

Request for Proposals

RFP # 20062

Medicaid External Quality Review and Other Activities in New York State

Amendment #1
September 23, 2021

The following are official modifications, which are hereby incorporated into the New York State Department of Health, Independent Evaluation of the New York State Health and Recovery Plans (HARP) Program and Self-Directed Care (SDC) Pilot Program Request for Proposals (RFP) #20024, issued January 31, 2019. The information contained in this amendment prevails over the original RFP language. For all amendments below, deleted language appears in red and strikethrough (“~~xxx~~”) and added language appears in underline (“xxx”).

1. Page 6, Section 4.1, Tasks/Deliverables has been revised

- Forecast the ~~personal~~ personnel resources necessary to meet the deliverable requirements; and

2. Page 20, Section 4.1.1.6, Project 2: Experience of Care Surveys (Non-CAHPS®) has been revised

The Contractor will work with the State DOH to issue two (2) surveys per year consisting of at least two (2) mailings, according to the population and survey purpose. Each survey will involve a minimum sample of 500 for each of the MCOs or subgroup included in the study, with an anticipated response rate of 25-30%. Currently the number of plans is 13 MMC, 3 HIV-SNP, 13 HARP, and 45 MLTC. These numbers are subject to change over the course of the contract period. The largest anticipated sample will be for MLTC satisfaction, with a total sample size of 22,500 (45 plans X 500 per plan). Translation of the survey tools into at least one (1) other language may be required. The Contractor will prepare a final report for State DOH approval that analyzes the survey findings, provide a member-level data set of responses to the State DOH, and participate with the State DOH in an annual conference call or on-site meeting with MCOs to discuss the survey findings and improvement strategies. The Contractor, in conjunction with the State DOH and the MCOs, may also be asked to develop and monitor quality improvement strategies related to experience of care survey results.

3. Page 56 and 57, Section 6.1, Administrative Proposal has been added

K. Transmittal Form

The transmittal form should be submitted by the bidder proposing to be the prime contractor and must be signed by an individual legally authorized to represent the bidder organization. It will be evaluated as part of the Compliance Evaluation screening. Failure to include the Transmittal Form may result in disqualification of the bidder's proposal. The transmittal form is provided in Attachment D and the bidder must include the following:

- a) Bidder's complete name and address

- b) Legal structure of the entity submitting the offer
- c) NYS Vendor ID number
- d) Name, mailing address, email address, fax number and telephone number for both the authorized signatory and the person the Department should contact regarding the proposal
- e) Statement that the bidder is designated by the Center for Medicaid and Medicare Services (CMS) as a Medicare Quality Improvement Organization (QIO) or on the list of QIO-like organizations as of August 19, 2021.
- f) Statement that the bidder has either:
 - (1) Included a disclosure of any potential conflict of interest, including but not limited to: all business, financial or beneficial relationships, or interests in any affiliation or contractual relationship with, any health care provider, health insurer, its affiliates, its subsidiaries, or its parent. In cases where such a relationship(s) and/or interest(s) exists, the bidder must describe how an actual or potential conflict of interest and/or disclosure of confidential information relating to an award under this contract will be avoided, and the bidder guarantees knowledge and full compliance with the NYS Public Officers' Law, as amended, including but not limited to Sections 73 and 74, with regard to ethical standards applicable to State employees

OR

- (2) Has no conflict(s) of interest
- g) Statement that the bidder does/does not propose to utilize the services of a subcontractor(s). If the proposal includes the services of a subcontractor(s), the bidder should include, in an appendix to the Transmittal Form, a subcontractor summary for each subcontractor, including:
 - (1) Complete name of the subcontractor
 - (2) Complete address of the subcontractor
 - (3) A general description of the type and scope of work the subcontractor will be performing
 - (4) Percentage of work the subcontractor will be providing
 - (5) A statement confirming that the subcontractor is prepared, if requested by the Department, to present evidence of legal authority to do business in NYS, subject to the sole satisfaction of the Department
- h) Bidder attestations:

By signing the Transmittal Form, bidder certifies that it:

 - (1) Accepts the contract terms and conditions contained in this RFP including any exhibits and attachments
 - (2) Has received and acknowledged all Department amendments to the RFP, as may be amended
 - (3) Is prepared, if requested by the Department, to present evidence of legal authority to do business in NYS, subject to the sole satisfaction of the Department
 - (4) (i) Does not qualify its proposal, or include any exceptions from the RFP and (ii) 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 Department:
and
 (5) Certifies the proposal will remain valid for a minimum of 365 calendar days from the closing date for submission of proposals.

