Medicaid Administrative Services (MAS) and Fiscal Agent Services Project

RFP #1211260917

Questions and Answers 141 through 237

Thursday, August 15, 2013

Question Number	Section	Document Reference	Page #	Question	Response
141	Attachment E	MEM071	NA	Please provide additional information on member loyalty algorithms and codes?	The formula for attribution to a specific Health Home is based on claims data that establishes connectivity to existing care management, ambulatory (including behavioral health), and emergency and inpatient services. The formula will be provided to the MAS contractor.
142	Attachment B	Procurement Library	B-1	The Library does not include any of the additional programs to be incorporated into the MAS: CHIP, EPIC, AIHP, NYPS, PDSP, and ACFAP. Please provide documentation for these programs and new initiatives: Case Management, Reverse Crossover, PTAR, NYPS,PBM, KIDS, as well as listings of tasks to be performed by the contractor and anticipated volumes, so we may accurately assess the impact of these changes.	Additional information for EPIC, AIHP, PDSP and ACFAP has been added in the Procurement Library. CHIP responsibilities are restricted to capitation payment and will follow similar processes to Medicaid Managed Care. A replacement version of the procurement library is being mailed to all recipients of the previous procurement library.
143	Attachment E	BUS010 & CON133	NA	Will the EPIC application Web portal be maintained on NYS DOB server or the Contractor's server?	The EPIC application Web portal must be maintained on the contractor's server.
144	Attachment E	BUS100	NA	Please define transportation administrative function. Does this include issuing Prior Authorizations?	“Transportation administrative function" means the processing of requests for authorization of transportation expenses to be reimbursed to Medicaid transportation providers. This includes receiving requests for authorization of transportation expenses, accepting or denying those requests, and then issuing a prior authorization to the transportation provider, which will be used by the transportation provider to submit a claim.
145	Attachment E	BUS100	NA	Req: Coordinate Medicaid transportation administrative function between CSC, DOH, and transportation managers. Question: Please clarify what is contained within the transportation administration function and the support required from the MAS vendor to "coordinate" these functions.	Functions specific to Medicaid transportation administration are described in the following requirement IDs: BUS100, FIN130, FIN131, FIN132, FIN164, OPS164, OPS165, OPS167, TEC191, TEC192. This is in addition to any general RFP requirements that apply. Essentially, this support will be the processing of 270 (eligibility) and 278 (authorization) transactions, and responding to the transportation manager when electronic transmittal issues arise.

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146	Attachment E	CAR001-037	NA	Care Management is a new concept for MAS. Please provide detailed information as to the functional responsibility of the vendor including: individual case manager reports, PA procedure, Plan of Care (POC)roster creation, PA attachment evaluation, DOH business rules, service limits	Care Management functions will expand for the MAS contractor compared to the existing MMIS, including but not limited to staffing for prior authorization/prior approval functions and support for Health Homes, as described in the RFP.
147	Attachment E	CAR002, CAR003	NA	These two requirements ask for details regarding the vendor's experience in various care management programs. The other requirements in the Business Process Manage Case Information appear to ask for tools and reports for Case Managers. Please clarify the activities that the MAS vendor is responsible for as it relates to care management and who is developing the Plan of Care and using the Case Manager reports. Please also provide the type of access required and the number of users.	This question appears to assume that CAR002 and CAR003 require the contractor to develop a Plan of Care and use Case Manager reports. That is not the case. These two requirements only ask the bidder to describe its experience with Care Management. The MAS contractor care management responsibilities are described in Attachment E: Requirements Traceability Matrix.
148	Attachment E	CON006	NA	This requirement specifies the contractor to perform analysis of provider inquiry, billing patterns, (e.g. fraudulent and excessive billing) and process for referrals ….. This is typically a requirement of a SURS and the OMIG. Does the Department expect the MAS contractor to perform full PI business operations? Or does the Department simply want PI tools included in the MAS contractor's bid?	The Department does not expect the MAS contractor to perform full PI business operations. The bidder must provide PI tools to assist the Department, State auditing agencies and their respective contractors and propose any additional support it can provide.
149	Attachment E	CON006	NA	In MAS requirement CON006 of the RFP, the Department is requesting the vendor to “Support the receipt, processing and response to HIPAA and NYS proprietary transactions”. In an effort to support the implementation timelines and a solution containing COTS, reusable components and existing commercial health care software will the Department modify this requirement to remove support for proprietary transactions or accept alternate proposals to proprietary transactions.	The original RFP language meets the needs of the Department. The MAS contractor will need to accept both HIPAA and proprietary transactions. In general, the Department will work with the contractor to consider HIPAA-compliant transactions in place of proprietary transactions where possible. However, the bidder must provide the capability to receive, process, and respond to proprietary transactions.
150	Attachment E	CON067	NA	How many field representative visits are estimated to fulfill this requirement?	In 2012, the current MMIS contractor performed 982 onsite visits, 48 webinars and 57 seminars for Medicaid. These visits occurred during a mature operational phase of an existing MMIS. It is expected the contractor will develop a work plan to support more intense provider needs during the implementation and early operational phases of the new MMIS. Additional data for Medicaid is provided in Monthly Operations reports added to the Procurement Library. A replacement version of the procurement library has been mailed to all recipients of the previous procurement library.

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151	Attachment E	CON092	NA	Please clarify the provider relations and member relations activities that are required to be housed in the Albany facility.	Key Staff identified in requirement CON048 are required to be housed in the Albany facility, including the Key Staff person designated as "Customer Service Manager." This staff member will oversee provider and member relations, supported by any related contractor staff and functions that the contractor deems appropriate in order to effectively and efficiently meet the needs of the Department. No specific lower level provider relations activities are required to be at the project facility.
152	Attachment E	CON092 - 096	NA	The facility requirements do not address the configuration of the office areas. Does the Department have specifications for these areas? Do these specifications apply only the Department space or to the project facility as a whole.	See Amendment 2. This applies for all staff the State assigns to the contractor's project facility (e.g., Department Staff and the State's QA contractor). Configuration requirements do not apply to MAS contractor space.
153	Attachment E	CON182	NA	Does DOH have an estimate as to volume and types of transactions the MAS system will support on an hourly, daily, weekly and monthly basis?	Monthly and weekly historical data is provided in Monthly Operations reports have been added to the Procurement Library. The Department is not modifying the projections provided previously in Procurement Library, Transaction Volumes, except for Contract Year 2 projections in Attachment H, Tab D, Operations Adjustment, which have been modified to reflect half year rather than full year Release 2 operations.

