



**STATE OF HAWAII
DEPARTMENT OF LABOR & INDUSTRIAL
RELATIONS
DISABILITY COMPENSATION DIVISION**

RELEASE DATE: [April 12, 2018](#)

**REQUEST FOR PROPOSALS
[No. RFP-17-002-DCD](#)**


**SEALED OFFERS
FOR
Disability Compensation Division's (DCD) Web-Accessible
Case Management System with Auditing and Financial
Tracking**

WILL BE RECEIVED UP TO 4:00 P.M. (HST) ON

[MAY 30, 2018](#)

IN THE DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS ADMINISTRATIVE SERVICES
OFFICE, PRINCESS RUTH KEELIKOLANI BUILDING, 830 PUNCHBOWL STREET, ROOM
309, HONOLULU, HAWAII 96813. DIRECT QUESTIONS RELATING TO THIS SOLICITATION
TO MS. JOANN A. VIDINHAR TELEPHONE (808) 586-9151 OR E-MAIL AT
JOANN.A.VIDINHAR@Hawaii.gov.

[RFP-17-002-DCD](#) is a revised posting of [RFP-17-001-DCD](#). [Blue ink](#) depicts changes.



Leonard Hoshijo
Director
Department of Labor & Industrial Relations
Disability Compensation Division

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SECTION ONE

INTRODUCTION, TERMS AND ACRONYMS, KEY DATES

1.1 INTRODUCTION

The State Procurement Office (SPO) is requesting proposals for the State of Hawaii (SOH) Department of Labor & Industrial Relations (DLIR) Disability Compensation Division (DCD) Modernization Project. The purpose of this engagement is to develop, test, install, train, and document an automated, integrated, web-accessible, electronic, locally-hosted, Case Management System that incorporates DCD's 3 major programs: DCD Workers' Compensation (WC), Temporary Disability Insurance (TDI), and Prepaid Health Care (PHC). DLIR DCD is looking to acquire a case management system that integrates the functions of and consolidates the data from three (3) major systems (DCIS, Xerox DocuShare, and IBM Lotus Notes Domino Case Management) into one (1) system. This application shall also have the following DCD organizational features incorporated into it:

- Claims for WC, TDI, PHC
- Administrative Hearings Scheduling
- Vocational Rehabilitation
- Enforcement
- Correspondence generation (i.e. letters/decisions, attachments)
- Statistical Information and document tracking
- Ad hoc reporting capabilities
- [Scheduling/Calendar of Hearings, and business rules](#)
- Fiscal management and record keeping of various funding sources
- Metrics-driven auditing capabilities of staff productivity/workloads and case management

This solution shall practice the Agile phased approach methodology in implementation. The instructions, specifications, requirements, and conditions are meant to assist the Offerors in preparing a proposal that meets the needs of the State.

1.2 CANCELLATION

The Request for Proposal (RFP) may be cancelled and any or all proposals rejected in whole or in part, without liability to the State, when it is determined to be in the best interest of the State. The contract resulting from this RFP shall be paid with state funds received by DLIR. In the event funds are insufficient, this RFP will be cancelled.

1.3 TERMS AND ACRONYMS USED THROUGHOUT THE SOLICITATION

Table 1-1: Terms/Acronyms and Description

ACRONYM/TERM	DESCRIPTION
AB	Appeals Board, see LIRAB.
ADABAS	Adaptable DAta BAse System, database management system that runs on IBM mainframe systems.
Adjuster	An insurance agent who assesses the amount of compensation that should be paid after a claimant has made a claim on the employer insurance policy.
Administrator, Admin Program Support	Administrator for DCD division, Administration, coordinates statewide technical and supportive services of the WC, TDI, and PHC programs, develops divisional plans, goals, personnel and budgetary requirements.

AG	State of Hawaii Department of the Attorney General, State of Hawaii government legal counsel providing legal support to the three special funds (i.e. WC, TDI, PHC).
Ag	Agriculture – DOL # are provided by Plans Branch for Ag and Church employers.
ASO	State of Hawaii DLIR Administrative Services Office.
Audit	Process where auditors examine Employers' and insurance companies' records to ensure compliance with the requirements of the WC, TDI, PHC laws, rules and regulations. Including review and approve financial solvency of Employers applying for self-insurance; determine the requirement for the amount of security needed for self-insurance; audit records to determine whether Employers are properly withholding Employees' contributions to pay for cost of insurance; audit Employers' financial records to determine and certify the Employers' eligibility for premium supplementation, advise Employers of their duties and responsibilities under the three programs, and perform audit activities related to the administration of the TDI Special Trust Fund and the PHC Premium Supplementation Trust Fund.
AWW	Average Weekly Wage.
BAFO	Best and Final Offer.
B&F	State of Hawaii Budget & Finance Department.
Bidder or Offeror	Any individual, partnership, firm, corporation, joint venture, or other entity submitting directly or through a duly authorized representative or agent, a bid for the good, service, or construction contemplated.
BLS	U.S. Bureau of Labor & Statistics.
CA	Contract Administrator.
Carrier	Commercial provider of WC, TDI, and PHC insurance plans, responsible for providing DCD information about insurance coverage provided to Employers for WC, TDI, and PHC, responsible for providing DCD information regarding claim status, covered employer/employee counts, and annual statistical information.
CAS	DLIR Cost Accounting System for federally funded divisions that maintain employee timesheets (time and attendance) and purchase orders that are uploaded into SESA to get reports.
CICS/VS	Customer Information Control System/Virtual Storage, middleware designed to support high-volume online transaction processing.
CMS	Content Management System, software or a group or suite of applications and tools that can seamlessly create, edit, review, and publish electronic text.
COBOL	Common Business Oriented Language, a compiled English-like computer programming language designed for business use.
COTS	Commercial Off the Shelf Software, ready-made software available for sale to the public designed to be implemented easily into existing systems without the need for customization.
Counselor	Provides career counseling, testing, training, and/or job placement support to the Employee receiving vocational rehabilitation benefits.
CPO	Chief Procurement Officer.
CSU	Clerical Services Unit, provides duplicating, clerical, typing, and mail services to the Program Support and Coordination Office, Hearings Branch, and the Division (mail services).
D&O	Decision & Order

DAGS	State of Hawaii Department of Accounting and General Services responsible for processing vendor payments and issuing physical checks.
DBA	Doing Business As.
DC or DCD	State of Hawaii DLIR Disability Compensation Division is responsible for planning, directing, and coordinating statewide activities relating to the interpretation, implementation, and administration of WC, TDI and PHC laws, rules, regulations, policies and procedures.
DCCA	State of Hawaii Department of Commerce and Consumer Affairs provide data on WC premiums paid to insurance carriers on an annual basis for the WC Special Compensation Fund assessment collects WC SCF levy payments from insurance carriers on behalf of DCD.
DCIS	Disability Compensation Information System – ETS mainframe-based system that stores claims' information and statuses, and employer information and insurance statuses.
DHRD	State of Hawaii Department of Human Resources Development.
Director	Director of the Department of Labor & Industrial Relations.
DLIR	State of Hawaii Department of Labor & Industrial Relations.
DLIR ASO, ASO	State of Hawaii Department of Labor & Industrial Relations, Administrative Services Office.
DLIR BMO, BMO	State of Hawaii Department of Labor and Industrial Relations, Business Management Officer, Administrator of ASO.
DLIR DCD or DCD	State of Hawaii Department of Labor & Industrial Relations, Disability Compensation Division.
DocuShare	An electronic document management system provided by Xerox to scan and convert documents into electronic .PDF files.
DR Fortress	Disaster Recovery Fortress, Disaster recovery facility at Honolulu HI
EC	Evaluation Committee.
ECM	Enterprise Content Management, secured repository for managed documents (be it analog or digital) that are indexed and searchable.
EDI WC1	Electronic Data Intake of WC 1 in Lotus Notes Domino
Employee	A person that works in Hawaii that has submitted a claim or inquiry to DCD.
Employer	An organization that does business in Hawaii.
ER	Employer.
ESS	Employer Services Section of Unemployment Insurance Division.
ETS	Office of Enterprise Technology Services.
ETS Key Punch	ETS staff responsible for inputting claim details for DCD into DCIS.
Facilitators	DCD Personnel responsible for fielding inquiries and service requests associated with WC, pursuant to HRS 386.71-6.
FAMIS	Financial Accounting Management Information System – mainframe-based State accounting system that is used for processing all vendor payments for the State.
Fiscal	Synonym name for ASO, responsible for processing revenue and warrants for DLIR.

FTP	File Transfer Protocol, standard network protocol used for the transfer of computer files between a client and server on a computer network.
GC	General Conditions dated April 15, 2009 issued by the Attorney General's.
GET	General Excise Tax.
GP	General Provisions.
HAR	Hawaii Administrative Rules.
HC	Healthcare.
HO	Hearings Officer.
HCE	Hawaii Compliance Express, online information system Employers use to prove and submit applications for Certificates of Compliance. Validated compliance with WC, TDI, and PHC laws is one requirement of obtaining the Certificate of Compliance, the system provides a summary of compliance with WC, TDI, and PHC laws and reflects the status of approval process, Under Hawaii Law, an Employer must prove compliance with 103D-310(c), HRS, to receive a contract of \$2,500 or more with state or county government entities within Hawaii.
PHC Premium Supplementation Trust Fund	A fund providing premium supplementation for Employers who meet the following criteria: <ul style="list-style-type: none"> • Employer employs less than eight (8) Employees entitled to PHC coverage. • Employer's health care plan is approved under Section 393-7(a) of the PHC Act. • Employer's share of the premium cost for eligible Employees (single coverage only) exceeds 1.5% of the total wages payable to such Employees and the amount of such excess is greater than 5% of the Employer's income before taxes directly attributable to the business. • The fund will not supplement Employee's share of the premium, dependent's coverage and the additional premium cost for the more expensive plan should the Employer have more than one plan.
Hearings Branch	Conducts administrative hearings of industrial injury and disability claims for WC award cases. This Section hears and determines the employer's liability for benefits in controversial cases. They also determine the extent of payment for disability or medical benefits to disabled workers; determine death benefits; and assure equitable compromises on awards and attorney fees.
Hearing Participants	Individuals that participate in a hearing overseen by the Hearings Section of DCD.
HR	Hearings Reviewer/Referee.
HRS	Hawaii Revised Statutes.
HSBA	Hawaii State Bar Association.
ICA	Intermediate Court of Appeals.
IE	Initial Evaluation for Vocational Rehabilitation.
IEI	IBM Enterprise Integrator (formally IBM Lotus Enterprise Integrator for Domino – LEI) application provides data synchronization between IBM Domino and third-party data sources (i.e. DCIS).

IFP	Informa Pauperis, Party who gets filing fees waived by filing a declaration of lack of funds.
IME	Independent Medical Examinations.
Investigation Section	Conducts investigations and enforces violations of the WC, TDI and PHC laws, rules, and regulations. This Section compels Employers to provide adequate coverage for Employees under the three programs, while assuring prompt benefit payments to qualified claimants. They also review and make depositions on Certificates of Compliance.
IT	Information Technology, the application of computers to store, retrieve, transmit and manipulate data or information.
JEFS	Judiciary Electronic Filing and Service System.
LAB	See LIRAB.
LEI	IBM Lotus Enterprise Integrator – application program support that gets data from DCIS into IBM LOTUS Domino case management system.
LEP	Limited English Proficiency.
LIRAB	State of Hawaii Department of Labor & Industrial Relations Labor & Industrial Relations Appeals Board Division, responsible for adjudicating appealed WC cases.
LOG	Letter of Guarantee – Plans’ Self-Insurance processes.
LOTUS, LOTUS Notes	IBM Lotus Domino application for DCD’s Workers’ Compensation system for CMS that is fed by DCIS, Domino is a proprietary application customized for DCD.
NAIC	National Association of Insurance Commissioners.
NCCI	National Council on Compensation Insurance – gather data, analyze industry trends, and provide objective insurance rates and loss cost recommendations, product of NAIC.
NIC	Notice of Initial Conference.
NID	Notice of Intent to Dismiss.
OA	Office Assistant – have levels (i.e. OAIII versus OAIV).
OAIV	Office Assistant IV
OIP	State of Hawaii Office of Information Practices.
OSC	Order to Show Cause.
Panvalet	A revision control and source code management system for mainframe computers (i.e. IBM System z) running z/OS operating systems.
PDF	Portable Document Format, file format used to present documents in a manner independent of application software, hardware, and operating systems.
PDO	Proposed D&O.
PEO	Professional Employer Organization, a firm that provides a service under which an employer can outsource employee management tasks (i.e. employee benefits, payroll and workers’ compensation, recruiting, risk/safety management, and training and development). The PEO becomes the employer of record for tax purposes and insurance purposes.
PHC	Prepaid Health Care.

PHC Advisory Council	Reviews PHC self-insurance plans and provides recommendation on approval to DLIR Director.
Physician, Provider	A medical professional that has provided consultation or services for an Employee.
Plans Branch	DCD staff responsible for managing TDI and PHC insurance policies including self-insurance, and tracking TDI and PHC claims appeals. Plans Branch also reviews and approves TDI/PHC plans, reviews TDI Special Trust Fund claims and makes payments from the TDI Special Trust Fund, processes TDI appeals, registers agricultural and religious employers exempt from UI, reviews TDI denials from carriers, and fields questions from the public, consultants, carriers, employers, and employees.
PLEU	Protection Log Extraction Utility for CA mainframe software.
PM	Project Manager.
POC	Point of Contact.
PO	The Contracting Procurement Officer for the State of Hawaii, State Procurement Office.
PPD	Permanent Partial Disability.
PSF	Premium Supplementation Fund.
PTD	Permanent Total Disability.
QCP	NSi QuickCapture Pro, a product of Nuance that views, indexes, enhances, and manages scanned documents.
R&C Section	Records & Claims section of DCD, receives, resolves, and replies to complainants. Acts on inquiries and requests for information adjudicated and non-adjudicated cases, while providing information on the status of cases to interested parties. This Section counsels and assist Employees in filing WC claims and receives and examines requests for commutation of payments and makes recommendations for approval or disapproval. This Section is responsible for closing cases as well as preparing, reconciling, and inputting claims information into the Lotus ECM and DICS systems. This Section also receives and files reports from Employers, Adjusters, Physicians, and other sources.
R&C Insurance	Receives WC policy information from carriers and inputs the data into the DCIS mainframe database.
R&S Division	Research and Statistics Division of DLIR, collect, analysis and provide statistical information for DLIR and to BLS.
RFP	Request for Proposal.
ROA	Record on Appeal
SCF	Special Compensation Fund – State accounting system used to track and pay Workers' Compensation awards and electronically submit payment requests to FAMIS system.
SERFF	System for Electronic Rate and Form Filing – National Association Insurance Commissioners.
SESA	Security Employment State Agency – Federal accounting system.
SOH	State of Hawaii.
SPO	State of Hawaii Procurement Office.
SSA	Stipulations & Settlement Agreement.

SSI	Supplemental Security Income
State	State of Hawaii, including its departments, agencies, and political subdivisions.
State PM	State Project Manager.
Stats	Statistics – data on volume/tracking/etc.
Stips	Stipulations.
System	IT hardware and software components when connected comprise the system or application.
TDI	Temporary Disability Insurance, Hawaii's TDI law requires Employers to provide partial "wage replacement" insurance coverage to eligible Employees that have sustained non-work-related injuries or sicknesses, including pregnancy and organ donation. If the Employee sustains a non-work-related injury or sickness and meets the eligibility requirements of TDI, the Employee will be paid benefits to partially replace the wages lost but will not be reimbursed for medical care.
TDI Referee	A Hearings referee trained in the specific protocols and law required to adjudicate TDI appeal cases.
TDI Special Trust Fund	A TDI Special Trust Fund for disability benefits was established in 1969 through assessments imposed on all Employers subject to the TDI law. According to the law, the Fund can only be used to pay benefits to: <ul style="list-style-type: none"> • Employees whose Employers have failed to provide TDI coverage or who have gone bankrupt. • Unemployed claimants who, while receiving UI benefits, become disabled and were held ineligible for further UI benefits solely due to the disability.
TTD	Temporary Total Disability.
TSO	Time Sharing Option, an interactive time-sharing environment for IBM mainframe operating systems. Time-sharing means that many persons can access the operating system concurrently while unaware that others are also accessing the operating system.
UI	Unemployment Insurance Division of DLIR, provide UI data required for calculating TDI Special Trust Fund Benefit eligibility, provide DCD information on employer accounts (DOL account numbers, employer address, active/terminated status, etc.).
VPN	Virtual Private Network, a private network across a public network that enables users to send and receive data across shared or public networks as if their computing devices are directly connected to the private network. Applications running across the VPN are in a secured, managed, private network.
VR	Vocational Rehabilitation, plans, directs, supervises and coordinates statewide activities related to the rehabilitation of industrially injured workers. If an injury covered by WC prevents the Employee from returning to his or her usual occupation, the Employee may be eligible for vocational rehabilitation services. The Employee can apply for vocational rehabilitation services, but the insurance carrier has the right to review and challenge the rights of the Employee to receive these services, based upon eligibility requirements of the statute.
VSAM	Virtual Storage Access Method, applies to both data set types and the access method used to manage various user data types.

WC	Workers' Compensation, Worker's Comp; If an Employee suffers from any work-related injury, he or she may be eligible for WC benefits. WC provides wage loss compensation benefits and medical care to those Employees who suffer a work-related injury. The WC law requires the Employer to provide certain benefits without regard to the fault of the Employer and prohibits an Employee from filing civil action against Employer for work-related injuries or illnesses.
WC SCF	The Workers' Compensation Special Fund for workers' compensation benefits is maintained by assessment imposed on all self-insured employers and insurance carriers providing WC benefits to Employees. According to the law, this Fund can only be used to pay benefits to: <ul style="list-style-type: none"> • Employees whose Employers have defaulted on their obligation to provide WC benefits. • Employees who have multiple jobs and cannot work due to an injury sustained at one of the jobs. • Employees whose injury sustained on the job combines with a pre-existing disability to cause greater disability or death.

1.4 RFP SCHEDULE AND SIGNIFICANT DATES

The schedule represents the State's best estimate of the schedule that will be followed. All times indicated are Hawaii Standard Time (HST). If a component of this schedule, such as "Proposal Due date/time" is delayed, the rest of the schedule will likely be shifted by the same number of days as determined by the State PM. Any change to the RFP Schedule and Significant Dates shall be reflected in and issued in an addendum. The approximate schedule is as follows:

Release of Request for Proposals	Begins April 11, 2018
Pre-proposal Conference	April 20, 2018
Due date to Submit Questions: 4:00pm (HST)	May 9, 2018
Addendum for State's Response to Questions, if required	May 23, 2018
Proposals Due: 4:00pm (HST)	May 30, 2018
Proposal Evaluations & Offeror's Presentation/Discussions (if necessary)	June 4, 2018 to June 8, 2018
Best and Final Offer (if necessary)	June 15, 2018
Contractor Selection (estimated)	June 25, 2018
Notice of Award (estimated)	June 28, 2018
Contract Start Date (Estimated)	July 9, 2018

1.5 PRE-PROPOSAL CONFERENCE

The purpose of the pre-proposal conference is to provide Offerors an opportunity to be briefed on this procurement and to ask any questions about this procurement. The pre-proposal conference is not mandatory; however, Offerors are encouraged to attend to gain a better understanding of the requirements of this RFP.

Offerors are advised that anything discussed at the pre-proposal conference does not change any part of this RFP. All changes and/or clarifications to this RFP shall be done in the form of a written addendum.

The pre-proposal conference will be held as follows:

Time: 8:00 am – 11:30am (HST)
Location: 830 Punchbowl Street, Rm 310-312-314, DLIR Conference Room

Remote access will be available through Skype for Business on the day of the conference via: <https://meet.lync.com/hawaiiomt/justin.m.hiraoka/04NK0DMG>

Offeror assumes any risk of lost connections. The SOH makes no guarantees concerning the functionality and interoperability of remote conferencing.

1.6 QUESTIONS AND ANSWERS PRIOR TO OPENING OF PROPOSALS

All questions shall be submitted by the due date specified in *Section 1.4 - RFP Schedule and Significant Dates*, as amended. The State will respond to questions through Addenda/Amendments by the date specified in *Section 1.4 - RFP Schedule and Significant Dates*, as amended.

1.7 WRITTEN INQUIRIES

Written inquiries must be received, not simply postmarked, by the DLIR DCD by the deadline specified. Written inquiries must reference the RFP number, page, paragraph, and line or sentence to which the question relates. Furthermore, the offerors should list any exceptions to the terms, conditions, specifications, or other requirements listed herein to the Issuing Office, *Section 1.9 - Issuing Office*.

Inquiries by phone will not be accepted. All written inquiries received by the deadline will receive a written response that will be e-mailed and/or mailed to each offeror who has registered for this RFP with the DLIR. All written responses shall be issued as an addendum to the RFP and thereby, become part of the RFP. DLIR DCD shall not be responsible for notifying those potential Offerors who have failed to provide the necessary contact information.

1.8 PROPOSAL DELIVERY INFORMATION

The Offeror shall hand-deliver **One (1) original and six (6) bound and sealed copies of their proposal along with an electronic version included on a CD in sealed envelopes or packages to the Officer-in-Charge no later than 4:00 p.m. Hawaii Standard Time (HST) on May 30, 2018:**

Ruth Keelikolani Building
DLIR Administrative Services Office
Attn: Leila Shar, Business Management Officer
830 Punchbowl Street, Room 309
Honolulu, HI 96813

Each qualified Offeror may submit only one (1) proposal in response to this solicitation. More than one (1) proposal will not be accepted from any Offeror.

Proposals shall be **hand-delivered Monday through Friday from 8:30 a.m. to 4:00 p.m., excluding State and Federal holidays**. Proposals that are emailed in will NOT be accepted. Proposals that are received after the Proposal Due Date and Time will NOT be accepted. Each offeror accepts all risks associated with incorrect delivery or with failure to deliver proposal package to the DLIR Administrative Services Office before such date and time by any courier (e.g. FedEx, UPS), mail, or other delivery service.

1.9 ISSUING OFFICE

This RFP is issued by DLIR. The Officer-in-Charge, mailing address, phone number, and e-mail address are as follows:

Leila Shar, Business Management Officer
DLIR Administrative Services Office
Ruth Keelikolani Building
830 Punchbowl Street, Room 309
Honolulu, HI 96813
Tel: (808) 586-8888
E-mail: Leila.Shar@Hawaii.gov

SECTION TWO

PROJECT OVERVIEW, BACKGROUND DESCRIPTION OF DLIR DCD AND SCOPE OF WORK

SECTION TWO

PROJECT OVERVIEW, BACKGROUND DESCRIPTION OF DLIR DCD, AND SCOPE OF WORK

2.1 PROJECT OVERVIEW AND GOAL

DLIR DCD is looking to implement a new case management system utilizing the **agile project-management methodology** with the focus on **the Business Process Engineering**. It will replace the following existing systems:

- **IBM Lotus Notes Domino Case Management** System, the current Workers' Compensation (WC) system which is housed at DLIR,
- **Disability Compensation Information System (DCIS)**, the previous WC system which is housed in the Office of Enterprise Technology Services (ETS) IBM mainframe,
- **Lotus 1-2-3**, which processes the Special Compensation Funds for WC, TDI, and PHC which is housed in DLIR ASO, and
- **DocuShare**, the current enterprise content management system which is housed at DLIR.

In addition, the following requirements needs to be integrated into this new case management system:

- Special Compensation Fund (SCF) accounting management system,
- Lotus 1-2-3 spreadsheets and processes,
- Scheduling of Hearings and managing of Hearing Rooms, and resources,
- Consolidation of manual data files (i.e. miscellaneous spreadsheets, word documents, Access databases),
- Statistical Information and Document Tracking,
- Ad hoc Report Capabilities,
- Metrics-driven auditing capabilities of staff productivity/workloads and case management, and
- Allow for Multiple DLIR divisions (Research & Statistics, Administrative Services Office, Labor and Appeals Board) to be fully integrated into the new CMS as well.

Major project phases and milestones are outlined below:

PHASE	DESCRIPTION OF MILESTONES
I (7/1/2018-6/30/2019)	<ul style="list-style-type: none"> • System design, development, and testing, • Procurement of any required IT hardware and software, • Design and create electronic forms (WC1, WC3, WC5, WC2) • DCIS ingested into new DCD System, • NCCI and UI Tax Benefit Employer Information imported into new DCD System • Documentation and Training of Administration and DCD Staff
II (7/1/2019-6/30/2020)	<ul style="list-style-type: none"> • Automation of DCD workflows for WC, TDI, PHC (which includes performance and statistical matrixes, regulatory, security, audit, and compliance with HRS, and HAR as well as DCD business rules) • DocuShare ingestion • IBM Lotus Notes ingestion • Completion of additional Forms, Reports • Design, testing, and implementation of SCF – Fiscal Accounting and Tracking <ul style="list-style-type: none"> ○ Lotus 1-2-3 conversion and ingestion ○ FAMIS upload file ○ Forms ○ Reports • Documentation and Training of Administration and Staff

<p style="text-align: center;">III (7/1/2020-6/30/2021)</p>	<ul style="list-style-type: none"> • Completion of DCD workflows for WC, TDI, PHC • Completion of Fiscal Accounting and Tracking of the SCF • Design, testing and implementation of Web-access for stakeholders, and outside DLIR agencies (i.e. R&S, LIRAB) • Archiving and backup, availability, continuity, disaster recovery • Migration of open cases into new DCD system • Documentation and Training of Admin and Staff • Mobile experience
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Note: Within each phase are milestones that will need to be defined and priced out.

To understand this project, this RFP contains:

- Information on the various systems,
- Description of the stakeholders and users affected by this system,
- IT hardware and software currently used,
- Description of DCD's three major programs – Workers' Compensation (WC), Temporary Disability Insurance (TDI), and Prepaid Health Care (PHC)
- Current workflow processes ([See Attachment I: DCD Major Current Workflow Processes](#))
- Scope of Work
- DCD Business Requirements
- Responsibilities of Contractor, DCD, DLIR

Other sections of this RFP:

- Describe the proposal format and content expectations,
- Describe the evaluation criteria of the RFP
- Describe Contractor selection and award
- Describe the Special Provisions, and
- Attachments A to Q

To understand where DCD's future vision lies, user journey experiences are used to help articulate expectations of the system (**See Attachment Q: Future DCD User Perspective Scenarios for WC, TDI, PHC**). Listed below are some of the future vision experiences DCD wants to accomplish for their Stakeholders:

Environment

DCD is expecting a system that will provide web-based access for both internal and external users (non-DCD users) to access, update and submit information.

Informative information can be configured to guide the user journey through the online information (i.e., what steps are required for end user to successfully complete a process).

User Access to Case Data from Online Website

Users (claimants, insurers/adjusters, employers, attorneys) can access their respective account data online. Data accessed shall be read-only based on permissions and if necessary – redacted.

Authentication

DCD is concerned that information is personally identifiable and needs to be secured and protected. Requires secure authentication of user, both at initial setup of online access as well as when user accesses existing system information. [System shall support Two Factor Authentication of users in addition to support for Single Sign On integration capabilities with Active Directory. System shall also be capable of supporting self-service password resets and enforce password rests based on pre-defined criteria.](#)

Authentication shall be required of the user at time of account creation. Validation of the user data is required to prevent multiple accounts from being created (e.g. different first/last names, but same individual with name change via divorce or marriage, etc.). System shall allow for information update capability for Stakeholders.

Changes to user data can be initiated, requested, submitted and updated online depending on the type of change. Information fields and workflows for approval of changes are to be configurable by DCD admin. All changes need a way to validate the user is the authenticated user and approving of the change. Old information shall be kept with record and maintained along with a log of the changes.

User Guidance

Online user selects the task they wish to complete. The system then guides them by identifying the steps and actions they need to take (i.e. guide to use, password changes tutorials).

Form Data

Online forms are to be user friendly and utilize current best practice methods for web design (i.e., limited scrolling).

Users shall be able to “save” entered data as a draft prior to submitting. A logged in user may save their information to date in a form and return later to complete and submit.

Users who are logged in will have their account data pre-fill forms to prevent erroneous data entry (i.e., DOL# for related employer). Admin can configure which fields will be auto filled based on current user profile and of those fields which ones may be editable by the user at time of entry.

Data Validation

Business rules are configurable for requiring the data fields and format as well as required information for submission of any forms by external users to the system. User-Friendly explanations of why data is invalid or form is unable to submit must be provided.

Data Duplication

Data validation of entered information is to be configured and/or reviewed to ensure no duplication of data, including but not limited to claimants, cases, or requests.

Access to Data

The current user will have access to only the data that has been assigned to them. They will not see information regarding any file/case/claim where they have not been given permissions.

Editing Data

Data update can occur by more than one person at the same time if each individual is not working on the same sections at the same time.

Documentation

All documentation will be captured electronically. Even documentation requiring printing shall be capable of being captured digitally for reference. X-rays will need to be converted and saved on compact disks (CD) or an electronic file that can be uploaded.

Documentation Access and Reuse

Documentation uploaded will remain accessible, as permissions have been assigned.

Users are able to reference same documentation for multiple cases and/or requests.

Electronic Notifications

Notifications to users who accept online usage should be auto generated by system. Consent to accept eDelivery of notification shall be required at time of account creation.

Requirements include the ability to customize notifications based on the process/type. Inclusion of a “default” notification that simply provides link to item with notification that an action has been performed or status has been changed is also required.

Notifications based on actions are configurable, including simultaneous notifications to multiple parties as well as notifications per process steps.

Email Addresses for Electronic Notifications

Validated email addresses are required for use of electronic notifications. Carriers require BOTH a point of contact email address as well as generic carrier contact email address.

Selection of Recipients

When DCD staff member is completing actions, the system shall notify involved parties, DCD staff member is prompted to confirm list of addressees that system is emailing to. System workflow shall default certain users. DCD staff member may de-select certain members from receiving email notification.

Audit

All actions in system are tracked to include but not limited to, the current user, date/time stamp, action taken and change recorded.

Reporting

Reports references both status and dashboard views in the system as well as produced data that is consumed via files (i.e., PDF, CSV) regardless if printed to hard copy or used entirely electronic.

2.2 BACKGROUND DESCRIPTION OF DLIR DCD & DLIR AGENCY INTERACTIONS

The State of Hawaii (SOH/State) Department of Labor & Industrial Relations (DLIR) Disability Compensation Division (DCD) administers and oversees the operation of the State's Workers' Compensation (WC), Temporary Disability Insurance (TDI), and Prepaid Health Care (PHC) programs. All employers with one or more employees whether working full-time or part-time, are directly affected by these laws.

These programs provide the following services to the public:

- Workers' Compensation Insurance provides wage loss compensation, medical care, and vocational rehabilitation to those employers who suffer an industrial injury while at work.
- Temporary Disability Insurance law provides partially lost wages incurred when an employee is unable to work because of a non-industrial sickness or injury, if the employee meets the qualifying conditions of the law.
- Prepaid Health Care Insurance law requires employers to provide employees medical coverage for non-work-related illness or injury, if employees meet the qualifying conditions of the law.

The Labor & Industrial Relations Appeals Board (LIRAB) Division conducts hearings on appealed WC cases and renders decisions. If a case at LIRAB is appealed, the case can go to the Intermediate Court of Appeals (ICA) for a decision or even up to the Supreme Court for a decision.

In addition, the DLIR Research & Statistics Division gathers information from the types of injuries and cases, and analyzes, compiles, and produces statistical information for both DLIR DCD and the U.S. Bureau of Labor & Statistics.

The following highlight some of DCD's key operational statistics:

- DCD has lost 32% of its staff since 2008
- DCD maintains over 42,000 open claims annually
- DCD processes over 21,000 new claims a year
- 90% of the WC claims are generated by employers
- An average of 2000 hearings are held annually; 10% of hearings are cancelled for several reasons
- DCD reviews over \$306 million in patient costs
- DCD services:
 - 30,000+ employers
 - Hundreds of insurance carriers
 - Thousands of medical providers
 - 614,300 workers
- LIRAB receives approximately 500 appeals from DCD a year

- Approximately 200 physician invoices are received each month across the State of HI
- Approximately 20 delinquent claims are open at any given time
- DCD receives approximately 10-20 returned postal mail pieces a day
- DCD processes over 2200 Certificates of Compliance per month; Certificates of Compliance processing has increased 50X (from 10 to 500+/-week) since its inception in 2004. It is expected to increase at a more moderate rate
- Shipping a claim from a neighboring island to Oahu for keypunching, and then sending the claim back to the neighboring island can take 3-4 weeks
- 20 or more amended hearing notices are handled a month
- DCD is statutorily required to render decisions 30-60 days after a hearing
- DCD receives 20-30 TDI Special Fund claims per year
- DCD reviews about 1500 TDI denials per year
- DCD receives 85-100 TDI appeals per year
- DCD processes up to 9500 new coverage, cancellations, and reinstatements per year for TDI
- DCD processes between 20 and 70 requests for TDI Special Fund benefits from unemployed claimants per year
- DCD reviews about 130-160 PHC plans per year
- DCD investigates 10-15 claimant complaints each month
- DCD processes 45 vocational rehabilitation enrollments each month
- DCD processes between 90 and 110 Premium Supplementation Fund requests per year
- DCD seeks collections on over 200 fraud penalties, judgments against delinquent Employers, and overpayments to claimants within a two-year period

DCD users interact with DCD staff in neighbor island district office locations statewide. Documents and messages originating at district office locations are captured and analyzed at their respective points of origin. Oahu serves as the primary office location housing the majority of DCD staff and record keeping.

Locations:

- Oahu, Main Office
Ruth Keelikolani Building
830 Punchbowl Street, Rm 209
Honolulu, HI 96815
- Hawaii District Office (Hilo)
State Office Building
75 Aupuni Street, Room 108
Hilo, HI 96720
- West Hawaii District Office (Kona)
81-990 Halekii St. #2087
Kealahou, HI 96750
- Maui District Office (which handles Maui, Molokai, Lanai)
State Office Building #2
2264 Aupuni Street
Wailuku, HI 96793
- Kauai District Office
3060 Eiwa Street, Room 202
Lihue, HI 96766

2.3 STAKEHOLDERS/USERS

2.3.1 STAKEHOLDERS

DCD’s programs (i.e. WC, TDI, PHC) work with the following stakeholders:

STAKEHOLDER	DESCRIPTION
Claimants	Hawaii worker/employee that suffered an industrial injury while at work (WC) or non-industrial injury (TDI). They may receive benefits from special funds.
Employer	An employee’s place of work who provide information/evidence pertaining to work injury cases (WC/TDI) and mandated insurance coverage to the DCD system, pay benefits, and penalties (non-compliance) and make payments to DCD. Self-insured employers are assessed levies against the special funds.
Insurance Carriers, Agents, Adjusters	Providers of insurance coverage and payor of benefits to claimants. They also provide the DCD system with insurance coverage and case information, provide medical reports (from physicians) and benefit information (regarding payments to claimant) and may be assessed penalties and make payments to DCD. The DCD system may also reimburse insurance companies or self-insured employers for WC permanent total disability (PTD) adjustment benefits paid on DCD’s behalf and assess levies against the special funds.
Medical Providers (i.e. Physicians, Vocational Rehabilitation)	Provide medical care and reports to DCD. They are subject to WC Medical Fee Schedule §12-15 Title 12-Chapter 15. They may also be involved in case decisions and may be assessed penalties for failure to comply with reporting requirements. They may be the subject of health care provider complaints and decisions.
Unions	May negotiate collective bargaining agreements that include insurance benefits for the DCD programs.
Attorneys/Lawyers	Legal representative for parties
DCD Staff	DCD staff who evaluate cases, gather data, and work with claimants/employers/attorneys/medical providers/insurance carriers, conduct hearings, and investigations.
Other State Agencies	AG, DHRD, R&S, LIRAB, UI – Any State Agency outside of DCD.

2.3.2 DCD ORGANIZATIONAL CHARTS AND USERS

The following figures visually show how the DLIR DCD organization is managed and operates. The DCD Division breaks down into the following branches or sections:

- Workers’ Compensation Program Office
- Temporary Disability Insurance & Prepaid Health Care Programs Office
- Program Support & Coordination Office
- Hearings Branch
 - Hearings Section
 - Review Section
- Enforcement Branch
 - Audit Section
 - Investigation Section
- Plans Acceptance & Benefit Claims Branch
- Records & Claims Branch
 - Records & Claims Section

- Insurance Section
- WC Benefit Facilitator Section
- Vocational Rehabilitation Branch

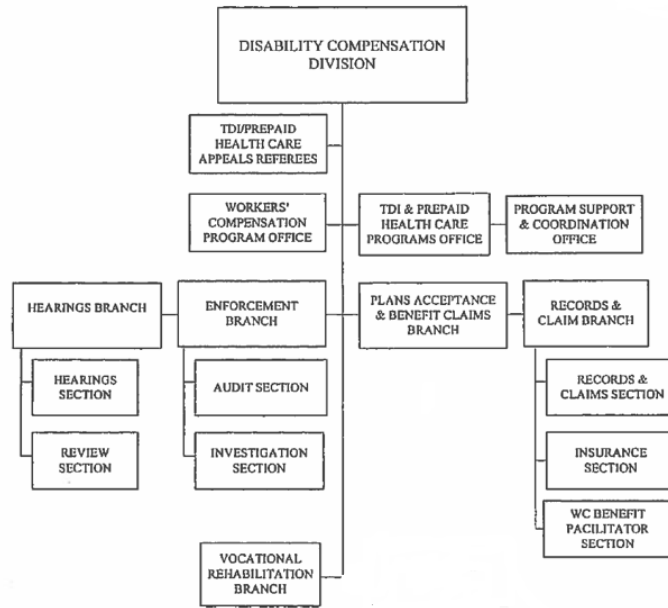


Figure 1: DCD High-level Organizational Chart

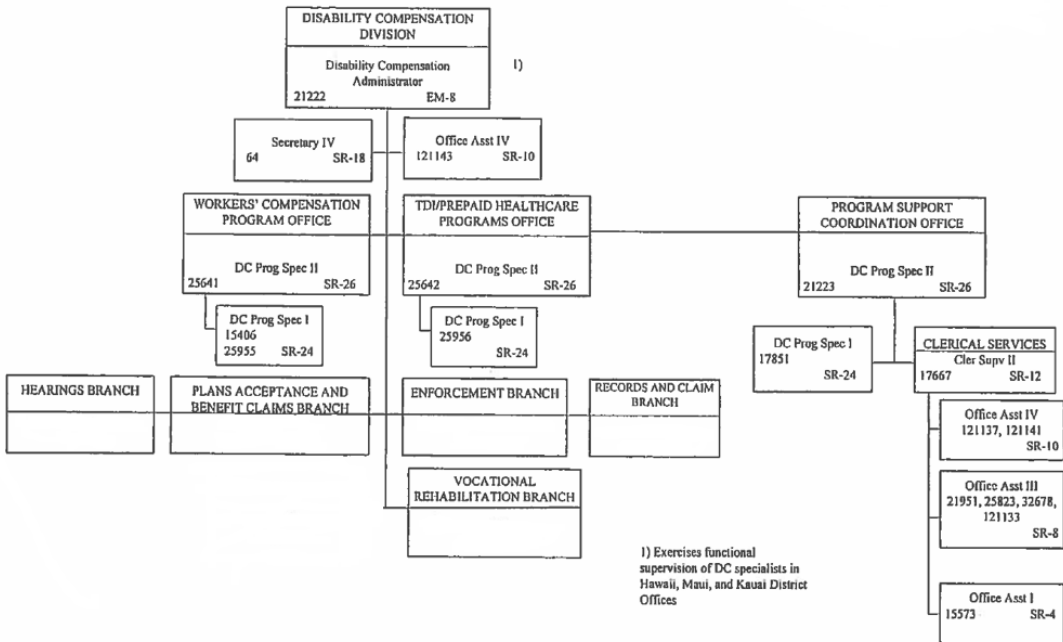


Figure 2: DCD Organizational and Positional Chart Overview as of 11/15/17

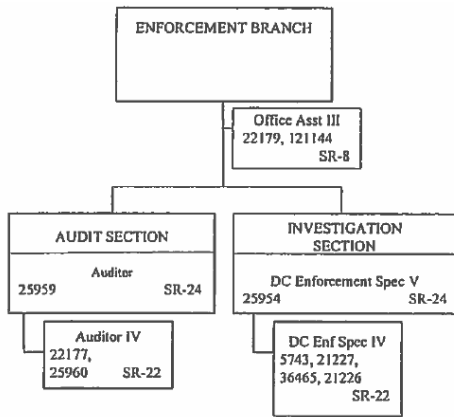


Figure 3: DCD Enforcement Branch as of 11/15/17

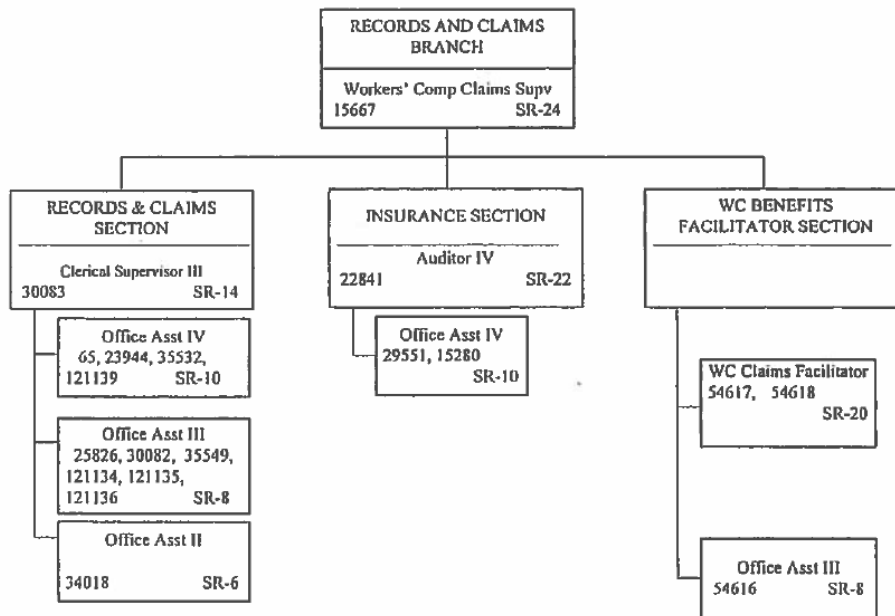


Figure 4: DCD Records and Claims Branch as of 11/15/17

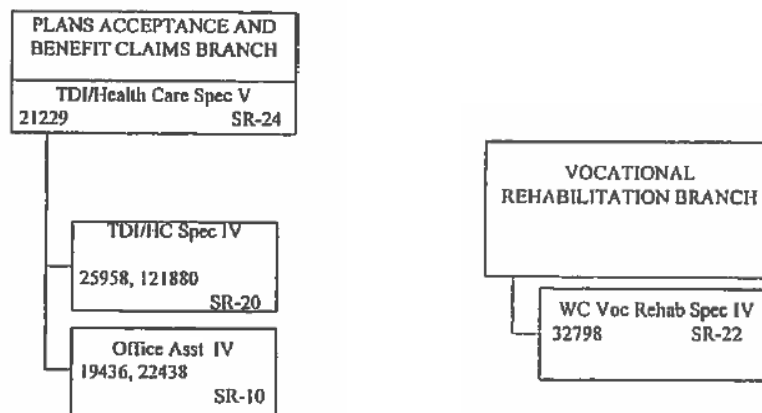


Figure 5: DCD Plans Acceptance and Benefit Claims Branch and Vocational Rehabilitation Branch as of 11/15/17

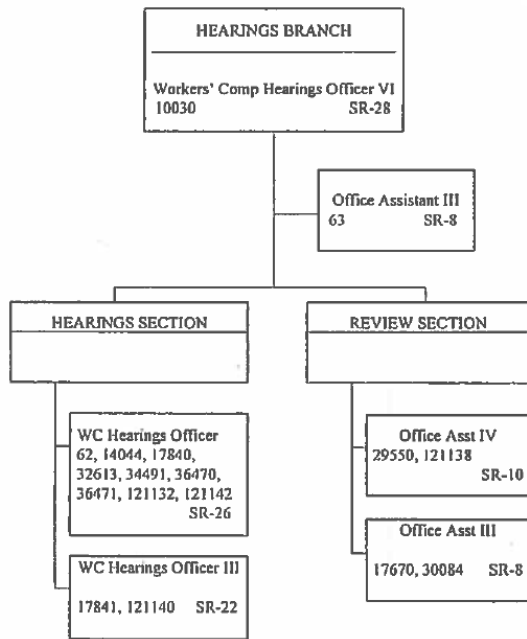


Figure 6: DCD Hearings Branch as of 11/15/17

The following figure shows the functionality of the DCD division. It is not up-to-date but the functionality concept is still the same.

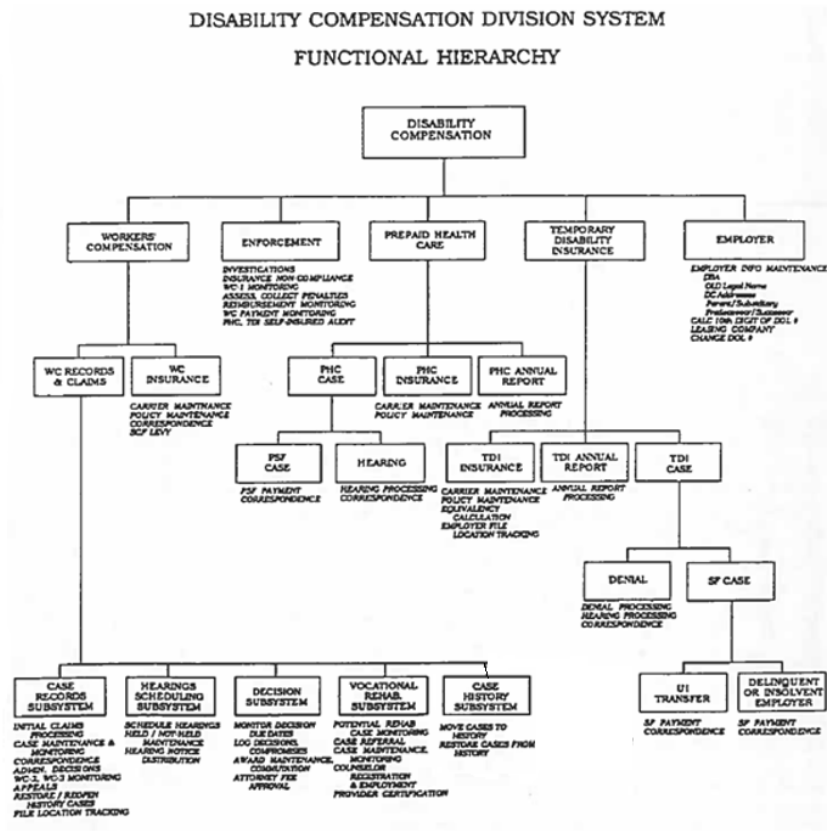


Figure 7: High-Level Functional Hierarchy

2.4 CURRENT DCD SYSTEM

The current DCD “System” gives a very high-level overview of the various IT systems that interact with the DLIR DCD both internally and externally (See Attachment G: High-level DLIR Network, Attachment H: High-level Context Diagram of the Current State of DLIR DCD System).

The project goal is to transition systems to a simplified environment.

2.4.1 SYSTEMS INTERNAL TO DCD

2.4.1.1 DISABILITY COMPENSATION INFORMATION SYSTEM (DCIS)

The DCIS System houses the data for the WC, PHC, and TDI programs. It was created by DataHouse, a local IT consulting company over 30 years ago and resides on the Enterprise Technology Services (ETS) mainframe. It is comprised of five (5) functional systems:

- Workers’ Compensation System (WC)
- Temporary Disability Insurance System (TDI)
- Prepaid Health Care System (PHC)
- Employer System
- Enforcement System

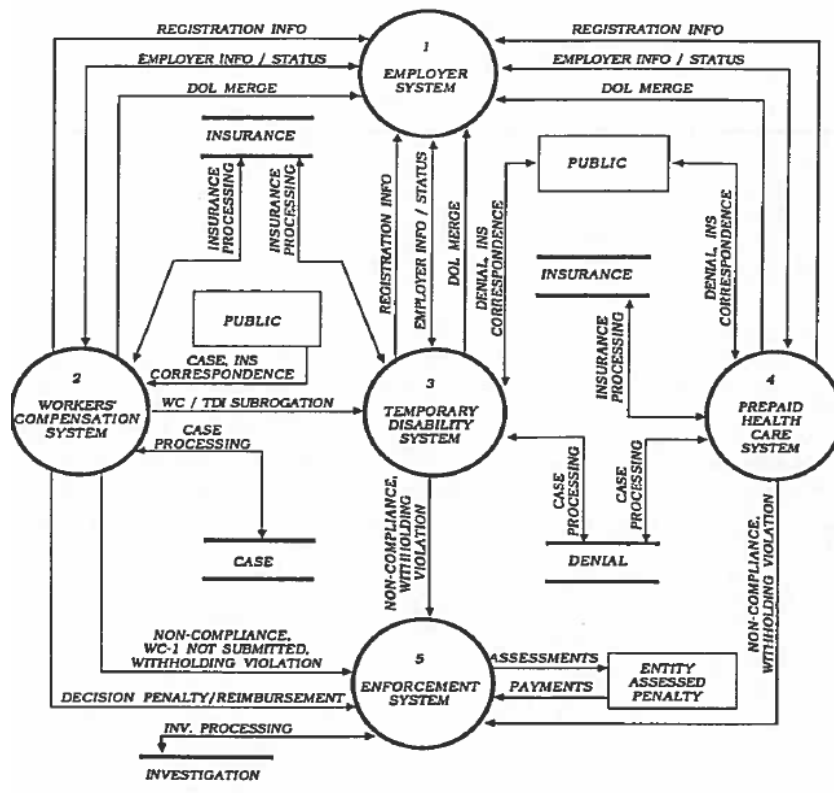
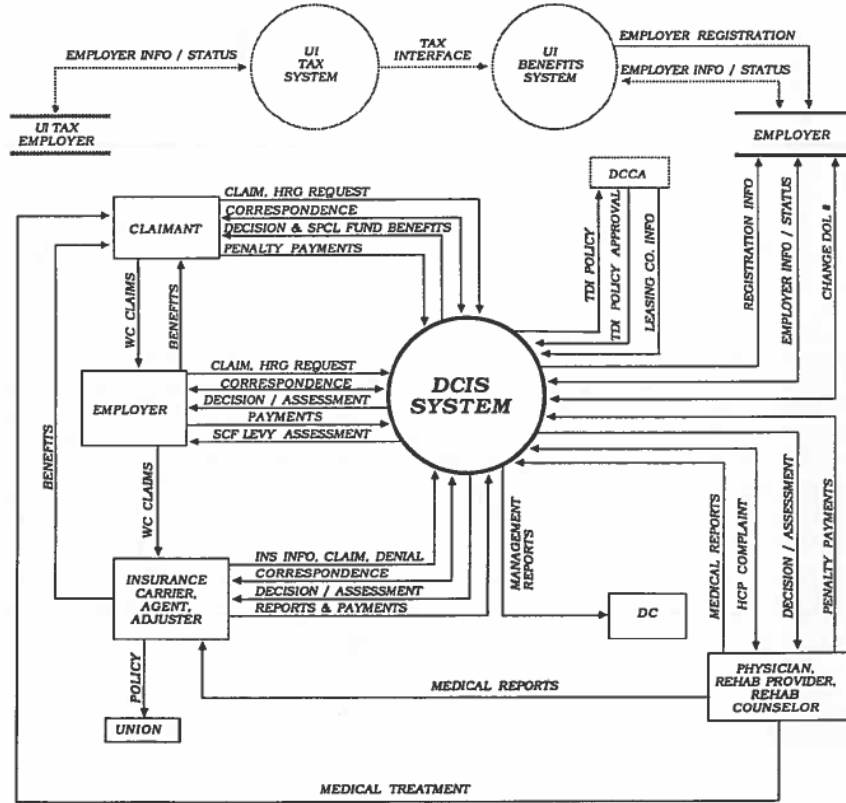


Figure 8: High-Level Overview of DCD DCIS System

The DCIS System stores information related to:

- Employer insurance coverage
- Employees’ WC cases
- Hearings for cases and complaints
- Decisions regarding claims, compromises, awards and penalties
- Special fund benefits and reimbursements
- Assessment and payment processing resulting from penalties.

Figure 9: Current DCIS System and How Data is Processed via Batch shows how cases are managed and maintained, how data is verified and acquired, and what agencies (i.e. UI, DCCA, stakeholders) are utilized for information verification and gathering.



Source: SMPS Form 101

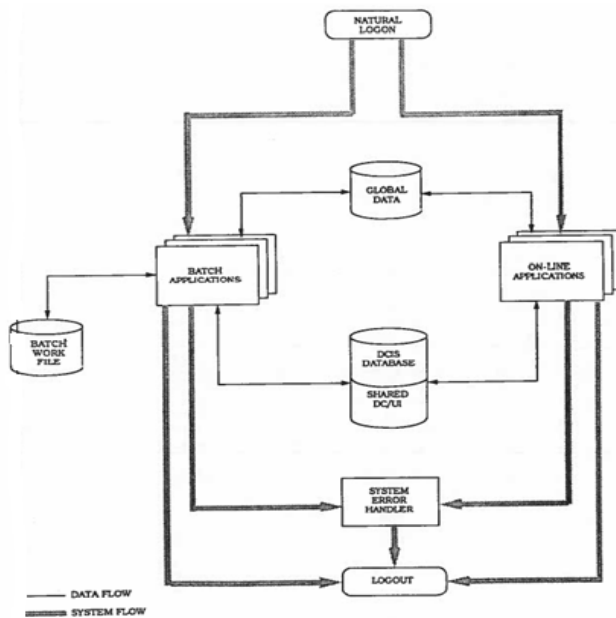


Figure 9: Current DCIS System and How Data is Processed via Batch

The following sub-systems fall under the DCIS umbrella:

System Control (SC)

System Control allows DCD and ETS to maintain state-wide tables and active directory user profiles, group policies (i.e. system security). The use of SC functions is restricted to management and technical staff.

Tables are used throughout the system to store common codes and their descriptions such as island codes and case processing codes. Tables are used to validate codes that are entered on on-line screens or batch forms, or to provide consistent code descriptions on screens and reports.

System security is managed by three (3) transactions:

- User Profile Update
- User Group Update
- Transaction Control Update

User groups are established on the system, and individuals are assigned to user groups based on the functions they must perform for their job. Access to individual transactions can then be assigned to specific user groups. Only those individuals who have been assigned to the authorized user groups will be able to access the specific transaction.

Reports can be individually selected for printing using the Request Menu, and some of the reports are generated and printed automatically during batch processing.

Employer

The primary function of the Employer System is to maintain a shared employer database with the Unemployment Insurance (UI) Tax Benefits System of employers monitored by WC, TDI, and PHC and their status. Each employer has a unique Department of Labor (DOL) number assigned by UI or DCD. Most employers are legally required to provide insurance coverage to employees, under all three DCD programs, as well as UI. However, each program separately specifies employers who are exempt. Therefore, separate status codes are maintained for each DCD program as well as for UI Benefits. Information is provided by employers and insurance carriers and agents. Employers in the system may be UI-owned, or DCD-owned, depending on the system that added the employer. If a UI-owned employer is no longer required by UI Benefits, the employer will become DC-owned. Later if this DC-owned employer must be reactivated by UI Benefits, ownership will return to UI. UI Benefits will have ownership priority over the DCIS.

The Employer System functions include:

- Employer demographics
- Name search
- Multiple legal name changes
- Multiple DBAs (Doing Business As)
- Multiple addresses
- Predecessor and successor relationships
- Parent and subsidiary relationships
- Lessor company and lessee company relationships
- UI add/change audit report and (batch overnight) processing
- Change DOL number (batch overnight) functions
- Archive (batch overnight) functions

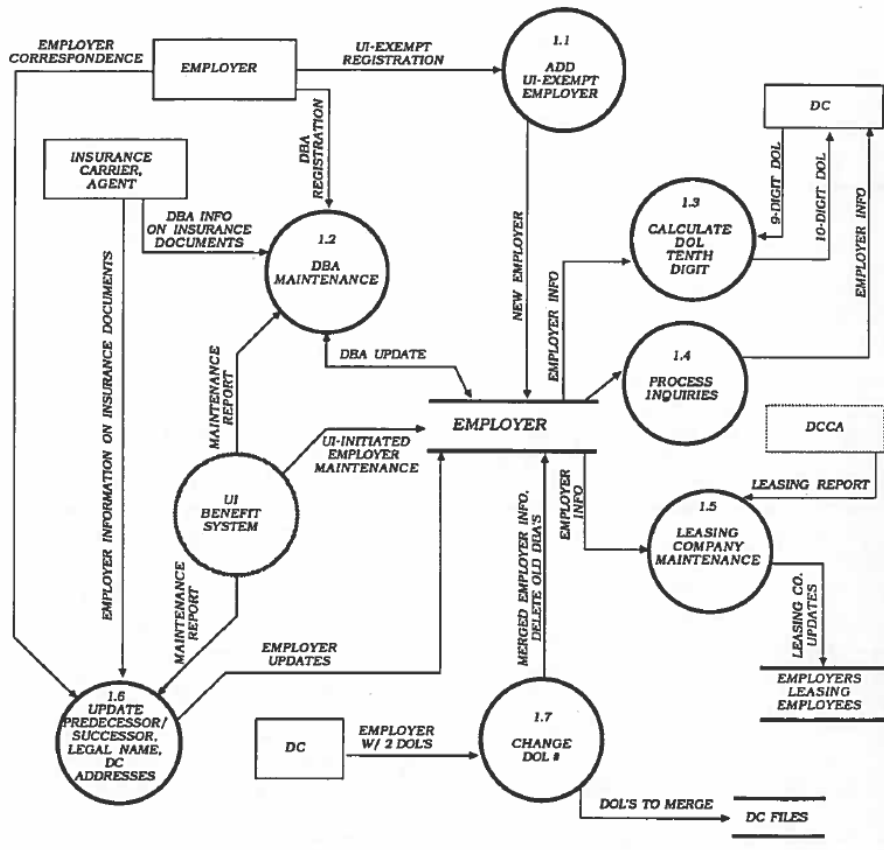


Figure 10: Overview of DCD Employer System

Entity

The Entity System maintains a shared database of people and organizations that work with or are involved with the WC, TDI, and PHC programs. The Entity System processes information for:

- Agent
- Adjuster
- Association/Union
- Attorney/Representative
- Carrier/Contractor
- Health Care Provider
- Vocational Rehabilitation (VR) Provider
- VR Counselor

2.4.1.2 IBM LOTUS NOTES DOMINO CASE MANAGEMENT SYSTEM (LOTUS)

DCD's IBM Lotus Notes Domino Case Management System (LOTUS) is an application that processes the WC's cases and a few processes for TDI and PHC. The system performs case management for DCD's adjudicative administrative hearing processes. The data housed in this system mimics DCIS with the addition task capabilities of:

- Ability to add documents to the "case folder"
- Capture statistical information for R&S
- Ability to schedule hearings
- Identify hearing issues and necessary documentation
- Calculate benefit amounts (i.e. TPD, PTD, Death Benefits)
- Reference HRS and HAR in the decisions
- Track and process hearings workflow
- Capture data for analysis

2.4.1.3 XEROX DOCUSHARE

DCD and LIRAB utilize Xerox DocuShare, an enterprise content management (ECM) to scan appeal documents into PDF format. This document management tool along with Quick Capture Pro (QCP) allows DCD and LIRAB to search indexed documents, input metadata fields, and provide record management (i.e. create collections or case files). It is DCD's expectation that the new Case Management solution will replace DocuShare and that data residing in DocuShare today will be ingested into the new CMS.

2.4.2 SYSTEMS EXTERNAL TO DCD

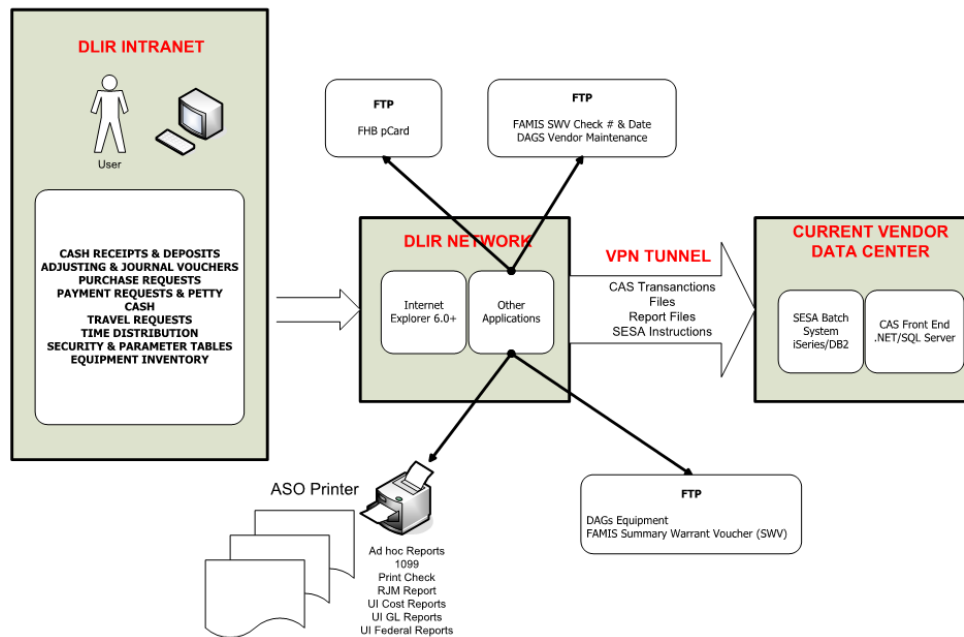
2.4.2.1 DLIR ADMINISTRATIVE SERVICES OFFICE (ASO) DIVISION

DLIR ASO provides the Department with fiscal and budgetary management support, financial data analysis, processes departmental expenditures and receivables, information technology support and office services for both State-funded and Federal-funded DLIR Divisions. The division's mission is to ensure that the integrity of financial information reported complies with federal and state regulations and audit requirements; facilitate and expedite the processing of transactions that benefit customer programs; and educate users of the reports to better analyze key data and strategically plan and execute successful programs for the public. ASO has oversight of the Electronic Data Processing Systems Office (EDPSO) which is responsible for the department's information technology (IT), systems and programs as well as the Human Resources Office.

