New York State Department of Health
Enrollment Broker Services RFP
RFP# 1102040410
April 20, 2011

Question Number	RFP Section Reference	RFP Page Number	Question	Answer
1.	General	N/A	Is the current enrollment broker eligible for rebidding?	Any vendor may submit a bid. Vendors meeting the requirements of the RFP are eligible for an award.
2.	General	N/A	Please provide current staffing, including FTEs by position.	The Department is open to a variety of solutions and the bidder should provide a proposal that best meets the RFP requirements.
3.	General	N/A	Please provide per unit printing and postage costs for all program materials.	Per unit printing costs may vary between bidders. The Department is open to a variety of solutions and the bidders should provide a proposal that best meets the RFP requirement.
4.	General	N/A	Is there a website that the EB vendor will host and manage for the purposes of consumer servicing (e.g. online enrollment, provider search) and health plan servicing (e.g. bulletin board, secure portal)? If so, please provide the current URL and list of functionalities currently available.	The current contractor maintains a website for use by plans and counties, however it is not a public website. It is a secure site with access granted by the contractor. Counties access monthly reports on this site as well as the contractor's policy and procedure manual. The list of reports available was included on the Procurement Library CD.
5.	A.2	2	Will the contractor be required to forward non-enrollment broker calls to the appropriate local district?	Yes. If calls cannot be transferred successfully to a person at the LDSS, Contractor should provide the caller with LDSS contact information.
6.	A.3	2	The RFP provides for an inflationary increase for the one year contract extension (year 5). Will inflationary increases be applied to the unit rates provided for years 1-4, consistent with the increases in bidder's costs?	No, inflationary increases will not be applied to the unit rates provided for years 1-4.
7.	A.3	2	The RFP provides for an inflationary increase	No.

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			for the one year contract extension (year 5) but doesn't reference years 1-4. If the one rate applies for years 1-4, bidder's rates may be higher in the early years to accommodate the increase in later years. Would the Department allow annual inflationary increases each year of the contract?	
8.	B. Background; 2nd bullet	4	Who provides and how long is the HIV confidentiality training?	The Department requires the Contractor to train staff. There is no requirement to use a specific trainer or curriculum.
9.	B.2.1 Managed Long-Term Care Plans	5	The RFP indicates that in New York City, MLTCP notices are generated by the broker. Who generates MLTCP notices outside of New York City?	The LDSSs generate MLTCP notices outside New York City.
10.	B.2.1	5	Will the contractor be required to create materials with plan names and brochures for (MLTC)?	Yes.
11.	B.3	6	Will the contractor be required to have a SFTP plan file transfer system that is compatible with what is being used today?	Yes.
12.	B.3. Current Enrollment Broker Services	6	We understand that the enrollment broker provides services to 19 local districts in addition to the 5 boroughs in New York City. We would like to know whether the 25 counties that are currently not under the contract will also be included under the new contract. If so, what would be the timeline when they would be added on?	The Department does not currently have a schedule for rolling out new counties. At this time, the counties have the option of enlisting enrollment broker services; however, this might change due to recommendations by the Legislature as part of the State takeover of Medicaid administration.
13.	B.3. Current Enrollment Broker Services	6	Is there an existing bulletin board system that Health Plans use to submit enrollments electronically? Is this a secured Web Portal? Or do Health Plans send "enrollment request files" to the Enrollment Broker for	Generally, enrollments are submitted through a bulletin board system with a secured web portal. Occasionally, files are sent to the Enrollment Broker in other formats, but this is an exception.

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			processing?	
14.	B.3. Current Enrollment Broker Services	6	Since this is a pre-requisite to enrollment by Health Plan, how can the EB vendor verify if a consumer has attended a community presentation on managed care? Will the EB vendor need to call each consumer to verify?	Education is required before a health plan can enroll a Medicaid consumer. However, education can occur at a community presentation, it can be a mailer from the Contractor, or it can be a phone education session, all of which should be on record with the Contractor. Plans that enroll Medicaid consumers may also call the broker at the time of the enrollment for an education session. Consumers may also choose a plan on their Medicaid/FHP application during the facilitated enrollment process. This would not require a separate verification.
15.	B.3. Current Enrollment Broker Services	6	Is a Social Security Number used as the key to merge the pended enrollments with the eligibility file (once the consumer's Medicaid eligibility shows up in the daily file)?	It is part of the key used to match enrollments with the eligibility file. NYS Medicaid eligibility is Client Identification Number (CIN) driven.
16.	B.3 Current Enrollment Broker Services	6 (4th paragraph)	Are any Local Districts ever larger than a single county? How many sets of individual district notices are currently in use?	No, other than NYC encompassing five counties. The Procurement Library CD included all notices currently in use.
17.	B.3 Current Enrollment Broker Services	6 (5th paragraph)	If a new Contractor is selected, will the new Contractor take over the existing bulletin board or develop a new bulletin board?	The new Contractor would develop a new bulletin board.
18.	B.3 Current Enrollment Broker Services	7 (top of page)	Are the Medicaid and FHP enrollments completed by the HRA staff included in the count for the Voluntary Enrollment Rate metric?	There is no discussion on page 7 of the RFP of a Voluntary Enrollment Rate. However, if the question is referring to the auto assignment calculation, Medicaid enrollments are included and FHP are not. The Contractor is not paid for enrollments completed by HRA staff.
19.	B.3 Current enrollment	7 (top of page)	How is the Contractor informed of the HRA submitted Medicaid and FHP enrollments	The contractor sees LDSS/HRA enrollments on the MMIS Fiscal Agent daily file sent by the