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154	Attachment E	CON187	NA	As confirmed by the response to question 16, the MAS contractor "will not be responsible for processing, reprocessing or servicing pre-cutover claims already in the eMedNY system". Please clarify the expectations for parallel testing since the MAS vendor will configure benefits for the implementation date forward, but not for any period prior to that. Is the Department open to alternatives more appropriate for a 12 month implementation than parallel testing which often consumes more time explaining legitimate differences than benefits?	The MAS contractor will not be responsible for processing, reprocessing or servicing pre-cutover claims during the claims run-out period. However, the MAS contractor will be responsible for migrating remaining claims that could not be processed to completion by the end of the run-out period. The MAS contractor will also be responsible for any retroactive payment adjustments that occur after the run-out period is ended. Historical claims for 36 months must be loaded onto the MAS system by the end of the run-out period. For these reasons, as well as the need to ensure continuity in payments for providers, some parallel processing and testing must occur. The extent of parallel processing will be limited by the migration away from the use of proprietary rate codes to use standard codes (such as revenue codes) to the extent that State policies will allow, which will prevent in some cases the ability of the new system to mirror the old. The DDI period has been amended from 12 months to 18 months to allow more time for testing; nonetheless there may also be practical limitations for parallel testing in that time frame. For these two reasons, the Department is open to alternatives to full parallel testing that do not compromise the ability of the MAS system to pay claims properly. However any deviations from a full parallel testing program, or delays of parallel testing components until the run-out period, may only occur with the approval of the Department and be designed to minimize risks that claims will not pay properly.
155	Attachment E	CON206	NA	For CO07 Manage Contract Req: Utilize a State approved bank located in NYS to provide banking services. The contractor must provide separate banking services and fiscal accountability necessary to maintain payment and refund functions of each program (e.g. Elderly Pharmaceutical Insurance Coverage (EPIC), NYPS, etc.). Question: Please provide list of State approved banks.	The contractor must select a financial institution licensed to do business under the laws of the State of New York. The selected contractor will propose such a bank, or banks, for the State's approval.
156	Attachment E	CON222	NA	Exhibit 1-1 on Page 1-2 implies MARS will be supported by the MDW. This requirement states It will be a MAS requirement. Which is correct?	MARS reporting will be done by the MDW. The MAS contractor will provide data to the MDW sufficient to support such reporting. In some cases, it might still be necessary for the MAS contractor to create one or more MARS reports.

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157	Attachment E	CON222	NA	Please clarify the "support" that is required for the MARS reporting cycles. Is the MAS vendor responsible for generating all MARS reports going forward or are these provided through the MDW? Is the MAS vendor responsible only for converting and storing historical MARS reports or also storing MARS reports going forward?	MARS reporting will be done by the MDW. The MAS contractor will provide data to the MDW sufficient to support such reporting. In some cases, it might still be necessary for the MAS contractor to create one or more MARS reports. As MARS reporting requirements and/or the requirements of the MDW change, the MAS contractor must make any adjustments to continue to meet MARS reporting needs.
158	Attachment E	CON248	NA	CON248 requires the offeror to provide a current SSAE-16 SOC 1 Report. SSAE is a fairly new development. Will the State allow the offeror to provide a current SAS-70 report in lieu of the SOC 1 report?	No. The original RFP requirement text meets the needs of the Department.
159	Attachment E	ELG001	NA	Req: Integrates with NYS Eligibility systems to support the assignment of members to Medicaid benefits/benefit packages based on Federal and/or State-specific eligibility criteria. Question: Please confirm whether the eligibility system transaction is a standard HIPAA transaction or a proprietary transaction.	The eligibility transaction with the NY HBE will be a HIPAA-compliant 834 transaction. The eligibility transaction from WMS will be a proprietary transaction. WMS eligibility file format and business process are found in the Procurement Library.
160	Attachment E	ELG001	NA	The requirement is to support the assignment of members to the various benefit packages. How many benefit plans are there?	There are approximately 28 FFS benefit sets, 22 of which are for FFS Medicaid populations and 6 for non-Medicaid programs served by the MAS system (EPIC has 2 benefit sets). These numbers exclude managed care benefit packages that are not maintained by the MAS system, but for which the system pays capitation. The number may increase or decrease depending on statutory changes and Department needs.

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161	Attachment E	ELG008	NA	Req: Perform quarterly assignment of members to Lead Health Homes based on the following: • Acuity/Risk score above a Department assigned threshold • Member service utilization in the Loyalty analysis closely matches providers within a Lead Health Home's provider network • Lead Health Home has capacity to serve member Question: 1) Will the vendor offer the algorithm and tools to develop the acuity risk score or will the acuity/risk score be provided to the vendor? Which high risk members will need to be assigned to health homes? Will it be all or a subset above a threshold? 2) Who will be performing the analysis to determine the match between a member and a provider? 3) Who will be performing the analysis to determine if a health home has capacity to serve a member?	1) Identification of the eligible member cohort and identification of acuity will be performed by the Department based on a proprietary 3M Chronic Risk Group (CRG) algorithm. A risk score is assigned based on a proprietary predictive model that uses claims and encounter data to predict future negative events (Inpatient or nursing home admission or death) using claims and encounter data. 2) The analysis of member eligibility, acuity and risk will be performed by the Department using these proprietary algorithms. The formula for attribution to a specific Health Home based on provider loyalty is based on claims data that establishes connectivity to existing care management, ambulatory (including behavioral health), and emergency department and inpatient services. The formula will be provided to the contractor. 3) The Health Homes capacity to serve the member will be determined by the contractor based on criteria to be provided by the Department to demonstrate the extent to which the member's providers are represented in the Health Home network.
162	Attachment E	ELG013	NA	Please clarify and define the "county of fiscal responsibility".	County of fiscal responsibility refers to the county which bears partial fiscal responsibility for the member. The State has historically required each county to pay a fraction of Medicaid costs for enrollees in that county. The county of fiscal responsibility will be identified for the contractor.
163	Attachment E	ELG018	NA	Is it the intention of the State to perform provider recertification for the NY EPIC, NYPS and AIH programs as well as Medicaid?	No. Recertification every five years is a federal mandate under Affordable Care Act (ACA) requirements for the Medicaid program only.
164	Attachment E	ELG019, ELG020	NA	The provider enrollment web site indicates that providers must sign up with CAQH. Will this process continue? If so, does the Department pay CAQH for the data or is the vendor expected to pay this cost? May the vendor propose an alternative to CAQH for provider data collection?	It is the current policy of the Department that providers must sign up with CAQH. The Department does not expect changes at this time, though the selected contractor may propose alternatives for consideration by the Department. The Department currently pays CAQH; however, regardless of future use, the MAS contractor is expected to pay for provider data collection under the MAS contract.

