Request for Information (RFI)

American Indian Health Program (AIHP)
Claims Processing Solutions

RFI NUMBER: 20295

ISSUED: April 17, 2023

DESIGNATED CONTACT:

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1   Calendar of Events

RFI (20295) – AIHP Claims Process Solutions	
EVENT	**DATE**
Issuance of Request for Information	April 17, 2023
Deadline for Submission of Written Questions	Questions Due on or Before: April 26, 2023by 5:00 PM EST
Answers to Questions	On or About: May 3, 2023
RFI Responses Due	Responses Due on or Before: May 10, 2023 by 5:00 PM EST
Anticipated Responder Interview Period begins	05/11/2023

2   Background and Purpose

Background

The New York State Department of Health (NYSDOH), Office of Minority Health and Health Disparities Prevention (OMH-HDP) oversees the American Indian Health Program (AIHP) and is required by Public Health Law § 201(1)(s) to "administer to the medical and health needs of the ambulant sick and needy Indians on reservations."[1] AIHP is therefore responsible for providing access to primary medical care, dental care, pharmacy, vision, and preventive health services for approximately 25,000 enrolled members of nine state and federally recognized Native American nations in New York State including the Tonawanda Seneca, Tuscarora, Seneca, Onondaga, St. Regis Mohawk, Oneida, Cayuga, Shinnecock, and Unkechaug Nations.[2] The program receives and processes approximately 5,000 - 10,000 claims per month for these services.

The State is contracted to pay for certain outpatient and primary health care services that are provided at the Nation clinics. A referral from the Nation clinics authorizes payment for health care services provided off-site. Additionally, Nation clinics support their members in accessing state-sponsored programs including Medicaid, Child Health Plus (CHP), and The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC).[3]

AIHP would like to design a new application to allow for automated processing of claims, streamlining the processes and minimizing manual intervention. NYSDOH conducted an internal review of AIHP processes and developed potential process flows for consideration. Following the internal review, NYSDOH sought a market analysis to assess what other options are available to modernize and streamline their claims process before pursuing procurement. The results of the market analysis showed that there are currently no publicly available market guides with information on software that would fulfill the unique specifications that AIHP requires. However, through the market analysis findings it was determined that there were viable opportunities for NYSDOH to partner with a vendor who could customize their software to streamline the AIHP claims process.

Purpose

NYSDOH is releasing an RFI to request information, materials and input from vendors and interested parties regarding software solutions and tools available to assist with AIHP claims processing. The purpose of this RFI is to identify technologies available on the market to better

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[1] Public Health (PBH) CHAPTER 45, ARTICLE 2, TITLE 1 § 201(s)(2022). Functions, powers and duties of the department. Retrieved from https://www.nysenate.gov/legislation/laws/PBH/201
[2] American Indian Health Program in New York State. Retrieved from https://www.health.ny.gov/community/american_indian_nation
[3] American Indian Health Program Background and History. Retrieved from https://www.health.ny.gov/community/american_indian_nation/background_history.htm

assess how AIHP should proceed with automating their claims process and minimize manual intervention. This is not an appeal for procurement.

3   Who Should Respond

This RFI is seeking input from interested parties who:

- Have implemented or are in process of implementing automated healthcare claims processing solutions.

- Have other non-healthcare claims processing solution that meets or could be modified to meet a specific function or functions within the AIHP.

- Has the ability to implement a solution that can span the entire healthcare claims process, including the eligibility, intake, approval/denial claims adjudication processes.

4   How this RFI is Organized

Section 6 of this RFI is organized into three sets of questions.

Section 6.1: Future Process Solution Questions

The first section seeks to inform the technical design and configuration of a solution at a high-level, as well as ease of customization, to understand the solution's interoperability and the solution's ability to connect and communicate in a coordinated way with current and future systems.

Section 6.2: General Questions

The second section contains questions designed to provide a broad understanding of the characteristics and attributes of a solution. NYSDOH is looking for vendors to include any relevant information on how the solution would be harnessed to address business, functional, and technical challenges experienced across entities involved in processing healthcare claims.

Section 6.3: Multi-organization Relationships and Implementation Questions

The third section focuses on the role of a vendor in the implementation process of an automated healthcare claims processing system, accessible by multiple organizations, to replace the existing system. This would also include pre-implementation planning and post-implementation

evolution, enhancements, technical support, and training. NYSDOH is gathering ideas on implementation processes that involve multiple organizations.

