A modern eligibility system
Designing a new future for Florida’s families

INTERIM REVISED RESPONSE

State of Florida
Department of Children and Families, Office of Economic Self-Sufficiency
ACCESS Florida System Replacement

ITN # 03F12GC1

November 16, 2012
ACCESS Florida System Replacement
State of Florida Department of Children and Families
Office of Economic Self-Sufficiency
Interim Revised Response
ITN# 03F12GC1
Deloitte Consulting LLP
Federal ID: 06-1454513

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November 16, 2012
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Interim Revised Response

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| Description | |
|-------------| |
| Phase Hours - Phase Hours Breakdown |
Dear Ms. Claborn:

Deloitte Consulting LLP (Deloitte) is pleased to provide our response to the Interim Revised Response (IRR) #1 for ITN 03F12GC1, as requested by the Department of Children and Families (Department) on November 9th, 2012. We understand the Department’s goal of gathering and evaluating the effort, duration, and cost of conducting the three phases ACCESS Florida System Replacement Project (Phase 3, Phase 4A and Phase 4B), as well as the Operations and Maintenance (O&M) of the ACCESS Florida Systems, as independent, standalone projects.

Having worked with the Department on the implementation of the ACCESS Florida systems, and being the leading national firm in the delivery of integrated eligibility solutions for state government, we bring a unique skillset and experience to bear for enhancing the ACCESS web-based solutions to support Medicaid MAGI rules and delivering your Phase 3 scope. This experience and knowledge is critical to achieving the aggressive timeline required for the Phase 3 project.

As we described in our initial ITN response, there are tangible benefits associated with combining phases 4A and 4B into a single release, and in overseeing and executing the total ITN scope as a consolidated and coordinated effort. Conversely, there are some operational considerations (in addition to schedule, effort and cost considerations) associated with delivering the Department’s documented scope for phase 4 through two releases. Within our IRR response, we outline some of the workforce transition considerations that the Department should take into account as your team evaluates the various approaches for delivering a modernized universal eligibility solution for Medicaid and other public assistance programs. Our response addresses the Department’s requests to treat these efforts as distinct, standalone projects. However, by doing so, the efficiencies associated by combining, planning, overseeing and executing the effort across all of the ITN scope is lost, resulting in a longer overall schedule, a greater number of hours to deliver (additional vendor and Department staff hours), and as a result, a greater overall cost of service.

We also complied with the Department’s instructions provided in the IRR regarding the purchase of hardware and software, specifically that the costing all hardware and software purchases be done as if each phase is delivered independently. It is clear however, that this approach to purchasing hardware and software adds significant cost to the State without providing tangible benefits. We recommend purchasing hardware and software to take full advantage of bundling and leveraging purchases from prior project phases, as specified in Deloitte’s original proposal. By doing so, the cost of hardware and system software necessary to achieve the Department’s requirements for
ACCESS modernization will be significantly reduced from the amount shown in our cost response to the Department’s IRR.

We understand that this breakdown does provide additional insight into the specific phases of work that should allow the Department to better assess risk, value and cost related to the various approaches being proposed. To that end, we are prepared to provide timely responses to any additional questions that may arise during the Department’s evaluation of the IRR responses.

Sincerely,

Rick Dorman
Principal, Deloitte Consulting, LLP
Interim Revised Response

Executive Summary

Deloitte Consulting LLP (Deloitte) is pleased to provide our response to the Interim Revised Response (IRR) #1 Document requested by the Department of Children and Families (Department).

We understand that the objective of this IRR is for the department to understand the effort, duration, and cost of conducting the three phases ACCESS Florida System Replacement Project (Phase 3, Phase 4A and Phase 4B) and the Operations and Maintenance (O&M) of the ACCESS Florida Systems as independent standalone project phases.

We further understand the definition and scope of each of these phases and acknowledge scope clarifications as described in Table 1 below.

<table>
<thead>
<tr>
<th>Phase</th>
<th>Scope Definition</th>
</tr>
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<tbody>
<tr>
<td>Phase 3</td>
<td>Implementation of a Web Portal and New Eligibility Rules Engine for Medical Assistance Programs. Include the following scope clarifications: Requires that the components developed during this phase meet the seven standards and conditions The components develop during this phase must integrate with the current systems The Phase 3 activities must be complete in compliance with the effective date deadline of January 1, 2014, and the preparation deadline of October 2013. Provision of an internet Web Portal that allows for submission of the single streamlined application for Insurance Affordability Programs. In addition, to have the capability to collect information needed for clients to also submit online applications for other human service programs (i.e. SNAP and TANF) Design, Development and Implementation of an Eligibility Rules Engine for MAGI-based Medicaid and CHIP utilizing Service Oriented Architecture (SOA) Interfacing with the Health Insurance Exchange (HIX, whether state or federally administered) and federal data hub, as defined in federal law and regulation.</td>
</tr>
<tr>
<td>Phase 4A</td>
<td>Implementation of any remaining Medical Assistance Programs functionality and a new Medicaid Assistance Program Technology Architecture</td>
</tr>
<tr>
<td>Phase 4B</td>
<td>Implementation of new integrated solutions for Cash and Food Assistance Programs, including the Supplemental Nutrition Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Refugee Cash Assistance (RCA), Home Care for Disabled Adults (HCDA), and Optional State Supplement (OSS). In addition, optional inclusion of Women, Infants and Children (WIC) to the scope of the project.</td>
</tr>
</tbody>
</table>

Table 1 – Scope Clarifications for ACCESS Replacement Project Phases.

