bureau of IT Strategic Planning and Security.

Division of Operations

The Division of Operations is headed up by the Deputy Secretary of Operations and is the Agency's business support unit. It assists the Agency with financial, personnel and support related functions.

Bureau of Financial Services

The Bureau of Financial Services manages and directs all financial and budget related activities for the Agency including development of the Agency's Legislative Budget Requests, annual operating budgets, position and rate ledger, revenue and grants management, accounts payable, accounts receivable, debt collection, and financial reporting. The Bureau also operates the Agency's accounting systems and serves as the Agency's liaison with the Department of Financial Services.

Bureau of Human Resources

The Bureau of Human Resources is responsible for establishing and maintaining policies and procedures; processing personnel actions; directing the processing of payroll actions; and providing and coordinating professional development and supervisory training and employee training records.

Bureau of Support Services

The Bureau of Support Services provides general services support to the Agency's staff, both at headquarters and the field offices. It is comprised of three sections. The Procurement Office administers all Agency contracts and purchases, including contract development, purchase order issuance, contract manager monitoring and training and purchasing card audits. The Facilities Unit

is responsible for maintaining the Agency's Safety Program. Mailroom staff handles all mail service functions for the Agency, as well as serving as the Agency's records management liaison officer.

Division of Health Quality Assurance

The Division of Health Quality Assurance (HQA) is responsible for the regulation of 41 types of health care facilities and businesses (providers) and managed care organizations and more than 45,000 facilities/providers including health maintenance organization, nursing homes, hospitals, assisted living facilities, home health agencies, health care clinics, clinical laboratories, and others. Duties include:

- state licensure, federal certification, and criminal background checks for owners, operators and certain health care provider staff;
- routine and complaint inspections and plans and construction reviews for certain facilities;
- consumer and public information regarding health care facilities including licensure and inspection information to the public and public record requests;
- financial reviews and analysis for licensure and regulatory assessments; and
- managed care regulation, including network verification licensure, complaint investigations, subscriber grievance review, and Medicaid managed care organizations.

As part of its duties, HQA assists in the operation of ESF8 (Health and Medical) at the state's Emergency Operations Center and is the state survey agency for federal certification activities. The division contains the following bureaus:

Bureau of Health Facility Regulation

The Bureau is comprised of five units, each of which deals with one or more aspects of health facility licensure and regulation of acute care and long term care facilities and services, as well as commercially licensed managed care organizations. Through the units, this Bureau oversees the regulation of hospitals, nursing homes, assisted living facilities, ambulatory surgical centers, hospices, health care clinics, home health agencies and over 25 other types of health care providers. In addition, this Bureau provides regulatory oversight and monitoring of health maintenance organizations, prepaid health clinics, exclusive provider organizations, and workers' compensation managed care arrangements. The units housed within this bureau are Hospital and Outpatient Services, Long Term Care Services, Assisted Living, Laboratory and In-Home Services, and Certificate of Need and Commercial Managed Care. Duties include application processing, initiating sanctions when necessary, rule promulgation, response to public and legislative inquiries, collaboration with state and regulatory federal partners, data maintenance, managing the Statewide Provider and Health Plan Claim Dispute Resolution Program, and reviewing complaints related to balanced billing.

Bureau of Field Operations

Through eight Field Offices, the Bureau conducts health care facility and services inspections for all facilities and services licensed or otherwise regulated by the Agency. It also conducts surveys for all providers certified by the Centers for Medicaid and Medicare Services. The Bureau's Complaint Administration Unit is responsible for the intake and referral to the field offices for the inspections related to consumer complaints and is responsible for oversight of the Agency's Complaint and Information Call Center. The Survey and Certification Support Branch is responsible for staff and provider training, quality assurance activities and assures compliance with the federal data requirements.

Bureau of Central Services

The Bureau of Central Services handles several responsibilities that support other bureaus in the Division. The Bureau is comprised of four units; Background Screening, Financial Analysis, Central Intake and Systems Management, which are responsible for background screening and financial review of regulated providers, as well as initial intake of mail, scanning and document management, and data system support and training.

