**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| 1 | I-1 - I-3 | A. Introduction to Procurement Overview | With the implementation of the R-MMIS in February, 2014, will the new system need to support both the HIPAA 4010 and 5010 transactions, and NCPDP 5.1 and D.0 versions - or just the latest versions? | Latest version only. |
| 2 | I-1 | Section I<br><br>Section I-D Project Goals And Objectives | Topic/Issue:<br><br>Public key infrastructure and certificates for providers<br><br>RFP Text:<br><br>Provide all functionality in eMedNY, the Federally certified MMIS, and be positioned to achieve Federal certification;<br><br>Discussion:<br><br>N/A<br><br>Question:<br><br>Will the replacement system be required to maintain a Public Key Infrastructure and issue certificates for providers? | Yes. |
| 3 | I-1 | Procurement Overview | RFP Text:<br>The Department envisions multiple, overlapping phases to complete the project requirements set forth in this RFP. These phases include: Project Planning; Implementation; Certification; System and Operational Enhancements; Operations; and Turnover.<br>Question:<br>Please confirm that bidders must propose the exact timeline specified by the Department in the RFP's Exhibit I-1 R-MMIS Project Phases, and may not bid other alternative or accelerated approaches. | This is correct. The only exception is if the system being bid already includes a COTS financial system, Phase II may be bid with Phase I. |
| 4 | I-2 | I. Procurement Overview/ | In the first full paragraph on page I-2, the RFP tells bidders that the R-MMIS must include "all functionality currently supported | The Department believes that all current eMedNY functionality is included in the RFP, as amended, and the |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | A. Introduction | by eMedNY."<br>Are all the requirements for the R-MMIS included in the RFP? Do the requirements include all current functionality in eMedNY?<br>If not, please identify the remaining functionality from eMedNY that must be included in the R-MMIS. | Procurement Library, including the Technical Design Documents and the Business Process Models and Documentation, and the questions and answers. Any functionality not included in those sources would be of minimal impact. |
| 5 | I-3 | Section I<br><br>A & Attachment M | RFP Text:<br>Third paragraph: Functional Phase III will include the DDI of capabilities to broaden the application of information technology and system interoperability for Medicaid systems necessary to support transition to successively higher levels of MITA maturity. New York's vision is to transition to a MITA maturity level of 3 for most business processes over the course of the R-MMIS contract period. In order to achieve this vision, the R-MMIS must provide an enterprise technical and application architecture capable of supporting MITA standards and the Department's efforts to achieve target MITA maturity levels.<br>Question<br>Please clarify and provide instructions for pricing Phase III. | Enhancements to transition to superior MITA maturity levels will be identified by the Department and implemented through the System Change Process. Pricing for all System Change resources for Phase III is included in the Pricing Schedules. |
| 6 | I-3 | Section I, R-MMIS Project Phases | Would the State allow vendors to propose an accelerated PBM implementation as an optional offering? There are many benefits to this approach for the State of New York including; earlier MITA level 3-4 compliance for the R-MMIS Pharmacy solutions; early stakeholder buy in and success stories; reduced State pharmacy resources required to support an extended 36 month DDI and acceleration of pharmacy operational initiatives and savings. | No. |
| 7 | I-5 | Section I-5<br><br>D. Project Goals And Objectives | Topic/Issue:<br><br>ESB for provider communications and interfaces<br><br>RFP Text: | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | Provide all functionality in eMedNY, the Federally certified MMIS, and be positioned to achieve Federal certification;<br><br>Discussion:<br><br>N/A<br><br>Question:<br><br>Will the replacement system be required to maintain an ESB for provider communications and interfaces? | Yes. |
| 8 | I-7 | E. Overall Approach to the Contract | The RFP notes that four functional areas are addressed by the MDW contractor. Acknowledging these four areas fall outside the R-MMIS responsibility, can we assume that the responsibility for ensuring these areas meet CMS certification falls under the MDW contractor? | Yes, the R-MMIS contractor will be responsible for CMS certification activities related to the requirements specified in the RFP. |
| 9 | I-8 | Procurement Overview<br>G. Scope of Work Summary | This section states "Contract start date is targeted for March 2011 with implementation of the R-MMIS initiation of Federal certification and takeover of operations in February 2014. The R-MMIS contractor will operate the R-MMIS and provide fiscal agent services under the term of the base contract until February 2019 with options for two one-year extensions beyond that date." This implies a 35 month implementation.<br>Bullet 1: This section states "Contract Years 1 Through 3 (Contract Start Date Through Month 36)" and is referring to the implementation length. | The start date for takeover of operations is March 1, 2014. The RFP should read "all tasks for takeover should be completed in February, 2014 with turn-on on March 1, 2014". |
| 10 | I-8 | Section I<br><br>G. Scope of Work | RFP Text:<br><br>Second paragraph: Contract start date is targeted for March 2011 with implementation of the R-MMIS, initiation of Federal certification and takeover of operations in February 2014. The R-MMIS contractor will operate the R-MMIS and provide fiscal agent services under the term of the base | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | contract until February 2019 with options for two one-year extensions beyond this date.<br><br>Question:<br><br>Although the contract term is 8 years, the section suggests that the DDI time-line is 35 months and that operations is 61 months. The price sheets for operations support only 60 months of operations. Should the start of operations be March 2014 rather than February 2014? | Yes. The referenced paragraph is amended to read as follows: "Contract start date is targeted for March 2011 with implementation of the R-MMIS, initiation of Federal certification and takeover of operations in March 1, 2014. The R-MMIS contractor will operate the R-MMIS and provide fiscal agent services under the term of the base contract until February 2019 with options for two one-year extensions beyond this date." |
| 11 | II-2 | C<br>Page Number - II-2<br>RFP Text - 8. Interactive Voice Response (IVR) | Please provide the most recent 12 months IVR call volume experience by month and average call time. | Information is available at a macro level only:<br><br>8/1/2009-7/31/2010<br><br>Total number of calls to the IVR: 103,097<br><br>Average Call Time: 0:04:29<br><br>Statistics related to current processes may not be relevant to the R-MMIS as operational environments will likely be different; this is not a guarantee of performance. The offeror should determine the resources required to support their proposal based on experience operating similar programs. |
| 12 | III-1 | A. Introduction | • Will the same State staff attend both the functional requirements validation JAD sessions and the business process JAD sessions?<br>• Does the State prefer to leverage the requirements validation JAD sessions to confirm the related business processes?<br>• Please identify the number of State staff that is anticipated to be dedicated to the requirements validation sessions. | There are no references to "business process JAD sessions" in the RFP. No State staff is "dedicated to the requirements validation sessions," as all State staff will still be engaged in their on-going responsibilities beyond R-MMIS support. Attendees at any given JAD session may vary from as few as ten or less to 40 or more. |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| 13 | III-2 | Section III R-MMIS SOW<br><br>B.2 Project Management Plan And Controls<br><br>Page III-2 | Topic/Issue:<br><br>Open Source<br><br>RFP Text:<br><br>Offerors must integrate "Best of Breed" COTS project management products into its solution to meet the needs of the business functions. For purposes of this RFP, COTS solutions are those products that can be licensed and utilized by multiple industries, are commercially available from a third party, and provide a common solution throughout the application.<br><br>Discussion:<br><br>N/A<br><br>Question:<br><br>Will Open Source packages and products be acceptable under the COTS criteria? | No. |
| 14 | III-3, III-20, top of page, III-20 | B.2.1, Proposal Req. 7; C.3, System Development Life Cycle<br><br>C.3.1, Proposal Req. 4 | In various parts of RFP Section III, bidders are told to provide samples of documentation and deliverables from previous Medicaid projects in an appendix. For example, this list appears in RFP section C.3.1:<br>a. Business Design Document;<br><br>b. Business Process Models;<br><br>c. Detailed Design Document;<br><br>d. Technical Design Document;<br><br>e. Architecture, Network and Data Modeling Diagrams;<br><br>f. Test Plans for the eleven (11) categories of testing | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | defined in section III.C.3.5 of this RFP;<br><br>g. Requirements Traceability Matrix;<br><br>h. Data Conversion and Cleansing Plan;<br><br>i. Implementation Plan; and,<br><br>j. Training Plan;<br><br>Is the Department expecting bidders to submit a representative excerpt from previous Medicaid projects for each of the documents listed in the three referenced RFP sections - or a complete sample?<br>Since a complete set may require many hundreds of pages per document in each of the 41 sets that will be delivered to the State, would the Department consider allowing bidders to submit this required documentation in electronic form ONLY? | The Department expects submission of a complete sample.<br><br>A paper submission is required for contract purposes. |
| 15 | III-4 | Section III<br><br>B.2.1 | RFP Text<br><br>8. Include the electronic submission of the PMP in Microsoft Office Project 2003 format<br><br>Question<br><br>The 2003 version will not be supported by Microsoft going forward. May the PMP be produced in MS Project 2007? | Yes. |
| 16 | III-4 | Section III R-MMIS SOW<br><br>B.2.2 Quality Management | Topic/Issue:<br><br>Disclose any and all deficiencies within 24 hours.<br><br>RFP Text:<br><br>"disclose to the Department within 24 hours …any and all | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | Page III-4 | deficiencies found by the contractor."<br><br>Discussion:<br><br>It is important to understand the definition of a deficiency. Is it those items that affect the SLA requirements only or are there other issues that are considered deficiencies by the Department's definition?<br><br>Question(s):<br><br>Please provide a definition of "Deficiency" in the context of this requirement. | A deficiency is a characteristic or condition that fails to meet a standard or is not in compliance with a requirement or specification. |
| 17 | III-12 | B.2.7 Configuration Management | TOPIC/ISSUE:<br><br>Hardware and software upgrades<br><br>RFP TEXT:<br><br>When new hardware or software becomes available or when subsequent releases to the current operating system, server(s), database management software, grouper software, COTS products, or other hardware/software supporting the R-MMIS become available, the contractor must inform the Department of the benefits that can be derived by implementing the newest version. If the Department requires the contractor to proceed with the implementation, the contractor must determine the impact of implementation and develop an upgrade plan. All such upgrades must be included under the fixed cost portion of the contract. The Department shall review and approve the plan for implementation or return the plan for modification.<br><br>DISCUSSION:<br><br>The Department's intention to evaluate the benefits of each available software update or hardware innovation is most difficult to accommodate in the context of a fixed price bid. At | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | the outset of an eight year contract, it is impossible to predict what these technical advances might be, and estimating the cost is even more challenging, especially in light of the fact that each must be subjected to a benefit analysis by the Department before going forward. This process will be complicated by the fact that there are hundreds of hardware and software products in use. We are also concerned that the Department may require implementation of upgrades which are marginally beneficial and therefore not cost justified.<br><br>QUESTION(S):<br><br>Is it the Department's intention that bidders include in their fixed price bid an estimate of the cost of each available hardware and software upgrade which may be presented by numerous vendors during the contract period?<br><br>As an alternative, would the Department agree to a contract mechanism that would provide contractor reimbursement for upgrades actually implemented, allowing for initial bids to be more efficient? | Yes.<br><br>No. |
| 18 | III-13 | B.2.9 Communication Management/ Contact Management System | Please provide how many months of voice and screen recordings will need to be stored. | For the life of the contract, including any amendments and extensions. |
| 19 | III-19 | C.3 | RFP Text<br><br>eMedNY Business Process Models included in the Procurement Library illustrate the investment that OHIP has made in the Oracle Business Process Architect. | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | Question<br><br>In addition to providing licenses for FA and State staff, does the contractor need to provide licenses for OHIP staff also? If licenses for OHIP staff are required, please provide the number of licenses required. | Licenses must be provided for approximately 70 State and contractor staff attached to the Office of Health Insurance Programs Division of Systems. |