We assume that DCF has considered the potential impact to the project schedule, cost and risks associated with the independent standalone project approach, in addition to its impact on DCFs business processes by operating two separate eligibility systems for Medical Assistance and the rest of the programs simultaneously. Deloitte has complied with the Department’s instructions provided in the IRR regarding the purchase of hardware and software, specifically that the costing all hardware and software purchases be done as if each phase is delivered independently. This
approach to purchasing hardware and software adds significant cost to the State without providing tangible benefits. We recommend purchasing hardware and software to take full advantage of bundling and leveraging purchases from prior project phases, as specified in Deloitte’s original proposal. By doing so, the cost of hardware and system software necessary to achieve the Department’s requirements for ACCESS modernization will be significantly reduced from the amount shown in our cost response to the Department’s IRR.

The modified approach that uses standalone independent phases to accomplish your objectives of the ACCESS Florida System Replacement initiative makes it even more critical to have the most qualified vendor perform these project phases for you. You need a partner that has experience with large-state Medicaid eligibility systems modernization efforts, and one that possesses a deep understanding of your existing systems, program rules and processes. Our team collectively brings over 440 years of experience with the current ACCESS Florida systems, in addition to bringing national experts who have worked with peers of Florida to accomplish the same goals as you are seeking through the ACCESS Florida Modernization project.

We stand ready to start the Phase 3 project per your timeline (January 14, 2014) and we will be productive from the beginning of the project with no learning curve – a critical success factor to being able to meet an October 1, 2013 target date for MAGI compliance. We are uniquely qualified to perform at a very high level on the Operations and Maintenance of your current systems while delivering the Phase 3 scope in parallel.

With Phase 3 on the horizon, it becomes imperative that the current operations and maintenance (O&M) of the ACCESS Florida System remain stable, as it will continue to be utilized for application entry, eligibility determination, benefit issuance, and other associated functions until the FIELDS 1.0 is ready for Medical Assistance and FIELDS 2.0 solutions are ready for Food and Cash Assistance for pilot and rollout respectively. Knowing that the team delivering Operations and Maintenance services is a team that has successfully delivered this service since 2006 allows you and your team to focus on the aggressive timeline for Phase 3 initially, followed closely by the Phase 4A and 4B scope, knowing that ongoing operations and Department productivity will not be negatively impacted.

Deloitte is the only vendor that can deliver that kind of operational stability to the Department – stability in operations and maintenance that is needed so that DCF can shift its focus to business priorities that include MAGI compliance, PPACA requirements, FIELDS implementation, and eventually universal eligibility.

In the following sections of the document, we include our response for each of the questions in the IRR #1 document, and we also look forward to further discussions with you on how we may assist you in meeting your goals and vision for a modern eligibility solution, per the aggressive deadlines in place, and in a cost effective way that minimizes project and program operational risk.

In this response we refer to the Medicaid system that is developed and implemented in Phase 4A, as FIELDS 1.0. Although this phase and the system will only support Medical Assistance
programs, it is built on the NextGen solution that features every attribute of a full-fledged Integrated Eligibility System. In fact, the FIELDS 1.0 system is comparable to the original FIELDS solution we originally proposed, with exception of features, functionality, processes and capacity that support Food and Cash Assistance programs.

Our approach for Phase 4B (FIELDS 2.0) brings on-line additional functionality and business rules needed to support the Food and Cash Assistance programs, including the interfaces and conversion effort needed to operationalize this new functionality within the FIELDS 1.0 solution architecture.

The remainder of this response addresses the specific questions submitted to Deloitte on November 9th, 2012 in your IRR.

**IRR Section 2.1 Revised Operations and Maintenance Form – Currently Proposed**

**Vendor Instructions**

A revised version O&M cost form (PART4) is attached to this IRR. Please provide updated O&M costs based on the instructions in the form.

Per the Department’s request, we have revised the O & M cost form as per your instructions. Please see the revised version of the O&M cost form (PART4 Revised) in the Excel Spread Sheet file 20121108-DCF14-APPENDIX XI-Cost Reply Forms-v0.02.

**IRR Section 2.2 Revised Operations and Maintenance Form – Alternative Proposal**

**Vendor Instructions**

Per the ITN Section 5.4.5 Department’s Reserved Rights. The Department reserves the right to:
- 5.4.5.1 Select one or more vendors for the services encompassed by this solicitation, any addenda thereto and any request for additional or revised detailed written proposals or request for best and final offers;
- 5.4.5.2 Divide the work among vendors by type of service or geographic area, or both; and
- 5.4.5.3 Award contracts for less than the entire service area or less than all services encompassed by this solicitation, or both.

The Vendor is instructed to provide the Legacy O&M costs that would result if they were to be awarded only the Legacy O&M portion of the contract. A revised version O&M cost form (PART4b) is attached to this IRR. Please provide updated O&M costs based on the instructions in the form.

