

**MEDICAID DISEASE AND CARE MANAGEMENT
DEMONSTRATION PROGRAMS RFP
Questions & Answers - Set 5
May 24, 2005**

The responses to questions included herein are the official responses by the State to questions posed by potential bidders and are hereby incorporated into the Medicaid Request for Proposals (RFP) issued March 21, 2005. In the event of any conflict between the RFP and these responses, the requirements or information contained in these responses will prevail.

PART II

- 1. Can we bid on a specific geographic area but allow New York DOH the flexibility of changing the geographic area if it is more appropriate to their needs, based on other bids submitted?**

A. The bidder must select the service area in which they intend to conduct the CMD and complete the TP-2 Form appropriately, see PART II-9. The DOH may elect to contract with the bidder for only a portion of its proposed service area, but would not change the geographic location of the CMD. See PART I-4.

- 2. May we provide narrative summary in the TP-1 which answers all of the questions rather than spelling each of them out?**

A. No.

- 3. The contractor establishes the selection criteria for identifying potential members thru claims. Once members are identified the contractor assigns a defined severity indicator to each recipient thru pre determined criteria included in the claims detail, and then from that the DOH will assign a control group and an intervention group. Please let us know if our understanding is correct. PART II-3.**

A. Your understanding is not entirely correct. DOH has review and approval authority for the selection criteria for the prospective intervention enrollees. Other than that clarification, your understanding is correct. Refer to Attachment 4 of the RFP for an outline of the process and data transfer in the population selection phase.

- 4. Can clinical staff assigned to New York DOH Demonstration project also be responsible for the delivery of services for other contracts in the company?**

A. Yes, however NYS Medicaid enrollees and their medical providers must be assured timely access to the clinical staff.

5. Will the state pay for an initial mailing that informs potential enrollees that they may be contacted about the program?

A. No, the contractor will be responsible for all mailings, including the initial mailing.

6. For Key function 8) Outcomes Measurement and clinical Effectiveness, can you please elaborate on what types of health related outcomes relating to enrollee behavior modification you are interested in?

A. The bidder is responsible to provide in their proposal the enrollee health behavior modifications that are anticipated as a result of interventions provided by the CMD. The specific types of behavior modification will vary with the specific CMD interventions proposed. For example, if a CMD intervenes directly with the intervention enrollee, such outcomes measures could include the intervention enrollee has improved self-management of their health condition, or be able to identify signs of "trouble" earlier and know how to avoid a health care crisis.

7. When must a bidder get patient consent? What if a patient's claims data must be processed as part of the selection criteria and critical health concerns are identified that bidders felt ethically bound to intervene with the enrollee's medical provider? Is verbal consent sufficient or does a bidder need written consent?

A. Consent is required to share a patient's personal health information with another party. The contractor would be required to have a written consent from the patient authorizing the CMD to share health information with the medical provider.

8. Please describe more fully how bidders will be responsible for monitoring fraud and abuse. Will bidders have to report suspected patient abuse and if so what standards will they be held to? PART II-24

A. The contractor will be responsible to timely notify the State of potential fraud and abuse cases regarding misuse or illegal use of Medicaid services. The CMD will need to provide program reports and other data as required to support State fraud and abuse activities. If a contractor suspects that the patient is being abused, the contractor should follow established municipality and state laws and regulations and report the patient abuse findings accordingly.

PART III

9. Are there any font or format standards for the proposals other than the page limitations?

A. There are no font requirements, but the material should be of a font type and size that is easy to read. The proposal must also follow the response format prescribed

in PART II. See also the general requirements for the bid submission in PART III-4. Non-response to these requirements may result in a reduced score or a failure.

10. What are the requirements for packaging and mailing the proposal? Can the Technical Proposal and Financial Proposal be packaged together?

A. No. The Technical Proposal must be packaged separately from the Financial Proposal. Also, the two (2) **originals** of the Technical Proposal and Financial Proposal must be **packaged** separately from the ten (10) **copies** of the Technical Proposal and Financial Proposal. In summary each bidder shall submit four (4) separate packages, as follows, and the **packages must be clearly marked as their content.**

Volume I, Technical Proposal (2 Originals)
Volume I, Technical Proposal (10 Copies)
Volume II, Financial Proposal (2 Originals)
Volume II, Financial Proposal (10 Copies)

This represents a modification of the original proposal instructions (PART III-7).

11. Does the aggregate data provided by DOH refer to all Medicaid Fee-For-Service (FFS) patients or is it just those with chronic conditions? Is it possible to get the data broken down both ways? PART III-3

A. FFS recipients with the chronic conditions are exhibited in the table in Attachment 2 of the RFP. No, it is not possible to break out the data both ways. Refer to Questions and Answers Set 1, questions # 55-57, 62, 67; Question and Answers Set 2, questions # 42, Questions and Answers Set 3, questions # 23-24 and Questions and Answers Set 4, questions # 22-23.

