



RON DESANTIS
GOVERNOR

MARY C. MAYHEW
SECRETARY

April 16, 2019

Prospective Vendor(s):

Subject: Solicitation Number: AHCA RFP 011-18/19

Title: Medicaid Nursing Home Cost Report Examination and Reporting Services

Addendum No. 1

The enclosed information has been provided for consideration in the preparation of your response to the above mentioned solicitation.

All other terms and conditions of the solicitation remain in effect.

Section 120.57(3)(b), Florida Statutes and Section 28-110.003, Florida Administrative Code require that a Notice of Protest of the solicitation documents shall be made within seventy-two hours after the posting of the solicitation. Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Sincerely,

LeAnn Clayton

Procurement Officer, Operations Review Specialist
Bureau of Support Services

Enclosures:

Addendum No. 1 (2 Page)

Exhibit A-3, Required Certifications And Statement (4-16-19) (6 Pages)

Exhibit A-3-a, Additional Required Certifications And Statements (4-16-19) (1 Page)

Exhibit A-5, Cost Proposal (4-16-19) (3 Pages)

Exhibit A-5-a, Detailed Budget (4-16-19) (5 Pages)

AHCA RFP 001-18/19 Questions and Answers (5 Pages)

Example_Draft Revised Examination Report (12 Pages)

Example Draft Opinion (2 Pages)



**AHCA RFP 011-18/19
ADDENDUM NO. 1**

Item #1

Attachment A, Instructions and Special Conditions, **Exhibit A-3**, Required Certifications and Statements, is hereby deleted in its entirety and replaced with **Exhibit A-3**, Required Certifications and Statements (4-16-19). The following items were revised to now read as follows:

- **Item 13., Names of Operation:**

I hereby certify the following is a list of all names under which my organization has operated during the past five (5) years, from the date of solicitation issuance, as specified in **Attachment A**, Instructions and Special Conditions, **Section A.1.**, Instructions, **Sub-Section A.**, Overview, **Item 4.**, Date of Issuance.

- **Item 14., Certification Regarding Terminated Contracts:**

I hereby certify that my organization (including its subsidiaries and affiliates) has not unilaterally or willfully terminated any previous contract prior to the end of the Contract with a State or the Federal government and has not had a contract terminated by a State or the Federal government for cause, prior to the end of the Contract, during the past five (5) years, from the date of solicitation issuance, as specified in **Attachment A**, Instructions and Special Conditions, **Section A.1.**, Instructions, **Sub-Section A.**, Overview, **Item 4.**, Date of Issuance, other than those listed on Page 5 of this Exhibit.

Item #2

Attachment A, Instructions and Special Conditions, **Exhibit A-3-a**, Additional Required Certifications and Statements, is hereby deleted in its entirety and replaced with **Exhibit A-3-a**, Additional Required Certifications and Statements (4-16-19).

- **Item 2., Medicaid Audit Experience**, is hereby revised to now read as follows:

I hereby certify that my company has at least three (3) years of experience auditing Medicaid cost reports within the past five (5) years, from the date of solicitation issuance, as specified in **Attachment A**, Instructions and Special Conditions, **Section A.1.**, Instructions, **Sub-Section A.**, Overview, **Item 4.**, Date of Issuance.

- **Item 4., Operational Capability**, is hereby revised to include the following:

I hereby certify that my company is able to complete at least two hundred and twenty (220) facility and thirty-three (33) home office examinations per year.

**AHCA RFP 011-18/19
ADDENDUM NO. 1**

Item #3

Attachment A, Instructions and Special Conditions, **Exhibit A-5**, Cost Proposal, is hereby deleted in its entirety and replaced with **Attachment A**, Instructions and Special Conditions, **Exhibit A-5**, Cost Proposal (4-16-19), as attached. The following item was revised to now read as follows:

- **Section I., Limited Scope Home Office Examination**, Proposed Fixed Cost, has been revised for Respondents to provide a cost per examination.

Item #4

Attachment A, Instructions and Special Conditions, **Exhibit A-5-a**, Detailed Budget, is hereby deleted in its entirety and replaced with **Attachment A**, Instructions and Special Conditions, **Exhibit A-5-a**, Detailed Budget (4-16-19), as attached.

Item #5

Attachment B, Scope of Services, **Section III.**, Services Provided by the Vendor, **Sub-Section B.**, Limited Scope Examinations, **Item 1.**, is hereby deleted in its entirety and replaced as follows:

1. Perform a review of Medicaid cost reports to determine the necessity of a full scope examination as outlined in **Section III.**, Services Provided by the Vendor, **Sub-Section A.1.**

Item #6

Attachment B, Scope of Services, **Section III.**, Services Provided by the Vendor, **Sub-Section C.**, Examination Reporting, **Item 1.**, **Sub-Item a.**, is hereby deleted in its entirety and replaced as follows:

- a. An opinion that the Schedule of Costs, Schedule of Charges, Schedule of Statistics, Schedule of Allowable Medicaid Per Diem Costs, Schedule of Adjustments, Schedule of Major Projects, Schedule of Direct Patient Care and Schedule of Home Office Adjustments included in the report, present cost and statistical information in conformity with Federal and State of Florida Medicaid reimbursement principles.

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EXHIBIT A-3
REQUIRED CERTIFICATIONS AND STATEMENTS (4-16-19)

RESPONDENT NAME: _____

1. ACCEPTANCE OF SOLICITATION REQUIREMENTS

I hereby certify that I understand and agree that my organization has read all requirements and Agency specifications provided in this solicitation, accepts said requirements, and that this response is made in accordance with the provisions of such requirements and specifications. By my written signature below, I guarantee and certify that all items included in this response shall meet or exceed any and all such requirements and Agency specifications. I further agree, if awarded a contract resulting from this solicitation, to deliver services that meet or exceed the requirements and specifications provided in this solicitation.

AND

2. ACCEPTANCE OF CONTRACT TERMS AND CONDITIONS

I hereby certify that should my organization be awarded a contract resulting from this solicitation, it will comply with all terms and conditions as specified in this solicitation and in the Agency Standard Contract (**Exhibit A-7, including its Attachments**).

AND

3. RELEASE OF REDACTED RESPONSE

I hereby authorize release of the redacted version of the response required by **Attachment A**, Instructions and Special Conditions, **Section A.1.**, Instructions, **Sub-Section C.**, Response Submission Requirements, **Item 1.**, Hardcopy and Electronic Submission Requirements, **Sub-Item c.**, Electronic Copy of the Response, **Sub-Item 5**), Electronic Redacted Copies of this solicitation in the event the Agency receives a public records request.

AND

4. STATEMENT OF NO INVOLVEMENT

I hereby certify that neither my organization nor any person with an interest in the organization had any prior involvement in performing a feasibility study of the implementation of the subject Contract, in drafting of this solicitation or in developing the subject program.

AND

5. PROHIBITION OF GRATUITIES

I hereby certify that no elected official or employee of the State of Florida has or shall benefit financially or materially from such response or subsequent contract in violation of the provisions of Chapter 112, Florida Statutes. I understand that any contract issued as a result of this solicitation may be terminated if it is determined that gratuities of any kind were either offered or received by any of the aforementioned parties.

EXHIBIT A-3
REQUIRED CERTIFICATIONS AND STATEMENTS (4-16-19)

AND

6. NON-COLLUSION CERTIFICATION

I hereby certify that all persons, companies, or parties interested in the response as principals are named therein, that the response is made without collusion with any other person, persons, organization, or parties submitting a response; that it is in all respects made in good faith; and as the signer of the response, I have full authority to legally bind the respondent to the provisions of this solicitation.

AND

7. PERFORMANCE OF SERVICES

I hereby certify my organization shall make a documented good faith effort to ensure all services, provided directly or indirectly under the Contract resulting from this solicitation, will be performed within the State of Florida.

AND

8. PERFORMANCE OF SERVICES

I hereby certify my organization shall ensure all services under the Contract resulting from this solicitation, will be performed within the borders of the United States and its territories and protectorates.

AND

9. ORGANIZATIONAL CONFLICT OF INTEREST CERTIFICATION

The standards on organizational conflicts of interest in Chapter 48, Code of Federal Regulations (CFR) and Section 287.057(17), F.S. apply to this solicitation. A respondent with an actual or potential organizational conflict of interest shall disclose the conflict. If the respondent believes the conflict of interest can be mitigated, neutralized or avoided, the respondent shall include with its response a Conflict of Interest Mitigation Plan. The plan shall, at a minimum:

- a) Identify any relationship, financial interest or other activity which may create an actual or potential organizational conflict of interest.
- b) Describe the actions the respondent intends to take to mitigate, neutralize, or avoid the identified organizational conflicts of interest.
- c) Identify the official within the respondent's organization responsible for making conflict of interest determinations.