Per the Department’s request, we have revised the O & M – Alternative Proposal cost form (PART 4b Standalone) as per your instructions. Please see the revised version of form (PART 4b Standalone) in the Excel Spread Sheet file 20121108-DCF14-APPENDIX XI-Cost Reply Forms-v0.02.
IRR Section 2.3 Phase 3 Approach & Architecture – Medicaid MAGI Rules

**Vendor Instructions**

Assuming a standalone phases, provide clarification on the approach and architecture for Phase 3. In specific answer the following questions:

1. Describe where external users will systematically apply for services for all benefits (Medical, Food and Cash Assistance). For example will they use our current web application with no changes, our web application with changes, the vendor’s proposed web application, etc.
2. Provide a diagram depicting the order and flow of information (inputs and outputs) between the MAGI rules component of your architecture and the ACCESS Florida system.
3. Provide a diagram depicting the order and flow of information (inputs and outputs) between the Phase 3 solution and the Federal Hub, CHIP, and Insurance Exchange.
4. Will your solution require DCF workers use multiple systems (e.g., your system and the ACCESS Florida System) to determine eligibility for Medicaid during Phase 3? If so, please explain how you propose for this to work using high level process flows and narrative.

1. Describe where external users will systematically apply for services for all benefits (Medical, Food and Cash Assistance). For example will they use our current web application with no changes, our web application with changes, the vendor’s proposed web application, etc.

Upon completion of Phase 3, our approach is to have the external users use the DCF Web Application that is modified for Medicaid MAGI rules to apply for all benefits that include Medical, Food and Cash Assistance.

2. Provide a diagram depicting the order and flow of information (inputs and outputs) between the MAGI rules component of your architecture and the ACCESS Florida system.

Figure 1 below depicts our architecture for Phase 3, including the connectivity between the External Rules Engine for MAGI-based Medicaid rules and the ACCESS Florida System.

![Diagram of Phase 3 Architecture - MAGI rules components and ACCESS Florida Systems.](image-url)

**Figure 1 – Phase 3 Architecture - MAGI rules components and ACCESS Florida Systems.**
The External Rules engine that hosts the MAGI-based Medicaid rules is made available through the Enterprise Service Bus. This enables business rules to be exposed for access by the ACCESS Florida system as well as ACCESS Florida KidCare (CHIP) system. The following table defines the input and output flows, as well as an overview of the data elements necessary to support these flows.

<table>
<thead>
<tr>
<th>Input / Output Flows</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Rules Engine Input from the ACCESS Florida system and FHK KidCare system. This will include all data elements required for the Eligibility Determination of a Medicaid Category group using the MAGI Methodology, such as the non-financial and financial information for all individuals who are part of the MAGI based household or Standard Filing Unit. These include Age, Residency, Citizenship, Financial information required for the calculation of the Adjusted Gross Income, etc. In addition, this also includes the Eligibility Determination parameters that will be used by the rules engine (e.g. the income limits).</td>
</tr>
<tr>
<td>2</td>
<td>Rules Engine Output to the ACCESS Florida system and FHK KidCare system. This will include the data elements that define the eligibility status of individuals in the MAGI based household or Standard Filing Unit, such as the non-financial and financial eligibility status (Pass, Fail, Pending), the participation status codes. In addition, this will also include details of the eligibility budget details. The results will be received by the modified legacy eligibility transactions/programs that will be stored in the legacy databases for display budget screens and processing by Authorization.</td>
</tr>
</tbody>
</table>

Table 2 – Input / Output Flow Descriptions of MAGI Rules components and ACCESS Florida Systems.

3. Provide a diagram depicting the order and flow of information (inputs and outputs) between the Phase 3 solution and the Federal Hub, CHIP, and Insurance Exchange.

To depict the interaction between Phase 3 solution, the Federal Hub, CHIP (Access Florida KidCare) and the Insurance Exchange we provide two flows: (1) an application submitted via Florida ACCESS and (2) a referral is received from the exchange. The figures below depict our Phase 3 Solution interfacing with the Federal Hub, CHIP, and Insurance Exchange.

Figure 2 represents a scenario where a household member is applying for health coverage via the ACCESS online web portal. Once the applicant has completed the online application, a verification request is generated by the ACCESS system through the FIELDS ESB to the Federal Hub to verify incarceration, household composition, citizenship and income information. The completed application, including verification information, is sent to ACCESS Florida via the current process to complete application processing. For each member of the household that is determined to be ineligible for MAGI or non-MAGI related Medicaid, but potentially eligible for APTC, the solution will generate a notice that contains links to the HIX for applicants to explore coverage provided through the insurance exchange. Individuals that are eligible for MAGI will be processed through ACCESS Florida. For children that are determined to be MAGI eligible, the solution will generate a referral to be sent to the CHIP system.
Figure 2 – Phase 3 Solution interface with the Federal Hub, CHIP, and Insurance Exchange.

