



Department of Health

Request for Proposals

RFP #20055R

Medicaid Evidence Based Policy Assistance RFP

Issued: September 9th, 2022

DESIGNATED CONTACT:

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contact to whom all communications attempting to influence the Department of Health's conduct or decision regarding this procurement must be made.

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Pursuant to State Finance Law § 139-j(3)(a), the Department of Health identifies the following allowable contact for communications related to the submission of written proposals, written questions, pre-bid questions, and debriefings.

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1.0 CALENDAR OF EVENTS

RFP #20055R – MEDICAID EVIDENCE BASED POLICY ASSISTANCE RFP	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Proposals	September 9, 2022
Deadline for Submission of Written Questions	September 22, 2022 4:00 p.m. ET
Responses to Written Questions Posted by DOH	On or About October 6, 2022
Deadline for Submission of Proposals	October 26, 2022 4:00 p.m. ET
<i>Anticipated</i> Contract Start Date	September 1, 2023

2.0 OVERVIEW

Through this Request for Proposals (“RFP”), the New York State (“State”) Department of Health (“DOH”) is seeking competitive proposals from qualified bidders who can assist DOH with evaluating evidence-based research, facilitating decision making, and informing policy design related to Medicaid basic benefit redesign efforts as further detailed in [Section 4.0](#) (Scope of Work). It is DOH’s intent to award one (1) contract from this procurement.

2.1 Introductory Background

The New York State Department of Health has a mission to protect, improve, and promote the health, productivity, and well-being of all New Yorkers. New York State’s Medicaid program spends more than \$60 billion per year to provide a broad range of health services to over seven (7) million people. The Medicaid program is seeking assistance with their Medicaid Evidence Based Benefit Review Advisory Committee (EBBRAC), Internal Benefit Review Committee (IBRC), and Evidence-Based Dossier Process. In addition, DOH is looking for assistance in the Bureau of Social Care and Community Supports (BSCCS), formerly the Bureau of Social Determinants of Health and Bureau of Performance Management and Quality Improvement (BPMQI).

The New York State Medicaid Evidence Based Benefit Review Advisory Committee (EBBRAC) was established with the goals of improving patient experience, improving health of populations, and reducing health care costs consistent with the “Triple Aim” initiative. More on the Triple Aim Initiative can be found at: <http://www.ihl.org/Engage/Initiatives/TripleAim/Pages/default.aspx>. EBBRAC assists DOH in ensuring that benefits included in the Medicaid program are based on up-to-date evidence of efficacy, safety, improved outcomes, and cost effectiveness. The EBBRAC is charged with providing advice and making recommendations to the DOH regarding coverage of health technologies or services.

Additional information about the EBBRAC, membership, and technology and services most recently reviewed by the Committee may be found at:

https://www.health.ny.gov/health_care/medicaid/ebbrac/index.htm

In addition to EBBRAC, DOH also has an Internal Benefit Review Committee (IBRC). IBRC is comprised of individuals employed by the DOH who make coverage determinations for the NYS Medicaid program. The

IBRC reviews health services to determine if there is a sufficient body of evidence and makes coverage determinations, which could include an enhancement, reduction, or elimination to the Medicaid program.

In addition to the EBBRAC and IBRC, DOH established an Evidence-Based Dossier Process in 2013. Through the Dossier Submission Process, an individual or entity may submit a proposed benefit (e.g., technology or service) with supporting evidence to the DOH for consideration. The scientific evidence available on the proposed benefit is evaluated and considered in determining whether the proposed service or technology would be added as a Medicaid covered benefit.

Additional information about the Dossier process may be found at:

https://www.health.ny.gov/health_care/medicaid/redesign/basic_benefit_ebdsp.htm

In addition to the EBBRAC, IBRC, and Dossier Submissions, DOH has established Value Based Payment (VBP) reform as a key component derived from the work of the New York State (NYS) Delivery System Reform Incentive Payment (DSRIP) Program and associated Medicaid waiver. NYS Medicaid's Level 2 and 3 VBP arrangements are required to include at least one Social Determinant of Health (SDH) intervention which must be reviewed, researched, evaluated, and approved by the Department guided by the most recent evidence. The DOH has also established a Performance Management and Quality Improvement capacity. One of the focus areas of this work is ensuring Medicaid data is used correctly in publications.

Additional information regarding the Social Determinants of Health can be found at:

https://www.health.ny.gov/health_care/medicaid/redesign/sdh/index.htm

Additional information regarding Value Based Payment reform can be found at:

https://www.health.ny.gov/health_care/medicaid/redesign/dsrrip/vbp_reform.htm

Additional information regarding Delivery System Reform Incentive Payment (DSRIP) Program can be found at: https://www.health.ny.gov/health_care/medicaid/redesign/dsrrip/

2.2 Important Information

The bidder is required to review, and is requested to have legal counsel review, [Attachment 8](#), the DOH Agreement as the Bidder must be willing to enter into an Agreement substantially in accordance with the terms of [Attachment 8](#) should the bidder be selected for contract award. Please note that this RFP and the awarded bidder's proposal will become part of the contract as Appendix B and C, respectively.

It should be noted that Appendix A of [Attachment 8](#), "Standard Clauses for New York State Contracts", contains important information related to the contract to be entered into as a result of this RFP and will be incorporated, without change or amendment, into the contract entered into between DOH and the successful Bidder. By submitting a response to the RFP, the Bidder agrees to comply with all the provisions of Appendix A. Note, [Attachment 7](#), the Bidder's Certifications/Acknowledgments, should be submitted and includes a statement that the bidder accepts, without any added conditions, qualifications, or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments. It also includes a statement that the bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the DOH.

Any qualifications or exceptions proposed by a bidder to this RFP should be submitted in writing using the process set forth in [Section 5.2](#) (Questions) prior to the deadline for submission of written questions indicated in [Section 1.0](#) (Calendar of Events). Any amendments DOH makes to the RFP as a result of questions and answers will be publicized on the DOH web site.

2.3 Term of the Agreement

This contract term is expected to be for a period of five (5) years, commencing on the date shown on the Calendar of Events in [Section 1.0.](#), subject to the availability of sufficient funding, successful contractor performance, and approvals from the New York State Attorney General (AG) and the Office of the State Comptroller (OSC).

3.0 BIDDERS QUALIFICATIONS TO PROPOSE

3.1 Minimum Qualifications

NYSDOH will accept proposals from organizations with all the following types and levels of experience as a prime contractor:

- A minimum of three (3) years' experience performing in-depth reviews of evidence-based clinical studies and guidelines from peer-reviewed literature; and
- A minimum of three (3) years' experience preparing reports that summarize clinical studies and guidelines reviewed and evaluating the quality of each of these studies and guidelines; and
- A minimum of three (3) years' experience reviewing, researching, and evaluating health plan and community-based organization proposals for social determinants of health evidence-based interventions.

Experience acquired concurrently is considered acceptable.

For the purposes of this RFP, a prime contractor is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion. A prime contractor undertakes to perform a complete contract and may employ (and manage) one or more subcontractors to carry out specific parts of the contract. A prime contractor may not leverage a proposed subcontractor's experience to meet the Minimum Qualifications identified above.

Failure to meet these Minimum Qualifications will result in a proposal being found non-responsive and eliminated from consideration.

3.2 Preferred Qualifications

Preference will be given to organizations demonstrating the above experience was assisting Medicaid programs and/or work was specific to benefit coverage recommendations for Medicaid programs or other public and private insurers.

4.0 SCOPE OF WORK

This Section describes the Consulting services that are required to be provided by the selected bidder. The selected bidder must be able to provide all of these services throughout the contract term.

PLEASE NOTE: Bidders will be requested to provide responses that address all of the requirements of this RFP as part of its Technical Proposal.

The terms "bidders", "vendors", "contractors" and "proposers" are also used interchangeably. For purposes of this RFP, the use of the terms "shall", "must" and "will" are used interchangeably when describing the Contractor's/Bidder's duties.

