



2020-2021 Performance Plan for JEFFREY ENGLISH

Employee Information

First Name

JEFFREY

Agency

AHCA - Agency for Hith Care Ad (6800)

Organization

Code

684060000000000000000000

Last Name

ENGLISH

Agency Hire Date 09/06/2019

Position Title

Middle Name

GOVERNMENT ANALYST II

Login ID

01456927

Performance Plan Period

Originator

Dana Williams (DWILLIAMS)

Review Period

09/06/2020 - 06/30/2021

Due Date

08/29/2021

Performance Expectations

Job Specific

1.1 Goal #1: Communication

The employee ensures that assignments and requests for policy clarification, correspondence, and language are accurate, clear, concise, processed timely, and are of good quality alongside and in support of detailed research. This includes, but is not limited to, oral, written, and presentation of:

- · Questions from Agency staff (not redirected to the Medicaid Policy inbox for assignment)
- · Internal and external stakeholder joint initiatives, assignments, questions, and projects
- · CorrFlow assignments, questions, and projects
- Medicaid Policy Inbox assignments, questions, and projects
- Medicaid Director's Office assignments, questions, and projects
- Medicaid Program Integrity policy certifications
- Statewide Medicaid Managed Care report guide
- · Contract and amendment language/review
- · Dear Managed Care Plan letters
- Contract interpretations
- Policy transmittals
- Provider alerts
- Training documents/slides
- Decision points (including fiscal analyses)
- · Legislative related assignments including:

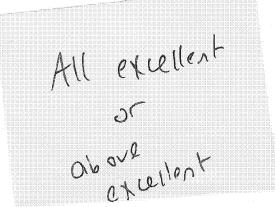
o complete bill analyses including fiscal analysis set up, discussion, and follow through with Medicaid Program Finance o associated documentation (i.e. impact section by section, bill check list, etc.)

o summary bill analysis (short form)

- o no impact reviews
- o legislative reports

As well as timely and accurately handling:

- · Meetings and webinars to resolve complex issues or projects as they occur
- · Serving as a subject matter expert and providing consultation to assist with the development or finalization of work products, including interagency agreements.
- · Communicating effectively in a variety of ways that exhibits the employee's ability to clearly and accurately provide information and technical assistance to co-workers.
- · Coordinating and lead meetings within the Agency, between the Agency and other state agencies, or with other



Pl. Trial Ex. 029

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organizations for the purpose of communicating, clarifying, or developing Medicaid policy.

Representing the Agency, as assigned, in external or stakeholder/partner meetings.

This standard is met by performing all of the following:

- The response is drafted and begins routing within the timeframe assigned by the supervisor or the prescribed bureau response timeline (when applicable).
- The drafted response complies with the bureau style guide requirements (effective July 1, 2016).
- The drafted response did not have to be returned for substantial editing more than one (1) time through all levels of management review, up to the Bureau Chief, avoiding major delays in the assignment completion.
- o Substantial edits modify the document's concept and intended use, audience, content (more than 50%), organization, design, and style.
- · Research is linked and synthesized to answer the ask of the assignment.
- The response draft includes research and authority in the left side of the routing folder.
- The response is completed by the employee, without escalation to or intervention by management to address or prompt resolution of outstanding needs.
- · The employee maintains assignments in ARTS and team One Drive tracking tool at a minimum weekly.

An exception is defined as an assignment where the bulleted standards above are not met. Holidays, competing priorities, sick leave, and annual leave may be taken into consideration with this expectation, by approval of the manager in consultation with the Bureau Chief.

Rating Methodology:

Score of 3: Employee has six - eight (6-8) exceptions to the bulleted expectations per evaluation period.

Score of 4: Employee has three - five (3-5) exceptions to the bulleted expectations per evaluation period.

Score of 5: Employee has one – two (1-2) exceptions to the bulleted expectations per evaluation period. Additionally, the employee consistently and proactively goes above and beyond to achieve this SMART goal, requiring no more than two (2) reminders, check ins, or management assistance to accomplish this SMART goal in its entirety.

Score of 2: Employee has nine - eleven (9-11) exceptions to the bulleted expectations per evaluation period.

Score of 1: Employee has twelve or more (12+) exceptions to the bulleted expectations per evaluation period.

Resources

Bureau Style Guide

Authority documentation (Code of Federal Regulations, State Statute, administrative code/rule, etc.) Agency Coverage Policies and Fee Schedules

Agency Coverage Policies and Fee Schedules

National Coding Guidelines and Best Practices (CMS, AMA, ADA, etc.)

https://innovation.cms.gov/

Performance

Expectation Rating Comments

Jeff is consistent, accurate, and timely in his responses to policy assignments.

