Perfect World Dynamics, Inc.
12552 Belcher Road South
Largo, Florida 33773

November 1, 2010

Ms. Chrisy Smith
Agency for Health Care Administration
2727 Mahan Drive, MS #15
Tallahassee, Florida 32308

Dear Ms. Smith:

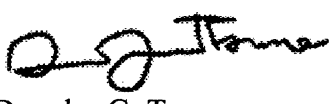
Thank you for providing us with an opportunity to respond to your request for information regarding Prepayment use of Technology to Detect and Deter Medicaid Fraud, Abuse and Overpayments. (RFI-003-10/11) We understand that the Agency is seeking to learn about innovative uses of technology from vendors who will use unique Medicaid recipient identifiers in detecting and deterring fraud.

Medicaid fraud is a costly and complex problem specifically designed to hide within a vast array of legitimate claims. Technology can create a lens by which that fraud might be seen, however, it doesn't address one key problem. There is a basic lack of data required to efficiently identify fraud using technology alone. In the attached document we have presented the Perfect World Dynamics (PWD) approach to detecting and deterring Medicaid fraud. Our approach incorporates the efforts of skilled agents to collect new data to cast a powerful light on Medicaid fraud. We believe the PWD approach to be superior to a strictly technology based solution in three key ways which we demonstrate in our response. Our approach:

- Enriches claims data to simplify the analytics of fraud detection
- Empowers the beneficiary community to help detect and deter Medicaid fraud
- Employs a deserving and vastly underutilized workforce

We are sincerely thankful for the opportunity to present our approach to enhancing the process of Medicaid fraud detection and deterrence in Florida. We hope that you'll see significant value in our approach as an elegant solution to a complex problem. We look forward to exploring and refining this solution with you in further discussions.

Sincerely,



Douglas G. Towne
Chief Executive Officer

Response to RFI-003-10/11
State of Florida
Agency for Health Care Administration
Request for Information
Prepayment use of Technology to Detect and Deter Medicaid Fraud, Abuse, and Overpayments

Submitted by:

Florida Association of Rehabilitation Facilities, Inc./RESPECT of Florida and Perfect World Dynamics, Inc. a RESPECT of Florida Employment Center

November 1, 2010

1. Vendor information

This response is submitted by the Florida Association of Rehabilitation Facilities, Inc./RESPECT of Florida and Perfect World Dynamics, Inc. a RESPECT of Florida Employment Center. TeleTech Government Solutions, LLC, has been selected as the subcontractor providing hosted information technology and management consulting services. Contact information for each organization is:

Florida Association of Rehabilitation Facilities, Inc./RESPECT of Florida
2475 Apalachee Pkwy Ste. 205
Tallahassee, Florida 32301-4946

Representative Name:	Mr. Scott Gaedtke
Telephone Number:	(850) 877-4816 ext 121
Email:	sgaedtke@respectofflorida.org

Perfect World Dynamics, Inc.
12552 Belcher Road South
Largo, Florida 33773

Representative Name:	Mr. Douglas G. Towne
Telephone Number:	(727) 531-1000 ext 341
Email:	dougt@drgglobal.com

TeleTech Government Solutions, LLC
9197 South Peoria Street
Englewood, CO 80112-5833

Representative Name:	Mr. Mariano E. Tan
Telephone Number:	(303) 397-8121
Email:	Mariano.Tan@TeleTech.com

2. Perfect World Dynamics Team Biographies

Mr. Douglas G. Towne is the Chief Executive Officer of Perfect World Dynamics, Inc. (PWD). He is a lifelong business and social entrepreneur, advocate for people with disabilities and public policy facilitator on disability and accessibility issues. His accomplishments range across the development and implementation of accessible technology and the laws that require it from the work place to the polling place. His work with government, Fortune 500, and nonprofit sectors at the local, state and national levels, have positioned him to draw together the best in their fields to offer the PWD solution. Issues surrounding the delivery of assistive technology and health care services, and the impact of fraud and abuse on the effectiveness of programs, have been an area of concern for him for many years. This interest combined with his concerns about

unreasonably high unemployment levels for people with significant disabilities led him to create the concept which became PWD.

Mr. Paul W. Craft, CPA, CISA, is the Chief Operating Officer of PWD. He is a Florida Certified Public Accountant and a Certified Information System Auditor. In 1987 while employed as an Audit Group Supervisor at the Florida Department of Revenue, he was appointed to head a task force investigating embezzlements within the department's tax refund section. He used a combination of statistical sampling, internal control analysis and computer modeling to bring the investigation to a conclusion with successful prosecutions. He was assigned to the department's Office of Inspector General conducting investigations and internal audits until April 1991. In 2002, while employed as the Chief of the Bureau of Voting Systems Certification, Florida Department of State, he developed the Florida standards for accessible computerized voting systems, and oversaw the testing and implementation of those systems in Florida. The standards he developed have been adopted by many states and are now part of the US Election Assistance Commissions standards for voting systems. He acted as project manager for development of a state wide voter registration system in 2002 and was project sponsor for development of another state wide voting system in 2004. Upon retirement in December 2005, he joined two partners to create Freeman, Craft, McGregor Group, Inc., a consulting firm providing management consulting, security analysis and system testing services for state and local government election officials. He is the Managing Partner of the firm. Related projects include creating an "Information System Security Plan" for the State of Maryland and numerous security analysis projects for the State of California.

Mr. Joseph Hecker is the Chief Financial Officer of PWD. He brings 32 years of experience in the roles of senior financial manager and controller. For the last ten years he has specialized in the financial management of non profit organizations who deliver human services. His experience includes managing the full range of financial planning, budgeting, operational accounting, and reporting to state and federal agencies.

Dr. Nancy Ross, PhD, is the Chief of Policy Analysis and Research of PWD. She is a nationally recognized expert on Medicaid and has forty-four years of related experience. In her thirteen year tenure with AHCA, nine years were focused exclusively on Medicaid administration, research, and policy analysis. Additionally her experience includes analysis of social service programs for the US Government Accounting Office, research for the Florida legislature, and management of evaluation of health and rehabilitative service programs. Prior to the creation of AHCA, she conducted and published extensive research on the delivery of health care and services to the elderly.

Ms. Julie Shaw is the Chief Accessibility Officer of PWD. She brings 22 years of experience and expertise across the many issues of accessibility and vocational rehabilitation. Beginning her professional career in 1988 with the Henderson Mental Health Center, as a Rehabilitation Specialist, she served as their Medicaid Program Analyst increasing their revenues and achieving a 100 percent audit compliance record. She managed the delivery of disabled services for Broward Homebound, and served as the Governmental Relations Director for the Paralyzed Veterans Association of Florida. In 1999 she had the honor of appointment as the Executive ADA Administrator for the State of Florida. Within that position, in June 2001, under an executive order of the Governor, she founded the Clearing House on Disability Information. She has most recently and currently serves as the Executive Director of disAbility Solutions for Independent Living, Inc. She is widely recognized as one of the leading experts on accessibility.

