

Medicaid Administrative Services (MAS) and Fiscal Agent Services Project

RFP #1211260917

Questions and Answers 17 through 140

Friday, August 9, 2013

Question Number	Section	Document Reference	Question	Resolution
17	Section I - Procurement Overview	I-7	Will the state accept a response with a DDI period longer than 12 months?	The DDI period is amended to encompass 18 months (9 months for Release 1 remains unchanged; Release 2 is now 18 months from contract start date). Proposals submitted with DDI periods greater than 18 months will be disqualified. See Amendment 2. In addition, Attachment H: Pricing Schedule will be amended to reflect the longer DDI period.
18	General		The RFP requires a 12 month DDI for the Replacement Medicaid Management Information System (R-MMIS). Since no vendor has implemented a MITA compliant SOA based system in under 24 months, will the State consider changing the DDI period to at least 24 months.	The RFP is amended to change the DDI period to 18 months (9 months for Release 1 is unchanged, 6 months are added to Release 2 for a total of 18 months from contract start to Release 2 and cutover). Note also that the Department envisions a claims run-out period during which the outgoing MMIS contractor will continue to process historical claims. See Amendment 2.
19	Appendix A	Standard Clauses	Will the Contractor and Vendor enter into a mutually acceptable COLA annual adjustment mechanism and process?	No. Price adjustments for the base contract rate for optional renewal are defined in Section V.I.5, Contract Renewal Pricing.
20	Attachment E	Attachment E	Attachment E is set up so responders have to provide the Section number and Page number where each Scope of Work requirement is addressed. Proposal efforts are generally very dynamic, with changes, additions and deletions being applied up until Final Production. In order to put in the page number for each individual response, the offeror will have to wait until final proposal production is complete in order to ensure accuracy in Attachment E. Will the State consider just requiring the section number where a requirement is addressed and eliminating the page number requirement?	References should be as precise as possible to facilitate review. References must include a section number and either subsection or concise page range, if a single page cannot be specified. Note that, in cases where a requirement is addressed in multiple areas of the response, it is in the vendor's interest to cite multiple locations.
21	Attachment E	BUS010	Will the State have final approval and require that the web site be accessible to the visually impaired?	The contractor must ensure all user interfaces are compliant with recognized usability standards, including, but not limited to, the Americans with Disabilities Act, the Older American's Act, and the Rehabilitation Act Section 508. All user interface screens are subject to Department approval.

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22	Attachment E	BUS010	Should the cost of a web enrollment portal be included in the Contractor's implementation cost?	The vendor's price proposal should include accurate implementation pricing for the vendor's proposed solution. The vendor's technical responses should include solutions in conformance with requirements in Attachment E including providing solutions to accept and capture traditional and nontraditional provider enrollment information, including applications and any supporting materials via hard copy, fax, or Web Portal, and accept and capture provider recertification applications and any supporting materials via hard copy, fax, or Web Portal. (See Requirements ELG019 and ELG028).
23	Attachment E	CON003	CON003 states that the system must receive, capture, and provide the capability to view Managed Care Organization (MCO) contract and administrative information electronically. Will the Department provide the number of MCO contracts?	Currently, there are approximately 17 Medicaid Managed Care plans, approximately 17 Child Health Plus plans, 3 Special Needs Plans (SNPs), and approximately 45 Managed Long Term Care (MLTC) plans under contract in the State. This number may increase or decrease by the start of operations for the MAS system.
24	Attachment E	CON008	This requirement cites PI3.10 of the CMS Checklist which requires export capability to spreadsheet or database software. The statement in this requirement is to develop, transmit, and monitor the generation of files to be distributed to all sources (e.g. providers, MCDQ, CMS) as specified by the Department. This is different from the CMS PI requirement, so please clarify if this is specific to PI or a general requirement for the entire MMIS.	This is a general requirement for the entire MMIS.
25	Attachment E	CON049	Does this requirement for prospective DUR support include Preferred Drug Program and other proactive clinical edits or is this intended to include traditional POS ProDUR edits only?	The requirement is for the contractor to provide pharmaceutical expertise to support all pharmacy operations including prospective DUR traditional editing as well as more complex editing such as editing against diagnoses, step therapy, and frequency quantity and duration limits, etc.
26	Attachment E	CON050	Does the State have specific requirements for the staffing and organization plan for EPIC? The RFP only identifies an EPIC Outreach Manager? Are there any other key staff positions for the EPIC Program?	No, the State does not have specific requirements for staffing and organizational structure. The bidder should propose a staffing solution that best meets the requirements of the RFP and needs of the Department. Statistics related to the EPIC program are available in the annual reports found on the Department's website: http://www.health.ny.gov/health_care/epic/annual_reports.htm
27	Attachment E	CON065	Does the state intend for the educational requirements to include pharmacy programs or is this intended for Medical only?	The requirement is for the contractor to educate providers across the State about all State health insurance program benefits supported by the MAS, including pharmacy.
28	Attachment E	CON093/CON094	Is this directed toward primary contractor? (Project facility must be located within 10 mile radius, supply adequate workspace/computers/parking spaces, etc...for 100 Medicaid program staff. State access to this facility 24/7 without prior notice)	The prime contractor shall be solely responsible for completion of all work to be performed as a result of this procurement, regardless of whether subcontractors are used. Key staff identified in this RFP must be located at the project facility per the stated requirement.

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29	Attachment E	CON097	Will EPIC continue to require a courier service? Will electronic/FTP continue to be acceptable?	The requirement is for the contractor to provide courier services between the project facility and Department, OSC, and OMIG office buildings. Electronic/FTP processes are acceptable options where feasible. The bidder should propose a solution that best meets the needs of the Department.
30	Attachment E	CON163	To meet this requirement will the State provide their MITA Self-Assessment as required by MITA 3.0 so the contractor knows the strategy direction and compliance levels defined by the State in their "To Be" Section of this document? This could change the Scope as approved in the Requirements Validation Sessions, so we want to be coordinated.	Completed MITA documentation is available to bidders as part of the procurement library. The MAS contractor will be included in the planning, documentation, and implementation of future MITA advancement activities. Requirement CON163's use of "To-Be" refers to the definition and documentation of the proposed business process model of new processes (referred to as "To Be") resulting from the identified changes needed to support use of the contractor's system.
31	Attachment E	CON163	In MAS requirement CON163 of the RFP, the Department is requesting the vendor the "Develop a Business Process Analysis, in conjunction with the State Quality Assurance contractor, identifying changes needed to support use of the new system. The Analysis must employ Value-Added Chain (VACD) and Event-driven Process Chain (EPC) diagrams, as appropriate. The Business Process Analysis shall include, but not be limited to, the following items: <ul style="list-style-type: none"> • Definition and documentation of the proposed business process model of New processes (referred to as "To Be") • Documentation showing that the "To Be" processes are aligned with the MITA framework". Based on the phase 1 and 2 project timelines, we assume this task will be an ongoing task that will start during DDI and complete after the phase 2 implementation. Please confirm our assumption. 	The assumption is not correct. The Department requires the initial Business Process Analysis documentation to be completed during DDI prior to go live. Business Process Analysis will continue as an ongoing task to document system and process enhancements implemented throughout the contract.
32	Attachment E	CON166	Please confirm that DOH will make NYS staff available in a timely manner to participate in "JAD" sessions for each of the requirements listed in Attachment E.	The Department will make staff available to the extent possible during planning and implementation.