The Bureau of Plans and Construction

The Bureau of Plans and Construction, better known as the Office of Plans and Construction (OPC) is responsible for enforcing the codes and standards for the design and construction of hospitals, nursing homes, ambulatory surgical centers and Intermediate Care Facilities for the Developmentally Disabled (ICF/DD). OPC's architects and engineers conduct plan reviews of all proposed construction of these health care facilities and perform onsite surveys to verify compliance with applicable physical plant standards. The bureau has offices located in Tallahassee, Tampa, Orlando, and Miami.

In addition, OPC assist the Florida Building Commission in developing the physical requirements for healthcare and health related facilities through the building code review process. The bureau's staff also participates in the development of nationally recognized and widely adopted healthcare construction standards.

Florida Center for Health Information and Transparency (Florida Center)

The Florida Center is responsible for collecting, compiling, coordinating, analyzing and disseminating health related data and statistics for the purpose of developing public policy and promoting the transparency of consumer health care information through www.FloridaHealthFinder.gov. The Florida Center is responsible for the implementation of statewide plans for health information exchange and electronic health records adoption funded by the HiTech Act of 2009. The Florida Center is also responsible for collecting adverse incident reports from hospitals, ambulatory surgery centers, health maintenance organizations, nursing homes and assisted living facilities.

Bureau of Medicaid Program Integrity

During Fiscal Year (FY) 2017-18, the Bureau of Medicaid Program Integrity (MPI or Bureau) relocated within the Agency from the Office of Inspector General to the Division of Health Quality Assurance. MPI serves as the primary office within the Agency to design, coordinate, and implement the Medicaid program's fraud, abuse, and waste prevention and detection efforts. The Agency is required, pursuant to s. 409.913, F.S., to operate a Medicaid provider oversight program to ensure that fraudulent and abusive behavior occurs to the minimum extent possible. MPI uses technology and innovations to develop and implement risk-based detection, prevention, and audit methods.

Division of Medicaid

The Division of Medicaid administers Florida's Medicaid program and Children's Health Insurance Program (CHIP), which provide health care services to over four million low income children, families, elders, and people with disabilities. The Division provides the Medicaid services through the Statewide Medicaid Managed Care program in which competitively bid health plans deliver services to their members. The Division also determines the services that are covered, sets high benchmarks for quality of health care services, and closely monitors to ensure performance, quality, and cost-effective care. It contains the following subunits:

Assistant Deputy Secretary for Medicaid Finance and Data Analytics

The Assistant Deputy Secretary for Medicaid Finance and Data Analytics is responsible for the Bureaus of Medicaid Program Finance, Medicaid Data Analytics, and Third Party Liability.

Bureau of Medicaid Program Finance

The Bureau of Medicaid Program Finance is responsible for the fiscal planning of the Florida Medicaid Services budget. The Bureau administers the Low Income Pool and Disproportionate Share programs and sets reimbursement rates for inpatient/outpatient hospitals, County Health Departments, Federally Qualified Health Centers, Intermediate Care Facilities, and nursing homes. Medicaid Program Finance also monitors the financial performance and health of the Medicaid managed care health plans.

Bureau of Medicaid Data Analytics

The Bureau of Medicaid Data Analytics is responsible for all Medicaid analytics, data-driven federal and state reporting, capitation rate development and risk adjustment, and data-based analysis of health plan performance. Medicaid Data Analytics provides a strong foundation of responsive expert systems and databases derived from the Fiscal Agent's enterprise information system.

Medicaid Third Party Liability (TPL)

Federal and State laws require Florida Medicaid to be responsible for identifying, managing and recovering funds for claims paid for by Florida Medicaid for which a third party was liable, thereby ensuring Medicaid is the payer of last resort. Some examples of liable third parties include Medicare and other insurance companies, casualty settlements, recipient estates, and trust and annuity recovery. Medicaid TPL serves as the primary organizational unit within the Agency to provide oversight and monitoring of the Agency's third party liability vendor contract.

Assistant Deputy Secretary of Medicaid Policy and Quality

The Assistant Deputy Secretary for Medicaid Policy and Quality is responsible for the Bureaus of Medicaid Policy and Medicaid Quality.

Bureau of Medicaid Policy

The Bureau of Medicaid Policy is responsible for the development, coordination, and implementation of Florida Medicaid program policies, including: all Medicaid federal authorities (e.g. the Florida State Plan, 1115 waivers and home and community based waivers), administrative rules, coverage policies, managed care plan contracts, bill analyses, drug utilization review boards, preferred drug lists, supplemental rebate contracts, and KidCare/Title 21.