| 20 | III-21 | C.3.2 Requirements Validation Task | TOPIC/ISSUE:<br><br>Requirements identified in JAD sessions<br><br>RFP TEXT:<br><br>During Requirements Validation the contractor shall confirm, document and elaborate the RFP requirements in sufficient detail to adequately support system design and development activities. This will be accomplished by conducting a series of Joint Application Design (JAD) sessions with Department staff and other stakeholders. The contractor must supplement the requirements with any additional requirements that result from this task. This additional detail and definition is considered within the scope of the original RFP requirements and contract. The contractor must also document the Department's business rules that support the Department's policies.<br><br>DISCUSSION:<br><br>We are concerned that the financial and operations impacts of additional requirements which emerge during JAD sessions cannot be incorporated into a fixed price bid which must be submitted long before JAD sessions are conducted.<br><br>QUESTION(S):<br><br>We request that the Department establish a contractual mechanism that would allow the contractor to be reimbursed for additional requirements that are developed during the DDI phase. | The original RFP language meets the needs of the Department. |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| 21 | III-28 | Section III R-MMIS SOW C.3.5.1.2 | Topic/Issue:<br><br>Clarification on "how the Department will have access to the Testing Tool?"<br><br>RFP Text:<br><br>The offeror must describe in detail its proposed Comprehensive Testing Methodology that will become the foundation for the Comprehensive Test Plan for the R-MMIS. This methodology must include a description of the testing that will be performed at all stages of SDLC.<br><br>Offerors must meet the following proposal requirements:<br><br>Describe the COTS product that will be used by the contractor, the rationale used to select the product and how the Department will have access to it;<br><br>Question:<br><br>What does the Department need access to, the COTS Testing tool or the testing results report generated by the COTS testing tool?<br><br>Does the State have a specific number of licenses required for their use? | Both.<br><br>The Department is requiring the bidder to supply at least one hundred and fifty (150) licenses for Department's use. |
| 22 | III-31 | C.5 Data Conversion Task | Please provide how many years of data must be converted for use by the R-MMIS?<br>Besides life-time procedure claims, what other specialty data retention requirements are there? | All archived and online data stored in the legacy system must be converted. |
| 23 | III-31 | C.4.1 Organizational Change Mgmt. | Approximately how many State staff will be dedicated to the Organizational Change Management Task?<br>Please clarify who will have the authority to effect business process changes within the Department and affected stakeholder agencies. | -The State will dedicate the appropriate number of staff.<br><br>- Project Manager<br><br>- The offeror should propose a solution that best meets the |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | Does the Department see the business process validation and potential business process changes at the forefront of the project or is the business process validation effort a "push from behind" task that supports the implementation of improved communication and improved technology? | needs of the Department. |
| 24 | III-31 | Section C.4 Organizational Change, | In Section C.4 Organizational Change, the R-MMIS RFP states That "Transition also requires coordination of all information technology organizations and applications affected by the R-MMIS. Virtually all State agencies supporting the statewide information technology infrastructure and all organizations currently sharing data with eMedNY will be required to update their interfaces or other data sharing methods to accommodate the new technology and processes."<br><br>Can you clarify if the above mentioned interface work is part of the scope of work for this project? | The work required to update the interfaces will not be part of the scope of work for this project. However, the scope of work includes organizational change management activities that will assist in fulfilling the Department's requirements while minimizing the disruption to stakeholder organization. |
| 25 | III-32 | C.5 Data Conversion Task | The Data Conversion Task requirements on RFP page III-32 include the following statement: "The data conversion task will continue throughout the lifetime of the contract."<br><br>At the Offerors Conference on July 14, the Department stated that conversion is a Phase I DDI task only.<br><br>Please confirm that the statement made at the Offerors Conference is correct and supersedes the RFP statement quoted above. | The second sentence of the paragraph cited provides the context for the statement. "The data conversion task will continue throughout the lifetime of the contract. The proposed data conversion methodology will be used whenever a project requires that data in the R-MMIS be converted to new data structures." |
| 26 | III-34 | D. Certification Phase Requirements | The RFP notes that four functional areas are addressed by the MDW contractor. Acknowledging these four areas fall outside the R-MMIS responsibility, can we assume that the responsibility for ensuring these areas meet CMS certification falls under the MDW contractor?<br><br>Please clarify how certification will be addressed in these four | The R-MMIS contractor will be responsible for CMS certification activities related to the requirements specified in the RFP and the data extracts required to support the Medicaid Data Warehouse. The CMS Medicaid Certification Checklists included in the RFP indicate those that will be satisfied by the MDW. Refer to the Comments column for an indicate that "This criteria requirement is met through the MDW." |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | functional areas. | |
| 27 | III-35 | D.1 Overview (Certification Phase) | The RFP states that the Department anticipates that the MDW will satisfy the Care Management: Early and Periodic Screening and Diagnostic Treatment (EPSDT) Federal MMIS certification requirements.<br>Our assumption is that the R-MMIS will process EPSDT claims according to the member benefit plan and provider contracts. It will send the claims data extracts to the MDW, and the MDW will generate all associated reports and tools needed by the department to facilitate their outreach.<br>Please confirm that this assumption is correct.<br>If it is not correct, please provide specific EPSDT requirements that the R-MMIS must meet. | The assumption is correct. |
| 28 | III-35 | D.1 Overview (Certification Phase) | The RFP states that the Department anticipates that the MDW will satisfy the Care Management: Early and Periodic Screening and Diagnostic Treatment (EPSDT) Federal MMIS certification requirements.<br>Our assumption is that the R-MMIS will process EPSDT claims according to the member benefit plan and provider contracts. It will send the claims data extracts to the MDW, and the MDW will generate all associated reports and tools needed by the department to facilitate their outreach.<br>Please confirm that this assumption is correct.<br>If it is not correct, please provide specific EPSDT requirements that the R-MMIS must meet. | The assumption is correct. |
| 29 | III-35 | D.1 Overview (Certification Phase) | Please confirm whether the R-MMIS Fiscal Agent has any responsibilities for providing EPSDT-related member outreach.<br>If so, please provide specific requirements for executing the outreach program. | The R-MMIS Fiscal agent has no responsibility for EPSDT-related member outreach. |
| 30 | III-35 | Section III R-MMIS SOW | Topic/Issue: | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | D.1-1 and D.1-2<br><br>Page III-35 | MARS and SURS Performance and testing<br><br>RFP Text:<br><br>The RFP states The Department anticipates that the MDW will satisfy the following Federal MMIS certification requirements:<br><br>Program Management: Decision Support System/Data Warehouse, Federal Reporting, and Management and Administrative Reporting Subsystem (MARS);<br><br>Program Integrity: Surveillance and Utilization Review Subsystem (SURS), Retrospective Drug Utilization Review (R-DUR) and other analytical requirements;<br><br>Discussion:<br><br>Responsibility for MARS and SURS is unclear.<br><br>Question:<br><br>Is the R-MMIS Contractor or the MDW contractor responsible for the design, implementation and operation of the MARS and SURS subsystems?<br><br>Please clarify the division of responsibilities for these subsystems for certification and for ongoing operations. | The R-MMIS contractor will be responsible for CMS certification activities related to the requirements specified in the RFP and the data extracts required to support the Medicaid Data Warehouse. The CMS Medicaid Certification Checklists included in the RFP indicate those that will be satisfied by the MDW. Refer to the Comments column for an indication that "This criteria requirement is met through the MDW." |
| 31 | III-36 | E.1 Overview | The Overview to System and Operational Enhancements Requirements states:<br><br>*System Operational Enhancements and Maintenance activities include maintenance and enhancement tasks that the contractor must perform throughout the life of the contract to modify the R-MMIS in accordance with new State and Federal mandates, program policy changes, program growth and emerging* | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | *technologies. These activities also include the implementation of a series of enhancements designed to attain the Department's targeted MITA maturity levels which are described in the MITA State Self-Assessment that can be found in the Procurement Library.*<br><br>Please confirm that "enhancements designed to attain the Department's targeted MITA maturity levels" are outside the scope of maintenance as defined in section E.3. | That is correct. |
| 32 | III-36 | Section E.2 Maintenance | The RFP says "Maintenance will result from one of six (6) conditions."<br>To help bidders estimate the resources required to meet these conditions, please provide an historical accounting of hours in the past year for each of the six categories? | The requested information is not available. The maintenance resources used in the current systems environment may not be relevant to the maintenance requirements of the R-MMIS because the operational environments will likely be different. Maintenance is a contractor responsibility and therefore the offeror should determine the resources required for maintenance. |
| 33 | III-36 | E.2 MAINTENANCE | TOPIC/ISSUE:<br><br>Maintenance Support within the base fixed price<br><br>RFP TEXT:<br><br>The contractor must perform maintenance support for the R-MMIS within the base fixed-price. No additional dollars shall be provided by the Department for maintenance activities. It is the Department's intent to control maintenance activities through the use of processes and reporting mechanisms that will be developed during the Planning Phase. Furthermore, when maintenance personnel are not engaged in maintenance tasks, at the Department's sole discretion, the Department may approve the use of the maintenance personnel to perform system enhancement tasks. Since the costs associated with these staff are included in the base fixed-price, no additional charge to the Department shall be incurred. | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | The Department shall not require specific numbers of maintenance personnel. However, the Department expects the contractor to provide sufficient numbers and skill set mix to manage the maintenance tasks as directed by the Department. In the event that the Department believes that approved maintenance work is not being completed in a timely manner or fails to meet the quality requirements necessary for the R-MMIS, the Department maintains the right to require the contractor to increase the R-MMIS maintenance staffing requirements at no additional cost to the Department.<br><br>DISCUSSION:<br><br>This provision provides the Department with the unilateral right to compel the contractor to add staff within the fixed price to perform activities which created through subjective judgments such as "activities necessary to ensure that all data files, programs, and documentation are current and that errors are found and corrected". While the contractor is committed to resolving contractor-caused issues, the contractor should not be required, at the Department's sole discretion, to add staff into the fixed price portion of the contract.<br><br>Also, the ability of the Department to divert maintenance staff to systems change work affects the contractor's ability to manage the maintenance work, potentially preventing the contractor from meeting normal maintenance responsibilities, and leading to a request to increase the staff size.<br><br>QUESTION(S):<br><br>We request that the requirements for the Department to be able to unilaterally reassign maintenance staff or require additional maintenance staff to be added, at no additional cost, be removed.<br><br>Alternately, in the event the Department desires the addition of | The original RFP language meets the needs of the Department. |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | R-MMIS maintenance staff, beyond that included in the contractor's fixed price bid, that these staff be added as Systems Change staff. | |
| 34 | III-36 | E.2 MAINTENANCE | TOPIC/ISSUE:<br><br>Defect or deficiency found in the logic or construction of the R-MMIS<br><br>RFP TEXT:<br><br>To the extent that a defect or deficiency is found in the logic or construction of the R-MMIS that results in erroneous data in the R-MMIS database, all remedial work that is necessary to correct the data will fall under the category of maintenance. To the extent that such defects or deficiencies send erroneous data to the MDW, the MDW contractor must submit to the Department for approval an estimate for the level of effort to remediate the erroneous data. Upon Department approval of the estimate, the MDW contractor must correct the MDW and the R-MMIS contractor must make a direct payment to the MDW contractor for the remediation based upon the lesser of the actual cost or the approved estimate.<br><br>DISCUSSION:<br><br>The interpretation of "deficiency… in…logic or construction" is subject to broad interpretation. Also, the contractor should not be required to compensate the MDW contractor through direct payment to that contractor for work for which the contractor has no ability to confirm the cost estimate or the actual work performed.<br><br>QUESTION(S):<br><br>We request that the Department establish express definitions for | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | "deficiency… in…logic or construction", as well as a formal cure process to allow the contractor to correct any possible contractor-caused deficiencies. We also request that, in the event that, the MDW contractor must correct the MDW and the Department anticipates that the contractor will be required to compensate the MDW contractor for their rework, the R-MMIS contractor be allowed to arrange for an independent review of the work performed by the MDW contractor and the related costs, in order to validate the work performed and the related charges. | The original RFP language meets the needs of the Department. |
| 35 | III-36 | E.2 Maintenance | Please clarify what is the historical volume of maintenance items—number and Full Time Equivalent (FTE) level of effort—in alignment with what is categorized as the six aspects of Maintenance. | The requested information is not available. The maintenance resources used in the current system may not be relevant to the maintenance requirements of the R-MMIS because the operational environments will likely be different. Maintenance is a contractor responsibility and therefore the offeror should determine the resources required for maintenance. |