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165	Attachment E	ELG021	NA	Will the State accept only HIPAA compliant transactions? If not, what NY Proprietary transactions (e.g. eligibility, claims, others) do we need to test?	ELG021 refers to the editing of applications, not acceptance, so HIPAA does not apply. The MAS contractor will need to accept both HIPAA and proprietary transactions. For eligibility, transactions from the NY HBE will be HIPAA-compliant while those from WMS are proprietary. For claims, approximately 99% of volume is submitted electronically in accordance with HIPAA standards. Of the 1% of claims submitted by paper, some claims forms are nonproprietary and others are proprietary. The NY-specific version of HCFA 1500 is expected to move to the standard CMS version with the implementation of the MAS system. The Department welcomes suggestions for standardization of any remaining proprietary claims forms, but it must remain the Department's sole decision whether to do so. Further details on transactions are provided in the Technical Design Documents in the Procurement Library, and in the eMedNY Companion Guide for Transaction Information: https://www.emedny.org/HIPAA/5010/transactions/eMedNY_Transaction_Information_CG_X12_version_5010.pdf. A listing of current eMedNY paper claims forms is provided at the following link: https://www.emedny.org/info/phase2/paper.aspx.
166	Attachment E	ELG025	NA	Does the Department currently "obtain and process" fingerprints for providers in MMIS or is this a new requirement for provider certification? If so, what are the processing requirements?	The Department does not currently obtain and process fingerprints for providers in the MMIS. The contractor must be compliant with the requirements of the Affordable Care Act (ACA), for enhanced screening protocols of high risk providers, including additional criminal background checks and fingerprinting. If recertification of these providers is completed within twelve (12) months of Medicare recertification, fingerprinting will not be necessary.
167	Attachment E	ELG036	NA	To what extent does the Department plan to participate in the "provider recertification process?"	The Department will provide an initial list of providers enrolled with Medicaid who require recertification by 2016 to continue participation in the program, and will work with the vendor to establish processes for recertification and prioritization of providers. It is the contractor's responsibility to communicate with providers and collect necessary information to complete recertification. The Department will engage in quality assurance, provide oversight, and perform audits.
168	Attachment E	ELG044	NA	Please describe the Health Home enrollment/disenrollment process for members and providers	The specifications for member enrollment and disenrollment are described in the Health Home Member Tracking System File Specifications Documentation available on the Health Home website at the following link: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_tracking_system_specs.pdf

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169	Attachment E	FIN001	NA	Is the "pay and chase" recouping activity currently intended to replace a current state contract? If so please identify the contract to be replaced.	No. The Department requires the MAS contractor to provide support for financial recoupment and fraud control efforts as indicated in the requirement.
170	Attachment E	FIN026	NA	Please provide the process for this requirement. How will the MAS vendor know if there is a Medicare overpayment?	In compliance with 42 CFR 447.30 - Withholding the Federal share of payments to Medicaid providers to recover Medicare overpayments, before the Federal share of payments may be withheld, CMS will notify the provider and the Medicaid agency of each state that CMS believes may use the overpaid provider's services under Medicaid. Upon notification by CMS, the Department and/or CMS will notify the contractor.
171	Attachment E	FIN079	NA	Please confirm that this requirement is satisfied by creation of an outstanding accounts receivable report. Will the contractor receive payments and process payments from members or providers? If so, what would be the nature of these payments and the anticipated volumes?	FIN079 is not fully satisfied through creation of the outstanding accounts receivable report. For Medicaid members' spend-down processing, the contractor will send monthly letters to members, notifying them of bills used to offset spend-down but the contractor will not receive payments from members. Bills and payments that are made by the member will be reported on files received from State eligibility systems to the contractor. For the EPIC program, members pay EPIC an annual fee based on income, which will be received and processed by the MAS contractor. Currently the fee is billed quarterly. EPIC then pays the Part D plan premiums for members in the fee plan. Historically, the number of EPIC members enrolled in the fee plan is approximately 65% of program membership. Additional information is available on the Department's website http://www.health.ny.gov/health_care/epic/
172	Attachment E	FIN083	NA	Are there FFP amounts applied to any other programs besides Medicaid, e.g. CHIP, EPIC, AIHP, NYPS, PDSP, ACFAP and, if so, would the contractor be expected to track the Federal share of these payments?	Currently, FFP amounts are applied only to Medicaid and CHIP programs. In the event other programs are subsequently added that entail FFP the contractor would be informed by the Department and required to track the federal share of those payments.
173	Attachment E	FIN098	NA	What is the flexibility for modifying dates based on system processing time requirements?	FIN098 refers to timing of notifications for significant events. The original RFP text meets the needs of the Department.
174	Attachment E	FIN110	NA	Will the Department align these transactions so that payment timing coincides with other elements of the Medicaid program (i.e., weekly issuance of payments)	The Department is open to options for consideration that align non-Medicaid program payment timing with elements of the Medicaid program.
175	Attachment E	FIN115	NA	Does this refer only to pharmacy claims co-insurance and deductible administered by the EPIC program or to all clinical claims?	Requirement FIN115 (Administer direct reimbursement to the American Indian Health Program providers and patients for deductibles and copays) refers to all claims administered under the American Indian Health Program.