Appendices

12. Appendix D, page 3, section L, “Work for Hire Contract”, states that “the Department will be the sole owner of all source code and software which is developed or included in the application software provided to the Department as part of this contract.” Our lawyers have a problem with this language. Is there room for negotiations on this?

A. This section of Appendix D is being modified to the following: "Interface applications and reports developed by Contractor solely for the Department shall be deemed 'Works Made for Hire' under the contract." This is an official modification to the RFP. See the “Official Modifications” section which follows for details.

Attachments

13. What type of claims data will we be provided with (paid or pre-adjudicated)?

A. Paid claims data. Refer to Questions and Answers Set I, question #83.

14. What types of information is in the claims data? What types of procedure codes are tracked? How does the date for different types of procedures (in-patient, out-patient, pharmacy etc) differ?

A. For information on claims data refer to Questions and Answers Set I, question # 83, Questions and Answers Set 2, question # 44. The data plays no role in the application of procedure codes.

15. How many months of retrospective claims data will programs be able to access? Will bidders have access to a minimum of six months of data? Will programs have access to a patient's historical data if they have repeatedly been dropped and then re-enrolled from the program?

A. For the application of severity index, the CMD will be provided twelve (12) months of recent Medicaid claims history. CMDs will be provided monthly update data on utilization by their intervention enrollees; refer to Questions and Answers Set I, question # 79, and Questions and Answers Set 4, question # 30. CMDs will have access to data for any CMD enrollee who continues to be eligible and is receiving intervention services.

16. What happens when there is more than one CMD in a region and patients have multiple disease states and would be eligible to participate in more than one CMD - will the state assign the patient to only one CMD and how will the assignment/prioritization be made?

A. CMD contracts will be awarded to avoid overlap and duplication of effort within the same service area. Medicaid recipients will be only assigned to one CMD. Contractors will be responsible to address enrollees' co-morbid conditions as part of their responsibilities.

**MEDICAID DISEASE AND CARE MANAGEMENT
 DEMONSTRATION PROGRAMS RFP
 Modifications - Set 5
 May 24, 2005**

The following are official modifications, which are hereby incorporated into the New York State Medicaid Disease and Care Management Demonstration Programs Request for Proposals (RFP), issued March 21, 2005. In the event of any conflict between the RFP and these modifications, the information contained in these modifications will prevail.

Section Page #	Specific Location	Current Language	Corrected Language (bold)
PART III-7	G.3	<p>The bidder shall submit two (2) originals and ten (10) copies of the proposal on paper and one copy on CD ROM in a Microsoft Office or Adobe Acrobat (PDF) format. The proposal transmittal letter must be signed by a legally responsible corporate officer. The Technical Proposal and Financial Proposal must be packaged separately.</p> <p>Proposals must be clearly marked as "Medicaid Disease and Care Management Demonstration Bid Proposal: Volume I, Technical Proposal and Volume II, Financial Proposal". The proposal volumes shall be sent to:</p>	<p>The bidder shall submit two (2) originals and ten (10) copies of the proposal on paper and one copy on CD ROM in a Microsoft Office or Adobe Acrobat (PDF) format. The proposal transmittal letter must be signed by a legally responsible corporate officer. The Technical Proposal and Financial Proposal must be packaged separately.</p> <p>Proposals must be clearly marked as "Medicaid Disease and Care Management Demonstration Bid Proposal: Volume I, Technical Proposal and Volume II, Financial Proposal". The proposal volumes shall be sent to:</p> <p>The <u>originals</u> of the Technical Proposal and Financial Proposal must be <u>packaged separately from the <u>copies</u> of the Technical Proposal and Financial Proposal. Each bidder shall submit a minimum of four (4) packages. Packages must be clearly marked as follows:</u></p> <p style="padding-left: 40px;">Volume I, Technical Proposal (Originals) Volume I, Technical Proposal (Copies) Volume II, Financial Proposal (Originals) Volume II, Financial Proposal (Copies)</p> <p>The proposed volumes shall be sent to:</p>

Section Page #	Specific Location	Current Language	Corrected Language (bold)
Appendix D	L.	Any contract entered into resultant from this request for proposal will be considered a "Work for Hire Contract." The Department will be the sole owner of all source code and any software which is developed or included in the application software provided to the Department as a part of this contract.	Any contract entered into resultant from this request for proposal will be considered a "Work for Hire Contract." The Department will be the sole owner of all source code and any software which is developed or included in the application software provided to the Department as a part of this contract. Interface applications and reports developed by Contractor solely for the Department shall be deemed 'Works Made for Hire' under the contract.