Figure 3 represents a scenario where a household member accesses the HIX to evaluate health care coverage options. In this scenario no one is eligible for coverage through the exchange, which triggers the HIX to generate a referral to send to the FIELDS ESB and to the Florida CHIP system. CHIP eligibility is determined in the FHK system through an invocation of the common rules engine that maintains MAGI eligibility rules. In this scenario, the referral will also be routed to the ACCESS Florida system to complete application processing. The FIELDS ESB will control the routing of referrals from the HIX. At this point in the application process, integration with the federal hub is dependent on whether or not the State opts to implement a federal exchange or a state-based exchange. With a federal exchange, Florida being an assessment state or a determination state will impact the need to interface with the federal hub. If Florida opts to be a determination state, eligibility for MAGI is already determined and passed through to the State via the HIX interface. Integration with the federal hub to verify application information is not needed. If Florida opts to be an assessment State, integration with the federal hub may be required. This will depend on the MAGI policy rules established by the State for verifying application information.
4. Will your solution require DCF workers use multiple systems (e.g., your system and the ACCESS Florida System) to determine eligibility for Medicaid during Phase 3? If so, please explain how you propose for this to work using high level process flows and narrative.

Our approach for Phase 3 does not require DCF workers to use multiple systems to determine eligibility after the implementation of Phase 3 solution. DCF workers will continue to use the current ACCESS Florida Systems – which are enhanced to support a COTS rules engine loaded with MAGI-based Medicaid eligibility rules and exposing these rules to not only the ACCESS Florida Systems, but also Florida’s CHIP system.

The high level process flow diagram below (Figure 4) depicts the work-flow and operational considerations that will be experienced by the staff during the execution of Phase 3. With our approach, there is no disruption or changes to any worker activities during this time. This includes any specialized workers for any of the programs that include Medicaid, SNAP and/or TANF, as well as generic workers who process cases regardless of program. This also applies regardless of the type of process, including Application Processing, Case Creation, Ongoing Case Maintenance, Change Processing, Reviews, and Benefit Recovery.
Following the implementation of Phase 3, workers will continue to use the ACCESS Florida System that have been modified and tested to comply with the MAGI requirements. They will continue to use same SFU and ED/BC transactions as they do today – minimizing the workforce transition impacts associated with this implementation phase. This leads to higher worker productivity than would otherwise be encountered – and this can lead to performance levels that the State has come to expect (low error rates, etc.). As a result of our proposed approach, the internal implementation of the MAGI rules using a COTS rules engine has no impact on how workers interact with the the Phase 3 system in order to perform eligibility determination.

The following figure (Figure 5) depicts the work-flow and operational considerations that will be experienced by staff at the completion of Phase 3 and during the execution of Phase 4A project.
Figure 5 – Worker access to processes at the completion of Phase 3.

IRR Section 2.4 Phase 4 Approach – Medicaid Only

Vendor Instructions

Assuming a standalone phases, provide clarification on the approach and architecture for Phase 3.

In specific answer the following questions:

1. Describe where external users will systematically apply for services for all benefits (Medical, Food and Cash Assistance). For example will they use our current web application with no changes, our web application with changes, the vendor's proposed web application, etc.

2. Provide a diagram depicting the order and flow of information (inputs and outputs) between the MAGI rules component of your architecture and the ACCESS Florida system.

3. Provide a diagram depicting the order and flow of information (inputs and outputs) between the Phase 3 solution and the Federal Hub, CHIP, and Insurance Exchange.

4. Will your solution require DCF workers use multiple systems (e.g., your system and the ACCESS Florida System) to determine eligibility for Medicaid during Phase 3? If so, please explain how you propose for this to work using high level process flows and narrative.
1. Describe how and where external users will systematically apply for services for all benefits (Medical, Food and Cash Assistance).

As elaborated in the response under the section 2.3, the current DCF Web application that is modified for MAGI rules will continue to be used by the external customers to apply for services for all benefits (Medical, Food and Cash Assistance) during the execution of the Phase 4A project and after the implementation of the FIELDS 1.0 solution at the end of Phase 4A.

Even though customers will use the same DCF Web Application for Medical Assistance and other types of benefits when Phase 4A is implemented, the Web Application will interface with the FIELDS 1.0, in addition to retaining the current interface with the ACCESS Management System (AMS) system. Applications will be intelligently routed to the new FIELDS 1.0 and/or the ACCESS Florida systems, as depicted below in Figure 6 and Table 3.

Figure 6 – Intelligent routing of Applications to FIELDS 1.0 and ACCESS Florida systems

<table>
<thead>
<tr>
<th>Application Benefit Type</th>
<th>Target Eligibility System</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Assistance Benefits (only)</td>
<td>FIELDS 1.0</td>
</tr>
<tr>
<td>SNAP, TANF, RCA (only)</td>
<td>ACCESS Florida Systems</td>
</tr>
<tr>
<td>Medical Assistance and any other type of benefits submitted</td>
<td>FIELDS 1.0 and ACCESS Florida Systems</td>
</tr>
</tbody>
</table>

Table 3 – Application Routing to FIELDS 1.0 and ACCESS Florida system from the Web Application that supports all programs
Key features of our approach that interfaces the FIELDS 1.0 solution with the ACCESS Florida system – and that defines the external interfaces to and from both systems to outside interface partners – are as follows:

- The Interfaces from the Department’s Interfacing Partners will be routed thru the ESB and the interface files/data will be split appropriately when possible and sent to the new FIELDS 1.0 system and the current legacy FLORIDA system. Similarly, when possible a merge process will be implemented on the ESB that will merge interface files that originate in FIELDS 1.0 and legacy FLORIDA system before transmitting to their destinations. For example, FIELDS 1.0 and ACCESS Florida will only send one data exchange request file to SSA that is of the same type.