Performance Expectation Rating

5 - Exceptional

Job Specific

1.2 Goal #2: National Policy Research and Analysis

The employee consistently maintains education related to CMS federal policy guidance, innovations in health care coverage and reimbursement, and coding protocols for fee schedule and policy updates and accuracy. This is done by:

- Proactively reviewing, synthesizing, applying, and understanding annual (2019 and 2020) coding changes published by various credible sources related to medical coding, dental coding (if applicable), facility coding (if applicable) diagnosis coding, place of service coding, and modifiers.
- Registering and attend federal, state, and association trainings, webinars, and informational opportunities for any improvements or impacts to Medicaid Policy
- Analyzing federal and waiver draft/final rules and authorities for potential updates, impacts, and improvements to Florida Medicaid
- Registering (for automated notifications) and reviewing federal policy guidance and reviewing all CMS federal policy guidance during the performance period Federal policy guidance includes, but is not limited to:
- o Regulations: Regulations implement laws passed by Congress and are published in the Federal Register. There are a variety of regulatory actions, some involving public comment. Although the types of actions can vary, generally CMS

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publishes a notice of proposed rule-making, solicits and considers public comments, and issues a final rule.

- o State Medicaid Director Letters: State Medicaid Director (SMD) letters further clarify and communicate policies set forth in regulations. They provide Medicaid-related guidance and clarify statutory and regulatory issues.
- o State Health Official Letters: State Health Official (SHO) letters are similar to SMD letters, but they generally apply to both Medicaid and CHIP programs. Like SMD letters they provide guidance and clarify statutory and regulatory issues.
- o Frequently Asked Questions: Frequently Asked Questions (FAQ) can clarify and provide guidance on regulatory or subregulatory issues. They can also be used to address operational and technical issues. In addition to the point-in-time releases, CMS also offers an interactive FAQ library.
- o Center for Medicaid & CHIP Services (CMCS) Informational Bulletins: CMCS Informational Bulletins (CIBs) share information, address operational and technical issues, and highlight initiatives or related efforts. CIBs do not establish new policy or issue new guidance.
- o CMS Innovation Center: webinars, trainings, and guidance documents (includes the Innovation Accelerator Program)
- o U.S. Department of Health and Human Services Office of the Inspector General Reports and Publications

Routinely review all OIG CMS reports to see what is vulnerable and is prone to weaknesses and review/analyze in relation to Florida Medicaid covered services, providers, and application of federal/state policies

- o MACPAC reports and recommendations
- Researching, reviewing, and utilizing nationally adopted toolkits and quality metrics to inform and develop improved outcomes for recipients through covered services in the Florida Medicaid program
- If made available by the Florida Bureau of Medicaid Program Integrity, employee attends all sessions related to a Medicaid Integrity Institute Training and applies lessons learned to assigned policy and fee schedule areas.

Holidays, competing priorities, sick leave, and annual leave may be taken into consideration with this expectation, by approval of the manager in consultation with the Bureau Chief.

This standard is met by performing all of the following for all assigned or available National Policy Research (within the employee's assigned subject areas):

- A summary (including impacts) is drafted and begins routing within the timeframe assigned by the supervisor or the prescribed bureau response timeline (when applicable).
- The summary (including impacts) complies with the bureau style guide requirements (effective July 1, 2016).
- The summary of the national policy research did not have to be returned for substantial editing more than one (1) time through all levels of management review, up to the Bureau Chief, avoiding major delays in the assignment completion. o Substantial edits modify the document's concept and intended use, audience, content (more than 50%), organization, design, and style.
- Research is complete, linked, and synthesized to potential innovations and updates in the Medicaid program.
- The summary includes authorities, any stakeholder/provider feedback, research, and authority in the left side of the routing folder.
- The summary is completed by the employee, without escalation to or intervention by management to address or prompt resolution of outstanding needs.
- The employee maintains an electronic folder and paper binder of all potential, optional, required, and necessary updates to each assigned service specific with national research and opportunities for improvement.
- o The employee will present the information detailed in the folder/binder to team members, leadership and other Agency staff as scheduled.

An exception is defined as an assignment where the bulleted standards above are not met. Holidays, competing priorities, sick leave, and annual leave may be taken into consideration with this expectation, by approval of the manager in consultation with the Bureau Chief.

Rating Methodology:

Score of 3: Employee drafts document related to their assigned policies, with four -- five (4-5) exceptions.

Score of 4: Employee drafts document related to their assigned policies, with three (3) exceptions.

Score of 5: Employee drafts document related to their assigned policies, with no more than two (2) exceptions. Additionally, the employee consistently and proactively goes above and beyond to achieve this SMART goal, requiring no more than two (2) reminders, check ins, or management assistance to accomplish this SMART goal in its entirety.

Score of 2: Employee drafts document related to their assigned policies with no more than six (6) exceptions.