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33	Attachment E	CON166	<p>In MAS requirement CON166 of the RFP, the Department is requesting the vendor to Conduct a series of joint development sessions with Department staff and other stakeholders, beginning within 15 business days of the project kick-off meeting, the purpose of which is to:</p> <ul style="list-style-type: none"> • Confirm a common understanding of each requirement to ensure that the proposed solution includes all required functionality • Validate the “To Be” Business Processes • Identify any new requirements and explore these requirements in sufficient detail to adequately support system design activities”. <p>Joint development sessions are typically used with the traditional approach of building new systems from the ground up. To realize savings in both cost and speed of implementation, will the Department modify and change the requirements around joint development sessions for Vendors proposing commercial software? These sessions should instead focus on installation, training, and configuration of the commercial software.</p>	<p>Where commercial software (already designed and developed) is proposed, joint development session may not be necessary. The Department amends CON166 as follows:</p> <p>“Conduct a series of joint development sessions with Department staff and other stakeholders, beginning within 15 business days of the project kick-off meeting, the purpose of which is to:</p> <ul style="list-style-type: none"> • Confirm a common understanding of each requirement to ensure that the proposed solution includes all required functionality • Validate the “To Be” Business Processes • Identify any new requirements and explore these requirements in sufficient detail to adequately support system design activities”. <p>Where commercial software (already designed and developed) is proposed, sessions to review functional expectations and establish configuration will take place in lieu of joint development sessions.</p> <p>See Amendment 2.</p>
34	Attachment E	CON215	To which program does this requirement refer?	Requirement CON215 is not program specific but rather process specific. For all occurrences and instances in which contractor staff manually key pricing data, whether payable or receivable, a process must be implemented by the contractor to ensure accuracy of data entry.
35	Attachment E	CON237	This requirement implies the need for prepayment edits. Does the Department want a pre-payment system that meets the mandate of the Small Business Job Creation Act of 2010 (PL 111-240 Sec. 4241) which would be far more robust than 42 CFR 447.45?	MAS Requirement CON237 requires bidder's to propose solutions which include prepayment edits in alignment with 42 CFR 447.45. Future options for enhancements will be planned with the contractor based upon CMS cost-effectiveness and feasibility analysis and guidance to expanding predictive analytics technology.
36	Attachment E	E.3.4 Service Level Agreements & CON 133	Are hours outlined in the proposal for Member availability inclusive of the NY EPIC, NYPS and AIH programs?	Yes.

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37	Attachment E	ELG003	Is it the intent of this requirement to suggest a modification to the current eligibility determination process for EPIC to be based solely upon NYS Tax and SSA TPQ Provided Income data or will the current process in which applicant supplied data is also used in the eligibility determination process continue?	The intent of this requirement is to ensure the contractor establishes processes by which eligibility is verified. These processes currently must include, but are not limited to, information exchanges with NYS Department of Taxation and Finance, and the Social Security Administration TPQ. It is the intention of the Department to simplify EPIC eligibility determination in the future by moving these functions out of the MAS to the NY HBE; however, the Department cannot guarantee that this will be completed in time to include in MAS Release 1 DDI and so eligibility determination remains a requirement of MAS. The bidder should propose a verification solution that best meets the intent of this requirement.
38	Attachment E	ELG004, ELG005	Do these requirements mean to provide and run the card management system, but not actually produce the member cards? If it includes the inclusion of card creation, please estimate the card volume per month for each program required.	The MAS procurement includes requirements to accept, process, and respond to real time CBIC transaction functions. Production of CBIC cards is not a function of this procurement.
39	Attachment E	FIN015	Please identify the NCPDP Standards supported by the program(s) to be integrated into the MAS as referenced in the RFP.	The requirement is for the contractor to maintain NCPDP standards as they are updated and / or modified in compliance with HIPAA and CMS requirements.
40	Attachment E	FIN036	Does this pertain to the EPIC, AIH and NYPS programs?	Yes, this pertains to provider accounts receivables for all programs included in the MAS, but excludes any activity related to rebate processing.
41	Attachment E	FIN046	Does this pertain to the EPIC, AIH and NYPS programs? Is it related to member and provider payments?	Yes, this pertains to invoicing and a payment for all programs included in the MAS but excludes any activity related to rebate processing.
42	Attachment E	FIN068	Please provide further details regarding the intent of the term electronically associated.	The Department requires financial management transparency from the contractor. Recoupments must allow users to easily identify, access, and view the recoupment's relationship or connection to the original payment and any other documents received without need to request research assistance from the contractor. This can be accomplished through hyperlinks, use of internal claim control numbers, etc. Bidders must propose their approach to associate recoupments to payments in their proposals.
43	Attachment E	FIN094	FIN094 states "Provide the capability to add premium, bonus and incentive payments based on Department business rules." What are the specific business rules that apply for incentive payments?	Currently MEIPASS, New York State's EHR Incentive Payment System is the only program facilitating incentive payments managed by the MAS contractor. However, incentive programs are initiated periodically by CMS and/or the Department. The contractor must provide the capability to facilitate incentive payments for future programs.
44	Attachment E	FIN114	Was it the State's intent to request the EDI be removed, there are time limitations on reversals of EFT's within the financial institutions.	The Department is aware of time limitations on reversals, and will work accordingly with the contractor for reversals.

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45	Attachment E	FIN115	Is it the State's intent to begin to reimburse AIH members in the new contract? Will the AIH benefit design be modified to require member payment in this contract?	In addition to current eMedNY programs, the contractor must take over processing of Adult Cystic Fibrosis Assistance Program (ACFAP) and American Indian Health Plan (AIHP) claims and facilitate ACFAP and AIHP payment.
46	Attachment E	FIN117	Is it the State's intent to begin to reimburse providers in the EPIC, AIH and NYPS programs via paper check?	No, this requirement is related to exceptional circumstances as determined solely by the Department
47	Attachment E	FIN133-FIN139	Will the requirement for 1099 production be reinstated for the EPIC, AIH and NYPS programs?	It is not currently the Department's intention to reinstate 1099 production for the EPIC, AIH and NYPS programs.
48	Attachment E	FIN145	With the vendor have the authority to hold release of payments until we confirm the State funds have been transferred into the operation/disbursement bank account to avoid this condition?	The contractor must hold release of payment until it has been advised the funds are in place. Upon notification checks must be released. However, should an overdraft on accounts occur, the contractor shall be responsible for overdraft penalties.
49	Attachment E	MEM012	Is this requirement for Medicaid members only or other ancillary programs and, if so, which programs?	The contractor must develop and maintain cross-reference files of health insurance carriers to employers for Medicaid members.
50	Attachment E	MEM013	Is this requirement for Medicaid members or other ancillary programs? Which program?	The contractor must maintain and provide the capability to review through the web-based application casualty-related information for Medicaid members.
51	Attachment E	MEM014	Will all waiver services be paid through the MAS? If not, how will the contractor obtain it?	Any waiver services that are not paid through the MAS system will not have financial reporting required by the MAS contractor.
52	Attachment E	MEM016	Does this requirement conflict with FIN001 which states the MAS vendor will be responsible for TPL recovery?	The Department does not require that the TPL and recovery activities indicated in FIN001 be performed by staff of the Fiscal Agent/MAS contractor, but does require that the selected solution support these functions. Currently, OMIG maintains a separate contract for the performance of the work indicated, and the MAS RFP is not proposing to take over that work or replace existing OMIG Contract C200801.
53	Attachment E	MEM047	Is this requirement for all dual eligibles or just for MMIS dual eligibles?	The contractor must obtain and process all Medicare Part C Advantage Plan and Medicare Part D Prescription Plan information for State Medicaid members in the MMIS from CMS
54	Attachment E	MEM098/MEM066	Part D Plan selection via a detailed and complex process referred to as facilitated enrollment is a process that was retired a few years ago and is no longer in place for the EPIC Program. Do these requirements indicate that it is the Department's desire to re-introduce the Plan D program assignment/re-assignment function into the EPIC operation as of the start of the new contract term?	No, the Department does not intend to re-introduce facilitated enrollment. The RFP is amended to remove MEM066 and MEM098. See Amendment 2.