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176	Attachment E	FIN154	NA	Can the State clarify the comparison data needed to meet this requirement?	This requirement refers to the comparison of capitation payment on the managed care side to FFS payment for a similar group of persons that are outside managed care. The Department will supply criteria on comparable population expenditures to the MAS contractor.
177	Attachment E	Items with MECT Checklist references of 'Pin.n' or MITA 3.0 Business Process references of Performance Management	NA	There are many PI requirements that imply the inclusion of staffing component that would be dedicated to various program integrity functions. Should the MAS contractor include labor in its staffing model to perform the included Program Integrity / Performance Management business functions up to but not including executive decision making and policy making? If so, this would imply that the MAS contractor would need to include in its proposal a staffing model for the required PI functions and as well as the associated interactions between this staff and other program oversight functions such as MFCU, AG, etc. Please clarify.	OMIG and its PI Contractor, OSC, the Department's QA vendor and Department employees will perform most program integrity functions. The MAS system (contactor) must support these functions and responsibilities. MAS staff will support PI work with tools, access to data, reports, etc. However the contractor must provide sufficient staff to perform the internal audit function to insure system integrity and to assist the Department, OMIG and other state agencies with the requested information.
178	Attachment E	MEM001 & MEM007	NA	What is the time frame for maintenance of historical information?	Thirty-six (36) months of claims will be maintained in the MAS system. At cut-over, only those claims and claim data necessary for paying current claims will be converted (this includes but may not be limited to information needed for Utilization Threshold, once-per-lifetime claims, and prior authorizations). The full 36 months of data must be converted by the end of the claims run-out period, with an allowance for the time during which the MAS system has been accumulating new claims (a 6 month run-out period would result in the need to import 30 months of historical claims). For audit purposes, most images (including claims images and attachments) must be kept for 6 full years. The entire Medicaid history of Provider Enrollment images must be retained. The entire Medicaid history of Prior Approval images for the mentally ill (served by OMH), disabled (served by OPWDD) and those under 21 must be retained. The entire Medicaid history of any case involving legal actions (Fair Hearings, Article 78s, malpractice cases, etc.) must be retained.

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179	Attachment E	TEC104	NA	Requirement: Ensure the COTS Content Management Product allows for all historic images from the FileNet and eMedNY system and new images from the contractor's application to be available to both contractor and State staff from the beginning of the Operation phase. Question: What is the volume and format of the images to be converted? How many years does this cover? What types of images are to be converted, i.e., claims, attachments, correspondence, reports, EOBs, etc.	Types of images include but are not limited to Provider Enrollment, Prior Approval, Paper Claims, Pended Claims and Correspondence. A count of annual totals has been added to the Procurement Library. For audit purposes, most images (including claims images and attachments) must be kept for 6 full years. The entire Medicaid history of Provider Enrollment images must be retained. The entire Medicaid history of Prior Approval images for the mentally ill (served by OMH), disabled (served by OPWDD) and those under 21 must be retained. The entire Medicaid history of any case involving legal actions (Fair Hearings, Article 78s, malpractice cases, etc.) must be retained.
180	Attachment E	MEM035	NA	Please provide current staffing levels for this requirement	The bidder should respond with the staffing level it believes is appropriate to handle the primarily automated functions specified in requirement MEM035 for the dual-eligible population.
181	Attachment E	MEM056	NA	Are these "personal Injury" members all Medicaid eligibles or can they include other non-Medicaid program members?	The MAS personal injury requirement is for Medicaid eligibles only.
182	Attachment E	MEM056	NA	What is the role in the MAS contract for Casualty processing versus that of the TPL Contractor?	The TPL contractor does not perform casualty processing. The 'Personal Injury Clearing House Process" and the 'TPL Accident and Casualty reporting' are both described in the Procurement Library
183	Attachment E	MEM070-071	NA	Please provide the lead Health Home export capability and download description and file formats, algorithms and loyalty algorithms.	The specifications for member enrollment and disenrollment are described in the Health Home Member Tracking System File Specifications Documentation available on the Health Home website at the following link: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/docs/hh_tracking_system_specs.pdf
184	Attachment E	OPS048	NA	Please provide an estimate of the volume provided electronically and the amount provided in paper over the next five years.	Historical data on paper vs. electronic attachments is provided in the Monthly Operations Reports added to the Procurement Library. The Department does not believe a 5-year estimate of paper vs. electronic attachments would be meaningful, since the ratio will depend in part on MAS contractor capabilities. The bidder should present solutions that reduce paper attachment volume.
185	Attachment E	OPS078		Req: Generate electronic receipt notifications that contain claim attachment information as specified by the Department. Question: Please confirm that this applies only to electronic attachments, not paper.	Electronic receipt notifications should be provided for electronic attachments and for paper attachments when they have been imaged and associated with a claim in the MAS system.

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186	Attachment E	OPS222	NA	Can the Department provide a diagram that describes/depicts the interfaces between the current MMIS and MDW with various systems supporting entities such as enrollment broker, MCO's, Health Benefit Exchange, WMS, TPL, Pharmacy/Drug Rebate?	We cannot provide a diagram for MDW interfaces. The MDW does not interface with the following systems (1) enrollment broker, (2) MCOs, (3) Health Benefit Exchange, (4) a separate TPL vendor (all TPL files received come from eMedNY), or (5) Pharmacy/Drug Rebate. The MDW does currently receive pass-through WMS files from eMedNY and receives First Data Bank and MDDB/Medispan files. Current eMedNY interfaces are listed within the Procurement Library and further defined in the Technical Design Documents.
187	Attachment E	CAR006	NA	This requirement cites CMS PI Checklist PI 1.7 related to the profiling of PCCMs. Is there a tool currently in place to perform this function or is the state requesting a new tool?	There is no tool currently in place by the State. The bidder should describe its capability to perform the function in the event that the State re-establishes PCCMs or new care management for FFS Medicaid members. Introduction of new Care Management programs would be a change to existing requirements of this RFP.
188	Attachment E	FIN009, FIN010, FIN011, FIN013	NA	What services does the current State TPL Contractor provide?	Services of the State TPL contractor can be found on the OMIG website shown below; however this contract is not expected to replace any of those functions: http://www.omig.ny.gov/images/stories/work_plan/rac_workplan.pdf.
189	Attachment E	OPS222	NA	Can the Department provide a list of specific interfaces that feed the MDW from the current MMIS?	There are two dedicated/private/encrypted MPLS circuits that are point to point from MMIS to MDW. Specific feeds are provided in the Procurement Library Interface List under the CMA Interfaces worksheet.
190	Attachment E	PLN089	NA	Given that the DOH has mandated in the cover letter that NYS will not accept alternate proposals, what is the process for proposing and pricing "material alterations"?	In response to requirement PLN089, bidders should propose innovations they believe will enhance the quality and cost-effectiveness of the program, irrespective of other requirements in Attachment E. Such innovations are not constrained by other requirements in attachment E but should note any requirement number(s) that may not be fully met by the innovative option. In offering an innovative option, the bidder must recognize that it is obligated to meet all requirements of the RFP and that responses to this requirement may or may not be explored with the contractor. Upon award, efficiencies, cost savings and quality improvements of any alternatives will be discussed and may be selected at the sole discretion of the Department The RFP is amended to remove scoring from requirement PLN089; however the requirement itself is not removed.