Ms. Kimberly M. Waag is the Chief Information Officer of PWD. She brings 25 years of experience in information technology management. For the last thirteen years she as served as the Chief Information Officer of the Pinellas Association for Retarded Children.(PARC) Her role includes management of the full range of operations and tasks in the data and telecommunications technology domain. Her responsibilities include the establishment and direction of strategic technology goals/initiatives, compliance and quality control, policies, licensure and procedures for the technology and communications environment, software/application evaluation, full life-cycle application development and management as well as a daily role in the tactical and management of enterprise and remote servers, workstations, network infrastructure and a telephone switch and wireless solution supporting over 400 users.

Ms. Betty Sarvis, Certified Rehabilitation Counselor, is the Chief Recruiting Officer of PWD. She brings thirty eight years of expertise as a researcher, instructor, counselor and manager of counselors in vocational rehabilitation.

Ms. Deborah Blyth, TeleTech Director of Information Security brings twenty years experience in all aspects of network security. She has led two multi-billion dollar companies in achieving compliance with the Payment Card Industry Data Security Standard (PCI DSS). She championed the implementation of an Information Security Program and Strategy at Travelport (a provider of computerized registration systems for the travel industry). For the past two years she's given security direction and guidance to TeleTech Government Solutions in ensuring the privacy of US Census Title 13 data.

3. Statement of interest

RESPECT of Florida and Perfect World Dynamics, Inc. (PWD) are interested in and excited by the possibility to provide the services described in this RFI response. We are also interested in any related or similar services procured by AHCA and the State of

Florida. Entering a contract with RESPECT of Florida allows AHCA to save time and money and achieve faster project start up by eliminating the need to go through an RFP process.

4. Description of related experience

Perfect World Dynamics

As a new Florida nonprofit corporation, PWD cannot provide specific past experience of its own. However, the founding members of PWD do bring a particular set of skills perfectly suited to supporting a business that will employ people with disabilities to work from home.

PWD was formed by four disability related nonprofit organizations with deep backgrounds and expertise in the areas of systemic advocacy, employing people with disabilities, government contracting and service delivery. It is a true collaboration of people and organizations with all the talent necessary to create and implement this game changing concept.

The four founding member organizations are:

- The Caring & Sharing Center for Independent Living, Inc. (CASCIL),
- Disability Solutions for Independent Living Inc (DSIL),
- Family Network on Disabilities of the USA (FND), and
- The Pinellas Association for Retarded Children, Inc. (PARC).

Collectively the founding members of PWD represent over a century of direct advocacy, involvement and service to the local, state and national cross-disability community. Because of the strict guidelines and audit requirements which each operates within, they provide PWD the abilities necessary for it to succeed in the rigorous validation environment needed to address errors, fraud and abuse in the delivery of government services.

TeleTech and the Hope for Haiti

On January 12, 2010 a devastating earthquake hit Port-au-Prince Haiti. Already one of the poorest nations in the Western Hemisphere its infrastructure was left in shambles. A telethon to benefit Haiti, "Hope for Haiti Now: A Global Benefit for Earthquake Relief" was quickly set up for January 22 to be broadcast over thirty United States networks, several Canadian networks, and on the internet. TeleTech agreed to provide both infrastructure and volunteers to support this massive aid campaign with only five days

preparation time. All the technology, time and tools used for the entire effort were freely donated to help the Haitian people.

By the night of the benefit 5,000 TeleTech employees, clients, and family members, spread over 42 TeleTech locations around the globe, were trained and set to take thousands of expected calls. The voice and data network that was engineered in less than five days staunchly handled what turned out to be over 80,000 donation calls in two hours that evening.

In the end, with the help of TeleTech volunteers, over $58 million US dollars was raised for the relief of Haiti - the most money of any telethon in history.

TeleTech and Blue Shield of California

Blue Shield of California (BSC) is one of the largest nonprofit entities in the U.S. and one of the nation's top 20 health plans, serving 2.6 million members and garnering $6 billion in annual revenue. Its challenge was to reduce the cost of provider interactions (for Physicians and other Health Care Providers) without sacrificing the quality and patient privacy that had been the hallmark of its brand.

BSC and TeleTech together developed a cost reduction and security strategy. TeleTech set up secure Health Insurance Portability Accountability Act (HIPAA) compliant networks, servers, databases, and applications strictly for BSC use. Careful agent recruiting and training by TeleTech then produced a workforce able to answer all caller health claim questions, and also be extraordinary attentive in securing and protecting patient records.

With this expansion, BSC was able to realize significant cost savings not only through reduced labor costs but also by leveraging TeleTech's expertise in the dynamically routed Voice over Internet Protocol (VoIP) technology. The program has grown from 60 Full Time Equivalents (FTEs) in 2001 to 240 FTEs today. Cost per call has decreased 35%, quality scores have stayed consistently in the 96% - 98% range. And most importantly, all HIPAA records have remained safe and secure under TeleTech's stewardship.

TeleTech and the 2010 U.S. Census

The two primary goals of the 2010 United States Census were to collect as accurate a count of people in the U.S. as possible and to securely protect all the confidential information gathered. TTGS excelled at providing both with our virtual call center telephony solution.

The information collected every ten years by the Census Bureau data is used in apportioning Congressional House representation and in determining how to distribute over $400 billion dollars each year to state and local governments. In 2010 Census forms were mailed to every household in America and thousands of enumerators were hired to

collect information from those that didn't send their form back. What made 2010 unique was the Bureau also launched the largest telephone campaign in their 220 year history thanks to the ingenious virtual call center solution of TeleTech Government Solutions (TTGS).

From April 11th until August 14th 45.2 million outbound calls were made by TTGS leading to 15.6 million phone interviews. These interviews yielded nearly six million completed cases each of which saved the Census Bureau the significant cost of a door-to-door visitation. The sophisticated dialing campaign prioritized calls several ways: by language, region of the country, time of day, requested callback time, and prior call disposition. At the end of the day the results of the day's campaign was logged and new dialing lists were created overnight for use the next morning.