Page 58, Section D2, Staffing has been revised

The Bidder's proposed approach should include:

- a. A plan for staffing that adequately meets the details described in **Section ~~4.3~~ 4.2, Staffing.**

Page 59, Section D2, Staffing has been revised

- g. A plan for training physician and non-physician reviewer staff according to the details described in **Section ~~4.3~~ 4.2, Staffing.**

Page 70, Attachments has been revised

The following attachments are attached and included in this RFP:

- A. Proposal Document Checklist
- B. Cost Proposal
- C. EQR Deliverables Schedule
- D. Annual Volumes
- E. Transmittal Form

Page 73, Attachment B, Cost Proposal Forms has been revised

8)	Conduct Studies on Healthcare Quality		
	Focused Clinical Study – MMC (600 records)	One study	
	Conduct Focused Clinical Study – HARP (400 records)	One study	
	Behavioral Health Focused Study – MLTC (400 <u>200</u> records)	One study	

ATTACHMENT D
Annual Volumes

Activity 1. External Quality Review Services

	<u>Work Plan Activity (Estimated annual volume)</u>	<u>Unit Definition</u>	<u>Annual Volume</u>
1)	<u>Validation of PIPs (13 MMC, 12 HARP, 3 HIV SNP, 45 MLTC plans), twice each over contract</u>	<u>One plan PIP validation</u>	<u>29.6</u>
2)	<u>Validation of Performance Measures</u>		
1	<u>MCO Quality Data (up to 40 MCOs and 80 lines of business)</u>	<u>One summary finding report</u>	<u>1</u>
2	<u>Validation of Functional Assessment Data</u>	<u>One validation study</u>	<u>1</u>
3)	<u>Review of Compliance with Medicaid Regulations</u>		
1	<u>Provider Directory Survey</u>	<u>One survey administration</u>	<u>2</u>
2a	<u>Provider Access and Availability Survey – Primary Care/OB-GYN (Average of 2400 calls)</u>	<u>One survey administration</u>	<u>1</u>
2b	<u>Provider Access and Availability Survey – Behavioral Health (Average of 1000 calls)</u>	<u>One survey administration</u>	<u>1</u>
3	<u>Plan Member Services Survey (Average of 480 calls)</u>	<u>One survey administration</u>	<u>2</u>
4	<u>High-Volume Enrollee to Provider Ratio Survey (Average of 800 calls)</u>	<u>One survey administration</u>	<u>1</u>
4)	<u>Validating Network Adequacy (16 templates, 350 networks)</u>	<u>One network validation tool</u>	<u>4</u>
5)	<u>Validation of Encounter Data</u>	<u>One validation study</u>	<u>1</u>
6)	<u>Administration of Consumer Surveys</u>		
1	<u>CAHPS (31 adult CAHPS, 15 child CAHPS)</u>	<u>One survey administration</u>	<u>1</u>
2	<u>Experience of Care Surveys (500 per plan)</u>	<u>One survey administration</u>	<u>2</u>
7)	<u>Calculation of Performance Measures</u>	<u>1 Measure Development</u>	<u>1</u>
8)	<u>Conduct Studies on Healthcare Quality</u>		
	<u>Focused Clinical Study – MMC (600 records)</u>	<u>One study</u>	<u>1</u>
	<u>Conduct Focused Clinical Study – HARP (400 records)</u>	<u>One study</u>	<u>0.6</u>
	<u>Behavioral Health Focused Study – MLTC (400 records)</u>	<u>One study</u>	<u>0.4</u>
9)	<u>Annual Plan Technical Reports (13 MMC, 12 HARP, 3 HIV-SNP, 45 MLTC plans)</u>	<u>One set of annual reports</u>	<u>1</u>
10)	<u>Focus Groups (12 sessions over contract period)</u>	<u>One session</u>	<u>2.4</u>

