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AGENCY FOR HEALTH CARE ADMINISTRATION After the Fact Request Form Under 35K

Requestor Name:	Devona Pickle	Date:	05/26/2022
Division/Bureau:	Medicaid/Medicaid Policy	Vendor Name:	Andre Van Mol
Phone:	850-412-4646	Dollar Amount:	\$6,125.00
E-mail address:	Devona.Pickle@ahca.myflorida.com	Dates of Service:	4/15/22-6/30/22

Reason for Occurrence (brief explanation):

On April 20, 2022, the Bureau of Medicaid Policy received a request for a time-sensitive analysis for service coverage. While such requests typically are for a single service or good, this particular request called for a simultaneous analysis of three distinct services. Per the Agency's promulgated rule, the Agency must consider multiple factors, including recommendations or assessments by clinical or technical experts on the subject or field. Due to the enhanced scope of the project, the Agency sought subject matter expertise from outside of the Agency. Due to the need to start work quickly, all of the purchase order elements were not available until May 6, 2022, which was after the start of work. Verification of the availability of funding and approval from executive leadership was obtained prior to any work being conducted for this project.

Why it was in the best interest of the State to Proceed:

Consultant services were used prior to issuance of the purchase requisition in order to ensure the timesensitive analysis was comprehensive and complete by May 5, 2022.

Actions to be taken to Prevent Reoccurrence:

Consider whether the Agency's policy (4007) can be utilized to avoid an ATF request. We will continue to work with consultants to promptly enroll them in advance of receipt of services.

Division/Office Approval			
Supervisor's Name:	Ann Dalton		
(Required)			
Signature: (Physical or email approval)	Approved via email		

Purchasing Office Approval
Approved: YES 🛛 NO: 🗌
Comments:
Purchasing Office Approver: Ashley Balkcom 6/6/22

Invoice must be sent with ATF form. Supervisor approval is required, but may be in electronic form (email).

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Submit all requests by email to: <u>MFMP_Help@ahca.myflorida.com</u>