

Questions and Answers

Medicaid External Quality Review and Other Activities in New York State

RFP #20062

Section and Title	Page Number	Question	Response
Cover and 7.0 Proposal Submission	1 and 66	The Cover states that proposals should be submitted to the attention of “William Litchfield.” Section 7.0 states that proposals should be submitted to: “Department of Health (RFP # 20062) Attention: New York State Department of Health.” Both provide the same street address. Which “attention” is correct?	Please address proposals to: William Litchfield New York State Department of Health Office of Quality and Patient Safety Room 2084, Corning Tower Albany, NY 12237
4.1 Tasks/ Deliverables	6	Please confirm “personal” in the first bullet should be “personnel.”	That is correct. The sentence should read “Forecast the personnel resources necessary to meet the deliverable requirements;”
4.1.1.1 Validation of Performance Improvement Projects	9	Please describe the Contractor’s role in collaborating with DOH on PIP topic selection.	The contractor will collaborate with DOH on a PIP topic selection through participation in meetings to determine PIP topics under consideration that meet the criteria for a PIP set forth in the EQR Protocols.

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4.1.1.1 Validation of Performance Improvement Projects	10	<p>This section states, “The Contractor will prepare an annual summary compendium report including each MCO’s PIP with an evaluation of improvement from baseline to the final results. The Contractor will organize and conduct in-person conferences, workshops or webinars to share the results and promising practices. The Contractor, in conjunction with DOH and the MCOs, may also be asked to develop and monitor quality improvement strategies related to PIP results.”</p> <p>1a) Please clarify whether this indicates that for a two-year PIP a compendium report would be created following the interim report submissions? In that case, it would evaluate improvement from baseline to interim results, not final results.</p> <p>1b) Please confirm whether this is DOH’s expectation for the annual summary compendium report.</p>	For a two-year PIP the contractor will prepare a PIP summary compendium upon completion of the PIP and it will include the MCOs abstracts from the PIP Final Report including the final results.
4.1.1.3 Review of Compliance with Medicaid and CHIP Managed Care Regulations	13	<p>Under the Project 1 description, it states “Providers identified as non-participating during this survey will be disqualified from inclusion in the Access and Availability Survey (see Project 2 below).”</p> <p>Should the sample used for Project 1 be used for Project 2?</p>	<p>This survey is done in two parts. The sample of providers is chosen and then contacted to complete the Provider Directory Survey.</p> <p>If the provider is not participating they fail Provider Directory and are excluded from the Access and Availability part of the Survey.</p>

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4.1.1.3 Review of Compliance with Medicaid and CHIP Managed Care Regulations	13	<p>Under the Project 1 description, it states “Providers identified as non-participating during this survey will be disqualified from inclusion in the Access and Availability Survey (see Project 2 below).”</p> <p>Should these two surveys be conducted concurrently or independently?</p>	<p>Providers that pass the Provider Directory Survey will be called for the Access and Availability Survey. Access and Availability Provider Participants are the providers that passed the Provider Directory Survey. The surveys should be conducted sequentially.</p>
4.1.1.3 Review of Compliance with Medicaid and CHIP Managed Care Regulations	17	<p>Project 4: The description states, “The Contractor will place a minimum of three (3) calls within one (1) month to the identified providers to determine if an appointment can be obtained within the acceptable timeframe for a routine visit, a well-child visit and an urgent/non-urgent sick visit.”</p> <p>Urgent care is within 24 hours, while non-urgent sick visits are within 48–72 hours.</p> <p>Must the Contractor call for:</p> <p>a. urgent visits OR non-urgent sick visits?</p> <p>OR</p> <p>b. both urgent visits AND non-urgent sick visits?</p>	<p>Both urgent and non-urgent sick visits are tested based on the secret shopper script that is used, by choosing one or the other.</p>
4.1.1.4 Validation of Network Adequacy	17	<p>This section shows Validation of Provider Network Data qualified as Project 1. Are there additional projects for this activity?</p>	<p>No, there are no additional projects.</p>

