

New York State Department of Health
Request for Information on Using Advanced Technology in Medicaid Program Integrity and Efficiency

Amended Questions and Answers Posted 10/X/2020

Question #	Corresponding RFI Section	Question	Answer
1.	General	Is there specific healthcare or medical knowledge that you are looking for from vendors?	No, but respondents may view the ability to apply advanced technologies to healthcare reimbursement or policy as germane to their response.
2.	General	Are you looking for a cloud solution? If so would it be IaaS, PaaS, SaaS?	This question is not relevant to the development of an organization's response under this RFI.
3.	General	In what DBMS platform does your data environment(s) currently reside?	See response to Question #2.
4.	General	What is the current infrastructure configuration? (on-prem, cloud, hybrid?)	See response to Question #2.
5.	General	Is your environment currently virtualized?	See response to Question #2.
6.	General	Who is your cloud provider(s)?	See response to Question #2.
7.	General	Do you have documentation on the environment(s)? (eg. Schema mapping, data dictionary, etc)	See response to Question #2.
8.	General	How many source systems are there?	See response to Question #2.
9.	General	Are there any future source systems that need integrated in a later phase?	See response to Question #2.
10.	General	What is the total Data Volume (in GB)?	See response to Question #2.
11.	General	Do you have any current licenses for ETL, Analytics, or Reporting tool(s)?	See response to Question #2.
12.	General	What are the ETL Schedule requirements (streaming to daily refresh of data)?	See response to Question #2.
13.	General	Do you have a preferred analytics and reporting tool (PowerBI, Tableau, QuickSight, Qlick, etc)?	See response to Question #2.
14.	General	Do you have/use any third party scheduling tools?	See response to Question #2.
15.	General	What are the on-going support expectations once the project is complete?	Respondents should inform the Department of whether ongoing support is necessary. This information is part of what is being sought by the Department.
16.	General	What is the expected delivery date?	See response to Question #2.

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17.	General	Are there any current data quality issues in the source systems?	See response to Question #2.
18.	General	Are there any expected changes in environments?	See response to Question #2.
19.	General	What are the Hours of business operation including time zones?	See response to Question #2.
20.	General	Do you require Load testing?	See response to Question #2.
21.	General	Do you have Dev, QA, or Test Environments?	See response to Question #2.
22.	General	What are your change management policies?	See response to Question #2.
23.	General	Do you have a standardized version control process (eg. Git, Team Foundantion, DevOps)?	See response to Question #2.
24.	General	Who are the Primary Point of Contact, Executive Sponsor, Other stakeholders and their roles?	The RFI is a collaboration between the Department and the Office of Medicaid Inspector General. Potential responses could impact many facets of the Medicaid program.
25.	General	What are the data redundancy requirements?	See response to Question #2.
26.	General	What are the data retention policy?	See response to Question #2.
27.	General	What security requirements do you have?	The Department has defined a Moderate-Plus Security Controls Baseline based on, and consistent with, the security provisions described in Centers for Medicare and Medicaid Services (CMS) Acceptable Risk Safeguards (ARS) and National Institute of Standards and Technology (NIST) Special Publication (SP) 800-53 at the Moderate level. Additionally, the Department has augmented these federal standards with New York State Policies and Standards.
28.	General	What are your privacy & compliance considerations (HIPPA, GDPR, SOX, PCI, etc..)?	See response to Question #2.
29.	General	What data analytics tools does OMIG use today to analyze fee-for-service claims and managed care encounter data?	See response to Question #2.
30.	General	What is your estimated project budget (capex)?	The Department does not currently have an anticipated budget for a future project related to this RFI.
31.	General	What is your estimated TCO in the cloud (monthly or annual)?	See response to Question #2.
32.	General	Can you provide some examples of key metrics and KPIs you have in mind?	See response to Question #2.