ASO maintains several department and statewide accounting systems:

- Cost Accounting System (CAS) – DLIR Federal accounting system
- Security Employment State Agency (SESA) – DLIR State accounting system
- Financial Accounting Management Information System (FAMIS) – Statewide accounting system
- ASO State also tracks and maintains DCD's receivables and expenditures manually through Lotus 1-2-3.

The *Figure 11: DLIR Network Logical Diagram* (see below) shows how fiscal information is processed and what accounting systems are involved.



2.4.2.2 DLIR ASO FEDERAL COST ACCOUNTING SYSTEM (CAS)

The DLIR ASO Federal Cost Accounting System is primarily a database collecting data that is downloaded into SESA. It was developed by Data House, a local IT consulting agency, and it is hosted at DR fortress. It is comprised of several subsystems that are listed below:

- Employee Maintenance File
- Time Distribution
- Purchasing/Invoicing
- Adjusting Journal Entries
- Travel
- Vendor Maintenance
- Inventory
- Table Maintenance
- Employee Leave Record

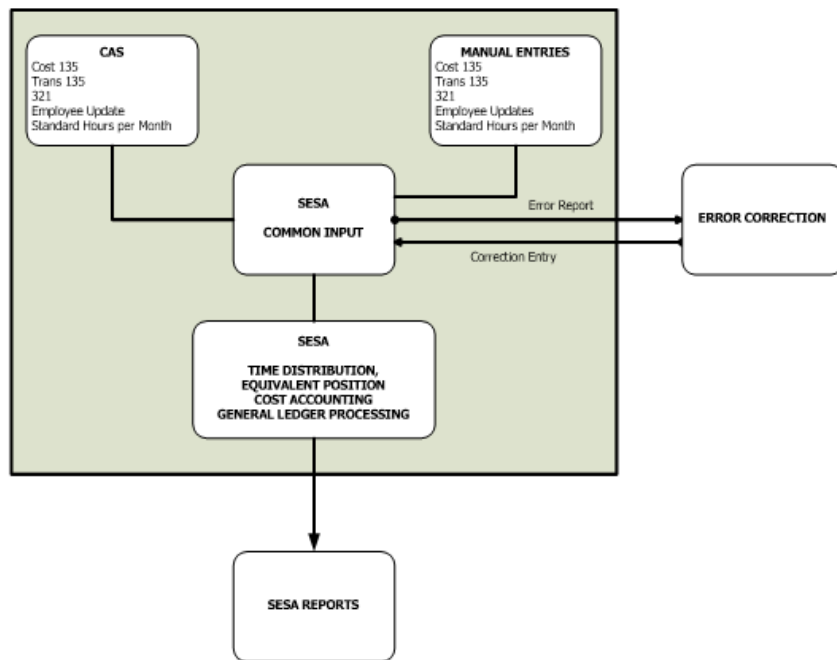


Figure 12: Overview of CAS

2.4.2.3 FINANCIAL ACCOUNTING MANAGEMENT INFORMATION SYSTEM (FAMIS)

FAMIS is the State's mainframe-based accounting system that is used to process all vendor payments for the State of Hawaii (SOH). It provides central accounting capabilities, data processing functions, and agency accounting capabilities for the State. It also provides for a standard database structure that may be used at the agency level and at the State level to provide flexible reporting of financial information for management purposes.

DLIR ASO State staff either input data into FAMIS directly or upload via File Transfer Protocol (FTP) into FAMIS directly.

DLIR ASO State Staff receive instructions and requests from DCD to process payments rendered from decision and order of cases via Budget and Finance (B&F) from the SCF funds.

2.4.2.4 LOTUS 1-2-3

Lotus 1-2-3 is a discontinued COTS spreadsheet program that is still used by DLIR ASO to process, track, and maintain DCD's SCF. Some data files are still being FTP'd to FAMIS while others are being converted into Excel 2013.

2.4.2.5 STATE EMPLOYMENT STATE AGENCY (SESA)

The SESA Federal Accounting System is an automated fiscal management information system providing uniform accountability for various federally administered programs by DLIR used in state agencies for the administration and delivery of labor market and human resource. The SESA Accounting System is the back-end processing of CAS.

It was developed by Data House and it is hosted at DR Fortress. The SESA back end was migrated to an IBM iSeries, which is the new generation of the AS/400, from an IBM mainframe. SESA was released in the 1980s and is written in the COBOL language. There have been only a few modifications to the original code. The SESA migration involved a rewrite of the mainframe Job Control Language (JCL) with input/output files on cartridges to the IBM iSeries Command Language with input/output on disk files.

The SESA Accounting System is particularly important to state agencies for program/fiscal management, and it provides essential input to the budgeting and funding process. The SESA Accounting System provides information such as the following:

- Accrual accounting for all SESA transactions
- Obligational authority and cash accountability
- Cost accounting by activity within programs
- Recording work load measurements by activity within cost centers
- Planned and actual costs and positions by program

In addition, SESA provides:

- Back-up Processing
- Reports

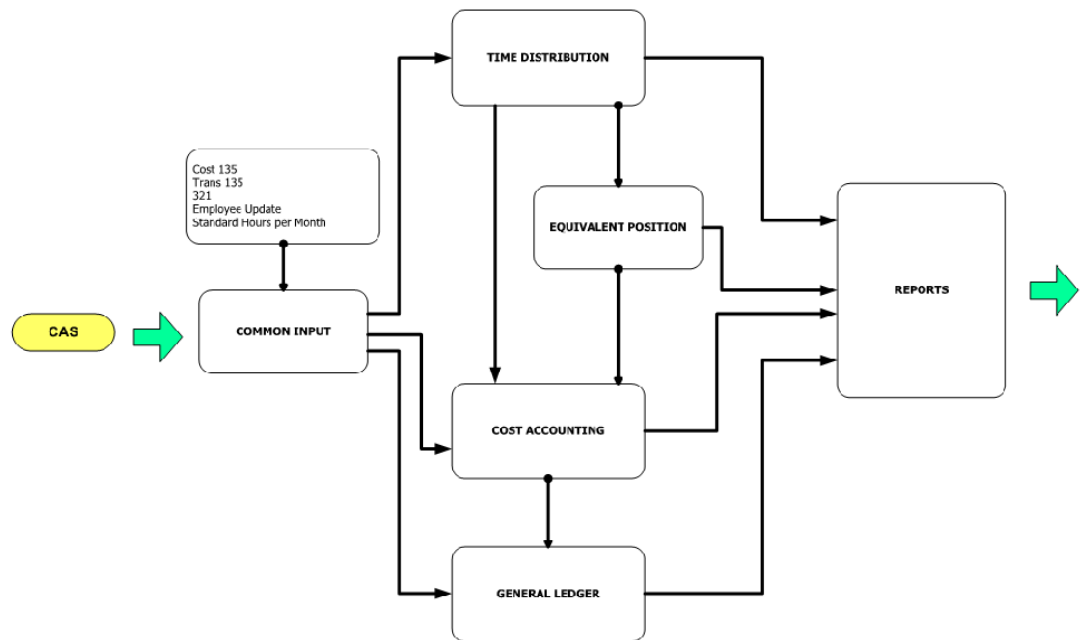


Figure 13: Overview of SESA

2.4.2.6 DLIR LABOR & INDUSTRIAL RELATIONS APPEALS BOARD (LIRAB) DIVISION

DLIR LIRAB is a quasi-judicial agency that adjudicates cases on appeal from the DLIR DCD relating to Workers' Compensation. While a case is at LIRAB, all jurisdiction resides at LIRAB until the case decision has been issued or rendered and the case file has been returned to DCD (process, or close).

All cases at LIRAB are scanned and indexed using DocuShare, AutoStore, and Quick Capture Pro (QCP). DocuShare is a content management system developed by Xerox Corporation. It allows for managing content, integrating it with other business systems, and developing customized and packaged software applications. AutoStore is an application developed by Nuance that orchestrates the secure delivery of paper, electronic documents and data into business applications (i.e. DocuShare and QCP) from a wide range of capture points. NSi Quick Capture Pro (QCP) is an application used in conjunction with DocuShare and AutoStore to capture metadata fields from scanned documents.

2.4.2.7 DLIR UNEMPLOYMENT INSURANCE (UI) DIVISION TAX BENEFIT SYSTEM

DLIR UI provides temporary financial assistance to workers who are involuntarily unemployed until they find new work. Unlike welfare, which is based on need, jobless benefits are only paid when legal qualifying requirements are met. The DLIR UI Division determines whether, and in what amount, an individual is eligible to collect benefits. The UI program is a federal-state insurance system established by the Social Security Act of 1935.

In addition to managing unemployment claims, DLIR UI also manages the UI Benefits and Tax System which includes maintaining the Employer File that DCD utilizes. This file contains the employer's DBA or old legal names, and alternate location information. There is only one DBA record per employer. This file is shared with DCD who also has the authority to update information. This file resides on the ETS mainframe.

2.4.2.8 DLIR RESEARCH AND STATISTICS (R&S)

DLIR R&S provides information that helps with research, legislative matters, business planning, job search, and career decisions. DLIR R&S gathers, processes, interprets, and produces statistical information via Microsoft Office (Office 365) applications for the State and the U.S. Bureau of Labor Statistics.

2.4.2.9 U.S. BUREAU OF LABOR STATISTICS (BLS)

The U.S. BLS is the principal fact-finding agency for the U.S. government in the broad field of labor economics and statistics and serves as a principal agency of the U.S. Federal Statistical System. The BLS is a governmental statistical agency that collects, processes, analyzes, and disseminates essential statistical data to the American Public, the U.S. Congress, other Federal agencies, State and local governments, business, and labor representatives. DLIR R&S provides information to BLS quarterly.

2.4.2.10 STATE OF HAWAII DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS (DCCA)

DCCA mission is to uphold fairness and public confidence in the marketplace, promote sound consumer practices, and increase knowledge, opportunity and justice in the State of Hawaii.

DCCA approves TDI and PHC policies and provide a monthly list of employers who are clients of employee leasing companies (i.e. PEO).

2.4.2.11 HAWAII COMPLIANCE EXPRESS (HCE)

HCE provides a service to vendors, contractors, and service providers who must be compliant with statutes and administrative rules. State agencies are required to verify compliance. The HCE is an electronic system developed by the Hawaii Information Consortium that provides vendors, contractors, and service providers doing business with state and county agencies to quickly and easily document that they are compliant with applicable laws. The HCE certificate, "Certificate of Vendor Compliance" allows this single electronic certificate as required by 103D-310(c), HRS and Hawaii Administrative Rules, Section 3-122-112. It eliminates the need to obtain individual copies of clearances with the IRS, DLIR, DCCA, and State tax offices. The services include real-time monitoring of the employer's compliance with each agency. Under Hawaii law, Employers must provide proof of compliance to receive a contract of \$2,500 or more with State and County government entities in Hawaii.

DCD uses this information to verify employer compliance for the WC, PHC, and TDI. For Professional Employer Organization (PEO) registration, DCD verifies with HCE and DCCA to approve right to do business in Hawaii and the State.

2.4.2.12 NATIONAL COUNCIL ON COMPENSATION INSURANCE (NCCI)

Founded in 1923, NCCI's mission is to foster a healthy WC system. NCCI gathers data, analyzes industry trends, and provides objective insurance rate and loss cost recommendations.

DCD is provided a copy of NCCI's proprietary data which is downloaded daily via FTP. DCD extracts and uploads relevant NCCI data into DCIS which is used to verify proof of WC coverage for Hawaii employers. The daily required download of NCCI data and upload to DCIS is a manual process which DCD seeks to automate.

2.4.2.13 PROFESSIONAL EMPLOYER ORGANIZATION (PEO)

A Professional Employer Organization is a firm that provides a service under which an employer can outsource employee management tasks, such as employee benefits, payroll and workers' compensation, recruiting, risk/safety management, and training and development. The PEO does this by hiring a client company's employees, thus becoming their employer of record for tax purposes and insurance purposes.

DCD processes and approves PEO applicants by verifying with HCE and DCCA compliance certificates.

2.4.2.14 SYSTEM FOR ELECTRONIC RATES & FORMS FILING (SERFF)

SERFF is a product of the National Association of Insurance Commissioners (NAIC) for insurers and regulators that DCD Plans Branch accesses to verify, update, and code accident and health insurance policies.

2.4.2.15 JUDICIARY ELECTRONIC FILING SYSTEM (JEFS)

JEFS allows eligible and registered attorneys and eligible and registered unrepresented parties to electronically file documents for all cases in:

- The Hawaii Intermediate court of Appeals (ICA) and the Hawaii Supreme court, and
- For criminal cases in the Hawaii District Courts, Circuit Courts, and Family (Adult) Courts.

Other courts and case types will be added to JEFS.

2.5 INFORMATION TECHNOLOGY (IT) HARDWARE AND SOFTWARE

2.5.1 DLIR AND DCD

To understand DCD's physical network, the following is a summary overview of the DLIR network and how DCD integrates into it.

DLIR's network (See Attachment G: High-Level DLIR Network, Attachment H: High-Level Context Diagram of the Current State of DLIR DCD System) consists of two (2) physical VMware ESXi 3-host clusters (EDP, ASO) that manage and maintain DLIR divisional data and applications. Data is stored within the DLIR SAN, a Storwize V3700 and VMs are backed up daily to a combination of both LTO tape (TS3200 tape library, 8765 tape drive) and disk. The EDP cluster houses DLIR's divisional servers most of which are running Windows Server Standard 2008 R2. The ASO cluster houses DLIR applications which DCD and LIRAB utilize to access DocuShare to scan and manage their case files. DCD manages and maintains their own VMware ESXi 3-host cluster which houses their data and the existing IBM Lotus Notes Case Management Application.

Although DLIR has virtualized the majority of their server workloads, they continue to support a mix of Horizon View virtual desktops along with physical workstations and laptop clients. DCD is the only division to have fully virtualized both server and desktops (utilizing VDI Horizon View). DCD's virtualized workloads include approximately 100 View VDI users and virtual file, SQL, and Lotus Domino servers running under vSphere v5.5, vSphere v6.5, and Horizon View v7.2.

DCD's virtual infrastructure is housed within a 6Gbps SAS attached IBM DS3500 SAN with concurrent access to the DLIR Storwize V3700 to store and manage scanned DCD cases utilizing Xerox DocuShare v6, AutoStore v7, and NSi Quick Capture Pro v6. The DCD DS3500 SAN houses their existing IBM Lotus Notes Case Management Application. Backups for all of the DLIR VMware hosts are managed by Veeam Backup & Replication v9.5. For anti-virus protection, DLIR and DCD use Malwarebytes for virtual servers and Symantec v14 for all the physical workstations, and laptops. TrendMicro's DeepSecurity Anti-Malware engine also runs on each of the ESXi hosts for agentless protection of VDI & virtual server workloads. All DLIR users are licensed for Office 365 v2013 to process spreadsheets, and documents. Adobe Acrobat DC (Document Cloud) is utilized to read and edit PDF files, while Cisco VPN AnyConnect and Host-On-Demand SW is used to connect to the ETS mainframe via 3270 sessions.

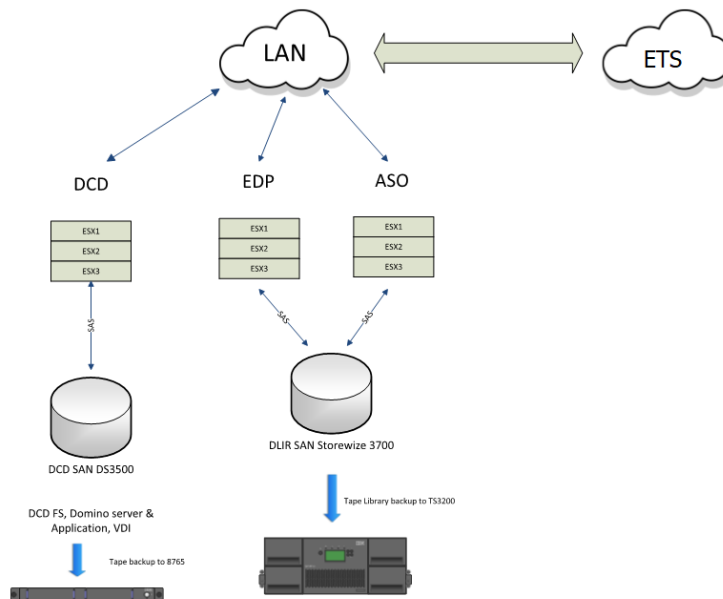


Figure 14: High-level Overview of the DLIR Network

DLIR DCD has purchased and implemented a VersaStack configured with 4 Cisco UCS ESXi host blades and a Storwize V7000 SAN with active automated tiering of data. DLIR will be migrating all of the existing virtualized workloads into the VersaStack. In doing so DLIR will centralize their Active Directory, consolidate their network, upgrade all virtual servers to Windows Server 2016 (planned in 2019), upgrade all VDI users to Office 2016, and centralize all data within the VersaStack converged infrastructure. It is anticipated that the existing DS3500 and Storwize V3700 controllers will be re-purposed for imaging and testing and serve as an online backup repository for Veeam backups & replicas.

DCD currently is standardized on Windows 7 Professional clients for their VDI users; however, there are plans to migrate to Windows 10 Enterprise clients in the near future.

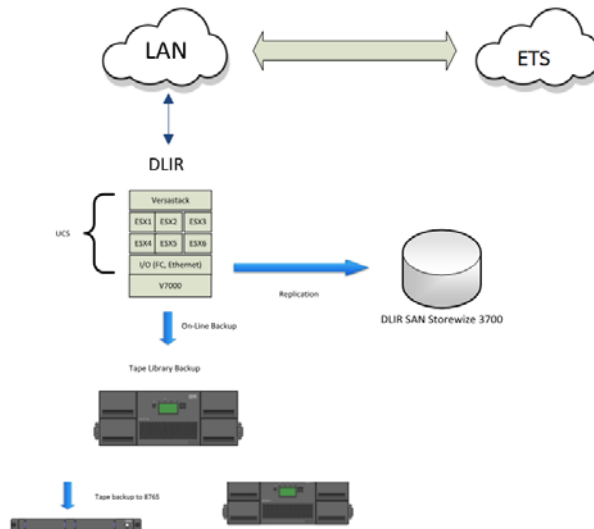


Figure 15: DLIR Consolidation of IT Equipment

2.5.2 DCIS

DCD's DCIS operates within the ETS's mainframe system that is composed of an IBM 2828.E02. DCIS users access the application via VPN, CISCO and 3270 sessions. The IBM host system uses the IBM Operating System with Multiple Virtual Storage-System Product (MVS/XA) operating system. It is currently IBM Operating System z/OS 1.13 soon to be upgraded to z/OS 2.2 this year. The on-line environment is controlled by the IBM Customer Information Control System/Virtual storage (CICS/VS). It is currently CICS/TS 4.2 which supports Enterprise COBOL 4.2 or higher. The CICS will be upgraded to CICS/TS 5.2 or higher sometime in the future. DCIS programs are written in both NATURAL and COBOL. Source codes and load modules for NATURAL programs are stored in the NATURAL library LCZWORKC. COBOL source code is stored in PANVALET and load modules in separate libraries in TSO. Primary data files will be stored in ADABAS, other data will be stored in secondary work files. When information on the 3270 session screens are displayed, the information is current. When changes are made to the data, the changes are reflected instantly throughout the DCIS system.

Some functions, such as processing WC1's – the Employer's Report of Industrial Injury from Data Entry/Key punch (batch input), the printing of reports/labels, and deletion of records, cannot be performed on-line. These processes are performed in batch at night. Single on-request batch processes are initiated using on-line screens. Other on-request batch processes, require Work Request. The remaining batch processes are automatically performed daily, weekly, monthly, semi-annually, or annually. The Figure 16: DCIS Batch Architecture shows how this process is accomplished.

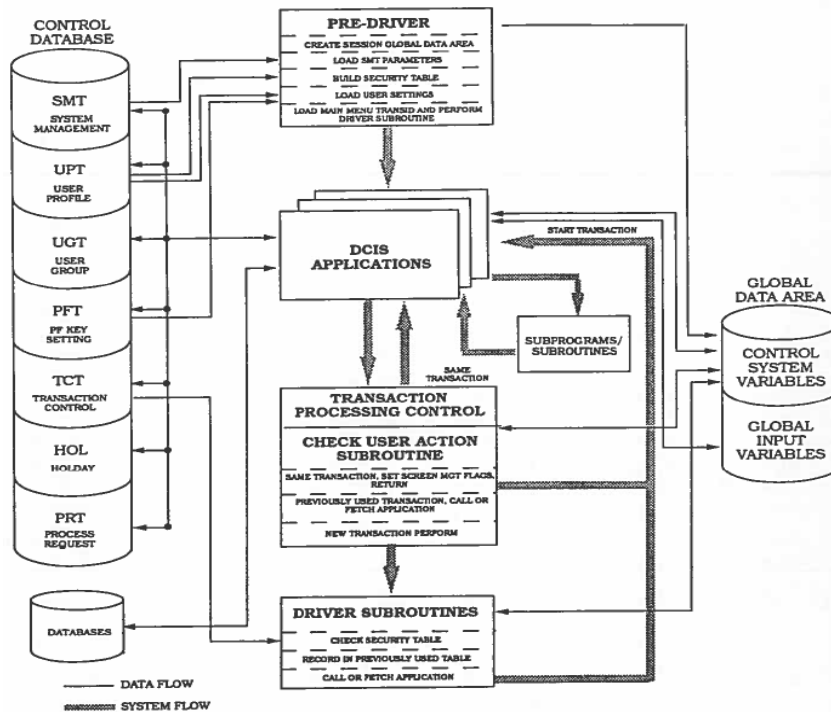


Figure 16: DCIS Batch Architecture

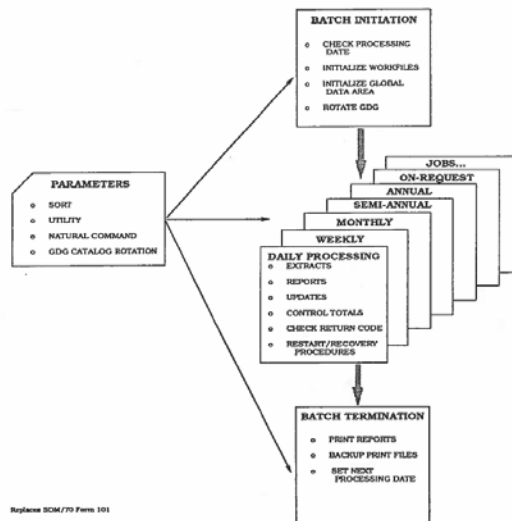


Figure 17: DCIS Jobs Schedule Overview

There are two types of master files which are used in DCIS. The first type of file is the UI Tax Employer Master (VSAM) file. The rest of the master files are ADABAS files: All database fields (super-records) are defined, followed by ADABAS user-views.

The following files are used by DCIS:

- UI Tax Employer (VSAM) Master: read-only access to compute average employment level
- Case Database: WC, PHC, TDI cases and PHC complaints
- Control Database: DCIS state-wide secured access control system that is restricted to management and technical staff, user tables (i.e. island codes, case processing codes), change DOL log, leasing company relationship, hearing calendar

- Employer/MIF Database: shared UI/benefits and DC employer demographics (includes DCD DBA's and old legal names)
- Entity Database: claimant and entity demographics, employer and entity DC addresses
- Insurance Database: WC, PHC, TDI plan/policy, coverage, history log, and annual report
- Log Database: correspondence, processing log, penalty assessment/special fund benefit, penalty payment/special fund reimbursement, PHC/TDI special fund payment detail, WC award, WC decision/HRS section, VR referral, WC-2 and WC-3 reports, case entity history, attorney fee, WC hearing status, PHC nature/recommendation, PHC advisory panel member, PHC suspension

2.5.3 **IBM LOTUS NOTES DOMINO CASE MANAGEMENT SYSTEM**

DCD's IBM Lotus Notes Domino Case Management system consists of the following components:

- [Domino server](#) manages the Domino user profiles and security policies for the DCD users.
- Anti-virus server (Trend Micro) that performs backup of the DCD data and system
- Primary and Secondary Domino v8.5.3 servers that house the case management application and redundancy along with the IBM LEI (IBM Enterprise Integrator)
- File server to store data and printing services
- SQL 2008 server that serves as a backend data processing application for the Domino database
- Several VMware servers to manage and maintain the virtual environment
- IBM Enterprise Integrator Server that manages external data access
- [Domino Databases for case management, WC1 processing, and SCF accounting](#)

2.6 **DCD PROGRAM OVERVIEW**

2.6.1 **WORKERS' COMPENSATION (WC) PROGRAM**

The WC Law provides an employee sustaining a work-related injury or illness with medical treatment, wage loss, indemnity, disfigurement, and death benefits. The WC Program is authorized under Chapter 386 of the Hawaii Revised Statutes.

The WC System processes and monitors employee claims for industrial injuries and monitors employers to ensure that proper insurance coverage is maintained as required by law. The claim information maintained during the progress of a case becomes the basis for various statistical reports about claimants, injuries, costs, and payments.

The WC System addresses the following major areas:

- a. **Insurance** – processes and maintains insurance coverage by employer/DBA, generation of WC28s (Employer Cancellation/Expiration Notice Letter) and WC29s (Employers without Coverage Notice Letter), reporting of non-compliant and exempt employers, and computation of the Special Compensation Fund Levy.
 - i. The WC Insurance System provides the following:
 1. Policy maintenance
 2. Policy change history
 3. Employer coverage maintenance
 4. Employer coverage history
 5. Correspondence monitoring
 6. Non-compliant employer reporting
 7. Insurance data purging and archiving
- b. **Case Management** – maintenance of case injury and wage information, logging of WC1 Employer's Report of Industrial Injury, WC2 Physician's Report, WC3 Carrier's Case Report, awards, penalties and payments, and generation of statistical reports such as cases by claimants, injuries, costs and payments, employers and carriers, and award versus payment discrepancies as well as case archiving, and purging.

- c. **Hearing's Scheduling** – maintenance of parameters such as issues and documentation used to schedule a hearing, logging scheduled date/time information, and search capabilities to locate cases awaiting scheduling or already scheduled.
- d. **Decision Processing** – reporting of case decisions (after a hearing is held) and logging of HRS Section and appeal information for each decision. Calculation worksheets are used to provide accurate benefit amounts and legal references are cited in the order document.
- e. **Vocational Rehabilitation (VR)** – logging of VR referrals, VR referral date, provider certification and counselor registration, status changes and closures, statistical information, and counselor employment.
- f. **Research & Statistics (R&S)** – calculation of employer incidence rates, monitoring of erroneous R&S codes on individual WC cases, provide OSHA codes associated with case statistics, reporting of statistical tables and cross tabulations and creation of download tapes.

Functionally, the WC System is divided into two (2) subsystems – Records and Claims Processing and Employer Insurance Processing. Originally, these two subsystems operated exclusively in a batch environment, using sequential master files. In 1987, a partial system conversion was completed. The conversion provided online inquiry capabilities for claimant, case, and employer information. Database files similar in structure to the batch sequential files, were created and programs were written to provide online inquiry functions. The online system also provides for data entry of file maintenance transactions which are applied to the master files during the nightly batch processing cycle. In addition to the Records and Claims online subsystems and the Employer Insurance Processing Subsystem, the general Subsystem and online system security feature are described below.

In the WC System, information on claimants, cases, employers, employment insurance carriers, and adjusters is stored in two separate data sources, one a file containing batch information of file maintenance and for making printed copies of reports, and the other a database used for the on-line system. Updates to both data sources can be made either from online screens or in batch mode via an intermediate updating program nightly.

The diagrams below show a further breakdown of WC, TDI, PHC and how it relates to the UI Benefits system and the Enforcement system.

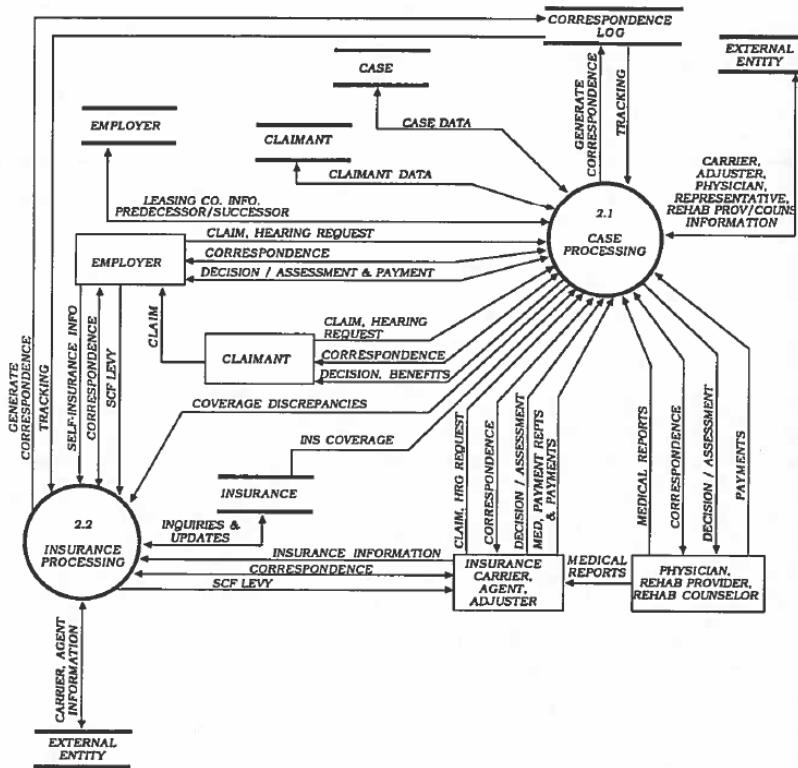


Figure 18: Overview of WC Case Processing – 1

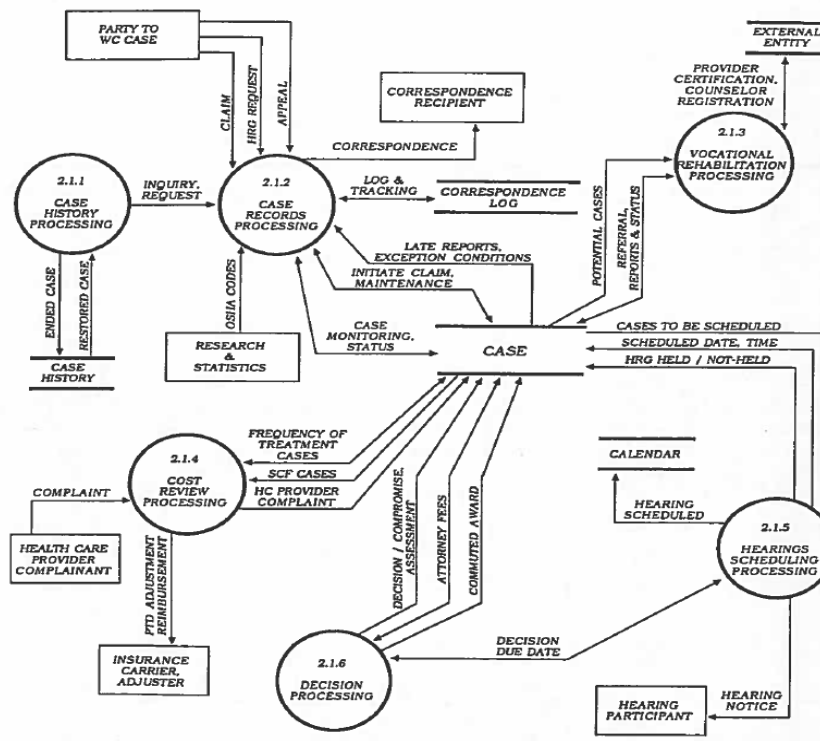


Figure 19: Overview of WC Case Processing - 2

The following diagram shows how DCD gets the DOL number from the UI Benefits system, and how information is validated and updated.

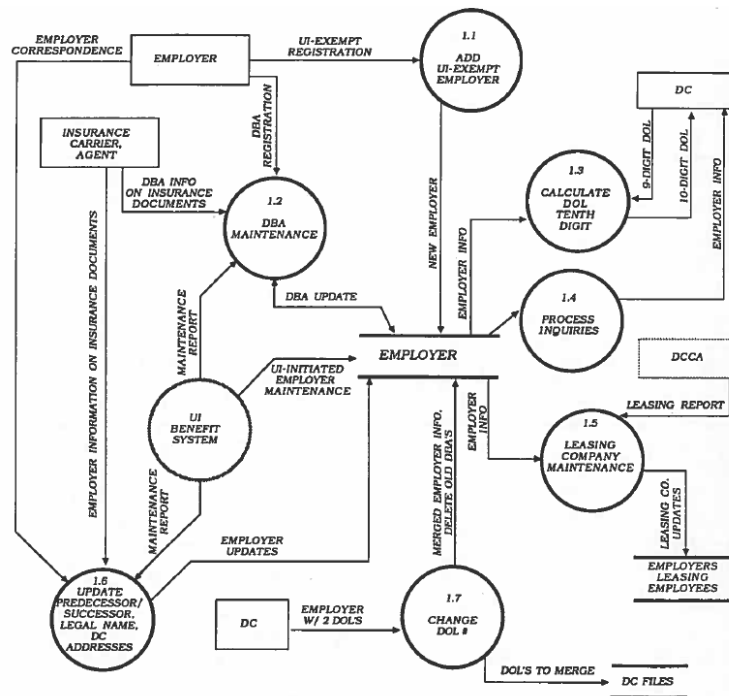


Figure 20: Overview of How DCD Gets DOL Number from UI Tax Benefits System

2.6.1.1 RECORDS AND CLAIMS SUBSYSTEM

The Records and Claims Subsystem processes documents received from employees, employers, physicians, and carriers. The employer must submit the WC-1 within seven (7) days of knowledge of injury. If the employer fails to do so, or a form WC-1 is fabricated by Records and Claims, a form WC-5: Employee's Claims for Workers' Compensation Benefits is filed by the employee. A copy is sent to Enforcement to follow-up with the employer along with a letter to submit a form WC-1. Any physician that has treated the injured employee must submit a form WC-2: Physician's Report within seven (7) days after initial treatment, every twenty-one (21) days or less during treatment, and within seven (7) days after final treatment. The carrier must submit a form WC-3: Carrier's Case Report to report all compensation and medical benefits paid. The WC-3 report is required on December 31 of each year and within thirty (30) days of final payment.

2.6.1.2 EMPLOYER INSURANCE PROCESSING SUBSYSTEM

The Employer Insurance Processing Subsystem processes and monitors documents received from employers and carriers pertinent to insurance coverage provided by carriers.

2.6.1.3 GENERAL SUBSYSTEM

The General Subsystem provides the ability to perform maintenance functions for the WC database. Transaction ID codes and User IDs can be set up in User Groups (for security purposes.) Online error messages can be added or changed. Session global variables are displayed. This subsystem also manages online error handling by displaying error screens for situations such as 'timing out', and online program abends (abnormal programing ending).

2.6.1.4 SECURITY SUBSYSTEM

The online system contains four levels of security: procedural, teleprocessing monitor, Natural environment, and applications.

Procedural security restricts physical access to terminals that have access to the system and dictates policies which restrict access to host system resources. Terminals are secured by locked rooms, restricting entry to normal State Office hours. Offline storage media such as magnetic tapes are restricted, secured in locked rooms and storage areas. Host system resources such as online system availability may be restricted to specific operational times by installation policies.

Online programs operate within IBM's Consumer Information Control System (CICS) environment, the host system's teleprocessing (TP) monitor. CICS controls access by comparing user ID's and passwords with terminal assignments. Access is denied if Terminal ID's and User ID's do not match. Once in CICS, the Natural Environment may be accessed.

Access to the Natural environment is controlled by the Natural Security System (NSS). NSS validates User ID's and passwords by matching them to the specific application ID requested. If a match is found, access to that system is allowed, otherwise access is denied.

Application level security is used in the WC System to restrict access of users to only certain defined transaction 3270 session screens. 'User Groups' are assigned specific transactions. Users belonging to a particular group may only access transactions assigned to their 'User Group'. These security assignments are a function of the General Subsystem. Access to this subsystem is limited to supervisors. When the user requests a transaction by entering the transaction id on the screen, the system first finds the authorized 'User Group' and then checks the User ID to verify that it belongs to the authorized 'User Group'. If a match is found, the request is processed and the screen will be displayed. If no match is found, access denied and an error message is displayed on the screen.

2.6.2 TEMPORARY DISABILITY INSURANCE (TDI) PROGRAM

The TDI Law provides benefits to individuals in current employment that will afford them reasonable compensation for wage loss caused by disabling non-occupational sickness or accident where the disability is temporary in nature and exceeds the period of one (1) workweek. In addition, TDI processes and monitors denial of claims for disability benefits from carriers and employers, employee claims for disability benefits and monitors employers to ensure that proper insurance coverage is maintained as required by law. The TDI Program is authorized under Chapter 392 of the Hawaii Revised Statutes (HRS).

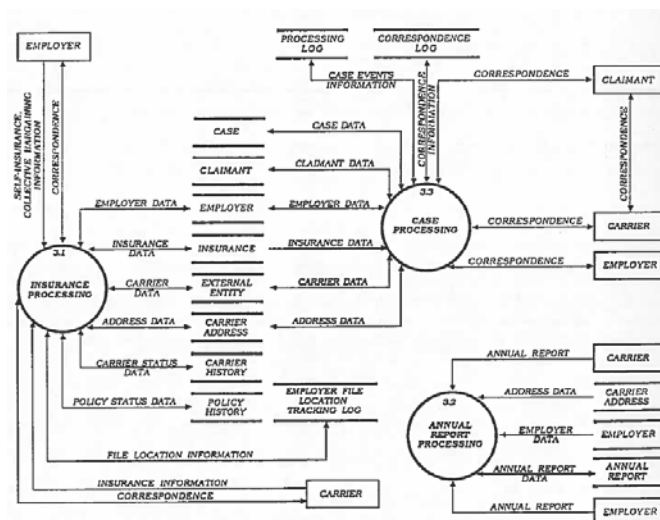


Figure 21: High-Level Overview of TDI

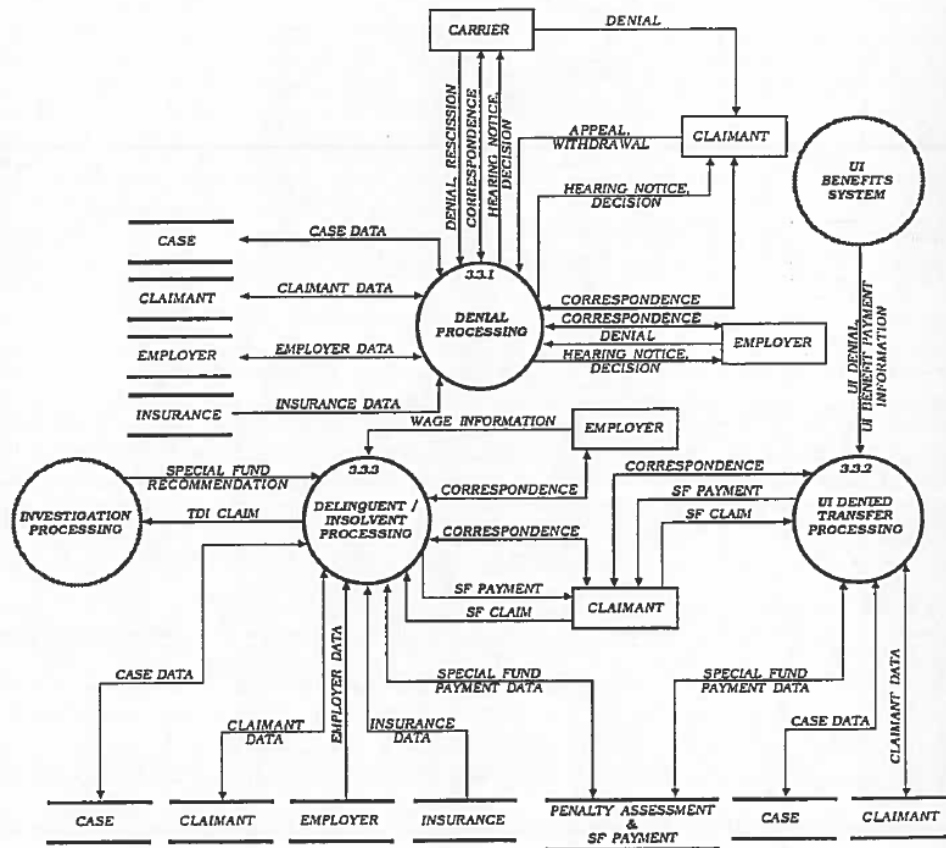


Figure 22: Overview of TDI Process

The TDI System addresses 3 major areas:

- a. **Insurance** – maintenance of insurance coverage by employer/DBA, reporting of non-compliant and exempt employers and search capabilities to locate coverage information (including equivalency and multiple coverage maintenance)
- b. **Case** – maintenance of case denials (*Form TDI-45: Claim for Temporary Disability Benefits, TDI-46: Denial of Claim for Disability Benefits*), delinquent or insolvent processing, and Special Fund information (*TDI-30 Claim for Temporary Disability Benefits by Unemployed Claimant (Special Fund), SF denials and payment information*) and logging of case events.
- c. **Annual Report** – maintenance and reporting of annual report information in the administration and enforcement of the provisions of the TDI Law.
 - i. **Daily Cycle** – Insurance companies submit batched annual report information on hardcopy forms. All transactions are reformatted and the batches are then validated. Hardcopy out of balance batches are then validated. Hardcopy out of balance batches are returned to TDI for review and correction. Valid transactions are updated to the TDI transaction file.
 - ii. **Weekly Cycle** – The valid TDI transaction file is compared to the TDI Employer Master file. Annual reports with incorrect or invalid Employer DOL number are identified.
 - iii. **Update Cycle** – This cycle provides ability to process updates to the Annual Valid Transaction file.

- iv. **Annual Cycle** – The Final Processing Cycle, job LHB5, provides the following set of information reports: Employer Summary Compliance Ratio, Employee Detail, Employee Summary, Reporting Agency Detail, and Reporting Agency Summary.

The current TDI System does not process the following functions which are performed manually:

- TDI Special Fund Claims Processing
- Appeals Processing
- TDI Claim Denial Processing

2.6.3 **PREPAID HEALTH CARE (PHC) PROGRAM**

The Prepaid Health Care Act mandates a measure of protection against the spiraling cost of comprehensive medical care for employees in the State of Hawaii (SOH). PHC processes and monitors controversial complaints for health care benefits and monitors employers to ensure that proper insurance coverage is maintained as required by law. The PHC Program is authorized under Chapter 393 of the Hawaii Revised Statutes (HRS).

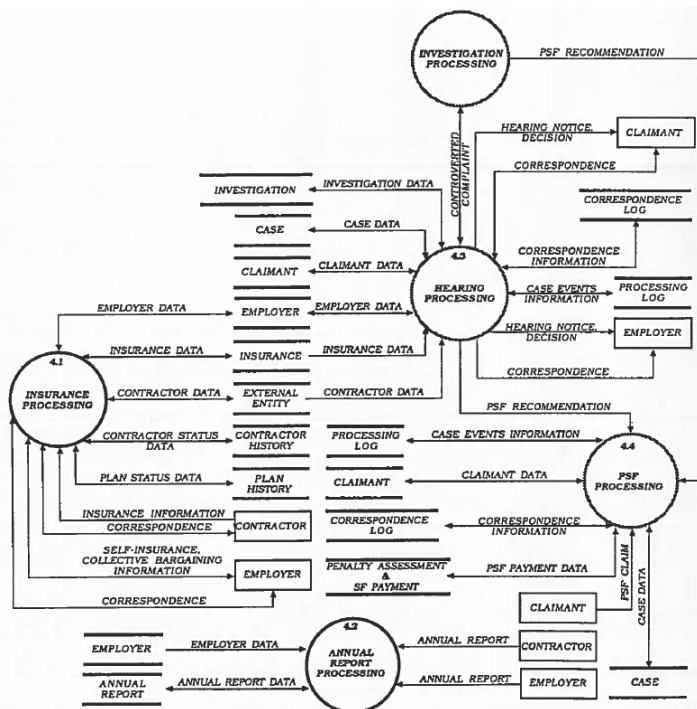


Figure 23: Overview of PHC Process

The PHC has three (3) main subsystems:

- a. **Case Subsystem** – maintenance of complaint and denial cases (when contractors deny liability for a PHC claim), Hearing processing regarding controverted PHC complaints, Premium Supplementation Fund information and logging of case events.
- b. **Insurance Subsystem** – maintenance of insurance coverage by employer/DBA as required by law, reporting of non-compliant and exempt employers and search capabilities to locate information, including the following functions:
 - i. Plan maintenance (including pre-approved plans and reasons for PHC Advisory Council rejection)
 - ii. Plan multiple coverage maintenance
 - iii. Employer insurance coverage history
- c. **Annual Report Subsystem** – This subsystem processes the Annual Reports filed by the employer and health care insurance contractor. It provides management information relative to insurance claims filed, costs, and statistical reports regarding plan type

coverage. The Annual Processing Subsystem is not currently operational due to pre-emption by the Employee Retirement Income Security Act (ERISA).

The PHC System does not process the following functions which are performed manually:

- PHC Plan Review and Approval/Denial

2.6.4 MANAGEMENT REPORT

The Lotus Notes Management Report System calculates and reports monthly summary statistics on employers and their insurance coverage, WC case workload (cases initiated, reports received), and WC decision types (i.e. timeliness of Hearing's process, itemization of Hearing issues, WC-1 denial count).

2.6.5 PENALTY AND SPECIAL FUND REIMBURSEMENT

The system tracks the payment of penalties and reimbursements to the special funds of the WC Program (Special Compensation Fund), the TDI Program (Special Trust Fund), and the PHC Program (Premium Supplemental Trust Fund).

For penalties, assessments (as determined by hearings) are entered on the Penalty/Reimbursement Maintenance screen. Penalty assessments may be made against employers, carriers, claimants or other entities.

For TDI, SCF reimbursements and PHC, when special fund benefit payments are made to claimants on behalf of non-compliant employers (on TDI and PHC case screens), the system automatically creates 'reimbursement' entries, which indicate amounts owed by the non-compliant employers to the respective special funds. In other words, the non-compliant employers and the corresponding amounts they need to 'reimburse' the special fund are logged.

For both penalties and reimbursements, payments against penalty assessments or reimbursements are logged on the Penalty/Reimbursement Maintenance screen.

2.7 KEY PROCESSES PERFORMED BY USERS

2.7.1 KEY PROCESSES PERFORMED BY DCD

The following key processes and functionality are identified from current state discussions. Refer to **Attachment I: DCD Major Current Workflow Processes** to visualize the current workflow processes.

NOTE: Processes considered not in scope of change effort are not captured here as part of requirements.

2.7.1.1 RECORDS AND CLAIMS

- a. [WC1 \(electronic\) – Initial submission to process a WC claim filed electronically via a text file which is imported into Domino by insurer](#)

NOTE: Currently, only 3 carriers submit the WC1 electronically.

- b. WC1 (hardcopy) – initial submission to process a WC claim
- c. DHRD WC1
- d. WC5 (hardcopy only)
- e. WC3 (hardcopy only) – carrier's case report
- f. General Process for disfigurement
- g. Processing Decisions and Attorney Fees
- h. Enter Settlements
- i. Transferring and Receiving Neighbor Island Files
- j. Entering IME into LOTUS

- k. Entering Letter of Representation
- l. Collection of Moneys
- m. Filing
- n. Outgoing Mail
- o. Courier Mail
- p. Request Archived Files
- q. OAIV Enter Settlements
- r. Supervisor Error Report
- s. Supervisor Receive Requests for Information

2.7.1.2 FACILITATORS

- a. Mail WC5 to claimants
- b. Process Inquiries
- c. Annual Total Disability Validation
- d. Concurrent Employment
- e. WC14 Average Weekly Wage Report

2.7.1.3 HEARINGS

- a. Hearing Requests
- b. Administrative Hearings Scheduling (WC)
- c. Hearing Rescheduled/Changed/Cancellation
- d. Settlements
- e. Attorney Fees
- f. Attorney Rates
- g. Conducting Hearings
- h. Subpoena & Written Interrogatories
- i. Deposition
- j. Bill Disputes
- k. Concurrent Employment
- l. Appeal & Reconsideration
- m. Independent Medical Evaluations (IME) Requests
- n. Child Support Orders
- o. TDI Scheduling (Chapter 91)

2.7.1.4 ADMINISTRATION

- a. Prepare Appeals Cases to be sent to LIRAB
- b. Receive Fraud Complaints
- c. SCF Benefit Payments

2.7.1.5 ADMINISTRATOR

- a. Consistency of Decisions
- b. Legislative Measures
- c. Review of Staff Performance Appraisals
- d. Responses to Letters Received
- e. Companies Not in Compliance
- f. Budget

2.7.1.6 PROGRAM SUPPORT COORDINATION OFFICE

- a. Reporting
- b. Records
- c. Limited English Proficiency (LEP)
- d. PEO

2.7.1.7 CLERICAL SUPPORT UNIT

- a. Finalize WC Decisions
- b. Finalize IME Decisions
- c. Finalize Child Support Decisions
- d. Process Division Mail
- e. Benefits Adjustment
- f. Schedule TDI Hearings

2.7.1.8 ENFORCEMENT

- a. Clerical Support**
 - i. New Application for Vendor Compliance Certificate
 - ii. Established Certificate of Vendor Compliance
 - iii. Delinquent Letters
 - iv. Process Checks for SCF
- b. Investigators**
 - i. Ensure WC, TDI, PCH Coverage
 - ii. Address Issues with vendor compliance
 - iii. Handle complaints
 - 1. Includes complaints direct to supervisor
 - iv. Receive referrals
 - v. Penalty Assessment
- c. Audit**
 - i. Complaints – Premium Benefit Contribution Deduction
 - ii. Self-Insurance Applications – PHC, TDI
 - iii. Premium Supplementation
 - iv. Compliance Audits

2.7.1.9 SPECIAL COMPENSATION FUND (SCF)

- a. Delinquent Employer Payments
- b. Concurrent Employment Payments
- c. Pre-existing Injury Payments
- d. Benefit Adjustment Payments
- e. Services of Attendant Payments
- f. Payroll of Facilitators
- g. Pay IME
- h. Pay Court Reporter
- i. Reimburse AG for services
- j. Pay for AG inter-island travel
- k. Pay Attorney fees (private sector when lien on award)
- l. Assess the Carriers
- m. Closing the File
- n. Self-Insured Employers
- o. Collect Penalty & Receivables (go to SCF)
- p. Stipulations / Agreements

2.7.1.10 INSURANCE DCD

- a. Verify Employer has Coverage - WC
- b. Self-Insurance Application – WC
- c. Registration of Employer (“Z number”)

2.7.1.11 PLANS BRANCH

- a. TDI – New Policies
- b. TDI – Reinstatements
- c. TDI – Amendments
- d. TDI – Cancellations
- e. Review TDI Denials and Appeals
- f. TDI Special Fund Evaluations
- g. Annual Reports on TDI

- h. Review TDI Attorney Fees
- i. Review New TDI Carriers
- j. PHC – Establish Coverage
- k. PHC – Reinstatements
- l. PHC – Amendments
- m. PHC – Cancellations
- n. Review PHC (HC5) When qualified waives
- o. PHC Appeals
- p. Approve Self Insurance – TDI
- q. Approve Self Insurance – PHC
- r. Create Files for New Employers or Newly Registered Accounts
- s. Assign DOL# for Agricultural and Church Employers
- t. “Loose” TDI45 (direct to DCD)
- u. HC4 HealthCare Coverage
- v. Annual Purge of Employer Files

2.7.1.12 VOCATIONAL REHABILITATION (VR)

- a. Employee Selection
- b. Initial Evaluation
- c. VR Plans Compliance
- d. Closing Report
- e. Requests for File Review or File Closure
- f. Request for VR Services

2.7.2 KEY PROCESSES PERFORMED BY OTHER STATE AGENCIES

2.7.2.1 DLIR LABOR & INDUSTRIAL RELATIONS APPEALS BOARD (LIRAB) DIVISION

- a. Appeals Initiation
- b. Appeals Executive Officer Preliminary Review
- c. Judicial (ICA) Filing Fees
- d. Stipulation & Settlement Agreement
- e. Trial
- f. Stipulation to Waive Trial
- g. Post-Trial Workflow
- h. Motions
- i. Return from ICA or Supreme Court Appeal
- j. Temporary Remand
- k. Settlement Conference
- l. Attorney Fees
- m. Case Closure (Return File to DCD)

2.7.2.2 DLIR RESEARCH & STATISTICS (R&S) DIVISION

- a. Data coding – paper
- b. Data coding – electronic
- c. Filing
- d. Weekly Edit Report
- e. Monthly unclassified
- f. Annual WC Data book

2.7.2.3 DLIR ASO DIVISION

- a. Federal Special Fund Tracking and Payments
- b. State Special Tracking Fund Tracking and Payments

2.7.2.4 DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES OFFICE OF ENTERPRISE TECHNOLOGY SERVICES (ETS) DIVISION

- a. Daily Jobs
- b. Weekly Jobs
- c. Monthly Jobs
- d. Yearly Jobs
- e. On Demand Reports
- f. Printing of Labels, and Letters including mailing out

2.8 SCOPE OF WORK

All services to be performed for DLIR DCD shall be in accordance with this RFP, including its attachments and any addenda.

The Contractor shall provide the following:

- Assess DLIR DCD network (i.e. IT hardware and software) to ensure all necessary equipment is acquired or needs to be acquired to ensure successful completion of project.
- Programming and systems analysis to develop, test and implement the DLIR DCD Web-Accessible Case Management System with auditing and financial tracking.
- Maintenance, troubleshooting, and other support services, identified in the three project phases.
- Training including on-site end-user hands on training, user’s manuals, and system documentation

2.8.1 ASSUMPTIONS

Key assumptions to be validated for RFP requirements.

#	Category	Assumption	Background/Context	Validated By
1	Outer Island Standardization	All processes will be identical in new system regardless of location performed	Current processes are often different for outer islands	
2		Some processes will be performed and managed by Oahu for all islands	Not every process may be distributed and there may be need for centralization or oversight; i.e., approvals and reviews	
3	Reporting	Users need real time access to status and statistical information which today is contained within hard copy reports Ad hoc reporting capabilities will eliminate the bulk of existing standardized reports	Numerous “reports” are printed to control daily work or address issues; input validation and “dashboards” may eliminate need for reporting May require ability to print, research testimony as part of transition plan	
4	Distribution of Work	Process steps will need to be able to be assigned to individuals	Manual work done today to “divide” up the work for balancing workloads and keeping awareness of status	

5		Managers/permissions need to be able to view "assignments"	Management requires manual tracking of tasks for awareness of work efforts and productivity	
6		Managers/permissions able to "report" on assigned work	Management requires tracking of tasks for awareness of work efforts and productivity	
7	Security	Access to data is secured and limited (i.e. need to know)	Management requires data to be secured and only accessible with proper credentials	

2.8.2 BUSINESS REQUIREMENTS

High-level Business Requirements based on the key functionality defined in the key business processes.

2.8.2.1 GENERAL FUNCTIONALITY

This section describes functionalities that are identified throughout various processes and user groups that must be present and configurable. The specific use cases for each process detail the specific user needs; however, the functionality listed in this section are universal functionality items that must be in place to support current and future work processes.

In addition to the automation of the three DCD programs, DCD expects external users to be able to apply online, submit information, receive notifications and access status and documentation (**See Attachment Q: Future DCD User Perspective Scenarios for WC, TDI, PHC**).

- a. System shall be able to track all entries
 - i. Entries shall have numbers assigned
 1. Numbers shall be unique
 2. Numbers shall be referenced as key index
 3. Numbers shall also identify office by location
 4. Numbers or symbol shall also denote transfer of cases to other locations
 5. For multiple cases and issues (i.e. psychological, stress)
 - ii. Entries shall have required fields
 1. Entries are not allowed to be submitted/continue to next step if required fields are not filled out
 - a. Validation of data entered shall be performed before submitting/continuing
 2. Required fields shall be defined by users
 - a. Configuration of required fields can be done by DCD admin
 3. Error messages are produced for improperly filled out fields
 - a. Field where error exists shall be highlighted to user
 - b. Error message shall be informative to the user
 4. Error messages shall be defined by users
 - a. Configuration of required fields can be done by DCD admins
 - iii. Entries shall generate confirmation of action
 1. Validation of
 2. Report non-action
- b. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers/attorney/DCD employees (i.e. Hearings Officer)
 - i. System shall identify the person to which a claim/case/file/hearing/employers/carrier is assigned
 - ii. System shall identify the status of the claim/case/file/hearing/employers/carriers/issues/decision type
 1. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 2. Status shall indicate the jurisdiction in which the case is in
 - a. Jurisdiction includes indication of the island
 3. System shall be able to establish and track template-based conditions

4. System shall track the time a claim/case/file/hearing/employers/carrier is in each status
 - a. History log shall capture date/time and action performed on any claim/case/file/hearing/employers/carriers
5. System shall track time periods
 - a. Time periods shall include but not limited to user defined workflow actions including:
 - i. Appeal dates
 - ii. Payment history
 - iii. Close/Reopen time frames
 - iv. Benefit adjustment (i.e., PTD, supplemental)
 - v. Statutory Deadlines
 - a. Time periods shall be configurable
 - i. Can be configured by DCD admin
 - b. Time periods shall be usable in the following scenarios but not limited to:
 - i. Workflow actions
 - ii. Status
 - iii. Notifications
 - iv. Reporting
 1. Scheduled
 2. Ad Hoc
 3. Dashboards
- c. System shall provide claim/case/file/hearing/employers/carriers information
 - i. System shall provide information as defined by current user role
 1. System shall provide ability to manage users
 2. System shall provide ability to manage roles
 - ii. System shall provide information as defined by workflow status
 1. System shall provide ability to manage status
 2. System shall provide ability to manage permissions
 - iii. System shall be able to update changes to address and associated parties, including name changes, decedent and dependent information
- d. System shall have the ability to assign workflow tasks to users
- e. System shall require certain fields data entered prior to accepting
 - i. System shall validate format of defined data fields prior to allowing submission
- f. System shall record date/time on actions performed in system
- g. System shall allow for the configuring of business rules
 - i. Required fields
 - ii. Required documentation
 - iii. Reminders
 - iv. Required timing for actions
 - v. Decision criteria
- h. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
 - i. System shall receive 3rd party information in a secured manner
- i. System shall generate notices/letters and notify identified parties
 - i. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
 - ii. System shall provide forms for external parties
 - iii. System shall have the ability to revise/update forms
 - iv. System shall have the ability to auto populate to division webpage
- j. System shall have the ability to provide reports
 - i. The reports shall be available to internal parties
 1. The data requested shall be provided directly to the requesting department
 - a. There shall be no manual or third party "pull" to provide data
 - ii. The reports shall be available to external parties (i.e., adjusters)
 - iii. The user has the ability to define parameters for report based on user
 - iv. Reports provide data based on current user role
- k. System shall prevent multiple users from editing the same file information at the same time
 - i. Additional users may view the information during editing (i.e., file is read only)
 - ii. Notification of who is changing

- iii. Notification when file is available
- I. System shall be able to save file changes while being worked on
 - i. Changes may be able to be saved prior to submitting file process step
- m. System shall calculate payments
 - i. Payments shall be calculated with or without waiting period(s)
 - 1. Waiting periods shall be configurable by DCD admin
 - ii. Payments shall apply to the following though not limited to defined workflows:
 - 1. Total disability
 - 2. Partial disability
 - 3. Disfigurement
 - 4. Benefit adjustment
 - 5. Death benefits
 - 6. Subsequent injuries
 - 7. Dependent benefits
 - 8. Concurrent benefits
 - 9. Credits
 - 10. Overpayments
 - 11. Penalties
 - 12. Average weekly wage (AWW)
 - 13. Compromises
 - iii. Payment workflows shall be configurable by DCD admin
 - iv. All payment actions shall be tracked
 - 1. Minimum tracked items shall include user, date, time
 - v. System shall generate 1099 forms
 - 1. Generation of 1099 forms shall be based on business rules
 - a. Business rules are configurable by DCD admins
 - 2. Generation of 1099 forms shall be tracked
- n. System shall track availability
 - i. System shall provide the ability for the processing (input, review, approve, publish) of internal scheduling calendars
 - 1. Internal users shall include but are not limited to:
 - a. DCD Staff
 - 2. Conference hearing rooms
 - ii. System shall provide the ability for the processing (input, review, approve, publish) of internal scheduling
 - 1. External users shall include but are not limited to:
 - a. Attorneys
 - b. Interpreters
 - c. Other stakeholders as defined
 - iii. System shall prevent duplication (overbooking) of any time slot
 - 1. Administrators shall have manual override ability
 - 2. Available options (no conflicts) shall be recommended to current user when scheduling
 - iv. Tracking availability business rules shall be configurable by DCD admin
 - 1. Business rules configuration includes permissions and access
- o. System shall provide DOL #s
 - i. Numbers to be used shall be configurable
 - ii. Numbers must be unique
- p. System shall reference HRS 386, and Administrative Rules 12-10/12-15 for the “Decision & Order” section of the Decision Document
- q. System shall secure the data
 - i. Limit access to some users (i.e. Claimants only see information pertinent to their case)
 - ii. Authentication of Stakeholders to system
 - iii. Encryption of data

2.8.3 LIFECYCLE OF A DCD CASE

The following sections 2.8.3.1 to 2.8.3.4 describe both the “As-is” processes of a WC, TDI, and a PHC case. It details the following:

- Brief description of action
- Who has jurisdictional processing of case
- Use Case(s) or example(s) pertaining to action
- Future vision experiences
- RFP requirements (i.e. System shall...)

