



Department of Health

Request for Proposals

RFP # 17744

Support for the Operational Management of New York State's Early Intervention Program

Issued: August 17, 2018

DESIGNATED CONTACT:

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

Elizabeth Wood
Bureau of Contracts
New York State Department of Health
Corning Tower, Room 2827
Albany, New York 12237
Telephone: 518-474-7896
Email Address: elizabeth.wood@health.ny.gov

PERMISSIBLE SUBJECT MATTER CONTACT:

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

MaryJo Polfleit
New York State Department of Health
Bureau of Administration/Center for Community Health/Division of Family Health
ESP Corning Tower, Room 859
Albany, New York 12237
Phone: 518-473-4441
Email Address: SOMEIP@health.ny.gov

Negotiation of Contract Terms after Award

Ken Moehringer
New York State Department of Health
ESP Corning Tower Room 209
Albany, NY 12237
Phone: 518-473-4569
Email Address: kenneth.moehringer@health.ny.gov

Terms and Acronyms Used in this Document

The following table lists definitions for abbreviations used throughout this document.

270 - Eligibility request file
271 - Eligibility response file
277 –Third-party payer response file
835 - Electronic remittance advice
837 - Electronic submission file
999 – Claim received file
Adjudication Matrix – a list of how claim errors will be processed
APR – Annual Performance Reporting
ATC – Assistive Technology Coordinator
ATD – Assistive Technology Device
CMS – Centers for Medicaid and Medicare Services
CBO - Central Billing Office
CMS – Centers for Medicare and Medicaid Services
COTS – Commercial off the shelf
CPSE – Committee on Preschool Special Education
CPT - Current Procedural Terminology
EDI - Electronic Data Interchange
EFT – Electronic Funds Transfer
EHDI – Early Hearing Detection and Intervention
EI Billing – the SFA’s web-based portal for EIP programs to use
EIO-Early Intervention Official
EIO/D – Early Intervention Official Designee
EIS - Early Intervention Services
EOB – Estimate of benefits
ERA - Electronic Remittance Advice
Escrow – funds held by the lead agency (counties)
ETIN – Electronic Transmitter Identification Number
ETL -Extraction, transformation, and load tool
FERPA – Family Educational Rights and Privacy Act
GAAP – Generally Accepted Accounting Principles
HCPCS – Healthcare Common Procedure Coding System
HIPAA – Health Information Portability and Accountability Act
HSA - Health Spending/Savings Account
IDEA – Individuals with Disabilities Education Act
IFSP- Individualized Family Service Plan
ISC – Initial Service Coordinator
ITS – Information and Technology Services
MDE – Multi-Disciplinary Evaluation
Medicaid Code 35 – An identifier used by Medicaid to assign service coordination services
NYSPHL-New York State Public Health Law
NPI - National Provider Identifier numbers
NPRM – Notice of Proposed Rulemaking
NYEIS – New York Early Intervention System (A centralized web-based system that electronically manages EIP administrative tasks and provides for the exchange of information among municipalities, EIP providers, and State administrators)
OCFS – Office of Children and Family Services

OHIP – Office of Health Insurance Programs
OMIG – Office of the Medicaid Inspector General
OPWDD – Office of People with Developmental Disabilities
OSC – Ongoing Service Coordinator
OSEP - Office of Special Education Programs
PA - Prior Authorization
PII - Personally Identifiable Information
PHI – Public Health Information
QA/QI – Quality Assurance/Quality Improvement
QMM – Quality management methodology
QMP – Quality management plan
RDMS – Relational Database Management System
SDLC – System Development Life Cycle
SFA – State Fiscal Agent
SPA - State Plan Amendment
SPP – State Performance Plan
TRAID – Technology Related Assistance for Individuals with Disabilities Center

TABLE OF CONTENTS

(Hyperlinked; click to go directly to desired topic.)

TABLE OF CONTENTS.....5

1.0 CALENDAR OF EVENTS7

2.0 OVERVIEW7

2.1 Introductory Background7

2.2 Important Information13

2.3 Term of the Agreement13

3.0 BIDDERS QUALIFICATIONS TO PROPOSE13

3.1 Minimum Qualifications13

4.0 SCOPE OF WORK.....14

4.1 Scope of Work14

4.2 Continuity of Operations18

4.3 Transition of SFA Fiscal Management Functions18

4.4 Transition of Provider and Child Case Management, and non-Fiscal Management Functions19

4.5 Tasks/Deliverables.....22

4.5 a. Overview of Operations.....22

4.5 b. Contractor Hosted Solution22

4.5 b.1. Provider Enrollment and Management24

4.5 b.2. Child Case Management and Documentation25

4.5 b.3. Fiscal Management/Claims entry30

4.5 c. Transaction acceptance and processing.....30

4.5 d. Claim Validation and Editing30

4.5 e. Claims Processing.....31

4.5 f. Improvement in Insurance Reimbursement34

4.5 g. Claims Payment34

4.5 h. Processing of Contractor Claims.....37

4.5 i. Medicaid Code 35 Assignment and Claims Payment39

4.5 j. Payment of State Share39

4.5 k. Utilize Established Banking and Accounting Functions40

4.5 l. Customer Service Center41

4.5 m. Quality Assurance/Quality Control44

4.5 n. Reporting46

4.5 o. Data Synchronization, Transfer, Conversion, Migration and Integration47

4.5 p. Data Management /Data Warehouse.....47

4.5 q. Metadata Management and Delivery48

4.5 r. Technical Infrastructure49

4.5 s. Business Continuity and Disaster Recovery Requirements/Backup Facility49

4.5 t. Security, Privacy and Confidentiality Requirements50

4.5 u. Staffing Requirements.....51

4.5 v. Project Planning, Management and Controls/Project Performance.....53

4.5 w. Communication Management.....54

4.5 x. Issue and Risk Management.....55

4.5 y. Operations Payment.....55

4.5 z. Turnover Phase Requirements56

5.0 ADMINISTRATIVE INFORMATION.....57

5.1 Restricted Period.....57

5.2 Questions57

5.3 Right to Modify RFP57

5.4 Payment58

5.5 Minority & Woman-Owned Business Enterprise Requirements.....59

5.6 Equal Employment Opportunity (EEO) Reporting.....60

5.7 Sales and Compensating Use Tax Certification (Tax Law, § 5-a)61

5.8 Contract Insurance Requirements61

5.9 Subcontracting62

5.10 DOH's Reserved Rights63

5.11 Freedom of Information Law ("FOIL")63

5.12 Lobbying63

5.13 State Finance Law Consultant Disclosure Provisions.....64

5.14	Debriefing	65
5.15	Protest Procedures.....	65
5.16	Iran Divestment Act	65
5.17	Piggybacking	65
5.18	Encouraging Use of New York Businesses in Contract Performance	65
5.19	Diversity Practices Questionnaire	66
5.20	Participation Opportunities for NYS Certified Service-Disabled Veteran-Owned Businesses.....	66
5.21	Intellectual Property.....	66
5.22	Vendor Assurance of No Conflict of Interest or Detrimental Effect	66
5.23	Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination.....	66
6.0	PROPOSAL CONTENT	66
6.1	Administrative Proposal.....	67
6.2	Technical Proposal.....	68
6.3	Cost Proposal	76
7.0	PROPOSAL SUBMISSION	76
7.1	No Bid Form	78
8.0	METHOD OF AWARD	78
8.1	General Information.....	78
8.2	Submission Review	78
8.3	Technical Evaluation	78
8.3	Cost Evaluation	78
8.4	Preliminary Composite Score.....	79
8.5	Bidder Presentation Evaluation	79
8.7	Reference Checks.....	79
8.8	Best and Final Offers.....	79
8.9	Award Recommendation	79
	ATTACHMENTS	80

1.0 CALENDAR OF EVENTS

RFP # 17744 - Support for the Operational Management of New York State's Early Intervention Program	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Proposals	August 17, 2018
Deadline for Submission of Written Questions	September 5, 2018 4:00 p.m. ET
Responses to Written Questions Posted by DOH	On or About September 26, 2018
Deadline for Submission of Proposals	Proposals Due On Or Before October 17, 2018 4:00 p.m. ET
Bidder's Presentation*	November 14, 15 or 16, 2018
<u>Anticipated</u> Contract Start Date	June 1, 2019

* **Note:** Only bidders susceptible to award will be invited to present.

2.0 OVERVIEW

Through this Request for Proposals ("RFP"), the New York State ("State") Department of Health ("DOH"), as the lead State agency for the Early Intervention Program (EIP) for infants and toddlers with disabilities, is seeking competitive proposals from qualified Contractor's to support New York State's operational management of the Early Intervention Program (EIP) functions including provider enrollment and management, case management, and fiscal management including State Fiscal Agent (SFA) services as further detailed in [Section 4.0](#) (Scope of Work). It is the Department's intent to award one (1) contract from this procurement. [Section 4.0](#) (Scope of Work).

2.1 Introductory Background

The Federal Individuals with Disabilities Education Act (IDEA) authorizes the Part C Early Intervention (EI) Program. IDEA provides states with the authority to establish a comprehensive, statewide service delivery system for children from birth to three (3) years old with disabilities and for their families. These services are provided at no charge to the parent but are paid for by one (1) or more of private insurance, Medicaid, municipal funds, and State funds.

New York State Public Health Law (NYSPHL) requires certain professionals to refer infants and toddlers to the Early Intervention Official (EIO) if a concern with development is suspected unless the parent objects to the referral. All municipalities, defined as the fifty-seven (57) counties and the City of New York, appoint a public official as its Early Intervention Official (EIO) responsible for local administration of the EIP. The EIO and his/her staff are the single point of entry for children into the EIP. The EIO is responsible for child find activities (identifying, locating, evaluating eligible children) including tracking of at-risk children, designating an initial service coordinator, convening Individualized Family Service Plan (IFSP) meetings for eligible children, ensuring EIP services in children's IFSPs are delivered, due process procedures, provider oversight authority including monitoring of providers and fiscal auditing, and safeguarding child and family rights under the EIP. The EIO can designate appropriate municipal employees to perform duties on his/her behalf. These individuals are referred to as Early Intervention Official Designees (EIO/Ds).

The steps in the EIP include referral, multidisciplinary evaluation (with parent's consent), IFSP Meeting (if the child is eligible), Early Intervention Services, IFSP Review at Six (6) Months and Annual Evaluation, and transition.

The initial service coordinator is designated by the EIO to facilitate all the steps necessary to assist from referral to convening of the child's initial IFSP. The family can then select an ongoing service coordinator or retain the initial service coordinator. The main responsibility of the ongoing service coordinator is to ensure the child receives the services as specified in his/her IFSP and to ensure the child's IFSP is reviewed on a regular basis.

Early Intervention provides developmental services designed to enhance the child's development and the family's capacity to help their child. The services are family-centered involving parents/caregivers in all aspects of planning and service delivery for individual children. Services include service coordination, special instruction, speech-language therapy, occupational therapy, physical therapy, psychological services, nursing, audiology, family training, parent support, nutrition, vision, social work, and Assistive Technology (AT) devices and services.

DOH is responsible for administering the EIP including oversight and management of providers. The DOH establishes standards for evaluators, service coordinators and providers of early intervention services, approving, and periodically re-approving evaluators, service coordinators and providers of early intervention services who meet DOH standards. Providers enter into State-level agreements in order to participate in the EIP. The DOH is responsible to ensure sufficient capacity and availability of qualified professionals to evaluate and provide services to eligible children and their families.

The DOH is authorized under Section 2557(5) of NYSPHL to contract with one or more entities to act as a fiscal agent for the DOH and municipalities with respect to fiscal management and payment of EIP claims, however it is the intention of the DOH to only contract with one (1) entity for these services. The statute requires municipalities¹ as local administrators for the EIP to grant sufficient authority to the DOH's fiscal agent to act on their behalf. Further, municipalities and EIP providers must use the SFA for payment of early intervention claims as determined by the DOH and must provide information and documentation required by the DOH as necessary for the SFA to carry out its duties. Requirements for financial responsibility and reimbursement are set forth in Section 2557 of NYSPHL. Providers are required to seek payment in the first instance from third-party payers, including government agencies. Requirements for third-party insurance and medical assistance program payments are set forth in Section 2559 of NYSPHL which can be viewed at:

http://www.health.ny.gov/community/infants_children/early_intervention/regulations/title2.htm.

(Note: Hereafter, all referenced Article II NYSPHL sections can be accessed via this link.)

2.1 a. Overview of the Current Early Intervention Program

The New York State EIP is one of the largest in the nation, providing services to over 69,000 eligible children and their families annually with expenditures of approximately \$650 million. The DOH's Bureau of Early Intervention (BEI) handles State-level administration and monitoring of the EIP. Among its many duties relevant to this procurement, BEI is responsible for:

- establishing standards for evaluators, service coordinators and providers of early intervention services, approving, and periodically re-approving evaluators, service coordinators and providers of early intervention services who meet DOH standards;
- executing State-level agreements with providers to participate in the EIP and ensuring sufficient capacity and availability of qualified professionals to evaluate and provide services to eligible children and their families;
- developing procedures to ensure that services are provided in a timely manner pending resolution of any disputes;
- implementing policies and procedures to ensure that to the maximum extent appropriate, EI services are provided in natural environments except when EI cannot be achieved satisfactorily

¹ Defined in Section 2541 of NYSPHL as the 57 municipalities and New York City for purposes of the EIP.

- in a natural environment;
- implementing a system of payments for early intervention services, including the use of Medicaid and commercial insurance, and for processing of the state share of approved costs other than those reimbursable by the Medical Assistance program or by other third-party payers. [PHL Section 2557 (2)];
- implementing a provider enrollment and management system which maintains provider information pertaining to approved evaluators, service coordinators and providers of early intervention services which will be utilized by the DOH, municipalities and providers and Contractors to the DOH;
- creating a public central directory of public and private EI services, resources, and research and demonstration projects;
- monitoring of agencies, institutions and organizations under this title and agencies, institutions and organizations providing early intervention services which are under the jurisdiction of a state-approved early intervention service agency;
- enforcing any obligations imposed on those agencies under Public Health Law;
- providing training and technical assistance to those agencies, institutions and organizations, including initial and ongoing training and technical assistance to municipalities to help enable them to identify, locate and evaluate eligible children, develop IFSPs, ensure the provision of appropriate early intervention services, promote the development of new services, where there is a demonstrated need for such services and afford procedural safeguards to infants and toddlers and their families;
- monitoring early intervention services; and
- correcting deficiencies that are identified through monitoring.

NYSPHL Title II-A of Article 25 Section 2552 further requires that locally, the program is administered by municipal public agencies designated by each of the 57 municipalities and New York City. The municipal Early Intervention Official (EIO) is responsible for local administration of the EIP. The EIO and his/her designee are the single point of entry for children into the EIP. EIOs and municipalities are responsible for:

- child find activities such as finding eligible and potentially eligible children;
- ensuring children receive a screening and/or multidisciplinary evaluation (MDE) to determine eligibility for the EIP;
- designating an initial service coordinator (ISC) to help families with their child's evaluation process;
- for children determined to be eligible for the EIP, collaborating with parents, evaluators/providers, and service coordinators to develop an IFSP which specifies the goals and outcomes to be achieved through the provision of early intervention services and services necessary to achieve those outcomes;
- authorizing services within the IFSP and ensuring, with the family's selected ongoing service coordinator (OSC), that children and families receive the early intervention services in their IFSPs;
- monitoring the implementation of IFSPs by service coordinators (case managers) to ensure services are arranged for and delivered in accordance with children's and families' plans;
- safeguarding child and family rights under the Early Intervention Program;
- monitoring and verifying claims from and reimbursements to providers for early intervention services; and
- monitoring and auditing providers that conduct services within the municipality.

Providers are defined as an agency or individual approved in accordance with EIP regulations to deliver service coordination, evaluations, and/or early intervention services.

Service Coordinators are responsible for:

- Assisting eligible children and their families in gaining access to services listed on the IFSP;
- Coordinating early intervention services with other services such as medical and health services provided to the child;
- Coordinating the performance of screenings, multi-disciplinary evaluations, and assessments as appropriate for eligible children;
- Participating in the development, monitoring and evaluation of the IFSP;
- Assisting the parent in identifying available service providers;

- Coordinating service delivery;
- Informing the family of advocacy services;
- Facilitating the transition of the child to other appropriate services; and
- Assisting in resolving any disputes which may arise between the family and service providers.

Early intervention services are provided by qualified personnel as described in NYSPHL, delivered in accordance with the child and family's IFSP at no cost to the family. Services are designed to meet the developmental needs of children eligible under this program and the needs of the family related to enhancing the child's development in accordance with the functional outcomes specified in the individualized family service plan, in one (1) or more of the following areas of development:

- physical;
- cognitive;
- communication;
- social or emotional; or
- adaptive.

2.1 b. NYSDOH EIP Data Systems

The EIP has a data management system, called the New York Early Intervention System (NYEIS), which is currently maintained by the DOH and the NYS Office of Information and Technology Services (ITS). NYEIS is a centralized, web-based application that electronically manages EIP administrative tasks and provides for the exchange of information among municipalities, EIP providers, and State administrators. The application is designed to support the EIP's service delivery administration and management activities at both the local and State levels. These activities include referral, initial intake, evaluation, eligibility determination, IFSP development, services and provider related functions. The NYEIS web application also supports related functions for the EIP including the uploading of attachments, as well as data entry and electronic file upload of claims. It provides secure, role-based access to end users and DOH staff 24 hours/7 days per week, with user and technical support available during business hours. The NYEIS application is accessible through the Department of Health's web portal, Health Commerce System (HCS), for authorized users with an HCS user ID and password.

2.1 c. Early Intervention Program Reimbursement Methodology

Under Part C of IDEA (Section 303.500) States must establish a system of payments for early intervention service, including a schedule of sliding fees or cost participation fees (such as co-payments, premiums of deductibles) required to be paid under Federal, State, local private programs of insurance or benefits for which the infant or toddler with a disability or the child's family is enrolled. In addition, Section 303.510 of the Act requires that Part C be the payer of last resort, and that all other funds that a child is entitled to receive or have payment made from, including any other Federal State, local or private source, be used prior to Part C funds in accordance with provisions of law. A draft copy of the State's System of Payment Policy, which is under review with the Office of Special Education Programs (OSEP), is included in Attachment L.

In New York, EIP service expenditures are funded through State, municipal and third-party payers, currently including commercial insurers and Medicaid and the Child Health Plus Program. New York State's Medicaid plan covers all early intervention services, including service coordination and evaluation services, for children enrolled in Medicaid. Early intervention costs not covered by third-party payers are a charge upon the municipality in which the child resides in the first instance. All EIP services must be delivered at no cost to participating children and families [PHL 2557(1)], and there is no means test for program eligibility. No out of pocket fees are charged to parents.

The State is obligated to reimburse municipalities for 49% of costs not covered by third-party payers, as required by State appropriations legislation.

All services provided through the EIP, including evaluations, service coordination, and general services are claimed and paid in the following manner:

The service coordinator collects, and parents provide, information on any plan of insurance under which the child has coverage. [PHL 2559(3)(a)(i)].

- The service coordinator collects, and parents provide, a written order/referral from a primary care provider as documentation of the medical necessity of early intervention services. [PHL 2559(3)(a)(ii)].
- Providers are subrogated for payment of early intervention services. [PHL 2559(3)(d)]. Section 2559 of NYSPHL requires that providers of early intervention services shall in the first instance and where applicable, seek payment from all third-party payers including governmental agencies prior to claiming payment from a given municipality for services rendered to eligible children. Providers claim payment for early intervention services from private commercial insurance and public insurance, including Medicaid. [PHL 2559(3)(a)], using the services of the EIP SFA.
- After either denial or partial payment by public and private insurance, any remaining balance of the approved early intervention service rate due to the provider is paid in full by the municipality from municipal general revenue. [PHL 2557(1)].
- The DOH reimburses the municipality its share of the cost for services from State general revenue. [PHL 2557(2)].

Early intervention services are delivered and reimbursed using a taxonomy of services that classifies the full range of individual and group services, providing uniform prices for each service regardless of provider discipline or type. The DOH has established geographically adjusted regional prices, subject to the approval of the NYS Division of the Budget, for each of the following service categories:

- screening
- core evaluation, composed of a developmental assessment and family assessment and bilingual add-on
- supplemental physician evaluation (in-depth assessment of physical and mental health)
- supplemental non-physician evaluation (in-depth assessment in a specified area of developmental need)
- service coordination (case management)
- basic home and community-based visit
- extended home and community-based visit
- facility-based individual visit
- parent child group
- basic group development intervention
- enhanced group development intervention
- basic group development intervention with a one-to-one aide
- enhanced group development intervention with a one-to-one aide
- family support group.

The current EIP reimbursement methodology and uniform payment schedule is composed of discrete prices that apply to all children regardless of third party payor. The current approved uniform payment schedule can be accessed at the following site:

https://www.health.ny.gov/community/infants_children/early_intervention/service_rates.htm

Early Intervention regulations at New York Codes, Rules and Regulations (NYCRR) §69-4.30 contain billing rules that restrict payment for early intervention services based on the quantity of services delivered to a child on a given day. Some eligible EIP children with complex needs may require a combination of services that exceed amounts allowed under these EIP billing rules. It is the responsibility of the Early Intervention Official/designee (EIO/D) to issue a billing rule waiver when it is known that the services they authorize will violate any EIP billing rule. EIP billing rules can be accessed at the following site:

<https://regs.health.ny.gov/content/section-69-430-computation-rates-early-intervention-services-provided-infants-and-children>.

2.1 d. Medicaid and Commercial Insurance Reimbursement in the EIP

Part C of IDEA requires the State lead agency for the EIP to identify and coordinate all available resources for early intervention services within the state, including those from federal, state, local, and private resources (provisions at Section 2543, 2552, and 2559 of Title II-A of Article 25 of Public Health Law).

Maximizing third-party payments, including Medicaid and commercial insurance, is also a fundamental principle of NYSPHL requirements governing the EIP.

From April 1, 2016 to March 31, 2017, of the approximately 69,000 children enrolled in the EIP, approximately 36,000 (52%) were covered by Medicaid; approximately 24,000 (35%) had commercial insurance. New York State's Medicaid State Plan provides full coverage for service coordination (case management) and evaluation services as needed to determine EIP eligibility, as well as all early intervention services delivered to EIP eligible children and their families.

Of those that have commercial insurance, approximately 57% had policies that were regulated by NYS Insurance Law. When the child's insurance policy is subject to NY Insurance Law, the following protections are afforded to parents when insurance is used to reimburse covered services provided under the EIP:

- Co-payments and deductibles are a charge upon the municipality in the first instance, with State reimbursement for 49% of these costs.
- NY Insurance Law §§ 3216(i)(25), 3221(l)(17), and 4303(ee) ("autism mandate") requires that insurance policies and contracts that provide coverage for physician services, medical, or major medical or similar comprehensive-type coverage must also provide coverage for the screening, diagnosis, and treatment of autism spectrum disorder (ASD). The autism mandate, among other things, includes coverage for 680 hours of applied behavior analysis (ABA) treatment per policy or calendar year per covered individual diagnosed with ASD.
- Section 3235-a(a) of the Insurance Law prohibits insurers from excluding coverage of services that are otherwise covered solely on the basis that they are early intervention services. Insurers must provide coverage for early intervention services that are otherwise covered services in the policy.
- Payment for EIP services cannot be applied to the lifetime and annual monetary caps on the child/family's insurance policy.
- The visit limitations for covered services may apply to early intervention services; however, use of covered services cannot reduce the number of visits otherwise available under the plan (e.g., if the policy covers 10 visits of physical therapy, and the provider is reimbursed for 10 visits of physical therapy used for the purposes of early intervention, the child/family will continue to have 10 visits available for health care purposes – such as services required after an injury).

Providers shall, in the first instance and where applicable, seek payment from all third-party payers, including governmental agencies. Providers will utilize the DOH's fiscal agent and data system for claiming to third-party insurers, including government programs, for payment for EIP evaluations and services. Providers are not obligated to bill insurance when it has been established that the commercial insurer is not prohibited from applying payment for early intervention services to an annual or lifetime limit specified in the insurance policy and will apply such payment to a lifetime or annual limit (i.e., insurers or insurance policies that are not subject to NYS Insurance Law), unless the parent consents to use of insurance for early intervention services.

NYSPHL obligates parents to provide the municipality and the child's service coordinator with information on any insurance policy, plan, or contract under which an eligible child has coverage. The service coordinator currently enters the third-party payer information into NYEIS and must update this information on a periodic basis. With parental consent, the service provider submits notice to the insurer or plan administrator of his or her exercise of the right of subrogation. Insurers, upon receipt of a notice of subrogation, are required, under Section 3235-a(c) of NY Insurance Law <http://public.leginfo.state.ny.us>, to provide the municipality and the child's service coordinator with information on the extent of benefits available to the child under his or her insurance policy. Insurers must provide the benefit information within 15 days of receipt of a written request and notice authorizing the release of this information. The municipality and the service provider are subrogated to any rights the child or parent may have or be entitled to for third-party reimbursement.

The DOH has coordinated with the Department of Financial Services (DFS) to issue a circular letter to remind all insurers that they must provide a municipality or its designees and service coordinators with information on accident and health insurance policy benefits for children participating in the EIP upon receipt of a request for such information. To comply with this provision of the Insurance Law, an issuer must inform the municipality and service coordinator whether it is the issuer of the accident and health insurance policy; is acting as a third-party administrator for another issuer; or, is acting as a third-party

administrator for a self-funded plan. This specificity is necessary to accurately inform the municipality and service coordinator whether the subrogation provisions in state law apply and whether benefits are available to reimburse the child's EIP provider. A copy of the Insurance circular letter is included in Attachment P.

The DOH has issued a new form which will be provided to parents by the service coordinator and will require the parent to provide specific insurance information, or, if they have no insurance coverage, to attest to their lack of coverage. A tool kit has also been developed for service coordinators to assist them in obtaining insurance information. A copy of the Information Form and Tool Kit are included in Attachment O.

2.2 Important Information

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

It should be noted that Appendix A of [Attachment 8](#), "Standard Clauses for New York State Contracts", contains important information related to the contract to be entered into as a result of this RFP and will be incorporated, without change or amendment, into the contract entered into between DOH and the successful Bidder. By submitting a response to the RFP, the Bidder agrees to comply with all the provisions of Appendix A.