Bureau of Medicaid Quality

The Bureau of Medicaid Quality is responsible for quality measurement and improvement, research and evaluation of Medicaid managed care plans, monitoring Medicaid managed care clinical outcomes, oversight of prior authorization of services, management of remaining Medicaid fee-for-service programs, and providing clinical consultation to the entire agency. The Bureau is also responsible for providing data-driven, focused, and systematic feedback on the quality of Florida's Medicaid program to federal and state agencies, Medicaid recipients, Medicaid managed care plans, and providers. Florida's 2014 transition from a mix of fee-for-service and managed care to the Statewide Medicaid Managed Care program hastened a newly-honed focus on quality: providing more comprehensive care, improving health outcomes, and reducing costs.

Assistant Deputy Secretary for Medicaid Operations

The Assistant Deputy Secretary for Medicaid Operations is responsible for the Bureaus of Medicaid Plan Management Operations, Medicaid Fiscal Agent Operations, and Medicaid Recipient and Provider Assistance.

Bureau of Medicaid Plan Management Operations

The Bureau of Plan Management Operations is responsible for the contract management and primary oversight over Medicaid's Statewide Medicaid Managed Care (SMMC) program, ensuring managed care plans meet Medicaid contractual requirements, including the timely provision of medically needed services and provider payment for such services. The contract managers within the bureau serve as the primary point of contact for the plans regarding their contract. The Bureau is made up of four sections which include the Comprehensive Plan Management Section, the Standard Plan Management Section, the Specialty Plan Management Section, and the Compliance Coordination Section. The Compliance Coordination Section has staff in Tallahassee, Tampa, and Ft. Lauderdale.

Bureau of Medicaid Fiscal Agent Operations

The Bureau of Medicaid Fiscal Agent Operations has oversight responsibilities for the Fiscal Agent (FA) and is the contact bureau for all interaction and instruction given to the Fiscal Agent for all phases of operation from within the Medicaid Division, and Agency and state sister and federal agencies -- claims processing and payment, provider enrollment, management of the beneficiary files/records, and the Decision Support System (data mining). On an annual basis, the FAO bureau issues and tracks over 6,000 letters of direction/instruction to the Fiscal Agent. The units in MFAO are Provider Enrollment and Support Services, Medicaid Enterprise Systems (MES) Projects and Provider Publications, Medicaid Recipient File Management, Compliance Reporting and Claims/Encounter Support, Systems Projects, Systems Maintenance, and DSS/Data Warehouse.

Bureau of Medicaid Recipient and Provider Assistance

The Bureau of Medicaid Recipient and Provider Assistance (RPA) is responsible for the development, coordination and management of recipient facing operations administered by Florida Medicaid. RPA coordinates with the Bureau of Medicaid Fiscal Agent Operations (MFAO) on the enrollment of providers, with the Medicaid Bureaus of Policy and Quality on the administration of program services, with the Bureau of Plan Management Operations (PMO) on managed care plan compliance issues, and with the Agency's Division of Health Quality Assurance (HQA) on facility closure actions. The Bureau Chief of RPA provides enhanced leadership and strategic oversight of bureau functions to RPA staff working in six field offices throughout the State – Pensacola, Jacksonville, St. Petersburg, Orlando, Ft. Myers, and Miami, and to the Enrollment Broker Operations (EBO) units in Tallahassee. The Medicaid field offices serve as a primary point of contact for enrolled Medicaid providers, Medicaid recipients, stakeholders, and the community, provide education and information about Medicaid, and assist with problem resolution. EBO

functions involve vendor oversight and systems management and monitoring.

Office of Inspector General

The Office of Inspector General (OIG) is an integral part of the Agency for Health Care Administration (Agency). The OIG provides a central point for the coordination of activities that promote accountability, integrity, and efficiency in the Agency and in the programs the Agency administers. Section 20.055, Florida Statutes, mandates the duties and responsibilities of each inspector general, with respect to the state agency/department in which the office is established. The OIG is comprised of the following:

Investigations Unit

The Investigations Unit (IU) is responsible for initiating, conducting, and coordinating investigations that are designed to detect, deter, prevent, and eradicate fraud, waste, mismanagement, misconduct, and other abuses within the Agency. To that effort, the IU conducts internal investigations of Agency employees and its contractors related to alleged violations of policies, procedures, rules, and laws. Complaints may originate from the Office of the Chief Inspector General, the Whistle-blower Hotline, the Chief Financial Officer's "Get Lean" Hotline, Agency employees, health care facilities, practitioners, Medicaid recipients, or from the public.