Activity 2. Office Based Surgery

	Work Plan Activity (Estimated annual volume)	Unit Definition	Annual Volume
1)	<u>Quality of Care Review (average of 630 reviews per year)</u>	<u>One Review</u>	<u>630</u>
2)	<u>Adverse Event Reporting form and Dashboard</u>		
1	<u>Conduct assessment of business requirements and receive approval for transition plan</u>	<u>One-time cost</u>	<u>N/A</u>
2	<u>Complete activities required for transition of the Adverse Event Reporting form and Dashboard</u>	<u>One-time cost</u>	<u>N/A</u>
3	<u>Maintenance and Support Fee</u>	<u>Recurring monthly cost</u>	<u>12</u>
4	<u>Help desk Fee</u>	<u>Recurring monthly cost</u>	<u>12</u>
3)	<u>Hourly Rates for change requests will be based on the rates included in Special Studies and Improvement Projects. The titles that are applicable to this section include: Specialist Physician; Project Manager; Database Administrator; Computer Programmer; Data Analyst; and, Web Designer</u>		

Staff Listing	Projected Annual Hours
<u>Specialist Physician</u> <u>("Specialized" means board certified in an area that DOH deems appropriate to the subject matter being supported)</u>	<u>100</u>
<u>Project Manager</u>	<u>80</u>
<u>Web Designer</u>	<u>40</u>
<u>Database Administrator</u>	<u>80</u>
<u>Computer Programmer</u>	<u>80</u>
<u>Data Analyst</u>	<u>24</u>

Activity 3. Provider Network Data System

	Work Plan Activity (Estimated annual volume)	Unit Definition	Annual Volume
1)	<u>Development of a data intake website</u>	<u>One-time cost</u>	<u>N/A</u>
1	<u>Development of data submission system within data intake website</u>	<u>One-time cost</u>	<u>N/A</u>
2)	<u>Development of data intake portal</u>	<u>One-time cost</u>	<u>N/A</u>
1	<u>Development of dashboard within intake portal</u>	<u>One-time cost</u>	<u>N/A</u>
2	<u>Development of a deficiency tracking system within intake portal</u>	<u>One-time cost</u>	<u>N/A</u>
3	<u>Development of API to share data</u>	<u>One-time cost</u>	<u>N/A</u>
4)	<u>Development of data extract and reporting system</u>	<u>One-time cost</u>	<u>N/A</u>
1	<u>Creation of monthly and quarterly data extract (7 reports)</u>	<u>One report</u>	<u>N/A</u>
2	<u>Creation of real-time extract (12 reports)</u>	<u>One report</u>	<u>N/A</u>
6)	<u>Development of file sharing area within reference library</u>	<u>One-time cost</u>	<u>N/A</u>
7)	<u>Validation of plan-submitted data files</u>	<u>Recurring monthly cost</u>	<u>12</u>
8)	<u>Maintenance and Support Fee (systems support, data correction, real-time data refresh, technical support, provision of analytics)</u>	<u>Recurring monthly cost</u>	<u>12</u>
9)	<u>Hourly Rates for change requests will be based on the rates included in Special Studies and Improvement Projects. The titles that are applicable to this section include: Project Manager, Database Administrator, Computer Programmer, Data Analyst, and, Web Designer.</u>		

<u>Staff Listing</u>	<u>Projected Annual Hours</u>
<u>Project Manager</u>	<u>80</u>
<u>Web Designer</u>	<u>40</u>
<u>Database Administrator</u>	<u>80</u>
<u>Computer Programmer</u>	<u>120</u>
<u>Data Analyst</u>	<u>24</u>

