



Department of Health

Request for Proposals

RFP #20293

Radiology Management Services

Issued: May 22, 2023

DESIGNATED CONTACT:

Pursuant to State Finance Law §§ 139-j and 139-k, the Department of Health identifies the following designated contact to whom all communications attempting to influence the Department of Health's conduct or decision regarding this procurement must be made.

Sue Mantica
Bureau of Contracts
New York State Department of Health
Corning Tower, Room 2827
Albany, New York 12237
Telephone: 518-474-7896
Email Address: sue.mantica@health.ny.gov

PERMISSIBLE SUBJECT MATTER CONTACT:

Pursuant to State Finance Law § 139-j(3)(a), the Department of Health identifies the following allowable contact for communications related to the submission of written proposals, written questions, pre-bid questions, and debriefings.

Andrew Lynch
New York State Department of Health
Office of Health Insurance Programs
99 Washington Ave, One Commerce Plaza Room 1450
Albany, NY 12210
Telephone: 518-408-5330
Email Address: OHIPcontracts@health.ny.gov

TABLE OF CONTENTS

(Hyperlinked; click to go directly to desired topic.)

TABLE OF CONTENTS	2
1.0 CALENDAR OF EVENTS	3
2.0 OVERVIEW.....	3
2.1 Introductory Background.....	3
2.2 Important Information	4
2.3 Term of the Agreement.....	4
3.0 BIDDER'S QUALIFICATIONS TO PROPOSE.....	4
4.0 SCOPE OF WORK.....	5
4.1 Tasks/Deliverables	7
4.2 Staffing	11
4.3 Reporting	13
4.4 Security and Privacy Requirements	14
4.5 Transition.....	16
5.0 ADMINISTRATIVE INFORMATION	17
5.1 Restricted Period.....	17
5.2 Questions.....	17
5.3 Right to Modify RFP	17
5.4 Payment.....	18
5.5 Minority- and Woman-Owned Business Enterprise Requirements	19
5.6 Equal Employment Opportunity (EEO) Reporting	21
5.7 Sales and Compensating Use Tax Certification (Tax Law, § 5-a).....	21
5.8 Contract Insurance Requirements.....	22
5.9 Subcontracting	22
5.10 DOH's Reserved Rights.....	22
5.11 Freedom of Information Law (FOIL)	23
5.12 Lobbying	23
5.13 State Finance Law Consultant Disclosure Provisions	24
5.14 Debriefing	25
5.15 Protest Procedures.....	25
5.16 Iran Divestment Act.....	25
5.17 Piggybacking.....	25
5.18 Encouraging Use of New York Businesses in Contract Performance	25
5.19 Diversity Practices Questionnaire	26
5.20 NYS Certified Service-Disabled Veteran-Owned Businesses.....	26
5.21 Intellectual Property.....	26
5.22 Vendor Assurance of No Conflict of Interest or Detrimental Effect	27
5.23 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination	27
6.0 PROPOSAL CONTENT	27
6.1 Administrative Proposal	27
6.2 Technical Proposal.....	29
6.3 Cost Proposal	32
7.0 PROPOSAL SUBMISSION.....	33
8.0 METHOD OF AWARD	34
9.0 ATTACHMENTS	36

1.0 CALENDAR OF EVENTS

RFP # 20293 – RFP NAME	
<u>EVENT</u>	<u>DATE</u>
Issuance of Request for Proposals	May 22, 2023
Deadline for Submission of Written Questions	Questions Due By June 9, 2023 at 4:00 p.m. ET
Responses to Written Questions Posted by DOH	On or About June 30, 2023 Responses will be posted
Deadline for Submission of Proposals	Proposal Due On or Before July 17, 2023 at 4:00 p.m. ET
<i>Anticipated</i> Contract Start Date	March 16, 2024

2.0 OVERVIEW

Through this Request for Proposals (“RFP”), the New York State (“State”) Department of Health (“DOH”) is seeking competitive proposals from radiology management vendors to provide services as further detailed in [Section 4.0](#) (Scope of Work). It is the Department's intent to award one (1) contract from this procurement.

2.1 Introductory Background

In 2008, the United States Government published information that costs for radiology imaging had more than doubled from 2000 to 2006, and that the expense for advanced imaging rose substantially faster than it had for more routine imaging services. It was also reported that the proportion of radiology imaging being performed in provider offices had risen from 58 to 64 percent.

As a result, DOH began to actively pursue and competitively procure a radiology management vendor to implement and manage a program for the prior approval of more costly and advanced radiology studies. The overall estimated costs for New York State Medicaid are over \$60 billion annually, which is shared among the federal, state, and local governments depending upon eligibility of the member.

In April of 2011 the Department’s Radiology Management Program was launched, and recognized a savings of over \$24 million within the first two years. Exposure to unnecessary radiation was reduced by the equivalent of 6.1 million chest x-rays, or 2.5 billion cigarettes. The long-term health benefits for members and the cost avoidance for treating illnesses caused by exposure to unnecessary radiation further increased the cost savings for the Medicaid program.

The Office of Health Insurance Programs (OHIP), in conjunction with 58 local districts throughout the state, provide oversight of this program and its vendors. By engaging directly with referring clinicians and supporting the use of evidence-based guidelines, the Radiology Management Program continues to ensure the safety of its Medicaid members and reduces unnecessary waste.

In continued recognition of the need for ensuring value-based care and the best possible member outcome, the Department is seeking to re-procure a radiology management vendor to manage the utilization of more costly high-tech imaging studies through a structured prior approval program.

2.2 Important Information

The Bidder is required to review, and is requested to have legal counsel review, [Attachment 8](#), the DOH Agreement as the Bidder must be willing to enter into an Agreement substantially in accordance with the terms of [Attachment 8](#) should the Bidder be selected for contract award. Please note that this RFP and the awarded Bidder's proposal will become part of the contract as Appendix B and C, respectively.

It should be noted that Appendix A of [Attachment 8](#), "Standard Clauses for New York State Contracts," contains important information related to the contract to be entered into as a result of this RFP and will be incorporated, without change or amendment, into the contract entered into between DOH and the successful Bidder. By submitting a response to the RFP, the Bidder agrees to comply with all the provisions of Appendix A.

Note, [Attachment 7](#), the Bidder's Certifications/Acknowledgements, should be submitted and includes a statement that the Bidder accepts, without any added conditions, qualifications, or exceptions, the contract terms and conditions contained in this RFP, including any exhibits and attachments. [Attachment 7](#) also includes a statement that the Bidder acknowledges that, should any alternative proposals or extraneous terms be submitted with the proposal, such alternate proposals or extraneous terms will not be evaluated by DOH.

Any qualifications or exceptions proposed by a Bidder to this RFP should be submitted in writing using the process set forth in [Section 5.2](#) (Questions) prior to the deadline for submission of written questions indicated in [Section 1](#). (Calendar of Events). Any such qualifications or exceptions that are not proposed prior to the deadline for the submission of written questions will not be considered by DOH after contract award. Any amendments DOH makes to the RFP as a result of questions and answers will be publicized on the DOH web site and will be available and applicable to all Bidders equally.

2.3 Term of the Agreement

This contract term is expected to be for a period of five (5) years commencing on the date shown on the Calendar of Events in [Section 1.0.](#), subject to the availability of sufficient funding, successful Contractor performance, and approvals from the New York State Attorney General (AG) and the Office of the State Comptroller (OSC).

3.0 BIDDER'S QUALIFICATIONS TO PROPOSE

3.1 Minimum Qualifications

DOH will accept proposals from organizations with the following types and levels of experience as a Prime Contractor.

- A minimum of three (3) years of experience working with radiology prior approval and utilization reviews;
- A minimum of three (3) years of experience in providing data analytics capable of aggregating health care data across a broad population, and in providing updated utilization review criteria derived from nationally recognized evidence based medical information sources, and

- Contractor must have a current Utilization Management certification or accreditation from the National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation and Certification (URAC) and maintain such certification throughout the course of the contract.

Experience acquired concurrently is considered acceptable.

For the purposes of this RFP, a Prime Contractor is defined as one who has the contract with the owner of a project or job and has full responsibility for its completion. A Prime Contractor undertakes to perform a complete contract and may employ (and manage) one or more Subcontractors to carry out specific parts of the contract. A prime Contractor may not leverage a proposed subcontractor's experience in order to meet the Minimum Qualifications identified above.

Failure to meet these Minimum Qualifications will result in a proposal being found non-responsive and eliminated from consideration.

4.0 SCOPE OF WORK

This Section describes the radiology management services that are required to be provided by the selected Bidder. The selected Bidder must be able to perform all of these services throughout the entire contract term.

PLEASE NOTE: Bidders will be required to provide responses that address all of the requirements of this RFP as part of its Technical Proposal.

The terms "Bidders", "Contractors", "Vendors" and "Proposers" are also used interchangeably. For purposes of this RFP, the use of the terms "shall", "must" and "will" are used interchangeably when describing the Contractor's/Bidder's duties.

Through this RFP, the Department seeks to select a Contractor to develop, implement and operate a radiology management program for prior approval of advanced medical imaging studies for Medicaid members receiving services through the Fee for Service program who are not Medicare dual eligible, and/or enrolled managed care.

The Department expects that the Radiology Management program will achieve the following:

- Access to and promotion of quality care for Medicaid members by ensuring that they receive the appropriate radiology procedure for the best patient outcome;
- Application of nationally accepted evidence-based guidelines to meet medical necessity for appropriate radiology procedures;
- Education and training of providers regarding appropriateness and ordering of radiology procedures;
- Promotion of value-based outcomes through elimination of inappropriate radiology procedures; and
- Cost savings by elimination of inappropriate radiology procedures.

The Department's Prior Approval Programs

The Department is responsible for the development, implementation and/or oversight of prior approval requirements and guidelines used to determine medical necessity. In addition to the Radiology Management Program (RMP), services currently subject to the Department's prior approval programs

include private duty nursing and certain durable medical equipment, pharmacy services, and dental procedures.

Denials and Member Appeal Rights

A decision to deny services on the basis that services are not medically necessary can only be made by a physician reviewer. If a prior approval request for service is denied or approved other than as requested, the member has the right to appeal the Department's decision. The member has 60 days from the date of the notice of the prior approval decision to submit the appeal in writing. The Office of Temporary and Disability Assistance (OTDA) conducts Fair Hearings when members exercise their right to appeal the Department's decision.

In accordance with Social Services Law, Article 5, Title 11, Section 365-a, subdivision 8:

When a non-governmental entity is authorized by the Department pursuant to contract or subcontract to make prior authorization or prior approval determinations that may be required for any item of medical assistance, a member may challenge any action taken or failure to act in connection with a prior authorization or prior approval determination as if such determination were made by a government entity, and shall be entitled to the same medical assistance benefits and standards and to the same notice and procedural due process rights including a right to a fair hearing and aid continuing pursuant to section twenty-two of this chapter, as if the prior authorization or prior approval determination were made by a government entity, without regard to expiration of the prior service authorization

General Specifications

This RFP is for the development, implementation, and day-to-day operation of a RMP providing prior approval for advanced or high-tech/high-cost radiology procedures in a non-emergent setting. This includes but is not limited to; hospital-based outpatient clinics and facilities, free-standing clinics, and private physician offices covered under the Medicaid program.

Population Served

Medicaid members receiving services through the Fee-for-Service (FFS) program shall be included in the RMP. For dual eligible members, Medicare is the primary payer, and therefore, Medicaid will defer to coverage decisions made by Medicare and does not require prior approval for advanced radiology procedures. HMO and Medicaid-eligible persons enrolled in a Managed Care Plan are exempt from this program and will not require prior approval for radiology procedures.

Covered Services

The RMP for prior approval of high-tech or high-cost radiology procedures covers all non-emergent outpatient radiology studies requested for Medicaid members in the FFS program. The selected Contractor will be responsible for the determination of medical necessity using evidence-based clinical guidelines and will provide prior approval of the following radiology procedures that meet established criteria:

- Computerized Tomography (CT) scans
- Magnetic Resonance Images (MRI)
- Magnetic Resonance Angiograms (MRA)
- Computerized Tomography Angiograms (CTA)
- Positron Emission Tomography (PET) scans

- Nuclear Cardiology
- Other identified over-utilized or high-cost radiology services

Through addition or deletion, the Department reserves the right to modify the list of radiology procedures subject to prior approval during the term of the contract.

See [Attachment D](#) for the number of prior approvals issued annually and a list of imaging study procedures subject to prior approval.

This scope of work will also include the development of utilization profiles for referring Medicaid providers and the identification of providers who demonstrate a pattern of inappropriate radiology referrals. The Contractor will manage utilization of services through direct communication with providers to ensure that the requests are value-based and meet evidence-based guidelines.

PLEASE NOTE: Bidders will be requested to provide responses that address all the requirements of this RFP as part of its Technical Proposal.