Internal Audit

Internal Audit functions as an independent and objective assurance and consulting entity with the purpose of improving Agency operations in risk management, control and governance processes by conducting reviews, audits, and management consulting engagements. Audits are conducted in accordance with professional auditing standards.

HIPAA Compliance Office

The HIPAA Compliance Office advises and assists the Agency in its compliance efforts with federal HIPAA regulations and assists Medicaid recipients in exercising their rights under HIPAA. This assistance includes:

- reviewing record requests for HIPAA compliance;
- responding to requests for claims data by Medicaid recipients and their authorized representatives;
- responding to HIPAA complaints against the Agency and its workforce members;
- responding to Agency HIPAA breaches;
- providing privacy and security training for all Agency employees;
- reviewing Agency contracts and other agreements; and
- serving as the Agency's point of contact for HIPAA-related investigations or audits by the U.S. Department of Health and Human Services.

General Counsel

The General Counsel's Office (GCO) is managed by the General Counsel. The General Counsel is the chief legal officer of the Agency, is a member of the Agency Management Team, and advises the Secretary and the Agency Management Team on all legal issues relating to the Agency. The General Counsel supervises the Deputy General Counsel and all OGC section leaders, except the Agency Clerk who is supervised by the Deputy General Counsel.

The GCO provides legal advice and representation for the Agency on all legal matters, including: licensure and regulation of health care facilities; regulation of managed care plans; administration of the Medicaid state plan; recovery of Medicaid overpayments due to abuse or third party liability; and, civil litigation related to various Agency programs. The office of the Agency Clerk's Office and the Public Records Office are also managed by the Office of the General Counsel.

Office of General Counsel Sections:

- Agency Clerk
- Appeals
- Facilities
- Litigation
- Medicaid
- Medicaid Managed Care
- Rules Coordination

The **Agency Clerk's Office (ACO)**: receives all requests for hearing and other documents filed with the Agency; reviews all requests for hearing and grants or denies such requests based on their timeliness and legal sufficiency; rules on various motions and requests filed with the Agency; processes and mails all Final Orders issued by the Agency; prepares the record indices and records for every Agency case that is appealed; and, oversees the Agency's Public Records Office. The Agency Clerk is responsible for implementing the provisions of Chapters 119 and 120, Florida Statutes, and Chapter 28, Florida Administrative Code.

The **Appellate Section** is responsible for handling and/or monitoring all Agency appeals cases filed in the Florida District Courts of Appeal, Florida Supreme Court, and Eleventh Circuit Court of Appeals. The Appellate Section is also responsible for advising Agency clients and attorneys in the General Counsel's Office on issues related to appeals.

The **Facilities Section** provides legal representation to the Agency's six HQA Bureaus: Health Facility Regulation, Managed Care, Field Operations, Central Services, Plans and Construction and the Florida Center for Health Information and Policy Analysis. Their representation consists of appearing on behalf of the Agency on licensure and regulation matters, which includes: licensure and fine actions, Certificate of Need actions, administrative rule actions, and bankruptcy actions. In addition, the Facilities

attorneys prepare bill analysis, draft responses to petitions for declaratory statements, waivers and variances, respond to public records requests, conduct administrative rule reviews, provide representation to Agency employees at depositions, and provide other advice and counsel on HQA legal matters.

The Litigation Section represents and defends the Agency throughout Florida in federal district court and state circuit court. Representation includes such matters as putative class actions; federal constitutional claims (spending clause and equal rights); alleged violations of the federal Medicaid Act; alleged violations of Florida's Medicaid Act; and others.