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	Broker Services		(i.e., on the daily file or via a separate file transfer process)?	Department.
20.	B.4 Facilitated Enrollment	8	Are facilitated enrollments included in the Contractor's Voluntary Enrollment Rate?	There is no discussion on page 8 of the RFP of a Voluntary Enrollment Rate. However, if the question is referring to the auto assignment calculation, the answer is yes. At the point auto assignment rates are calculated facilitated enrollments are included. The Contractor is reimbursed for facilitated enrollments it processes.
21.	B.4	8	Is it expected that the volume of facilitated enrollments will remain the same?	The Department would expect the volume to remain the same until such time as there is an online application.
22.	B.4 Facilitated Enrollment	8	The RFP states that approximately 18.4% of enrollments were "Facilitated Enrollments." Would you please provide the total number of consumers who are enrolled through Facilitated Enrollers for the years 2009 and 2010? Would you provide a monthly breakdown of these enrollments?	The 18.4% is for the period November 2009 to October 2010, during which enrollments statewide totaled 423,777 with 78,058 facilitated enrollments. Of the 78,058, 40, 861 are in NYC. The "Summary Report" on the Procurement Library CD has this information for NYC for an extensive period. New York City has the greatest number of enrollees and the most Facilitated Enrollers. The data in the summary report can be used as a proxy.
23.	B.4 Facilitated Enrollment	8	Is there a current list of Facilitated Enrollment Lead Organizations and is the Contractor expected/required to have a working relationship with them or remain detached?	The Contractor must have a working relationship with the FEs. There is a list on the Department's website at http://www.nyhealth.gov/nysdoh/fhplus/apply/application_centers.htm
24.	B.6 D.2.4.2.6	8 47	What is the Department's proposed schedule to roll out additional mandatory counties?	The Department does not currently have a schedule for rolling out new counties. At this time, the counties have the option of enlisting enrollment broker services; however, this might change due to recommendations by the Legislature as part of the

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				State takeover of Medicaid administration.
25.	C.2.1 Mailings to Consumers	9	With regard to Mailings to Consumers, the RFP indicates that the enrollment broker will be responsible for sending out four mailings (initial, 30 days, 45 days, & final) to newly eligible enrollees. May autodialing outreach be substituted for some or all of these mailings? If so, please specify which ones.	The mailing requirements have changed as a result of Medicaid redesign. Please refer to Amendment #1 to the RFP, which is posted on the Department website at www.nyhealth.gov/funding. The Contractor may not use an autodial outreach.
26.	C.2.1	9	Would the Department please specify exactly which outreach and enrollment materials and/or notices should be translated to Chinese, Russian and Spanish? Would the Department provide current printing volumes for these languages?	Currently, the broker sends all materials out in English and Spanish. In addition, if a consumer calls and requests a brochure, cover letter for the exemption request, and notices in Russian or Chinese the broker must have them available. It is estimated that 2,000 Chinese and 2,000 Russian materials will last approximately 4-5 months.
27.	C.2.1	10	Will the Contractor be required to have a process in place to issue a new initial mandatory notice for consumers when they request it in their language?	Yes
28.	C.2.1 Mailings to Consumers	10 (2nd and 3rd paragraph)	Can the 30 day and 45 day reminder mailings also be produced at the case level and not the individual level? These paragraphs seem to indicate that the mailings should be sent at the individual level.	See answer to Question #25.
29.	C.2.1 Mailings to Consumers	10 (last paragraph)	The first sentence of this paragraph indicates that face-to-face interviews are no longer required; however there are sections throughout the proposal (including this paragraph) that still require face-to-face activities. Would the Department please clarify how these two apparently conflicting	Face to face interviews are no longer required for Medicaid or FHP; however, they are for Temporary Assistance, which also includes Medicaid. Medicaid/FHP consumers are to be afforded application assistance if they choose at the LDSS, and may present for other business, such as submission of documentation. The Department

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			issues relate to each other, and perhaps provide an example of what its expectations are?	expects the Contractor to coordinate a referral process with each district in order to best utilize Contractor field staff to educate and enroll Medicaid consumers that do appear at the LDSS. The Contractor is also required to send field staff to other sites where Medicaid consumers may also frequent.
30.	C.2.1 Mailings to Consumers	11 (2nd full paragraph)	In terms of mailing to "pockets of unenrolled consumers", would the Department please provide an example of such an activity?	An example would be Department targeted groups by zip codes.
31.	C.2.2.1 Enrollment Application Processing	11	Regarding the hardcopy enrollment form, is this a state-developed form or one the Contractor creates?	The enrollment form is Contractor created following Department guidelines for required information and fields. Enrollment forms must be approved by the Department before use.
32.	C.2.2.1 Enrollment Application Processing	11	Regarding the hardcopy enrollment form, how long is the enrollment selection held in a pending status if the individual is not eligible when the form is initially submitted?	180 calendar days
33.	C.2.2.1 Enrollment Application Processing	11	Is the enrollment form used by anyone besides recipients?	No.
34.	C.2.2.1 Enrollment Application Processing	11 (last paragraph)	When the contractor receives enrollments from FEs and CBOs that must be pended until eligibility is determined, is there a time limit for which the contractor must maintain the pended cases? If so, what happens after the time limit has been exceeded?	Pended cases must be retained for six months. If the time limit is exceeded no enrollment would occur.
35.	C.2.2.1	11	Will the contractor be required to accept pending phone enrollments for consumers who have yet to be Medicaid or FHP eligible?	Yes
36.	C.2.2.1	12	In addition to processing FHP transactions up until the last day of the month, is the	Yes