| 36 | III-37 | E.3 System Enhancements | Section E.3 of System and Operational Enhancements Requirements states:<br>*Throughout the life of the contract the Department will direct the contractor to implement changes to the system that are outside the scope of maintenance. These requests will be made in the form of a System Change Request (SCR), in a format approved by the Department.*<br>Offerors are directed to complete schedule F of attachment M for all contract years. Since the R-MMIS will be under construction during contract years 1-3, can offerors assume that supplemental staff hours during this time would be used to handle changes in scope to the R-MMIS which have occurred after the release of the RFP?<br>If not, please describe the types of enhancement activities the Department anticipates will be performed during these first three years of the contract. | The RFP states that Phase I includes all current functionality.<br>Any subsequent changes to the legacy during the DDI phase that must be incorporated into the new R-MMIS will be funded via the SCR process. |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| 37 | III-37 | E.3 System Enhancements<br>SOPS-9 | How large is the current backlog of system change requests?<br>What is the R-MMIS contractor's responsibility with respect to the backlog of the incumbent's change requests at the beginning of the DDI? | The number of requests awaiting initiation in the current inventory is irrelevant to this procurement, as the number varies week to week and month to month.<br><br>The R-MMIS contractor will be expected to develop and implement all DOH change requests in the inventory at the time of takeover. |
| 38 | III-38 | E.4 Proposal Requirements Question 6 | Statement of Work requirement III.E.4.6 states "Describe the proposed work authorization process."<br>Please clarify if the work authorization referenced is the same as a system change request. | Yes, the reference to the work authorization process relates to the process to be used to authorize work on a system change request. |
| 39 | III-41-42 | F3.3 Call Center Requirements | RFP Text<br>The Call Center must be operational 24 hours per day, 7 days per week for providers, members and rebate labelers.<br>Question<br>Please provide the number of monthly prior authorization calls and faxes. | The monthly average of pharmacy prior authorization calls for time period 8/1/2009-7/31/2010 is approximately 45,000 and monthly fax volume average is 4,700. Volume related to current processes may not be relevant to the R-MMIS as operational environments will likely be different. The offeror should determine the resources required to support their proposal based on experience operating similar programs |
| 40 | III-41-42 | F3.3 Call Center Requirements | RFP Text<br>The Call Center must be operational 24 hours per day, 7 days per week for providers, members and rebate labelers.<br>Question<br>Please provide one-hour or half-hour interval call center volume data. | Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information.<br><br>ID 4: Question 40. |
| 41 | III-41-42 | F3.3 Call Center Requirements | RFP Text<br>The Call Center must be operational 24 hours per day, 7 days per week for providers, members and rebate labelers.<br>Question<br>Please provide call center volume data by call type (provider, member, and Prior Authorization, etc.) | Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information.<br><br>ID 5: Question 41. |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| 42 | III-42 | F.3.3.1 | Please provide copies of the current call center scripts. | These materials are not relevant to the R-MMIS. |
| 43 | III-42 | F.3.3.1 | Please provide copies of staff training materials that address NY program policy/procedures.<br><br>Please provide a copy of the current Annual Training Plan for call center staff.<br><br>Please provide a copy of the current Quality Monitoring/Improvement Plan(s). | This information is not relevant to this procurement. |
| 44 | III-42 | F.3.3 Call Center Operational Requirements | Regarding Member Call center operational requirements:<br>• Where do the member calls referenced in the RFP get answered today?<br>• Are these toll free lines?<br>• How many full-time- and part-time agents/staff answer these calls today?<br>• Please provide the top 10 reasons for member's calls.<br>Please confirm that with the implementation of the new State Enrollment Center the member call center referenced in the R-MMIS RFP will be to answer inquiries regarding fee-for-service programs and services for enrolled members only? | |
| 45 | III-43 | F.3.4 Correspondence Operational Requirements | Please provide populated sample letter templates for members and providers as referenced in the TDDs. | This information is not relevant to this procurement. |
| 46 | III-43 | F.3.4.1 | Please provide the volumes of all (provider, member, rebate labelers and other stakeholders) incoming correspondence by type (web/mail/fax) for the last 12 months.<br>Please provide the volume of provider, member, rebate labelers and other stakeholders outgoing correspondence by type (form/letter/manual) for the last 12 months.<br><br>Will all correspondence have a zero inventory when transitioned | Please see addendum to the RMMIS Procurement library.<br><br>R-430-07136 Att1_Information.<br><br>ID 14: Question 46.<br><br>The offerors question is not clear enough to provide a |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | to the new R-MMIS?<br><br>Please provide the incumbent's inventory reduction plan. | definitive response.<br><br>The offerors question is not clear enough to provide a definitive response. |
| 47 | III-43 | F.3.4.1 | Please provide the current quality improvement plan and initiatives for improvement. | These materials are not relevant to the R-MMIS. |
| 48 | III-43 | F.3.5.1.1.(1. a) | Please provide a list of the materials and/or the current location of the information to be posted for the new Web portals for:<br>➢ Providers<br>➢ Member<br>➢ Rebate labelers<br>➢ Business Relationship Management | Samples of these materials can be found in the Procurement Library. The Department expects the successful bidder to define new requirements as part of JAD sessions. |
| 49 | III-43 | F.3.5 Web Portal Operational Requirements | Please provide the percentage of providers that have a valid email address on file in eMedNY. | Information related to the validity of email addresses on file in eMedNY is not readily available. |
| 50 | III-45 | Section III<br>F.3.6.1 | RFP Text<br><br>1. Describe how they will:<br><br>a. support the receipt of, processing of and response to HIPAA and NYS proprietary transactions through all channels received.<br>Question<br>Please identify and supply volume information for NYS proprietary transactions covered in this requirement. | Please refer to the volumes in the Procurement Library. |
| 51 | III-45 | Section III<br><br>F.3.6.4 | RFP Text<br><br>1. Describe how they will:<br><br>a. receive, log, review for completeness, image and process | Ref-Amb 42,912<br>Clinic 4,216<br>Dental 1,563,615<br>Eye-Care 161,757 |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | paper claim transactions and claim attachments;<br><br>Question<br><br>The bidder's library indicates an annual paper claim volume of 6,637,781. Please provide a breakdown of that paper claim volume by claim type. | HHA 34,892<br>Inpatient 59<br>Childcare 2,032<br>Lab 124,148<br>MC-Cap 14,775<br>RHC 12,938<br>Pract 3,695,467<br>RX Pharm 65,131<br>Supply DMA 576,352<br>Transport 166,007<br>Underf Prof 170,933<br>Undef Inst 2,547<br>Total Paper 6,637,781<br><br>Please note this is current system and may not be a good estimation going forward. This is provided for information purposes only. |
| 52 | III-45 | F.3.6.3 Provider Enrollment Transaction Operational Proposal Requirements | The New York ESRA Guidelines state that e-signature solutions that meet business and legal needs are allowed. Please clarify if the State will accept e-signatures on provider enrollment agreements as part of the new web portal enrollment requirement for all provider types and specialties?<br>Is the State considering mandating EFT as part of enrollment and recertification process to reduce paper? | The Department anticipates the ability to accept e-signatures as part of the enrollment process.<br><br>The Department has not made a determination on mandating EFT. |
| 53 | III-46 | F.3.6.6.2 Service Authorization Transaction Operational Proposal Requirements | The Offeror must "Describe how they will enter, review, and make Prior Approval determinations as required by the Department…"<br>There is a total number of Prior Authorizations for the 12-month period in the Transaction Volume document found in the Bidder's Library. Please clarify how many of this total number are Prior Authorizations that are reviewed by the eMedNY | Please refer to the volumes contained on the monthly reports in the Procurement Library. |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | contractor. | |
| 54 | III-47 | F.3.6.8 Utilization Threshold Operational Proposal Requirements | Please identify the data elements that are used to track the Utilization Threshold. | Please refer to the TDD's located in the Procurement Library. |
| 55 | III-51 | F.3.7.2 Banking Services Operational Proposal Requirements 1.b. and 1.c. | Question 1.b. requires "a bank account for special payments. Reimbursement from this account shall be at the direction of the Department" and Q.1.c requires "Department-approved banking services for Depository and Disbursing Accounts."<br><br>Are three separate accounts required for banking processes, or can the disbursement account also be used as the account for special payments? | Three separate accounts are required. |
| 56 | III-52 | F.3.7.3 Prepare Provider EFT/Check Operational Proposal | How often are the payment cycles currently run?<br><br>Are mid-week cycles for specific financial processing, or are standard financial cycles run more than once a week? | Currently, payment cycles are run weekly. However, during the course of the contract this processing cycle may be subject to change. |
| 57 | III-52 | F.3.7.3 Prepare Provider EFT/Check Operational Proposal Requirements, 1.b. | The requirement is to support and monitor the release of certain provider checks or EFT transactions prior to the normal weekly release date.<br><br>How many and what is the timing (how many days prior to the release date? | This requirement is related to exceptional circumstances as determined solely by the Department and the number and timing are not standard. |
| 58 | III-52 | F.3.7.3 Prepare Provider EFT/Check Operational Proposal Requirements, | The requirement is to manually pull and void provider check(s) and associated remittance advice(s) after printing; Adjust (void) any claims associated with the payments (check or EFT) when the Department directs the voiding of a check/EFT.<br><br>What is the volume of these voids? | Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information. |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | 1.g. | | ID 9: Question 58. |
| 59 | III-52 | F.3.7.3 Prepare Provider EFT/Check Operational Proposal Requirements, 3.a. | Arrange for the special delivery of provider checks – are these done by mail services (Fed Ex, UPS), courier services, or another way? Please provide the method currently used to deliver those checks. | Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information.<br><br>ID 10: Question 59. |
| 60 | III-52 | F.3.7.3 Prepare Provider EFT/Check Operational Proposal Requirements, 3.b. | How much time does a provider have to pick up a check after it is printed?<br><br>What is the policy for holding checks and for destroying uncollected checks? | Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information.<br><br>ID 12: Question 60. |
| 61 | III-52 | F.3.7.3 Prepare Provider EFT/Check Operational Proposal | Please provide the monthly volume of provider checks picked up by location during the past 12 months. What is the requirement for the number of locations for provider check pick-up? | a. This information is provided in the addendum to the Procurement Library<br>b. The contractor is required to provide for check pick-up and claim drop-off at two (2) locations: New York City and the Albany-area facility |
| 62 | III-53 | F.3.7.4. Recoupment Funds, Lump Sum Payment & Cash Advance | Is the Lump Sum payment in this requirement referring to a cash advance to the provider or a lump sum refund payment coming into Medicaid? | Lump sum refers to payments to providers. |
| 63 | III-54 | F.3.8.4, i. & j. | TOPIC/ISSUE:<br><br>Outbound Printed Correspondence | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | RFP TEXT:<br><br>Production/Distribution Mail Publications Operational Proposal<br><br>Requirements<br><br>Offerors must meet the following proposal requirement:<br><br>Describe how they will:<br><br>i. Manage and maintain inventory control on all forms and attachments and report to the Department monthly; and,<br><br>j. Prepare, produce and distribute packets.<br><br>DISCUSSION:<br><br>The current fiscal agent currently supplies forms and maintains statistics on NY specific forms (i.e., claim forms such as NY CMS 1500, various Prior Approval forms, etc.); however does not provide any enrollment packets or any related attachments to the provider community.<br><br>QUESTION(S):<br><br>What forms and attachments are being referred to in letter i.? In the proposal, does "packets" refer to enrollment packets? If it is not enrollment packets then what packets are being referred to? | The requirement for inventory control relates only to NYS proprietary forms.<br><br>Currently, the packets refer to enrollment packets. However, during the design, development and implementation of the R-MMIS other packet requirements may be identified. |
| 64 | III-55 | M.2 Classifications of Staff | a). Would the State consider the PBM Medical Director as a shared (not 100% dedicated) position? Our experience in Medicaid PBMs has generally been that it is cost effective to | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | have the contract Medical Director position shared across multiple clients as long as SLA's are maintained and accessible when needed.<br><br>b). Would you please clarify if the State requires the Core staffing to be on site and available at contract inception or if the vendor may propose Core staff loading based on our experience?<br><br>c). Many of the PBM core positions are related to the Operational functions of the contract services. Would the State allow vendors to propose staffing of the Pharmacy core positions as needed a number of months ahead of Operation go live date subject to State approval of the vendor staffing plan? This will be more cost effective and bring on the necessary staff to participate in the DDI as needed.<br><br>d). Would the State consider the Rebate Attorney as a shared (not 100% dedicated) position. The rebate negotiation process where an Attorney is primarily needed would be limited to certain times during the contracting process. Allowing the vendor to share this | |