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191				Contract Start Date Conflict • RFP, Section I.G. (page I-12) states "The contract start date is targeted for January 2014". • Attachment H (Pricing Schedule), Schedule B Tab (Project Planning/DDI/Certification), indicates Release I DDI to begin on 12/2/13.	The contract start date is targeted for January 2014. Attachment H is amended to correct the typographical error. See Amendment 3 and revised Attachment H.
192				MEIPASS Phase Conflict • RFP, section 1 (page 1-6) states that MEIPASS - EHR Incentive Program will be addressed in Release 1. • Attachment H (Pricing Schedule), Schedule B Tab (Project Planning/DDI/Certification), indicates MEIPASS - EHR Incentive Program indicates Release 2.	The contractor must include MEIPASS, the Medicaid EHR Incentive Program, as a component of release 1 DDI. Attachment H is amended to correct the typographical error. See Amendment 3 and revised Attachment H.
193	Attachment E	General Question- Banking Requirements	NA	Does the State of NY, Department of Administration (DIA) have a banking agreement for enterprise wide State banking that the contractor could utilize?	There is no New York State Department of Administration. The MAS contractor will not have access to a State banking agreement and must use its own banking agreement, approved by OSC.
194	Attachment E	PLN006	NA	In MAS requirement PLN006 of the RFP, the Department is requesting the Vendor to develop, produce, and maintain all reporting functions, files and data elements to meet current and future federal reporting requirements, State and federal rules and regulations, federal MMIS certification requirements, and Part 11 of the State Medicaid Manual. Since the RFP indicates that MAR, SUR, EPSDT and federal reporting will components of the MDW, can the Department please clarify what federal reporting will be performed in MAS?	The Department is currently transitioning Federal reporting responsibilities from eMedNY to the MDW. It is unknown at this time whether all such reports for MAR, SUR, EPSDT and other federal reporting will be performed by the MDW by the time of Release 2 for the MAS system.
195	Attachment E	PLN033	NA	We believe the reference to the PI checklist item is incorrect for this requirement. Please clarify.	The reference to PI2.1 shall be struck from the requirement. The remainder of requirement PLN033 remains unchanged.
196	Attachment E	PLN039-49	NA	Please provide the volume metrics for the program(s) identified in these requirements.	Volume metrics are available in the annual reports for both programs on the Department website: http://www.health.ny.gov/health_care/epic/annual_reports.htm and http://www.health.ny.gov/health_care/medicaid/program/pharmacy_ann_report.htm
197	Attachment E	PLN077	NA	Do Encounters from MCO's go directly into MDW?	The Department expects that the new Health Benefit Exchange (NY HBE) will be responsible for accepting and processing managed care encounters from MCOs. The NY HBE will send Medicaid encounter data to the MDW.

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198	Attachment E	PLN092	NA	Please clarify the "process" that the MAS vendor should apply to the quality and process measures from Lead Health Homes. If no value is added to the data by the MAS vendor, would the Department consider having the data submitted directly to the MDW?	The MAS contractor must screen data for acceptability before the data can be submitted to the MDW. The edits will be similar in intent to those applied for encounter data (currently by eMedNY but in the future by the NY HBE), to ensure basic standards for data integrity are maintained.
199	Attachment E	PLN127-160	NA	The inclusion of full PBM services for the MAS is a departure from the current model where the PBM services were "shared" among contractors and DOH. 1) Is the inclusion of a PBM requirement a result of the full service PBM requirements of the EPIC program or the "transference" of DOH service responsibilities to the MAS? 2) Does the PBM requirement in the RFP include only the services currently performed by the EPIC program or does it include other services being provided by other current systems? 3) Please identify program metrics relating to the "PBM" services anticipated to be included in the MAS program.	1) The inclusion of the PBM requirement is a result of the Department's intent to consolidate like functions under one RFP. 2) The contractor will provide clinical (e.g. editing), operational (Prior authorization, claims processing etc.) and administrative (education/outreach, etc.) support for all Department pharmacy programs, including but not limited to the Preferred Drug Program, Clinical Drug Review Program, prospective and retro drug utilization review (DUR), EPIC, NYPS, AIH, Preferred Diabetic Supply program, etc. (as indicated in the RFP). 3) Statistics related to the EPIC program are available in the annual reports found on the Department's website: http://www.health.ny.gov/health_care/epic/annual_reports.htm. Statistics related to the pharmacy PBM programs can be found in PDP annual reports at: http://www.health.ny.gov/health_care/medicaid/program/pharmacy_ann_report.htm
200	Attachment E	MEM010	NA	The requirement states, "profile all services provided to a member during a single episode of care". This would seem to be the responsibility of the OMIG and would potentially duplicate the analytics functionality of the data warehouse. Is the Department expecting the contractor to provide new tools to meet this requirement, or to use existing tools within the MDW?	The contractor is expected to propose and provide a "best of breed" fraud waste and abuse system (FWA) as part of the MAS system. Such a system would identify potential waste and abuse claims and route them to OMIG or the Department for review prior to payment or deny payment based on pre-determined criteria. This system would not duplicate the MDW functionalities as it would capture potential overpayments prior to payment.
201	Attachment E	PMF001, 002, 003, 004, 005, 006	NA	This requirement specifies the identification of misutilization and patterns of fraud, high cost members, episodes of care, etc. These are the current functions of the DW SURS and other function of the NY Data Warehouse and OMIG. Is the Department expecting the MAS contractor to provide a Fraud and Abuse Detection System that would replace the SURS system within the MDW?	No. At the present time the State expects that tools from the MAS contractor would supplement and enhance those being used in the MDW and by OMIG and its contractors.

