

**New York State Department of Health (NYSDOH)  
American Indian Health Program (AIHP) Claims Processing Solutions**

Questions and Answers Posted [insert date]

Question No.	Corresponding RFI Section	RFI Page No.	Corresponding Information or Question in RFI (if applicable)	Vendor Question	NYSDOH AIHP Answer
1	General Information Request	N/A	N/A	Can companies from outside of the USA apply for this? (like from India or Canada)	This will be specified in future procurements. This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of the State.
2	Section 8 - RFI Review Process	21	NYSDOH is interested in viewing remote presentations from respondents who meet the criteria described in the Desired System Solution Requirements section above.	Do we need to come over there for meetings?	Vendors selected to present a use case demonstration will meet with NYSDOH remotely. Please see Section 8 for more information.
3	General Information Request	N/A	N/A	Can we perform the tasks (related to RFP) outside of the USA?	This will be specified in future procurements. This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of the State.
4	Section 7 - Respondents RFI Submission Requirements	21	Responses should be submitted with the subject line "AIHP Claims Process Solutions RFI" by email to omhhdhp@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.	Can we submit the proposals via email?	Yes. Responses should be submitted with the subject line "AIHP Claims Process Solutions RFI" by email to omhhdhp@health.ny.gov, as outlined in section 7 of the RFI.
5	General Information Request	N/A	N/A	If this RFI greenlights a solicitation, what is the estimated timeframe for procurement?	This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of the State.
6	General Information Request	N/A	N/A	What is the anticipated contract value?	This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of the State.
7	Section 5 - System Solution	7	Current System Description	Is there a current vendor providing these services? If so, how may I obtain copies of any incumbent contract documents?	No. Currently, claims are processed using a multi-step workflow that is a combination of taking manual steps and using disparate software systems. More information is available in Section 5 - System Solution.
8	General Information Request	N/A	N/A	Would you be willing to consider a two week extension to the deadline?	We are providing a one-week extension to May 17, 2023 for all vendors. For those vendors who may have already submitted an application in order to meet the deadline and want to include additional information with their original submission, they are welcome to ask for their original submission to be returned via omhhdhp@health.ny.gov and then resend their submissions for the RFI with any additional information included.
9	Section 5 - System Solution	7	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.	How is the eligibility received by AIHP? Through an 834?  Or is it assumed that the member is valid since the claim was approved by the Nation and sent to AIHP?	Currently, the ability to send an 834 file from the Nation to AIHP is unavailable. The Nation determines if the member is eligible and this ability needs to remain in the desired solution.
10	Section 5 - System Solution - Figure 1 and Table 2	8	Ability to deny claims if provider is not enrolled or if service is not allowed.	How will AIHP know of enrolled providers? Is a list of valid providers sent to AIHP or does AIHP maintain contracts with providers?	The desired solution should validate the provider as part of the adjudication process and deny the claims if the provider is not enrolled. Please refer to Requirement 10 in Table 2.
11	Section 5 - System Solution - Figure 1	8	Ability to deny claims if provider is not enrolled or if service is not allowed.	Is there any variation regarding which services are covered for the different Nations?	No.

12	Section 2 - Background and Purpose and Section 5 - System Solution	5, 7, 8, 9, 10, 11, 12	<p>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.</p> <p>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.</p> <p>Ability to deny claims if provider is not enrolled or if service is not allowed.</p>	Does AIHP receive any information regarding referrals that the Nation clinics authorize? Would these referrals be used at all during the AIHP processing of claims? Or is a claim assumed to be valid since the claim was approved by the Nation and sent to AIHP?	Referrals for eligible services, provided outside of a Nation clinic, may accompany claims which are approved by the Nation and submitted to AIHP. The claim is assumed to be valid since it was approved by the Nation and forwarded to the AIHP program, there is no requirement for presence of referral however certain dental services may require a prior authorization prior to payment.
13	Section 5 - System Solution - Figure 1	8	Ability to deny claims if provider is not enrolled or if service is not allowed.	What is the workflow for claims denied by AIHP? It is simply a EOP to the provider\EOB to the member? Or is there a denial file\report sent to the Nations? Can a Nation\member contest a AIHP denied claim?	In the desired solution, claims denied by AIHP will be sent to the Nations to reconcile and an EOB will be sent to providers.
14	Section 5 - System Solution - Figure 1	8	<p>Nations:</p> <ul style="list-style-type: none"> <li>•Check member eligibility</li> <li>•Verify member insurance and that AIHP is the payor of last resort</li> <li>•Deny claim and send back to provider for corrections</li> <li>•Approve claim and send to AIHP for processing</li> </ul>	Can some examples of denials (made by the Nations) be given? Are the denials only related to member eligibility, or is there any review on appropriateness of Px codes, providers, etc. that is performed by the Nations before the claim is approved and sent to AIHP?	In the desired solution, there will be both an automated process and a manual process for the Nations to deny claims based on member eligibility, member insurance, procedure codes, provider eligibility, etc. AIHP would be able to perform an additional review of the claims including denying the claim if AIHP is not the payor of last resort.
15	Section 5 - System Solution - Tables 1 and 2	9, 10, 11	<p>The system will maintain or contain access to the current eMedNY fee rates and historic fee schedules for the processing of historic claims.</p> <p>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.</p>	How would AIHP receive updates to the eMedNY fee rates (fee schedules)? Would this be a flat file exchange on a routine basis?	In the desired solution, the vendor will coordinate with New York State Office of Information Technology Services (ITS) to create linkages with 3M APG software to price APG claims. ITS does not maintain any linkage to Medicaid fee-for-service pricing; fees are obtained through flat files periodically published throughout the year by Medicaid and need to be considered in the desired design/solution. Please refer to Section 5 - System Solution - Table 1.
16	Section 6.3.2 - Implementation Management	18	What staffing levels, including experience and skillset, are typically required to implement your solution(s)?	What types of resources and staffing levels will NYSDOH have to participate in the implementation, including project management, configuration, testing and end user training?	This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of the State.
17	Section 2 - Background and Purpose	N/A	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.	Do you have a list of specialist provider organizations that you refer tribal members to? a. Do you know what HIT systems these provider organizations are utilizing?	The Nations provide referrals to their members. Please refer to Section 2 - Background and Purpose.
18	Section 5 - System Solution - Table 2	10	Solution shall follow X12 835/837 industry standards to electronically transmit claims information between the provider, the Nations, and AIHP.	Is there a desire to electronically capture claims submitted by the specialists?	Please refer to Requirement 2 in Table 2.

19	Section 5 - System Solution - Table 2	9, 10	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. 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.	Are there other external systems with which the proposed solution should interface?	Please refer to Requirements 1 and 6 in Table 2.
20	General Information Request	N/A	N/A	Are there any components within the claims review and reimbursement process that require reporting to Indian Health Services?	No. The NYS American Indian Health Program is separate and distinct from the Federal Indian Health Services Program.
21	General Information Request	N/A	N/A	Has a timeline been established to assess, select, and implement a claims processing solution?	This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of The State.
22	General Information Request	N/A	N/A	Has a budget been established for acquiring and implementing a claims processing solution?	This RFI is for planning purposes only and should not be interpreted as a solicitation for bids on the part of The State.
23	General Information Request	N/A	N/A	Is it possible to submit multiple approaches in our RFI response?	If you have multiple approaches in response to a single question, please include them in your response to that question. If you have multiple distinct approaches that require distinct responses to most or all questions, please submit each approach as a separate submission for individual consideration.