Medicaid External Quality Review, Utilization Review, Quality Improvement, and AIDS Intervention Management System Activities in New York State
RFP Number 15552

Responses to Written Questions

Question Number	Section	Page #	Question	Response
1	III. B.	5	The RFP states that the contractor will conduct medical record reviews of "utilization reviews, i.e., admission and continued stay reviews, Diagnosis Related Group (DRG) validations, and quality of care reviews." Section IV.C.2)d., page 31 does not list utilization review (UR) volumes as a deliverable (workload projection). UR is also not a separate line on Attachment 17 (five-year projections). Section IV.C.2)c.1., page 27, the DRG section states "the contractor shall perform DRG coding validations on all inpatient medical records of Medicaid recipients selected for both utilization review and quality of care activities." What is the expected UR volume of cases to review?	The 16 categories of chart reviews identified in Attachment 17, Utilization Review Allocations – Five Year Projections; Attachment 10, Cost Proposal Form 1, Activity 2C; and further detailed on pages 27- 32 of the RFP, including DRG Coding Validation, are all subcategories under the broader category which more accurately could be referred to as retrospective UR/DRG/Quality chart reviews. Therefore, there is no distinct separate review category entitled "utilization reviews" on any of the referenced documents, including the Cost Proposal form for Activity 2C. The estimated 79,300 chart reviews identified as "DRG Coding" include approximately 40,000 selected claims reviewed for DRG validation only. The remaining estimated 39,300 annual DRG reviews are a subset of the remaining 15 categories of retrospective UR/DRG/Quality chart reviews which may also require DRG validation. Only one review rate is billed per claim. Cases reviewed for DRG validation only should be billed at the DRG rate. Other categories of reviews, which may include DRG validation, should be billed at the rate for the specific subcategory of retrospective review being conducted.

Question Number	Section	Page #	Question	Response
2	III. B.	5	Historically UR and DRG reviews are performed on each case selected for DRG review. Please clarify whether UR and DRG should be performed on each case selected for DRG review. If so, and if both DRG and UR are performed on one case, should both rates be billed for the one case? If not, which rate should be used?	See answer to #1.
3	IV. B.	8	The RFP states that "the Department will accept proposals from organizations designated by CMS as Medicare Quality Improvement Organizations (QIOs), or those on the list of QIO-like organizations." Are there additional requirements defining qualified organizations that reflect the federal requirements for providing EQR services? For example, must a bidder be an EQRO that meets the competence and independence requirements set forth in 42 CFR §438.354 which states: *States must contract with EQROs that have, at a minimum, the following:* • *Staff with demonstrated experience and knowledge of Medicaid recipients, policies, data systems, and processes; managed care delivery systems, organizations, and financing; quality assessment and improvement methods; and research design and methodology, including statistical analysis;* • *Sufficient physical, technological, and financial resources to conduct EQR or EQR-related activities; and* • *Other clinical and nonclinical skills necessary to carry out EQR or EQR-related activities*	Please see pages 8-9 of the RFP. In order for the Department to accept a proposal from an organization, that organization must be recognized by CMS and be on the list of designated organizations as of the date of the RFP issuance. Consistent with federal regulations 42 CFR 438.354 regarding standards of independence, the contractor and any subcontractors must provide assurances that they are independent from the State Medicaid program and from any MCO they would be required to review.

Question Number	Section	Page #	Question	Response
			and to oversee the work of any subcontractors. • *The EQRO and its subcontractors must be independent from the State Medicaid agency and from the MCOs or PIHPs that they review. An "independent" entity is one that is free of organizational or financial control over the State Medicaid agency and the MCOs/PIHPs it reviews.* • *An EQRO may not review an MCO or PIHP if either the EQRO or MCO or PIHP exerts control over the other, the EQRO delivers any health care services to Medicaid beneficiaries, conducts ongoing Medicaid managed care program operations, or has a present or known future direct or indirect financial relationship.*	
4	III. B.	5	The RFP states "The results of these reviews will be reported to the Department for necessary action including the recoupment of Medicaid expenditures." In addition Section IV.C, page 17 states "The accurate and timely reporting of adjustments/recoupment actions to the Department and the Medicaid Fiscal Agent…: Section V.C.2.b, page 12 states "The contractor shall take action against any provider who it has determined is providing inappropriate or unnecessary care including but not limited to the identification and denial of inappropriate Medicaid billings, payment denials, and follow up to assure that such individual case denial information has been processed appropriately to the Department in a manner and	Yes, transfer of data to CSC will be done electronically through the Secure File Transfer Protocol (SFTP) between the contractor and CSC.