The Conflict of Interest Mitigation Plan will be evaluated as acceptable or not acceptable and will be used to determine respondent responsibility, as defined in Section 287.012(25), F.S. The Agency reserves the right to request additional information from the respondent or other sources, as deemed necessary, to determine whether or not the plan adequately neutralizes, mitigates, or avoids the identified conflicts.

EXHIBIT A-3
REQUIRED CERTIFICATIONS AND STATEMENTS (4-16-19)

Pursuant to the aforementioned requirements, I hereby certify that, to the best of my knowledge, my organization (including its subcontractors, subsidiaries and partners):

Please check the applicable paragraph below:

- Has no existing relationship, financial interest or other activity which creates any actual or potential organizational conflicts of interest relating to the award of a contract resulting from this solicitation.
- Has included information in its response to this solicitation detailing the existence of actual or potential organizational conflicts of interest and has provided a "Conflict of Interest Mitigation Plan", as outlined above.

AND

10. RESPONDENT ATTESTATION FOR EXHIBIT A-4

I hereby certify that no modification and/or alteration has been made to the template, narrative and/or instructions contained in **Exhibit A-4** Submission Requirements and Evaluation Criteria Components (Technical Response).

I understand the Agency will not consider supplemental response narrative for evaluation which is not contained within the response sections contained in **Exhibit A-4**, Submission Requirements and Evaluation Criteria Components (Technical Response).

AND

11. RESPONDENT ATTESTATION REGARDING SCRUTINIZED COMPANIES LIST

Pursuant to Section 287.135, F.S. I certify that:

- a)** If the resulting Contract reaches or exceeds **\$1,000,000.00**, my organization has not been placed on the Scrutinized Companies with Activities in Sudan List or the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and does not have business operations in Cuba or Syria; and
- b)** For the resulting Contract in any amount, it has not been placed on the Scrutinized Companies that Boycott Israel List and is not engaged in a boycott of Israel.

The respondent agrees that the Agency may immediately terminate the resulting Contract if the respondent is found to have submitted a false certification or is placed on the lists defined in Sections 215.473 or 215.4725, F.S., or engages in a boycott of Israel, during the term of the resulting Contract.

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**EXHIBIT A-3
REQUIRED CERTIFICATIONS AND STATEMENTS (4-16-19)**

AND

12. JOINT VENTURE OR PARTNERSHIPS

This response is made as a joint venture or partnership. The members of the joint venture or partnership are listed below.

AND

13. NAMES OF OPERATION

I hereby certify the following is a list of all names under which my organization has operated during the past five (5) years, from the date of solicitation issuance, as specified in **Attachment A**, Instructions and Special Conditions, **Section A.1.**, Instructions, **Sub-Section A.**, Overview, **Item 4.**, Date of Issuance.

AND

14. CERTIFICATION REGARDING TERMINATED CONTRACTS

I hereby certify that my organization (including its subsidiaries and affiliates) has not unilaterally or willfully terminated any previous contract prior to the end of the Contract with a State or the Federal government and has not had a contract terminated by a State or the Federal government for cause, prior to the end of the Contract, during the past five (5) years, from the date of solicitation issuance, as specified in **Attachment A**, Instructions and Special Conditions, **Section A.1.**, Instructions, **Sub-Section A.**, Overview, **Item 4.**, Date of Issuance, other than those listed on **Page 5** of this Exhibit.

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**EXHIBIT A-3
REQUIRED CERTIFICATIONS AND STATEMENTS (4-16-19)**

AND

15. LIST OF TERMINATED CONTRACTS

List the terminated Contracts in chronological order and provide a brief description (half-page or less) of the reason(s) for the termination. Additional pages may be submitted; however, no more than five (5) additional pages should be submitted in total.

The Agency is not responsible for confirming the accuracy of the information provided.

The Agency reserves the right within its sole discretion, to determine the respondent to be an irresponsible bidder based on any or all of the listed Contracts and therefore may reject the response.

Respondent Name: _____

Client's Name: _____

Term of Terminated Contract: _____

Description of Services: _____

Brief Summary of Reason(s) for Contract Termination: _____

Respondent Name: _____

Client's Name: _____

Term of Terminated Contract: _____

Description of Services: _____

Brief Summary of Reason(s) for Contract Termination: _____

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**EXHIBIT A-3
REQUIRED CERTIFICATIONS AND STATEMENTS (4-16-19)**

Signature below indicates the respondent's full acknowledgement of; understanding of; and agreement with all of the certifications and statements identified above in Items 1 through 15 as written and without caveat.

Respondent Name

Authorized Official Signature

Date

Authorized Official Printed Name

Authorized Official Title

Failure to submit, Exhibit A-3, Required Certifications and Statements, signed by an authorized official may result in the rejection of response.

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**ATTACHMENT A
EXHIBIT A-3-a
ADDITIONAL REQUIRED CERTIFICATIONS AND STATEMENTS (04-16-19)**

RESPONDENT NAME: _____

1. PUBLIC ACCOUNTING LICENSE

I hereby certify that my company is licensed to practice public accounting in the State of Florida.

AND

2. MEDICAID AUDIT EXPERIENCE

I hereby certify that my company has at least three (3) years of experience auditing Medicaid cost reports within the past five (5) years from the date of solicitation issuance, as specified in **Attachment A**, Instructions and Special Conditions, **Section A.1.**, Instructions, **Sub-Section A.**, Overview, **Item 4.**, Date of Issuance.

AND

3. LITIGATION

I hereby certify that my company is not a party to any present litigation against the Agency.

AND

4. OPERATIONAL CAPABILITY

I hereby certify that my company is able to complete at least two hundred and twenty (220) facility and thirty-three (33) home office examinations per year.

Signature below indicates the respondent's full acknowledgement of; understanding of; and agreement with all of the certifications and statements identified above in Items 1 through 4 as written and without caveat.

Respondent Name

Authorized Official Signature

Date

Authorized Official Printed Name

Authorized Official Title

Failure to submit, Exhibit A-3-a, Revised Additional Required Certifications and Statements, signed by an authorized official may result in the rejection of response.

**EXHIBIT A-5
REVISED COST PROPOSAL (4-16-19)**

MEDICAID NURSING HOME COST REPORT EXAMINATION AND REPORTING SERVICES

Instructions:

- A. Where indicated in **Section A.**, Full Scope Examination, below, the respondent shall propose a fixed unit cost to complete each of the required Full Scope examinations as described in **Attachment B**, Scope of Services, **Section III.**, Services Provided by the Vendor, Sub-Sections A. through F.
- B. Where indicated in **Section B.**, Limited Scope Examination below, the respondent shall propose a fixed unit cost to complete each of the required Limited Scope examinations as described in **Attachment B**, Scope of Services, **Section III.**, Services Provided by the Vendor, Sub-Sections A. through F.
- C. Where indicated in **Section C.**, Full Scope Home Office Examination, below, the respondent shall propose a fixed unit cost to complete each of the required Home Office examinations as described in **Attachment B**, Scope of Services, **Section III.**, Services Provided by the Vendor, Sub-Sections A. through F.
- D. Where indicated in **Section D.**, Limited Scope Home Office Examination, below, the respondent shall propose a fixed unit cost to complete each of the required Limited Scope Home Office examinations as described in **Attachment B**, Scope of Services, **Section III.**, Services Provided by the Vendor, Sub-Sections A. through F.
- E. Where indicated in **Section E.**, Hourly Rate for Cancelled Examinations, below, the respondent shall propose an hourly rate for compensation in the event of a cancelled examination as described in **Attachment B**, Scope of Services, **Section VI.**, Method of Payment, Sub-Section A.
- F. Where indicated in **Section F.**, Full Scope Examination; **Section G.**, Limited Scope Examination; **Section H.**, Full Scope Home Office Examination; **Section I.**, Limited Scope Home Office Examination; and **Section J.**, Hourly Rate for Cancelled Examinations, below, the respondent shall propose a fixed unit cost to complete each of the required Full Scope, Limited Scope and Home Office examinations during the renewal period(s) and shall propose an hourly rate for compensation in the event of a cancelled examination during the renewal period(s).
- G. The Respondent must include the required Detailed Budget (**Exhibit A-5-a**) with this Cost Proposal (**Exhibit A-5**), to justify and explain each of its proposed unit costs.