For the purposes of this RFP, the use of the terms “shall,” “must,” and “will” are used interchangeably when describing the Contractor’s/Bidder’s duties. The terms “Contractor,” “Bidders,” “Vendors,” and “Proposers” are also used interchangeably.

4.1 Tasks/Deliverables

The selected Contractor will perform the following tasks under the resulting contract:

1. **Transition and Implementation:** The Contractor is expected to begin transition from the existing processes and implementing the new processes proposed by the Contractor for the radiology management program prescribed in this RFP no later than thirty (30) business days following approval by the Office of the State Comptroller (OSC).
2. **Recommend Prior Approval Guidelines:** For the Department’s review and prior written approval, forty-five (45) days preceding the initiation of the prior approval program, the Contractor will develop and submit a reference manual for ordering practitioners and providers. The manual will provide prior approval guidelines to be used to determine medical necessity for advanced imaging studies as well as define the procedures to obtain prior approval, seek clarification on guidelines, and procedures to file complaints. Prior approval guidelines must be based on nationally accepted evidence-based clinical criteria.
3. **Educate Stakeholders:** The Contractor will develop and implement an outreach program to train ordering practitioners and providers on the radiology management program. The Contractor will hold initial orientations and ongoing seminars with providers and key stakeholders, annually or as requested by the Department. Orientations may be conducted in-person or via webinar. Stakeholders may include, among others, members, providers, advocacy groups, legislators, and Department staff. The Contractor shall assist and support the Department in making the guidelines publicly available (i.e. on the state’s website or through Listservs). All training and education materials require prior written approval from the Department.
4. **Review Prior Approval Requests:** The Contractor must review requests for prior approval for all radiology procedure codes listed in [Attachment D](#) and as amended by the Department, when the procedure is provided in an outpatient setting. Reviews will be conducted by licensed radiologists

and nurses using the Department approved guidelines for determining medical necessity. The selected Contractor will:

- a. Ensure that the United States board-certified radiologists make all determinations to deny covered services or approve services other than as requested on the basis that services are not medically necessary.
 - b. Be given limited access to the state's current and future Medicaid Management Information System (MMIS). Contractor will enter prior approval information and decisions into the prior approval screens in the MMIS or via Contractor supplied web-portal or other interfaces to the MMIS. The Contractor will be required to sign and adhere to the New York State Department of Health Data Use Agreement (DUA).
 - c. Verify through the New York State Medicaid Eligibility system the eligibility of each member for whom the service is requested to confirm that the member is Medicaid eligible and a participant in the Fee-For Service program, and not dual eligible. Additionally, Contractor must confirm any third-party payer resources.
 - d. Utilize the Department's existing approval and denial codes to enter narrative descriptions, at a fourth grade reading level, of the reasons for decisions consistent with the Department's member and provider prior approval notice templates. The notices will be sent to the providers via the current and future MMIS or Contractor supplied web-portal or interface.
 - e. Comply with the following prior approval process timeframes:
 - i. Ninety percent (90%) of requests for prior approval must be reviewed and decision made, or additional information requested within twenty-four (24) hours of the receipt of the telephone, fax, web portal or other electronic interface, excluding state approved holidays. The remaining ten percent (10%) of requests must be reviewed and decision made, or additional information requested within two (2) business days of the receipt, excluding state approved holidays.
 - ii. If a provider does not submit additional information within thirty-five (35) calendar days of the request for additional information, the request will be inactivated.
 - iii. The information required for the Department's prior approval notices must be entered into the MMIS or Contractor supplied web-portal or interface the same day as the determination or request for additional information is made.
 - f. Be capable of receiving prior approval requests via telephone, paper format (mail and fax delivery) and via the Internet. Turnaround times from receipt of request to determination must be tracked by the Contractor and reported to the Department (see Reporting Section 4.3).
- 5. Operate a Call Center:** The Contractor shall staff and operate a Call Center within the continental United States. The Contractor must maintain a call center with its own toll-free telephone line for the practitioner requesting prior approval, ordering practitioners and providers to call with inquiries regarding the status of a prior approval request, and for any other inquiries or complaints regarding prior approval of advanced imaging studies including appeals related to denials and interpretation of guidelines.
- a. The Contractor will operate a fully functional in-person, virtual or work-from-home-based call center to fulfill contractual service requirements for New York State Department of Health. The Contractor shall provide sufficient staff, hardware and software to fulfill all contract requirements and will hire primary call center staff from within the State of New York. Backup or redundancy for call center operations in order to assure service during required hours may be located outside of New York. The Contractor will rent office space located in New York State as required by the Department, within a fifty (50) mile radius of the New York State Capitol building in Albany, to accommodate meetings as needed between the Contractor and the Department to minimize travel costs.

- b. At a minimum, Call Center must be open Monday- Friday 8:00 AM to 6:00 PM Eastern Time, with the exception of state approved holidays.
- c. Call abandonment rates, average speed to answer, and average call wait times must be tracked and reported (see Reporting, Section 4.3). Contractor shall provide sufficient staff (see Staffing, Section 4.2), facilities and technology to meet performance standards outlined in this section. If an Automated Voice Response (AVR) system is used as an initial response to inquiries, the option must exist to allow a caller to speak directly with a live operator and bypass the AVR.

6. Handle Inquiries and Complaints:

- a. Contractor must have in place and maintain a process for responding to inquiries and complaints.
 - i. Respond to inquiries and address complaints about request for service within two (2) business days of notification;
 - ii. Track and report (see Reporting, Section 4.3) on member, ordering practitioner and provider for all inquiries and complaints received, including response timeframes.
 - iii. Formal escalation process requiring the notification of appropriate DOH personnel. In instances where the inquiry or complaint is about the selected Contractor, the project Manager must be available to discuss the inquiry or complaint with Department personnel.
- b. Have in place appropriate alternative mechanisms for communicating effectively with persons with visual, hearing, speech, physical or developmental disabilities. These alternative mechanisms include Braille or audio tapes for the visually impaired, TTY access for those with certified speech or hearing disabilities and the use of American Sign Language and/or integrative technologies.
- c. At a minimum, the Contractor must also offer fax and internet communication methods for members, ordering practitioners and provider inquiries and complaints.

7. Translation and Interpreter Services for Member Communication: The Contractor, as a representative of the Department, must ensure that all written and/or verbal communication with members align with Executive Order 26: Statewide Language Access Policy, as it relates to translation and interpreter services for those with limited-English proficiency. The policy can be found: https://www.governor.ny.gov/sites/default/files/atoms/files/EO_26.1.pdf

8. Represent the Department in Fair Hearings: Decisions made by the Contractor are considered the decisions of the Department. Members have the right to appeal the Department's decision to deny or modify requests for prior approval of advanced imaging studies. The Contractor is required to act promptly (as defined below) with any definitive and final administrative decisions.

- a. The Contractor must make qualified personnel available at the scheduled time of a Fair Hearing to testify on behalf of the Department related to a denial or modification of radiology procedures. Representation may be requested in person or via telephone. Historically, very few Fair Hearings have been requested.
- b. The Contractor must prepare in advance for the Fair Hearings providing any materials it intends to introduce at the Fair Hearing to the member and or their representative, and OTDA for review upon oral or written request but no less than five (5) business days prior to the Fair Hearing.

- 9. Educate Ordering Practitioners:** The Contractor must educate ordering practitioners when requests for prior approval of advanced imaging studies are denied or approved other than as "requested" by explaining why the requested study is not medically necessary and, if applicable, recommending which study is the appropriate one given the member's symptoms.
- 10. Perform Quality Assurance Monitoring:** At least once a month, the Contractor must monitor the quality of its radiology prior approval review operations, including performing inter rater reliability testing of review decisions made by physician reviewers and call center staff. If the testing results fall below standards as outlined in this RFP and in the attached Service Level Agreements (Attachment C), the Contractor may be asked by the Department to perform these monitoring more frequently and/or assessed damages as defined in Attachment C.
- 11. Monitor Trends in Advanced Imaging:** The Contractor must have a process to monitor trends in the advanced imaging industry, including changes in nationally accepted clinical guidelines to determine medical necessity of advanced imaging studies. Based on its monitoring, the Contractor must recommend to the Department changes in clinical guidelines that the Department may want to consider for the RMP and recommend clinical guidelines for the new advanced imaging studies that the Department will include in the RMP.
- 12. Information Technology (IT) and Management Information System (MIS):** The Contractor will have limited access to the Department's MMIS. The Contractor will have access to member eligibility and prior approval and authorization history. Contractor will maintain its own MIS system to track requests, respond to provider and member inquiries and support the appeal process. Contractor must meet the following minimum requirements:
- a. All Call Center and Reviewer staff must have computers that can access the state's MMIS or Contractor supplied web-portal or interface,
 - b. Sufficient, secure telecommunication capabilities, including but not limited to electronic mail to meet the requirements of the RFP,
 - c. Ability to securely access the MMIS and any other systems of the Department and its Contractors to ensure the delivery of accurate and timely data and information related to the RMP, and
 - d. Capability to securely receive, store, analyze and report on data sufficient to meet the requirements of the RFP.
- 13. Security and Privacy:** Throughout the contract period, the Contractor must be compliant with:
- a. All current and future Federal and State regulations governing the security and privacy of the Medicaid data,
 - b. All current and future New York State Security Policies and Standards, located: https://its.ny.gov/system/files?file=documents/2022/10/nys-p03-002_information_security_policy.pdf
- 14. Security Scans:** If proposing a vendor supplied system or web-portal, the Contractor is required to perform security scans in accordance with [New York State Standard NYS-S15-002 Vulnerability Scanning](#). The vendor is required to submit the security scan results and the Plan of Action and Milestones (PO&AM) to DOH within ten (10) business days of the Vulnerability Scan. The POA&M is a corrective action plan for tracking and planning the resolution of information security weaknesses. The Department reserves the right to conduct its own scans of the Contractor's systems.

- 15. Risk Assessment:** If proposing a vendor supplied system or web-portal, the Contractor is required to perform and submit a risk assessment to NYSDOH as required by HIPAA and New York State Security Policies and Standards https://its.ny.gov/information_security_policy.pdf The risk assessment must be submitted, at a minimum thirty (30) days, prior to the system going live. For the risk assessment, the Contractor must follow the [NIST 800-30 Guide for Conducting Risk Assessments](#).
- 16. HIPAA Compliance:** The Contractor is required to be HIPAA compliant in transmissions and coding procedures and use only HIPAA compliant data systems and comply with all aspects of HIPAA privacy, security, confidentiality, and transactions requirements.
- 17. Encryption:** Any Medicaid data sent over a public network and stored at rest must be encrypted using [Federal Information Processing Standards \(FIPS\) 140-3 validated encryption algorithms](#), and its successors, e.g., Advanced Encryption Standard (AES) as specified in [NYS-S14-007 Encryption Standard](#).
- 18. Disaster Recovery:** No more than thirty (30) days after contract execution, the Contractor must submit an initial disaster recovery plan for the Department's review and approval. The Contractor is required to maintain and annually test a disaster recovery plan designed to minimize any disruption of the Contractor's services. This plan should address backup and recovery, failover, disaster recovery and business continuity and include procedures for file backup. It is the sole responsibility of the Contractor to maintain adequate backup to ensure continued automated and manual processing of services/transactions required under this contract.
- 19. Database Development and Maintenance:** The Contractor agrees to enter into a Data Use Agreement (DUA) with DOH. Pursuant to that agreement, DOH will extract claims data appropriate to conduct trend analysis in a format determined by DOH. The Contractor's database must be capable of accepting Medicaid program member data including eligibility data. The Contractor will be responsible for performing necessary data transformation, loading and quality assurance activities to load the data into its system(s), and to follow up with DOH to correct any identified data errors. Installation and maintenance costs for direct connection (browser based, lease lines) will be at the expense of the Contractor.
- 20. Quality Assurance:** The Contractor must have a utilization review decision making process that is supported by a team of health care professionals capable of analyzing and updating the retrospective utilization review criteria. It is expected that criteria revisions and systems updates would occur throughout the contract year. The Department requires Contractors to review their evidence based guidelines at least annually.

4.2 Staffing

At a minimum, the selected Contractor's key personnel must include the following positions and the Contractor shall ensure that all staff assigned to the project possess sufficient current knowledge of the requirements of this RFP and maintain a level of performance consistent with the highest professional standards.

Project Manager: The Project Manager will serve as the primary contact person for the Department. The Project Manager must have experience with authorization of radiology services and oversight of a major contract including ensuring all policy and procedures and reporting requirements are met.

Medical Director: The Medical Director must be a board-certified radiologist and licensed in New York State with previous experience in utilization management and quality assurance activities. The Medical Director will be responsible for recommending to the Department, nationally recognized, evidence-based clinical guidelines for determining the medical necessity of advanced imaging studies. The Medical Director will ensure compliance with the Department's approved clinical guidelines and oversee interrater reliability testing of review decisions; oversight of fair hearing defense by physicians; and provide oversight of prior approval decisions and communication between physician reviewers and ordering practitioners regarding denials.