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4.1.1.8 Conduct Focused Studies of Health Care Quality	22	Please describe the intent of the statement, “The Contractor will review the focus study design and implementation using documents provided by the MCO.”	The statement should read “The Contractor will collect and analyze data according to the focused study design and methodology using documents provided by the MCO.”
4.1.2 Office-based Surgery	29	This section states, “Provide a toll-free help line, manned between the hours of 9:00 am to 5:00pm EST.” Please confirm that the DOH requires end-user technical support and clinical-question support to be delivered via the toll-free help line.	The DOH requires end-user technical support to be delivered via the toll-free help line and does not require clinical question support via the toll-free help line.
4.1.3.1.a PNDS, Data Intake and Analysis	32	The RFP requires retention of logs and PL files for 7 years and all regular files for 5 quarters. Does this also relate to the submission data and the report data?	Yes, submission data and report data should be retained for 5 quarters on the PNDS data intake portal.
4.1.3.1.a PNDS, Data Intake and Analysis	32	How many Data Dictionary updates are expected during the period of performance (major and minor updates)?	At a minimum, one data dictionary release per year is expected. However, this number could be greater due to several factors like policy changes, changes in network requirements etc. We ask for data dictionary updates once there is a significant change in the network requirement, system update, policy change, etc.
4.1.3.1.a PNDS, Data Intake and Analysis	32	At what frequency does the DOH anticipate Data Dictionary updates to be scheduled?	One data dictionary release per year.

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4.1.4 Sepsis Care Improvement Initiative	36	The SOW does not appear to require COVID-case reporting. Does the DOH intend to collect COVID cases via the sepsis portal?	Yes, the NYSDOH is currently collecting COVID cases via the sepsis portal. For adults, only severe-COVID-19 cases are collected (see pg. 10 of the Adult data dictionary for inclusion criteria: https://ny.sepsis.ipro.org/files/documents/adult/D2-1-1/dictionary.pdf). For pediatric all COVID-19 and MIS-C cases are collected: (https://ny.sepsis.ipro.org/files/documents/pediatric/D1-0/dictionary.pdf).
4.1.5 State Health Profiles: Hospitals, Nursing Homes, Home Care, Hospice, and Adult Care Facilities	38	Does the DOH expect a new build or a replacement of the current Profiles website?	No, we do not expect a new build or replacement at this time.
4.1.5 State Health Profiles: Hospitals, Nursing Homes, Home Care, Hospice, and Adult Care Facilities	38	Regarding “including architecture for data sharing across applications or other platforms (for example, Health Data NY).” Is the DOH requesting use of the Health Data NY API?	The architecture for data sharing should include either APIs or other automated or manual sharing mechanisms.

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5.5 Minority- and Woman-Owned Business Enterprise Requirements	48	Will a prime contractor get credit toward its M/WBE participation goal for a small business that is under review with NYS for MBE/WBE certification?	This detail will be provided in the required Attachment 5 (please see section 5.5 for a link to the document). Per the form, plans to work with uncertified firms do not meet the criteria for participation. Bidders not meeting the 30% overall requirement will be required to complete Attachment 5, Form 2, where these firms may be listed to demonstrate good-faith efforts to engage with M/WBE subcontractors.
5.5 Minority- and Woman-Owned Business Enterprise Requirements	48	Please confirm that the overall goal of 30% for M/WBE participation may be entirely met by a single dually certified minority- and woman-owned business.	That is correct. The 30% goal may be met by any combination of minority or women-owned businesses.
6.2. C. Bidder Eligibility	56	This section references a “Transmittal Form,” but none is included with the RFP or listed in the Proposal Document Checklist. Please advise if this is a typo, or if the DOH will be providing a Transmittal Form.	A transmittal form is required and has been introduced as Attachment E to the RFP. Information regarding this form has been added to 6.1.K, Administrative Proposal.
D.2 Staffing	57	Bullets a. and g. reference Section 4.3 Staffing. Please confirm this should be Section 4.2 Staffing.	That is correct. Any reference to staffing should be to Section 4.2 Staffing.