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			Department requiring the contractor to process ADV, MLTC, SNP transfers & disenrollments up until the end of the month?	
37.	C.2.2.1	12	Will the contractor be expected to interact or interface with the Enrollment Center's system and will they have functional interactions?	Yes. The expectation is that coordination is required with the Enrollment Center. The Enrollment Center will act as LDSS in referring recipients for managed care education and enrollment.
38.	C.2.2.1 Enrollment Application processing	12 (2nd paragraph)	When an enrollment is received by phone and a phone enrollment confirmation notice is generated, is there a period of time the Contractor should hold (pend) the enrollment in the system before processing it?	Phone enrollments are processed immediately, providing the eligibility is matching.
39.	C.2.2.3 Post Enrollment Surveys	13	May we have a copy of the current post-enrollment survey?	We do not have a copy of the current post enrollment survey. This is Contractor developed. The purpose of the survey is to ensure that consumers received appropriate unbiased information about the managed care program and the plan options available.
40.	C.2.2.4 Facilitated Enrollment Process	13	It is stated that Facilitated Enrollers are entities contracted by the Department. We would like to know how this contract will be finalized. Will it be directly between the Department of Health and the CBOs or would the Enrollment Broker act on behalf of the Department sign up the CBOs?	The contract is between the Department and the Facilitated Enroller. The Broker is not involved in this process.
41.	C.2.2.5	14	Will the Contractor be required to send each managed care plan a renewal file indicating those consumers who have yet to submit their renewal paperwork back to the LDSS?	Yes. This is currently done in NYC.
42.	C.2.2.4 Facilitated Enrollment	14 (1st paragraph)	May we have a copy of the report(s) produced by the Contractor that are sent to the FEs indicating the status of the enrollments	No, this is a Contractor developed report that would include protected client information.

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	Process		submitted by the FE?	
43.	C.2.2.4 Facilitated Enrollment Process	14	The RFP states that there are 12 lead organizations in New York City and 12 in the upstate counties where the broker provides services. We would like to know which agencies these are. Are these county agencies such as LDSS or are they CBOs? Would the Department please provide their names?	There is a list on the Department's website at http://www.nyhealth.gov/nysdoh/fhplus/apply/application_centers.htm
44.	C.2.2.5 Determination of Eligible Individuals/Exemption and Exclusion Process	15 (top of page)	After the Contractor forwards all exemption and exclusion requests to the Department for approval, how is the Contractor informed of the approvals and denials (i.e., the process employed by the Department)?	Currently, denials for medical reasons are forwarded to the LDSS for review. The LDSS either confirms the broker's determination or approves the original exemption request. This process varies by county.
45.	C.2.2.5	15	Will the contractor be required to suspend initial mailings or auto-assignment as a result of returned mail?	Yes
46.	C.2.2.5	15	For incomplete exemptions and exclusions will the enrollment broker contractor be expected to send a 10 day reminder notice? Will the contractor be required to place outbound calls to consumers who have incomplete exemption forms?	Yes, the Contractor will be required to send a 10 day reminder notice. Currently, the broker does place outbound calls to individuals as requested by the Department.
47.	C.2.2.6	15	Will the Contractor be required to have a process in place to add 30 days to the auto-assignment path for SSI consumers who request an exemption packet?	No. As a result of Medicaid redesign changes, prior to the start of the contract, this will no longer be required. Please refer to Amendment #1 to the RFP, posted on the DOH website at www.nyhealth.gov/funding.
48.	C.2.2.6 Auto Assignment	15	The RFP references a "provider sponsored" plan. In addition to HMO and provider sponsored plans, what other types of plans are included that should be factored into the auto-	None. See the Auto Assignment process documents provided on the Procurement Library CD.

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			assignment process?	
49.	C.2.2.7	16	Will the enrollment broker contractor be required to enforce the "grandfather clause" for consumers who were enrolled in a Voluntary county, prior to Mandatory implementation?	Yes. Consumers who have enrolled voluntarily prior to a district's implementing mandatory will not be subject to lock-in for that enrollment. Enrollments processed after the mandatory implementation date will be subject to lock in.
50.	C.2.8	16 & 17	Is the health assessment form that is mailed to consumers personalized and produced for the case or for each member in the case?	One health screen per household is mailed.
51.	C.2.2.8 Health Assessment Forms	16	May we have a copy of the current Health Assessment Form?	A sample of the Health Assessment Forms is on the Procurement Library CD in the forms file.
52.	C.2.2.8 Health Assessment Forms	16	Is the Health Assessment Form a standard State form, or is it to be developed by the Contractor?	It is a standard State form, but may be modified subject to Department approval. A sample is on the Procurement Library CD in the forms file labeled "Health Assessment".
53.	C.2.2.8 Health Assessment Form	16	The RFP references an electronic version of the health assessment form. Where is this electronic version located, and what is the process for its completion and submission?	The electronic version mirrors the hard copy. The Contractor must have the ability to develop a process to administer the health assessment while doing phone enrollments and then transmit the information obtained to health plans with enrollments on a daily basis.
54.	C.2.2.8 Health Assessment Forms	17 (top of page)	It has been our experience that having potential enrollees take any special needs and/or other existing health issues into consideration when choosing a Health Plan is an important step in ensuring a best fit for the enrollee and his/her family. However, in terms of the Health Assessment Forms, this section indicates that the Contractor is not to discuss such issues with the enrollee until a Plan has been selected. Then on page 18 in Section C.2.3.1 Outreach Presentations, the	There is no conflict of requirements. During field presentations or phone contact, the Contractor must ask about existing relationships with health care providers to ensure that a consumer chooses the health plan that best meets the his/her needs. But this is not a discussion about health conditions, the questions only attempt to identify current providers of care. The health assessment is only conducted during a phone enrollment and after a health plan is chosen.