4.1 Tasks/Deliverables

I. General Requirements

1. The Contractor will agree that no aspect of Contractor's performance under this agreement will be contingent upon State personnel or the availability of State resources with the exception of such proposed actions of the Contractor which are specifically identified in this agreement as requiring State approval, policy decisions, policy approvals, exceptions stated in this agreement, or which require the normal cooperation which would be expected in such a contractual relationship.
2. The Contractor shall recognize and agree that the State may require the Contractor to perform other related tasks, which are within the general scope of work required by this agreement, not specifically listed in this agreement.
3. For all reports described in Deliverables II.1, III.1, and III.2 below, the reports will be academic-quality reports which will include in-depth analysis and summary of the evidence, clinical practice guidelines, federal, Medicaid and commercial payor policies, as well as quality assessment of the included literature (e.g., evidence and guidelines), specific details of the included studies (e.g., characteristics of population, intervention, methodology, outcomes, cost, cost effectiveness), impact on at-risk and underserved populations, and information regarding safety and effectiveness of the service or technology being reviewed. DOH will work with the contractor to develop the framework that will be used to evaluate each topic (e.g., populations, interventions, comparators, and outcomes). All reports will be newly developed, and DOH will not accept reports from a previously established library. Any requested edits to these reports will be finalized by the contractor at no additional charge to the DOH.

II. Evidence Based Benefit Review Advisory Committee (EBBRAC) Services

1. The contractor will conduct research and provide technical assistance in support of the EBBRAC. The research and technical assistance required will include in-depth reviews of evidence-based clinical studies and guidelines from peer-reviewed literature. This encompasses a full search and analysis of clinical evidence sources including, but not limited to, systematic reviews, meta-analyses, technology assessments, individual studies, and cost-effectiveness studies. This research will assist the EBBRAC in its charge of examining existing services included in the Medicaid benefit package as well as reviewing potential new services and technologies and determining the clinical effectiveness of these services.
 - a. The contractor will prepare reports summarizing their research and present their findings in person to the EBBRAC for consideration. DOH expects EBBRAC meetings to be held in person, however, in the event of an emergency or extenuating circumstance, DOH reserves the right to hold meetings virtually. A transition to virtual meetings may only be done at the direction of the DOH. There are approximately six (6) to twelve (12) reports expected on an annual basis.
 - b. The successful contractor will assist DOH to prepare for upcoming EBBRAC meetings, including attending regular planning meetings, providing meeting materials and summaries (e.g., meeting agendas, evidence-review reports, power point presentations, meeting summaries, etc.), and attending post-meeting debrief sessions. Meeting planning and debrief sessions can be done via conference call or webinar. However, the EBBRAC meetings are anticipated to be attended in person, unless prior approval is provided by DOH to attend virtually. EBBRAC meetings are typically held in Albany, New York two (2) to three (3) times per year. The contractor will not be responsible for reserving space for these meetings.
2. The contractor will host a workshop every two (2) years over the duration of the contract with EBBRAC members to develop, refine, and build the concepts and skills necessary for the appropriate use and interpretation of research evidence to inform health policy decisions. The first workshop must be no later than six (6) months from the onset of the contract.

- a. The workshops are expected to be a full-day event. The location of each of the workshops will be proposed by the Contractor to DOH ten (10) weeks in advance of each workshop for DOH approval. The location of the workshop must be located within 30 miles of Albany, NY. Approximately 30-40 EBBRAC members will attend the workshop which include Clinicians, Patient Advocates, DOH staff, Researchers, Professors, etc. The Contractor will provide the facility and all equipment and materials necessary to hold the workshop. DOH and the New York State Legislature will be responsible for the recruitment of EBBRAC members. DOH expects workshops to be held in person, however, in the event of an emergency or extenuating circumstance, DOH reserves the right to hold workshops virtually. A transition to virtual workshops may only be done at the direction of the DOH.
3. The contractor will develop and maintain an evidence-based manual for DOH and EBBRAC members. The manual will outline the process of making evidence-informed recommendations and explain proven methods for evaluating evidence for medical services. It may be used as a template in obtaining and appraising the evidence in the policy-making process. The manual will inform DOH and EBBRAC members how to systematically identify, appraise and utilize relevant research. Additionally, it will explain approaches to rating the strength of evidence and outline the importance of remaining transparent throughout this process. This will be completed within three (3) months after the contract start date or approval of the contract from OSC; whichever is later. This manual is subject to the review and approval by the DOH. Any requested revisions will be completed by the contractor at no additional cost to the DOH.

III. Internal Benefit Review Committee (IBRC) Services

1. The contractor will conduct research and provide technical assistance in support of the DOH's IBRC. The research and technical assistance required will include reviews of evidence-based clinical studies and guidelines from peer-reviewed literature, including but not limited to genetic testing and gene therapy. The contractor will review peer-reviewed literature with a focus on the patient to determine if sufficient evidence exists in accordance with standards approved by the DOH. The DOH estimates approximately ten (10) to twenty (20) reports on an annual basis. The reports will be presented virtually to DOH Staff, unless DOH requests in-person presence. Travel costs associated with in-person meetings will be provided by DOH.
2. The contractor will also provide the DOH with evidence-based reports on existing, new, and emerging services and technologies under consideration for coverage by the Medicaid Program to include Current Procedural Terminology (CPT) codes requiring review each year to make coverage determinations. DOH estimates approximately six (6) to ten (10) reports on an annual basis. The reports will be presented to the DOH's IBRC. The reports will be presented virtually to DOH Staff, unless DOH requests in-person presence. Travel costs associated with in-person meetings will be provided by DOH.

IV. Evidence-Based Dossier Process Services

1. The contractor will review and analyze the current Evidence-Based Dossier Review process and provide recommendations for improvement. The contractor will be responsible to implement any recommendations approved by the DOH.
2. Through the current Dossier Submission Process, an individual or entity may submit a proposed benefit with supporting evidence for the DOH's consideration. After the DOH's consideration, all submissions will be forwarded to the contractor to review and analyze to determine if there are any additional evidence bases and/or studies available for that particular topic. The contractor will be responsible for a detailed, evidence-based review of the dossier submission, preparing a comprehensive report, and presenting the dossier as well as their findings to DOH and/or EBBRAC. DOH estimates approximately two (2) to four (4) reports on an annual basis.

3. The contractor will provide DOH with a clinical research stratification service. A research stratification service is a subscription to an existing library of health technology assessments, comparative effectiveness reviews, and evidence-based policy guidelines that are necessary to support policy development activities in the Medicaid program (e.g., Hayes, Cochrane). The proposed research stratification service is subject to approval by DOH.

V. **Bureau of Social Care and Community Supports (BSCCS) and Bureau of Performance Management and Quality Improvement (BPMQI) Services**

1. The contractor will provide DOH with research and technical assistance in support of the Bureau of Social Care and Community Supports (BSCCS) to help ensure that DOH and health plan efforts are guided by the most recent evidence.
 - a. The contractor will review health plan proposals for social determinant of health (SDH) interventions to determine if they are evidence-based, assist the SDH team with review and interpretation of outcomes data and program evaluations generated by health plans, VBP contractors, and other Department contractors, and include an assessment of the strength of evaluation methods used, perform ad-hoc literature reviews related to emerging BSCCS initiatives upon request, and consult with BSCCS on program design, targeting, and evaluation strategies, upon request. DOH estimates approximately 5 to 10 reviews on an annual basis.
2. The contractor will create a manual to outline the process of making evidence-informed recommendations and explain proven methods for evaluating evidence to SDH interventions, which may include but not be limited to, addressing housing, nutrition, transportation, interpersonal safety, and toxic stress. The contractor will coordinate with DOH on SDH interventions to include in the manual and outcomes to be reported. The contractor will provide guidance on how to evaluate SDH in relation to expected impact of each intervention on healthcare spending, health outcomes, and quality-adjusted life years, as well as a rating of the quality of the evidence supporting those outcomes. This will be completed within Year 1 of the contract and updated annually as new research becomes available. This manual is subject to the review and approval by the DOH. Any requested revisions will be completed by the contractor at no additional cost to the DOH.
3. The contractor will provide the DOH with research and technical assistance in support of the Bureau of Performance Management and Quality Improvement (BPMQI). The contractor will assist BPMQI in reviewing data publications DOH receives from outside organizations which includes ensuring the Medicaid data is reflected correctly and the conclusions are accurate. DOH estimates approximately 16 to 24 data reviews on an annual basis. These duties will be provided by staff located at DOH.