Question Number	Section	Document Reference	Page #	Question	Response
202	Attachment E	PRV081	NA	Please provide documentation for the "rosters" the MAS must receive and process: file layout, frequency, programs involved, and edit criteria.	Documentation for Managed Care plan rosters does not current exists and is not available to share with bidders during this procurement but is under development as part of an existing eMedNY evolution project.
203	Attachment E	PRV134	NA	Will the outreach plans have quantitative measurements for each outreach strategy?	Yes. In coordination with the contractor, the Department will devise measurement for each specific outreach initiative.
204	Attachment E	PRV134	NA	Will there be a separate NYS budget line item for the sourcing and production of outreach marketing materials.	No.
205	Attachment E	TEC012	NA	Please clarify whether the MAS vendor is required to not only capture the data, but also to summarize and display it, or whether the intent is for the MAS vendor to capture the data and provide it to the MDW where it can be summarized, viewed, and used to meet federal and State reporting requirements.	The contractor must capture the data and provide it to the MDW to be summarized, viewed and used to meet reporting requirements specified in TEC012.
206	Attachment E	TEC031		Req: Ensure that the contractor's application architecture can support geocoding for all transactions processed. Question: Please clarify geocoding needs and the transactions that require this. For example, is this for member access purposes and/or analysis of racial/ethnic disparities in care as well?	The contractor's application must allow for geocoding to be included for all provider and member addresses in transactions. The data will be used for both member access and racial/ethnic disparity analysis purposes. However, the contractor is not required to supply demographic data to assess disparities.
207	Attachment E	TEC036	NA	To ensure the system can support a variable workload would DOH provide the upper range of the "peaks" the contractor will potentially need to accommodate?	No, the Department will not define an upper range for "peaks." The contractor's solution must be capable of accommodating variable workloads.
208	Attachment E	TEC105	NA	Requirement: Allow assignment or routing of tasks to State staff with electronic alerts. Question: Please clarify the tasks that the State will be responsible for handling that would have electronic alerts.	The bidder should propose alerts that streamline operation and oversight activities and provide efficient administration of the State's Medicaid Program. Such alerts should include but are not limited to: State review requested, report generation, data request completion, batch file processing, and attachments received.
209	Attachment E	TEC106	NA	Requirement: E-mail alerts of processing events that require State staff action, escalation or notification. Question: Please clarify the processing events that the State will be responsible for handling that would require alerts.	The bidder should propose alerts that streamline operation and oversight activities and provide efficient administration of the State's Medicaid Program. Such alerts should include but are not limited to: State review requested, report generation, data request completion, batch file processing, and attachments received.

Question Number	Section	Document Reference	Page #	Question	Response
210	Attachment E	TEC145	NA	This requirement states "Take over maintain and develop the Medicaid EHR Incentive Program Application Support Service (MEIPASS)... " Please clarify whether the desire is for the MAS vendor to takeover and run the existing MEIPASS system or replace the functionality.	It is the strong preference of the Department that the MAS contractor takes over and runs the existing MEIPASS system. Any proposal to replace existing functionality using a new system must show (a) how this can be implemented with minimal involvement of Department staff, and (b) that the new system is a pre-existing COTS product so that the Department and CMS will not have to pay twice for DDI, given that the legislation creating the EHR Incentive Program established a limited duration.
211	Attachment E	TEC177	NA	The receipt and storage of clinical data is a significant additional requirement to the existing MMIS structure. Please provide types and volumes of clinical data, and technical and functional requirements for this process.	The Department seeks to enhance clinical information available in a structured format for prior authorizations and other purposes; however, use of structured clinical data in prior authorizations is not required by TEC177. Bidders should describe how their proposed solutions could facilitate the use and storage of structured clinical data in the future, to supplement or ultimately replace the use of non-structured attachments and images for clinical data.
212	Attachment E	TEC187-190	NA	How will the contractor know if a DOH initiated edit will bypass the OSC auditing routine criteria if those edits are controlled by OSC?	The contractor must design and operate a process to determine whether a proposed edit would bypass an existing OSC auditing routine.
213	Attachment E	CAR010	NA	In MAS requirement CAR010 of Attachment E, the Department is requesting that the vendor “enable prior authorization staff to send requests for additional information on paper or electronically.” Can the Department please specify the methods by which providers are permitted to request prior authorizations (phone, fax, electronic, etc.)? Also, could the Department please provide the regulations or policies and procedures that define the procedure.	Any of the options are permitted. For details of current methods, the PA TDD contains the channels in which a PA can be submitted (NCPDP, POS, 278, IVR, paper, ePACES, proprietary HRA feed, HID-Magellan API, PAXpress). In addition, eMedNY.org contains the provider manuals which instruct the providers on how to submit PA requests. The bidder should propose the most effective and provider friendly methods of submission while taking into account access and program integrity for each type of service. Any changes in procedures will be established by the Department in consultation with the contractor to maintain the most efficient and effective method(s) for each type of prior authorization
214	Attachment E	ELG018, WA2.2,MC1.8	NA	The Department notes provider enrollment criteria may be defined by the State. Is the state going to develop or use physician performance-based measures (e.g., care efficiency indexing) to select providers? If so, please describe.	There are no current plans for pre-enrollment provider performance/quality screening, but the Department is open to vendor proposals.