Activity 4. Sepsis Care Improvement Initiative

	Work Plan Activity (Estimated annual volume)	Unit Definition	Annual Volume
1)	<u>Development of a web-based data collection and submission portal</u>	<u>One-time cost</u>	<u>N/A</u>
2)	<u>Development of a public-facing Sepsis Initiative webpage with secure login</u>	<u>One-time cost</u>	<u>N/A</u>
3)	<u>Development and distribution of reports to hospitals</u>	<u>One report</u>	<u>4</u>
4)	<u>Quarterly validation and correction of hospital performance data</u>	<u>One final report</u>	<u>4</u>
5)	<u>Maintenance and support fee (Sepsis Initiative landing page, ongoing technical assistance to hospitals, liaising between DOH and hospitals, data correction)</u>	<u>Monthly cost</u>	<u>12</u>
6)	<u>Organizing and participating in bi-annual hospital conference call</u>	<u>One meeting</u>	<u>1</u>
7)	<u>Hourly Rates for change requests will be based on the rates included in Special Studies and Improvement Projects. The titles that are applicable to this section include: Project Manager, Database Administrator, Computer Programmer, Data Analyst, and Web Designer</u>		

Staff Listing	Projected Annual Hours
<u>Project Manager</u>	<u>80</u>
<u>Web Designer</u>	<u>24</u>
<u>Database Administrator</u>	<u>80</u>
<u>Computer Programmer</u>	<u>80</u>
<u>Data Analyst</u>	<u>40</u>

Activity 5. State Health Profiles: Hospitals, Nursing Homes, Home Care, Hospice and Adult Care Facilities

	Work Plan Activity (Estimated annual volume)	Unit Definition	Annual Volume
1)	<u>Development and implementation of a public facing website</u>	<u>One-time cost</u>	<u>N/A</u>
2)	<u>Development and implementation of architecture for data sharing across multiple applications</u>	<u>One-time cost</u>	<u>N/A</u>
3)	<u>Data Updates (Nursing Home and Adult Care facilities)</u>	<u>Recurring Monthly Cost</u>	<u>12</u>
4)	<u>Data Updates (Hospital and Home Care facilities)</u>	<u>Recurring Quarterly Cost</u>	<u>4</u>
5)	<u>Help desk fee</u>	<u>Recurring Monthly Cost</u>	<u>4</u>
6)	<u>Maintenance and Support fee</u>	<u>Recurring Monthly Cost</u>	<u>12</u>
7)	<u>Hourly Rates for change requests will be based on the rates included in Special Studies and Improvement Projects. The titles that are applicable to this section include: Project Manager, Database Administrator, Computer Programmer, Data Analyst, and, Web Designer</u>		

Staff Listing	Projected Annual Hours
<u>Project Manager</u>	<u>80</u>
<u>Web Designer</u>	<u>40</u>
<u>Database Administrator</u>	<u>80</u>
<u>Computer Programmer</u>	<u>120</u>
<u>Data Analyst</u>	<u>24</u>

Hourly Personnel Rates

Hourly staff rates are requested for Special Studies, quality assistance, and change requests. List the titles and composite hourly rates for each type of staff person who will work on these projects. Personnel types should fit into the existing categories. Do not add additional titles.

The composite hourly rates described must be inclusive of all costs, including salaries, fringe benefits, administrative costs, overhead, travel, presentation costs, and profit. These composite hourly rates will apply for the entire contract period. Staff may be required to be onsite at DOH locations in and around Albany, NY.