Note, [Attachment C](#), the Bidder's Certifications/Acknowledgements, should be submitted and includes a statement that the bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments. It also includes a statement that the bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the DOH.

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

2.3 Term of the Agreement

This contract term is expected to be for a period of six (6) years and 4 months commencing on the date shown on the Calendar of Events in [Section 1.0](#), subject to the availability of sufficient funding, successful Contractor performance, and approvals from the New York State Attorney General (AG) and the Office of the State Comptroller (OSC).

The pricing for years five (5) and six (6) of the contract is subject to an annual increase or decrease as described in [Section 5.4](#).

3.0 BIDDERS QUALIFICATIONS TO PROPOSE

3.1 Minimum Qualifications

The DOH will accept proposals from organizations with the following types and levels of experience as a prime Contractor. The Bidder's shall submit evidence to the satisfaction of the DOH that it possesses the necessary experience and qualifications to perform the type of services required under this contract.

- a) A minimum of five (5) years of large-scale, health care claim processing experience with Medicaid and/or health services organizations,
- b) A minimum of five (5) years' experience with claiming commercial insurance, International

Classification of Diseases (ICD-9/10) Coding System, Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) coding.

- c) Served as prime Contractor for at least three (3) projects related to Federal IDEA Part B and/or Part C, two (2) of which must be fiscal in nature and at least one (1) with case management/provider enrollment and management experience, that approximate the scope of this project and that include system design, development, implementation, maintenance and operations and complex case management, provider enrollment and management and health care claims processing operation.

For the purposes of this RFP, a prime Contractor is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion. A prime Contractor undertakes to perform a complete contract and may employ (and manage) one (1) or more subcontractors to carry out specific parts of the contract.

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

4.0 SCOPE OF WORK

Project Overview

The Contractor will be responsible to support the operational management of the New York State's Early Intervention Program's functions for child case management, including all necessary steps to document required functions for children referred to the EIP from referral, eligibility determination, and if eligible, IFSP development and service delivery; provider enrollment and management, including provider approval of agencies and individuals, provider agreements; and fiscal management which includes processing and payment of claims and acting as the State Fiscal Agent (SFA). The Contractor will support municipalities and providers, with respect to entry, processing, payment, fiscal management and customer service support related to early intervention program and claiming functions. The Contractor will assume the existing SFA functions, implement a child case management, provider enrollment and management solution including conversion and migration of data from current EIP systems, and expand fiscal management activities. The Contractor must readily adapt its services and any underlying vendor hosted systems during the allocated transition time to meet EIP requirements and scope of work, including the provision of all information management requirements of the EIP to assist state, municipalities and providers in the management of the early intervention program, convert and migrate data from legacy systems, host and store EIP data and provide call center support for users. The Contractor is responsible for ensuring that the project remains within budget and resource allocations, and adheres to the development and operational schedules, including specific timeframes related to the implementation of a case management, provider enrollment/management and fiscal management system, conversion and migration of all data, transition of operations from the current SFA to the selected Contractor and the implementation of new processing requirements, while maintaining the quality of the products and deliverables.

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

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

4.1 Scope of Work

The Contractor will:

- provide a Contractor hosted solution (web application) to support NYS' management of Early Intervention Program's functions including provider enrollment and management, case management, and fiscal management. The Contractor's solution must stay current with Health Insurance Portability and Accountability Act (HIPAA) version 5010 and the International Classification of Diseases (ICD-10) Coding System, as well as CPT and Healthcare Common

- Procedure Coding System (HCPCS) coding and the National Provider Identification (NPI) Database and any successor versions;
- utilize commercial off the shelf (COTS) software or an existing platform that must be configurable to meet NYS requirements. The Contractor hosted system must have the ability to be modified to respond to Federal or State/Legislative changes including but not limited to changes in EIP provider reimbursement rates and methodology;
 - the Contractor hosted solution (web application) must be accessible via the Department of Health's secure web portal, Health Commerce System (HCS), which requires a user ID and password via a web page and the web application must be compatible with any available internet browsers; have cross-browser compatibility with frequently used browsers; users will not need to download any proprietary software to utilize system(s); unless such software is necessary for access via mobile device;
 - ensure adherence to Federal Part C and state requirements¹ related to provider enrollment and management, case management, and fiscal management for all EIP functions;
 - receive DOH-entered provider enrollment information necessary for adherence to federal and state requirements¹ as well as for EIP provider and case management activities;
 - meet all federal and state requirements¹, allow for data collection/capture, user editing/data correction/modification and reporting for all EIP provider enrollment/management, case management and fiscal management needs;
 - accept reference data generated by New York Early Intervention System (NYEIS), the DOH's current EIP information management systems, until these functions transition to the Contractor (see Attachment Q);
 - have functionality in the vendor-hosted web application to allow EIP providers to manually enter claims and to receive HIPAA compliant electronic data files for services rendered under the EIP into the web application for processing and adjudication;
 - process payment of providers through a State-designated bank on behalf of municipalities, and process reimbursement of the State share owed to municipalities;
 - submit EIP provider claims electronically to third-party payers, including commercial insurers, Child Health Plus (CHP), and Medicaid, for payment;
 - maximize third-party payments, including Medicaid and commercial insurance;
 - ensure that claims are paid accurately and in conformance with DOH requirements¹ and with Generally Accepted Accounting Principles (GAAP);
 - allow for data entry by EIP of vendors who can provide ATD, respite and transportation and process claims for reimbursement;
 - ensure Medicaid Code 35 assignments (see Attachment R) are made and claims are processed appropriately;
 - assume responsibility for activities related to the payment of State share to municipalities;
 - utilize established banking and accounting functions as described in Section 4.5k;
 - provide customer services, including operation of a call center all of which are located within the continental United States and available from 7 AM -7PM (EST) five (5) days per week, Monday through Friday, except for designated state and federal holidays as described in Section 4.5 l;
 - provide and maintain a functional user manual for end users to clearly assist new users with utilizing all functions of the Contractor's selected system(s);
 - ensure the system(s) is available 24 hours/7 days per week and the Contractor's customer service provides technical support of the system from 7 AM -7PM (EST) seven (7) days per week except for designated state and federal holidays;
 - include easy to use/intuitive navigation, and include default values where possible, dropdown menus, ability to print data/screens, auto save/auto recovery, ease of data entry from field to field on pages, provide easy to read/intuitive error messages to users, and allow users with appropriate security rights ability to modify data where applicable;
 - provide a configurable and flexible mechanism for users to record and report timely/quality data to support high quality outcomes for children and families. This includes reporting for NYS, municipalities and providers to further the goals of the EIP such as Federal Annual Performance Reporting (APR) [APR Report²](#) and all required Federal and State reporting.

² GRADS360 is the Office of Special Education Programs (OSEP) web application used by states to submit annual performance data to the federal government, as required under the Individuals with Disabilities Education Act (IDEA).

- implement a formal System Change Request process, which includes a review of proposed system changes with the Department, business requirement and other documentation of system changes, and formal review and sign off by appropriate Department and Contractor project management and technical staff;
- allow for any changes to the Contractor hosted system(s) to be pushed-out to the end user after being fully tested utilizing a standard system development lifecycle and occur within a timely manner;
- provide data analytics and report functionality to support the DOH, municipality, and EIP provider enrollment, provider management, case management and revenue cycles;
- provide case management, provider enrollment/management and claims management reports including summary level and detailed reports for State, Municipal and Provider users. All the reporting business rules and logics shall be documented, approved and validated. The integrity of the reports shall be maintained on ongoing basis;
- convert and migrate data from all current information systems including the NYEIS, peripheral DOH subsystems, and the current SFA system to populate the Contractor's chosen provider enrollment/management, child case management and fiscal management system (see section 4.4 and 4.5 for more details on NYEIS);
- provide all the data from the transactional database and datamart to the state and filtered data for municipalities including NYC, as requested. The data shall be accompanied by a data dictionary and the structure of the transactional database and the map between the front-end online application interface and back-end data elements, as well as the documentation of ETL system for datamart;
- approach Metadata Management and Delivery in a way that fulfills the Department's requirements as described in 4.5 q;
- use proven, routinely maintained hardware and software supported technology to accomplish all EIP functions including case management, provider enrollment/management and fiscal management;
- store all data, support data and file uploads, and optimize performance to support an increasing number of users. The system efficiency shall be scalable with the capacity;
- any hardware and software used by the Contractor is maintained with all up to date versions and patches and DOH is notified of all such changes;
- all established systems and components shall be properly backed up for recovery upon any unforeseeable interruption or disaster in accordance with the Service Level Agreement (SLA) (Attachment S- Service Level Agreements).
- meet all requirements under HIPAA, FERPA, IDEA Part C, Art 25 PHL, and Early Intervention Regulations' relating to EIP data elements, system functionality, reporting requirements and protected child health and education record information;
- meet all NYS Security standards as detailed in Section 4.5 t of this RFP;
- meet all the Staffing Requirements detailed in Section 4.5.u of this RFP.
- develop and implement a Project Management Plan within 30 days of contract start date that addresses each service level agreement defined in Attachment S- Service Level Agreements as described in Section 4.5 v;
- report system scheduled outages at least five (5) calendar days before the outage, report unscheduled outages within one (1) hour of the outage, and the notification of scheduled downtime will be posted on the Contractor hosted solution with date/time stamp; provide DOH with monthly maintenance schedule, and in cases of emergency maintenance, notify DOH of the immediate need for downtime, and following DOH's acknowledgement of emergency downtime, the system may be brought down with less than 24 hours-notice and without assessment of penalty if agreed upon by DOH;
- report user counts, helpdesk/call center metrics, status reporting, issues with system, the Project Plan which is due within 30 days of the contract start date, or System Change Requests and any communications with external stakeholders at least monthly;
- develop and implement an Issue Resolution Plans and a standard Risk Management Plan as described in Section 4.5 x within the first six (6) months of the contract;
- provide full support and assistance in the transition of case management, provider management and fiscal management operations to a successor Contractor or to the DOH
- provide written recommendations for strategic improvements, including but not limited to more timely payment to providers, increase in third-party payments, and more timely services for

- children more efficient, effective and economical management of the EIP, including accurate and timely claims payment, and the improvement in claim processes for third-party recoveries, increasing program revenues and reducing municipal and State expenses for the program;
- ensure functionality is available in the hosted solution to allow for effective case management for children, including the ability to make and receive timely referrals, assign service coordinators, assign and complete appropriate multi-disciplinary evaluations, develop and document IFSPs and assign and initiate early intervention services with EIP service providers, by appropriate, authorized users
 - ensure functionality is available in the vendor hosted solution to allow for provider enrollment and management solution, allowing
 - the ability for DOH entry of provider enrollment information for providers seeking approval to deliver early intervention services including but not limited to service models, type of qualified personnel, areas of availability and provider information such as Medicaid number, national provider identification number (NPI#), name, address, clinical and tax identifiers, licensure information, agency program director and qualified personnel,
 - ability for EI agency entry of employee information,
 - provider management by DOH staff and EI agencies which includes but is not limited to the ability to maintain employee lists and individual employment histories, current provider approval status, type of provider agreement and status;
 - seek operational improvements in support of the EIP mission and its stakeholders which includes parents, children, DOH, municipal early intervention officials, and early intervention providers;
 - promote the integrity of EIP fiscal processes and payments, including accurate and timely payment of claims and adherence to standard revenue cycle management and Generally Accepted Accounting Principles (GAAP);
 - prevent and detect potential fraud, abuse and wasteful practices within the EIP, and reconciling audit recovery;
 - provide customer service and training as well as a Contractor hosted public website with guidance documents, training curricula, and other general information as requested by DOH;
 - provide a fiscal environment that is supportive of and reduces the administrative burden for providers, municipalities and the State;
 - enhance analysis of program and service delivery effectiveness based on information provided related to child, provider and claims payment data. implement a case management and provider enrollment/management system per timelines detailed in Section 4.4 of this RFP;
 - partner with the DOH and the Office of Information Technology Services (ITS) on all aspects of the EIP system operations; and
 - collaborate with the DOH and ITS to establish a seamless linkage for municipal and provider users in data and information exchange between NYEIS and the currently contracted SFA for claims processing and for fiscal management and reporting purposes as well as for conversion and migration of provider and case data;
 - be enrolled as a Service Bureau for the Medicaid Program, in accordance with 18 NYCRR Section 504.9 and have the capacity to bill on behalf of EI providers and receive remittance advices from the Medicaid Program (<https://regs.health.ny.gov/volume-c-title-18/774682889/section-5049-service-bureaus-billing-services-and-electronic-media>). See Conditional Award, Section 8.9 and Attachment C.

The Contractor must be aware of and address all changes necessary for compliance with public health insurance, particularly Medicaid, including Medicaid rate changes that may require the Contractor to make retroactive recoupment and payments, as well as commercial insurance requirements, and make any necessary changes to conform with those changes. The Contractor must make modifications, as deemed necessary by the DOH, to any child case management and provider enrollment/management functions based on any federal or State mandates, legislative or regulatory changes. All conformance changes must be made within no more than six (6) months from the date of the request by DOH unless a longer time period is approved by the DOH.

The Contractor must have an existing infrastructure which can be readily modified to support all provider, case management and fiscal management functions of the EIP. To facilitate rapid development and

implementation, the Contractor shall use “best of breed” COTS products and/or existing proven proprietary software for project management and service functions that can be rapidly tailored for the NYS EIP environment. For purposes of this RFP, COTS products solutions are those products that can be licensed and utilized by multiple industries, are commercially available from a third-party, and provide a common solution throughout the application. The DOH, at its discretion, may require the Contractor to use DOH or NYS enterprise wide management tools and data repositories.

4.2 Continuity of Operations

The implementation of the complete EIP case management, provider enrollment/management and fiscal management system will be phased in. The first phase will transition fiscal management functionality from the currently contracted SFA. A four-month transition period is planned for the Contractor to assume responsibility for the fiscal management functionality beginning on or before October 1, 2019. This phase must also include initial training of State, provider and municipal users on the fiscal management system in September and October 2019 and the availability of fiscal reports as detailed in Section 4.5.n of this RFP.

The second phase will include data conversion and migration, and transition of the provider enrollment and management functionality and the case management functionality in NYEIS as well as new fiscal functions (i.e., claims entry in financial system). It is anticipated that there will be a transition period for the Contractor to convert and migrate data and configure the case management and provider enrollment/management system from NYEIS but it is expected that the new system(s) will be available to users by April 1, 2020. This phase must also include initial State, provider and municipal training on these new system components beginning no later than January 2020 and completed prior to the implementation of these systems on April 1, 2020. Ongoing training must also be provided for all system functions as it becomes available to users.

The Contractor’s implementation plan must be submitted within 15 business days of receipt of the contract award letter and must address development and rollout of proposed system(s) taking into account the need for continued EIP fiscal, provider and case management operations and include a plan for the conversion and migration of the data from the current SFA system and NYEIS as well as training for all users on system functionality. The Contractor will work with the DOH, ITS, and the current SFA to develop the crosswalk between the current data systems and the Contractor’s proposed data system(s).

4.3 Transition of SFA Fiscal Management Functions

The DOH established a contract with the currently contracted SFA effective April 1, 2013 through September 30, 2019. The new Contractor will be awarded a contract with an effective date of June 1, 2019, which will allow for a four (4)-month transition period between the current SFA and new Contractor to transition fiscal management operations. The contract period for the Contractor selected under this RFP will be June 1, 2019 to September 30, 2025. The Contractor will collaborate with the DOH, the current SFA, ITS, municipalities and providers and must assume full operational responsibility for fiscal management/SFA services effective at the beginning of business(BOB), October 1, 2019.

During the first four (4) months of the contract, the Contractor will establish the necessary infrastructure and systems as well as convert and migrate fiscal data from the currently contracted SFA. The Contractor will need to set up their system to assume current fiscal management operations, as currently structured, including utilizing data from the NYEIS system for claims processing and other functions as described in this section and Sections 4.5.b.3, 4.5.c - g, 4.5.i – k (Tasks/Deliverables)

The Contractor must develop and provide a system implementation strategy within 30 days of contract start date, detailing the approach to managing this transition and describing how full implementation and operation of the fiscal management services will be accomplished by October 1, 2019. The Contractor will accept all operational and technical support activities that have been maintained and operated by the previous SFA Contractor.

The Contractor will implement procedures that will be used for an orderly, complete, and controlled succession process. The Contractor will:

- a. avoid disruptions of processing and fiscal management services provided to municipalities, providers, and other operational users of the EI Billing system during the turnover period;
- b. accept fiscal agent responsibility upon the effective date of the transfer of responsibility from the current SFA (October 1, 2019), including completion of the reconciliation of final cycle processing conducted by the previous fiscal agent, including cycle data and report output;
- c. receive technical and operational services, training and information as needed to facilitate an informed, coordinated, and complete acceptance of activity;
- d. receive all operating documents including manuals and other educational materials from the previous SFA;
- e. convert and migrate all data from the previous Contractor, including the previous SFA's data warehouse;
- f. become informed of any issues or risk, including results of auditing, and any unresolved billing claiming issues from the prior SFA. receive a reconciliation for all bank accounts established, as well as other necessary accounting information associated with the transfer, maintained by the previous SFA Contractor from inception through four (4) months following the start of the resulting contract.

As of October 1, 2019, the Contractor must assume full responsibility for all current state fiscal agent functions, including, but not limited to provider billing and processing provider claims to third-party payers, as well as all related accounting and fiscal management functions. The Contractor will need to receive and transition all data from the current SFA and have a data warehouse in place by October 1, 2019. The Contractor must also be able to maintain data and produce reports, including those related to provider billing and insurance claiming and calculate municipal payment shares and prepare municipal vouchers for submission to the DOH for reimbursement of the State's share of the cost of early intervention services. The Contractor must perform necessary banking and accounting functions and establish customer support functions, including a fully functioning customer service/call center, correspondence control and training before they assume the state fiscal agent functions.

During the four-month initial transition period for fiscal management services, the Contractor will extensively test, including parallel testing of claims runs, with the current SFA and DOH and ITS staff to ensure all systems and processes are working properly, and that claims are being billed and paid appropriately at the time of transition.

The Contractor will have quality assurance staff throughout the contract period to ensure the integrity of the claims payment system. The audit function will be critical during the testing and cutover periods and transition periods and will continue through the life of the contract. The auditing function will include routine auditing of processed claims prior to their release for payment during the testing period, as well as other auditing to ensure system integrity. The DOH requires that the Contractor disclose to the DOH within twenty-four (24) hours, all deficiencies found by the Contractor or the Contractor's auditors throughout the life of the contract. Failure to do so may result in withholding of payment. The DOH may utilize DOH Audit Unit staff or the services of another designated auditor at any time during this contractual period to verify/certify the fiscal integrity and internal controls and data confidentiality and security of the Contractor's system, as well as conformance with contract deliverables.

The Contractor must perform all functions necessary to operate fiscal management/SFA services. The Contractor must ensure that all billing and claiming functions, payment functions and accounting and fiscal management functions take place in an accurate and timely manner; that appropriate customer support and training is provided; and that reliable and actionable reports and other information are produced that allow the DOH to monitor fiscal management services and Contractor performance. The Contractor must effectively manage the interactions and relationships with providers and municipalities related to fiscal management functions. The Contractor must operate, maintain, and enhance the fiscal management operations and perform all operational responsibilities over the life of the contract.

Performance must meet or exceed all service levels defined in Attachment S- Service Level Agreements (SLA) and comply with a Performance Management Plan provided within the first 6 months of the contract period, and approved by the DOH. Throughout the life of the contract, the Contractor must fully cooperate with DOH staff and DOH Contractors assigned to the project.

4.4 Transition of Provider and Child Case Management, and non-Fiscal Management Functions

Through this contract, it is the intent of the DOH that the Contractor will utilize a commercial off the shelf (COTS) software where possible or an existing platform that must be easily configurable to meet NYS requirements and will adapt and implement this system to transfer the provider management, case management and financial functions from the current Curam-based NYEIS application, including the conversion and migration of NYEIS child and provider data to the Contractor's system.

The Contractor's system will be utilized to capture all state and federal required provider management, case management and fiscal management data, including, but not limited to referrals, child demographic information including third party insurance, eligibility, service plan data and authorizations, transition information, provider identifiers, provider approval/agreement status, and all other case management and provider aspects of EIP. The Contractor must complete the task related to the transition of fiscal management/SFA functions, while at the same time supporting the transition of the case management and provider management functions from the current EI information system, NYEIS, which are to be completed by April 1, 2020.

NYEIS allows users to upload PDF files, commonly referred to as attachments. Existing attachment data in NYEIS will not be converted or migrated, but the Contractor's system must allow for PDF file uploads and perform file management. When the transformation is completed, NYEIS will remain available to users for a limited time period of up to six months for users to access attachment data.

The Contractor will convert and migrate data from NYEIS to their system and how their system will assist in the administration of the EIP and collection of data including but not limited to:

- a. child referral and enrollment, including capture of child and family demographic information;
- b. screening, evaluation, and family assessment related documentation;
- c. individualized family service plans and service authorizations including review/approval of any waivers;
- d. provider management, including approval and agreement status, employee/Contractor status licensure/certification, service models, products and qualified personnel, and vendor management;
- e. collection of child third-party insurance information, including physician referrals/orders and insurance prior authorization information;
- f. collection of Medicaid Client Identification Numbers (CINS);
- g. case management reports;
- h. provider management reports;
- i. child outcomes;
- j. data to support federal reporting; and
- k. reporting for Freedom of Information Law (FOIL) and subpoenas

The Contractor will interface with the current NYEIS system support and integrator, NYS ITS, for purposes of data conversion and migration and gaining access to data housed in the State Data Center, if applicable and needed for data conversion and migration. The Contractor does not have any responsibility with regard to maintenance, upgrades or decommissioning the current information management system, NYEIS.

When the transformation is complete, the Contractor will be responsible for all aspects of EIP case management, provider management and fiscal management processes including those that are currently resident and supported in NYEIS. These responsibilities will include, but not be limited to, the following functions that must be implemented by April 1, 2020:

- l. accepting referrals for children who are at risk through Child Find;
- m. accepting referrals for children with suspected developmental delays or established diagnosed conditions;
- n. assigning service coordinators, evaluators, and qualified professionals in Agreement with the DOH;
- o. optimize the case flow to facilitate timely IFSP, services and transition according to federal requirements;
- p. documentation of the IFSP, services and collection of session notes after services are

- provided;
- q. collecting child outcomes, transition, and exit/closing information;
 - r. supporting direct electronic and online claims entry by providers through the Contractor's web application;
 - s. creating a data warehouse for reporting;
 - t. performing all HIPAA validation and claims editing, including editing against EIP billing rules, with the capability for a provider to justify a billing rule violation, as well as the Early Intervention Official or designee (EIO/D) to provide a waiver to approve or reject a claim;
 - u. develop a claiming companion guide for claiming requirements that are not in the current HIPAA 5010 implementation guide (e.g., an optional field in the implementation guide is required for EI claims; any EI specific requirements);
 - v. verifying insurance eligibility for EIP enrolled children by generating a 270 health care eligibility benefits inquiry and receiving/processing the 271 response file;
 - w. calculating the correct payment amount for all claims, including those with third-party insurance;
 - x. revising the payment methodology to allow providers to be reimbursed at their own rates to receive payment above EIP rates when commercial insurance reimbursement is higher than those rates;
 - y. processing and payment of respite and transportation claims;
 - z. developing a new process for voided claims, that identifies the type of void, e.g., those related to audit recoveries, and maintains the claim history when appropriate; and
 - aa. developing a new process for recoupment and recovery of funds due to audits.

In addition, if a DOH notice of proposed rulemaking (NPRM) for proposed changes in EIP regulations is adopted, all providers will be required to enroll in clearinghouse(s) as necessary. The Contractor will assist providers in this process, including the completion of trading partner agreements and other authorizations required by the insurer for claiming. The proposed rule also requires that providers submit all claims for payment of service coordination, evaluations and services within 90 days of the date of service, unless the submission is delayed due to extraordinary circumstances documented by the provider. The DOH's fiscal agent must be notified of the extraordinary circumstances and provide written acknowledgement of the notification to the EIP provider. If the proposed rule is adopted, the Contractor's claims processing system must deny claims that are over 90 days old and build in an exception process, including acknowledgement, related to delayed claims submission. See <https://docs.dos.ny.gov/info/register/2017/july12/Rule%20Makings.pdf> for more details on the NPRM.

At the initiation of the contract (see Section 1.0 Calendar of Events), the Contractor will review and gather EIP business requirements related to case management, provider management and fiscal functions that will be transferred to the Contractor's hosted system and processed as described in 4.5 Tasks/Deliverables. Current NYEIS business fiscal requirements related to fiscal processing functions are appended in the documentation library.

Beginning no later than October 1, 2019 and ending before December 1, 2019, the Contractor will obtain input related to EIP business requirements related to EIP functions from the DOH and ITS staff and stakeholders as determined by the DOH to complete requirements confirmation, gap analysis, system demonstration and review sessions.

After completion of these sessions, the Contractor must develop revised EIP business requirements for case management, provider management and fiscal management functions.

Throughout the contract, the Contractor shall maintain documentation of recommended system improvements from users and stakeholders for review with the DOH. The Contractor, in conjunction with the DOH, will determine which system changes to be made throughout the contract period.

Any development costs related to the implementing of necessary changes must be included in the bid price. Future modifications that may be needed to the Contractor's system to address programmatic, fiscal, and policy changes, must be included in the bid price.

Modifications within the scope of work will be addressed via the use of supplemental staffing as described in 4.5 u below. Specific requirements related to the transfer of functions from NYEIS to the

Contractor are included in Section 4.5 Tasks/Deliverables below. Attachment Y provides a graphic overview of the Contractor's responsibilities for the transfer of fiscal management on October 1, 2019 and on April 1, 2020, when transfer of case management and provider management functions has been implemented. Attachment X provides a timeline of events related to the transition of these functions to the Contractor. See Section 4.1.

4.5 Tasks/Deliverables

4.5 a. Overview of Operations

The Contractor will assume all fiscal management responsibilities in sections 4.1; 4.3; 4.5 b.3; 4.5 c. through 4.5 g.; and 4.5 i., through 4.5 k. by October 1, 2019, and all other responsibilities, including case management and provider management requirements by April 1, 2020.