Call Center Manager: The Call Center Manager must have previous experience with a prior approval call center. The Manager's responsibilities include Call Center staff training, productivity analysis and reporting, auditing for compliance with the Department's policies and clinical guidelines.

Clinical Reviewers: Clinical review team should include physicians representing specialties associated with medical imaging (including but not limited to radiology, cardiology, oncology, OB/GYN, ENT, neurology and orthopedics). Professional medical staff that directly contacts provider clinicians as a result of utilization review activities must possess a valid New York State medical license and certification for their specialty.

Peer Consultants: The Contractor must also make peer consultants available to the project. "Peer consultants" are defined as persons with the same or equivalent professional degree as the health care professional that provided the justification for the medical necessity and/or the appropriateness of the setting, care, diagnosis and coding. A peer consultant may be the Contractor's medical director or any physician peer consultant, specialist or generalist, designated by the Contractor's medical director licensed in their state of practice and board certified in at least one specialty area.

The Contractor shall ensure that all staff assigned to the project possess sufficient current knowledge of the requirements of this RFP and maintain a level of performance consistent with the highest professional standards. The Call Center Manager and Clinical Reviewers must be located at the Call Center as further set forth in Section 4.1.5 of this RFP, all other key staff may be located at other Contractor facilities.

All medical professionals must hold current and maintain United States issued certifications and licensure in good standing, at all times, during the term of the contract.

The Department reserves the right to request a replacement of equal or better qualification and skill level for any staff assigned to this program. Replacement candidates should be submitted for the Department's prior approval within ten (10) business days from the receipt of the request.

4.3 Reporting

1. The Contractor is responsible for establishing and maintaining a system to produce monthly, quarterly, annual and/or other reports as may be required by the Department; including reports related to member, provider, and Contractor service profiles; and reports identifying cost savings through appropriate utilization management.
 - a. Monthly data reports are due fifteen (15) calendar days following the end of each calendar month.
 - b. Quarterly data reports are due fifteen (15) calendar days following the end of each state Fiscal Quarter.
 - c. Annual data reports are due thirty (30) calendar days following the end of each calendar year with content and a format prescribed by the Department.
 - d. Ad hoc Reports are due fifteen (15) calendar days following the request.

Required Reports:

1. Call Center Performance Statistics, to be provided monthly:
 - a. Total hours of daily call center access and downtime
 - b. Call abandonment Rate
 - c. Call waiting time
 - d. Average speed to answer
 - e. Report of nature of calls received (counts by type)
 - f. Provider calls (counts by reason for call)
 - g. Member calls (counts by reason)
2. Prior approval statistics, to be provided monthly by radiology specialty (e.g. PET,CT, etc.):
 - a. Number/% of requests not processed within the specified timeframes.
 - b. Number/% of requests in total
 - c. Number/% of requests requiring physician review
 - d. Number/% of approvals
 - e. Number/% of denials, by reason for denial
 - f. Number/% of appeals and appeal outcomes
3. Inquiry and Complaint Statistics, to be provided monthly:
 - a. Number and type of inquiries and complaints from members
 - b. Number and type of inquiries and complaints from providers
 - c. Number of inquiries and complaints not responded to within the timeframes specified in the performance standards
4. Service Level Agreement (SLA) Report, to be provided monthly or as requested by the Department
5. Cost Savings Report, to be provided quarterly:
 - a. Number of denials aggregated by procedure code and total dollars saved
 - b. Number of approved procedures and total claims dollars

6. Utilization Trend Reports, to be provided as specified:
 - a. Annual trend variation (number and costs by procedure, and future projections, recommended changes in program direction)
 - b. Quarterly trend variation (number and costs by procedure)
7. Ad Hoc Reports as requested by the Department

4.4 Security and Privacy Requirements

Security and Privacy Requirements

The New York State Department of Health (the “Department” or “DOH”) requires that vendors providing information technology (IT) and application services to the Department comply with the security and privacy policies and controls outlined in this RFP and all other applicable New York State and federal laws, regulations, policies, and standards for IT systems that transfer, process, or store Department data, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA) Omnibus Final Rule. Vendors are required to verify compliance with security and privacy requirements by providing the Department with documentation and artifacts that validate applicable standards and controls are in place.

Moderate-Plus Security Controls Baseline

The Department has defined a *Moderate-Plus Security Controls Baseline* based on, and consistent with the security provisions described in Centers for Medicare and Medicaid Services (CMS) Acceptable Risk Safeguards (ARS) and National Institute of Standards and Technology (NIST) Special Publication (SP) 800-53 at the Moderate level. Additionally, the Department has augmented these federal standards with New York State Policies and Standards. The *Moderate-Plus Security Controls Baseline* includes a System Overview document. All Bidders shall complete the System Overview document – which is attached to this RFP – to thoroughly and accurately describe the technical security environments that will support the proposed system.

System Security Plan (SSP)

The Department requires the selected Bidder/Vendor to maintain a System Security Plan (SSP) that aligns with the *Moderate-Plus Security Controls Baseline* for any system that will transfer, process, or store Department data. The Department considers bidder responses to represent a commitment by the Bidder to adhere to, and demonstrate compliance with, the *Moderate-Plus Security Controls Baseline*. The Department will provide necessary templates and guidelines with respect to SSP format to the selected Bidder/Vendor upon contract award.

Data Use Agreement (DUA) and Business Associate Agreement (BAA)

Selected Bidder/Vendor shall execute a Data Use Agreement (DUA) and Business Associate Agreement (BAA) and submit a System Security Plan (SSP) Attestation to the Department upon contract award. The SSP Attestation requires the selected Bidder/Vendor to certify to the Department that the selected Bidder/Vendor system adheres to the *Moderate-Plus Security Controls Baseline*.

Demonstration of Compliance with *Moderate-Plus Security Controls Baseline*

Prior to the Department permitting release of Departmental data consisting of Medicaid Confidential Data (MCD) or Protected Health Information (PHI) into the vendor system, the selected Bidder/Vendor shall demonstrate compliance with the *Moderate-Plus Security Controls Baseline* to the Department’s satisfaction. The selected Bidder/Vendor may demonstrate compliance by (i) completing SSP workbook templates provided by the Department, or (ii) retaining an independent third-party assessor to complete a security assessment review and validate that the controls described in the SSP are implemented

correctly, operating as intended, and producing the desired outcome, or (iii) by demonstrating compliance with an external, independent, framework that aligns with the *Moderate-Plus Security Controls Baseline*.

Plan of Actions and Milestones (POA&M)

Selected Bidder/Vendor shall also submit a Plan of Actions and Milestones (POA&M) that addresses any deficient controls in its SSP. The POA&M shall provide target implementation dates for any control that is not fully implemented. Deficient controls shall be prioritized and mitigated with compensating controls consistent with federal and state policies and standards.

Selected Bidder/Vendor shall update and resubmit the POA&M to the Department each quarter throughout the term of the contract to demonstrate progress and assure the timely mitigation of deficient security controls and any third-party assessor findings.

Selected Bidder shall submit an updated SSP Attestation to the Department on an annual basis, and when there is any significant change to the system. A significant change is one that is likely to affect the security state of the information system¹. The Department reserves the right to require the vendor to retain, at the vendor's expense, a third-party firm to perform additional security assessments at any time.

FedRAMP Certified Cloud Solutions

If the selected vendor solution utilizes a FedRAMP Certified cloud solution, the vendor shall indicate how such cloud services are utilized, including the type of cloud service utilized (e.g., Infrastructure as a Service (IaaS), Platform as a Service (PaaS), and/ or Software as a Service (SaaS)).

Additionally, vendor shall provide a matrix that illustrates whether the vendor, or the cloud service provider, is responsible for each security control. Vendor shall also indicate if responsibility for a given control is shared between the vendor and the cloud service provider.

Selected vendor shall also provide evidence to the Department that the cloud service offerings have been certified against criteria consistent with the *Moderate-Plus Security Controls Baseline*. The scope of this certification shall include all locations that store, process, connect to, or provide access to Department data, whether at rest or in transit.

The Department reserves the right to request documentation to verify compliance with FedRAMP and FISMA Authorizations including but not limited to:

- System Security Plans
- Cloud Security Alliance ASA certification reports
- SOC audit reports
- Other independent security assessment results
- Artifacts employed in support of cloud provider certification
- Identification of cloud provider supply chain vendors and associated contracts as applicable

Department Templates

The DUA, BAA, SSP Attestation, *Moderate-Plus Security Controls Baseline* SSP templates, and POA&M templates will be provided to the selected Bidder/Vendor by the Department upon contract award.

¹ NIST SP 800-37, *Revision 1, Guide for Applying the Risk Management Framework to Federal Information Systems: A Security Life Cycle Approach* (Appendix F, Section F.6, Page F-8)

Legal and Regulatory Compliance

Finally, systems addressed by this RFP may be subject to security and regulatory requirements including, but not limited to:

1. All New York State ITS policies and standards (https://its.ny.gov/system/files?file=documents/2022/10/nys-p03-002_information_security_policy.pdf)
2. [The Health Insurance Portability and Accountability Act \(HIPAA\) Omnibus Final Rule](#)
3. All applicable state and federal laws and regulations related to privacy protections
4. [Section 367-b\(4\) of the NY Social Services Law](#)
5. [New York State Social Services Law Section 369\(4\)](#)
6. [Article 27-F of the New York Public Health Law \(HIV/AIDS\)](#)
7. [18 NYCRR 360-8.1](#)
8. [NY Civil Rights 79-L](#)
9. [Social Security Act, 42 USC 1396a\(a\)\(7\)](#)
10. [Federal regulations at 42 CFR 431.302 and 42 CFR Part 2 \(Substance Use Disorder\)](#)
11. [NYS Mental Hygiene Law Section 33.13](#)
12. [45 CFR Parts 160 and 164 \(Privacy related sections for HIPAA\)](#)

4.5 Transition

The transition represents a period when the current contract activities performed by the Contractor must be turned over to the Department, another Department agent, or successor Contractor during or at the end of the contract.

The Contractor shall ensure that any transition to the Department, Departmental agency, or successor Contractor is done in a way that provides the Department with uninterrupted RMP services. This includes a complete and total transfer of all data, files, reports, and records generated from the inception of the contract through the end of the contract to the Department or another Department agent, should that be required, during or upon expiration of the contract.

The Contractor shall provide technical and business process support as necessary and required by the Department to transition contract requirements to the Department or another Department agent, should that be required, during or at the end of the contract.

The Contractor shall manage and maintain the appropriate number of staff to meet all requirements listed in the RFP during the transition. All reporting and record requirements, security standards, and performance standards are still in effect during the transition period.

The Contractor is required to develop a work plan and timeline to securely and smoothly transfer any data and records generated from the inception of the contract through the end of the contract to the Department or another Department agent, should that be required, during or upon expiration of the contract. The plan and documentation must be submitted to the Department no later than one-hundred and twenty (120) calendar days before the last day of the contract with DOH or upon the request of the Department.

5.0 ADMINISTRATIVE INFORMATION

The following administrative information will apply to this RFP. Failure to comply fully with this information may result in disqualification of the proposal.

5.1 Restricted Period

“Restricted period” means the period of time commencing with the earliest written notice, advertisement, or solicitation of a Request for Proposals (“RFP”), Invitation for Bids (“IFB”), or solicitation of proposals, or any other method for soliciting a response from Bidders intending to result in a procurement contract with DOH and ending with the final contract award and approval by DOH and, where applicable, final contract approval by the Office of the State Comptroller (OSC).

This prohibition applies to any oral, written, or electronic communication under circumstances where a reasonable person would infer that the communication was intended to influence this procurement. Violation of any of the requirements described in this Section may be grounds for a determination that the Bidder is non-responsible and therefore ineligible for this contract award. Two (2) violations of the rules against impermissible contacts during the “restricted period” within four (4) years may result in the violator being debarred from participating in DOH procurements for a period of four (4) years.

Pursuant to State Finance Law §§ 139-j and 139-k, DOH identifies a designated contact on the face page of this RFP to whom all communications attempting to influence this procurement must be made.

5.2 Questions

Potential Bidders may submit written questions and requests for clarification pertaining to this RFP between the issuance of this RFP and the deadline for the submission of written questions specified in [Section 1](#) (Calendar of Events). All questions and requests for clarification of this IFB should cite the relevant RFP including the RFP number and title (Radiology Management Services #20293) the section and paragraph number of this RFP or of the Attachment to this RFP to which the question relates, where applicable, and must be submitted via email to OHIPContracts@health.ny.gov no later than the Deadline for Submission of Written Questions specified in [Section 1](#). (Calendar of Events). Questions received after the deadline **may not** be answered.

