

**AGENCY FOR HEALTH CARE ADMINISTRATION
STATEMENT OF AGENCY ORGANIZATION AND OPERATION**

GENERAL DESCRIPTION

The Agency for Health Care Administration was brought into existence by Chapter 20, Florida Statutes. It is the chief health policy and planning entity for the state. The Agency is responsible for health facility 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 as set forth in part III of Chapter 641; and any other duties prescribed by statute or agreement.

AGENCY HEAD

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

ORGANIZATIONAL STRUCTURE

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

Chief of Staff Office

The Chief of Staff office coordinates Medicaid and health care regulation policy with other state agencies, the Legislature and the federal government. This office oversees the Agency's Division of Administrative Services, the Florida Center for Health Information and Policy Analysis and the Florida Washington Office.

Florida Center for Health Information and Policy Analysis

In accordance with Section 408.05, Florida Statutes, the Florida Center is a comprehensive health information system whose mission is to provide for the collection, compilation, coordination, analysis, indexing, dissemination and utilization of both purposefully collected and extant health-related data and statistics. It is staffed with public health experts, biostatisticians, information system analysts, health policy experts, economists, and other dedicated staff. The Florida Center is assisted by the State Consumer Health Information and Policy Advisory Council. The Advisory Council assists the Florida Center in review of Florida's Comprehensive Health Information System, including the identification, collection, standardization, sharing and coordination of health-related data,

fraud and abuse data, and professional and facility licensing data among federal, state, local and private entities and recommends improvements for purposes of public health, policy analysis and transparency of consumer health care information.

The Florida Center is organized in the Chief of Staff's Office. The Florida Center has the following operational and administrative components: Data Collection and Quality Assurance; Research, Analysis and Development; Data Dissemination; Health Information and Technology; and an Administrations Group.

Administrative Services Office

The Administrative Services Office is headed up by the Administrative Services Director and is the Agency's business support unit. It assists the Agency with financial, personnel and support related functions. The Administrative Services Office contains the following units: Bureau of Budget Services, Bureau of Information Technology, Bureau of Finance and Accounting, Bureau of Human Resources and the Bureau of Support Services.

Communication and Legislative Affairs

The Deputy Secretary for Communications and Legislative Affairs pursues activities of the Agency relative to consumer, legislative, medical and stakeholder relations' information and assistance, and oversees all formalized external communication and public relations activities. This office is also responsible for implementing the provisions of Chapter 119.

Communications Office

The Communications Office is responsible for the Press Office, Community Relations, Multi-Media Design, Public Records Request, and Correspondence. Through these four units, the Director of Communications manages and directs all public communications on the Agency's priorities.

Publications, forms and applications may be obtained from the Agency for Health Care Administration website at <https://ahca.myflorida.com>. All other documents and information may be obtained by contacting the Public Records Coordinator at:

Public Records Coordinator
2727 Mahan Drive, Ft. Knox #3, Mail Stop #2
Tallahassee, Florida 32308-5403
850/414-6044 or Fax 850/921-9041
PublicRecordsReq@ahca.myflorida.com

Legislative Affairs Office

Legislative Affairs is responsible for advocating the Agency's policy and budget priorities before the Florida Legislature and working to secure their passage. The office serves as the Agency's information resource on legislative matters; providing 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 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.

General Counsel

The General Counsel's Office provides legal advice and representation for AHCA on all legal matters. The primary issues the office handles include licensure and regulation of health care facilities including nursing homes, hospitals, assisted living facilities, clinical laboratories and home health agencies; 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.