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**EXHIBIT A-5
COST PROPOSAL (4-16-19)**

SECTION A. Full Scope Examination	
Proposed Fixed Cost	\$ per examination
SECTION B. Limited Scope Examination	
Proposed Fixed Cost	\$ per examination
SECTION C. Full Scope Home Office Examination	
Proposed Fixed Cost	\$ per examination
SECTION D. Limited Scope Home Office Examination	
Proposed Fixed Cost	\$ per examination
SECTION E. Hourly Rate for Cancelled Examinations	
Proposed Hourly Rate	\$ per hour

If the resulting Contract is renewed, it is the Agency's policy to reduce the overall payment amount by the Agency to the successful Vendor by at least five percent (5%) during the period of the Contract renewal, unless it would affect the level and quality of services.

The Agency will not evaluate renewal year proposals as part of the evaluation and scoring process, however proposed cost will be applied in the event the resulting Contract is renewed.

SECTION F. Full Scope Examination	
Proposed Fixed Cost	\$ per examination
SECTION G. Limited Scope Examination	
Proposed Fixed Cost	\$ per examination
SECTION H. Full Scope Home Office Examination	
Proposed Fixed Cost	\$ per examination
SECTION I. Limited Scope Home Office Examination	
Proposed Fixed Cost	\$ per examination
SECTION J. Hourly Rate for Cancelled Examinations	
Proposed Hourly Rate	\$ per hour

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**EXHIBIT A-5
COST PROPOSAL (4-16-19)**

Respondent Name

Authorized Official Signature

Date

Authorized Official Printed Name

Authorized Official Title

Exhibit A-5, Cost Proposal, shall not include a cost that exceeds the maximum Contract amount listed in Attachment A, Instructions and Special Conditions, Section A.1., Instructions, Sub-Section A., Overview, Item 13., Type and Amount of Contract Contemplated. A response which contains a cost proposal that exceeds the Agency's maximum contract amount will be rejected.

The intent of this solicitation is to solicit fixed costs to complete a full scope examination, limited scope examination, full home office examination, limited scope home office examination, and an hourly rate for cancelled examinations for the original term of the resulting Contract. Additionally, this solicitation is to solicit fixed costs to complete a full scope examination, limited scope examination, full home office examination, limited scope home office examination, and an hourly rate for cancelled examinations for any renewal period. The Agency will not agree to caveats in the proposed prices within Exhibit A-5 and Exhibit A-5-a. Responses which include caveat language for pricing will be viewed as a conditional response and the Agency may reject the response at its sole discretion.

EXHIBIT A-5-a
DETAILED BUDGET (4-16-19)

The following proposed detailed budget shall include costs required for providing the services specified in this solicitation, and shall support and justify the costs as provided in Exhibit A-5, Cost Proposal.

DESCRIPTION OF EXPENSES	Section A Full Scope Examinations	Section B Limited Scope Examinations	Section C Full Scope Home Office Examinations	Section D Limited Scope Home Office Examinations
DIRECT PERSONNEL				
Salaries:	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits:	\$0.00	\$0.00	\$0.00	\$0.00
Total Salaries Expense:	\$0.00	\$0.00	\$0.00	\$0.00
Temporary Personnel Services:	\$0.00	\$0.00	\$0.00	\$0.00
Contracted Personnel:	\$0.00	\$0.00	\$0.00	\$0.00
Other Personnel:	\$0.00	\$0.00	\$0.00	\$0.00
Other Personnel:	\$0.00	\$0.00	\$0.00	\$0.00
Other Personnel:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL DIRECT PERSONNEL:	\$0.00	\$0.00	\$0.00	\$0.00
OTHER DIRECT				
Office Supplies:	\$0.00	\$0.00	\$0.00	\$0.00
Postage, Shipping, Fulfillment:	\$0.00	\$0.00	\$0.00	\$0.00
Software, Hardware:	\$0.00	\$0.00	\$0.00	\$0.00
Equipment Rental/Purchase:	\$0.00	\$0.00	\$0.00	\$0.00
Office Rent (Occupancy):	\$0.00	\$0.00	\$0.00	\$0.00
Printing/Graphics (Materials):	\$0.00	\$0.00	\$0.00	\$0.00
Travel – Training:	\$0.00	\$0.00	\$0.00	\$0.00
Travel – Other:	\$0.00	\$0.00	\$0.00	\$0.00
Telephone Charges:	\$0.00	\$0.00	\$0.00	\$0.00
Professional Services:	\$0.00	\$0.00	\$0.00	\$0.00
Advertising:	\$0.00	\$0.00	\$0.00	\$0.00
Training, Licensing, Recruiting:	\$0.00	\$0.00	\$0.00	\$0.00
Legal, Taxes, Miscellaneous:	\$0.00	\$0.00	\$0.00	\$0.00
Other Direct:	\$0.00	\$0.00	\$0.00	\$0.00
Other Direct:	\$0.00	\$0.00	\$0.00	\$0.00
Other Direct:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL OTHER DIRECT*:	\$0.00	\$0.00	\$0.00	\$0.00

**EXHIBIT A-5-a
DETAILED BUDGET (4-16-19)**

DESCRIPTION OF EXPENSES	Section A Full Scope Examinations	Section B Limited Scope Examinations	Section C Full Scope Home Office Examinations	Section D Limited Scope Home Office Examinations
CAPITAL				
Telecommunications Equipment:	\$0.00	\$0.00	\$0.00	\$0.00
Computer Equipment:	\$0.00	\$0.00	\$0.00	\$0.00
Furniture:	\$0.00	\$0.00	\$0.00	\$0.00
Installation/Construction:	\$0.00	\$0.00	\$0.00	\$0.00
Other Capital:	\$0.00	\$0.00	\$0.00	\$0.00
Other Capital:	\$0.00	\$0.00	\$0.00	\$0.00
Other Capital:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL CAPITAL*:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL PERSONNEL:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL OTHER DIRECT:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL CAPITAL:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL EXPENSE PER UNIT COST*:	\$0.00	\$0.00	\$0.00	\$0.00

**EXHIBIT A-5-a
DETAILED BUDGET (4-16-19)**

DESCRIPTION OF EXPENSES	Section F Renewal Pricing Full Scope Examinations	Section G Renewal Pricing Limited Scope Examinations	Section H Renewal Pricing Full Scope Home Office Examinations	Section I Renewal Pricing Limited Scope Home Office Examinations
DIRECT PERSONNEL				
Salaries:	\$0.00	\$0.00	\$0.00	\$0.00
Fringe Benefits:	\$0.00	\$0.00	\$0.00	\$0.00
Total Salaries Expense:	\$0.00	\$0.00	\$0.00	\$0.00
Temporary Personnel Services:	\$0.00	\$0.00	\$0.00	\$0.00
Contracted Personnel:	\$0.00	\$0.00	\$0.00	\$0.00
Other Personnel:	\$0.00	\$0.00	\$0.00	\$0.00
Other Personnel:	\$0.00	\$0.00	\$0.00	\$0.00
Other Personnel:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL DIRECT PERSONNEL:	\$0.00	\$0.00	\$0.00	\$0.00
OTHER DIRECT				
Office Supplies:	\$0.00	\$0.00	\$0.00	\$0.00
Postage, Shipping, Fulfillment:	\$0.00	\$0.00	\$0.00	\$0.00
Software, Hardware:	\$0.00	\$0.00	\$0.00	\$0.00
Equipment Rental/Purchase:	\$0.00	\$0.00	\$0.00	\$0.00
Office Rent (Occupancy):	\$0.00	\$0.00	\$0.00	\$0.00
Printing/Graphics (Materials):	\$0.00	\$0.00	\$0.00	\$0.00
Travel – Training:	\$0.00	\$0.00	\$0.00	\$0.00
Travel – Other:	\$0.00	\$0.00	\$0.00	\$0.00
Telephone Charges:	\$0.00	\$0.00	\$0.00	\$0.00
Professional Services:	\$0.00	\$0.00	\$0.00	
Advertising:	\$0.00	\$0.00	\$0.00	\$0.00
Training, Licensing, Recruiting:	\$0.00	\$0.00	\$0.00	\$0.00
Legal, Taxes, Miscellaneous:	\$0.00	\$0.00	\$0.00	\$0.00
Other Direct:	\$0.00	\$0.00	\$0.00	\$0.00
Other Direct:	\$0.00	\$0.00	\$0.00	\$0.00
Other Direct:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL OTHER DIRECT*:	\$0.00	\$0.00	\$0.00	\$0.00

