

**New York State Department of Health  
RFP #20041 for Vital Providers Strategic Planning Assistance**

*Questions and Answers Posted 12/15/2020*

<b>Question #</b>	<b>Corresponding RFP Section</b>	<b>Question</b>	<b>Answer</b>
1.	General	May a bidder be involved in two proposals, one as a potential subcontractor and one as a prime contractor?	Yes.
2.	Section 3.1: Minimum Qualifications (Page 4 of RFP)	What are the specific requirements for the following minimum qualification? Could you provide specific examples? Does it include cost reporting? a. Minimum of three (3) years' experience complying with federal reporting requirements b. Minimum of three (3) years' experience generating reports for federal funding approval.	With regards to both requirements, the minimum qualifications must: <ul style="list-style-type: none"> <li>• Relate to the reporting of a health care institution, including cost reporting;</li> <li>• Include reporting to the Centers of Medicare and Medicaid Services (CMS) or equivalent federal agency; and</li> <li>• The reference in (b) to federal funding approval means a federal match or other federal funding contingent on meeting reporting requirements.</li> </ul>
3.	Section 3.2: Preferred Qualifications (Page 4 of RFP)	Does working with VAPAP recipients count towards this preferred qualification? a. A minimum of two (2) years' experience working with the Vital Access Provider program.	Yes.
4.	Section 3.2: Preferred Qualifications (Page 4 of RFP)	The preferred qualifications stipulate a minimum of two years' experience with the Vital Access Provider program.  Please confirm that the desired experience is specific to New York State's VAP program.	This experience is not specific to New York State; however, the Department of Health reserves the right to examine the details of another State's VAP program to ensure that State's VAP program has comparable requirements and expectations.
5.	Section 4.0: Scope of Work (Page 4 of RFP)	This section states "Bidders will be requested to provide responses that address all of the requirements of this RFP as part of its Technical Proposal." However, the proposal structure outlined in Section 6 doesn't necessarily encompass all of the required tasks in the scope of work.	This is confirmed.

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		Please confirm that we may add sections to our proposal in order to address the entire scope of work.	
6.	Section 4.1: Tasks/Deliverables (Page 5-8 of RFP)	Should we assume that this will be a separate fee? a. In rare circumstances (historically less than 10% of cases), the Contractor will be required to provide intensive assistance to VAP providers to ensure they meet program goals. For the purposes of this RFP, 'intensive assistance' would require that the contractor help the provider who is struggling to meet the requirements and plan set forth within their TMRAA.	No. There will not be a separate fee. Bids should incorporate any intensive assistance costs into their overall pricing.
7.	Section 4.1: Tasks/Deliverables (Page 5-8 of RFP)	Could you please list all deliverables required to be submitted on a weekly, monthly, quarterly, and annual basis to oversight authorities and any other key stakeholders?	See sections 4.1 and 4.3 for Reporting requirements.
8.	Section 4.1: Tasks/Deliverables (Page 5-8 of RFP)	When intensive assistance is required what is the range of hours NYDOH anticipates the contractor to allot to assist the VAP provider?	Please note that all figures are estimated and provided to clarify the contents of the RFP.  VAP providers requiring intensive assistance have historically required approximately 20-40 hours.
9.	Section 4.1: Tasks/Deliverables (Page 5-8 of RFP)	To determine the accuracy of the VAP Provider's data is there a specific sample size of testing required by NYDOH?	No specific sample size is prescribed.
10.	Section 4.1: Tasks/Deliverables (Page 5-8 of RFP)	Will NYDOH provide a secure portal for the data? If not will NYDOH provide portal requirements to the Contractor?	Please see section 4.4: Security.  Upon contract approval, the successful Contractor may be required to enter into a Data Use Agreement (DUA), which will address the appropriate sharing of data.
11.	Section 4.1: Tasks/Deliverables (Page 5-8 of RFP)	Can an enrolled provider be removed from the VAP program for non-compliance with program requirements?	The Department of Health retains the right to remove a provider from the VAP program for noncompliance.
12.	Section 4.1: Tasks/Deliverables (Page 5-8 of RFP)	What accountability does the Contractor have for a provider being non-compliant?	The contractor is expected to monitor ongoing VAP projects for noncompliance and work with