Question Number	Section	Document Reference	Page #	Question	Response
215	Attachment E	General-Claims Forms	NA	Please confirm the State is using nonproprietary claims forms. This will affect the scanning and staffing of the claims team.	Approximately 99% of claims volume is submitted electronically in accordance with HIPAA standards. Of the remaining one percent (1%), some claims forms are nonproprietary and some are proprietary. The NY-specific version of HCFA 1500 is expected to move to the standard CMS version with the implementation of the MAS system. The Department is open to suggestions for the standardization of any remaining proprietary claims forms, but it remains the Department's sole decision whether to do so.
216	Attachment E	General-Care Management	NA	Please provide member population for Care Management as well as break down of level of care management for population.	Nearly all Medicaid care management is performed by Managed Care plans or contractors' independent of this procurement, and the MAS is not responsible for these services. The MAS contractor will be responsible for those Health Homes functions specified in this RFP. Additional Health Home information can be found online at: http://www.health.ny.gov/health_care/medicaid/program/medicaid_health_homes/. MITA defines "care management" broadly to include prior approval/prior authorization and utilization threshold, the requirements for which are provided in the RFP.
217	Attachment E	General-Financial Management	NA	Please provide the projected volume of printed checks when the Department moves to 95% managed care.	EFT has been made a requirement as of 2013. The Department may allow exceptions, but projects very few paper printed checks after 2014.
218	Attachment E E.3.4 Service Level Agreements	TEC033 Production Environment Hours of System Availability	III-13	Can the State please specify what elements of the production environment must be operational and available without interruption 24 hours a day, seven days a week? For example, is this specific to pharmacy? Please confirm that this excludes scheduled State approved downtime.	The Department confirms that the 24/7 production environment availability does not include scheduled, State-approved downtime. This applies to all transactions, not only Pharmacy.
219	Attachment H	Pricing Schedule E	Page 5 of 7	RFP Attachment H; Page 5 of 7, Pricing Schedule E – Systems and Operational Enhancement Payments Staff – lists enhancement labor categories including Development Manager, Senior Business Analyst , Business Analyst, Senior Developer, Developer, Policy Analyst, Systems Analyst, Database Specialist, Network Specialist, Trainer, and Technical Writer. Please provide job descriptions and qualifications of staff to be assigned to these labor categories.	Enhancement labor categories provided within Attachment H Pricing Schedule E – Systems and Operational Enhancement Payments Staff of the RFP are further clarified in Amendment 3. See Amendment 3.

Question Number	Section	Document Reference	Page #	Question	Response
220	Attachment N: Sample Standard NYS Contract Language & Appendices	Appendix A, Section 10 - Records	Electronic pg. 151	Will the State please add the following language to this Section: Access to Contractor's records is subject to a confidentiality agreement with any third party authorized to conduct an examination is limited to those records that specifically pertain to this Contract. The State shall provide no less than ten (10) business days' prior notice to Contractor in the event that access to Contractor's records is necessary under the provisions of this Contract. Access to and audits of Contractor's records shall be supervised to ensure the access/audit does not impede or interfere with Contractor's business operations.	No. Appendix A is required language that is attached to every State contract and provided by the New York State Department of Law.
221	Attachment N: Sample Standard NYS Contract Language & Appendices	Appendix A, Section I – Executory Clause	Electronic pg. 150	If the Contract is terminated through no fault of the Contractor, the Contractor should be able to recuperate incurred, but unbilled costs and reasonable termination fees. Accordingly, will the State please add the following language to this Section: The State shall notify the Contractor as soon as it has knowledge that funds may not be available for the continuation of this Contract for each succeeding fiscal period beyond the first fiscal year. In the event of termination under this section, the Contractor will be reimbursed within thirty (30) calendar days of final billing for any completed or partially completed deliverables and services provided by Contractor prior to and through the effective date of termination, including any out-of-pocket costs and reasonable costs incurred or obligated but unbilled as of the date of termination; the unamortized, reasonably incurred, nonrecurring costs; costs incurred in the performance of the work terminated, including but not limited to start-up costs and preparatory expenses; costs of settling and paying terminated subcontracts and/or leases; accounting, legal, clerical and other expenses reasonably necessary for the preparation and negotiation of termination settlement proposals and claims; and a fair and reasonable profit on the foregoing costs. Any such termination will become effective on the last day of the fiscal period for which appropriations were received. This section shall not be construed so as to permit the State to cancel this Contract in order to acquire the services from a third party or to insource work.	No. Appendix A is required language that is attached to every State contract and provided by the New York State Department of Law.

Question Number	Section	Document Reference	Page #	Question	Response
222	Attachment N: Sample Standard NYS Contract Language & Appendices	State of New York Agreement, Section I(B) – Conditions of Agreement	Electronic pg. 157	Because a contract maximum will apply to the Contract awarded under this RFP, will the State agree to add stop work language to this Section should the contract maximum be met before the expiration of the Contract, as follows: Notwithstanding any other provision to this Contract, Contractor shall not be required to perform or provide deliverables and/or services under this Contract beyond the Contract maximum amount.	No. The original RFP text meets the needs of the Department.
223	Attachment N: Sample Standard NYS Contract Language & Appendices	State of New York Agreement, Section III(E) – Term of Contract	Electronic pg. 158	Will the state please modify the language as follows: This agreement may be canceled at any time for the Department's convenience by giving to the contractor not less than ~~thirty (30)~~ one hundred eighty (180) days written notice that on or after a date therein specified this agreement shall be deemed terminated and canceled. In the event of termination under this section, the Contractor will be reimbursed within thirty (30) calendar days of final billing for any completed or partially completed deliverables and services provided by Contractor prior to and through the effective date of termination, including any out-of-pocket costs and reasonable costs incurred or obligated but unbilled as of the date of termination; the unamortized, reasonably incurred, nonrecurring costs; costs incurred in the performance of the work terminated, including but not limited to start-up costs and preparatory expenses; costs of settling and paying terminated subcontracts and/or leases; accounting, legal, clerical and other expenses reasonably necessary for the preparation and negotiation of termination settlement proposals and claims; and a fair and reasonable profit on the foregoing costs.	No. The original RFP text meets the needs of the Department.

Question Number	Section	Document Reference	Page #	Question	Response
224	Attachment N: Sample Standard NYS Contract Language & Appendices	State of New York Agreement, Section V(A) - Indemnification	Electronic pg. 159	Will the state please modify the language as follows: The CONTRACTOR shall be solely responsible and answerable in damages for any and all accidents and/or injuries to persons (including death) or property directly arising out of or related to resulting from the services to be rendered by the negligent acts, omissions or willful misconduct of the CONTRACTOR or its subcontractors pursuant to this AGREEMENT. The CONTRACTOR shall indemnify and hold harmless the STATE and its officers and employees from third party claims, suits, actions, damages and costs of every nature arising out of the provision of negligent services or the commission of willful misconduct under pursuant to this AGREEMENT. The State shall promptly give Contractor written notice of such claim, shall allow the Contractor the opportunity to take over and settle or defend any such action at Contractor's sole expense, and shall cooperate in the defense of such claims at Contractor's expense, and shall provide the Contractor with reasonable assistance in defending the action. The Contractor shall not be liable for any cost, expense, or compromise incurred or made by the State in any legal action without the Contractor's prior written consent, which shall not be unreasonably withheld.	No, Section V (A) of the New York State agreement Language is approved by the Department of Law and meets the needs of the Department.
225	RFP Section III	Access Rights	III-13	When the State requires that the Contractor ensure NYS and federal staff access to retrieve claims, budget, and report information including all supporting materials and correspondence through web-based application, can the State please provide a count for the number of Users?	The Department requires the capacity to support at least nine thousand (9,000) State active users, fifty thousand (50,000) active providers and one hundred fifty thousand (150,000) total registered users (State and provider). The network also must be able to allow for ten (10) percent growth per year in the total number of users (See requirement TEC040). As of August 2013, there are approximately 8,000 total State users. A breakdown of security access by Department has been added to the amended procurement library.
226	RFP Section III	Real-time Transactions SLAs	PAGE III-14	Is response time calculated at the point at which an inquiry enters the vendor environment and not from the time at which it may have been initiated from the senders machine?	Correct, the Department starts counting response time from the entry of a claim in the contractor system.