Score of 1: Employee drafts document related to their assigned policies with no more than seven (7) or more exceptions.

Resources

2098 and 2020 books (ICD-10, UB-04, CPT, and CDT)

MII Trainings: https://www.justice.gov/mii/training

CMS Federal Policy Guidance: https://www.medicaid.gov/federal-policy-Guidance/index.html

Register to receive CMS Updates automatically via email:

https://public.govdelivery.com/accounts/USCMSMEDICAID/subscriber/qualify?email=

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CMS Innovation Center: https://innovation.cms.gov/

U.S. Department of Health and Human Services Office of Inspector General, Reports and Publications including Audits and Reports to Congress: https://oig.hhs.gov/reports-and-publications/index.asp

Performance Expectation Rating Comments Jeff regularly tracks and analyzes CMS federal policy guidance and innovations in health care coverage, including participating in national health policy calls and webinars and providing notes on assigned calls to Agency leadership.

Performance Expectation Rating

4 - Above Expectation

Job Specific

1.3 Goal #3: Timely Processing of Requests for Coverage Determinations (GAPMS)

The employee ensures that requests for coverage determination, pursuant to the generally accepted professional medical standards (GAPMS) rule or other requests, are completed timely and are of good quality.

This standard is met by performing all of the following:

- The response is drafted and begins routing within the timeframe assigned by the supervisor or the prescribed bureau response timeline (when applicable).
- Each GAPMS request is reviewed within 5 business days of receipt in the Health Services Research email inbox, including
 use of the current decision tree checklist for initial routing determination (GAPMS vs decision point/coverage determination).
- The drafted response complies with the current GAPMS template, APA and Bureau style guide requirements (effective July 1, 2016).
- Research is completed prior to, during, and (if needed) after report drafting for continuous quality improvement, including:
- o Reviewing, researching, drafting, and leading leadership walkthroughs for decision points for major changes in coverage policies and fee schedules
- o Researching health care and relevant industry trends that may improve/have an impact on Florida Medicaid or may inform policy development activities
- o Routinely reviewing and research Medicare policies, national Medicaid-related research and demonstration projects, Medicaid medical assistance program innovations for general and special populations, and alternative financing and service delivery systems models for innovation, updates, or impacts to Medicaid Policy
- o Researching population health for each covered service area including routinely requested service/project/initiative specific Medicaid complaint hub data, MDA claims data (FFS and encounter)
- o Submitting approved GPAMS information to the correct team member for addition to the service specific coverage policy and fee schedule within two business days of approval.
- o Researching and reviewing current publications (e.g., Publication Manual of the American Psychological Association) related to currently covered or potentially covered services in the Florida Medicaid program
- o Continuously researching evidence-based clinical practice guidelines, published reports and articles in the authoritative medical and scientific literature related to the health service (published in peer-reviewed scientific literature generally recognized by the relevant medical community or practitioner specialty associations), effectiveness of the health service in improving the individual's prognosis or health outcomes, utilization trends, coverage policies by other creditable insurance payor sources, recommendations or assessments by clinical or technical experts on the subject or field to infuse innovation and update coverage policies
- o Researching to find and develop resources for improvement and the development of Agency FFS reimbursement methodologies for covered services
- The drafted response did not have to be returned for substantial editing more than one (1) time through all levels of management review, up to the Bureau Chief, avoiding major delays in the assignment completion.
- o Substantial edits modify the document's concept and intended use, audience, content (more than 50%), organization, design, and style.
- The response draft includes pertinent research (reference summary) and authority (if applicable, for coverage determinations) in the left side of the routing folder.
- The response is completed by the employee, without escalation to or intervention by management to address or prompt resolution of outstanding needs.
- The employee maintains assignments in the GAPMS que (SharePoint site and Work Plan) and emails a summary to their manager at a minimum weekly.

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An exception is defined as an assignment where the bulleted standards above are not met. Holidays, sick and annual leave will be taken into consideration with this expectation, by approval of the manager in consultation with the Bureau Chief.

Rating Methodology:

Score of 3: Employee has five - six (5-6) exceptions to the bulleted expectations per evaluation period.

Score of 4: Employee has three - four (3-4) exceptions to the bulleted expectations per evaluation period,

Score of 5: Employee has one – two (1-2) exceptions to the bulleted expectations per evaluation period. Additionally, the employee consistently and proactively goes above and beyond to achieve this SMART goal, requiring no more than two (2) reminders, check ins, or management assistance to accomplish this SMART goal in its entirety.

Score of 2: Employee has seven – eight (7-8) exceptions to the bulleted expectations per evaluation period.

Score of 1: Employee has nine or more (9+) exceptions to the bulleted expectations per evaluation period.