To handle this enormous amount of calls TTGS designed a hosted cloud solution capable of being used by five other outsourcing companies employing 15,000 agents in 27 call centers across the nation. Because we leveraged cloud computing this meant that every agent, no matter whom they were employed by, used the same identical applications for everything from workforce management to quality assurance making the entire effort one consistent enterprise. This made the outbound campaign run seamlessly and efficiently.

Because all census data is legally protected by U.S. Code Title 13 strict security protocols had to be designed and deployed in both the cloud computing space and the physical call center sites. The entire cloud solution resided on an independent network completely separated from all other client traffic. Each Call Center was required to document a thorough site security plan. All personnel working on the solution, from data architects to part time agents all had to pass thorough background checks. A policy for handling data breaches was put into place and laminated cards listing security procedures were handed out to all census agents and support personnel. Because of these measures, we were able to ensure that the security and integrity of the program's data was maintained through the life of the program.

Leveraging TTGS' robust dialing and data management infrastructure the Census Bureau met all security requirements and exceeded all service level objectives making the 2010 Census the most thorough ever completed.

5. Planning and design methodology

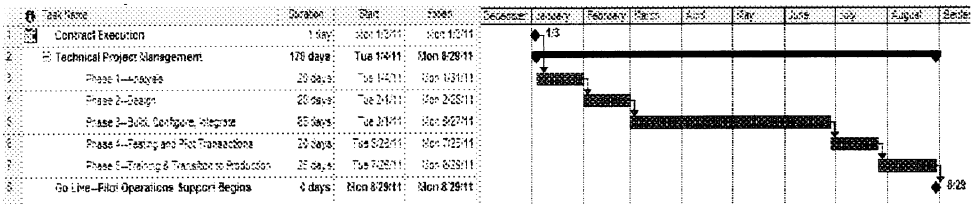


Figure 1: High Level Project Plan

Upon signing a contract, our integrated team of technical resources, business process analysts, and project management professionals will provide a complete start to finish implementation within 9 months. All phases of the project will be completed in sequence. During each phase, we will be constantly monitoring and assessing progress according to plan. The following five phases will lead to a successful project launch.

Phase 1—Analysis. PWD and TTGS analysts will begin by meeting with AHCA. They will examine Medicaid Claims data, the best means of transferring AHCA data files, how to analyze claim data for fraud (if we are to perform the comparative analytics), the best means to capture interview data, what sort of information will trigger a full scale investigation, and any other intangibles that must be understood for a successful program. PWD will also analyze how to determine the best means of agent and help desk recruitment, training, and how to tune the hardware or software to provide accessibility to the system for agents with various disabilities.

Deliverables for this phase will include a project plan, timeline, scope document, AHCA data file process requirements, comparative analysis requirements, work flow requirements, agent recruitment and training requirements, PWD hardware and software requirements, and preliminary architectural drawings. Also during this phase, project management will determine and assign resources based on needs and skill sets. The deliverables will be signed off with the AHCA project lead.

Phase 2—Design. Having gained a thorough understanding of the program and agent requirements, software and hardware engineers will draft the program's workflow, prepare quality assurance systems, decide on reporting requirements, determine the best means of communication with AHCA, delineate the look and feel of the software that will be used in capturing interview data, and blueprint the adjustable hardware and software configurations for use by the agents. The details for a recruitment and training campaign will also be finalized.

Deliverables will include workflow process diagrams, final network designs, database schemas, reporting requirements, communication plans with AHCA and other agencies, interview software design documents, agent hardware and software designs, and failover/disaster recovery plans. All of these will be reviewed and signed off by the AHCA project lead.

Phase 3—Build, Configure, and Integrate. The HIPAA secure network including all required servers and hardware, the data file transfer process, reporting systems, interview software and databases, communication channels with AHCA and other agencies, quality assurance systems, and all software and hardware expressly designed for use by the PWD agents will be assembled and tested.

This phase will require all technical resources and business analysts to configure each software system to insure they meet requirements designed in the first two phases.

Phase 4—Testing and Pilot Transactions. All agent hardware and software created expressly for this program will be field tested. The data file transfer process and communication channels with AHCA and other agencies will be tested and any problems ironed out. The first program agents and help desk personnel will be recruited, trained and deployed. Quality assurance systems will be checked. All engineering or process adjustments required will be made.

The system will be tested from beginning to end to insure all integration points, system data, and operating rules perform as designed. We will also perform a limited "dress rehearsal" of actual transactions for review by the AHCA management team to validate we are meeting or exceeding their expectations.

Phase 5—Training and Transition into Production. A full scale implementation of the AHCA data file process will take place and the program will ramp up to full scale. Recruitment of agents will be launched to production levels. Large groups of agents will be trained, their software and hardware appropriately modified, and moved to production to start making interviews. All supporting personnel such as trainers, quality assurance, help desk, and supervisors will be put into place.

Prior to launch, final sign-off by AHCA and other agencies will be obtained to insure we have adequately prepared them to conduct the job responsibilities on Day 1 of the project. Production will begin and operational support processes including help desk support will be initiated.

6. **Scope of Medicaid fraud addressed and rationale for detection and deterrence.** Medicaid fraud is perpetrated in a variety of ways making it challenging to detect and deter. However, while the specific fraudulent behaviors can and will change, one thing will remain constant. There will always be a misrepresentation of a material fact submitted on, or in support of a claim for payment to Medicaid.

However, finding that misrepresentation through the analysis of claims and supporting data alone creates an unnecessarily complex problem. The problem is that almost any treatment or service represented on a claim can be legitimate in some context. Phantom billing and up-coding will specifically be designed to mirror a plausible service pattern. ID sharing and ID theft are used to claim fraudulently for services that might normally be rendered to the legitimate beneficiary. Overutilization and code-jamming utilize otherwise appropriate billing codes.

Our approach, therefore, is to address the misrepresentation directly. Each of the scenarios above is easily exposed when the claim can be directly compared to an honest

account of the services actually provided. For that, we envision a rather simple solution. The PWD approach enlists a highly educated workforce of agents with disabilities to build rapport, trust, and the support of beneficiaries to recount the services actually rendered to enable simple comparative analytics to detect inconsistencies in the claim that might suggest potential fraud. Since the PWD approach engages the beneficiaries in this data collection, this approach also creates a deterrent effect by making every beneficiary a part of the fraud detection solution.

The PWD approach can therefore detect and deter many kinds of Medicaid fraud. For example:

- Up-coding and Phantom billing are detectable when the services provided to the beneficiary and the claim mismatch.
- Identity theft is detectable when the beneficiary is unaware of a claimed service.
- Medicaid ID swapping and sharing are deterred through the beneficiaries knowledge of the potential follow up contact regarding each claim.