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, legal sufficiency, and whether the individual making such a request is authorized to do so; rules on various motions and requests filed with the Agency; processes and mails all Final Orders issued by the Agency; and prepares the record indices and record for every Agency case that is appealed. The name, position, address and telephone number of the current Agency Clerk is:

Richard School, Agency Clerk
2727 Mahan Drive, Ft. Knox #3, Mail Stop #3
Tallahassee, Florida 32308
850/922-5873

Division of Health Quality Assurance – Deputy Secretary's Office

The Division of Health Quality Assurance (HQA) is responsible for the state licensure and federal certification of health care facilities/services and managed care organizations; the review of architectural and emergency plans for health care facilities; the investigation of consumer complaints against facilities; the provision of training to staff, consumers and provider associations; and the determination of need for new health care facilities and services. As part of its duties, HQA assists in the operation of ESF8 at the state's Emergency Operations Center and is the state survey agency for federal certification activities. It contains the following bureaus:

Bureau of Long Term Care Services

This bureau oversees the regulation of nursing homes, assisted living facilities, and six other long-term care provider programs. Along with the Long Term Care Unit and the Assisted Living Facility Unit, the Bureau also includes the Background Screening program which conducts background screening checks for person employed by or affiliated with certain regulated providers as required and the Facility Data Analysis Unit, which manages staffing and liability claim reports for nursing homes and adverse incident reports for nursing homes and assisted living facilities. The Assisted Living Unit partners with the Department of Elder Affairs in the development of rules for assisted living programs. The Bureau implements various provisions of Chapters 393 and 400, Florida Statutes, Chapter 59A, Florida Administrative Code, and Code of Federal Regulations (CFR), Title 42, Part 483.

Bureau of Health Facility Regulation

This bureau oversees the regulation of hospitals, ambulatory surgical centers, home health agencies, hospices, clinical laboratories, health care clinics and over 20 other types of health care providers. The Bureau also includes the certificate of need (CON) and hospital financial analysis programs as well as the hospital/ambulatory surgical center risk management program, and the organ donor education/registry program. The Bureau implements various provisions of Chapters 112, 381, 383, 390, 394, 395, 400, 408, 429, 435, 455, 483 and 732, Florida Statutes, Chapter 59A, Florida Administrative Code, and CFR, Title 42, Parts 405, 483, 485, 486 and 491 through its Hospital and Outpatient Services, Laboratory Licensure, Home Care, Health Care Clinic and Certificate of Need and Financial Analysis Units.

Bureau of Managed HealthCare

This bureau regulates commercially licensed and Medicaid health maintenance organizations to insure that subscribers receive quality health care services. It conducts quality assurance surveys, investigates complaints against any organization, and oversees national accreditation surveys. Additionally, the Bureau reviews initial and renewal applications for commercial health maintenance organizations and prepaid health clinics, determines the adequacy of the organizations' procedures, health service networks, quality assurance programs, and grievance processes. It handles the external grievance process for managed care subscribers whose complaints are not resolved to their satisfaction by their commercial HMOs through the Subscriber Assistance Program. In regard to Workers' Compensation, the Bureau is responsible for initial authorization of managed care arrangements, annual surveys, and annual authorization of plan expansions. It implements various provisions of Chapters 154, 409, 440, 627 and 641, Florida Statutes, and Chapters 10C, 59A and 59G, Florida Administrative Code.

Bureau of Field Operations

This bureau directs health care facility and services surveys, which evaluate factors such as: management and administration; nursing services; social services; dietary services; laboratory services; compliance with state and federal fire safety codes. Additionally, this bureau is responsible for the intake and investigation of consumer complaints against facilities/services and providing training to staff. The Bureau implements various provisions of Chapters 112, 381, 383, 390, 394, 395, 400, 408, 429, 435, 455, 483 and 732, Florida Statutes, Chapter 59A, Florida Administrative Code, and CFR, Title 42, Parts 405, 483, 485, 486 and 491.

The Office of Plans and Construction

This bureau is primarily responsible for ensuring that hospitals, nursing homes, and ambulatory surgical centers and Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) are 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. The Office implements various provisions of the Florida Building Code, Chapter 4, Sections 419, 420 and 421, and Chapter 59A, Florida Administrative Code.