Resources

Bureau Style Guide

Authority documentation (Code of Federal Regulations, State Statute, administrative code/rule, etc.)
Population health data includes but is not limited to:

- National data sets and analyses (SAMSHA, CMS, MACPAC, etc.)
- Request from Medicaid Data Analytics (MEDICAIDANALYTICSREQUEST@ahca,myflorida,com)
- Peer-reviewed journal articles
- https://innovation.cms.gov/
- Request from the Medicaid Complaint Hub and Fair Hearing (for data/information):

Performance Expectation Rating Comments Jeff exceeds expectations with ensuring that requests for coverage determination, pursuant to the generally accepted professional medical standards (GAPMS) rule or other requests, are completed timely and are of good quality.

Performance Expectation Rating

5 - Exceptional

Job Specific

1.4 Goal #4: Timely and Accurate Completion of Special Projects

The employee ensures that requests for special projects are accurate, processed timely, and is of good quality.

This standard is met by performing all of the following:

- Performs research related to legislative request, media inquiries, and coverage determinations to allow informed decisions making.
- The response is drafted and begins routing within the timeframe assigned by the supervisor or the prescribed bureau response timeline (when applicable).
- The drafted response complies with the bureau style guide requirements (effective July 1, 2016).
- The drafted response did not have to be returned for substantial editing more than one (1) time through all levels of management review, up to the Bureau Chief, avoiding major delays in the assignment completion.

An exception is defined as an assignment where the bulleted standards above are not met.

- The GA II maintains a technical assistance tool or Ad/Hoc log in a prescribed format, containing all special projects/issues submitted.
- Questions and answers/status of resolution will be indicated on spreadsheet and made available to management for weekly review.
- Submission date of questions/issue must be notated on tool as well.
- Those significant changes, questions, and/or issues that require research and/or referral must be documented on the tool on a weekly basis by COB every Friday.
- Holidays, sick and annual leave will be taken into consideration with this expectation, by approval of the manager in consultation with the Bureau Chief.

Rating Methodology:

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Score of 3: Employee documents the provision of technical assistance weekly by COB, Friday reflecting adherence to the above standards with no more than four (4) exceptions bi-annually to the bulleted expectations or no more than six (6) exceptions annually to the bulleted expectations.

Score of 4: Employee documents the provision of technical assistance weekly by COB, Friday reflecting adherence to the above standards with less than three (3) exceptions to the bulleted expectations per evaluation period.

Score of 5: Employee documents the provision of technical assistance weekly by COB, Friday reflecting adherence to the above standards with no more than two (2) exceptions. Additionally, the employee consistently and proactively goes above and beyond to achieve this SMART goal, requiring no more than two (2) reminders, check ins, or management assistance to accomplish this SMART goal in its entirety.

Score of 2: Employee documents the provision of technical assistance weekly by COB, Friday reflecting adherence to the above standards with three (3) to five (5) exceptions to the bulleted expectations per evaluation period.

Score of 1: Employee documents the provision of technical assistance weekly by COB, Friday reflecting adherence to the above standards with six (6) or more exceptions to the bulleted expectations per evaluation period.

Measurement

- · Employee documents the provision of technical assistance weekly by COB, Friday.
- Technical assistance tool, Ad/Hoc log and work plan maintained by the employee in accordance with Bureau procedures.
- · Assignment submission and approval as document on SharePoint Routing web page.

Resources

Bureau Style Guide

Technical assistance tool or Ad/Hoc log

Performance **Expectation Rating**

Jeff completes special projects timely and

accurately. Comments

Performance Expectation Rating

4 - Above Expectation

Job Specific

1.5 Goal #5: Project Management and Work Plans

The employee ensures that all projects, assignments, requests for policy clarification, correspondence, and language are in support of and prioritized alongside the Agency's goals. This includes is the planning, organizing and managing the effort to accomplish a successful project. Project planning, also called project management, includes developing a project plan, which involves defining and confirming the project goals and objectives, how they will be achieved, identifying tasks and quantifying the resources needed, and determining budgetary impacts and timelines for completion. It also includes managing the implementation of the project plan, revising as needed.

This standard is met by performing all of the following:

- · All steps for each project are proposed by the employee, including the employee taking lead on a project (or following a peer that is lead on a project)
- · The draft for the timelines and milestones are coordinated with the Federal Authorities team (for all SPA updates) and/or the Rules Unit (for all rule updates)
- · The draft timeline and milestones incorporate considerations and buffers for other Agency goals, projects, and recurring events (e.g. legislative session)
- The employee reviews the proposed timeline with their manager for approval.
- · Each step is detailed on the employees Work Plan (Section Tracker).
- The Work Plan is minimally updated by close of business, the end of the work week each week.
- The Work Plan updates are made across all items (cells).
- The employee follows up consistently with their manager and other leadership to ensure their project moves forward. This includes pending reviews and upcoming deadlines.
- Additional changes and updates to the Work Plan are made within the timeframe assigned by the supervisor or the prescribed bureau timeline (when applicable).
- · The Work Plan and Timeline drafts and updates are completed by the employee, without escalation to or intervention by management to address or prompt resolution of outstanding needs.