| 65 | III-56 | F.3.8.5 | TOPIC/ISSUE:<br><br>Ad-hoc Keying<br><br>RFP TEXT:<br><br>Data Entry Services Operational Proposal Requirements<br><br>Offerors must meet the following proposal requirement:<br><br>1. Describe how they will provide data entry services to the Department for all transactions and forms that require processing and cannot be accommodated using OCR services. | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | DISCUSSION:<br><br>AD-HOC Keying for DOH - OHIP is responsible for major operations of the Medicaid program, and interacts with other responsible agencies for whom the current fiscal agent processes Ad-hoc data conversion jobs which are reimbursed by OHIP based on negotiated rates per unit of work. These jobs are Temporary Medicaid Authorization (CS-19 or TMA) and HR Medical Assistance (PO5960), as well as ad-hoc jobs for Non-Medicaid services such as The Office of Children and family Services (CCQRC or Child Care Quarterly Case Record Form) and data entry Registry (SD17).<br><br>QUESTION(S):<br><br>Will there be a requirement to process ad-hoc jobs for Medicaid and Non-Medicaid Services? If so, will they be billed outside the contract as they are today or be combined with the new contract? If combined, how should bidders include the price for these services? | The R-MMIS contractor is required to process only the Medicaid related jobs. Pricing for this service is to be included in the fixed annual administrative fee. For any non-Medicaid related ad-hoc keying, the R-MMIS contractor may deal directly with those offices in need of such service. |
| 66 | III-56 | F.3.8.4, a. | TOPIC/ISSUE:<br><br>Outbound Printed Member Management Notifications<br><br>RFP TEXT:<br><br>Production/Distribution Mail Publications Operational Proposal<br><br>Requirements<br><br>Offerors must meet the following proposal requirement:<br><br>1. Describe how they will:<br><br>a. Prepare, produce and distribute publications | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | DISCUSSION:<br><br>The current fiscal agent does not print any "publications" (e.g., booklets, pamphlets, etc.)<br><br>QUESTION(S):<br><br>Please list the "publications" to which this is referring and provide an estimate of the annual volumes in terms of number of publications, number of pages, number of mailings, color, paper stock, etc. Please identify which publications can be distributed on-line, and will not require paper or mailing to produce and distribute. | The Department is open to a variety of solutions and the offeror should propose a solution that best meets the needs of the Department. It is anticipated that the specific requirements for publications will be identified during the design, development and implementation of the R-MMIS. |
| 67 | III-56 | F.3.8.6 | TOPIC/ISSUE:<br><br>Requirements Clarification for Imaging<br><br>RFP TEXT:<br><br>Image/OCR Services Operational Proposal Requirements<br><br>Offerors must meet the following proposal requirement:<br><br>1. Describe how they will provide imaging services for all customer service requests and transactions including but not limited to: forms, attachments, correspondence and other documents. Imaging services will include the electronic association of the document to the appropriate provider, member or transaction stored within the R-MMIS data stores.<br><br>DISCUSSION:<br><br>The proposal states "service requests and transactions including but not limited to forms, attachments, correspondence and other documents." Our concern is the statement of "other | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | documents."<br><br>QUESTION(S):<br><br>Please define "other documents"? | The Department is open to a variety of solutions and the offeror should propose a solution that best meets the needs of the Department. It is anticipated that the specific requirements for other documents will be identified during the design, development and implementation of the R-MMIS. |
| 68 | III-56 | F.3.8.6 Image/OCR Services Operational Proposal Requirements<br><br>Provider Management | TOPIC/ISSUE:<br><br>Imaging of enrollment files<br><br>RFP TEXT:<br><br>2. Describe how they will provide imaging services for all existing hard copy provider enrollment files within 24 months of the R-MMIS implementation including the electronic association of the documents to the appropriate provider.<br><br>DISCUSSION:<br><br>The RFP requirement to provide imaging services for all existing hard copy provider enrollment files within 24 months of the R-MMIS implementation will be a difficult task. To our knowledge, there is a very large repository of enrollment documents (as many as 300 file cabinets worth) that are not consistently filed or organized, and are not on common forms or even consistent paper sizes.<br><br>QUESTION(S):<br><br>In order to facilitate more accurate bidder price proposals, we request that the Department provide detailed statistics about the number of enrollment forms and other documents that need to be imaged as well as descriptions of common document types or forms included in these very large files. | The Procurement Library indicates 4.62 million paper |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | What is the volume and condition of the aged enrollment files? | provider enrollment documents require imaging. The estimated number of enrollment files to be imaged is 123,000. The enrollment files are currently subdivided in hard copy in two groups: Practitioner/Business providers and Rate-Based/Institutional providers. Within these two groups, the files are numeric by Medicaid Provider identification number (not NPI). The files are both single and double sided and the majority are 8 ½ " x 11" in size. Examples of other sizes are 11"x14", 8 ½" x 14", 9"x14", 11"x15" and 4"x5". The files contain enrollment applications, licenses, operating certificates and other commonly required federal and state documentation. |
| | | | Who is going to be responsible for the classification of these documents and the preparation of the pages, Fiscal Agent or DOH? | The contractor will be responsible for preparing the pages for imaging. The files represent Medicaid enrollment information from the late 1970's to 2005. |
| | | | As an alternative, would the Department consider removing this requirement? | The requirement is a business need and will not be removed. |
| 69 | III-56 | Section III<br>F.3.8.6 | RFP Text<br>Provider Management<br>1. Describe how they will image, edit, OCR and/or data enter, verify, index and route for processing enrollment applications, disenrollment requests; provider information maintenance requests, and supporting documents. | Please see addendum to the R-MMIS Procurement Library.<br>R-430-07136 Att1_Information.<br>ID 25: Question 69. |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | Question<br><br>Please provide a breakdown of volume by enrollment document type (e.g. applications, disenrollment requests) annually received via paper. | |
| 70 | III-57 | Section III<br><br>F.3.8.6 | Operations Management<br><br>1. Describe how they will:<br><br>c. Image, edit, OCR and/or data enter, verify, and index prior approvals and associated materials; and,<br><br>Question<br><br>Please provide a breakdown by service authorization type (prior approval, prior authorization, and service authorization) annually received via paper. | Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information.<br><br>ID 33: Question 70. |
| 71 | III-57 | Section III<br><br>F.3.8.6 | RFP Text<br><br>Operations Management<br><br>1. Describe how they will:<br><br>d. Image; edit, OCR and/or data enter, verify, and index paper Threshold Override Applications (TOAs) received.<br><br>Question<br><br>Please provide a breakdown by Threshold Override Application type annually received via paper. | Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information.<br><br>ID 34: Question 71. |
| 72 | III-57 | Section III<br><br>F.3.8.6 | RFP Text<br><br>Manage Drug Rebate<br><br>1. Describe how they will: | Currently, the Department receives 100 percent paper documents. However, during the last quarter (Q1-2010), the Department implemented procedures to accept ROSI documents electronically from the labelers. As a result of this effort, in the latest quarter the Department received approximately 40 percent of the total invoice in an Excel |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | a. Log, image, electronically associate, OCR and/or data enter and verify hard copy Resolution of State Invoice (ROSI) information and supporting documents received. Route transactions through the workflow management system based on Department business rules;<br><br>Question<br><br>Please provide a breakdown by Resolution of State Invoice document type annually received via paper. | format. It should be expected these and other improvements will be implemented. |
| 73 | III-57 | Section III<br><br>F.3.8.6 | RFP Text<br><br>Manage Drug Rebate<br><br>Log, image, electronically associate, OCR and/or data enter and verify hard copy Resolution of State Invoice (ROSI) information and supporting documents received. Route transactions through the workflow management system based on Department business rules;<br><br>Question<br><br>Is the ROSI information provided in a standard format? Please provide a copy (or example) of the ROSI format. | Please refer to http://www.cms.gov/MedicaidDrugRebateProgram/ |
| 74 | III-58 - 59 | Section III, F, 3.9.1, | RFP Text<br><br>The Offeror must:<br><br>1. Describe how they will:<br><br>a. provide expert testimony in support of the pursuit of indictments and convictions of providers for Medicaid fraud;<br><br>b. provide support to the Special Prosecutor and testify at grand juries or trials; and,<br><br>c. provide research and documentation to support administrative | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | hearings, appeals, and court cases. Participate in these activities upon request.<br><br>Question<br><br>What is the average number of requests per year for the fiscal intermediary to provide support, research, and expert testimony at administrative hearings, appeals, and court cases? | This information can be found in the monthly reports located in the Procurement Library. |
| 75 | III-58 | F.3.9 Expert and Consulting Services Operational Requirements | In terms of expert testimony, what is the level of support currently provided by the incumbent? How many incumbent full-time equivalents currently support requirements for legal research and expert testimony support? | The current level of support provided by the incumbent is not relevant to the R-MMIS procurement. The Department is open to a variety of solutions and the offeror should propose a solution that best meets the needs of the Department. |
| | | | Please provide how many instances of this type of support were needed in the past year for subpoenas, and for trials? | Please refer to the monthly reports located in the Procurement Library. |
| | | | Please provide how many audits were requested in past year? | Please refer to the monthly reports located in the Procurement Library. |
| | | | Please indicate the number of times assistance was required at more than one trial or grand jury in a day. | Please refer to the monthly reports located in the Procurement Library. |
| 76 | III-58 | F.3.9.1 Legal Research and Expert Testimony Support Operational Proposal Requirements | Please confirm who does this work today.<br><br>Please provide how many trials are attended yearly. | The current MMIS fiscal agent.<br><br>Volumes are available in the Provider Services and Provider Relations Reports contained in the Monthly Operations in the Documentation Library. |
| 77 | III-59 | F.3.9.3-2 | Section F.3.9.3-2 Pharmacy Benefit Management Support – General Operational Proposal Requirements, | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | Pharmacy Benefit Management Support – General Operational Proposal Requirements | Recommendations and evaluation of proposed benefit design – Are there any proposed program modifications planned by the Department that are unrelated to the Health Care Reform legislation but are within the statutory discretion of the Department? If so please describe such modifications. | This question is not relevant to the R-MMIS. The offeror should provide a proposal that best meets the Department's requirements. |
| 78 | III-60 | Section F.3.9.3-9 | RFP Text: Explain in detail how it will manage the regular review of the formulary to ensure its accuracy including, but not limited to the evaluation of the following parameters: drug-gender interaction; drug-age interaction; quantity or refill limitations.<br><br>Please define the term formulary and how it is different from the PDP? | Formulary is defined as a list of all drugs reimbursable by the Medicaid Pharmacy program, including but not limited to PDP drugs.<br><br>The current Medicaid Formulary file is available at:<br>http://www.emedny.org/info/formfile.html<br>The current Medicaid PDL is available at:<br>https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf |
| 79 | III-61 | Section F.3.6.9 | RFP Text: F.3.6.9 Designate Approved Service/Drug Formulary – Preferred Drug Program (PDP), Present reviews of all drug/classes and make recommendations for program controls and improvements to reflect updated clinical and financial information at least quarterly; . . . .<br><br>Please clarify that the words "all drug/classes" refers to the "selected drugs/classes" referenced in 2.a. As a Participating State in the National Medicaid Pooling Initiative (NMPI), New York leverages three-year guaranteed net price supplemental rebate contacts which provides for financial stability and future predictability. Currently New York receives a complete financial review of all PDP classes on an annual basis. In addition, a second full financial review of each drug class is received prior its scheduled annual P&T review. Because the net pricing of the supplemental rebate drugs does not change quarter to quarter, would the State consider revising this requirement to | The words "all drug/classes" in Section F.3.6.9 refers to all drugs/classes included in the PDP.<br><br>No, current processes may not be relevant to the R-MMIS as operational environments could be different. The original RFP language meets the needs of the Department. |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | reflect a financial review at least annually? | |
| 80 | III-62 | Section F.3.9.3 | RFP Text: Section F.3.9.3 Notify the Department of drugs that will result in a lower net cost to the program by enforcing mandatory generic substitution, and with Department approval, begin enforcement as soon as possible but no later than 14 calendar days after the first date of shipment provided that the network pharmacies are able to obtain the generic drug<br><br>Due to the number of independent and chain pharmacies in New York, is it sufficient to if the product is available at the wholesale level? We recommend that this requirement be modified to monitor at the wholesale level. | The original RFP language meets the needs of the Department. |