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			third paragraph states the following: the contractor should "(3) discuss the specific health needs of a consumer and other family members and make suggestions to help consumers determine the appropriate plan to select…" Please clarify this apparent conflict of requirements.	Currently, the broker conducts the health assessment, and information from the health assessment is transmitted to the plan electronically with the enrollment. The broker does not conduct a health assessment during face-to-face encounters. A health assessment form with a return envelope is sent with the confirmation letter to these individuals.
55.	C.2.2.8	17	Will the Contractor be required to have a Dual Eligible process in place with DOH to: ▪ accept file from DOH, ▪ create automatic disenrollments, ▪ process through eMedNY/WMS, ▪ report and review rejections, and ▪ generate designated notices to consumers?	Yes. The Department will create a monthly file of those consumers subject to disenrollment due to the receipt of Medicare. The Contractor will process the disenrollments and generate notices. Contractor will also be expected to communicate rejections to the process back to the Department for further review.
56.	C.2.2.9	17	When does the Department expect the Contractor to provide education and enrollment services to Medicaid Advantage consumers outside of Long Island and NYC?	The Contractor must have the flexibility to be able to expand services to this population as directed by the Department.
57.	C.2.2.9 Medicaid Advantage Program (Dual-eligible enrollment)	17 (1st paragraph)	This section indicated that the Health Plans will forward Medicare Parts A and B documentation to the contractor for forwarding to the Appropriate LDSS offices. How is this documentation provided? How is it forwarded to the LDSS offices?	This is only necessary if eMedNY does not have the Medicare information. The procedure to accomplish this task is developed by the Contractor.
58.	C.2.2.9 Medicaid Advantage Program (Dual-eligible enrollment)	17 (1st paragraph)	How does the Contractor match the Medicare Part A and B information from the Health Plans with pending enrollments? What are the time frames (if any)?	These enrollments are not pended. The health plan sends the enrollment to the Contractor after verifying Medicare and the Contractor processes the enrollment immediately.
59.	C.2.3 Outreach	17	Does "must maintain the outreach and	There is no current campaign. These campaigns

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	and Education Activities		education campaign (e.g., written materials/flyers, audio tapes, posters, ads, presentations) targeted to meet the identified needs of diverse targeted audiences" refer to a current *specific* campaign that the contractor must continue or does it mean that an outreach and education campaign needs to be developed to continue outreach and education via the examples listed?	are developed at the request of the Department in accordance with the requirements of the RFP.
60.	C.2.3.1 Outreach Presentations	18	In addition to persons with HIV/AIDS, are there other groups to which the Department currently requires Contractor to conduct special presentations? If yes, what are they?	Not at this time, but this may occur with the proposed enrollment of other previously exempt or excluded populations.
61.	C.2.3.1 Outreach Presentations	18	Does the contractor have the ability to make changes to the presentation?	Yes, with approval from the Department.
62.	C.2.3.1 Outreach Presentations	18	Is there a list available of the "other sites designated by the Department" where the contractor is required to conduct presentations?	No, there are no other specific sites. The Contractor would be expected to use sites that are near target populations.
63.	C.2.3.1 Outreach Presentations	18	Is there a set schedule of presentations now that the state would like to try to maintain for the sake of continuity?	No.
64.	C.2.3.1 Outreach Presentations	19 (5th paragraph)	As mentioned earlier, this paragraph indicates that face-to-face interviews are no longer required for Medicaid and FHP enrollment. Yet, the RFP still requires contractor staff to be situated in each LDSS office and that community outreach and enrollment presentations are to be conducted throughout the Contract area. Would the Department please clarify its expectations relative to this issue?	Face to face interviews are no longer required for Medicaid or FHP; however, they are for Temporary Assistance, which includes Medicaid. Medicaid/FHP consumers are to be afforded application assistance if they choose at the LDSS, and may present for other business, such as submission of documentation. The Department expects the Contractor to coordinate a referral process with each district in order to best utilize Contractor field staff to educate and enroll Medicaid consumers that do appear at LDSS; also

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				to appear at sites that LDSS may suggest that Medicaid consumers may also frequent.
65.	C.2.3.1 Outreach	19 (5th paragraph)	Assuming that some alternative procedures have already been approved by the Department and undertaken by the current contractor, would the Department please provide a description of what these current methods are?	Alternative procedures are worked out individually with each LDSS and may include but are not limited to coordinating internal referral systems between eligibility and outreach phone calls, and community site visits.
66.	C.2.4.1	20	The RFP states that the Contractor must maintain program materials in adequate numbers to continue the program and must periodically update these materials to reflect changes in the program. Would the Department please provide printing quantities that are needed to adequately maintain the program materials? Would the Department also provide how often are program materials updated?	The Contractor must be flexible and maintain a sufficient supply to meet needs but be able to update as requested by the Department to reflect programmatic changes. The cost of updating and printing existing program materials is included in the additional costs. The Department cannot always predict when and how often the materials will be updated. Programmatic changes can be the result of changes in State and Federal laws or regulations. Materials that must be available include: brochures, plan lists, exemption request forms, mailing envelopes business reply envelopes and consumer guides. Typically, a supply of 280,000 brochures will last approximately 5 months; 480,000 mailing envelopes will also last approximately 5 months. In NYC, approximately 11,000 Plan Lists and 2,000 Spanish Charts will last one week. For other counties, approximately 17,879 plan lists weekly are needed. Other notices and letters are printed on demand.
67.	C.2.3.3 Special Outreach Activities	20	The RFP states that if the Contractor elects to use funds to engage other organizations, the Contractor shall submit a proposal. Is this	Yes, see Section D.2.4.2.3.C of the RFP.