The Contractor will work closely with the DOH, current SFA and ITS during the transition period to ensure appropriate implementation and operation of these services. Additional detail regarding the Contractor's responsibilities is provided below:

4.5 b. Contractor Hosted Solution

By the beginning of business on October 1, 2019, the Contractor must have a hosted solution (web application) in place that supports all the business functions handled through the current SFA Contractor's web portal as described in this section. The Contractor hosted solution (web application) must be accessible via the Department of Health's secure web portal, Health Commerce System (HCS), which can be accessed at the website https://commerce.health.state.ny.us/public/hcs_login.html and requires users to register to receive a user ID and password. The registration and support for HCS user IDs and passwords will be the responsibility of the DOH HCS Help Desk. HCS supports over 100 DOH web applications. The Contractor hosted web application must have functionality requiring further user authentication to ensure that HCS users are authorized to access the information and functionality within the web application. The application must be able to store user information and authenticate, and allow for users to be added, inactivated, and re-activated under the direction of DOH.

The case management and provider management functionality must be available by April 1, 2020. The web application will serve as a critical resource for providers, municipalities and the DOH to submit and access information related to all aspects of the EIP case management, provider management and fiscal management processing and systems, including reporting, as well as information related to technical support and training. The web application must be accessible for users via internet sites 24 hours per day 7 days per week. The web application must be thoroughly tested prior to cutover to ensure that it is operating consistent with requirements, and to ensure that confidential information is only available to authorized users based upon their security roles.

The Contractor hosted web-based application will allow service providers and municipalities to view, access, and update case management, provider management and fiscal management information and provide information on the status of various transactions to end users. There are approximately 12,000 active users of the NYEIS composed of local municipality, EIP provider and State level staff. The user interface will enable providers to enter, modify, or edit claims entered online. Authorized users will be able to enter/modify/edit child, case and provider records online. All the edits shall be time-stamped and logged with action taken and user id. Users will also use the web application for claims status inquiries. The web application will include access to a reporting module, which will allow the State, municipalities and providers to run reports for all case management, provider management and fiscal management related functions and ad hoc reports. The web application will also include an area where users or users' groups can discuss system functionality and ask questions, with the Contractor posting answers on the web application for viewing by authorized users. It is critical that the interface be easy to navigate and include context sensitive help. The web application will provide contact information for the Contractor, if additional support is needed. The web application will send information such as alerts back to providers and municipalities via computers or mobile devices.

The web application will include separate pages for case management, provider management and fiscal management issues, training and support information, and an EIP knowledge base that will include information related to all web application functionality including data entry assistance, claims processing and insurance issues. Information from the current EI Billing public website and the web portal, which is restricted to authorized users with passwords, including training webinars and other information, will be transferred to the Contractor's website and application as determined by the DOH. The application will be the platform to communicate and provide technical assistance to the DOH and its stakeholders. Current, comprehensive and readily accessible information, including users' manuals, must be available through the web application to facilitate self-service, thereby reducing the volume of Call Center and correspondence inquiries. The web application will serve as an information repository containing a fact sheet for new users, and any new system news that pertains to existing providers, policies and procedures, virtual training sessions, frequently asked questions (FAQs), tool kits and other information sources. Providers will be able to access all necessary letter templates and forms including, but not limited to, case management templates including transition templates, Medicaid enrollment information, insurance 835 enrollments, trading partner and security agreements, Electronic Transmitter Identification Number (ETIN) applications, EFT applications, web application User IDS and other related business relationship forms. The application will provide linkages to relevant regulatory and compliance sites as requested by the DOH. Contact information, including the Customer Service Center phone numbers and hours, must be included and kept up to date on the web application.

The web application will serve as the interface to internal information that must be restricted to authorized users based on NYS and the DOH's security requirements. The Contractor hosted solution must be a secure application, requiring an identity management solution that supports different types of access depending upon the user type. A role-based permission model must be used by the Contractor that adheres to HIPAA, FERPA, and NYS privacy and security requirements. The Contractor will be required to use a state-provided identity management solution, e.g., Health Commerce System. It will be the Contractor's responsibility to register users based upon criteria specified by the DOH. The Contractor will provide existing and new users access to the web application via an acceptable identity management solution, consistent with necessary levels of authorization. The Contractor must complete the identity management solution prior to the October 1, 2019 cutover date for financial management to ensure that the DOH, municipalities and providers have immediate access to the financial management portion of the website at cutover. There are approximately 12,000 active users of the NYEIS composed of local municipality, EIP provider and State level staff. The Contractor must ensure that users who will utilize the provider management and case management system(s) including state, municipal and providers users (including administrators and service coordinators) have role-based accounts established and available for users to begin accessing the system(s) on or before April 1, 2020. The web site must be secure and scalable to support increasing transaction volumes.

The Contractor will be required to create and maintain a public website for general information not related to protected child-specific information (i.e. knowledge base), and ensure that website is available to providers and other stakeholders to obtain information and include contact information for stakeholders to send inquiries to the Contractor.

Once a provider has entered into a Payee Provider Agreement, the Contractor must send the provider a user name and temporary password to the Contractor's web application. For providers with more than one (1) user, the main user name for each provider is their billing NPI. The Contractor must set up initial credentials for access, and the web application must have functionality to allow the provider to set up any additional users within their agency. Municipalities must also be able to access the web application in a provider role, if they deliver EIP services, as well as a municipal user. Users can only have access to the appropriate level of information based on their role and for children under their care. For example, providers can only access child specific information regarding children served by that provider. Municipalities can only access child specific information related to EIP children residing in their county.

The Contractor must develop a user's guide related to case management, provider management and fiscal management inquiries and reporting for the new web application, as well as for other changes related to the new Contractor's assumption of case management, provider management and fiscal management functions, and provide related online webcast training. The Contractor must ensure that the user's guide is approved by DOH, finalized and available for users. Webcast training must take place at least one (1) month in advance of the system implementation cutover on October 1, 2019 for financial

management and at least one (1) month in advance for the implementation of provider management and case management on April 1, 2020.

All changes and updates to the web application require DOH approval. Periodically, but no less than every six months, the Contractor will review and update any end user guides and reference materials on the web application and submit changes and updates to DOH for approval.

4.5 b.1. Provider Enrollment and Management

New York State is responsible for oversight and management of EIP providers. As of January 23, 2018, there are 7,119 individuals and 22 agencies with a Basic Provider Agreement; there are 785 individuals and 527 agencies which includes 57 municipalities with Payee Provider Agreements with the DOH to participate in the EIP.

Based on claim data, there are approximately 14,000 rendering providers who are delivering services as an employee or Contractor of an agency provider. The Contractor's system must be available to State staff for data entry, provider management and generation of reports; EI approved agencies for data entry, provider management and generation of reports; and rendering agencies and service coordination for management of service authorizations and assignments. The system must allow for, but it is not limited to:

- a. the capture of Provider Application date received and identifying information including but not limited to name, address, email and phone number of applicant;
- b. the capture of from/to dates and the system's functional recognition of these dates for provider management and billing/claiming purposes;
- c. the system generated assignment of a unique Provider Identifier for each agency and individual that receives State approval as well as a unique Identifier for all registered employees and individuals;
- d. the conversion and migration of provider information including but not limited to from/to dates, approval and agreement history, qualified personnel and service models;
- e. the capture of two (2) types of agreements - for rendering providers and payee for providers in agreement to accept service authorizations and bill the DOH for services - for provider management and billing/claiming purposes, and allow for start and end dates for providers who may change the level of agreement;
- f. the capture of identifiable information of key provider staff and owners including but not limited to name, address, email and phone number;
- g. the application to change status from received to various approval decisions and subsequent approval decisions regarding the applicant/EI Provider, and that all historical statuses are maintained/stored;
- h. capturing the multiple affiliations that agencies may have including but not limited to 4410 Committee on Preschool Special Education (CPSE), Office for People with Developmental Disabilities (OPWDD), Office for Children and Family Services (OCFS), daycare, DOH's Health Home, and the NYS Education Department (NYSED) Corporate practice of the professions;
- i. the capture of unique services categories including but not limited to service models, professions and locations;
- j. the capture of multiple addresses for provider management and billing/claiming purposes;
- k. the capture of clearly unique identifiers of agency and individuals including but not limited to Medicaid ID, national provider ID (NPI), federal tax identification numbers, license/certification numbers and the system's functional recognition of the identifiers for provider management and billing/claiming purposes, including start and end dates for the time period for which those identifiers are active;
- l. the identification of and association of individuals and agencies to a 'billing' agency and the identification of whether the association is one of direct employee or Contractor;
- m. the capture and retention of employees/Contractor history for provider management and billing/claiming purposes;
- n. the start/end dates for all of the associations and the system's functional recognition of the dates for provider management and billing/claiming purposes;
- o. the supervisor/employee designations as necessary and appropriate when the individual must be under the supervision of a qualified professional for a specified duration of time for provider management and billing/claiming purposes;

- p. system edit checks for provider management and billing/claiming purposes which will prohibit registration/selection of individuals and agencies as a Contractor when the individual or agency does not have an active DOH approval as an EI Provider; license/certification not recognized as a qualified personnel category; exclusion as a Medicaid provider; services or models which are restricted or prohibited;
- q. the creation of information necessary of the creation/maintenance of a public EIP provider directory in accordance with IDEA Part C;
- r. the creation of provider profiles for approved providers which are necessary for provider management;
- s. the capture of unique Assistive Technology Vendor contact information similar to provider of general EI services;
- t. the capture of vendor service information including vendors who will provide transportation and respite services; this may include parents as payees for these services; and
- u. Provider management reports as needed by DOH.

4.5 b.2. Child Case Management and Documentation

To assist the EIP with case management functions, the Contractor's system must facilitate the collection of all data needed to meet state and federal reporting requirements for the child's EIP lifecycle including but not limited to:

- a. The ability to convert child and case data, both active and historical, from current information system, NYEIS including referral, demographics, IFSP, services, and claim data. Active records for children in the NYEIS system must be migrated by April 2020. Within the first two months of the contract the Contractor must provide a written plan to convert and migrate NYEIS child records into the Contractor-hosted solution. The plan may include a staggered data conversion plan to initially convert all active child case data prior to migrating all historical data since NYEIS implementation in 2010;
- b. The functionality to allow for the upload and storing of PDF attachments. Existing attachments will not be converted or migrated but the case management system must have file management capabilities;
- c. The assignment of a Unique child identifier consistent with existing sequential case reference number configuration;
- d. The functionality to perform identity matching to prevent/minimize duplicate records from being created and the ability to combine child records into one if a new record has been created for a child who already has a record, to allow only one (1) active record for a child receiving services statewide:
 - o identify duplicate child records within EIP and, match EIP enrolled children to an external identity data, such as children in the Early Hearing Detection and Intervention (EHDI) system, or in the Medicaid program, and/or in the pre-school special education program under Part B of IDEA.
- e. The ability for users to upload/attach and retrieve relevant required documentation such as complete MDE results, IFSP and provider session notes;
- f. An audit log for children's records to track the history of access to a child's records, including the user information and date and time when records are added or modified and when individual child searches are made. The system needs the functionality to allow DOH and other appropriate staff, such as municipalities and supervisors, access to the audit log information for children's records, with the ability to view reports by child and to filter by date range;
- g. The ability for users to download/export data using standard formats (i.e. XML, CSV).

Referral

- h. The system must capture of all relevant referral information, including:
 - o Referral source details, referral type, reason for referral, and referral date;
 - Children may have multiple referrals made to the EIP; the system must allow multiple referral periods.
 - o Required referral information from a primary referral source consisting of only the following information, unless written consent is obtained from a parent to the transmittal of further information to the early intervention official:
 - the child's name, sex, race, ethnicity, and birth date;

- the name, address and telephone number of the parent and if known, both parents, including, if applicable, the person in parental relation to the child;
 - when necessary and applicable, the name and telephone number of another person through whom the parent may be contacted;
 - if the child is being referred because he or she is at risk of developing a disability, the referral shall include an indication that the child is not suspected of having a disability, but is at risk of developing a disability in the future; and,
 - name and telephone number of the primary referral source.
 - Duplicate child search both user driven and automatic system check at time of referral, and alert to the user that the child's record may already exist in the system;
 - Information about the developmental delay or the diagnosed condition with a high probability of delay;
 - Information about a child at risk of developmental delay including referrals from EHDI for a failed hearing screening with no documented follow up or a missed initial hearing screening. Information must be collected about developmental surveillance, hearing screening results for children, the entity that completed the surveillance and/or screening as well as follow-up actions completed;
 - Information about the municipality which a child is assigned to and resides in, which may be different;
 - Information about the initial service coordinator who is responsible for intake of the child;
 - Case management functionality to record attempted contacts and/or case notes.
- i. The functionality to allow for multiple referrals for the same child, and ability to capture referral information listed above for each referral made;
- j. For children referred with a suspected delay or a diagnosed condition, the system must have functionality to alert the municipal EIO/D and assigned initial service coordinator regarding the 45-day timeline from the date of the referral until Initial IFSP meeting date;
- k. The system must have detailed, child-level and aggregate summary reports about referrals for the DOH, municipalities, and provider agencies and their service coordinators.

Intake/Initial Service Coordination

- i. The capture of child and family demographic information including a history of all changes, including dates of changes to the information, for the following:
 - Child's full name, name history, date of birth, place/nation of birth, referral date, reason for referral, child's address, address history, social security number, race and ethnicity including all required Federal categories, gender, parents names, parents address, child's legal guardian if other than parents, surrogate parent name (if any), surrogate parent address (if any), foster family name (if not the surrogate), foster family address (if not the surrogate), family financial information, child and family's dominant language;
 - Capture data about formal and/or informal living arrangements with parents, relatives, guardianship, and/or foster care; surrogate parent information shall be collected for purposes of the EIP;
 - system functionality is needed to ensure access to sensitive data such as social security number or foster care status is limited to authorized users.
 - Third Party Insurance coverage information and/or Medicaid coverage information including policy dates, services covered, priority ordering to identify primary, secondary, etc. insurance plans, insurer referral requirements, prior authorization requirements, provider network requirements, and all other data required to ensure insurance claims are routed to appropriate payors such as if policy is regulated by NYS, insurance number for claiming purposes, policy holder information and coverage limits;
 - Child's current county of location and county of fiscal responsibility with effective dates, which may be different when a child is under the care, custody or guardianship of the commissioner of a local social services district or if the child is homeless;
 - In this scenario, evaluation, IFSP and service responsibility is to the municipality of current location and for reimbursement purposes, the child's county of residence is fiscally responsible. The municipality of current location transmits a copy of the IFSP and cost of services to the municipality of residence (county of fiscal responsibility). Any service cost paid for by the county of location will be reimbursed by the county of fiscal responsibility.
 - Child's primary care physician, address and phone number.

Evaluation

- m. The capture of evaluation (i.e. screening, Multi-Disciplinary Evaluation (MDE) results and other evaluations, including:
 - o Names of all providers participating in a screening and/or an evaluation, type of evaluation, instruments/test used and whether the evaluation is a screening, core developmental assessment, family assessment and/or supplemental evaluation and if any components were completed in the child's dominant language other than English by a bi-lingual professional, as providers may receive an additional rate for this. All evaluation completion dates, end date of the MDE, how the child meets or does not meet the regulatory definition of developmental delay; and/or use of clinical judgment based on the regulatory definition of developmental delay; and/or if the child is eligible based on a diagnosed condition;
 - o Results of evaluations completed outside of the EIP such as from a primary care physician or other medical professionals;
 - o Capture all diagnostic codes (ICD).
- n. The system must allow MDEs to be printed for providers' and municipal EIO/Ds' records;
- o. The functionality for the system to assign a qualified evaluator and alert the evaluator about the assignment, allowing for acceptance of the evaluation by the evaluator or rejection and returning the information to the initial service coordinator stating that a different evaluator is needed for the child;
- p. The system must include templates that can be pre-populated with data for service coordinators and providers to notify families about their upcoming evaluations;
- q. The system must have detailed, child-level and aggregate level reports for the DOH, municipalities, provider agencies, and evaluators about MDEs. A child may have multiple evaluations.

IFSP and Services

- r. The capture of IFSP meeting information including:
 - o Date of initial IFSP meeting;
 - Alert EIO/D and initial SC the due date for the initial IFSP meeting;
 - Reason for late IFSP if greater than 45 days from date of referral.
 - o Child's level of functioning;
 - o Outcomes;
 - o Dates of six-month reviews and annual evaluations;
 - o Service frequency, duration, and location for service authorizations;
 - Ensuring that services are only authorized during the time a child is age eligible for the EIP.
 - o Selected provider of record/billing provider and rendering provider for all early intervention services and evaluations;
 - the system must have functionality to only allow qualified professionals to be selectable for services. The provider of record/billing provider must be approved for the selected service type and in a Payee Agreement with the DOH. Note: provider approval status information is captured under Provider Enrollment and Management requirements in Section 4.5.b 1.;
 - o Authorization of ATD, respite and transportation services.
- s. The system must have the following functionality for the management of the child and family's IFSP and service authorizations:
 - o Allow for amendments to the IFSP and services;
 - o Maintain a history of all IFSP modifications, including the dates and times and individual(s) who modified the IFSP;
 - o Ability to complete an interim service plan to be prepared and services authorized for a child in immediate need of services prior to completion of an MDE and Initial IFSP;
 - o Send notifications for upcoming IFSP meetings for EIO/Ds and Service Coordinators;
 - o Provide templates for service coordinators and providers to notify families of upcoming IFSPs;
 - o Have the ability to print completed IFSP, whether in draft or approved status;

- Inform EIO/D of any services that exceed state billing rules and allow the EIO/D to waive service limitations when necessary for an individual child, which would need to be accounted for when incoming claims are validated against EIP billing rules. Refer to Section 69-4.30 of 10 NYCRR <https://regs.health.ny.gov/volume-1a-title-10/1286128103/subpart-69-4-early-intervention-program>;
- Able to record that the services were delivered; this ability will be separate and apart from claims data and will clearly distinguish services authorized from services utilized;
- Send alerts/notifications to both the EIO/D and SC about the due date for the first delivery of the authorized service, and when the service is delivered more than 30 days from when it was authorized.
 - If the service is more than 30 days from the date agreed upon, the system must allow for the delay reason from a defined list of reasons, including but not limited to, family cancellation, family scheduling difficulty, family delay in consent, provider capacity shortage, provider scheduling difficulty, provider cancellation, weather emergency, or service planned to be intermittent or not start in 30 days. The final list will be provided by the DOH to the Contractor.
- Information about additional evaluations (i.e., supplemental evaluations) authorized at time of the IFSP with the collection of data including but not limited to evaluation type, results, date completed and by whom.

Transfer

- t. The system must have functionality to allow for the transfer of child data to other municipalities if the child and family move to another NYS municipality, and will need to:
- Provide the ability for one (1) municipality to electronically notify another of an outgoing transfer, thereby permitting the new municipality to view the current IFSP and services for the child;
 - Provide the ability for the receiving municipality to prepopulate with necessary data a new, editable IFSP and any other child records as appropriate from the date the child changes location to the receiving municipality;
 - Maintain the transfer history and allow the former municipality and providers read-only access to all child information during the time the child was located in their municipality;
 - Allow the receiving municipality to have access to all evaluation, IFSP records and other EIP events (except for financial data of the previous municipality and provider) entered by the transferring municipality with parental consent;
 - Have functionality to handle the transfers separately from referrals and re-referrals, because transfers within NYS are not considered new referrals and are not subject to the 45-day time frame from transfer to IFSP meeting. However, if the child was referred and then transferred prior to the initial IFSP, then the federally required timeframe needs to be determined whether 1) the original municipality transferred the child more than 45 days from the date of referral then a reason for delay will be needed or 2) if the child was referred less than 45 days from the original referral then the receiving county will need to provide information about the delay for the IFSP meeting from the first referral date.

Transition and Exiting the EIP

- u. The system must have functionality to allow for the notification and collection of transition information, from the EIP and child closure information such as:
- Each child in the EIP must have a transition plan documented in the child's IFSP;
 - Information about whether the child is potentially eligible for services under the committee on preschool special education (CPSE);
 - For children potentially eligible for services under CPSE, the system must:
 - Provide notification to the EIO/D and ongoing service coordinator at least 120 days prior to the child's potential eligibility for services under CPSE, so that the EIO/D and ongoing service coordinator can ensure the notification occurs;
 - Capture if parent opted out or consented to notification; if consented, confirmation of notification and date notification sent, capture reason notification was late if made less than 90 days from date of the child's third birthday;
 - Capture if a referral was made, and date referral made and the program(s) referral made to;

- Provide automatic notification to the EIO/D prior to the child's potential eligibility for services under CPSE, so that the EIO/D can arrange a transition conference, with parental consent, and alert the service coordinator;
 - Capture whether the parent consented or declined to participate in a transition conference with the service coordinator and representative of the CPSE and date of consent/declination; reason for declination. Capture reason transition conference was late if the meeting occurred less than 90 days from the child's third birthday (if parent did not decline);
 - Capture the date the EI/CPSE conference was held;
 - Capture of date(s) of CPSE meetings and eligibility determination;
 - Provide reports for the EIO/D and SC about child level and aggregate reports for transition discussion, notification and conference.
- For children not potentially eligible for services under CPSE, the EIO or EIO/D must ensure that a transition plan is developed and the child is discharged from the Early Intervention Program by the child's third birthday;
 - For children evaluated by the CPSE and found ineligible for services under CPSE, or for whom an eligibility determination is not rendered by the day before the child's third birthday by the CPSE (when all required actions were taken by the EIO within necessary timeframes), the child's eligibility for the EIP will end on the child's third birthday;
 - For children determined eligible for services under CPSE, calculate the "age out" based on the child's birth date and age-eligibility requirements in public health law/Part C of IDEA;
 - For children not eligible for services under CPSE, the system must calculate "age-out" as the child's third birthday;
 - Ensure that the IFSP meeting closest to the child's second birthday includes a plan for transition to services under CPSE (ages 3-5) for children potentially eligible for such services or to other early childhood services for children not eligible for services under CPSE;
 - Provide the ability to capture data from the State Education Department relative to the eligibility determination made by the CPSE and services included in the child's Individualized Education Plan (IEP). This will facilitate a comparison with services provided while the child was in EI;
 - If child is not transitioning to services under CPSE, provide the ability to record other community program(s) to which the child has transitioned;
 - Provide the ability to capture dates and reasons for closure and maintain a closure history;
 - Allow the EIO/D to close a case;
 - Provide an alert and reports to facilitate the closure of children's records when the child is expected to have transitioned [age three (3) or calculated age out] or no active service authorizations in the past 90 days.

Child and Family Outcomes

- v. Level of Child's Development and Calculation of Child Outcomes
 - Capture information about the level of the child's performance in developmental areas at entry into the EIP and at exit;
 - Provide a template/copy of the Child Outcomes Summary (COS) form;
 - Calculate the Office of Special Education Programs (OSEP) child outcomes summary scores;
 - Provide a report by child and aggregated by county and provider.
- w. Family outcome survey
 - Alert the EIO/D and SC to alert parents to complete a family outcome survey before the last IFSP meeting for children with more than six-months of service;
 - Allow the EIO/D or SC to print the letter with information about how to access the survey so they can share with the family prior to exit.

4.5 b.3. Fiscal Management/Claims entry

Currently, DOH staff extract information regarding new provider claims that have passed EIP edits and billing rules in NYEIS and export an electronic claim file to the currently contracted SFA via the secure web application on a weekly basis. The Contractor must have the capability to upload extracted electronic claim files sent by the DOH or other industry approved electronic transfer method agreeable to DOH by the cutover date on October 1, 2019. By the beginning of business, April 1, 2020, the DOH will no longer support sending extract information of claims and reference data to the Contractor for processing. The Contractor's web application must have functionality to capture all necessary case management and provider management reference data to support direct electronic and online claims entry into the Contractor's web application, in addition to other fiscal management functions described in 4.3 and 4.5 b. above.

By April 1, 2020, the Contractor will be required to accept claims from State approved EIP billing providers through the web application via HIPAA-compliant electronic transactions (837 file submission) and allow for the manual, on-line data entry of claims. For manual submitters, the web application shall facilitate claim entry through prepopulating fields. The Contractor will collect all data required for fiscal management and claiming including, but not limited to, information about the child, service authorization, billing and rendering provider, insurance information, date(s) of service, one (1) or more diagnosis codes, one (1) or more procedure codes (HCPCS and CPT), and location and duration of service.

The web application must be thoroughly tested to ensure that claims are being appropriately accepted. As part of the transition, the Contractor must ensure that claims entered in NYEIS prior to the cutover to the Contractor's web application are correctly processed, including, but not limited to, reporting of claims status and all related accounting and fiscal functions. The Contractor must also test with the DOH and with providers who are submitting electronically into the new application. All testing must be completed prior to the April 1, 2020 cutover date for direct claims entry in the Contractor's system. The Contractor is required to provide significant technical support to providers and municipalities in electronic or online claims entry.

4.5 c. Transaction acceptance and processing

The Contractor must process a variety of transactions, including, but not limited to electronic files from NYEIS, EIP providers, municipalities, clearinghouses and insurers, until all case management, provider management and fiscal management functions have been transitioned to the Contractor's new system (anticipated to be fully implemented by April 1, 2020). The Contractor must effectively support the secure acceptance and processing of these transactions. Data must also be provided outbound in a secure fashion to requestors in a variety of formats. The DOH requires the Contractor to utilize current technologies, web services, and other capabilities to receive and provide data as previously described. This includes the ability to schedule, create, publish/distribute, notify, report, monitor, administer, and secure data exchange.

Examples of inbound and outbound transactions include but are not limited to import of legacy claims data, import of NYEIS reference data, conversion and migration of child case data and provider data, 999/277 third-party payer response files, 837 electronic and paper claim submissions to third party payers, and 835 electronic and paper remittance advice to providers.

4.5 d. Claim Validation and Editing

Currently, most of the validation and editing of EIP claims takes place within the NYEIS environment. This will continue in the first six (6) months of this contract. However, the Contractor will be responsible for all validation/editing currently performed by the State's SFA by October 1, 2019. By BOB, April 1, 2020, the Contractor must assume responsibility for all EIP claims entry, validation and editing, including validation and editing previously taking place in NYEIS.