Question Number	Section	Page #	Question	Response
			format required by the Department to execute recoupment of reimbursement." Section IV.C.2.b., page 27 states the contractor will "assure that such individual case denial information has been processed appropriately to the Department in a manner and format required by the Department to execute recoupment of reimbursement." Will claim recoupment and reconciliation be completed using electronic file transfer processes between the vendor and CSC?	
5	Various	Various	The number of plans per type differs in the RFP among various sections – SOW, background, Attachments 9 and 10. Please clarify the number of plans for each type of plan that should be used for budgeting purposes.	The cost proposal should be based on the bidder's best projection of workload during the entire contract period. Bidders should review and consider all information found in the RFP when projecting cost.
6	IV. C. 1. a.	10 and Attach-ments 9-10	Per the SOW, the list of MCOs submitting QARR/HEDIS® data includes MMC/CHP, HIV-SNP, Medicaid Advantage, MAP, HARP, BHO, DISCO and commercial plans including QHPs. Are the QHPs included in the number of commercial plans (7) noted in Attachments 9 and 10? If not, please provide the number of QHPs to be included?	QHPs are not included within the number of commercial plans (seven). There are currently four QHPs that are expected to submit QARR/HEDIS data according to the activities described in the scope of work.
7	IV. C. 1. a.	10 and Attach-ments 9-10	The HIV-SNP plans are included in the SOW and Attachment 10, should these plans also be included in Attachment 9?	Yes, HIV-SNP plans should be included in Attachment 9 under Activity 1, Validation of MCO Quality Performance Measure Data. The estimated number of plans for this activity during the five-year contract is as follows: 18 MMC/CHIP; 3 HIV-SNP; 7 Commercial; 4 QHP; 25 MLTC (MA/MAP); 25 FIDA; 10 HARP; and, 10 DISCO.
8	IV. C. 1. a.	10 and Attach-	FIDA and FIDA IID are referenced in the SOW as requiring introductory training (p.11), although	FIDA and FIDA IID plans should be included in the list of plans on page 10 under Validation of

Question Number	Section	Page #	Question	Response
		ments 9-10	these plan types are not listed in the overall list on page 10. Attachment 9 includes these plans however Attachment 10 does not. Please clarify this discrepancy.	MCO Quality Performance Measure Data. Training for these plans will be required upon initial rollout. Attachment 10 does not list these plans under this activity, since they will not be in existence during the first year of the contract. However, Attachment 10 should be completed in recognition that these plans will be subject to this activity upon rollout. This is described in the background, scope of work and Attachments 7 and 9.
9	IV. C. 1. a.	10 and Attach-ments 9-10	The SOW includes DISCO and HARP plans. Attachment 10 does not address DISCO or HARP plans. Please clarify this discrepancy.	Attachment 10 does not list DISCO and HARP plans under this activity, since they will not be in existence during the first year of the contract. However, Attachment 10 should be completed in recognition that these plans will be subject to this activity upon rollout. This is described in the background, scope of work and Attachments 7 and 9.
10	IV. C. 1. b.	11 and Attach-ments 9-10	Please clarify whether HARP plans should be included in this activity. HARP plans are referenced in the SOW and Attachment 10 but not Attachment 9.	HARPs will be included in this activity and should have been included in Attachment 9 (see response to Question 7). These plans are not listed in Attachment 10, since they will not be in existence during the first year of this contract. However, Attachment 10 should be completed in recognition that these plans will be subject to this activity upon rollout. This is described in the background, scope of work and Attachments 7 and 9.
11	IV. C. 1. b.	12 and Attach-ments 9-10	Please clarify the volume of records for review. The SOW references 15 records per plan, up to 1,320 records. Attachment 9 references 1,275 records and Attachment 10 indicates up to 20 records per plan.	It is anticipated that up to 15 records per plan will be included in a functional assessment validation study.