An exception is defined as an assignment where the bulleted standards above are not met. Holidays, competing priorities,

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sick leave, and annual leave may be taken into consideration with this expectation, by approval of the manager in consultation with the Bureau Chief.

Rating Methodology:

Score of 3: Employee has five - six (5-6) exceptions to the bulleted expectations per evaluation period.

Score of 4: Employee has three - four (3-4) exceptions to the bulleted expectations per evaluation period.

Score of 5: Employee has one – two (1-2) exceptions to the bulleted expectations per evaluation period. Additionally, the employee consistently and proactively goes above and beyond to achieve this SMART goal, requiring no more than two (2) reminders, check ins, or management assistance to accomplish this SMART goal in its entirety.

Score of 2: Employee has seven - eight (7-8) exceptions to the bulleted expectations per evaluation period.

Score of 1: Employee has nine or more (9+) exceptions to the bulleted expectations per evaluation period.

Resources

Work Plan on the One Drive https://www.projectinsight.net/project-management-basics/ https://managementhelp.org/projectmanagement/index.htm

Performance

Expectation Rating This goal was not applicable.

Comments

Performance Expectation

Rating

None Given

Overall Manager Comments

Comments

Second-Level Manager Comments

Comments

Summary

Overall Rating

4.50 - Outstanding

4.50 - Outstanding

Expectations Acknowledgement

Manager Acknowledgement on Behalf of Employee

Manager Acknowledgement Comments

I Acknowledge Receipt of My Performance Expectations

Yes

Date Acknowledged

09/18/2020

Evaluation Acknowledgement

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Manager Acknowledgement on Behalf of Employee

Manager Acknowledgement Comments

I Acknowledge Receipt of My Performance Evaluation

Yes

Date Acknowledged

08/13/2021

Employee Acknowledgement

Comments

Thanks.

PLAINTIFFS001141



2021-2022 Performance Plan for JEFFREY ENGLISH

Employee Information

First Name

JEFFREY

Agency

AHCA - Agency for Hith Care Ad (6800)

Middle Name

Organization Code

68406000000000000000000

Last Name

ENGLISH

Agency Hire Date 09/06/2019

Position Title

GOVERNMENT ANALYST II

Login ID

01456927

Performance Plan Period

Originator

SF ADMIN (SFADMIN)

Review Period

07/01/2021 - 06/30/2022

Due Date

08/29/2022

Performance Expectations

Job Specific

1.1 Goal #1: Communication

The employee ensures that assignments and requests for policy clarification, correspondence, and language are accurate, clear, concise, processed timely, and are of good quality alongside and in support of detailed research. This includes, but is not limited to, oral, written, and presentation of:

- · Questions from Agency staff (not redirected to the Medicaid Policy inbox for assignment)
- · Internal and external stakeholder joint initiatives, assignments, questions, and projects
- · CorrFlow assignments, questions, and projects
- Medicaid Policy Inbox assignments, questions, and projects
- · Medicaid Director's Office assignments, questions, and projects
- Medicaid Program Integrity policy certifications
- Statewide Medicaid Managed Care report guide
- Contract and amendment language/review
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- Contract interpretations
- Policy transmittals
- Provider alerts
- Training documents/slides
- Decision points (including fiscal analyses)
- Legislative related assignments including:
- o complete bill analyses including fiscal analysis set up, discussion, and follow through with Medicaid Program Finance o associated documentation (i.e. impact section by section, bill check list, etc.)
- o summary bill analysis (short form)
- o no impact reviews
- o legislative reports

As well as timely and accurately handling:

- · Meetings and webinars to resolve complex issues or projects as they occur
- · Serving as a subject matter expert and providing consultation to assist with the development or finalization of work products, including interagency agreements.
- · Communicating effectively in a variety of ways that exhibits the employee's ability to clearly and accurately provide information and technical assistance to co-workers.
- · Coordinating and lead meetings within the Agency, between the Agency and other state agencies, or with other

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organizations for the purpose of communicating, clarifying, or developing Medicaid policy.

· Representing the Agency, as assigned, in external or stakeholder/partner meetings.