- The Countable Maintenance Need Allowance (CMNA) calculated during the budgeting of Medical Assistance benefit in the FIELDS 1.0 system will be sent thru the ESB to the legacy FLORIDA system to be included in the Food Assistance benefit calculations of the same Household.

- A Master Client Index capability will be implemented as part of Phase 4A in FIELDS 1.0. The MCI solution will interface with the individual clearance data from the legacy FLORIDA system. This will help identify and prevent clients from getting the same type benefits in both systems during the conversion/transition time. The MCI solution will also alert workers during the clearance process in both systems, if the individual is part of the other system that enables the worker to cross verify the information provided by the customer. This will help workers identify potential fraudulent activity in addition to enabling them to keep the data in both systems in sync.

- The data that is needed to support the My Account system will be gathered from the appropriate system based on the benefits type or combinations of the benefits currently receiving.

The following Figure 7 depicts the interfaces and interactions required between ACCESS Florida and FIELDS 1.0 systems.
Input / Output Flows | Description
--- | ---
1 | In the FIELDS 1.0 system, the MCI information is stored in the MCI Component.
2 | During FLORIDA processing, a request is made thru the ESB to MCI to identify if the individual is a recipient of FIELDS 1.0 Medicaid system.
3 | During Food Assistance processing in FLORIDA, if the Food Assistance recipient is also a Medical Assistance recipient in FIELDS 1.0, then a request is made to the FIELDS 1.0 system to send the Countable Maintenance Need Allowance (CMNA) amount calculated during Medical Assistance processing.
4 | Based on the request from the FLORIDA system, the CMNA amount is transmitted to the FLORIDA system thru ESB.
5 | Interfaces with the External Interface Partners.

Table 4– Input / Output Flow Descriptions of ACCESS Florida System and FIELDS 1.0 System interfaces
We also have the following additional considerations that we would like to present that are not included in the scope of work that is priced in this IRR with respect to the simultaneous operation of the legacy ACCESS Florida System and FIELDS 1.0.

- Handling of Reports from two systems. Two sets of reports will be produced during this time. The scope does not include work to consolidate reports.
- Handling of notices generated from both systems. If there will be a requirement to consolidate notices from both systems, we will work with DCF to leverage the existing assets to accomplish this, but the work is not included in the scope. If this is not a requirement, separate notices will be created and mailed from legacy ACCESS Florida system and FIELDS.
- Potential issues that may not allow the merging and splitting of interface files to and from external entities due to file layouts or protocol differences between the systems
- All conversion related activities associated with Phase 4a is scoped within the Phase 4a estimates. As such, the effort for Operations and Maintenance of the legacy ACCESS Florida systems is focused on operations and maintenance activities, and not Phase 4a conversion activities. The same consideration applies for phase 4b, as well.

3. Provide a diagram depicting the order and flow of information (inputs and outputs) between the Phase 4A solution and the Federal Hub, CHIP, and Insurance Exchange

The Phase 4A interaction with the federal Hub, Insurance Exchange and CHIP will differ from Phase 3 in that the existing ACCESS Florida KidCare (CHIP) system will be converted into the FIELDS solution and FIELDS will be in production for all categories of Medicaid. As such the interface with the CHIP system will be removed. Figure 8a represents a scenario where a household member is applying for health coverage via the online web portal. Once the applicant has completed the online application, a verification request is generated by the online web portal through the FIELDS ESB to the Federal Hub to verify incarceration, household composition, citizenship and income information. The completed application, including verification information, is sent to FIELDS. For each member of the household that is determined to be ineligible for MAGI or non-MAGI related Medicaid, but potentially eligible for APTC, the solution will generate a notice that contains links to the HIX for applicants to explore coverage provided through the insurance exchange. Individuals that are eligible for MAGI will be processed through FIELDS.
Figure 8a – Phase 4A Solution interface with the Federal Hub and Insurance Exchange.

Figure 8b represents a scenario where a household member accesses the HIX to evaluate health care coverage options. In this scenario no one is eligible for coverage through the exchange, which triggers the HIX to generate a referral to send to the FIELDS ESB. In this scenario, the referral will also be routed to the FIELDS system to complete application processing for all household members. The FIELDS ESB will control the routing of referrals from the HIX. At this point in the application process, integration with the federal hub is dependent on whether or not the State opts to implement a federal exchange or a state-based exchange. With a federal exchange, Florida being an assessment state or a determination state will impact the need to interface with the federal hub. If Florida opts to be a determination state, eligibility for MAGI is already determined and passed through to the State via the HIX interface. Integration with the federal hub to verify application information is not needed as the federal hub has already verified information. If Florida opts to be an assessment State, integration with the federal hub may be required. This will depend on the MAGI policy rules established by the State for verifying application information.
4. Will your solution require DCF workers use multiple systems (e.g., your system and the ACCESS Florida System) to determine eligibility for Medical, Food and Cash Assistance during Phase 4A? If so, please explain how you propose for this to work using high level process flows and narrative.