Question Number	Section	Page #	Question	Response
12	IV. C. 1. b.	12 and Attach-ments 9-10	The SOW (p. 12) includes a report summarizing findings including plan-specific results as a specific task. Should the bidder assume one overall report, encompassing all populations/plans with plan-specific findings? Are population-specific and/or plan-specific reports also required?	Both plan-specific and population-specific findings will be required of the validation study. The need for separate reports will be determined by the Department.
13	IV. C. 1. c.	12 and Attach-ments 9-10	Please clarify the type of MCOs that will be included in this activity: The SOW lists MMC/CHP, HIV-SNP, MLTC, FIDA, HARP, and DISCO plans. Attachment 9 does not address plan types and Attachment 10 does not include FIDA, DISCO or HARP plans.	All plans and plan types listed in the scope of work will be included in this activity (Validation of Encounter Data) as described. Attachment 9 estimates workload volume irrespective of plan types. Not all of these plans will be in existence during the first year of the contract and there is no guarantee of when they will ultimately be incorporated. Therefore, not all plans are listed on Attachment 10.
14	IV. C. 1. e. 1., Access Survey of Provider Availability	14	Please clarify the plan types, number of plans and volume of calls per plan for this activity.	Up to 16 MMC/CHP, three HIV-SNP, 10 HARP and 10 DISCO plans will be surveyed during the course of this contract. In the first year, only MMC/CHP plans and HIV-SNPs will be in existence. Regionally, each plan will have a volume of up to 240 calls per plan per year.
15	IV. C. 1. e. 1., Access Survey of Provider Availability	14-15	This Section includes validation of provider directory information in the access and availability survey. It is our understanding that this validation is done in a separate survey, not as part of the access and availability survey. Please confirm that the Provider Directory Survey will be discontinued as a separate survey and merged with the Access and Availability Survey.	The Department intends to merge both of these surveys into one survey. The workload estimates for this activity in Attachment 10 are inclusive of both surveys.
16	IV. C. 1. e. 1., Access Survey of	15	The RFP states that "an average of 100 completed calls for each of the 16 Medicaid/CHP managed care plans … are conducted annually." It is our	An estimated 240 calls per plan per year will be conducted regionally.

Question Number	Section	Page #	Question	Response
	Provider Availability		understanding that 240 calls per region per plan per year have been conducted. Please confirm that the number of calls in total per plan per year is reduced to 100.	
17	IV. C. 1. e. 2., Medicaid Managed Care Plan Member Services Survey	15-16	The RFP states that "…surveys are conducted once a year…" and "These surveys will be conducted at least once during the year, with a follow-up survey for plans who fail the primary survey." Please confirm that only one primary survey per year is to be conducted.	The entire Medicaid Managed Care Plan Member Services Survey will be conducted twice per year with a follow up survey after both.
18	IV. C. 1. e. 4., Provider Network Data	17	Should the 4.1 million records noted in the SOW also be addressed in Attachment 9?	It is anticipated that the quarterly plan Provider Network submissions will consist of approximately 2.5 million records. The provider roster files, also submitted on a quarterly basis, will consist of approximately 4.1 million records. Attachments 9 and 10 should be updated to reflect these provider roster file submissions in the work volume for the Provider Network submission activity.
19	IV. C. 1. f. 2., Additional Experience of Care Surveys (non-CAHPS)	19 and Attach-ments 9-10	Please clarify the plan types for this activity. The SOW lists MMC, MLTC, HARP, FIDA, and DISCO plans. Attachments 9 and 10 do not reference the types of plans included in this activity.	All plans and plan types listed in the scope of work will be included in this activity as described. Not all of these plans will be in existence during the first year of the contract and, therefore, not all plans are listed in Attachment 10.
20	IV. C. 1. g.	20-21	The Asthma CME Program is not included in the RFP. Please confirm that the Asthma CME Program will be discontinued and should not be included in the proposal?	The Asthma CME Program is not expected to continue after the current agreement ends in May 2015. However, future determination of the program needs may indicate that the CME program is necessary. If so, the Department will work with the contractor to support this