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33.	General	Can we get to see the VBP program integrity assessment recommendations?	The report may be accessed here: https://www.health.ny.gov/health_care/medicaid/edesign/dsrip/vbp_library/program_integrity/docs/2017-01-18_pi_rpt.pdf
34.	General	Our understanding is that the NYS does not have a VBP application and expects the vendor to implement one? Is this correct?	The Department does not have a program integrity and efficiency solution specific to VBP. Part of the RFI response seeks to understand solutions in the VBP space.
35.	General	Is the NYS ready to accept Cloud? Is there a preference of public cloud across AWS, Azure or GCP?	See response to Question #2.
36.	General	What are mandated compliance requirements from a cloud-hosting perspective?	See response to Question #2.
37.	General	Is there a preferred technology stack for the Data analytics and aggregation apps in NYS?	See response to Question #2.
38.	General	IS SHIN-NY interoperable per FHIR standards?	The SHIN-NY and its member Qualified Entities are building out the infrastructure to support FHIR-based exchange to meet the requirements of the Office of the National Coordinator for Health IT's Cures Act update to the 2015 Certification rule.
39.	General	Are there any constraints within the realm of innovation that we should be aware of?	Pursuant to the RFI, we are hoping to understand what constraints may exist within the realm of innovation and the Department is not pre-imposing any constraints at this stage of the RFI response.
40.	General	How might advanced technologies be applied across data systems to generate meaningful insights, attribute root causes, and help inform policymaking? Examples may include: Insights into practice variation by provider or by region (e.g., pre-ops) and the cost efficacy of these variations. a) Utilization and spending trends by service type or by region? b) Analyzing the potential impact of proposed policy decisions (e.g., prior authorization requirements)? c) Utilization profile by membership or eligibility?	Respondents should seek to answer these questions and make recommendations as part of responses to the RFI.

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41.	General	Please describe the process by data is analyzed across systems? Do tools host the data or can the tool be integrated within existing system configurations?	See response to Question #2.
42.	General	Is NY DOH looking to implement “Clinical Episode Analytics” for promoting accountability of care, in addition, to other kinds of information for making fully informed judgments about bundle pricing and risk adjustment?	See response to Question #40.
43.	General	Is NY DOH planning for implementing “HCI3’s Prometheus Payment” to promote “evidence-informed case rates” (ECRs) for bundles of care – including chronic conditions, acute medical conditions, and procedures for incorporating quality scores that are factored into payments to individual providers?	See response to Question #40.
44.	General	Is NY DOH looking forward to explore their internal Dark Data (from sources like Electronic Health Records) captured by diverse Healthcare Providers (including Doctors, Nurses, Pharmacists, Medical Researchers, etc.) across different therapeutic specializations and implement automatic conversion of subjective data into objective data (in plain language) that can help clinical researchers to identify prospective subjects for Clinical Trials?	See response to Question #40.
45.	General	Is NY DOH planning to explore Disease Characteristics / Patient Characteristics by leveraging Real World Data (RWD) from external sources for supplementing towards Patient Recruitment for Clinical Trials and contribute for Real World Evidence (RWE)?	See response to Question #40.
46.	General	Can DOH share a list of organizations that submitted questions for this RFI?	This information will not be made available.
47.	General	Will DOH share a list of organizations that submitted responses for this RFI?	See response to Question #46.
48.	General	Would NY DOH be willing to meet with our organization to discuss the project in further detail?	No. The Department will not be meeting with any organization to discuss contents of the RFI in further detail.
49.	General	What are the current pre-payment tools in use by New York Medicaid to ensure the integrity of payment for a claim or encounter?	See response to Question #2.

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50.	General	What current post- payment review processes are in place to ensure the integrity of Medicaid payments?	See response to Question #2.
51.	General	What are the current post-payment tools being utilized to ensure the integrity of New York’s Medicaid program?	See response to Question #2.
52.	General	What role do the managed care integrity units play with respect to ensuring the integrity of the Medicaid program?	Managed Care program integrity obligations may be found in the Model Contract specific to plan type: https://health.ny.gov/health_care/managed_care/providers/#model_contracts The Centers for Medicare & Medicaid Services (CMS) also imposes program integrity obligations on Medicare Advantage plans, which can be found on the CMS website.
53.	General	To what extent do the managed care entities provide information regarding providers suspected of fraud, waste, and abuse?	See response to Question #52.
54.	General	To what extent is AI currently used in the New York’s Medicaid program?	See response to Question #2.
55.	General	Are cloud based solutions preferred or being considered?	The Department is open to receiving information on all solutions.
56.	General	What 3rd party tools have you assessed or are leaning toward	See response to Question #2.
57.	General	What 3rd party applications are in use today in support of the stated system? These systems include the Medicaid Data Warehouse (MDW), eMedNY (the State’s core MMIS system for claims processing and provider enrollment), encounter data repositories, the Welfare Management System (WMS), PARIS, cost report submissions, credentialing systems, PNDS, and other systems. In addition, new data reporting requirements are being implemented, such as with Electronic Visit Verification.	See response to Question #2.
58.	General	What is the total size of your data sets? In TB’s and rows of data.	See response to Question #2.
59.	General	How many canned report users? How many power users?	See response to Question #2.