In addition, a vigilant follow up process creates a "sentinel effect" that will serve to deter other kinds of provider initiated fraud. We expect that this effect will reduce incidences of Overutilization, Unbundling, Code-Jamming and Double-billing.

The PWD approach is described more fully in the following section.

7. Description of proposed system.

No level of analytical sophistication can make up for a basic lack of data. The premise of the PWD approach is to simplify the detection of fraud by substantially augmenting the dataset on which the analytics are performed. With the addition of a detailed account of services actually rendered, a problem of probabilities is reduced to a problem of comparison. Further, by enlisting the support of the beneficiaries the PWD approach creates a substantial "first line of defense" against many kinds of Medicaid fraud.

The PWD approach is a human-integrated solution for reducing the complexity of the analytics required to identify Medicaid fraud. PWD envisions the training and employment of a group of agents with a unique perspective on Medicaid to conduct advocacy calls to Medicare beneficiaries. In the course of an advocacy call, it is expected that the PWD agent will help beneficiaries better understand their benefits while also gathering information about recently claimed events.

PWD will build its agent staff primarily from the ranks of the Florida community of people with disabilities. Recent advances in technology make this approach possible. PWD has contracted with a leading technology company to access technologies that make it possible for 100% of its agent workforce to work from home using accessible computing and telephony devices. Reference information can be provided through a

cloud-based computing platform to support consistent communication of benefits information and capture of event information. That event information is compared with the claim to identify potential fraudulent claims which may then be escalated to an ACHA investigator for further processing.

This unique combination of technology and at home agents creates a powerful advantage in the fight against Medicaid fraud. The PWD approach demonstrates how the simplest solution can also be the very best solution. Below is a schematic and description of the PWD approach:

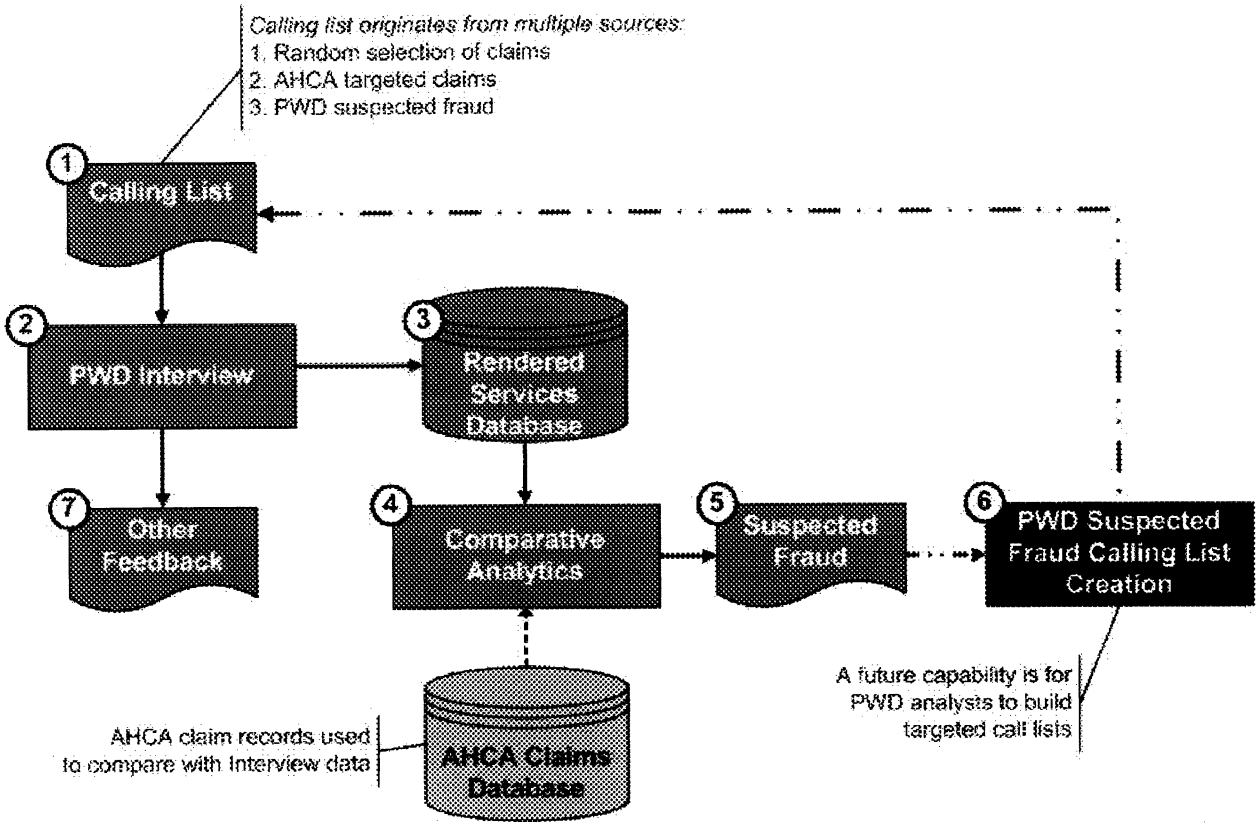


Figure 2: Solution Work Flow

1. The claims that PWD associates will investigate will be passed in a calling list from AHCA to TTGS via a secure FTP process. Initially we anticipate that the claims to be validated will be selected by AHCA either through a random process, by targeted investigations, or both. In the future we are interested in having PWD analysts also determine commonalities of key data indicators that can be used for targeting claims with a high probability of fraud.
2. A PWD associate will be assigned a Medicaid case and contact the beneficiary over the phone. They will conduct an advocacy call during which the beneficiary will be

encouraged to provide information about recent Medicaid related services. The associate documents the result of their interaction using Expert InSite®, a TeleTech customer management tool. The advocacy call is loosely structured so that the beneficiary may air issues or seek advice from their advocate as desired.

It must be noted that all PWD agents will have previously been equipped by PWD with whatever accessible technology they need to perform their job. They will also have had their home computers and telephones installed and configured to use TeleTech@Home technology. TeleTech@Home tools enable the agent to securely receive phone and voice data at the same time, to run Expert InSite®, and to be directly integrated with a virtual call center made up of dozens of other PWD agents working out of their homes.