This standard is met by performing all of the following:

- The response is drafted and begins routing within the timeframe assigned by the supervisor or the prescribed bureau response timeline (when applicable).
- The drafted response complies with the bureau style guide requirements (effective July 1, 2016).
- The drafted response did not have to be returned for substantial editing more than one (1) time through all levels of management review, up to the Bureau Chief, avoiding major delays in the assignment completion.
- o Substantial edits modify the document's concept and intended use, audience, content (more than 50%), organization, design, and style.
- · Research is linked and synthesized to answer the ask of the assignment.
- The response draft includes research and authority in the left side of the routing folder.
- The response is completed by the employee, without escalation to or intervention by management to address or prompt resolution of outstanding needs.
- The employee maintains assignments in ARTS and team One Drive tracking tool at a minimum weekly.

An exception is defined as an assignment where the bulleted standards above are not met. Holidays, competing priorities, sick leave, and annual leave may be taken into consideration with this expectation, by approval of the manager in consultation with the Bureau Chief.

Rating Methodology:

Score of 3: Employee has six - eight (6-8) exceptions to the bulleted expectations per evaluation period.

Score of 4: Employee has three - five (3-5) exceptions to the bulleted expectations per evaluation period.

Score of 5: Employee has one – two (1-2) exceptions to the bulleted expectations per evaluation period. Additionally, the employee consistently and proactively goes above and beyond to achieve this SMART goal, requiring no more than two (2) reminders, check ins, or management assistance to a

Performance Expectation Rating

Jeff completed all communication above

Comments expectation.

Performance Expectation Rating

4 - Above Expectation

Job Specific

1.2 Goal #2: National Policy Research and Analysis

The employee consistently maintains education related to CMS federal policy guidance, innovations in health care coverage and reimbursement, and coding protocols for fee schedule and policy updates and accuracy. This is done by:

- Proactively reviewing, synthesizing, applying, and understanding annual (2019 and 2020) coding changes published by various credible sources related to medical coding, dental coding (if applicable), facility coding (if applicable) diagnosis coding, place of service coding, and modifiers.
- Registering and attend federal, state, and association trainings, webinars, and informational opportunities for any improvements or impacts to Medicaid Policy
- Analyzing federal and waiver draft/final rules and authorities for potential updates, impacts, and improvements to Florida Medicaid
- Registering (for automated notifications) and reviewing federal policy guidance and reviewing all CMS federal policy guidance during the performance period Federal policy guidance includes, but is not limited to:
- o Regulations: Regulations implement laws passed by Congress and are published in the Federal Register. There are a variety of regulatory actions, some involving public comment. Although the types of actions can vary, generally CMS publishes a notice of proposed rule-making, solicits and considers public comments, and issues a final rule.
- o State Medicaid Director Letters: State Medicaid Director (SMD) letters further clarify and communicate policies set forth In regulations. They provide Medicaid-related guidance and clarify statutory and regulatory issues.
- o State Health Official Letters: State Health Official (SHO) letters are similar to SMD letters, but they generally apply to both Medicaid and CHIP programs. Like SMD letters they provide guidance and clarify statutory and regulatory issues.
- o Frequently Asked Questions: Frequently Asked Questions (FAQ) can clarify and provide guidance on regulatory or subregulatory issues. They can also be used to address operational and technical issues. In addition to the point-in-time releases, CMS also offers an interactive FAQ library.
- o Center for Medicaid & CHIP Services (CMCS) Informational Bulletins: CMCS Informational Bulletins (CIBs) share

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information, address operational and technical issues, and highlight initiatives or related efforts. CIBs do not establish new policy or issue new guidance.

- o CMS Innovation Center: webinars, trainings, and guidance documents (includes the Innovation Accelerator Program)
- o U.S. Department of Health and Human Services Office of the Inspector General Reports and Publications
- ? Routinely review all OIG CMS reports to see what is vulnerable and is prone to weaknesses and review/analyze in relation to Florida Medicaid covered services, providers, and application of federal/state policies
- o MACPAC reports and recommendations
- Researching, reviewing, and utilizing nationally adopted toolkits and quality metrics to inform and develop improved outcomes for recipients through covered services in the Florida Medicaid program
- If made available by the Florida Bureau of Medicaid Program Integrity, employee attends all sessions related to a Medicaid Integrity Institute Training and applies lessons learned to assigned policy and fee schedule areas.

Holidays, competing priorities, sick leave, and annual leave may be taken into consideration with this expectation, by approval of the manager in consultation with the Bureau Chief.

This standard is met by performing all of the following for all assigned or available National Policy Research (within the employee's assigned subject areas):

- A summary (including impacts) is drafted and begins routing within the timeframe assigned by the supervisor or the prescribed bureau response timeline (when applicable).
- The summary (including impacts) complies with the bureau style guide requirements (effective July 1, 2016).
- · The summary of the national policy research did

Performance Expectation Rating Comments Jeff has done an excellent job of researching and analyzing national policies. He is Policy's lead on all NAMD calls and provides thorough and comrehensive notes and analysis to Agency leadership.