| 81 | III-62-63 | Section F.3.9.3 f<br>Section F.3.9.3 | RFP Text: Section F.3.9.3 f. Assist the Department in determining whether or not mandatory generic substitution should be enforced. The contractor must also survey retail pharmacies to identify the pharmacies that are unable to obtain the new generic drug within 21 days after the first date of shipment. The contractor must submit this information to the Department and provide any additional information as required by the Department to reach a determination.<br><br>RFP Text: Section F.3.9.3 Inform the Department as soon as possible but no later than 14 calendar days after the first date of shipment (from manufacturer to wholesaler or retailer) of the financial impact of enforcing mandatory generic substitution; . . .<br><br>Is the requested "first date of shipment" publicly available? Where is the information on what date a manufacturer ships product to wholesaler or retailer? It is our understanding that manufacturers may ship product in advance of the "launch date"?<br><br>Shipment could be less than 21 days from product launch. What New York requirement/law supports enforcement of pharmacies to comply with the survey requirement? How many | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | pharmacies make up an appropriate "survey"? Would the state consider revising this requirement such that the survey would apply to wholesalers that support pharmacies in New York State? | |
| 82 | III-64 | F.3.11 | TOPIC/ISSUE:<br><br>Hardcopy Retention<br><br>RFP TEXT:<br><br>Archiving Operational Requirements<br><br>Periodic archiving of information is essential to the functioning of the R-MMIS. The contractor must archive, maintain and store documentation in accordance with State and Federal retention requirements.<br><br>DISCUSSION:<br><br>The current fiscal agent has maintained paper claims for 3 years and paper checks since the inception of the Medicaid program in 1977. The volume of archived documents requires considerable secured storage space.<br><br>QUESTION(S):<br><br>Would the state consider reducing the paper claim retention from 3 years to 90 days?<br><br>What are the retention requirements for other program documentation, in particular the cancelled checks? | No, the original RFP language meets the needs of the Department.<br><br>Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information.<br><br>ID 31: Question 82. |
| 83 | III-64 | F.3.11.1 | TOPIC/ISSUE: | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | Hardcopy Retention<br><br>RFP TEXT:<br><br>Archiving Operational Proposal Requirements<br><br>Offerors must meet the following proposal requirements:<br><br>1. Describe how they will support and monitor the periodic archiving of selected information based on criteria and schedules specified by the Department; and,<br><br>2. Describe how they will support and maintain all hard-copy forms, attachments, and other documents in accordance with State retention requirements and dispose of in accordance with Department-approved procedures.<br><br>DISCUSSION:<br><br>The current fiscal agent archives hard copy claims, attachments, enrollment forms, prior approval forms and original checks as well as program related documentation. There is a considerable amount of hard copy storage (e.g., claims, checks, etc.) associated with the eMedNY contract.<br><br>QUESTION(S):<br><br>Will there be a requirement to continue to store the currently archived hard copy documentation for all forms currently archived?<br><br>Please provide detailed volumes of the materials to be archived, including paper documents and other media? | Yes.<br><br>Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information.<br><br>ID 1: Question 83. |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| 84 | III-64 | Section III<br><br>F.3.11 | RFP Text<br><br>Periodic archiving of information is essential to the functioning of the R-MMIS. The contractor must archive, maintain and store documentation in accordance with State and Federal retention requirements.<br><br>Question<br><br>What are the Department's specific retention time requirements regarding documents after scanned images have been verified? | Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information.<br><br>ID 32: Question 84. |
| 85 | III-64 | Section III R-MMIS SOW<br><br>F.3.3.1-1 | Topic/Issue:<br><br>The RFP is reflecting 24/7 call center support.<br><br>RFP Text:<br><br>Provide Call Center Services to providers, rebate labelers, and members 24 x 7<br><br>Discussion:<br><br>What services will be included outside of normal business hours. Today this support is only provided for Pharmacy. Is the Department requiring claims/billing services outside of normal business hours as well? This will affect staffing and the level of knowledge/skills required by staff to support these call types.<br><br>Question:<br><br>Please explain the required call center services during off hours and weekends. For example, will off hours (outside of 8:00 AM to 5:00 PM Monday through Friday) include support for claims processing and billing related calls? | All call center services as described in the RFP are required on a 24x7 basis. The Department is open to a variety of staffing solutions and the offeror should propose a solution that best meets the needs of the Department. |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| 86 | III-64 | Section III R-MMIS SOW<br><br>III.F.3.3.1<br><br>III.F.3.3.1-1 | Topic/Issue:<br><br>Call Center Services include "member" support.<br><br>RFP Text:<br><br>Provide Call Center Services to providers, rebate labelers, and members 24 x 7<br><br>Describe how they will:<br><br>Receive and respond to provider, rebate labeler and member inquiries from providers, rebate labeler, members, stakeholders or business associate.<br><br>Discussion:<br><br>The primary function of the eMedNY call center supports "providers". If member support is required, we will need to determine the level of services required to understand appropriate staffing levels in order to meet contractual service level obligations. Member support will have a significant impact on staffing levels/costs.<br><br>Question:<br><br>Please explain the type of members that will be supported, the various call categories/subjects associated with this population, as well as the anticipated call volumes. | Current call center support is not relevant to the R-MMIS call center functions. The member population is all MA members with questions ranging from eligibility status to payment for specific services. At this time the Department does not have anticipated call volume information. |
| 87 | III-64 | Section III G<br><br>Turnover Phase Requirements | RFP Text<br><br>Turnover Phase Requirements<br><br>Question | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | Would the State please place a copy of the current contractor's Turnover Plan in the procurement library? | The turnover plan will not be provided at this time. |
| 88 | III-66 | Section III R-MMIS SOW<br><br>H.1 Overview<br><br>Page III-66 | Topic/Issue:<br><br>COTS<br><br>RFP Text:<br><br>The Department requires the contractor to integrate "Best of Breed" COTS products into its solution to meet the needs of the business functions. For purposes of t his RFP, COTS solutions are those products that can be licensed and utilized by multiple industries, are commercially available from a third party, and provide a common solution throughout the application.<br><br>Discussion:<br><br>Traditionally Open Source products qualify as a "COTS product"<br><br>Question:<br><br>This paragraph states "For purposes of this RFP, COTS solutions are those products that can be licensed and utilized by multiple industries, are commercially available from a third party, and provide a common solution throughout the application."<br><br>Please confirm that an "Open Source" product would qualify as a COTS product for use in the R-MMIS. | No. |
| 89 | III-66 | H.2 Environment Description | RFP Text<br><br>During the R-MMIS Project Planning and Implementation Phases, the contractor must establish several environments within its technical architecture that will be supported and maintained throughout the life of the contract. An environment is | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | defined as the infrastructure needed to support a functional requirement, such as development, training, etc. Individual components (e.g., servers and storage arrays) can be used in more than one environment<br><br>Question<br><br>Section H.2 of the RFP indicates individual components (e.g. servers and storage arrays) of the environments can be shared by more than one environment.<br><br>In attachment J – tab H (Tech Systems Arch), the Test (TSA-26), UAT (TSA-31), ITF (TSA-51), and Cert (TSA-52) environments indicate they each need to mirror the Production environment. Are these environments excluded from the statement in RFP section H.2 regarding sharing components meaning there are basically six environments that need to mirror production (Test, UAT, Failover, DR, ITF, and Cert) or can these 6 environments also share components?<br><br>Does the vendor have freedom to propose an architecture to support the multiple environments? Having a clear understanding of the Department's expectation of the environments is critical to ensuring all vendors understand the scope of the environment requirements.<br><br>We would appreciate clarity on the term "mirror," regarding the six environments that need to mirror production. Is the State's intent to "mirror" only Database/data or Database/data and capacity/configuration of servers (CPU, Memory and Disk Space)? | The Department is looking to have the offeror configure the most state-of –the-art architecture possible. The freedom as to how this will be done is left entirely with the offeror. Components and data can be shared among environments as long as the requirements and SLAs within the RFP are met. Environments must be able to input test data from any channel type used in the proposed R-MMIS. The Test environment must be able to be configured to reproduce the production environment in both database/data and capacity/configuration when the need arises to do performance or regression testing.<br><br>Yes.<br><br>Mirror means that the environment must be running the same hardware and software release levels and be able to access (when needed) ample servers, memory, disk and copy of production data which is of sufficient volume to perform the functions of that environment (e. g. stress, performance and/or regression testing). |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| 90 | III-66 | Section III R-MMIS SOW<br><br>H.2 Environment Description<br><br>Page III–66 | Topic/Issue:<br><br>UAT sized same as Production<br><br>RFP Text:<br><br>User Acceptance Testing (UAT) Environment: used by the Department to test the applications and data provided within the R-MMIS. This environment must be "sized the same as production" and be capable of performing complete end-to-en d testing;<br><br>Discussion:<br><br>N/A<br><br>Question:<br><br>Does "sized the same as production" capacity mean all rows of all tables? | The environment must be able to access a copy of production data which is of sufficient volume to perform the functions of the environment. |
| 91 | III-66 | Section III R-MMIS SOW<br><br>H.2 Environment Description<br><br>Page III–66 | Topic/Issue:<br><br>ITF sized same as Production<br><br>RFP Text:<br><br>Integrated Test Facility Environment (ITF): used by Department staff to test all components of the system. Must be a "replica of the current production system" and contain a "copy of production data" as directed by the Department;<br><br>Discussion:<br><br>N/A | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | Question:<br><br>Does "replica of the current production system" mean all servers and components and equivalent capacity?<br><br>Does "copy of production data" mean all rows of all tables? | If needed, depending on the configuration proposed.<br><br>The environment must be able to access a copy of production data which is of sufficient volume to perform the functions of the environment. |
| 92 | III-68 | Section III R-MMIS SOW<br><br>H3.3 Network Architecture<br><br>Page III-68 | Topic/Issue:<br><br>LAN and WAN encryption requirements<br><br>RFP Text:<br><br>"The contractor must ensure that the network meets the minimum security requirements for a Level 3 cryptographic module as defined in Section 5131 of the Information Technology Reform Act of 1996 and further defined FIPS publication 140-2 issued May 25, 2001."<br><br>Discussion:<br><br>N/A<br><br>Question:<br><br>Is the Offeror required to have the Local Area Network (LAN) and the Wide Area Network (WAN) both meet the requirements and encryption of FIPS 140-2? | Yes. |
| 93 | III-72 | Section III R-MMIS SOW<br><br>H.6 Business Rules Engine | Topic/Issue:<br><br>Business Rules Engine will allow the Department to apply new business rules immediately without developer intervention | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | Page III-72 | RFP Text:<br><br>"Changes to the business rules enforced through the Business Rules Engine must be able to be applied to the R-MMIS immediately…"<br><br>Discussion:<br><br>What if the application of a new rule "breaks" current logic? This statement implies that SIT will not be required and that the Department takes full responsibility for the systems response to the implementation of the new rule.<br><br>Question(s):<br><br>Will the Department exonerate the contractor from all responsibilities and potential SLA impacts of a rule change or addition that the Department unilaterally promotes to the system? | No. Rule changes will be fully tested prior to implementation consistent with the contractor's proposed SDLC methodology. |
| 94 | III-73 | H.7 Document Management | Please provide the last 12 months of volumes of documents, forms, and publications that are printed, by document type. | Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information.<br><br>ID 23: Question 94. |
| 95 | III-73-74 | H.7 DOCUMENT MANAGEMENT | TOPIC/ISSUE:<br><br>Retention of correspondence<br><br>RFP TEXT:<br><br>All written and official electronic correspondence between the Department and the contractor must be in a format prescribed by the Department and logged, archived and maintained by the contractor for seven (7) years beyond the term of the contract. | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | The contractor must provide the Department with electronic access to this correspondence, including access to images of all written correspondence.<br><br>DISCUSSION:<br><br>The requirement to keep these files and documents, and to provide access to them, effectively extends a portion of the 8 year contract to be 15 years, along with the associated cost.<br><br>QUESTION(S):<br><br>Would the Department allow bidders to provide electronic versions of these documents to the Department as a final deliverable in the Turnover Phase, rather than having the contractor actively maintain these historical records? | These requirements will be defined in the Department approved Turnover Plan. |