3. When an agent completes their interview, Expert InSite® will store the disposition of the case (closed, call-back needed, wrong number, etc.) along with any captured information in an encrypted database repository
4. Comparative analytics will be utilized to uncover fraud by comparing information stored in the AHCA database with that gathered from the associate's interview. The methodology could include looking for claim information mismatches with the services the beneficiary received, anomalies with claim codes used, or other subtle problems with the claim. This analysis can be performed by PWD analysts, TTGS personnel, or AHCA.
5. A report listing claims that PWD analysis shows are suspected of being erroneous or fraudulent will be provided to AHCA through scheduled reports and a secure FTP site. Further information or interviews may needed by the AHCA investigators and can easily be accommodated.
6. After enough data on this type of fraud detection has been collected, AHCA, or PWD analysts can create targeted dialing campaigns. These campaigns can readily target a particular vendor, a type of claim, or even a city.
7. Due to PWD agent empathy they can both be seen and/or become the champions of beneficiaries. In this role agents may find themselves collecting feedback not related to claim investigations. This information could include beneficiary concerns regarding their health, safety or welfare. These issues will be collected in special forms and staged for proper processing or escalation by appropriate agencies.

a. Anticipated support needs

The expected project support needed will include multi-tier support for AHCA, PWD, PWD's employees, and TeleTech operations. An example of TeleTech support capabilities is:

In February of 2010, TeleTech commenced production support for the Census 2010 project. The scope of operations included 27 call centers throughout the United States,

telephone infrastructure to handle inbound and outbound campaigns, software and hardware to support over 15,000 agents. To support this massive operation, TeleTech also provided a fully staffed 24/7 service desk. All calls to the service desk arrived via a toll free dedicated telephone number and were answered by a live help desk agent who was fully trained in telephone, desktop, and application troubleshooting. Our objective was a first call resolution. In all aspects (technology, customer support, applications, and infrastructure) this endeavor fully prepared our staff and infrastructure to support the Florida Medicaid Fraud Prevention effort.

To accomplish our mission, we forecasted our call volumes and strategically assigned agents to peak hours of operations. On a daily basis, we were able to adjust forecasts and agent utilization based on the current environment. From a troubleshooting and support perspective, all service desk agents utilized a fully searchable knowledgebase that was continually updated with new information from the field.

AHCA can rely on our service desk agents as the average experience level is greater than 10 years, has at least one certification in an applicable area, and receives a minimum of client interaction training prior to engaging on any troubleshooting call. Our service delivery management is based on Information Technology Information Library (ITIL) best practices.

A dedicated Network Operation Center (NOC) for the project will be located in Englewood, Colorado. It will monitor network activity, local voice and data traffic. Enterprise monitoring solution will constantly monitor all servers, critical programs, and system productivity. Automatic alerts will be generated when the system detects any unacceptable status. (This may include server utilization, database and storage capacity, connectivity issues, etc.)

Utilizing the @Home solution from TeleTech, the AHCA NOC will be able to remotely contact, troubleshoot, and update agent software as needed during the course of the engagement. Views of HIPPA protected information will be limited to employees who have passed all background checks and undergone training, with ongoing review and auditing of their performance, to ensure compliance with HIPPA security requirements.

Reporting and visibility of operations for AHCA, PWD and TeleTech management teams will be provided by an OnDemand Help Desk Portal. This will include real time views of open tickets, problem aging statistics, and drill-down capability for specific issue analysis. All of this functionality comes standard with the TeleTech OnDemand Management Dashboard shown below. (Data included in the sample Dashboard is fictitious.)

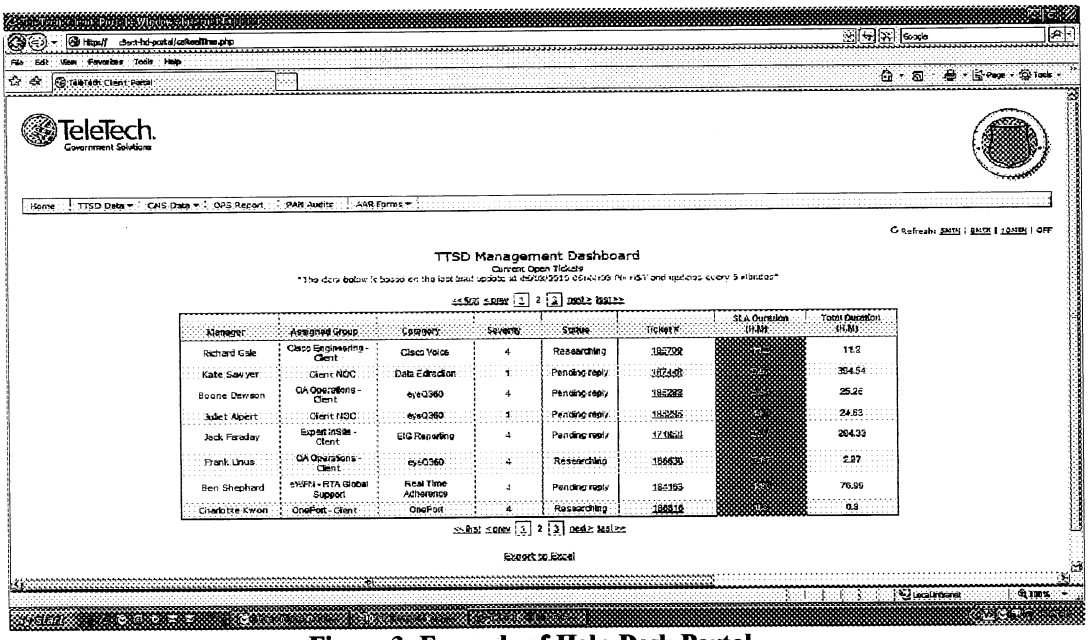


Figure 3: Example of Help Desk Portal

b. Support levels (On-site, on-line, and telephone)

As mentioned above, support levels will include on-site, on-line, and telephone delivery for AHCA, PWD, and TTEC. Included will be monitoring, troubleshooting, and documenting issues of the system and the agents using it.

c. System data collection and tracking capabilities and modification to meet AHCA's needs.

Voice data and agent screen shots for each call will be captured for later review.

Another example of data collection and tracking capabilities is the AHCA HelpDesk Portal shown above in Figure 3. Prior to system implementation the tracking capabilities can be substantially modified to meet AHCA's requirements.

d. Proposed capability to flag anticipated or actual claims for Medicaid reimbursement for denial based upon a detected error or ineligibility

When our agents interview beneficiaries they will be able to collect information necessary for AHCA to determine, from the description of the services they received, if the claim needs to be denied because there was an error in benefits, coding, or because the beneficiary is ineligible for a particular benefit. We will flag all suspected coding errors and ineligibility for analysis by comparative

analytics. We will pass this information along to AHCA. We recommend that all suspected claims that were filed in error be grouped into one master file and securely FTP transferred to AHCA at the end of every day. We also suggest that a separate file of possible ineligible claims be placed into their own file and transferred to the AHCA SFTP site.

e. Proposed capability to flag suspected fraudulent activity and the manner and frequency of conveying suspected fraud to AHCA.

