

## RFP for Program Evaluation of Section 1115 Demonstration Programs

### Responses to Questions

#### Evaluation Plan

1. Who prepared the current Partnership Plan and Federal-State Health Reform Partnership (F-SHRP) waiver evaluation questions, measures, and data sources contained in Attachments XIII and XV? Is the firm that helped the state prepare the evaluation plan eligible to bid on the RFP?

*The initial draft of the evaluation questions, measures and data sources were prepared by a consultant, The Lewin Group, under contract with the Department to assist in implementing the Partnership Plan. The evaluation design was further refined by the Department of Health and later approved by the federal Centers for Medicare and Medicaid Services (CMS).*

*The Lewin Group may not bid on this RFP.*

2. To what extent must the contractor follow the evaluation plan precisely as specified or may the contractor depart from the evaluation plan? Must the offeror's approach address all of the key evaluation questions, measures, and data sources listed in the Attachment? Or can the offeror use the evaluation plan as a guide, selecting the questions, outcomes and data that it regards as having the most relevance/priority to the Sec 1115 waiver goals (but including the measures of shared federal-state financial benefit listed in Section XI.65 of the Special Terms and Conditions that CMS requires)? If the contractor may depart from the evaluation plan, what guidance can the state provide as to areas that should not be changed?

Have the evaluation questions contained in Attachments XIII and XV been submitted and approved by CMS? If not, what is the anticipated approval date? To what extent is the Contractor expected to follow these measures and data sources versus develop alternative approaches to support the waiver evaluation?

Is the state interested in proposals that use additional data sources and outcome measures to assess the goals of the evaluations? (Task 1 and 2)

Should the selected vendor have concerns about the Evaluation Plan, will the State consider requesting CMS approval for changes to the evaluation plan?

*The evaluation designs included in the RFP are the versions currently approved by CMS for both waivers. Therefore, the contractor must follow the evaluation plans precisely as specified and should not deviate from these plans, unless otherwise directed by the Department.*

*The State may consider requesting CMS approval for changes to the evaluation plan(s) if there is agreement regarding the contractor's concerns.*

## **Data**

3. Can NYS DOH make available to bidders: 1) the 2006 baseline data it gave to CMS for the F-SHRP Demonstration, and 2) the draft annual report on the first year of the F-SHRP Demonstration (due to CMS Jan 1, 2008)?

The RFP mentions reports that are provided routinely to CMS by New York State (for example, on pages 70 and 85). Would it be possible to make these available to bidders? (Task 1 and 2)

Did the Department contract with anyone to develop the quarterly and annual reports?

*The Department will provide copies of the 2006 baseline data submitted to CMS and the most current quarterly reports for the Partnership Plan and F-SHRP 1115 demonstration waivers to interested bidders, upon request.*

*The Department will not share the draft annual report with bidders. Once final, the Department will provide the report to bidders, upon request. However, it is not certain that the final report will be completed prior to the RFP submission date of February 22, 2008.*

*Quarterly and annual reports are prepared by the Department.*

4. Will the selected contractor need to develop a DUA to gain access to the Medicaid institutional cost reports? Will NYS DOH be able to provide to the selected contractor proprietary hospital financial data for NYS hospitals?

*The data in the hospital cost reports are public and subject to FOIL. The contractor will not have access to the Department's data systems, however, the required data will be provided to the contractor without the need for a DUA.*

5. Would the NYS DOH be interested in primary data collection (for example, through surveys or focus groups) or is the expectation that the evaluation would involve solely analysis of secondary data?

The Evaluation Plan for the Demonstration does not appear to require surveys or focus groups for participants. Please confirm the vendor will not need to perform such surveys or focus groups. *Attachment XIII, general*

The Bidders' Conference presentation slide titled "Evaluation Activities" indicates "Contractors will analyze available data". However, Attachment III of the RFP

indicates Offerors must describe their “approach to evaluating the State’s achievement of each of the following goals and include data needs, planned interviews and design methods.” Please confirm that the referenced interviews are not intended to imply surveys or focus groups to collect additional information.

*The Department does not anticipate asking the contractor to conduct primary data collection. The evaluation will primarily involve analysis of data provided to the contractor by the Department. Surveys and focus groups will not be required.*

6. The Department indicated at the Bidders’ Conference that it will provide aggregated data for the contractor’s use in conducting the evaluation. Has the Department or its contractors already developed the specifications for aggregating the required data? If so:
  - a. For which measures?
  - b. Will the contractor be allowed to recommend modifications to those specifications if needed?
  - c. Will this data be validated by the Department or must the Contractor perform additional validity tests on the data received?

