

**AMENDMENTS TO RFA NUMBER 0810300900**  
**Modified March 16, 2009**  
**MEDICAID-DESIGNATED NYC HOSPITALS FOR**  
**BARIATRIC SURGERY FOR OBESITY**

The following information represents an amendment to the RFA released on February 13, 2009. The changes to the RFA are outlined below. Based on these changes, the key dates have been extended to allow additional preparation time for all potential applicants.

See below for specific changes to key dates.

Note that the DOH contact name and address remain the same.

*KEY DATES*

<b>RFA Release Date:</b>	<b>February 13, 2009</b>
<b>RFA Modification Date:</b>	<b>March 16, 2009</b>
<b>Questions Due:</b>	<b>March 30, 2009 *Revised</b>
<b>Letter of Interest Due:</b>	<b>March 30, 2009 *Revised</b>
<b>Applicant Teleconference On:</b>	<b>April 3, 2009*Revised</b>
<b>Deadline for Registration:</b>	<b>March 30, 2009</b>
<b>RFA Updates Posted:</b>	<b>April 10, 2009 *Revised</b>
<b>Applications Due:</b>	<b>May 6, 2009 *Revised</b>
<b>DOH Contact Name &amp; Address:</b>	<b>Michael Lindsey, Ph. D Office of Health Insurance Programs NYS Department of Health Room 1938 Corning Tower Albany, New York 12237-0066</b>

**The “Table of Contents” page 2, is amended as follows:**

“Attachment 1: Eligible Applicant Hospitals” has been rescinded and replaced by:

“Attachment 1: Eligibility Criteria for Application for Bariatric RFA”

All the remaining attachments are unchanged.

**Section I “Introduction”, second paragraph, second sentence, page 3:**

Change second sentence to read: This request for applications (RFA) is being issued to all hospitals that performed bariatric surgery in the New York City (NYC) area during calendar year 2008 to provide these hospitals the opportunity to propose rates of payment for bariatric surgical procedures and inpatient treatment performed within the five boroughs of New York City for Medicaid FFS beneficiaries.

**Section II “Who May Apply” page 5, is amended to the following:**

The NYSDOH is seeking applications from NYC hospitals that performed any bariatric surgical procedures in 2008. For the purposes of this RFA, a NYC hospital is a hospital located in one of the five boroughs. A patient receiving a bariatric surgical procedure is an inpatient with a principal diagnosis of Obesity, Unspecified (ICD-9-CM code of 278.00), Morbid Obesity (278.01) or Overweight (278.02) **AND** who undergoes any one of the following procedures: High Gastric Bypass (ICD-9-CM code 44.31), Laparoscopic Gastroenterostomy (44.38), Other Gastroenterostomy (44.39), Revision Gastric Anastomosis (44.5), Laparoscopic Gastroplasty (44.68), Other Repair of Stomach (44.69), Laparoscopic Gastric Restrictive Procedure (44.95), Laparoscopic Revision Gastric Restriction (44.96), Laparoscopic Removal Gastric Restriction Device (44.97), Adjustment Gastric Restriction Device (44.98), Gastric Operation NEC (44.99), Intestinal Anastomosis NOS (45.90) or Small to Small Bowel Anastomosis (45.91).

The second paragraph in the section is deleted entirely.

**Section III “Project Narrative/ Work Plan Outcomes”, part E., page 8, is amended as follows:**

<b>DESCRIPTION</b>	<b>DEADLINE</b>
Publish RFA	March 16, 2009
Letter of Interest Due	March 30, 2009
Applicant Teleconference	April 3, 2009
RFA Submissions Due to DOH	May 6, 2009

**Section IV “Administrative Requirements”, Part F., page 12, is amended as follows:**

It is expected that contracts resulting from this RFA will have the following time period: July 1, 2009 through March 31, 2010, with the option of 3 one-year renewals subject to extension of current law.

**Section IV “Administrative Requirements”, Part I., number 6, page 13 is added:**

When submitting an application, the applicant must include, as part of the letter of transmittal, an attestation indicating that the applicant hospital had performed bariatric surgery for obesity, as defined on page 5 of this RFA during 2008, and include the number of those surgeries.