The **Medicaid Section** provides guidance about improvements to programmatic aspects of Medicaid operations as well as procedural recommendations to improve the likelihood of success should the Agency's actions be challenged in court. The attorneys represent the Agency in Medicaid-related litigation before administrative tribunals. The attorneys are involved in litigation resulting from record reviews (audits) performed by the Agency or contracted vendors related to the recovery of overpayments from providers, protests related to public procurement activities, and challenges to Agency rules. Additionally, litigation can result from actions taken by the Division of Medicaid or the Bureau of Medicaid Program Integrity related to the provider's enrollment status (termination from the program), real-time reviews of claims for reimbursement (pre-payment reviews), the withholding of reimbursements upon evidence of fraud, or other complaints by providers, recipients, or advocacy groups.

The **Medicaid Managed Care Section** provides counsel in all matters relating to managed care for the Agency. This begins with the reorientation of the Agency around managed care and ranges from procurements related to managed care, contract management, litigation, compliance with federal law and the ongoing work with the federal waivers granted by CMS, any expansion of Medicaid enrollment which could potentially occur due to the Affordable Care Act, and legislative support.

The **Rules Coordinator** provides legal guidance and recommendations to the Agency's divisions regarding the rulemaking process. The Agency's rulemaking activities are reviewed and tracked to ensure compliance with the relevant statutes and rules.

Obtaining Public Records

Public records, such as publications, documents, forms, applications for licenses, permits and other similar certifications or rights granted by the agency, or other information, may be obtained by contacting the Public Records Office at:

Public Records Office
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308-5403

(850) 412-3688 (Tel.)
(850) 921-0158 (Fax)
PublicRecordsReq@ahca.myflorida.com

Agency Clerk

- **Contact Information**

The name, position, mailing address, telephone number, and e-mail address of the current Agency Clerk is:

Richard J. Shoop, Agency Clerk
2727 Mahan Drive, Mail Stop #3
Tallahassee, Florida 32308
(850) 412-3671 (Tel.)
(850) 921-0158 (Fax)
Richard.Shoop@ahca.myflorida.com

- **Duties and Responsibilities**

The duties and responsibilities of the Agency Clerk are listed above under the General Counsel section of the Agency's Statement of Organization and Operation.

- **Filing documents**

Petitions for hearing and other pleadings filed pursuant to the administrative process of Chapter 120, Florida Statutes may be filed with the Agency by U.S. mail or courier sent to the Agency Clerk at the address listed above, by hand delivery at 2727 Mahan Drive, Ft. Knox Building #3, Tallahassee, Florida 32308, or by facsimile transmission to (850) 921-0158. All pleadings filed with the Agency shall meet the requirements of Rule 28-106.104, Florida Administrative Code, as well as the requirements of Rules 28-106.201 or 28-106.2015, Florida Administrative Code (whichever is applicable), in the case of petitions for hearing. The filing date for documents filed by facsimile transmission shall be the date the Agency Clerk receives the complete document. Documents filed by facsimile transmission after 5:00 pm shall be deemed to have been filed as of 8:00 a.m. on the next regular business day. A document shall be filed by only one method facsimile, courier, hand-delivery, or U.S. mail and shall not be filed multiple times. A duplicate filing will not be docketed and will be destroyed.

Variances and waivers

The name and address of the appropriate contact person for obtaining information about variances from or waivers of agency rules is:

Richard J. Shoop, Agency Clerk
Agency for Health Care Administration
2727 Mahan Drive, MS#3
Tallahassee, Florida 32308
(850) 412-3671

A party may file a petition for variances or waiver with the agency by filing a petition that is in compliance with the requirements of Section 120.542(5), Florida Statutes, and Rule 28-104.002, Florida Administrative Code, with the Agency Clerk by one of the methods authorized above.

Hours of Operation

The Agency's hours of operation during which filings will be accepted are 8:00 a.m. to 5:00 p.m., Monday through Friday

Index of Final Orders

The Agency used the Florida Administrative Law Reports as its official reporter for all Agency final orders rendered prior to September 1, 2013 that were required to be indexed pursuant to Section 120.53, Florida Statutes. Copies of the Florida Administrative Law Reports may be obtained from local libraries or by contacting the Florida Administrative Law Reports at Post Office Box 6020, Gainesville, Florida 32627, (352) 375-8036, fafr@fafr.com. The Agency currently uses the website of the Division of Administrative Hearings as its official reporter for all Agency final orders required to be indexed pursuant to Section 120.53, Florida Statutes, that have been rendered since September 1, 2013. The Division of Administrative Hearings' website can be found at <http://www.doah.state.fl.us/>