If a potential Bidder discovers any ambiguity, conflict, discrepancy, omission, or other apparent error in this RFP, the Bidder shall immediately notify DOH of such error in writing at OHIPContracts@health.ny.gov and request that DOH clarify or modify the Terms of this IFB. If, prior to the deadline for the Submission of Bids, a Bidder fails to notify DOH of a known error or an error that reasonably should have been known, the Bidder shall assume the risk of bidding notwithstanding such apparent ambiguity, conflict, discrepancy, omission or other error. If awarded the Contract pursuant to the terms of this RFP, the Bidder shall not be entitled to an amendment to the terms of the Contract to correct or clarify any such ambiguity, conflict, discrepancy, omission or other error nor to any additional compensation by reason of the error or its correction.

5.3 Right to Modify RFP

DOH reserves the right to modify any part of this RFP at any time prior to the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events), including but not limited to the date and time by which proposals must be submitted and received by DOH. Modifications to this RFP shall be made by issuance of amendments and/or addenda.

Prior to the Deadline for Submission of Proposals, any such clarifications or modifications as deemed necessary by DOH will be posted to the DOH website.

If the Bidder discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFP, the Bidder shall immediately notify DOH of such error in writing at ohipcontracts@health.ny.gov and request clarification or modification of the document.

If, prior to the Deadline for Submission of Proposals, a Bidder fails to notify DOH of a known error or an error that reasonably should have been known, the Bidder shall assume the risk of proposing. If awarded the contract, the Bidder shall not be entitled to additional compensation by reason of the error or its correction.

5.4 Payment

The Contractor shall submit invoices and/or vouchers to the state's designated payment office:

Preferred Method: Email a .pdf copy of the signed voucher to the Business Services Center (BSC) at: AccountsPayable@ogs.ny.gov with a subject field as follows:

Subject: **Unit ID: 3450420 Contract # TBD**

Alternate Method: Mail vouchers to BSC at the following U.S. postal address:

**NYS Department of Health
Unit ID 3450420
c/o NYS OGS BSC Accounts Payable
Building 5, 5th Floor
1220 Washington Ave.
Albany, NY 12226-1900**

Payment for invoices and/or vouchers submitted by the Contractor shall only be rendered electronically unless payment by paper check is expressly authorized by the Commissioner, in the Commissioner's sole discretion, due to extenuating circumstances. Such electronic payment shall be made in accordance with ordinary state procedures and practices. The Contractor shall comply with the State Comptroller's procedures to authorize electronic payments. Authorization forms are available at the State Comptroller's website at www.osc.state.ny.us/epay/index.htm, by email at epayments@osc.state.ny.us, or by telephone at 518-474-6019. The Contractor acknowledges that it will not receive payment on any invoices and/or vouchers submitted under this contract if it does not comply with the State Comptroller's electronic payment procedures, except where the Commissioner has expressly authorized payment by paper check as set forth above.

In addition to the Electronic Payment Authorization Form, a Substitute Form W-9 must be on file with the Office of the State Comptroller, Bureau of Accounting Operations. Additional information and procedures for enrollment can be found at <http://www.osc.state.ny.us/epay>.

Completed W-9 forms should be submitted to the following address:

NYS Office of the State Comptroller
Bureau of Accounting Operations
Warrant & Payment Control Unit
110 State Street, 9th Floor
Albany, NY 12236

Payment of such invoices and/or vouchers by the state (NYS Department of Health) shall be made in accordance with Article XI-A of the New York State Finance Law. Payment terms will be:

DOH estimates there will be approximately 4,500 prior approvals created for Medicaid FFS members per month covered by the Project. The actual number of approvals per month may vary up or down, the vendor will only be reimbursed based upon the actual number of prior approvals completed per month.

The radiology management Contractor will be paid retrospectively for the total number of prior approvals issued for Medicaid fee for service members in the calendar month and in accordance with the per prior approval bid in Attachment C of this RFP. On or before the fifteenth (15) day of the month, The Department will provide to the Contractor the total number of prior approvals created for the previous calendar month. No later than ten (10) business days following the data being received, the Contractor will submit an invoice, based on the total number of prior approvals issued within the Scope of the Project.

Payment is contingent upon the Contractor meeting all performance requirements/measures noted in the RFP Section 4.0 and defined in Attachment C. In the event the Contractor does not meet the performance requirement/ measures, damages will be assessed on the Vendor's current voucher based upon the damages defined in Attachment C of the RFP.

DOH reserves the right to remove or add Medicaid member populations, and /or modify the range of Medicaid services subject to the radiology management program.

DOH may also increase or limit the number of members eligible for the radiology management program in any month or 12-month period for any reason, including Contractor performance and state fiscal considerations.

5.5 Minority- and Woman-Owned Business Enterprise Requirements

Pursuant to New York State Executive Law Article 15-A, the New York State Department of Health (DOH) recognizes its obligation to promote opportunities for both the maximum feasible participation of certified minority- and women-owned business enterprises and the employment of minority group members and women in the performance of DOH contracts.

In 2006, the State of New York commissioned a disparity study to evaluate whether minority- and women-owned business enterprises had a full and fair opportunity to participate in state contracting. The findings of the study were published on April 29, 2010 under the title "The State of Minority- and Women-Owned Business Enterprises: Evidence from New York" (Disparity Study). The report found evidence of statistically significant disparities between the level of participation of minority- and women-owned business enterprises in state procurement contracting versus the number of minority- and women-owned business enterprises that were ready, willing, and able to participate in state procurements. As a result of these findings, the Disparity Study made recommendations concerning the implementation and operation of the state-certified minority- and women-owned business enterprises program. The recommendations from the Disparity Study culminated in the enactment and implementation of New York State Executive Law Article 15-A, which requires, among other things, that DOH establish goals for both the maximum feasible participation of New York State-Certified minority- and women-owned business enterprises (MWBE) and the employment of minority groups members and women in the performance of New York State contracts.

Business Participation Opportunities for MWBEs

For the purposes of this solicitation, DOH hereby establishes an overall goal of **0%** for MWBE participation, **0%** for Minority-Owned Business Enterprises (MBE) participation, and **0%** for Women-Owned Business Enterprises (WBE) participation (based on the current availability of qualified MBEs and WBEs and outreach efforts to certified MWBE firms). A Contractor on the subject contract must document good-faith efforts to provide meaningful participation by MWBEs as Subcontractors or suppliers in the performance of the contract, and the Contractor agrees that DOH may withhold payment pending receipt of the required MWBE documentation. For guidance on how DOH will determine good-faith efforts, refer to 5 NYCRR §142.8.

The directory of New York State-Certified MWBEs can be viewed at <https://ny.newnycontracts.com>. The directory is found in the upper right-hand side of the webpage under “Search for Certified Firms” and accessed by clicking on the link entitled “MWBE Directory.” Engaging with firms found in the directory with like product(s) and/or service(s) is strongly encouraged, and all communication efforts and responses should be well documented.

By submitting a bid, a Bidder agrees to complete an MWBE Utilization Plan ([Attachment 5](#), Form # 1) for this RFP. DOH will review the submitted MWBE Utilization Plan. If the plan is not accepted, DOH may issue a notice of deficiency. If a notice of deficiency is issued, the Bidder agrees that it shall respond to the notice of deficiency within seven (7) business days of receipt. DOH may disqualify a Bidder as being non-responsive under the following circumstances:

- a) If a Bidder fails to submit an MWBE Utilization Plan;
- b) If a Bidder fails to submit a written remedy to a notice of deficiency;
- c) If a Bidder fails to submit a request for waiver (if applicable); or
- d) If DOH determines that the Bidder has failed to document good-faith efforts.

During the performance of the contract, the Contractor will be required to attempt to utilize, in good faith, any MBE or WBE identified within its MWBE Utilization Plan. Requests for a partial or total waiver of the established goal requirements made subsequent to the contract award may be made at any time during the term of the contract to DOH but must be made no later than prior to the submission of a request for final payment on the Contract.

The Contractor will be required to submit a Contractor’s Quarterly MWBE Contractor Compliance & Payment Report to DOH by the 10th day following each end of each quarter over the term of the contract documenting the progress made toward achievement of the MWBE goals of the Contract.

If the Contractor is found to have willfully and intentionally failed to comply with the MWBE participation goals set forth in the contract, such finding will constitute a breach of contract, and DOH may withhold payment from the Contractor as liquidated damages.

Such liquidated damages shall be calculated as an amount equaling the difference between: (1) all sums identified for payment to MWBEs had the Contractor achieved the contractual MWBE goals, and (2) all sums actually paid to MWBEs for work performed or materials supplied under the Contract.

New York State-certified Minority- and Women-Owned Businesses (MWBE) may request that their firm’s contact information be included on a list of MWBE firms interested in serving as a Subcontractor for this procurement. The listing will be publicly posted on the Department’s website for reference by the bidding community. A firm requesting inclusion on this list should send contact information and a copy of its NYS MWBE certification to OHIPcontracts@health.ny.gov before the Deadline for Questions

as specified in [Section 1.0](#) (Calendar of Events). Nothing prohibits an MWBE Vendor from proposing as a Prime Contractor.

Please Note: Failure to comply with the foregoing requirements may result in a finding of non-responsiveness, non-responsibility, and/or a breach of the contract leading to the withholding of funds, suspension, or termination of the contract or such other actions or enforcement proceedings as allowed by the Contract.

5.6 Equal Employment Opportunity (EEO) Reporting

By submission of a bid in response to this solicitation, the Bidder agrees with all of the terms and conditions of [Attachment 8](#), Appendix A, including Clause 12 – Equal Employment Opportunities for Minorities and Women. Additionally, the successful Bidder will be required to certify that they have an acceptable EEO policy statement in accordance with Section III of Appendix M in [Attachment 8](#).

Further, pursuant to Article 15 of the Executive Law (the Human Rights Law) and all other state and federal statutory and constitutional non-discrimination provisions, the Contractor and Subcontractors will not discriminate against any employee or applicant for employment because of race, creed (religion), color, sex, national origin, sexual orientation, military status, age, disability, predisposing genetic characteristic, marital status, or domestic violence victim status and will follow the requirements of the Human Rights Law with regard to non-discrimination on the basis of prior criminal conviction and prior arrest.

The Contractor is required to ensure that it and any Subcontractors awarded a subcontract over \$25,000 for the construction, demolition, replacement, major repair, renovation, planning, or design of real property and improvements thereon (the Work), except where the Work is for the beneficial use of the Contractor, undertake or continue programs to ensure that minority group members and women are afforded equal employment opportunities without discrimination because of race, creed, color, national origin, sex, age, disability, or marital status. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation. This requirement does not apply to: (i) work, goods, or services unrelated to the Contract; or (ii) employment outside New York State.

To ensure compliance with this Section, the Bidder should submit with their bid or proposal an Equal Employment Opportunity Staffing Plan ([Attachment 5](#), Form # 4) identifying the anticipated work force to be utilized on the Contract. Additionally, the Bidder should submit a Minority- and Women-Owned Business Enterprises and Equal Employment Opportunity Policy Statement ([Attachment 5](#), Form # 5) with their bid or proposal.

5.7 Sales and Compensating Use Tax Certification (Tax Law, § 5-a)

Section 5-a of the Tax Law, as amended, effective April 26, 2006, requires certain Contractors awarded state contracts for commodities, services, and technology valued at more than \$100,000 to certify to the Department of Tax and Finance (DTF) that they are registered to collect New York State and local sales and compensating use taxes. The law applies (i) to contracts where the total amount of such Contractors' sales delivered into New York State are in excess of \$300,000 for the four (4) quarterly periods immediately preceding the quarterly period in which the certification is made and (ii) to any affiliates and Subcontractors whose sales delivered into New York State exceeded \$300,000 for the four (4) quarterly periods immediately preceding the quarterly period in which the certification is made.

This law imposes upon certain Contractors the obligation to certify whether or not the Contractor, its affiliates, and its Subcontractors are required to register to collect state sales and compensating use tax. Contractors must certify to DTF that each affiliate and Subcontractor exceeding such sales threshold is registered with DTF to collect New York State and local sales and compensating use taxes. The law prohibits the State Comptroller or other approving agencies from approving a contract awarded to a Bidder who meets the registration requirements but who is not so registered in accordance with the law.

The successful Bidder must file a properly completed Form ST-220-CA with the Department of Health and Form ST-220-TD with the DTF. These requirements must be met before a contract may take effect. Further information can be found at the New York State Department of Taxation and Finance's website, available through this link: <http://www.tax.ny.gov/pdf/publications/sales/pub223.pdf>.

Forms are available through these links:

- ST-220 CA: http://www.tax.ny.gov/pdf/current_forms/st/st220ca_fill_in.pdf
- ST-220 TD: http://www.tax.ny.gov/pdf/current_forms/st/st220td_fill_in.pdf

5.8 Contract Insurance Requirements

Prior to the start of work under this contract, the Contractor shall procure and maintain in force at all times during the term of this contract, at its sole cost and expense, insurance of the types and in the amounts set forth in [Attachment 8](#), the New York State Department of Health Contract, Section IV. Contract Insurance Requirements as well as below.