4.2 Staffing

1. The Contractor will conduct recruitment, organization, and training efforts that will provide for an adequate number of appropriately trained and qualified remote “support team” staff and “core team” staff to coordinate, manage, conduct, and carry out the tasks outlined in this RFP. The Contractor will ensure that the staffing needs of the DOH are met on an ongoing basis.

Support Team staff will include the equivalent of three (3) Full Time Employees (FTE). The equivalent of one (1) FTE will serve as Project Manager. The equivalent of one (1) FTE will be serve as an Editor. The equivalent of one (1) additional Full Time Employee (FTE) will meet Research/Support/Admin/Ad-hoc needs. Support Team staff can include any number of individuals needed to meet the required annual hours per function (outlined in the cost report). For example, either one Editor working at 100% of required annual hours or two Editors working at 50% of required annual hours could meet the requirement.

Core Team staff will include a part-time Physician and three full-time (3) Researchers. The Core team must be staffed by four (4) individuals. The number of staff is subject to the approval by the Department.

2. The Contractor will provide a team consisting of individuals with the appropriate experience and credentials, who will be working directly with DOH staff on a consistent basis. The contractor is required to provide a core team for the duration of the contract, working full-time with the NYS Office of Health Insurance Programs': (1) Bureau of Health Access, Policy, and Innovation, (2) Bureau of Medical, Dental and Pharmacy Policy, (3) Bureau of Social Care and Community Supports, and (4) Bureau of Performance Management and Quality Improvement within four (4) months of contract approval. All staff provided under this contract will be subject to DOH approval.
3. **Physician (Core Team)** – The physician will possess a practitioner license by at least one (1) of the states within the continental United States, Hawaii, Puerto Rico, or United States territories, preferably with a Master of Public Health degree. The physician is responsible for providing oversight, assisting with project scoping and context, conducting in-depth reviews of evidence-based clinical studies and guidelines from peer-reviewed literature, conducting content and clinical edits of all written reports and presentations, and completing presentations as outlined in the deliverables above.
4. **Researcher (Core Team)** – The three (3) Researchers will possess three (3) years of epidemiology experience with evidence-based medical research, preferably with a Master of Public Health degree. Researchers are responsible for conducting in-depth reviews of evidence-based clinical studies and guidelines from peer-reviewed literature, writing reports, and completing presentations as outlined in the deliverables above. All Core Team Researchers that participated in the research being presented at a given meeting are expected to attend that respective EBBRAC meeting in person. One of the Core Team Researchers in attendance at a given EBBRAC meeting will be designated as the primary contact for meeting logistics. At least one (1) Researcher is expected to attend IBRC meetings. One (1) researcher will work with BPMQI to be responsible for ensuring Medicaid data is used in a HIPAA-compliant manner. All required staff should be included in the cost bid in [section 6.3](#).
 - a. At least one (1) Researcher will be an individual with three (3) years of experience reviewing randomized control trials and quasi-experimental studies to determine the impact of social programs. A master's degree (or higher) is preferred, in public health, social science, public policy, economics, or a related field. This researcher will work with BSCCS conducting in-depth reviews of evidence for social determinant of health interventions from peer-reviewed literature, writing reports, and completing presentations as outlined in the deliverables above.
5. **Project Manager (Support Team)** – The Project Manager is responsible for the overall scope of the contact, including coordinating meetings and sending out reports as outlined in the deliverables above. The Project Manager will serve as the main liaison between the Contractor and DOH. The Contractor will supply the equivalent of one (1) full time Project Manager throughout the course of this agreement. The project manager(s) will attend ongoing status meetings with the DOH throughout the contract term (anticipated on a biweekly basis).
6. **Editor (Support Team)** – The Editor will have two (2) years' experience reviewing and editing scientific medical research documents and reports. The editor is responsible for editing any reports or documents presented to and at the request by DOH. The Contractor will supply the equivalent of one (1) full time Editor throughout the course of this agreement.
7. **Additional Research/Support/Admin Staff/Ad-hoc staff (Support Team)** – Support/Admin staff are responsible for all other administrative tasks necessary to complete the deliverables as outlined above, such as invoicing, etc. Support/Admin staff work under the direction of the Project Manager. Research and Ad hoc staff may be necessary when assisting the Contractor or DOH with any questions in specialized areas that cannot be answered by contract staff.

8. Core team staff are expected to attend all EBBRAC meetings and workshops in person and may otherwise perform work remotely. DOH reserves the right to require in-person presence when remote participation is deemed insufficient for the DOH's needs. For example, the DOH may require the Core Team staff to be available in person in Albany, NY in the day(s) preceding and following an EBBRAC meeting. When working onsite, space, computers, internet and network access, basic office supplies, and phones will be provided to the Core Team by the DOH. The Core Team is required to be available and responsive Monday through Friday, primarily between the hours of 8:00 a.m. and 5:00 p.m. Eastern Time. The Core Team will not be needed on official State holidays unless timely notice has been given to the Contractor. The New York State designated holidays where the State is closed for business are: New Year's Day, Martin Luther King, Jr. Day, Presidents Day, Memorial Day, Juneteenth, Fourth of July, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, Christmas Day.
9. The Contractor will submit resumes of all staff hired under the terms of this contract for DOH review prior to the start of work. At any time throughout the course of the contract, DOH reserves the right to approve or disapprove the Contractor's proposed staffing, including subcontractors, and may request a replacement of such staffing, if needed.
10. The Contractor will provide ongoing training initiatives to ensure all contractor staff are appropriately trained and that training protocols provide for consistency among all staff and consistency in reporting the analysis of findings. The contractor will ensure that all staff have the necessary experience required to handle all assigned functions outlined in this RFP.

4.3 Information Technology

The application and all systems and components supporting it, including but not limited to, any forms and databases that include Personal Health, Personal Identification, or other New York State information must comply with all NYS security policies and standards listed at <http://its.ny.gov/tables/technologypolicyindex.htm>.

4.4 Security

The selected Contractor shall comply with all privacy and security policies and procedures of DOH (<https://its.ny.gov/eiso/policies/security>) and applicable state and federal law and administrative guidance with respect to the performance of this contract. The Contractor is required, if applicable, to execute a number of security and privacy agreements with DOH including a Business Associate Agreement (Appendix H) and a Data Use Agreement (DUA) at contract signing.

The Contractor is expected to provide secure and confidential backup, storage, and transmission for hard-copy and electronically stored information. Under no circumstances will any records be released to any person, agency, or organization without specific written permission of the DOH. The Contractor is obligated to ensure any Subcontractor hired by the Contractor who stores, processes, analyzes, or transmits MCD on behalf of Contractor has the appropriate Security requirements in place. The Contractor is required to include in all contracts and Business Associate Agreements with their Subcontractors language surrounding the security and privacy requirements, as well as the language contained in the Confidentiality Language for Third Parties section of the DUA. If any breach or suspected breach of the data or confidentiality occurs, whether the breach occurred with the Contractor or Subcontractor, DOH must be notified immediately.

The contractor is required to maintain and provide to DOH, upon request, their data confidentiality plans and procedures for meeting security requirements as they relate to the deliverables and services within this RFP, including all plans as they relate to subcontractor work where applicable.

The contractor will develop and maintain adequate, fully trained staff to respond to all stakeholder inquiries while protecting confidentiality and maintaining the security and integrity of all systems. Staff must be trained to understand and observe requirements related to confidentiality and operating guidelines for functions included in this RFP.

The Contractor will comply fully with all current and future updates of the security procedures of the DOH, as well as with all applicable State and federal requirements, in performance of this contract.

4.5 Transition

The transition represents a period when the current contract activities performed by the Contractor must be turned over to DOH, another Department agent, or successor Contractor during or at the end of the contract.