| 96 | III-77 | H.11 Automated Letter Generation | Please provide the following volumes regarding the number of letters sent in a year:<br>• Peak Daily Output<br><br>• Number of agents submitting daily letter requests | Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information.<br><br>ID 19: Question 96.<br><br>Information on the number of agents submitting daily letter requests is not available. |
| 97 | III-77 | H.11 Automated Letter Generation | Please confirm that all bidders should use the following number of letter template types in developing their solutions:<br>1. Claims 1<br>2. Client 2<br>3. eCommerce 1<br>4. Financial 4<br>5. Mar 0 | This information reflects the current eMedNY system. The offeror should propose a solution that best meets the needs of the Department. |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | 6. PA 60<br>7. Provider 25<br>8. Reference 1<br>9. SUR 2<br>10. TPL 2 | |
| 98 | III-77 | Section III<br>H.10.1 | RFP Text<br><br>5. Describe in detail the conversion strategy that will be used to convert historical eMedNY reports from the eMedNY report repository into the proposed document repository.<br><br>Question<br><br>Please confirm these are existing electronic copies of reports stored in the current imaging system that need to be converted. Please provide details on the number of reports (files) that need to be converted, an example of their index structure reports, and the approximate total image storage space required. If the scope of the requirement isn't to convert existing electronic report files, please clarify the requirement. | Yes, these reports are in electronic format.<br><br>The reports can be found in the Procurement Library. |
| 99 | III-77 | Section III<br>H.10.1 | RFP Text<br><br>5. Describe in detail the conversion strategy that will be used to convert historical eMedNY reports from the eMedNY report repository into the proposed document repository.<br><br>Question<br><br>Please provide details on the other types of electronic image files that need to be converted. Please provide details on the number of electronic files that need to be converted, an example of their index structure, and the approximate total image storage space required. | Based in the RFP citation, the question is not clear. |
| 100 | III-79 | H.14 DATA | TOPIC/ISSUE: | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | DELIVERY MANAGE-MENT | Penalty for failure to accept or provide data files<br><br>RFP TEXT:<br><br>eMedNY distributes data to a variety of internal and external entities. In some cases, the MMIS "pushes" data to other entities, including the eMedNY Data Warehouse. The eMedNY Data Warehouse "push" is currently done on a weekly basis. The Department is requiring that the R-MMIS push data to the MDW, at a minimum, once a day. In other cases, subscribers "pull" data from the current MMIS. The Procurement Library includes a listing of data feeds to be created and supported in the proposed solution, as described in the data delivery section.<br><br>DISCUSSION:<br><br>In the R-MMIS SLA's, the penalty for failure to provide files is $100,000 per file per day, a penalty that would have very significant financial impact, as much as several million dollars per day, given the fact that these file exchanges amount to several hundred files each day.<br><br>QUESTION(S):<br><br>It is requested that the Department consider adjusting this penalty to an amount that more closely aligns with the value of lost deliverables. | The original RFP language meets the needs of the Department. |
| 101 | III-79 | Section III R-MMIS SOW<br><br>H.14 Data Delivery Management<br><br>Page III-79 | Topic/Issue:<br><br>SLA issues and definition of the sending of files to the MDW.<br><br>RFP Text:<br><br>"The Department is requiring that the R-MMIS push data to the MDW." | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | Discussion:<br><br>What if the contractor is "ready to push" files but for some reason the MDW is not prepared to receive them? Please note that these "pushes" would likely be carefully scheduled in the daily production work flow, and if the MDW contractor is not prepared to receive them, there could be serious impacts to both the R-MMIS and the MDW production systems.<br><br>Question(s):<br><br>Please confirm relief from liability if the R-MMIS contractor is "ready to push" files but for some reason the MDW is not prepared to receive them. | The SLA would be satisfied if the R-MMIS contractor is prepared to push the required files. |
| 102 | III-80 | Section III R-MMIS SOW<br><br>H.15 Metadata Management and Delivery<br><br>Page III-80 | Topic/Issue:<br><br>Metadata repository<br><br>RFP Text:<br><br>"The enterprise MME repository and application will be built and maintained by the MDW contractor. The R-MMIS contractor must collect, extract, and distribute the required metadata content to the enterprise MME in a timely fashion, with refresh frequencies defined during requirements gathering sessions."<br><br>Discussion:<br><br>N/A<br><br>Question:<br><br>Is the MDW contractor required to provide all R-MMIS designers and developers access to this enterprise MME repository or does the offeror need to create its own repository for internal use and then feed the MDW contractor the required metadata | The MDW contractor is not currently required to provide access to R-MMIS contractor staff. The offeror should provide a proposal that best meets the Department's requirements. |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | content? | |
| 103 | III-82 | Section III R-MMIS SOW<br><br>H.17 Data Model<br><br>Page III-82 | Topic/Issue:<br><br>COTS data modeling product – Department access<br><br>RFP Text:<br><br>"The Department is requiring the contractor to use a data modeling COTS product and provide Department and Department contractor staff access to the tool and data models".<br><br>On the same page, item H.17.1.5 states: "Describe the mechanism that will be used to provide state staff access to the most current copy of the R-MMIS data models."<br><br>Discussion:<br><br>N/A<br><br>Question:<br><br>Since access to the contractor tool would incur per/seat costs, would a published data model in HTML suffice for Department access or does the contractor really need to provide the Department with a data modeling tool to look at the models?<br><br>If access to the data modeling tool is required, how many seats will the Department require? | The requirement for access to the modeling tool was intended to provide the Department with the ability to easily examine all aspects of the data models. Based on past experience, complex data models published in either HTML or rtf are not easily reviewed or analyzed.<br><br>It is anticipated that thirty (30) seats would be sufficient to meet the Department's requirements. |
| 104 | III-83 | I. Security, Privacy and Confidentiality | The RFP states: "State or Federal officials, or representatives of these parties as authorized by State or Federal law or regulations, will have access to all confidential information in accordance with the requirements of State and Federal laws and regulations. The Department will have absolute authority to | Please see addendum to the R-MMIS Procurement Library. |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | Requirements<br>*I. 1 Overview* | determine if, and when, any other party is allowed to access R-MMIS information."<br>We did not see any data describing the number of users who require access from outside the eMedNY domain to the eMedNY system in the Bidder's library. Please provide the peak number of State, Agency, Stakeholder, and Federal (all external users) during the past 12 months that used any aspect of the eMedNY system.<br>Please provide the average number of external concurrent users during the past 12 months so offerors can size the security solution. | R-430-07136 Att1_Information.<br><br>ID 37 & 38: Question 104. |
| 105 | III-83 | I. Security, Privacy and Confidentiality Requirements<br>*I. 1 Overview* | The RFP states: "State or Federal officials, or representatives of these parties as authorized by State or Federal law or regulations, will have access to all confidential information in accordance with the requirements of State and Federal laws and regulations. The Department will have absolute authority to determine if, and when, any other party is allowed to access R-MMIS information."<br>We did not see any data describing the number of users who require access from within the eMedNY domain to the eMedNY system in the Bidder's library. Please provide the number of Provider, Member, and Labeler users (non-R-MMIS users) who may be accessing their respective portals.<br>Please provide the average number of concurrent users so vendors can size the security solution? | Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information.<br><br>ID 39: Question 105. |
| 106 | III-83 | I. Security, Privacy and Confidentiality Requirements<br>*I. 1 Overview* | The RFP states: "5. New York State Information Technology Policies …"<br>We did not see any information describing the "as is" Directory Services infrastructure for eMedNY that relates to the State standard "NYS Directory Services – Directory Account Management – NYS – P03-001" in the Bidder's library.<br>If required as part of the R-MMIS, please describe the user directory infrastructure and anticipated interfaces. | OFT policies can be found at: http://www.cio.ny.gov/Policy/NYSTechPolicyP03-001.pdf<br>The "as is" Directory Services infrastructure for eMedNY is not germane to the R-MMIS.<br><br>The Department is relying upon the experience and expertise of the offeror to propose an adequate Directory Services infrastructure to meet the needs of the proposed R-MMIS. |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| 107 | III-83 | I. Security, Privacy and Confidentiality Requirements<br><br>*I. 1 Overview* | The RFP states: "5. New York State Information Technology Policies, Standards and Guidelines G07-001," Identity and Access Management: Trust Model; "<br><br>We did not see any information describing the "as is" Identity and Access Management Trust Model or infrastructure for eMedNY that relates to "NYS – Identity and Access Management – NYS – G07-001" in the Bidder's library.<br><br>Please describe the user Identity and Access Management (Trust) Model, infrastructure and anticipated interfaces. If not included in the Trust Model used for eMedNY, please include the process required to identify and manage internal and external users and systems (such as using letters with pins to Providers and/or the processes used for registration, issuance, authentication, management, auditing, for users and systems Identity and Access Management). | OFT policies can be found at: http://www.cio.ny.gov/Policy/G07-001/G07-001.pdf .The "as is" Identity and Access Management Trust Model or infrastructure for eMedNY is not germane to the R-MMIS.<br><br>The Department is relying upon the experience and expertise of the offeror to propose an adequate Identity and Access Management Trust Model or infrastructure to meet the needs of the proposed R-MMIS. |
| 108 | III-84 | Section III R-MMIS SOW<br><br>I.2.1 HIPAA Security and Privacy<br><br>Page III-84 | Topic/Issue:<br><br>Use of Live Data for Production Testing<br><br>RFP Text:<br><br>The contractor must employ systems, procedures and practices that protect the confidentiality of member information….<br><br>Discussion:<br><br>Scrubbed data reduces the assurance of adequate testing.<br><br>Question:<br><br>Is the contractor required to scrub data in development and testing environments? | No. The offeror should provide a proposal that best meets the Department's requirements |
| 109 | III-84 | Section III R-MMIS SOW<br><br>I.2.1 HIPAA Security and | Per I.2.1 requirement. The contractor must comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Privacy Act of 1974 and the American Recovery and Re investment Act of 2009 (ARRA).<br>The contractor must employ systems, procedures and practices | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | Privacy<br><br>Page III-84 | that protect the confidentiality of member information. This requirement is not only applicable to the contractor and the contractor's employees, but to subcontractors and service vendors. The contractor must ensure that all employees are aware of the provisions of the Privacy Act of 1974 and the HIPAA Privacy standards and the consequences for violation of those provisions.<br>Based on this requirement, does the State expect IT security and privacy technical controls for HIPAA automated risk assessment to deliver real-time and on-demand reports? If so, should this technical control have the ability to link HIPAA policies for administrative, physical and technical safeguards to control statements with the intelligence to assess MMIS assets and ensure required HIPAA standards are addressed? | The offeror should propose a solution that best meets the needs of the Department in accordance with the RFP requirements and HIPAA security standards. |
| 110 | III-84 | I.2.2 Data Security | Per I.2.2 requirement. The confidential nature of medical data requires that stakeholder access to detail service data must be validated before use. The Department requires that the security of data access be restricted to specified stakeholders. The Department shall determine which stakeholders should have access, and how much data shall be made available to each type of stakeholder<br><br>Does the State expect preventative controls such as Data Loss Prevention to address privacy violations for data at-rest, data in-use, and data in-motion to indentify where PHI data resides resulting from data spillage and further preventing PHI data from leaving the trusted network and\or being copied to removal devices? | The offeror should propose a solution that best meets the needs of the Department in accordance with the RFP requirements and HIPAA security standards. |
