NYS Department of Health (NYSDOH)
AIDS Institute (AI)

Request for Proposals (RFP)

AIDS Intervention Management System Activities in New York State

RFP #20059

QUESTIONS AND ANSWERS

June 4, 2021

Questions below were received by the deadline announced in the RFP.

The responses to questions included herein are the official responses by the State to questions posted by potential bidders and are hereby incorporated into the RFP #**20059**. In the event of any conflict between the RFP and these responses, the requirements or information contained in these responses will prevail.

Question 1a: How should proposals be submitted? Is fax or email acceptable? Can they be hand-delivered, or mailed?

Question 1b: Can we submit the proposals via email?

Answer 1a & 1b: See RFP Section 7.0 Proposal Submission. Proposals must be submitted via email. Submit three (3), open and permission password protected**,** PDF proposals in separate emails to: AIGPU@health.ny.gov. Submission of proposals in a manner other than as described in these instructions will not be accepted.

Question 2: If a proposal is received after 4PM on July 1, 2021, will it be considered?

Answer 2: No. Proposals must be received by email at AIGPU@health.ny.gov no later than 4PM on July 1, 2021. Late bids will not be considered.

Question 3: Where can I find the list of Certified QIO-like organizations that are eligible to apply for the AIDS Intervention Management System Activities in New York State opportunity?

Answer 3: The U.S. Centers for Medicare & Medicaid Services (CMS) maintains a QIO-Like Certification List on its website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityImprovementOrgs/HowtoBecomeaQIO.
Please note that CMS certified QIO-like entities must be approved for the State of New York to be eligible to apply.

Question 4: RFP Section 2.0, paragraph 1 (page 4): What is the value of the current contract, including contracts with both NYSDOH and HRI?

Answer 4: For contract year 2020/2021, NYSDOH and HRI contracts to conduct AIMS activities totaled $4,993,682.

Question 5: RFP Section 2.1, paragraph 2 (page 4): The RFP cites Federal law under Title IX of the Social Security Act that "provides authorization for the Commissioner of Health to review the appropriateness and necessity of health care services…as well as the review of payments made to hospitals through the Medicaid program." The RFP does not call for the services described above to be conducted as part of the SOW. Which area of the SOW requires review of Medicaid program payments?

Answer 5: Review of Medicaid program payments made to hospitals is not part of the scope of work for this RFP.

Question 6: RFP Section 2.1.A, paragraph 2 (page 7): Will there be a requirement to review appropriate billing as part of the review?

Answer 6: No, ambulatory care utilization review has been phased out of the AIMS programs as most Medicaid recipients have been transitioned to MMC plans.

Question 7: RFP Section 2.1.A, paragraph 2 (page 7): Since the RFP requires that 55% of cases reviewed must involve a Medicaid recipient, how is the contractor expected to calculate and adhere to this requirement?

Answer 7: This requirement is considered during the planning phase for each review. The contractor is expected to collect Medicaid numbers with each medical record review and provide a report to the NYSDOH at least once a year, breaking down the number of cases reviewed by Medicaid recipients and non-Medicaid recipients.

Question 8: RFP Section 4.1, paragraph 3 (page 6): Section 4.1 states that "The Contractor shall use nationally defined/accepted medical criteria to conduct its Medicaid reviews except where criteria is prescribed or modified by the NYSDOH AI, as in the case of HIV and HCV care." In cases where NYSDOH AI guidelines are not to be used, please clarify which nationally defined/accepted medical criteria may be used.

Answer 8: The NYSDOH AI Clinical Guidelines are the primary medical criteria to be used for AIMS reviews. In the event that the NYSDOH AI Clinical Guidelines cannot be used for a review, the NYSDOH AI will work with the Contractor to identify any nationally defined/accepted medical criteria necessary to conduct the review during the planning process.

Question 9: RFP Section 4.1, paragraph 1 (page 7): The RFP states that "The Contractor will also be evaluated on an estimation of likely performance in the following areas," one of which includes the maintenance of a complete and accurate database containing review results and inpatient paid claims files and claims details. In what ways will inpatient paid claims and claims details in the aforementioned "complete and accurate database" be used?

Answer 9: The use of claims data is dependent on the review. In some cases, claims data may be needed to supplement quality of care data and analysis.