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			proposal to be included as part of the technical proposal in response to this solicitation?	
68.	C.2.4 Program Materials	20	Please clarify the expectations regarding program materials. Is the new Contractor expected to create new program materials or continue with existing materials? If the Contractor is expected to create new materials, what is the timeline for creating these materials (e.g., the first day of operations)?	The Contractor is expected to create new materials. However, templates of current materials may be used with Department approval. Materials must be ready for use the first day of operations.
69.	C.2.4.1	20	Will the Contractor be responsible for producing materials specific to the HIV population?	No
70.	C.2.4.1	20	Will the Contractor be required to keep all program materials for seven (7) years?	Records must be kept in accordance with Appendix A of the contract. One copy of each program material such as brochures, pamphlets, promotional materials, etc. would be expected to be kept on file in accordance with Appendix A.
71.	C.2.4.1	21	Would the Department please provide the volume of printing required for outreach, education, enrollment, and promotion materials for all the counties currently operated by the Contractor?	See Question # 66. Printing volume varies by county, product and the status of its mandatory program. At the implementation of mandatory enrollment more materials are required. Costs for developing new, and/or updating existing materials are included in additional costs.
72.	C.2.4.1 Mailings	21	End of Lock-in notices – is this an annual reminder notice to notify mandatory consumers that they can change plans? What are the annual mailings that need to go to consumers?	In New York State there is no open enrollment period. Consumers are only locked in for the first twelve months of enrollment. After that period they may change plans at any time. Lock-In is not imposed again until the consumer changes plans or is disenrolled from the plan for more than 90 days. The end-of-lock-in notice must go out two months

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				prior to the end of the first twelve month period.
73.	C.2.4.1	22	Is Creole a requirement for the Helpline, materials, and the outreach presentations?	Creole is required for the Helpline, but is not required for materials or outreach presentations. The Helpline has to have the ability to respond callers speaking any language.
74.	C.2.4.2 Advertising/Community Awareness	22	It is our understanding that the Contractor will not be responsible for the actual costs of advertising, etc. but rather would bill for these services under the additional costs section of pricing by charging a fee for the management of campaigns. Would the Department please confirm that this is correct?	The costs associated with the development and placement of advertisements would be billed under additional costs, but not the costs associated with the management of the campaign. Management of these activities is an outreach and education activity and should be included when developing outreach and education staff costs.
75.	C.2.5	23	How many questions are included in the required health assessment?	A sample of the health assessment is in the forms file on the Procurement Library CD.
76.	C.2.5	23	Will the Contractor be required to submit health assessments electronically to the health plans?	Yes.
77.	C.2.5	23	Are CSRs required to initiate a three way call to providers/specialists for SSI consumers?	This is not a requirement, but it is expected that the broker will do this if it is necessary to help the consumer choose a plan.
78.	C.2.5	23	What Chinese dialects and languages are required?	Presentations and phone calls are answered in Cantonese and Mandarin. Printed materials must be in Mandarin. The Helpline has to have the ability to respond to callers speaking any language.
79.	C.2.5 Help Line	23	During face-to-face interviews, the Contractor must call the PCP to verify the PCP is accepting patients. Would the Department please verify that this is not required for phone based enrollments?	For phone enrollments, if the consumer asks, or appears to need assistance, it is expected that the Contractor will assist by calling the PCP.
80.	C.2.5	23	Will the Contractor be required to maintain a dedicated helpline number for CBOs?	It is not anticipated at this time.
81.	C.2.5	24	Will the Contractor be required to initiate a	Yes, the Contractor must call the SNP and assist if

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			warm transfer to all SNP enrollees?	necessary.
82.	C.2.5.2	25	Will the Contractor be required to produce a weekly complaint file to CDOH?	No, the report will go to the Department on a monthly basis.
83.	C.2.6.1	26	Can the Department explain what is meant by real time system capability?	The Contractor's system must be able to update information as it becomes available, not wait for batch processes. For example, eMedNY TPHI information is real time, the county worker enters it and it immediately reflects the data on eMedNY. WMS must batch process overnight before reflecting an update.
84.	C.2.6	26	Will the contractor be required to have access to and conduct research on WMS?	Yes, through a secure State network.
85.	C.2.6.1 System Requirements	26 Paragraph A.	The RFP indicates that the Contractor will receive all of its eligibility information via interface with eMedNY. This paragraph also implies that the contractor interfaces with WMS. While we understand that the contractor must be able to interface with any and all systems necessary for the successful fulfillment of all contractual requirements, is there a current file interface/transfer process between the contractor and WMS? If so, would the Department please describe it?	There is not currently a file transfer with WMS.
86.	C.2.6.1 System Requirements	26	Will the vendor staff be accessing eMedNY or WMS in real-time (e.g. via a terminal emulation software) to verify consumer eligibility or research discrepancies between the vendor's system and what the consumer is telling us? If so what is the software and network requirement for connectivity?	Currently, the Contractor has WMS inquiry access limited to one HRA hard wired terminal. The Department would likely not reuse this method of connection, but rather connect via a secure State network.
87.	C.2.6.1 System Requirements	26	Will the vendor connect to these State systems via a point-to-point T1 line, or is there a different connectivity method preferred by the	The file transfers are through secure FTP. WMS inquiry would likely be through a secure State internet network.