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55	Attachment E	OPS006	Please provide a comprehensive list of X12 transactions the MAS must accept.	In addition to 834 transactions, the contractor must accept and process X12 transactions as documented within the eMedNY Trading Partner Information Standard Companion Guide and eMedNY Transaction Information Standard Companion Guide X12, available at https://www.emedny.org/HIPAA/5010/transactions/
56	Attachment E	OPS011	Req: Provide a retroactive rate adjustment process to automatically generate adjustment transactions when provider rate modifications result in a change to the reimbursement amounts for previously adjudicated claims. This process must be executed based on a schedule approved by the Department. Retroactive rate adjustments can affect claims from 1978 forward. Question: How much data needs to be converted (how many years)? We would strongly encourage the Department to reconsider the need to convert historical claims. This process alone will jeopardize the ability to achieve a 12 month implementation.	Thirty-six (36) months of claims will be maintained in the MAS system. At cut-over, only those claims and claim data necessary for paying current claims will be converted (this includes but may not be limited to information needed for Utilization Threshold, once-per-lifetime claims, and prior authorizations). The full 36 months of data must be converted by the end of the claims run-out period, with an allowance for the time during which the MAS system has been accumulating new claims (a 6 month run-out period would result in the need to import 30 months of historical claims).
57	Attachment E	OPS013	Req: Provide the capability to automatically verify that any data item that contains self-checking digits (e.g., member I.D. Number) passes the specified check-digit test. Question: Please clarify if this is synonymous with saying it must be HIPAA compliant?	No, these are not synonymous as there are fields that require self-checking which exist in addition to HIPAA. The contractor must provide compliance with each MITA checklist item including Claims Adjudication CA2.6 referred to within this requirement.
58	Attachment E	OPS036	Req: Flag for review claims, for the same member, with a diagnosis and procedure which indicate an emergency that occurs within one day of a similar claim from the same provider. Question: Please confirm that emergency will be defined based on the revenue code submitted on the claim.	The presence of an emergency will be determined by data on the claim. This may include, but not be limited to, the revenue code.
59	Attachment E	OPS052	Req: Accesses individual beneficiary claims histories to extract data needed to produce annual report to CMS on cost neutrality and amount of services. Question: Please clarify the role of the MAS vendor since all claims data that would compile the beneficiary claims history is provided to the MDW. Is this an additional data extract for the MDW, an additional data extract for another entity to produce this report, or is the MAS vendor responsible for producing the report?	Cost neutrality reporting will be done by MDW and the MAS will provide data to the MDW sufficient to support such reporting.
60	Attachment E	OPS069	Will Over the Counter coverage be extended to Medicaid Beneficiaries only or will there be provisions for Over the Counter drug coverage for the non-Medicaid program participants as well?	The bidder should submit a proposal that addresses OTC pricing methodologies for all pharmacy programs included in the MAS.

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61	Attachment E	OPS094	Given the different populations that are served by the four included pharmacy programs, does the Department intend to implement a consistent set of ProDUR criteria to be applied across all Pharmacy Benefit programs or is it envisioned that each of these programs will have a unique set of Prospective DUR edits to be administered and maintained?	The bidder should propose solutions that address DUR issues broadly as well as those that may be specific to the member populations served by each of the pharmacy programs.
62	Attachment E	OPS155	This requirement specifies an "online capability to test and estimate the effect of new or modified edits and audits prior to their use in claims processing...." It cites PI Checklist PI3.9 which "tests criteria and develops algorithms for expected outcomes prior to production reports" The requirements seem to differ. One deals with front end claims processing edits and audits and the other refers more to PI related retrospective algorithms that would be done by the OMIG. Please clarify the requirement.	The reference to PI3.9 in this requirement may be disregarded and is struck from the RFP. The requirement otherwise stands as-is. See Amendment 2.
63	Attachment E	OPS159	Please provide detailed processing system and business process requirements documentation, and pricing logic documentation for EPIC, and other non MMIS programs. Please provide the sustained and peak volumes for all transaction types for each of the associated programs.	It is expected that the bidder will have expertise regarding NCPDP standards and pharmacy claims processing including standard logic that is used to pay pharmacy claims as a secondary payer. Current processes and pricing logic may not be relevant to the MAS as operational environments will likely be different. Statistics related to the EPIC program are available in the annual reports found on the Department's website: http://www.health.ny.gov/health_care/epic/annual_reports.htm . Data related to the pharmacy PBM programs can be found in PDP annual reports at: http://www.health.ny.gov/health_care/medicaid/program/pharmacy_ann_report.htm
64	Attachment E	OPS159	EPIC pharmacy program benefits include a payment algorithm that uses the state MAC price and Other Payer Patient responsibility amounts as submitted on the claim to determine patient co-insurance/copay and the final payable amount to be paid to the pharmacy provider. Does the Department envision any change to these payment algorithms under the MAS contract or expansion of these pricing algorithms beyond their current benefit application (e.g., where Medicaid FFS benefits would be changed to align with EPIC pricing algorithms or vice versa)?	The Department continually evaluates payment methodologies and legislative changes often result in the need for systematic changes. Therefore, bidders should propose solutions that allow for the flexibility to implement future changes.
65	Attachment E	OPS168	Does this requirement refer to PTAR only or all MAS provider activity?	The requirement is not specific to PTAR. The contractor must generate a remittance statement for each provider with activity in a payment cycle even if no EFT/check is generated.
66	Attachment E	OPS171	Please clarify which program this requirement refers to.	The contractor must generate a monthly, member-level, detailed premium remittance advice file of Medicaid members by carrier even if no EFT/check is generated.

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67	Attachment E	OPS188	We believe the reference to the PI checklist item is incorrect for this requirement. Please clarify.	The CMS System checklist item PI3.6 stating that the system "Has the capability to suppress processing on an individual within specified categories on a run-to-run basis" shall remain referenced in requirement OPS188, which requires the MAS contractor to "Provide the capability to pay, adjust or suspend claims payments for all categories of providers or members within specified categories on a run-to-run basis."
68	Attachment E	PFM020-024	Describe the demographic of those members who will receive the EOBs. What program is this requirement addressing?	EOBs are sent to sample populations based on filter criteria as a means of determining the accuracy of payments. Population demographics may vary. Potentially any member for whom FFS claims have been paid by the MAS system may receive an EOB.
69	Attachment E	PLN027	Please describe the scope of the compound pharmacy claims auditing requirements and whether this intended to apply to Medicaid Fee for Service claims or claims for all pharmacy programs including EPIC, American Indian Health and New York Prescription saver?	This requirement is specific to EPIC, American Indian Health and New York Prescription saver. The Department is open to a variety of solutions and the bidder should propose a solution that best meets the needs of the requirements of the RFP.
70	Attachment E	PLN027	Please describe or provide references to the specific requirements for the compound claim auditing process referenced herein?	The Department is open to a variety of solutions and the bidder should propose a solution that best meets the needs of the requirements of the RFP.
71	Attachment E	PLN034	Req: Assist with recommendations and evaluation of proposed benefit design changes and implement any changes necessary to accommodate program modifications resulting from legislation, or within the statutory discretion of the Department. Recommendations must include a preliminary analysis of all associated costs, a clinical evaluation, and the anticipated impact of proposed program modifications and contemplated benefit design changes on members. Question: Please clarify if this is for all programs being administered by the MAS vendor, inclusive of both medical and pharmacy benefits.	The contractor must provide recommendations and evaluations of proposed benefit design changes of any program administered by the MAS vendor upon request by the State.
72	Attachment E	PLN035	Req: Analyze and report on utilization of services and prescribing patterns by various member and program categories to determine the extent of participation and related cost. Prepare data extracts of pharmacy claims history as requested by NYS for review. Question: Please clarify if this is for all programs being administered by the MAS vendor, inclusive of both medical and pharmacy benefits.	Yes, this requirement applies to all programs being administered by the MAS vendor.
73	Attachment E	PLN059	Design and implement targeted educational interventions aimed at changing prescribing patterns of outlier prescribers, including but not limited to: mailings, electronic messages, face to face meetings with prescribers and other direct interaction with prescribers. This requirement appears to be the same as PLN052 and PLN049 - please confirm	The Department acknowledges requirements PLN052 and PLN059 duplicate requirement PLN049 in error. Requirements PLN052 and PLN059 shall be struck to eliminate the duplication. See Amendment 2.