The Contractor shall ensure that any transition to DOH, Departmental agency, or successor Contractor be done in a way that provides DOH with uninterrupted services under this contract. This includes a complete and total transfer of all data, files, reports, and records generated from the inception of the contract through the end of the contract to DOH or another Department agent, should that be required during or upon expiration of its contract.

The contractor shall provide technical and business process support as necessary and required by DOH to transition and assume contract requirements to DOH or another Department agent, should that be required during or at the end of the contract.

The contractor shall manage and maintain the appropriate number of staff to meet all requirements listed in the RFP during the transition. All reporting and record requirements, security standards, and performance standards are still in effect during the transition period.

The contractor is required to develop a work plan and timeline to securely and smoothly transfer any data and records generated from the inception of the Contract through the end of the contract to DOH or another Department agent, should that be required during or upon expiration of its contract. The plan and documentation must be submitted to DOH no later than four (4) months before the last day of its contract with DOH or upon request of DOH.

No additional payments will be made to the contractor for any activities, services, and support required to be performed during any transition period.

5.0 ADMINISTRATIVE INFORMATION

The following administrative information will apply to this RFP. Failure to comply fully with this information may result in disqualification of your proposal.

5.1 Restricted Period

“Restricted period” means the period of time commencing with the earliest written notice, advertisement, or solicitation of a Request for Proposals (“RFP”), Invitation for Bids (“IFB”), or solicitation of proposals, or any other method for soliciting a response from Bidders intending to result in a procurement contract with DOH and ending with the final contract award and approval by DOH and, where applicable, final contract approval by the Office of the State Comptroller.

This prohibition applies to any oral, written, or electronic communication under circumstances where a reasonable person would infer that the communication was intended to influence this procurement. Violation of any of the requirements described in this Section may be grounds for a determination that the bidder is non-responsible and therefore ineligible for this contract award. Two (2) violations within four (4) years of the rules against impermissible contacts during the “restricted period” may result in the violator being debarred from participating in DOH procurements for a period of four (4) years.

Pursuant to State Finance Law §§ 139-j and 139-k, DOH of Health identifies a designated contact on the face page of this RFP to whom all communications attempting to influence this procurement must be made.

5.2 Questions

There will be an opportunity available for submission of written questions and requests for clarification with regard to this RFP. All questions and requests for clarification of this RFP should cite the particular RFP Section and paragraph number where applicable and must be submitted via email to OHIPcontracts@health.ny.gov. It is the bidder's responsibility to ensure that any email containing written questions and/or requests for clarification is received at the above address no later than the Deadline for Submission of Written Questions as specified in [Section 1.0](#) (Calendar of Events). Questions received after the deadline may **not** be answered.

5.3 Right to Modify RFP

DOH reserves the right to modify any part of this RFP, including but not limited to, the date and time by which proposals must be submitted and received by DOH, at any time prior to the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events). Modifications to this RFP shall be made by issuance of amendments and/or addenda.

Prior to the Deadline for Submission of Proposals, any such clarifications or modifications as deemed necessary by DOH will be posted to the DOH website.

If the bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the Bidder shall immediately notify DOH of such error in writing at OHIPcontracts@health.ny.gov and request clarification or modification of the document.

If, prior to the Deadline for Submission of Proposals, a bidder fails to notify DOH of a known error or an error that reasonably should have been known, the bidder shall assume the risk of proposing. If awarded the contract, the bidder shall not be entitled to additional compensation by reason of the error or its correction.

5.4 Payment

The contractor shall submit invoices and/or vouchers to the State's designated payment office.

Preferred Method: Email a .pdf copy of your signed voucher to the BSC at: AccountsPayable@ogs.ny.gov with a subject field as follows:

Subject: **Unit ID: 3450437 Contract # TBD**

Alternate Method: Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health
Unit ID 3450437
c/o NYS OGS BSC Accounts Payable
Building 5, 5th Floor
1220 Washington Ave.
Albany, NY 12226-1900**

Payment for invoices and/or vouchers submitted by the CONTRACTOR shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary State procedures and practices. The CONTRACTOR shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by email at epayments@osc.state.ny.us, or by telephone at 518-474-6019. The CONTRACTOR acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this Contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9 must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>.

Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller
Bureau of Accounting Operations
Warrant & Payment Control Unit
110 State Street, 9th Floor
Albany, NY 12236

Payment of such invoices and/or vouchers by the State (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

1. Deliverables II.2, II.3, and IV.3 will be reimbursed through an all-inclusive deliverable price as proposed in Attachment B – Cost Proposal for the term of the contract. This all-inclusive deliverable price will cover all costs of furnishing all the said services, including but not limited to materials, equipment, profit, labor, reports and rental expenses.
2. All other services and deliverables referenced in Section 4.0 (Scope of Work) will be reimbursed through a fixed annual salary as proposed in Attachment B – Cost Proposal for the term of the contract. This fixed annual salary will cover all costs of furnishing all the said services, including but not limited to materials, equipment, profit, labor, and reports. Each position will be reimbursed monthly 1/12th of the annual salary per position in accordance with the bidder's Attachment B – Cost Proposal.

The Contractor will be required to provide regular status reports, to be discussed at status meetings between the project manager(s) and the DOH. It is anticipated that these meetings will occur biweekly; however, the Department reserves the right to adjust meeting frequency, as needed. The status reports must be provided by the Contractor 24 hours prior to the status meetings. Status reports should include, but are not limited to a recruitment summary and progress update on deliverables.

3. For any in-person report presentations or meetings requested by the Department, as identified in Section 4.0, travel will be reimbursed separately based on actual costs incurred by the Contractor. Such costs will be reimbursed directly to the contractor for actual expenses in accordance with and cannot exceed the amount allowed for state employee travel as outlined by the NYS Office for the State Comptroller. Additional information is available at: <http://www.osc.state.ny.us/agencies/travel/travel.htm>.
4. To be reimbursed for services performed, the Contractor will be required to submit monthly invoices that contain documentation supporting its staff's efforts and completed deliverables. Deliverables include annual subscriptions to Clinical Research Stratification Services, completion of EBBRAC Workshops beginning within 6 months of the contract start date and every two years thereafter, and an Evidence-based Practice Document due within 3 months of the contract start date and updated as needed throughout the contract term. Supporting documentation should include, but is not limited to: Staff name, title, bill rate, and hours worked; supporting documentation for all travel expenses billed, as specified by DOH or otherwise complaint with State policy by OSC; and detail of the work performed by an approved subcontractor or subcontractors, if any, including any subcontractor billing arrangements made between the Contractor and the subcontractor(s).

Price Adjustment Clause (CPI)

The pricing for years four (4) and five (5) of the contract is subject to an annual increase or decrease of the lesser of three percent (3%) or the percent increase or decrease in the National Consumer Price Index for All Urban Consumers (CPI-U), All Items (CUUR0000SA0), as published by the United States Bureau of Labor Statistics, Washington, D.C., 20212 for the 12 month period ending ninety (90) days prior to the renewal date for years four (4) and five (5) of the contract.

5.5 Minority & Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health (“DOH”) recognizes its obligation to promote opportunities for maximum feasible participation of certified minority-and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010, under the title "The State of Minority and Women-Owned Business Enterprises: Evidence from New York" (“Disparity Study”). The report found evidence of statistically significant disparities between the level of participation of minority-and women-owned business enterprises in state procurement contracting versus the number of minority-and women-owned business enterprises that were ready, willing, and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the statewide certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and the implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for maximum feasible participation of New York State Certified minority-and women-owned business enterprises (“MWBE”) and the employment of minority group members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For purposes of this solicitation, DOH hereby establishes an overall goal of **30%** for MWBE participation, **15%** for Minority-Owned Business Enterprises (“MBE”) participation and **15%** for Women-Owned Business Enterprises (“WBE”) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A contractor (“Contractor”) on the subject contract (“Contract”) must document good faith efforts to provide meaningful participation by MWBEs as subcontractors or suppliers in the performance of the Contract and Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine “good faith efforts,” refer to 5 NYCRR §142.8.