To understand these current processes, refer to the following attachments to see how processes are performed and who are involved in those processes:

- **Attachment G: High-level DLIR Network Diagram**
- **Attachment H: High-level Context Diagram of the Current State of DLIR DCD System**
- **Attachment I: DCD Major Workflow Processes**
- **Attachment J: Reports**
- **Attachment K: Forms**
- **Attachment L: WC1 - Employer's Report of Industrial Injury**
- **Attachment M: WC2 – Physician's Report**
- **Attachment N: WC3 – Carrier's Case Report**
- **Attachment O: WC5 – Employee's Claim for WC Benefits**
- **Attachment P: LIRAB General Functionality Processes**

2.8.3.1 WORKERS' COMPENSATION LIFECYCLE – REPORT OF INJURY/ESTABLISHMENT OF WC CLAIM

b. Employer

- WC1 (electronic, Records and Claims) – Initial submission to process a WC claim filed electronically through Domino server by insurer (either individual case submission or batch submission).**

WC1 (hardcopy, Records and Claims) – initial submission to process a WC claim.

Note: See Attachment L: WC1 - Employer's Report of Industrial Industry.

***REQ:** Ability to process (receive, assign, approve, track) WC claims received electronically or hard copy papers.*

***Use Case:** An employee injured on the job - employer has knowledge to file a WC claim. Employer submits claim to insurer. Insurer reports claim. Insurer uses electronic WC claims or submits physical hard copy papers.*

***Use Case:** An employee working for SOH injured on the job notifies SOH as employer has knowledge of injury to submit WC claim. Employer (SOH) notifies DCD*

1. System shall receive WC claim from Insurance Carrier or SOH employees electronically or hard copy paper
2. System shall require certain data fields populated entered prior to accepting claim
3. System shall validate format of defined data fields
4. System shall allow administration to enter new claims received via hard copy papers and convert to electronic form
5. System shall have ability to assign responsibility for case
 - a. Assignment to specific user to complete tasks
 - b. Identification of location (i.e., island)
 - c. Assign case number
 - d. Chronological by year
 - e. Amendments (not duplicates)
6. System shall validate claimant info from Insurance Carrier transfer matches with claimant info in system
7. System shall capture date submitted
8. System shall be able to identify and track claims

9. Ability to assign DCD case number (currently carriers (electronic submission) assign their own case numbers)
10. System shall identify parties (represented, not represented)
11. System shall accept pre-authorized/selected claim numbers

ii. **Neighbor Island (Records and Claims)**

- REQ: Ability to transfer a file to another island*
REQ: Ability to receive a file from another island
REQ: Ability to notify claimant of transfer of case to another island
REQ: Ability to notify carrier of transfer of case to another island

Use Case: Claim is transferred to be addressed in Oahu. Case file needs to reflect Oahu and able to assign to an Oahu staff member (facilitator, HO, etc.).

Use Case: Manager tells staff to transfer case to Kauai officer to address. Case file needs to reflect Kauai and able to assign to an Kauai staff member (facilitator, HO, etc.).

1. System shall be able to identify and track claim
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall generate notices/letters and notify identified parties
5. Identify transferred case by symbol (i.e. “**”)

iii. **Supervisor Error Report (Records and Claims)**

- REQ: Ensure reported WC1 data matches what is in system*
REQ: Ability to notify respective departments of data mismatches

Use Case: WC claim information received by hard copy and data-entered into system results in mismatched data. This data is then reviewed and corrected in system

Use Case: Supervisors receive reports from data entry (ETS) that need to be distributed to appropriate owners in other branches of DCD on Oahu.

Use Case: Supervisors receive reports from data entry (ETS) that need to be distributed to appropriate owners in outer island offices.

Use Case: Supervisors receive case number listings that need to be sent to adjusters to process

1. System shall be able to identify and track requests
2. System shall have the ability to assign workflow tasks to users
3. System shall require certain data fields entered prior to accepting
4. System shall validate format of defined data fields
5. System shall record date/time on actions performed in systemSystem shall receive and associate additional external information with claim/case/fileSystem shall generate notices/letters and notify identified parties
8. Current process is with DCIS. New process shall verify up front to minimize errors appearing in error report

b. **Employee**

i. **WC5 (Electronic, Hardcopy, Records and Claims)**

REQ: Ability to process (receive, assign, approve, track) WC claims that are employee initiated (may or may not come from insurer)

Use Case: Employee filed WC claim with employer but no WC1 was submitted; employee then follows up with DCD to start claim to receive benefits; or WC1 submitted and WC-5 (12-10-30, HAR claim denied by employer).

1. System shall follow WC1 (electronic) processes

2. System shall be able to identify and track claims
3. System shall provide the ability to assign tasks to users
4. System shall capture the date WC5 received
5. System shall verify if [WC1 info] is received
 - a. System shall generate [WC44] letters if no WC1 received
System shall generate notices/letters and notify identified parties
 - i. System shall generate one letter to employer/representative
 - ii. System shall generate one letter to adjuster
6. System shall track follow-up dates
 - a. System shall configure business rules on reminders

ii. **Mail WC5 to Claimants (Facilitators)**

REQ: Ability to notify claimant of denied claim

REQ: Ability to prepare case to be scheduled with Hearings

REQ: Ability to receive additional external information for current case

Use Case: Facilitators receive ready report for claims and prepare file for Hearings.

Use Case: A claim was denied. Facilitator contacts claimant to get information on claim received. Claimant sends in information for their claim. Facilitator works with claimant gets physician to complete information and returns to DCD. Facilitator works to get claim approved. Facilitator ensures adjuster is paying.

Use Case: A claim was denied. Facilitator contacts claimant to get information on claim received. Claimant sends in information for their claim. Facilitator works with claimant gets physician to complete information and returns to DCD. Claim is still denied by adjuster. Facilitator readies case for hearing and sends to Hearings to be scheduled.

1. System shall be able to identify and track requests
2. System shall provide file/claimant/case information
3. System shall record date/time on actions performed in system
4. System shall generate notices/letters and notify identified parties
 - a. System shall provide forms for external parties
5. System shall receive and associate additional external information with claim
6. System shall generate notices/letters and notify identified parties
7. System shall identify when claimant is represented

c. **Physician Renders Medical Care**

i. **WC2 - Physical Report, and Independent Medical Evaluations (IME) Requests (Hearings Branch)**

REQ: Ability to process (receive, assign, approve, track) and track requests for IME decisions.

Use Case: IME request is submitted and matched to the case where a HO approves or denies the request, notifying appropriate parties and filing.

REQ: Ability to enter external 3rd party IME into system

REQ: Ability to associate an IME with a case

Use Case: A claimant mailed in a copy of an independent medical examination as part of a claim.

Use Case: A claimant is required to attend an IME.

1. System shall be able to identify and track claims
2. System shall have the ability to assign workflow tasks to users
3. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields

4. System shall record date/time on actions performed in system
5. System shall receive and associate additional external information with claim/case/file
6. System shall generate notices/letters and notify identified parties
7. System shall notify Facilitators and HR section of receipt

d. Wage Replacement Benefits

ii. WC3 (hardcopy only, Records and Claims) – carrier’s case report, both routine and annual (Year-end)

REQ: Ability to notify DCD the date of first income replacement payment

REQ: Ability to mark a closed case as “open”

REQ: Ability to submit year-end report

REQ: Ability to identify required documentation needed to process a file to next step in workflow

REQ: Ability to close out claim/case/file/hearing when completed

REQ: Ability to track year end reporting

Use Case: Adjuster notifies DCD the date of first income replacement payment for a claimant

Use Case: Adjuster notifies DCD to reopen a case

Use Case: Adjuster notifies DCD of year-end report for case closing in prior year

Use Case: Adjuster notifies DCD of the date of final payment made for a previously ended case

Use Case: Adjuster notifies DCD of their year-end report on a claim

Use Case: A year-end report requires a medical report. DCD notifies Adjuster need for a medical report. Adjuster mails in medical report.

Use Case: Adjuster notifies DCD of their final report

Use Case: Adjuster notifies DCD of actions involving a payment from special compensation fund (SCF)

1. System shall be able to identify and track claims
2. System shall provide the ability to assign tasks to users
3. System shall capture the date received
4. System shall identify the “type” of benefits paid
 - a. System shall allow the following for “type” (or allow for several periods of payment)
 - i. Date of first income replacement payment
 - ii. Reopen case
 - iii. Final Payment to Previously Ended Case:
 1. Year End Report
 2. Final Report
 3. SCF
 - b. System shall include ability to add comment when selecting type
5. System shall allow for entering multiple years’ data on same screen
6. System shall allow for the configuring of business rules (i.e., require year-end report)
7. System shall receive and associate additional external information with claim/case/file/hearing

ii. Disfigurements

1. General Process for Disfigurement (Records and Claims)

REQ: Ability to associate medical reports to any requests for disfigurement claims

REQ: Ability to request medical reports to any requests for disfigurement claims

Use Case: Claimant contacts Facilitator to request benefits for disfigurement to a workers’ comp claim and provides Facilitator medical reports supporting claim.

Use Case: A Claimant contacts a Facilitator to request benefits for disfigurement to a workers' comp claim and does not have medical reports supporting claim

- a. System shall be able to identify (represented/not represented by attorney) and track claims
- b. System shall be able to allow for change of address or associated a change of address
- c. System shall provide the ability to assign tasks to users
- d. System shall receive and associate additional external information with claim/case/file
- e. System shall identify parties and generate notices/letters and notify identified parties

iii. **Annual Total Disability Validation (Facilitators)**

REQ: Ability to validate and track total disability status on an annual basis

Use Case: Annually review list of current claimants reporting Total Disability. Generate letters to claimants to be notarized stating of their continued disability.

Use Case: Notify claimant to provide notarized documentation to maintain benefits annually.

Use Case: Facilitator track that they notified claimant to return information. When information is not received to support continuing disability benefits, they continue to reach out to claimant, tracking their actions.

Use Case: Facilitator notified of death of claimant. Facilitator notifies FISCAL to review for over payment. No overpayment occurred. Updates case file with information, stopping benefits.

Use Case: Facilitator notified of death of claimant. Facilitator notifies FISCAL to review for over payment. Facilitator receives notice of overpayment and sends to Enforcement to do overpayment recovery. Updates case file with information, stopping eBenefits.

1. System shall be able to identify and track requests
2. System shall provide alerts of annual validation requirements
3. System shall generate notices/letters to individuals for notarization to maintain benefits; first and second notices
4. System shall have the ability to assign workflow tasks to users
 - a. System shall have alerts configurable for assigned individuals
 - i. System shall identify assigned user of follow-up required on non-complete tasks
5. System shall record date/time on actions performed in system
6. System shall receive and associate additional external information with claim

iv. **Concurrent Employment (Facilitators and Hearings)**

1. See Concurrent Employment under Hearings

v. **WC14 Average Weekly Wage Report (Facilitators)**

REQ: Ability for claimant to submit average weekly wage report and associate report with claimant file.

REQ: Ability for primary or concurrent employer to submit average weekly wage report and associate report with claimant file.

Use Case: Claimant calls in with accepted claim and requests form to submit average weekly wages to report on for case. Facilitator provides form for claimant to report weekly wages (primary and concurrent employment).

Use Case: Claimant calls in with claim that is not accepted and requests form to submit average weekly wages to report on for case. Facilitator provides form for claimant to send in to get claim accepted. Form is then sent to adjuster to accept. Claim accepted,

facilitator notified and facilitator provides form for claimant to provide weekly wage report.

Use Case: Claimant calls in with claim that is not accepted and requests form to submit average weekly wages to report on for case. Facilitator provides form for claimant to send in to get claim accepted. Form is then sent to adjuster to accept. Claim is denied and facilitator forwards case to Hearings to address.

Use Case: Employer submits Average Weekly Wage report. Supervisor validates if it is the primary employer and files report.

Use Case: Employer submits Average Weekly Wage report. Supervisor validates that it is NOT the primary employer and notifies primary employer to submit average weekly wage report. Upon receipt, files report.

1. System shall have the ability to assign workflow tasks to users
2. System shall be able to identify and track claims
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with claim/case/file
5. System shall generate notices/letters and notify identified parties
6. System shall calculate hourly rates based on statute HRS 386-51

vi. **Benefits Adjustment (CSU)**

REQ: Ability to receive and process benefits adjustment requests

Use Case: Receive request for benefits adjustment. The request is logged, approved and respective parties are contacted.

1. System shall be able to identify and track claims
2. System shall have the ability to assign workflow tasks to users
3. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields
4. System shall record date/time on actions performed in system
5. System shall receive and associate additional external information with claim/case/file
6. System shall generate notices/letters and notify identified parties
7. Calculate based on business rules

vii. **Vocational Rehabilitation (VR)**

1. **Request for VR Services**

REQ: Ability to process (receive, track, assess and notify) VR requests

Use Case: Employee submits selection form. Received and tracked. Employee eligible for VR services and notified.

Use Case: Employee submits selection form. Received and tracked. Employee not eligible for VR services and notified.

Use Case: Employee not eligible for VR services requests for reconsideration. VR affirms or reverses original determination, tracks and notifies parties.

REQ: Ability to process (receive, track, assess and notify) requests to review and close VR files

Use Case: Employer requests for director's referral to VR services. Track and mail letter with conditions. Assign to VR counselor.

- a. System shall provide file/claimant/case/employer information
- b. System shall record date/time on actions performed in system
- c. System shall be able to identify and track VR requests
- d. System shall provide the ability to assign tasks to users

- e. System shall receive and associate additional external information with claim/case/file/employer
 - i. System shall validate submitted information before processing
- f. System shall generate notices/letters and notify identified parties

2. Initial Evaluation/Plan Compliance

REQ: Ability to process (receive, track, assess and notify) VR initial evaluations

Use Case: 45 days after employee approved for VR services, initial evaluation is due. After 45 days no evaluation sent in and case closed, tracked and parties notified.

Use Case: 45 days after employee approved for VR services, initial evaluation is due. Initial evaluation submitted and provider able to perform services. Case is tracked and all parties notified of VR plan requirements.

Use Case: 45 days after employee approved for VR services, initial evaluation is due. Initial evaluation submitted and provider is unable to perform services. A determination on the ability to continue with VR services is made, tracked and parties notified

Use Case: Provider able to provide VR services requests for reconsideration and employee then requests reconsideration. VR affirms or reverses original determination, tracks and notifies parties.

REQ: Ability to process (receive, track, assess and notify) VR plans

Use Case: VR plans submitted to DCD. Plan approved if no objections within 21 days. Determination made, tracked and parties notified.

Use Case: VR plans submitted to DCD. Plans are denied, decision made, tracked and parties notified.

Use Case: VR plans submitted to DCD. Plans are denied, decision made, tracked and parties notified. Employee requests reconsideration. VR affirms or reverses original determination, tracks and notifies parties.

- a. System shall provide file/claimant/case/employer information
- b. System shall record date/time on actions performed in system
- c. System shall be able to identify and track VR requests
- d. System shall provide the ability to assign tasks to users
- e. System shall receive and associate additional external information with claim/case/file/employer
 - i. System shall validate submitted information before processing
- f. System shall generate notices/letters and notify identified parties

e. Hearings Process

i. Hearing Requests

REQ: Ability to submit hearing requests

REQ: Ability to assign Hearings' Request for scheduling

REQ: Ability to determine if hearing request is required

REQ: Ability to submit notice of request to withdraw hearing request

Use Case: Claimant appeals a vocational rehab decision

Use Case: Claimant submits claim not reported by employer that now requires Hearings to address.

Use Case: Claimant submits a request for hearing directly to Hearings

Use Case: Hearings receives an emergent request within 30 days and provides directly to Hearing Officer to address.

Use Case: Hearings receives a non-emergent request within 60 days that requires IME and provides directly to Hearing Officer to address.

Use Case: Hearings receives a non-emergent request that requires Investigation and works to ensure the information for all parties is identified in the file and then provides directly to Hearing Officer to address.

Use Case: Hearings receives a non-emergent request that requires Investigation and works to ensure the information for all parties is identified in the file and then provides directly to Hearing Officer to address. Hearing Officer comes back with determination no hearing is needed. Hearings Reviewer contacts claimant to request letter to withdraw.

1. System shall provide file/claimant/case information
2. System shall record date/time on actions performed in system
3. System shall determine if investigation required
 - a. System shall allow for the configuring of business rules
4. System shall be able to identify and track hearings
5. System shall provide the ability to assign tasks to users
 - a. Distribution of hearing cases
 - i. System shall identify emergent/non-emergent based on business rules
 - ii. System shall assign cases to HO
 - iii. System shall recognize pre-selected documents for hearing
6. System shall receive and associate additional external information with claim/case/file
7. System shall generate notices/letters and notify identified parties

ii. **Entering Letter of Representation (Records and Claims)**

REQ: Ability to add, edit and delete representation (and all related information) assigned to case.

Use Case: A claimant hired an attorney to represent them on a case. Case file needs in to indicate the attorney as an active representative along with all contact information for the attorney.

Use Case: A claimant made changes to which attorney will represent them on a case. Case file needs to indicate the new attorney as an active representative along with all contact information for the attorney. Historical record of prior attorney is kept but marked as inactive

Use Case: A claimant no longer has an attorney who will be representing them on their case. Case file needs to indicate the attorney is no longer active. Historical record of prior attorney is kept but marked as inactive

1. System shall be able to identify and track requests
2. System shall have the ability to assign workflow tasks to users
3. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields
4. System shall record date/time on actions performed in system
5. System shall receive and associate additional external information with claim/case/file

iii. **Administrative Hearings Scheduling WC, TDI**

REQ: Ability to schedule hearings

REQ: Ability to schedule hearings that do not double-book DCD staff or Attorneys

REQ: Ability to identify need for translator

REQ: Ability to remember need for translator

REQ: Ability to contact interpreter to confirm schedule

REQ: Ability to identify selected parties (represented call or selected) and identify and notify selected parties of hearing

Use Case: Hearing request received; hearing scheduled and all parties notified

Use Case: Hearing request received that includes an interpreter request; hearing schedule and all parties notified

Use Case: Hearing request received. Claimant required interpreter on prior hearing. Interpreter required is defaulted on all sub-sequent hearings requests. Interpreter is scheduled.

Use Case: Ability to send notice of scheduled hearing to non-requesting parties

1. System shall provide file/claimant/case information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track hearings
4. System shall provide the ability to assign tasks to users
5. System shall generate notices/letters and notify identified parties
6. System shall keep calendar of hearings scheduled
 - a. Schedulers can see availability of hearings
 - b. External parties have ability to submit scheduling availability

iv. **Hearing Reschedule/Postponement/Cancellation**

REQ: Ability to reschedule or change existing hearing requests

REQ: Ability to reschedule hearings that do not double-book DCD Staff or Attorneys or Hearings Rooms

Use Case: Request change to scheduled hearing that is approved and re-scheduled

Use Case: Request a change to scheduled hearing that is denied. If denied, it is reviewed for determination to still move forward with conducting a hearing.

1. System shall provide file/claimant/case information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track hearings
4. System shall provide the ability to assign tasks to users
5. System shall generate notices/letters and notify identified parties
6. System shall be able to schedule hearings
7. System shall keep calendar of hearings scheduled
 - a. Schedulers can see availability of hearings

v. **Conduct Hearings**

REQ: Ability to capture decisions from hearings and track the information with the respective case, including approvals.

REQ: Decisions shall be made with a standard consistency

REQ: Ability to capture data for statistical reporting (should be done for all processes)

Use Case: Hearing officer hears case and makes a decision on the case. The decision needs to be documented and approved.

Use Case: Decisions are made based on standards created by administrators requiring appropriate sections of law(s).

Use Case: A decision for a current case that is similar to a prior case should have similar decisions.

Use Case: Administrators able to review the decisions that are being made.

1. System shall be able to identify and track claim/case/file/hearing/issues
2. System shall be able to recall identified pre-tabbed documents
3. System shall provide claim/case/file/hearing information/issues
4. System shall have the ability to assign workflow tasks to users
5. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields
6. System shall record date/time on actions performed in system
7. System shall allow for the configuring of business rules
 - a. Required fields
 - b. Required documentation

- c. Reminders
 - d. Required timing for actions
 - e. Decision criteria
8. System shall receive and associate additional external information with claim/case/file/hearing
 - a. System shall receive 3rd party information in a secured manner
 9. Decisions shall be made with consistency of format in written notice and documentation
 10. Decisions shall be made with consistency of process to rendering a decision
 11. Decisions shall cite the appropriate sections of laws when making decisions
 12. Administrators shall have the ability to modify the format used for hearing decisions
 13. Management role permissions shall have the ability to see what decisions made
 14. Management role permissions shall have the ability to see what is actively being worked prior to decisions

f. **Decisions**

i. **Processing Decisions and Attorney Fees (Records and Claims)**

REQ: Ability to process (receive, assign, approve, track) decisions

REQ: Ability to process (receive, assign, approve, track) attorney fees

REQ: Ability to track Attorney Fees hourly rates

Use Case: Decision made by Hearing Officer regarding a case. DCD to notify all parties of decision.

Use Case: Decision made by Hearing Officer regarding attorney fees to be paid. DCD to notify parties to pay attorney fees.

Use Case: Administrator must approve decision and sign on the decision date.

Use Case: (current) Manually tracks attorneys' hourly rates for use with processing

1. System shall be able to identify and track claims attorney fee hourly rates
2. System shall have the ability to assign workflow tasks to users
3. System shall require certain fields data entered prior to accepting
4. System shall validate format of defined data fields
5. System shall record date/time on actions performed in system
6. System shall receive and associate additional external information with claim/case/file
7. System shall generate notices/letters and notify identified parties
8. System shall be able to configure rates for use

ii. **Bill Disputes (Hearings)**

REQ: Ability to receive, process, document and approve requests for bill disputes.

Use Case: Provider (or carrier) sends in a request for self-negotiation regarding a bill dispute. The request is captured and a letter for self-negotiation is sent.

Use Case: Provider (or carrier) sends in a request for intervention regarding a bill dispute. The request is captured and a request for position statements is sent to provider (or carrier).

Use Case: Provider (or carrier) sends in position statement regarding a bill dispute. Statement is provided to HO to render a decision. Approved decisions are captured and saved with file and notice is sent to parties.

1. System shall be able to identify and track claim/case/file/hearing
2. System shall provide claim/case/file/hearing information
3. System shall have the ability to assign workflow tasks to users
4. System shall receive and associate additional external information with claim/case/file
5. System shall receive 3rd party information in a secured manner

6. System shall generate notices/letters and notify identified parties

iii. Concurrent Employment (Facilitators, Hearings)

REQ: Ability to process (receive, assign, approve, track) workers comp claims where the claimant has multiple employers

Use Case: Two employers file Wage reports. Hearing Officer waits for disability slips from provider. Calculation of benefits is made. Decision is made and copy mailed to Insurance. Decision is approved and filed. Insurance processes. FISCAL processes any payments.

1. System shall be able to identify and track claims
2. System shall have the ability to assign workflow tasks to users
3. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields
4. System shall record date/time on actions performed in system
5. System shall receive and associate additional external information with claim/case/file
6. System shall generate notices/letters and notify identified parties
7. System shall calculate benefits
 - a. Calculations made based on administrator configured business rules
8. System shall allow for the configuring of business rules
 - a. Required fields
 - b. Required documentation
 - c. Reminders
 - d. Required timing for actions

iv. Subpoena and Written Interrogatories (Hearings)

REQ: Ability to receive, track and prep for approval, sign and release of subpoenas

Use Case: Subpoena mailed in to DCD. It is then approved/denied, copy filed and original returned to submitter.

Use Case: Subpoena delivered by hand to DCD. It is then approved/denied, copy filed and original returned to submitter.

1. System shall be able to identify and track claim/case/file/hearing
2. System shall provide claim/case/file/hearing information
3. System shall have the ability to assign workflow tasks to users
4. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields
5. System shall record date/time on actions performed in system
6. System shall receive and associate additional external information with claim/case/file/hearing
 - a. System shall receive 3rd party information in a secured manner

v. Deposition (Hearings)

REQ: Ability to receive, track and prep for approval of deposition

Use Case: Deposition mailed in to DCD. It is then approved/denied, copy filed and original returned to submitter.

Use Case: Deposition delivered by hand to DCD. It is then approved/denied, copy filed and original returned to submitter.

1. System shall be able to identify and track claim/case/file/hearing
2. System shall provide claim/case/file/hearing information
3. System shall have the ability to assign workflow tasks to users
4. System shall require certain fields data entered prior to accepting

- a. System shall validate format of defined data fields
- 5. System shall record date/time on actions performed in system
- 6. System shall receive and associate additional external information with claim/case/file/hearing
 - a. System shall receive 3rd party information in a secured manner

vi. Child Support Orders (Hearings)

REQ: Ability to process (receive, assign, approve) and track requests for Child Support.

Use Case: Child Support request for Hawaii Residence is submitted and matched to the case where a HO approves or denies the request of requests outside Hawaii residence, notifying appropriate parties and filing.

- 1. System shall be able to identify and track claims
- 2. System shall have the ability to assign workflow tasks to users
- 3. System shall require certain fields data entered prior to accepting
- 4. System shall validate format of defined data fields
 - a. System shall record date/time on actions performed in system
- 5. System shall receive and associate additional external information with claim/case/file
- 6. System shall identify cases outside Hawaii Jurisdiction
 - a. System shall generate notices/letters and notify identified parties

vii. Consistency in Decisions (Administration)

REQ: Decisions shall be made with consistency internally

REQ: Decisions shall be made with consistency externally

Use Case: Decisions made on outer islands or in different DCD Branches follow the same decision-making logic

Use Case: Decisions made in DCD align to the same decision-making logic as done outside DCD in legislation and other jurisdictions

- 1. System shall be able to identify and track claim/case/file/hearing
- 2. System shall identify the person to which a claim/case/file/hearing is assigned
- 3. System shall identify the status of the claim/case/file/hearing
- 4. System shall provide claim/case/file/hearing information
- 5. System shall provide information as defined by current user role
- 6. System shall provide ability to manage users
- 7. System shall provide ability to manage roles
- 8. System shall provide information as defined by workflow status
- 9. System shall provide ability to manage status
- 10. System shall provide ability to manage permissions
- 11. System shall have the ability to assign workflow tasks to users
- 12. System shall require certain fields data entered prior to accepting
- 13. System shall validate format of defined data fields
- 14. System shall identify related cases
- 15. Cases can be both internal or external cases
- 16. System shall record date/time on actions performed in system
- 17. System shall allow for the configuring of business rules
- 18. System shall prevent multiple users from editing the same file information at the same time
- 19. System shall notify user when file is available

viii. Finalize Decisions (Clerical Services Unit)

REQ: Ability to process (receive, assign, approve) and track WC decisions.

Use Case: Hearings render a decision on a WC case. That decision needs to be captured and sent to inform pertinent parties.

REQ: Ability to process (receive, assign, approve) and track IME decisions.

Use Case: Hearings render a decision on an IME case. That decision needs to be captured and sent to inform pertinent parties.

REQ: Ability to process (receive, assign, approve) and track Child Support decisions.

Use Case: Hearings render a decision on a Hawaii Residence Child Support case. That decision needs to be captured and sent to inform pertinent parties. Hearings do not render decisions on non-residence Child Support Cases.

1. System shall be able to identify and track claims as well as in/out of Hawaii jurisdiction/residence
2. System shall have the ability to assign workflow tasks to users
3. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields
4. System shall record date/time on actions performed in system
5. System shall generate notices/letters and notify identified parties

ix. Request for File Review or File Closure (VR)

REQ: Ability to process (receive, track, assess and notify) requests to review and close VR files

Use Case: Employer requests file review to close. Request is tracked. DCD send provider request for last 4-6 progress reports or plans. DCD makes determination, tracks and notifies parties.

Use Case: Employer requests for reconsideration on closing determination. VR affirms or reverses original determination, tracks and notifies parties.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track VR requests
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
6. System shall generate notices/letters and notify identified parties

g. Reconsiderations/Appeals

i. Appeal Cases (Administration)/Request for Reconsideration (Hearings)

REQ: Ability to process (receive, assign, approve, track) appeals and reconsiderations that are requested.

Use Case: Notice of appeal for an outer island claim is received by Oahu and is tracked and notified outer island office to file and sent acknowledgement letter.

Use Case: Notice of appeal for Oahu claim is received by CSU clerk and forwarded to Admin to process. Acknowledgement letter is sent and forwards case to LIRAB to address. LIRAB temporary returns for processing attorney fees requests.

Use Case: Notice of appeal for Oahu claim is received by CSU clerk and forwarded to Admin to process. Acknowledgement letter is sent and forwards case to LIRAB to address. LIRAB temporary returns for processing settlement agreements and/or stipulations

Use Case: Notice of appeal for Oahu claim is received by CSU clerk and forwarded to Admin to process. Acknowledgement letter is sent and forwards case to LIRAB to

address. LIRAB temporarily returns for processing attorney fees requests AND settlement agreements requests.

Use Case: Notice of appeal for Oahu claim is received by CSU clerk and forwarded to Admin to process. Acknowledgement letter is sent and forwards case to LIRAB to address. LIRAB temporary remands for hearing.

Use Case: Notice of appeal for Oahu claim is received by CSU clerk and forwarded to Admin to process. Acknowledgement letter is sent and forwards case to LIRAB to address. LIRAB decision appealed to intermediate court of appeals (ICA). Complete Supreme Court ICA decision.

Use Case: Notice of appeal for Oahu claim is received by CSU clerk and forwarded to Admin to process. Acknowledgement letter is sent and forwards case to LIRAB to address. LIRAB finishes proceedings.

Use Case: Notice of appeal for Oahu claim is received by CSU clerk and forwarded to Admin to process. Acknowledgement letter is sent and forwards case to LIRAB to address. Parties settle with stipulations.

Use Case: HO receives a written appeal request from a claimant due to a clerical error. Clerical error is forwarded to CSU to address.

Use Case: HO receives a written appeal request from a claimant due to reconsideration. The HO then accepts the request and amends the decision. Copies are filed and copy mailed to claimant of decision

Use Case: HO receives a written appeal request from a claimant due to reconsideration. The HO then denies the request and notifies the claimant/representative of the denial.

Use Case: HO receives a written appeal request from a claimant that is not a reconciliation and no clerical errors, but has Attorney fees. Hearing reviewer will amend and follow process to approve Attorney fees.

Use Case: HO receives a written appeal request from a claimant that is not a reconciliation and no clerical errors for workers comp. Hearings Officer forwards to LIRAB to process. Hearings Officer manually tracks case.

Use Case: HO receives a written appeal request from a claimant that is not a reconciliation and no clerical errors for TDI. Hearings Officer makes copies and forwards to Circuit Court. Hearings Officer manually tracks case.

1. System shall be able to identify and track claim/case/file/hearing
2. System shall provide claim/case/file/hearing information
 - a. System shall provide information as defined by current user role
 - b. System shall provide information as defined by file's current workflow status
3. System shall have the ability to assign workflow tasks to users
4. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields
5. System shall record date/time on actions performed in system
6. System shall receive and associate additional external information with claim/case/file/hearing
7. System shall generate notices/letters and notify identified parties
1. System shall track jurisdiction authority

ii. **Appeals Starts and Setup (LIRAB)**

REQ: Ability to receive appeal requests and put into LIRAB jurisdiction.

Use Case: Party files appeal in writing with DCD. Paper case file is sent from DCD to LIRAB. Appeal is scanned into DOCUSHARE, tracked (in DB) and LIRAB case file is setup. Case File then sent to Executive Officer to review.

Use Case: Party files appeal in writing directly with LIRAB. Appeal is scanned into DOCUSHARE and tracked. Case file requested from DCD. LIRAB case file is setup. Case File then sent to Executive Officer to review.

REQ: Ability to process (create, approve, track, notify parties) orders (Jurisdictional OSC, Custom Order or Notice, Orders with and without sanction, Order to Vacate, Order to Dismiss, etc.)

Use Case: Sanctions OSC could be initiated at any time in request.

1. System shall be able to identify and track claim/case/file/hearing/employers/carriers/fees
2. System shall identify the person to which a claim/case/file/hearing/employers/carriers/fees is assigned
3. System shall identify the status of the claim/case/file/hearing/employers/carriers/fees
 - a. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 - b. Status shall indicate the jurisdiction in which the case is in
 - i. Jurisdiction includes indication of the island
 - c. System shall track the time a claim/case/file/hearing/employers/carriers is in each status
 - i. History log shall capture date/time and action performed on any claim/case/file/hearing/employers/carriers
4. System shall provide claim/case/file/hearing/employers/carriers information
 - a. System shall provide information as defined by current user role
 - b. System shall provide information as defined by workflow status
5. System shall have the ability to assign workflow tasks to users
6. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields prior to allowing submission
7. System shall record date/time on actions performed in system
8. System shall allow for the configuring of business rules
9. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
 - a. System shall receive 3rd party information in a secured manner
10. System shall generate notices/letters and notify identified parties
 - i. based on permissions of current logged in user

h. Settlements

i. Enter Settlements (Binding agreement between parties with approval by DCD, Records and Claims, OAIV)

REQ: Ability to process (receive, assign, approve, track) settlements

REQ: Ability to report on settlements (volume, productivity, etc.)

Use Case: Decision made by Hearing Officer regarding a case. Settlement has been reached and confirmed by Hearing Officer. DCD to notify all parties of settlement.

Use Case: Administrator must approve decision and sign on the decision date.

Use Case: Settlement agreement made. Settlement assigned to OAIV to process. Verifies signatures, data in system and makes copies and mails to appropriate parties

Use Case: Parties agree to settlement. Settlement is reviewed and approved. Case information needs to be filed then for records.

Use Case: Parties agree to settlement. Settlement is reviewed and approved. Attorney Fees attached are identified for processing and payment. Case information needs to be filed then for records.

Use Case: Hearings tracks the volume of settlements provided, who has been assigned to settlements and the time taken to reach settlements.

1. System shall receive and associate additional external information with claim/case/file
2. System shall provide file/claimant/case information
 - a. System shall include all cases involved in settlement

3. System shall be able to identify and track claims
4. System shall have the ability to assign workflow tasks to users
5. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields
6. System shall record date/time on actions performed in system
7. System shall receive and associate additional external information with claim/case/file
8. System shall generate notices/letters and notify identified parties
9. System shall identify internal (enforcement SCF) and external (Fiscal) parties
10. System shall be able to configure rates for use.
11. System shall have the ability to provide reports

ii. Stipulations/Agreements (SCF)

REQ: Ability to approve and pay Stipulations from SCF

Use Case: Hearing Decision has stipulation for WC from SCF. WC Program Chief, Hearings, Administrator review and approve. Auditor validates and prepares memo for Fiscal to pay.

Use Case: Concurrent Employment or Delinquent Employer has stipulation for WC from SCF. WC Program Chief, Hearings, Administrator review and approve. Auditor validates and prepares memo for Fiscal to pay.

1. System shall be able to identify and track payments
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall have the ability to provide reports
6. System shall calculate payment amounts
 - a. Payment amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

iii. Attorney Fees and Rates

REQ: Ability to process (receive, assign, approve, track) Attorney Fees for Workers' Compensation Claims

Use Case: Attorney fee received as part of a settlement to be paid by appropriate party. It is then processed according to settlement process.

Use Case: Attorney fee received based on a recent hearing with no settlement. It is received, tracked and processed for payment.

Use Case: Attorney fee received as part of a case in LIRAB jurisdiction that needs to be held onto until case is no longer in LIRAB jurisdiction then to be paid by appropriate party.

Use Case: Attorney notifies that they are no longer representing the claimant. Hold for decision to be rendered.

Use Case: Attorney fee received as part of a previous decision to be paid by appropriate party.

Use Case: Attorney fee received not part of any case.

REQ: Ability to track identified attorneys

REQ: Ability to track attorney hourly rates

Use Case: Attorney submits hourly rate request to be used when processing attorney fees for services rendered to cases.

Use Case: DCD able to identify active attorneys for processing fees

1. System shall receive and associate additional external information with claim/case/file
2. System shall provide file/claimant/case information
3. System shall be able to identify and track hearings, attorney fees and rates
4. System shall provide the ability to assign tasks to users

5. System shall record date/time on actions performed in system
6. System shall generate notices/letters and notify identified parties
7. System shall track multiple attorneys per case

i. Closing

i. Closing the File (SCF, Records & Claims)

REQ: Able to identify files as complete

REQ: Able to send records to archive

Use Case: Audit generates report of files where WC3 is marked as finalized. Audit provides file to Records and Claims to pull and send to on-site archive.

1. System shall be able to identify and track files
 - a. Business rules can be configured for maintaining status of files
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall have the ability to provide reports

ii. Closing Report (VR)

REQ: Ability to process (receive, track, assess and notify) VR closing reports

Use Case: Provider sends closing report. Information is entered, tracked and notifications sent to parties.

Use Case: Provider requests for reconsideration. VR affirms or reverses original determination, tracks and notifies parties.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track VR requests
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
6. System shall generate notices/letters and notify identified parties
7. System shall track performance timeframes (initial evaluation, plan placement/closure)

j. LIRAB APPEALS

i. Case Closure (LIRAB Returns File to DCD)

REQ: Ability to process (track, assign) closure of cases and transfer from LIRAB to DCD.

Use Case: Update case closed information. Remove from calendar, remove tasks. Transfer electronic materials to DCD. Send hard copy materials to DCD with transmittal receipt and monitor task until received by DCD.

1. System shall be able to track all entries
 - a. Entries shall have required fields
 - i. Entries are not allowed to be submitted/continue to next step if required fields are not filled out
 - ii. Validation of data entered shall be performed before submitting/continuing
2. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
3. System shall provide claim/case/file/hearing/employers/carriers information

4. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields prior to allowing submission
5. System shall record date/time on actions performed in system
6. System shall prevent multiple users from editing the same file information at the same time
 - a. Additional users may view the information during editing (i.e., file is read only)
 - b. Notification of who is changing
7. System shall be able to schedule
 - a. System shall allow for the changing of schedule
 - i. Changes shall be made based on permission of current logged in user

Note: To see the whole LIRAB workflow process – **See Attachment P: LIRAB General Functionality Processes**

k. WC Future User Journey

User journey as relates to WC. Expectation of external users to be able to apply online, submit information, receive notifications and access status and documentation (**See Attachment Q: Future DCD User Perspective Scenarios**).

2.8.3.2 TDI LIFECYCLE

a. Employer

i. Claim Forms “Loose” TDI45 (Plans Branch)

REQ: Ability to process (receive, track, accept and notify) claim forms

Use Case: Employer submits directly to Plans and has active TDI Coverage. Logs and mails to appropriate local adjuster.

Use Case: Employer submits directly to Plans and does not have active TDI coverage. Track and provide to Enforcement to investigate. Eligible for TDI. Employer bankrupt or out of business and Plans requests TDI special trust fund pay for it.

Use Case: Employer submits directly to Plans and does not have active TDI coverage. Track and provide to Enforcement to investigate. Eligible for TDI. Employer not bankrupt or out of business and employer pays.

Use Case: Employer submits directly to Plans and does not have active TDI coverage. Track and provide to Enforcement to investigate. Employer not eligible for TDI. Case forwarded to enforcement to obtain TDI information for processing.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track TDI policies
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
6. System shall generate notices/letters and notify identified parties
7. System shall track the TDI Special Trust Fund

b. Hearings Process

i. TDI Scheduling/TDI Appeals (Chapter 91, referee)

REQ: Ability to process (receive, schedule, track and file) TDI Appeals

Use Case: Claimant mails in or hand delivers TDI Appeal to DCD. Case is received and scheduled for hearing. Notice is sent to claimant. Claimant indicates to continue and the claimant is then served for hearing.

Use Case: Claimant mails in or hand delivers TDI Appeal to DCD. Case is received and scheduled for hearing. Notice is sent to claimant. Claimant indicates to cancel or later states to withdraw and hearing is now canceled.

Use Case: Claimant mails in or hand delivers TDI Appeal to DCD. Case is received and scheduled for hearing. Notice is sent to claimant. No notice from claimant is received to continue or cancel and Hearing Officer then conducts hearing.

1. System shall be able to identify and track claims
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with claim/case/file
5. System shall generate notices/letters and notify identified parties

ii. Review TDI Denials and Appeals

REQ: Ability to process (receive, assign, track, notify) TDI Denials and Appeals

Use Case: Receive TDI Denial. DCD agrees with denial and stamps, tracks, enters denial in system and files.

Use Case: Receive TDI Denial. DCD does not agree with denial and formally remands, sending back in mail to re-evaluate.

Use Case: Receive TDI Appeal. Track and send copy of appeal to insurer/adjuster. Valid appeal reason and so sends acknowledgement letter of appeal. Copy and files in Plans and gives to Admin to track and send to Hearings.

Use Case: Receive TDI Appeal. Track and send copy of appeal to insurer/adjuster. Not a valid appeal reason and so sends letter informing of denial with request to continue or withdraw to claimant. Claimant mails back withdrawal - enters, tracks and files.

- a. System shall provide file/claimant/case/employer information
- b. System shall record date/time on actions performed in system
- c. System shall be able to identify and track TDI denials and appeals
- d. System shall provide the ability to assign tasks to users
- e. System shall receive and associate additional external information with claim/case/file/employer
- f. System shall generate notices/letters and notify identified parties
- g. System shall have the ability to provide reports
- h. See 2.8.3.6 Hearings – Administrative Hearings Scheduling

iii. Review TDI Attorney Fees (Plans Branch)

REQ: Ability to process (receive, assign, track, notify) Attorney Fee requests

Use Case: Attorney submits fee request. Request is received, tracked, and approved. Notice to attorney upon decision.

- a. System shall provide attorney information
- b. System shall record date/time on actions performed in system
- c. System shall provide the ability to assign tasks to users
- d. System shall be able to identify and track attorney fee requests
- e. System shall provide the ability to assign tasks to users
- f. System shall generate notices/letters and notify identified parties
- g. See 2.8.3.6 Hearings – Administrative Hearings Scheduling

c. Insurance

i. TDI New Policies (Plans Branch)

REQ: Ability to process (receive, track, approve and notify) new TDI Policy requests

Use Case: New TDI Policy request submitted to plans. Information correct, liable date appropriate and no other coverage. Accept request, track on manual log, mail copy to carrier and file in Plans.

Use Case: New TDI Policy request submitted to plans. Information correct and liable date appropriate. Additional coverage found so wait for cancellation of old policy to come in. Update active plan in system and mail canceled policy. Manually track, accept request, track on manual log, mail copy to carrier and file in Plans.

Use Case: New TDI Policy request submitted to plans. Information incorrect and returned to carrier with reason why no action taken.

Use Case: New TDI Policy request submitted to plans. DOL number inactive and returned to carrier with reason why no action taken.

Use Case: New TDI Policy request submitted to plans. Employer name not match system and returned to carrier with reason why no action taken.

Use Case: New TDI Policy request submitted to plans. Information correct but liable date not appropriate. Returned to carrier with reason why no action taken.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track TDI policies
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
6. System shall generate notices/letters and notify identified parties
7. System shall have the ability to provide reports

ii. **TDI Reinstatements (Plans Branch)**

REQ: Ability to process (receive, track, approve and notify) TDI Policy Reinstatement requests

Use Case: TDI Reinstatement request submitted to plans. Information correct, carrier has canceled coverage and date is appropriate. Accept request, updating system status to reinstated, track on manual log, mail copy to carrier and file in Plans.

Use Case: TDI Reinstatement request submitted to plans. Information correct, carrier has canceled coverage and date is appropriate after minor corrections and notifying carrier. Accept request, updating system status to reinstated, track on manual log, mail copy to carrier and file in Plans.

Use Case: TDI Reinstatement request submitted to plans. DOL number incorrect and returned to carrier with reason why no action taken.

Use Case: TDI Reinstatement request submitted to plans. DOL number not active and returned to carrier with reason why no action taken.

Use Case: TDI Reinstatement request submitted to plans. Name does not match system and returned to carrier with reason why no action taken.

Use Case: TDI Reinstatement request submitted to plans. No canceled coverage exists and returned to carrier with reason why no action taken.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track TDI policies
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
6. System shall generate notices/letters and notify identified parties
7. System shall have the ability to provide reports

iii. TDI Amendments (Plans Branch)

REQ: Ability to process (receive, track, approve and notify) TDI Policy Amendment requests

Use Case: TDI Amendment request for name change submitted to plans. Information correct and name change in system. Accept request, mail copy to carrier and file in Plans.

Use Case: TDI Amendment request for name change submitted to plans. Information correct and name change not in system. Returned to carrier with reason why no action taken.

Use Case: TDI Amendment request for DBA name change submitted to plans. Information correct and name change in system. Accept request, mark other DBAs as inactive, and mail copy to carrier and file in Plans.

Use Case: TDI Amendment request submitted to plans. DOL number incorrect and returned to carrier with reason why no action taken.

Use Case: TDI Amendment request submitted to plans. DOL# not active and returned to carrier with reason why no action taken.

Use Case: TDI Amendment request minor correction submitted to plans. Information correct and request accepted, mail copy to carrier and file in Plans.

Use Case: TDI Amendment request for policy number change submitted to plans. Information correct and new number reflected on amendment. Accept request, mail copy to carrier and file in Plans.

Use Case: TDI Amendment request for policy number change submitted to plans. Information correct and new number not reflected on amendment. Returned to carrier with reason why no action taken.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track TDI policies
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
6. System shall validate submitted information before processing
7. System shall generate notices/letters and notify identified parties
8. System shall have the ability to provide reports

iv. TDI Cancellations (Plans Branch)

REQ: Ability to process (receive, track, approve and notify) TDI Policy Cancellation requests

Use Case: TDI Cancellation request submitted to plans. Information correct and date appropriate. Accept request, track on manual log, mail copy to carrier and file in Plans.

Use Case: TDI Cancellation request submitted to plans. DOL number incorrect and returned to carrier with reason why no action taken.

Use Case: TDI Cancellation request submitted to plans. No policy available to cancel in system and returned to carrier with reason why no action taken.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track TDI policies
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
6. System shall generate notices/letters and notify identified parties
7. System shall have the ability to provide reports

v. Review New TDI Carriers (Plans Branch)

REQ: Ability to track new TDI Carriers

Use Case: New TDI Carriers applies with DCCA. DCCA notifies DCD and DCD does not object.

Use Case: New TDI Carriers applies with DCCA. DCCA notifies DCD and DCD objects, creating objection in SERFF and notifying DCCA.

Use Case: Carrier approved. Plans tracks, sends letter of authorized representation form.

Use Case: Receive letter and representation form. Creates carrier ID and ensures active in system. Notifies carrier of number and files, tracking carrier. Notifies additional departments (Administration, Audit, Investigations, Facilitators) of newly approved carrier.

1. System shall provide carrier information
2. System shall record date/time on actions performed in system
3. System shall provide the ability to assign tasks to users
4. System shall be able to identify and track TDI employers
5. System shall provide the ability to assign tasks to users
6. System shall receive and associate additional external information with claim/case/file/employer
7. System shall generate notices/letters and notify identified parties
8. System shall have the ability to provide reports

vi. Approve Self-Insurance – TDI (Plans Branch)

REQ: Ability to process (receive, track, accept and notify) TDI Self Insurance applications

Use Case: Employer submits self-insurance application. Employer will place security deposit. DCD calculates deposit amount and reviews plan. DCD sends employer letter regarding deposit and bond. DCD receives completed bond, approves, files, tracks statistics and notifies party.

Use Case: Employer submits self-insurance application. Employer will place security deposit. DCD calculates deposit amount and reviews plan. DCD sends employer's bank letter regarding deposit and bond. DCD receives completed bond and Administrator opens account with bank. DCD approves, files, tracks statistics and notifies party.

Use Case: Employer submits self-insurance application. Employer will not place security deposit and Audit reviews and approves. No letter of guarantee required. DCD reviews, approves, files, tracks statistics and notifies party.

Use Case: Employer submits self-insurance application. Employer will not place security deposit and Audit reviews and approves. Letter of guarantee required. DCD reviews and sends blank letter of guarantee. DCD receives notarized letter of guarantee, approves, files, tracks statistics and notifies party.

Use Case: Employer submits self-insurance application. Employer will not place security deposit and Audit reviews and approves. Letter of guarantee required. DCD reviews and sends blank letter of guarantee. DCD does not receive notarized letter of guarantee and advises employer to purchase policy and files case information.

Use Case: Employer submits self-insurance application. Employer will not place security deposit and Audit reviews and approves. Letter of guarantee required. DCD reviews and sends corrections required and blank letter of guarantee. DCD receives correction and notarized letter of guarantee, approves, files, tracks statistics and notifies party.

Use Case: Employer submits self-insurance application. Employer will not place security deposit and Audit reviews and approves. Letter of guarantee required. DCD reviews and sends corrections required and blank letter of guarantee. DCD does not receive correction and letter of guarantee and advises employer to purchase policy and files case information.

Use Case: Employer submits self-insurance application. Employer will not place security deposit and Audit reviews and denies. Denial sent to administrator for signature and then sent to employer with copy to Plans. Plans reviews and send letter to employer of major corrections. No deposit is received and then advises employer to purchase policy and file case information.

Use Case: Employer submits self-insurance application. Employer will not place security deposit and Audit reviews and denies. Denial sent to administrator for signature and then sent to employer with copy to Plans. Plans reviews and send letter to employer of major

corrections. Deposit received and plan reviewed. DCD reviews and approves, files, tracks statistics and notifies party.

Use Case: Employer submits self-insurance application. Employer will not place security deposit and Audit reviews and denies. Denial sent to administrator for signature and then sent to employer with copy to Plans. Plans reviews and send letter to employer of major corrections. Deposit received and plan reviewed. DCD reviews and denies advising to correct. Corrections received and DCD approves, files, tracks statistics and notifies party.

Use Case: Employer submits self-insurance application. Employer will not place security deposit and Audit reviews and denies. Denial sent to administrator for signature and then sent to employer with copy to Plans. Plans reviews and sends letter to employer of major corrections. Deposit received and plan reviewed. DCD reviews and denies advising to correct. Corrections not received and DCD advises employer to purchase policy and file case information.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track TDI policies
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
6. System shall generate notices/letters and notify identified parties
7. System shall have the ability to calculate deposit amounts.

d. Compliance

i. Receive Referrals (Enforcement – Investigators)

REQ: Ability to process (receive, assign, track) referrals received from other DCD Branches

REQ: Ability to process (receive, assign, track) referrals received from other agencies

Use Case: TDI referral comes from Plans Branch to research TDI coverage. Investigations assigns and tracks to resolution.

Use Case: Referral comes from external agency to research complaint on coverage. Investigations assigns and tracks to resolution.

1. System shall be able to identify and track employers and cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with employer
5. System shall generate notices/letters and notify identified parties
6. System shall calculate penalty amounts
 - a. Penalty amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

e. Reports

i. Records (Administration)

REQ: Receive requests for information and provide information based upon business rules to approve release of information

Use Case: Programs Support receives request for TDI records and approves the request. Informs Plans and TDI program to release records.

Use Case: Programs Support receives request for TDI records and denies the request. Programs support sends letter back to requester explaining the denial.

Use Case: Programs Support receives a general request for information and approves the request. Programs Support notifies the respective branch to send the records.

Use Case: Programs Support receives a general request for information and denies the request. Programs support sends letter back to requester explaining the denial.

Use Case: Programs support pulls semiannual report and submits to department of labor (DOL) who compiles report for Office of Information Practices.

1. System shall be able to identify and track claim/case/file/hearing
2. System shall provide claim/case/file/hearing information
 - a. System shall provide information as defined by current user role
 - b. System shall provide information as defined by the file's current workflow status
3. System shall have the ability to assign workflow tasks to users
4. System shall record date/time on actions performed in system
5. System shall allow for the configuring of business rules
 - a. Required fields
 - b. Required documentation
 - c. Reminders
 - d. Required timing for actions
 - e. Decision criteria
6. System shall receive and associate additional external information with claim/case/file/hearing
7. System shall identify sensitive data based on business rules and ability to react information PEO
8. System shall generate notices/letters and notify identified parties
 - a. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
9. System shall have the ability to provide reports
 - a. The reports shall be available to internal parties
 - b. The reports shall be available to external parties (i.e., DOL)

ii. **Annual Reports on TDI**

REQ: Ability to notify self-insured employers annually of instructions on maximum weekly base and receive confirmation from employers

Use Case: Annually pull list of all self-insured employers from current calendar year. Prepare memos and mail out instructions to each employer with new maximum weekly base

Use Case: Employers return memos and enter and track in system

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall provide the ability to assign tasks to users
4. System shall be able to identify and track TDI self-insured employers
5. System shall provide the ability to assign tasks to users
 - a. Assignment to employers of actions
6. System shall receive and associate additional external information with claim/case/file/employer
7. System shall auto calculate maximum weekly base
8. System shall generate notices/letters and notify identified parties
9. System shall have the ability to provide reports

f. **TDI Future User Journey**

User journey as relates to TDI. Expectation of external users to be able to apply online, submit information, receive notifications and access status and documentation (**See Attachment Q: Future DCD User Perspective Scenarios for WC, TDI, PHC**).

2.8.3.3 **PHC LIFECYCLE**

a. **Insurance**

i. **Establish Coverage (Plans Branch)**

REQ: Ability to process (receive, track, accept and notify) PHC Newly Enrolled requests

Use Case: Plans receives PHC enrollment application via mail. Information is correct and active. Add coverage in system, accept, initial, separate, manually track statistics and file in plans.

Use Case: Plans receives PHC enrollment application via report. Information is correct and active. Add coverage in system, accept, initial, separate, manually track statistics and file in plans.

Use Case: Plans receives PHC enrollment application via mail. Information is active but subgroup identical. Contact contractor to resubmit or resolve.

Use Case: Plans receives PHC enrollment application via report. Information is active but subgroup identical. Write on report why no action was taken and file in Plans.

REQ: Ability to review individual own coverage applications

Use Case: Employer faxes application for individual who has own coverage. DCD reviews materials and notifies parties okay. File in Plans.

Use Case: Employer faxes application for individual who has own coverage. DCD reviews materials and notifies employer not acceptable and the employer is required to cover by law. File in Plans.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track TDI policies
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
6. System shall generate notices/letters and notify identified parties
7. System shall have the ability to provide reports

ii. **HC4 Health Care Coverage (Plans Branch)**

REQ: Ability to process (receive, track, approve) exemptions from health care coverage

Use Case: Employer submitting information seeking exemption from enforcement because they do not need health care coverage. Plans receives, tracks, statistics, mark exempt and file.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track TDI policies
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
6. System shall generate notices/letters and notify identified parties

iii. **Amendments (Plans Branch)**

REQ: Ability to process (receive, track, accept and notify) PHC Amendment requests (see PHC Cancellation, Reinstatements, and New Coverage)

Use Case: Changes to PHC are requested.

iv. **Cancellations (Plans Branch)**

REQ: Ability to process (receive, track, accept and notify) PHC Cancellation requests

Use Case: Plans receives health care cancellation application via mail. May require minor corrections to name. Information correct in system and plan status is not due to non-payment and request made in timely manner. Status updated to cancelled in system, accept, initial, separate, manually track statistics and file in plans. Send copy of any changes made to form to contractor.

Use Case: Plans receives health care cancellation application via mail. May require minor corrections to name. Information correct in system and plan status is due to non-payment and request made in timely manner. Status updated to cancelled in system, accept, initial, separate, manually track statistics and file in plans. Send copy of any changes made to form to contractor.

Use Case: Plans receives health care cancellation application distributed report. May require minor corrections to name. Information correct in system and plan status is not due to non-payment and request made in timely manner. Status updated to cancelled in system, accept, initial, separate, manually track statistics and file in plans. Send copy of any changes made to form to contractor.

Use Case: Plans receives health care cancellation application distributed report. May require minor corrections to name. Information correct in system and plan status is due to non-payment and request made in timely manner. Status updated to cancelled in system, accept, initial, separate, manually track statistics and file in plans. Send copy of any changes made to form to contractor.

Use Case: Plans receives monthly report from clerk. Plan not active in system. Write on report why no action was taken and file in Plans.

Use Case: Plans receives monthly report from clerk. Reported group does not match system. Write on report why no action was taken and file in Plans.

Use Case: Plans receives monthly report from clerk. Subgroup information does not match in system. Write on report why no action was taken and file in Plans

Use Case: Plans receives health care cancellation application via mail. Plan not active in system. Contact contractor to resubmit or resolve.

Use Case: Plans receives health care cancellation application via mail. Reported group does not match system. Contact contractor to resubmit or resolve.

Use Case: Plans receives health care reinstatement application via mail. Subgroup information does not match in system. Contact contractor to resubmit or resolve.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track TDI policies
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
6. System shall generate notices/letters and notify identified parties
7. System shall have the ability to provide reports

v. **Reinstatements (Plans Branch)**

REQ: Ability to process (receive, track, accept and notify) PHC Reinstatement requests

Use Case: Plans receives health care reinstatement application via mail. May require minor corrections to name. Information correct in system and plan status is canceled. Reinstate coverage in system, accept, initial, separate, manually track statistics and file in plans.

Use Case: Plans receives monthly report from clerk. May require minor corrections to name. Information correct in system and plan status is canceled. Reinstate coverage in system, accept, initial, separate, manually track statistics and file in plans.

Use Case: Plans receives health care reinstatement application. May require minor corrections to name. Information correct in system and subgroup equal to 1 with no DCIS subgroup info. Reinstate coverage in system, accept, initial, separate, and manually track statistics and file in plans.

Use Case: Plans receives monthly report from clerk. DOL# not in system. Write on report why no action was taken and file in Plans.

Use Case: Plans receives monthly report from clerk. Employer name not match in system. Write on report why no action was taken and file in Plans.

Use Case: Plans receives monthly report from clerk. DOL# not active in system. Write on report why no action was taken and file in Plans

Use Case: Plans receives monthly report from clerk. Reported plan and group # do not match in system. Write on report why no action was taken and file in Plans

Use Case: Plans receives monthly report from clerk. Plan status not canceled in system. Write on report why no action was taken and file in Plans

Use Case: Plans receives health care reinstatement application via mail. DOL# not in system. Contact contractor to resubmit or resolve.

Use Case: Plans receives health care reinstatement application via mail. Employer name not match in system. Contact contractor to resubmit or resolve.

Use Case: Plans receives health care reinstatement application via mail. DOL# not active in system. Contact contractor to resubmit or resolve.

Use Case: Plans receives health care reinstatement application via mail. Reported plan and group # do not match in system. Contact contractor to resubmit or resolve.

Use Case: Plans receives health care reinstatement application via mail. Plan status not canceled in system. Contact contractor to resubmit or resolve.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track TDI policies
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
6. System shall generate notices/letters and notify identified parties
7. System shall have the ability to provide reports

vi. **Review PHC (HC5) When Qualified Waives (Plans Branch)**

REQ: Ability to process (receive, track, accept and notify) PHC waiver requests (See PHC Cancellation, Reinstatements, and New Coverage)

Use Case: Qualified PHC applicant waives PHC coverage

vii. **Approve Self-Insurance (Plans Branch)**

REQ: Ability to process (receive, track, accept and notify) PHC Self Insurance applications

Use Case: Plans receives application for PHC self-insurance, self-funded. Audit reviews and approves. Plans reviews for deficiencies and obtains approval signatures from council chair and director. Recommendation to approve and obtain additional clarifications and letter of guarantee. Approval letter signed and sent to employer, file copy and track statistics.

Use Case: Plans receives application for PHC self-insurance, self-funded. Audit reviews and approves. Plans reviews for deficiencies and obtains approval signatures from council chair and director. Recommendation to approve if amended and obtain additional clarifications. Approval letter signed and sent to employer, file copy and track statistics.

Use Case: Plans receives application for PHC self-insurance, not self-funded. Audit reviews and approves. Plans reviews for deficiencies and obtains approval signatures from council chair and director. Recommendation to approve and obtain additional clarifications. Approval letter signed and sent to employer, file copy and track statistics.

Use Case: Plans receives application for PHC self-insurance, self-funded. Audit reviews and denies. Administrator reviews and signs, letter mailed to employer and copy to plans who files case information.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track PHC policies
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
6. System shall generate notices/letters and notify identified parties
7. System shall have the ability to calculate deposit amounts.

b. PHC Appeals

REQ: Ability to process (receive, track, accept and notify) PHC appeals

Use Case: Employee submits complaint regarding medical bill to enforcement. Decision employee not eligible and notify employee who accepts.

Use Case: Employee submits complaint regarding medical bill to enforcement. Decision employee not eligible and notify employee who does not accept and requests hearing.

Use Case: Employee submits complaint regarding medical bill to enforcement. Decision employee eligible and employer agrees to pay.

Use Case: Employee submits complaint regarding medical bill to enforcement. Decision employee eligible and employer does not agree to pay. Employer requests hearing.

- i. System shall provide file/claimant/case/employer information
- ii. System shall record date/time on actions performed in system
- iii. System shall be able to identify and track PHC Appeals
- iv. System shall provide the ability to assign tasks to users
- v. System shall receive and associate additional external information with claim/case/file/employer
 1. System shall validate submitted information before processing
- vi. System shall generate notices/letters and notify identified parties

c. Reports

i. Records (Administration)

REQ: Receive requests for information and provide information based upon business rules to approve release of information

Use Case: Programs Support receives request for PHC records and approves the request. Informs Plans and PHC program to release records.

Use Case: Programs Support receives request for PHC records and denies the request. Programs support sends letter back to requester explaining the denial.