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			<p>the provider to bring projects back into compliance.</p> <p>It is expected that the contractor will report to DOH any issues of persistent non-compliance. DOH then has actions that can be taken, including but not limited to removing a provider from the VAP program.</p>
13.	Section 4.1: Tasks/Deliverables Subsection a.i.c (Page 5 of RFP)	<p>One of the contractor’s responsibilities is described in the RFP as “[a]ssisting VAP Providers with necessary adjustments to the budgets or timelines to ensure that the project will be completed successfully” (4.1.a.i.c).</p> <p>Which changes to the TMRAA occurring after the initial submission of the TMRAA would be acceptable (other than the reporting of actuals), and under which circumstances?</p> <p>Additionally, could you please provide more detail regarding the responsibility to “ensure that the project will be completed successfully”?</p>	<p>Changes may include but are not limited to: adjusting planned activities or timelines to meet changing provider circumstances, reallocating dollars to match actual spending, and amending TMRAAs to reflect facility need.</p> <p>The contractor is expected to work to support the VAP awardees through any challenges, including assisting with needed adjustments, and is expected to escalate any concerns to the Department of Health.</p>
14.	Section 4.1: Tasks/Deliverables Subsection a.i.f. (Page 5 of RFP)	<p>The RFP states, “the Contractor will be required to attend meetings in person in Albany, New York as directed by the Department” (4.1.a.i.f).</p> <p>What reasonable accommodations will be made for this requirement in light of the COVID-19 pandemic?</p>	<p>The Department of Health follows all State and Federal guidelines related to the COVID-19 Pandemic. This includes utilizing remote meeting technology (e.g., conference calls, video calls) where appropriate.</p>
15.	Section 4.1: Tasks/Deliverables Subsection a.ii.b (Page 5-6 of RFP)	<p>The RFP states that the contractor will review providers’ TMRAAs to ensure, among other things, the “[a]ccuracy of the data” and the “[v]alidity of the assumptions and data” (4.1.a.ii.b).</p> <p>Without direct access to the providers’ data itself, how is this requirement possible to satisfy?</p>	<p>It is incumbent on the contractor to work with the VAP Provider to reach an overall conclusion that these requirements have been met.</p> <p>This may be met via actions included but not limited to reasonability tests, demonstrations by the VAP provider as to the source of data, comparing historical data, and looking at like projects for comparability.</p>
16.	Section 4.1: Tasks/Deliverables	“The contractor will review VAP Providers quarterly reports and provide a single summary report with	The contractor will be required to submit a quarterly summary report for each provider.

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	Subsection a.iii.a (Page 6 of RFP)	<p>recommendations to the Department each quarter” (4.1.a.iii.a).</p> <p>Could you please provide more detail regarding the quarterly summary report? What is this <b>quarterly summary report</b>? Is this a single report summarizing all ~85 providers? What are some examples of recommendations that might be made to the Department in this report? What is the typical format, length, and level of detail included? Could you provide or describe previously submitted examples of these reports that were satisfactory?</p>	There is no prescribed format beyond the description provided and are no examples available. Reports must meet the requirements laid out within the RFP to the satisfaction of the Department of Health.
17.	Section 4.1: Tasks/Deliverables Subsection a.iii.b (Page 6 of RFP)	Could you please provide more detail regarding the <b>final summary reports</b> (4.1.a.iii.b)? What is the typical format, length, and level of detail included? Could you provide or describe previously submitted examples of these reports that were satisfactory?	See response to question #16
18.	Section 4.1: Tasks/Deliverables Subsection iv.c and ii.a (Page 5-6 of RFP)	<p>Figures 1 and 3 (in Section 4.1 Paragraph iv.c indicate that initial TMRAAs are due to the contractor on May 1. However, page 5 (Section 4.1 paragraph ii.a) indicates that the Department will issue blank TMRAAs to providers by May 1.</p> <p>Please confirm that TMRAAs are issued to <i>providers</i> by May 1.</p>	The timeline was provided for illustrative purposes. It is expected that there will be a minimum gap of 4-6 weeks between blank TMRAA’s being released and TMRAA’s being due to the contractor.
19.	Section 4.1: Tasks/Deliverables and Section 5.4: Payment (Page 8 and 11 of RFP)	<p>The table (page 8, figure 4) for the three-year award cycle indicates that the initial TMRAAs are due in Year 1 and Year 3.</p> <p>Should this instead say Year 1 and Year 4? This question also applies to the three-year award cycle table in Section 5.4 on page 11 as well as the same table in Attachment B.</p>	Yes. Please see Amendment #1 to RFP and Attachment B Revision #1.
20.	Section 4.2: Staffing (Page 8 of RFP)	Are there any specific staffing educational requirements (i.e. CPA, RN, etc...)?	Unless explicitly stated in the RFP, there are no specific staffing educational requirements.
21.	Section 4.2: Staffing (Page 8 of RFP)	What types of training are required and how often?	No specific training schedule is prescribed; however, staff should meet all requirements identified in section 4.2.