5.9 Subcontracting

Bidders may propose the use of a Subcontractor. The Contractor shall obtain prior written approval from NYSDOH before entering into an agreement for services to be provided by a Subcontractor. The Contractor is solely responsible for assuring that the requirements of the RFP are met. All subcontracts shall contain provisions specifying that the work performed by the Subcontractor must be in accordance with the terms of the prime contract and that the Subcontractor specifically agrees to be bound by the confidentiality provisions set forth in the agreement between DOH and the Contractor. DOH reserves the right to request removal of any Contractor's or Subcontractor's staff if, in DOH's discretion, such staff are not performing in accordance with the Agreement. Subcontractors whose contracts are valued at or above \$100,000 will be required to submit the Vendor Responsibility Questionnaire upon selection of the Prime Contractor.

5.10 DOH's Reserved Rights

The Department of Health reserves the right to:

1. Reject any or all proposals received in response to the RFP;
2. Withdraw the RFP at any time, at the Department's sole discretion;
3. Make an award under the RFP in whole or in part;
4. Disqualify any Bidder whose conduct and/or proposal fails to conform to the requirements of the RFP;
5. Seek clarifications and revisions of proposals;
6. Use proposal information obtained through site visits, management interviews, and the state's investigation of a Bidder's qualifications, experience, ability, financial standing, and any material or information submitted by the Bidder in response to the Department's request for clarifying information in the course of evaluation and/or selection under the RFP;
7. Prior to the bid opening, amend the RFP specifications to correct errors or oversights or to supply additional information as it becomes available;

8. Prior to the bid opening, direct Bidders to submit proposal modifications addressing subsequent RFP amendments;
9. Change any of the scheduled dates;
10. Eliminate any mandatory, non-material specifications that cannot be complied with by all of the prospective Bidders;
11. Waive any requirements that are not material;
12. Negotiate with the successful Bidder within the scope of the RFP in the best interests of the state;
13. Conduct contract negotiations with the next responsible Bidder should the Department be unsuccessful in negotiating with the selected Bidder;
14. Utilize any and all ideas submitted in the proposals received;
15. Require that every offer be firm and not revocable for a period of 365 (three hundred and sixty-five) days from the bid opening to the extent not inconsistent with section 2-205 of the uniform commercial code. Subsequent to such 365 (three hundred and sixty-five) days, any offer is subject to withdrawal communicated in writing and signed by the Bidder; and,
16. Require clarification at any time during the procurement process and/or require correction of arithmetic or other apparent errors for the purpose of assuring a full and complete understanding of a Bidder's proposal and/or determining a Bidder's compliance with the requirements of the solicitation.

5.11 Freedom of Information Law (FOIL)

All proposals may be disclosed or used by DOH to the extent permitted by law. DOH may disclose a proposal to any person for the purpose of assisting in evaluating the proposal or for any other lawful purpose. All proposals will become state agency records which will be available to the public in accordance with the Freedom of Information Law. **Any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law must be clearly and specifically designated in the proposal as directed in [Section 6.1 \(D\)](#) of the RFP.** If DOH agrees with the proprietary claim, the designated portion of the proposal will be withheld from public disclosure. Blanket assertions of proprietary material will not be accepted, and failure to specifically designate proprietary material may be deemed a waiver of any right to confidential handling of such material.

5.12 Lobbying

Chapter 1 of the Laws of 2005, as amended by Chapter 596 of the Laws of 2005, made significant changes as it pertains to the development of procurement contracts with governmental entities. The changes:

- a) made the lobbying law applicable to attempts to influence procurement contracts once the procurement process has been commenced by a state agency, unified court system, state legislature, public authority, certain industrial development agencies, and local benefit corporations;
- b) required the above-mentioned governmental entities to record all contacts made by lobbyists and Contractors regarding a governmental procurement so that the public knows who is contacting governmental entities about procurements;
- c) required governmental entities to designate persons who generally may be the only staff contacted relative to the governmental procurement by that entity in a restricted period;

- d) authorized the New York State Commission on Public Integrity (now the New York State Joint Commission on Public Ethics) to impose fines and penalties against persons/organizations engaging in impermissible contacts regarding a governmental procurement and provide for the debarment of repeat violators;
- e) directed the Office of General Services to disclose and maintain a list of non-responsible Bidders pursuant to this new law, including those who have been debarred, and publish such list on its website;
- f) required the timely disclosure of accurate and complete information from Bidders with respect to determinations of non-responsibility and debarment (Bidders responding to this RFP should submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination;")
- g) increased the monetary threshold which triggers a lobbyist's obligations under the Lobbying Act from \$2,000 to \$5,000; and
- h) established the Advisory Council on Procurement Lobbying.

Subsequently, Chapter 14 of the Laws of 2007 amended the Lobbying Act of the Legislative Law, particularly as it related to specific aspects of procurements as follows: (i) prohibiting lobbyists from entering into retainer agreements on the outcome of government grant making or other agreement involving public funding; and (ii) reporting lobbying efforts for grants, loans, and other disbursements of public funds over \$15,000.

The most notable, however, was the increased penalties provided under Section 20 of Chapter 14 of the Laws of 2007, which replaced old penalty provisions and the addition of a suspension option for lobbyists engaged in repeated violations. Further amendments to the Lobbying Act were made in Chapter 4 of the Laws of 2010.

Questions regarding the registration and operation of the Lobbying Act should be directed to the New York State Joint Commission on Public Ethics.

5.13 State Finance Law Consultant Disclosure Provisions

In accordance with New York State Finance Law Section 163(4)(g), state agencies must require all Contractors, including Subcontractors, that provide consulting services for state purposes pursuant to a contract submit an annual employment report for each such contract.

The successful Bidder for procurements involving consultant services must complete a "State Consultant Services Form A, Contractor's Planned Employment from Contract Start Date through End of Contract Term" in order to be eligible for a contract.

The successful Bidder must also agree to complete a "State Consultant Services Form B, Contractor's Annual Employment Report" for each state fiscal year included in the resulting contract. This report must be submitted annually to the Department of Health, the Office of the State Comptroller, and the Department of Civil Service.

State Consultant Services Form A: Contractor's Planned Employment and Form B: Contractor's Annual Employment Report may be accessed electronically at:
<http://www.osc.state.ny.us/agencies/forms/ac3271s.doc> and
<http://www.osc.state.ny.us/agencies/forms/ac3272s.doc>.

5.14 Debriefing

Pursuant to Section 163(9)(c) of the State Finance Law, any unsuccessful Bidder may request a debriefing regarding the reasons that the proposal or bid submitted by the Bidder was not selected for award. Requests for a debriefing must be made within fifteen (15) calendar days of release of the written or electronic notice by DOH that the Bid submitted by the Bidder was not selected for award. Requests should be submitted in writing to a designated contact identified in the award/non-award letter.

5.15 Protest Procedures

In the event that unsuccessful Bidders wish to protest the award resulting from this RFP, Bidders should follow the protest procedures established by the Office of the State Comptroller (OSC). These procedures can be found in Chapter XI Section 17 of the Guide to Financial Operations (GFO), available online at: <http://www.osc.state.ny.us/agencies/guide/MyWebHelp/>.

5.16 Iran Divestment Act

By submitting a bid in response to this solicitation or by assuming the responsibility of a contract awarded hereunder, the Bidder (or any assignee) certifies that it is not on the "Entities Determined To Be Non-Responsive Bidders/Offerers Pursuant to The New York State Iran Divestment Act of 2012" list (Prohibited Entities List) posted on the OGS website (currently found at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>) and further certifies that it will not utilize on such contract any Subcontractor that is identified on the Prohibited Entities List. Additionally, the Bidder is advised that should it seek to renew or extend a contract awarded in response to the solicitation, it must provide the same certification at the time the contract is renewed or extended.

During the term of the contract, should DOH receive information that a person (as defined in State Finance Law §165-a) is in violation of the above-referenced certifications, DOH will review such information and offer the person an opportunity to respond. If the person fails to demonstrate that it has ceased its engagement in the investment activity which is in violation of the Act within 90 (ninety) days after the determination of such violation, DOH shall take such action as may be appropriate and provided for by law, rule, or contract, including but not limited to seeking compliance, recovering damages, or declaring the Contractor in default. DOH reserves the right to reject any bid, request for assignment, renewal, or extension for an entity that appears on the Prohibited Entities List prior to the award, assignment, renewal, or extension of a contract and to pursue a responsibility review with respect to any entity that is awarded a contract and appears on the Prohibited Entities list after contract award.

5.17 Piggybacking

New York State Finance Law section 163(10)(e) (see also <http://www.ogs.ny.gov/purchase/snt/sflxi.asp>) allows the Commissioner of the NYS Office of General Services to consent to the use of this contract by other New York State Agencies and other authorized purchasers, subject to conditions and the Contractor's consent.

5.18 Encouraging Use of New York Businesses in Contract Performance

Public procurements can drive and improve the state's economic engine through promotion of the use of New York businesses by its Contractors. New York State businesses have a substantial presence in State contracts and strongly contribute to the economies of the state and the nation. In recognition of

their economic activity and leadership in doing business in New York State, Bidders for this contract for commodities, services, or technology are strongly encouraged and expected to consider New York State businesses in the fulfillment of the requirements of the contract. Such partnering may be as Subcontractors, suppliers, protégés, or other supporting roles. All Bidders should complete [Attachment 6](#), Encouraging Use of New York Businesses in Contract Performance, to indicate their intent to use or not use New York businesses in the performance of this contract.

5.19 Diversity Practices Questionnaire

Diversity practices are the efforts of Contractors to include New York State-certified Minority- and Women-owned Business Enterprises (MWBE) in their business practices. Diversity practices may include past, present, or future actions and policies as well as activities of Contractors on contracts with private entities and governmental units other than the State of New York. Assessing the diversity practices of Contractors enables Contractors to engage in meaningful, capacity-building collaborations with MWBEs.

5.20 Participation Opportunities for NYS Certified Service-Disabled Veteran-Owned Businesses

Article 17-B of the New York State Executive Law provides for more meaningful participation in public procurement by certified Service-Disabled Veteran-Owned Businesses (SDVOB), thereby further integrating such businesses into New York State's economy. DOH recognizes the need to promote the employment of service-disabled veterans and to ensure that certified service-disabled veteran-owned businesses have opportunities for maximum feasible participation in the performance of DOH contracts.

In recognition of the service and sacrifices made by service-disabled veterans, and in recognition of their economic activity in doing business in New York State, Bidders are strongly encouraged and expected to consider SDVOBs in the fulfillment of the requirements of the Contract. Such participation may be as Subcontractors or suppliers, as protégés, or in other partnering or supporting roles.

For the purposes of this procurement, DOH conducted a comprehensive search and determined that the contract does not offer sufficient opportunities to set specific goals for participation by SDVOBs as Subcontractors, service providers, and suppliers to the Contractor. Nevertheless, the Contractor is encouraged to make good-faith efforts to promote and assist in the participation of SDVOBs on the contract for the provision of services and materials. The directory of New York State Certified SDVOBs can be viewed at: <https://ogs.ny.gov/veterans/>.

Bidders are encouraged to contact the Office of General Services' Division of Service-Disabled Veteran's Business Development at 518-474-2015 or VeteransDevelopment@ogs.ny.gov to discuss methods of maximizing participation by SDVOBs on the contract.

5.21 Intellectual Property

Any work product created pursuant to this agreement and any subcontract shall become the sole and exclusive property of the New York State Department of Health which shall have all rights of ownership and authorship in such work product.

5.22 Vendor Assurance of No Conflict of Interest or Detrimental Effect

All Bidders responding to this solicitation should submit [Attachment 4](#) to attest that their performance of the services outlined in this RFP does not create a conflict of interest and that they will not act in any manner that is detrimental to any other state project on which they are rendering services.

5.23 Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

The New York State Human Rights Law, Article 15 of the Executive Law, prohibits discrimination and harassment based on age, race, creed, color, national origin, sex, pregnancy or pregnancy-related conditions, sexual orientation, gender identity, disability, marital status, familial status, domestic violence victim status, prior arrest or conviction record, military status, or predisposing genetic characteristics. In accordance with Executive Order No. 177, the Bidder certifies that they do not have institutional policies or practices that fail to address those protected statuses under the Human Rights Law.

6.0 PROPOSAL CONTENT

The following includes the format and information to be provided by each Bidder. Bidders responding to this RFP must satisfy all requirements stated in this RFP. All Bidders are requested to submit complete Administrative and Technical Proposals and are required to submit a complete Cost Proposal. A proposal that is incomplete in any material respect may be rejected.

To expedite review of the proposals, Bidders are requested to submit proposals in separate Administrative, Technical, and Cost packages inclusive of all materials as summarized in [Attachment A](#), Proposal Documents. This separation of information will facilitate the review of the material requested. No information beyond that specifically requested is required, and Bidders are requested to keep their submissions to the shortest length consistent with making a complete presentation of qualifications. Evaluations of the Administrative, Technical, and Cost Proposals received in response to this RFP will be conducted separately. Bidders are therefore cautioned not to include any Cost Proposal information in the Technical Proposal documents.

