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 Policy Analysis; 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.

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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 Budget Services**
The Bureau of Budget Services is responsible for financial, administrative and operational knowledge of the Agency, state and federal rules and regulations, and the legislative budget process. Budget Services manages and directs all budget related activities for the Agency, including the development of the Agency’s legislative budget requests; monitoring of appropriations assuring consistency with the Agency’s financial plan, General Appropriations Act and legislative intent; and preparation of bi-weekly position and rate ledger reports; budget amendment and other budget related reports; and preparation of the Long Range Program Plan. The bureau also serves as the Agency’s budget liaison with the Executive Office of the Governor, Office of Policy and Budget, Senate and the House of Representatives.

**Bureau of Finance and Accounting**
The Bureau of Finance and Accounting is responsible for paying vendors; reimbursing state travelers; disbursing to other State agencies; receiving and depositing payments from facilities for license fees, assessments and fines; posting and reconciling accounting transactions; distributing the Agency’s monthly financial reports; preparing financial statements for the Agency; maintaining accounting data; administering and reporting on grant funds; administering payment plans for accounts receivables; receiving reimbursement from the 67 Florida counties for Medicaid charges; updating accounting information in the property subsystem; and administering the Agency’s purchasing card program.

**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.

**Medicaid Third Party Liability Unit**
The Third Party Liability (TPL) Unit monitors the performance of the Florida TPL contractor, currently Affiliated Computer Services (ACS). TPL includes casualty recovery, estate recovery and Medicare and other third party payer recoveries.

**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, Medicaid managed care organizations, and Medicaid health plan contract compliance monitoring.

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 six 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. Through the units, this Bureau oversees the regulation of hospitals, nursing homes, assisted living facilities, ambulatory surgical centers, clinical laboratories, health care clinics, home health agencies and over 20 other types of health care providers. The units housed within this bureau are Hospital and Outpatient Services, Long Term Care, Assisted Living, Home Care, Clinical Laboratory and Health Care Clinic. Duties include application processing, initiating sanctions when necessary, rule promulgation, response to public and legislative inquiries, collaboration with state and regulatory federal partners, and data maintenance.

**Bureau of Managed Health Care**
This Bureau is responsible for providing regulatory oversight and monitoring of commercially licensed and Medicaid managed care organizations, including behavioral health organizations and subcontracted behavioral health organizations to ensure that recipients and subscribers receive quality health care services. It conducts quality assurance surveys, onsite reviews and desk reviews in addition to investigating complaints against managed care organizations and overseeing national accreditation surveys. The Bureau also reviews applications for commercial health maintenance organizations, Medicaid managed care organizations and prepaid health.
clinics. The Bureau provides professional and technical assistance to consumers and providers and works in conjunction with the Division of Medicaid to implement the rules, policies and procedures of the Medicaid program. Through the Subscriber Assistance Program, it handles the external grievance process for managed care subscribers whose complaints are not resolved to their satisfaction by their commercial or Medicaid HMOs. In regard to Workers’ Compensation, the Bureau is responsible for initial authorization of managed care arrangements, annual surveys and annual authorization of plan expansions. The Contract Management Unit oversees the contract for the Provider Dispute Resolution Program and manages the administration of the Health Care Responsibility Act.

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 Office of Plans and Construction
Through three offices located around the state, the Office of Plans and Construction is responsible for ensuring that hospitals, nursing homes, ambulatory surgical centers and Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) are physically safe, functional, and provide appropriate, building code-compliant shelter for patients and residents. It reviews and approves facilities’ plans and specifications and inspects their construction. Architects, engineers and other specially trained personnel also inspect facilities.

Florida Center for Health Information and Policy Analysis (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.

The Florida Center also includes the Certificate of Need (CON) program, which is a regulatory process that requires certain health care providers to obtain state approval before offering new
or expanded services or making major capital expenditures. In Florida, CONs are required for the initial licensure of a hospice, skilled nursing facility, intermediate care facility for the developmentally disabled, or a hospital. Certain hospital specialty services are also subject to CON review. The CON process is intended to help ensure that new services proposed by health care providers are needed for quality patient care within a particular region or community.

Division of Medicaid
The Division of Medicaid directs all Medicaid program planning and development activities. It plans, develops, organizes and monitors program planning, reimbursement policies and oversees provider and consumer relations. Additionally, the Division prepares the Medicaid annual budget, administers the Medicaid fiscal agent contract and formulates long-term plans for service delivery. It contains the following subunits:

Assistant Deputy Secretary for Medicaid Finance
The Assistant Deputy Secretary for Medicaid Finance is the Medicaid Chief Financial Officer and is responsible for the Bureaus of Medicaid Program Analysis, Medicaid Program Finance, and Medicaid Contract Management.