**EXHIBIT A-5-a
DETAILED BUDGET (4-16-19)**

DESCRIPTION OF EXPENSES	Section F Renewal Pricing Full Scope Examinations	Section G Renewal Pricing Limited Scope Examinations	Section H Renewal Pricing Full Scope Home Office Examinations	Section I Renewal Pricing Limited Scope Home Office Examinations
CAPITAL	\$0.00	\$0.00	\$0.00	\$0.00
Telecommunications Equipment:	\$0.00	\$0.00	\$0.00	\$0.00
Computer Equipment:	\$0.00	\$0.00	\$0.00	\$0.00
Furniture:	\$0.00	\$0.00	\$0.00	\$0.00
Installation/Construction:	\$0.00	\$0.00	\$0.00	\$0.00
Other Capital:	\$0.00	\$0.00	\$0.00	\$0.00
Other Capital:	\$0.00	\$0.00	\$0.00	\$0.00
Other Capital:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL CAPITAL*:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL PERSONNEL:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL OTHER DIRECT:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL CAPITAL:	\$0.00	\$0.00	\$0.00	\$0.00
TOTAL EXPENSE PER UNIT COST*:	\$0.00	\$0.00	\$0.00	\$0.00

*The Agency reserves the right to request the return of any hardware, software, equipment and furniture purchased by the successful Vendor using funds from the resulting Contract. In the event the Agency does not desire to have the hardware, software, equipment and furniture returned, the successful Vendor may retain said ownership.

Respondent Name

Authorized Official Signature

Date

Authorized Official Printed Name

Authorized Official Title

EXHIBIT A-5-a
DETAILED BUDGET (4-16-19)

The Agency will not evaluate renewal year proposals as part of the evaluation and scoring process, however proposed cost will be applied in the event the resulting contract is renewed.

Exhibit A-5-a, Detailed Budget, shall not include a cost that exceeds the maximum contract amount listed in Attachment A, Instructions and Special Conditions, Section A.1., Instructions, Sub-Section A., Overview, Item 12., Type and Amount of Contract Contemplated. A response which contains a cost proposal that exceeds the Agency's maximum contract amount will be rejected.

**AHCA RFP 011-18/19
QUESTIONS AND ANSWERS**

VENDOR NAME	ATTACHMENT IDENTIFIER	SECTION IDENTIFIER	SUB-SECTION REFERENCE	ITEM REFERENCE	ATTACHMENT EXHIBIT	PAGE NUMBER	QUESTION	ANSWERS
J.D. Ross, CPA Firm	Attachment A	A.1	B	2(d)		8	The "Original Proposal Guarantee" is equal to 5% of the total contract. Do all respondents have to provide the total amount even if they will not be awarded the entire contract?	See Attachment A , Instructions and Special Conditions, Section A.1. , Instructions, Sub-Section B. , Response Preparation and Content, Item 2. , Mandatory Response Content, Sub-Item d. , Original Proposal Guarantee, and Sub-Section D. , Response Evaluation and Contract Award, Item 3. , Non-Scored Requirements, Sub-Item d. , Original Proposal Guarantee.
J.D. Ross, CPA Firm	Attachment A	A.1	D	6		19	AHCA awarded contracts to four vendors under the last contract period. Is it the intent of the Agency to only have two vendors performing this contract in the upcoming contract period?	See Attachment A , Instructions and Special Conditions, Section A.1. , Instructions, Sub-Section D. , Response Evaluation and Contract Award, Item 6. , Number of Awards.
Cherry Bekaert	A				A-5-a	1 of 5 to 4 of 5	1. The detailed budget template has categories for implementation period, year one operations, year two operations, and year three operations. Could you clarify how these categories relate to the proposed fixed cost categories at Exhibit A-5, which are full scope and limited scope examinations for providers and their home offices?	See Addendum No. 1 for Attachment A , Instructions and Special Conditions, revised Exhibit A-5 , Cost Proposal and Attachment A , Instructions and Special Conditions, revised Exhibit A-5-a , Detailed Budget.
Cherry Bekaert	A				A-5-a	5 of 5	2. This provides that a cost proposal exceeding the Agency's examination contract amount will be rejected. Since pricing is provided only on a per examination basis, how could a cost proposal exceed the Agency's examination contract amount?	See Addendum No. 1 for Attachment A , Instructions and Special Conditions, revised Exhibit A-5-a , Detailed Budget.
Cherry Bekaert	A	I	M	1	A-7	9 of 31 and 10 of 31	3. This contains expanded indemnification provisions that appear to require indemnification for the Agency's costs to handle provider appeals and for anything else associated with the work of the vendor, whether or not due to negligence and without limitation. Given that provider appeals are common practice, will the Agency be receptive to remove indemnification provisions associated with provider appeals? Will the Agency be receptive to removing indemnification in the absence of vendor negligence?	No.
Cherry Bekaert	A	I	K	1,6	A-7	8 of 31	4. This requires level 2 background screening completed with results prior to employment. Since it may not be known whether new hires will be involved with the AHCA contract prior to employment, could this be rephrased to be prior to direct access to PII or PHI information, rather than prior to employment?	See Attachment A , Special Conditions & Instructions, Exhibit A-7 , Standard Contract, Section I. , The Vendor Hereby Agrees, Sub-Section K. , Background Screening, which provides guidance for existing and new employees.
Cherry Bekaert	A	A.1	A	13		6 of 23	10. Is the contract amount shown expected to be the maximum for all vendors combined, or is the maximum for any particular vendor?	The contract amount is the maximum total for all contracts combined.
Myers and Stauffer LC	Attachment A	N/A	N/A	N/A	Exhibit A-5	Page 2 of 3	The price requested for the Limited Scope Home Office Examination in the renewal period is listed as a dollar per hour. Is this correct or should it also be an amount per examination?	See Addendum No. 1 for Attachment A , Instructions and Special Conditions, revised Exhibit A-5 , Cost Proposal. The correct description is amount per examination.
Myers and Stauffer LC	Attachment A	N/A	N/A	N/A	Exhibit A-5	Page 3 of 3	The signature page of Exhibit A-5 indicates the cost proposal shall not include a cost that exceeds the maximum contract amount. Can the Agency confirm the number of examinations for each scope/type and the hours for the cancelled examinations that will be used in evaluating whether the proposal exceeds the maximum contract amount?	Please see Addendum No. 1 for Attachment A , Instructions and Special Conditions, revised Exhibit A-5-a , Detailed Budget, template. The proposed detailed budget should include costs required for providing the services specified in this solicitation, and shall support and justify the costs as provided in Addendum No. 1 , Attachment A , Instructions and Special Conditions, revised Exhibit A-5 , Cost Proposal. The Agency does not have a required number of full scope vs. limited scope examinations. However, the Agency anticipates that most examinations will be limited in order to meet the required number of examinations per year within the annual budget. There have been approximately ten (10) cancelled examinations during the term of the previous contracts (since 2013).