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D.4.1. External Quality Review Activities	58	<p>This section states, “For each External Quality Review activity described, the Bidder’s proposed approach should include a comprehensive external quality review work plan(s) and timeline(s) that clearly describe and illustrate the duration required to complete each activity; preliminary and start-up work plans; a plan for collecting and maintaining data; and a plan for checking and analyzing results.”</p> <p>Please clarify the difference between the two required EQR work plans: “comprehensive external quality review work plans and timelines” versus the “preliminary and start-up work plans.”</p>	<p>The requirements for the administrative start-up plan are:</p> <p>"A detailed three (3)-month start-up plan is required as part of the Technical Proposal. It should include all activities the Contractor will undertake to implement the review system within 90 days of OSC contract approval. This includes notifying providers, hiring staff, and establishing an office in the State, where necessary."</p> <p>The requirements for the technical start-up plan are:</p> <p>"Bidder’s proposed approach should include a comprehensive external quality review work plan(s) and timeline(s) that clearly describe and illustrate the duration required to complete each activity; preliminary and start-up work plans; a plan for collecting and maintaining data; and a plan for checking and analyzing results."</p> <p>The administrative start-up plan requires the steps to implement the review system, while the technical start-up plan requires the steps to complete the reviews.</p>

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D.3. Proposed Approach	58	<p>This sections states, “As part of the Proposed Approach below, the Contractor should also provide an annual and startup work plan which will be incorporated into a five (5) year ‘schedule of deliverables.’”</p> <p>1a) Does this work plan differ from those required under the EQR Activities section (D.4.1.) in that it would include the EQR activities and all “other activities” [listed in RFP sections D.4.2.–D.4.6]?</p> <p>1b) If not, please specify how this work plan differs from those required under the EQR activities section (D.4.1.).</p>	<p>This is a separate request. Please develop a timeline that for deliverables that demonstrates the projected completion dates for projects or tasks as outlined in Attachment C to the RFP.</p>
D.3. Proposed Approach	58	<p>There is a requirement to provide a work plan for each EQR activity; however, there is no similar requirement for each of the “other activities” (listed in RFP sections D.4.2.–D.4.6). Please confirm that we do <u>not</u> have to provide individual work plans for each of the “other activities,” as they will be reflected ONLY in the Annual and Startup Work Plan required in Section D.3, Proposed Approach.</p>	<p>Yes, individual workplans are required only for the EQR activities described in section D.4.1. Other activities, as described in sections D.4.2-D.4.6 will be included in the annual and startup workplan required in section D.3.</p>
7.0 Proposal Submission	65	<p>Given that many state and other offices are closed or not staffed at regular capacity because of the pandemic, will the DOH be offering an electronic submission option for final proposals?</p>	<p>No, the Department will require physical proposals as outlined in Section 7.0, Proposal Submission</p>
7.0 Proposal Submission	65	<p>Given that many state and other offices are closed or not staffed at regular capacity because of the pandemic, may we use electronic signatures for all items requiring signatures (e.g., forms in the Administrative Proposal and proposal cover letter)?</p>	<p>No, the Department is required to obtain wet in signatures.</p>
7.0 Proposal Submission	65	<p>May we submit additional documentation, sufficient to present a complete and effective proposal, in an appendix to the Technical Proposal?</p>	<p>You can submit additional information in an appendix if necessary to complete your proposal, but relevance needs to be cross referenced in your proposal. Erroneous materials will not be reviewed.</p>