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60.	General	How many canned reports?	See response to Question #2.
61.	General	How many adhoc requests occur daily?	See response to Question #2.
62.	General	What is most lacking with your data systems today: <ul style="list-style-type: none"> • Time to report? • Performance? • Ease of use – must be SQL developer? • Lack of agility? 	See response to Question #2.
63.	General	Does an overall Data Governance strategy exist today?	Yes, the Department possesses a Data Governance strategy.
64.	General	What are your top data analytics use cases?	See response to Question #2.
65.	General	Is NYS open to use Cloud based solutions?	See response to Question #55.
66.	General	Does the State of New York Department of Health have plans to utilize the clinical data lake for Use Case #5 and leveraging Qualified Entity Infrastructure?	See response to Question #2.
67.	General	How does the State of New York Department of Health envision complimenting claims data with clinical data to help promote program integrity and efficiency?	This information is being sought by the Department through the RFI.
68.	General	Is there a specific subset of data (i.e. beneficiary, provider, MCO) the State of New York Department of Health is aiming for efficiency?	The Department is not advancing any specific aims, other than those stated in the RFI, as part of this response.
69.	General	Does the State of New York Department of Health have specific reporting tools that they use and work with for data analytics reporting? For example, SAS, Tableau, etc.	See response to Question #2.
70.	General	What specific Value-Based Payment models is NYSDOH looking to deploy?	Respondents should consult with the Department's website for further information on its VBP efforts: https://www.health.ny.gov/health_care/medicaid/edesign/dsrip/vbp_reform.htm
71.	General	Is the data analysis to be performed for internal use within NYSDOH only or would it potentially be opened up for providers or other payers to use as well?	See response to Question #67.
72.	General	Can you characterize what kind of data is expected to be gleaned from providers and payers or at least can initially be gleaned for analysis under the proposed use cases?	See response to Question #67.

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73.	General	Will NYS DOH consider platform responses that describe a series of capabilities that NYS DOH and/or solution integrators can use to build upon?	Yes. See response to Question #67.
74.	General	Is 170M Medicaid claim transactions per year a reasonable estimate?	See response to Question #2.
75.	General	NYS DOH “mentions learning more about advanced technologies that can look seamlessly across systems”, will NYS DOH consider solutions that store data from numerous systems in a consolidated location?	Yes. See response to Question #67.
76.	General	As data comes in different formats structured, semi-structured and unstructured what plans does NYH DOH have plans to store and process such data sets?	See response to Question #2.
77.	General	Will NYS DOH consider public cloud-based solutions?	See answer to Question #55.
78.	General	Does NYS DOH desire a collaborative work space where members of data teams with various levels of programming ability can work together?	See response to Question #55.
79.	General	Does NYS DOH see value in having the system provide data science capabilities via modern languages (Python, R, Scala .. etc)?	See response to Question #55.
80.	Section A: Purpose of the RFI (Pages 1-2 of RFI	Medicaid Section 1115 Waiver Amendment Request (https://www.health.ny.gov/health_care/medicaid/redesign/dsrp/2019/docs/formal_amendment_req.pdf) describes plans for DSRIP through 2024. Which of the recommendations in this request are furthered or expanded by this RFI?	The referenced 1115 waiver amendment is not currently pending with CMS and thus does not have immediate relevance to this RFI response.
81.	Section A: Purpose of the RFI (Pages 1-2 of RFI	Is the scope currently limited to improving the integrity and efficiency only in Medicaid claims processing? Or is it extended to eligibility determination (initial application, and recertification) as well?	The Department is currently open to the receipt of information on all potential solutions.
82.	Section A: Purpose of the RFI (Pages 1-2 of RFI	Can DOH elaborate on any specific timing or intentions for a formal procurement?	The Department does not currently have an anticipated release date for a future procurement related to this RFI.
83.	Section A: Purpose of the RFI (Pages 1-2 of RFI	Does DOH have an existing timeline or roadmap for achieving the specific components noted within the RFI?	See response to Question #82.
84.	Section A: Purpose of the RFI (Pages 1-2 of RFI	Does DOH intend to procure related services from a single vendor under a single contract, or separate scope areas into either separate workstreams or contracts?	See response to Question #2.