The directory of New York State Certified MWBEs can be viewed at: <https://ny.newnycontracts.com>. The directory is found in the upper right-hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory”. Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged and all communication efforts and responses should be well documented.

By submitting a bid, a bidder agrees to complete an MWBE Utilization Plan ([Attachment 5](#), Form #1) of this RFP. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Bidder as being non-responsive under the following circumstances:

- a) If a Bidder fails to submit a MWBE Utilization Plan;
- b) If a Bidder fails to submit a written remedy to a notice of deficiency;
- c) If a Bidder fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Bidder has failed to document good-faith efforts;

The Contractor will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to DOH, but must be made no later than prior to the submission of a request for final payment on the Contract.

The Contractor will be required to submit a Contractor's Quarterly M/WBE Contractor Compliance & Payment Report to the DOH, by the 10th day following each end of quarter over the term of the Contract documenting the progress made toward achievement of the MWBE goals of the Contract.

If the Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the Contract, such finding will constitute a breach of Contract and DOH may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals; and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

New York State certified Minority- and Women-Owned Businesses (M/WBE) may request that their firm's contact information be included on a list of M/WBE firms interested in serving as a subcontractor for this procurement. The listing will be publicly posted on DOH's website for reference by the bidding community. A firm requesting inclusion on this list should send contact information and a copy of its NYS M/WBE certification to OHIPcontracts@health.ny.gov before the Deadline for Questions as specified in [Section 1.0](#) (Calendar of Events). Nothing prohibits an M/WBE Vendor from proposing as a prime contractor.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility and/or a breach of the Contract, leading to the withholding of funds, suspension or termination of the Contract or such other actions or enforcement proceedings as allowed by the Contract.

5.6 Equal Employment Opportunity (EEO) Reporting

By submission of a bid in response to this solicitation, the Bidder agrees with all of the terms and conditions of [Attachment 8](#) Appendix A including Clause 12 - Equal Employment Opportunities for Minorities and Women. Additionally, the successful bidder will be required to certify they have an acceptable EEO (Equal Employment Opportunity) policy statement in accordance with Section III of Appendix M in [Attachment 8](#).

Further, pursuant to Article 15 of the Executive Law (the "Human Rights Law"), all other State and Federal statutory and constitutional non-discrimination provisions, the Contractor and sub-contractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status or domestic violence victim status, and shall also follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

The Contractor is required to ensure that it and any subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning or design of real property and improvements thereon (the "Work"), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

To ensure compliance with this Section, the Bidder should submit with the bid or proposal an Equal Employment Opportunity Staffing Plan ([Attachment 5](#), Form #4) identifying the anticipated work force to be utilized on the

Contract. Additionally, the Bidder should submit a Minority and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement ([Attachment 5](#), Form # 5), to DOH with their bid or proposal.

5.7 Sales and Compensating Use Tax Certification (Tax Law, § 5-a)

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to DOH of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such contractors' sales delivered into New York State are in excess of \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain contractors the obligation to certify whether or not the contractor, its affiliates, and its subcontractors are required to register to collect state sales and compensating use tax and contractors must certify to DTF that each affiliate and subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller, or other approving agencies, from approving a contract awarded to an offer meeting the registration requirements but who is not so registered in accordance with the law.

The successful Bidder must file a properly completed Form ST-220-CA with DOH of Health and Form ST-220-TD with the DTF. These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance's website, available through this link: <http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf>.

Forms are available through these links:

- ST-220 CA: http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf
- ST-220 TD: http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf

5.8 Contract Insurance Requirements

Prior to the start of work under this Contract, the CONTRACTOR shall procure, at its sole cost and expense, and shall maintain in force at all times during the term of this Contract, insurance of the types and in the amounts set forth in [Attachment 8](#), the New York State Department of Health Contract, Section IV. Contract Insurance Requirements as well as below.

5.9 Subcontracting

Bidder's may propose the use of a subcontractor. The Contractor shall obtain prior written approval from NYSDOH before entering into an agreement for services to be provided by a subcontractor. The Contractor is solely responsible for assuring that the requirements of the RFP are met. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of the prime contract, and that the subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the agreement between the DOH and the Contractor. DOH reserves the right to request removal of any bidder's staff or subcontractor's staff if, in DOH's discretion, such staff is not performing in accordance with the Agreement. Subcontractors whose contracts are valued at or above \$100,000 will be required to submit the Vendor Responsibility Questionnaire upon selection of the prime contractor.

5.10 DOH's Reserved Rights

DOH reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the agency's sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;

5. Seek clarifications and revisions of proposals;
6. Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
8. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
11. Waive any requirements that are not material;
12. Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
13. Conduct contract negotiations with the next responsible bidder, should DOH be unsuccessful in negotiating with the selected bidder;
14. Utilize any and all ideas submitted in the proposals received;
15. Requires that every offer shall be firm and not revocable for a period of three hundred and sixty-five days from the bid opening, to the extent not inconsistent with section 2-205 of the uniform commercial code. Subsequent to such three hundred and sixty-five days, DOH requires any offer that is subject to withdrawal communicated in a writing signed by the offeror; and,
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offeror's proposal and/or to determine an offeror's compliance with the requirements of the solicitation.

5.11 Freedom of Information Law ("FOIL")

All proposals may be disclosed or used by DOH to the extent permitted by law. DOH may disclose a proposal to any person for the purpose of assisting in evaluating the proposal or for any other lawful purpose. All proposals will become State agency records, which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling, as an exception to the Freedom of Information Law, must be clearly and specifically designated in the proposal as directed in [Section 6.1 \(D\)](#) of the RFP.** If DOH agrees with the proprietary claim, the designated portion of the proposal will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

5.12 Lobbying

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, made significant changes as it pertains to development of procurement contracts with governmental entities. The changes included:

- a) made the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies, and local benefit corporations;
- b) required the above-mentioned governmental entities to record all contacts made by lobbyists and contractors about a governmental procurement so that the public knows who is contacting governmental entities about procurements;
- c) required governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;
- d) authorized the New York State Commission on Public Integrity, (now New York State Joint Commission on Public Ethics), to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;

- e) directed the Office of General Services to disclose and maintain a list of non-responsible bidders pursuant to this new law and those who have been debarred and publish such list on its website;
- f) required the timely disclosure of accurate and complete information from offerors with respect to determinations of non-responsibility and debarment; (Bidders responding to this RFP should submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination".)
- g) increased the monetary threshold which triggers a lobbyist's obligations under the Lobbying Act from \$2,000 to \$5,000; and
- h) established the Advisory Council on Procurement Lobbying.

Subsequently, Chapter 14 of the Laws of 2007 amended the Lobbying Act of the Legislative Law, particularly as it related to specific aspects of procurements as follows: (i) prohibiting lobbyists from entering into retainer agreements on the outcome of government grant making or other agreement involving public funding; and (ii) reporting lobbying efforts for grants, loans and other disbursements of public funds over \$15,000.

The most notable, however, was the increased penalties provided under Section 20 of Chapter 14 of the Laws of 2007, which replaced old penalty provisions and the addition of a suspension option for lobbyists engaged in repeated violations. Further amendments to the Lobbying Act were made in Chapter 4 of the Laws of 2010.

Questions regarding the registration and operation of the Lobbying Act should be directed to the New York State Joint Commission on Public Ethics.

5.13 State Finance Law Consultant Disclosure Provisions

In accordance with New York State Finance Law Section 163(4)(g), State agencies must require all contractors, including subcontractors, that provide consulting services for State purposes pursuant to a contract to submit an annual employment report for each such contract.

The successful bidder for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment from Contract Start Date through End of Contract Term" in order to be eligible for a contract.

The successful bidder must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to DOH of Health, the Office of the State Comptroller, and Department of Civil Service.

State Consultant Services Form A: Contractor's Planned Employment and Form B: Contractor's Annual Employment Report may be accessed electronically at: <http://www.osc.state.ny.us/agencies/forms/ac3271s.doc> and <http://www.osc.state.ny.us/agencies/forms/ac3272s.doc>.