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22.	Section 4.2: Staffing (Page 8 of RFP)	Is the expectation of the NYDOH that the staff identified under the Section 4.2 Staffing plan be solely dedicated to administering and supporting the VAP program?	No. There is no requirement that staff be exclusively assigned to the VAP program.
23.	Section 4.3: Reporting (Page 8 of RFP)	Under Section 4.3 Reporting, is there a pre-defined reporting methodology, i.e. electronic or paper, to be utilized by the Contractor for quarterly and annual reporting?	Reporting has historically been submitted electronically and that is the preferred method.
24.	Section 4.3: Reporting Subsection a (Page 8 of RFP)	Could you please provide more detail regarding <b>monthly progress update reports</b> (4.3.a)? What is the typical format, length, and level of detail included? Could you provide or describe previously submitted examples of these reports that were satisfactory?	See Section 4.3 Reporting.
25.	Section 4.3: Reporting Subsection b (Page 8 of RFP)	Could you please provide more detail regarding the <b>annual progress update reports</b> (4.3.b)? Could you provide or describe previously submitted examples of these reports that were satisfactory?	See Section 4.3 Reporting.
26.	Section 4.4: Security (Page 8-9 of RFP)	Are there any annual reporting requirements to the NYDOH for the Contractor regarding compliance with Section 4.4 Security?	No.
27.	Section 5.5: Minority & Woman-Owned Business Enterprise Requirements (Page 12-13 of RFP)	Is there a way to waive MWBE requirements?	Bidders may submit an MWBE waiver request following the procedures outlined in the RFP. The waiver request is subject to the review and approval of the Department. See Attachment 5.
28.	Section 5.22: Vendor Assurance of No Conflict of Interest or Detrimental Effect (Page 18 of RFP)	Can a bidder hold contracts with entities (e.g., hospitals) that it may have to review, or would that present a conflict of interest?	Such bidders would need to describe how any perceived or real conflict of interests they may have will be mitigated. Such information should be included as supplementary documentation to the bidder's signed Attachment 4.
29.	Section 6.3: Cost Proposal (Page 21 of RFP)	Does the NYDOH view the submitted Contractor proposal to be a "per provider fee" or "fixed fee" arrangement regardless of eligible providers in VAP program and the size of provider and VAP award?	Bidders are required to submit a deliverable per provider price, which will be reimbursed to the Contractor based on the actual number of VAP providers during the contract period.
30.	Section 7.0 Proposal Submission (Page 21-23 of RFP)	In what format should the proposal be (e.g. Word document, PDF, PowerPoint) or is this at the discretion of the bidder?	Proposals must be submitted via separate searchable PDF files electronically through email to OHIPcontracts@health.ny.gov.  See Section 7.0: Proposal Submission of Amendment 1.

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31.	Section 7.0 Proposal Submission (Page 21-23 of RFP)	If a submission is delayed through no fault of the contractor (for example, a provider suffers a ransomware attack compromising their systems/data), will the contractor be penalized or assessed negatively in any way?	All bids submissions must be received by the Department by the date identified in Section 1.0: Calendar of Events.
32.	Section 7.0 Proposal Submission (Page 21-23 of RFP)	Given that many offices are closed or not staffed at regular capacity because of the pandemic, will the department consider waiving the hard copy/mail requirement for this proposal and allow bidders to submit their proposals via email only?	Yes, please see Amendment #1 to RFP.
33.	Section 7.0 Proposal Submission (Page 21-23 of RFP)	Given that many offices are closed or not staffed at regular capacity because of the pandemic, may we use electronic signatures for all items requiring signatures (e.g., forms in the Administrative Proposal)?	No. Bidders must print, sign and scan documents requiring signatures.
34.	Attachment B (Page 27 of RFP)	Please confirm the total number of sites the contract will support.	See Attachment B: Cost Proposal for the total estimated number of awards.
35.	Attachment B (Page 27 of RFP)	What is the breakdown of providers by type (number of nursing homes, ambulatory settings, etc.)?	The current contract serves 90% Article 28 General Hospitals and 10% OMH Providers.
36.	Attachment B (Page 27 of RFP)	Please confirm that we should propose separate rates for providers requiring traditional assistance and for providers requiring intensive assistance. If confirmed, please offer instruction on how to include these separate rates in the Attachment B cost template.	See response to Question #6.