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85.	Section B: Project Background (Pages 2-4 of RFI)	Would Medicaid MCO claims be included in the scope of applying AI and advanced analytics to improve the efficiency, accuracy, and integrity of the NY Medicaid program?	Yes.
86.	Section B: Project Background (Pages 2-4 of RFI)	Which technologies/solutions are currently in place to support the key business areas and objectives described in the RFI?	See response to Question #2.
87.	Section B: Project Background (Pages 2-4 of RFI)	<p>As we read the RFI, the aim is to identify already existing pieces of software and technologies that can be integrated into existing NYS DOH systems. Essentially, in a future state, what tools should be looked at and how do they get integrated into current systems?</p> <p>Would you be open to a slightly different approach? Our organization would like to propose an AWS native, bespoke build on behalf of NYS DOH. The core of the approach would be to use our Healthcare DataHub, already in place and used daily by DOH for COVID efforts.</p> <p>We feel that our build can accomplish the goals laid out in section B more easily than a "buy and integrate" approach.</p>	See response to Question #55.
88.	Section B: Project Background (Pages 2-4 of RFI)	Would potential technologies / solutions be applied both prospectively (pre-payment) and retrospectively (post-payment)?	See response to Question #55.
89.	Section B: Project Background, Subsection 1 (Pages 2-VAP 3 of RFI)	Does DOH have a current risk scoring system? If yes, how accurate is it and do you have future goals for reduction of fraud, waste, and abuse?	See response to Question #2.
90.	Section B: Project Background, Subsection 2 (Page 3 of RFI)	How can more information about the present interconnections among these data sources, and associated workflows, be obtained?	At this point, the Department is looking to learn more about the scope of potential solutions and how such solutions can be integrated into the scope of a complicated Medicaid program. Specific information about the Department's data sources and workflows will not be provided as part of the RFI, as it is not relevant to the information currently being sought.
91.	Section B: Project Background, Subsection 2 (Page 3 of RFI)	Are there any current interfaces and services that are available to access the information stored in the listed disparate systems?	See response to Question #2.

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92.	Section B: Project Background, Subsection 2 (Page 3 of RFI)	Does DOH currently have any database system that functions as an "enterprise data warehouse"? Does DOH have a preferred platform for database technology such as Microsoft Azure or SQL Server, Oracle, Amazon Web Services, Google Cloud Platform, or PostgreSQL?	See response to Question #2.
93.	Section B: Project Background, Subsection 2 (Page 3 of RFI)	Does DOH currently have a preferred data visualization or advanced analytics platform such as Tableau, Power BI, Qlik, etc.? Does DOH have a preferred platform for data science and machine learning?	See response to Question #2.
94.	Section B: Project Background, Subsection 4 (Page 3-4 of RFI)	Please specify what the term "billing data" represents.	Billing data is intended to mean claims payment and encounter data from managed care organizations.
95.	Section B: Project Background, Subsection 5 (Page 4 of RFI)	How can more detailed information about operation of SHIN-NY be obtained?	Respondents may wish to access the website for the New York e-Health Collaborative: https://www.nyehealth.org/shin-ny/what-is-the-shin-ny/
96.	Section C: Future Contract Provisions (Page 4 of RFI)	Is there an anticipated budget for this project?	See response to Question #30.
97.	Section C: Future Contract Provisions (Page 4 of RFI)	Does NY DOH have a preference for a cloud-based solution? a. If "Yes", are standard cloud providers (e.g. AWS, Azure) viable hosting alternatives or must any solution be on premises?	See response to Question #55.
98.	Section C: Future Contract Provisions (Page 4 of RFI)	"To that end, DOH seeks feedback from respondents on anticipated workstreams that could be part of the procurement." In addition to our responses to the questions in Section E, should our response include information on how we would address the workstreams mentioned in Section C and any other workstreams we would recommend in the course of completing related work?	See response to Question #55.
99.	Section C: Future Contract Provisions (Page 4 of RFI)	Does the State of NY have an estimated time-table to release a RFP based upon the information gathered during this RFI process?	See response to Question #82.