Question Number	Section	Page #	Question	Response
				function.
21	IV. C. 1. h.	21	Is the intent of the focused studies to evaluate and make recommendations at the Medicaid managed care program level only or to permit comparisons among MCOs as well? If the later, sample sizes as noted in the RFP may not be sufficiently robust.	The focused clinical studies are intended to be an evaluation for the Medicaid program and not to make comparisons among individual plans.
22	IV. C. 1. h.	21 and Attach-ments 9-10	Please clarify the frequency of MMC/CHP/HIV-SNP studies. The SOW indicates up to 5 studies/5 years and Attachment 9 indicates 3 studies/5 years.	Attachment 9 contains an error. The correct frequency is stated in section IV. C. 1. h. The MMC/CHP and HIV-SNP studies are expected to take place up to five times over the course of the contract.
23	IV. C. 1. h.	21 and Attach-ments 9-10	Please clarify the volume of records for MLTC/FIDA/DISCO studies. The SOW and Attachment 9 indicate 600 records per study and Attachment 10 indicates 200 records per study.	Attachment 10 contains an error. The correct volume for the MLTC/FIDA/DISCO studies is 600 records per study, as described in section IV. C. 1. h. Additionally, FIDAs and DISCOs should not appear on Attachment 10 since they will not be operational in the first year of the contract.
24	IV. C. 1. i.	23 and Attach-ments 9-10	Please clarify the volume of MMC/CHP and HIV-SNP full and interim reports: per the SOW, one full report and 4 interim reports; per Attachment 9, 2 full reports and 3 interim reports.	Attachment 9 contains an error. The correct volume for the MMC/CHP and HIV-SNP plan technical reports is in section IV. C. 1. i. One full report is expected in Year 3 of the contract and interim reports are expected in Year 1, 2, 4 and 5.
25	IV. C. 1. i.	23 and Attach-ments 9-10	The number of full and interim reports for HARP and DISCO plans differs between the SOW and Attachment 9. The SOW implies one full report and 2 interim reports and Attachment 9 includes 2 full and 3 interim reports. Please clarify this discrepancy.	Attachment 9 contains an error. The correct volume for the HARP and DISCO plan technical reports is in section IV. C. 1. i. One full report is expected in Year 3 and interim reports are expected in Years 4 and 5.
26	IV. C. 2. d.	31	The RFP requires that the contractor conduct 79,300 annual DRG reviews. The RFP also states that 7,500 Mortality/Complication reviews, 15,000 One Day Stay reviews and 3,000 random focused reviews are	See answer to #1.

Question Number	Section	Page #	Question	Response
			required. Are these 25,500 reviews a portion of the total DRG cases and not in addition to the 79,300 DRG cases. Please confirm if these 25,500 cases are a subset of the 79,300 cases.	
27	IV. C. 2. d.	31	The RFP states that "annual volume is approximately 40,000 cases selected for DRG validation only. In addition, the contractor will also review 39,300 specially focused DRG cases…" Please clarify what the difference is between these two categories?	See answer to #1.
28	IV. C. 3. a.	33	Please confirm that AIMS quality of care medical record unit pricing includes an average of 10 indicators for a single (not multi) year review period. Also, with the statement that there may be an average of 10 indicators per chart, should applicants use this assumption when preparing their cost proposal?	Yes, the AIMS quality of care medical record unit pricing includes an average of 10 indicators for a single (not multi) year review period. The average number of indicators is just an average with a range of six to 15. Bidders may decide how to weight their bid per chart.
29	IV. C. 3. a. 4. a.	36	The RFP states that "these reviews would examine aspects of care rendered over a twenty-four (24) month period for adolescents …" As this represents a multi-year period, for costing purposes, should respondent assume that each year is to be considered one record?	This review is included in the Focused Clinical Studies section. For each focused clinical study, the bidder should provide a proposed approach as outlined on page 57 of the RFP. This is similar to the Focused Clinical Studies in the EQRO section of the RFP and pricing should be developed using the same approach.
30	IV. C. 3. a. 4. d/e.	37-38	For Viral Load Suppression, and Health Homes, what workload assumptions should be used to cost out these categories?	These reviews are included in the Focused Clinical Studies section. For each focused clinical study, the bidder should provide a proposed approach as outlined on page 57 of the RFP. This is similar to the Focused Clinical Studies in the EQRO section of the RFP and pricing should be developed using the same approach.
31	IV. C. 4. c.	43	The RFP states that the contractor "will be responsible for feedback reports and interventions,	Data validation will analyze SPARCS data on POA accuracy and completeness using established