5   System Solution

Current System Description

The AIHP claims process is broken down into the following major steps:

- **Intake and scanning of paper claim forms:** Providers submit paper CMS-1500, CMS-1450 (UB-04), ADA J430, and NYS claim for payment (self-pay) forms to their patient's Native American nation to review and approve the claim. The approved claims are then sent by the Nation to AIHP for processing and payment to the provider.

- **Claims adjudication (pricing and review):** After AIHP receives the paper claim forms by mail, the forms are processed using a multi-step workflow that is a combination of taking manual steps and using disparate software systems. Pricing rates for each procedure code are determined using eMedNY fee rates and Ambulatory Patient Group (APG) Grouper Pricing tables.

- **Payment to provider:** After the claim is adjudicated, the file is uploaded into the Statewide Financial System (SFS) to generate an invoice that is then scheduled for payment once approved.

TABLE 1, NYSDOH AIHP PROGRAM STAKEHOLDERS	
AIHP Stakeholders	
Stakeholder Name	**Description**
AIHP Leadership and Staff	Internal AIHP leadership and staff who manage the processing of claims.
American Indian Nations Staff	Staff from the American Indian Nations who review, confirm, and approve/deny claims.
American Indian Nations Members	The approximately 25,000 members the AIHP program provides with access to care.
New York State Office of Information Technology Services (ITS)	Technical solutions should allow for collaboration with NYS ITS in hosting or maintaining the application. Linkages with 3M APG Solutions pricing and Medicaid fee-for-service rates should allow for coordination with NYS ITS.
Clearinghouse Vendor	In an effort to move to electronic claims and use EDI, AIHP will engage with a clearinghouse in the same way that other NYSDOH programs currently do.
Providers	Providers rendering services to the members of the American Indian Nations.

Desired System Solution Requirements

The desired solution will continue to give Nations the full responsibility of approving and denying claims for further consideration in the adjudication process; only approved claims by the Nations will be submitted to AIHP for payment. The payment processes will be compatible and integrated seamlessly with the NYS SFS; file submission to SFS and integration of resulting data from SFS. The solution should provide the approval process flow in Figure 1.

Figure 1, AIHP Claims Process
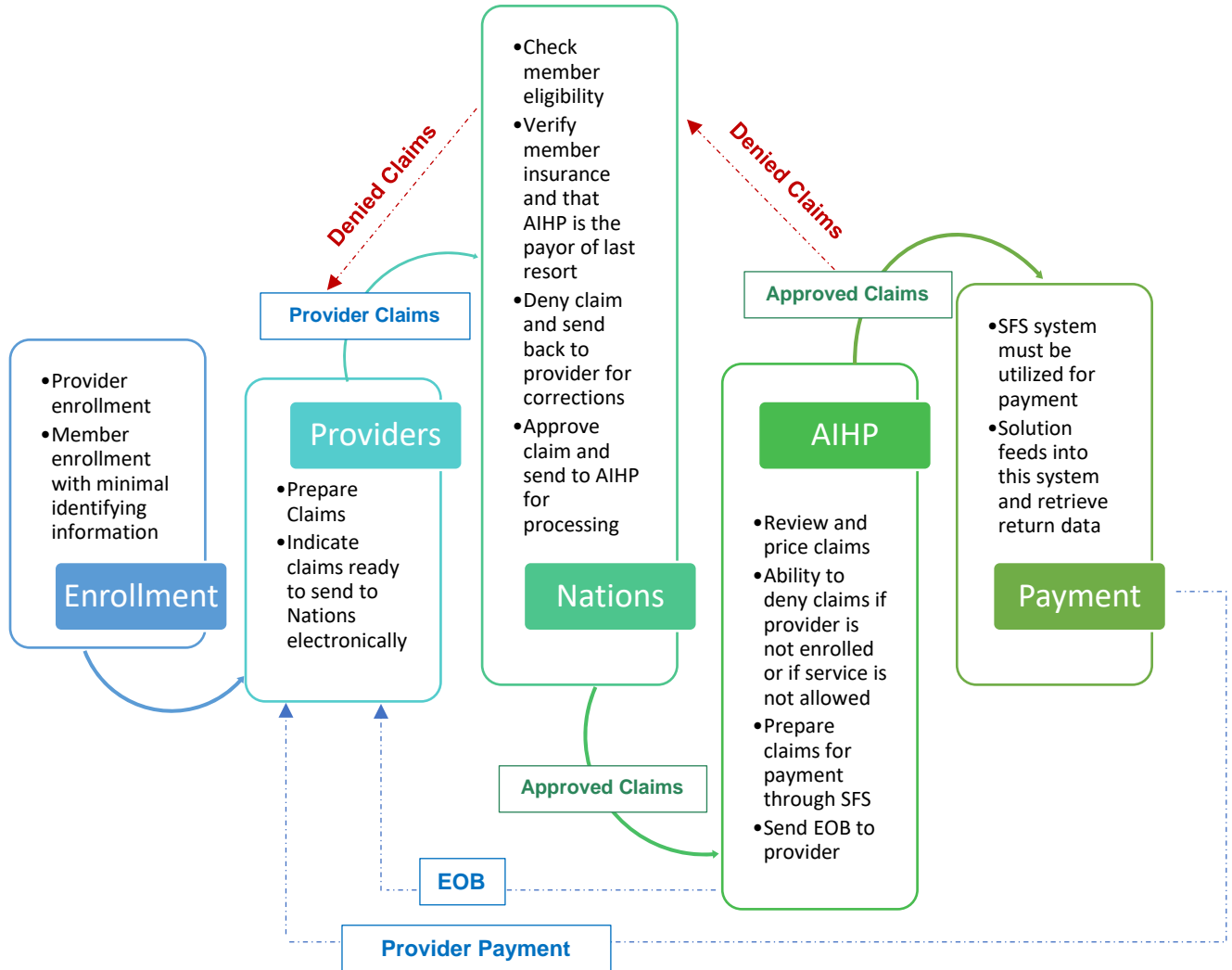
Capability Requirements