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100.	Section D.1: Key RFI Dates and Timeline (Page 5 of RFI)	If a formal solicitation were to be released for this project, what is the anticipated date for its release?	See response to Question #82.
101.	Section D.1: Key RFI Dates and Timeline (Page 5 of RFI)	Will RFI respondents have the opportunity to provide solution demos?	The RFI is not currently looking for demonstrations but may consider such demonstrations based on responses.
102.	Section D.6.1.2: Response Submissions (Page 7 of RFI)	The document states that 'responses to all questions in Section F: Questions must include the question identifier, the question, and the respondent response.' We do not see a Section F. Should this be Section E?	This was a clerical error and the referenced section should be Section E. Please see Amendment #1 to RFI.
103.	Section D.6.1.2: Response Submissions (Page 7 of RFI)	The document states that 'each question should be answered on a new page in the document/response.' Does this mean that responses are limited to one page?	No. Responses to each question are not limited to one page.
104.	Section D.6.1.2: Response Submissions (Page 7 of RFI)	The RFI does not contain a Section F. Does this refer to the questions in Section E?	See response to Question #102.
105.	Section D.6.1.2: Response Submissions (Page 7 of RFI)	Please confirm the reference to Section F: Questions is actually supposed to reference Section E: Questions.	See response to Question #102.
106.	Section D.6.1.2: Response Submissions (Page 7 of RFI)	"Respondents are encouraged to elaborate and/or provide any general recommendations not covered by the questions posed in Section F: Question: Will the State please provide Section F?	See response to Question #102.
107.	Section D.6.1.2: Response Submissions (Page 7 of RFI)	Please provide Section F: Questions.	See response to Question #102.
108.	Section D.6.1.2: Response Submissions (Page 7 of RFI)	Can the DOH clarify that the reference to Section F: Questions should actually be Section E: Questions?	See response to Question #102.
109.	Section D.6.1.2: Response Submissions (Page 7 of RFI)	Can you verify that "Section F: Questions" should read "Section E: Questions"?	See response to Question #102.
110.	Section D.6.1.2: Response Submissions (Page 7 of RFI)	Original text: Responses to all questions in Section F: Questions must include the question identifier, the question, and the respondent response. Each question should be answered on a new page in the document/response. Does this instruction apply to second-level questions? For example: on page 8, Question 1 under E.2 has two sub-questions (1.a and 1.b). Should each second level question be answered on a new page, or may they be included with their first level question?	This instruction does not apply to second-level questions and may be included with their first-level question if relevant to the response.

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111.	Section D.6.1.2: Response Submissions (Page 7 of RFI)	<p>Do sub-questions (labeled in Section E: Questions as "a, b, c, etc.") need to be on a new page or should they be included on the same page as the parent question?</p> <p>Also, is there a page limit per question?</p>	<p>See response to Question #110.</p> <p>See response to Question #103.</p>
112.	Section D.6.1.2: Response Submissions (Page 7 of RFI)	<p>Can you confirm our understanding of this requirement that a new page is required for each individual question, rather than each group of questions?</p> <p>For example, for section E.1 General Questions:</p> <p>E.1 GENERAL QUESTIONS</p> <p>1. Please indicate whether your company would consider bidding on a future procurement opportunity regarding the creation of program integrity and efficiency through advanced technologies.</p> <p>2. What is your company's experience in working with state Medicaid programs or other health insurance programs involving members with governmental benefits?</p> <p>3. Please describe the preferred method by which your company prices its tools and systems, including contingency pricing, per member pricing, per claim pricing, licensing fees, time and labor, etc.</p> <p>This section would require question 1 and its response on one page, with question 2 and its response on a separate page, even if the response to question 1 is only a partial page. Is this accurate?</p>	See response to Question #110.
113.	Section E: Questions (Pages 8-10 of RFI)	Does the State intend to set page-limits for each response, or a vendor's total response?	See response to Question #103.
114.	Section E.2: Clinical Documentation Review and Assessment Tools (Pages 8-9 of RFI)	<p>Regarding Paragraph 1, can the State provide the volume or percentage of manual medical records vs. documents provided through an electronic Medicaid record/health information exchange?</p> <p>Vendors need to know how much scanning and storage would be required for hard copy / faxed documents.</p>	This question applies only to documents already contained in electronic medical record systems. Scanning efforts are not part of the information being sought by the Department through the RFI.