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74	Attachment E	PLN091	Does weekly, biweekly, monthly, and quarterly operating statistics reports to the State apply to all programs including EPIC?	Yes, this requirement applies to all programs being administered by the MAS contractor.
75	Attachment E	PLN133, PLN134, PLN135, PRV080, TEC177	While many of the prior approval requirements are specific to pharmacy, there are also many that are silent as to whether they apply to medical or pharmacy authorizations. Please clarify whether these would apply to all authorizations.	Each of the cited requirements (PLN133, PLN134, PLN135, PRV080, TEC177) are applicable to all prior authorizations including both medical and pharmacy authorizations
76	Attachment E	PRV113	This requirement is part of Manage Provider Communications Business Process. Please clarify to which type of provider communications the terms and conditions apply.	The terms and conditions apply to all providers who access the provider portal.
77	Attachment E	PRV136	PM03 Perform Provider Outreach Req: Implement and monitor effective strategies for educating community-based partners and other partners to assist in recruiting and enrolling new members. Question: Please confirm that this scope is limited to the EPIC program.	PRV136 refers to the EPIC program. However the contractor is required to educate providers across the State about all State health insurance programs supported by the MAS.
78	Attachment E	PRV136, PRV137	Please clarify whether these requirements are specific only to the EPIC program.	PRV136 and PRV137 refer to the EPIC program. However, the contractor is required to educate providers across the State about all State health insurance programs supported by the MAS. Statistics related to the EPIC program are available in the annual reports found on the Department's website: http://www.health.ny.gov/health_care/epic/annual_reports.htm
79	Attachment E	PRV137	For PM03 Perform Provider Outreach Req: Provide monthly reports and analyses of outreach and enrollment figures, including information such as outreach activities that took place, numbers of people enrolled and cost effectiveness. Question: Please confirm that this scope is limited to the EPIC program.	PRV137 refers to the EPIC program. However the contractor is required to educate providers across the State about all State health insurance programs supported by the MAS. Statistics related to the EPIC program are available in the annual reports found on the Department's website: http://www.health.ny.gov/health_care/epic/annual_reports.htm
80	Attachment E	PRV141	Provide recommended actions to the State as a result of pharmacy review and audit, such as suspension and termination from the EPIC network. Does the state intend for pharmacy review and audits to be performed at pharmacy location?	The bidder should propose an audit approach that effectively addresses program integrity and utilizes cost effective/result based techniques.

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81	Attachment E	Requirements Traceability Matrix PLN160	Requirement text is truncated. Please provide complete text for this requirement.	<p>The MAS Requirement PLN160 is amended to supply the full text.</p> <p>“Maintain drug pricing data necessary to support Program pricing methodology, process claims with the State-defined brand/generic classification and subject the claims to pass through pricing. The Program will continue to utilize AWP as the basis of pricing until such time as it is determined by the Department to be obsolete, unavailable and/or NYS legislation changes the basis of reimbursement from AWP to an alternative benchmark. In the event the statutorily mandated methodology of reimbursement changes during the term of the agreement, or other significant changes occur affecting reimbursement, the Department reserves the right to require the contractor to adjust the fixed discounts and/or utilize alternative pricing benchmark(s) in order to maintain an equivalent level of discount to the Program at no additional cost to the State.”</p> <p>See Amendment 2.</p>
82	Attachment E	SLA	How are the SLAs calculated: i.e.-for a penalty based on a day or an hour, does one miss equal a SLA miss for the entire day or hour or is the calculation based on an aggregation of averages for some larger standpoint (i.e. – less than 24 in a day doesn't constitute a “missed” day or 98% for a week of hours is ok)	Most SLA damages are applied on a "per occurrence" basis and in those cases the damages apply for each individual failure. Any SLA with a "per minute", "per hour" or "per day" requirement includes "or any portion thereof" for each measurement. Unless otherwise defined, a day is defined as a calendar day. For those SLAs that do not identify the damages that apply on a "per occurrence" measurement (e.g., "Adjudicate a minimum of ninety-eight percent (98%) of all claims..."), the calculation is based upon monthly reporting unless defined otherwise.
83	Attachment E	SLA-General	Can the Department provide the SLAs for the current Fiscal Agent in the Procurement Library?	The Department believes that SLAs for the current Fiscal Agent are not relevant and will not be provided.
84	Attachment E	SLA-Inbound Files	The SLA states, "Process inbound files at a frequency as defined by the Department." What is the frequency defined by the Department?	Frequency of inbound files is provided in the Procurement Library. Frequencies may be modified based on future needs of the Department.
85	Attachment E	SLA-Outbound Files	The SLA states, "Process outbound files at a frequency as defined by the Department." What is the frequency defined by the Department?	Frequency of outbound files is provided in the Procurement Library. Frequencies may be modified based on future needs of the Department.
86	Attachment E	SLA-Production Environment	Production Environment Hours of System Availability – what does “disruption in production environment” mean?	All on-line access for system functions required in this RFP (submit claims, perform eligibility verification, perform drug utilization review activities, program audits, etc.) must be available to providers, State staff, and applicable State contractors. A disruption in the production environment involves the inability of one or more user segments of the MAS system to access that system to perform required business functions for which action or inaction of the vendor is responsible, as determined by the Department.

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87	Attachment E	SLA-Reporting	The SLA states, "Produce all daily, weekly, monthly, quarterly, and annually operational, plan management, and performance management reporting at the schedule defined per report." Will the Department provide the consolidated list of reports required and the defined schedule for each?	The consolidated list of current eMedNY Reports and frequency is provided in the procurement library.
88	Attachment E	TEC Section	The RFP requires the use of COTs products in several areas. If a COTS problem, beyond the control of the contractor, results in an SLA issue, will DOH hold the contractor liable?	Yes.
89	Attachment E	TEC032	Req: Assume responsibility for the provision and maintenance of all hardware, computer network, personal computer-based workstations, laptops, printers, supporting modems, and software needed for the MAS. Question: Is this required for State staff residing in contractor facility?	This requirement applies for all staff the State assigns to the contractor's project facility (e.g., Department Staff and the State's QA contractor).
90	Attachment E	TEC111	Req: Convert current eMedNY reports, after the Department reviews for appropriateness, into the proposed Document Repository. Question: Please provide details on the current format of the reports and the volume required.	Please see the Procurement Library, particularly folder #04, eMedNY Reports for information on historical report number and frequency. Future volumes will be determined subsequent to Department assessment of future needs. Additional information on data elements can be viewed in the Technical Design Documents, Procurement Library folder #03.
91	Attachment E	TEC152	In MAS requirement TEC152 of the RFP, the Department is requesting that vendor "Develop, implement, and maintain all external interfaces to administer operations as identified in the procurement library - External Interfaces". The procurement library documents hundreds of proprietary inbound and outbound interfaces requiring custom development regardless of the solution. In an effort to support the implementation timelines and a solution containing COTS, reusable components and existing commercial health care software will the Department accept alternate proposed solutions such as using industry standard transactions, database exports, database replication or common formats for exchanging data.	The bidder must commit to supporting all existing interfaces. During DDI, the contractor may propose a change of external interfaces and the Department may, at its sole discretion, accept such a suggestion.
92	Attachment E	TEC176	Please define the program(s) this member portal will support, transaction volumes and the consent forms and process required to support the transmission of PHI data?	The requirement for a member portal is new, and as there is no existing member portal there is no historical information to supply. The member portal will support members who are enrolled in a program served by the MAS system and who have FFS claims. The Department is open to proposals for a single member portal or two member portals, one of which is for pharmacy-only programs. At the sole discretion of the Department, programs which have very limited claims data may be excluded from this requirement.
93	Attachment E	FIM006	Resolving premium payment discrepancies - how is managing provider recoupment associated with premium payments? What type of premium payments are these.	FIN 006 is mis-categorized in column D Business Process. The requirement will remain as written and the business process is amended to Prepare Member Premium Invoice. See Amendment 2.