Below are the high-level requirements for the AIHP claims process. AIHP is open to any and all solutions put forward to achieve these high-level requirements and any alternative solutions presented to improve process efficiency, accuracy, overall user experience and reduce human intervention of claim processing.

ID	Requirement	Description
TABLE 2, CAPABILITY REQUIREMENTS		
1	**Configuration Capabilities**	The configuration of the software in an ideal solution should allow for persistent storage of all incoming claim data, for all accepted claim forms. The system will be expandable and flexible to accommodate any changes to the underlying claim forms. The system will maintain or contain access to the current eMedNY fee rates and historic fee schedules for the processing of historic claims. The system will have integration with the APG Grouper Pricing rates. The system will allow for implementation and modification of business rules to price claims using the eMedNY fee rates and APG Grouper Pricing rates. The system will allow for the implementation of business rules to capture data from EOB submissions and calculate final calculations based on other insurance payments. The systems will validate claims against participant eligibility data, provider enrollment data and an approved list of procedures and/or services. A relational database will be developed with tables for provider enrollment, participant, fee schedules, services and other key data elements used for claim validation and pricing. • Inclusion of provider table(s) with unique identifier for SFS ID, provider NPI, provider address, payment method and rate codes if APG. • Inclusion of participants table with a unique identifier assigned to each member that will be used across all their claims. Participants table will also include an attribute indicating the specific Native American Nation of the member, and minimal identifying information, name, DOB, address. • Inclusion of fees table that has attributes for eMedNY fee rates • Inclusion of fees table that has attributes for APG Grouper Pricing rates The system should integrate with SFS, translating system data to a usable form for SFS and incorporating resulting data for SFS into the newly developed system to maintain current status of the claim. The system will be flexible to accommodate any changes with SFS.

ID	Requirement	Description
2	**Support for Transmitting 835 and 837 Claims (837I, 837P, and 837D)**	Solution shall follow X12 835/837 industry standards to electronically transmit claims information between the provider, the Nations, and AIHP.
3	**Ability for Providers to Submit Claims Electronically**	Capability for provider to transfer claims using EDI format, manually enter claims into web-based forms, or scan claims and upload into the web-based system. Transition away from mailing paper forms but should maintain that capability during transition period.
4	**Automatically Map Claim Procedure Codes with Rate/Pricing Table**	Pulls in eMedNY fee rates and Ambulatory Patient Group Pricing (APG) rates by procedure code and date of service automatically.
5	**Ability to Capture Data from Scanned Forms and for NYSDOH Staff to Manually Enter a Claim**	Ability to capture data from scanned paper CMS-1500, CMS-1450 (UB-04), ADA-J430, and NYS claim for payment (self-pay) forms and have it transcribed into an electronic claim. Additionally, provide the ability to hand key data into the system, as needed. *Nations should have the ability to submit paper claims as well as electronic claims to AIHP.*
6	**Integrate with SFS to Exchange Payment File**	SFS is an Oracle PeopleSoft application. Ability to send payment information in a usable form to SFS to produce a payment invoice and incorporate resulting data from SFS. To the extent possible, this process should be automated.
7	**Customization Capabilities**	Customization capability should be available for necessary adjustments to repurpose the software for NYSDOH AIHP.
8	**Ability to Provide Reconciliations to Providers**	Support a centralized reconciliation process for denial and paid claims that sends Electronic Remittance Advice (ERA) to the provider.
9	**Ability to meet volume criteria (100,000+ claims per year)**	Volume for 2020 was estimated at 69,000 claims. Volume may be higher as 2020 numbers were affected by the impact on routine visits to medical providers due to the COVID-19 pandemic.
10	**Portal with Role-Based Access that includes provider and participant eligibility workflow**	Role-based access (RBA) for: • Providers to submit claims to the Native American Nations • Native American Nations to deny claims and send back to the provider for corrections, as needed.

