

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 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 Office of Communications serves as the Agency resource for promotion and publicity of Agency initiatives, programs and priorities, for both internal and external audiences. The Office of Communications is responsible for responding to all press inquiries, including media public records requests, overseeing the Multi-Media Design Unit, and maintaining correspondence on behalf of the Secretary and the Agency. Through these functions, the Director of Communications manages and directs all public messages for the Agency.

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 four business units: the Bureau of Enterprise Infrastructure, 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

This 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 scheduling conference rooms and 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 40 types of health care facilities and businesses (providers) and managed care organizations and 44,000 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 at the state's Emergency Operations Center and is the state survey agency for federal certification activities. The Deputy Secretary of HQA is the Emergency Operations Coordinator for the Agency and the Chief of Field Operations is the State Agency Director for survey and certification activities. The division contains the following bureaus:

Bureau of Long Term Care Services

The Bureau of Long Term Care Services includes three licensure units: the Long Term Care Unit, the Assisted Living Facility Unit and the Home Care Unit. The Bureau oversees the regulation of nursing homes, assisted living facilities and ten other long term care provider programs. Moving the administration of home health agencies and hospices to the Bureau of Long Term Care Services from the Bureau of Health Facility Regulation is in progress. The Bureau also includes the Central Systems Management Unit, which is responsible for background screening checks for persons employed by or affiliated with certain regulated providers and handles all incoming mail, application intake activities, check processing and document scanning for all of the HQA licensure units. The Assisted Living Facility Unit partners with the Department of Elder Affairs in the development of rules for assisted living programs.

Bureau of Health Facility Regulation

This Bureau oversees the regulation of hospitals, ambulatory surgical centers, clinical laboratories, health care clinics, risk managers and over 20 other types of health care providers. Three licensure units are housed within this bureau: Hospital and Outpatient Services, Clinical Laboratory and Health Care Clinic. The Bureau also includes the Certificate of Need (CON) and Hospital Financial Analysis programs.

Bureau of Managed Health Care

This Bureau regulates commercially licensed and Medicaid managed care organizations to ensure that beneficiaries and subscribers receive quality health care services. It conducts

quality assurance surveys, investigates complaints against managed care organizations and oversees national accreditation surveys. The Bureau also reviews applications for commercial health maintenance organizations, Medicaid managed care organizations and prepaid health clinics. 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 facilities and services 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.

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)

A proposal has been submitted to move the Florida Center for Health Information and Policy Analysis (Florida Center) from under Executive Direction so it will be administratively housed within the Division of Health Quality Assurance.

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.

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 Contract Management and Medicaid Quality 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.

Bureau of Medicaid Quality Management

This Bureau consists of three units focused on maintaining quality in Medicaid programs, policies, and projects. The Agency is in the process of reassigning the duties of this Bureau to other functional units within the Division of Medicaid; however, with the exception of the Office of Medicaid Program Oversight (responsible for the Medicaid Encounter Data—the MEDS system), which has moved to the Bureau of Medicaid Program Analysis, the rest of the Offices are currently still administratively operating as described here.

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 projects stay on track.

Assistant Deputy Secretary of Medicaid Operations

The Assistant Deputy Secretary for Medicaid Operations is the Medicaid Chief Operating Officer and is responsible for the Bureau of Medicaid Services, Medicaid Health Systems Development, Pharmacy Services, and the 11 Medicaid Field Offices through Field Office Managers.

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 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.

Bureau of Pharmacy Services

This Bureau develops and implements Medicaid policies for administering the Medicaid prescription drug program.

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.

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's Office provides 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.