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7.0 Proposal Submission	65	The RFP requires 11-point font or larger. May we use a smaller font size for tables and graphics, if it's readable, e.g., a minimum of 9-point font?	It is a suggested font for reviewer accessibility, but actual font size is at the discretion of the bidder.
8.4 Cost Evaluation	67	Please confirm the methodology that the DOH anticipates using to calculate the all-inclusive not-to-exceed maximum price for each bidder.	Bidders will be awarded a maximum of 25 points (25% of total score) based on price. The lowest price will be awarded the full 25 points, while other bidders will earn points proportionate to their price as compared to the lowest price.
8.3 Technical Evaluation	67	<p>This section states, "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 75% (up to 75 points) of the final score.</p> <p>What is the breakdown of the 75 points that the Technical Evaluation Committee will be using to score Technical proposals, i.e., how will the points be applied to each (major) technical section (Corporate Experience, Staffing, Start-up Plan and Schedule of Deliverables, Proposed Approach, and Transition Plan)?</p>	This is not required to respond to this solicitation.
Attachment B, Cost Proposal Forms	70	For Validation of PIPs, please confirm that the unit definition of one plan PIP validation is for one plan and one PIP.	Yes, the unit is one plan PIP.
Attachment B, Cost Proposal Forms	70	Please confirm the total number of plans. Attachment B states 13 MMC, 12 HARP, 3 HIV-SNP and 45 MLTC plans; however, on RFP, p. 3, under Introductory Background, it states 15 MMC, 3 HIV-SNP, 13 HARP, and 48 MLTC plans.	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.

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Attachment B, Cost Proposal Forms	70	How will you calculate the total price of the contract, which will be used to assess the 30% M/WBE requirement?	Please review the Unit Volumes which have been added as Appendix D to the RFP. The volumes and hours are estimated to be consistent across all five (5) years of the contract. Any item listed as a one-time cost will only occur once in the life of the contract.
Attachment B, Cost Proposal Forms	71	For Administration of Consumer Surveys, Project 2: Experience of Care Surveys, the volume is noted as 500 per plan. Per the RFP, p.20, a survey will include a minimum sample of 500 for each MCO or subgroup. Since the number of MCOs is variable depending upon the type of MCO, the sample size will also be variable. Please provide an estimated total sample per year, for pricing purposes.	Survey sample size will vary according to the plan type or subgroup to be surveyed and the schedule of surveys to be administered. 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 sample will be for MLTC satisfaction, total sample of 22,500 (45 plans X 500 per plan).
Attachment B, Cost Proposal Forms	71	For Calculation of Performance Measures, please confirm the unit definition of one measure development. Does this equate to one measure per year or multiple measures per year? If multiple measures may be developed each year, please provide an estimated volume per year, for pricing purposes.	This equates to one unique measure per year.
Attachment B, Cost Proposal Forms	71	For the MLTC Focused Study, please confirm the number of records. Attachment B indicates 400 records; however, RFP p. 23 indicates 200 records.	The correct number of records for this study should be 200.
Attachment B, Cost Proposal Forms	71	Per the RFP, p. 23, we understand that not all focused studies will require medical record review. For pricing purposes, please provide the estimated number of studies requiring medical record review over the contract period.	Medical record review may be necessary for each focused study and cannot be determined until the study subject is confirmed. It is anticipated that over the contract period, there will be up to 10 focused studies (5 MMC, 3 HARP, 2 MLTC).

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Attachment B, Cost Proposal Forms	71	Per the RFP, p. 23, we understand that not all focused studies will require medical record review. For pricing purposes, please provide the estimated number of studies requiring medical record review annually.	Medical record review may be necessary for each focused study and cannot be determined until the study subject is confirmed. It is anticipated that over the contract period, there will be up to 10 focused studies (5 MMC, 3 HARP, 2 MLTC), with an annual distribution to be confirmed. However, it is expected that not more than three (3) studies will occur annually.
Attachment B, Cost Proposal Forms	71	For Annual Plan Technical Reports, is an aggregate statewide report required in addition to the MCO-specific reports (Attachment C refers to a statewide summary)?	Annual technical reports will consist of a statewide summary report with plan-level appendices for each applicable product line (currently MMC, HIV-SNP, HARP, MLTC).
Attachment B, Cost Proposal Forms	71	For Focus Groups, is “session” synonymous with “focus group”? A focus group project may include 3 or 4 group sessions, if conducted regionally, for example. Should pricing be by each focus group session or by the project? The RFP (p. 25) does not use the term “session.”	A focus group project may include multiple sessions. Pricing should be calculated per focus group session.
Attachment B	72	Is it necessary to include the rates for the staff listed in activities 2, 3, 4, and 5?	The staff rates for activities 2, 3, 4 and 5 will use the same rates provided in the Hourly Rates section.