Question Number	Section	Page #	Question	Response
			including data reconciliation with hospital clinical records" for Special Studies and Improvement Projects (Present on Admission Coding Validation). How will data reconciliation be performed to the SPARCS inpatient discharge data set (i.e., processes, record layout)?	criteria, currently 3M's software with five criteria. Within the validation, the contractor will interact with those facilities where potential POA issues have been identified. This includes checking the code mapping algorithms of the facilities system; extracting the records with the potential issues, sharing with the facilities in questions; and assisting them in the reconciliation of these issues. Included with this project are a series of reports which will include such topics as facilities with and without potential issues; which of the potential issues are actual or due to unique circumstances (i.e., very small and select population served); resolution of issues deemed to be actual; and year to year comparison by facility.
32	VI.	52	Are clinical staff (physicians, RNs, etc.) performing medical necessity and provider record reviews required to be licensed in New York State?	This requirement has changed from previous procurements, where clinical staff were required to be licensed in New York State. The requirement for this RFP is "clinical staff must hold a current and valid license to practice in their profession." There is no requirement that clinical staff must hold a New York State license.
33	VII. B. 7. c., Technical Proposal, Staffing	59	This section lists "project directors." These positions are not listed on Cost Proposal Form 2. Please confirm if this title should be included for future consultant activities.	The position of project director described in section VII. B. 7. c. should be considered equivalent to the project manager position listed in Cost Proposal Form 2.
34	VIII. C.	65	The RFP requires 11 point font or larger. Can tables and graphics use a smaller font size as long as it is readable, e.g., a minimum of 8 point font?	Yes, a smaller font for tables and graphics is allowable as long as the information is readable.
35	VII. C. and Attachment	61	The RFP states that the "New York State Department of Health herby establishes an overall goal of 20%	The Department's goal is 20% of the total value of the contract.

Question Number	Section	Page #	Question	Response
	5, M/WBE Procure-ment Forms		for MWBE participation….” Please clarify whether this 20% goal is calculated as 20% of the total value of the contract or 20% of the total value of all proposed subcontracting dollars. If the later, please clarify the percentage columns on the M/WBE Form #1 which starts with 1. Total Dollar Value of Proposed Bid and shows 100 in the percent column.	
36	Attachment 5, M/WBE Procure-ment Forms		Do the final M/WBE proposed regulations apply to this procurement?	No.
37	Attachment 5, M/WBE Procure-ment Forms		Do planned discretionary purchases for non-contract related/overhead expenses, equipment and/or supplies from certified minority- and women-owned business enterprises count toward the goals?	Expenses that are wholly unrelated to this procurement do not count toward the 20% M/WBE goal.
38	Attachment 5, M/WBE Procure-ment Forms		This attachment includes six forms. It appears that only some of them should be completed and submitted with the proposal. Please confirm which of the six forms should be completed and submitted with the proposal.	Bidders are required to submit the following M/WBE forms with their proposal as they apply to the bidder: Form #1 (M/WBE Utilization Plan), Form #2 (M/WBE Waiver Request) if a waiver request is being submitted and Form #5 (Equal Employment Policy Statement – Sample).
39	Attachment 9, EQR Work Activity Volume		The estimated volume of record reviews is 500 annually. Please confirm that 500 record reviews are across all plan types.	The estimated volume of record reviews is across all plan types, as necessary.
40	Attachments 9 and 10 (EQR)		Attachments 9 and 10 reference a sample of 500 per plan per survey. Is the unit definition of “one survey administration” equivalent to one plan sample of 500 for one survey? Or for one survey for multiple plans? Please clarify.	The unit definition of one survey administration should be one survey for multiple plans.
41	Attachments 9 and 10		Attachment 10 does not address FIDA, DISCO or HARP plans. Should these plans be included in the	Attachment 10 provides an example of plan types subject to each activity based on the first

Question Number	Section	Page #	Question	Response
	(EQR)		estimated annual volume?	year of the contract. Not all plans/plan types will be in existence during the first year of the contract and, therefore, not all plans are listed. However, Attachment 10 should be completed in recognition that these plans will be subject to this activity upon rollout. Attachment 7 should be referenced for estimating potential rollout dates.
42	VII. D. 3. and Attachment 10, Cost Proposal Forms	63	The RFP states that the total bid for the five years will be used in comparing bids and awarding points. The cost proposal forms (Attachment 10) do not include a place for total costs, either by year or for the full five years, they only provide a place for unit prices. Will the cost proposal forms be revised to provide a place for the total annual and five year price for each of the five major activities? Will a bid summary page, with the totals for each activity carried forward to provide a focused total value for the five-year bid be provided?	See amendment #1. The cost proposal form has been amended. Total cost will be calculated by the Department for cost proposal evaluation purposes.
43	VII. D. 3. and Attachment 10, Cost Proposal Forms	63	The RFP states that the total bid for the five years will be used in comparing bids and awarding points. The RFP also states that bidders must use the first year volumes for bid purposes. How can a "total bid for the five years" be proposed if only the first year volumes are to be used? Additionally, how should volumes for activities that begin after the first year (e.g., Viral Load Suppression Study and Health Homes) be included?	Proposals should not reflect the unit cost for work at Year 1 volumes. Year 1 workload volumes should be used to assist in constructing bids that reflect cost Based on the information provided by bidders in their cost proposal, the Department will calculate a total bid price for each of the five years of the contract and a total bid price for five years. The total bid for the five years will be used in comparing bids and awarding points. Bidders should submit prices that will apply for all years of the contract.