The Contractor must access all reference data necessary for processing EIP claims, initially through extracts from the NYEIS system provided by BEI staff, and by April 1, 2020, through the Contractor's case management, provider management and fiscal management system as the source data.

All electronic claims entered through the web application must undergo a preliminary HIPAA compliance validation processing to validate the claim against standard file layout and segment and field requirements. The Contractor's system must notify users of the acceptance or rejection of their files or records through appropriate HIPAA transaction responses via the Contractor's web application. Once a file is validated for HIPAA compliance, the Contractor's system must validate individual claims against a series of edits that are customized for the EIP and use reference data in the Contractor's case management, provider management and fiscal management system(s), for example, determining whether a child was eligible on the date of service on the claim or whether a provider was approved to render services on the service date (Attachment T for NYEIS Billing Rules); as well as general edits, for example, if there is a duplicate claim in claims history. Claims must also be validated against general edits, EIP Provider Invoice Business Rules, such as duplicate claim in history (see Attachment T). If the claim is denied, the system must alert the provider and allow the provider to resubmit the claim with necessary changes.

The Contractor's system must allow claims to be edited to comply with the EIP billing rules. The Contractor's claims processing system must provide a mechanism for the provider to justify a billing rule violation, as well as a mechanism for the Early Intervention Official or designee (EIO/D) to provide a waiver to approve the claim or reject the claim. If the EIO/D has entered a waiver into the system, the claim must pass appropriate billing rule edits and be processed for payment. If there is no waiver, the Contractor's system must alert the EIO/D and allow access to the claim for adjudication before it can be processed further. The EIO/D's decision must be captured in the Contractor's system and reported back to the provider.

If an NPRM is adopted, providers would be required to submit all claims for payment of evaluations and services within 90 days of the date of service, unless the submission is delayed due to extraordinary circumstances documented by the provider and the DOH's fiscal agent has been notified of the extraordinary circumstances and has provided written acknowledgement. If the NPRM is adopted, the Contractor's claims processing system will be required to deny claims that are over 90 days old and have functionality to handle an exception process, including acknowledgement, related to the provider's delayed submission.

The Contractor's system must approve or deny claims after editing rules have been applied, and a remittance advice remark code must be assigned to the claim to communicate the reason for rejection. The Contractor's system must have functionality to alert providers, allow them to make changes to address errors, and to re-submit for processing to third-party payers. Reports must be available for providers, municipalities and the DOH to review claim decisions.

The Contractor must take an active role in researching and recommending the best approaches to improving EI validation and editing. The Contractor may propose the use of editing and auditing software that it deems will have potential benefit to the project. The use of such software shall meet ITS standards as referenced in Section 4.5 t. Security, Privacy and Confidentiality Requirements. On an ongoing basis, the Contractor must review the claims editing process and patterns of results from editing to determine potential issues and propose any additional editing that can take place at the case management, provider management and fiscal management level to improve fiscal integrity and efficiency of claims processing. The Contractor's system must have the capability to be modified if the DOH policies change. Validation/edits shall have the capability of being turned on or off on specific dates as determined by the DOH. The edit function shall allow for provider claims to be approved, denied or pended as determined by the DOH. The edit function shall be flexible with the ability to add new edits and turn edits on and off with minimal development effort

4.5 e. Claims Processing

Currently, more than 8 million claims are processed annually on behalf of EIP providers totaling over \$650 million annually. Between \$12 and \$14 million in EIP provider claims are processed each week. After insurance payment, about 50% of claims are paid through a municipally funded escrow account.

Effective on or before October 1, 2019, the Contractor must grant providers with direct access to view, correct and resubmit claims for payment using the Contractor's web application. The Contractor must

post claim status information in the claims processing system, with the ability for providers to review claims status and resubmit within that system. Any provider error reports, work queues, or other searches related to claims processing, will be available to the provider directly by accessing the Contractor's web application. The Contractor must develop, maintain and implement a claims data management and integration strategy, including data model and database schema to maintain claims history that can link the status of claims over time and be merged with all other claims on the system to provide an overall picture of the EIP's fiscal operations.

Upon claims successfully passing all fiscal edits and claim reaching an approved status, the Contractor must have the ability to transmit claims to third-party insurers either electronically or on paper. The DOH will permit the Contractor to use a clearinghouse(s) for third-party billing.

The Contractor will provide substantial assistance to providers in establishing any trading partner agreements/authorizations as necessary with municipalities and providers rendering services that are required to bill insurance on their behalf. Currently, only 50% of providers have signed agreements to use a clearinghouse(s) for billing. Under an NPRM, the DOH is seeking to establish a requirement that providers enroll, on request of the DOH or the DOH's fiscal agent, with one (1) or more health care clearinghouses, as necessary, for processing of claims to third-party payers and for receipt of remittance advices in standard electronic format and in compliance with any applicable federal or state regulations with respect to electronic claims transactions.

The Contractor must be able to accept the weekly files from the DOH and use the files to identify claims that have commercial or public insurance before October 1, 2019 and be able to transmit the claims to commercial insurance and Medicaid on or before October 1, 2019. By April 1, 2020, the Contractor must be able to accept claims that are directly entered into the Contractor's web application, either through an electronic file or through online manual entry and transmit to commercial insurance and Medicaid. As part of the Contractor's fiscal management system, providers must be required to attest to the accuracy and validity of the claims being submitted. Claims cannot be modified after submission. The Contractor must coordinate children's insurance benefits and have functionality to determine which insurance plan has the primary payment responsibility and the extent to which the other plans will contribute when an individual is covered by more than one (1) plan. The Contractor must bill insurance plans in an order that reflects the child's coverage status as primary, secondary and tertiary, with Medicaid and then, finally, the municipal-funded escrow account, as payers of last resort. The Contractor must validate the insurance information and must upload 5010 HIPAA compliant 837 P claims files to commercial insurers, either directly or through a clearinghouse (s). If the Contractor uses a clearinghouse(s), the Contractor must directly submit claims to insurers who do not process claims through the clearinghouse(s). The Contractor or the Contractor's clearinghouse (s) must populate CMS 1500 paper claim forms, print and mail them to insurers that are not yet able to accept electronic billing. The Contractor must upload 5010 HIPAA compliant 837I claims files to Medicaid via the NYS eMedNY Exchange daily. The Contractor must act in the capacity of a Service Bureau for providers for claims submission and processing to the Medicaid Program.

In the case of partially covered services that are paid, but at a rate below the EIP rate, the next insurer is billed in sequence. For claims that have both commercial and Medicaid coverage, the Contractor must submit the claim first to the commercial insurer and then to Medicaid, after a response from the commercial insurer has been received. If the claim is denied by the commercial insurer, the Contractor must submit the claim to Medicaid, if the child has Medicaid during the date of service. Claims that are denied by commercial insurance and/or Medicaid (i.e., all insurance coverage for the child), must be processed to the municipal-funded escrow account.

For both commercial and Medicaid claims, the Contractor must retrieve eligibility information via processing 999 files and 277 files at least four (4) times daily. The Contractor must actively monitor this process. The Contractor must confirm through review of the 999 files that the claim file submission was successful. If 999 file rejection errors are received, the Contractor must work with the provider to fix the file. If 277 rejections are received from insurance payers, the Contractor must upload the file and make the claims available to the provider in a way that the provider can review the errors and make corrections, with corrected claims resubmitted to insurers through the Contractor's system. The Contractor must work with providers to resolve 277 rejection errors. The Contractor must monitor, report and analyze file and claim rejections from all payers. The Contractor must make recommendations and,

upon approval from the DOH, implement efforts to reduce rejections in an effort to increase provider payment in a timely manner.

The Contractor must retrieve 5010 HIPAA compliant 835 and 835S claims files from Medicaid via eMedNY, or any future NYS Medicaid payment agent, daily and 835 files from commercial insurers. The Contractor must process the files for reconciliation in the fiscal management system and post the files in the web application. The Contractor's system must clearly distinguish remittance advice by payer (for example, distinguishing Medicaid from commercial insurance adjudication and payment and providing payments at the plan level instead of the company level).

The Contractor's system must provide information about denials to providers in a way that allows the providers to search for claims, identify the errors and make changes to resubmit the claim to the insurer for re-processing. If electronic remittance is not available from the payer, paper remittances are manually reviewed, matched and posted. All adjudicated results must be reported to providers via an electronic 835 or Remittance Advice. The Contractor must furnish a remittance advice (RA) statement for each payment cycle to each provider and municipality rendering services identifying each claim paid, denied, pended or adjusted/voided by payer source. The Contractor must generate remittance advices and transmit the RA to providers in either electronic or hard copy form as requested by the provider using HIPAA compliant formats and messages. RAs must be produced by the provider and Electronic Transmitter Identification Number (ETIN). Multiple RA statements must be made available to providers with multiple ETINs, if needed. Standard and specific financial reports and ad hoc reporting capability related to payment must be part of the solution.

Providers are paid directly by Medicaid and commercial insurers. The Contractor must receive 835 files for claims that are adjudicated by Medicaid and for commercial insurers billed through clearinghouses. However, for provider claims that are not billed to Medicaid or are not billed to commercial insurers through clearinghouses, the insurer may return a paper remittance which will need to be manually recorded into the Contractor's web application. The Contractor will also be required to develop reports to monitor provider manual submission of remittance information.

Monthly, the Contractor must identify claims to be resubmitted to Medicaid by "sweeping" the system for any child with an active CIN that was not billed to Medicaid or whose claim was denied by Medicaid in the first instance. The Contractor must identify all new, and, therefore, unconfirmed Medicaid members to be submitted to the billing cycle and create a 270 eligibility transaction batch file to Medicaid. The Contractor must be able to receive the 271 response file from Medicaid with information about children who are eligible or potentially eligible for Medicaid on the first date of the month. The Contractor must batch and resubmit appropriate claims to Medicaid based upon the updated eligibility information. Claims where a name, date of birth, gender, etc. do not match must be made available to the provider in a manner that alerts the provider to the error and allows the provider to make corrections and resubmit the corrected claims to Medicaid. If payment is made on Medicaid claims previously reimbursed to the EIP provider from the municipal-funded escrow account, then the Contractor's system must have functionality to make an adjustment to future escrow payments and to other downstream processes such as generation of 1099s, processing of State vouchers, data warehouse and claims reporting.

The Contractor must review all denials from third party payers and flag those claims with denials that can potentially be corrected (i.e., workable). Provider denials must be made available through the Contractor's web application for correction, and subsequent submission of the claim must be submitted as a replacement and not as a void. The Contractor must reach out to providers to resolve denials at the claim level and must additionally perform ongoing analysis of denials to identify and resolve systemic denials as well as to develop training and other support to assist providers to avoid future denials. The Contractor must also monitor outstanding claims in aging categories greater than 90 days to quickly determine claim problems and take necessary action to resolve errors to ensure timely reimbursement of providers. The Contractor must have a Customer Service Center referred to in Section 4.5 I, that is available to assist with claim aging problem resolution and to provide training and technical assistance to facilitate the claiming process.

Two (2) adjudication matrices are included in Attachment Z that provide the current system response for denials received from Medicaid and commercial insurance. The response for a denial code is either "move to the next payer" or "hold for manual correction", i.e., the claim is considered workable.

The Contractor will also review how to facilitate claim error resolution by providers, and will develop solutions to link related claims, for example, claims that are denied or voided and subsequently resubmitted. The Contractor will work with the DOH to identify solutions to problems in the case management and provider management system(s) that are impacting upon claims submission and adjudication

The Contractor will work with the DOH to assume the Medicaid retroactive claiming process with the DOH's Office of Health Insurance Programs (OHIP) to submit claims to the Centers for Medicare and Medicaid Services (CMS). The Contractor may need to prepare data files with early intervention services that were reimbursed by the municipal-funded escrow and are approaching Medicaid's two-year claiming limit and transmit the file(s) through a secure file transfer process to OHIP. After OHIP staff review, they will return the file to the Contractor who will create a file of claims eligible for Medicaid reimbursement and a draft a memo to the OHIP Fiscal Management Group to be included in a quarterly claim to the federal CMS. These retroactively claimed files are distributed by the OHIP Fiscal Management Group. The Contractor must work under oversight by the DOH to develop the required file that is sent to OHIP quarterly to identify claims for reimbursement by Medicaid.

4.5 f. Improvement in Insurance Reimbursement

Maximizing third-party payments, including Medicaid and commercial insurance is a fundamental principle of the EIP. The overall insurance reimbursement level for the EIP is 2%. The overall Medicaid insurance level of reimbursement for the EIP is 44%. The Medicaid reimbursement level for claims submitted to Medicaid is 75%. The level of reimbursement for commercial insurance averages 16% for claims submitted to commercial insurers.

The Contractor must proactively pursue commercial and public insurance payments to offset the county and State share of total EIP costs. The Contractor must electronically claim accurate and timely reimbursement from commercial insurers and public health insurance programs, including Medicaid and Child Health Plus (CHP). The Contractor must provide the DOH specific recommendations to improve third-party reimbursement.

The DOH has developed a standardized insurance consent form which is being provided to parents by the service coordinator. The new form requires the parent to provide specific insurance information, or, if the parent has no insurance coverage, to attest to the lack of coverage. By BOB April 1, 2020, it is expected that the Contractor will verify insurance eligibility for children, either by obtaining the information necessary from the NYEIS initially until the Contractor's case management system has been implemented and/or by obtaining copies of the parent's consent forms that have uploaded into the system by users. Using that information, the Contractor will generate a 270 health care eligibility benefit inquiry and get back a 271 response to be entered into their case management system. The Contractor must communicate the 271 responses back to the service coordinator through reports in the Contractor's system.

4.5 g. Claims Payment

The Contractor must adhere to strict controls that ensure that claims are paid accurately and in conformance with DOH requirements as shown in Attachment Z and with Generally Accepted Accounting Principles (GAAP). The Contractor must provide financial management functions and information for the EIP and be able to interface with the NYS Statewide Financial System (SFS) contingent upon approval by appropriate state agencies. SFS is an Oracle PeopleSoft platform. The Contractor must be able to create a bulk load file that can be uploaded directly into SFS if applicable or provided to DOH as needed. The Contractor must implement an operations infrastructure able to support EIP claim volume with sufficient flexibility to rapidly adapt to meet the changing needs of the EIP, including changes in claim volume and reimbursement. Within 90 days of any rate change, the Contractor will make accurate changes in reimbursement, as well as in response to other policy or program changes as required by the DOH over the life of the contract.

Currently NYEIS determines the amount a claim should be paid based upon EIP rate schedules and

billing rules. The payment amount may be modified by the Contractor based upon commercial or Medicaid insurance reimbursement received. This payment methodology will continue in the first year of the contract. By BOB April 1, 2020, payment logic related to EIP rates and billing rules must be included within the Contractor's fiscal management claims processing system. At that time, the Contractor will be responsible for calculating the appropriate payment to providers, including when payment is provided by insurers. By April 1, 2020, all payment information will be available through the Contractor's claims processing system and will be accessible to the State, municipalities and providers via reporting through the Contractor's web application. Reporting will provide both aggregate and claim line detail information about provider payments, as well as a search capability for specific claims. Reporting requirements will be approved by the DOH prior to development, testing and roll-out.

If there is no insurance information included with a claim; the child's service is not covered by insurance; or, the child's insurance is not regulated by the NYS Department of Financial Services (DFS), and the parent has not provided consent to bill the insurance, the claim will be processed, and, if approved, will be included in a biweekly payment to EIP providers. Approved claims which cannot be billed to commercial insurance or Medicaid will be paid based upon the EIP rate schedule and billing rules. For EIP claims with commercial insurance, if the insurer reimburses all or part of the claim, the provider is reimbursed the difference between the commercial insurance payment and payment via the EIP rate schedule and billing rules. Medicaid payment is payment in full for EIP claims, and no additional payment is owed to the provider. Claims are paid from escrow after all commercial insurance and Medicaid options are exhausted, and a balance is still owed for services. The Contractor must reconcile payments to ensure that commercial insurance and Medicaid payments and municipal and State payments for a service can be linked to the original claim.

Municipalities are responsible for outstanding payments up to the EIP payment schedule in the first instance for children who reside in the municipality and those children in temporary residences for whom the municipality is fiscally responsible. Approved claims are included in a two-week cycle for payment of EIP provider claims made on behalf of municipalities. The Contractor will invoice municipalities for funding to an escrow account biweekly to ensure payment to EIP Providers for services that are not reimbursed by third-party payers. Municipalities will continue to deposit funds into the bank designated by the Office of the State Comptroller, and BEI staff will monitor these transactions and will update the SFA continuously. Currently all provider claims are paid through the escrow account except respite and transportation claims which are paid by the State and/or municipalities as described in Section 4.5 h. By BOB April 1, 2020, the Contractor will assume all fiscal responsibility that previously resided in NYEIS related to processing of respite and transportation claims. After that date, all claims will be processed through the escrow account after payment by insurers, if applicable.

Municipalities remit payment of the invoice to the escrow depository account within 13 calendar days of receipt of the SFA-distributed invoice through EFT. The DOH will monitor the status of municipality deposits and post the deposits in the Contractor's web application. The Contractor will determine if the escrow account is sufficient to cover scheduled claims payments. If it is not, the Contractor will communicate and report variances to BEI via email and remit claims payment less than or equal to the account balance. If there are not enough funds for payment, the Contractor will use the first in, first out (FIFO) method for payment based upon the date the claim is released to escrow, and other claims remain pending until funds are available. The Contractor will transmit a file using the requisite format for the bank designated by OSC to issue payments (either paper checks or EFT) to providers for claims approved for payment from the municipal-funded escrow account. The Contractor's system will have the capability to hold payments, suspend payments, split payments and produce interim/emergency payments based on the DOH's direction. The Contractor will manage the uncashed check process, including producing emails/letters to providers for uncashed checks and instructing the bank to reissue manual or EFT checks, as appropriate.

After claims have been reconciled, the Contractor will report annual payments of \$600 or more to billing providers on Form 1099 for tax purposes, subject to change in state and/or federal tax provisions. The Contractor will be responsible for accounting and financial functions associated with above processes, including generating informational reports related to the status of accounts and payments.

The Contractor will be required to manage any routine recoveries, recoupment, or adjustments for the DOH related to claims payment, including audit recoveries and overpayments. Additionally, the

Contractor must support various adjustments, including mass adjustments, special inputs and retroactive rate adjustments. The Contractor's system should have the ability to process mass adjustments to select previously adjudicated claim(s) to be reprocessed, adjusted, or voided based on DOH specified factors and claim information. Selected claims are displayed for review with the ability to select or deselect chosen claims for continued adjustment processing. The special inputs adjustment process is reserved for claims that require special processing based on program or policy determinations or reprocess after a system issue has been resolved. Special input processing also occurs based on the review or audit of claims. Voids need to distinguish between voiding claim for services that should not have been legitimately billed, e.g., the service never took place, and voids where the claim is legitimate, and the claim needs to be corrected. In the latter case, the service history must be maintained. The system must maintain a link between claims that are voided and subsequently resubmitted.

The system also must identify claims that are recouped as a result of a State or municipal audit process where it is desirable to maintain service history, as applicable. By BOB April 1, 2020, the Contractor will have developed a system for the processing of claims to be voided as a result of audits as part of the financial system that will be accepting claims. Municipalities seeking audit recoveries will be required to submit claims to be voided electronically on a report to the Contractor that will include claim line specific information required to void a claim and will also include a void reason selected from a standardized list of void reason codes to be developed by the Contractor in conjunction with the DOH and municipalities. The report will have a general code for voids that do not fall within the list. The Contractor's fiscal management system will void the claims and generate a report to the municipality and State. Claims voided in this fashion will be flagged as audit recovery voids without elimination of the service history. The system shall also allow additional methods of recoupment as determined by the DOH, including the recovery of funds at a summary level and not only at a claim by claim method.

The DOH and municipalities will have the capability to download audit recovery reports from the web application at the municipality and provider level. Should it choose to do so, the DOH will have the capability to review and approve voids at the claim level, void reason code level and municipal level. Municipalities will also submit information about claims that should be true voids, e.g., the service was not actually provided, without service history being maintained. Municipal and State shares will be adjusted depending upon the State's approval to recoup at the municipality and/or the State level. Voids and audit recovery voids will be separately shown, in the Contractor's web application and in provider payment cycles. Downstream processes such as reporting and 1099s will be adjusted to reflect the voids. By BOB April 1, 2020, a similar process will be developed to handle State audit results. The State and municipalities should have the capability to generate monthly and annual reports related to the status of voids.

The system must be able to recognize the void or audit recovery void transaction and simultaneously create a void or audit recovery void transaction for any commercial payers and Medicaid payers, as appropriate. The impacted claim status is changed to "voided", and 837 outbound files or paper void claims are created and submitted to any commercial payer having considered the claim and Medicaid, and 835 response files, paper EOBs or remittances are received from insurers, acknowledging the processing of the void.

New pricing methodologies may be adopted by the DOH to accommodate changes required by State law and regulation. The Contractor's system should have the flexibility to support the current EIP rate structure and to support future changes in rates or method of payment in these systems with minimum programming changes. The Contractor must implement and maintain a system that allows for one (1) or more date-based pricing structures. The Contractor will be required to elicit and validate DOH requirements related to changes in reimbursement rates or methodology or policy and program changes, including changes in the Medicaid Program, and implement changes in an accurate and timely manner. This includes making any retroactive adjustments, voids or recoupment at the provider or municipal level as required by the DOH, including global adjustments. Recoupment is managed through accounts receivable functions that are a complex combination of both manual and automated processes. Accounts receivable can be created automatically through negative claim adjustments/voids or negative retroactive rate adjustments. The Contractor's system should also allow for manual adjustments by Contractor staff or DOH staff and their agents based on audits or other recovery activity. Accounts receivables are managed at the provider level and municipal level and must accommodate lien information for processing payments to lien holders.

The retroactive rate adjustment process automatically generates adjustment transactions when provider rate modifications result in a change to the reimbursement amounts for previously adjudicated claims. Retroactive rate adjustments can affect claims from two (2) years prior to the start of the contract. If a retroactive rate adjustment is required, the Contractor will develop a process where claims can be adjusted without disrupting routine claims processing and payment. Any adjustments will be reflected in an 835 or remittance advice to providers.

The Contractor will be responsible to recoup any EIP payments that a commercial insurer inappropriately sent directly to EIP enrolled families. The following guidance on the DFS website may provide helpful background information: http://www.dfs.ny.gov/insurance/health/EIP_reimburse.pdf.

The Contractor will recover overpaid amounts from providers who have gone out of business or have stopped serving children in the EIP, etc. In these cases, the Contractor must determine the amount owed by the providers and must contact the provider by mail and/or phone, until payment is remitted by the provider. Once payment is remitted, the Contractor will make necessary changes to reflect payment and will modify downstream processes. The Contractor must make three (3) mail attempts to have the provider remit payment. At the end of each month and annually, the Contractor will generate a report of these transactions by municipality for the DOH and the affected municipality(ies). The Contractor will notify the DOH of any providers who have amounts outstanding after 120 days from the initial attempt to collect overpayment.

The Contractor must notify the DOH promptly orally followed by e-mail in the event of problems paying providers and problems with reimbursement from Medicaid and other third-party payers and provide confirmation of billing success with all payers. The DOH may review and authorize payments in each cycle in a manner to be determined by the DOH. At the end of every payment cycle, the Contractor will provide the State with the total of all provider claim payments by municipality for that period to be paid out by the Contractor to providers.

The Contractor will be required to issue 1099s to providers and municipalities and the IRS and NYS Department of Taxation and Finance. The Contractor will calculate payment amount and produce a single 1099 for each taxpayer identification number while factoring in payment lag periods between check/EFT production and payment release. The 1099s will be produced in accordance with federal and State guidelines. The Contractor will be required to send duplicate and/or modified 1099s as needed.

4.5 h. Processing of Contractor Claims

Contractors provide services such as Assistive Technology Devices (ATD), Respite and Transportation Services. Contractors are managed separately than providers in the NYEIS system. State Level approval is not required for Contractors, unless they are also an approved EIP provider. However, Contractors are currently registered in NYEIS to receive payment. The Contractor's system must allow for entry of vendors who can provide ATD, respite and transportation and process claims for reimbursement.

Assistive Technology Device Claims

When an EIP eligible child is identified as in need of ATD, the EIP service coordinator first determines if it's feasible to obtain the ATD on loan through a municipality or Technology Related Assistance for Individual with Disabilities (TRAID) Center. If the device is not available, or it is not feasible to obtain the device by a loan, the service coordinator will forward a request, including the physician's orders, Medical Necessity Justification form (completed by the treating therapist), and the therapist's most recent service log, to the municipality for approval. Once approved, the municipality will forward all the information to the Assistive Technology Coordinator (ATC) by secure e-mail or secure fax. The Contractor will be required to have a full-time ATC charged with managing the ATD process from service authorization to final payment. The Contractor must maintain continuous, effective staff coverage when the ATD coordinator is unavailable.

The Contractor will be responsible for identifying a provider from the pool of state approved ATD vendors which has the best price for an item which meets the specifications as identified by the IFSP team. The

Contractor is responsible for identifying vendors, maintaining a statewide pool of vendors, facilitating vendor applications, working with the DOH for vendor approval, and communicating with the vendors. Within two (2) working days of the receipt of the request for ATD, the ATC will seek competitive pricing information when needed from vendors having agreements with the State. The process of locating a suitable ATD vendor, obtaining pricing and the availability of the device is expected to take one (1) to two (2) weeks. The ATC will select the ATD vendor with the technical expertise, best pricing, delivery terms, insurance in-network status, and convenience for the family, and communicate the selection, via secure method, to the municipal EIO/D and service coordinator for inclusion in the child's record.

The Contractor will collaborate with the therapist and/or child/family for selection/measurements for the device and will revise the bid, if necessary. The ATC will send a purchase authorization to the ATD vendor, and the ATD vendor will obtain any insurance authorizations and place the order for or fabricate the device. The ATD vendor will prepare a bill with payment information, relevant CPT codes and pricing and submit the bill, along with the delivery confirmation and warranty information to the ATC. The ATC will input the service/billing information in the SFA web application for third-party processing and payment. Once received, the ATD vendor will forward the EOB to the ATC for entry into SFA web application. If the product was fully covered by a third-party insurance, the ATD vendor is paid in full by that insurance. If the product was not covered, or a partial payment was received, the remaining balance is paid through the escrow process. Concerns regarding the quality of the device or services are communicated to the ATC.