<u>Staff Listing</u>	<u>MIS-C</u>	<u>Centering Pregnancy</u>	<u>Doula Surveys</u>
<u>Registered Nurse / Nurse Practitioner</u>	<u>1440</u>	<u>350</u>	<u>:</u>
<u>General Physician</u>	<u>720</u>	<u>176</u>	<u>:</u>
<u>Specialist Physician ("Specialized" means board certified in an area that DOH deems appropriate to the subject matter being supported)</u>	<u>:</u>	<u>:</u>	<u>:</u>
<u>Physician Assistant</u>	<u>:</u>	<u>:</u>	<u>:</u>
<u>Psychologist</u>	<u>:</u>	<u>:</u>	<u>:</u>
<u>Nurse Case Manager</u>	<u>:</u>	<u>:</u>	<u>:</u>
<u>Medical Records Coder</u>	<u>:</u>	<u>:</u>	<u>:</u>
<u>Project Manager</u>	<u>720</u>	<u>176</u>	<u>90</u>
<u>Secretarial / Clerical Staff</u>	<u>:</u>	<u>:</u>	<u>80</u>
<u>Web Designer</u>	<u>:</u>	<u>:</u>	<u>:</u>
<u>Information Technology Security Analyst</u>	<u>:</u>	<u>:</u>	<u>:</u>
<u>ETL Developer</u>	<u>:</u>	<u>:</u>	<u>:</u>
<u>Database Administrator</u>	<u>:</u>	<u>:</u>	<u>:</u>
<u>Systems Administrator</u>	<u>:</u>	<u>:</u>	<u>:</u>
<u>Computer Programmer</u>	<u>180</u>	<u>:</u>	<u>:</u>
<u>Statistician</u>	<u>:</u>	<u>:</u>	<u>:</u>
<u>Data Analyst</u>	<u>540</u>	<u>100</u>	<u>:</u>
<u>Researcher</u>	<u>:</u>	<u>:</u>	<u>:</u>
<u>Technical Writer</u>	<u>:</u>	<u>50</u>	<u>:</u>

Pages 99 to 100, Attachment E, Transmittal Form has been added

ATTACHMENT E
TRANSMITTAL FORM

Medicaid External Quality Review and Other Activities in New York State

RFP #20062

Bidder Name: _____

Bidder Address: _____

NYS Vendor ID Number: _____ DUNS #: _____

Type of Legal Business Entity: _____

Contact Person Information:

Name: _____

Title: _____

Address: _____

Phone: _____ Fax: _____

Email: _____

Designation as Qualified Organization Certification (Check only one):

I certify that the above-named bidder is designated by the Center for Medicaid and Medicare Services (CMS) as a Medicare Quality Improvement Organization (QIO) as of August 19, 2021;
OR

I certify that the above-named bidder is on the list of QIO-Like organizations as of August 19, 2021.

Conflict of Interest Certification (Check only one):

I certify that there are business relationships and/or ownership interests for the above-named bidder that may represent a conflict of interest for the organization as bidder. Attached to this letter is a description of how the potential conflict of interest and/or disclosure of confidential information relating to this contract will be avoided and the bidder's knowledge and full compliance with the NYS Public Officer's Law, as amended, including but not limited to, Sections 73 and 74; OR

I certify that no conflict(s) of interest exist for the above-named bidder.

Subcontractor Certification (Check only one):

- I certify that the proposal submitted by the above-named bidder proposes to utilize the services of a subcontractor(s). Attached to this Transmittal Form is a list of subcontractors and a subcontractor summary for each; **OR**
- I certify that the proposal submitted by the above-named bidder does not propose to utilize the services of any subcontractor.

Conditions of Independence

- I certify that at the time of bid, that the Bidder and any proposed subcontractors meet the conditions for independence as defined in federal regulation at 42 CFR 438.354(c).

By signing below, the bidder attests to all of the following:

I certify that the bidder accepts the contract terms and conditions contained in this RFP including any exhibits and attachments.

I certify that the bidder has received and acknowledged all Department amendments to the RFP, as may be amended.

I certify that the bidder is prepared, if requested by the Department, to present evidence of legal authority to do business in New York State, subject to the sole satisfaction of the Department.

I certify that the bidder (i) does not qualify its proposal, or include any exceptions from the RFP and (ii) 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 Department.

I certify that the proposal of the bidder will remain valid for a minimum of 365 calendar days from the closing date for submission of proposals.

Signature of Individual Authorized to Bind the Above Named Organization In a Contract with NYS:

(Signature)

Date: _____

Print Name: _____

Title _____

Address: _____

Phone: _____

Fax: _____

Email: _____