*The Department has already developed the specifications for aggregating data that is currently publicly reported (e.g., QARR, CAHPS, plan-specific reports, focused clinical studies). These specifications will not be modified.*

*The data will already be validated when it is given to the contractor.*

7. What role does the State anticipate for itself for each Task as compared to the Contractor? For example, will the State prepare the necessary data and reports, or will the vendor be expected to extract the data? To what extent can the Contractor rely on annual reports prepared by the State versus conducting its own independent research?

To what extent will we have access to a programmer to run multiple iterations of data requests, e.g. at 10% time over the period of the project, as needed, etc.?

*Most of the data the contractor will need to conduct the evaluations is publicly available and will not require extraction. The Department will provide the necessary data to the contractor. The Department has programmers that may be made available to the contractor to do a limited number of customized data pulls, as necessary. Annual reports will be made available to the contractor.*

8. Will data be provided at the aggregate level or enrollee specific level? If we are only provided aggregate data, will it be possible to develop a logic model, or look at/control for environmental changes in attributing changes to the waiver? Do you believe it is possible to successfully complete the evaluation as prescribed by The Lewin Group without enrollee level data?

*Data will be provided at the aggregate level. We believe that aggregate data is adequate for purposes of these waiver evaluations.*

9. Will excluded populations be removed from the data?

*Yes.*

10. How many Medicaid Eligibility Groups (MEGs) are being reported in total between the two demonstrations? Do any MEGs overlap between the demonstrations? If so, how do the overlapping MEGs relate?

*There are six MEGs in each of the Partnership Plan and F-SHRP waivers. There is no overlap in the costs and member months between the two waivers.*

11. Are all CMS-64 waiver forms current and consistent with the demonstration terms and conditions? Will the State make the Medicaid Budget and Expenditure System (MBES) Schedules B and C available through the RFP process for informational purposes?

*The CMS-64 waiver forms are current and consistent with the demonstration terms and conditions. The State will make the Medicaid Budget and Expenditure System Schedules B and C available to the selected contractor(s) for informational purposes.*

12. How do the waivers relate to each other? How do we split populations between waivers?

*As of October 2006, all expenditures for the SSI population, regardless of county, and expenditures for anyone newly enrolled in the 14 new mandatory counties referenced in the RFP (Attachment XIV, Section IV.) after 10/06 are counted in the F-SHRP waiver. Expenditures for all other covered populations are in the Partnership Plan. The data provided to the contractor by the Department will reflect the distinct populations – the contractor will not be required to split the populations.*

13. Will the selected vendor be responsible for obtaining any relevant data – such as Medicaid Management Information System (MMIS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) – or will the Department make this information available? If the Department will provide this data, how will it be shared with the vendor's evaluation team?

*Most of the data the contractor will need, including QARR and CAHPS, has been publicly reported and will be provided to the contractor. The data will generally be provided electronically.*

14. What CAHPS data will be available?

*CAHPS data for years 2006, 2008, and 2010 will be available.*

15. What FFS data will be available?

*The Department expects that minimal FFS data will be needed as this data reflects different populations from those covered under the Partnership Plan waiver.*

16. Would the Department of Health allow a survey of government staff?

*It is not clear what information the questioner would need that might require a survey of government staff. However, the selected contractor may wish to (but is not required to) have discussions with government staff to get a better understanding of the data and how to interpret it, and to understand the context for such data as the quality incentive, quality preference in auto-assignment, etc.*

17. Will all the data sets mentioned in the two evaluation plans attached to the RFP be made available to the evaluator without the evaluator having to incur any cost for negotiating for the data or paying for the data? (Task 1 and 2)

*Yes, the data sets provided to the contractor by the Department will be free of charge.*

18. Is there information on the timing of the availability of data sets listed (for example, what is the average lag time from the end of a calendar year until the data are available)? (Task 1 and 2)

*For the Partnership Plan, data will be available as follows:*

*QARR – produced annually; available by August*

*CAHPS – produced biennially; available by August*

*Plan-specific reports (includes performance, financial and compliance data) – produced annually; available in late fall.*

*Focused clinical studies (SSI, asthma, diabetes, prenatal, etc.) – produced on an ad hoc basis.*

*Family Planning Expansion Program: annually; by April*

*For the F-SHRP, a detailed list of data sources and availability dates is attached.*

19. Could you provide the “base year fertility rates and methodology for computing rates” submitted on March 1, 2007 and mentioned on page 68 of the RFP? (Task 1)

Who will be responsible to determine the Demonstration year fertility rate at the end of each Demonstration year?