During the execution of the Phase 4A project, DCF workers will continue to use the legacy FLORIDA system to determine eligibility for Medical, Food and Cash Assistance. Once the FIELDS 1.0 system is constructed, tested, and implemented at the completion of Phase 4A, a subset of DCF’s workers will be using two separate systems – FIELDS 1.0 to process Medical Assistance and the legacy FLORIDA system to process the Food and Cash Assistance. This will continue until the completion of Phase 4B where the complete FIELDS solution is implemented which will support the Food and Cash Assistance programs. It is also during this time that shutdown of the legacy ACCESS Florida systems is conducted.

The Web application will route the applications, changes, requests for additional benefits and reviews appropriately to the systems based on the benefit types and conversion/rollout status of the case.

- Applications requesting Medical Assistance benefits (only) will be routed to and processed in the new FIELDS 1.0 system.
• Applications requesting for any other type of benefits (SNAP, TANF, RCA, etc.) but not Medical Assistance will be routed to the existing AMS system to be processed in the legacy mainframe FLORIDA system.

• Applications that include request for Medical Assistance and any other type of benefits (SNAP, TANF, RCA, etc.) will be routed to the FIELDS 1.0 system and the ACCESS Florida systems.

• Reviews and changes will automatically be routed to the appropriate system based on the case. If the request is for a case in FIELDS 1.0, it will be routed to FIELDS 1.0, otherwise it will be routed to the AMS system for processing in the legacy FLORIDA system.

The Web application will route the applications, changes, requests for additional benefits and reviews appropriately to the systems based on the benefit types and conversion/rollout status of the case.

Figure - 9 below depicts the work-flow and operational considerations that will be experienced by staff at the completion of Phase 4A project and during the execution of the Phase 4B project.

Figure 9 – Phase 4A – Process flow diagram for Medical, Food and Cash Assistance benefits.
For a specific case that already exists, the worker will only have to process a customer request or case maintenance or management activity in one system. All Medicaid Assistance cases will be processed in FIELDS 1.0 upon conversion to FIELDS, and all Non-Medical Assistance cases will be processed in the ACCESS Florida systems. However, if a specific customer has cases for Medical Assistance open in FIELDS 1.0 and Food or Cash Assistance open in the legacy FLORIDA system, the worker will have to process this casework in both systems.

Depending on the roles and responsibilities of workers, they would use either one or both of the systems. The following table (Table 5) describes the logic used to determine which workers use which system during this phase:

<table>
<thead>
<tr>
<th>Worker Type</th>
<th>System(s) Used</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Specialists – These are special workers who only handle Medicaid cases</td>
<td>FIELDS 1.0</td>
</tr>
<tr>
<td>Generic Workers – These are generalists who work on all or a set of programs. These workers processes Medical, Cash and Food Assistance</td>
<td>FIELDS 1.0 and ACCESS Florida Systems</td>
</tr>
<tr>
<td>Change Workers and Case Maintenance Workers with no program specialization</td>
<td>FIELDS 1.0 and ACCESS Florida Systems</td>
</tr>
<tr>
<td>Call Center Agents</td>
<td>FIELDS 1.0 and ACCESS Florida Systems</td>
</tr>
<tr>
<td>Cash or SNAP specialists</td>
<td>ACCESS Florida Systems</td>
</tr>
</tbody>
</table>

Table 5 – Worker processes and systems used after Phase 4A implementation

Since there are a large number of households who currently receive Medical Assistance along with Food and Cash Assisances in Florida, DCF should anticipate cases for these households being in both systems (i.e., in both FIELDS 1.0 and in the legacy ACCESS Florida systems upon implementation of the Phase 4A project for a duration that will last until the Phase 4B project is completed and implemented). This will create an increase in workload for DCF staff in processing and maintaining two sets of cases where you have one integrated case for a household at the present time, as well as introduce the risk of data integrity issues resulting from work being performed in disparate systems.

IRR Section 2.5 Hours

Vendor Instructions

Using the table in Appendix A, please provide the estimated service hours for the corresponding phases and efforts.

- As reflected in the table, the hours are to be provided for the vendor’s current proposed approach as well as an approach that treats each Phase as standalone. While the phases may “build” upon each other, the efforts included in the estimates should only include the work necessary to uniquely accomplish the requirements of each Phase.

We were unable to find an Appendix A with the IRR #1. We assume that you are expecting us to complete the excel spread sheet file 20121108-DCF14-ACCESSFL-HoursBreakdownForm-v0.1. The form has been completed and is included in the e-mail transmission as part of this response.
IRR Section 2.6 Standalone Phase Costing

Vendor Instructions

Using the cost forms provided (PARTS 1, 2, and 3), provide standalone costs for Phase 3; Phase 4A; and Phase 4B. Each phase should only include the services, hardware, and software required by that Phase and should not include costs related to the requirements of subsequent phases.

For example: For Phase 3 costs, the vendor should assume purchasing only the hardware and software needed to complete Phase 3 without any license bundling that might lower the costs for future phases.