Performance Expectation Rating

5 - Exceptional

Job Specific

1.3 Goal #3: Timely Processing of Requests for Coverage Determinations (GAPMS)

The employee ensures that requests for coverage determination, pursuant to the generally accepted professional medical standards (GAPMS) rule or other requests, are completed timely and are of good quality.

This standard is met by performing all of the following:

- The response is drafted and begins routing within the timeframe assigned by the supervisor or the prescribed bureau response timeline (when applicable).
- Each GAPMS request is reviewed within 5 business days of receipt in the Health Services Research email inbox, including use of the current decision tree checklist for initial routing determination (GAPMS vs decision point/coverage determination).
- The drafted response complies with the current GAPMS template, APA and Bureau style guide requirements (effective July 1, 2016).
- Research is completed prior to, during, and (if needed) after report drafting for continuous quality improvement, including:
 Reviewing, researching, drafting, and leading leadership walkthroughs for decision points for major changes in coverage policies and fee schedules
- o Researching health care and relevant industry trends that may improve/have an impact on Florida Medicaid or may inform policy development activities
- o Routinely reviewing and research Medicare policies, national Medicaid-related research and demonstration projects, Medicaid medical assistance program innovations for general and special populations, and alternative financing and service delivery systems models for innovation, updates, or impacts to Medicaid Policy
- o Researching population health for each covered service area including routinely requested service/project/initiative specific Medicaid complaint hub data, MDA claims data (FFS and encounter)
- o Submitting approved GPAMS information to the correct team member for addition to the service specific coverage policy and fee schedule within two business days of approval.
- o Researching and reviewing current publications (e.g., Publication Manual of the American Psychological Association) related to currently covered or potentially covered services in the Florida Medicaid program

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- o Continuously researching evidence-based clinical practice guidelines, published reports and articles in the authoritative medical and scientific literature related to the health service (published in peer-reviewed scientific literature generally recognized by the relevant medical community or practitioner specialty associations), effectiveness of the health service in improving the individual's prognosis or health outcomes, utilization trends, coverage policies by other creditable insurance payor sources, recommendations or assessments by clinical or technical experts on the subject or field to infuse innovation and update coverage policies
- o Researching to find and develop resources for improvement and the development of Agency FFS reimbursement methodologies for covered services
- The drafted response did not have to be returned for substantial editing more than one (1) time through all levels of management review, up to the Bureau Chief, avoiding major delays in the assignment completion.
- o Substantial edits modify the document's concept and intended use, audience, content (more than 50%), organization, design, and style.
- The response draft includes pertinent research (reference summary) and authority (if applicable, for coverage determinations) in the left side of the routing folder.
- The response is completed by the employee, without escalation to or intervention by management to address or prompt resolution of outstanding needs.
- The employee maintains assignments in the GAPMS que (SharePoint site and Work Plan) and emails a summary to their manager at a minimum weekly.

An exception is defined as an assignment where the bulleted standards above are not met. Holidays, sick and annual leave will be taken into consideration with this expectation, by approval of the manager in consultation with t

Performance

Jeff has completed all GAPMS request in

Expectation Rating

an expedient manner, including all

Comments

expedited GAMPS.

Performance Expectation Rating

5 - Exceptional

Job Specific

1.4 Goal #4: Timely and Accurate Completion of Special Projects

The employee ensures that requests for special projects are accurate, processed timely, and is of good quality.

This standard is met by performing all of the following:

- Performs research related to legislative request, media inquiries, and coverage determinations to allow informed decisions making.
- The response is drafted and begins routing within the timeframe assigned by the supervisor or the prescribed bureau response timeline (when applicable).
- The drafted response complies with the bureau style guide requirements (effective July 1, 2016).
- The drafted response did not have to be returned for substantial editing more than one (1) time through all levels of management review, up to the Bureau Chief, avoiding major delays in the assignment completion.

An exception is defined as an assignment where the bulleted standards above are not met.

- The GA II maintains a technical assistance tool or Ad/Hoc log in a prescribed format, containing all special projects/issues submitted.
- Questions and answers/status of resolution will be indicated on spreadsheet and made available to management for weekly review.
- Submission date of questions/issue must be notated on tool as well.
- Those significant changes, questions, and/or issues that require research and/or referral must be documented on the tool on a weekly basis by COB every Friday.
- Holidays, sick and annual leave will be taken into consideration with this expectation, by approval of the manager in consultation with the Bureau Chief.

Rating Methodology:

Score of 3: Employee documents the provision of technical assistance weekly by COB, Friday reflecting adherence to the above standards with no more than four (4) exceptions bi-annually to the bulleted expectations or no more than six (6) exceptions annually to the bulleted expectations.

Score of 4: Employee documents the provision of technical assistance weekly by COB, Friday reflecting adherence to the

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above standards with less than three (3) exceptions to the bulleted expectations per evaluation period.