Question Number	Section	Document Reference	Question	Resolution
94	Attachment E	MEM010, BE1.13,Pi2.7	Does the Department have additional detail to define an episode of care (e.g., clean periods, provider aggregations, specific disease states)?	Additional details necessary to support these requirements will be provided when planning report development.
95	Attachment E	PLN027-PLN037	In conjunction with MAS requirement PLN027 through PLN037 of Attachment E, can the Department please indicate if there are any existing DUR activity (performed by DOH or a vendor) that will need to be supported by the MAS contract in the form of a pharmacist or similar?	The contractor must support all DUR activity and should submit a staffing plan that supports all the related requirements contained within the RFP.
96	Attachment J	Key Staffing Requirements	The first paragraph states: “. The contractor must name individuals and provide resumes in its proposal that will fill the thirteen (13) key staff positions that are identified by the Department.” Please confirm that thirteen (13) should be replaced with fourteen (14) as there are fourteen key positions identified in Attachment J.	The RFP includes 14 key staff positions. The RFP is amended to remove the Transition Manager from named key staff. No resume for this position is required at the start of the contract and the RFP is amended to reflect that while the Transition Manager is a key staff position, no resource is needed upon start of the contract and the individual filling this position need not be named in the proposal. See Amendment 2.
97	Attachment J	Staffing Requirements	Attachment J indicates that 13 key staff must be named in the proposal and available at the contract start date, including the Transition Manager. 1. Please consider removing the Transition Manager as a named resource since the position is responsible for transition at the end of the contract. 2. There are 14 Key Staff positions listed. Please reconcile this with the 13 that must be named.	The RFP includes 14 key staff positions. The RFP is amended to remove the Transition Manager from named key staff. No resume for this position is required at the start of the contract and the RFP is amended to reflect that while the Transition Manager is a key staff position, no resource is needed upon start of the contract and the individual filling this position need not be named in the proposal. See Amendment 2.
98	Attachment J Staffing Requirements	Attachment J	RFP Attachment J details MAS Key Staff positions. Page J-3, Paragraph one, states that, “Key staff must be available at the contract start date”. PageJ-3 identifies the Key Staff position of Transition Manager. The general responsibility of the Transition Manager is to “Undertake all activities associated with transition to the Department or a subsequent contractor”. If the Department intends to have the Transition Manager available on the contract start date what would the General Responsibilities be for the Transition Manager in the earlier phases of the contract (Planning, DDI and Operations)?	The RFP includes 14 key staff positions. The RFP is amended to remove the Transition Manager from named key staff. No resume for this position is required at the start of the contract and the RFP is amended to reflect that while the Transition Manager is a key staff position, no resource is needed upon start of the contract and the individual filling this position need not be named in the proposal. See Amendment 2.
99	Attachment J Staffing Requirements	Attachment J	RFP Attachment J, Page J-2 lists Key Staff position of DDI/ Configuration Manager. One of the qualifications is a “Bachelor’s degree in Information Technology or related field is required”. Will the Department accept a minimum number of years of experience in lieu of Education for the Key Staff positions?	Where Key Staff education requirements exist (Account Manager, DDI/ Configuration Manager, Operations Manager, Transition Manager, Compliance Manager, Information Security Officer, Quality Assurance Manager, and Customer Service Manager) the Department will accept at least four (4) years’ experience in the role of the key staff position in lieu of a bachelor’s degree. For the Key Staff position MEIPASS Operations Manager, the Department will accept at least two (2) years’ experience in an operations manager role within government or healthcare. See Amendment 2.

Question Number	Section	Document Reference	Question	Resolution
100	D Technical Proposal Contents	D.6 Experience and Qualifications	Please clarify whether the qualifications for vendor experience can be met by the vendor and its subcontractors. For example, large scale complex health care claims processing may be met by a Medicaid MCO operating in NY that can operate as a subcontractor but not a prime.	<p>The prime contractor shall be solely responsible for completion of all work to be performed as a result of this procurement, regardless of whether subcontractors are used. Accordingly qualifications and vendor experience shall be met by the prime contractor alone, with exception of the below qualifications and vendor experience that can be met by the prime contractor and its subcontractors:</p> <p>1. Describe the vendor's overall qualifications to carry out a project of this nature and scope.</p> <p>5. The vendor must describe the recent standup of any new lines of business and/or markets entered in the last two years, including the number of such transitions, the performance of such transitions, and measures against SLAs in the first six months of operations.</p> <p>6. The vendor must describe how it can make rapid configuration changes based on business requirement changes of the State, such as changes in populations served, types of benefits, claims edits and other program changes.</p>
101	G Evaluation Process and I Payment	G3, Scoring of Vendor Price Proposals	Section G3 indicates that the DDI Pricing Element must be less than or equal to 30% of the proposed Total Price while Section I. Payment on Page V-8 notes that the DDI must not exceed 25% of the proposed total price over 5 years. Please clarify.	<p>The DDI pricing element must be no more than 25% of the Total Price, as indicated in Section V.I.1 (page V-8) and also in Attachment H. Section IV.G.3 (page IV-19) is amended to read as follows:</p> <p>"Includes all planning, development/configuration, implementation, User Acceptance Testing (UAT), and certification pricing for the MAS procurement expressed as a fixed price. Project Planning, DDI, and Certification price must be less than or equal to 25% of the proposed Total Price."</p> <p>See Amendment 2.</p>
102	RFP Body	G.3 & I.1	G.3 states "Project Planning, DDI, and Certification price MUST be less than or equal to 30% of the proposed Total Price" I.1 states "...the total price proposed for the Project Planning, DDI, and Certification must not exceed twenty-five percent (25%) of the proposed total price" Please confirm which is correct.	<p>The DDI pricing element must be no more than 25% of the Total Price, as indicated in Section V.I.1 (page V-8) and also in Attachment H. Section IV.G.3 (page IV-19) is amended to read as follows:</p> <p>"Includes all planning, development/configuration, implementation, User Acceptance Testing (UAT), and certification pricing for the MAS procurement expressed as a fixed price. Project Planning, DDI, and Certification price must be less than or equal to 25% of the proposed Total Price."</p> <p>See Amendment 2.</p>

Question Number	Section	Document Reference	Question	Resolution
103	Section IV - G.3 Scoring of Section IV and Section V and Attachment H	RFP Section IV.G.3 and V.I.1 and Attachment H	The Description of the 1st pricing element (Project Planning/DDI/Certification) on page IV-19 states that the price "MUST be less than or equal to 30% of the Total Proposed Price". Page Pages V-8 and Pricing Schedule B of Attachment H both state price "...must not exceed 25% of the proposed total price..." however, page IV-19 Section G.3 states "...must be less than or equal to 30% of the proposed total price Please verify whether the ceiling is 30% or 25%.	The DDI pricing element must be no more than 25% of the Total Price, as indicated in Section V.I.1 (page V-8) and also in Attachment H. Section IV.G.3 (page IV-19) is amended to read as follows: "Includes all planning, development/configuration, implementation, User Acceptance Testing (UAT), and certification pricing for the MAS procurement expressed as a fixed price. Project Planning, DDI, and Certification price must be less than or equal to 25% of the proposed Total Price." See Amendment 2.
104	General		Standard review/update/re-review periods are not provided for deliverables within the RFP. Is the assumption that the 10 day initial review period followed by a subsequent 5 day update/re-review period is sufficient?	Section V.F.1 on page V-6, 5, is amended as follows: The Department will conduct a timely review of all materials submitted to the Department by the contractor, returning comments within ten (10) business days unless otherwise agreed upon by the Department and the contractor, followed by a subsequent 5 business day update/re-review period. For large deliverables, additional time may be requested by the Department. See Amendment 2.
105	I	A	There are several functions currently performed by contractors on behalf of the state staff. RFP Page I-4 states that the MAS contractor will be expected to take over processing of: Adult Cystic Fibrosis Assistance Program (ACFAP) and American Indian Health Plan (AIHP) non-clinic claims, as well as clinical review and administration functions for NYS pharmaceutical programs including the Elderly Pharmaceutical Insurance Coverage (EPIC) Program, the New York Prescription Saver Program (NYPS), and the Preferred Diabetic Supply Program (PDSP). Please provide staffing information for these programs including number of staff, job titles, and job descriptions of staff currently assigned to these activities. In addition, please provide functional descriptions of the tasks performed and the inputs and outputs of these tasks and the volumes processed by task.	Statistics related to current staff and processes may not be relevant to the MAS as operational environments will likely be different. The bidder should determine the resources required to support its proposal based on experience operating similar programs. Some additional information on these programs will be provided in the Procurement Library.