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			State? Please clarify the available options.	
88.	C.2.6.2 Reporting Requirements	28	What is meant by a "productivity summary"? Would the Department please provide a sample? We were unable to identify this report in the procurement library.	The Overall Activity and Summary reports are on the Procurement Library CD in the report folder/miscellaneous reports folder.
89.	C.2.6	26	Will the contractor be required to auto assign family health plus consumers to a plan if they do not choose a plan?	Yes. The FHP auto assignment process does not apply to new FHP applicants but does apply for those transitioning from other programs in some situations (Medicaid, Temporary Assistance, etc).
90.	C.2.6.1	26	Will the Contractor be required to program special edits, specific to county, plan, or program that prevent enrollment, based on characteristics as determined by the Department?	Yes
91.	C.2.6.1	26	Will the Contractor be required to have a process in place to recycle specific transactions based on error codes?	Yes
92.	C.2.6.1	26	In addition to the daily match process for pended enrollments, will the contractor be required to have an additional mandatory monthly matching process in place to attempt to research discrepancies due to errors in file submissions?	Yes
93.	C.2.6.2	27	Will the contractor be required to provide back-up reports for performance standards?	Yes
94.	C.2.6.2	27	Will the contractor be required to provide the complete set of Department required reports for each county to each county?	Yes, the Contractor must make them available to each county each month.
95.	C.2.6.1	27	Will the Contractor be required to provide the local district and the department with remote access to the contractor's database to process work tasks (i.e. complaints,	Yes

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			exemptions/exclusions, enrollment reconciliations), and for training and support of these functions as well?	
96.	C.2.6.1	27	Will the Contractor be required to import the following files from HRA: the file of homeless individuals in NYC shelters, the file of languages indicated by consumers on their applications, and the renewal file?	Yes. Currently this is done for NYC/HRA only.
97.	C.2.6.1	27	Will the Contractor be required to have a Duplicate CIN process in place to identify and prevent enrollment of consumers with duplicate CINs and produce reports?	Yes
98.	C.2.6.3	29	In what format should the fair hearing package be forwarded to DOH or LDSS?	Electronically in NYC. Format will vary in all other counties. Some will request to receive the material electronically and others will want the material in hard copy. The Contractor is required to accommodate the county preference.
99.	C.3.1 Organizational Structure/Staffing	29	Would the Department please provide a copy of the current project organization chart submitted by the current contractor?	This information is not relevant. The Department is open to a variety of solutions and the bidder should provide a proposal that best meets the RFP requirements.
100.	C.3.1.B Organizational Structure/Staffing; Other Staff	31	The RFP states that clinical staff, such as nurses are needed. How many clinical staff members does the current enrollment broker have?	Two.
101.	C.3.1.B Organizational Structure/Staffing	31	The RFP states that there are currently 90 enrollment counselors throughout the counties. How many office staff members, such as receptionist, scheduler, etc. dedicated to the outreach staff are there to assist the enrollment counselors?	No office staff are assigned to enrollment counselors. Bidders must project staff and support needs necessary to meet the project description.
102.	C.3.4	33	Can the Department please define what is meant by review and document outcomes of	This is one of the requirements of the quality assurance program. The Contractor must have a

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			plan enrollments?	mechanism in place to monitor the activities of the enrollment counselors, and the enrollment process. How this is accomplished is up to the Contractor in accordance with the requirements of the RFP.
103.	C.5 Contractor Performance Standards	35	With regard to enrollment application processing, the RFP states that 95% of initial enrollment packet mailings will be made to identified populations and less than 5% of initial enrollment packet mailings will be sent to exempt or excluded populations. How many mailings is the current contractor doing on a monthly basis altogether?	Please refer to the Overall Summary report on the Procurement Library CD. This report includes mandatory mailings for a 12 month period.
104.	C.4	34	Will the contractor be expected to make SAAM determinations within a specific time frame?	As a result of the Medicaid redesign the Contractor will no longer be responsible for determining initial or continuing eligibility using the SAAM. However, the Contractor may have to use a SAAM when reviewing and processing a denial of enrollment or an involuntary disenrollment. Please refer to Amendment #1 to the RFP, posted on the DOH website at www.nyhealth.gov/funding.
105.	C.4	34	Will the contractor be expected to send out MLTC notices within a specific timeframe?	Yes, notices must be sent out following the same guidelines and timeframes as those required for the mainstream program.
106.	C.4	34	Will the contractor be expected to take incoming and make outgoing calls for MLTC?	Yes
107.	C.4	34	Is the Semi Annual Assessment of Member (SAAM) performed on paper or in an automated system? If system, what system and who maintains this system?	The SAAM for new and continuing eligibility is no longer required. However, the Contractor may have to use a SAAM when reviewing and processing denial of enrollments and involuntary disenrollments. Please refer to Amendment #1 to the RFP, posted on the DOH website at www.nyhealth.gov/funding.

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108.	C.4	35	Will the Contractor be responsible for the production of any materials, enrollment forms and/or notices related to the Managed Long Term Care Program currently produced by the Department or LDSS? If so, would the Department provide a description or sample of these materials and the quantities needed to supply to MLTC plans and/or other entities statewide?	Yes. The Contractor is required to produce educational materials, enrollment forms and notices related to the Managed Long Term Care Program that explain the MLTC program, and identifies the plans available in the county.
109.	C.4	35	In what format will the contractor receive the individual SAAM?	N/A. Please refer to Amendment #1 to the RFP, posted on the DOH website at www.nyhealth.gov/funding.
110.	C.4	35	Will the contractor be responsible for: ▪ submitting enrollment and disenrollment electronically to the LDSS ▪ submitting transfers via paper ▪ send response files (E/T/R)to HRA ▪ send response files (E/T/L/A) to the MLTC Plans ▪ send confirmation notices for enrollment/disenrollment/transfer	Yes, the Contractor will be responsible for: ▪ submitting enrollment and disenrollment electronically to the LDSS ▪ submitting transfers via paper ▪ sending response files (E/T/R)to HRA ▪ sending response files (E/T/L/A) to the MLTC Plans ▪ sending confirmation notices for enrollment/disenrollment/transfer
111.	C.4	35	Can the Department please specify the county breakdown of the expected MLTC volume of 900-1500?	Monthly enrollment numbers are available on the Department's website at: http://health.ny.gov/health_care/managed_care/reports/enrollment/monthly/2011/docs/en04_11.xls
112.	C.4	35	Will the contractor be required to adapt its processes to meet the need of different counties for MLTCs?	Yes
113.	C.4	35	What staffing qualifications are currently required to perform the SAAM review?	N/A. Please refer to Amendment #1 to the RFP, posted on the DOH website at