**Section V “Completing the Application”, Part A., number 1), part d), page 15 is added:**

- d) an attestation indicating that the applicant hospital had performed bariatric surgery for obesity, as defined on page 5 of this RFA during 2008, and include the number of those surgeries performed during 2008.

**Section V “Completing the Application”, Part A, number 2), subpart i), second bullet, page 16:**

Change 2007 to 2008. The sentence should read: Describe the overall volume of bariatric surgeries at the hospital for the past year (2008), as defined in Table 3 of the BARIATRIC RFA TABLES.xls workbook

**Section V “Completing the Application”, Part A, number 2, subpart ii), “Proposed Reimbursement Rate”, page 16:**

The first sub-bullet is amended to read:

the mean current dollar amount per discharge for AP-DRG 288 patients during calendar year 2008 as defined in Table 4 of Attachment 5;

**Section V “Completing the Application”, Part C, “Evaluation of Applications”, second paragraph, page 18 is amended to read:**

Any NYC hospital that performed any bariatric surgical procedure in 2008 may submit an application in response to this RFA.

**Section VI: Attachments, page 19 is amended as follows:**

Attachment 1: Eligible Applicant Hospitals, is rescinded and is replaced by Attachment 1: Eligibility Criteria for Application for Bariatric RFA.:

- Attachment 1: Eligibility Criteria for Application for Bariatric RFA
- Attachment 2: Bariatric Surgical Complications
- Attachment 3: Vendor Responsibility Attestation
- Attachment 4: Standard Contract with Appendices
- Attachment 5: Excel Workbook, BARIATRIC RFA TABLES.xls
- Attachment 6: Sample Letter of Interest

**Attachment 1, page 20, is amended as follows:**

**Attachment 1**

**Eligibility Criteria for Application for Bariatric RFA**

Applicant hospitals must:

- Be located in one of the five boroughs of NYC.
- Have performed any bariatric surgical procedures in 2008. A bariatric surgical procedure is defined as an inpatient surgical procedure on a patient with a principal diagnosis of Obesity, Unspecified (ICD-9-CM code of 278.00), Morbid Obesity (278.01) or Overweight (278.02) **AND** who undergoes any one of the following procedures: High Gastric Bypass (ICD-9-CM code 44.31), Laparoscopic Gastroenterostomy (44.38), Other Gastroenterostomy (44.39), Revision Gastric Anastomosis (44.5), Laparoscopic Gastroplasty (44.68), Other Repair of Stomach (44.69), Laparoscopic Gastric Restrictive Procedure (44.95), Laparoscopic Revision Gastric Restriction (44.96), Laparoscopic Removal Gastric Restriction Device (44.97), Adjustment Gastric Restriction Device (44.98), Gastric Operation NEC (44.99), Intestinal Anastomosis NOS (45.90) or Small to Small Bowel Anastomosis (45.91).

**The following amendments pertain to the Attachment 4: Excel Workbook, BARIATRIC RFA TABLES.xls, that must be completed as part of the RFA application process.**

**Table 2: The title of Table 2 is amended to read:**

Bariatric Surgeon's Qualifications and 2008 Surgical Volumes.

**The instructions to Table 2 are amended to read as follows:**

List the qualifications and surgical volumes for all bariatric surgeons who have admitting privileges at your hospital (exclude residents and Fellows). When giving the total volume of procedures performed, please include all procedures during calendar year 2008, regardless of the location of the procedure as well as procedures in which the physician was a co-surgeon or an assistant surgeon.

There are no other changes to Table 2.

**Table 3:**

**The first sentence of the instruction to Table 3 is amended as follows:**

Enter the number of procedures for each category of bariatric surgery performed in your facility during calendar year 2008.

**The final four columns in Table 3 are amended as follows:**

2008 Medicaid FFS	2008 Medicaid MC	2008 Non-Medicaid	2008 Total
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**Table 4:**

**The second sentence of the instructions is amended to read:**

Base all estimates and calculations ONLY on patients who were grouped in Medicaid AP-DRG 288 (O.R. Procedures for Obesity) in your hospital in 2008.

**Definition of Terms, # of Discharges:**

The definition is amended to read: The number of patients meeting the specified criteria discharged in calendar year 2008.

**Next instruction after # of Discharges is amended as follows:**

You must provide this information for each of the four patient groups described in the key at the bottom of the sheet and for all AP-DRG 288 patients in your hospital in 2008.