*The State will provide the selected contractor with “base year fertility rates and methodology for computing rates” which was approved by CMS. The consultant will be responsible for determining the demonstration year fertility rates at the end of each demonstration year using the approved methodology for computing rates.*

20. Is it correct to assume that the demonstration populations used to calculate the budget neutrality cap do not include individuals in the family planning expansion?  
*Attachment XII, Section X.55, page 74*

*Yes, that is correct. The without-waiver cap does not include individuals in the Family Planning Expansion Program.*

21. Please provide information about other initiatives in the State that might impact the ability to isolate the effects of the Demonstration for evaluation purposes. *Attachment XIII, page 89*

*The Department will provide such information as it becomes available. Initiatives that might affect Demonstration outcomes are most likely to occur through the State budget and legislative process. Since the budget and legislative processes occur during the spring and summer, it is unlikely that any such initiatives will be finalized prior to February 22, when proposals are due.*

22. For measure 3 of the Family Planning Expansion, please explain how the “DOH Administrative Data” will provide the count of clinical referrals for primary care. Does this information come from a survey of participants? Please explain whether any information is available about participants who needed a referral, but did not receive a primary care referral? Will this information be necessary for the evaluation? Is the outcome measure a count of clinical referrals for primary care? *Attachment XIII, page 102*

*The measure consists of the number of clinical referrals provided to FPEP participants for primary care. The Department is surveying family planning clinics that participate in the FPEP to determine how many of their FPEP clients received such a referral, and how many did not. These clinics represent approximately 90% of FPEP participating providers. This information will be required for the evaluation.*

23. For measure 7 of the Family Planning Expansion, please explain how the “DOH Administrative Data” will provide the number of annual re-determinations and number of re-determinations due. *Attachment XIII, page 102*

*The Department will determine the number of individuals receiving annual redeterminations using eligibility coverage codes and end dates.*

24. The RFP indicates that data will be available from HEAL NY grantees on changes in the use of e-prescribing, EMRs, and data sharing and gathering. Is there a standard form that HEAL NY grantees are using to report this information and if so, would the Department please provide a copy? In what format does the Department anticipate providing this information to the Contractor? Will this information be available for grantees in all implemented phases of the HEAL NY's Health Information Technology grants?

*HEAL NY grantee reports will be submitted to the Department using a standardized format (there is no "form", per se). Summary reports will be provided to the contractor biannually. A comprehensive summary of HEAL NY grantee activities regarding health information technology will be provided in December 2010.*

25. Can you please tell us if you have put any data collection in place to collect baselines on the measures cited in the evaluation criteria? It might be hard to obtain baseline measures after the fact.

*Yes, the contractor will be provided with baseline data, where available. In some cases, however, the Department will have only qualitative baseline data to provide to the contractor.*

26. Is there a MMIS data element dictionary (DED) that is available to us preferably prior to the proposal due date, but definitely after?

*The MMIS data element dictionary should not be needed, as the contractor will be working with aggregate data, only.*

### **Deliverables and Timeframes**

27. Who is (are) the target audience(s) for the evaluation report(s)? Will the evaluation be published and made available to the public?

*The target audience for the evaluation reports is primarily CMS and the public. While the reports will not be published, CMS generally makes the reports available to the public through its website.*

28. The first draft evaluation for Task 2 is not due to the State until April 29, 2011. When does the State anticipate having the data available to begin the work on Task 2? Are there interim reports anticipated prior to the 2011 draft evaluation?

*The Department currently has data available that would allow the contractor to begin work on Task 2. See attached list of F-SHRP data sources*

*Please refer to the schedule of deliverables for Task 2 on page 22 of the RFP. The contractor will be required to submit periodic status reports prior to submission of*

*the Draft Evaluation Report. See response to Question #31 for more information concerning the timing and content of status reports.*

29. Is the evaluator expected to produce any of the required reports to CMS on the cost-neutrality calculations required for the waivers? (Task 2)

Please confirm whether or not the Contractor will be responsible for budget neutrality calculations as part of the Partnership Plan and F-SHRP waiver evaluations. To what extent, if any, will these calculations be part of the evaluation?