ID	Requirement	Description
		- Native American Nations to approve (or deny) claims and send to AIHP for adjudication processing and payment. - AIHP to adjudicate Nation-approved claims. Adjudication process can result in payment or denial of claim. Claims processed for payment will be automatically submitted to SFS for payments. - Providers, Native American Nations, and AIHP have the ability to check status of claims. RBA will include workflow for determining provider and participant eligibility.
11	**Capability for Multi-Step Approval Process**	Replace manual process that requires approval from individuals or groups at multiple steps in the process with electronic approval workflows. Examples of approvals for the AIHP process would include: - Providers submit approved claims to the Nation. - The Nation approving a claim to be sent to AIHP. - AIHP automated claim processing/submission to SFS for payment, or denial.
12	**Ability for Nation to Approve Claim Electronically**	Claims submitted electronically to the Nations from the providers are reviewed and approved for submission to AIHP for payment consideration.
13	**Data Reporting Capabilities**	The system should have a reporting module to inform end users of various data metrics and analytical reports to drive further program decisions. Data and reports will be exportable for further analytics.

6   Vendor RFI Questions

Please provide a detailed answer to each question in your response.

Section 6.1: Future Process Solution Questions

Responses to Section 6.1 should be formatted using the template in Table 6 of Section 7. This section seeks to understand the technical design and configuration of a solution at a high-level, as well as ease of customization, to understand the solutions interoperability, and the solution's ability to connect and communicate in a coordinated way with current and future systems.

For the following questions, indicate in your answers if the capability is fully available, partially available, or not available and describe what type of solution is used to meet that capability from the following list:

- Software as a Service (SaaS)
- Modifiable Off the Shelf (MOTS)
- Commercial Off the Shelf (COTS)
- Open-Source Software (OSS)
- Proprietary
- Other

Indicate in your response if more than one solution type is needed to meet this capability.

Subject	ID	Question(s)
Configuration Capabilities	**6.1.1**	Please describe how your solution will address the following desired specifications and/or ideas: • The configuration of the software should allow for persistent storage of all incoming claim data, for all accepted claim forms. The system will be expandable and flexible to accommodate any changes to the underlying claim forms. The system will maintain or contain access to the current eMedNY fee rates and historic fee schedules for the processing of historic claims. The system will have integration with the APG Grouper Pricing rates. The system will allow for implementation and modification of business rules to price claims using the eMedNY fee rates and APG Grouper Pricing rates. The system will allow for the implementation of business rules to capture data from EOB submissions and calculate final calculations based on other insurance payments. The systems will validate claims against participant eligibility data, provider enrollment data and an approved list of procedures and/or services. A relational database will be developed with tables for provider enrollment, participant, fee schedules, services and other key data elements used for claim validation and pricing. o Inclusion of provider table(s) with unique identifier for SFS ID, provider NPI, provider address, payment method and rate codes if APG. o Inclusion of participants table with a unique identifier assigned to each member that will be used across all their claims. Participants table will also include an attribute indicating the specific Native American Nation of the member, and minimal identifying information, name, DOB, address. o Inclusion of fees table that has attributes for eMedNY fee rates o Inclusion of fees table that has attributes for APG Grouper Pricing rates