| 111 | III-84 | I.2.3 Network Security<br><br>D.4.8 Security, | The RFP states: "The Department is requiring the contractor to install, operate and support a network that meets the security requirements for a Level 3 cryptographic module as defined in Section 5131 of the Information Technology Reform Act of 1996, and further defined FIPS publication 140-2 issued May 25, 2001."<br>The RFP also states: "In this section the offeror must provide a | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | IV-14 | Privacy and Confidentiality | detailed description of the proposed approach to security, privacy and confidentiality. A detailed discussion of how the offeror will achieve Level 3 security must be included. Additionally, all proposal requirements outlined in Section III.I of the RFP and proposal requirements in Tab I of Attachment P must be addressed. This section of the proposal must have the following subsections.<br>• D.4.8.1 HIPAA Security<br>• D.4.8.2 HIPAA Privacy<br>• D.4.8.3 Data Security<br>• D.4.8.4 Network Security<br>• D.4.8.5 Application Security<br>• D.4.8.6 Physical Security<br>• D.4.8.7 Role Based Security"<br>Does the State's requirement for stringent FIPS 140-2 Level 3 compliance pertain specifically to Network Security as shown in section I.2.3 Network Security, or is Level 3 required for other portions of the solution as could be implied in D.4.8?<br>After review of State standards and D.4.8, not all vendors may interpret FIPS 140-2 compliance the same way. Please describe what levels of FIPS 140-2 are required for D.4.8.1 through D.4.8.7 and for operational equipment and software outside of the formal data centers environment. There may be some virtual environments that would be prohibited by the implementation of Level 3 compliance. | The offeror should propose a solution that best meets the needs of the Department in accordance with the RFP requirements and HIPAA security standards. |
| 112 | III-84<br><br>IV-14 | I.2.3 Network Security<br><br>D.4.8 Security, Privacy and Confidentiality | Per requirement, the R-MMIS must be compliant with:<br>The Certification Commission for Health Care Information Technology Security Criteria for 2007 Certification of Inpatient Electronic Health Records (EHRs); and,<br>FIPS publication 140-2 issued May 25, 200<br><br>Are PACS images (radiology, MRI, etc) included in the RFP's definition of Inpatient health information?<br><br>If so, will the PACS images with electronic health records | Yes, PACS images (radiology, MRI, etc) are included in the RFP's definition of Inpatient health information.<br><br>Yes, PACS images with electronic health records require |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | require encryption of PACS images? | encryption of PACS images. |
| 113 | III-85 | I.2.4 Application Security | The RFP states: "The contractor's security model must address areas within application security such as system configuration management, application change management, the physical separation of environments, user ID and passwords, and database security. Applications must not be accessible to any stakeholder unless that stakeholder has the proper role based security code (s)."<br>Other than the R-MMIS and its component applications, are there requirements to integrate any existing state or other known applications through the required single sign-on? If so, please describe the number applications and the communications method for each. | The requirement pertains to only the R-MMIS and its component applications. |
| 114 | III-85 | I.2.4 Application Security | Per I.2.4 requirement. The contractor's security model must address areas within application security such as system configuration management, application change management, the physical separation of environments,<br><br>user ID and passwords, and database security. Applications must not be accessible to any stakeholder unless that stakeholder has the proper role based security code (s)<br><br>Does the State expect preventative controls such as vulnerability management assessment tools to ensure all exploitable vulnerabilities are indentified to maintain confidentially and integrity of MMIS applications and databases?<br><br>Also, are two-factor authentication (something you know and something have), controls required to validate a subjects access to objects? | The offeror should propose a solution that best meets the needs of the Department in accordance with the RFP requirements and HIPAA security standards. |
| 115 | III-85 | I.3 Proposal Requirements | The RFP states: "1. Describe how the Security, Privacy and Confidentiality requirements listed in this RFP will be implemented, addressing at a minimum but not limited to:<br>a. HIPAA Security; | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | ME-02 | Care Management Business Area Managed Care Enrollment (ME) Checklist | b. HIPAA Privacy;"<br>The RFP states: "ME4: Maintain the privacy and security of enrollment information in transit and at rest"<br>The state requires compliance with HIPAA and implies in ME4 that for data-center equipment, data-at-rest encryption may be required by the State.<br>Please verify if data-at-rest encryption is required or if compensating controls meet the requirement. Additionally, please provide the "as-is" documentation with data volumes during the last 12 months. | Encryption is required throughout the R-MMIS.<br><br>Based on the question the Department is unclear what data volumes are being requested. |
| 116 | III-88 | J.1.2 Member Management<br>Attachment J Tab R-MMIS Functional Reqs FPH1-3 | The R-MMIS RFP does not reference the WMS Interim Recipient Eligibility File (IREF).<br>Is the IREF still being produced and does the State expect the R-MMIS contractor to use the IREF to update the Member data registry? | No |
| 117 | III-91 | Member Information Management Benefit Cards | The RFP does not reference when or how a card gets created. Is the R-MMIS expected to generate the request for a new card for a member when a new member is added or when a current member requests a new or replacement card?<br><br>Who produces the cards today?<br><br>Is the R-MMIS vendor expected to perform this function? | Card production is a function of another State agency. The Card production is not the responsibility of the R-MMIS contractor. |
| 118 | III-91 | Member Information Management | Currently, how many CBIC cards are produced annually? | This is not relevant to this procurement. |
| 119 | III-91 | Member Information Management Benefit Cards | Will the current card continue to be used or will there be a mass issuance of new cards?<br><br>Do all members get cards or only certain members? If only | The current card will continue to be used.<br><br>Only certain members get cards. The breakdown is not relevant to this procurement. |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | certain members, please specify. | |
| 120 | III-91 | Member Information Management Benefit Cards | If another vendor will be producing the cards, please advise us on how that information will be supplied to R-MMIS. | The relevant information is provided via interface from the WMS. |
| 121 | III-91 | J.1.2.1 Member Information Management, CBIC subsection | Currently, how many Common Benefit Identification Cards are produced annually? | This is not relevant to this procurement. |
| 122 | III-91-III-92 | J.1.2.1.1 Managed Member Information | The first requirement in the "Managed Care Proposal Requirements" subsection of "Manage Member Information" states: "1. Describe how the R-MMIS will accept and process files received from WMS with Managed Care Enrollment information and apply to the Member registry."<br>Does the R-MMIS need to accept Managed Care assignments/enrollments without any further verification of validity or do we need to reject and send errors back to WMS?<br>Please confirm that the assignments/enrollments will be received into the R-MMIS using the HIPAA 834 format. | Please refer to the Client TDD in the Procurement Library.<br>Confirmed. |
| 123 | III-92 | Manage Member Information | Please identify the number of members who are enrolled in the following:<br>• Buy-In<br>• Medicare C<br>• Medicare D | -Buy-In 555,784<br>-Medicare C 180,855<br>-Medicare D 632,732<br>These represent current numbers and may be subject to change. |
| 124 | III-95 – III-96 | J.1.3.1 Provider Enrollment | • Please provide the list of New York enrolled providers that are enrolled in Medicaid that do not qualify for a National Provider Identifier (NPI).<br>• Please provide the re-enrollment/recertifying criterion by | Providers that do not qualify for a National Provider Identifier (NPI) and can be enrolled in NYS Medicaid include: |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | PT/SP.<br>• Please clarify if all providers need to re-enroll in a specified timeframe for example: every one or two years or the timeframe may vary based on PT/SP.<br>• What is the re-enrollment criterion for waiver/atypical providers?<br>• Please clarify if any providers are excluded from the re-enroll/recertify process. | * Waiver services<br>* Managed Care plans<br>* Personal Care Service providers<br>* Personal Emergency Response services<br>* Office of Mental Health Rehabilitative services<br>* Eyeglass Materials (Upstate)<br>* Non-Emergency Transportation:Taxi/Livery, Ambulette, Day Treatment Transportation<br>* Some Case Management services<br>At this time a re-credentialing timeframe has not been established. At this time a re-credentialing timeframe has not been established for waiver/atypical providers.<br>The question on PT/SP could not be answered because the term PT/SP was not defined by the questioner. |
| 125 | III-96 | J.1.3.1 Enroll Provider Single Provider Registry subsection | Please clarify how HIPP payees are identified and what data is available to facilitate the conversion. | All HIPP payees are identified with a unique Category of Service (COE) code 555# where the # has a value of 1-5. Data will consist of the usual demographics, e.g., name, street, P.O. box, city, state, zip code, SSN or FEIN, plus system-generated elements including payee ID number, status (active, Inactive) and add date (date the payee record was created). Phone number, fax, c/o address, and email address will be optional. |
| 126 | III-98 | J.1.3.1.2 Disenroll Provider | Please provide the number of active providers by provider type (PT) and specialty (SP) enrolled in the NY Medicaid programs.<br>Please provide the number of enrollment applications processed by PT/SP per month for the last 12 months.<br>Please provide the number of reenrollment/recertification processed by PT/SP per month for the last 12 months. | Please see addendum to the R-MMIS Procurement Library.<br>R-430-07137 Att1_Information_2.<br>ID 49-52: Question 126. |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | Please provide the number of dis-enrollments processed by PT/SP per month for the last 12 months. | |
| 127 | III-104 | J.1.4.1.1 Prior Approvals | Please provide the Pharmacy PA volumes by category and approval or denial codes. | Current volume may not be relevant to the R-MMIS as operational environments could be different. There are currently no denials in the Medicaid Pharmacy program. Also, issuance of a prior authorization does not always equate to a paid claim.<br><br>Pharmacy prior authorizations issued by category from 8/1/2009 through 7/31/2010 are as follows:<br><br>PDP: approximately 394,000<br><br>CDRP: approximately 35,000<br><br>Mandatory Generic: approximately 50,000 |
| 128 | III-104 | J.1.4.1.1 Prior Approvals | Please provide the number of proprietary interfaces used for Prior Authorizations.<br>Also, please provide additional information regarding the source, frequency, and content of these proprietary files. | Proprietary interfaces are supported for communications between eMedNY and the Prior Authorization IVRs (DiRAD), the PDP Contractor (Magellan), and Local Districts such as the City of New York's HRA (Human Resources Administration). eMedNY accepts and processes proprietary submissions at any time. Layouts for each are included in the PA and eCommerce TDDs in the Procurement Library.<br><br>Except for communications with Local Districts, it is expected the need for these interfaces will be eliminated under the new R-MMIS. |
| 129 | III-104 | J.1.4.1.1 Prior Approvals | Please confirm that, other than for pharmacy, the Department is not requesting that the contractor conducts clinical reviews of services subject to prior approval. | Correct. However the contractor will be responsible for clinical review of Threshold Override Applications for pharmacy, medical offices and clinics, mental health clinics, dental clinics and laboratories (F.3.6.8 (c)) |
| 130 | III-105 | J.1.4.1.1 Prior Approval | Please provide the number of proprietary interfaces used for Prior Authorizations. Please provide additional information regarding the source, frequency, and content of these | Proprietary interfaces are supported for communications between eMedNY and the Prior Authorization IVRs (DiRAD), the PDP Contractor (Magellan), and Local Districts such as |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | proprietary files. | the City of New York's HRA (Human Resources Administration). eMedNY accepts and processes proprietary submissions at any time. Layouts for each are included in the PA and eCommerce TDDs in the Procurement Library.<br><br>Except for communications with Local Districts, it is expected the need for these interfaces will be eliminated under the new R-MMIS. |
| 131 | III-105 | J.1.4.1.1 Prior Approval | Please confirm our understanding that, other than for pharmacy, the State does not require the vendor to conduct clinical reviews of services subject to prior approval. | Correct. However the contractor will be responsible for clinical review of Threshold Override Applications for pharmacy, medical offices and clinics, mental health clinics, dental clinics and laboratories (F.3.6.8 (c)) |
| 132 | III-105 | J.1.4.1.1 Prior Approvals, Pharmacy | What is the automated PA solution in place today for pharmacy and how many PAs are approved using this method? | The requested information is not available. An automated PA solution is not currently in place for pharmacy. |
| 133 | III-106 | J.1.4.1.1 Prior Approvals<br>Prior Approvals – Electronic Proposal Requirements subsection | Question 1 tells offerors to "Describe how the R-MMIS will support a process allowing Local Department of Social Services (LDSS) and other authorized entities to submit prior approval requests."<br>Who is responsible for maintaining the Local Department of Social Services (LDSS) claims submission software? | There is no claims submission software specifically targeted to the LDSS.<br><br>An LDSS may choose to submit electronic PA requests using standardized or proprietary transactions in addition to those channels outlined in the RFP. Software or contract services to perform those submissions are the responsibility of the LDSS. |