1. System shall be able to identify and track claim/case/file/hearing
2. System shall provide claim/case/file/hearing information
 - a. System shall provide information as defined by current user role

- b. System shall provide information as defined by the file's current workflow status
- 3. System shall have the ability to assign workflow tasks to users
- 4. System shall record date/time on actions performed in system
- 5. System shall allow for the configuring of business rules
 - a. Required fields
 - b. Required documentation
 - c. Reminders
 - d. Required timing for actions
 - e. Decision criteria
- 6. System shall receive and associate additional external information with claim/case/file/hearing
- 7. System shall identify sensitive data based on business rules and ability to read informational PEO
- 8. System shall generate notices/letters and notify identified parties
 - a. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
- 9. System shall have the ability to provide reports
 - a. The reports shall be available to internal parties
 - b. The reports shall be available to external parties (i.e., DOL)

d. PHC Future Use Journey

User journey as relates to PHC. Expectation of external users to be able to apply online, submit information, receive notifications and access status and documentation (**See Attachment Q: Future DCD User Perspective Scenarios for WC, TDI, PHC**).

2.8.3.4 ALL DCD PROGRAMS (WC, TDI, PHC)

a. Registration

i. Create Files/DOL # for New Employers or Newly Registered Accounts

REQ: Employers who register with Unemployment Insurance and receive new DOL#s need to have all employer information and DOL# update in system

REQ: Employer without employees unable to register with UI who needs WC, TDI or PHC insurance.

REQ: Interface with UI DOL number system

Use Case: Employer registers with UI and obtains DOL#. An employee then files a claim for TDI or PHC and employer DOL# needs to match

- 1. System shall provide file/claimant/case/employer information
- 2. System shall record date/time on actions performed in system
- 3. System shall be able to identify and track employers
- 4. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
- 5. UI manages the UI Tax and Benefits System on the ETS's mainframe. This is the system where DCD gets the DOL #

ii. Registration of Employer "Z number" or "Non-DOL" Numbers (Insurance)

REQ: Ability to provide temporary registration numbers for registrations that commenced employment but not been provided a DOL#

Use Case: Business needs registration and calls or emails. No DOL# for business yet. Insurance reviews and create employer with liability and new UI#.

Use Case: Business needs registration and calls or emails. There is a DOL# for the business but it is older than 5 years. Insurance reviews and create employer with liability and new UI#.

Use Case: Business needs registration and calls or emails. There is a DOL# for the business and it is not older than 5 years. UI would reopen DOL# when employment starts. Insurance reviews and create employer with liability and new UI#.

1. System shall be able to identify and track cases
 - a. System shall be able to assign department of labor numbers
 - i. Assigned numbers to follow business rules
 1. Business rules configured by DCD admins
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall generate notices/letters and notify identified parties
6. System shall assign a temporary number.

iii. **Assign DOL# for Agricultural and Church Employers**

REQ: Ability to assign DOL# to employers exempt from UI

Use Case: Church employer files with UI and has employees. They receive a DOL# even though exempt from UI

Use Case: Ag employer files with UI and has employees. They receive a DOL# even though exempt from UI

REQ: Ability to identify employers as not eligible to request DOL# from Plans

Use Case: Church employer files with UI and has NO employees. They receive notice that DCD cannot issue DOL#

REQ: Ability to change DOL# to inactive

Use Case: Church or Agricultural business closes.

Use Case: An audit finds a church or agricultural business has no employees. DOL# is then inactive.

REQ: Ability to verify DOL# already exists

Use Case: Ag/Church employer calls to request DOL#. View in system DOL# already exists and will not reissue new one

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track employers
 - a. System shall assign DOL#s
 - b. Assignment per business rules configured by admin
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
 - a. System shall validate submitted information before processing
6. System shall generate notices/letters and notify identified parties

b. Insurance

i. Verify Employer has Coverage (including self-insured, Insurance)

REQ: Ability to verify WC coverage in NCCI (Proof of Coverage) is reflected in system

Use Case: Error reports produced on differences between system and NCCI. Manually reviews errors to address and update system. Any delinquent information goes to Enforcement to address.

Use Case: Employer or Carrier submits insurance directly. Manually compare and update system.

REQ: Ability to provide information on next steps for employer to submit self-insurance application

Use Case: Employer inquires with DCD Insurance. DCD walks employer through process. Sends out letter of notice

REQ: Ability to process (receive, track, approve, notify) self-insurance applications.

Use Case: Employer applies and provides two years of audited financial statements. Insurance determines eligibility and request financial deposit/certificate from employer. Administrator approves. Letter and certificate mailed to individual and status and file updated and maintained.

Use Case: Employer applies and provides two years of audited financial statements. Insurance determines not eligible and sends letter.

REQ: Ability to annually review and approve renewals.

Use Case: Report of renewals compared to manual tracking roster. For employer has financials and provides to administrator to approve and sign. Letter to employer mailed out and file updated and maintained.

Use Case: Report of renewals compared to manual tracking roster. For employer calls to get more information including financials. Upon further information Insurance provides to administrator to approve and sign. Letter to employer mailed out and file updated and maintained.

1. System shall be able to identify and track cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall generate notices/letters and notify identified parties
6. System shall have the ability to provide reports

ii. Self-Insured Employers (SCF)

REQ: Ability to notify self-insured of required payments

Use Case: Research and Statistics prepares the Levy and provides amount to Auditor. Auditor tracks payments and works with employers to pay.

REQ: Ability to collect payments from self-insured employers

Use Case: Auditor receives check from self-insured employers. Tracks on manual log. Prepares transmittal letter for FISCAL who deposits and provides Budget and Finance receipt.

1. System shall be able to identify and track employers
2. System shall have the ability to assign workflow tasks to users

3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall have the ability to provide reports
6. System shall calculate payment amounts
 - a. Payment amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

iii. Self-Insurance Applications (Audit)

REQ: Ability to confirm applicants for self-insurance have appropriate coverage.

REQ: Ability to determine financial solvency of self-insurance applicant.

REQ: Ability to process (receive, track, approve) self-insurance applications

Use Case: Receive self-insurance application. Confirm employer compliance with WC, TDI and PHC Coverage. Audit reviews to determine applicant is financially solvent. Recommendation of approval sent to plans.

Use Case: Receive self-insurance application. Upon review, notify employer not compliant with coverages (WC, PHC, TDI).

Use Case: Receive self-insurance application. Confirm employer compliance with WC, TDI and PHC Coverage. After reviewing financial solvency of employer, find deduction is not compliant and writes denial letter. Administrator signs and letter mailed to claimant.

1. System shall be able to identify and track cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall generate notices/letters and notify identified parties
6. System shall have the ability to provide reports

iv. Premium Supplementation (Audit)

REQ: Ability to process (receive, track, calculate and pay) Premium Supplementation

Use Case: Employer files for premium supplementation. Received by DCD and assigned to Auditor. Reviews and calculates supplemental amount. Give to supervisor and administrator to review and approve. FISCAL pays and copy filed with case file. Auditor writes report for supervisor.

1. System shall be able to identify and track cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall generate notices/letters and notify identified parties
6. System shall have the ability to provide reports
 - a. System shall calculate payment amounts
 - i. Payment amounts based on business rules (based on State and Federal rules)
 - ii. Business rules able to be configured by DCD staff as permissions identified

c. Compliance

i. Ensure WC, TDI, and PHC Coverage (Enforcement – Investigators)

REQ: Validate employers have required coverage

Use Case: Receive monthly report of employers non-compliant for WC, TDI and PHC Coverage. Verify non-compliance and send letter to employer. Track employer until compliant.

Use Case: Receive monthly report of employers non-compliant for WC, TDI and PHC Coverage. Verify compliant in NCCI. Update system to reflect compliance.

Use Case: Receive monthly report of employers non-compliant for WC, TDI and PHC Coverage. Verify non-compliance and send letter to employer. Track employer. Follow-up with notices mailed when still not compliant. Continue tracking.

Use Case: Non-compliant employer fails to respond. Provide courtesy notice informing of possible penalty. Continue tracking.

Use Case: Non-compliant employer fails to respond to penalty notice. Penalty calculated and assessed. Penalty approved and noticed mailed to employer.

1. System shall be able to identify and track complaints
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with employer
 - a. System able to receive information from NCCI
5. System shall generate notices/letters and notify identified parties
6. System shall calculate penalty amounts
 - a. Penalty amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

ii. **New Application for Vendor Compliance Certificate (Enforcement)**

REQ: Review and identify employers as compliant with WC, TDI and PHC Coverage

Use Case: New vendor submits for certificate of vendor compliance in HCE. DCD reviews and marks compliant employer compliant in HCE.

Use Case: New vendor submits for certificate of vendor compliance in HCE. DCD reviews and marks non-compliant employer non-compliant in HCE.

Use Case: 6 or 12-month review report generated to review vendors for coverage compliance. Reviews vendor for compliance and updates HCE.

Use Case: Reviewing for compliance PEO. Compare vendor to approved list of PEOs. Request hard copy of PEO from vendor.

1. System shall be able to identify and track vendor info
2. System shall provide vendor information
 - a. System shall provide information as defined by current user role
 - b. System shall provide information as defined by the file's current workflow status
3. System shall have the ability to assign workflow tasks to users
4. System shall record date/time on actions performed in system
5. System shall receive and associate additional external information with vendor
6. System shall generate notices/letters and notify identified parties
7. System shall be able to identify certificate by category (procurement, non-procurement tax purposes, etc.)
8. System shall have the ability to provide reports
 - a. The reports shall be available to internal parties
 - b. The reports shall be available to external parties (i.e., HCE)

iii. **PEO (Administration)**

REQ: Ability to validate proof of required coverage

Use Case: DCD logs into HCE to verify required coverage by an employer.

1. System shall recertify PEO even-numbered years provide claim/case/file/hearing information
2. System shall generate notices/letters/recertification

3. System shall receive and associate additional external information with claim/case/file/hearing
 - a. System shall receive 3rd party information in a secured manner
 - i. Receive information from HCE
4. System shall have the ability to assign workflow tasks to users
5. System shall record date/time on actions performed in system
6. System shall allow for the configuring of business rules
 - a. Required fields
 - b. Required documentation
 - c. Reminders
 - d. Required timing for actions
 - e. Decision criteria
7. System shall receive and associate additional external information with claim/case/file/hearing
8. System shall identify sensitive data based on business rules and ability to retract information
9. System shall generate notices/letters and notify identified parties
 - a. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
10. System shall have the ability to provide reports
 - a. The reports shall be available to internal parties
 - b. The reports shall be available to external parties (i.e., DOL)

iv. Established Certificate for Vendor Compliance (Enforcement)

REQ: Receive vendor information to complete certificate of vendor compliance

Use Case: Employer submits information. Information validated with HCE and NCCI. System is then updated reflecting compliance.

Use Case: Insurer sends in coverage information to be recorded to employer.

1. System shall provide file/claimant/case information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track employers
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file
6. System shall have the ability to provide reports
 - a. The reports shall be available to external parties (i.e., HCE)

v. Companies Not in Compliance (Administrator)

REQ: Provide access to insurance coverage data

Use Case: Administrator needs to know which companies are not in compliance with their unemployment insurance and wage standards

1. System shall provide claim/case/file/hearing information
2. System shall allow for the configuring of business rules
3. System shall track memorandum of understanding
4. System shall have the ability to provide reports
 - a. The reports shall be available to internal parties
 - i. The data requested shall be provided directly to the requesting department
 1. There shall be no manual or third party "pull" to provide data

vi. Address Issues with Vendor Compliance (Enforcement – Investigators)

REQ: Ability to assign cases to staff

REQ: Ability to track status and actions performed on case

REQ: Ability to perform pre-hearing report

Use Case: Employer non-compliant with WC coverage. Research and work with employer. Prepare pre-hearing report, including calculation of penalty. Provide report to supervisor. Manual tracking of status.

Use Case: Employer non-compliant with TDI coverage. Work with employer to confirm coverage. Provide memo and report to supervisor. Manual tracking of status.

Use Case: Employer non-compliant with TDI coverage. Work with employer to get coverage. Send employer schedule of payments. Provide memo and report to supervisor. Manual tracking of status.

Use Case: Complaints on employer received for PHC. Research and find employer does have coverage and employee eligible. Work with employer to get enrolled. Manual tracking of status.

Use Case: Complaints on employer received for PHC. Research and find employer does have coverage and employee not eligible. Work with claimant on options. Manual tracking of status.

Use Case: Complaints on employer received for PHC. Research and find employer does not have coverage. Work with employer to get covered. Manual tracking of status.

Use Case: Complaints on employer received for PHC. Research and find employer does not have coverage and employee not eligible. Work with claimant. Manual tracking of status.

1. System shall be able to identify and track complaints
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with employer
 - a. System able to receive information from DCCA
5. System shall calculate penalty amounts
 - a. Penalty amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

REQ: Ability to identify delinquent employers and track actions to resolve

Use Case: Receive monthly report. Send notice to employer. Investigator follows up with employer and manually tracks work until employer compliant.

Use Case: Receive monthly report. Send notice to employer. Investigator follows up with employer and manually tracks work. Employer still not compliant. Calculate penalty and send notice. Employer does not pay. Case forwarded to hearings for decision.

1. System shall be able to identify and track employers and cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with employer
 - a. System able to receive information from DCD
5. System shall generate notices/letters and notify identified parties
6. System shall calculate penalty amounts
 - a. Penalty amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

vii. **Delinquent Letters (Enforcement)**

REQ: Ability to identify employers requiring delinquent letters

Use Case: Monthly review employer report for compliance. If not compliant with coverage requirements, send to Investigators to investigate to send delinquent letters or not.

Use Case: Monthly review employer report for compliance. If compliant update system.

1. System shall provide file/claimant/case information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track employers
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file
6. System shall generate notices/letters and notify identified parties
7. System shall have the ability to provide reports
 - a. The reports shall be available to internal parties

viii. Handle Complaints (direct – DC54, Enforcement – Investigators, Supervisors)

REQ: Ability to process (receive, address, assign, track) complaints received regarding TDI or PHC.

Use Case: Employee submits complaint to DCD for unpaid health care coverage when employee feels they are eligible. DCD researches and finds employee eligible, works with employer to cover employee and pay benefits.

Use Case: Employee submits complaint to DCD for unpaid health care coverage when employee feels they are eligible. DCD researches and finds employee not eligible, works with employee on options for benefits.

Use Case: Written complaint filed with Enforcement. Supervisor addresses complaint directly.

Use Case: Written complaint filed with Enforcement. Supervisor reviews and assigns to Investigator.

1. System shall be able to identify and track complaints
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with employer
 - a. System able to receive information from DCCA
5. System shall generate notices/letters and notify identified parties
6. System shall calculate penalty amounts
 - a. Penalty amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

ix. Receive Fraud Complaints (Administration)

REQ: Ability to process (receive, assign, approve, track) fraud complaints

Use Case: Receive fraud complaint regarding case. Mail letter to claimant. After 30 days refer to hearings.

1. System shall be able to identify and track claim/case/file/hearing
2. System shall provide claim/case/file/hearing information
 - a. System shall provide information as defined by current user role
 - b. System shall provide information as defined by file's current workflow status
3. System shall have the ability to assign workflow tasks to users
4. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields
5. System shall record date/time on actions performed in system
6. System shall receive and associate additional external information with claim/case/file/hearing
7. System shall generate notices/letters and notify identified parties

d. **Audit**

i. **Compliance Audits**

REQ: Ability to random perform compliance audits

Use Case: Randomly auditor selects an employer. Notifies employer of selection. Auditor reviews employer's documentation and determines compliant. Writes report for supervisor and documents in system.

Use Case: Randomly auditor selects an employer. Notifies employer of selection. Auditor reviews employer's documentation and determines employer not in compliance. Writes report for supervisor and documents in system.

1. System shall be able to identify and track cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall generate notices/letters and notify identified parties
6. System shall have the ability to provide reports

ii. **Complaints – Deductions**

REQ: Ability to process (receive, track, notify) deduction complaints.

Use Case: Audit review employer's external payroll records – site visit.

Use Case: Deduction complaint referred to Audit by Investigators. Supervisor reviews and assigns case. Auditor works with claimant and/or employer for additional information, as needed. Auditor determine claimant ineligible for health care. Documents and writes up report for supervisor.

Use Case: Deduction complaint referred to Audit by Investigators. Supervisor reviews and assigns case. Auditor works with claimant and/or employer for additional information, as needed. Auditor determine no over deduction. Documents and writes up report for supervisor.

Use Case: Deduction complaint referred to Audit by Investigators. Supervisor reviews and assigns case. Auditor works with claimant and/or employer for additional information, as needed. Auditor determine employer over deducted. If employer has coverage, refund payable to DLIR in special disability fund.

Use Case: Deduction complaint referred to Audit by Investigators. Supervisor reviews and assigns case. Auditor works with claimant and/or employer for additional information, as needed. Auditor determine employer over deducted. If employer has no coverage, Audit receives check and follows up with claimant. Documents and writes up report for supervisor.

1. System shall be able to identify and track cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall generate notices/letters and notify identified parties
6. System shall have the ability to provide reports
7. System shall calculate payment amounts
 - a. Payment amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

e. **Departmental Mail**

i. **Outgoing Mail (Records and Claims)**

REQ: Facilitate collection of mail to be distributed and/or mailed to other branches, offices and external organizations

Use Case: All hard copy mail received by a central location and then distributed to appropriate parties

Note: May not be part of automation, but may be impacted by tracking of items

ii. **Filing (Records and Claims)**

REQ: Files are maintained when not in use

REQ: Files may receive input while in use

REQ: Files are tracked to who is using the file

1. System shall be able to identify and track requests
2. System shall have the ability to assign workflow tasks to users
3. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields
4. System shall record date/time on actions performed in system
5. System shall receive and associate additional external information with claim/case/file
6. System shall ingest documents
7. System shall allow for the inputting of information while assigned to individual
 - a. Permissions determine ability to edit while assigned

iii. **Process Division Mail (CSU)**

REQ: Acknowledge receipt of mail to DCD.

Use Case: Mail must be noted for date and time received by DCD per legal rules

REQ: Distribute mail to respective branches.

Use Case: CSU receives all mailed correspondence. Items are then opened and distributed to appropriate branches to process.

1. System shall record date/time on actions performed in system
2. System shall receive and associate additional external information with claim/case/file
3. System shall have the ability to ingest documents via OCR

f. **Public Inquiries**

i. **Request Archived Files (Records and Claims)**

Note: Cases that have been “closed” (i.e. 8 years after last medical payment)

REQ: Ability to retrieve archived files

Use Case: Request for information received. Upon reviewing, identified that case is archived already. File is requested and sent over from archived files. File is tracked to who is using file and returned.

1. System shall provide claim/case/file/hearing information
 - a. System shall provide information as defined by current user role
 - b. System shall provide information as defined by workflow status
2. System shall be able to identify and track requests
3. System shall have the ability to assign workflow tasks to users
4. System shall record date/time on actions performed in system

ii. **Supervisor Receive Requests for Information (Records and Claims, Program Support Coordination Office)**

REQ: Supervisor processes requests for information

REQ: Records/Case information is able to be shared with third parties

Use Case: DCD receives request for information regarding a Decision and releases records information to party

Use Case: DCD receives request for information regarding a Stipulation and releases records information to party

Use Case: DCD receives request for information regarding a case with claimant release authorization and releases records information to party

Use Case: DCD receives request for information regarding a case without claimant release authorization and does not release records information to party explaining why not releasing

Use Case: Records and Claims receives notification from Research and Statistics that a record needs more information. The item is assigned to a Records and claims' staff member to contact employer or adjuster to obtain more information and updates the report.

1. System shall be able to identify and track requests
2. System shall record date/time on actions performed in system
3. System shall receive and associate additional external information with claim/case/file
4. System shall generate notices/letters and notify identified parties
5. System shall identify sensitive data and redact information

iii. **Process Inquiries (Facilitators)**

REQ: Ability to track current status and action(s) performed of a case when a claimant inquires

Use Case: Claimant calls, walks in, or emails asking about a question regarding their case. Facilitator looks up case and assists claimant.

Use Case: Claimant calls, walks in, or emails asking about a question regarding their case. Facilitator identifies case is with LIRAB jurisdiction and refers claimant to LIRAB.

Use Case: Provider calls with questions about case. Facilitator looks up case and assists provider based on business rules.

Use Case: TDI inquiry regarding concurrent benefits is received by Plans branch that is forwarded to Facilitator. Facilitator waits for DCD Case # to follow-up with claimant. Generates WC14 for claimant to provide to employers.

1. System shall be able to identify and track requests
2. System shall provide file/claimant/case information
 - a. Facilitators require access to information in all states including but not limited to:
 - i. Closed files
 - ii. Archived files
 - iii. VR
 - iv. Hearings
3. System shall receive 3rd party information in a secured manner
4. System shall record date/time on actions performed in system
5. System shall receive and associate additional external information with claim
6. System shall have the ability to assign workflow tasks to users
7. System shall generate notices/letters and notify identified parties
8. System shall identify when parties are represented

iv. **Response to Letters Received (Administrator)**

REQ: Access to case data

Use Case: Administrator receives a letter from an attorney and wishes to look up all cases the attorney has worked before responding with letter.

Use Case: A question from the House or State Representative is received and Administrator wishes to review operational data before responding.

1. System shall be able to identify and track claim/case/file/hearing
 - a. System shall identify the person to which a claim/case/file/hearing is assigned
 - b. System shall identify the status of the claim/case/file/hearing
2. System shall provide claim/case/file/hearing information
3. System shall record date/time on actions performed in system
4. System shall prevent multiple users from editing the same file information at the same time

g. Accounts Receivables/Payables

i. Collection of Moneys (Records and Claims)

REQ: Ability to receive and track requests for paid services

REQ: Ability to record payment for paid services

REQ: Ability to report on payments received.

Use Case: An Attorney comes in and requests copies of a case file. Attorney makes payment when receive copies. Admin records payment. Admin provides receipt to attorney.

Use Case: End of week the supervisor collects all moneys and balances money received against the log of transactions.

Use Case: End of week the supervisor takes money and report to FISCAL to deposit

1. System shall be able to identify and track requests
2. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields
3. System shall record date/time on actions performed in system
4. System shall provide receipts
 - a. Receipts shall be printable

ii. Penalty Assessments (Enforcement - Investigators)

REQ: Ability to process (calculate, assign, track payment(s) of) penalties for non-compliance on coverage requirements.

REQ: Ability to reconcile receivables and payables

Use Case: Employer does not have required coverage for WC, PHC, or TDI. After working with investigator still does not obtain coverage. Investigators then calculate penalty and provide notice.

Use Case: Non-compliant employer pays penalty as work to become compliant.

1. System shall be able to identify and track employers and cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with employer
 - a. System able to receive information regarding payments
5. System shall generate notices/letters and notify identified parties
6. System shall calculate penalty amounts
 - a. Penalty amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

iii. Process Checks for SCF

REQ: Ability to receive and track payments for SCF

Use Case: Decision rendered and claimant pays to SCF. Receive check and decision. Record payment.

1. System shall provide file/claimant/case information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track payments
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file
6. System shall generate notices/letters and notify identified parties
7. System shall be able to identify compromises.
8. System shall have the ability to provide reports
 - a. The reports shall be available to internal parties

iv. Collect Penalty and Receivables (SCF)

REQ: Ability to collect payments for SCF

Use Case: Decision from hearing goes to Auditor to review for SCF involvement. Audit reviews and forwards to FISCAL who tracks balance. FISCAL provides to Enforcement to ensure receive payment. Enforcement collects payment. Provides payment to FISCAL.

Use Case: Decision from hearing goes to Auditor to review for SCF involvement. Audit reviews and forwards to FISCAL who tracks balance. FISCAL provides to Enforcement to ensure receive payment. Enforcement unable to collect payment and sends collection notice. Receives payment. Provides payment to FISCAL.

Use Case: Decision from hearing goes to Auditor to review for SCF involvement. Audit reviews and forwards to FISCAL who tracks balance. FISCAL provides to Enforcement to ensure receive payment. Enforcement unable to collect payment and sends collection notice. Unable to receive payment and provides to AG to write off.

1. System shall be able to identify and track payments
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall have the ability to provide reports
6. System shall calculate payment amounts
 - a. Payment amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

v. Delinquent Employer Payments (SCF)

REQ: Ability to process (receive, assign, approve, track) payments against special compensation fund

Use Case: Decision rendered on wage replacement requiring payment by SCF. WC administration reviews and prepares payment memo for processing by FISCAL. Auditor reviews and validates computations. Provides copy of audit to FISCAL for payment. FISCAL pays and provides copy of check for processing.

Use Case: Decision rendered on disfigurement requiring payment by SCF. Auditor reviews and validates computations. Provides copy of audit to FISCAL for payment. FISCAL pays and provides copy of check for processing.

Use Case: Decision rendered on PPD requiring payment by SCF. WC administration reviews and prepares payment memo for processing by FISCAL. Auditor reviews and validates computations. Provides copy of audit to FISCAL for payment. FISCAL pays and provides copy of check for processing.

Use Case: Decision rendered on PTD requiring payment by SCF. WC administration reviews and prepares payment memo for processing by FISCAL. Auditor reviews and validates computations. Provides copy of audit to FISCAL for payment. FISCAL pays and provides copy of check for processing.

Use Case: Decision rendered on decision requiring payment by SCF involving medical. WC administration reviews, requesting medical bills/info direct from providers, and

prepares payment memo for processing by FISCAL. Auditor reviews and validates computations. Provides copy of audit to FISCAL for payment. FISCAL pays and provides copy of check for processing.

1. System shall be able to identify and track cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall generate notices/letters and notify identified parties
6. System shall calculate payment amounts
 - a. Payment amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

REQ: *Ability to change payments to recurring*

Use Case: *PTD is changed from temporary to permanent. Checks now need to be paid monthly.*

1. System shall be able to identify and track cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall have the ability to provide reports
6. System shall generate notices/letters and notify identified parties
7. System shall calculate payment amounts
 - a. Payment amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

vi. Concurrent Employment Payments (SCF)

REQ: *Able to process (receive, assign, approve, track) concurrent employment payments*

Use Case: *Decision for concurrent employment specifies payment by SCF. Auditor reviews and validates payment. Auditor submits to FISCAL for initial payment. WC Program Specialist then process subsequent payments for TTD by creating payment memo and providing to FISCAL upon approval.*

Use Case: *Decision for concurrent employment specifies payment by SCF. Auditor reviews and validates payment. Auditor submits to FISCAL for initial payment. Auditor then audits monthly payments made for PTD and PPD. WC Program Specialist reviews and then process subsequent payments by creating payment memo and providing to FISCAL upon approval.*

1. System shall be able to identify and track cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall have the ability to provide reports
6. System shall generate notices/letters and notify identified parties
7. System shall calculate payment amounts
 - a. Payment amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

vii. Pre-existing Injury Payments (non-delinquent, SCF)

REQ: *Ability to track pre-existing injury payments and begin payment by SCF according to timing rules.*

Use Case: *Decision to pay pre-existing injury states for SCF to pay. After 104 weeks of payment by employer to claimant, SCF will then continue payments. Auditor tracks and*

then reviews and approves payment by FISCAL. FISCAL is notified to keep in suspense until award date. When notified by Auditor, FISCAL then processes payments.

1. System shall be able to identify and track cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall have the ability to provide reports
5. System shall generate notices/letters and notify identified parties
6. System shall calculate payment amounts
 - a. Payment amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

viii. Benefit Adjustment Payments (SCF– ASO/Fiscal, Insurance, Administration, Records and Claims)

REQ: Every 10 years need to process (review, track and assign) and update and issue all new decisions on PTD benefit adjustments

Use Case: Every 10 years FISCAL provides list of people on PTD paid by SCF. Audit reviews and computes benefit adjustments. Audit verifies mailing addresses. Decision is issued, approved and then FISCAL makes payments.

1. System shall be able to identify and track cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall have the ability to provide reports
6. System shall generate notices/letters and notify identified parties
7. System shall calculate payment amounts
 - a. Payment amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

REQ: Able to process (review, track, approve and pay) reimbursements to carrier paid for by SCF.

Use Case: Carrier pays directly to claimant. Carrier submits to DCD for reimbursement from SCF. Auditor tracks payments and hands off to FISCAL to process payment.

1. System shall be able to identify and track cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall calculate payment amounts
 - a. Payment amounts based on business rules
 - b. Business rules able to be configured by DCD staff as permissions identified

ix. Services of Attendance Payments (SCF)

REQ: Able to process (receive, code, approve, track) services of attendant payments by SCF

Use Case: Auditor receives decision to pay services of attendant from SCF. Auditor codes and provides to WC Program chief to review. Retain copy and provide to FISCAL. Auditor prepares payment by FISCAL. FISCAL receives payment ready and approval and pays.

1. System shall be able to identify and track cases
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with case
5. System shall calculate payment amounts

- a. Payment amounts based on business rules
- b. Business rules able to be configured by DCD staff as permissions identified

x. **Payroll of Facilitators (SCF)**

REQ: Ability pay Facilitators from SCF and balance fund after payments

Use Case: Vacant position posted and then filled by HR. HR enters new employee in DHRD that generates employee in ePAR. FISCAL puts on payroll worksheet and gives to DAGS to process paychecks. Semi-monthly DAGS pulls report from FAMIS for FISCAL to use in balancing SCF. FISCAL reports to Administrator and Program support.

1. System shall be able to identify and track SCF payments
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with SCF
 - a. Receive information from ePAR
5. System shall have the ability to provide reports
 - a. System shall calculate SCF fund balances

xi. **Pay IME (SCF)**

REQ: Ability to pay IME from SCF

Use Case: Physician provides invoice to AG. AG provides to WC Chief to review, then Administrator to approve and sign. FISCAL then processes payment from SCF.

1. System shall be able to identify and track SCF payments
2. System shall have the ability to assign workflow tasks to users
3. System shall record date/time on actions performed in system
4. System shall receive and associate additional external information with SCF

xii. **Vendors**

1. **Pay Court Reporter (SCF)**

REQ: Ability to pay Court Reporter from SCF

Use Case: Court reporter provides invoice to AG. AG provides to WC Chief to review, then Administrator to approve and sign. FISCAL then processes payment from SCF.

- a. System shall be able to identify and track SCF payments
- b. System shall have the ability to assign workflow tasks to users
- c. System shall record date/time on actions performed in system
- d. System shall receive and associate additional external information with SCF

2. **Reimburse AG for Services (SCF)**

REQ: Ability to transfer cash from SCF to AG for payment of AG services

Use Case: AG emails FISCAL once a month AG time sheets. FISCAL allocates salaries by program. FISCAL creates journal voucher to transfer cash from SCF to AG. Posted as expense for SCF.

- a. System shall be able to identify and track SCF payments
- b. System shall have the ability to assign workflow tasks to users
- c. System shall record date/time on actions performed in system
- d. System shall receive and associate additional external information with SCF
- e. System shall have the ability to provide reports
 - i. System shall calculate SCF fund balances

3. Pay for AG travel to Interisland (SCF)

REQ: Ability to process (receive, track, approve) AG travel requests

Use Case: AG submits travel for approval. AG supervisor, WC Program Chief and Administrator each review and approve. FISCAL approves and notifies travel to decide (using prior issued purchase card).

REQ: Ability to process (receive, track, approve, pay) AG travel reimbursements from SCF

Use Case: AG submits travel reimbursement. WC Program Chief and Administrator each review and approve. FISCAL process reimbursement payment.

- a. System shall be able to identify and track SCF payments
- b. System shall have the ability to assign workflow tasks to users
- c. System shall record date/time on actions performed in system
- d. System shall receive and associate additional external information with SCF

4. Pay Attorney Fees (Private sector when lien on award, SCF)

REQ: Ability to pay Attorney Fees from SCF

Use Case: Hearing Officer decides SCF should pay attorney fee. Administrator reviews and approves. Auditor Reviews and prepares memo to FISCAL to pay. FISCAL processes payment from SCF.

- a. System shall be able to identify and track SCF payments
- b. System shall have the ability to assign workflow tasks to users
- c. System shall record date/time on actions performed in system
- d. System shall receive and associate additional external information with SCF

xiii. Assess the Carriers (SCF)

REQ: Ability to determine assessments

REQ: Ability to notify Captive & Self-Insured Employers for WC

Use Case: Research and Statistics receives Total Assessment collected from DCCA based on Levy rate. Research and Statistics determines how much to assess by reviewing each policy and employer. Research and Statistics sends out letters to the Captive & Self-Insured Employers for WC

1. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
2. System shall provide claim/case/file/hearing/employers/carriers information
3. System shall have the ability to assign workflow tasks to users
4. System shall record date/time on actions performed in system
 - a. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
5. System shall receive 3rd party information in a secured manner
6. System shall calculate assessment amounts
 - a. Assessments amounts shall be configurable by business rules
 - i. Business rules shall be configurable by DCD administrators
7. System shall generate notices/letters and notify identified parties
8. System shall have the ability to provide reports

xix. TDI Special Trust Fund Evaluations (Plans Branch)

REQ: Ability to process (receive, assign, track, notify) TDI Special Trust Fund Evaluations

Use Case: Claimant applies for TDI Special Trust Fund evaluations and is received and tracked by Plans. Determine not qualified and notifies claimant, offering appeal rights.

Use Case: Claimant applies for TDI Special Trust Fund evaluations and is received and tracked by Plans. Determine qualified and calculates payment, notifying individual and copies to UI and Administration. Claimant returns claim certification for each week of coverage. Notify FISCAL to pay.

Use Case: Approved TDI Special Trust Fund payment for claimant. Claimant out for extended period. Request physician statement to determine to continue additional payments.

1. System shall provide file/claimant/case/employer information
2. System shall record date/time on actions performed in system
3. System shall be able to identify and track TDI special trust fund requests
4. System shall provide the ability to assign tasks to users
5. System shall receive and associate additional external information with claim/case/file/employer
6. System shall auto calculate TDI Special Trust Fund payments
7. System shall generate notices/letters and notify identified parties
8. System shall have the ability to provide reports

xx. Budget (Administrator)

REQ: Ability to pull financial data on WC, TDI, PHC and SCF claims

Use Case (current): In preparing the budget each year, have to manually ask each individual department to pull their data. They each send their data over

Use Case (future): Financial data is available to use for creation of annual budget

1. System shall provide claim/case/file/hearing information
 - a. System shall provide information as defined by current user role
 - b. System shall provide information as defined by workflow status
2. System shall have the ability to provide reports
 - a. The reports shall be available to internal parties
3. The data requested shall be provided directly to the requesting department
 - a. There shall be no manual or third party "pull" to provide data
4. System shall have the ability to track hours based on individual employees and sections

h. Reporting

i. Legislative Measures (Administrator)

REQ: Ability to provide statistical data

Use Case: Administrator needs access to statistical data such as the number of hearings and how long it takes DCD to process them to provide input on legislative measures

Use Case: Able to identify denied WC1 claims by Carrier. Assists with keeping claims processing on a timely basis.

1. System shall record date/time on actions performed in system
2. System shall have the ability to provide reports
 - a. The reports shall be available to internal parties
 - b. The reports shall be available to external parties (i.e. Director's Office)

ii. Reporting (Program Support Coordination Office/Administration)

1. Reporting (Administration)

REQ: Ability to produce reports

REQ: Ability to take operational data and provide reports

REQ: Ability to submit monthly reports to SOH Variance reporting system (eVariance)

Use Case: Pull operational data from various DCD branches to produce operational reports on overall DCD

Use Case: Pull operational data on claims DCD handles and submit to SOH Variance reporting system (eVariance)

Use Case: Pull statistical data for administrator on operations upon request

- a. System shall record date/time on actions performed in system
- b. System shall have the ability to provide reports
 - i. The reports shall be available to internal parties
 - ii. The reports shall be available to external parties (i.e., Human Resources)

2. **Records (Administration)**

REQ: Receive requests for information and provide information based upon business rules to approve release of information

Use Case: Request for workers compensation record received by Records and Claims that is for decision or stipulation. Records and Claims releases the information.

Use Case: Request for workers compensation record received by Records and Claims that is not for a decision or stipulation. As there is a claimant release on file, Records and Claims releases the information.

Use Case: Request for workers compensation record received by Records and Claims that is not for a decision or stipulation. As there is no claimant release on file, Records and claims does NOT release the information.

Use Case: Programs Support receives a general request for information and approves the request. Programs Support notifies the respective branch to send the records.

Use Case: Programs Support receives a general request for information and denies the request. Programs support sends letter back to requester explaining the denial.

Use Case: Programs support pulls semiannual report and submits to DOL who compiles report for Office of Information Practices.

- a. System shall be able to identify and track claim/case/file/hearing
- b. System shall provide claim/case/file/hearing information
 1. System shall provide information as defined by current user role
 2. System shall provide information as defined by the file's current workflow status
- c. System shall have the ability to assign workflow tasks to users
- d. System shall record date/time on actions performed in system
- e. System shall allow for the configuring of business rules
 1. Required fields
 2. Required documentation
 3. Reminders
 4. Required timing for actions
 5. Decision criteria
- f. System shall receive and associate additional external information with claim/case/file/hearing
- g. System shall identify sensitive data based on business rules and ability to redact information PEO
- h. System shall generate notices/letters and notify identified parties
 1. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
- i. System shall have the ability to provide reports

1. The reports shall be available to internal parties
2. The reports shall be available to external parties (i.e., Director's Office)

3. Limited English Proficiency (LEP, Administration)

REQ: Ability to submit semi-annual reports

Use Case (Current): Pull from Hearings Branch report to submit to research and statistics twice a year statistics on LEP. Research and Statistics collects total number of encounters from each division/office. R&S compiles information by Language and by Division/Office. Director's office then sends results by Language to OLA at Department of Health.

Use Case (Future): Provide the data directly to users

- a. System shall be able to identify and track claim/case/file/hearing
 - i. Cases shall be able to be identified by Language
 - ii. Cases shall be able to be identified by Division and Office
- b. System shall provide claim/case/file/hearing information
 - i. System shall provide information as defined by current user role
 - ii. System shall provide information as defined by the file's current workflow status
- c. System shall have the ability to provide reports
 - i. The reports shall be available to internal parties
 - ii. The reports shall be available to external parties

4. Automation (Administration)

REQ: System shall be backed up

Use Case: Daily Programs Support replaces back up tape

REQ: System shall be able to pull in information of WC insurance from NCCI

REQ: System shall be able identify and address mismatches of data when pulling data from external systems

Use Case: Daily Programs Support pulls NCCI download data of new claims and uploads to system.

Use Case: After pulling NCCI data into system, an error report is produced to address data mismatches

Use Case: New front-end database for NCCI Proof of Coverage (POC) where business rules compare with DCD DC file for acceptance/rejection based on FEIN, DOL, ER name

REQ: Pull in data from Insurer's on worker comp claims submitted and validate correct in system

Use Case: Daily Programs Support verifies file received from Insurers and runs LEI program in LOTUS to upload into DCD system.

REQ: System data shall be validated

Use Case: Daily Programs Support downloads files from DCIS and runs LEI to update LOTUS

REQ: Ability to perform Levy Reports

Use Case: Annually Programs Support does Levy Run and provides to Records and Claims and Research and Statistics.

Use Case: Annually (six months after Levy Run) repeats Levy Run process to pull from self-insured employers to tell DCCA rates for next year.

REQ: Ability to report on cases and costs

Use Case: When do Levy Run, statistical data provided to R&S who then reports to Administrator on Reported Cases, Processed Cases, Processed Cases with Cost, Total Cost, Days Lost, SCF Cost, Medical Costs, Medical Costs as a % of the Total Cost.

REQ: Ability to calculate insurance rates

Use Case: Insurance rates calculated based on reporting calculations and DCCA notified of rate for next year based on scheduling rules

Use Case: Insurance rates calculated based on reporting calculations and Self-Insured employers notified of rate for next year based on scheduling rules

REQ: Ability to create assessment letters based upon defined rates

Use Case: DCD creates assessments letters based on new annual rates and mails to insurers.

Use Case: Copies of assessment letters are provided to DCD collections for follow-up.

REQ: Calendaring functions shall have Holiday/State of Hawaii and Federal schedule configurable

Use Case: Annually Programs Support enters holiday schedule into DCIS

REQ: Ability to define WC max benefit in system

Use Case: Annually Programs support enters WC max benefit or have a table for Support Staff to input yearly

REQ: Ability to define records retention timeframe and actions for end of life

Use Case: Annually Programs Support runs a program to purge any WC cases greater than 10 years dormant and any TDI or PHC cases greater than 6 years dormant

- a. System shall provide claim/case/file/hearing information
 - i. System shall provide information as defined by current user role
 - ii. System shall provide information as defined by the file's current workflow status
- b. System shall receive and associate additional external information with claim/case/file/hearing
 - i. System shall receive 3rd party information in a secured manner
 - ii. Receive information from NCCI
 - iii. Receive information from worker's comp claims
 1. Receive from Insurers supporting electronic claims
- c. System shall have the ability to provide reports
 - i. The reports shall be available to internal parties
 1. Does not require any manual intervention or "pull"
 - ii. The reports shall be available to external parties (i.e., adjusters)
- d. System shall record date/time on actions performed in system
- e. System shall generate notices/letters and notify identified parties
- f. System shall allow for the configuring of business rules
 - i. Required fields
 - ii. Required documentation
 - iii. Reminders
 - iv. Required timing for actions
 - v. Decision criteria

iii. RESEARCH AND STATISTICS (R&S)

1. Data Coding – Paper

REQ: Ability to code any documentation received in hard copy.

Use Case: Receive hardcopy WC1 and code for type of claim for proper processing.

- a. System shall provide file/claimant/case/employer information
- b. System shall record date/time on actions performed in system
- c. System shall be able to identify and track WC claims
- d. System shall provide the ability to assign tasks to users
- e. System shall receive and associate additional external information with claim/case/file/employer
 - i. System shall validate data prior to submitting
- f. System shall generate notices/letters and notify identified parties
- g. System shall have the ability to provide reports
- h. System shall be able to assign WC claim codes for processing

2. Data Coding – Electronic

REQ: Ability to code electronically submitted documentation

Use Case: Receive electronic WC claims and code for type of claim for proper processing

- a. System shall provide file/claimant/case/employer information
- b. System shall record date/time on actions performed in system
- c. System shall be able to identify and track claims
- d. System shall provide the ability to assign tasks to users
- e. System shall receive and associate additional external information with claim/case/file/employer
 - i. System shall validate data prior to submitting
- f. System shall generate notices/letters and notify identified parties
- g. System shall have the ability to provide reports
- h. System shall be able to assign claim codes for processing

3. Filing

REQ: Ability to access file information.

Use Case: Receive copies of files and files in Research and Statistics folders.

- a. System shall provide file/claimant/case/employer information
- b. System shall be able to identify and track claims
- c. System shall receive and associate additional external information with claim/case/file/employer

4. Weekly Edit Report

REQ: Ability to report on errors from manual entry

Use Case: Receive report where data mismatches occur between systems.

- a. System shall provide file/claimant/case/employer information
- b. System shall record date/time on actions performed in system
- c. System shall be able to identify and track claims
- d. System shall provide the ability to assign tasks to users
- e. System shall receive and associate additional external information with claim/case/file/employer

- i. System shall validate data prior to submitting
- f. System shall generate notices/letters and notify identified parties
- g. System shall have the ability to provide reports
- h. System shall be able to assign WC claim codes for processing

5. Monthly Unclassified

REQ: Ability to highlight cases unable to associate codes to.

Use Case (current state): As assigning codes, anyone that cannot be coded due to lack of information or unclear information, is set aside and not coded – once a month a stack is given to Records and Claims to follow-up on information and clarify.

- a. System shall provide file/claimant/case/employer information
- b. System shall record date/time on actions performed in system
- c. System shall be able to identify and track claims
- d. System shall provide the ability to assign tasks to users
- e. System shall receive and associate additional external information with claim/case/file/employer
 - i. System shall validate data prior to submitting
 - f. System shall generate notices/letters and notify identified parties
 - g. System shall have the ability to provide reports
 - h. System shall be able to assign claim codes for processing

6. Annual WC Data Book

REQ: Ability to post current annual WC data on external website

REQ: Ability to reference prior years WC data on external website

Use Case: After final annual levy run, use the data and update current data book, posting on website and keeping older history.

- a. System shall have the ability to provide reports
 - i. Reports shall be available to internal DCD staff
 - ii. Reports shall be available to external parties

iv. ETS

1. Daily Jobs

REQ: Hard copy submissions for Workers Comp claims need to be entered into system for tracking

Use Case: Employer fills out hard copy form and mails to DCD

- a. System shall allow for the entry of forms/data submitted via paper forms and ingest into system

REQ: Consistent case/claim/file data throughout the system

Use Case: Users entering data on current case/claim/file is visible to other users who are read-only the case information

Use Case: DCD employee making updates to a case file must “hit” submit prior to submitting data changes

REQ: Any errors or mismatch in data entry displayed for resolution

Use Case: Data entry on case information conflicts with claimant information in the system

REQ: *Replicating data from DCIS to Notes (SQL)*

Use Case: *Changes made in DCIS are uploaded to Notes reference DB*

REQ: *Uploading data from Lotus to DCIS (WC1 – Paper, and electronic)*

Use Case: *WC1 from Insurance carriers. Paper WC-1 are keypunched by ETS then downloaded and imported into Notes*

REQ: *Able to make changes to department of labor numbers*

Use Case: *Receive request to update DOL#*

REQ: *Able to delete case files*

Use Case: *User started creating a case and then realized it already existed in system. Requests the duplicate case file be deleted.*

REQ: *Able to import external data*

Use Case: *Import data from NCCI on new and renewal insurance policies (Proof of Coverage), also cancellations, endorsements, and reinstatements*

REQ: *Importing of external data shall not impact operations*

Use Case: *Running a large report does not slow down the system that another DCD staff cannot enter data.*

REQ: *Able to identify data mismatches when importing external data to system*

Use Case: *Import data from NCCI and it does not match data in system. Administration notified to address data*

- a. System may require acceptance/submission of data before being visible to other users
- b. System shall display data errors/issues in real time during editing
- c. System shall report on data errors/issues
 - i. Report shall be available on demand
 - ii. Report shall be scheduled
- d. System shall receive and associate additional external information with claim/case/file

2. Weekly Jobs

REQ: *Able to generate form letters*

Use Case: *Certain processes require letters to be generated including data from the system. These letters are produced and printed for mailing by DCD staff*

- a. System shall generate notices/letters and notify identified parties

3. Monthly Jobs

REQ: *Interim records are deleted*

Use Case: *Monthly delete interim WC-2 Records*

REQ: *Ability to report on cases, employers*

Use Case: *Creates monthly report of all cases involving minors*

Use Case: Creates monthly report of all employers non-compliant for WC, TDI, or PHC

Use Case: Creates monthly report of all employers exempt from WC, TDI, or PHC

Use Case: Creates monthly report of employer statistics

Use Case: Creates monthly report of WC cases, HO and VR cases statistics

Use Case: Monthly prints employer statistics totals for fiscal year

Use Case: Monthly prints WC case statistics totals for month prior

Use Case: Prints HO statistics totals for month prior

Use Case: Monthly report on "Liability Denied" data for cases

Use Case: Create month end print file of cases w/ liability denied and self-insured carrier

Use Case: Create month end print file of cases w/ liability denied and valid carrier

Use Case: Create annual print file of cases w/ liability denied and self-insured carrier

Use Case: Create annual print file of cases w/ liability denied and valid carrier

- a. System shall have the ability to provide reports
 - i. The reports shall be available to internal parties
 - ii. The data requested shall be provided directly to the requesting department
 - 1. There shall be no manual or third party "pull" to provide data

REQ: Reports shall identify "new" or unread data on report

Use Case: Monthly resets "new case flag" so knows what cases have not been previously reported on

- a. System shall have the ability to provide reports
 - i. The reports shall be available to internal parties
 - ii. The data requested shall be provided directly to the requesting department
 - 1. There shall be no manual or third party "pull" to provide data
 - a. The user shall have the ability to define parameters for report based on user

REQ: Correspondence is deleted

Use Case (current state): Monthly delete correspondence

REQ: Able to provide current month statistics on WC data

Use Case (current state): Program Chief receives monthly statistics. ETS then purges old WC month end stats records so as not to confuse with next monthly statistics.

- a. System shall have the ability to provide reports
 - i. The reports shall be available to internal parties
 - ii. The data requested shall be provided directly to the requesting department
 - 1. There shall be no manual or third party "pull" to provide data
 - iii. The user shall have the ability to define parameters for report based on user

4. Yearly Jobs

REQ: Able to categorize cases'/records' status after a defined time-period

Use Case (current state): Records older than 10 years are purged from mainframe to make space on system. These records are stored in "History" status. User must to request file if there is a question about case in future.

- 8. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
 - i. System shall identify the status of the claim/case/file/hearing/employers/carriers

1. Access to record is based on current user's permissions
- ii. System shall track time periods
 1. Time periods shall be configurable
 - a. Can be configured by DCD admins
 2. Time periods shall be usable in the following scenarios but not limited to:
 - a. Workflow actions
 - b. Status
 - c. Notifications
 - d. Reporting
 - i. Scheduled
 - ii. Ad Hoc
 - iii. Dashboards
9. System shall have the ability to provide reports
 - i. The reports shall be available to internal parties
 1. The data requested shall be provided directly to the requesting department
 - i. There shall be no manual or third party "pull" to provide data
10. The user shall have the ability to define parameters for report based on user
11. Reports provide data based on current user role

5. On Demand Reports

REQ: Users shall be able to request reports on demand

Use Case: DCD staff needs to report on how many case files were addressed this week (ad hoc)

Use Case: DCD staff needs to report to administration how many case files were addressed each month

- a. System shall have the ability to provide reports
- b. System shall provide the ability to provide ad hoc reports (one time)
 - i. System shall provide the ability to setup and schedule reports (recurring)

v. Fiscal

1. Federal Tracking

REQ: Ability to track federal fund amounts and payments

Use Case: Receive invoice for payment via federal fund. Track to federal fund ledger. Process payment in FISCAL and notify administrator when processed.

REQ: Ability to report on federal fund statistics

Use Case: pull monthly statistics of payments made from federal fund. Send report to federal reporting. Upload to accounting system.

REQ: Ability to produce 1099 forms

Use Case: payment is greater than \$600 and a 1099 is produced. This is mailed out to recipient and tracked in ledger for audit purposes.

- a. System shall have the ability to provide reports
 - i. The reports shall be available to internal parties
 - ii. The data requested shall be provided directly to the requesting department
- b. There shall be no manual or third party "pull" to provide data
 - i. The user shall have the ability to define parameters for report based on user
 - ii. The reports shall be available to external parties

- ii. System shall have the ability to produce 1099 forms
 - i. Business rules for generating forms shall be configurable by DCD admins
 - ii. Forms shall be sent to recipient of payment
 - 1. System shall have the ability to send forms electronically
 - iii. System shall track the generation and mailing of all 1099 forms

2. State Tracking

Note: Same as Federal (See above)

vi. Annual Purge of Employer files

REQ: Ability to review and archive inactive employers

Use Case (current state): *Annually pulls report on employers who have been inactive for 5 years. Pull files and shred.*

- 1. System shall have the ability to provide reports
- 2. System shall be able to identify and track employers
 - i. System shall be able to update status based on business rules
 - a. Business rules are configurable by admin

vii. Review of Staff Performance Appraisals (Administrator)

REQ: Ability to provide statistical data

Use Case: *Administrator performing a probation evaluation of an employee and pulls the statistical data on the claims the individual has worked as input to the review.*

Use Case: *Administrator performing an annual evaluation of an employee and pulls the statistical data on the claims the individual has worked as input to the review.*

- 1. System shall record date/time on actions performed in system
- 2. System shall have the ability to provide reports
 - i. The reports shall be available to internal parties
 - ii. The reports shall be available to external parties (i.e., adjusters)

i. All Programs Future User Journey

User journey as relates to all of the DCD programs (WC, TDI, PHC). Expectation of external users to be able to apply online, submit information, receive notifications and access status and documentation (**See Attachment Q: Future DCD User Perspective Journeys**).

2.8.5 SCOPE OF SERVICES

Contractor shall implement business process improvement as an essential **key deliverable** for DCD's modernization efforts

2.8.5.1 WORK PLAN

Contractor shall be responsible for designing and submitting to the DLIR DCD a required work plan, including timeline for the implementation of the DCD Web-Accessible Case Management System with Auditing and Financial Tracking. The purpose of the plan is to ensure the proper coordination of all organizations and activities. The plan shall include but not be limited to identification of specific phases, milestones/tasks and activities, schedules, deliverables, identification of personnel responsibilities, and other information required to ensure a successful implementation.

2.8.5.2 PROJECT MANAGER REQUIREMENTS

Offeror shall designate a Project Manager (PM) for this Project to be responsible for installation, testing, deployment, and acceptance of all work performed under this RFP. The PM shall have technical and operational decision-making authority.

The PM shall work with the STATE PM to coordinate System implementation, testing, and deployment. The PM shall provide verbal and written progress reports every 2 weeks.

- a. Submit written notification and explanation of any schedule changes, installation delays, and problem resolution foreseen by the Contractor to the STATE PM.
- b. Integrate the installation schedule within the overall project schedule and shall be held responsible for ensuring all products, labor, and other related elements necessary to facilitate the installation are identified and made available in order to meet the project schedule.
- c. Be responsible for monitoring the project, bringing all changes, modifications, or discrepancies to the attention of the STATE PM.
- d. Schedule all work with the STATE PM.

2.8.5.3 ACCEPTANCE TEST REQUIREMENTS

DLIR DCD will conduct acceptance tests following the development and connection of the system to the DLIR DCD test region. The tests conducted by DLIR DCD will demonstrate the functionality of the system as described in Section 2.8 – Scope of Work

Upon successful completion of the Acceptance Test, the STATE PM shall notify the Contractor in writing and authorize connecting the system into Production.

2.8.5.4 SYSTEM DEVELOPMENT AND IMPLEMENTATION REQUIREMENTS

Refer to **Attachment B1 - Offer Form, OF-2a, Offer Form and Company Qualifications and Staff Profile** for Phase requirements and milestones.

2.8.5.5 TRAINING REQUIREMENTS

The Contractor shall provide training for all staff that use the System. The following types of training and written manuals specific to each type of training must be provided prior to implementation of the System:

- Staff who access the System and
- Administrators of the System (training should cover back-end functions performed by authorized staff).

The training must be offered prior to implementation of the system as well as prior to any major software/hardware upgrades, as appropriate.

Contractor must offer various training alternatives, including but not limited to on-site, off-site or on-line training sessions.

2.8.5.6 DOCUMENTATION REQUIREMENTS

The system must be fully documented, including a complete summary and detail of the following:

- User and administration documentation,
- Business rules and formulas,
- System installation, administration and procedural documentation,
- System architecture documentation, including software, hardware and network infrastructure, application design architectures, configurations in either cloud-hosted, or on-premise environments.

- Conversion and migration of existing data to the new System, and
- Data model documentation.

2.8.5.7 KEY PROCESSES TO BE ADDRESSED

Listed below are key business processes to be addressed in this RFP:

a. Automation

- i. WC Processes
- ii. TDI Processes
- iii. PHC Processes
- iv. Forms – digitization of forms (WC1, WC3, WC5, WC2, and other DCD forms, in this order of priority)
- v. Upload/download files from Lotus Notes Domino, DCIS, NCCI
- vi. Migration off DCIS
- vii. Financial tracking and auditing

b. Tracking

- i. Assignments
 1. Who has been assigned a case/task
 2. Which jurisdiction the case is in
- ii. Case Status and statistical information based on business rules
- iii. Any type of access (logins/logout, access to what, or changes to the system (i.e. additions, deletions, appending) including but not limited to date/time stamp, duration/various statistical information

c. Logging

- i. Audit history of every action and task completed in system

d. Reporting

i. On Demand Reporting

1. Enable proactive decision making capabilities for system users by providing “situational awareness” of the current environment
 - a. ***Scenario:*** *If able to report on certain codes so DCD knows which ones are being used the most, then DCD could proactively work to prevent those claims with that code type from occurring in the first place.*

ii. Dashboards

1. Able to quickly access current status, assignments, etc. of case information
2. Ability to display information pertinent to the Stakeholders

iii. Scheduled Reporting

1. Ability to schedule reporting of data in specified reports to selected locations

e. External Parties/Stakeholders

- i. Integrates external party access (i.e. R&S, LIRAB, Stakeholders, etc.) and record submission

2.8.5.8 ADDITIONAL BUSINESS REQUIREMENTS AND KEY TECHNICAL REQUIREMENTS

Listed below are additional business requirements to address the requested functionality and process improvements to be provided by the new system along with key technical requirements the solution is required to address:

a. AUTHENTICATION OF EXTERNAL USERS

i. Require multi-factor process to validate that users are who they say they are

1. Required for creating account to access case data
2. Required for requesting changing of contact information

b. CASE FILE DIGITIZATION

i. Existing Case Files will not be migrated

1. All new cases processed in new case management system will be digitized
2. Initial digitization of existing cases in old system is not included as part of initial scope
 - a. Vendor shall provide how their solution can readily digitize existing, closed and archived files should DCD pursue this in the future

ii. Support for capturing electronic documents

1. General Support

- a. System shall be able to capture electronic documents to include but not limited to emails, email attachments and electronic faxes
- b. Vendor shall address any limitations on electronic file limitations with their proposed solution
- c. Vendor shall address any required file format conversions required for incorporation of documents into the system
- d. System shall support rule-based capture to support automation of workflows
- e. DCD administrative users shall be able to configure capture rules without 3rd party support

2. Document Classification

- a. System shall be able to recognize and classify certain types of files automatically upon entry so that workflow automation is enhanced
- b. Vendor shall address any limitations with document automatic classification upon digitization of their solution
- c. DCD administrators shall be able to configure workflow rules based on classification without 3rd party support

3. High Volume Scanning

- a. System shall be able to incorporate high volume scanning of documentation into the system
- b. System shall have the ability to apply stamps and annotation during batch jobs to individual files
- c. Vendor shall address the capabilities and limitations of high volume scanning configuration and use in their solution

4. Conversion of Paper Files

- a. System shall be able to convert paper form to PDF
- b. Vendor shall identify capabilities and limitations of system to convert paper files to electronic formats
 - i. Includes explanation of how to handle file conversions process

5. Conversion of Electronic Files

- a. System shall be able to export case management data and information for use in external systems in specified format
- b. Vendor shall identify capabilities and limitations of system to convert electronic files to other formats
 - i. Includes explanation of how handle file conversions process

6. Conversion of Color to Grayscale or Black/White

- a. System shall have the ability to convert images of color to grayscale or black and white
- b. Conversion settings shall be configurable by user

- i. Configuration includes any automatic conversion based on DCD configured business rules
- c. Vendor shall address any limitations with conversion of color

7. Remote Scanning

- a. System shall allow external users to associate external files with a case or file in the system
 - i. External users may scan hard copy papers into electronic format into system
- b. System shall provide the ability to receive and process documents over the internet

8. Ability to split images/files or use of files with multiple cases/files

- a. System shall allow for the ability to split information or associating information across multiple cases
- b. System shall allow the ability to associate a single electronic document/item with multiple cases/files
- c. Vendor to address the process for how to split or multi-associate information
- d. Vendor to address any limitation with splitting or associating with multiple cases/files

9. Image Enhancement Capability

- a. Vendor shall address image enhancement capabilities and how they are configured by administrators
- b. Vendor shall address any limitations to image enhancement capabilities

c. Optical Character Recognition (OCR)

- i. System shall utilize optical character recognition for the importing of data into the case management system
 - 1. Vendor shall explain what features are included as part of OCR with solution
 - 2. Vendor shall address any limitations on OCR-type functionality with their proposed solution
- ii. System shall include the capability of redaction as part of information management of cases
 - 1. Vendor to address how redaction is handled in their proposed solution to include explanation if part of OCR processes or separate processes
- iii. DCD administrative users able to configure redaction rules and user settings without 3rd party support

d. Intelligent Character Recognition (ICR)

- i. System shall be able to capture data from hand written notes on files
- ii. Vendor to describe the percentage of accuracy of their solution
- iii. Vendor to address any limitations on utilizing ICR
- iv. Rules should be implemented to require typewritten forms such as WC-2s

e. Ability to print

- i. Priority to digitize files to the extent permitted by law
- ii. Files still required to have the ability to be printed
 - 1. Includes all attachments, decisions and any type of file included in case materials as part of printing

2.8.5.9 BUSINESS PROCESSES AND WORKFLOW

a. Case Creation

- i. Information may be added to system to create a case prior to a case # being assigned
- b. Workflows**
 - i. System shall support both structured and unstructured process management
 - ii. DCD administrative users shall be able to configure structured processes without assistance from 3rd party support
 - iii. Unstructured process management is determined by current user permissions
 - 1. DCD administrative users shall be able to configure workflow permissions without assistance from 3rd party support
- c. Versioning**
 - i. Vendor shall address the versioning capabilities and limitation of system
- d. Concurrent Users**
 - i. System shall allow multiple users to read-only certain files
 - 1. User permissions are to be configured by DCD administrative users without any 3rd party support
 - ii. System not required nor expected to have concurrent editors of same file
 - iii. Vendor shall address any limitations with concurrent viewing of data in system

2.8.5.10 SCHEDULING

- a. Ability to schedule hearings**
 - i. Ability to have external stakeholders (i.e., attorneys) submit availability requests
 - 1. Availability requests are reviewed by DCD prior to accepting/publishing
 - ii. Ability to coordinate DCD and LIRAB calendars
 - 1. Each calendar would be maintained individually
 - 2. Able to compare availability across both calendars
 - iii. Ability to integrate with existing office management calendaring software
 - 1. Tied to Office products

2.8.5.11 SYSTEM INTEGRATIONS

- a. Unemployment Insurance (UI) System and NCCI Data**
 - ii. System shall pull NCCI data and UI Employer data from UI Tax Benefit System into a front-end processing database and compare the following:
 - 1. Employer Name
 - 2. Employer FEIN Number
 - 3. DOL #
 - iii. If NCCI data does not match UI/DCD's data, data is rejected, which results in NCCI correcting the data and resubmitting.
 - iv. DCD will then process and extract relevant data to ingest into DCD database
 - v. Updates insurance policy coverage with DCD DB.
 - vi. Keep audit history in DCD system
- b. Electronic Forms**
 - i. System shall accept forms or form data based on acceptable business rules
 - ii. System shall be able to ingest data, break out the various forms and upload into DCD system after data validation
- c. DocuShare Conversion**
 - iii. System shall convert and ingest DocuShare scanned files into new DCD electronic content management system
- d. FISCAL Financial Files and Tracking**
 - i. System shall produce financial spreadsheets and reports that can be uploaded into FAMIS

- ii. Data conversion from Lotus 1-2-3 to Excel and information ingested into new DCD system
 - iii. Tracking of various fiscal funds
- e. Connection to External Databases**
- i. System shall be able to connect to external databases
 - ii. Vendor shall describe the interfaces available for external database integrations and how the system provides the integration capabilities
 - iii. Vendor shall address any limitations with configuring connections to external databases
- f. File System Content**
- i. The system shall be able to capture content from the local file systems
 - ii. Configuration of capture and rules shall be able to be completed by DCD administrative users without 3rd party support
 - iii. Vendor shall identify any limitations with digitization of file system content into case management solution
- g. Multifunction Devices (MFD)**
- i. System shall integrate with multifunction devices.
 - ii. Vendor shall explain how integration works with MFDs.
 - iii. Vendor shall address any limitations with integration with MFDs including but not limited to any 3rd party support required
- h. Digital Signatures**
- i. System shall provide ability for digital signing (i.e., approval during workflow)
 - ii. System shall provide the ability to print documents for “wet signature”
- i. Email and Fax Integration**
- i. System shall easily integrate emails, email attachments and faxes into case management system
 - ii. Vendor to address integration capabilities of their solution including limitations such as coding required or connections
 - iii. Vendor to identify any 3rd party applications that directly integrate with solution (I.e., Office 365, RightFax, etc.)
- j. Export Capabilities**
- i. System shall be able to export encrypted case/file information
 - i. Ability to export is based on user roles
 - ii. DCD administrator users shall be able to configure roles and features without 3rd party support
 - ii. System shall allow the exporting of information, including images, without requiring viewing of the data or image prior to exporting
 - iii. Vendor shall identify what file formats data can be exported
 - iv. Vendor shall identify what limitation with exporting of data and file formats exists with their solution
- k. Interface**
- i. Solution shall manage content from a single common interface that can access any type of content regardless of format
 - ii. Vendor shall address any limitations with common interface of solution
 - iii. Vendor shall describe any integrated viewing capabilities for documents/files
- l. Web Browser Support**
- i. Solution shall support access to solution via web-based browsers.
 - 1. Users shall be able to interface with either the client or web browser
 - 2. Vendor to identify any differences expected to end user experience between a client and the web browser experience

- ii. Vendor to identify and limitations with web browser usage and support
- m. **Mobile Access**
 - i. External users accessing system from a mobile device shall be able to perform the same functions as they do from a desktop computer
 - 1. System shall scale for mobile environments for external user access
 - ii. No expectation on internal users accessing system from a mobile device upon initial implementation
 - iii. Mobile Capture shall be included as part of mobility access
- n. **ADA Capabilities**
 - i. System shall address ADA requirements
 - ii. Vendor shall address what ADA features are included in their solution
 - iii. Vendor shall address any limitations with ADA features
- o. **Reporting**
 - i. Internal users shall be able to develop and initiate reports (i.e. ad hoc reports) within the Case Management solution without the need to export the data for manipulation via or 3rd party applications.