Subject	ID	Question(s)
Support for Transmitting 835 and 837 Claims (837I, 837P, and 837D)	**6.1.2**	Please describe how your solution shall follow X12 835/837 industry standards to electronically transmit claims information between the provider, the Nations, and AIHP.
Ability for Providers to Submit Claims Electronically	**6.1.3**	Please describe how your solution would allow for the following: • Capability for provider to transfer claims using EDI format. • Capability to manually enter claims into web-based forms, or scan claims and upload into the web-based system. • Capability to transition away from mailing paper forms but maintain that capability during transition period.
Automatically Map Claim Procedure Codes with Rate/Pricing Table	**6.1.4**	Please describe the process your solution will incorporate to allow pulling in eMedNY fee rates and Ambulatory Patient Group Pricing (APG) rates by procedure code and date of service automatically.
Ability to Capture Data from Scanned Forms and for NYSDOH Staff to Manually Enter a Claim	**6.1.5**	Please describe your solution to provide the capability to capture data from scanned paper CMS-1500, CMS-1450 (UB-04), ADA-J430, and NYS claim for payment (self-pay) forms and have it transcribed into an electronic claim. Additionally, provide the ability to hand key data into the system, as needed. *Nations must have the ability to submit paper claims as well as electronic claims to AIHP.*
Integrate with SFS to Exchange Payment File	**6.1.6**	Please describe how your solution will incorporate the following abilities: • To send payment information in a usable form to SFS to produce a payment invoice and incorporate resulting data from SFS. To the extent possible, this process should be automated.
Customization Capabilities	**6.1.7**	Please describe how your solution will contain customization capability for necessary adjustments to repurpose the software for NYSDOH AIHP.

Subject	ID	Question(s)
Ability to Provide Reconciliations to Providers	**6.1.8**	Please describe how your solution will supports a centralized reconciliation process for denial and paid claims that sends Electronic Remittance Advice (ERA) to the provider.
Ability to Meet Volume Criteria (100,000+ claims per year)	**6.1.9**	Please describe how your solution will allow the ability to meet the volume criteria of 100,000+ claims per year.
Portal with Role-Based Access(RBA) that includes provider and participant eligibility workflow	**6.1.10**	Please describe how your solution will allow RBA for the following processes: • Providers to submit claims to the Native American Nations. • Native American Nations to deny claims and send back to the provider for corrections, as needed. • Native American Nations to approve (or deny) claims and send to AIHP for adjudication processing and payment. • AIHP to adjudicate Nation-approved claims. Adjudication process can result in payment or denial of claim. Claims processed for payment will be automatically submitted to SFS for payments. • Providers, Native American Nations, and AIHP to have the ability to check status of claims. • Include workflow for determining provider and participant eligibility.
Capability for Multi-Step Approval Process	**6.1.11**	Please describe how your solution will replace a manual process requiring approval from individuals or groups at multiple steps in the process with electronic approval workflows. Examples of approvals for the AIHP process would include: • Providers submit approved claims to the Nation. • The Nation approving a claim to be sent to AIHP. • AIHP automated claim processing/submission to SFS for payment, or denial.

Subject	ID	Question(s)
Data Reporting Capabilities	**6.1.12**	Please describe how your solution will provide a reporting module to inform end users of various data metrics and analytical reports to drive further program decisions. Data and reports will be exportable for further analytics.
Maintenance Support Provided by Vendor	**6.1.13**	Please describe the standard resources that you provide during and after implementation (e.g., software and hardware, Subject Matter Experts, helpdesk, technical support and maintenance, partial technical support and maintenance, in-person vs. remote training, back-office support). The information you provide is to garner ideas on the general implementation process and not to determine if NYSDOH wants to implement your solution.

Section 6.2: General Questions

Responses to Section 6.2 should be formatted using the template in Table 7 of Section 7. This section contains questions designed to provide a broad understanding of the characteristics and attributes of a solution. NYSDOH is looking for vendors to include any relevant information on how the solution would be harnessed to address business, functional, and technical challenges experienced across entities involved in processing healthcare claims.

TABLE 4, SECTION 6.2: GENERAL QUESTIONS		
Subject	**ID**	**Question(s)**
Solution Description	**6.2.1**	Please describe claims processing solutions your organization provides or is developing that NYSDOH should consider during its roadmap planning. NYSDOH is interested in learning about: • The claims processes included in the solution • How the solution is packaged – COTS or proprietary; modular or tightly integrated; cloud or local • How the solution is priced (please include **methodology only**, e.g., per member per month, fixed price per year, data usage – **please do not provide actual purchase prices**)