Question Number	Section	Page #	Question	Response
44	Attachment 10, Cost Proposal Form 1, Activity 1 (EQR)		Please confirm that the unit description of "one annual submission" includes one submission for all plans subject to the activity during the review year.	Yes, one submission is for all plans subject to the activity during the review year.
45	Attachment 10, Cost Proposal Form 1, Activity 1 (EQR)		Does the unit description of "one validation study" include one study of one plan or for all plans subject to the activity during the review year?	Yes, one validation study includes all plans subject to the activity during the review year.
46	Attachment 10, Cost Proposal Form 1, Activity 1 (EQR)		Please confirm that the unit price is for only one PIP for one plan.	Yes, the unit price is for one PIP validation per plan.
47	Attachment 10, Cost Proposal Form 1, Activity 2C (UR)		Will the cost proposal form for Activity 2C be revised to include a price per unit for UR?	No. See answer to #1.
48	Attachment 10, Cost Proposal Form 1, Activity 3 (AIMS)		The AIMS Inpatient UR unit is defined as one MR. Inpatient UR is typically performed on one discharge. Please confirm that this is the correct unit.	Yes, that is the correct unit.
49	Attachment 10, Cost		The "all other medical record reviews" under " item B. AIMS Utilization Review, can include records for	Bidders should apply their own utilization review experience in making these determinations.

Question Number	Section	Page #	Question	Response
	Proposal Form 1, Activity 3 (AIMS)		the Inpatient Care Reviews described on page 37. In the narrative on page 37, it states that a "second tier of review could be added." This would require the contractor to solicit medical records post inpatient care. For costing purposed, should we assume the full universe of patients for this second tier of review? If not, what percentage should be assumed to require a second tier of review? How many records on average are included in a second tier of review? How many sites per patient? For what period of time?	
50	Attachment 10, Cost Proposal Form 1, Activity 3 (AIMS)		Item D (Other Data and Analytical Costs) on this form includes only a rate per hour. How should the "Annual Price" be calculated for this activity? Since the unit price is the price per hour (blended), how many hours should be assumed as the multiplier in order to calculate the annual price? Why is this category (D) the only category with an annual price calculation?	See amendment #1. There is an error on Attachment 10, Cost Proposal Form, Activity 3. For section D, "Other Data and Analytical Costs Not Included in A through C above," bidders should only provide a unit price based on the unit definition of "per hour."
51	VII. D. 3. and Attachment 10, Cost Proposal Form 2	63	The RFP states that the total bid for the five years will be used in comparing bids and awarding points. One of the pricing categories is a listing of hourly personnel rates to be used for Activity 2E, Activity 4 and Activity 5. How will these rates be treated in the evaluation of cost proposals? Should there be an annual level of effort for each position or budgets for the Special Studies and Improvement Projects? If so, what assumptions should be used to determine the level of effort? Should an amount be included for preparation of special project proposals?	The Department will calculate an annual price based on the hourly staff rates for each position provided by bidders in Cost Proposal Form #2. In determining the hourly staff rates, bidders must provide all-inclusive hourly rates for all specialized personnel listed on Attachment 10. These composite hourly rates will apply for the entire contract period.
52	Attachment 10, Cost		Please confirm that hourly staff rates are required for Activity 1 (EQR) or Activity 3 (AIMS).	Yes, this is confirmed.