DOH will not be responsible for expenses incurred in preparing and submitting the Administrative, Technical, or Cost Proposals.

6.1 Administrative Proposal

The Administrative Proposal should contain all items listed below. A proposal that is incomplete in any material respect may be eliminated from consideration. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy. Please provide the forms in the same order in which they are requested.

A. Bidder's Disclosure of Prior Non-Responsibility Determinations

Submit a completed and signed [Attachment 1](#), "Prior Non-Responsibility Determination."

B. Freedom of Information Law – Proposal Redactions

Bidders must clearly and specifically identify any portion of the proposal that a Bidder believes constitutes proprietary information entitled to confidential handling as an exception to the Freedom of Information Law. See [Section 5.11](#), “Freedom of Information Law.”

C. Vendor Responsibility Questionnaire

Complete, certify, and file a New York State Vendor Responsibility Questionnaire. DOH recommends that Vendors file the required Vendor Responsibility Questionnaire online via the New York State VendRep System. To enroll in and use the New York State VendRep System, see the VendRep System Instructions at <http://www.osc.state.ny.us/vendrep/index.htm> or go directly to the VendRep System online at <https://portal.osc.state.ny.us>.

Vendors must provide their New York State Vendor Identification Number when enrolling. To request assignment of a Vendor ID or for VendRep System assistance, contact the OSC Help Desk at 866-370-4672 or 518-408-4672 or by email at ciohelpdesk@osc.state.ny.us.

Vendors opting to complete and submit a paper questionnaire can obtain the appropriate questionnaire from the VendRep website, www.osc.state.ny.us/vendrep, or contact the Office of the State Comptroller’s Help Desk for a copy of the paper form. Bidders should complete and submit the Vendor Responsibility Attestation, [Attachment 3](#).

D. Vendors Assurance of No Conflict of Interest or Detrimental Effect

Submit [Attachment 4](#), Vendor’s Assurance of No Conflict of Interest or Detrimental Effect, which includes information regarding the Bidder, members, shareholders, parents, affiliates, or Subcontractors. [Attachment 4](#) must be signed by an individual authorized to bind the Bidder contractually.

E. MWBE Forms

Submit completed Form # 1 and/or Form # 2, Form # 4 and Form # 5 as directed in [Attachment 5](#), “Guide to New York State DOH MWBE RFP Required Forms.”

F. Bidder’s Certified Statements

Submit [Attachment 7](#), “Bidder’s Certified Statements,” which includes information regarding the Bidder. [Attachment A](#) must be signed by an individual authorized to bind the Bidder contractually. Please indicate the title or position that the signer holds with the Bidder. DOH reserves the right to reject a proposal that contains an incomplete or unsigned [Attachment 7](#) or no [Attachment 7](#).

G. Encouraging Use of New York Businesses in Contract Performance

Submit [Attachment 6](#), “Encouraging Use of New York State Businesses in Contract Performance,” to indicate which New York businesses the Bidder use in the performance of the contract.

H. References

Provide references using [Attachment 9](#), "References," for three (3) references. Provide firm names, addresses, contact names, telephone numbers, and email addresses.

I. Diversity Practices Questionnaire

The Department has determined, pursuant to New York State Executive Law Article 15-A, that the assessment of the diversity practices of respondents of this procurement is practical, feasible, and appropriate. Accordingly, as part of their response to this procurement, Bidders should include [Attachment 10](#), "Diversity Practices Questionnaire." Responses will be formally evaluated and scored.

J. Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination

Submit [Attachment 11](#) certifying that the Bidder does not have institutional policies or practices that fail to address the harassment and discrimination of individuals on the basis of their age, race, creed, color, national origin, sex, sexual orientation, gender identity, disability, marital status, military status, or other protected status under the Human Rights Law.

K. Executive Order 16 Prohibiting Contracting with Entities Conducting Business Operations in Russia

Submit [Attachment 12](#) certifying the status of your business operations in Russia.

6.2 Technical Proposal

The purpose of the Technical Proposal is to demonstrate the qualifications, competence, and capacity of the Bidder to perform the services contained in this RFP. The Technical Proposal should demonstrate the qualifications of the Bidder and the staff to be assigned to provide services related to the services included in this RFP.

A Technical Proposal that is incomplete in any material respect may be eliminated from consideration. The following outlines the information requested to be provided by Bidders. The information requested should be provided in the prescribed format. Responses that do not follow the prescribed format may be eliminated from consideration. All responses to the RFP may be subject to verification for accuracy.

While additional data may be presented, the following must be included. Please provide the information in the same order in which it is requested. The proposal should contain sufficient information to assure DOH of its accuracy. Failure to follow these instructions may result in disqualification.

Pricing information contained in the Cost Proposal cannot be included in the Technical Proposal documents.

A. Title Page

Submit a Title Page providing the RFP subject and number; the Bidder's name and address; the name, address, telephone number, and email address of the Bidder's contact person; and the date of the Proposal.

B. Table of Contents

The Table of Contents should clearly identify all material (by section and page number) included in the proposal.

C. Documentation of Bidder's Eligibility Responsive to [Section 3.0](#) of the RFP

Bidders must be able to meet all the requirements stated in [Section 3.0](#) of the RFP. The Bidder must submit documentation that provides sufficient evidence of meeting the criterion. This documentation may be in any format needed to demonstrate how the Bidder meets the minimum qualifications to propose.

- A minimum of three (3) years of experience working with radiology prior approval and utilization reviews.
- A minimum of three (3) years of experience in providing data analytics capable of aggregating health care data across a broad population, and in providing updated utilization review criteria derived from nationally recognized evidence based medical information sources, and
- Contractor must have a current Utilization Management certification or accreditation from the National Committee for Quality Assurance (NCQA) or Utilization Review Accreditation and Certification (URAC) and maintain such certification throughout the course of the contract.

D. Technical Proposal Narrative

The technical proposal should provide satisfactory evidence of the Bidder's ability to meet and expressly respond to each element listed below.

Elements of the technical proposal are as follows:

- a. Executive Summary
 - i. The Bidder should describe its understanding of the services to be performed as outlined in [Section 4.0](#): Scope of Work of the RFP, and how the Bidder can assist DOH in accomplishing its radiology management objectives.
- b. Organizational Background and Experience
 - i. The Bidder should describe their ability to perform radiology management services including the technologies, special techniques, skills or abilities of it possesses to accomplish the program requirements, data processing and analysis capabilities.
 - ii. The Bidder should describe in detail its experience in administering prior approvals programs for health care services including programs for Medicaid members. The experience in projects referenced should substantiate the Bidder's qualifications and capabilities to perform the RFP's specifications described in [Section 4.0](#): Scope of Work.
 - iii. For three (3) prior approval programs performed by the Bidder that are most similar to this RFP's scope of work, the Bidder should:
 1. Describe the project(s) and project goals, results, summary of the project results, and describe the resources expended on the project. The Bidder should include quantitative data, such as the prior approval requests reviewed, determinations, and any cost savings.

- iv. The same organizational background and experience description prescribed in section b.1 for the prime Contractor, should also be provided for all subcontractors listed in this section.
- c. Implementation and Administration: Bidders should include a detailed description of how they propose to accomplish each of the following Performance items (from [Section 4.2](#)) as specified below:
 - i. Transition and Implementation. Describe how the Bidder will begin the transition and implementation of the radiology management program prescribed in this RFP;
 - ii. Recommend Prior Approval Guidelines. Bidder should include description of how the recommended guidelines identified in [Section 4.2.2](#) will be developed: description should include proposed sources and frequency of the update.
 - iii. Educate Stakeholders. Describe how Bidder will assist and support the Department to educate stakeholders regarding the guidelines and prior approval processes. Description should include both activities supporting the initial roll out of the program as well as ongoing activity once the program is fully operational.
 - iv. Review Prior Approval Requests. Describe in detail Bidder's process for reviewing requests for prior approval within the designated timeframes for the Department. Include any proposed mechanisms to fast track prior approvals based on individual provider performance or individual member clinical needs. Description should include process for notifying providers of determination. Description of the minimum credentials for clinical review staff should be included in description.
 - v. Receiving prior approval via telephone, via paper format (either mail or fax delivery) and via Internet. Describe all mediums available for receipt of prior approval requests, as well as tracking and reporting mechanism for turn-around time from receipt to determination. Provide description of emergency back up plans in the event of telephone or system outages or building access problems.
 - vi. Operate a Call Center. Describe arrangements for a call center as described in [Section 4.1.5](#), Provide a description of Call Center capacity including volume of reviews on a weekly basis and total number of covered lives handled by Call Center. Provide a description of emergency back up plans in the event of telephone or system outages or building access problems.
 - vii. Handle Inquiries and Complaints. Describe in detail Bidder's processes for handling inquiries and complaints. Include logging and tracking process and average turnaround times.
 - viii. Translation and Interpreter Services for Member Communication. Describe how the Bidder will ensure that all written and/or verbal communication with members align with Executive Order 26: Statewide Language Access Policy, as it relates to translation and interpreter services for those with limited-English proficiency.
 - ix. Represent the Department in Fair Hearings. Describe in detail the Bidder's experience in preparing fair hearing materials.
 - x. Educate Ordering Practitioners. Describe the proposed process for outreach to ordering practitioners.
 - xi. Perform Quality Assurance Monitoring. Describe in detail the Bidder's quality assurance program. Include information pertaining to the processes for monitoring reviewer decision reliability.
 - xii. Monitor Trends in Advanced Imaging. Describe the process for tracking and monitoring trends in imaging technology and changes in nationally accepted clinical guidelines.

- xiii. Information Technology and Management Information System. Describe the proposed information technology and management information system's capabilities in detail. Include the plan to develop, test and implement an electronic interface with the current MMIS or Contractor supplied web-portal or interface to assure timely transmission and uploading of prior approval data.
 - xiv. Security: Describe the policies and procedures addressing the administrative, physical, and technical controls in place to safeguard the confidentiality, integrity, and availability of electronic protected health information as described in the Health Insurance Portability and Accountability Act ("HIPAA") and codified at 45 C.F.R. parts 160 and 164
 - xv. Privacy: Describe how the proposed system supports privacy per Federal and State regulations, for example, but not limited to, HIPAA, NYS Public Health Law Article 27-F, 42 CFR Part 2
 - xvi. HIPAA Compliance. Describe the process and procedures implemented to ensure HIPPA compliant transmissions and coding.
 - xvii. Encryption: Describe the Bidder's processes to ensure compliance with Federal Information Processing Standards (FIPS) 140-2 Security Requirements for Cryptographic Modules and NYSS14- 007 Encryption Standard for data in transit and at rest.
 - xviii. NYS Security Policies and Standards: Describe how the proposed system conforms to NYS security policies and standards found, <https://its.nv.00v/eiso/policies/security>.
 - xix. Multi-Factor Authentication: Describe how the proposed system will support multi-factor authentication.
 - xx. Disaster Recovery: Describe your proposed plan for call center and/or systems backup in the event of unplanned events such as power outages, building closures, and equipment failures. This plan should address backup and recovery, failover, disaster recovery and business continuity and include procedures for file backup.
 - xxi. Database Development and Maintenance. Describe the proposed system's data management capabilities.
 - xxii. Quality Assurance: Describe the quality assurance process proposed for this project.
- d. Staffing: The Bidder should describe the work experience, licensures and other relevant background of the key staff identified in [Section 4.2](#): Staffing of the RFP.

6.3 Cost Proposal

Submit a completed and signed [Attachment B – Cost Proposal](#). The Cost Proposal shall comply with the format and content requirements as detailed in this document and in [Attachment B](#). Failure to comply with the format and content requirements may result in disqualification.

The bid price is to cover both the cost of furnishing all of the said services, including but not limited to travel, materials, equipment, overhead, profit, and labor, and the performance of all work set forth in said specifications, to the satisfaction of the Department of Health.

The Attachment B: Cost Proposal must contain an all-inclusive Bid Price per prior approval for services described in this RFP, rounded to the hundredth (\$0.XX) decimal point. DOH estimates there will be approximately 4,500 prior approvals created for Medicaid FFS members per month covered by the Project. This number may vary higher or lower, vendors will be reimbursed for only the actual prior approvals created.

7.0 PROPOSAL SUBMISSION

A proposal consists of three distinct parts: (1) the Administrative Proposal, (2) the Technical Proposal, and (3) the Cost Proposal. The table below outlines the requested format for each part. Proposals must be submitted in electronic submission as described below.

	Electronic Submission
Administrative Proposal	Email labeled "Administrative Proposal, Bidder's Name, RFP20293" containing a standard searchable PDF file with copy/read permissions only.
Technical Proposal	Email labeled "Technical Proposal, Bidder's Name, RFP20293" containing a standard searchable PDF file with copy/read permissions only.
Cost Proposal	Email labeled "Cost Proposal, Bidder's Name, RFP20293" containing standard searchable PDF file(s) with copy/read permissions only.