Subject	ID	Question(s)
		• Where the solution is currently deployed, or expected to be deployed, and how long it has been in use • Configuration and customization typically required to adapt the product for use in the AIHP • Technical architecture and processing capacity/scalability • User-facing and self-service capabilities • Interface support and extensibility
Solution Description	6.2.2	Please identify any innovations in your solution for addressing technical risk management. For example, such innovations might involve: • Supporting user-driven configuration and testing • Use of newer standards in ways that can coexist with older, established standards
Lessons Learned	6.2.3	What metrics would you suggest using to substantiate that the solution is a success?
Lessons Learned	6.2.4	Please discuss any experiences you've had integrating your solution(s) with other systems and lessons you've learned for implementing new claims processing solutions.
Other	6.2.5	Please describe the major trends in your solution category that you believe NYSDOH should be aware of, including any product or approach changes that you believe will come to market within the next 12-24 months. If possible, please be specific regarding how these trends affect healthcare claims processing in New York State.
Other	6.2.6	Is there any additional information you would like to share with NYSDOH related to the topics addressed in this RFI?
Other	6.2.7	Please indicate if you have any other state government clients.

Section 6.3: Multi-organization Relationships and Implementation Questions

Responses to Section 6.3 should be formatted using the template in Table 7 of Section 7. This section focuses on the role of a vendor in the implementation process of a healthcare claims processing system to replace an existing system that works with mostly manual processes across multiple organizations. This would also include pre-implementation planning and post-implementation evolution, enhancements, technical support, and training. NYSDOH is gathering ideas on implementation processes that involve multiple organizations.

Subject	ID	Question(s)
TABLE 5, SECTION 6.3: MULTI-ORGANIZATION RELATIONSHIPS AND IMPLEMENTATION QUESTIONS		
Implementation Management	6.3.1	What is the typical duration of a project to implement your solution(s)? How does this time break down across planning, design, development, and implementation phases?
Implementation Management	6.3.2	What staffing levels, including experience and skillset, are typically required to implement your solution(s)?
Implementation Management	6.3.3	Using your solution(s) as an example, what guidelines do you recommend for "phasing in" your services? How do these guidelines maximize efficiency and/or minimize risk? What constraints would they place on AIHP partners?
Implementation Management	6.3.4	What effective approaches to maintain consistency in business process functions and data architecture across multiple systems and organizations have you encountered?
Implementation Management	6.3.5	What organizational change and communications management processes have you seen employed for a modern, multi-organizational claims processing system implementation? Describe the support you provide during the implementation of a claims processing system as a whole across multiple organizations, e.g., training and support after enhancement releases?
System Development Lifecycle Management	6.3.6	Describe the System Development Lifecycle (SDLC) approach that you use for implementing your solution(s). Can your SDLC be incorporated into an environment that uses a traditional "waterfall" SDLC? What about "agile" methodologies? If so, how can this be accomplished?

7   Respondents RFI Submission Requirements

RFI Response and Electronic Submission Requirements

This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of the State. All responses should be limited to the information requested and submitted in the same order in which it is requested. NYSDOH discourages overly lengthy responses. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete and effective response are not desired. Elaborate artwork or expensive paper is neither necessary nor desired. Your response should contain sufficient information to assure accurate understanding by NYSDOH. While additional data may be presented, material not relevant to this RFI will not be reviewed by NYSDOH.

The following sections include the requested format and information to be provided by each vendor. The RFI responses should be returned in electronic format. NYSDOH will accept responses in MS-Word, or searchable PDF files.

Cover Letter

Vendors should provide a cover letter that includes the following corporate information:

- Company Name
- Contact Name
- Contact Title
- Contact Phone #
- Contact E-mail Address
- Mailing Address
- Company Information: Attachment of no more than two pages, describing experience, staffing, ownership, and technical maturity of the organization.

Vendor Response Template

Vendor responses to the RFI questions outlined in sections 6.1 should be submitted using the table format shown below in Table 6 and questions outlined in sections 6.2 and 6.3 should be submitted using the table format in Table 7. Each section should be addressed on a separate page(s).

TABLE 6, VENDOR RESPONSE TEMPLATE FOR SECTION 6.1

SUBJECT	ID	LEVEL OF CAPABILITY		
		Indicate level of capability with a "Yes" or "N/A"		
		FULLY CAPABLE	**PARTIALLY CAPABLE**	**NOT CAPABLE**
		SOLUTION TYPE		
		Indicate the type of solution used to meet this capability based on this list: • Software as a Service (SaaS) • Modifiable Off the Shelf (MOTS) • Commercial Off the Shelf (COTS) • Open-Source Software (OSS) • Proprietary • Other *Indicate in your response if more than one solution type is needed to meet this capability.*		
		TYPE(S)	**DESCRIPTION OF SOLUTION**	
		RESPONSE		
		Provide full answer to question below.		