Suspected fraud will be handled in the same manner as detected errors or ineligibility problems. The type of suspected fraud will be noted after the beneficiary interview and the claim passed along for comparative analysis. If we perform the analysis we propose that all claims showing suspected fraud be grouped into daily master files by type of fraud. In other words we will SFTP a daily master file of suspected identify theft, a separate one for up-coding, another for code-jamming and so on.

f. Identification of safeguards to ensure the fraud prevention aspects of the system are not circumvented.

We consider the controls over information system security; qualification, training, supervision and management of personnel; monitoring and auditing of operations; and ongoing revisions of policies, procedures and operational plans to all be part of the safeguards ensuring the fraud prevention aspects of the system are not circumvented.

8. Proposed reporting capabilities

Reporting data will be collected from two sources, our Automatic Call Distributor (ACD) and the Expert InSite® database. Data from each source will be loaded into a Centralized Reporting Data Mart and standard reports will be created on a daily basis after InSite and the Dialer have been synchronized at the end of the day. These reports are to be automatically generated and placed in a "reporting" folder on the AHCA SFTP server.

In addition to standard switch or dialer reports (if a dialing campaign has been set-up) metrics will be generated on the number of claims that have been investigated, claims still open for interview or analysis, the status of a dialing campaign if one is going, and the performance of our agents.

A hosted and secure web portal will be implemented to present reporting results to AHCA. The web portal will display summary claim data formatted similarly to those transferred via SFTP, but the web portal will also allow a user to drill-down into a summary item to expose individual interview results.

AHCA designated employees will be granted full access to the web portal for daily monitoring of results. Other AHCA users can also be granted limited access to the web portal to simplify report distribution.

9. Implementation and operational plan

a. Suggested timelines for completion of key activities and milestones

Please see response to Section 5 above.

b. Description of potential deliverables

Phase 1 Analysis Deliverables:

- Project plan
  - Determine and assign resources
  - Timeline
- Scope document
- Preliminary architectural drawings
- AHCA data file process requirements
- Comparative analysis requirements
- Work flow requirements
- Agent and help desk recruitment and training requirements
- PWD hardware and software requirements

Phase 2—Design Deliverables:

- Work flow process diagrams
- Final network design
- Communication plans with AHCA and other agencies
- Interview software design document
- Agent hardware and software design document
- Final architecture documentation including defined integration points
- Reporting requirements
- Database schemas
- Failover/disaster recovery plans

Phase 3—Build, Configure, and Integrate Deliverables:

- Completing build, configuration and integration of all systems

Phase 4—Testing and Pilot Transactions Deliverables:

- Test results for:
  - Data file transfer process
  - AHCA and other agency communication channels
  - Agent hardware and software
  - Quality assurance systems

- Results of dress rehearsal

Phase 5—Training and Transition into Production Deliverables:

- Full scale production system
- Presentation of training courses to agents, trainers, and management
  - Documentation of successful completion for all staff
- Agreed AHCA acceptance criteria
- Supporting AHCA's acceptance activities
- Help Desk in operating state and documentation of that state

c. Pre-implementation analysis and plan for database/system integration with the Florida Medicaid Management Information System, including claims payment, provider file and recipient eligibility.

Based upon our prior discussions with the management of AHCA we understand that AHCA does not plan to allow any integration with the Florida Management Information System other than our use of data extracted from the system by AHCA. Accordingly, this proposal is based upon an assumption that the data to be provided will be defined in contract negotiations with AHCA and will be provided in a common and easily usable format such as tab-delimited, fixed field, XML or other mutually agreed upon formats.

Data extracted from our systems for AHCA's use can be provided in similar formats as determined prior to system implementation. The formats to be used and the data contained therein can be easily modified to meet AHCA's needs.

d. Potential operational and implementation concerns and plans to address them, including any assistance that might be needed from AHCA.

Our largest concern is that the scope of the project has not been defined by AHCA. Also, we have not had an opportunity to review the data content; types provided; and its quality and timeliness. For our proposal of validating transactions prior to payment of claims, timeliness from the original transaction is essential to successful and accurate outcomes.

10. Advantages or improvements over existing, known alternative technologies including known or potential concerns with other alternative technologies.

In today's era of constant technical innovation for the sake of innovation we sometimes forget the most beneficial application of technology. That is the ability of technology to connect people to people. We can construct complex algorithms, matrix and data point matching computer programs, but in the end no technology can substitute the results drawn from people interacting with people.

Data mining and other complex processes can develop leads, generate questions and coordinate vast amounts of far flung facts into a basic diagram of what may or may not be happening in the delivery of government services. In the end, however, it still requires the act of verification. Only properly trained agents interviewing the beneficiaries and vendors in the government services delivery process can provide that verification with reasonable levels of certainty.

Our solution pulls its power from a severely underutilized work force: people with significant disabilities. This group is among the highest educated and motivated of minorities, yet their unemployment rate has remained at nearly 75% for decades. We feel that a huge advantage of our solution is in offering an overlooked personnel resource the opportunity of employment and a career carrying out a meaningful and worthwhile mission.

The unique background of our agents brings an uncommon insight and experience to Medicaid fraud detection. An automated data analysis cannot produce the depth of information on a beneficiary's experience that our agents can elicit. Some fraud is very complex and difficult to uncover, but the personal contact of our agents will detect fraud in a fast, targeted manner. Plus our agents may find the beneficiary they interview is also beset by other issues, such as with housing, health, or finances that need to be alerted to other agencies. Our agents not only can do that, they can do it extremely well.

And thanks to this person-to-person contact our solution will deliver findings that go far beyond the ability of any technologically driven matrix, analytics, or algorithm.

11. Known or potential legal concerns for recipients, providers, and AHCA.

PWD is acutely aware of the potential legal risks posed by this project including, but not limited to:

- Actual and/or perceived violations of privacy,
- Actual and/or perceived damages from recipient loss of benefits,
- Potential for damages to providers through errors and omissions within our operation.
- Allegations of damage to the reputations of providers,
- Risk of failing to meet contractual obligations to AHCA
- Risk of damages from loss of data, unauthorized access to data in our hands, or a failure to provide timely and accurate communication of data.
- Violations of State or Federal laws by our employees.
- Actual and/or perceived violation of the Americans with Disability Act in employment practices.

Our approach to mitigating and controlling these risks is to instill an organization wide understanding of our regulatory and contractual requirements, develop consistent training

programs, continually monitor employee conduct and job performance, continually coach and counsel, to audit employee and organizational performance, to maintain accurate complete documentation of every aspect of our operation, and to create, continually update and rehearse Continuity of Operations Plans.