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				www.nyhealth.gov/funding.
114.	C.4	35	What documents are required to justify continued enrollment when the member no longer meets nursing home level of care critieria as indicated by the SAAM score? What documents are required to justify that the enrollee would likely be nursing home eligible again within 6 months without the plans services for the member to remain enrolled?	N/A. Please refer to Amendment #1 to the RFP, posted on the DOH website at www.nyhealth.gov/funding for more information.
115.	C.4	35	Please describe the current dispute resolution process regarding enrollment/disenrollment decisions with MLCTP.	Generally, the LDSS medical director is the decision maker.
116.	C.5	36	Will the Contractor be required to have a system in place to prevent auto-assignment of consumers into a plan when that plan reaches 85% of their enrollment capacity?	Yes.
117.	D.2.4.2.2	43	Will the Contractor be required to notify plans in writing, and send notices to members who were retroactively disenrolled/enrolled or disenrolled after the pulldown or cutoff schedule as a result of an exemption? (Also related to pg 12, C.2.2.1)	Yes, in writing either hard copy or electronically to both plans and members.
118.	D.2.4.2.2 Enrollment	43	Please confirm if the department will be indicating in the daily file to the vendor the eligibility status of each consumer, i.e. Mandatory, Voluntary, Excluded, etc. If the vendor will be calculating eligibility, please provide a brief description of what makes a consumer fall into each eligibility category.	Yes. The Contractor must determine eligibility for enrollment as defined by the Department using the data files provided by the Department, such as the fiscal agent daily file layout, Aid Category Matrix and Roster Layout which were included on the Procurement Library CD.
119.	D.2.4.2.2 Enrollment	44	Regarding Good Cause, are there good cause reasons that require State approval prior to	No

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			submitting the plan change to WMS?	
120.	D.2.4.2.2	45	Will the Contractor be required to maintain a helpline for providers who need assistance with completing an exemption form?	The Contractor must have a process for providers. However, the Department is not mandating that it be a separate line.
121.	D.2.4.2.3	45	Will the Contractor be required to conduct special outreach (i.e. notices, outreach calls) to individuals with third party health insurance for subsequent disenrollment by the broker, as well as manage documents submitted by consumers, and produce reports?	Yes, in some districts there may be special projects to disenroll individuals who are excluded from Medicaid Managed Care due to comprehensive TPHI. The Contractor is required to work with SDOH/LDSS to develop special notices and/or calls and tracking systems to effectuate disenrollment for these consumers and report out on the project.
122.	D.2.4.2.7 Organizational Structure/Staffing	48	May detailed position descriptions (including requirements for qualifications and experience) be submitted in lieu of resumes for key staff?	Detailed job descriptions may be submitted. There must be an assurance that key staff will be onboard at program start-up and key staff must be approved by the Department. See Amendment #1 to the RFP, posted on the DOH website at www.nyhealth.gov/funding.
123.	D.2.4.2.7 Organizational Structure/Staffing	48	Would the Department consider waiving the requirement to submit key staff references with a bidder's proposal response?	Yes. See Amendment #1 to the RFP, posted on the DOH website at www.nyhealth.gov/funding.
124.	D.2.4.2.7 Organizational Structure/Staffing	48	Would the Department please provide the number of FTEs by position for the current staffing plan?	As each bidder is required to submit their own staffing plan, this information is not relevant. The Department is open to a variety of solutions and the bidder should provide a proposal that best meets the RFP requirements.
125.	D.2.4.2.7 Organizational Structure/Staffing	48	Would the Department please provide position descriptions used under the current contract?	See answer to question #124.
126.	D.2.4.2.10	50	What types of "other documentation" will staff receive and review in the MLTC application	The Contractor will receive the enrollment application from the MLTC.

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			and continued enrollment processes?	
127.	D.2.4.2.10	50	Regarding MLTC, what system is currently used to generate the notices for denial and requests for involuntary disenrollments?	Currently, notices are generated manually by the LDSS. The Contractor will be is required to generate notices using the same process used to generate notices for the mainstream program.
128.	D.3.3.2	53	What services will the contractor be required to provide relative to FHP? For persons who are eligible for FHP who do not choose a health plan, will the contractor conduct auto assignment and if so is this a billable transaction?	The Contractor must provide FHP enrollment and education services. The FHP auto assignment process does not apply to new FHP applicants but does apply for those transitioning from other programs in some situations (Medicaid, Temporary Assistance, etc). The Contractor may not bill for FHP auto assignments.
129.	D.3.3.2 Enrollment Application Process	52-53	Will the contractor be paid for Facilitated Enrollments?	If the Contractor processes the enrollment, yes. If the enrollment is processed by the One-step process, no, the contractor will not be paid.
130.	D.3.3.2 Enrollment Application Process	52-53	For payment purposes, is an enrollment defined as an individual enrollee or as a household/application?	An individual enrollee.
131.	D.3.3.4 Outreach and Education Activities	53-54	Please reconcile the baseline level of 40 FTEs chosen based on experience with the current contractor's indicated level of staffing of 90 counselors.	Forty is the baseline. The RFP states that the number of enrollment counselors can fluctuate as a result of the addition of new counties and populations. The 90 was given to illustrate how much variance there can be.
132.	D.3.3.4 Outreach and Education Activities	53-54	It appears from this section that the Department does not want subcontracting with community based organizations unless it is paid for with the $500,000 of specially allocated funds. Is this correct? If this is incorrect, and this section of pricing is not to include these costs, then where should these costs be included?	No, this is not correct. The Contractor is not required to subcontract with a community based organization (CBO). However, the Contractor may do so if they choose and may use the $500,000 to pay for these services. There is nothing that precludes the Contractor from contracting with a CBO to perform other services required by the RFP provided that all requirements for subcontractors in