2.8.6 SOLUTION REQUIREMENTS

- a. **Cost Effective**
 - i. The overall solution including all hardware, software and configuration management shall be cost-effective for DCD to implement and maintain.
 - ii. Solution shall include explanation of how the system is maintained without 3rd party assistance.
 - iii. Solution shall include explanation of how the system is upgraded without 3rd party assistance.
 - iv. Explanation of any decisions regarding Commercial Off-the-Shelf (COTS) software versus custom coding are to be explained.
 - v. Solution shall explain how to easily integrate with additional systems with minimal to no additional 3rd party assistance.
- b. **Configuration**
 - i. Solution shall explain how users (dependent on role) are able to change configuration rules without 3rd party assistance.
- c. **Scalability**
 - i. Solution is expected to be scalable to meet DCD and State of Hawaii's growing needs. The solution shall include how to scale and to what degree it can accommodate.
 - 1. Any limitations on scalability are to be directly addressed
 - ii. Scalability of solution to include, but not limited to incorporating additional users, departments, workflows, data sources, databases, storage size and volume and frequency fluctuations.
- d. **Automatic Cleanup Capability**
 - i. System shall include functionality to clean-up/archive after any actions/jobs that occur such that ensuring data integrity and limiting to only one copy of data
- e. **High Availability & Business Continuity / Disaster Recovery (HA & BC/DR) Capabilities**
 - i. System shall be capable of supporting a high availability configuration consistent with minimal data loss in the event of a localized failure.
 - 1. HA & BC/DR software licensing requirements to be provided in conjunction with offeror's recommendations for implementing HA and BC/DR environments.

- ii. System shall be capable of supporting application failover and/or recovery to an offsite Disaster Recovery environment consistent with DLIR's agreed upon Recovery Point Objective (RPO) and Recovery Time Objective (RTO).
- iii. Vendor shall address any limitations and assumptions of DR environment included as part of the solution

f. Training & Documentation Requirements

- i. Vendor to provide training resources at the administrator, power user, and end user levels
- ii. Vendor to explain what training resources are available and address any limitations on training and documentation

g. Web-based Design, Development and Modeling Interfaces

- i. System shall provide ability for modeling processes
- ii. Vendor shall address any limitations with their modeling processes
- iii. Vendor to address capabilities and limitations with design, development and modeling interfaces including web-based

2.8.7 RFP CONSIDERATIONS

a. Phased Approach – Project shall follow Agile methodology – phased approach

b. Prioritization of Phased Approach Elements

The following priority is requested for providing a phased approach to implementation of all functionality captured in the requirements. Each phase shall be identified in timeline and costs by deliverables.

i. Phase I:

1. Implementation of IT software and hardware infrastructure to support new Case Management System
2. New system is designed, tested and implemented
3. DCIS is “merged” into the new DCD Case Management System
4. NCCI and UI Tax Benefit System Data import into new CMS
5. IBM Lotus Notes Domino Case Management System is running parallel with the new DCD Case Management System
 - a. New cases are going into the new DCD Case Management System
 - b. Existing/Closed Cases are in old IBM Lotus Notes Domino System
6. Electronic Forms and Ingesting Data and associated workflows and reporting
 - a. Emphasis in order: WC1, WC3, WC5, WC2, and other DCD forms
7. Training and Documentation

ii. Phase II:

1. Automation of DCD Program Workflows
 - a. Workers’ Compensation
 - b. Temporary Disability Insurance (TDI)
 - c. Prepaid Health Care (PHC)
2. Completion of CMS workflows (i.e. no parallel systems)
3. Completion of IBM Lotus Notes Domino Case Management System migration and DocuShare ingestion (no longer in parallel)
4. Completion of additional Forms, additional reporting requirements, and electronic data automation and workflows
5. SCF Implementation
 - a. File upload to FAMIS
 - b. Lotus 1-2-3 conversion
 - c. Forms
 - d. Reports

iii. **Phase III:**

1. Completion of DCD Workflows for WC, TD, PHC
2. Completion of Fiscal Accounting and Tracking of the SCF
3. Web Access for external users
4. External systems integration
 - a. HCE
 - b. R&S BLS file upload
5. Archiving, Backup, High Availability & Continuity / Disaster Recovery
6. Ingestion / migration of open cases into new DCD CMS system
7. Mobile experience deployment for Smartphones, tablets
8. Training and documentation for DCD Admins and Staff

2.9 VENDOR RESPONSIBILITIES

2.9.1 MAINTENANCE SUPPORT

2.9.1.1 APPLICATION MAINTENANCE

Contractor shall provide programming and technical support for the DLIR DCD Web-Accessible Case Management System with auditing and financial tracking. Maintenance includes troubleshooting, bug fixes to existing application code, updates, and support to maintain the application software.

Contractor shall also ensure applications interoperability on newer versions of Windows Server Operating System, Microsoft Office 365 compatibility, and across common web-browsers (i.e. Firefox, Chrome, Internet Explorer) in addition to other client software which requires periodic updating such as Java, Cisco AnyConnect VPN, and Host On Demand 3270 terminal emulator.

2.9.1.2 STATE LEVEL STANDARDIZED SERVICE REQUESTS

All Service Requests to the Contractor will be submitted by State utilizing phone, e-mail or other online problem tracking system. State will designate individual users authorized to submit Service Requests and communicate problems and questions. Technical Support for issues related to Software Product functionality will be available during normal working hours. Contractor shall respond to hardware and software problems that prevent or limit the State's ability to perform its work in a timely manner. Contractor shall insure that such problems are addressed and resolved in the shortest timeframe possible.

Response times to Service Requests are measured from receipt of the Service Request to acknowledgement and assignment of a Service Request to the appropriate Contractor resources for remediation of the request. All Service Requests are unique and depending on severity and complexity will require differing resources and time to resolve. As such this table does not indicate the duration or resource hours necessary to address a Service Request to its resolution. The following table outlines the service levels of the numerous services provided by State based on the severity of the Service Request received. State is responsible for categorizing Service Requests according to severity prior to submission to Contractor. Severity assigned to a Service Request will dictate the response times to the Service Request as indicated in the table below.

<u>Maintenance/Support</u>	<u>Critical</u>	<u>High</u>	<u>Medium</u>	<u>Low</u>
Server Management	24 hours	24 hours	24 hours	48 hours
Hot fix Installation (COTS updates)	24 hours	24 hours	24 hours	48 hours
Service Pack Installation	24 hours	24 hours	24 hours	48 hours
Security Patch Installation	24 hours	24 hours	24 hours	48 hours
Component/software Installation	24 hours	24 hours	24 hours	48 hours
Internal Monitoring/Support	24 hours	24 hours	24 hours	48 hours
Manual Log Rotation	24 hours	24 hours	24 hours	48 hours

User Account Management	24 hours	24 hours	24 hours	48 hours
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Firewall Management

Port permission configuration	24 hours	24 hours	24 hours	24 hours
Configuration Management	24 hours	24 hours	24 hours	24 hours
Anti-Virus Updates	1 hour	1 hour	1 hour	1 hour

System Administration / Support

Hardware and System Configuration	As required	As required	As required	As required
Operating System Upgrades	24 hours	24 hours	48 hours	72 hours
Web Server (IIS 5.0)	1 hour	1 hour	5 hours	8 hours
Supported software/patch installation	24 hours	24 hours	48 hours	48 hours
Security configuration/patch installation	24 hours	24 hours	48 hours	48 hours
Adding Domains	24 hours	24 hours	48 hours	48 hours
Password Protection/Server Support	24 hours	24 hours	48 hours	48 hours
Server Reboot/Service Shutdown	As required	As required	As required	As required

System Administration / Support

Network Equipment Monitoring	N/A	N/A	N/A	N/A
Unscheduled Outages	1 – 2 hrs.	2 hrs.	2 hrs.	2 hrs.
Scheduled Maintenance	As required	As required	As required	As required
Ping of primary IP Address	As required	As required	As required	As required
Port Monitoring	N/A	N/A	N/A	N/A
Pager Alerts	As required	As required	As required	As required
Application Monitoring	N/A	N/A	N/A	N/A
Software Product Upgrades (following release date)	1 – 3 days	4 days	7 days	10 days

All Service Requests will be evaluated according to the severity assigned. Service Request severity categories are defined as follows:

- a. **Critical:** Used when a serious error has occurred that terminated the Software Product, whether the result of input, user, program, or system error. An incident that results in a critical business impact on the system, a complete or substantial loss of service when using the system, or real or perceived data loss or data corruption making an essential part of the system unusable, or the inability to use a mission critical segment of the system.
- b. **High:** Issued for situations that cause the system/function to terminate prematurely. An incident that results in serious business impact on the system, the functionality of the software is adversely affected, and cannot be circumvented, or certain functions within the software are disabled or unusable.
- c. **Medium:** Issued for situations that may be problematic but do not cause the system/function to terminate prematurely. An incident that results in some business impact on the system, the functionality of the software is adversely affected, but can be circumvented, or certain functions within the software are disabled, but the Software Product remains operable.
- d. **Low:** Any error condition of a nature not covered by other severity definitions. An incident that results in a minimal business impact on the system, an incident where there is no loss of service and the incident has no significant impact on the usability of the software. This level is typically used for questions, comments and enhancement requests.

2.9.1.3 IMPLEMENTATION AND DEPLOYMENT SERVICES

Contractor shall deploy virtualized application environments within the DLIR's IBM Versa Stack that includes production, staging and development regions. The staging region will mirror the production region and be used as a final staging area where final tests are conducted before migrating any changes to the production region. This region will also be used to conduct tests of the production system. The development region will be used to develop new functionality and applications or modifications to the production system. This is also the region in which DLIR DCD

will conduct user acceptance testing. The Contractor shall correct any identified defects within a reasonable time of notification.

2.9.1.4 OPERATIONAL SUPPORT SERVICES

- a. Assist DLIR EDPSO Staff in performing daily, monthly, and year end operational support services and operational tasks such as running batch jobs, distributing reports, checking logs, and providing general support to maintain the operations of the DLIR DCD Web-Accessible Case Management System with Auditing and Financial Services. The following operational jobs are required to be run at the designated frequencies:
 - i. Daily Report Distribution
 - ii. Weekly Jobs
 - iii. Employer Table updates
 - iv. Mont-end Jobs
 - v. Year-end Jobs
 - vi. Table updates
- b. Assist EDPSO staff to monitor and maintain the DLIR DCD Web-Accessible Case Management System with Auditing and Financial Services Application on 24/7 basis. Show a site not available message when the DCD System is down. Insure that the system constantly monitors the VersaStack.
- c. Assist EDPSO staff in the following security and firewall management services:
 - i. Security Patch Installation
 - ii. Virus/Spyware Scanning
 - iii. Port Monitoring
 - iv. Port Permission Configuration
 - v. Firewall Configuration Management
 - vi. Automated Intrusion Prevention
- d. Assist EDPSO staff to perform all regular, routine maintenance for Application and Web servers running components or modules required for operation of the DLIR DCD system. Maintenance tasks provided are as follows:
 - i. Service Pack Installation
 - ii. Hotfix Installation
 - iii. Hardware Driver Updates
 - iv. Hardware/Software Installation and Configuration
 - v. Operating System Installation and Upgrades
 - vi. Software Product Installation
 - vii. Database Server Management
 - viii. Application Server Management
 - ix. Server Restart/Reboot (as required)
 - x. Operating System Services Management (starting/stopping)
- e. Assist EDPSO staff to perform Server Level User Account Management Services as follows:
 - i. User Account Creation/Maintenance (Server Level)
 - ii. Permissions Management (Server Level)
- f. Assist EDPSO staff to back up data on a regular schedule and insure that related storage and recovery services are provided as follows:
 - i. Daily backups

- ii. Offsite encrypted tape storage
 - iii. RAID Array Disk Recovery/Replacement (hot swap)
 - iv. Full/Partial System Restoration
 - v. Emergency Hardware Repair/Replacement
- g. Assist EDPSO staff to perform scheduled maintenance or upgrades as required. System downtime may be required to perform regular system maintenance or upgrades. When this is required, all reasonable efforts will be made to schedule downtime during maintenance typical Off-Peak Hours and Contractor shall provide State a minimum of 24 hours' notice prior to performing work which will make the system unavailable for longer than a period of twenty (20) minutes. Standard maintenance and support will be available during normal business hours, while installation of patches, upgrades and other non-critical fixes will be evaluated on a case-by-case basis.

SECTION THREE

PROPOSAL FORMAT AND CONTENT

SECTION THREE

PROPOSAL FORMAT AND CONTENT

3.1 INTRODUCTION

One of the objectives of this RFP is to make proposal preparation easy and efficient, giving Offerors ample opportunity to highlight their proposals. The evaluation process must also be manageable and effective. When an Offeror submits a proposal, it will be a complete plan for accomplishing the tasks described in this RFP and any supplemental tasks the Offeror has identified as necessary to successfully meet the obligations outlined in this RFP.

Please be aware that Section 6 - SPECIAL PROVISIONS identifies additional procurement related requirements that the Offeror shall meet and should scrutinize.

Proposals shall:

- a. Provide all information requested in this RFP in the order specified.
- b. Submit in three-ring binders, organized into sections, with tabs separating each section
 - Table of Contents
 - Transmittal Letter
 - Offer Form, Attachment A
 - Wage Certificate, Attachment C
 - Tax Equalization Certificate, Attachment D
 - Executive Summary
 - Work Plan
 - Functionality
 - Support Services
 - [Qualifications of Firm and Staff, Attachment B1, OF-2a & Offeror's Experience and Capabilities](#)
 - [Price Structure, Attachment B2, OF-2b](#)
 - Technical Information
 - Confidential Information
 - Exceptions
 - Required Certificates

These sections are primarily designed to provide information necessary for DLIR DCD to evaluate offers pursuant to the **Evaluation Criteria provided in Section 4** of this RFP. Offeror is advised to review the Evaluation Criteria and to provide all information necessary to allow the DLIR DCD to evaluate Offeror's proposal based on these criteria.

One (1) original, six (6) hard printed copies of each proposal along with an electronic version included on a CD shall be submitted on forms and in the format specified in this RFP (**see Section 1.8 - Proposal Delivery Information, BEST AND FINAL OFFER AND FINAL OFFER (IF ANY) AND COPIES TO BE SUBMITTED.**

3.2 OFFEROR'S AUTHORITY TO SUBMIT AN OFFER

The State will not participate in determinations regarding an Offeror's authority to sell a product or service. If there is a question or doubt regarding an Offeror's right or ability to obtain and sell a product or service, the Offeror shall resolve that question prior to submitting an offer.

3.3 REQUIRED REVIEW

3.3.1 Before submitting a proposal, each Offeror must thoroughly and carefully examine this RFP, any attachment, addendum, and other relevant document, to ensure Offeror

understands the requirements of the RFP. Offeror must also become familiar with State, local, and Federal laws, statutes, ordinances, rules, and regulations that may in any manner affect cost, progress, or performance of the work required.

- 3.3.2** Should Offeror find defects and questionable or objectionable items in the RFP, Offeror shall notify the DLIR/DCD in writing prior to the deadline for written questions as stated in **Section 1.4 – RFP Schedule and Significant Dates**, as amended. This will allow the issuance of any necessary corrections and/or amendments to the RFP by addendum and mitigate reliance of a defective solicitation and exposure of proposal(s) upon which award could not be made.

3.4 PROPOSAL PREPARATION COSTS

Any and all costs incurred by the Offeror in preparing or submitting a proposal shall be the Offeror's sole responsibility whether or not any award results from this RFP. The State shall not reimburse such costs.

3.5 TAX LIABILITY

- 3.5.1** Work to be performed under this solicitation is a business activity taxable under HRS Chapter 237, and if applicable, taxable under HRS Chapter 238. Contractor is advised that they are liable for the Hawaii GET at the current 4.5% for sales made on Oahu, and at the 4% rate for the islands of Hawaii, Maui, Molokai, and Kauai. If, however, an Offeror is a person exempt by the HRS from paying the GET and therefore not liable for the taxes on this solicitation, Offeror shall state its tax-exempt status and cite the HRS chapter or section allowing the exemption.

- 3.5.2** Federal I.D. Number and Hawaii General Excise Tax License I.D. Offeror shall submit its current Federal I.D. No. and Hawaii General Excise Tax License I.D. number in the space provided on **Attachment A: Offer Form Letter, OF-1 Standard Form Letter**, thereby attesting that the Offeror is doing business in the State and that Offeror will pay such taxes on all sales made to the State.

3.6 PROPERTY OF STATE

All proposals become the property of the State of Hawaii.

3.7 CONFIDENTIAL INFORMATION

- 3.7.1** If an Offeror believes that any portion of a proposal, offer, specification, protest, or correspondence contains information that should be withheld from disclosure as confidential, then the Offeror shall inform the Procurement Officer in writing and provided with justification to support the Offeror's confidentiality claim. Price is not considered confidential and will not be withheld.

- 3.7.2** An Offeror shall request in writing nondisclosure of information such as designated trade secrets or other proprietary data Offeror considers to be confidential. Such requests for nondisclosure shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal in order to facilitate eventual public inspection of the non-confidential portion of the proposal.

3.8 EXCEPTIONS

Should Offeror take any exception to the terms, conditions, specifications, or other requirements listed in the RFP, Offeror shall list such exceptions in this section of the Offeror's proposal. Offeror shall reference the RFP section where exception is taken, a description of the exception taken, and the proposed alternative, if any. The State reserves the right to accept or not accept any exceptions.

No exceptions to statutory requirements of the AG General Conditions shall be considered.

3.9 **PROPOSAL OBJECTIVES**

- 3.9.1 One of the objectives of this RFP is to make proposal preparation easy and efficient, while giving Offerors ample opportunity to highlight their proposals. The evaluation process must also be manageable and effective.
- 3.9.2 Proposals shall be prepared in a straightforward and concise manner, in a format that is reasonably consistent and appropriate for the purpose. Emphasis will be on completeness, clarity, and content.
- 3.9.3 When an Offeror submits a proposal, it shall be considered a complete plan for accomplishing the tasks described in this RFP and any supplemental tasks the Offeror has identified as necessary to successfully complete the obligations outlined in this RFP.
- 3.9.4 The proposal shall describe in detail the Offeror's ability and availability of services to meet the goals and objectives of this RFP as stated in Section 2.8.5 – Scope of Services.
- 3.9.5 Offeror shall submit a proposal that includes an overall strategy, timeline and plan for the work proposed as well as expected results and possible shortfalls.

3.10 **PROPOSAL FORMS**

- 3.10.1 To be considered responsive, the Offeror's proposal shall respond to and include all items specified in this RFP and any subsequent addendum. Any proposal offering any other set of terms and conditions that conflict with the terms and conditions providing in the RFP or in any subsequent addendum may be rejected without further consideration.
- 3.10.2 **Offer Form, Page OF-1.** Offer Form, OF-1 is required to be completed using Offeror's exact legal name as registered with the Department of Commerce and Consumer Affairs, if applicable, in the appropriate space on Offer Form, OF-1 (See **Section 7, Attachment A: Offer Form Letter, OF-1 Standard Form Letter**). Failure to do so may delay proper execution of the Contract.

The Offeror's authorized signature on the Offer Form, OF-1 shall be an original signature in ink, which shall be required before an award, if any, can be made. The submission of the proposal shall indicate Offeror's intent to be bound.

- 3.10.3 **Offer Forms, Pages OF-2a / OF-2b.** Pricing shall be submitted on Offer Forms OF-2a / OF2b (See Section 7, Attachments B1: Offer Form, OF-2a Company Qualifications and Staff Profile, and Attachment B2: Price Structure, OF-2b). The price quoted shall be the all-inclusive cost, including the GET, to the State. No other costs will be honored. Any unit prices shall be inclusive. Ensure price is separated by fiscal year (e.g. July 1, 20XX to June 30, 20XX)

3.11 **PROPOSAL CONTENTS AND FORMAT**

Proposals must:

- 3.11.1 Include a transmittal letter to confirm that the Offeror and subcontractors shall comply with the requirements, provisions, terms, and conditions specified in this RFP.
- 3.11.2 Include a signed Offer Form OF-1 with the complete name and address of Offeror's firm and the name, email address, mailing address, telephone number, and fax number of the person the State should contact regarding the Offeror's proposal.
- 3.11.3 If subcontractor(s) will be used, append a statement to the transmittal letter from each subcontractor, signed by an individual authorized to legally bind the subcontractor and stating:

- a. The general scope of work to be performed by the subcontractor;
- b. The subcontractor's willingness to perform for the indicated.
- c. The subcontractor's expertise and experience

3.11.4 Provide all of the information requested in this RFP in the order specified.

3.11.5 Be organized into sections, following the exact format using all titles, subtitles, and numbering, with tabs separating each section described below. Each section must be addressed individually and pages must be numbered. In addition, the proposal shall be submitted in three-ring binder and the pages numbered.

These sections are primarily designed to provide information necessary for DLIR DCD to evaluate offers pursuant to the Evaluation Criteria provided in Section 4 of this RFP. Offeror is advised to review the Evaluation Criteria and to provide all information necessary to allow the DLIR DCD to evaluate Offeror's proposal based on these criteria.

One (1) original, six (6) hardcopies, and 1 soft copy of each proposal shall be submitted on forms and in the format specified in this RFP (ORIGINAL PROPOSAL, BEST AND FINAL OFFER AND FINAL OFFER (IF ANY) AND COPIES TO BE SUBMITTED. The original shall be clearly marked as "ORIGINAL" and shall be single sided, in three-ring binders, organized in sections, tabs separating each section, and signed by the person with the authority to commit the Offeror. The six (6) copies shall be copies of the original, clearly marked "Copy ____ of 6 copies".

3.11.6 Format

Any material deviation from these requirements may adversely affect the evaluation of the proposal.

Offerors and subcontractors must follow the requirements set forth below. Proposals must be organized in the following sections in the exact format using all titles, subtitles, and numbering, with tabs separating each section. Each section must be addressed individually and pages must be numbered.

Experience and Capabilities.

- a. A complete, relevant, and current client listing.
- b. The number of years Offeror and subcontractors have been in business and the number of years Offeror has performed services specified by this RFP.
- c. A list of key personnel and associated resumes for those who will be dedicated to this project.
- d. A list of at least three (3) references from the Offeror's client listing that may be contacted by the State as to the Offeror's past and current job performance. Offeror shall provide names, titles, organizations, telephone numbers, email and postal addresses.
- e. A summary listing of judgments or pending lawsuits or actions against; adverse contract actions, including termination(s), suspension, imposition of penalties, or other actions relating to failure to perform or deficiencies in fulfilling contractual obligations against your firm. If none, so state.
- f. A list of sample case management system (CMS) projects and/or examples of written plans relating to this project.

Section I: **Table of Contents.** A table of contents should list the individual sections of the Proposal and their corresponding page numbers. Tabs should separate each of the individual sections.

Section II: **Transmittal Letter.** Include a Transmittal Letter confirming that the Offeror shall comply with all of the provisions of this RFP and containing the complete name and address of Offeror's firm and the name, mailing address, email address, telephone number, and fax number of the person the State should contact regarding the Offeror's proposal.

If subcontractor(s) will be used, append a statement to the transmittal letter from each subcontractor, signed by an individual authorized to legally bind the subcontractor and stating:

- a. The general scope of work to be performed by the subcontractor;
- b. The subcontractor's willingness to perform for the indicated.

Offer Form. Include a completed and signed OFFER FORM (i.e. complete name and address of Offeror's firm and the name, mailing address, email address, telephone number, and fax number of the person the State should contact regarding the Offeror's proposal). See ATTACHMENTS for a facsimile of the form.

Wage Certificate. Include a completed WAGE CERTIFICATE. See ATTACHMENTS for a facsimile of the form.

Tax Equalization Certificate. Include a completed TAX EQUALIZATION CERTIFICATE. See ATTACHMENTS for a facsimile of the form.

Section III: **Executive Summary.** Include an Executive Summary, signed by an officer of the company, describing the Offeror and providing a brief synopsis of the proposal, including benefits to the State if accepted. This synopsis should be three (3) or fewer pages in length and easily understood.

Section IV: **Plan of Action.** Include among other things, the identification of specific phases, tasks and activities, schedules, deliverables, identification of personnel responsibilities, and other information required to ensure a successful implementation.

Section V: **Functionality.** Describe how the proposal addresses all requirements specified in **Section 2.8.5 - Scope of Services.** For each requirement, the Offeror must indicate whether it is "Fully Compliant" or "Non-Compliant".

Section VI: **Maintenance Support.** Describe how the proposal addresses requirements of **Section 2.9.1 - Maintenance Support.**

Section VII: **Qualifications of Firm and Staff.** Describe how the proposal addresses requirements of **Section 7, Attachment B: Offer Form, OF-2, Offer Form and Company Qualifications and Staff Profile.**

Contractors (or "Offeror") shall provide a comprehensive description of its ability to meet the staffing requirements outlined in this RFP. The names and resumes of personnel assigned to this project will be submitted in the proposal. Substitute or additional personnel will not be used until a resume is received and approved by the STATE PM. The STATE PM will have the right to request the removal of personnel from all work on this project upon written notification to the Contractor.

If subcontractor(s) will be used, a statement from each subcontractor will be included in the proposal, signed by an individual authorized to legally bind the subcontractor, and stating:

- The subcontractor's name, mailing address, email address, telephone number, fax number, and contact person.
- The general scope of work to be performed by the subcontractor.
- The subcontractor's willingness to perform the work indicated.

Offeror shall provide a list of similar installations (minimum of 3 installations) successfully completed by the Offeror and available for inspection. Similar is intended to mean:

- Equivalent or larger in size.
- Utilization of the same or similar system as proposed in the Offeror's response.
- A system installation that is roughly equivalent to the State's requirements.

The above references shall be included for contact:

- Name of Company
- Address of Company
- Name of Contact
- Address of Contact
- Telephone Number
- FAX Number
- E-Mail Address
- Business Description

The State may contact some or all of the references. The Offeror shall clear such contact with the reference so as to avoid any communication problems or "proprietary information" problems with the reference. The State may wish to visit the Offeror's office and/or one or more similar installations. The Offeror shall, upon request, accompany the State personnel to these sites.

Section VIII: **Price Structure.** Price structure must be outlined per listed requirement and by each phase (if applicable). A Total Sum Bid must be given for the project and should be broken down into costs related to the requirements of this RFP, including costs for travel and miscellaneous items, which must be itemized. (See Attachments for a sample Offer Form)

Section IX: **Technical Information.** Offeror shall place in this section any technical information, product brochures, descriptions, literature, or other materials required by this RFP or referenced in their proposal.

Other brochures and/or specification literature not otherwise required by this RFP shall be submitted upon request. If requested, such brochures and/or specifications shall be delivered within seven (7) business days of the request.

Section X: **Confidential Information:** Offeror shall place all Confidential Information, if any, in this tabbed section with a request in writing for nondisclosure of designated trade secrets or other proprietary data. **See Section 6.8 - Rules of Procurement Confidentiality of Information.**

Section XI: **Exceptions.** Offeror shall list any exceptions taken to the terms, conditions, specifications, or other requirements listed herein. Offeror shall reference the RFP section where exception is taken, a description of the exception taken, and the proposed alternative, if any. The absence of any exception by the Offeror represents compliance with every requirement of this RFP.

Offeror shall not submit their organization's terms and conditions, standard contracts, or other agreements unless requested by the DLIR DCD. General references to such items or attempts at complete substitution of such items may result in disqualification of Offeror's proposal. Offerors are encouraged to submit

specific alternate language to the DLIR DCD terms and conditions if such changes are desired. The decision to accept or reject any exceptions taken shall be at the discretion of the DLIR DCD and its decision shall be final.

Section XII: Required Certificates. Certificates listed below shall be submitted at the time of Award. However, if valid certificates are not submitted on a timely basis for award of a contract, an offer otherwise responsive and responsible may not receive the award ([See Section 5.5 – Responsibility of Offerors](#)). Contractors are requested to apply for these certificates and submitted to the DLIR Business Management Officer (BMO) with their offer.

Certificate of Good Standing. Refer to [Section 5.5 Responsibility of Offerors, Compliance with Section 103D-310\(c\)\(1\) and \(2\), HRS.](#)

Evidence of Insurance. Certificate of insurance evidencing Commercial General Liability and Automotive Liability Insurance (occurrence form). Refer to [5.12 Insurance Requirements](#).

3.12 RECEIPT AND REGISTER OF PROPOSALS

Proposals will be received and receipt verified by two or more procurement officials on or after the date and time specified in Section One, or as amended.

The register of proposals and proposals of the Offeror(s) shall be open to public inspection upon posting of award pursuant to section 103D-701, HRS.

3.13 BEST AND FINAL OFFER (BAFO)

If the State determines a BAFO is necessary, it shall request one from the Offeror. The Offeror shall submit its BAFO and any BAFO received after the deadline or not received shall not be considered.

3.14 MODIFICATION PRIOR TO SUBMITTAL DEADLINE OR WITHDRAWAL OF OFFERS

3.14.1 The Offeror may modify or withdraw a proposal before the proposal due date and time.

3.14.2 Any change, addition, deletion of attachment(s) or data entry of an Offer may be made prior to the deadline for submittal of offers.

3.15 MISTAKES IN PROPOSALS

3.15.1 Mistakes shall not be corrected after award of contract.

3.15.2 When the Procurement Officer knows or has reason to conclude before award that a mistake has been made, the Procurement Officer should request the offeror to confirm the proposal. If the Offeror alleges mistake, the proposal may be corrected or withdrawn pursuant to this section.

3.15.3 Once discussions are commenced or after best and final offers are requested, any priority-listed Offeror may freely correct any mistake by modifying or withdrawing the proposal until the time and date set for receipt of best and final offers.

3.15.4 If discussions are not held, or if the best and final offers upon which award will be made have been received, mistakes shall be corrected to the intended correct offer whenever the mistake and the intended correct offer are clearly evident on the face of the proposal, in which event the proposal may not be withdrawn.

3.15.5 If discussions are not held, or if the best and final offers upon which award will be made have been received, an Offeror alleging a material mistake of fact which makes a proposal non-responsive may be permitted to withdraw the proposal if: the mistake is

clearly evident on the face of the proposal but the intended correct offer is not; or the Offeror submits evidence which clearly and convincingly demonstrates that a mistake was made.

Technical irregularities are matters of form rather than substance evident from the proposal document, or insignificant mistakes that can be waived or corrected without prejudice to other Offerors; that is, when there is no effect on price, quality, or quantity. If discussions are not held or if best and final offers upon which award will be made have been received, the Procurement Officer may waive such irregularities or allow an Offeror to correct them if either is in the best interest of the State. Examples include the failure of an Offeror to: return the number of signed proposals required by the request for proposals; sign the proposal, but only if the unsigned proposal is accompanied by other material indicating the Offeror's intent to be bound; or to acknowledge receipt of an amendment to the request for proposal, but only if it is clear from the proposal that the Offeror received the amendment and intended to be bound by its terms; or the amendment involved had no effect on price, quality or quantity.

3.16 ECONOMY OF PRESENTATION

Proposals shall be prepared in a straightforward and concise manner, and shall describe the offering(s) and capabilities in a format that is reasonably consistent and appropriate to the purpose. Emphasis shall be on completeness and clarity of content. If any additional information is required by the DLIR DCD regarding any aspect of the Offer's proposal, it shall be provided within five (5) business days after request.

3.17 ORAL PRESENTATION

Respondents to this RFP shall be required to make an oral presentation in person of their proposal with a demonstration of their products to ensure a thorough and mutual understanding. DLIR DCD shall schedule the time and location for these presentations (if required), normally within five (5) to ten (10) days following the Proposals Due date.

SECTION FOUR

EVALUATION CRITERIA

SECTION FOUR

EVALUATION CRITERIA

4.1 GENERAL INFORMATION

Evaluation Committee

Each proposal will be evaluated based on four (4) criteria set forth below. A proposal that is unreasonable in terms of technical or schedule commitments, or unrealistically high or low in costs will be deemed reflective of an inherent lack of technical competence or indicative of a failure to comprehend the complexity and risk requirements as set forth in this RFP. Evaluation of the proposals and vendor selection shall be within the sole judgment and discretion of the Evaluation Committee.

The Evaluation Committee will be responsible for reviewing, evaluating, ranking and selection. The rankings will be based on evaluation criteria that will identify the proposal that will best meet DLIR's specifications and service requirements listed herein.

4.2 SCORING OVERVIEW AND EVALUATION CRITERIA

Evaluation criteria and the associated points are listed below. One (1) award will be made to the responsible Offeror whose proposal receives the most points and is determined to be the most advantageous to DLIR based on the evaluation criteria listed in this section.

Scoring Overview

The scoring process will be performed by individuals on the Evaluation Committee.

For consistency, this guide provides a framework by which scores are accurate reflections of the proposal's merits. It will be the scorer's responsibility to evaluate each proposal without bias.

DLIR DCD, within the bounds of the project budget, will select the proposal that meets all mandatory requirements and has the highest total score.

Scoring is based on legislative budget allocation and any added financial risk due to the proposed platform.

Response Requirements

Section One is designed to provide guidance to the Offeror. These sections provide stipulations to support the ease of RFP scoring. Specifically, failure to adhere to the prescribed format can result in disqualification of the bid.

The total number of points used to score this contract is 500.

- 1) Cost and Reasonableness of Services, including financial risk due to the proposed platform (120 points)
- 2) Qualifications of Firm and Staff (80 points)
- 3) Offeror's Ability to Service the Project (80 points)
- 4) Effectiveness and Reliability of the System, Hosting Options, Maintenance Support and Application Enhancements (i.e. availability and access to updates, releases, features and enhancements) to be Provided (220 points)

SECTION FIVE

CONTRACTOR SELECTION AND CONTRACT AWARD

SECTION FIVE

CONTRACTOR SELECTION AND CONTRACT AWARD

5.1 SCOPE

Services for licensing, designing, installing, deploying, and maintaining of the DCD Web-Accessible Case Management System with Auditing and Financial Tracking shall be in accordance with this RFP, with this Special Provision, the attached Specifications, and the Attorney General's General Conditions (GC), Form AG-008 Rev. 4/15/2009, and on the following website:

<http://spo.hawaii.gov/all-forms/>

5.2 EVALUATION OF PROPOSALS

The Procurement Officer, or an evaluation committee of at least three (3) qualified State employees selected by the Procurement Officer, shall evaluate proposals. The evaluation will be based solely on the evaluation criteria set out in Section Four of this RFP.

Prior to holding any discussion, a priority list shall be generated consisting of offers determined to be acceptable or potentially acceptable. However, proposals may be accepted without such discussions.

If numerous acceptable and potentially acceptable proposals are submitted, the evaluation committee may limit the priority list to the three-highest ranked, responsible Offerors.

5.3 DISCUSSION WITH PRIORITY LISTED OFFERORS

The State may invite priority listed Offerors to discuss their proposals to ensure thorough, mutual understanding. The State in its sole discretion shall schedule the time and location for these discussions, generally within the timeframe indicated in Section 1.4 - RFP Schedule and Significant Dates. The State may also conduct in person discussions with priority listed Offerors to clarify issues regarding the proposals before requesting Best and Final Offers, if necessary.

5.4. AWARD OF CONTRACT

Method of Award. Award will be made to the responsible Offeror whose proposal is determined to be the most advantageous to the State based on the evaluation criteria set forth in the RFP.

5.5 RESPONSIBILITY OF OFFERORS

Offeror is advised that in order to be awarded a contract under this solicitation, Offeror will be required, to be compliant with all laws governing entities doing business in the State including the following chapters and pursuant to HRS §103D-310(c):

1. Chapter 237, General Excise Tax Law;
2. Chapter 383, Hawaii Employment Security Law;
3. Chapter 386, Worker's Compensation Law;
4. Chapter 392, Temporary Disability Insurance;
5. Chapter 393, Prepaid Health Care Act; and
6. §103D-310(c), Certificate of Good Standing (COGS) for entities doing business in the State.
7. One of the following:
 - a. Be registered and incorporated or organized under the laws of the State (hereinafter referred to as a "Hawaii business"); or
 - b. Be registered to do business in the State (hereinafter referred to as a "compliant non-Hawaii business")

Refer to the Award of Contract provision herein for instructions on furnishing the documents that are acceptable to the State as proof of compliance with the above-mentioned requirements.

Refer to: <http://hawaii.gov/spo/statutes-and-rules/admin-rules>

Offeror is advised that if awarded a contract under this solicitation, Offeror will, upon award of the contract, furnish proof of compliance with the requirements of §3-122-112, Hawaii Administrative Rules (HAR):

Refer to: <http://hawaii.gov/spo>

The State will verify compliance on Hawaii Compliance Express (HCE).

Hawaii Compliance Express. The HCE is an electronic system that allows vendors/contractors/service providers doing business with the State to quickly and easily demonstrate compliance with applicable laws. It is an online system that replaces the necessity of obtaining paper compliance certificates from the Department of Taxation, Federal Internal Revenue Service; Department of Labor and Industrial Relations, and Department of Commerce and Consumer Affairs.

Vendors/contractors/service providers should register with (HCE) prior to submitting an offer at <https://vendors.ehawaii.gov>. The annual registration fee is \$12.00 and the 'Certificate of Vendor Compliance' is accepted for the execution of contract and final payment.

Timely Registration on HCE. Vendors/contractors/service providers are advised to register on HCE soon as possible. If a vendor/contractor/service provider is not compliant on HCE at the time of award, an Offeror will not receive the award.

Final Payment Requirements. A "Certificate of Vendor Compliance" issued by the HCE must be submitted for final payment.

5.6 PROPOSAL AS PART OF THE CONTRACT

This RFP and all or part of the successful proposal may be incorporated into the contract.

5.7 PUBLIC EXAMINATION OF PROPOSALS

Except for confidential portions, the proposals shall be made available for public inspection upon posting of award pursuant to HRS §103D-701.

If a person is denied access to a State procurement record, the person may appeal the denial to the office of information practices in accordance with HRS §92F-42(12).

5.8 DEBRIEFING

Pursuant to HAR §3-122-60, a non-selected Offeror may request a debriefing to understand the basis for award.

A written request for debriefing shall be made to the Office-in-Charge within three (3) working days after the posting of the award of the contract. The Procurement Officer or designee shall hold the debriefing within seven (7) working days to the extent practicable from the receipt date of written request.

Any protest by the requestor following a debriefing, shall be filed within five (5) working days, as specified in HAR §103D-303(h).

5.9 PROTEST PROCEDURES

Pursuant to HRS §103D-701 and HAR §3-126-3, an actual or prospective Offeror who is aggrieved in connection with the solicitation or award of a contract may submit a protest. Any protest shall be submitted in writing to the Procurement Officer at:

Leila Shar
Department of Labor & Industrial Relations, Administrative Services Office
830 Punchbowl Street, Room 309
Honolulu, HI 96813

A protest shall be submitted in writing within five (5) working days after the aggrieved person knows or should have known of the facts giving rise thereto; provided that a protest based upon the content of the solicitation shall be submitted in writing prior to the date set for receipt of offers. Further provided that a protest of an award or proposed award shall be submitted within five (5) working days after the posting of award or if requested, within five (5) working days after the PO's debriefing was completed.

The notice of award, if any, resulting from this solicitation shall be posted on the Hawaii Awards, Notices and Solicitations (HANDS), which is available at: <https://hands.ehawaii.gov/hands/>

5.10 APPROVALS

Any agreement arising out of this offer may be subject to the approval of the Department of the Attorney General, and to all further approvals, including the approval of the Governor, as required by statute, regulation, rule, order, or other directive.

5.11 CONTRACT EXECUTION

No work is to be undertaken by the Contractor prior to the effective date of contract. The State of Hawaii is not liable for any work, contract, costs, expenses, loss of profits, or any damages whatsoever incurred by the Contractor prior to the official starting date.

If an option to extend is mutually agreed upon, the Contractor shall be required to execute a supplement to the contract for the additional extension period.

5.12 INSURANCE

5.12.1 Prior to the contract start date, the Contractor shall procure at its sole expense and maintain insurance coverage acceptable to the State in full force and effect throughout the term of the Contract. The Offeror shall provide proof of insurance for the following minimum insurance coverage(s) and limit(s) in order to be awarded a contract. The type of insurance coverage is listed as follows:

1. Commercial General Liability Insurance

Commercial general liability insurance coverage against claims for bodily injury and property damage arising out of all operations, activities or contractual liability by the Contractor, its employees and subcontractors during the term of the Contract. This insurance shall include the following coverage and limits specified or required by any applicable law: bodily injury and property damage coverage with a minimum of \$1,000,000 per occurrence; personal and advertising injury of \$1,000,000 per occurrence; broadcasters' liability insurance of \$1,000,000 per occurrence; and with an aggregated limit of \$2,000,000. The commercial general liability policy shall be written on an occurrence basis and the policy shall provide legal defense costs and expenses in addition to the limits of liability stated above. The Contractor shall be responsible for payment of any deductible applicable to this policy.

2. Automobile Liability Insurance

Automobile liability insurance covering owned, non-owned, leased, and hired vehicles with a minimum of \$1,000,000 for bodily injury for each person, \$1,000,000 for bodily injury for each accident, and \$1,000,000 for property damage for each accident.

3. Appropriate levels of per occurrence insurance coverage for workers' compensation and any other insurance coverage required by Federal or State law.
4. NOTE: Error & Omissions insurance is available for technology suppliers and may be required for the specific procurement being conducted.

5.12.2 The Contractor shall deposit with the SPO, on or before the effective date of the Contract, certificate(s) of insurance necessary to satisfy the SPO that the provisions of the Contract have been complied with, and to keep such insurance in effect and provide the certificate(s) of insurance to the SPO during the entire term of the Contract. Upon request by the SPO, the Contractor shall furnish a copy of the policy or policies.

5.12.3 The Contractor will immediately provide written notice to the SPO and contracting department or agency should any of the insurance policies evidenced on its Certificate of Insurance form be cancelled, limited in scope, or not renewed upon expiration.

5.12.4 The certificates of insurance shall contain the following clauses:

1. "The State of Hawaii is added as an additional insured as respects to operations performed for the State of Hawaii."
2. "It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy."

5.12.5. Failure of the Contractor to provide and keep in force such insurance shall constitute a material default under the Contract, entitling the State to exercise any or all of the remedies provided in the Contract (including without limitation terminating the Contract). The procuring of any required policy or policies of insurance shall not be construed to limit the Contractor's liability hereunder, or to fulfill the indemnification provisions of the Contract. Notwithstanding said policy or policies of insurance, the Contractor shall be responsible for the full and total amount of any damage, injury, or loss caused by the Contractor's negligence or neglect in the provision of services under the Contract.

The liability insurance policy(ies) shall be primary and shall cover the Contractor for all work performed under the Contract, including changes, and all work performed incidental there to or directly or indirectly connected with the Contract. The Contractor shall maintain in full force and effect during the life of this contract liability and property damage insurance to protect the Contractor and his subcontractors, if any, from claims for damages for personal injury, accidental death and property damage which may arise from operations under the contract, whether such operations be by himself or by a subcontractor or anyone directly or indirectly employed by either of them. If any subcontractor is involved in the performance of the contract, the insurance policy or policies shall name the subcontractor as additional insured.

As an alternative to the Contractor providing insurance to cover operations performed by a subcontractor and naming the subcontractor as additional insured, Contractor may require its subcontractor to provide its own insurance that meets the requirements herein. It is understood that a subcontractor's insurance policy or policies are in addition to the Contractor's own policy or policies.

The minimum insurance required shall be in full compliance with the Hawaii Insurance code throughout the entire term of the contract.

The Contractor shall provide DLIR certificate(s) of insurance that shows to the satisfaction of DLIR that the Contractor and its subcontractors, if applicable, has liability insurance that meet the requirements stipulated above **prior to the execution of a contract.**

The Contractor will immediately provide written notice to DLIR should any of the insurance policies evidenced on its Certificate of Insurance form(s) be cancelled, limited in scope, or not renewed upon expiration. In addition, each insurance policy required for the contract shall contain the following clauses:

- a. "The State of Hawaii is added as an additional insured as respects to operations performed for the State of Hawaii" and
- b. "It is agreed that any insurance maintained by the State of Hawaii will apply in excess of, and not contribute with, insurance provided by this policy."

5.13 REQUIREMENTS FOR BID SECURITY, PERFORMANCE BOND, AND PAYMENT BOND

Pursuant to HAR §3-122-223 bid security shall be required for this RFP. Bid security shall be in an amount equal to at least five per cent (5%) of the base bid and additive alternates.

Pursuant to HAR §3-122-224, before any contract is entered into, the Contractor shall provide performance and payment bonds to the State. The performance and payment bonds shall be in the penal sum of not to exceed fifty percent (50%) of the amount of the contract awarded, as security for the faithful performance of the contract.

If the option to extend an additional 1 year is mutually agreed upon, the Contractor shall provide new performance and payment bonds with the Supplemental Agreement to the contract.

5.14 GENERAL FUNDS AS RECEIVED (100%)

It is understood and agreed to by all Offerors that the contract resulting from this RFP shall be construed to be an agreement to pay the obligation under the contract only out of State General funds and are subject to funding availability.

5.15 PAYMENT

Incremental payments shall be made to the awarded Contractor on a quarterly basis, upon receipt of services, deliverables, and reports in accordance to the milestones that meet the expectations of the RFP. The receipt of quarterly reports shall be due based on the timeline submitted by the Contractor in the proposal, or as amended. This section will be adjusted according to scope of work.

State authorization for payment and the payment itself do not indicate the State has accepted the Deliverables associated with the payment. The State's acceptance of the Deliverables that are part of developing the Project is conditioned on a successful performance test upon completion of the Project as accepted by STATE PM (**See Section 2 – 2.8.5.2 Project Manager Requirements**).

Section 103-10, HRS, provides that the DLIR DCD shall have thirty (30) calendar days after receipt of invoice or satisfactory completion of contract to make payment. For this reason, the DLIR DCD will reject any proposal submitted with a condition requiring payment within a shorter period. Further, the DLIR DCD will reject any bid submitted with a condition requiring interest payments greater than that allowed by §103-10, HRS, as amended.

The DLIR DCD will not recognize any requirement established by the Contractor and communicated to the DLIR DCD after award of the contract, which requires payment within a shorter period or interest payment not in conformance with statute.

Work will not be performed by the Contractor and the DLIR DCD will not be required to pay for such work unless and until funds are available.

5.16 CONTRACT INVALIDATION

If any provision of this contract is found to be invalid, such invalidation will not be construed to invalidate the entire contract.

5.17 TERM OF CONTRACT

The term of the contract shall commence on the date specified on the Notice to Proceed. Should there be insufficient funds, thereafter the State may terminate this agreement without any penalties.

Contract shall commence on the official commencement date specified on the Notice to Proceed issued upon execution of the contract by both parties. Successful Offeror shall be **required** to enter into a formal written contract to commence work on this project

The contract will end on June 30, 2021, subject to availability of funds.

5.18 OVERVIEW OF THE RFP PROCESS

- a. The RFP is issued pursuant to Subchapter 6 of Chapter 3-122, HAR, implementing Section 103D-303, HRS.
- b. The procurement process begins with the issuance of the RFP by DLIR DCD and the formal response to any written questions or inquiries regarding the RFP. Changes to the RFP will be made only by Addendum.
- c. Proposals shall not be opened publicly, but shall be opened in the presence of two (2) or more procurement officials. The register of proposals and Offerors' proposals shall be open to public inspection after posting of the award.
All proposals and other materials submitted by Offerors become the property of the State and may be returned only at the State's option.
- d. Proposals shall be evaluated by the Evaluation Committee (EC) in accordance with the evaluation criteria in Section 4. The proposals shall be classified initially as acceptable, potentially acceptable, or unacceptable.
- e. Proposals may be accepted on evaluation without discussion. Prior to entering into discussions, if any, a "priority list" of responsible Offerors submitting acceptable and potentially acceptable proposals shall be generated. The priority list may be limited to a minimum of three responsible Offerors who submitted the highest-ranked proposals.
- f. If during discussions there is a need for any substantial clarification or change in the RFP, the RFP shall be amended by an addendum to incorporate such clarification or change. Addenda to the RFP shall be distributed only to priority listed Offerors who submit acceptable or potentially acceptable proposals.
- g. Following any discussions, Priority Listed Offerors shall be invited to submit their BAFO, if required. The EC reserves the right to have additional rounds of discussions with the top three (3) Priority Listed Offerors prior to the submission of the BAFO, should that prove necessary.
- h. The date and time for Offerors to submit their BAFO, if any, is indicated in Section 1.4, Significant Dates. If Offeror does not submit a notice of withdrawal or a BAFO, the Offeror's immediate previous offer shall be construed as their BAFO.
- i. After receipt and evaluation of the BAFOs in accordance with the evaluation criteria in Section 4, the EC will make its recommendation to the Procurement Officer. The Procurement Officer will award the contract to the Offeror whose proposal is determined to be the most advantageous to DLIR DCD taking into consideration price and the evaluation factors set forth in Section 4.
- j. The contents of any proposal shall not be disclosed during the review, evaluation, discussion, or negotiation process. Once the award notice is posted, all proposals, successful and unsuccessful, become available for public inspection. Those sections that the Offeror and the DLIR DCD agree are confidential and/or proprietary should be identified by the Offerors and shall be excluded from access.

- k. The Procurement Officer or evaluation committee reserves the right to determine what is in the best interests of the State for purposes of reviewing and evaluating proposals submitted in response to the RFP. The EC will conduct a comprehensive, fair and impartial evaluation of proposals received in response to the RFP.
- l. The RFP, any addenda issued, and the successful Offeror's proposal shall become a part of the contract. All proposals shall become the property of the State of Hawaii.

5.19 CONTRACT ADMINISTRATOR

The CA or its designee shall chair status meetings, oversee scheduling of DLIR DCD resources, receive all deliverables, and monitor and assess selected Contractor's performance. For purposes of this contract, the CA is:

JoAnn A. Vidinhar
Administrator
Disability Compensation Division
Department of Labor and Industrial Relations
830 Punchbowl Street, Room 211
Honolulu, HI 96813
Telephone: (808) 586-9151
Fax: (808) 586-9339
Email: JoAnn.A.Vidinhar@Hawaii.gov

5.20 STATE PROJECT MANAGER

The STATE PM is responsible for system implementation, operations, and monitoring and assessing Contractor performance. The STATE PM shall serve as the DLIR DCD primary liaison with the Offerors during all phases of the RFP process and with the Contractor during all phases of the Contract. The STATE PM shall be responsible to secure the necessary information and/or decisions to facilitate the resolution of project issues in a timely manner. The DLIR DCD PM for this contract is:

Marla Takahama-Stark
Department of Labor and Industrial Relations
830 Punchbowl Street, Room 321
Honolulu, HI 96813
Telephone: (808) 586-7563
Email: Marla.A.Takahama-Stark@Hawaii.gov

5.21 PERMITS, CERTIFICATES, AND LICENSES

The Contractor shall obtain and pay for all permits, certificates, and licenses required and necessary for the performance of the work specified herein, shall post all notices required by law, and shall comply with all laws, ordinances, and regulations bearing on the conduct of the work specified.

The Contractor shall comply with all business registration requirements prior to commencing work under this contract. Failure to comply with the requirements of this paragraph may be grounds for a proposal to be rejected or the contract to be terminated.

5.22 SUBMISSION OF PROPOSAL

Proposals shall be received at the DLIR Administrative Services Office (ASO), 830 Punchbowl Street, Princess Ruth Keelikolani Building, Room 309, Honolulu, Hawaii, 96813, no later than the date and time stated on the cover page of the RFP. Timely receipt of offers shall be evidenced by the date and time registered by the DLIR Business Management Officer (BMO) time stamp clock. Offers received after the deadline shall be returned unopened.

Each Offeror may submit only one (1) proposal. Alternate proposal(s) will not be accepted. If the Offeror chooses to deliver its offer by United States Postal Service (USPS), please be aware that the USPS does not deliver directly to Room 309. This may cause a delay in receipt by the DLIR BMO and the offer may reach the DLIR BMO after the deadline.

Potential Offerors are advised to contact the DLIR BMO to insure that Offeror's name, address, email address, telephone and facsimile number(s) are on record for addenda distribution. The DLIR DCD shall not be responsible for distribution of addenda to those potential Offerors who have not provided this information to the DLIR BMO.

Submission of a proposal shall constitute an incontrovertible representation by the Offeror of understanding, acceptance, and compliance with every requirement of this RFP unless otherwise noted as specified herein, and that the RFP documents are sufficient in scope and detail to indicate and convey reasonable understanding of all terms and conditions of performance of the work.

Before submitting a proposal, each Offeror must:

- a. Examine the solicitation documents thoroughly. Solicitation documents include this RFP, any attachments and any other relevant documentation.
- b. Become familiar with State, local, and federal laws, ordinances, rules, and regulations that may in any manner affect cost, progress, or performance of the work specified herein.

5.23 REQUIRED REVIEW AND WRITTEN INQUIRIES

- a. Offerors are charged with presumptive knowledge of all requirements of the cited authorities, including State, local, and federal laws, ordinances, rules and regulations that may in any manner affect cost, progress, or performance of the work. Submission of a valid executed proposal by an Offeror shall constitute a representation and certification of such knowledge on the part of the Offeror.
- b. Offeror shall carefully review this solicitation for defects and questionable or objectionable matter. This will allow issuance of any necessary amendments to the RFP. It will also help prevent the opening of a defective solicitation and exposure of Offeror's proposal upon which award could not be made.
- c. Any exception taken to the terms, conditions, specifications, or other requirements listed herein, shall be listed in the Exceptions section of the Offeror's proposal, if the exception is unresolved by the Proposals Due Date.
- d. Comments concerning defects and questionable or objectionable matter shall be made in writing and submitted to the **Officer-in-Charge (See Section 1.9)** in accordance with **Section 1.7, Written Inquiries** no later than the deadline for written inquiries specified in **Significant Dates (See Section 1.4)**.
- e. Written inquiries must be received, not simply postmarked, by the DLIR DCD by the deadline specified. Written inquiries must state the page, paragraph, and line or sentence to which the question relates.
- f. All written inquiries received by the Deadline for Written Inquiries specified in **SIGNIFICANT DATES (See Section 1.4)** shall receive a written response that will be mailed, faxed and/or emailed to each Offeror, provided that the Offeror's mailing address, facsimile numbers, and email address have been given to the DLIR DCD. The DLIR DCD shall not be responsible

for notifying those potential Offerors who have failed to provide the necessary contact information. All written responses shall be issued as an addendum to the RFP and become, thereby, part of the RFP.

5.24 PROPOSAL PREPARATION

- a. **OFFER FORMS.** Offeror is requested to submit its offer using Offeror's exact legal name as registered with the Department of Commerce and Consumer Affairs, if applicable; and to indicate exact legal name in the appropriate space on Offer Forms. Failure to do so may delay proper execution of the contract.

The authorized signature on the first page of the Offer Form shall be an original signature in ink. If unsigned or the affixed signature is a facsimile or a photocopy, the offer shall be automatically rejected unless accompanied by other material, containing an original signature, indicating the Offeror's intent to be bound.

- b. **OFFER GUARANTY.** An offer guaranty in the form of a bid bond is required for this RFP. In compliance with 103D-323 (a) (b) (c) HRS, offer guaranty shall be in an amount equal to at least five per cent (5%) of the total amount of the bid. Failure to provide bid security shall result in bids being rejected and offerors being deemed non-responsive.
- c. **HAWAII BUSINESS.** A business entity referred to as a "Hawaii business", is registered and incorporated or organized under the laws of the State of Hawaii.
- d. **COMPLIANT NON-HAWAII BUSINESS.** A business entity referred to as a "compliant non-Hawaii business," is not incorporated or organized under the laws of the State of Hawaii but is registered to do business in the State.
- e. **TAX LIABILITY.** Work to be performed under this solicitation is a business activity taxable under Chapter 237, HRS, and vendors are advised that they are liable for the Hawaii General Excise tax (GET) at the current 4.5% rate. If, however, an Offeror is a person exempt by the HRS from paying the GET and therefore not liable for the taxes on this solicitation, Offeror shall state its tax-exempt status and cite the HRS chapter or section allowing the exemption. Out-of-State Offerors not possessing a GET license must complete a Tax Equalization Certificate.
- f. **WAGE CERTIFICATE.** Refer to the Attachments located in this RFP. The Offeror shall complete and submit a Wage Certificate by which the Offeror certifies that services required will be performed pursuant to §103-55, HRS. Offeror is advised that although item 2 of the Wage Certificate is not applicable to this solicitation since there are no public-sector employees performing work similar to the requirements herein, item 1 of the certificate applies and therefore submission of the Wage Certificate is required.
- g. **ORIGINAL PROPOSAL, BEST AND FINAL OFFER AND FINAL OFFER (IF ANY) AND COPIES TO BE SUBMITTED.** Original and six (6) copies of the proposal, and of the Best and Final Offer, if any, are required. The original shall be clearly marked as "ORIGINAL" and shall be single sided, in three-ring binders, organized in sections, tabs separating each section, and signed by the person with the authority to commit the Offeror. The six (6) copies shall be copies of the original, clearly marked "Copy ____ of 6 copies".

Offeror shall submit typewritten proposals. Offeror is cautioned that illegible offers of any item(s) may be automatically rejected to avoid any errors in interpretation by the reviewers during the evaluation process.

Failure to include the items requested by the RFP in Offeror's proposal may be cause for the proposal to be determined non-responsive and rejected.

All proposals become the property of the State of Hawaii.

Copies of documents transmitted by Offerors via facsimile machines shall be limited to the modifications or withdrawal of an offer pursuant to section 3-122-16.07, HAR, respectively.

- h. **COSTS INCURRED IN PREPARING THE PROPOSAL.** Costs for developing the Proposal and for making any presentations prior to contract award shall be the sole responsibility of the Offeror, whether or not any award results from this solicitation. The State of Hawaii shall not reimburse any of these costs whatsoever.
- i. **PACKAGING OF PROPOSAL.** The packaging containing the proposal and the subsequent BAFO, if any, shall be sealed and clearly marked as follows:
- (Name of Offeror)
 - (Offeror's Mailing Address)
 - (Offeror's Telephone No.)
 - (Offeror's Facsimile No.)
 - RFP No. RFP-17-002-DCD
 - Disability Compensation Division's (DCD) Web-Accessible Case Management System with Auditing and Financial Tracking
 - (Bid Opening Date and Time)

Note: The packaging containing the envelope of the BAFO, if any, shall be additionally labeled "Best and Final Offer".

