I. Introductions—NYS Department of Health (DOH) staff were introduced.

II. Overview of RFP and Submission Guidelines—DOH staff gave a PowerPoint presentation on the RFP content and submission guidelines.

III. Responses to Written Questions—DOH staff read the questions and answers that were submitted prior to the bidders’ conference.

Written Questions

1. Q. How does an organization become a QIO or QIO-like organization?
   A. Guidelines for QIO and QIO-like organizations are established by the Centers for Medicaid and Medicare Services (CMS). Information is available on the CMS website: http://www.cms.hhs.gov/QualityImprovementOrgs/

2. Q. Can only QIO or QIO-like organizations apply?
   A. Any organization that meets the criteria of a “qualified organization” found on pg. 8 of the RFP can submit a proposal. States that contract with a QIO and QIO-like organizations receive 75% Federal Financial Participation (FFP) for contract costs. States receive 50% FFP for contracts with other review organizations. To account for this differential, cost points will be assigned to each proposal using a formula for calculating a net cost to the state (see pg. 29 of the RFP for more specific detail).

3. Q. Is the state amenable to having multiple vendors provide EQRO services, either dividing the required work by populations (acute care, long term care, behavioral health) or by required task (compliance reviews, performance improvement projects, performance measure validation, focused studies, etc.)? If so, is it acceptable for a vendor to bid on specific pieces in the Scope of Work?
   A. There will most likely be a need to sub-contract one or more of the activities in the NYS Medicaid Managed Care External Quality Review contract. That would be acceptable. However, the Department intends to only contract with one organization for all the work described in the RFP, and thus only one bid will be selected as a result of the RFP. In calculating the cost of the bid, the offeror should include its own costs plus that of any proposed subcontractor.
IV. Questions from the Audience—The floor was opened for questions.

1. Q. Are two separate CD ROMS required for the Cost and Technical proposals?
   A. One CD ROM may be submitted as long as each proposal is a separate document.

2. Q. Can the response to item 2.d., Understanding of Work, in Section D, Proposal Requirements—Instructions to Bidders, be weaved into the Technical Proposal narrative or should it be a separate section?
   A. A description of the bidder’s understanding of the scope and purpose of the department’s review activities and of the tasks required under the contract should be a separate section in the Technical Proposal narrative.

   Please Note: This question was clarified after the Bidders’ Conference and the response was revised from the answer given originally.

The Bidders’ Conference was adjourned.

Questions Received After the EQRO Bidders’ Conference

1. Q. Who is the current EQRO used by the state? Where can we obtain a copy of the current contract?
   A. The current EQRO used by the NYS Department of Health, Office of Managed Care is IPRO. A request for a copy of the contract may be made under the Freedom of Information Law (FOIL) to: Records Access Office, New York State Department of Health, Corning Tower, Rm. 2348, Albany, NY 12237. FAX: (518) 486-9144; e-mail: foil@health.state.ny.us

2. Q. Does the state anticipate changing the number of MCOs during the course of the contract?
   A. It is always possible for the number of MCOs to change during the course of the contract due to plan mergers, consolidations, closures or new plans entering the New York State market. Further information about managed care plans in New York State can be found on our website: http://www.health.state.ny.us/health_care/managed_care/mcplans.htm

3. Q. On page 12 it is mentioned that the contractor is “to continue to maintain or sub-contract the maintenance of electronically displaying provider network data on the Department’s intranet site.” Can you give us the annual dollar amount of this contract?
A. For the current contract period, April 1, 2006 through March 31, 2007, this work activity is expected to cost approximately $90,000.

4. Q. On page 12 it is mentioned that the EQRO must perform “at least” one focused clinical study each year. Since each focused study has an impact on cost, can you estimate the chances of having to conduct more than one focused study?
   A. In the past several years, only one focused study has been conducted annually. Currently, there are no plans to increase the number of studies.

5. Q. Where can we go to get examples of some of the reports of data analysis of encounter data mentioned on page 11?
   A. These reports have not been published. However, an example of the type of analysis that has been done in the past includes grouping encounters by episodes of care for several of the most frequent conditions – such as coronary artery disease, depression, hypertension, asthma and diabetes. Findings presented by health plan for each episode group included: prevalence per 100 continuously enrolled; admissions, emergency room visits, primary care provider visits and prescriptions per 100 patients. Condition-specific findings such as percent of hypertension patients with a cholesterol test or percent of asthma patients on inhaled corticosteroids were also presented.