5.14 Debriefing

Pursuant to Section 163(9)(c) of the State Finance Law, any unsuccessful Bidder may request a debriefing regarding the reasons that the proposal or bid submitted by the Bidder was not selected for award. Requests for a debriefing must be made within fifteen (15) calendar days of release of the written or electronic notice by DOH that the Bid submitted by the Bidder was not selected for award. Requests should be submitted in writing to a designated contact identified in the award/non-award letter.

5.15 Protest Procedures

In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO). Available on-line at:

<http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

5.16 Iran Divestment Act

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the "Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant To The New York State Iran Divestment Act of 2012" list ("Prohibited Entities List") posted on the OGS website (currently found at this address:

<http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>) and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

During the term of the Contract, should DOH receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, DOH will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 days after the determination of such violation, then DOH shall take such action as may be appropriate and provided for by law, rule, or contract, including, but not limited to, seeking compliance, recovering damages, or declaring the Contractor in default. DOH reserves the right to reject any bid, request for assignment, renewal or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal or extension of a contract, and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

5.17 Piggybacking

New York State Finance Law section 163(10)(e) (see also <https://www.nysenate.gov/legislation/laws/STF/163>) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor's consent.

5.18 Encouraging Use of New York Businesses in Contract Performance

Public procurements can drive and improve the State's economic engine through promotion of the use of New York businesses by its contractors. New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of their economic activity and leadership in doing business in New York State, bidders/proposers for this contract for commodities, services or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as subcontractors, suppliers, protégés or other supporting roles. All bidders should complete [Attachment 6](#), Encouraging Use of New York Businesses in Contract Performance, to indicate their intent to use/not use New York Businesses in the performance of this contract.

5.19 Diversity Practices Questionnaire

Diversity practices are the efforts of contractors to include New York State-certified Minority and Women-owned Business Enterprises ("MWBEs") in their business practices. Diversity practices may include past, present, or future actions and policies, and include activities of contractors on contracts with private entities and governmental units other than the State of New York. Assessing the diversity practices of contractors enables contractors to engage in meaningful, capacity-building collaborations with MWBEs.

5.20 Participation Opportunities for NYS Certified Service-Disabled Veteran-Owned Businesses

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (“SDVOBs”), thereby further integrating such businesses into New York State’s economy. DOH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of DOH contracts.

In recognition of the service and sacrifices made by service-disabled veterans and in recognition of their economic activity in doing business in New York State, Bidders/Contractors are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For purposes of this procurement, DOH conducted a comprehensive search and determined that the Contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as subcontractors, service providers, and suppliers to Contractor. Nevertheless, Bidder/Contractor is encouraged to make good faith efforts to promote and assist in the participation of SDVOBs on the Contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>

Bidders are encouraged to contact the Office of General Services’ Division of Service-Disabled Veteran’s Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss methods of maximizing participation by SDVOBs on the Contract.

5.21 Intellectual Property

Any work product created pursuant to this agreement and any subcontract shall become the sole and exclusive property of the New York State Department of Health, which shall have all rights of ownership and authorship in such work product.

5.22 Vendor Assurance of No Conflict of Interest or Detrimental Effect

All bidders responding to this solicitation should submit [Attachment 4](#) to attest that their performance of the services outlined in this IFB does not create a conflict of interest and that the bidder will not act in any manner that is detrimental to any other State project on which they are rendering services.

5.23 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status or predisposing genetic characteristics. In accordance with Executive Order No. 177, the Offeror certifies that they do not have institutional policies or practices that fail to address those protected status under the Human Rights Law.

6.0 PROPOSAL CONTENT

The following includes the format and information to be provided by each Bidder. Bidders responding to this RFP must satisfy all requirements stated in this RFP. All Bidders are requested to submit complete Administrative and Technical Proposals and are required to submit a complete Cost Proposal. A proposal that is incomplete in any material respect may be rejected.

To expedite review of the proposals, Bidders are requested to submit proposals in separate Administrative, Technical, and Cost packages inclusive of all materials as summarized in [Attachment A](#), Proposal Documents. This separation of information will facilitate the review of the material requested. No information beyond that

specifically requested is required, and Bidders are requested to keep their submissions to the shortest length consistent with making a complete presentation of qualifications. Evaluations of the Administrative, Technical, and Cost Proposals received in response to this RFP will be conducted separately. Bidders are therefore cautioned not to include any Cost Proposal information in the Technical Proposal documents.

DOH will not be responsible for expenses incurred in preparing and submitting the Administrative, Technical, or Cost Proposals.

6.1 Administrative Proposal

The Administrative Proposal should contain all items listed below. A proposal that is incomplete in any material respect may be eliminated from consideration. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy. Please provide the forms in the same order in which they are requested.

A. Bidder's Disclosure of Prior Non-Responsibility Determinations

Submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination."

B. Freedom of Information Law – Proposal Redactions

Bidders must clearly and specifically identify any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. See [Section 4.10](#), (Freedom of Information Law)

C. Vendor Responsibility Questionnaire

Complete, certify, and file a New York State Vendor Responsibility Questionnaire. DOH recommends that vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep System online at <https://www.osc.state.ny.us/state-vendors/vendrep/vendrep-system>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the OSC Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, or may contact the Office of the State Comptroller's Help Desk for a copy of the paper form. Bidder's should complete and submit the Vendor Responsibility Attestation, [Attachment 3](#).

D. Vendors Assurance of No Conflict of Interest or Detrimental Effect

Submit [Attachment 4](#), Vendor's Assurance of No Conflict of Interest or Detrimental Effect, which includes information regarding the Bidder, members, shareholders, parents, affiliates or subcontractors. [Attachment 4](#) must be signed by an individual authorized to bind the Bidder contractually.

E. M/WBE Forms

Submit completed Form #1 and/or Form #2, Form #4 and Form #5 as directed in [Attachment 5](#), "Guide to New York State DOH M/WBE RFP Required Forms."

F. Encouraging Use of New York Businesses in Contract Performance

Submit [Attachment 6](#), “Encouraging Use of New York State Businesses” in Contract Performance to indicate which New York Businesses you will use in the performance of the contract.

G. Bidder’s Certified Statements

Submit [Attachment 7](#), “Bidder’s Certified Statements”, which includes information regarding the Bidder. [Attachment A](#) must be signed by an individual authorized to bind the Bidder contractually. Please indicate the title or position that the signer holds with the Bidder. DOH reserves the right to reject a proposal that contains an incomplete or unsigned [Attachment 7](#) or no [Attachment 7](#).

H. Encouraging Use of New York Businesses in Contract Performance

Submit [Attachment 6](#), “Encouraging Use of New York State Businesses” in Contract Performance to indicate which New York Businesses you will use in the performance of the contract.

I. References

Provide references using [Attachment 9](#), (References) for three (3) references. Provide firm names, addresses, contact names, telephone numbers, and email addresses.

J. Diversity Practices Questionnaire

DOH has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of respondents of this procurement is practical, feasible, and appropriate. Accordingly, respondents to this procurement should include as part of their response to this procurement, [Attachment 10](#) “Diversity Practices Questionnaire”. Responses will be formally evaluated and scored.

K. Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

Submit [Attachment 11](#) certifying that it does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

6.2 Technical Proposal

The purpose of the Technical Proposal is to demonstrate the qualifications, competence, and capacity of the Bidder to perform the services contained in this RFP. The Technical Proposal should demonstrate the qualifications of the Bidder and the staff to be assigned to provide services related to the services included in this RFP.

A Technical Proposal that is incomplete in any material respect may be eliminated from consideration. The following outlines the information requested to be provided by Bidders. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy.

While additional data may be presented, the following should be included. Please provide the information in the same order in which it is requested. Your proposal should contain sufficient information to assure DOH of its accuracy. Failure to follow these instructions may result in disqualification.

Pricing information contained in the Cost Proposal cannot be included in the Technical Proposal documents.

A. Title Page

Submit a Title Page providing the RFP subject and number; the Bidder's name and address, the name,

address, telephone number, and email address of the Bidder's contact person; and the date of the Proposal.

B. Table of Contents

The Table of Contents should clearly identify all material (by section and page number) included in the proposal.