*No, the contractor will not be required to produce budget neutrality reports or budget neutrality calculations.*

30. What period will the evaluations cover? What Demonstration Years must be reported in the first deliverable, "Draft Demonstration/Family Planning Expansion Interim Evaluation?" This report is due prior to the completion of the third Demonstration Year; will it be necessary to project results for the third year? *Section C.2.a, page 6*

*The evaluations will cover 2006 and beyond. The contractor will be expected to report through December 2008 in the Draft Evaluation Report due on February 27, 2009, to the extent that data is available. The contractor will not be expected to project results for the third year.*

31. In reference to the Status Reports, how many Status Reports will the Department require? What information should the Status Reports contain? *Section E.5, Task 1 Schedule, page 21*

*As stated in the schedules on pages 21 – 22 of the RFP, the first status report will be due three months after the contract is approved by the Office of the State Comptroller. Thereafter, the Department will require a status report after the end of each calendar quarter according to a mutually agreed upon schedule. The status reports will include, at a minimum: a report of activities during the reporting period; a discussion of any issues encountered; activities to be conducted during the next reporting period; and, any issues or needs projected during the next reporting period.*

32. Is the contract period for Task 1 July 21, 2008 – July 20, 2013? The final evaluation for Task 1 is due by May 2010, what contract work would occur during the remaining three years? *Section E.6 Term of Contract, page 23*

*The projected contract period is July 21, 2008 – July 20, 2013. Once the final evaluation report (last deliverable) is submitted to CMS, the contractor is expected to be available for consultation until the end of the contract period in the event questions or concerns arise regarding the evaluation report.*

*Offerors should be aware that, pursuant to Section C.2.c. on page 7 of the RFP, the Department may seek to amend the contract to include additional deliverables and*

*funding to support activities, if any, associated with another extension of the Partnership Plan and/or any other Section 1115 waiver programs.*

33. The reporting requirements indicate there are annual reports for each Waiver year. Who completed the annual report for the first year of the expansion? Will the contractor be responsible for any reporting deadlines in calendar year 2008?  
*Attachment XII, Section 38.b, page 68*

*The Department prepares the annual reports to CMS and will continue to do so. The contractor will not be responsible for preparing annual reports. During 2008, the contractor will be responsible for providing status reports to the Department, as described in the schedules on pages 21 – 22 of the RFP and in the response to question #31, above.*

34. The timeline indicates that the draft F-SHRP evaluation is due to the Department for review one month before the draft evaluation is due to CMS (April 29, 2007 and May 31, 2001, respectively). May we suggest a modification to this timeline to allow more time for the State to review the evaluation before it is provided to CMS (i.e., keep the May 31st time the same but move the April 29th date back)? *Section C.2((b), page 7*

*Deliverable dates were constructed to maximize the amount of time the contractor has to analyze data and prepare reports. Offerors may propose earlier dates for submission of evaluation reports to the Department; however, the CMS submission dates remain firm.*

35. What are the Department's expectations about using preliminary data in the Waiver Evaluation if complete Waiver Year data are not available at the time the Evaluation is due? Will the Department expect the Evaluator to update its Evaluation Reports when complete Waiver Year data becomes available at a later date?

*The Department expects that each of the evaluation reports will include all available data. As necessary, the contractor will be expected to add updated data at the contractor review points specified in the schedules on pages 6 and 7 of the RFP.*

36. Is it the Department's intent to limit the Contractor's evaluation to the outcomes measures and variables listed on pages 133 to 139 to answer the key evaluation questions listed on those same pages?

*Yes.*

### **Proposal Development**

37. How should offerors build in efficiencies when applying for both evaluations?

*The RFP is constructed such that each evaluation is a separate task with separate processes and evaluation criteria. Offerors are asked to submit stand-alone, best price proposals for each task, without building in efficiencies for conducting both evaluations. In the event the Department selects one contractor for both Tasks, pricing may be discussed during contract negotiations.*

38. How much funding is available for each of the evaluations, as well as for both evaluations in total? This information is essential to determining the scope and breadth of the evaluation design that should be proposed.

What is the anticipated annual budget for the evaluation of the Partnership Plan/Family Planning Expansion Demonstration Project and the Federal-State Health Reform Partnership Demonstration Project?