We anticipate providing a level of errors and omissions and general liability insurance to meet AHCA's requirements and to provide acceptable levels of risk mitigation for our organization. We anticipate AHCA's needs will be determined in contract negotiation.

12. Anticipated staffing levels, key staff positions and staff roles in the proposed project.

A proposed staffing grid is shown below. The greatest number of technical staff will be needed during the configuration and build phase. When we begin the final training and transition phase, we will recruit, hire and train agents who will be with the program for the duration. We anticipate 50 full time equivalent agents (or 100 part time agents) will be needed to provide coverage for the program.

Project Phase	Key Roles (responsibilities may be shared)
Phase 1--Analysis	a. Project Manager b. Business Analyst c. Technical Architect d. Client Mgr/Launch Mgr
Phase 2--Design	a. Project Manager b. Business Analyst c. Technical Architect d. Client Mgr/Launch Mgr
Phase 3--Build, Configure and Integrate	a. Project Manager b. Business Analyst c. Technical Architect d. Client Mgr/Launch Mgr e. Developers f. DBA g. Telephony/Network Engineers
Phase 4--Testing	a. Project Manager b. Business Analyst c. Technical Architect d. Client Mgr/Launch Mgr e. Developers f. DBA g. Telephony/Network Engineers h. QA testing analyst

Project Phase	Key Roles (responsibilities may be shared)
Phase 5--Training and Transition	a. Project Manager b. Business Analyst c. Technical Architect d. Client Mgr/Launch Mgr e. Developers f. DBA g. Telephony/Network Engineers h. QA testing analyst i. Train-the-Trainer j. Help Desk Support k. Agents
Post Go-Live Maintenance	a. Project Manager b. Business Analyst c. Technical Architect d. Supervisors/Client Mgr e. Developers f. DBA g. Telephony/Network Engineers h. QA testing analyst i. Train-the-Trainer j. Help Desk Support k. Agents

13. Vendor's information systems capabilities and security features including the ability to comply with HIPPA requirements.

We will comply with the Health Insurance Portability and Accountability Act (HIPAA) requirements and will perform audits as necessary and described further in Section 14 below.

14. Protocols and internal procedures for ensuring system security and the confidentiality of personally identifiable data. (Controls to maintain Confidentiality, Integrity and Availability of the System and its Data) Disaster recovery plan and ability to resume service with minimal disruption. (Information System Security Plan and Continuity of Operations Plan)

PWD and TeleTech place a high value on providing solutions that meet or exceed regulatory security requirements. The proposed solution not only satisfies Health Insurance Portability and Accountability Act (HIPPA) compliancy but in addition meets Payment Card Industry (PCI), Sarbanes Oxley (SOX), and Statement on Auditing Standards (SAS) 70.

HIPAA Audit Process and Compliance
Compliance with HIPPA requirements ensures protection of personal health information held by PWD and TeleTech. AHCA can be assured that the HIPPA security rules that specify a series of administrative, physical, and technical safeguards will assure the confidentiality, integrity and availability of electronic protected health information.

TeleTech and PWD will conduct audits of all personnel serving the ACHA to ensure compliance with HIPAA including standards and safeguards related to documents and computers. The audits are conducted randomly, with no advance notice provided and managers do not inspect their own area of responsibility. Managers perform audits for projects not under their direct control and as designated by the Senior Operations Manager or Service Delivery Center Director.

Audit data are collected on a HIPAA Audit Checklist and, when completed, returned for review and presentation to the management team. The checklists are stored for review and auditing purposes.

TeleTech ensures a Security Management Procedure is in place with risk analysis and management, sanctions policy, and a review of information systems activity. Practical administrative planning and implementation guidelines are provided for the HIPAA Security Manager who provides direction and standards on items such as:

- Physical Safeguards
- Administrative Safeguards
- Network Security
- Data Integrity

PCI Compliance and Audits
PCI Data Security Requirements apply to all members, merchants, and service providers that store, process or transmit cardholder data. These security requirements apply to all "system components" that are defined as any network component, server, or application included in, or connected to, the cardholder data environment. Network components include firewalls, switches, routers, wireless access points, network appliances, and other security appliances. Servers include Web, database, authentication, Domain Name Service (DNS), mail, proxy, and Network Time Protocol (NTP). Applications include all purchased and custom applications, including internal and external (Web) applications.

In August of 2008 TeleTech was found to be in compliance with PCI DSS 1.1 as a Level 1 Service Provider in an independent assessment completed by VeriSign. TeleTech was assessed by AT&T Consulting in 2009 and was again found to be compliant with the PCI DSS 1.2 as a Level 1 Service Provider, in September of 2009. TeleTech has implemented ongoing processes to ensure continued compliance with the PCI DSS

requirements, as amended, and compliance with the annual assessment requirement of PCI.

In order to maintain our PCI compliance and certified status TeleTech contracts annually with a Qualified Security Assessor (QSA) to perform an on-site review of all systems that process, store, or transmit cardholder data. This certification indicates that all system components that TeleTech uses to process, store, or transmit cardholder data are complaint based on the PCI Data Security Standards (DSS) that are governed by the PCI Standards Counsel. TeleTech's initial Level 1 PCI DSS Report on Compliance (ROC) was prepared by VeriSign on August 22, 2008. TeleTech's current PCI compliance was certified in August 2010 by a Qualified Security Assessor (QSA) that prepared an Attestation of Compliance (AOC) and an ROC.

Sarbanes Oxley Compliance and Audits
Pursuant to Section 404 of the Sarbanes Oxley Act of 2002, TeleTech quarterly and annually completes an internal audit, which includes management's assessment of the design and effectiveness of its internal control over financial reporting. Additionally, TeleTech's independent registered public accounting firm quarterly and annually completes an audit of management's assessment of the effectiveness of internal control over financial reporting.

SAS 70 Audit Compliance and Audits
On an annual basis TeleTech contracts authorized independent auditors to perform our Statement on Auditing Standards (SAS) 70, Type II audit and works with our internal audit team on Sarbanes-Oxley compliance. A SAS 70 Type II audit was completed in 2009 and TeleTech was found to be compliant with required IT General Controls within all scoped areas. TeleTech's SAS 70 Type II audit for 2010 will begin in August.

15. Proposed quality assurance system including description of how the appropriateness and effectiveness of the service provided will be monitored.