Question Number	Section	Document Reference	Question	Resolution
106	I	D A	<p>RFP page I-10 provides for a list of functions currently performed by the State (e.g., prior approval/prior authorization, provider enrollment, provider recertification, and pharmacy). This MAS contractor will assume responsibilities for these activities. Page I-1 states, "...the contractor will configure and supplement its existing infrastructure to provide selected health program administrative services....[to include]...Grievance and appeals processes for members and providers including fair hearings".</p> <p>Please provide a list of individual state functions to be assumed by the contractor. Please identify staffing information including number of staff currently assigned to these functions, job titles, and job descriptions of staff, as well as tasks performed and volumes of work.</p> <p>Also, please provide conversion specifications for data related to the historical activities of these functions (e.g., types of files, file formats, number of records, and anticipated date retention timeframes).</p>	<p>A complete list of functions and responsibilities assumed by the contractor upon award is provided within Attachment E: Requirements Traceability Matrix. The Department will not prescribe staffing level requirements herein, except for identified Key Staff. Staffing to fulfill each requirement while meeting performance objectives provided within the services level agreements is the responsibility of the contractor. Bidders should propose innovative approaches to meet the requirements and staffing levels necessary to achieve the highest performance standard. Conversion specification and planning is the responsibility of the contractor and identified within Attachment G: Deliverables List.</p>
107	I.A, I.E and III.A	Procurement Overview, Introduction; Procurement Overview, Overall Approach to the Contract; and Medicaid Administrative Services, Scope of Work	<p>In Section I.A, the RFP states that an "MCO that is currently providing risk-based capitated Medicaid services in NYS can, however, serve as a subcontractor, so long as it is not involved with making capitation payments." In Section I.E, the RFP states that vendors can subcontract services to MCOs that are currently providing Medicaid services in NYS "as long as the prime vendor has, in the opinion of the Department, taken proper safeguards to insulate the subcontractor vendor from the relevant managed care components of the contract."</p> <p>In Section III.A, the RFP states that such "MCO subcontractors must be insulated from providing the following MC fiscal agent services or having exposure to/interacting with the following information: Maternity kick payment processing; Stop loss Capitation payments"</p> <p>1. For purpose of this RFP, is the phrase "relevant managed care components" limited to those administrative services consisting of "managed care capitation payments and those involving maternity kick payment processing and/or stop loss payments"?</p> <p>2. If not, what other administrative services fall within the phrase "relevant managed care components of the contract"?</p>	<p>There will be a single Fiscal Agent for FFS and Managed care payments. A vendor providing risk based capitation services in the State cannot serve as the fiscal agent nor can it submit a proposal as a contractor to this RFP because of the risk of conflicts of interest in having a contractor pay itself and in having access to competitors' information.</p> <p>Subcontractors providing MCO risk-based capitated Medicaid services in NYS must be insulated from activities that:</p> <ul style="list-style-type: none"> • Result in payment calculation or facilitation of payment to such organization, subsidiary, or parent company • Result in payment calculation or facilitation of payment to other MCOs providing risk-based capitated Medicaid services in NYS • Require or allow access to confidential information of other MCOs providing risk-based capitated Medicaid services in NYS • Require or allow access to confidential information of drug manufacturers • Facilitate program integrity and fraud prevention activities of such organization, subsidiary, or parent company • Facilitate program integrity and fraud prevention activities of other MCOs providing risk-based capitated Medicaid services in NYS

Question Number	Section	Document Reference	Question	Resolution
108	I.A, III.A.	Procurement Overview, Introduction; Medicaid Administrative Services, Scope of Work	<p>Section I.A of the RFP states that the scope of services required of the selected contractor consists of having the contractor “administer the NYS fee-for-service (FFS) Medicaid program as well as fiscal agent functions of its managed care (MC) program.” Section I.A then lists 12 types of services, with the complete list found in Attachment E. Section III.A. of the RFP also states that Medicaid MCOs that currently provide Medicaid insurance services in NYS can be included as a subcontractor “as long as the managed care components of the scope of work are performed by the prime contractor in order to avoid competitive advantage risks, conflicts of interest and the appearance of such conflicts.”</p> <p>Question: In order to clearly understand the scope of the State’s concerns around conflicts of interest, specifically as they relate to those services described in the RFP that a Medicaid MCO is prohibited from performing as a subcontractor, besides the services involved in managed care capitation payments, what other services from the twelve (12) listed in Section I.A are services that a Medicaid MCO is prohibited from performing as a subcontractor to a prime vendor, if any?</p>	<p>There will be a single Fiscal Agent for FFS and Managed care payments. A vendor providing risk based capitation services in the State, cannot serve as the fiscal agent nor can it submit a proposal as a contractor to this RFP because of the risk of conflicts of interest in having a contractor pay itself and in having access to competitors’ information.</p> <p>Subcontractors providing MCO risk-based capitated Medicaid services in NYS must be insulated from activities that:</p> <ul style="list-style-type: none"> • Result in payment calculation or facilitation of payment to such organization, subsidiary, or parent company • Result in payment calculation or facilitation of payment to other MCOs providing risk-based capitated Medicaid services in NYS • Require or allow access to confidential information of other MCOs providing risk-based capitated Medicaid services in NYS • Require or allow access to confidential information of drug manufacturers • Facilitate program integrity and fraud prevention activities of such organization, subsidiary, or parent company • Facilitate program integrity and fraud prevention activities of other MCOs providing risk-based capitated Medicaid services in NYS
109	IV	C	Do any of the proposal sections have page limits?	The Department has not set page limits per section or to bidders’ proposals in their entirety. However, the Department does request bidders keep proposals at a reasonable length to respond to each requirement completely, but not to answer questions that weren’t asked, or provide general brochures, videos, etc. that aren’t germane to RFP questions or requirements.
110	IV	C	May offerors use 11x17 pages for figures, charts and tables when doing so would enhance our ability to present our solution in a more coherent manner?	The Department will allow the use of 8.5 x 14 pages for presenting diagrams and charts that are relevant to the bidder’s proposal where necessary for legibility.
111	IV.G.2 Scoring of Vendor Technical Proposal	RFP Section IV.G.2	Will the requirements described in "D.7. References (Tab 7)" be evaluated, and if so, how? The current evaluation table provided on page IV-8 does not make reference to the requirements described in D.7.	References are not scored as part of the technical proposal but rather reviewed as part of the Department’s compliance assessment to verify experience.
112	N/A	N/A	Are the unique rebate operations which are performed for the non-Medicaid Pharmacy Programs (EPIC, AIH & NYPS) going to continue to be managed by the solutions provider for the NY MAS or is it the intent of the department to consolidate these rebate operations with the to be released Medicaid Drug Rebate RFP? If the answer is the latter, how does the department intend to provide point of sale rebate estimates for processing by the New York Prescription Saver program?	As illustrated in Exhibit I-1: Current and Future components of MMIS, drug rebate operations will be managed outside of the MAS and appropriate interfaces will be established.