TABLE 7, VENDOR RESPONSE TEMPLATE FOR SECTIONS 6.2 AND 6.3

SUBJECT	ID	RESPONSE

RFI Schedule & Response Due Date

Vendor Questions about RFI Submission

Vendors should submit questions and/or requests for clarifications regarding this RFI via e-mail by the specified and time listed in Section 1. Calendar of Events. Questions should be submitted with the subject line "AIHP Claims Process Solutions RFI Question Submission" via e-mail to omhhdp@health.ny.gov.

Please include the following in the e-mail inquiry:

- Vendor name, contact person, telephone number, and e-mail address as part of the sender's contact information.
- A description of the issue in question, or discrepancy found in the RFI.

- RFI section, page number, and/or other information to support identification of the specific problem or issue in question.
- The vendor's question(s).

At its discretion NYSDOH may contact vendors to seek clarification of any inquiry received. NYSDOH will respond to questions and/or requests for clarification via addendum on or before the date listed in Section 1. Calendar of Events.

Vendor RFI Response Submissions

The complete response should be received by NYSDOH, no later than the Deadline for Submission of Responses specified in Section 1. Calendar of Events.

Responses should be submitted with the subject line "AIHP Claims Process Solutions RFI" by email to omhhdp@health.ny.gov.

NYSDOH requests that all organizations responding to this RFI designate a single contact within their organization for receipt of all subsequent information pertaining to this RFI. The email address provided above should only be used for responses and questions. Please do not use this email address for any other purpose.

8   RFI Review Process

This RFI is being issued for the purposes of gathering information on available solutions and determining next steps in devising a strategic response to the needs of the AIHP claims process. Written responses to this RFI will be reviewed methodically and considered by NYSDOH. NYSDOH is under no obligation to use or return any information or material submitted in response to this RFI.

NYSDOH is interested in viewing remote presentations from respondents who meet the criteria described in the Desired System Solution Requirements section above. Meetings with vendors will be scheduled at the convenience of NYSDOH within 10 days of the RFI becoming inactive. Vendors contacted by NYSDOH will be asked to provide a demo of their product and the full cycle of processing a claim. Upon request of a demo, NYSDOH will provide vendors with use case(s) to focus on during the demo.

9   General Terms

Reimbursement

NYSDOH will not be responsible for expenses incurred in preparing and submitting responses to this RFI.

Freedom of Information Law (FOIL)

All responses may be disclosed or used by NYSDOH to the extent permitted by law. NYSDOH may disclose a response to any person for the purpose of assisting in evaluating the response or for any other lawful purpose. All responses will become State agency records, which will be available to the public in accordance with the Freedom of Information Law.

Any portion of the response that a Vendor believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law must be clearly and specifically designated in the response.

If NYSDOH agrees with the proprietary claim, the designated portion of the response will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

NYSDOH Reserved Rights

NYSDOH reserves the right to:

1. Reject any or all responses received in response to the RFI.
2. Withdraw the RFI at any time, at sole discretion of NYSDOH.
3. Seek clarifications of responses.
4. Utilize any and all ideas submitted in the responses received.
5. Invite vendors to provide a demonstration.

Future Procurements

NYSDOH may conduct a competitive procurement to evaluate solutions that align with the desired solution requirements for the NYSDOH AIHP claims process. However, this RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of the State.

Vendor Response Clarifications

NYSDOH may ask vendors to clarify the contents of their responses. Other than to provide such information as may be requested by NYSDOH, vendors are asked to refrain from seeking to alter responses or add information after the Deadline for Submission of Responses listed in Section 1. Calendar of Events.

Appendix A: Claims Processing Resources

American Dental Association (ADA) Dental Claim Form J430

CMS-1500 Health Insurance Claim Form

CMS-1450 (UB-04) Claim Form

NYS Claim for Payment (Self-Pay) Forms

The NYS claim for payment form was out of scope for the internal review conducted by NYSDOH but will be evaluated for consideration with a move to using a third-party vendor for claims processing. The NYS claim for payment form is completed for self-pay claims to reimburse individual Nation members who paid out of pocket for eligible services because the provider required it and/or is not an AIHP provider. Self-pay claims are currently processed manually.

eMedNY Fee Rates Pricing Tables

eMedNY is the current Medicaid Management Information System (MMIS) for the State. The medical claims that AIHP processes do not fall under the purview of Medicaid, however, AIHP use the same fee-for-service rates as Medicaid. A table listing the Medicaid fees by procedure code is periodically updated with the rates listed in eMedNY to ensure AIHP is using the current fee rates.