Submit three (3), standard searchable, open and permission password protected, PDF proposals in three (3) separate emails to OHIPcontracts@health.ny.gov with the subject "<Type of Proposal Submission, Bidder Name, RFP#20293>"

Include, as attachment to each email, the distinct PDF file labeled "Administrative Proposal", "Technical Proposal", or "Cost Proposal". Example: "Technical Proposal Submission, ABC Company, RFP#20293".

1. All electronic proposal submissions should be clear and include page numbers on the bottom of each page.
2. The body of the email submitted should also include the password to the file and contact information.
3. A font size of eleven (11) points or larger should be used with appropriate header and footer information.
4. In the event an electronic submission cannot be read by the Department, the Department reserves the right to request a hard copy and/or electronic resubmission of any unreadable files. Offeror shall have 2 business days to respond to such requests and must certify the resubmission is identical to the original submission.
5. Where signatures are required, the proposals should have a handwritten signature (wet ink) and be signed in blue ink. A scan of the handwritten (wet ink) signature can be used for electronic submission in the PDF. The Department reserves the right to request hardcopy originals of all signature pages at any time.
6. The NYSDOH discourages overly lengthy proposals. Therefore, marketing brochures, user manuals or other materials, beyond that sufficient to present a complete and effective proposal, are not desired. Elaborate artwork or expensive paper is not necessary or desired. In order for the NYSDOH to evaluate proposals fairly and completely, proposals should follow the format described in this RFP to provide all requested information. The Bidder should not repeat information in more than one section of the proposal. If information in one section of the proposal is relevant to a discussion in another section, the Bidder should make specific reference to the other section rather than repeating the information;
7. Audio and/or videotapes are not allowed. Any submitted audio or videotapes will be ignored by the evaluation team;

The entire proposal must be received by the NYSDOH, in three separate emails to the email account and format designated above, no later than the Deadline for Submission of Proposals specified in [Section 1.0](#), (Calendar of Events). Late bids will not be considered.

NOTE: You should request a receipt containing the time and date received.

Submission of proposals in a manner other than as described in these instructions (e.g., fax) will not be accepted.

7.1 No Bid Form

Bidders choosing not to bid are requested to complete the No-Bid Form, [Attachment 2](#).

8.0 METHOD OF AWARD

8.1 General Information

DOH will evaluate each proposal based on the “Best Value” concept. This means that the proposal that best “optimizes quality, cost, and efficiency among responsive and responsible offerers” shall be selected for award (State Finance Law, Article 11, §163(1)(j)).

DOH, at its sole discretion, will determine which proposal(s) best satisfies its requirements. DOH reserves all rights with respect to the award. All proposals deemed to be responsive to the requirements of this procurement will be evaluated and scored for technical qualities and cost. Proposals failing to meet the requirements of this document may be eliminated from consideration. The evaluation process will include separate technical and cost evaluations, and the result of each evaluation shall remain confidential until evaluations have been completed and a selection of the winning proposal is made.

The evaluation process will be conducted in a comprehensive and impartial manner, as set forth herein, by an Evaluation Committee. The Technical Proposal and compliance with other RFP requirements (other than the Cost Proposal) will be weighted **70%** of a proposal’s total score, and the information contained in the Cost Proposal will be weighted **30%** of a proposal’s total score. 70% Technical, 30% Cost).

DOH may request that Bidders clarify the contents of their proposals. Other than to provide such information as may be requested by DOH, no Bidder will be allowed to alter its proposal or add information after the Deadline for Submission of Proposals listed in [Section 1.0](#) (Calendar of Events).

In the event of a tie, the determining factors for award, in descending order, will be:

- (1) lowest cost and
- (2) proposed percentage of MWBE participation.

8.2 Submission Review

DOH will examine all proposals that are received in a proper and timely manner to determine if they meet the proposal submission requirements as described in [Section 6.0](#) (Proposal Content) and [Section 7.0](#) (Proposal Submission), including documentation requested for the Administrative Proposal as stated in this RFP. Proposals that have omitted material documents or are materially deficient in meeting the submission requirements, in the sole opinion of DOH, may be rejected.

8.3 Technical Evaluation

The evaluation process will be conducted in a comprehensive and impartial manner. A Technical Evaluation Committee comprised of DOH program staff will review and evaluate all proposals.

Proposals will undergo a preliminary evaluation to verify Minimum Qualifications to Propose ([Section 3.0](#)).

The Technical Evaluation Committee members will independently score each Technical Proposal that meets the submission requirements of this RFP. The individual Committee Member scores will be averaged to calculate the Technical Score for each responsive Bidder.

The technical evaluation is **70% (up to 70 points)** of the final score.

8.4 Cost Evaluation

The Cost Evaluation Committee will examine the Cost Proposal documents. The Cost Proposals will be opened and reviewed for responsiveness to cost requirements. If a cost proposal is found to be non-responsive, that proposal may not receive a cost score and may be eliminated from consideration.

The Cost Proposals will be scored based on a maximum cost score of **30** points. The maximum cost score will be allocated to the proposal with the lowest all-inclusive, not-to-exceed maximum price. All other responsive proposals will receive a proportionate score based on the relation of their Cost Proposal to the proposals offered at the lowest final cost, using this formula:

$$C = (A/B) * 30\%$$

Where A is the Total price of lowest cost proposal;

B is the Total price of the cost proposal being scored; and

C is the Cost score.

The cost evaluation is **30% (up to 30 points)** of the final score.

8.5 Composite Score

A composite score will be calculated by DOH by adding the Technical Proposal points and the Cost points awarded. Finalists will be determined based on composite scores.

8.6 Interviews

For all bids, and as part of the bid review process, DOH reserves the right to interview proposed project participants. The purpose of an interview is to allow the evaluators to validate the Bidder's experience and qualifications.

8.7 Reference Checks

The Bidder should submit references using [Attachment 9](#) (References). At the discretion of the Evaluation Committee, references may be checked at any point during the process to verify Bidder qualifications to propose ([Section 3.0](#)).

8.8 Best and Final Offers (BAFO)

DOH reserves the right to request best and final offers. In the event DOH exercises this right, all Bidders that submitted a proposal that are susceptible to award will be asked to provide a best and final offer. Bidders will be informed that should they choose not to submit a best and final offer, the offer submitted with their proposal will be construed as their best and final offer.

8.9 Award Recommendation

The Evaluation Committee will submit a recommendation for award to the Finalist(s) with the highest composite score(s) whose experience and qualifications have been verified.

The Department will notify both the awarded Bidder(s) and the Bidders not awarded. The awarded Bidder(s) will enter into a written Agreement substantially in accordance with the terms of [Attachment 8](#), DOH Agreement, to provide the required services as specified in this RFP. The resultant contract shall not be binding until fully executed and approved by the New York State Office of the Attorney General and the Office of the State Comptroller.

9.0 ATTACHMENTS

The following attachments are included in this RFP and are available via hyperlink or can be found at: <https://www.health.ny.gov/funding/forms/>.

1. [Bidder's Disclosure of Prior Non-Responsibility Determination](#)
2. [No-Bid Form](#)
3. [Vendor Responsibility Attestation](#)
4. [Vendor Assurance of No Conflict of Interest or Detrimental Effect](#)
5. [Guide to New York State DOH MWBE Required Forms & Forms](#)
6. [Encouraging Use of New York Businesses in Contract Performance](#)
7. [Bidder's Certified Statements](#)
8. [DOH Agreement](#) (Standard Contract)
9. [References](#)
10. [Diversity Practices Questionnaire](#)
11. [Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination](#)
12. [Executive Order 016 Prohibiting Contracts with Entities Conducting Business in Russia](#)

The following attachments are attached and included in this RFP:

- A. Proposal Document Checklist
- B. Cost Proposal
- C. Service Level Agreements
- D. Procedure Codes

**ATTACHMENT A
PROPOSAL DOCUMENT CHECKLIST**

Please reference [Section 7.0](#) for the appropriate format and quantities for each proposal submission.

RFP # 20293 – Radiology Management Services		
FOR THE ADMINISTRATIVE PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.1.A	Attachment 1 – Bidder’s Disclosure of Prior Non-Responsibility Determinations, completed and signed	<input type="checkbox"/>
§ 6.1.B	Freedom of Information Law – Proposal Redactions (If Applicable)	<input type="checkbox"/>
§ 6.1.C	Attachment 3 – Vendor Responsibility Attestation	<input type="checkbox"/>
§ 6.1.E	Attachment 4 – Vendor Assurance of No Conflict of Interest or Detrimental Effect	<input type="checkbox"/>
§ 6.1.F	Attachment 5 - MWBE Participation Requirements	<input type="checkbox"/>
§ 6.1.G	Attachment 6 – Encouraging Use of New York Businesses	<input type="checkbox"/>
§ 6.1.H	Attachment 7 – Bidder’s Certified Statements, completed and signed	<input type="checkbox"/>
§ 6.1.I	Attachment 9 – References	<input type="checkbox"/>
§ 6.1.J	Attachment 10 – Diversity Practices Questionnaire	<input type="checkbox"/>
§ 6.1.K	Attachment 11 – Executive Order 177 Prohibiting Contracts with Entities that Support Discrimination	<input type="checkbox"/>
§ 6.1.K	Attachment 12 – Executive Order 16 Prohibiting Contracting with Businesses Conducting Business in Russia	<input type="checkbox"/>
FOR THE TECHNICAL PROPOSAL		
RFP §	SUBMISSION	INCLUDED
§ 6.2.A	Title Page	<input type="checkbox"/>
§ 6.2.B	Table of Contents	<input type="checkbox"/>
§ 6.2.C	Documentation of Bidder’s Eligibility (Requirement)	<input type="checkbox"/>
§ 6.2.D	Technical Proposal Narrative	<input type="checkbox"/>
FOR THE COST PROPOSAL REQUIREMENT		
RFP §	REQUIREMENT	INCLUDED
§ 6.3	Attachment B – Cost Proposal	<input type="checkbox"/>

**ATTACHMENT B
COST PROPOSAL
RFP #20293**

Bidders Name: _____

Instructions:

To complete the Cost Proposal form, Bidders must provide an all-inclusive Bid Price Per Prior Approval, bid price must be to the hundredth (\$0.XX) decimal point. DOH estimates there will be approximately 4,500 prior approvals created for Medicaid Fee-for-Service members per month covered by the Project. The number of prior approvals may vary higher or lower each month, vendors will be reimbursed based upon the actual prior approvals completed.

Price Per Prior Approval (\$0.XX)*

**The Bidder's Price Per Prior Approval should assume all costs related to materials, labor, overhead, equipment, travel, meetings, and any other costs associated with providing services under the resulting contract;*

**The resulting contract value will be estimated upon an anticipated 4,500 Approvals Per Month.*

By signing this Cost Proposal Form, Bidder agrees that the prices above are binding for 365 days from the proposal due date.

Bidder's Authorized Signature

Date

Printed Name and Title

Attachment C
Service Level Agreements
RFP # 20293

Contract	SLA Category	SLA Name	SLA Language	Liquidated Damages
RADMGMT	Reporting	RADMGMTSLA01	Produce all daily, weekly, monthly, quarterly and annual operational and performance management reporting at the schedule defined per report.	\$1,000 for each report not produced within the agreed timeframe.
RADMGMT	Reporting	RADMGMTSLA02	The contractor must maintain the necessary data in appropriate log files to measure its performance and report monthly on all SLAs illustrating daily metrics against the SLAs defined in this RFP. If the Department notifies the contractor that damages will be assessed because of nonconformance with an SLA and the log files are not maintained or are damaged in such a way that the contractor cannot substantiate its performance against an SLA it will be construed that the contractor did not meet the SLA in question.	The damages for the appropriate SLA where performance was not met or log files were not maintained to confirm performance was met will be assessed by the Department
RADMGMT	Hours of Call Center Availability	RADMGMTSLA03	The call center must be available Monday through Friday from 8:00 am until 6:00 pm, Eastern Standard Time, with the exception of State approved holidays	\$500 per hour or a portion thereof that the call center is not available.
RADMGMT	Call Center Time to Answer	RADMGMTSLA04	All calls must be answered within three (3) rings or fifteen (15) seconds.	\$0.15 for each call not serviced per the SLA.
RADMGMT	Call Center Hold Time	RADMGMTSLA05	At least ninety-eight percent (98%) of calls placed on hold will be answered within two (2) minutes or less	\$0.15 for each call not serviced per the SLA
RADMGMT	Call Center Blockage Rate	RADMGMTSLA06	The contractor guarantees that no more than five percent (5%) of incoming calls will be blocked by a busy signal calculated on a monthly basis.	\$5,000 for each month where incoming calls to the telephone line are blocked by a busy signal, in excess of the standard of five percent (5%). Calculated on a monthly basis.
RADMGMT	Call Center Abandonment Rate	RADMGMTSLA07	The percentage of incoming calls to the telephone line in which the caller disconnects prior to the call being answered by a customer service representative will not exceed three percent (3%), calculated and reported on a monthly basis.	\$.15 for each call not serviced as per the SLA.
RADMGMT	Handle Inquiries and Complaints	RADMGMTSLA08	All inquiries and complaints addressed and responded to within two (2) business days of notification.	\$100 per day that the requests are not processed as per the SLA.
RADMGMT	Represent the Department in Fair Hearings	RADMGMTSLA09	Any materials intended to be introduced at the Fair Hearing to the member and or their representative, and OTDA must be received by the Department no less than five (5) business days prior to the scheduled Fair Hearing.	\$500 per day that the requests are not processed as per the SLA.
RADMGMT	Prior Approvals	RADMGMTSLA10	Ninety percent (90%) of all requests for prior approval received in a calendar month must be reviewed and decision made, or additional information requested, within twenty-four (24) hours of the telephone, fax or web portal interface. The remaining ten percent (10%) must be reviewed and decision made, or additional information requested, within two (2) business days of receipt.	\$500 per day that the requests are not processed as per the SLA.
RADMGMT	Prior Approvals	RADMGMTSLA11	All information required for the Department's prior approval notices must be entered into the MMIS or Contractor supplied web-portal or interface the same day as the determination or request for additional information is made. All requests for prior approval requiring additional information, where the provider does not submit additional information, shall be inactivated after thirty-five (35) calendar days of the request.	\$100 per day that the requests are not processed as per the SLA.