The Contractor must maintain a tracking and reporting system which includes criteria necessary for the Contractor and the DOH to ensure appropriate identification of ATD devices and timely delivery of requested devices. The Contractor will interact with municipalities, providers and service coordinators during the procurement process and will intervene when necessary to facilitate the appropriate delivery of an ATD device. The Contractor will provide technical assistance to ATD vendors and municipalities to clarify the ATD procurement process. The Contractor will bring to the attention of the DOH any issues or patterns identified regarding ATD devices or the ATD process (programmatic, policy and fiscal) that are municipality specific or parent/child specific and will provide transaction-based reports of ATD activity to DOH on a regular basis.

Respite and Transportation Claims

Processing of respite and transportation claims is outside of the scope of the current Contractor. However, the Contractor will assume responsibility for the processing and payment of these claims effective BOB, April 1, 2020. Currently, municipalities determine the rate of reimbursement for respite and transportation services. In year two (2), the Contractor will conduct a cost study to assist the DOH in determining regionalized rates for respite and transportation services, as well to develop statewide standardization of transportation service delivery methods, to facilitate the processing of respite and transportation claims. The Contractor must be able to configure the systems correctly if the methodology is standardized based on the results of the cost study and incorporated in the billing and claiming system.

By BOB, April 1, 2020, the Contractor will assume responsibility for the payment of respite and transportation claims. The municipality will initially authorize respite and transportation services at rates established by the municipality in the Contractor's web application. Approved providers registered as vendors, as well as vendors who are not approved providers, must be able to directly access the Contractor's billing application for the submission of claims. Parents will submit claims directly to the municipality who will enter the claims into the Contractor's billing application on behalf of the parents. The claims will be paid if they are consistent with the service authorization. Approved claims will be included in a two-week cycle for payment through the escrow account. In determining the State share to be paid for these claims, 50% of the cost of respite services will be paid to municipalities up to the municipality's State allocated amount, with no additional State share reimbursement for claims above that amount. The Contractor's system must assist in the management of respite funds, including but not limited to entering the respite allocation amount per municipality as provided by the DOH, tracking the amount allocated and expended for each municipality, and verifying that the amount of respite authorized does not exceed the allocation amount. State share for transportation will be reimbursed at 49%. All downstream processes will take place, including the issuance of 1099's and the availability of State and municipal reporting.

Transportation is a covered service under Medicaid, however EIP transportation claims currently cannot be billed directly to Medicaid. The DOH is seeking to resolve this problem. In the interim, the Contractor will generate monthly reports for the municipalities as directed by the DOH, so that municipalities can seek reimbursement directly from the LDSS. Once the Medicaid billing issue is resolved, within three (3) months of its resolution, the Contractor will be required to directly bill Medicaid for EIP transportation claims.

4.5 i Medicaid Code 35 Assignment and Claims Payment

For children enrolled in the Medicaid Program, early intervention service coordination services are considered targeted case management and are reimbursed by Medicaid. To ensure proper payment of service coordination services to the child's single service coordinator, the child's Medicaid record in the eMedNY billing system must have a code assigned to the child's and family's service coordination provider. For the EIP, this code designation is known as "Code 35". The assignment of the Code 35 in eMedNY must be consistent with the dates of the IFSP and service authorizations for the specific period, as defined by start and end dates on service authorizations recorded in NYEIS. Without this Code 35 designation, Medicaid pends the claim for 90 days and then denies the service coordination claim if the Code 35 is not designated. This is one of the most common denial reasons for Medicaid claims, resulting in delays in payments to service coordination providers, and has been an administrative burden for service coordination providers and local early intervention staff and department of social services staff to reconcile claims affected by Code 35 issues.

In 2016, BEI worked with the DOH's Office of Health Insurance Programs (OHIP) to establish an automated process to assign and as appropriate, reassign Code 35 designations to providers authorized to deliver service coordination services to children enrolled in the Medicaid Program. In total, the current Contractor sends up to four (4) files per week (Monday-Thursday) to eMedNY to assign or reassign Code 35 assignments. The current vendor transmits a weekly file to BEI on Wednesday with all Code 35 transactional information. The file format for the weekly file to BEI is attached in Attachment R.

In addition to assigning the Code 35, the current vendor sweeps the claims that were denied by Medicaid for a Code 35 error on a monthly basis and automatically resubmits the denied claims for processing by Medicaid. The current SFA works with EIP providers, municipal early intervention staff, the DOH and the eMedNY system to ensure Code 35 assignments are made and claims are processed appropriately.

The current vendor processes adjustments to provider escrow payment accounts for any claims that Medicaid reimburses as a result of the Code 35 corrections that have been made. The Contractor will be required to assume all of these functions from the current SFA effective BOB October 1, 2019.

4.5 j. Payment of State Share

The DOH is responsible for reimbursement to municipalities for 49% of uncovered costs in accordance with timeframes established in NYSPHL Section 2557. After claims have been reconciled, municipalities can request reimbursement of the 49% State share to partially recoup the costs of paying providers. The DOH has the authority to increase the timeliness and amount of reimbursement to municipalities for the State share of EIP costs with savings accrued through implementation of EIP reforms, including savings accrued through increased third-party revenues, for example the amount or schedule for municipal reimbursement of the State share of EIP claims, the Contractor's system must be flexible to support any future changes in the State share processing or amount.

Effective October 1, 2019, the Contractor will be required to assume responsibility for activities related to the payment of State share to municipalities. At the appropriate time in accordance with timeframes specified in Section 2557 of NYSPHL, the DOH determines how much cash is on hand for the payment to municipalities for the State share of EI provider claims. BEI must be able to run reports in the Contractor's web application to determine the timeframe for the reimbursement given the amount of funds available. BEI will contact the Contractor with the amount of funds that are to be disbursed, the budget reference and the accounting and obligation dates the Contractor shall use to ensure payment of

State share to municipalities within the cash amount available. The Contractor will return a bulk load text file to BEI that includes claim and check information for those claims paid from escrow with the total amount for disbursement as close as possible to the amount of the cash available, without exceeding the available cash amount. BEI will review the file, and, if everything is correct, load the bulk load file into SFS electronically which creates a voucher that pays the State share to individual municipalities.

There is a large initial payment of State share after the beginning of the State fiscal year, with subsequent payments to municipalities, until the State share for all municipal claims for that period have been paid. At the same time vouchers are created in SFS, the municipalities will receive a report from the Contractor with all the claim detail related to the claims that are being reimbursed. The Contractor's system must allow the DOH and municipalities to determine at the claim level the amount of reimbursement by Medicaid and commercial insurance, by municipality and State share. In addition, the Contractor will be responsible for preparing reports every month providing aggregate information related to claims payment by type of payment.

4.5 k. Utilize Established Banking and Accounting Functions

The Contractor must utilize the NYS Office of the State Comptroller (OSC)-approved bank to provide banking services for the EIP necessary to maintain payment functions as described above in 4.5. g. The SFA will transmit data using the bank-required format for the bank to issue payments (either paper checks or EFT) to providers for claims approved for payment from the municipal-funded escrow account. The Contractor must modify its procedures related to banking as necessary to accommodate any changes required by the State Comptroller, including a change in the designated bank. The Contractor must be able to identify and manage funds received from and paid to each municipality and provider. The Contractor cannot draw upon the account except for the purposes of provider or municipality claims payment. See Section 4.1.

The Contractor must interface with the New York State central accounting system, known as the State Financial System (SFS) In conjunction with the DOH, OSC performs transactions on a regular basis transferring money to and from the escrow accounts, and directly controlling the amount of money that resides in these accounts. It is the Contractor's responsibility to provide an accurate and secure accounting of all program banking transactions and comply with all federal and State requirements regarding such banking services. The Contractor must develop a refund policy and utilize an appropriate revenue account(s) for refunds and recoveries from EIP providers that cannot be handled through claiming adjustments.

The Contractor's must support all accounting functions related to the services provided through this RFP, including necessary controls and monitoring related to financial functions. These controls include but are not limited to, payment transactions and control of the accounts and all related financial transactions. Appropriate accounting records must be maintained when there are changes in transactions, for example retroactive claims adjustments, voids, etc. The Contractor must make adjusting entries to update claims records and reporting, 1099s and other downstream processes when payment changes take place.

The Contractor's must complete and provide the DOH separate reconciliations for all bank accounts. The reconciliation must provide an exact accounting of all transactions recorded on the financial records of the DOH (which the DOH will furnish to the Contractor) and the bank during the previous month, and must also ensure the cumulative accuracy and agreement of the financial records of the DOH and the bank. All account reconciliations must be in a DOH approved format and, at a minimum, be in accordance with GAAP.

The Contractor must additionally complete, and provide to the State, a monthly reconciliation of the DOH's escrow account utilized exclusively for funding the disbursements to providers. Each month end balance in the escrow account must be reconciled to specific disbursements that have not cleared the bank by the end of the month. Any remaining differences between the uncleared items and the DOH escrow account balance must be fully researched and documented by the Contractor. The reconciliations must be in a DOH approved format, and, at a minimum, be in accordance with GAAP.

The Contractor's must support and monitor the production of emails/ letters to providers for checks that have not cleared within a period established by the DOH; and, support and monitor the production of

stop payment orders for checks that have not cleared within a period of time established by the DOH or for checks that providers report as missing or not received and provide payment information to the bank to reissue these checks after verifying checks have not cleared.

Upon DOH approval, the Contractor must provide a file to the OSC Division of Unclaimed Funds (in a DOH approved format defined by the OSC).

4.5 I. Customer Service Center

The Contractor will perform extensive customer service functions for EIP providers (over 1,250 billing and approximately 15,000 rendering) and municipal staff through its Customer Service Center. In addition to answering incoming phone calls, Customer Service Center staff will be responsible for assisting users via email, voicemail and correspondence and providing training as described below. It is expected that as the Contractor takes over the current SFA responsibilities throughout the first four (4) months of the contract period, June 1, 2019 – September 30, 2019, Call Center staff will be hired and trained on the Contractor's financial management system so that the Call Center is ready to accept user inquiries on October 1, 2019. Additionally, training on the financial management system for municipal, provider and State users must be developed and delivered at least one (1) month before the Contractor takes over financial management responsibilities beginning on October 1, 2019. See Sections 4.1, 4.3, and 4.5.b.3

During the second quarter of the contract, October 1, 2019 – December 31, 2019, as the Contractor configures the provider enrollment/management and child case management system, municipal, provider and State training is expected to be developed and be delivered to users during the second quarter of the contract, January 1, 2020 – March 31, 2020. Initial user training on these system functions shall be completed in time for system implementation on or before April 1, 2020. Call Center staff shall be fully trained on the provider enrollment/management and child case management systems to ensure they are able to fully assist users with these system functions on or before April 1, 2020.

Call Center Services

The Contractor will be responsible for assuming Call Center operations by BOB, October 1, 2019 related to financial management activities. The call center must be located within the continental United States and will be staffed from 7 AM to 7PM (ET), five (5) days per week, Monday through Friday, excluding designated state and federal holidays. The current SFA has received and responded to 55,000 calls from EI providers and stakeholders since October 1, 2013, and on average handles 61 calls per days. The current provider enrollment/management and child case management system help desk receives approximately 100 user inquiries per day, including calls and emails. It is anticipated that call volume will increase resulting from this contract where the Contractor will also be implementing the fiscal management deliverables by October 1, 2019 and the provider management and child case management functions on or before April 1, 2020 including claims entry and payment function. The Contractor must have adequate Call Center staff available to ensure minimal wait times in accordance with the SLAs, including during these transition periods.

The Call Center will also provide help desk services to providers and municipalities related to system(s) data entry, documentation and triage of issues, problem solving of an issue, billing and claiming, including developing and maintaining business relationship requirements, such as obtaining trading partner agreements, as well as other requirements to allow the Contractor to bill insurance on their behalf. The Contractor will work with providers in obtaining and maintaining Medicaid billing status, including enrollment and recertification, and other relevant Medicaid requirements. The call center will also function as the technical help desk as the first point of contact for users who are having difficulties accessing the web application for provider management, case management and/or fiscal management system. The Contractor must develop and maintain a technical assistance and functional user guide that includes a claims processing manual for providers and municipalities that must be approved by the DOH and will be available online through the Contractor's web application. Such guide must be available by the end of the four (4) month transition period and updated as each of the project components are implemented.

The training and retention of Call Center representatives is of paramount importance in achieving Call Center objectives. The Contractor must provide a training plan satisfactory to the DOH related to the provision of initial and ongoing training of Call Center staff. Call Center staff shall be extensively trained related to all functions of the Contractor's system, EIP claims processing, insurance issues, relevant program, policy and service, issues, and adherence to privacy standards, including FERPA and HIPAA standards. Training must be provided in a manner that will minimize disruption of Call Center operations.

Call Center technologies, including Interactive Voice Response (IVR), COTS contact management software and other on-line systems that document, track and manage Call Center activities are expected to play a major role in facilitating the successful operation of the Call Center. Calls may be recorded at discretion of the Contractor and their QA/QI practices. The Contractor must use a product for the Contact Management System that will be used to log, track status and report on all telephone, written and electronic inquiries. At a minimum, the Contractor must log electronically the date and subject of the inquiry; information regarding who is making the inquiry, including the user name, identifier and type, if appropriate; the form of the inquiry, e.g., telephone, email, written correspondence; the date and form of the response; the respondent; and a summary of the response to the inquiry.

The Contractor must have appropriate escalation procedures in place to ensure timely and accurate response when phone calls, emails and correspondence cannot be addressed by staff who initially respond to the inquiry. The Contractor must be able to assign inquiries to the appropriate entity to respond. The Contact Management System shall track who is responsible for the response, if the response is escalated. The Contractor will provide a call center report which indicates cases that have been resolved and/or are still pending by age, i.e., from the date of initial contact. The Contractor must provide a daily report of all contacts that were not successfully resolved within 24 hours. The contact log will be provided in a non-proprietary format to the DOH weekly and upon request. The Contractor must grant user access to the Contact Management System and Call Center ticket log to the DOH. Detailed contact records must be accessible to the DOH.

The Contractor must have software that provides canned reports to allow analysis of the effectiveness of call center operations on an ongoing basis, including the type of calls received, calls answered within the predetermined timeframe, the average speed to answer calls, call abandonment, first call resolution and other industry standard benchmarks. Performance benchmarks for the Call Center are included in the Service Level Agreements in Attachment S. This reporting must be available for DOH viewing via the Contractor's web application and must be emailed to key DOH staff daily. The Contractor must be able to supply reports on emerging issues and concerns identified through the Call Center within 24 hours.

The Contractor must have a method to gauge customer satisfaction with Call Center services through post call surveys that are automated so that customer satisfaction data can be readily available for analysis. Surveys shall be designed based upon the American Customer Satisfaction Index or other appropriate standards. Surveys must be approved by the DOH, and the results of surveys shall be included in reporting to the DOH related to Call Center performance.

Correspondence Operational Requirements

The Contractor must effectively and efficiently manage correspondence that includes responding to incoming written and electronic correspondence from a variety of stakeholders, including municipalities, providers, insurers and others, as well as outgoing correspondence not related to specific inquiries, including information related to all system(s) functions including claims processing, mailing of 1099 forms and other miscellaneous correspondence. Electronic communications must meet HIPAA, FERPA, and NYS security standards, provided in Section 4.1 and Section 4.5 t. It is critical to log and track all written communications received from and sent to providers and municipalities, as well as other DOH Contractors or stakeholders. Access to communications must be retained in a non-proprietary electronic format and made available to DOH and other authorized users and must be transferred to the DOH upon request and at the end of the contract. The Contractor must provide monthly reports to the DOH related to the number, types and response status of correspondence that has been received.

The Contractor must provide a mature, intuitive, easy to use COTS or existing product with demonstrated reliability to automatically generate letters and electronic messages with DOH approved content to communicate to a variety of stakeholders, including, but not limited to providers,

municipalities, parents, insurance companies, and Medicaid. These letters must be maintained and stored electronically and be available to the DOH.

The majority of communication of guidance and procedures will be achieved through electronic means, including email, online training and posting of documents on the Contactor's public website. There may be limited instances (up to six times per year) where written communication must be distributed to all EIP billing providers. While most EIP providers will communicate by phone or email, the Contractor must also be able to receive mailed communication from EIP providers. Based on data provided in Section 4.5.b.1 of the RFP about EIP billing providers, the Contractor must have adequate mailroom services to meet the operating requirements of the EIP, including support of the day-to-day receipt, tracking and distribution of incoming mail, and preparation of outgoing mail, including, but not limited to: stuffing, labeling, affixing postage, sorting and delivering.

Training

The Contractor must develop a comprehensive, formal training plan to be approved by the DOH that addresses the needs of EIP stakeholders, including, but not limited to, DOH and ITS staff, municipalities, providers, insurers, staff from other federal and State agencies and others as requested by the DOH. The training plan must be available by August 1, 2019 for DOH review and implementation no later than BOB September 1, 2019 to ensure users have adequate training on the fiscal management system. The training plan on the Contractor's provider and case management system including entry of claims into the Contractor's fiscal system, must be available to the DOH by October 1, 2019 and it must describe how users will be trained on the system during the third quarter of the contract prior to implementation on or before April 1, 2020. The training plan must describe all initial user training and an ongoing training plan.

The current Contractor completed a needs assessment analysis to determine EIP stakeholder learning gaps related to the billing and claiming processes and to determine the effectiveness of current training resources, delivery preferences and future training topics. Results of the needs assessment are provided in Attachment BB. The needs assessment survey results indicated that EIP stakeholders prefer e-learning trainings. The Contractor will be required to provide training through webinars, online training courses and other innovative e-learning strategies that use technology to provide long distance training. The Contractor is expected to demonstrate substantial knowledge in using e-learning training solutions. Onsite training will only be allowed at the discretion of the DOH.

The Contractor will develop, update and maintain training materials as required and will post training materials on the Contractor's website, including training materials developed by the previous Contractor. The current SFA has produced and recorded numerous webinars for EIP providers and municipalities on a wide range of billing and claiming topics that are currently available through the EI Billing public website. As determined by the DOH, these webinars and other training materials may be transferred as applicable to the Contractor's website.

Fiscal management training must be available on the Contractor's web site by September 1, 2019. This will include a comprehensive on-line or web-based orientation training for providers. A comprehensive training program specifically targeted to users on the provider management and case management system(s) including billing and claiming into the Contractor's fiscal management system must be available between January 1, 2020 but prior to the system(s) implementation on or before April 1, 2020. Any online trainings will be recorded and archived for future reference.

The Contractor will seek DOH approval of all trainings and content, including all training materials, 30 business days prior to holding the training. Trainings will be the property of the DOH and will be turned over to the DOH at the end of the contract. Training materials must be developed and updated in response to changes in operational functions such as claims processing functions, program and policy changes, and infrastructure and technological changes that impact on stakeholders. Training materials must incorporate the principles of adult learning theory, so that training is self-directed, is relevant to participants' needs, and provides ongoing feedback as progress is made. Each training opportunity shall include an end-of-course exam, as well as the opportunity to provide feedback related to participant satisfaction with training. The Contractor will provide each participant with a certificate or letter affirming

their completion of the training. This certificate or letter will be made available to the participants either virtually or in hard copy.

Version control of trainings will be maintained to ensure that stakeholders have access to the most current information. Stakeholders will be notified if there is a significant change in training information. It is anticipated that there will be a significant training effort of users after the Contractor assumes responsibility for case management, provider management and claims processing functions. The Contractor will be expected to effectively and efficiently address this training need.

The Contractor will be responsible for delivering training and will make all necessary arrangements to deliver training in a manner that meets the needs of stake holders, including the DOH, municipalities and providers. The Contractor must provide a recommended training course list to support each stakeholder role. The Contractor must develop a learning management system (LMS) that will allow stakeholders to track course completion, as well as their staff's completion of necessary training. The LMS will include metrics to determine how well participants did on end-of-course exams, as well as participant satisfaction with the training. The LMS should include metrics related to participant counts in courses broken down by State staff, municipalities and providers.

Contractor training staff will work closely with the Customer Service Center and other areas of the Contractor's operations to identify patterns of support needs to better focus training. The Contractor will also work closely with the DOH, municipalities and providers to identify specific training needs. EIP child case management, provider management and fiscal management including billing and claiming issues will be a significant focus of training, particularly as these functions shift to the Contractor's systems and processes.

As described in 4.5 b., the Contractor's publicly available website will also play an important role in the EIP that shall be incorporated in the Contractor's training plan. The website will include separate pages for billing and related claims processing issues, training and support information, and a knowledge base that will include information related to systems processing, claiming and insurance issues. The website will communicate and provide technical assistance to the DOH and its stakeholders. Current, comprehensive and readily accessible information, including users' manuals, must be available through the website to facilitate self-service, thereby reducing the volume of Call Center and correspondence inquiries. A functional user manual/user guide must be available for users to access and download that clearly explains functions of the system. The knowledgebase must also be available to host previous DOH e-mail communications, guidance documents, resources and any future communications developed by the DOH and/or developed by the Contractor after approval by the DOH.

4.5 m. Quality Assurance/Quality Control

To maintain continuous focus on the importance of delivery of quality systems and services, the Contractor must plan, implement, rigorously enforce, and constantly improve a formal quality management methodology (QMM) and quality management plan (QMP), within the first 6 months of the contract period, to ensure accuracy of data entry, case management, claims payment, aggressive billing of third-party insurance, accurate draw down of municipal and State funds and other aspects of ensuring fiscal integrity of the system. The QMM shall have a set of defined processes that are designed to work together to accomplish a set of quality objectives, including ensuring that the Service Level Agreements included in Attachment S are being met. The QMM must also address the quality of customer support services, including the Call Center, correspondence control and response and training. The QMM shall address issues related to data and reporting integrity, as well as adherence to confidentiality and privacy requirements. The QMM shall include input from stakeholders, including the results of customer satisfaction surveys.

The Contractor is required to take a proactive approach to analyzing and assessing the quality and accuracy of performance. The Contractor's quality management processes must be applied for the life of the contract and are not specific to any particular phase. The Contractor must implement its QMP across the broad spectrum of the services including, but not limited to, manual and automated processes, including claims entry, processing and payment, commercial and public insurance claiming, financial reconciliation/accountability, customer relations, data entry, image processing, customer service functions, data creation, transformation and transmission, the System Development Life Cycle (SDLC)

and other key Contractor activities. The QMM and QMP must be provided to the DOH for approval within the first six (6) months of the contract. The Contractor must produce a monthly report that summarizes quality management activities and provides detailed information regarding findings that will be provided to the DOH. The DOH requires that the Contractor disclose to the DOH within twenty-four (24) hours or as specified by other requirements in this RFP any and all deficiencies found by the Contractor throughout the life of the contract. Failure to do so may result in withholding of the Contractor's payment as specified in the SLA (Attachment S).

Data quality is a critical deliverable of the contract that must be specifically addressed in the Contractor's QMM and subsequent plan. This involves processes and practices that ensure quality, reliable data is created and maintained throughout the system(s). It requires a continuous data quality management process for defining the acceptable levels of data quality required to meet business needs, including the need for accurate and timely data to analyze the effectiveness of the EIP from a program and policy perspective, and for ensuring that data quality meets these levels. This process involves documenting business requirements and corresponding business rules for asserting the required data quality from which will be derived the methods and acceptable thresholds for analyzing the quality of data and identifying data anomalies. Data quality must be explicitly addressed in the QMM and QMP, including the appropriate and timely documentation of Contractor services and systems.

The Contractor will also be required to have audit staff who will ensure the integrity of the claims payment system and related processes throughout the contract period. During the three-month initial transition period, the Contractor will be required to conduct extensive testing, including parallel testing of claims runs, with the current SFA and DOH and ITS staff to ensure all systems and processes are working properly, and that claims are being billed and paid appropriately. As part of this function, the Contractor will be responsible for conducting prepayment audits during the testing phase, prior to cutover. For the prepayment audit, the Contractor must audit a sample of claims meeting the criteria specified in the prepayment audit procedure. This system must include a review of a statistically appropriate sample of claims of both provider and municipal claims for direct services and municipal claims for State share as appropriate, to ensure accurate adjudication and payment of those claims. In addition, a detailed review of system generated reports is required to confirm the accuracy of payments and associated reporting. The Contractor will retain prepay audit work papers and related documentation for future reference and make these available to the DOH upon request. In addition, upon the DOH's request, the Contractor may be required to perform internal audits of selected operations. The above audit function will be critical during the testing and cutover periods and transition periods and will continue through the life of the contract

The Contractor's auditor will be responsible for oversight and auditing of provider claims to ensure provider claims are valid, contain required information to claim third-party payers, and adequate documentation exists of third-party payer adjudication responses to provider claims, including rejections, denials and payments. The Contractor will periodically sample provider claims to verify that third-party adjudication records match any Explanation of Benefits (EOB) payment or denial data entered manually by a provider. If the Contractor discovers any discrepancies between third-party payer and EOB data entered by the provider, the Contractor shall notify the DOH and the municipality. If the DOH proposed rule requiring providers to enroll with one (1) or more healthcare clearinghouses is enacted, this audit process may be discontinued.

Throughout the life of this contract, the DOH or its authorized agents will conduct QA audits and/or activities to ensure that the Contractor fulfills all requirements of this RFP. The Contractor must assist the DOH, the Office of the State Comptroller (OSC), Office of the Medicaid Inspector General (OMIG), the Office of the State Attorney General (OAG), the federal Office of Special Education Programs (OSEP), the federal Department of Health and Human Services (HHS) and other personnel authorized by the DOH to perform audits relating to the services rendered by the Contractor and any subcontractors. The Contractor will provide support to the audit staff as directed by the DOH, including responding to audit findings and assisting DOH staff in responding to audit findings or requests for information. The Contractor must develop and implement a Corrective Action Plan, approved by the DOH, for any and all deficiencies and/or recommendations made by the DOH and its agents, the federal government and its agents, OSC, OMIG, OAG and any DOH QA Contractor. The Contractor must meet the dates and deliverables in the approved Corrective Action Plan at no additional cost to the DOH.