**AHCA RFP 011-18/19
QUESTIONS AND ANSWERS**

VENDOR NAME	ATTACHMENT IDENTIFIER	SECTION IDENTIFIER	SUB-SECTION REFERENCE	ITEM REFERENCE	ATTACHMENT EXHIBIT	PAGE NUMBER	QUESTION	ANSWERS
Myers and Stauffer LC	Attachment A	N/A	N/A	N/A	Exhibit A-5-a	Page 1 of 5	Does the detailed budget need to agree to the total contract price or should a separate Exhibit A-5-a be prepared for each unit price in Exhibit A-5?	Please see Addendum No. 1 for Attachment A , Instructions and Special Conditions, revised Exhibit A-5-a , Detailed Budget, template. The proposed detailed budget should include costs required for providing the services specified in this solicitation, and shall support and justify the costs as provided in Addendum No. 1. , Attachment A , Instructions and Special Conditions, revised Exhibit A-5 , Cost Proposal. The Exhibit A-5 a should agree to the total contract price.
Myers and Stauffer LC	Attachment A	N/A	N/A	N/A	Exhibit A-4	NA	All of the exhibits are secured so that no modifications may be made to the documents (unless specified). 1) Would the state consider changing the security, so that text style (such as underline/bold/bullets/etc) may be used especially in Exhibit A-4 (which requires narrative text)?	Refer to Attachment A , Instructions and Special Conditions, Section A.1. , Instructions, Sub-Section B. , Response Preparation and Content, Item 1. , General Instructions, Sub-Item c.
Myers and Stauffer LC	Attachment A	Instructions	N/A	N/A	Exhibit 4	Page 1 of 14	The instructions for Exhibit A-4 state that "Attachments...must be located behind each respective SRC response." Would the state consider changing the security on this document, so attachments could be added (ability to add pages and/or paste images) within the working document? If the security cannot be modified, may we submit attachments as separate files for the electronic submission requirement?	Refer to Attachment A , Instructions and Special Conditions, Section A.1. , Instructions, Sub-Section B. , Response Preparation and Content, Item 1. , General Instructions, Sub-Item c.
J.D. Ross, CPA Firm	Attachment B	IV	D			12	The Scope of Services indicates the Vendor must have the operational capability to complete at least 220 facility and 33 home office examinations each year. With two vendors and a contract period of three years that equals the capability of 1,320 facility and 198 home office examinations completed during the contract period. Is it the intent of the Agency that every nursing home in the State of Florida will undergo an examination almost twice in three years?	It is the Agency's intention to audit every provider at least once within a three (3) year period.
J.D. Ross, CPA Firm	Attachment B	V	B	2		13	What data communications network does the agency use, its relevant information systems attached to this network and is there special software needed for access?	The MyFlorida Network through the FL Department of Management Services. Link for information: https://www.dms.myflorida.com/business_operations/telecommunications/suncom2/data_services
J.D. Ross, CPA Firm	Attachment B	V	B	4		13	Development Requirements: to what software is the Agency referring?	The vendor will not develop software for the Agency therefore application development standards do not apply; however compatibility with internet browsers, etc. would still apply for any IT service, SaaS solution.
Tracy Weixelbaum CPA, PLC	Attachment B	II	K			3	Will the Agency determine if full scope or limited scope examinations are to be performed when assigning examinations?	The Agency will make recommendations regarding full scope or limited scope but it will be up to the Vendor to make the ultimate decision based on the review of the cost report and the determination of risk.
Tracy Weixelbaum CPA, PLC	Attachment B	II	K			3	Will home office examination type (full scope or limited scope) be consistent with the nursing home examinations (full scope or limited scope) in the same chain?	The home office will not require a site visit; however, the scope of the examination will be dependent upon the Agency comments and on the Vendor's review of the cost report and the determination of risk.
Tracy Weixelbaum CPA, PLC	Attachment B	III	B	1		5	What is a desk review? This term is not defined or used anywhere else in the RFP.	The wording has been updated from "desk review" to "review." The Agency expect the Vendor to review relevant documentation and data to determine whether to perform a full scope or limited scope examination.
Tracy Weixelbaum CPA, PLC	Attachment B	III	B	1		5	Provide the desk review program and/or checklists to be used	The wording has been updated from "desk review" to "review." The Agency expect the Vendor to review relevant documentation and data to determine whether to perform a full scope or limited scope examination. There is no standard program for this review.

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QUESTIONS AND ANSWERS**

VENDOR NAME	ATTACHMENT IDENTIFIER	SECTION IDENTIFIER	SUB-SECTION REFERENCE	ITEM REFERENCE	ATTACHMENT EXHIBIT	PAGE NUMBER	QUESTION	ANSWERS
Tracy Weixelbaum CPA, PLC	Attachment B	III	B	1		5	Will the Agency or Vendor perform desk reviews?	See Attachment B, Scope of Services, Section III., Sub-Section B., Limited Scope Examinations. The Agency will preform a review of the cost report prior to sending to the Vendor. The Agency will make recommendations regarding full scope or limited scope and it is
Tracy Weixelbaum CPA, PLC	Attachment B	III	B	3		5	For limited scope examinations, what is the Agency's role in determining if a section of Exhibit B-1, Medicaid Nursing Home Examination Program will be "limited based on risk"?	The Agency will make recommendations regarding full scope or limited scope but it will be up to the Vendor to make the ultimate decision based on the Vendor's review of the cost report and the determination of risk.
Tracy Weixelbaum CPA, PLC	Attachment B	III	B	3		5	For limited scope examinations, will the Agency make the determination if a section of Exhibit B-1, Medicaid Nursing Home Examination Program will be "limited based on risk" at assignment?	The Agency will make recommendations regarding full scope or limited scope but it will be up to the Vendor based on the review of the cost report and the determination of risk.
Tracy Weixelbaum CPA, PLC	Attachment B	III	B	3		5	For limited scope examinations, will the Agency make the determination if a section of Exhibit B-1, Medicaid Nursing Home Examination Program will be "limited based on risk" prior to the start of the examination (or during)?	The Agency will make recommendations regarding full scope or limited scope but it will be up to the Vendor based on the review of the cost report and the determination of risk.
Tracy Weixelbaum CPA, PLC	Attachment B	III	B	3		5	For limited scope examinations, will the Agency make the determination if a section of Exhibit B-1, Medicaid Nursing Home Examination Program that was initially determined to be "limited based on risk" should be reversed to "same as full scope" during Agency review?	The Agency will make recommendations regarding full scope or limited scope but it will be up to the Vendor based on the review of the cost report and the determination of risk.
Tracy Weixelbaum CPA, PLC	Attachment B	III	B	3		5	For limited scope examinations, if the Vendor determines a section of Exhibit B-1, Medicaid Nursing Home Examination Program will be "limited based on risk" will the agency need to approve?	While the Vendor may consult with the Agency, it will be the Vendor's responsibility to determine the sections of the examination to be limited based on risk. The Agency may make recommendations based on the review of the cost report.
Tracy Weixelbaum CPA, PLC	Attachment B	III	B	3.i.		6	Full scope testing is different than limited scope testing. Provide sample of the opinion for limited scope examinations.	Please see the attached draft opinion. This is only a sample and may change based on the Vendor's findings and scope of review.
Tracy Weixelbaum CPA, PLC	Attachment B	III	C	1.a.		6	Provide sample of opinion for full scope examinations.	Please see the attached draft opinion. This is only a sample and may change based on the Vendor's findings and scope of review. If certain schedules are limited, the opinion should reflect the limitations of the examination.
Tracy Weixelbaum CPA, PLC	Attachment B	III	C	1		6	Provide sample of examination report including all report schedules.	Please see draft attached. This is only a sample and may change based on Vendor consultation with the Agency.
Tracy Weixelbaum CPA, PLC	Attachment B	III	C	1.a.		6	Why does opinion description exclude the report schedules listed in section III.C.1.h. and III.C.1.i.?	Please see the attached updated language. The scope has been updated to include an opinion of the "Schedule of Major Projects" and "Schedule of Direct Patient Care."
Tracy Weixelbaum CPA, PLC	Attachment B	III	H	2.ix.		10	What does complaint number refer in the monthly status report?	The Agency uses an internal program called Versa to track audits and the complaint number is the number used to track the audit in the system. The Agency will provide this information to the Vendor.
Tracy Weixelbaum CPA, PLC	Attachment B	IV	D			12	How many Florida Medicaid nursing home Home Offices are there?	There are approximately 99 home offices.