Question 10: RFP Section 4.1.A, paragraph 3 (page 7): Section 4.1.A states "The Contractor will be expected to obtain medical charts for review and, when necessary, provide technical assistance on the chart submission process to approximately 1,000 sites annually. Some review sites include private physician offices." Please clarify how these sites will be selected on an annual basis.

Answer 10: Site selection is unique to each review and determined during the planning process.

Question 11: RFP Section 4.1.A, paragraph 3 (page 7): Section 4.1.A states "The Contractor will be expected to obtain medical charts for review and, when necessary, provide technical assistance on the chart submission process to approximately 1,000 sites annually. Some review sites include private physician offices." Please clarify how the review activities will be distributed across all the annually selected sites.

Answer 11: Requests for medical charts are based on a sampling plan that is unique to each review and developed during the planning process.

Question 12: RFP Section 4.1.A, paragraph 3 (page 7): The RFP states that some review sites include private physician offices and the contractor would be required to collect data/records from private providers. Please clarify the legal jurisdiction providing authorization to the contractor to request and review private provider records.

Answer 12: Medical records may be requested from private physician offices in accordance with Sections 206(1)(j) and 206(26) of the NY Public Health Law, Section 400.3 of Title 10 of the New York Codes, Rules, and Regulations, 42 USC §§1320c through 1320c-22, and 42 USC §1396a(a)(30). The contractor will be collecting records on behalf of the New York State Department of Health acting in its role as a health oversight agency.

Question 13: RFP Section 4.1.A.1, paragraph 1 (page 7): Please clarify if each medical record review unit, for all review types, is for a single calendar year for each patient.

Answer 13: Yes, one medical record unit is for a single calendar year.

Question 14: RFP Section 4.1.A.1, paragraph 1 (page 7): The RFP states "Each medical record selected for review requires the application of up to ten quality of care review tools, with an average of five (5) tools being used." Please clarify that the proposed cost per medical record review must be based on an average of five tools per review.

Answer 14: There is no proposed formula for determining cost per medical review. Bidders may decide how to weight their bid per chart.

Question 15: RFP Section 4.1.A.1, paragraph 1 (page 7): The RFP states “Each medical record selected for review requires the application of up to ten quality of care review tools, with an average of five (5) tools being used.” What is the average length of time to complete one review tool?

Answer 15: Bidders should apply their own quality of care review experience when making these determinations.

Question 16: RFP Section 4.1.A.2, paragraph 1 (page 9): The first bullet states “Each year the Contractor will assess a different ‘hub’ or regional grouping of prisons. There are approximately 52 DOCCS facilities distributed across nine (9) hubs.” Based upon these instructions, please confirm that only five of the nine hubs will be reviewed during the five-year term.

Answer 16: As of the issuance of this RFP, it is anticipated that only one hub will be reviewed per year during the five-year contract period.

Question 17: RFP Section 4.1.A.2, paragraph 1 (page 9): The RFP states that DOCCS reviews will be onsite. Please confirm that a remote review solution is not compliant with the requirements.

Answer 17: As of the issuance of this RFP, DOCCS reviews cannot be conducted remotely.

Question 18: RFP Section 4.1.A.2, paragraph 2 (page 9): The section states “By law, at least one DOCCS or jail system review must occur each contract year.” DOCCS and County/Local Jail reviews are allocated a combined 300 units per year in Attachment F on page 40, and Section 4.1.A.2 states that 150–300 reviews are assigned to DOCCS each year of the contract. Please clarify the review volume expected at County/Local Jail level per year.

Answer 18: A County/Local Jail review may not occur every year. As such, an annual review volume cannot be estimated. Bidders should anticipate reviewing approximately 300 charts combined across DOCCS and County/Local Jail reviews each year, as shown in Attachment F.

Question 19: RFP Section 4.1.A.2, paragraph 2 (page 9): The section states “By law, at least one DOCCS or jail system review must occur each contract year.” How many review tools, on average, would be required for each medical record review per year?

Answer 19: DOCCS and County/Local Jail reviews require the application of approximately five review tools.