*The amount of funding available for the evaluations will be based on the cost proposal from the winning bidder(s). When preparing Technical and Cost Proposals, offerors should keep in mind that the contract activities will primarily consist of analyzing data that is made available to them by the Department and preparing evaluation reports. It is not anticipated that the contractor will be asked to conduct primary data collection.*

39. How much work on-site at the State is anticipated to be needed for Tasks 1 and 2?

*Intensive on-site work is not anticipated, as most of the data to be analyzed is available publicly. Offerors may project 2 - 3 on-site visits per year for each task, as necessary, to familiarize themselves with the data sources and/or discuss issues and deliverables with State staff.*

40. What is the approximate level of effort anticipated for each task? (Task 1 and 2)

*Based on the information provided in the RFP and the responses to offerors' questions, offerors should project the level of effort required as part of their proposal(s).*

41. The RFP indicates an Offeror must submit its response to the Offeror's Questionnaire in two sections (see Section D.1.b.2, Required Forms, and Section D.1.b.5, Response to Offeror's Questionnaire). Please confirm the correct section for an Offeror to include its response.

Please confirm Offerors should submit proposals in the format and order specified in Section D.1.b, and not the order indicated in Attachment XVIII.

*Offerors should include the Offeror's Questionnaire in Section D.1.b.5. of the RFP. Proposals should be in the format and order specified in Sections D.1.b. and D.1.c. of the RFP. Attachment XVIII is intended only as a partial checklist of required items.*

42. Can an Offeror limit its liability for claims other than property damage, personal injury and infringement to the total amount (or a multiple of the total amount) of the project?

*Consistent with item c) of the Offeror's Assurances form (Attachment II of the RFP), offerors must include ALL requested exceptions or modifications to the contract language in the Transmittal Letter component of the offeror's proposal(s). Any such requested contract changes are not binding unless and until they are agreed to by the Department and approved by the Office of the State Comptroller and the Attorney General. It is unlikely that the Department will be able to entertain any exceptions or modifications to the contract language that are not included in the offeror's proposal(s) but are requested outside of the proposal process.*

### **Miscellaneous**

43. Please clarify what is considered a conflict of interest. Would a staff member from a bidding organization who was involved as a member of the regional advisory committee for the Commission on Health Care Facilities for the 21<sup>st</sup> Century be considered a conflict?

Would the bidder's role in currently performing research on long-term care issues for the Department of Health be considered a conflict of interest?

*Offerors should follow the instructions provided in the RFP, including identifying all business relationships and ownership interests that may present a conflict of interest and describing how any potential conflict of interest will be avoided. Based on this information, the Department will make a determination on a case-by-case basis.*

44. Is there a requirement for a small or minority business set aside?

*There is no specific set-aside for this procurement. The Department has an overall five percent set-aside for each. These set-asides are applicable to the Department's procurements, as a whole.*

45. Has a previous independent assessment of the Partnership Plan been conducted and if so, is a copy of the findings available?

Has the State had an independent evaluation performed for the Partnership Plan in the past? If so, who performed the evaluation? What was the previous contract amount paid for the evaluation?

Has there been any evaluation activity conducted for this program since its inception in 2006? If yes, by what organization(s)?

*On behalf of CMS, the Urban Institute completed an independent assessment of the Partnership Plan in 2004 for the period 1995 – 2000. Findings may be obtained on the CMS web site at [www.cms.hhs.gov/DemonstrProjectsEvalReports](http://www.cms.hhs.gov/DemonstrProjectsEvalReports). In addition, the Department evaluates the Partnership Plan on an ongoing basis, primarily through the annual QARR and biennial CAHPS reporting.*

46. Who will be the main State contact/project officer for each Task?

*During the procurement process, ONLY those individuals listed in the RFP as Designated Contacts or Permissible Subject Matter Contacts may be contacted by offerors. Those individuals are listed on page iii of the RFP.*

*Once a contract is awarded, the selected vendor or vendors will receive a list of subject matter contacts.*

47. What other organizations have submitted questions in regards to Task 1?

*We are not able to provide this information.*

48. Does the State currently have a contract with an External Quality Review Organization (EQRO)? If so, who is the Contractor? Will the Contractor be required to coordinate data collection needs with the Department's External Quality Review Organization?

*Yes. The State's EQRO is Island Peer Review Organization (IPRO). IPRO will not be providing data to the contractor.*

49. Please provide the names of any contractors who assisted the State with the Partnership Plan and F-SHRP waiver program design and implementation.