5.25 ACCEPTANCE OF PROPOSALS

The DLIR reserves the right to reject any or all proposals received, or to cancel this RFP, if it is in the best interest of the State of Hawaii.

The DLIR also reserves the right to waive minor irregularities in proposals, provided such action is in the best interest of the State.

Where the DLIR may waive minor irregularities, such waiver shall in no way modify the RFP requirements or excuse any offeror from full compliance with the RFP specifications and other contract requirements, if the offeror is awarded the contract.

The DLIR reserves the right to consider as acceptable, only those proposals submitted in accordance with all technical requirements set forth in this proposal offering. Any other set of terms and conditions contradictory to those included in this RFP may be disqualified without further notice.

5.26 PROPOSAL INSPECTION

During the proposal evaluation and award recommendation period, proposals shall not be available for inspection.

5.27 DISQUALIFICATION OF OFFERORS

An Offeror shall be disqualified and the offer automatically rejected for any one or more of the reasons:

- a. Proof of collusion, in which case, all offers involved in the collusive action will be rejected and any participant to such collusion will be barred from future solicitations until reinstated.
- b. Offeror's lack of responsibility and cooperation as shown by past work or services.
- c. Offeror's being in arrears on existing contracts with the State or having defaulted on previous contracts.
- d. Offeror's lack of proper equipment and/or sufficient experience to perform the work contemplated.

- e. Offeror does not possess proper license to cover the type of work contemplated, if required.
- f. Offeror's delivery of the proposal after the deadline specified in this RFP.
- g. Offeror's failure to pay, or satisfactorily settle, all bills overdue for labor and material on former State contracts at the time of issuance of this RFP.

5.28 IRREGULAR PROPOSALS

Proposals considered irregular for one or more reasons including, but not limited to the following, may adversely affect the Offeror's proposal:

- a. If the proposal letter or transmittal letter is unsigned by the Offeror, or does not include notarized evidence of the authority of the officer submitting the proposal to submit such proposal.
- b. If the proposal shows any non-compliance with applicable laws or contains any unauthorized additions or deletions, conditioned, incomplete, or irregular or is in anyway making the proposal incomplete, indefinite, or ambiguous as to its meaning.
- c. An unbalanced proposal in which the price for any item is obviously out of proportion to the prices for other items.

5.29 PRICING

Pricing for development, installation, hosting, and maintenance will be all inclusive, including but not limited to, all applicable taxes, transportation and labor costs to deliver, install and test the system to ensure full operational function.

5.30 OFFER ACCEPTANCE PERIOD

The DLIR DCD acceptance of offer, if any, will be made within sixty (60) calendar days after the opening of proposals. Prices quoted by the Offeror shall remain firm for the sixty (60) day period.

5.31 ADDITIONAL TERMS AND CONDITIONS

The DLIR DCD reserves the right to add terms and conditions during contract negotiations. These terms and conditions will be within the scope of the RFP and will not affect the proposal evaluations.

5.32 RE-EXECUTION OF WORK

The Contractor shall re-execute any work that fails to conform to requirements of the contract which appear during the course of the work and shall immediately remedy any defects due to faulty workmanship by the Contractor.

5.33 LIQUIDATED DAMAGES

Refer to Number 9 of the GC; 103D, HRS. Liquidated damages are fixed at the sum of FIVE HUNDRED DOLLARS (\$500.00) for each and every calendar day the Contractor fails to perform in whole or in part any of his obligations specified hereunder.

5.34 QUESTIONS PRIOR TO OPENING OF PROPOSALS

Questions must be submitted in writing in accordance with Section 1.7 - Written Inquiries. The DLIR DCD will respond to written questions by the date indicated in Section 1.4 – RFP Schedule and Significant Dates, or as amended.

5.35 CANCELLATION OF RFP AND PROPOSAL REJECTION

The DLIR DCD reserves the right to cancel this RFP and to reject any and all proposals in whole or in part when it is determined to be in the best interest of the DLIR DCD, pursuant to Section 3-122-95 through 3-122-97, HAR.

The DLIR DCD shall not be liable for any costs, expenses, loss of profits or damages whatsoever, incurred by the Offeror in the event this RFP is cancelled or a proposal is rejected.

5.36 EXCEPTIONS

Offeror shall list any exceptions taken to the terms, conditions, specifications, or other requirements listed herein. Offeror shall reference the RFP section where exception is taken, a description of the exception taken, and the proposed alternative, if any. Absence of any exception represents compliance with every requirement of this RFP

Offeror shall not submit their organization's terms and conditions, standard contracts, or other agreements unless specified herein. General references to such items or attempts at complete substitution of such items may result in disqualification of Offeror's proposal.

Offerors are encouraged to submit specific alternate language to the DLIR DCD terms and conditions if such changes are desired. The decision to accept or reject any exceptions or alternatives shall be at the discretion of the DLIR DCD and its decision shall be final.

5.37 SUBCONTRACTING

No work or services shall be subcontracted or assigned without the prior written approval of the Contract Administrator. No subcontract shall under any circumstances relieve the Contractor of its obligations and liability under this contract with the DLIR DCD. All persons engaged in performing the work covered by the contract shall be considered employees of the Contractor.

DLIR DCD shall only interact with the Contractor's project manager with the overall vendor selected for the contract. Should the awarded vendor choose to use subcontractors to provide hardware or software services, DLIR DCD shall not be required to contact those subcontractors when service or maintenance is needed. DLIR DCD will only contact the Contractor and it will be the responsibility of the Contractor to contact the subcontractors.

5.38 EXECUTION OF CONTRACT

Successful Offeror receiving an award shall enter into a formal written contract. [A performance bond and payment bond will be required for this contract.](#)

[Pursuant to HAR §3-122-224, before any contract is entered into, the Contractor shall provide performance and payment bonds to the State. The performance and payment bonds shall be in the penal sum of not to exceed fifty percent \(50%\) of the amount of the contract awarded, as security for the faithful performance of the contract.](#)

[No work is to be undertaken by the Contractor prior to the commencement date. The State of Hawaii is not liable for any work, contract, costs, expenses, loss of profits, or any damages whatsoever incurred by the contractor prior to the official starting date.](#)

[If an option to extend is mutually agreed upon, the contractor shall be required to execute a supplement to the contract for the additional extension period. The Contractor or the State may terminate the extended contract at any time without cause upon six \(6\) weeks prior written notice.](#)

5.39 NOTICE TO PROCEED

No work is to be undertaken by the Contractor prior to the official commencement date specified on the Notice to Proceed. The State will not be liable for any work, contract, cost, expenses, loss of profits, or any damages whatsoever incurred by the Contractor prior to the official start date.

5.40 CONTRACT CHANGES – UNANTICIPATED AMENDMENTS

During the course of this contract, the Contractor may be required to perform additional work. That work will be within the general scope of the initial contract. When additional work is required, the DLIR DCD will require the Contractor to submit a firm time schedule for accomplishing the additional work and a firm price for the additional work in writing to the DLIR DCD.

Changes to the contract may be made only by contract modification signed by the Director and Contractor personnel authorized to sign contracts on behalf of the Contractor.

5.41 INSPECTION AND MODIFICATION – REIMBURSEMENT FOR UNACCEPTABLE DELIVERABLES

The Contractor shall be responsible for the completion of all work set out in the contract. All work shall be subject to the inspection, evaluation, and approval by the DLIR BMO. The DLIR DCD may employ all reasonable means to ensure that the work is progressing and being performed in compliance with the contract.

Should the DLIR BMO determine that corrections or modifications are necessary in order to accomplish the provisions of the Contract, the DLIR BMO may direct the Contractor to make such changes. The DLIR BMO shall not unreasonably withhold such changes.

Substantial failure of the Contractor to perform the contract may cause the DLIR DCD to terminate the contract. In this event, the DLIR DCD may require the Contractor to reimburse monies paid (based on the identified portion of unacceptable work received) and may seek associated damages.

5.42 ACCESS AND AUTHORITY

The work shall be available for inspection, at any time, by the DLIR or its representatives. All work not in conformity with the specifications shall be subject to rejection. All rejected work shall be immediately replaced with those called for in the contract.

The DLIR's representatives shall have the right to order the work of the Contractor or any subcontractor wholly or partially stopped if, in their sole judgment, the work being done is not in strict accordance with the Specifications herein, or until any objectionable person is removed from the premises, and shall have the right to declare the contract forfeited for nonperformance when not being executed according to the intent and meaning of the contract and Specifications.

Such stoppage, suspension, or forfeiture shall not in any way invalidate any terms of the contract, and no extra charge shall be allowed the Contractor by reason of such stoppage or suspension. The DLIR DCD shall notify the Contractor in writing of any deviations in the performance of the Contractor's obligations herein, and the Contractor shall be given a twenty-four (24) hour period to cure such deviations to the satisfaction on the DLIR DCD before executing the Contractor's rights hereunder.

5.43 **INVOICING**

Beginning the first completed month of services and on a quarterly basis thereafter, based on the SOH Fiscal calendar, the Contractor shall submit original and three copies of the invoice to the following address:

DLIR Disability Compensation Division
Attn: JoAnn A. Vidinhar, Administrator
830 Punchbowl Street, Room 209
Honolulu, HI 96813

Note: The invoice should reference both the contract number and the RFP number.

SECTION SIX

SPECIAL PROVISIONS

SECTION SIX

SPECIAL PROVISIONS

6.1 BID SECURITY

An acceptable proposal security deposit shall be provided to the State in an amount equal to at least five percent (5%) of the amount offered and shall be limited to: a bond in a form satisfactory to the State underwritten by a company licensed to issue bonds in this State; legal tender; or a certificate of deposit, share certificate, cashier's check, treasurer's check, teller's check, or official check drawn by, or a certified check accepted by, a bank, a savings institution, or credit union insured by the Federal Deposit Insurance Corporation or the National Credit Union Administration. Certificate of deposit, share certificate, cashier's check, treasurer's check, teller's check, official check, or certified check may be utilized only to a maximum of \$100,000, provided however, if the required security or bond amount totals over \$100,000, more than one instrument not exceeding \$100,000 each and issued by different financial institutions, may be submitted.

If an offer does not comply with the security requirements, the offer shall be rejected as non-responsive, unless the failure to comply is determined by the chief procurement officer, the head of a purchasing agency, or the designee of such officer to be non-substantial pursuant to section 3-122-223, Hawaii Administrative Rules (HAR).

6.2 ACCEPTANCE AND TESTING

Define design documents, acceptance testing procedures, and remedies for those items not accepted.

DLIR DCD will conduct acceptance tests following the development and connection of the system to the DLIR VersaStack test region. The tests conducted by DLIR DCD will demonstrate the functionality of the system as described in Section 2.2 Statement of Work.

Upon successful completion of the Acceptance Test, the STATE PM shall notify the Contractor in writing and authorize connecting the system into Production.

6.3 INTELLECTUAL PROPERTY RIGHTS

The State reserves the right to unlimited, irrevocable, worldwide, perpetual, royalty-free, non-exclusive licenses to use, modify, reproduce, perform, release, display, create derivative works from, and disclose the work product, and to transfer the intellectual property to third parties for State purposes.

6.4 WARRANTIES AND DISCLAIMER OF IMPLIED WARRANTIES

Contractors shall provide programming, application support, operational support services for the duration of this project. This includes troubleshooting, bug fixes to existing application code, licensing and licensing upgrades, patches, troubleshooting and ensuring software updates and general support do not affect application.

6.5 TERMINATIONS FOR CONVENIENCE OR UNAVAILABILITY OF FUNDS

If the Offeror to whom a contract is awarded shall fail or neglect to comply with the contract, the SOH has the right to terminate the contract without liability to the State, when it is determined to be in the best interest of the State. The contract resulting from this RFP shall be paid for with State funds received by DLIR. In the event funds are insufficient this RFP will be cancelled.

6.6 PREFERENCES (include as applicable)

a. HAWAII PRODUCTS PREFERENCE

In accordance with HRS §103D-1002, the Hawaii products preference is applicable to this solicitation. Hawaii Products [are / may be] available for those items noted on the offer form. The Hawaii products list is available on the SPO webpage at <http://hawaii.gov/spo>. Offeror submitting a Hawaii Product (HP) shall identify the HP on the solicitation offer page(s). Any person desiring a Hawaii product preference shall have the product(s) certified and qualified if not currently on the Hawaii products list, prior to the deadline for receipt of offer(s) specified in the procurement notice and solicitation. The responsibility for certification and qualification shall rest upon the person requesting the preference.

Persons desiring to qualify their product(s) not currently on the Hawaii product list shall complete form SPO-038, *Certification for Hawaii Product Preference* and submit to the Procurement Officer issuing the solicitation (IFB or RFP), and provide all additional information required by the Procurement Officer. For each product, one form shall be completed and submitted (i.e. 3 products should have 3 separate forms completed). Form SPO-038 is available on the SPO webpage at <http://hawaii.gov/spo> under the 'Toolbox' menu; click on 'SPO Forms.'

When a solicitation contains both HP and non-HP, then for the purpose of selecting the lowest bid or purchase price only, the price offered for a HP item shall be decreased by subtracting 10% for the class I or 15% for the class II HP items offered, respectively. The lowest total offer, taking the preference into consideration, shall be awarded the contract unless the offer provides for additional award criteria. The contract amount of any contract awarded, however, shall be the amount of the price offered, exclusive of the preferences.

Change in Availability of Hawaii product. In the event of any change that materially alters the Offeror's ability to supply Hawaii products, the Offeror shall notify the procurement officer in writing no later than five working days from when the Offeror knows of the change and the parties shall enter into discussions for the purposes of revising the contract or terminating the contract for convenience.

b. SOFTWARE DEVELOPMENT BUSINESSES PREFERENCE

Subchapter 5, Chapter 3-124, HAR, provides that:

The preference shall apply to all bids or offers issued by a purchasing agency when so stated in the solicitation.

Bids issued by a governmental agency pursuant to Section 103D-301, HRS, shall contain a notice stating that a price preference will be given to Hawaii software development businesses. This price preference will be ten per cent of the bid price, and will be used for bid evaluation.

Bidders requesting a preference shall submit a completed certification form, as required by Section 3-124-33, with each bid. Previous certifications shall not apply unless allowed by the bid.

Any bidder who fails to indicate that it is a Hawaii software development business will be presumed to be a non-Hawaii software development business and the bidder's proposal will be increased by ten per cent for purposes of evaluation.

Where a bid or purchase contains both Hawaii software development businesses and non-Hawaii software development businesses, than for the purpose of determining the lowest evaluated bid, the original bid price for the non-Hawaii software development businesses shall be increased by ten per cent.

The responsible bidder submitting the lowest evaluated bid(s), taking into consideration all applicable preferences shall be awarded the contract, provided the product being offered meets the minimum bid specifications.

The contract amount of any contract awarded shall be the original bid price offered, exclusive of any preferences.

6.7 CERTIFICATION OF OFFEROR CONCERNING WAGES, HOURS AND WORKING CONDITIONS OF EMPLOYEES SUPPLYING SERVICES (include as applicable)

All Offerors for service contracts shall comply with section 103-55, Hawaii Revised Statutes, which provides as follows:

Wages, hours, and working conditions of employees of CONTRACTOR supplying services: Before any prospective Offeror is entitled to submit any offer for the performance of any contract to supply services in excess of \$25,000 to any governmental agency, Offeror shall certify that the services to be performed will be performed under the following conditions:

Wages: The services to be rendered shall be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work.

Compliance with labor laws: All applicable laws of the Federal and State governments relating to workers compensation, unemployment compensation, payment of wages, and safety will be fully complied with.

No contract to perform services for any governmental contracting agency in excess of \$25,000 shall be granted unless all the conditions of this section are met. Failure to comply with the conditions of this section during the period of the contract to perform services shall result in cancellation of the contract.

It shall be the duty of the governmental contracting agency awarding the contract to perform services in excess of \$25,000 to enforce this section.

This section shall apply to all contracts to perform services in excess of \$25,000, including contracts to supply ambulance service and janitorial service.

This section shall not apply to:

- (1) Managerial, supervisory, or clerical personnel.
- (2) Contracts for supplies, materials, or printing.
- (3) Contracts for utility services.
- (4) Contracts to perform personal services under paragraphs (2), (3), (12), and (15) of section 76-16, paragraphs (7), (8), and (9) of section 46-33, and paragraphs (7), (8), and (12) of section 76-77, Hawaii Revised Statutes, (HRS).

- (5) Contracts for professional services.
- (6) Contracts to operate refreshment concessions in public parks, or to provide food services to educational institutions.
- (7) Contracts with nonprofit institutions.

6.8 RULES OF PROCUREMENT

To facilitate the procurement process, various rules have been established as described in the following subsections.

No Contingent Fees

No Offeror shall employ any company or person, other than a bona fide employee working solely for the Offeror, or company regularly employed as its marketing agent, to solicit or secure this contract. Nor shall it pay or agree to pay any company or person, other than a bona fide employee working solely for the Offeror, or a company regularly employed by the Offeror as its marketing agent, any fees, commission, percentage, brokerage fee, gift, or other consideration contingent upon or resulting from the award of a contract to perform the specifications of this RFP.

RFP Amendments

The DLIR reserves the right to amend the RFP at any time prior to the closing date for submission of the proposal. Changes to the RFP shall be done via an addendum.

Rules for Withdrawal or Revision of Proposals

A proposal may be withdrawn or revised at any time prior to, but not after [May 30, 2018](#). In order to withdraw or revise a proposal, a request in writing by the Offeror, or their authorized representative, must be submitted to the Issuing Officer. This withdrawal or revision must be filed with the Issuing Officer before the deadline of the receipt of proposals, but shall not prejudice the right of an Offeror to submit a new proposal before or on the deadline for receipt of proposals.

Independent Price Determination

State law requires that a proposal shall not be considered for award if the price in the proposal was not arrived at independently, without collusion, consultation, communication, or agreement as to any matter relating to such prices with any other offeror or with any competitor.

An Offeror shall include a certified statement in the proposal certifying that the proposal was arrived at without any conflict of interest as described above. Should a conflict of interest be detected at any time during the contract, the contract shall be null and void, and the Offeror shall assume all costs of this project until such time that a new Offeror is selected.

Confidentiality of Information

If a person believes that any portion of a proposal, offer, specification, protest, or correspondence contains information that should be withheld as confidential, then the Officer-in-Charge should be so advised in writing and provided with justification to support confidentiality claim. Price is not considered confidential and will not be withheld.

An offeror shall request in writing nondisclosure of designated trade secrets or other proprietary data considered confidential. Such data shall accompany the proposal, be clearly marked, and shall be readily separable from the proposal in order to facilitate eventual public inspection of the non-confidential portion of the proposal.

Pursuant to HAR Section 3-122-58, the head of the purchasing agency or designee shall consult with the Attorney General and make a written determination in accordance with HRS Chapter 92F. If the request for confidentiality is denied, such information shall be disclosed as public information, unless the person appeals the denial to the Office of Information Practices in accordance with HRS Section 92F-42(12).

SECTION SEVEN

ATTACHMENTS

SECTION SEVEN

ATTACHMENTS

- Attachment A: Offer Form, OF-1, Standard Form Letter
- Attachment B1: [Company Qualifications and Staff Profile, OF-2a](#)
- Attachment B2: [Price Structure, OF-2b](#)
- Attachment C: Wage Certificate for Service Contracts
- Attachment D: Tax Equalization Certificate
- Attachment E: General Provisions for Goods and Services
- Attachment F: Overview of the RFP process
- Attachment G: High-Level DLIR Network Diagram
- Attachment H: High-level Context Diagram of the Current State of DLIR DCD System
- Attachment I: DCD Major Workflow Processes
- Attachment J: Reports
- Attachment K: Forms
- Attachment L: WC1 Employer's Report of Industrial Injury
- Attachment M: WC2Physician's Report
- Attachment N: WC3Carrier's Case Report
- Attachment O: WC5 Employee's Claim for WC Benefits
- Attachment P: LIRAB general functionality processes
- Attachment Q: Future DCD User Perspective Scenarios for WC, TDI, PHC

ATTACHMENT A:

Offer Form, OF-1, Standard Form Letter

**ATTACHMENT A: OFFER FORM, STANDARD FORM LETTER
OF-1**

DISABILITY COMPENSATION DIVISION'S (DCD) WEB-ACCESSIBLE CASE MANAGEMENT SYSTEM
WITH AUDITING AND FINANCIAL TRACKING
STATE OF HAWAII
DEPARTMENT OF LABOR & INDUSTRIAL RELATIONS DISABILITY COMPENSATION DIVISION
RFP-17-002-DCD

Leila Shar, Business Management Officer
Department of Labor & Industrial Relations/Administrative Services Office
State of Hawaii
Honolulu, Hawaii 96813

Dear Procurement Officer:

The undersigned Offeror has carefully read and understands the terms and conditions specified in the Specifications and Special Provisions attached hereto, and in the General Conditions, by reference made a part hereof and available upon request; and hereby submits the following offer to perform the work specified herein, all in accordance with the true intent and meaning thereof.

The undersigned further understands and agrees that by submitting this offer, 1) he/she is declaring his/her offer is not in violation of Chapter 84, Hawaii Revised Statutes, concerning prohibited State contracts, and 2) he/she is certifying that the price(s) submitted was (were) independently arrived at without collusion.

The undersigned Offeror also agrees to the following:

1. All services shall be provided in accordance with the solicitation, and applicable Federal and State laws and rules.
2. The Department of Labor & Industrial Relations, State of Hawaii (State) reserves the right to cancel the solicitation when, in their opinion, such cancellation is in the best interest of the State.
3. The State may reject proposals, in whole or part, and waive any defects, when in the State's opinion, such rejection or waiver will be in the best interest of the State.
4. The State shall not be liable for any costs, expenses, loss of profits, or damages, whatsoever incurred by the Offeror in the event this solicitation is cancelled or a quote is rejected.
5. The State shall have exclusive ownership rights to the customized application developed for DLIR DCD. The Contractor will assign ownership and copyrights to DLIR DCD.

The undersigned Offeror shall answer the following with a "YES" OR "NO"

6. The Offeror has read and understands following requirements of the solicitation.
 - a. Section One – Introduction, Terms, and Acronyms, Key Dates _____
 - b. Section Two – Background and Scope of Work _____
 - i. 2.1 – Project Overview and Goal _____
 - ii. 2.7 – Key Processes Performed by Users _____
 - iii. 2.8, 2.8.2 – Scope of Work, Business Requirements _____
 - iv. 2.8.5 – Scope of Services _____
 - v. 2.8.10 - RFP Considerations _____
 - vi. 2.9 – Vendor Responsibilities _____
 - c. Section 3 – Proposal Format and Content _____
 - d. Section 4 – Evaluation Criteria _____
 - e. Section 5 – Contractor Selection and Contractor Award _____
 - f. Section 6 – Special Provisions _____
 - g. Attachments Q: Future DCD User Perspective Scenarios for WC, TDI, PHC _____

7. The Offeror has read and understands all remaining information and requirements of the solicitation not specified above. _____
8. The Offeror has read and understands all applicable Federal and State laws in the provision of services under the solicitation. _____
9. The Offeror is authorized to transact business in the State of Hawaii. _____
10. The Offeror has attached the following information:
 - a. Experience, Qualification, and Availability of Staff
 - b. Meeting the Required Deadlines in Section 2.1
 - c. Cost per Year (including taxes)
 - i. FY July 1, 2018 – June 30, 2019: \$ _____
 - ii. FY July 1, 2019 – June 30, 2020: \$ _____
 - iii. FY July 1, 2020 – June 30, 2021: \$ _____

This "Standard Proposal Letter" must be signed and dated by an individual or individuals authorized to legally bind the Offeror.

Offeror is:

- Sole Proprietor
 Partnership
 *Corporation
 Joint Venture
 Other _____

*State of incorporation: _____

Hawaii General Excise Tax License I.D. No. _____

Federal I.D. No. _____

Payment address (other than street address below): _____
 City, State, Zip Code: _____

Business address (street address): _____
 City, State, Zip Code: _____

Respectfully submitted:

Date: _____

(x) _____
 Authorized (Original) Signature

Telephone No.: _____

 Name and Title (Please Type or Print)

Fax No.: _____

E-mail Address: _____

** _____
 Exact Legal Name of Company (Offeror)

**If Offeror is a "dba" or a "division" of a corporation, furnish the exact legal name of the corporation under which the awarded contract will be executed:

ATTACHMENT B1:

Qualifications of Firm and Staff, OF-2a

At the State's sole discretion, the contract may be extended for time, or time and money, and may be amended consistent with the terms and conditions of the original contract. In the tables below, provide the cost per hour for work that may arise during the project:

POSITION	HOURLY RATE
Project Manager	
Solution Architect	
Senior ECM Platform Developer	
Junior ECM Platform Developer	
Senior Web Designer	
Junior Web Designer	
Senior Business Analyst	
Junior Business Analyst	
Quality Assurance Lead	

In the tables below, please provide the information as stated in Section 3: Proposal Format and Content.

COMPANY QUALIFICATIONS FORM				
Minimum Mandatory Company Qualifications	Project Start/End Dates	# of Years	Project Name and description of relevant experience	Reference information: name, email address, phone number, address of contact, business description
Five (5) years ECM platform experience				
Five (5) years experience implementing ECM solutions to support case management needs				
Five (5) years DLIR program and services experience in the public sector				

Note: List at least three references are required.

Personnel Name:		Percent of Time to the Project:		
Project Manager Minimum Qualifications	Experience			
	Project Start/End Dates	# of Years	Project Name and description of relevant experience	Reference information: name, email address, phone number
Three years PM Agile experience				
ECM experience				
PMP Certification		Certification #:		n/a

Personnel Name:		Percent of Time to the Project:		
Solution Architect Minimum Qualifications	Experience			
	Project Start/End Dates	# of Years	Project Name and description of relevant experience	Reference information: name, email address, phone number
Five (5) years software development experience				
Three (3) years solution architect experience				
Three (3) years ECM platform experience				
DLIR program experience				
Personnel Name:		Percent of Time to the Project:		
ECM Platform Developer Minimum Qualifications	Experience			
	Project Start/End Dates	# of Years	Project Name and description of relevant experience	Reference information: name, email address, phone number
Five (5) years software development experience				
Three (3) years ECM platform configuration, and custom development experience				
DLIR program experience				
Personnel Name:		Percent of Time to the Project:		
Lead Business Analyst Minimum Qualifications	Experience			
	Project Start/End Dates	# of Years	Project Name and description of relevant experience	Reference information: name, email address, phone number
Five (5) years business analysis experience				
Three (3) years SOH DLIR experience				
Two (2) years ECM experience configuration experience				
Strong ECM platform workflow development experience preferred				
Strong SQL Server Reporting Services (SSRS) or ECM platform reporting engine experience				
Strong ECM platform security role/profile/permission experience				
Personnel Name:		Percent of Time to the Project:		
Web Developer Minimum Qualifications	Experience			
	Project Start/End Dates	# of Years	Project Name and description of relevant experience	Reference information: name, email address, phone number
Five (5) years web development experience				

Three (3) years web services experience				
Two (2) years ECM platform experience				
DLIR program experience				
Personnel Name:			Percent of Time to the Project:	
Quality Assurance Lead Minimum Qualifications	Experience			
	Project Start/End Dates	# of Years	Project Name and description of relevant experience	Reference information: name, email address, phone number
Three (3) years software development QA experience				
Two (2) years automated testing tool experience				
Two (2) years ECM platform experience				
DLIR program experience				

Offeror _____
Name of Company

ATTACHMENT B2:

Price Structure, OF-2b

ATTACHMENT B2: PRICE STRUCTURE, OF-2b

THE OFFER FORM SHOULD BE SUBMITTED IN A FORMAT THAT CLEARLY IDENTIFIES THE COSTS RELATED TO THE REQUIREMENTS OF THIS RFP.

PHASE I:			
7/1/2018 – 6/30/2019			TOTAL COSTS
I.	Case Management System Development/Design, Testing, and Implementation Requirements which includes but is not limited to: project planning, security, audit and compliance, electronic workflows and business rules		\$
II.	Procurement of IT Software (initial cost + operational maintenance & support costs)		
	a. CMS Application	\$	
	b. CMS Client Licenses	\$	
	c. CMS Server Licenses	\$	
	d. Additional Software (list out individually along with associated costs)	\$	
TOTAL COSTS FOR IT SOFTWARE:			\$
III.	Electronic Forms		
	a. WC1, WC3, WC5, WC2	\$	
	b. Other Forms (See Attachment K)	\$	
TOTAL COSTS FOR ELECTRONIC FORMS:			\$
IV.	DCIS migration off and ingested into new system		\$
V.	NCCI and UI Tax Benefit System Data is imported in		\$
VI.	Personnel (list out ALL personnel involved in project, fill out qualifications forms – See Attachment B1: Company qualifications Form and Staff Profile Forms, OF-2a)		
	a. Project Manager	\$	
	b. Staff	\$	
TOTAL COSTS FOR PERSONNEL:			\$
VII.	Documentation of System, Training		\$
TOTAL COST FOR PHASE I: 7/1/2018 – 6/30/2019			\$
PHASE II:			
7/1/2019 – 6/30/2020			
I.	Automation of DCD Program Workflows (which includes performance and statistical matrixes, regulatory, security, audit and compliance)		\$
	a. Workers' Compensation		\$
	b. Temporary Disability Insurance		\$
	c. Prepaid Health Care		\$
II.	DocuShare Ingestion		\$
III.	IBM Lotus Notes Domino		\$
IV.	Additional Reports (See Attachment J)		\$
V.	Additional Forms (See Attachment K)		\$
VI.	SCF design, testing, and implementation:		
	a. Fiscal Accounting and Tracking	\$	
	b. Lotus 1-2-3 conversion	\$	
	c. File Uploads to FAMIS	\$	
	d. Forms	\$	
	e. Reports	\$	

TOTAL COSTS FOR SCF:			\$
VII.	Documentation of System, and Training:		\$
VIII.	Personnel (list out ALL personnel involved in project, fill out qualifications forms – See Attachment B1: Company qualifications Form and Staff Profile Forms, OF-2a)		
	a. Project Manager	\$	
	b. Staff	\$	
TOTAL COSTS FOR PERSONNEL:			\$
TOTAL COST FOR PHASE II: 7/1/2019 – 6/30/2020			\$
<hr/>			
Phase III:			
7/1/2020 – 6/30/2021			
I.	DCD Program Completion (WC, TDI, PHC) which includes performance and statistical matrixes, regulatory, security, audit and compliance)		\$
II.	SCF Completion		\$
III.	Web-access for External Users:		
	a. Claimants	\$	
	b. Employers	\$	
	c. Insurance Carriers	\$	
	d. Attorneys/Lawyers	\$	
	e. Physicians	\$	
	f. Others (i.e. R&S, LIRAB)	\$	\$
TOTAL COSTS FOR EXTERNAL USERS:			\$
IV.	Documentation of WC, TDI, PHC and SCF, and Training		\$
	Personnel (list out ALL personnel involved in project, fill out qualifications forms – See Attachment B1: Company qualifications Form and Staff Profile Forms, OF-2a)		
	a. Project Manager	\$	
	b. Staff	\$	
TOTAL COSTS FOR PERSONNEL:			\$
TOTAL COST FOR PHASE III: 7/1/2020 – 6/30/2021			\$
<hr/>			
MISCELLANEOUS COSTS (LIST AND INCLUDE SERVICE AGREEMENTS)			
1.	Cost to migrate electronic open cases from IBM Lotus Notes Domino into new system		\$
2.	Cost to migrate paper open cases into new system		\$
3.	Cost to incorporate LIRAB Statistics		\$
4.	Cost to incorporate the LIRAB's ICA workflow process		\$
5.	Cost to "link" IBM Lotus Notes Domino to the new back-end database		\$
6.	Cost for incremental High Availability & Disaster Recovery software licensing, subscriptions & support needed to implement failover and/or secondary site for Case Management System		\$
7.	Cost to provide additional operational support services: July 1, 2021 – December 31, 2022		\$
8.	Software subscription and support: July 1, 2021 – December 31, 2022		\$
TOTAL COSTS FOR MISCELLANEOUS COSTS:			\$
<hr/>			
GRAND TOTAL FOR DCD MODERNIZATION PROJECT:			\$
<hr/>			

Note: Please complete all pages of the Offer Form OF-2a and submit in your proposal. Pricing shall include labor, materials, supplies, all applicable taxes, and any other costs incurred to provide the specified services. You can add more lines as needed.

Assumptions that were made in developing ECM project cost are listed:

#	ASSUMPTIONS

Offeror: _____
Name of Company

ATTACHMENT C:

Wage Certificates for Service Contracts

**ATTACHMENT C: WAGE CERTIFICATE
FOR SERVICE CONTRACTS**
(See Special Provisions)

Subject: RFP No.: _____

Title of RFP: _____

Pursuant to Section 103-55, Hawaii Revised Statutes (HRS), I hereby certify that if awarded the contract in excess of \$25,000, the services to be performed will be performed under the following conditions:

1. All applicable laws of the federal and state governments relating to workers' compensation, unemployment compensation, payment of wages, and safety will be fully complied with; and
2. The services to be rendered will be performed by employees paid at wages or salaries not less than the wages paid to public officers and employees for similar work, with the exception of professional, managerial, supervisory, and clerical personnel who are not covered by Section 103-55, HRS.

I understand that failure to comply with the above conditions during the period of the contract will result in cancellation of the contract, unless such noncompliance is corrected within a reasonable period as determined by the Director of Labor. Payment in the final settlement of the contract or the release of bonds, if applicable, or both will not be made unless the Director of Labor has determined that the noncompliance has been corrected; and

I further understand that all payments required by Federal and State laws to be made by employers for the benefit of their employees are to be paid in addition to the base wage required by section 103-55, HRS.

Offeror _____

Signature _____

Title _____

Date _____

ATTACHMENT D:

Tax Equalization Certificate

ATTACHMENT D: TAX EQUALIZATION CERTIFICATE

SUBJ: Offer No.: RFP-_____

Description:_____

(To be filled in by prospective offeror)

Out-of-State offerors not possessing a Hawaii General Excise Tax (GET) license must answer all questions:

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|----------------------------|
| | (check only one) | |
| 1. Does your business have an office, inventory, property, employees, or other representation in the State of Hawaii (hereinafter SOH)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does the contract to be awarded require your business to have an office, inventory, property, employees, or other representation in the SOH? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your business provide services in conjunction with the sales of property, such as training, installation, or repairs in the SOH? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Will your business provide any services in the SOH under the contract to be awarded? | <input type="checkbox"/> | <input type="checkbox"/> * |

* If the entire services are to be subcontracted, subject to the State's approval, provide the names of the subcontractor(s):

If you answered "Yes" to any question, then you have sufficient presence in the State and are advised that the gross receipts derived from this solicitation are subject to the GET imposed by Chapter 237, HRS, at the current 4% rate, and where applicable to tangible property imported into the SOH for resale, subject to the current 1/2% use tax imposed by Chapter 238, HRS.

If you answered "No" to all questions, then the tax equalization provision described in Section 103D-1008, HRS, applies to you.

Offeror _____

Signature _____

Title _____

Date _____

ATTACHMENT E:

General Provisions for Goods and Services

GENERAL PROVISIONS

FOR

GOODS AND SERVICES

**HAWAII REVISED STATUTES (HRS)
CHAPTER 103D**

Attached are the General Provisions, dated April 2013 which are made a part of all offers in response to the solicitation for goods and services. These provisions are in addition to the special provisions provided in the individual solicitations.

Offerors are cautioned to read and understand all the terms and conditions contained in the General Provisions as these provisions will also be made part of the contract for goods and services.

**GENERAL PROVISIONS
FOR
GOODS AND SERVICES**

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1. **DEFINITIONS OF TERMS**

Terms as used in these General Provisions, unless the context requires otherwise, shall have the following meaning:

- a. **BID**
Bid means any offer submitted in competitive sealed bidding or in the second phase of multi-step bidding.
- b. **BID PROPOSAL GUARANTY OR SECURITY**
The security when required, furnished by an offeror with his offer to ensure that the offeror will enter into the contract with the STATE and execute the required contract and payment bonds covering the work contemplated, if his offer is accepted.
- c. **CONTRACT**
Contract means the combination of the solicitation, including the instructions to offerors, the specifications or scope of work, the special provisions, and the general terms and conditions; the offer and any best and final offers; and any amendments to the solicitation or to the contract; and any terms implied by law.
- d. **CONTRACT BOND**
The approved form of security furnished by the CONTRACTOR and his surety or sureties or by the CONTRACTOR alone, to ensure completion and satisfactory performance of the contract in accordance with the terms of the contract and to guarantee full payment of all claims for labor, materials and supplies furnished, used or incorporated in the work.
- e. **CONTRACTOR**
An individual, partnership, firm, corporation, joint venture or other legal entity undertaking the execution of work under the terms of the contract with the STATE and acting directly or through his, their or its agents, employees or sub-contractors.
- f. **DAYS**
Days mean calendar days unless otherwise specified.
- g. **GENERAL CONDITIONS**
General Conditions issued by the Department of the Attorney General of the State of Hawaii, referred to as Form AG-008, as revised, and included in solicitations by reference. The applicable revised Form AG-008, which is included by reference, is the form dated and in effect at the date the solicitation is issued.
- h. **GENERAL PROVISIONS**
General Provisions are standard terms and conditions.
- i. **HAR**
Hawaii Administrative Rules
- j. **HEAD OF THE PURCHASING AGENCY**
The head of any agency with delegated procurement authority by law or from a chief procurement officer of this STATE to enter into and, administer contracts.

- k. HRS
Hawaii Revised Statutes
- l. IFB
Invitation for Bids
- m. OFFER
An offer means a bid or proposal as defined in sections 1a and 1p, in response to any solicitation.
- n. OFFEROR
Any individual, partnership, firm, corporation, joint venture or other legal entity, submitting directly or through a duly authorized representative or agent, an offer for the work or services contemplated in response to a solicitation as defined in 1s.
- o. PROCUREMENT OFFICER
Procurement officer means the person with procurement delegation duly authorized to enter into and administer contracts and make written determinations with respect to the contract. The term includes an authorized representative acting within the limits of authority. The delegated authority is received from the chief procurement officer directly or through the head of a purchasing agency or designee to the procurement officer.
- p. PROPOSAL
A proposal means any offer submitted in response to any solicitation, except a bid as defined in section 1a.
- q. PURCHASING AGENCY
Purchasing agency means any governmental body which is authorized by law or rules, or by way of delegation to enter into contracts for procurement of goods, services, or construction.
- r. RFQ
Request for Quotes
- s. RFP
Request for Proposals
- t. SOLICITATION
Solicitation means an invitation for bids ("IFB"), used in the competitive sealed bidding process, a request for quotes ("RFQ") used in the small purchases process, or a request for proposals ("RFP"), used in the competitive sealed proposal process for the purpose of obtaining quotes, bids or proposals to perform a STATE contract.
- u. SPECIAL PROVISIONS
The terms and conditions pertaining to the specific solicitation in which they are contained and in addition to these General Provisions; including but not limited to terms and

conditions describing the preparation of solicitations, evaluation of offers, determination of award, plus those applicable to performance by the CONTRACTOR.

Additions or revisions to the General Provisions, which shall be considered a part of the General Provisions, setting forth conditions or requirements applicable to the particular project or contract under consideration shall be included in the Special Provisions. Should any Special Provisions conflict with these General Provisions, said Special Provisions shall govern.

v. SPECIFICATIONS

A description of what the purchasing agency requires and, consequently, what an offeror must offer to be considered for award.

w. STATE

STATE means the remaining departments of the executive branch and all governmental bodies administratively attached to it, excluding the judiciary, the legislature, the department of education, University of Hawaii, the division of community hospitals, and the office of Hawaiian affairs, except where specifically included in any particular solicitation.

x. SURETY

The individual, firm, partnership or corporation other than the CONTRACTOR, which executes a bond with and for the CONTRACTOR to ensure the CONTRACTOR's acceptable performance of the contract.

y. WORK

The furnishing by the CONTRACTOR of all labor, services, materials, equipment, and other incidentals necessary for the satisfactory performance of the contract.

2. COMPETENCY OF OFFEROR

Prospective offeror must be capable of performing the work for which offers are being called. Either before or after the deadline for an offer, the purchasing agency may require offeror to submit answers to questions regarding facilities, equipment, experience, personnel, financial status or any other factors relating to the ability of the offeror to furnish satisfactorily the goods or services being solicited by the STATE. Any such inquiries shall be made and replied to in writing; replies shall be submitted over the signatures of the person who signs the offer. Any offeror who refuses to answer such inquiries will be considered non-responsive.

The purchasing agency reserves the right to visit an offeror's place of business to inspect its facilities and equipment and to observe its methods of operation in order to facilitate evaluation of performance capabilities.

3. OFFER INCORPORATES SOLICITATION

The solicitation, including the AG's General Conditions, Specifications, General Provisions and any Special Provisions, and other documents referenced in or attached to the solicitation shall be considered a part of the offer whether attached to the solicitation or not at the time of its submission. Such documents shall not be altered in any way when the proposal is submitted and any alterations so made by the offeror may be cause for rejection of the offer.

4. PREPARATION OF OFFER

An offeror may submit only one offer in response to a solicitation. If an offeror submits more than one offer in response to a solicitation, then all such offers shall be rejected. Similarly, an offeror may submit only one offer for each line item (if any) of a solicitation. If an offeror submits more than one offer per line item, then all offers for that line item shall be rejected.

Competing subsidiary or jointly-owned companies may submit bids or proposals and these may be accepted for evaluation and award if such companies submit with their bids or proposals a certificate of non-collusion, sworn to before a notary, which acknowledges that the offer is without collusion.

Unless otherwise specified in the solicitation, all prices shall include applicable Federal, state and local taxes. Any illegible or otherwise unrecognizable price offer shall cause automatic rejection of the offer.

Offers submitted in response to an IFB or RFP shall be signed in ink in the space provided on the bid or proposal page by (1) the owner of a sole proprietorship, (2) one or more members of a partnership, (3) one or more members or officers of each firm representing a joint venture, (4) one or more officers of a corporation, or (5) an agent of the offeror duly authorized to submit offers on the offeror's behalf.

5. LATE OFFERS, LATE WITHDRAWALS, AND LATE MODIFICATIONS

Any notice of withdrawal, notice of modification of an offer with the actual modification, or any offer received at the place designated for receipt and opening of an offer after the time and date set for receipt and opening of offers is late. A late offer, late modification, or late withdrawal shall not be considered late if received before contract award and would have been timely but for the action or inaction of personnel within the procurement activity. A late offer or late modification that will not be considered for award shall be returned to the bidder unopened as soon as practicable and accompanied by a letter from the procurement activity stating the reason for its return. A late withdrawal request shall be responded to with a statement of the reason for non-acceptance of the withdrawal.

6. DISQUALIFICATION OF OFFERORS

An offeror shall be disqualified and his offer automatically rejected for any one of the following reasons: proof of collusion, in which case, all offers involved in the collusive action will be rejected and any participant to such collusion will be barred from future solicitations until reinstated; or offeror's delivery of the offer after the deadline specified in the public notice calling for offers, or as amended, except as allowed in Section 3-122-29 (1), HAR.

An offeror may be disqualified and his offer rejected for any one or more of the following reasons: offeror's lack of responsibility and cooperation as shown by past work or services; offeror's being in arrears on existing contracts with the STATE or having defaulted on previous contracts; offeror's lack of proper equipment and/or sufficient experience to perform the work contemplated; offeror does not possess proper license to cover the type of work contemplated, if required; or offeror's failure to pay, or satisfactorily settle, all bills overdue for labor and material on former STATE contracts at the time of issuance of solicitation.

7. IRREGULAR OFFERS

Offers will be considered irregular and shall be rejected for the following reasons including but not limited to the following: if the offer is unsigned by the offeror, unless otherwise specified in the solicitation; if the required offer guaranty received separately from the offer is not identifiable as guaranty for a specific offer, or is received after the date and time set for the opening; if the required offer guaranty is not in accordance with the solicitation; if the offeror or surety fails to sign the surety bond submitted as offer guaranty; if offeror fails to use the surety bond form furnished by the STATE or identical wording contained in the said form when submitting a surety bond as proposal guaranty; if the offer shows any non-compliance with applicable law or contains any unauthorized additions or deletions, conditioned, incomplete, or irregular or is in anyway making the proposal incomplete, indefinite, or ambiguous as to its meaning; or unbalanced offers in which the price for any item is obviously out of proportion to the prices for other items.

8. STANDARDS OF CONDUCT

All offerors should be certain that their offer is not in violation of HRS §84-15. This section provides as follows:

- a. A state agency shall not enter into any contract to procure or dispose of goods or services, or for construction, with a legislator, an employee, or a business in which a legislator or an employee has a controlling interest, involving services or property of a value in excess of \$10,000 unless:
 - (1) The contract is awarded by competitive sealed bidding pursuant to section 103D-302;
 - (2) The contract is awarded by competitive sealed proposal pursuant to section 103D-303; or
 - (3) The agency posts a notice of its intent to award the contract and files a copy of the notice with the state ethics commission at least ten days before the contract is awarded.
- b. A state agency shall not enter into a contract with any person or business which is represented or assisted personally in the matter by a person who has been an employee of the agency within the preceding two years and who participated while in state office or employment in the matter with which the contract is directly concerned.

9. CAMPAIGN CONTRIBUTIONS BY STATE AND COUNTY CONTRACTORS

Unless otherwise specified in the solicitation, a legislative body has appropriated the funds for this contract.

Therefore, if awarded a contract in response to this solicitation, offeror agrees to comply with Section 11-205.5, HRS, which states that campaign contributions are prohibited from a State and county government contractor during the term of the contract if the contractor is paid with funds appropriated by a legislative body.

10. ACCEPTANCE OF OFFER

Acceptance of offer, if any, will be made within sixty calendar days after the opening of offers, and the prices quoted by the offeror shall remain firm for the sixty-day period. Unless otherwise provided, each individual item or group of items will be awarded to the responsive and responsible offeror whose offer complies with all the solicitation requirements. In determining the responsive and responsible offeror, offers will be evaluated not only on the amounts thereof, but on all factors relating to the satisfactory performance of the contract. Products or servicing capabilities must be of a quality and nature that will meet the needs and purposes of the intended use and must conform to all requirements prescribed in the specifications. The offeror must have the ability to perform as called for in the contract terms. The STATE shall be the sole judge of product or vendor capability. The successful vendor will be notified by letter that the offer has been accepted and that the vendor is being awarded the contract.

- a. If the offer is rejected or if the vendor to whom the contract was awarded fails to enter into the contract and furnish satisfactory security, if applicable, the purchasing agency may, at their discretion, award the contract to the next lowest or remaining responsible offeror or may publish another call for offers; provided in the case of only one remaining responsible offeror, the head of a purchasing agency may negotiate with such bidder to reduce the scope of work, if available funds are exceeded, and to award the contract at a price which reflects the reduction in the scope of work.
- b. The head of a purchasing agency further reserves the right to cancel the contract award at any time prior to execution of said contract by all parties, without any liability to the awardee and to any other offeror.

11. EXECUTION OF CONTRACT

The following subsections shall not apply to any contract in which the total amount payable to the CONTRACTOR cannot be accurately estimated at the time the contract is to be awarded:

- a. In cases where the contract award equals or exceeds the dollar level specified in Section 103D-305, HRS, the STATE shall forward a formal contract to the successful offeror for execution. The contract shall be signed by the successful vendor and returned, together with a satisfactory contract bond if required, and other supporting documents, within ten days after receipt by the vendor or within such further time as the procurement officer may allow.
- b. No such contract shall be considered binding upon the STATE until the contract has been fully and properly executed by all the parties thereto and the State Comptroller has, in accordance with Section 103D-309, HRS, endorsed thereon a certificate that there is an appropriation or balance of an appropriation over and above all outstanding contracts, sufficient to cover the amount required by the contract; with the exception of a multi-term contract, whereby, the State Comptroller shall only be required to certify that there is an appropriation or balance of an appropriation over and above all outstanding contracts, that is sufficient to cover the amount required to be paid under the contract during the fiscal year or remaining portion of the fiscal year of each term of the multi-year contract.
- c. Pursuant to the Attorney General's General Conditions (AG-008, as revised), Section 18, in any contract involving not only STATE but supplemental funds from the Federal government, this section shall be applicable only to that portion of the contract price as is payable out of STATE. As to the portion of the contract price as is expressed in the contract to be payable out of Federal funds, the contract shall be construed to be an agreement to pay the portion to the CONTRACTOR, only out of Federal funds to be received from the Federal government. This subsection shall be liberally construed so as not to hinder or

impede the STATE in contracting for any project involving financial aid from the Federal government.

12. CONTRACT BOND

- a. The requirement for contract performance and payment bonds, if any, shall be stated in the Special Provisions of the solicitation.
- b. When required by the Special Provisions, a performance bond and a payment bond shall be delivered by the CONTRACTOR to the STATE at the same time the executed contract is delivered. Each amount of the performance and payment bonds shall not exceed fifty per cent of the amount of the contract price; provided, for contracts where contract price cannot be determined at the time of award, the amounts of the bonds shall be as stated in the solicitation.
- c. The acceptable performance and payment bonds are the same as the acceptable bid or proposal security deposit specified in Section 6. If a surety bond is submitted for either the performance or payment bond, in addition to the form prescribed, a power of attorney for the surety's attorney-in-fact executing the bond shall be provided.

13. FAILURE TO EXECUTE CONTRACT

If the offeror to whom a contract is awarded shall fail or neglect to enter into the contract, and to furnish satisfactory security as required by Section 6 within ten days after such award or within such further time as the procurement officer may allow, the purchasing agency shall pay the amount of offeror's proposal guaranty, as required under Section 6, into the State Treasury as a realization of the STATE. The procurement officer may thereupon award the contract to the next lowest responsible offeror or may call for new offers, whichever method he may deem is in the best interest of the STATE.

14. RETURN OF OFFER GUARANTIES

All offer guaranties submitted as required by subchapter 24, chapter 3-122, HAR, shall be retained until the successful offeror enters into contract and furnishes satisfactory security or if the contract is not awarded or entered into, until the procurement officer's determination is made to cancel the solicitation. At such time, all offer guaranties, except surety bonds, will be returned.

15. PAYMENT

Section 103-10, HRS, provides that the State shall have thirty (30) calendar days after receipt of invoice or satisfactory completion of contract to make payment. For this reason, the State will reject any bid submitted with a condition requiring payment within a shorter period. Further, the State will reject any bid submitted with a condition requiring interest payments greater than that allowed by §103-10, HRS, as amended.

The State will not recognize any requirement established by the Contractor and communicated to the State after award of the contract, which requires payment within a shorter period or interest payment not in conformance with statute.

16. DELIVERY EXTENSIONS

In the case of contracts for the purchase of goods, the delivery date or the maximum number of days for delivery will be specified by the STATE in its solicitation requirements, and all goods must be delivered with the time specified. However, the CONTRACTOR will not be held responsible for delay due to fire, flood, riot, labor disturbances, war, shortage of transportation, act of God or other reason beyond his control, provided that he notifies the STATE of such delay and the reason therefore as soon as practicable after its occurrence and requests extension prior to the specified date of delivery. Requests for extension of time shall be accompanied by documents such as the CONTRACTOR's purchase order, manufacturer's acknowledgement, shipping manifest, and any other documents substantiating that the causes for delay were beyond the control of the CONTRACTOR. The STATE shall be the sole judge of whether such delay is truly beyond the control of the CONTRACTOR and whether extension will be granted. The STATE reserves the right to terminate the contract or to assess liquidated damages, if provided for in the contract, for delays not covered by specific authorized extension.

17. PERSONAL LIABILITY OF PUBLIC OFFICIALS

In carrying out any of the provisions of the contract or in exercising any power or authority granted to them by the contract, there shall be no liability upon the procurement officer or his authorized representatives, either personally or as officials of the STATE, it being understood that in such matters, they act solely as agents and representatives of the STATE.

ATTACHMENT F:

Overview of the RFP Process

ATTACHMENT F: OVERVIEW OF THE RFP PROCESS

- 7.1 The RFP is issued pursuant to Subchapter 6 of HAR Chapter 3-122, implementing HRS §103D-303.
- 7.2 The procurement process begins with the issuance of the RFP and the formal response to any written questions or inquiries regarding the RFP. Changes to the RFP will be made only by Addendum.
- 7.3 Proposals shall be received on HANDS. The register of proposals and Offerors' proposals shall be open to public inspection after posting of the award.
- All proposals and other material submitted by Offerors become the property of the State and may be returned only at the State's option.
- 7.4 The Procurement Officer, or an evaluation committee approved by the Procurement Officer, shall evaluate the proposals in accordance with the evaluation criteria in Section Four.
- 7.5 Proposals may be accepted on evaluation without discussion. However, if deemed necessary, prior to entering into discussions, a "priority list" of responsible Offerors submitting acceptable and potentially acceptable proposals shall be generated. The priority list may be limited to a minimum of three responsible Offerors who submitted the highest-ranked proposals. The objective of these discussions is to clarify issues regarding the Offeror's proposal before the BAFO is tendered.
- 7.6 If during discussions there is a need for any substantial clarification or change in the RFP, the RFP shall be amended by an addendum to incorporate such clarification or change. Addenda to the RFP shall be distributed only to priority listed Offerors who submit acceptable or potentially acceptable proposals.
- 7.7 Following any discussions, Priority Listed Offerors will be invited to submit their BAFO, if required. The Procurement Officer or an evaluation committee reserves the right to have additional rounds of discussions with the top three (3) Priority Listed Offerors prior to the submission of the BAFO.
- 7.8 The date and time for Offerors to submit their BAFO, if any, is indicated in Section 1.4, RFP Schedule and Significant Dates. If Offeror does not submit a notice of withdrawal or a BAFO, the Offeror's immediate previous offer shall be construed as its BAFO.
- 7.9 After receipt and evaluation of the BAFOs in accordance with the evaluation criteria in Section Four, the Procurement Officer or an evaluation committee will make its recommendation. The Procurement Officer will award the contract to the Offeror whose proposal is determined to be the most advantageous to the State taking into consideration price and the evaluation factors set forth in Section Four.
- 7.10 The contents of any proposal shall not be disclosed during the review, evaluation, or discussion. Once award notice is posted, all proposals, successful and unsuccessful, become available for public inspection. Those sections that the Offeror and the State agree are confidential and/or proprietary should be identified by the Offerors and shall be excluded from access.
- 7.11 The Procurement Officer or an evaluation committee reserves the right to determine what is in the best interest of the State for purposes of reviewing and evaluating proposals submitted in response to the RFP. The Procurement Officer or an evaluation committee will

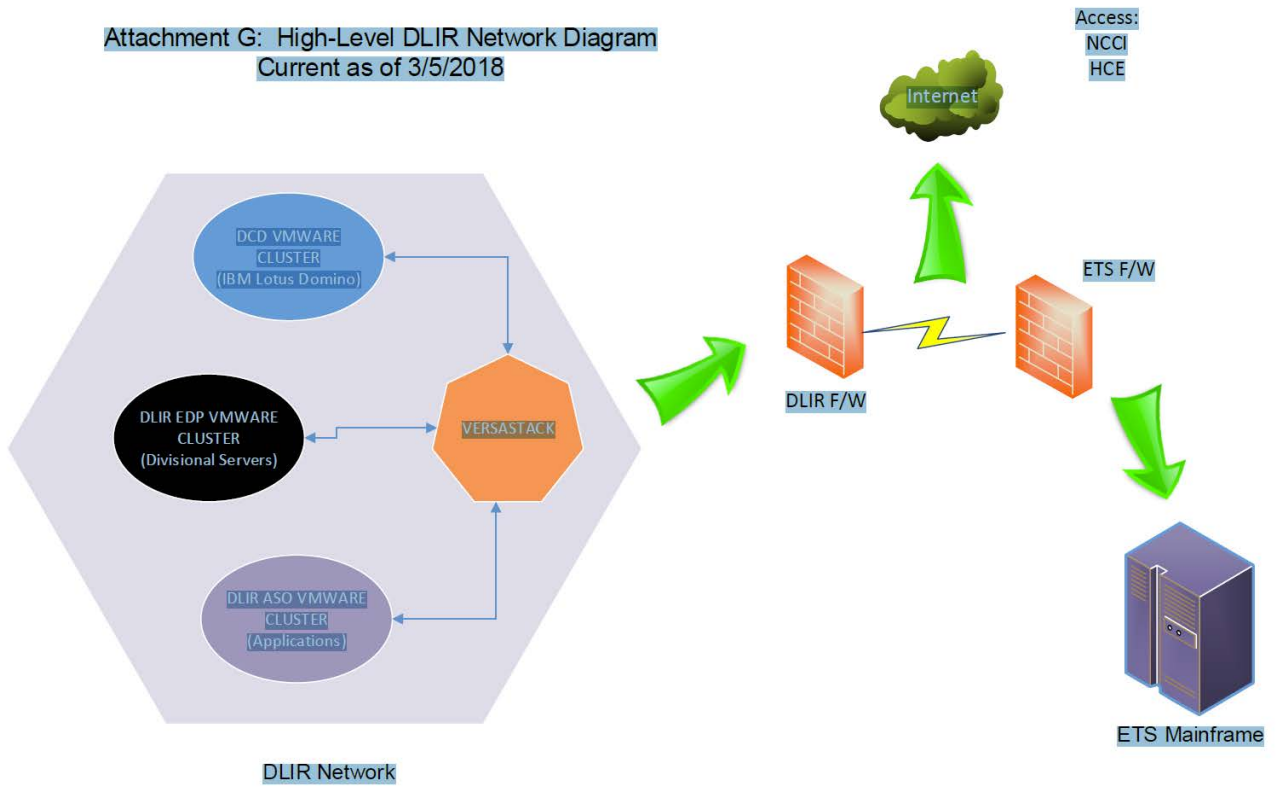
conduct a comprehensive, fair and impartial evaluation of proposals received in response to the RFP.

7.12 The RFP, any addenda issued, and the successful Offeror's proposal shall become a part of the contract. All proposals shall become the property of the State of Hawaii.