QA for Agent Training and Quality Scoring
TeleTech's proprietary quality software suite, eyeQ360™, will capture both the audio and agent screen shots of beneficiary interactions. As a web-enabled quality assurance (QA) solution, PWD will be able to manage, evaluate, and improve the quality of agent communication and validation. Recordings can be configured to record as a percentage of all calls or record on demand as selected by the agent. The complete voice and data recording will be uploaded after the call is completed to a centralized server making it available to PWD coaches/supervisors for immediate review. PWD quality representatives will score them against a set of pre-determined guidelines and expectations. These scores will be used for coaching and teaching opportunities.

QA for Early Warning Indicators--Trending
EyeQ360 trending reports can be used to pinpoint areas of program risk and opportunities for improvement. These can be tied back to agent performance, accuracy of scoring, timeliness in evaluations and coaching performance.

Recordings to Aid AHCA Investigations
EyeQ360 recordings will be available almost real-time for use in investigations. At a minimum, the AHCA team will be able to query for recordings based on date, time, agent, campaign, and quality score information. Other data points can be implemented as we move forward together.

QA for data analytics
In addition to our agent QA monitoring tools, TeleTech will provide impressive tools for data analytics. The success and efficiency of the program can be enhanced with more accurate and timely data passed to and from PWD agents. We will provide data integrity feedback to AHCA regarding key data indicators to help continually improve our performance.

Overall Program QA and Continual Improvement
We utilize the principles of Six Sigma at TeleTech. Our internal Six Sigma staff is assigned to projects and clients to realize potential improvements. "DMAIC" stands for "Define, Measure, Analyze, Improve, Control": DEFINE the problem, MEASURE the process performance, ANALYZE the root causes of the problem, IMPROVE the process by targeting solutions at the root causes, and CONTROL the new process ensuring performance gains are sustained. In each case, a Green or Black Belt certified resource would be assigned to get the greatest benefit for the program.

16. Estimates of overall cost for the proposed system

As mentioned in item #3 above, RESPECT of Florida is a preferential purchasing program established by the Florida Legislature in 1974. The purpose of RESPECT is to encourage and assist individuals with disabilities to achieve maximum personal independence through useful, productive and gainful employment. Purchases of products and services from RESPECT of Florida are exempt from the normal Chapter 287 bid process per F.S. 413.032-.037 and Rule 60E-1.

Under Florida Statute, RESPECT would negotiate a contract with ACHA for provision of innovative uses of technology to assist the agency in detecting and deterring fraud, abuse and overpayments in the Florida Medicaid program. RESPECT would have ultimate oversight responsibility and accountability for the services provided. The negotiation process has multiple advantages to an open bid situation and should result in a far better result.

It would be impossible to estimate the overall cost of such a contract prior to determining the scope of services to be provided. Once the Agency has the information necessary to determine its contract needs, RESPECT will, if invited, assist the agency in writing a scope of services that meets the specific needs of the agency. This process helps identify methodology, frequency, quality control, staffing, equipment utilization, and administrative requirements unique to this contract. The agency benefits by avoiding the cost and effort affiliated with an open bid. RESPECT pricing covers the costs of the services including direct and administrative costs, but with no profit margin. The contract provides a realistic scope of services that is not over inflated to compensate for the anticipated poor performance of a "low bidder". With RESPECT you get what you contract for. Once the scope of service is agreed upon, RESPECT of Florida will work with PWD to develop a pricing package based on the level of service proposed.

The pricing package will be submitted to ACHA for approval. Adjustments can be negotiated to ensure the best value for the agency. This would allow changes to items covered in the scope of services, such as frequency of activity or volume of calls, tailoring the contract to meet budgetary restraints. Under a RESPECT negotiated contract, the agency would have flexibility to amend the contract in the future without having to rebid it.

17. Proposed additional services or standards which exceed the minimum requirements described in the RFI.

Two significant proposed additional services would set new standards for the prevention of fraud and abuse which exceed the minimum requirements described in the RFI.

The first proposal would provide case by case beneficiary monitoring. We believe that research and perhaps pilot projects should be conducted to determine the feasibility of assigning a validation agent to every beneficiary. The agent would monitor changes in the case, and verify the appropriateness while addressing beneficiary concerns. Creation of such a system is realistic and possibly cost effective with the combination of PWD Validation Agents and Teletech technology. Such a system would not only dramatically reduce fraud, errors and abuse, but could improve access to and delivery of services to beneficiaries.

The second proposal would verify the efficacy of providers on an annual basis. Validation Agents can be utilized to cross check the establishment, licensing, and business structure of providers. This would assist AHCA staff in verifying that providers exist and prevent the illegitimate use of provider identification.

Section 7 covered our proposal for using person-to-person interviews and validation techniques to uncover Medicaid Fraud. The scope for those services was based upon a restriction stated by AHCA on access to their information systems and data sets. If AHCA is willing to ease those restrictions allowing expanded copying of their data to an

external data warehouse or to allow integration and ad-hoc queries into their data system the following benefits of such an arrangement would be realized:

1. Improved efficiencies in looking for upcoding.
2. Excessive mileage claims.
3. Excessive services to locations
4. Patterns of over-utilization would become more apparent with data mining an analysis.
5. The gap in real-time uncovering of fraud will decrease depending on how frequent updated data is provided.
6. Historical data can be used to detect trends, such as in compiling lists of fraudulent suppliers, seasonal fluctuations in types of fraud, etc.
7. Beneficiaries can be understood better in terms of their challenges and concerns and how to better modify the program to serve them.
8. Improve the efficiency of the claims process. One example is assisting the beneficiary population that is not online or who face other disability related accessibility barriers to the management of their health-care.

There are other services not directly involving the use of AHCA data which could improve the quality of beneficiaries' support. One is outreach education. We can educate beneficiaries on how to detect fraud and receive services they are entitled to. We can provide them with a call intake service to report problems in receiving benefits to supplement AHCA's current complaint intake system. We could also contract to operate a call center receiving and processing all of AHCA's complaints. We can gather data on other service issues regarding the conduct of service providers and quality of care and route them to AHCA or other agencies as appropriate. Partnering with AHCA we propose the creation and implementation of targeted quality of service surveys to select populations of beneficiaries. We offer AHCA assistance in handling inbound and outbound calls during emergencies such as floods or hurricanes, or in disseminating critical information on new issues affecting beneficiaries or providers.

Finally, although not a requirement in the RFI our proposal will provide vocational rehabilitation services and employment to persons with disabilities. The fraud and abuse endangering the rights of beneficiaries and the unreasonable level of unemployment in the disability community are now two great issues which we propose to address together using technology to create a solution to both which will result in recruiting, training, and equipping individuals who have been previously unable to secure employment because of accessibility, health-care or attitudinal barriers.