Attachment D
Procedure Codes and Annual PA Volume
RFP # 20293

DIAGNOSTIC IMAGING	
CT	CODES:
Computed tomography, head or brain; without contrast material	70450
Computed tomography, head or brain; with contrast material(s)	70460
Computed tomography, head or brain; without contrast material, followed by contrast material(s) and further sections	70470
Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material	70480
Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; with contrast material(s)	70481
Computed tomography, orbit, sella, or posterior fossa or outer, middle, or inner ear; without contrast material, followed by contrast material(s) and further sections	70482
Computed tomography, maxillofacial area; without contrast material	70486
Computed tomography, maxillofacial area; with contrast material(s)	70487
Computed tomography, maxillofacial area; without contrast material, followed by contrast material(s) and further sections	70488
Computed tomography, soft tissue neck; without contrast material	70490
Computed tomography, soft tissue neck; with contrast material(s)	70491
Computed tomography, soft tissue neck; without contrast material followed by contrast material(s) and further sections	70492
Computed tomography, thorax, diagnostic; without contrast material	71250
Computed tomography, thorax, diagnostic; with contrast material(s)	71260

Computed tomography, thorax, diagnostic; without contrast material, followed by contrast material(s) and further sections	71270
Computed tomography, thorax, low dose for lung cancer screening, without contrast material(s)	71271
Computed tomography, cervical spine; without contrast material	72125
Computed tomography, cervical spine; with contrast material	72126
Computed tomography, cervical spine; without contrast material, followed by contrast material(s) and further sections	72127
Computed tomography, thoracic spine; without contrast material	72128
Computed tomography, thoracic spine; with contrast material	72129
Computed tomography, thoracic spine; without contrast material, followed by contrast material(s) and further sections	72130
Computed tomography, lumbar spine; without contrast material	72131
Computed tomography, lumbar spine; with contrast material	72132
Computed tomography, lumbar spine; without contrast material, followed by contrast material(s) and further sections	72133
Computed tomography, pelvis; without contrast material	72192
Computed tomography, pelvis; with contrast material(s)	72193
Computed tomography, pelvis; without contrast material, followed by contrast material(s) and further sections	72194
Computed tomography, upper extremity; without contrast material	73200
Computed tomography, upper extremity; with contrast material(s)	73201
Computed tomography, upper extremity; without contrast material, followed by contrast material(s) and further sections	73202

Computed tomography, lower extremity; without contrast material	73700
Computed tomography, lower extremity; with contrast material(s)	73701
Computed tomography, lower extremity; without contrast material, followed by contrast material(s) and further sections	73702
Computed tomography, abdomen; without contrast material	74150
Computed tomography, abdomen; with contrast material(s)	74160
Computed tomography, abdomen; without contrast material, followed by contrast material(s) and further sections	74170
Computed tomography, abdomen and pelvis; without contrast material	74176
Computed tomography, abdomen and pelvis; with contrast material(s)	74177
Computed tomography, abdomen and pelvis; without contrast material in one or both body regions, followed by contrast material(s) and further sections in one or both body regions	74178
Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material	74261
Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed	74262
Computed tomographic (CT) colonography, screening, including image postprocessing	74263
Computed tomography, limited or localized follow-up study	76380
CTA	CODES:
Computed tomographic angiography, head, with contrast material(s), including noncontrast images, if performed, and image postprocessing	70496
Computed tomographic angiography, neck, with contrast material(s), including noncontrast images, if performed, and image postprocessing	70498

Computed tomographic angiography, chest (noncoronary), with contrast material(s), including noncontrast images, if performed, and image postprocessing	71275
Computed tomographic angiography, pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	72191
Computed tomographic angiography, upper extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	73206
Computed tomographic angiography, lower extremity, with contrast material(s), including noncontrast images, if performed, and image postprocessing	73706
Computed tomographic angiography, abdomen and pelvis, with contrast material(s), including noncontrast images, if performed, and image postprocessing	74174
Computed tomographic angiography, abdomen, with contrast material(s), including noncontrast images, if performed, and image postprocessing	74175
Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)	75574
Computed tomographic angiography, abdominal aorta and bilateral iliofemoral lower extremity runoff, with contrast material(s), including noncontrast images, if performed, and image postprocessing	75635
MRA	CODES:
Magnetic resonance angiography, head; without contrast material(s)	70544
Magnetic resonance angiography, head; with contrast material(s)	70545
Magnetic resonance angiography, head; without contrast material(s) followed by contrast material(s) and further sequences	70546
Magnetic resonance angiography, neck; without contrast material(s)	70547
Magnetic resonance angiography, neck; with contrast material(s)	70548
Magnetic resonance angiography, neck; without contrast material(s), followed by contrast material(s) and further sequences	70549
Magnetic resonance angiography, chest (excluding myocardium), with or without contrast material(s)	71555

Magnetic resonance angiography, spinal canal and contents, with or without contrast material(s)	72159
Magnetic resonance angiography, pelvis, with or without contrast material(s)	72198
Magnetic resonance angiography, upper extremity, with or without contrast material(s)	73225
Magnetic resonance angiography, lower extremity, with or without contrast material(s)	73725
Magnetic resonance angiography, abdomen, with or without contrast material(s)	74185
MRI	CODES:
Magnetic resonance (eg, proton) imaging, temporomandibular joint(s)	70336
Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s)	70540
Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; with contrast material(s)	70542
Magnetic resonance (eg, proton) imaging, orbit, face, and/or neck; without contrast material(s), followed by contrast material(s) and further sequences	70543
Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material	70551
Magnetic resonance (eg, proton) imaging, brain (including brain stem); with contrast material	70552
Magnetic resonance (eg, proton) imaging, brain (including brain stem); without contrast material, followed by contrast material(s) and further sequences	70553
Magnetic resonance imaging, brain, functional MRI; including test selection and administration of repetitive body part movement and/or visual stimulation, requiring physician or psychologist administration of entire neurofunctional testing	70555
Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s)	71550
Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); with contrast material(s)	71551

Magnetic resonance (eg, proton) imaging, chest (eg, for evaluation of hilar and mediastinal lymphadenopathy); without contrast material(s), followed by contrast material(s) and further sequences	71552
Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; without contrast material	72141
Magnetic resonance (eg, proton) imaging, spinal canal and contents, cervical; with contrast material(s)	72142
Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; cervical	72156
Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic without contrast material	72146
Magnetic resonance (eg, proton) imaging, spinal canal and contents, thoracic with contrast material(s)	72147
Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; thoracic	72157
Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; without contrast material	72148
Magnetic resonance (eg, proton) imaging, spinal canal and contents, lumbar; with contrast material(s)	72149
Magnetic resonance (eg, proton) imaging, spinal canal and contents, without contrast material, followed by contrast material(s) and further sequences; lumbar	72158
Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s)	72195
Magnetic resonance (eg, proton) imaging, pelvis; with contrast material(s)	72196
Magnetic resonance (eg, proton) imaging, pelvis; without contrast material(s), followed by contrast material(s) and further sequences	72197
Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s)	73218
Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; with contrast material(s)	73219
Magnetic resonance (eg, proton) imaging, upper extremity, other than joint; without contrast material(s), followed by contrast material(s) and further sequences	73220
Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s)	73221

Magnetic resonance (eg, proton) imaging, any joint of upper extremity; with contrast material(s)	73222
Magnetic resonance (eg, proton) imaging, any joint of upper extremity; without contrast material(s), followed by contrast material(s) and further sequences	73223
Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s)	73718
Magnetic resonance (eg, proton) imaging, lower extremity other than joint; with contrast material(s)	73719
Magnetic resonance (eg, proton) imaging, lower extremity other than joint; without contrast material(s), followed by contrast material(s) and further sequences	73720
Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material	73721
Magnetic resonance (eg, proton) imaging, any joint of lower extremity; with contrast material(s)	73722
Magnetic resonance (eg, proton) imaging, any joint of lower extremity; without contrast material(s), followed by contrast material(s) and further sequences	73723
Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s)	74181
Magnetic resonance (eg, proton) imaging, abdomen; with contrast material(s)	74182
Magnetic resonance (eg, proton) imaging, abdomen; without contrast material(s), followed by with contrast material(s) and further sequences	74183
Magnetic resonance (eg, proton) imaging, fetal, including placental and maternal pelvic imaging when performed; single or first gestation	74712
Cardiac magnetic resonance imaging for morphology and function without contrast material;	75557
Cardiac magnetic resonance imaging for morphology and function without contrast material; with stress imaging	75559
Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences;	75561
Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with stress imaging	75563
Magnetic resonance imaging, breast, without contrast material; unilateral	77046

Magnetic resonance imaging, breast, without contrast material; bilateral	77047
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; unilateral	77048
Magnetic resonance imaging, breast, without and with contrast material(s), including computer-aided detection (CAD real-time lesion detection, characterization and pharmacokinetic analysis), when performed; bilateral	77049
Magnetic resonance (eg, proton) imaging, bone marrow blood supply	77084
Cardiac Nuclear Medicine	CODES:
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	78451
Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or reinjection	78452
Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)	78453
Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or reinjection	78454
Myocardial imaging, infarct avid, planar; qualitative or quantitative	78466
Myocardial imaging, infarct avid, planar; with ejection fraction by first pass technique	78468
Myocardial imaging, infarct avid, planar; tomographic SPECT with or without quantification	78469
Cardiac blood pool imaging, gated equilibrium; planar, single study at rest or stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without additional quantitative processing	78472
Cardiac blood pool imaging, gated equilibrium; multiple studies, wall motion study plus ejection fraction, at rest and stress (exercise and/or pharmacologic), with or without additional quantification	78473
Cardiac blood pool imaging (planar), first pass technique; single study, at rest or with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	78481
Cardiac blood pool imaging (planar), first pass technique; multiple studies, at rest and with stress (exercise and/or pharmacologic), wall motion study plus ejection fraction, with or without quantification	78483

Cardiac blood pool imaging, gated equilibrium, SPECT, at rest, wall motion study plus ejection fraction, with or without quantitative processing	78494
PET	CODES:
Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed, single study;	78459
Myocardial imaging, positron emission tomography (PET), metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed, single study; with concurrently acquired computed tomography transmission scan	78429
Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(S) and/or ejection fraction(s), when performed; single study at rest or stress (exercise or pharmacologic)	78491
Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed; single study, at rest or stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	78430
Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(S) and/or ejection fraction(s), when performed; multiple studies at rest or and stress (exercise or pharmacologic)	78492
Myocardial imaging, positron emission tomography (PET), perfusion study (including ventricular wall motion(s) and/or ejection fraction(s), when performed; multiple studies, at rest and stress (exercise or pharmacologic), with concurrently acquired computed tomography transmission scan	78431
Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability);	78432
Myocardial imaging, positron emission tomography (PET), combined perfusion with metabolic evaluation study (including ventricular wall motion(s) and/or ejection fraction(s), when performed), dual radiotracer (eg, myocardial viability); with concurrently acquired computed tomography transmission scan	78433
Brain imaging, positron emission tomography (PET); metabolic evaluation	78608
Brain imaging, positron emission tomography (PET); perfusion evaluation	78609
Positron emission tomography (PET) imaging; limited area (eg, chest, head/neck)	78811
Positron emission tomography (PET) imaging; skull base to mid-thigh	78812
Positron emission tomography (PET) imaging; whole body	78813
Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; limited area (eg, chest, head/neck)	78814

Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; skull base to mid-thigh	78815
Positron emission tomography (PET) with concurrently acquired computed tomography (CT) for attenuation correction and anatomical localization imaging; whole body	78816

PA Volumes	Calendar Year
41,896	2018
45,367	2019
41,513	2020
47,323	2021