ATTACHMENT G:

**High-level DLIR Network Diagram
Current as of 3/5/2018**

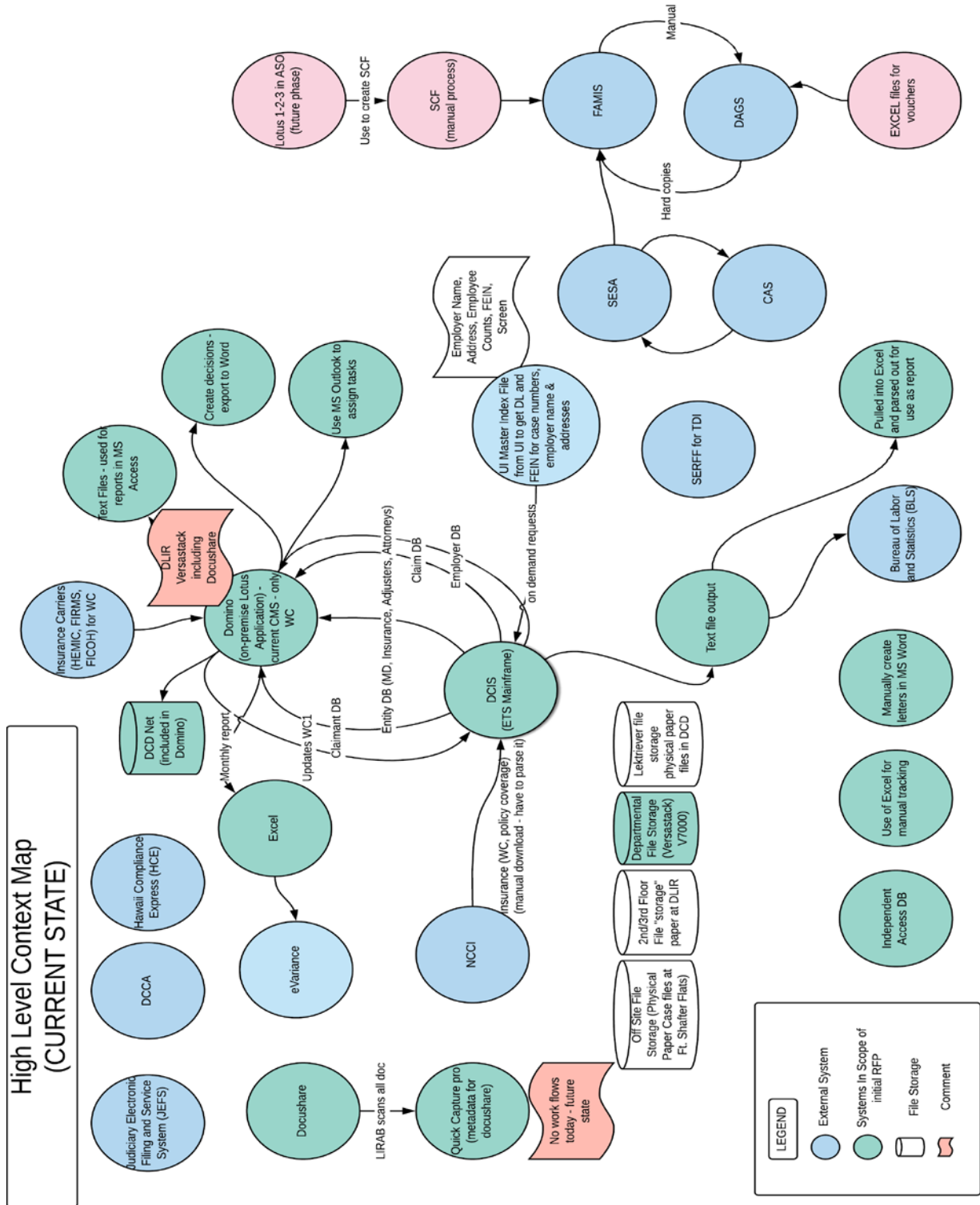
Attachment G: High-Level DLIR Network Diagram
Current as of 3/5/2018



ATTACHMENT H:

High-level Context Diagram of the Current State of DLIR DCD System

ATTACHMENT H: High-level Context Diagram of the Current State of DLIR DCD System



ATTACHMENT I:

**DCD MAJOR CURRENT
WORKFLOW PROCESSES**

See attached file

ATTACHMENT J:

REPORTS

Note: The following reports are just a sampling of the different types requested

DISABILITY COMPENSATION INFORMATION SYSTEM (DCIS) CONTROL REPORTS										
REPORT NAME	REPORT ID	JOB	FREQUENCY	TRANSACTION	SEQUENCE	SELECTION CRITERIA	AUDIENCE			DESCRIPTION
							INTERNAL	EXTERNAL	PRIORITY	
DCIS Table Data Report	LCZNR20R	LCZD5	On-request	TABRPT	Table #	Table Header & Data Records				This report lists all the tables used by DCIS system
Error Code Table Report	LCZNR60R	LCZD5	On-request	ERRRPT	Error code #	Error Code Records				This reports lists all the error codes and descriptions for all error messages used by the DCIS system
Transaction Control Table Report	LCZNR80R	LCZD5	On-request	TRNRPT	Transaction ID #	Transaction Control Records				This report list all the transactions define to the DCIS system
PF Key Setting Report	LCZNR90R	LCZD5	On-request	PFRPT	PF key setting records	PF Key ID				This report lists all the PF key setting define to the DCIS system
User Profile Report	LCZNR40R	LCZD5	On-request	USRRPT	User profile records	User ID				This report lists all the users defined to the DCIS system
HRS Section Report	LCZNR80R	LCZD5	On-request	HRSRPT	HRS section records	User ID				This report lists all the user defined HRS sections

DISABILITY COMPENSATION INFORMATION SYSTEM (DCIS) ENTITY REPORTS										
REPORT NAME	REPORT ID	JOB	FREQUENCY	TRANSACTION	SEQUENCE	SELECTION CRITERIA	AUDIENCE			DESCRIPTION
							INTERNAL	EXTERNAL	PRIORITY	
Claimant Alpha Cross-reference	LCZKR20R	LCZD6	On-request	CLNAM	Claimant name	All claimant records from Entity file				This report lists all claimants alphabetically
Claimant Social Security Number Cross Reference	LCZKR30R	LCZD6	On-request	CLSSN	SSN/ suffix	All claimant records from Entity file				This report lists all claimants by social security number
Selected Claimant History Listing	LCZKR40R	LCZD5	On-request	CLHIS	SSN/ suffix	All records for user-specified SSN/suffix from claimant History file				This report lists the specified claimant requested from history
Claimant History Listing	LCZKX10R	LCZY4	Annual		Claimant name	All claimants from the claimant History file				This report lists all the claimants in history
Entity Alpha Cross-reference	LCZXR10R	LCZD6	On-request	ENTNAM	See Description	When user request a specific entity type, otherwise all entities				This reports lists the entity file in alphabetical order by name. Sequence: If entity type is specified on process request, system will print specified entity type otherwise system will print all entity types with breaks by entity type
Entity ID Report	LCZXR20R	LCZD6	On-request	ENTID	See Description	When user request a specific entity type, otherwise all entities				This report lists the entity file in alphabetical order by name. Sequence: If entity type is specified on process request, system will print specified entity type, otherwise system will print all entity types with breaks by entity type
Request Convert/Delete Entity	LCZXC90R	LCZD4	On-request	SPENT	Case Number Company Name	Process request date greater than last process date				Final count of entity records requested to be converted and deleted
Label	LCZXR30R		On-request							Print labels

DISABILITY COMPENSATION INFORMATION SYSTEM (DCIS) WORKERS COMPENSATION (WC) REPORTS										
REPORT NAME	REPORT ID	JOB	FREQUENCY	TRANSACTION	SEQUENCE	SELECTION CRITERIA	AUDIENCE			DESCRIPTION
							INTERNAL	EXTERNAL	PRIORITY	
WC Download Record Count	LCZCB10R	LCZD2	Daily		Batch #	All WC-1 records keyed by Data Entry (DE)				WC-1 data entry record counts by batch number
WC-2 Error Report	LCZCC60R-E	LCZD2	Daily		Batch #, WC-2 report # (sequential number of report within batch, error #)	All records from WC-2 Form file, WC case record type for case number. WC-2 report, case processing record types for case from Log file. Claimant and entity record types for case-specified SSN and SSN suffix and WC-2 specified HCP ID to retrieve claimant and HCP names from Entity file				WC-2 edit report
Weighing Factor Update - Control Report	LCZCC10R	LCZM1	Monthly			All cases with status "OPEN", "END", "INC", and "REAC" and a weighing factor of "1". The weighing factor is changed to "4" if the case has at least one WC-3 record for TTD or TDP to include a non-zero number of days or amount.				Update case weighing factor from 1 to 4
WC-2 Error Report	LCZCC60R-E	LCZD2	Daily		Batch #, WC-2 error # (sequential number of report within batch), error #	All records from WC-2 Form file, WC case record type for case number. WC-2 case processing record types for case from Log file. Claimant and entity record types for case-specified SSN and SSN suffix and WC-2 specified HCP ID to retrieve claimant				WC-2 edit report

DISABILITY COMPENSATION INFORMATION SYSTEM (DCIS) MANAGEMENT REPORTS										
REPORT NAME	REPORT ID	JOB	FREQUENCY	TRANSACTION	SEQUENCE	SELECTION CRITERIA	AUDIENCE			DESCRIPTION
							INTERNAL	EXTERNAL	PRIORITY	
Employer Statistics Report	LCZTR10R	LCZM1	Monthly		Registration - UI, DC: Employer at end of month; Insurance Statistics	All employer statistical records from Control file for fiscal year (for prior month totals). Current month totals - select new/reactivated employers. Select entire employer file for current statistics - insurance statistics and summary employer totals				This report lists employer monthly statistics regarding UI and DC employers and insurance coverage statistics.
WC Case Statistics Report	LCZTS30R	LCZM1	Monthly		Open cases, ended cases, transferred cases, hearing statistics, decision statistics, award statistics (by island)	WC Case statistics records from Control File for report month/year, for all location codes				This report lists case summary count statistics
Hearing Officer Statistics Report	LCZTR40R	LCZM1	Monthly		Hearing officer	All Hearing Officer statistics records from Control file for report month/year				This report lists hearing and decision status tics for each hearing officer

DISABILITY COMPENSATION INFORMATION SYSTEM (DCIS) RESEARCH & STATISTICS REPORTS										
REPORT NAME	REPORT ID	JOB	FREQUENCY	TRANSACTION	SEQUENCE	SELECTION CRITERIA	AUDIENCE			DESCRIPTION
							INTERNAL	EXTERNAL	PRIORITY	
Adjustments to the Annual Levy Computation	LCZUC20R-1	LCZR1 LCZR22 LCZR22A	Batch Request		Payor Code, DOL/DBA, Case #	The following conditions will cause a record to be written to this report. 1. The input record has no match with the insurance coverage history table because there is no self-insurance history. 2. The input record has a match with the insurance coverage history table, however, the employers are determined to be previously self-insured. 3. There is a match in the table, but the program determines that the wrong carrier was coded.				This report lists all adjustments amounts based on the employers insurance coverage history that included either self insured or captive carrier information
Insurance Coverage Table File	LCZUC20R-2	LCZR1 LCZR22 LCZR22A	Batch Request		DOL/DBA					This report lists every employer that was determined to have self-insured or captive insurance coverage history
Annual Summary Statistics (Part 1 by County)	LCZURA0R	LCZR1	Batch Request		County, specific report categories	All records from R&S Annual Extract file. File consists of all the cases for the specified R&S report year. All IWC-3 records with SCF report year or amended report year equal to the R&S report year will also be selected and summarized				This report lists summary total counts for all cases during the R&S report year as specified in the system management control record. The summary groups include location, insurance group, NAICS Sectors, major occupation, age groups, average weekly wage, length of service, and major part of the body

DISABILITY COMPENSATION INFORMATION SYSTEM (DCIS) TEMPORARY DISABILITY INSURANCE REPORTS										
REPORT NAME	REPORT ID	JOB	FREQUENCY	TRANSACTION	SEQUENCE	SELECTION CRITERIA	AUDIENCE			DESCRIPTION
							INTERNAL	EXTERNAL	PRIORITY	
Year End Special Fund Statistics From Voucher Date	LHBCR10R	LCZD5	On-Request		DOL/DBA	All TDI/PHC special fund payment detail record for TDI cases				This report list all TDI special fund payments Report lists ALL TDI Annual Reports added to include those that might be considered a duplicate. If another annual report record already exists in DCIS with the same TDI annual report year, carrier ID, Employer and plan type an "*" will appear in the first column of the record. Duplicates can be deleted using trans-ID = TDIDEL
CCYY TDI Annual Report Records Added - Data Entry Input	LHBGC20R-A	LCZR4	On-Request		Batch #, DOL #	Transactions are pre-sorted with batch header preceding detail records				
CCYY TDI Annual Report Errors - MAG Tape Unit (CCYY TDI Annual Report Summary Table - Data Entry Input)	LHBGC20R-E (LHBGC20R-S)	LCZR4	On-Request		Batch #, DOL #	Transactions are pre-sorted with batch header preceding detail records. Rejection criteria includes invalid report year, plan types, association, DOL, carrier, no existing TDI coverage, non-numeric data in numeric fields, and field cross checks, ER Contrib LT or = Total Wage Batch Summary Report (LHBGC20R-S) - lists of all batches; batch #, total records processed, number records added, number records rejected				Report lists only the rejected TDI Annual reports submitted o source documents * NOTE - Both reports will print whether there are errors or not

DISABILITY COMPENSATION INFORMATION SYSTEM (DCIS) PREPAID HEALTH CARE SYSTEM REPORTS										
REPORT NAME	REPORT ID	JOB	FREQUENCY	TRANSACTION	SEQUENCE	SELECTION CRITERIA	AUDIENCE			DESCRIPTION
							INTERNAL	EXTERNAL	PRIORITY	
PHC Cancel Policy Mailing Labels	LJBR10R	LCZW1	Weekly		Employer DOL #	Checks for PHC cancelled employer coverage with cancellation date within a week from the SMT Last Cancellation/Expiration date (about 4 weeks old). A label is printed if a more current "ACTIVE" coverage is not found				PHC employer cancellation labels
PHC Contractor Plan Extract Labels	LJBR15L	LCZR18	On-Request	PHCSRR	Employer DOL # or employer name depending on user specified sort parameter	PHC insurance information and associated PHC insurance employer/DBA coverage record types for user-specified plan information from insurance file.				2-up labels for each unique legal employer printed on the PHC Contractor Plan Extract Report (ID# LJBR15R-1). A label will NOT be printed if the employer's address isn't available
PHC Contractor Plan Extract Report	LJBR15R-1	LCZR18	On-Request	PHCSRR	Employer DOL # or employer name depending on user specified sort parameter	PHC insurance information and associated PHC insurance employer/DBA coverage record types for user-specified plan information from insurance file.				Listing of contractor/plan information based on user specified parameters
PHC Contractor Plan Extract Label Counts	LJBR15R-2	LCZR18	On-Request	PHCSRR						Lists counts of the number of labels not printed due to missing employer address information and total number of labels printed
PHC Contractor Coverage Report	LJBR80R	LCZD5	On-Request	PHCINS	Contractor ID, plan type, plan number and employer DOL #	PHC insurance employer/DBA coverage record type for employer plan information from the insurance file				This report lists PHC contractor coverage information specified by the user.
PHC Covered Employers Labels	LJBR90R	LCZD5	On-Request	PHCLBL	Employer DOL #	Select specified employer record				Mailing labels for PHC covered employers for specified contractor id and plan number
PHC Plans Approved/Disapproved Report	LJBRA0R	LCZD5	On-Request	PHCSUM	Status date	PHC insurance information record type for insurance plan information from Insurance file. Entity record type for contractor name from Entity file. Employer/MIF record type for employer name from Employer file.				This report lists PHC plans approved/disapproved file for a specified year/month

ATTACHMENT K:

FORMS

DCD FORMS

FORM NAME	TY	TYPE	AUDIENCE		DESCRIPTION
			INTERNAL	EXTERNAL	
WC-1 Employer's Report of Industrial Injury		WC		Employer	
WC-2 Physician's Report		WC		Physician	
WC-3 Carrier's Case Report		WC		WC Carrier	
WC-5 Employee's Claim for Workers' Compensation Benefits		WC		Employee	
WC-14 Employee's Wage Report		WC		Employee	
WC-18 Form Letter - Claims Denial Letter		WC	X		
WC-18A Form Letter - Employer notice of claimants denial letter		WC	X		
WC-21 Application for Self-Insurance		WC		WC Carrier	
WC-28 Form Letter - Employer cancellation/expiration notice		WC	X		
WC-29 Form Letter - Employers without coverage notice		WC	X		
WC-29E Form Letter - Exempt Employer expiration notice letter		WC	X		
WC-36 Notice of Insurance Instructions (completed by WC Carriers)		WC		WC Carrier	
WC-42 Request for Information or Photo Copies		WC		X	
WC-56 Form Letter - Follow up notice to employers found non-compliant for 1-31 days in providing WC Insurance coverage.		WC		X	
WC-77 Application for Hearing		WC		X	
WC-77A Response to Application for Hearing		WC		X	
Request for Approval of Attorney's Fee		WC		X	
Attorney Hourly Rate Increase Request		WC		X	
TDI-45 Claim for Disability Benefit (from Employer)		TDI		Employee	
TDI-14 Equivalency Tables		TDI		Employer	
TDI-15 TDI Self-Insurer's Plan Certification and Agreement		TDI		Employer	
TDI-62 This form can only be completed by TDI Carriers		TDI		TDI Carriers	
HC-5 Employee Notification to Employer for Calendar Year 2018		PHC		PHC Employee	
HC-4 Healthcare Coverage Questionnaire		PHC		PHC Employer	
HC-6 Employer's Request for Premium Supplementation		PHC		PHC Employer	
HC-61 Application for Self-Insurance Authorization		PHC		PHC Employer	
HC-7 Pre-Paid Health Care Plan Application		PHC		PHC Contractor	
HC-7(A-1) "Reimbursement" Type Plans (A summary of benefits of the prevalent PPO plan)		PHC		PHC Contractor	
HC-7 (A-2) "Service" Type Plans (A summary of benefits of the prevalent HMO plan)		PHC		PHC Contractor	
DC-54 Complaint Form		PHC			
LIR#27 Application for Certificate of Compliance 301220112, HAR		PHC			

DCD GUIDELINES

FORM NAME	PRIORITY	TYPE	AUDIENCE		DESCRIPTION
			INTERNAL	EXTERNAL	
2017 Maximum Weekly Wage Base and Maximum Weekly Benefit Amount		WC		X	
2016 Maximum Weekly Wage Base and Maximum Weekly Benefit Amount		WC		X	
Highlights of the Hawaii Workers' Compensation Law		WC		X	
TDI-69 Highlights of the Hawaii Temporary Prepaid Disability Insurance Law		TDI		X	
Insurance Carriers authorized to write TDI policies in Hawaii		TDI		X	
TDI-22 TDI Annual Report Instructions (for self-insured employers only)		TDI		X	
Approved Health Care Plans		PHC			
Highlights of the Hawaii Pre-Paid Health Care Law		PHC			

DCD LAWS AND RULES					
FORM NAME	PRIORITY	TYPE	AUDIENCE		DESCRIPTION
			INTERNAL	EXTERNAL	
Hawaii Administrative Rules Chapter 10, Title 12		WC		X	
Hawaii Administrative Rules Chapter 14, Title 12		WC		X	
Hawaii Administrative Rules Chapter 15, Title 12 Medical Fee Schedule Rules		WC		X	
Hawaii Administrative Rules Chapter 15, Exhibit A (Medical Fee Schedule Fees) Effective 01/01/14		WC		X	
Medicare JE Part B		WC		X	
Hawaii Revised Statute HRS Chapter 386		WC		X	
Hawaii Revised Statutes Section Index		WC		X	
Hawaii Administrative Rules Chapter 11, Title 12		TDI		X	
TDI HRS Chapter 392		TDI		X	
TDI Section Index		TDI		X	
PHC Chapter 12, Title 12		PHC			
PHC HRS Chapter 393		PHC			
PHC Section Index		PHC			

DCD PROFESSIONAL EMPLOYER ORGANIZATIONAL FORMS (PEO)					
FORM NAME	PRIORITY	TYPE	AUDIENCE		DESCRIPTION
			INTERNAL	EXTERNAL	
Professional employer Organization (PEO) Application					
PEO-2 Bond form: Professional Employer Organization					
PEO-3 Client Companies List					
PEO-4 Amendment Form					
PEO-5 PEO Renewal/Restoration Application					
PEO-5A General Information and Instructions – Renewing Your PEO Application					

ATTACHMENT L:

WC1 – EMPLOYER’S REPORT OF INDUSTRIAL INJURY FORM

Every work injury to an employee causing absence for one day or more or which requires medical services other than first aid treatment must be reported within 7 working days after the injury. Failure to report promptly is a misdemeanor punishable by not more than a \$5,000 fine. (Sec 386-95, H.R.S. NOTIFY THE DIVISION IMMEDIATELY IF INJURY RESULTS IN DEATH.) EVERY QUESTION MUST BE ANSWERED FULLY TO AVOID FURTHER CORRESPONDENCE.

The law requires the employer to furnish the injured employee a copy of this report.

WC-1 EMPLOYER'S REPORT OF INDUSTRIAL INJURY										CASE NUMBER						
IDENTIFICATION SECTION										PRINT		NOTE: DO NOT WRITE IN SHADED BLOCKS		RESET		
EMPLOYEE NAME - LAST			FIRST		M.I.	SOC SEC NO		DATE OF BIRTH		SEX	MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	SINGLE <input type="checkbox"/>	DATE RECEIVED	
ADDRESS			ADDITIONAL ADDRESS INFORMATION (C/O)					CITY		STATE		ZIP CODE				
PHONE		OCCUPATION			DATE HIRED		YRS EMP'D CODE	DEPARTMENT			PAYROLL COMP CLASS CODE		OCC. CODE			
REGISTERED EMPLOYER					DBA											
ADDRESS							CITY		STATE		ZIP CODE					
PHONE		NATURE OF BUSINESS			DATE INJURY/ILLNESS REPORTED		DATE OF INJURY/ILLNESS		PREFAB		DOL NUMBER		DBA			
					MM / DD / YY		MM / DD / YY		<input type="checkbox"/> WC-2 <input type="checkbox"/> WC-5							

DETAIL OF INJURY / ILLNESS													
TIME OF INJURY/ILLNESS		TIME OF II CODE		PLACE OF II IF DIFFERENT FROM EMPLOYER'S MAILING ADDRESS			CITY		STATE	ON EMPLOYER'S PREMISES	INDUSTRIAL CODE		
AM		PM							<input type="checkbox"/> YES <input type="checkbox"/> NO				
HOW DID THIS ACCIDENT OCCUR? (Please describe fully the events that resulted in injury or occupational disease. Tell what happened. Please use separate sheet if necessary)							TIME WORKSHIFT BEGAN		SOURCE OF INJURY		EVENT		
							AM		PM				
WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific. Identify tools, equipment or material the employee was using)							TASK		ACTIVITY		ACCIDENT FACTOR		
											AOS		
OBJECT OR SUBSTANCE THAT DIRECTLY INJURED EMPLOYEE (e.g. the machine employee struck against or struck him; the vapor or poison inhaled or swallowed; the chemical that irritated employee's skin. In cases of strains, the object employee was lifting, pulling, etc.)													
DESCRIBE IN DETAIL THE NATURE OF THE INJURY, ILLNESS AND PART OF THE BODY AFFECTED													
										YES	NO	NATURE OF INJURY	PART OF BODY
										<input type="checkbox"/>	<input type="checkbox"/>		
										<input type="checkbox"/>	<input type="checkbox"/>		

TIME LOST INFORMATION															
DATE DISABILITY BEGAN		WAS EMPLOYEE FURNISHED MEALS OR LODGING?		AVG WKLY WAGE		IF EMPLOYEE IS BACK TO WORK GIVE DATE		WAS EMPLOYEE PAID IN FULL FOR DAY OF INJURY/ILLNESS?		IF EMPLOYEE DIED GIVE DATE		HOURLY WAGE	MONTHLY SALARY	HRS Wkd / WK	WEIGHING FACTOR
MM / DD / YY		<input type="checkbox"/> YES <input type="checkbox"/> NO				MM / DD / YY		<input type="checkbox"/> YES <input type="checkbox"/> NO		MM / DD / YY					
										GIVE NAME AND ADDRESS OF SURVIVORS ON BACK					

TREATMENT			OBTAIN NAME OF TREATING PHYSICIAN FROM EMPLOYEE				
NAME OF PHYSICIAN		ADDRESS			PHYSICIAN I.D. CODE		
NAME OF MEDICAL FACILITY		ADDRESS			YES	NO	
					<input type="checkbox"/>	<input type="checkbox"/>	
					INPATIENT OVERNIGHT?	<input type="checkbox"/>	<input type="checkbox"/>
					EMERGENCY ROOM ONLY?	<input type="checkbox"/>	<input type="checkbox"/>
CARRIER I.D.							

INSURANCE							
NAME OF WC INSURANCE CARRIER		NAME OF ADJUSTING COMPANY		IF LIABILITY DENIED - WHY?		IS LIABILITY DENIED?	
						<input type="checkbox"/> YES <input type="checkbox"/> NO	
POLICY NO.		POLICY PERIOD		ADJUSTER NAME		CARRIER CASE NO.	
				ADJUSTER I.D.		MEDICAL DEDUCTIBLE	

SIGNATURE		TITLE		DATE	
				MM / DD / YY	

ATTACHMENT M:

WC2 – PHYSICIAN’S REPORT FORM



STATE OF HAWAII
 DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
 DISABILITY COMPENSATION DIVISION
 Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813
INSTRUCTION SHEET FOR FORM WC-2 PHYSICIAN'S REPORT

Instructions

Please completely fill out the WC-2 PHYSICIAN'S REPORT FORM.

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

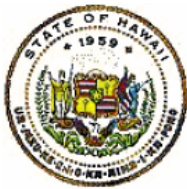
Delivery Information

Delivery by U.S. Mail, In-Person, or via Fax

Oahu	Kauai	Maui
Princess Keelikolani Building 830 Punchbowl Street, Room 209 Honolulu, Hawaii 96813 Mailing Address: P.O. Box 3769 Honolulu, Hawaii 96812-3769 Phone: (808) 586-9161 Fax: (808) 586-9219	3060 Eiwa Street, Room 202 Lihue, Hawaii 96766 Phone: (808) 274-3351 Fax: (808) 274-3355	2264 Aupuni Street #2 Wailuku, Hawaii 96793 Phone: (808) 984-2072 Fax: (808) 984-2071
Hawaii	West Hawaii	
75 Aupuni Street, Room 108 Hilo, Hawaii 96720 Phone: (808) 974-6464 Fax: (808) 974-6460	Ashikawa Building 81-990 Halekii Street, Room 2087 Kealahou, Hawaii 96750 If Mailing, Please Mail to This Address: P.O. Box 49, Kealahou, Hawaii 96750 Phone: (808) 322-4808 Fax: (808) 322-4813	

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

(Rev. 9/05)



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION
 Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813
FORM WC-2 PHYSICIAN'S REPORT

Note: PLEASE DO NOT WRITE IN SHADED BLOCKS

1 First	2 First & Final	3 Final	4 Interim	5 Consulting	6 Rating	Case Number
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date this report received
						Mo. / Day / Yr.

Employer Name and Address	Carrier's Name and Address	
Patient's Name and Address	Your Name, Address and Telephone No.	
Patient's Social Security Number	Physician's ID	
Date of Injury/Illness Mo. / Day / Yr.	Date of First Treatment Mo. / Day / Yr.	If patient expired, give date Mo. / Day / Yr.

	Yes	No
1. Are you the attending physician?	<input type="checkbox"/>	<input type="checkbox"/>
2. Has the patient been burned?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is there a possibility of other disfigurement?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you think physical rehabilitation will be necessary?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you think medical rehabilitation will be necessary?	<input type="checkbox"/>	<input type="checkbox"/>

State in patient's own words where and how the accident occurred:

Give accurate description and extent of injury: specify all parts of the body involved and state objective findings.

Is accident mentioned above the only cause of patient's condition? Yes No, state contributing causes.

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(Rev. 10/05)

FORM WC-2 PHYSICIAN'S REPORT

Page 2 of 2

Who engaged your services? _____	
Is further treatment required? <input type="checkbox"/> No <input type="checkbox"/> Yes, period of time required? _____	
Were X-Rays taken? <input type="checkbox"/> No <input type="checkbox"/> Yes, by whom? _____ Date(s) _____	
X-Ray Diagnosis: _____	
Was patient treated by anyone else? <input type="checkbox"/> No <input type="checkbox"/> Yes, by whom? _____ Date(s) _____	
Was patient hospitalized? <input type="checkbox"/> No <input type="checkbox"/> Yes, date of admission: _____ Date of Discharge: _____	
Name and Address of Hospital _____	
Describe subsequent treatment to be provided by you _____	
Did accident result in disability for work? <input type="checkbox"/> Yes <input type="checkbox"/> No, date disability began: _____	
Patient <input type="checkbox"/> was <input type="checkbox"/> will be able to resume <input type="checkbox"/> light work <input type="checkbox"/> regular work on: _____	
Patient stopped treatment without orders on _____ Patient discharged as cured on _____	
Describe any permanent defect or disfigurement (include scars, discolorations, deformities, etc.) <input type="checkbox"/> None _____	
Final Diagnosis: _____	
Physician Signature _____	Date _____

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(Rev. 10/05)

ATTACHMENT N:

WC3 – CARRIER’S CASE REPORT

WC-3 CARRIER'S CASE REPORT

WC-3 (Rev. 3/92)

CLAIMANT NAME AND ADDRESS

Case No.
FOR OFFICE USE ONLY Date Received
Mo. / Day / Yr.
Carrier Case No.
Carrier I.D.

SOC. SEC. NO. _____

DATE OF INJURY/ILLNESS _____

EMPLOYER _____

CARRIER _____

ADJUSTER _____

ADDRESS _____

INDIVIDUAL TO CONTACT _____

TELEPHONE NO. _____

CHECK ONE:

1. DATE OF FIRST INCOME REPLACEMENT PAYMENT: MO. / DAY / YR.
2. REOPEN CASE
3. HEARING REQUESTED
4. NO LOST TIME/MEDICAL ONLY - PAYMENT DATE MO. / DAY / YR.
5. FINAL PAYMENT TO PREVIOUSLY ENDED CASE FOR _____
6. YEAR END REPORT FOR _____
7. FINAL REPORT (COPY TO EMPLOYEE) FOR _____

NOTE: WHEN 4, 5, 6 & 7 ARE CHECKED, PAYMENT BLOCK MUST BE FILLED IN.

RETURN TO WORK DATE: MO. / DAY / YR.

WEEKLY COMP. RATE _____

BENEFIT PAYMENTS	Days	Payments Not Previously Reported	Prior Payments	Total Payments Made to Date
1. Temporary Total *		\$	\$	\$
2. Temporary Partial *		\$	\$	\$
3. Permanent Total		\$	\$	\$
4. Permanent Partial		\$	\$	\$
5. Death		\$	\$	\$
6. Disfigurement		\$	\$	\$
7. Medical/Other Costs		\$	\$	\$
8. Services of Attendant		\$	\$	\$
9. Rehabilitation		\$	\$	\$
Carrier's Comments: _____				
Medical Deductible: _____				

*List Date(s) of Disability in Carrier's Comments Section.

I hereby certify the accuracy of all of the above statements.

NOTICE TO EMPLOYEE: With the final payment of compensation (as indicated hereon) on your industrial injury of / / month day year

SIGNATURE _____

identified as Case No. _____, the case shall be closed. This determination shall not constitute a bar to your reopening rights as provided by Section 386-89, HRS, nor to future medical benefits.

POSITION _____

DATE _____

ATTACHMENT O:
WC5 EMPLOYEE'S CLAIM FOR WC
BENEFITS



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813

**INSTRUCTION SHEET FOR FORM WC-5
EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS**

Instructions

IMPORTANT:

If information provided is incomplete, this claim will not be processed and will be returned to the employee. Please complete the form in triplicate. Please distribute the form as follows: original and one copy to the appropriate District Office (see next page) and one copy for employee's records.

Ensure information indicated is CLEAR, LEGIBLE, COMPLETE AND ACCURATE.

INJURED PERSON:

Name: Enter full, complete name shown on injured person's social security identification card (no nicknames). Address: Enter mailing address.

EMPLOYER:

Name: Enter the complete business name of the employer.
Address: Enter full address of employer including city, state and zip code.

INSURANCE CARRIER:

Name: Enter the name of the insurance company that handles workers' compensation for the employer.

INJURY:

Date of Accident: Enter specific date injury occurred.
Time: Specify time and include a.m. or p.m.
Describe Injury/Illness: How and where did the accident occurred?
Reason for Filing: Specify reason(s) for filing this claim.

WITNESS:

Enter name and address of someone who saw accident, if any.

NOTICE:

Indicate whether you notified your employer of the injury.

ATTENDING PHYSICIAN:

Enter name and address of the physician who treated you for this injury and attach available medical reports to this claim.

REPRESENTED BY:

You may leave this part blank, but if you are represented, enter the name and address of attorney/union agent, or other representative.

Address: Enter full address of your representative to include city, state and zip code.

SIGNATURE OF CLAIMANT:

Sign your name and date.

ATTACHMENTS: (if available)

(i.e. Physician medical reports, Attorney letter of representation, etc.)

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

(Rev. 10/05)

**INSTRUCTION SHEET FOR FORM WC-5
EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS**
Page 2 of 2

The **Delivery Information** section below lists various delivery options. Please select the most convenient method and submit the completed form accordingly.

Please remember to sign and date the form before submitting it.

Delivery Information

Delivery by U.S. Mail, In-Person, or via Fax

Department of Labor and Industrial Relations, Disability Compensation Division

Oahu	Kauai	Maui
Princess Keelikolani Building 830 Punchbowl Street, Room 209 Honolulu, Hawaii 96813 Mailing Address: P.O. Box 3769 Honolulu, Hawaii 96812-3769 Phone: (808) 586-9161 Fax: (808) 586-9219	3060 Eiwa Street, Room 202 Lihue, Hawaii 96766 Phone: (808) 274-3351 Fax: (808) 274-3355	2264 Aupuni Street, #2 Wailuku, Hawaii 96793 Phone: (808) 984-2072 Fax: (808) 984-2071
Hawaii	West Hawaii	
75 Aupuni Street, Room 108 Hilo, Hawaii 96720 Phone: (808) 974-6464 Fax: (808) 974-6460	Ashikawa Building 81-990 Halekii Street, Room 2087 Kealakekua, Hawaii 96750 If Mailing, Please Mail to This Address: P.O. Box 49, Kealakekua, Hawaii 96750 Phone: (808) 322-4808 Fax: (808) 322-4813	

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(Rev. 10/05)

FORM WC-5 EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

Page 2 of 2

Witness

Name	Work Phone ()	Home Phone ()
Address		

Name	Work Phone ()	Home Phone ()
Address		

Notice

Did you notify the employer of the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when:
How: <input type="checkbox"/> Oral <input type="checkbox"/> Written To whom:

Attending Physician

Name	Telephone No. ()
Address	

I hereby present my claim for compensation for disability resulting from the foregoing injury arising out of and in the course of my employment and not caused by my intoxication nor by my willful intention to injure myself or another individual.

I hereby authorize any physician and/or hospital to release any information related to any treatment rendered to me.

Represented by _____ ATTORNEY/UNION AGENT _____ SIGNATURE OF CLAIMANT

Address _____ Date _____

Auxiliary aids and services are available upon request. Please call: (808) 586-9174; TTY (808) 586-8847; and for neighbor islands, TTY 1-888-569-6859. A request for reasonable accommodation(s) should be made no later than ten working days prior to the needed accommodation(s).

It is the policy of the Department of Labor and Industrial Relations that no person shall, on the basis of race, color, sex, marital status, religion, creed, ethnic origin, national origin, age, disability, ancestry, arrest/court record, sexual orientation, and National Guard participation, be subjected to discrimination, excluded from participation in, or denied the benefits of the Department's services, programs, activities, or employment.

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

(Rev. 10/05)



STATE OF HAWAII
DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DISABILITY COMPENSATION DIVISION
Princess Keelikolani Building, 830 Punchbowl Street, Room 209, Honolulu, Hawaii 96813

FORM WC-5
EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

Injured Person

Name	
Address	
Occupation	
Telephone No. ()	Social Security No.

Employer

Name	
Address	
Nature of Business	Telephone No. ()

Insurance Carrier

Name
Address

Injury

Date of Accident	Time of Injury a.m. p.m.	Date Disability Began
If not on employer's premises, indicate place where accident occurred		
Describe how accident occurred		
Describe injury/illness		
Reason for filing: <input type="checkbox"/> Employer has not filed WC-1 <input type="checkbox"/> Reopening of old claim <input type="checkbox"/> Insurance carrier has not paid benefits <input type="checkbox"/> Others (explain)		

Visit our Website at www.hawaii.gov/labor for ALL interactive and downloadable forms.

(Rev. 10/05)

ATTACHMENT P:
**LIRAB General Functionality
Processes**

ATTACHMENT P: LIRAB GENERAL FUNCTIONALITY PROCESSES

The following LIRAB workflow processes are for informational purposes to understand the entire DCD workflow processes. This is due partly because of the funding for this project. Most workflow processes are covered in the DCD processes. The only exclusions are: statistics that pertain strictly to LIRAB, and ICA processes.

Appeals Executive Officer Review (LIRAB)

REQ: Ability to review submitted appeals (assign, schedule, track, notify parties)

Use Case: Appeal is not timely and marked as such. Then complete Jurisdictional OSC

Use Case: Timely appeal case received and is a HO trial. LIRAB assigns Initial Conference date, assigns settlement conference and assigns trials. Then completes and distributes Notice of Initial Conference.

Use Case: Timely appeal case received and not a hearing officer trial. LIRAB assigns Initial Conference date, assigns settlement conference and assigns trials. Then completes and distributes Notice of Initial Conference.

Use Case: Timely appeal that is not a HO trial has a different jurisdictional problem. Determines Jurisdictional OSC if appropriate and complete.

Use Case: Timely appeal that is not a HO trial has a different jurisdictional problem. Determines requirements to complete appellant appropriate order appropriate (Jurisdictional OSC, Custom Order or Notice, Orders with and without sanction, Order to Vacate, Order to Dismiss, etc.).

1. System shall be able to track all entries
 - a. Entries shall have required fields
 - i. Entries are not allowed to be submitted/continue to next step if required fields are not filled out
 - b. Validation of data entered shall be performed before submitting/continuing
2. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
 - a. System shall identify the person to which a claim/case/file/hearing/employers/carriers is assigned
 - b. System shall identify the status of the claim/case/file/hearing/employers/carriers
 - i. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 - ii. Status shall indicate the jurisdiction in which the case is in
 - iii. System shall track the time a claim/case/file/hearing/employers/carriers is in each status
 1. History log shall capture date/time and action performed on any claim/case/file/hearing/employers/carriers
 - iv. System shall track time periods
 1. Time periods shall include but not limited to user defined workflow actions including:
 - a. Appeal dates
 - b. Payment history
 - c. Close/Reopen time frames
 - d. Benefit adjustment (i.e., PTD, supplemental)
 - e. Statutory Deadlines
 2. Time periods shall be configurable
 - a. Can be configured by DCD admins
3. System shall provide claim/case/file/hearing/employers/carriers information
4. System shall have the ability to assign workflow tasks to users

5. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields prior to allowing submission
6. System shall record date/time on actions performed in system
7. System shall allow for the configuring of business rules
 - a. Required fields
 - b. Required documentation
 - c. Reminders
 - d. Required timing for actions
 - e. Decision criteria
8. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
 - a. System shall receive 3rd party information in a secured manner
9. System shall generate notices/letters and notify identified parties
 - a. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
10. System shall prevent multiple users from editing the same file information at the same time
 - a. Additional users may view the information during editing (i.e., file is read only)
 - b. Notification of who is changing
11. System shall be able to schedule
 - a. Scheduling is based on availability of parties
12. System shall track availability
 - a. System shall provide the ability for the processing (input, review, approve, publish) of internal scheduling
 - i. Internal users shall include but not limited to:
 1. DCD Staff
 2. Conference hearing rooms
 - b. System shall provide the ability for the processing (input, review, approve, publish) of internal scheduling
 - i. External users shall include but not limited to:
 1. Attorneys
 2. Interpreters
 3. Other stakeholders as defined
 - c. System shall prevent duplication (overbooking) of any time slot
 - i. Administrators shall have manual override ability
 - ii. Available options (no conflicts) shall be recommended to current user when scheduling

REQ: Ability to process (create, approve, track, notify parties) orders (Jurisdictional OSC, Custom Order or Notice, Orders with and without sanction, Order to Vacate, Order to Dismiss, etc.)

Use Case: Schedule OSC Hearing. Create order, sign, stamp, copy, mail, file, scan. Hearing is then conducted.

Use Case: Schedule OSC Non-Hearing. Create order, sign, stamp, copy, mail, file, scan. Receive response and prepare and issue order (create, sign, stamp, copy, mail, file). No monetary or sanctions involved.

Use Case: Schedule OSC Non-Hearing. Create order, sign, stamp, copy, mail, file, scan. Receive response and prepare and issue order (create, sign, stamp, copy, mail, file). Monetary or sanctions involved. Track penalty on log, document receipt of payment. Prepare Satisfaction of Sanction letter and Transmittal letter to SCF. Send payment/decision and order/satisfaction to SCF via internal mail.

Use Case: Outcome is to dismiss. Create order, sign, stamp, copy, mail, file, scan. Proceed with appeal process (wait 30 days for appeal).

Use Case: Outcome is to vacate. Create order, sign, stamp, copy, mail, file, scan. Proceed with appeal process (wait 30 days for appeal).

1. System shall be able to track all entries
 - a. Entries shall have required fields
 - i. Entries are not allowed to be submitted/continue to next step if required fields are not filled out
 1. Validation of data entered shall be performed before submitting/continuing
2. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
 - a. System shall identify the person to which a claim/case/file/hearing/employers/carriers is assigned
 - b. System shall identify the status of the claim/case/file/hearing/employers/carriers
 - i. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 - ii. Status shall indicate the jurisdiction in which the case is in
 - iii. System shall track the time a claim/case/file/hearing/employers/carriers is in each status
 1. History log shall capture date/time and action performed on any claim/case/file/hearing/employers/carriers
 - iv. System shall track time periods
 1. Time periods shall include but not limited to user defined workflow actions including:
 - a. Appeal dates
 - b. Payment history
 - c. Close/Reopen time frames
 - d. Benefit adjustment (i.e., PTD, supplemental)
 - e. Statutory Deadlines
 2. Time periods shall be configurable
 - a. Can be configured by DCD admins
3. System shall provide claim/case/file/hearing/employers/carriers information
4. System shall have the ability to assign workflow tasks to users
5. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields prior to allowing submission
6. System shall record date/time on actions performed in system
7. System shall allow for the configuring of business rules
 - a. Required fields
 - b. Required documentation
 - c. Reminders
 - d. Required timing for actions
 - e. Decision criteria
8. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
 - a. System shall receive 3rd party information in a secured manner
9. System shall generate notices/letters and notify identified parties
 - a. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
10. System shall prevent multiple users from editing the same file information at the same time
 - a. Additional users may view the information during editing (i.e., file is read only)
 - b. Notification of who is changing
11. System shall be able to schedule

- a. Scheduling is based on availability of parties
- 12. System shall track availability
 - a. System shall provide the ability for the processing (input, review, approve, publish) of internal scheduling
 - i. Internal users shall include but not limited to:
 - 1. DCD Staff
 - 2. Conference hearing rooms
 - b. System shall provide the ability for the processing (input, review, approve, publish) of internal scheduling
 - i. External users shall include but not limited to:
 - 1. Attorneys
 - 2. Interpreters
 - 3. Other stakeholders as defined
 - c. System shall prevent duplication (overbooking) of any time slot
 - i. Administrators shall have manual override ability
 - ii. Available options (no conflicts) shall be recommended to current user when scheduling

REQ: Ability to process (schedule, track, approve, notify parties) Notice of Initial Conferences

Use Case: Schedule conference in Outlook, assigning case. Prepare draft, signed by LIRAB board member, stamp, file, copy. Assigned member pulls case and meets with parties. IC Completed, outcome to withdrawal appeal. Withdrawal submitted in writing, received, and LIRAB prepares Intent to Dismiss.

Use Case: Schedule conference in Outlook, assigning case. Prepare draft, signed by LIRAB board member, stamp, file, copy. Assigned member pulls case and meets with parties. IC Completed, outcome to decide to settle. LIRAB completes Stipulations & Settlement Agreement.

Use Case: Schedule conference in Outlook, assigning case. Prepare draft, signed by LIRAB board member, stamp, file, copy. Assigned member pulls case and meets with parties. IC Completed, outcome to decide to settle. LIRAB completes Stipulations & Settlement Agreement, but case falls through and parties do not settle. Goes back and reschedules entire process again.

Use Case: Schedule conference in Outlook, assigning case. Prepare draft, signed by LIRAB board member, stamp, file, copy. Assigned member pulls case and meets with parties. IC Completed, with no withdrawal or settlement. Prepare Pre-Trial Order, drafted, signed, stamp, copy, file, mail.

Use Case: Schedule conference in Outlook, assigning case. Prepare draft, signed by LIRAB board member, stamp, file, copy. Assigned member pulls case and meets with parties. IC Completed, with no withdrawal or settlement. Prepare Pre-Trial Order, drafted, signed, stamp, copy, file, mail. Dates Change – update Outlook calendar and prepare pre-trial order with new dates, drafted, signed, stamp, copy, file, mail.

Use Case: Schedule conference in Outlook, assigning case. Prepare draft, signed by LIRAB board member, stamp, file, copy. Assigned member pulls case and meets with parties. IC Completed, with no withdrawal or settlement. Hearing officer is assigned and order assigning goes out with Pre-Trial order. Prepare Pre-Trial Order, drafted, signed, stamp, copy, file, mail.

Use Case: Schedule conference in Outlook, assigning case. Prepare draft, signed by LIRAB board member, stamp, file, copy. Assigned member pulls case and meets with parties. IC not completed. NIC is rescheduled.

Use Case: Schedule conference in Outlook, assigning case. Prepare draft, signed by LIRAB board member, stamp, file, copy. Assigned member pulls case and meets with parties. IC not completed. Prepare Order to Show Cause.

Use Case: *Schedule conference in Outlook, assigning case. Prepare draft, signed by LIRAB board member, stamp, file, copy. Assigned member pulls case and meets with parties. IC not completed. Prepare Notice of Intent to Dismiss.*

1. System shall be able to track all entries
 - a. Entries shall have required fields
 - i. Entries are not allowed to be submitted/continue to next step if required fields are not filled out
 1. Validation of data entered shall be performed before submitting/continuing
2. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
 - a. System shall identify the person to which a claim/case/file/hearing/employers/carriers is assigned
 - b. System shall identify the status of the claim/case/file/hearing/employers/carriers
 - i. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 - ii. Status shall indicate the jurisdiction in which the case is in
 - iii. System shall track the time a claim/case/file/hearing/employers/carriers is in each status
 1. History log shall capture date/time and action performed on any claim/case/file/hearing/employers/carriers
 - c. System shall track time periods
 - i. Time periods shall include but not limited to user defined workflow actions including:
 1. Appeal dates
 2. Payment history
 3. Close/Reopen time frames
 4. Benefit adjustment (i.e., PTD, supplemental)
 5. Statutory Deadlines
 - ii. Time periods shall be configurable
 1. Can be configured by DCD admins
3. System shall provide claim/case/file/hearing/employers/carriers information
4. System shall have the ability to assign workflow tasks to users
5. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields prior to allowing submission
6. System shall record date/time on actions performed in system
7. System shall allow for the configuring of business rules
 - a. Required fields
 - b. Required documentation
 - c. Reminders
 - d. Required timing for actions
 - e. Decision criteria
8. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
 - a. System shall receive 3rd party information in a secured manner
9. System shall generate notices/letters and notify identified parties
 - a. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
10. System shall prevent multiple users from editing the same file information at the same time
 - a. Additional users may view the information during editing (i.e., file is read only)
 - b. Notification of who is changing

11. System shall be able to schedule
 - a. Scheduling is based on availability of parties
12. System shall track availability
 - a. System shall provide the ability for the processing (input, review, approve, publish) of internal scheduling
 - i. Internal users shall include but not limited to:
 1. DCD Staff
 2. Conference hearing rooms
 - b. System shall provide the ability for the processing (input, review, approve, publish) of internal scheduling
 - i. External users shall include but not limited to:
 1. Attorneys
 2. Interpreters
 3. Other stakeholders as defined
 - c. System shall prevent duplication (overbooking) of any time slot
 - i. Administrators shall have manual override ability
 - ii. Available options (no conflicts) shall be recommended to current user when scheduling

REQ: Ability to process (schedule, track, approve, notify parties) Notice of Intent to Dismiss

Use Case: Prepare Notice of Intent to Dismiss, signed, stamp, copy, file, mail, scan. Wait 10 days for response. No response, Board deliberates on dismissal.

Use Case: Outcome of NID is to dismiss. Order to Dismiss generated. Then wait 30 days for appeal.

Use Case: Hearing is requested and outcome of NID is not to dismiss. Proceed with LIRAB process.

Use Case: No hearing is requested and outcome of NID is not to dismiss. LIRAB issues Order to Set Aside and proceeds with process.

Use Case: No hearing is requested and outcome of NID is to dismiss. LIRAB issues Order to Dismiss. Then waits 30 days for appeals upon completion of order.

1. System shall be able to track all entries
 - a. Entries shall have required fields
 - i. Entries are not allowed to be submitted/continue to next step if required fields are not filled out
 - i. Validation of data entered shall be performed before submitting/continuing
2. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
 - a. System shall identify the person to which a claim/case/file/hearing/employers/carriers is assigned
 - b. System shall identify the status of the claim/case/file/hearing/employers/carriers
 - i. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 - ii. Status shall indicate the jurisdiction in which the case is in
 - iii. System shall track the time a claim/case/file/hearing/employers/carriers is in each status
 1. History log shall capture date/time and action performed on any claim/case/file/hearing/employers/carriers
 - iv. System shall track time periods
 1. Time periods shall include but not limited to user defined workflow actions including:
 - a. Appeal dates

- b. Payment history
 - c. Close/Reopen time frames
 - d. Benefit adjustment (i.e., PTD, supplemental)
 - e. Statutory Deadlines
- 2. Time periods shall be configurable
 - a. Can be configured by DCD admin
- 3. System shall provide claim/case/file/hearing/employers/carriers information
- 4. System shall have the ability to assign workflow tasks to users
- 5. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields prior to allowing submission
- 6. System shall record date/time on actions performed in system
- 7. System shall allow for the configuring of business rules
 - a. Required fields
 - b. Required documentation
 - c. Reminders
 - d. Required timing for actions
 - e. Decision criteria
- 8. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
 - a. System shall receive 3rd party information in a secured manner
- 9. System shall generate notices/letters and notify identified parties
 - a. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
- 10. System shall prevent multiple users from editing the same file information at the same time
 - a. Additional users may view the information during editing (i.e., file is read only)
 - b. Notification of who is changing

Judicial ICA Filing Fees (LIRAB)

REQ: Ability to process (receive, track, notify) Judicial (ICA) Filing Fees for Appeals from LIRAB to ICA

Use Case: Appeal to ICA filed in LIRAB. Appeal request tracked in MS Access. Payment received and receipt provided for LIRAB fees. Case is sent to JEFS. Payment information sent to ICA to provide ICA receipt. Track ICA appeal and ROA dates. Payment received by due date and not a government agency. Complete ROA.

Use Case: Appeal to ICA filed in LIRAB. Appeal request tracked in MS Access. Payment not received. Send letter and M/IFP forms to appellant to remind. eFile letter at ICA monies. Mail and File letter. Payment received and complete ROA.

Use Case: Appeal to ICA filed in LIRAB. Appeal request tracked in MS Access. Payment not received. Send letter and M/IFP forms to appellant to remind. eFile letter at ICA monies. Mail and File letter. Payment not received and forward to ICA to address. ICA may dismiss due to non-payment.

Use Case: Appeal to ICA filed in ICA. Clerk Receives payment and puts case info into JEFS. Send payment info to LIRAB. LIRAB completes received payment steps.

Use Case: Appeal to ICA filed in ICA. Payment not received. ICA sends letter and M/IFP forms to appellant to remind.

Use Case: Appeal to ICA filed in ICA. Payment not received. ICA tells LIRAB to send notice to remind appellant to pay.

- 1. System shall be able to identify and track claim/case/file/hearing/employers/carriers/fees

- a. System shall identify the person to which a claim/case/file/hearing/employers/carriers/fees is assigned
- b. System shall identify the status of the claim/case/file/hearing/employers/carriers/fees
 - i. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 - ii. Status shall indicate the jurisdiction in which the case is in
 1. Jurisdiction includes indication of the island
 - iii. System shall track the time a claim/case/file/hearing/employers/carriers is in each status
 1. History log shall capture date/time and action performed on any claim/case/file/hearing/employers/carriers
2. System shall provide claim/case/file/hearing/employers/carriers information
 - a. System shall provide information as defined by current user role
 - b. System shall provide information as defined by workflow status
3. System shall have the ability to assign workflow tasks to users
4. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields prior to allowing submission
5. System shall record date/time on actions performed in system
6. System shall allow for the configuring of business rules
7. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
 - a. System shall receive 3rd party information in a secured manner
8. System shall generate notices/letters and notify identified parties

REQ: Able to eFile Judicial Filing Fees and all case data with ICA's system (JEFS)

Use Case: *Organize and track each document. Scan and index documents into proper format and upload to JEFS.*

1. System shall be able to track all entries
 - a. Entries shall have numbers assigned
 - i. Numbers shall be unique
 - ii. Numbers shall be referenced as key index
 - b. Entries shall generate confirmation of action
 - i. Validation of data entered shall be performed before submitting/continuing
2. System shall provide claim/case/file/hearing/employers/carriers information
3. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields prior to allowing submission
4. System shall record date/time on actions performed in system
5. System shall have the ability to provide reports
 - a. The reports shall be available to external parties

Trial (LIRAB)

REQ: *Ability to provide case data to appropriate members for conducting trials.*

Use Case: *Staff pulls case file and prints docket sheet #1 and hearing report. Hearing Officer holds trial. Case does not require anything else after trial and moves to post trial.*

Use Case: *Staff pulls case file and prints docket sheet #1 and hearing report. Hearing Officer holds trial. Case requires more time, schedule, calendar or routine. Repeats process to pull file and hold trial again.*

Use Case: Staff pulls case file and prints docket sheet #1 and hearing report. LIRAB holds trial. Case does not require anything else after trial and moves to post trial.

Use Case: Staff pulls case file and prints docket sheet #1 and hearing report. LIRAB holds trial. Case requires more time, schedule, calendar or routine. Repeats process to pull file and hold trial again.

1. System shall be able to track all entries
 - a. Entries shall have required fields
 - i. Entries are not allowed to be submitted/continue to next step if required fields are not filled out
 1. Validation of data entered shall be performed before submitting/continuing
2. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
 - a. System shall identify the person to which a claim/case/file/hearing/employers/carriers is assigned
 - b. System shall identify the status of the claim/case/file/hearing/employers/carriers
 - i. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 - ii. Status shall indicate the jurisdiction in which the case is in
3. System shall provide claim/case/file/hearing/employers/carriers information
4. System shall have the ability to assign workflow tasks to users
5. System shall record date/time on actions performed in system

Stipulation to Waive Trial (LIRAB)

REQ: Ability to process (receive, track, assign, notify) stipulations to waive trials

Use Case: Stipulation to waive trial received. Review, sign, stamp, file, mail. LIRAB updates D&O list. Monitor for briefs. After deliberations prepares draft D&O. Wait 30 days for appeals.

1. System shall be able to track all entries
 - a. Entries shall have required fields
 - i. Entries are not allowed to be submitted/continue to next step if required fields are not filled out
 1. Validation of data entered shall be performed before submitting/continuing
2. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
 - a. System shall identify the person to which a claim/case/file/hearing/employers/carriers is assigned
 - b. System shall identify the status of the claim/case/file/hearing/employers/carriers
 - i. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 - ii. Status shall indicate the jurisdiction in which the case is in
 - iii. System shall track time periods
 1. Time periods shall include but not limited to user defined workflow actions including:
 - a. Appeal dates
 - b. Payment history
 - c. Close/Reopen time frames
 - d. Benefit adjustment (i.e., PTD, supplemental)
 - e. Statutory Deadlines

2. Time periods shall be configurable
 1. Can be configured by DCD admins
3. System shall provide claim/case/file/hearing/employers/carriers information
4. System shall have the ability to assign workflow tasks to users
5. System shall record date/time on actions performed in system
6. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
7. System shall generate notices/letters and notify identified parties
 1. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
8. System shall prevent multiple users from editing the same file information at the same time
 - a. Additional users may view the information during editing (i.e., file is read only)
 - b. Notification of who is changing

Post-Trial (LIRAB)

REQ: Ability to process (track, assign, notify) post-trial actions

Use Case: Prepares post-trial order. Update D&O list. Parties file Post Trial Briefs – stamp, copy, file. LIRAB deliberates, draft D&O, signs, files, stamp, copy, mail. Hold for 30 days for appeal.

Use Case: Prepares post-trial order. Update D&O list. Parties file Post Trial Briefs – stamp, copy, file. LIRAB deliberates, draft D&O, signs, files, stamp, copy, mail. Includes sanctions and updates penalty log. Hold for 30 days for appeal.

Use Case: Prepares post-trial order. Update D&O list. Parties file Post Trial Briefs – stamp, copy, file. Hearing Officer drafts proposed D&O, signs. Staff files, stamp, copy, mail D&O. Parties file Exception AND Request for Oral Argument. LIRAB prepares Notice of Hearing on oral argument, signs, stamp, file, copy, mail. Pull file for hearing, hold oral argument, LIRAB deliberates and prepares Order. Hold for 30 days for appeal.

Use Case: Prepares post-trial order. Update D&O list. Parties file Post Trial Briefs – stamp, copy, file. Hearing Officer drafts proposed D&O, signs. Staff files, stamp, copy, mail D&O. Parties file Exception, stamp, file, scan, copy. Give file to LIRAB who deliberates and prepares Order. Hold for 30 days for appeal.

Use Case: Prepares post-trial order. Update D&O list. Parties file Post Trial Briefs – stamp, copy, file. Hearing Officer drafts proposed D&O, signs. Staff files, stamp, copy, mail D&O. Parties do not file a request for exemption or an oral argument. Give file to LIRAB who deliberates and prepares Order. Hold for 30 days for appeal.

1. System shall be able to track all entries
 - a. Entries shall have required fields
 - i. Entries are not allowed to be submitted/continue to next step if required fields are not filled out
 - ii. Validation of data entered shall be performed before submitting/continuing
2. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
 - a. System shall identify the person to which a claim/case/file/hearing/employers/carriers is assigned
 - b. System shall identify the status of the claim/case/file/hearing/employers/carriers
 - c. status shall indicate the action upon which the claim/case/file/hearing is awaiting
 - d. Status shall indicate the jurisdiction in which the case is in
 - e. System shall track time periods

- i. Time periods shall include but not limited to user defined workflow actions including:
 - 1. Appeal dates
 - 2. Payment history
 - 3. Close/Reopen time frames
 - 4. Benefit adjustment (i.e., PTD, supplemental)
 - 5. Statutory Deadlines
 - ii. Time periods shall be configurable
 - 1. Can be configured by DCD admin
- 3. System shall provide claim/case/file/hearing/employers/carriers information
- 4. System shall have the ability to assign workflow tasks to users
- 5. System shall require certain fields data entered prior to accepting
 - 1. System shall validate format of defined data fields prior to allowing submission
- 6. System shall record date/time on actions performed in system
- 7. System shall allow for the configuring of business rules
 - a. Required fields
 - b. Required documentation
 - c. Reminders
 - d. Required timing for actions
 - e. Decision criteria
- 8. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
 - a. System shall receive 3rd party information in a secured manner
- 9. System shall generate notices/letters and notify identified parties
 - a. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
- 10. System shall prevent multiple users from editing the same file information at the same time
 - a. Additional users may view the information during editing (i.e., file is read only)
 - b. Notification of who is changing

Motions (LIRAB)

REQ: Ability to process (receive, track, schedule, assign, notify) motion requests

Use Case: Parties call for hearing motion, schedule, receive filed motion (copy, stamp, file) and holds hearing. LIRAB decides motion and issues Order.

Use Case: Parties call for hearing motion, schedule, receive filed motion (copy, stamp, file) and holds hearing. LIRAB decides motion and issues Order. Order grants motion for temporary remand.

Use Case: Non-hearing motion request received, copy, stamp, file. Monitor for response. Receive response or after waiting period, pull file for LIRAB to decide motion and issues Order.

Use Case: Non-hearing motion request received, copy, stamp, file. Monitor for response. Receive response or after waiting period, pull file for LIRAB to decide motion and issues Order. Order grants motion for temporary remand.

- 1. System shall be able to track all entries
 - a. Entries shall have required fields
 - i. Entries are not allowed to be submitted/continue to next step if required fields are not filled out
 - 1. Validation of data entered shall be performed before submitting/continuing
- 2. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers

- a. System shall identify the person to which a claim/case/file/hearing/employers/carriers is assigned
- b. System shall identify the status of the claim/case/file/hearing/employers/carriers
 - i. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 - ii. Status shall indicate the jurisdiction in which the case is in
3. System shall provide claim/case/file/hearing/employers/carriers information
4. System shall have the ability to assign workflow tasks to users
5. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields prior to allowing submission
6. System shall record date/time on actions performed in system
7. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
 - a. System shall receive 3rd party information in a secured manner
8. System shall generate notices/letters and notify identified parties
 - a. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
9. System shall prevent multiple users from editing the same file information at the same time
 - a. Additional users may view the information during editing (i.e., file is read only)
 - b. Notification of who is changing

Stipulation and Settlement Agreement (LIRAB)

REQ: Ability to process (track, assign, approve, notify) settlement outcomes

Note: Stips (Stipulations) filed with LIRAB versus Stips (Stipulations) filed with DCD

Use Case: Review for completeness. Attach attorney fee request if included. Log and track case. SCF is a party, send to Director to approve and Sign.

Use Case: Review for completeness. Attach attorney fee request if included. Log and track case. SCF is not a party, send to Administrator to review and forward to Director to approve and Sign.

Use Case: Receive Signed, file, stamp, scan, index memo. Log and track case and give to assigned board member. Board member reviews and finds issues with case – returns to LIRAB to resolve.

Use Case: Receive Signed Stipulation and Settlement Agreement. Log and track case and give to assigned board member. Board member reviews and finds no issues. Signs. If attorney fee, process. LIRAB conforms and certifies copies, file, stamp, mail. Wait 30 days for appeal.

1. System shall be able to track all entries
 - a. Entries shall have required fields
 - i. Entries are not allowed to be submitted/continue to next step if required fields are not filled out
 1. Validation of data entered shall be performed before submitting/continuing
2. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
 - a. System shall identify the person to which a claim/case/file/hearing/employers/carriers is assigned
 - b. System shall identify the status of the claim/case/file/hearing/employers/carriers

- i. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 - ii. Status shall indicate the jurisdiction in which the case is in
- 3. System shall provide claim/case/file/hearing/employers/carriers information
- 4. System shall have the ability to assign workflow tasks to users
- 5. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields prior to allowing submission
- 6. System shall record date/time on actions performed in system
- 7. System shall allow for the configuring of business rules
 - a. Required fields
 - b. Required documentation
 - c. Reminders
 - d. Required timing for actions
 - e. Decision criteria
- 8. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
 - a. System shall receive 3rd party information in a secured manner
- 9. System shall generate notices/letters and notify identified parties
 - a. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
- 10. System shall prevent multiple users from editing the same file information at the same time
 - a. Additional users may view the information during editing (i.e., file is read only)
 - b. Notification of who is changing

Return from ICA or Supreme Court of Appeals (LIRAB)

REQ: Ability to process (receive, track, notify) ICA and Supreme Court Memorandum Opinions returned to LIRAB

Use Case: ICA or Supreme Court Memorandum Opinion returned by clerk to LIRAB jurisdiction. Status on case is updated, filed, scanned and notice is sent to LIRAB employees and Administrator of status.

REQ: Ability to process (receive, track, notify, assign) ICA and Supreme Court Affirmations returned to LIRAB.

Use Case: Affirmation received from ICA or Supreme Court of Appeals. LIRAB transfers case back to DCD.

REQ: Ability to process (receive, track, notify, assign) ICA and Supreme Court Orders to Vacate or Remand returned to LIRAB.

Use Case: Receive Vacate Order from ICA or Supreme Court of Appeals. LIRAB reviews and complete task.

Use Case: Receive Vacate Order from ICA or Supreme Court of Appeals. LIRAB reviews and starts Notice of Initial Conference.

Use Case: Receive Remand Order from ICA or Supreme Court of Appeals. LIRAB reviews and completes task.

REQ: Ability to process (receive, track, notify, assign) ICA and Supreme Court Dismissal Orders returned to LIRAB.

Use Case: Order to Dismissed received from ICA or Supreme Court of Appeals. Status on case is updated, filed, scanned and notice is sent to LIRAB employees and Administrator of status. LIRAB transfers case back to DCD.