C. Documentation of Bidder's Eligibility Responsive to [Section 3.0](#) of RFP

Bidders must be able to meet all the requirements stated in [Section 3.0](#) of the RFP. The bidder must submit documentation that provides sufficient evidence of meeting the criterion. This documentation may be in any format needed to demonstrate how they meet the minimum qualifications to propose.

- A minimum of three (3) years' experience in performing in-depth reviews of evidence-based clinical studies and guidelines from peer-reviewed literature; and
- A minimum of three (3) years' experience preparing reports that summarize clinical studies and guidelines reviewed and evaluating the quality of each of these studies and guidelines; and
- A minimum of three (3) years' experience reviewing, researching, and evaluating health plan and community-based organization proposals for social determinants of health evidence-based interventions.

Preferred Qualifications:

Preference will be given to organizations demonstrating the above experience was assisting Medicaid programs and/or work was specific to benefit coverage recommendations for Medicaid programs or other public and private insurers.

D. Technical Proposal Narrative

The technical proposal should provide satisfactory evidence of the Bidder's ability to meet, and expressly respond to, each element listed below.

Elements of the technical proposal are as follows:

D.1 **Organizational Background and Staffing**

D.1.1. Outline your organizational structure and the size of the proposed team including titles and responsibility who will be involved in accomplishing all deliverables outlined in [Section 4.0](#) of this RFP.

D.1.2 Provide a staffing plan that describes how you will recruit, train and provide the mandatory and other necessary staff that meet the requirements listed in [Section 4.0](#) of the RFP. The plan should include the bidder's ability to provide qualified staff to carry out the projected workload for the duration of the contract period as identified in [Section 4.2](#).

D.1.3 Describe your organization's experience with assisting programs in performing in-depth review of evidence-based clinical studies and guidelines from peer-review literature.

D.1.4 Describe your organization's experience with preparing reports that summarize clinical studies and guidelines reviewed and evaluating the quality of each of these studies and guidelines. This description should include the amount of time it takes to prepare the typical types of reports.

D.1.5 Describe your organization's experience with reviewing, researching, and evaluating health plan and community-based organization proposals for social determinants of health evidence-based interventions.

D.2 Proposed Approach

Describe your organization's approach for accomplishing the following deliverables. This approach should include which staff members are assigned to specific tasks involved.

D.2.1 Describe your organization's approach to providing research and technical assistance in support of the EBBRAC.

a. Describe how you will perform in-depth reviews of evidence-based clinical studies and guidelines from peer-reviewed literature.

b. Describe how you will perform a full search and analysis of clinical evidence sources including, but not limited to systemic reviews, meta-analyses, technology assessments, individual studies, and cost-effectiveness studies.

c. Describe how you will prepare reports summarizing your research and presenting the findings in-person or virtually to the EBBRAC.

D.2.2 Describe your organization's approach to providing DOH with any ad hoc evidence-based reports on existing, new, and emerging services and technologies under consideration for coverage by the Medicaid Program to include Current Procedural Terminology (CPT) codes requiring review each year to make coverage determinations.

D.2.3 Describe your organization's approach for completing a detailed evidence-based review of the dossier submission, preparing a comprehensive report, and present the dossier as well as their findings to DOH and/or EBBRAC.

D.2.4 Describe your organization's approach for providing academic-quality reports that include in-depth analysis and summary of the evidence, clinical practice guidelines, and federal, Medicaid, and commercial payor policies, as well as quality assessment of the included literature (e.g., evidence and guidelines), specific details of the included studies (e.g., characteristics of population, intervention, methodology, outcomes, cost, cost effectiveness) and information regarding safety and effectiveness of the service or technology being reviewed. Describe your organization's internal process for editing a report and the approximate turn-around time to complete these edits.

D.2.5 Describe your organization's proposed clinical research stratification service and how it will be utilized to meet the deliverables described in the RFP.

D.2.6 Describe your organization's approach to convene a workshop every two (2) years with EBBRAC members to develop, refine, and build the concepts and skills necessary for the appropriate use and interpretation of research evidence to inform health policy decisions. Describe your experience on holding workshops of similar nature either for state programs or other entities.

D.3 Sample Report

D.3.1 Provide one (1) sample report completed for a previous client within the past five (5) years. The contents of the sample report should be a summarization of an in-depth review of evidence-based clinical studies and guidelines from peer-reviewed literature.

6.3 Cost Proposal

Submit a completed and signed [Attachment B – Cost Proposal](#). The Cost Proposal shall comply with the format and content requirements as detailed in this document and in [Attachment B](#). Failure to comply with the format and content requirements may result in disqualification.

The bid price is to cover the cost of furnishing all of the said services, including but not limited to materials, equipment, overhead, profit and labor to the satisfaction of DOH of Health and the performance of all work set forth in said specifications.

1. All services and deliverables referenced in Section 4.0 (Scope of Work), excluding Deliverables II.2, II.3 and IV.3, will be reimbursed through a fixed annual salary as proposed in Attachment B – Cost Proposal for the term of the contract. This fixed annual salary will cover all costs of furnishing all the said services, including but not limited to materials, equipment, profit, labor, and reports. Each position will be reimbursed monthly 1/12th of the annual salary per position in accordance with the bidder's Attachment B – Cost Proposal.

Deliverables II.2, II.3, and IV.3 will be reimbursed through an all-inclusive deliverable price as proposed in [Attachment B](#) – Cost Proposal for the term of the contract. This all-inclusive deliverable price will cover all costs of furnishing all the said services, including but not limited to materials, equipment, profit, labor, reports, and rental expenses. This all-inclusive deliverable price is subject to negotiation between the Contractor and DOH, should DOH choose to exercise its right to process with an annual renewal.

For any in-person report presentations or meetings requested by the Department, as identified in [Section 4.0](#), travel will be reimbursed separately based on actual costs incurred by the Contractor. Such costs will be reimbursed directly to the contractor for actual expenses in accordance with and cannot exceed the amount allowed for state employee travel as outlined by the NYS Office for the State Comptroller. Additional information is available at: <http://www.osc.state.ny.us/agencies/travel/travel.htm>.

7.0 PROPOSAL SUBMISSION

A proposal consists of three distinct parts: (1) the Administrative Proposal, (2) the Technical Proposal, and (3) the Cost Proposal.

The proposal must be received by the NYSDOH, no later than the Deadline for Submission of Proposals specified in [Section 1.0](#), (Calendar of Events). Late bids will not be considered.

By E-Mail

Proposals must be submitted via separate searchable PDF file electronically through email to OHIPcontracts@health.ny.gov .

NOTE: You should request a receipt containing the time and date received. Submission of proposals in a manner other than as described in these instructions (e.g., fax) will not be accepted.

7.1 No Bid Form

Bidders choosing not to bid are requested to complete the No-Bid form [Attachment 2](#).

8.0 METHOD OF AWARD

8.1 General Information

DOH will evaluate each proposal based on the “Best Value” concept. This means that the proposal that best “optimizes quality, cost, and efficiency among responsive and responsible offerors” shall be selected for award (State Finance Law, Article 11, §163(1)(j)).

DOH at its sole discretion, will determine which proposal(s) best satisfies its requirements. DOH reserves all rights with respect to the award. All proposals deemed to be responsive to the requirements of this procurement will be evaluated and scored for technical qualities and cost. Proposals failing to meet the requirements of this document may be eliminated from consideration. The evaluation process will include separate technical and cost evaluations, and the result of each evaluation shall remain confidential until evaluations have been completed and a selection of the winning proposal is made.

The evaluation process will be conducted in a comprehensive and impartial manner, as set forth herein, by an Evaluation Committee. The Technical Proposal and compliance with other RFP requirements (other than the Cost Proposal) will be weighted **70%** of a proposal’s total score and the information contained in the Cost Proposal will be weighted **30%** of a proposal’s total score.

Bidders may be requested by DOH to clarify the contents of their proposals. Other than to provide such information as may be requested by DOH, no Bidder will be allowed to alter its proposal or add information after the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events).