Question Number	Section	Document Reference	Question	Resolution
113	N/A	N/A	Will EPIC continue to utilize a TTY line for the hearing impaired or will these calls be funneled to the Call Center through NY Relay Service?	The bidder should propose a solution to support EPIC members who are hearing impaired. The Department is open to a variety of solutions that meet the requirements of the RFP.
114	N/A	Questions and Answers 1-16	The Department has stated in the response to questions 1 - 16 that an amended Attachment E will be created and issued to potential bidders. Please provide a version of the amended Attachment that shows tracked changes.	The Department's amended Attachment E - Redline will be provided on the Department's website http://www.health.ny.gov/funding with the final set of written responses. Vendors are responsible for checking for updates to information on the website.
115	RFP- IV. Proposal Requirements Attachment L- Transmittal Letter Template	D.2 Transmittal Letter, item 10. Paragraph 9	Will the state please modify these requirements so that proposals will remain valid for 180 days instead of 365 days?	No, this requirement will not be changed.
116	RFP Body – Attachment L	#2	Please provide the state's definition of "facility" in this statement. ...all other facilities that are not specifically required to be in proximity to the NYS Capitol building, as required in Appendix J, will be located within the continental United States.	Facility in this sense refers to any contractor site / location other than the facility specifically required to be in proximity to the State Capitol Building. Examples include the data center facilities or disaster recovery facilities.
117	RFP Exhibit I-2 Attachment H - Pricing Schedule C	A Attachment H	RFP Page I-8, Exhibit I-2 (MAS Project Phases) shows Stage 1 Operations (Provider Services) begins in Month 10 of Contract Year 1 and has a duration of 3 months. Attachment H, Tab C., shows Operations beginning in Month 4 of Contract Year 1. Please clarify the State's Operations requirements from Month 4 through Month 9 of Contract Year 1. What services/functionality is required by month 4?	No services are required in Month 4; however, Provider Enrollment and Recertification operations may begin earlier than Month 10: "No operational costs are expected prior to month 10, unless a vendor proposes to bring the Phase 1 component of Provider Enrollment/Recertification live earlier than required (optional). All other functional components should be priced as going live on the dates DOH projects..." The Department has an interest in bringing Provider Enrollment and Recertification operational with the MAS solution as quickly as possible.
118	RFP III – Scope of Work	E – Performance and Monitoring	Will the State please modify the language as follows: The Department confirms that the amounts stated <u>in the Service Level Agreement in RFP Section III.E.3.4 (SLAs)</u> , for each occurrence of each performance failure define the maximum damages due from the contractor and that the amount claimed shall be adjusted downward to eliminate any proportion of the damage caused by the Department's <u>or other third party's</u> failure to meet its contractual responsibility. <u>Further, if Contractor's performance failure affects more than one (1) SLA, such failure shall result in the imposition of only one (1) single SLA damage assessment per month. SLA damages under this Contract shall not exceed 5% of the applicable monthly invoice.</u>	No, the language will not be changed.

Question Number	Section	Document Reference	Question	Resolution
119	RFP III – Scope of Work	E – Performance and Monitoring	Will the State please modify the language as follows: Amounts due to the Department from assessment of <u>liquidated</u> damages may be deducted from any money payable to the contractor pursuant to this contract. The Contract Administrator shall notify the contractor, in writing, of any claim for <u>liquidated</u> damages pursuant to this provision at least fifteen (15) <u>thirty (30)</u> calendar days prior to the date the Department deducts such sums from money payable to the contractor.	No, the language will not be changed.
120	RFP IV.B.1	B.1 General Requirements, #1	Please confirm that a separate signed statement is not needed to attest to this section as it appears that the submission of a proposal constitutes this attestation.	Confirmed.
121	RFP IV.B.2	B.2 Non-Collusion Bidding	<p>Please confirm that by virtue of submitting a proposal, the Vendor is certifying to the requirements in section B.2 and accordingly, neither the Vendor nor any proposed subcontractor is required to provide a signed statement certifying to items addressed in section B.2 as part of proposal submission.</p> <p>Also please confirm that in reference to the last paragraph on page IV-2, which reads:</p> <p>“Any proposal made to the State or any public department, agency or official thereof by a corporate vendor for work or services performed or to be performed or goods, sold or to be sold, where competitive bidding is required by statute, rule or regulation and where such proposal contains the certification set forth above shall be deemed to have been authorized by the board of directors of the vendor, <u>and such authorization shall be deemed to include the signing and submission of the proposal and the inclusion therein of the certificate as to non-collusion as the act and deed of the corporation or other legal entity involved in the proposal.</u>”</p> <p>the section underlined above does not require vendors to provide a “certificate as to non-collusion’ with the proposal submission.</p>	Confirmed.
122	RFP IV.B.5	B.5 CERTIFICATION REGARDING DEBARMENT AND SUSPENSION, #2	Please confirm that by virtue of submitting a proposal, the Vendor is certifying to the requirements in section B.5 and accordingly, neither the Vendor nor any proposed subcontractor is required to provide a signed statement certifying to items addressed in section B.5 as part of proposal submission.	Confirmed.

Question Number	Section	Document Reference	Question	Resolution
123	RFP IV.B.6 And RFP IV.D.2 And Attachment L	B.6 Conflict of Interest D.2 Transmittal Letter, #12 Attachment L Transmittal Letter Template, #11	Page IV-6 states that "As part of its bid submission, the offeror (and /or any subcontractor(s) must comply with the following:". In responding to the conflict of interest requirements per item 12 on page IV-10, should the Bidder respond on its behalf as well as any proposed subcontractors? Or, should a subcontractor address the conflict of interest requirements as part of its separate subcontractor summary identified in item 13 on page L-2 of Attachment L?	If the services of one or more subcontractors are being utilized, the bidder must provide, in an Appendix to the Transmittal Letter, one subcontractor summary for each listed subcontractor and certify that the information provided is complete and accurate. As stated in Section IV.B.6, the statement regarding conflicts of interest should include both the vendor and any subcontractor(s).
124	RFP IV.D.2	D.2 Transmittal Letter #13. Item f	Item 13.f requires ..."the subcontractor's assertion that it does not discriminate in its employment practices with regards to race, color, religion, age (except as provided by law), sex, marital status, political affiliation, national origin or handicap. We understand that the subcontractors must include this assertion in their subcontractor summary documents. Should Vendors also include this assertion in their Transmittal Letters?	If the services of one or more subcontractors are being utilized, the bidder must provide, in an appendix to the Transmittal Letter, one subcontractor summary for each listed subcontractor and certify that the information provided is complete and accurate.
125	RFP IV.D.2	D.2 Transmittal Letter, #12	Please confirm that in Item #12, the reference to IV.B.2 Conflict of Interest is a typographical error and should read IV.B.6	The reference to Section IV.B.2 on page IV-10 of the RFP is a typographical error and shall be amended to read: A statement which complies with the six conflict of interest requirements set forth in RFP Section IV.B.6, Conflict of Interest. Where any potential or actual conflict is disclosed, a description should also be included as to how a potential or actual conflict and/or disclosure of confidential information relating to the contract will be avoided. If there is no conflict of interest a statement so indicating should be included. See Amendment 2.
126	RFP IV.D.4	D.4 Scope of Work	The second sentence in the first paragraph on page IV-12 states: "The vendor should indicate in Attachment E the location of a response to a requirement by filling in the column "Location of Response in Vendor's Proposal." Please confirm that column "Location of Response in Vendor's Proposal" should read " Response Reference" per name of column in Attachment E.	The Department requires the vendor to indicate in Attachment E the location of a response to a requirement by filling in column G "Response Reference". References should be as precise as possible to facilitate review. References should include a section number and either subsection or concise page range, if a single page cannot be specified. Note that, in cases where a requirement is addressed in multiple areas of the response, it is in the bidder's interest to cite multiple locations.
127	RFP Section I	Exhibit I-1 Current and Future components of MMIS	In the Procurement Overview, Page I-2 the Drug Rebate/Pharmacy Pricing Contractor is a "Future Component". What Pharmacy related transactions and business processes are included in the MAS contract?	The contractor will provide clinical (editing, etc.) , operational (Prior authorization, claims processing etc.) and administrative (education/outreach, etc.) support for all Department pharmacy programs, including but not limited to the Preferred Drug Program, Clinical Drug Review Program, prospective and retro drug utilization review (DUR), EPIC, NYPS, AIH, Preferred Diabetic Supply program, etc. as indicated in the RFP.