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. 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, deter, prevent, and eradicate fraud, waste, misconduct, mismanagement, and other abuses within the Agency. The Investigations Sections 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 the general public. Allegations of a criminal nature are referred to the appropriate law enforcement entity. The Investigations Section also performs specialized activities such as Internet and email reviews, computer forensics, and sexual harassment and employment discrimination investigations.

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. It implements the provisions of Sections 20.055 and 282.318, Florida Statutes.

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 occur to the minimum extent possible, and for recovering overpayments and imposing sanctions as appropriate in accordance with the provisions of Section 409.913, Florida Statutes and 59G-9.070, Florida Administrative Code. It conducts reviews, analysis, audits and investigations using MPI staff as well as outside contractors. These activities may employ statistical sampling, computer-based analyses or focused reviews using selective samples of areas deemed to be of higher risk.

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.

Division of Medicaid – Deputy Secretary’s Office

The Division of Medicaid directs all Medicaid program planning and development activities. It plans, develops, organizes and monitors program planning, reimbursement policies, and 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 sub-units:

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 Contract Management, and Medicaid Quality Management.

Bureau of Medicaid Program Analysis

This bureau develops and monitors the Medicaid budget, coordinates the preparation and submission 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. The Bureau implements various provisions of Chapter 409, Florida Statutes. Under the Bureau of Medicaid Program Analysis is the Third Party Liability (TPL) Unit which monitors the performance of the Florida TPL contractor, Health Management Systems, Inc. TPL includes casualty recovery, estate recovery and Medicare and other third party payer recoveries. TPL implements ss. 409.910 and 409.9101, F.S.

Bureau of Medicaid Contract Management

This bureau monitors all activity of the Medicaid fiscal agent for compliance with the contract agreement, all federal mandates, state rules and regulations; audits Medicaid provider hospitals; 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. 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. The Bureau implements various provisions of Chapter 409, Florida Statutes, and Section 10C-35, Florida Administrative Code.

Bureau of Medicaid Quality Management

This bureau consists of three units focused on maintaining quality in Medicaid programs, policies, and projects. The Office of Medicaid Program Oversight develops standards and tools to monitor Medicaid services; develops standards for data exchange and data use agreements; works to prevent inappropriate use of Medicaid services; reviews program policies to ensure appropriateness of edits in FMMIS; monitors compliance of program operations with policy; does analyses of policies, claims, trends and other factors and recommends actions to management; and conducts random provider site visits. These efforts are part of the Agency's overall fraud and abuse prevention initiative. The Office of Medicaid Research and Policy develops and manages Medicaid-related research/evaluation contracts; performs data extraction, compilation, analysis, interpretation, and modeling; prepares legislative reports and analyses; develops policy briefs and reports to inform management/public on issues of importance; and pursues grant opportunities.

The Project Management Office manages and monitors major Medicaid projects, working with staff from other units to map the development and implementation of the projects, and working with Division and Agency management to ensure that necessary decisions are made timely and that the project stays on track.

The work of the Bureau is governed by provisions of Chapter 409, F.S.

Assistant Deputy Secretary for Medicaid Operations

The Assistant Deputy Secretary for Medicaid Operations is the Medicaid Chief Operating Officer and is responsible for the Bureaus of Medicaid Services, Medicaid Health Systems Development, Pharmacy Services, and the eleven Medicaid area offices through Field Office Managers.

Bureau of Medicaid Services

This 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 plans, develops and implements Medicaid program policies, procedures and special projects. 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. The Bureau implements Chapter 59G, Florida Administrative Code.

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. The bureau implements various provisions of Chapters 409, 627, and 641, Florida Statutes, Chapter 59G-8 Managed Care, Florida Administrative Code, and CFR, Title 42, Parts 434, 438, and 440.

Bureau of Pharmacy Services

This bureau develops and implements Medicaid policies for administering the Medicaid prescription drug program, pursuant to Chapter 409, Florida Statutes.

Eleven Medicaid area field offices

The 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.