In the event of a tie, the determining factors for award, in descending order, will be:

- (1) lowest cost and
- (2) proposed percentage of MWBE participation.

8.2 Submission Review

DOH will examine all proposals that are received in a proper and timely manner to determine if they meet the proposal submission requirements, as described in [Section 6.0](#) (Proposal Content) and [Section 7.0](#) (Proposal Submission), including documentation requested for the Administrative Proposal, as stated in this RFP. Proposals

that are materially deficient in meeting the submission requirements or have omitted material documents, in the sole opinion of DOH, may be rejected.

8.3 Technical Evaluation

The evaluation process will be conducted in a comprehensive and impartial manner. A Technical Evaluation Committee comprised of program staff of DOH will review and evaluate all proposals.

Proposals will undergo a preliminary evaluation to verify Minimum Qualifications to Propose ([Section 3.0](#)).

The Technical Evaluation Committee members will independently score each Technical Proposal that meets the submission requirements of this RFP. The individual Committee Member scores will be averaged to calculate the Technical Score for each responsive Bidder.

The technical evaluation is **70% (up to 70 points)** of the final score.

8.4 Cost Evaluation

The Cost Evaluation Committee will examine the Cost Proposal documents. The Cost Proposals will be opened and reviewed for responsiveness to cost requirements. If a cost proposal is found to be non-responsive, that proposal may not receive a cost score and may be eliminated from consideration.

The Cost Proposals will be scored based on a maximum cost score of 30 points. The maximum cost score will be allocated to the proposal with the lowest all-inclusive not-to-exceed maximum price. All other responsive proposals will receive a proportionate score based on the relation of their Cost Proposal to the proposals offered at the lowest final cost, using this formula:

$$C = (A/B) * 30\%$$

A is Total price of lowest cost proposal;
B is Total price of cost proposal being scored; and
C is the Cost score.

The cost evaluation is **30% (up to 30 points)** of the final score.

8.5 Composite Score

A composite score will be calculated by the DOH by adding the Technical Proposal points and the Cost points awarded. Finalists will be determined based on composite scores.

8.6 Interviews

For all bids, and as part of the bid review process, DOH reserves the right to interview proposed project participants. The purpose of an interview is to allow the evaluators to validate the Bidder's experience and qualifications.

8.7 Reference Checks

The Bidder should submit references using [Attachment 9](#) (References). At the discretion of the Evaluation Committee, references may be checked at any point during the process to verify bidder qualifications to propose ([Section 3.0](#)).

8.8 Best and Final Offers

NYSDOH reserves the right to request best and final offers. In the event NYSDOH exercises this right, all bidders that submitted a proposal that are susceptible to award will be asked to provide a best and final offer. Bidders will be

informed that should they choose not to submit a best and final offer, the offer submitted with their proposal will be construed as their best and final offer.

8.9 Award Recommendation

The Evaluation Committee will submit a recommendation for award to the Finalist(s) with the highest composite score(s) whose experience and qualifications have been verified.

DOH will notify the awarded Bidder(s) and Bidders not awarded. The awarded Bidder(s) will enter into a written Agreement substantially in accordance with the terms of [Attachment 8](#), DOH Agreement, to provide the required services as specified in this RFP. The resultant contract shall not be binding until fully executed and approved by the New York State Office of the Attorney General and the Office of the State Comptroller.

ATTACHMENTS

The following attachments are included in this RFP and are available via hyperlink or can be found at: <https://www.health.ny.gov/funding/forms/>.

1. [Bidder's Disclosure of Prior Non-Responsibility Determination](#)
2. [No-Bid Form](#)
3. [Vendor Responsibility Attestation](#)
4. [Vendor Assurance of No Conflict of Interest or Detrimental Effect](#)
5. [Guide to New York State DOH M/WBE Required Forms & Forms](#)
6. [Encouraging Use of New York Businesses in Contract Performance](#)
7. [Bidder's Certified Statements](#)
8. [DOH Agreement](#) (Standard Contract)
9. [References](#)
10. [Diversity Practices Questionnaire](#)
11. [Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination](#)

The following attachments are attached and included in this RFP:

- A. Proposal Document Checklist
- B. Cost Proposal

**ATTACHMENT A
PROPOSAL DOCUMENT CHECKLIST**

Please reference Section 7.0 for the appropriate format and quantities for each proposal submission.

RFP #20055R– Medicaid Evidence Based Policy		
FOR THE ADMINISTRATIVE PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.1.A	Attachment 1 – Bidder’s Disclosure of Prior Non-Responsibility Determinations, completed and signed.	<input type="checkbox"/>
§ 6.1.B	Freedom of Information Law – Proposal Redactions (If Applicable)	<input type="checkbox"/>
§ 6.1.C	Attachment 3- Vendor Responsibility Attestation	<input type="checkbox"/>
§ 6.1.D	Attachment 4 - Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
§ 6.1.E	M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment 5 Form 1	<input type="checkbox"/>
	Attachment 5 Form 2 (If Applicable)	<input type="checkbox"/>
§ 6.1.F	Attachment 6- Encouraging Use of New York Businesses	<input type="checkbox"/>
§ 6.1.G	Attachment 7 - Bidder’s Certified Statements, completed & signed.	<input type="checkbox"/>
§ 6.1.H	Attachment 9 – References	<input type="checkbox"/>
§ 6.1.I	Attachment 10 - Diversity Practices Questionnaire	<input type="checkbox"/>
§ 6.1.J	Attachment 11 - Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination	<input type="checkbox"/>
FOR THE TECHNICAL PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.2.A	Title Page	<input type="checkbox"/>
§ 6.2.B	Table of Contents	<input type="checkbox"/>
§ 6.2.C	Documentation of Bidder’s Eligibility (Requirement)	<input type="checkbox"/>
§ 6.2.D	Technical Proposal Narrative	<input type="checkbox"/>
FOR THE COST PROPOSAL REQUIREMENT		
RFP §	REQUIREMENT	INCLUDED
§ 6.3	Attachment B- Cost Proposal	<input type="checkbox"/>

ATTACHMENT B
COST PROPOSAL
RFP #20055R

Bidder must provide pricing for both Part 1: Staff and Part 2: Deliverables

Part 1: Staff

Bidders must provide an annual salary for all of the Core Team and Support Team staffing titles below. The annual salary will be the amount paid to the staff member over a one (1) year period. The annual salary will remain constant, with an allowable CPI in years 4 and 5 and will cover all costs of furnishing all the said services, including but not limited to materials, equipment, profit, labor, and reports. Bidders may not propose a salary range for the Titles below. Travel costs will be reimbursed separately to the Contractor by the State for actual expenses incurred and only at the rate approved by the Office of the State Comptroller.

Staff				
Core Team Title	Hourly Rate	Anticipated Annual Hours	Annual Billable Salary	Anticipated # of Staff
Physician		975	\$	1
Researcher		1,950	\$	1
Researcher		1,950	\$	1
Researcher		1,950	\$	1
Support Team Title				
Editor		1,950	\$	
Project Manager		1,950	\$	
Support/Admin Staff/ Ad-hoc Staff		1,950	\$	

Part 2: Deliverables

Bidders must provide an all-inclusive deliverable price for the Clinical Research Stratification Service, EBBRAC workshops, and Evidence-based guidebook(s) as described in Section 4.0 Sections II.2, II.3 and IV.3. This all-inclusive deliverable price will cover all costs of furnishing all the said services, including but not limited to materials, equipment, profit, labor, reports and rental expenses. This all-inclusive deliverable price will remain constant throughout the term of the contract. Travel costs will be reimbursed separately to the Contractor by the State for actual expenses incurred and only at the rate approved by the Office of the State Comptroller.

DELIVERABLES 4, 5 and 6	PROPOSED PRICE
4. Clinical Research Stratification Services (Section IV.3)	\$ per year
5. EBBRAC workshop (held once every two (2) years, as a full day event) (Section II.2)	\$ per workshop
6. Evidence-based Practice Document (Section (II.3)	\$ per document

By signing this Cost Proposal Form, bidder agrees that the prices above are binding for 365 days from the proposal due date.

Signature

Date