Score of 5: Employee documents the provision of technical assistance weekly by COB, Friday reflecting adherence to the above standards with no more than two (2) exceptions. Additionally, the employee consistently and proactively goes above and beyond to achieve this SMART goal, requiring no more than two (2) reminders, check ins, or management assistance to accomplish this SMART goal in its entirety.

Score of 2: Employee documents the provision of technical assistance weekly by COB, Friday reflecting adherence to the above standards with three (3) to five (5) exceptions to the bulleted expectations per evaluation period.

Score of 1: Employee documents the provision of technical assistance weekly by COB, Friday reflecting adherence to the above standards with six (6) or more exceptions to the bulleted expectations per evaluation period.

Measurement

- Employee documents the provision of technical assistance weekly by COB, Friday.
- Technical assistance tool, Ad/Hoc log and work plan maintained by the employee in accordance with Bureau procedures.
- Assignment submission and approval as document on SharePoint Routing web page.

Resources

Bureau Style Guide Technical assistance tool or Ad/Hoc log 2

Performance

Expectation Rating Comments

Jeff has completed all special projects

quickly and thoroughly.

Performance Expectation Rating

4 - Above Expectation

Job Specific

1.5 Goal #5: Project Management and Work Plans

The employee ensures that all projects, assignments, requests for policy clarification, correspondence, and language are in support of and prioritized alongside the Agency's goals. This includes is the planning, organizing and managing the effort to accomplish a successful project. Project planning, also called project management, includes developing a project plan, which involves defining and confirming the project goals and objectives, how they will be achieved, identifying tasks and quantifying the resources needed, and determining budgetary impacts and timelines for completion. It also includes managing the implementation of the project plan, revising as needed.

This standard is met by performing all of the following:

- All steps for each project are proposed by the employee, including the employee taking lead on a project (or following a peer that is lead on a project)
- The draft for the timelines and milestones are coordinated with the Federal Authorities team (for all SPA updates) and/or the Rules Unit (for all rule updates)
- The draft timeline and milestones incorporate considerations and buffers for other Agency goals, projects, and recurring events (e.g. legislative session)
- The employee reviews the proposed timeline with their manager for approval.
- Each step is detailed on the employees Work Plan (Section Tracker).
- The Work Plan is minimally updated by close of business, the end of the work week each week.
- The Work Plan updates are made across all items (cells).
- The employee follows up consistently with their manager and other leadership to ensure their project moves forward. This includes pending reviews and upcoming deadlines.
- Additional changes and updates to the Work Plan are made within the timeframe assigned by the supervisor or the prescribed bureau timeline (when applicable).
- The Work Plan and Timeline drafts and updates are completed by the employee, without escalation to or intervention by management to address or prompt resolution of outstanding needs.

An exception is defined as an assignment where the bulleted standards above are not met. Holidays, competing priorities, sick leave, and annual leave may be taken into consideration with this expectation, by approval of the manager in consultation with the Bureau Chief.

Rating Methodology:

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Score of 3: Employee has five - six (5-6) exceptions to the bulleted expectations per evaluation period.

Score of 4: Employee has three - four (3-4) exceptions to the bulleted expectations per evaluation period.

Score of 5: Employee has one – two (1-2) exceptions to the bulleted expectations per evaluation period. Additionally, the employee consistently and proactively goes above and beyond to achieve this SMART goal, requiring no more than two (2) reminders, check ins, or management assistance to accomplish this SMART goal in its entirety.

Score of 2: Employee has seven – eight (7-8) exceptions to the bulleted expectations per evaluation period.

Score of 1: Employee has nine or more (9+) exceptions to the bulleted expectations per evaluation period.

Resources

Work Plan on the One Drive

https://www.projectinsight.net/project-management-basics/ https://managementhelp.org/projectmanagement/index.htm

Performance

Expectation Rating Comments

Jeff has maintained a complete and current

listing of all GAPMS.

Performance Expectation Rating

4 - Above Expectation

Overall Manager Comments

Comments

Jeff's research and insight has been a valuable asset to Medicaid Policy. He has unmatched research skills and provides a great deal of analysis and information on Medicaid Policy.

Second-Level Manager Comments

Comments

Summary

Overall Rating

4.40 - Commendable

4.40 - Commendable

Expectations Acknowledgement

Manager Acknowledgement on Behalf of Employee

Manager Acknowledgement Comments

I Acknowledge Receipt of My Performance Expectations

Yes

Date Acknowledged

07/01/2021

Evaluation Acknowledgement

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Manager Acknowledgement on Behalf of Employee

Manager Acknowledgement Comments

I Acknowledge Receipt of My Performance Evaluation

Yes

Date Acknowledged

08/15/2022

Employee Acknowledgement

Comments

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