Question 20: RFP Section 4.1.A.3, paragraph 1 (page 9): For Maternal-Pediatric Prevention and Care (MPPC) reviews, the RFP states "Additionally, the Contractor will conduct chart reviews to validate the NYS third trimester HIV testing rate against NYSDOH AI data collected from the Newborn Screening program." Please confirm that the chart reviews described in the statement above are distinct from the four levels of care review.

Answer 20: Correct, there are two different types of MPPC program reviews: care rendered to HIV positive mothers and their HIV-exposed newborns (requiring a review of four levels of care) and the validation of the NYS third trimester HIV testing rate.

Question 21: RFP Section 4.1.A.3, paragraph 1 (page 9): For MPPC reviews, the RFP states "Additionally, the Contractor will conduct chart reviews to validate the NYS third trimester HIV testing rate against NYSDOH AI data collected from the Newborn Screening program." Please confirm that the chart reviews described in the statement above pertain to a separate sample of patients with unknown HIV status.

Answer 21: Correct, the NYS third trimester HIV testing validation review looks at HIV testing practices among pregnant women in their third trimester that have a negative or unknown HIV status.

Question 22: RFP Section 4.1.A.3, paragraph 3 (page 9): Section 4.1.A.3 states that MPPC reviews "may include medical records from four (4) levels of care: prenatal, perinatal, post-partum, and pediatric." Attachment E on page 39 indicates that the unit definition for the 4-tiered review is one medical record. Please clarify if this unit definition of "one medical record" refers to one medical record per level of care.

Answer 22: Yes, the definition of "one medical record" refers to one medical record per level of care.

Question 23: RFP Section 4.1.A.5, paragraph 2 (page 12): The RFP states that the Case List Development project will occur annually. If the providers must submit a list of all adult and adolescent individuals receiving HIV services during the year, does this review occur at the end of the calendar year, or the beginning of the next calendar year?

Answer 23: Case List Development is a retroactive project. Providers shall submit a list of all adult and adolescent individuals receiving HIV services during the year prior to the time of request.

Question 24: RFP Section 4.1.A.5, paragraph 2 (page 12): The RFP states that the Case List Development project will occur annually. If the review occurs at the beginning of the next calendar year, can we assume that it will not be a Year 1 activity?

Answer 24: No, Case List Development could be a Year 1 project.

Question 25: RFP Section 4.1.B.1, paragraph 2 (page 12). For Verification of Eligibility for HIV-SNP Enrollment, the RFP states that "Specifics are available by accessing." Was something omitted from this sentence? Please clarify where the specifics should be accessed.

Answer 25: The sentence fragment should be disregarded. Please refer to RFP 20059 Amendment #2 that clarifies the error.

Question 26: RFP Section 4.1.D, paragraph 1 (page 13): The Quality Improvement Technical Assistance section states that 200 hours of effort annually would be required. Attachment F on page 40 states 100 hours instead of 200. Please confirm the annual number of hours of quality improvement technical assistance that are required.

Answer 26: Approximately 100 hours are projected annually. Please refer to RFP 20059 Amendment #2 that clarifies the hours.

Question 27: RFP Section 4.2, paragraph 2 (page 14): Does the Program Director need to be full time (one annual full time equivalent [FTE])?

Answer 27: There are no specific FTE requirements for the Program Director. When developing a technical proposal, bidders should use their own quality of care review experience to determine what is reasonable to perform the scope of work detailed in the RFP.

Question 28: RFP Section 4.2, paragraph 2 (page 14): Please confirm that one of the Project Directors is required to have a clinical degree.

Answer 28: Minimum qualifications for the Project Directors are detailed on page 15 of the RFP. When developing a technical proposal, bidders should use their own quality of care review experience to determine what additional qualifications are necessary to perform the scope of work detailed in the RFP.

Question 29: RFP Section 4.2.B, paragraph 4 (page 15): The RFP states that clinical staff must be comprised of physicians, nurses, and other health care professionals. Please explain, for each review type, the minimum qualifications/credentials for clinical staff to conduct each review.

Answer 29: Minimum qualifications for Clinical Staff are detailed on page 15 of the RFP. When developing a technical proposal, bidders should use their own quality of care review experience to determine what additional qualifications are necessary to perform the scope of work detailed in the RFP.