Please see the attached Excel document “20121108-DCF14-APPENDIX XI-Cost Reply Forms-v0.02”. We have completed the tabs PART 1, PART 2, and PART3 that provide the standalone costs for Phase 3, Phase 4A and Phase 4B. Each of the standalone phases include only the services, hardware, and software for that specific phase and does not include costs related to subsequent phases. The request to treat Phases 3, 4A and 4B impacted the overall effort and costs associated with implementing FIELDS and are further described below.

Phase 3 - In Deloitte’s original proposal we proposed that all management and lead roles would serve as shared resources between Phase 3 and 4. As the State requested to treat Phases 3, 4A and 4b as independent workstreams, we removed the assumption of resources being shared across the phase and bring the resources full time.

Phase 4 – With the separation of 4A from 4B, Deloitte will experience increased management costs and interim integration costs. It also increases the time and resources needed to support Interim conversion, additional testing, training, two pilots and two deployments

IRR Section 2.7 Standalone Phase Timelines

Vendor Instructions

Provide standalone project timelines outlining the major phases of the SDLC for Phase 3; Phase 4A; and Phase 4B. While the phases may “build” upon each other, the timeline should only include the time necessary to uniquely accomplish the requirements of each Phase.

Please see the below timeline graphics for Phase 3, Phase 4A and Phase 4B respectively. Even though several parts of the Phase 4B project are executed in parallel with Phase 4A effort, these phases are scoped and priced as independent stand-alone projects.

Our overall approach does assume that each of the phases will “build” upon the previous phase. In other words, we assume that Phase 4A, will utilize the MAGI rules implemented in Phase 3, and in Phase 4B (SNAP and the Cash Assistance programs), we will utilize the core system architecture, code, etc that was built for Phase 4A (Medicaid programs)
The following graphic - Figure 10 depicts the timeline of our standalone approach for Phase 3.

![Figure 10 – Phase 3 Project Timeline.](image)

The following graphic - Figure 11 depicts the timeline of our standalone approach for Phase 4A.

![Figure 11 – Phase 4A Project Timeline.](image)

With the split into Phase 4A (Medicaid) and Phase 4B (SNAP, TANF, Refugee Cash and Optional State Supplement cash), the original proposed training approach of one training curriculum is now split into 2 separate training curriculums. Each of the two pieces of the Phase has a training curriculum following the same training approach discussed in the proposal response and during orals. The training curriculum for Phase 4A is focused on the Medicaid functionality of the system. The Phase 4B training curriculum is focused on the new/additional functionality for the additional programs.

The timeline illustrates that with the split into two phases, the entire training approach outlined in the proposal response and discussed at orals is carried out twice. The approach and activities
completed follow the same methodology, the content is tailored based on the functionality in the Phase that is being trained.

The following graphic - Figure 12 depicts the timeline of our standalone approach for Phase 4B.

<table>
<thead>
<tr>
<th>Phase 4B</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
<th>2016</th>
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<td>![Timeline]</td>
</tr>
<tr>
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<tr>
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<td>![Timeline]</td>
</tr>
</tbody>
</table>

Figure 12 - Phase 4B Project Timeline

IRR Section 2.8 Fraud Detection and Prevention

Vendor Instructions

Please provide additional information about what the vendor’s proposal to help prevent and detect fraudulent activities during the transition from one system to another.