Question Number	Section	Document Reference	Page #	Question	Response
227	RFP Section III	SLAs	throughout SLA section	For time requirements related to processing, shall that time be calculated from the time it enters the claims or other processing environment? i.e., is it correct to assume that clearinghouse and other pre-processing environments are not included in performance calculations?	The Department starts counting processing time from entry into the contractor system. It is correct that clearinghouse and other pre-processing environments not managed under the MAS contract are not included in performance calculations.
228	RFP Section III	SLAs	PAGE III-13	What lead times are expected for notification of regularly scheduled downtime in the production environment?	The expected notice is at least two weeks in advance of the scheduled down time, with longer notice expected if there is a greater than usual risk to operations upon resumption of the production environment.
229	RFP Section III	SLAs	throughout SLA section	In phone related SLAs, shall "answer" be defined as IVR? Or live answer?	An answer may come either from the IVR or a live answer.
230	RFP Section I	A Introduction	1-2	This figure indicates that encounter processing will be done by the Health Benefit Exchange. Please confirm that the encounters will then be submitted directly into the MDW to be available for reporting as there is no need for them to be processed through the MAS contractor.	The Department confirms that encounters will be submitted directly from the NY HBE to the MDW, and there is no need for them to be processed through the MAS contractor.
231	Procurement Library	Transaction History and Projections		Please define "Dept.-initiated claims adjustments processed".	These are claims adjusted retroactively at the request of the Department as a result of price adjustments.
232	Procurement Library	Transaction History and Projections		In addition to the aggregate claim volume provided in this document, please supply the claim volume, and estimated members and providers for ACFAP and AIHP.	Additional documentation on these programs has been added to the Procurement Library.
233	Q&A 1-16	Q 16	7	The response to this question indicates a Date of Receipt cutover for claims adjudication, which will require configuration of historical benefits and conversion of all claims history which are two of the most complicated activities in a traditional MMIS approach. This activity jeopardizes the ability to achieve a 12 month implementation. We would strongly encourage the State to consider an alternative Date of Service (DOS) cutover which we feel is a critical success criteria for achieving a 12 month implementation. With a DOS cutover only essential elements, such as once in a lifetime procedures and open prior authorizations, are required to be converted since all claims will be in the MDW for reporting and analysis.	The Department has extended the DDI period to 18 months as stated in Amendment 2. The Department expects to employ a date of submission cutover rather than date of service; however, during the DDI Planning period the MAS contractor may propose the use of a date of service cutover. If the Department determines that such an approach would reduce the complexity of implementation and increase the likelihood of a successful, on-time implementation for Release 2 without imposing undue burdens on providers, the Department may decide at its sole discretion to adopt such an approach.

Question Number	Section	Document Reference	Page #	Question	Response
234	Questions and Answers 1-16 document	Question 9	page 4	In the Department's response to Question 9 regarding the intent of the 12 month DDI the Department stated the following: "To support leveraging of commercial off-the-shelf (COTS) technology, the Department has increased its flexibility on technical details (compared to the previous MMIS procurement) in order to focus on achieving the outcomes provided in the RFP" Given the risks inherent in the 12 month DDI approach presented in the RFP can the Department provide bidders with the specific areas within a standard DDI approach where the Department "has increased its flexibility on technical details(compared to the previous MMIS procurement)". A detailed explanation of the increased flexibility would be very helpful to all bidders and ultimately to the Department as bidders finalize their proposed approach to meeting the 12 month DDI requirement.	The Department has extended the DDI period to 18 months as stated in Amendment 2. The R-MMIS RFP issued in 2010 contained over 1,000 additional numbered requirements in its consolidated requirements document. These additional requirements covered contract management, project management, technical specifications, and other areas. The Department is also making efforts, within limits set by program policy and statute, to further standardize transactions. For a comparison with the 2010 R-MMIS RFP please consult its procurement project web page: http://www.health.ny.gov/funding/rfp/inactive/1002031048/
235	RFP Section IV	F. Additional Submission Requirements of Highest Scoring Vendor	IV - 16	Regarding the audited financial statements required under this Section, will the State please confirm that the highest scoring vendor may submit its parent company's audited consolidated publicly traded financial statements (Annual Report) to satisfy this requirement?	The State may request the highest scoring vendor to submit financial viability documents listed in the RFP. If financial statements of the parent company are submitted a corporate guarantee will be required of the parent company subject to Department approval.
236	RFP Section I	Exhibit I-2: MAS Project Phases	I-8	Will the State agree to the following: "Upon joint agreement of the business requirements (up to 90 days), the vendor will be responsible for completing Release 1 components in 9 months and Release 2 components in 18 months."	No. See Amendment 2.
237	RFP Section III	A - Introduction	III-1	For Coordination of benefits - Does NY pay and Chase or cost avoid up front? Is this just for the FFS we are responsible for or does MAS need to manage it for the MCOs?	New York attempts to avoid pay and chase outcomes; however, pay and chase activities sometimes occur. The MAS contractor will not engage in pay and chase with MCOs, but it may do so for FFS benefits that are carved out for Medicaid Managed Care members.

A final set of answers to vendor questions is expected to be provided on or about August 22nd. At that time, additional Procurement Library materials and a redlined, amended RFP, including Attachments E and H, will also be provided.