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VENDOR NAME	ATTACHMENT IDENTIFIER	SECTION IDENTIFIER	SUB-SECTION REFERENCE	ITEM REFERENCE	ATTACHMENT EXHIBIT	PAGE NUMBER	QUESTION	ANSWERS
Tracy Weixelbaum CPA, PLC	Attachment B				Exhibit B-1	12	Provide copy of Cost Report FRVS Survey Supplemental Schedule	The providers are required to complete a survey of major projects. These will be supplied to the Vendors along with the cost report. The current submissions can be found at this web site: http://ahca.myflorida.com/medicaid/Finance/finance/nh_rates/frvs.shtml .
Tracy Weixelbaum CPA, PLC	Attachment B				Exhibit B-1	15	Provide copy of revised Cost Report Direct Care Schedule	Please see the current cost report template at this link: http://ahca.myflorida.com/Medicaid/cost_reim/ecr.shtml . The current cost report contains all of the elements that are included in the Direct Patient Care component. However, a change was made in the implementation of the prospective payment system effective October 1, 2018 to shift certain costs to different components within the Direct Care, Indirect Care, and Operating Medicaid patient care per diem components. This primarily effects the Schedule H of the Medicaid cost report. For rate setting purposes, the apportionment is being done manually until the electronic cost reports are updated to automatically calculate per diem components for rate setting purposes. For details, please see page 28-29 of the Nursing Facility Prospective Payment System Recommendations report: http://ahca.myflorida.com/medicaid/Finance/finance/nh_rates/docs/Nursing_Facility_Payment_Method_Recommendations_Report.pdf .
Cherry Bekaert	B	V	F	1		21 of 27	5. This provides penalties for failure to annually maintain a top tier security rating from a vendor information security rating service. If we obtain an electronic security rating questionnaire from an outside vendor service and internally complete this questionnaire, with a security rating, (based on NIST, ISO 2700x and other security industry best practice scores) is this sufficient? Also, could you elaborate on what constitutes a top tier security rating?	See Attachment B , Scope of Services, Section V. , Special Terms and Conditions, Sub-Section B. , Information Technology, Item 20. , for a list of acceptable security rating vendors. The scores and methodologies vary between service providers, for example, providers may utilize a range for grading (A-F) to ten point scales. Each provider defines their 'top tier' rating.
Cherry Bekaert	B	III	B	3		5 of 27 and 6 of 27	6. This notes that certain identified limited scope examination procedures "may be limited based on risk", which appear similar to procedures typically associated with less complex full scope examinations. Will having limited scope examinations essentially increase the proportion of complex assignments within the full scope examination pool, thereby making the average full scope examination more costly while segregating the less complex limited scope engagements into a lower cost examination pool?	It is the Agency's intention to streamline the examination process by having the majority of less complex engagements fall into the limited scope category and the more complex engagements fall into the full scope category. As a result, the cost of each audit should correspond to their relative complexity. The Agency does not anticipate that the average full scope examination will be more complex or costly than current full scope examinations.
Cherry Bekaert	B	III	B	3		5 of 27 and 6 of 27	7. It is unclear as to the true extent procedures will actually be reduced in a limited scope examination, the portion of cost reports that may qualify for limited scope examinations, and the rationale that will be used for a limited scope examination. Considering the multi-year significance of examinations to rebasing and the negligible effect the potential reduced procedures would appear to provide to the average examination, would the Agency consider only full scope examinations until more clarity is obtained for the limited scope concept? We believe this would reduce uncertainty in pricing and mitigate consideration of potential cost increases associated with full scope examinations.	The Vendor is responsible for determining the procedures associated with the determination of limited scope examinations and the procedures to follow. The lack of a site visit in a limited scope audit along with reductions or elimination of other steps should help to reduce cost and time.
Cherry Bekaert	B	III	B	3		5 of 27 and 6 of 27	8. A limited scope examination under AICPA standards is an examination that limits the subject matter for which an opinion is provided. An example of this is the previous Senate Bill 1202 limited scope examinations, which carved out certain information to be examined and where the examination report was focused solely on that information. In the RFP, the examination opinion is on the same information, whether termed limited scope or full scope. Procedures have always varied, depending on risk and issues involved, but has the extent of the limited procedures without limiting the scope of the examination opinion been considered?	The examination opinion may change based on the Vendor's findings and scope of review. If certain schedules are limited, the opinion should reflect the limitations of the examination.

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QUESTIONS AND ANSWERS**

VENDOR NAME	ATTACHMENT IDENTIFIER	SECTION IDENTIFIER	SUB-SECTION REFERENCE	ITEM REFERENCE	ATTACHMENT EXHIBIT	PAGE NUMBER	QUESTION	ANSWERS
Cherry Bekaert	B	III	A, C			3 of 27 through 7 of 27	9. There are certain types of procedures for which the revised prospective payment system does not apply. As provided by Florida Statute 409.908, these include pediatric, Florida Department of Veteran Affairs and government-owned facilities. Should consideration of the different program and reporting requirements for these providers be factored into the overall average fee for full scope examinations?	There are a total of 17 facilities exempt from the prospective payment system. Full scope or limited scope examinations will be required for these providers during the resulting contract period. The Agency not anticipate a different program or reporting requirements for these providers.
Myers and Stauffer LC	Attachment B	Section II Services Provided by the Agency	N/A	Item H	N/A	Page 2 of 27	How many nursing facility and home office examinations were completed each year for the past five years?	In the past five years, an average of 140 nursing facility cost reports and 29 home office examinations per year have been completed.
Myers and Stauffer LC	Attachment B	Section II Services Provided by the Agency	N/A	Item H	N/A	Page 2 of 27	Is the Agency or the Vendor responsible for determining which examinations are full scope and which examinations are limited scope?	The Agency will make recommendations regarding full scope or limited scope but it will be up to the Vendor based on the review of the cost report and the determination of risk.
Myers and Stauffer LC	Attachment B	Section II Services Provided by the Agency	N/A	Item H	N/A	Page 2 of 27	What percent of total examinations each year for the past five years were full scope examinations?	All examinations (100%) completed in the last five years were full scope examinations.
Myers and Stauffer LC	Attachment B	Section III Services Provided by the Vendor	Sub-section D Exit Conference	Item 1	N/A	Page 7 of 27	Is there a contractual or regulatory timeline governing the latest date at which the exit conference can be held?	Statutory authority requires that every fourth year, the agency shall rebase nursing home prospective payment rates to reflect changes in cost based on the most recently audited cost report for each participating provider. Based on this requirement, the Agency intends to audit a cost report for each nursing facility at least once every three years. As a result, the Agency requires that the Vendor set timelines and/or deadlines that will allow them the
Myers and Stauffer LC	Attachment B	Section III Services Provided by the Vendor	Sub-section D Exit Conference	Item 1	N/A	Page 7 of 27	How long, on average, is the time between selection for examination by the Agency and the exit conference?	Historically, full scope examinations, takes approximately 8 to 11 months between the selection for examination and the exit conference.
Myers and Stauffer LC	Attachment B	Section III Services Provided by the Vendor	Sub-section D Exit Conference	Item 2	N/A	Page 7 of 27	Is the sixty (60) day deadline applicable to the nursing home or home office's time to submit additional documentation? Or, to the Vendor's time to review additional documentation submitted?	The sixty (60) calendar day deadline is for the facility to provide additional support for contested adjustments to the Vendor.
Myers and Stauffer LC	Attachment B	Section III Services Provided by the Vendor	Sub-section G Other Examination Terms and Conditions	Item 6 Examination Timelines	N/A	Page 9 of 27	What are the contractual or regulatory timelines and/or deadlines governing any aspects of the examination process?	Statutory authority requires that every fourth year, the agency shall rebase nursing home prospective payment rates to reflect changes in cost based on the most recently audited cost report for each participating provider. Based on this requirement, the Agency intends to audit a cost report for each nursing facility at least once every three years. As a result, the Agency requires that the Vendor set timelines and/or deadlines that will allow them the capability to complete at least 220 facility and 33 home office examinations each year. The Vendor shall complete a minimum number of examinations per contract year, as determined by the Agency.
Myers and Stauffer LC	Attachment B	Section V Special Terms and Conditions	Sub-section B Information Technology	Item 4 Development Requirements	N/A	Page 13 of 27	Do the development requirements apply to this solicitation? If so, what specific capabilities and/or functionalities is the requested system required to possess?	The development requirements do not apply; however compatibility with internet browsers, etc. would still apply for any IT service, SaaS solution.

**Sample Facility
Medicaid Field Examination Report
Year ended July 31, 2019**

Example_Draft Revised Examination Report

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Example_Draft Revised Examination Report

Sample Facility
 Schedule of Costs
 Year ended July 31, 2019

<u>Cost Center Totals</u>	<u>As Reported</u>	<u>Increase (Decrease)</u>	<u>As Adjusted</u>
Costs to be allocated:			
Plant operations	\$ 270,924	\$ -	\$ 270,924
Housekeeping	163,638	-	163,638
	<u>434,562</u>	<u>-</u>	<u>434,562</u>
Administration	826,155	(66,150)	760,005
Owner's administrative compensation	-	-	-
	<u>1,260,717</u>	<u>(66,150)</u>	<u>1,194,567</u>
Medical records	52,009	-	52,009
Laundry and linen costs	108,838	-	108,838
	<u>160,847</u>	<u>-</u>	<u>160,847</u>
Direct patient care costs:			
Direct Care	2,737,970	-	2,737,970
Dietary	539,462	-	539,462
	<u>3,277,432</u>	<u>-</u>	<u>3,277,432</u>
Direct care ancillary cost centers:			
Physical therapy	170,543	-	170,543
Speech and audiological therapy	2,358	-	2,358
Occupational therapy	133,554	-	133,554
Inhalation/respiratory therapy	13,078	-	13,078
IV therapy	47,058	-	47,058
Parenteral nutrition	15,762	-	15,762
	<u>382,353</u>	<u>-</u>	<u>382,353</u>
Indirect patient care costs:			
Indirect Care	512,349	-	512,349
Activities	81,387	-	81,387
Social services	152,888	-	152,888
Central supply	72,120	-	72,120
	<u>818,744</u>	<u>-</u>	<u>818,744</u>
Indirect care ancillary cost centers:			
Complex medical equipment	-	-	-
Medical supplies	18,298	-	18,298
Other	-	-	-
	<u>18,298</u>	<u>-</u>	<u>18,298</u>
Property Pass-through Costs			
Insurance on property	-	-	-
Taxes on property	-	-	-
	<u>-</u>	<u>-</u>	<u>-</u>
	\$		
Nonallowable ancillary cost centers:			
Radiology	17,762	-	17,762
Lab	58,993	-	58,993
Pharmacy	23,606	-	23,606
Other	-	-	-
	<u>100,361</u>	<u>-</u>	<u>100,361</u>