Deloitte’s approach to fraud prevention and detection extends beyond fraud to include waste and abuse as well. The capabilities and approach defined in the table below encompasses fraud, waste abuse and assumes that Deloitte Consulting will be the selected vendor for all three phases.
<table>
<thead>
<tr>
<th>Implementation Phase</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>Phase 3</td>
<td>Deloitte’s Phase 3 approach is designed to minimize the impact to State operations, clients and providers by augmenting the existing Florida ACCESS and associated systems’ environment and functionality with the required functionality needed to meet the ITN requirements and clarifications provided in the IRR. As clarified in the IRR, Phase 3 includes functionality to allow for external users to apply for Insurance Affordability Programs using a streamlined application as well as apply for other SNAP and cash assistance. Phase 3 also requests the ability to determine MAGI eligibility, interface with the federal hub to verify application/redetermination information and interface with a HIX. Our Phase 3 approach minimizes the amount of transition, and associated fraud exposure, from the legacy ACCESS and associated systems to the new FIELDS system by leveraging existing Florida assets. <strong>Leverage Existing Assets</strong> - Planned Florida assets that will continue to be used to support fraud detection and prevention include integration with identification verification services provided by the LexisNexis solution, error prone profiling functionality and existing interfaces used to verify information for non-MAGI recipients (e.g., HHS OIG for disqualification information, PARIS for VA benefits and interstate match). This functionality will be used in the same capacity as it is today to support the potential new enrollees that will be eligible under MAGI rules as well as the support existing clients. ACCESS will continue to be the system of record during Phase 3. <strong>Augment with New Assets</strong> - Nationally, welfare fraud and overpayments is most often attributed to unreported individuals living in the home, unreported income and unreported resources. New FIELDS functionality that will be introduced to address Phase 3 requirements and support the identification of potentially fraudulent scenarios through the integration with the federal hub to verify citizenship, incarceration and income information. These are tools that will further help to identify potentially fraudulent circumstances that may result in a prosecution or may be used to mitigate administrative errors that could lead to overpayments.</td>
</tr>
<tr>
<td>Phase 4A</td>
<td>Phase 4A introduces the first true transition from the legacy ACCESS and associated systems to FIELDS. Medicaid case information contained in the legacy system will be converted from the legacy systems to the FIELDS solution. Fraud detection and prevention capabilities that will be deployed as part of Phase 4A extend beyond fraud to waste and abuse as well. Key components of our solution and approach to be deployed in Phase 4A that will support fraud, waste and abuse detection and prevention include the following: <strong>Master Client Index</strong> - To bridge the legacy systems and the new FIELDS, we will implement a Master Client Index (MCI) that will integrate with ACCESS as well as FIELDS. The MCI will allow for individuals stored in FIELDS as well as ACCESS to be “cleared” against a master set of client information. By using a common Master Client Index across the two systems a single version of the truth exists for an individual that will aid with Medicaid only cases as well as mixed cases (i.e., Medicaid and other benefit programs). <strong>Authorization and Authentication Controls</strong> - We will design and implement user access controls to authorize a user based on user roles and privileges (Role Based Access Control [RBAC]) prior to providing access to data. Additionally, using Tivoli Access Manager (ITAM), we will provide the ability for workers to be individually identified and authenticated prior to being granted access to the Solution. Using the IBM’s Tivoli Identity Manager (ITIM) tool, we will automate and document a formal, user registration and de-registration procedure for granting, modifying, and revoking access to the ACCESS Florida Replacement Solution. <strong>Program Integrity Risk Scoring Engine</strong> – as requested in the ITN, information captured as part of intake for applications, redeterminations and change reporting will be executed through a risk scoring engine that will identify potential anomalies that may be potentially fraudulent or cause errors. The scoring engine will consist of rules defined by the State that will produce a risk profile that indicates if fraud may exist. The risk score will be used to determine to whom further action must be referred if the risk exceeds a given threshold. The scoring engine is used as a means of cost avoidance to prevent fraud, waste and abuse from occurring.</td>
</tr>
</tbody>
</table>

* Resource (asset) tests are not required for the MAGI Medicaid population.
<table>
<thead>
<tr>
<th>Implementation Phase</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><strong>Ad Hoc Reporting</strong> – Ad hoc reporting capabilities will be implemented as part of Phase 4A that will allow the State to generate queries to detect potentially fraudulent scenarios. Users may save the ad hoc reports and generate on demand or scheduled to support performance management efforts.</td>
</tr>
<tr>
<td></td>
<td><strong>Transaction/Audit Log</strong> – The transaction and audit log capabilities provide for the ability to support potential internal user fraud by providing capabilities to view and evaluate actions executed by users. This may lead to the detection of potential employee fraud.</td>
</tr>
<tr>
<td></td>
<td><strong>Optional Services Not Requested in the ITN but Available to Be Procured Independently</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Program Integrity Maturity Assessment</strong> – Evaluate policy, process/controls, organization and existing technology to determine high risk exposure areas for fraud, waste and abuse. Define approach to address exposure areas and implement recommended strategies. The figure below represents the high level methodology followed to complete the program integrity maturity assessment.</td>
</tr>
<tr>
<td></td>
<td><strong>Program Integrity Advanced Analytics</strong> – includes expanding State-defined program integrity profiles to evaluated during intake with profiles/algorithms developed from fraud specialists using Florida case data. The figure below represents the three levels of analytics encompassed in program integrity analytics. Rules-based detection is included in the risk scoring engine using State-defined profiles only. Additional profiles may be added through added forensic analysis efforts and predictive analytics efforts.</td>
</tr>
</tbody>
</table>
Program Integrity Geospatial, Link and Text Analysis — includes introduction of geospatial and link analysis to identify anomalies in case and application information (e.g., undetected relationships identified through link analysis, individuals reporting the same mailing or living address that discloses additional individuals living in the household). Text analysis offers the capability for the State to identify text patterns on social sites (e.g., Google) that may detect potentially fraudulent scenario such as attempting to sell an EBT card. Airline industries have used this to identify individuals that are violating program rules by attempting to sell airline tickets that are non-transferrable.

**Phase 4B**

The capabilities noted in Phase 4A above are the same that will be available in 4B. During Phase 4B the remaining cash assistance, SNAP and other supplemental assistance case information is converted into the FIELDS. During the conversion effort the same capabilities will exist as in 4A with the addition of the following to support fraud detection:

**Benefit Usage Anomaly** — with the implementation of 4B users will be able to generate reports of potentially fraudulent usage of benefits through monitoring of EBT transaction reports.

**Optional Services Not Requested in the ITN but Available to Be Procured Independently**

**Real-Time Benefit Usage Anomaly Notification** — as with the commercial credit card market, usage anomalies are trending towards sending notifications to both the card holder as well as the card administrators. Real-time pattern detection that is integrated with the EBT system may be added into the solution to prevent improper usage at the point of service. This may be extended to medical access cards as well.

Table 6 – Solution approach and features to prevent and detect fraud