New York State Department of Health

Office of Health Insurance Programs

New York State Office of Health Insurance Programs Performance Audits

RFP #17109

February 22, 2018

Additional Questions and Answers

The following Questions and Answers were inadvertently omitted from the questions and answers posted on 2/16/2018.

Question	Subject	Bidder's Question	Answer
1	Attachment F	If a subcontractor qualifies as both a women- owned and minority-owned business, can that entity satisfy both the WBE and MBE requirement?	Codes, Rules and
			Regulations. Title 5.
			Chapter XIV. Section 140.
			(2) An enterprise owned by
			a minority group member
			who is also a woman may
			be certified as a minority-
			owned business enterprise,
			a women-owned business
			enterprise, or both, and
			may be counted towards
		either a minority owned	
			business enterprise goal or
			a women-owned business

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			enterprise goal, in regard to
			any contract or any goal,
			set by a State agency, but
			such 11 participation may
			not be counted towards
			both such goals and may
			not be divided between the
			minority-owned business
			enterprise goal and the
			women-owned business
			enterprise goal by a State
			agency.
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2	General	Who is the current contractor for this work? If	There are no current
		WBE and MBE subcontractors are used, can you	contractors for this work.
		please identify the firms currently assisting with the engagement?	
3	Attachment D	Are three references the maximum number to be	Bidders are welcome to
	, macrimon 2	submitted or may we include more? If more are	provide more than three (3)
		acceptable, will you only evaluate the first three?	references. References are
			not evaluated but may be
			used at the discretion of the
			Evaluation Committee as indicated in Section 8.6
			Reference Checks in the
			RFP.

Question	Subject	Bidder's Question	Answer
4	7.0. Proposal Submission (page 24)	Number 1 indicates that the cost proposal "should also be presented in a pocket folder."	
		 a. Could you clarify that the Cost proposal specifically need to be in a "pocket folder" in addition to being separately packaged from admin/technical? 	a. The cost proposal should be submitted in a pocket folder in addition to being separately packaged from the administrative and technical proposal.
		b. Could you describe the requirements for the binding/presentation of each proposal (unbound? bound [wire binding, three ring notebook, etc.]?)	b. The Department would prefer the proposals in a 3-ring binder style format.
5	Section 4.1.2(B) – Tasks/Deliverables – Encounter Data Audits (page 8):	Please clarify if the encounter data audits are to follow External Quality Review Protocol 4? If not, please clarify if the only audit task is to review medical records to determine accuracy and completeness or if additional data analytics to evaluate the entire fiscal years data for accuracy and completeness is expected.	Yes, Encounter Data audits should follow EQR Protocol 4.

Question	Subject	Bidder's Question	Answer
6	Section 4.1.2(B) – Tasks/Deliverables – Encounter Data Audits (page 8)	Please provide clarification on the approximately 158 MCO program types. Please provide some information on the encounter volume for each program type (member months, average volume, etc.).	Program types are being defined as follows: AIDS SPECIAL NEEDS PLAN; FIDA – IDD; HEALTH AND RECOVERY PLAN; MAP; MEDICAID ADVANTAGE; FIDA -MLTC; PARTIAL MANAGED LONG TERM CARE; PACE; AND MAINSTREAM MEDICAID MANAGED CARE. Within these program types there are approximately 158 unique MCO lines of business subject to audit. Please see Attachment X for volume for each program type added to the RFP. See Amendment #4.
7	Section 4.1.2 (C) – Tasks/Deliverables – FQHC and MHVRs (page 8)	Section 4.1.2 (C) – Tasks/Deliverables – indicates all 90 FQHCs will receive annual field audits. Would you be open to conducting a percentage of these as desk reviews?	No.
8	Section 4.1.2 (D) – Tasks/Deliverables (page 9)– LHCSA, CHHA, Hospice, and CDPAS FI Cost Report Audits	This section includes the number of providers/audits for LHCSA, CHHA, and Hospice, but not CDPAS FI. Please provide the number of CDPAS FIs and the number of Cost Reports that will be audited each year.	There are approximately 75-100 CDPAS cost reports audited on an annual basis.