Question Number	Section	Page #	Question	Response
	Proposal Form 2			
53	Attachment 18		Please confirm that the Year 1 volume for QOC Medical Record Reviews is 3,200 (not 3.200).	The Year 1 volume for QOC Medical Record Reviews is 3,200.
54	Attachment 21		Is this form required to be submitted with the Proposal? If so, with the Technical or Cost Proposal?	Yes, the form should be submitted with the Technical Proposal.
55	III.	4	The Department states that they are seeking a single contractor to fulfill all work requirements associated with the contracted activities discussed in the New York State Department of Health RFP #15552 for Medicaid External Quality Review, Utilization Review, Quality Improvement, and AIDS Intervention Management Systems Activities in New York State. Is the Department willing to accept proposals from us for the Utilization Review portion of the RFP?	No. The Department is seeking a single contractor to fulfill all of the work requirements summarized in the RFP.
56	IV. C. 1. e. 2.	16	The RFP task 1) specifies "Prepare sampling tool." Based on the description of the survey, sampling does not seem to be required as all MCO member services departments will be surveyed. Please clarify whether or not sampling is required.	Task 1 for this section should read "Prepare survey tool."
57	IV. C. 1. e. 3.	16	The RFP task 1) specifies "Prepare sampling methodology, including data collection tool." Based on the description of the survey, sampling does not seem to be required as all PCPs whose "panel of patients exceeds the acceptable range" will be surveyed. Please clarify whether or not sampling is required.	Task 1 for this section should read "Develop survey methodology, including data collection tool."
58	IV. C. 1. e. 4.	18	The RFP task 8) specifies "Develop and maintain a Medicaid ID request tool for MCOs to submit to the NYS Medicaid Fiscal Agent." Is the task to build a	The Medicaid ID assignment will be handled by the Department. The contractor will be responsible for developing a tool/mechanism for

Question Number	Section	Page #	Question	Response
			tool that would serve as a file transfer request from MCOs to the fiscal agent and the Agent assigns the ID or does the contractor need to assign IDs and build a repository to house and maintain the IDs?	MCOs to request IDs from the Department.
59	IV. C. 4. a.	40	In activity 2) the RFP states "Maintain web portal for the submission of patient-level data for measuring compliance with sepsis protocols." In activity 3), the RFP states "Create, maintain, and update a database to evaluate risk-adjusted sepsis mortality. Reporting tools may require revision periodically throughout the contract period." These two items contradict each other since you cannot build the portal without also building a database to store the data that comes through the portal. Please clarify these requirements.	The database developed for this activity does not need to be a web-based data entry system. The contractor may choose to build a standalone data entry system for Plans to use in house, as long as a web-based portal is developed for the secure transmission of data files from plans. The contractor must develop, maintain and update both the web portal and any database designed for the collection of applicable information from plans. If the contractor chooses to build a web-based data entry system, activities 2 and 3 will indeed overlap.
60	IV. C. 4. a.	41	Activity #7 states "Review of patient medical records to:" There are no subordinate paragraphs to this activity. Please confirm that activities #8 and #9 are subordinate to activity #7 and that Activity #10 should be renumbered to #8. If this is not correct, please provide the subordinate paragraphs to Activity #7.	Activities numbered 8 and 9 under Section IV. C. 4. a. should be subordinate to activity 7. Activity 10 should be renumbered activity 8.
61	IV. C. 4. e.	45	The RFP states that "the program is currently moving toward electronic reporting of adverse event reports (AERs) by practitioners, with an anticipated implementation timeline of 2014." Should the contractor assume the reporting system is created and will be available or should the contractor propose a system for accepting AEs?	The contractor will not be asked to propose or develop a system for reporting or accepting AERs.
62	IV. C. 4. e.	45	The RFP states that "data entry and report processing is currently complicated by the need to	The contractor will not be asked to resolve historical or current issues related to AER data