Ambulatory Patient Group (APG) Pricing

NYSDOH refers to APG Pricing as "Grouper Pricing" and uses 3M Enhanced Ambulatory Grouping (EAPG) System software to align with the CMS APG comprehensive packaging and bundling of all medical outpatient services. CMS proposed APG pricing to allow providers maximum flexibility in delivering services in the most efficient way. The APG payment structure is based on the date of service of the patient visit where multiple procedure codes for that visit are rolled up into one procedure code in the claim.[4]
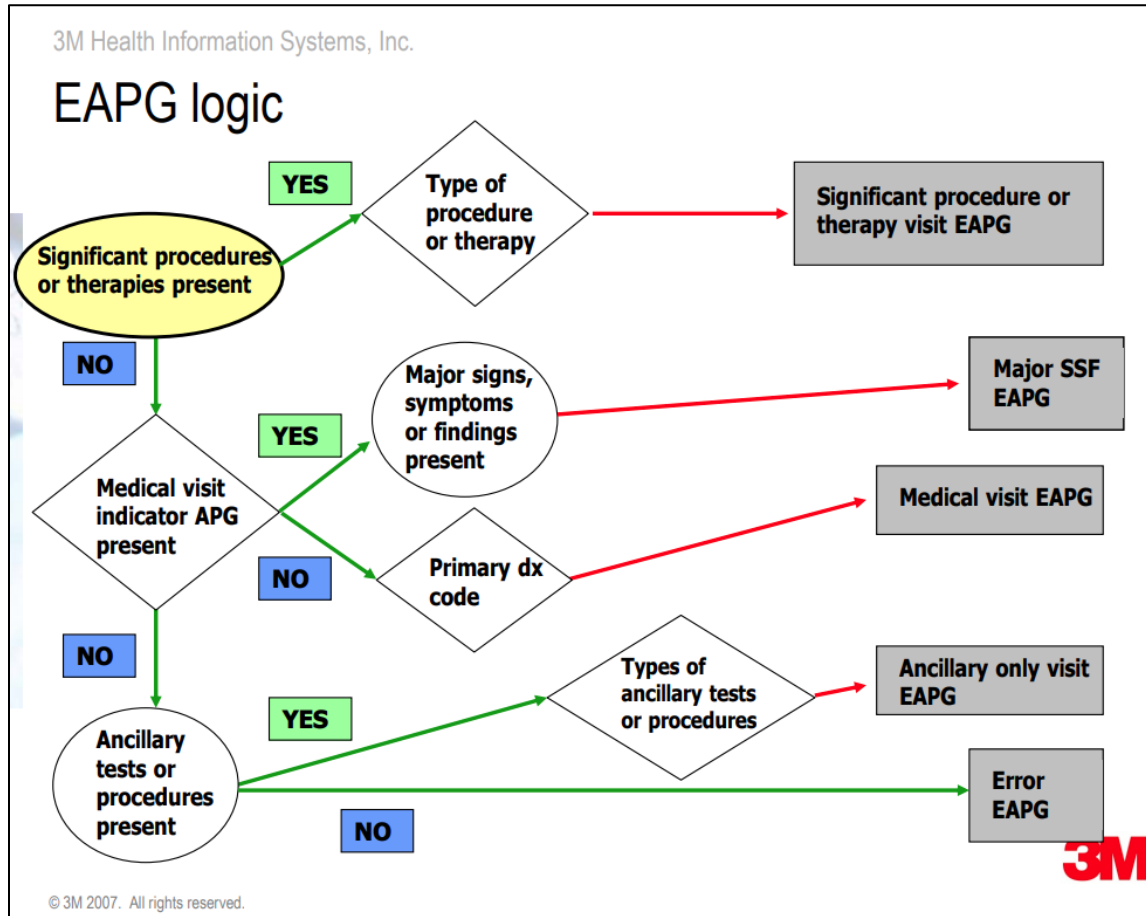
UB-04 claims are the most common form submitted to AIHP for Grouper Pricing, and Field 39 in the form will be populated with an APG code. APG codes are a 4-digit procedure code typically starting with numbers 14 or 15. The APG code indicates that several procedure codes may be priced together into one price instead of pricing the claim into multiple individual procedure codes.

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[4] Ambulatory Patient Group (APG) Implementation. Retrieved from
https://www.health.ny.gov/health_care/medicaid/rates/apg/apg_presentation.htm

The chart below outlines the logic used to determine Grouper Pricing using 3M EAPG software.

Figure 1, 3M EAPG Logic   [5]