1. System shall be able to track all entries
 - a. Entries shall have required fields
 - i. Entries are not allowed to be submitted/continue to next step if required fields are not filled out
 1. Validation of data entered shall be performed before submitting/continuing
2. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
 - a. System shall identify the person to which a claim/case/file/hearing/employers/carriers is assigned
 - b. System shall identify the status of the claim/case/file/hearing/employers/carriers
 - i. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 - ii. Status shall indicate the jurisdiction in which the case is in
 - iii. System shall track the time a claim/case/file/hearing/employers/carriers is in each status
 1. History log shall capture date/time and action performed on any claim/case/file/hearing/employers/carriers
3. System shall provide claim/case/file/hearing/employers/carriers information
4. System shall have the ability to assign workflow tasks to users
5. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields prior to allowing submission
6. System shall record date/time on actions performed in system
7. System shall allow for the configuring of business rules
 - a. Required fields
 - b. Required documentation
 - c. Reminders
 - d. Required timing for actions
 - e. Decision criteria
8. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
 - a. System shall receive 3rd party information in a secured manner
9. System shall generate notices/letters and notify identified parties
 - a. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
10. System shall prevent multiple users from editing the same file information at the same time
 - a. Additional users may view the information during editing (i.e., file is read only)
 - b. Notification of who is changing

Temporary Remand (LIRAB)

REQ: Ability to process (track, assign) temporary transfer of cases to DCD jurisdiction

Use Case: Motion or Stipulation received. Verify no other proceedings scheduled. Update case status and temporarily transfer case to DCD, tracking and confirming DCD received case.

1. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
 - a. System shall identify the person to which a claim/case/file/hearing/employers/carriers is assigned
 - b. System shall identify the status of the claim/case/file/hearing/employers/carriers
 - i. Status shall indicate the jurisdiction in which the case is in
2. System shall provide claim/case/file/hearing/employers/carriers information
3. System shall have the ability to assign workflow tasks to users
4. System shall require certain fields data entered prior to accepting
 - a. System shall validate format of defined data fields prior to allowing submission
5. System shall record date/time on actions performed in system
6. System shall prevent multiple users from editing the same file information at the same time
 - a. Additional users may view the information during editing (i.e., file is read only)
 - b. Notification of who is changing
7. System shall be able to schedule
 - b. System shall allow for the review and changes of schedule

Settlement Conference and Attorney Fees (LIRAB)

Settlement Conference

REQ: Ability to process (receive, track, assign, notify) Settlement conference and outcomes.

Use Case: Confidential Settlement letter received, but not filed. Pull file and conduct settlement conference. Case settled, track and wait for settlement documents.

Use Case: Confidential Settlement letter received, but not filed. Pull file and conduct settlement conference. Case not settled and does not want another conference. Wait for hearing (trial date) and go to Trial.

Use Case: Confidential Settlement letter received, but not filed. Pull file and conduct settlement conference. Case not settled and requests another conference. Conference scheduled and notice of further settlement conference drafted, signed, stamp, copy, file and mail.

- a. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
 - i. System shall identify the person to which a claim/case/file/hearing/employers/carriers is assigned
 - ii. System shall identify the status of the claim/case/file/hearing/employers/carriers
 1. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 2. Status shall indicate the jurisdiction in which the case is in
- b. System shall provide claim/case/file/hearing/employers/carriers information
- c. System shall have the ability to assign workflow tasks to users
- d. System shall record date/time on actions performed in system
- e. System shall generate notices/letters and notify identified parties
 - i. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
- f. System shall prevent multiple users from editing the same file information at the same time

- i. Additional users may view the information during editing (i.e., file is read only)
 - ii. Notification of who is changing
 - g. System shall be able to schedule
 - i. Scheduling is based on availability of parties
 - h. System shall track availability
 - i. System shall provide the ability for the processing (input, review, approve, publish) of internal scheduling
 - 1. Internal users shall include but not limited to:
 - a. DCD Staff
 - b. Conference hearing rooms
 - ii. System shall provide the ability for the processing (input, review, approve, publish) of internal scheduling
 - 1. External users shall include but not limited to:
 - a. Attorneys
 - b. Interpreters
 - c. Other stakeholders as defined
 - iii. System shall prevent duplication (overbooking) of any time slot
 - 1. Administrators shall have manual override ability
 - 2. Available options (no conflicts) shall be recommended to current user when scheduling

Attorney Fees

REQ: Ability to process (receive, track, assign, notify) Attorney Fees

Use Case: Attorney submits request for approval of attorney fees. Document receipt (stamp, copy, file). Hold for 10 days for objection, tracking task. LIRAB reviews and prepares order. Wait 30 days for appeal.

- a. System shall be able to track all entries
 - i. Entries shall have required fields
 - 1. Entries are not allowed to be submitted/continue to next step if required fields are not filled out
 - 2. Validation of data entered shall be performed before submitting/continuing
 - b. System shall be able to identify and track entries to include claim/case/file/hearing/employers/carriers
 - iv. System shall identify the person to which a claim/case/file/hearing/employers/carriers is assigned
 - v. System shall identify the status of the claim/case/file/hearing/employers/carriers
 - 1. Status shall indicate the action upon which the claim/case/file/hearing is awaiting
 - 2. Status shall indicate the jurisdiction in which the case is in
 - 3. System shall track the time a claim/case/file/hearing/employers/carriers is in each status
 - a. History log shall capture date/time and action performed on any claim/case/file/hearing/employers/carriers
 - 4. System shall track time periods
 - 1. Time periods shall include but not limited to user defined workflow actions including:
 - 1. Appeal dates
 - 2. Payment history
 - 3. Close/Reopen time frames
 - 4. Benefit adjustment (i.e., PTD, supplemental)

5. Statutory Deadlines

- c. Time periods shall be configurable
 - i. Can be configured by DCD admins
 - a. System shall provide claim/case/file/hearing/employers/carriers information
 - b. System shall have the ability to assign workflow tasks to users
 - c. System shall require certain fields data entered prior to accepting
 - i. System shall validate format of defined data fields prior to allowing submission
 - d. System shall record date/time on actions performed in system
 - e. System shall receive and associate additional external information with claim/case/file/hearing/employers/carriers
 - i. System shall receive 3rd party information in a secured manner
 - f. System shall generate notices/letters and notify identified parties
 - g. For mailing hard copies, system shall reference mailing addresses on file for preparing letters
 - h. System shall prevent multiple users from editing the same file information at the same time
 - i. Additional users may view the information during editing (i.e., file is read only)
 - ii. Notification of who is changing

ATTACHMENT Q:

Future DCD User Perspective Scenarios for WC, TDI, PHC

ATTACHMENT Q: FUTURE USER PERSPECTIVE SCENARIOS FOR WC, TDI, AND PHC

a. WC Future Users' Journey

User journey as it relates to Workers Compensation. Expectation of external users to be able to apply online on external website, submit information, receive notifications and access status and documentation.

Scenario: Employee injured and tells employer. Employer submits WC1 to Insurer. Insurer accepts. Insurer approves and pays benefits.

- i. Insurer
 1. Able to notify DCD of claim
 - a. Data validation of information prior to submitting
 - b. Receives confirmation of submitted claim
 2. Able to see submitted claims
 - a. Access is role-based
- ii. Claimant
 1. Notified of submitted claim
 - a. DCD let them know they've been established
 - i. Email contact for claimant required
 2. Able to see claims
 - a. Access is role-based
- iii. Employer
 1. Notified of submitted claim
 - a. DCD let them know they've been established
 - i. Email contact for employer required
 2. Able to see claims
 - a. Access is role-based
- iv. DCD
 1. Correspondence
 - a. Able to receive correspondence electronically
 - i. Confirmation of receipt of information
 - b. Able to receive correspondence via traditional mail
 2. Assignment
 - a. Assigned specific actions
 3. Notifications
 - a. Receive notification when assigned action

Scenario: Employee injured and tells employer. Employer does not submit WC1.

Employee does not hear back and contacts DCD. DCD tells to submit WC5

Scenario: Claimant able to go online and request for disfigurement after existing claim has been submitted

Scenario: Claimant able to go online and appeal a decision

Scenario: Need additional information from Insurer. Forwards request to Investigator to follow-up and obtain information

- i. Claimant
 1. Able to login and see claim status
 - a. Access is role-based
 2. Able to upload materials
 - a. Receive confirmation when upload
 3. Carrier information available on website
 - a. User selects carrier from drop down and information for carrier is available
 - i. Configuration of carrier information is done by admin
- ii. Physician
 1. Able to submit information for case (WC-2)

- a. Receive confirmation of information submission
 - b. Able to identify who primary physician is (one-in-charge)
 - c. Who to contact in the insurance company (for additional case or referral)
 - d. How to speed up process
- iii. Employer
 - 1. Notified of submitted claim
 - a. DCD let them know they've been established
 - i. Email contact for employer required
 - 2. Able to login and see claim status
 - a. Access is role-based
- iv. Insurer
 - 1. Able to submit information for case
 - a. Receive confirmation of information submission
 - 2. Able to login and see claim status
 - a. Access is role-based
- v. DCD
 - 1. Correspondence
 - a. Able to receive correspondence electronically
 - i. Confirmation of receipt of information
 - b. Able to receive correspondence via traditional mail
 - 2. Assignment
 - a. Assigned specific actions
 - b. Able to respond to actions
 - i. Able to respond regardless the method of notification
 - ii. Status updated when respond
 - 3. Notifications
 - a. Receive notification when assigned action
 - b. When complete action, status is updated
 - c. When complete action, notification goes to case/claim owner and all identified parties
 - i. Able to configure who is notified based on business rules
 - 1. Business rules can be configured by DCD admin

Scenario: Injured worker has issue and calls DCD

- i. Claimant
 - 1. Able to submit issue via website
 - a. Receive confirmation of submission
 - 2. Able to login and see claim status
 - a. Access is role-based
 - 3. Able to upload materials
 - a. Receive confirmation when upload
 - 4. Carrier information available on website
 - a. User selects carrier from drop down and information for carrier is available
 - i. Configuration of carrier information is done by admin
- ii. Carriers
 - 1. Receive notification when action on item they are an involved party
 - a. Automatic notification when hearing requested
 - b. Receive notification when hearing scheduled
- iii. Employer
 - 1. Notified of submitted claim
 - a. DCD let them know they've been established
 - i. Email contact for employer required
 - 2. Able to see claims
 - a. Access is role-based
 - 3. Able to upload materials
 - a. Receive confirmation when upload

- iv. DCD
 - 1. Correspondence
 - a. Able to receive correspondence electronically
 - i. Confirmation of receipt of information
 - b. Able to receive correspondence via traditional mail
 - 2. Assignment
 - a. Assigned specific actions
 - b. Able to respond to actions
 - i. Able to respond regardless the method of notification
 - ii. Status updated when respond
 - 3. Notifications
 - a. Receive notification when assigned action
 - b. When complete action, status is updated
 - c. When complete action, notification goes to case/claim owner

Scenario: Multiple cases open

- i. Claimant
 - 1. Able to request consolidation of cases via website
 - a. Receive confirmation of submission
 - 2. Able to login and see claim status
 - a. Access is role-based
 - 3. Able to upload materials
 - a. Receive confirmation when upload
 - 4. Carrier information available on website
 - a. User selects carrier from drop down and information for carrier is available
 - i. Configuration of carrier information is done by admin
- ii. DCD
 - 1. Correspondence
 - a. Able to receive correspondence electronically
 - i. Confirmation of receipt of information
 - b. Able to receive correspondence via traditional mail
 - 2. Assignment
 - a. Assigned specific actions
 - b. Able to respond to actions
 - i. Able to respond regardless the method of notification
 - ii. Status updated when respond
 - 3. Notifications
 - a. Receive notification when assigned action
 - b. When complete action, status is updated
 - c. When complete action, notification goes to case/claim owner

Scenario: Adjusters able to see all claims involving adjuster and the status of each of those claims

- i. Adjusters
 - 1. Able to login and see claim status
 - a. Access is role-based
- ii. DCD
 - 1. Able to report on claims
 - a. Able to filter by carrier and see status of all respective claims

Scenario: Adjuster notified when DCD rejects information regarding WC3 discrepancy, needing doctor's final report to close case or other information

- i. Adjusters
 - 1. Able to receive notifications regarding cases
 - 2. Able to be assigned actions to case
 - 3. Able to login and see claim status

- a. Access is role-based
 - 4. Able to upload materials
 - a. Receive confirmation when upload
- ii. DCD
 - 1. Correspondence
 - a. Able to receive correspondence electronically
 - i. Confirmation of receipt of information
 - 2. Assignment
 - a. Assigned specific actions
 - b. Able to assign specific actions to system users (i.e., Adjuster)
 - c. Able to respond to actions
 - i. Able to respond regardless the method of notification
 - ii. Status updated when respond
 - 3. Notifications
 - a. Send notification when select user assigned to
 - b. Receive notification when assigned action
 - c. When complete action, status is updated
 - d. When complete action, notification goes to case/claim owner
- 4. Able to automate reconciliation process between insurance carrier records on WC3 with DCD's records

Scenario: When notifying carrier, notification will go to both the point of contact for the case as well as the generic email address listed for the carrier

- i. Carrier
 - 1. Able to identify points of contacts
 - a. Email address
 - b. Names
 - c. Phone Numbers
 - 2. Able to still identify general carrier contact information
 - a. Email address
 - b. Names
 - c. Phone Numbers
 - 3. Able to notify DCD of request for changes
 - a. Receive confirmation of submitted request
- ii. DCD
 - 1. Receive notification of request for changes
 - 2. Receive notification when assigned action
 - 3. When complete action, status is updated
 - 4. When complete action, notification goes to adjuster

Scenario: Claimant requests hearing

- i. Claimant
 - 1. Able to submit hearing request via website
 - a. Receive confirmation of submission
 - 2. Able to login and see hearing status
 - a. Access is role-based
 - 3. Able to upload materials
 - a. Receive confirmation when upload
- ii. Carriers
 - 1. Receive notification when action on item they are an involved party
 - a. Automatic notification when hearing requested
 - b. Receive notification when hearing scheduled
- iii. Employer
 - 1. Able to see claims
 - a. Access is role-based

- 2. Able to upload materials
 - a. Receive confirmation when upload
- iv. DCD
 - 1. Correspondence
 - a. Able to receive correspondence electronically
 - i. Confirmation of receipt of information
 - b. Able to receive correspondence via traditional mail
 - 2. Assignment
 - a. Assigned specific actions
 - b. Able to respond to actions
 - i. Able to respond regardless the method of notification
 - ii. Status updated when respond
 - 3. Notifications
 - a. Receive notification when assigned action
 - b. When complete action, status is updated
 - c. When complete action, notification goes to case/claim owner

Scenario: Claimant requests hearing to be rescheduled

- i. Claimant
 - 1. Able to submit hearing reschedule request via website
 - a. Receive confirmation of submission
 - 2. Able to login and see hearing status
 - a. Access is role-based
 - 3. Able to upload materials
 - a. Receive confirmation when upload
- ii. Carriers
 - 1. Receive notification when action on item they are an involved party
 - a. Automatic notification when hearing reschedule requested
 - b. Receive notification when hearing scheduled
- iii. Employer
 - 1. Able to see claims
 - a. Access is role-based
 - 2. Able to upload materials
 - a. Receive confirmation when upload
- iv. DCD
 - 1. Correspondence
 - a. Able to receive correspondence electronically
 - i. Confirmation of receipt of information
 - b. Able to receive correspondence via traditional mail
 - 2. Assignment
 - a. Assigned specific actions
 - b. Able to respond to actions
 - i. Able to respond regardless the method of notification
 - ii. Status updated when respond
 - 3. Notifications
 - a. Receive notification when assigned action
 - b. When complete action, status is updated
 - c. When complete action, notification goes to case/claim owner

Scenario: Claimant requests hearing. Hearing is scheduled – claimant attends and decision is rendered

- i. Claimant
 - 1. Able to submit request for hearing
 - 2. Receives confirmation request for hearing submitted
 - 3. Able to track status of hearing
 - 4. Receive notice of hearing scheduled

- 5. Receives notice when decision has been rendered
- 6. Able to see decision
 - a. Able to review
 - b. Able to print decision
- ii. DCD
 - 1. Receive
 - a. Receive claimant requests
 - 2. Assignment
 - a. Assigned to someone
 - b. Track status
 - i. When hearing is scheduled, status is updated
 - ii. When decision created, status is updated
- iii. Notifications
 - 1. When system receives claimant request, notifies claimant of receipt
 - 2. When hearing is scheduled, claimant is notified
 - 3. When decision created, notifies claimant

Scenario: Claimant submits appeal of decision

- i. Claimant
 - 1. Able to submit request for appeal
 - 2. Receives confirmation of submitted appeal
 - 3. Able to track status of appeal
 - 4. Receives notice when decision has been rendered
 - 5. Able to see decision
 - a. Able to review
 - b. Able to print decision
- ii. DCD
 - 1. Receive
 - a. Receive claimant request for appeal
- iii. Assignment
 - 1. Assigned to someone
 - 2. Track status
 - a. When any event is scheduled, status is updated
 - b. When decision created, status is updated
- iv. Notifications
 - 1. When system receives claimant request, notifies claimant of receipt
 - 2. When any event is scheduled, claimant is notified
 - 3. When decision created, notifies claimant

Scenario: Employers Submit Wage Reports (Facilitators)

- i. Employers
 - 1. Able to submit employee wage reports
 - 2. Receive confirmation of successful submission
- ii. DCD
 - 1. Receive
 - a. Receive employee wage reports
- iii. Assignment
 - a. Assigned to someone to review
- iv. Notifications
 - 1. When system receives claimant request, notifies claimant of receipt
 - 2. Access to reporting history based on current user permissions

Scenario: Claimant submits change of address

- i. Claimant
 - 1. Able to submit update address request via website
 - a. Receive confirmation of submission

- 2. Able to login and see change request status
 - a. Access is role-based
- 3. Able to upload materials
 - a. Receive confirmation when upload
- ii. DCD
 - 1. Correspondence
 - a. Able to receive correspondence electronically
 - i. Confirmation of receipt of information
 - 2. Assignment
 - a. Assigned specific actions (i.e., to review, validate and approve)
 - b. Able to respond to actions
 - i. Status updated when respond
 - 3. Notifications
 - a. Receive notification when assigned action
 - b. When complete action, status is updated
 - c. When complete action, notification goes to claimant

Scenario: Claimant is homeless, but has email access

- i. Claimant
 - 1. Able to register utilizing valid email address
 - a. Receive confirmation of creation of account
 - 2. Able to select “none” or other identifier for “Mailing” address
 - 3. Able to upload materials
 - a. Receive confirmation when upload
- ii. DCD
 - 1. Account creations
 - a. Able to receive account creations electronically
 - i. Confirmation of receipt of information sent
 - 2. Assignment
 - a. Assigned specific actions
 - b. Able to respond to actions
 - i. Status updated when respond
 - 3. Notifications
 - a. Receive notification when assigned action
 - b. When complete action, status is updated
 - c. When complete action, notification goes to claimant
 - 4. Configuration
 - a. Able to configure way to allow user to identify themselves as homeless

Scenario: Attorney submits fees to DCD

- i. Attorney
 - 1. Able to submit desired attorney fees via website
 - a. Receive confirmation of submission
 - 2. Able to login and see request status
 - a. Access is role-based
 - 3. Able to upload materials
 - a. Receive confirmation when upload
- ii. DCD
 - 1. Requests
 - a. Able to receive requests electronically
 - i. Confirmation of receipt of information
 - 2. Assignment
 - a. Assigned specific actions (i.e., to review and approve)
 - b. Able to respond to actions
 - i. Status updated when respond
 - 3. Notifications

- a. Receive notification when assigned action
- b. When complete action, status is updated
- c. When complete action, notification goes to claimant

Scenario: Attorney submits availability for hearings

- i. Attorney
 - 1. Able to submit desired availability for hearings via website
 - a. Receive confirmation of submission
 - 2. Able to login and see request status
 - a. Access is role-based
 - 3. Able to upload materials
 - a. Receive confirmation when upload
- ii. DCD
 - 1. Requests
 - a. Able to receive requests electronically
 - i. Confirmation of receipt of information
 - 2. Assignment
 - a. Assigned specific actions (i.e., to review and approve)
 - b. Able to respond to actions
 - i. Status updated when respond
 - 3. Notifications
 - a. Receive notification when assigned action
 - b. When complete action, status is updated
 - c. When complete action, notification goes to claimant

Scenario: Ability to notify claimants via text message of scheduled hearing

- i. Claimant
 - 1. Able to receive text messages regarding case
 - 2. Text messages go to cell phone listed in account
 - a. Able to select in account preferred contact format
 - 3. Able to login on website and see case information
 - a. Access is role-based
- ii. DCD
 - 1. Notifications
 - a. When complete action, notification goes to claimant's preferred communication method

Scenario: Ability to notify claimants via text message of rescheduled hearing

- i. Claimant
 - 1. Able to receive text messages regarding case
 - 2. Text messages go to cell phone listed in account
 - a. Able to select in account preferred contact format
 - 3. Able to login on website and see case information
 - a. Access is role-based
- ii. DCD
 - 1. Notifications
 - a. When complete action, notification goes to claimant's preferred communication method

Scenario: Hearings receptionist able to see all scheduled hearings

- i. DCD
 - 1. Access to hearing schedule
 - a. Based on user role
 - 2. Able to configure roles and permissions to accessing calendar

Scenario: Claimant needs an interpreter for hearing

- i. Claimant
 - 1. When requests hearing, able to select “interpreter” option
 - 2. Subsequent hearings have “interpreter” option pre-selected
- ii. DCD
 - 1. Receive requests
 - a. Request categorized as “requiring interpreter” for ease of awareness
 - 2. Reporting
 - a. Able to run reports on cases requiring interpreter help

Scenario: Claimant awarded and paid moneys and can see what paid and when Scenario: Carrier submits end of year report. Each year that payment was made to claimant, the carrier must submit the year-end amount to DCD.

- i. Claimant
 - 1. Able to login and see awards status and information
 - a. Access is role-based
- ii. Carriers/Adjusters
 - 1. Able to submit paid moneys throughout the year via website
 - a. Receive confirmation of submission
 - b. Business logic to look when claim opened and require each year to have year-end values submitted
 - c. Able to submit required documentation
 - i. Not able to submit without required documentation
 - ii. System identifies what documentation is required
 - 2. Able to login and see awards status and information submitted
 - a. Able to verify dates, days and payments
 - b. Access is role-based
 - 3. Able to report on paid moneys
 - a. Able to report by claimant
 - b. Able to report by totality of carrier
 - i. Medical Provider
 - 1. Able to see case file
 - a. Access is role-based
 - 2. Able to submit medical report
 - a. Receive confirmation of files submitted
 - b. Be able to see what documentation is required
- ii. DCD
 - 1. Able to review submitted paid moneys from carriers
 - a. Assigned for review upon submission
 - 2. Able to report on paid moneys
 - a. Able to report by claimant
 - b. Able to report by totality of carrier
 - 3. Able to automate reconciliation process between insurance carrier records on WC3 with DCD’s records

Scenario: DCD Closing case file. DCD needs to ensure claimant is paid what they are supposed to be paid for as defined in case.

- i. Claimant/Employer/Insurer/Medical Provider
 - 1. Able to receive notification of action on case
 - 2. Able to submit additional information
 - a. Able to input information
 - i. Able to adjust existing information and submit
 - b. Able to upload attachments
 - 3. Receive notification of receipt when submit information
- ii. DCD
 - 1. Receive notification when case ready for closure review
 - a. System identifies if required information is missing

2. Able to review prior to closing
3. Able to notify a contact of the case to require additional information
4. Receive notification when party submits information
 - a. Able to review submitted information before accepting to file the changes

Scenario: Person receiving payments is now deceased

- i. Claimant POC/Adjuster/Attorney/SSI
 1. Able to notify claimant deceased
 - a. Receive confirmation of submission
 2. Able to submit additional information regarding deceased
 - a. Receive confirmation of submission(s)
- ii. DCD
 1. Notices
 - a. Able to receive requests electronically
 - i. Confirmation of receipt of information
 2. Assignment
 - a. Assigned specific actions
 - b. Able to respond to actions
 - i. Status updated when respond
 3. Notifications
 - a. Receive notification when assigned action
 - b. When complete action, status is updated
 - c. When complete action, notification goes to claimant

Scenario: RFI – research such as for settlement and specific to body part

- i. Carrier/Attorney/Employer
 1. Able to login and see case status and information
 - a. Access is role-based
 2. Able to submit request for further information
 - a. Receive confirmation of request submission
 3. Notified with decision on access to further information
- ii. DCD
 1. Notices
 - a. Able to receive requests electronically
 - i. Confirmation of receipt of information
 2. Assignment
 - a. Assigned specific actions
 - i. Determine if authorized to get specific information
 1. May be manual authorization
 2. May use business rules for certain items to automatically decline or approve
 - b. Able to respond to actions
 - i. Status updated when respond
 3. Notifications
 - a. Receive notification when assigned action
 - b. When complete action, status is updated
 - c. When complete action, notification goes to carrier/attorney/employer

Scenario: Statistical data available for Carrier

- i. Carrier
 1. Able to login and see statistical information
 - a. Access is role-based
 2. Able to query statistical data
 - a. Access to results is role-based

Scenario: Anonymous “whistle blower” option

Note: Users shall be able to submit information confidentially, but not anonymously

Scenario: Physicians/Providers able to submit medical treatment plans

- i. Provider
 - 1. Able to submit medical treatment plan for specific case
 - a. Data validation required prior to submitting
 - b. Receive confirmation of request submission
- ii. All parties assigned to case (claimant, attorney, insurer, etc.)
 - 1. Receive notification of submitted medical treatment plan
 - 2. Able to login and access case data
 - a. Access is role-based
 - 3. Able to receive notification of assignment of actions
 - a. Able to respond to actions
 - i. Status updated when respond
- iii. DCD
 - 1. Notices
 - a. Able to receive treatment plans electronically
 - i. Confirmation of receipt of information
 - 2. Assignment
 - a. Assigned specific actions internally (i.e., review)
 - b. Assign specific action externally (carrier/insurance approve)
 - c. Able to respond to actions
 - i. Status updated when respond

Note: only necessary if carrier does not approve treatment plan then claimant may request a hearing

- 3. Workflow structure
 - a. Able to configure business rules for auto-approvals
- 4. Notifications
 - a. Receive notification when assigned action
 - b. When complete action, status is updated
 - c. When complete action, notification goes to carrier/attorney/employer

Scenario: Case in appeals board appeals to ICA

- i. Claimant
 - 1. Able to submit appeal online
 - a. Receive confirmation of submitted request
 - 2. Able to login and see claim status
 - a. Access is role-based
 - 3. Able to upload materials
 - a. Receive confirmation when upload
- ii. Physician
 - 1. Able to submit information for case
 - 2. Receive confirmation of information submission
- iii. Employer
 - 1. Able to see claims
 - a. Access is role-based
- iv. Attorney
 - 1. Notified of submitted appeal
 - a. Based on attorney assignment to case
 - 2. Able to login and see claim status
 - a. Access is role-based
 - 3. Able to upload materials
 - a. Receive confirmation when upload
- v. DCD

1. Tracking
 - a. Single-case file
 - i. Standardization
 1. Business rules as configured by admin
 - b. Jurisdiction identification
2. Correspondence
 - a. Able to receive correspondence electronically
 - i. Confirmation of receipt of information
3. Assignment
 - a. Assigned specific actions
 - b. Able to respond to actions
 - i. Able to respond regardless the method of notification
 - ii. Status updated when respond

Note: Only necessary of carrier does not approve treatment plan that claimant may request a hearing

4. Notifications
 - a. Receive notification when assigned action
 - b. When complete action, status is updated
 - c. When complete action, notification goes to case/claim owner and all identified parties
 - i. Able to configure who is notified based on business rules
 1. Business rules can be configured by DCD admin

Scenario: LIRAB working on attorney fees and appeal comes in; appeal needs to go to LIRAB jurisdiction and LIRAB needs to stop attorney fees

- i. Claimant
 1. Able to submit appeals on cases
 - a. Receive confirmation of submitted request
 2. Able to login and see claim status
 - a. Access is role-based
 3. Able to upload materials
 - a. Receive confirmation when upload
- ii. DCD
 1. Tracking
 - a. Able to identify cases in LIRAB jurisdiction
 - i. System identifies appeals associated with case in LIRAB jurisdiction
 - b. Able to review appeal and forward to LIRAB jurisdiction
 2. Correspondence
 - a. Able to receive correspondence electronically
 - i. Confirmation of receipt of information
 3. Assignment
 - a. Assigned specific actions
 - b. Able to respond to actions
 - i. Able to respond regardless the method of notification
 - ii. Status updated when respond
 4. Notifications
 - a. Receive notification when assigned action
 - b. When complete action, status is updated
 - c. When complete action, notification goes to case/claim owner and all identified parties
 - i. Able to configure who is notified based on business rules
 1. Business rules can be configured by DCD admin

b. TDI Future Users' Journey

Scenario: Employer Purchases insurance, and/or does not pay bill

- i. Insurance Carrier
 - 1. Able to notify DCD of employer purchasing insurance or request cancellation
 - a. Data validation prior to submitting – not able to submit if not all required information in defined formats
 - 2. Receives confirmation of submission of purchase or cancellation
 - 3. Receives confirmation DCD processed insurance activation or cancellation
 - 4. Receives notice of status changes
 - 5. If denied by DCD, able to resubmit to DCD
 - 6. Able to see status of submission in DCD system
 - a. Logs in and only accesses their assigned cases
- ii. DCD
 - 1. Notified of employer purchasing insurance or insurance carrier cancelling employer insurance
 - 2. Reviews
 - a. Assigned to someone
 - b. Track status
 - 3. Able to report on statistics
 - 4. Makes Decision
 - a. System notifies insurance carrier
- iii. Employer
 - 1. Able to verify confirmation of insurance or cancellation of coverage in DCD system
 - 2. Logs in and only accesses their account
- iv. Employee: able to verify proof of coverage

Scenario: Carrier cancels Employer TDI for non-payment

- i. Insurance Carrier
 - 1. Able to submit cancellation of coverage to DCD
 - 2. Data validation prior to submitting – not able to submit if not all required information in defined formats
 - 3. Must include reason for cancellation to be able to submit
 - 4. Receive confirmation of submission of cancellation
 - 5. Able to see status of cancellation in DCD system
 - 6. Logs in and only sees access to their account
- ii. DCD
 - 1. Receive carrier submissions
 - 2. Receive cancellation notice
 - 3. Receive additional submitted information
 - 4. Assignment
 - 5. Assigned to someone
 - 6. Track status
 - 7. When items received updates status
 - 8. Able to report on statistics
- iii. Employers
 - 1. Receive notification of submitted cancellation
 - 2. Able to see status of cancellation in DCD system
 - 3. Able to see reason for cancellation
 - 4. Logs in and only sees access to their account

Scenario: Employer pays bill to become back in good standing with insurance

- i. Insurance Carrier
 - 1. Able to submit reinstatement

2. Data validation prior to submitting – not able to submit if not all required information in defined formats
 3. Receives confirmation of submitted reinstatement
 4. Receives confirmation DCD processed reinstatement
 5. Able to see status of reinstatement in DCD system
 6. Logs in and only sees access to their account
- ii. DCD
1. Notified of insurance carrier reinstating employer insurance
 2. Reviews
 3. Assigned to someone
 4. Track status
 5. Able to report on statistics
 6. Makes Decision
 7. System notifies insurance carrier
- iii. Employer
1. Able to verify reinstatement of insurance in DCD system
 2. Logs in and only sees access to their account

Scenario: Employer submits amendment to change name, add DBA

- i. Insurance Carrier
1. Able to submit amendment
 2. Data validation prior to submitting – not able to submit if not all required information in defined formats
 3. Receives confirmation of submitted amendment
 4. Receives confirmation DCD processed amendment
 5. Able to see status of amendment in DCD system
 6. Logs in and only sees access to their account
- ii. DCD
1. Notified of employer name change
 2. Reviews
 3. Assigned to someone
 4. Track status
 5. Able to report on statistics
 6. Makes Decision
 7. System notifies insurance carrier
- iii. Employer
1. Able to verify name change of insurance in DCD system
 2. Logs in and only sees access to their account

Scenario: Employee files a claim with Employer

- i. Insurance Carrier
1. Able to submit accepted or denial of claim
 2. Data validation prior to submitting – not able to submit if not all required information in defined formats
 3. Receives confirmation of submitted accepted or denial of claim
 4. Receives confirmation DCD processed denial
 5. Able to see status of claim in DCD system
 6. Logs in and only sees access to their account
- ii. DCD
1. Notified of insurance carrier denying TDI claim
 2. Reviews
 3. Assigned to someone
 4. Track status
 5. Able to report on statistics
 6. Makes Decision
 7. System notifies insurance carrier

- iii. Claimant
 1. Able to verify claim information and status in DCD system
 2. Logs in and only sees access to their account

Scenario: DCD sends formal remand to Insurance Carrier because DCD did not agree with denial

- i. Insurance Carrier
 1. Receives notice of formal remand from DCD
 2. Able to see status of remand in DCD system
 3. Logs in and only sees access to their account
 4. Able to submit return notice to DCD
 5. Data validation prior to submitting – not able to submit if not all required information in defined formats
 6. Receives confirmation of submission of return notice
- ii. DCD
 1. Formal Remand
 2. System notifies insurance carrier
 3. Assignment
 4. Assigned to someone
 5. Track status
 6. Receive notification when carrier submits additional information
 7. Able to report on statistics

Scenario: Claimant submit TDI appeal

- i. Claimant
 1. Able to submit appeal
 2. Data validation prior to submitting – not able to submit if not all required information in defined formats
 3. Receives confirmation appeal submitted
 4. Able to track status of appeal
 5. Logs in and only sees access to their account
 6. Receive notice of decision of appeal
 7. Able to submit withdrawal notice
 8. Data validation prior to submitting – not able to submit if not all required information in defined formats
 9. Receive confirmation of submission of withdrawal notice
- ii. DCD
 1. Receive claimant submissions
 2. Receive submitted appeal
 3. Receive withdrawal notice
 4. Receive notice to continue
 5. Receive additional submitted information
 6. Assignment
 7. Assigned to someone
 8. Track status
 9. When items received updates status
 10. Able to report on statistics
 11. Notifications
 12. When system receives claimant submissions, notifies claimant of receipt
 13. When creates decision, status is updated
 14. When creates decision, notifies claimant

Scenario: Claimant files TDI Appeal and denied – only work with carrier directly

- i. Claimant
 1. Able to submit appeal

2. Data validation prior to submitting – not able to submit if not all required information in defined formats
 3. Receives confirmation appeal submitted
 4. Able to track status of appeal
 5. Logs in and only sees access to their account
 6. Receive notice of decision of appeal
 7. Able to submit withdrawal notice
 8. Data validation prior to submitting – not able to submit if not all required information in defined formats
 9. Receive confirmation of submission of withdrawal notice
- ii. DCD
1. Receive claimant submissions
 2. Receive submitted appeal
 3. Receive withdrawal notice
 4. Receive notice to continue
 5. Receive additional submitted information
 6. Assignment
 7. Assigned to someone
 8. Track status
 9. When items received updates status
 10. Able to report on statistics
 11. Notifications
 12. When system receives claimant submissions, notifies claimant of receipt
 13. When creates decision, status is updated
 14. When creates decision, notifies claimant
 15. If agree with denial, DCD sends notice to carrier

Scenario: Claimant submit TDI Appeal withdrawal

- i. Claimant
 1. Able to submit withdrawal
 2. Data validation prior to submitting – not able to submit if not all required information in defined formats
 3. Receives confirmation withdrawal submitted
 4. Able to track status of withdrawal
 5. Logs in and only sees access to their account
 6. Receive notice of decisions
- ii. DCD
 1. Receive claimant submissions
 2. Receive withdrawal notice
 3. Receive additional submitted information
 4. Assignment
 5. Assigned to someone
 6. Track status
 7. When items received updates status
 8. Able to report on statistics
 9. Notifications
 10. When system receives claimant submissions, notifies claimant of receipt
 11. When creates decision, status is updated
 12. When creates decision, notifies claimant
 13. If agree with denial, DCD sends notice to carrier

Scenario: Employer sends Carrier statistics who sends DCD statistics at year end

- i. Carrier
 1. Able to submit year end statistics
 2. Receive confirmation of submitted statistics
 3. Able to review submitted statistics

4. Able to review prior submitted statistics
5. Access to statistics based on user role
- ii. DCD
 1. Receive submitted statistics
 2. Provide confirmation of receipt of statistics to submitter
 3. Notifications to defined DCD user of submitted statistics
 4. Assigned to action, as appropriate
 5. Able to report on statistics

Scenario: Carrier submits reinstatement of Employer TDI

- i. Insurance Carrier
 1. Able to submit reinstatement of coverage to DCD
 2. Data validation prior to submitting – not able to submit if not all required information in defined formats
 3. Receive confirmation of submission of reinstatement
 4. Able to see status of reinstatement in DCD system
 5. Logs in and only sees access to their account
- ii. DCD
 1. Receive carrier submissions
 2. Receive reinstatement notice
 3. Receive additional submitted information
 4. Assignment
 5. Assigned to someone
 6. Track status
 7. When items received updates status
 8. Able to report on statistics
- iii. Employers
 1. Receive notification of submitted cancellation
 2. Able to see status of cancellation in DCD system
 3. Able to see reason for cancellation
 4. Logs in and only sees access to their account

Scenario: Employer registers with UI. New DOL# reported from UI to DCD

- i. Employer
 1. Receives notification of filing that includes information required to submit to DCD
- ii. DCD
 1. System creates new employer record
 2. Input information from UI system
 3. Send notification to employer
 4. “New” packet of information and requirements for employer to submit to DCD
- iii. Carrier
 1. Able to search DOL# of employers
 2. Sign-in required
 3. NCCI

c. **PHC Users’ Journey**

Scenario: Insurance Carriers submit PHC plans and get approval

Scenario: Insurance Carriers submit amended PHC plans and get approval

- i. Insurers
 1. Able to submit insurance information
 - a. Data validation prior to submitting – not able to submit if not all required information in defined formats
 2. Receives confirmation request submitted
 3. Able to track status of request
 - a. Logs in and only sees access to their account

4. Receive notice of decisions
- ii. DCD
 1. Receive insurer submissions
 - a. Receive request notice
 - b. Receive additional submitted information
 2. Assignment
 - a. Assigned to someone
 - b. Track status
 - i. When items received updates status
 3. Able to report on statistics
 - a. Able to track plans
 - i. Able to track approved plans
 - ii. Able to track previously approved plans but are now no longer offered.
 4. Notifications
 - a. When system receives employer submissions, notifies employer of receipt
 - b. When creates decision, status is updated
 - c. When creates decision, notifies insurer

Scenario: Self Insured Employers submits PHC plan

- i. Employer
 1. Able to submit self-insured PHC plan
 - a. Data validation prior to submitting – not able to submit if not all required information in defined formats
 2. Receives confirmation plan submitted
 3. Able to track status of plan
 - a. Logs in and only sees access to their account
 4. Receive notice of decisions
- ii. DCD
 1. Receive employer submissions
 - a. Receive plan notice
 - b. Receive additional submitted information
 2. Assignment
 - a. Assigned to someone
 - b. Track status
 - i. When items received updates status
 3. Able to report on statistics
 4. Notifications
 - a. When system receives employer submissions, notifies employer of receipt
 - b. When creates decision, status is updated
 - c. When creates decision, notifies employer

Scenario: Employee files a PHC complaint

- i. Claimant
 1. Able to submit complaint
 - a. Data validation prior to submitting – not able to submit if not all required information in defined formats
 2. Receives confirmation complaint submitted
 3. Able to track status of complaint
 4. Receive notice of any action on complaint
- ii. Employer
 1. Able to submit materials
 2. Receives confirmation of received submission
- iii. Carrier
 1. Able to submit materials
 2. Receives confirmation of received submission

- iv. DCD
 - 1. Receive
 - 2. Receive claimant submissions
 - 3. Assignment
 - 4. Assigned to someone
 - 5. Track status
 - 6. When items received updates status
 - 7. Notifications
 - 8. When system receives claimant submissions, notifies claimant of receipt
 - 9. When creates decision, status is updated
 - 10. When creates decision, notifies claimant
 - 11. Being able to create notifications
 - 12. Request for Premium (Federal) fund

Scenarios: Employee files a PHC Appeal

- i. Claimant
 - 1. Able to submit complaint
 - a. Data validation prior to submitting – not able to submit if not all required information in defined formats
 - 2. Receives confirmation complaint submitted
 - 3. Able to track status of complaint
 - 4. Receive notice of any action on complaint
- ii. Employer
 - 1. Able to submit materials
 - 2. Receives confirmation of received submission
- iii. Carrier
 - 1. Able to submit materials
 - a. Receives confirmation of received submission
- iv. DCD
 - 1. Receive
 - a. Receive claimant submissions
 - 2. Assignment
 - a. Assigned to someone
 - b. Track status
 - c. When items received updates status
 - 3. Notifications
 - a. When system receives claimant submissions, notifies claimant of receipt
 - b. When creates decision, status is updated
 - c. When creates decision, notifies claimant
 - d. Being able to create notifications
 - 4. Request for Premium (Federal) fund

Scenario: Employer submits for Premium Supplementation. If qualifies gets reimbursed for some of their insurance premiums

- i. Employer
 - 1. Able to submit request for premium supplementation
 - a. Data validation prior to submitting – not able to submit if not all required information in defined formats
 - b. Ability to ingest attachments
 - 2. Receives confirmation request submitted
 - 3. Able to track status of request
 - a. Logs in and only sees access to their account
 - 4. Receive notice of decisions
- ii. DCD
 - 1. Receive employer submissions

- a. Receive request notice
- b. Receive additional submitted information
- 2. Assignment
 - a. Assigned to someone
 - b. Track status
 - i. When items received updates status
- 3. Calculations
 - a. Auto-calculated based on preconfigured business rules (i.e. payroll, PHC EE coverage statements, Plan A and Plan B, ER financial information)
- 4. Able to report on statistics
- 5. Notifications
 - a. When system receives employer submissions, notifies employer of receipt
 - b. When creates decision, status is updated
 - c. When creates decision, notifies employer

Scenario: Employer submits request for seasonal employment exemption

- i. Employer
 - 1. Able to submit request for seasonal employment exemption
 - a. Able to submit weekly labor hours
 - b. Data validation prior to submitting – not able to submit if not all required information in defined formats
 - 2. Receives confirmation request submitted
 - 3. Able to track status of request
 - a. Logs in and only sees access to their account
 - 4. Receive notice of decisions
- ii. DCD
 - 1. Receive employer submissions
 - a. Receive request notice
 - b. Receive additional submitted information
 - 2. Assignment
 - a. Assigned to someone
 - b. Track status
 - i. When items received updates status
 - 3. Calculations
 - a. Auto-calculated based on preconfigured business rules
 - 4. Able to report on statistics
 - 5. Notifications
 - a. When system receives employer submissions, notifies employer of receipt
 - b. When creates decision, status is updated
 - c. When creates decision, notifies employer

Scenario: Insurers Verify DOL# and Names to submit certificate of insurance or changes including intent to cancel, cancellation, and reinstatement

- i. Insurers
 - 1. Able to verify employer DOL# and name
 - 2. Able to submit insurance information
 - a. Able to submit PHC certificate of insurance
 - b. Able to submit PHC intent to cancel
 - c. Able to submit PHC insurance cancellation
 - d. Able to submit PHC insurance reinstatement
 - e. Data validation prior to submitting – not able to submit if not all required information in defined formats
 - 3. Receives confirmation request submitted
 - 4. Able to track status of request
 - a. Logs in and only sees access to their account
 - 5. Receive notice of decisions

- ii. DCD
 - 1. Receive insurer submissions
 - a. Receive request notice
 - b. Receive additional submitted information
 - 2. Assignment
 - a. Assigned to someone
 - b. Track status
 - i. When items received updates status
 - 3. Able to report on statistics
 - 4. Notifications
 - a. When system receives employer submissions, notifies employer of receipt
 - b. When creates decision, status is updated
 - c. When creates decision, notifies insurer

Scenario: Insurance Carrier reports employee policy count annually

- i. Insurer
 - 1. Able to submit insurance information
 - a. Data validation prior to submitting – not able to submit if not all required information in defined formats
 - 2. Receives confirmation request submitted
 - 3. Able to see history of previously submitted information
 - a. Able to see prevalent plans
 - b. Logs in and only sees access to their account
- ii. DCD
 - 1. Receive insurer submissions
 - 2. Able to report on statistics
 - a. System auto calculates prevalent plans
 - 3. Notifications
 - a. When system receives insurer submissions, notifies insurer of receipt

Scenarios: DCCA submits a copy of PHC plans

- i. DCD
 - 1. Able to submit plan information
 - a. Data validation prior to submitting – not able to submit if not all required information in defined formats
 - 2. Receives confirmation request submitted
- ii. DCD
 - 1. Receive DCCA submissions
 - 2. Notifications
 - a. When system receives DCCA submissions, notifies employer of receipt

d. **All Programs Future User Journey**

i. **Facilitators**

Scenario: Employers Request information such as DOL #, Temporary # or clarification on process for open claim

- 1. Employers
 - a. Able to see employer information
 - i. Information restricted to logged in user permissions
 - ii. Access to any documentation
 - 1. Ability to print documentation
 - b. Able to see status of items
 - i. Open items include Identification of point of contact or department
 - ii. Closed items key activities (from audit log) for reference
- 2. DCD

- a. Assignment
 - i. Open items Assigned to point of contact

Scenario: Insurance Carriers requesting information on status and decisions

- 1. Insurance Carrier
 - a. Able to see status of open items
 - i. Information restricted to logged in user permissions
 - ii. Access to any documentation including copies of notifications
 - b. Receive notification of any decisions/outcomes of cases involving carrier as an identified party
 - c. Able to see status of closed items
 - i. Information restricted to logged in user permissions
 - ii. Access to any documentation including copies of notifications
- 2. DCD
 - a. Assignment
 - i. Assigned to someone
 - ii. Track status
 - 1. When any event is scheduled, status is updated
 - 2. When decision created, status is updated
 - b. Notifications
 - i. When any event occurs requiring notification of involved parties that includes the carrier, carrier is notified
 - 1. Events are scheduled
 - 2. Decisions and outcomes completed

Scenario: Physicians submit bill disputes

- 1. Physician
 - a. Able to submit bill dispute electronically
 - b. Receives confirmation of submitted bill dispute
 - c. Able to track status of bill dispute
 - d. Receives notice when Hearing Officer assigned
 - e. Receives notification when decision is made
 - f. Able to access decisions
 - g. Information restricted to logged in user permissions
- 2. DCD
 - a. Receive
 - i. Receive bill dispute
 - b. Assignment
 - i. Assigned to someone
 - ii. Track status
 - 3. When any event is scheduled, status is updated
 - 4. When decision created, status is updated
 - c. Notifications
 - i. When system receives bill dispute, notifies submitter of receipt
 - ii. When any event is scheduled, claimant is notified
 - iii. When decision created, notifies claimant

Scenario: Attorneys request information

- 1. Attorney
 - a. Able to access information
 - i. Ability to print documentation
 - ii. Information restricted to logged in user permissions
 - b. Ability to see status of cases
 - i. Information restricted to logged in user permissions
 - c. Receive notifications if assigned party
 - i. Able to go back into system and see all notifications

1. Ability to print documentation
 - a. Information restricted to logged in user permissions

Scenario: Insurance Carrier request information

1. Insurance
 - a. Able to access information
 - i. Ability to print documentation
 - ii. Information restricted to logged in user permissions
 - b. Ability to see status of cases
 - i. Information restricted to logged in user permissions
 - c. Receive notifications if assigned party
 - i. Able to go back into system and see all notifications
 1. Ability to print documentation
 - a. Information restricted to logged in user permissions

ii. Insurance Carriers

User journey as relates to Insurance Carriers.

Scenario: Claimant inquires with Insurance Carrier regarding a claim

Scenario: Claimant or Insurance Carrier needs a copy of decision or prior stipulation

1. Insurance Carrier
 - a. Able to access information
 - i. Ability to print documentation
 - ii. Information restricted to logged in user permissions
 - b. Ability to see status of cases
 - i. Information restricted to logged in user permissions
 - c. Receive notifications if assigned party
 - i. Able to go back into system and see all notifications
 1. Ability to print documentation
 - a. Information restricted to logged in user permissions
2. Claimant
 - a. Able to access information
 - i. Ability to print documentation
 - ii. Information restricted to logged in user permissions
 - b. Ability to see status of cases
 - i. Information restricted to logged in user permissions
 - c. Receive notifications if assigned party
 - i. Able to go back into system and see all notifications
 1. Ability to print documentation
 - a. Information restricted to logged in user permissions

Scenario: Claimant inquires with Insurance Carrier regarding a claim and Insurance Carrier needs to see related history and any associated or related prior claims

1. Insurance Carrier
 - a. Able to access information
 - i. Ability to print documentation
 - ii. Information restricted to logged in user permissions
 - b. Ability to see status of cases
 - i. Information restricted to logged in user permissions
 - c. Receive notifications if assigned party
 - i. Able to go back into system and see all notifications
 5. Ability to print documentation
 - a. Information restricted to logged in user permissions

Scenario: Carrier needs more information from claimant to process claim

1. Insurance Carrier
 - a. Able to access information
 - i. Ability to print documentation
 - ii. Information restricted to logged in user permissions
 - b. Ability to see status of cases
 - i. Information restricted to logged in user permissions
 - c. Assignment
 - i. Assigned to specific individual
 - ii. Track status
 1. When action assigned, status is updated
 2. When any event is scheduled, status is updated
 3. When decision created, status is updated
 - d. Able to assign actions to users
 - i. When assign action, user is notified
 - ii. When user completes action, carrier assignee is notified
6. Claimant
 - a. Assignment
 - i. Assigned to specific individual
 - ii. Track status
 1. When action assigned, status is updated
 2. When any event is scheduled, status is updated
 3. When decision created, status is updated
 - iii. Action
 1. Able to respond to action
 - a. Action is recorded, status is updated
 - iv. Notifications
 1. Receive notification when assigned action
 2. When complete action, notification goes to case/claim owner
 - v. Submitting Information
 1. Able to submit information related to case/claim
 2. Action is recorded, status is updated

Scenario: Insurance Carrier needs to draft letters and stipulations to claimant for action

Scenario: Insurance Carrier needs to draft letters for DCD to receive and return

1. Insurance Carrier
 - a. Able to create letters of notifications
 - i. Pulls in case data
 - ii. Ability to select type of form
 - iii. Ability to eSign (where appropriate)
 - b. Notification
 - i. Able to submit letter electronically to claimant
 - ii. Ability to print letter for mailing
 - c. Assignment
 - i. Able to assign action to claimant
 - ii. Status is updated to reflect actions
 - d. Tracking
 - i. Confirmation of receipt of letter
 - ii. All actions around letter are logged and tracked
 - e. Access to data
 - i. Copy of letter saved to file
 1. Able to re-print letter
 2. Able to re-send electronic letter
2. Claimant
 - a. Correspondence
 - i. Able to receive correspondence electronically

- 1. Confirmation of receipt of letter
 - ii. Able to receive correspondence via traditional mail
 - b. Assignment
 - i. Assigned specific actions
 - ii. Able to respond to actions
 - 1. Able to respond regardless the method of notification
 - 2. Status updated when respond
 - c. Documentation
 - i. Able to upload information
 - ii. Notification sent to carrier owner when add information
 - iii. Status and history updated to reflect actions
 - d. Access to data
 - i. Copy of letter saved to file
 - 1. Able to re-print letter
 - ii. Assigned to specific individual
 - e. Notifications
 - i. Receive notification when assigned action
 - ii. When complete action, notification goes to case/claim owner
3. DCD
 - a. Correspondence
 - i. Able to receive correspondence electronically
 - 1. Confirmation of receipt of letter
 - ii. Able to receive correspondence via traditional mail
 - b. Assignment
 - i. Assigned specific actions
 - ii. Able to respond to actions
 - 1. Able to respond regardless the method of notification
 - 2. Status updated when respond
 - c. Documentation
 - i. Able to upload information
 - ii. Notification sent to carrier owner when add information
 - iii. Status and history updated to reflect actions
 - d. Access to data
 - i. Copy of letter saved to file
 - 1. Able to re-print letter
 - ii. Assigned to specific individual
 - e. Notifications
 - i. Receive notification when assigned action
 - ii. When complete action, notification goes to case/claim owner

Scenario: Insurance Carrier needs to know what information actions have been assigned. Logs into system to see assignments

- 1. Insurance Carrier
 - a. Tracking
 - i. Cases are assigned to individuals
 - 1. Case Information restricted to logged in user permissions
 - ii. Actions performed on case are tracked
 - 1. Changes in status are tracked
 - b. Notifications
 - i. Status of all assigned items is available
 - ii. Items no longer assigned to individual are removed from tracking list
 - 1. User still has access to case data
 - a. Case Information restricted to logged in user permissions
 - c. When assigned a new task, a new notification is received
 - i. History of notification logged in case history

Scenario: Insurance Carrier sets a reminder to follow-up with a claimant after a certain number of days

1. Insurance Carrier
 - a. Tracking
 - i. Cases are assigned to individuals
 1. Case Information restricted to logged in user permissions
 - ii. Able to set reminder/due date period
 1. Able to modify set reminder/due date
 2. Ability to mark item complete
 - iii. Actions performed on case are tracked
 1. Changes in status are tracked
 - b. Notifications
 - i. Status of all assigned items is available
 1. Includes ability to see all reminders/due date items
 - ii. Items no longer assigned to individual are removed from tracking list
 1. User still has access to case data
 - a. Case Information restricted to logged in user permissions
 - c. When assigned a new task, a new notification is received
 - i. History of notification logged in case history
 - d. Receives notice of reminder/due date

Scenario: External users – i.e., physician – able to submit information for a specific case

1. External User/Physician
 - a. Documentation
 - i. Able to upload information
 - ii. Notification sent to carrier owner when add information
 - iii. Status and history updated to reflect actions
 - b. Access to data
 - i. Restrict access to any data based on current user permissions
2. DCD
 - a. Correspondence
 - i. Able to receive correspondence electronically
 1. Confirmation of receipt of information
 - ii. Able to receive correspondence via traditional mail
 - b. Assignment
 - i. Assigned specific actions
 - ii. Able to respond to actions
 1. Able to respond regardless the method of notification
 2. Status updated when respond
 - c. Notifications
 - i. Receive notification when assigned action
 - ii. When complete action, notification goes to case/claim owner

Scenario: Insurance Carrier searching for all information related to a claimant or case

1. Carrier
 - a. Ability to search
 - i. All data fields are searchable
 1. Search criteria limited to current user permissions
 - b. Search Results
 - i. Results limited to current user permissions

Scenario: Insurance Carrier wishes to report on the volume of cases completed (statistical data)

Scenario: Insurance Carrier wishes to report on the productivity of users (status of claims, actions taken)

1. Carriers
 - a. Reporting
 - i. All data fields captured can be reported on
 1. Includes history logs
 - ii. Data provided is based on current user permissions
 - b. Reports
 - i. Data may be presented real time (i.e., dashboard)
 1. Data presented is based on current role of logged in user
 - ii. Data may be saved and printed
 1. Saved data can be done in a file format (PDF, CSV, XLSX)
 - c. Scheduling
 - i. Reports can be created on demand
 - ii. Reports can be scheduled
 1. Reports can be repeated based on timing (i.e., monthly, yearly)
 - d. Tracking
 - i. List of all reports is to be captured
 - ii. Status of all reports is to be captured

iii. **Special Compensation Fund (SCF)**

User journey as relates to Special Compensation Fund. In general process follows the same as other process for WC, PHC, and TDI; however, case file must identify that the payment is to be made by SCF.

Scenario: Settlement results in payment by SCF. Claimant can view the decision at any time. Claimant can view the payout manner at any time.

Scenario: Settlement results in payment by SCF. Claimant provides disability certification

Scenario: Settlement results in payment by SCF. Medical provider submits information as part of case

Scenario: Settlement results in payment by SCF. Address is validated prior to processing payment.

1. Claimant
 - a. Able to login and see case status and information
 - i. Access is role-based
 - b. Able to upload materials
 - i. Receive confirmation when upload
 - c. Receive electronic notification to validate mailing address in order to receive payment
 - d. Able to acknowledge/validate address when securely logged in
2. Medical provider
 - a. Able to upload materials
 - i. Receive confirmation when upload
3. DCD
 - a. Tracking
 - i. Able to view status of SCF payments
 - ii. Able to view actions for cases with SCF payments
 - b. Correspondence
 - i. Able to receive correspondence electronically
 1. Confirmation of receipt of information
 - c. Assignment
 - i. Assigned specific actions
 - ii. Able to respond to actions
 1. Able to respond regardless the method of notification
 2. Status updated when respond
 - iii. Able to assign actions to users

1. Status updated when user responds
- d. Notifications
 - i. Receive notification when assigned action
 - ii. When complete action, status is updated
 - iii. When complete action, notification goes to case/claim owner and all identified parties
 1. Able to configure who is notified based on business rules
 - a. Business rules can be configured by DCD admin

Scenario: Employer/Carrier/Adjuster agrees to settlement, but wants reimbursement. Reimbursement paid by SCF.

1. Employer/Carrier/Adjuster
 - a. Able to login and see case status and information
 - i. Access is role-based
 - b. Able to upload materials
 - i. Receive confirmation when upload
 - c. Receive electronic notification to validate agree to settlement
 - i. Able to request actions (i.e., reimbursement request)
 - ii. Able to perform actions when securely logged in
2. DCD
 - a. Tracking
 - i. Able to view status of SCF payments
 - ii. Able to view actions for cases with SCF payments
 - b. Correspondence
 - i. Able to receive correspondence electronically
 1. Confirmation of receipt of information
3. Assignment
 - i. Assigned specific actions
 - ii. Able to respond to actions
 1. Able to respond regardless the method of notification
 2. Status updated when respond
 - iii. Able to assign actions to users
 1. Status updated when user responds
4. Notifications
 - i. Receive notification when assigned action
 - ii. When complete action, status is updated
 - iii. When complete action, notification goes to case/claim owner and all identified parties
 1. Able to configure who is notified based on business rules
 - a. Business rules can be configured by DCD admin

Scenario: Contacting employers if claimant went back to work

1. Employer
 - i. Able to login and see case status and information
 1. Access is role-based
 - ii. Able to upload materials
 1. Receive confirmation when upload
 - iii. Receive electronic notification to validate if claimant went back to work
 1. Able to perform actions when securely logged in
2. DCD
 - i. Tracking
 1. Able to view status of SCF payments
 2. Able to view actions for cases with SCF payments
 - ii. Correspondence
 1. Able to receive correspondence electronically
 - a. Confirmation of receipt of information

- iii. Assignment
 - 1. Assigned specific actions
 - 2. Able to respond to actions
 - a. Able to respond regardless the method of notification
 - b. Status updated when respond
 - 3. Able to assign actions to users
 - a. Status updated when user responds
- iv. Notifications
 - 1. Receive notification when assigned action
 - 2. When complete action, status is updated
 - 3. When complete action, notification goes to case/claim owner and all identified parties
 - a. Able to configure who is notified based on business rules
 - 1. Business rules can be configured by DCD admin

Scenario: Carrier is settling a case and wants to put the payment information into the settlement agreement

Scenario: Employers need to know outstanding balances

- 1. Carrier/Employer
 - i. Able to login and see case status and information for all cases have access to
 - 1. Access is role-based
 - ii. Able to report on case data
 - 1. Able to query outstanding balances
 - 2. Able to report on annual totals

Scenario: FISCAL dashboard – FISCAL able to go in and see all cases with SCF payments

Scenario: Yearly DCD gives reports to Legislative

- 1. DCD
 - i. Tracking
 - 1. Able to view all cases with SCF payment information
 - a. Able to view all case data as per user role
 - i. User permissions configurable by DCD admin
 - b. Able to differentiate between SCF cases and non-SCF cases for FISCAL users
 - 2. Able to view status of SCF payments
 - 3. Able to view actions for cases with SCF payments
 - ii. Reporting
 - 1. Able to report on all SCF Cases
 - a. Able to report on year end totals
 - i. Data includes but not limited to:
 - 1. Cases
 - 2. Payments
 - 3. Penalties
 - 4. Employers
 - a. Delinquent
 - 5. Carriers
 - b. Able to access data on all cases in system
 - 2. Able to extract reports from system to send to external parties
 - iii. Assignment
 - 1. Assigned specific actions
 - 2. Able to respond to actions
 - i. Able to respond regardless the method of notification
 - ii. Status updated when respond
 - 3. Able to assign actions to users

- i. Status updated when user responds
 - iv. Notifications
 - 1. Receive notification when assigned action
 - 2. When complete action, status is updated
 - 3. When complete action, notification goes to case/claim owner and all identified parties
 - i. Able to configure who is notified based on business rules
 - 1. Business rules can be configured by DCD admin

Scenario: When final payment for a case is posted in the system, the system auto generates final report and assigns to DCD staff to process and close

- 1. DCD
 - i. Payments
 - 1. Posted to case when paid
 - ii. Reporting
 - 1. When all payments have been paid to a case, a final report is automatically generated
 - 2. Business rules can be configured by
 - iii. Assignment
 - 1. Auto generated reports can be assigned to users for action
 - 2. Able to respond to actions
 - a. Able to respond regardless the method of notification
 - b. Status updated when respond
 - 3. Able to assign actions to users
 - a. Status updated when user responds
 - iv. Notifications
 - 1. Receive notification when assigned action
 - 2. When complete action, status is updated
 - 3. When complete action, notification goes to case/claim owner and all identified parties
 - a. Able to configure who is notified based on business rules
 - i. Business rules can be configured by DCD admin

Scenario: notified of deceased individual and cancel check for disability payments

- 1. DCD
 - i. Accessible Case Info
 - 1. Able to mark claimant as deceased
 - a. User permissions based on logged in user
 - i. Permissions configurable by admin
 - ii. Assignment
 - 1. Assigned specific actions
 - iii. Reporting
 - 1. Able to report on cases by claimant status (i.e., deceased)
 - 2. Able to report on payments per case