*No contractors assisted the Department with the waiver program design and implementation. Two contractors currently provide waiver-related services – Mercer Health & Benefits, LLC provides actuarial services and The Lewin Group provides technical assistance.*

50. Please provide a copy of the current waiver applications for the Partnership Plan, including the expansion populations, and F-SHRP, and any amendments.

*New York State's waiver applications, Special Terms and Conditions, and amendments to these documents can be found on the CMS web site at [www.cms.hhs.gov/medicaid/MedicaidStWaivProgDemoPGI](http://www.cms.hhs.gov/medicaid/MedicaidStWaivProgDemoPGI).*

51. In regards to the Technical Score, the RFP indicates that "Proposals will be evaluated and scored by the Technical Evaluation Committee using a weighted point system." Please provide additional information on the categories that will be evaluated, their definitions and assigned points, for both Task 1 and Task 2.

In regards to the Cost Score, the RFP indicates that the cost score will be computed using a weighted point system.” Please provide additional information on the categories that will be evaluated, their definitions and assigned points, for both Task 1 and Task 2.

*Specific scoring information is not releasable. However, the Technical Proposal will comprise 70% of the total combined score and the Cost Proposal will comprise 30 percent. Offerors are advised to read the RFP carefully, especially (but not exclusively) Section D and Attachment XVIII, to ensure that all required information and forms are **included** and are **complete**. Failure to provide all required information may negatively affect the evaluation of your proposal(s). Proposals will be considered non-responsive, and will be rejected, if the following are not included: 1) Bid Form (Attachment IV); and, 2) Offeror’s Assurances (Attachment II).*

52. Is the Evaluation Plan for the Demonstration provided in the RFP on page 87 considered final and approved by CMS? If not, please provide a summary of changes CMS has requested, if any. *Attachment XIII, page 87*

*Yes, the evaluation plan is final and approved by CMS.*

53. What companies/who attended the bidders’ conference and what is their contact information?

*We are not able to provide this information.*

54. Did an outside firm assist in writing the RFP? If yes, who?

*The Department wrote the RFP.*

55. Will the answers to all the questions that have been submitted be available any earlier than 1-16-08?

*The Questions and Answers will be posted on the Department’s web site and mailed to all Bidders’ Conference attendees and all individuals who submitted a Letter of Interest on or about January 16.*

## **Attachment**

### **Data Sources for F-SHRP Measures and Variables Data and Availability**

#### **A. Data from Internal Tracking Systems**

Acute care facilities eliminated or restructured & associated beds: 21 days after the end of each quarter; summary through 2010 by 1/31/11.

Number of acute care facilities converted to alternate services/facilities: 21 days after the end of each quarter; summary through 2010 by 1/31/11.

Average capacity and occupancy of remaining acute care facilities: semi-annual reports 21 days after the end of designated quarters; summary report by 1/31/11.

Long term care facilities eliminated or restructured & associated beds: 21 days after end of quarter; summary through 2010 by 1/31/11.

Home and community based services utilization patterns: claims and encounter data will be provided on a schedule yet to be determined.

#### **B. Data and Calculations Based on Cost Reports**

Value of averted hospital admissions: reported annually in October of each year; summary report through 2010 by 1/31/11.

Inpatient debt retirement and value of avoided inpatient debt payments: provided annually in October of each year; summary through 2010 provided by 1/31/11.

Value of averted Medicaid nursing home admissions: provided annually in October of each year; summary through 2010 provided by 1/31/11.

Nursing home debt retirement value of avoided nursing home debt payments: provided annually in October of each year; summary through 2010 provided by 1/31/11.

#### **C. Data from HPN**

Physician participation in managed care by specialty, number of primary and specialty care visits PMPM: annually at schedule yet to be determined

#### **D. Health Information Technology Information from HEAL NY Grant Activities**

HEAL NY grant activity related to the goals of the demonstration: 21 days after the end of each quarter; summary report of activity through 2010 by 1/31/11.

HEAL NY grantee descriptions of changes in HIT practices: semi-annually on a schedule yet to be determined; final report of activity through 2010 by 1/31/11.

**E. Data from Enrollment Reports**

Number of aged and disabled Medicaid beneficiaries enrolled in Managed care by type, age category and county: available monthly

Number of beneficiaries enrolled in Medicaid managed care in 14 additional counties by beneficiary type, age, category and county: available monthly

10/06 baseline data are also available for both.