

IFB # 15413
New York State Department of Health
Center for Community Health
Bureau of Chronic Disease Control

Integrated Breast, Cervical and Colorectal Cancer Screening Program
Payment Agent

QUESTIONS and ANSWERS
October 23, 2015

Question 1: RE: Section C, 1, b, ii, page 9. Regarding the statement, “Within seven (7) calendar days of receipt of payment from either the Department or HRI, and receipt of attestation from providers regarding the validity of service provided, the payment agent will issue payments to health care providers and clinical.....” Can you provide additional details or requirements about what is acceptable or expected as “attestation” from the providers?

Answer 1: The provider attestation regarding the validity of services provided prior to issue of reimbursement would be a trackable, dated communication between the provider and the payment agent. Each provider is identified by a service site code. The payment agent will be provided with access to the Monthly Billing Report (MBR) that can be sorted by service site code. As described in the IFB, the MBR summarizes services that were entered on the data system for that month and may be used by the payment agent as an invoice for individual providers and clinical laboratories to confirm the validity of services provided. A sample MBR is provided on page 35 of the IFB as Attachment 2.

Question 2: RE: Section C, 3. Fidelity Bond, page 11. Can the payment agent’s Crime Insurance Policy be acceptable to satisfy the Fidelity Bond requirement?

Answer 2: No.

Question 3: Will the payment agent be required to validate that monthly billing reports (MBRs) for each of the contractors is compliant with the MARS (Maximum Allowable Reimbursement Schedule)? If so, will the MBRs contain appropriate coding (rather than descriptions available) for matching purposes? Please explain the impact of MARS (Attachment 1) to the payment agent in support of this contract.

Answer 3: No, the payment agent is not required to validate that monthly billing reports (MBRs) for each of the contractors is compliant with the MARS. The MARS rates are programmed in the data system by the Department/HRI staff and change at least annually. The Department/HRI implement internal controls to ensure appropriate coding of reimbursement rates in the data system and that the reimbursement rates are accurately reflected for all services appearing in the MBR’s. The only

implication of the MARS to the payment agent is that it documents the value of each service eligible for reimbursement.

Question 4: How will the payment agent be notified that providers are no longer participating in the program?

Answer 4: The Department/HRI staff will notify the payment agent in writing when a health care provider or clinical laboratory is no longer participating in the program. Department/HRI staff make this determination, de-activate those providers in the data system, and, notify the payment agent.

Question 5: RE: Section C, 2, ii, page 11. Regarding the statement, “This report should summarize the number and nature of contacts with CSP screening contractors, barriers and proposed solutions to successful, timely payment, and suggestions for improvements and/or revisions to payment processes”, can you provide any background on previous challenges?

Answer 5: Challenges may include, but are not limited to, lack of or delayed responses from providers to requests for attestation of services rendered, providers not cashing checks, or providers questioning client dates of services on a monthly billing report.