Bureau of Medicaid Program Analysis
This Bureau is responsible for data analysis, forecasting of Medicaid caseloads and expenditures, setting rates for health plans reimbursed on a capitated basis, managing risk adjustment payments and processes, calculating cost effectiveness and budget neutrality for all 1915(b) and 1115 waivers, performing audits on nursing home cost reports, and managing the Medicaid Encounter Data System.

Bureau of Medicaid Program Finance
This Bureau develops and monitors the Medicaid budget, coordinates the preparation of legislative budget requests, develops Medicaid cost reimbursement plans for nursing homes and hospitals, forecasts future program costs and calculates the impact of federal program changes on the Florida Medicaid program.

Bureau of Medicaid Contract Management
This Bureau monitors all activities of the Medicaid fiscal agent for compliance with the contract agreement, all federal mandates, state rules and regulations; coordinates eligibility information transfer between the FLORIDA system and Florida Medicaid Management Information System (FMMIS); assists Medicaid providers in claims resolution; and manages and coordinates Florida Medicaid HIPAA activities in conjunction with the HIPAA Privacy and Security Compliance Office. It is also responsible for assisting providers with enrollment and re-enrollment into the Medicaid program and all systems hardware and software processes, changes and additions.

Assistant Deputy Secretary of Medicaid Operations
The Assistant Deputy Secretary for Medicaid Operations is the Medicaid Chief Operating Officer and is responsible for the Bureaus of Medicaid Services, Pharmacy Services, and the Performance, Evaluation and Research Unit.
**Bureau of Medicaid Services**
The Bureau is responsible for the development, coordination and implementation of Medicaid program policies and procedures and administration of the program’s medical authorization functions. It is responsible for the development and maintenance of the Medicaid State Plan, administrative rules and manuals. It coordinates policy development with other departmental entities and health care organizations. It prepares federal Medicaid waivers, prepares budget justifications for program issues, and analyzes the impact of new and amended state and federal laws and rules.

**Bureau of Pharmacy Services**
The Bureau of Pharmacy Services is responsible for administration, management and oversight of the Medicaid Pharmacy Services program. This includes policy development and implementation, and rule making necessary to optimize drug therapy for Medicaid beneficiaries by ensuring access to pharmaceuticals that are clinically efficient, cost effective, and produce desired outcomes.

**Performance, Evaluation, and Research Unit**
The Medicaid Performance, Evaluation, and Research Unit manages contracts with universities and other entities for research and evaluations of Medicaid programs. The unit is also responsible for coordinating quality standards for Medicaid health care programs throughout the Agency. Specific duties include the receipt and analysis of managed care performance measures, contract management of the External Quality Review Organization, maintenance of the state’s Quality Assessment and Improvement Strategy, management of the Children’s Health Insurance Program Reauthorization Act (CHIPRA) grant, and development of policy for quality. The office has oversight responsibility on the research and production of several annual publications including the Maternal Infant and Child Health Status Indicators Report, the annual KidCare Evaluation Report, and the Medicaid consumer satisfaction survey report. The office oversees the federally mandated evaluations of several waiver programs including family planning, the Medicaid managed care pilot, and the MEDS-AD waiver. In addition to waiver evaluations, the office sponsors research in other areas including long-term care and aging policy, women and children’s issues, and behavioral and mental health issues that impact Medicaid.

**Assistant Deputy Secretary for Medicaid Health Systems**
The Assistant Deputy Secretary for Medicaid Health Systems is responsible for the Bureaus of Health Systems Development, the 11 Medicaid Field Offices, and the Choice Counseling Unit.

**Bureau of Medicaid Health Systems Development**
This Bureau is responsible for managed care policy development, the approval of health plan applications and contract management for various Medicaid managed care programs including: Medicaid health maintenance organizations, the MediPass program, disease management programs, pediatric emergency room diversion program, minority physician networks, provider service networks, prepaid dental health plans, and Medicaid exclusive provider organizations. The Bureau develops and implements Medicaid managed care program policies, procedures, waivers, administrative rules, manuals and budget issues.
Medicaid Field Offices
The 11 Field Offices monitor the implementation of Medicaid policies and procedures; provide technical assistance, consultation and training to providers, governmental agencies and community organizations; assist in the recruitment and retention of Medicaid providers; contract with community transportation coordinators; and coordinate the primary care case management (MediPass) program; and assist Medicaid enrollees and providers with issues related to Medicaid services.

Choice Counseling Unit
The Choice Counseling Unit oversees the comprehensive beneficiary Choice Counseling program, a critical component of the Medicaid managed care pilot initiative. Through the Choice Counseling efforts, recipients are assisted by specially trained staff in choosing a health plan that best meets their individual or family’s needs. The Choice Counseling program offers a myriad of ways for recipients to access this service and offers special services for the disabled and recipients with special health care needs. The Choice Counseling unit also oversees the Medicaid enrollment broker contract that enrolls Medicaid recipients in health plans in all non-reform counties.