Example_Draft Revised Examination Report

Sample Facility
Schedule of Costs
Year ended July 31, 2019

<u>Cost Center Totals</u>	<u>As Reported</u>	<u>Increase (Decrease)</u>	<u>As Adjusted</u>
Other nonreimbursable cost centers:			
Gift shop	\$ -	\$ -	\$ -
Clinic	-	-	-
Beauty and barber	18,383	-	18,383
Adult day care	-	-	-
Child day care	-	-	-
Other	332	-	332
	<u>18,715</u>	<u>-</u>	<u>18,715</u>
Total operating costs	5,937,106	(66,150)	5,870,956
Medicaid bad debts	-	-	-
Total costs	<u>\$ 5,937,106</u>	<u>\$ (66,150)</u>	<u>\$ 5,870,956</u>

Example_Draft Revised Examination Report

Sample Facility
 Schedule of Charges
 Year ended July 31, 2019

	As Reported	Increase (Decrease)	As Adjusted
Usual and customary daily rate	\$ 189.04	\$ -	\$ 189.04
Patient charges:			176.74
Medicaid:			
Ancillary cost centers:			
Physical therapy	\$ 2,563	\$ -	\$ 2,563
Speech and audiological therapy	-	-	-
Occupational therapy	1,713	-	1,713
Complex medical equipment	-	-	-
Medical supplies	5,502	-	5,502
Inhalation/respiratory therapy	16,469	-	16,469
IV therapy	-	-	-
Parenteral nutrition	6,011	-	6,011
Other	-	-	-
Room and board	3,908,941	-	3,908,941
Other	-	-	-
Totals	<u>3,941,199</u>	<u>-</u>	<u>3,941,199</u>
Medicare:			
Ancillary cost centers:			
Physical therapy	319,680	-	319,680
Speech and audiological therapy	2,721	-	2,721
Occupational therapy	305,088	-	305,088
Complex medical equipment	-	-	-
Medical supplies	8,398	-	8,398
Inhalation/respiratory therapy	7,375	-	7,375
IV therapy	29,889	-	29,889
Parenteral nutrition	9,017	-	9,017
Other	-	-	-
Room and board	851,391	-	851,391
Other	-	-	-
Totals	<u>1,533,559</u>	<u>-</u>	<u>1,533,559</u>
Private and other:			
Ancillary cost centers:			
Physical therapy	138,961	-	138,961
Speech and audiological therapy	438	-	438
-		-	
Inhalation/respiratory therapy	8,230	-	8,230
IV therapy	21,692	-	21,692
Parenteral nutrition	4,879	-	4,879
Other	(26,257)	-	(26,257)
Room and board	1,798,366	-	1,798,366
Other	-	-	-
Totals	<u>1,946,309</u>	<u>-</u>	<u>1,946,309</u>
Total charges	<u>\$ 7,421,067</u>	<u>\$ -</u>	<u>\$ 7,421,067</u>

Example_Draft Revised Examination Report

Sample Facility
 Schedule of Statistics and Equity Capital
 Year ended July 31, 2019

<u>Statistics:</u>	<u>As Reported</u>	<u>Increase (Decrease)</u>	<u>As Adjusted</u>
Number of beds	120	-	120
Patient days:			
Medicaid	24,287	-	24,287
Medicare	5,289	-	5,289
Private and other	11,012	-	11,012
Total patient days	40,588	-	40,588
Percent Medicaid	59.838%	0.000%	59.838%
Facility square footage:			
Allowable ancillary cost centers:			
Physical therapy	376	-	376
Speech and audiological therapy	62	-	62
Occupational therapy	244	-	244
Complex medical equipment	-	-	-
Medical supplies	191	-	191
Inhalation/respiratory therapy	-	-	-
IV therapy	-	-	-
Parenteral nutrition	-	-	-
Other	38	-	38
Patient care	20,974	-	20,974
Laundry and linen	517	-	517
Radiology	-	-	-
Lab	-	-	-
Pharmacy	-	-	-
Other nonallowable ancillary	-	-	-
Gift shop	-	-	-
Clinic	-	-	-
Beauty and barber	61	-	61
Adult day care	-	-	-
Child day care	-	-	-
Other nonreimbursable	-	-	-
Total facility square footage	22,463	-	22,463

Example_Draft Revised Examination Report

Sample Facility
Schedule of Allowable Medicaid Costs
Year ended July 31, 2019

<u>Total Costs:</u>	<u>Costs as Adjusted</u>	<u>Allocations and Apportionment (Note 2)</u>	<u>Costs After Allocations and Apportionment</u>
<u>Reimbursement Class</u>			
Operating	\$ 1,303,405	\$ (577,110)	\$ 726,295
Direct patient care	2,737,970	(1,099,627)	1,638,343
Indirect patient care	818,744	25,098	843,842
Nonreimbursable	18,715	2,643,761	2,662,476
Totals	<u>\$ 4,878,834</u>	<u>\$</u>	<u>\$</u>

<u>Allowable Medicaid Costs:</u>	<u>As Reported</u>	<u>Increase (Decrease) (Note 1)</u>	<u>As Adjusted</u>
<u>Reimbursement Class</u>			
Operating	\$ 761,055	\$ (34,760)	\$ 726,295
Direct patient care	1,638,343	-	1,638,343
Indirect patient care	861,034	(17,192)	843,842
Totals	<u>\$ 3,260,432</u>	<u>\$ (51,952)</u>	<u>\$ 3,208,480</u>

<u>Allowable Medicaid Per Diem Costs:</u>	<u>As Reported</u>	<u>Increase (Decrease) (Note 1)</u>	<u>As Adjusted</u>
<u>Reimbursement Class</u>			
Operating	\$ 31.34	\$ (1.44)	\$ 29.90
Direct patient care	67.46	-	67.46
Indirect patient care	35.45	(0.71)	34.74
Initial Medicaid per diem (Note 3)	<u>\$ 134.25</u>	<u>\$ (2.15)</u>	<u>\$ 132.10</u>

Example_Draft Revised Examination Report

Sample Facility
Schedule of Major Projects
Year ended July 31, 2019

<u>Project Type:</u>	<u>As Reported</u>	<u>Increase (Decrease)</u>	<u>As Adjusted</u>
Project Data:			
Bed replacements	\$	\$	\$
Project 1	-	-	-
Project 2	-	-	-
Bed additions			
Project 1	-	-	-
Project 2	-	-	-
Renovations			
Project 1	-	-	-
Project 2	-	-	-
	-	-	-
Totals	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

Example_Draft Revised Examination Report

Sample Facility
 Schedule of Direct Patient Care
 Year ended July 31, 2019

	As Reported	Increase (Decrease)	As Adjusted
RN Data			
Productive salaries	\$ 230,498	\$ (10,882)	\$ 219,616
Non-productive salaries	17,845	5,184	23,029
Total salaries	<u>\$ 248,343</u>	<u>\$ (5,698)</u>	<u>\$ 242,645</u>
FICA	\$ 21,625	\$ (426)	\$ 21,199
Unemployment insurance	-	-	-
Health insurance	20,093	-	20,093
Workers compensation	5,251	-	5,251
Other fringe benefits	7,769	-	7,769
Total benefits	<u>\$ 54,738</u>	<u>\$ (426)</u>	<u>\$ 54,312</u>
			RN costs
Productive Hours	7,989	30	8,019
Non-productive hours	652	(248)	404
Total hours	<u>8,641</u>	<u>(218)</u>	<u>8,423</u>
LPN Data			
Productive salaries	\$ 522,804	\$ (30,994)	\$ 491,810
Non-productive salaries	47,038	15,353	62,391
Total salaries	<u>\$ 569,842</u>	<u>\$ (15,641)</u>	<u>\$ 554,201</u>
FICA	\$ 49,621	\$ (1,202)	\$ 48,419
Unemployment insurance	-	-	-
Health insurance	46,104	-	46,104
Worker's compensation	12,048	-	12,048
Other fringe benefits	17,826	-	17,826
Total benefits	<u>\$ 125,599</u>	<u>\$ (1,202)</u>	<u>\$ 124,397</u>
Productive hours	23,493	545	24,038
Non-productive hours	2,370	(1,298)	1,072
Total hours	<u>25,863</u>	<u>(753)</u>	<u>25,110</u>
CNA Data			
Productive salaries	\$ 522,804	\$ (30,994)	\$ 491,810
Non-productive salaries	51,742	81,312	133,054
Total salaries	<u>\$ 574,546</u>	<u>\$ 50,318</u>	<u>\$ 624,864</u>