The Contractor will be required to provide the DOH, upon the DOH's request, with expert testimony in support of administrative and legal actions against EIP providers and provide research and documentation to support audit responses, administrative hearing, appeals and court cases.

4.5 n. Reporting

The Contractor must provide an easy-to-use Web-based library of canned reports for viewing, printing, and secure download as Word and PDF documents, as well as a user friendly, on-line, ad-hoc reporting capability to include export of data in comma-separated values (CSV) file format for all case management, provider management and fiscal management needs. The Contractor must meet all reporting requirements to accomplish all federal and State reporting requirements including but not limited to the federal APR. The APR is a mechanism that New York State uses to report on progress in meeting the measurable and rigorous targets established in the State Performance Plan (SPP) see Section 4.5.b 2. Child Case Management and Documentation for data requirements. The APR is submitted annually to the US Department of Education by February 1st. However, the APR must be completed and available for internal DOH review and approval by December 15th.

The Contractor's system must be able to provide reporting functionality that will meet the administrative, operational and fiscal oversight needs of the DOH, the providers, and the municipalities.

The current SFA portal has a reporting module that queries the transactional database and a data warehouse. Over 25 reports have been launched, including management reports such as an executive summary report and a dashboard report. (See Attachment U for a list of required reports) The Contractor must develop and provide access through the web application to a dashboard that will display (upon-demand) the Contractor's operational performance metrics and provide the DOH management with the latest statistics regarding those metrics. The DOH will approve the design of the dashboard which must be available by October 1, 2019 and modified, if necessary, with the implementation of the provider enrollment/management and child case management system on or before April 1, 2020. In addition, a number of reports related to claims status, processing and payment, as well as other financial reports have been developed. A description of current reports is included in Attachment U.

The current information system, NYEIS, has over 100 reports available that are run off of the DataMart. The Contractor must have multiple pre-defined management and summary level reports available for State, municipal and provider users as well as ad hoc reporting capability for child case management and provider management. Pre-defined provider enrollment/management report examples include but are not limited to provider profiles, provider mailing labels, provider caseload, provider cost analysis, and monitoring reports. Child case management reports include but are not limited to referral counts, caseloads by EIO/D, Service Coordinator and/or rendering providers, upcoming IFSPs including 45-day timeline from referral to initial IFSP meeting, child insured/uninsured, service authorization/utilization, child and family mailing labels, child eligibility status, transition and identification of upcoming transition dates/timelines, IFSP reason for delay, 30-day service timeliness, child closure/children exiting the EIP, provider listing, service trends, and child and family outcomes.

The suite of current fiscal reports must be available from the Contractor by October 1, 2019. Report periods must cover historical data and data received by the Contractor throughout the contract period and any additional reports being added. The Contractor will be required to supply the DOH, municipalities and providers with complete information about all claims adjudicated by commercial insurers and the Medicaid Program (including payments, partial payments, and denials), and the outstanding balance owed to EIP providers. Additional analytic reports will be needed by the DOH in the future. A preliminary list of these reports is included in Attachment U. In addition, the Contractor must have report development software capability available to users that must be sufficiently flexible, scalable and efficient to allow the DOH, municipalities and providers to generate tailored reports without additional cost.

Report requirements will be elicited from NYEIS, and SFA users, including service coordinators, service providers, and municipality and state program, fiscal, and data analyst subject matter experts and managers. Requirements will be documented and validated using DOH provided or endorsed methodology and templates. Report documentation, including, purpose, description, data input and output, and design documentation (e.g., data dictionary, data flow diagrams, transformations performed),

will be provided for DOH review and approval. Reports will undergo DOH-approved Contractor testing and user acceptance testing, including usability and data validation. Reports and related metadata will be available on-screen, readable/printable, PDF printing and as CSV download. Updates and revisions to reports and metadata will be completed by the Contractor and updated versions will be made available within one (1) month of revisions. All data and associated metadata, including data dictionary, are the property of and will be made available to NYSDOH monthly and upon request in a secure manner to be determined by NYSDOH.

Provider enrollment/management and case management and summary level reports must be defined, documented and available to users by the implementation of these systems, expected to be on or before April 1, 2020. See Section 4.2.

4.5 o. Data Synchronization, Transfer, Conversion, Migration and Integration

The DOH considers the synchronization and data migration, conversion and integration task involved in the SFA and NYEIS systems critical to the success of the project. Conversion and migration activities are often the source of failure in projects due to the volume of data; complexities inherent in defining the relationship between source and target data structures; the differences in the data required for processing between legacy and new systems; and, the history of changes to processing requirements and valid codes that may result in data inconsistencies and missing data conditions. The Contractor must work with the DOH and ITS, to ensure that these processes take place successfully. Currently, there are 631 data tables contained in NYEIS, of which 418 were customized for the EIP. These tables contain over 50 million service and claim records and several hundred thousand child and provider records.

The Contractor must develop a methodology that clearly identifies and defines the strategies and activities required for the processes, including for contingency planning if it is determined that data synchronization, conversion and migration cannot be accomplished as scheduled. The Contractor's responsibilities will include the mapping of data from the NYEIS and current SFA data structures to the Contractor's data structures and verification of data synchronization, transfer, conversion, migration and integration processes through systemic testing and exception handling. The data conversion and migration tasks are anticipated to continue until the Contractor has successfully converted to the satisfaction of the DOH all data from legacy case management and provider enrollment/management systems. The DOH is requiring the Contractor to provide and use an acceptable data conversion and migration method, for the conversion and migration of the data, such as extraction, transformation, and load tool (ETL). The Contractor shall develop and provide a validation plan, within 60 days of the contract execution, and the verification will be required to ensure that all data were migrated and converted correctly before the launch of the Contractor hosted solution for each component.

A key issue related to data synchronization and transfer relates to the requirement that the Contractor access all reference data necessary for processing EI claims, initially through extracts from the NYEIS system provided by BEI staff, and, by April 1, 2020, through direct access to the Contractor's case management and provider management system, including, but not limited to information regarding the child's eligibility information, service authorizations, insurance information and EI rate schedules and other information as necessary to validate/edit and process claims. The Contractor in working with DOH and ITS may directly access NYEIS by obtaining copies of the NYEIS transactional database; through direct access to servers in the ITS data center; or, via some other method as agreed upon by DOH and ITS staff. The Contractor must address all BEI and ITS security concerns in obtaining this access. All historical data for active children including referral, evaluation results, IFSP, services and claiming as well as provider data must be proven to be successfully converted and migrated to the Contractor's provider and case management system prior to implementation of these systems on or before April 1, 2020. All historical data for non-active children must be successfully converted and migrated by August 1, 2020.

4.5 p. Data Management /Data Warehouse

Data Management is the development and execution of architectures, policies, practices and procedures that properly manage the full data lifecycle needs of an enterprise. The architecture centers on the Relational Database Management System (RDMS). The Contractor must provide a comprehensive data

management system, including but not limited to RDMS, that is based on an open architecture that provides application program interfaces and open database connectivity, while respecting the broader compliance, operational and security requirements.

By October 1, 2019, the Contractor will be required to accept the transfer of transaction data files and the data warehouse from the existing SFA so that accurate claims processing can take place and processing of claims that have not yet been adjudicated can continue after cutover. The data warehouse will consist of all claims processed by the previous SFA, as well as new claims processed by the Contractor. This data will include the history of claims processed prior to cutover that can be merged with information regarding new claims processed by the Contractor. The data warehouse must be fully functioning to support and facilitate reporting. The Contractor will develop a data base for legacy claims which will have a "claims history" that links the claim over time and can be merged with all other claims on the Contractor's system to provide an overall picture of the EIP's fiscal operation. The data warehouse will be maintained and updated after the transition takes place so that there is an historical database for reporting.

It is the DOH's goal to develop integrated case management, provider management and fiscal reporting functionality for EIP system users. To achieve this, by April 1, 2020, the Contractor will have implemented a front-end case management and provider management system that will collect and store the reference data used to validate/edit claims, as well as claims payment data, in the data warehouse. When the transformation is completed, it is expected that there will be seamless, technological integration of the systems and processes to improve user experience and to provide a comprehensive solution that meets DOH objectives. The Contractor will be required to maintain a data warehouse of all claiming data, NYEIS historical data, reference data related to claims and associated metadata to readily enable linking to child enrollment and service data maintained by the DOH.

All data will be externally hosted by the Contractor. The Contractor will provide copies of transactional data to the BEI monthly and will make the data including DataMart, data warehouse, all raw data and transactions accessible by State DOH staff, and filtered data by NYC and other municipalities if requested. Municipalities must be able to download their own transaction data monthly. The Contractor will be required to securely provide an up to date copy of the data warehouse to the DOH for ad-hoc data analysis not less than on a weekly basis. This instance will include all data from the child, provider and claim records and all transactions related to referral, evaluations, IFSP, services, provider, billing and claiming, payment, reconciliation and insurance, municipality and State shares, including any adjusted transactions, including voids, recoupment voids, and other adjustments.

4.5 q. Metadata Management and Delivery

All data and associated metadata, including data dictionary, are the property of and will be made available to DOH at the end of the contract and upon request. Metadata Management (MDM) is critical to the success of the services of the Contractor. The DOH defines this component as the documentation and availability of both business and technical descriptions of the data that are stored by the Contractor. It will be used by both business and technical users to enhance their understanding of the data and the processes that populate, distribute, and use the data contained in the Contractor's system. The Contractor's approach to MDM shall fulfill the DOH's MDM objectives and achieve continual improvement of the Contractor's performance in pursuit of the project objectives. See Section 4.1.

The MDM objectives are to:

- provide uniformity in the description and sharing of information;
- make reliable information available quickly;
- increase the visibility of information across the EIP enterprise;
- increase accuracy of stakeholder analysis of the data;
- increase stakeholder confidence in fiscal management;
- reduce operational costs by eliminating redundant data;
- identify errors and problems with source systems;
- reduce time to perform change impact analysis; and
- shorten development times.

Metadata to be captured will include, but not necessarily be limited to information about the physical data, technical and business processes, data rules and constraints, and logical and physical structures of the data, as used by the enterprise. These descriptive tags describe data (i.e., databases, data elements, data models), concepts (i.e., business processes, application systems, software code, technology infrastructure), and the connections (relationships) between the data and concepts. Types of metadata include definition (both business and technical definitions), transformation (source to target mappings, business rules, domain values, etc.), and process control (quality and audit metrics, operational messages, application run-time) metadata. This knowledge base, to be owned by the DOH, will contain information about data, process, and control by the Contractor and as such represents a facility for centralized management and control of the Contractor. Metadata sources could include software tools, stakeholders, documents, spreadsheets, messaging and transactions, web-sites and third parties. A DOH designated repository will be used for document management and storage. At DOH's discretion, information will be shared as necessary and appropriate within DOH and technology partners.

4.5 r. Technical Infrastructure

The technical and system architecture will provide the underlying computing infrastructure (e.g., hardware, software, network, database management system, data warehouse) that enables and supports the Contractor's case management, provider management and fiscal management system and processes. The Contractor's technical architecture design must address the requirements of performance including security, stability, availability, redundancy, capacity, scalability, flexibility, extensibility and adaptability. The infrastructure must support the volume of all EIP activities specified in this RFP, with the ability to readily scale up to support increasing volume, as well as communication with all relevant systems. The Contractor's architecture must meet specific operational performance and availability requirements defined in Attachment S- Service Level Agreements. In addition, the technical and system architecture must address adequate environments for production, development and testing and the business continuity requirements (i.e., backup/recovery, failover, disaster recovery). The Contractor must be responsible for the provision, maintenance of any/all hardware, computer network, personal computer-based workstations, printers, supporting modems, and software needed for case management, provider management and fiscal management systems. The Contractor will provide evidence that systems are compliant with HIPAA, FERPA and NYS privacy and security policies and standards before going live, and annually and/or as requested by DOH thereafter.

The Contractor must have hardware and software that is adequate to meet the requirements of this RFP and is upgraded or versioned consistent with industry standards and NYS security policies. The Contractor will notify the DOH of any hardware or software changes that may impact performance. The Contractor must develop and implement a Configuration Management Plan, within the first six (6) months of the contract period, that must clearly identify the process for approving and implementing new versions, including the organizational responsibility for each type of version control. The DOH shall review and approve the plan for implementation.

4.5 s. Business Continuity and Disaster Recovery Requirements/Backup Facility

The Contractor's approach to the management of EIP operations must incorporate a comprehensive business continuity and disaster recovery methodology that will protect valuable DOH information assets and allow continuous availability of all Contractor applications and technology, including phone/IVR, etc. System availability is of the utmost importance, and whether it is a natural disaster or other event that interrupts operations, the business continuity solution must provide the ability to recover quickly with minimal impact to ongoing EIP operations. Business Continuity requirements are categorized as backup/recovery; failover; and, disaster recovery. Within thirty (30) calendar days of contract execution, the Contractor must submit to the DOH for approval a Business Continuity Plan that is based upon the Contractor's business continuity and disaster recovery methodology and addresses the three (3) categories above. Formal written agreements must be made for all disaster recovery services and must be presented to the DOH.

All elements of the Contractor's backup/recovery solution shall be high-speed, high-capacity, enterprise-class components. Incremental and full system backups shall be automated and conducted on each of the environments. The Contractor's systems failover solution must provide for continued operation in the event of a failure in any of the environments. This solution shall include, but not be limited, to redundancy in:

- data center equipment power and air conditioning;
- call center equipment, power and software;
- network infrastructure components;
- server level components;
- database component;
- data warehouse component;
- disk level components; and,
- software components.

Together, these components shall provide for a complete and robust failover capability that will switch from the current environment to a full-service alternate environment in the event of disruptions such as a failed disk or failed server.

4.5 t. Security, Privacy and Confidentiality Requirements

The Contractor must comply fully with all NYS security policies and standards, as well as with all applicable State and federal requirements, in performance of this contract. The Contractor must not, without written authorization from the DOH, divulge to third parties any confidential information obtained by the Contractor or its agents, distributors, resellers, subcontractors, officers or employees during the course of performing contract work. This information includes, but is not limited to: security procedures, business operations information or commercial proprietary information in the possession of the DOH, Protected Health Information (PHI) or other data. In addition, a HIPAA Business Associate Agreement (BAA) is required. See Section 4.1.

The Contractor must take steps to ensure that their staff, agents and subcontractors are educated in specific security, privacy and confidentiality requirements as applied to this contract, explaining its responsibilities in maintaining security, privacy and confidentiality and reviewing all policies, processes and procedures that will be used for this project. All activity covered by this RFP must be fully secured and protected by satisfactory security arrangements approved by the DOH. The DOH and the Contractor must establish a joint security management team to accomplish these objectives. The Contractor must treat all information obtained through its performance under the contract as confidential information and will not use any information so obtained in any manner except as necessary for the proper discharge of its obligations and securing of its rights, or as otherwise provided. State or federal officials, or representatives of these parties as authorized by State or federal law or regulations, will have access to all confidential information in accordance with the requirements of State and federal laws and regulations. The DOH will have absolute authority to determine if, and when, any other party may be allowed to access information. Confidentiality is the concept that data will be viewable only by those who are explicitly permitted to view it. The Contractor must notify the DOH immediately of any breach of security, privacy and confidentiality, as well as comply with any federal or State laws or regulations related to other notification in relation to such breach.

The Contractor must be compliant with:

- The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and associated regulations <https://www.hhs.gov/sites/default/files/privacysummary.pdf>;
- The Family Educational Rights and Privacy Act of 1974 and associated regulations <https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html> ;
- The Privacy Act of 1974;
- New York State Cyber Security Policy P03-002, and associated policies and standards (<http://its.ny.gov/eiso/policies/security>);
- Incident Breach Notification Policy (<https://its.ny.gov/incident-reporting> & <https://its.ny.gov/breach-notification>); and
- New York State Information Technology Policies, Standards and Guidelines G07-001, Identity and Access Management: Trust Model;

- National Institute of Standards and Technology SP 800 series. The Certification Commission for Health Care Information Technology Security Criteria for 2007 Certification of Inpatient Electronic Health Records (EHRs) and FIPS publication 140-2 issued May 25, 2001.

The Contractor must provide training to DOH and Contractor staff on the Contractor's privacy and security procedures, which should comply with the State and Federal requirements for security privacy.

The Contractor must develop and implement a Security, Privacy and Confidentiality Plan within the first 30 days of the contract to be approved by the DOH and for all subsequent projects and major system enhancements to address security and privacy issues/risks and the steps that the Contractor has taken to ensure these issues/risks will not compromise EIP operations. The plan must be an overarching plan for all levels of security, including but not limited to: HIPAA and FERPA security and privacy, data security, network security, application security and physical security.

The Contractor must ensure that access to case management, provider management and fiscal management systems and information is restricted to authorized users, assure the privacy of data captured for current and prior clients, providers, and others that store confidential information in the database, restrict access to its data, based on roles defined in the system, utilize FIPS approved 128-bit encryption that meets NYS Encryption Standards for all messages to and from the system, including data at rest, ensure that providers cannot see information about any providers other than themselves, allow only designated Database Administrators (DBAs) to view database level data storage. Roles shall be definable without changes to the software, allow a security administrator to assign user roles, allow multiple roles to be assigned to any user. User passwords shall not be viewable to anyone, even Database Administrators, passwords shall be able to be reset by a security administrator, all reset passwords shall require immediate change by the user. Allow users roles to be assigned locally by local System Administrators with local System Administrator access privileges, passwords shall be able to be reset by the DOH System Administrator, the default designation of roles and access rights shall be simple to declare for municipalities and encourage consistency across municipalities, allow users with the proper permission to alter the default roles or add to them: Ensure municipal-level personnel can only impact data within their municipality except to effect transfers, ensure that the State's 'Municipality Admin' can manage information used by the State, but cannot manipulate data at the Municipality level, limit provider access by field and, limit providers' access to their information and cases and ensure providers cannot see any information about any child to which they do not provide services.

4.5 u. Staffing Requirements

The Contractor must provide and maintain adequate technical, operational and financial resources to support the project staff in the performance of their duties. The DOH will require that the Contractor review their Staffing and Organization Plan annually, and the organizational chart monthly, and update each whenever there is a staffing change. See Section 4.1.

Key staff consists of the project's senior leadership who are responsible for providing the overall leadership and management; obtaining necessary corporate resources; and, creating standards and processes required for the successful implementation, operation and maintenance of these services. All key staff positions must be full-time roles filled by a single, dedicated person who is assigned to work on the project. Within 30 days of contract award, the Contractor will be required to submit resumes and other supporting documentation demonstrating that the key staff possess the credentials required by the DOH. Final award is contingent upon the DOH's review and approval of the key staff proposed. All proposed key staff must be available on the contract start date. Key staff must include a project manager and a deputy project manager who will both have an office in the Capital District of NYS. The project team must have ready access to its corporate resources and access to and support from higher levels of senior management.

The Contractor may not reassign a key staff person who is proposed in the Contractor's response to this RFP, or hire a new key staff person, without the written approval of the DOH, which shall not be unreasonably withheld. The DOH will only approve such reassignment or hiring if the key staff person being proposed has work experience comparable to or better than the key staff person who will leave the project. If the DOH gives written approval of the reassignment of key staff, such personnel will remain

assigned to the performance of duties under this contract until replacement personnel are in place performing the key staff functions. An adequate timeframe and transition/training plan for new staff prior to the reassignment must be provided. Failure to seek DOH approval of a staff reassignment/replacement may result in withholding of contract payment until the DOH deems the project to be appropriately staffed.

The Project Manager must have experience with the direct management oversight of projects involving large scale health care billing and claiming through automated systems as well as familiarity with provider enrollment/management and child case management systems related to the provision of health care and/or education services as described in this paragraph. The Project Manager must have ten (10) years of experience in direct financial and operations management in health care environments, including health care billing and claiming. This 10 years of experience must include the following: operational management of revenue cycle related projects; revenue optimization through billing of third party insurers, including Medicaid; improving business practices, including business process development and redesign, and working with IT staff to successfully design and implement revised business requirements; project management, program compliance and quality improvement systems to ensure the transition of operations is successful; communicating with a variety of stakeholders. Early Intervention experience and general management experience **is not** considered relevant to meeting Project Manager experience requirements.

The deputy project manager must have at least 5-7 years of experience in the same areas as described in the paragraph above.

Core staff consists of some project management staff, team leadership and other staff who, once assigned to the project, are expected to remain on the project throughout the remainder of the contract to ensure continuity. The quantity of each Core staff, their title and their organizational placement will be left up to the Contractor to determine based upon its experience and expertise, however the rationale for the Core staff must be clearly described in the Staffing and Organization Plan. Staff resources may be assigned to cover more than one role, if those roles are deemed to be part-time in nature. When the contractor proposes to have one individual fill more than one role, a rationale for the dual assignment must be provided within the Staffing and Organization Plan. Failure to adequately staff the project at any time may result in withholding of contract payment until the DOH deems the project to be appropriately staffed. The DOH reserves the right to approve or disapprove the Contractor's proposed staffing at any time during the contract.

The Contractor's Core staff must have expertise related to healthcare claiming and billing, including coding requirements related to health care services; revenue cycle management; and accounting and finance requirements related to health care claiming and billing, including familiarity with the requirements of GAAP and audit principles. Additionally, the Contractor must have trained technical staff to design, develop, and thoroughly test any necessary modifications to the system and to provide adequate operational system support. The Contractor's Staffing and Organization Plan must provide adequate system staff to ensure that case management, provider management and fiscal management services can be adapted to address the requirements as outlined in this RFP, including conversion and migration of legacy data systems (i.e. NYEIS and other peripheral DOH data systems), and to ensure the case management, provider management and fiscal management systems are maintained at a high quality and on a timely basis. The Staffing and Organization Plan must delineate the staffed needed to assume all customer support, including Call Center response, training and correspondence control and response. Call Center staff shall have experience related to project and quality management and auditing.

The Contractor must be able to provide supplemental staff within 45 days of notification by DOH when there is a need for revisions in the services required, for example, as a result of federal or State legislative or regulatory changes, that are within the scope of the current RFP, i.e. case management, provider management and fiscal management services including functions of billing and claiming, accounting and financial management, customer relations, data and reporting.

4.5 v. Project Planning, Management and Controls/Project Performance

The DOH considers the use of recognized methodologies to control all project activities to be critical to the success of the project. The Contractor will be required to comply with project management methodology and standards that are aligned with the Project Management Institute's (PMI) Project Management Body of Knowledge (PMBOK), and that are codified in the NYS Project Management Guidebook Release 2, which can be obtained from the NYS Office of Information Technology Services website at: <http://its.ny.gov/nys-project-management-guidebook-release-2>. The Contractor's project management approach must promote the development of a strong working relationship and facilitate open and timely communication with the DOH, ITS and other Contractors and stakeholders, including providers and municipalities. See Section 4.1.

The Contractor must submit a detailed Project Management Plan (PMP) to the DOH within 30 days of the contract start date that is based upon its proposed project management methodology and describes its overall plan and activities required to successfully address this project. The plan must be in sufficient detail to demonstrate to the DOH that the Contractor has a clear and concise understanding of the overall complexity of the project and all associated tasks to successfully implement the requirements in this project. The plan must address both the technical and operational aspects of the project. The plan must address all the major sections of the Scope of Work, and, once approved by the DOH, must be continuously updated by the Contractor throughout the life of the project. Any system and operational enhancement projects must be added to the plan in sufficient detail as to provide the DOH with a clear understanding of the magnitude and steps necessary to implement the change and the tasks and resources that will be required. The plan, including any changes, will be reviewed at weekly project status meetings.

The PMP must address each service level agreement defined in Attachment S- Service Level Agreements. SLAs play an important role in defining and managing the relationship between the Contractor and the DOH. SLAs define the DOH's service requirements and expectations regarding how the Contractor will meet these requirements. A successfully implemented service level management discipline ensures that information systems function smoothly, while fulfilling the business needs of stakeholders. The SLAs will be in place during the period of the contract. The Contractor must develop and provide access through the web application to a dashboard that will display (upon-demand) the Contractor's operational performance metrics and provide the DOH management with the latest statistics regarding those metrics. The DOH will approve the design of the dashboard which must be available by October 1, 2019 for financial management functions.

It is expressly agreed by the DOH and the Contractor that, in the event of a failure to meet the performance requirements listed in the SLA, damage shall be sustained by the DOH and the Contractor must pay to the DOH its actual damages. Written notice of said failure to perform shall be provided to the Contractor by the DOH within thirty (30) calendar days of the DOH's discovery of such failure. The DOH confirms that the amounts stated for each occurrence of each performance failure define the maximum damages due from the Contractor for the losses set forth in the Service Level Agreements (see Attachment S), and that the amount claimed shall be adjusted downward to eliminate any proportion of the damage caused by the DOH's failure to meet its contractual responsibility. Amounts due the DOH from assessment of damages may be deducted from any money payable to the Contractor pursuant to this contract. The DOH shall notify the Contractor, in writing, of any claim for damages pursuant to this provision at least fifteen (15) calendar days prior to the date the DOH deducts such sums from money payable to the Contractor.

The Contractor must comply at all times with all system and operational performance requirements and expectations specified in this RFP. Notwithstanding anything to the contrary, the Contractor must be able to meet all requirements of this RFP and must be fully operational on the dates required by the DOH.

The Contractor is required to meet all performance requirements listed in this RFP during the term of this contract. The Contractor must operate the system(s) at all times and perform its activities in conformity with the policies and procedures of the DOH. All requirements described in this RFP are subject to monitoring by the DOH. The DOH reserves the right to monitor performance at any time and may exercise such option, at its discretion, without notice. In the event of a failure to meet the performance requirements, the Contractor agrees that the DOH may assess and withhold from payments due its

actual damages for the losses set forth in the Service Level Agreements (see Attachment S) and as assessed at the DOH's discretion. Amounts due the DOH from assessment of damages may be deducted from any money payable to the Contractor pursuant to this contract.

All payments, adjustments, and other financial transactions made through the Contractor must be in accordance with the payment methodology and other policies of the DOH. The Contractor must notify the DOH immediately upon discovery of any payments made in error or duplicate payments, irrespective of cause.