Question Number	Section	Page #	Question	Response
			enter AER data into multiple databases." Is this the same reporting system as above and, if so, is the system designed to resolve these issues or should the contractor propose a system for resolution?	entry.
63	IV. C. 4. e.	46	Item 4 states "Review and enter summaries….in AER Review Database". This line of the RFP speaks to older AERs. Are new cases entered into the same Department AER database by the review contractor or is there a new system for collecting AER outcomes of review?	Activity 4 refers to entering historical (closed) AER data into the existing AER system. New cases are entered into the same system.
64	IV. C. 4. e.	46	Item 8 states that the contractor should "facilitate submission of medical records to the OBS program via secure file transfer." Please clarify this statement. Who is submitting the medical records to OBS in this activity, the contractor or the provider? What medical records are being submitted, the estimated 600 records under review for AER or the 800-900 medical record reviews? Is the contractor receiving hard copy records from providers and arranging for converting them to electronic form and submitting them via secure file transfer? Is the contractor providing technical assistance to providers on how the providers can arrange for submission via secure file transfer?	Providers and hospitals submit medical records to the OBS program for AER review. It is estimated that 600 records will be submitted annually. The contractor will facilitate the submission of these medical records through the secure file transfer application of the Health Commerce System, providing technical assistance as needed. Facilitation of this activity does not necessarily require the contractor to convert hard copies of records into electronic files for the plans.
65	IV. C. 4. g.	47	Is this Special Study/Quality Improvement Project aimed only at primary practices or is it all office-practice medicine, including all specialties?	It is anticipated that this work is primarily applicable to primary care practices. Given the dynamic nature of New York State's health care system and Medicaid managed care delivery, the work could expand and the Department will assist the contractor to respond to the work scope.
66	Attachment		In which section of the proposal (Technical or Cost)	Attachment 3 (Lobbying Form) should be

Question Number	Section	Page #	Question	Response
	3		should the Lobbying Form be included?	submitted with the technical proposal.
67			Previously, this RFP was three separate individual RFPs. Specifically, "Medicaid Managed Care External Quality Review" was issued in 2006, "Utilization, Quality, and AIMS Reviews"; Part A: Medicaid Utilization Review and Quality Improvement Activities, and Part B: AIDS Intervention Management System Activities was issued in 2008, and "State Surveillance Activities for Hospitals and Diagnostic & Treatment Centers" was issued in 2010. Why are they now combined into one RFP?	The Department is looking to consolidate like functions into a single contract. This is being done to minimize administrative burden and leverage better pricing, thereby resulting in cost savings to the state.
68			Why are bidders being given half the normal time to respond to this RFP as compared to other RFPs?	There is no "normal" time for submission of proposals. Times vary based upon the specific RFP. This RFP allows for more than five weeks to submit a proposal, which the Department feels is an adequate amount of time to prepare and submit a proposal.
69			Doesn't the fact that DOH is giving bidders half of the usual time to respond to this RFP favor the current contract holder?	No. This RFP allows bidders more than five weeks to submit a proposal.
70			Are you aware that the same entity is the current vendor of each individual contract that makes up this combined RFP?	Yes.
71			As currently written, conflict of interest criteria for "Medicaid Managed Care External Quality Review" will preclude a bidder from bidding on the entire RFP which had previously been three different RFPs and four contracts, including "Utilization, Quality, and AIMS Reviews"; Part A: Medicaid Utilization Review and Quality Improvement Activities, and Part B: AIDS Intervention Management System Activities, and "State Surveillance Activities for Hospitals and	The Department will accept proposals from organizations recognized by CMS as a Medicare Quality Improvement Organization (QIO), or a QIO-like organization, and are on the list of designated organizations as of the date of the RFP issuance. Consistent with federal regulations 42 CFR 438.354 regarding standards of independence, the contractor and any subcontractors must provide assurances that

Question Number	Section	Page #	Question	Response
			Diagnostic & Treatment Centers." Is that accurate or will that conflict be waived for the other components of the RFP?	they are independent from the State Medicaid program and from any MCO they would be required to review.
72			We respectfully request that DOH reconsider the crafting of this RFP and instead offer it as four separate components, in keeping with the history of the prior competitive-bidding process associated with those contracts and to provide an opportunity for multiple bidders to demonstrate their value to the State. Will DOH consider that request?	No. The decision to combine the activities referenced in the RFP was done after very careful consideration and is consistent with the Department's mission to streamline procurement processes, reduce costs and taxpayer expenses.
73			As evidenced by the prior RFPs, conflict of interest criteria for "Medicaid Managed Care External Quality Review" has nothing to do with the other parts of this RFP, which had previously been put out to bid as four separate contracts. What is the reasoning to have this conflict of interest criteria to apply to all of the other components? a. What steps were taken to ensure that this RFP was not combined and crafted to favor a specific vendor?	Consistent with federal regulations 42 CFR 438.354 regarding standards of independence, the contractor and any subcontractors must provide assurances that they are independent from the State Medicaid program and from any MCO they would be required to review. The Department developed the RFP to ensure that a multitude of potential bidders would be eligible to perform the activities described in the RFP through existing staffing. Qualified organizations may also propose subcontractor(s) to perform activities described in the RFP.