| 134 | III-106 | J.4.1.1 | TOPIC/ISSUE:<br><br>Imaging of X-Rays<br><br>RFP TEXT:<br><br>Prior Approvals – Supporting Materials Proposal Requirements<br><br>1. Describe how the R-MMIS will electronically associate prior approvals and all supporting materials. In particular, describe how supporting materials received prior to or after the original | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | application will be associated; and,<br><br>2. Describe how the R-MMIS will convert x-rays and other radiological films to digital images of a quality usable by the Department for medical review.<br><br>DISCUSSION:<br><br>This is a new requirement for the R-MISS project. Imaging of x-rays and radiological films will require additional headcount, equipment and software.<br><br>QUESTION(S):<br><br>What is the maximum and minimum physical size of these items? What are the projected volumes? Also, please define: "quality usable by the Department for medical review."<br><br>Will there be a requirement to accept electronic images of x-rays from submitters? If so, what image file formats are required to be accepted by the contractor? | Radiographic films typically are received in size from 1"x2" to 8 ½ "x11".<br><br>DOH estimates 15,000 total films are submitted each month with 90% received in hard copy and 10% in a digital format.<br><br>The scan resolution must be sufficient in quality to meet standards for professional clinical review. This means that the image would be usable to diagnose or confirm a diagnosis.<br><br>Electronic or digital images must be accepted. eMedNY was very recently amended to include this facility. File formats must include, but are not limited to .PNG, .GIF, .JPG (aka .JPEG), and .TIFF (aka .TIF). |
| 135 | III-108 | J.1.4.1.3 Service Authorization | • Please confirm that OMIG supplies the POS devices today, and will continue to provide them for the R-MMIS.<br>• How many devices are in the field today?<br>• Is there software that the vendor would need to push to the devices regularly? | POS devices are provided by OMIG to mandated swipers through contracts with the current fiscal agent. The OMIG will pursue the necessary contracts to continue to supply devices for providers they so designate.<br><br>POS devices used by providers not designated as mandatory |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | | swipers by the OMIG are currently purchased by the individual providers from the Fiscal Agent, or were previously provided by the Department.<br><br>There are approximately 12,000 POS devices.<br><br>Custom software provided by the fiscal agent is installed on each device. Modifications to that software are occasionally required to respond to new DOH policy and operational initiatives and must be pushed by the vendor to providers as a part of the modification project. Although no regular update is defined, the vendor will also need to be able to give providers the ability to refresh POS device software on demand in case of individual POS failure or corruption. |
| 136 | III-108 | Section III<br>J.1.4.1.3 | RFP Text<br><br>Service Authorizations Unnumbered Subsections: Utilization Threshold and Threshold Override Application<br><br>Question<br><br>Please confirm that Utilization Threshold proposal requirements in this section are functional requirements that are automatically executed, while Threshold Override Application (TOA) proposal requirements in this section are functional requirements that are executed based on TOA input from a provider. Please advise if TOAs are submitted by both ordering and dispensing providers. Please provide the volume of TOAs currently processed via the web portal and via paper. | Based on efficiency and DOH defined business rules, the proposal should describe how UT and TOA processes will be automated and how manual processes would flow.<br><br>TOA forms are currently mailed in by ordering and dispensing providers, but must be completed and signed by a qualified practitioner.<br><br>The average number of monthly TOA submissions currently is 15,200. There is no web portal for TOA submission at this time. |
| 137 | III-109 | J.1.4.1.3. 2 | TOPIC/ISSUE:<br><br>Processing Supporting Documentation Received Prior to Receipt of Original TOA | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | RFP TEXT:<br><br>Threshold Override Application - Proposal Requirements<br><br>1. Describe how the R-MMIS will:<br><br>2. Describe how the R-MMIS will electronically associate TOA applications and all supporting materials. In particular, describe how supporting materials received prior to or after the original TOA application will be associated.<br><br>DISCUSSION:<br><br>Supporting materials are rarely received with TOA, and when they are, they normally take the form of a simple expansion of the medical assessment section of the form.<br><br>QUESTION(S):<br><br>What is the definition of the materials received prior to or after the TOA application? Would materials received after an application be accompanied by a turnaround document generated from a reviewer requesting additional information? | Materials received prior to or after are various forms of supporting documentation. The offeror should propose a solution that best meets the needs of the Department. |
| 138 | III-113 | J.1.4.2.1.1 Edit Claim/Encounter | Subsection J.1.4.2.1.1 of the RFP section III contains the requirements for Claim/Encounter Edits Proposal Requirements Item "1. Describe how the R-MMIS will edit claim/encounter transactions. Specifically address the method to be used for developing and maintaining business rules to enforce the required edits including the role of the business rules engine."<br>Will the Department clarify whether the National Correct Coding Initiative (NCCI) edits are to be used since we could not find it referenced in the RFP? | The NCCI edits must be used in the processing of claims transactions for providers subject to NCCI. |
| 139 | III-114 | Section III R-MMIS SOW<br><br>J.1.4.2.1.2 | Topic/Issue:<br><br>Encounters | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | Price Claim Encounter<br><br>Page III-114 | RFP Text:<br><br>"offeror must propose methodologies for encounter pricing."<br><br>Discussion:<br><br>What are the implications of this? Will it also require daily feeds to the MDW? Do offerors need to price a daily feed of this volume into the proposal?<br><br>Question(s):<br><br>Will encounters require a daily feed to the MDW? | Encounters are currently processed weekly and it is anticipated that this schedule will continue. |
| 140 | III-116 | J.1.4.2.1.3, ACA Gen. Prop Req., 1 and 2 | TOPIC/ISSUE:<br><br>Accepting Claim Attachments Through Each Channel - Electronic<br><br>RFP TEXT:<br><br>Apply Claim Attachment<br><br>The R-MMIS must support the acceptance and processing of claims attachments that support the adjudication process.<br><br>Apply Claim Attachments Proposal Requirements<br><br>Offerors must meet the following proposal requirements:<br><br>Apply Claim Attachments General Proposal Requirements<br><br>1. Describe the process for accepting claims attachments through each channel; | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | 2. Describe how the R-MMIS will<br><br>a. accept or reject claim attachments;<br><br>b. provide the capability to electronically associate claim attachments received to<br><br>the appropriate claim; and,<br><br>c. provide the capability to route the claim attachments through the Workflow<br><br>Management System.<br><br>DISCUSSION:<br><br>The current fiscal agent accepts electronic data, but does not accept electronic attachments. Further, there is no requirement to capture data from any attachments. The contractor would need to develop a process and workflow as this would have an overall affect on headcount.<br><br>QUESTION(S):<br><br>Is it the Department's intention for the contractor to accept electronic attachments and capture any data off of them?<br><br>Please provide further detail as to the attachments to be accepted, the formats to be accepted, and any data required to be captured from the electronic attachments. | It is anticipated that the Department will adopt the HIPAA X12 275 transaction during the course of this contract and the offeror should provide a solution that will allow the Department to process these transactions in a HIPAA compliant manner.<br><br>The attachment types would include, but not be limited to, the six booklets defined in the NPRM. |
| 141 | III-117 | Section III. J.1.4.2.1.4 Apply | RFP Text<br>Retroactive rate adjustments can affect claims from 1978 | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | Mass Adjustment | forward.<br><br>Question<br>How many years of claims history is the contractor required to convert? | All years of claims history are required to be converted. |
| 142 | III-117 | J.1.4.2.1.4 Apply Mass Adjustment | The instructions for "Apply Mass Adjustments" tell offerors that, "Retroactive rate adjustments can affect claims from 1978 forward."<br>Please confirm our assumption that the claims mentioned in this requirement are only claims with life-time limits.<br>If this is not correct, please identify the type of claims that could be affected by adjustments going back to 1978. | This assumption is not correct. Any claim that is billed using a rate code could be subject to a retroactive adjustment to the rate amount and would need to be processed. This includes inpatient, outpatient, clinic, home health, ICF-DD, nursing home, child care, and managed care claim types. |
| 143 | III-117 | J.1.4.2.1.3 | TOPIC/ISSUE:<br><br>Editing and Verification of Claim Attachments<br><br>RFP TEXT:<br><br>Hard Copy Claim Attachments Proposal Requirement<br><br>1. Describe how the R-MMIS will provide and integrate the imaging, OCR, data entry, editing and verification of claim attachments.<br><br>DISCUSSION:<br><br>The current fiscal agent does not edit or verify claim attachments.<br><br>QUESTION(S):<br><br>What are the requirements for editing and verification of claim attachments? | The offeror should propose a solution that best meets the needs of the Department. Specific editing and verification requirements for hard copy claims attachments will be identified during the requirements validation JAD sessions. |
| 144 | III-117 | J.1.4.2.1.3 | TOPIC/ISSUE: | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | Format of Attachments Uploaded via the Web Portal<br><br>RFP TEXT:<br><br>Provider Area of the Web Portal Claim Attachments Proposal Requirements<br><br>1. Describe how the provider area of the Web Portal will:<br><br>a. support the uploading of claim attachments in industry standard formats approved by the Department;<br><br>b. allow claim attachments to be retrieved, viewed and printed; and,<br><br>2. Describe the method that will be used to generate receipt notices for claims attachments and propose information to be included in the notice. Specifically address the process for handling email delivery failures.<br><br>DISCUSSION:<br><br>The image repository currently in use only accepts images in specific formats, and the image viewers have a similar limitation.<br><br>QUESTION(S):<br><br>Please define electronic attachments in "industry standard format", i.e., pdf, jpeg, tif, etc. | The original RFP language meets the needs of the Department. |
| 145 | III-118 | Section III R-MMIS SOW<br><br>Section J.1.4.2.1.4 | Topic/Issue:<br><br>Retroactive Rate Adjustment volumes<br><br>RFP Text:<br><br>Describe how the R-MMIS will provide the capacity to manage | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | Page III-118 | the retroactive rate adjustment process so that other R-MMIS processing is not impacted by high volumes of retroactive rate adjustments.<br><br>Discussion:<br><br>N/A<br><br>Question:<br><br>What are the average and maximum monthly volumes of Retroactive Rate Adjustments expected during the course of the contract? | Please see addendum to the R-MMIS Procurement Library.<br><br>R-430-07136 Att1_Information.<br><br>ID 13: Question 145. |
| 146 | III-118 | Section III R-MMIS SOW<br><br>J.1.4.2.1.4 Apply Mass Adjustment<br><br>Page III-118 | Topic/Issue:<br><br>Retros<br><br>RFP Text:<br><br>"Retroactive Rate Adjustment"<br><br>Discussion:<br><br>Projected volume for retros for a single cycle could potentially exceed 30 million claims.<br><br>Question(s):<br><br>Will retros require a daily feed to the MDW?<br><br>Must all retros be re-adjudicated within one payment cycle? | No.<br><br>Yes. |
| 147 | III-120 | J.1.4.2.2.4 | RFP Text | |

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | Generate EFT/checks<br><br>Question<br><br>Please provide check size and stock specifications.<br><br>Is a self-seal mailer stock acceptable for checks? | The offeror should propose a solution that best meets the needs of the Department. |
| 148 | III-120 | J.1.4.2.2.4, 2-a | TOPIC/ISSUE:<br><br>Extra Payment Cycles<br><br>RFP TEXT:<br><br>Prepare Provider EFT/Check<br><br>The R-MMIS must calculate the payment amount for the provider during the payment cycle and apply payments to the accounts receivable balances based on Department business rules. EFT/checks are produced by provider and Electronic Transmitter Identification Number (ETIN). The R-MMIS will have the capability to hold payments, suspend payments, split payments and produce interim/emergency payments based o n the Department's business rules. If checks are adjusted then the remittance advices for those payments must also reflect the adjustments.<br><br>Prepare Provider EFT/Check Proposal Requirements<br><br>Offerors must meet the following proposal requirements:<br><br>2. Describe how the R-MMIS will:<br><br>a. produce at least one payment cycle per week with the capability to process extra payment cycles;<br><br>DISCUSSION: | |

**Replacement Medicaid Management Information System (R-MMIS) Questions and Answers**
**Group I – August 20, 2010**
**Questions 1 – 150**
**Please note responses to questions 44, 64 and 81 are under review and will be released shortly.**

| QUES # | RFP Page | RFP Reference | Question | Response |
|---|---|---|---|---|
| | | | The current fiscal agent runs one payment cycle per week. There is a considerable manual effort surrounding preparation of checks and remittances, as well as a requirement to hold 2 payment cycles in suspense before a department-approved release date. Additional payment cycles would also have a negative effect on overall postage costs.<br><br>QUESTION(S):<br><br>Is it NYS DOH's intent to add more than the current 52 payment cycles in a year and have those cycles proceed all the way through EFT and check/remittance production? If so, how many of the additional cycles would be required to include EFT and check/remittance production and distribution. | There is no current intent to increase the number of payment cycles. However, during the course of the contract this processing cycle may be subject to change. |
| 149 | III-124 | J.1.4.4.1 Manage Recoupment Recoupment Accounts Receivable Proposal Requirements | RFP requirement 2b asks offerors to describe how the web-based application will "maintain lien information for recoupments."<br>Please clarify how lien information is related to claims recoupment activity. | A recoupment against future paid claims is established to recover the lien. |
| 150 | III-127 | J.1.4.4.3 Electronic Reconciliation of State Invoice (ROSI) | This requirement states: "Describe how the labeler area of the web portal will provide the capability for rebate labelers to enter payment information related to the invoice, dispute specific lines of invoices..."<br>Is this requirement stating that the labelers will be sending payment transactions through the portal? If so, are any electronic standards to be employed for such transactions? | The capability to receive EFT from labelers is required, using the industry standard for secure EFT transactions. |