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				the RFP are met.
133.	D.3.3.4 Outreach and Education Activities	53-54	Please confirm that the $500,000 allocation should not be included in the bidder's pricing.	Correct, the $500,000 allocation should not be included in the bidder's pricing.
134.	D.3.3.5 Systems, Reporting, and QA Staffing	54	Please explain the contingency that the Department is requesting in the event that staffing falls below baseline. How is this different from providing an incremental price per FTE for staffing above or below the baseline?	In Section D.3.3.5, the sentence "Bidders must include a contingency that describes how the Department will be billed if the FTE level should fall below the baseline level." is DELETED. In any given month, should the staffing level fall above or below the baseline staffing level, the monthly fee will be adjusted by the per FTE/month amount.
135.	D.3.3.5 Systems, Reporting and QA Staffing	54	Please provide clarification regarding the baseline staffing concerning this item. Is the bidder expected to propose a minimum of 18 FTE staff for this function? May the bidder propose less than 18 FTEs?	The bidder is expected to propose a minimum of 18 FTE staff. The original RFP language meets the needs of the Department.
136.	D.3.3.5 Systems, Reporting and QA Staffing	54	If the Department would like the bidder to have a minimum of 18 FTEs for this component, would the Department please provide a breakdown of FTEs according to type (e.g., number of FTEs for systems, number of FTEs for reporting and number of FTEs for Q/A)?	This information is not relevant. The Department is open to a variety of solutions and the bidder should provide a proposal that best meets the RFP requirements
137.	D.3.3.7	55	For purposes of pricing, must bidders assume that there will be one (1) notice for every MLTC application?	Yes
138.	D.3.3.7	55	Will the contractor be expected to price MLTC phone calls as part of the "Per enrollment processed in a month" fee?	Yes
139.	D.3.3.7	55	Are start-up costs for MLTC (systems programming & operational start-up activities)	MLTC costs are to be included in the "per enrollment in a month" fee for all enrollment

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			to be included separately with the MLTC pricing or included in the "Per enrollment in a month" fee?	application processing. The MLTC pricing category has been deleted. Please refer to the revised Bid Form included in Amendment #1 to the RFP, posted on the DOH website at www.nyhealth.gov/funding.
140.	E.4 Cost Proposal Evaluation	56	Please provide the tiers/levels of activity that will be used for price evaluation.	The Department is using a pre-determined fixed volume for evaluation purposes only and will not release specific evaluation criteria.
141.	E.4	56	"The bidder with the lowest total bid will receive the maximum score of 30 points." Since bidders are providing only unit rates by program component, how will "total cost" be determined / defined?	The Department is using a pre-determined fixed volume for evaluation purposes only to calculate a total bid price.
142.	Attachment 4 M/WBE Procurement Forms	75-82	Can the $500,000 set aside for subcontracting be used towards M/WBE participation? If so, how should the percentage be calculated since the $500,000 is not included in contractor pricing?	The $500,000 set aside for subcontracting can be used toward the M/WBE participation. For purposes of proposal submission, bidders should identify the actual M/WBE percentages, and use TBD as the amount. Once an award is made, the winning bidder will be required to resubmit the Utilization Plan to include actual amounts.
143.	Attachment 4 M/WBE Procurement Forms	76	What volume/tier assumptions should be used to calculate the total proposed bid amount?	For purposes of proposal submission, bidders should identify the goal percentages, and use TBD as the amount. Once an award is made, the winning bidder will be required to resubmit the Utilization Plan to include actual amounts.
144.	Attachment 4 M/WBE Procurement Forms	75-82	Should these forms be calculated based on annual costs, four year contract term costs, or five year term plus extension costs?	Only the "Bidders Proposed M/WBE Utilization Plan" form is to be submitted with the bid. This form should be calculated for the initial four year contract term.
145.	Attachment 4 M/WBE Procurement Forms	82	How should a prospective bidder complete the staffing plan? Should it be based on experience with other projects?	The staffing plan is only to be completed by the winning vendor. It is not required to be submitted with the proposal.

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146.	Attachment 7 Planned Employment	85	The RFP does not state that the form in Attachment 7 must be included in the cost proposal; however it does contain salary information. Would the Department please clarify if the form should be included in the cost proposal or the technical proposal?	Attachment 7, State Consulting Services Form A, is only to be completed by the winning vendor. It is not part of the proposal.
147.	Appendix D Paragraph I. Non-Collusive Bidding	106	This paragraph indicates that the bidder must include a statement affirming the requirements of this paragraph. Where in its proposal should the bidder include this information?	The paragraph states: "By submission of this proposal, the bidder and each person signing on behalf of the bidder certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of their knowledge and belief: ...." Therefore, proposal submission is in itself the affirmation of the requirements of this section.
148.	Procurement Library – NYC Monthly Call Volume	N/A	Average length per call has increased significantly in recent years. What is the reason for this increase? Can it be expected to continue?	The State has begun enrolling more complex populations and the increase in average length per call is expected to continue.