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115.	Section E.2: Clinical Documentation Review and Assessment Tools (Pages 8-9 of RFI)	For Question 3a: The RFI asks whether "... these tools validate the medical record documentation against the claim forms submitted on a fee-for-service basis or to managed care plans?" For managed care encounters, does DOH presently receive both the encounter data and the medical record documentation? If yes, what is the time delay in receiving both data sources?	Respondents should assume the receipt of encounters, but not medical record documentation.
116.	Section E.2: Clinical Documentation Review and Assessment Tools (Pages 8-9 of RFI)	What vendors have worked on or developed an AI tool for Medicaid Program Integrity for DOH already? What were the outcomes?	See response to Question #2.
117.	Section E.2: Clinical Documentation Review and Assessment Tools (Pages 8-9 of RFI)	<p>"If tools exist to validate medical record documentation, does this technology work best as a tool that providers use prior to claim submission or that payors (including government agencies) may use as part of a prepayment or post-payment review?"</p> <p>Does DOH have any claims scrubber or other claims review tools in place already? If so, what tools are those?</p>	See response to Question #2.
118.	Section E.2: Clinical Documentation Review and Assessment Tools (Pages 8-9 of RFI)	<p>"If tools exist to validate medical record documentation, does this technology work best as a tool that providers use prior to claim submission or that payors (including government agencies) may use as part of a prepayment or post-payment review?"</p> <p>2.B. Can this technology extend across multiple EHRs?"</p> <p>Are there specific electronic health records (EHRs) DOH currently works with?</p>	<p>The Department seeks information on both prepayment and post-payment tools.</p> <p>The reference to EHRs is to provider-based EHRs.</p>
119.	Section E.2: Clinical Documentation Review and Assessment Tools (Pages 8-9 of RFI)	Does DOH intend to make available historical records of identified FWA and/or documentation of known risks or actual instances of non-compliance?	Respondents should assume that the Department will make all information available to assist in program integrity and efficiency efforts.
120.	Section E.3 Data Analytics and Data Systems (Pages 9-10 of RFI)	What types of analytics or reports may be generated from application across systems? How has your company used these insights or reports to inform program integrity efforts or changes in payment rules to improve efficiencies?	Yes, the Department is currently open to the receipt of information on all potential solutions and does have specific examples to offer.

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		Please provide examples if not provided above under E.3, Question 1.	
121.	Section E.3 Data Analytics and Data Systems (Pages 9-10 of RFI)	Does DOH have a preference for where prospective tools/data are hosted? Is a HIPAA compliant external cloud environment an acceptable solution?	The Department is currently open to the receipt of information on all potential solutions. See response to Question #55.
122.	Section E.3 Data Analytics and Data Systems (Pages 9-10 of RFI)	Questions 1-3 in Section E.3 Data Analytics and Data Systems reference applying technology across data systems. Please provide details regarding the systems being leveraged to date. What type of data is expected to be aggregated and/or ingested?	See response to Question #55.
123.	Section E.3 Data Analytics and Data Systems (Pages 9-10 of RFI)	Are the records to be validated a freeform field or a structured data field?	See response to Question #55.
124.	Section E.3 Data Analytics and Data Systems (Pages 9-10 of RFI)	Original Text: Please describe the process by data is analyzed across systems? Is there a missing word in the question? Does the State mean "Please describe the process by which data is analyzed across systems?"	Yes, the Department means "by <i>which</i> data is analyzed across systems." Thank you.
125.	Section E.4 VBP and Program Integrity (Page 10 of RFI)	What type of VBP arrangements are currently in place?	See response to Question #70.
126.	Section E.4 VBP and Program Integrity (Page 10 of RFI)	For question 1b, please provide the list of programs you would be submitting to for validation?	The Department is currently open to the receipt of information on all potential solutions across its programs.
127.	Section E.4 VBP and Program Integrity (Page 10 of RFI)	What methods of evaluation are being used to determine the Value (success or failure) of services and care provided? And will these results be available to the PI system tools?	See response to Question #82.