Question Number	Section	Document Reference	Question	Resolution
128	RFP Section III Medicaid Administrative Services (MAS) Scope of Work	E.2 Financial Monitoring	Will the State consider banks that are headquartered outside of NYS but have branches within NYS?	Yes, banks may be headquartered outside of the State, but must be financial institutions licensed to do business under the laws of the State of New York.
129	RFP Section III Medicaid Administrative Services (MAS) Scope of Work	E.3.4 Service Level Agreements	Does the ASA of fifteen (15) seconds include calls answered by an IVR or is this restricted to calls answered by a representative only?	Yes, fifteen (15) seconds includes calls answered by an IVR.
130	RFP Section III Medicaid Administrative Services (MAS) Scope of Work	Section E.3.4 Service Level Agreements	Are the Damages listed in each SLA applicable for Contractor and Subcontracts?	The same damages apply whether a function is performed by the prime contractor or a subcontractor. The damages are assessed by the State against the prime contractor.
131	RFP Section IV	D.4 Scope of Work (TAB 4)	Page four of the vendor conference transcript asks vendors to keep their proposals to a reasonable length; however vendors are required to fully respond to each requirement in Attachment E. In order to be fully responsive, the technical proposal will likely be overly lengthy. Would the department allow vendors to shorten their response by including a narrative of their approach to each business process instead of addressing each requirement? Would the Department also modify Attachment E so vendors can document that they meet each requirement instead of referencing each specific citation in the proposal?	No. The Department requires each bidder to document its approach to requirements detailed in Attachment E by responding to each requirement presented within Tab 4 Scope of Work of their proposal.
132	RFP Section VI	VI.16(12)	In Section 16.12, should the Contractor assume their warranty only applies to deficiencies caused by the Contractor?	No. As set forth in Section VI.16(9), "Where the Contractor, the independent software vendor (ISV), or other third-party manufacturer provides any project deliverable by or through the Contractor with a standard commercial warranty, such standard warranty shall be in addition to, and not relieve the Contractor from, the Contractor's warranty obligations during the project warranty and extended warranty period(s). Where such standard commercial warranty covers all or some of the project warranty or extended warranty period(s), the Contractor shall be responsible for the coordination during the project warranty or extended warranty period(s) with the ISV or other third-party manufacturer(s) for warranty repair or replacement of the ISV's or other third-party manufacturer's product."
133	RFP Section VI	16 General Warranties	Will the amount of damages that could be assessed by the Department for non-compliance with RFP requirements be capped on a monthly basis, with Department retaining all legal remedies that may exist?	The damages will not be capped on a monthly basis.

Question Number	Section	Document Reference	Question	Resolution
134	RFP Section VI	20 Contract Amendment	To the extent that material changes to existing requirements arise from changes to existing law and regulations, Department policies and procedures, the implementation of new laws and regulations or other non-Contractor caused changes, will the Contractor implement such changes pursuant to mutually agreed change requests?	Depending on the nature of the change, the State will implement the change either using annual system and operational enhancement hours or through a contract amendment that modifies the scope of the agreement.
135	RFP Section V & Section I		Are maintenance hours included in the System and Operational Enhancements?	No. maintenance hours are not included in the use of System and Operational Enhancement Payments. See Amendment 2.
136	RFP Section VI	General Question	Would the Department be open to inserting a time limit on the amount of time that substitute services can be procured by the Department and providing a cure right to Contractor prior to any invocation?	The original language meets the needs of the Department.
137	RFP Section VI	General Question	The RFP allows the Department to get substitute services, terminations, and damages from a breach regardless of the level of seriousness. Will the penalties be based on any non-compliance or just non-compliance arising from more than immaterial breaches?	The Department retains the right to pursue remedies based on any non-compliance.

Question Number	Section	Document Reference	Question	Resolution
138	RFP V – New York State Administrative Requirements	I.2 – Operations Phase Payment	Will the State please modify this language as follows: <i>I.2 OPERATIONS PHASE PAYMENTS</i> The contractor shall be paid a monthly base fee to provide the specified administrative services for the FFS and managed care population. . To guide their Price Proposals, Vendors should reference the projected monthly transaction volume provided in the Procurement Library “Transaction Volume”. The Department has created boundaries above and below the projected transactions volumes in the Procurement Library for which the planned payment schedule applies. Should transaction monthly volumes deviate above or below this boundary, contractor reimbursement shall be adjusted higher or lower based on the contractor’s proposed per transaction rates. <u>For each month, Monthly</u> payments will be adjusted per the following formula should the volume extend outside the specified boundaries: Monthly Fee + ((New Monthly Transaction A Volume - Projected Monthly Transaction A Volume) x Transaction A Rate) + ((New Monthly Transaction B Volume - Projected Monthly Transaction B Volume) X Transaction B Rate) +... The Department shall reimburse the contractor for the cost of postage directly and reasonably incurred by the contractor in carrying out the tasks required by the contract. Postage costs shall be reported separately and in a level of detail satisfactory to the Department. The contractor shall maintain as accounting records, subject to Department examination and audit, substantiating invoices, receipts and other evidence of expenses incurred. Postage costs shall not be subject to corporate allocation or markup. It is the responsibility of the contractor to perform in the most cost efficient manner, utilizing all discounts offered by the Postal Service for all mailings (e.g., zip+four, barcode, presort).	<p>The first three paragraphs of Section V.I.2, are amended as follows:</p> <p>“I.2 OPERATIONS PHASE PAYMENTS</p> <p>The contractor shall be paid a monthly base fee to provide the specified administrative services for the FFS and managed care population. To guide their Price Proposals, Vendors should reference the projected monthly transaction volume provided in the Procurement Library “Transaction Volume”.</p> <p>The Department has created boundaries <u>above the</u> projected transaction volumes in the Procurement Library for which the planned payment schedule applies. Should transaction monthly volumes <u>be higher than</u> this boundary, contractor reimbursement shall be <u>adjusted based</u> on the contractor’s proposed per transaction rates.</p> <p><u>For each month, monthly</u> payments will be adjusted per the following formula should the volume extend outside the specified boundaries:”</p> <p>See Amendment 2.</p>
139	RFP VI – Contract Requirements	VI – 24.3 Termination	Will the State please confirm that outstanding deliverables means deliverables for which work has commenced and is in progress at the time of Contract termination?	The Contractor shall provide any outstanding deliverables for which work has commenced, or should have commenced, in accordance with the current approved project plan.
140	Section II		Will the state provide more clarity on what it means by 'State Takeover of Medicaid Administration' and what the timeline for that takeover is?	The State takeover of Medicaid administration refers to the transfer of responsibility for the administration of the medical assistance program from local social services districts to the Department by March 31, 2018, pursuant to New York Social Services Law Section 365-n.

A final set of answers to vendor questions will be provided on or about August 16th. At that time, additional Procurement Library materials and a redlined, amended RFP, including Attachments E and H, will also be provided.