The Contractor must be liable for the actual amount of all Contractor-caused mispayments, duplicate payments, or payments that should have been denied. Contractor-caused mispayments may result from either the Contractor's failure to utilize available information or by a failure to process the claim or transaction correctly. The Contractor must provide a monthly report listing all identified inappropriate payments. This report will describe the cause of the inappropriate payment; who the payment was made to; when it was made; and an estimate of the dollar amount of any mispayment. The DOH shall review the report; decide whether further research and analysis is required before correction of the problem; approve the plan for correction; and, establish a correction date. The Contractor must be liable for the actual amount of the Contractor-caused mispayments that are not recovered. The actual amount of the outstanding mispayment will be deducted from Contractor payments. The Contractor will initiate recovery from providers to whom erroneous payments were made in accordance with a DOH-approved recovery program. The Contractor must be fiscally responsible for any mispayments or duplicate payments that cannot be recovered by the State within sixty (60) calendar days. This responsibility shall apply to all mispayments caused by Contractor negligence, system failure or other causes.

The implementation and introduction of the next case management, provider management and fiscal management functions will produce significant changes to work processes and the overall work environment for all stakeholders. Organizational change management focuses on understanding the level of change that the Contractor will bring to the DOH, its staff, its Contractors and its stakeholders. A primary objective is to determine the level of organizational support needed to promote the change; proactively develop strategies and action plans to manage the impact; and, develop strategies to manage resistance to the changes. The results of this task will drive how the case management, provider management and fiscal management systems will be designed, implemented and the content of the training materials. The Contractor must describe its organizational change management approach which shall be reflected in the PMP. The Contractor must provide its expertise in business change management to address and mitigate the impact on all stakeholders using the services described in this RFP, including assistance related to updating data interfaces or other data sharing methods to accommodate the new technology and processes.

4.5 w. Communication Management

Implementation of a project of this complexity requires daily collaboration and communication among all project stakeholders. Effective communication between the Contractor and the DOH, ITS, the provider community, municipalities, the Medicaid Program and other stakeholders is essential. The Contractor must provide and implement a Communications Management Plan (CMP) within first six (6) months of the contract start date, which will describe how the Contractor will communicate with all the stakeholders and will be approved by the DOH. The plan must define each stakeholder's communication needs; determine the method and frequency of communicating to meet those needs; and, allocate appropriate resources to meet the communication schedule. The schedule shall address regular (on-going) communication, as well as event-driven communication. This plan must be updated annually or at the direction of the DOH. The Contractor will use the Contact Management System, as well as other vehicles, to track and report DOH and stakeholder inquiries and communications. The Contractor will be required to meet with the DOH on a weekly basis, or other periodicity as agreed upon by the DOH. The Project Manager may attend the meeting in person with other staff attending by phone or via another vehicle. The Contractor will provide an agenda at least 48 hours in advance of the meeting which will be reviewed and modified by the DOH as required. The Contractor will be required to attend and present case management, provider management and fiscal management implementation status, data and other information at quarterly Early Intervention Coordinating Council (EICC) meetings.

The Contractor shall establish and maintain a self-subscribing/unsubscribing user communication tool

(i.e. listserv, mailing list) to broadly disseminate scheduled and unscheduled system outages, system modification announcements and other communications as determined necessary by the Contractor and the DOH upon DOH approval.

4.5 x. Issue and Risk Management

There are inherent and significant risks associated with the transition of the services described in this RFP, including, but not limited to failure of the Contractor to ensure timely transfer of fiscal agent services; failure to pay claims on a timely basis; misplayment of claims; inability to effectively coordinate benefits; and inability to successfully covert and migrate data from current information systems, transition case management and provider management functions to the Contractor's system and processes. The Contractor must take a proactive approach to mitigating these risks by capturing, reporting, escalating, tracking, and resolving issues that occur as the project progresses. The Contractor must develop and implement an Issue Resolution Plan, which is due within the six (6) months from the contract start date, that provides the DOH with the ability to monitor resolution of issues throughout the life of the contract. The primary goal of this plan is to ensure that issues are identified, evaluated, assigned for resolution, and monitored. In addition, issue resolutions or decisions must be tracked and documented and communicated to all affected parties as requested by the DOH. The Contractor must propose a product that will record and track issues. The DOH may, at its discretion, require use of a project portfolio management tool. Issue and risk management status will be discussed with the DOH in the weekly meetings which will be initiated shortly after the contract start date. See Section 4.1.

Like issue management, risk management also requires a proactive approach to analyzing and assessing the risks within all aspects of the described services. For each risk identified, the Contractor must evaluate and set the risk priority based on the likelihood the risk will occur and the potential impact of the risk; assign risk management responsibility; and, create a risk mitigation strategy. The Contractor must develop and implement a standard Risk Management Plan, which is due within the six months from the contract start date approved by the DOH for all aspects of the project, including system enhancements, to address potential risks that may compromise the operational readiness and continued operation of the case management, provider management and fiscal management services. The plan must be based upon the Contractor's proposed Risk Management methodology. The proposed methodology must address, at a minimum, the process and timing for risk identification; the process for tracking and monitoring risks; the identification of the Contractor staff that will be involved in the risk management process; the identification of the tools and techniques that will be used in risk identification and analysis; a description of how risks will be quantified and qualified; and, how the Contractor must perform risk mitigation and response planning. The Risk Management Plan must include an annual risk assessment. The Risk Management methodology must include aggressive efforts to prevent; monitor and mitigate risks. The Contractor must provide for at least quarterly risk reports and describe the plan for immediate notification to the DOH of any changes in risk or trigger of risk events. The product that is proposed for tracking issues must also be used for tracking risks and their resolution.

Issues and risk identified by the previous Contractor that have not been closed will be transferred as issues and risks for the Contractor to address.

4.5 y. Operations Payment

It is anticipated the contract will be executed June 1, 2019 with a transition period from June 1 to September 30, 2019. The contract year will be defined as October 1 through September 30. The claims processing year is defined below:

- Year 1** October 1, 2019 to September 30, 2020
- Year 2** October 1, 2020 to September 30, 2021
- Year 3** October 1, 2021 to September 30, 2022
- Year 4** October 1, 2022 to September 30, 2023
- Year 5** October 1, 2023 to September 30, 2024
- Year 6** October 1, 2024 to September 30, 2025

4.5 z. Turnover Phase Requirements

The Turnover Phase represents a period of transition during which the Contractor and all related operational and technical support activities that have been maintained and operated by the Contractor must be turned over to the DOH or successor Contractor(s). The Contractor must provide turnover planning and the requisite services in support of the following DOH turnover objectives:

- provide for an orderly, complete, and controlled transition to the DOH or successor Contractor(s);
- avoid disruptions of processing and services provided to members, providers, and operational users of the system during the turnover period;
- maintain case management, provider management and fiscal management service responsibility through the effective date of the transfer of responsibility and through the completion of the reconciliation of final cycle processing conducted by the Contractor, including cycle data and report output;
- provide technical and operational services and information as needed to facilitate an informed, coordinated, and complete transfer of activity, including up-to-date documentation of case management, provider management and fiscal management systems and processes;
- provide all operating documents including manuals and other educational and training materials that have been updated and are current;
- provide non-proprietary software purchased with DOH funds;
- provide all data files to the successor Contractor in an electronic DOH approved format;
- provide copies of all current meta data, transaction data, as well as copies of the data warehouse;
- inform the new Contractor of any issues or risks, including results of auditing;
- transfer all accounting and financial information relevant to the contract, including furnishing a monthly reconciliation for all bank accounts established and maintained by the Contractor since inception through six months following termination of the contract; and,
- encourage all employees, including management, to remain through the turnover phase; the Contractor must not transfer or otherwise reassign any of its key staff without prior DOH approval.

The Contractor must provide full support and assistance in the transition of case management, provider management and fiscal management operations to a successor Contractor or to the DOH. The Contractor must work with the DOH and successor Contractor(s) in planning and performing the turnover activities. No later than one (1) year from the start of full operations on April 1, 2021, the Contractor must provide a Turnover Plan to the DOH. The plan must include:

- the proposed approach to turnover;
- the turnover work plan, including detailed tasks and subtasks;
- the schedule for turnover; and,
- procedures and timeframes for maintaining up-to-date documentation during turnover.

Thereafter, the Turnover Plan must be updated annually prior to the start of the next year of operations. Along with the Turnover Plan, the Contractor must submit a statement of the resources that would be required by the DOH or designee to take over operation of EIP services. The Requirements Statement (RS), as part of the Turnover Plan, must include:

- an inventory of all application software, including version, used to perform the functions of all components of the case management, provider management and fiscal management services;
- an inventory of all hardware (including series, model number, etc.), system software (including versions), and other technical environment resources required to operate all components;
- full documentation of EI case management, provider management and fiscal management services
- the number and type of personnel required to perform the functions under the contract, including both data processing staff and administrative support staff.

This statement must be based on the Contractor's experience in the operations of these services and must include actual Contractor resources devoted to the operation of the system and other functions. This RS must be updated annually and must be submitted as part of the Turnover Plan and updates.

Turnover Phase Payment

Turnover tasks will be included in the Contractor's final claim for payment. The State may withhold all or a portion of the Contractor's final payment if all milestones and deliverables relating to the turnover task have not been properly achieved or furnished. In the event a subsequent contract is awarded to the same Contractor, no turnover payment will be made in this contract.

5.0 ADMINISTRATIVE INFORMATION

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

5.1 Restricted Period

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

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

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

5.2 Questions

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

5.3 Right to Modify RFP

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

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

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

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

5.4 Payment

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

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

Subject: Unit ID 3450257 <Contract #TBD>

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

**NYS Department of Health
Unit ID 3450257
c/o NYS OGS BSC Accounts Payable
Building 5, 5th Floor
1220 Washington Ave.
Albany, NY 12226-1900**

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

The pricing for years five (5) and six (6) of the contract is subject to an annual increase or decrease of the lesser of three percent (3%) or the percent increase or decrease in the Producer Price Index (PPI), Table 9, Professional Services Commodity Code 456, as published by the United States Bureau of Labor Statistics, Washington, D.C., 20212 for the 12 month period ending ninety (90) days prior to the renewal date for years five (5) and six (6) of the contract.

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

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

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

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

Payment will be made in monthly installments of the deliverables fully implemented (Scope of Work Section 4.0) to the satisfaction of DOH and as detailed in Attachment B (Cost Proposal) and Section 6.3 Cost Proposal, subject to the approval of DOH. See Section 4.5.z for turnover phase requirements/turnover phase payment.

Failure to meet DOH requirements may result in withholding of the Contractor's payment as specified in the SLA (attachment S).

As stated in Section 4.5 v, Project Planning, Management and Controls/Project Performance, in the event of a failure to meet the performance requirements, the Contractor agrees that the DOH may assess and withhold from payments due its actual damages for the losses set forth in the Service Level Agreements (see Attachment S) and as assessed at the DOH's discretion. Amounts due the DOH from assessment of damages may be deducted from any money payable to the Contractor pursuant to this contract.

5.5 Minority & Woman-Owned Business Enterprise Requirements

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

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

Business Participation Opportunities for MWBEs

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

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

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

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

The Contractor will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan, during the performance of the Contract. Requests for a partial or total waiver of

established goal requirements made subsequent to Contract Award may be made at any time during the term of the Contract to DOH, but must be made no later than prior to the submission of a request for final payment on the Contract.

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

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

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

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

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

5.6 Equal Employment Opportunity (EEO) Reporting

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

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

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

To ensure compliance with this Section, the Bidder should submit with the bid or proposal an Equal Employment Opportunity Staffing Plan (Attachment 5, Form #4) identifying the anticipated work force to be utilized on the Contract. Additionally, the Bidder should submit a Minority and Women-Owned

Business Enterprises and Equal Employment Opportunity Policy Statement (Attachment 5, Form # 5), to DOH with their bid or proposal.

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

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain Contractors awarded state contracts for commodities, services and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies to contracts where the total amount of such Contractors' sales delivered into New York State are in excess of \$300,000 for the four (4) quarterly periods immediately preceding the quarterly period in which the certification is made, and with respect to any affiliates and subcontractors whose sales delivered into New York State exceeded \$300,000 for the four (4) quarterly periods immediately preceding the quarterly period in which the certification is made.

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

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

Forms are available through these links:

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

5.8 Contract Insurance Requirements

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

5.8.1 Data Breach and Privacy/Cyber Liability

The Contractor and any subcontractor retained by the Contractor shall carry and maintain applicable coverage during and for a period of one (1) years after completion of this contract, Data Breach and Privacy/Cyber Liability Insurance, including coverage for failure to protect confidential information and failure of the security of the Contractor's computer systems or the Department's Authorized Users' systems due to the actions of the Contractor with results in the unauthorized access to the Department's data.

The Contractor shall maintain said insurance at the limit of \$5,000,000 to provide coverage for damages arising from, but not limited to the following:

- Breach of duty to protect the security and confidentiality of nonpublic proprietary corporate information;
- Personally identifiable nonpublic information (e.g., medical, financial, or personal in nature in electronic or non-electronic form);
- Privacy notification costs;
- Regulatory defense and penalties;
- Website media liability; and
- Cyber theft of customer's property, including but not limited to money and securities.

If the policy is written on a claims made basis, Contractor must submit to DOH an Endorsement providing proof that the policy provides the option to purchase an Extended Reporting Period ("tail coverage") providing coverage for no less than three (3) year after work is completed in the event that coverage is

cancelled or not renewed. This requirement applies to both primary and excess liability policies, as applicable.

5.8.2 Technology Errors & Omissions Coverage

The Contractor and any subcontractor retained by the Contractor shall carry and maintain applicable coverage during and for a period of one (1) years after completion of this contract, Technology Errors & Omissions Coverage Insurance.

The insurance shall be maintained at the limit of \$5,000,000 provide coverage for damages arising from computer related services including but not limited to the following:

- Consulting;
- Data processing;
- Programming;
- System integration;
- Hardware or software development;
- Installation;
- Distribution or maintenance;
- Systems analysis or design;
- Training;
- Staffing or other support services; and
- Manufactured, distributed, licensed, marketed or sold cloud computing services.

The policy shall include coverage for third party fidelity including cyber theft.

If the policy is written on a claims made basis, Contractor must submit to DOH an Endorsement providing proof that the policy provides the option to purchase an Extended Reporting Period (“tail coverage”) providing coverage for no less than one (1) year after work is completed in the event that coverage is cancelled or not renewed. This requirement applies to both primary and excess liability policies, as applicable.

5.8.3 Crime Insurance

The Contractor and any subcontractor retained by the Contractor shall carry and maintain applicable coverage during the term of this contract, Crime Insurance on a “loss sustained form” or “loss discovered form” providing coverage for Third Party Fidelity in the amount not less than \$2,000,000.

In addition to the coverage above:

- The policy must allow for reporting of circumstances or incidents that might give rise to future claims.
- The policy must include an extended reporting period of no less than one (1) year with respect to events which occurred but were not reported during the term of the policy.
- Any warranties required by the Vendor’s and Contractor’s insurer as a result of this Contract must be disclosed and complied with. Said insurance shall extend coverage to include the principals (all directors, officers, agents and employees) of the Vendor and Contractor as a result of this Contract.
- The policy shall include coverage for third party fidelity, including cyber theft if not provided as part of Cyber Liability, and name the People of the State of New York, the New York State Department of Health, any entity authorized by law or regulation to use this Contract as an Authorized User and their officers, agents, and employees as “Loss Payees” for all Third Party coverage secured. An Endorsement naming as Loss Payees “The People of the State of New York, the New York State Department of Health, any entity authorized by law or regulation to use this Contract as an Authorized User and their officers, agents and employees” shall be provided upon request. A blanket Loss Payee Endorsement evidencing such coverage is also acceptable. This requirement applies to both primary and excess liability policies, as applicable.
- The policy shall not contain a condition requiring an arrest and conviction.

5.9 Subcontracting

Bidder’s may propose the use of a subcontractor. The Contractor shall obtain prior written approval from NYSDOH before entering into an agreement for services to be provided by a subcontractor. The Contractor is solely responsible for assuring that the requirements of the RFP are met. All subcontracts shall contain provisions specifying that the work performed by the subcontractor must be in accordance with the terms of the prime contract, and that the subcontractor specifically agrees to be bound by the

confidentiality provisions set forth in the agreement between the DOH and the Contractor. DOH reserves the right to request removal of any bidder's staff or subcontractor's staff if, in DOH's discretion, such staff is not performing in accordance with the Agreement. Subcontractors whose contracts are valued at or above \$100,000 will be required to submit the Contractor Responsibility Questionnaire upon selection of the prime Contractor.

5.10 DOH's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the agency's sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications and revisions of proposals;
6. Use proposal information obtained through site visits, management interviews and the state's investigation of a bidder's qualifications, experience, ability or financial standing, and any material or information submitted by the bidder in response to the agency's request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights, or to supply additional information, as it becomes available;
8. Prior to the bid opening, direct bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective bidders;
11. Waive any requirements that are not material;
12. Negotiate with the successful bidder within the scope of the RFP in the best interests of the state;
13. Conduct contract negotiations with the next responsible bidder, should the Department be unsuccessful in negotiating with the selected bidder;
14. Utilize any and all ideas submitted in the proposals received;
15. Every offer shall be firm and not revocable for a period of three hundred and sixty-five (365) days from the bid opening, to the extent not inconsistent with section 2-205 of the uniform commercial code. Subsequent to such three hundred and sixty-five (365) days, any offer is subject to withdrawal communicated in a writing signed by the offerer;
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of an offerer's proposal and/or to determine an offerer's compliance with the requirements of the solicitation.

5.11 Freedom of Information Law ("FOIL")

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

5.12 Lobbying

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

- a) made the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies and local benefit corporations;
- b) required the above mentioned governmental entities to record all contacts made by lobbyists and Contractors about a governmental procurement so that the public knows who is contacting governmental entities about procurements;
- c) required governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;
- d) authorized the New York State Commission on Public Integrity, (now New York State Joint Commission on Public Ethics), to impose fines and penalties against persons/organizations engaging in impermissible contacts about a governmental procurement and provides for the debarment of repeat violators;
- e) directed the Office of General Services to disclose and maintain a list of non-responsible bidders pursuant to this new law and those who have been debarred and publish such list on its website;
- f) required the timely disclosure of accurate and complete information from offerors with respect to determinations of non-responsibility and debarment; (Bidders responding to this RFP should submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination".)
- g) increased the monetary threshold which triggers a lobbyist's obligations under the Lobbying Act from \$2,000 to \$5,000; and
- h) established the Advisory Council on Procurement Lobbying.

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

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

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

5.13 State Finance Law Consultant Disclosure Provisions

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

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

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

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

5.14 Debriefing

Once an award has been made, bidders may request a debriefing of their proposal. Please note the debriefing will be limited only to the strengths and weaknesses of the bidder's proposal, and will not include any discussion of other proposals. Requests must be received no later than fifteen (15) calendar days from date of award or non-award announcement.

5.15 Protest Procedures

In the event unsuccessful bidders wish to protest the award resulting from this RFP, bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO). Available on-line at:
<http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>

5.16 Iran Divestment Act

By submitting a bid in response to this solicitation or by assuming the responsibility of a Contract awarded hereunder, Bidder/Contractor (or any assignee) certifies that it is not on the "Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012" list ("Prohibited Entities List") posted on the OGS website (currently found at this address: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>) and further certifies that it will not utilize on such Contract any subcontractor that is identified on the Prohibited Entities List. Additionally, Bidder/Contractor is advised that should it seek to renew or extend a Contract awarded in response to the solicitation, it must provide the same certification at the time the Contract is renewed or extended.

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

5.17 Piggybacking

New York State Finance Law section 163(10)(e) (see also <http://www.ogs.ny.gov/purchase/snt/sflxi.asp>) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York State Agencies, and other authorized purchasers, subject to conditions and the Contractor's consent.

5.18 Encouraging Use of New York Businesses in Contract Performance

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

5.19 Diversity Practices Questionnaire

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

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

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

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

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

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

5.21 Intellectual Property

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

5.22 Vendor Assurance of No Conflict of Interest or Detrimental Effect

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

5.23 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

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

6.0 PROPOSAL CONTENT

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

To expedite review of the proposals, Bidders are requested to submit proposals in separate Administrative, Technical, and Cost packages inclusive of all materials as summarized in Attachment B, Proposal Documents. This separation of information will facilitate the review of the material requested. No information beyond that specifically requested is required, and Bidders are requested to keep their submissions to the shortest length consistent with making a complete presentation of qualifications. Evaluations of the Administrative, Technical, and Cost Proposals received in response to this RFP will be conducted separately. Bidders are therefore cautioned not to include any Cost Proposal information in the Technical Proposal documents.

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

6.1 Administrative Proposal

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

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

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

B. Freedom of Information Law – Proposal Redactions

Bidders must clearly and specifically identify any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. See [Section 5.11](#), (Freedom of Information Law)

C. Vendor Responsibility Questionnaire

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

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

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

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

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

E. M/WBE Forms

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

F. Bidder's Certified Statements

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

Bidder attests in [Attachment C](#), Bidder's Certified Statements that they are or will be no later than 15 business days following notification of contract award and prior to execution of the contract, enrolled as a Service Bureau for the Medicaid program or have submitted an approvable application to enroll as Medicaid Service Bureau, in accordance with 18 NYCRR Section 504.9 and have the capacity to bill on behalf of EI providers and receive remittance advices from the Medicaid Program. Bidder attests that it has experience with billing commercial insurance for similar largescale healthcare projects.

Proposal cannot be reviewed until the above attestation is completed and signed.

G. Encouraging Use of New York Businesses in Contract Performance

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

H. Diversity Practices Questionnaire

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

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

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

6.2 Technical Proposal

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

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

While additional data may be presented, the following should be included. Please provide the information

in the same order in which it is requested. Your proposal should contain sufficient information to assure DOH of its accuracy. Failure to follow these instructions may result in disqualification.

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

A. Title Page

Submit a Title Page providing the RFP subject and number; the Bidder's name and address, the name, address, telephone number, and email address of the Bidder's contact person; and the date of the Proposal.

B. Table of Contents

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

C. Documentation of Bidder's Eligibility Responsive to Section 3.0 of RFP

C.1 Minimum Qualifications

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

- A minimum of five (5) years of large scale, health care claim processing experience with Medicaid and/or health services organizations,
- A minimum of five (5) years' experience with claiming commercial insurance, International Classification of Diseases (ICD-9/10) Coding System, Current Procedural Terminology (CPT) and Healthcare Common Procedure Coding System (HCPCS) coding;
- Served as prime Contractor for at least three (3) projects related to Federal IDEA Part B and/or Part C, two (2) of which must be fiscal in nature and at least one (1) with case management/provider enrollment and management experience, that approximate the scope of this project and that include system design, development, implementation, maintenance and operations and complex case management, provider enrollment and management and health care claims processing operation.

D. Technical Proposal Narrative

The technical proposal should provide satisfactory evidence of the Bidder's ability to meet, and expressly respond to, each element listed below. Bidder's should respond to each element listed below and label their responses with the corresponding section letter/number.

The bidder should describe in detail its experience, capacity, track record and proposed approach to fulfilling all responsibilities described in Section [4.0](#) (Scope of Work) of this RFP. If the use of subcontractors is proposed for any of the deliverables, the bidder's proposal should explain how they plan to manage and control the work of subcontractors.

D.1 Transition of SFA Fiscal Management Functions (Section 4.3)

- a. The bidder should describe its approach to implement procedures they use for an orderly, complete and controlled succession process, referred to in Section 4.3 of the RFP.
- b. The bidder should describe its approach to assuming full responsibility for all current fiscal agent functions by October 1, 2019, as detailed in Section 4.3 of the RFP
- c. The bidder should describe its approach to extensively test, including parallel testing of

claims runs, during the initial transition period, to ensure all systems and processes are working properly, and that claims are being billed and paid appropriately at the time of transition.

- d. The bidder should describe its plan to have audit staff throughout the contract period to ensure the integrity of the claims payment system. This plan should describe how they intend to audit processed claims prior to their release for payment during the testing period, as well how they perform other auditing service to ensure system integrity. The plan should describe how they intend to disclose all deficiencies found by them or their auditors throughout the life of the contract.
- e. The bidder should detail how it plans to perform all functions necessary to operate fiscal management/SFA services in accordance with requirements in Section 4.3 of this RFP
- f. The bidder should detail how it plans to meet or exceed all service levels defined in Attachment S- Service Level Agreements, comply with a Performance Management Plan approved by the Department and fully cooperate with Department staff and Department Contractors assigned to the project, for the life of the contract.

D.2 Transition of Provider Enrollment/Management, Case Management, and non-SFA Fiscal Management Functions (Section 4.4)

- a. The bidder should describe what system they plan to utilize to meet NYS' requirements, how they plan to adapt and implement this system to transfer the provider management, case management, and financial functions from the current Curam-based NYEIS application to their recommended system, including how they intend to manage the conversion and migration of NYEIS child and provider data to this system; this plan should include a timeline of milestones to be completed.
- b. The bidder should describe its approach to the transition of fiscal management/SFA functions, while at the same time supporting the transition of the case management and provider management functions related to the EIP, including timeline for milestones to be completed.
- c. The bidder should describe its plan to convert and migrate data from NYEIS to their proposed system and how this system should assist in the administration of the EIP and collection of data as detailed in Section 4.4 of this RFP.
- d. The bidder should describe, including a timeline of events, how it plans to take over responsibility for all aspects of EIP case management, provider management and fiscal management processes, by the deadlines stated in Section 4.0, Scope of Work, including those that are currently supported in NYEIS, once the decommissioning of the current information management system, NYEIS is completed.
- e. The bidder should describe its approach to assisting providers, adapting its system, and building in an exception process, as detailed in Section 4.4 of this RFP, should a Department NPR be adopted.
- f. The bidder should detail how it plans to review and gather EIP business requirements at the initiation of the contract, related to case management, provider management and fiscal functions that should be transferred to the hosted system and processed as described in 4.5 Tasks/Deliverables.
- g. The bidder should describe its plan to obtain input, within the timeframes stated in Section 4.0, Scope of Work, related to EIP business requirements related to EIP functions from the Department and ITS staff and stakeholders as determined by the Department to complete requirements confirmation, gap analysis, system demonstration and review sessions.
- h. The bidder should detail how it intends to develop revised EIP business requirements for

case management, provider management and fiscal management functions, after completion of these sessions

- i. The bidder should describe its approach to maintaining documentation of recommended system improvements from users and stakeholders throughout the contract, and how they intend to determine system changes that should be made throughout the contract period.