Inspector General
The Inspector General works to ensure that the Agency's programs and services comply with all applicable laws, policies and procedures in accordance with Section 20.055, 112.3187 through .3189, and 112.3195, Florida Statutes. In addition to these duties, the Inspector General is responsible for the oversight of the Bureau of Medicaid Program Integrity (MPI), which is authorized by Section 409.913, Florida Statutes. MPI audits and investigates providers suspected of overbilling or defrauding Florida's Medicaid program, recovers overpayments, issues administrative sanctions and refers cases of suspected fraud for criminal investigation. The Inspector General’s Office contains the following sub-units:

Investigations Section
The Investigations Section conducts, supervises and coordinates investigations or inquiries designed to detect and prevent fraud, waste, misconduct, mismanagement and other abuses within the Agency. It conducts internal investigations of Agency employees regarding alleged violations of policies, procedures, rules or laws. Complaints may originate from the Office of Chief Inspector General (Whistle-blower complaints), Comptroller’s “Get Lean” Hotline, Agency employees, health care facilities and/or practitioners or appropriate law enforcement entity.

Internal Audits
Internal Audit functions as an independent and objective assurance and consulting entity with the purpose of adding value to improve the operations of the Agency. It accomplishes this function by conducting reviews, audits, management consulting engagements and control self-assessments.

Bureau of Medicaid Program Integrity
This Bureau is responsible for overseeing the activities of Medicaid recipients and Medicaid providers and their representatives to ensure that fraudulent and abusive behavior and neglect of recipients is mitigated and for recovering overpayments and imposing sanctions. It conducts reviews, analysis, audits and investigations using MPI staff as well as outside contractors.
**HIPAA Privacy and Security Compliance Office**
The HIPAA Office advises and assists the Agency in its compliance efforts and to assist Medicaid beneficiaries in exercising their rights under HIPAA by reviewing record requests for HIPAA compliance; responding to requests concerning Medicaid claims data from past and present beneficiaries; documenting and assisting in the mitigation of complaints against the Agency for HIPAA violations; supervising privacy and security training for all Agency employees; 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 functions as the chief legal advisor to the Secretary in her official capacity. The duties of the General Counsel, or his delegates, are diverse and include: providing counsel to the Secretary and the Agency Management Team regarding legal issues that arise in the day-to-day operation of the Agency; representing the Agency in suits in the Agency is named, or its employees are named in their official capacity; functioning as the Chief Ethics Officer for the Agency; and serving as the Agency’s liaison to the general counsels of other state agencies and the Governor’s Office of General Counsel.

Additionally, attorneys within the Office provide legal advice and representation for the Agency on all legal matters, including issues related to contracts, licensure and regulation of health care facilities; regulation of managed care plans; administration of the Medicaid plan and recovery of Medicaid overpayments due to abuse or third party liability; and civil litigation related to various Agency programs. The General Counsel is authorized to accept service of summonses and subpoenas for the Agency. Additionally, the General Counsel’s Office contains the office of the Agency Clerk, who receives all requests for hearing and other documents filed with the Agency, rules on various motions and requests filed with the Agency and oversees the Agency Public Records Office.

**Agency Clerk**
The Agency Clerk 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 Unit. The Clerk implements Chapter 59, Florida Administrative Code. The name, position, address, telephone number and email address of the current Agency Clerk is:

Richard J. Shoop, Agency Clerk  
2727 Mahan Drive, Mail Stop #3  
Tallahassee, Florida 32308  
(850) 412-3630  
Richard.Shoop@ahca.myflorida.com

Public records requests may be obtained by contacting the Public Records Office at:

Public Records Office  
2727 Mahan Drive, Mail Stop #3  
Tallahassee, Florida 32308-5403  
(850) 414-6044

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Method for filing documents with the Agency

Petitions and other documents filed pursuant to the administrative process of Chapter 120, Florida Statutes may be filed with the Agency by mail 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. A party who files a document by facsimile transmission represents that the original physically signed document will be retained by that party for the duration of the proceeding and of any subsequent appeal or subsequent proceeding in that cause, and that the party shall produce it upon the request of other parties. A party who elects to file a document by facsimile transmission shall be responsible for any delay, disruption, or interruption of the electronic signals and accepts the full risk that the document may not be properly filed with the Agency Clerk as a result. The filing date for documents filed by facsimile transmission shall be the date the Agency Clerk receives the complete document. The Agency’s business hours are 8:00 a.m. to 5:00 p.m., Monday through Friday. 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.