Example_Draft Revised Examination Report

Sample Facility
Schedule of Direct Patient Care
Year ended July 31, 2019

	As Reported	Increase (Decrease)	As Adjusted
CNA Data (continued)			
FICA	\$ 77,529	\$ (1,605)	\$ 75,924
Unemployment insurance	-	-	-
Health insurance	72,035	-	72,035
Workers compensation	18,824	-	18,824
Other fringe benefits	27,852	-	27,852
Total benefits	<u>\$ 196,240</u>	<u>\$ (1,605)</u>	<u>\$ 194,635</u>
Productive hours	63,443	223	63,666
Non-productive hours	4,564	(2,004)	2,560
Total hours	<u>68,007</u>	<u>(1,781)</u>	<u>66,226</u>
Agency Data			
RN costs	\$ -	\$ -	\$ -
LPN costs	-	-	-
CNA costs	-	-	-
Total agency costs	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>
RN hours	-	-	-
LPN hours	-	-	-
CNA hours	-	-	-
Total agency hours	<u>-</u>	<u>-</u>	<u>-</u>
Data for All Departments			
Total salaries	<u>\$ 2,527,922</u>	<u>\$ (73,466)</u>	<u>\$ 2,454,456</u>
FICA	\$ 218,648	\$ (5,878)	\$ 212,770
Unemployment insurance	-	-	-
Health insurance	204,527	-	204,527
Worker's compensation	47,345	-	47,345
Other fringe benefits	66,765	-	66,765
Total benefits	<u>\$ 537,285</u>	<u>\$ (5,878)</u>	<u>\$ 531,407</u>

Example_Draft Revised Examination Report

Sample Facility
Notes to Schedules
Year ended July 31, 2019

Note 1 - Basis of Presentation

The schedules, which were derived from the Cost Report for Florida Medicaid Program Nursing Home Service Providers (cost report) for the current period, have been prepared in conformity with federal and state Medicaid reimbursement principles as specified in the State of Florida Medicaid Program as defined by applicable cost and reimbursement principles, policies, and regulations per Medicaid principles of reimbursement as interpreted by the Provider Reimbursement Manual (CMS-Pub. 15-1), Florida Title XIX Long-Term Care Reimbursement Plan, and the State of Florida's Agency for Health Care Administration Audit Services Medicaid Procedures Manual. The format and content of the information included in the schedules have been developed by the State of Florida's Agency for Health Care Administration Audit Services Medicaid Procedures Manual.

The balances in the "As Reported" columns of the schedules are the assertions and responsibility of the management of the nursing home. The balances in the "As Adjusted" columns are the result of applying the adjustments reflected in the "Increase/(Decrease)" columns to the balances in the "As Reported" columns.

Note 2 - Allocations and Apportionment

Schedules G, G-1 and H of the cost report allocate allowable administration, plant operation and housekeeping costs to allowable and nonallowable ancillary, patient care, laundry and linen and nonreimbursable cost centers based on predetermined statistical bases, such as square footage or total costs, as explained in the cost report. These schedules then apportion allowable costs after allocations to the Medicaid program based on other statistical bases, such as patient days or ancillary charges, as explained in the cost report. The net effect of such allocations and apportionments on each reimbursement class is presented in the Schedule of Allowable Medicaid Costs.

Note 3 - Initial Medicaid Per Diem

Medicaid per diem costs for property and return on equity have not been calculated under the provisions of the applicable revision of the Florida Title XIX Long-Term Care Reimbursement Plan, excluding fair rental value provisions. The effect, if any, of the fair rental value system, will be determined during the rate setting process, and where applicable, prospective rates will be calculated by applying inflation factors, incentives, low utilization penalties and reimbursement ceilings.

Example_Draft Revised Examination Report

The following adjustments, which are included in the Schedule of Costs and those affecting ending equity capital in the Schedule of Statistics and Equity Capital, are supported by explanations and authoritative citations. All other adjustments presented herein are in accordance with Chapter 2300, primarily Section 2304, Adequacy of Cost Information, CMS-Pub. 15-1. Adjustments to the Schedule of Direct Patient Care are in accordance with Florida Title XIX Long-Term Care Reimbursement Plan Section V. B.

Classification	Account Number	Comment	Increase (Decrease)
<u>Adjustments affecting Costs (page 3)</u>			
<u>Administrative:</u>			
1. GL/PL Insurance Expense	730810	To adjust costs to examined amount. (Section 2304 and 2102.1, CMS Pub 15-1)	(66,150)
			(66,150)
Net Adjustment affecting Costs			<u>\$ (66,150)</u>

EXAMPLE DRAFT OPINION

Report of Independent Accountant

Secretary
Agency for Health Care Administration:

We have examined the schedules and statistical data, as listed in the Table of Contents, which were derived from the Cost Report for Florida Medicaid Program Nursing Facility Providers (the "Cost Report") of **Provider Name**, (the "Provider"), for the year ended **xxxx xx, xxxx**. The Provider's management is responsible for these schedules and statistical data in accordance with federal and state Medicaid reimbursement principles as described in **Note 1 of Attached Notes to Schedules**. Our responsibility is to express an opinion on the schedules and statistical data based on our examination.

Except as discussed in the following paragraph, our examination was conducted in accordance with attestation standards established by the American Institute of Certified Public Accountants and, accordingly, included examining on a test basis, evidence supporting the accompanying schedules and statistical data and performing such other procedures as we considered necessary in the circumstances. Those standards require that we plan and perform the examination to obtain reasonable assurance about whether the schedules and statistical data are in accordance with federal and state Medicaid reimbursement principles, as described in **Note 1 of Attached Notes to Schedules**. The nature, timing and extent of the procedures selected depend on our judgement, including an assessment of risks of material misstatement of the schedules and statistical data, whether due to fraud or error. We believe that the evidence we obtained is sufficient and appropriate to provide a reasonable basis for our opinion.

Attachment A to this report includes adjustments which, in our opinion, should be recorded in order for the data, as reported, in the accompanying schedules for the year ended **xxxx xx, xxxx**, to be presented in conformity with federal and state Medicaid reimbursement principles as described in **Note 1 of Attached Notes to Schedules**. To quantify the effect of the required adjustments, we have applied the adjustments as described in Attachment A to the amounts and statistical data, as reported, in the accompanying schedules.

In our opinion, except for the effects of such adjustments as might have been determined to be necessary had amounts and data described in the third paragraph above been examined, and for the effects of not recording adjustments as discussed in the preceding paragraph, the accompanying schedules and statistical data listed in the Table of Contents present, in all material respects, the amounts and statistical data derived from the Cost Report of **Provider Name**, for the year ended **xxxx xx, xxxx**, in conformity with federal and state Medicaid reimbursement principles as described in **Note 1 of Attached Notes to Schedules**.

This report is intended solely for the information and use of the State of Florida's Agency for Health Care Administration and management of **Provider Name**, and is not intended to be and should not be used by anyone other than these specified parties.

City, State
Date

EXAMPLE DRAFT OPINION

XYZ LLC

d/b/a FACILITY NAME

NOTES TO SCHEDULES

FOR THE YEAR ENDED **MONTH, DAY 20XX**

Note 1-Basis of Presentation

The Schedules listed in the Table of Contents, which were derived from the Cost Report for Florida Medicaid Program Nursing Facility Providers (the "Cost Report") for the applicable period, have been prepared in conformity with federal and state Medicaid reimbursement principles, as specified in the State of Florida Medicaid Program and as defined by applicable cost and reimbursement principles, policies and regulations according to Medicare principles of reimbursement as interpreted by the Provider Reimbursement Manual (CMS Pub. 15-1), the Florida Title XIX Long-Term Care Reimbursement Plan and Instructions to Cost Report for Nursing Homes Participating in the Florida Medicaid Program.

The balances in the "As Reported" columns of the schedules are the assertions and responsibility of the management of the nursing facility. The balances in the "As Adjusted" columns are the result of applying the adjustments reflected in the "Increase/(Decrease)" columns to the balances in the "As Reported" columns.