D.3.a Overview of Operations (Section 4.5.a)

The bidder should provide an overview of the case management, provider management and fiscal management process workflow, including its approach to ensuring processing will take place both prior to and after the transfer of case management and provider management functions to them.

D.3.b Web Application claims entry

- a. The bidder should describe its approach to having a web application in place that supports all the business functions handled through the current SFA Contractor's web portal as described in Section 4.5.b and with case management and provider management functions to be made available. Include timeline of milestones in your response.
- b. The bidder should describe how it plans to develop a user's guide related to case management, provider management and fiscal management inquiries and reporting for the new web application, as well as for other changes related to the bidder's assumptions of case management, provider management and fiscal management functions, and provide related online webcast training, at least one (1) month prior to the system implementation cutover for financial management and at least one (1) month in advance for the implementation of provider management and case management.
- c. The bidder should describe its plan to periodically review and update support materials on the web application.
- d. The bidder should describe how it plans to provide training, data conversion and migration and implementation of the web application made available for all provider management and case management functions as described in this Section 4.5 b in this RFP.

D.3.b.1 Provider Enrollment and Management

The bidder should describe how it intends to make its system available to State staff for data entry, provider management and generation of reports; EI approved agencies for data entry, provider management and generation of reports; and rendering agencies and service coordination for management of service authorizations and assignments. The bidder's description should address all aspects of Section 4.5 b.1 Provider Enrollment and Management

D.3.b.2 Child Case Management and Documentation

The bidder should describe how its system should allow for the collection and case management assistance of all state and federal data reporting requirements for the child's EIP lifecycle, as described in 4.5 b.2 Child Case Management and Documentation

D.3.b.3 Fiscal Management/Claims entry

- a. The bidder should describe its plan to upload extracted electronic claim files sent by the DOH by the cutover. The bidder should detail how it plans to ensure its web application has functionality to capture all necessary case management and provider management reference data to support direct electronic and online claims entry into their web application, in addition to other fiscal management functions described in 4.5 b.3.
- b. The bidder should describe its approach to accept claims from State approved EIP billing

providers through the web application via HIPAA-compliant electronic transactions (837 file submission) and allow for the manual, on-line data entry of claims, as well as how the web application should facilitate claim entry through prepopulating fields for manual submitters. The bidder should describe how it plans to collect all data required for fiscal management and claiming including, but not limited to, information about the child, service authorization, billing and rendering provider, insurance information, date(s) of service, one (1) or more diagnosis codes, one (1) or more procedure codes (HCPCS and CPT), and location and duration of service.

- c. The bidder should describe how it plans to thoroughly test the system to ensure that claims are being appropriately accepted, and as part of the transition, how it plans to ensure that claims entered in NYEIS prior to the cutover to their web application are correctly processed, including, but not limited to, reporting of claims status and all related accounting and fiscal functions. The bidder should also describe its approach to testing with the Department and with providers who are submitting electronically into the new application, and how it plans to have testing completed prior to the cutover date for direct claims entry in their system. The description should also include the bidder's approach to providing the required significant technical support to providers and municipalities in electronic or online claims entry.

D.3.c Transaction Acceptance and Processing

- a. The bidder should describe its approach to 4.5 c that should address how it intends to process a variety of transactions, including, but not limited to electronic files from NYEIS, EIP providers, municipalities, clearinghouses and insurers, until all case management, provider management and fiscal management functions have been transitioned to their new system.
- b. The bidder should detail how it plans to effectively support the secure acceptance and processing of these transactions, how it plans to ensure that data will be provided outbound in a secure fashion to requestors in a variety of formats, and how it plans to utilize current technologies, web services, and other capabilities to receive and provide data as previously described. This should include the ability to schedule, create, publish/distribute, notify, report, monitor, administer, and secure data exchange.

D.3.d Claim Validation and Editing

- a. The bidder should describe its proposed approach to assuming all claim validation and editing functions performed by the current State Fiscal Agent as detailed in 4.5.d.
- b. The bidder should describe its proposed approach to assuming all claim validation and editing functions performed by the current State Fiscal Agent by as detailed in 4.5.d.

D.3.e Claims Processing

- a. The bidder should demonstrate how it plans to grant providers with direct access to view, correct and resubmit claims for payment using their web application, post claim status information in the claims processing system, with the ability for providers to review claims status and resubmit within that system.
- b. The bidder should describe how it intends to make available any provider error reports, work queues, or other searches. related to claims processing, to the provider directly by accessing their web application. The bidder should describe its approach to developing, maintaining and implementing a claims data management and integration strategy, including data model and database schema to maintain claims history that can link the status of claims over time and be merged with all other claims on the system to provide an overall picture of the Program's fiscal operations.
- c. The bidder should describe how it plans to transmit claims to third-party insurers either electronically or on paper, once they pass all fiscal edits and claims reach an approved

status. If using a clearinghouse(s) for third-party billing, bidders should clearly describe the use of any clearinghouse(s) for billing in the technical proposal.

- d. The bidder should describe its approach to providing substantial assistance to providers in establishing any trading partner agreements/authorizations as necessary with municipalities and providers rendering services that are required to bill insurance on their behalf.
- e. The bidder should describe how it plans to accept the weekly files from the Department, and use the files to identify claims that have commercial or public insurance and be able to transmit the claims to commercial insurance and Medicaid, as well as being able to accept claims that are directly entered into their web application, either through an electronic file or through online manual entry and transmit to commercial insurance and Medicaid. This description should include how the bidder intends to have its fiscal management system require providers to attest to the accuracy and validity of the claims being submitted.
- f. The bidder should describe in detail its experience, track record and approach to fulfilling all responsibilities described in Section 4.5. e. of this RFP with respect to claiming and aggressively pursuing reimbursement from commercial insurers, the Medicaid program, and Child Health Plus.

D.3.f Improvement in Insurance Reimbursement

The bidder should describe in detail its experience, track record and approach related to improving public and private insurance reimbursement to fulfill all responsibilities described in Section 4.5.f. of this RFP.

D.3.g Claims Payment

The bidder should describe in detail how it plans to fulfill each of the responsibilities related to claims payment as described in Section 4.5. g. the RFP.

D.3.h Processing of ATD Contractor Claims

- a. The bidder should describe how it plans to fulfill its responsibilities related to Assistive Technology and the processing of Assistive Technology Devices Contractor's Claims, as described in Section 4.5.h of this RFP.
- b. The bidder should describe its approach to assuming responsibility for the payment of respite and transportation claims as described in Section 4.5.h of this RFP.

D.3.i Code 35 Assignment

Describe how the bidder would assume responsibility for the automated process described in 4.5. i. to assign and, as appropriate, to reassign Code 35 designations to providers authorized to deliver service coordination services to children enrolled in the Medicaid Program.

D.3.j Payment of State Share

The bidder should describe its approach to assuming responsibility for activities related to the payment of State share (currently 49%) to municipalities, as described in Section 4.5 j of this RFP.

D.3.k Utilize Established Banking and Accounting Functions

The Bidder should describe in detail its experience, capacity, track record, and internal controls, as they relate to the accounting and banking functions described in 4.5 k.

D.3.l Customer Service Center

a. Call Center Services

The Bidder should describe its expertise and experience in providing a full Customer Service Center, that meets the requirements detailed in 4.5 l. of the RFP.

b. Correspondence Operational Requirements

The bidder should describe its current experience, track record and proposed approach for meeting the correspondence operations requirements detailed in Section 4.5.l of this RFP.

c. Training

Bidders should describe its approach to developing comprehensive, formal trainings that addressed the needs of all EIP stakeholders as detailed in Section 4.5.l of this RFP.

D.3.m Quality Improvement/Audit

The bidder should describe its proposed Quality Management Methodology that it intends to use as the foundation for the Quality Management Plan for this project, and how it should fulfill all the requirements as defined in Section 4.5 m of this RFP.

D.3.n Reporting

The bidder should describe in detail its experience, capacity, track record and approach to fulfilling all responsibilities described in Section 4.5 n of this RFP related to reporting with respect to establishment and maintenance of an easy-to-use Web-based library of existing reports for viewing, printing, and download as Word and PDF documents on-line, and ad-hoc reporting capability to include export of data in CSV file format.

D.3.o Data Synchronization, Transfer, Conversion and Integration

The bidder should describe in detail the processes and procedures that it plans to put in place to ensure that data synchronization, transfer, conversion and integration takes place, including how these processes and procedures should work with the Department and ITS related to NYEIS data transfer. The bidder should address all requirements detailed in Section 4.5.o of this RFP and describe in detail its proposed data conversion methodology that it intends to use as the foundation for the Data Conversion Plan.

D.3.p Data Management/Data Warehouse

- a. The bidder should describe in detail its methodology to develop and execute architectures, policies, practices and procedures that properly manage the full data lifecycle needs of an enterprise as described in 4.5 p. The architecture should center on the Relational Database Management System (RDMS). The bidder should provide a detailed description of a comprehensive RDMS that is based on an open architecture that provides application program interfaces and open database connectivity.
- b. The Bidder should describe in detail its methodology to develop and sustain a data warehouse that conforms to industry standards and best practices to ensure management and accessibility to all data from all sources (e.g. providers, Medicaid, and insurance).

D.3.q Metadata Management and Delivery

The bidder should describe its proposed approach to metadata management and how this approach should fulfill the Department's requirements and achieve continual improvement of the Contractor's performance in pursuit of the project objectives described in 4.5 q.

D.3.r Technical Infrastructure

The bidder should describe in detail its proposed technical architecture for the project, how that should support the multiple environments and meet the requirements of performance as described in Section 4.5.r of this RFP.

D.3.s Business Continuity and Disaster Recovery/Requirements Backup Facility

The bidder should describe in detail its proposed Business Continuity and Disaster Recovery Methodology and how this methodology should fulfill the Department's objective to protect valuable DOH information assets and allow continuous availability of business-critical applications in accordance with specifications in Section 4.5 s, of this RFP.

D.3.t Security, Privacy and Confidentiality Requirements

The bidder should address all responsibilities detailed in Section 4.5.t of this RFP. The bidder should include in its response the overarching strategy for all levels of security, privacy and security requirements of HIPAA Regulations, its plan to provide training to DOH staff and the contractor's staff on privacy and security procedures, and its procedures regarding any breach of security, privacy and confidentiality, as well as complying with any federal or State laws related to other notification in relation to such breach.

D.3.u Staffing Requirements

The bidder should provide a staffing plan for completion of services that includes the following for each:

- a. Title, responsibility, and type of staff available and physical location of bidder's staff to be engaged in performance of the audits;
- b. How the bidder plans to recruit and train an adequate number of staff;
- c. Bidder's ability to provide qualified staff to carry out the projected workload during the contract and how they plan to provide staff to meet the scope of work over the entire contract period;
- d. Bidder's ability to provide sufficient additional management and administrative support staff necessary to organize, prepare and carry out all administrative tasks associated with conducting the services;
- e. Bidder's process for ensuring all Contractor and subcontractor staff are appropriately trained and how the training protocols provide for consistency among audit staff and the analysis of findings;
- f. How the Bidder intends to maintain the staffing levels and personnel planned;
- g. An organizational chart that delineates the titles of the staff responsible for fulfilling the tasks/deliverable detail in Section 4.0 Scope of Work, their lines of communications, and demonstrates how the organization intends to organize staff and management for this project.

D.3.v Project Planning, Management and Controls/Project Performance

- a. The bidder should describe its approach to developing and implementing a Project Management Plan that addresses each service level agreement defined in Attachment S-Service Level Agreements of this RFP.
- b. The bidder should describe its proposed Organizational Change Management Methodology and Plan including a set of defined processes designed to assist the Department's workforce and other stakeholders in managing change. The plan should address all requirements detailed in Section 4.5.v of this RFP.

D.3.w Communications Management

The bidder should describe in detail its proposed methodology for Communication Management Plan for the project that is consistent with the requirements of Section 4.5 w. of the RFP.

D.3.x Issue and Risk Management

Bidders should describe its proposed issue and risk management process that addresses all the requirements detailed in Section 4.5 x of the RFP.

D.3.y Operations Payment

The bidder should confirm their understanding of the operational payment schedule.

D. 3.z Turnover Phase Requirements

The bidder should describe its approach for transitioning operational and technical support activities that have been maintained and operated by the Contractor to the Department or designee. The bidder should describe the procedures that it plans to use for an orderly, complete, and controlled transition process. Procedures for implementing all turn-over requirements specified in Section 4.5 z should be addressed.

6.3 Cost Proposal

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

All prices should be based on the deliverables described in this RFP, on the information provided below and information provided on the Cost Proposal Form ([Attachment B](#)). The prices presented in the Cost Proposal Form must be inclusive of all activities necessary to implement the deliverables as described in this RFP in Section 4.

The proposal prices must cover the cost of furnishing all of the said services including but not limited to, materials, equipment, insurance, labor, travel and the performance of all work set forth in said specifications to the satisfaction of the Department of Health in Section 4.0.

6.4 Bidder Presentations

In-person presentations to address the topics defined below will take place in Albany, New York. Bidders susceptible to award will be invited to present and should be prepared to travel to Albany, New York to conduct their presentation based on the calendar of events referenced in [Section 1.0](#). Bidders will be responsible for all cost associated with their presentation, including but not limited to preparing and delivering the presentation, making and paying for their own travel arrangements.

Each Invited Bidder will have up to two (2) hours to make a presentation addressing the following topics:

- Illustrate and explain using a process flow diagram how you plan to approach the design and development of the required application components to support Early Intervention operations including any customizations.
- Describe a prior project that encountered problems and explain through use of a diagram how your managerial processes were applied to successfully resolve the problems.
- Explain using a diagram how you intend to implement your practices and procedures for risk and change management throughout the project lifecycle.
- Identify which of the project phases poses the greatest risk to meeting the schedule and illustrate diagrammatically how you plan to mitigate these risks.

All slides and other documents shown or distributed during the Bidder Presentations will be included in the contract award documents. At a minimum, the Bidder's in-person presentation team should include the proposed Project Manager and Deputy Project Manager (as described in Section 4.5.u (Staffing Requirements)).

7.0 PROPOSAL SUBMISSION

A proposal consists of three (3) distinct parts: (1) the Administrative Proposal, (2) the Technical Proposal, and (3) the Cost Proposal. The table below outlines the required format and volume for submission of each part. Proposals should be submitted in all formats as prescribed below.

	Electronic Submission	Paper Submission
Administrative Proposal	2 dedicated flash drives or CDs labeled "Administrative Proposal" containing a standard searchable PDF file with copy/read permissions only.	4 Originals 6 Copies
Technical Proposal	2 dedicated flash drives or CDs labeled "Technical Proposal" containing a standard searchable PDF file with copy/read permissions only.	4 Originals 6 Copies
Cost Proposal	2 dedicated flash drives or CDs labeled "Cost Proposal" containing standard searchable PDF file(s) with copy/read permissions only.	4 Originals 6 Copies

1. All hard copy proposal materials should be printed on 8.5" x 11" white paper (single-sided) and **be clearly page numbered on the bottom of each page with appropriate header and footer information.** A type size of eleven (11) points or larger should be used. The Technical Proposal materials should be presented in three-ring binder(s) separate from the sealed Cost Proposal.
2. Where signatures are required, the proposals designated as originals should have a handwritten signature and be signed in blue ink.
3. The NYSDOH discourages overly lengthy proposals. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete and effective proposal, are not desired. Elaborate artwork or expensive paper is not necessary or desired. In order for the NYSDOH to evaluate proposals fairly and completely, proposals should follow the format described in this RFP to provide all requested information. The Bidder should not repeat information in more than one section of the proposal. If information in one section of the proposal is relevant to a discussion in another section, the Bidder should make specific reference to the other section rather than repeating the information;
4. Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation team; and
5. In the event that a discrepancy is found between the electronic and hardcopy proposal, the original hardcopy will prevail.

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

Proposals should be submitted in three (3) separate, clearly labeled packages: (1) Administrative Proposal, (2) Technical Proposal and (3) Cost Proposal, prepared in accordance with the requirements stated in this RFP. Mark the outside envelope of each proposal as "RFP# 17744 Support for the Operational Management of New York State's Early Intervention Program (Administrative) (Technical) or (Cost) Proposal submitted by (Bidder's name)". The three (3) sealed proposals may be combined into one mailing, if desired.

Proposals must be submitted, by U.S. Mail, by courier/delivery service (e.g., FedEx, UPS, etc.) or by hand as noted below, in a sealed package to:

Department of Health RFP # 17744
Attention: MaryJo Polfleit
NYS Department of Health
Corning Tower, Empire State Plaza Room 859
Albany, NY 12237

NOTE: You should request a receipt containing the time and date received and the signature of the receiver for all hand-deliveries and ask that this information also be written on the package(s).

Submission of proposals in a manner other than as described in these instructions (e.g., fax, electronic transmission) will not be accepted.

7.1 No Bid Form

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

8.0 METHOD OF AWARD

8.1 General Information

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

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

The evaluation process will be conducted in a comprehensive and impartial manner, as set forth herein, by an Evaluation Committee. The total Technical Proposal and compliance with other RFP requirements (other than the Cost Proposal) will be weighted **70%** of a proposal’s total score (60 points for the written Technical Evaluation and 10 points for bidder presentation evaluation) and the information contained in the Cost Proposal will be weighted **30%** of a proposal’s total score.

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

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

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

8.2 Submission Review

DOH will examine all proposals that are received in a proper and timely manner to determine if they meet the proposal submission requirements, as described in [Section 6.0](#) (Proposal Content) and [Section 7.0](#) (Proposal Submission), including documentation requested for the Administrative Proposal, as stated in this RFP. Proposals that are materially deficient in meeting the submission requirements or have omitted material documents, in the sole opinion of DOH, may be rejected.

8.3 Technical Evaluation

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

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

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

The technical evaluation is **60% (up to 60 points)** of the final score.

8.3 Cost Evaluation

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

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

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

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

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

8.4 Preliminary Composite Score

The preliminary composite score will be calculated by the DOH by adding the written Technical Evaluation points and the Cost points awarded. Finalists will be determined based upon preliminary composite scores.

8.5 Bidder Presentation Evaluation

Finalists, those bidders susceptible to award, will be eligible to provide an oral presentation. The Bidder Presentation will address the topics defined in Section 6.4 Bidder Presentations. Presentations will be conducted at the DOH offices in Albany, New York.

The Bidder's Presentation will be worth **10% (up to 10 points)** of the bidder's Final Composite Score. Bidders who fail to present will be omitted from consideration.

8.6 Final Composite Score

The final composite score will be calculated by the DOH by adding the Preliminary Composite score with the Presentation Score. The proposals will then be ranked based upon each Bidder's Final Composite Score. The highest scoring proposal will be eligible for an award.

8.7 Reference Checks

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

8.8 Best and Final Offers

NYSDOH reserves the right to request best and final offers. In the event NYSDOH exercises this right, all bidders that submitted a proposal that are susceptible to award will be asked to provide a best and final offer. Bidders will be informed that should they choose not to submit a best and final offer, the offer submitted with their proposal will be construed as their best and final offer.

8.9 Award Recommendation

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

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

Conditional Award

The award will be made conditionally to the highest aggregate (Technical/Cost) scoring and responsible vendor, via the process delineated in RFP Section 8.0, Method of Award, pending the following:

1. No later than 15 business days following notification of an award, and prior to execution of the contract, the successful bidder is enrolled as a Service Bureau for the Medicaid program or has submitted an approvable application to enroll as Medicaid Service Bureau, in accordance with 18 NYCRR Section 504.9 and have the capacity to bill on behalf of EI providers and receive remittance advices from the Medicaid Program.

ATTACHMENTS

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

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

The following attachments are attached and included in this RFP:

- A. Proposal Document Checklist
- C. Bidder's Certified Statements

The following attachments have been posted as a bidder's library along with this RFP at <https://www.health.ny.gov/funding>

- B Cost Proposal Bid Sheet
- L System of Payment Policy
- M Agency and Individual Provider Agreement (rev 2018)
- N ATD Vendor Agreement
- O Insurance Tool Kit for SC
- P Circular Letter
- Q SFA Data Dictionary
- R Medicaid Code 35 Weekly file format
- S Service Level Agreements (SLA)
- T EIP Provider Invoice Business Rules
- U Required Reports
- V Staffing and Organization Plan
- W Intentionally Omitted
- X Implementation Timeline
- Y Graphic Model of SFA Operations October 2019
Graphic Model of SFA Operations April 2020
- Z Insurance Claim 835 Adjudication Matrix
Medicaid Claim 835 Adjudication Matrix
- AA Intentionally Omitted
- BB Needs Assessment Survey Results
- CC Child Entry Form
Exit Summary Form

ATTACHMENT A
PROPOSAL DOCUMENT CHECKLIST

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

RFP# 17744 Support for the Operational Management of New York State’s Early Intervention Program		
FOR THE ADMINISTRATIVE PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.1.A	Attachment 1 – Bidder’s Disclosure of Prior Non-Responsibility Determinations, completed and signed.	<input type="checkbox"/>
§ 6.1.B	Freedom of Information Law – Proposal Redactions (If Applicable)	<input type="checkbox"/>
§ 6.1.C	Attachment 3- Vendor Responsibility Attestation	<input type="checkbox"/>
§ 6.1.D	Attachment 4 - Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
§ 6.1.E	M/WBE Participation Requirements:	<input type="checkbox"/>
	Attachment 5 Form 1	<input type="checkbox"/>
	Attachment 5 Form 2 (If Applicable)	<input type="checkbox"/>
§ 6.1.F	Attachment C -Bidder’s Certified Statements	<input type="checkbox"/>
§ 6.1.G	Attachment 6- Encouraging Use of New York Businesses	<input type="checkbox"/>
§ 6.1.H	Attachment 10 - Diversity Practices Questionnaire	<input type="checkbox"/>
§ 6.1.I	Attachment 11 - Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination	<input type="checkbox"/>
FOR THE TECHNICAL PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.2.A	Title Page	<input type="checkbox"/>
§ 6.2.B	Table of Contents	<input type="checkbox"/>
§ 6.2.C	Documentation of Bidder’s Eligibility (Requirement)	<input type="checkbox"/>
§ 6.2.D	Technical Proposal Narrative	<input type="checkbox"/>
FOR THE COST PROPOSAL REQUIREMENT		
RFP §	REQUIREMENT	INCLUDED
§ 6.3	Attachment B- Cost Proposal Bid Sheet	<input type="checkbox"/>

ATTACHMENT B
COST PROPOSAL Bid Sheet

The Cost Proposal Bid Sheet is provided in Excel format as a separate file on the Department's Grant/Funding Opportunities webpage for RFP #17744 found at <https://www.health.ny.gov/funding/>.

ATTACHMENT C
 BIDDER'S CERTIFIED STATEMENTS

To be completed and included in the Administrative Proposal documents.

RFP# 17744 Support for the Operational Management of New York State's Early Intervention Program
1. Information with regard to the Bidder
Provide the Bidder's name, address, telephone number, and fax number.
Name: <input type="text" value="Click here to enter text."/>
Address: <input type="text" value="Click here to enter text."/>
City, State, ZIP Code: <input type="text" value="Click here to enter text."/>
Telephone Number (including area code): <input type="text" value="Click here to enter text."/>
Fax Number (including area code): <input type="text" value="Click here to enter text."/>
Provide the name, address, telephone number, and email address of the Bidder's Primary Contact with DOH with regard to this proposal.
Name: <input type="text" value="Click here to enter text."/>
Address: <input type="text" value="Click here to enter text."/>
City, State, ZIP Code: <input type="text" value="Click here to enter text."/>
Telephone Number (including area code): <input type="text" value="Click here to enter text."/>
Email Address: <input type="text" value="Click here to enter text."/>
2. By submitting the bid the Bidder acknowledges and agrees to all of the following: [Please note: alteration of any language contained in this section may render your proposal non-responsive.]
Bidder certifies that either there is no conflict of interest or that there are business relationships and /or ownership interests for the organization for the above named organization that may represent a conflict of interest for the organization as a bidder and attached to this form is a description of how the potential conflict of interest and/or disclosure of confidential information relating to this contract will be avoided.
The Bidder certifies that it can and will provide and make available, at a minimum, all services as described in the RFP if selected for award.
Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by the DOH.
Bidder accepts, without any added conditions, qualifications or exceptions, the contract terms and conditions contained in this RFP including any exhibits and attachments.
The bidder is either registered to do business in NYS, or if formed or incorporated in another jurisdiction than NYS, can provide a Certificate of Good Standing from the applicable jurisdiction or provide an explanation, subject to the sole satisfaction of the Department, if a Certificate of Good Standing is not available, and if selected, the Contractor will register to do business in NYS.

The bidder attests:
a) that they are or will be no later than 15 business days following notification of contract award and prior to execution of contract, enrolled as a Service Bureau for the Medicaid Program or have submitted an approvable application to enroll as Medicaid Service Bureau, in accordance with 18 NYCRR Section 504.9 (<http://www.health.ny.gov/regulations/nycrr/title-18/>) and have the capacity to bill on behalf of EI providers and receive remittance advices from the Medicaid Program b) that it has experience with billing commercial insurance for similar largescale healthcare projects.

The Bidder is (check as applicable):

- A New York State Certified Minority-Owned Business Enterprise
- A New York State Certified Woman-Owned Business Enterprise
- A New York State Certified Minority and Woman-Owned Business Enterprise (Dual Certified)
- None of the above

Provide the name, title, address, telephone number, and email address of the person authorized to receive Notices with regard to the contract entered into as a result of this procurement. See Section of the DOH Agreement (Attachment 8), NOTICES.

Name: Click here to enter text.

Title: Click here to enter text.

Address: Click here to enter text.

City, State, ZIP Code: Click here to enter text.

Telephone Number (including area code): Click here to enter text.

Email Address: Click here to enter text.

Bidder's Taxpayer Identification Number:

Click here to enter text.

Bidder's NYS Contractor Identification Number as discussed in Section 6.1.F, if enrolled:

Click here to enter text.

By my signature on this Attachment C, I certify to the statements made above in Section 2 and that I am authorized to bind the Bidder contractually. Furthermore, I certify that all information provided in connection with its proposal is true and accurate.

Typed or Printed Name of Authorized Representative of the Bidder

Title/Position of Authorized Representative of the Bidder

Signature of Authorized Representative of the Bidder

Date