Question 30: RFP Section 5.5, paragraph 3 (page 20): Please confirm that the overall goal of 30% for M/WBE participation may be entirely met by a single dually certified minority- and woman-owned business.

Answer 30: A dually certified firm owned by a minority and women-owned business enterprise may be counted towards either a minority-owned business enterprise goal or a women-owned business enterprise goal set by an agency, but can not be counted towards both such goals, nor can it be divided between the minority-owned business enterprise and women-owned business enterprise goals.

Question 31: RFP Section 6.2.C, paragraph 2 (page 29): The third bullet states "the bidder and any subcontractors must attest that they are independent from the State Medicaid program and from any MCO they would be required to review. Such attestation must be included in Attachment 7, the Bidder's Certifications/Acknowledgements." Attachment 7 does not include an explicit statement to this effect. Are bidders required to add a statement to Attachment 7?

Answer 31: Bidders should add a statement at the bottom of Attachment 7 attesting that they, and any subcontractor, are independent from the State Medicaid program and from any MCO they would be required to review before signing.

Question 32a: RFP Section 6.2.D.2, paragraph 1 (page 30): Bullet 5 asks where staff will be deployed from to conduct the work. In previous sections the work is described as remote but does not ask for location of staff. Are any staff allowed to be located outside of New York State?

Question 32b: RFP Section 6.2.D.2, paragraph 1 (page 30): Bullet 5 asks where staff will be deployed from to conduct the work. In previous sections the work is described as remote but does not ask for location of staff. If staff are allowed to be located outside of New York State, please elaborate on which staff types would be allowed to be located outside of New York State.

Answer 32a&b: Staff must have a thorough knowledge of New York's Medicaid program and healthcare delivery system. In addition, all clinical staff must hold and maintain a current and valid NY license to practice in their profession. Bidders should use their judgement in determining the physical location of qualified staff.

Question 33: RFP Section 6.2.D.3, paragraph 2 (page 30): A detailed work plan for the first year of the contract is requested in the third bullet. The RFP states that not all activities will be required every year. Which activities should be included in the work plan for Year 1?

Answer 33: Please refer to Attachment F: Five-Year Projected Allocations (page 40) to develop a workplan for Year 1.

Question 34: RFP Section 6.2.D.4, paragraph 1 (page 32): The bullets in this section are intended to instruct bidders on how to respond to the proposed reporting approach. However, with the exception of the fourth bullet, they appear to pertain to IT and security (which are covered later on in the instructions). May we address the SOW reporting requirements in this section and address the IT and security items in Sections 6.2.D.5 and 6.2.D.6?

Answer 34: Bidders will be scored on their ability to address all bullets under Section 6.2.D.4. Bidders may reiterate information that is applicable in sections 6.2.D.4, 6.2.D.5, and 6.2.D.6.

Question 35a: RFP Section 8.1, paragraph 3 (page 34): This third paragraph of Section 8.1 states the Technical Proposal will be weighted 80% and the Cost Proposal will be weighted 20% of the proposal's total score. However, Section 8.3 states that the technical evaluation is 75% (up to 75 points) of the final score. Additionally, Section 8.4 states that the cost evaluation will be based on a maximum cost score of 20 points, but the formula within the same section indicates 25% (up to 25

points). Please confirm that the state's intention is to use an 80% technical and 20% cost weighting to evaluate proposals.

Question 35b: Section 8.0 Method of Award, 8.4 Cost proposal states the following: The Cost Proposals will be scored based on a maximum cost score of 20 points. The maximum cost score will be allocated to the proposal with the lowest all-inclusive not-to-exceed maximum price. Other sections of the RFP state 25% weight for the cost proposal. Please confirm how much the cost proposal is weighted.

Answer 35a&b: Per section 8.0 of the RFP, the Technical Proposal will be weighted at 75% of a proposal's total score and the Cost Proposal will be weighted at 25% of a proposal's total score. Please refer to RFP 20059 Amendment #1 that clarifies the cost proposal weight of 25%.

Question 36: RFP Attachment E, Section 4.1.D (page 39): May we propose an additional line item for hourly rate for physician consultants for the Detailing/Quality Improvement Technical Assistance task in the cost proposal?

Answer 36: Additional proposals for line items are not permitted.